

Understanding childhood asthma in Brent

Appendix: Brent asthma data

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1. Child population in Brent

Table 1. Childhood population in Brent

	Population aged 0-15	% population aged 0-15
	2024	2024
	People	%
Brent	64,202	18.1
Alperton	3,003	18.9
Barnhill	2,252	19.9
Brondesbury Park	2,281	17.1
Cricklewood & Mapesbury	2,420	17.1
Dollis Hill	5,051	22.5
Harlesden & Kensal Green	4,330	21.2
Kenton	3,058	17.2
Kilburn	2,727	16.6
Kingsbury	2,110	18.5
Northwick Park	2,030	16.1
Preston	2,562	20.1
Queens Park	3,049	18.6
Queensbury	3,248	18.4
Roundwood	3,605	21.5
Stonebridge	4,931	22.5
Sudbury	2,730	18.9
Tokington	1,749	16.2
Welsh Harp	3,565	19.8
Wembley Central	3,446	18.6
Wembley Hill	2,797	17.5
Wembley Park	1,844	12.5
Willesden Green	3,467	18.2

Brent has a relatively young population, with 18% of residents aged 0-15 years. This is an estimated 65,000 0-15 year olds in Brent in 2024. Public services, including the NHS and local authority, are therefore responsible for promoting the health and wellbeing of high numbers of local children.

Dollis Hill ward has the highest number and proportion of residents aged 0-15 years.

Population turnover is high, with Brent ranking 17th out of 296 local authorities in England. ([Population change in Brent Briefing 2025](#))

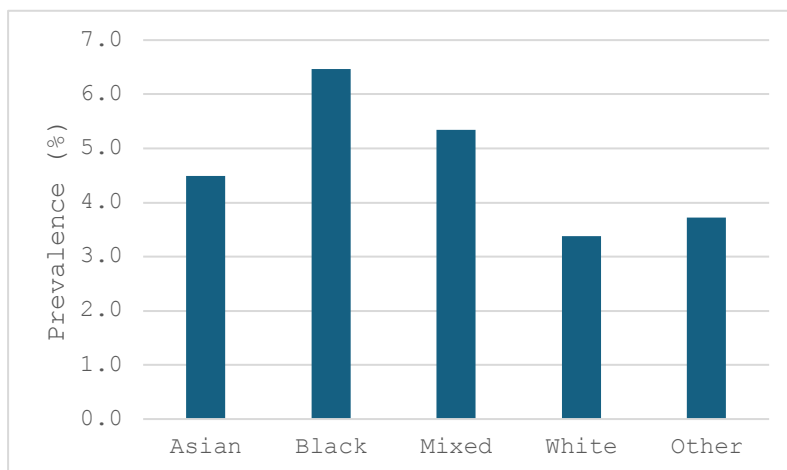
Source: LGInform

2. Asthma prevalence and admissions

2.1 Asthma prevalence

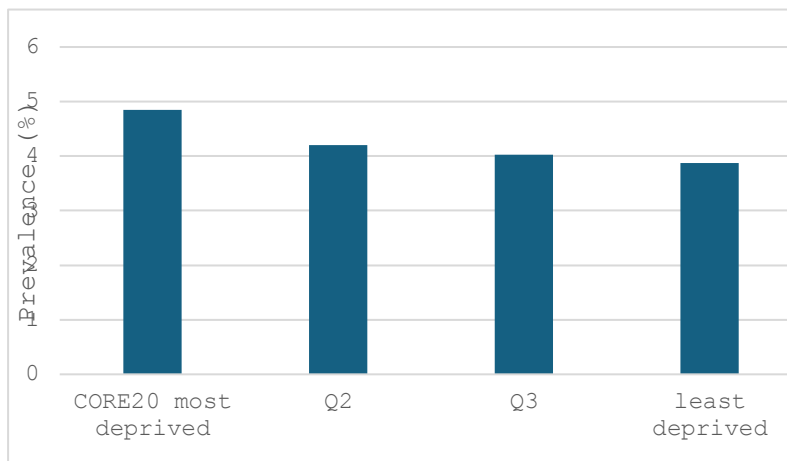
A total of 2,193 children age 6-17 years currently living in Brent and registered with a Brent GP are diagnosed with asthma (based on WSIC data August 2026).^{1,2} Numbers for children age 0-5 years are not shown because asthma is typically not diagnosed in such young children. Childhood asthma prevalence is 4.4% in Brent compared with 4.1% average in northwest London.

Figure 1. Asthma prevalence by ethnicity
Source: WSIC August 2026



The prevalence of diagnosed childhood asthma is highest in children from Black ethnic groups (6.5%).

Figure 2. Asthma prevalence by deprivation
Source: WSIC August 2026



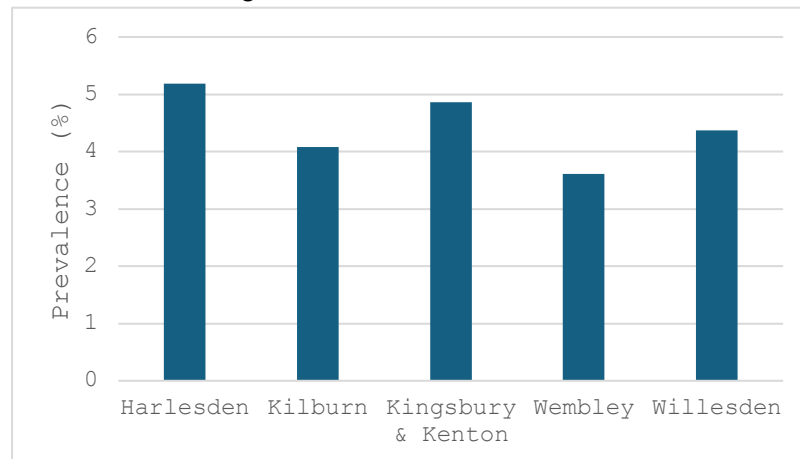
The prevalence of diagnosed childhood asthma is highest (4.8%) in the most deprived parts of the borough and lowest (3.9%) in the least deprived parts.

¹ WSIC = Whole Systems Integrated Care NHS data resource for northwest London

² This analysis excludes children living in Brent that are registered with a GP outside of Brent and also children registered with a Brent GP but living outside of Brent. Numbers should not be used to guide resource allocation to GPs for asthma patients.

