Public Document Pack

Health and Wellbeing Board

Monday 10 February 2020 at 6.00 pm
Boardrooms 3,4 & 5, 3rd Floor - Brent Civic Centre, Engineers Way, Wembley HA9 0FJ

Membership:

Councillor Farah (Chair)	Brent Council
Dr MC Patel (Vice-Chair)	Brent CCG
Councillor Hirani	Brent Council
Councillor McLennan	Brent Council
Councillor Kansagra	Brent Council
Councillor M Patel	Brent Council
Mark Easton	North West London CCG
Sheik Auladin	Brent CCG
Dr Ketana Halai	Brent CCG
Julie Pal	Healthwatch Brent
Carolyn Downs	Brent Council - Non Voting
Phil Porter	Brent Council - Non Voting
Dr Melanie Smith	Brent Council - Non-Voting
Gail Tolley	Brent Council - Non-Voting
Simon Crawford	London North West Healthcare NHS Trust - Non Voting
Mark Bird	Brent Nursing and Residential Care Sector - Non Voting

Substitute Members (Brent Councillors)
Councillors:

Agha, Miller, Krupa Sheth and Tatler

Councillors:

Colwill and Maurice

For further information contact: Hannah O'Brien, Governance Officer
Email: Hannah.O'Brien@brent.gov.uk

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www.brent.gov.uk/committees

The press and public are welcome to attend this meeting

Notes for Members - Declarations of Interest:

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

(a) **Employment, etc. -** Any employment, office, trade, profession or vocation carried on for profit gain.

(b) **Sponsorship -** Any payment or other financial benefit in respect of expenses in carrying out duties as a member, or of election; including from a trade union.

(c) **Contracts -** Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.

(d) **Land -** Any beneficial interest in land which is within the council's area.

(e) **Licences-** Any licence to occupy land in the council's area for a month or longer.

(f) **Corporate tenancies -** Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.

(g) **Securities -** Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

(a) Anybody of which you are a member or in a position of general control or management, and:

- To which you are appointed by the council;
- which exercises functions of a public nature;
- which is directed is to charitable purposes;
- whose principal purposes include the influence of public opinion or policy (including a political party of trade union).

(b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who is the subject of a registrable personal interest.
-

Agenda

Introductions, if appropriate.

Item Page

1 Apologies for absence and clarification of alternate members

For Members of the Board to note any apologies for absence.

2 Declarations of Interest

Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.

3 Minutes of the previous meeting 1 - 10

To approve the minutes of the previous meeting on 7 October 2019 as a correct record.

4 Matters arising (if any)

To consider any matters arising from the minutes of the previous meeting.

5 Integration and the single CCG 11 - 14

In September 2019 CCG Governing Bodies across NW London agreed to move towards the creation of a single CCG by 1 April 2021. This report informs the Board of the proposals for integration and the single CCG.

6 JSNA 15 - 196

This paper introduces the refresh of the Joint Strategic Needs Assessment to the Brent Health and Wellbeing Board.

7 Resources and Public Realm Committee Task Group on Air Quality 197 - 312

The purpose of this report is to present the Air Quality Scrutiny Task Group Report.

8 Healthwatch Brent Annual Update 313 - 396

This report presents the 2018/19 Annual Report for Healthwatch Brent and presents the 'Social Isolation in Brent – staying well in the community' report prepared by the Healthwatch Brent team.

9 Pharmaceutical Needs Assessment 397 - 402

S128A National Health Service Act 2006, amended by s206 Health and Social Care Act 2012 conferred the duty for publishing, and keeping up to date, a statement of the population needs for pharmaceutical services in their area, referred to as a Pharmaceutical Needs Assessment (PNA) onto Health and WellBeing Boards. The Brent Health and Wellbeing Board published its first PNA in March 2015 in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (the Regulations). The Regulations stipulate that HWBs need to publish a revised assessment within three years. The first revision of the Brent PNA was published in 2018. A further revision will need to be made during 2020 for publication by 1st April 2021.

This paper proposes how this responsibility should be discharged.

10 Enhanced Care 403 - 412

The report sets out the shift in approach to working with care homes across health and social care, in particular the focus on care homes and registered managers as system leaders and partners. It also sets out frontline practice changes in a summary of key projects and initiatives and progress to date as well as providing evidence of system performance improvements against key metrics of care homes in Brent.

11 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before the meeting in accordance with Standing Order 60.

Date of the next meeting: To Be Confirmed

Please remember to ***SWITCH OFF*** your mobile phone during the meeting.

- The meeting room is accessible by lift and seats are provided for members of the public on a first come first served basis.

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Brent

NHS
Brent Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD
Held on Monday 7 October 2019 at 5.00 pm

PRESENT:

Councillor Farah (Chair), Dr M C Patel (Vice-Chair) and Sheik Auladin (Managing Director, Brent CCG), Jonathon Turner (Deputy Managing Director, Brent CCG, attending on behalf of Mark Easton, North West London CCG), Councillor Hirani (Brent Council), Councillor McLennan (Brent Council), Dr Dr Ketana Halai (Clinical Director, Brent CCG), Julie Pal (Healthwatch), Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust), Carolyn Downs (Chief Executive, Brent Council, non-voting), Phil Porter (Strategic Director, Community Wellbeing, Brent Council, non-voting), Dr Melanie Smith (Director of Public Health, Brent Council, non-voting) and Gail Tolley (Strategic Director, Children and Young People, Brent Council, non-voting).

Also Present: Meenara Islam (Strategic Partnerships Manager, Brent Council), Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council), Katie Horrell (Assistant Director, Mental Health Transformation, North West London CCG), Philippa Baker (Deputy Director, Commissioning, Integration & Transformation (Department of Health & Social Care)), Hannah O'Brien (Governance Officer, Brent Council) and James Kinsella (Governance Manager, Brent Council).

1. **Apologies for absence and clarification of alternate members**

Apologies for absence were received from:

- Councillor Mili Patel
- Councillor Kansagra
- Mark Bird (Brent Nursing and Residential Care Sector)
- Mark Easton (Accountability Officer, North West London CCG) – represented by Jonathon Turner
- An apology for lateness was received from Julie Pal (Healthwatch)

2. **Declarations of Interest**

None declared.

3. **Minutes of the previous meeting**

RESOLVED: that the minutes of the previous meeting held on Monday 15th July 2019 be agreed as a correct record.

4. **Matters arising (if any)**

None.

5. **Mental wellbeing and suicide prevention: update**

Dr Melanie Smith (Director of Public Health, Brent Council) introduced the report updating the Board on London and local suicide prevention activity, postvention support and the local work undertaken to promote Mental Wellbeing. In presenting the report the following key points were highlighted:

- A programme of Youth Mental Health First Aid was being delivered to staff members of schools and colleges in Brent, with 17 staff from 12 schools trained and further training to come. The council was now committed to rolling out adult Mental Health First Aid across the council.
- The Council was supporting the suicide prevention campaign "#ZeroSuicideLDN", which was free online training that enabled those completing the course to identify when someone was presenting with thoughts of suicide; to feel comfortable responding and speaking out in a supportive manner; and to signpost the individual to the correct services or support. Board members were encouraged to promote the training through relevant channels. The campaign aimed to have 100,000 Londoners take the online training over the next 12 months.
- The new Thrive London Information Sharing Hub, which facilitated notification of a death within 72 hours by the host organisation to partner organisations such as local authorities, had gone live, and the council had signed the Information Sharing Agreement. The Hub provided a means for police to notify partners as soon as possible to allow for support services to be put in place early, and enabled providers to spot trends earlier. Dr Melanie Smith confirmed that this is the first such hub anywhere in the world.

Katie Horrell (Assistant Director, Mental Health Transformation, North West London CCG) updated the board about the postvention service with the following key points:

- The NHS Long Term plan set out a commitment that by 2023/24 all areas of the country would have a postvention support able to provide timely and appropriate support for those affected by suicide. An approach to establishing a postvention service in North West London had been agreed across Health Care Provider partners, with the intention for the model to go live with a service in Q3/4 of 2019/20. The model had received funding of £100,000 and aimed to build relationships with, and knowledge of, available therapeutic and support services, reaching out to work alongside those involved in formal post-suicide processes and liaising with the Mental Health Trust for navigation to other services and longer term support. Work was underway to ensure the model met the right cultural sensitivities for each area, and to ensure those with lived experience of suicide were involved.

Dr Melanie Smith and Katie Horrell welcomed comments and questions from the board in relation to their updates and reports, with the following issues raised:

- Councillor Hirani noted that the council was pushing for data on how many individuals from Brent had taken the #ZeroSuicideLDN free online training;
- Alongside the focus on postvention services, Carolyn Downs (Chief Executive) felt there would also be a need to recognise the importance of access to CAMHS for those needing support at as early a stage as possible.

Sheik Auladin (Managing Director, Brent CCG) responded to the concerns informing the board that work was ongoing with the Central and North West London NHS Foundation Trust with regard to access and a meeting had been scheduled to discuss the matter. Sheik Auladin reassured the board that the number of individuals accessing CAMHS had significantly increased since the last time the matter was raised. Carolyn notified the board that the Council would be shortly introducing Mental Health street workers to work with young people in the community and highlighted that this would only be successful if an individual could be seen as soon as they were identified as needing support.

- In further responding to the concerns for access to CAMHS, Dr Ketana Halai (Clinical Director, Brent CCG) informed the board that some services were now available online to allow children access to services quicker. These services directed children to CAMHS if concerns were raised when talking to an online provider. This led board members to ask for clarity on what training the online providers received. Dr Melanie Smith informed the board that the messages in training were See it, Say it, Signposting.
- Regarding the GDPR considerations for the online service, Dr Ketana Halai explained that the service did not require users to provide personal information, but the user may be asked if there were concerns they were at risk. Dr Melanie Smith explained that the user did not need to identify themselves as having a mental illness. It was confirmed that the first point of call for this service to signpost to would be the GP, but after board members expressed concern about GP capacity to deal with this confirmed that, depending on the level of concern, a user could be directed to alternate providers, e.g. school.
- Dr Melanie Smith provided further details for members who wished to promote the Zero Suicide campaign, explaining that it had only been in existence for 3 weeks and already 100,000 people had accessed it due to a very effective social media campaign, with a range of campaign materials available for use.

The Board subsequently **RESOLVED**:

i) That the update on the mental wellbeing work and Brent Suicide Prevention Plan be noted.

ii) That the zero suicide campaign "#ZeroSuicideLDN" be endorsed.

iii) That the postvention bereavement funding for North West London be noted.

6. **Joint Strategic Needs Assessment**

Dr Melanie Smith introduced the report outlining the process and progress made in relation to the Joint Strategic Needs Assessment (JSNA) refresh. The JSNA was an assessment of the current and future projected needs of the local population. These refer to needs that could be reasonably met by the local authority, the local Clinical Commissioning Group (CCG) and NHS England. It was explained that the JSNA would need to be updated as new data became available. Dr Melanie Smith asked the board to note the scope of the existing JSNA with the existing assessment products (as set out in section 3.13 of the report) to be refreshed to reflect the latest data. The Board were also asked to note the additional assessments which it was

proposed to incorporate as part of the JSNA refresh based on haps identified from the Borough plan, as detailed in section 3.14 of the report. Support was also sought in terms of ensuring such a significant amount of information was contributed into the document.

In the ensuing discussion the Board noted the following matters:

- Gail Tolley (Strategic Director for Children & Young People, Brent Council) fed back on behalf of the Brent Children's Trust highlighting the view that children and young people should be present in the majority of the areas covered in the JSNA rather than having a separate section in order to mainstream provision.
- Councillor McLennan noted that the document may be of interest to MPs as it gave an overview of the general health of the overall population.
- Dr M C Patel (Brent CCG) raised a concern that specific reference to a number of health concerns had not been included, such as obesity in adults, cancer which was a national focus, and respiratory disease which in terms of A & E usage was a considerable burden in Brent. Dr Melanie Smith explained a decision was taken not to include obesity as a specific section because it was felt that a standalone chapter on this enabled it to be overlooked. Dr Melanie Smith agreed to look at cross referencing, and agreed to include a section on respiratory disease and cancer if CCG could provide the data. Further discussing the inclusion of health concerns, details were sought regarding where immunisation came into the JSNA. Dr Melanie Smith informed the board that it came under the children's section and the older people's section on flu. With reference to the 2019 refresh in section 3.11 of the report, it was suggested to merge air quality and climate change together. Dr Melanie Smith informed the board that air quality was more health service data heavy, including respiratory data and asthma data and was kept separate as a way of organising the information to help people find what they are looking for. It was acknowledged that there appeared to be an inclination to have data in more than one place so that users could reference it more easily
- Dr Melanie Smith confirmed that the final JSNA would be presented at the next board in January, and that as chapters were signed off they would be posted on the website.

The Board subsequently **RESOLVED**:

i) To approve and note the progress in the current JSNA refresh being undertaken.
ii) To refer the comments outlined above through for consideration as part of the ongoing refresh.

7. Health and Care Transformation Board - six monthly update

Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council) introduced the report updating the board on key activities of the joint Health and Care Transformation programme. The following key points were highlighted:

- The older people's pathway graph (section 4 of the report) showed significant improvements in Brent's adult social care delayed transfers of

care (DTOC) performance, moving Brent into the top ten performing London Boroughs. Work was ongoing ahead of winter across Health and Social Care to look at NHS delays which had remained variable and high.

- Work on the integrated discharge pathway was underway, detailed in section 4.1.2 of the report. This was a joint piece of work across the trust that focussed on the establishment of a single point of access within hospital to improve the discharge process. Work had now moved into the implementation phase, which included development of a streamlined discharge process and establishment of a single Home First team to manage more complex patients.
- Home First, the existing discharge home to assess protocol, had been expanded in January 2019 to Imperial and Royal Free Trusts and relaunched at Willesden and Central Middlesex Hospitals. The refreshed model included assessment at home, focussing on simple discharges but work was being done to expand to more complex patient needs. The model was seeing positive improvements with the target for accepted referrals now being regularly exceeded.
- A new discharge to assess protocol had been agreed to support the discharge of patients with complex needs for NHS continuing healthcare (CHC) support, with ten beds procured to support the process in addition to the recruitment of a CHC nurse assessor to support and manage the flow through the Winter period. The funding had been provided through existing CCG and local authority contributions to the Better Care Fund with additional funding for the nurse the adult social care winter funding. Adult Social Care would continue to make spot purchased placements where required.
- The winter pressures plan priorities for allocation of the £1.3m Brent allocation had been implemented during 2018/19 with a new plan developed for spend in 2019/20. The enhanced Winter Plan formed part of the 2019/20 BCF Plan, as detailed in section 4.1.4 of the report.
- The Placement Premium pilot scheme had been launched in February 2019 with the ambition to speed up assessment and placement into residential nursing homes through incentivisation for assessments made within 24 hours and again when patients received placement within 48 hours of assessment. The pilot had an impact in speeding up assessment and placement, shown in the graph in section 4 of the report. There had been a proposal to build on this work and it was proposed that the board look to review this on a 6 monthly basis.
- Progress had been made on the challenges reported at the last meeting regarding integrated commissioning. Unfortunately it had not been possible to progress the joint brokerage role however a review of joint working had been undertaken with work now focussed on the alternative areas outlined in section 4.2.2 of the report.
- There remained a good level of engagement with the Care Home Forum, which had enabled significant progress to be made on key priorities. Progress continued to be made on the three key strands within the transformation programme relating to dementia and challenging behaviours. The three areas identified included dementia awareness in homes without specialist dementia capacity, workshops to train and develop care home staff to support people with dementia, and a dementia in reach service to provide specialist support to dementia care homes, funded as part of the 2019/20

BCF and on which further updates would be provided as the new pilot service model was progressed.

- GP Enhanced Care Support was reviewed by CCG and a new service specification had been agreed, focusing on the nursing homes with the highest hospital admissions within Brent, which aimed to reduce duplication with existing GP responsibilities and provide MDT support.
- The range of other schemes also being taken forward, as detailed in section 4.3.4 of the report.
- An improved self-care referral pathway had been developed to align Brent's Social Isolation in Brent Initiative service to the new Link Worker roles within the Primary Care Networks with work to develop a Brent wide model also being progressed on which a further update would be provided for the Board.
- Progress also continued to be made on the development of a new Integrated Care Partnership (ICP) model with the new service now operational and due to be rolled out across the whole of Brent from December 2019, as detailed in section 4.6.1 of the report.
- The development of a technology and able care strategy supporting people at home for highest risk service users.
- An update was also provided (as requested by the Board) on the existing integrated arrangements which involved a number of existing pooled budgets and integrated service arrangements between Adult Social Care and NHS organisations, as detailed in section 4.6.2 of the report. A further paper would be provided for the Board regarding the the future integrated commission arrangements.

In the ensuing discussion, the Board noted the following matters:

- A correction was issued on page 26 of the report that the £1.1m contribution for integrated rehabilitation and reablement service was not from London North West University Healthcare Trust but had been provided by the CCG, with London North West University Healthcare Trust as the provider.
- Phil Porter (Strategic Director, Community Wellbeing, Brent Council) highlighted that Brent outscored many other Boroughs on CCG Care Home ratings and was regarded as system leaders in this respect. The overall approach was focussed on providing good quality care aimed at improving quality of life, with the specific example provided of an approach being piloted in relation to tdental health care facilities.
- Tom Shakespeare clarified that there was scope for providers from the Community and Voluntary Sector CVE to be involved in the self-care steering group, and informed the board that the sector was already represented on the Group.
- In response to queries about workforce planning in relation to Care Home provision post Brexit, Tom Shakespeare advised that he had not been made aware of any issues with many care home providers already tracking and monitoring the situation in order to identify and mitigate potential risks. Phil Porter also advise that the Council were actively monitoring risks associated with Brexit.
- As a result of the update provided, Councillor Hirani felt it would be useful to promote the work on assistive technology and integration and practical changes to people in the Borough.

- Carolyn Downs welcomed the positive improvements in delays to discharge but also felt there was a need to consider the impact in relation to costs being passed on to partner organisations which it was felt needed to be carefully reviewed and managed with any impact recognised and the resulting costs equitably shared across the system. The Board recognised the issue raised but were also keen to ensure that the benefits to patients in relation to the integrated discharge strategy remained the focus in order to secure the best outcomes. Simon Crawford (Director of Strategy, London North West Healthcare NHS Trust) also felt it was important to note the work focussed around prevention. He gave the example of the work being undertaken with the London Ambulance Service to ensure patients were being directed to the most appropriate form of care which would not always involve A&E. Through the correct discharge processes this stopped patients getting into crisis.

As no further issues were raised, the Board acknowledged the progress made and subsequently **RESOLVED** that the progress against the action plan for 2019/ 2020 be noted.

8. **Brent Children's Trust - six monthly update**

Gail Tolley (Strategic Director for Children and Young People) introduced the paper updating the board on the Brent Children's Trust work programme covering the period from April 2019 to September 2019.

The following issues were highlighted for the Board:

- The collaborative work being undertaken between the Local Safeguarding Children's and Adult Board and Children's Trust in terms of the focus on the transitional safeguarding arrangements from children to adulthood, which had included the setting up of a workshop in November 2019 aimed at senior operational and strategic decision makers across Brent.
- The Trust's engagement in development of the Family Hubs initiative, which would be subject to a report to the Council's Cabinet the following week.
- The Trust's involvement in development of the children and young people's sections within the Joint Strategic Needs Assessment (JSNA) on which a number of recommendations had been made, as detailed in section 3.6.14 of the report. A further strategic review of the updated JSNA was planned at the Trust's next meeting in November 19.
- The other areas covered within the Trust's work programme (as detailed within section 3.7 of the report), which had included a review of the Special Educational Needs and Disabilities (SEND) Implementation Plan; an update on development of the Integrated 0-25 Children & Young People with Disabilities service; continued oversight of the work of the Young Carers Transformation Group (Young Carers Champions) and the joint work of statutory and voluntary sector providers in delivering an integrated approach to support for young carers. The Board were informed that the Trust had offered strategic support and challenge to increase the number of Young Carer and Young Adult Carer referrals from Adult Social Care and GPs, And had been encouraged at the provision of funding through the Better Care

Fund to support activities in this area; overview of the Maternal Early Childhood Sustained Home-Visiting (MECSH) programme and on the actions being taken to address levels of childhood obesity in Brent led by Public Health.

In the ensuing discussion the Board noted the following matters:

- Dr Ketana Halai advised of work being undertaken with Simon Topping (Operations Manager, Early Help, Brent Council)) to develop a presentation on young careers and safeguarding designed to increase awareness amongst Brent GPs.
  This approach was supported by Dr M C Patel who highlighted the benefits and importance of specific training and awareness being provided for GPs regarding support available for young carers in order to ensure they were able to signpost this appropriately.
- In response to questions regarding the timeline for Family Hubs, Gail Tolley informed the board that a paper would be going to Cabinet on 14th October seeking approval to the overall approach band model developed for the Family Hubs. Subject to this being approved, the aim was to open the initial Hubs by October 2020 once the existing arrangements had expired. In response to questions about the involvement of the CCG, the Board were advised that the CCG had been fully engaged in the process, as had been recommended by the Children's Trust when they had considered the proposals, with details also shared with primary care networks.
- Councillor Hirani welcomed the issue highlighted by the Children's Trust when considering the action being taken to address levels of childhood obesity regarding the impact of cultural influences and language when raising awareness of the issue within local communities. It was felt this was an issue which needed careful consideration and work to address.

As no further issues were raised, the Board **RESOLVED** that the work of the Brent Children's Trust for the period April 2019 to September 2019 be noted.

9. **Integration and Section 75 Agreements**

Sheik Auladin (Managing Director, Brent CCG) introduced the update on Integration and Section 75 Agreements. The Board were advised that due to the current restructure of the CCG a full update and paper would be brought to the next meeting on Tuesday 21st January.

10. **Better Care Fund update**

Tom Shakespeare (Director of Integrated Care, Brent CCG & Brent Council) introduced the report updating the board on the key changes in the Better Care Fund (BCF) Plan 2019-2020 along with the projects and funding included within the Plan submission for approval by the Board.

The Board noted:

- The key changes to the Plan, as detailed in section 3 of the report which had included an uplift in the CCG minimum contribution, including a £400,000 increase in the CCG contribution to adult social care; Adult Social Care Winter Funding (£1.34m) included as part of BCF planning process and a refresh to reflect changes in a number of schemes within the previous Plan.

- The proposed schemes and funding being recommended with the BCF Plan for 2019/20, as detailed in section 4 of the report with further details provided on CCG commissioned services and LA commissioned services and whether they were existing or new schemes, as well as the contribution and expenditure.

In the ensuing discussion the board noted the following matters:

- In response to Dr M C Patel's request for a breakdown of the £7.705 million required spend direct from CCG for adult social care (table 5.1), the Board was advised that this included the LA commissioned services listed within the report with both the local authority and CCG having reviewed and signed off the final allocations.
- That the allocation identified under the list of LA Commissioned Services in relation to the Carers Service would include young carers.

As a result of the update, the Board subsequently **RESOLVED:**

To approve the proposed projects and funding identified within the report as part of the Better Care Fund Plan for 2019/20

11. **Any other urgent business**

Julie Pal (Healthwatch Brent) informed the Board that the Healthwatch Brent Team had received an award from Healthwatch England for individuals who had made an outstanding contribution in relation to work on supported living schemes in the Borough. The Board congratulated all those involved for the award.

The meeting was declared closed at 6:10pm

COUNCILLOR HARBI FARAH
Chair

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Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 10 February 2010
	Report from the Managing Director, Brent Clinical Commissioning Group

Integration Proposal and Single CCG Across North West London

Wards Affected:	ALL
Key or Non-Key Decision:	For information and update
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Jonathan Turner, Deputy Managing Director, Brent CCG, 6th Floor, Brent Civic Centre, Engineers Way, Wembley HA9 0FJ Tel: 0208 7331629 Email: jonathanturner2@nhs.net

1.0 Background

1.1 In September 2019 CCG Governing Bodies across NW London agreed to move towards the creation of a single CCG by 1 April 2021. This position was reached at meetings of the Governing Bodies held in public and was subject to the following assurances:

- how we approach transition
- the position on financial flows and historic positions
- a single constitution (already in discussion with the LMC)
- local delegation and integration arrangements
- confirmation that a NWL-wide CCG was the correct answer

1.2 The move towards a single CCG has arisen from NHS England's plan to substantially reduce the number of CCGs and for them to be aligned to STP footprints. Across London it is anticipated London South East, South West and North Central London CCGs will be established as single CCGs for their STP areas by April 2020. Across NW London and NE London the aim is to create single CCGs by April 2021. Following the decision by the Governing Bodies to The journey towards the creation of a single CCG would make 2020/21 a year of transition towards a new single operating model and progress on this is set out below.

1.3 The work arising from the assurances outlined in 1.1 above are being picked up in a work plan for the first half of this calendar year. The aim is to present recommendations to Governing Bodies in June 2020 that would see membership votes taking place thereafter and then a final recommendation to NHS England for approval to create a single CCG for NW London from April 2021.

1.4 As part of the decision to merge into a single NW London CCG in April 2021, Governing Bodies agreed that there should move to a single operating model for a transition year in 2020-21.

2. Delivering the Single Operating Model

2.1 The CCGs face a dual challenge: preparing for merging into a single organisation and meeting the financial targets for reducing management costs we have agreed with the NW London System Recovery Board. Our aim is to minimise the impact of financial recovery on patient-facing services by making savings where we can on management costs. The level of saving required cannot be made simply by carrying on as we are, with smaller teams. We need to significantly change our operating model to anticipate the development of a single CCG, and the development of the NW London Integrated Care System and local Integrated Care Partnerships.

2.2 Over the last few months, the CCGs have been working on developing a new, single aligned structure for NW London. A period of staff engagement was launched on 4 December which lasted until Christmas. Draft management structures are being finalised and will be subject to discussion with NHS England, prior to a staff consultation that will last for 30 working days.

2.3 We currently expect the staff consultation to start in the last week of January for most staff. Consultation for staff in finance and IT has already commenced due to the stand alone nature of these departments. During the engagement period a number of meetings were held with staff to discuss the move to a single model and to answer their questions.

2.4 We have agreed in principle that CCGs should share some aspects of their management teams during this period of transition and that the following CCGs will work together.

- Brent and Harrow
- Central London, Hammersmith & Fulham and West London
- Ealing and Hounslow

Due to the co-terminous nature of the local system, it is currently envisaged that Hillingdon CCG will continue to have a self-contained management team.

2.5 It is likely that structures will be developed which have some staff working in a single borough, and some functions which are shared within boroughs. This will involve a reduction in the number of very senior posts and some teams having shared leadership. These moves are required to achieve viable teams within a

reduced funding envelope. This is not dissimilar to other public sector organisations such as the Police and parts of Local Government where joint teams have been established. In Brent, we have planned on the basis of shared QIPP and urgent care functions with Harrow CCG.

2.6. There is nothing in our proposals which will prevent the continuation of joint commissioning arrangements with local authorities where they exist, or lessen our commitment to borough based integrated care. Any Brent council staff who work within the integration PMO team hosted by the council will be subject to separate arrangements and are not part of this restructure.

2.7 Over the last 3 months, Brent CCG has been in discussion with the council around closer joint commissioning of integrated services, in particular those of integrated discharge pathways, home care, adult community health, community learning disability and the community Integrated Rehabilitation and Reablement Service. These discussions will continue to evolve, and it is intended that we move closer to these arrangements simultaneously with the move towards joint functions across Brent and Harrow. We do not see closer integration between the CCGs and integration between health and social care as mutually exclusive.

2.8 This proposal reflects the existing joint team structures for areas such as the Children's, system resilience and Learning disabilities. CCG colleagues will engage with their Borough counterparts on the North West London CCGs integration proposals. Any comments will be considered before we publish the final structures in March.

2.9 In parallel, as part of the transition from an STP to an Integrated Care System (ICS), the Kings Fund has been commissioned to review our work creating integrated systems. They have interviewed key stakeholders, including council representatives, with the aim of devising a road map to integrated care at locality, place and system level. The Kings Fund work concludes in February.

2.10 The proposed change to management structures in no way alters our desire to work with Councils to continue to develop and deliver strong, integrated, place-based care for residents. The CCG will continue to work in partnership with the Borough as the new management arrangements are brought into effect and after any changes that are put in place from April 2021.

Sheik Auladin
Managing Director
Brent CCG
January 2020

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Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 10 February 2020
	Report from the Director of Public Health

Joint Strategic Needs Assessment

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	2 Appendix 1 – Terms of Reference Appendix 2 - JSNA
Background Papers:	N/A
Contact Officer(s): (Name, Title, Contact Details)	Nkem Obianyor Customer Insight Manager, CWB, Brent Council Nkem.obianyor@brent.gov.uk

1.0 Purpose of the Report

1.1 This paper introduces the refresh of the Joint Strategic Needs Assessment to the Brent Health and Wellbeing Board

2.0 Recommendation(s)

2.1 The Board is asked to

- Agree to the publication of the JSNA refresh on Brent Council and CCG websites
- Agree the refreshed Terms of Reference for the JSNA Steering Group which will undertake to keep the JSNA up to date

3.0 Detail

3.1 The Brent JSNA describes the health, wellbeing and social care needs of Brent. The JSNA refresh is based on an analysis of local, regional and national datasets. It is heavily dependent on publically available datasets, in particular those published by Public Health England, NHS Digital and the Office of National Statistics. Where possible these are supplemented by local service data.

3.2 The JSNA includes information on the Borough's population, both now and future predictions, the pattern of diseases and health-related behaviour, and the wider determinants of health such as environmental and social influences on health.

3.3 The JSNA is a descriptive document to which the local authority, CCG and NHS England have a statutory duty to have regard when developing their commissioning plans. Where plans are not taking the JSNA into account, commissioning bodies need to be able to say why.

3.4 The JSNA is organised into the following chapters, most commencing with a summary of key facts and concluding with implications for commissioning or further work.

- People and Place
- Health and Lifestyle
- Children and Young People
- Children's oral health
- Childhood obesity
- Learning Disabilities and Autistic Spectrum Disorder
- Mental health
- Sexual Health
- Substance Misuse
- Smoking
- Diabetes
- Domestic abuse
- Gangs and Violence
- Air quality
- Transport
- Noise
- Economy and employment

3.5 The Brent Children's Trust has considered the JSNA: both those chapters covering children and young people specifically and the implications of "other" chapters for children, for example parental behaviours or environmental determinants of health.

4.0 People and Place

4.1 Brent is characterised by change and diversity with new communities moving in, very significant recent and projected population growth and regeneration. The population is 65% BAME with 160 languages spoken in Brent schools. This is a young borough with the median age being 7 years lower than England &Wales and 23% of the population aged less than 18years. Within Brent there are significant differences between different parts of the Borough

and the JSNA details variation between wards in the age, ethnicity and growth of the population. However, many national statistics are only published at a borough level.

5.0 Adult Health and Health-related behaviours

5.1 In contrast to childhood obesity, rates of adult obesity are less than the national average. However more than half of Brent adults are overweight and obese. Self-reported fruit and vegetable consumption is similar to national averages and low (only 56% self-reported "5 a day"). Brent is the 4th most inactive borough in London. However, the numbers of people using parks and green spaces for health reasons may be increasing. There are low rates of smoking in pregnancy in Brent (3%). Rates of smoking are higher in mental health service users (29%) and routine and manual workers (26%) than in the general population.

5.2 Public Health England have made available national information on maternal health related behaviours and risk factors. This shows very marked inequalities for example by age, deprivation and ethnicity. The CCG and public health will examine local data to explore whether similar inequalities are present amongst women using local maternity services.

5.3 The prevalence of severe and enduring mental illness is higher in Brent (at 1.25%) than the London and national average. Fewer people are diagnosed with depression than elsewhere in London or nationally. This may indicate lower rates of depression and / or less presentation to health services and / or under-diagnosis locally compared to elsewhere. Suicide rates are fairly stable and below national averages. Admissions of young people for self harm are significantly lower than elsewhere; again, this could indicate lower numbers of young people self-harming and / or lower presentations to hospital and / or under-recording of self harm.

5.4 The picture of sexual health locally is mixed. Teenage pregnancies continue to fall and are below the national average. However, rates of sexually transmitted infections and abortions in Brent are higher than the national average: strikingly so for STIs. Of Brent women under 25 years who had an abortion in 2017, 31% had had a previous abortion.

5.5 As is well known, levels of diabetes in Brent are high. It is estimated that 17% of all deaths in Brent are attributable to diabetes and that, by 2030, 15% of the adult population will be diabetic. Treatment outcomes for people with Type 2 diabetes in Brent are similar to national averages

5.6 Rates of hospital admission due to alcohol for adults are higher in Brent than London or nationally. However for the under 18s, rates are significantly lower than the London average or national average.

5.7 Estimated opiate use is above London and England while crack use is estimated to be similar to that elsewhere in London and above the national average. Most young people do not misuse drugs. Specialist young people's

substance misuse services are accessed by around 140 young people in Brent. The commonest route of referral is from youth justice system and cannabis is by far the commonest substance used.

6.0 Children and Young People

6.1 Although early years attainment levels are rising, Brent ranks 108th (of 152 authorities) for children achieving their early learning goals in communication, language and literacy. This is a focus for joint work between the authority, health, third sector and early years' providers. 95% of schools in the borough are rated "good" or "outstanding" and attainment at Key Stage 2 and 4 is above national average. However, attainment levels have remained low for boys of Black Caribbean heritage and working with this group to raise their attainment levels at all key stages is a key priority across the Council.

6.2 In Brent 10% of children in mainstream schools are on SEN support (nationally 12%) with speech, language and communication needs being the commonest primary need. The number of children with Education, Health and Care plans is increasing in Brent; the commonest primary need is Autistic Spectrum Disorder (at 41%).

6.3 There are estimated to be over 3,200 young carers in Brent of whom 600 are known to services.

6.4 Brent has seen an increase in the child population and this has led to an increase in the number of reports of abuse and child protection conferences. The rates of children subject of a child protection plan remain lower than national and Statistical Neighbour averages. The number of children is need is increasing in Brent although the number of children with a disability seem to be remaining constant.

6.5 Rates of looked after children are lower in Brent than statistical neighbours or England averages. The percentage of looked after children with three or more placements in a year and the numbers of unaccompanied asylum seeking children (UASC) are higher in Brent than statistical neighbours or England averages. Larger proportions of care leavers in Brent are in education, employment or training than is the case nationally.

6.6 Childhood immunisation rates in Brent are above the London averages but well below national averages and below the levels needed to achieve herd immunity. Immunisation rates in looked after children are below those in the general population. Rates of childhood obesity remain higher in Brent than London or national averages. Brent has the second highest level of dental decay in childhood in London and this drives higher rates of A&E attendance and hospital admission.

7.0 Wider determinants of health

7.1 Police reports of domestic abuse (DA) are rising. This may represent an increase in reporting and /or an increase in levels of DA. Police reports of DA

with injury are falling. Women aged between 20 and 50 years are over-represented among victims of DA as are Black and White women. Mapping shows clear hotspots for DA within the borough.

7.2 Brent has similar rates of knife crime victims under 25 to London and is the 3rd worst London borough for gun crime.

7.3 Air pollution in Brent is declining. Nitrous oxide (NOx / NO2) levels remain above permitted EU levels. 56% of NOx originates from road transport, and over 80% of that is from diesel engines. There are clear hotspots for poor air quality in the borough (North Circular and Town Centres)

7.4 The unemployment rate in Brent has fallen and at 5.3% is half the 2011 rate. The largest employment sectors are health (16%), retail (10%), business admin (10%) and education (9%). Earnings are low in Brent with the 2nd lowest average pay rates in London and 31% of the workforce earning less than the London Living Wage.

8.0 Financial Implications

8.1 There are no direct financial concerns as a result of this paper

9.0 Legal Implications

9.1 The Health and Social Care Act 2012 amended the Local Government and Power Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

10.0 Equality Implications

10.1 The paper will help to reduce health inequalities

Report sign off:

Dr Melanie Smith
Director of Public Health

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Appendix 1.

Brent Joint Strategic Needs Assessment Steering Group
Terms of reference

Purpose

To direct and oversee the ongoing updating, production of and dissemination of the Brent Joint Strategic Needs Assessment (JSNA), on behalf of the Health and Wellbeing Board.

Context

The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing boards in relation to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

The JSNA is an assessment of the current and future projected health and care needs of the local population. These are needs that could be reasonably be met by the local authority, the local Clinical Commissioning Group (CCG) and NHS England.

The JSNA uses variety of data sources and in addition to quantitative data may include service user information and views fed in by community participation.

Objectives

The working group will:

- Agree an annual work plan with milestones
- Collaboratively agree on the scope of the JSNA and identify where responsibility for producing and obtaining sign off of the various chapters
- Identify gaps in the current JSNA where new chapters are required
- Identify where new or updated information is available which should be included in the JSNA
- Obtain and analyse any data required to fill gaps or update the JSNA. This may involve primary data collection from services or community consultation or the use of official statistics
- Oversee the production of the JSNA and ensure relevant sign off by Brent Council and CCG
- Ensure that the refreshed JSNA is accessible and that it links with other data sources/evidence on the Council, CCG and Health Watch website
- Lead in the dissemination and awareness of the JSNA to internal and external stakeholders.

Membership
Note CCG members to be reviewed following re-organisation of NWL CCGs

Consultant in Public Health: Co-Chair
CCG Deputy Managing Director: Co-Chair

Core
Customer Insight Manager
Public Health Specialist
Analyst. Performance, Insight and Improvement
Head of Commissioning, Contracting and Market Management, ASC
Business Intelligence / GIS team
Head of Forward Planning, Performance and Partnerships, CYP
Performance Manager, CYP
HealthWatch
CCG Analyst

Additional members to attend as required for their areas of specialism
Housing nomination
Highways nomination
Community Protection nominations
Regeneration, Growth and Employment nomination(s)

Frequency of meetings and quorum

The working group will meet at least bimonthly

A minimum of four core members, or their deputies, will be needed to reach a quorum. In addition, both the CCG and the Council will need to be represented.

Governance

The working group will through the Director of Public Health update the Health and Wellbeing board.
Approval of completed products will be done via the CCG and Council governance processes.

People and place

Brent JSNA
2019/2020

Brent

NHS
Brent
Clinical Commissioning Group

Brent

Where Brent is in London

Wards

Source: : GLA: Brent Scenario 1 Borough Preferred Option, 2018 rounded

Introduction

Brent is a borough characterised by change. It is a place where new communities have always settled, regularly adding to its distinctive diversity, and this continues today. Regeneration is also changing the face of the borough, in Wembley, South Kilburn, Alperton, Harlesden, Church End, and elsewhere. And we are growing - around 334,700 residents today, projected to increase to almost 350,000 by 2023, and over 375,000 by 2030.

Our residents are living longer too – the number of residents aged 65 and over will increase by 41% by 2030. This is to be celebrated, as advances in medical care give people more years with their families.

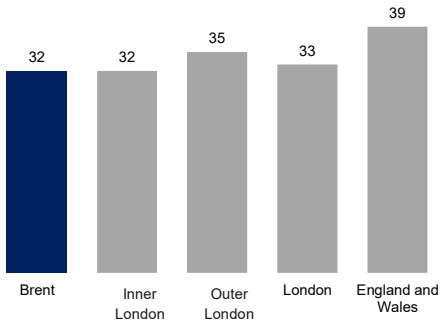
2018 Population	334,700
Area	4,323ha
Population density (2018)	77.4 people per hectare

Page 1

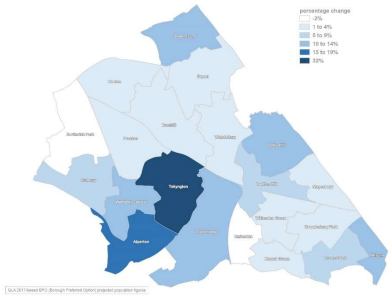
Summary

65% Brent is black, asian or other minority ethnicity (BAME)

Median age



Population growth from 2011 to 2019



Page 2

How many people live in Brent?

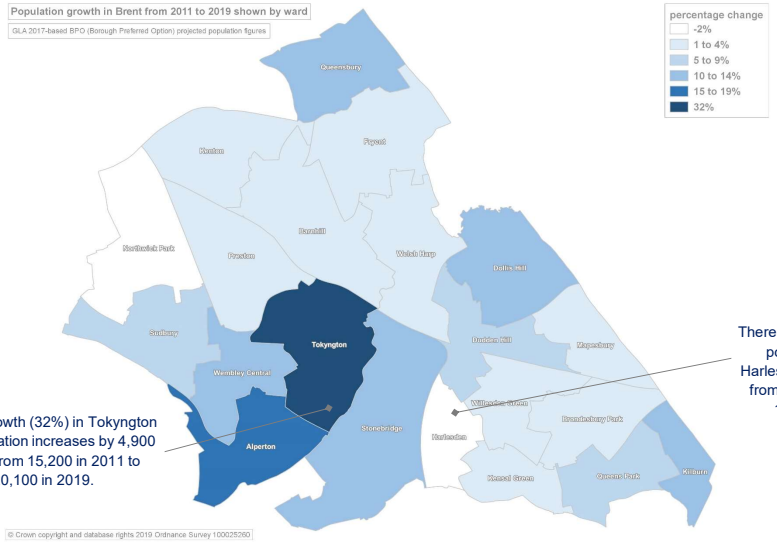
263,500	311,200	334,700	349,900	375,200
2001	2011	2018	2023	2030

Census | GLA Projections

Source: GLA: Brent Scenario 1 Borough Preferred Option, 2018 rounded

Page 3

Where was the population growth in Brent?

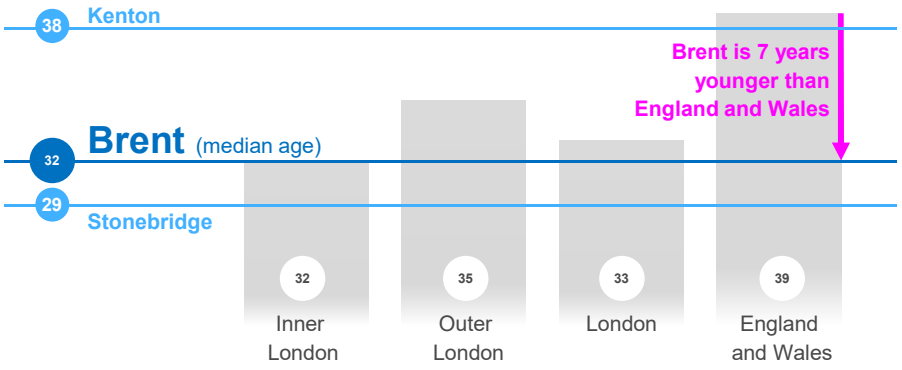


Largest growth (32%) in Tokyngton
The population increases by 4,900 people from 15,200 in 2011 to 20,100 in 2019.

There is a decrease in the population size in Harlesden of 300 people, from 17,300 in 2011 to 17,000 in 2019

Page 4

How old are the people in Brent?

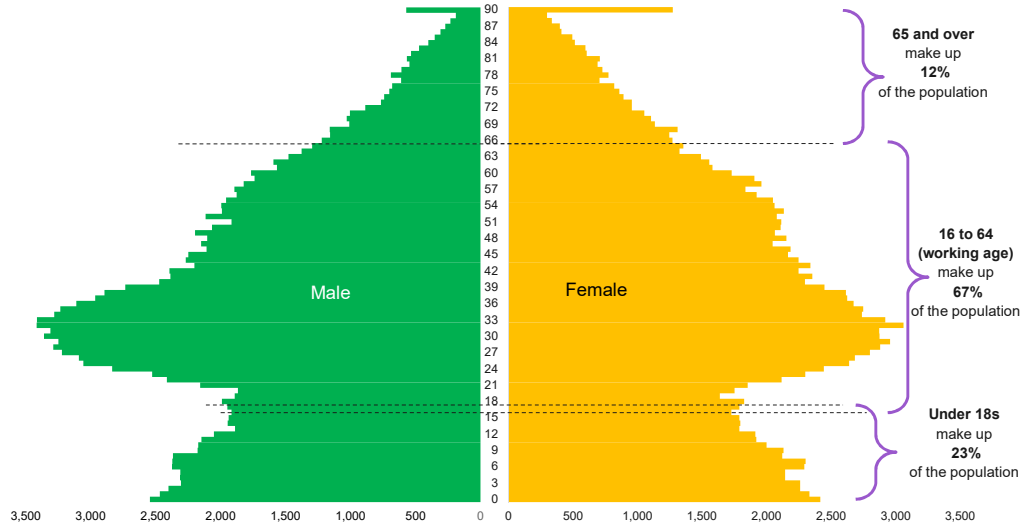


Median age for Brent , London and England and Wales

Source: Census 2011

Page 5

How old are the people in Brent?



Source: GLA: Brent Scenario 1 Borough Preferred Option, 2018 rounded

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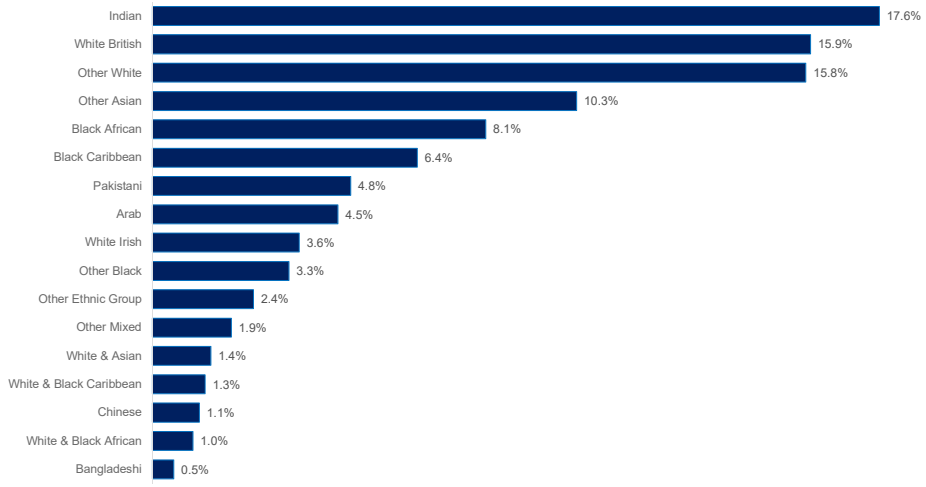
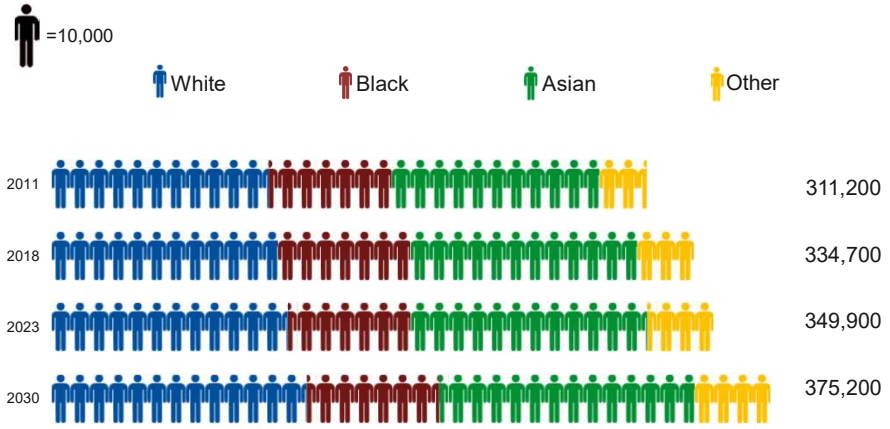
Ethnicity



Source: GLA 2016-based Housing-led Ethnic Group 2018 Population Projections rounded

Page 7

Ethnicity over time

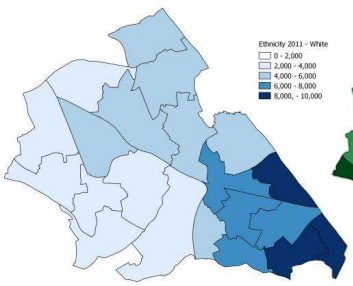


Source: GLA 2016-based Housing-led Ethnic Group Population Projections rounded

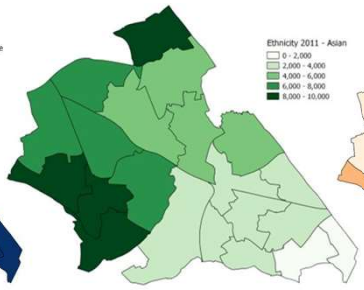
Page 8

Ethnicity groups by ward

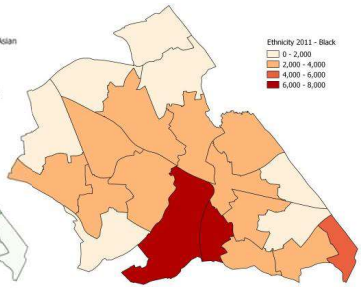
White



Asian



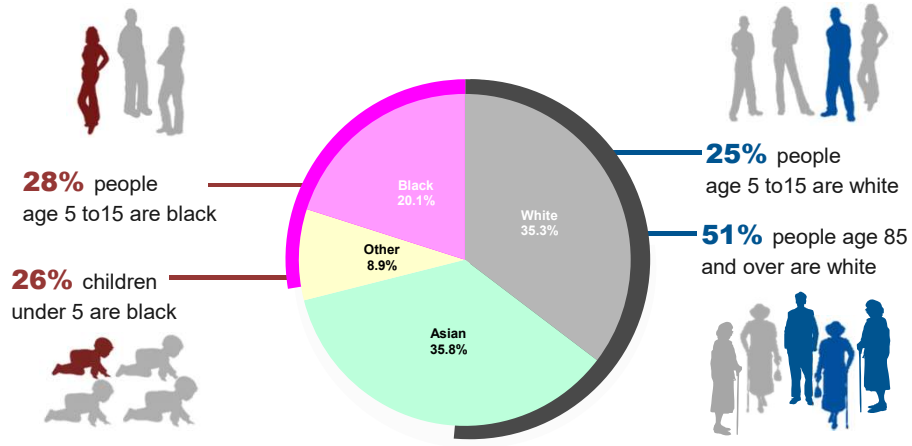
Black



Source: 2011 Census

Page 9

Ethnicity groups by age

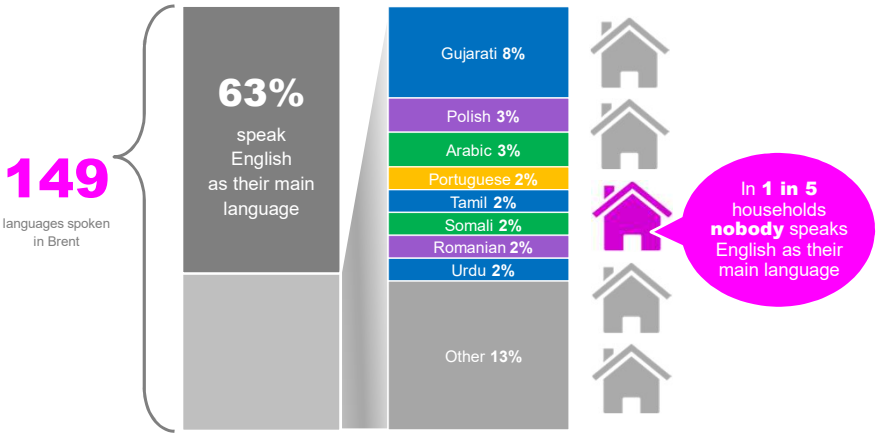


Source: GLA 2016-based Housing-led Ethnic Group 2018 Population Projections rounded

Page 10

Include footnote about whatd included in other languages

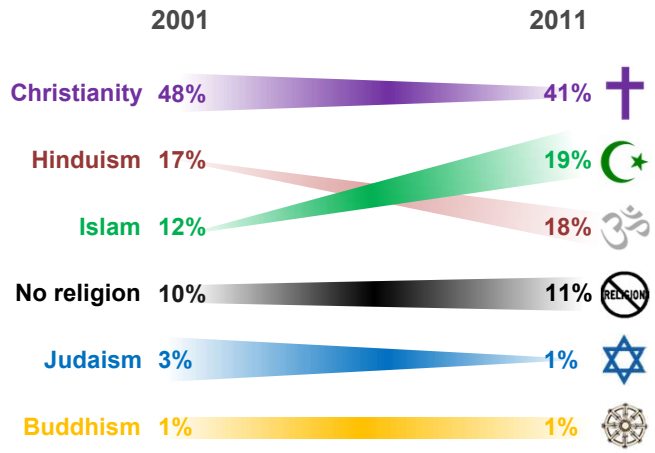
Language



Source: 2011 Census

Page 11

Religion

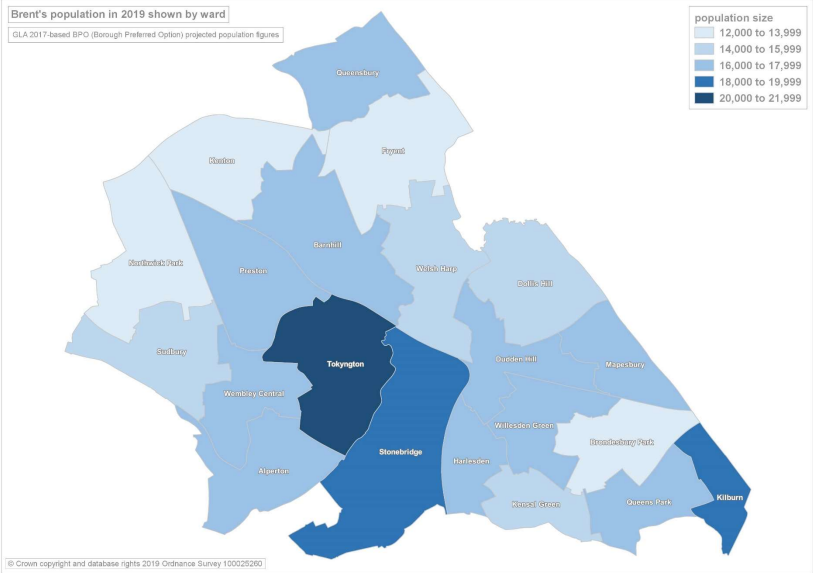


Source: 2011 Census

Page 12

Remove boxes

How many people live in each ward



Page 13

Commissioning Implications

- Many factors contribute to making Brent a diverse and dynamic borough, with the same factors also bringing challenges, both to the council and the health service, and other organisations that seek to serve and meet the needs of the local community.
- Perhaps one of the biggest challenges is population size. In 2011, the total population of Brent was 311,200. By 2030, this is set to increase to 375,200 – a 21% increase over 19 years. This increase in population brings challenges in itself, such as increased pressure on housing, schools and health services.
- Certain parts of the borough have seen more growth over recent years than others, such as Tokyngton and Alperton, compared to Northwick Park and Harlesden, which have seen either negative or zero growth recently.
- While the population profile of Brent is relatively young (67% of the population are of working age), there are key differences within this. For example, the Black African population is young and growing (26% of children under five are Black), while the Black Caribbean population is ageing.
- The north and west of the borough are characterised by higher proportions of Asian residents, while the south east of the borough has a larger proportion of White residents, and there are higher proportions of Black residents around Stonebridge and Harlesden.
- A total of 149 languages are spoken in Brent. While 63% of residents speak English as their main language, in a fifth of households, nobody speaks English as their main language. Other key languages include Gujarati, Polish and Arabic.

Technical notes

Definitions

Life expectancy	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 newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.
Healthy life expectancy	The average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.
Main language	Language spoken at home – this does not measure proficiency in English

Data sources

Public Health England, Public Health Outcomes Framework:
http://www.phoutcomes.info/search/life%20expectancy#gid/1/pat/6/ati/102/page/0/par/E12000007/are/E09000005

GLA population projections:
https://data.london.gov.uk/dataset/projections

2011 Census
http://www.nomisweb.co.uk/census/2011/data_finder

Brent Open Data
https://data.brent.gov.uk/dataset/population-projections-by-ethnicity

Other useful sites

GLA borough profile:
http://londondatastore-upload.s3.amazonaws.com/instant-atlas/borough-profiles/atlas.html

GLA LSOA atlas:
http://londondatastore-upload.s3.amazonaws.com/instant-atlas/lsoa-atlas1/atlas.html

GLA ward atlas:
http://londondatastore-upload.s3.amazonaws.com/instant-atlas/ward-profiles-html/atlas.html

Health and Lifestyle

Brent JSNA
2019/2020

Brent

NHS
Brent
Clinical Commissioning Group

Summary 1 of 2

- The proportion of adults aged 18+ in Brent who are overweight or obese is 55.9% (2017/18). While this is significantly better than the England average (62%) it still represents a present and future burden on health and social care.
- The most recent estimates for obesity levels *within* Brent are from 2006/08; these showed a marked variation between different parts of the borough. The correlation between obesity and deprivation is unlikely to have changed.
- Considering those aged 65 and over, taking 2014 as a baseline, the number of people in Brent who are projected to be obese or morbidly obese is predicted to rise from 9,194 to 13,692 in 2030, which represents an increase of nearly 50%.
- Brent's use of parks and green spaces for health or health reasons increased from 7.2% in 2011/12 to 15.8% in 2013/14. This upward increasing trend is partly attributed to the recent installation of outdoor gyms and regular walks and runs organised across Brent
- Although rates have improved slightly in recent years, fewer residents in Brent are "active" (for more than 150 minutes a week) than London and Brent is the 4th most inactive borough in London.
- Just over half of Brent adults (55.5%) are estimated to achieve "5 a day" (the recommended minimum five portions of fruit and vegetables) on a "usual day". This is similar to the average for England of 54.8%.
- An estimated 17% of the adult population in Brent smoke. Smoking is more prevalent in routine and manual workers in Brent at 26% in 2018.
- Public Health England has begun to analyse data on maternal health behaviours and risk factors which show marked inequalities. At present this has only been analysed nationally as Brent specific data is not available.

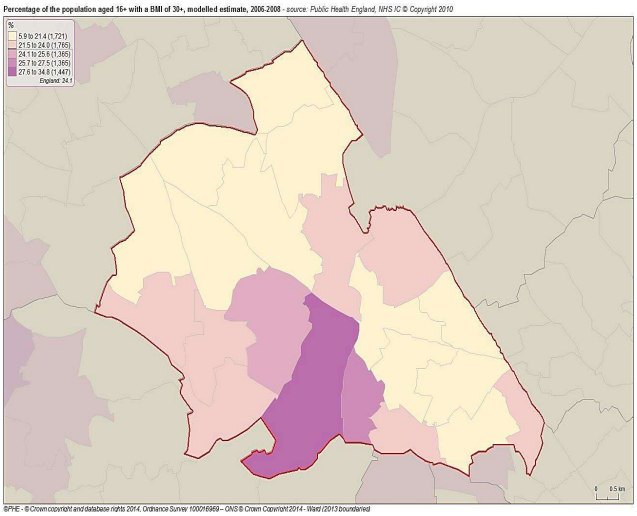
Summary 2 of 2

- This refresh of the JSNA retains the data on self reported health previously published. This data is based on actual reporting, rather than a modelled estimate, and is available at ward level, where there are marked variations across the borough. *Caution*: this data was obtained in the 2001 census and is so nearly a decade old. The vast majority of people in Brent (83%) described their health as “Very good” or “Good”. Harlesden had the highest number of resident reporting “Good” and “Very bad” health.

Page 2

Adult Obesity

Percentage of the population aged 16+ with a BMI of 30+, 2006-2008



- Levels of adult obesity vary by ward in Brent. In some parts of the borough, the estimated modelled prevalence was 31% of adults aged 16 and over. In contrast, in other parts, 16% of adults were obese.
- Levels of obesity are associated with socio-economic status and deprivation. This trend is seen in Brent with wards in the south of the borough generally having the highest levels of obesity.
- Nearly 1 in 5 adults in Brent are obese, with this trend set to increase. In 2015 there were 940 hospital admissions linked to obesity per 100,000. This is higher than the National average of 811 per 100,000

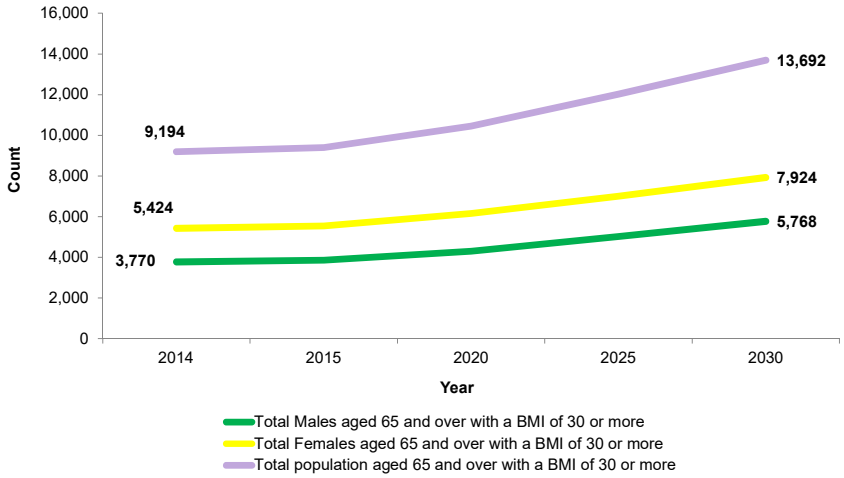
Source: PHE, 2006-08

Page 3

Obesity Projections

People aged 65 and over who are obese or morbidly obese projected to 2030

Between 2014 and 2030, the number of people aged 65 and over in Brent who are projected to be obese or morbidly obese is predicted to rise from 9,194 to 13,692, which represents an increase of nearly 50%.

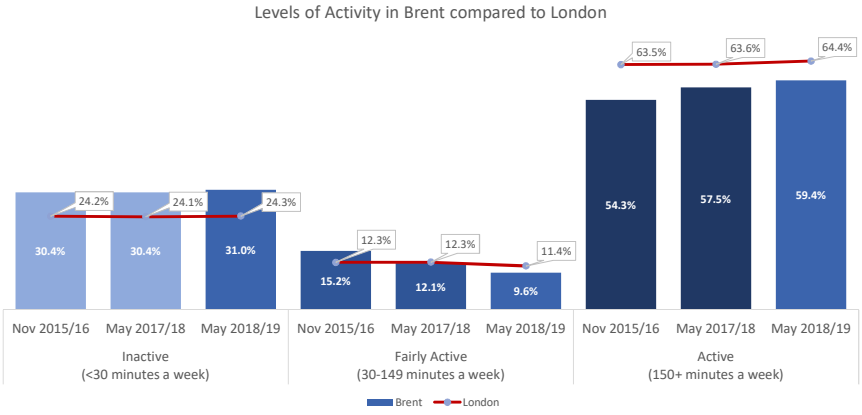


Source: Projecting Older People Population Information (POPPI)

Page 4

Physical Activity

Percentage of physically active adults



Even though the prevalence of active adults in Brent (more than 150 minutes of activity/ week) has increased in the past 3 years, these levels still remain lower than the London average.

Source: Active Lives Adult Survey, Sport England (2018/19)

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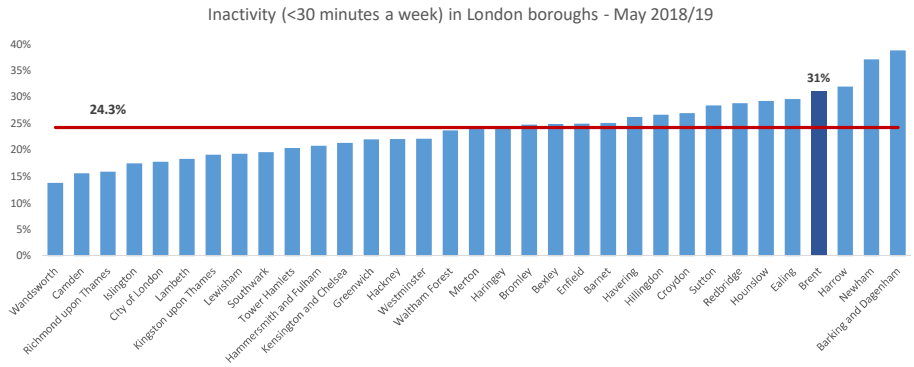
Physical Activity

Percentage of physically inactive adults



- The prevalence of inactive adults in Brent is higher than the London average (31% v 24.3%), this means that roughly 3 out of every 10 people in Brent do less than 30 minutes of activity a week.
- Brent presents as the 4th most inactive borough in London according to Sport England's Active Lives Survey

Source: Active Lives Adult Survey, Sport England (2018/19)

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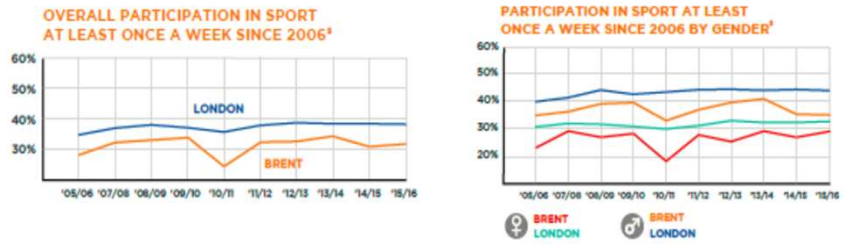
Physical Activity

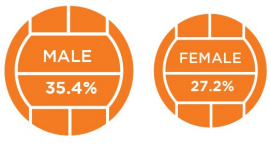
Key determinants of physical inactivity among Brent adults



- Brent residents participation in sport is lower than the London average, this is more significantly so for females and the BAME community in the borough,

Once a week sport participation

1 x 30 minutes sport participation



Source: Physical Activity and Sport Borough Profile (2016)

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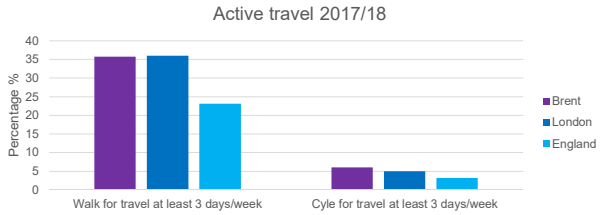
Active Travel

Percentage of adults that use active methods of traveling



Active methods of travel to work: Bicycle and On foot

	Brent (count)	Brent (%)	London (%)	England (%)
Bicycle	3,859	1.7%	2.6%	1.9%
On foot	10,704	4.6%	5.8%	6.9%
Both methods	14,563	6.2%	8.4%	8.8%

Source: Fingertips, 2019., ONS, 2011 Census. Proportion is a percentage of the population aged 16-74 years

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Outdoor Gyms, Sports Facilities and Related Activities

- Outdoors gyms were installed at six parks across Brent in 2013, there are 19 outdoor gyms in Brent to date. every resident in the borough is within 1 mile of an outdoor gym.
- The local healthy walks scheme addresses inactivity and social isolation through volunteer led walks based in the borough's parks
- A range of other sports facilities are available across Brent's parks and open spaces. These include: multi-use games areas; tennis and netball courts; football and rugby pitches; artificial turf pitches; and cricket squares. There are 20 Multi-Use Games Areas, predominantly for basketball and football use, these are free to use on a casual basis and can cater for school holiday activities.
- A Park Run is held every Saturday morning in Gladstone Park with around 200 people registered.
- LB Brent currently commission Our Parks to run free sessions in a number of parks. 'Our Parks' is a recent initiative which brings together free group exercise classes led by qualified instructors. The activities are promoted to residents who currently do little or no physical activity.
- Currently there are over 1,108 allotments plots let in Brent across 22 sites. The sites range in size from six plots at Vale Farm to 120 in Dollis Hill.
- There are more than 20 leisure centres in Brent, including three council run leisure centres, that offer free or affordable activities and memberships for local residents.

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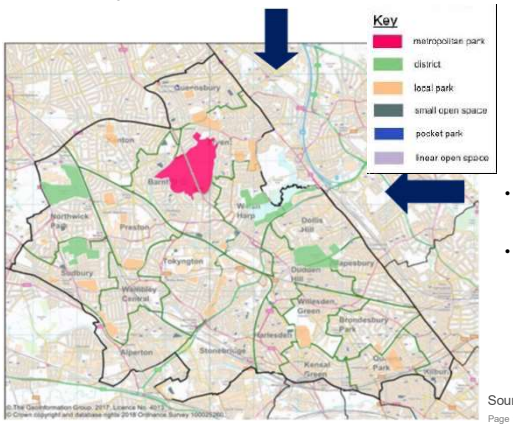
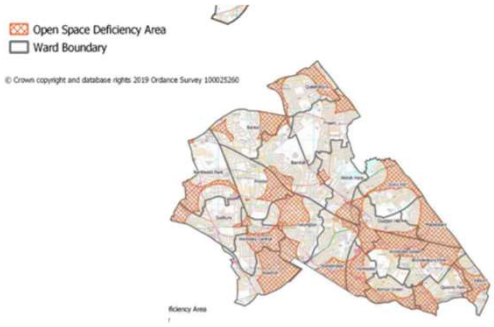
Green Spaces in Brent

- Brent has 103 parks covering a total of 638.4 hectares.
- More than half of Brent households live more than the London Plan recommendation of a maximum of 400 m away from a green space measuring at least 2 hectares.
- There are variation across the borough in relation to access to green spaces. Brent residents in the West of the borough have less access to pocket parks, while there is no provision of district (at least 20 hectares) or metropolitan (at least 60 hectares) in the South of the borough.





- Fryent contains the largest proportion of green space in the borough and contains Fryent Country Park covering 115ha
- According to the Brent Residents Survey (2015/16), the most frequented parks are Gladstone (17%), Barnham (12%) and Roundwood (11%).

Source: Open Space, Sport & Recreation Study (2019)., Brent Parks Strategy (2010-2015)

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Maternal health, risk factors and inequalities

- Good health both before a woman conceives and while she is pregnant improves outcomes for mother and baby, the benefits of which continue well beyond birth.
- Only 3.4% of mothers in Brent are smoking at delivery compared to 10.6% nationally. This may in part reflect local investment in smoking cessation support to maternity services
- Public Health England have recently collected and published data on maternal health, health behaviours and risk factors for England as a whole. This shows
- Marked inequalities in maternal health
- 27.4% of women were overweight at booking for their first pregnancy, with 18% of women being obese. Obesity rates at booking rise to 23% at subsequent pregnancies.
- Looking at different ethnic groups, black women were the most likely to be overweight or obese (66.6%) in early pregnancy
- The proportion of women who were overweight or obese in early pregnancy rises as the levels of area deprivation increase.
- 28.2% of women took a folic acid supplement in preparation for pregnancy. Rates were lower in younger women with 14% of women aged 18 to 24 having taken a folic acid supplement and in more deprived areas where 15.2% took a supplement compared to 42.5% in the least deprived areas.
- Pregnant women aged under 25 attend antenatal care at a later stage than older women, with a fifth of women attending when they are 13 weeks or more. Booking after 10 weeks is also more likely for women living in the most deprived areas (48.9%) when compared to areas with lower levels of deprivation. Black women (61.5%) and women whose ethnicity is given as 'other' (58.6%) were the ethnic groups most likely to book after 10 weeks

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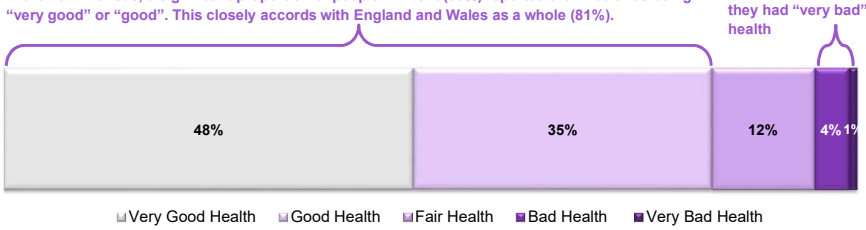
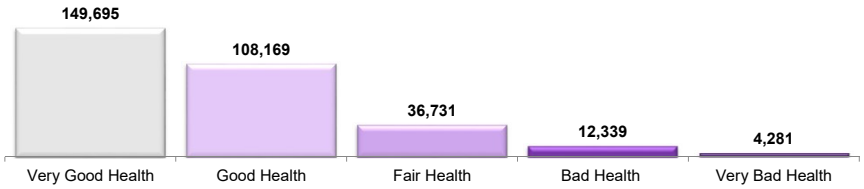
Self Reported Health

In the 2011 Census, a significant proportion of people in Brent (83%) reported their health as being "very good" or "good". This closely accords with England and Wales as a whole (81%).

Five per cent described their health as "very bad" or "bad". Throughout the borough, there were only 4 wards where 6% to 7% of residents reported that they had "very bad" or "bad" health

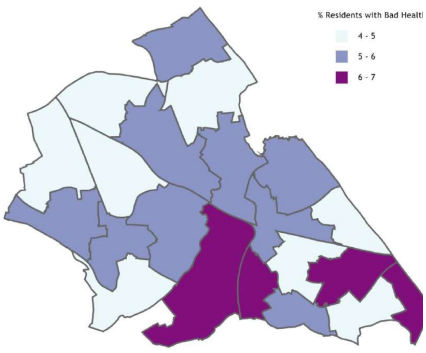




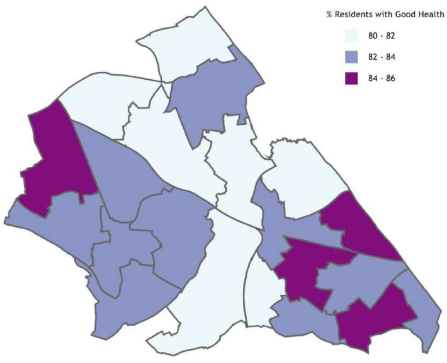
Source: Self reported general health, Office for National Statistics (ONS) 2011 Census

Self Reported Health by Ward

Residents with Bad Health



Residents with Good Health



Source: ONS, Self reported health by ward . Maps included in 'The 2011 Census, A Profile of Brent' (produced by LB Brent Research and Intelligence Team)

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JOINT STRATEGIC NEEDS ASSESSMENT 2019

Brent JSNA

2019/2020

Brent

NHS
Brent
Clinical Commissioning Group

Contents

About Brent

334,700 people live in Brent -
we are the 6th largest borough in London

76,800
under the age of 18
23% of the population

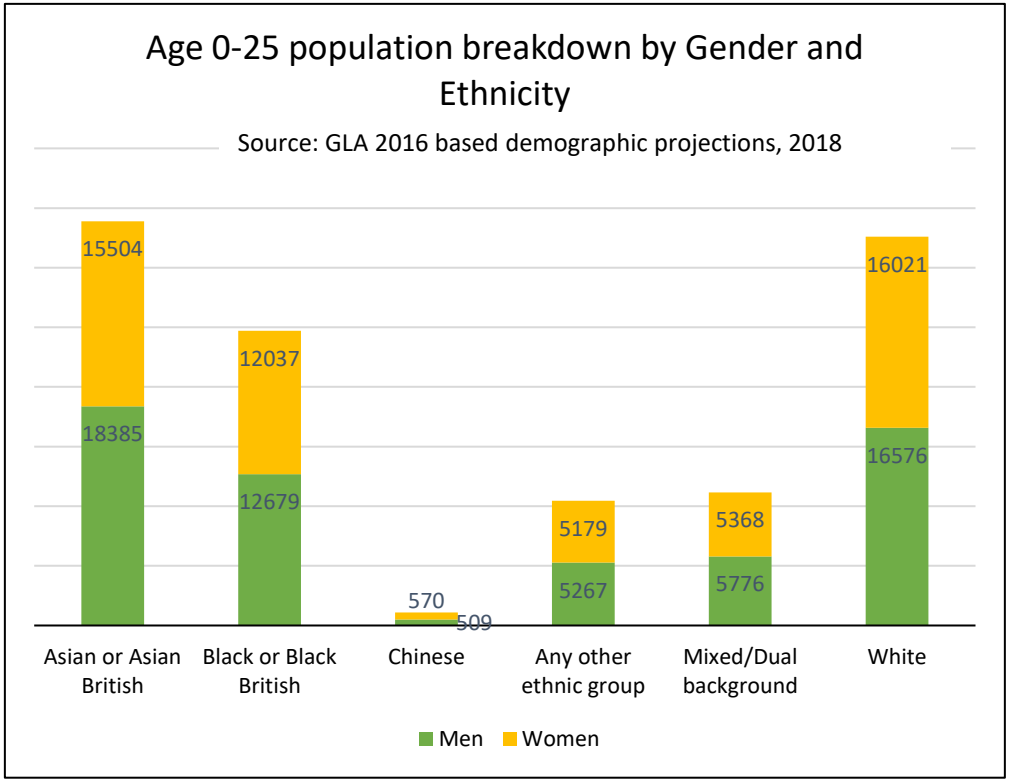
36
is our
average age

39,500
aged 65 and over
12% of the population

53% residents born abroad
2nd highest in London

9% of residents are born
in India

- According to ONS 2018 mid-year population estimates, Brent has a 0-25 population of 102,752, which represents 31.1% of the total Brent population.



- Schools in Brent now draw pupils from an increasingly diverse range of cultural and linguistic backgrounds. Over one hundred and sixty different languages are spoken in Brent schools. The four most common languages spoken after English are Gujarati, Somali, Arabic, and Romanian. This means that a majority of pupils are learning English as an additional language (65.1 per cent).

Early Years – Well-being and school readiness

The last three years have seen a number of successes but key areas of work remain that need to be addressed in order to ensure that all children achieve their full potential. Children in the early years have access to high quality provision with the number of Ofsted Good and Outstanding early years providers in the borough at the highest level to date. Many children are now able to access 30 free hours of early education a week as the 30 hours entitlement has been popular and take-up figures for this extended entitlement in the borough are amongst the highest in London. Attainment levels at the Early Years Foundation Stage Profile have been increasing year on year.

However, take-up of the entitlement for eligible two year olds and the universal entitlement for all 3 and 4 year olds has slipped in real terms in the last 3 years. It is essential to gain an understanding of the reasons behind this slide in take-up in order that this can be addressed where possible and that all children have access to high quality early education with the related benefits, including school readiness. While attainment levels for most groups of children have risen, they have remained low for boys of Black Caribbean heritage and working with this group to raise their attainment levels at all key stages is a key priority across the Council.

The percentage of children achieving their early learning goals related to communication, language and literacy at 70.7% is also low, ranking Brent 108 out of 152 boroughs. The benefits of joined up working between the local authority, health and the voluntary sector have been acknowledged by all and in the months to come, this multi-agency group will explore ways to link the workforce more comprehensively through information sharing and training, ensuring a network of peers who can effectively support each other with appropriate information, resources and training. It is hoped that this multi-agency approach will increase the scope for early identification and for increased emphasis on children's communication as 'everyone's responsibility'.

Providers of free entitlements to early years provision

In England all 3 and 4 year olds and some two year olds are entitled to 15 hours of free early years provision. Substantial research has evidenced the impact that high quality early years settings have on long term outcomes of children. In Brent, provision of free early education entitlement places is offered in the childminder, private, voluntary and independent and school sectors. As at March 2019 there were 118 private, voluntary and independent settings, 61 schools and 164 childminders offering some form of early years provision.

The Early Years Foundation Stage Profile (EYFSP) results

Outcomes for children are measured at the end of the Early Years Foundation Stage (EYFS). Outcomes for Brent children are static and below the national average and is an area that needs multi-agency focus. The number of children achieving a Good Level of Development is shown in the table below.

	Early Years Foundation Stage - % attaining GLD* - 2018			
	Cohort	LA	National	
Boys of Black Caribbean Heritage	149	64	62	2
All Pupil	3757	70	72	-2

	Number of children			Average total point score				% achieving at least expected level across all early learning goals				% achieving a good level of development			
LA/region name	All	Girls	Boys	All	Girls	Boys	Gap*	All	Girls	Boys	Gap*	All	Girls	Boys	Gap*
ENGLAND	**652,400**	**318,293**	**334,107**	**34.6**	**35.8**	**33.4**	**2.3**	**70.2**	**77.5**	**63.2**	**14.3**	**71.5**	**78.4**	**65.0**	**13.5**
LONDON	**103,743**	**50,874**	**52,869**	**34.9**	**36.1**	**33.7**	**2.3**	**72.6**	**79.5**	**65.9**	**13.6**	**73.8**	**80.3**	**67.5**	**12.8**
Brent	3,757	1,821	1,936	33.3	34.5	32.2	2.3	68.7	75.3	62.5	12.8	69.8	76.3	63.6	12.7

***Indicates the gap in attainment between boys and girls. Percentages are rounded to 1 decimal point. Attainment gaps are calculated from unrounded percentages

Take up of free entitlements to early years' provision

Take-up figures for the 2-year-old and universal 3 and 4-year-old entitlement contrast with take up for 30 hours in Brent. There has been a year on year decline in 15 hour take up for 3 and 4 year olds and this is currently at 77%. Take-up of the two-year-old entitlement has increased year on year since 2015 but declined slightly to 56% in 2018. Take-up of the 30-hour entitlement has been consistently strong in the borough with take up in all terms, with the exception of one, exceeding the outer London average.

Figure 1 – Two-year-old take up

	2015	2016	2017	2018
England	58%	68%	71%	72%
London	46%	57%	58%	61%
Outer London	50%	59%	59%	63%
Brent	45%	55%	59%	56%

Figure 2 - Universal three and four-year-old take up

	2011	2012	2013	2014	2015	2016	2017	2018
England	94%	95%	95%	95%	95%	95%	94%	94%
London	88%	89%	90%	90%	88%	86%	84%	84%
Outer London	89%	90%	91%	91%	90%	88%	87%	87%
Brent	82%	84%	88%	91%	84%	81%	79%	77%

Figure 3 - Take up of 30 hour free entitlement places

	Local authority	Eligibility codes issued	Codes validated (number)	Codes validated (%)	Children in a 30 hours place	Children in 30 hours place as a % of codes issued (%)
Spring term 2019	Outer London	**29,263**	**26,385**	**90**	**25,526**	**87**
	Brent	1,440	1,322	92	1,241	86
Autumn term 2018	Outer London	**20,896**	**19,066**	**91**	**19,330**	**93**
	Brent	1,009	945	94	1,008	100
Summer term 2018	Outer London	**30,223**	**26,439**	**87**	**24,210**	**80**
	Brent	1,483	1,349	91	1,392	94
Spring term 2018	Outer London	**26,467**	**22,866**	**86**	**21,362**	**81**
	Brent	1,360	1,196	88	1,086	80

Take up of the Early Years Pupil Premium (EYPP)

The EYPP is given to **early years** providers who are delivering the funding entitlement for 3- and 4-**year**-olds. The funding equates to up to £300 extra per **year** for each disadvantaged child who meets the eligibility criteria.

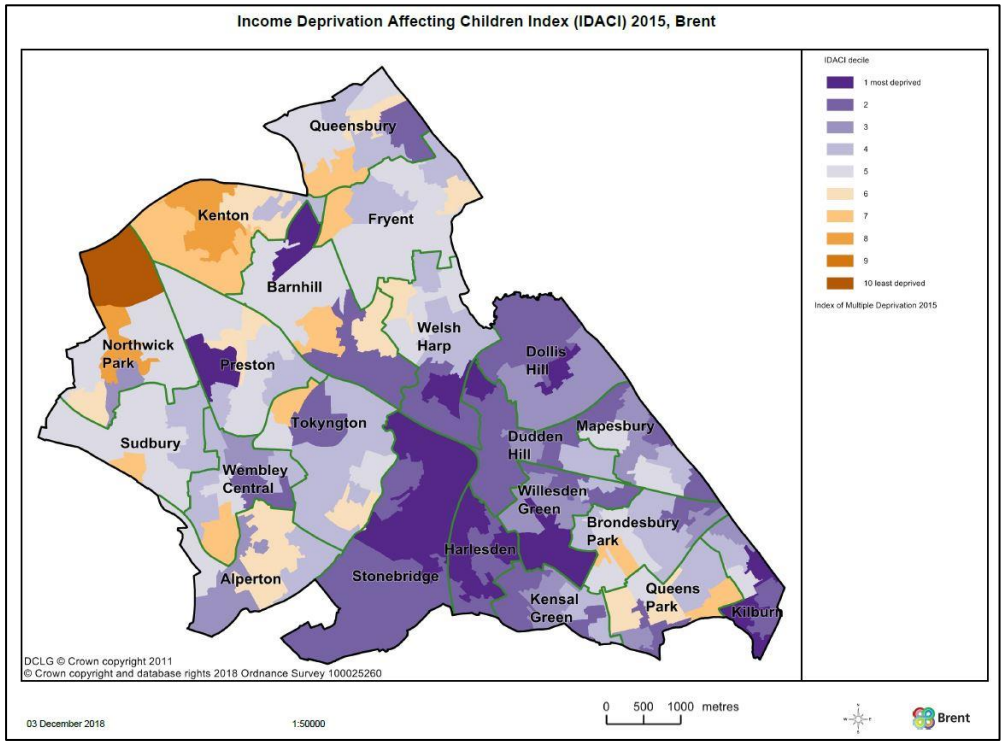
Year	Count
2016	875
2017	641
2018	423

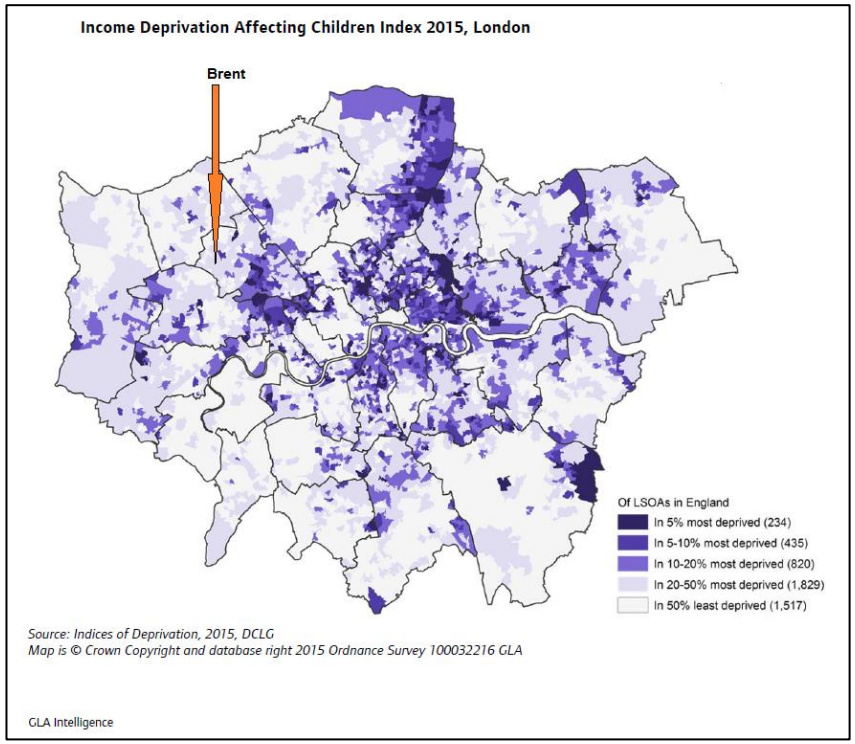
Take up of the EYPP has been varied and has decreased. A survey carried out with providers in 2018 indicated that there was a lack of willingness due to the administrative burden they felt it placed on them for a low financial return.

Child Poverty

- The Income Deprivation Affecting Children Index 2015 (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families at lower super output area (LSOA). It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).
- Brent has total 173 lower super output areas and total 21 wards. In Brent, the east area is more deprived than the west area. Stonebridge, Harlesden and Kilburn ward are the most deprived wards in Brent.

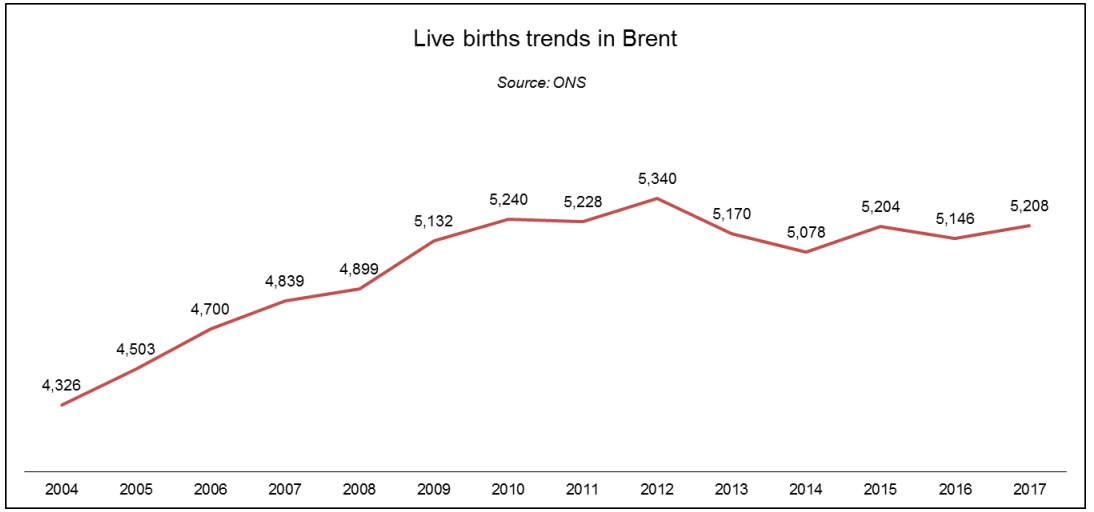
Source: IDACI 2015, Department for Communities and Local Government

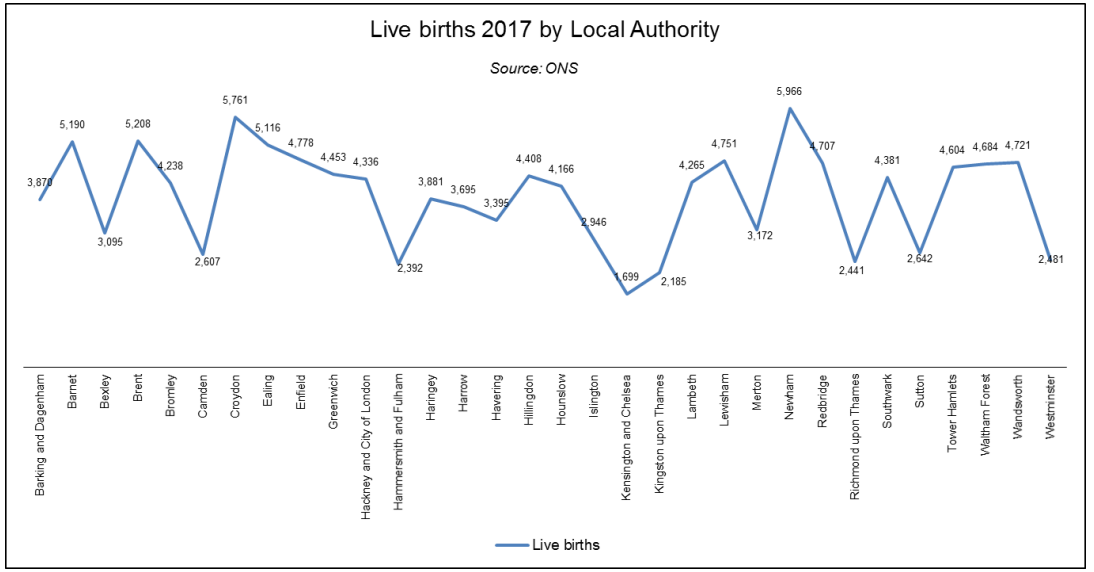




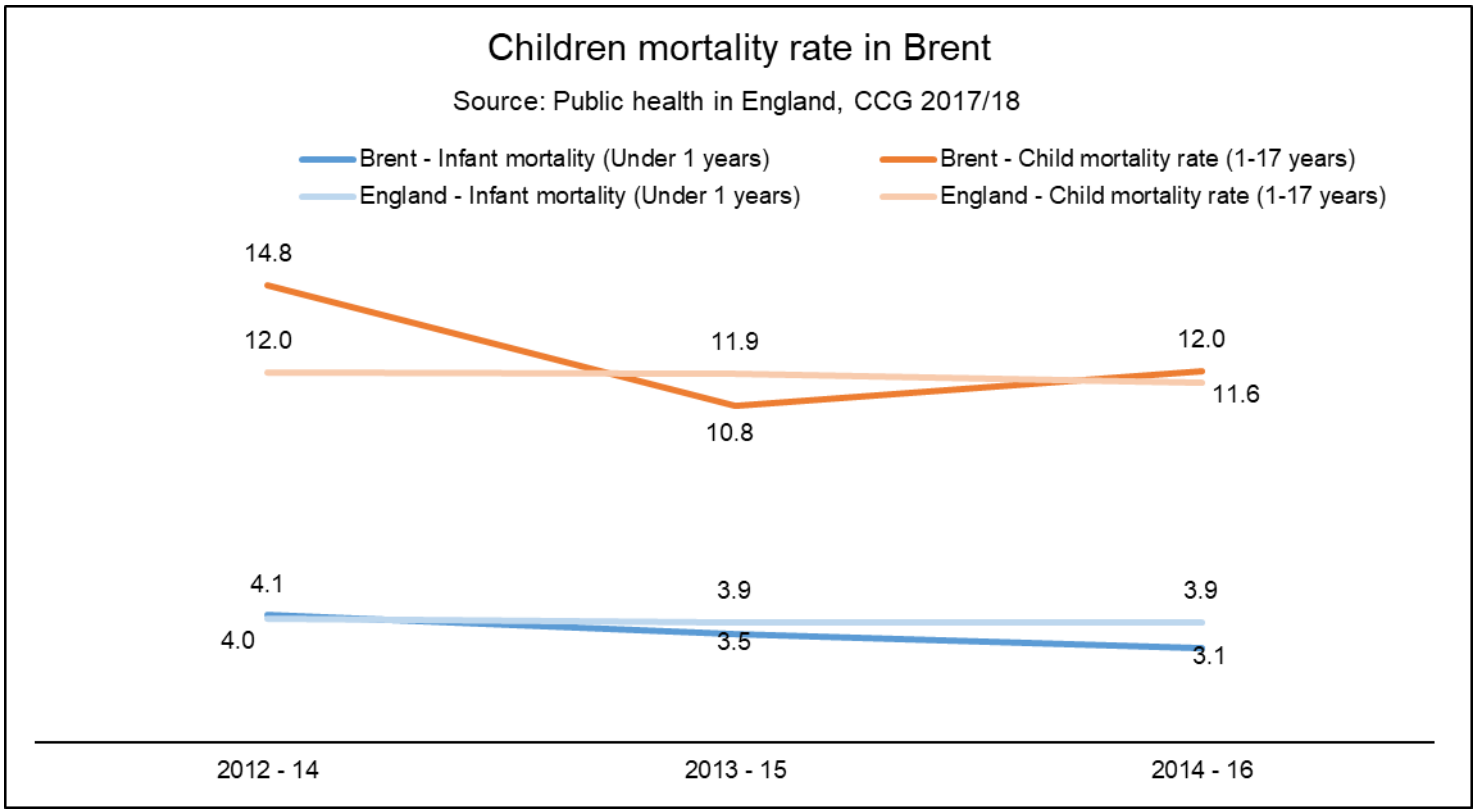
Live Birth

- In Brent, the live birth numbers have been increasing since 2016. The number did significantly drop in 2014 however, it's steadily increasing every year since.
- The latest live birth data shows Brent higher than most London boroughs, and Brent's Statistical Neighbours average. The London borough average is 3,904 and Brent's Statistical Neighbour average is 4,789.



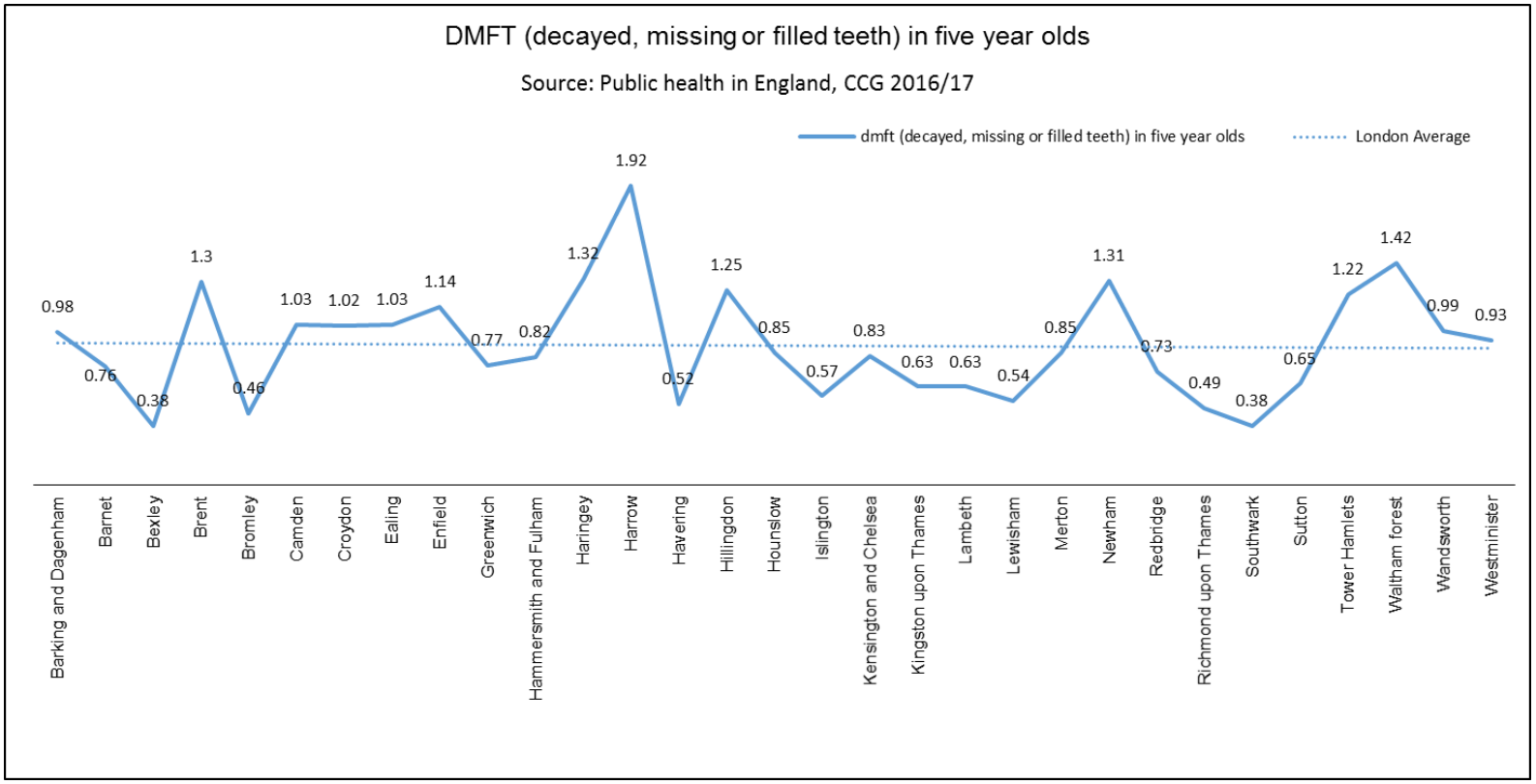


- This indicator identifies local authorities where deaths in treatment are higher or lower than expected. This rate is indicative of the safety, effectiveness and protection afforded by drug treatment services.
- In Brent, Infant mortality rate has been decreasing since 2012 and it's well below average compared to National. However, mortality rate for children aged between 1 to 17 years old was significant high compared to National for the time period of 2012-14



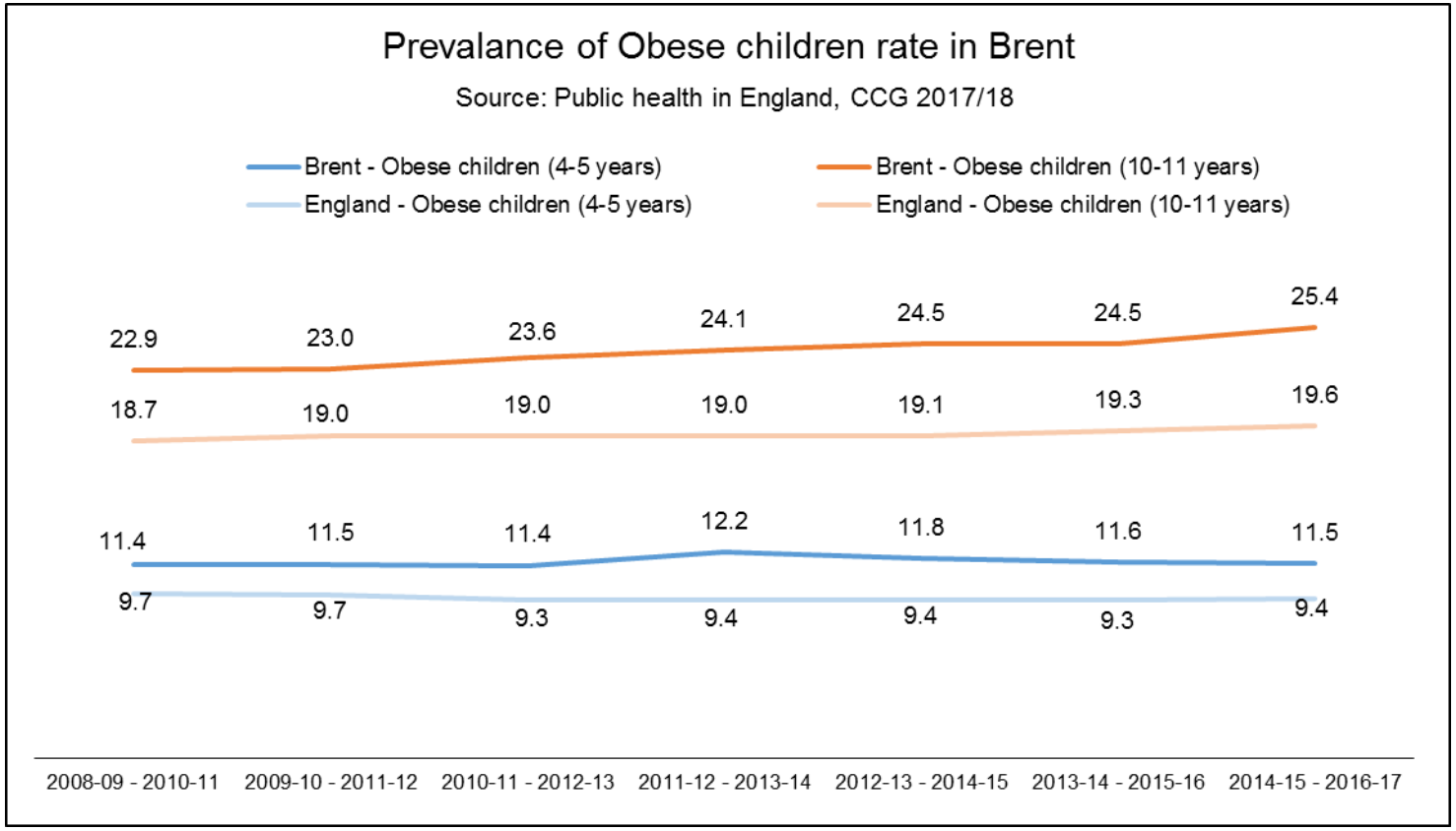
Oral Health

- Number of children with one or more obviously decayed, missing (due to decay) and filled teeth. The survey population is defined as all those children attending state maintained primary schools within the local authority who have reached the age of five, but have not had their sixth birthday on the date of examination (excluding special schools).
- Dental caries (tooth decay) and periodontal (gum) disease are the most common dental pathologies in the UK. Tooth decay has become less common over the past two decades, but is still a significant health and social problem. It results in destruction of the crowns of teeth and frequently leads to pain and infection. Dental disease is more common in deprived communities than those that are more affluent. The indicator is a good direct measure of dental health and an indirect, proxy measure of child health and diet.
- In Brent, 1.3% of children have one or more obviously decayed, missing (due to decay) and filled teeth, which is significantly higher than London average 0.95%.



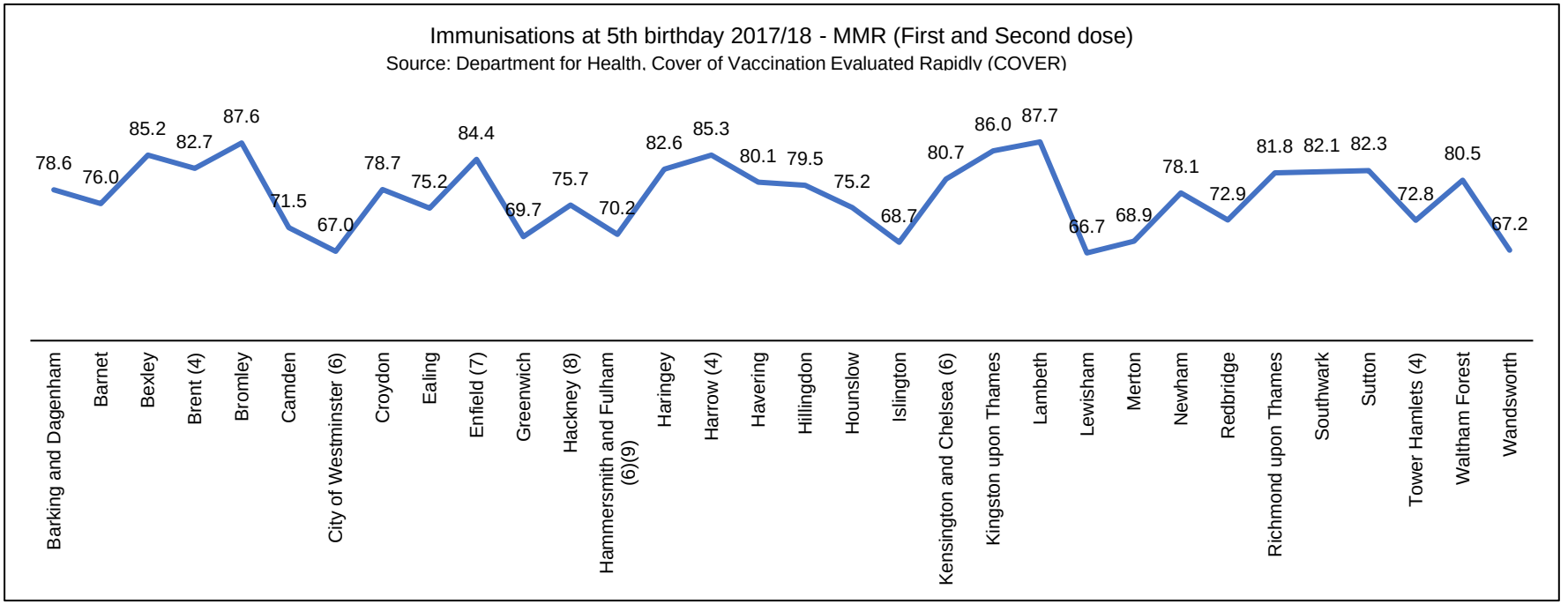
Obesity

- This indicator identifies the prevalence of obesity at the start of primary school. The health consequences of childhood obesity include type 2 diabetes, hypertension and psychological problems such as social isolation, low self-esteem, teasing and bullying among other things. There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood.
- By taking action to reduce levels of childhood obesity, local authorities can help ensure healthy behaviours persist into adulthood culminating in a healthier population, a reduction in inequalities and reduced demand on social and health care services.
- In Brent, child obesity rates have been above National average since 2008. Gap between Brent and National average rate is smaller in children aged 4-5 Years compared to children aged 10-11 Years.



Immunisation

- In Brent, the latest data shows 82.7% of children received their first and second dose of MMR at 5th birthday. This is higher than London average (77.8%) and lower than England average (87.2%).

