

Brent Joint Strategic Needs Assessment (JSNA), 2014 **Highlight summary report**

Introduction

Reducing the high levels of health inequality which exist throughout Brent and improving the health and prosperity of those individuals and communities who experience high levels of social exclusion and disadvantage requires a collaborative approach between the council and its key partners. This refresh of Brent's JSNA provides an analysis of the current and future health needs of the local population. The overall aim of this refresh is to provide the intelligence to inform action to improve outcomes for Brent's communities and residents.

The refreshed Brent JSNA 2014/15 has been divided up into four sections, which are as follows:

- 1. *Our people and place***
- 2. *The burden of ill health***
- 3. *Children and young people***
- 4. *Key health challenges in Brent***

A series of information sheets have been produced to accompany this highlight report. These contain more detailed information on a particular theme and explore how a range of underlying factors can influence the health and well-being of Brent's communities and residents and the associated health outcomes. The information sheets are as follows:

- 1) People and Place**
- 2) Children's health**
- 3) Housing**
- 4) Diet, physical activity and obesity**
- 5) Economy**
- 6) Educational attainment**
- 7) Female Genital Mutilation**
- 8) Green spaces**
- 9) Life expectancy and mortality**
- 10) Older people**
- 11) Smoking**
- 12) Substance misuse**
- 13) Sexual health**
- 14) Transportation**
- 15) Primary care**
- 16) Secondary care**

As the population profile of Brent's communities can change quite dramatically over time, forecasting future rates of certain long term conditions is particularly challenging. To ensure that estimates of conditions including dementia and diabetes are accurate in such a diverse setting as Brent, a strong understanding of our communities is required both now and in the future.

A range of other supporting documents and data sources have been used to inform and shape the content of this JSNA. These documents are listed at the end of this report and provide an enhanced understanding of the different communities in Brent, the equality and diversity characteristics of the residents who live there, and the varying needs around which local service delivery is tailored.

1. OUR PEOPLE AND PLACE

Overview of LB Brent and its population characteristics

Brent is an outer London borough in north west London (figure 1). It has a population of 317,264 and is the most densely populated outer London borough, with a population density of 74.1 persons/ha. The population is young, with 35.1% aged between 20 and 39. Brent is ethnically diverse, with 65.0% of its population from black, Asian and minority ethnic (BAME) backgrounds. Life expectancy for females born between 2010 and 2012 is 84.5 years, higher than male life expectancy of 79.9 years. Conversely, healthy life expectancy for females born between 2009 and 2011 is 62.2 years, lower than the male healthy life expectancy of 64.2 years.

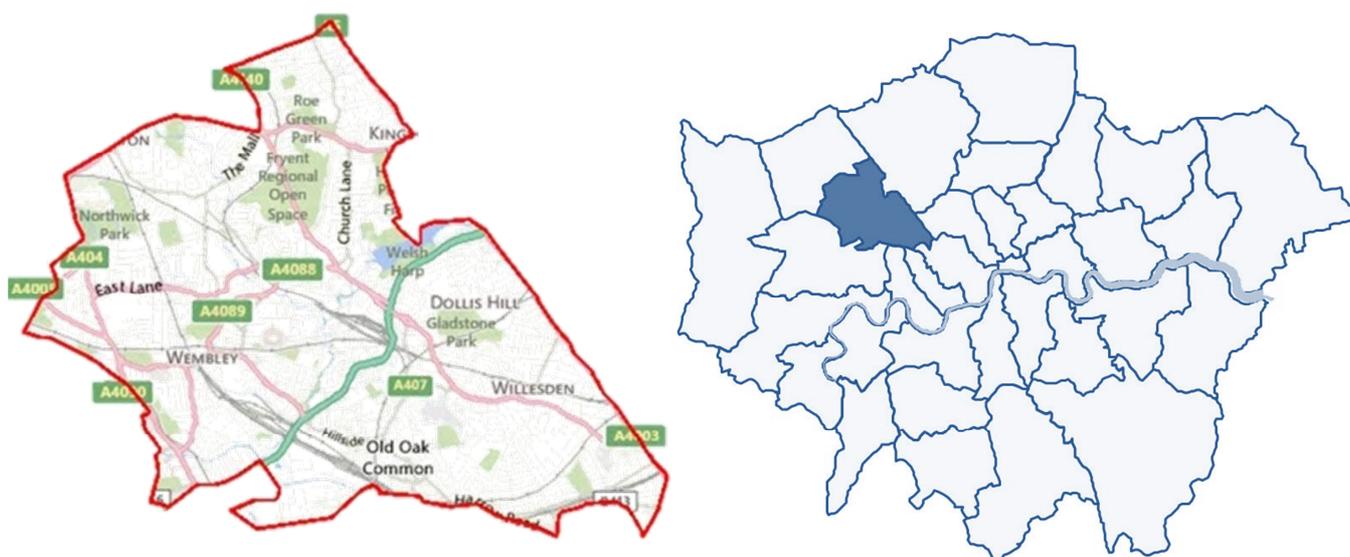


Figure 1: Brent in London and Brent map.

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Brent: summary of key statistics

Total resident population (2013)	317,264
Households in the borough(2013)	114,319
Average house price (June 2014)	£382,076
Percentage of people living in social rented housing	24.1%
Residents from black, Asian and minority ethnic groups (2013)	65.0%
Foreign born residents within the local population (2011)	55.1%
Main language is not English (2011)	37.2%
All Live births (2013)	5,170
Number of deaths (2013)	1,633
Gross weekly pay (2014)	£538
Job Seekers Allowance (JSA) claimants (2014)	3.2%
Unemployed 16-64 year olds(model based 2014)	9.4%
% of children in poverty (2014)	28.8%
Number of children aged 0-19 years (2013)	79,789

Population

The total population of Brent is 317,264, with 35.1% of residents (111,483) aged between 20 and 39, giving the borough a young overall age structure as illustrated in figure 2, which is similar to the age profile for London.

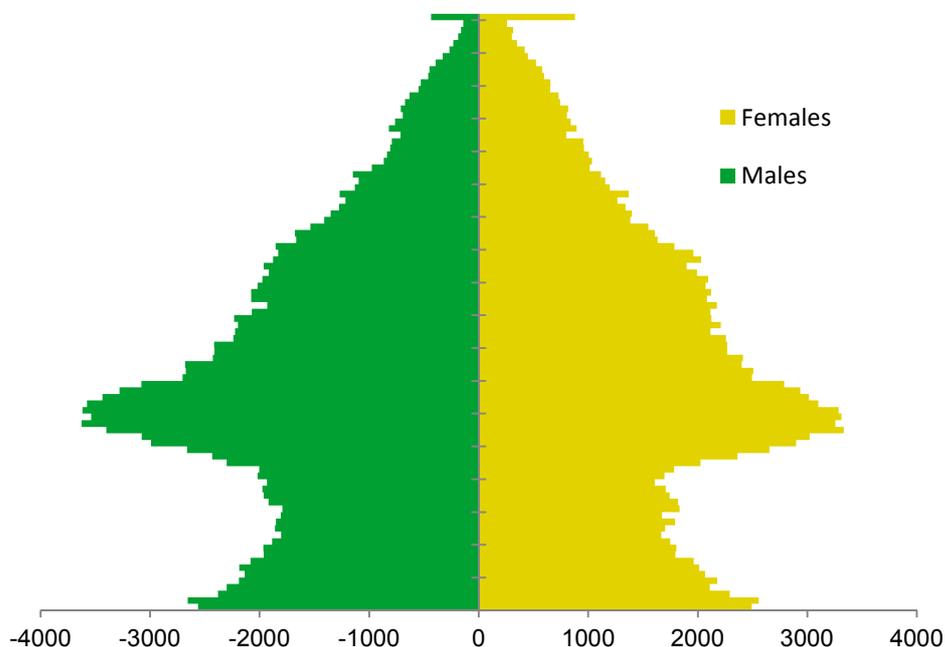
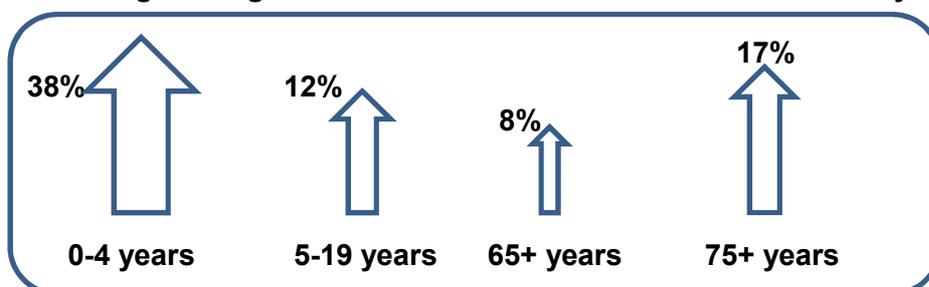


Figure 2: Brent's population by age and gender, 2013.
Source: ONS mid-year estimates 2013

Percentage changes between 2001 and 2011 for some of the key age groups in Brent



The CCG is responsible for its registered population. This is 353,372 and is the number of people registered with a Brent CCG GP practice. A patient does not necessarily have to live in Brent to be registered with a Brent GP.

Ethnicity

In Brent, the black, Asian and minority ethnic (BAME) groups make up 65.0% of the population, compared to 41.8% in London. This has increased since 2011, where BAME groups made up 63.7% of the population. About one third (36.0%) of the population are Asian; 35.0% white and 21.1% black¹ (figure 3).

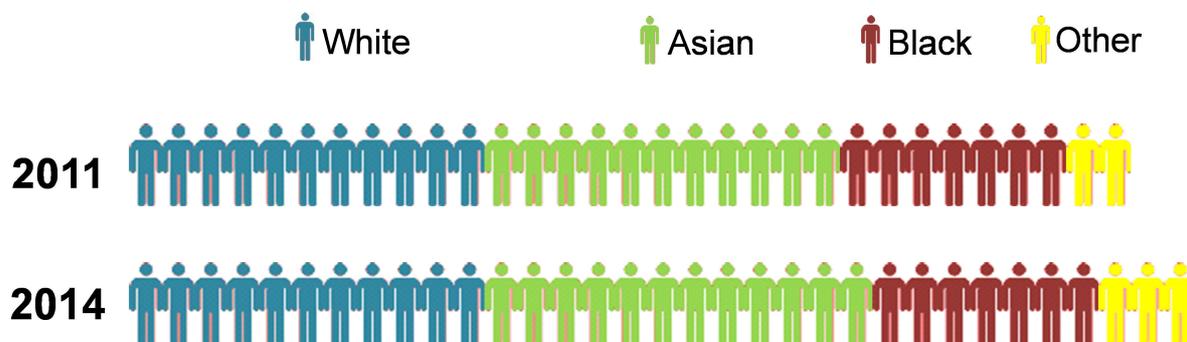


Figure 3: Population change in Brent 2011-2014
Source: 2011 Census, ONS mid-year estimates 2013

There is no information published at ward level about ethnicity after the 2011 Census. In 2011, at ward level:

- the largest white populations were in Mapesbury, Brondesbury Park, Queens Park and Kilburn wards (figure 4.a)
- the Asian population is largest in Alperton, Wembley Central and Kenton (figure 4.b)
- Stonebridge, Harlesden and Kensal Green wards have the highest black population (figure 4.c)

¹ GLA ethnicity trend based borough projections 2012

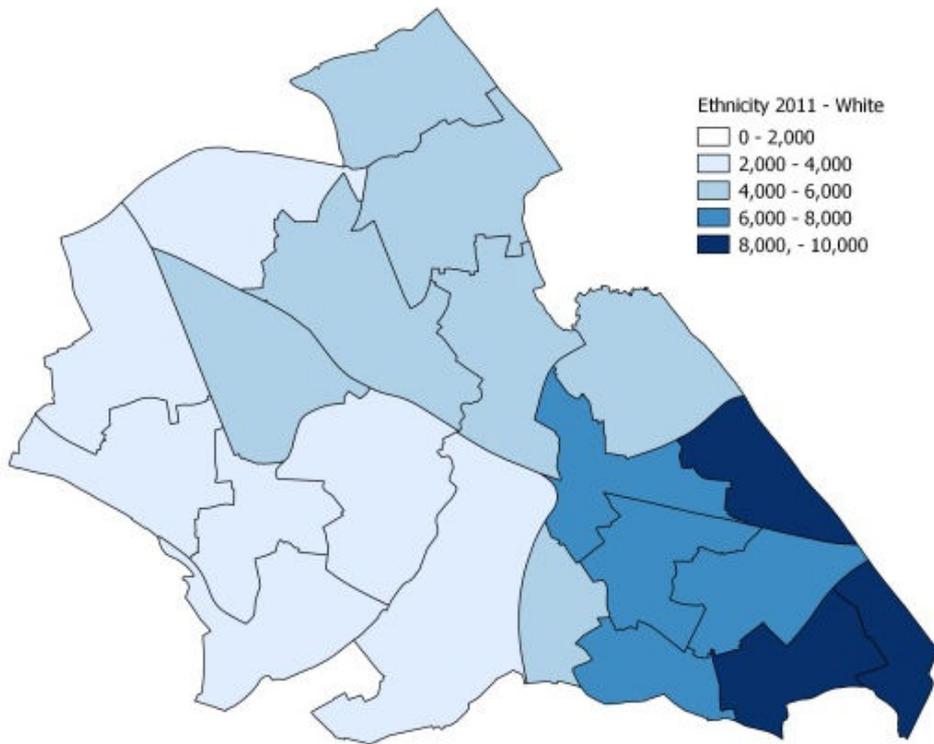


Figure 4.a

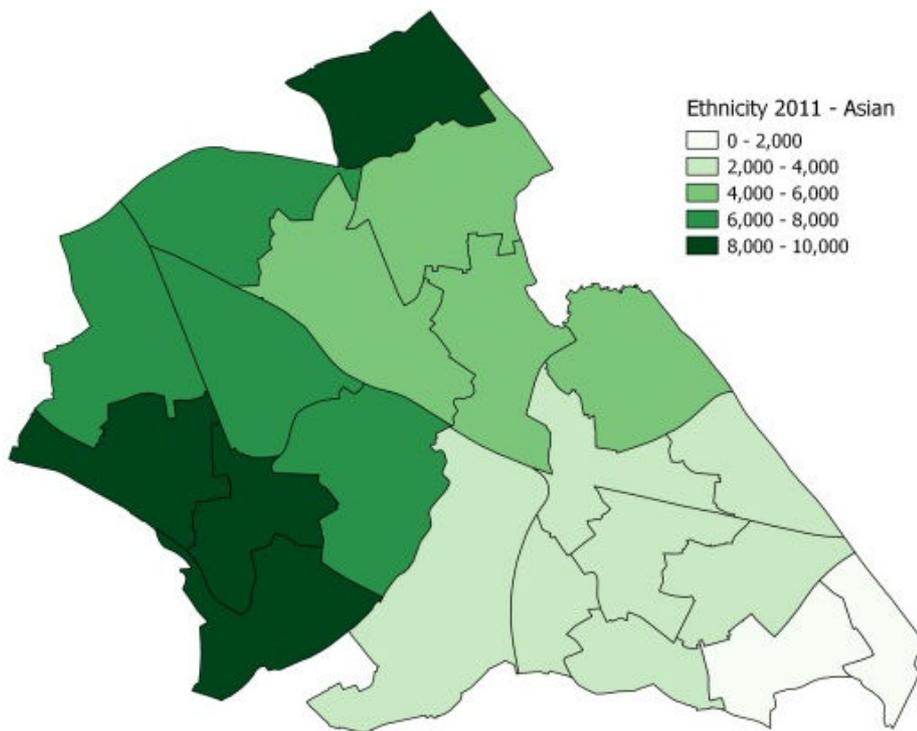


Figure 4.b

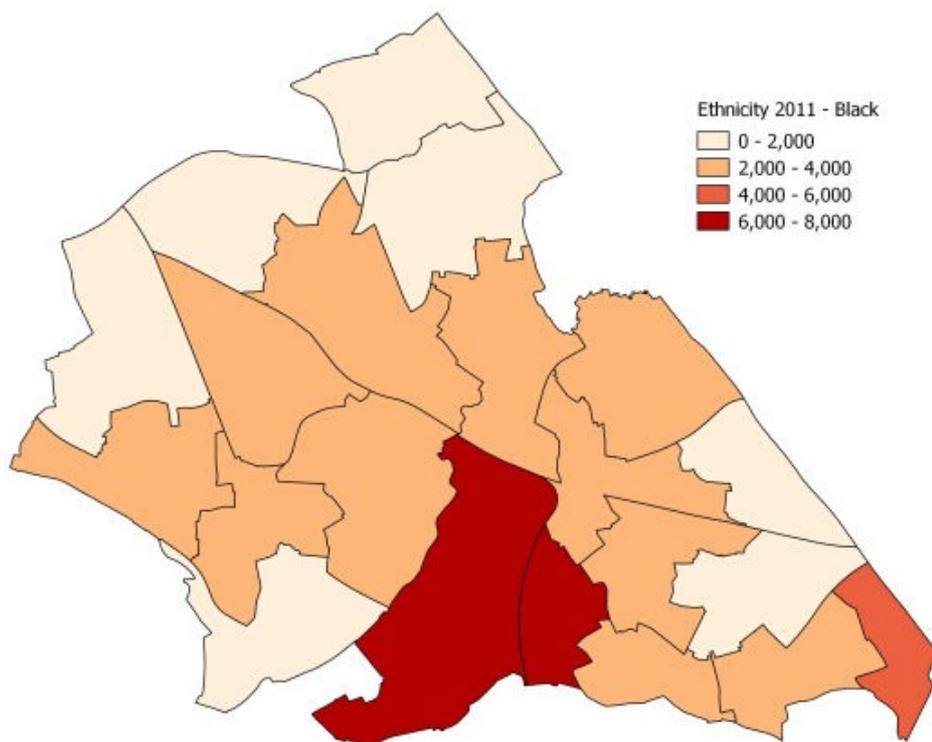


Figure 4.c

Figure 4 (a-c): Ethnic Groups by ward
 Source: 2011 Census

The proportion of people belonging to the different ethnic groups in Brent varies with age. Figure 5 illustrates that among younger people (particularly 5-15 years olds); the white population is lower and black population higher than for the borough as a whole.

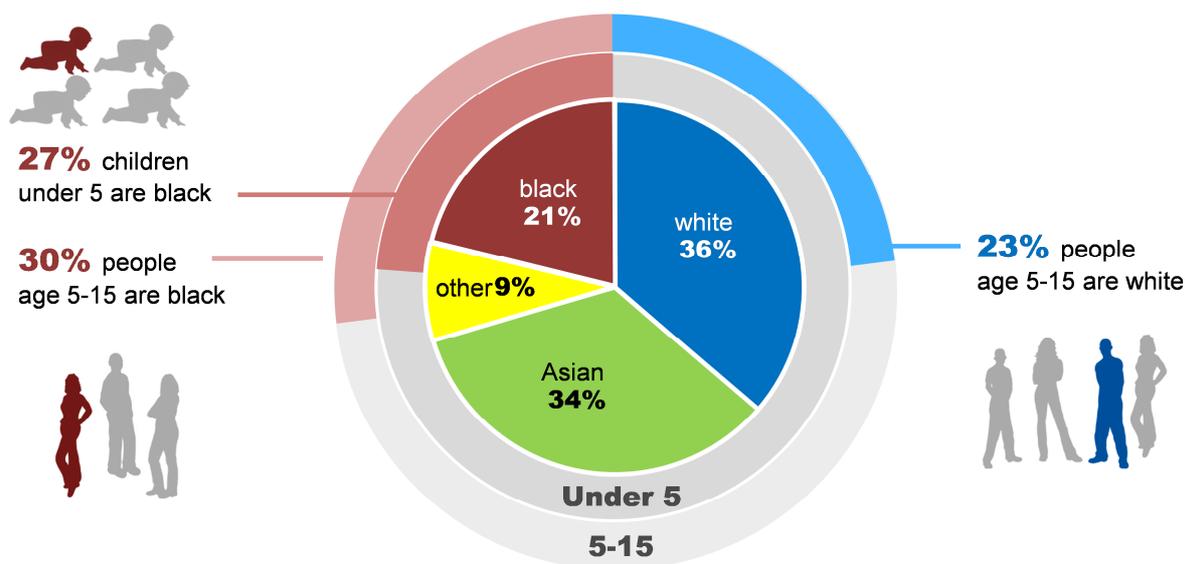
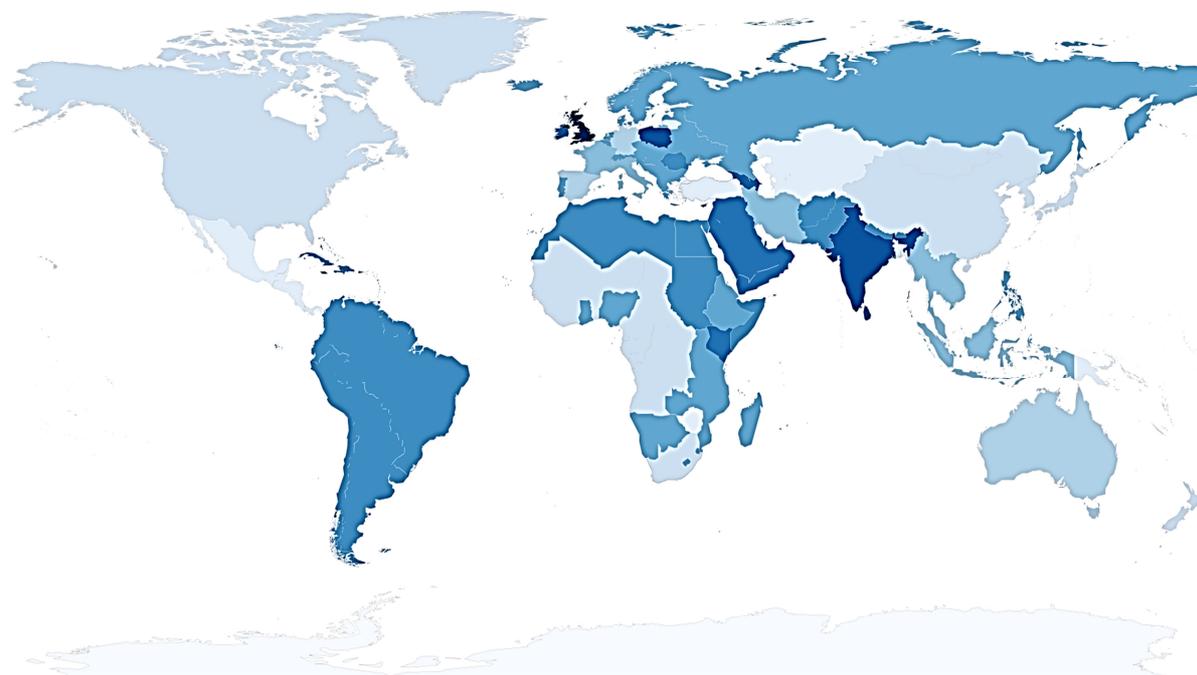


Figure 5: Ethnic Groups by age
 Source: 2011 Census

Country of birth

Figure 6 shows the diverse range of countries where Brent residents were born, identifying the number of people born in a particular country.



Number of Brent people
born in country

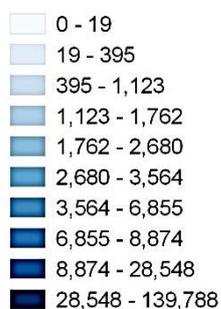


Figure 6: Country of Birth. Source: 2011 Census

Language

There are many different languages spoken in Brent. English is the main language for 62.8% of the population (figure 7). Gujarati is the main language for 7.9% of the population and Polish is the main language for 3.4% of the population.