Figure 3. Asthma prevalence by neighbourhood

Source: WSIC August 2026



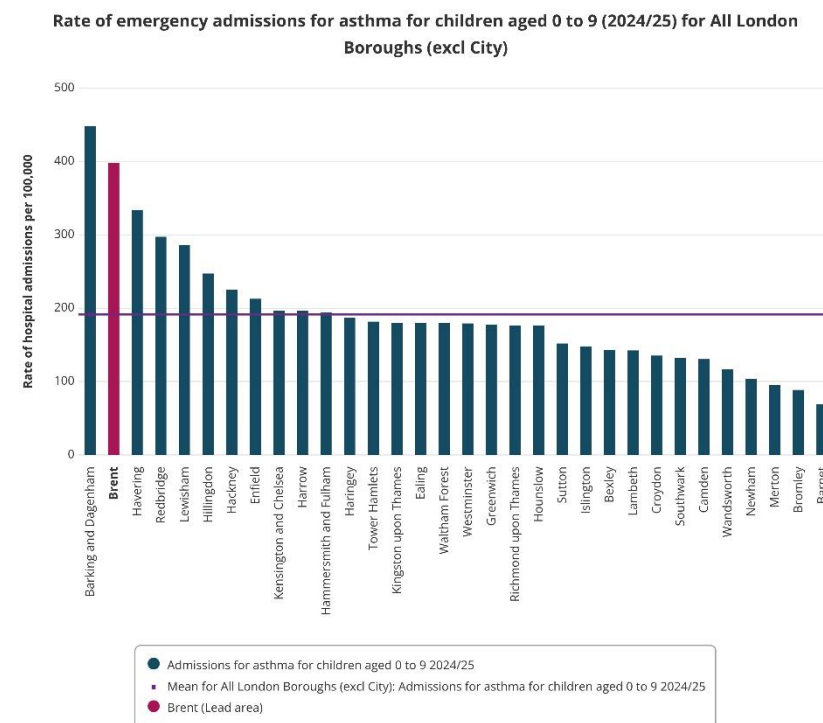
Childhood asthma prevalence is highest in the Harlesden & Kenton neighbourhood.

The total number of children with diagnosed asthma is highest in Harlesden (n=577) but similar numbers are seen in Wembley (n=568) and Kingsbury & Kenton (n=504).

2.2 Asthma admissions

Hospital admissions for childhood asthma are high in Brent compared with the London average. For both 0-9 year olds and 10-17 year olds, Brent has the second highest emergency admissions rate of all London boroughs.

Figure 4. Emergency admissions for asthma in children age 0-9 years

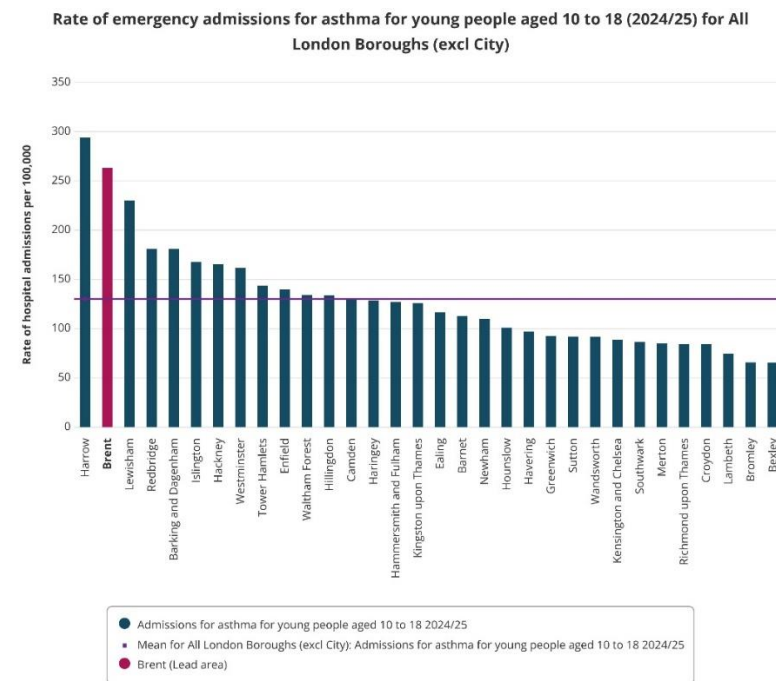


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Source:

Office for Health Improvement and Disparities (OHID)

Figure 5. Emergency admissions for asthma in children age 10-18 years

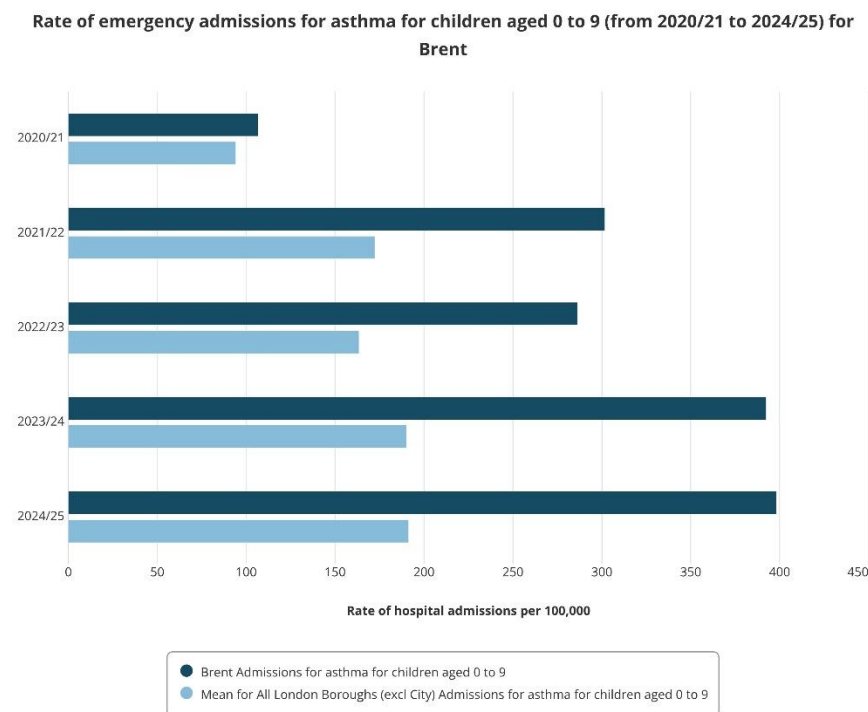


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Source:
Office for Health Improvement and Disparities (OHID)

The gap between Brent and London average has widened over the past five years.

