

## **Brent Joint Strategic Needs Assessment (JSNA)**

### **Overview Report: 2015/16**

#### **Introduction**

This refresh of Brent's JSNA provides an assessment of health and social care needs and their determinants. The JSNA refresh is based on an analysis of a range of datasets including demographic data, behavioural determinants of health (smoking, drinking and dietary habits), and epidemiology (life expectancy and the prevalence of diseases).

Comparisons are drawn against regional and national health outcomes to better understand whether the issues identified in Brent are similar to elsewhere.

The Overview Report is divided into five thematic areas. These are as follows:

- 1) Brent Priorities and Challenges
- 2) Adult Social Care
- 3) Children and Young People
- 4) Life Expectancy and Mortality
- 5) Wider Determinants of Health

To accompany the Overview Report, a series of Information Sheets have been developed. These sheets encapsulate some of the main health and care challenges in Brent.

The Information Sheets developed as part of this refresh are as follows:

- Air Pollution
- Children and Young People
- Dementia
- Diabetes
- Domestic Abuse
- Economy and Employment
- Female Genital Mutilation (FGM)
- Health and Lifestyle
- Housing, Homelessness and Health
- Learning Disability
- Life Expectancy and Mortality
- Liver Disease
- Mental Illness
- Older People
- People and Place
- Physical Disability
- Primary Care

- Secondary Care
- Sexual Health
- Smoking
- Social Isolation
- Substance Misuse
- Transportation
- Tuberculosis

## **OVERVIEW OF THE DEMOGRAPHIC PROFILE OF THE LB BRENT**

### Location of LB Brent

Brent is an outer London borough situated in North West London (figure 1).



Figure 1: Location of LB Brent. Source: Brent Council, Research and Intelligence team

### Population

Brent has a population of 328,800<sup>1</sup> and a population density of 75.2 people per hectare. The population has grown significantly since 2001 and is predicted to continue to grow.

The population change in Brent between 2011 and 2016 varied significantly at ward level (figure 2). The largest population growth was in Alperton (17.1%). In Harlesden there was a population decrease of 4% between 2011 and 2016.

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<sup>1</sup> GLA short term population projections, 2014

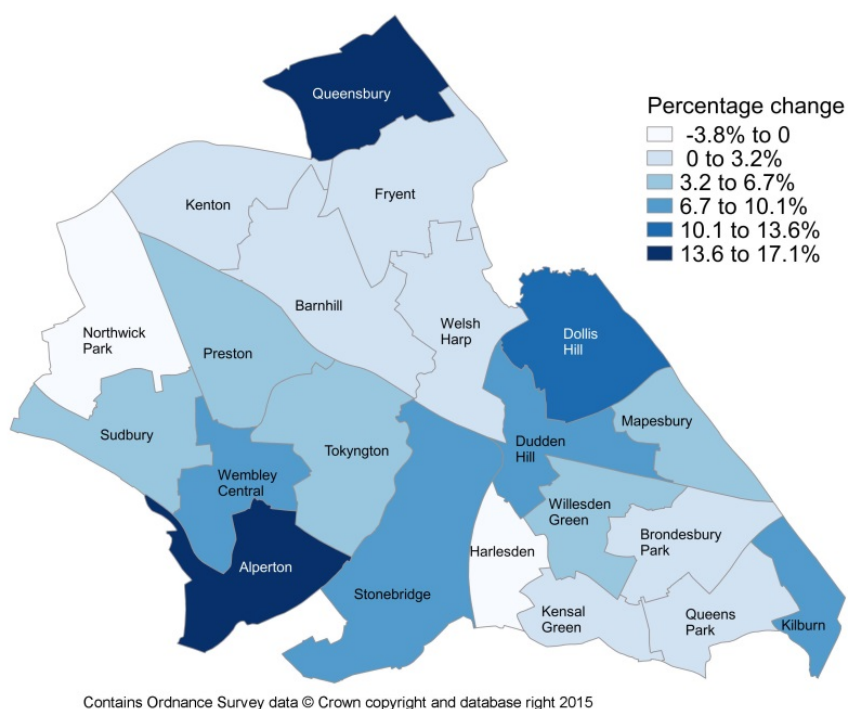


Figure 2: Population change from 2011 to 2016. Source: GLA short term population projections, 2014 rnd

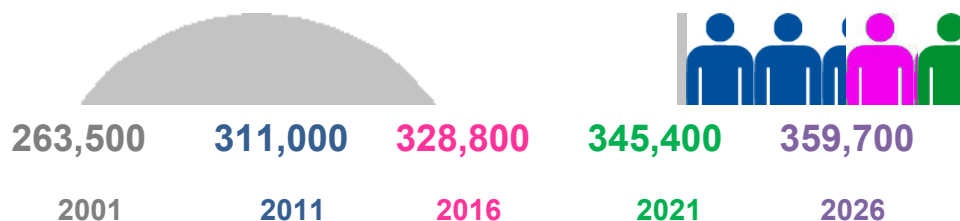


Figure 3: Current and projected population growth in Brent. Source: GLA short term population projections, 2014 rnd

The CCG registered population in July 2015 was 367,589. This is the number of people registered with a Brent CCG GP practice<sup>2</sup>.

### Age Profile

Brent has a young population with 35.1% aged between 20 and 39 (figure 4).

- The under 18 population makes up 22.9% of the population
- The 16-64 (working age population) makes up 68.2% of the population
- The 65 and over population makes up 11% of the population

<sup>2</sup> Health and Social Care Information Centre (Data extracted from GP Payments system for July 2015)

Figure 4: 2016 population. Source: GLA short term population projections, 2014

#### Gender

According to the 2011 census, there were 1,721 more males (156, 468) than females (154,747) in Brent, giving a gender ratio of 50.3 to 49.7.

#### Sexual identity

In 2013, 1.6% of adults aged 16 and over in the UK identified their sexual identity as lesbian, gay or bisexual<sup>3</sup>. In Brent, this equates to approximately 4,000 adults.

#### Ethnicity

Brent is ethnically diverse: 66.4% of the population is Black, Asian or other minority ethnicity (BAME) (figure 5). This has increased since 2011, when BAME groups made up 63.7% of the population.

The Indian ethnic group currently make up the highest proportion of BAME (19% of the population), followed by Other Asian (12%). The White group make up 33%.

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<sup>3</sup> ONS, Integrated Household Survey, January to December 2013

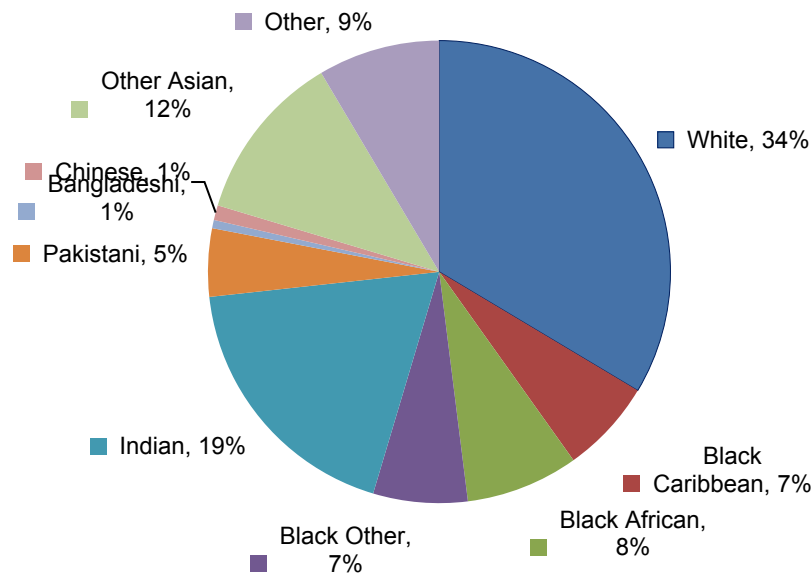


Figure 5: Ethnic profile of Brent residents. Source: 2016 population from GLA SHLAA based population projections, 2013

### Language

There are many different languages spoken in Brent. English is the main language for 62.8% of the population. Gujarati is the main language for 7.9% of the population and Polish is the main language for 3.4% of the population<sup>4</sup>. In one in five households, nobody speaks English as their main language (figure 6).

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<sup>4</sup> ONS 2011 Census

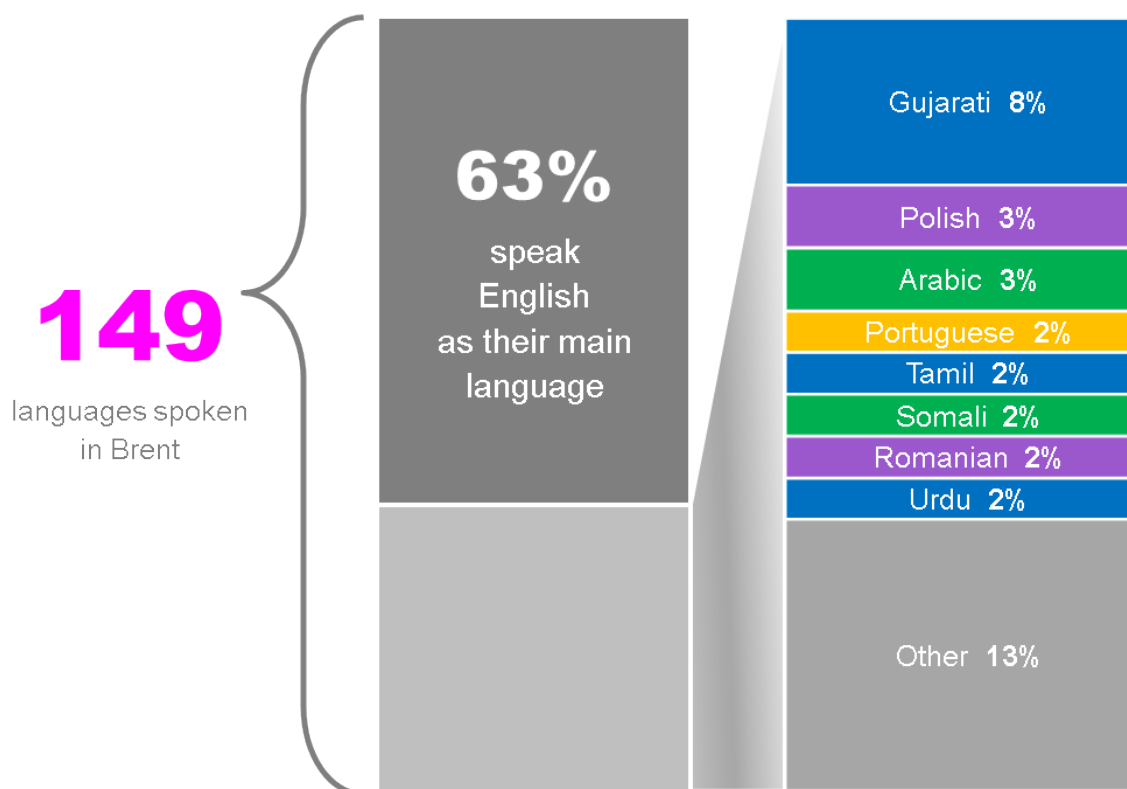


Figure 6: Languages spoken in Brent. Source: ONS 2011 Census

### Place of Birth

Of all local authorities, Brent has the largest proportion of residents born abroad (55%) (figure 7). This ranges from Asia (23%), followed by Europe (18%) and Africa (10%) to Central and South America (3%) and North America (1%)

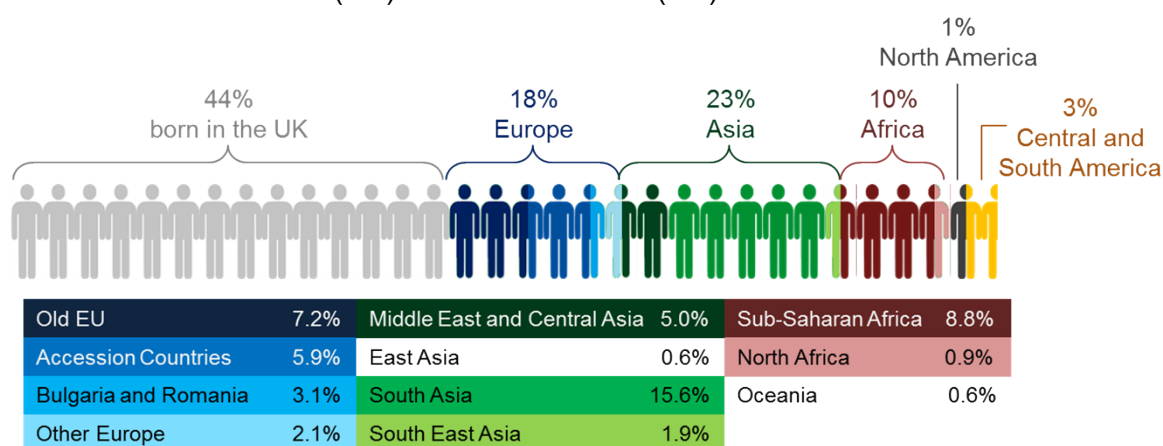


Figure 7: Place of birth of Brent residents. Source: ONS Annual passenger survey population estimates

Both EU born and non-EU born resident groups increased between 2004 and 2014. There was a sharp increase in the size of the non-EU born group between 2009 and 2011, (by 23,000, from 113,000 in 2009 to 136,000 in 2011): 16,000 of these were from South Asia (figure 8).

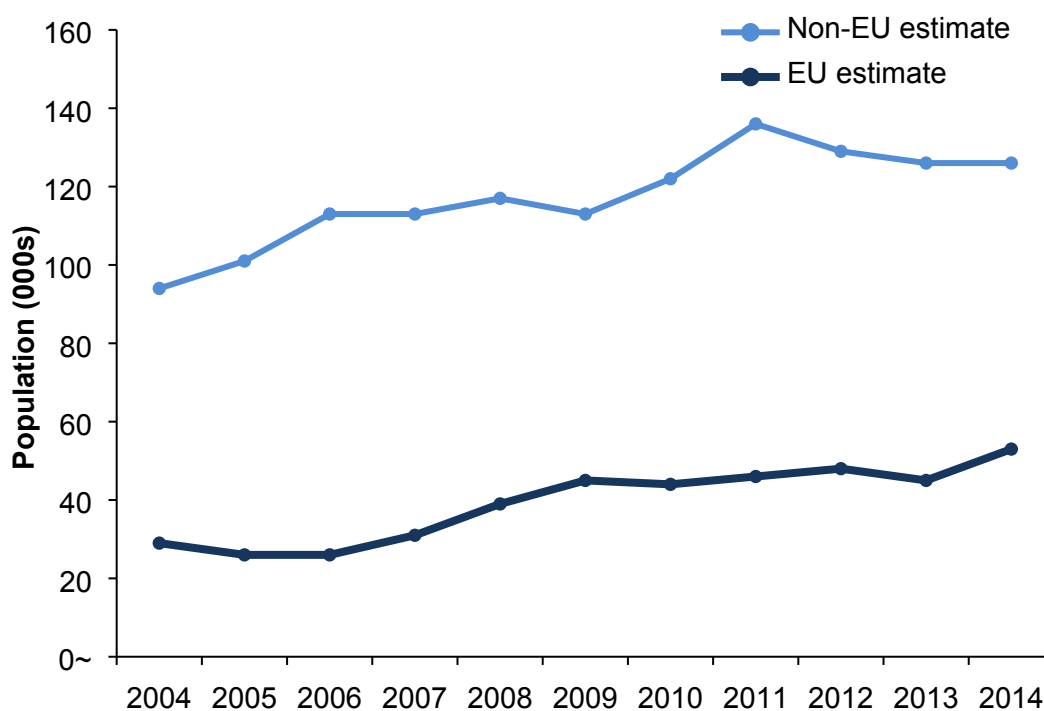


Figure 8: Brent's non-UK population over time (EU and non-EU). Source: ONS

## 1. BRENT PRIORITIES AND CHALLENGES

A number of priorities and challenges particular to Brent have been identified by the Council, Brent CCG and key partner organisations.