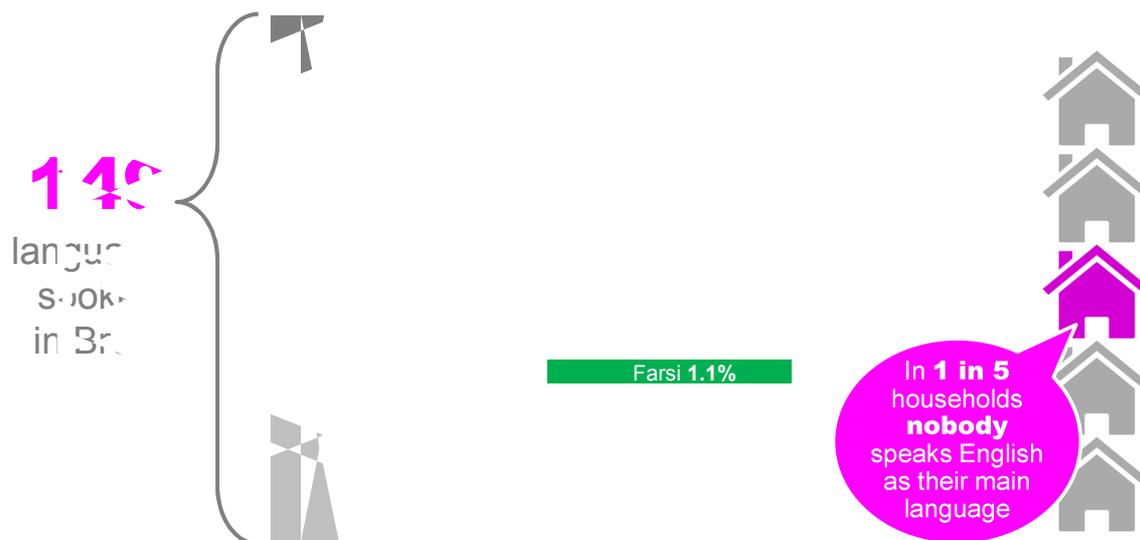


Figure 7: Languages spoken in Brent
 Source: 2011 Census

Religion

Most people in Brent have a religion, 10.6% of the population said they did not have a religion. Christianity is the most popular religion in Brent, 41.5% or the population are Christian, 18.6% Muslim and 17.8% Hindu.

Since the 2001 census, Christianity has declined by around 7%, while Islam has increased by around 9%, nearly doubling since 2001 and becoming the second most popular religion in Brent (figure 8).

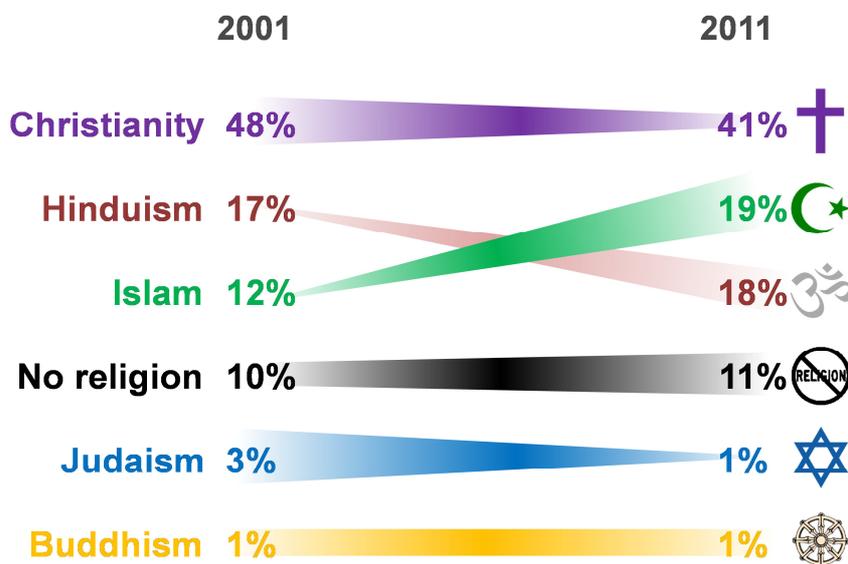


Figure 8: Change in Religions in Brent since 2001
 Source: 2001 Census, 2011 Census

Lifestyle

Eating well

The benefits of healthy eating, and in particular of eating 5 portions of fruit and vegetables a day, are widely recognised and include a reduced risk of heart disease, stroke and cancer. Public Health England estimates that only 37% of the Brent population were achieving 5 a day during the period 2006/08².

Physical activity

Regular physical activity confers a range of health and well-being benefits. Levels of physical activity in Brent have been below the London and England averages since 2005/06³. Over half the adult population in Brent (52.8%) take part in no moderate intensity sport or physical activity for at least 30 minutes duration a week⁴. This compares to the London average of 44.5% and the England average of 44.4%.

Access to indoor sports facilities

Brent offers three public sports centres: Willesden Sports Centre, Vale Farm Sports Centre and Bridge Park Community Leisure Centre. Willesden and Vale Farm's facilities include the only two public swimming pools in the Borough. In 2013/14 there were just over 1.4 million visits⁵ to these three centres, a number which is increasing annually. There are a small number of small private gym facilities in the Borough and some schools make their sports facilities available for the local community to hire.

Access to parks and open spaces

Brent has the lowest proportion of green space of all outer London boroughs. As cited by the Marmot Review, green spaces and green infrastructure improve mental and physical health and have been shown to reduce health inequalities. To help improve the mental and physical health of residents, the council faces a key challenge in making what space it does have as welcoming and accessible to all borough residents as possible. Between March 2012 and February 2013, only 8.8% of people in Brent aged 16 and over utilised outdoor space for either exercise or health reasons. This is lower than both the London (10.5%) and England (15.3%) averages⁶.

Brent's 74 parks, ranging in size from Fryent County Park (115ha) to numerous small pocket parks throughout the borough, are used for many different activities. Outdoor gyms were installed in 6 parks in July 2013. These are free to use and have led to an increase in the physical activity levels of many users. Free guided health walks are another popular activity, with 119 people taking part in guided health walks in March 2014. Similarly, Park Run, a free-to-attend 5km run held every Saturday morning in Gladstone Park attracts around 100 weekly participants. Brent's parks and open space provide access to various other sporting facilities, including multi-use game areas, tennis courts, and football, rugby and cricket pitches. Brent's parks and open spaces also contain 23 allotment sites.

² Health Survey for England, 2006-2008

³ Sport England, Active People's Survey (2005/06 to 2012/13)

⁴ Sport England, Active People Survey, results from APS 7 (2012/13)

⁵ Figure derived from LB Brent Sports and Parks service

⁶ Natural England, 2012/13: Monitor of Engagement with the Natural Environment (MENE) survey. Respondents to the survey were asked to indicate how many visits they had taken to the natural environment in the last 7 days.

Wider determinants of health

As public health is influenced by many factors other than the healthcare received, opportunities exist to integrate public health priorities into some of the key wider determinants of health such as education, housing and transport. The model of health determinants (figure 9) illustrates the key roles local government could have in these particular areas.

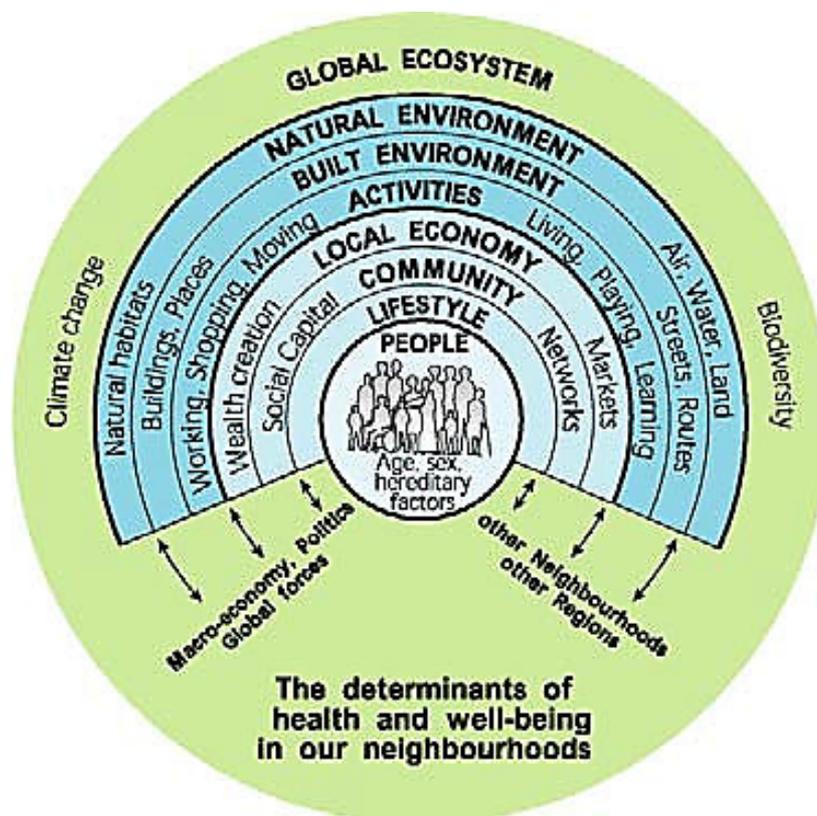


Figure 9: Health map of the wider determinants of health. Developed by Barton and Grant (2006) (based on Dahlgren and Whitehead, 1991))

Housing tenure

The total number of dwellings in Brent has increased by 8,016 (or 8%) since 2001. Of the 110,286 households in Brent in 2011, just under half of these (48%) were houses or bungalows (figure 10). Just over half (51%) were flats. Nearly 1% of Brent's accommodation was caravans or temporary structures. Other key points to note include:

- Social rented housing in Brent has increased from 23,881 in 2001 to 26,591 in 2011, a change of 11.4%; although as a proportion of the overall stock it has remained static. This trend is similar to London where the total number of dwellings increased by 9.9% between 2001 and 2011;
- Owner occupation now accounts for 44% of the borough's households. In 2001, owner occupation made up 56% of the borough's households; private rented makes up 32% of the households (compared to 18% in 2001);
- The mean household size went up from 2.6 in 2001 to 2.8 in 2011.

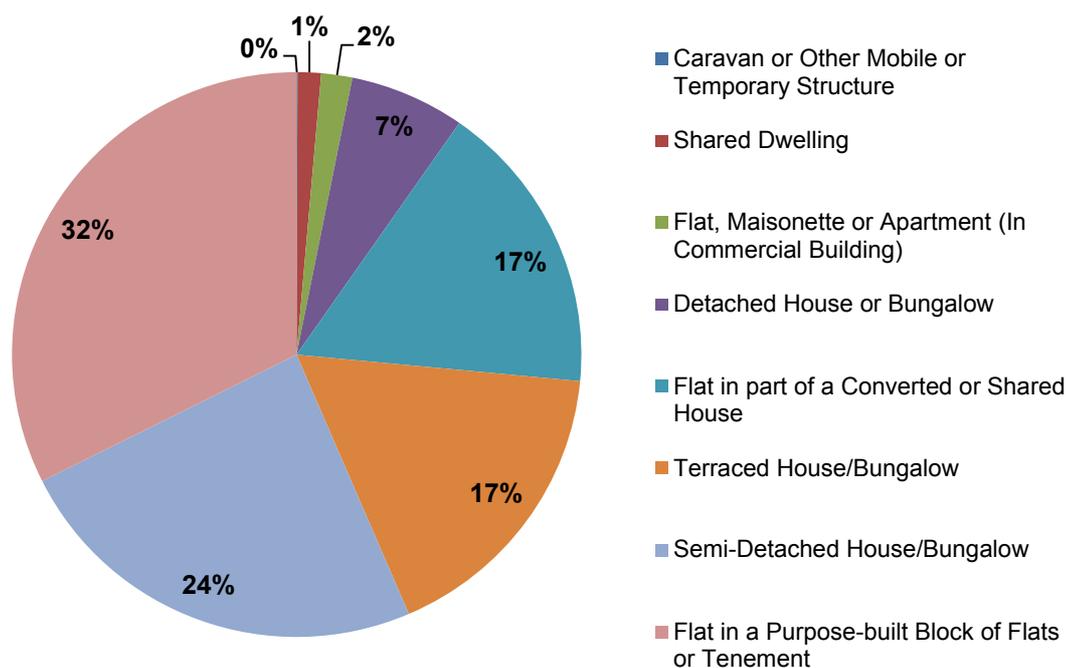


Figure 10: The main types of accommodation in Brent, Source: ONS 2011 census

Housing pressures in Brent

Since 2001, the population in Brent has expanded faster than predicted, causing a rise in the demand for affordable housing. Coupled with an increased demand for larger family-sized homes, there is a range of pressures to meet these needs.

Rising rents and house prices are some of the biggest challenges which residents in Brent are faced with. Approximately 30% of employees living in the borough are paid less than the London living wage. Finding affordable housing is therefore a particular challenge for many families⁷. These pressures have led to Brent (18%) having the second highest rate of overcrowding in London after Newham (25%). Overcrowded housing stock and a general lack of space and land available for housing development present a number of related concerns. Rates of respiratory disease and tuberculosis tend to be higher in overcrowded houses⁸. For children and young people, other issues include:

- Under achievement in school or college due to a lack of space to do homework;
- Anxiety, depression and stress⁹.

Levels of statutory homelessness in 2012/13 are worse in Brent than the England average¹⁰. Factors such as our focus on regeneration, which prioritised households moving within large demolition and rebuilding schemes, and loss of stock due to right to buy schemes, are factors which have led to a large number of households residing in temporary

⁷ New Policy Institute. London's Poverty Profile 2013, webpage: http://npi.org.uk/files/3313/8150/0123/Final_full_report.pdf

⁸ Better Housing, briefing 20: Tackling the prevalence of Tuberculosis amongst poorly housed minority ethnic communities in London: www.better-housing.org.uk

⁹ Shelter, 2005, Full house: how overcrowded housing affects families report

¹⁰ Public Health England, Brent health profile 2014

accommodation. Additionally, a large proportion of private rented sector properties in Brent are seen as 'non decent'¹¹.

Fuel poor households and excess winter mortality

The government considers households to be in 'fuel poverty' if they have to spend more than 10% of their household income on fuel to keep their home in a satisfactory condition. Poor quality housing stock (i.e. where houses lack energy efficiency measures or suitable insulation) coupled with high levels of deprivation and poverty can contribute to increased rates of excess winter mortalities (EWM).

The EWM index which the ONS uses to calculate the number of EWM against average non-winter deaths shows that there were around 22% more deaths in December to March 2011/12 than in non-winter months in Brent, a difference which is similar to what was seen nationally during that period. Nationally, the majority of these deaths were among individuals aged 75 and over of both sexes, with females aged 85 and over having the greatest number of EWM. Figure 11 shows the main causes of EWM by age in England and Wales in 2011/12. Respiratory disease accounts for the greatest proportion of EWM for all age groups, followed by circulatory disease. In Brent, older people who live in the most deprived parts of the borough and suffer from respiratory problems are likely to be most at risk of EWM.

Approaches to reduce EWM include increasing the uptake of flu vaccinations among older people. In 2012/13, 72.7% of eligible adults aged 65 and over in Brent received the flu vaccine. The England average was 73.4% and London average was 71.2%. In Brent, 57.1% of individuals aged between 6 months and 65 years old who were considered at risk of contracting the flu received the flu vaccine in 2012/13. This compares to 51.3% in England and 50.9% in London¹².

¹¹ The Poverty Site's definition of non decent homes: *'Non-decent' homes as those which do not meet the government's standard for 'decent homes' whereby housing should: be above a statutory minimum standard (i.e. be fit for habitation); provide a reasonable degree of thermal comfort; be in a reasonable state of repair; and provide reasonably modern facilities and services*
<http://www.poverty.org.uk/78/index.shtml#def>

¹² Public Health England, Public Health Outcomes Framework

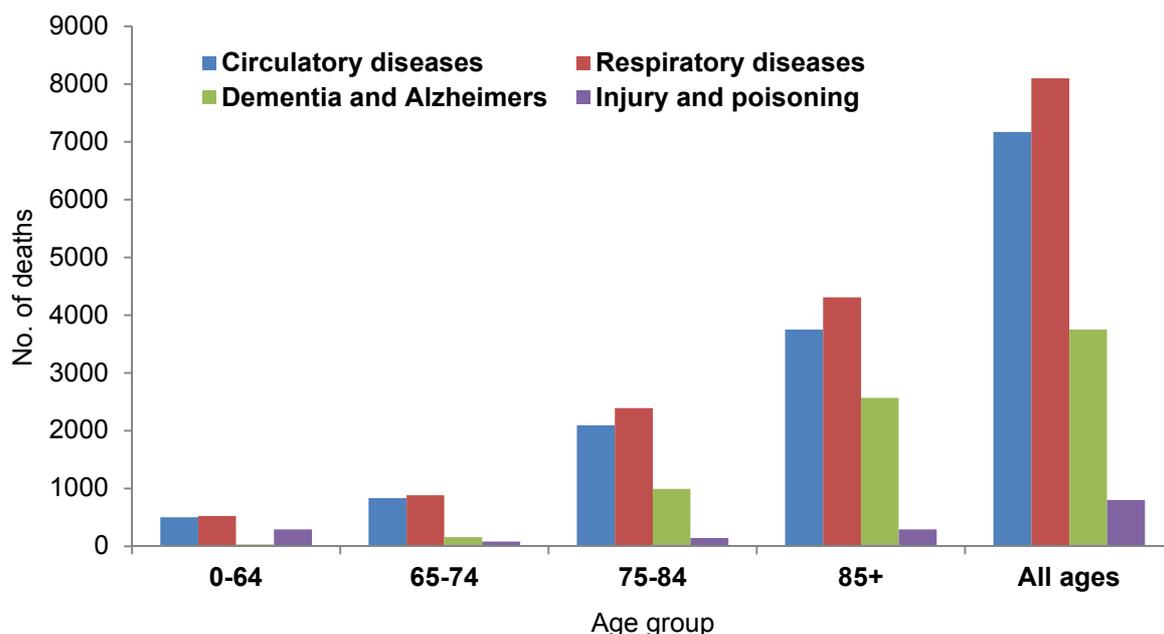


Figure 11: Causes of EWM in England and Wales, 2011/12

Living in a cold, damp home increases the risk of poor mental and physical health and may prolong the time taken for a person to recover from illness. Cold, damp houses encourage mould growth, which increases the risk of respiratory infection. The percentage of households estimated to be fuel-poor in 2012 in Brent (11.6%) was higher than both the London (8.9%) and England (10.7%) averages¹³.

Welfare reforms

Recent national welfare reforms and changes to the benefit system have led to a range of associated issues for Brent residents. Among the provisions of the Welfare Reform Act 2012 are changes to housing benefit regime. Key changes have included the introduction of the under occupancy penalty. This reduces the amount of benefit paid to claimants who are deemed as having excessive amounts of living space in the property which they are renting.

Employment and unemployment

ONS mid-year 2012 population estimates show that 69% of Brent's population is of working age (i.e. aged between 16 and 64). During the period October 2012 to September 2013, 11% of the working age population were unemployed¹⁴. This compares to the London average of 8.7% and the national average of 7.7%.

High levels of unemployment in Brent coupled with people having less disposable income means that the living standards of many families in the borough are compromised. Issues such as food poverty are becoming an increasing concern for some families in the borough.

The employment rate varies by 16.9% for different ethnicities. Figure 12 illustrates that Indian people have the highest rate of employment (69.0%), and black people the lowest (52.1%).

¹³ Department for Energy and Climate Change: fuel poverty indicator, 2012 (low income, high cost)

¹⁴ ONS Annual population survey: model-based estimates (% is a proportion of economically active)

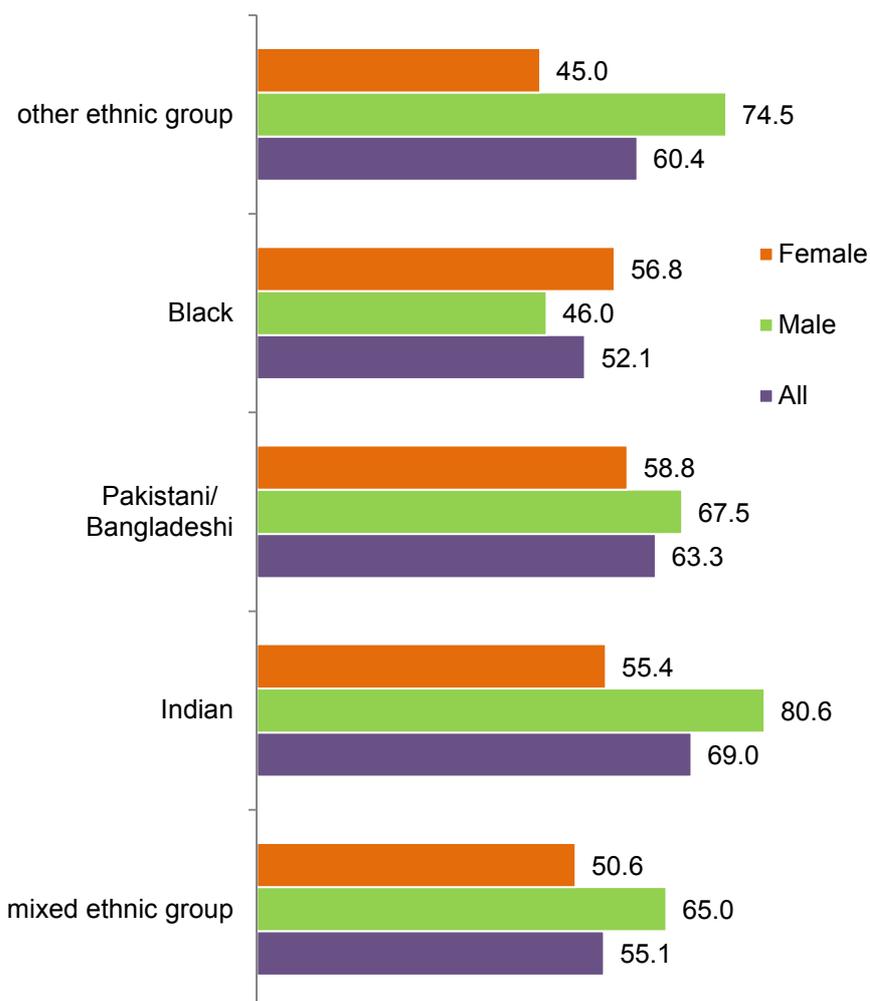


Figure 12: Employment rate by ethnicity and sex. Source: Annual Population Survey, 2014

There are 34,600 working age people in Brent with a long term illness or disability. Of these 16,800, (48.5%) are in employment. This is lower than both the London rate (59.8%) and the England rate (63.2%).

The percentage of people with depression, learning problems, mental problems or other nervous disorders in employment is 23% also lower than both the London rate (32.2%) and England rate (36.4%) as illustrated in figure 13.

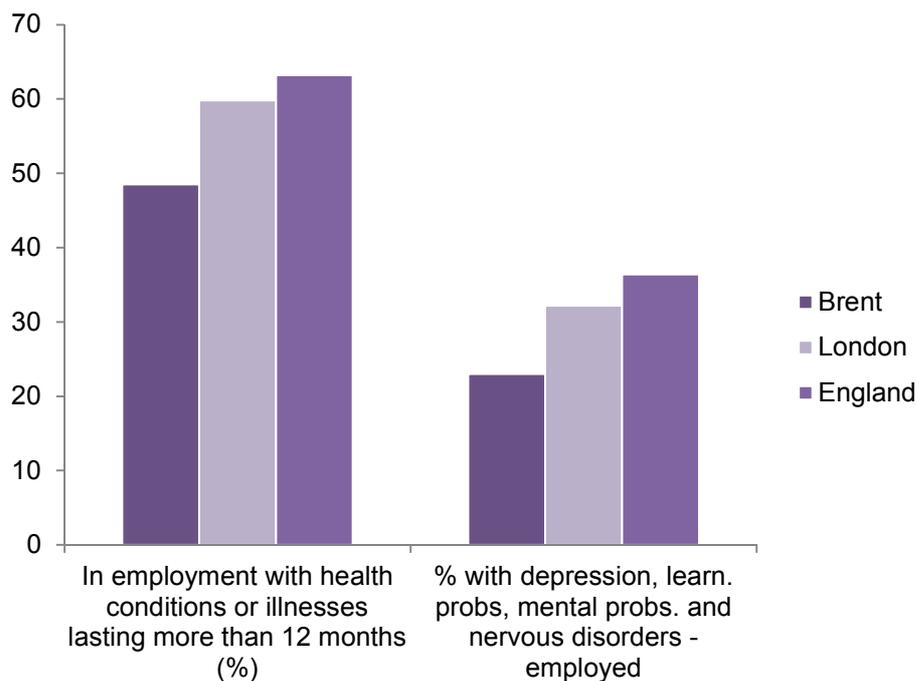


Figure 13: Percentage of people in employment with long term conditions.
Source: Annual Population Survey, 2014

Job Seekers Allowance (JSA) claimants

In May 2014, the Job Seekers Allowance (JSA) claimant rate in Brent was 3.3% (7,161 claimants) for people aged 16 to 64 years, which is higher than the London (2.7%) and Great Britain average (2.6%). Although this rate has fallen since 2012 in Brent, there are significant inequalities at ward level (figure 14).