Figure 6. Emergency admissions for asthma: trends over time



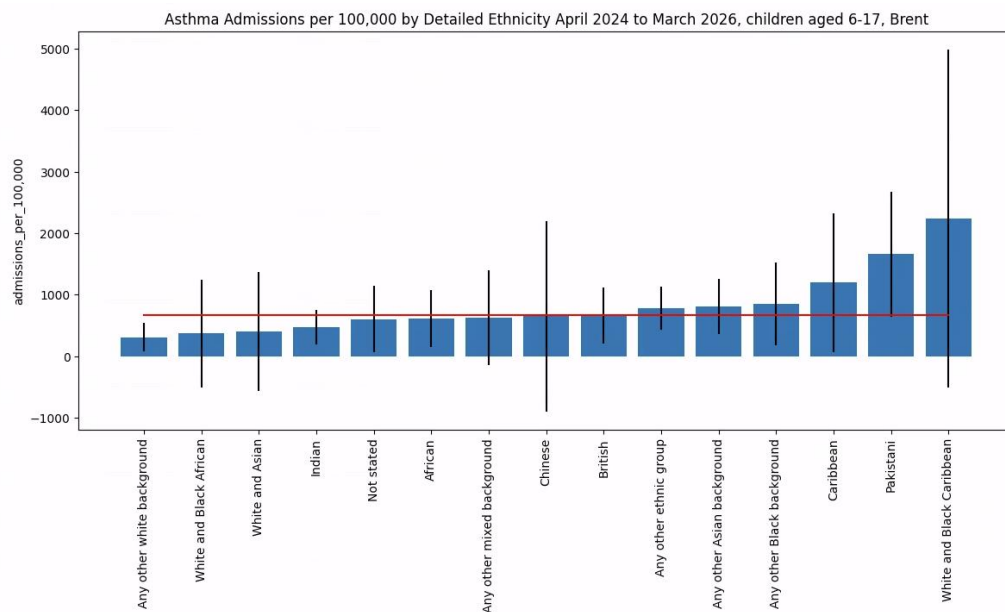
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Source:
Office for Health Improvement and Disparities (OHID)

Within Brent, asthma admission rates are above average for children from Pakistani and Mixed White & Black Caribbean ethnic groups. They are also higher than average for

children from Black Caribbean and other Black ethnic backgrounds (but differences are not statistically significant for these two groups).

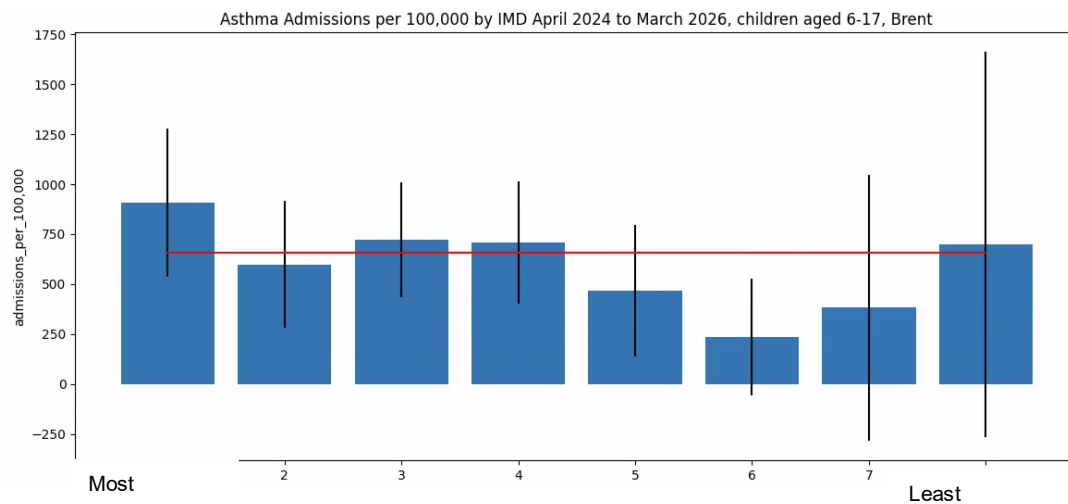
Figure 7. Asthma admissions by ethnicity in Brent



Source: WSIC, August 2026

Asthma admissions tend to be higher in the most deprived parts of the borough and lower in the least deprived parts. However, there is not a clear socioeconomic gradient.

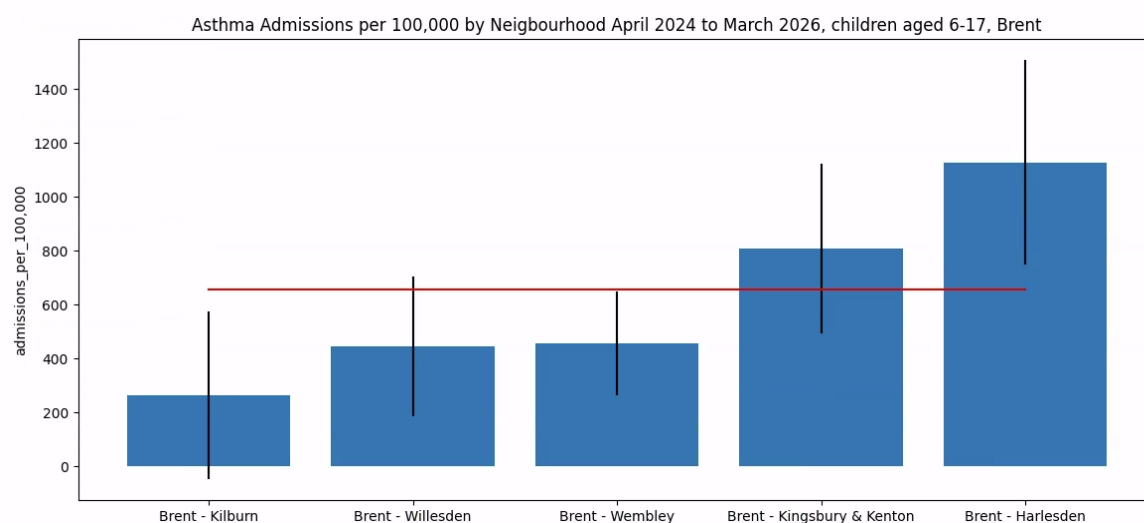
Figure 8. Asthma admissions by deprivation in Brent



Source: WSIC, August 2026

The asthma admission rate is highest in Harlesden and lowest in Kilburn.

Figure 9. Asthma admissions by Brent neighbourhood



Source: WSIC, August 2026

3. Asthma treatment

The number and proportion of asthma patients prescribed an inhaled corticosteroid (a “preventer” inhaler) has increased over the past two years. Short-acting beta-agonist inhaler (SABA, a “rescuer” inhaler) prescribing has also increased over the past two years. However, the number and proportion prescribed multiple SABA inhalers has decreased over this period.

The proportion of asthma patients that have had an annual asthma review has risen year on year since 2021/22, standing at 75% by 2025/26. (Numbers for the latest year are incomplete until the end of the financial year).

Asthma treatment patters are similar in Brent and northwest London.

