Cancer health needs assessment

Summary presentation for the Health and Wellbeing Board September 2026

Prepared by the Evidence and Insight and Public Health teams

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JSNA aims and scope

- JSNA = Joint Strategic Needs Assessment
- It is a big-picture analysis that provides intelligence on local health and health inequalities
- Local authority and partners (residents, service users, VCFSE and NHS) agree the local picture of health and wellbeing needs via the Health and Wellbeing board
- The JSNA informs the Joint Health and Wellbeing Strategy
- The Director of Public Health has a statutory duty to provide JSNA
- The Brent JSNA can be found here. It is regularly being added to and updated

Click here to link to the Brent JSNA products

JSNA products

Interactive JSNA

Brent vs London / England
100+ health metrics

Local profiles

Neighbourhoods
Electoral wards

Deep dives

e.g. Gambling,
Gypsy/Roma/Traveller health,
Sexual health, Cancer

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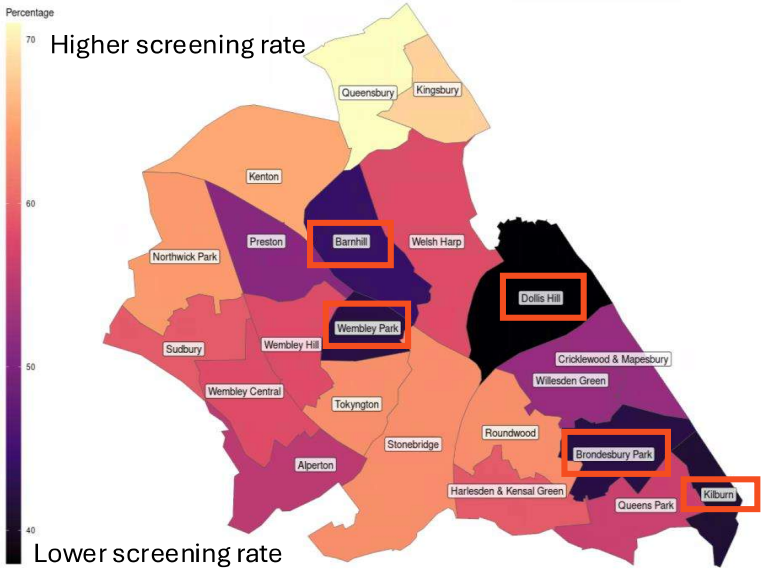
Deep dive into cancer

- Aims to describe cancer morbidity, mortality, diagnosis and management in Brent and identify any inequalities by age, gender, ethnicity and deprivation
- To highlight where public health could play a role in improving cancer prevention and treatment
- Focus on the four most common cancers in the UK
  - Breast cancer
  - Prostate cancer
  - Lung cancer
  - Bowel cancer
- Also focus of a national screening programme
  - Cervical cancer
- And where Brent's population has high level of risk factors
  - Head and neck cancer
- This presentation covers the key findings. The full cancer health needs assessment can be found at this link

Key findings – screening



More deprived areas in Brent tend to have lower breast screening rates

Brent is underperforming across the board and tracks below the Northwest London (NWL) average for all three national cancer screening programmes (cervical, breast and bowel)

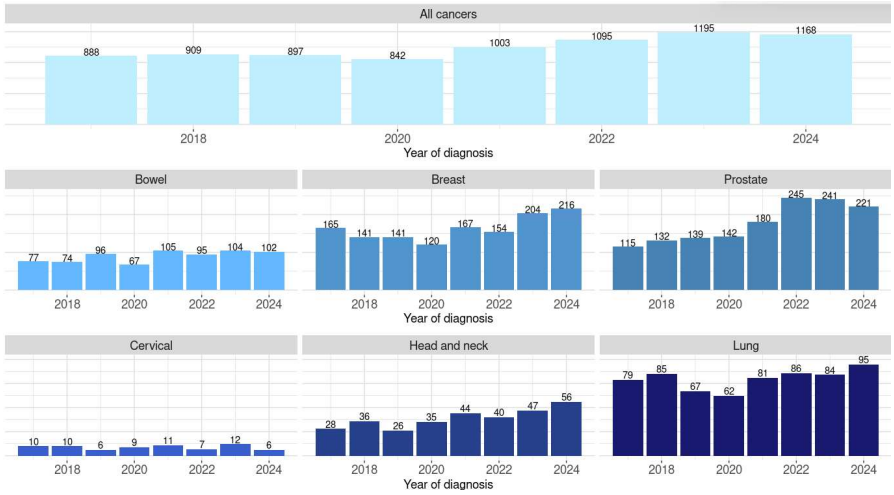
HPV vaccinations are in decline. Substantially lower than both London and England averages, with a worrying downward trend in recent years

There is a substantial age gap for screening – younger eligible cohorts show lower screening uptake than older age groups across all three programmes

Lower uptake is strongly correlated with higher deprivation (with the exception of cervical screening)

Uptake rates vary by ethnic group, though the most affected demographics differ depending on the specific screening programme

Key findings – morbidity



From 2022, post COVID-19, there is an increase in cancer diagnosis

There is a rising incidence in total cancer cases in Brent – number of new cancers has increased between 2017 and 2024

Overall cancer prevalence is highest among white ethnic groups and individuals living in more deprived areas

Those at highest risk of prostate cancer are Black ethnic groups, mirroring national trends. Local qualitative research reveals a critical lack of awareness regarding prostate cancer symptoms and when/how to seek medical response among Black African and Black Caribbean residents

