2015 Annual Public Health Report

Foreword from Cllr Muhammed Butt, the Leader of the Council, and Cllr Krupesh Hirani, Cabinet Member for Adults, Health and Wellbeing

Brent Council is committed to giving every child the best start in life, which is why our report this year is focussed on the youngest in our community.

One of the factors that determines good health and is widely acknowledged is the importance of health in early years, from before a child is born up until they are five. Since October 2015, we have been responsible for the public health of the under fives, a responsibility we take seriously.

We have much to be proud of in Brent with low numbers of pregnant women that smoke and our breastfeeding rates are higher than average. We have also seen a dramatic decrease in the number of teenage pregnancies in Brent and we have consistently been below the average of London and England since 2009.

However, there are still some health challenges for the under fives in Brent. Childhood obesity and tooth decay are still a concern not only for children now, but the potential health problems this can lead to as they get older. We have already put in place a number of initiatives to tackle these challenges.

Our healthy smiles project, which saw us take community dentists into our schools to give check ups to children and to inform their families of the dental services available to them across Brent has started to make a difference.

Our slash sugar campaign informing our residents of the amount of sugar in everyday foods and drinks and asking them to make healthier choices is making good headway and we hope in the long term will impact on decreasing obesity, diabetes and tooth decay in the borough.

By continuing to work with parents, families, carers and our partners on the Health and Wellbeing Board we believe we can make a big difference to the health and wellbeing of children in the borough, helping to put in place the healthy roots for them to grow through to adulthood.

Photograph of the Leader and Cabinet Member for Adults, Health and Wellbeing

Cllr Muhammed Butt
Leader of Brent Council

Cllr Krupesh Hirani
Cabinet Member for Adults, Health and Wellbeing

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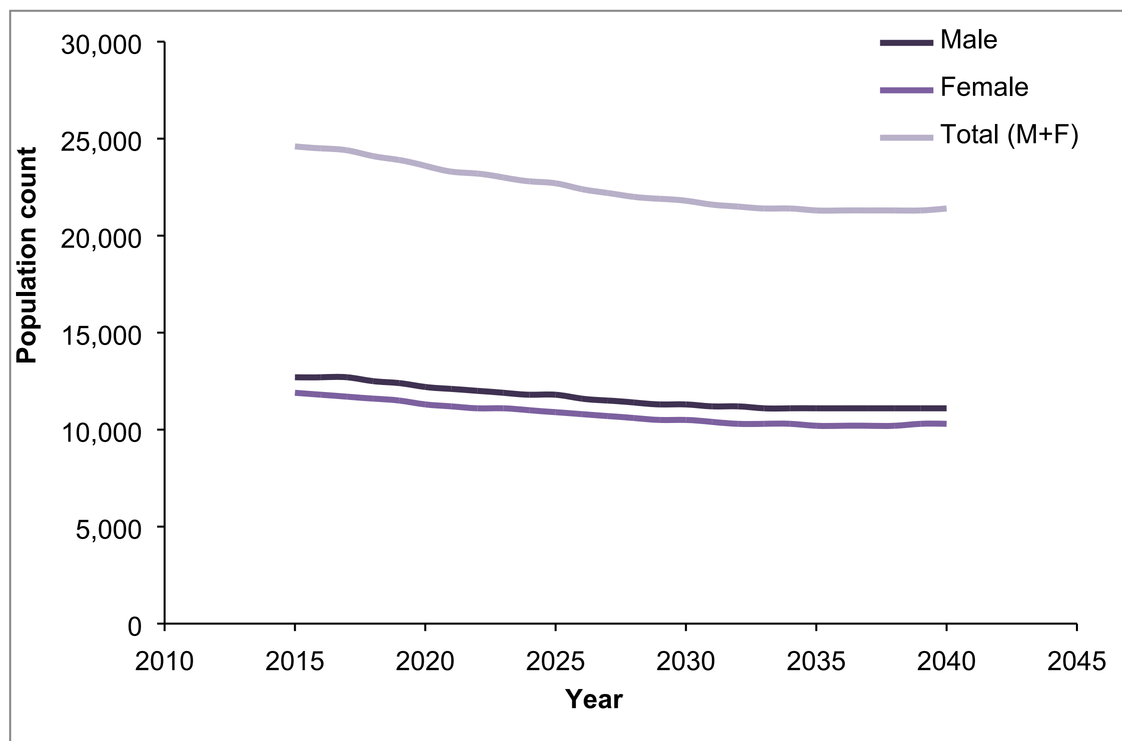
Brent's under 5s

The 2014 Report of the Director of Public Health described health and wellbeing and health related behaviour in Brent. A year on, there have been some changes but the overall picture of health, ill-health and health related behaviour is much as it was in 2014. This is not unexpected as population health characteristics change over years rather than months. Public Health England's 2015 Health Summary for Brent is included as an appendix to this report.

This year's report therefore takes a more focused look at a very important section of the population: the under 5s. This focus reflects the Council's new public health responsibility and opportunity.

There are an estimated 24,600 children under 5 years living in Brent (comprising around 8% of the population). This number has increased by 2,500 since 2010 but the rate of increase is predicted to slow over coming years, as illustrated in the figure below.

Figure 1: Past trends in the numbers of under 5s and future projections.



Source of data: GLA Population Projections

The number of under fives varies between different electoral wards in Brent from an estimated 731 in Kenton to 1,555 in Stonebridge and 1,568 in Harlesden. Harlesden has the highest proportion of its population under 5 at 9%; Northwick Park is the lowest at 5.9%.

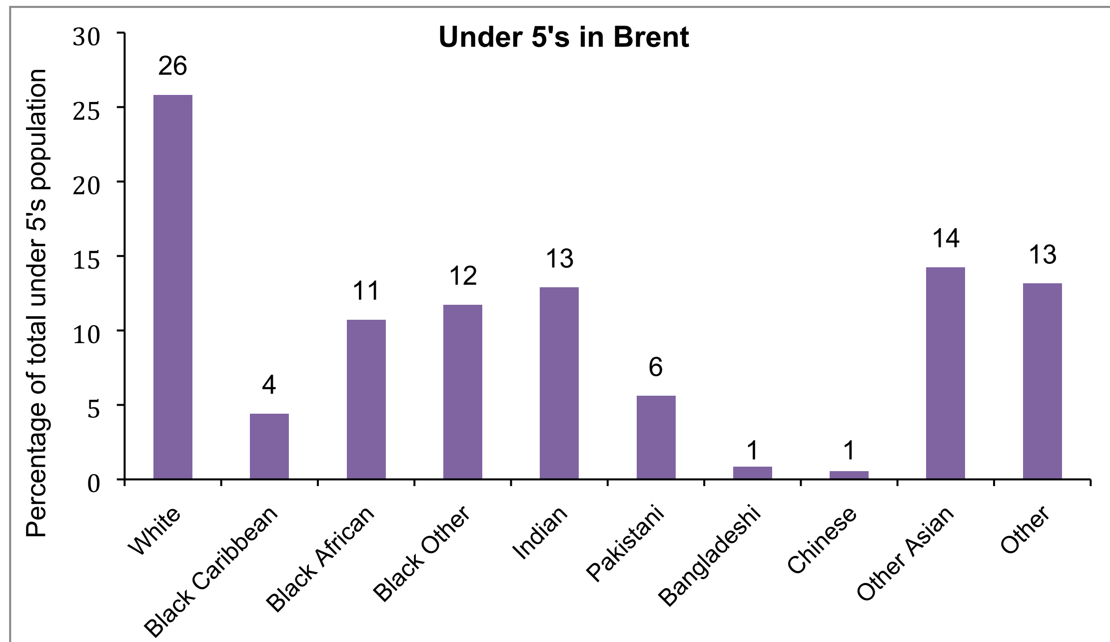
Table 1: Numbers of 0-5s by ward – with % of total ward population