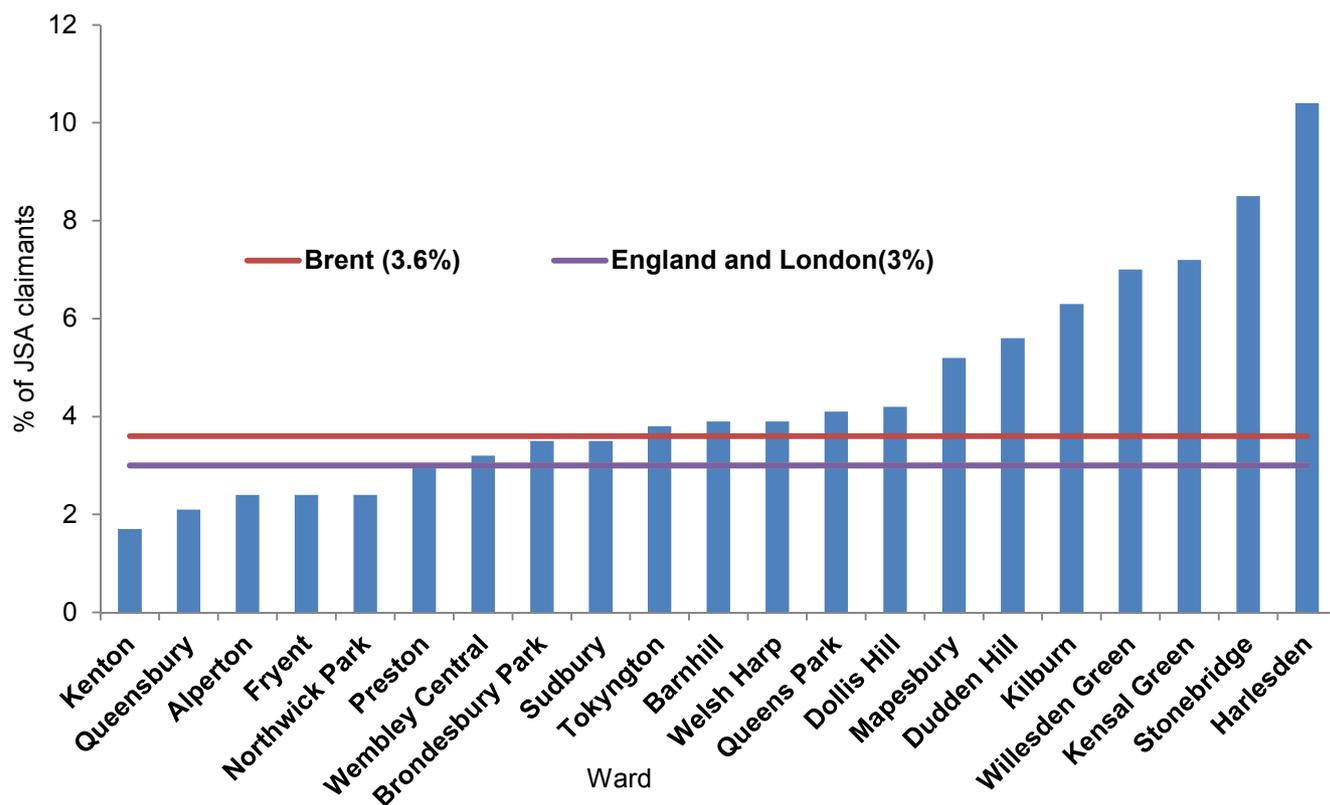


Figure 14: Percentage of JSA claimants in January 2014 for 16-64-year-olds by Brent wards.
 Source: ONS claimant count

Deprivation

Brent has areas of relative affluence and areas of deprivation. Deprivation is measured using the following seven indicators:

- income
- employment
- health deprivation and disability
- education, skills and training
- barriers to housing and services
- crime
- living environment

Deprivation is measured in deciles, a scale of one to ten, where one is the most deprived and ten is the least deprived. Measuring deprivation at lower super output area (LSOA - areas with between 1000 and 3000 residents) shows a variation across Brent from deprivation deciles one to seven (figure 15).

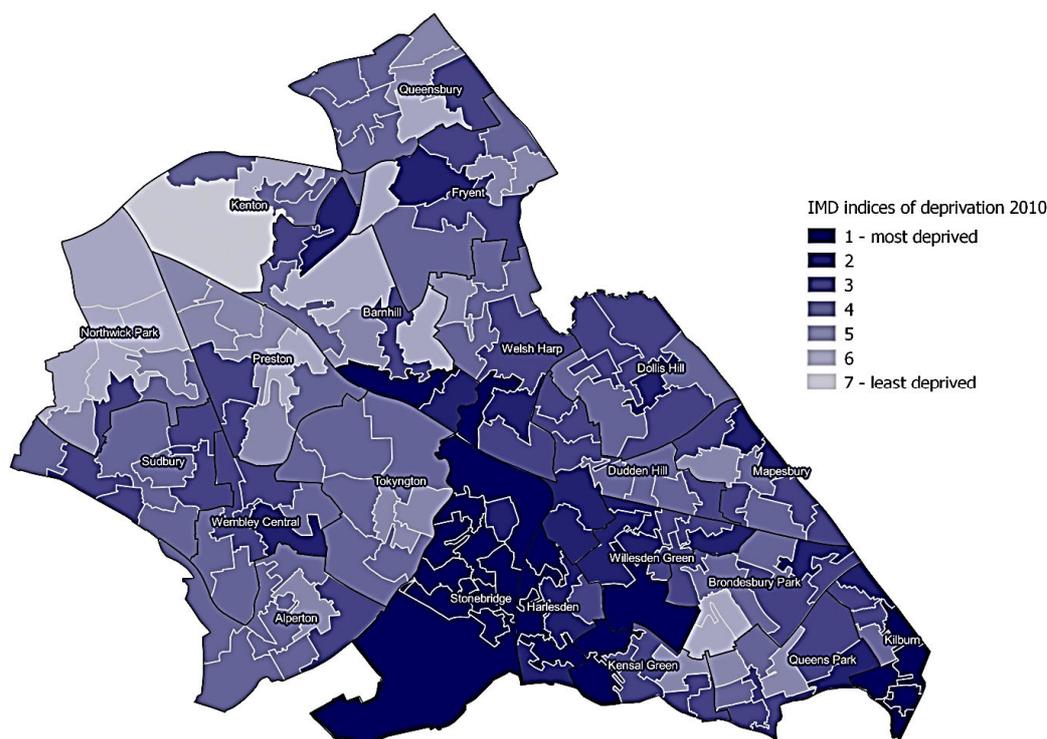


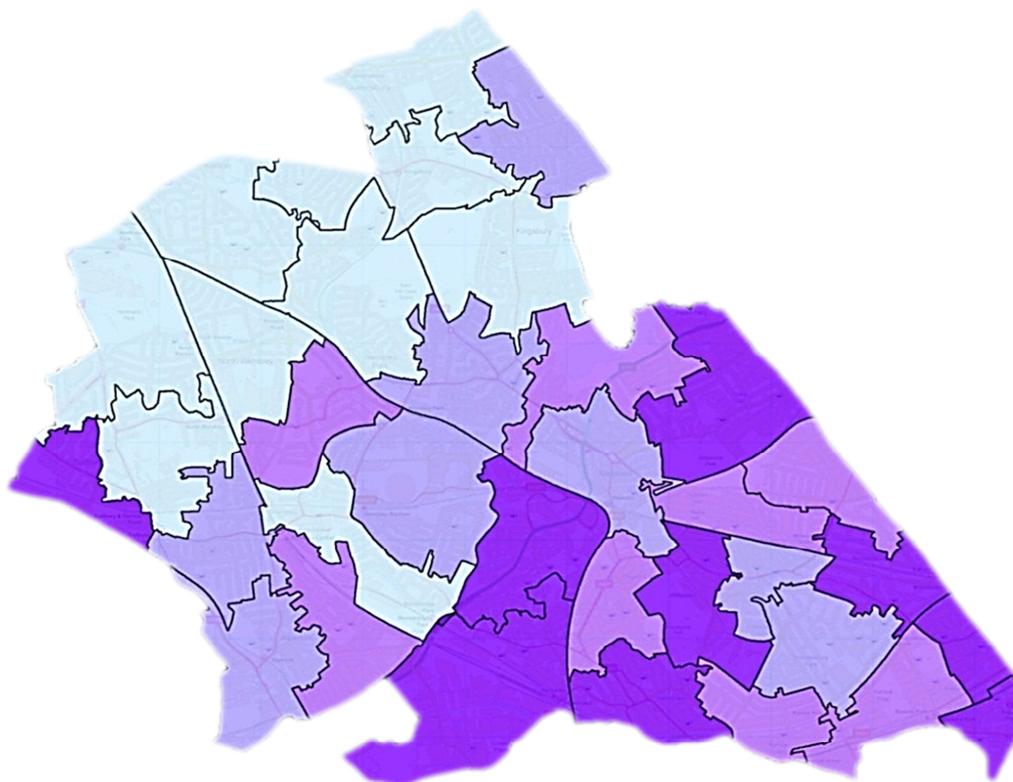
Figure 15: Indices of deprivation 2010. Source: IMD 2010 - data.gov.uk

Brent has high deprivation levels compared to neighbouring London boroughs with over a quarter of its LSOAs in deprivation deciles one or two.

Air quality

Poor air quality is a significant public health problem, particularly in larger cities such as London where high volumes of traffic and local industries or other pollutant sources contribute to increased concentrations of atmospheric pollutants. It is estimated that the burden of particulate air pollution in the UK in 2008 is equivalent to approximately 29,000 deaths. The presence of significant major routes running through the borough, notably the North Circular, leads to increased exposure to nitrogen oxides and particulate matter. As more people live in closer proximity to pollutant sources in the south of the borough, the impact of poor air quality tends to be worse here. However, air pollution is not necessarily restricted to certain parts of the borough and has an impact on every resident.

Long-term exposure to air pollution is known to exacerbate certain respiratory conditions such as Chronic Obstructive Pulmonary Disease (COPD). In Brent, emergency hospital admissions for COPD for the period 2006/07 to 2010/11 were mapped (figure 16). It was found that COPD admissions tended to be highest around the southern and central fringes of the borough. The extent to which air pollution in these localities has contributed to COPD admissions is difficult to quantify. Pre-existing respiratory conditions and smoking are known contributors which could cause COPD.



COPD Emergency Hospital Admissions

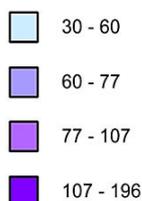


Figure 16: Emergency hospital admissions for COPD, standardised admissions ratio – 2006/07 to 2010/11. Source: Public Health England: produced from Hospital Episode Statistics (HES)

Transportation and road traffic accidents

Car ownership in Brent is relatively low, with 40% of Brent's households (or 2 in 5) having no access to a private motor vehicle. Kilburn (4,802) had the greatest number of households without access to a car or van, whereas Kenton (763) had the least. Overall, the total number of cars or vans in the borough in 2011 remained unchanged compared to 2001 with approximately 88,000 vehicles¹⁵.

The rate of serious injury and deaths on Brent's roads is currently 25.8 per 100,000 of the population which is lower than the England average rate of 40.5 per 100,000 of the

¹⁵ ONS 2011 Census

population. Between 2010 and 2012, 81 people were killed or seriously injured on Brent's roads. Of these, 8 were children aged 0-15 years¹⁶.

The number of road casualties among children and young people in Brent aged under 16 years varies by ethnic group. Figure 17 provides a breakdown of child road casualties by ethnicity during the period 2009 to 2013. The Afro-Caribbean (31%) group had the highest proportion of road casualties during this period and the Oriental (1%) group had the lowest. During the five year period, there were 128 road casualties among Afro-Caribbean children and 4 casualties among the Oriental group.

In total, there were 411 child casualties between 2009 and 2013 among all ethnic groups with males comprising 58% of these casualties and females, 42%.

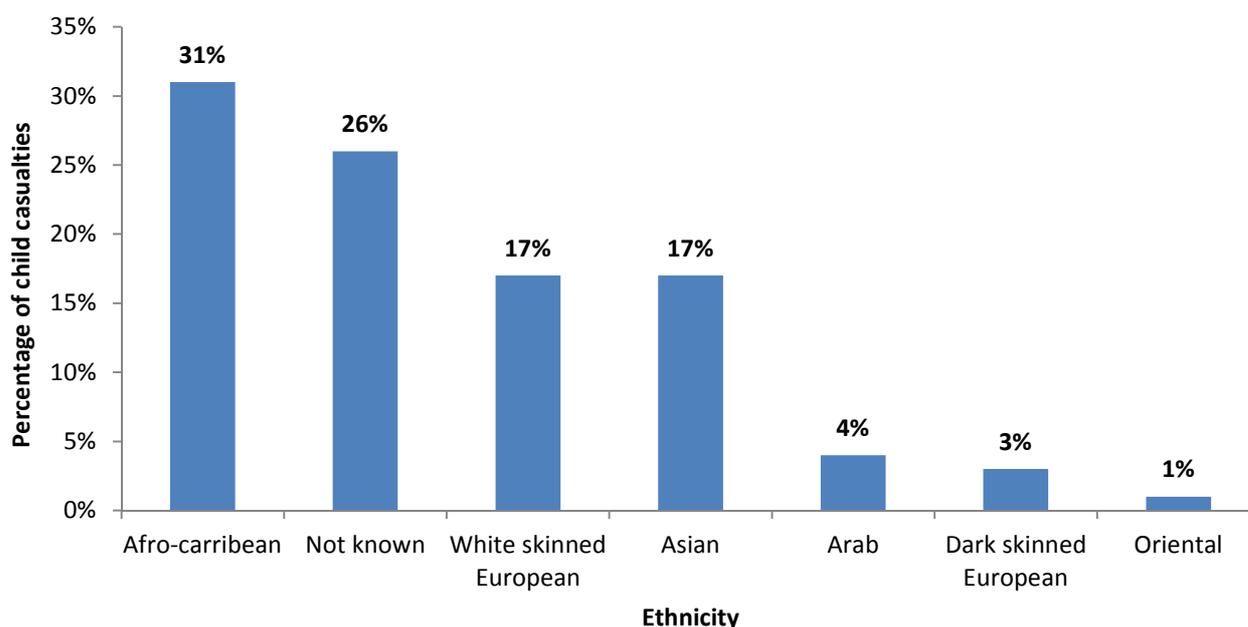


Figure 17: Percentage of child casualties by ethnicity*, 2009 to 2013. Source: LB Brent Transportation service. *Data originally collated by the Metropolitan Police Service (MPS).*
*ethnic groupings included in figure 17 based on MPS definitions.

¹⁶ Public Health England, Brent health profile 2014

2. THE BURDEN OF ILL HEALTH

Health inequalities in Brent

Life expectancy at birth

Life expectancy for both men and women born in 2010-12 in Brent is higher than the England average: 79.9 years for males and 84.5 years for females¹⁷. However, the overall life expectancy at borough level masks a pronounced variation between the most and least deprived parts of Brent. Life expectancy for children born between 2010 and 2012 is 5.3 years lower for men in the most deprived parts of Brent than the least deprived parts. For females, the difference is less pronounced at 3.8 years. This is reflected in figure 18, which illustrates the slope index of inequality and the life expectancy gap for males and females living in Brent.

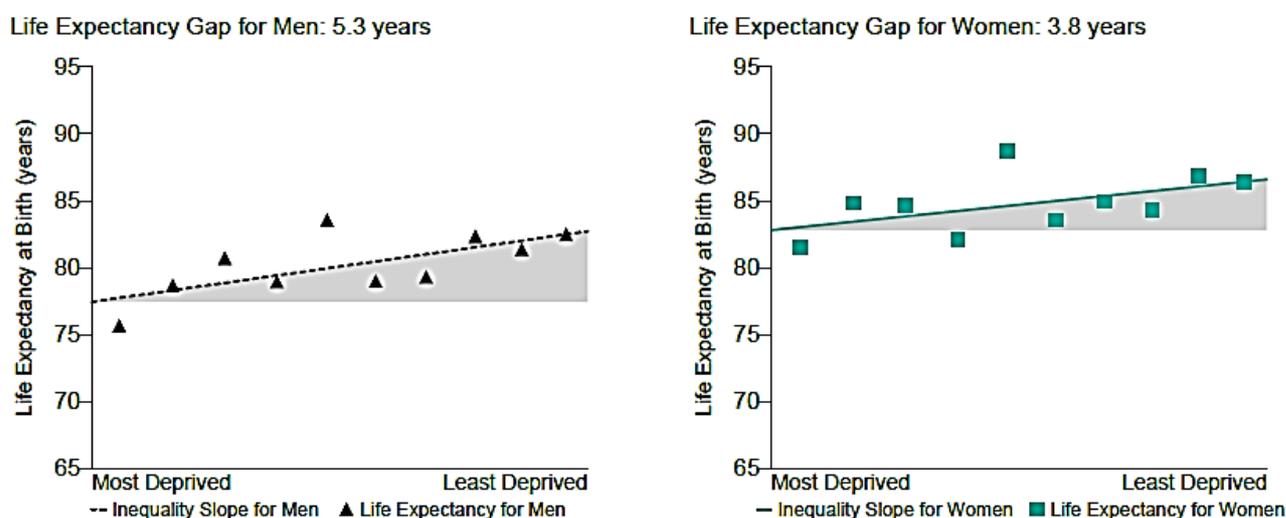


Figure 18: Slope Index of Inequality 2010-12. Source: Public Health England, Brent health profile 2014

A number of different diseases account for this gap: for men, circulatory disease accounts for 25% of the gap in life expectancy and cancer for 22%. For women, cancer was the largest contributor at 31%, with respiratory disease accounting for 25% of the gap¹⁸ (figure 19).

¹⁷ Public Health England, Public Health Outcomes Framework (PHOF) Overarching Indicators

¹⁸ Public Health England, The Segment Tool for Brent (data for 2009-2011)

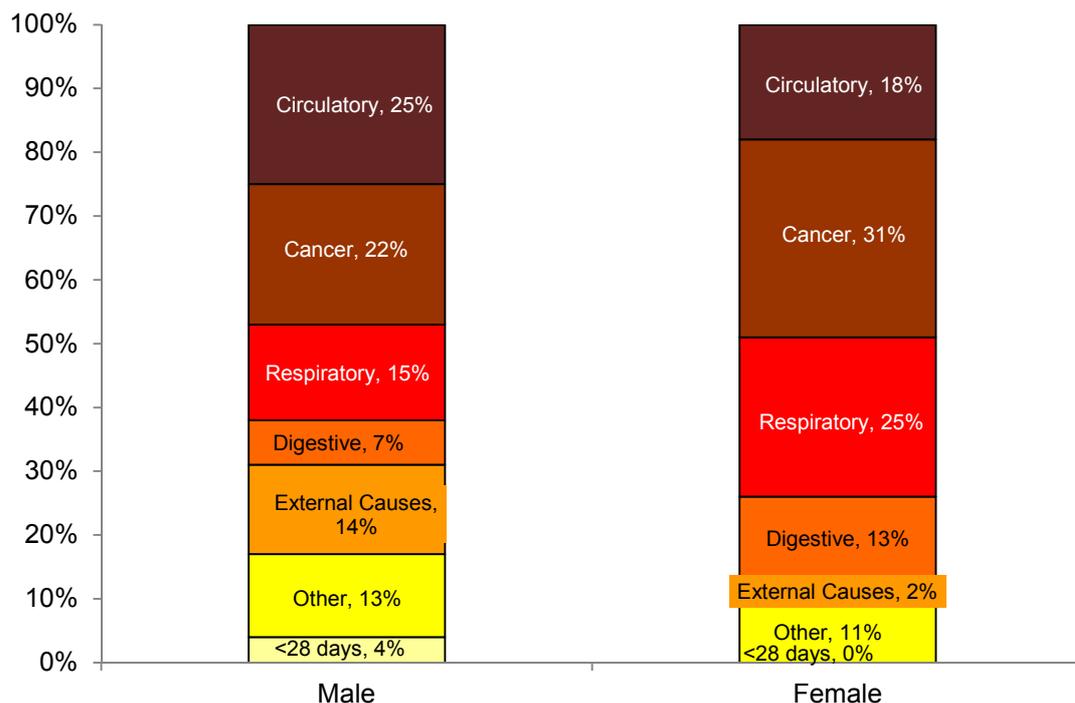


Figure 19: Life expectancy gaps in Brent by cause of death. Source: Public Health England, the Segment Tool: data for 2009-11

Figures 20 and 21 highlight the geographic variations in life expectancy at ward level for both males and females. Life expectancy for males born between 2008 and 2012 is lowest in Stonebridge (76 years) and highest in Dudden Hill (83 years). Female life expectancy is highest in Kenton (90.3 years) and lowest in Barnhill (80.6 years).