### Physical activity and diet

Physical inactivity and an unhealthy diet are closely linked to excess weight and obesity. It is recommended that adults accumulate at least 150 minutes of moderate-intensity aerobic activity (e.g. cycling or fast walking) every week, and that children over five should engage in at least 60 minutes of moderate to vigorous intensity physical activity every day<sup>5</sup>. The Active People 8 survey shows over half (51.6%) of Brent's adult population do not undertake sport or physical activity, the highest level of inactivity in West London and above the London average. The same survey shows only 18.5% of Brent's population are achieving the recommended level of moderate intensity sports or active recreation per week.

Only 47.1% of the population in Brent were meeting the recommended 5-a day fruit and vegetable intake in 2014 (figure 9). This was below the London (50.3%) and England (53.5%) averages<sup>6</sup>.

<sup>5</sup> The Department of Health

<sup>6</sup> Sport England, Active People Survey

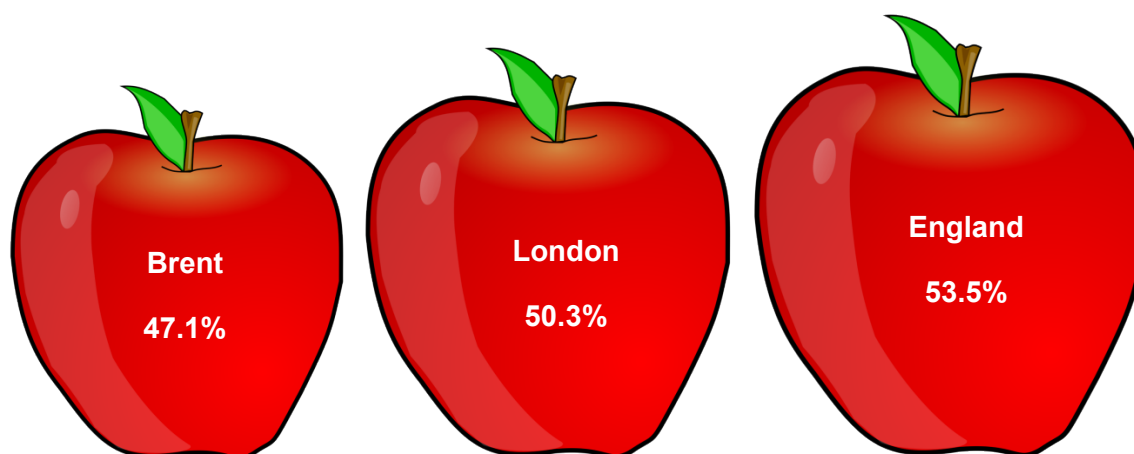


Figure 9: Proportion of population meeting the recommended 5-a-day in 2014. Source: Sport England, Active People Survey.

### **Sexual Health**

#### Sexually Transmitted Infections (STI's)

Young people aged 15-24 years, men who have sex with men (MSM), Black Africans, Black Caribbean and Black British communities and sex workers are particular at risk of poor sexual health. Rates of new STIs diagnosed in Brent were significantly higher than the England average.

Rate of STIs per 100,000	Brent 2013	Brent 2014	London 2014	England 2014
<b>All new STI diagnoses*</b>	<b>1,404</b>	<b>1,634</b>	<b>1534</b>	<b>829</b>
Syphilis	10.0	17.0	27.4	7.8
Gonorrhoea	121	151.6	190.5	63.3
Genital warts	143	140.6	161.3	128.4
Genital herpes	100	96.8	88.1	57.8

Figure 10: Diagnosis of STIs. Source: Public Health England

\* With the exception of Chlamydia for age <25s

## HIV

In Brent, there were 941 people living with HIV in 2014 aged 15 to 59 years. The diagnosed HIV prevalence rate was 4.5 per 1,000 of the population aged 15 to 59 years<sup>7</sup>.

Late diagnosis of HIV increases the risk of transmission and reduces life expectancy. In Brent 37.9% of adults (aged 15 and above) had a late HIV diagnosis in 2012-2014. This was similar to the England average of 42.2% and London average of 36.6%<sup>8</sup>

## **Substance Misuse**

### Numbers in treatment

In Brent, the estimated prevalence of opiate and/or crack cocaine use was 8.3 per 1,000 of the population aged 15 to 64 in 2011/12. This was similar to the England average rate, 8.4 per 1,000 of the population.

The number of adults in treatment in Brent has risen slightly from 1,696 in 2013/14 to 1,739 in 2014/15, equating to an increase of 3% (figure 11).

<b>Substance Category</b>	<b>Numbers in Treatment</b>	<b>%</b>
Alcohol only	466	27%
Alcohol and non-opiate only	305	18%
Non-opiate only	252	14%
Opiate	716	41%
<b>Total Clients</b>	<b>1739</b>	<b>100%</b>

Figure 11. Source: NDTMS Adult Activity Report 2014/15

In Brent, 9.5% of opiate drug users left drug treatment successfully and did not re-present themselves to treatment within six months in 2014. This was better than the England average of 7.4%. In Brent, 43.7% of non-opiate drug users left drug treatment successfully and did not re-present to treatment within six months in 2014. This was better than the England average of 39.2%<sup>9</sup>.

<sup>7</sup> Data sourced from Survey of Prevalent HIV Infections Diagnosed (SOPHID), Public Health England, 2014

<sup>8</sup> Webpage: <https://www.gov.uk/government/collections/hiv-surveillance-data-and-management>

<sup>9</sup> Calculated by Public Health England (Knowledge and Intelligence Team –NW) using data from National Drug Treatment Monitoring System (NDTMS)

## Alcohol use

In Brent, 31.4% of the population aged 16 and over abstain from alcohol use, almost twice the national average of 16.5%. However the proportion of high risk drinkers in Brent at 7.1% is above the national average of 6.7%<sup>10</sup>.

Figure 12 identifies where hospital stays for alcohol related harm were highest and lowest in Brent by ward.

Hospital admissions for alcohol attributable conditions, standardised admission ratio, 2008/9 - 2012/13 - source: Hospital Episodes Statistics (HES). Copyright © 2014. The Health and Social Care Information Centre. All rights reserved.

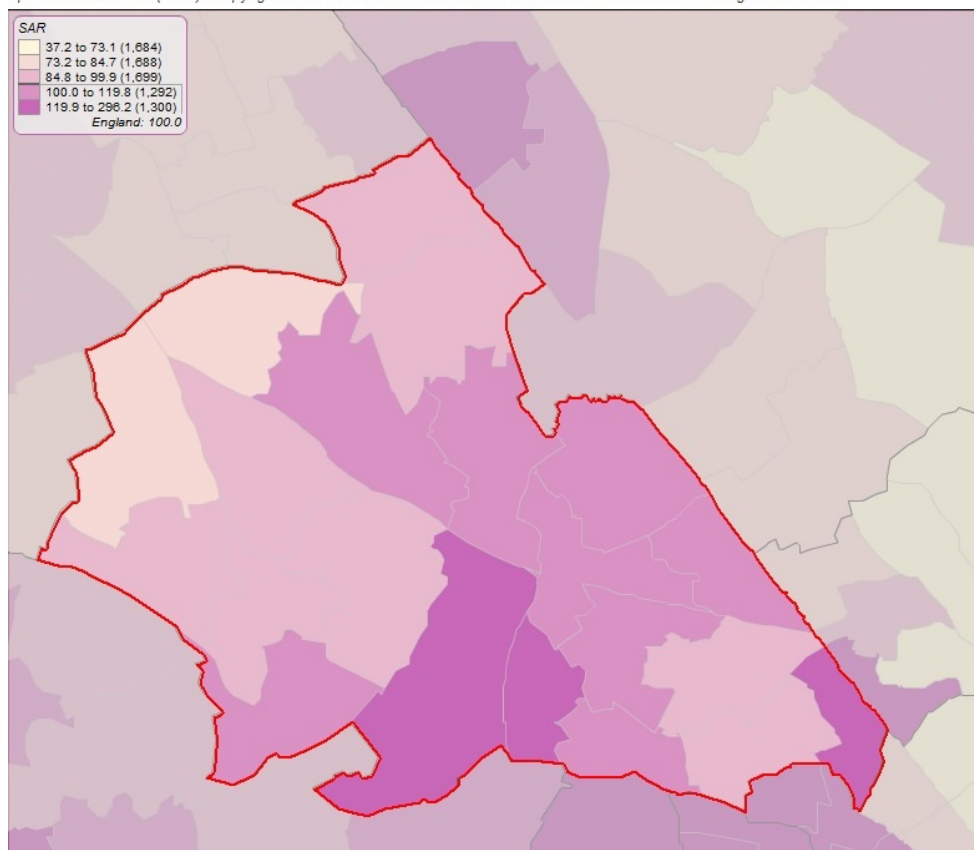


Figure 12 (above): Hospital admissions for alcohol attributable conditions. Source: HES, HSCIC

## Social Isolation

Brent has 30,616 households with people living on their own according to the 2011 census. Of these, 29% (or 8,808 people) are aged 65 and over. Although social isolation is most common among the elderly, younger adults can still suffer.

Social isolation and loneliness have a detrimental effect on health and wellbeing. In 2013/14, 39.3% of adult social care users in Brent reported that they have as much social contact as they would like. This was worse than the England average of 44.5%<sup>11</sup>.

<sup>10</sup> PHE, Local Alcohol Profiles for England (LAPE), 2009 Synthetic Estimates

<sup>11</sup> Adult Social Care Survey, England

## **Asylum Seekers**

There has been a marked decrease in the number of asylum seekers in receipt of support over time, both in Brent and in the UK overall. In 2003/04, there were a total of 5,517 asylum seekers in Brent claiming support. This has decreased to 422 in 2014/15<sup>12</sup>. Unlike in Brent, the number of asylum seekers claiming support nationally has actually increased slightly since 2012/13 (figure 9). Many refugees are from war-torn countries and could be suffering from post-traumatic stress disorder (PTSD).

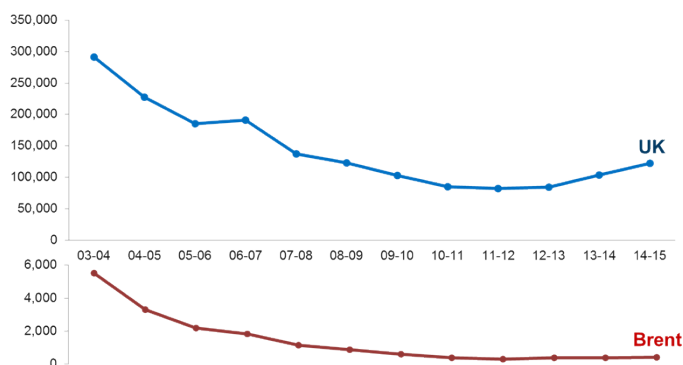


Figure 13: Supported asylum seekers (Brent and UK) 2003 to 2015

## **Forced Marriage**

In 2012/13, 30 cases of forced marriage were identified in Brent by social services, the Asian Women's Resource Centre, and Metropolitan Police<sup>13</sup>.

## **Female Genital Mutilation**

Research conducted in 2013 found over 5,000 women and children in Brent are at increased risk of, or have already undergone FGM<sup>14</sup>. Research identified that Brent (9.4%) had the second highest percentage of girls born to women with FGM in 2015 (figure 14). This equates to 2,171 girls. In 2012/13, Northwick Park Hospital, which has a specific service for

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<sup>12</sup> Home Office statistics

<sup>13</sup> LB Brent Overview and Scrutiny Task Group Report: Tackling Violence against Women and Girls in Brent, March 2014

<sup>14</sup> Scrutiny Report: Tackling Violence against women and girls in Brent, March 2014

women who have undergone FGM saw 236 Brent patients with FGM.

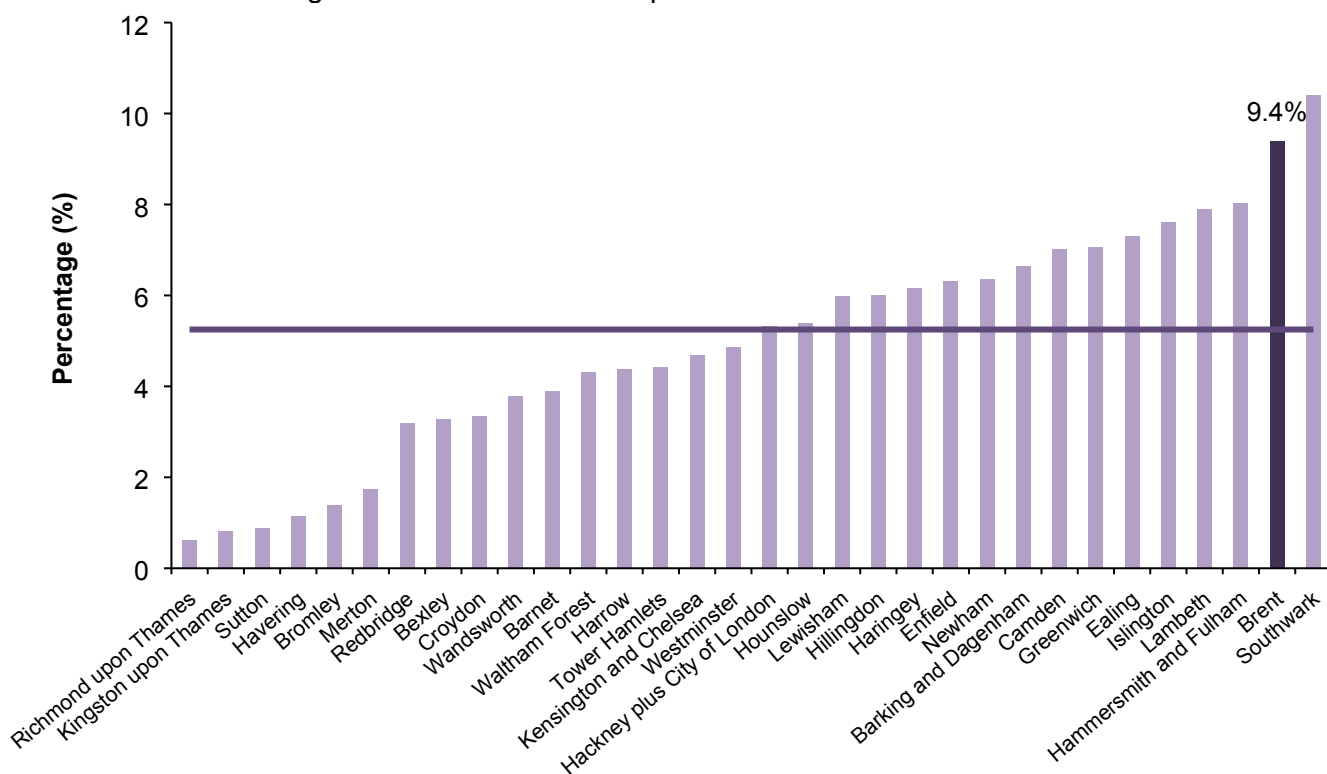


Figure 14: Estimated percentage of girls born to women with FGM in London, July 2015.  
 Source: Prevalence of FGM in England and Wales, City University London, 2015

### **Type 2 diabetes**

Rates of type 2 diabetes in Brent are particularly high compared to other parts of the country. In 2013/14, 8.2% of people on GP lists in NHS Brent CCG were recorded as having diabetes. This equates to 23,079 recorded cases. Over the same period, the comparable figure for England was 6.2%<sup>15</sup>. At practise level, the recorded prevalence of diabetes varied across Brent CCG from 3.7% to 14.2%.