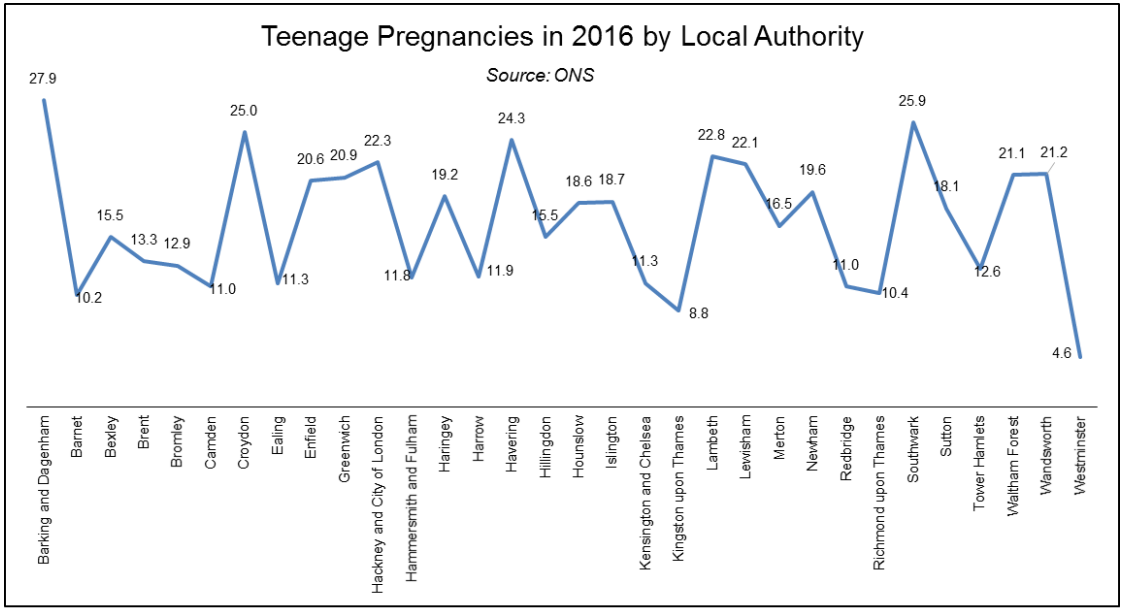


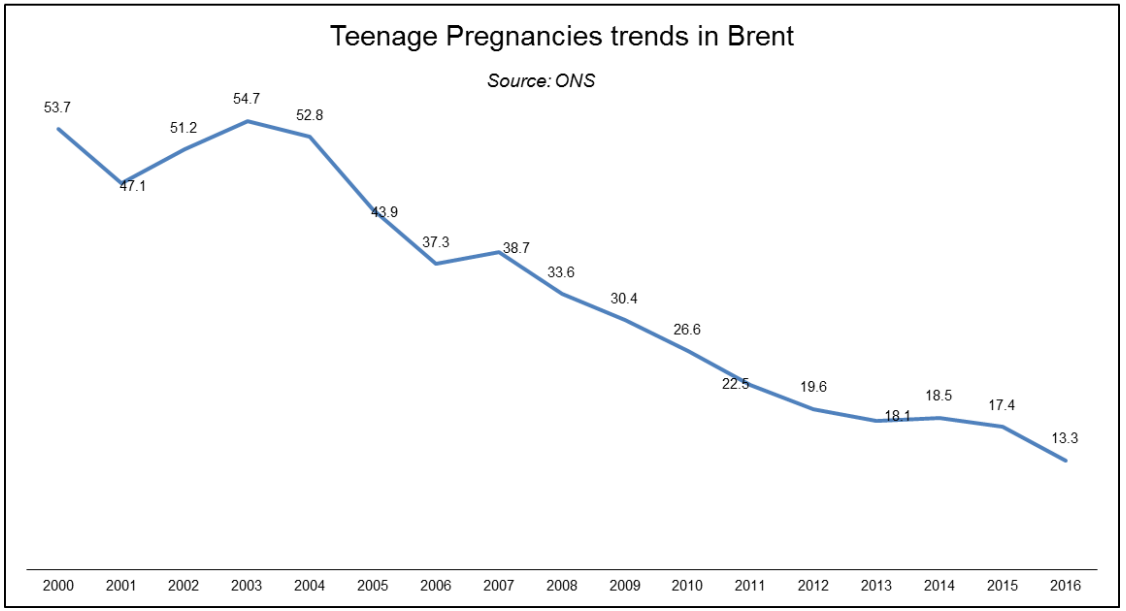
Notes:-

(1) 8 PCTs were unable to provide reliable annual data due to ongoing problems relating to the implementation of a new child health system.
(2) 1 PCT was unable to provide annual data due to a major problem with the child health computer system
(3) 7 PCTs were unable to provide reliable annual data due to ongoing problems relating to the implementation of a new child health system.
(4) Five year booster data not available for Brent Teaching PCT due to systems problem
(5) 9 PCTs were unable to submit data due to problems relating to the implementation of a new child health system.
(6) Five year booster data not available due to systems problems in 3 PCTs out of 8 in North West London

Teenage Pregnancies

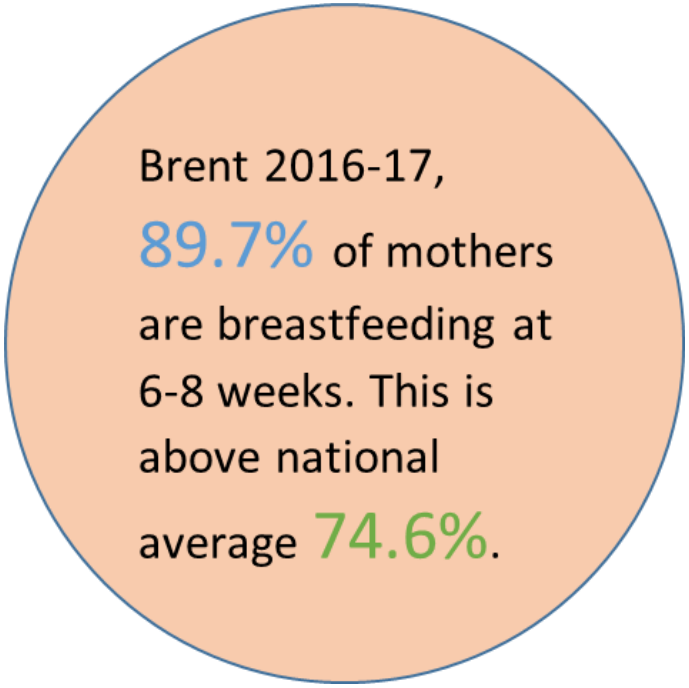
- In Brent, the teenage pregnancies rate per 10,000 has been steadily decreasing since 2007.
- The latest data shows in 2016, approximately 13 females conceived for every 1,000 females aged under 18 years in Brent compared to 20 in Statistical Neighbours and 19 in England.





Breastfeeding

- Breastfeeding prevalence is monitored at the 6-8 weeks health review as a key outcome. Evidence shows that increases in breastfeeding rates and duration have health benefits for the infant and the mother.



Schools

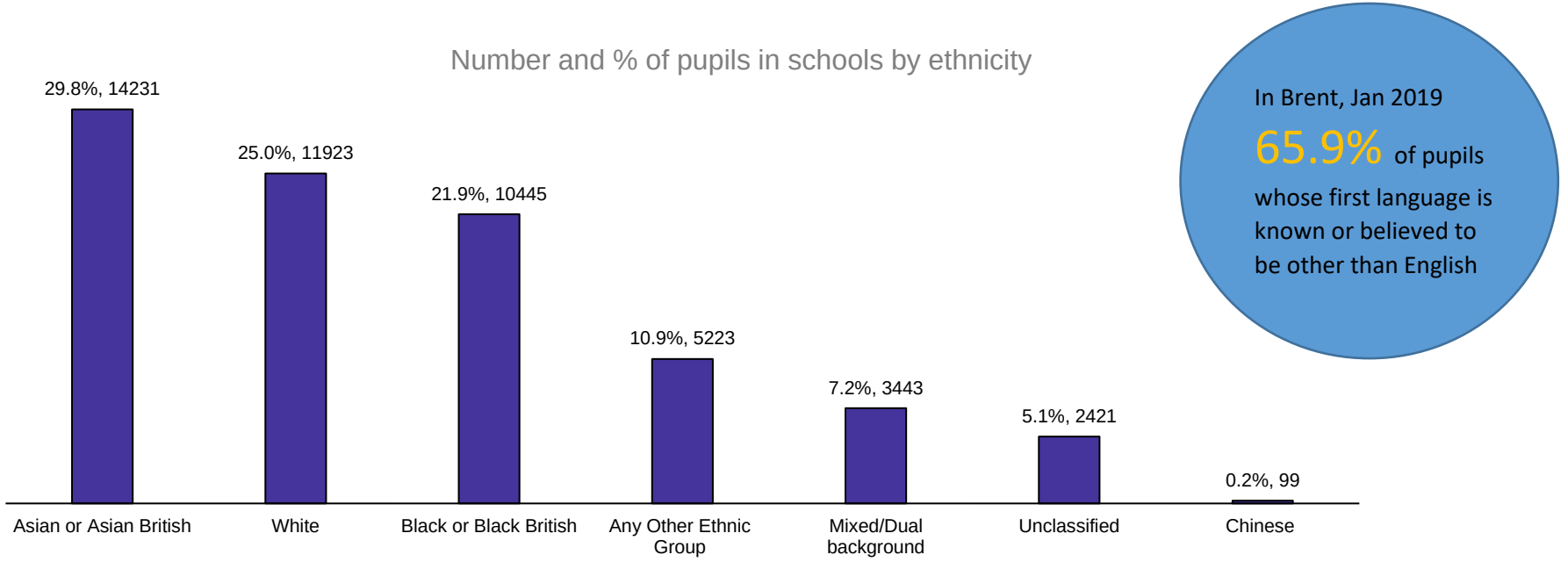
- In Brent, at the start of 2018-19 academic year there were a total of 85 schools. Please see below table break-down by school type.

School Type	Maintained	Academies	Free schools
Nursery	4	0	0
Primary	50	9	1
Secondary	2	9	1
Special	2	2	0
All through	0	3	0
Pupil Referral Unit	2	0	0
Total	**60**	**23**	**2**

As of August 2019

95% of Brent schools judged as being either Good or Outstanding

In Brent, Jan 2019 Primary schools have 11.4% of pupils who are known to be eligible for and claiming free school meals



In Brent, Jan 2019 65.9% of pupils whose first language is known or believed to be other than English

- 2018 Key Stage 1 teacher assessment results,
  - 75% of pupils achieved at the expected standard in Reading, which is 0.4% lower when compared to National.
- 2018 Key Stage 2 teacher assessment results,
  - 76.3% of pupils achieved at the expected standard in Maths, which is 0.8% higher compared to National.
  - 27.2% of pupils achieved great depth at expected standard in Maths, which is 3.5% higher compared to National.

Key Stage 1

CONTEXT	Local Authority - Brent		NCER National		
Item	Value	Cov.	Value	Gap	Cov.
Cohort	3,893	-	659,880	n/a	-
Gender (Boys)	53.1%	100.0%	51.3%	+1.8%	100.0%
SEN Support	11.7%	99.8%	11.9%	-0.2%	93.1%
EHCP/Statement	3.4%	99.8%	2.1%	+1.3%	93.1%
Ethnicity (BME)	70.2%	99.8%	25.3%	+44.9%	93.1%
Language (EAL)	70.7%	99.8%	19.3%	+51.4%	99.8%
Disadvantaged	16.3%	100.0%	19.8%	-3.5%	94.4%

ASSESSMENTS		Local Authority - Brent	NCER National	
Subject	Level	Value	Value	Gap
Reading	≥EXS	75.0%	75.4%	-0.4%
	GDS	23.1%	25.6%	-2.5%
Writing	≥EXS	67.7%	69.9%	-2.2%
	GDS	14.6%	15.9%	-1.3%
Maths	≥EXS	75.3%	76.1%	-0.8%
	GDS	20.9%	21.8%	-0.9%

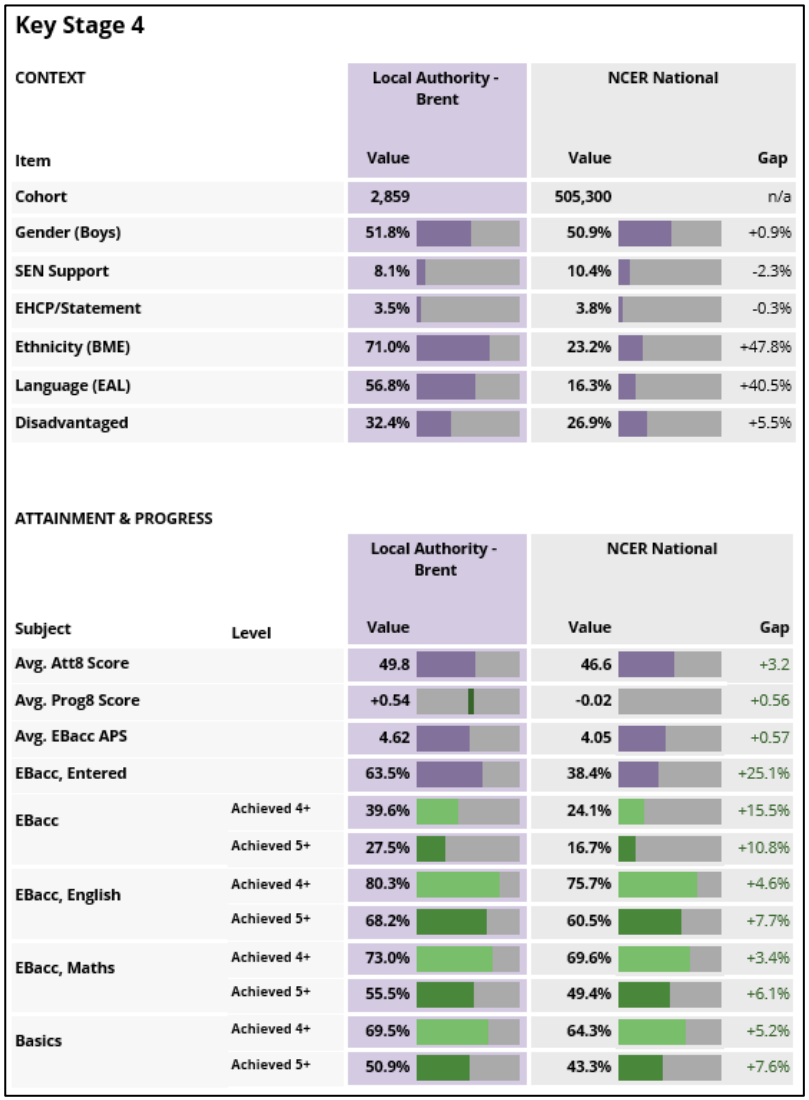
Key Stage 2

CONTEXT	Local Authority - Brent	National (State-funded schools)	
Item	Value	Value	Gap
Cohort	3,777	619,450	n/a
Gender (Boys)	52.5%	51.1%	+1.4%
SEN Support	13.6%	14.5%	-0.9%
EHCP/Statement	3.5%	3.1%	+0.4%
Ethnicity (BME)	72.4%	25.2%	+47.2%
Language (EAL)	68.8%	20.3%	+48.5%
Disadvantaged	33.5%	30.6%	+2.9%

ATTAINMENT & ASSESSMENTS		Local Authority - Brent	National (State-funded schools)	
Subject	Level	Value	Value	Gap
Reading (test), Writing (TA) & Maths (test)	≥EXS/Exp.Std.	61.1%	64.4%	-3.3%
	GDS/High Score	8.6%	9.8%	-1.2%
Reading	≥Exp.Std.	70.7%	75.2%	-4.5%
	High Score	24.7%	28.0%	-3.3%
Writing (TA)	≥EXS	73.5%	78.3%	-4.8%
	GDS	15.2%	19.8%	-4.6%
Maths (test)	≥Exp.Std.	76.3%	75.5%	+0.8%
	High Score	27.2%	23.5%	+3.7%

Secondary Attainment

- 2018 Key Stage 4 teacher assessment result,
    - For each subject level 4+ or above and level 5+ or above result shows Brent doing much better compared to National.



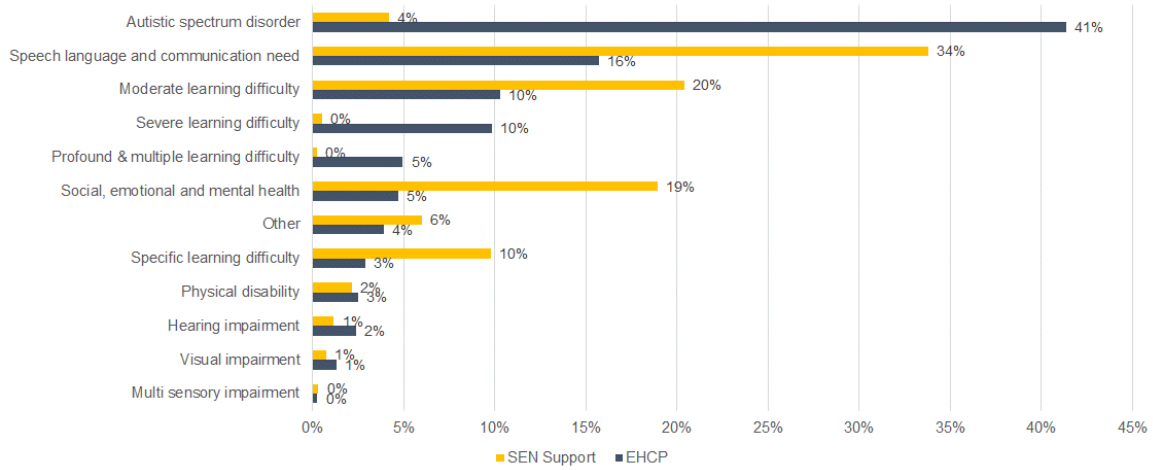
Key Stage 4

CONTEXT		Local Authority - Brent	NCER National	
Item		Value	Value	Gap
Cohort		2,859	505,300	n/a
Gender (Boys)		51.8%	50.9%	+0.9%
SEN Support		8.1%	10.4%	-2.3%
EHCP/Statement		3.5%	3.8%	-0.3%
Ethnicity (BME)		71.0%	23.2%	+47.8%
Language (EAL)		56.8%	16.3%	+40.5%
Disadvantaged		32.4%	26.9%	+5.5%

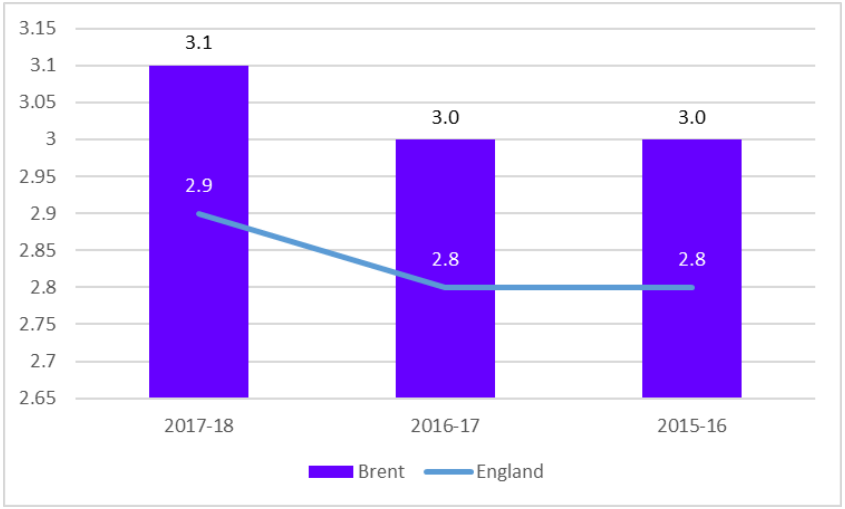
ATTAINMENT & PROGRESS		Local Authority - Brent	NCER National	
Subject	Level	Value	Value	Gap
Avg. Att8 Score		49.8	46.6	+3.2
Avg. Prog8 Score		+0.54	-0.02	+0.56
Avg. EBacc APS		4.62	4.05	+0.57
EBacc, Entered		63.5%	38.4%	+25.1%
EBacc	Achieved 4+	39.6%	24.1%	+15.5%
	Achieved 5+	27.5%	16.7%	+10.8%
EBacc, English	Achieved 4+	80.3%	75.7%	+4.6%
	Achieved 5+	68.2%	60.5%	+7.7%
EBacc, Maths	Achieved 4+	73.0%	69.6%	+3.4%
	Achieved 5+	55.5%	49.4%	+6.1%
Basics	Achieved 4+	69.5%	64.3%	+5.2%
	Achieved 5+	50.9%	43.3%	+7.6%

Special Education Needs

- In January 2019, the most prevalent type of primary need identified among pupils on SEN support was ‘Speech, Language & Communication Needs’, with 33.81% of pupils having SLCN as their primary need.
- For pupils with EHC plans, ‘Autistic Spectrum Disorder’ was the most common primary type of need, with 41% of pupils EHC plans having this primary type of need.



- Across England, the proportion of pupils with EHC plans ranges from 1.4% to 3.5%. Brent has a value of 3.1%, compared to an average of 2.9% nationally.



Pupil Absence

- In Brent, the primary school's overall absence rate has increased from 3.9 per cent in 2016/17 to 4.0 per cent in 2017/18. The unauthorised rate also increased to 1.0 percent in 2017/18 from 0.9 percent in 2016/17.
- In Brent, the secondary school's overall absence rate has remained at 5 per cent in 2017/18 and 2016/17, which is same as the London average but 0.5 per cent better than the National average.
- In Brent, the special school's overall absence has remained the same at 8.2 per cent in 2017/18.
- In Brent, overall persistent absentees' rate from all type of schools has increased compared to previous years but in line with London and below the National average.

	State-funded primary schools					
Academic year	Pupil enrolments in schools	Percentage of sessions missed (2): Overall absence	Authorised absence	Unauthorised absence	Number of persistent absentees	Percentage of persistent absentees
England 17-18	3,968,040	4.2	3.0	1.1	344,025	8.7
London 17-18	621,625	4.1	3.0	1.1	52,530	8.5
Brent 17-18	24,009	4.0	3.0	1.0	2,003	8.3
Brent 16-17	23,494	3.9	3.0	0.9	1,827	7.8

	State-funded secondary schools					
Academic year	Pupil enrolments in schools	Percentage of sessions missed (2): Overall absence	Authorised absence	Unauthorised absence	Number of persistent absentees	Percentage of persistent absentees
England 17-18	2,947,460	5.5	3.9	1.6	409,890	13.9
London 17-18	442,285	5.0	3.5	1.5	53,020	12.0
Brent 17-18	16,555	5.0	3.5	1.5	2,061	12.4
Brent 16-17	16,548	5.0	3.5	1.5	1,993	12.0

	Special schools					
Academic year	Pupil enrolments in schools	Percentage of sessions missed (2): Overall absence	Authorised absence	Unauthorised absence	Number of persistent absentees	Percentage of persistent absentees
England 17-18	99,545	10.2	8.0	2.2	29,515	29.6
London 17-18	13,740	10.2	8.1	2.1	4,335	31.5
Brent 17-18	564	8.2	7.1	1.1	148	26.2
Brent 16-17	529	8.2	7.3	0.9	140	26.5

	State-funded primary, secondary and special schools (5)					
Academic year	Pupil enrolments in schools	Percentage of sessions missed (2): Overall absence	Authorised absence	Unauthorised absence	Number of persistent absentees	Percentage of persistent absentees
England 17-18	7,015,050	4.8	3.5	1.4	783,425	11.2
London 17-18	1,077,650	4.5	3.2	1.3	109,880	10.2
Brent 17-18	41,128	4.5	3.3	1.2	4,212	10.2
Brent 16-17	40,571	4.4	3.2	1.2	3,960	9.8

(1) Number of pupil enrolments in schools in 2017/18. Includes pupils on the school roll for at least one session who are aged between 5 and 15. Excludes boarders. Some pupils may be counted more than once (if they moved schools during the academic year or are registered in more than one school). See Chapter 2 of the "Guide to absence statistics" for more information.

(2) The number of sessions missed due to overall/authorised/unauthorised absence expressed as a percentage of the total number of possible sessions. See Chapter 3 of the "Guide to absence statistics" for more informati

(3) The definition of persistent absence changed from the 2015/16 academic year. Pupil enrolments missing 10 percent or more of their own possible sessions (due to authorised or unauthorised absence) are classified as persistent absentees. See Chapter 3 of the "Guide to absence statistics" for more information.

(4) Number of persistent absentees expressed as a percentage of the total number of enrolments.

(5) National and regional totals and totals across school types have been rounded to the nearest 5. There may be discrepancies between totals and the sum of constituent parts.

Pupil Exclusions

- In Brent, the primary schools overall permanent and fixed term exclusion rate has decreased compared to previous years, and remained below London and National averages.
- In Brent, the secondary schools overall permanent and fixed term exclusion rate has decreased compared to previous years, and remained below London and national averages.
- In Brent, the special schools had no permanent exclusions in 2017/18 nor 2016/17.

	State-funded primary schools					
Acedmic year	Number of permanent exclusions	Permanent exclusion rate (1)	Number of fixed period exclusions	Fixed period exclusion rate (2)	Number of pupil enrolments with one or more fixed period exclusion	One or more fixed period exclusion rate (3)
England 17-18	1,210	0.03	66,105	1.40	29,236	0.62
London 17-18	69	0.01	6,368	0.85	3,275	0.44
Brent 17-18	1	0.00	239	0.86	124	0.45
Brent 16-17	3	0.01	180	0.65	99	0.36

	State-funded secondary schools					
	Number of permanent exclusions	Permanent exclusion rate (1)	Number of fixed period exclusions	Fixed period exclusion rate (2)	Number of pupil enrolments with one or more fixed period exclusion	One or more fixed period exclusion rate (3)
England 17-18	6,612	0.20	330,085	10.13	153,479	4.71
London 17-18	960	0.19	39,185	7.63	23,978	4.67
Brent 17-18	29	0.15	1,416	7.28	895	4.60
Brent 16-17	33	0.17	1,571	8.03	975	4.99

	Special schools					
	Number of permanent exclusions	Permanent exclusion rate (1)	Number of fixed period exclusions	Fixed period exclusion rate (2)	Number of pupil enrolments with one or more fixed period exclusion	One or more fixed period exclusion rate (3)
England 17-18	83	0.07	14,563	12.34	5,788	4.90
London 17-18	6	0.04	2,279	14.14	700	4.34
Brent 17-18	0	0.00	2	0.29	1	0.15
Brent 16-17	0	0.00	14	2.16	8	1.23

	State-funded primary, state-funded secondary and special schools					
	Number of permanent exclusions (4)	Permanent exclusion rate (1)	Number of fixed period exclusions (4)	Fixed period exclusion rate (2)	Number of pupil enrolments with one or more fixed period exclusion (4)	One or more fixed period exclusion rate (3)
England 17-18	7,905	0.10	410,753	5.08	188,503	2.33
London 17-18	1,035	0.08	47,832	3.74	27,953	2.19
Brent 17-18	30	0.06	1,657	3.47	1,020	2.13
Brent 16-17	36	0.07	1,765	3.67	1,082	2.25

Source: School Census

(1) The number of permanent exclusions for each school type expressed as a percentage of the number (headcount) of pupils (including sole or dual main registrations and boarding pupils) in January 2018.

(2) The number of fixed periodexclusions for each school type expressed as a percentage of the number (headcount) of pupils (including sole or dual main registrations and boarding pupils) in January 2018.

(3) The number of pupil enrolments receiving one or more fixed period exclusion for each school type expressed as a percentage of the number (headcount) of pupils (including sole or dual main registrations and boarding pupils) ir

Young Carers

- A Young Carer is anyone aged 18 and under who provides essential and on-going care and emotional support to someone who is: physically ill, mentally ill, disabled and/ or misuses substances.
- The 2011 Census identified 166,363 Young Carers in England (a 20% increase in the 2001 census). In Brent we estimate the number of young carers to be in excess of 3,243.
- There are likely to be Young Carers in every school or college in Brent and the BBC estimates that 1 in 12 pupils are Young Carers.
- Young Carers are equally likely to be girls or boys and 1 in 8 children caring are under 8.
- Over 50% of Young Carers provide care for a sibling and some provide in excess of 50 hours plus of care per week.
- Young Carers have significantly lower attainment than their peers at GCSE and in meeting National Standards in both Maths and English.
- 75% of young carers have been Not in Education Employment or Training (NEET) at least once (the national average is 25%) and 42% had been NEET for six months or more (the national average is 10%).
- About 1/3rd of Young Carers care for a person with a mental illness.
- Over 2/3rds of Young Carers aged 8-16 say that they have been bullied at some point due to their caring role.
- Young Carers are more likely to report poorer mental health than their peers.
- On average Young Carers miss or cut short 48 school days a year.

Young Carers registered in Brent by age

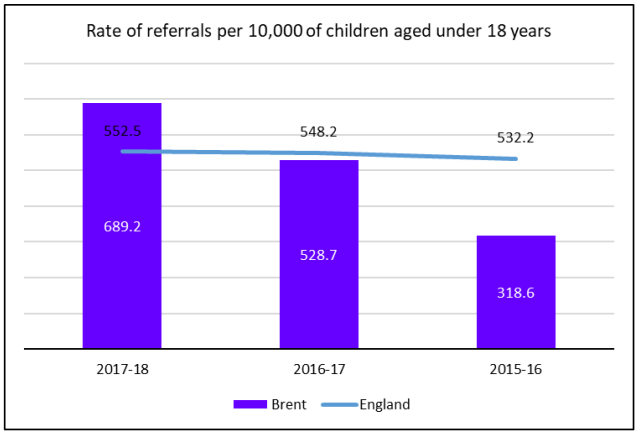
Age	2018-19	2017-18	2016-17
0-7	2	4	Unknown
8 - 13	177	180	Unknown
14 - 17	167	160	Unknown
18 - 24	219	168	Unknown
Unknown	36	30	Unknown
Total	**601**	**542**	**316**

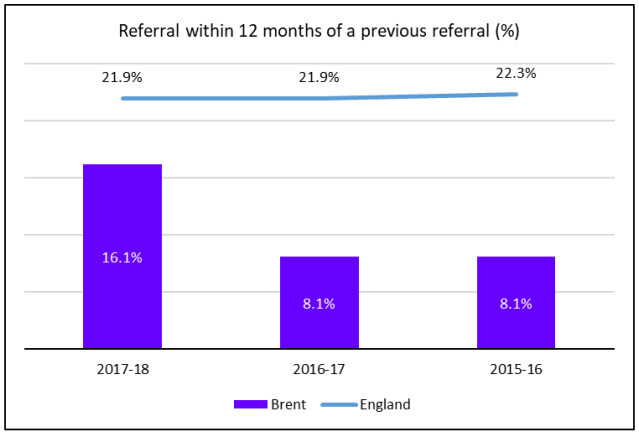
Children Social Care Trends

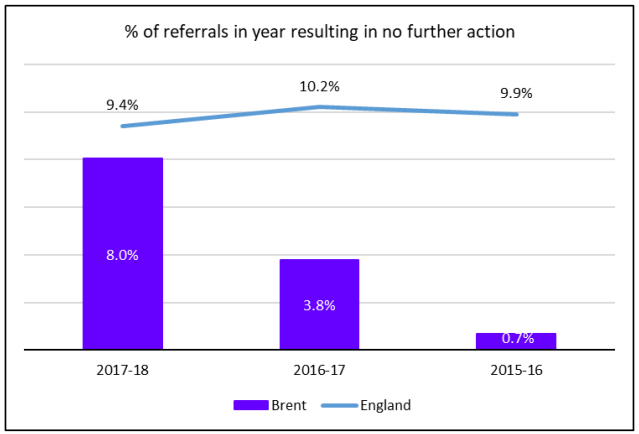
Child Referral

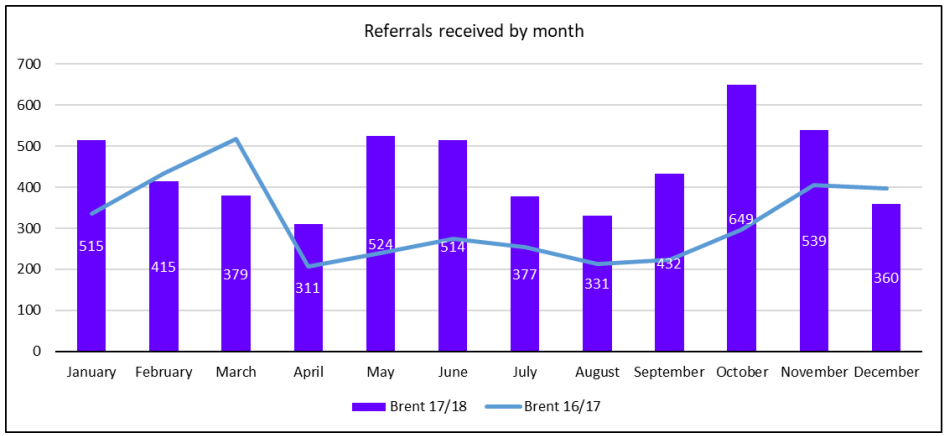
A referral is defined as a request for services to be provided by children's social care and is in respect of a child who is not currently in need. A referral may result in: an assessment of the child's need; the provision of information or advice; referral to another agency; or no further action.

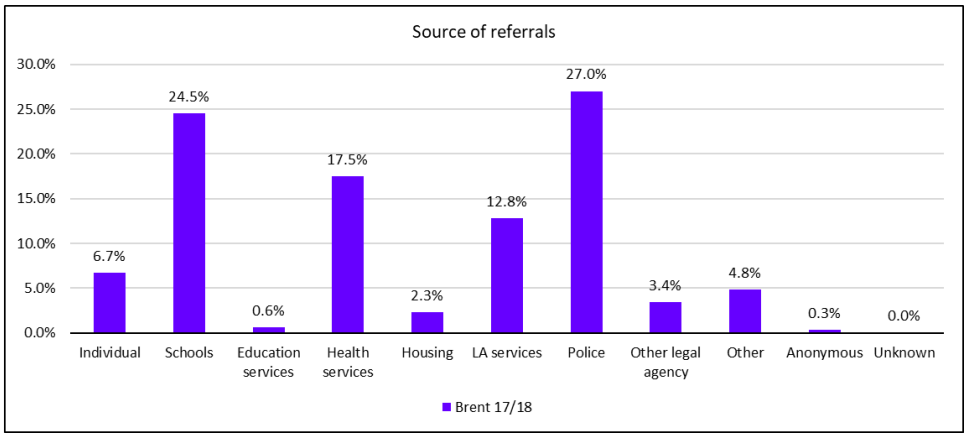
In Brent, the number of referrals received in the year ending 31st March has increased compared to previous years. The percentage of all referrals in the year ending 31st March that were within 12 months of a previous referral has significant increased by 8% compared to previous year, National figure has remained at 21.9% for last two years. The percentage of referrals in year resulting in no further action has increased to 8% compared to 3.8% last year. The majority of referrals come from the police – this year 27.0% of referrals were from the police, followed by schools with 24.5%, and health services with 17.5%.









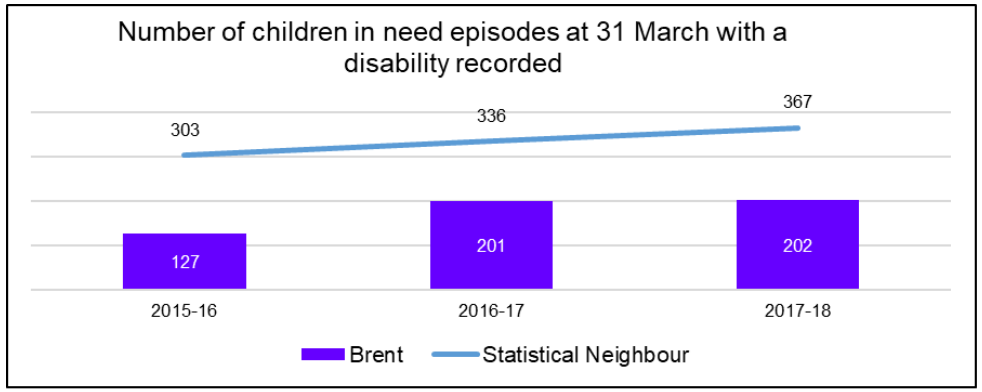


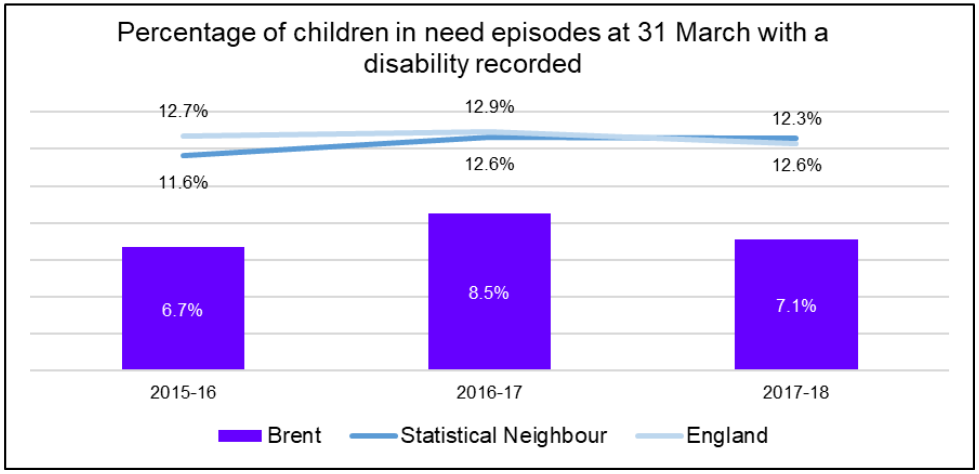
Children in Need with a disability

The Disability Discrimination Act 2005 (DDA) defines a disabled person as a person with a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities. The condition must have lasted or be likely to last at least 12 months in order to be counted as a disability.

In Brent, overall the number of children in need has increased by 20.6% compared to previous years.

Brent's number of children with a disability has remained consistent for the last two years.





Number of children in need episodes at 31 March	2015-16	2016-17	2017-18	Difference from previous year	% change
Brent	1902	2364	2852	488	20.6%
Statistical Neighbour	2607.6	2655.6	2917.7	262.1	9.9%
England	393910	389040	404710	15670	4.0%
London	69340	68070	72810	4740	7.0%

Number of children in need episodes at 31 March with a disability recorded	2015-16	2016-17	2017-18	Difference from previous year	% change
Brent	127	201	202	1	0.5%
Statistical Neighbour	303	336	367	30.7	9.1%
England	49950	50310	49770	-540	-1.1%
London	8260	8790	9460	670	7.6%

Percentage of children in need episodes at 31 March with a disability recorded	2015-16	2016-17	2017-18	Difference from previous year
Brent	6.7%	8.5%	7.1%	-1.4%
Statistical Neighbour	11.6%	12.6%	12.6%	-0.1%
England	12.7%	12.9%	12.3%	-0.6%
London	11.9%	12.9%	13.0%	0.1%

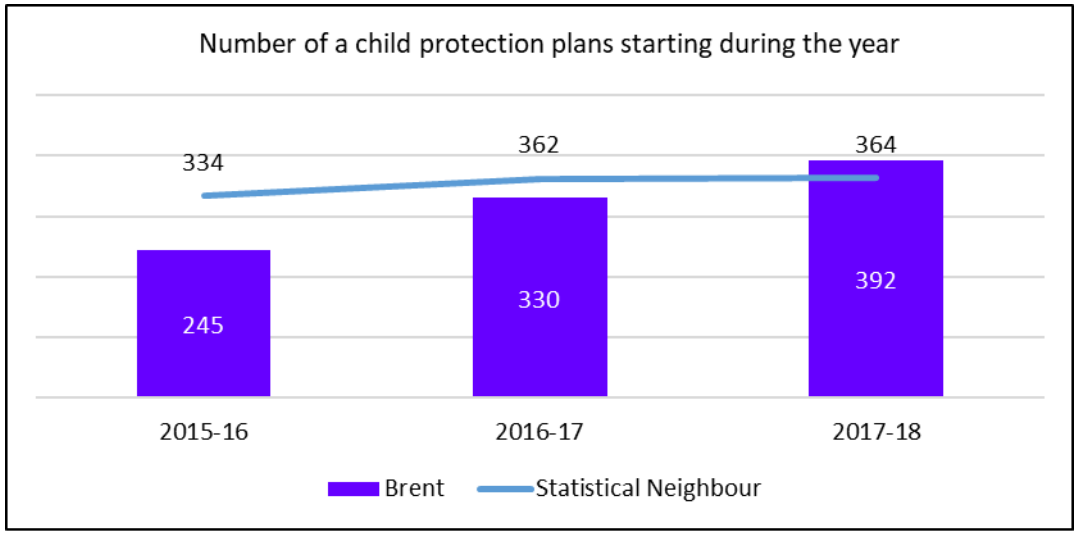
Source: Children in Need Census

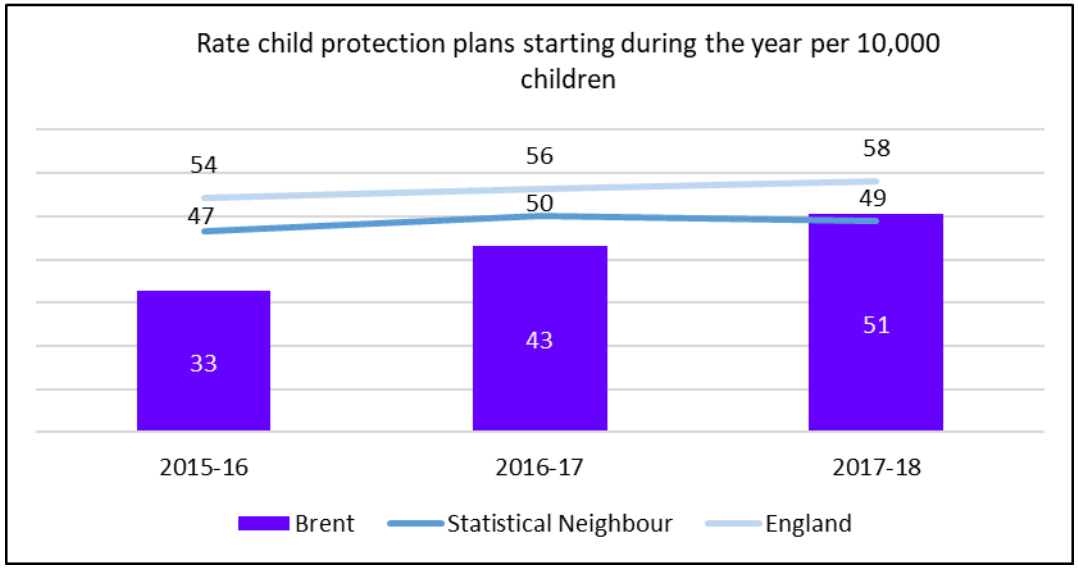
- In Brent, the number of children who became the subject of a child protection plan during the years ending 31 March has significantly increased since 2015.

- Brent has seen an increase in the child population and this has led to an increase in the number of reports of abuse and child protection conferences.

- The overall numbers of children subject of a child protection plan are lower than National and Statistical Neighbour average.

- In Brent, the initial category of abuse is identified as 'Neglect' in 45% of CP Plans, compared to 42% in Statistical Neighbours. The initial category of abuse is identified as 'Physical abuse' in 25% of CP Plans compared to 7% in Statistical Neighbours.

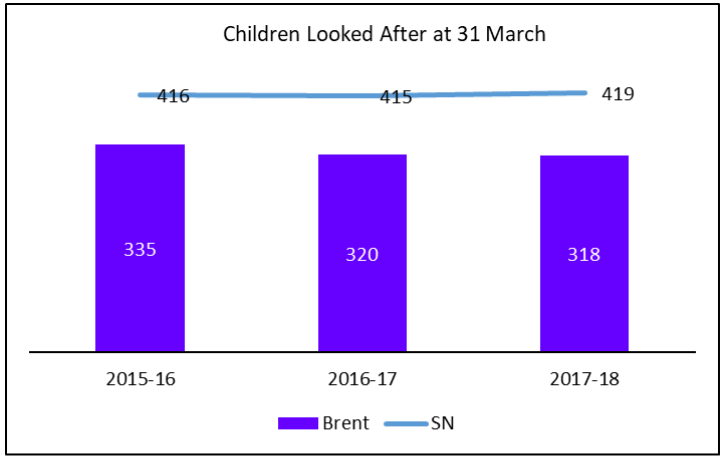


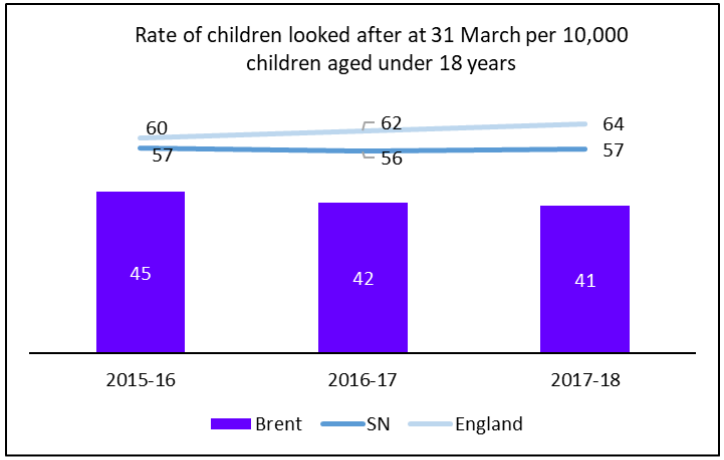


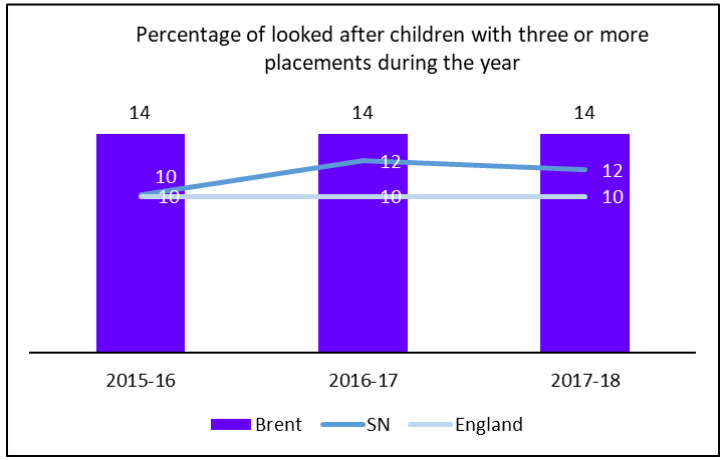
Source: Children in Need Census

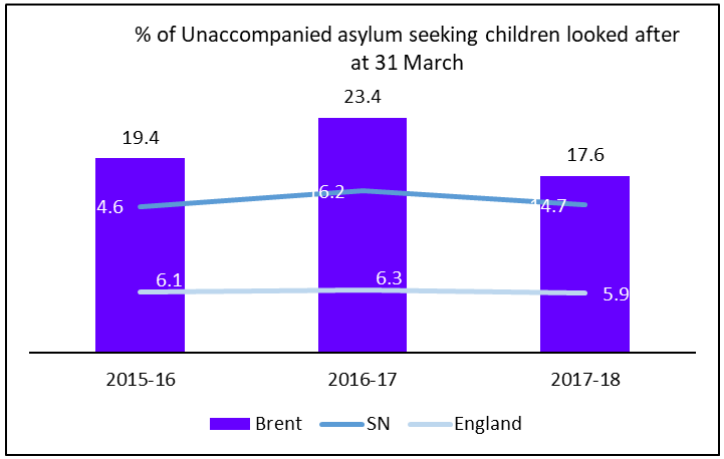
Looked After Children and Unaccompanied Asylum Seeking Children (UASC)

- In Brent, there were 318 looked after children at 31st March 2018 which decreased by 17 compared to 31st March 2016. Brent has a lower number of looked after children compared to both statistical neighbours and England averages. However, nationally looked after children numbers are increasing every year. Brent has an average of 41 children looked after for every 10,000 population of children aged under 18 years.
- Brent has 14% of Looked after children with three or more placements during the year, which is higher than both statistical neighbours and England. In 2018, there were 56 unaccompanied asylum seeking children (UASC) which is a decrease of 19 compared to previous year in Brent. However, overall UASC numbers are still higher in Brent compared to both Statistical Neighbours and England.



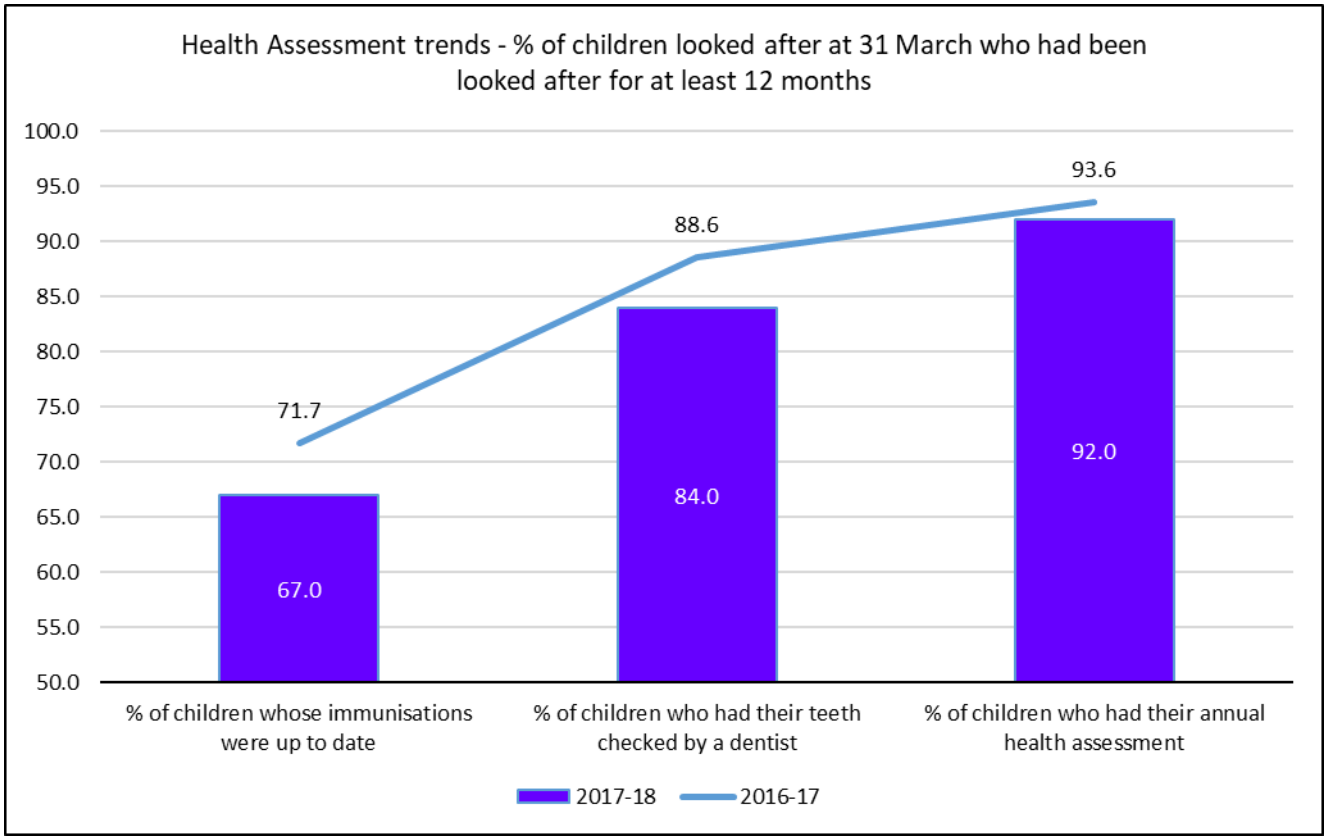






Source: Looked After Children Census

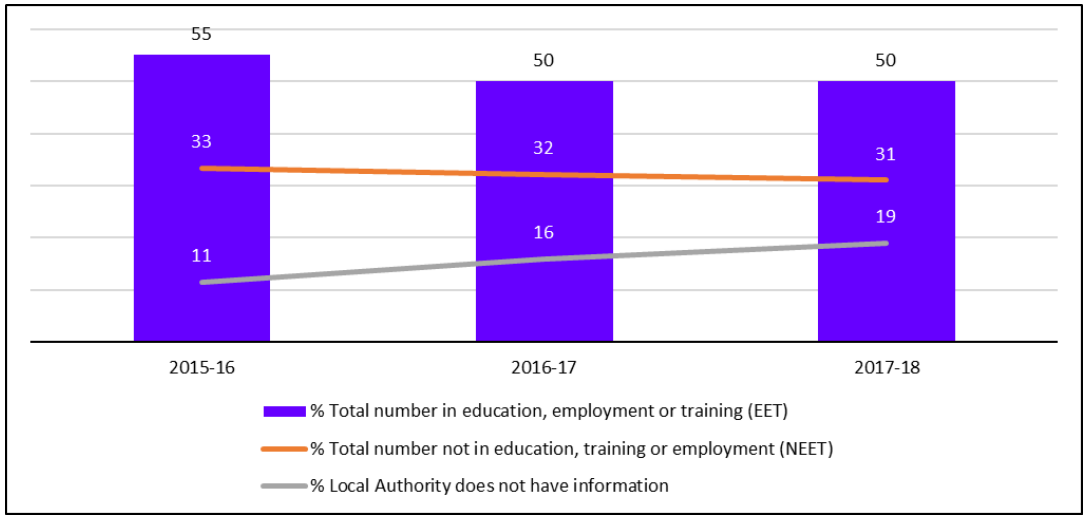
- The below graph shows % of health assessments for looked after children who had been looked after at least 12 months has slightly decreased compared to the previous year in Brent.



Source: Looked After Children Census

Care Leavers aged 19, 20 and 21 by activity

- In Brent, the last three year of trends shows that overall 50% of care leavers were known to be in education, employment or training (EET), whereas overall 30% of care leavers known to be not in education, employment or training (NEET).
- Brent, has proportionally fewer NEET care leavers compared to Statistical Neighbours, London and England averages.



% Total number in education, employment or training (EET)	2015-16	2016-17	2017-18
Brent	55	50	50
SN	55	53	55
England	49	50	51
London	54	52	53

% Total number not in education, training or employment (NEET)	2015-16	2016-17	2017-18
Brent	33	32	31
SN	32	37	32
England	40	40	39
London	34	36	35

% Local Authority does not have information	2015-16	2016-17	2017-18
Brent	11	16	19
SN	13	12	13
England	11	10	10
London	12	12	13

Source: Looked After Children Census

Comments

- All sources need to be recorded
- Need to have the **year** added for the sources
- If the sources are available online then add the website link
-

Oral Health

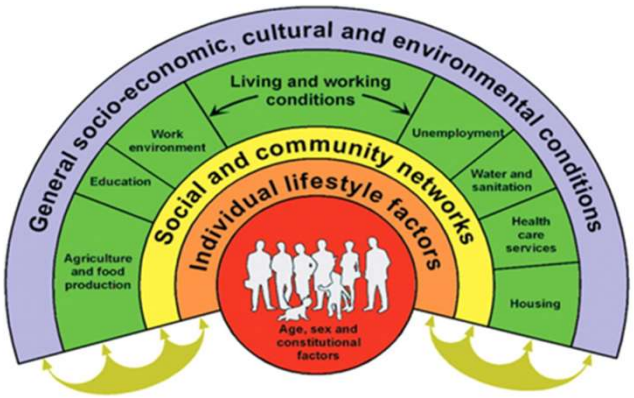
Brent JSNA
2019/2020

Brent

NHS
Brent
Clinical Commissioning Group

Overview

Dental decay is one of the commonest health conditions affecting children and young people and is one of the top causes of non-emergency hospital admissions for children.



Oral disease is associated with an array of structural determinants such as income, goods and services. This approach looks at multiple interconnections such as daily living conditions as well as social and individual lifestyle factors. Oral diseases and issues such as poor access to dental care and low oral health literacy levels are social, political and behavioural and medical in nature. This structure allows us to see determinants such as lower income and socially disadvantaged groups in Brent may be affected by oral health problems (See Figure 1).

Figure 1: Determinants of oral and general health (Dahlgren and Whitehead, 1991)

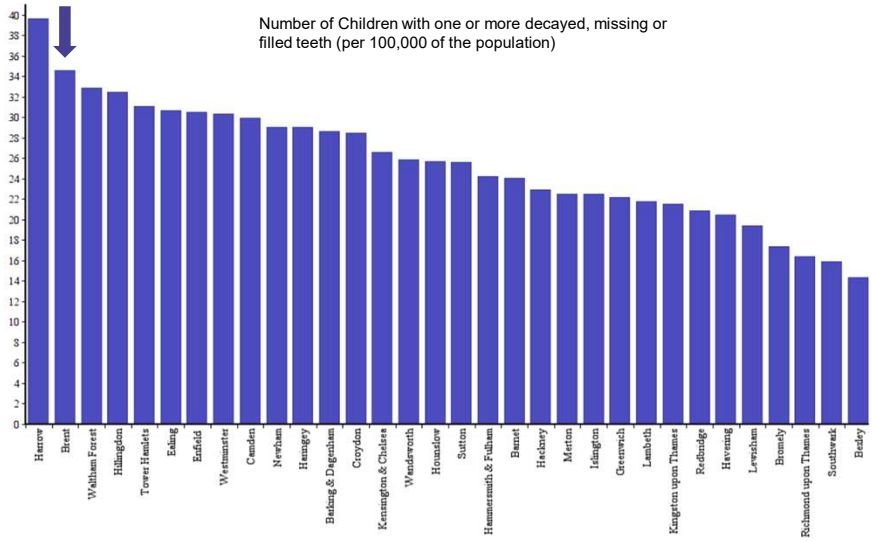
Oral Health

Brent has the **2nd highest** proportion of children with dental decays in London (35%, PHE 2017)

The number of children with dental decay **continues to rise** at odds with national trends and the **London average of 26%**

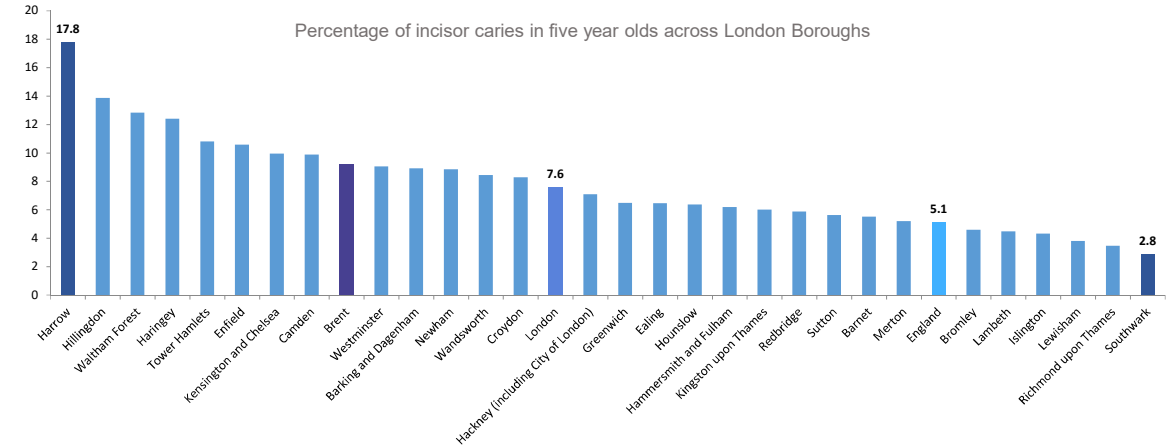
2nd highest in London with dental decay.

Number of Children with one or more decayed, missing or filled teeth (per 100,000 of the population)



Source: Public Health England, *National Dental Epidemiology Programme for England, Oral Health Survey of five-year-old children 2017*

Incisor Caries



Dental decay affecting the incisors is often rapid and extensive and is usually associated with prolonged bottle use in infants and a high dietary intake of free sugar. In 2018, **9.2%** of children in Brent under the age of 5 had this form of caries, compared with 7.6% in London and 5.1% in England. Brent continues to be worse than the London average.

Source: Public Health England, National Dental Epidemiology Programme for England, Oral Health Survey of five-year-old children 2017

Dental decay

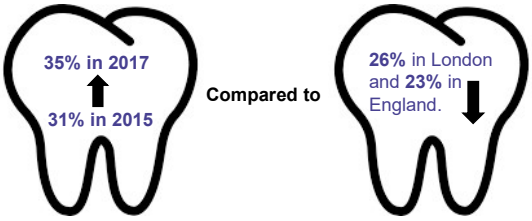
Every 2 years

The Dental Public Health Intelligence programme surveys the oral health of 5 year olds in local schools.

In Brent, 9% of children under the age of 5 have dental decay of the incisors due to high intake of sugary drinks similar to **London average of 8%.**

The proportion of 5 year old children affected by dental decay is an indicator used to assess the general health and well-being of children.

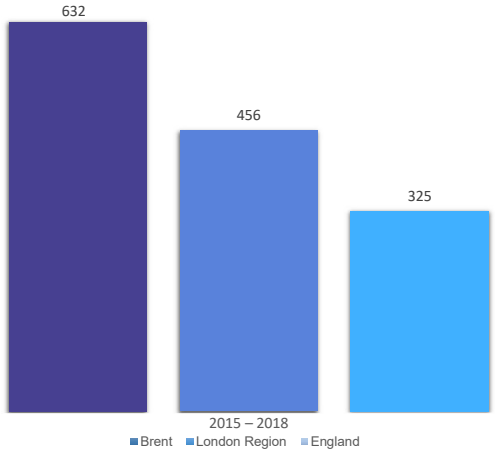
Evidence shows that in Brent the proportion of children with one or more decayed, missing or filled teeth increased from:



Source: Public Health England. Dental Public Health Intelligence Programme. Hospital episode statistics: Extractions data

Hospital admissions for Dental Caries

Number of children taken to hospital due to dental caries (0-5 years)



Almost 9 out of 10 hospital tooth extractions among children aged 0 to 5 are due to preventable tooth decay. It also the most common hospital procedure in 6 to 10 year olds (PHE, 2019).

Accident and Emergency attendances in children aged 0-4 years within **Brent is significantly worse than the England Average.** In 2017/18 the local value was **850.9 per 1,000** compared to 619.0 per 1,000 in England.

From 2015-18, **632 children** aged 0 to 5 were admitted to hospital from Brent Compared to the significantly lower England average of 325 children.

Source: PHE Brent Child Health Profile 2019.

Health burdens

Some of the determinants of oral disease are harmful behaviours such as:

Increased consumption of sugary foods and drinks

Poor oral hygiene

Low fluoride exposure

They are the risk factors common to a number of chronic diseases such as:

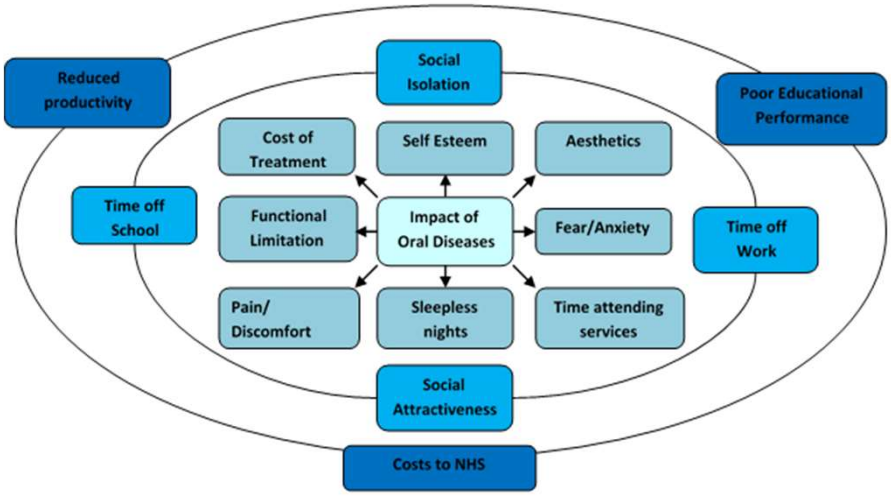
Cancers

Obesity

Type 2 diabetes

Social determinants of Oral Health disease

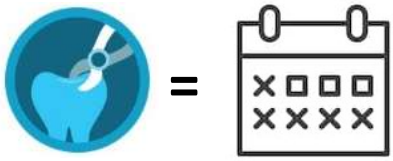
The impact of oral health disease could lead to a number of issues as shown in the diagram below:



Tooth extractions

On average for every tooth extraction carried out under General Anaesthetic,

5 school days are missed.

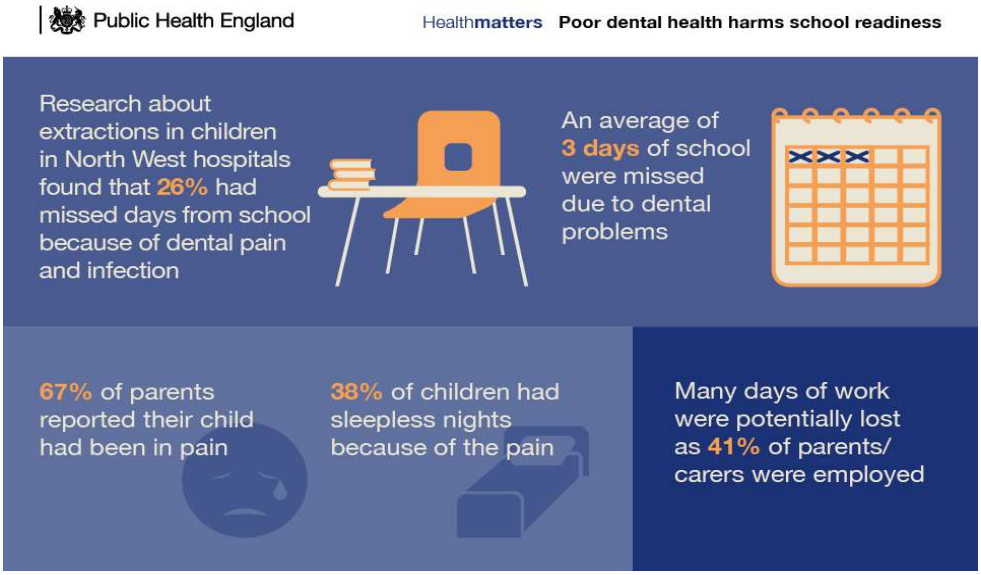


Brent has a higher rate of tooth extraction in children than England and London.

Consequently this result of a tooth extraction may impact a child's performance at school and educational achievement.

Source: Public Health England. Dental Public Health Intelligence Programme. Hospital episode statistics: Extractions data

Tooth extractions and school attendance



Commissioning Implications

- Brent Oral Health Network Group have addressed oral health promotion and are proactively seek funding opportunities in order to initiate oral health campaigns and training. The aim of the group is overseeing the delivery plan for child oral health promotion in Brent and to facilitate multi-agency partnership working.

- Brent Public Health team commission Whittington Health NHS Trust to deliver oral health promotion across the borough. They have introduced Supervised Tooth Brushing programme to 6000 children in schools and nurseries.
- Whittington health offer training to all health visitors, school nurses and early years.

- HealthWatch surveyed parents about oral health in February 2017.
- **The results have shown**
  - **Children are not visiting their dentist when they have had their first tooth.**
  - **Children are not brushing their teeth twice a day**
  - **Children are rinsing and not spitting.**

To tackle this the aim is to:

- **Make Every Contact Count (MECC).** Ensuring front line staff from all services in Brent are bringing public health issues to light in their contact with children and families. Oral health is one of the priorities identified and training has been offered.

- **Health Matters** – child dental health outlines how health and professionals can help prevent tooth decay in children under 5. Health Matters includes a call to action for healthcare practitioners.

Top 3 Interventions

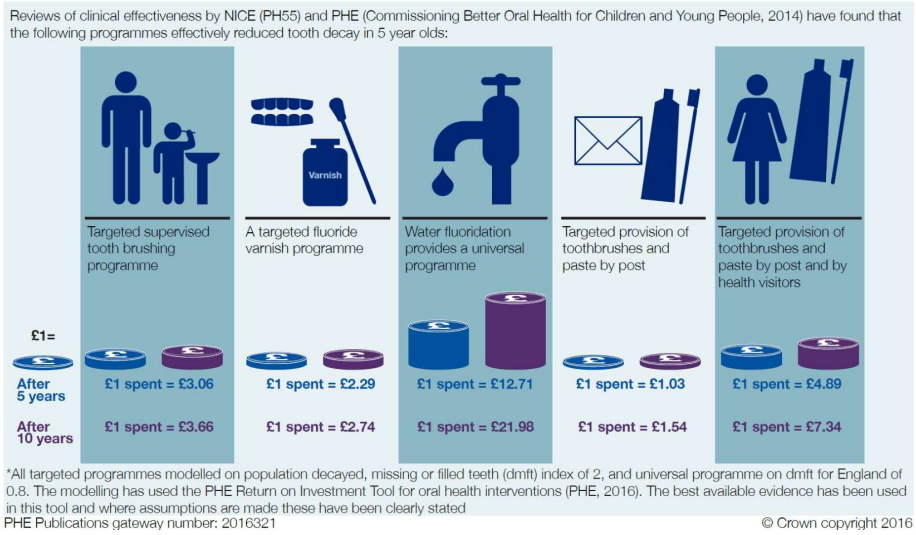
Reduce the food consumption of foods and drinks that contains sugars.

Brush teeth twice daily with fluoride toothpaste (1350-1500ppm), last thing at night and at least on one other occasion. After brushing spit, don't rinse.

Take your child to the dentist when the first tooth emerge, at about 6 months and then on a regular basis.

Financial Implications

There is a strong financial return on investment to support the community based supervised tooth brushing programmes. It is estimated that for every £1 spent on a targeted supervised tooth brushing, it is estimated that there is a £3.06 return on investment after 5 years.



Source: Public Health England (2016). York Health Economics Consortium A rapid re-view of evidence on the cost-effectiveness of interventions to improve the oral health of children aged 0-5 years. PHE publications gateway number: 2016321

Technical Notes

	Meaning
Oral Health	"a state of being free from chronic mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing."
Dental Caries	Dental caries is caused if plaque is allowed to build up, it can lead to problems, such as holes in the teeth. The acid is usually produced when sugars in foods or drinks react with bacteria present in the plaque on the tooth surface.
Tooth decay	Tooth decay is damage to a tooth caused by dental plaque turning sugars into acid.
1350-1500ppm	This is the amount of fluoride in the toothpaste. It can be found on the side of the tube and is measured in parts per million (ppm). Toothpastes containing 1,350 to 1,500ppm fluoride are the most effective.

Data Sources

NHS Tooth decay definitions:
https://www.nhs.uk/conditions/tooth-decay/

https://www.who.int/news-room/fact-sheets/detail/oral-health

Oral Health Tables:
https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health/child-oral-health-applying-all-our-health

Public Health England. *Dental Public Health Intelligence Programme. Hospital episode statistics: Extractions data, 0 – 19 years olds, 2011 – 12 to 2017* – Available at:
www.nwph.net/dentalhealth

PHE Tooth extractions and school attendance poster:
https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health

Childhood Obesity

Brent JSNA
2019/2020

Brent

NHS
Brent
Clinical Commissioning Group

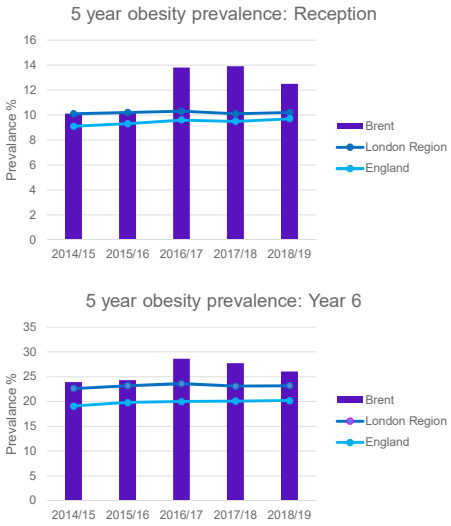
Overview

- Childhood obesity can effect an individual's health and well-being for the long term, as childhood obesity is also a predictor of adult obesity.
- There are wider social and financial implications associated with having a high body max index (BMI); the UK wide NHS costs attributable to overweight and obesity are estimated to reach £9.7 billion by 2050, the wider societal costs are estimated to reach £49.9 billion/year.
- Data in Brent shows there are yearly fluctuations in childhood obesity and overweight figures, with the most recent data being above London and England average.
- In Brent, 1 in 3 children are obese by the time they leave primary school. By 2034, it is estimated that 70% of adults will be overweight or obese.
- Key factors that impact childhood obesity are: Age, Deprivation, Ethnicity.

  - In Brent, deprivation does not have a strong correlation to childhood obesity. However, there is a link between obesity and deprivation across ethnicities and schools in the borough.
- In Brent, children of Black ethnicity are most likely to be overweight or obese. Children of Asian ethnicity show the highest increase of excess weight between Reception and Year 6.
- There are a number of initiatives in Brent to tackle childhood obesity including: promotion of breastfeeding, Maternity Early Childhood Sustained Home (MESCH) visiting model which provides additional support for vulnerable families, and the Healthy Early Years (HEY) Award scheme which supports early year settings to promote health and well-being.

DC1

Childhood Obesity Trend Analysis



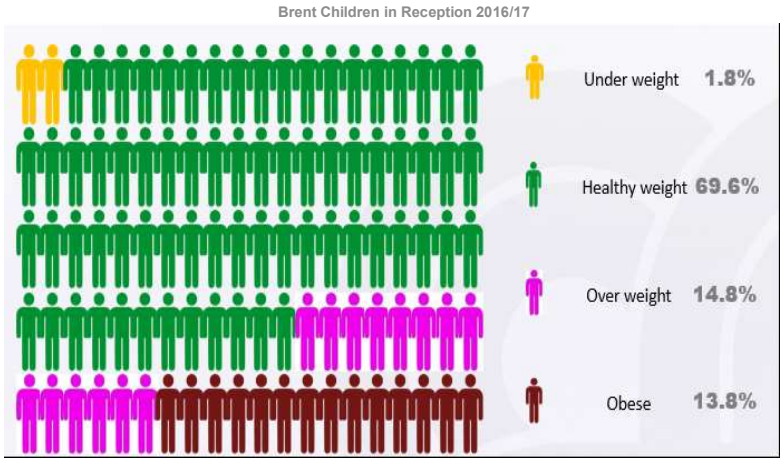
- In 2018/19, 12.5% of children in Brent are obese at reception and 26% are obese at Year 6. This means that the rate of obesity increases by the time children finish primary school.
- Brent has a higher prevalence of obese school children leaving primary school compared to the London and England average. This has been the case for the last 5 years.
- There is similar picture for children who are overweight. In 2018/19, 12.8% of children in Reception and 15.7% of children in year 6 were overweight

Source: Fingertips

Page 2

CJ1

Weight Profiles in Brent Schools



28% of children in Brent start primary school with a high BMI

Source: National Childhood Measurement Programme (NCMP)

Page 3

Slide 3

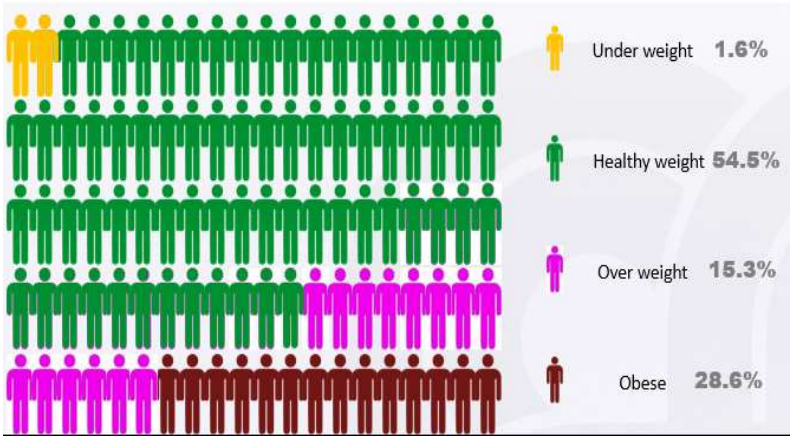
DC1 Djatmika, Clementine, 09/10/2019

Slide 4

CJ1 is it possible to put these on 2 different slides just to make the graphics bigger?
Constance, Janice, 08/10/2019

Weight Profiles in Brent Schools

Brent Children in Year 6 2016/17



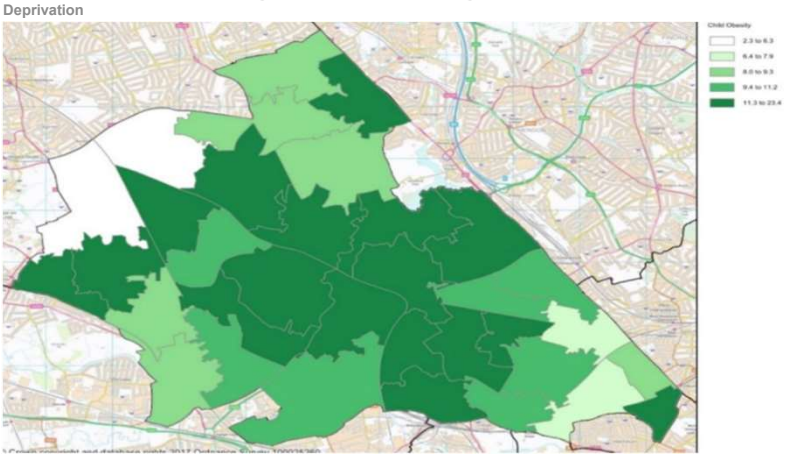
On leaving primary school, 44% of children have a high BMI

Source: National Childhood Measurement Programme (NCMP)

Page 4

Childhood Obesity in Brent: Key Factors

Deprivation



- Three main key factors have been identified as factors underlying high BMI amongst school age children in Brent: **Age, Deprivation & Ethnicity**.
- Children in Stonebridge, one of Brent's most deprived ward have the highest level of excess BMI. Whilst children living in Kenton, Brent's most affluent ward, have the lowest rates.
- However while nationally the correlation between deprivation and obesity is strong, in Brent a weaker correlation is seen with deprivation *alone*.

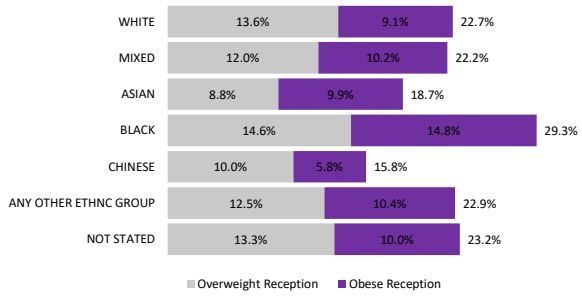
Page 5

CJ3

Childhood Obesity in Brent: Key Factors

Reception and Year 6, weight comparison by ethnicity

Reception overweight and obese 2016/17



- There are differences in obesity rates between different ethnic groups in Brent
- Deprivation alone is not a strong indicator of obesity levels locally.
- There is a correlation between deprivation and ethnicity such that BAME children in Brent are more likely to be obese and are also more likely to reside in deprived areas.

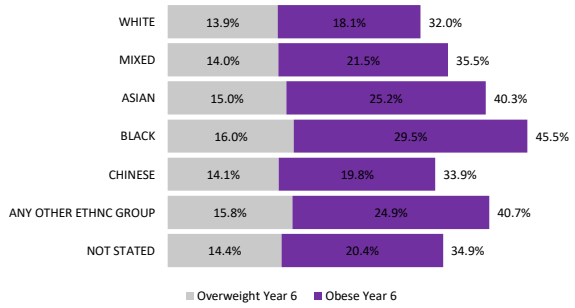
Source: NCMP Dataset, NHS Digital

Page 6

Childhood Obesity in Brent: Key Factors

Reception and Year 6, weight comparison by ethnicity

Year 6 overweight and obese 2016/17



- Black children in Brent are more likely to be overweight or obese compared to their peers of other ethnicities.
- Asian children show the greatest increase in prevalence of overweight/ obesity from Reception to Year 6.

Source: NCMP Dataset, NHS Digital

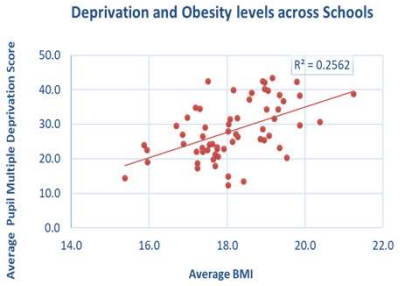
Page 7

Slide 7

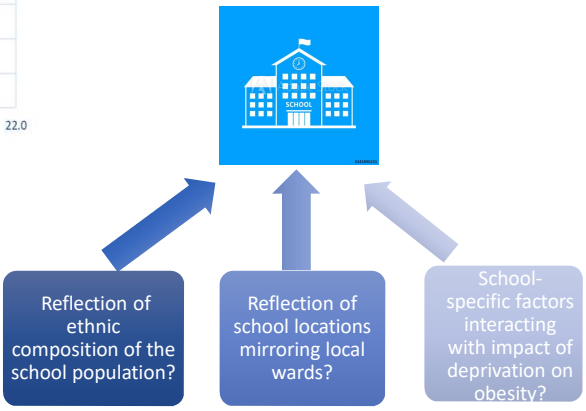
CJ3 maybe again on 2 seperate slides might confuse the public
Constance, Janice, 08/10/2019

CJ4

Childhood Obesity in Brent: Role of Schools



There is also a relationship between deprivation and childhood obesity across Brent school, this needs further investigation:



Source:

Page 8

Childhood Obesity Interventions in Brent

Breastfeeding Initiatives

- Evidence behind breastfeeding as a protective factor against obesity
- Brent Children's Centre and health visiting service accredited to Stage 1 with the UNICEF Baby Friendly Initiate (BFI)
- Midwifes promote breastfeeding for expecting mothers and during the postnatal period.
- Public Health 0-19 children's services supports breastfeeding through an infant feeding co-ordinator and breast feeding champions.

Maternity Early Childhood Sustained Home Visiting scheme (MESCH)

- Additional support for vulnerable families of under two's, additional modules include local topics such as childhood obesity.

Page 9

Slide 9

CJ4 the map again might be confusing - is there another?
Constance, Janice, 08/10/2019

Childhood Obesity Interventions in Brent

Healthy Early Years (HEY) Award

- Local scheme which supports Early Years providers such as childminders and Children's Centres to promote the health and well being of young children and their families
- Since launching in 2012, 77 providers have achieved the HEY award.
- Staff from settings that have achieved the award undertook training which includes healthy eating, physical exercise and breastfeeding. This is in reference to National guidance from the Healthy Child Programme.

Healthy Schools London

- Pan London award scheme, schools can be awarded bronze, silver or gold based on their action on healthy eating and physical exercise.
- To date, in Brent 73 schools have registered for the scheme, 45 have a bronze status, 16 have a silver status and 3 have a gold status.

Brent CCG Service Delivery Improvement Plan 2018:

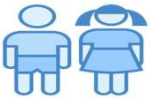
- Review food provided by the Trust in line with guidance on reducing obesity.
- Local action plans to develop healthier options.
- Making Every Contact Count style training for front line staff about reducing childhood obesity and local weight management services.
- Identify conditions where obesity is a risk factor (i.e. diabetes) in order to educate families surrounding health weight management and local services.

Page 10

CJ5

Childhood Obesity Interventions in Brent

Daily sugar intake guidance



Children aged 7-10

< 24 g (6 cubes sugar)

Children aged 4-6

< 19 g (5 sugar cubes)

Children below 4

No added sugar

Source: NHS Live Well 2018/19

Action on Sugar

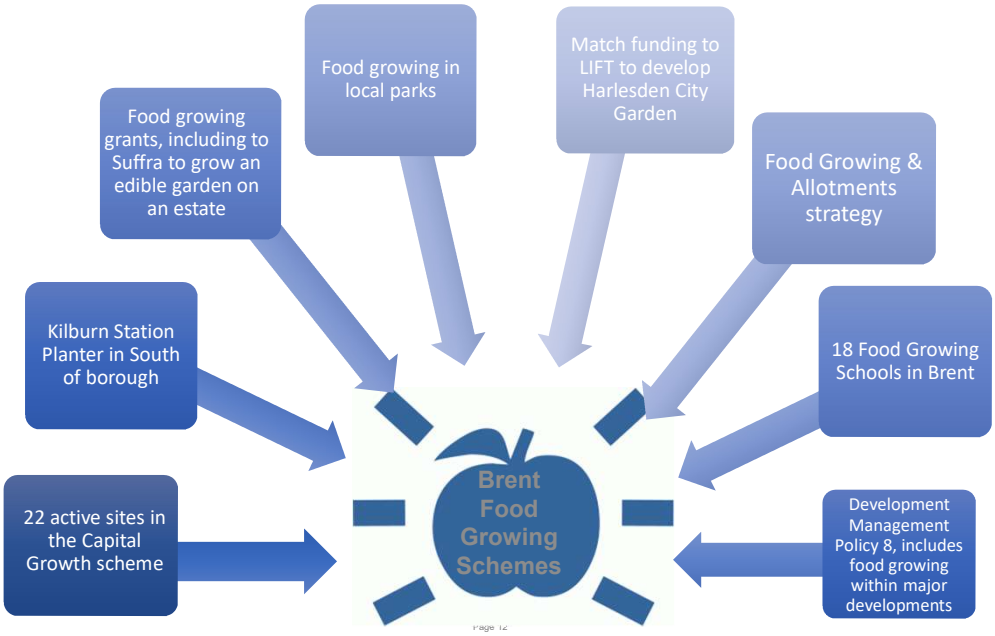
- Brent Slash Sugar campaign which involves outreach sessions in community settings, messages surrounding oral health are also included in the sessions.
- Junior Citizenship Scheme for Year 6's in the borough, these sessions are designed around sugar level awareness.
- Brent Council committed to the Local Government Declaration on Sugar Reduction & Healthier Food. There are 6 main components to the Sugar Declaration:
  1. Tackle advertising and sponsorship
  2. Improve the food controlled or influenced by the Council and support the public and voluntary sector to improve their food offer
  3. Reduce prominence of sugary drinks and actively promote free drinking water.
  4. Support businesses and organisations to improve their food offer.
  5. Public events
  6. Raise public awareness

Page 11

Slide 12

CJ5 reference where the daily sugar intake guidnace comes from?
Constance, Janice, 08/10/2019

Childhood Obesity Interventions in Brent



Childhood Obesity Interventions in Brent

Good Food for London

- In 2019, Brent ranked 12th out of 33 London boroughs.
- In 2017, Brent was "most improved borough" increasing 10 points since 2016

Healthier Catering Commitment (HCC)

- In 2018, 18 fast food outlets in Brent awarded the HCC status in adopting healthier practices, limiting salt and offering water or low sugar drinks.

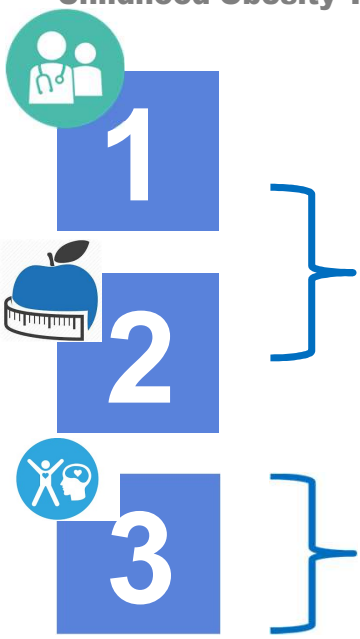
Planning Policy

- Restriction of fast food outlets within 400 meters of secondary schools or higher education establishments.

Physical Activity Initiatives

- HEY Awards
- Primary schools encouraged to subscribe to the Daily Mile/ Marathon Kids initiatives.
- Active Travel Plans encourage walking, cycling or scooting to school.
- Wembley National Stadium Trust funds successful schools to increase their physical activity.
- Council leisure facilities offers for children and their families.

Childhood Obesity Treatment in Brent



- 0-19 Public Health service tier 1 and 2 weight management service
- Additional service for children that have been identified as being overweight or obese and their families.
- Behaviour change focused intervention.
- 173 front line staff in Brent attended the tier 1 weight management training funded by Health Education England.

- CCG commissioned service consisting of specialist dietician or paediatrician clinical advice and/ or intervention.
- Only a very small proportion of children require drug treatment or surgery.

CJ8

Technical notes

Definitions

NCMP	The National Child Measurement Programme (NCMP) is a mandatory Public Health initiative which weighs and measures pupils in Reception and again in Year 6.
BMI	Body Mass Index is a measure that uses weight and height to find out if someone is a healthy weight
CCG	Clinical Commissioning Groups are NHS organisations set up to organise delivery of NHS services in localities.

Data sources

NCMP (2016/17)– National Child Measurement Programme data.

Public Health England, Public Health Outcomes Framework:
http://www.phoutcomes.info/search/life%20expectancy#gid/1/pat/6/ati/102/page/0/par/E12000007/are/E09000005

Public Health England, The Segment Tool 2015 – Segmenting life expectancy gaps by cause of death:
http://www.lho.org.uk/LHO_Topics/Analytic_Tools/Segment/TheSegmentTool.aspx

Office for National Statistics (Life expectancy data tables):
http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Life+Expectancies#tab-data-tables

Slide 16

CJ8 may need a slide on commisioning intentions before this one - will ask Marie
Constance, Janice, 08/10/2019

Learning Disability and Autism Spectrum Disorder

Brent JSNA
2019/2020

Brent

NHS
Brent
Clinical Commissioning Group

Summary

- Per 1,000 children in Brent schools in 2018 there were
  - 24.6 children with moderate learning disabilities, lower than the England average (28.9)
  - 3.82 children with severe LD, similar to the England average (3.74)
  - 1.73 children with profound & multiple LD, slightly higher than the England average (1.26)
- The numbers of people with LD are rising, in part due to improvements in medical care.
- Numbers of adults aged 65 and over with a learning disability in Brent are predicted to increase significantly.
- In Brent 63% of people with a LD over 18 received a GP health check in 2016/17, significantly higher than England (48.9%) and London (48.4%).
- A significantly lower proportion of adults with LD receiving long term support from ASC in Brent are in paid employment (1.5%0 than is the case for London (7.5%) or England (6.0%).
- People with LD have poorer health than the general population. Rates of epilepsy, respiratory disease, coronary heart disease and dementia are higher in people with LD than in the general population. Furthermore, the health and care received by people with LD may not meet their needs.
- In 2018, 14 children in every thousand were recognised as having autistic spectrum disorders in Brent, very similar to rates for London region (15 per 1000) and England (14 per 1000)
- The number of people of working age with ASD in Brent is expected to rise only slightly. A much greater increase is predicted in those aged 65 and over.

What is a Learning Disability?

A learning disability affects the way a person learns new things throughout their lifetime, the way a person understands information and how they communicate. This means they can have difficulty:

- understanding new or complex information
- learning new skills
- coping independently

A learning disability can be mild, moderate or severe.

An estimated 1.5 million people in the UK have a learning disability, with an estimated 350,000 people having a severe learning disability. This figure is increasing.

Some people with a mild learning disability can talk easily and look after themselves but may need a bit longer than usual to learn new skills. Other people may not be able to communicate at all and have other disabilities as well.

Some adults with a learning disability are able to live independently, while others need help with everyday tasks, such as washing and dressing, for their whole lives. It depends on the person's abilities and the level of care and support they receive.

Children and young people with a learning disability may also have special educational needs (SEN).

Source: https://www.nhs.uk/conditions/learning-disabilities/

Page 2

Children with a Learning Disability

Special educational needs and disabilities (SEND) can affect a child or young person's ability to learn. They can affect their:

- behaviour or ability to socialise, for example they may struggle to make friends
- reading and writing, for example because they have dyslexia
- ability to understand things
- concentration levels, for example because they have ADHD
- physical ability

A child with SEND can receive

- SEN support - support given in school, like speech therapy
- an education, health and care (EHC) plan - a plan of care for children and young people up to 25 who have more complex needs

In January 2019 there were 51,167 pupils going to a Primary or Secondary school within the London Borough of Brent with 1,639 pupils with SEN statements or ECH plans. That equates to 3.2% of the overall amount of school pupils in Brent. (SEN 2019 Local Authority Tables)

There were 24.6 children with moderate learning disabilities known to schools in Brent per 1,000 pupils in 2018. This is lower than the England average of 28.9 per 1,000 pupils.

There were 3.82 children with severe learning disabilities known to schools in Brent per 1,000 pupils in 2018. This is slightly higher than the England average of 3.74 per 1,000 pupils.

There were 1.73 children with profound and multiple learning disabilities known to schools in Brent per 1,000 pupils in 2018. This is slightly higher than the England average of 1.26 per 1,000 pupils.

Source: Learning Disability Profiles, Public Health England /

Page 3

Children with Autism

In 2018, 14 children in every thousand were recognised as having autistic spectrum disorders in Brent. These findings were very similar to the London region (15 children) and England (14 children).

Support for Children with ASD in Brent

The Brent Outreach Autism Team (BOAT) supports mainstream maintained schools working with children and young people (CYP) up to the age of 16 years who have been diagnosed on the autism spectrum, or up to 19 years if the CYP attends sixth form in a mainstream school.

The service supports all children and young people with a diagnosis of autism who attend Brent mainstream schools and educational settings. BOAT also supports some out of borough placements where the Brent resident child has an education, health and care (EHC) plan.

Learning Disability estimates and projections: Brent

	2019	2025	2030	2035
18-24	748	740	817	840
25-34	1,409	1,277	1,220	1,262
35-44	1,258	1,243	1,160	1,094
45-54	996	1,038	1,091	1,088
55-64	814	898	926	957
Total population aged 18-64	5,226	5,197	5,214	5,241
People aged 65 and over				
65-74	478	587	682	738
75-84	261	300	354	422
85 and over	102	128	145	177
Total population aged 65 and over	841	1,016	1,182	1,337

Analysing the predictions in the table shows that for some age groups, Adults aged between 18-64 with a Learning Disability will reduce in number. However, when considering those 65 and over this changes considerably, for example the total population aged 65 and over estimated to have a learning disability in 2019 stands at 841 people, whereas by 2035 Brent is predicted to have 1,337 people, an increase of 59%

Whilst Brent commissioning intentions are to create more 'Extra-Care' homes for 55 and over needing medium to high levels of care and support, consideration should be given as to how the environment and care can be adapted in this provision to also meet the rising care needs associated to learning disabilities.

Source: POPPI & PANSI

Health inequalities and needs

People with learning disabilities tend to have poorer physical health. People with LD may have difficulty recognising illness and communicating their needs. Health and care professionals may not tailor care adequately to meet the needs of people with LD

Certain health conditions are more prevalent among people with learning disabilities.

The prevalence rate of epilepsy amongst people with learning disabilities has been reported as 22% compared to 0.4 – 1% in the general population.

Respiratory disease is a significant cause of death among people with learning disabilities (46% to 52%) and is much higher than for the general population (15% to 17%)

People with learning disabilities are at greater risk of coronary heart disease (CHD) compared to the general population. CHD is the second highest cause of death among people with learning disabilities generally. Some children with congenital heart disease also have learning difficulties.

The prevalence of dementia is significantly higher among older adults with learning disabilities compared to the general population (21.6% compared to 5.7% aged 65 and over). People with Down's syndrome have particularly high risk of developing dementia, with an age of onset 30-40 years younger than the general population.

Partners including CCGs, local authorities and NHS trusts are expected to work with people with a learning disability, their families and carers to improve the quality of the health and social care services provided to people with LD and to address the persistent health inequalities people often face.

Learning Disabilities Mortality Review (LeDeR)

Since 2015, local partners are required to review the deaths of people with a learning disability to learn from those deaths and to put that learning into practice, the LeDeR process.

From 1st October 2017 to March 2019, there were 22 deaths of people with a learning disability notified in Brent. Notifications were received from LD professionals, Care Homes, local authority staff and NHS hospitals.

Key information about the people with learning disabilities whose deaths were notified:

- Over half (73%) of the deaths were men and 27% were women.
- 82% were Brent residents and 18% were in an out-of-area placement.
- All were single.
- 64% were White British, and 36% were of Asian / Black African / Black Caribbean heritage.
- Almost half were in their 50s.
- The youngest was 25 and the oldest 84 years.
- Most of the deaths occurred in hospital, followed by usual place of resident.
- 46% had mild learning disabilities
- 18% had moderate learning disabilities
- 27% had severe learning disabilities (27%)
- 9% had profound / multiple learning disabilities with (9%)

Review outcomes: Of the 22 cases reviewed, 73% were identified as receiving good care but fell short of current best practice in one minor area. Almost 28% fell short of current best practice in more than one significant area, however this was not considered to have had the potential for adverse impact on the individual.

Health Checks and People with Learning Disabilities

Area	Value	Lower CI	Upper CI
England	48.9	48.6	49.1
London region	48.4	47.7	49.2
Barking and Dagenham	41.4	37.4	45.6
Barnet	41.1	37.9	44.5
Bexley	37.5	33.6	41.7
Brent	63.3	59.6	67.2
Bromley	56.9	52.3	61.8
Camden	46.5	41.7	51.8
City of London	*	-	-
Croydon	49.5	46.4	52.7
Ealing	62.7	58.5	67.1
Enfield	35.9	32.8	39.3
Greenwich	38.2	34.7	41.9
Hackney	35.9	32.6	39.4
Hammersmith and Fulham	65.7	59.2	72.8
Haringey	45.5	41.6	49.6
Harrow	58.5	53.9	63.4
Havering	41.1	37.1	45.6
Hillingdon	48.1	43.8	52.6
Hounslow	46.4	42.4	50.6
Islington	39.6	35.8	43.6
Kensington and Chelsea	35.2	29.8	41.4
Kingston upon Thames	51.4	45.6	57.7
Lambeth	55.3	51.4	59.5
Lewisham	60.6	56.6	64.8
Merton	43.8	39.1	49.0
Newham	52.5	48.8	56.3
Redbridge	48.6	44.7	52.7
Richmond upon Thames	57.0	51.1	63.4
Southwark	48.2	44.3	52.5
Sutton	64.1	59.3	69.2
Tower Hamlets	39.1	35.5	43.0
Waltham Forest	43.0	39.3	46.9
Wandsworth	46.2	42.5	50.2
Westminster	36.0	31.6	40.8

The proportion of eligible adults aged 18 years and over in Brent with a LD who received a GP health check in 2016/17 was 63.3%. This was significantly higher than England (48.9%) and the London Region (48.4%).

(Source NHS Fingertips)

Brent CCG holds a yearly 'Big Health Check Day for People with Learning Disabilities and their Friends and Carers' event. It aims to raise awareness of health checks and to explore how local health, social care and voluntary sector services can support and help people with learning disabilities and their carers

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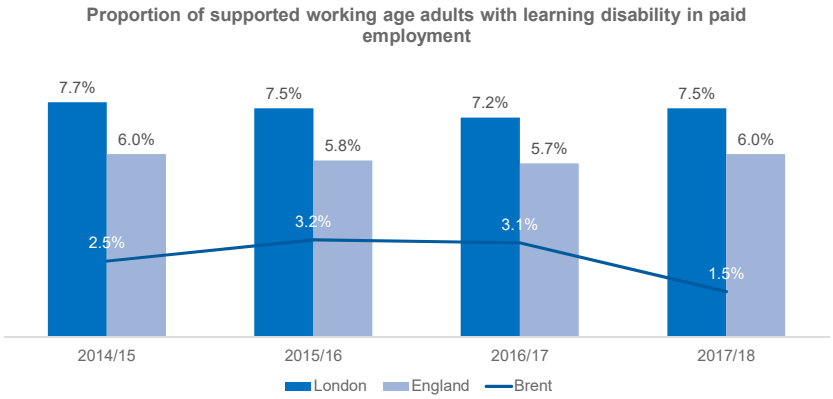
Adults with a Learning Disability in Employment

The proportion of adults with learning disability receiving long term support from Social Services who are in paid employment is 1.5% within Brent. This is significantly lower than both the London region (7.5%) and England (6.0%).

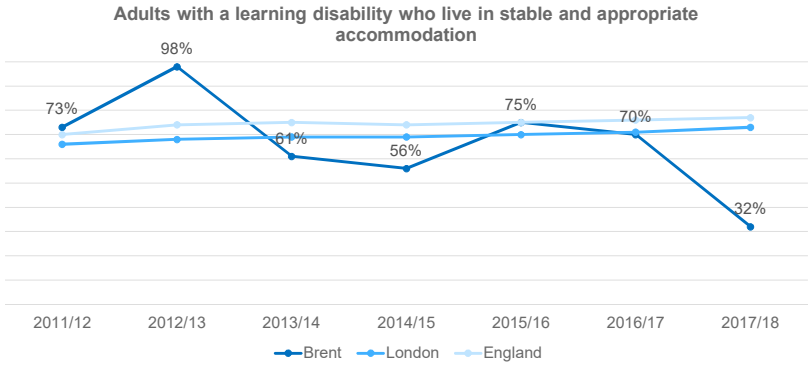


Source NHS Fingertips - Proportion of supported working age adults with learning disability in paid employment (%)

Accommodation Needs

Accommodation for people with Learning Disabilities can be broadly divided into 'settled' and 'non-settled'. Settled is where the person can reasonably expect to stay as long as they want.

Unsettled accommodation is either seen as unsatisfactory or likened to residential care homes in which residents do not have security of tenure.



As the graph shows above, 32% of adults with a learning disability live in stable and appropriate accommodation in Brent. This is significantly lower than London (73%) and England (77%) in 2017/18. The recent fall in the rate for Brent is being explored.

Source: NHS Digital. Measures from the Adult and Social Care Outcomes Framework

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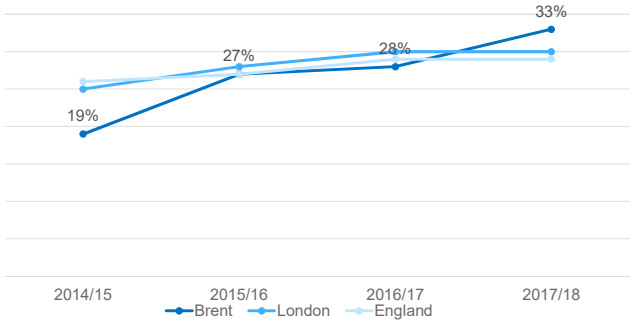
People with learning disabilities receiving direct payments

Direct Payments allow people (including people with a learning disability) in receipt of community care services to receive money which they can use to purchase their own services.

Direct Payments must be used to purchase supports to meet the person's needs as assessed through a community care assessment. For example, it can be used to help provide support for somebody wanting to do a job as an alternative to a day service, or to provide support for people on short term breaks. People can directly employ personal assistants, or contract with independent agencies to provide assistance. Direct Payments can also be used to purchase equipment (usually small and inexpensive items) or to pay for adaptations which would otherwise have been provided by the Social Services Department.



Looking at the findings Brent has made significant improvements in offering Direct Payments to people with a learning disability. In 2014/15 Brent was lower (19%) to the England average (26%). Since then Brent has made continuous progress and in 2017/18 the rate locally was 33% , higher the England average of 29%.

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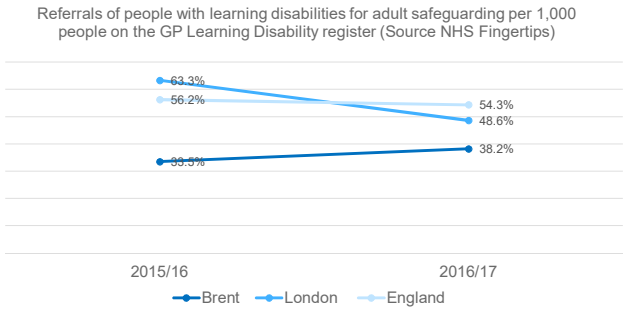
Individuals with learning disabilities involved in Section 42 safeguarding enquiries

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom



While the lower rates of Section 42 safeguarding enquiries in Brent than the London and England average may be positive, Brent Safeguarding Adults Board recognises the need to continually raise awareness of safeguarding in the community. The BSAB strategic plan to do so focuses on:

1. Increasing awareness and understanding of safeguarding adults within the Brent Safeguarding Adults Board workforce and wider community
2. Continuing to work together to understand and meet the challenges of the Mental Capacity Act 2005 & Deprivation of Liberty Safeguards (DoLS)
3. Ensuring that the work of the SAB is influenced by service users and their representatives and increasing the voice of service users, carers and their representatives in the work of the BSAB
4. Continuing to work to progress the 'Making Safeguarding Personal' agenda
5. Using training & workforce development to support the delivery of BSAB priorities

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Adults with Autistic Spectrum Disorders (ASD)

There are an estimated 2,202 people in Brent aged 18-64 with Autistic Spectrum Disorders (2019 figures). This is predicted to rise to 2,242 in 2035, an increase of 1.8%

Of the 2,202, the estimated gender spilt is 9% female and 91% male.

For those over 65, there are an estimated 380 people with ASD with a gender spilt of 125 female and 88% male.

Whilst the prevalence of ASD in 18-64 years is predicted to increase by 1.8% between 2019 to 2035, for those aged 65 and over the prevalence is expected to almost double to 604 people in 2035.

(Source POPPI and PANSI)

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Mental Health

Brent JSNA
2019

Brent

NHS
Brent
Clinical Commissioning Group

Summary

Key Messages

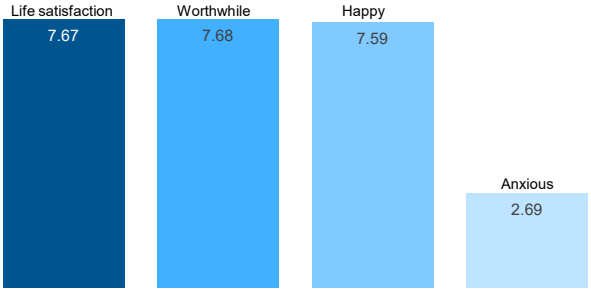
- In 2017/18, 5.9% of the adult (18+) population of Brent had a diagnosis of depression, lower than 9.9% the England average. The diagnosed rate of depression in Brent CCG is the 5th lowest amongst CCGs in London. Recorded rates of depression are rising in Brent as in London and England
- Brent residents can self refer to talking therapies. Local patient satisfaction rates are very high and waiting times are relatively short
- More people in Brent are in contact with both mental health and substance misuse services than is the case nationally.
- The prevalence of severe and enduring mental illness in Brent is 1.25% of the population, which is above both the London (1.1%) and England (0.94%) averages. These long-term illnesses include schizophrenia, personality disorders and bi-polar disorder.
- Brent's suicide rate has been fairly consistent over the past decade, and remains below the national average.
- The admission rate for hospital admissions as a result of self-harm in those aged 10-24 years is significantly lower in Brent than the England average. Levels of self-harm at a national level are higher among young women than young men.

Mental Health: Personal Wellbeing in Brent

The following questions were asked to adults aged 16 and over by the Office for National Statistics:

- Overall, how satisfied are you with your life nowadays?
- Overall, to what extent do you feel the things you do in your life are worthwhile?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?

Score: 0 is not at all and 10 is completely



The average (mean) ratings across the four measures of personal well-being in the year ending June 2018 were:

7.7 out of 10 for life satisfaction

7.9 out of 10 for feeling that the things done in life are worthwhile

7.5 out of 10 for happiness yesterday

2.9 out of 10 for anxiety yesterday

Comparing the years ending June 2017 and June 2018, there were no significant changes for any of the measures of personal well-being in the UK.

Source: ONS Personal Well-being (Happiness) by Borough 2016/17

Common Mental Disorders (CMDs)

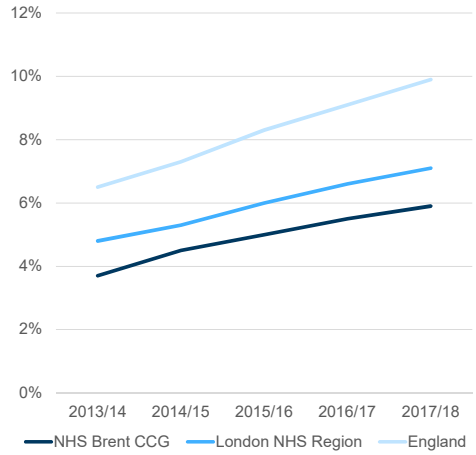
Positive mental wellbeing is associated with a number of improved health outcomes, most notably reduced levels of mental health, general health, physical illness and improved social relationships.

Common Mental Disorders (CMDs) are recognised as those mental health conditions that cause significant emotional distress and interfere with daily function. They do not usually affect insight or cognition and tend to comprise depression and anxiety. In NHS Brent CCG, estimates suggest that 20.8% of the population aged 16 and over had a CMD. This is lower than the London average of 19.3% but higher than the England average of 16.9% (*Source: Adult Psychiatric Morbidity Survey*)

Depression and Anxiety

Depression: Recorded Prevalence (aged 18+)

Brent's recorded prevalence of depression is significantly lower than the English average. Brent has the 5th lowest depression prevalence amongst CCG's in London.



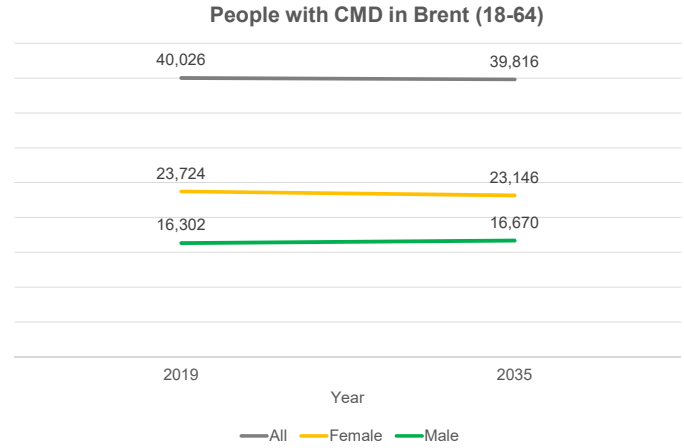
Period	NHS Brent CCG Count	Value	Lower CI	Upper CI	London NHS region	England
2013/14	10,347	3.7%	3.7%	3.8%	4.8%	6.5%
2014/15	12,970	4.5%	4.5%	4.6%	5.3%	7.3%
2015/16	14,605	5.0%	5.0%	5.1%	6.0%	8.3%
2016/17	15,999	5.5%	5.4%	5.6%	6.6%	9.1%
2017/18	17,729	5.9%	5.8%	6.0%	7.1%	9.9%

Source: Quality and Outcomes Framework (QOF), NHS Digital

CMDs

Estimated prevalence: 2019 to 2035

In Brent, 40,026 people aged 18 to 64 years were estimated to have a CMD in 2019. By 2035, this is predicted to decrease to 39,816 people.