Ward name	0-5 Count Per Ward	0-5 % of Ward Population
Alperton	1,145	7.5
Barnhill	1,300	7.9
Brondesbury Park	818	6.3
Dollis Hill	989	7.4
Dudden Hill	1,287	8.2
Fryent	985	7.2
Harlesden	1,568	9.0
Kensal Green	1,253	8.1
Kenton	731	6.1
Kilburn	1,320	7.9
Mapesbury	1,050	6.5
Northwick Park	806	5.9
Preston	1,276	8.1
Queens Park	1,145	7.5
Queensbury	1,121	7.3
Stonebridge	1,555	8.9
Sudbury	1,213	7.9
Tokyngton	1,189	7.5
Welsh Harp	1,167	8.1
Wembley Central	1,221	7.5
Willesden Green	1,179	7.1

Source: Population Estimates Unit, ONS

Brent is one of the most ethnically diverse boroughs in the Country and this diversity is reflected in the under 5s.

Figure 2. Brent's under 5 population by ethnic group

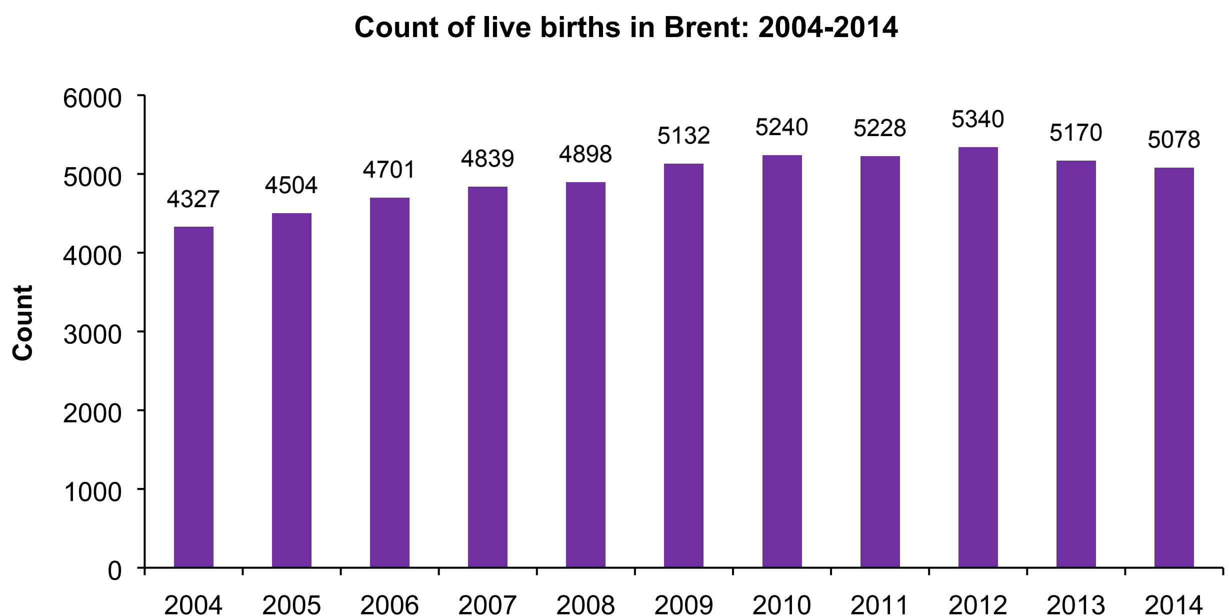


Source: GLA

Mothers and their babies in Brent

There were 5,078 babies born in Brent in 2014. After a steady upward trend in the number of live births over the previous nine years, in 2013 and 2014 the number of births in Brent fell.

Figure 3: Number of births in Brent by year 2004 - 2014



The “general fertility rate”, the number of births per 1000 women aged 15 to 44, remains high in Brent compared to London or England

Table 2: General Fertility Rate for Brent and Comparison Regions

	GFR
	2014
Brent	70
Inner London	56.5
Outer London	68.7
England	62.2

Source: Office for National Statistics (ONS)

However, the fertility rate varies markedly within Brent with a number of wards having lower rates than the England average.

Table 3: Fertility rate 2008 – 2012 by ward in Brent

Wards (2013)	***Fertility Rate (Rate/1,000 female pop aged 15-44), 2008-2012***
Northwick Park	50.8
Brondesbury Park	58.3
Willesden Green	58.8
Mapesbury	59.6
Kenton	59.7
Kilburn	61.9
Queens Park	63.9
Dudden Hill	67.7
Queensbury	69.2
Kensal Green	71.6
Tokyngton	73.2
Barnhill	74.5
Dollis Hill	74.5
Preston	74.7
Welsh Harp	75.3
Fryent	77.1
Stonebridge	80.4
Sudbury	81.9
Alperton	82
Harlesden	85.7
Wembley Central	88.2

Source: ONS, 2013

In Brent in 2014, the largest numbers of babies in 2014 were born to women aged 30 to 34 years.