Figure 10. SABA prescriptions 2024/25 to 2026/27

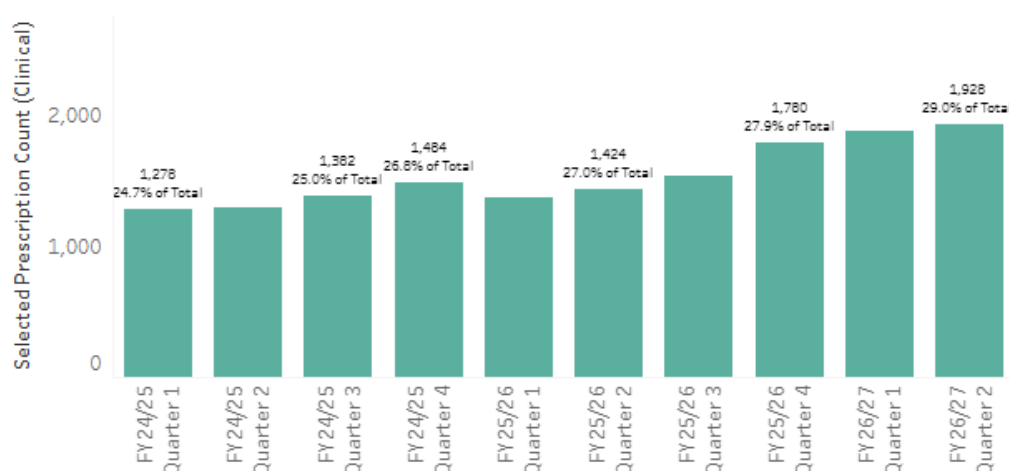


Figure 11. Four or more SABA prescriptions 2024/25 to 2026/27

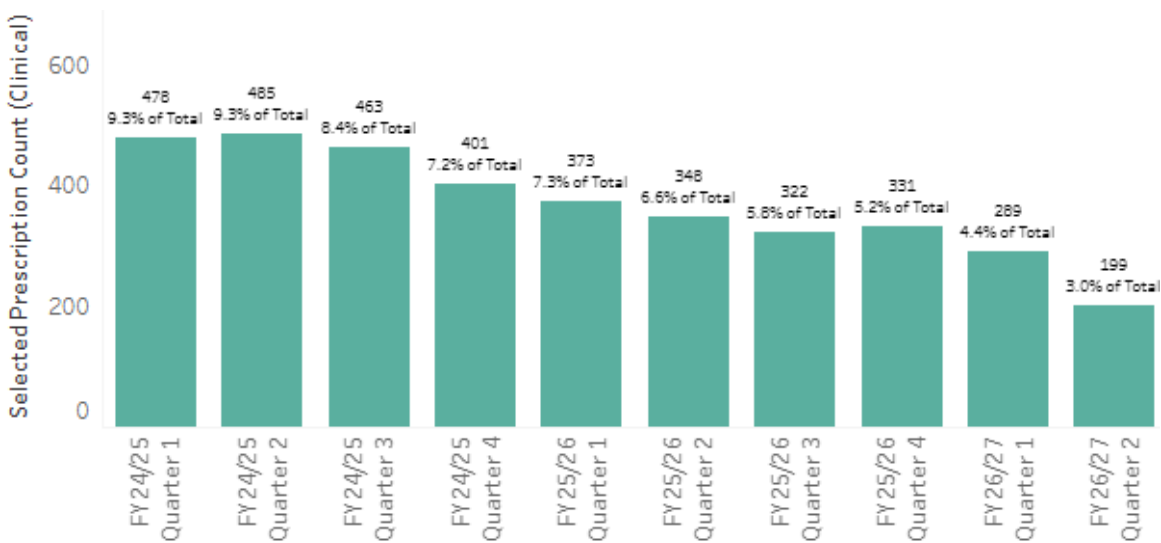
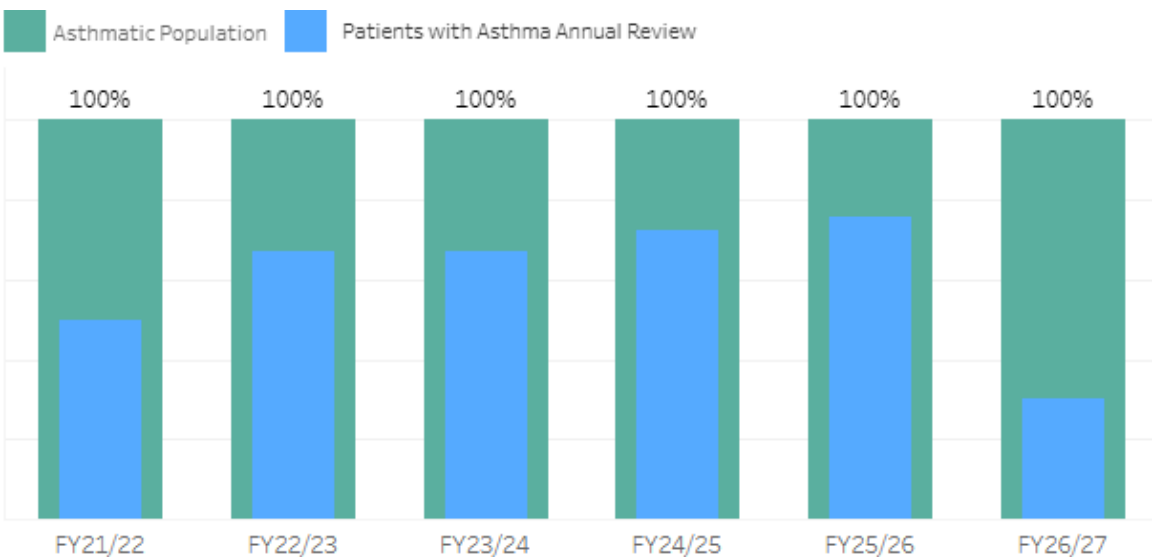


Figure 12. Proportion of asthma patients with a completed annual review



4. Risk factors for asthma

A number of risk factors for asthma are relatively high in Brent, potentially adding to the challenging of preventing and managing asthma. Risk factors include socioeconomic and environmental factors, behavioural factors (such as smoking), and comorbidities (such as lower respiratory tract infections).

4.1 Air pollution

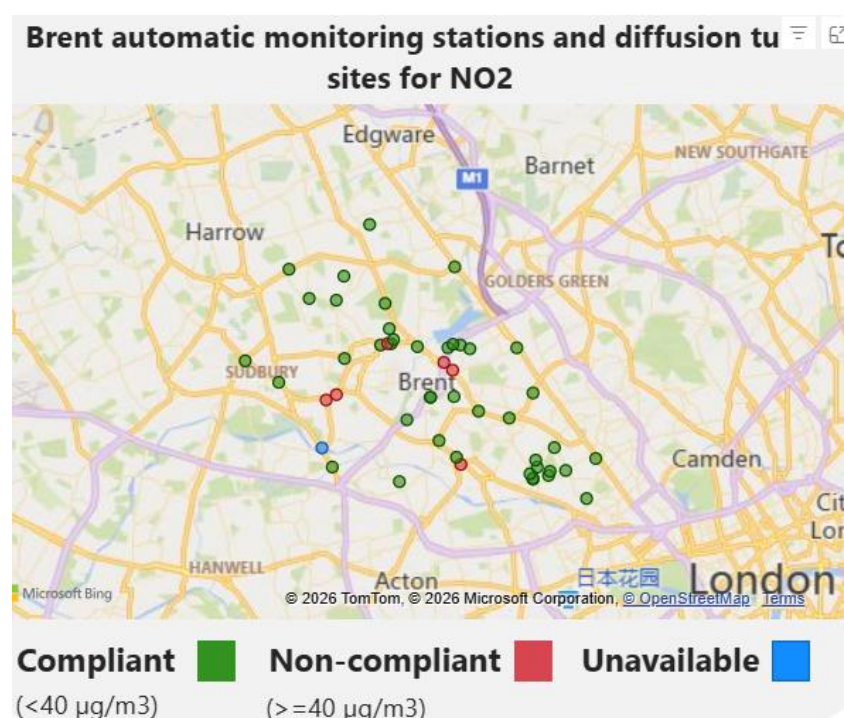
Levels of air pollution are similar in Brent compared to London. However, there are hotspots within Brent where NO₂ levels are non-compliant with regulations (shown in red on the map below). Although NO₂ and PM_{2.5} levels have been decreasing over time and are lower than the UK air quality objectives, they remain above the WHO air quality objectives.