Reflecting the ageing of the local population, the numbers of people who are obese and overweight and the large number of Black and South Asian people (who are at greater risk of developing diabetes) the prevalence of diabetes is predicted to rise in the future (Figure 15)

<sup>15</sup> QOF

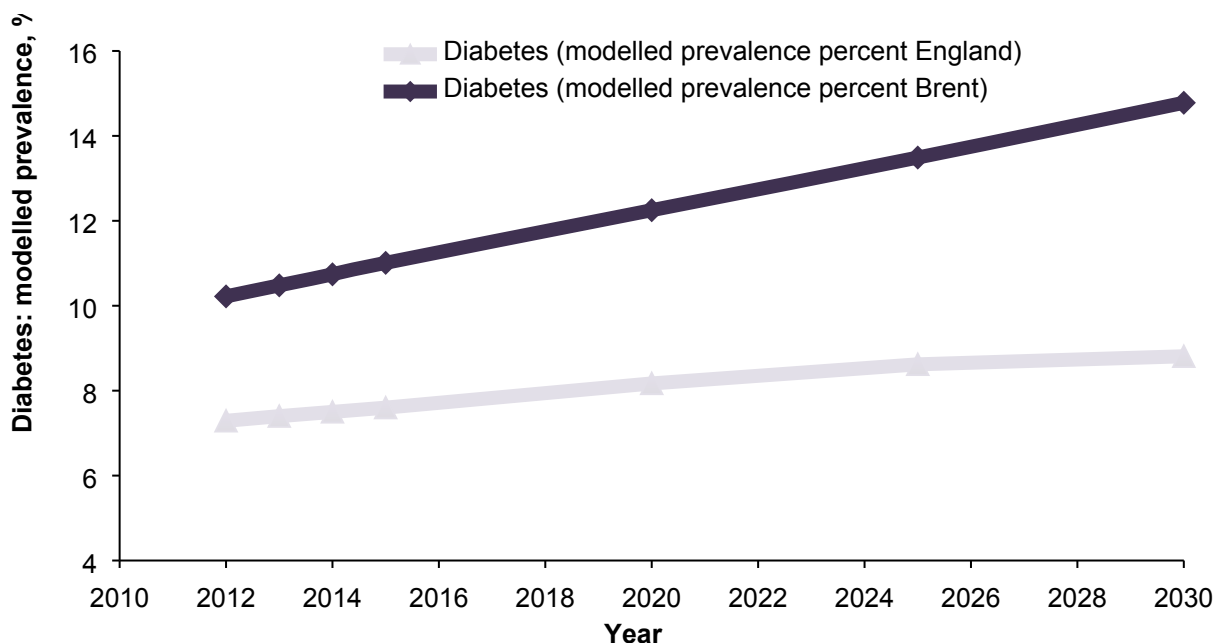


Figure 15: Modelled estimated prevalence of diabetes. Source: Public Health England (national cardiovascular intelligence network - NCVIN), Diabetes Prevalence Model for Local Authorities and CCGs 2012 to 2030

People with diabetes are at risk of developing a range of associated complications. Brent residents are less likely to have complications compared to people with diabetes in England (figure 16).

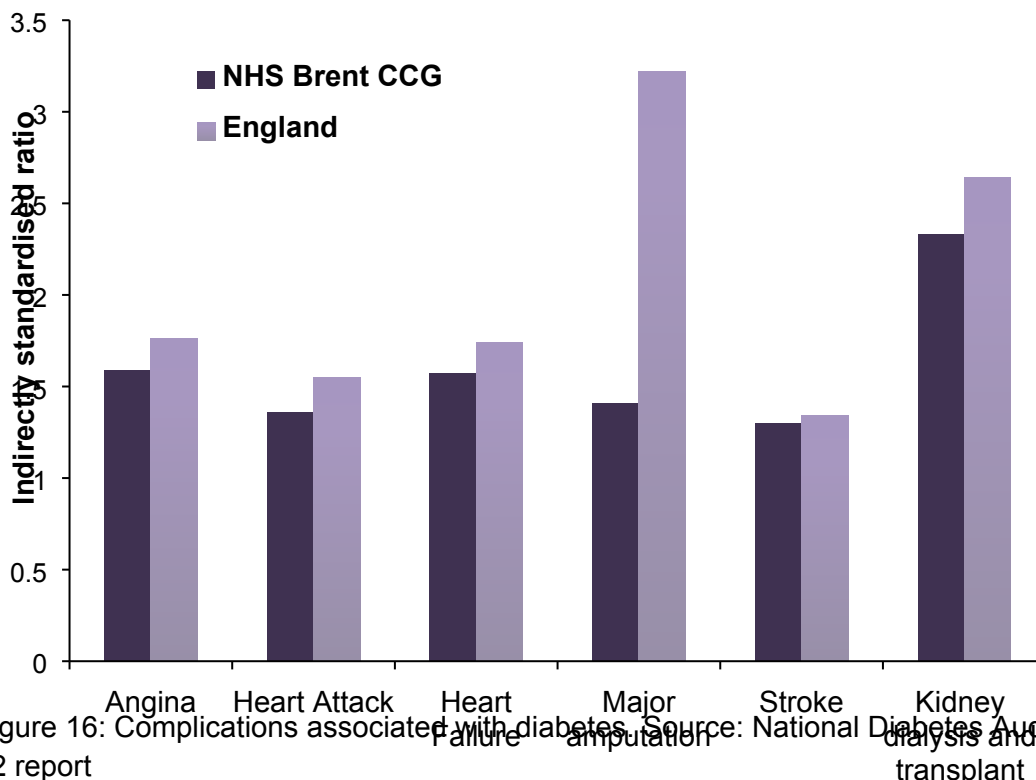


Figure 16: Complications associated with diabetes. Source: National Diabetes Audit, 2011-12 report

## **Tuberculosis**

In 2014, the highest numbers and rates of TB reported across London were in Newham and Brent. However, both areas saw rates decline by 25% compared with 2013<sup>16</sup>. In Brent, the TB notification rate in 2014 was 64 per 100,000 (figure 17). This equates to 204 cases.

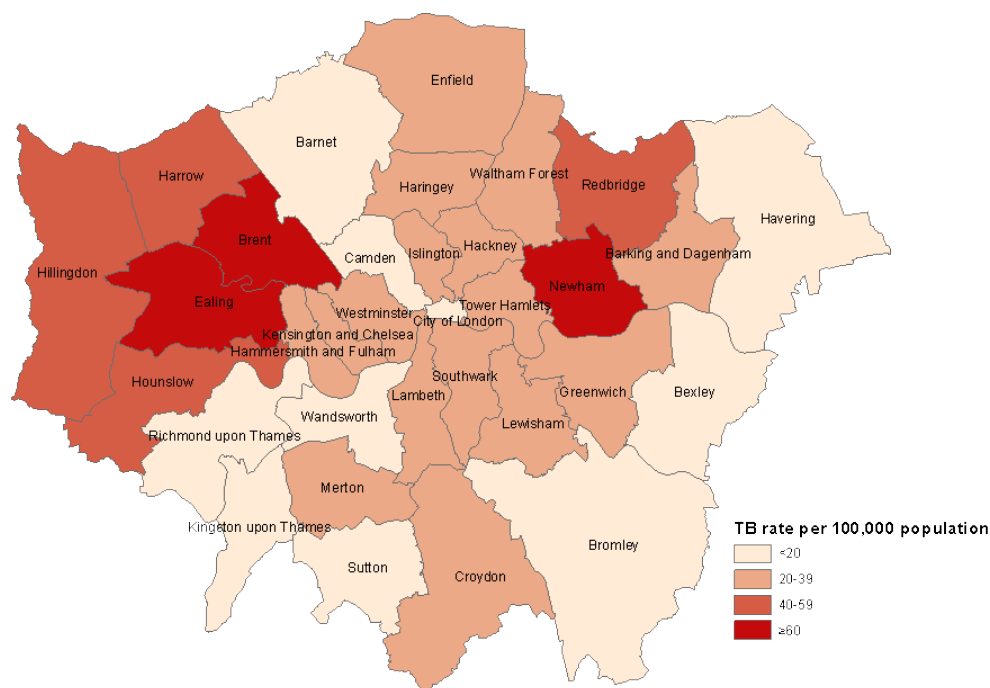


Figure 17: TB notification rates by local authority of residence in London in 2014. Source: Tuberculosis in London, Annual Review (2014 data)

In 2013, seven per cent of all TB cases were associated with ‘social risk factors’. These include imprisonment, substance misuse and homelessness.

Over half of all TB patients in Brent in 2013 were Indian, most of who were born in India (figure 18). Rates were next highest among the Black African population of whom approximately half were born in Somalia.

<sup>16</sup> Public Health England, Tuberculosis in London: Annual Review (2014 data)

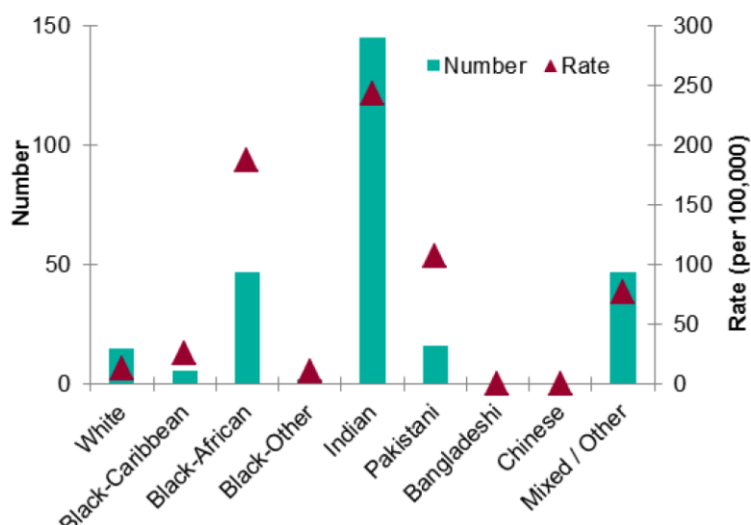


Figure 18: PHE, Brent TB Profile, 2013

## 2. ADULT SOCIAL CARE

### Demography

#### Projected growth and ethnicity of older people

Figure 19 shows the projected increase in people aged 65 and over living in Brent between 2014 and 2030. Figure 20 identifies the ethnic breakdown of people aged 65 and over living in Brent.

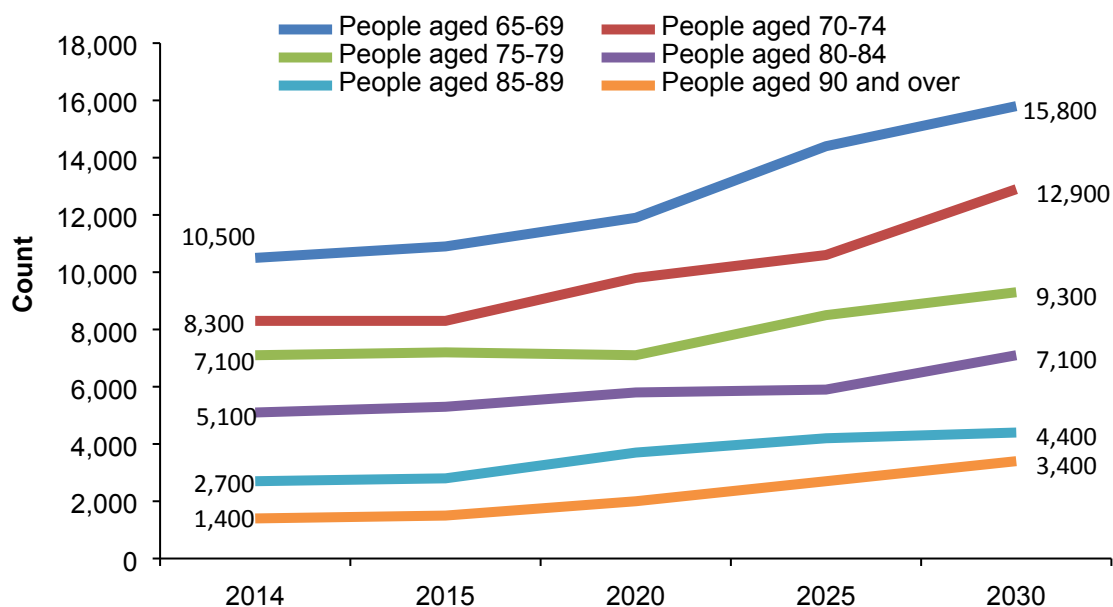


Figure 19: Projected growth of older people. Source: POPPI

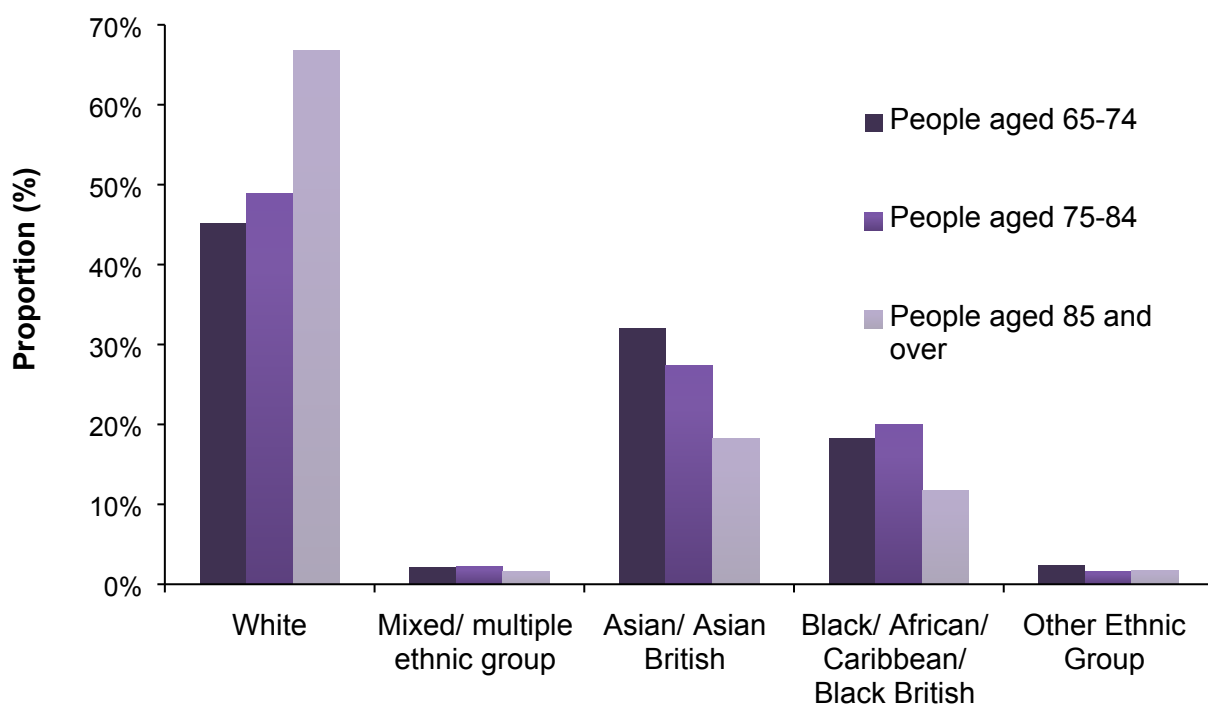


Figure 20: Ethnic breakdown of people aged 65 and over living in Brent. Source: ONS, 2011 Census

## **Mental Health**

### **Dementia**

In Brent in September 2015 the recorded (on GP practice registers) prevalence of dementia in people aged 65 years and over was 4.83%. This was higher than the England average of 4.27%<sup>17</sup> which could reflect an actual higher rate or more complete diagnosis.

Estimates show that around 730 people with dementia were undiagnosed in NHS Brent CCG and that of those with dementia in Brent 55.1% had mild dementia, 32.7% had dementia of moderate severity and 12.2% had severe dementia<sup>18</sup>.

Projections show that the number of people aged 65 and over with dementia will increase by 63% over the next 15 years in Brent (figure 21).

<sup>17</sup> Health and Social Care Information Centre

<sup>18</sup> Primary Care Web Tool (PCWT), Dementia Prevalence Calculator.