Figure 43: Live births in Brent by age of mother 2014

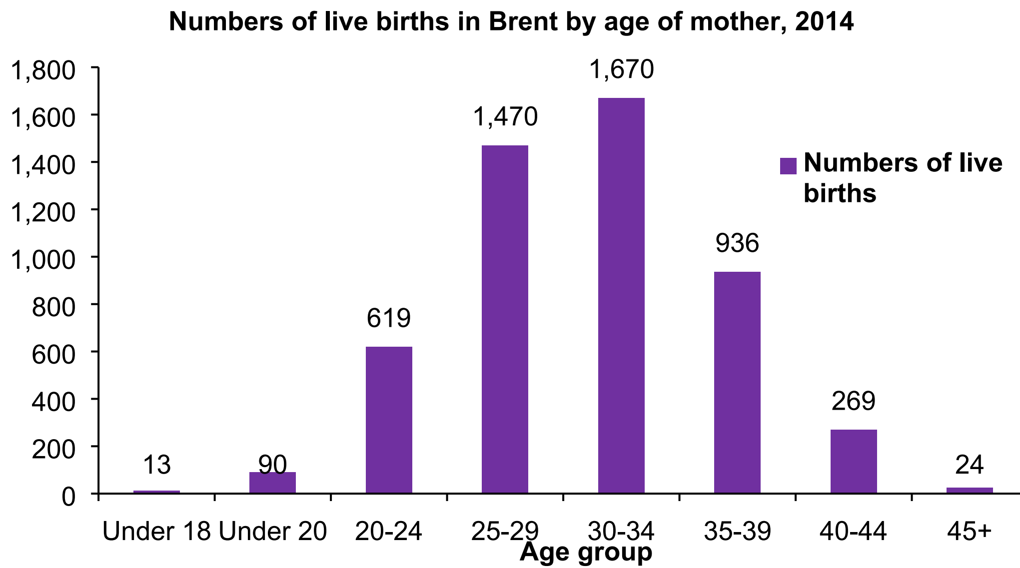
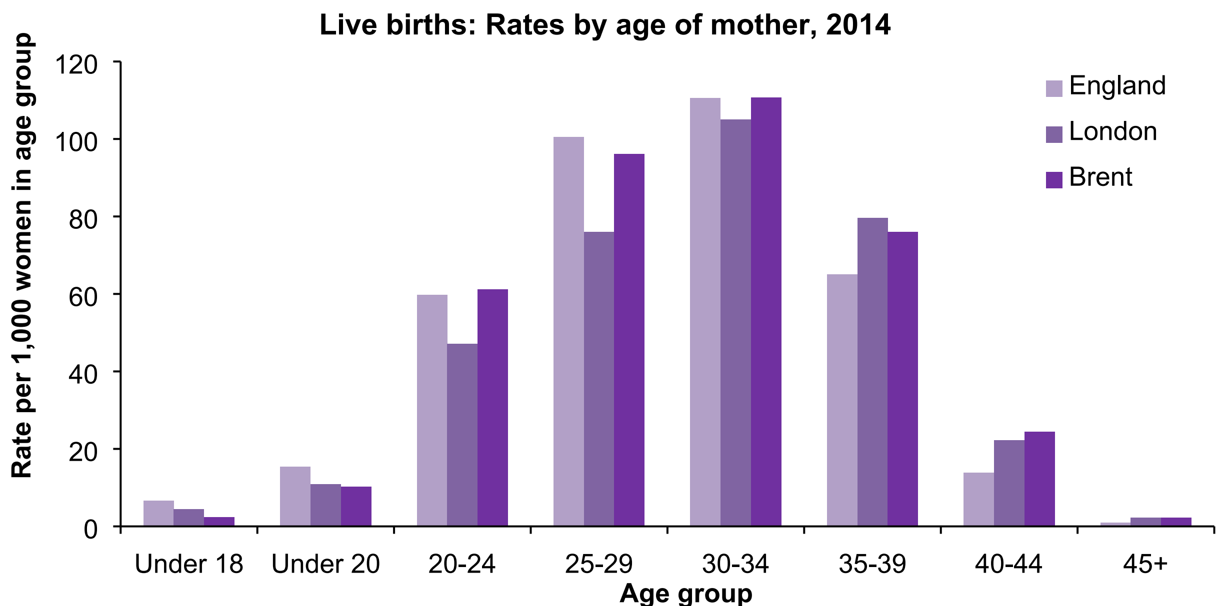
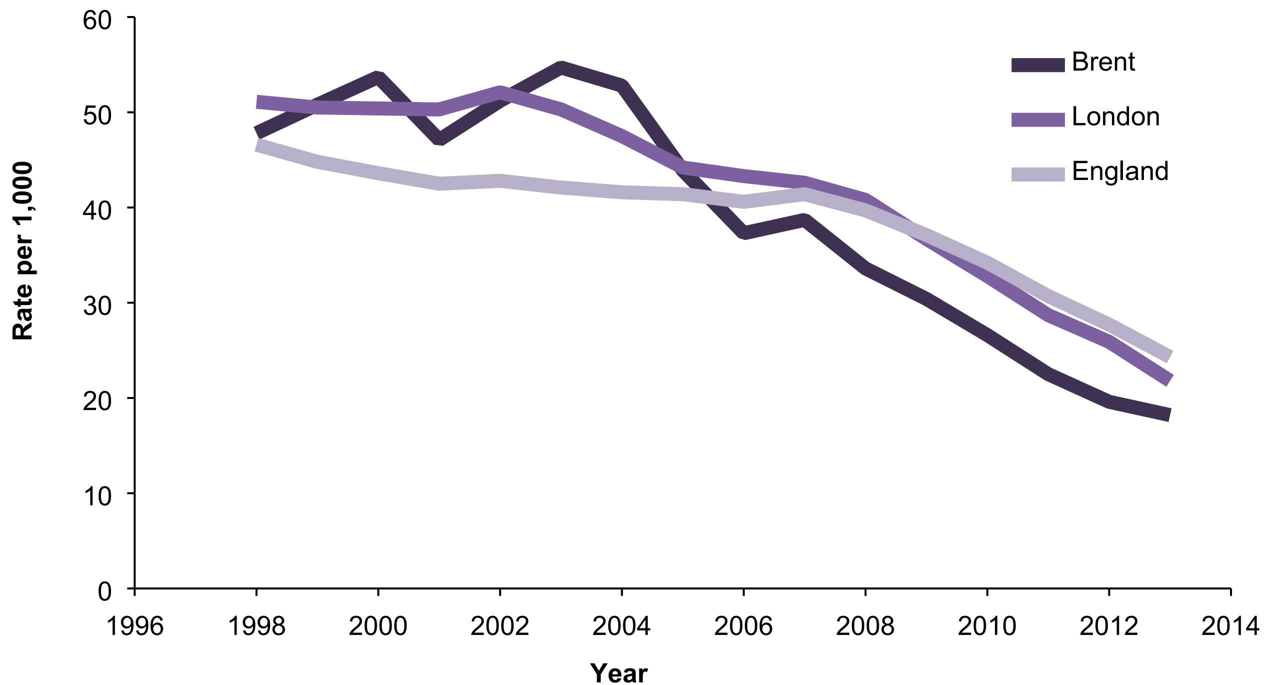


Figure 5: Birth rates by age of mother 2014 in Brent, London and England



Of particular note are the low numbers of teenage girls giving birth. The teenage pregnancy rate in Brent has fallen dramatically over the past seven years and has been consistently below that of London and England since 2006. Given the poorer health and social outcomes for teenage mothers and their children this is welcome.

Figure 6: Teenage conceptions 1996 to 2014 Brent, London and England



Source: ONS
Note: the data for 2014 teenage conceptions is based on three quarters only as ONS have not yet published data for the whole year

Smoking and pregnancy

Nationally, smoking is the biggest single modifiable risk factor for poor birth outcomes. Supporting pregnant women to stop smoking is a priority for the Brent public health team.

Photograph of Clementine Djatmika. Smoking Cessation Specialist Brent Council

"My name is Clemmie and I'm a Smoking Cessation specialist. My area of expertise is in helping pregnant women give up smoking. Part of my job involves training midwives every month. I teach them a model (called *Very Brief Advice*) which gives them skills to help pregnant women stop smoking.