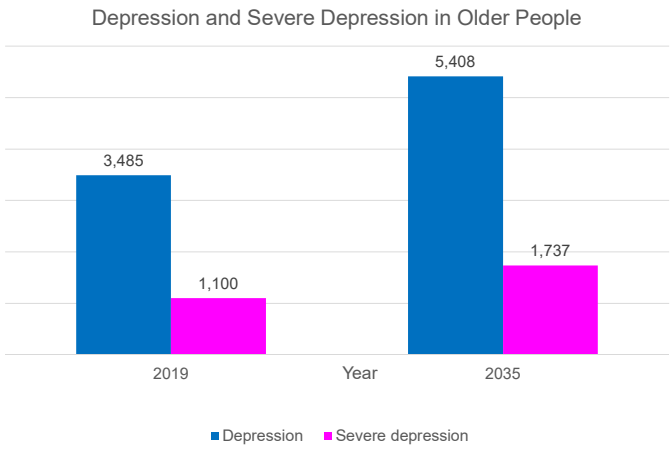
Source: PANSI

KA11

Slide 6

KA11 Source needs to be better
Kittappa, Anne, 05/12/2019

Depression and Severe Depression in the Older People in Brent



Source: POPPI

Figures are taken from McDougall et al, Prevalence of depression in older people in England and Wales: the MRC CFA Study in Psychological Medicine, 2007, 37, 1787-1795.
The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to have depression, to 2035. Page 6

IAPT: talking therapies for depression and anxiety

The Improving Access to Psychological Therapies (IAPT) programme was launched in 2008 in order to improve the quality and accessibility of mental health services in England. Its focus is on therapies like cognitive behavioural therapy, counselling and self help support – known as 'talking therapies' – for working age people experiencing common mental health problems such as anxiety and depression. In Brent people can be referred to IAPT by their GP, or they can self-refer.

The recent Five Year Forward View for Mental Health set out the ambition that access to psychological therapies should be expanded to 350,000 more adults each year by 2020/21. IAPT currently aims to reach 15% of those with common mental health problems every year – the aim is to increase this to 25%.

Patient Experience
The table below shows one measure of patient experience surveyed at the end of IAPT treatment. Patients are were asked "on reflection, did you get the help that mattered to you?" The percentage answering this question "at all times" ranged from 97% in Brent to 8% in East Lancashire.

PATIENT EXPERIENCE: PERCENTAGE ANSWERING "ON REFLECTION, DID YOU GET THE HELP THAT MATTERED TO YOU?" WITH "AT ALL TIMES"			
Best (Highest)	%	Worst (Lowest)	%
Brent	97%	East Lancashire	8%
Stafford & Surrounds	96%	Ipswich & East Suffolk	35%
Fylde & Wyre	91%	Chiltern	35%
Cannock Chase	91%	Aylesbury Vale	39%
Halton	91%	West Suffolk	44%
Hambleton, Richmondshire & Whit	91%	West Leicestershire	48%
Warwickshire North	91%	Wolverhampton	49%
South Manchester	90%	East Leicestershire & Rutland	50%
Milton Keynes	90%	Bath & North East Somerset	50%
Knowsley	90%	Richmond	50%

Source: Mental health statistics for England: prevalence, services and funding. Briefing paper 25 April 2018

7

Lowest IAPT Waiting Times, 2016/17
Average days from referral to 1st treatment, between first and 2nd treatment, and total from referral to 2nd treatment

LOWEST Total from referral to 2nd treatment	
Waltham Forest	16
Warrington	28
Swindon	30
Wigan Borough	32
South Devon & Torbay	34
Cannock Chase	36
Wiltshire	37
Stafford & Surrounds	37
Ashford	37
Brent	38

Dual diagnosis

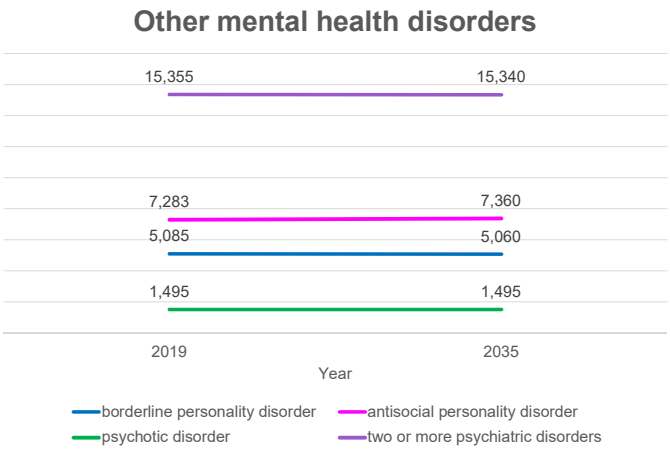
Dual diagnosis is used to describe people with mental health problems who have co-existing problems with drugs and/or alcohol.

In Brent, the proportion of people who were in contact with mental health services when they were accessing services for drug misuse was 26.8% in 2013/14. This was higher than the England average of 17.5%. Similarly, the proportion of people in Brent (24.2%) who were in contact with mental health services when they accessed services for alcohol misuse was higher than the England average of 21.2% in 2013/14. This may suggest services in Brent are relatively responsive to the issue of dual diagnosis.

The latest statistics show that the record of alcohol consumption for patients on the Mental Health Register in Brent is higher (85.3%) than the average of England (80.6%) (*Source: Quality and Outcomes Framework (QOF), NHS Digital)*

Other mental health disorders

People aged 18 to 64 years predicted to have other mental health disorders in Brent from 2019 to 2035



Source: PANSI

Eating Disorders

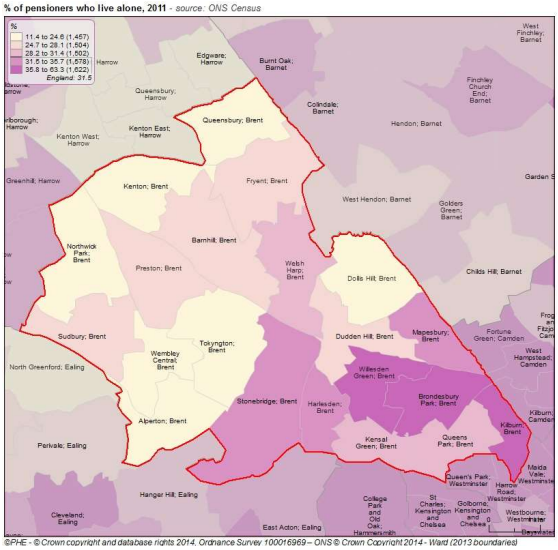
- Eating disorders are serious mental illnesses that involve disordered eating behaviour. This might mean limiting the amount of food eaten, eating very large quantities of food at once, getting rid of food eaten through unhealthy means (e.g. purging, laxative misuse, fasting, or excessive exercise), or a combination of these behaviours.
- Eating disorders include:
    - Anorexia
    - Bulimia
    - Binge eating disorder
- It's also common for people to be diagnosed with "other specified feeding or eating disorder" (OSFED). This is not a less serious type of eating disorder – it just means that the person's eating disorder doesn't exactly match the list of symptoms a specialist will check to diagnose them with anorexia, bulimia, or binge eating disorder.

In Brent, estimates suggest that 7.1% of the population aged 16 and over may have an eating disorder. The England average was similar at 6.7% (Adult Psychiatric Morbidity Survey, 2007 and ONS population estimates).

For those aged 16 to 24 years, an estimated 4,700 young people may have an eating disorder

Social Isolation and Loneliness

Proportion of pensioners who live alone in Brent



Source: ONS 2011 Census

Analysis

KA 16

The 2011 Census identified that Kilburn (40%), Willesden Green (38%) and Brondesbury Park (38%) had the highest proportion of pensioners who live alone. Wembley Central (16%) and Northwick Park (18%) had the lowest proportion of pensioners living alone. Social isolation, loneliness and higher levels of deprivation are all linked with pensioners who live alone.

Social isolation is a lack of social interaction, contact, or communication with other people. Loneliness is different in that it is the feeling of being alone or isolated.

Although *social isolation* is most common in the elderly, younger adults can still suffer *social isolation.* Both *social isolation* and loneliness can have a detrimental effect on the health and wellbeing of an individual. In 2013/14, 39.3% of adult social care users in Brent reported that they have as much social contact as they would like. This was worse than the England average of 44.5% (Adult Social Care Survey, England).

In Brent, a number initiatives have been put in place to address social isolation. These include the Social Isolation in Brent Initiative (SIBI) which is a project designed with the input of a range of key partners which aims to tackle social isolation in Brent's communities in all risk groups aged 18 years and over.

Slide 12

KA16 Add in information from the RAs here? There is a whole social isolation slide which could be lifted and shifted
Kittappa, Anne, 05/12/2019

Severe and Enduring Mental Illness

Local prevalence

Severe and enduring mental health conditions include long term illnesses such as schizophrenia, personality disorder, bipolar disorder, or other psychosis. Estimates suggest that people with severe mental health conditions die 10 years younger than the general population due to poorer physical health.

In Brent, 1.25% of the adult population are recorded as having an enduring mental illness. This is above both the London (1.11%) and England (0.94%) averages. (*Source: Quality and Outcomes Framework (QOF), NHS Digital 2017/18)*

Schizophrenia

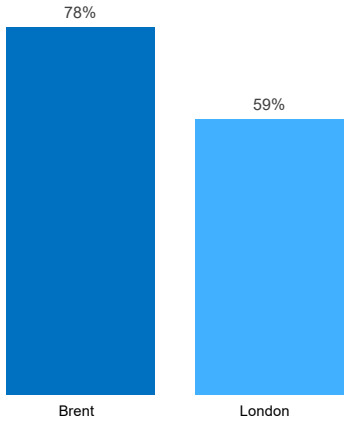
Most studies estimate that just under 1% of the population will be diagnosed with schizophrenia during their lifetime. In Brent, the rate of emergency admissions for schizophrenia was 103 per 100,000 of the population in 2009/10-2011/12. This was higher than the England average which was 57 per 100,000 of the population (Hospital Episode Statistics).

Post traumatic stress disorder (PTSD)

The estimated prevalence of post traumatic stress disorder (PTSD) in Brent was 3% in 2012 in people aged 16 and above.

Accommodation Needs

Insecure accommodation or homelessness are detrimental to men[KA19]n. Rates of homelessness are higher in those with enduring mental illness. The proportion of people in contact with adult mental[KA20] services aged 18-69 who are in settled accommodation is a marker of the quality of local health and care services. It is higher in Brent than for London



Source: Mental Health Services Monthly Statistics (MHSMS) March 2019

Page 13

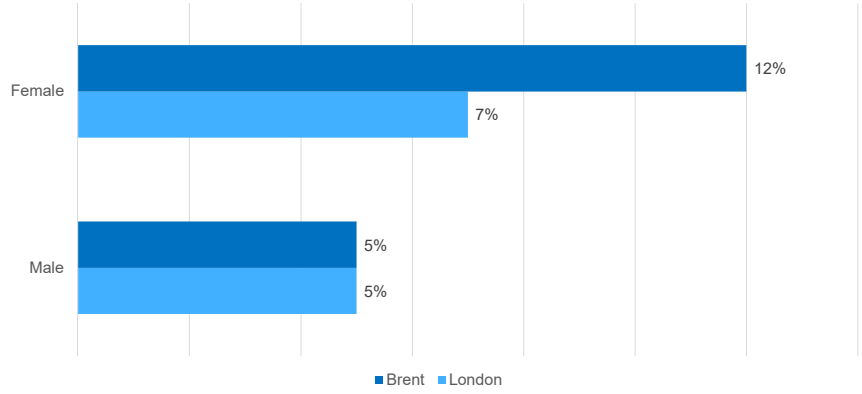
Slide 14

KA19 What is CPA
Kittappa, Anne, 05/12/2019

KA20 Can we have a bit of context on here about why this is included?
Kittappa, Anne, 05/12/2019

Employment and users of secondary mental health services

Good work is beneficial to physical and mental health. People with enduring mental illness have lower employment rates than the general population. The proportion of adults in contact with secondary mental health services whoa re in paid employment is a marker of the quality of local health and care services. At 12% for women, this is higher in Brent than in London. Rates for men are the same, 5%.



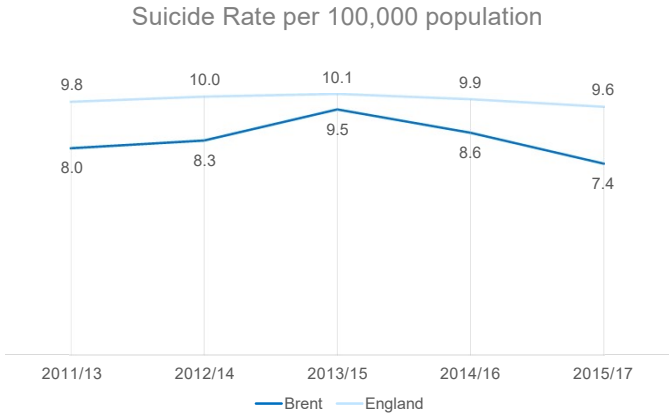
Source: Measures from the Adult Social Care Outcomes Framework (ASCOF), England 2017-18

Page 14

Suicide Related Mortality

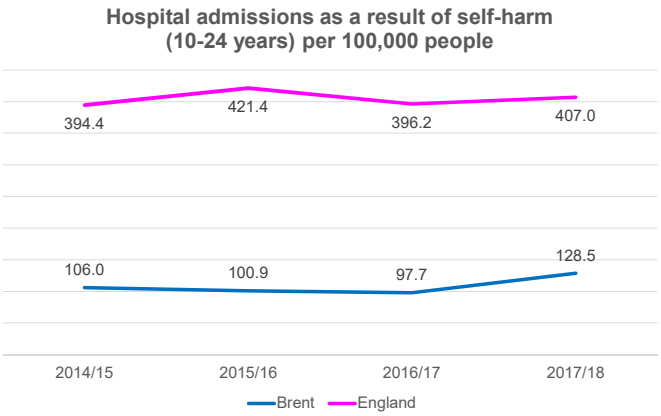
Local, regional and national suicide rates

As with self-harm, suicide itself is not a mental health condition and usually the result of mental distress which may or may not be associated with a diagnosable mental illness. However mental illness increases the likelihood of suicide. Between 2015 and 2017, the overall suicide rate in Brent was 7.4 per 100,000 of the population. This is below the England rate which is 9.6 per 100,000 of the population.



Source: Public Health England (based on ONS source data)

Young People and Self-Harm



The admission rate in Brent is significantly lower than the England average. Levels of self-harm at a national level are higher among young women than young men.

Cost of mental health (financial, social) and cost effectiveness of prevention

Spending on mental health services has been increasing year on year in Brent. From 2016/17 to 2017/18, Brent CCG spending allocations towards mental health services increased from 8% to 9% (Source Brent CCG Annual Report 2018)

The evidence base informing public mental wellbeing interventions is growing, strengthening the evidence base for savings generated by promoting wellbeing and preventing illness and suicide. London School of Economic's Return on Investment (ROI) tool finds that the potential returns on investment is significant. For every pound invested on suicide prevention, approximately £2.93 can be saved in society over the course of ten years. Furthermore, for every pound spent in workplace wellbeing programmes, an estimated saving of £2.37 can be generated to society.

17

References and Data Sources

Open Public Services Network (OPSN) Review: https://www.thersa.org/action-and-research/rsa-projects/public-services-and-communities-folder/mental-health/long-life.html/

Public Health Profiles - https://fingertips.phe.org.uk

HSCIC, Quality and Outcomes Framework (QOF): http://qof.hscic.gov.uk/

HSCIC, Mental Health Minimum Dataset (MHMDS)

Adult Psychiatric Morbidity Survey in England (2007): http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf

IAPT (HSCIC): http://www.hscic.gov.uk/iapt

ONS Annual Population Survey

PANSI – Projecting Adult Need and Service Information System: http://www.pansi.org.uk/

POPPI - Projecting Older People Population Information System https://www.poppi.org.uk/

Sexual and Reproductive Health

Brent JSNA
2019/2020

Brent

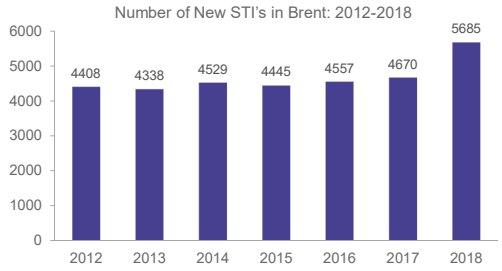
NHS
Brent
Clinical Commissioning Group

Summary

Key data:

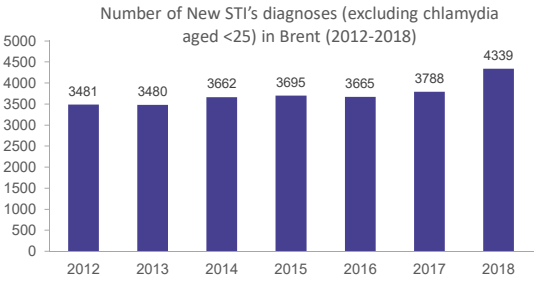
- Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of Brent in 2018 was 5,685. The rate was 1,727 per 100,000 residents, considerably higher than the rate of 784 per 100,000 in England.
- The chlamydia detection rate per 100,000 young people aged 15-24 years in Brent was 3,256 in 2018, better than the rate of 1,975 for England (higher figures indicate less undiagnosed infection)
- The rank for gonorrhoea diagnoses (a marker of levels of risky sexual activity) in Brent was 15th highest (out of 147 UTLAs) in 2018. The rate per 100,000 was 247, worse than the rate of 98.5 in England.
- Among sexual health service (SHS) patients from Brent who were eligible to be tested for HIV, the percentage tested in 2018 was 74.1%, better than the 64.5% in England.
- The number of new HIV diagnoses among people aged 15 years and above in Brent was 64 in 2017. The rank for HIV prevalence in Brent was 21st highest (out of 150 UTLAs).
- In Brent, in 2015-17, the percentage of HIV diagnoses made at a late stage of infection (CD4 count ≤350 cells/mm3 within 3 months of diagnosis) was 38.9%, similar to 41.1% in England.
- The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in primary care, specialist and non-specialist sexual health services per 1,000 women aged 15-44 years living in Brent was 27.5 in 2017; lower than London or England
- The total abortion rate per 1,000 women aged 15-44 years in 2017 was 24.0, higher than the rate of 17.2 for England
- Of those women under 25 years who had an abortion in 2017, the proportion who had had a previous abortion was 30.6%, higher than the proportion of 27% for England
- In 2017, the conception rate for under-18s in Brent was 13.8 per 1,000 girls aged 15-17 years, better than the rate of 17.8 in England.
- In 2017/18, the percentage of births to mothers under 18 years was 0.3%, better than 0.7% in England overall.

Number of STI Diagnoses in Brent from 2012 - 2018



There have been a steady increase in the number of new STI's (including chlamydia) diagnosed in Brent. A total of **5,685** new STIs were diagnosed in residents of Brent in 2018. This showed a **22%** increase from 2017.

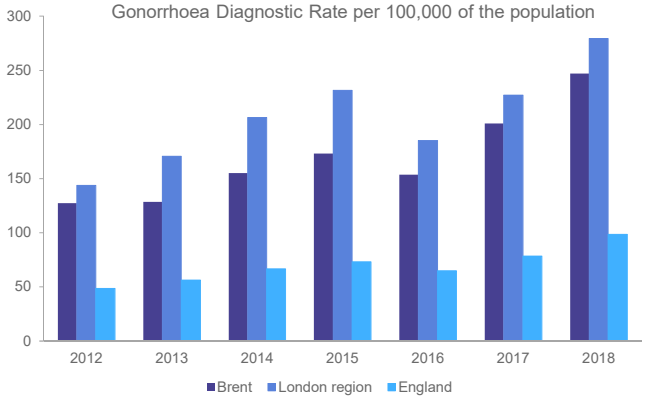
There has also been an increase in the number of new STI's excluding chlamydia aged <25 diagnosed in Brent. From 2017 to 2018 there was **15%** increase in the number of diagnoses.



Source: PHE Fingertips, 2019

Page 2

Gonorrhoea



813 new cases of **Gonorrhoea** were diagnosed in Brent in 2018.

A **23%** increase in the number of diagnoses in 2018 compared to 2017. In the six years from 2012 to 2018, there was a increase in the number of gonorrhoea cases diagnosed in Brent from **400** cases to **813** cases respectively.

The gonorrhoea diagnostic rate in Brent in 2018 was **247 per 100,000** of the population. This was lower compared to the London rate of 279 per 100,000 and higher compared to the England rate of 39 per 100,000.

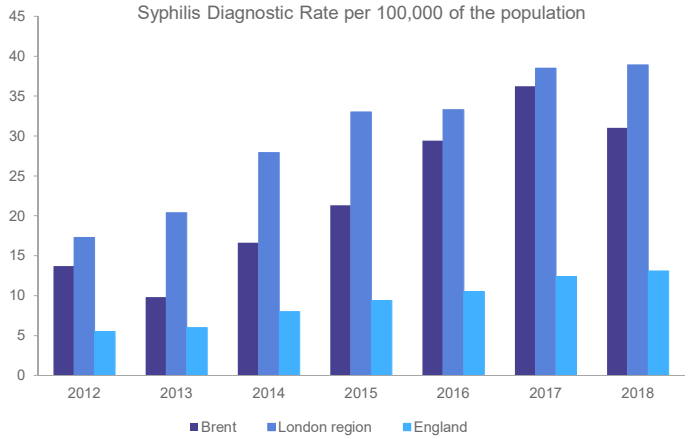
Source: PHE Fingertips, 2019

Page 3

Syphilis

102 new cases of **Syphilis** were diagnosed in Brent in 2018.

A **14%** decrease in the number of diagnoses in 2018 compared to 2017. In the six years from 2012 to 2018, there was a increase in the number of syphilis cases diagnosed in Brent from **43** cases to **102** cases respectively.



The syphilis diagnostic rate in Brent in 2018 was **31 per 100,000** of the population. This was lower compared to the London rate of 39 per 100,000 and higher compared to the England rate of 13 per 100,000.

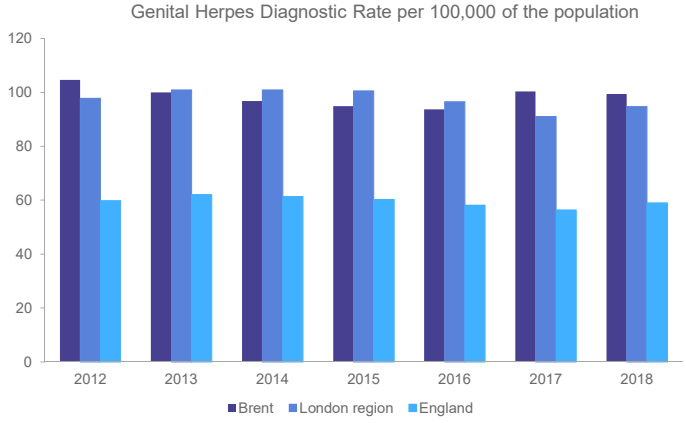
Source: PHE Fingertips, 2019

Page 4

Genital Herpes

327 new cases of **Genital Herpes** were diagnosed in Brent in 2018.

A **1%** decrease in the number of diagnoses in 2018 compared to 2017. In the six years from 2012 to 2018, there was a slight decrease in the number of syphilis cases diagnosed in Brent from **329** cases to **327** cases respectively.

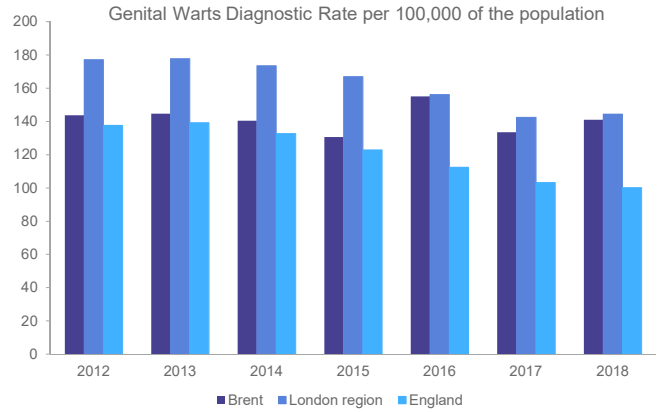


The genital herpes diagnostic rate in Brent in 2018 was **99 per 100,000** of the population. This was higher compared to the London rate of 95 per 100,000 and higher compared to the England rate of 59 per 100,000.

Source: PHE Fingertips, 2019

Page 5

Genital Warts



464 new cases of **Genital Warts** were diagnosed in Brent in 2018.

A **6%** increase in the number of diagnoses in 2018 compared to 2017. In the six years from 2012 to 2018, there was a increase in the number of syphilis cases diagnosed in Brent from **452** cases to **464** cases respectively.

The genital warts diagnostic rate in Brent in 2018 was **141 per 100,000** of the population. This was lower compared to the London rate of 144 per 100,000 and higher compared to the England rate of 100 per 100,000.

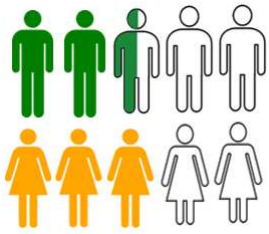
Source: PHE Fingertips, 2019

Page 6

Chlamydia detection

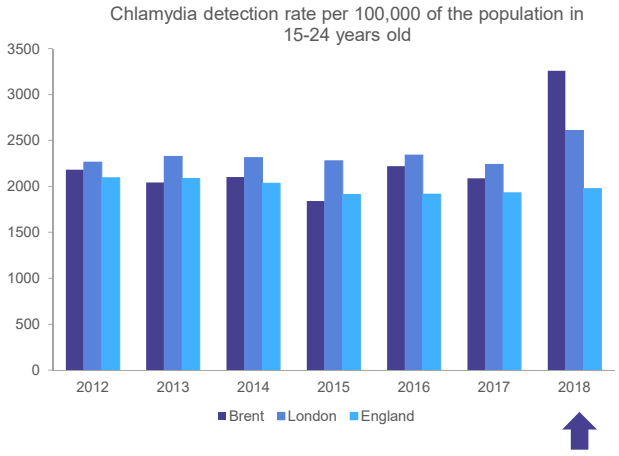
2,446 new cases of **chlamydia** were diagnosed in Brent in 2018.

The chlamydia detection rate increased by **56%** in 2018 compared to 2017. In the five years from 2013 to 2018, there was a **59%** increase in the chlamydia detection rate among 15-24 year olds in Brent.



The detection rate for males increased by **52%** and **59%** for females in Brent from 2017 to 2018.

Source: PHE Fingertips, 2019



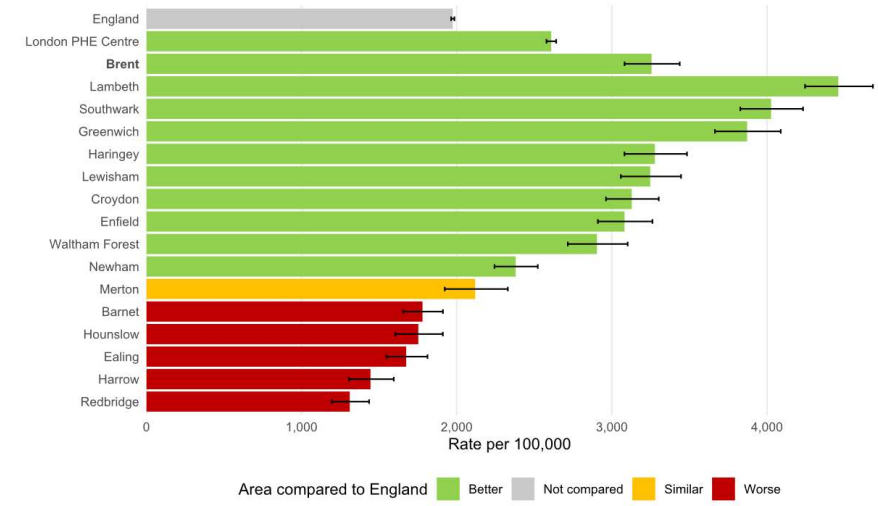
The chlamydia detection rate in 15-24 year olds in 2018 in Brent was 3,256 per 100,000 population (1,304 positives out of 11,331 screened), higher than the 2,300 target. **28%** of 15-24 year olds were tested for chlamydia, compared to 20% nationally.

Page 7

Chlamydia Detection

Chlamydia detection rate per 100,000 population in 15-24 year olds in 16 similar local authorities and the London PHE Centre, compared to England: 2018

Similar refers to statistical nearest neighbours, derived from CIPFA's Nearest Neighbours Model

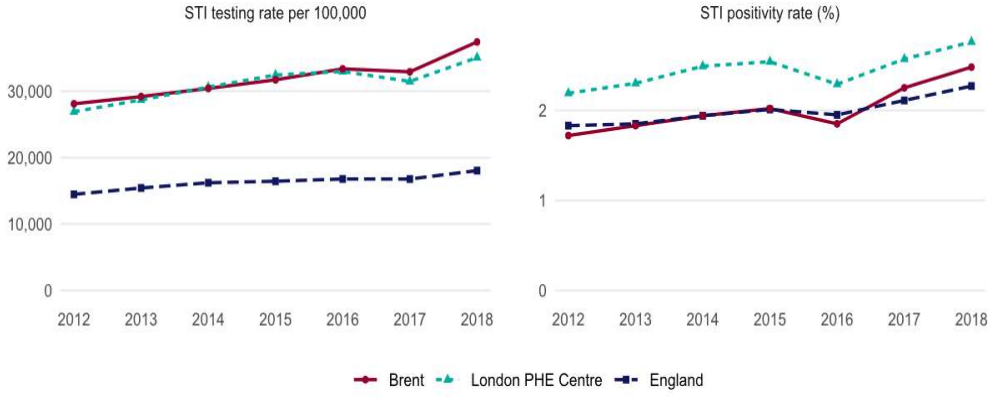


Source: PHE Fingertips, 2019

Page 8

STI testing in sexual health services

STI testing rate and positivity rate (excluding chlamydia in under 25 year olds) per 100,000 population aged 15-64 years by year in Brent, the London PHE Centre and England: 2012 to 2018



In 2018 the rate of STI testing (excluding chlamydia in under 25 year olds) in sexual health services in Brent was 37,441 per 100,000 aged 15 to 64 years, a **14%** increase compared to 2017. This is better than the rate of 18,053 per 100,000 in England in 2018. The positivity rate in Brent was **2.5%** in 2018, higher than 2.3% in England.

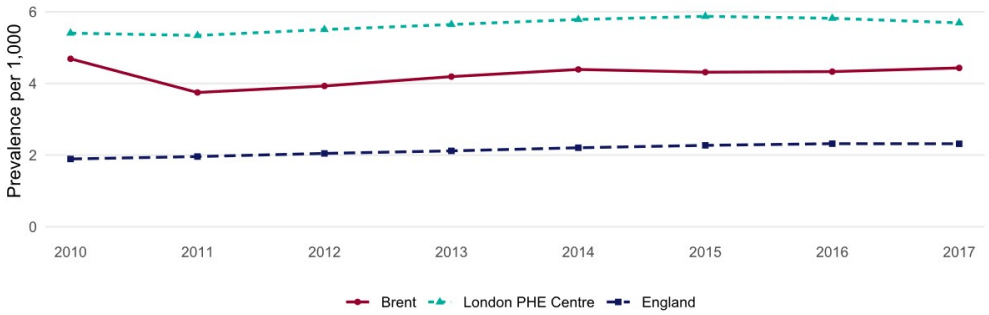
Source: PHE Fingertips, 2019

Page 9

People living with diagnosed HIV

In 2017, the number of Brent residents aged 15-59 years who were seen at HIV services (the prevalence of diagnosed HIV) was **927**. The diagnosed prevalence per 1,000 residents aged 15-59 years was 4.4, worse than 2.3 per 1,000 in England. The Brent ranked 21st highest (out of 150 UTLAs). Since 2016, the increase in prevalence in Brent was **2%**; in the 5 years since 2012, the increase was **13%**

Diagnosed HIV prevalence per 1,000 population aged 15-59 years by year in Brent compared to rates in the London PHE Centre and England: 2010 to 2017.



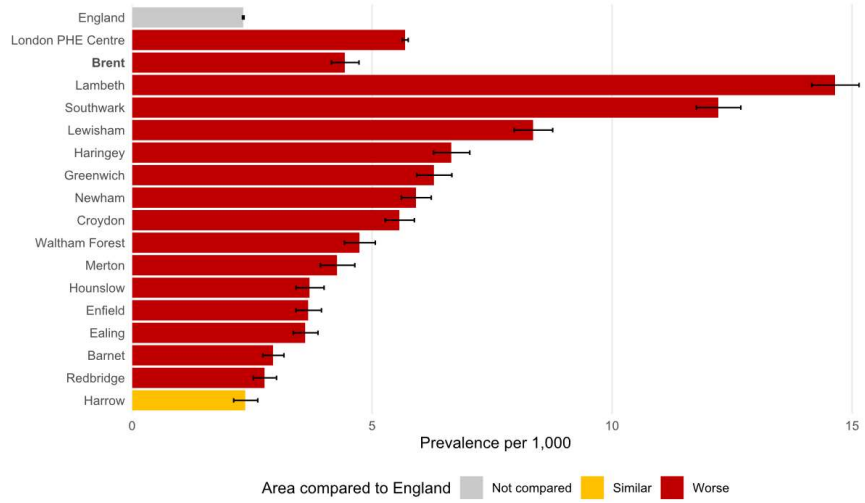
Source: PHE Fingertips, 2019

Page 10

People living with diagnosed HIV

Diagnosed HIV prevalence per 1,000 population aged 15-59 years in 16 similar local authorities and the London PHE Centre, compared to England: 2017

Similar refers to statistical nearest neighbours, derived from CIPFA's Nearest Neighbours Model

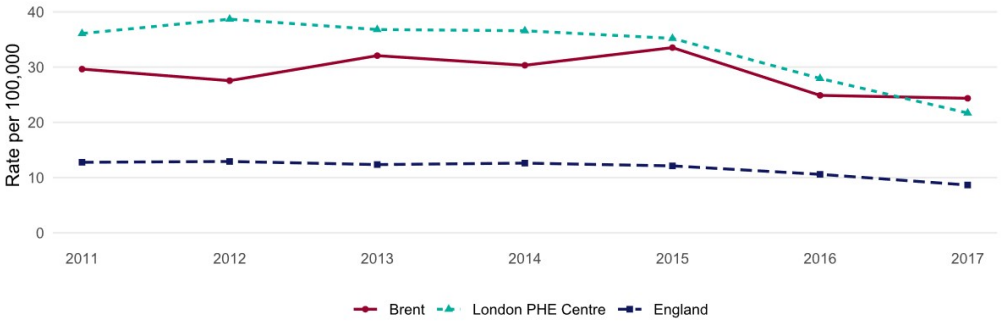


Source: PHE Fingertips, 2019

Page 11

New HIV diagnoses

Rate of new HIV diagnoses per 100,000 population among people aged 15 years or above by year in Brent compared to rates in the London PHE Centre and England: 2011 to 2017.



In 2017, the number of Brent residents aged 15 years and older who were newly diagnosed with HIV was **64**. The rate of new diagnoses per 100,000 residents was 24.4, worse than the rate of 8.7 per 100,000 in England. This represented a **2%** decrease since 2016 and a **12%** decrease in the 5 years since 2012. The rank of Brent for new HIV diagnoses was 13th highest (out of 150 UTLAs).

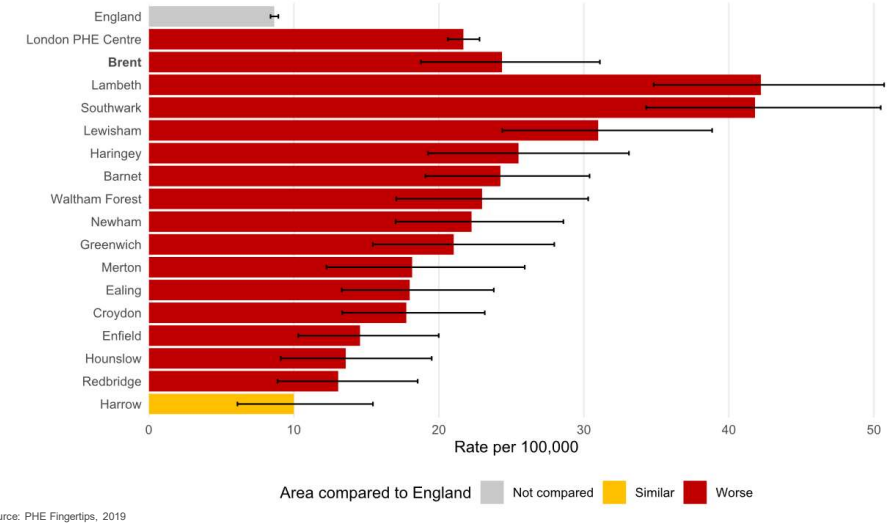
Source: PHE Fingertips, 2019

Page 12

New HIV diagnoses

New HIV diagnoses rate per 100,000 population aged 15 years and above in 16 similar local authorities and the London PHE Centre, compared to England: 2017

Similar refers to statistical nearest neighbours, derived from CIPFA's Nearest Neighbours Model

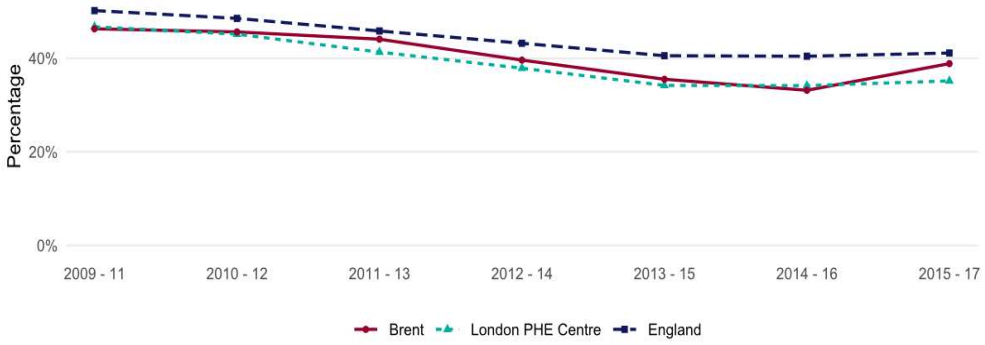


Source: PHE Fingertips, 2019

Page 13

Late HIV diagnosis

Percentage of late HIV diagnoses in Brent compared to the London PHE Centre and England: 2009-11 to 2015-17



In Brent, the percentage of HIV diagnoses made at a late stage of infection in 2015 - 17 was **39%** (95% CI 31.6 to 46.5), similar to 41% (95% CI 40.2 to 42.1) in England.

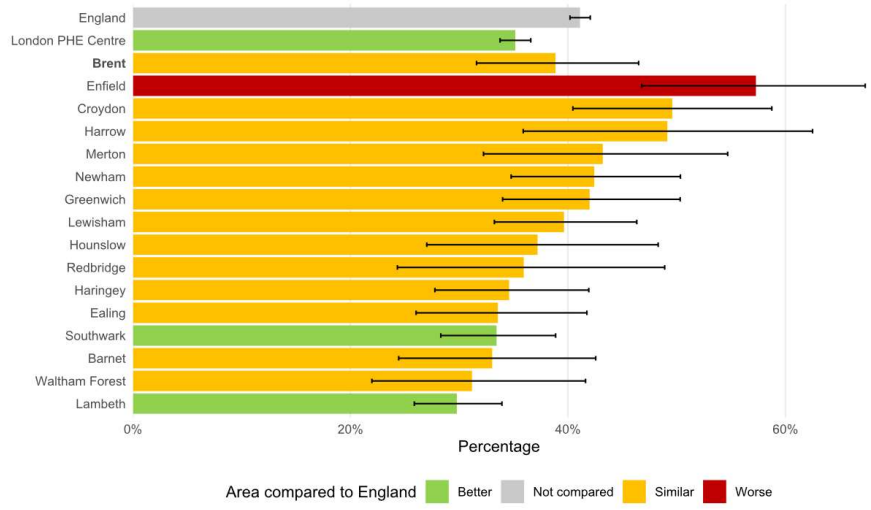
Source: PHE Fingertips, 2019

Page 14

Late HIV diagnosis

Percentage of late HIV diagnoses in 16 similar local authorities and London PHE Centre, compared to England: 2015 - 17

Similar refers to statistical nearest neighbours, derived from CIPFA's Nearest Neighbours Model



Source: PHE Fingertips, 2019

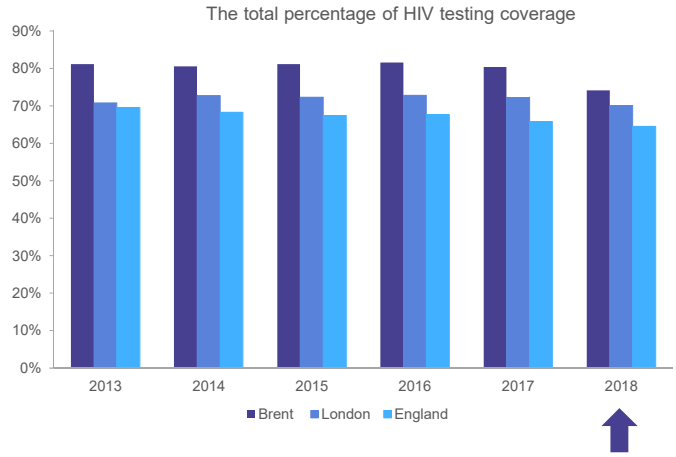
Page 15

HIV testing

In 2018, the percentage of eligible MSM SHS attendees in Brent who received an HIV test was **89%,** better than 88% for England. This represented a **4%** decrease since 2017.

The percentage of eligible female SHS attendees in 2018 in Brent who received an HIV test was **67%,** better than 55% for England. This represented a **11%** decrease since 2017.

The percentage of eligible male SHS attendees in 2018 in Brent who received an HIV test was **84%,** better than 78% for England. This represented a **4%** decrease since 2017.



In 2018, the percentage of eligible SHS attendees in Brent who received an HIV test was **74%,** better than 71% for London and 65% for England. However, this represented a **8%** decrease since 2017, and a **9%** decrease since 2013.

Source: PHE Fingertips, 2019

Page 16

Contraception

- Contraception is available free of charge from: general practices, level 2 sexual and reproductive health (SRH) services, young person's clinics, NHS walk-in centres (emergency contraception only), some specialist sexual health services (emergency contraception and male condoms) and some pharmacists under a Patient Group Direction (usually only emergency contraception, condoms and chlamydia testing).
- Attendance indicators provide a measure of young people's access to specialist contraceptive services. The indicators are split by sex and unique attendances because there are different patterns of service access and recording relating to each sex. Females access services more than males, and make more repeated visits in a year.

Attendance and service provision at sexual and reproductive health (SRH) clinics

In 2017 in Brent, the rate per 1,000 of females under 25 years that attended specialist contraceptive services was **140.4** lower than the 142.0 rate for England. This represented a **4%** decrease since 2016.

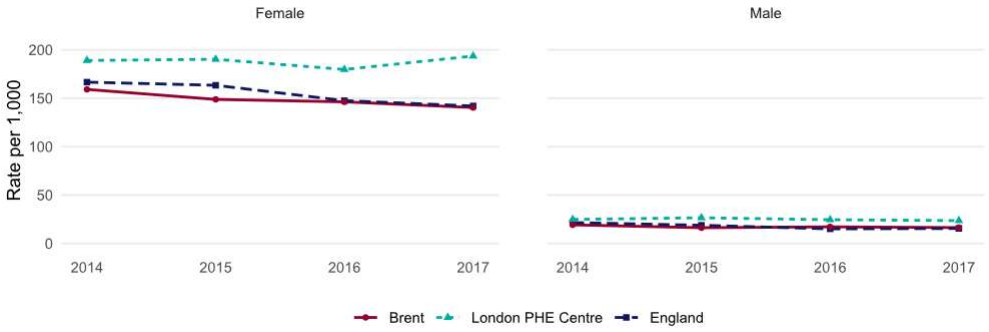
In 2017 in Brent, the rate per 1,000 of males under 25 years that attended specialist contraceptive services was **16.4,** higher than the rate for England at 15.5. This represented a **4.6%** decrease since 2016.

Source: PHE Fingertips, 2019

Page 17

Contraception

Attendance at specialist contraceptive services among under 25s by gender, in Brent compared to the London PHE Centre and England: 2014 to 2017



Source: PHE Fingertips, 2019

Page 18

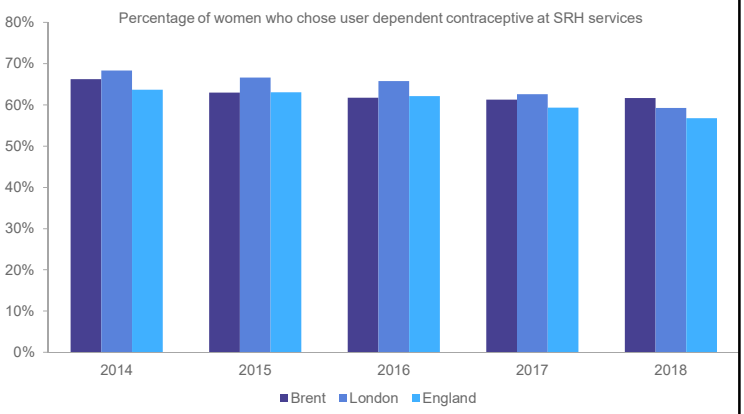
Contraception

Contraceptive care

The next few slides will highlight women's choice of contraception at SRH services in Brent and England: 2014 - 2018

User dependent contraceptives

User dependent contraceptives rely on daily compliance. This indicator is a combination of all recorded contraceptive methods at SRH services excluding long-acting reversible contraception (LARCs).



In 2018 in Brent, the number of women who chose user-dependent methods at SRH Services was **4,171 (61.6%),** higher in comparison to the London region at 59.2% and England at 56.7%.

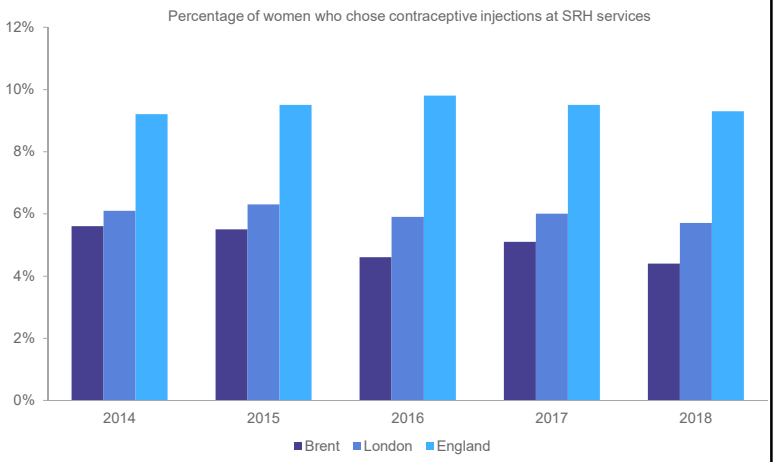
Source: PHE Fingertips, 2019

Page 19

Contraception

Injections

The contraceptive injection is a shot that contains hormones, either a progestin alone, or a progestin and an oestrogen together.



In 2018 in Brent, the number of women who chose contraceptive injections at SRH Services was **298 (4.4%),** lower in comparison to the London region at 5.7% and England at 9.3%.

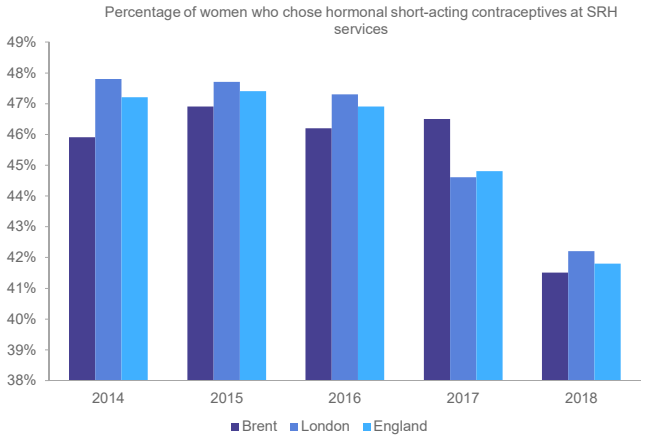
Source: PHE Fingertips, 2019

Page 20

Contraception

Hormonal short-acting contraceptives

Hormonal short acting contraceptives involve the use of oestrogen and progestin analogues to prevent pregnancy. Some examples of short acting contraceptives include the pill, patch and vaginal ring.



In 2018, the number of women who chose hormonal short-acting contraceptives at SRH Services was **2808 (41.5%),** similar in comparison to the London region at 42.2% and England at 41.8%.

Source: PHE Fingertips, 2019

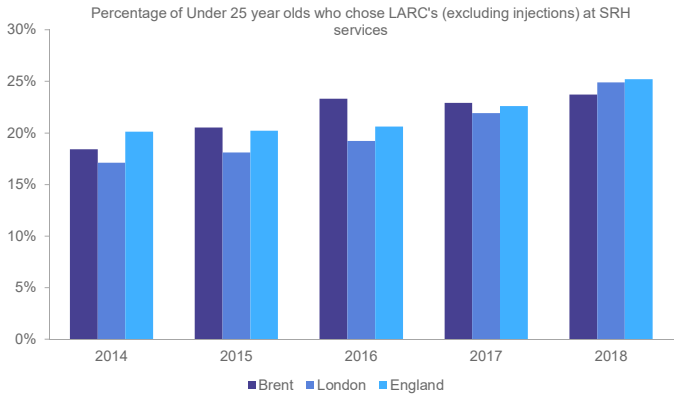
Page 21

Contraception

Long-acting reversible contraceptives (LARC's)

Long-acting reversible contraceptives (LARC's) is defined as contraceptive methods that require administration less than once per cycle or month. These include:

- copper intrauterine devices
- progestogen-only intrauterine systems
- progestogen-only injectable contraceptives
- progestogen-only subdermal implants



In 2018 in Brent, the number of under 25 year olds who chose a long-acting reversible contraceptives at SRH Services was **545 (23.7%),** lower in comparison to the London region at 24.9% and England at 25.2%.

Source: PHE Fingertips, 2019

Page 22

Contraception

Long-acting reversible contraceptives (LARC's)

In 2018 in Brent, the number of over 25 year olds who chose a long-acting reversible contraceptives at SRH Services was **1,752 (39.3%),** lower in comparison to the London region at 41.4% and England at 41.9%.

Source: PHE Fingertips, 2019

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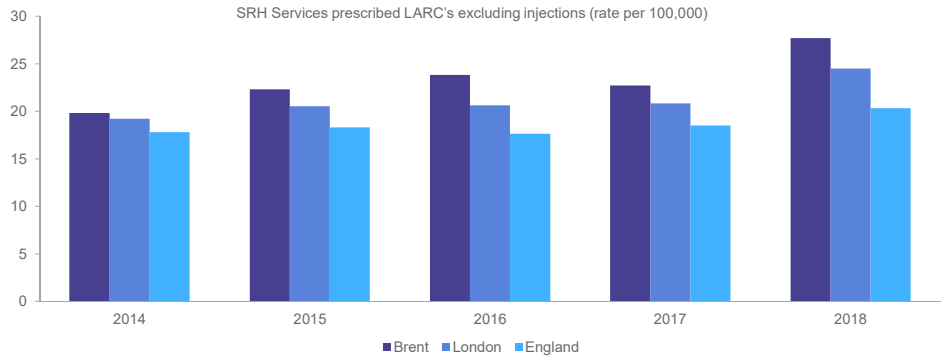
Contraception

Long-acting reversible contraceptives (LARC's)



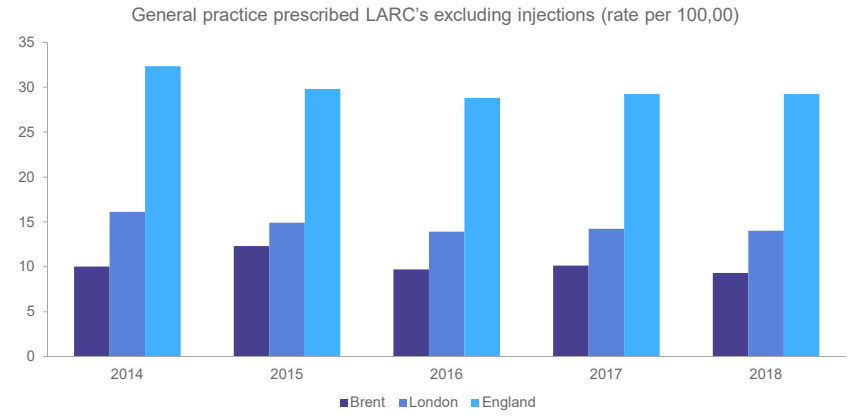
In 2018 in Brent, the rate of prescribed long-acting reversible contraceptives (excluding injections) at SRH Services were **1,913 (27.7%),** higher in comparison to the London region at 24.5% and England at 20.3%.

Source: PHE Fingertips, 2019

Page 24

Contraception

Long-acting reversible contraceptives (LARC's)



In 2018 in Brent, the rate of prescribed long-acting reversible contraceptives (excluding injections) in General Practice was **640 (9.3%),** lower in comparison to the London region at 14% and England at 29.2%.

Source: PHE Fingertips, 2019

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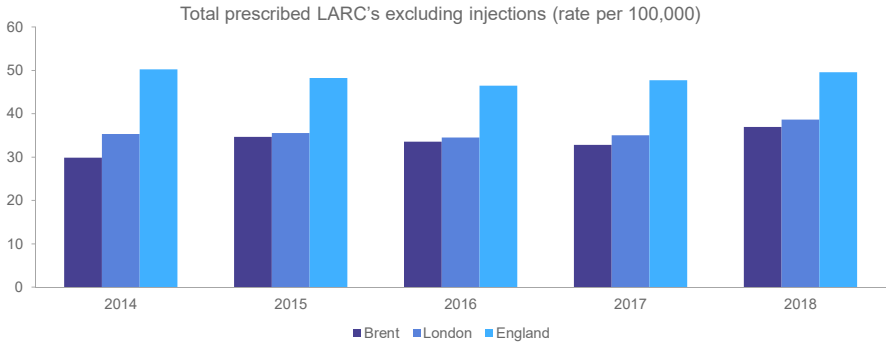
Contraception

Long-acting reversible contraceptives (LARC's)



In 2018 in Brent, the total rate of prescribed long-acting reversible contraceptives (excluding injections) was **2553 (36.9%),** lower in comparison to the London region at 38.6% and England at 49.5%.

Source: PHE Fingertips, 2019

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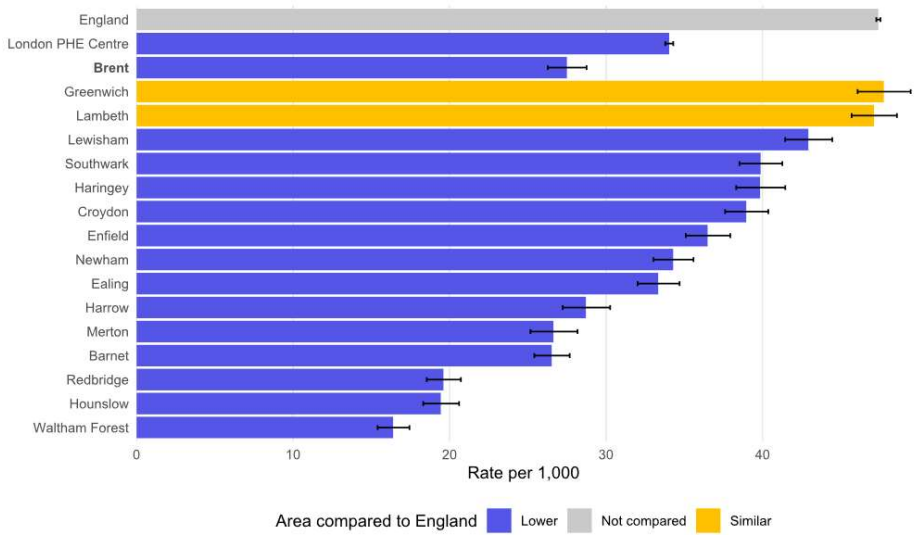
Contraception

Total rate of LARC (excluding injections) prescribed in primary care and in SRH services per 1,000 women aged 15-44 years in 16 similar local authorities and the London PHE Centre, compared to England: 2017



Source: PHE Fingertips, 2019

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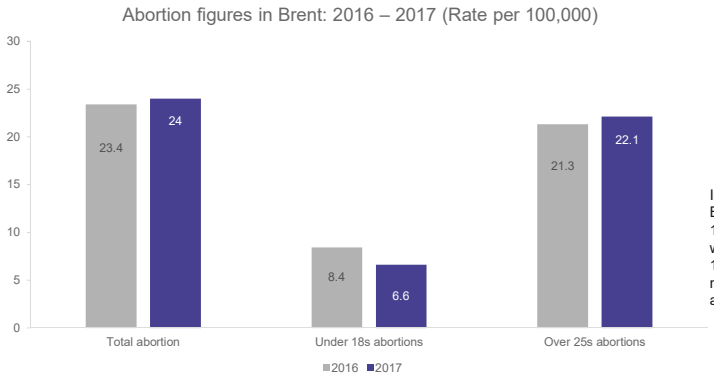
Reproductive health

Abortion figures in Brent: 2016-2017



In 2017, the total number of abortions in Brent was **1,677**. The total abortion rate per 1,000 female population aged 15-44 years was **24.0**, higher than the rate in England of 17.2 per 1,000.for England. This represented a **3%** increase in the rate of abortions in Brent since 2016.

Source: PHE Fingertips, 2019

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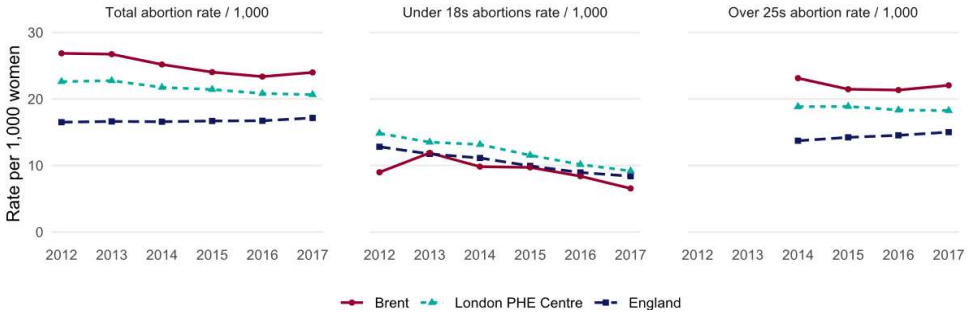
Abortions

Abortion rates per 1,000 women by age in Brent compared to the London PHE Centre and England: 2012 to 2017



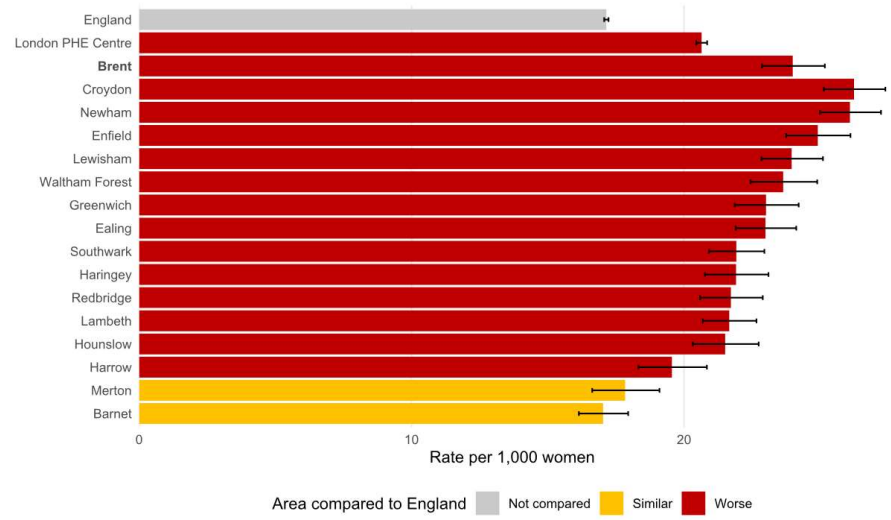
Source: PHE Fingertips, 2019

Page 29

Abortions

Abortion rate per 1,000 women in 16 similar local authorities and London PHE Centre, compared to England: 2017

Similar refers to statistical nearest neighbours, derived from CIPFA's Nearest Neighbours Model



Source: PHE Fingertips, 2019

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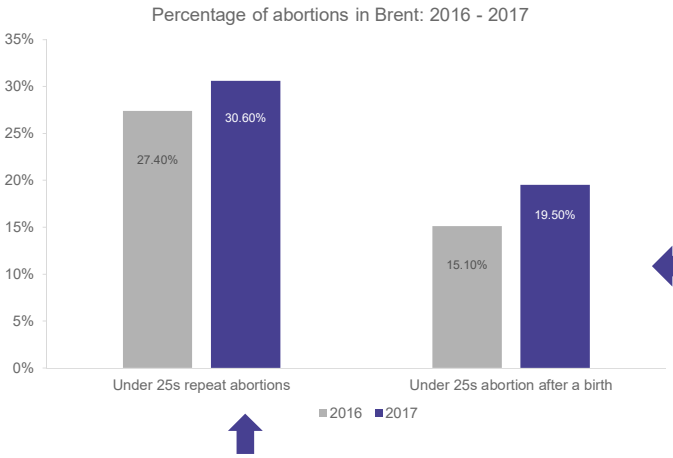
Characteristics of Abortions



The percentage of under 25s abortion after a birth also increased by **29%** from **15%** in 2016 to **20%** in 2017, lower than the England percentage of 27%.

In 2017, the percentage of under 25s repeat abortions increased by **12%** from **27%** in 2016 to **31%** in 2017, higher than the England percentage of 27% in 2017.

Source: PHE Fingertips, 2019

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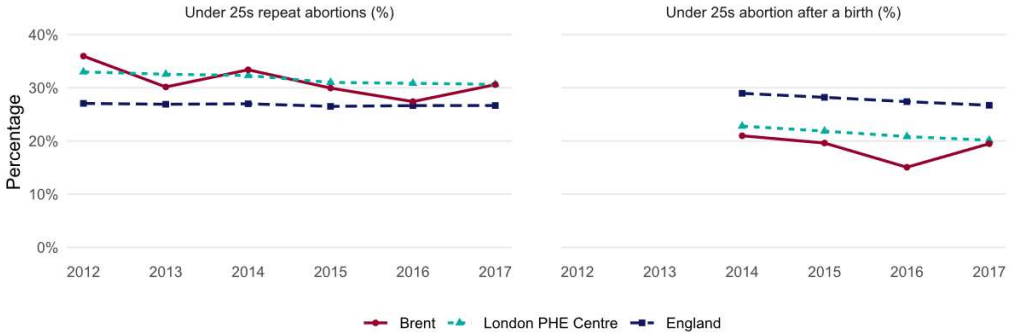
Characteristics of Abortions

Characteristics of abortions over time in Brent compared to the London PHE Centre and England: 2012 to 2017



Source: PHE Fingertips, 2019

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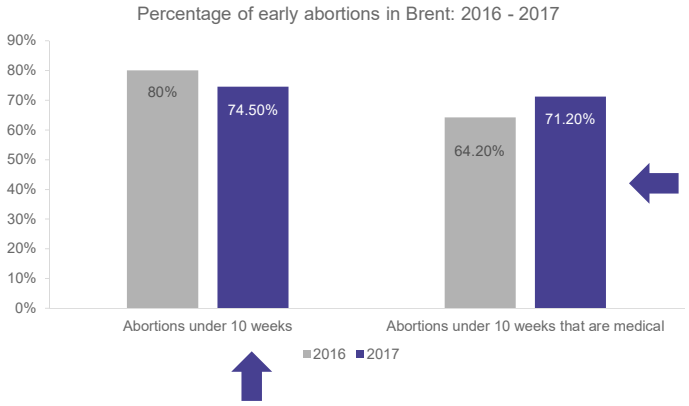
Early Abortion



Among NHS-funded abortions in Brent, the percentage of those under 10 weeks gestation that were performed using a medical procedure in 2017 was **71.2%,** lower than the percentage in England of 79.4%.

In Brent, the percentage of NHS-funded abortions that were under 10 weeks was **74.5%** in 2017, similar to the percentage in England of 76.6%. Brent's rank within England for this indicator was 105th highest (out of 149 UTLAs).

Source: PHE Fingertips, 2019

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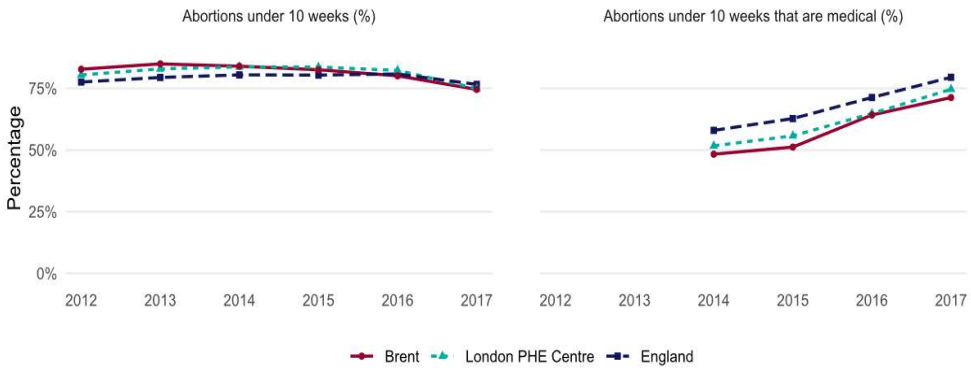
Early Abortions

Early abortion over time in Brent compared to the London PHE Centre and England: 2012 to 2017



Source: PHE Fingertips, 2019

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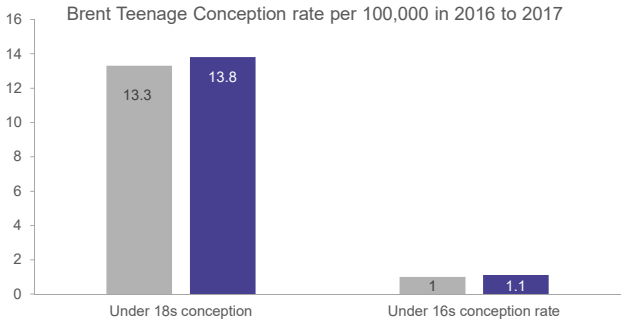
Teenage conception



In Brent, the rate of under 18s conception per 100,000 of the population was **13.8** in 2017. This showed a 4.1% increase in comparison to the 2016 rate per 100,000 figure at 13.3.

In Brent, the rate of under 16s conception per 100,000 of the population was **1.1** in 2017. This showed a 12.6% increase in comparison to the 2016 rate per 100,000 figure at 1.

Source: PHE Fingertips, 2019

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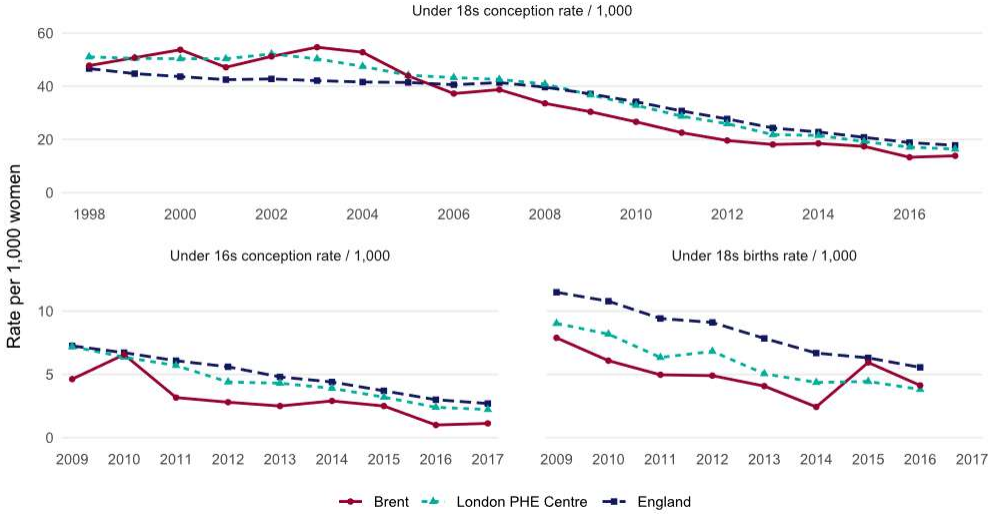
Teenage conception

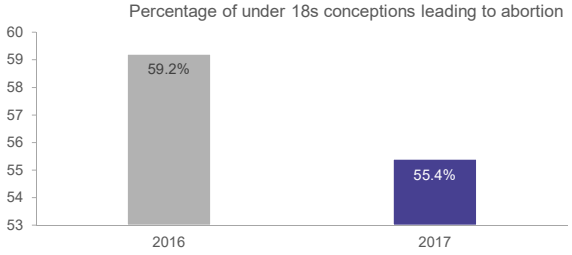
Rates of teenage conception and births over time in Brent compared to the London PHE Centre and England



Source: PHE Fingertips, 2019

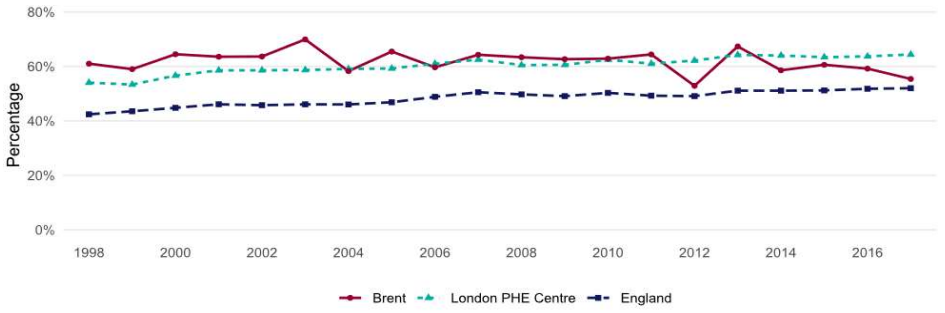
Teenage conception

Percentage of under 18s conceptions leading to abortion



In Brent, the percentage of under 18s conception leading to abortions was **55.4%** in 2017, higher to the percentage in England of 52%. Overall this showed a 6.4% decreases in comparison to the 2016 percentage figure at 59.2%. Brent's rank within England for this indicator was 64th highest (out of 149 UTLAs).

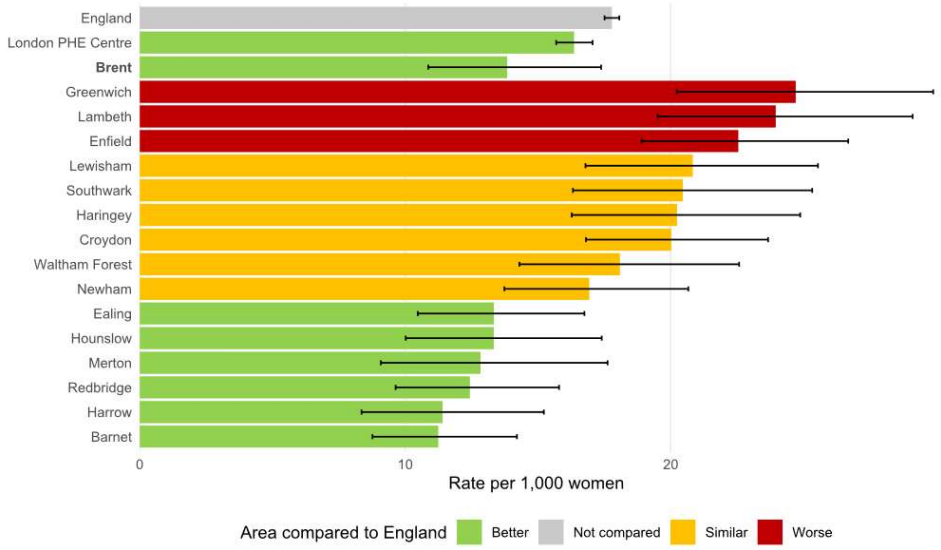
Percentage of under-18 conceptions leading to abortion over time in Brent compared to the London PHE Centre and England: 1998 to 2017



Source: PHE Fingertips, 2019

Teenage conception

Under-18s conception rate per 1,000 women in 16 similar local authorities and the London PHE Centre, compared to England: 2017



Source: PHE Fingertips, 2019

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Priorities and commissioning intentions

- Rates of STIs in Brent are high and rising, including rates of gonorrhoea – a marker of higher risk sexual behaviour.
- Brent residents have good access to specialist STI diagnosis and treatment services. Continued commissioning of high quality accessible and response services will be needed to met the high levels of need.
- The population living with HIV has stabilised in recent years, reflecting improvements in treatment.
- The number of new diagnoses of HIV in Brent has fallen in recent years but prevention remains important, including the London HIV Prevention Programme supported by public health.
- The rate of HIV testing in sexual health services is better than England although it has fallen in recent years. Promotion of testing and an increase in the offering of testing in a wider range of health services is needed to impact upon the rates of late diagnosis.
- Indicators of high risk sexual behaviour indicate a need for continued joint working between alcohol and drug services and sexual health services to address common risk factors, including specific treatment pathways for 'chemsex', hepatitis C testing and hepatitis B vaccination.
- Use of the more effective LARC methods of contraception is significantly lower in Brent than London or England, largely due to very low rates of prescription in general practice. Improving access to LARC is a priority locally.
- Improving access to effective contraception following a termination of pregnancy is a particular local need given the high levels of repeat terminations.
- Rates of teenage pregnancy have fallen significantly locally as they have nationally. Access to PHSE remains important.

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Technical notes

Definitions

HIV	Human immunodeficiency viruses
LARC	Long-acting reversible contraceptives
NCSP	National Chlamydia Screening Programme
PHE	Public Health England
SHS	Sexual Health Service
SRH	Sexual & Reproductive Health
STI	Sexually Transmitted Infection
UTLA	Upper Tier Local Authority

Data sources

Public Health England, Public Health Outcomes Framework:
http://www.phoutcomes.info/search/life%20expectancy#gid/1/pat/6/ati/102/page/0/par/E12000007/are/E09000005

Public Health England, The Segment Tool 2015 – Segmenting life expectancy gaps by cause of death:
http://www.lho.org.uk/LHO_Topics/Analytic_Tools/Segment/TheSegmentTool.aspx

Office for National Statistics (Life expectancy data tables):
http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Life+Expectancies#tab-data-tables

Substance Misuse

Brent JSNA
2019/2020

Brent

NHS
Brent
Clinical Commissioning Group

1

Summary

- Drug and alcohol misuse is associated with a wide range of health and social issues and creates significant costs to the public purse.
- Dependency in particular is commonly linked to poor outcomes in relation to physical health, mental health, parenting, education, training, employment and housing with anti-social and criminal activity that adversely affects individuals, families and communities.
- Estimates of the level of substance misuse in Brent (from the National Drug Treatment Service Monitoring System, NDTMS) indicate that the borough has rates of opiate and crack misuse which are higher than the London or national average; of opiate use which is also higher than the London or National average; and of crack use which is similar to the London average and above the national average.
- There are no waiting times for specialist substance misuse services in Brent. However, the proportion of estimated users who are accessing treatment is lower than the national average for all categories of drug misuse. This is particularly the case for women.
- Reflecting past harm minimisation approaches to treatment, Brent has a larger proportion of clients who have been maintained in treatment for long periods of time than is the case nationally. These clients are aging and developing co-morbidities
- Once people access treatment for drug or alcohol problems, in Brent the numbers who “drop out” of treatment are less than national averages.
- As is the case nationally, most referrals into treatment are from the criminal justice system or self referrals with relatively few from GPs (5%) or hospital / A&E (3%)
- Treatment services in Brent have higher rates of “successful completion” of treatment than nationally and lower re-presentation rates
- Rates of hospital admission due to alcohol for adults are higher in Brent than London or nationally.
- The rate of alcohol-specific hospital admissions for under 18s is significantly below the London average and the national average. Most young people do not misuse drugs. Specialist young people’s substance misuse services are accessed by around 140 young people in Brent. The commonest route of referral is from youth justice system and cannabis is by far the commonest substance used.

2

Estimated numbers of adults misusing substances in Brent

NDTMS (National Drug Treatment Monitoring System) helps provide an understanding into local patterns of drug and alcohol misuse and compares this to London and national averages. This system in turn allows us to highlight the number of substance misusers who are referred to treatment as well as those that are yet to refer and enter treatment (known as treatment naive).

In Brent NDTMS estimates there are:

2,310 opiate or crack users

3,169 problem alcohol users

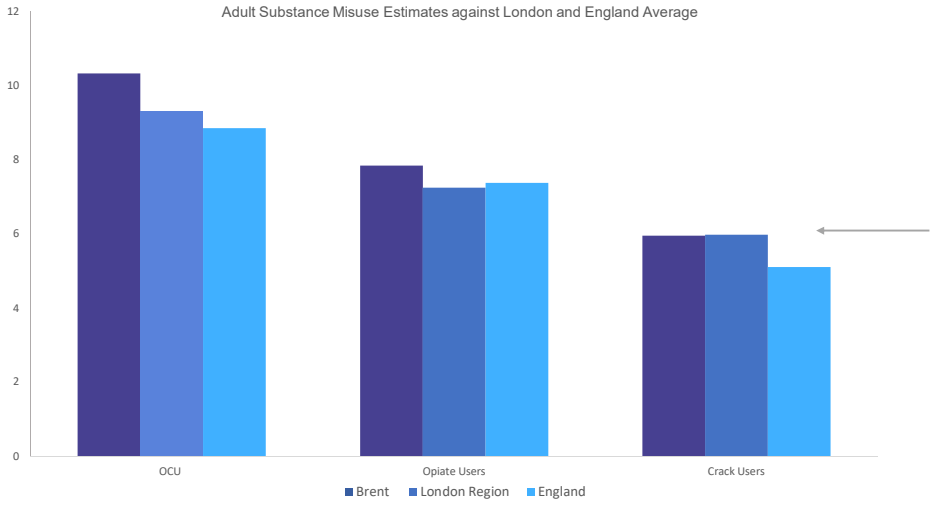
1,752 Opiate users

1,331 Crack users

Source: NDTMS data, 2019

3

Substance Misuse Prevalence Estimates



In Brent the latest prevalence estimates of opiate and crack users show that at a national level and in the London region, the combined numbers of people who take crack cocaine on its on its own, illicit opiates on their own and those who take both drugs is lower than Brent's prevalence estimates.

Source: Adults drug commissioning support pack, 2019/20

4

Percentage of unmet needs in Brent with national comparisons

National figures for 2017/18 would suggest that the percentage of unmet need is as follows:

Substance	Local (n)	Rate per 1000	Unmet need	Unmet need by Sex Male	Female
OCU	2,310	10.33	75%	54%	63%
Opiate	1,732	7.84	69%		
Crack	1,331	5.95	73%		

Substance	National (n)	Rate per 1000	Unmet need	Unmet need by Sex Male	Female
OCU	313,971	8.85	54%	48%	39%
Opiate	261,294	7.37	47%		
Crack	180,748	5.10	60%		

Source: PHE, Fingertips, 2019

5

Numbers in alcohol and drug treatment in 2018-19

In Brent there are 274 individuals in alcohol only treatment, with 178 new presentations into treatment in 2018-19.

There are 818 adults in drug treatment in Brent with 312 individuals starting drug treatment in 2018-19.

Source: Adults drug commissioning support pack, 2019/20

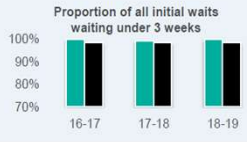
6

Treatment barriers

There are many barriers to users who misuse substance and accessibility to treatments including an individual's willingness to recognise they have a problem and need help. Locally, we endeavour to minimise these barriers, for example there are minimal waiting times to access treatment in Brent. Currently, although the numbers in adult treatment has decreased, primary opiate users remain the largest group engaged in services.

Waiting time for the first intervention

	Local n	Local Proportion of all initial waits	National n	National Proportion of all initial waits
Initial waits under three weeks to start treatment	432	100%	100,786	99%
Initial waits over six weeks to start treatment	0	0%	474	0%



Source: Adults drug commissioning support pack, 2019/20

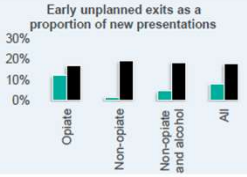
7

Treatment engagement

The information included in the table below shows the proportion of adults in Brent who entered treatment in 2018-19 and left in an unplanned way before 12 weeks, commonly referred to as early drop outs.

Early unplanned exits in 2018-19

	Local n	Local Proportion of new presentations	Local Proportion by sex M	Local Proportion by sex F	National n	National Proportion of new presentations	National Proportion by sex M	National Proportion by sex F
Opiate	21	12%	12%	15%	7,129	17%	17%	16%
Non-opiate	1	2%	2%	0%	3,396	19%	21%	15%
Non-opiate and alcohol	4	5%	5%	4%	3,756	19%	20%	15%
All	26	8%	8%	8%	14,281	18%	19%	16%



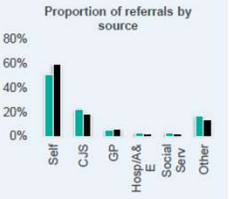
Source: PHE JSNA Drug data support pack

Routes into treatment

In 2018/19 In Brent many of the referrals came through self-referral and the criminal justice system.

Source of referral into treatment

	Local	Proportion of referrals	Proportion by sex		National	Proportion of referrals	Proportion by sex	
	n		M	F	n		M	F
Self-referral	159	51%	51%	49%	47,069	59%	58%	61%
Referred through CJS	69	22%	24%	17%	14,331	18%	20%	11%
Referred by GP	16	5%	5%	5%	4,662	6%	6%	6%
Hospital/A&E	9	3%	3%	3%	1,610	2%	2%	2%
Social services	8	3%	1%	7%	1,396	2%	1%	4%
All other referral sources	51	16%	16%	19%	10,749	13%	13%	16%



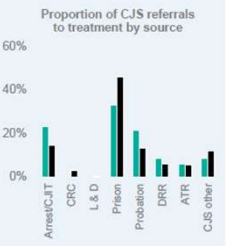
Source: Adults drug commissioning support pack, 2019/20

9

Criminal Justice System

CJS referral source into treatment

	Local	Proportion of CJS referrals	Proportion by substance		National	Proportion of CJS referrals	Proportion by substance	
	n		Drug	Alcohol	n		Drug	Alcohol
Arrest referral/CJIT	16	23%	27%	0%	2,607	15%	14%	16%
CRC	0	0%	0%	0%	490	3%	2%	6%
Liaison & Diversion	0	0%	0%	0%	53	0%	0%	1%
Prison	23	33%	37%	9%	8,131	46%	53%	10%
Probation	15	21%	22%	18%	2,372	13%	11%	26%
DRR	6	9%	7%	18%	1,014	6%	7%	1%
ATR	4	6%	2%	27%	992	6%	2%	24%
Other criminal justice	6	9%	5%	27%	2,081	12%	11%	17%



Source: PCC Support pack 2019/20:Key drug and Alcohol data

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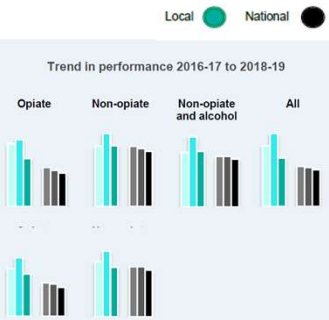
Successful completions of treatment

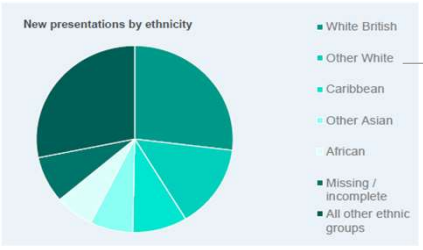
The data above shows the proportion of drug users who completion their treatment free of dependence for Brent and nationally.

		Local	Proportion by sex		National
		%	M	F	%
Successful completions as a proportion of total number in treatment	Opiate	8.8%	8.6%	9.3%	6.1%
	Non-opiate	41.0%	36.8%	48.6%	37.4%
	Non-opiate and alcohol	39.0%	39.3%	38.3%	33.7%
	All	18.6%	16.9%	24.1%	14.1%
Proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months (PHOF 2.15 i/ii)	2.15i - Opiate	8.5%	8.7%	7.8%	5.8%
	2.15ii - Non-opiate	36.7%	34.2%	42.4%	34.4%

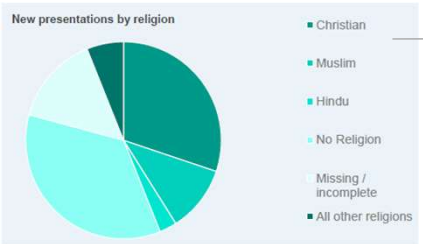


Source: Adults drug commissioning support pack, 2019/20

Client profile for new presentations for drug treatment



From the new presentations the main group that entered treatment were White British and all other ethnic groups.

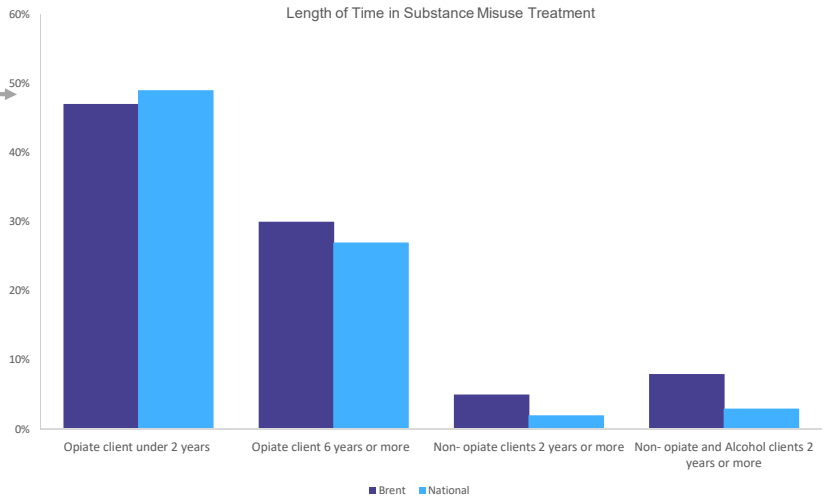


From the drug treatments the main religion that started treatment in 2018/19 were Christians or did not have a religion.

PHE: Drug commissioning support pack, 2019/20

Adults: Time in Treatment

This shows the proportion of drug client, split by opiate clients in treatment under two years, six year or over and non-opiate clients in treatment for over two years.

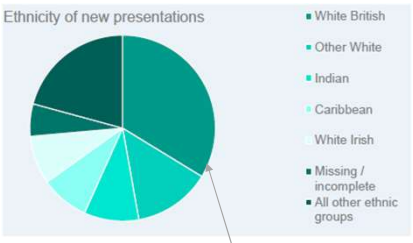


Source: Drug commissioning support pack, 2019/20

13

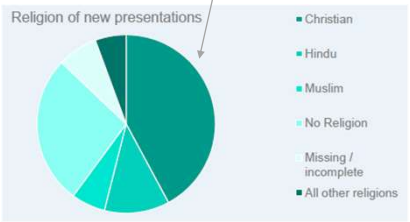
Client profile for alcohol new presentations

This data shows information on demographic groups that presented to treatment in 2017-18. It also shows the proportion of employment status at the start of treatment and what groups are more likely to be receiving treatment.



Of the new presentations the main ethnicity that went for treatment were White British, Other White or Indian

The majority of clients that were in treatment were of Christian or no faith

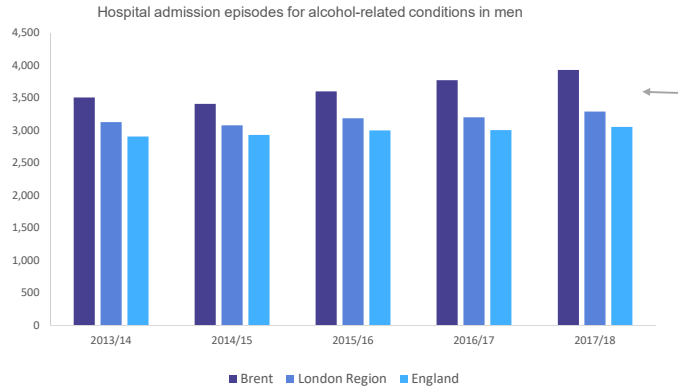


PHE: Alcohol commissioning support pack, 2019/20

Hospital admissions for alcohol-related conditions

Health conditions in which alcohol plays a causative role can be classified as either 'alcohol specific' or 'alcohol related'. Alcohol-related conditions are broken into two categories; narrow and broad. The narrow measure is where an alcohol-related disease, injury or condition is the primary reason for a hospital admission or there was an alcohol-related external cause. The broader measure looks at a range of other conditions that *could* be caused by alcohol.

Alcohol related hospital admissions can occur in hazardous or high risk drinkers, dependent drinkers or binge drinkers. In Brent the hospital admission rates have increased from 2013/14 to 2017/18 in Brent, in particular the rates for alcohol related conditions are higher for men in Brent in comparison to London and England averages.



The data highlights that men in Brent being admitted into hospital are more than women in Brent as well as men in London and England.

Source: PHE Fingertips, 2019

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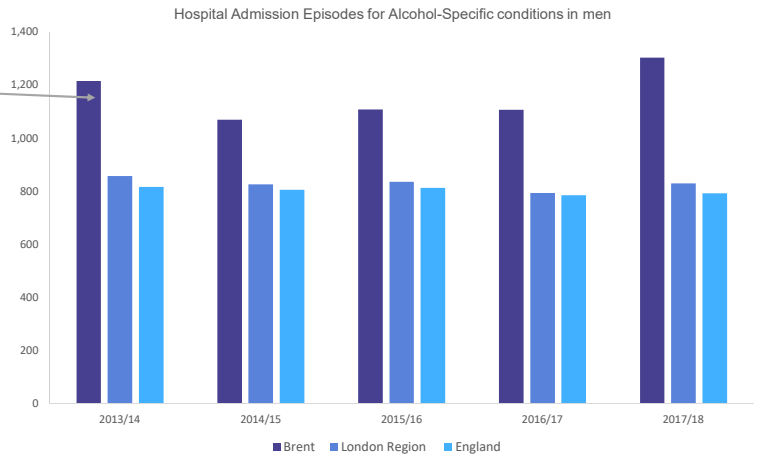
Hospital admissions for alcohol-specific conditions

Alcohol Specific admissions relate to hospital admission caused specifically by the use of alcohol, for example, alcohol induced behavioural disorders, alcoholic liver disease and epilepsy.

In Brent, the data shows a slight increase in admission rates for men in Brent compared with London and England averages which are much lower.



Source: PHE Fingertips, 2019

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Substance Misuse and Mental Health: Dual Diagnosis

Dual diagnosis relates to the co-existence of mental ill health and the problematic use of drugs and/or alcohol.

In Brent, 23.1% people who were in contact with mental health services were in concurrent contact with substance misuse services for drug misuse in 2016/17. This was similar to the England average of 24.3% (NDTMS).

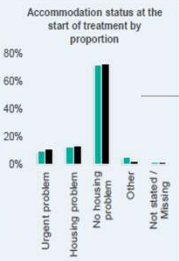
Indicator	Period	Brent		London Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Concurrent contact with mental health services and substance misuse services for drug misuse	2016/17	109	23.1%	28.5%*	24.3%	2.8%		60.7%
Concurrent contact with mental health services and substance misuse services for alcohol misuse	2016/17	49	22.5%	28.1%*	22.7%	3.3%		72.5%

Source: PHE, Public Health Outcomes Framework : Fingertips

Housing and homelessness

Accommodation status at the start of treatment

	Local n	Local Proportion of new presentations	Proportion by gender M	Proportion by gender F	National n	National Proportion of new presentations
Urgent problem (NFA)	36	10%	9%	10%	8,243	11%
Housing problem	48	13%	12%	15%	10,356	14%
No housing problem	270	71%	73%	67%	55,542	72%
Other	19	5%	5%	5%	1,722	2%
Missing / incomplete	5	1%	1%	2%	788	1%



	Local n	Local Rate per 1,000 households	National n	National Rate per 1,000 households
Overall number of decisions taken by the local authority on homelessness applications*	1,160	9.4	109,411	4.7

* Source - https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

No longer reporting a housing need at planned exit

			Proportion by gender M	Proportion by gender F		
Adults successfully completing treatment no longer reporting a housing need	47	87%	90%	80%	2,457	86%

Please note that outcome data is displayed here regardless of local area TOP compliance

This data highlights the amount of individuals self-reported housing status when they started their treatment services.

Also the number of individuals who reported homeless as well as individuals who no longer reported a housing need.

Engaging with local housing will ensure individuals going through treatment are living in a stable home environment.

Source: PHE JSNA Drug data support pack

Young People

Young People's Services – Substance Misuse 2016/17

- The role of specialist substance misuse service is to support young people to address their alcohol and drug use, to reduce the harm it causes them and prevent it from becoming a greater problem as they get older.
- While the majority of young people do not use drugs, drug and alcohol misuse can have a major impact on young people's health, their education, their families and their long term changes in life. Effective commissioning and delivery of services can ensure young people understand the risks that they may face from misusing substances.
- Most recent figures show that in 2017/18, there were 139 young people in specialist services in the community- down compared to 2015/16 figures.
- 100% of all waiting times were under 3 weeks and planned exits went up 2 percentage points to 78% (England average remains static at 79%).
- Of all clients, the majority (83%) were referred through youth justice system (incl. the Secure Estate) and nearly all were accessed with psychosocial interventions (99%)

Source: National Drug Treatment Monitoring System (NDTMS) DOMES YP report 2014/15

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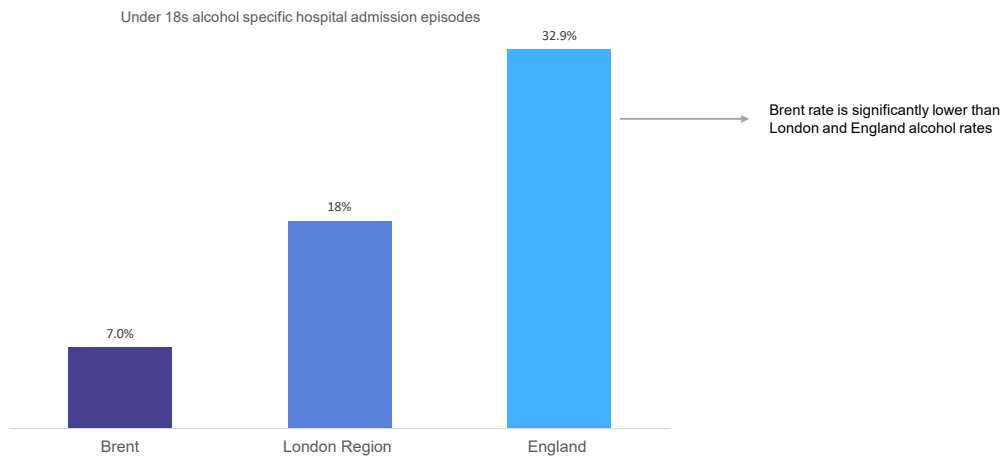
Young people's services.

Brent has significantly lower rates of under 18 alcohol-specific hospital admissions than both London and England:



Source: PHE Fingertips, Substance Misuse 2019.

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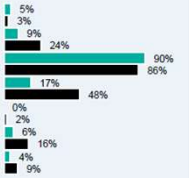
Substance Misuse and young people

Specialist services must deliver age-appropriate interventions and promote the safeguarding and welfare of children and young people. Services should be based on developmental need rather than age. The needs of 18-24s are different to those under 18s as is the legislative framework.

Age by substance	<=13	14-15	16-17	18-24	Total		National total
	n	n	n	n	n	%	%
Heroin and/or crack	0	1	3	5	9	5%	3%
Stimulants (cocaine, ecstasy, amph, not crack)	0	1	3	14	18	9%	24%
Cannabis	3	25	107	41	176	90%	86%
Alcohol	0	3	8	23	34	17%	48%
Novel psychoactive substances	0	0	0	0	0	0%	2%
Tobacco	0	1	3	8	12	6%	16%
Other drug	0	0	2	6	8	4%	9%
Total (n)	3	25	111	57	196		
Total (%)	2%	13%	57%	29%			
National (%)	7%	36%	39%	17%			

Proportions shown in the graph are of all in treatment



Source: PHE Young people, substance misuse commissioning support pack 2019/20

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Priorities for future work

- The high rates of hospital admissions which are related to alcohol and the lack of referrals from hospitals to community specialist treatment services suggest a need to develop the detection and response to problematic alcohol use in the acute sector and to improve pathways between hospital and community services.
- Services, both substance misuse treatment services and general physical and mental health services, need to respond to an aging and older cohort of people misusing alcohol and / or drugs. These residents require a more co-ordinated response from substance misuse treatment services, from physical and mental health services, and from social care due to the increasing complexity of their needs.
- Preventative and early intervention work to reduce opiate usage, crack and crack cocaine in Brent remains a priority. However there is also a need to recognise the new challenges posed by Novel Psychoactive Substance (NPS) and how services can be adapt to meet new treatment needs. This is likely to require closer working between substance misuse and sexual health services.
- Preventative and early intervention work to reduce the level of cannabis and problematic alcohol use amongst Brent's young people is recognised as a priority. This will include the development of improved pathways and interventions between young people's substance misuse services, sexual health, youth justice and mental health.

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Technical notes

Definitions

OCU – Opiate and Crack Users

Substance Misuse – Misusing substances such as crack, drugs, opiate and alcohol

NDTMS – National Drug Treatment Monitoring System

Data sources

Public Health England, Local Alcohol Profiles for England:
http://fingertips.phe.org.uk/profile/local-alcohol-profiles

National Drug Treatment Monitoring System:
https://www.ndtms.net/default.aspx

PHE: Drugs Commissioning Support Pack, 2019/20

PHE: Alcohol Commissioning Support Pack; 2019/20

PHE: Young people Substance Misuse Commissioning Support Pack, 2019/20

1. Conception statistics. England and Wales. 2017. ONS 2019

2. Wellings K et al. 2016. Changes in conceptions in women younger than 18 years and the circumstances of young mothers in England in 2000-12: an observational study. Lancet 388 (10033), 586-595. 6 August 2016

Smoking Prevalence

Brent JSNA
2019/2020

Brent

NHS
Brent
Clinical Commissioning Group

Summary

- Smoking is the single greatest cause of preventable ill-health and premature mortality in Brent.
- Smoking is strongly associated with *socioeconomic deprivation* and is a cause of respiratory illness, cancer and coronary heart disease.
- In 2014, 14% of the adult population aged 18 years and over were estimated to be smokers in comparison to 17% in 2018 who were estimated to be smokers in Brent.
- The prevalence of smoking among routine and manual workers in Brent was 26% in 2018 among adults aged 18 years and over. This was higher than the England average which was 25% and the London average, 24%.
- Workers in manual and routine jobs are twice as likely to smoke as those in managerial and professional roles and unemployed people are twice as likely to smoke as those in employment.
- The mortality rate per 100,000 from causes attributable to smoking was 186 for Brent compared to 250 for England (2016-18).
- There were 1,356 hospital admissions per 100,000 residents in Brent attributed to smoking compared to 1,530 for England (2016-18).
- Exposure to parent, carer, sibling and peer smoking, lower socio-economic status, higher levels of truancy and substance misuse are all associated with higher odds of youth smoking.
- 29% of adults in Brent with a long term mental health condition smoke

Overview

- Smoking continues to kill 78,000 people in England every year and is the number one cause of preventable death in the country, resulting in more deaths than the next six causes combined.
- Tobacco use is also a powerful driver of health inequalities and is perhaps the most significant public health challenge we face today It is the largest single cause of inequalities in health and accounts for about half of the difference in life expectancy between the lowest and highest income groups (Tobacco Control Plan for England ,2017).
- Smoking causes a range of disease, most smoking related deaths arise from cancers (mainly lung cancer), respiratory disease (chronic obstructive pulmonary disease COPD), and cardiovascular diseases such as coronary heart disease. Furthermore, smoking in both women and men reduces fertility, it also causes complications in pregnancy such as miscarriages, neonatal death and underdevelopment of the foetus (Action on Smoking and Health, 2013; West, 2017).

Health Burdens

Smoking is a modifiable lifestyle risk factor and effective tobacco control measures can reduce the prevalence of smoking in the local population.

Reducing the prevalence of smoking can:

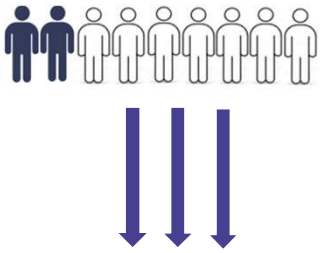
Reduce longer term risk of heart disease, stroke and cancer

Reduce hospital admissions

Decreases early mortality rate

Reduces NHS Health and Social Care costs

186 deaths per 100,000 people can be attributed to smoking.



Many of these deaths are avoidable and contribute to the gap in life expectancy between the most affluent and most deprived parts of Brent.

Health Burdens in Brent

Smoking is the single largest cause of preventable ill health and premature death. The percentage of smoking attributable mortality rates of individuals in Brent is:

20% Heart disease

Of individuals in Brent were diagnosed with heart disease.

7% Stroke

Of individuals in Brent experience having strokes.

7% Oral cancer

Of individuals in Brent are diagnosed with Oral cancer.

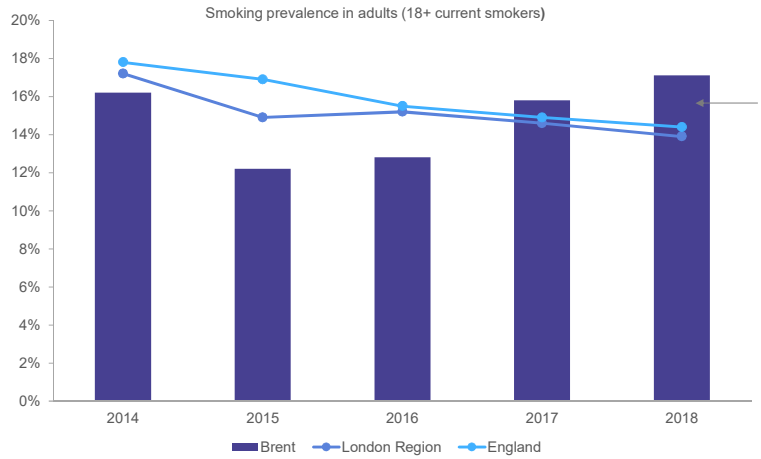
44% Lung cancer

Of individuals in Brent were diagnosed with Lung cancer.

33% Chronic Obstructive Pulmonary Disease

Of individuals in Brent are diagnosed with chronic obstructive pulmonary disease.

Smoking Prevalence among Individuals aged 18 years or over



This chart highlights the prevalence of smoking in Brent since 2014 has increased and is above London Region and England average.

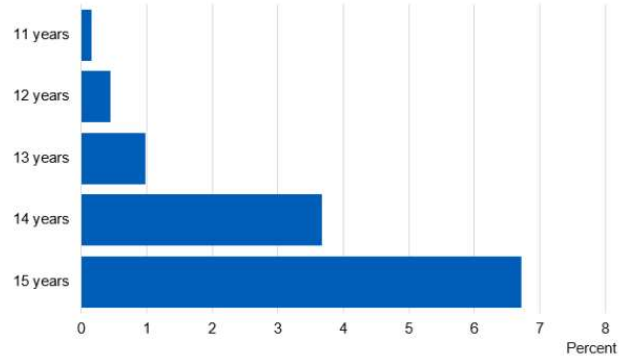
There are several risk factors associated with increased likelihood of smoking initiation among adults aged 18 or above. Brent's increased smoking could link to a range of issues such as: more exposure to smoking, lower socio-economic status and deprivation.

Source: PHE Fingertips, Local Tobacco Control Profiles, 2019

Smoking Prevalence in Young People

The source of this data is the Smoking, Drinking and Drug Use among Young People survey (SDD). This is a survey of secondary school pupils in years 7 to 11 (mostly aged 11 to 15) in England, conducted every 2 years and published by NHS Digital. In 2016, 19% of pupils reported they had tried smoking at least once, similar to 2014. over the years there has previously been a steady decline, 6% of pupils were current smokers, and 3% were regular[2] smokers.

Proportion of young people who smoke **National Figures**



Current e-cigarette use increased with age: 2% of 11 year olds, to 11% of 15 year olds.

Smoking and Mental Health in Brent

Having a mental health condition increases the risk of physical ill health and increases the likelihood of smoking. People who live with severe mental illness die between ten to twenty years younger than their peers, and they have two to three times the mortality and morbidity from chronic health conditions such as cardiac and respiratory disease

Compared with benchmark: Better Similar Worse Not compared

Quintiles: Best Worst Not applicable

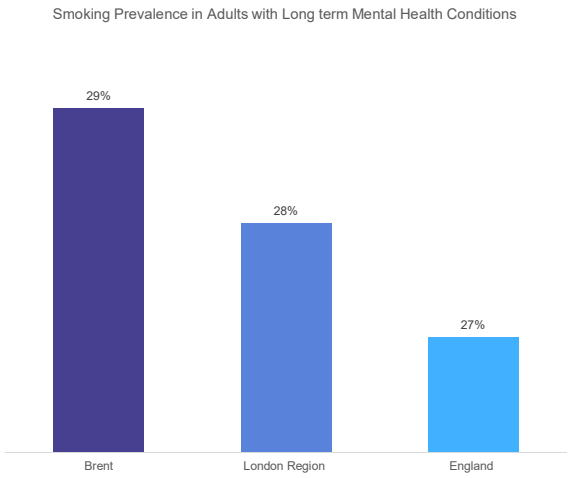
Recent trends: – Could not be calculated; No significant change; Increasing / Getting worse; Increasing / Getting better; Decreasing / Getting worse; Decreasing / Getting better; Increasing; Decreasing

Export table as image Export table as CSV file

Benchmark Value: Worst/Lowest | 25th Percentile | 75th Percentile | Best/Highest

Indicator	Period	Brent			Region England	England			
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Smoking prevalence in adults (18+) with serious mental illness (SMI)	2014/15	–	1,201	34.5%	38.9%*	40.5%	52.3%		27.2%
Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)	2018/19	–	-	28.7%	28.4%	26.8%	52.7%		15.5%
Smoking prevalence in adults with anxiety or depression (18+) - current smokers (GPPS)	2016/17	–	-	22.2%	26.8%	25.8%	36.3%		12.3%

Smoking Prevalence in Adults with Mental Health conditions in Brent and National Figures



Smoking rates among individuals with mental health problems are much higher than in the general population and there is a strong association between smoking and mental health conditions. Individuals with mental health conditions smoke significantly more, have increased levels of nicotine dependency and are therefore at even greater risk of smoking-related harm.

Smoking prevalence in adults with long term mental health conditions are slightly higher in Brent than London and England averages.

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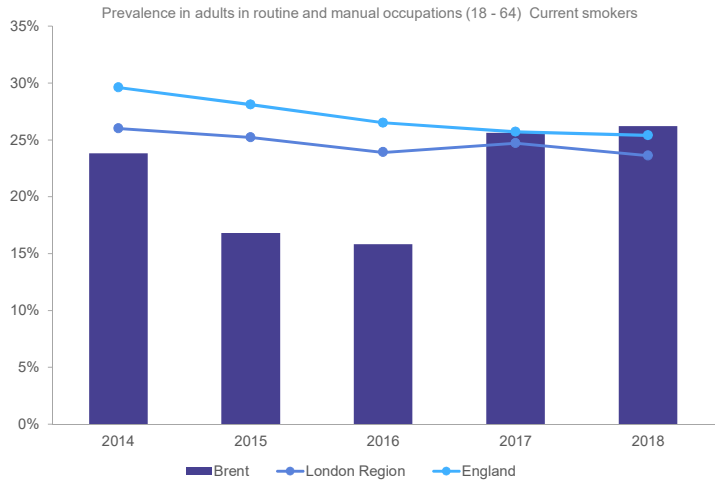
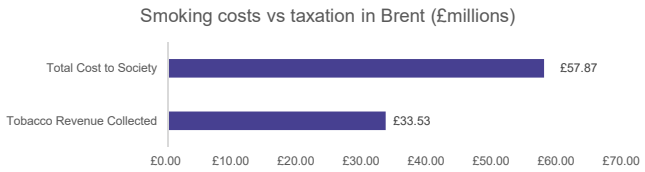
Smoking Prevalence in Routine and Manual Workers

Workers in manual and routine jobs are twice as likely to smoke as those in managerial and professional roles and unemployed people are twice as likely to smoke as those in employment. Ill-health caused by smoking is therefore much more common amongst the poorest and most disadvantaged in society.