Table 2. Air quality indicators 2021-2024 in Brent and London

		2021	2022	2023	2024
		Raw value	Raw value	Raw value	Raw value
Concentration of fine particulate matter (PM _{2.5})	Brent	8.8	9.9	8.3	8.9
	London	8.7	9.6	8.3	8.9
Air pollution: estimated fraction of mortality attributable to particulate air pollution	Brent	6.5	7.4	6.2	6.6
	London	6.5	7.1	6.2	6.6

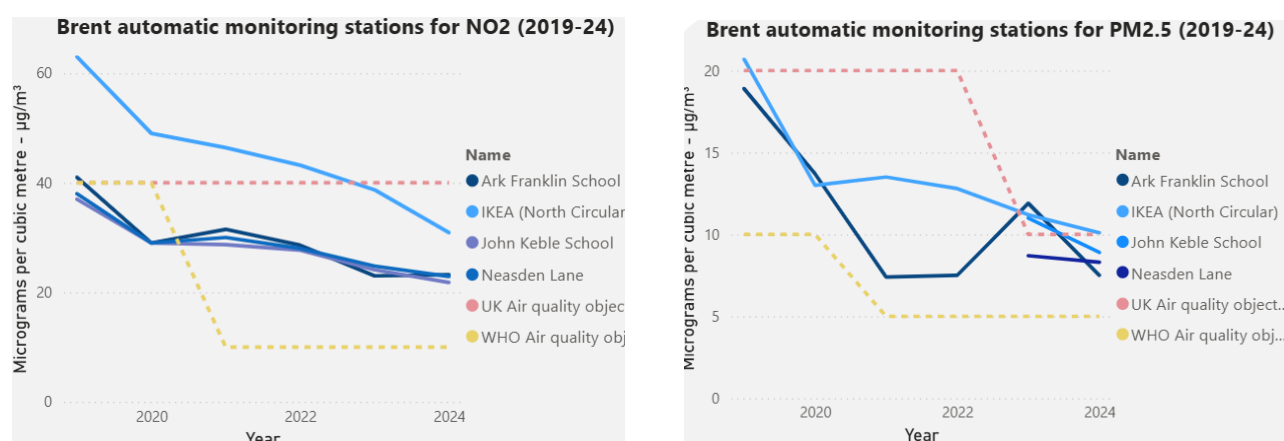
Source: LGInform OHID

Figure 13. Compliant and non-compliant air quality (NO₂) sites in Brent



Source: <https://www.brent.gov.uk/environment/air-quality/air-quality-monitoring-data>

Figure 14. Air quality (NO2 and PM2.5) in Brent over time



Source: <https://www.brent.gov.uk/environment/air-quality/air-quality-monitoring-data>

4.2 Damp and mould

Damp and mould in the home is also linked to childhood asthma. The spores from damp and mould can irritate the airways, triggering flare-ups, wheezing, coughing, and serious asthma attacks.³

Brent rates of damp housing are similar to or lower than London average, although the annual figures are volatile and indicate some data quality issues.

Table 3. Homes with damp

		2023	2024
		Raw value	Raw value
No. of homes with damp	Brent	2,846	7,032
	London	165,482	237,113
% of homes with damp	Brent	2.2	5.4
	London	4.5	6.4
% of homes with damp: All rented	Brent	4.2	7.6
	London		9.7
% of homes with damp: Private rented	Brent	1.9	8.0
	London	5.7	10.2
% of homes with damp: Social rented	Brent	8.0	6.9
	London	1.1	8.9
% of homes with damp: Owner occupied	Brent	0.2	2.0
	London	10.5	2.5

Damp is more commonly recorded in social rented homes compared with other housing tenures. This presents an opportunity for the council to help tackle asthma through housing improvements and other initiatives targeted at social housing tenants.

Source: LG Inform Plus: English

Housing Survey modelled estimate

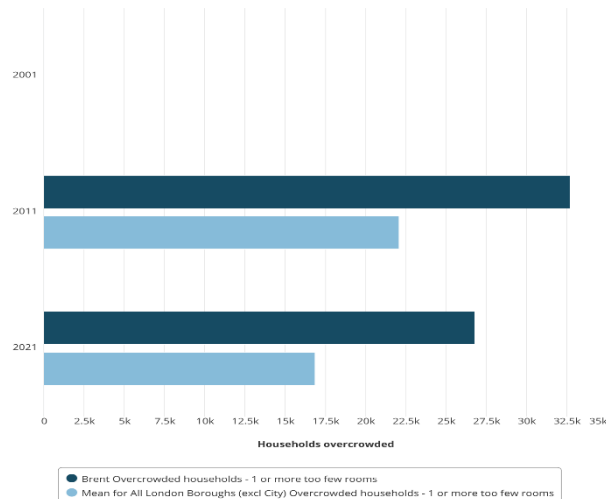
4.3 Overcrowding

Brent has higher levels of overcrowding than the London average. Crowded conditions can affect children in terms of factors such as sleep patterns and this in

³ [Know your rights - what to do if you have damp and mould in a rented home | Asthma + Lung UK](#)