Head and neck cancer is a specific local concern. Brent has considerably higher rates of head and neck cancer compared to the England average

Incidence of head and neck cancer is disproportionately higher in men and individuals from South Asian ethnic groups (compared to the Brent average)

Tobacco use – specifically smokeless tobacco, which is highly prevalent among men and South Asian communities – is identified as a major contributing factor to Brent's elevated rate of head and neck cancer

Key findings – diagnostic pathway

Incidence by diagnostic pathway and cancer type (2017 - 2024)			
Characteristic	**GP**	**NSP**	**Other**
Overall	3,641 (46%)	303 (3.8%)	4,053 (51%)
Cancer			
Other	1,355 (38%)	0 (0%)	2,177 (62%)
Prostate	943 (67%)	0 (0%)	472 (33%)
Breast	678 (52%)	238 (18%)	392 (30%)
Bowel	265 (37%)	56 (7.8%)	399 (55%)
Lung	230 (36%)	0 (0%)	409 (64%)
Head and neck	148 (47%)	0 (0%)	164 (53%)
Cervical	22 (31%)	9 (13%)	40 (56%)

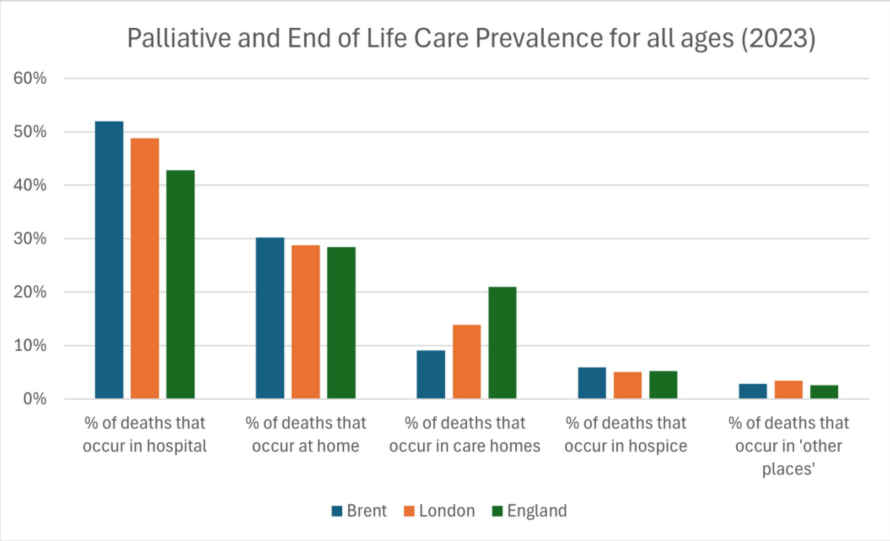
Diagnosis via national screening or GP referral leads to significantly more timely diagnosis and better treatment outcomes compared to emergency routes (e.g. A&E)

Brent is successfully moving away from emergency diagnoses. The proportion of total cancers diagnosed via non-optimal pathways dropped from 57% in 2017 to 46% in 2024

Despite overall improvements, certain cancers are still more likely to show delayed diagnoses

Lung, bowel, and cervical cancers were less commonly diagnosed through screening or GP referrals compared to total cancers.

Key findings – mortality rates and end of life



Both 3-year and 5-year survival rates are statistically significantly lower in Brent compared to the NWL average for cancers overall, and for lung cancer specifically

Survival rates are notably lower for head and neck cancer and lung cancer compared to cancers overall

A higher proportion of Brent residents die in hospital and a lower proportion die in a hospice compared to NWL average

What cancer initiatives are we providing?

Leverage community assets

- We integrate community perspectives and work with community champions to improve the reach and trust of cancer prevention services
- Successful, localized outreach models include:
  - The “Man Van” asset-based approach to prostate cancer screening for Black men
  - Brent Health Matters outreach activities e.g. cancer screening awareness events

Public Health and Integrated Care Partnership programmes

- Brent Stop Tobacco programme, including Smoke Free App digital support
- Chewing tobacco cessation initiative, designed to be culturally appropriate
- Primary care proactive targeting to registered smokers
- Lung cancer screening programme targeting current tobacco users
- Non-responder cancer screening calling project (for bowel cancer screening)
- Roll-out of HPV self-sampling through primary care
- Targeted, personalised support for people in CORE20 most deprived communities to access cancer prevention and early diagnosis through Brent Health Matters

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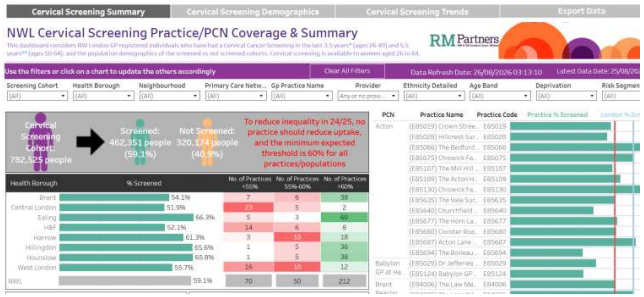
What other resources do we have?



Intelligence

- Brent and WNL ICB has detailed data for bowel, breast and cervical cancer screening, which supports inequalities monitoring and improvement
- We engage with communities to understand their barriers, needs and preferences for services and design our service offer around that
- Continue to review our services in line with NHS and other robust evidence on what works to increase screening uptake

Whole system approach

- RM Partners Cancer Alliance Strategy 2025-2030
- Integrating cancer prevention into other strategies, including Men's health strategy and Food strategy
- Multiple partners collaborating in neighbourhoods to target cancer support

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