

 	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: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	2 Appendix 1 – Terms of Reference Appendix 2 - JSNA
Background Papers:	N/A
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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 18 years. 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 in 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:

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Director of Public Health