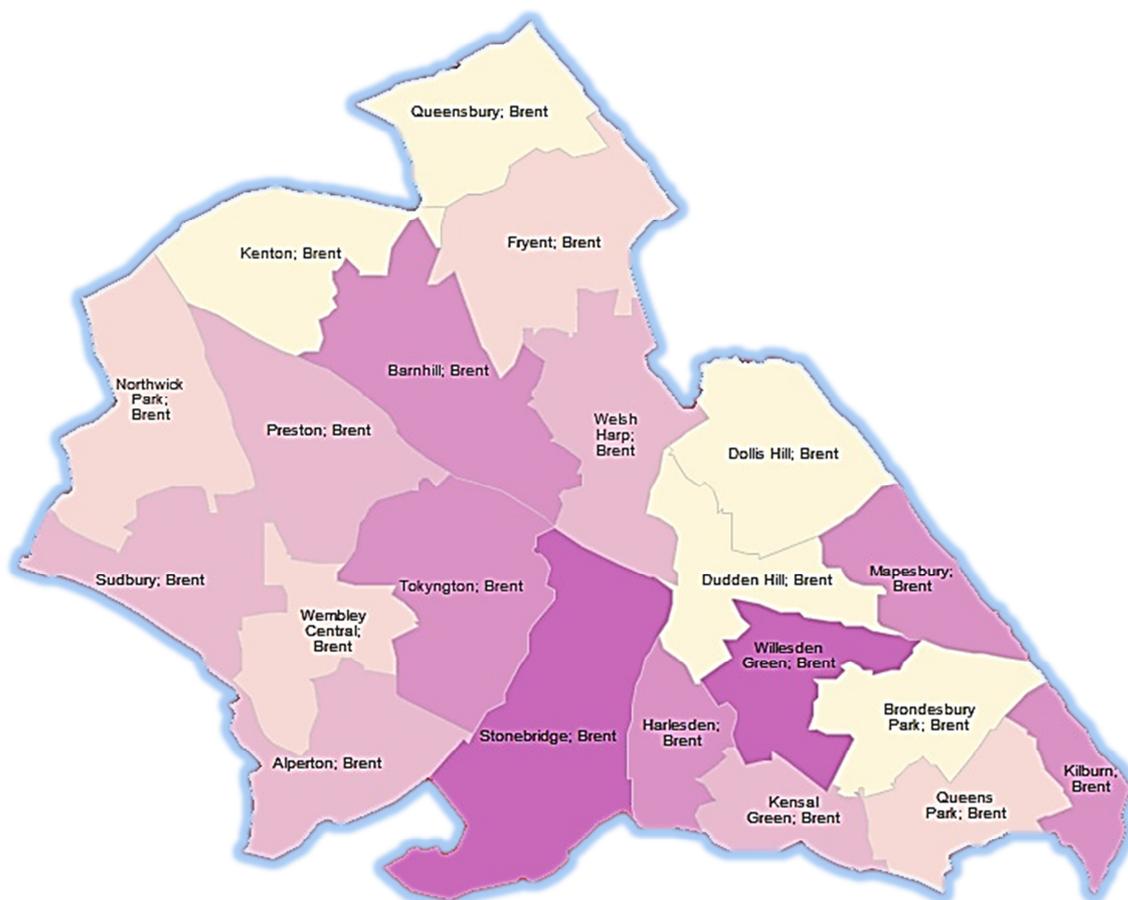
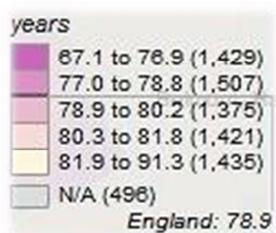


Figure 20: Life expectancy at birth for males born in 2008-2012, Source: ONS, PHE (Local Health mapping tool)

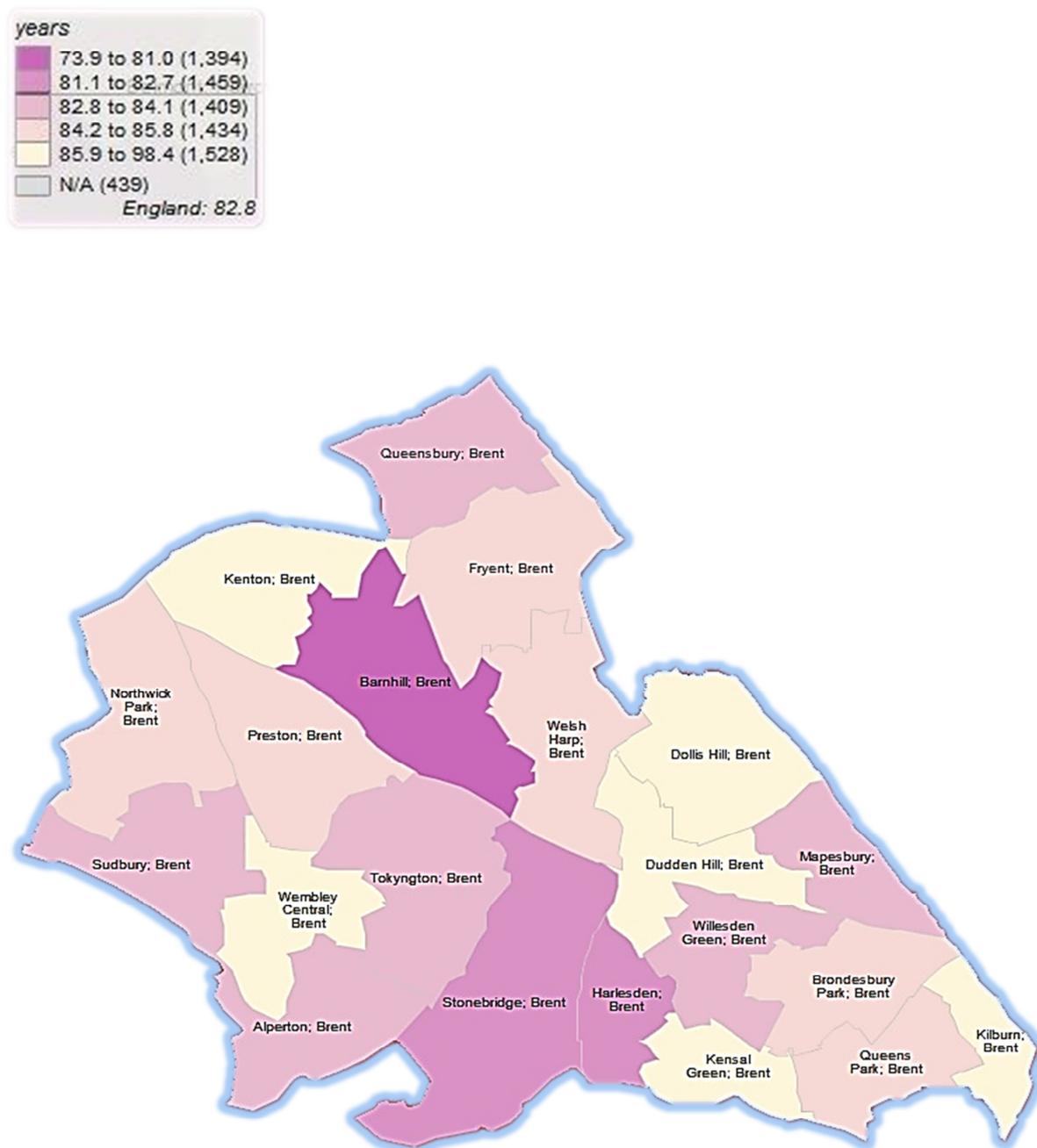


Figure 21: Life expectancy at birth for females born in 2008-2012, Source: ONS, PHE (Local Health mapping tool)

NB. Note that life expectancy data used in figures 18, 20 and 21 relates to different time periods.

Healthy life expectancy

As important, if not more so, as how long people can expect to live, is how long they can expect to live in good health, termed healthy life expectancy. On average, healthy life expectancy was 62 years compared to an overall life expectancy of 79.9 years for Brent males born in 2010-12. Females born over the same period can expect 62 years in good health compared to a total life expectancy of 84.5 years¹⁹.

How people in Brent describe their own health

In the 2011 census, the vast majority of people in Brent (83%) described their health as “very good” or “good” (figure 22), a similar picture to England and Wales as a whole (81%). 5% described their health as “very bad” or “bad”, with the remaining 12% as “fair”.

At ward level, Kilburn had the highest number of residents who assessed their health as “very good” (8,448 residents), while Kenton had the lowest number of residents (5,502 residents) in “very good” health. Harlesden had the highest number of residents with both “good” health (5,815 residents) and those reporting “very bad” health (313 residents).

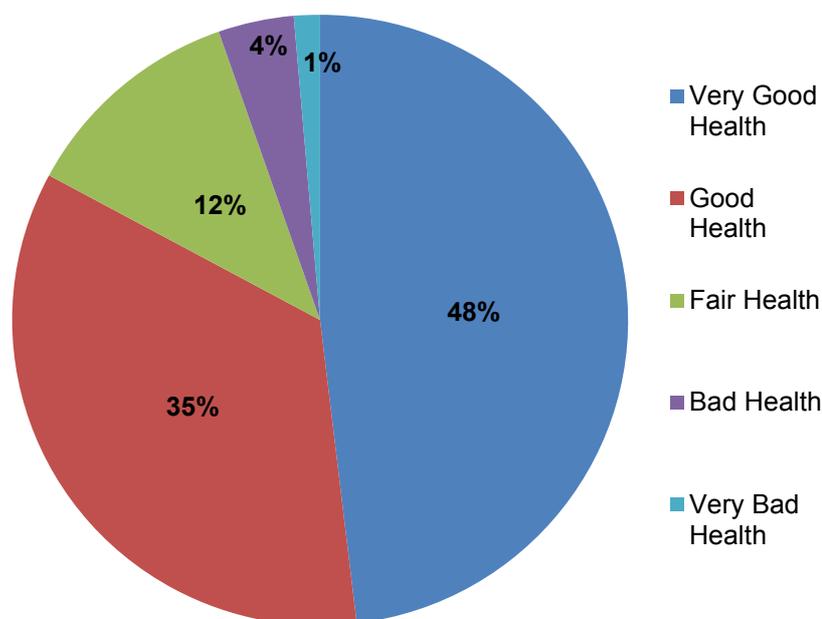


Figure 22: Percentage of residents describing their general health in relation to five categories (self-reported health) in Brent. Source: ONS 2011 census

Across the borough, there were only 4 wards where 6% to 7% of residents reported that they had bad or very bad health.

How people in Brent feel their health impacts on their day-to-day activities

In Brent, 7% of the total population (21,669 residents) reported in the 2011 census that their day-to-day activities were “limited a lot” (figure 23). This compares to the London average of 6.7% and the England average of 8.3%. By way of contrast, 85.6% of the total population

¹⁹ ONS, Healthy Life Expectancy at Birth: Clinical Commissioning Groups (2010-12). Note: the proportion of life spent in 'good' health is a relative measure which divides HLE by LE, and can be expressed as a percentage.

feel that their day-to-day activities are “not limited at all”. This is similar to the London average of 85.8% and slightly better than the England average of 82.4%.

Nearly 8% of people in Brent feel that their day-to-day activities are “limited a little”. The comparable London figure is 7.4% and for England, 9.3%. The levels of self-reported disability vary throughout Brent. In the 2011 census, Harlesden had the greatest number of residents reporting they were *not* limited by health problems (14,574 residents in total) while Kenton had the lowest number (10,218 residents).

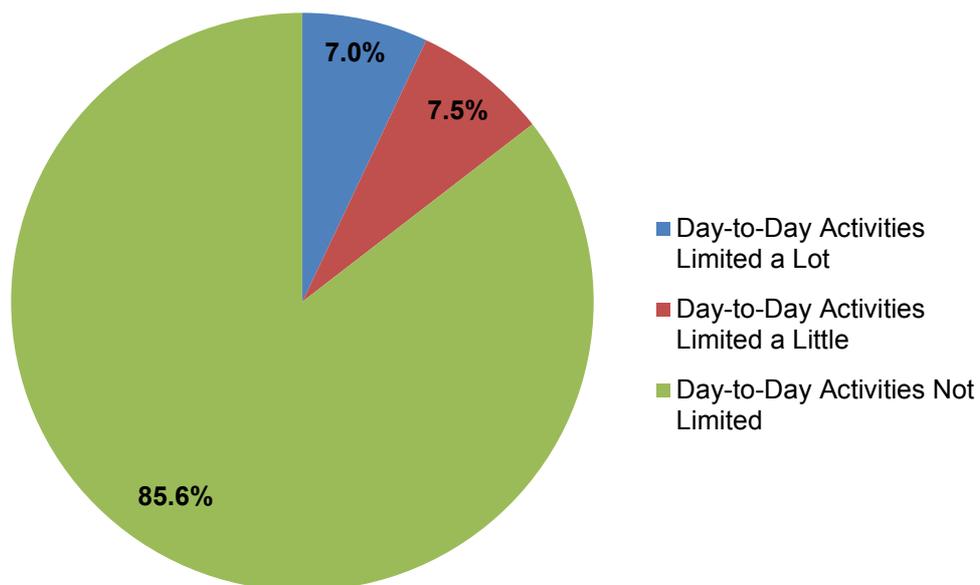


Figure 23: How people in Brent feel their health impacts on their day-to-day activities.
Source: ONS 2011 census

Large parts of the borough reported that 7% to 8% of residents felt that their health ‘limited a lot’ their day to day activities as illustrated in figure 24.

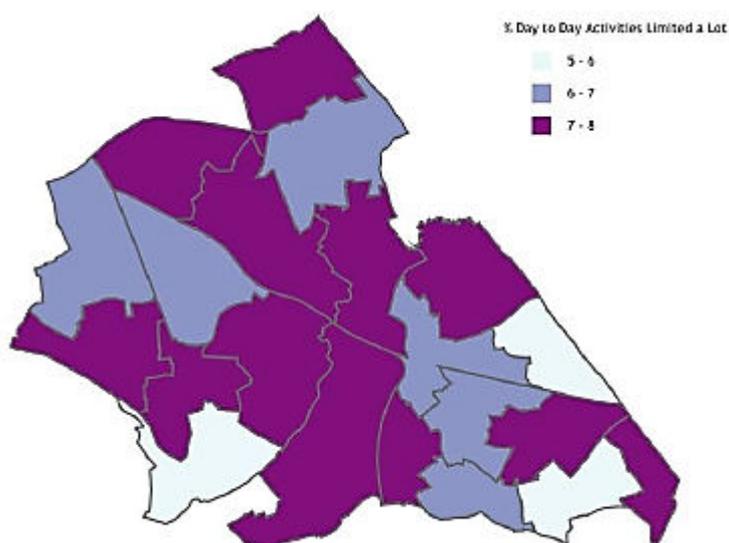


Figure 24: Percentage of day to day activities limited by health a lot by ward. Source: ONS 2011 Census.

Mortality and morbidity in Brent

Premature mortality relates to those deaths which occur under the age of 75 years.

Between 2010 and 2012, the rate of overall premature deaths in Brent was 334 people per 100,000 of the population²⁰. Presently, the main causes of premature death in Brent are:

- 1) **Cancer**
- 2) **Cardiovascular disease**
- 3) **Respiratory disease**

Cancer

The premature mortality rate for cancer in Brent is significantly better than that for England and has fallen over the past 10 years (figure 25). It currently stands at 127 deaths per 100,000 people aged under 75 years, compared to the England figure of 146 per 100,000 aged under 75 years. This equates to 233 premature deaths in Brent between 2010 and 2012²¹. For males in Brent aged under 75 years, the mortality rate in 2010-12 due to cancer was 146 per 100,000 of the population. This was lower than the England rate of 164 per 100,000 of the population.

For females in Brent, the premature mortality rate due to cancer in 2010-12 was 111 per 100,000 of the population, which was lower than the England rate of 131 per 100,000 of the population²².

²⁰ Public Health England, Longer Lives, 2010-2012

²¹ Public Health England, Brent health profile 2014

²² Public Health England, PHOF: Healthcare and premature mortality indicators

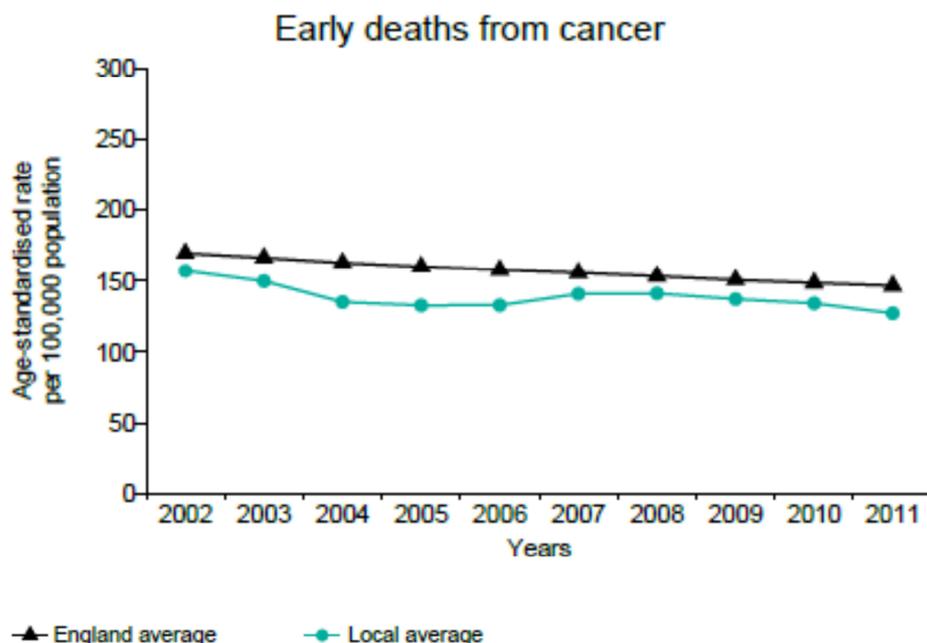


Figure 25: Source: Public Health England, Brent health profile 2014

Cardiovascular disease (CVD)

CVD includes coronary heart disease (CHD) and stroke. Age plays a key role in CVD mortality rates and the prevalence of CVD increases significantly beyond 40 years old²³.

Between 2009 and 2011, CVD accounted for 26% of deaths in Brent for people under 75 years and 41% of deaths for people aged 75 years and over. This is higher than the prevalence in England for both under 75s (24%) and for those aged 75 and over (35%).

Premature mortality rates from CVD in Brent have steadily decreased by 60% over the last 20 years. Despite this, rates of premature death from CVD in Brent remain worse than the England average (figure 26). The premature mortality rate from CVD between 2010 and 2012 in Brent was 94 per 100,000 of the population. The England rate was 81 per 100,000 of the population.

For males in Brent aged under 75 years, the mortality rate in 2010/12 due to CVD was 130 per 100,000 of the population. This was higher than the England rate, which was 114 per 100,000 of the population. The mortality rate due to CVD among the female population in Brent aged under 75 years was 61 per 100,000 of the population. The England rate was lower at 50 per 100,000 of the population²⁴.

The estimated prevalence of diagnosed CHD varies between practices in Brent. The percentage of people on GPs' lists with a recorded diagnosis of CHD was 3.5% in Brent compared to 4.7% in England²⁵. Given the higher death rates in Brent, this suggests possible under-diagnosis.

²³ Public Health England, Cardiovascular disease health profile for Brent, 2013

²⁴ Public Health England, PHOF: Healthcare and premature mortality

²⁵ Public Health England, National General Practice Profiles for NHS Brent CCG, 2011

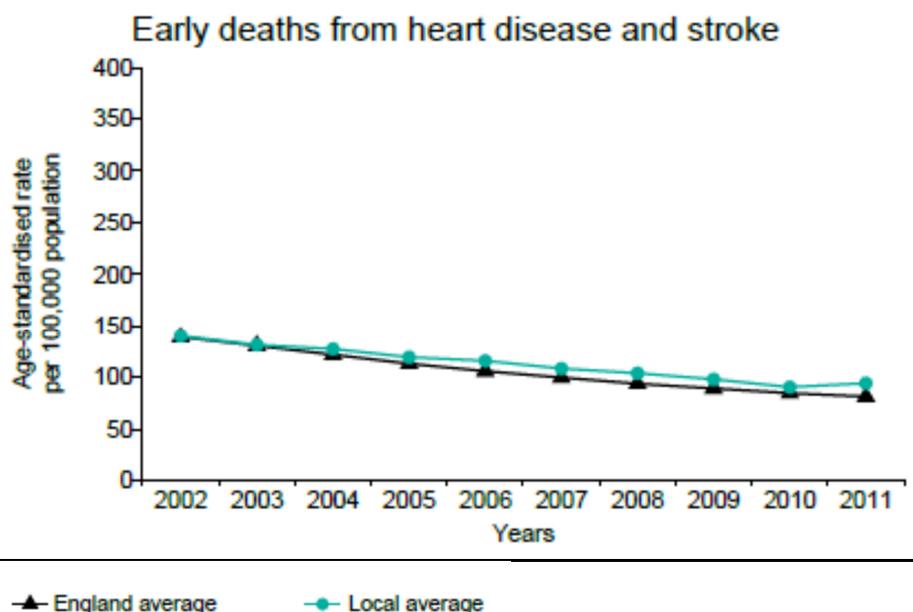


Figure 26: Source: Public Health England, Brent health profile 2014

Respiratory disease

Respiratory diseases (which include COPD and asthma) account for approximately 15%²⁶ of all deaths in Brent and are the third major killer following circulatory disease and cancer. COPD alone accounts for around a quarter of deaths due to respiratory disease in Brent. COPD includes two lung diseases: chronic bronchitis and emphysema. Although certain factors such as the presence of air pollution are known to exacerbate COPD, smoking is recognised as the primary cause.

The premature mortality rate from respiratory disease in Brent in 2010-12 was 28.1 per 100,000 of the population. This represents 149 deaths. The England rate was slightly higher at 33.5 deaths per 100,000 of the population²⁷.

For males in Brent, the rate of premature mortality due to respiratory disease in 2010-12 was 37 per 100,000 of the population, which was lower than the England rate of 40 per 100,000 of the population. For females in Brent, the rate of premature mortality due to respiratory disease in 2010-12 was 20 per 100,000 of the population, which was lower than the England rate of 28 per 100,000 of the population²⁸.

Other key causes of premature death

Other key causes of premature death in Brent include liver disease and suicide.

The rate of premature deaths due to liver disease in Brent between 2010 and 2012 was 17.3 per 100,000 of the population, which is below the England rate of 18 per 100,000 of the population.

²⁶ National End of Life Care Intelligence Network (NEoLCIN) profiles: Percentage of all respiratory deaths in 2008-2010 in Brent

²⁷ Public Health England, PHOF: Healthcare and premature mortality

²⁸ Public Health England, PHOF: Healthcare and premature mortality

Between 2010 and 2012, there were 19 suicides in Brent, a rate of 6.8 per 100,000 of the population. This is lower than the England average rate of 8.5 deaths per 100,000 of the population.

Health and provision of care

Provision of (unpaid) care

The 2011 census identified that there were 5.8 million carers in England and Wales. Since 2001 nearly 1,600 additional people are providing care between 20 and 49 hours a week and 1,312 are providing care of 50 or more hours a week in Brent (figure 27).

Key points to note include:

- Nearly 9% of Brent's residents provide some form of unpaid care;
- Around 26,600 residents of Brent provide one hour of care or more on a weekly basis according to the 2011 census.

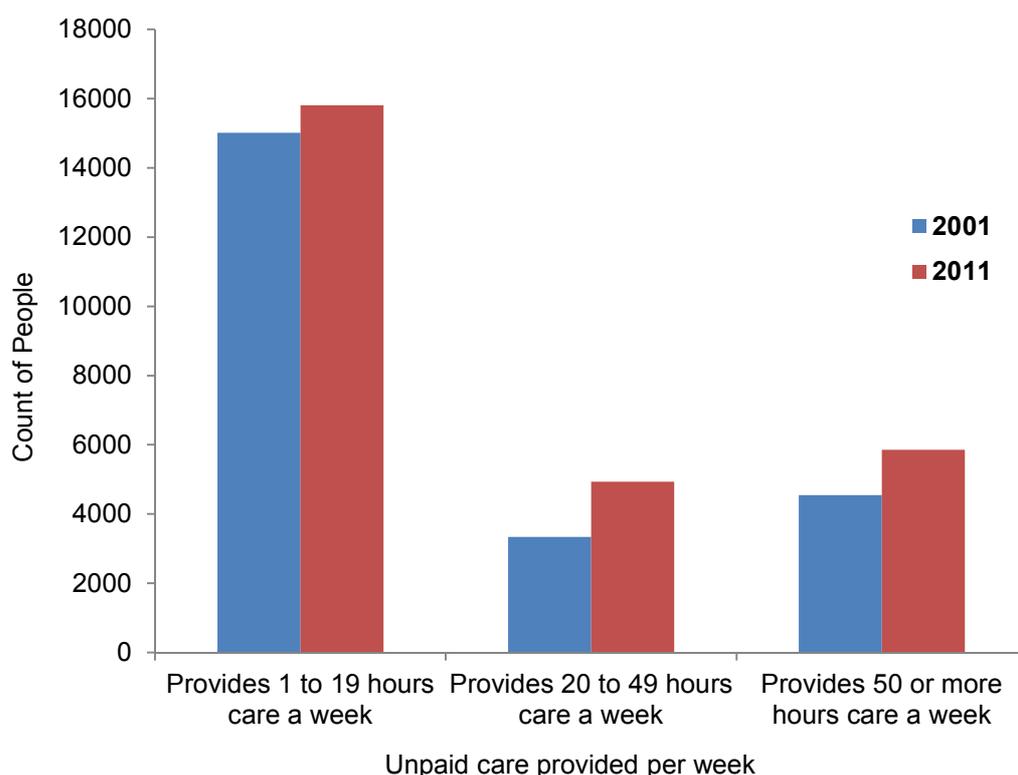


Figure 27: Number of residents (all ages) who provide unpaid care in Brent, 2001 versus 2011. Source: ONS 2001 and 2011 census

Figure 28 shows the number of people providing unpaid care in Brent by different age groups. It is apparent that the age group 25 to 49 years old have the highest number of people providing unpaid care (12,413) while those aged 0 to 24 have the lowest number (3,227) in 2011. As conditions such as mental illness and dementia are forecast to increase in Brent, the demand for more carers will increase.