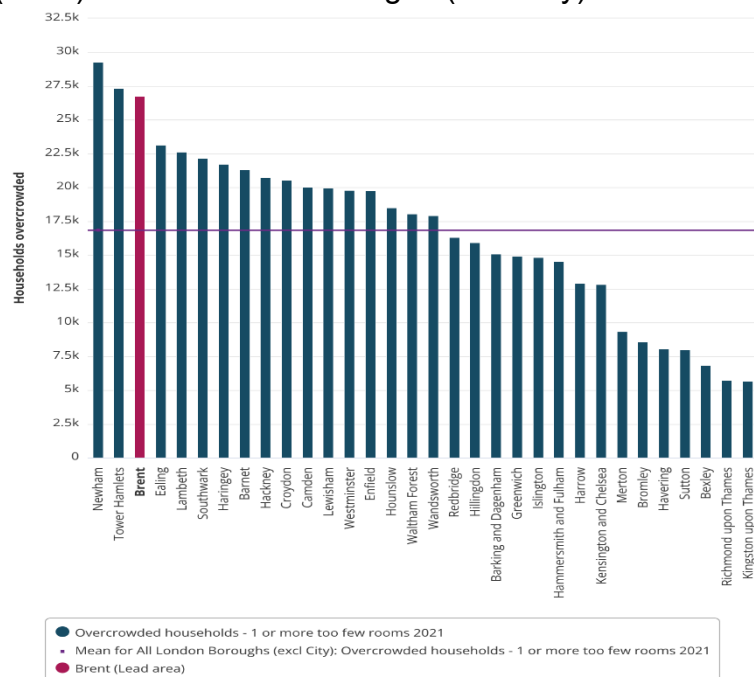
turn can lower immune systems. Brent overcrowding is amongst the worst in London.

Figure 15. Overcrowding - number of households with 1 or more too few rooms (from 2001 to 2021) for Brent



Source: Office for National Statistics

Figure 16. Overcrowding - number of households with 1 or more too few rooms (2021) for All London Boroughs (excl City)



Source Office for National Statistics

4.4 Smoking

Children living in households where smoking occurs are more likely to experience wheezing, asthma symptoms and severe asthma attacks. Data on exposure to second and third hand smoking is not available at the local level but a proxy indicator, households with both a child

and a smoker, is available from NHS records. This ranges from 3.5% of households in some parts of the borough to 20% in some parts of Stonebridge.

Maternal smoking at the time of delivery has decreased over the past decade in Brent and remains lower than the London average. Youth smoking prevalence has also been historically lower in Brent compared with London but these figures need to be updated and expanded to include vaping. A detailed CYP vaping health needs assessment is currently underway.

Table 4. Smoking prevalence in Brent and London

		2014/15	2024/25
		%	%
Smoking prevalence at age 15 - current smokers (WAY survey)	Brent	4.2	
	London	6.1	
Smoking prevalence at age 15 - occasional smokers (WAY survey)	Brent	1.8	
	London	2.7	
% of mothers known to be smokers at time of delivery	Brent	3.5	2.2
	London	5.1	3.3

Source: LGINform

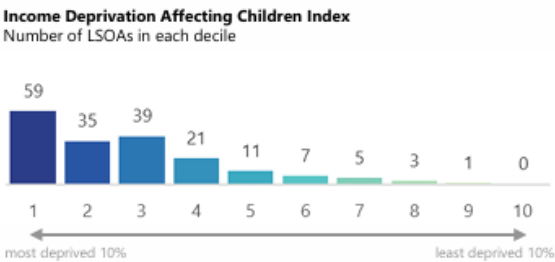
4.5 Multiple deprivation

Socioeconomic disadvantage is linked to higher asthma prevalence. Disadvantaged families often face greater exposure to poor quality housing, higher levels of air pollution and second or third hand smoke. Chronic stress (such as financial insecurity, unstable housing, or other family stress) can influence immune and inflammatory pathways associated with asthma and may make it more difficult for families to adhere to treatment plans. In addition, disadvantaged families may find it difficult to attend medical appointments and may have language barriers and/or lower health literacy.

The 2025 Index of Multiple Deprivation recognised very high levels of deprivation affecting children in Brent.

The most deprived parts of the borough are in the Harlesden neighbourhood but there are notably high levels of childhood deprivation across the borough.

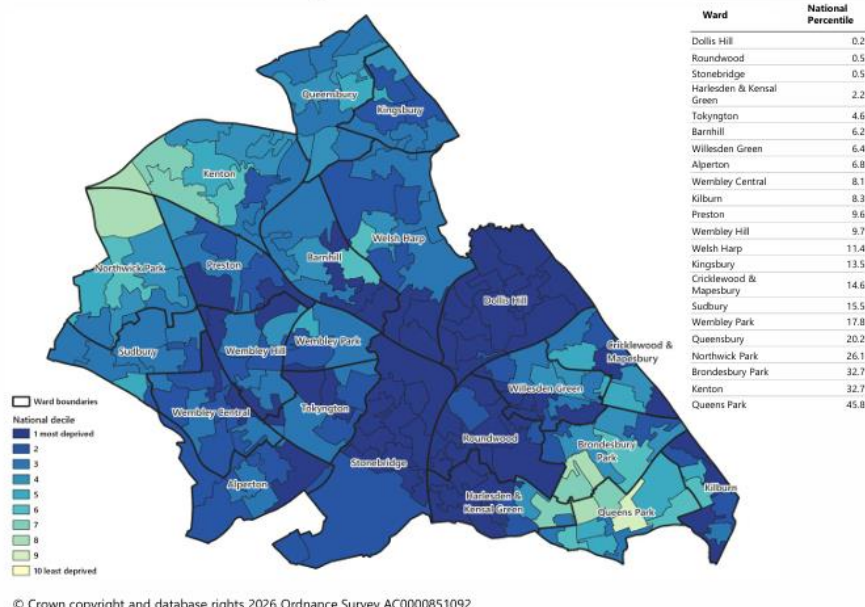
- A third of Brent's LSOAs are in the most deprived decile, with 13 LSOAs in the most deprived 1% in England.
- Dollis Hill, Roundwood and Stonebridge are all in the most deprived 1% of all wards in England. Over half of Brent wards are in the most deprived 10%.
- By both the average rank and average score measures Brent is the fifth most deprived local authority in England, with 58.7% of children living in income deprived households.



Brent's England Rankings - Income Deprivation Affecting Children Index
1 = most deprived in England, 296 = least deprived in England in 2025, 317 = least deprived in England in 2019

Measure	Rank (2025)	Rank (2019)	Change
Average rank across LSOAs	5	69	-64
Average score across LSOAs	5	100	-94
Proportion of LSOAs in most deprived 10% nationally	11	154	-143

Income Deprivation Affecting Children Index LSOAs in Brent relative to all LSOAs in England



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Source: Indices of Deprivation Brent 2025 <https://data.brent.gov.uk/download/2j30l/hf4/Report%20-%20Deprivation%20in%20Brent%20v1.0.pdf>

4.6 Other health factors

4.6.1 Lower respiratory tract infections

Lower respiratory tract infections are linked to the development of asthma symptoms and exacerbation of the illness.⁴ In the under five year olds, hospital admissions for lower respiratory tract infections are at a higher rate in Brent compared with the London average. This difference has grown over the past five years. The rate in children age 2-4 years has almost doubled between 2021/22 and 2024/25.