Source: Integrated Household Survey. Analysed by Public Health England

Cost of Smoking in Brent



Each year we estimate that smoking in Brent costs society a total of approximately £57.9million.

Despite a contribution to the Exchequer, tobacco still costs the local economy in Brent more than the duty raised. This results in a shortfall of about £24.3 million

Source: ASH - http://ash.org.uk/category/information-and-resources/local-resources/

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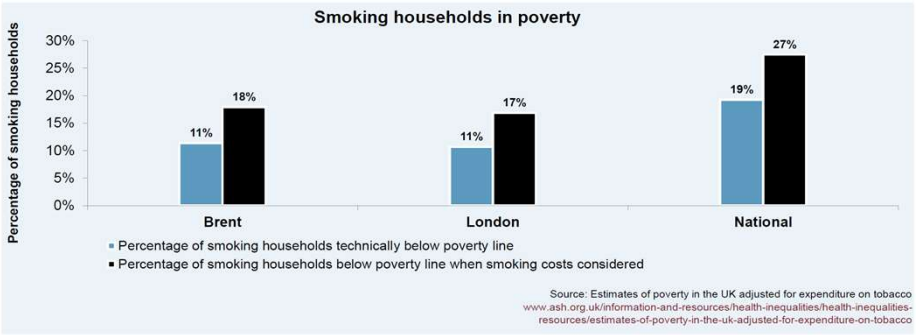
Socio-economic gap in Brent



When expenditure on tobacco is taken into account, around 500,000 extra households, comprising over 850,000 adults and almost 400,000 children, are classified as in poverty in the UK compared to the official Households Below Average Income figures. This shows that tobacco imposes a real and substantial cost on many low-income households.

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Hospital admissions in Brent

Smoking attributable hospital admissions

1,356 admissions per 100,000 in Brent

Compared to

1,530 admissions Per 100,000 in England

Cost per capita of smoking attributable hospital admissions

25% of costs per capita are related to smoking attributable hospital admissions in Brent.

Compared to

30% of costs per capita are related to smoking attributable hospital admissions in England.

Emergency Hospital admissions for COPD

329 emergency admissions per 100,000 in Brent

Compared to

415 emergency admissions per 100,000 in England.

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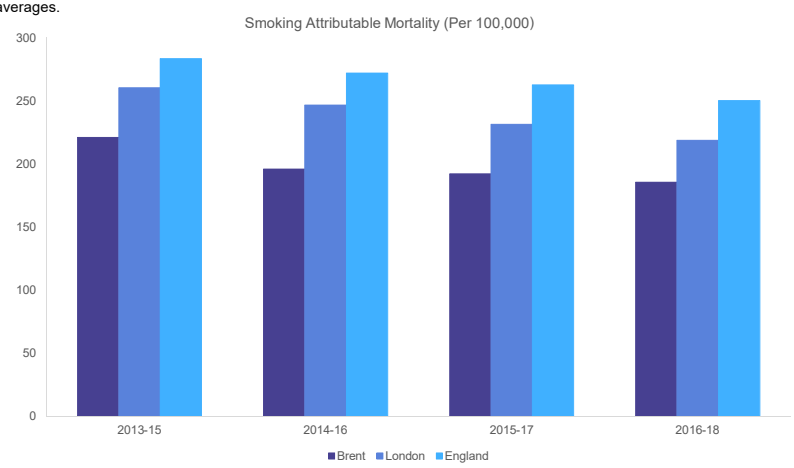
Smoking Prevalence Mortality Rates and Trends

Mortality rates due to smoking are decreasing.

In Brent in 2016-18, 1,192 potential years of life are lost to smoking. The mortality rates are lower in Brent in comparison to London and England averages.



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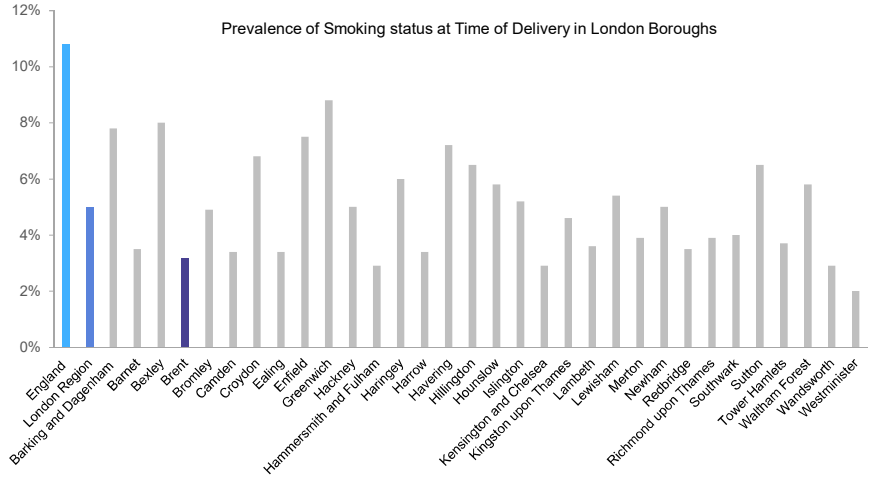
Smoking in Pregnancy

Smoking in pregnancy impacts on a range of issues related to health, inequalities and child development. Smoking during pregnancy causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK, it therefore an important issue to tackle. This graph shows that about 3% of women in Brent were smoking at the time of delivery.



Source: PHE Fingertips, Local Tobacco Control Profiles, 2019

Smoking in Pregnancy in Brent

Smoking in Pregnancy

Addressing smoking in pregnancy should be a focus for all localities as this impacts on a range of issues related to health, inequalities and child development. NICE has produced guidance on how best to support women to stop smoking in pregnancy. Smoking during pregnancy causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK.

Smoking at the time of delivery

3% of pregnant women in Brent were smoking at the time of delivery

Compared to **11%** of women in England.

Low weight live births

3% of women in Brent had low weight live births. (similar to England)

Stillbirths

5.4% of pregnant women in Brent experience stillbirths compared to **4.2%** of women in England.

Neonatal deaths

3% of parents experience a loss of a baby in both Brent and England

Page 15

Commissioning Implications

- Smoking is a major cause of health inequalities with higher rates in mental health service users and routine and manual workers. Smoking in pregnancy, while low in Brent, is associated with poorer outcomes. Therefore smoking cessation services in Brent should focus on pregnant women, their households, mental health service users, those living in poverty and vulnerable groups.
- Stopping smoking at any time has considerable health benefits and for people using secondary care services, there are additional advantages including shorter hospital stays and fewer complications. Secondary care providers have a duty of care to protect the health of, and promote healthy behaviour among, people who use, or work in, their services. Therefore, they should promote and provide stop smoking interventions.
- Make Every Contact Count: in line with the NHS strategy, provision of very brief advice regarding smoking should be offered to all smokers aged under 16, coming into contact with health care professionals.
- Health and Wellbeing Board partners should promote smokefree places such as homes, cars, playgrounds and hospitals and continue to locally amplify national campaigns such as Stoptober and No Smoking Day.

Technical Notes

	Meaning
Chronic obstructive pulmonary disease (COPD)	This is the name for a group of lung conditions that cause breathing difficulties. The breathing problems tend to gradually get worse over time and can limit your normal activities.
NICE (National Institute for Health and Care Excellence)	The National Institute for Health and Care Excellence
SDD	Smoking, Drink and Drugs
GPPS (General Practice Patient Survey)	GP Patient Survey – It is an England wide survey providing GP practice level data about patients experiences of general practice.
SMI	Serious Mental Illness

Data Sources

Action on Smoking and Health. (2014b). What's in a cigarette? London: ASH.

Robert West (2017) Tobacco smoking: Health impact, prevalence, correlates and interventions, Psychology & Health, 32:8, 1018-1036, DOI: 10.

https://www.gov.uk/government/publications/tobacco-control-plan-delivery-plan-2017-to-2022

Diabetes

Brent JSNA
2019/2020

Brent

NHS
Brent
Clinical Commissioning Group

Summary

- Diabetes is a lifelong condition that causes an individual's blood sugar levels to become too high.

2 MAIN TYPES OF DIABETES

TYPE 1

Type 1 diabetes – where the body's immune system attacks and destroys the cells that produce insulin.

Exact cause is not known by gene plays a big factor

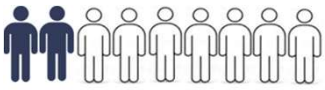
TYPE 2

Type 2 diabetes – where the body does not produce enough insulin, or the body's cells do not react to insulin

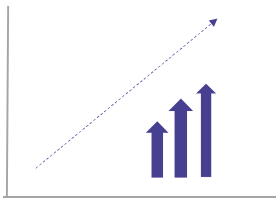
Can be inherited by family member or caused by an unhealthy lifestyle

- This can cause ill health, premature death and disability.

In Brent, 17% of all deaths are attributable to diabetes.



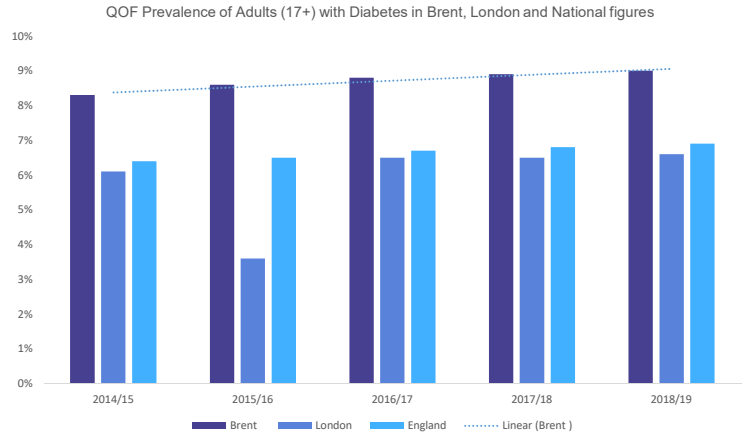
Diabetes prevalence is projected to rise



By 2030 It is estimated that nearly **15% of people** aged 16 and over in Brent will have diabetes.

Prevalence of diagnosed diabetes

The chart below shows the prevalence of diabetes in NHS Brent. The data is taken from GP records. Rates in Brent are much higher than London and England and are rising.

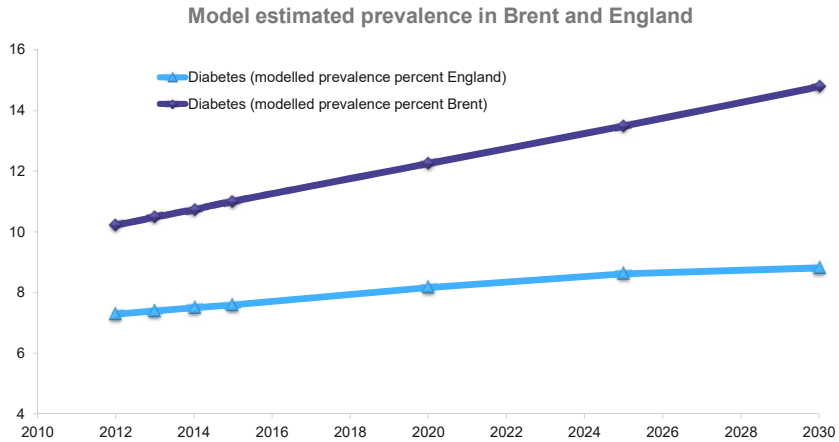


Source: PHE Fingertips, Diabetes (2019)

Modelled estimated prevalence of diabetes

Modelled estimated prevalence of diabetes: Brent compared to England

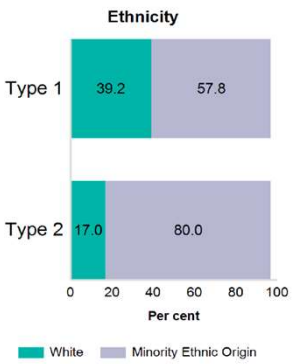
- The prevalence of diabetes is projected to rise significantly in Brent over the next 10 to 15 years, reflecting the ageing of the population, increasing numbers of people who are overweight or obese and the high proportion of Black and South Asian ethnic groups in the borough who are more at risk of diabetes.

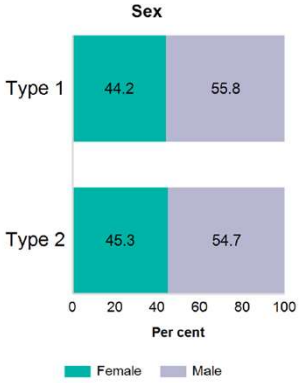


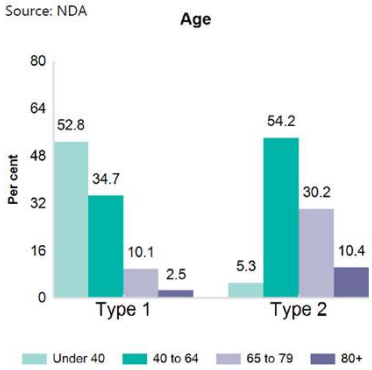
Source: Public Health England (national cardiovascular intelligence network - NCVIN), Diabetes Prevalence Model for Local Authorities and CCGs 2012 to 2030

Diabetes and ethnicity, age, sex

Brent is a diverse borough with 59% of the population in Brent from ethnic minority backgrounds. Research shows that people of South African, African, African Caribbean and Middle Eastern descent have a higher than average risk of Type 2 diabetes.







Source: PHE Fingertips, (2019)

Diabetes risk factors

Overweight

South Asian

Although Type 2 diabetes tends to affect the middle aged or older people, national statistics indicate that diabetes is now being diagnosed in younger overweight people and in South Asians at a younger age.

The other risk factors associated with the increased risk of developing diabetes are

social exclusion

lifestyle

social deprivation

lack of physical activity

And a family history of diabetes.

Men with a waistline greater than 94cm (37 inches) or 90 cm (35 inches) for men of South Asian heritage are particularly at risk. For women having a waistline greater than 80cm (31.5 inches) increases the risk.

lifestyle

Social exclusion

Physical Activity

Family History

Common complications

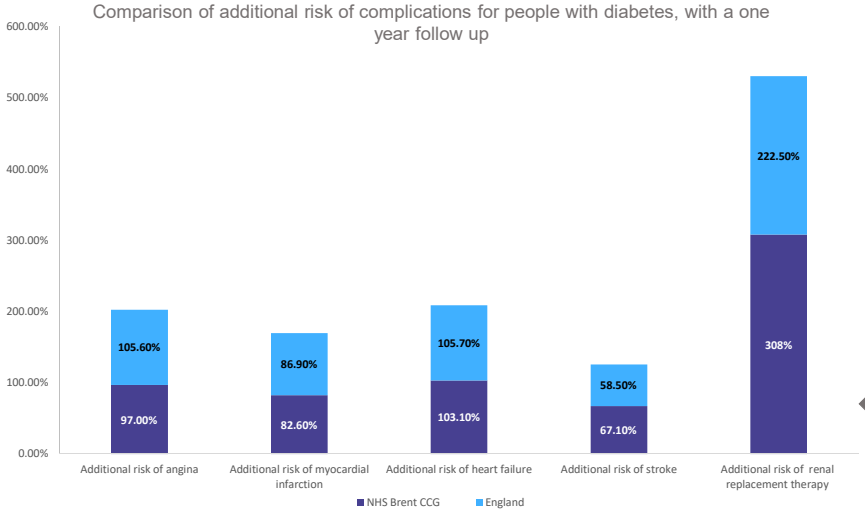
Diabetic foot disease

- Diabetes is widely recognized as an emerging epidemic that has a cumulative impact of all ages. It is estimated that half of patients with diabetes are unaware of their disease and are thus more prone to developing diabetic complications such as foot disease. It is also a major cause of lower limb amputation as well as reduced resistance to infections. (Papatheodorou et al. 2018).
- In Brent from 2015 - 17 there were 218 hospital admissions for diabetic foot disease per 10,000 population. This was higher than the national rate of 156.

Diabetic retinopathy

One of the most common complications of diabetes is diabetic eye disease including diabetic retinopathy. Diabetic retinopathy occurs when blood vessels in the retina (back of the eye), leak, or become blocked as a result of prolonged high blood glucose levels (Cheloni, Gandolfi, Signorelli & Odone, 2019).
In Brent, the rate of preventable sight loss due to diabetic eye disease in those individuals aged 12 years and over was 4.5 per 100,000 population in 2012/13. This is above the England average of 3.5 per 100,000 population (Department of Health: Unify2 data collection).

Other complications



Source: PHE Fingertips, (2019)

People with diabetes are also at risk of a range of other associated complications. Early diagnosis and self management can reduce the risk of complications, which include heart disease, stroke, kidney disease and angina.

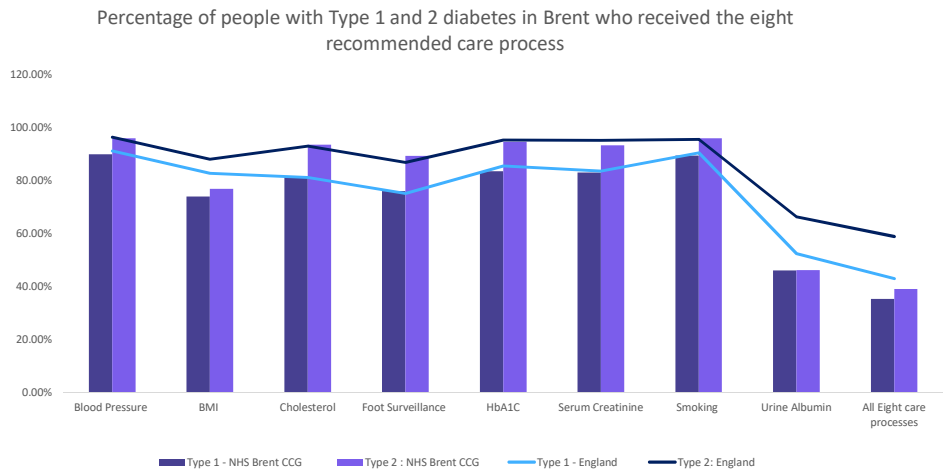
People with diabetes in NHS Brent CCG are less likely to have cardiac complications than people with diabetes in England.

Among people with diabetes, NHS Brent CCG had an higher risk of stroke and of renal replacement therapy in comparison to England.

Diabetes and care processes

The National institute for Health and Care Excellence (NICE) recommends nine care processes for diabetes. Five of these care processes link to risk factors (body mass index, blood pressure, smoking, glucose levels (Hba1c) and cholesterol) and the remaining four relate to tests to identify early complications (urine albumin creatinine, foot surveillance).

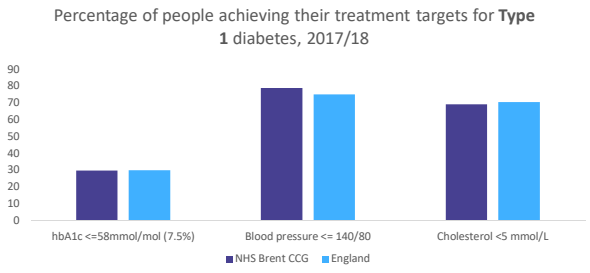
The chart illustrates fewer people with Type 1 than with type 2 receive annual checks. The urine albumin check is completed much less frequently in both type 1 and 2 than other checks as well as a eight care processes.



Source: PHE Fingertips, (2019)

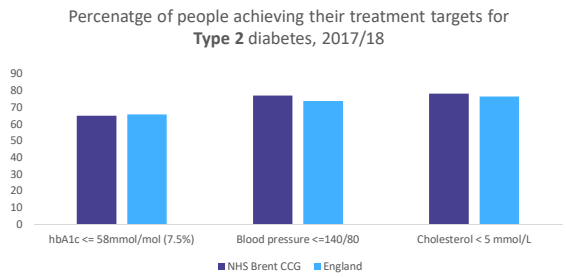
Treatment targets

NICE recommends treatment targets for HbA1c (glucose control), blood pressure and serum cholesterol. In NHS Brent CCG, 19.5% of people with type 1 diabetes achieved all three treatment targets. In people with type 2 diabetes, 42.2% achieved all three treatment targets.



Type 1 diabetes
Similar levels of three target achievement in England and Brent CCG.
Much lower HbA1c target achievement rate than for people with Type 2 diabetes.

Type 2 diabetes
Similar levels of three target achievement in England and NHS Brent CCG.



Source: PHE Fingertips, (2019)

Priorities and Recommendations

- As people from black and south Asian ethnic groups are at the greatest risk of developing diabetes, people from these communities should be screened at the earliest possible stage. Early screening and diagnosis would also reduce the risk of diabetes related complications.
- People who are overweight or obese in the borough should also be screened at an earlier age than the general population.
- Continue to work with Diabetes UK to raise awareness of the risks of diabetes throughout Brent.
- Explore further opportunities which could be put in place to better promote healthy eating amongst the local population.
- Exiting programmes in place in Brent which aim to encourage physical activity include: healthy led walks, exercise referral schemes at Brent leisure centres and the installation of outdoor gyms throughout local parks and green spaces. Improved promotion of these opportunities through the NHS may be beneficial

Technical notes

	Meaning
QOF	The **Quality and Outcomes Framework (QOF)** is a voluntary system for the performance management and implementing good practice in GP surgeries.
Diabetic Retinopathy	Diabetic retinopathy is a complication of diabetes, caused by high blood sugar levels damaging the back of the eye (retina). It can cause blindness if left undiagnosed and untreated.
NICE	**National Institute for Healthcare and Excellence** make evidence-based recommendations on a wide range of topics, from preventing and managing specific conditions, to providing social care to adults and children, and planning broader services and interventions to improve the health of communities.

Data sources

Cheloni, R., Gandolfi, S., Signorelli, C., & Odone, A. (2019). Global prevalence of diabetic retinopathy: protocol for a systematic review and meta-analysis. *BMJ Open*, *9*(3), e022188.

Papatheodorou K, Banach M, Bekiari E, Rizzo M and Edmonds M: Complications of Diabetes 2017. Journal of Diabetes Research 2018; 3086167: 1-4.

Public Health England (national cardiovascular intelligence network - NCVIN), Diabetes Prevalence Model for Local Authorities and CCGs 2012 to 2030

https://www.nhs.uk/conditions/diabetic-retinopathy

https://www.nice.org.uk/guidance/

https://fingertips.phe.org.uk/

Domestic Abuse

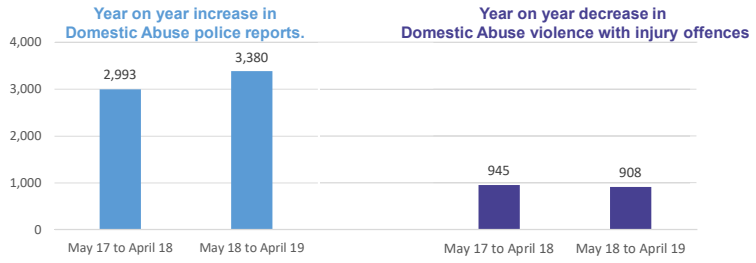
Brent JSNA

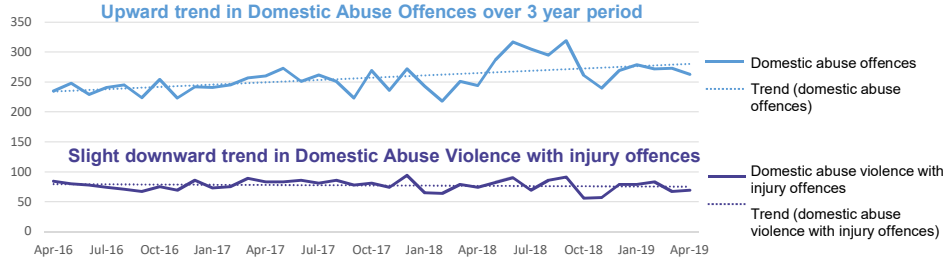
2019

Brent

NHS
Brent
Clinical Commissioning Group

Domestic Abuse Reports





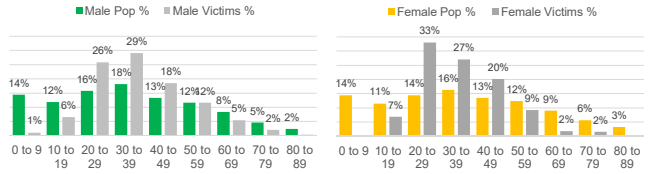
Data source – Metropolitan police crime reports – 01/04/2016 - 30/04/2019

Page 2

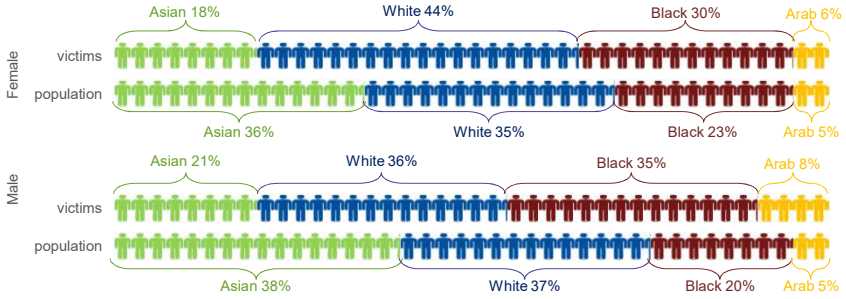
Victim profile

3 out of **4**
victims are female

Women between 20 and 50 years old are overrepresented as victims compared to Brent's population



Black and White women are overrepresented as victims compared to Brent's population



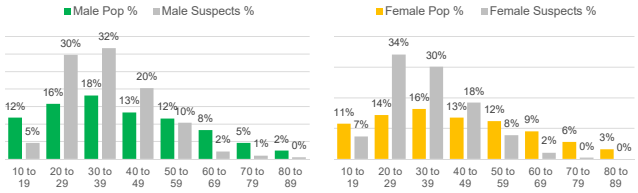
Data source – Metropolitan police crime reports - 01/05/2018 to 30/04/2019

Page 3

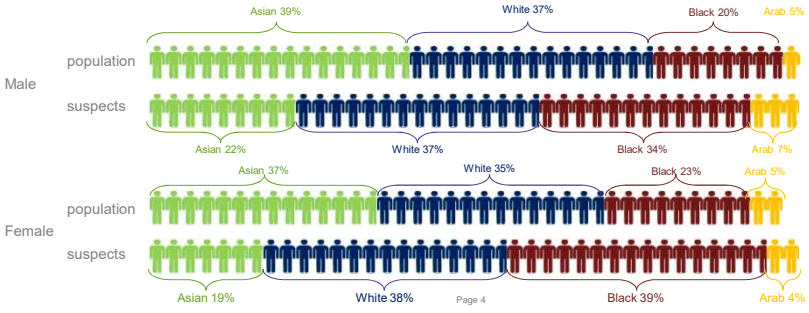
Suspect profile

4 out of **5**
suspects are male

Men between 20 to 50 years old are overrepresented as suspects compared to Brent's population



Black and White men are overrepresented as suspects

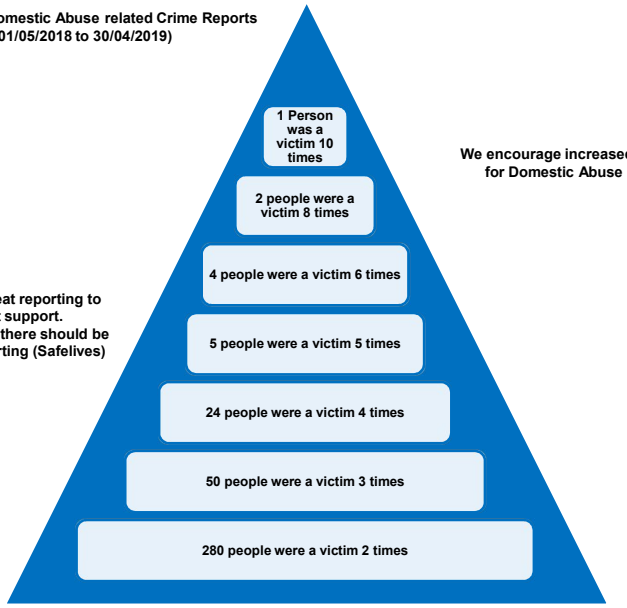


Page 4

Data source – Metropolitan police crime reports – 01/05/2018 to 30/04/2019

The risk of repeat victims in Brent

12 months Domestic Abuse related Crime Reports (01/05/2018 to 30/04/2019)



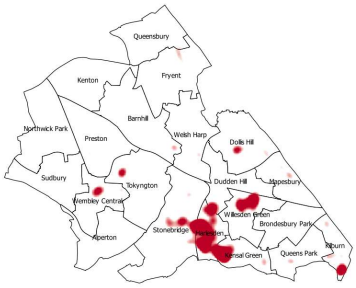
We encourage increased reporting for Domestic Abuse victims

We encourage repeat reporting to ensure repeat support. Best practice states there should be 28-40% repeat reporting (Safelives)

Page 5

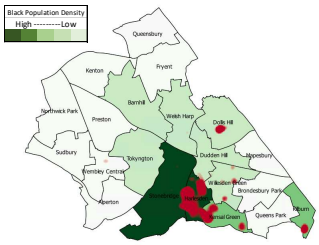
Hotspot areas for police reported domestic abuse

Hotspot map and ward breakdown of domestic crimes reports

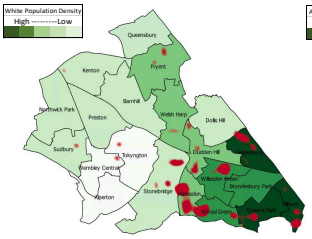


Ward	DA Offences
Harlesden	288
Stonebridge	274
Kensal Green	209
Dudden Hill	199
Kilburn	191
Willesden Green	184
Dollis Hill	173
Alperton	167
Wembley Central	164
Tokyngton	152
Mapesbury	146
Barnhill	139
Preston	133
Fryent	132
Welsh Harp	131
Queensbury	124
Sudbury	118
Northwick Park	109
Queens Park	101
Brondesbury Park	91
Kenton	75

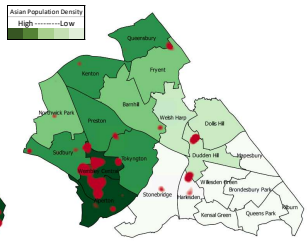
Hotspot map of black victims



Hotspot map of white victims



Hotspot map of Asian victims



Data source – Metropolitan police crime reports – 01/05/2018 - 30/04/2019

Page 6

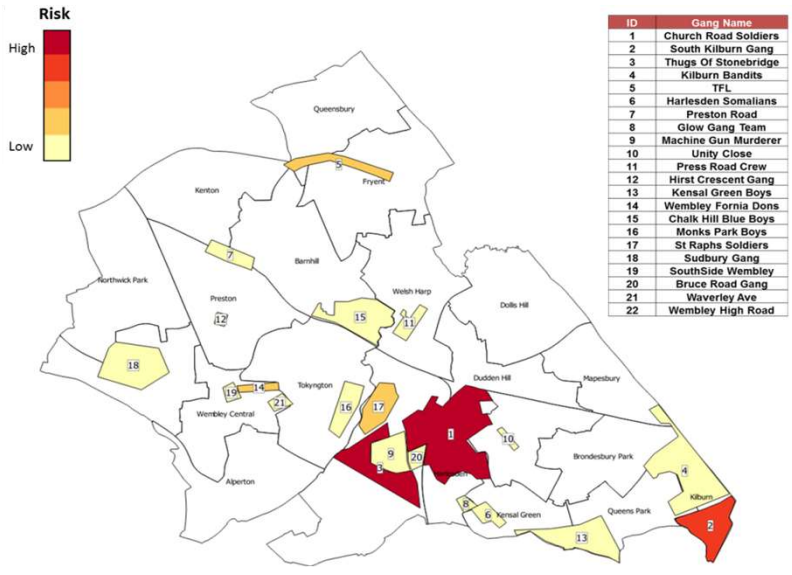
Gangs and serious youth violence

Brent JSNA
2019

Brent

NHS
Brent
Clinical Commissioning Group

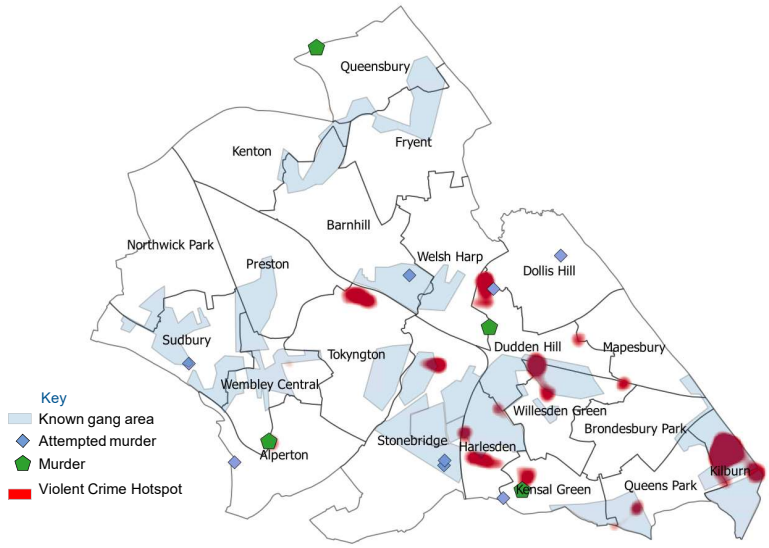
Brent Gangs – Risk



ID	Gang Name
1	Church Road Soldiers
2	South Kilburn Gang
3	Thugs Of Stonebridge
4	Kilburn Bandits
5	TFL
6	Harlesden Somalians
7	Preston Road
8	Glow Gang Team
9	Machine Gun Murderer
10	Unity Close
11	Press Road Crew
12	Hirst Crescent Gang
13	Kensal Green Boys
14	Wembley Fornia Dons
15	Chalk Hill Blue Boys
16	Monks Park Boys
17	St Raphs Soldiers
18	Sudbury Gang
19	SouthSide Wembley
20	Bruce Road Gang
21	Waverley Ave
22	Wembley High Road

Page 2

Violent Crime

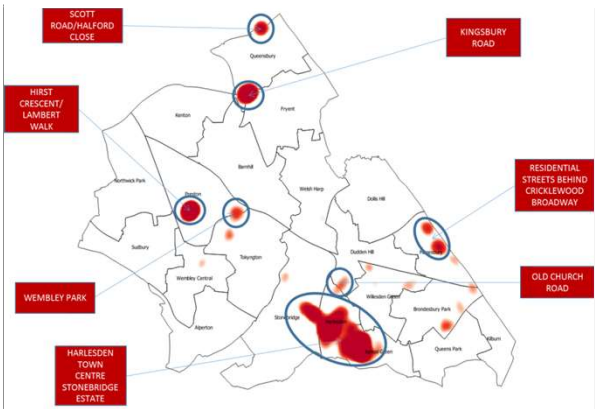


Crime reports – 01/05/2018 to 30/04/2019 (Met Police)

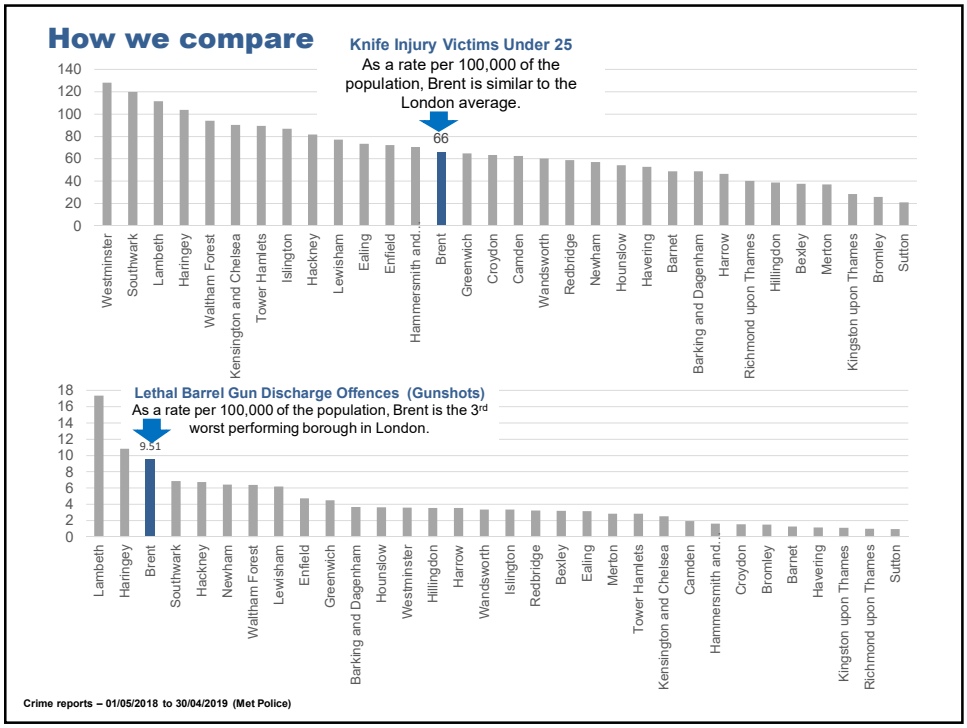
Page 3

Drugs Offences

The supply of drugs continues to be a major activity for criminal groups and gangs in Brent.



Drug dealing and drug taking account for nearly **40%** of all calls received by the Council's **Anti-Social Behaviour team**.


How we compare
Knife Injury Victims Under 25
As a rate per 100,000 of the population, Brent is similar to the London average.
66
140
120
100
80
60
40
20
0
Westminster
Southwark
Lambeth
Haringey
Waltham Forest
Kensington and Chelsea
Tower Hamlets
Islington
Hackney
Lewisham
Ealing
Enfield
Hammersmith and...
Brent
Greenwich
Croydon
Camden
Wandsworth
Redbridge
Newham
Hounslow
Havering
Barnet
Barking and Dagenham
Harrow
Richmond upon Thames
Hillingdon
Bexley
Merton
Kingston upon Thames
Bromley
Sutton
Lethal Barrel Gun Discharge Offences (Gunshots)
As a rate per 100,000 of the population, Brent is the 3rd worst performing borough in London.
9.51
18
16
14
12
10
8
6
4
2
0
Lambeth
Haringey
Brent
Southwark
Hackney
Newham
Waltham Forest
Lewisham
Enfield
Greenwich
Barking and Dagenham
Hounslow
Westminster
Hillingdon
Harrow
Wandsworth
Islington
Redbridge
Bexley
Ealing
Merton
Tower Hamlets
Kensington and Chelsea
Camden
Hammersmith and...
Croydon
Bromley
Barnet
Havering
Kingston upon Thames
Richmond upon Thames
Sutton
Crime reports – 01/05/2018 to 30/04/2019 (Met Police)

Air Quality

Brent JSNA
2019/2020

Brent

NHS
Brent
Clinical Commissioning Group

Summary

Key messages

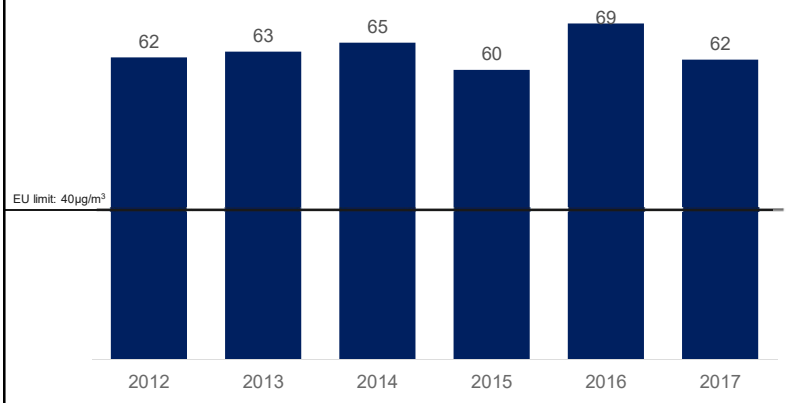
- Overall air pollution in Brent is declining
- NO_x/NO_2 air pollutant is generally above EU permitted levels
- $PM_{10}/PM_{2.5}$ air pollutant is generally below EU permitted levels
- There are several air quality hot spots in the borough, mainly around town centres where there is high road traffic congestion
- The A406 (North circular road) is the single biggest source of transport related air pollution in Brent
- An increase in cycling and walking and a decrease in car use will help improve air quality in Brent
- The southern two-thirds of Brent has been declared an Air Quality Management Area
- 56% of air pollution (NO_x) in Brent is from road transport, and over 80% of that proportion is from vehicles with diesel engines
- Air pollution emissions in Brent and nationwide have more than halved since 1990 and are still declining albeit at an increasingly slower pace

UK air quality strategy objectives and EU permitted levels

The table shows the UK and EU targets for the main air pollutants, and when these limits were set to be achieved. Many countries including the UK are still working on achieving some of these limits while others have been brought under control. (see slide 10)

Pollutant	Concentration	Measured as	To be achieved by	
			UK	EU
Carbon monoxide (CO)	10mg/m^3	Maximum daily running 8 hour mean	31 Dec 2003	01 Jan 2005
Nitrogen dioxide (NO_2)	200µg/m^3 not to be exceeded more than 18 times a year	1 hour mean	31 Dec 2005	01 Jan 2010
	40µg/m^3	Annual mean	31 Dec 2005	01 Jan 2010
Sulphur dioxide (SO_2)	350µg/m^3 not to be exceeded more than 24 times a year	1 hour mean	31 Dec 2005	n/a
	125µg/m^3 not to be exceeded more than 3 times a year	24 hour mean	31 Dec 2004	01 Jan 2005
	266µg/m^3 not to be exceeded more than 35 times a year	15 minute mean	31 Dec 2005	01 Jan 2005
Ozone (O_3)	100µg/m^3 not to be exceeded more than 10 times a year	8 hourly running or hourly mean	31 Dec 2005	n/a
	Target of 120µg/m^3 not to be exceeded more than 25 times a year averaged over 3 years		n/a	31 Deb 2010
Particles (PM_{10}) (gravimetric)	50µg/m^3 not to be exceeded more than 35 times a year	Daily mean	31 Dec 2004	01 Jan 2005
	40µg/m^3	Annual mean	31 Dec 2004	01 Jan 2005
Particles ($PM_{2.5}$) (gravimetric)	25µg/m^3	Annual mean	2020	01 Jan 2015
	20% cut in urban background exposure	Annual mean	2010-2020	2010-2020

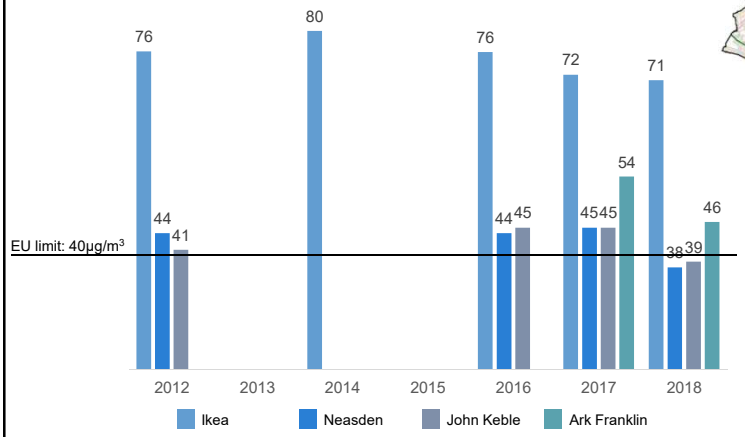
Diffusion tubes, NO_2 trend in Brent Annual mean (µgm^3/year)



Brent has some way to go in meeting the legal pollution target with regards to nitrogen dioxide. The average values are from a network of diffusion tube monitors spread across 48 locations in the borough.

Source – Annual Status Report 2017, Brent

Automatic monitoring stations, NO_2 trend in Brent
Annual mean (µgm³/year)

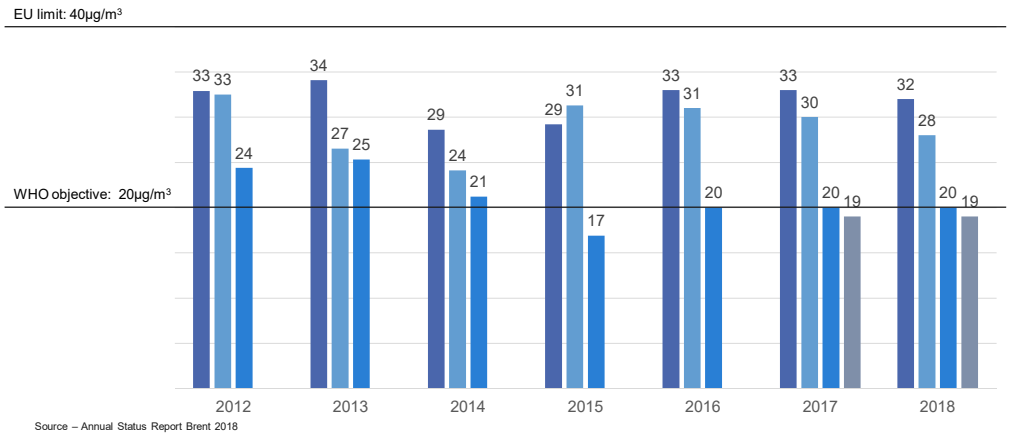


The four automatic monitoring stations are located in air pollution hotspots and act as comparative data for the diffusion tube network

Source – Annual Status Report Brent 2018

Automatic monitoring stations, PM_{10} results in Brent
Annual mean (µgm³/year)

Particulate pollution in Brent overall are below the legal EU limit and getting closer to the stricter World Health Organisation targets.



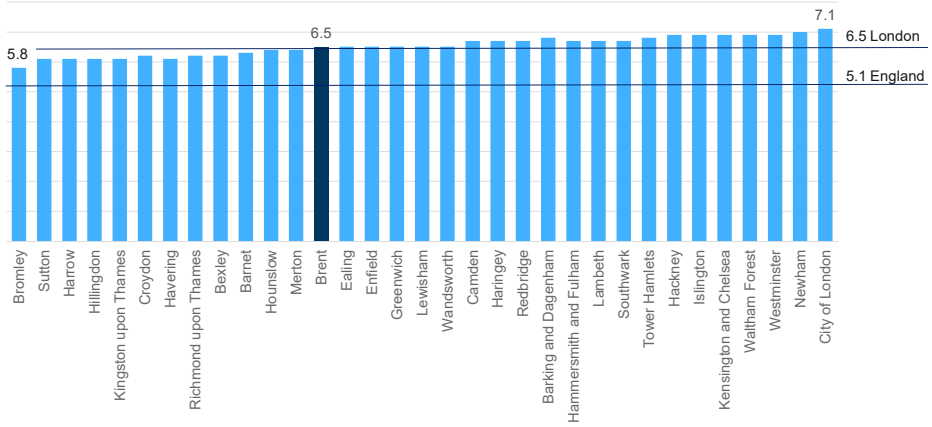
Source – Annual Status Report Brent 2018

Fraction of mortality attributable to air pollution

Poor air quality is a significant public health issue.

Air pollution affects mortality from cardiovascular and respiratory conditions including lung cancer. This is a modelled estimate of the percentage of deaths which have been increased as a result of long-term exposure to air pollution.

In London this ranges from 5.8% to 7.1%. Brent is exactly the same as the London average of 6.5% deaths attributable to particulate air pollution.



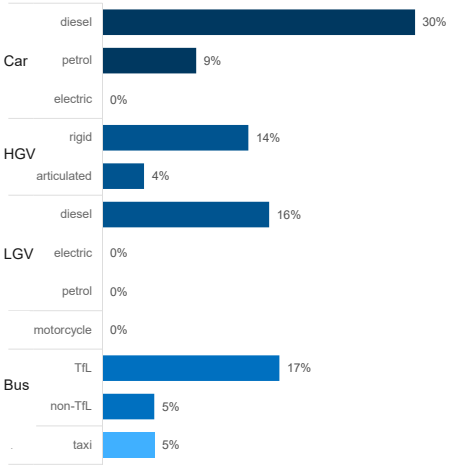
Source – Public Health Outcomes Framework: wider determinants of health (2017)

Page 6

Air quality management area

An air quality management area is an area where pollution level are likely to exceed the legal limit within the coming year. Special measures are put in place to manage pollution levels in these areas.

NOx emissions in Brent



Vehicles with diesel engines emits the highest level of transport related air pollution, as depicted in the graph.

Buses and HGVs are primarily diesel engines, therefore we have categorised them in types (HGVs) and ownership (Buses) as there is a significant pollution difference along this line.

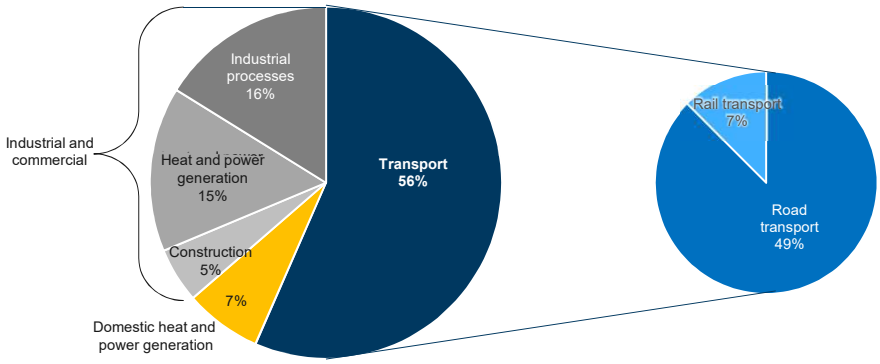
A lot of TfL buses are older than non-TfL companies and have a much lower number of buses on the streets of London.

Rigid lorries are more polluting than articulated lorries, as they are almost always pulling a relatively larger load with a smaller engine, while articulated lorries will unload for up to half their journeys and usually has a bigger engine relative to load.

Source: London Atmospheric Emissions Inventory – Emissions Summary 2016

NOx emissions in Brent

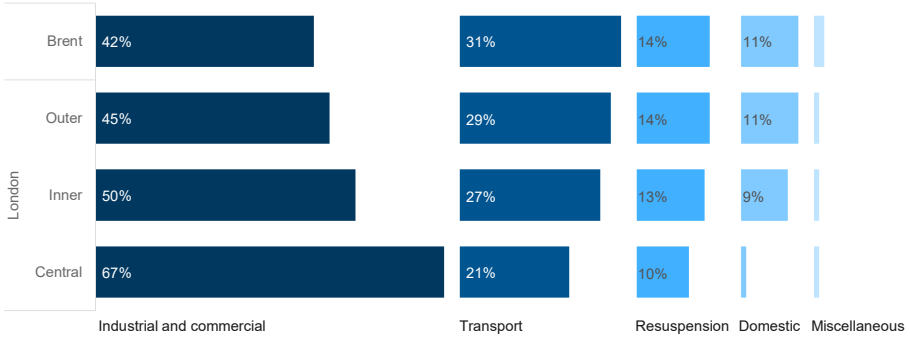
Different industries cause different amounts of NO_x emissions.



Source: London Atmospheric Emissions Inventory – Emissions Summary 2016

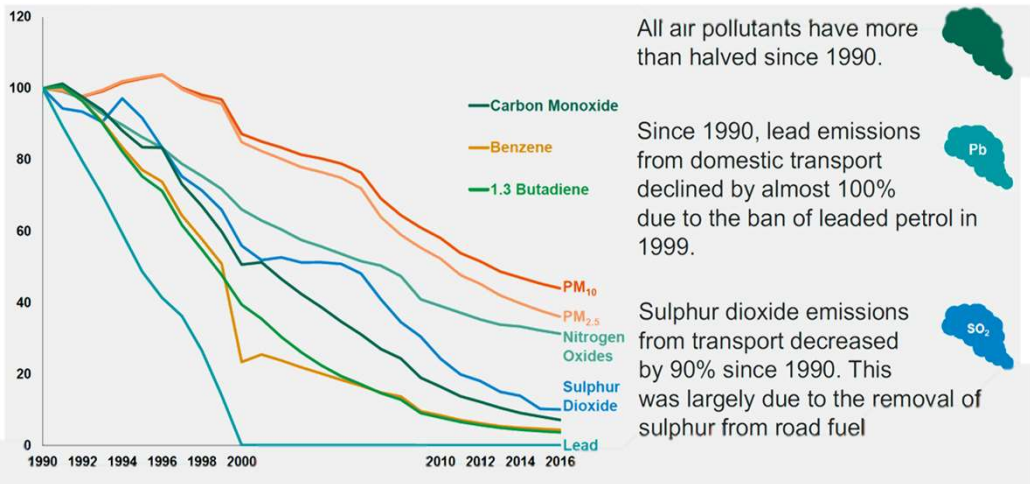
PM_{10} emissions

The levels of Particle Matter 10 (PM_{10}) emissions are caused by different industries.
In Brent most of our PM_{10} emissions (42%) are caused by the Industrial and commercial sector, This is the highest proportion, but it is lower than the average in London. Our second highest cause is transport (31%), which is higher than the London averages.



Source: London Atmospheric Emissions Inventory – Emissions Summary 2016

UK air pollutions from transport 1990 to 2016



Technical notes

Definitions

NO_2	Nitrogen Dioxide
NO_x	Oxides of Nitrogen
PM_{10}	Particulate matter with an average diameter of ten micrometre
EU limits	Air pollution limits set by the European Union to which all countries in the union should be below within a certain time frame.
WHO	World Health Organisation
AQMA	Air Quality Management Area

Data sources

Annual Status Report
https://www.brent.gov.uk/services-for-residents/environment/air-quality/air-quality-reports/

London Atmospheric Emissions Inventory – Emissions Summary 2016
https://data.london.gov.uk/dataset/london-atmospheric-emissions-inventory--laei--2016

Public Health Outcomes Framework – Wider Determinants of Health
https://fingertips.phe.org.uk/search/air#page/0/gid/1/pat/6/par/E12000007/ati/102/are/E09000005/iid/30101/age/230/sex/4

Transportation

Brent JSNA
2019/2020

Brent

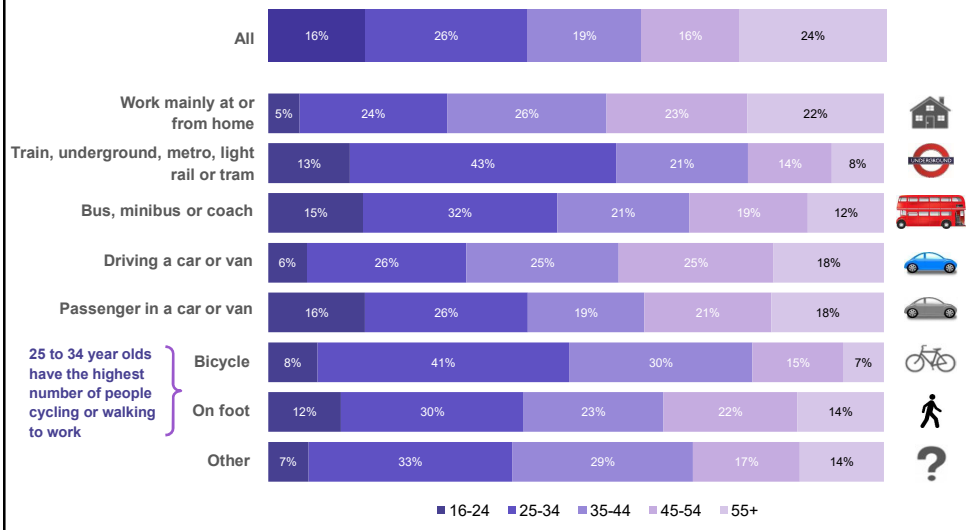
NHS
Brent
Clinical Commissioning Group

Summary

Key Messages

- Active travel includes walking, cycling and using public transport. More people are using this option and the number of vehicles per household has reduced to 0.80 (2011 census)
- This shift in travel behaviour helps improve air quality
- An increase in cycling and walking and a decrease in car use will help improve air quality in Brent
- Brent is well served with public transport including London Underground and Overground lines, National Rail and buses
- In 2017 1,158 people were injured on Brent's roads in 933 recorded accidents, of these 6 resulted in the loss of life and 126 were serious injuries. This figure is higher than the London average
- In the last 16 years the number of people killed or seriously injured has reduced from 204 to 98
- There are more casualties amongst people travelling by car than other modes of transport
- In most age groups there are more males than females being injured on Brent's roads
- In 2017 there were 76 children injured on Brent's roads, of these 9 were serious and 66 slight. There was 1 child fatality.
- Most accidents happen on or near main roads

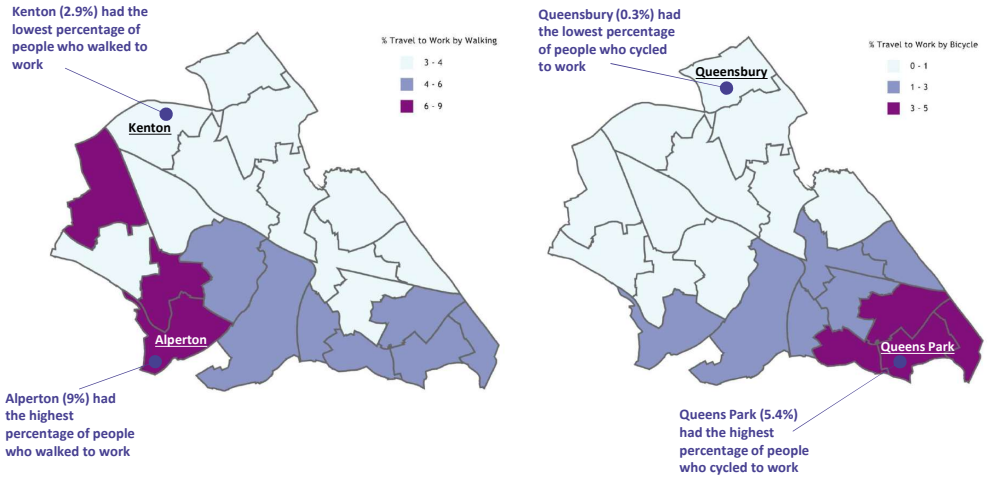
Method of travel to work by age



Source: ONS 2011 Census, Methods of Travel to Work

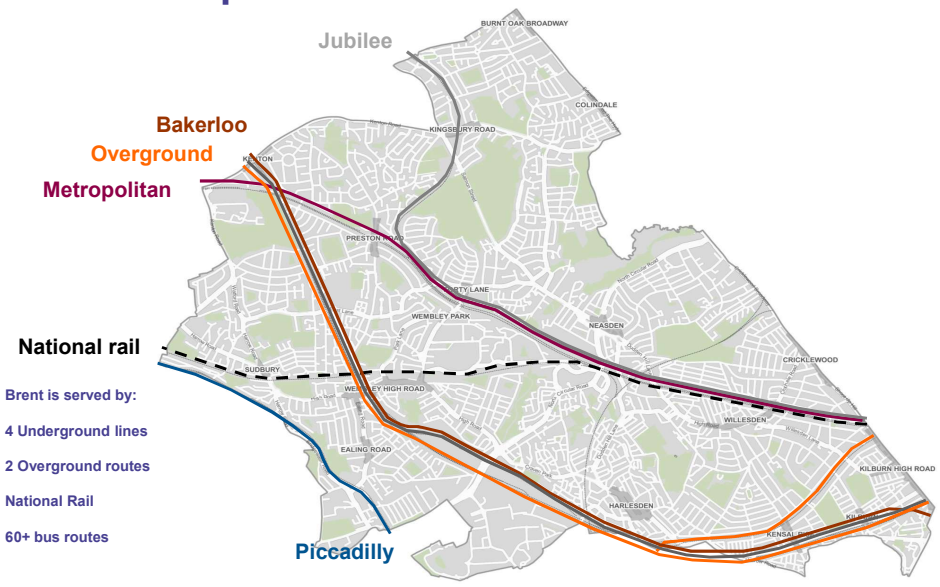
Active Travel to Work

Percentage of residents that travel to work by walking or bike in each ward in Brent



Source: ONS 2011 Census, Methods of Travel to Work

Public Transport



Brent is served by:

4 Underground lines

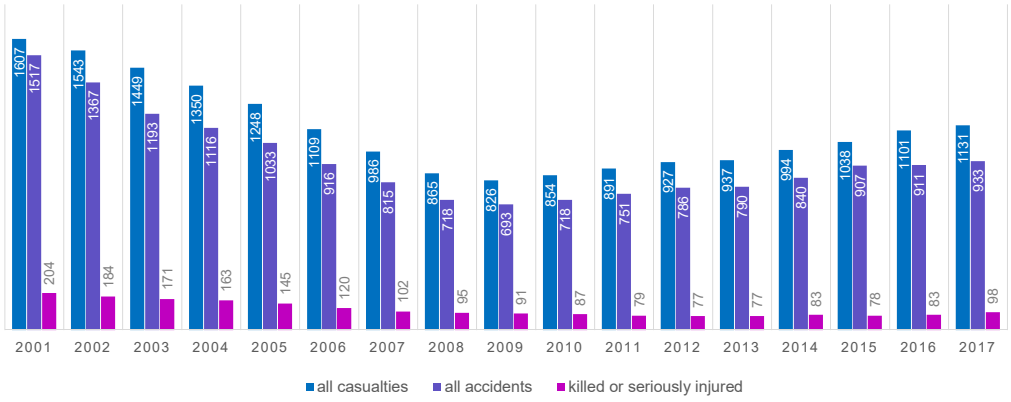
2 Overground routes

National Rail

60+ bus routes

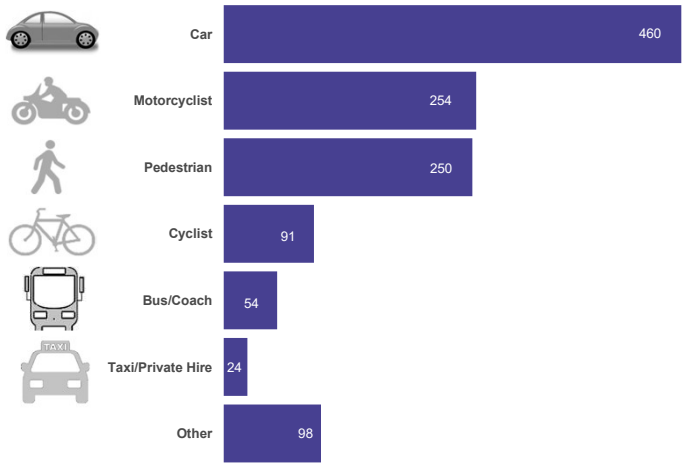
Accidents and casualties, three year rolling average

The chart below shows that whilst the number of casualties and accidents fluctuates on an annual basis, the severity in terms of those killed or seriously injured is reducing.



Source: TfL

2017 - Casualties by mode of travel

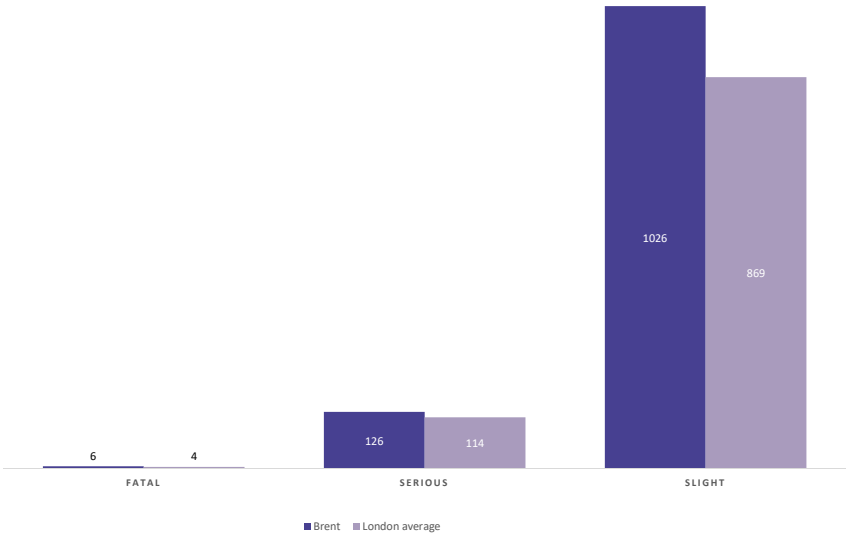


Source: TfL

Page 6

2017 - Casualties by severity

The diagram below show the number of casualties by severity and a comparison to the London average

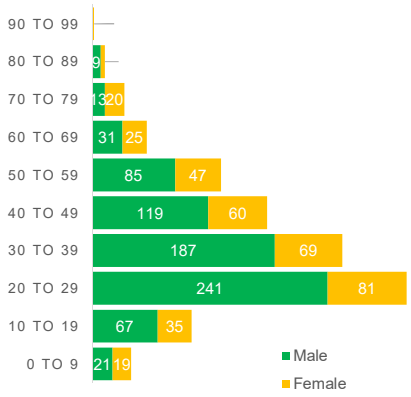


Page 7

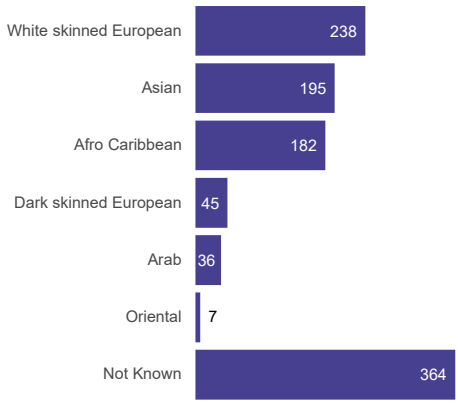
2017 - Casualties by demographics

The charts below show that in all age groups, the number of male casualties is higher than female. The highest number of casualties are among white skinned Europeans and the lowest among Oriental.

Casualties by age



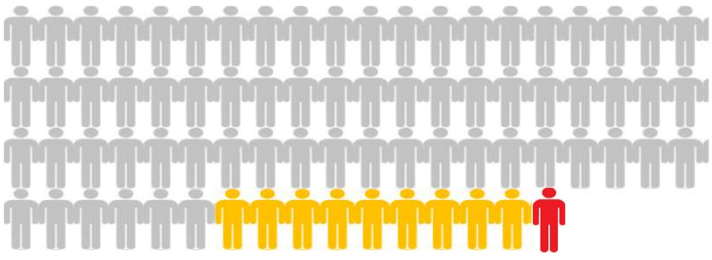
Casualties by ethnicity



Source: TfL

Page 8

2017 - Child casualties by severity

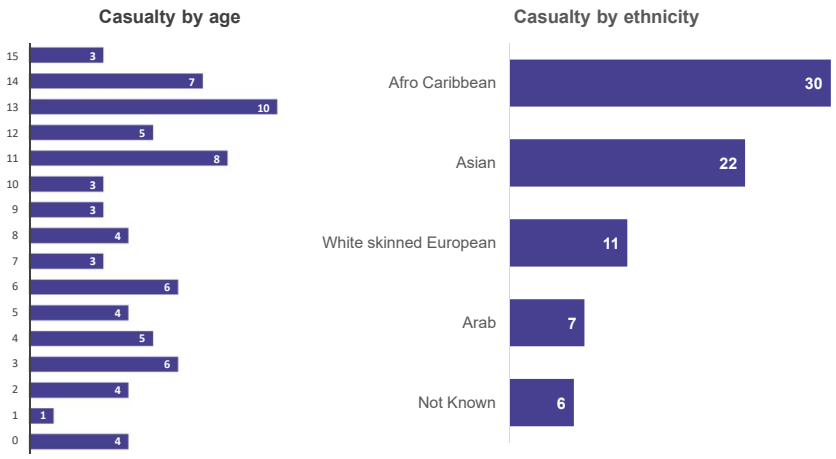


Slight	Serious	Fatal
66	9	1

Source: TfL

Page 9

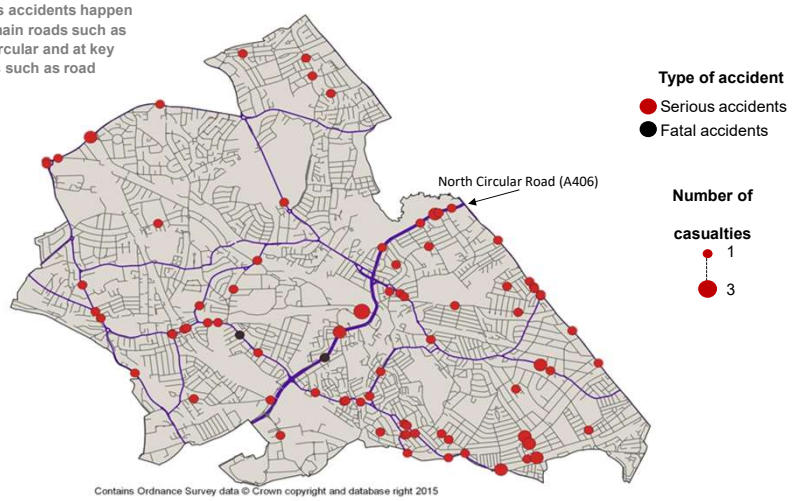
2017 - Child casualties by demographics



Page 10

2017 - Serious and fatal accidents

Most serious accidents happen on or near main roads such as the North Circular and at key nodal points such as road junctions.



Further information

Active Travel

- People who walk, cycle or use public transport on a regular basis will benefit from a healthier lifestyle as it helps reduce obesity and the risk of cardiovascular diseases.
- Motorised traffic is a key source of air pollution and those that spend longer in traffic face a higher health risk
- Brent Council has many activities to support this including free cycle training, a healthy walks programme, Bike it Plus in schools and the promotion of car clubs

Public Transport

- In addition to the Underground, Overground and National Rail lines indicated on the map Brent has a comprehensive bus network of over 60 routes
- Most residents can access this within 400m of their home

Road Casualties

- Fear of road traffic injury is one of the key reasons people choose not to travel actively.
- Although the total number of casualties travelling by car is much higher , the number of people seriously injured is higher amongst pedestrians, cyclists and motorcyclists.

Further information

Improving Road Safety

- An annual programme of engineering measures are introduced to improve safety on Brent's roads
- Education, training and publicity activities are targeted at groups with the highest number of casualties
- Road safety education is available to all schools in Brent and the following resources promoted during these visits:

- The London Children's Traffic Club, pre-school https://www.trafficclub.london/

- Department for Transport 'Think' road safety resources https://www.think.gov.uk/education-resources/

- Transport for London (TfL) Schools and Young People's programme which includes Junior Travel Ambassadors (year 5 and 6 pupils) and Youth Travel Ambassadors (secondary schools) https://tfl.gov.uk/info-for/schools-and-young-people/

- Safe Drive Stay Alive, a roadshow with powerful messages for young drivers, Sixth forms and colleges https://www.facebook.com/SafeDriveStayAliveLondon
- Free cycle skills training (adults and children) http://www.cyclinginstructor.com/brent
- Free BikeSafe riders skills days are available for motorcycle riders http://www.bikesafe.co.uk/

Commissioning implications

- Encouraging active travel work by assisting local businesses with information on public transport, walking and cycling routes
- Our cycling strategy includes a vision for new cycling routes in Brent which will be implemented as funding becomes available
- Where possible the planting of trees is included in future highway schemes to help improve air quality
- Local safety schemes will be introduced in areas with the highest number of casualties to help make roads safer for all road users

Noise & Nuisance

Brent JSNA
2019/2020

Brent

NHS
Brent
Clinical Commissioning Group

CJ1
CJ4

Summary

Noise is unwanted sound that may be considered a nuisance by those affected but may not qualify as actionable noise nuisance to the local authority. Adverse effects to human health from exposure to noise are well documented, and include: hypertension, annoyance, sleep disturbance, ischemic heart disease, hearing loss and tinnitus.

Statutory noise nuisance is noise so severe it demands intervention and quite possibly a legal prohibition. Local authorities have a duty to investigate and deal with complaints of statutory noise nuisance and noise incidents considered under various legal provisions, relating to: public nuisance, community protection, construction sites, and noise in the workplace. The applicable enforcement legislation is:

- **Environmental Protection Act 1990**
- **Noise Act 1996**
- **Anti-social Behaviour, Crime and Policing Act 2014**
- **Licensing Act 2003**
- **Control of Pollution Act 1974**
- **The Control of Noise at Work regulations 2005**

Non-actionable noise complaints typically report ordinary domestic noise occurring in dwellings with poor sound insulation such as converted properties and maisonettes constructed before Building Regulations incorporated sound insulation as a regulatory requirement. Walking, stamping, children playing, toilets flushing, moving furniture and dropping objects are all examples of non-actionable noise complaints.

Music noise and construction noise represent the most significant noise sources resulting in complaints to Brent Council's Nuisance Control Team. Following a service redesign in March 2019, we: provide a reactive noise service during weekday office hours and between 6pm and 2am Friday to Sunday; filter out non-actionable noise complaints; offer the Brent Noise App reporting and recording software; work alongside the Community Protection Team; prompt housing providers to consider appropriate tenancy management interventions for tenancy noise incidents.

We act as statutory consultee to the Planning Team in reviewing and commenting on development proposals to ensure noise does not adversely affect existing and future residents. We consider noise criteria contained with relevant British Standards, for example: **BS8233:2014 'Guidance on sound insulation and noise reduction for buildings'** and **BS4142:2014 'Methods for rating and assessing industrial and commercial sound'.**

Under the **Licensing Act 2003**, we are a Responsible Authority with extensive powers governing public nuisance from licensed premises and temporary events featuring regulated entertainment. We process applications under the **Control of Pollution Act 1974** from projects seeking local authority consent to noisy engineering and construction works on road and rail infrastructure during noise sensitive hours.

Slide 2

CJ1 break down slides - bullet points?
Constance, Janice, 11/12/2019

CJ4 3rd paragraph need re-phrasing
Constance, Janice, 11/12/2019

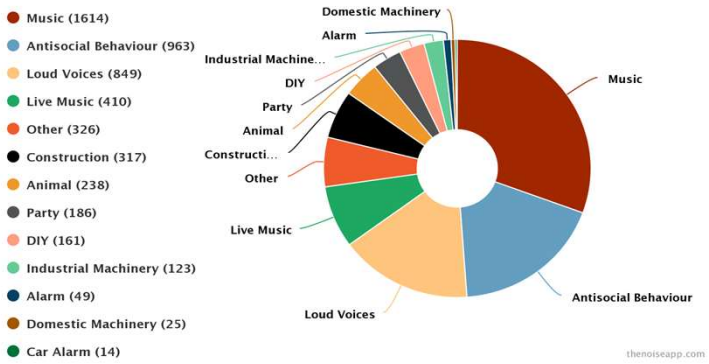
CJ2
WICJ3
WICJ5
WM1

Brent Noise App – reports per noise source

Reports per noise source since June 2018 via Brent Noise App

The Brent Noise App was introduced in June 2018, enabling residents to report and record noise incidents in real time. Music and Live Music represents the most significant reported noise source that is actionable as statutory noise nuisance.

Loud voices and Antisocial Behaviour are typically non-actionable as statutory noise nuisance but may require a community protection or landlord intervention under the terms of tenancy agreement.



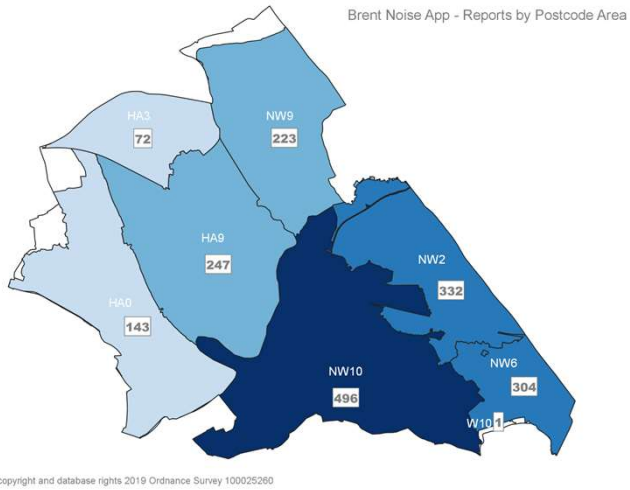
Source: thenoiseapp.com

Page 2

CJ6
WICJ7
WM5

Brent Noise App – noise source by postcode

Reports per noise source by postcode since introducing the Brent Noise App in June 2018



Source: thenoiseapp.com

3

Slide 3

CJ2 This slide ok need to be a bit neater
Constance, Janice, 11/12/2019

WM3 :)
Wood, Martin, 12/12/2019

CJ3 Change title - (for example) current or recent noise source
Constance, Janice, 11/12/2019

WM2 title included and text revised
Wood, Martin, 12/12/2019

CJ5 bar graph instead of pie
Constance, Janice, 11/12/2019

WM1 The software only provides pie
Wood, Martin, 12/12/2019

Slide 4

CJ6 top title? (e.g. noise source by postcode)
Constance, Janice, 11/12/2019

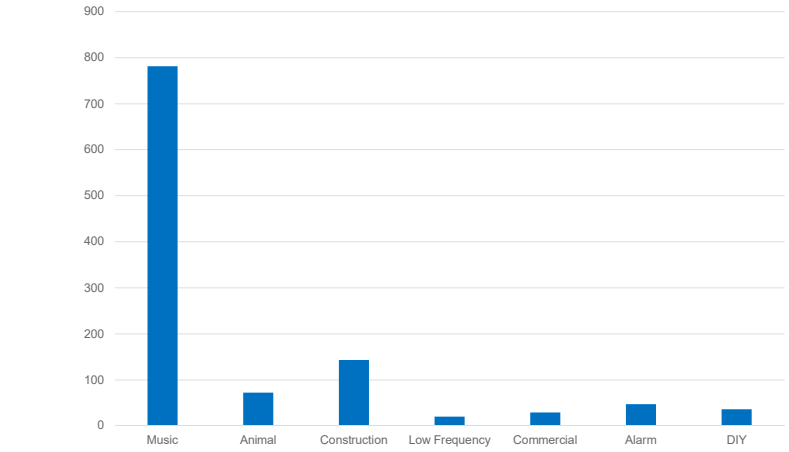
WM4 title added
Wood, Martin, 12/12/2019

CJ7 name the wards
Constance, Janice, 11/12/2019

WM5 I can request that. This is by postcode. There are 21 wards so that could make this slide appear overly busy. Let me know.
Wood, Martin, 12/12/2019

Noise complaints by category – 2019

Noise and construction represent the most significant reported actionable noise incidents. In 2019, domestic noise incidents were filtered out as a reportable noise category.

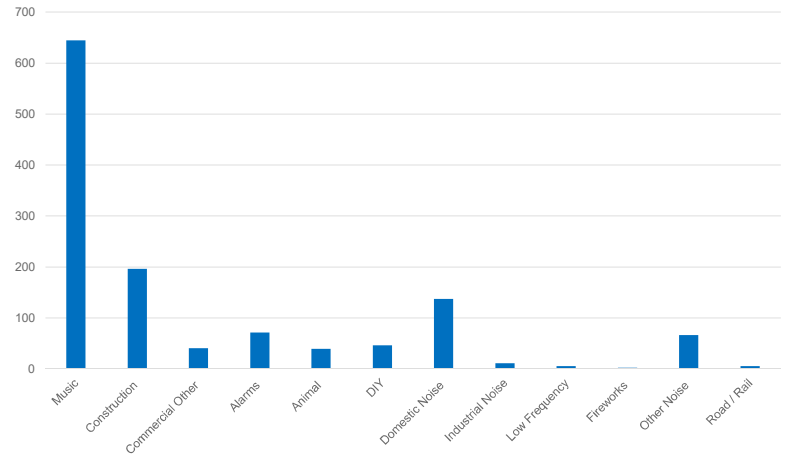


Source: Acolaid database

4

Noise complaints by category – 2018

Domestic Noise incidents and Other Noise represented significant reportable noise categories and impacted significantly on team resources, until filtered out as part of a system redesign in 2019. Music noise and construction noise typically represent the most significant reported actionable noise incidents.



Source: Acolaid database

5

Slide 5

CJ9 join with slide 2? get 2018 data from the acolaid database
Constance, Janice, 11/12/2019

WM6 Some of the data in slide 2 is within this data. Can make Brent NOise App data specific to 2019 or can include 2018 data from Acolaid in one or two slides.
Wood, Martin, 12/12/2019

CJ10 brent app for 2019? to compare and contrast
Constance, Janice, 11/12/2019

WM7 data from the noise app is included in this. The app is a reporeting tool that ultimatley feeds into our main premises database - Acolaid
Wood, Martin, 12/12/2019

CJ12 commentary on slides
Constance, Janice, 11/12/2019

WM8 added
Wood, Martin, 12/12/2019

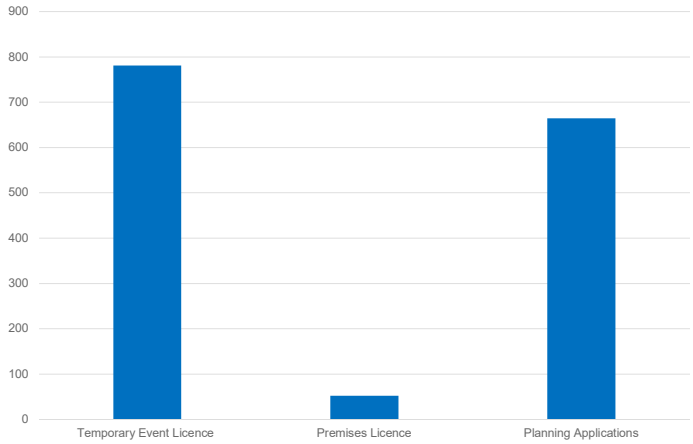
CJ13 title needed
Constance, Janice, 11/12/2019

WM9 yep :)
Wood, Martin, 12/12/2019

CJ16
CJ17
CJ18

Licensing and Planning Applications 2019

This data shows the demand made upon the Nuisance Control Team in its role as statutory consultee to the Planning Team and as Responsible Authority under the Licensing Act 2003, in 2019. Responses to consultations and applications are required within a time-specified period.



Source: Acolaid database

6

Slide 7

CJ16 comentary needed - to give context
Constance, Janice, 11/12/2019

CJ17 further implications / commissioning intention slides
Constance, Janice, 11/12/2019

CJ18 source slide
Constance, Janice, 11/12/2019

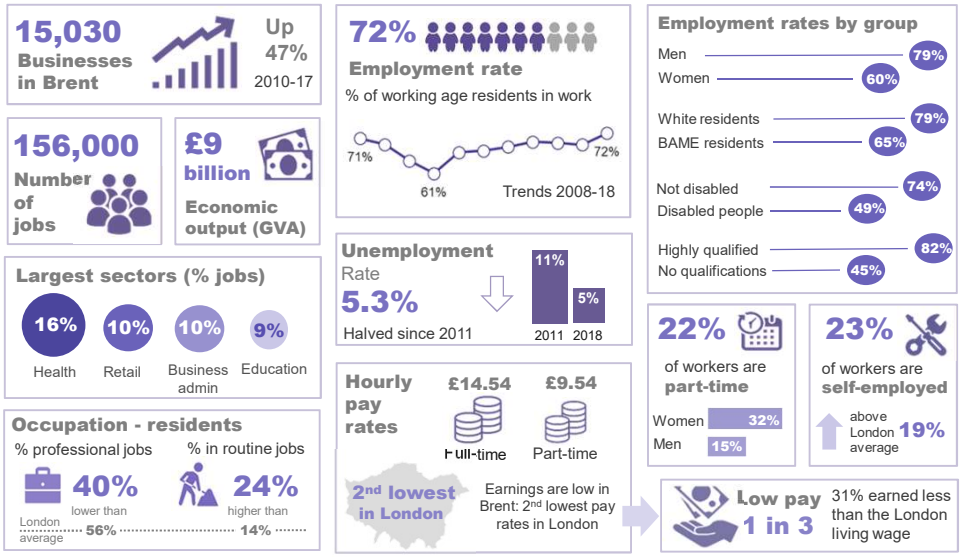
Economy and Employment

Brent JSNA
2019/2020

Brent

NHS Brent Clinical Commissioning Group

Economy and employment | Brent overview



Sources: 1. ONS, UK business counts (2018); 2. ONS, Business Register and Employment Survey (2017); 3. ONS, Regional GVA data (2017); 4. ONS, Annual Population Survey: Employment rate (2010-18); Employment rates by group and occupation data (2016-18 averages); 5. ONS, Modelled unemployment rates; 6. ONS Annual Survey of Hours and Earnings data (2018) - residents data.
Notes: All percentages have been rounded to nearest percentage point. Employment rate data relate residents aged 16-64.

Page 1

Economy and employment | Key Findings

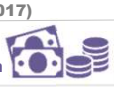
- In 2018, there were around 15,030 businesses based in Brent – a rise of 47% since 2010. Businesses in Brent produce around £9bn per year in economic output ('gross value added').
- The majority of businesses (92%) are 'micro' businesses that employ less than ten people. Levels of self-employment are high in Brent: 23% of workers are self-employed.
- Business growth is beginning to slow: during 2016-17, the number of new businesses formed in Brent fell while the number of closures increased – this mirrors national trends.
- In 2018, 72% of the working age population were in employment. Brent's employment rate has been rising since 2011, though it remains slightly below the London average (74%). The employment rate has been rising across all age groups, but older workers have seen the biggest rise – 73% of those aged 50-64, and 16% of the over 65s, are now in employment.
- Well qualified residents are twice as likely as those with no qualifications to be in work. The percentage of highly qualified residents has been rising but remains below the London average (42% vs.52%).
- Certain groups face significant disadvantage in the labour market. Disabled people, Black, Asian and Minority Ethnic residents, and women, all have employment rates well below the average.
- Brent residents are less likely than other Londoners to work in professional occupations (40% vs. 56%), and more likely to work in elementary and routine jobs (24% vs. 14%).
- Brent workers are relatively low paid: almost one third of residents (31%) earned less than the London Living Wage – the second highest percentage in London, after Newham. Rates of pay are lowest among those working part-time who earn an average of £9.54 an hour - £5 less than full-time workers (£14.54). One in three women workers are employed part-time.
- Since the last recession, unemployment levels have fallen both locally and nationally. In Brent, the unemployment rate halved between 2011 and 2018 from 11% to 5%. While residents have been moving into work, many still require in-work welfare support. The number of people in work who receive Housing Benefit has more than doubled since 2009.

Businesses in Brent

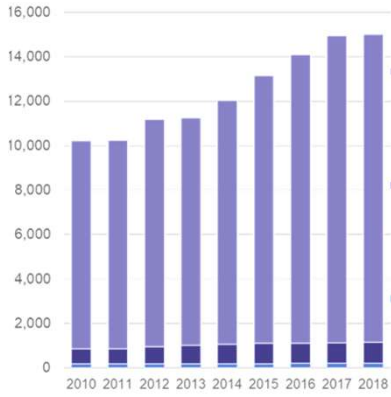
- In 2018, there were 15,030 businesses based in Brent. Business growth has been strong in recent years: the number of businesses increased from 10,220 in 2010 up to 15,030 in 2018 – a rise of 47%, similar to the rise across London (53%).
- The majority of business are 'micro' businesses (who employ less than ten people) – these account for 92% of all businesses in Brent (2018).
- In 2017, Brent businesses produced £9bn in economic output - or 'Gross Value Added' - which is the value of goods and services produced in an area. On this measure, Brent is ranked:
  - in the highest 10% of areas nationally (35th highest out of 391 areas in the UK).
  - 15th highest in London (out of 33 areas)
  - 5th highest in Outer London (out of 19 areas).

Gross Value Added - Brent (2017)

Value of goods and services produced by Brent businesses in 2017 **£9 billion**



Number of businesses in Brent by employment size, 2010-2018

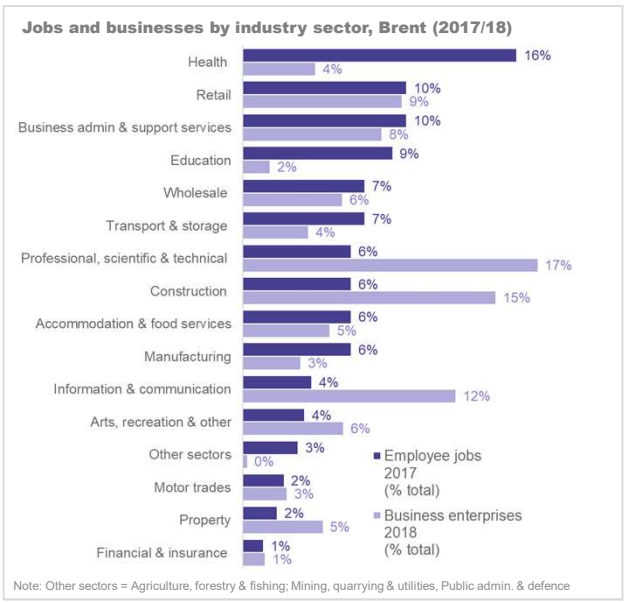


Source: 1. ONS, Regional GVA data 2017 - Regional economic activity by gross value added
2. ONS, UK Business counts (enterprises, 2010-18) - https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=49

Industry sectors

- Of the borough's 15,030 businesses, almost half are concentrated in three sectors:
  - professional, scientific & technical (17%)
  - construction (15%)
  - information & communication sector (12%)
- However, most businesses in these sectors are relatively small - employing fewer than five people. So when considered together, these sectors provide just 17% of the jobs in Brent.
- In terms of employment, the largest industry sectors are:
  - health (providing 20,000 jobs)
  - retail (12,000 jobs)
  - business administration & support (12,000 jobs)
  - education (11,000 jobs).

  Together, these sectors make up 23% of businesses in the borough but provide 44% of the jobs.



Sources: 1. ONS, UK Business counts (enterprises, 2018): https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=49
2. ONS, Business Register and Employment Survey (2017), Employee jobs: https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=27

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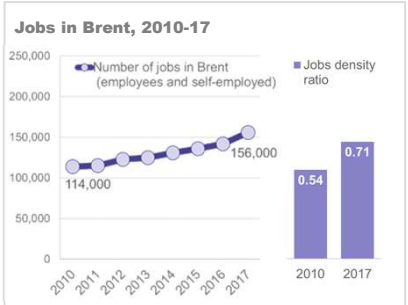
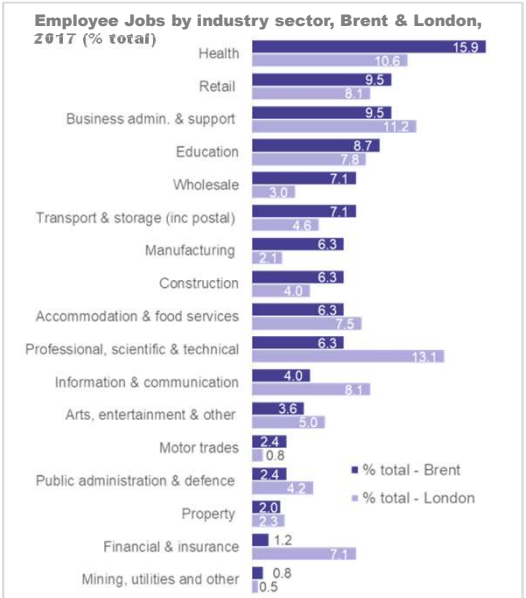
Jobs by industry

- Brent businesses provided 126,000 employee jobs in 2017. Compared with London, Brent has fewer jobs in the professional, finance and information sectors and more jobs in the health, wholesale, manufacturing, construction and transport sectors.
- In total, including self-employment jobs, there are around 156,000 jobs in Brent. This is equivalent to a 'jobs density' ratio of 0.71 local jobs per working age resident, close to the average for Outer London (0.69).
- The number of jobs in Brent has risen by 37% between 2010 and 2017, and the jobs density ratio has increased from 0.54 to 0.71 over the same period.





Sources: 1. ONS, Business Register and Employment Survey (open access) - https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=27
2. ONS, Jobs Density series (Jobs density = ratio of jobs to population aged 16-64) - https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=46.

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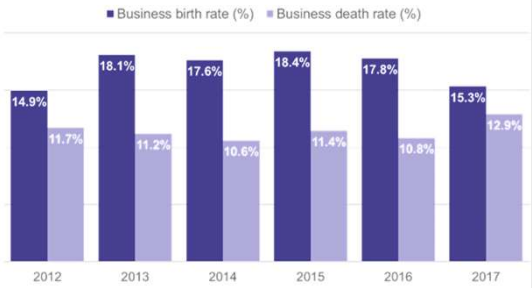
Business performance

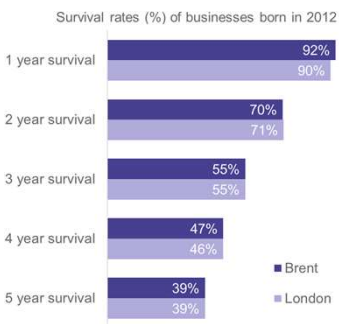
- The latest data suggest business growth in Brent is beginning to slow. In previous years, the number of new businesses starting up in Brent ('births') significantly outstripped the number of business closures ('deaths'), but in 2017, the gap between the two narrowed considerably. This reflects a fall in the number of new start ups and a rise in business closures – there have been similar trends regionally and nationally.
- Business survival rates in Brent are similar to those across London. Of those businesses born in 2012, 92% survived one year, while just 39% were still in business 5 years later.

Business births and deaths in Brent, 2012-17



Note: Rates express the number of business births and deaths as a percentage of the number of active businesses in that year (those with turnover and/or employees during that year).

Business survival rates, Brent, 2012-17

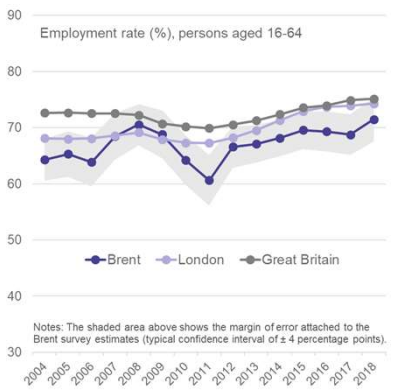


Source: ONS, Business Demography statistics: https://www.ons.gov.uk/businessindustryandtrade/business/activitysizeandlocation/datasets/businessdemographyreferencetable

Employment rate trends

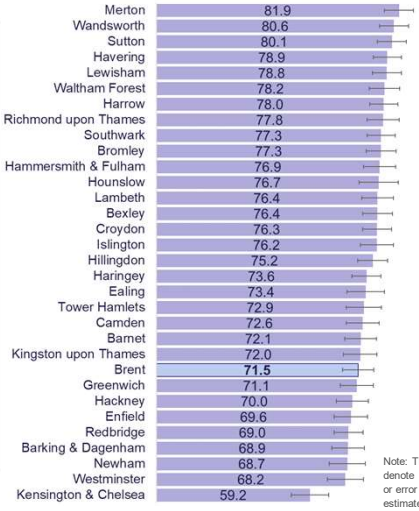
Around 72% of the working age population in Brent are in employment. The employment rate has been rising since 2011 when it hit a low of 61%. The employment rate in Brent remains below both the regional and national averages (74% and 75%).

Trends in the employment rate, 2004-2018



Notes: The shaded area above shows the margin of error attached to the Brent survey estimates (typical confidence interval of ± 4 percentage points).

Employment rate, London Boroughs, 2018

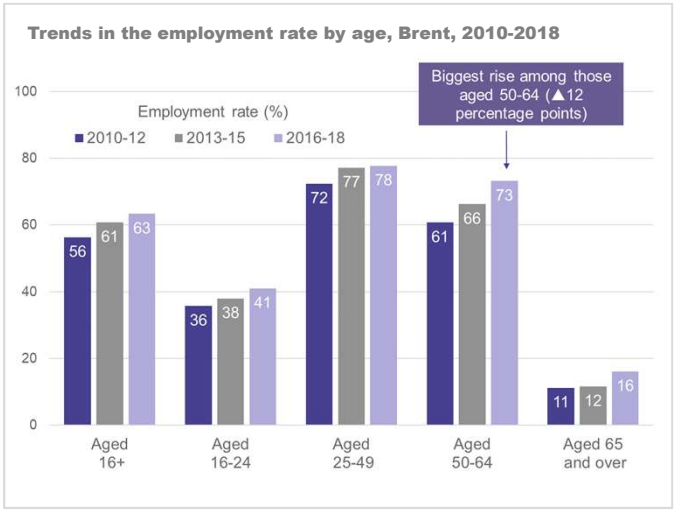


Note: The grey lines denote the margin or error for each estimate.

Source: ONS, Annual Population Survey (Jan-December survey periods). https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28

Employment rate trends by age

- The employment rate has been rising across all age groups, but older workers have seen the biggest rises.
- During 2016-18, almost three quarters (73%) of those aged 50-64 were in work – up from just 61% in 2010-12 – a rise of 12 percentage points.
- The employment rate has also been rising for those aged 65 and over: around one in six residents in this age group are now in work (16%).

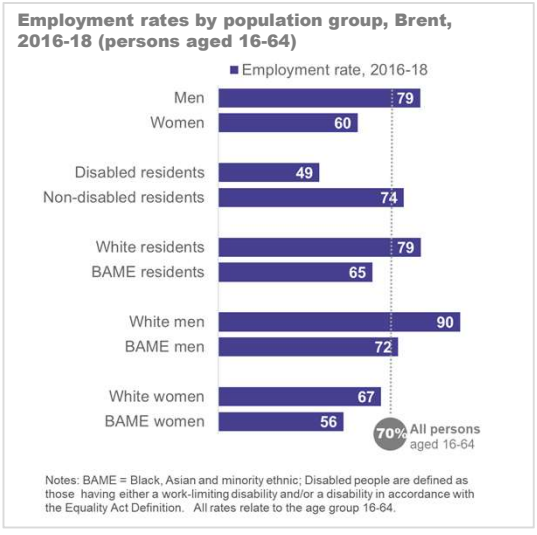


Source: ONS, Annual Population Survey, 2010-18, 3 year averages https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28

Employment rates by population group

While the borough's employment rate has been rising in recent years, some groups continue to face relatively high rates of worklessness. During 2016-18,

- Just half of the disabled population in Brent (working age) were in work compared with three quarters of the non-disabled population (49% vs. 74%)
- Residents from Black, Asian and Minority ethnic (BAME) groups had lower employment rates than White residents (65% vs. 79%).
- Women had lower employment rates than men (79% and 60%) and rates continue to be relatively low for BAME women (56%).



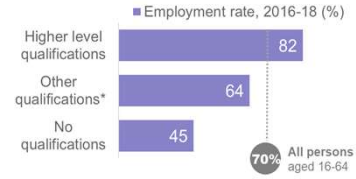
Source: ONS, Annual Population Survey, 2016-18, 3 year averages https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28

Qualifications and employment

- During 2016-18, 42% of the Brent working age population held higher level qualifications – lower than the proportion in London (52%) though slightly higher than the national average (39%). In line with national trends.
- Brent residents have been becoming more qualified over time: the proportion of residents with higher level qualifications has risen from 27% to 42% between 2004/06 to 2016/18.
- Residents with higher level qualifications were almost twice as likely to be in work than those with no qualifications (82% vs. 45%).

Highest qualification level held, persons aged 16-64, 2016-18

Employment rates by qualifications level, persons aged 16-64, Brent, 2016-18



* Other qualifications includes: NVQ level 1 to 3 (and equivalent); and 'other' qualifications (which includes foreign and some professional qualifications)

Source: ONS, Annual Population Survey, 3 year averages https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28

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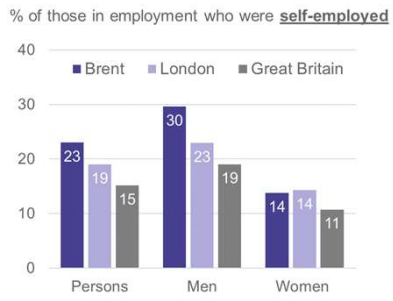
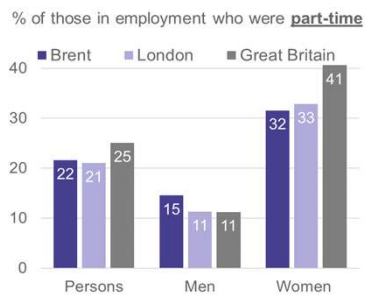
Patterns of employment – Brent residents

- Brent residents are more likely than average to work on a self-employed basis: during 2016-18, of those in employment, almost one quarter were self-employed (23%) – higher than the London and national averages (19% and 15%). Men were twice as likely as women to be self-employed.
- In contrast, women were twice as likely as men to work on a part-time basis (32% vs. 15%) – though male workers in Brent were more likely to work on a part-time basis compared with their counterparts in London or Great Britain (15% vs.11%).

Self-employment, Brent, London and Great Britain, 2016-18



Part-time employment, Brent, London and Great Britain, 2016-18



Notes: Data on self employment relate to all residents in employment aged 16 and over; part-time data relate to employed residents aged 16-64.

Source: ONS, Annual Population Survey (2016-18 three year average). https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28

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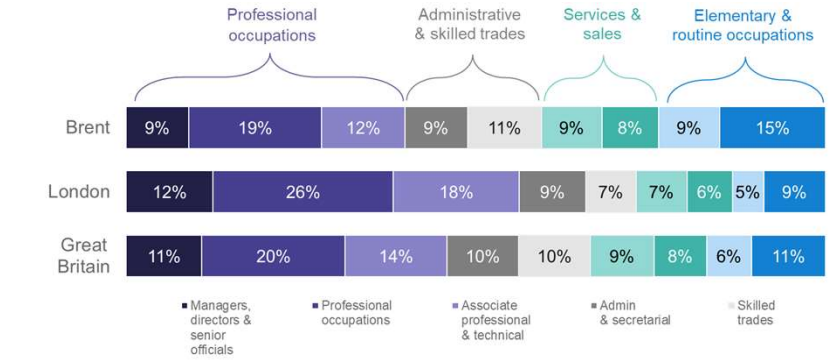
Employment by occupation – residents in work

Brent residents are less likely than other Londoners to work in professional and management occupations (40% vs. 56%). Conversely, they are more likely to work than in elementary and routine occupations (24% vs. 14%) compared with the London average. The occupational profile of Brent residents is more similar to the national than regional profile.

Employment by major occupational group, Brent, 2016-18



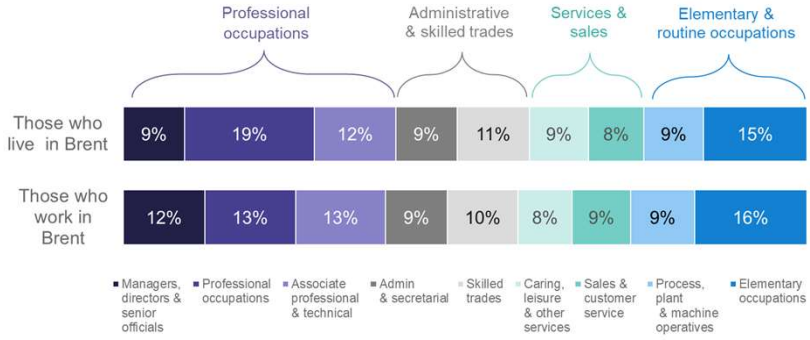
2010 Standard Occupational Classification

Source: ONS, Annual Population Survey (2016-18 three year average). https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28

Employment by occupation – residents vs. workers

The occupational profile of workers who live in Brent and those who work in Brent is broadly similar – though residents are a bit more likely to be employed in professional occupations than those who work in Brent (19% vs. 13%).

Employment by major occupational group, Brent, workers and residents, 2016-18



2010 Standard Occupational Classification

Source: ONS, Annual Population Survey (2016-18 three year average). https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28

Earnings in Brent

Earnings levels in Brent are low relative to the rest of London. Brent residents who work full-time earn an average of £576 per week– well below the London average (£671), and the second lowest rate in London. Pay rates for those who work full-time in Brent average £583 per week – this rate is broadly in line with pay rates for those working in other Outer London boroughs, but remains well below the London average of £713 per week (which includes the earnings of those commuting into London).

Weekly pay by London Borough, full-time workers, 2018 (Median) – by place of residence and workplace

Source: ONS, Annual Survey of Hours & Earnings, 2018 (data relate to employees). https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=25

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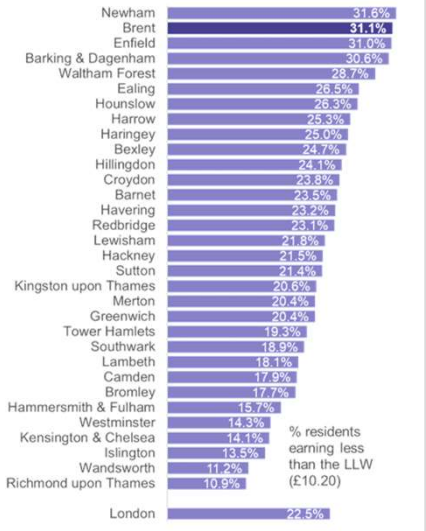
Low pay

- Brent residents are relatively low paid compared with other Londoners: almost one in three residents (31%) earned less than the London Living Wage – the second highest rate in London.
- Rates of pay are lowest among those working part-time who earn an average of £9.54 an hour - £5 less an hour than full-time workers (£14.54).
- Typically, women earn less than men – though the gender pay gap is reversed for part-time workers: male part-timers earn £8.60 an hour compared with £10.00 for women.

Average gross hourly pay rates by gender, Brent residents, 2018 (Median).

Percentage of employed residents who are paid less than the London Living Wage, 2017-18



Sources: 1. ONS, Annual Survey of Hours & Earnings, 2018. https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=25. 2. ONS, Annual Survey of Hours & Earnings, Trust for London (London's Poverty Profile), figures relate to employees and are two year averages for 2017 and 2018. https://www.trustforlondon.org.uk/data/low-paid-residents-borough/.

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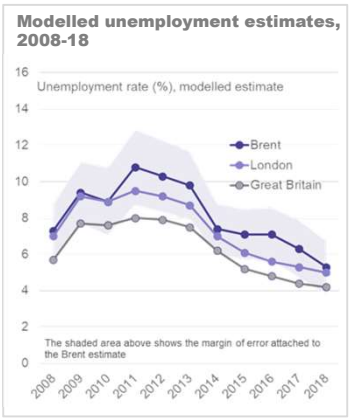
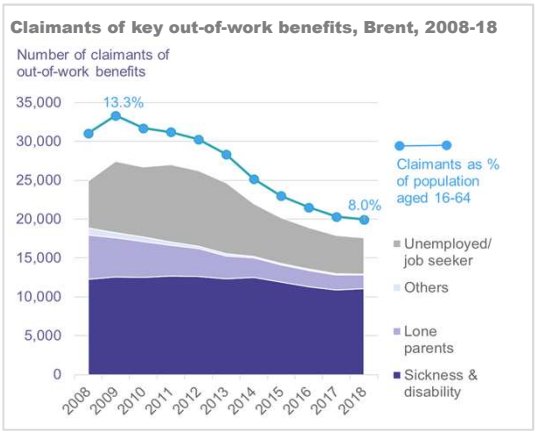
Worklessness

- In 2018, ONS estimated that around 9,100 residents were unemployed and actively seeking work - around 5.3% of the labour force. Unemployment levels in Brent have halved since the last recession falling from a high of 10.8% in 2011.
- Around 17,600 residents claim out-of-work benefits. Of these, around two thirds (63%) are receiving disability and sickness related benefits while just one quarter (26%) were claiming unemployment-related benefits. The proportion of residents who claim out-of-work benefits has been falling – dropping from 13.3% in 2009 down to 8.0% in 2018, mirroring national trends. The Brent rate remains just above the London average (7.4%).





Sources: 1. ONS model-based estimates, which draw on Annual Population Survey and claimant data (Jan-Dec survey periods). The rate expresses the unemployed as a % of the economically active population. 2. DWP claimant data and ONS population estimates. Out-of-work benefits are: Universal Credit (non-employed); Jobseeker's Allowance; Employment & Support Allowance; Incapacity Benefit; and Income Support (lone parents and others reliant on income-related benefits).

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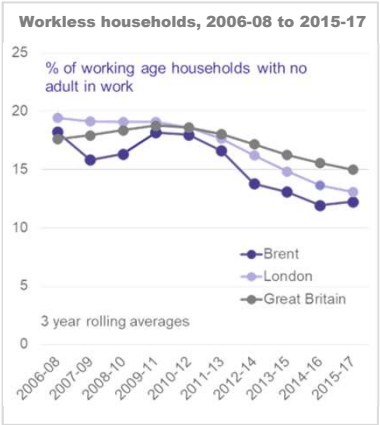
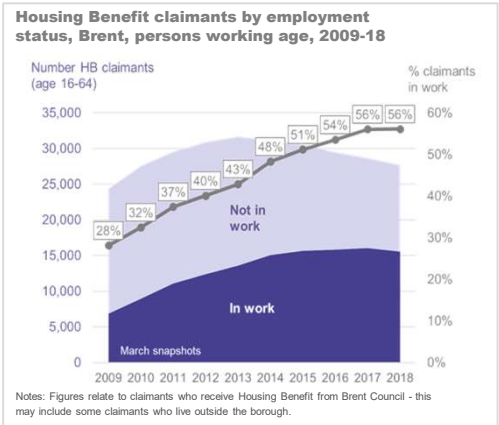
In-work poverty

- As unemployment has fallen, the percentage of workless households has also seen a significant decline . During, 2015-17, around 12% of working age households in Brent had no adult in work, down from 18% during 2006-08.
- However, while more residents have moved into work, many still require welfare support as evidenced by local trends in Housing Benefit (a means-tested benefit which helps those on low incomes pay their rent). In 2018, there were around 27,700 working age households in Brent who were receiving Housing Benefit. Of these, more than half were in work (56%) – double the percentage in 2009 (28%). The number of in-work claimants rose from 6,900 to 15,500 over this period.