The risks of smoking to unborn babies are very alarming: you double your risk of miscarriage or stillbirth if you smoke whilst pregnant. There is increased risk of low birth weight and malformations. Even one cigarette can starve a baby of oxygen for 15 minutes.

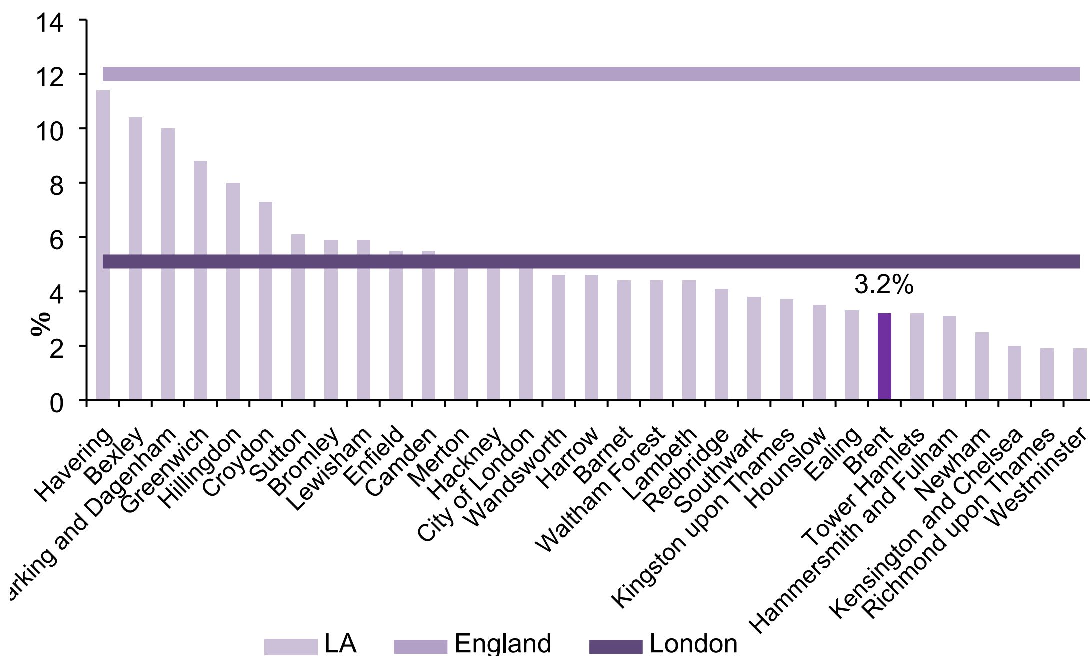
It's very rewarding to see the transformation in life-long smokers who are

thrilled to be pregnant and really want to kick the habit. It's a privilege to be able to support them.

As a mum myself, I know that pregnant women want nothing more other than to give birth to a healthy baby and I feel like I have a really special role in helping them achieve this."

Fortunately, the numbers of women in Brent who are smoking at the time of delivery are very low.

Figure 7: The percentage of women smoking at time of delivery by London local authority



Immunisation for mothers and children in Brent

Many infectious diseases are avoidable through vaccination for pregnant women and for children. Unfortunately in Brent not all pregnant women and children who could be protected by immunisation are receiving the necessary vaccinations.

Photograph of Vicky Hickson, Public Health England

"My name is Vicky and I am a nurse consultant in Public Health England's North West London Health Protection Team. Our team's core function is the control of infectious diseases in the local community, and we work with a wide range of partners to do this including schools, infection control services and

primary care providers, as well as local authority Environmental Health teams.

Immunisation is one of the safest and most effective ways of preventing the spread of certain diseases. Our team provides advice to health professionals in Brent who deliver immunisations, and we can discuss complicated issues with them as well as help with routine queries around immunisations.

For example, when a new vaccine is introduced to the NHS vaccination schedule, such as meningitis ACWY for students or meningitis B for babies, which were both introduced this year, we often deal with many queries from health professionals. These are often questions patients have asked and we are on hand to help answer them.

I have been working in public health for 10 years and really enjoy what I do. It is very rewarding to know that by working closely with our stakeholders we can help stop outbreaks of disease; recent examples of this include norovirus (diarrhoea and vomiting) in a school and a scabies outbreak in a care home.

Sometimes immunisation can be used to prevent other people becoming infected. An example of this is when I have helped to coordinate the vaccination of primary school children against hepatitis A which is a gastrointestinal infection usually linked to overseas travel."

The routine childhood vaccination timetable is outlined below. The timing of vaccines is important. If a vaccine is given too early, the baby's natural immunity which is inherited from the mother may prevent the vaccine working. If given too late, a child may be unnecessarily exposed to the risk of infection once this natural immunity wears off.

Table 4: The timetable for preschool childhood vaccinations in the UK

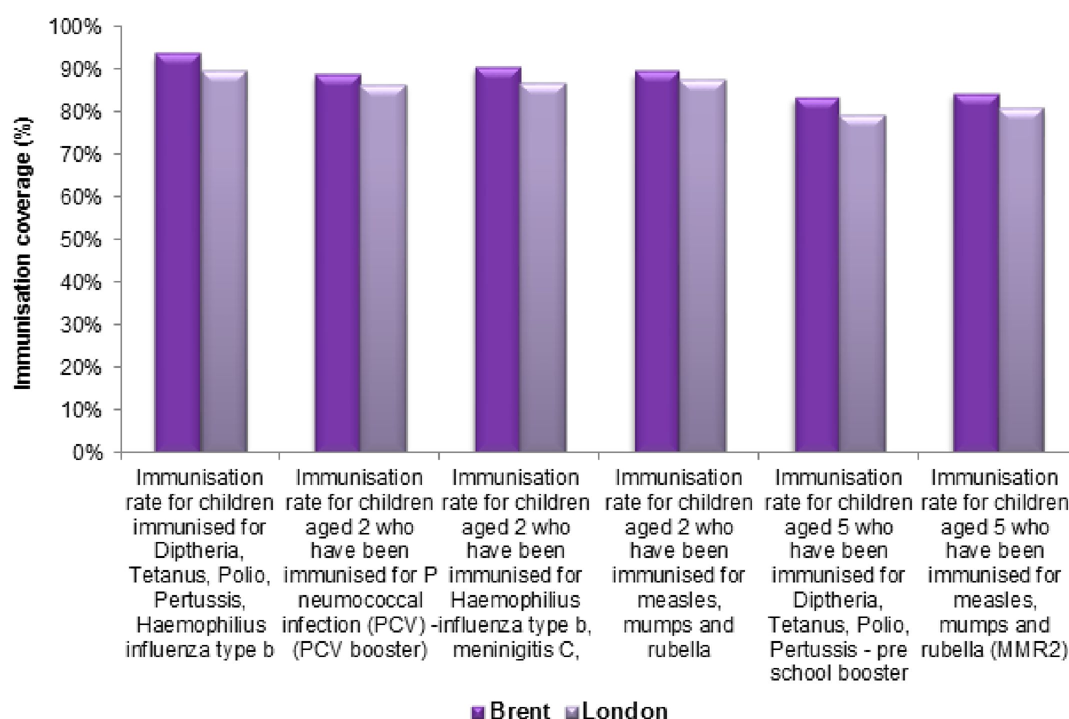
(As at December 2015. The childhood immunisation schedule may be amended in future on the advice of the independent expert Joint Committee on Vaccination and Immunisation to take account of new infectious risks or improvements in vaccines)