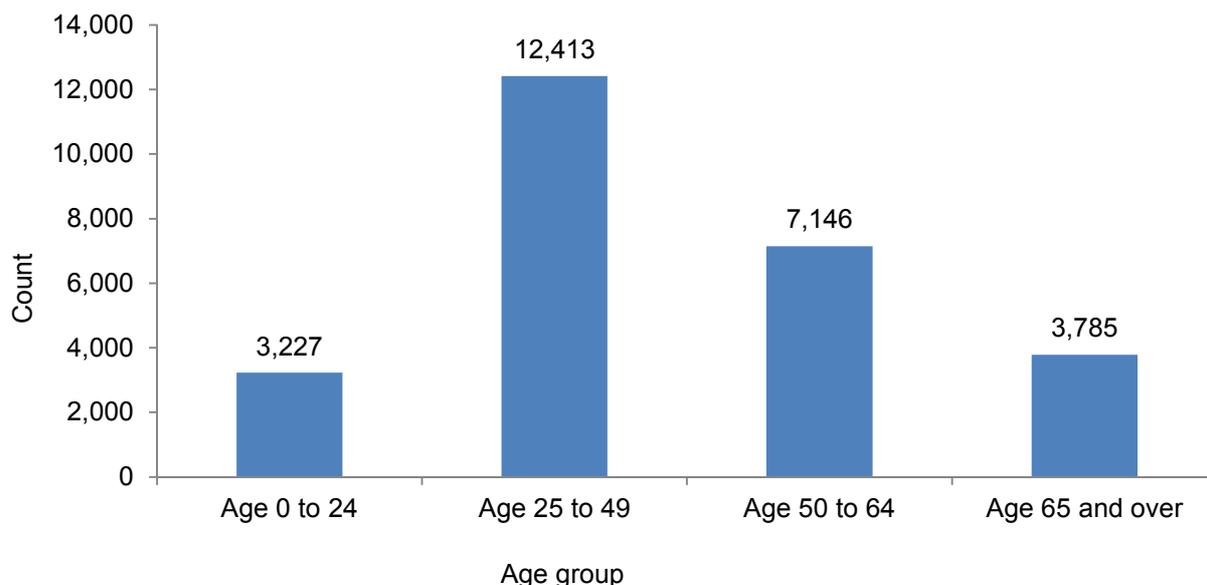


Figure 28: Total unpaid care provided by age groups in Brent. Source: ONS 2011 census

The 2011 census provides information on the provision of care by ethnic group (figure 29). It shows that the majority of ethnic groups provide a similar amount of care to the Brent average (9%). Some ethnic groups, including Asian/Asian British (10%), provide slightly more care than average while other groups, notably mixed/multiple (6%), provide slightly less.

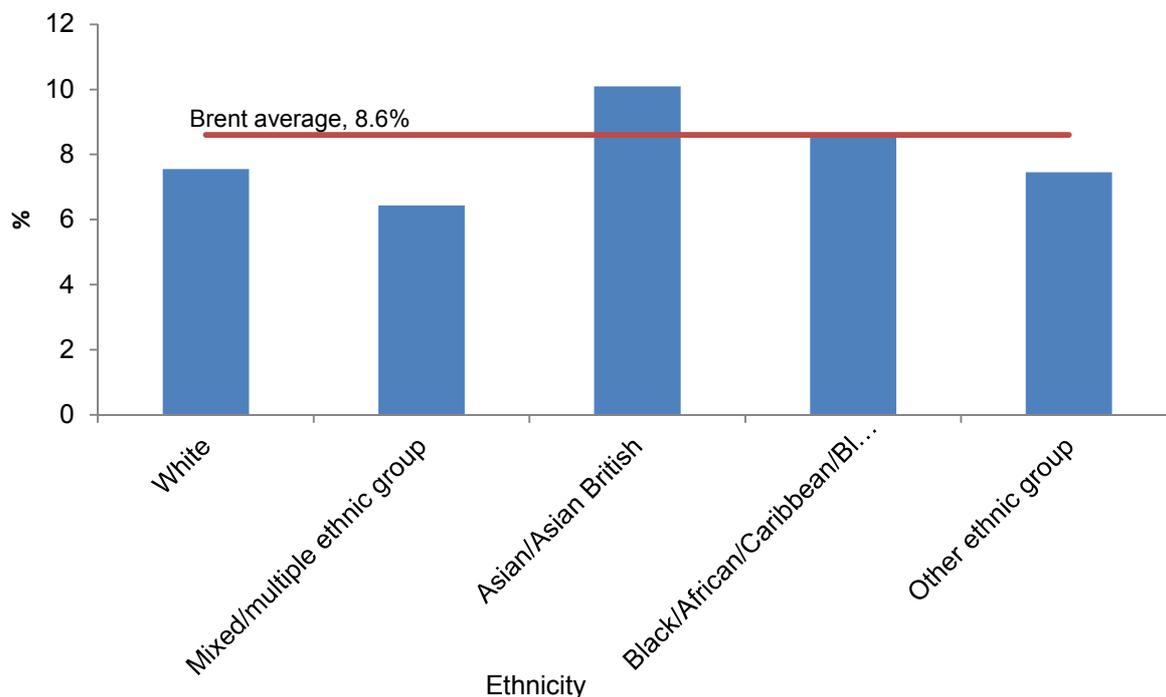


Figure 29: Provision of unpaid care in Brent by ethnic group (all ages). Source: 2011 census, ONS

A high proportion of adult carers in Brent experienced social isolation. In 2012/13, only 24% of adult carers reported that they had as much social contact as they would like. This is a

significant issue in Brent, as 41% of adult carers in England and 37% of adult carers in London reported that they did experience as much social contact as they would like²⁹.

The Care Act

The Care Act, which is due to take effect in April 2015, presents a range of implications for adult social care in local authorities in England.

Some of the new areas of responsibility which will apply to local authorities in April 2015 and beyond include:

- Carers' rights to support, on an equivalent basis to the people they care for;
- Responsibilities around transition, provider failure, supporting people who move between local authority areas and safeguarding.

For LB Brent, the introduction of the Care Act means that opportunities will exist to further integrate health and social care support functions in alignment with other key partners.

Poor mental health amongst adults

Prevalence of depression and anxiety

The Annual Population Survey undertaken by ONS provides estimates of subjective levels of wellbeing. The percentage of people in Brent reporting low levels of happiness were 11%. This is higher than the England average of 8% and the same as the London average³⁰.

In 2010/11, 16,000 Brent adults were on a GP register for depression. Take up of talking therapies is lower in Brent in terms of the numbers of referrals who enter treatment: 53% in Brent compared to 60% in England.

Levels of self-reported daily anxiety amongst Brent residents are comparable to the England average. Estimates show that 19.5% of Brent residents surveyed consider themselves to have high levels of daily anxiety compared to the England average of 21% and the London average of 22.4%³¹.

Prevalence of severe and enduring mental illness

Supporting service users with other key requirements such as housing and employment needs are important in ensuring the effective treatment and recovery resulting from serious mental illness.

The prevalence of severe and enduring mental illness in Brent affects 1.1% of the population, which is above both the London and England averages. Figure 30 shows the prevalence of severe and enduring mental illness (such as schizophrenia, bipolar disorder or other psychoses) between London boroughs for the period 2011/12.

²⁹ Personal Social Services Survey of Adult Carers in England (HSCIC), 2012/13

³⁰ London Health Observatory and Working for Wellness (2011), London Adult Mental Health Scorecard for Brent

³¹ Annual Population Survey (ONS), 2012/13. Self-reported well-being measure: % of respondents aged 16 and over scoring 6-10 to the question "Overall, how anxious did you feel yesterday?"

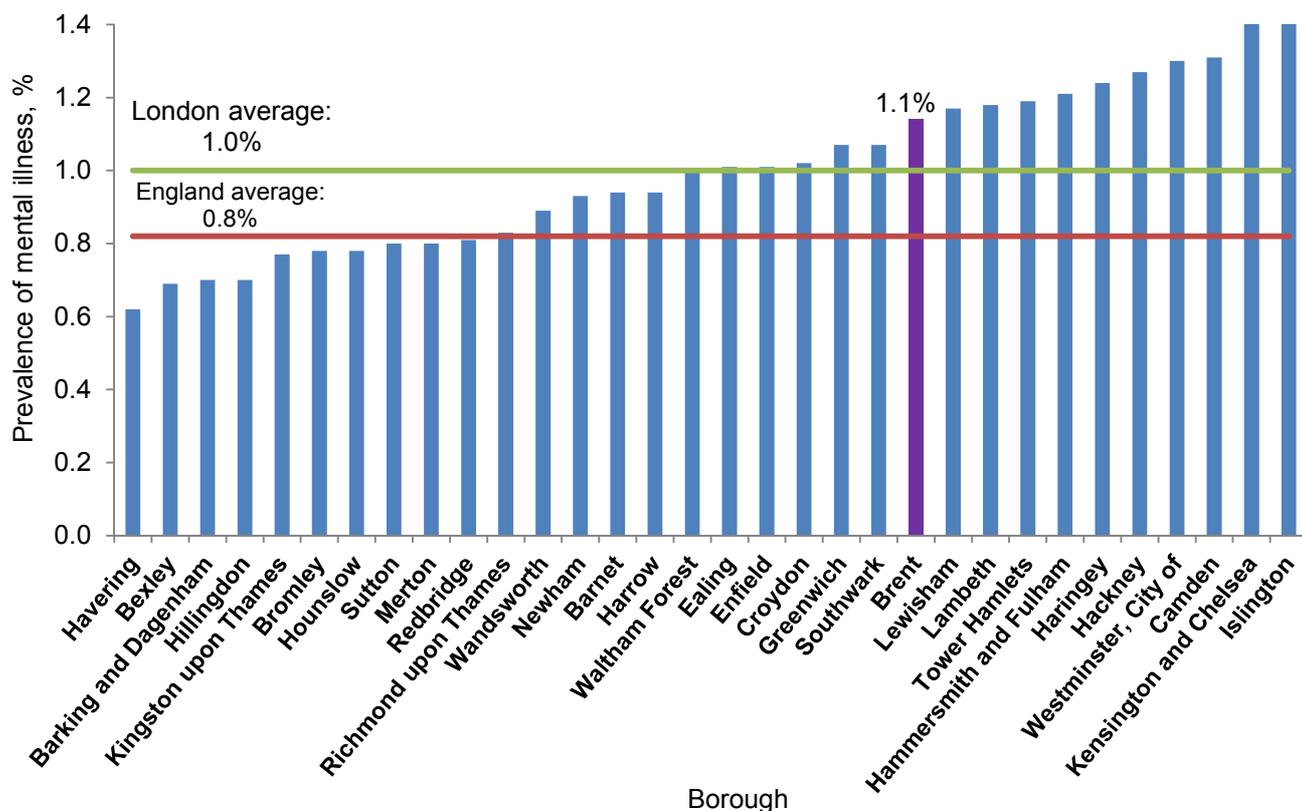


Figure 30: Mental illness prevalence (severe and enduring) among adults by London boroughs, 2011-2012. Source: NHS Information Centre.

Between 2011/12 and 2012/13, there was a 19% increase in the numbers of users of mental illness services in Brent. GPs and specialist services report on-going pressures on services.

Mental illness and incapacity benefit claimants

In May 2012, 44% of claims in Brent for Incapacity Benefit (IB) and Severe Disability Allowance (SDA) were due to a mental disorder, accounting for 2,950 of 6,710 claimants and forming the largest single category (figure 31). In England, mental disorder accounted for 43% of claims and in London, 47%.

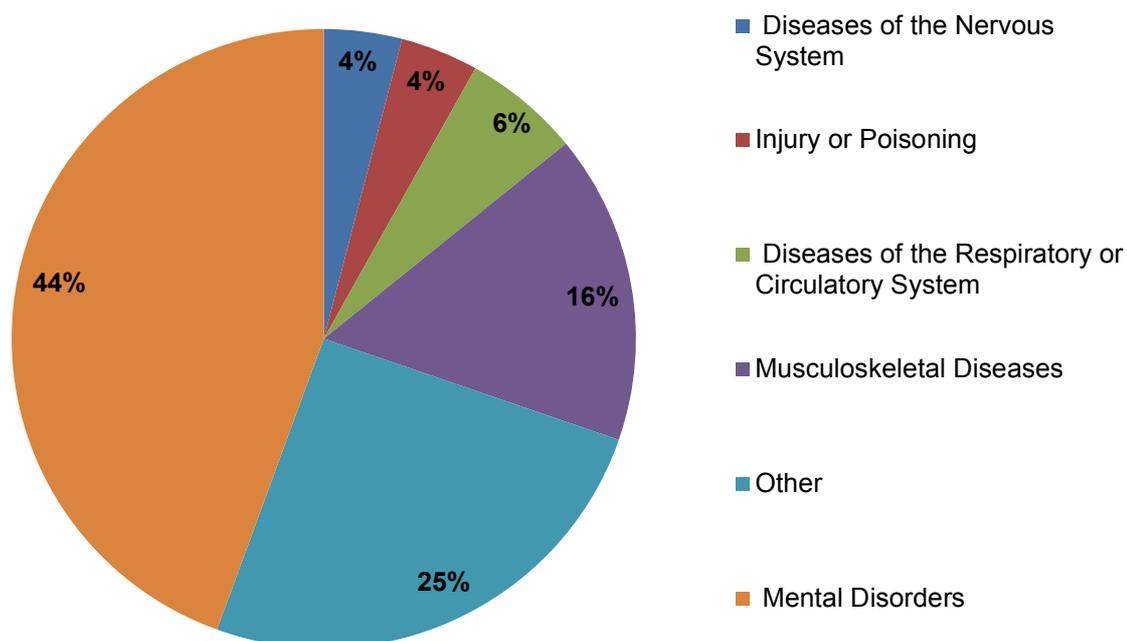


Figure 31: Medical reasons for claiming SDA/IB in Brent (data for May 2012). Source: Department for Work and Pensions (data for May 2012)

Future levels of mental illness

A steady increase, amounting to about 2%, in the number of people aged 18 to 64 with a common mental illness, principally depression and anxiety, is predicted in Brent from 2012 to 2020³² (figure 32). This trend is not statistically different from the overall predictions for England (3%). In London, however, the prediction is for a more pronounced increase of 10%.

³² Projecting Adult Needs and Service Information System (PANSI)

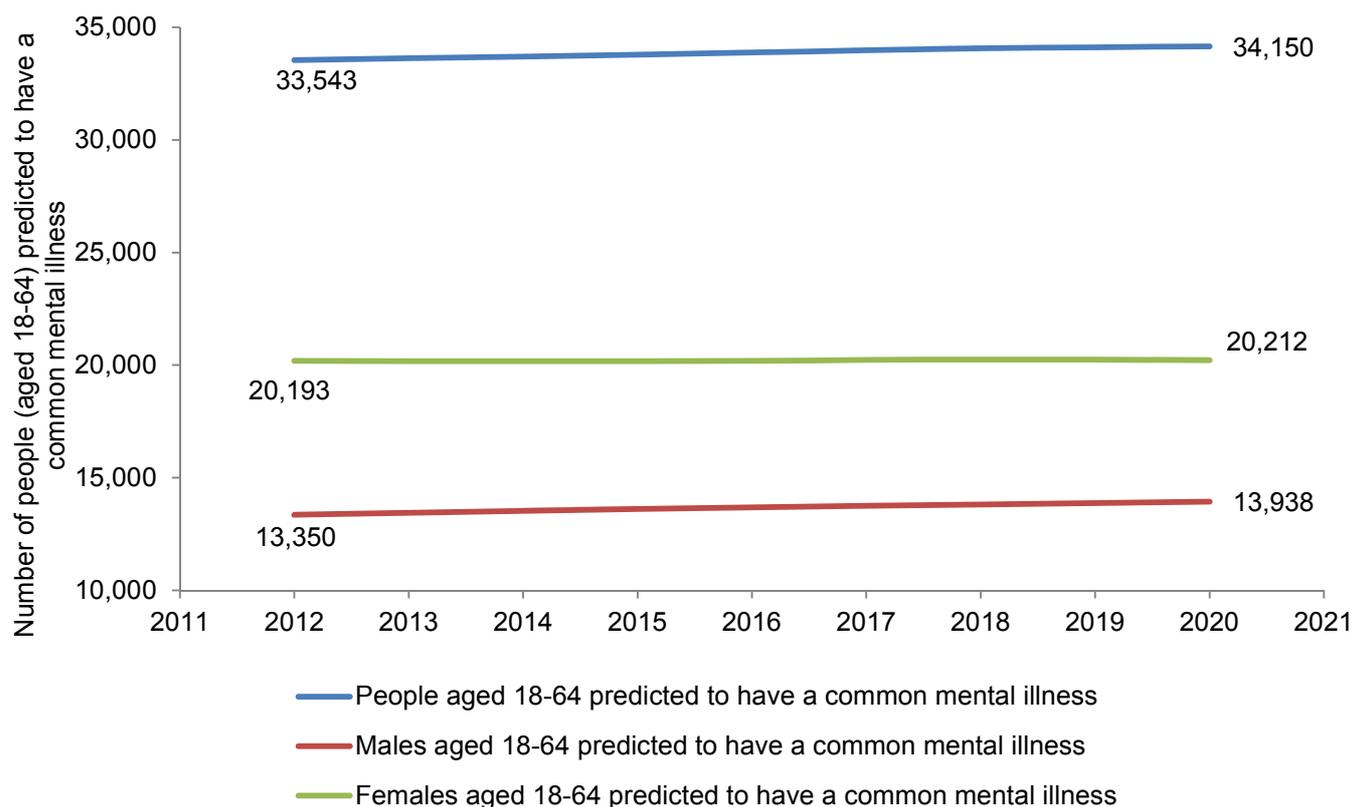


Figure 32: Mental ill health forecasts from 2012 to 2020. Source: Projecting Adult Needs and Service Information (PANSI)

Dementia

In the UK, there are 835,000 people living with dementia in 2014. By 2015, this will have increased to 850,000³³. Some of the main symptoms associated with dementia include memory loss, communication problems and confusion. With time, these symptoms tend to become worse. As people are now living longer due to improvements in healthcare, the number of people with dementia is increasing.

Dementia can have a significant impact on those who live with the condition, their families, their carers and society more generally. Figure 33 identifies how many people are living with dementia in Brent compared to other London boroughs (CCGs). In Brent, 0.7% of the population were estimated to be living with dementia in 2012.

Twelve per cent of deaths in Brent had a contributory cause of Alzheimer’s, dementia and senility in 2008-10. This is lower than the England average of 17%³⁴.

³³ Alzheimer’s Society, Dementia 2014: Opportunity for change

³⁴ Public Health England, End of Life Care profile for Brent, 2012

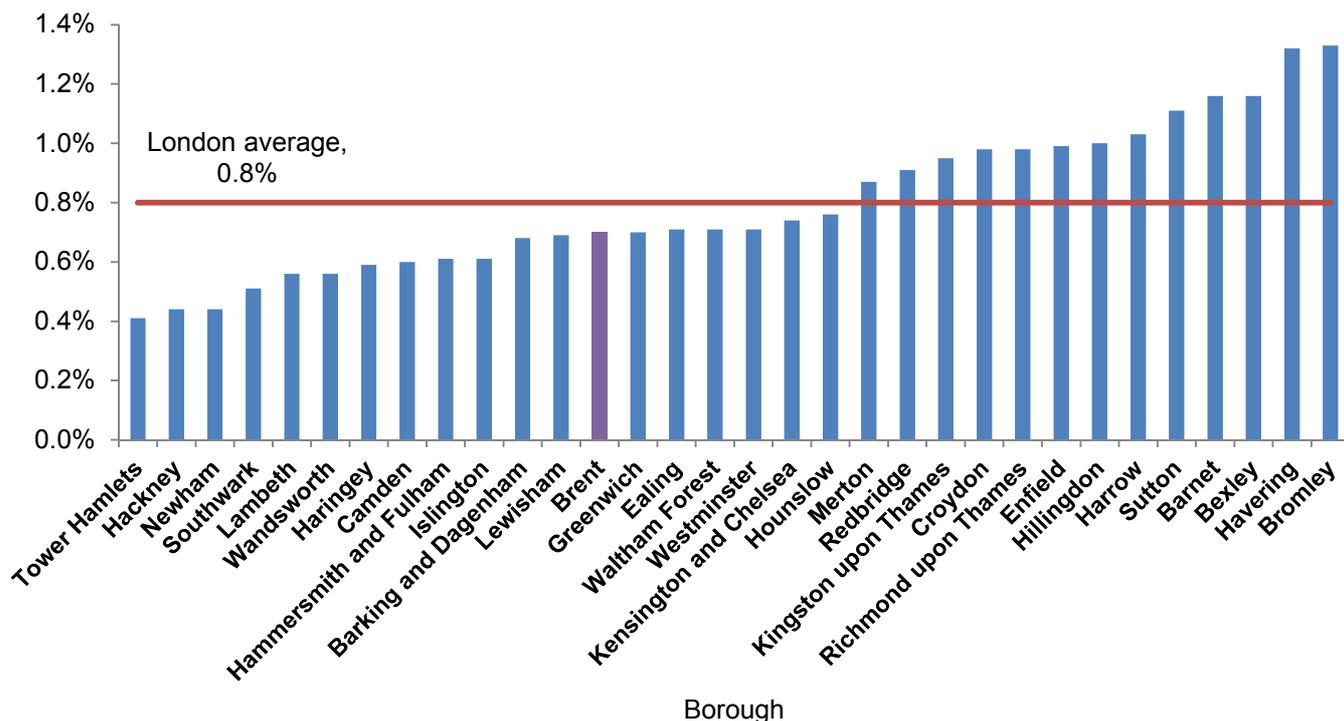


Figure 33: Prevalence of dementia by London local authorities, 2012. Source: Department of Health, Dementia Challenge. Webpage: <http://dementiachallenge.dh.gov.uk/>

The provision of appropriate support from social services will help to keep elderly residents independent rather than result in them being transferred to a care home setting. The quality of housing stock accessibility and adaptability are factors which influence whether older residents can remain independent for as long as possible.

The percentage of people aged over 65 in Brent who were living at home 3 months after a stay in hospital in 2012 (80.8%) was below both the England average (81.4%) and the London average of 85.3% (figure 34).