Notes: Figures relate to claimants who receive Housing Benefit from Brent Council - this may include some claimants who live outside the borough.

Sources: 1. ONS, Annual Population Survey (households datasets) . http://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=136
2. DWP (Housing Benefit data) via DWP Stat-Xplore tool https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml

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Sources and notes

Annual Population Survey - Office for National Statistics (ONS)
Data on employment rates, occupation and qualifications has been drawn from the Annual Population Survey. The APS data are survey estimates and borough level figures are based on relatively small samples. For this reason, the majority of APS statistics presented here have been averaged over three years to improve the reliability of the estimates. APS data are available on NOMIS (https://www.nomisweb.co.uk/)

Business enterprises (ONS, Inter Departmental Business Register)
Counts of business enterprises are available on NOMIS (and the dataset is called 'UK Business Counts data')
https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=49

Gross Value Added statistics (ONS)
Regional economic activity by gross value added (balanced), 2017
https://www.ons.gov.uk/economy/grossvalueaddedgva/bulletins/regionalgrossvalueaddedbalanceduk/1998to2017

Employee jobs by industry (ONS, Business Register and Employment Survey)
https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=27

Business demography statistics (ONS)
https://www.ons.gov.uk/businessindustryandtrade/business/activitysizeandlocation/datasets/businessdemographyreferencetable

Earnings and low pay (ONS, Annual Survey of Hours & Earnings)
Hourly pay estimates are available on NOMIS https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=25
Low pay estimates were produced by the Trust for London and were based on data from the Annual Survey of Hours & Earnings for 2017 and 2018 (Office for National Statistics). https://www.trustforlondon.org.uk/data/low-paid-residents-borough/

Housing Benefit data (Department for Work and Pensions)
Housing Benefit counts are available at the DWP's statistic website: Stat-Xplore https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml

Out-of-work benefits (Department for Work and Pensions)
Claimant data are available on NOMIS (https://www.nomisweb.co.uk/). Data relate to those claiming: Universal Credit (those not employed); Jobseeker's Allowance; Employment and Support Allowance; Incapacity Benefit; or Income Support (lone parents and others reliant on income related benefits groups). The experimental claimant count series was used to estimate the total number of unemployed claimants who received either Universal Credit or Jobseeker's Allowance. Rates express the number of claimants as a percentage of the working age population (Source: ONS mid-year estimates of population).

Sources and notes

Unemployment – modelled estimates
These data are produced by the Office for National Statistics and are the 'official' unemployment figures for local authorities. The model-based estimate improves on the Annual Population Survey estimate of unemployment by borrowing strength from administrative data about claimants of unemployment-related benefits to produce an estimate that is more precise (ie has a smaller confidence interval). These figures are available on NOMIS: https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=127

Definitions - Inner and Outer London: The definition of Inner and Outer London used in this report refers to the statistical areas defined by the Office for National Statistics (as opposed to the statutory definition). This defines Outer London as: Barking and Dagenham, Barnet, Bexley, Brent, Bromley, Croydon, Ealing, Enfield, Greenwich, Harrow, Havering, Hillingdon, Hounslow, Kingston upon Thames, Merton, Redbridge, Richmond upon Thames, Sutton, and Waltham Forest.

Further information

This report was produced by Brent Council's Business Intelligence team. For more information please email the team at: open.data@brent.gov.uk

For more facts and figures about Brent and to access other Joint Strategic Needs Assessment reports please see the Brent Open Data site: https://data.brent.gov.uk/

For access to the very latest 'official' labour market data for Brent, see the NOMIS area profile:
https://www.nomisweb.co.uk/reports/lmp/la/1946157263/report.aspx?town=Brent

Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 10 February 2020
	Report from the Assistant Chief Executive

Air Quality Scrutiny Task Group Report

Wards Affected:	All
Key or Non-Key Decision:	Non Key Decision
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	Appendix 1 – Brent Breathes - Report of the Resources and Public Realm Scrutiny Committee: Air Quality Scrutiny Inquiry
Background Papers:	None.
Contact Officer(s): (Name, Title, Contact Details)	Michael Carr - Senior Scrutiny Policy Officer michael.carr@brent.gov.uk

1.0 Purpose of the Report

1.1 The purpose of this report is to present the Air Quality Scrutiny Task Group Report for consideration and executive response (attached at Appendix 1).

2.0 Recommendation(s)

2.1 That the Air Quality Scrutiny Report and recommendations be noted.

3.0 Detail

3.1 The Resources and Public Realm Scrutiny Committee established a Scrutiny Task Group to consider the issue of Air Quality in Brent in July 2019. The scrutiny report and recommendations were agreed by the Resources and Public Realm Scrutiny Committee on 4 December 2019 and referred to Cabinet for consideration on 14 January 2020.

3.2 The report includes ten recommendations to Brent Council, which are summarised on page 4 of the report.

3.3 A report is expected to follow to Cabinet in the near future to agree the actions the Council should take with respect to the recommendations of the scrutiny committee.

4.0 Financial Implications

4.1 It is envisaged that any financial implications arising from the recommendations will be contained within existing budgets.

4.2 Any requests for additional funding, or savings arising out of its implementation, will be managed through the normal budgeting setting process.

5.0 Legal Implications

5.1 There are no legal implications for the purposes of this report.

6.0 Equality Implications

6.1 There are no equality implications for the purposes of this report.

7.0 Consultation with Ward Members and Stakeholders

7.1 The Chair of the Scrutiny Task Group has been consulted on this cover report. The main report at Appendix 1 list the stakeholders that have been consulted and involved in the scrutiny inquiry.

8.0 Human Resources/Property Implications (if appropriate)

8.1 There are no Human Resources/property implications for the purposes of this report.

Report sign off:

Shazia Hussain
Assistant Chief Executive

Brent Breathes

Report of the Resources and Public Realm Scrutiny Committee: Air Quality Scrutiny Inquiry

December 2019

Brent

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Brent

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Chapter 1 - About this scrutiny inquiry

List of recommendations

- **Recommendation 1:** That the Council update the Air Quality Strategy, and set out an aspiration to meet World Health Organisation limits on air pollution, commit to addressing inequality in air quality and complement the wider climate emergency agenda. We should also lobby national government where we are unable to effect change ourselves.

- **Recommendation 2:** That the Council, in consultation with Transport for London and the Football Association, agree a strategy to reduce the air quality impact of non-resident car usage in Brent.

- **Recommendation 3:** That the Council set up a Green Brent Partnership: a forum with organisations impacting air quality in Brent – including the private sector, community organisations and campaign groups – to agree shared targets to improve air quality locally. We should also lead by example by taking steps to reduce the air quality impact of Brent Council's own activities.

- **Recommendation 4:** That the Council closely monitor and review the air quality impact of current policies, most particularly the Ultra-Low Emission Zone, and consider implementing and/or lobbying for stronger measures if necessary. It should also keep the provision of air quality monitoring sites under constant review.

- **Recommendation 5:** That the Council make the delivery of healthy streets a central corporate and political priority across the borough, working closely with local residents to expand the number of healthy streets locally.

- **Recommendation 6:** That the Council outline, publish and consult on a clear strategy for engagement with Transport for London on active travel initiatives – including the planned Willesden-Wembley Cycle Superhighway, measures to improve public transport provision and any future initiatives to improve accessibility over the North Circular.

- **Recommendation 7:** That the Council expand the number of initiatives for dealing with the air quality impact of housing and the built environment, and engage closely with experts to consider further steps as new evidence and technology emerges.

- **Recommendation 8:** That the Council continue to promote green space as a way of supporting active travel, and because of its wider benefits to health, the climate and biodiversity, but ensure that measures to improve greening are not promoted as a alternative to dealing with the underlying causes of poor air quality.

- **Recommendation 9:** That the Council continue to promote measures to improve air quality in our schools, and where possible enhance and expand on existing initiatives. It

should work in partnership with schools and students to agree a shared approach to improving air quality in the borough.

- **Recommendation 10:** That the Council, working with the health sector, statutory partners and Brent's public health team, spearhead a public health awareness and behavioural change campaign about air quality. The local NHS should also play its full part in delivering this, and lead by example in the measures they take to improve air quality.

Foreword from the Chair

To whom it may concern,

In July 2019, my fellow Scrutiny Inquiry members and I were honoured to have been appointed by Brent Council's Resources and Public Realm Scrutiny Committee to serve on a Scrutiny Inquiry into air quality in our borough. After six months of work, it is a pleasure to present the results of our investigations, and to present recommendations on what more the Council needs to do to improve air quality in Brent.

Poor air quality is the greatest environmental risk to ill health in the UK, and the fourth-greatest threat to public health after cancer, heart disease and obesity.[1] A shocking proportion of UK deaths – some 8% – are linked to air pollution in some way.[2] We should be candid in accepting that for far too long, successive governments, private companies and regulators have at best neglected this public health crisis; and at worst wilfully misrepresented the evidence (as we now know to be the case with many car manufacturers). National and local policies have simply not kept pace with advancements in the scientific understanding of the harmful health effects of poor air quality; and given the scale of impact air quality has on public health, the public health sector has invested far too little energy and resources in raising awareness about the problem.

We must act urgently and decisively to redress this imbalance. Brent's own air quality challenges are by no means unique to the borough, and the issues we face are similar to those of many other London boroughs – most especially those, like us, which straddle inner and outer London, with the heavily-polluting North Circular in-between. But the challenges we face are nonetheless considerable, with Friends of the Earth research suggesting four of the ten most polluting areas in London are in Brent.[3] Across the borough as a whole, levels of Nitrogen Dioxide breach EU legal limits, and whilst levels of Particulate Matter (PM) 2.5 and PM10 are within *EU* air pollution limits, some parts of the borough exceed the more stringent *World Health Organisation* limits for PM (see Chapter 2).

We know from our day-to-day engagement with Council Officers, Cabinet Members and other Councillors how seriously this issue is taken in the borough, and the scrutiny inquiry is supportive of the policies Brent has already implemented to address this. We particularly support the Council's diesel surcharge, its School Streets pilots and its exploratory work on Low Emission Zones. At a London-wide level, the October 2021 extension of the Ultra-Low Emission Zone to the border of the North Circular will dramatically improve air quality in Brent, and we encourage the Council to fully support this initiative, work with Transport for London to raise awareness about

it and lobby strongly for the Government to contribute towards scrappage and trade-in schemes for affected residents and businesses.

However, much more can and should be done, especially in light of the Council's recent declaration of a climate and ecological emergency. In order to explore this in further detail, the scrutiny inquiry has spent the past six months speaking to dozens of experts and key stakeholders, and reviewing the latest evidence. We have also commissioned five reports from the Council to understand more about air quality in the borough, and attended a number of public meetings to gather further evidence. A full list of witnesses engaged with, reports commissioned and meetings attended is contained in Appendix A and B of this report.

This report sets out the results of our work, and is split into nine chapters. The first two chapters set out information on this Scrutiny Inquiry (Chapter 1) and a situation analysis of current air quality issues in Brent, in the context of the wider issues in the UK and London (Chapter 2). The succeeding chapters of this report then review what more Brent needs to do to address air quality in six key areas: reviewing the objectives of Brent's Air Quality Action Plan (chapter 3); personal car usage, freight and procurement (Chapter 4); public transport, walking and cycling (Chapter 5); housing, planning and the built environment (Chapter 6); schools, children and young people (Chapter 7); and engagement, awareness-raising and public health (Chapter 8).

The final chapter of this report (Chapter 9) brings together the results of this analysis, and makes ten key recommendations to the Council. The full details of these recommendations and how we propose to implement them are contained in the succeeding pages; but to summarise them at the outset, we recommend that the Council:

1. **Commit to meeting and exceeding stronger World Health Organisation limits on air quality and addressing inequality in air quality in the borough.** We should accept that EU air quality limits are insufficient, and lobby national government for stronger standards, and more concerted action, where we are unable to effect change.

2. **Set out a dedicated strategy to reduce non-resident car usage in the borough, most especially on Wembley Event Days and through the North Circular.** Amongst other things, the Council should agree a cap on non-resident parking on Event Days with the Football Association, and private commercial car parks in Brent for non-residents should charge a diesel surcharge along the same lines as Brent Council's diesel surcharge.

3. **Establish a 'Green Brent Partnership: a forum to get the private sector to commit to reducing the air quality impact of their activities.** This partnership should work with companies to reduce the air quality impact of its freight and procurement processes, by integrating procurement and using low- and zero-emission vehicles for deliveries. The Council should also lead by example, setting a clear timetable and strategy for reducing the air quality impact of its own fleet.

4. **Closely monitor the impact of policies on air quality, especially the Ultra-Low Emission Zone (ULEZ), and consider further measures if necessary.** The Council should support and raise awareness of the ULEZ and closely monitor its impact north of the North Circular.

5. **Make the delivery of healthy streets a key political and corporate priority, and work to support a 'modal shift' to increase the number of trips taken by walking, cycling and public transport.** The Council's air quality objectives cannot be met simply by shifting to electric vehicle usage: wherever possible, we also need to support more residents to walk, cycle and use public transport.

6. **Invest in better public transport provision, publishing and consulting on an engagement strategy with Transport for London on a range of public transport and active travel initiatives.** We should engage with residents and campaign groups at the earliest stage of development of these projects, by reviewing and expanding the remit of the Brent Public Transport Forum and Brent Active Travel Forum.

7. **Take further steps to reduce the air quality impact of housing and the built environment.** Amongst other things, the Council should consider investing the proceeds of its carbon offset funds in initiatives to reduce the air quality impact of household heating systems, review the heating standards in Private Rented Sector housing and improve the heating standards in its own council housing stock and those of registered providers.

8. **Promote the greater use of green space to improve the attractiveness of walking and cycling routes.** Green space alone cannot solve the air pollution crisis as this can only come with addressing the underlying causes of poor air quality, but it does still have a crucial role to play and have a range of wider benefits to mental health, biodiversity and CO2 levels.

9. **Enhance measures to improve air quality in our schools, including by looking to implement a presumption in favour of School Streets.** The Council must also set out a dedicated strategy to improve air quality in schools and school playgrounds next to main roads where School Streets cannot be implemented, and redouble efforts to ensure all schools have 'Gold' STARS accreditation and active travel plans.

10. **Lead in developing a public awareness and behavioural change campaign on air quality.** This campaign should particularly work to use the existing assets of the Council, Transport for London, the Football Association and others to more widely promote public health messages – for example by training a much wider range of staff and volunteers on Event Days to tackle engine idling, and by ensuring public health messages on air quality reach non-resident drivers along the North Circular.

We are pleased that the Resources and Public Realm Scrutiny Committee gave full formal endorsement to this report, and its recommendations, at its meeting on Wednesday 4 December 2019. We now look forward to each of these recommendations being considered by, and respond to, by Cabinet at the earliest opportunity in the New Year. In the meantime, we will be working to secure a motion on these recommendations at a forthcoming Full Council meeting. This will effectively update the previous Full Council motion declaring a climate emergency, to reflect Brent Council's political commitment to improving air quality in the borough.

In the intervening period, my fellow Scrutiny Inquiry members and I would welcome the opportunity to meet with Council Officers, Cabinet and the public to discuss this report further,

and to suggest timelines for its implementation and prioritise tasks. In light of the growing public interest in air pollution, global heating and the climate emergency, we think that the objectives of this report would best be implemented by establishing a dedicated team within Brent Council with sole and specific responsibility for acting on the climate emergency and air pollution crisis. This team should then lead a steering group within the Council, drawing expertise from every Council Department, in order to devise a cross-departmental strategy on this issue.

Finally, I would like to end by expressing my sincere thanks to all those who devoted their time and energy to the work of this Scrutiny Inquiry, including the many Officers in Brent Council who have supported our work and the many witnesses who have gone out of their way to provide evidence to this inquiry. I would like to particularly thank the six fellow Councillors and two co-opted organisations, Clean Air for Brent and Brent Cycling Campaign, who served with me on this scrutiny inquiry. Particular thanks must also go out to Michael Carr, Senior Policy and Scrutiny Officer in Brent Council, for his dedicated support and assistance throughout the course of our work.[4]

Yours faithfully,

Councillor Thomas Stephens

Chair, Air Quality Scrutiny Inquiry of Brent Council's Community and Wellbeing Scrutiny Committee
Councillor for Sudbury Ward

Scrutiny inquiry membership

This scrutiny inquiry benefitted from input and contributions from **six Brent Councillors** who served as members:

- **Cllr Elliot Chappell,** Willesden Green Ward
- **Cllr Lia Colacicco,** Mapesbury Ward
- **Cllr Janice Long**, Dudden Hill Ward
- **Cllr Michael Maurice**, Kenton Ward
- **Cllr Neil Nerva**, Queen's Park Ward
- **Cllr Thomas Stephens**, Sudbury Ward






In addition, we were proud that two external organisations within Brent, the **Brent Cycling Campaign** and **Clean Air for Brent**, agreed to be co-opted to serve on the scrutiny inquiry:

Clean Air for Brent

BRENT CYCLING CAMPAIGN

Whilst these two organisations were appointed in their own right to serve on the scrutiny inquiry, we would like to pay particular tribute to the individuals from these organisations who devoted many evenings to discussing the work of the task group, in our numerous meetings; in particular:

- **David Arditti**, Brent Cycling Campaign
- **Sarah Crawley**, Clean Air for Brent
- **Mark Falcon,** Clean Air for Brent
- **Charlie Fernandes,** Brent Cycling Campaign
- **Sylvia Gauthereau.** Brent Cycling Campaign
- **Robin Sharp CBE**, Clean Air for Brent

Finally, throughout the course of its work, the inquiry also benefitted significantly from support and assistance by Michael Carr, Senior Policy and Scrutiny Officer in Brent Council.

Terms of Reference

This scrutiny inquiry was established at Brent Council's Resources and Public Realm Scrutiny Committee on 3 July 2019, with the following Terms of Reference:

1. **Set out the latest evidence** on current issues with air quality in the borough, both across Brent as a whole and between different local communities and neighbourhoods.
2. **Review and scrutinise** the steps which Brent Council, its statutory partners and stakeholders operating across the borough which have an impact on air quality are taking to address these issues.
3. **Engage widely** with a diverse and representative range of local stakeholders across Brent on issues with air quality and the steps they would like to see taken on this issue.
4. **Review and scrutinise** relevant local, national and international examples of best practice in addressing air quality; and explore their applicability to Brent.
5. **Should it so wish, make recommendations** as to what Brent Council, its statutory partners and stakeholders across the borough who are impacting on local air quality to address these issues.

Research process and evidence base

Oral and written evidence

This scrutiny inquiry was conducted between July 2019 to December 2019 inclusive. During this process, the inquiry sought oral and written evidence from numerous stakeholders, including but not limited to:

- **A range of Departments within Brent Council**, including our environmental team, our roads and highways team, our housing department, our planning team, our schools department and our public health department.
- **Five Local Authorities** Birmingham City Council, the London Borough of Camden and the London Borough of Waltham Forest.
- **Local businesses and other organisations which impact on air quality in Brent,** including the Football Association at Wembley Park and Ace Café Wembley.

- **Academics with expertise in air quality,** particularly King's College London's Environmental Research Group (ERG).
- **Transport for London**, who provided a wealth of written evidence to us and held two meetings with us to discuss issues ranging from the importance of greening our bus network to how we can support walking and cycling and the Ultra-Low Emission Network.
- **Local schools within Brent which are taking action on air quality,** particularly Ark Franklin Primary Academy, who kindly arranged a site visit for the scrutiny inquiry. A number of other Brent schools were also approached as part of this inquiry.
- **Trade Unions with an interest and expertise in air quality,** namely the National Education Union and the Trade Union Clean Air Network.
- **A range of campaign organisations and pressure groups with interest and expertise in air quality,** including the London Cycling Campaign and Clean Air for London.
- **A number of external consultants with expertise in air quality and the environment**, who kindly donated their time free of charge to offer their expertise to the task group.

A wider appeal for evidence was also issued through a range of organisations. A full list of evidence sessions held and witnesses engaged with is included in Appendix A.

Reports commissioned by the scrutiny inquiry

In addition, the task group commissioned **five reports** from Brent Council officers to inform its work, covering the following topics:

- **Report 1:** A situation analysis of air quality in Brent, which was used to inform Chapter 1 of this report.
- **Report 2:** Progress update on Brent Council's 2017-2022 Air Quality Action Plan.
- **Report 3:** A partnerships report, detailing a range of local organisations within Brent which have an impact on air quality in the borough.
- **Report 4:** A further report providing answers to a range of questions asked by the scrutiny inquiry, including on the 'STARS' accreditation of Brent's schools, localised data on air quality hotspots in Brent and information on the air quality impact of planning developments approved in Brent.
- **Report 5:** A report from Brent Council's public health team on air quality in the borough.

The information from these reports has proven instrumental in informing our report, and is referenced and utilised throughout this report.

Literature review

Finally, throughout the course of its work, the inquiry reviewed evidence from a range of external sources, which are referenced throughout this report. A number of members of the public who heard about the work of the scrutiny inquiry through various channels also approached the Chair to provide evidence and comments. A full list of resources used is located in the references section at the end of this report.

Chapter 2 - Situation analysis

Defining 'poor air quality'

What are the harmful particles and gases in our air?

In recent decades, our understanding of the health impact of the air we breathe has changed dramatically. It is only relatively recently that we have begun to understand the true impact that a range of particles and gases which we are exposed to in our daily lives – many of which are invisible to the naked eye – can have on our own health, as well as that of our children and families.

For the purposes of this inquiry, we are concerned about the health impact of three compounds in particular:

- **Nitrogen dioxide (NO2):** NO2 is a gas produced by combustion processes, alongside Nitric Oxide (NO). Together they are often referred to as oxides of nitrogen (NOx). The Department for Environment, Food and Rural Affairs estimates that 80% of NOx emissions in areas where the UK exceeds NO2 limits are caused by transport, and the largest source of these is "light duty diesel vehicles" (cars and vans).[5]

  Exposure to NO2 has been linked to irritations to the respiratory system that can cause inflammations to the airways. It is also associated with reduced lung development and respiratory issues in early childhood, and poor lung function into adulthood.[6] Studies have also associated it with reduced life expectancy.[7]

- **Particulate Matter 2.5 (PM 2.5):** Public Health England states PM is "a generic term used to describe a complex mixture of solid and liquid particles of varying size, shape and composition." Many are created by combustion processes, but a significant amount of PM is also created by non-combustion sources such as cars skidding and breaking along the road. Others are also created by 'secondary' sources: they mix with other particles in the air after they are produced.

  PM comes in various shapes and sizes, and tends to be classified according to their diameter. PM2.5 are finer particles which are less than 2.5 microns (µm) in diameter. These are small enough for them to go deeper into the lung, and because of this, Public Health England says "the strongest evidence for effects on health is associated with PM2.5." When breathed in, these particles can get in the nose, throat and lungs or even enter the blood stream, and there is evidence that long-term exposure "increases mortality and morbidity from cardiovascular and respiratory diseases."[8]

- **Particulate Matter 10 (PM 10):** Finally, PM10 are larger particles that are less than 10 microns (µm) in diameter but more than 2.5 µm. Because of their larger size they are mainly deposited in the nose and throat, and are therefore associated with different poor health outcomes.

There are also a range of other particles and gases which can have an impact on our health. These include **Ozone, sulphur dioxide (SO2), ammonia (NH3)**, **carbon monoxide (CO)**, ultra-fine particles less than 0.5 µm in diameter **(PM 0.5)** and **non-methane volatile organic compounds (NMVOCs)**. The health impact caused by these is also hugely significant, but they do not form the focus of our inquiry – partly because London now meets legal limits in these areas; partly because of a lack of local data on their prevalence; and partly because many of them are predominantly caused by factors outside of the Council's control, such as agriculture, energy industries and industrial processes.

Another gas, **Carbon dioxide (CO2)**, is also worth highlighting. CO2 is not like the compounds above because in the levels it is currently breathed in in Brent, it does not have a direct health impact on people in the borough. However, it of course has a very significant *indirect* impact, because large amounts of CO2 create a 'greenhouse gas' effect and contribute to global heating. The scrutiny inquiry recognises that measures Brent Council takes to combat poor air quality need to complement the wider national and international climate emergency and environmental agenda. This is a theme we will return to later on in this report.

It is worth underlining that the evidence on the health impact of poor air quality is constantly being updated, and the scrutiny inquiry had the opportunity to discuss the latest evidence when we held an evidence session with Dr Ian Mudway, Lecturer in Respiratory Toxicology at the King's College London Environmental Research Group. The mass of particulates themselves is not actually the best way of determining the health impact of poor air quality: it is about the health impact of the particular elements and compounds in the particles. A better way of measuring the health impact of air quality would be to look at each individual harmful elements and compounds created by each source, and to analyse the health impact of each of these individual things.[9]

At present, however, the way we measure air quality both in the UK and around the world is not sophisticated enough to reflect this latest evidence. Measurements of air quality taken by local and national government tend to focus on the overall mass of Particulate Matter created, but as science increasingly comes to understand the damage caused by the elements within this particulate matter we will need – like the rest of the world – to devise a more sophisticated approach to measurement. Brent Council must ensure it regularly engages with experts to stay updated on the evidence, and that we play our part in pressing national government to invest in and develop more sophisticated ways of measuring air quality impact. We reflect this important lesson in one of our recommendations (Recommendation 1).

What is the 'safe limit' for air pollution?

During the course of our work, the scrutiny inquiry came to realise there is a great deal of confusion and controversy surrounding this question. There are two internationally-recognised sets of 'limits' on air quality, set by two different organisations. At the moment, UK Local Authorities are only legally required to meet the first, less stringent, one of these limits:

- **European Union (EU) limits.** These are the agreed legal limits set by EU member states on air quality. When setting these limits, EU states of course had strong regard to expert opinion on the health impact of poor air quality, but the measures set were also to some extent a compromise between EU member states. This means that the EU limits on PM2.5 and PM10 are not as stringent as evidence on health effects suggests they should be.

- **World Health Organisation (WHO) limits.** These limits are considered to be more closely related to the actual health impact of poor air quality. Whilst the WHO limits on NO2 are the same as EU limits, they are lower than EU limits for PM10 and PM2.5.

Table 1 below compares WHO and EU limits, and shows that the WHO limits for PM are significantly more stringent. At present, UK regulations only require Councils to meet the less stringent EU limits on air quality,[10] and accordingly most councils' air quality strategies (including Brent's) are built around meeting these limits.

Table 1. How WHO limits on air quality differ from EU legal limits. Adapted from Camden Council's Clean Air Action Plan 2019-2022[11]

POLLUTANT	UK NATIONAL AIR QUALITY OBJECTIVES	WHO AIR QUALITY GUIDELINES
NO2	40µg/m3 (from 1 January 2006)	40µg/m3
PM10	40µg/m3 (from 1 January 2005)	20µg/m3
PM2.5	25µg/m3 (from 1 January 2021)	10µg/m3

There is a growing debate over whether or not the UK could go further and set targets to meet the WHO limits also, and the Government has previously indicated that they may introduce legislation along these lines.[12] Despite this, across the UK as a whole, projections suggest we are unlikely to meet even the less stringent EU emissions targets for PM2.5 by the target dates of 2020 and 2030, and we are also set to miss a range of other environmental goals.[13] We will revisit this theme in Chapter 3.

Set against this, experts in the science have stressed that there is no 'safe' limit of these compounds, and that whilst WHO limits are a positive step forward there is a need for governments to go even further in future. It is also worth putting the steps local Councils need to take in the context of the wider national and international measures against air quality which need to be implemented: we have been advised that even if all of London reduced the PM created by London-based sources below WHO limits, all else held equal, the air quality in London could still exceed WHO limits due to the air pollution created outside of London. This should not, however, act as an excuse for Councils not taking local action: we should lead by example, and take all the steps necessary to ensure that, if all Councils followed suit, we would be brought within WHO limits.[14]

National and regional context

Air quality in the UK

Globally, air pollution is now the biggest environmental risk to early death, and the most recent Global Burden of Disease study estimates that both indoor and outdoor air pollution was the

cause of 5.5 million deaths globally in 2013. In line with this, it is the top environmental risk to ill health in the UK, and is the fourth greatest threat to public health after cancer, heart disease and obesity.[15]

Across the UK as a whole:

- Long-term exposure to man-made air pollution is thought to have an effect equivalent to **28,000 to 36,000 deaths a year**[16]
- PM2.5 alone is estimated to cause an average loss of life expectancy of 7 months for the UK population as a whole[17]
- The health costs arising from air pollution are thought to add up to more than **£20 billion** per year,[18] but it is thought that even this figure is conservative and the true cost could be higher
- **More than 8%** of all deaths in the UK are linked to air pollution. This is much lower than in many developing countries , where as many as a quarter of deaths are attributable to air pollution, but it still puts us 55th in the world in terms of the proportion of deaths caused by air pollution –higher than a range of other countries including the United States, Iceland, Sweden, Canada and Norway[19]
- **Almost all** cities and parts of the UK are above legal limits on at least some air pollutants[20]

Figure 1. Sources of air pollution in the UK. Figures derived from Public Health England.[21]

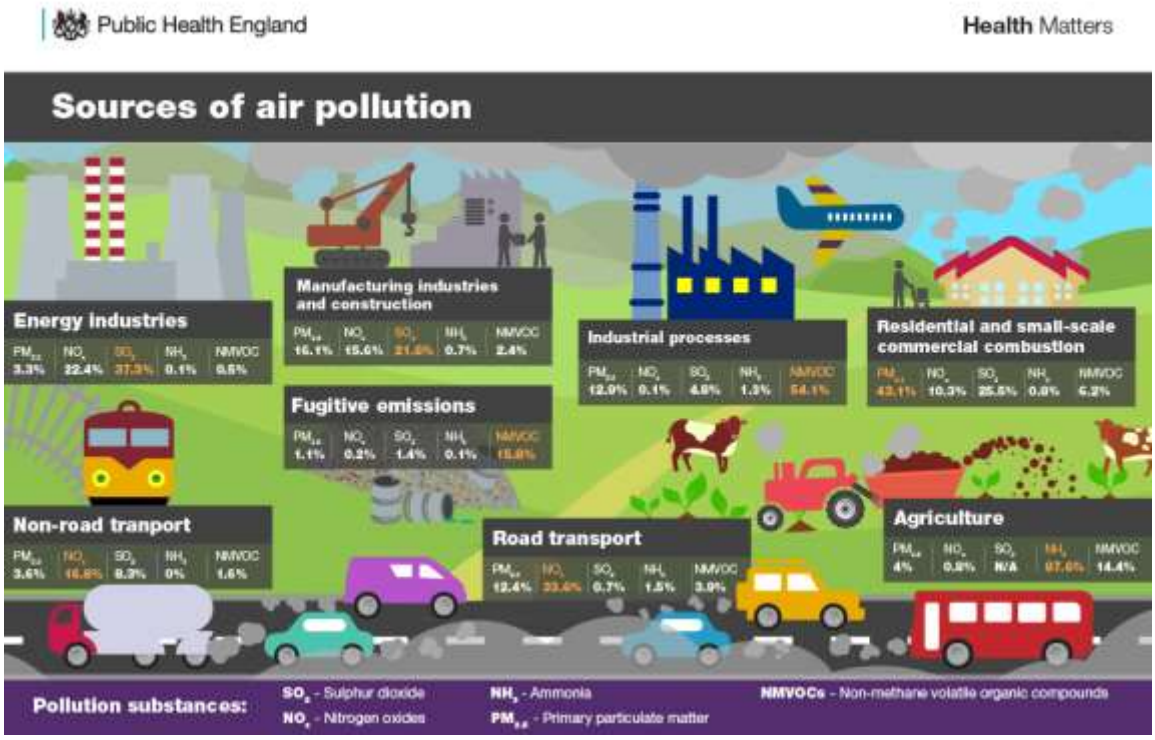


Figure 1 above provides a breakdown of all the sources of air pollution in the UK. It shows that the single largest source of PM 2.5 (43.1%) is residential and small-scale commercial combustion – such as heating in households, wood burning and cooking processes – whilst the largest source of NOx (33.6%) is road transport. Agriculture, manufacturing industries, industrial processes, non-

road transport and energy industries also make a significant contribution to air pollution, but these largely fall outside the scope of this inquiry.

Air quality in London

London now meets legal limits for most pollutants, and the 'great smogs' which London saw in previous decades – and which brought about the passage of our past Clean Air Act over six decades ago – are now thankfully a thing of the past. But as new technology and modes of transport have been adopted, new challenges have now emerged in the capital and are yet to be addressed. London fails to meet the legal limits for NO2, and there are also concerns about the health impact caused by PM.

In our capital:

- It is estimated that in 2010 alone, **9,000 Londoners** died prematurely due to long-term exposure to air pollution[22]
- **Around half** of London's air pollution is caused by road transport[23]
- **Two million Londoners** live in areas that continually exceed safe air pollution limits, including 400,000 children[24]
- King's College London research into the immediate, short-term impact of air pollution has found that of 9 UK cities researched, London air quality is responsible for by far the most hospitalisations due to cardiac arrest, strokes and asthma related to poor air quality[25]
- There is of course a great deal of variation in exposure to air pollution across the capital, with central London, Heathrow and the area around the north and south circular much more exposed to NOx than the suburbs and outskirts (see Figure 2 overleaf)

Whilst the challenge facing our capital is stark, they are in no way unique, and it is worth putting this into the context of the problems facing other global cities. London is Europe's largest city, and this brings with it a range of considerable air quality challenges. But it has less air pollution than many other European cities. Indeed, if we rank the 3,226 world cities with a population over 100,000 according to their level of air pollution, London comes towards the bottom end of the scale, at 2,516.[26]

The Greater London Authority (GLA) Environment Strategy has set ambitious targets to address his. London is aiming to have the best air quality of any major world city by 2050, and aims minimise inequalities in air pollution. It has a target to achieve compliance with EU legal limits on air quality "as soon as possible", and to meet the more stringent WHO limits by 2030.[27] The policies the GLA have adopted to address these issues will be explored in a later section of this report.

Local context

Sources of poor air quality in Brent

In order to understand more about air pollution in Brent specifically, this scrutiny inquiry commissioned a number of reports from the Council. We also carried out a literature review of existing Brent commitments on, and reports into, air pollution. The figures overleaf give information on the causes of air pollution in Brent by source for NOx, PM2.5, PM10 and CO2.[28] Amongst other things, they show that:

- **Road transport makes the single biggest contribution to NOx and PM emissions in Brent**, and is responsible for 49% of NOx emissions, almost half of PM2.5 emissions and over 40% of PM10 emissions
- **Of all road transport sources, diesel cars make the single biggest contribution to NOx and PM2.5**, but not PM10. For NOx, TfL buses make the second-biggest contribution, whilst for PM2.5 it is petrol cars
- **However other, often-overlooked sources also make a considerable contribution to air pollution**. When taken together, domestic heat and power generation, construction and industrial processes all rival road transport as a cause of air pollution. Any strategy to combat local air pollution needs to be mindful of this
- **The relative contribution of residents and non-residents to air pollution in Brent is largely not known**. This will have a significant bearing on the policies required
- **CO2 emissions in Brent are caused by a different range of factors,** with industrial and commercial processes the single largest cause, followed by domestic heat and power

Figure 2. Annual average nitrogen dioxide concentrations in London in 2016. Source: London Atmospheric Emissions Inventory.[29]

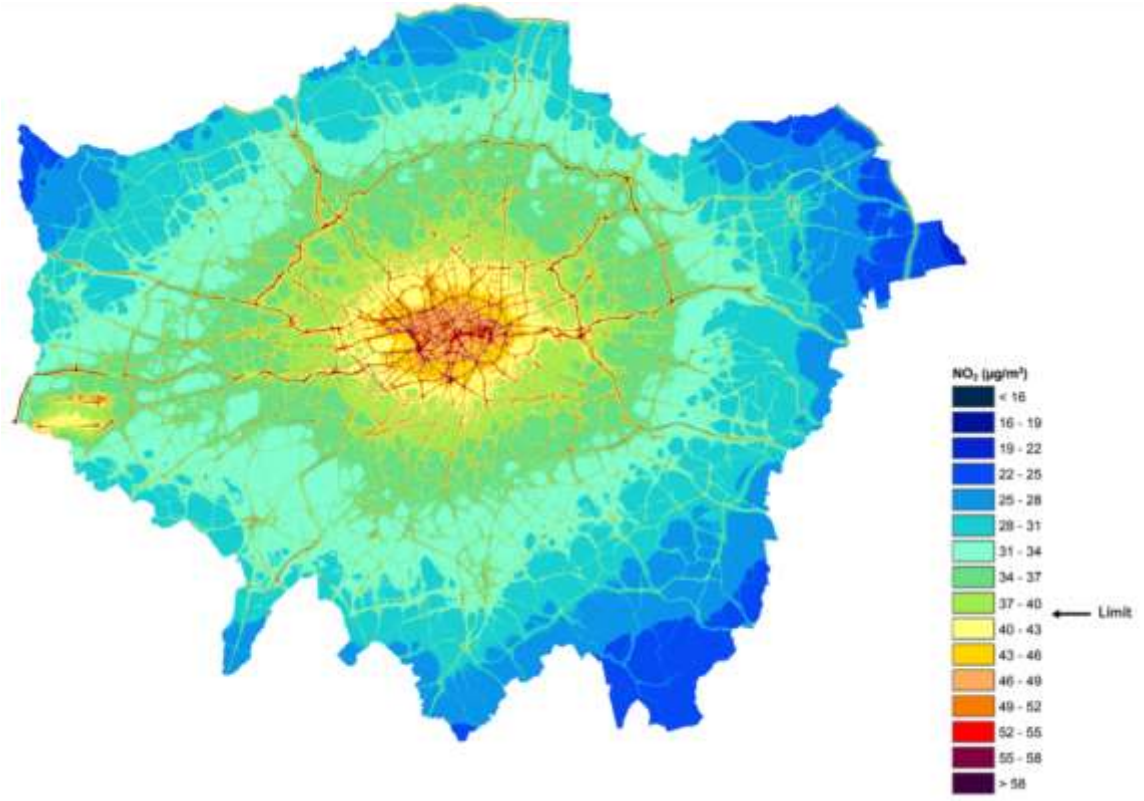


Figure 3. NOx emissions in Brent by source. Source: London Atmospheric Emissions Inventory 2016[30]

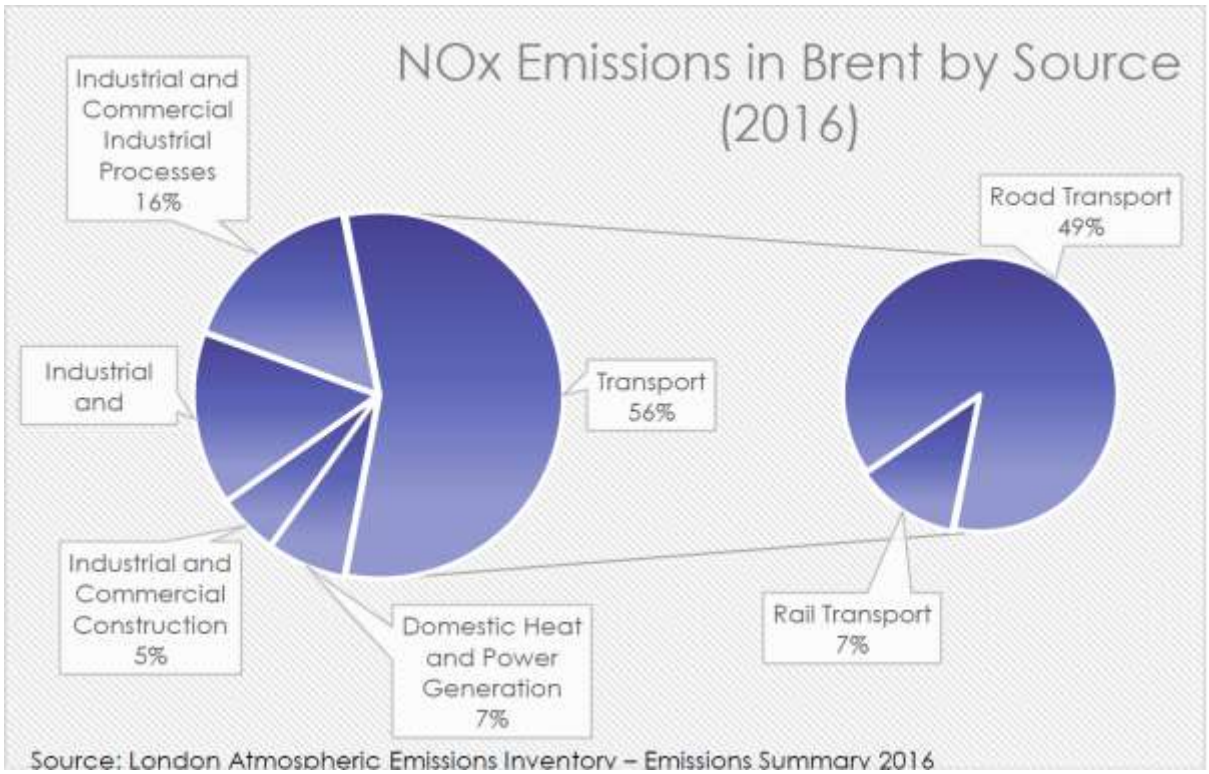


Figure 4. NOx emissions in Brent by road transport. Source: London Atmospheric Emissions Inventory 2016[31]

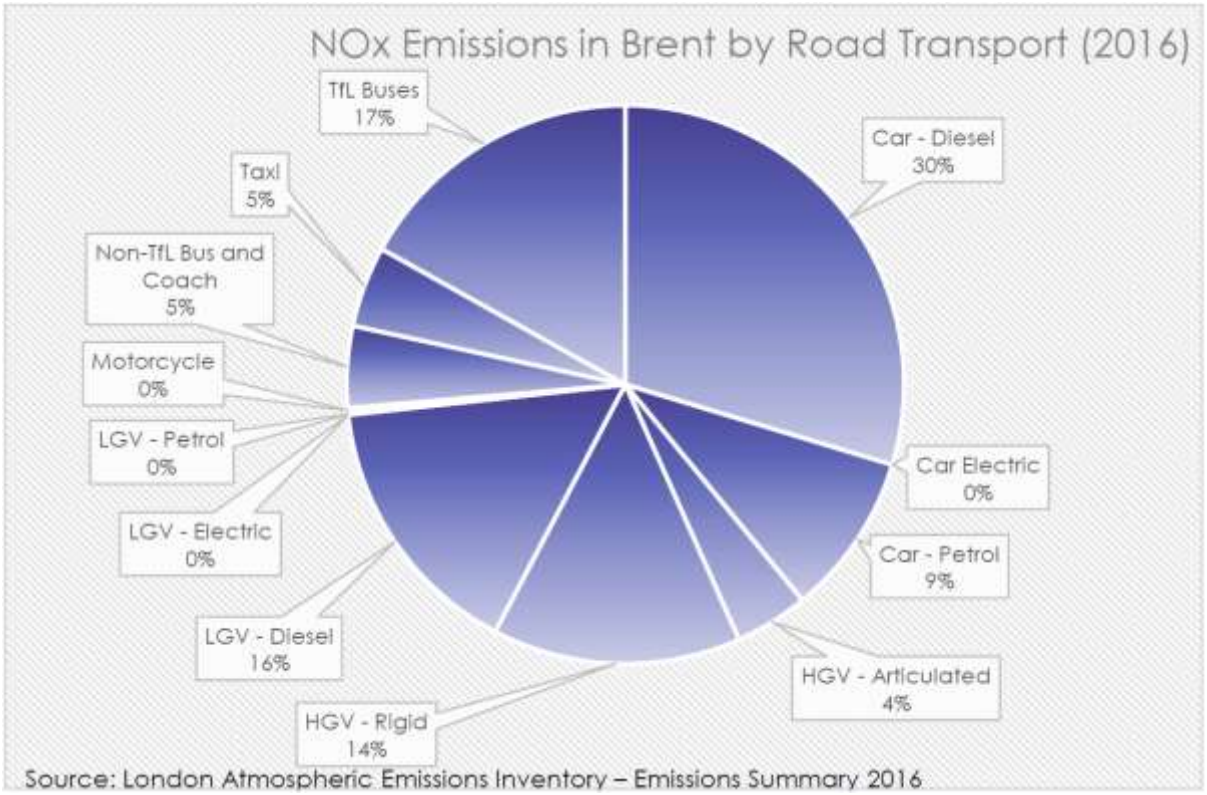


Figure 5. PM2.5 emissions in Brent by source. Source: London Atmospheric Emissions Inventory 2016[32]

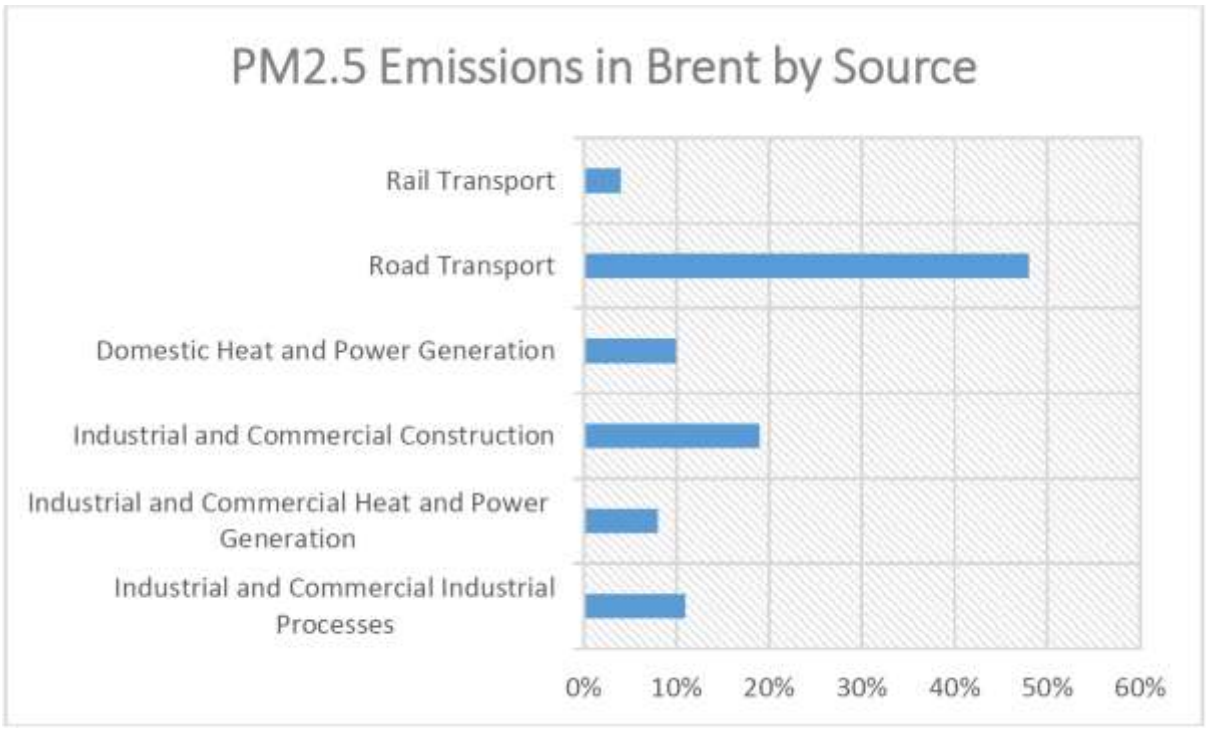


Figure 6. PM2.5 emissions in Brent by road transport. Source: London Atmospheric Emissions Inventory 2016[33]

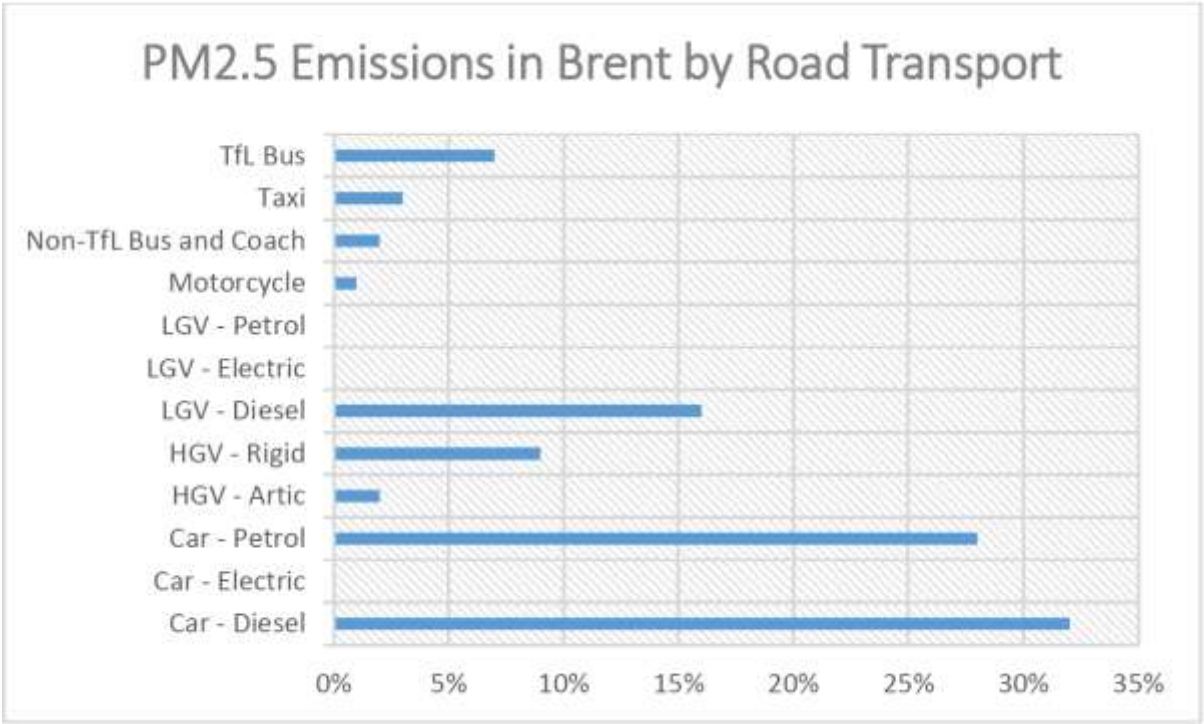


Figure 7. PM10 emissions in Brent by source. Source: London Atmospheric Emissions Inventory 2016[34]

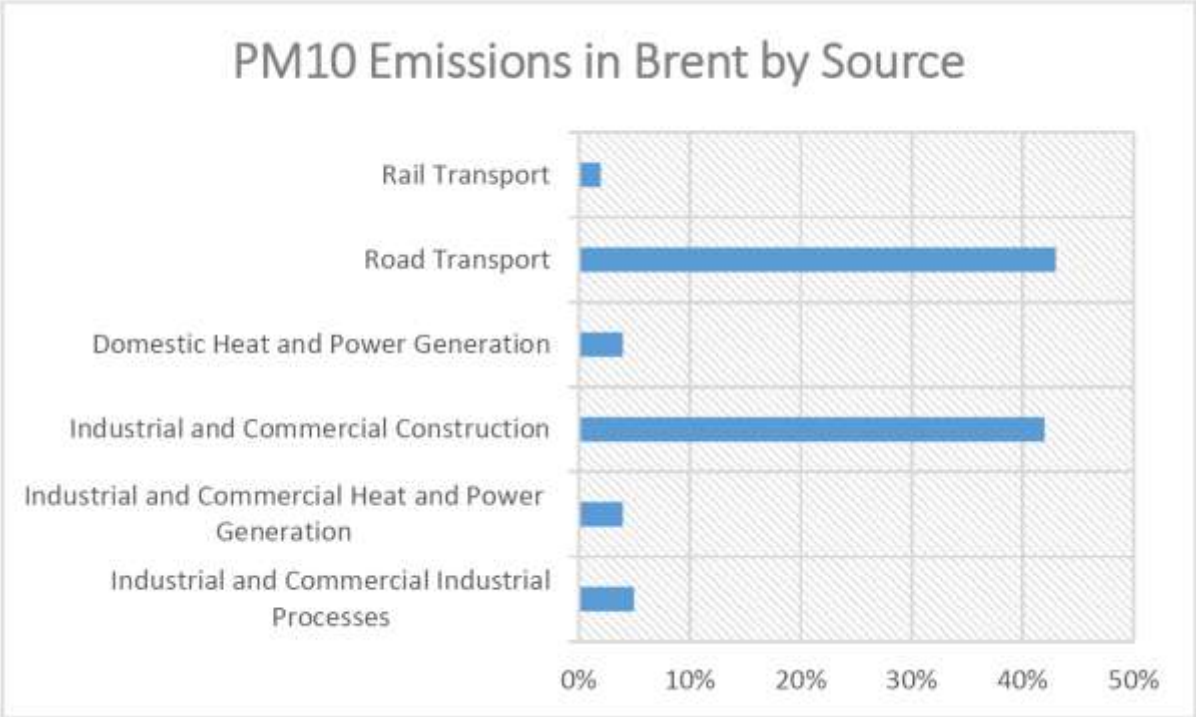


Figure 8. PM10 emissions in Brent by source. Source: London Atmospheric Emissions Inventory 2016[35]

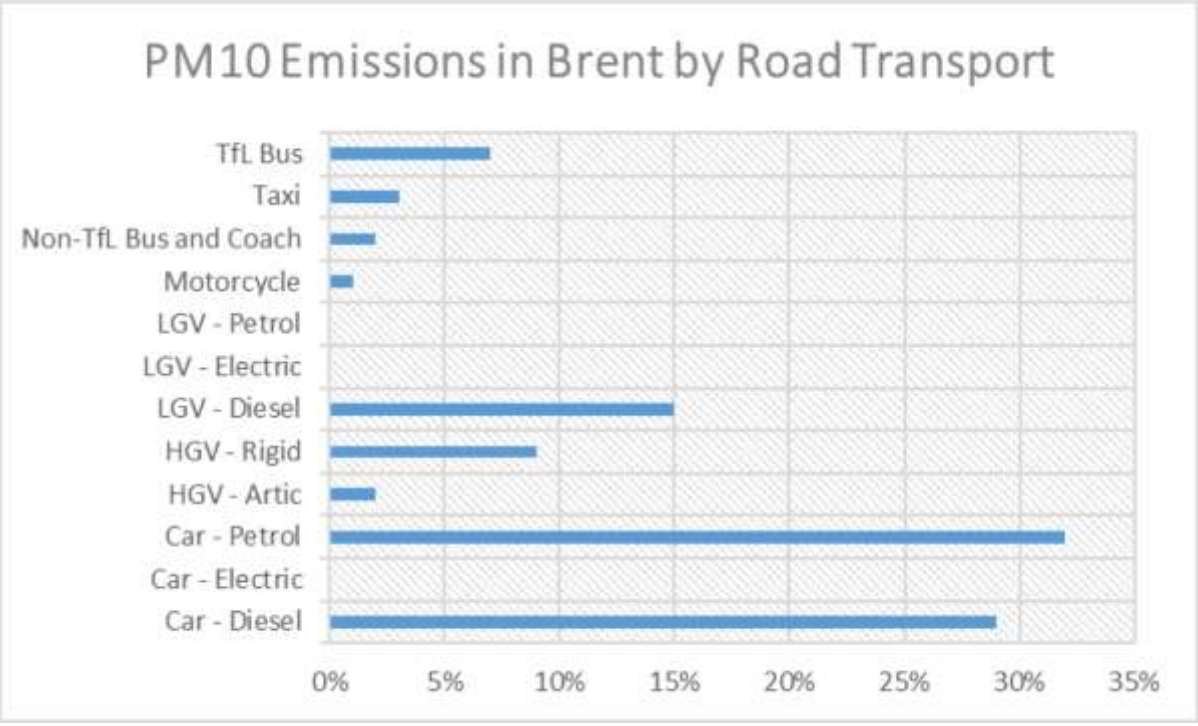
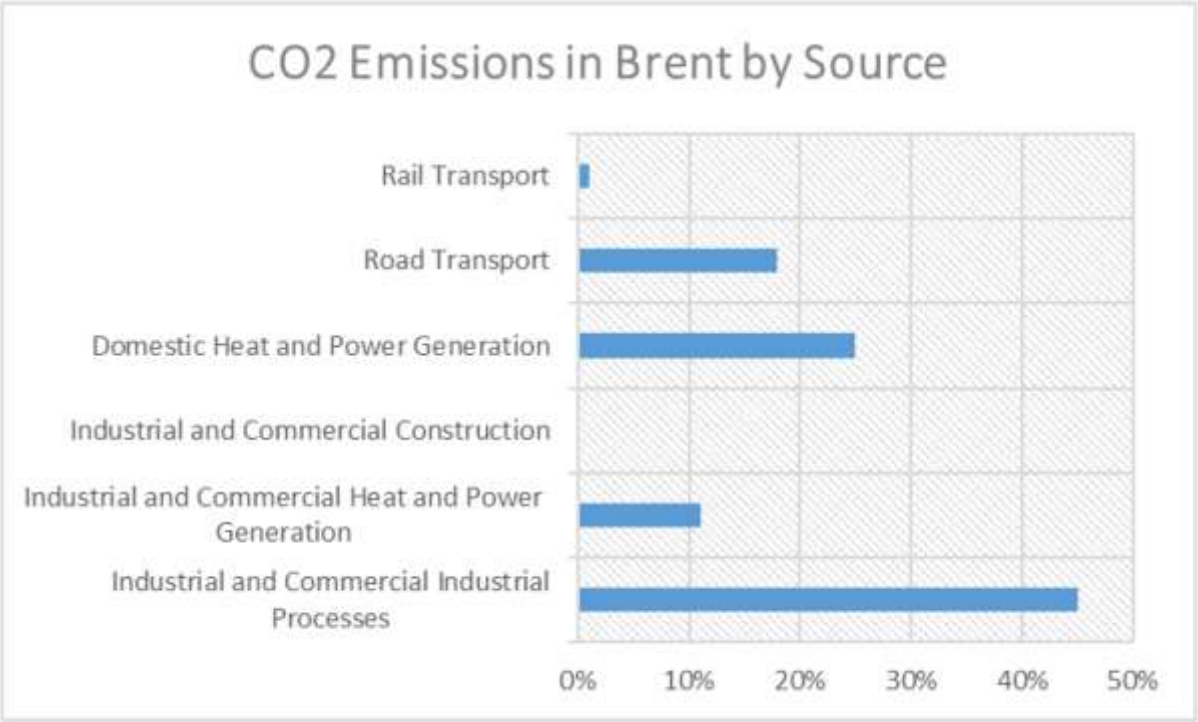


Figure 9. CO2 emissions in Brent by source. Source: London Atmospheric Emissions Inventory 2016[36]



The impact of poor air quality in Brent

Across the borough, on average, Brent is compliant with EU legal limits on PM2.5 and PM10 in most areas this is measured, but as with London as a whole we are not compliant with legal limits on NO2. Parts of Brent, however, are not compliant with the more stringent WHO limits on air PM10. There is a general trend towards a fall in air pollution, but significant challenges remain and there are concerns that many pockets of the borough are not compliant with EU legal limits, let alone the more stringent limits of the World Health Organisation.

There is not always localised data available on the impact of air quality in Brent, but the scrutiny inquiry was made aware of the following stark statistics:

- Recent Friends of the Earth research suggested four of the 10 most-polluted roads in Londonare in Brent
- A 2010 study attributed **133 deaths** in Brent in 2008 to PM2.5 exposure[37]
- A 2012 study attributed **7.2%** of mortality in Brent to long-term exposure to PM2.5, which puts us in the middle of the league table of London boroughs[38]
- Mortality caused by PM2.5 in Brent is above some comparable London boroughs like Barnet (6.8%) and Harrow (6.4%) but below inner London boroughs like Camden (7.7%), the City of London (9%) or Islington (7.9%)[39]

Neighbourhood-level analysis: how does air quality vary within Brent?

As with any Local Authority, there are clearly significant variations in exposure to air pollution across Brent. Across the UK as a whole, more deprived neighbourhoods tend to be exposed to greater concentrations of air pollution and suffer more of the health effects of poor air pollution.

Although the scrutiny inquiry has not been made aware of any similar borough-level analysis within Brent, it is likely that the same picture is apparent here.[40]

In addition, in line with many other Councils – especially those lying between the North Circular, and straddling Inner and Outer London – Brent's infrastructure and built environment clearly has some significant challenges which cause a great deal of inequality in exposure to air pollution across the borough. Brent is separated to the north and south by the North Circular, and to the east and west in two places by a tube network. These factors can make it hard to plan and construct routes for pedestrians and cyclists, and can significantly contribute to high levels of air pollution along the north circular.

There are also large differences in accessibility to public transport across the borough, which drive significant variations in car usage between different areas of Brent.[41] Many of the factors which drive this variation are not under the direct control of the Council, and other stakeholders – most especially Transport for London, local businesses and non-residents who travel through Brent – need to be engaged to address these challenges. These challenges will be discussed in further detail in Chapters 3 and 4, where we look at differences in road car ownership and public transport accessibility in the borough.

In order to understand more about different levels of air pollution in the borough, the scrutiny inquiry requested some localised information from Brent Council, and carried out a review of existing evidence. They provided analysis showing that the following 9 'air pollution hotspots' in the borough, based on modelling data from 2016. These are mapped in Figure 12 overleaf and consist of the following areas:

- Wembley High Road / Wembley Central
- Neasden / Blackbird Hill
- Stonebridge
- Harlesden Town Centre
- Willesden High Road
- Chamberlayne Road
- Cricklewood Broadway
- Lower Kilburn High Road
- Burnt Oak Broadway

In addition, Brent Council's 2017-2022 Air Quality Action Plan[42] also contains information on localised air pollution in the borough. It designates four parts of Brent as Air Quality Focus Areas (AQFAs), in need of specific policies to address air pollution: Wembley and Tokyngton; Neasden town; Church End; and the Kilburn Regeneration Area. Many of the above hotspots are contained within these AQFAs. The scrutiny inquiry is also mindful of the considerable air pollution issues around St Raphael's estate in Stonebridge Ward, which has been the subject of an equality analysis to be presented to Cabinet on 9 December.[43]

Finally, in 2016, the Council commissioned a consultancy to carry out an analysis of local levels of air pollution across Brent.[44] Amongst other things, this report used a model to estimate average concentrations of NO2 and PM10 across the borough (they did not analyse levels of PM2.5). The results of their analysis are contained in Figures 11 and 12 below, and give an impression of the variation of air quality across Brent. As a result of this analysis, almost all of Brent has been legally

designated an Air Quality Management Area (AQMA) by the Council, with only parts of Kenton, Sudbury and Welsh Harp outside of the AQMA.[45]

Figure 10. Modelling estimates of average PM10 concentrations in Brent in 2015. Source: Ricardo Energy & Environment analysis for Brent Council.[46]

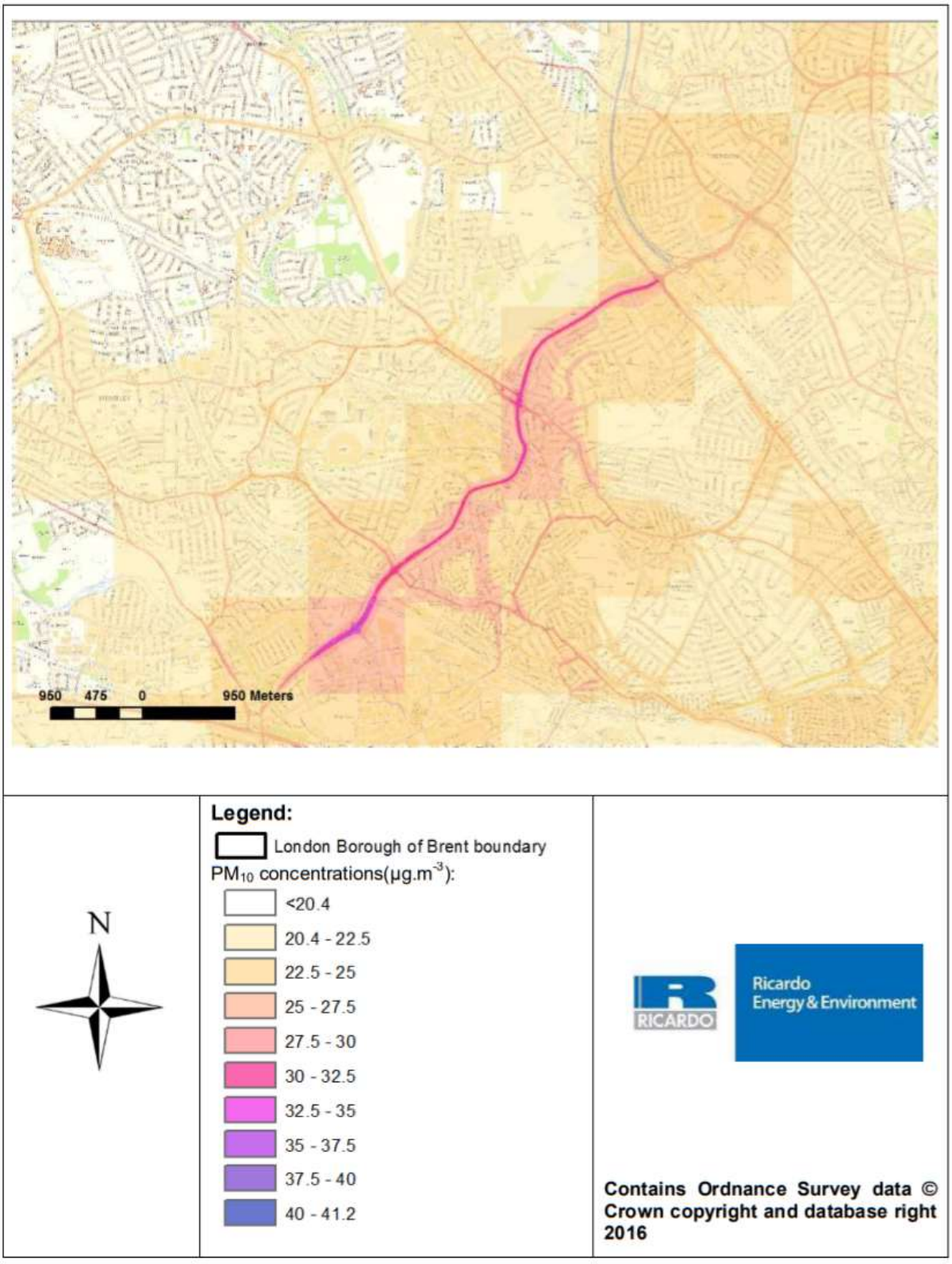


Figure 11. Modelling estimates of average NO2 concentrations in Brent in 2015. Source: Ricardo Energy & Environment analysis for Brent Council.[47]

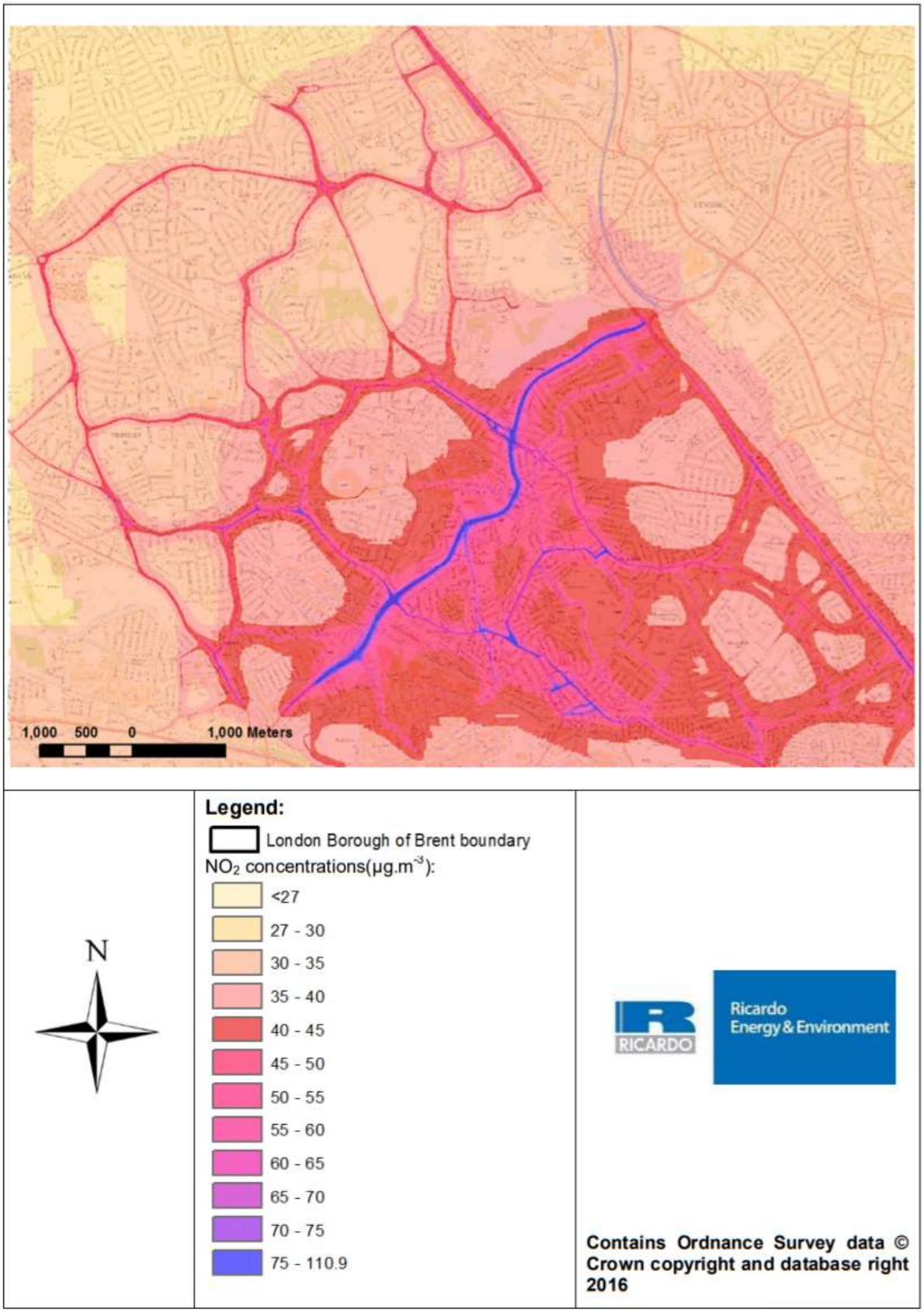
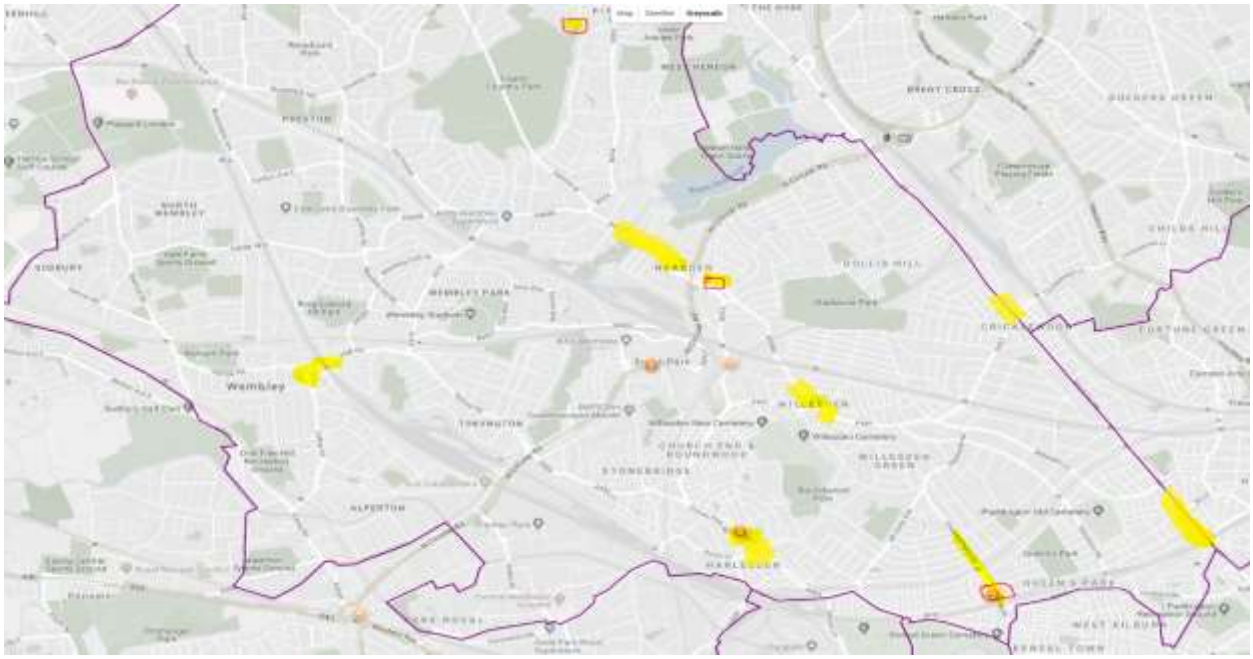


Figure 12. Identified 'air pollution hotspots' in Brent. Source: London Atmospheric Emissions Inventory 2016 model prediction of air quality up to 2020. Data provided by Brent Council.[48]



Chapter 3

Objectives of Brent's Air Quality Action Plan

Introduction

This chapter reviews the over-arching objectives of Brent's 2018-2022 Air Quality Action Plan, such as the air quality standards we are to meet and how we will measure progress across the borough.[49] We will scrutinise how Brent proposes to meet these objectives in succeeding chapters of this report, but our focus in this chapter will be on the overall, high-level goals set in the action plan.

Existing commitments by Council and GLA

Brent's existing air quality action plan is focussed on one over-arching objective, namely achieving and exceeding existing EU legal limits on air quality. Air quality across the borough as a whole is measured using annual averages from Brent's network of 27 diffusion tubes which measure NO2 and five 24-hour monitoring stations, which are scattered at key strategic points across Brent.[50]

The data from these monitoring stations, both in Brent and across London, is also used to inform a model which estimates air quality across every neighbourhood in London, even in areas where there is no monitoring station. This model is developed by the London Air Quality Network of King's College London, and is used to produce maps of air quality across London, the latest of which is from 2016.[51]

The scrutiny inquiry understands that the objective to meet EU limits on air quality across the borough as a whole is the only *outcomes*-focussed objective of Brent's air quality action plan. Beyond this, the Council's action plan has 25 objectives, all of which are *output-focussed*. We understand this objective will be met if EU limits on air quality are met across the borough as a whole, using the average data across the air quality monitoring stations, even if modelling suggests that certain neighbourhoods in the borough are above legal limits on air quality.

At the request of this scrutiny inquiry, the Council has provided an update on its progress in meeting these 25 objectives. We understand the Council will be publishing this progress report at a future date.

Scrutiny of commitments and scope for further action

In general, the scrutiny inquiry welcomes the general *outputs*-focussed nature of the 2017-2022 Air Quality Action Plan, and agrees that any strategy to address air quality should focus on setting practical, tangible objectives on the outcomes it expects to deliver. Clearly any air quality action plan should focus predominantly output-focussed objectives to improve air quality locally, with only a small and focussed number of over-arching objectives.

However, in our engagement with other Councils on air quality during the course of this inquiry, we were struck that other local authorities' air quality action plans, most particularly Camden's, set some additional overarching objectives which set stronger objectives and have been clearer on the need for the Council to lobby for change where it is unable to foster change itself. These have helped foster greater public confidence in the strength of their intentions.

In addition, in order to understand even more about what Brent's over-arching air quality objectives should be, the scrutiny inquiry also held an evidence session with the Trade Union Clean Air Network (TUCAN) – a coalition of trade unions, large and small, dedicated to raising awareness about air quality –;[52] and sent out an appeal to information to a range of organisations dedicated to campaigning on the climate emergency, including Brent Friends of the Earth and Extinction Rebellion Brent.

Based on this engagement, the scrutiny inquiry feels that:

- **There is scope for Brent Council's strategy to commit to meeting more stringent World Health Organisation limits on air quality, and not merely meeting EU limits.** As noted in Chapter 2, whilst WHO and EU limits are the same for NO2, they differ markedly for PM10 and PM2.5 (see Table 1. In January 2018, Camden became the first Council to officially commit to meeting WHO limits.[53] This is in line with the GLA, which has also set an objective for London to meet WHO limits on air quality.[54] Whilst committing to WHO limits, as noted in Chapter 1, the strategy must also explicitly recognise that there is no safe limit of air pollution, and commit to regularly engaging with experts to stay updated on latest developments in the evidence.

- **The Council should do more to set additional targets to address inequality in air quality between neighbourhoods.** Camden's air quality strategy has explicitly recognised that it is not sufficient merely to meet legal limits for average air quality, across the borough as a whole. The Council has explicitly stated that unless they meet EU legal limits in the worst-affected neighbourhood in their borough, the objectives of their strategy will not be met.[55]

- **Where the Council cannot implement the desired changes itself, it should set out a range of ways in which it will lobby the Government to achieve change**, either by introducing legislation, by better-funding Councils or by calling for greater investment at a national level. For example, Camden's strategy includes objectives to lobby national government on a car scrappage scheme, to phase out diesel trains by 2040 and to lobby large delivery companies such as Amazon to reduce their air quality impact.

- **Brent's air quality strategy must link with, and complement, the wider climate change and climate emergency agenda.** Without linking-in with this agenda, measures to combat air quality could have the unintended effect of exacerbating the climate crisis globally. For example, if there is a resource-intensive, highly-polluting and wasteful process of procuring electric cars, we may improve air quality on our own streets only to cause pollution elsewhere in the world and exacerbate global heating.

- **Brent's strategy should recognise that poor air quality is an occupational health hazard as well as a public health hazard.** For many air pollutants, existing air quality standards in the workplace, set by the Health and Safety Executive and in national legislation, are in fact weaker than WHO standards, and TUCAN feel that national air quality standards in the workplace need to be aligned to WHO standards. [56] It is also clear that many employers, including local Councils, are not meeting their legal obligations in assessing their employees' and contractors' exposure to carcinogens in the air. Brent's air quality strategy should be clear on the need for national government to take action in this area, address air quality as an occupational as well as a public health risk.

Recommendations

In light of the above, this scrutiny inquiry **RECOMMENDS:**

RECOMMENDATION 1:

THAT THE COUNCIL UPDATE THE AIR QUALITY STRATEGY, AND SET OUT AN ASPIRATION TO MEET WORLD HEALTH ORGANISATION LIMITS ON AIR POLLUTION, COMMIT TO ADDRESSING INEQUALITY IN AIR QUALITY AND COMPLEMENT THE WIDER CLIMATE EMERGENCY AGENDA. WE SHOULD ALSO LOBBY NATIONAL GOVERNMENT WHERE WE ARE UNABLE TO EFFECT CHANGE OURSELVES.

We recommend that the objectives Brent Council sets to improve air quality in the borough be updated to:

- **Commit the Council to meeting and exceeding WHO limits on air pollution, whilst also acknowledging that there is no 'safe' limit of air pollution.** This would bring the Council in line with the GLA's Environmental Strategy and the air quality strategies in other Councils. We must also lobby the Government to set World Health Organisation (WHO) limits as the legal limit for air pollution in national legislation, and provide Councils with the necessary funding to meet them.
- **Set targets to address the inequality in air pollution between areas,** such that our air quality strategy objectives will not be met until the worst-affected neighbourhood in our borough meet limits on air quality. It should build on its existing approach to air quality hotspots and set a target to bring air quality in all of these hotspots within WHO limits
- **Acknowledge that our air quality objectives will not be met without a modal shift in the way we go out and about in the borough,** with a greater number and proportion of future journeys involving cycling, walking and public transport. This requires measures to support the greater use of active travel and public transport usage, and not simply encourage existing drivers to switch to electric and hybrid cars. It should explicitly raise awareness of and support initiatives such as the Ultra-Low Emission Zone, which evidence shows will be the most effective in improving air quality
- **Complement and reinforce the wider global heating and climate emergency agenda.** The air quality strategy must ensure that measures Brent Council takes to address air quality also contribute to meeting our wider climate objectives, and must not have the unintended effect of exacerbating the climate emergency. All policies in our action plan should be tested against this objective.

- **Where we are unable to make the changes ourselves, lobby national Government and the Greater London Authority for the changes and funding we need.** This will help foster public confidence in our air quality strategy, and make it clear where we are prevented from implementing certain policies by factors outside of our control.

Amongst other things, we should lobby for:

- The Government to enshrine a right to clean air in national legislation.
- Better workplace air quality standards, so that they reflect the actual health impact of poor air quality on the workforce, and work with trade unions to consistently promote air quality as an occupational health issue as well as a public health issue.
- Stronger legislation to take action against engine idling, such that in certain instances, most especially around schools, fines for idling can be issued more easily than at present without the need to first ask drivers to turn off their engines.
- Make it easier for councils to take enforcement action against wood and waste burning, where this is having a proven negative impact on air quality.
- Companies like Amazon, JustEat and other delivery firms to take a more responsible approach to their deliveries, which minimises air quality impact – for example by pooling together deliveries, using cyclists as deliverers and delivering to community 'hubs' rather than individual addresses where possible.

The Council should also regularly engage with experts in air quality, including the London Air Quality Network of King's College London (of which we are already a member) in order to maintain an up-to-date picture of the health impact of air quality and the factors which cause poor air quality. It should pay particular regard to the evidence of the air quality impact of electric vehicles, and the growing understanding of the specific chemicals within particulate matter which cause most damage to human health.

In order to signify the strength of the Council's intent in this area and further codify some of these objectives, there should be a Full Council motion on air quality, updating and enhancing the Council's previous commitments in its climate emergency motion.

Chapter 4

Personal car usage, freight and procurement

Brent's current situation

As noted earlier, road transport is the single largest cause of NO2, PM2.5 and PM10 emissions in Brent, in London and across the UK as a whole, and is responsible for roughly half of the gases and particles in our air.

Within this, personal transport usage is the single biggest contributor to air pollution, with wider procurement processes by businesses also making a significant contribution. This chapter will consider both issues in turn.

Personal car usage

A 2010/11 study by TfL found were 2.6 million cars registered in London, or 0.3 cars per adult in London, with 54% of London households having at least one car. Their statistical analysis found that, perhaps unsurprisingly, car ownership rates are seen amongst those who:[57]

- Live in outer London
- Live in an area with poor access to public transport
- Are aged 55-59: personal car ownership increases up to a peak at age 55-59, but declines thereafter
- Have higher household incomes: ownership increases up to £75,000 but flattens off afterwards
- Have children, with people in households with at least one child nearly a third more likely to own a car than those without
- Are in full-time employment
- Are of Western European nationality

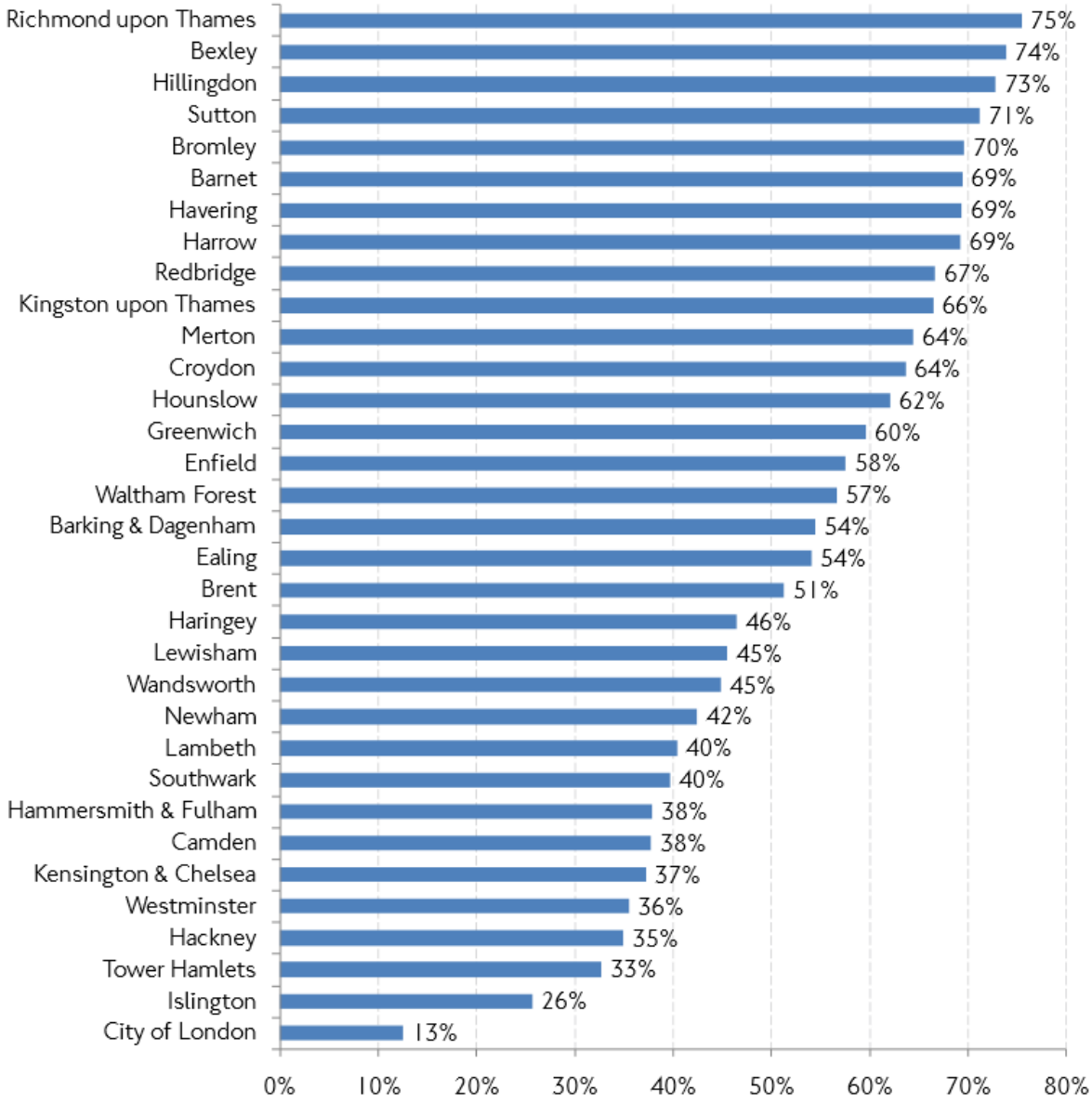
Car ownership levels vary substantially across London boroughs, with outer London boroughs tending to have significantly higher car ownership rates than those in inner London boroughs. However, as illustrated by Figure 13 below, contrary to what might be assumed car ownership levels in Brent actually put us in the bottom half of the London league table, with lower car ownership rates than Councils like Harrow, Barnet and Ealing. Of the outer London boroughs, only Haringey and Newham have fewer households with access to a car.

As part of its work, the scrutiny inquiry asked the Council to provide estimates of the number of diesel cars registered in Controlled Parking Zones in the borough. Although they do not collect data on the number of registered diesel vehicles specifically, as there are 33,000 permit holders in the borough, their assumption is that in line with national data on the size of the diesel car market approximately 10,000 of these are diesel. Their data also shows that as a result of changes

to the emissions-based banding of resident parking permits in April 2017, there was a 16% reduction in the number of 'high' emission permits sold between 2017/18 and 2018/19, from 3,144 down to 2,629.[58]

Figures from the three previous censuses, collated in Brent's 2015 Parking Strategy, showed that in 2011, 110,286 households in Brent owned a car (see Table 2 overleaf). Of all Brent households, 43% do not own a car, 39.5% own one car, 13.5% own two cars and 4% own three or more cars. As a percentage of Brent's population, car ownership was down in 2011 from what it was in 2001 or 1991, but – very crucially – because of increases in Brent's population, the overall number of

Figure 13. Percentage of households in London boroughs with access to a car. Source: Transport for London Roads Task Force review. [59]



households who own a car is higher than it was in 2001. As Brent's population increases, the forecast demand for parking and the pressures on roads and infrastructure may continue to increase, even if car ownership levels continue to decline.[60] Even if all these drivers use vehicles

with zero emissions from the exhaust, the PM2.5 and PM10 created by this increased traffic will have implications for air quality in the borough. This underlines the need for the Council to encourage a modal shift in the way we go out and about in the borough: we all need to think carefully about the journeys we make, and work to take more journeys by using public transport, walking and cycling.

In addition, data from the 2011 London Travel Demand Survey indicates that between 2005/06 and 2009/10, 44% of the trips made by Brent residents were made by car or motorcycle. This is a higher percentage than any inner London borough and above the Greater London average (38%), but below the outer London average (50%) and the sixth lowest of any outer London borough.

Table 2. Number of cars and vans per household in Brent, 1991-2018. Adapted from Brent Council's 2015 Parking Strategy.[61]

NO. OF CARS / VANS PER HOUSEHOLD	1991		2001		2011	
	No. of households	%	No. of households	%	No. of households	%
0 (CAR-FREE)	40,756	43.4%	37,287	37.3%	47,417	43%
1	38,153	40.6%	42,606	42.6%	43,598	39.5%
2	12,705	13.5%	16,207	16.2%	14,884	13.5%
3+	2,350	2.5%	3,891	3.9%	4,385	4%
TOTAL HOUSEHOLDS	93,964	100%	99,991	100%	110,286	100%

This is lower than boroughs like Barnet (49%) and Harrow (52%), but higher than Waltham Forest (41%) or Barking and Dagenham (40%).[62] More recent Department for Transport data shows the number of licensed cars, heavy goods vehicles and light goods vehicles in Brent has increased from 98,120 in 2011 to 102,236 in 2018 – this only serves to reinforce the points made in the 2015 Parking Strategy, as it shows that despite reductions in the proportion of Brent residents owning cars and vans, the overall number of cars and vans owned by Brent residents has continued to increase due to increases in Brent's population.[63]

Taken together, the evidence outlined above shows that there is significant scope for Brent to go further in reducing the air quality impact of car journeys and shifting travel to public transport, walking and cycling (something which will be revisited in Chapter 5). However, the data also show that rates of car ownership and car travel in Brent are not as high as might often be assumed, and the proportion of Brent residents who use cars has declined in recent years (even if the overall number of households owning cars has risen).

Set against this, however, there are also questions over the contribution which non-residents travelling through Brent make to air pollution in the borough. The scrutiny inquiry asked both the Council and Transport for London to shed light on this, but we were advised that it is not known how much air pollution in Brent caused by car usage is attributable to non-residents. However, because of the presence of the North Circular and the frequency of Wembley Event Days, it is likely that a considerable amount of air pollution in the borough is due to non-resident car journeys. This presents all Local Authorities with a considerable public policy challenge, because whilst it is relatively easy to encourage residents to shift to less polluting vehicles (through for

example the diesel surcharge in Controlled Parking Zones), the policy options Councils have available to change *non-resident* behaviour are more limited.

For event days, however, the Football Association provided us with a breakdown of the percentage of journeys made by car for each type of event in the borough.[64] Table 3 below provides a breakdown for all six event types which took place at the stadium in 2017/18. The average across all event types was that 78.5% of journeys took place using mainline rail, London Underground and the London Overground, with 6.6% taking place by car. The lowest car share was 4.7% for NFL events, whilst the highest car share was 7.9% for rugby. The Football Association advised us that there can be particular difficulties in getting high public transport usage for sports matches for teams outside of London with relatively poor or expensive railway links, such as certain Championship play-offs.[65]

There were 2,350 car parking spaces in Wembley in official sites around the stadium and there are plans to increase this to just short of 3,000, but the true level of event day parking is even higher than this: it is also understood by the FA that there are at least an additional 7 'pirate' parking sites in the borough which both the Council and FA are constantly trying to close down, and parking both inside and outside of the event day Controlled Parking Zone is also known to take place.

Table 3. Modal share of journeys at Wembley event days. Adapted from the Football Association's Wembley Stadium Spectator Travel Plan 2018.[66]

	ENGLAND INTERNATIONAL	'OTHER' FOOTBALL MATCHES	TOTTENHAM HOTSPUR MATCHES	CONCERTS	RUGBY	NFL
CAR	7.2%	7.2%	7.0%	6.4%	7.9%	4.7%
COACH	5.1%	8.8%	2.7%	2.7%	28.9%	2.5%
MOTORCYCLE	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BLUE BADGE	0.2%	0.4%	0.4%	0.2%	0.5%	0.0%
MINIBUS	0.4%	0.5%	0.2%	0.0%	0.3%	0.0%
MAINLINE RAIL AND TFL	86.9%	81.2%	80.5%	75.5%	58.0%	84.2%
OTHER	0.2%	1.9%	9.2%	15.0%	4.3%	8.6%

Freight, deliveries and procurement

In addition to this, there are also concerns about the contribution which the procurement processes and deliveries for businesses, households and other organisations operating in the borough – including the Council – make to air quality locally. Data provided to the scrutiny inquiry by the Council (see Chapter 1) highlights that heavy goods vehicles (both 'articulated and 'rigid') and light goods vehicles ('diesel') are responsible for a significant proportion of the air pollution caused by road transport in the borough, namely:[67]

- **34%** of NOx emissions
- **28%** of PM2.5 emissions
- **28%** of PM10 emissions

Even these figures will be an understatement, because they don't count for the air pollution caused by cars or motorcycles involved in the procurement and deliveries business – such as JustEat and other takeaway deliveries delivered directly to people's homes. As the popularity of supermarkets and retail environments continues to decline, there are concerns that younger generations may increasingly resort to home deliveries and thus inadvertently impact on air quality. There is an urgent need for local and national government to raise awareness of the implications of this, and work to force the private sector to reduce the air quality impact of this delivery.

It is thought that the air quality impact of freight and delivery processes could be significantly reduced through a number of measures. The Council could lead by example by minimising the air quality impact of its own processes in these ways, but it also has a crucial role to play in ensuring the private sector follows suit:

- **Maximising the use of active travel, such as cycling, for deliveries** – especially for the 'final mile' when small deliveries are delivered directly to people's homes or to small businesses.
- **Integrating local procurement processes to remove duplication from businesses.** For example, rather than having several businesses in the same location source milk from several separate suppliers, these firms could integrate processes and get things delivered in a single vehicle.
- **Changing the times of deliveries to minimise traffic impact**, for example by ensuring that as few deliveries as possible take place during rush hour.
- **Encouraging people to collect orders in 'central hubs', rather than delivering directly to their homes.** Councils could play a role in identifying where these hubs could be located, and encouraging individuals to use them.
- **Where vehicles have to be used, switching to low emission vehicles** such as electric cars and vans. For example, work is currently being undertaken to explore whether Brent Council's Veolia waste collection lorries could be switched to electric in the years to come

It has not been possible to obtain exact figures on the air quality benefits which could be achieved in Brent from the above activities. However, the scrutiny inquiry is aware of successful initiatives in Westminster City Council and the Cross-River Partnership which have achieved considerable success. A 'preferred suppliers' initiative for waste collection in Bond Street, spearheaded by the Cross-River Partnership, was able to deliver:[68]

- A reduction in waste collection companies from **47 to 5**
- A **75% reduction** in the use of waste vehicles
- **40%** fewer bin bags left on the street
- **25%** average savings on annual waste removal and recycling costs

The scrutiny inquiry discussed these initiatives with both the Football Association and with the Environmental Research Group of King's College London. It was highlighted that as well as delivering considerable environmental benefits, these initiatives tend to deliver significant cost savings to businesses. Local government and public/private partnerships such as the Cross-River Partnership in Central London have a crucial part to play in making businesses aware of these savings, and working with them to coordinate deliveries, reducing air quality impact whilst also delivering cost savings for businesses.

Existing commitments by Council and GLA

Brent Council's existing air quality strategy sets a number of wide-ranging objectives to address the air quality impact caused by personal car usage, freight, deliveries and procurement. In particular:

- In July 2019, the Council introduced a diesel surcharge in all Controlled Parking Zones in the borough for both resident and annual visitor parking permits, in order to encourage a shift towards lower-emission vehicle uses.[69] The scrutiny inquiry asked for figures on the success of this initiative, but given that it has only recently been initiated it is too early to assess its impact. At present, the surcharge does not apply to 'Pay and Display' parking
- A significant expansion of ultra-low emission vehicle and electric vehicle charging points, to make it easier for car users to switch to electric cars.
- Discouraging unnecessary idling by taxis and other vehicles
- Exploring the feasibility of introducing Low Emission Neighbourhoods in certain parts of the borough
- Encouraging the use of car sharing and car pooling
- Engaging with businesses on air quality, primarily through encouraging the uptake and implementation of workplace travel plans
- Developing a freight strategy to reduce the emissions caused by deliveries to local businesses and residents. This is being done mainly by encouraging businesses to re-time when they do deliveries, so they do not do them during congested hour
- Reducing emissions from the Council's existing fleet of vehicles, in order to ensure we can lead by example

The scrutiny inquiry broadly welcomes these initiatives, and particularly supports the efforts the Council has made to introduce a diesel surcharge. These have the potential to make a significant contribution to addressing issues related to air pollution. However, as important as these initiatives are, the evidence is clear that by far the most significant and beneficial policy that can be implemented to address these issues, both at a Council and a GLA level, is the introduction of clean air charging zones, which impose daily charges on vehicles travelling through cities which fail to meet certain emissions standards.

To this end, both Leeds City Council[70] and Birmingham City Council[71] have recently set out plans to introduce these charging zones. The scrutiny inquiry met with the latter during the course of our investigations, who confirmed that clean air charging zones must lie at the centre of any initiative to address the air quality impact caused by personal car usage, freight and procurement. These initiatives also have the added advantage of not discriminating against resident or non-resident drivers, and thus reassuring residents in affected areas that non-residents passing through their local area are not unfairly exempted from measures to improve air quality.

Consistent with this, at a GLA level, two highly effective policies have been implemented or are now in the process of being implemented, and have already had significant positive benefits. The charges these policies have imposed are in addition to the congestion charge for those vehicles travelling in the congestion charging zone:

- **Introducing a London-wide Low Emission Zone (LEZ) charge for the most polluting heavy diesel vehicles, including vans, lorries, HGVs and specialist heavy vehicles**. This is

a 24/7 charge set at two levels, £100 and £200 a day, depending on the weight of the vehicle, and covers the whole of Greater London.[72]

These standards are based on how much PM a vehicle emits, but the standards will be toughened from 26 October 2020 based on the impact these vehicles have on NOx and to align them to Ultra Low Emission Zone (ULEZ) standards (see below), and higher charges will be set for heavier vehicles which do not meet certain standards.[73]

- **Introducing a more targeted Ultra-Low Emission Zone (ULEZ) charge for all vehicles, including cars, which fail to comply certain emissions standards.** These charges are set based on the NOx emissions of vehicles, and are set at £12.50 a day for cars, motorcycles and vans up to and including 3.5 tonnes, and £100 a day for heavier vehicles.[74]

  On 8 April 2019 the ULEZ was extended to the same area covered by the congestion charge, replacing a previous toxicity charge (T-charge) which was already in operation in London, but from 26 October 2021 it will be extended to the border of the North Circular (it will not include the North Circular itself), and will therefore cover the southern half of Brent.[75]

Early evidence on the impact of the ULEZ has been highly positive, and the scrutiny inquiry had a meeting with Transport for London which was specifically dedicated to understanding the impact of the ULEZ in central London and drawing any lessons which we could apply for when the ULEZ is extended to outer London boroughs in October 2021. Early evidence shows that as a result of the extension, Central London has seen:[76]

- A **29% reduction** in NOx emissions
- **13,500 fewer** polluting vehicles on roads
- **77%** of vehicles travelling through the ULEZ have been compliant with the standards

Figure 14. Predicted impact of the 2021 ULEZ extension in Brent: map of areas exceeding the legal NO2 limits before and after the ULEZ extension. Source: Clean Air for Brent adaptation of Transport for London figure.[77]

- There is no evidence of any "traffic displacement" having taken place (areas just outside of the ULEZ facing greater traffic pressures as a result of the ULEZ introduction)
- Although the ULEZ was not introduced with the specific aim of reducing PM emissions, TfL expects that there has also been a reduction here due to reductions in overall car usage

Clean Air for Brent has further highlighted that as a result of the Ultra-Low Emission Zone, extension in 2021, it is predicted that in Brent: [78]

- There will be a **74% reduction** in road length exceeding NOx limits within Brent (see Figure 14 below)
- **84%** fewer residents (4,700) will live in areas exceeding NOx limits
- All of Brent's schools will be taken out of areas exceeding NOx limits
- The impact of the ULEZ will be felt even in areas outside of the ULEZ itself, with many areas north of the North Circular brought within legal limits for NOx
- Despite this, much of the North Circular within Brent will remain above legal limits for NOx, as will a number of areas in north and south Brent

Scrutiny of commitments and scope for further action

The scrutiny inquiry broadly welcomes the initiatives Brent Council and the Greater London Authority has taken to address these problems, and is supportive of the direction of travel. The ULEZ and LEZ in particular will be instrumental in improving air quality in the borough, even in areas outside of the North Circular. Brent Council must give these initiatives its full support, and seek to raise awareness amongst residents about the positive impact it is due to have and the urgent need for these measures to be implemented.

Nevertheless, we feel there is scope for the Council, working with stakeholders across Brent, to further develop its measures to address the air quality impact of personal car usage, freight and procurement in a number of ways:

- **More could be done to raise awareness of the impact of the Ultra-Low Emission Zone, extension, and push for people to upgrade, sell or scrap their vehicles before October 2021.** The scrutiny inquiry has been advised by Transport for London that its awareness campaign will step up next year, and its focus will be on ensuring as many drivers as possible are compliant before the ULEZ takes place. The Council needs to play its part in this campaign and raise awareness through its own channels.

  Brent must also strongly lobby the Government for a vehicle trade-in scheme to support small businesses and those on low incomes, building on the commitments already made by Transport for London.[79] This trade-in scheme must offer an equal incentive for drivers to switch to cycling, walking or public transport usage as it does for people to simply switch the model of car they drive. Whilst the April 2019 ULEZ introduction was able to achieve this by paying towards use of a Santander Cycle, this is not possible in outer London and further measures need to be taken.

- **There is insufficient focus on the need for a modal shift in the way we travel, with reductions in the proportion of journeys being made by car – either as part of the ULEZ**

awareness, or through wider messaging by the Council and TfL. Messaging about the ULEZ should not give the false impression that by switching to a compliant car, drivers are causing 'zero pollution': it should highlight the general health impact of all forms of vehicle travel, and not just those cars which are non-compliant with the ULEZ. This must also be reflected in Brent Council's messaging and policies.

Whilst electric cars will, if more widely adopted, do much to reduce NOx exposure, many models do little to reduce PM levels, because some 80%-90% of PM emissions from cars come from non-exhaust sources.[80] In addition, the level of PM created by vehicles is positively correlated with their weight, and because of the weight of their batteries electric vehicles are 25% heavier on average than non-electric vehicles.[81] The same argument applies to any large and heavy vehicles which have ULEZ-compliant engines, such as many SUVs. As we continue to successfully reduce NOx exposure from exhaust exposure, particularly diesel vehicles, the focus of our policies needs to shift to reducing overall levels of car usage: this means supporting the greater use of public transport, walking and cycling, and lobbying for better public transport access across the borough – all themes we will return to in Chapter 5.

- **As the ULEZ is extended to the border of the North Circular, the Council must closely monitor its impact on traffic levels – most especially in areas just north of the North Circular.** As noted previously, the introduction of the ULEZ in the congestion charge zone did not lead to any displacement just outside of the ULEZ. Nevertheless, given the different levels of car ownership in outer London, it is possible that behaviour patterns may be different once ULEZ is extended in October 2021.

  Indeed, a recent study by Imperial College London and Clean Air for Brent partly investigated precisely this issue. As part of its research, the study carried out an online survey of 180 individuals living both inside and outside of the ULEZ to ask how they would respond to its introduction in October 2021, and compared responses between both samples. Whilst the sample is not necessarily representative, the proportion of respondents living outside the ULEZ who said they would choose to pay the daily charge was double that of those inside, whilst twice as many respondents living inside the ULEZ said they would choose to purchase a compliant vehicle.[82] This suggests that the response to the ULEZ may differ in outer London boroughs, and underlines the need for further research to be undertaken to explore this further.

  To this end, Transport for London advised the scrutiny inquiry that they have commissioned modelling experts to assess whether there will be any vehicle displacement or other negative impact from the ULEZ just outside the extended ULEZ. It is essential that Brent Council engages closely with TfL during this process, and works to understand the impact from the ULEZ. Should issues arise, the Council should consider further measures to address its impact, so that the whole borough can see improvements in air quality as a result of this policy.

- **Brent Council will need to revise its air quality focus areas, and update its policies, to respond to the impact of the ULEZ extension.** Whilst the ULEZ will deliver significant

positive impact in Brent, but it will not entirely address the health impact of poor air quality: the Council will need to adjust its policies, and shift its focus, in order to address those issues which ULEZ does not address. In particular:

- **The health impact of particulate matter is likely to become more of a focus in future.** The ULEZ is likely to partly improve this, but its main focus is reducing NOx and when we met with TfL, they had not carried out any specific analysis to date on whether the April 2019 ULEZ extension had achieved any reductions in PM (though they were confident that it had). Other policies will need to address this, and given the PM created by electric vehicles these will, to at least some extent, have to involve the promotion of public transport and active travel as an alternative to car usage.
- **The Council may need to revisit its Air Quality hotspots, and potentially identify new areas to the focus of activity.** Much of the North Circular and a number of areas either side of the North Circular are predicted to remain at illegal levels of NOx, yet not all of these are currently identified as air quality hotspots. We suggest the Council considers designating them as such, and devising a plan to bring them into compliance through measures which build on the ULEZ.

- **Brent Council needs to explore measures to complement and build on the ULEZ in areas which will require mitigating measures, particularly to combat non-resident driving and 'rat runs.'** Now that we are two years away from the ULEZ extension, Transport for London is actively considering and supporting initiatives to complement and build on the ULEZ in areas affected by the extension. They are particularly looking for measures which could encourage healthy streets and active travel, such as pocket parks, modal filters, Low Traffic Neighbourhoods and schemes to address issues related to non-resident travel.

  The Council needs to seize this opportunity, and make healthy streets a central political and strategic priority for the borough – a theme we will return to in Chapter 5. So far as possible, the Council should of course endeavour to seek TfL funding for these initiatives, but they also need to provide match funding using money from the Local Implementation Plan, Community Infrastructure Levy and other funding sources.

- **The private sector, and any organisation impacting on air quality in Brent, needs to be involved in a wider and broad-ranging initiative to reduce the air quality impact of personal car usage, freight, deliveries and procurement.** At present, Brent's air quality action plan is too narrowly focussed on a relatively small range of initiatives in this area. Based on our engagement with other councils, and a review of other local authorities' plans, we feel that for Brent to lead successful initiatives in this area, it needs to take further action. In particular:
  - **It should convene a local forum or institution to identify ways to improve air quality in the borough.** Some inner London has been able to significantly reduce the air quality impact of freight and procurement through one such body: the Cross River Partnership. There is no similar institution in Brent, and the scrutiny inquiry feels it would be unlikely for the Council to devise ways to address the air quality impact of freight and procurement unless we convene a similar forum.
  - **The Council work with local organisations to agree shared targets to improve air quality.** Camden's air quality strategy includes specific targets on air quality from the

private sector and from other local organisations impacting on air quality, and the abovementioned forum should seek to do the same thing. Large companies like Tesco, Sainsbury's and IKEA Wembley have not taken sufficient action on air quality, and need to be challenged as part of this process to do much more in the borough.

- **The Council should work to minimise unnecessary deliveries directly to people's doors, seeking to encourage a 'green last mile', create delivery hubs, spread best practice across the housing sector and raise awareness of the air quality impact of these deliveries.** The scrutiny inquiry understands that some Quintain developments in Wembley have sought to address this by capping the number of delivery vehicles which can go to their buildings in an hour, thus forcing delivery companies to integrate their processes. Similar initiatives should be spread in housing developments across the borough, and where possible the Council should spearhead the development of convenient central 'delivery hubs' in accessible areas of the community.

- **There needs to be a specific strategy to address the air quality impact of non-residents travelling through the borough in cars, and work should be done to support the greater use of public transport and active travel by non-residents.** Whilst we support the diesel surcharge in CPZs, it is essential that the Council do more to address the air quality impact caused by non-residents travelling through the borough. This will help demonstrate to residents that a fair and consistent approach is being taken to address air quality, and that the whole community has a responsibility to improve air quality in the borough.

  As part of this, we encourage the Council to work closely with the Football Association, Transport for London, Wembley Arena and others to identify a specific strategy to address the air quality impact of non-resident travel through the borough. Amongst other things, we suggest that the Council work with the Football Association to agree a variable cap on event day car usage for event days, and work with private car parks across the borough to apply a diesel surcharge to non-resident parking.