Age at which vaccination should be given	Vaccine	Protects against
2 months	5-in-1 (DTaP/IPV/Hib) vaccine	Diphtheria Tetanus Whooping Cough (pertussis) Polio Haemophilus influenzae type B (Hib, a bacterial infection which can cause pneumonia or meningitis)
	Pneumococcal (PCV) vaccine	Streptococcus pneumonia (a bacterial infection which can cause pneumonia, septicaemia and meningitis)
	Rotavirus vaccine	Rotavirus (a virus which causes vomiting and diarrhoea)
	Men B vaccine	Meningococcal group B bacteria (which can cause meningitis and septicaemia)
3 months	5-in-1 (DTaP/IPV/Hib) vaccine second dose	Diphtheria Tetanus Whooping Cough (pertussis) Polio Haemophilus influenza type B (Hib)
	Rotavirus vaccine second dose	Rotavirus
	Men C Vaccine	Meningococcal group C bacteria (which can cause meningitis and septicaemia)
4 months	5-in-1 (DTaP/IPV/Hib) vaccine third dose	Diphtheria Tetanus Whooping Cough (pertussis) Polio Haemophilus influenza type B (Hib)
	Pneumococcal (PCV) vaccine second dose	Streptococcus pneumonia bacterium
	Men B vaccine second dose	Meningococcal group B bacteria
12 – 13 months	Hib / Men C booster	Haemophilus influenza type B (Hib) Meningococcal group C bacteria
	MMR vaccine	Measles Mumps Rubella
	Pneumococcal (PCV) vaccine third dose	Streptococcus pneumonia bacterium
	Men B vaccine third dose	Meningococcal group B bacteria

From 3 years and 4 months	MMR vaccine second dose	Measles Mumps Rubella
	4-in-1 (DTaP/IPV) preschool booster	Diphtheria Tetanus Whooping Cough (pertussis) Polio
2, 3 and 4 years	Flu vaccine (annually)	Influenza

While immunisation rates for Brent are above those for London, they are below the levels required to ensure that all children in Brent are protected against preventable childhood illnesses.

Figure 8: Uptake of childhood immunisation in Brent compared to London



Source: COVER 2013/14

The BCG vaccine against tuberculosis (TB) is not part of the routine NHS childhood immunisation programme. However in areas where there are more than 40 cases of TB per 100,000 population annually it is recommended that all infants under one year receive BCG, ideally as soon after birth as possible to provide most protection. In Brent the annual rate of TB is 89 cases per 100,000. The BCG immunisation programme in Brent has been interrupted by

a national shortage of vaccine but is now recommencing with “catch up” vaccination being offered to babies up to one year old.

Since 2012, in response to rising levels of pertussis (whooping cough), pregnant women in the UK have been offered pertussis vaccination in their third trimester. Whooping cough in young babies is usually a serious illness leading to hospitalisation and may even be fatal. Vaccination of the mother passes immunity to the baby through the placenta which protects the baby in the first weeks of life. While many pregnant women are understandably cautious about immunisation while pregnant, a large scale study by the Medicines and Healthcare Products Regulatory Agency (MHRA) of around 20,000 vaccinated women found no evidence of risks to pregnancy or babies. Unfortunately the uptake of the vaccine has been poor, particularly in London meaning that babies are unnecessarily at risk of contracting whooping cough

Table 5: Pertussis coverage data for 2014/15.

Area	Coverage (%)
Brent CCG	36.4
London	46.2
England	56.4

Source: PHE

Women who are pregnant during the flu season are advised to have the flu vaccine as early as possible. While for most healthy adults flu is an unpleasant but not serious illness, in pregnancy women are at higher risk of complications including bronchitis and pneumonia as well as complications to the pregnancy including low birth weight and prematurity. Unfortunately although the uptake of flu vaccination by pregnant women is increasing it is still too low.

Table 6: Seasonal flu uptake in pregnant women for Brent, London and England over the period 2011/12 to 2014/15.

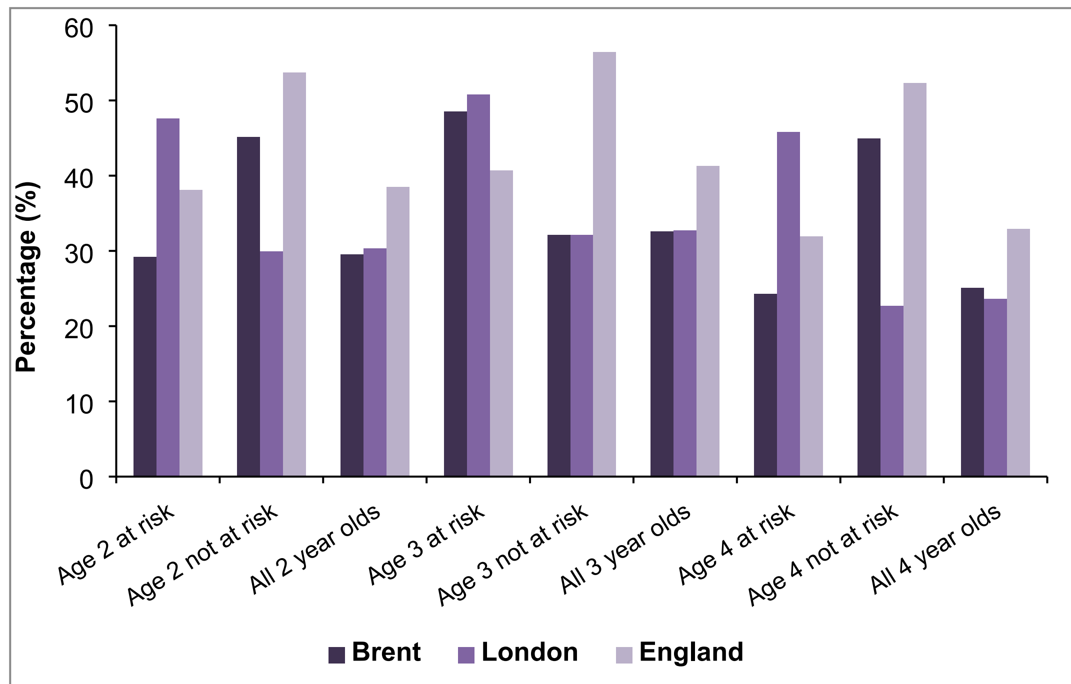
	11/12/	12/13/	13/14	14/15
Brent	24.7	36.2	34.1	36.6
London	23.7	35.1	35.9	39.9
England	27.4	40.3	39.8	44.1

Source: PHE

Flu vaccine is also offered to young children. In the autumn / winter 2015/ 2016, the vaccine, as a nasal spray not an injection, is being offered to children aged two, three and four years old – as well as children in school years one and two.