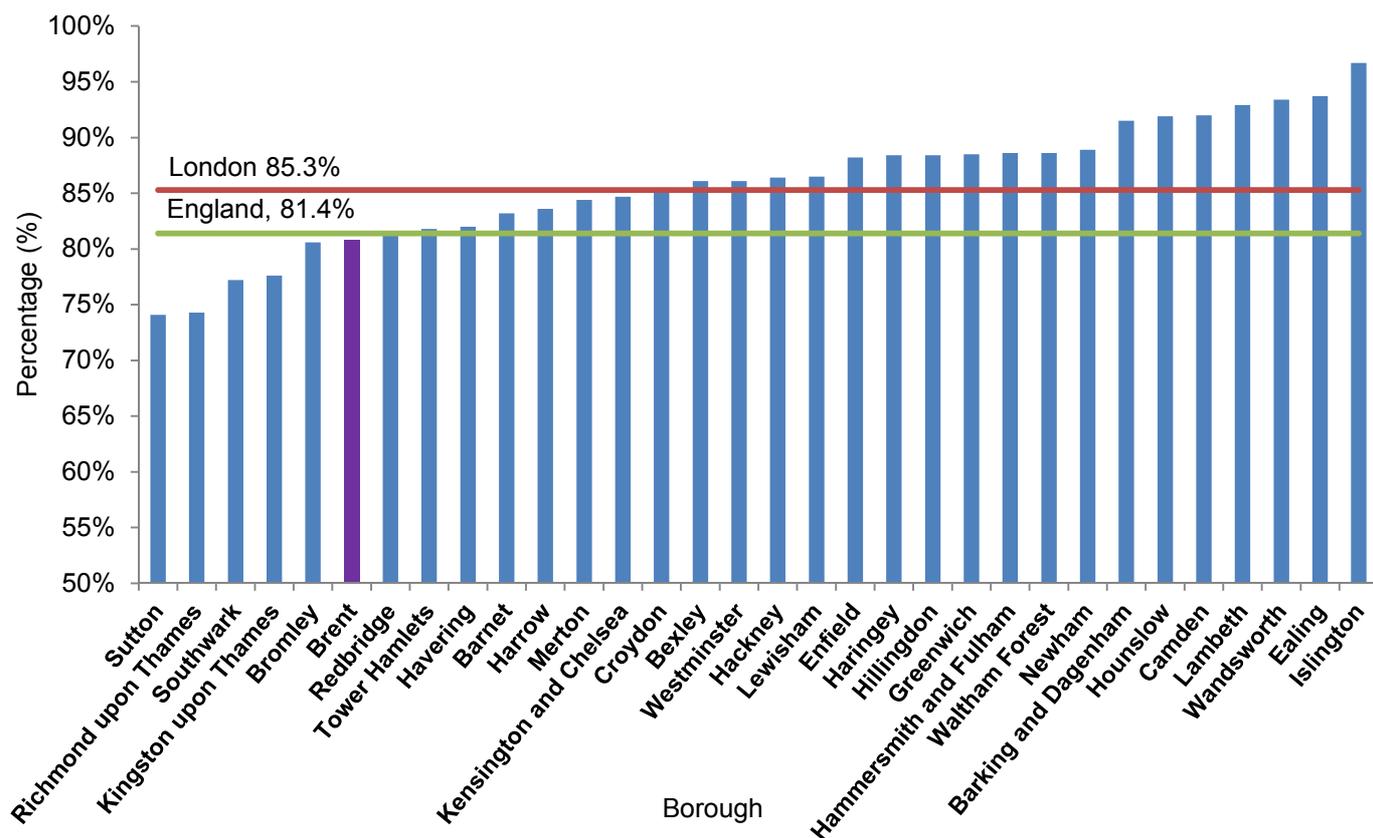


Figure 34: Percentage of older people (65 and over) who were living at home 3 months after a stay in hospital by borough (CCGs), 2012. Source: Social Care & Mental Health Indicators from the National Indicator Set, Health & Social Care Information Centre (HSCIC)

Dementia projections

Projections suggest that there will be a 32% increase in the total population aged 65 and over with dementia (figure 35).

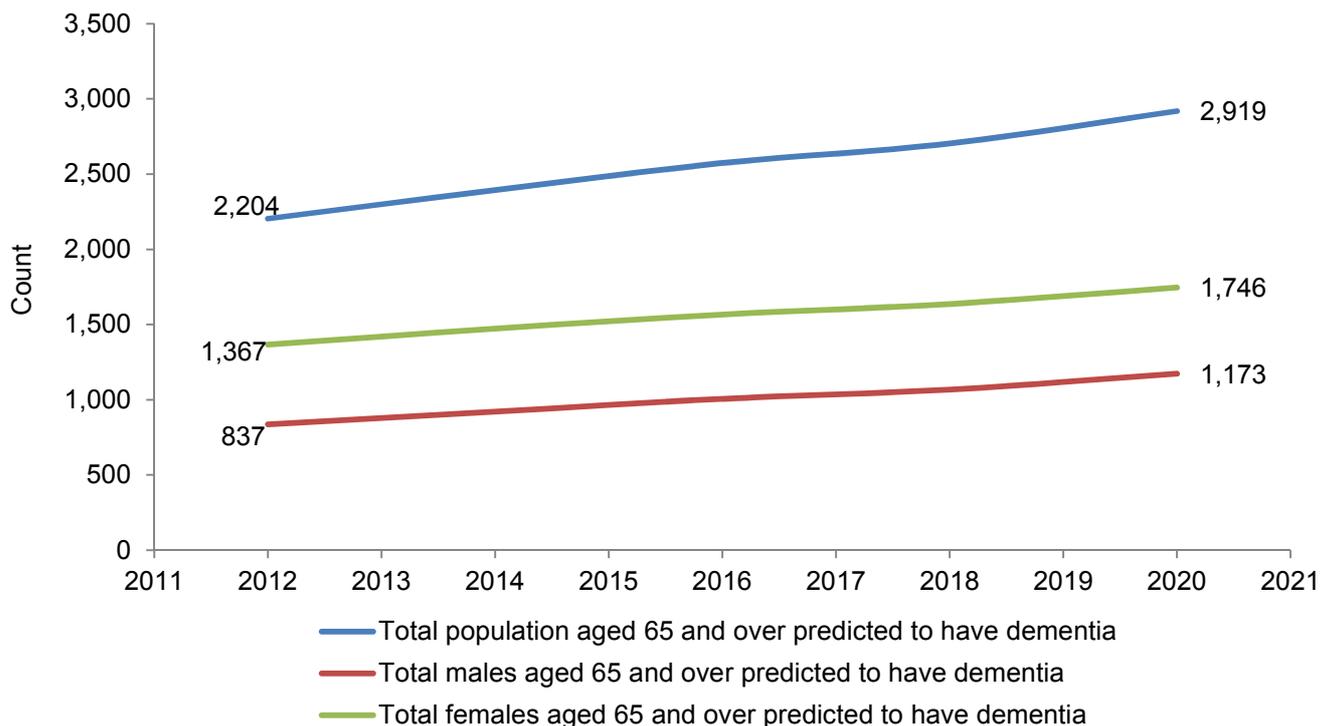


Figure 35: Dementia forecasts in Brent for people aged 65 years and over. Source: Projecting Older People Population Information (POPPI)

Dementia among people under the age of 65 is comparatively rare. There are over 17,000 younger people with dementia in the UK³⁵. Figure 36 highlights the projected rise in people aged 30 to 64 predicted to have early onset dementia between 2014 and 2030 in Brent.

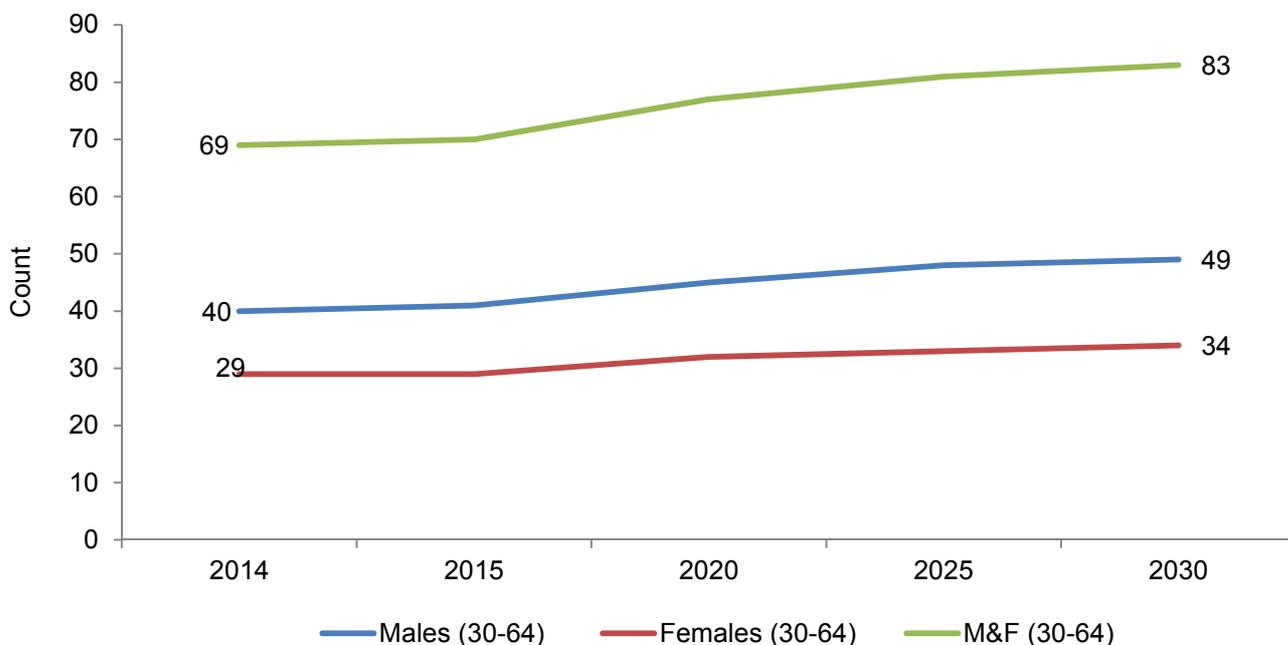


Figure 36: Early onset dementia. Source: Projecting Adult Needs and Service Information (PANSI)

³⁵ Alzheimer’s society: Younger people with dementia factsheet

Adults with autism

National estimates are that approximately 1% of the adult population are regarded as having an autistic spectrum disorder (ASD)³⁶. Currently estimates are that 2,158 adults aged 18 to 64 in Brent have an ASD. National rates of ASD are higher in adult males (1.8%) compared to females (0.2%)³⁷. Forecasts show that between 2014 and 2030 the number of adults aged 18 to 64 with an ASD in Brent is predicted to rise by 10% overall (figure 37), with males accounting for the majority.

Years	2014	2015	2020	2025	2030
Total population aged 18 to 64 predicted to have autistic spectrum disorders	2,158	2,175	2,254	2,310	2,369
Total males aged 18-64 predicted to have autistic spectrum disorders	1,951	1,967	2,043	2,097	2,153
Total females aged 18-64 predicted to have autistic spectrum disorders	207	208	211	213	216

Figure 37: Adults aged 18 to 64 in Brent predicted to have an ASD. Source: PANSI

Overall, the total population aged 65 and over with an ASD in Brent is estimated to increase by 54% between 2014 and 2030 (figure 38). The number of people aged 75 and over predicted to have an ASD is projected to increase by 52%.

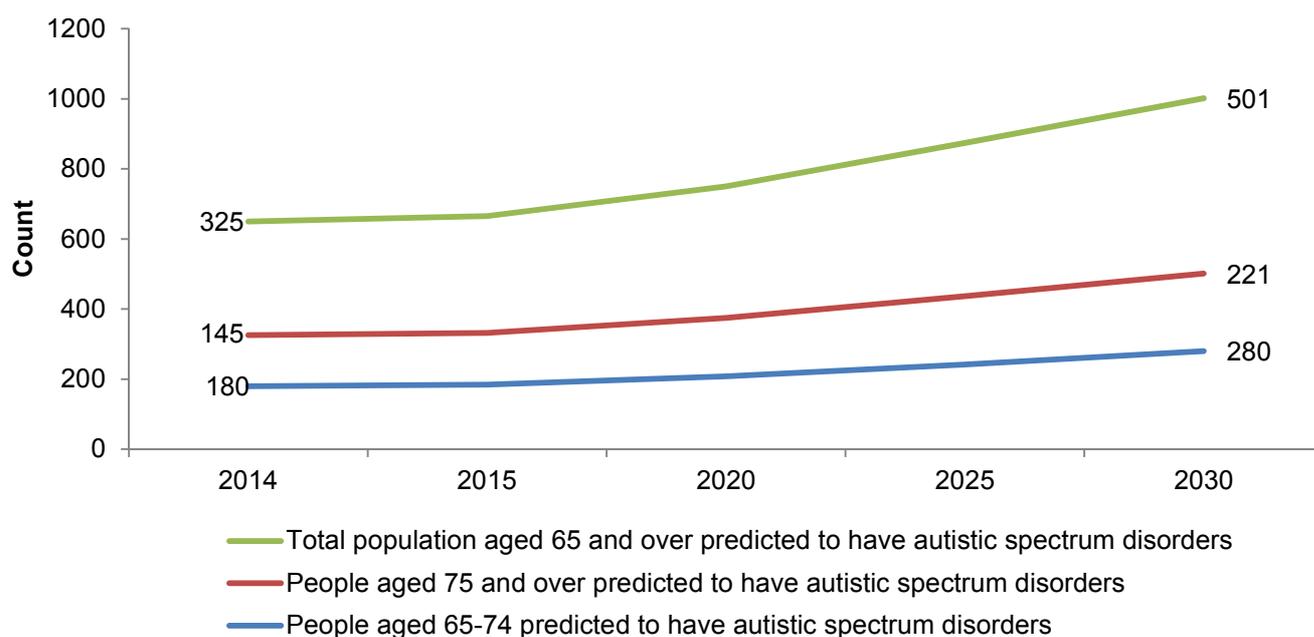


Figure 38: Adults aged 65 and over in Brent predicted to have an ASD. Source: POPPI

Although autism is a development disorder and not a learning disability, some people with autism may have an associated learning disability or mental health problem. It is estimated that 7.5% of adults with a learning disability may also be autistic³⁸.

³⁶ Emerson & Baines: The Estimated Prevalence of Autism among Adults with Learning Disabilities in England, 2010

³⁷ Autism Spectrum Disorders in adults living in households throughout England - report from the Adult Psychiatric Morbidity Survey 2007

³⁸ The Adult Psychiatric Morbidity Survey on autism and adulthood, 2007

Adults with learning disabilities

Between 2014 and 2030, the number of adults aged 18 to 64 with a learning disability is predicted to rise by 8%³⁹. Furthermore, the number of adults aged 65 and over in Brent predicted to have a learning disability is projected to increase by 52% between 2014 and 2030⁴⁰.

Accommodation is a key factor for people with learning disabilities and settled accommodation can have a strong impact on quality of life, safety and social inclusion. In 2011/12, 73% of people aged 18 to 64 with a learning disability were living in settled accommodation in Brent (figure 39). This equates to 510 adults and is above the England average of 70% and the London average of 65.7%.

Proportion of adults with LD aged 18-64 living in settled accommodation by borough

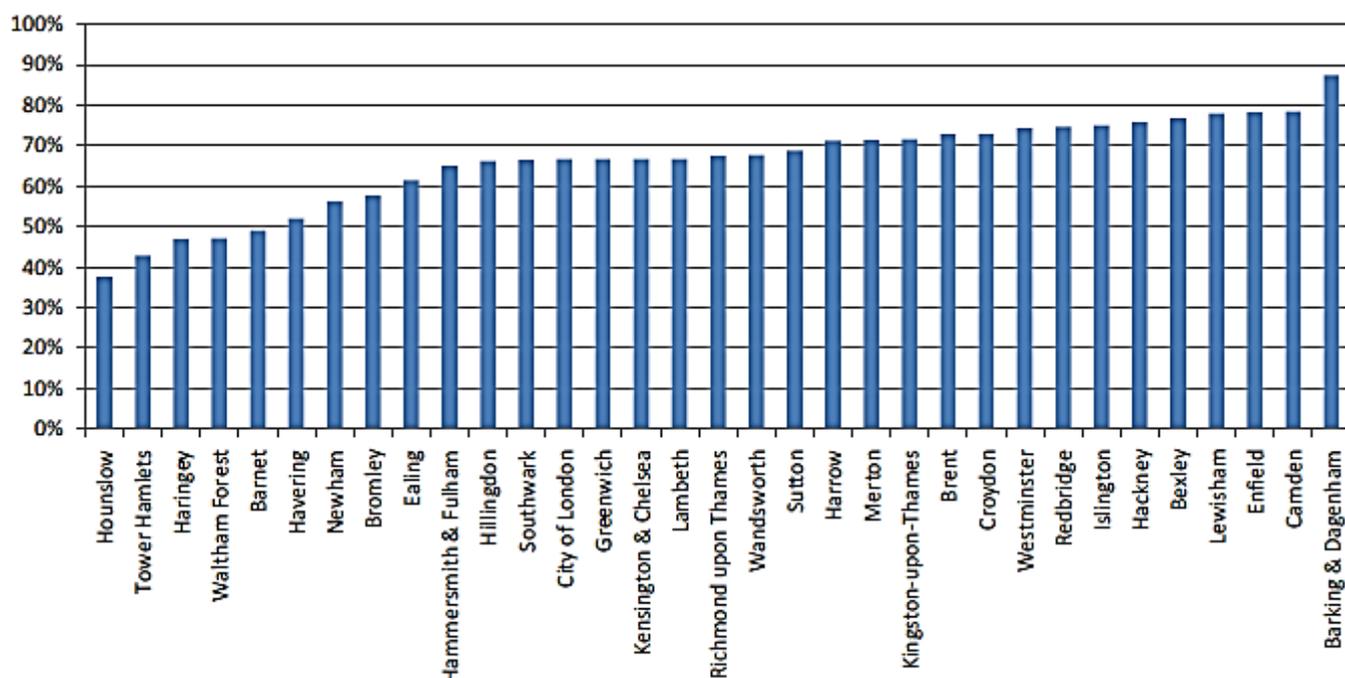


Figure 39: Source: NHS London Procurement Programme Purchased Healthcare Team: *Market Position Statement for Learning Disability Service Requirements and Provision in London* (April 2013). Data for 2011/12

Physical disability and sensory impairment

Level of need

Currently, 4% of residents in Brent regard themselves as being permanently sick or disabled⁴¹.

³⁹ PANSI, 2014

⁴⁰ POPPI, 2014

⁴¹ ONS 2011 census, the percentage of people aged 16 to 74 who were economically inactive and not working or seeking work as they were long-term sick or disabled

Estimates suggest that around 14,900 people in Brent aged between 18 and 64 years have a moderate physical disability⁴². This represents 7% of the total population who are aged between 18 and 64 years, which is similar to the England average of 8%.

Projections suggest that:

- By 2030, the number of people aged 18 to 64 in Brent who will have a moderate physical disability will be 16,725, an increase of 12% from 2014;
- By 2030, the number of people aged 18 to 64 who will have a severe disability will be 4,763, an increase of 16% from 2014;
- The number of people aged 65 and over who are unable to manage at least one self-care activity living on their own will rise to 17,590 in 2030, from 11,516 in 2014⁴³.

Incapacity benefit claimants and variations in Brent

There were 12,340 people in Brent claiming Incapacity Benefit (IB)/Severe Disablement Allowance (SDA) as of February 2014. This equates to 5.7% of the resident population aged 16 to 64 and is above the London average of 5.4% and below the Great Britain average of 6.2%⁴⁴.

Significant variations exist throughout the borough: the highest IB claimant rate was 12.3% in Harlesden, followed by 12.2% in Stonebridge. Kenton (3.7%) had the lowest proportion of claimants⁴⁵ (figure 40).

⁴² PANSI, 2014 estimates

⁴³ PANSI and POPPI forecasts for 2030

⁴⁴ DWP benefit claimants - working age client group

⁴⁵ ONS benefit claimants - working age clients for small areas, February 2014

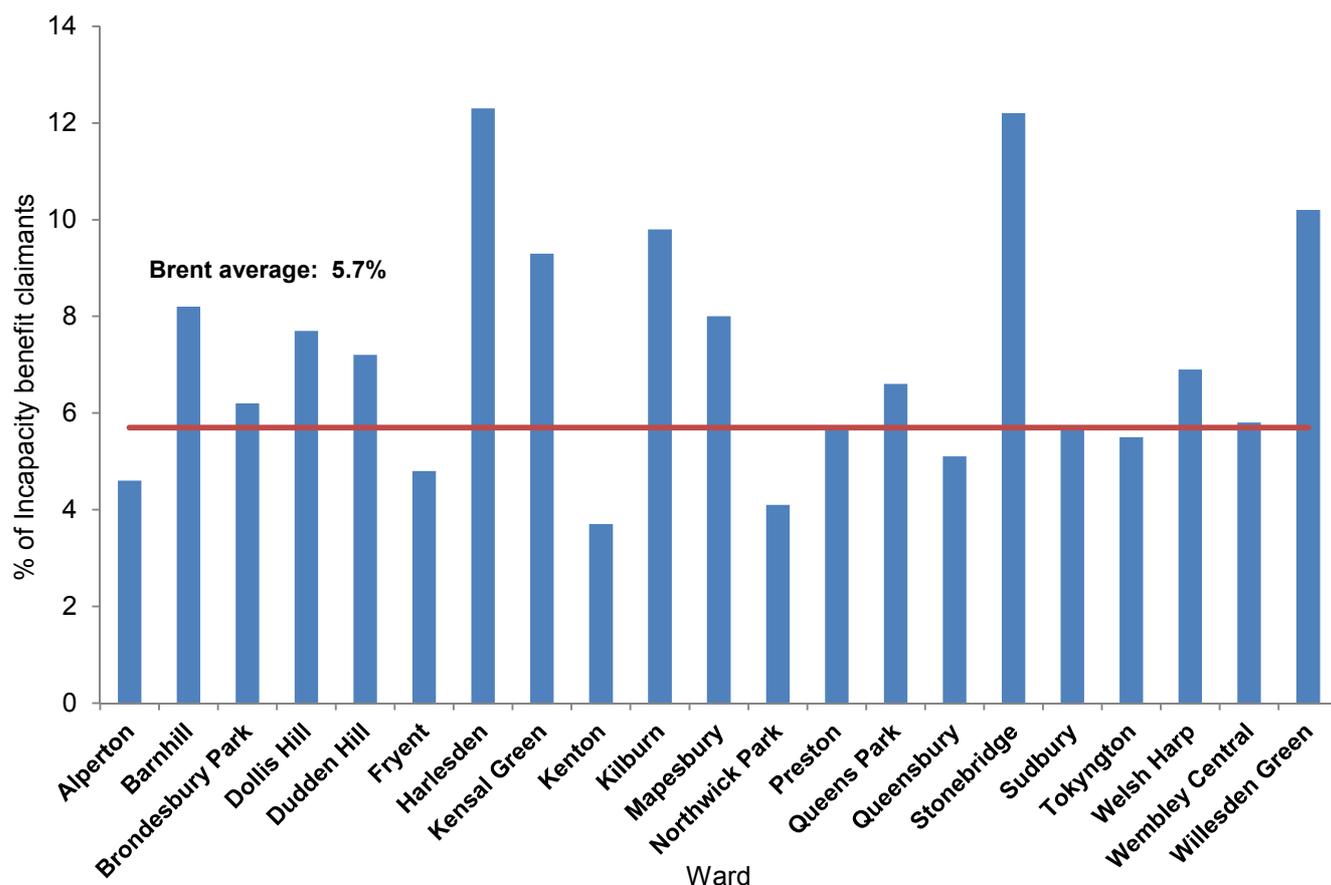


Figure 40: Incapacity benefit claimants for Brent wards (February 2014). Source: ONS benefit claimants

Hearing impairment

Current estimates suggest that 20% of people aged between 65 and 74 are living with a moderate or severe hearing impairment in Brent⁴⁶. With age, the incidence of people with a hearing impairment increases in Brent. Estimates show that 11,065 people in the borough aged 75 and over have a moderate or severe hearing impairment⁴⁷.

Visual impairment and sight deterioration

As with hearing impairment, sight loss can affect people of all ages and can impact a person's independence. Older people are particularly at risk of sight loss. Around 2 million people in the UK live with sight loss and by 2050 this is predicted to double to 4 million.

Current estimates show that 2,021 people aged 75 years and over in Brent are predicted to have a moderate or severe visual impairment (figure 41). This represents 12% of the population aged 75 years and over in Brent.

By 2030, 3,001 people aged 75 and over are predicted to have a moderate or severe visual impairment. This equates to a 48% increase on current predictions.