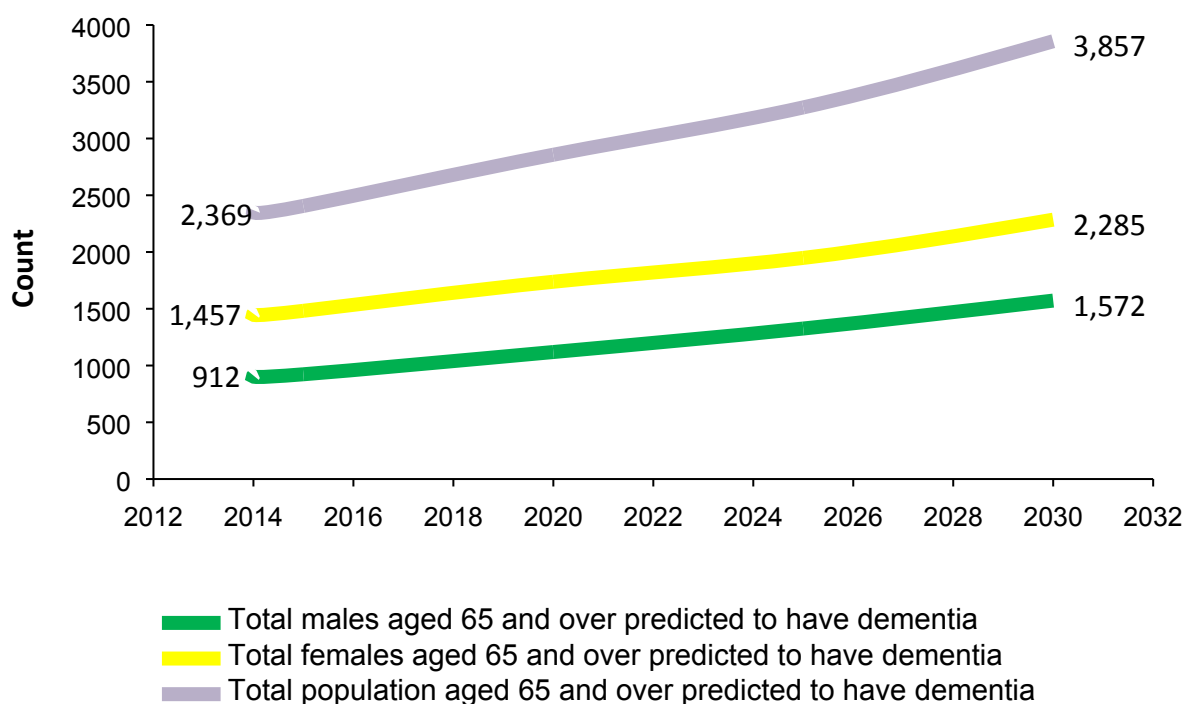


Figure 21: Dementia projections 2014 to 2030. Source: POPPI

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%<sup>19</sup>.

### Common Mental Health Disorders

One in four people in the UK will experience a mental health problem each year<sup>20</sup>. Common Mental Health Disorders (CMDs) include depression and anxiety.

In 2012/13, 3.4% of the population in Brent CCG aged 18 and over had a recorded diagnosis of depression<sup>21</sup>. This was below the England average which was 5.8%. Estimates of self-reported daily anxiety show that 18.8% of Brent residents consider themselves to have high levels of daily anxiety compared to the England average of 20% (2013/14).

Estimates show that in Brent in 2014, 33,959 people aged 18 to 64 years were thought to have a CMD. By 2030, this is projected to increase to 36,265 people, an increase of 7% (figure 22).

<sup>19</sup> Public Health England, End of Life Care profile for Brent, 2012

<sup>20</sup> Mind webpage: <http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/>

<sup>21</sup> Quality and Outcomes Framework (QOF)

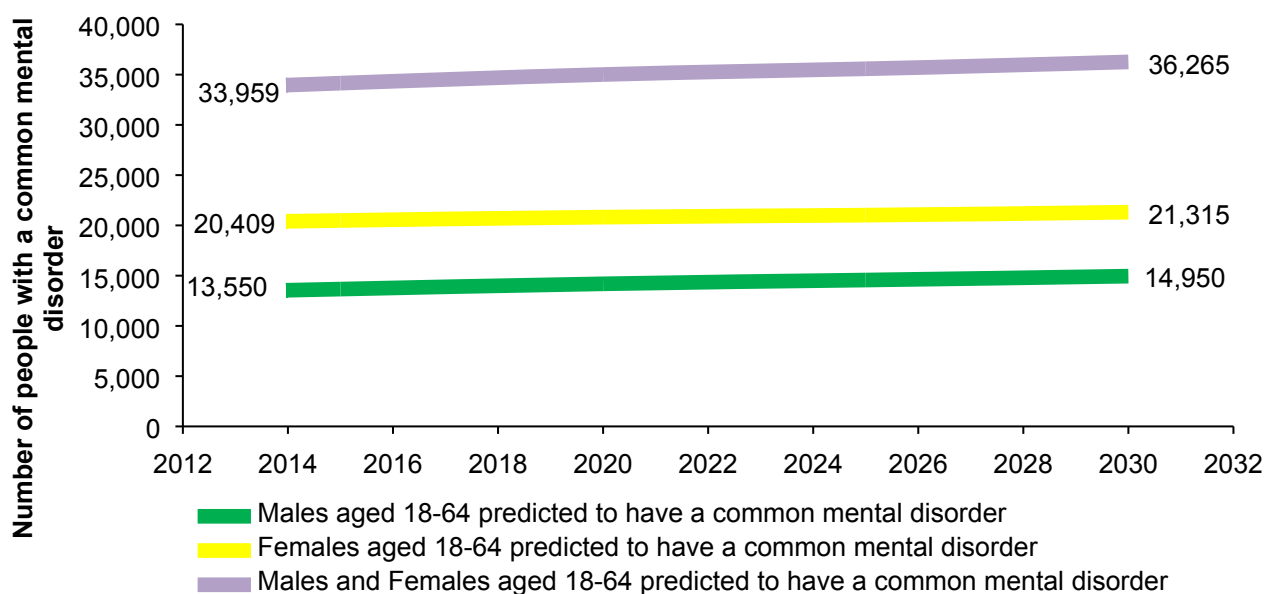


Figure 22: Count of the number of people with a common mental disorder. Source: PANSI

#### Dual Diagnosis (coexisting substance misuse and mental health problems.)

In Brent, the proportion of people who were in contact with mental health services when they were accessing services for drug misuse was 26.8% in 2013/14. This was higher than the England average of 17.5%. The proportion of people in Brent who were in contact with mental health services when they accessed services for alcohol misuse was higher at 24.2% than the England average of 21.2% in 2013/14.

#### Severe and Enduring Mental Illness

Severe and enduring mental health and conditions include long term illnesses such as schizophrenia, personality disorder, and bipolar disorder. In 2011/12, the prevalence of severe and enduring mental health conditions in Brent was 1.1% of the adult population, which is above both the London (1%) and England (0.8%) averages<sup>22</sup>.

#### Premature Mortality and Mental Health

Nationally the premature mortality rate among those with mental health issues is 2.4 times higher than that of the general population<sup>23</sup>. However it varies across England as shown in figure 23.

<sup>22</sup> NHS Information Centre

<sup>23</sup> Open Public Services Network Review, 2015

**Areas where those with mental health problems  
are most likely to die early**

- Better than expected
- As expected
- Worse than expected

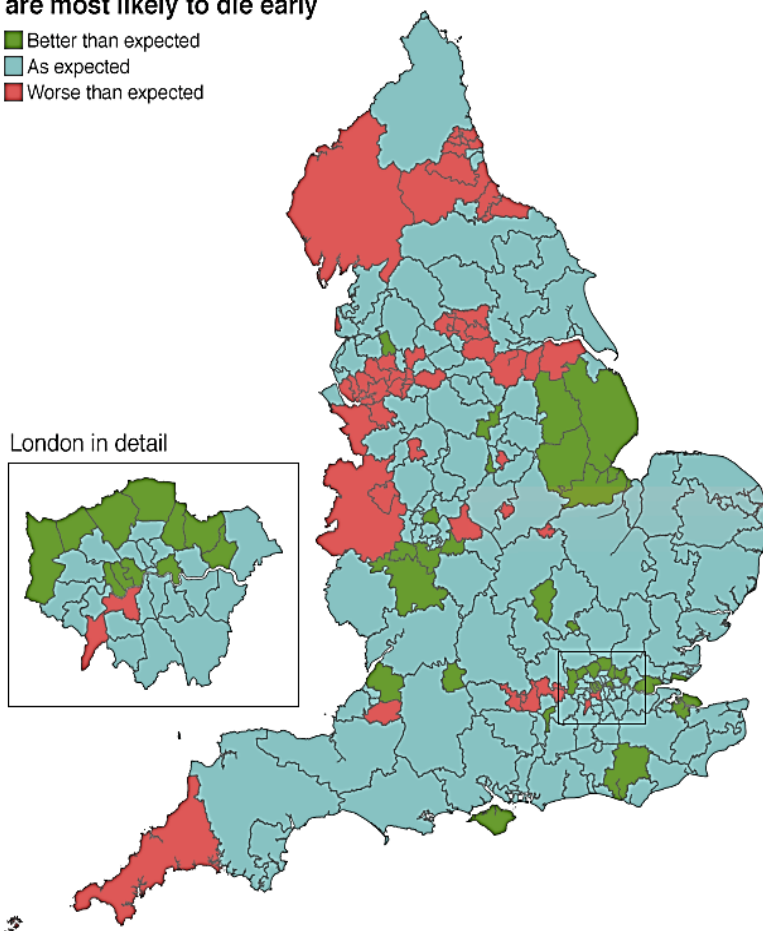


Figure 23: Premature mortality and mental illness. Source: Open Public Services Network, 2015

### Talking Therapies

Take-up of talking therapies is relatively low in Brent in terms of the numbers of referrals who enter treatment: 53% in Brent compared to 60% in England. In Brent CCG, the proportion of people who are “moving to recovery” following completion of a period of talking therapy was 38% in 2012/13. This was below the England average which was 45.9%.

In Brent CCG, 74.5% (or 995 referrals) of referrals were from BAME groups (2014/15 quarter two)<sup>24</sup>. This was significantly above the England average of 16.4% and above the London average of 49.3%.

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<sup>24</sup> Health and Social Care Information Centre, IAPT

## **Adults with Learning Disabilities**

### Prevalence

In 2014/15, 0.4% of Brent CCG's practice population aged 18 years and over had a learning disability, the same as the England average. At practice level the prevalence ranged from 0.09% to 1.14%<sup>25</sup>.

Of those people who have a learning disability, generally around 20% will generally be known to specialist services, or will be registered as having a learning disability.

### Health Needs

Evidence shows that people with learning disabilities suffer poorer health and are more likely to die at a younger age<sup>26</sup>. Regular GP health checks help to ensure that problems are diagnosed and treated. In 2013/14, in Brent CCG 72.6% of eligible adults with a learning disability were recorded as having had an annual GP health check. This was higher than the England average (44.2%) and London average (49.5%).

### Accommodation

In Brent, 61.4% of adults (or 390 adults) with learning disabilities were living in settled accommodation in 2013/14. This was lower than the England average which was 74.9% and the London average, 68.6%<sup>27</sup>.

### Employment

Paid employment is generally associated with improved health outcomes amongst people with learning disabilities and an enhanced quality of life. In Brent, 2.4% of adults with a learning disability were in paid employment in 2013/14. This was significantly below the England average of 6.7% (figure 24).

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<sup>25</sup> PHE, National General Practice Profiles, QOF Prevalence, 2014/15

<sup>26</sup> Hollins, S., Attard, M.T., von Fraunhofer, N. & Sedgwick, P. (1998). Mortality in people with learning disability: risks, causes, and death certification findings in London. *Developmental Medicine & Child Neurology*, 40, 50-56

<sup>27</sup> Health and Social Care Information Centre

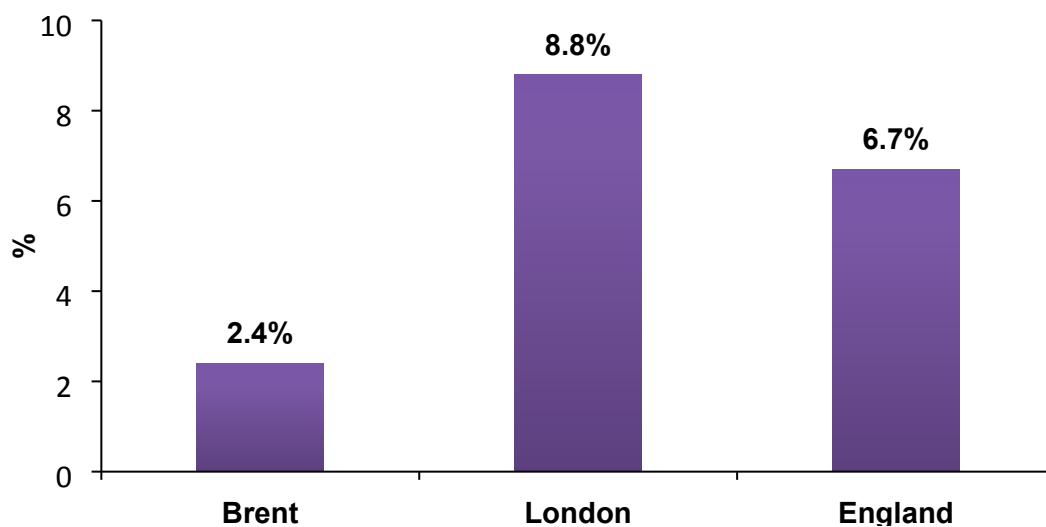


Figure 24: Adults with a Learning Disability in Employment in 2013/14. Source: Health and Social Care Information Centre, NASCIS Report, 2013/14

### **Physical Disability**

In the 2011 Census, 14% of the population in Brent, or 44,882 people, reported a long-term health problem or disability which impacted on their day-to-day activities<sup>28</sup>.

It is estimated that 15,057 people in Brent aged 18 to 64 years had a moderate physical disability in 2015 (figure 25). By 2030, this is estimated to increase to 16,725 people, an increase of 11%. In 2015, 4,164 people aged 18 to 64 were estimated to have a serious physical disability. By 2030, this is expected to rise to 4,763 people, an increase of 14%<sup>29</sup>.

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<sup>28</sup> ONS 2011 Census

<sup>29</sup> PANSI

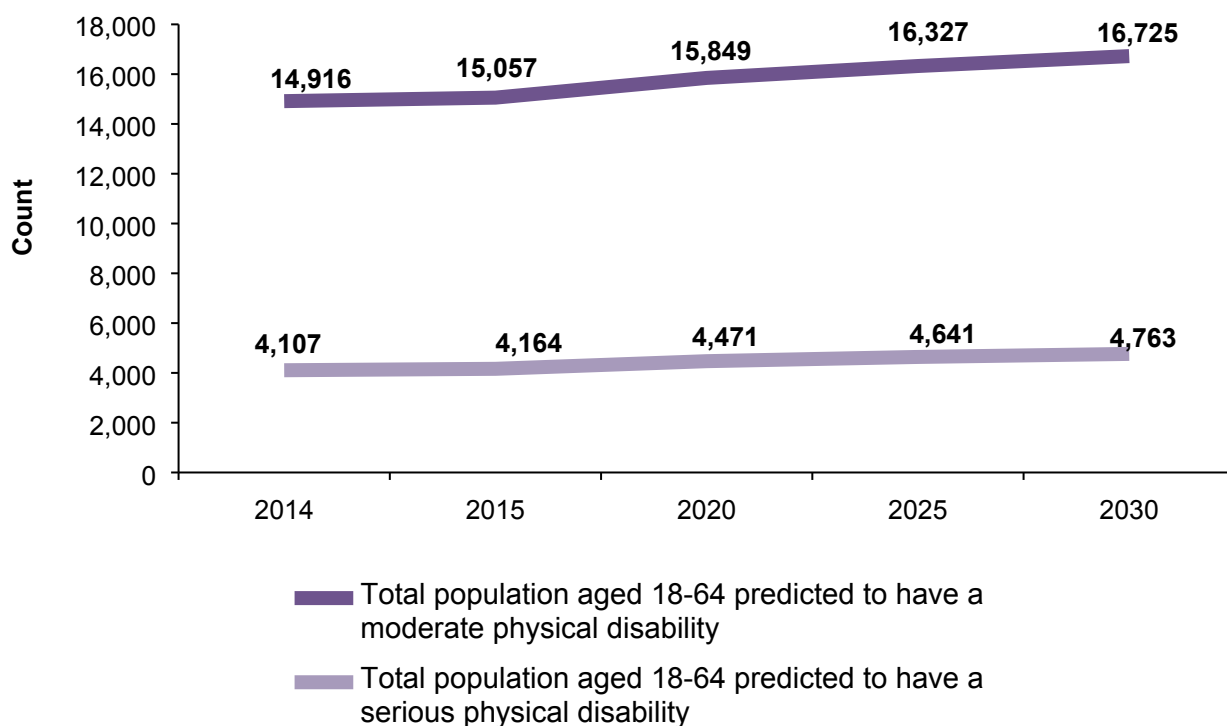


Figure 25: Moderate and Serious Physical Disability. Source: PANSI

## **Provision of Care and Support**

### **Unpaid Care**

According to the 2011 census, 8.6% of the borough's residents provide some form of unpaid care. This was slightly lower than the Outer London average of 9.2% and the same percentage of the population as in 2001. Around 26,600 residents of the borough provide care of more than 1 hour per week in 2011 (figure 26).