Table 5. Admissions for lower respiratory tract infections in Brent and London

		2021/22	2022/23	2023/24	2024/25
		Ratio	Ratio	Ratio	Ratio
Admissions for lower respiratory tract infections in children aged 0 to 4 years	Brent	160.13	200.64	193.28	211.35
	London	134.13	161.69	147.33	157.70
Admissions for lower respiratory tract infections in infants aged under 1 year	Brent	439.37	522.22	570.26	533.77
	London	413.96	481.84	459.80	452.77
Admissions for lower respiratory tract infections in children aged 2, 3 and 4 years	Brent	46.73	75.57	49.44	87.41
	London	30.03	45.96	41.26	49.29

Source: LGInform

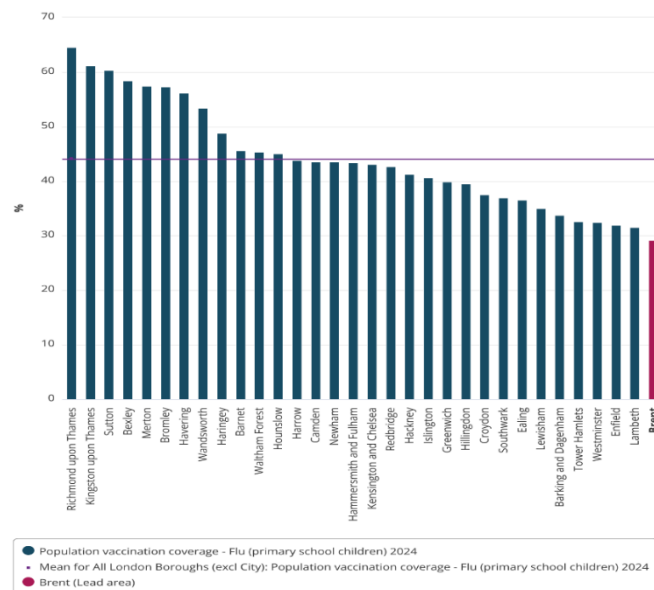
4.6.2 Child vaccinations

Data on child vaccinations generally indicates a picture where Brent coverage is lower than the London average, highlighting a risk for children and young people in Brent relating to respiratory health. Brent has the lowest flu vaccination coverage in London for primary

⁴ [Respiratory infections and asthma - PMC](#)

school children. In 2024 the Brent rate was 29.1% against a London mean of 44.1%, a variance of 15%. Coverage has not improved in recent years.

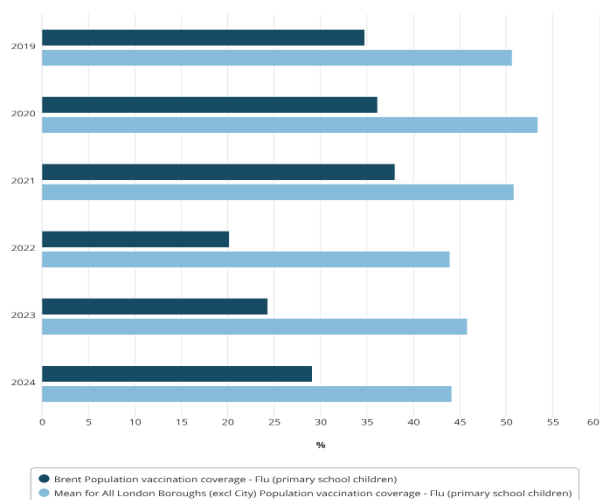
Figure 17. Flu vaccination coverage - (primary school aged children) (2024)



Source: Office for Health Improvement and

Disparities (OHID)

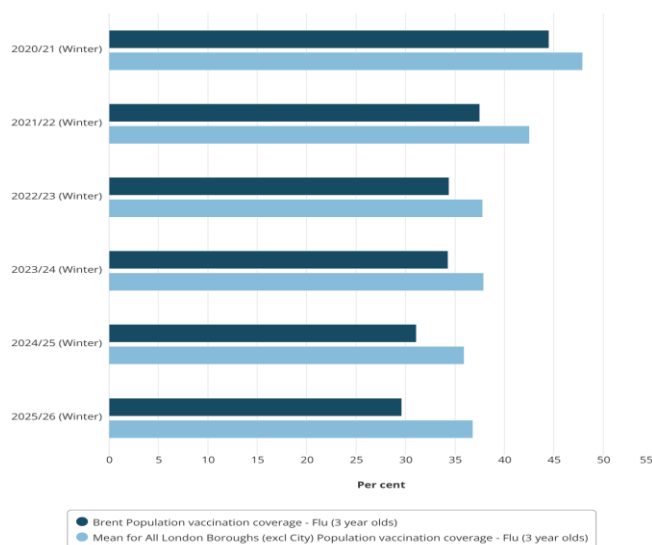
Figure 18. Flu vaccination coverage (primary school aged children) trends over time in Brent



Source: Office for Health Improvement and Disparities (OHID)

Flu vaccination coverage for younger children is also lower in Brent than London and has also not improved in recent years.

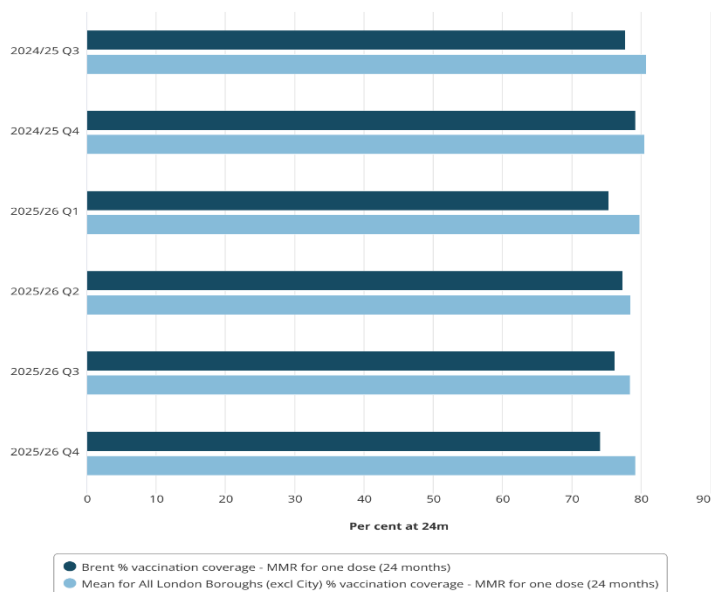
Figure 19. Flu vaccination coverage (All 3 year olds) Winter 2020/21 to 2025/26 in Brent



Source : UK Health Security Agency

Measles can also contribute to respiratory complications. Brent MMR coverage has consistently been below the London average. 74.1% of children had at least one dose by age 24 months in the final quarter of 2025/26 in Brent versus 79.2% average in London.