⁴⁶ POPPI estimates for 2014

⁴⁷ POPPI estimates for 2014

Age range and level of visual impairment	2014
People aged 18-24 predicted to have a serious visual impairment	19
People aged 25-34 predicted to have a serious visual impairment	42
People aged 35-44 predicted to have a serious visual impairment	31
People aged 45-54 predicted to have a serious visual impairment	26
People aged 55-64 predicted to have a serious visual impairment	19
People aged 65-74 predicted to have a moderate or severe visual impairment	1,053
People aged 75 and over predicted to have a moderate or severe visual impairment	2,021
People aged 75 and over predicted to have registrable eye conditions	1,043

Figure 41: Levels of visual impairment among Brent residents aged 18 years and above.
 Source: PANSI

In Brent, the rate of sight loss due to glaucoma in those adults aged 40 and over was 13.8 per 100,000 of the population in 2012/13. This is above the England average of 12.5 per 100,000 of the population⁴⁸. The risk of glaucoma is higher for the black African or black Caribbean population compared to the white population⁴⁹.

Other forms of visual impairment include diabetic eye disease, which relates to a series of eye problems that people with diabetes may be at risk of, as a complication of diabetes. In Brent, the rate of preventable sight loss due to diabetic eye disease in those individuals aged 12 and over was 4.5 per 100,000 of the population in 2012/13. This is above the England average of 3.5 per 100,000 of the population⁵⁰.

Research suggests that 50% of blindness and serious sight loss cases could be prevented if treated promptly⁵¹. In Brent, 1,530 people were registered blind as at 31 March 2014. Of these, 980 people (64%) are aged 75 and above⁵².

Falls and hip fracture

Falls are a significant cause of disability and can contribute to mortality in people aged 75 and over in the UK. The rate of hip fractures among those people aged 65 and over in Brent is better than the England average in 2012/13. The Brent rate was 403 per 100,000 of the population aged 65 and over and the England rate was 568 per 100,000 of the population⁵³. Between 2010 and 2013, the rate decreased by around 100 from 504.7 per 100,000 of the population to 403.1 per 100,000 of the population.

⁴⁸ Public Health England, PHOF: Healthcare and premature mortality indicators

⁴⁹ Bosanquet, N. (2010). *Libertising the NHS: Making a reality of equity and excellence*. London: Imperial College

⁴⁹ Public Health England, Brent health profile 2014. Age-sex standardised rate of emergency admissions for fractured neck of femur in those aged 65 and over/100,000 of the population

⁵⁰ Public Health England, PHOF: Healthcare and premature mortality indicators

⁵¹ Royal National Institute for Blind People (RNIB). Access Economics (2009), Future Sight Loss UK, Economic impact of Partial Sight and Blindness in the UK adult population

⁵² HSCIC, Registered Blind and Partially Sighted People, year ending 31 March 2014 (published September 2014)

⁵³ Public Health England, PHOF

Older people's housing

Currently, 27% of people in Brent aged 65 and over live alone⁵⁴. However, some significant variations exist across the borough (figure 42). In Wembley Central, only 16% (232 people) of the ward's population aged 65 and over live alone whereas in Kilburn 40% (592 people) of the ward's population aged 65 and over live alone.

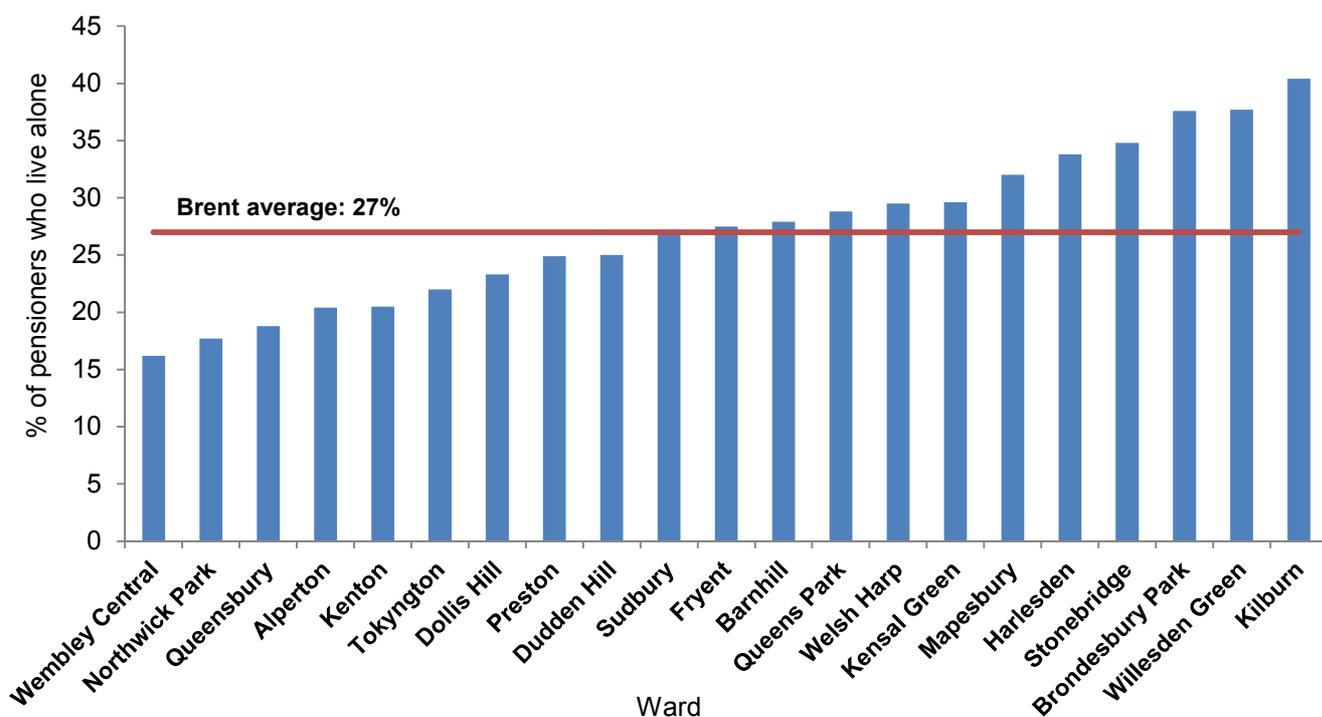


Figure 42: Pensioners (aged 65 and over) who live alone in Brent by ward. Source: ONS downloaded from NOMIS standard tables (QS114EW). Population aged 65 and over: ONS downloaded from NOMIS standard tables (KS102EW)

Estimates suggest that 721 people aged 65 and over were living in a care home either with or without nursing in 2014. By 2030, this is projected to rise to 1,189⁵⁵.

Figure 43 shows that the majority of the population in Brent aged 65 and over own a property.

Living status	People aged 65-74	People aged 75-84	People aged 85 and over
Owned	63.57%	66.78%	66.23%
Rented from council	11.91%	12.05%	11.07%
Other social rented	14.24%	12.53%	12.47%
Private rented or living rent free	10.28%	8.63%	10.23%

Figure 43: Living status of people aged 65 and over in Brent. Source: ONS 2011 census

⁵⁴ Pensioners living alone: ONS downloaded from NOMIS standard tables (QS114EW). Population aged 65 and over: ONS downloaded from NOMIS standard tables (KS102EW)

⁵⁵ POPPI, estimates for 2014 to 2030. ONS General Household Survey

Social isolation

In 2012/13, 39% of adult social care users in Brent experienced social isolation, which was below the England average of 43% and similar to the London average of 40%⁵⁶.

⁵⁶ Adult Social Care Users Survey, 2012/13 (based on responses to the survey question/indicator percentage of adult social care users who have as much social contact as they would like)

3. CHILDREN AND YOUNG PEOPLE

Population growth among children and young people

Children and young people under the age of 20 years constitute 25% of the population of Brent. The 'early years' of a child's life are particularly important in shaping future health outcomes. Key factors, such as income, housing, education and other socioeconomic issues can particularly affect young people during their earliest years of life. The underlying growth of the child population in Brent is a key factor which needs to be considered when designing and providing services to improve the health and well-being of children and tackling health inequalities. Between 2001 and 2011, in terms of broad age groups, the 0 to four-year-olds experienced a 38% increase, the 5 to 9s 16%, the 10 to 14s 9%, and the 15 to 19s 12%. The child population in Brent is predicted to increase over the next five years and beyond.

Projections show that there will be 83,400 children in Brent aged between 0 and 19 in 2020, which represents an increase of 6% based on current estimates⁵⁷. Population projections show that the number of 0 to five-year-olds is due to peak in 2015 and 2016 in Brent at 29,000 children⁵⁸. Of these, 15,000 are male and 14,000 are female. These changes are likely to impact on future schooling arrangements in Brent and should be considered alongside other related issues such as the projected availability of school places.

Children and young people in Brent: key statistics

<i>Live births in Brent, 2012**</i>	5,340
<i>Children (aged 0 to 4), 2012**</i>	23,200
<i>Children (aged 0 to 19), 2012 **</i>	78,900
<i>School children from minority ethnic groups, 2013**</i>	33,537
<i>Children living in poverty^ (aged under 16), 2011 **</i>	28%
<i>Percentage of live and still birth babies weighing less than 2,500g, i.e. a low birth weight, 2012**</i>	9%
<i>Number of first time entrants to the youth justice system, 2012**</i>	210
<i>Hospital admissions for mental health conditions (0 to 17 years), 2012/13**</i>	45
<i>Number of hospital admissions as a result of self-harm (10 to 24 years old), 2012/13**</i>	65
<i>Number of children killed or seriously injured in a road traffic accident, 2010 to 2012**</i>	8
<i>A&E attendances (0 to 4 years), 2011/12**</i>	23,082
<i>Average number of looked after children being seen by Brent Child and Adolescent Mental Health Service (CAMHS), between April and June 2013***</i>	93-74
<i>Number of looked after children in Brent, March 2014****</i>	349

^ denotes % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2011

**data sourced from Public Health England, child health profile for Brent 2014 (ChiMat)

***data sourced from Brent Child and Adolescent Mental Health Service (CAMHS)

**** figures obtained from LB Brent Children and Young People department

⁵⁷ Public Health England, child health profile for Brent 2014

⁵⁸ Greater London Authority (GLA): population projections for 0 to five-year-olds by local authority

Health improvement and prevention of ill health among children and young people

Low birth weight

Evidence shows that children who are born to mothers from low income and/or poor educational levels are increasingly likely to be premature or low birth weight babies. In these circumstances, a child is at a greater risk of infant mortality, morbidity and impaired cognitive development when compared to babies of normal birth weight. The percentage of live and stillbirths weighing less than 2,500 grams born in Brent in 2012 (9%) was worse than the national average (7.3%). Notably, the infant mortality rate in Brent is similar to the England average, whereas the child mortality rate is worse than the England average. Reported child mortalities in Brent have steadily increased over recent years from 26 deaths in 2009-2010 to 43 in 2012-2013⁵⁹.

Breastfeeding initiation

The percentage of mothers who initiate breastfeeding in Brent is higher when compared to the England average, with nearly 85% breastfeeding in Brent in 2012/13. The England average for the same period was 74%. At 6 to 8 weeks post-birth, the percentage of mothers in Brent (73%) who breastfed their babies remains significantly above the England average (47%).

Immunisation

In 2012/13, 92% of children received their initial dose of immunisation for measles mumps and rubella (MMR) by the age of two in Brent, which is similar to the England average (92.3%). At five years old, 88.4% of children received their second dose of MMR immunisation, which is similar to the England average (87.7%). Around 78% of children in care had an up-to-date immunisation record in 2013, which compares to the England average of 83%.

Oral health

Brent ranks among the poorest authorities in the country in oral health for children under five. In 2011/12, 45.9% of five-year-olds showed signs of dental decay, which is worse than the England average. Brent falls second after Enfield as having the highest tooth decay in London among five-year-olds⁶⁰. It is recognised that a range of factors are associated with poor oral health among children in Brent. These include:

- Lack of frequent brushing
- Poor diet
- Poverty
- No fluoride treatment of tap water

Poor oral health among children under five in Brent presents a number of other associated concerns, which include higher rates of school absence and poor oral health going into adulthood. Furthermore, poor oral health can have other consequences to a child's overall well-being, resulting in reduced self-esteem and problems communicating with others. A number of oral diseases may result from poor dental hygiene, including gum disease and oral cancer. Tooth decay is the most common cause of non-urgent admission to hospital for children in Brent.

⁵⁹ Brent CCG Child Death Overview Panel, annual report: 2012-13

⁶⁰ Public Health England, PHOF, Healthcare and premature mortality indicators

Childhood obesity

Childhood obesity rates in Brent remain higher than the England average. In Brent, 11% of reception year pupils were obese in 2012/13 (figure 44) and 24% of year 6 pupils were measured as obese (figure 45). In England, the average rate of obese reception year pupils in 2012/13 was 9% and 19% for year 6 pupils. Childhood obesity is the single biggest predictor of adulthood obesity and can increase the risk factors for many clinical conditions throughout a person's whole life cycle. The percentage of overweight reception year and obese year 6 children in Brent has remained relatively steady since 2010/11.

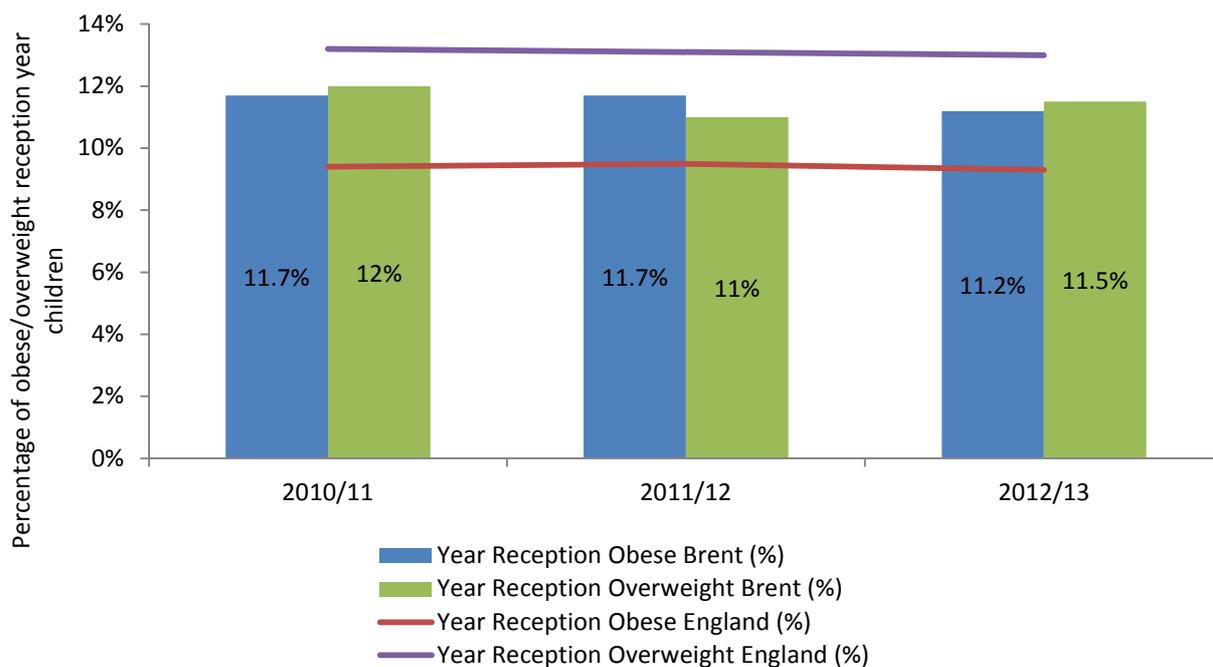


Figure 44: The percentage of children who are overweight and obese in Brent schools: Reception year

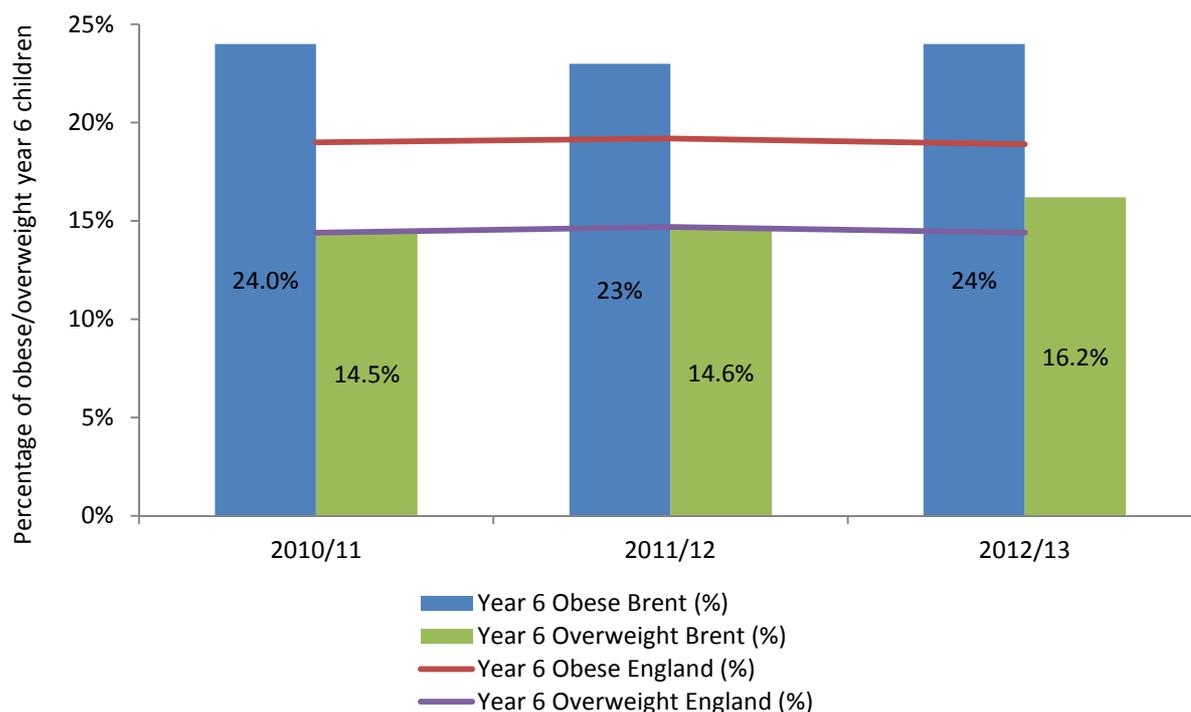


Figure 45: The percentage of children who are overweight and obese in Brent schools: Year 6

Source: NCMP, Health and Social Care Information Centre

Smoking in pregnancy

Smoking in pregnancy has well-known detrimental effects for the growth and development of a new born baby and can increase the risk of infant mortality by 40%⁶¹. Apart from reducing the risk of complications in labour, encouraging pregnant women to stop smoking during pregnancy may help them kick the habit for good, and thus provide long-lasting health benefits for both mother and child.

The prevalence of women who smoke at the time of delivery is much lower in Brent (4.3%) than the England average (12.7%) in 2012/13⁶².

Children living in poverty

Approximately one third (28%) of children and young people (aged under 16 years) in Brent live in poverty. This is worse than the England average (20.6%) and also the London average (26.5%)⁶³. In 2012, it was estimated that 42% of children lived in poverty in Stonebridge while in Kenton 10% of children are in poverty. Higher than average levels of child poverty are associated with a range of other closely related challenges. These include family homelessness, mental health problems and poor levels of concentration in school.

⁶¹ Gardosi, J. et al. (2007). Stillbirth and infant mortality, West Midlands 1997-2005: Trends, factors, inequalities. West Midlands Perinatal Institute.

⁶² Public Health England, health profile for Brent 2014

⁶³ Public Health England, child health profile for Brent 2014

Mental illness

Hospital admissions in Brent due to mental illness were lower than the England average in 2012/13 among individuals aged 0 to 17 years. Similarly, rates of hospital admissions due to self-harm amongst 10 to 24-year-olds were also lower than the England average in 2012/13.

Social Care

Child protection

At the end of March 2014 there were 230 children subject to a child protection plan, which was an increase on the figures from previous years, which were 213 (2011), 148 (2012) and 172 (2013). This figure is beneath the national average of 273 (2013) but above the London average (194 in 2013).

Looked after children

There were 349 looked after children in Brent at the end of March 2014. This compares to 385 in 2011, 360 in 2012 and 345 in 2013 and is indicative of an overall general decreasing number. This figure is beneath that of statistical neighbours, which was 367 at end of 2013⁶⁴.

Timeliness of adoption

There have been significant and consistent improvements in the time taken between a child becoming looked after and moving in with their adoptive family (for those children where adoption was the plan). At the end of 2011 it took an average of 827 days from becoming looked after to being placed with an adoptive family. By the end of 2014 this figure had reduced to 672 (based on three year average). The 2014 figure for the single year was 382 days.

Child sexual exploitation

Brent's high population mobility and highly diverse population would suggest risks in relation to child sexual exploitation activity. While there have been reported cases of child sexual exploitation, the police or the council are not currently aware of evidence of any systematic, organised abuse of boys or girls in Brent by groups or gangs of men of the kind that has been exposed in some towns in the north of England. However, during the period 2011 to 2014, 292 (29.6%) out of the 985 reports of sexual offences which occurred locally related to a victim under the age of 18.

There are concerns, however, that girls may be exploited within the gang culture in Brent. Addressing these concerns is a key part of Brent's overall strategy in regard to dealing with gangs.

⁶⁴ Figures obtained from LB Brent Children and Young People department

Education

Special Education Needs

As of August 2014, there were 1,721 children and young people in Brent identified as having a statement of special educational needs (SEN). These children have needs in any one or more areas related to learning, communication and sensory, physical or behavioural, social and emotional needs. A decreasing proportion of children with SEN receive a 'statement' (or from 1st September 2014 an Education, Health and Care plan (EHC plan)) because schools are resourced to meet all children's needs up to a threshold. The data on statements is however a helpful proxy for need in this area.

Number of pupils with SEN: 2011 to 2013

In 2013, 4% of the Brent school-age pupil population have a statement of SEN. The number of statutory assessments initiated for children under five following notification from the health authority increased from 45 in 2009 to 66 in 2013/14. This is partly due to better early identification but it is also an indication of more children being born with complex needs and having longer life spans due to improvements in medical science. Figure 46 shows that autism as a diagnosis is increasing.

		<u>TOTAL STATEMENTS</u>				
		2010	2011	2012	2013	2014
ASD	<i>Autistic Spectrum Disorder</i>	262	240	298	302	347
MLD	<i>Moderate Learning Difficulty</i>	246	269	197	172	251
SLCN	<i>Speech, Language & Communication Needs</i>	191	221	244	248	234
SLD	<i>Severe Learning Difficulty</i>	149	173	176	209	148
BESD	<i>Behaviour, Emotional & Social Difficulty</i>	184	198	195	171	135
PD	<i>Physical Disability</i>	89	84	91	78	71
PMLD	<i>Profound & Multiple Learning Difficulty</i>	49	62	51	59	65
SPLD	<i>Specific Learning Difficulty</i>	53	61	66	59	49
HI	<i>Hearing Impairment</i>	28	25	29	36	30
VI	<i>Visual Impairment</i>	22	19	21	23	18
MSI	<i>Multi-Sensory Impairment</i>	3	4	6	8	5
OTH	<i>Other Need</i>	24	30	37	45	34
OVERALL TOTAL		1300	1386	1411	1410	1387

Figure 46: 2010-14 SEN types of Brent resident pupils with statements at schools in Brent and neighbouring local authorities (Barnet, Camden, Ealing, Hammersmith and Fulham, Harrow, Kensington and Chelsea, and Westminster) by ethnic group. Only pupils with statements are counted, and only their primary SEN type is considered. Children attending independent schools and mainstream schools in other boroughs are not included. Source: All data is taken from the January school censuses (for the year specified) from Brent.

4. KEY HEALTH CHALLENGES IN BRENT

There are a number of particular health challenges in Brent, and some areas where the borough performs better than expected.

Tuberculosis

Brent has a high proportion of people born abroad including in countries with high rates of tuberculosis (TB). Rates of TB are amongst the highest in the country. Between 2010 and 2012, there were 102 cases of tuberculosis diagnosed in Brent. This represents a crude rate of 98.3 cases per 100,000 of the population compared to an England rate of 15.1 per 100,000 of the population and London rate of 41.4 per 100,000 of the population. More than 90% of those diagnosed with TB in Brent were born abroad with twenty percent having entered the country in the last 2 years. This suggests the majority of disease seen in Brent was reactivation of infection acquired in high prevalence countries, in particular India.