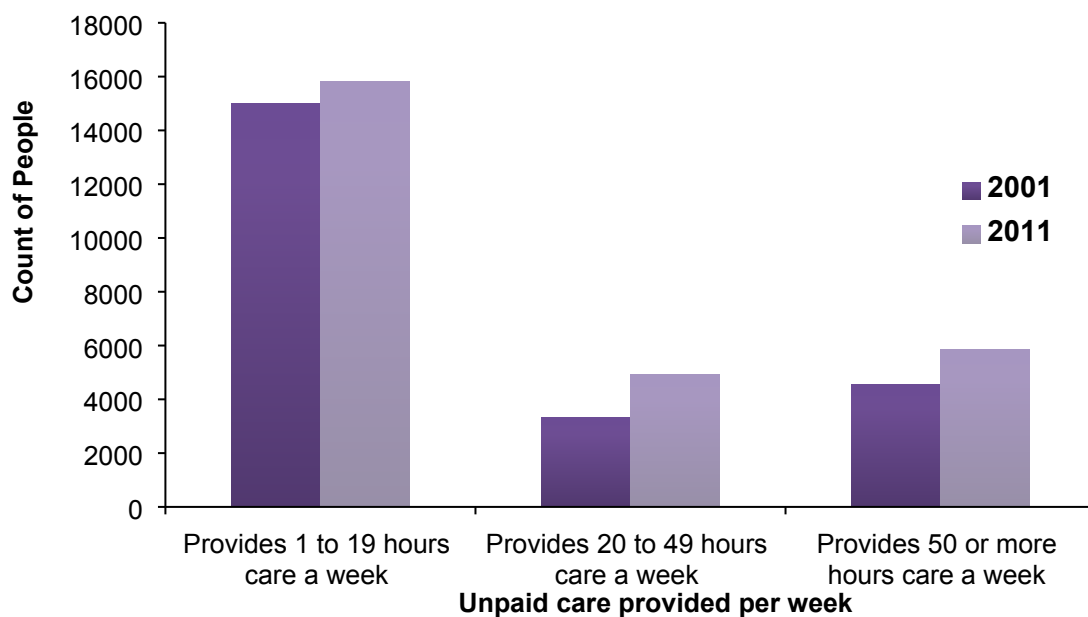


Figure 26: Number of residents providing unpaid care in Brent, broken down by hours.  
 Source: ONS, 2001 Census and 2011 Census

Residential and Nursing Care Home Provision (aged 65 and over)

Figure 27 shows the rate of permanent admissions of older people (aged 65 years and over) to residential and nursing care homes per 100,000 of the population over the period 2010-11 to 2013/14 in Brent. In Brent, the rate of permanent admissions in 2013/14 was 425.8 per 100,000. This was below the national average rate of 625.8 per 100,000.

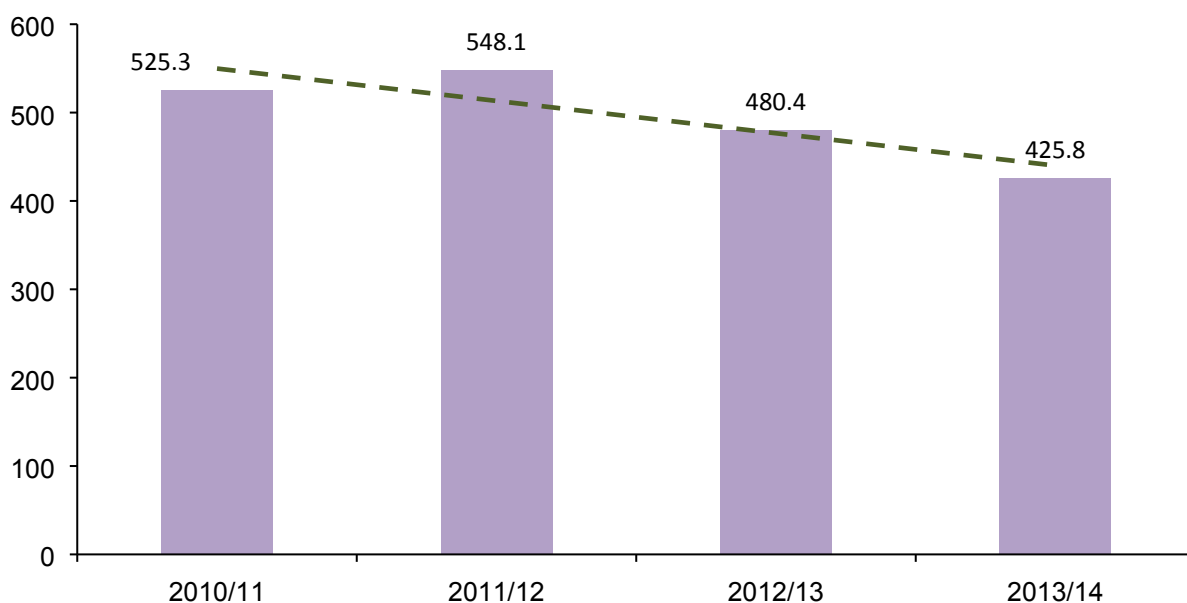


Figure 27: Source: Source: ASCOF Results 2010 – 2015 Published. Comparator Report of Brent with its CIPFA Group (from November 2014).

Figure 28 shows the long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes per 100,000 of the population. Brent performs favourably against the London and England averages.

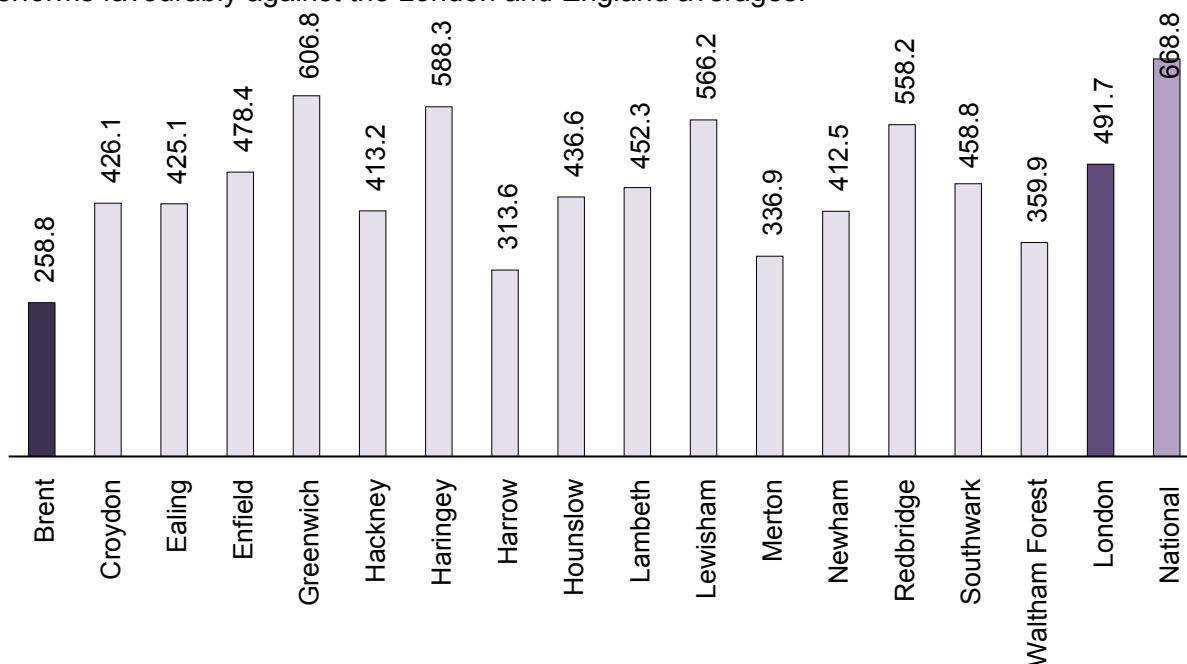


Figure 28. Source: ASCOF Results 2010 – 2015 Published. Comparator Report of Brent with its CIPFA Group (from November 2014).

### 3. CHILDREN AND YOUNG PEOPLE

#### Demography

##### Live Births

There were 5,078 babies born in Brent in 2014 (figure 29). This was a reduction from the previous year, a change in the steady upward trend in the number of live births over the previous nine years.

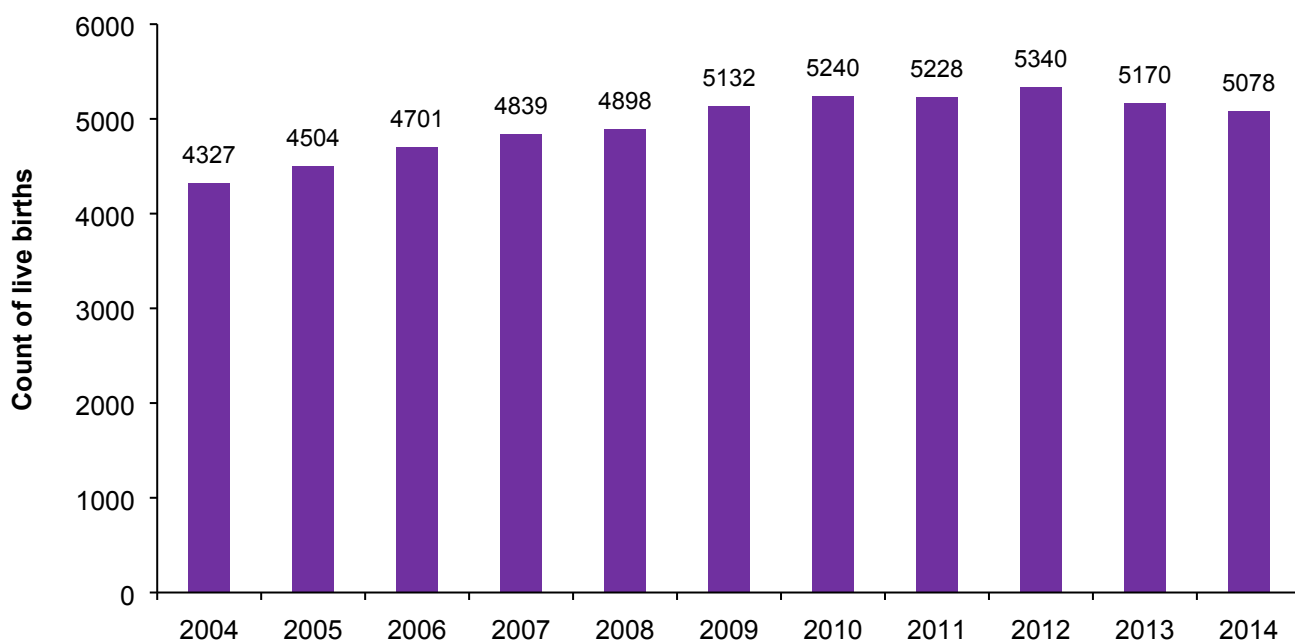


Figure 29: Live births: 2004 to 2014. Source: ONS

### Under 5's Population

There are an estimated 24,600 children under 5 years living in Brent (comprising around 8% of the population). This number has increased by 2,500 since 2010 but the rate of increase is predicted to slow over coming years, as demonstrated in figure 30.

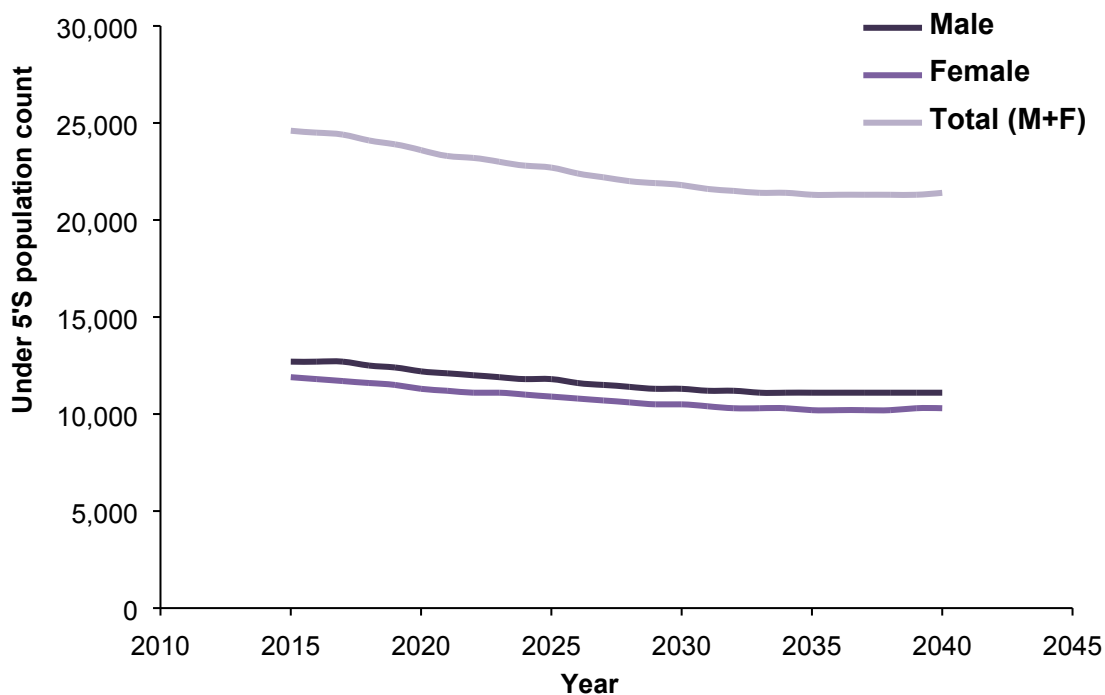


Figure 30: Source of data: GLA Population Projections 2013 Round SHLAA age range forecasts

## **Education**

### Demographic profile of pupils attending Brent schools

Ninety two per cent of pupils attending Brent schools are from minority ethnic groups, the national average is 29%.

Schools in Brent now draw pupils from an increasingly diverse range of cultural and linguistic backgrounds. One hundred and forty nine different languages are spoken in Brent. The five most common languages spoken are Gujarati, Somali, Arabic, Urdu and Tamil. This means that a majority of pupils are learning English as an additional language (64%).

### School age population

In Brent, there has been a 9.53% increase in the school-age population from Reception to Year 11 in the last five years (figure 31). Brent has seen an unprecedented increase in the demand for primary school places over the past few years. The primary pupil population (Reception to Year 6) has grown from 21,427 in May 2008 to 26,028 in May 2015, an increase of 17.68%. A percentage of these children are likely to require support for their learning difficulties.