Children from six months upwards who have a long term condition are at particular risk of complications of flu and are offered flu vaccination annually. Unfortunately the uptake of flu vaccine is too low and as a result large numbers of children are not protected against infection

Figure 9: Seasonal flu uptake in children by age 2, 3 and 4 years 2014-15.



Source: PHE
Note: 'at risk' refers to children at greater risk of the complications of flu because they have a long term health condition

Breastfeeding

The benefits to mother and baby of breastfeeding are widely recognised. Breastfed babies are less likely to develop gastrointestinal illnesses (diarrhoea and vomiting or constipation) or chest and ear infections. Breastfeeding seems to offer some protection against obesity in later life. For mothers, breastfeeding lowers a woman's risk of ovarian and breast cancer. Breastfeeding can help establish a bond between mother and baby and once established is convenient and economical. In Brent the vast majority of women start breastfeeding their babies, 88.8% in 2014/15 %.

Vitamin D

While the advantages of breast feeding are well established, there is one nutrient which exclusively breastfeed babies can miss out on, not least because their mothers may themselves be short of this particular vitamin – vitamin D.

It is recommended that all pregnant and breastfeeding women should take daily vitamin D supplements (containing 0.01mg of vitamin D) to provide for her and to develop the unborn baby's stores of vitamin D. If a mother does not take vitamin D throughout pregnancy and breastfeeds her baby, the baby may need vitamin drops from one month. All children should take daily vitamin drops from six months to five years. However if fed infant formula babies will

only need drops once they are taking less than 500ml of formula a day, as formula milk is supplemented with vitamin D. Midwives and health visitors can advise on suitable products.

These recommendations are particularly important for mothers to be and children in Brent as health services locally are seeing cases of vitamin D deficiency which are leading to hospital admissions.

Table 7: Brent residents, admissions for rickets or vitamin D deficiency 2009/10 to 2014/15

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Children 0-4	9	47	42	51	39	33
Female 14-49	63	75	92	129	135	115

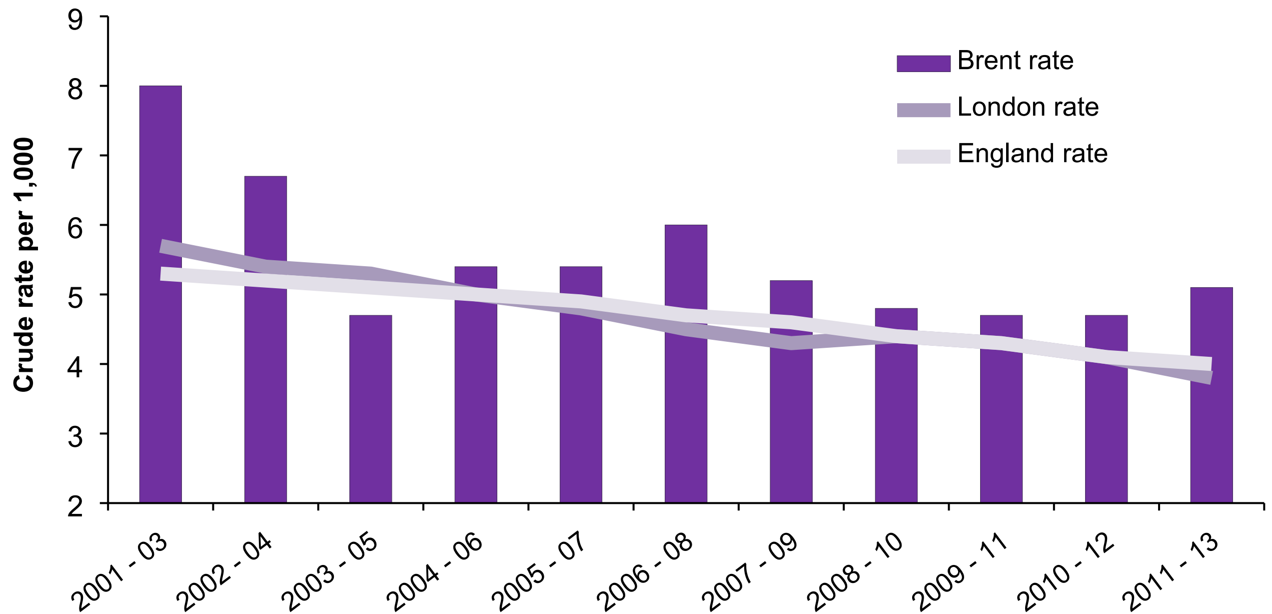
Source: Brent CCG

Infant mortality

The infant mortality rate is the number of children who die before their first birthday per 1000 live births. It is a useful summary indicator of population health, reflecting the health of pregnant women and children. Deprivation, births outside marriage, non-white ethnicity of the infant, maternal age under the age of 20 are all associated with an increased risk of infant mortality.

Fortunately the numbers of infant deaths in Brent are small. The rate is higher than that for London or for England. However for the most recent data this difference is not statistically significant.

Figure 10: Infant mortality



Source: ONS

As reported in the 2014 Public Health Report, all deaths of children who live in Brent are reviewed by the Child Death Overview Panel (CDOP). One cause of death in early childhood is Sudden Infant Death Syndrome (SIDS) often referred to as 'cot death'. Brent is fortunate to have the Lullaby Trust represented on its CDOP.

Photograph of Cheryl Pearce, the Lullaby Trust

"My name is Cheryl and I work for the Lullaby Trust. There are two main arms of the charity: one is to deliver safer sleep talks for healthcare professionals on reducing the risks of SIDS (sudden infant death syndrome) and the second is offering support to families who have lost a baby to SIDS.

In the UK in 2013, there were 249 deaths from SIDS. Losing a baby to SIDS is devastating for parents – there is no greater tragedy than waking up to a baby who is no longer breathing. Our advice on reducing the risks of SIDS is based on scientific research and it includes advising parents against smoking around young babies and in pregnancy, and the risks of smoking and drinking whilst co-sleeping.'

I started at The Lullaby Trust last year and love my job. The most rewarding part is talking to and training healthcare professionals, who are so passionate about what they do. I'm also really proud of our befrienders service which matches up a grandparent or parent affected by SIDS with another one for peer support".

In 2015 Brent CDOP looked back at the SIDS deaths it has reviewed since it commenced its work in 2008. SIDS usually occurs when a baby is asleep and there is strong research evidence that safe sleeping practices can reduce the risk of SIDS. CDOP's review found that unsafe sleeping practices were associated with SIDS in Brent and with the Lullaby Trust and the Local Safeguarding Children's Board are promoting safe sleeping messages locally.

How to reduce the risk of SIDS

DO

- Always place your baby on their back to sleep.
- Place your baby in the "feet to foot" position (with their feet touching the end of the cot, Moses basket, or pram).
- Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.
- Let your baby sleep in a cot or Moses basket in the same room as you for the first six months.
- Use a mattress that's firm, flat, waterproof and in good condition.
- Breastfeed your baby (if you can).