Studies from developed countries have shown worse (as opposed to neutral or improved) infectious disease outcomes following periods of economic crisis⁶⁵. It is recognised that the economic downturn may have contributed to a recent increase in tuberculosis incidence in Brent. This may be due to poorer living conditions and lower treatment retention rates⁶⁶. London has the highest TB rate of any capital city in western Europe and 21 boroughs have been rated 'high' by the World Health Organization in the past five years⁶⁷.

Adult obesity and type 2 diabetes

Obese and overweight adults put themselves at a greater risk of developing health conditions, such as type 2 diabetes.

In Brent, survey results suggest that 54% of adults are either overweight or obese⁶⁸. Around 20% of Brent's adult population are obese, which is lower than the England average of 23%⁶⁹.

Type 2 diabetes rates in Brent are particularly high compared to other parts of the UK. The average recorded level of diagnosed diabetes on GP registers in England was 6% in 2012/13. Over the same period 7.8% of people on GP lists in Brent were recorded as having diabetes (23,030 people).

Brent saw a 38% increase in the prevalence of diabetes between 2008/09 and 2012/13. This is likely to be due to a combination of population growth, improved detection and recording on GP systems, as well as an increase in the actual prevalence. It is estimated that one in four people with diabetes in London are undiagnosed.

The prevalence of diabetes in Brent is projected to rise, fuelled by the ageing of the population, increasing numbers of people who are obese and overweight, and the high proportion of black and south Asian ethnic groups in the borough who are more susceptible to diabetes. By 2030, it is estimated that nearly 15% of people aged 16 and over in Brent will

⁶⁵ Suhrcke, M. and Stuckler, D. (2010). Will the recession be bad for our health? A review of past experiences. Report prepared for ECHAA

⁶⁶ Public Health England (Knowledge and Intelligence Team), Brent: A profile of socio economic determinants of health during the economic downturn (published 11 February 2014)

⁶⁷ London Health Programmes (2011) Case for change. TB services in London

⁶⁸ Sport England, 2012 Active People Survey

⁶⁹ Public Health England, Brent health profile 2014

have diabetes compared to the predicted England average of about 9%, as illustrated in figure 47.

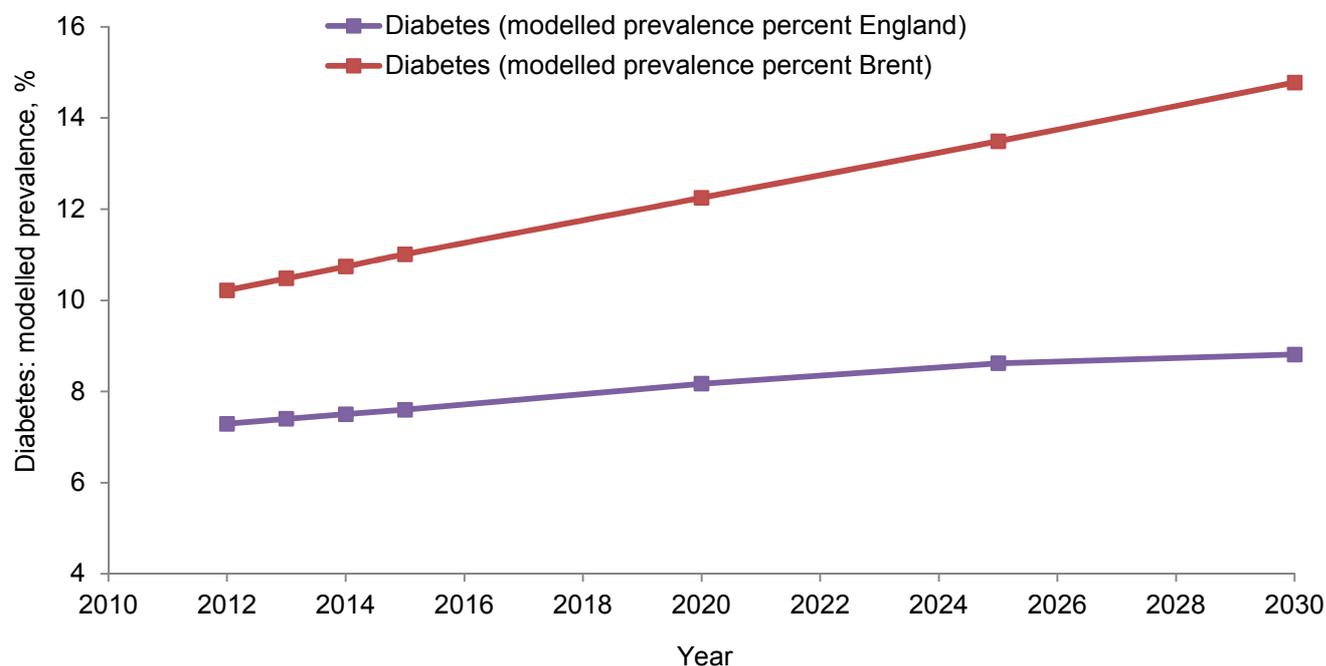


Figure 47: Modelled estimated prevalence of diabetes in Brent versus England, 2012-2030. Source of data: Public Health England (national cardiovascular intelligence network), Diabetes Prevalence Model for Local Authorities and CCGs

Estimates show that around 17% of all deaths in Brent are attributable to diabetes. People with diabetes are at risk of a range of complications, including heart disease, strokes, foot disease, which may necessitate amputation, kidney disease and loss of sight. Early diagnosis, good diabetic care and self-management can reduce the risk of complications. Rates of diabetes complications are low in Brent compared to the national picture.

Emergency hospital admissions by ethnicity

Hospital related admissions in 2012/13 that were regarded as emergencies varied quite significantly by ethnicity in Brent. Figure 48 identifies that the England average for all ethnic groups was 40.8%. Variations can be seen for each ethnic group in Brent with 'other' ethnic groups' (46%) and the black group (45%) reflecting the highest percentage of hospital admissions overall in Brent*.

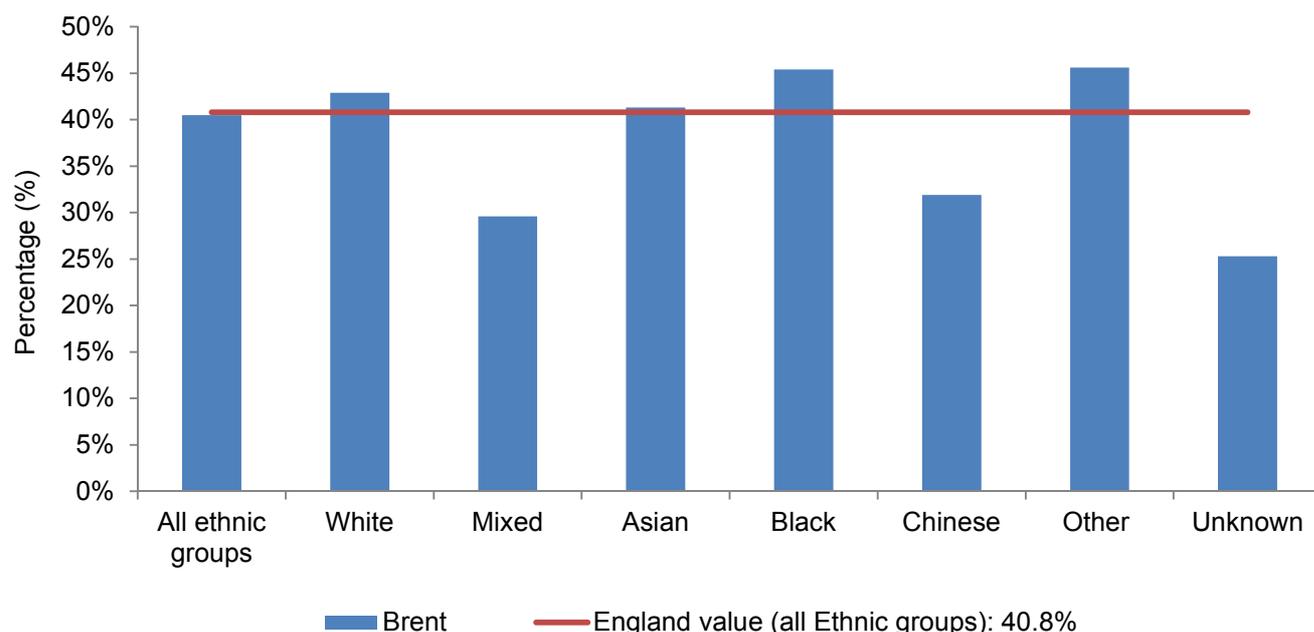


Figure 48: Percentage of hospital admissions by ethnicity, 2012/13. Source: Public Health England 2014 health profile. *Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

Notably, a high proportion of emergency admissions may demonstrate that some patients are not accessing or receiving the care most appropriate to managing their condition effectively.

Domestic violence and violence against women and girls

In 2012/13, the rate of domestic abuse incidents recorded by the police in Brent was 18.6 per 1,000 of the population. This is higher than the London average of 18.5 per 1,000 of the population but lower than the England average of 18.8 per 1,000 of the population.

Notably, the number of domestic incidents⁷⁰ (non-criminal and criminal offences falling within the Home Office definition of domestic violence and abuse) in Brent as reported by the Metropolitan Police has gradually increased during the period 2005/06 to 2013/14. However, during this period domestic offences (criminal offences falling within the Home Office definition of domestic violence and abuse) have stayed reasonably consistent at around 2,000 offences annually (figure 49).

⁷⁰ Data from Home Office: Domestic violence and abuse (revised definition). The cross-government definition of domestic violence and abuse is as follows: *any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial, and emotional.* https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf

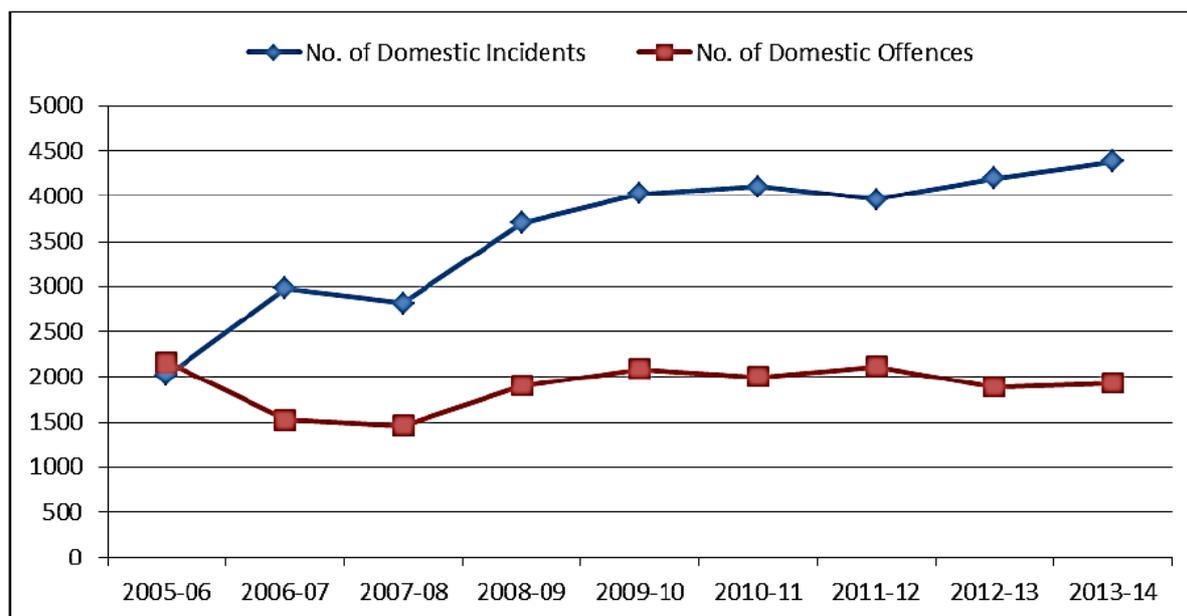


Figure 49: Number of Domestic Incidents and Offences per Financial Year (2005/06 to 2013/14). Source: LB Brent Community Safety Team

Violence against women and girls including Female Genital Mutilation (FGM), Honour-Based Violence (HBV) and Forced Marriages are a key priority for the Brent Safer Partnership. As some communities in the borough have strong links to other parts of the world, where such practices still prevail, it is recognised that these offences are considerably under reported locally. Research suggests that over 5,000 women and children in Brent are at risk of, or have already undergone, FGM⁷¹. As such, the council and its partners recognise the importance of mapping out the extent of these practices across the borough to ascertain a true picture of the total number of women and children at risk.

Forced marriage

A forced marriage is where one or both people do not consent to the marriage and pressure or abuse is used⁷². In 2013, the national Forced Marriage Unit advised 1,302 cases related to forced marriage⁷³. Cases from London accounted for 24.9% of all cases; 15% of all calls involved cases under the age of 16. The countries of origin of those involved varied, with the highest percentage of cases from Pakistani (42.7%), Indian (10.9%) and Bangladeshi (9.8%) backgrounds, and a smaller number from Afghanistan (2.7%) and Somalia (2.5%). Brent has large Pakistani, Indian and Bangladeshi populations, with potential young girls at risk. In 2012/13 30 cases of forced marriage were identified in Brent by social services; the Asian Women's Resource Centre and Brent MET Police⁷⁴.

⁷¹ Tackling violence against women and girls in Brent: An overview and scrutiny task group report, March 2014

⁷² www.gov.uk/forced-marriage

⁷³ Forced Marriage Unit 2013 stats

⁷⁴ LB Brent Overview and Scrutiny Task Group Report: Tackling Violence against Women and Girls in Brent, March 2014

Smoking prevalence

The estimated prevalence of adults who smoked in Brent (15.2%) in 2012 is better than the England (19.5%) and London averages (18%)⁷⁵. Estimates of smoking prevalence in Brent vary by ward from 11.7% in the least deprived neighbourhoods to 25.9% in some of the most deprived neighbourhoods⁷⁶. In 2012, smoking prevalence among the routine and manual workforce aged 18 years and over in Brent (14.2%) was significantly lower than the England (29.7%) and London averages (25.7%)⁷⁷. Evidence suggests that the number of shisha premises (licenced and un-licenced) is growing in Brent. Furthermore, the majority of these premises are not complying with the requirements of the Health Act (i.e. less than 50% enclosed)⁷⁸.

Smoking-related deaths

Rates for smoking-related deaths in Brent are lower than the England rate. The rate of smoking-related deaths in Brent for people aged 35 and over was 228 per 100,000 of the population, or 241 deaths between 2010 and 2012. In England the rate was 292 per 100,000 of the population aged 35 and over for the same period⁷⁹.

Alcohol use and abuse in Brent

In Brent, 31.4% of the population aged 16 and over abstain from alcohol use, almost twice the national average (16.5%). However, a larger proportion of the population in Brent are high-risk drinkers (7.1%) compared to the national average (6.7%)⁸⁰. Out of a total of 326 Local Authorities in England, Brent is ranked 323 for alcohol-related recorded crimes and violent crimes and 253 for male alcohol-specific hospital admissions⁸¹. Alcohol-specific hospital admissions for women in Brent are comparable to those for England. However, the rate for males is significantly higher than the England average⁸². In 2012/13, there were 1,352 hospital stays for alcohol related harm in Brent, a rate of 518 per 100,000 of the population, which is better than the England average rate of 637 per 100,000 of the population⁸³.

Drug misuse

In 2010/11, there were an estimated 1,858 users of opiates and/or crack cocaine aged 15 to 64 in Brent. This equates to a crude rate of 8.7 users per 1,000 of the population, which is similar to the England rate of 8.6 per 1,000 of the population. The worst performing local authority area in England had a rate of 26.3 per 1,000 of the population and the best was 0.8 per 1,000 of the population⁸⁴.

⁷⁵ Public Health England, PHOF: Health improvement indicators

⁷⁶ LHO Practice Profile, 2008: Estimates of smoking prevalence by general practice

⁷⁷ Public Health England, PHOF, Local Tobacco Control Profiles for England

⁷⁸ Evidence from Regulatory Services, LB Brent

⁷⁹ Public Health England, Brent health profile 2014

⁸⁰ Public Health England, Alcohol Learning Resources (Alcohol Learning Centre website)

⁸¹ Local Alcohol Profiles for England (LAPE). Note: rank 1 is the best Local Authority in England

⁸² LAPE. Alcohol attributable hospital admission rate for males in Brent: 1,637 per 100,000 of the population;

London 1,423 per 100,000 2009/10

⁸³ Public Health England, Brent health profile 2014

⁸⁴ Public Health England, Brent health profile 2014

Sexually transmitted infections

In 2012, there were 4,413 sexually transmitted infections (STIs) diagnosed in Brent, a rate of 1,413 per 100,000 of the population, which is considerably higher than the England average of 804 per 100,000 of the population⁸⁵. In particular, Brent currently has high rates of chlamydia, genital warts and gonorrhoea diagnoses (figure 50).

	Brent Rate: 2010	Brent Rate: 2011	Brent Rate: 2012	London Rate: 2012	England Rate: 2012	Rank within England 2012
All STIs	1523.6	1602.4	1413.3	1336.7	803.7	21
Chlamydia	537.5	421.5	464.7	512.2	371.6	55
Gonorrhoea	95.1	76.9	123.0	129.8	45.9	17
Syphilis	12.9	13.1	13.8	17	5.4	19
Genital Warts	157.5	151.5	141.2	167.9	134.6	90
Genital Herpes	113.0	102.8	104.1	91.4	58.4	12

Figure 50: Rates per 100,000 of the population of all ages of STIs in Brent: 2010-2012

HIV in Brent

In Brent, there were 886 people living with diagnosed HIV in 2013 (aged between 15 and 59)⁸⁶. Late diagnosis of HIV is associated with a worse prognosis and an increased risk of onward transmission. In Brent, 56% of HIV diagnoses are at a late stage, compared to 52% in England and 50% in London.

There are a number of key groups who are most at risk of poor sexual health: young people aged 15 to 24 years, men who have sex with men (MSM), black and black British communities and sex workers. As elsewhere, STIs are more prevalent in those parts of the borough with high deprivation (70% of STIs in 2011 were in the borough's first and second most deprived LSOAs).

Teenage pregnancy

Brent had a lower teenage conception rate compared to the England and London averages in 2012 (figure 51). There were 104 conceptions among females in Brent who were aged between 15 and 17 years; a crude rate of around 20 conceptions for every 1,000 women aged between 15 and 17 years⁸⁷. The England rate in 2012 was 27.7 per 1,000 females aged 15 to 17 and the London rate was 25.9 per 1,000 females aged 15 to 17. Notably, Brent has remained below the England and London averages since 2005.

⁸⁵ Public Health England, Brent health profile 2014

⁸⁶ Public Health England, data from the Survey of Prevalent HIV Infections Diagnosed (SOPHID)

⁸⁷ Public Health England, Brent health profile 2014

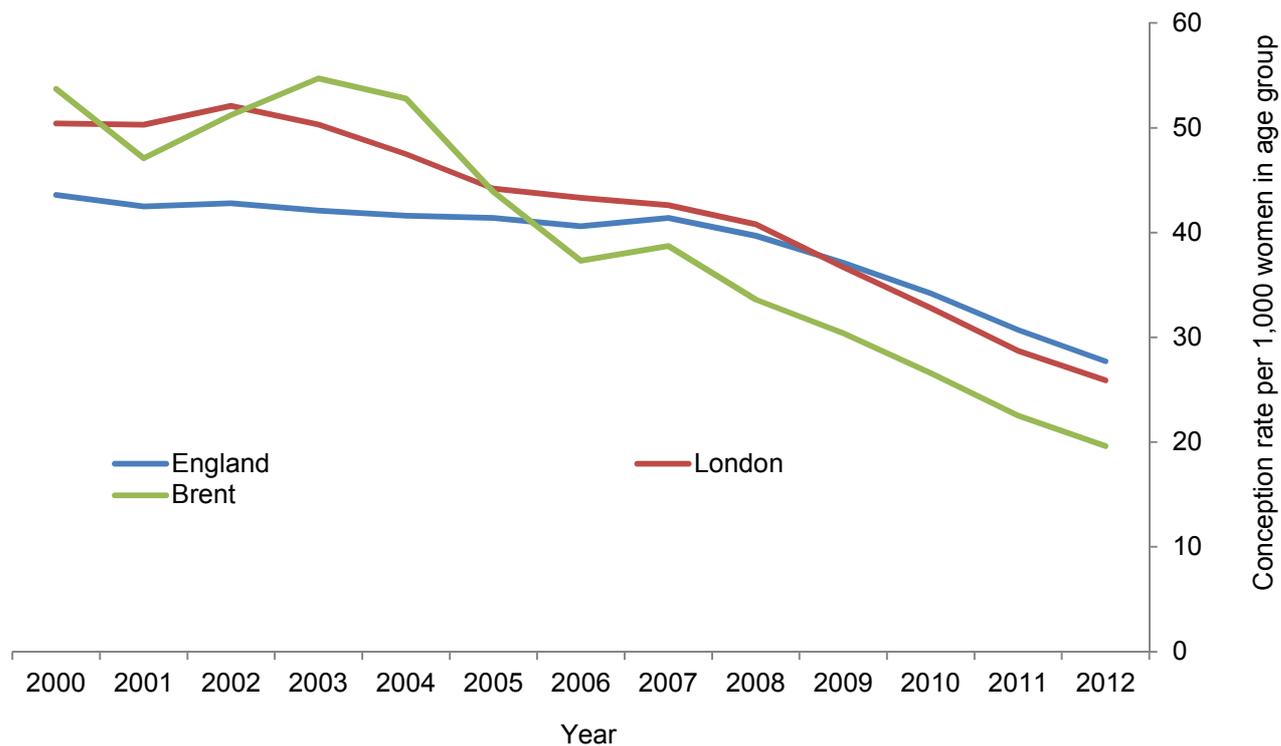


Figure 51: Conception rate per 1,000 women aged 15 to 17 years, 2000 to 2012. A comparison between Brent, London and England. Source: ONS Conception Statistics, England and Wales 2012 (published February 2014)

FURTHER READING

NHS Brent CCG and LB Brent documents

The key supporting documents produced by NHS Brent CCG and LB Brent which were used to inform and develop the content of the JSNA and provide a detailed understanding of Brent's diverse population and its communities include the following:

The Brent Health and Wellbeing Strategy, 2014 to 2017. NHS Brent CCG and LB Brent
<http://brent.gov.uk/your-council/about-brent-council/council-structure-and-how-we-work/strategies-and-plans/health-and-wellbeing-strategy/>

Brent Diversity Profile: Our population, July 2014. Compiled by LB Brent Research and Intelligence Team
<https://intelligence.brent.gov.uk/Pages/Search.aspx?k=diversity&cs=This%20Site&u=https%3A%2F%2Fintelligence.brent.gov.uk>

The 2011 Census: A Profile of Brent. Compiled by LB Brent Research and Intelligence Team
<https://intelligence.brent.gov.uk/Pages/DocumentDisplayView.aspx?ItemID=289>

Brent Sexual Health Needs Assessment and Service Review, 2013. Report compiled by Ottawa Strategic Management Ltd

Brent CCG Child Death Overview Panel, annual report: 2012-13

Tackling violence against women and girls in Brent, an overview and scrutiny task group report March 2014

Other key data sources

Public Health Outcomes Framework: <http://www.phoutcomes.info/>

Evidence search: <https://www.evidence.nhs.uk/>

Public Health England: <https://www.gov.uk/government/organisations/public-health-england>

Health and Social Care Information Centre: <http://www.hscic.gov.uk/>

UCL Institute of Health Equity: <http://www.instituteofhealthequity.org/>

Local Alcohol Profiles for England (LAPE): <http://www.lape.org.uk/>

Office for National Statistics: <http://www.ons.gov.uk/ons/index.html>

Nomis: <https://www.nomisweb.co.uk/>