Figure 20. MMR vaccination coverage for one dose (24 months) (from 2024/25 Q3 to 2025/26 Q4) for Brent



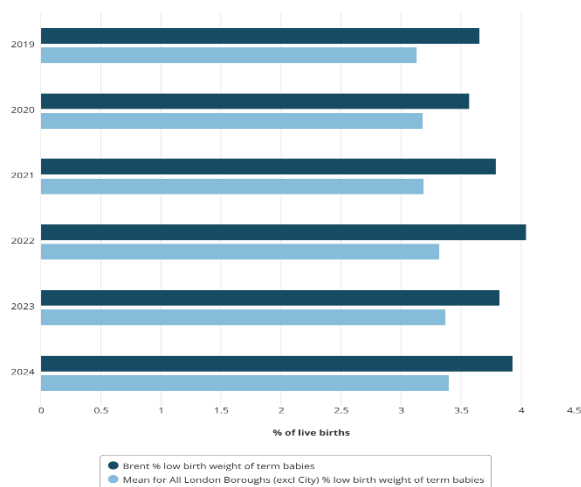
Source: UK Health Security Agency

The PVC vaccine at 1 year can also help counter infections, including respiratory infections that could exacerbate asthma symptoms. The Brent PVC vaccine coverage is close to the London average for this vaccine (87.2% Brent versus 87.7% for London mean in 2024/25).

4.6.3 Low Birth Weight & Premature Births

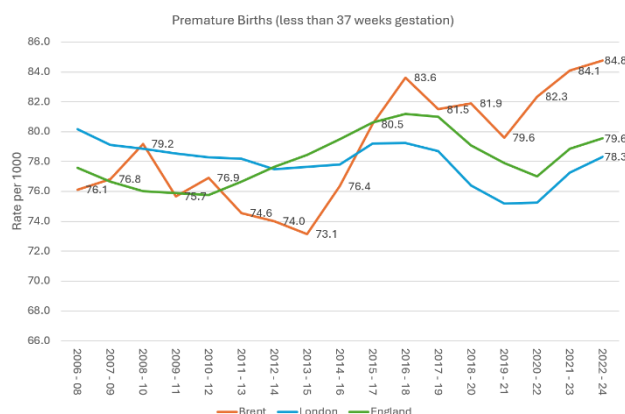
The percentage of live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks is the OHID definition of a low birth weight. Brent has a higher percentage of low-birth-weight babies than the London average and this has consistently been the pattern over the last 6 years (from 2019 to 2024)

Figure 21. Percentage of live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks (from 2019 to 2024) for Brent – Low Birth Weight



A premature birth is a live birth occurring before 37 completed weeks of gestation (OHID). Brent has a higher rate of premature births than both London and England, in the last 7 years. Furthermore, the trend over the latest available three years is on a clearly upward trajectory.

Figure 22. Premature births over time in Brent, London and England



Source:

<https://fingertips.phe.org.uk/search/birth#page/4/gid/1/pat/6/par/E12000007/ati/501/are/E09000005/iid/91743/age/329/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

Asthma attacks usually spike when children return to school after the summer holidays as pupils are more exposed to colds, viruses or dust mites in a school setting. Children may also fall out of their usual preventer inhaler routines over the summer break, leaving them more vulnerable to an asthma attack when they return to school.

5. Evidence on asthma care improvement work

Evaluation of the asthma case finding enhanced service (Source: Rammya):

The programme has delivered measurable, system-wide improvements in early access, patient experience and clinical outcomes.

Over 5,500 children received Healthy Child Checks, including one-third of Brent's CORE20 child population. Uptake was significantly higher among the most deprived children (24.4% vs 13.7%), demonstrating effective targeting of those most in need.

The proactive model transformed identification of unmet need:

- Children were six times more likely to receive catch-up immunisations
- Referrals to social prescribing increased 20-fold
- 98.5% had BMI recorded, with an eightfold increase in weight management referrals
- 52 families received intensive, holistic support through Link Workers

The asthma programme delivered particularly striking results.

Emergency care demand fell dramatically:

- ED attendances reduced by 29% (9,338 → 6,622), equating to 2,716 fewer attendances
- Hospital admissions reduced by 28% (266 → 192), equating to 74 fewer admissions

Reductions were sustained across the year, including winter peaks, indicating genuine improvement in disease control rather than seasonal variation.

Crucially, this occurred alongside a 56% increase in new asthma diagnoses (460 children), with diagnosis rates nearly doubling. This confirms that improvements were driven by earlier identification and better management, not reduced access.

Clinical quality indicators reinforce this:

- 81% reduction in prednisolone prescribing (fewer severe exacerbations)
- 59% reduction in high-risk SABA use (improved control)

This represents a whole-pathway transformation, from detection through to long-term management.

Patient experience mirrors these outcomes:

"She helped me access services, supported my mental health and made me feel in control again."

"We were struggling with housing, health and school—now everything is improving."

A child described:

"Now I go to school and help my parents... thank you for helping us."

These results demonstrate that proactive, integrated care can simultaneously improve outcomes, reduce inequalities and significantly relieve pressure on urgent and emergency services.

Sources:

Office for National Statistics, Mid-year estimates, [0-15 population \(unrounded\) broken down by gender](#), **Data updated:** 31 Jul 2026

Ministry of Housing, Communities and Local Government, English indices of deprivation, [IMD - Income Deprivation Affecting Children Index \(IDACI\)](#), **Data updated:** 30 Oct 2025

Office for Health Improvement and Disparities (OHID), Public Health Outcomes Framework, [Air pollution: estimated fraction of mortality attributable to particulate air pollution](#), **Data updated:** 19 May 2026

Office for Health Improvement and Disparities (OHID), Respiratory disease, [Fine particulate matter - concentrations of total PM2.5](#), **Data updated:** 03 Feb 2026

Office for Health Improvement and Disparities (OHID), Smoking Profile, [Smoking prevalence age 15 years \(SDD survey\)](#), **Data updated:** 13 Nov 2023

Office for Health Improvement and Disparities (OHID), Public Health Outcomes Framework, [Percentage of mothers known to be smokers at time of delivery](#), **Data updated:** 19 May 2026

Ministry of Housing, Communities and Local Government, English Housing Survey: local authority stock condition modelling, [Damp homes broken down by tenure](#), **Data updated:** 01 Jul 2026

Office for Health Improvement and Disparities (OHID), Respiratory disease, [Asthma: QOF prevalence \(6+ years\)](#), **Data updated:** 06 May 2026

Office for Health Improvement and Disparities (OHID), Child and Maternal Health, [Rate of emergency admissions for asthma for children aged 0 to 9](#), **Data updated:** 13 May 2026

Office for Health Improvement and Disparities (OHID), Child and Maternal Health, [Rate of emergency admissions for asthma for young people aged 10 to 18](#), **Data updated:** 13 May 2026

Office for Health Improvement and Disparities (OHID), Child and Maternal Health, [Rate of emergency admissions for lower respiratory tract infections in children aged 0 to 4 years](#), **Data updated:** 13 May 2026