Don't:

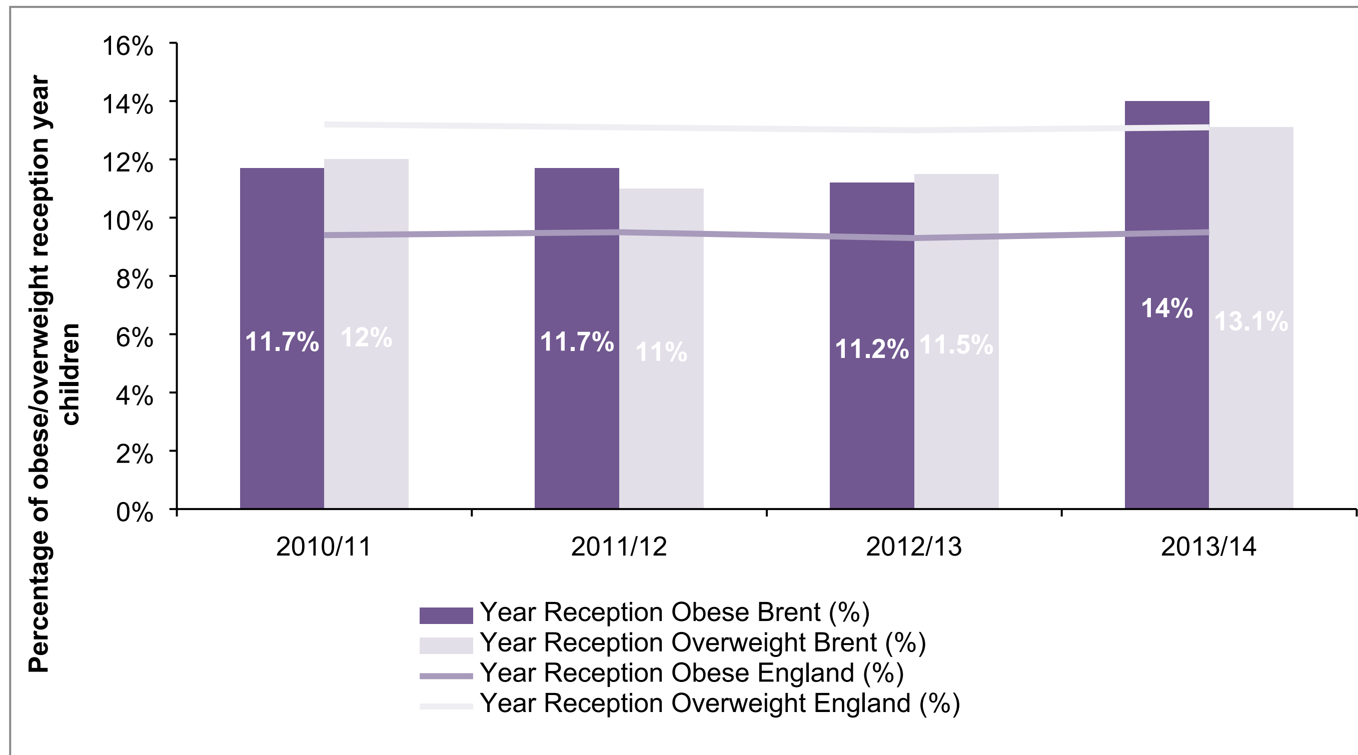
- Smoke during pregnancy or let anyone smoke in the same room as your baby (both before and after birth).
- Sleep on a bed, sofa or armchair with your baby.
- Share a bed with your baby if you or your partner smoke or take drugs, or if you've been drinking alcohol.
- Let your baby get too hot or too cold. A room temperature of 16-20C, with light bedding or a lightweight baby sleeping bag, will provide a comfortable sleeping environment for your baby.

Childhood Obesity

The World Health Organization (WHO) regards childhood obesity as one of the most serious global public health challenges for the 21st century. Obese children are at an increased risk of developing various health problems, and are also more likely to become obese adults. Nationally almost 1 in 10 children (9.5%) are obese on starting primary school.

The Council commissions the National Child Measurement Programme (NCMP) whereby all children in reception and year 6 have their height and weight measured by the school nursing service. Unfortunately the percentage of children who start school obese in Brent is now significantly greater than the English average

Figure 11. The proportion of children in reception classes in Brent who were classified as obese or overweight



Source: National Child Measurement Programme

The Chief Medical Officer recommends that children between 2 and 4 years should be physically active for at least three hours per day

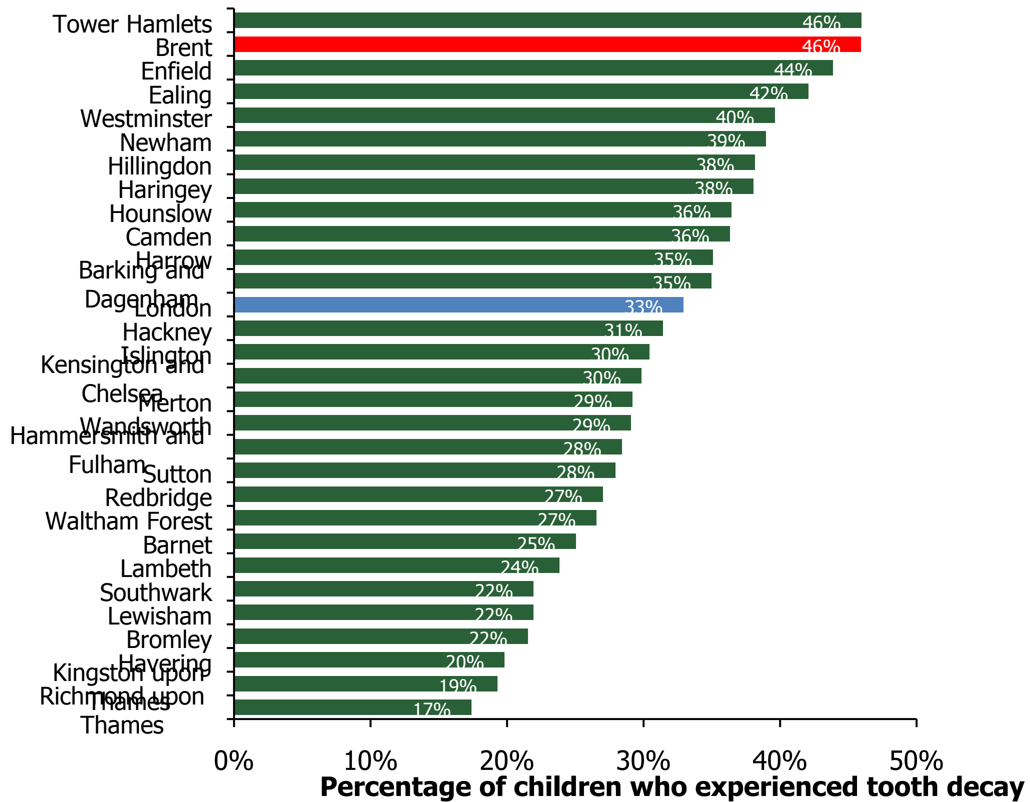
Physical activity in early childhood not only promotes healthy weight but it also strengthens developing muscles and bones and helps children develop co-ordination and movement skills. Unfortunately we do not have local data on how many of our children are active for three hours a day or more but nationally the picture is very concerning with only 1 in 10 children being this active.