  Linked with this initiative, we suggest that the Council particularly explore the impact of Nottingham City Council's initiative – unique across Councils in the UK – to introduce a levy on excess workplace parking spaces to pay for public transport in the city.[83] The Council should explore the scope for a similar highly-targeted initiative in Brent to address non-resident parking in certain targeted areas of the borough. Further steps can also be taken to enforce contraventions of event day parking restrictions by non-residents, and a public awareness campaign on air quality needs to be extended to the North Circular so it directly reaches non-residents travelling through the borough (we develop this proposal in recommendation 10).

- **The Council should lead by example, working to ensure that its own processes are up to the high standards it expects of all private and community organisations across the borough.** The current air quality strategy sets out some welcome intentions in this area, and is currently in the process of reviewing its contracts in a range of areas in advance of the re-tendering of a significant number of its contracts in 2021.

A clear timetable for this needs to be set, with a range of clearer targets adopted to green the Council's fleet and change its procurement processes. A workplace parking strategy also needs to be devised to reduce car journeys by Council employees and Councillors. It is only by spearheading these initiatives that the Council can convince the private sector and other actors operating in the borough that it is serious about the steps it is taking.

Recommendations

In light of the above, this scrutiny inquiry **RECOMMENDS**:

RECOMMENDATION 2:

THAT THE COUNCIL, IN CONSULTATION WITH TFL AND THE FA, AGREE A STRATEGY TO REDUCE THE AIR QUALITY IMPACT OF NON-RESIDENT CAR USAGE IN BRENT.

Brent Council, working with Transport for London, the Football Association and others, should put in place a dedicated strategy on non-resident car usage in the borough. This strategy will work to reduce non-resident car usage across the borough, and encourage people to use alternative modes of travel when visiting and driving through Brent.

As part of this strategy, the Council should consider:

- **Agreeing caps to non-resident parking with the FA on event days.** The present maximum provision of 2,900 commercial car parking spaces should never be exceeded, and no further commercial parking provision should be provided for event days. Indeed, significantly lower limits should be agreed on a case-by-case basis depending on the identified capacity requirements at individual events, with the Council adopting a presumption in favour of the lowest possible limits.
- **Working with Transport for London and the FA to reconsider the current redirection of bus routes during Wembley event days**. This risks sending completely the wrong message to both residents and non-residents alike, making it easier for people to drive than to use public transport. It should work alongside the FA to develop their proposals to stop this by improving infrastructure around Wembley Triangle, so that it will not need to be closed to public transport during event days.
- **Build on the diesel surcharge by working with Quintain, the FA and other commercial car parks in Brent to agree emissions-based parking charges**, along the same lines of Brent Council's diesel surcharge. This would help penalise the most polluting non-resident drivers, and encourage people to shift to lower emission forms of transport.
- **Reconsidering the current placement of event day Controlled Parking Zones, and updating it in light of new evidence of where it is taking place.** It should particularly consider extending them around tube stations in the borough. Such measures would prevent non-resident parking in more areas of the borough during event days, at a minimal annual cost to local residents. It could also support the FA and others in taking enforcement action against drivers.
- **Actively supporting proposals to expand railway, tube and public transport provision to reduce car usage on event days.** The Council should support measures to expand capacity in Wembley Stadium and Wembley Park and increase the number of railway journeys to Wembley Central station. We expand on these proposals in Recommendation 6.

- **Working with the FA to eliminate the use of pirate parking during event days.** We should work to undertake joint patrols with HM Revenue & Customs to tackle parking businesses which are not registered for tax purposes, and review the parking licenses of any car parks found to be undertaking pirate parking.
- **Taking measures to improve the enforcement of the event day CPZ,** including by considering larger fines for breaches (or lobbying for the levying of larger fines), because at present the fines for breaching the CPZ are comparable to the cost of using commercial car parks anyway. We should also ensure the CPZ is enforced at all hours, including late-day and weekend football matches, and consider the use of clamping and greater provision of vehicle toeing to combat non-resident parking.
- **Expand the use of public health messaging and awareness-raising about air quality along the North Circular, and during event days.** We expand on this proposal in Recommendation 10, when we consider the role that public health messaging and awareness-raising could play in addressing issues with air quality.
- **Encourage greater use of cycling to event days**, by increasing cycle storage provision around the stadium and providing a route to the stadium via the forthcoming Willesden-to-Wembley Cycle Superhighway.
- **Consider the potential merits of a highly targeted levy to tackle non-resident parking in the borough, along the lines of that implemented in Nottingham.** The Council should explore the applicability of this levy to Brent, and identify whether highly targeted areas of the borough could benefit from a similar levy, with the proceeds used to fund affordable public transport initiatives. It should actively work with London Councils which are considering similar limits, such as Hillingdon and Camden.
- **Demanding that IKEA Wembley, Tesco and other supermarkets and retail stores take urgent steps to promote active travel and lower-emissions travel from non-residents to their stores in Brent,** including by installing electric vehicle charging points in car parks, making provision for more cycle storage and working to improve pedestrian and cyclist access to their stores.
- **Working, in full consultation with residents, to take measures against non-resident driving through residential streets in Brent, including rat runs.** This could include measures to block through-traffic through residential streets, along the lines of schemes implemented in Waltham Forest (see Recommendation 5 for further details). Such measures should only be implemented with the consent of local residents and on a case-by-case basis, in response to local concerns about non-resident driving.
- **Considering the use of Low Emission Neighbourhoods in areas heavily impacted by non-resident driving and event day activities,** in order to prevent high-emission vehicles from travelling in these areas. This should be a particular priority in residential streets heavily impacted by event day activities and non-resident driving on and around the North Circular and other major roads in Brent.

RECOMMENDATION 3:

THAT THE COUNCIL SET UP A GREEN BRENT PARTNERSHIP: A FORUM WITH ORGANISATIONS IMPACTING AIR QUALITY IN BRENT –INCLUDING THE PRIVATE SECTOR, COMMUNITY ORGANISATIONS AND CAMPAIGN GROUPS – TO AGREE SHARED TARGETS TO IMPROVE AIR

QUALITY LOCALLY. WE SHOULD ALSO LEAD BY EXAMPLE BY TAKING STEPS TO REDUCE THE AIR QUALITY IMPACT OF BRENT COUNCIL'S OWN ACTIVITIES.

Building on the success of Brent's Climate Assembly, and learning lessons from similar initiatives in central London such as the Cross River Partnership, Brent Council should establish an ongoing forum with stakeholders in Brent (working title: 'Green Brent Partnership') , to identify ways we can all work together to improve air quality in the borough. Members of the partnership should include, but should not be limited to, the Royal Mail, IKEA Wembley, local supermarkets, the Football Association, retail outlets such as London Designer Outlet, food providers, Clean Air for Brent and Brent Cycling Campaign.

The Green Brent Partnership should work with stakeholders in Brent to, amongst other things:

- **Agree a shared set of goals to improve air quality in the borough**, and regularly monitor and provide updates on progress in meeting these goals. Each member of the partnership which has an impact on air quality locally should agree these targets, and the Council should play a leading role in assessing their progress in meeting these objectives.
- **Developing a freight strategy for Brent to integrate procurement and delivery processes to minimise impact on air quality.** This should draw from the expertise of the West London Alliance. West Trans and the Cross-River Partnership. As part of this, the Council should conduct a pilot into integrating procurement processes in a town centre in Brent; review the journey times of delivery vehicles to minimise travel during rush hour; and work with businesses to improve emissions standards of delivery vehicles.
- **Encourage people and businesses to use zero emission forms of delivery**, such as the 'green last mile': using bikes rather than vehicles to deliver goods to their final destination.
- **Encourage residential developments in Brent to streamline and reduce vehicle deliveries,** encouraging residents and businesses to pool deliveries to reduce air quality impact and deliver items to community 'hubs' rather than directly to residential areas. Sites such as Box Park, local supermarkets, community libraries and every local station in Brent should be considered as potential locations for these hubs.
- **Promote the provision of cycle storage, electric vehicle charging and emissions-based parking charges in customer car parks across the borough**, including in IKEA Wembley, local supermarkets and commercial car parks.
- **Promote and highlight the savings which businesses could make from better procurement processes,** whilst at the same time significantly improving air quality. Where measures are not cost-saving, the Council should review the possibility of a scheme to provide business rates relief to these businesses in order to incentivise measures which deliver public health benefit.

In each of these cases, Brent Council itself should also lead by example, to show the way to organisations throughout Brent. We recommend that the Council:

- **Set a clear timeline for greening its own fleet**, including bin lorries and council vehicles, as part of its 'Project 2023' initiative.
- **Review the travel times of Council vehicles,** to minimise travel during rush hour and areas of worst air quality impact where possible.

- **Establish the impact which poor air quality, is having on its own council employees and contractors,** in order to encourage all other employers to meet their legal obligations in this area.
- **Develop a workplace 'green travel policy'** for Council employees, Councillors and others who use Brent Council facilities, minimising the use of car travel and supporting the use of active travel and public transport.
- **Regularly review and report on the air quality impact of Brent Council's pension fund investments**, and seek to invest in initiatives with minimal poor air quality impact where this is prudent and consistent with the Pension Fund's fiduciary duties.
- **Ensure the materials used in the Council's own manufacturing process keep air quality and environmental damage to a minimum,** including footways and housing improvements.

RECOMMENDATION 4:

THAT THE COUNCIL CLOSELY MONITOR AND REVIEW THE AIR QUALITY IMPACT OF CURRENT POLICIES, MOST PARTICULARLY THE ULTRA LOW EMISSION ZONE, AND CONSIDER IMPLEMENTING AND/OR LOBBYING FOR STRONGER MEASURES IF NECESSARY. IT SHOULD ALSO KEEP THE PROVISION OF AIR QUALITY MONITORING SITES UNDER CONSTANT REVIEW.

A number of positive steps have been taken to improve air quality in the borough, and evidence suggests that the forthcoming Ultra-Low Emission Zone (ULEZ) extension to the border of the North Circular will be by far the most effective in improving air quality in Brent. The Council should support this extension and seek to raise awareness about it, whilst also lobbying Transport for London and the Government for a trade-in scheme for those residents and businesses who currently use vehicles which are non-compliant with it.

But the ULEZ, and other policies, may also have knock-on effects which necessitate the use of further measures to improve air quality. There are also considerable concerns from residents just outside the ULEZ, especially those on the North Circular itself, who feel they will not see sufficient air quality benefits from the ULEZ.

We therefore recommend that the Council:

- **Raise awareness of the ULEZ extension to Brent residents and seek to build public support for it,** by highlighting the health benefits it will bring and seeking to secure a vehicle trade-in scheme for affected residents and businesses from the Greater London Authority and the Government
- **Seek to maximise the number of people who switch to active travel and public transport as a result of the ULEZ,** by making public transport usage and active travel easier and more affordable; and ensuring all vehicle trade-in schemes for non-compliant vehicles provide an equal and opposite financial incentive for drivers to switch to active travel and public transport instead.
- **Pay particular regard to the impact of the ULEZ north of and including the North Circular, and consider the provision of measures such as Low Emission Zones and other initiatives should progress be insufficient** – for example, if an increased number of vehicles park 'just' outside the ULEZ and enhance traffic pressures.

- **Work closely with other Local Authorities along the North Circular to agree a shared approach to the ULEZ,** and jointly lobby TfL on this area where air quality impact is not sufficient.
- **Review the impact that the ULEZ has on inequality in air quality in the borough.** Whilst the south of the borough currently tends to have the greatest issues in air quality, the ULEZ extension may necessitate a shift in focus towards the north of the borough where progress is less positive, and this may necessitate the use of further measures.
- **Particularly closely review the impact of the ULEZ on residential areas along the North Circular.** The scrutiny inquiry is deeply concerned about the considerable health effects of air pollution on these residents, and feels this needs to be particularly closely explored in any reviews of the ULEZ.

In addition, the Council should also continue to keep the provision of air quality monitoring stations under constant review. It should consider the provision of further monitoring stations where this may be necessary (eg to explore the impact of event days). However, the Council should also be clear to only use and promote effective air quality monitoring devices commissioned from reputable institutions, such as the London Air Quality Network from King's College London. It should actively discourage residents, businesses and other public bodies from using poorer-quality and ineffective monitoring devices, and should encourage them to instead direct their funds towards measures which will tackle the underlying causes of poor air quality.

Chapter 5

Public transport, walking and cycling

Brent's current situation

Modes of travel in Brent

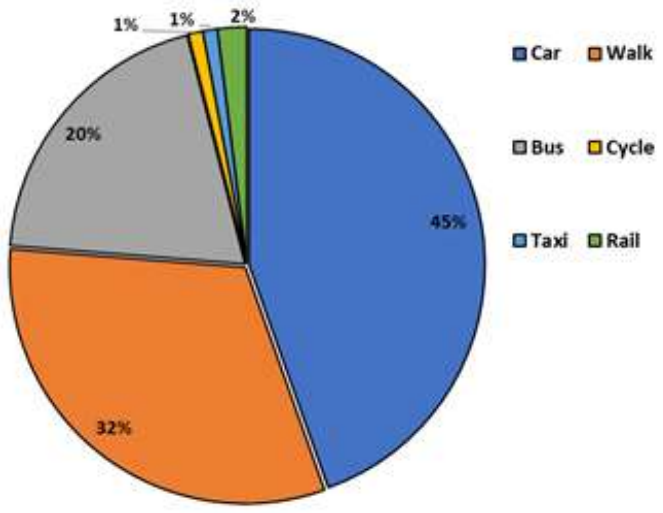
Public transport and active forms of travel can make a significant contribution to improving air quality, and in all cases should be preferred over private car usage. In addition, Brent's population is forecast to increase by 20%, equating to 64,900 people, in the next 23 years, our existing road infrastructure will not be able to sustain this number of people using private transport.[84]

If It is therefore essential that there is a 'model shift' in the way we go out and about in the borough, and that steps are taken to make it easier and cheaper for people to travel using public transport or active forms of travel in the years to come. At present, however, cars are responsible for almost half (45%) of traffic volume in Brent, whilst walking is responsible for 32% and bus usage for a fifth (see Figure 15 below).[85]

As the Council itself acknowledges, there is also "a distinct north-south divide" in Brent. South of the North Circular, modes of travel are "more typical of people living in inner London", whilst in the north they are "more typical of an outer London borough".

Office for National Statistics figures show that:[86]

Figure 15. Modal split of total traffic volume in Brent in 2017.
Source: Brent Council's draft Local Implementation Plan 3



- On average, **less than 50%** of households in the south of the borough own a car, and residents there use a car for **less than a quarter** of journeys
- In the north, **68%** of households own at least one car, and residents use the car for **half** of their journeys

Public transport

These differences in use of public transport are likely at least partly driven by inequalities in access to good public transport across the borough. Indeed, as noted in Chapter 4, there is an association between levels of car ownership and public transport accessibility. Brent overall is well-served by public transport, with 52 daytime bus routes, 14 night bus routes and 26 Network Rail, London Overground and London Underground stations in the borough. However public transport

accessibility varies across our community, with stark inequalities in access between north and south.

Table 4 to the right provides a breakdown of Public Transport Accessibility Levels (PTALs) for every ward in Brent (PTALs are a statistical method used by TfL to calculate how accessible each neighbourhood in London is to public transport). The majority of Brent's wards (12/21) have relatively poor PTAL levels, and only two of Brent's wards – both in the south of the borough – have PTAL towards the higher end of the scale. It is significant that only one ward north of the North Circular (Wembley Central) has a PTAL level above 2. [87]

Table 4. Public Transport Accessibility Levels (PTALs) in Brent's Wards.
Source: Transport for London. Each area in London is graded between 0 and 6b, where a score of 0 is very poor public transport access and 6b is excellent access.

WARD	PTAL LEVEL
NORTHWICK PARK	2
PRESTON	2
STONEBRIDGE	2
WELSH HARP	2
BARNHILL	2
FRYENT	2
SUDBURY	2
ALPERTON	2
TOKYNGTON	2
KENTON	2
DOLLIS HILL	2
QUEENSBURY	2
WEMBLEY CENTRAL	3
KENSAL GREEN	3
HARLESDEN	3
WILLESDEN GREEN	3
BRONDESBURY PARK	3
DUDDEN HILL	3
MAPESBURY	3
QUEENS PARK	4
KILBURN	5

Finally, it should also of course be acknowledged that diesel buses make a significant contribution to air pollution, and as noted in Chapter 1 TfL buses responsible for around 7% of PM2.5 and PM10 emissions and 17% of NOx emissions in the borough. The scrutiny inquiry also recognises that there are particular areas of Brent which are particularly affected by high levels of emissions caused by public transport, such as Chamberlayne Road, which we visited as part of our scrutiny inquiry. Whilst greater use of public transport, including buses, is an instrumental means of improving air quality, it is essential that Transport for London works to 'green' its bus fleet as soon as possible.

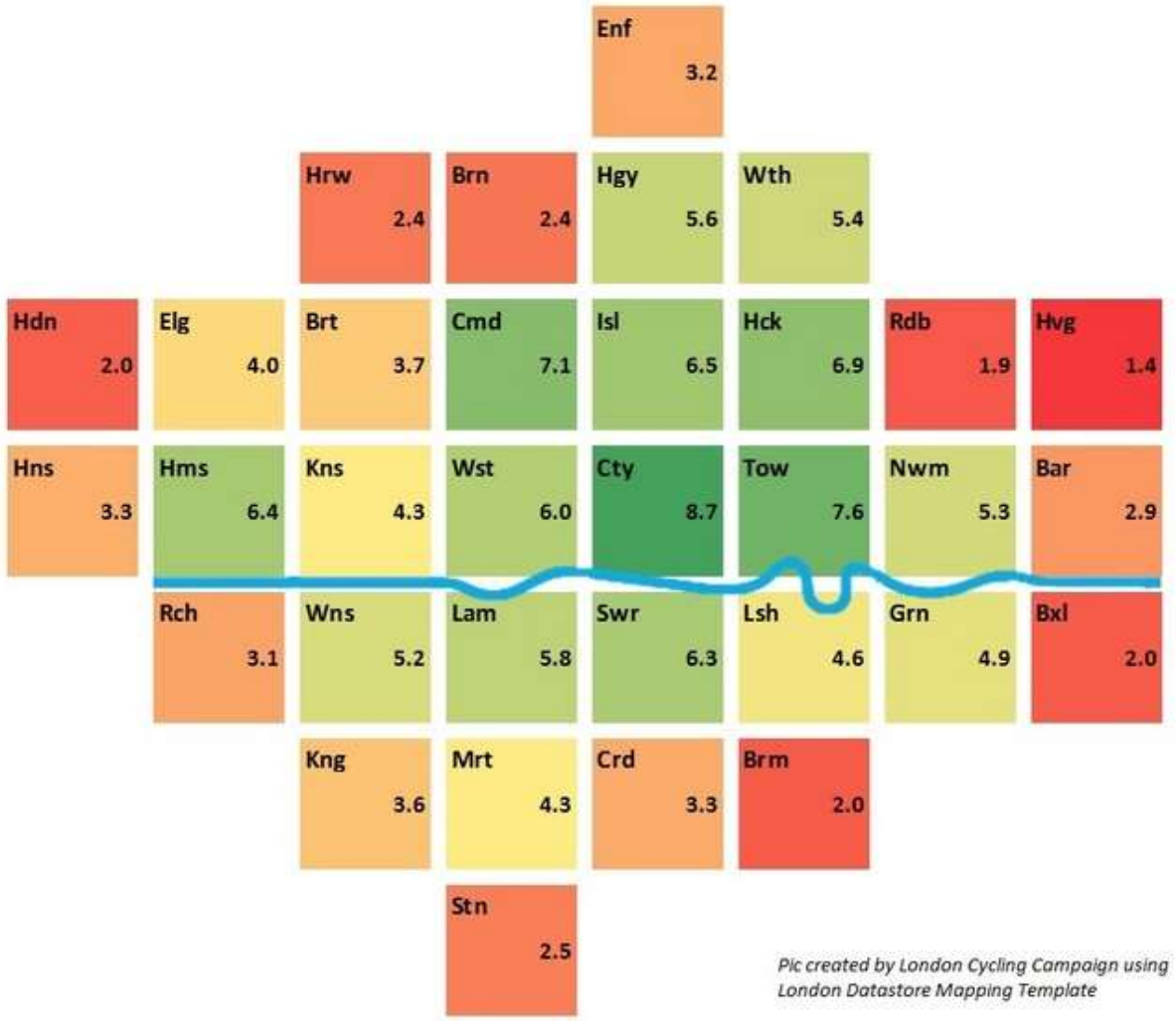
Encouragement of active travel, such as walking and cycling

To compound this issue with public transport access, in common with many London boroughs straddling inner and outer London and separated by the North Circular, the built environment in Brent is not always conducive to active forms of travel, such as walking and cycling. In a July 2019 report, a coalition of active travel campaign organisations produced a 'Healthy Streets Scorecard' of all London boroughs.

This produced a rank of London boroughs, from 1 to 10, by bringing together data from eight different sources – including mode of transport, road usage and road casualties. The scores of all London boroughs are contained in Figure 16 below.[88] Using this metric, Brent is in the bottom half of the London league table, ranking 19th out of 33 London boroughs on the 'healthy streets' scorecard, although we do rank relatively well compared to most outer London boroughs (5th out of 19 boroughs).

This means that despite some positives, there is significant room for improvement in Brent, and we may wish to pay particular regard to the relatively better scores of outer London boroughs with similar geographic challenges to ours – particularly Haringey (the best-scored outer London borough) and Waltham Forest (with the second-best score of any outer London borough).[89]

Figure 16. 'Healthy streets' scorecard of all London boroughs. Source: London Cycling Campaign. All boroughs ranked from 1 to 10 based on data from eight different indicators.[90]



Existing commitments by Council and GLA

Active travel

Both the Council and GLA have been clear and ambitious in how they want to make it easier for people to use alternative forms of travel. The GLA's Transport Strategy aims that by 2041, 80% of all trips in London to be made by walking, cycling and public transport usage, and for all Londoners to do at least 20 minutes of active travel a day.[91] In turn, Brent's third 'Local Implementation Plan' for the GLA's transport strategy (LIP 3), covering the period 2019-2041, sets out how we intend to implement this at a local level in the coming years.[92]

Consistent with this, both the GLA and Brent Council have set out a number of aims to try and achieve these goals:

- Regular temporary car free days in the borough, to promote the use of alternative modes of transport and help create a 'buzz' and some enjoyment around car free travel
- Providing infrastructure to support cycling and walking

- In written and oral evidence, the Scrutiny Inquiry has been advised that Brent Council is actively lobbying for routes to promote active travel, with a 5km Wembley to Willesden Junction Cycle Superhighway in the late stages of planning. This will be the first major cycle route in North West London, and was committed to by the by the GLA in January 2018.[93]
- The Council has recently taken a lead in the promotion of convenient, hop-on hop-off electric 'Lime' bikes across the borough, with the Council becoming one of the first boroughs in London to introduce them.[94]
- The GLA has set out a 'Healthy Streets for London' approach, prioritising walking, cycling and public transport in order to encourage their usage in the years to come.[95]
- In May 2019, Brent Council won 'gold' at the London Transport Awards under the 'excellence in cycling and walking' category, particularly for its work in engaging 23,000 pupils in behaviour change programmes such as Bike it Plus. This led to an 85% increase in children cycling regularly, and contributed to a trebling of the number of journeys made by bike in Brent since 2013.[96]

Public transport

The scrutiny inquiry recognises that both the Council and, in particular, Transport for London, have a made a number of commitments in order to improve public transport accessibility across the borough, and the Council is also actively lobbying for improvements in a number of areas:

- Working with Brent Council and other councils along the route, Transport for London is in the process of developing a West London Orbital line, running along the Dudding Hill line (currently used only for freight) in the north of the borough and then going south to connect Brent Cross and Wembley to Old Oak Common and the Great West Corridor.[97]
- Brent's third Local Implementation Plan for the GLA Transport Strategy, covering the period 2019-2041, sets out a range of initiatives to improve public transport and promote active travel in the borough in the coming years, and has identified a range of localised borough targets for delivery of the Transport Strategy. Public transport initiatives include, amongst other things:[98]
  - Initiatives to upgrade signalling and control systems in the Piccadilly and Bakerloo lines
  - Exploration of a bus rapid transit network for orbital links between Brent Cross and Ealing
  - Consolidation of existing 20mph zones and to have a phased approach to deliver a borough-wide 20mph strategy from 2020-2025
  - Neasden transport improvements from 2020-2025, to provide "improved public realm, air quality and accessibility to public services"
  - Addressing issues with public transport accessibility in Alperton through the Alperton Master Plan
- Partly as a result of the ULEZ extension and other policies by the GLA, Transport for London and Brent Council are due to review bus routes in Brent and explore the need for additional bus provision, particularly in the north of the borough.[99]

In addition to this, Transport for London has set a range of targets to improve the air quality of its bus fleet:

- 12 areas of London were designated Low Emission Bus Zones, where all scheduled buses travelling through these areas now meet or exceed the latest Euro VI emissions standards, which can reduce NO2 emissions by up to 95%. Buses on these routes include a mix of new Euro VI buses, old buses retrofitted to Euro VI standards, hybrids which meet or exceed Euro VI standards and electric buses which cause zero tailpipe emissions.[100]
- Since 2014 all new buses have been equipped to Euro VI standards, and are being introduced at a rate of 700-1000 a year.[101] By 2020 all TfL buses across London will meet Euro VI standards. They will either be new buses with Euro VI compliant engines or will be old buses retrofitted to Euro VI standards. In an evidence session with TfL, the scrutiny inquiry, when asked, received explicit assurance that old buses retrofitted to Euro VI standards will have exactly the same air quality impact as new Euro VI compliant buses.[102]
- From 2020, all new single decker buses entering the fleet will be zero emission (at tailpipe), although of course these buses will create PM 2.5 and PM 10 through non-exhaust sources.
- By 2037 at the latest, all 9,200 buses across London will produce zero emissions from the tailpipe. By 2050, it is aimed that London's entire transport system will be zero emission at the tailpipe.[103]

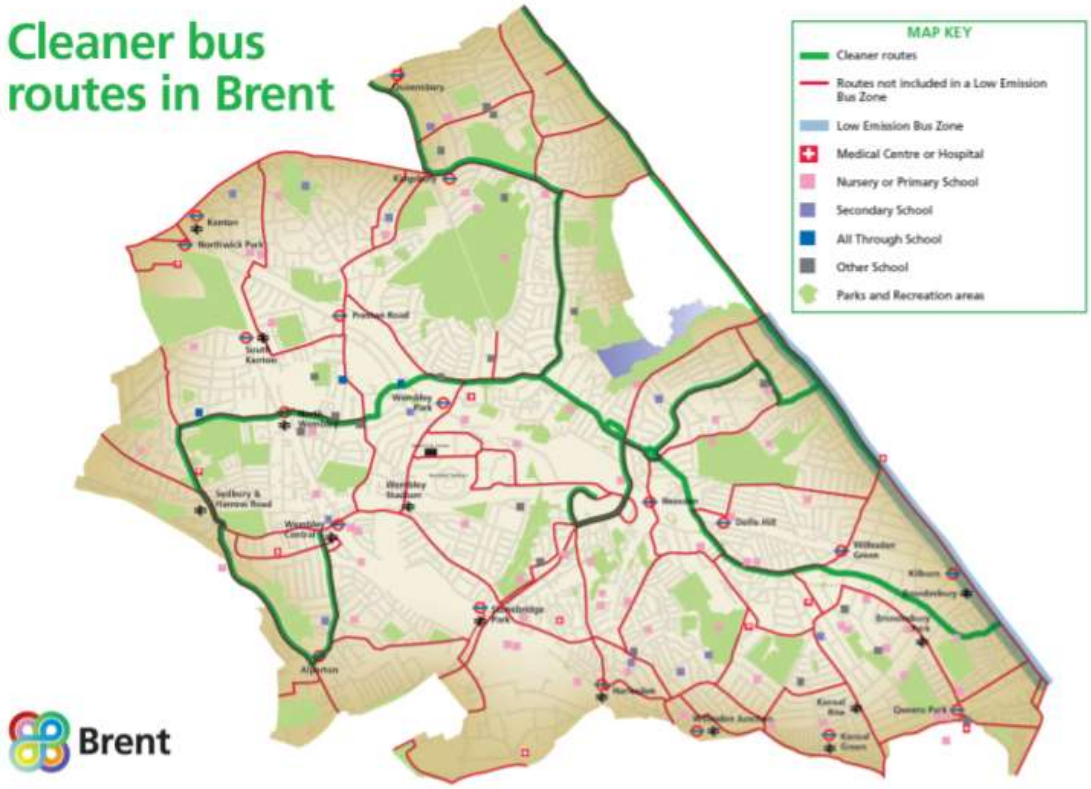
Figure 17 below, sourced from Brent Council's draft Local Implementation Plan 3, gives a map of the bus routes in Brent which have thus far been designated cleaner routes or are in Low Emission Bus Zones. One part of Brent (Kilburn to Maida Vale) benefitted from being designated a Low Emission Bus Zone. In addition, three of the proposed twelve Low Emission Bus Zones Zones to be implemented by 2020 are to benefit Brent in some way.[104]

The Scrutiny Inquiry was disappointed that other areas in Brent which are poorly-affected by low air quality from buses, most particularly Chamberlayne Road and Harlesden High Road, were not designated Low Emission Bus Zones at the time. We feel that based on the evidence of air quality in these areas, action there could and should have been taken sooner.

However, as a result of the further commitments made by TfL, by 2020 all future routes are to meet the more stringent Euro VI standards anyway and as such will effectively have the same air quality standards as if they had been Low Emission bus Zones. This will effectively make the Low Emission Bus Zone policy redundant by 2020.[105]

In our engagement with Transport for London, Brent Council has been advised that we should therefore change our strategy for engagement with TfL and bus contractors in light of this: if we want to increase the number of electric bus routes going through Brent, we will need to engage with bus contractors in Brent as and when local contracts expire, in order to support them in making an attractive business case to Transport for London to prioritise our bus routes. We reflect this in our recommendations later in this chapter.[106]

Figure 17. Cleaner bus routes in Brent: commitments from TfL. Source: Brent Council's draft Local Implementation Plan 3.[107]



Scrutiny of commitments and scope for further action

Public transport

Brent Council held a scrutiny meeting with Transport for London which discussed in detail the air quality standards and accessibility of our public transport, how Brent could best lobby for better standards in public transport and improved accessibility across the borough. As already noted, we also commissioned a report from Brent Council which was specifically dedicated to exploring what further steps our statutory partners, including TfL, could take to further improve air quality in the borough.

Based on these discussions, and on our wider review of our evidence base, we feel that Brent Council and Transport for London needs to pay further regard to the following:

- **Now that all buses to be Euro VI compliant, Brent Council's focus needs to shift to encouraging the fast adoption of zero-emission buses in the borough.** Unless future leaders in London change TfL policy, there will be no repetition of the previous geography-focussed policy of implementing Low Emission Bus Zones.

  Rather, the electrification / hybridisation of future bus routes will be decided on a case-by-case basis, as and when existing contracts expire. It will depend on the business case made by bus operating companies, which will depend in part on the cost of operating electric routes on the bus route in question.

Brent Council needs to adapt to this. We need a strategy to support bus operators in making their business cases for electric buses in all bus routes operating in Brent, as and when contracts expire. We have obtained this data from Transport for London, and a full list of expiry dates for Brent bus routes has been provided to the scrutiny inquiry by Transport for London during the process of this inquiry.

- **Transport for London could do more to address the air quality impact from non-exhaust sources, such as the particulate matter created by electric buses; and explore when (and where) hybrid buses will travel in diesel mode.** The GLA's existing commitment to make all buses "zero emission" by 2037 risks reinforcing misperceptions about the air quality impact of electric vehicles, and many of the concerns the Scrutiny Inquiry raised in Chapter 4 of this report, on car travel, are equally applicable to the bus network.

  The Scrutiny Inquiry also asked TfL about how hybrid buses will alternate between diesel and electric mode, due to concerns from some residents that by the time these buses arrived in Brent they will be out of power and stuck on diesel mode. Whilst they reassured us that there was no explicit geography-based criteria for when these buses enter diesel mode, we were not provided information to reassure us that – for some unrelated reason – these buses would not end up in diesel mode by the time they reached outer London boroughs.

  To address these issues, both Transport for London and Brent Council need a strategy to address the wider air quality impact of London's bus fleet, and reassurance about the air quality impact of hybrid buses needs to be provided. Future electric vehicles need to be designed in such a way as to minimise non-exhaust emissions, by utilising the latest technology, and the private sector needs to be actively encouraged to innovate in this area.

- **Brent needs to set out plans to actively lobby for better bus transport access to certain areas of the borough, and work with TfL to significantly improve Public Transport Accessibility levels in these areas.** If the GLA and Brent's LIP 3 report are serious about the target to significantly increase the proportion of non-road journeys in Brent, LIP 3 needs a strategy to increase accessibility of the north of the borough to green, clean and quiet electric buses. The Scrutiny Inquiry feels it will be impossible to meet these ambitious objectives without significant improvements in PTAL levels across the borough, most especially north of the North Circular.

- **Brent Council needs a strategy to lobby for improvements in the affordability of public transport across the borough.** Charges for Brent's stations on the Jubilee, Bakerloo and Piccadilly lines increase very steeply in just a few stations, and cover zones 2-4 of TfL's charging zone. Similar boroughs positioned around the North Circular, notably Waltham Forest, do not have the same challenge, and despite being at the other end of the Jubilee line Stratford has received a special dispensation from TfL and is in zone 2/3. The Scrutiny Inquiry encourages Brent Council to lobby for the same, and to enshrine this objective in Local Implementation Plan 3.

Walking and cycling

The scrutiny inquiry held a meeting with Brent Cycling Campaign and London Cycling Campaign which was specifically dedicated to encouraging active forms of travel. We also held an evidence session with Transport for London dedicated to active travel, and regularly raised this issue in meetings with Brent Council. We also received evidence from a number of groups which addressed active travel, such as evidence from 20's Plenty.

Based on this information, and following scrutiny sessions with the Council, we feel that future strategies by Brent Council and Transport for London need to pay regard to the following factors:

- **Drawing from the experience of Waltham Forest Council, Brent Council needs to make healthy streets a central political and strategic priority.** Waltham Forest has a number of similar challenges to Brent, straddling inner and outer London and with the North Circular going through it. Yet despite this, the borough performs considerably better than Brent on the 'healthy streets' scorecard (see Figure 16) and has had considerable success in encouraging active travel through a range of initiatives on residential roads – including modal filters, Low Traffic Neighbourhoods, cycle lanes, pocket parks, mini-Hollands and the greater provision of cycle parking facilities.

  The Scrutiny Inquiry met with Waltham Forest Council during the process of this inquiry, and also held a site visit in Waltham Forest to look at the initiative in further detail.[108] We were advised that in order to support the wider adoption of these schemes and promote healthy streets, Councils need to make healthy streets a central political and strategic objective, incorporated into everything the Council does rather than siloed off into a specific area. We were further advised that the Highways department, and not Transport, should hold ultimate responsibility for spearheading the initiative, as they have more day-to-day involvement in place-building and as such will be able to integrate it into their processes.

  All of the successful schemes brought forward in Waltham Forest had the full support of local residents on the streets they concerned, and the Council followed a policy of only working in those areas where there was public support for these initiatives. In areas which did take them up, tackling non-resident driving – and particularly 'rat runs' through residential streets – were often a key reason why residents supported these changes. We suggest the same approach is followed in Brent Council, with the whole Local Authority – with the Highways team at the lead – working with supportive residents to offer these solutions as a potential issue to street issues they raise, particularly non-resident driving and parking on residential roads.

- **Future initiatives to encourage active travel – most particularly the Willesden-Wembley Cycle Superhighway – need to involve wider community and expertise at the earliest stages, so they can input on ideas around how best to encourage active travel at a point where they can genuinely effect change.** The Scrutiny Inquiry received positive feedback from a number of witnesses about some active travel initiatives in Brent, However we received less positive feedback about some others, which witnesses felt were not built to sufficiently high standards.

In cases where Brent Council and TfL were perceived to fall short, this was put down to the fact that engagement on route design took place at too late a stage, at a point when stakeholders were unable to significantly effect change. We received positive feedback about the Brent Public Transport Forum and Brent Active Travel Forum, which previously did involve stakeholders in these discussions and could act as a forum through which to have these discussions. The Scrutiny Inquiry feels that future plans need to be involve the wider community at the earliest stage, and a reinvigorated Brent Public Transport Forum and Brent Active Travel Forum – or a new set of bodies – should play a central role in having early dialogue about the design of future active travel initiatives.

- **Both the Council and TfL need jointly to develop a specific, dedicated strategy to improve accessibility over the North Circular.** Throughout the course of the Scrutiny Inquiry, accessibility over (and under) the North Circular has proved a key and central concern. Pedestrians and cyclists alike find it difficult to take up active forms of travel due to the barrier provided by it, and the lack of routes over or under it at critical points along it. Brent Council and Transport for London need to devise a strategy to address these issues, and Brent Council's desire to improve access routes over the North Circular needs to be expressly acknowledged and set out in LIP 3. We have raised this with TfL and have initially been advised that any such access routes could prove prohibitively expensive, but we feel this needs to be set against the significant contribution they could make to meeting the GLA's Transport Strategy objectives and the cost savings due to the reduced health impact caused by travel.

- **Policies dedicated to active travel need to address public concerns about the 'safety' of walking and cycling.** When asked in surveys about the barriers to taking up cycling, 'safety' is regularly cited as the key reason why people are averse to taking up cycling.[109] Much of this concern is due to a misplaced *perception* that cycling is unsafe, but it is thought to be driven by:
  - A feeling that the built environment is 'built for' cars and not pedestrians or cyclists
  - Concerns about the way some drivers go out and about, such as how they sometimes 'cut through' cyclists
  - The limited dedicated space available to cyclists and pedestrians on a number of routes
  - Issues with the speed of vehicles on a number of major routes in the borough. These routes also often happen to be the easiest and most convenient routes for cyclists to get out and about in the borough, so can significantly discourage take-up
  - Concerns about the storage of bikes, and the ability to keep bikes kept away safely and securely in-between journeys – when at work, at home or when shopping

  Brent Council and Transport for London strategies need to have, as a central objective, the need to address public concerns about the safety of active travel. Many other necessary policies to improve the built environment flow from on from this policy.

- **Future active travel initiatives in Brent also need to consider the safety and accessibility of residential routes, outside of main routes.** In our meeting with witnesses engaged in the promotion of active travel, this has emerged as a key and often-overlooked issue.

Whilst cyclists tend to predominantly travel through main routes to get to and from work, there are significant concerns about the safety of some residential routes – such as the speed of some vehicles, and the use of residential routes as 'rat runs' by drivers – which can significantly affect their willingness to take up cycling.

Brent Council needs to explore this issue in detail and take specific steps to improve safety and accessibility in residential routes. This should include reviewing speed limits on these routes on a case-by-case basis, where they exceed 20mph, building on the Local Implementation Plan 3's existing commitment in relation to a borough-wide 20mph strategy. The use of residential routes as 'rat runs' should also be actively discouraged, and it is possible that steps to address this could attract the support of both local residents and cyclists.

- **All future cycling initiatives need to be disability-inclusive, promoting a wider range of cycling than simply bicycles.** We have heard concerns from stakeholders that some initiatives in London boroughs inadvertently block the use of forms of active travel for those with disabilities, such as three-wheel cycling. Narrow cycle lanes can stop people with disabilities from engaging in active travel, as too can measures such as gates to slow down cyclists or prevent the use of motorbikes on alleyways.

- **The Council should prioritise the provision of cycle storage space just as much as electric vehicle charging points.** The lack of cycle storage space can significantly affect people's willingness to take up cycling. The Council's air quality action plan currently neglects questions and concerns about storage space in existing residential premises (including social housing and private rented homes) and on streets, and there is a need for an update on the commitments in the Brent Cycle Strategy in relation to cycle storage and cycle parking.[110]

  The Council should take steps to address this, including by:
  - Investing in cycle storage space in social housing developments (or encouraging residents to seek funding for this outside of the Housing Revenue Account, through the Community Infrastructure Levy or other sources)
  - Encouraging private landlords to support cycle storage in private rented homes, through the licensing system and through engagement with landlords in forums
  - Ensuring that the Green Brent Partnership actively encourages businesses and others in the borough to facilitate easy cycle storage in their premises
  - Actively pursuing opportunities to create cycle storage space in town centres and communal areas, through the use of CIL money or otherwise, to enable residents to make short cycling trips to town centres for shopping, social activities, etc

- **Future vehicle trade-in schemes for electric vehicles – whether driven by Government, the Greater London Authority or Brent Council – need to provide equal incentives for the take-up of active forms of travel.** An individual looking to trade-in their car to avoid ULEZ should be offered an equal incentive, to an equivalent financial value, to instead forego a car entirely and take up active forms of travel (or use public transport). The

Scrutiny Inquiry is glad to see this reflected in the GLA's current trade-in scheme, but it is essential that all future schemes continue in the same vein, and Brent Council should lobby to ensure this.

Recommendations

In light of the above, this scrutiny inquiry **RECOMMENDS**:

RECOMMENDATION 5

THAT THE COUNCIL MAKE THE DELIVERY OF HEALTHY STREETS A CENTRAL CORPORATE AND POLITICAL PRIORITY ACROSS THE BOROUGH, WORKING CLOSELY WITH LOCAL RESIDENTS TO EXPAND THE NUMBER OF HEALTHY STREETS LOCALLY.

Responsibility for delivery of this should involve all Departments in Brent, but should ultimately rest within the Highways Department and not Transport, because Highways will be able to integrate this approach within their operational work and routinely consider this whenever they consult on schemes or works need to be carried out. This also needs to feature centrally in a future Borough Plan, in Local Implementation Plan 3 and in the Local Plan.

In order to deliver this priority, Brent Council should set out a minimum offer to streets across the borough when considering improvements to areas:

- **Routinely consider how we can support healthy streets all our infrastructure and transport projects,** ensuring our highways team and others regularly consider how they can better-promote healthy streets and active travel whenever works are due to take place or improvement projects are being carried out. As part of this, the Council should also proactively identify a list of streets in the borough which are most impacted by poor non-resident parking behaviour, such as rat runs, and work with these streets to introduce measures to address these issues.
- **Engage people on healthy streets initiatives at the earliest stage of projects, so they can genuinely feed into the process of developing ideas.** This will help address concerns that some early cycling infrastructure projects in Brent were as well-designed as they could be, and were consulted on too late in the developmental process. The Brent Public Transport Forum and Brent Active Travel Forums should be reinvigorated, with an expanded remit, to help ensure these conversations take place as early as possible and future projects are delivered to the highest standards. We should review the membership of these forums to ensure that campaign groups engaged in active travel in Brent have ex-officio membership of it.
- **Engage with residents about initiatives to tackle non-resident driving in residential streets,** such as blocking through-routes, 20mph speed limits, Low Traffic Neighbourhoods and modal filters, in order to make streets more friendly and accessible for residents. This raft of measures needs to be part of Brent Council's 'toolkit' whenever residents raise concerns about non-resident driving, building on our proposal in recommendation 2. Such initiatives should only be carried out with the consent of local residents and considered on a case-by-case basis where it is appropriate for local streets, and should be focussed on tackling residents' concerns about non-resident parking.
- **A more consistent and clear approach to the provision of 20mph zones needs to be established.** For many of these initiatives, 20mph speed limits will be an essential prerequisite

to delivering other aspects of the healthy streets approach, and this should be factored into highway improvements. Greater provision of 20mph zones across the borough are also easier to enforce than piecemeal zones.

- **Give the provision of cycle storage, and cycle parking the same level of priority as electric vehicle charging.** Working with TfL, the Council should routinely look for opportunities to expand cycle storage space, most especially around tube stations. Opportunities to provide cycle storage in under-utilised car parking bays or on wide footways need to be routinely explored. Residents should be invited to bid for cycle storage using Community Infrastructure Levy funds. The Council should work to enhance the cycle storage capacity of its own housing stock, and continue to press for similar standards from Registered Providers, developers, businesses and others.
- **Ensure additional cycling space is not delivered at the expense of pedestrians, and vice-versa,** as has sadly sometimes been the case in other developments. The presumption should be in favour of encouraging active travel through reducing space for private car usage, or through creating extra space in other ways.
- **Review the current maximum provision of parking permits for households in Controlled Parking Zones,** with particular regard to the parking pressures caused by the larger number of permits which can be claimed by Houses of Multiple Occupation. The Council should seek to move away from the current "one size fits all" approach to CPZ permits regardless of household type or location. A cap on the number of permits in HMOs could significantly reduce parking pressures in some residential areas, freeing up space for greater provision of more space for active forms of travel.
- **Extend the diesel surcharge to pay and display parking,** building on the current surcharge in controlled parking zones, in order to deliver a clear and consistent message about the impact of poor air quality and encourage the use of active travel and lower emission vehicles.
- **Continue to promote and expand the use of car free days,** building on the successful initiatives already established. The scrutiny inquiry feels that Brent's year as London Borough of Culture 2020 offers an enormous opportunity to promote the benefits of car free days on our streets, and our borough of culture team should exploit all opportunities to promote successful car free days on streets throughout 2020.
- **Ensure all future cycling initiatives are disability-inclusive**, and support the use of a wide range of cycling devices and not just bicycles. This requires the provision of sufficiently wide cycle ways, and it means avoiding certain traffic calming methods or blocks which – whilst easy for bicycles to get around – may prevent people with disabilities from using active travel methods.

RECOMMENDATION 6

THAT THE COUNCIL OUTLINE, PUBLISH AND CONSULT ON A CLEAR STRATEGY FOR ENGAGEMENT WITH TRANSPORT FOR LONDON ON ACTIVE TRAVEL INITIATIVES – INCLUDING

THE PLANNED WILLESDEN-WEMBLEY CYCLE SUPERHIGHWAY, MEASURES TO IMPROVE PUBLIC TRANSPORT PROVISION AND ANY FUTURE INITIATIVES TO IMPROVE ACCESSIBILITY OVER THE NORTH CIRCULAR.

During the course of our inquiry, we have become aware that there are plenty of ideas across the borough on how we could better-promote active travel across the borough, and improve our infrastructure to make it easier for pedestrians and cyclists to go out and about.

In order to identify and exploit these opportunities, Brent Council needs to be open about its approach to engagement with TfL, using new forums – like the recently-convened Brent Climate Assembly, and the Green Brent Partnership (see recommendation 3) – to engage with residents about potential opportunities.

In drawing up this strategy, Brent Council should:

- **Make improving safety for pedestrians and cyclists a key corporate priority**, and address the misplaced *perception* of safety issues through improvements to the built environment.
- **Look to improve pedestrian and cyclist accessibility over the North Circular**, in order to reduce barriers between north and south Brent and promote more active forms of travel. The Council should work with TfL to explore the provision of more bridges over the North Circular in order to achieve this.
- **Actively lobby to improve public transport accessibility in under-served areas of the borough,** most particularly areas north of the North Circular with low Public Transport Accessibility Level ratings. The Council should work with TfL to devise a strategy to improve PTAL levels in areas of the borough where provision is poor.
- **Work with bus contractors to speed up the adoption of electric buses across Brent, as and when existing contracts expire.** The speed at which electric buses are adopted in Brent will depend on the strength of the business case contractors present to TfL, and Brent Council must play a central role in making business cases for Brent bus routes as strong and robust as possible.
- **Prepare a plan to actively lobby for better public transport access for Brent for when the Chiltern franchise comes up for renewal in December 2021**, working to bring together Transport for London, local businesses, community groups and others together in a campaign for better railway transport access to the borough. For example, the strategy should include lobbying for a more regular service to Sudbury and Harrow Road station as part of the Chiltern franchise.
- **Lobby strongly to improve the affordability of public transport in the borough,** seeking to secure special dispensation from TfL to be part of a cheaper ticketing zone, along the same lines as Stratford, and inserting this as an objective in Local Implementation Plan 3.
- **Set out clear proposals for a Willesden-Wembley Cycle Superhighway**, and fully consult with local residents on how this project should be delivered. As noted in Recommendation 2, the Council should explore extending the superhighway to Wembley Park to increase cycle usage on event days.
- **Work alongside the FA to lobby for improved capacity in stations including Wembley Park, Wembley Stadium and Wembley Central** in order to reduce car usage on event days, as set out in Recommendation 2.

Chapter 6

Housing, planning and the built environment

Brent's current situation

Direct impact

The average individual spends over 90% of their time indoors, which means that good indoor air quality and good air quality in the built environment is vital for public health.[111] As noted in Chapter 1, whilst road transport contributes half of air pollution in Brent, the other half is caused by a range of factors associated with housing and the built environment.

These are:

- **Heat and power generation**, which is responsible for 35% of CO2 emissions, 22% of NO2, 20% of PM2.5 and around 8% of PM10 emissions. This is further broken down into:
  - **Domestic heat and power generation,** responsible for 25% of CO2, 10% of PM2.5, 7% of NO2 and less than 5% of PM10 emissions
  - **Industrial and commercial heat and power generation,** which is responsible for 10% of CO2, less than 10% of PM2.5, 15% of NO2 and 3% of PM10 emissions

- **Industrial and commercial industrial processes**, which is responsible for 35% of CO2, 20% of PM2.5, 22% of NO2 and around 8% of PM10 emissions.

- **Industrial and commercial construction**, responsible for 0% of CO2, 20% of PM2.5, 5% of NO2 and 41% of PM10 emissions.

Within this, a range of often-overlooked factors make a significant contribution to air pollution, including:

- **Wood burning** and the burning of household waste
- **Commercial cooking.** It is now estimated that commercial cooking produces 13% of London's particle pollution,[112] especially in areas with high concentrations of restaurants
- **Household heating and cooking,** which can release particulate matter, carbon monoxide, nitrogen oxide and sulphur dioxides[113]
- **Damp** in the household[114]
- **Chemicals used for cleaning or decoration** in our homes[115]
- **Asbestos** in homes[116]
- **Building construction** and demolition[117]
- **Heavy duty non-road mobile machinery (NRRM)** used whilst constructing buildings. For example, excavators contribute 46% of the NOx of NRRM in London, followed by dumpers (11%) and forklifts (7%)[118]

Indirect impact

In addition, housing, industrial processes and the built environment can also have a significant indirect effect on air pollution. Poorly-planned developments can make it harder to take lower-emission forms of travel or plan public transport routes. This can also be the case for poorly-situated developments placed in areas with poor public transport accessibility, and without any associated measures to improve access to public transport as part of the development process (or force developers to contribute to this).

Along the same lines, there is also some debate over the contribution that green spaces can make to addressing air quality and (conversely) the role that *a lack* of green space in many areas of Brent plays in air pollution issues in the area. The scrutiny inquiry received a range of written representations from Brent residents during the process of this inquiry, and a considerable number of these specifically raised questions about the part that green space could play in improving the quality of our air. These residents also rightly highlighted that many air quality hotspots in the borough also suffer from a considerable lack of green space – a claim we do not contest, and one which we agree needs to be addressed.

When we met with Dr Ian Mudway of King's College London's Environmental Research Group, we specifically asked him what role green space should play in tackling poor air quality, and whether it has any direct or indirect benefit on air quality.[119] He strongly agreed that green space has a crucial *indirect* role to play in improving air quality, most especially by making pedestrian and cyclist routes more attractive and safer and thus encouraging a modal shift. It can also play a crucial role in reducing levels of CO2 and therefore addressing the greenhouse gas effect. Although not related to NOx and PM specifically, he also stressed the strong evidence on the wider benefits of green space, including in health and enhancing biodiversity. Efforts to encourage green space therefore need to be strongly encouraged, and many areas affected by poor air quality will require intensive and targeted provision of further green space.

However, he strongly advised against Councils promoting green space as a *direct* solution to poor air quality: it cannot, in and of itself, improve the quality of our air, and Councils' efforts to improve air quality must centre on addressing the *underlying causes* of poor air quality. Some of the things being planted as part of 'greening' initiatives in other areas of London are also highly allergenic, and risk making it harder for people with hayfever and other issues from going out and about. The scrutiny inquiry also felt that greening can potentially offer Councils a route to be 'let off the hook', letting them promote superficial 'solutions' to poor air quality rather than taking measures to address the things which cause PM and NOx emissions in the first place. We will this theme later in this chapter, where we will identify recommendations as to how Brent Council can best address air quality issues through the provision of green space.

Existing commitments by Council and GLA

To at least some extent, addressing the issues above requires some action at a national level, such as changes to building and construction regulations and improvements in heating standards. However, concerted action can still be taken a local and regional level, and a number of steps are currently being taken and considered by the Greater London Authority and Brent Council.

At a regional level, the London Plan, which determines planning policy across all London Planning Authorities, sets out a range of requirements on developers for air quality. This plan has been updated in July 2019 and a draft version is now being consulted on. Proposed requirements in the new draft London Plan include:[120]

- Development proposals must not: (Policy SI1, B1):
  - (a) lead to further deterioration in existing air quality
  - (b) create any new areas that exceed air quality limits or delay the date at which compliance will be achieved in areas that are currently in exceedance of legal limits
  - (c) create unacceptable risk of high levels of exposure to poor air quality

- In order to meet the requirements set out above, development proposals must (Policy SI1, B2):
  - (a) Be at least air quality neutral
  - (b) Use design solutions to prevent or minimise increased exposure to existing air pollution and make provision to address local problems of air quality
  - (c) Major development proposals must be submitted with an Air Quality Assessment, which sets out how it meets the requirements of policy SI1, B1
  - (d) Development proposals in air quality focus areas or that are likely to be used by large numbers of people vulnerable to poor air quality … which do not demonstrate that design measures have been used to minimise exposure should be refused

- There are also separate sets of guidance on the control of dust and emissions from construction and demolition activities in London. A range of measures are being taken by several Councils, in collaboration, to address issues related to air quality from the construction process, and to force construction companies to take a more responsible approach.[121]

- In order to support Councils in making air quality neutral assessments, the Air Quality Neutral Planning Support document was published in March 2013 and updated in April 2014. It provides specialist consultants with a methodology to undertake an 'air quality neutral' assessment, as well as emission benchmarks for buildings and transport, against which the predicted values for the proposed development can be compared.[122]

We asked the Council whether any major developments in Brent failed to meet the air quality neutral requirement. We were advised that "no major development in Brent has failed to meet the air quality neutral requirement due to the fact that the environmental health team that scrutinises air quality neutral assessments will work with developers until air quality neutrality is achieved on each development proposal." However, currently minor developments are not legally required to be air quality neutral due to what is perceived to be their insignificant impact on local air quality, and small developers are not required to make an air quality neutral assessment. We queried this issue with small developers, and were advised that addressing the air quality impact of small developments would require changes to planning policy at a national level.[123]

At a local level, Brent is already giving effect to these policies and striving to improve the air quality of housing and the built environment in a number of ways:

- Our Planning Department and Planning Committee give effect to the 'air quality neutral' and other requirements in the London Plan and other documents. Our air quality action plan has a target to increase the percentage of developments which are air quality neutral or better.[124] Based on the evidence received (see above), we understand all large developments meet the air quality neutral requirement.

- Brent Council's Local Plan, which will determine how Brent's planning policy reflects the London Plan, is currently in draft form and is in the process of being consulted on. It commits to continuing to combat air pollution through greening initiatives; working in partnership with other Local Authorities to combat air pollution; and reducing air pollution from vehicles through the promotion of active travel.[125]

- Brent is part of the Low Emission Construction Partnership, which is working to implement tough emission standards on NRRM and in the construction process for buildings. We require construction dust to be managed and require NRRM to meet certain standards for developments taking place in the borough.[126]

- The Council is responsible for the regulation of small, less complex industrial processes which have the potential to cause air pollution (larger industrial processes are regulated by the Environment Agency). We operate a permit process for these industrial sites and are responsible for setting environmental standards for them. Complaints about any sites can be made directly to Brent Council.[127]

- Our air quality action plan has a commitment to creating a register of combined heat and power plants in the borough, ensuring all new major developments install low emission boilers as a minimum requirement and reducing the estimated level of emissions caused by these processes locally. It also commits to improving energy efficiency in council buildings, and achieving a percentage emissions reduction through energy conservation measures.[128]

- The planned South Kilburn regeneration scheme promises to have a positive effect on air quality through the provision of an efficient communal heating system for tenants. However because of restrictions under UK legislation, Councils are prevented from tapping into the full air quality benefits of communal heating systems because private households are unable to buy-in to these systems – something which could be addressed through changes to national legislation.[129]

- Finally, the air quality action plan is committed to a targeted upgrade of green infrastructure across the borough to indirectly mitigate against the impact of poor air quality. It has committed to undertaking an audit to identify areas where upgrades to green infrastructure are required and publishing a programme of upgrades.[130]

Scrutiny of existing measures and scope for further action

The Scrutiny Inquiry broadly welcomes these commitments, as well as the positive direction of travel set at both a Council and GLA level. However, based on our engagement with other

stakeholders and our review of the wider literature, we feel there is scope for further action in a number of areas:

- **Brent Council's air quality strategy currently lacks commitments to address the air quality impact of commercial cooking processes, particularly in town centres.** Camden's air quality strategy has specifically identified this as a key issue in dense town centres in their borough and a key cause of poor air quality.[131] The Trade Union Clean Air Network has also highlighted this as a key and often-overlooked occupational health risk.[132] The Council should explore what steps it could take locally to address these issues, including by:
  - Working to audit the level of air pollution caused by commercial cooking in certain hotspots within Brent, and using this to inform target areas identified in the Council's air quality strategy
  - Ensuring town centre strategies, and town centre managers, proactively seek to address these issues and engage with local businesses about problems
  - Engaging with businesses to spread best practice and work jointly to devise solutions, through the proposed Green Brent Partnership
  - Working in partnership with trade unions to address the occupational health risks caused by commercial cooking processes
  - Where we can't effect change locally, lobbying for change and better standards at a national level

- **The Council should consider further steps to improve the heating standards in the housing sector.** We welcome the existing commitments in the air quality action plan to improve heating standards in our housing stock and push for better standards in new developments. The Council itself is leading by example here with the South Kilburn development. But further steps could be taken:
  - We suggest the Council undertake a feasibility study into the role that private rented sector engagement, including through the licensing system, could play in improving heating standards in Brent's PRS properties
  - The Council should set specific targets and timescales for improving the heating standards of our own housing stock, building on the commitment already made in its air quality action plan
  - In line with steps taken in Croydon Council, the Council's should explore the merits of investing the proceeds of its Carbon Offset Fund into measures to address the air quality of heating across the housing sector and in small businesses[133]

- **A wider lobbying and public awareness campaign could be undertaken to raise awareness about the impact of wood burning and other household activities.** Whilst the Council's air quality action plan already commits to some measures to address the burning of *waste*, further steps could be taken:
  - A seasonal public awareness campaign could be undertaken to highlight the damage caused by wood burning (we expand on the need for a public awareness campaign in chapter 8 of this report)

- Where it is not possible to take effective enforcement action due to loopholes in current legislation, the Council should actively lobby national Government for better standards so we can take action more easily

- **The Council's efforts to address air quality through green spaces should be evidence-based, and focused for example on how greening can reduce vehicle usage by making active travel more attractive.** The scrutiny inquiry is strongly in favour of the provision of more green space throughout the borough, and also feels that a great deal of this should be provided in air quality hotspots. The borough should enhance its greening initiatives for a whole host of reasons – not least because of the considerable benefits it can bring to mental health and biodiversity, and the role it can play in addressing global heating.

  However, the Council should not promote greening as the sole solution to issues of poor air quality, and it should not use it as an excuse for avoiding to tackle the underlying causes of air pollution. Rather, greening should be promoted for a while host of broader reasons, and because of the indirect benefit it can bring in encouraging modal shift. Where residents approach the Council to ask for air quality through greening, the Council should introduce greening as part of a wider package of measures to address the root causes of the air pollution on residents' streets.

Recommendations

In light of the above, this scrutiny inquiry **RECOMMENDS**:

RECOMMENDATION 7

THAT THE COUNCIL EXPAND THE NUMER OF INITIATIVES FOR DEALING WITH THE AIR QUALITY IMPACT OF HOUSING AND THE BUILT ENVIRONMENT, AND ENGAGE CLOSELY WITH EXPERTS TO CONSIDER FURTHER STEPS AS NEW EVIDENCE AND TECHNOLOGY EMERGES.

We recommend that the Council consider taking action in the following additional areas:

- **Consider using proceeds from the Council's forthcoming Carbon Offset Fund to invest in initiatives to reduce the air quality impact of heating in homes and businesses**, along the same lines as steps taken by carbon offset funds in other Councils, such as the Croydon Healthy Homes Scheme.
- **Address the air quality impact of commercial cooking, particularly in town centres.** Other councils' air quality strategies have identified this as a key issue. It is also a key occupational health hazard, and offers an opportunity for greater engagement and partnership with trade unions. Brent's air quality action plan should set out steps which could be taken here, and the Green Brent Partnership (see recommendation 3) should be empowered to work with businesses in town centres to address these issues.
- **We should consider further steps to improve heating standards in private rented housing and Registered Providers.** The Housing Department should consider whether more stringent PRS licensing standards could help drive up standards in the sector, and it should also actively engage with Registered Providers to ensure that the air quality standards of their own housing stock are improved in line with ours. The Council should also set a clear timeline for the delivery of improvements of air quality standards in our housing stock.

- **There should be a public awareness and lobbying campaign to address issues with the air quality impact of wood burning and waste burning.** A seasonal campaign against wood burning could help highlight the severe impact this causes. Where Brent Council is prevented from taking enforcement action due to restrictions in national legislation then, as set out in recommendation 1, we should lobby for more stringent laws.

Because the evidence on the air quality impact of these factors (and the best ways to address them at a local level) is still in the process of being developed, we recommend that the Council closely engage with experts on this and stay regularly updated on the evidence. Where new technology is able to reduce the air quality impact of heating and cooking processes, the Council should work through the Green Brent Partnership to actively encourage greater use of this by businesses and developers.

RECOMMENDATION 8

THAT THE COUNCIL CONTINUE TO PROMOTE GREEN SPACE AS A WAY OF SUPORTING ACTIVE TRAVEL, AND BECAUSE OF ITS WIDER BENEFITS TO HEALTH, THE CLIMATE AND BIODIVERSITY, BUT ENSURE THAT MEASURES TO IMPROVE GREENING ARE NOT PROMOTED AS AN ALTERNATIVE TO DEALING WITH THE UNDERLYING CAUSES OF POOR AIR QUALITY.

The scrutiny inquiry is extremely supportive of the greater use of green space for a whole host of reasons, not least the measurable impact it has on mental health and wellbeing and its potential to reduce CO2 levels. However, the evidence we have received from experts has been clear that the provision of green space is not effective in improving air quality. The only effective way of addressing poor air quality is to address the underlying causes of it, and it would be greatly misleading to promote green space as a way of mitigating these problems.

Green space does, however, have a significant indirect benefit on air quality, as it can make areas more attractive for pedestrians and cyclists. In some road schemes it can also be used as an attractive way of slowing traffic down and thus promoting active travel and addressing concerns about safety. In many cases, areas in greatest need of green space are also areas of poor air quality, and therefore clearly require significant investment in green space for a whole host of reasons.

The scrutiny inquiry therefore recommends that the Council take an evidence-based approach to the promotion of green space in its air quality strategy. The Council should promote the use of green space as a way of helping to change behaviour and encourage modal shift, and should invest in greater provision of green space across the borough (including in air quality hotspots), but it should not risk creating the misleading impression that more green space could ever tackle the underlying causes of air quality on its own.

This should not, however, detract from the fact that the Council needs to considerably expand the amount of green space and trees available in Brent, for a whole host of wider reasons. We therefore encourage the Council to expand the availability of green space across the borough, and ensure there is no net reduction in green space or net loss of trees as a result of any of the Council's developments and initiatives, including the footways improvements programme.

Chapter 7

Schools, children and young people

Brent's Current situation

There is strong evidence that children are particularly vulnerable to air pollution because of their size relative to sources of air pollution, and because their lungs are still in development. High levels of exposure in childhood will considerably affect their future health and wellbeing – shortening lives, causing health problems such as asthma and, in a number of deeply tragic causes, causing their deaths.[134]

Exposure in and around primary schools and nurseries makes a significant contribution to this health problem. Across London as a whole, over 450 schools are in areas with dangerously high air pollution levels.[135] There are also issues with indoor air quality in schools, and a 2018 report commissioned by the GLA found wide variations in interior air quality between schools.[136]

Within Brent, the GLA has commissioned air quality audits from two of Brent's primary schools, both of which exceed legal limits for air pollution. However it should not be assumed from these audits that these are the only schools in Brent which exceed legal limits (they are not), or that they are necessarily the worst schools in the borough.

Both these audits identified that whilst much more can and should be done to reduce the air quality impact of school and teacher travelling, this was not the sole cause of air pollution in either school:

- **John Keble Primary School.** The report identified that 11,500 vehicles per day travel within a 200-metre radius of the school, which puts it within the top 25% of schools assessed in the audit in terms of traffic volume. By contrast, there are 450 pupils in the school, of whom 18% went to school by car at the time the audit was carried out.[137]
- **Ark Franklin Primary Academy.** Similarly, the report observed that approximately 10,500 vehicles a day travel within a 200-metre radius of the school along core roads around it. This is also within the top 25% in terms of traffic volume of the 50 schools assessed as part of the programme. To put these figures into context, there are just 650 pupils in the school, of whom 26% travelled by car at the time the audit was carried out.[138]

Addressing these issues, and improving the air our children and young people breathe, therefore requires a mix of measures. They should not be solely focussed on changing travel behaviour of parents and teachers, important as this is, but instead grounded in a wider set of measures to improve air quality in the wider environment around schools themselves. This requires the Council to work in partnership with schools in Brent, working with them to identify what steps the Council needs to take to improve air quality in and around local schools.

The trajectory of change in Brent is positive, with modelling suggesting that all Brent's schools will be brought within legal limits of NOx as a result of the Ultra-Low Emission Zone (see Figure 14),

although this of course says nothing of the PM created around schools, for which there is no 'safe' limit.[139]

However, best practice needs to be spread more widely, and further steps need to be taken to accelerate the pace of change. The fight against poor air quality for children also needs to be broadened to encompass nurseries, secondary schools, colleges, sixth forms and universities, and to involve children and young people more widely in measures to address air quality and in the creation and delivery of public health messages about the dangers of our poor air. We return to these issues later on in this chapter.

Existing commitments by Council and GLA

Air quality in schools is rightly recognised as a key issue both in the borough and across London, and both Brent Council and the Greater London Authority have already committed to take action in this area in the following ways:

- **Auditing air quality in some of the worst-affected primary schools and nurseries, and investing funds to address air quality issues in these schools.** This initiative has been spearheaded by the GLA and has helped inform local measures to improve air quality in a number of Brent schools.

- **Piloting School Streets in Harlesden Primary School and Wykeham Primary School**, on Minet Avenue and Annesley Close. Under this initiative, residents on these streets can still drive down their road as usual, but other motorists who drive down them during peak times during term time will be caught on camera and face a fine.[140] This pilot started in June 2019 and is set to last at least 18 months. An interim review of its progress will take place in December 2019, with a final decision made on the continuation of the programme after the full 18 months. The scrutiny inquiry has been encouraged by what we have heard thus far by the progress of these pilots.

- **Encouraging schools to join Transport for London's Safer Travel: Active, Responsible, Safe (STARS) accreditation programme to promote active travel.** Under the STARS programme, schools are able to sign up with TfL to explore what other schools are doing around active travel, implement their own active travel measures and then showcase and promote their success. It is an initiative designed to spread and promote best practice across London's schools.

  After being signed up, schools are accredited according to three different standards (Bronze, silver or gold). Brent Council's air quality action plan already has a target to ensure all schools have active travel plans, and support schools to attain STARS accreditation or maintain existing STARS accreditation. Table 5 in the Appendix, provided at the scrutiny inquiry's request by Brent Council, illustrates the current accreditation standards of each of Brent's 97 schools. It shows that:

  - **55 of 97** schools in Brent (56%) do not yet have STARS accreditation
  - **7 of 97** schools (7%) have bronze STARS accreditation
  - **5 of 97** schools (5%) have silver STARS accreditation

- **30 of 97** schools (31%) have gold STARS accreditation

Brent Council's air quality action plan is committed to ensuring 100% of Brent schools have an active travel plan, and 40% of schools with an existing travel plan achieve a higher level of compliance. There are currently 50 schools and 20 nurseries with an active travel plan in Brent (see Table 5 in Appendix C for a full list of schools with active travel plans, cross-referenced with the above STARS data).[141]

- **Holding at least 8 anti-idling events in schools**. Finally, Brent Council is committed to getting all schools to participate in the Breathe Clean project. They are also committed to improving the provision of guidance for reporting issues and strengthening measures for enforcement of anti-idling regulations.

Scrutiny of existing commitments and scope for further action

As part of its investigations the scrutiny inquiry held a site visit to Ark Franklin Primary Academy and met with the National Education Union, and received evidence from a number of people in the public about childrens' exposure to air quality and local schools' policies. We also carried out a broader review of other councils' policies on school air quality, in order to understand whether there were any areas of best practice which the Council should draw from.

Based on these discussions, we would particularly highlight that there is scope for Brent Council to build on its policies in the following areas:

- **The best way to encourage wider take-up of school initiatives is for the Council to take leadership alongside schools, encouraging a broad range of schools to act in unison.** It can sometimes be challenging being the first school to take action on air quality locally. Schools which take the initiative on air quality can, when acting in isolation, run the risk of being mischaracterised as being 'the worst' school locally for air quality – a concern which the scrutiny inquiry heard from a number of parents who approached us.

  This fear can often make it harder for individual schools to come forward to take action. The Council can help address this is if it takes a leadership role, encouraging all schools to act in unison rather than in isolation, and by actively challenging negative perceptions about the schools which are taking the initiative. We suggest that the Council support this by equipping Councillors to act as clean air champions for local schools in their wards, and (so far as is possible) equipping them with the information needed to engage with their local schools on the issue and support their schools in taking action.

- **The successful school streets pilots should be enhanced and built upon, drawing from best practice in other Councils, with a presumption in favour of school streets.** The scrutiny inquiry was particularly interested in the steps Haringey Council is considering in this area, where their Local Implementation Plan has committed to implementing at least 12 more school streets by 2022, in order to address concerns about non-resident parking during school hours across the Local Authority.[142] The Council will then actively engage with all schools in the borough on the issue, and work to implement these schemes where they have the support of local residents.

A similar initiative needs to be spearheaded by Brent Council, in order to expand the benefits of the successful school streets pilots to other areas of the borough. This would also have the added advantage of persuading a broader range of schools to take action on air quality, where they have not done so already, through the use of school travel measures, by reassuring them that the Council will play its full part in addressing the wider causes of poor air quality around schools, which are outside of their control.

- **The Council needs to devise a specific strategy to address air quality in schools where school streets will not address the issues sufficiently.** A number of Brent schools are situated along main roads, where school streets may not be possible. In others, school playgrounds are located near main roads, potentially heightening childrens' exposure to poor air quality.

  The scrutiny inquiry feels that even in these instances, the preference should always be to implement school streets where possible. Where this is not possible, whether due to restrictions on Transport for London roads or otherwise, a specific set of measures needs to be taken to address the problem and devise bespoke solutions. Based on our engagement with Ark Franklin Primary, the National Education Union and others, we feel that measures could include:
  - The erecting of 'green barriers' in school playgrounds which are exposed to air pollution where evidence suggests that they could be effective in protecting children from poor-quality air, as a potential mitigating interim measure. This should not, however, be used as an excuse not to tackle the underlying causes of poor air quality in these schools. Evidence shows that whilst green screens can block some polluted air from school playgrounds, they have not been sufficient, on their own, to bring NOx pollution into legal levels in schools studied[143]
  - Ensuring school entrances / exits do not lead off into heavily-polluting main roads, in line with successful steps taken by Ark Franklin
  - Working with Transport for London, local businesses and others to address the causes of poor air quality along main roads and playgrounds

- **Strategies to address air pollution in schools need to deal with the wider underlying causes of air pollution in and around schools, as well as measures to encourage active travel by parents and teachers. The Council has a central role to play in this area.** As the air quality audits in John Keble and Ark Franklin primary schools show, whilst initiatives to encourage parents, teachers and children to walk and cycle to school are essential, this is not the key cause of air pollution in either of these areas. Instead, air pollution caused by the wider surrounding area, such as commuter traffic and public transport, is the central cause of air pollution in these schools.

  Parents and teachers absolutely must play their part in addressing the problem, but this must come part of a wider set of initiatives. Brent Council's initiatives must recognise this. The promotion of active travel and STARS accreditation alone in Brent schools in areas with poor air quality will not, in and of itself, be sufficient to address issues: the Council's

approach must recognise that school streets and other initiatives to address non-resident travel must run alongside them.

- **The Council should continue to work with schools to improve air quality through greener school travel arrangement, but it must also work to address some of the wider, structural factors which can prevent greater use of active travel by parents and teachers.** We feel the Council should set a target for all schools in Brent to be 'gold' STARS accredited and to have active travel plans in place, and it must play a leading role in strongly promoting active travel and spreading best practice across the borough.

  However, as part of this, the Council must also engage with education unions about how it can support them in addressing some of the underlying causes of low take-up of active travel, particularly for teachers. These can include:[144]
  - Low teacher pay, which is increasingly forcing teachers to live outside of London in places with limited access to public transport
  - No provision for key worker housing for teachers and other public sector workers
  - Catchment areas for some schools, especially secondary schools, which tend to draw from a larger catchment area
  - Changes in school admissions policies, particularly academies, which can see students being drawn from increasingly wider catchment areas without easy access to public transport or active travel
  - A chaotic, low-paid and difficult jobs environment for some parents, who may have employers which do not offer flexible working arrangements for school travel

  Some of these steps may be impossible for the Council to address on its own, and where it is unable to effect change itself it should lobby national Government for the change required. Others could potentially be addressed by the Council, for example by considering teacher key worker housing as part of the Council's commitment to provide key worker housing in the borough.

- **The Council should consider further steps to promote better enforcement of idling, traffic and parking issues around schools.** A number of people we have engaged with as part of this inquiry have highlighted that there are issues with the enforcement of idling, parking and traffic issues around a number of Brent's schools, with traffic officers not always being as effective in enforcing it as they should be. Anti-idling signs should also be more prominent and clearer around schools.

  Addressing this partly requires better enforcement by traffic officers, but it can also be achieved by equipping a broader range of stakeholders to take action against idling and traffic issues, and the use of a wider public health campaign – something which is partly addressed by other recommendations in this report (see Recommendation 2 and 10). If delivered alongside measures to improve enforcement by council officers, this would help address the root causes of poor behaviour around schools by making the practice socially unacceptable.

- **More could be done to provide more detailed audits of the extent of active travel in our schools, potentially drawing from external funding.** We are aware of steps being taken by Ark Franklin and others to audit how pupils get to school and assess the distance they live from schools. Anecdotally, we have been advised that the parents who drive to schools are not always the ones who live furthest away, suggesting there is not necessarily a clear correlation between distance travelled and use of active travel.

  Ideally, local schools and Brent Council should work together to undertake a comprehensive audit of school travel methods, to inform the development of active travel schemes and work out what further steps the Council needs to take to support active travel. This would help take considerable pressure away from schools, which are having to audit travel arrangements in addition to their many other responsibilities. The scrutiny inquiry suggests the funding for this could be sought from an external source which may be willing to support the scheme, perhaps drawing from a company's corporate social responsibility fund.

- **Children and young people could play their part in wider awareness-raising initiatives, and the Council could play a greater role in actively informing young people about air quality and equipping them to raise awareness.** The scrutiny inquiry feels that there is untapped potential in helping children and young people to play a more central role in raising public awareness of air quality, and supporting them in actively lobbying for changes – both locally and nationally.

  Existing forums, such as the Brent Youth Parliament, should be supported with educational materials and information to highlight key air quality issues in the borough and equip them to effect change. The Council should also consider innovative uses of Community Infrastructure Levy and Love Where You Live funds to support young people-led initiatives to raise awareness of air quality issues – a theme which we return to in Chapter 8.

- **The Council should work in partnership with schools, teachers' unions, school councils and the Brent Youth Parliament in raising awareness about poor air quality in our schools.** Building on the above, in the past, Brent Council has taken a leading role in convening local conferences with schools to discuss how they could work together to address key issues of shared concern.

  The climate emergency and air pollution crisis surely offer a further opportunity to convene such a conference. Such a conference should seek full participation from Brent's schools, including academies and free schools, and seek to involve school councils, school leadership and trade union representatives alongside Council officers who can offer expertise on air quality in Brent schools.

Recommendations

In light of the above, this scrutiny inquiry **RECOMMENDS**:

RECOMMENDATION 9

THAT THE COUNCIL CONTINUE TO PROMOTE MEASURES TO IMPROVE AIR QUALITY IN OUR SCHOOLS, AND WHERE POSSIBLE ENHANCE AND EXPAND ON EXISTING INITIATIVES. IT SHOULD WORK IN PARTNERSHIP WITH SCHOOLS AND STUDENTS TO AGREE A SHARED APPROACH TO IMPROVING AIR QUALITY IN THE BOROUGH.

The scrutiny inquiry is fully supportive of the measures Brent Council has already taken in this area, and particularly welcomes the school street pilots which are currently being implemented. We also agree with the objective to pursue STARS accreditation for all schools, and support the ongoing audits of air quality in our schools and nurseries.

But in order to encourage more schools to participate, it is important Brent Council builds on this success, and plays a leading role in the borough in promoting air quality in our schools. This will help protect and support those schools which have taken leadership locally, giving head teachers, parents and students the support they need.

We therefore recommend that the Council:

- **Work with schools to identify how it can address air quality issues around schools.** Schools which lead the way in improving air quality can only go so far, and the Council must play its part in addressing air quality around schools, most especially from non-residents. When we engage with schools we need to ensure that a multi-disciplinary team of Council officers, from the highways team and otherwise, also engage with schools and actively discuss what steps we could take to support them.
- **Expand the school streets initiative, and consider a presumption in favour of school streets where there is support from local residents.** This will help deliver improvements across the board in Brent, and help better-support those schools which have been at the vanguard of improving air quality in their areas.
- **Set out a specific strategy to improve air quality in schools near main roads,** where school streets cannot be introduced. This could include changing the location of entrances to students so they do not have to walk to school on main roads, and considering the use of Low Emission Neighbourhoods and better traffic management to address the poor air quality impact of main roads. The Council must also ensure that air pollution levels in any new schools built in the borough are within legal limits, and that a clear strategy is always in place to ensure this.
- **Work with schools to undertake an annual survey of school travel methods.** This survey should particularly look at the distance from homes, as the scrutiny inquiry has received evidence suggesting that because of the small size of many primary school catchment areas many car journeys are in fact shorter distances than might be assumed. A 'league table' of schools based on use of active travel should be created. We feel the provision of this survey could be funded using funding from an external source within Brent, such as a developer in Wembley.
- **Take a zero-tolerance approach to parking on yellow lines around schools and/or vehicle idling around schools,** and strive for better enforcement of these standards during and outside of the school run. Whilst we acknowledge that stronger enforcement measures are not always possible due to the restrictions of the Protection of Freedoms Act 2012, the Council should strive to be innovative in the approaches it takes to enforcement.

- **Build on the commitment for active travel plans and TfL Safer Travel: Active Responsible, Safe (STARS) accreditation, further engaging with Brent schools to deliver active travel plans and STARS accreditation.** Schools which are not taking part in the STARS initiative and/or which have yet to develop active travel plans need to be publicly identified and supported to become accredited, and we should set a target for all schools to achieve 'gold' STARS accreditation by a set date.
- **Work with schools to insert some commitments to active travel in home/school agreements,** so that clear commitments and a shared understanding is made between parents and schools around school travel methods, where there are no mitigating circumstances.
- **Involve schools, children and young people in the delivery of broader public health messages on air quality, and support schools to provide educational materials on air quality.** The scrutiny inquiry feels there is considerable untapped potential in involving young people in public awareness campaigns around air quality, and making innovative use of CIL and LWYL funds to help them deliver hard-hitting messages about the impact it is having. This will also support their education and help equip teachers to raise awareness about the impact of air quality. We expand on this suggestion in Chapter 8 of this report.
- **Prevent children being exposed to air pollution from ice cream vans.** This is a hugely emotive issue and the scrutiny inquiry received a number of representations from parents about this problem, as they were rightly concerned about their childrens' exposure to poor air quality from idling ice cream vans. Following the approach taken by Camden Council, Brent Council should look to implement restrictions on the locations of ice cream vans, and set out a strategy – working with manufacturers of vans – to bring exhaust emissions of all ice cream vans down to zero.
- **Devise a strategy to address air quality and improve active travel in nurseries, secondary schools, colleges, sixth forms and universities,** where many of the principles set out in primary school engagement will need to be applied in future. For secondary schools, colleges, sixth forms and universities, there should be a presumption in favour of active travel for all students, and educational institutions should be actively discouraged from introducing all but the most essential parking provision.
- **Convene an air quality and climate emergency summit with all schools in Brent**, inviting school councils, school management and teachers' unions to agree a shared approach to improving air quality in the borough. This summit could act as a catalyst for more shared action in this area, and help provide students in schools with important educational resources to help them understand issues with air quality and how they might work to address them.

Chapter 8

Engagement, awareness-raising and public health

Brent's current situation

As noted earlier, poor air quality is the greatest environmental risk to ill health in the UK, and the fourth-greatest threat to public health after cancer, heart disease and obesity.[145] Yet despite its significance, it is given disproportionately less priority in national public health messaging, and throughout the course of our investigations, this inquiry has been surprised by how little air quality is prioritised in public health initiatives, both nationally and locally.

For example, when the pollen count is high, warning messages are usually very prominent in national weather forecasts and attract a great deal of public health and media attention. By contrast, whilst Public Health England[146] and the King's College London Environmental Research Group[147] publish similar warnings whenever air quality is poor, these messages tend not to filter through or attract nearly as much prominence.

Furthermore, there are range of useful apps which can help inform people about air quality issues –such as AirText (which provides people an automated text whenever local air quality is poor)[148] or WalkIt (which tells users the safest route to walk between two destinations, in a way which minimises air pollution) – but whilst these apps are promoted on the Brent Council website[149] and on the London Air Quality Network website,[150] it again does not appear that they are being utilised on the frontline to support particularly vulnerable groups.

When considering why this is the case, the scrutiny inquiry felt that there are a number of factors, some of which are relatively unique to air pollution as an issue, which can make it particularly difficult to change individual behaviour on air quality through awareness-raising and public health initiatives. Most notably:

- Unlike other public health messages, such as the need to exercise or eat healthily, improving air quality does not have the same *direct* public health benefit to the individual taking the action. Improving air quality has undoubted health benefits across the whole population, but the individual we are asking to change their behaviour is only indirectly benefitting – not in the same direct way that an individual being asked to eat healthily will enjoy very clear and direct benefits from changing their behaviour. This can make it hard to persuade people that it is in their own personal interests to take action on air quality.

- Many of the terms to describe the level of air pollution are complicated, and extremely hard for the general public to understand. Terms like PM2.5, PM10 and NO2 are hard to relate to or understand in intelligible terms. Put simply, there is no 'air quality equivalent' of the '5-a-day.'

- The air pollutants of today are generally invisible to the naked eye – a stark contrast to the 'great smogs' of the 1950s, which led to the last Clean Air Act in the UK and saw significant improvements in air quality in the capital. It can be hard for the layperson to understand that invisible particulates –the majority of which are created from non-exhaust sources such as cars skidding – can cause so much damage to individual health.

- Finally, and linked with the above, there is a risk of the public misunderstanding how they can protect themselves from poor air quality, or mitigate their effects. There is a belief amongst some that you can 'hide' from the effects of air pollution by using a car, when in fact evidence suggests that car drivers are more exposed to ambient air pollution than those who walk or cycle along the same roads.[151] This misperception, if not corrected, risks leading to kinds of behaviour that exacerbate worsen air quality for everyone

The scrutiny inquiry feels there is a need for a wider public health campaign on air quality, to raise awareness about the impact it is having and, in the long-term, promote behavioural change. Brent has a number of existing assets in the borough, notably event days and the North Circular, which mean any such messages would likely get a great deal of coverage. This must be matched with a drive in the wider health sector, across the NHS, to promote initiatives to improve air quality. This chapter considers the role that such initiatives could play in improving air quality in the borough.

Existing commitments by Council, GLA and health sector

At present, the measures Brent Council, the public health team and the wider health sector are taking to address issues with poor air quality are relatively limited, as the focus of Council policies in particular has tended to be addressing the underlying causes of air quality rather than raising awareness about the issue.

Nevertheless, what initiatives and commitments there are include:

- The promotion and dissemination of high pollution alert services, such as AirText and WalkIt, by Brent Council
- Publishing guidance on options for low-pollution routes for walking and cycling, alternative travel and other action to be taken on high-pollution days
- Raising awareness about air quality issues through the expansion of current low emission days, such as 'Play Streets' and 'Walk on Wednesdays', to "include community-based action days"
- Provide guidance to local communities on the most effective local action to reduce exposure to local pollution

Scrutiny of existing commitments and scope for further action

In order to understand more about these issues, the scrutiny inquiry held an evidence session with an expert consultant in public health messaging and behavioural change and 'nudge' theory, who offered his services to the inquiry on a pro-bono basis. We also met with Brent Council's Public Health team and with Transport for London to discuss awareness-raising and public health initiatives.

We approached the North West London collaboration of CCGs for a meeting also, but despite a number of attempts we were deeply disappointed that they did not respond to our request to meet.

Based on these discussions, we suggest that further public awareness campaigns on air quality, as well as wider steps on air quality spearheaded by the health sector, need to take account of the following:

- **Public awareness and behavioural change campaigns need to be framed in intelligible terms, using easy-to-understand and relatable ways of describing the impact of poor air quality.** The scrutiny inquiry considers that the use of public health data on air quality, such as the number of ventilators used as a result of it, could prove particularly useful in informing such campaigns.

- **Campaigns need to focus very specifically on challenging misperceptions about poor air quality (and its causes).** A range of public health messages need to be devised which correct these misperceptions, for example by highlighting that car drivers are more exposed to ambient air pollution than those who use more active forms of travel.

- **They must reach out to, and specifically target, non-residents travelling through the borough.** Transport for London, the Council, the Football Association and others have a responsibility to encourage behaviour change in non-residents travelling through Brent, and raise awareness of the impact of personal car usage on air quality in the borough and promote alternative ways of getting out and about. As part of this, we have discussed with Transport for London the possibility of using public health messages along the North Circular. It is curious that whilst TfL's air quality campaign is prominent in the tube network (users of which have no impact on air quality) it is not being utilised on TfL-operated roads (where users do).

- **Public awareness campaigns need to be positive, and focussed on the individual benefits that different behaviours can bring.** Evidence shows that positively-framed campaigns, focussed on individual self-interest, can be the most effective in changing individual behaviour. As part of this, we would particularly stress the importance of not 'talking down' local areas in any campaign: areas of poor air quality which require targeted action should be framed in positive terms which focus on the action being taken, such as 'Clean Air Zones.'

- **Campaigns must involve the whole community in delivering public health messages.** The scrutiny inquiry would support the innovative use of Community Infrastructure Levy and Love Where You Live grants to support community-driven public awareness and behavioural change campaigns, including from children and young people.

- **The wider health sector must play its part in raising awareness, and must lead by example in the actions it takes to improve air quality.** The local health sector is not currently routinely working with Brent's public health team, or with other stakeholders, to provide intelligible data on the local health impact of air quality. This needs to change.

In addition, the scrutiny inquiry was also impressed by the steps other hospitals in London have taken to demonstrate action on air quality, with a number of trusts across England in declaring a climate emergency. The rest of the health sector needs to follow suit, signing up to initiatives to improve air quality and joining other trusts in declaring a climate emergency.[152]

Recommendations

In light of the above, this scrutiny inquiry **RECOMMENDS**:

RECOMMENDATION 10

THAT THE COUNCIL, WORKING WITH THE HEALTH SECTOR, STATUTORY PARTNERS AND BRENT'S PUBLIC HEALTH TEAM, SPEARHEAD A PUBLIC HEALTH AWARENESS AND BEHAVIOURAL CHANGE CAMPAIGN ABOUT AIR QUALITY. THE LOCAL NHS SHOULD ALSO PLAY ITS FULL PART IN DELIVERING THIS, AND LEAD BY EXAMPLE IN THE MEASURES THEY TAKE TO IMPROVE AIR QUALITY.

This public awareness and behavioural change campaign must be delivered according to the principles set out earlier in chapter 8. It must particularly focus on using all existing assets and opportunities available to deliver public health messages, and thinking about all the potential opportunities to get messages out to people. We believe there is scope for the funding of this to be leveraged from external sources, both in-cash and in-kind.

We recommend that the strategy:

- **Broaden the fight against engine idling, by working to ensure a broader range of enforcement officers and members of the public are able to deliver these messages to drivers.** For example, all FA staff at Wembley event days should be trained and equipped to challenge those caught idling vehicles and volunteers should be used at times of heavy traffic to deliver public health messages on idling to vehicles, as they have been successfully in parts of central London.
- **A creative approach should be taken to delivering public health messages on a wide range of assets, both Council-owned and non-Council-owned.** For example anti-idling messages should also be widely displayed on event days, including on the vests of FA staff and in FA display screens. The Brent Magazine and Brent Council website should also be used to full effect.
- **Particularly focus on delivering messages to non-residents travelling through the borough**, such as on the North Circular and on Wembley event days. We should work with Transport for London to deliver messages about air quality impact directly to those who are having the greatest effect in the borough.
- **Challenge misperceptions and myths about air quality**, making it clear that car drivers are more exposed to ambient air pollution than pedestrians and cyclists and highlighting that the way you drive can significantly affect air pollution.
- **Involve the whole community in delivering public health messages,** considering innovative use of CIL and LWYL funds to promote messages about air quality. The whole community

should also be involved in initiatives to tackle engine idling in times of heavy traffic, delivering public health messages to drivers to turn off their engines.

- **Focus on the positive impact that improving air quality can bring, and appeal to people's self-interests.** Air quality hotspots, which are the focus of Council action on air quality, should be framed in positive rather than negative terms – highlighting the positive action that is being taken.
- **It must use intelligible, easy-to-understand public health data about the impact of air quality.** Ideally, the campaign should be informed by clear, local public health data on the impact of poor air quality – such as ventilator usage.
- **It should promote the wider use of apps and other monitoring devices, including AirText**, so people who are particularly vulnerable to unclean air know when air quality levels outside are at unsafe levels.
- **It must include a seasonal campaign to raise awareness about the impact of wood and waste burning**, especially during the winter months, and highlight the enforcement action which can be taken to those found in breach of air quality standards.

As part of this campaign, the health sector locally must itself lead by example. We recommend that:

- **The local health service quantifies the impact of poor air quality on health**, so the Council can use this to inform public health messages. The success of these messages, and of the wider air quality strategy, should partly be measured based on whether Brent sees a reduction in the health impact of poor air quality.
- **The local NHS, in collaboration with the Council, actively lobby TfL for better public transport provision to hospitals and general practices,** in order to reduce the air quality impact of hospital journeys and better-support the most vulnerable residents.
- **Trusts across the North West London Collaboration of CCGs declare a climate emergency and commit to taking measures to improve air quality,** along the lines taken by trusts in other parts of the UK

Chapter 9

Summary of recommendations

Conclusion

In order to address the issues outlined in this report, and particularly in light of the recent declaration of a climate emergency in Brent, the scrutiny inquiry is calling on Brent Council to spearhead a step change in how we address air pollution in the borough. In the previous chapters of this report, we have set out ten detailed recommendations outlining how the Council needs to achieve this, building on the positive steps which it has already taken to improve air quality throughout Brent. This chapter simply brings together all of these recommendations into a single place.

We are delighted that on 3 December 2019, the Resources and Public Realm Scrutiny Committee endorsed the recommendations of this inquiry and formally submitted the report to Cabinet. We hope that each of these recommendations will be considered in detail by the Cabinet and given a point-by-point response, and we trust that a Cabinet meeting will take place as early as possible in the New Year.

In the intervening period, the scrutiny inquiry is keen to do all it can to support the fast of these recommendations, and we would be happy to discuss them in further detail in order to support the creation of a more concrete delivery plan, with a clear timeline for their implementation. We are also happy to offer advice on the order in which these recommendations can be prioritised. We will also be pushing for a Full Council motion on air quality, in order to update the Council's previous motion on the climate emergency and signify the strength of our intent.

Based on the engagement we have had with stakeholders in Brent, we feel some of these recommendations could be funded from external sources without cost implications for the Council. For example, local organisations impacting on air quality in Brent should be expected to support the adoption and delivery of a non-resident air quality strategy, and fund the development of a public awareness campaign. However, we recognise that even in spite of this, some of these recommendations will require additional resources and may have staffing implications.

Given the ever-increasing political importance of the climate emergency and air quality, and the strong will amongst Brent residents to tackle these crises, we feel that the time has come for Brent to establish a dedicated team within the borough with sole and direct responsibility for driving forward the Council's policies on air quality and the climate emergency. These officers should then lead in developing and convening a steering group within the Council – drawing together officers from all Departments – in order to deliver on the objectives of the Council's air quality strategy and implement the recommendations of this report.

Full list of recommendations

RECOMMENDATION 1:

THAT THE COUNCIL UPDATE THE AIR QUALITY STRATEGY, AND SET OUT AN ASPIRATION TO MEET WORLD HEALTH ORGANISATION LIMITS ON AIR POLLUTION, COMMIT TO ADDRESSING INEQUALITY IN AIR QUALITY AND COMPLEMENT THE WIDER CLIMATE EMERGENCY AGENDA. WE SHOULD ALSO LOBBY NATIONAL GOVERNMENT WHERE WE ARE UNABLE TO EFFECT CHANGE OURSELVES.

We recommend that the objectives Brent Council sets to improve air quality in the borough be updated to:

- **Commit the Council to meeting and exceeding WHO limits on air pollution, whilst also acknowledging that there is no 'safe' limit of air pollution.** This would bring the Council in line with the GLA's Environmental Strategy and the air quality strategies in other Councils. We must also lobby the Government to set World Health Organisation (WHO) limits as the legal limit for air pollution in national legislation, and provide Councils with the necessary funding to meet them.
- **Set targets to address the inequality in air pollution between areas,** such that our air quality strategy objectives will not be met until the worst-affected neighbourhood in our borough meet limits on air quality. It should build on its existing approach to air quality hotspots and set a target to bring air quality in all of these hotspots within WHO limits
- **Acknowledge that our air quality objectives will not be met without a modal shift in the way we go out and about in the borough,** with a greater number and proportion of future journeys involving cycling, walking and public transport. This requires measures to support the greater use of active travel and public transport usage, and not simply encourage existing drivers to switch to electric and hybrid cars. It should explicitly raise awareness of and support initiatives such as the Ultra-Low Emission Zone, which evidence shows will be the most effective in improving air quality
- **Complement and reinforce the wider global heating and climate emergency agenda.** The air quality strategy must ensure that measures Brent Council takes to address air quality also contribute to meeting our wider climate objectives, and must not have the unintended effect of exacerbating the climate emergency. All policies in our action plan should be tested against this objective.
- **Where we are unable to make the changes ourselves, lobby national Government and the Greater London Authority for the changes and funding we need.** This will help foster public confidence in our air quality strategy, and make it clear where we are prevented from implementing certain policies by factors outside of our control.

Amongst other things, we should lobby for:

- The Government to enshrine a right to clean air in national legislation.
- Better workplace air quality standards, so that they reflect the actual health impact of poor air quality on the workforce, and work with trade unions to consistently promote air quality as an occupational health issue as well as a public health issue.

- Stronger legislation to take action against engine idling, such that in certain instances, most especially around schools, fines for idling can be issued more easily than at present without the need to first ask drivers to turn off their engines.
- Make it easier for councils to take enforcement action against wood and waste burning, where this is having a proven negative impact on air quality.
- Companies like Amazon, JustEat and other delivery firms to take a more responsible approach to their deliveries, which minimises air quality impact – for example by pooling together deliveries, using cyclists as deliverers and delivering to community 'hubs' rather than individual addresses where possible.

The Council should also regularly engage with experts in air quality, including the London Air Quality Network of King's College London (of which we are already a member) in order to maintain an up-to-date picture of the health impact of air quality and the factors which cause poor air quality. It should pay particular regard to the evidence of the air quality impact of electric vehicles, and the growing understanding of the specific chemicals within particulate matter which cause most damage to human health.

In order to signify the strength of the Council's intent in this area and further codify some of these objectives, there should be a Full Council motion on air quality, updating and enhancing the Council's previous commitments in its climate emergency motion.

RECOMMENDATION 2:

THAT THE COUNCIL, IN CONSULTATION WITH TFL AND THE FA, AGREE A STRATEGY TO REDUCE THE AIR QUALITY IMPACT OF NON-RESIDENT CAR USAGE IN BRENT.

Brent Council, working with Transport for London, the Football Association and others, should put in place a dedicated strategy on non-resident car usage in the borough. This strategy will work to reduce non-resident car usage across the borough, and encourage people to use alternative modes of travel when visiting and driving through Brent.

As part of this strategy, the Council should consider:

- **Agreeing caps to non-resident parking with the FA on event days.** The present maximum provision of 2,900 commercial car parking spaces should never be exceeded, and no further commercial parking provision should be provided for event days. Indeed, significantly lower limits should be agreed on a case-by-case basis depending on the identified capacity requirements at individual events, with the Council adopting a presumption in favour of the lowest possible limits.
- **Working with Transport for London and the FA to reconsider the current redirection of bus routes during Wembley event days**. This risks sending completely the wrong message to both residents and non-residents alike, making it easier for people to drive than to use public transport. It should work alongside the FA to develop their proposals to stop this by improving infrastructure around Wembley Triangle, so that it will not need to be closed to public transport during event days.
- **Build on the diesel surcharge by working with Quintain, the FA and other commercial car parks in Brent to agree emissions-based parking charges**, along the same lines of Brent

Council's diesel surcharge. This would help penalise the most polluting non-resident drivers, and encourage people to shift to lower emission forms of transport.

- **Reconsidering the current placement of event day Controlled Parking Zones, and updating it in light of new evidence of where it is taking place.** It should particularly consider extending them around tube stations in the borough. Such measures would prevent non-resident parking in more areas of the borough during event days, at a minimal annual cost to local residents. It could also support the FA and others in taking enforcement action against drivers.
- **Actively supporting proposals to expand railway, tube and public transport provision to reduce car usage on event days.** The Council should support measures to expand capacity in Wembley Stadium and Wembley Park and increase the number of railway journeys to Wembley Central station. We expand on these proposals in Recommendation 6.
- **Working with the FA to eliminate the use of pirate parking during event days.** We should work to undertake joint patrols with HM Revenue & Customs to tackle parking businesses which are not registered for tax purposes, and review the parking licenses of any car parks found to be undertaking pirate parking.
- **Taking measures to improve the enforcement of the event day CPZ,** including by considering larger fines for breaches (or lobbying for the levying of larger fines), because at present the fines for breaching the CPZ are comparable to the cost of using commercial car parks anyway. We should also ensure the CPZ is enforced at all hours, including late-day and weekend football matches, and consider the use of clamping and greater provision of vehicle toeing to combat non-resident parking.
- **Expand the use of public health messaging and awareness-raising about air quality along the North Circular, and during event days.** We expand on this proposal in Recommendation 10, when we consider the role that public health messaging and awareness-raising could play in addressing issues with air quality.
- **Encourage greater use of cycling to event days**, by increasing cycle storage provision around the stadium and providing a route to the stadium via the forthcoming Willesden-to-Wembley Cycle Superhighway.
- **Consider the potential merits of a highly targeted levy to tackle non-resident parking in the borough, along the lines of that implemented in Nottingham.** The Council should explore the applicability of this levy to Brent, and identify whether highly targeted areas of the borough could benefit from a similar levy, with the proceeds used to fund affordable public transport initiatives. It should actively work with London Councils which are considering similar limits, such as Hillingdon and Camden.
- **Demanding that IKEA Wembley, Tesco and other supermarkets and retail stores take urgent steps to promote active travel and lower-emissions travel from non-residents to their stores in Brent,** including by installing electric vehicle charging points in car parks, making provision for more cycle storage and working to improve pedestrian and cyclist access to their stores.
- **Working, in full consultation with residents, to take measures against non-resident driving through residential streets in Brent, including rat runs.** This could include measures to block through-traffic through residential streets, along the lines of schemes implemented in Waltham Forest (see Recommendation 5 for further details). Such measures should only be implemented with the consent of local residents and on a case-by-case basis, in response to local concerns about non-resident driving.

- **Considering the use of Low Emission Neighbourhoods in areas heavily impacted by non-resident driving and event day activities,** in order to prevent high-emission vehicles from travelling in these areas. This should be a particular priority in residential streets heavily impacted by event day activities and non-resident driving on and around the North Circular and other major roads in Brent.

RECOMMENDATION 3:

THAT THE COUNCIL SET UP A GREEN BRENT PARTNERSHIP: A FORUM WITH ORGANISATIONS IMPACTING AIR QUALITY IN BRENT –INCLUDING THE PRIVATE SECTOR, COMMUNITY ORGANISATIONS AND CAMPAIGN GROUPS – TO AGREE SHARED TARGETS TO IMPROVE AIR QUALITY LOCALLY. WE SHOULD ALSO LEAD BY EXAMPLE BY TAKING STEPS TO REDUCE THE AIR QUALITY IMPACT OF BRENT COUNCIL'S OWN ACTIVITIES.

Building on the success of Brent's Climate Assembly, and learning lessons from similar initiatives in central London such as the Cross River Partnership, Brent Council should establish an ongoing forum with stakeholders in Brent (working title: 'Green Brent Partnership') , to identify ways we can all work together to improve air quality in the borough. Members of the partnership should include, but should not be limited to, the Royal Mail, IKEA Wembley, local supermarkets, the Football Association, retail outlets such as London Designer Outlet, food providers, Clean Air for Brent and Brent Cycling Campaign.

The Green Brent Partnership should work with stakeholders in Brent to, amongst other things:

- **Agree a shared set of goals to improve air quality in the borough**, and regularly monitor and provide updates on progress in meeting these goals. Each member of the partnership which has an impact on air quality locally should agree these targets, and the Council should play a leading role in assessing their progress in meeting these objectives.
- **Developing a freight strategy for Brent to integrate procurement and delivery processes to minimise impact on air quality.** This should draw from the expertise of the West London Alliance. West Trans and the Cross-River Partnership. As part of this, the Council should conduct a pilot into integrating procurement processes in a town centre in Brent; review the journey times of delivery vehicles to minimise travel during rush hour; and work with businesses to improve emissions standards of delivery vehicles.
- **Encourage people and businesses to use zero emission forms of delivery**, such as the 'green last mile': using bikes rather than vehicles to deliver goods to their final destination.
- **Encourage residential developments in Brent to streamline and reduce vehicle deliveries,** encouraging residents and businesses to pool deliveries to reduce air quality impact and deliver items to community 'hubs' rather than directly to residential areas. Sites such as Box Park, local supermarkets, community libraries and every local station in Brent should be considered as potential locations for these hubs.
- **Promote the provision of cycle storage, electric vehicle charging and emissions-based parking charges in customer car parks across the borough**, including in IKEA Wembley, local supermarkets and commercial car parks.
- **Promote and highlight the savings which businesses could make from better procurement processes,** whilst at the same time significantly improving air quality. Where measures are not cost-saving, the Council should review the possibility of a scheme to provide business

rates relief to these businesses in order to incentivise measures which deliver public health benefit.

In each of these cases, Brent Council itself should also lead by example, to show the way to organisations throughout Brent. We recommend that the Council:

- **Set a clear timeline for greening its own fleet**, including bin lorries and council vehicles, as part of its 'Project 2023' initiative.
- **Review the travel times of Council vehicles,** to minimise travel during rush hour and areas of worst air quality impact where possible.
- **Establish the impact which poor air quality, is having on its own council employees and contractors,** in order to encourage all other employers to meet their legal obligations in this area.
- **Develop a workplace 'green travel policy'** for Council employees, Councillors and others who use Brent Council facilities, minimising the use of car travel and supporting the use of active travel and public transport.
- **Regularly review and report on the air quality impact of Brent Council's pension fund investments**, and seek to invest in initiatives with minimal poor air quality impact where this is prudent and consistent with the Pension Fund's fiduciary duties.
- **Ensure the materials used in the Council's own manufacturing process keep air quality and environmental damage to a minimum,** including footways and housing improvements.

RECOMMENDATION 4:

THAT THE COUNCIL CLOSELY MONITOR AND REVIEW THE AIR QUALITY IMPACT OF CURRENT POLICIES, MOST PARTICULARLY THE ULTRA LOW EMISSION ZONE, AND CONSIDER IMPLEMENTING AND/OR LOBBYING FOR STRONGER MEASURES IF NECESSARY. IT SHOULD ALSO KEEP THE PROVISION OF AIR QUALITY MONITORING SITES UNDER CONSTANT REVIEW.

A number of positive steps have been taken to improve air quality in the borough, and evidence suggests that the forthcoming Ultra-Low Emission Zone (ULEZ) extension to the border of the North Circular will be by far the most effective in improving air quality in Brent. The Council should support this extension and seek to raise awareness about it, whilst also lobbying Transport for London and the Government for a trade-in scheme for those residents and businesses who currently use vehicles which are non-compliant with it.

But the ULEZ, and other policies, may also have knock-on effects which necessitate the use of further measures to improve air quality. There are also considerable concerns from residents just outside the ULEZ, especially those on the North Circular itself, who feel they will not see sufficient air quality benefits from the ULEZ.

We therefore recommend that the Council:

- **Raise awareness of the ULEZ extension to Brent residents and seek to build public support for it,** by highlighting the health benefits it will bring and seeking to secure a vehicle trade-in scheme for affected residents and businesses from the Greater London Authority and the Government

- **Seek to maximise the number of people who switch to active travel and public transport as a result of the ULEZ,** by making public transport usage and active travel easier and more affordable; and ensuring all vehicle trade-in schemes for non-compliant vehicles provide an equal and opposite financial incentive for drivers to switch to active travel and public transport instead.
- **Pay particular regard to the impact of the ULEZ north of and including the North Circular, and consider the provision of measures such as Low Emission Zones and other initiatives should progress be insufficient** – for example, if an increased number of vehicles park 'just' outside the ULEZ and enhance traffic pressures.
- **Work closely with other Local Authorities along the North Circular to agree a shared approach to the ULEZ,** and jointly lobby TfL on this area where air quality impact is not sufficient.
- **Review the impact that the ULEZ has on inequality in air quality in the borough.** Whilst the south of the borough currently tends to have the greatest issues in air quality, the ULEZ extension may necessitate a shift in focus towards the north of the borough where progress is less positive, and this may necessitate the use of further measures.
- **Particularly closely review the impact of the ULEZ on residential areas along the North Circular.** The scrutiny inquiry is deeply concerned about the considerable health effects of air pollution on these residents, and feels this needs to be particularly closely explored in any reviews of the ULEZ.

In addition, the Council should also continue to keep the provision of air quality monitoring stations under constant review. It should consider the provision of further monitoring stations where this may be necessary (eg to explore the impact of event days). However, the Council should also be clear to only use and promote effective air quality monitoring devices commissioned from reputable institutions, such as the London Air Quality Network from King's College London. It should actively discourage residents, businesses and other public bodies from using poorer-quality and ineffective monitoring devices, and should encourage them to instead direct their funds towards measures which will tackle the underlying causes of poor air quality.

RECOMMENDATION 5

THAT THE COUNCIL MAKE THE DELIVERY OF HEALTHY STREETS A CENTRAL CORPORATE AND POLITICAL PRIORITY ACROSS THE BOROUGH, WORKING CLOSELY WITH LOCAL RESIDENTS TO EXPAND THE NUMBER OF HEALTHY STREETS LOCALLY.

Responsibility for delivery of this should involve all Departments in Brent, but should ultimately rest within the Highways Department and not Transport, because Highways will be able to integrate this approach within their operational work and routinely consider this whenever they consult on schemes or works need to be carried out. This also needs to feature centrally in a future Borough Plan, in Local Implementation Plan 3 and in the Local Plan.

In order to deliver this priority, Brent Council should set out a minimum offer to streets across the borough when considering improvements to areas:

- **Routinely consider how we can support healthy streets all our infrastructure and transport projects,** ensuring our highways team and others regularly consider how they can better-

promote healthy streets and active travel whenever works are due to take place or improvement projects are being carried out. As part of this, the Council should also proactively identify a list of streets in the borough which are most impacted by poor non-resident parking behaviour, such as rat runs, and work with these streets to introduce measures to address these issues.