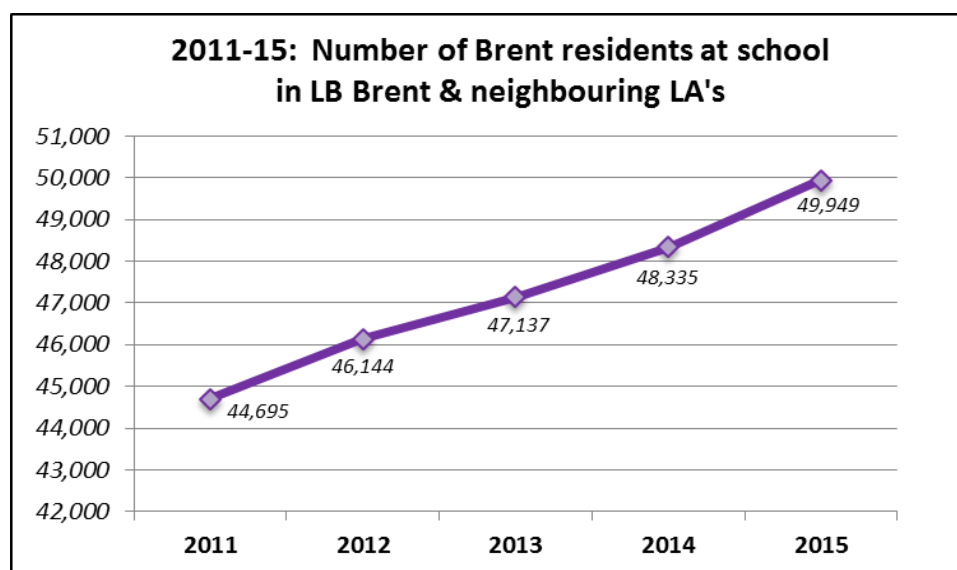


Figure 31. Source: Resident school age population data is from DFE SFRs 12/2011, 10/2012, 21/2013, 15/2014, 16/2015 and counts only pupils of official school age (Reception through to Year 11) residing in that LA regardless of where they are schooled.

### Schools in Brent

At the start of this academic year, 2015-6, there were 85 schools (including academies) in Brent: four nursery schools; 60 primary schools; 15 secondary schools (including three all-through schools); four special schools and two pupil referral units. Of these schools, one secondary school and one primary school are free schools and 17 are academies: five primaries (three sponsored); 11 secondary (four sponsored); one special school. At the end of the last academic year, 86 per cent of Brent schools were classed as good or outstanding. This represents an increase of 8 per cent on the previous year's figure of 78 per cent.

## Educational Attainment

The attainment of Brent's pupils at the end of the secondary and primary phases of education is above the national averages but just below the London averages.

In 2015, the proportion of Brent pupils attaining five GCSE grades A\*-C including English and mathematics remained at 60 per cent compared to 2014. Brent was above the national average of 57 per cent and just below the London average of 61 per cent. Brent has been closing the gap with the London average. In 2015 the borough was one percentage point below London compared to 2 percentage points below in 2013.

The proportion of Brent's pupils leaving primary school in 2015 having attained Level 4 in reading, writing and mathematics was 83 per cent compared to the national average of 80 per cent and the London average of 84 per cent. The Brent average increased by three percentage points from 80% in 2014.

## Social Care

### Child protection

At the end of March 2015 there were 226 children subject to a child protection plan, which was an decrease on the previous year's figure, 229 (2014), but an increase from 172 in 2013 and 148 in 2012. In 2015 this figure is beneath our statistical neighbour average of 284.

### Looked after children

There were 325 looked after children in Brent at the end of March 2015. This compares to 350 in 2014, 345 in 2013, and 360 in 2012 and is indicative of an overall general decreasing number. Brent have fewer looked after children than statistical neighbours which was 432 at end of March 2015.

Brent has seen a 100% increase in unaccompanied asylum seeking children looked after from March 2013 to March 2015. There were 50 unaccompanied asylum seeking children looked after at the end of March 2015 compared to 30 in 2014 and 25 in 2013. There are 2,630 unaccompanied asylum seeking children (UASC) looked after in England, which represents 4% of the total looked after children. At 31st March 2015, 14.7% of Brent looked after children were UASC.

### Timeliness of adoption

There have been significant and consistent improvements in the time taken between a child becoming looked after and moving in with its 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 2015 this figure had reduced to 544 (based on three year average).

## Domestic Abuse

Police recorded domestic abuse reports show that Brent has experienced a year on year increase in reported abuse, although such increases may be evidence of better reporting. In the reporting year 14/15 over 25% of child in need assessments had Domestic Violence as an identified factor.

### Children in need and those with a disability

The number of children in need in Brent has increased by 40% since 2011, whilst the number with a disability has increased by 80%. The reasons for this are complicated, some of which relate to higher prevalence of incidence and some of which reflect better identification and recording.

## **Health Improvement**

### Low Birth Weight

Low birth weight includes those live births with a recorded birth weight of under 2,500g regardless of gestational age. Low birth weight increases the risk of childhood mortality and of developmental problems for the child. In Brent, 3.6% of live births were of low birth weight in 2014 which was above the England (2.9%) and London (3.2%) averages<sup>30</sup>.

### Breastfeeding

In Brent, the vast majority of women start breastfeeding their babies: 88.8% in 2014/15<sup>31</sup>. This was above the England (74.3%) and London (86.1%) averages.

### Immunisation

Not all children in Brent who could be protected by immunisation are receiving the necessary vaccinations. When compared to the England average, a lower proportion of children in Brent (89.4%) received their first dose of immunisation by the age of two years. By five years old, 84.4% of children received their second dose of MMR immunisation, which was lower than the England average<sup>32</sup>.

### Childhood Obesity

In Year 6, 23.8% of children were measured as obese in 2014/15, worse than the average for England, 19.1%. In reception year, 10.2% of pupils were obese in Brent which was slightly higher than the England average of 9.1%<sup>33</sup>.

### Tooth Decay

A survey<sup>34</sup> in 2012 identified that 46% of five year old children in Brent had experienced tooth decay. As such, Brent ranks amongst the worst areas in the country for oral health for children under five years (figure 32). A range of factors contribute to poor oral health among children in Brent. These include:

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<sup>30</sup> ONS

<sup>31</sup> NHS England derived data.

<sup>32</sup> HSCIC, PHE

<sup>33</sup> National Child Measurement Programme (NCMP), HSCIC

<sup>34</sup> National Dental Epidemiological Programme for England, Oral Health Survey of five year old children, 2012

- Lack of fluoride treatment of tap water
- Poor diet
- Poverty
- Lack of regular brushing

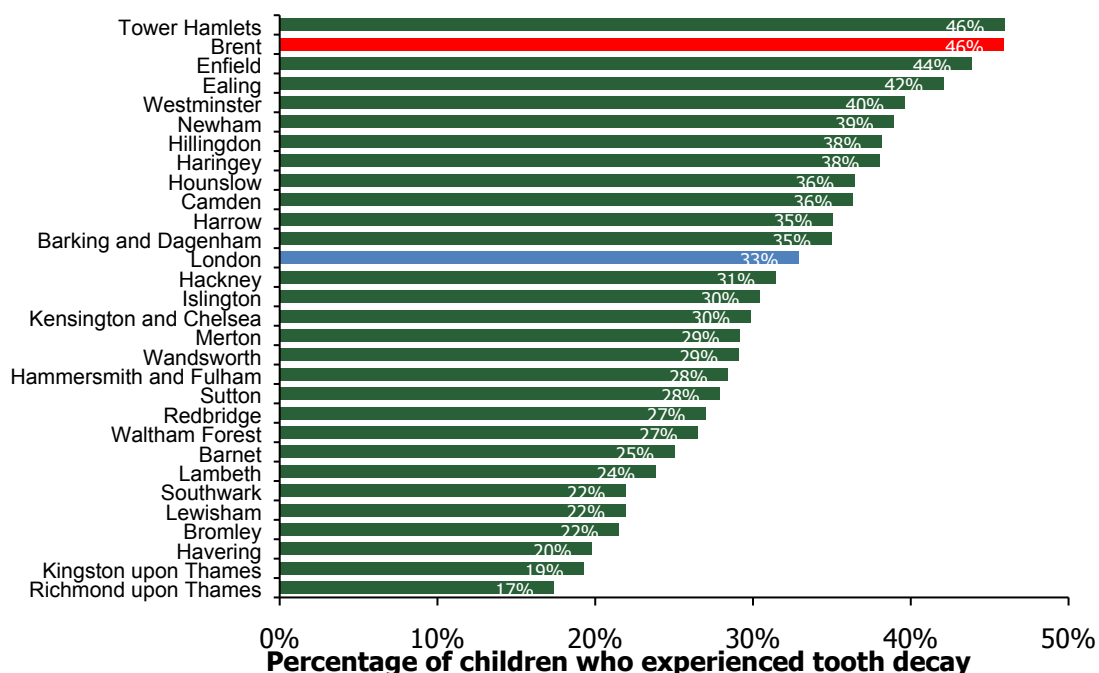


Figure 32. Percentage of children aged five who experienced tooth decay. Source: National Dental Epidemiological Programme for England, Oral Health Survey of five year old children, 2012.

Dental decay is the most common reason for non emergency admissions to hospital for children over 1 year in Brent, followed by viral infection (figure 33).

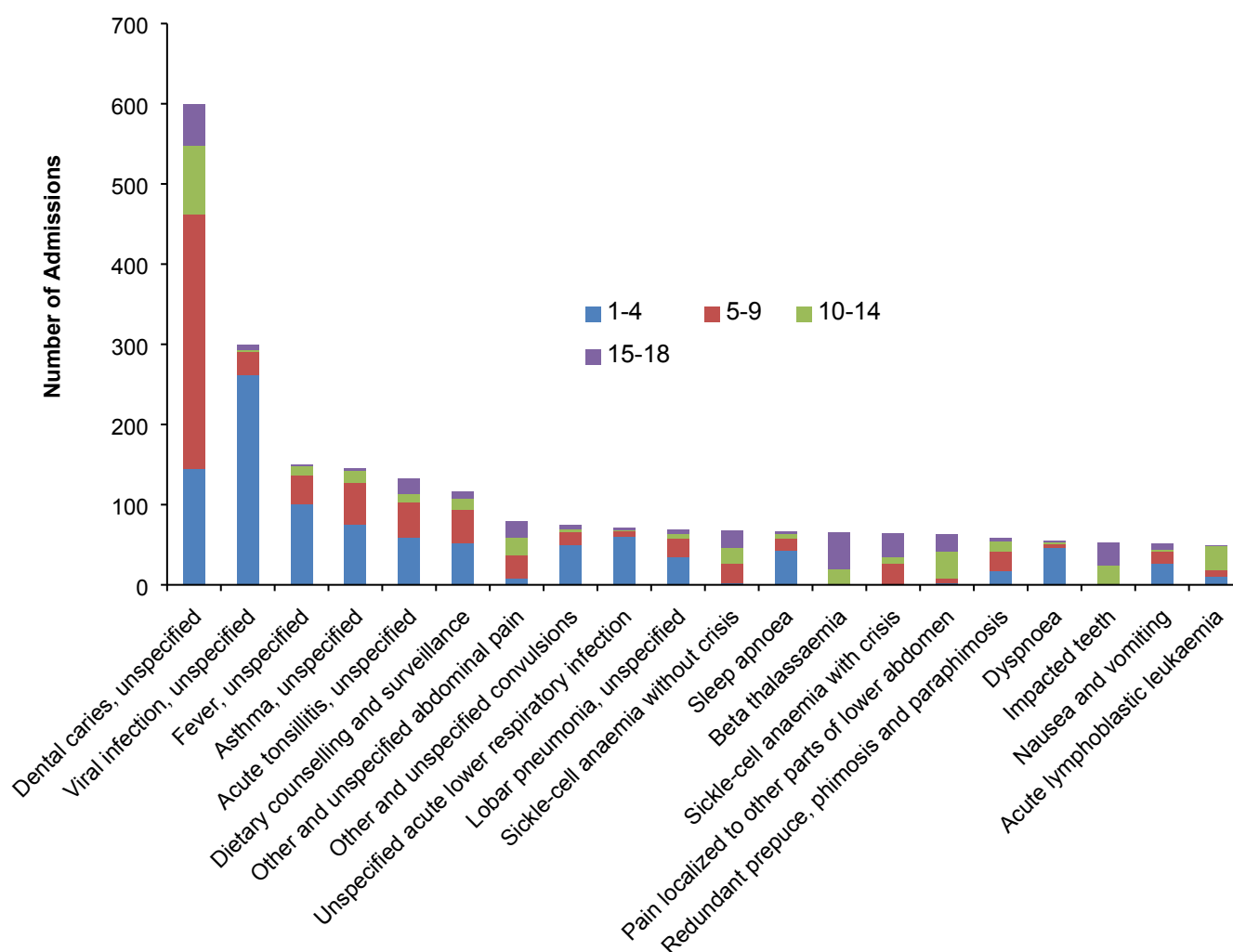


Figure 33: Top causes of childhood hospital admissions (1-18 years old) in Brent in 2012/13. Source: Secondary Uses Service (SUS)

### Asthma

Asthma is the most common long-term condition in childhood nationally. In Brent, there were 207 emergency admissions of children (under 19 years) due to asthma in 2013/14. This equates to a rate of 271.5 per 100,000, which is higher than the average rate for England<sup>35</sup>.

### Self-harm

Hospital admissions in Brent due to self-harm were lower than the England average in 2013/14 among individuals aged 10 to 24 years.

<sup>35</sup> PHE, Brent Child Health Profile, 2015

### Alcohol misuse

The rate of young people aged under 18 years who were admitted to hospital as a result of a condition wholly related to alcohol (e.g. alcohol overdose) in 2011/12 - 2013/14 was 16.8 per 100,000. This was lower than the England average rate, which was 40.1 per 100,000 of the population aged under 18 years<sup>36</sup>.

### Teenage Pregnancy

Figure 34 shows live birth rates by age of mother in 2014. Of particular note are the low numbers of teenage girls giving birth. The under 18 conception rate in Brent was 18.2 per 1,000 females aged 15 to 17 years in 2013 (figure 35). This was better than the England rate (24.3 per 1,000) and London rate (21.8 per 1,000)<sup>37</sup>.

The teenage pregnancy rate has fallen substantially over the last seven years and has been consistently below the London and England averages since 2006.