Children's oral health

Tooth decay is largely preventable yet is a significant problem in Brent. A survey by the local NHS showed 46% of five year old children in Brent in 2012 had experienced tooth decay

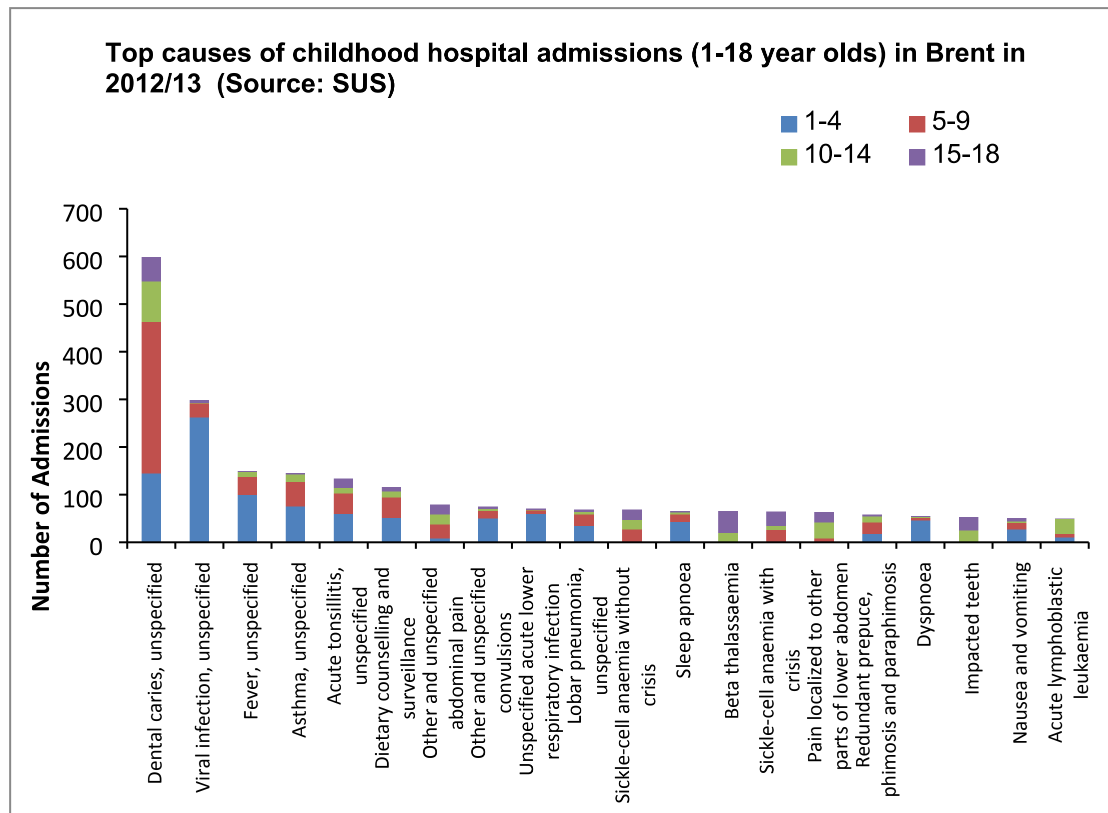
Figure 12: Percentage of five-year-old children in London boroughs who have had tooth decay experience in 2012*

*Bexley, Croydon and Greenwich did not participate in the National Dental Epidemiology Programme in 2012; Data suppression for City and London due to low numbers



Dental decay is the most common reason for non emergency admission to hospital for children over 1 year in Brent

Figure 13: Causes of hospital admission for children in Brent



Source: SUS

It is recommended that children first visit the dentist in the six months after the eruption of their fist tooth – which generally happens between 6 and 9 months. The proportion of children in Brent who visit a dentist in their first two years is low compared to the national figure.

The 2014 Public Health Report announced the Healthy Smiles project: a joint venture with PHE and NHSE to pilot an outreach programme in 10 local schools

Photograph of Mary Desmond, teacher, Carlton Vale Infant School,

"Our school was recently involved in the Healthy Smiles project. The Head was keen to get involved the minute she found out about it and I was keen to lead on the project.

The project was a great success with nearly 100% consent rate from parents.

We've always been a school that cares about our children, and their families' health. We have a strong focus on healthy eating at lunchtime and for children who bring in their lunches, we provide healthy drinks so that parents don't have to

I've been at Carlton Vale School for 18 years now and over those years, I've

seen quite a few 3, 4 and 5 year olds with decayed teeth. I was really keen to lead on the Healthy Smiles project because of this – no-one as young as that should have decayed teeth.

The huge consent rate and the enthusiasm of the pupils and teachers for this project gave me a huge sense of achievement. Professionally, it's been my first major project in the school and I've learnt a lot of extra skills including things like handling large amounts of data".

Parent Champions

In January 2015 Brent Health and Wellbeing Board held a workshop on health and wellbeing for the under 5s. This was attended by representatives from the local NHS, from social care, from the early years services, from Children's Centres and nurseries as well as local parents. The workshop identified the potential for Parent Champions in Brent to promote health and wellbeing. Progress of this development has been monitored by the Children's Trust

Brent Council early years and public health staff have worked with the Family and Childcare Trust to develop this model. The Family and Childcare Trust developed a Parent Champions peer to peer model initially to reach parents missing out on information about childcare and early learning services. Parent Champions volunteer a few hours a week to talk with other parents in places such as playgrounds, libraries, Children's Centres. In Brent, Parent Champions have received training to allow them to also share information about health and wellbeing

Photograph of Jeyasree Ayyappan, Parent Champion

"My name is Jeyasree and I'm a parent champion in Brent. I help lots of parents who might not know about what services they can access in Brent.

Being a new parent is often an overwhelming experience with so much to learn. I see my role as helping make this experience less confusing and less overwhelming and letting parents know where they can access support advice for themselves and their new baby.

I came to Brent from Tamil Nadu, South India in 2008. I speak Tamil and Malayalam and a bit of Gujarati so I can help mums who speak these languages.

I started to work as volunteer in Brent from October 2013. Since then I have interacted with many parents and guided them in accessing services. I love working with parents, it's become a hobby. I find it really rewarding."

Acknowledgements

I would like to thank Ricky Geer, Dr John Licorish and Rakhee Rajani for their contributions to this report. Particular thanks are due to those who spoke to us about their work to improve and protect the health of mothers, babies and children in Brent and allowed us to feature their work: Clementine Djatmika, Vicky Hickson, Cheryl Pearce, Mary Desmond and Jeyasree Ayyappan.

Dr Melanie Smith December 2015

Brent Public Health Profile 2015:
http://www.apho.org.uk/resource/item.aspx?RID=171824