- **Engage people on healthy streets initiatives at the earliest stage of projects, so they can genuinely feed into the process of developing ideas.** This will help address concerns that some early cycling infrastructure projects in Brent were as well-designed as they could be, and were consulted on too late in the developmental process. The Brent Public Transport Forum and Brent Active Travel Forums should be reinvigorated, with an expanded remit, to help ensure these conversations take place as early as possible and future projects are delivered to the highest standards. We should review the membership of these forums to ensure that campaign groups engaged in active travel in Brent have ex-officio membership of it.
- **Engage with residents about initiatives to tackle non-resident driving in residential streets,** such as blocking through-routes, 20mph speed limits, Low Traffic Neighbourhoods and modal filters, in order to make streets more friendly and accessible for residents. This raft of measures needs to be part of Brent Council's 'toolkit' whenever residents raise concerns about non-resident driving, building on our proposal in recommendation 2. Such initiatives should only be carried out with the consent of local residents and considered on a case-by-case basis where it is appropriate for local streets, and should be focussed on tackling residents' concerns about non-resident parking.
- **A more consistent and clear approach to the provision of 20mph zones needs to be established.** For many of these initiatives, 20mph speed limits will be an essential prerequisite to delivering other aspects of the healthy streets approach, and this should be factored into highway improvements. Greater provision of 20mph zones across the borough are also easier to enforce than piecemeal zones.
- **Give the provision of cycle storage, and cycle parking the same level of priority as electric vehicle charging.** Working with TfL, the Council should routinely look for opportunities to expand cycle storage space, most especially around tube stations. Opportunities to provide cycle storage in under-utilised car parking bays or on wide footways need to be routinely explored. Residents should be invited to bid for cycle storage using Community Infrastructure Levy funds. The Council should work to enhance the cycle storage capacity of its own housing stock, and continue to press for similar standards from Registered Providers, developers, businesses and others.
- **Ensure additional cycling space is not delivered at the expense of pedestrians, and vice-versa,** as has sadly sometimes been the case in other developments. The presumption should be in favour of encouraging active travel through reducing space for private car usage, or through creating extra space in other ways.
- **Review the current maximum provision of parking permits for households in Controlled Parking Zones,** with particular regard to the parking pressures caused by the larger number of permits which can be claimed by Houses of Multiple Occupation. The Council should seek to move away from the current "one size fits all" approach to CPZ permits regardless of household type or location. A cap on the number of permits in HMOs could significantly

reduce parking pressures in some residential areas, freeing up space for greater provision of more space for active forms of travel.

- **Extend the diesel surcharge to pay and display parking,** building on the current surcharge in controlled parking zones, in order to deliver a clear and consistent message about the impact of poor air quality and encourage the use of active travel and lower emission vehicles.
- **Continue to promote and expand the use of car free days,** building on the successful initiatives already established. The scrutiny inquiry feels that Brent's year as London Borough of Culture 2020 offers an enormous opportunity to promote the benefits of car free days on our streets, and our borough of culture team should exploit all opportunities to promote successful car free days on streets throughout 2020.
- **Ensure all future cycling initiatives are disability-inclusive**, and support the use of a wide range of cycling devices and not just bicycles. This requires the provision of sufficiently wide cycle ways, and it means avoiding certain traffic calming methods or blocks which – whilst easy for bicycles to get around – may prevent people with disabilities from using active travel methods.

RECOMMENDATION 6

THAT THE COUNCIL OUTLINE, PUBLISH AND CONSULT ON A CLEAR STRATEGY FOR ENGAGEMENT WITH TRANSPORT FOR LONDON ON ACTIVE TRAVEL INITIATIVES – INCLUDING THE PLANNED WILLESDEN-WEMBLEY CYCLE SUPERHIGHWAY, MEASURES TO IMPROVE PUBLIC TRANSPORT PROVISION AND ANY FUTURE INITIATIVES TO IMPROVE ACCESSIBILITY OVER THE NORTH CIRCULAR.

During the course of our inquiry, we have become aware that there are plenty of ideas across the borough on how we could better-promote active travel across the borough, and improve our infrastructure to make it easier for pedestrians and cyclists to go out and about.

In order to identify and exploit these opportunities, Brent Council needs to be open about its approach to engagement with TfL, using new forums – like the recently-convened Brent Climate Assembly, and the Green Brent Partnership (see recommendation 3) – to engage with residents about potential opportunities.

In drawing up this strategy, Brent Council should:

- **Make improving safety for pedestrians and cyclists a key corporate priority**, and address the misplaced *perception* of safety issues through improvements to the built environment.
- **Look to improve pedestrian and cyclist accessibility over the North Circular**, in order to reduce barriers between north and south Brent and promote more active forms of travel. The Council should work with TfL to explore the provision of more bridges over the North Circular in order to achieve this.
- **Actively lobby to improve public transport accessibility in under-served areas of the borough,** most particularly areas north of the North Circular with low Public Transport Accessibility Level ratings. The Council should work with TfL to devise a strategy to improve PTAL levels in areas of the borough where provision is poor.
- **Work with bus contractors to speed up the adoption of electric buses across Brent, as and when existing contracts expire.** The speed at which electric buses are adopted in Brent will

depend on the strength of the business case contractors present to TfL, and Brent Council must play a central role in making business cases for Brent bus routes as strong and robust as possible.

- **Prepare a plan to actively lobby for better public transport access for Brent for when the Chiltern franchise comes up for renewal in December 2021**, working to bring together Transport for London, local businesses, community groups and others together in a campaign for better railway transport access to the borough. For example, the strategy should include lobbying for a more regular service to Sudbury and Harrow Road station as part of the Chiltern franchise.
- **Lobby strongly to improve the affordability of public transport in the borough,** seeking to secure special dispensation from TfL to be part of a cheaper ticketing zone, along the same lines as Stratford, and inserting this as an objective in Local Implementation Plan 3.
- **Set out clear proposals for a Willesden-Wembley Cycle Superhighway**, and fully consult with local residents on how this project should be delivered. As noted in Recommendation 2, the Council should explore extending the superhighway to Wembley Park to increase cycle usage on event days.
- **Work alongside the FA to lobby for improved capacity in stations including Wembley Park, Wembley Stadium and Wembley Central** in order to reduce car usage on event days, as set out in Recommendation 2.

RECOMMENDATION 7

THAT THE COUNCIL EXPAND THE NUMER OF INITIATIVES FOR DEALING WITH THE AIR QUALITY IMPACT OF HOUSING AND THE BUILT ENVIRONMENT, AND ENGAGE CLOSELY WITH EXPERTS TO CONSIDER FURTHER STEPS AS NEW EVIDENCE AND TECHNOLOGY EMERGES.

We recommend that the Council consider taking action in the following additional areas:

- **Consider using proceeds from the Council's forthcoming Carbon Offset Fund to invest in initiatives to reduce the air quality impact of heating in homes and businesses**, along the same lines as steps taken by carbon offset funds in other Councils, such as the Croydon Healthy Homes Scheme.
- **Address the air quality impact of commercial cooking, particularly in town centres.** Other councils' air quality strategies have identified this as a key issue. It is also a key occupational health hazard, and offers an opportunity for greater engagement and partnership with trade unions. Brent's air quality action plan should set out steps which could be taken here, and the Green Brent Partnership (see recommendation 3) should be empowered to work with businesses in town centres to address these issues.
- **We should consider further steps to improve heating standards in private rented housing and Registered Providers.** The Housing Department should consider whether more stringent PRS licensing standards could help drive up standards in the sector, and it should also actively engage with Registered Providers to ensure that the air quality standards of their own housing stock are improved in line with ours. The Council should also set a clear timeline for the delivery of improvements of air quality standards in our housing stock.
- **There should be a public awareness and lobbying campaign to address issues with the air quality impact of wood burning and waste burning.** A seasonal campaign against wood

burning could help highlight the severe impact this causes. Where Brent Council is prevented from taking enforcement action due to restrictions in national legislation then, as set out in recommendation 1, we should lobby for more stringent laws.

Because the evidence on the air quality impact of these factors (and the best ways to address them at a local level) is still in the process of being developed, we recommend that the Council closely engage with experts on this and stay regularly updated on the evidence. Where new technology is able to reduce the air quality impact of heating and cooking processes, the Council should work through the Green Brent Partnership to actively encourage greater use of this by businesses and developers.

RECOMMENDATION 8

THAT THE COUNCIL CONTINUE TO PROMOTE GREEN SPACE AS A WAY OF SUPORTING ACTIVE TRAVEL, AND BECAUSE OF ITS WIDER BENEFITS TO HEALTH, THE CLIMATE AND BIODIVERSITY, BUT ENSURE THAT MEASURES TO IMPROVE GREENING ARE NOT PROMOTED AS AN ALTERNATIVE TO DEALING WITH THE UNDERLYING CAUSES OF POOR AIR QUALITY.

The scrutiny inquiry is extremely supportive of the greater use of green space for a whole host of reasons, not least the measurable impact it has on mental health and wellbeing and its potential to reduce CO2 levels. However, the evidence we have received from experts has been clear that the provision of green space is not effective in improving air quality. The only effective way of addressing poor air quality is to address the underlying causes of it, and it would be greatly misleading to promote green space as a way of mitigating these problems.

Green space does, however, have a significant indirect benefit on air quality, as it can make areas more attractive for pedestrians and cyclists. In some road schemes it can also be used as an attractive way of slowing traffic down and thus promoting active travel and addressing concerns about safety. In many cases, areas in greatest need of green space are also areas of poor air quality, and therefore clearly require significant investment in green space for a whole host of reasons.

The scrutiny inquiry therefore recommends that the Council take an evidence-based approach to the promotion of green space in its air quality strategy. The Council should promote the use of green space as a way of helping to change behaviour and encourage modal shift, and should invest in greater provision of green space across the borough (including in air quality hotspots), but it should not risk creating the misleading impression that more green space could ever tackle the underlying causes of air quality on its own.

This should not, however, detract from the fact that the Council needs to considerably expand the amount of green space and trees available in Brent, for a whole host of wider reasons. We therefore encourage the Council to expand the availability of green space across the borough, and ensure there is no net reduction in green space or net loss of trees as a result of any of the Council's developments and initiatives, including the footways improvements programme.

RECOMMENDATION 9

THAT THE COUNCIL CONTINUE TO PROMOTE MEASURES TO IMPROVE AIR QUALITY IN OUR SCHOOLS, AND WHERE POSSIBLE ENHANCE AND EXPAND ON EXISTING INITIATIVES. IT SHOULD WORK IN PARTNERSHIP WITH SCHOOLS AND STUDENTS TO AGREE A SHARED APPROACH TO IMPROVING AIR QUALITY IN THE BOROUGH.

The scrutiny inquiry is fully supportive of the measures Brent Council has already taken in this area, and particularly welcomes the school street pilots which are currently being implemented. We also agree with the objective to pursue STARS accreditation for all schools, and support the ongoing audits of air quality in our schools and nurseries.

But in order to encourage more schools to participate, it is important Brent Council builds on this success, and plays a leading role in the borough in promoting air quality in our schools. This will help protect and support those schools which have taken leadership locally, giving head teachers, parents and students the support they need.

We therefore recommend that the Council:

- **Work with schools to identify how it can address air quality issues around schools.** Schools which lead the way in improving air quality can only go so far, and the Council must play its part in addressing air quality around schools, most especially from non-residents. When we engage with schools we need to ensure that a multi-disciplinary team of Council officers, from the highways team and otherwise, also engage with schools and actively discuss what steps we could take to support them.
- **Expand the school streets initiative, and consider a presumption in favour of school streets where there is support from local residents.** This will help deliver improvements across the board in Brent, and help better-support those schools which have been at the vanguard of improving air quality in their areas.
- **Set out a specific strategy to improve air quality in schools near main roads,** where school streets cannot be introduced. This could include changing the location of entrances to students so they do not have to walk to school on main roads, and considering the use of Low Emission Neighbourhoods and better traffic management to address the poor air quality impact of main roads. The Council must also ensure that air pollution levels in any new schools built in the borough are within legal limits, and that a clear strategy is always in place to ensure this.
- **Work with schools to undertake an annual survey of school travel methods.** This survey should particularly look at the distance from homes, as the scrutiny inquiry has received evidence suggesting that because of the small size of many primary school catchment areas many car journeys are in fact shorter distances than might be assumed. A 'league table' of schools based on use of active travel should be created. We feel the provision of this survey could be funded using funding from an external source within Brent, such as a developer in Wembley.
- **Take a zero-tolerance approach to parking on yellow lines around schools and/or vehicle idling around schools,** and strive for better enforcement of these standards during and outside of the school run. Whilst we acknowledge that stronger enforcement measures are

not always possible due to the restrictions of the Protection of Freedoms Act 2012, the Council should strive to be innovative in the approaches it takes to enforcement.

- **Build on the commitment for active travel plans and TfL Safer Travel: Active Responsible, Safe (STARS) accreditation, further engaging with Brent schools to deliver active travel plans and STARS accreditation.** Schools which are not taking part in the STARS initiative and/or which have yet to develop active travel plans need to be publicly identified and supported to become accredited, and we should set a target for all schools to achieve 'gold' STARS accreditation by a set date.
- **Work with schools to insert some commitments to active travel in home/school agreements,** so that clear commitments and a shared understanding is made between parents and schools around school travel methods, where there are no mitigating circumstances.
- **Involve schools, children and young people in the delivery of broader public health messages on air quality, and support schools to provide educational materials on air quality.** The scrutiny inquiry feels there is considerable untapped potential in involving young people in public awareness campaigns around air quality, and making innovative use of CIL and LWYL funds to help them deliver hard-hitting messages about the impact it is having. This will also support their education and help equip teachers to raise awareness about the impact of air quality. We expand on this suggestion in Chapter 8 of this report.
- **Prevent children being exposed to air pollution from ice cream vans.** This is a hugely emotive issue and the scrutiny inquiry received a number of representations from parents about this problem, as they were rightly concerned about their childrens' exposure to poor air quality from idling ice cream vans. Following the approach taken by Camden Council, Brent Council should look to implement restrictions on the locations of ice cream vans, and set out a strategy – working with manufacturers of vans – to bring exhaust emissions of all ice cream vans down to zero.
- **Devise a strategy to address air quality and improve active travel in nurseries, secondary schools, colleges, sixth forms and universities,** where many of the principles set out in primary school engagement will need to be applied in future. For secondary schools, colleges, sixth forms and universities, there should be a presumption in favour of active travel for all students, and educational institutions should be actively discouraged from introducing all but the most essential parking provision.
- **Convene an air quality and climate emergency summit with all schools in Brent**, inviting school councils, school management and teachers' unions to agree a shared approach to improving air quality in the borough. This summit could act as a catalyst for more shared action in this area, and help provide students in schools with important educational resources to help them understand issues with air quality and how they might work to address them.

RECOMMENDATION 10

THAT THE COUNCIL, WORKING WITH THE HEALTH SECTOR, STATUTORY PARTNERS AND BRENT'S PUBLIC HEALTH TEAM, SPEARHEAD A PUBLIC HEALTH AWARENESS AND BEHAVIOURAL CHANGE CAMPAIGN ABOUT AIR QUALITY. THE LOCAL NHS SHOULD ALSO PLAY ITS FULL PART IN DELIVERING THIS, AND LEAD BY EXAMPLE IN THE MEASURES THEY TAKE TO IMPROVE AIR QUALITY.

This public awareness and behavioural change campaign must be delivered according to the principles set out earlier in chapter 8. It must particularly focus on using all existing assets and opportunities available to deliver public health messages, and thinking about all the potential opportunities to get messages out to people. We believe there is scope for the funding of this to be leveraged from external sources, both in-cash and in-kind.

We recommend that the strategy:

- **Broaden the fight against engine idling, by working to ensure a broader range of enforcement officers and members of the public are able to deliver these messages to drivers.** For example, all FA staff at Wembley event days should be trained and equipped to challenge those caught idling vehicles and volunteers should be used at times of heavy traffic to deliver public health messages on idling to vehicles, as they have been successfully in parts of central London.
- **A creative approach should be taken to delivering public health messages on a wide range of assets, both Council-owned and non-Council-owned.** For example anti-idling messages should also be widely displayed on event days, including on the vests of FA staff and in FA display screens. The Brent Magazine and Brent Council website should also be used to full effect.
- **Particularly focus on delivering messages to non-residents travelling through the borough**, such as on the North Circular and on Wembley event days. We should work with Transport for London to deliver messages about air quality impact directly to those who are having the greatest effect in the borough.
- **Challenge misperceptions and myths about air quality**, making it clear that car drivers are more exposed to ambient air pollution than pedestrians and cyclists and highlighting that the way you drive can significantly affect air pollution.
- **Involve the whole community in delivering public health messages,** considering innovative use of CIL and LWYL funds to promote messages about air quality. The whole community should also be involved in initiatives to tackle engine idling in times of heavy traffic, delivering public health messages to drivers to turn off their engines.
- **Focus on the positive impact that improving air quality can bring, and appeal to people's self-interests.** Air quality hotspots, which are the focus of Council action on air quality, should be framed in positive rather than negative terms – highlighting the positive action that is being taken.
- **It must use intelligible, easy-to-understand public health data about the impact of air quality.** Ideally, the campaign should be informed by clear, local public health data on the impact of poor air quality – such as ventilator usage.
- **It should promote the wider use of apps and other monitoring devices, including AirText**, so people who are particularly vulnerable to unclean air know when air quality levels outside are at unsafe levels.
- **It must include a seasonal campaign to raise awareness about the impact of wood and waste burning**, especially during the winter months, and highlight the enforcement action which can be taken to those found in breach of air quality standards.

As part of this campaign, the health sector locally must itself lead by example. We recommend that:

- **The local health service quantifies the impact of poor air quality on health**, so the Council can use this to inform public health messages. The success of these messages, and of the wider air quality strategy, should partly be measured based on whether Brent sees a reduction in the health impact of poor air quality.
- **The local NHS, in collaboration with the Council, actively lobby TfL for better public transport provision to hospitals and general practices,** in order to reduce the air quality impact of hospital journeys and better-support the most vulnerable residents.
- **Trusts across the North West London Collaboration of CCGs declare a climate emergency and commit to taking measures to improve air quality,** along the lines taken by trusts in other parts of the UK

Appendix

Appendix A – Full list of scrutiny inquiry evidence sessions and stakeholders engaged with

In addition to the below specific meetings, general appeals for information were also sent out to a range of other organisations, including Extinction Rebellion Brent, Brent Friends of the Earth and a number of residents' associations and community groups across the borough. The profile of the scrutiny inquiry was further raised thanks to a meeting of Clean Air for Brent on Tuesday 12 November.

As a result of this general engagement, a number of pieces of written evidence were submitted by a number of members of the public and residents' associations. They were responded to on a case-by-case basis by the Chair and shared with the wider scrutiny inquiry. The representations made by these individuals have played a crucial role in informing the recommendations of this inquiry.

MEETING	WITNESSES
THURSDAY 15 AUGUST BRENT COUNCIL'S AIR QUALITY STRATEGY: AN OVERVIEW	• Chris Whyte, Operational Director of Environment Services • Simon Legg, Head of Regulatory Services, Environment Services (air quality monitoring) • Debbie Huckle, Team Leader – Safety & Travel Planning, Highways and Infrastructure • Sandor Fazekas, Projects Development Manager, Highways and Infrastructure • Seymour Zajota, Air Quality Project Officer • Paul Lewin, Team Leader – Plan Making, Planning Transport and Licensing • Chatan Popat, Corporate Performance Team Leader, Strategy and Partnerships • Sean Gallagher, Head of Service – Housing Management Property, Housing • Emily Rae-Maxwell, External Partnerships Manager, Housing • Mark Wilsmore, Managing Director, Ace Café Wembley
WEDNESDAY 28 AUGUST ADDRESSING AIR QUALITY THROUGH PUBLIC AWARENESS AND BEHAVIOURAL CHANGE	• Tim Evans, Environmental Consultant and former Civil Servant at the Department for Energy and Climate Change
THURSDAY 29 AUGUST CASE STUDY: AIR QUALITY IN CHAMBERLAYNE ROAD AND KENSAL RISE	• Fiona Mulaisho, Air Quality Advocate and Secretary of the Kensal Rise Residents' Association • James Hewitt, Independent Environmental Consultant
THURSDAY 5 SEPTEMBER PARTNERSHIPS REPORT FROM COUNCIL: IDENTIFICATION OF STAKEHOLDERS TO IMPROVE AIR QUALITY	• Chris Whyte, Operational Director, Environment Services • Sandor Fazekas, Projects Development Manager, Highways and Infrastructure

MONDAY 9 SEPTEMBER PUBLIC HEALTH AND AIR QUALITY	• Cllr Krupesh Hirani, Cabinet Member for Public Health, Culture & Leisure • Melanie Smith, Director of Public Health
MONDAY 9 SEPTEMBER CASE STUDY: CAMDEN COUNCIL'S AIR QUALITY STRATEGY	• Cllr Adam Harrison, Cabinet Member for a Sustainable Camden • Plus Officers from Camden Council
TUESDAY 17 SEPTEMBER CASE STUDY: BIRMINGHAM CITY COUNCIL'S AIR QUALITY STRATEGY	• Cllr Waseem Saffar, Cabinet Member for Transport and Environment, Birmingham City Council
TUESDAY 1 OCTOBER ADDRESSING AIR QUALITY THROUGH CYCLING AND ACTIVE TRAVEL	• Simon Munk, Infrastructure Campaigner, London Cycling Campaign • Charlie Fernandes, Brent Cycling Campaign • David Arditti, Brent Cycling Campaign • Henry Lancashire, Brent Cycling Campaign • Sylvia Gauthereau, Campaign Co-Ordinator, Brent Cycling Campaign
WEDNESDAY 16 OCTOBER PRESENTATION FROM CLEAN AIR FOR BRENT	• Sarah Crawley, Clean Air for Brent • Mark Falcon, Clean Air for Brent • Robin Sharp CBE, Clean Air for Brent
WEDNESDAY 23 OCTOBER TRANSPORT FOR LONDON: BUSES, ACTIVE TRAVEL AND ROAD TRAFFIC	• Various Transport for London Officers responsible for bus policy, active travel and road traffic modelling
THURSDAY 7 NOVEMBER TRADE UNIONS AND AIR QUALITY: ADDRESSING AIR QUALITY AS AN OCCUPATIONAL HEALTH HAZARD	• Mick Holder, Trade Union Clean Air Network
MONDAY 11 NOVEMBER CASE STUDY: WALTHAM FOREST'S AIR QUALITY STRATEGY	• Cllr Clyde Loakes, Deputy Leader, London Borough of Waltham Forest
TUESDAY 12 NOVEMBER CASE STUDY: ADDRESSING AIR QUALITY IN ARK FRANKLIN PRIMARY ACADEMY	• Janine Ryan, Principal of Ark Franklin Primary Academy
WEDNESDAY 13 NOVEMBER CASE STUDY: THE FOOTBALL ASSOCIATION'S APPROACH TO ADDRESSING POOR AIR QUALITY	• Representatives from the Football Association, Wembley Stadium
THURSDAY 14 NOVEMBER MEETING WITH KING'S COLLEGE LONDON'S ENVIRONMENTAL RESEARCH GROUP	• Dr Ian Mudway, Lecturer in Respiratory Toxicology, King's College London Environmental Research Group
FRIDAY 15 NOVEMBER CONSIDERATION OF DRAFT RECOMMENDATIONS	• Private meeting of the Air Quality Scrutiny Inquiry
MONDAY 18 NOVEMBER TRANSPORT FOR LONDON: THE ULTRA-LOW EMISSION ZONE	• Representatives from Transport for London responsible for the Ultra-Low Emission Zone

MONDAY 18 NOVEMBER FURTHER DISCUSSION OF DRAFT RECOMMENDATIONS	• Cllr Krupa Sheth, Cabinet Member for the Environment • Sandor Fazekas, Projects Development Manager, Highways and Infrastructure • Chris Whyte, Operational Director of Environment Services
TUESDAY 19 NOVEMBER TEACHERS' UNIONS AND AIR QUALITY: MEETING WITH THE NATIONAL EDUCATION UNION	• Jenny Cooper, Brent District Joint Secretary, Brent State Education Branch, National Education Union
TUESDAY 3 DECEMBER EVIDENCE FROM CLEAN AIR FOR LONDON	• Simon Birkett, Clean Air for London

APPENDIX

Appendix B – Reports received and evidence-gathering sessions attended by inquiry

As noted earlier, the scrutiny inquiry commissioned five reports directly from Brent Council to inform the work of our inquiry:

- **Report 1:** A situation analysis of air quality in Brent, which was used to inform Chapter 1 of this report
- **Report 2:** Progress update on Brent Council's 2017-2022 Air Quality Action Plan
- **Report 3:** A partnerships report, detailing a range of local organisations within Brent which have an impact on air quality in the borough
- **Report 4:** A further report providing answers to a range of questions asked by the scrutiny inquiry, including on the 'STARS' accreditation of Brent's schools, localised data on air quality hotspots in Brent and information on the air quality impact of planning developments approved in Brent
- **Report 5:** A report from Brent Council's public health team on air quality in the borough

In addition to this, the scrutiny inquiry also received reports from a number of external organisations. Scrutiny inquiry members also had an opportunity to broaden their knowledge by attending a number of external meetings during the course of this inquiry:

- We received a report from 20's Plenty, making the case for a borough-wide 20mph zone
- The Football Association provided additional written evidence to the inquiry on car usage during Wembley event days, ahead of our evidence sessions with them
- The Chair of the scrutiny inquiry raised the work of the inquiry during a meeting of the Brent teachers' Joint Consultative Committee on Thursday 25 July, and discussed air quality in schools with a number of attendees at that meeting
- On Tuesday 10 September, the Chair of the scrutiny inquiry attended the London Sustainability Exchange event 'Ideas to action: an air quality exchange', where a number of presentations from organisations were made on best steps to address air quality in the borough
- The Chair of the scrutiny inquiry attended a meeting of the Brent Youth Parliament on Saturday 28 September, where he raised awareness about the work of the air quality scrutiny inquiry and answered a number of questions young people had about the work of the inquiry

- Finally, on Tuesday 12 November the Chair of the scrutiny inquiry spoke about the work of the scrutiny inquiry at Clean Air for Brent's Annual General Meeting, and answered a number of questions residents and campaigners had about the work of the inquiry

Appendix C – Additional tables and figures

Table 5. STARS and active travel accreditation of Brent schools. Source: Brent Council.[153,154]

School Name	STARS accreditation	Active travel plan
Al-Sadiq and Al-Zahra Schools	No	Gold
Alperton Community School	Gold	Silver
Anson Primary School	No	No
Ark Academy	No	No
Ark Elvin Academy (formerly Copland Community School)	No	No
ARK Franklin Academy	No	No
Ashley College - medical needs pupil referral unit	No	No
Barham Primary School	Gold	Gold
Bnos Beis Yaakov Primary School	No	No
Braintcroft Primary School	No	No
Brent River College	No	No
Brentfield Primary School	Bronze	No
Brondesbury College London	No	No
Buxlow Preparatory School	No	No
Byron Court Primary School	Gold	Gold
Capital City Academy	No	No
Carlton Vale Infant School	Gold	Gold
Chalkhill Primary School	Gold	Gold
Christ Church C of E Primary School	Gold	Gold
Claremont High School	Gold	Gold
College Green Nursery School	No	No
Convent of Jesus and Mary Catholic Infants School	No	No
Convent of Jesus and Mary Language College	Gold	Gikd
Curzon Crescent Childrens Centre	No	No
Donnington Primary School	Bronze	No
Elsley Primary School	Gold	Gold
Fawood Childrens Centre	No	No
Fryent Primary School	Gold	Bronze
Furness Primary School	Silver	Bronze
Gladstone Park Primary School	No	No
Gower House School	No	No
Granville Plus Nursery School	No	No
Harlesden Primary School	Bronze	No
Islamia Girls' Secondary School	No	Gold
Islamia Primary School	No	No
JFS	No	No
John Keble C of E Primary School	Gold	Gold

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Kilburn Grange School	No	No
Kingsbury Green Primary School	No	No
Kingsbury High School	Bronze	No
Leopold Primary School	No	Gold
Lyon Park Primary School	No	No
Malorees Infant School	No	No
Malorees Junior School	No	No
Manor School	No	No
Maple Walk	Gold	Gold
Michaela Community School	No	No
Mitchell Brook Primary School	No	Gold
Mora Primary School	Gold	Gold
Mount Stewart Infant School	Gold	Gold
Mount Stewart Junior School	Silver	Silver
Newfield Primary School	No	No
Newman Catholic College (formerly Cardinal Hinsley)	No	No
Noam Primary School	No	No
North West London Jewish Day Primary School	No	No
Northview Primary School	No	No
Oakington Manor Primary School	No	No
Oliver Goldsmith Primary School	No	Gold
Our Lady of Grace Catholic Infants School	Gold	Gold
Our Lady of Grace RC Juniors School	Gold	Gold
Our Lady of Lourdes Catholic Primary School	Gold	Gold
Park Lane Primary School	Gold	Gold
Phoenix Arch School	Gold	Gold
Preston Manor School	No	No
Preston Park Primary School	Bronze	No
Princess Frederica C of E Primary School	No	Gold
Queens Park Community School	No	Bronze
Roe Green Infant School	Gold	Gold
Roe Green Junior School	Silver	No
Roe Green Strathcona	Gold	Gold
Salusbury Primary School	Gold	Gold
Sinai Jewish Primary School	No	No
St Andrew and St Francis C of E Primary School	Bronze	Silver
St Christophers School	No	No
St Gregorys Science College	No	No
St Josephs Catholic Infant School	Gold	Gold
St Joseph's Catholic Junior School	Gold	Gold
St Josephs Catholic Primary School	Gold	Gold
St Margaret Clitherow Catholic Primary School	No	No
St Mary Magdalens Catholic Junior School	Gold	Gold
St Marys C of E Primary School	Silver	Gold
St Marys Catholic Primary School	No	No
St Nicholas School	No	No
St Robert Southwell Catholic Primary School	Gold	Gold
Sudbury Primary School	Gold	Gold

The Crest Academy	No	Gold
The Kilburn Park School Foundation	No	No
The School of the Islamic Republic of Iran	No	No
The Stonebridge Primary School	Gold	Silver
The Swaminarayan School	No	No
The Village School	No	No
Torah Temimah Primary School	No	No
Uxendon Manor Primary School	Gold	Gold
Wembley High Technology College	No	No
Wembley Primary School	No	No
Woodfield Secondary School	Bronze	Bronze
Wykeham Primary School	Silver	Bronze

APPENDIX

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Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 10 February 2020
	Public Report from Healthwatch Brent

Healthwatch Brent Update Report

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	Appendix 1 - Healthwatch Brent Annual Report 2018-19 Appendix 2 - 2 Social Isolation in Brent
Background Papers:	
Contact Officer(s): (Name, Title, Contact Details)	Julie Pal, CEO CommUNITY Barnet Ian Niven, Healthwatch Brent Manager

1.0 Purpose of the Report

1.1 This report presents the 2018/19 Annual Report for Healthwatch Brent

1.2 This report presents the 'Social Isolation in Brent – staying well in the community' report prepared by the Healthwatch Brent team

2.0 Recommendation(s)

2.1 The Health and Wellbeing Board is asked to note the contents of the 2018/19 Annual Report

2.2 The Health and Wellbeing Board is asked to note the recommendations of the 'Social Isolation in Brent- staying well in the community' report.

Detail

3.0 CommUNITY Barnet has been commissioned to deliver the local Healthwatch contract in Brent from 1 April 2018.

3.1 Healthwatch Brent works with 10 of Brent's charity, voluntary and community organisations.

3.2 Healthwatch Brent is delivered by a Brent-based central core team, a partnership of Brent based voluntary and community organisations and a team of volunteers.

3.3 CommUNITY Barnet has been commissioned to deliver the local Healthwatch contract in Brent from 1 April 2018.

3.4 The work programme of Healthwatch Brent will support the priorities set out in the Health and Care transformation priorities for Brent.

3.5 Healthwatch Brent is delivered on a Hub and Spoke model. The Hub is the first point of public access and delivered by the core team located in Wembley. The Spokes consist of two groups – the Healthwatch Brent Advisory Board whose role it is to support the core team and shape the work programme around the needs of Brent residents. Membership of the Healthwatch Brent Advisory Board includes Brent User Group, Ashford Place, Brent CVS; Brent Carers' Centre; Brent Mencap, Brent Multifaith Forum; Young Brent Foundation, Elders Voice, Orchid Care, Jewish Care

3.6 The Promotion and Reach Partners with their strong and vibrant networks are able to cascade messages from Healthwatch Brent to local residents. The partners include: Ashford Place, Brent Carers' Centre, Jewish Care, Brent Mencap, Young Brent Foundation and Brent CVS.

3.7 Our strategic priorities for Healthwatch Brent are to:

- Encourage greater participation in health and social care
- Collecting evidence of increasing engagement with those residents from under-represented communities
- Demonstrate that Brent residents feel more able to express their views and to report they are listened to
- Demonstrate how Healthwatch Brent has been able to make a constructive contribution to support and enable informed decision making through the representation of the authentic voice
- Demonstrate Healthwatch Brent offers value for money, through our reach, production of reports, participation in strategic meetings and volunteer activity
- That Healthwatch Brent service offers added value by:
    - Establishing collaborative, open and cooperative partnership with existing providers;
    - Drawing upon the experience of partnership members by bringing together their combined expertise, knowledge and experience
    - Providing strong project management and coordination of a high quality service
    - Delivering cost-savings on engagement activities through using our existing channels;
    - Adding value of specialist knowledge provided by the Healthwatch Brent Network;
    - Adding value of local knowledge from trusted organisations who know Brent residents;

- Capability of reaching Brent households through newsletters, contacts and social media platforms delivered through HWB and the CVS Brent newsletter;

3.8 Our priorities for Brent for 2018/19 were:

- To evaluate the Frailty Pathway for attendees at A&E
- Understanding the difficulties faced by residents to navigate the Adult Social Care assessment process
- Review GP surgeries on how they provide information in accessible formats for people living with sensory impairments
- To increase the number of Black men who present themselves to their GPs to openly discuss prostate cancer
- Provide NHS Brent CCG and GP practices with patient awareness and experience of alternatives to GP appointments
- Gather the experiences of Sheltered Housing tenants
- Find out from Brent residents their experience of groups and services that provide social contact and recommend action to reduce social isolation and the poor health outcomes it causes.

3.9 Key achievements over the past financial year have been captured in our 2018/19 Annual Report attached in Appendix 1 which has been reported to Healthwatch England as part of our statutory obligations. In summary we achieved the following:

- Reached 12000 residents through our consortium of charity partners
- Spoke directly with over 1744 residents
- Included the voices of 802 residents into our reports
- Produced 18 reports
- Presented reports to a combination of the Health and Wellbeing Board, Brent Clinical Commissioning Board Management Board on Urgent Care Use and Brent Children's Trust on the experience, awareness and practices of parents of Under 5s with Brent dentists
- Our Community Chest was used to resource a number of community research projects including the implementation of Accessible Information Standards in Brent GP practices which we are progressing with the CCG at present

3.10 Our operational priorities for Brent for 2019/20 have already been presented to the board at the 15 July 2019 meeting.

3.11 Social isolation is a great public health challenge. The effects on physical health are akin to smoking 15 cigarettes a day[1] and the impact on mental health is well established in existing literature[2]. Approximately 30% of visits to GPs are related to preventable social issues such as loneliness and isolation3. Social isolation has, therefore, been identified on the health and wellbeing agenda both nationally and locally in Brent.

[1] Campaign to End Loneliness (2018) **Hidden Citizens: how can we identify the most lonely older adults**
[2] Mind (2019) **How to cope with Loneliness**

Brent statutory organisations have commissioned services to address social isolation, like the Social Isolation in Brent Initiative, Brent Community Directory and to an extent Brent Care Navigators.

To gather a better understanding about social isolation locally, Healthwatch Brent aimed to examine the estimated scale of need in the borough and the provision and gaps in services that reduce and prevent social isolation.

3.12 The report makes a number of recommendations on pages 48/49.

4.0 Financial Implications

4.1 There are no financial implications as all costs are within the current agreed contract.

5.0 Legal Implications

5.1 Healthwatch Brent was established through the Health and Social Care Act 2012 to give users of health and social care a powerful voice both locally and nationally and formally launched in 2013 as an independent charity.

5.2 From 1 July 2015 its services have been delivered as an arms-length department of Community Barnet (CB) a charity and company limited by guarantee.

5.3 Financial and contract accountability remains with CommUNITY Barnet's Board of Trustees and delegated through the Chief Executive Officer to the Head of Healthwatch and the Healthwatch Brent Manager.

5.4 The current contract is a two-year contract issued to CommUNITY Barnet between 1 April 2018 – 31 March 2020. An option to extend until 31 March 2021 is possible.

6.0 Equality Implications

6.1 CommUNITY Barnet is committed to supporting Brent Council to meet its Public Sector Equality Duty as defined under the Equality Act 2010.

6.2 As part of the quarterly performance monitoring, data relating to reaching Brent's protected groups is captured.

6.3 Healthwatch Brent will continue to be committed to giving a voice to under-represented communities. The Healthwatch Brent Network has organisations which reflect Brent's diverse communities and we have used it to give a voice to these communities and support them to re-shape public services.
The table below summarises our network and the communities they reach and have engaged in health and social care:

6.4 All staff and volunteers receive equalities training. We are acutely aware of the role of local Healthwatch to amplify the voice of all local communities, with a special remit to hear from less often heard groups. We have been supplying equality monitoring data to Brent Council over the last 3 years, including that of our membership/friends.

6.5 We believe Brent's communities are represented within our reports as far as possible, but we constantly strive to reach more communities. Our staff team are committed to capturing the views of residents reflecting Brent's diverse and protected communities and sharing it with Brent Council.

7.0 Consultation with Ward Members and Stakeholders

7.1 Healthwatch Brent has set up an Advisory Board with membership drawn from Brent-based charities which supports the delivery of the contract.

8.0 Human Resources/Property Implications (if appropriate)

8.1 All human resources/property implications are considered within the parameters of the contract between London Borough of Brent and CommUNITY Barnet.

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healthwatch Brent

Presenting the Voices of Brent Communities

Annual Report 2018 - 19

Contents

Introduction

This year, 2018/19 has been a time of significant change for health and social care services. Healthwatch Brent has worked with a range of Brent residents, listening, responding and helping change services to meet their needs.

With input and contributions from residents, volunteers and staff, we have been able to achieve our key priorities which were:

- Patient engagement and feedback at Northwick Park Hospital
- Capturing the experiences of Brent's protected communities on accessing primary care services
- Working with residents of Sheltered Housing services
- Identifying the community's needs in safeguarding
- Reviewing the frailty pathway of frail elders
- Listening to experiences of social isolation and recommending action
- Providing NHS Brent CCG and GP practices with patient experience of making appointments.

We have just completed the first year of our re-commissioned contract and we have been particularly pleased to see changes for local residents as a result of our work.

This report highlights and summarises our key areas of work including:

- Increasing the profile of Healthwatch to Brent's protected communities
- Focussing engagement with communities who are under-represented in statutory consultations and engagement
- Presenting the views of residents through our growing network of charity partners and community organisations
- Increasing our social media presence and engagement
- Presenting reports to both Brent Clinical Commissioning Group Governing Body and Brent Health and Wellbeing board on the resident, patient and service user experience of health and social care services
- Delivering our statutory functions as defined by the Health and Social Care Act 2012.

NHS England has recently published its 'Long Term Plan' of how services will be delivered in the next 10 years. Health and social care will be working together closely. We would like to thank our active and dedicated volunteers, whose feedback and ideas are helping shape these services. Our staff team, past and present, have shown their energy and commitment in these times of change to ensuring your voices are heard.

We would like to thank our volunteers, our Advisory Board of Brent charities and all the residents and community organisations for taking the time to share their views and experiences. These achievements were only possible due to the hard work, dedication and passion of Ian Niven, Ibrahim Ali, Agatha Ferraro and John Gribbon, supported by Selina Rodrigues, Clair Thorenssen-Woll , Leah Kenny and Julie Pal. No successful Healthwatch programme is possible without the contributions of our fabulous volunteers, thank you.

Julie Pal
CEO
CommUNITY Barnet

Selina Rodrigues
Head of Healthwatch
CommUNITY Barnet

Ian Niven
Manager
Healthwatch Brent

An independent voice for Brent residents

Healthwatch Brent is the independent voice through which Brent residents can share their experiences of using health and social care services.

It is delivered by a Brent based staff team, a partnership of Brent based voluntary and community organisations and a team of capable volunteers.

Healthwatch Brent is an arms-length department of CommUNITY Barnet, an independent legal entity and a registered charity and company limited by guarantee.

About us

Healthwatch Brent was established through the Health and Social Care Act 2012 to give users of health and social care services a powerful voice both locally and nationally.

Healthwatch Brent was established in 2013 and is part of a national network led by Healthwatch England. We have a seat on the Brent Health and Wellbeing Board and the Brent Clinical Commissioning (CCG) Governing Board.

We are the independent voice for residents of Brent who use health and social care services. Our vision is of a thriving and active community of Brent people who want to influence and contribute to the development and delivery of quality health and social care in the borough.

To achieve this, Healthwatch Brent:

- has a powerful relationship with residents, volunteers and service users to gather their views and experiences, capturing and presenting the voices of under-represented communities
- promotes and supports the involvement of people in the monitoring, commissioning and provision of local care services
- signposts individuals to available information and advice to help them make informed choices about their health and social care.

One of our achievements has been to transform Healthwatch Brent into a network of local charities, community organisations and social enterprises who have come together over the years to reach out and engage with Brent users of health and social care. Our network is constantly growing and includes a wide representation of Brent communities.

Our connections with Brent residents

1,523
SOCIAL MEDIA FOLLOWERS

79
OUTREACH EVENTS

18
REPORTS PRODUCED

1,744
INDIVIDUAL RESIDENTS REACHED

12,000
REACH THROUGH PARTNERS

802
INDIVIDUAL VIEWS GATHERED

891
FRIENDS

4,361
WEBSITE VISITS

Our priorities for 2018/19 were:

- To evaluate the Home First service as part of the frailty pathway
- Understanding the difficulties faced by residents to navigate the Adult Social Care assessment process
- Review GP surgeries on how they provide information in accessible formats for people living with sensory impairments
- To increase the number of Black African and Caribbean men who present themselves to their GPs to openly discuss prostate cancer
- Provide NHS Brent CCG and GP practices with patient awareness and experience of alternatives to GP appointments
- Gather the experiences of Sheltered Housing tenants
- Find out from Brent residents their experience of groups and services that provide social contact and recommend action to reduce social isolation and the poor health outcomes it causes.

What we do with what you tell us

We attended 89 Strategic meetings with all the local key partners to make sure that the voice of Brent residents is presented. Healthwatch Brent has a seat on, and presents reports to:

- Health and Wellbeing Board
- NHS Brent CCG Governing Body
- Safeguarding Adults Board
- Integrated Care Partnership Board (Brent Health and Social Care Plan/Sustainability and Transformation Plan).

We also regularly meet and liaise with key local partners including:

- NHS Brent CCG Engagement, Equality and Self-care group
- Brent CCG Primary Care Commissioning Committee
- London North West Healthcare Trust (Northwick Park Hospital and Central Middlesex Hospital), Patient Experience Committee
- Care Quality Commission
- Brent Safeguarding Adults Board, and two sub-groups.

We consult with NHS Brent CCG and Council commissioners when conducting studies so that we can all be sure that such work is effective in bringing the patient experience to the redesign of services.

We value the support and sponsorship provided by the Chair of the Health and Wellbeing Board and the requests from the Chair of the Community and Wellbeing Scrutiny Committee to actively comment and participate in strategic policy discussions.

Our relationship with the Care Quality Commission and other key partners has enabled us to work with and share our findings with them and meet with them regularly to monitor progress. Healthwatch Brent also provided responses to:

- NHS Brent CCG Public Sector Equality Duty
- Brent Joint Strategic Needs Assessment
- CNWL Quality Accounts
- LNWUHT that operate Northwick Park and Central Middlesex hospitals.

Working in partnership

Healthwatch Brent is leading one of the largest charity partnerships in Brent. It works with fifteen of Brent's charity, voluntary and community organisations who have been instrumental in helping us to succeed.

Ashford Place

Albahdja
South Kilburn Women's health group

Asian People's Disability Alliance

Brent Carers Centre

Brent Centre for Young People
"Healthy minds, brighter futures"

BUG
Brent Mental Health User Group

CVS Brent
Cutting Edge Development

Elders Voice
Supporting Older People

جمعية رعاية العراقيين
Charity No 1058672
www.iraqiwelfare.org

Jewish Care

local mencap Brent

MOSAIC LGBT YOUTH CENTRE
Support - Educate - Inspire

SBC
Stonebridge Boxing Club

We would like to thank you all for your support in promoting and disseminating information about Healthwatch Brent and for your work in liaising with some of Brent's key communities. All of our partners have a seat on our Advisory Board.

Advisory board and partners

We use Healthwatch Brent's Network to reach out to different parts of Brent's diverse communities and, through our statutory membership, present our findings to statutory commissioners and providers. We remain committed to ensuring we place the patient and resident voice at the heart of decision making.

Our protected groups reach includes organisations representing Mental Health, Learning Disabilities, Physical Disabilities, Homelessness, Alcohol Abuse, Dementia, Age , Faith, Ethnicity, LGBT Support and a wide range of Voluntary Groups and Advice Centres.

Al Bahdja - Community Chest recipient
Ashford Place - Advisory Board, Promotion and Reach
Asian People's Disability Association - Advisory Board and a Community Chest recipient
Brent Carers - Advisory Board, Promotion and Reach and a Community Chest recipient
Brent User Group - Advisory Board and Community Chest recipient
Brent Mencap - Advisory Board
Brent Advocacy Concerns - Community Chest recipient
Brent Multi-Faith Forum - Advisory Board
CVS Brent - Advisory Board
Elders Voice - Advisory Board
Iraqi Welfare Association - Community Chest recipient
Mosaic LGBT Youth - Promotion and Reach
Young Brent Foundation - Advisory Board

Community chest

Healthwatch Brent committed £20,000 to establish a Community Chest to increase the capacity of local organisations to provide evidence-based reports from under-represented communities whose voices are not heard enough. We also awarded funds to these communities to increase public awareness of Healthwatch Brent and increase the number and range of views we gather.

We run two funding programmes:

- A large grants programme where we can provide up to £3,000 to provide evidence-based reports on issues of specific interest or importance to Brent communities.
- A small grants programme where organisations can apply for up to £400 to support wellbeing events, raise awareness of Healthwatch and gather the experiences of a range of local people.

The grants allow organisations to make sure that seldom heard voices are included on health and social care issues. The chest also allows those organisations to put on events that improve the well-being of local communities. The Community Chest is advertised in :

- Healthwatch Brent newsletter
- Healthwatch Brent website
- Healthwatch Brent social media
- CVS Brent newsletter – funding section
- Via our Promotion and Reach partners' newsletters.

In 2018/2019 we distributed grants to the Iraqi Welfare Association, Brent Mencap, Orchid Cancer Appeal, Asian People Disability Alliance (APDA) and Brent Carers Centre.

Engagement

Our engagement team, volunteers and partners visited 79 groups and events this year, raising awareness of Healthwatch Brent to over 1,700 local residents, and listening to their experiences of their health and social care services.

We visited services to speak to patients about hospital, social isolation, access to services for users of British Sign Language, Adult Social Care Assessments, GP appointments and many other services.

We have heard from over 800 local people through Enter and View visits, our Information and Signposting service, events, visiting groups, calls and emails to the office, specific surveys for reports, our website, and public meetings.

The comments we heard included issues about hospital transport for carers, carers not being fully included in decisions about family members care, fear about making a complaint about adult social care services, how to make a complaint, and registering with a GP.

We set ourselves some challenging targets to increase our reach. We are pleased that we have increased the number of friends receiving our news. We focused on gathering direct views and experiences of patients at the points of care and presented these through our reports and participation at 89 strategic meetings.

How we used your voice to make a difference

We are also working closely with other partners and providers of health and social care and sharing our findings with them and meeting with them regularly to monitor progress.

Provision of British Sign Language for GP Visits

Brent and Harrow United Deaf Club met with Brent Council, Brent Clinical Commissioning Group (CCG) and Healthwatch Brent in November 2018 to express their concerns about the difficulties they faced in accessing health and social care services. The purpose of this research was to find out if the availability of British Sign Language through GP practice reception and appointment telephone lines matched the availability advertised on both the NHS and local websites.

We recommend that practices and the CCG use this opportunity to address the issue of consistency, and of easy access for people with sensory impairments. Our work will continue with the deaf community to make sure they receive the same level of service as the rest of Brent residents.

We have also been working with Brent GP practices to implement the action plan from our 'Accessible Information Standards' report. We recognise that our GP practices are very busy but there is still much to be done to make sure all patients have equal access to all information and services..

Social Isolation in Brent

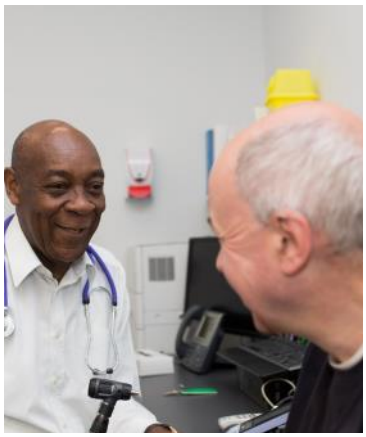
Social isolation is a great public health challenge. The effects on physical health are akin to smoking 15 cigarettes a day and the impact on mental health is well established in existing literature. Approximately 30% of visits to GPs are related to preventable social issues such as loneliness and isolation. Social isolation has been identified on the health and wellbeing agenda both nationally and locally in Brent.

We spoke with 152 Brent residents through Together In Brent, a group of charities who share this concern. We also mapped out the services that the council and NHS in Brent provide. Our report recommends that Brent Council, NHS Brent CCG, and Brent voluntary groups work together to provide a directory to signpost people to supportive groups and places. This report will be presented to the Brent Health and Well-being Board with the Board's responses.

Patient Experience in Hospital

We visited 8 wards and out-patient departments at Northwick Park Hospital, Central Middx. Hospital and Willesden Centre for Health and Care. 91% of patients we spoke to describe the care they received as very good or excellent. A very small number of patients rated their care as fair or poor. Patients also reported issues which can be thought of as improvement objectives - the Trust has responded positively with actions.

During a recent visit it was great to see the 'Red Tray' policy in use. Red trays clearly identify which patients need support when eating, something we had previously worked with the hospital to improve. The Hospital Trust now post a 'You Said, We Did' notice on each of the wards we visit so that patients are aware that they have been listened to, and that both patients and staff are encouraged to voice their experiences.



New Ways to See a GP or Healthcare Professional

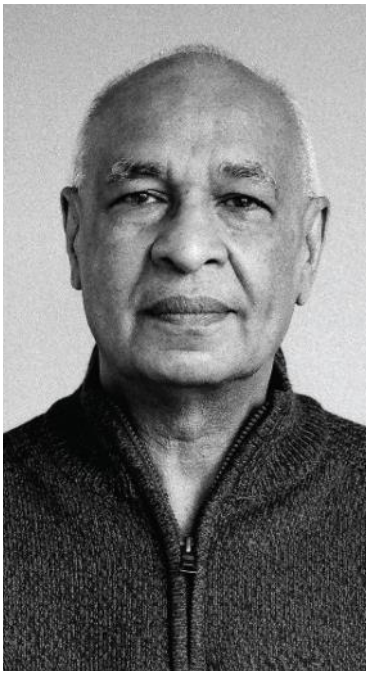
We have been hearing from residents that it takes weeks to get an appointment with a GP. Brent Clinical Commissioning Group told us that there are more ways than ever to get an appointment. We spoke with 216 people about their experiences and awareness.

On the positive side we found that most patients were able to see a GP of their choosing and that 69% of patients found the process of booking appointments easy. There is still work still that needs to be done to raise awareness of booking appointments on-line and booking and through GP Hubs. Currently, only 25% of patients were aware of these appointments and of this system of booking.

Frailty Pathways at Northwick Park Hospital

In 2017 NHS Brent CCG set up a new service at Northwick Park Hospital. Elderly patients arriving at A&E who were identified as being at risk from frailty would be assessed by a specialised team. They would not necessarily be admitted to hospital, but often treated at home. Some family members expressed concern at this idea. We worked with Brent CCG to understand how the new service worked and we spoke to patients who used the service.

We found no overall problem with this new service, but we did report a few operational glitches to the hospital team to correct. We also learned from Brent CCG that the service greatly improved the health of patients and treated them more successfully and mostly at home. It was so successful that Brent CCG were asked to present their work to an international conference.



Prostrate Cancer

We teamed up with Orchid - Fighting Male Cancer and Brent Museums and Archives to bring you a new and exciting photographic exhibition – One in Four.

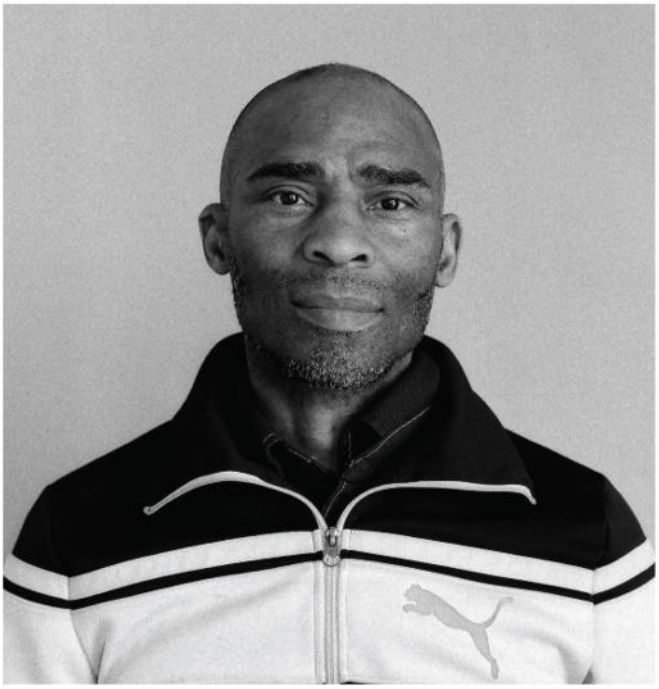
This photographic exhibition comprising of sixteen powerful and thought-provoking portraits of local black African and black Caribbean men to help raise awareness regarding ethnicity being a risk factor associated with prostate cancer. Incidences of prostate cancer are increasing every year and are predicted to be the most common form of cancer by 2030. With 1 in 4 black African and black Caribbean men being diagnosed in their lifetime, this vital exhibition demonstrates the importance and need for awareness and support within the communities.

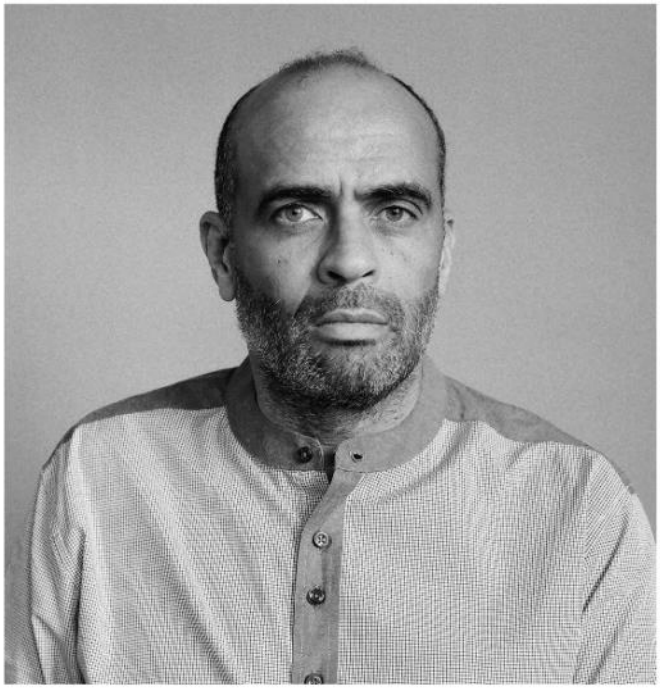
One in Four forms part of a suite of resources and activities developed specifically by Orchid as part of the "Changing lives, engaging Black African and Black Caribbean men at risk of or with prostate cancer" programme, which is funded by the Big Lottery Fund – Reaching Communities Programme. #oneinfourblackmen

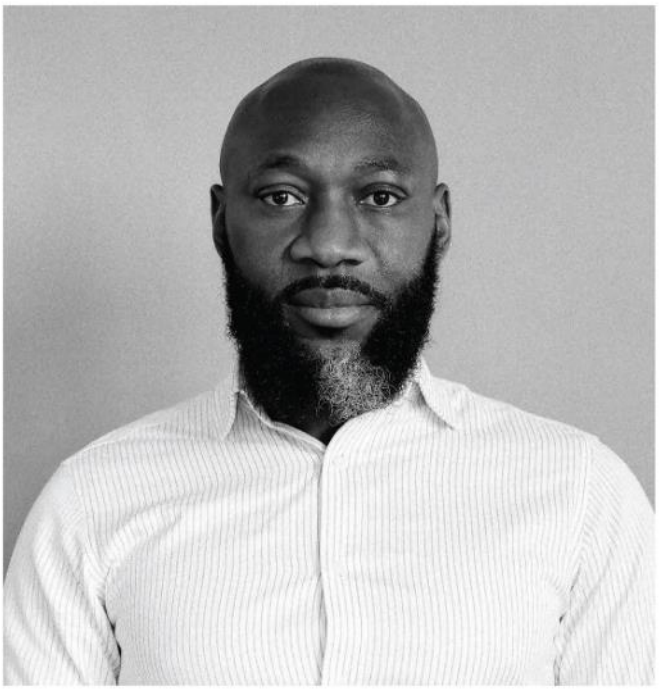
#oneinfour

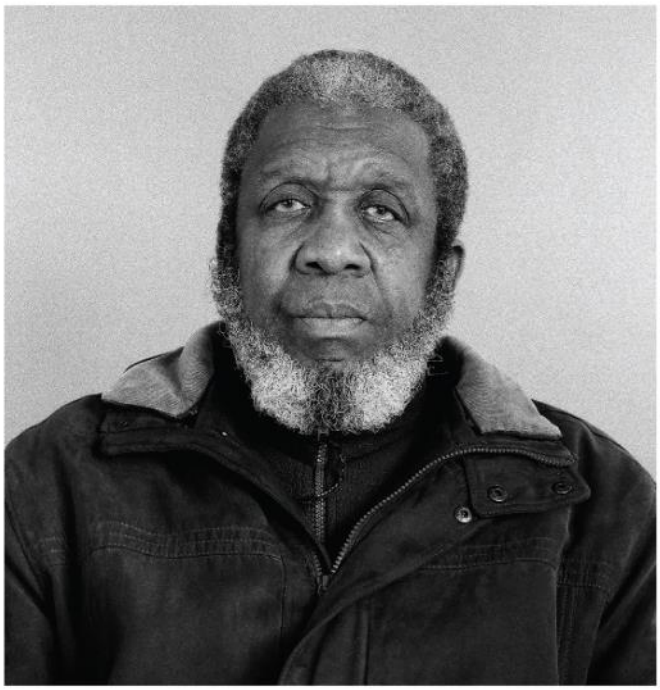
One in four

a photographic exhibition









21st May - 16th August 2019
Brent Civic Centre, Exhibition Wall, Ground Floor, Engineers Way, Wembley HA9 0FJ

Orchid, the UK's leading male cancer charity has teamed up with HealthWatch Brent and Brent Museum and Archives to bring you 1 in 4, a photographic exhibition comprising of 16 portraits of local black African and black Caribbean men. The aim of the exhibition is to help raise awareness of prostate cancer and highlight the fact that 1 in 4 black men will be diagnosed with prostate cancer in their lifetime.

ORCHID FIGHTING MALE CANCER

Brent Museum & Archives

healthwatch Brent

COMMUNITY FUND

Alfred Samuels, I am #oneinfour

For the voiceless, Alfred Samuels is the voice that echoes hope, motivation and inspiration in the fight against the deadly disease of prostate cancer, a disease that disproportionately affects black men.

Currently, over 2.5 million people in the UK are living with cancer, including Alfred. He received his diagnosis of prostate cancer, stage 4, almost eight years ago. Given less than a year to live, Alfred embarked upon the early part of his journey with horrendous bouts of pain, physical limitations, mental anguish and hospitalisation.

As time progressed, Alfred decided to share his story through Healthwatch Brent, which was able to provide him with a platform to have his voice heard. He also worked with Orchid Cancer Care, which is a male cancer charity that has increased GP's awareness of the prevalence of prostate cancer in black men. Together, the three parties have collaborated to breakdown the pre-existing barriers which exist to help engage the British black community and raise awareness of prostate cancer.

"It has been an absolute pleasure and great learning curve for me working with Healthwatch Brent over the past two years. Regardless of funding restrictions they have managed to achieve their intended goal," Alfred said.

Most recently, the group has delivered a photographic exhibition called 'One in Four' at Brent Civic Centre, which is centred on the black African and black Caribbean men who live, socialise and work in Brent. Alfred said the images were critical to starting a conversation around prostate cancer.

"It was not until you sit back and reflect that you see the powerful impact and message that these pieces of work bring," he said.

Alfred will be named Ambassador of the Year at the Cancer Research UK Flame of Hope awards later this year, which pays tribute to the extraordinary achievements of volunteers across the UK. Alfred said he sees this as not only an award for him and his community, but also all other ambassadors and volunteers that relentlessly give their time in a bid to help others regardless of race or creed.

Enter and View

The national Healthwatch network was established through the Health and Social Care Act of 2012. Through this, each Healthwatch has the legislative right to undertake announced and unannounced visits to health and social care settings for adults.

These visits are carried out by staff and volunteers who review the quality of care for patients/residents and their friends and relatives. All Enter and View representatives have current DBS checks and receive training for this as part of their role. As in accordance with the Healthwatch network, settings to visit are identified through meetings and guidance from the CQC.

The most important aspect of Enter and View is that it is intended to add value; the volunteers review services and work in collaboration with service providers, residents, relatives, carers and those commissioning services. As such, the visits do not apply CQC or other standards to their review and checks, rather it is an opportunity to reflect on what the setting may be like for a potential resident/patient with an emphasis on gathering feedback on areas that can significantly affect quality of life, such as activities, engagement, food and the levels and approach of staff.

The Enter and View reports are written by the Enter and View team and sent to the care provider to check for factual accuracy and to respond to the report recommendations. The Reports are reviewed and authorised at each stage by Healthwatch senior staff, and once finalised are uploaded to the Healthwatch Brent website and sent to Brent's Liaison Officer.

We presented a report to the Brent Safeguarding Adults Board (SAB). Overall, we found that 6 care homes had reasonable awareness and practice of adult safeguarding. But some were far better than others. This promoted a great deal of discussion and resulted in two significant recommendations being taken forward:

- The Providers Concerns sub-group of the SAB were given the additional task of sharing good practice between nursing and care homes in Brent,
- and all key parties should be members of this group – NHS, Council, CQC, Healthwatch Brent, and the Police.

This group was set up in December 2018 and has already demonstrated the benefits of this partnership approach.

The Healthwatch Brent Enter & View Team also visited 6 Sheltered Housing Schemes in Brent, with the aim of gaining a better insight of the residents' experience of health and social care provided within their own home.

Both Sheltered Housing and Extra Care Housing are important community resources in supporting an ageing population, enabling older people to live independently for as long as possible. Both these types of housing schemes are different from Residential Care Homes.

We made recommendations to the care providers and shared our insights with Brent Council Adult social Care and the Care Quality Commission.

Enter and view visit

This year our Enter & View volunteers concentrated their visits on Sheltered Housing Schemes. They visited six schemes, with the aim of gaining a better insight of the residents' experience of health and social care provided within the Schemes.

The Enter & View visits aimed to cover various aspects of life in the sheltered home, such as psychological & social well-being, care planning, complaints, and staff/workforce.

The lack of a communal space in one scheme made gathering the views of the residents more difficult, however, everyone worked together to make this happen. The volunteers discovered that there was antisocial behavior occurring in the area outside the scheme which made the residents feel unsafe. They had also experienced intruders, some under the influence of drugs, gaining access to the scheme.

The Healthwatch Brent team gathered evidence of anti-social behavior and inspected the premises thoroughly so that detailed evidence could be presented to the Housing Officer later in the day.

After a meeting with the housing officer a series of changes were agreed, including:

- Operational CCTV approved with remote monitoring, which also helped to address a fly tipping concern
- Doorways monitored, and any suspicious activity reported to the police
- Security lights to be installed and the addition of security gates will be explored.

All residents we spoke to were concerned about safety. Our Enter and View volunteers were able to contribute to multi-agency working to resolve issues affecting the residents. Because of our visit, the lives of residents of the Sheltered Housing scheme has been dramatically improved. They now feel safer and have more confidence in reporting issues to the Housing Association and the Police.

Our volunteers

Our volunteers are at the heart of what we do. They are out in the community everyday listening to people to find out if health and care is working for them.

Our volunteers support us in many different ways. From speaking to local people to find out what they think about health and care, to using these views to influence those who run services. Volunteers play an important role at Healthwatch.

We have a fantastic group of volunteers without whom we could not deliver our Healthwatch responsibilities.

Their enthusiasm, passion and commitment to improving the experience of health and social care users and capturing and presenting their voices to strategic decision makers has enabled Healthwatch Brent to become a trusted voice for local residents.

Social media

@HWBrent 1 Apr 2018 It's our birthday today - we are 5 years old! We wanted to thank you for your work to help improve #health and #socialcare in our #community#HappyBirthdayHealthwatch #Brent

Healthwatch Brent Retweeted @BrentCCG 19 Jul 2018 The NHS in North West London is delighted to offer parents and carers their free full colour guide to "Your child's health". Download here ow.ly/e7SH30I1jTi

@HWBrent 5 Jul 2018 Happy 70th birthday #NHS! Find out more about the NHS at 70, take the quiz or get involved: bit.ly/2MS6v51 #NHS70 #health #Brent

Financial information

Healthwatch Brent is funded to carry out statutory activities. Funding is provided by the London Borough of Brent.

Income

Funding received from local authority to deliver local Healthwatch statutory activities	**£149,110**
Additional Income	**£1,000**
Total Income	**£150,110**

Expenditure

Office costs	**£26,214**
Staff costs	**£113,780**
Direct delivery costs	**£10,116**
Total Expenditure	**£150,110**

CommUNITY Barnet is a registered charity and company limited by guarantee registered both with the Charity Commission and Companies House. We are governed by a Board of Trustees. Our Memorandum of Association allows us to operate in this way.

Healthwatch Brent is a borough-wide service working in collaboration with committed and passionate Brent focused organisations who have local knowledge, are experienced and trusted. The partnership is the eyes and ears in the community and can effectively act on complaints or concerns because it has direct access to seldom heard and under-represented members of the community. Through existing channels the partnership engages these communities with the Healthwatch agenda.

CommUNITY Barnet's Board of Trustees reviews performance, oversees risk and contributes to the promotion of the Healthwatch agenda. It is the decision-making body responsible for approving the action plan throughout the life of the contract.

CommUNITY Barnet's Board of Trustees are: Chris Cormack, Martin Edobor, Adam Goldstein, Anita Harris, Antony Jacobson, Michael Lassman, Jyoti Shah and Tony Vardy.

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You can download this publication from www.healthwatchbrent.co.uk/annual-report

CommUNITY Barnet is a registered charity no. 1071035 and company limited by guarantee 3554508 .

healthwatch Brent

Social Isolation in Brent

Staying well in the community

May 2019

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EXECUTIVE SUMMARY

Social isolation is a great public health challenge. The effects on physical health are akin to smoking 15 cigarettes a day[1] and the impact on mental health is well established in existing literature[2]. Approximately 30% of visits to GPs are related to preventable social issues such as loneliness and isolation[3]. Social isolation has, therefore, been identified on the health and wellbeing agenda both nationally and locally in Brent. Successful interventions that reduce and prevent isolation and its effects are centred around facilitating and maintaining social contact. One effective means to do so is through accessing community resources that promote social contact, of which Brent has an abundance.

Brent statutory organisations have commissioned services to address social isolation, like the Social Isolation in Brent Initiative, and to an extent, Brent Care Navigators and the Brent Community Directory. However, these arguably do not address the scale of need, or fully capitalise on the resources of the community and voluntary sector. There is a currently a 'once in a generation' opportunity, through new Link Workers and Social Prescribers in GP practices and networks, funded by NHS England, to make a significant contribution to reducing social isolation and the related costs to the system. This can be achieved if it is carefully considered by the sector as a whole.

To gather a better understanding about social isolation locally, Healthwatch Brent aimed to examine the estimated scale of need in the borough and the provision and gaps in services that reduce and prevent social isolation. In doing so, a two-fold approach was taken to gather feedback from both residents and statutory service providers. In partnership with Brent Mencap and Together in Brent, Brent residents were consulted about their quantity and quality of social contact, and their access to community resources through a 11-point questionnaire. Healthwatch Brent consulted statutory partners to help identify the scale of need and existing service provision.

The findings from the 152 questionnaire responses revealed three major themes:

1. Whilst there are distinct characteristics that are associated with social isolation, **it can affect anyone regardless of age group**.
2. Although all the respondents had some level of contact, most receiving regular contact with others, **not all were satisfied** with this.
3. Commissioners, statutory and community service providers need to **work in partnership** to meet the needs of the community.

The results of the questionnaire found that most people are having regular social contact with others (73% of respondents are in contact with someone else between 3 and 7 days a week). All respondents completed the questionnaire while attending

[1] Campaign to End Loneliness (2018) Hidden Citizens: how can we identify the most lonely older adults
[2] Mind (2019) How to cope with Loneliness
[3] GP (2018) How social prescribing can help GPs

a community service or activity, and therefore, all respondents had some level of social contact. Upon closer examination, however, variations in resident experience suggest social isolation in the borough is a complex issue. Just under a third have less than 2 days of social contact a week. In contrast to popular belief, the respondents more likely to report having irregular contact (2 days or less a week) were within the 'working age group' (aged between 19 and 64), even when compared to older age groups. Within this working age group, almost a quarter reported to be dissatisfied with their social contact.

Other groups that reported to be unhappy with their social contact include those who live alone and those who do not access community resources. A positive relationship was found between resident's satisfaction with their contact and attending services and activities. Those who attended activities which promoted social contact were more likely to report being happy with their social contact.

Some respondents reported a sense of loss for services in Brent over recent years. This is concerning when recognising the well-evidenced benefits of accessing services that promote social contact in existing research[4]. Having access to more varied services was suggested by residents as a means to increase their amount of social contact and, thereby, aid in the prevention of social isolation and the promotion of better health outcomes. As Brent has a wealth of community resources with varied activities and services, it is argued that service users and providers' awareness of these services requires immediate improvement. This can be achieved through statutory and voluntary partners working collaboratively to ensure that the greatest number of people are accessing the right support for them. Such actions align with the national and local priorities of keeping well in the community through preventative measures using community-based methods such as social prescribing.

Questionnaire Key Statistics

152 respondents from 14 organisations completed the questionnaire:

Type/Scale of Social Contact

- 73% of respondents have face-to-face contact more than 3 days per week
- 27% have face-to-face contact less than 2 days per week
- 32% of working age respondents had little/no contact per week
- 23% of those over 65 had little/no contact per week
- Respondents over 80 years old reported to have the most contact over the phone than through other forms of contact (face to face and online)

[4] Jo Cox Loneliness, Age UK (2017) Combatting loneliness one conversation at a time

- Family members and friends were the main source of contact for most respondents
- The main barriers to social contact include poor health, mobility, money and transport

Respondents' Feelings about Social Contact

- 23% of respondents were unhappy with their social contact
- Those reported to be dissatisfied with their contact were more likely to live alone
- The largest age group who reported to be dissatisfied with their contact was within the working age group (19-64-year olds)
- Those reported to be dissatisfied with their contact were less likely to access social inclusion resources in the community

Awareness of and Access to Community Resources

- Most respondents attend services that directly or indirectly reduce social isolation
- 52 different services and activities identified by respondents
- The main benefit of attending these services was aiding social interaction
- Respondents expressed a loss of services in Brent
- Community and statutory services act as a key facilitator of new contact among respondents

Conclusions and Recommendations

The main conclusion of the report suggests the more can be done within Brent to address those at risk and suffering from social isolation. This, broadly speaking, includes integrated working from all relevant partners to raise awareness of and facilitate the wealth of community resources the borough offers to reduce and prevent social isolation. Healthwatch Brent recommends the following:

1. **Coordinate the roles of statutory and voluntary partners** to proactively support residents at risk of social isolation by considering the development of a Wellbeing Hub in Brent.
2. Statutory and voluntary partners to **collaboratively raise awareness** of existing community resources.
3. **Address barriers** to social contact residents experience through active promotion of the varied resources available in the community.

4. Consider locally based solutions through Brent CCG and Brent Council co-funding **long-long term projects** that facilitate social inclusion.
5. Utilise the Integrated Care Services Pathways Board to **hold open discussions** with commissioners for genuine collaboration between statutory and voluntary sectors.
6. **Further examination** of resident's tenancy status as a contributing factor to isolation and increase support to those in sheltered and supported living.

The full recommendations can be found, in detail, on page 49.

ACKNOWLEDGEMENTS

This survey was coordinated with Brent Mencap and conducted with Together in Brent, a coalition of local voluntary sector organisations with a shared interest in reducing social isolation in Brent.

Our warmest thanks go to:

Our colleagues from Brent Mencap and Together in Brent who supported this project throughout with data collection, analysis and sharing insights into the report.

Our partners at SIBI and Public Health Brent for their insights.

The 14 voluntary groups who helped us reach residents.

The volunteers who helped with the questionnaire distribution, collection and data input.

All the respondents who took the time to complete our questionnaire and share their experiences with us.

INTRODUCTION

Healthwatch Brent is part of a national network led by Healthwatch England, which was established through the Health and Social Care Act in 2012 to give users of health and social care services a powerful voice both locally and nationally. We are the independent voice for peoples' views on Brent services, both good and bad. We listen to local people and feedback patient experience and liaise with local commissioners and decision makers, in order to improve services.

Brent Mencap is the leading voluntary sector organisation in Brent working with, and on behalf of, people of all ages with a learning disability.

Together in Brent is a group of local charities who share skills, knowledge and concerns about social isolation and loneliness in the borough. It was through this group that the voices of 152 Brent residents were included in this report.

Social isolation is defined as the lack of contact, or social interaction, with others. The health impacts of social isolation have been found to be as harmful as smoking 15 cigarettes a day[5]. Effective methods to reduce and prevent social isolation include increasing and maintaining social contact using a variety of community resources; foundation services (support), direct interventions (e.g. befriending) and gateway services (community transport). While Brent has a wealth of these services, concerns have arisen that there is lack of awareness of what services are available in the borough. GPs, for example, have been increasingly expected to signpost patients to services through social prescribing as part of the prevention and self-care priorities outlined locally and in the Long Term Plan. Voluntary sector organisations, too, want to signpost people to support, yet, some feel there is a disparity between what is available locally and what people know about.

Project Aims

This project emerges from the recent local and national priorities for prevention work and keeping well in the community. One of the main reasons for conducting this report stems from the recent concerns about both residents and service provider's awareness about what is available in Brent to prevent and reduce social isolation. Healthwatch Brent are aware of the Brent SIBI project and other statutory and voluntary services that tackle isolation, however, there is an understanding there are limitations to its reach. This project aims to identify the level of need in the borough and identify resources that people in the community use to increase their social contact.

Whilst this report results from the views of 152 local residents and perspectives from statutory partners, the language and style of this report is designed to provide information to health and social care sector partners to allow for informed

[5] Campaign to End Loneliness (2018) Hidden Citizens: how can we identify the most lonely older adults

decisions about future commissioning and design of services. It offers a snapshot of the local experience of social isolation and does not intend to provide a representative account for the borough.

The key objectives of this report are to identify:

1. A clearer idea of the scale of need for staying well in the community
2. A clearer idea of what services are available
3. What community resources residents use
4. How these help
5. Barriers to using services
6. Identify gaps/recommendations to make best use of existing resources
7. How Brent compares to other London boroughs in terms of response
8. Recommendations to make best use of existing resources and responding to gaps in service provision

BACKGROUND

Understanding Social Isolation

Whilst often used interchangeably, social isolation and loneliness are not synonymous terms or experiences. Social isolation is a lack of social interaction, contact, or communication with other people. Loneliness, on the other hand, is the *feeling* of being alone or isolated; 'perceived isolation'. Loneliness can affect people even with regular social contact.

Social isolation has been identified as a serious public health problem. The implications are not just limited to mental health; recent research has linked isolation to a number of physical health problems and even a shortened life expectancy:

"Feeling lonely frequently is linked to early deaths. Its health impact is thought to be on a par with other public health priorities like obesity or smoking"[6]

Loneliness and isolation are as harmful to our long-term health as smoking 15 cigarettes per day[7]

The detrimental health effects associated with social isolation stretch beyond that of the individual suffering. Existing research outlines the costs to the NHS and employers as a result of inadequate social contact:

People experiencing loneliness visit their GP more often and enter residential care earlier[8]

Loneliness costs employers £2.5 billion a year[9]

Risk Groups

It is estimated that 9 million people, or one-fifth of England's population, are socially isolated[10]. Previous research suggests that although everyone may experience isolation at some point in their life, certain groups are at greater risk.

Particular age groups are perceived to be at higher risk of isolation. Older people, for example, are frequently associated with loneliness and isolation in public

[6] HM Government (2018) A Connected Society: A strategy for tackling loneliness- laying the foundations for change
[7] Campaign to End Loneliness (2018) Hidden Citizens: how can we identify the most lonely older adults
[8] Campaign to End Loneliness (2018) Hidden Citizens: how can we identify the most lonely older adults
[9] Jo Cox Loneliness, Age UK (2017) Combatting loneliness one conversation at a time
[10] Jo Cox Loneliness, Age UK (2017) Combatting loneliness one conversation at a time

discourse. However, recent reports, such as the BBC Loneliness Survey, have identified that all age groups may experience isolation during their lives[11]. The BBC survey found that younger people are increasing feeling disconnected and have similar numbers of people reporting feeling lonely as those over 80 years old. Their finding challenges the myth that loneliness is only symptomatic of growing older.

For 3.6 million over 65's, their TV is their main form of company[12]

More than 1 in 3 people over 75 reported their feelings of loneliness are out of their control[13]

6% of adults reported to often/always feel lonely[14]

16-34 years more likely to report feeling often/always lonely than those aged over 50[15]

10% of 16-24-year olds reported feeling lonely 'often' in England[16]

43% of 17-25-year olds using Action for Children Services experienced problems with loneliness[17]

The reasons behind isolation are complex and multifaceted. For some, isolation may result from specific 'trigger events' such as widowhood, particularly among older age groups[18]. However, as emphasised, the catalysts for social isolation may occur at any stage for any age group. Moreover, evidence shows not only major life events lead to social isolation, people may feel disconnected from others and society. Currently, there is a trend of younger people experiencing a gap in expectations between the relationships they have and what they want[19] suggesting isolation may not always result in a change in an individual's life.

Yet, regardless of experience, some groups are disproportionately affected by social isolation. These groups include people with disabilities, carers, migrants, and new parents:

*50% of **disabled** people will be lonely on any given day[20]*

[11] BBC (2018) BBC Loneliness Experiment
[12] Age UK (2017) No help or company for 3.5 million older people
[13] Independent Age (2016) One-third of older people say feelings of loneliness are out of control
[14] ONS (2018) Loneliness- What characteristics are associated with feeling lonely
[15] Department for Digital, Culture, Media and Sport (2017) Community Life Survey: Focus on Loneliness 2017-18
[16] ONS (2018) Children's and young people's experiences of loneliness
[17] Action for Children (2018) Tips for young people
[18] British Red Cross (2016) Trapped in a Bubble
[19] The Economist (2018) Loneliness is a serious health problem
[20] Sense (2018) Loneliness

*52% of **parents** have a problem with loneliness- 21% feeling lonely in the last week*[21]

*38% of people with **Dementia** reported that they had lost friends after their diagnosis*[22]

*58% of **migrants** and **refugees** in London described loneliness and isolation as their biggest challenge*[23]

*8 out of 10 **carers** have felt lonely or isolated as a result of their caring role*[24]

***Men** were more likely to report never feeling lonely than women*[25]

*Adults with **stronger networks** less likely to report often/always feeling lonely*

*Adults who feel people in their local area can be trusted, who regularly chat to their neighbours or who feel like they **belong** to their neighbourhood and/or Britain were less likely to say they often/always feel lonely*[26]

Interventions

The interventions for tackling isolation and loneliness are diverse, including both direct, one-to-one and group-based support and signposting services. Across the broader landscape of interventions, there is a key focus on creating opportunities to bring people together, develop and maintain social networks/contacts/ friendships and promoting activities that facilitate this to help overcome isolation.

The Campaign to End Loneliness has created a framework outlining the full range of interventions at different levels[27]. The framework, displayed in Figure 1, suggests a strategic, joint approach combining foundation services, direct interventions, gateway services and structural enablers.

[21] Action for Children (2018) Tips for young people
[22] The Alzheimer's Society (2013) The hidden voice of loneliness
[23] The Forum (2014) This is how it feels to be Lonely
[24] Carers UK (2015) Alarming Numbers of people feel isolated and lonely as a result of caring for their loved ones
[25] ONS (2018) Loneliness- What characteristics are associated with feeling lonely
[26] Department for Digital, Culture, Media and Sport (2017) Community Life Survey: Focus on Loneliness 2017-18
[27] Campaign to End Loneliness and Age UK (2015) Promising Approaches to reducing loneliness and isolation in later life

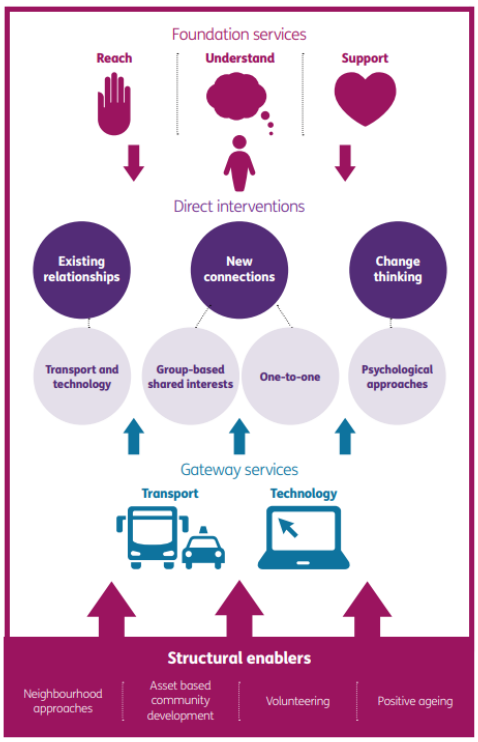


Figure 1. Campaign to End Lonleiness Intervention Framework

Within existing interventions, many organisations that address loneliness and isolation, whether directly or indirectly, operate on a micro, local scale, usually funded for short-term projects and often not on the commissioner's radar[28]. Therefore, to implement best practice, as recommended by the Campaign to End Loneliness, statutory and voluntary partners must coordinate to effectively utilise community resources at the local level.

Policy for Prevention

In the last 2 years, national attention has shifted to focus more on tackling social isolation and loneliness. Social isolation is a longstanding health and wellbeing concern, however, only recently has it been identified as a national priority for keeping people well.

In 2018, the Prime Minister announced a new government strategy to create a more connected society by tackling loneliness. Using funding of £20 million, voluntary and community groups are being helped to expand their programmes amongst other initiatives. The strategy was the first major contribution from central government to the conversation addressing isolation as a public health problem. Building on the work of national charities, such as the Jo Cox Commission on Loneliness, the government has made a concerted effort to raise awareness of isolation and offer guidance on delivering integrated services and care to tackle this health and wellbeing problem.

The Strategy's main items:

- Appointment of the Minister for Loneliness
- Development of a national indicator of loneliness; ONS National Measurement of Loneliness

[28] Social Care Institute (2018) Tackling loneliness and social isolation: the role of commissioners

- Requirement of government departments to report on their work tackling loneliness in their annual Single Departmental Plans from 2019/20
- Improve awareness through a communications campaign highlighting the importance of social wellbeing and encourage people to take action.
- The inclusion of social connectedness in Public Health England communications campaign on mental health.

The recently announced **NHS Long Term Plan** also aims to tackle social isolation and loneliness. The Plan's key message is focussed around prevention and reducing health inequalities. Within this framework, it aims to implement social prescribing within primary care settings with the view of tackling loneliness[29].

Brent Population Demographics

Brent is a dynamic population of over 320k residents who are relatively young compared to that of wider England and Wales (local residents are 7 years younger than national average)[30]. 68% of the population are of working age (16-64), 23% are under 18 and 11% are 65 and over. Brent has 30,616 households with people living on their own according to the 2011 census. Of these, 29% (or 8,808 people) are aged 65 and over[31]. Brent is a diverse borough with 66% of residents from a BAME community. A total of 149 languages are spoken in Brent. English is the main language of 63% of residents. In one fifth of households, nobody speaks English as their main language; common first languages include Gujarati, Polish and Arabic. Within the borough, there are many residents who may be considered 'at risk' of social isolation.

Tackling Social Isolation in Brent

Estimated scale of social isolation

Measuring the scale of social isolation is an acknowledged challenge. A number of measurements, nationally and locally, have attempted to scope the level of isolation through various surveys and, until the publication of the ONS National Measurement of Loneliness, no one scale can provide an overview.

In Brent, estimates are drawn from the ONS Census 2011, Resident's Attitudes Survey, Age UK data and data from local organisations such as The Social Isolation in Brent Initiative (SIBI). GP-based services, too, have the opportunity to measure the level of healthcare access of the patients they support. However, as voluntary and statutory organisations that attempt to measure the scale of need use various methods, it is difficult to consistently measure.

[29] NHS England (2019) The NHS Long Term Plan
[30] Brent Council (2015) Joint Strategic Needs Assessment
[31] Brent Council (2015) Joint Strategic Needs Assessment

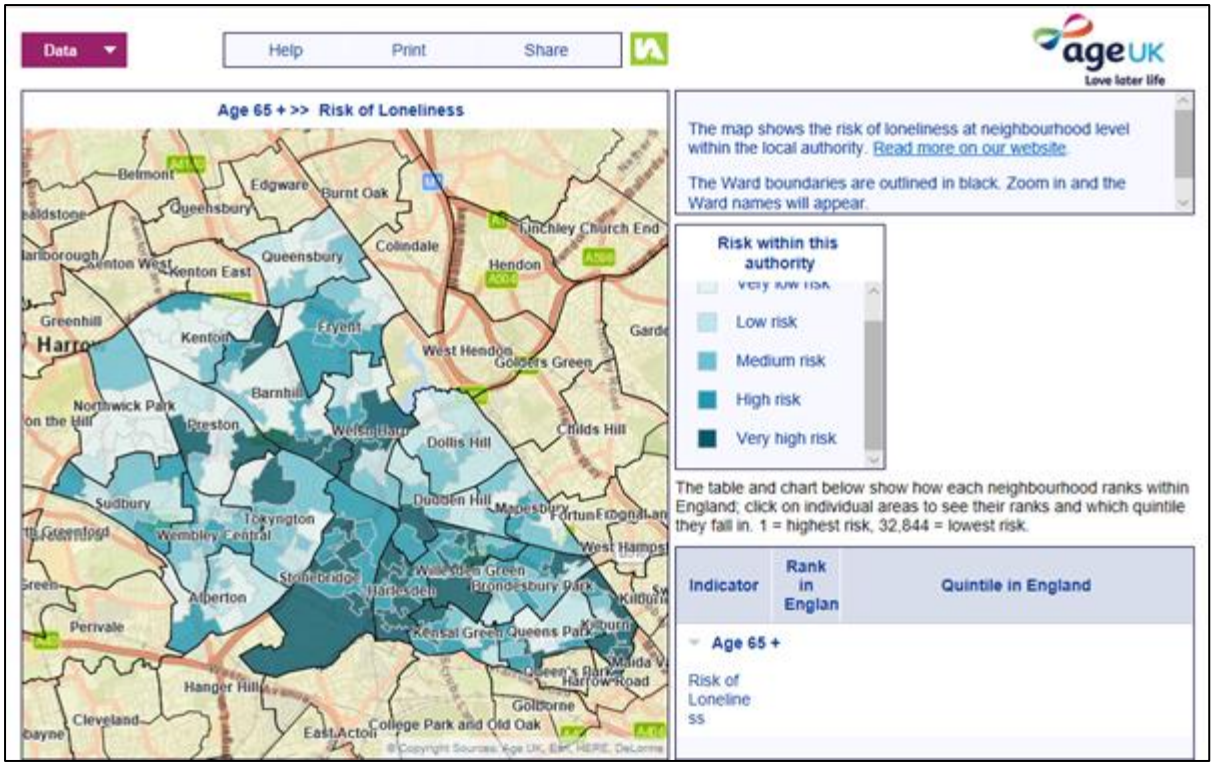


Figure 2. Age UK Risk of Loneliness 2016, Heat map Brent. Source: http://data.ageuk.org.uk/loneliness-maps/england-2016/brent/

The following figures provide a collective estimate of the scale of social isolation in Brent:

- 41% of adult residents reported they had as much social contact as they want, 35% had adequate contact, 15% did not have enough, **8% felt socially isolated** [32]
- **23.9% of adult carers** in Brent have as much social contact as they would like compared to 41.3% nationally**. Brent is ranked to lowest region** for this indicator of health[33]
- The **south east of the borough is at high risk of isolation** for those over the age of 65[34] (Figure 2)
- SIBI receives **450 referrals** a year; a relatively small number compared to the indications of social isolation in Brent

Brent Interventions

Preventing social isolation can only be achieved through all agencies responsible for health and wellbeing in Brent working together[35]. A number of statutory and

[32] Brent Resident Attitude Survey (2018) (A survey of 2,100 representative residents carried out May-June 2018 asking residents about their neighbourhood, the council and themselves)
[33] Public Health England (2019) Public Health Profiles Brent
[34] Age UK (2016) Risk of Loneliness
[35] Brent CCG (2017) Brent Health and Care Plan

voluntary services that tackle social isolation, to varying degrees, are available to Brent residents. All are designed to reduce demand on NHS services by signposting or supporting residents with the appropriate place or services that address concerns affecting their wellbeing. Table 1 highlights some of these services on pages 19-22.

Corresponding with the borough's key priorities for keeping well and prevention in the community, social isolation has been identified on Brent's health and wellbeing agenda. The **Brent Health and Care Plan** outlines the borough's response to the NHS Five Year Forward Plan. It identified a number of big-ticket items including tackling social isolation through preventative measures.

The **Health and Wellbeing Board Brent** has continued its commitment to improve health inequalities and wellbeing by aiming to "develop a network of support services and activities to tackle social isolation" [36].

The Brent Community Directory is available online to signpost residents to over 2000 local organisations and groups in the community. The Directory is a useful starting point for identifying potential community resources, however, in comparison to other community directories, as detailed below, some improvements in Brent are recommended. The Brent Community Directory only provides the contact details of the organisations with no information about what they offer.

Some good practice community directories identified in comparison to the Brent Community Directory include the Southampton Directory[37] and Hampshire Community Directory[38]. Both directories are easily navigated, enable the use of a targeted search tool to apply filters by services or activities, age groups and postal location. There are clear descriptions for the services and organisations in addition to links to public transport journey planners and community transport search tools. It thereby combines direct interventions with gateway services as outlined as good practice by the Campaign to End Loneliness Framework.

The **Social Isolation in Brent Initiative (SIBI)** is a joint initiative originally funded by Brent Adult Social Care, Public Health Brent, Brent CCG and managed by CVS Brent[39]. Set up in 2015, the project supports adults over 18 by preventing and reducing social isolation. Almost all users of the service are referred by professionals, e.g. Adult Social Care, Falls Team, Stroke Team, Talking Therapies. Although residents are also able to self-refer to SIBI. Users will be connected to an up-to-date database of 1,200 social activities and 300 services that promote social contact in Brent. Figure 3 presents examples of some of the local services. After referral, SIBI has an initial 20-minute phone call with the resident to identify their interests, requirements and restrictions. This is followed up with a written list of around 10 activities that the resident can choose to participate in. SIBI will make

[36] Health and Wellbeing Board Brent, Strategy Action Plan (4.1)

[37] https://sid.southampton.gov.uk/kb5/southampton/directory/results.page?newadultchannel=5_2

[38] https://www.connecttosupporthampshire.org.uk/directories&Search=

[39] Brent Council (2019) Social Isolation in Brent Initiative (SIBI)

at least two follow up calls to motive the resident to attend the activity and support them.

The initiative is a good starting point to reducing social isolation in the borough.

A small-scale analysis found that SIBI's intervention reduced social isolation. Using the UCLA Scale of Loneliness (a recognised three-point scale of 10, 10 being the highest level of loneliness on the scale), 11 resident's scores had reduced, on average, from 7.8 to 5.3.

However, with 450 referrals a year, arguably, it may not be reaching enough people who are suffering in Brent.

An example of **good partnership between statutory and voluntary groups** is demonstrated in the Neighbourhood Community Infrastructure Levy (funding from developers in Brent that Brent Council has collected to reinvest into the community). Brent's Ashford Place, for example, received £69,000 towards its Side Door Café based in Cricklewood to develop new spaces to prevent social isolation.

The Community Hub at Central Middlesex Hospital pilot engaged with 500 residents in 2018 in partnership with local voluntary sector groups to explore a range of activities that build social connections. The pilot ran for 2 weeks and produced a business plan for the STP Delivery Board. This model appears not to have materialised as an on-going offer despite the strides taken to prevent social isolation.

The Integrated Care Partnerships initiated by Brent CCG, join up services to help prevent people becoming ill and stay out of hospital. All parts of the Brent system, from GPs, care homes to hospitals trusts (including LNWUHT), community and mental health services and trusts (including CNWL, Brent Council) are working together to achieve this goal. The main commissioning and provider organisations in Brent are developing new ways of working in more integrated ways. Tackling social isolation is recognised as a priority area in the ICP Board's plans.

Brent has 5 **Care Navigators** who offer support to residents who do not need the same level of support as those referred to the health service. This approach combines patient self-care with community workers who have access to relevant support and information[40]. The support focusses on residents with long term conditions and non-clinical needs such as housing, adult social care, transport and

[40] Brent CCG (2016)

social isolation. The Brent Care Navigators receive approximately 400 referrals a year, some of which relate to social isolation.

In addition, the Brent Local Authority and Brent CCG are jointly facilitating **Social Prescribing** working towards meeting the objectives of the Long Term Plan. The move to integrate SIBI into the social prescribing approach has previously been suggested by Brent CCG, a process which is ongoing. From July 2019, NHS funding will be available over 5 years to employ 17 Link Workers in Brent. The Workers will provide a holistic approach to resident's health and wellbeing with a patient focus on 'what matters to me'. They will connect residents to voluntary and statutory services for practical and emotional support. This method of social prescribing can be particularly beneficial for those who are lonely or socially isolated. The introduction of Link Workers is a welcomed opportunity to look closely into gaps in service, minimise risks and expand the work that is already being done at GP practices. It should be noted, however, that GP practices and networks can use this funding for other clinical staff roles that they deem best meet the needs of local patients, therefore it is crucial that tackling isolation remains a priority.

Benefits of Social Prescribing

An estimated 30% of GP appointments are related to social reasons, this could be avoided[41]

There is an opportunity for a proportion of patients to be seen by Care Navigators and supported through lower intensity social routes like SIBI

There is an opportunity to align council commissioning of Gateway services; easier access to SIBI and potential future access to wider services

Despite the plethora of services available locally, awareness of services is limited and is perceived as difficult to navigate[42].

The services listed reach approximately 2000 people per annum of those at risk and experiencing isolation in Brent[43]:

- 76.1% of adult carers in Brent don't have as much social contact as they would like[44]
- 15% of the Brent Resident's Attitude Survey 2018 do not have enough social contact
- 8% of the Brent Resident's Attitude Survey 2018 feel socially isolated[45]

[41] GP (2018) How social prescribing can help GPs
[42] Brent Integrated Partnership Board
[43] Brent's total population approximately 320,000 people
[44] Public Health England (2019) Public Health Profiles Brent
[45] Brent Resident Attitude Survey (2018)

Improvements to the local understanding of the available services is required. This includes raising awareness about what is available, how to access it and 'what works' in reducing and preventing social isolation in Brent.

This Healthwatch Brent report offers a starting point for coordinating the existing databanks of available services, identifying where there are gaps in service provision, updating the knowledge about scale of need, and promoting effective use of community assets to prevent and reduce social isolation in the borough.

Plans Tackling Social Isolation in Brent	Actions
Active Lifestyles Officer, Brent Council	Supports the Brent officer to address obesity and support healthy lifestyles, including walks in Brent parks.
Brent Care Navigators	Patients who do not need as much support as those referred to the Care Co-ordinators but who the CPMG and GPs believe need additional support to avoid an escalation of need access face to face home visit to adults aged over 18 for initial assessment with follow ups by face to face at home or at GP surgery, phone, email etc dependent upon patient preference. Support focuses on supporting patients with long term conditions and or non-clinical needs which impact on their health such as housing, benefits, adult social care, transport, social isolation and other support. There are currently 5 Care Navigators. Approx. 400 referrals per year.
Brent Community Transport	'Delivering Social Value in our Community', they are a charity that provides accessible transport to Brent residents whose mobility is limited, thereby facilitating social connections
Brent Complex Patient Management Group (CPMG) – Care Coordinators	The Care Coordinators make an assessment for adults aged above 18 years to agree a proactive plan with the patient and CPMG. They work with clients for 12 weeks which can be extended under specific circumstances. Face to face home visit for initial assessment with follow ups by face to face at home or at GP surgery, phone, email etc dependent upon patient preference. Approx. 400-600 referrals per year.
Brent Council Task and Finish Group	This task and finish group put on an event in 2018. The theme appeared to be strongly related to that of the STP MH event, below. The authors do not have the outcomes of this event.
Brent Council's Community Directory	Over 2000 local organisations and groups available on its database. This is a useful starting point for identifying potential community resources, although it provides only details of the organisations with no information about what they offer.
Community Hubs	Brent Council set up Harlesden Community Hub inside Harlesden Library and South Kilburn Community Hub that offer face to face contact with council officers to address council and benefits queries.
Health and Wellbeing Board	HWBB Strategy Action plan, 4.1 "Develop a network of support services and activities to tackle social isolation"
Integrated Care Coordination Service - Willesden Centre for Health and Care	The aim is to promote health, wellbeing and independence by problem solving; helping older people achieve their own goals; help to maintain or increase independence and improve quality of life; and to minimise risk. They help with action to prevent falls; home adaptations such as rails or stairs; benefits; organise services such as finding and booking a carer (for personal care, shopping, cleaning etc); act as an advocate with other organisations. A service for anyone aged 60+ living at home who could be at risk of unnecessary hospital admission. This includes people funding their own care and people whose needs don't reach the level of social services. Visit every client in their home and offer support for up to 3

Plans Tackling Social Isolation in Brent	Actions
	months. The service is free although adaptations may cost. There is currently no waiting list and anyone can get in contact. 680 referrals from September 2017 – September 2018
Integrated Care Systems and Integrated Care Pathways	The main commissioning and provider organisations in Brent are developing new ways of working in more integrated ways. This was initiated by Brent CCG but is a partnership approach including the main hospital trust LNWUHT, other hospital trusts, the mental health trust CNWL, Brent Council. CVS Brent the voluntary sector development charity also sits on this board, as do Healthwatch Brent and a patient representative. Tackling social isolation is recognised as a priority area in the Board's plans.
Making Every Contact Count	This initiative trains front line health and social care staff to respond to patient concerns that lie outside of the practitioner's role by signposting to other services and organisations. It is a preventative approach to avoid escalation of patient concerns that might later require more intensive interventions.
NHS Social Prescribing – Link Workers	Funds are available from July 2019 to employ link workers. There will be 17 in Brent, not all in the first year, funded for 5 years. 100% of the money comes from central funds and currently being developed by Brent CCG. Social prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support. Link workers also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners. When social prescribing works well, people can be easily referred to link workers from a wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is also encouraged.
Self-Care Patient Activation Measure (PAM)	Self-Care encourages patients and residents to better understand and manage their health conditions, make healthy lifestyle choices, and seek alternative options to visiting a GP, e.g. by using NHS 111 and pharmacies. A recent survey by Healthwatch Brent identified that patients have limited awareness of these options. PAM is a tool used by Care Navigators and Coordinators to identify a patient's level of knowledge and confidence to manage most of their health condition without the need for constant medical intervention. Patients are supported by Care Navigators and Coordinators to increase their ability to self-manage their health. The degree of integration and coordination between these is unknown. Brent Council and Brent CCG did seek to co-commission SIBI and the Care Navigators, but existing governance legislation made

Plans Tackling Social Isolation in Brent	Actions
	this impossible in the medium term. There was a verbal commitment to ensuring these services would dovetail, but to what degree that has happened is unknown to the authors of this report.
Social Isolation in Brent Initiative (SIBI)	Social Isolation in Brent Initiative is funded by Brent Council and managed at CVS Brent. SIBI started in 2015 and receives 450 referrals a year. They support adults above the age of 18. It has 1.2 FTE staff. They provide a 20-minute telephone call to explore the person's situation. SIBI then sends full written details of about 10 local groups that meet the person's interests, travel, budget and cultural background. They make at least two follow up calls to motivate and support the person. They can, through a group of volunteers, accompany the person on an initial visit to a group, but the aim is for the person to attend activities independently.
STP Delivery Areas – Mental Health, Prevention, and CMH	The programme manager of the mental health working group set up and delivered the first of two planned events to help the voluntary sector to define its 'Community Offer'. It is not clear what the outcomes of this event were. The STP Prevention Working Group is headed by the Director of Public Health, Brent, and oversees a number of workstreams, including addressing social isolation through SIBI. The Central Middlesex Hospital Steering Group was attached as a 6th priority for Brent alongside the 5 Delivery Areas. Extensive and exemplary engagement was conducted with 500 residents to identify the needs of people who live near or use CMH. This work expanded the possibilities of the Harlesden Hub model to offer access to wider community groups. Ashford Place, Healthwatch Brent and Brent CVS contributed to this development. A pilot of two weeks of trial activities were piloted in 2018, and a business case was due to be presented to the STP Board.
Suicide Prevention Action Plan	A collective response from Public Health and voluntary groups to reduce risk of suicide among risk groups (men especially in middle age and from Eastern European countries, economic factors such as debt; social isolation; drugs and alcohol; developing treatment and support settings that men are prepared to use) by June 2019.

The **voluntary sector** and a wide range of faith and community groups offer a wide range of opportunities to Brent residents,	- **The British Red Cross – Social Isolation Project** helps people go out and join social activities. They provide up to 12 weeks of face to face support. The focus is on building people's confidence, sense of identity and purpose. They see clients about fortnightly and can accompany to activities. For all Brent residents aged 18+. Unfortunately, this service closes in July 2019.

most of which help to reduce social isolation –	- **Brent CVS has a contact list** of around 275 local organisations. - **SUFRA, the Food Bank** for NW London, has a Directory of Local Resources available on line https://www.sufra-nwlondon.org.uk/get-help/directory-of-local-services/ - **Lawrence's Larder** has a printed booklet containing resources for homeless people in Brent and neighbouring boroughs. - Some of the more well know community resources include: **Age UK Brent** Befriending services **Elders Voice** **Ashford Place** offer a range of services and groups for people with mental health problems, Dementia, alcoholism and homelessness **Meet Up** – online befriending groups **Next Door** – local neighbourhood communities. **Brent Mencap** **Together in Brent** is a group of local charities who share skills, knowledge and concerns about social inclusion.

Table 1. Community Resources in Brent

METHODOLOGY

To meet the objectives of this project, a two-fold approach to data collection was taken to understand residents and statutory partners perspectives about social isolation in the borough:

- a questionnaire to local residents
- insights from statutory partners

Data Collection

Questionnaires

Healthwatch Brent in partnership with Together in Brent and Brent Mencap devised an 11-point questionnaire asking Brent residents about their social contact in late 2018. This included questions about their amount of, and feelings towards, their social contact. The questionnaire also asked about the services residents accessed, barriers to social contact and what people feel the community needs to address social isolation. There are inherent challenges with measuring the scale of social isolation in any population as the group most affected are usually hard to reach and hidden. Thus, to gather the most useful responses from this restricted sample, the questionnaire was influenced by a number of recognised measurement scales and questions for identifying social isolation and loneliness[46] (ONS National Measurement of Loneliness, Lubben Social Network Scale, UCLA Scale of Loneliness, Age UK questionnaires).

The questionnaire was distributed in January 2019 to 26 voluntary groups identified by Healthwatch Brent and Together In Brent to complete with their services users. It was decided, due to the short time scale of this project to not distribute the questionnaire to all of Brent's voluntary sector. The organisations were offered support to deliver copies, completion of questions and collection of completed questionnaires. The organisations received weekly telephone and email reminders until the deadline in mid-February. In addition, an incentive payment was offered to the first 10 organisations to return at least 30 completed questionnaires.

Statutory Partner Insights

Healthwatch Brent and SIBI worked in partnership to identify what community resources are currently accessed by local residents. In turn, this aided with the identification of scale of need in the borough by assessing the reach of the SIBI project.

[46] Lubben Social Network Scale – a 6-item questionnaire measuring the social contact of individuals with family and friends.
Office for National Statistics National Measurement of Loneliness – 4-point Likert scale developed within the government's strategy for tackling loneliness to gather a national indicator.

Healthwatch Brent also contacted representatives from Public Health, Brent. They were able to identify where this project sits within the local priorities of prevention and staying well in Brent as identified in the Background section of this report.

Data Analysis

Brent Mencap collated and conducted the initial analysis of the data and drafted a resident feedback report for Healthwatch Brent analyse, quality assure the data and produce the overall report. Brent Mencap volunteers assisted with the extraction and analysis which was reviewed by Healthwatch Brent. Responses were grouped initially by question and free text was coded thematically. Further analysis was conducted by Healthwatch Brent to establish relationships within the data.

FINDINGS

Demographics of Respondents

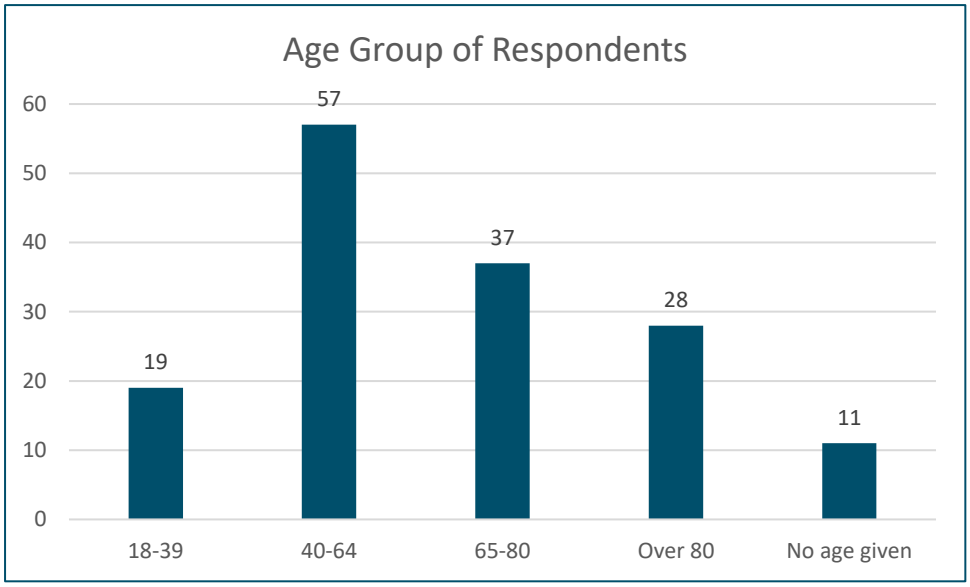
26 organisations were contacted to complete the questionnaire with their service users. 14 organisations returned 152 completed questionnaires. Table 2 displays the number of responses collected from each organisation. Despite the monetary incentive to complete over 30 questionnaires, only one organisation did so. The other organisations completed less than 20 each.