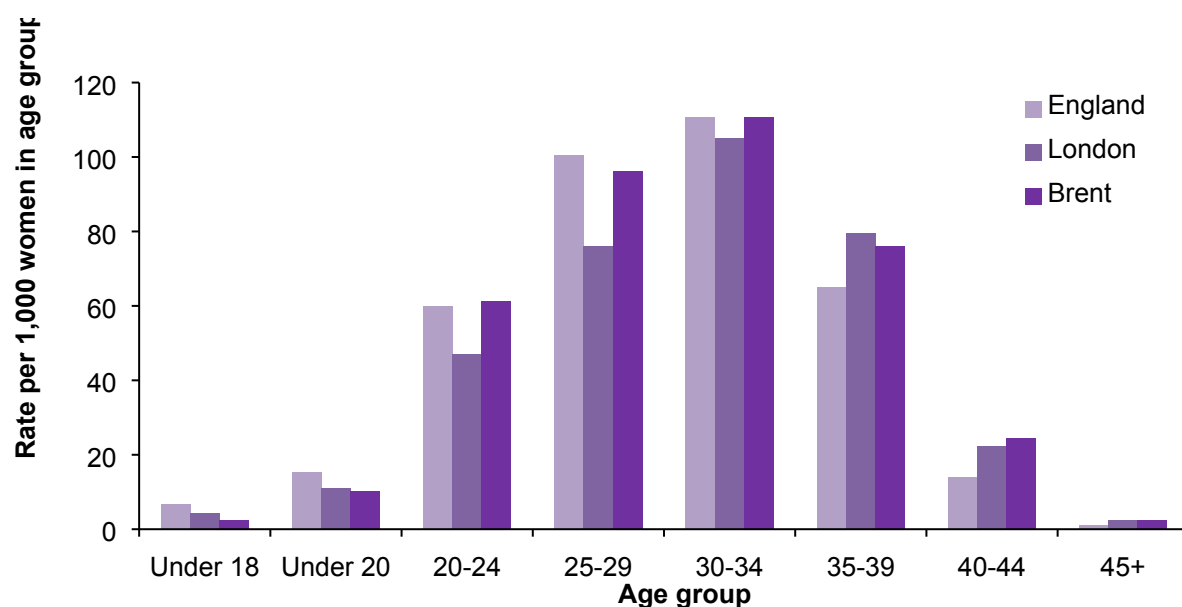


Figure 34: Live birth rate by age of mother in 2014. Source: ONS

<sup>36</sup> PHE, Child Health Profile, 2015

<sup>37</sup> ONS

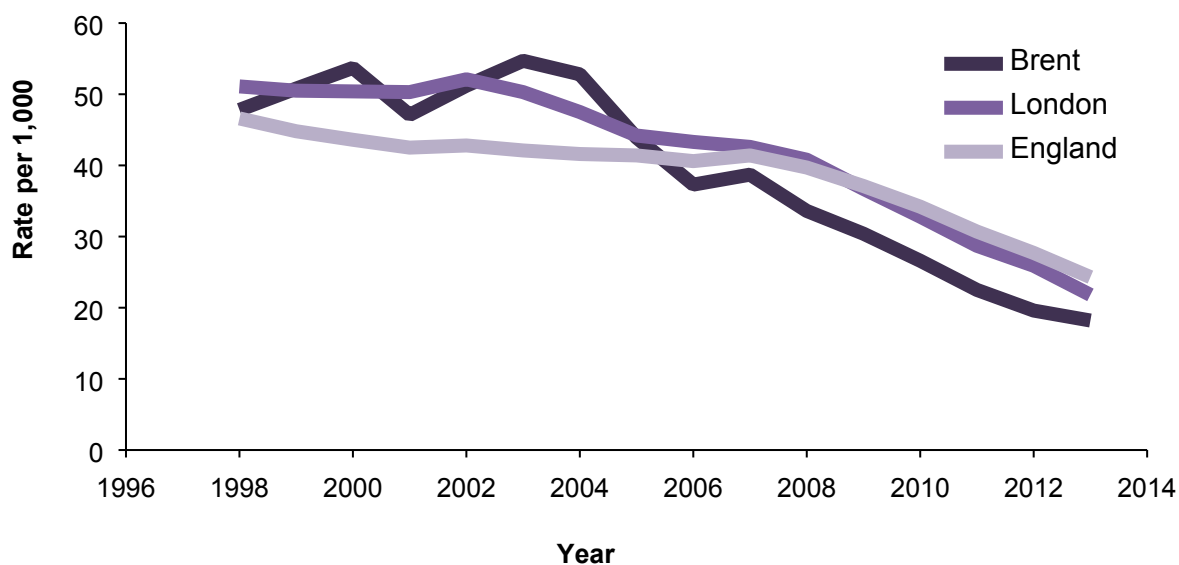


Figure 35: Teenage conceptions. Source: ONS

#### Smoking in pregnancy

In Brent, the proportion of women who were smoking at the time of delivery in 2013/14 was 3.2%, below the England average of 12% and lower than the London average of 5.1%.

## 4. LIFE EXPECTANCY AND MORTALITY

Life expectancy at birth is the most commonly used summary measure to describe population health. Self-reported health is a subjective measure that has been shown as a good predictor of hospitalization and mortality<sup>38</sup>.

### Self-reported health

In the 2011 Census, the vast majority of people in Brent (83%) described their health as “very good” or “good”, a similar picture to England and Wales as a whole (81%). Five per cent described their health as “very bad” or “bad” (figure 36); with the remaining 12% saying it is “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 36 shows the proportion of residents with self reported bad health by ward.

<sup>38</sup> Righi, L et al (2015), Life expectancy and self-reported health: related factors in 36 countries. The European Journal of Public Health, Oxford University Press

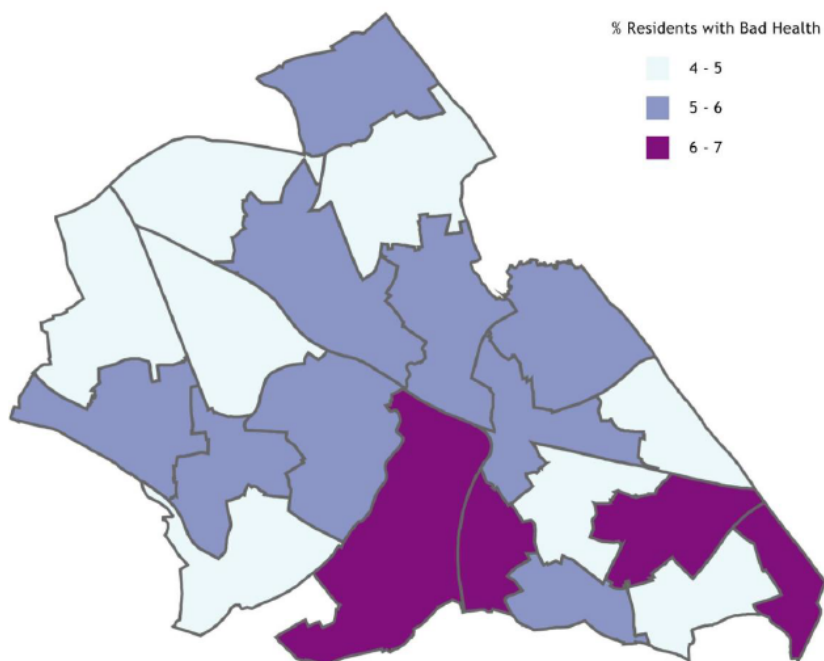


Figure 36: Percentage of residents with bad health in each ward. Source: ONS 2011 Census

### Life Expectancy at Birth

In Brent, life expectancy for females born between 2011 and 2013 is 84.9 years. This was higher than the male life expectancy, 80 years (figure 37).

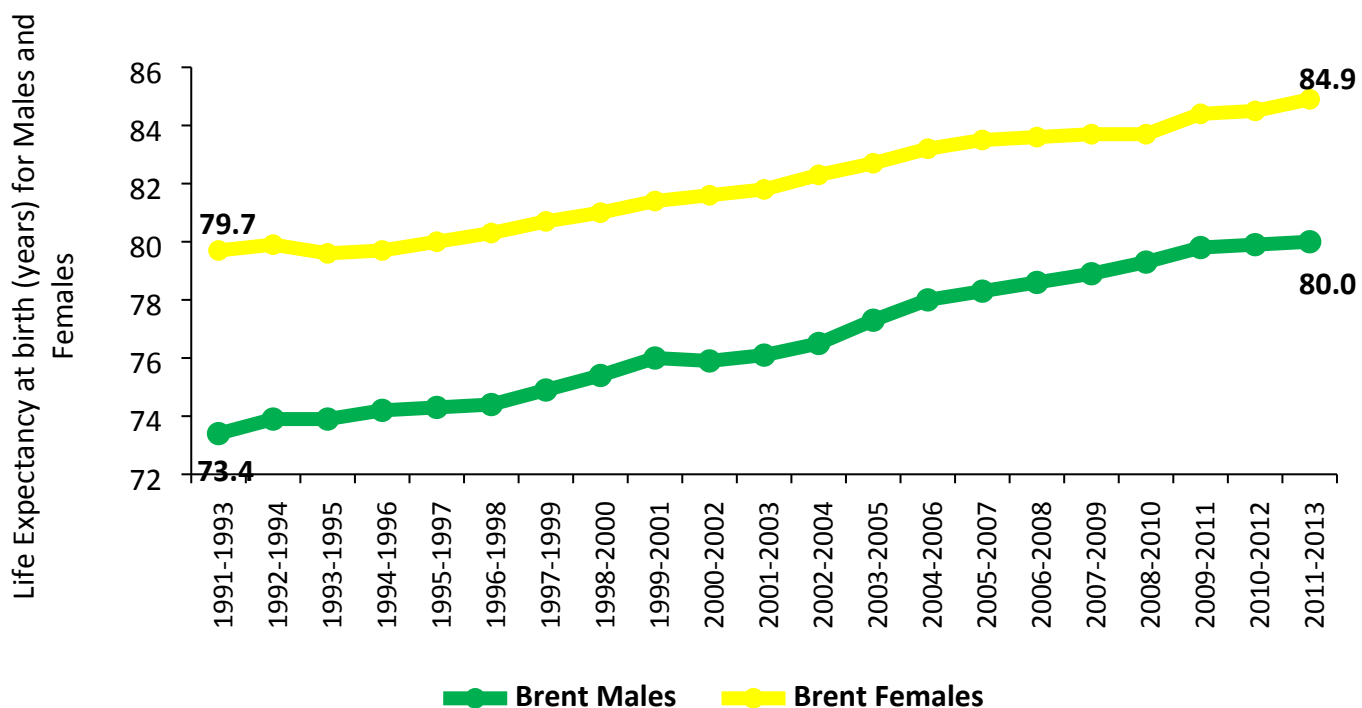


Figure 37: Life Expectancy at birth (years) for Males and Females. Source: ONS

### Healthy Life Expectancy

Healthy life expectancy at birth is the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.

In Brent, healthy life expectancy for males in 2011 - 13 was 64.8 years (figure 38). This was similar to the England average which was 63.3 years. Healthy life expectancy for females in 2011-13 was 63.5 years, similar to the England average of 63.9 years<sup>39</sup>.

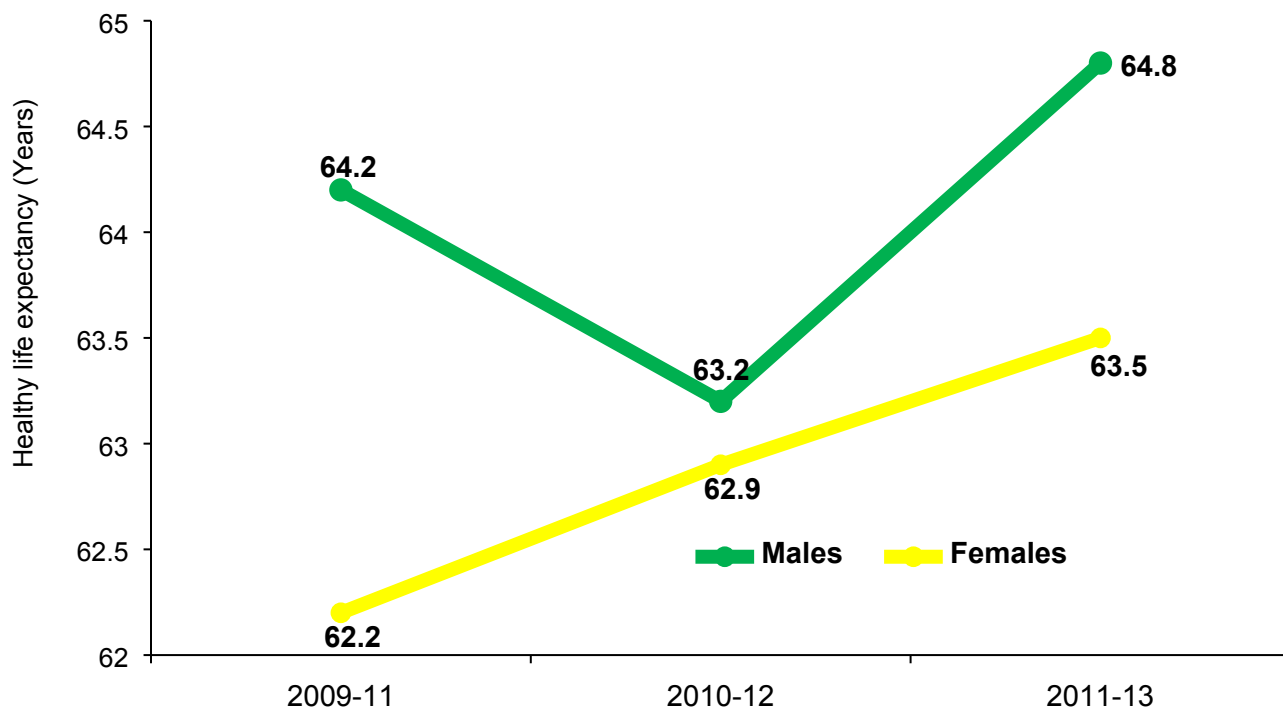
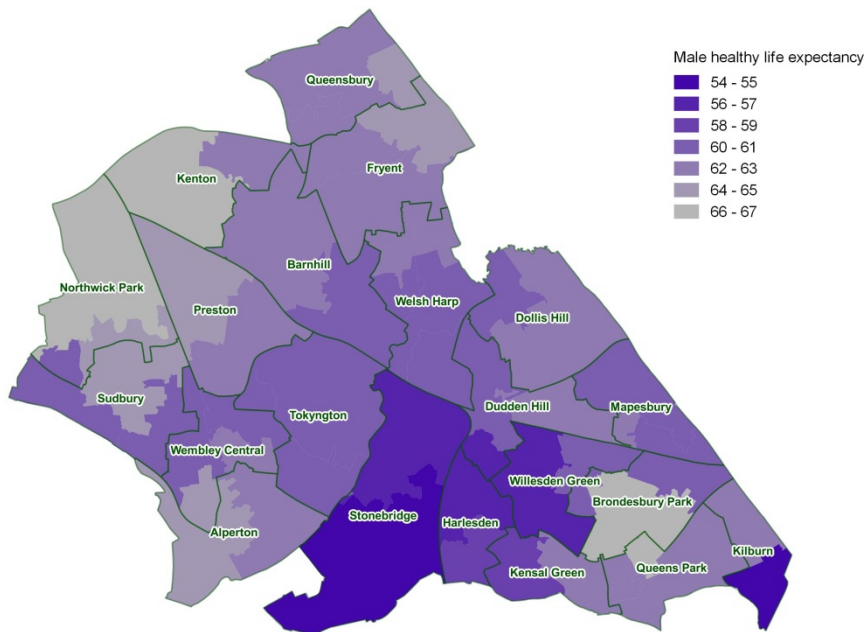


Figure 38: Healthy Life Expectancy: 2009-11 to 2011-13. Source: ONS

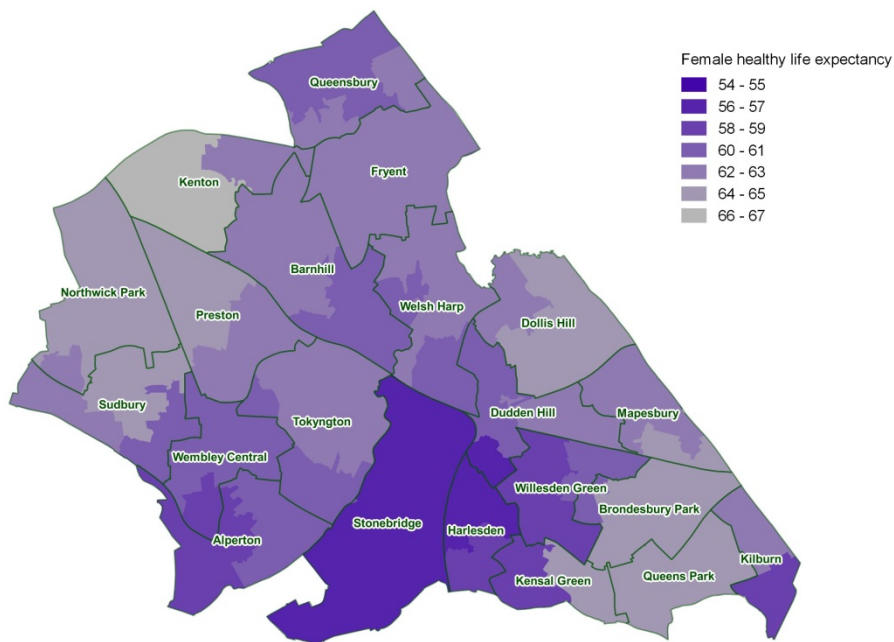
Figures 39 and 40 show variations in healthy life expectancy for males and females in 2009-13 in different parts of Brent.