Questionnaire Distributed	Responses
BIAS	36
Brent Community Transport	15
New Testament, Church of God	13
Mencap	13
Age UK	10
Gateway Club	10
Shaw Trust	9
SIBI	9
Look Ahead	8
Ashford Place	7
Sufra Foodbank	7
Asian Women's Resource Centre	7
Brent Carers	5
SEN Support Group	3
Total	**152**

Table 2. Number of voluntary organisations who distributed the questionnaire

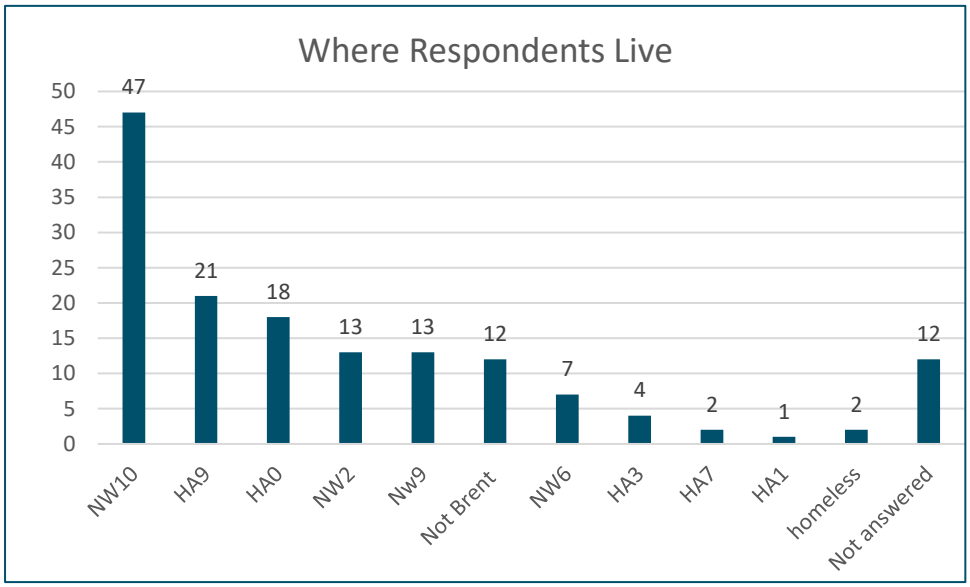
It is noted that due to the large number of respondents from the Brent Irish Advisory Service (BIAS), there is the potential for the data to be skewed towards the demographics of this group. BIAS is a specific service, offering advocacy/advice, working closely with the Irish community and older people through pensioners' groups. Nonetheless, the remaining organisations offer a wide range of services attracting a diverse population of all ages and sectors of the community.

Respondent age group, location and living arrangements were important characteristics to capture as it allows for analysis comparing which groups are at greater risk of isolation and who is accessing services. Thus, services that aim to reduce and prevent isolation can further tailor responses to meet the needs of those most at risk in the borough.



Graph 1. Number of respondents in each age group

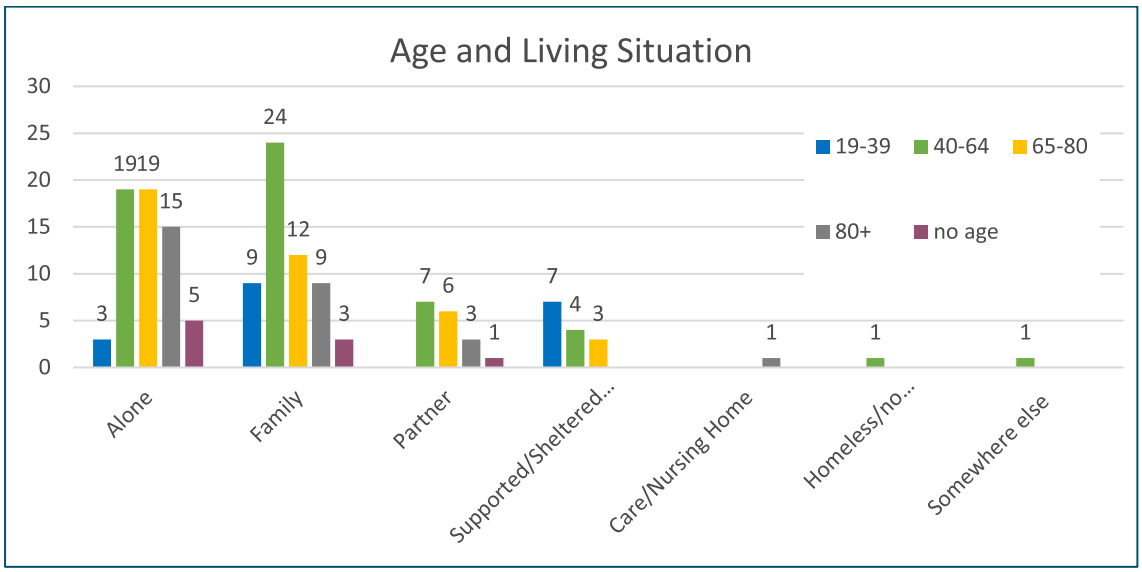
37% of the respondents were aged between 40 and 64 years old, the largest age group. When compared to the demographics of the local population, who are predominantly of working age, people from older age groups are slightly overrepresented in this sample. This is to be expected when examining the organisations that participated in the questionnaire and who their services are tailored towards. However, despite the discrepancy between sample and general population, the questionnaire attracted responses from all age groups.



Graph 2. Number of respondents in each postcode

Respondents provided the first three letters of their postcode to identify if there are pockets of isolation or areas where people are perceived to have a good level of social contact. There is a link between the postcodes reported and the data from Age UK's Heatmap of Risk Groups (Figure 2). Many people attending services are within the south east of the borough; an area at high risk of social isolation.

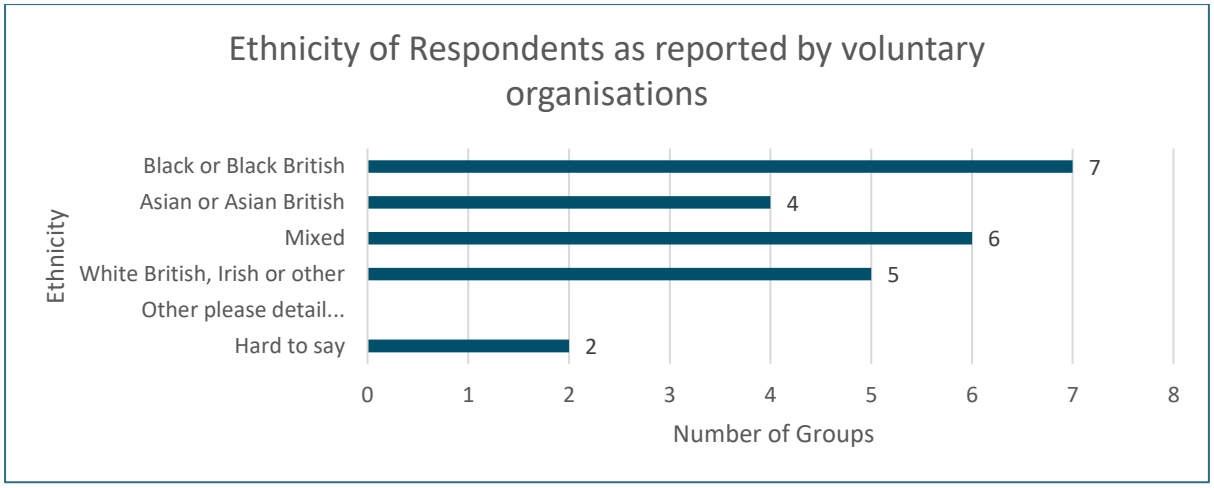
However, NW10 is noteworthy as the majority of respondents reported to live there. It is important to acknowledge that this is where BIAS is based; accounting for the large proportion of responses. While this finding may alter the representation of residents, this report is not aimed to provide a statistically significant account of social isolation, but rather a snapshot of the experiences in Brent at the time of reporting. There were several responses who listed postcodes outside Brent. The inclination of residents to travel outside their borough to access services would likely extend to those living in Brent, therefore, the number of people accessing services in the Brent locality cannot be conclusive.



Graph 3. Who respondents live with by age group (by number of respondents)

Half of the respondents reported to live with family or a partner. The percentage in each age group living alone rose with age. 16% of 19-39 reported to live alone, compared with 41%, of those aged 40 and over. Of those aged over 80, 54% lived alone. Respondents who said they lived in supported or supported/sheltered housing were aged under 64; potentially younger than was expected, only 1 respondent lived in a nursing home. Text responses to the questionnaire showed that 2 respondents considered themselves homeless, although 1 respondent did not indicate this when completing this specific question.

A limitation to the scope of sampling has been recognised. Due to the design of the project; only people in contact with community organisations offering services and activities that help prevent isolation are included in the sample, some groups who may be experiencing severe isolation may have been excluded from this project. For instance, responses from certain risk groups, such as those with complex health and wellbeing conditions resulting in them residing in supported/sheltered or care homes, were not collected. The low response rate from those in supported living arrangements is indicative that perhaps the project has not reached those residents who are commonly associated with being at greater risk of isolation.



Graph 4. Estimated ethnicity of respondents (by number of respondents)

Although the questionnaire did not capture demographic data such as ethnicity, the organisations who distributed it provided an approximate breakdown of the ethnic backgrounds of those they spoke to. The sample represents the diverse ethnic composition of the borough.

Main Findings of Questionnaire

Through detailed analysis of the questionnaire data, **three recurrent themes** emerged:

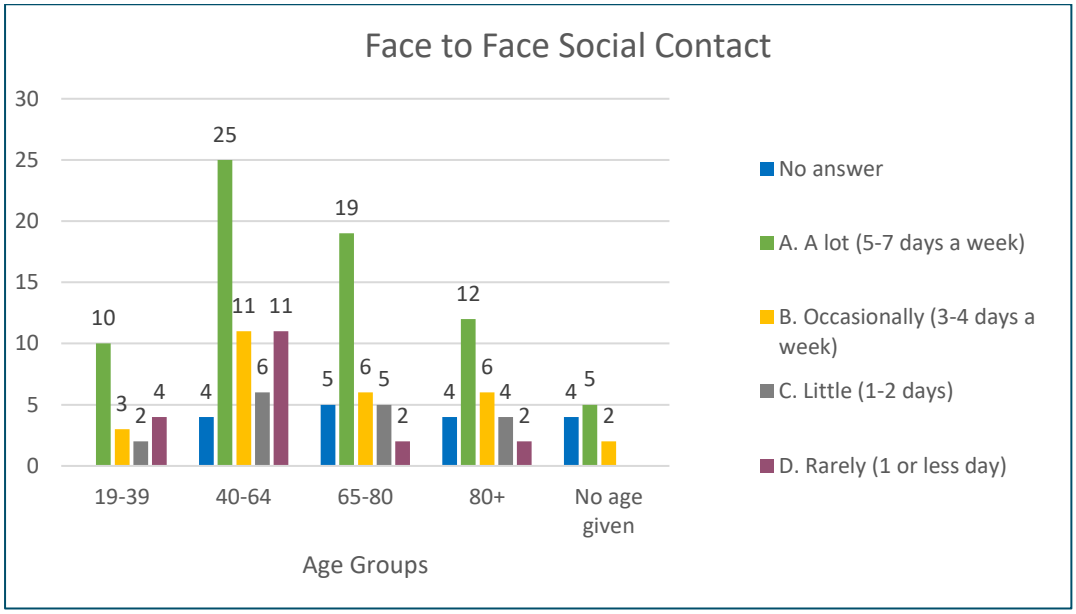
1. All age groups are susceptible to social isolation
2. There is a difference between the quantity and quality of social contact residents are receiving
3. Services need to work in partnership to meet the needs of the community

Theme 1: All are subject to isolation

The findings of the survey reveal that people from all age groups and living situation are susceptible to low social contact. This details the complexity of the current landscape of isolation in Brent and indicates the level of response and coordination required between the statutory and voluntary sector required to address the complexity.

Respondent's Social Contact

Respondents were asked to estimate how many days a week they had personal contact, phone contact and email/social media contact with other people. For each type of contact they could choose 'a lot' (5-7days PW) 'occasional' (3-4 days PW) 'little' (1-2 days PW) or 'rarely' (1 day or less)



Graph 5. Respondent's amount of in face to face social contact per age group (by number of respondents)

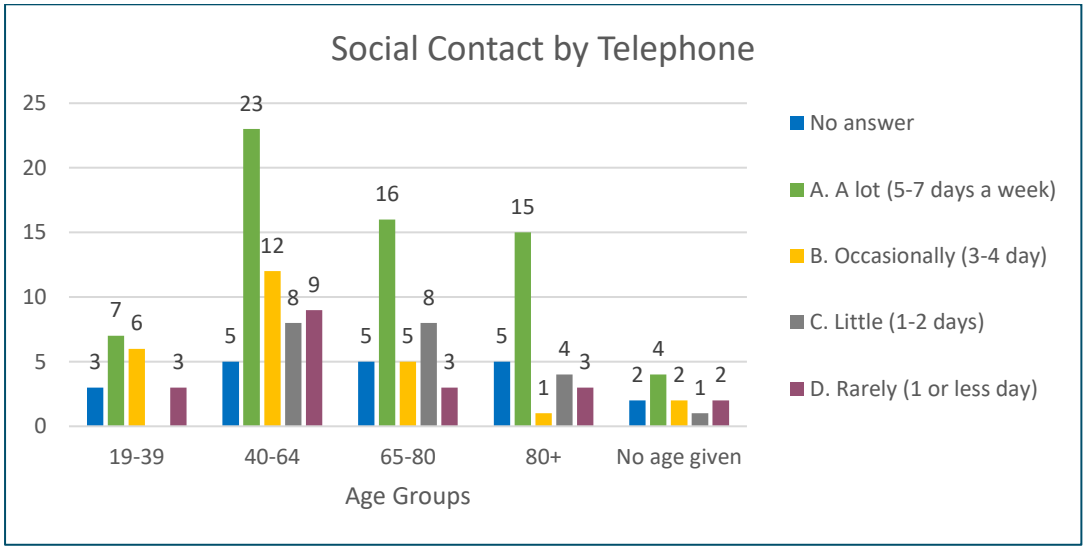
135 and 132 respondents answered the first 2 questions about personal or phone contact respectively. 94 respondents answered the question about online contact.

Respondents across all age groups had the most social contact face to face

73% of respondents estimated they have face to face contact with someone 3-7 days a week

27% of respondents estimated they had face to face contact with someone less than 2 days a week

Just under half of residents (49%) who are within working ages (19-64) reported having 5 to 7 days of personal contact per week. However, only 23% of over 65s had less than 2 days of contact compared to 32% of those aged 19-64. This furthers the argument opposing traditional perceptions of social isolation. The finding is comparable to recent research challenging the stereotypical view, such as the BBC loneliness survey, suggesting that younger people and those of working age are also at risk of loneliness and isolation.



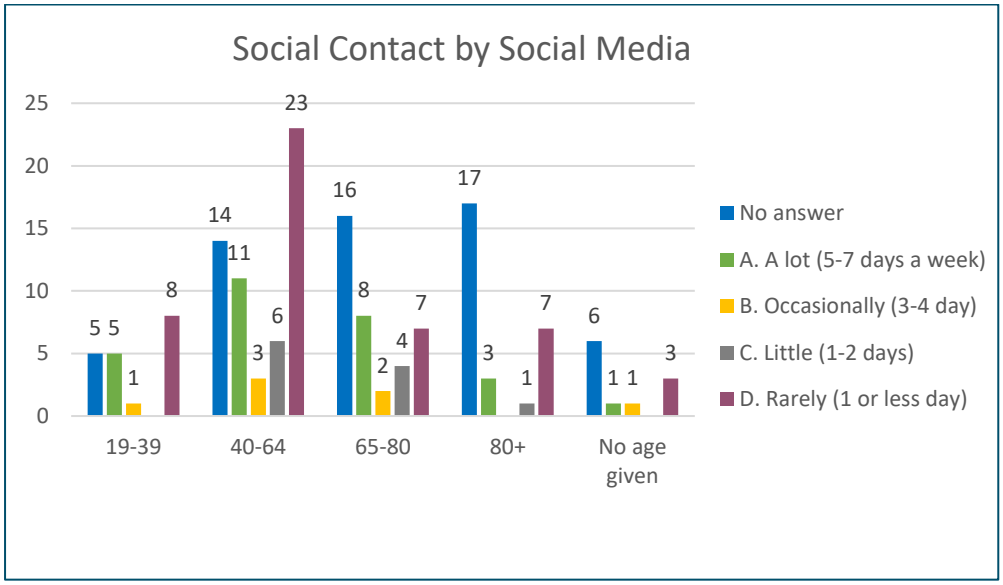
Graph 6. Respondent's amount of contact by telephone per age group (by number of respondents)

69% of respondents estimated they have phone contact with someone 3-7 days a week

31% of respondents estimated they have phone contact with someone less than 2 days a week

Respondents reported a relatively high level of contact over the phone across all age groups. For those aged over 80 years old, using the phone was the most reported form of social contact compared to face-to-face and online contact. This may be related to their living situation, as those in this age bracket are more likely

to live alone (54% of the age group lives alone). National data reflects this finding, helplines providing befriending services are often disproportionately used by people from older age groups. Silverline, a charity targeting older people, for example, takes nearly 500,000 calls a year often in relation to the need for a partner or companionship[47].



Graph 7. Respondent's amount of social contact by social media per age group (by number of respondents)

62% of the sample reported how much social contact online they have

37% of respondents estimated they have online contact with someone 3-7 days a week

63% of respondents estimated they have online contact with someone less than 2 days a week

Some of the findings of the questionnaire appear to contrast arguments presented in existing research. It is well documented that people in older age groups are less likely to engage with social media, in part due to their limited access to computers and smart phones[48]. However, 41% of those within working age (19-64) reported to have less than 1 day a week of online contact. This is compared to 12% of over 80s who have less than 1 day of online contact. However, the over 80 age group were the least likely to respond to this question suggesting that perhaps online contact was not a relevant form of social contact for them. It may be possible that, in some cases, their estimate of 'phone contact' included some social media/email contact, however the results seem to show a lower level of email/social media use

[47] The Silver Line (2015)
[48] Health Europa (2019) Tackling Loneliness: Vodafone explores if technology makes us more alone

for social contact generally, throughout all age groups, than might be expected in this digital age.

Overall, most people felt they had high levels of personal and phone contact but lower levels of email or social media contact. This difference may be worth exploring further as information about local services and activities is increasingly only available online. There is some variation between age groups among all forms of contact, yet, it appears that they all experienced low social contact in some form indicating that social isolation is a society-wide problem, not one limited to certain groups.

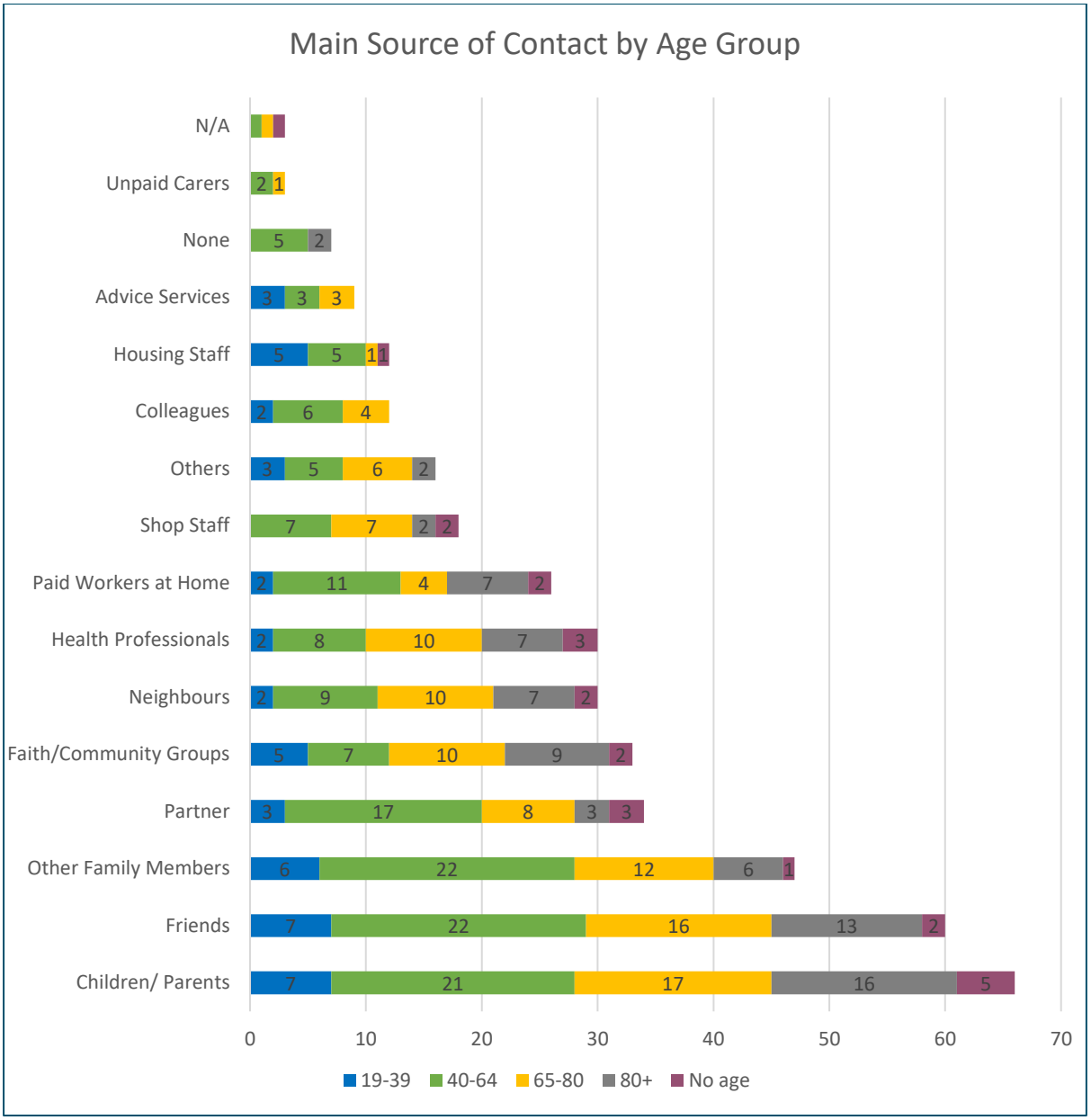
As the respondents were attending events/groups at voluntary services at the time they completed the questionnaire, it is important to acknowledge that all participants had some form of social contact. Although, these responses only give information about the quantity of contact, not the quality of it. The following section begins to offer an insight into people's perceptions of their satisfaction with their level of social contact and any barriers they may face to maintaining or increasing it.

Theme 2: Differences in quantity and quality of contact

To identify the scale of need in the borough, it was not sufficient to ask how much social contact respondents were receiving. It was important to highlight who they were most frequently in contact with and whether they were satisfied with their contact. The findings indicate that there is a difference between the quantity and quality of social contact. Although it is suggested that most people were having contact of some form at least three days a week, the following section details the discrepancy between the frequency of, and satisfaction with, respondent's level of social contact. Only a relatively small percentage of respondents were happy with their social contact.

To highlight who the respondents were most frequently in contact with, the questionnaire provided a selection of options respondents could tick. Graph 8 presents the main groups that respondents reported to have the most contact with. It is evident that family members are a major source of social contact for people along with friends and their children/parents. Respondents under the age of 80 had varied responses, with the majority of their contact falling under friends, family (inclusive of parents and children) and faith community groups. Those over the age of 80, however, tended to report having contact with fewer groups and were therefore more reliant on the three main categories for their social contact. Analysis of open-ended questions revealed an understanding of the importance of working to maintain their level of social contact with these groups:

"could do with meeting family more as I only see people on the weekend"



Graph 8. Respondent's main source of social contact by age group (by number of respondents)

Using a series of open questions, respondents were asked how they felt about their social contact. Their responses were coded into three categories; 'happy', 'unhappy' and 'neutral/not clear'. 28 respondents did not answer this question and were coded in the 'not clear' category. While most respondents have some form of social contact, it is evident from Chart 1 that not all are satisfied with it. 23% of respondents' answers were coded as unhappy. Examples of the respondents' comments about their social contact are detailed on page 35.
The data were triangulated with respondents' characteristics such as type of contact, age group and living arrangements to gather a comprehensive picture of those at risk of social isolation.

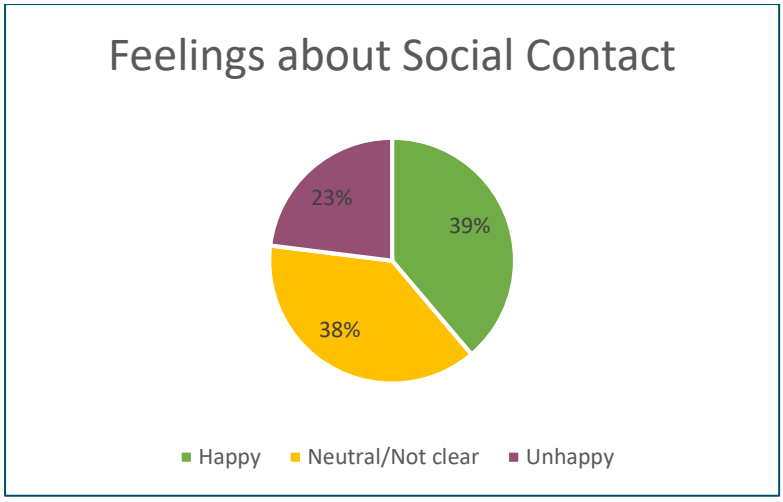
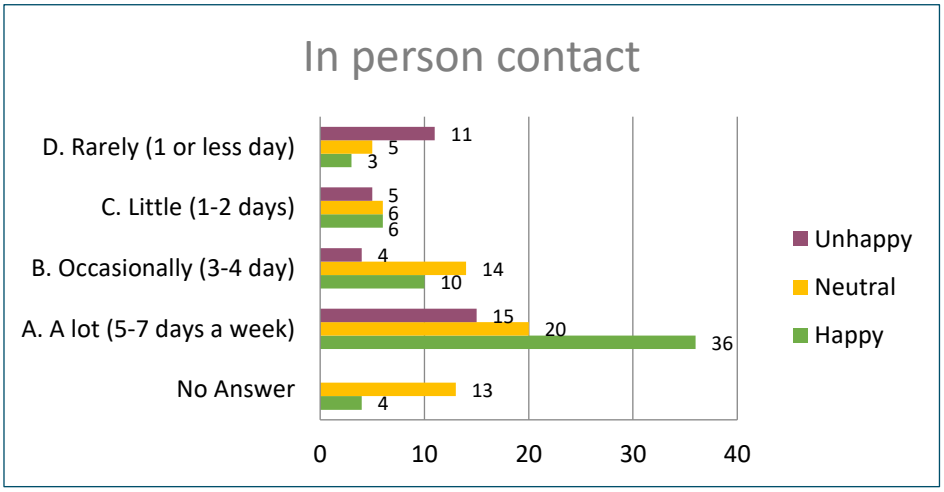


Chart 1. Respondents' feelings about their level of social contact (by percentage of respondents)

Examining the amount of contact and feelings towards their contact, a positive correlation emerged. Respondents who reported to have more than 3 days per week of face-to-face contact were more likely to report positive feelings about their social contact. Similarly, those with lower levels of social contact were more likely to report negative or neutral feelings about their contact (Graph 9). Having online contact appeared to have less of an impact on a respondent's feelings. The respondents who rarely used social media as a form of social contact reported similar numbers of both negative and positive statements about their feelings.



Graph 9. Respondents' feelings about the amount of social contact by the amount of face-to-face contact (by number of respondents)

A breakdown of respondents' feelings compared to their amount of face-to-face, phone and social media contact is available in Appendix II.

Responses to *"How do you feel about how much contact you have?"*

Happy

"Happy, very lucky" (80+)

"I consider myself to be very lucky" (65-80)

"Quite happy, however would like to be able to go out in a social setting i.e. swimming and yoga" (65-80)

"At the moment I'm happy as I have a friend/carer who brings me to activities but from mid Feb she will be going to new employment" (80+)

"Interacting with others boost my feelings of wellbeing decreases feelings of depression" (40-60)

Unhappy

"Very unhappy, not enough clubs for the elderly" (65-80)

"Don't feel like interacting, have been down" (19-39)

"Feel tired and ill, I like people to visit me" (40-64)

"I feel that the contact I have with family has decreased simply because some of my family members doesn't live local and some has left the country, so I feel slightly abandoned" (19-39)

"I would like more but my disability prevents me going out as much as I want" (80+)

"No I am not happy, I am getting more angry & miserable" (65-80)

"I'm used to it, however I miss being able to have a good chat with people" (65-80)

"Attending senior citizen centres is too expensive, it is a place I would meet more people in my age group. That would broaden my social contact as currently it is with family and my church" (80+)

"It is not enough, and my children are busy I would like to have a friend" (no age given)

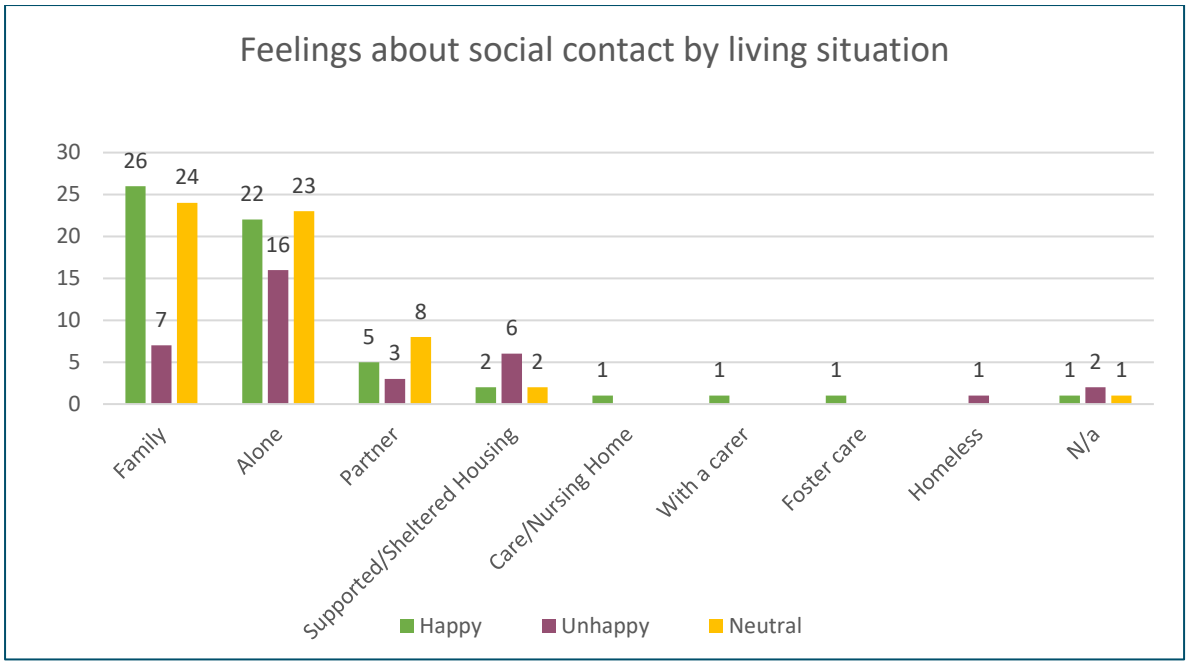
"See one of my daughters a little, but don't have enough contact" (65-80)

"Not much. Feel depressed, it's my situation (homeless)" (40-64)

"Feel alienated, out of place. Like no one wants to communicate" (40-60)

Graph 10 presents respondents' feelings about their social contact examined by their living situation. In existing research, those who live alone are more likely to feel lonely and suffer from isolation[49]. The findings from the questionnaire concur to some extent. Those living alone in our sample were more unhappy compared to those in other situations, such as those living with family. Therefore, continued support for those who do not live with others is needed as they are, arguably, at greater risk of isolation and loneliness.

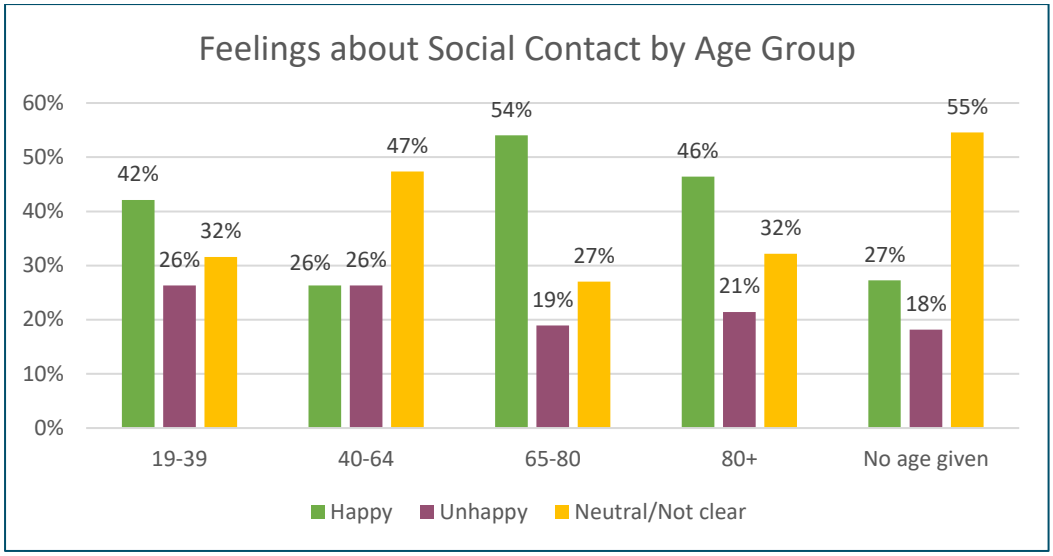
Though it only accounts for a small percentage of the total sample, the spike in negative feelings from those in supported and sheltered housing warrants further research.



Graph 10. Respondents' feelings about amount of social contact by living situation (by number of respondents)

The age group with the most positive comments about their social contact were those aged 65-80; 54% of this age group reported feeling happy with their social contact (as displayed in Graph 11). This is followed by those over 80; 46% of the groups reported to feel happy. Those of working age had the largest percentage of respondents reporting negatively about their social contact; 26% of both the 19-39 and 40-64 age groups reported to be unhappy. This is consistent with the previous finding that more respondents within the working age bracket had limited contact (0-2 days) than those over 64. This is a deviation from the consensus that older people are generally lonelier and unhappy with their social contact, as well as a confirmation that further investigation into the cause of these negative reports in all age groups is necessary.

[49] Holt-Lunstad (2010) Loneliness and Social Isolation as Risk Factors for Mortality: A meta-analytic review

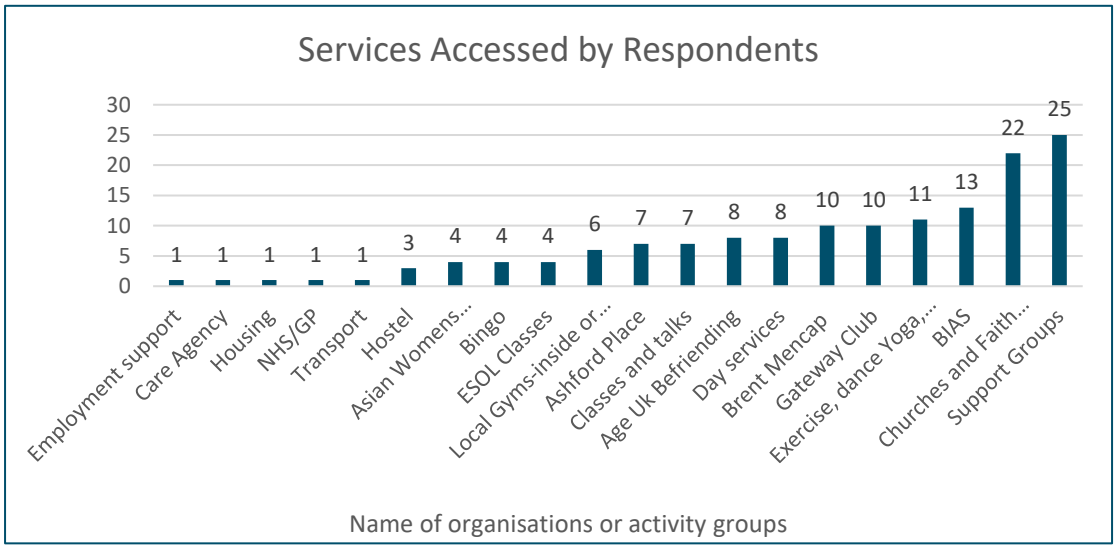


Graph 11. Respondents' feelings about amount of social contact by age group (by percentage of respondents in each age group)

Theme 3: Sectors to work in partnership to meet the needs of the community

In addition to asking respondents about their quantity and quality of social contact, it was important to identify the different services that Brent residents are aware of and currently using. Brent's Health and Wellbeing board has committed to developing a network of activities and support services to tackle social isolation. This section is a partial mapping exercise to contribute to the existing knowledge of such services and identify gaps in the local community. It will identify the ways different types of services help to reduce resident experiences of social isolation and improve both the quantity and quality of social contact.

Brent has a wide range of services and activities offered by both statutory and voluntary services that, directly or indirectly, tackle social isolation. The findings suggest a range of services are accessed, however, there are some improvements to be made. A key task is to ensure that these groups offer support to as many residents as possible. This includes ensuring these services are known to a wide range of partners to facilitate access to the greatest number of people through the widest channels. A key objective of this report was to address the concerns that both residents and service providers were not aware of what is available within the borough. Arguably, the Brent Community Directory, designed to facilitate this, is not adequately addressing the issue.

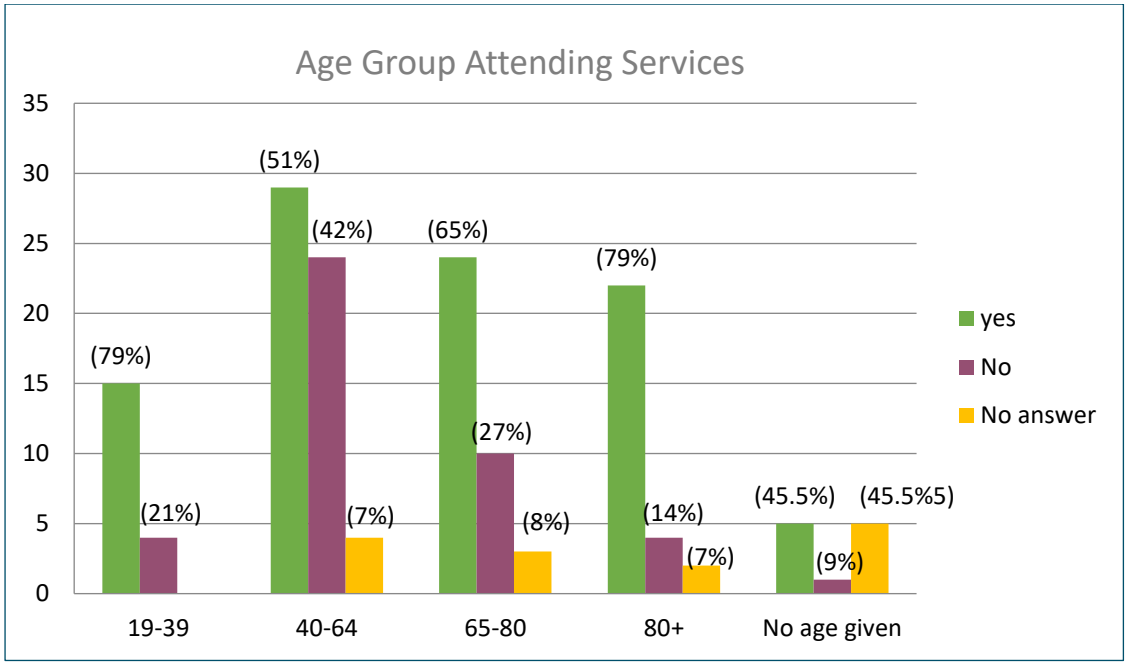


Graph 12. Grouped services that respondents reported to attend (by number of respondents)

The second section of the questionnaire examined the services respondents attend, what they offer and how they benefit residents. A total of 95 respondents (63% of all respondents) reported that they attend services which helped improve or maintain social contact. 147 activities and organisations were identified and grouped into categories presented in Graph 12. The services most frequently referred to were support groups (26% of responses), followed by faith groups (23% of responses). It should be noted that there is some correlation between the responses and the organisations who distributed and supported users' response to the questionnaire.

The main groups accessed by respondents corresponds to previous research undertaken by Healthwatch Brent. We asked 104 people at an Iraqi Welfare event about how they keep well and the health services that they are in contact with. When asked what services help people keep well, family and friends, faith groups, community groups and activities related to self-care such as sport and exercise were mentioned. It is evident, then, that services offering these forms of contact are vital for keeping the community well and, linked to the current findings, preventing social isolation.

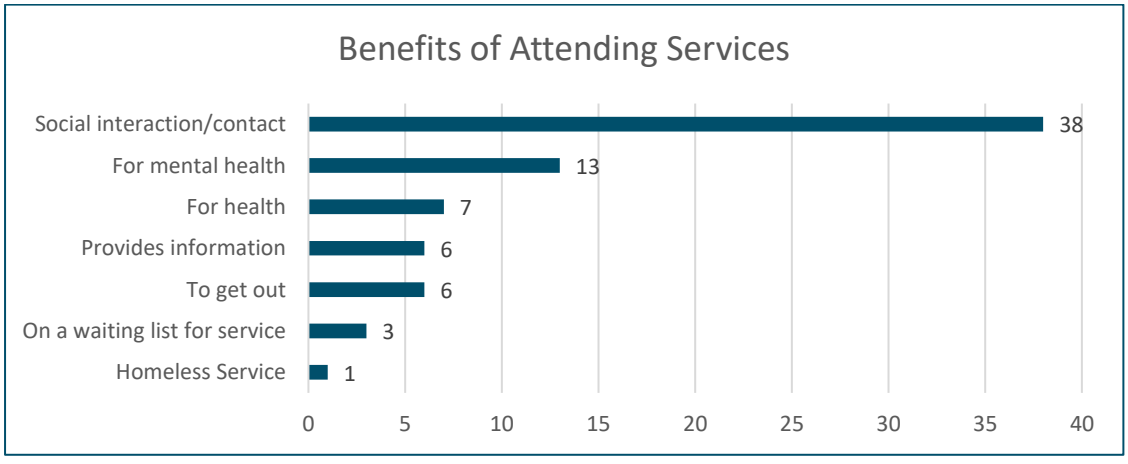
In the current questionnaire, 43 respondents said that they did not attend services. There is a note of caution to highlight for this section as all respondents had completed the questionnaire while attending a voluntary service event or activity. However, the findings are of interest as even those who were attending services stated in the questionnaire that they are not. Arguably, this inconsistency may be a result of those respondents not perceiving the services they attend as a means of increasing social contact (for example, language or exercise classes). Nonetheless, such assumptions cannot be conclusive.



Graph 13. Percentage of each age group who attend services to aid social contact

Graph 13 presents the percentage of each age group who were accessing services. 42% of those aged between 40 and 64 reported to not attend services. While this may suggest they did not perceive the service they were attending as a form of social contact, this group reported a relatively high amount of social contact in person and over the phone, which arguably suggests that they may not have needed to access services to have social contact.

Satisfaction of social contact by those attending services



Graph 14. Ways in which attending services helped respondents (by number of respondents)

The services respondents attended were predominately identified as being effective at creating and maintaining social contact and interactions. This useful finding corroborates with the argument that services are beneficial to promoting social contact, and thus, effective in reducing and preventing social isolation. This

evidence, supported by wider national research, could support commissioners in the setting of KPI's for providers of services.

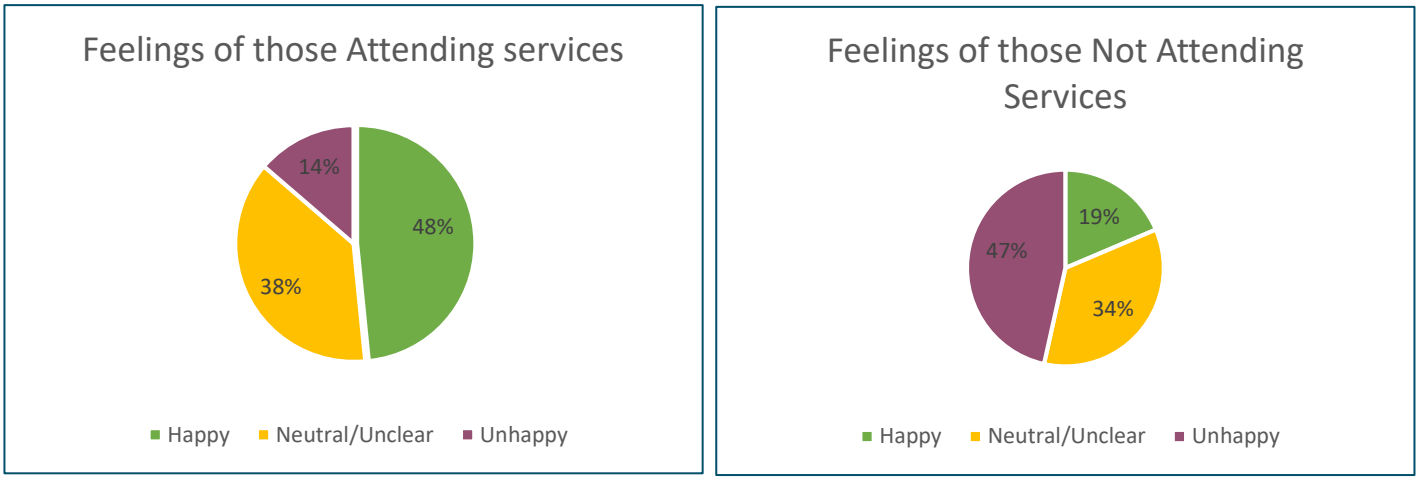


Chart 2. Respondents feelings about the amount of social contact by service response (by percentage of respondents)

There was a positive correlation between attending services and feeling happy among respondents. Approximately half of those who attended services were happy with their social contact (48%). However, 14% were not happy with their contact suggesting that perhaps the services that are currently accessed, while effective for some, are not sufficient in improving and maintaining social contact.

Of those who reported to not access services, only 19% respondents (8 respondents) were happy with their social contact and nearly half (47%) suggested that they were unhappy. It can therefore be inferred that accessing services has a positive impact on people's feelings about their social contact.

Barriers to attending services

It is evident that some respondents were not satisfied with their social contact. It is crucial to understand the reasons behind this dissatisfaction, particularly when services that are aimed to address this are available. One way to do so is to identify the barriers to having more contact. Respondents were asked to tick all the barriers from a list of 18 which applied to them. They were able to choose as many as they wished and /or choose "other" and describe it in their own words.

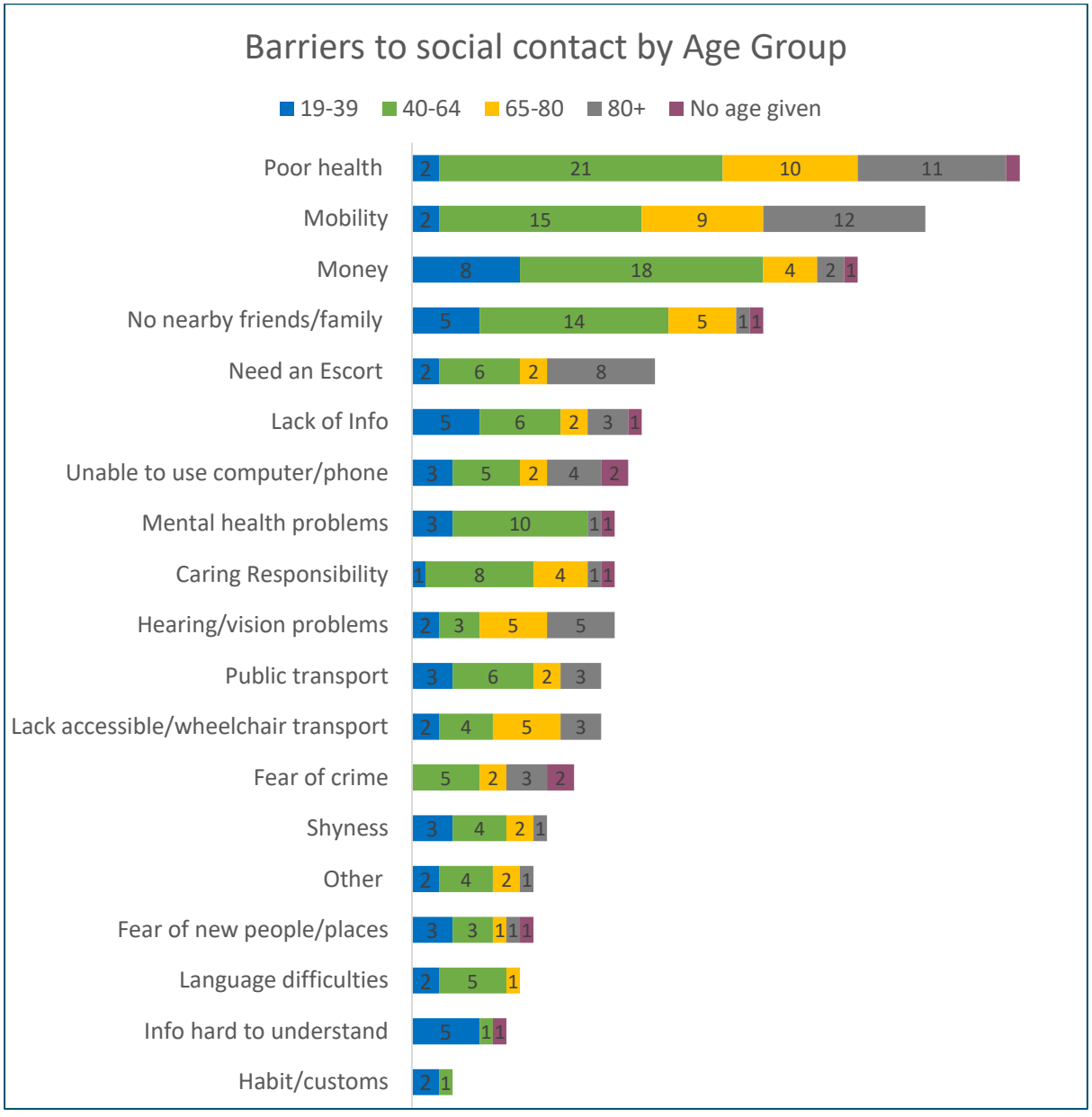
151 people responded to this question with 324 responses, an average of 2.2 responses per person. The findings are presented by age group in Graph 15.

The main barriers to having more social contact were poor health, mobility, money, and no friends or family nearby, constituting 44% of responses.

Another 11% of responses identified needing an escort and public transport as a barrier to having more social contact. 5% of respondents reported that not being able to use a computer or a phone acted as a barrier; a quarter of whom were over

80 years old. This may reinforce the finding of the lower level of contact of email/social media in this age group:

"Poor IT skills to go online, also my smart phone is broken. Also because of my condition it's difficult"



Graph 15. Reported barriers to social contact by age group (by number of respondents)

Respondents identified 9 'other' barriers that were not included in the categories. Some of these include:

"Husband-Domestic violence- sees him rarely"

"My sickness I am a dementia person"

"Homeless"

"Mild Depression"

Some respondents reported to have no barriers to their social contact. Of the 34 who reported this, examples included:

"I'm not very sociable I like being by myself"

Improvements to Services

The respondents were asked about services they had previously attended (whether services had closed down or respondents attending for their own reasons) to identify gaps in service provision. In addition, respondents were asked what improvements to services in Brent they would like to see to help address these gaps.

Respondents reported a sense of loss for services that no longer exist. Over the past 8 years, Brent Council has experienced significant financial constraints due to the reduction of central government funding.

Past Service Access

A total of 74 responses were collected, identifying 62 activities and services. Table 3 presents a summary of the different categories that respondents used to attend.

Type of Past Service/Activity	Responses
Services/ Organisations	42
Activity	16
Support Groups	4

Table 3. The number of services and activities that respondents had previously accessed

Within the services that were reported, respondents may have included services that they no longer attend but still exist (for example, BIAS and Brent Mind). Changes to personal circumstances is noted in wider research as a trigger of social isolation. Within the data, there are some examples where respondents no longer attend services due to a change in life routine, such as "children's school trips" and "English writing lessons, can't get to them now". It is also evident that the closure of services stopped respondents attending them, therefore reducing their social contact. For example, the closure of Wembley St Josephs was mentioned 8 times; "Wembley saint Josephs, closed, great loss, tea dances".

Comments from respondents about accessing services in the past include:

"Care service has been reduced, social outlets for mobility service have been reduced"

"most social clubs have been shut"

"unable to get much now"

"Seamus Moors, Collingdale"

Services identified to improve social contact

Respondents were asked to identify what they would like to see in the local community to improve their social contact.

The majority of responses (49) reported to want more varied activities available, followed by more supported services (12). A breakdown of these grouped services is presented in Table 4. It is evident, from the wealth of services identified in Table 1, that a variety of community resources are available to residents. However, respondents suggested more varied activities would be beneficial. Arguably, this is a reflection not on the amount of services available, but rather, the awareness of what exists locally. Partnered effort among both statutory and voluntary organisations is necessary to raise awareness about the different services and activities available.

Services for more social contact	Responses
Varied Activities	**49**
Social Groups	*16*
Specific activities (e.g. bingo)	*14*
Learning based	*8*
Health based	*7*
Organised trips	*6*
Community based	*3*
Supported Services	**12**
Improved Transport	**8**
Cheaper Activities	**5**
Area Specific Activities	**3**
Improved Advertising	**3**

Table 4. Services and activities identified by respondents that would improve their social contact

Examples of what respondents would like in the community:

"Days out at seaside, outings to the theatre, craft group-sewing, flower arranging, makeup things and being creative"

"More social clubs, leaflets with information time and place"

"More in the Kingsbury area"

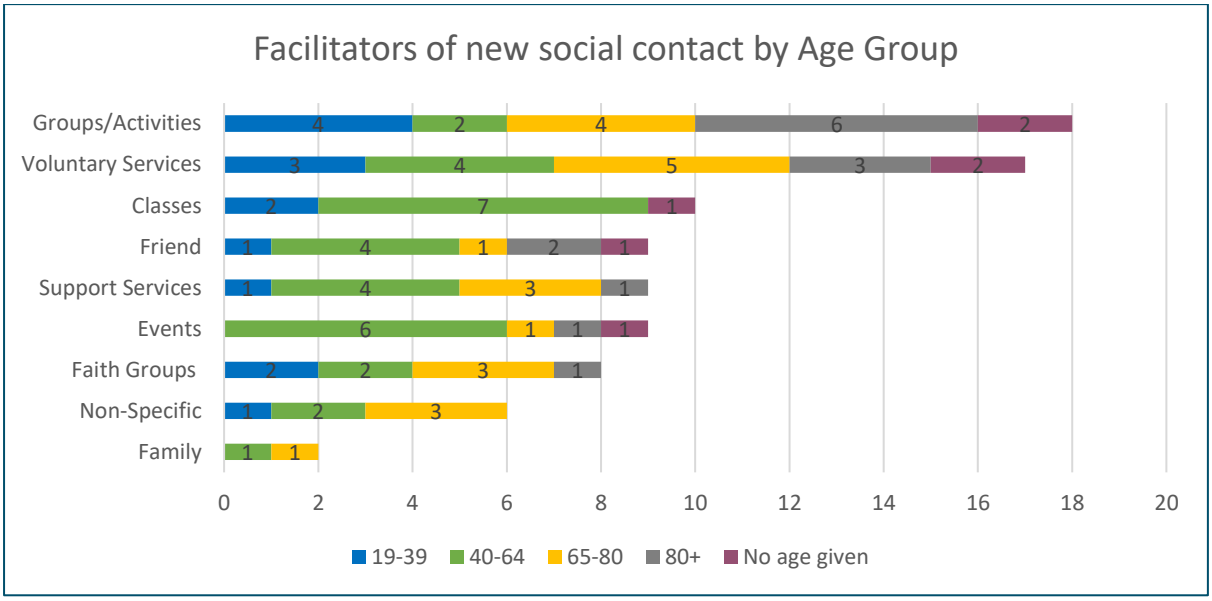
"More community centres where people could meet and have activities and fellowship"

"Dedicated support groups"

"Transport to some of the service/daycentre someone to escort"

Facilitators of new social contact

Thus far, the barriers to social contact, access and improvements to services have been identified. It has predominantly focused on structural barriers respondents may encounter, such as not being able to attend services or services that are no longer operating. Therefore, it is important to identify what motivates Brent residents to have more social contact on an individual level. The questionnaire included a three-part question about an occasion when respondents had tried something, or met someone, new and what helped them to do so.



Graph 16. Facilitators of new contact as reported by respondents (by number of respondents)

Of the 82 respondents who had participated in a new activity or met someone new (54% of the total respondents), most new interactions were with a voluntary group. Whilst family was identified as a key source of social contact for most respondents, it is the voluntary sector that was identified as the main facilitator for new forms of social contact. It is, therefore, concerning that some in the voluntary sector have reported they are not confident about where to signpost people who are at risk of isolation. Evidently, they play an important role in creating social contact.

Examples of new forms of contact include:

"The most recently my computer classes met new people and very happy to learn computer. Feeling thankful"

"I visited a temple in Harlesden, it was a lovely building. It was the first time in a while that I have been out"

"IT Course-new area for her to start, enjoying it enthusiastic about it. Heard about it through Brent carers. They gave details, went to Stonebridge centre to fill out form to register, assessed, had to do English test first. Quite a procedure

to enrol so may need someone to help a person who is confident or unsure of what to do"

46% of respondents reported that they had not tried new activities or met anyone new. There is a need to ensure that awareness is raised not only to maintain social connectedness, but to initiate new contact for people who may want to feel socially included. This can be achieved, in part, by increasing awareness of these services to service users and providers.

"haven't met anyone for a while, would like to meet new people"

"Can't remember meeting anyone new"

"Did not experience that"

"Haven't met new people in a long time"

Voluntary services play a vital role in facilitating social contact. It is particularly important to highlight this role in preventing and reducing isolation in groups where family and friends were not a main source of contact. The majority of referrals to statutory services come through GPs, although recently SIBI has advertised through the voluntary sector. These findings suggest better partnership between the statutory and voluntary sector is required to reach the greatest number of Brent residents with support that works for the community.

CONCLUSIONS

Social isolation has been identified as a public health challenge locally and nationally. The impacts of isolation are detrimental to suffering individuals' mental and physical health, and to the broader health system. Recent reports claim that the physical cost is similar to that of smoking 15 cigarettes a day[50]. Interventions which prevent and reduce social isolation are focused on facilitating and maintaining social contact. In Brent, a wealth of statutory and community resources exist that promote social contact and, thereby, are effective means of preventing social isolation. However, concerns have arisen that these resources, such as the Brent Community Directory and SIBI, are not reaching their potential. Therefore, Healthwatch Brent has examined the landscape of social isolation in the borough to gather a clearer understanding of the scale of need, service provision and gaps and, in addition, what could be done better in the borough from the resident's perspective.

The questionnaire which gathered 152 responses and consultations with statutory partners reveals a complex picture. Capturing the number of socially isolated people in Brent is a challenge. Therefore, the findings of this report offer a snapshot of the landscape while accepting that those suffering severe isolation were unlikely to be included in the sample. Most people who completed the questionnaire had regular contact (3-7 days) each week, with the main source being family members. However, there are variations in type of contact and respondents' satisfaction with their contact. In contrast to public discourse, the age group who reported to have irregular contact most were within working ages (19-64). Those aged over 65, although having regular contact, reported to have the most contact over the phone. Brent's trend of isolation reflects that of recent research whereby younger age groups are increasingly feeling isolated.

Despite most respondents having regular social contact, around a quarter are not satisfied. Certain groups were identified to report feeling unhappy more than others. This included those living alone and in supported/sheltered accommodation, who arguably have less contact with family members which may explain their dissatisfaction. Those in supported/sheltered accommodation, however, consisted only a small percentage of the sample and therefore this group warrants further exploration. In parallel with percentage of 19 to 64-year olds reporting irregular contact, around a quarter of this group reported to be unhappy with their social contact. Those who reported to have irregular contact and those who do not attend activities or community services also were likely to report feeling unhappy with their contact.

The benefits of accessing community resources for improving social contact are clear. However, when examining the barriers to social contact identified in the questionnaire, it is evident that these barriers act as obstacles to accessing community resources too. The main barriers reported included poor health, mobility, and money suggesting that those who already have less social contact are

[50] Campaign to End Loneliness (2018) Hidden Citizens: how can we identify the most lonely older adults

unlikely to attend activities and services for the same reasons. These findings highlight an opportunity to remain mindful of such risk groups when promoting services aimed at tackling social isolation and to ensure that community resources are accessible to all. This does not necessarily entail creating new resources but rather raising awareness for all groups of people (for example, for those who are unable to travel due to health reasons, there are free befriending services offered in Brent).

A further finding of the questionnaire highlights the importance of the voluntary sector in facilitating new activities and relationships. Respondents reported a sense of loss of services in the borough over recent years, which has affected their social contact. Moreover, the consensus among respondents for improving social contact was to have a greater variety of community services. It is evident that community resources have a significant role in reducing social isolation in the borough. However, due to the plethora of services and activities that are available to Brent residents, the need does not lie solely with developing more services to address concerns but rather improving the awareness about the existing services to ensure that the greatest number of people are receiving the support needed to reduce and prevent social isolation.

Brent has a great catalogue of community resources that is currently not being used effectively to address social isolation. Preventing social isolation is achievable through good partnership between statutory and community service providers by ensuring awareness of these resources is increased. Brent CCG have a number of significant priorities and limited commissioning personnel. Brent Council have limited funding and the voluntary sector need access to and cooperation from the statutory panel to fully respond. No one part of the system holds the solution to this issue.

RECOMMENDATIONS

Overall, the findings of this report suggest that there is need for increased awareness and access to the community resources residents have available to them. This can be achieved through integrated working between Brent CCG, Brent Council and Brent's Voluntary Sector to co-create a solution making best use of the existing community resources, both statutory and voluntary.

Healthwatch Brent recommends the following:

1. **Coordinate the roles** of SIBI, Care Coordinators, Care Navigators, Link Workers, Social Prescribers, GPs, Adult Social Care and Mental Health Services to proactively support their clients who are at risk of isolation to access community opportunities to improve their social contact.

    a. Consider the development of a **Wellbeing Hub in Brent** as a continuation of the work conducted by the previous Community Hub at Central Middlesex Hospital. To provide a space where statutory and voluntary partners can coordinate to provide wellbeing, social and emotional support for residents; inclusive of emotional health checks and a co-produced Wellbeing Plan to compliment the offer from SIBI.

2. Service providers and statutory partners to **collaboratively raise awareness** of existing statutory and voluntary resources in Brent.

    a. **Improve the Brent Community Directory** following good practice examples in other locations whereby there are more targeted approaches for searching for services and activities (for example, searching by age group, location, type of service) for easier access to information.

    b. Consider making the **SIBI directory a shared resource** for statutory and voluntary partners to access and signpost residents whilst continuing the personalised and supported use offered through SIBI. Potential partners who could benefit from a shared directory include Care Navigators, Link Workers, GP staff, local voluntary sector groups who engage with groups at risk of isolation.

    c. **Increase advertising for services and for directories** for residents to signpost themselves to activities promoting social contact. Advertising could be considered in GP surgeries, pharmacies, cafés for example to encourage people not in contact with services to attend, particularly groups at risk of social isolation such as residents with poor health and young adults (19-35).

    d. **Develop good practice standards in community groups** in identifying residents at risk, supporting and raising awareness through harnessing the skills of Together in Brent and the Campaign to End Loneliness frameworks.

3. **Address barriers to social contact** that residents experience (poor health, mobility, money) through raising awareness of the existing services in Brent that offer accessibility support and actively promote different means of social contact (online and by phone) for those who health conditions are deteriorating to help ensure they continue social contacts when they are less mobile. Furthermore, commissioners and voluntary partners to remain mindful of these, and other potential barriers, when developing new services and activities to not exclude groups of residents.

4. Brent CCG and Brent Council to support the community **through locally based solutions by co-funding long-term projects** such as 'Brent Jo Cox Great Get Together Day' to welcome and retain residents in need to services. The voluntary sector to consider seeking other funding sources and coordinate this work in partnership with statutory partners.

5. Commissioners to hold open discussions through the **Integrated Care Partnership Board** and relevant working groups or the Health and Care Transformation Programme as a forum for progressing collaboration for genuine partnership between statutory and voluntary sectors. Use this forum to measure performance, reflect on the benefits inherent to social contact to improve the general wellbeing of their beneficiaries and the opportunities offered through the new Link Workers/Social Prescriber role.

6. In light of the rise in respondents living in **supported and sheltered housing** reporting dissatisfaction with their social contact, **increased support** to encourage these residents to engage with community services to improve their feelings of social inclusion is recommended.

    a. Further examination into the relationship between tenancy status and social isolation would be advantageous.

7. Following progress on these recommendations, **gap analysis and market shaping** would be more feasible.

APPENDICES

Appendix I.

Social Contact Questionnaire 2019

Healthwatch Brent have asked Together in Brent (a coalition of Brent Charities) to find out how Brent people feel about the social contact they have-e.g. who they see or talk to, what activities they take part in, what helps or stops them taking part. Your answers are confidential and will be combined with other peoples' answers to develop a report. It might include some of your comments. We won't share your personal data. We won't ring you about this survey.

How old are you?..... What is your post-code in Brent? .....

1. **Do you live:**

☐ Alone ☐ With a partner

☐ With family ☐ In Supported/ Sheltered Housing

☐ In a care/nursing home ☐ Somewhere else? .....

☐ I'm homeless or don't live in one place

2. **Who do you have the most social contact with (tick all that apply)**

☐ Husband/wife/partner ☐ Unpaid carers

☐ Children/parents ☐ Other family members

☐ Neighbours ☐ Friends/people you share interests with

☐ GP practice staff or NHS staff ☐ People you work/ study/ volunteer with

☐ Shop/post office/ bank staff ☐ Local community staff/ Faith groups

☐ Advice services or foodbanks

☐ Paid workers/carers who come to your home

☐ Housing association/ sheltered scheme staff/ managers

☐ Others-please specify here .....

☐ I don't have any social contact at all

3. **I have contact with friends, family, neighbours or other people important to me either in person, over the telephone, email or social media:**

	A lot (5 to 7 days a week)	**Occasionally** (3 to 4 days)	**Little** (1 to 2 days)	**Rarely** (1 or less days)
In person	☐	☐	☐	☐
Over telephone	☐	☐	☐	☐
Over email/social media	☐	☐	☐	☐

4. **How do you feel about how much social contact you have?**

.....

.....

.....

5. **What things make it difficult for you to have social contact with others? (Tick all that apply)**

☐ Poor health

☐ Money

☐ Lack of information about what's on

☐ No family/friends nearby

☐ Shyness

☐ Fear of new places or people

☐ Language difficulties

☐ Habit/custom

☐ Mobility

☐ Need an escort

☐ Hearing or vision problems

☐ Caring responsibilities

☐ Fear of crime

☐ Public transport

☐ Information is hard to understand

☐ Unable to use computer or phone

☐ Lack of accessible/wheelchair transport ☐ Mental Health problems

☐ Other (please tell us below)

.....

6. **What would help you to have more social contact?**

.....

.....

.....

7. **Do you take part in groups or other services in the community that give you social contact or help you feel more included?**

☐ Yes ☐ No

8. **What type of groups/services are they? How do they help you and others have more social contact or feel more included?**

Name of Organisation/ Location	What it offers	How does it help?

9. **Have you used services or attended groups in the past (that may no longer exist) that helped you and others have more social contact or feel more included** If yes, what were they and how did they help?

.....

.....

.....

10. **What other services or groups in the community do you think would help people have more social contact?**

.....

.....

.....

11. **Can you tell us about a time recently when you met new people or did something new. What made that possible?**

.....

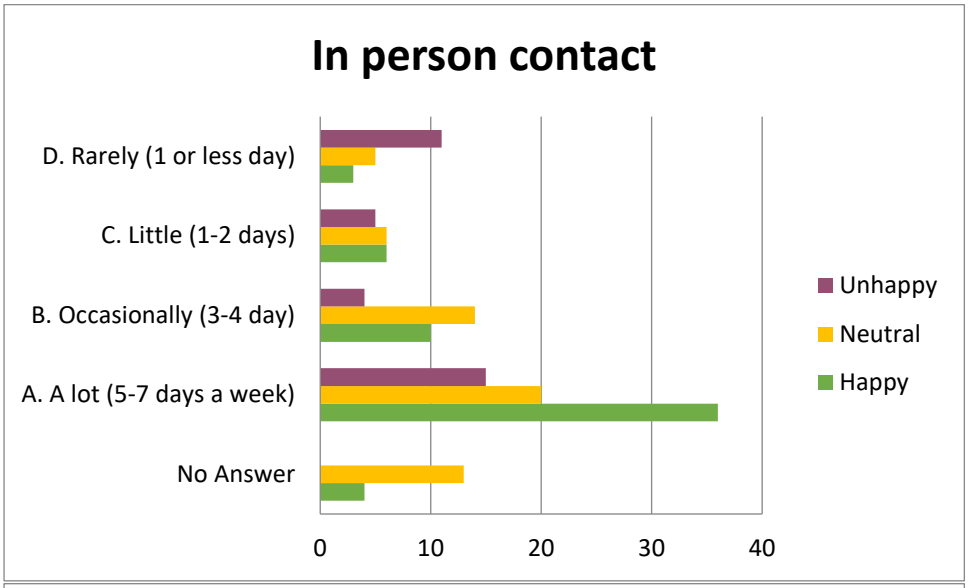
.....

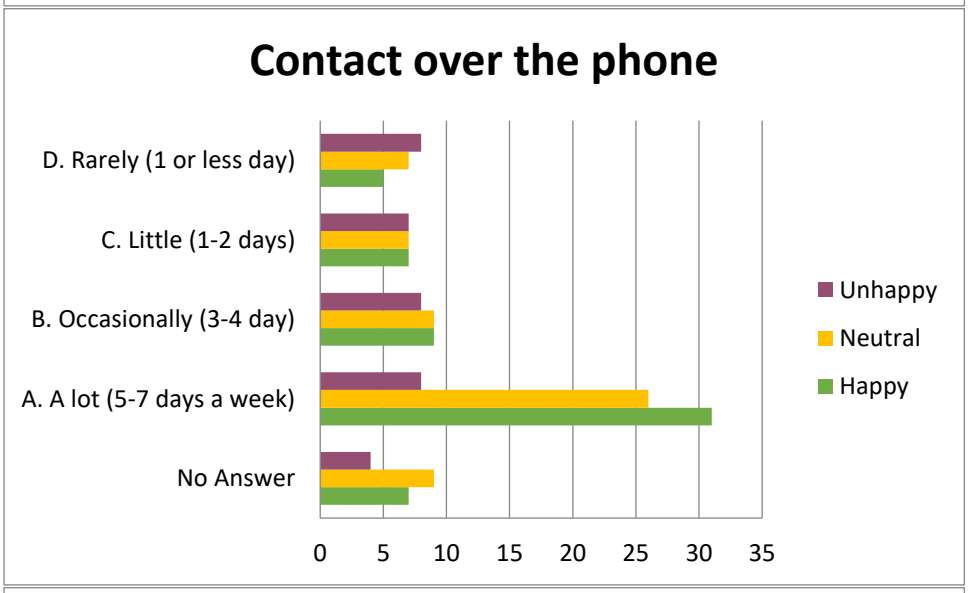
.....

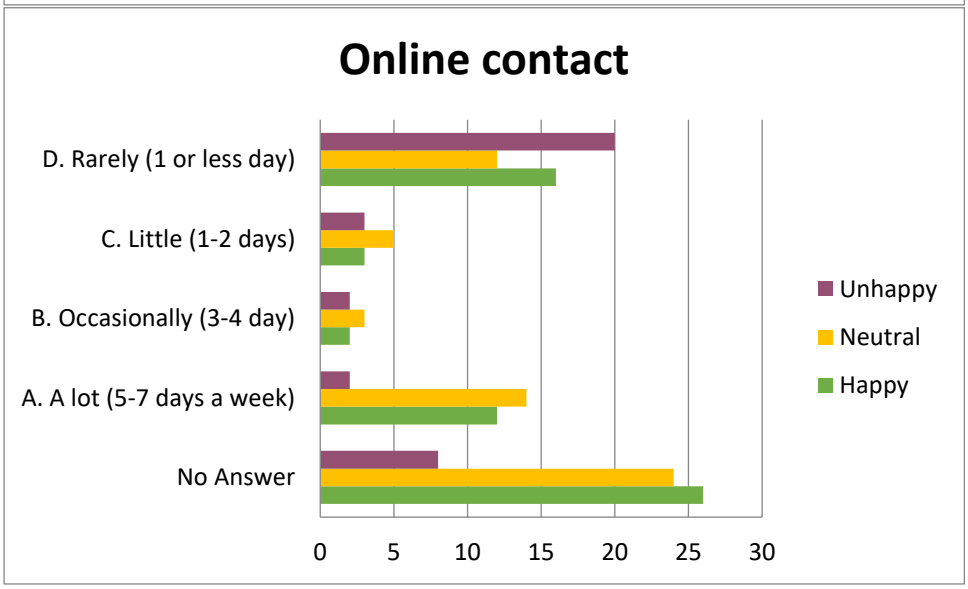
Thank you for your time. We will put all the responses together and produce a report with them. The report will help Healthwatch Brent tell Brent Council and Brent NHS services what local people's views are about social isolation and staying well in the community.

You can find out more about Healthwatch Brent at www.healthwatchbrent.co.uk

Appendix II.


In person contact
D. Rarely (1 or less day)
C. Little (1-2 days)
B. Occasionally (3-4 day)
A. A lot (5-7 days a week)
No Answer
0
10
20
30
40
Unhappy
Neutral
Happy


Contact over the phone
D. Rarely (1 or less day)
C. Little (1-2 days)
B. Occasionally (3-4 day)
A. A lot (5-7 days a week)
No Answer
0
5
10
15
20
25
30
35
Unhappy
Neutral
Happy


Online contact
D. Rarely (1 or less day)
C. Little (1-2 days)
B. Occasionally (3-4 day)
A. A lot (5-7 days a week)
No Answer
0
5
10
15
20
25
30
Unhappy
Neutral
Happy

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Brent NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 10 February 2020 **Report from the Director of Public Health**

Revision of the Brent Pharmaceutical Needs Assessment

Wards Affected:	ALL
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	Appendix 1 - Brent Pharmaceutical Needs Assessment Steering Group Terms of reference
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Dr Melanie Smith Director of Public Health Melanie.Smith@brent.gov.uk

1.0 Summary

1.1 S128A National Health Service Act 2006, amended by s206 Health and Social Care Act 2012 conferred the duty for publishing, and keeping up to date, a statement of the population needs for pharmaceutical services in their area, referred to as a Pharmaceutical Needs Assessment (PNA) onto Health and WellBeing Boards. The Brent Health and Wellbeing Board published its first PNA in March 2015 in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (the Regulations). The Regulations stipulate that HWBs need to publish a revised assessment within three years. The first revision of the Brent PNA was published in 2018. A further revision will need to be made during 2020 for publication by 1st April 2021.

This paper proposes how this responsibility should be discharged.

2.0 Recommendations

2.1 The Board is asked to

- Agree the establishment of a task and finish PNA Steering Group

- Agree the terms of reference for this PNA Steering Group which form appendix 1 to this report.

- Delegate to the PNA Steering Group the task of overseeing the conduct, consultation and publication of the revised Brent PNA.

3.0 Detail

3.1 PNAs are used by the NHS to make decisions on which NHS funded pharmaceutical services need to be provided by local community pharmacies. PNAs are also used in decisions as to whether new pharmacies are needed in response to applications by businesses.

3.2 The Health and Social Care Act 2012 transferred the responsibility for producing, consulting on and publishing PNAs from PCTs to Health and Wellbeing Boards

3.3 NHS England has the responsibility to commission pharmaceutical services. The responsibility for using PNAs as the basis for making decisions about applications to provide pharmaceutical services transferred from PCTs to NHS England under the Health and Social Care Act 2012.

3.4 The development and updating of PNAs is subject to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/ ("the Regulations").

3.5 The existing PNA for Brent (available on the Council website https://www.brent.gov.uk/your-council/partnerships/health-and-wellbeing-board/) was published by the HWB in 2018. This has been kept updated by the publication of supplementary statements as changes have been made to pharmacies within Brent. The Regulations require that the Health and Wellbeing Board publish revisions to the PNA within three years.

3.6 Section 8 of the Regulations requires consultation with specific organisations and groups allowing them a minimum of 60 days for making their response to the consultation.

3.7 In order to revise the PNA and publish the same, it is recommended that a Steering Group is established which will oversee the production, consultation and subsequent publication of the PNA. The proposed terms of reference are appended to this paper.

3.8 As for the previous revision of the PNA, Brent Public Health will commission technical pharmaceutical support to undertake the revision and to maintain the PNA thereafter.

4.0 Financial Implications

The commissioning of technical support for the PNA will be funded from the Council's public health grant.

5.0 Legal Implications

5.1 The Health and Social Care Act 2012 established HWBs. The Act also amends s128 National Health Service Act 2006 transferring responsibility to develop and update PNAs from PCTs to HWBs.

128A Pharmaceutical needs assessments

(1) Each Health and Well-being Board must in accordance with regulations--

(a) assess needs for pharmaceutical services in its area, and

(b) publish a statement of its first assessment and of any revised assessment.

(2) The regulations must make provision--

(a) as to information which must be contained in a statement;

(b) as to the extent to which an assessment must take account of likely future needs;

(c) specifying the date by which a Health and Well-being Board must publish the statement of its first assessment;

(d) as to the circumstances in which a Health and Well-being Board must make a new assessment.

(3) The regulations may in particular make provision--

(a) as to the pharmaceutical services to which an assessment must relate;

(b) requiring a Health and Well-being Board to consult specified persons about specified matters when making an assessment;

(c) as to the manner in which an assessment is to be made;

(d) as to matters to which a Health and Well-being Board must have regard when making an assessment.

5.2 Regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements for PNAs.

5.3 Specifically Regulations 5 and 6 cover the date by which the HWB's first PNA must be published and the arrangements for revising the PNA. The local authority must ensure the PNA Steering Group and those it reports to are aware of and adhere to the requirements.

6.0 Equality Implications

6.1 The Council is required under section 149 of the Equality Act 2010 when exercising its functions, to have due regard to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act, to advance equality of opportunity and to foster good relations between those who have a protected characteristic and those who do not share that protected characteristic. This is the Public Sector Equality Duty (PSED). The protected characteristics covered under the Act are age, disability, gender, gender reassignment, marriage and civil partnership (only in respect of eliminating unlawful discrimination) pregnancy, maternity, race (this includes ethnic or national origins), religion or belief (this includes lack of belief) and sexual orientation. Due regard means giving relevant and proportionate consideration to the duty, in that whenever significant decisions are being made or policies developed consideration must be given to the impact/affect that implementing a particular policy or decision will have in relation to equality before making that decision.

6.2 Brent is one of the most diverse boroughs in London and in the UK. Evidence suggest that there is strong correlation between health inequalities and the levels of diversity in the population. For example, certain ethnic minority communities are exposed to a range of health challenges, from low birth weight and infant mortality through to higher incidence of long-term limiting illnesses such as diabetes and cardio vascular disease. Brent pharmaceutical services need to reflect the needs of the borough's diverse communities while providing a broad range of services to the entire population.

6.3 When conducting the Pharmaceutical Needs Assessment (PNA) review, the PNA Steering Group must pay due regard to the PSED and all relevant protected characteristics, including socio-economic groups. The consultation process must be accessible to all, particularly to the most vulnerable groups such as but not limited to: older residents, people with disabilities (incl those with learning disabilities, mental health needs, sigh and/or hearing impairments, etc.), LGBT communities, residents whose first language is not English.

7.0 Staffing/Accommodation Implications (if appropriate)

7.1 See paragraph 3.7 for details

Report sign off:

Dr Melanie Smith
Director of Public Health

Appendix 1.

Brent Pharmaceutical Needs Assessment Steering Group
Terms of reference

Purpose

To direct and oversee the production of and consultation on a revision of the Brent Pharmaceutical Needs Assessment (PNA), on behalf of the Health and Wellbeing Board, in order the revised PNA to be published by 01 April 2021

Context

If a person wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by the NHS Commissioning Board, now known as NHS England. This is commonly known as the NHS "market entry" system.

Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations ("the 2013 Regulations"), a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA.

The Health and Social Care Act 2012 established HWBs. The Act also transferred responsibility to develop and update PNAs from PCTs to HWBs. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 01 April 2013.

The NHS Act 2006 (the "2006" Act), amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health (DH) powers to make Regulations.

128A Pharmaceutical needs assessments

(1) Each Health and Wellbeing Board must in accordance with regulations:

(a) assess needs for pharmaceutical services in its area, and

(b) publish a statement of its first assessment and of any revised assessment.

(2) The regulations must make provision:

(a) as to information which must be contained in a statement;

(b) as to the extent to which an assessment must take account of likely future needs;

(c) specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment;

(d) as to the circumstances in which a Health and Wellbeing Board must make a new assessment.

(3) The regulations may in particular make provision:

(a) as to the pharmaceutical services to which an assessment must relate;

(b) requiring a Health and Wellbeing Board to consult specified persons about specified matters when making an assessment;

(c) as to the manner in which an assessment is to be made;

(d) as to matters to which a Health and Wellbeing Board must have regard when making an assessment.

Responsibilities

- The Steering Group will oversee the production of a revision of the Brent PNA in accordance with the 2013 Regulations.

- The Group will ensure that the PNA is of high quality, specifically it will ensure that the PNA:

o includes pharmacies and the services they already provide. These will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
o looks at other services, and services available in neighbouring HWB areas that might affect the need for services in its own area.
o examines the demographics of Brent's population, across the area and in different localities, and their needs.
o looks at whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs.
o contains relevant maps relating to the area and its pharmacies.
o is aligned with other plans for local health and social care, including the Joint Strategic Needs Assessment (JSNA).

- The Group will ensure consultation in accordance with the Regulations

- The Group will ensure the timely publication of the revision of the PNA.

Membership

Consultant in Public Health: Chair
Brent Council analyst
LPC nominee(s)
CCG nominee(s): medicines management, primary care, consultation / engagement
Healthwatch representative
NHS E representative: to be invited
As required: Equalities Officer

Brent / NHS Brent Clinical Commissioning Group	**Health and Wellbeing Board** 10 February 2020
	Report from Phil Porter, Strategic Director, CWB and Mark Bird, Chair, Care Home Forum

Health and Social Care Collaboration with nursing and residential homes in Brent

Wards Affected:	All
Key or Non-Key Decision:	N/A
Open or Part/Fully Exempt: (If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)	Open
No. of Appendices:	None
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Tom Shakespeare, Director of Integrated Care, tom.shakespeare@brent.gov.uk

1.0 Purpose of the Report

1.1 The report sets out the shift in approach to working with care homes across health and social care, in particular the focus on care homes and registered managers as system leaders and partners. It highlights the how commissioners and care homes are working in partnership together to deliver improved outcomes for Brent residents.

1.2 It also sets out frontline practice changes in a summary of key projects and initiatives and progress to date as well as providing evidence of system performance improvements against key metrics of care homes in Brent.

2.0 Recommendation(s)

2.1 For the Board to:

- note the improvement in joint working with care homes in Brent, supported by key performance indicators
- make recommendations, comments on future work priorities and support for the work continuing.

3.0 Summary of joint work with care homes in Brent

3.1 Brent CCG and Council have for many years worked, albeit separately, with care homes in the borough. The clear driver for this work has been a recognition of the mutual interests of sustainability and in the quality of care provided for Brent residents.

3.2 Following the creation of the national Better Care Fund in 2013, Brent CCG and council established a joint transformation team, with a shared budget, to deliver on a range of joint priorities, including support to care homes

3.3 In 2016, following the publication of the NW London Sustainability and Transformation Plan (STP) in 2016, Brent Health and Wellbeing Board published its own Health and Wellbeing plan which set out a shared vision and programme of programme of support to care homes in Brent. This work has focussed on a range of activities, in part driven by national priorities and regional interventions entitled 'Enhanced Health in Care Homes'. These 'interventions' have aimed to support care homes to deliver on their vital role in improving the quality of care and importantly, whilst working with the system to manage both financial and activity pressures on the health and care system.

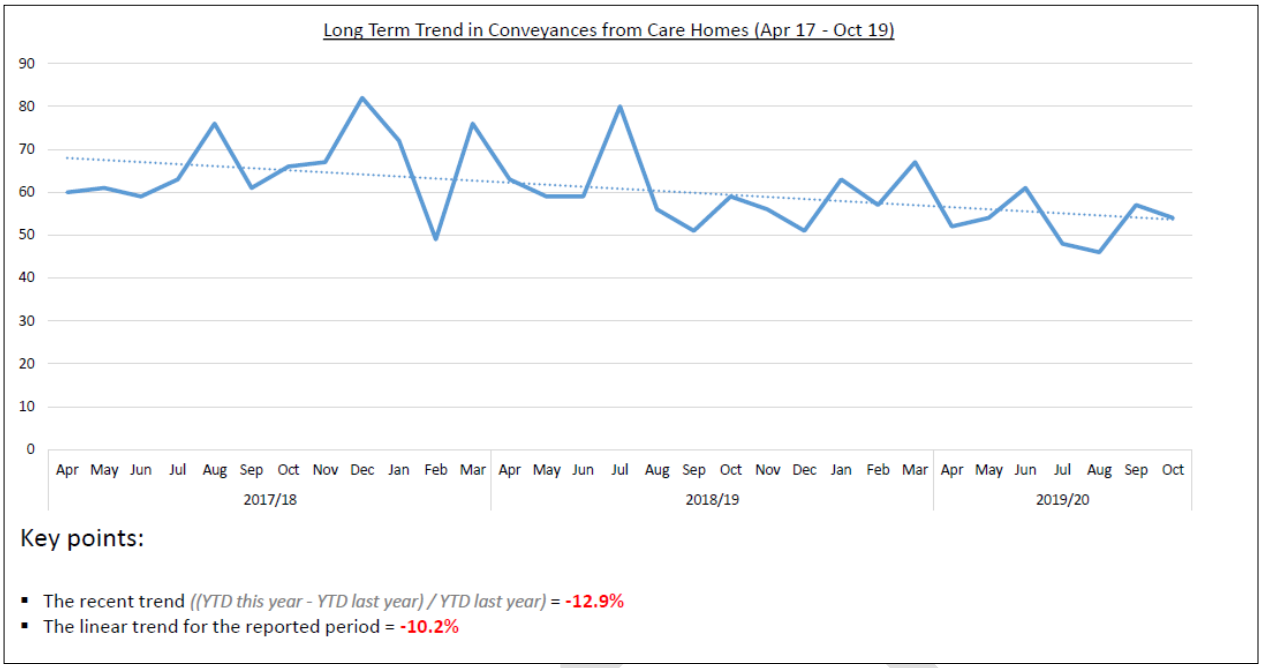
3.4 This work has had some successes, but as was reported in a report to the Health and Wellbeing Board in 2018, fell short in delivering at the scale and pace which could otherwise be possible. The mixed successes were at least in part due to two key reasons:
- The national and regional nature of some of the initiatives
- A sense, from care homes in particular, that these interventions were being imposed on them, without due thought to the practical challenges and understanding of the wider demands on them

3.5 In August 2018, an independent chair was appointed as the Care Home Forum chair, and a thorough review of the priorities was undertaken with homes and agreed in January 2019. These priorities were purposefully focussed on areas of clear mutual interest, and in recognition of the particular circumstances of the care home market and population of Brent.

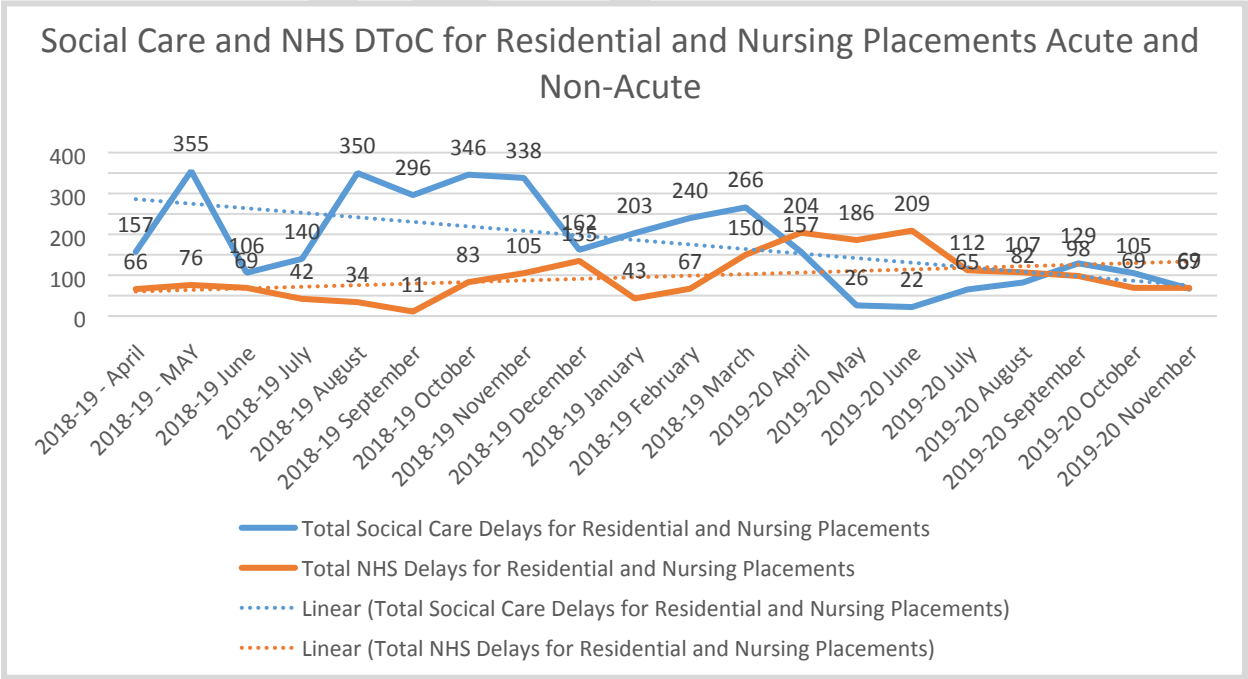
3.6 This new approach, having ben operational now for a year, has already started to yield significant improvements, not only in the key system performance information outlined in section 4, but also in the new support and care available to people in care homes outlined in section 5. This new approach has also yielded a number of other benefits including increased trust, shared understanding, improved engagement (as evidenced by attendance at meetings and engagement in events) and a genuine willingness to try new and innovative things which would have otherwise fallen at the first hurdle.

4.0 Key performance indicators

4.1 **Ambulance conveyances to hospital** - The latest data suggests that the number of London Ambulance call-outs to care homes resulting in transfers to hospital has bucked the trend for NW London, with a 13% average decrease over the recent period compared to the same period last year. This indicates more people being cared for in the community, and reduced pressure on the hospital. This also compares to an increase of the same metric in neighbouring boroughs - Ealing and Harrow.



4.2 **Delayed transfers of care from hospital** - Since April 2018, delayed transfers (DTOC) due to nursing and residential homes has fallen by approximately 75% on average for adult social care. Over the same period there has been an increase in NHS delays, but since the introduction of the discharge to assess pathway in September 2019, this has also begun to reduce (See section 4). The impact of this is to ensure people are cared for in a community setting, freeing up bed capacity in hospitals to care for patients with higher acuity needs.



4.3 **Care Quality Commission (CQC) ratings** – The quality of care provision in Brent's residential homes (as reviewed by the CQC) continues to remain in the top quartile for London, and although there is a time lag for CQC ratings due to the infrequency of inspections, indications are that the quality of

nursing care is also improving, with one home (Birchwood Grange) having recently been categorised as 'outstanding'.

5.0 Summary of key initiatives/changes contributing to joint system working

5.1 *Paradigm shift towards care homes as system leaders*

5.1.1 **The Care Home Forum** was re-established with provider chair (Mark Bird, Birchwood Grange Care Home) in September 2018, with a re-focussed agenda based on delivery and joint ownership of shared system priorities. Initially focussed on the largest 21 care homes, the Forum has now been opened up to all 45 homes. The Forum and the ways of working exemplified at the Forum have been absolutely paramount to the improvements made over the past 12-18 months. These improvements are not only evidenced by the performance data, the quality of care resulting from improved services, but also attendance and feedback at meetings, engagement and responsiveness of homes and the dialogue between commissioners and providers. There are a number of key factors that have reinforced the paradigm shift towards care homes as system leaders:

a) The role of the **Care Home Forum Chair**, who has not only been directly involved in setting the agenda and focus of meetings, but also working behind the scenes to engage home managers and ensure that he was representing the whole sector in Brent. As a result of this approach, the Chair has been involved directly in resetting the shared priorities, re-commissioning and designing new services, working directly with commissioners from the outset. An example of this has been in the design and successful implementation of a new GP enhanced service for care homes, which may not have been as well received had there not been direct involvement from care homes
b) The critical support of the Health and Care Transformation Team, with a **dedicated programme manager** working closely with the Chair to develop and deliver the shared agenda and programme manage and report on performance of initiatives
c) A **governance structure** across health and social care (through the Integrated Commissioning and Market Management programme board) that provided an explicit link for the care home leadership into the wider strategic decision making of commissioners. This includes a role for the Forum Chair on the Health and Wellbeing Board, where the work of the Forum was both signed off and regularly reported.
d) An **openness** about the challenges and issues faced by both commissioners and care homes, and a willingness to identify innovative solutions that work for both parties. An example of this was around the development of a 'Placement Premium' initiative. This came about following national guidance to create 'Trusted assessors' to speed up discharges from hospital. This initiative was resisted by care homes, and a new incentive based mechanism was developed that reimbursed homes to speed up assessments by providing capacity for homes to back-fill staff. Another example has been a willingness of care homes to openly raise risks, and to address these directly as a system before they become safeguarding or wider strategic issues.
e) A **shared approach to monitoring performance**, including regular report on key metrics shared with care homes to hold the system as a

whole to account, and look at changes or interventions that would help to drive further improvements.

5.2 Improving quality of care in care homes

5.2.1 **Enhanced GP service for care homes** - Following end of previous enhanced GP service, a new service was developed and implemented aligned to the Integrated Care Partnership (ICP) initially for 14 Care Homes which accommodate for 20 or more Older Adults who are registered with Brent GPs, within these there is a potential of 899 residents (700 Nursing, 199 Residential). Weekly proactive ward round and single point of access. Phase 1 started on 18.11.19 to support initial nine homes, and this is now being expanded to all fourteen homes. The service was co-designed with care homes, to enable the service to focus support where it was needed, and to ensure the right level of professional support. The new service was delivered with support from the care homes, and at a significantly reduced cost compared to the previous service, given the financial pressures facing the CCG.

5.2.2 **Dementia support** – there are three elements to the dementia support to care homes in 2019/20:

a) Dementia awareness - Dementia awareness - An information session provided at care homes in Brent for Residents, Family members and staff with input from Brent Council Public Health, Adult Social Care, and representatives from Ashford Place, and Brent Carers Centre. These have been well received from residents and staff and particularly by the family members/carers of residents at the homes. This was to expand the awareness of Dementia into the care home market with awareness of what support is available.
b) Quality of dementia care in care homes - Workshop for Dementia care providers which demonstrates good practice in dementia care being developed and led by the Memory Service at CNWL who have previously delivered well received training. Networking/Peer led learning session aimed to share good practice and knowledge. Groups have been established based on perceived ability to ensure mixed knowledge at each session. A third and final workshop will be held for care homes to provide feedback on what they have managed to implement.
c) Dementia in-reach service – A new pilot service which delivers person centred Dementia in reach support to those in care homes with behavioural and psychological symptoms of Dementia, to reduce prescribing of anti-psychotic drugs through non-pharmaceutical interventions from CNWL. Service now being mobilised, recruitment etc. The impact of this is to reduce long term needs or escalation, speed up hospital discharge and reduce admissions to hospital. Plan to go live from April 2020

5.2.3 **Dentistry support** – In June 2019, the Care Quality Commission, the regulator of all care homes in England published their report, titled ‘Smiling Matters” on oral health in care homes. Amongst their recommendations were for all care staff to be trained in mouthcare, dental care reporting to be included in resident notes and preadmission, all residents to have an identified dental practitioner,

and ensuring appropriate resources and prevention. The CQC has also added a number of dental items to their inspection protocol.

5.2.4 However, no national programme for oral care in care homes exists in England. In Scotland in 2010, 'Caring for Smiles', an evidence-based educational resource for oral health staff delivering training to residential care home staff, was published. NHS Health Scotland and Scotland's National Older People's Oral Health Improvement Group (NOPOHIG) developed this under national directive. 'Caring for Smiles' was developed in response to the increasingly dentate care home population and the specific challenges faced by care staff supporting these residents: although care staff are tasked with delivering daily oral hygiene care for dependent residents, it was felt that they often have very little knowledge or practical skills in this area, and therefore tailored, evidence-based resources to promote best practice in oral health care would be highly valuable. The guide covers core oral health knowledge specific to older people, such as overcoming barriers in providing oral care, the need for a practical sessions demonstrating techniques, and managing dementia and care-resistant behaviour.

5.2.5 The recent development of these policies and programmes demonstrates the increasing emphasis of the need for good oral care in care homes. However, further piloting of training and care pathways is required to gain local understanding of the challenges and benefits of any programme before implementation.

5.2.6 A Pilot Oral Health Improvement Programme for Care Homes in Brent started in October 2019 for a year. Three care homes have agreed to participate, who are Birchwood Grange, Victoria Care Home and Riverview Lodge. The aim of this project is to develop, pilot and evaluate an oral health training programme and care pathway to improve the oral health status and access of residents in care homes. There are a number of key objectives:

a) Undertake a baseline questionnaire survey of homes to collect data on their oral health policy and care plans, access to dental services, training gaps and barriers to oral care
b) Implement and evaluate a training and prevention package for care home staff
c) Implement a care pathway including primary care and community dental services.
d) Evaluate the effectiveness of the overall programme and component parts

So far training has been delivered in 2 of the three nursing homes.

5.2.7 **MOTITEK bikes** – a pilot has been delivered to test the use of fixed bikes to support wellbeing for residents in Brent, and an opportunity for family engagement. A number of homes are looking to rollout the bikes in their homes through 2020-21

5.2.8 **Medicines optimisation** - Care home residents are at high risk from medication related harm as they are generally older and frailer than the general population; they also usually take more medicines and are more susceptible to adverse events due to changes in pharmacodynamics. Many of the medicines

prescribed may be inappropriate and potentially harmful which prompts the need for regular reviews.

5.2.9 Brent CCG Medicines Optimisation Team, Care Home Pharmacist has been supporting the care homes in Brent since 2014. The programme of work includes conducting structured medication reviews, conducting audits in care homes, developing and implementing good practice guidance and providing medicines management training to support care homes comply with CQC standards. The care home pharmacist has been integrated into the MDT, and has worked closely with the local GP networks delivering the GP enhanced health into care homes scheme and the palliative care team.

5.2.10 The Care home pharmacist interventions have made a positive impact on the care homes where the medicines management service has been provided. A number of quality and safety issues have identified within the homes which have been visited. From December 2018 to January 2020, a total of 456 resident medication reviews have been conducted by the care home pharmacist across 10 care homes which have resulted in an estimated annualised savings of £59K from stopping medicines which were inappropriate or unnecessary.

5.2.11 Following a training need analysis conducted in 2015 by LBB, Brent CCG and Care Homes, a programme of educational workshops have been provided to the care home staff. The key aims were to support and develop the care home workforce focused on improving care provision to care home residents and staff recruitment and retention.

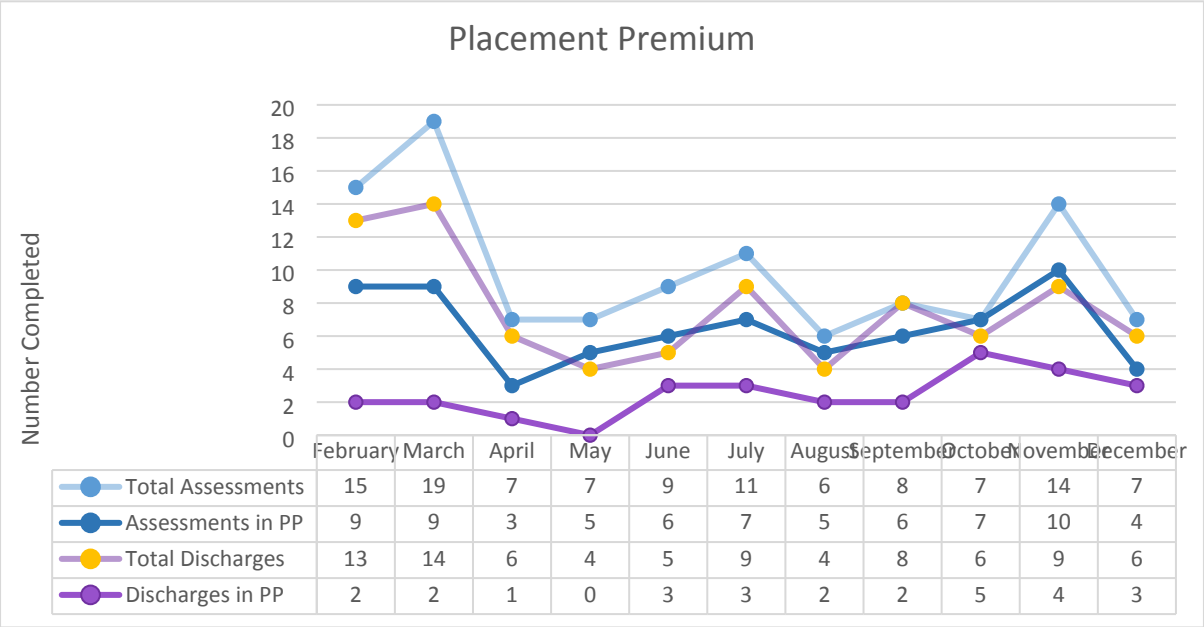
5.2.12 To date workshops have been delivered on Safe Handling of Medicines, Effective Care Planning, Advanced Care Planning, Bladder and Bowel Management, Managing Challenging Behaviours, Diabetes Management, Falls Management and Prevention and Management of Pressure Ulcers. The workshops have been well received by care home staff, with 30-40 attendees, representing 10-14 care homes. The workshops have been delivered by local practitioners providing care home staff with a point of contact to support managing their residents within the care home setting.

5.2.13 **Quality monitoring** – Brent's adult social care commissioning and brokerage team, alongside the Continuing Healthcare and CCG quality teams are responsible for monitoring the quality of care within care homes. This is done through regular visits, monitoring of quality alerts and a multi-disciplinary Quality Assurance Framework meeting. The Health and care transformation team support this meeting through collation of key data, and continually work in partnership with care homes to support improvements

5.3 ***Improving system processes***

5.3.1 **Placement Premium** - Placement Premium has been in place since February 2019. The intention to support homes to facilitate speedy assessments taking place that will lead to either a short term or permanent placement from hospital discharge. With a £50 payment for an assessment within 24 hours and an additional £50 payment for admission within 48 hours. This has been expanded to add an additional payment of £500 to New In borough Nursing Home Placements that meet the timescales. Since the launch of the Placement Premium initiative February 2019 there has been a significant

increase in the proportion of care home assessments being completed in 24 hours, and also the number of placements made into a nursing home from hospital within 48 hours from referral. The impact of this has been to reduce the delayed transfers (DTOC) and free up hospital capacity.



	February	March	April	May	June	July	August	September	October	November	December
Total Assessments	15	19	7	7	9	11	6	8	7	14	7
Assessments in PP	9	9	3	5	6	7	5	6	7	10	4
Total Discharges	13	14	6	4	5	9	4	8	6	9	6
Discharges in PP	2	2	1	0	3	3	2	2	5	4	3

5.3.2 **NHS Mail** – support to homes to access NHS Mail, enabling more timely and effective and securely transfer of patient information between NHS organisations and care homes. 15 Care Homes have attended workshops to date, and many are number of homes are now on board. It is anticipated that the majority of the care homes will have an NHS mail account by the end of February 2020.

5.3.3 **Discharge to assess protocol and beds** – a new protocol has been agreed to support discharge of patients with complex needs or assessment for NHS continuing healthcare (CHC) support. Ten beds have been procured in tywo nursing homes to support this process in addition to the recruitment of a CHC nurse assessor to support patient flow through the Winter period. The beds are funded through existing CCG and local authority contributions to the Better Care Fund, and additional funding has been allocated through the adult social care winter funding to recruit the nurse assessor. Adult social care will continue to make spot purchased placements into care homes or extra care facilities where required.

6.0 Opportunities for stronger joint working going forwards

6.1 Although there has been significant improvement in the joint working between care homes and strategic partners, there remain a number of key areas where joint working can be strengthened during 2020/21:

6.2 **Whole system approach to market management and integrated commissioning** – Building on the approach to system leadership that has been developed over the past 12 months, there is an opportunity for commissioners and providers to take a more systematic look at how we

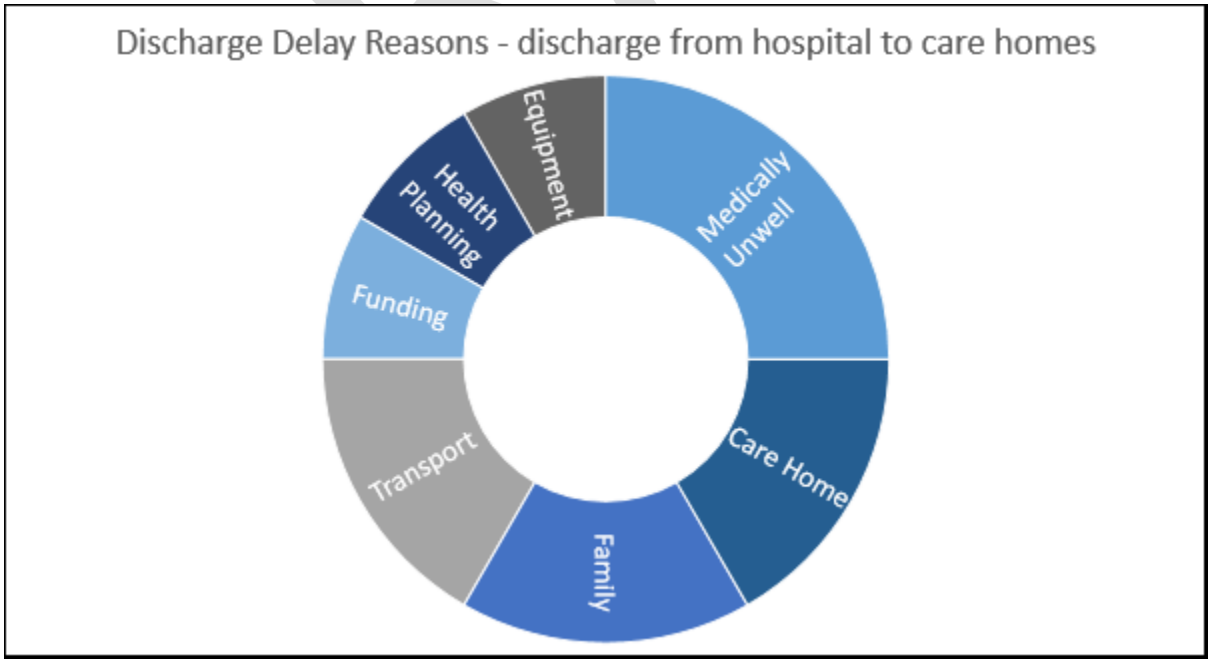
commission care, both in terms of the quality of care commissioned and the sustainability of funding available.

Working more closely in particular with NHS Continuing Healthcare (CHC), there remain further opportunities for a more joined up approach across health and social care to pricing, quality and ensuring more in-borough placements. Whilst there has been some good progress in key areas such as 'Discharge to assess' there remain challenges in progressing this work due in part to uncertainties around the Continuing healthcare (CHC) service

Despite the challenges, over the course of the next 12-18 months, the Forum and Health and Care Transformation team would specifically want to work together across social care and CHC to deliver:

- A joint approach to pricing across health and social care that recognises differing needs and complexities, and ensures a sustainable level of funding for homes that recognises the needs
- A joint approach to quality, with a single framework for monitoring quality metrics and working directly with care homes to flag concerns and raise risks in a trusted way
- An MDT approach to assessment, review and placement that improves timeliness, reduces duplication and reinforces a shared whole system approach

6.3 **Enhanced joint working to support timely discharge** – despite the significant improvement in performance in reducing delayed transfers of care, the majority of the reasons for delay remain outside of the care homes control. The chart below outlines the main reasons for delay, with transport and working with families being key areas for further improvement.



6.4 **Operational improvements to Enhanced GP support** – despite the positive reception for the new service, there are a number of teething problems with the service which will be ironed out during the implementation and expansion of the service. A review has been scheduled during January to look at further areas for improvement as the service is expanded during 2020

7.0 Financial Implications

7.1 A number of the schemes outlined are funded through Better Care Fund, as outlined in the Better Care Fund Plan. This includes the funding of a joint Health and Care Transformation Team, with a dedicated programme manager and project officer to support work with care homes.

8.0 Legal Implications

8.1 None

9.0 Equality Implications

9.1 None directly

10.0 Consultation with Ward Members and Stakeholders

10.1 Ongoing

11.0 Human Resources/Property Implications (if appropriate)

11.1 Continue to review

Report sign off:

Phil Porter
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