<sup>39</sup> ONS



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Figure 39: Male healthy life expectancy: 2009 to 2013. Source: ONS



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Figure 40: Female healthy life expectancy: 2009 to 2013. Source: ONS

### Slope Index of Inequality

Life expectancy for males and females varies across Brent. Life expectancy is 4.7 years lower for men in the most deprived areas of Brent than in the least deprived areas: in the previous year the difference in life expectancy was 5.3 years for the same group. This reduced life expectancy gap is attributed to increased life expectancy for men in the most deprived areas. For women, the life expectancy gap is 4.4 years between the most deprived parts of Brent than in the least deprived parts: in the previous year, the difference in life expectancy was 3.8 years for the same groups (figure 41).

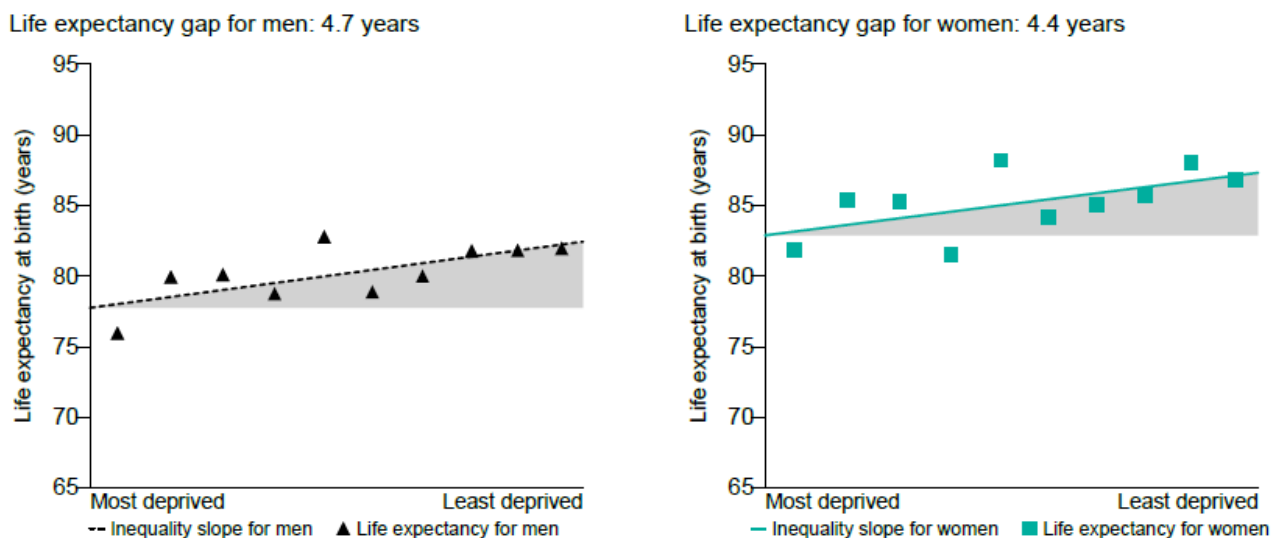


Figure 41: Slope Index of Inequality, 2011-13. Source: PHE, Brent Health Profile, 2015.

### Causes of Premature Mortality

Figure 42 shows the main causes of premature mortality (deaths before 75 years of age) in Brent. The main three causes are:

- **Cancer (37%)**
- **Cardiovascular Disease (coronary heart disease and stroke) (27%)**
- **Respiratory Disease (7%)**

The premature mortality rate in Brent is better than in areas of similar levels of deprivation. However, there were still around 650 premature deaths a year. Many of these deaths were potentially preventable through early identification of risk and appropriate intervention programmes.

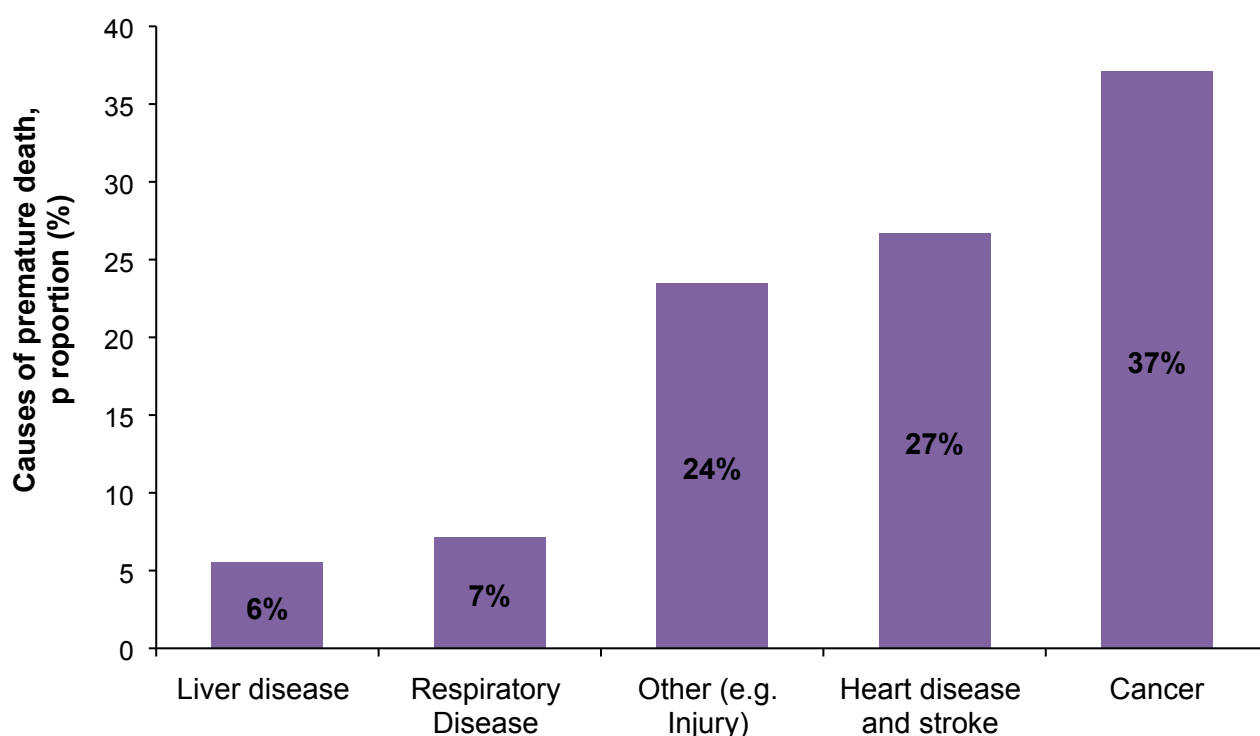


Figure 42: Proportion of all premature deaths by cause in Brent, 2011-13. Source: Public Health England, 'Longer Lives'

The causes of premature mortality in Brent are discussed in more detail below.

### Cancer

The age standardised premature mortality rate in Brent from cancer is better than the London and England rates: in 2011-13 the premature mortality rate in Brent was 128.4 per 100,000, the London rate was 136.5 and the England rate, 144.4<sup>40</sup>.

### Cardiovascular Disease (CVD)

Age is a key factor in CVD mortality rates: the prevalence of CVD increases significantly beyond 40 years old<sup>41</sup>. Figure 43 shows the recorded prevalence of different cardiovascular conditions in Brent CCG and England in 2013/14. Hypertension is the most common CVD condition in Brent CCG, followed by coronary heart disease (CHD). This mirrors the national picture.

<sup>40</sup> Public Health England – based on ONS source data

<sup>41</sup> PHE, Cardiovascular Disease Health Profile for Brent, 2013

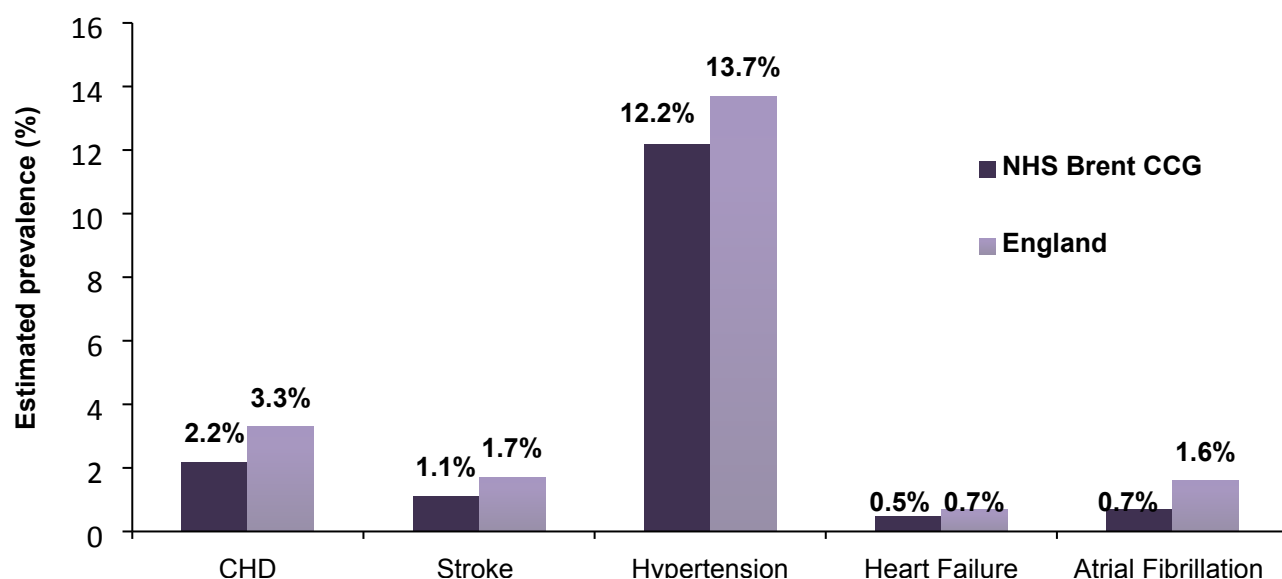


Figure 43: Prevalence of CVD. Source: HSCIC, Quality and Outcomes Framework (QOF), 2013/14

Since 2004-06, the under 75 age standardised mortality rate from CVD in Brent has remained consistently higher than both the London and England averages (figure 44). The 2011-13 under 75 CVD mortality rate in Brent was 93.5 per 100,000. The England rate was 78.2 per 100,000, and the London rate, 80.1 per 100,000<sup>42</sup>.

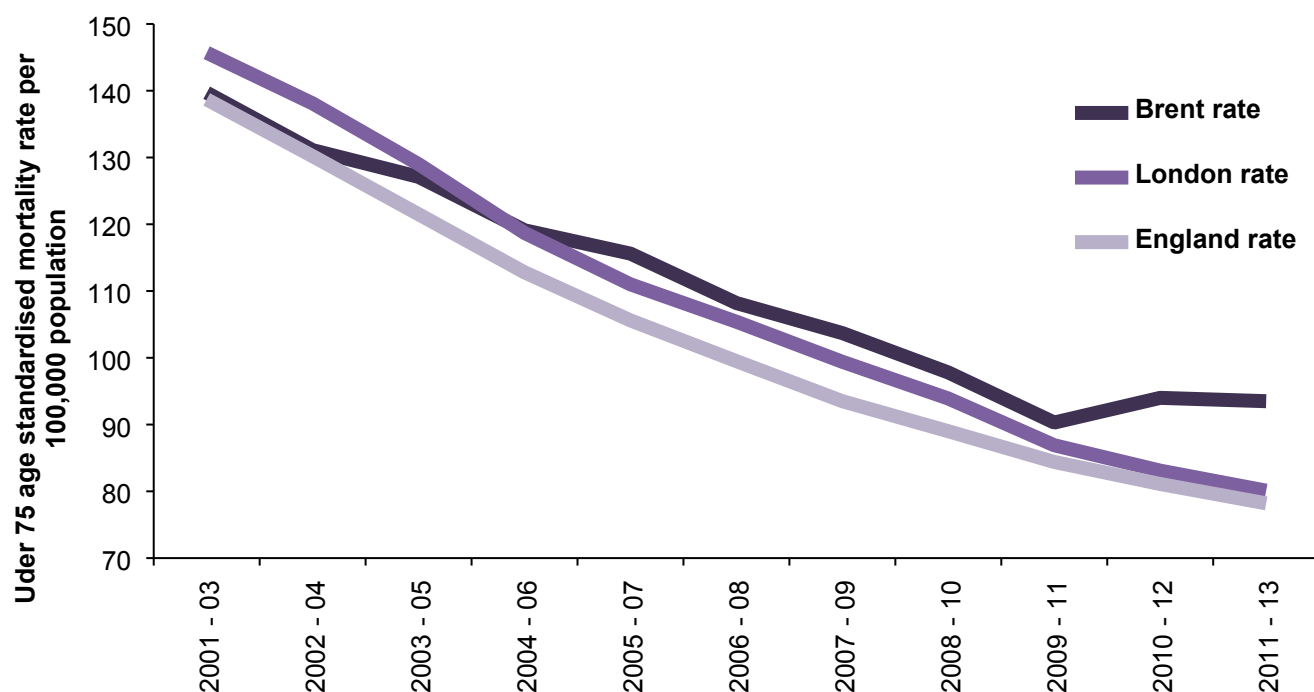
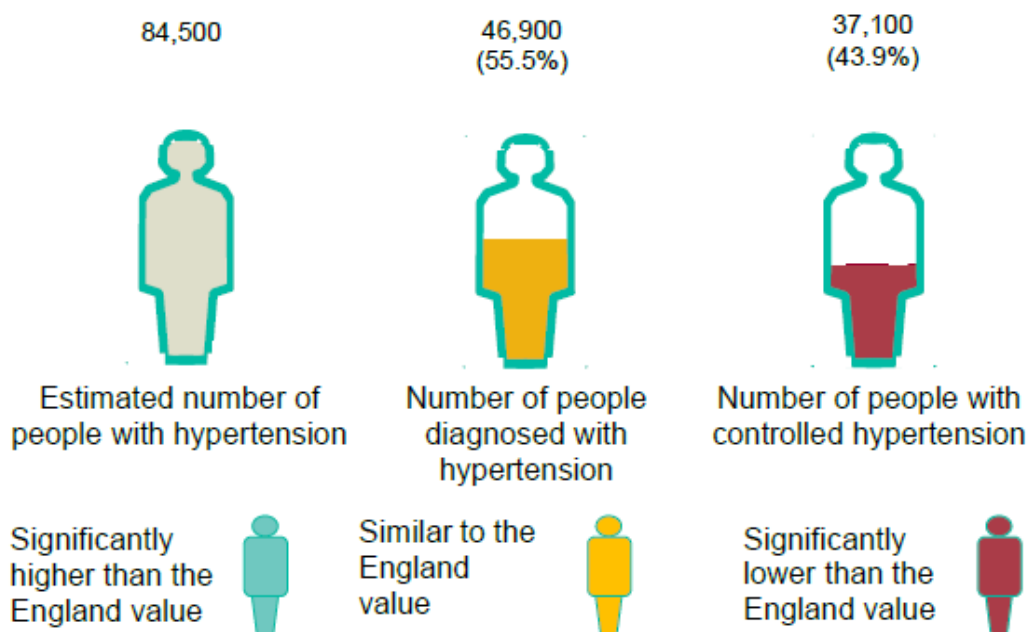


Figure 44: CVD premature mortality rate: 2001/03 to 2011/13. Source: PHE (ONS source data)

<sup>42</sup> Public Health England (based on ONS source data)

Figure 45 summarises diagnosis and control of hypertension in Brent based on GP registered population. Lifestyle risk factors associated with hypertension are: obesity, lack of exercise, and excessive alcohol intake. Evidence based advice<sup>43</sup> has been published which identifies how to effectively identify, treat, and prevent hypertension.



\* based on the GP registered population

	Chosen local authority	ONS similar local authorities <sup>2</sup>	London Region	England
Proportion diagnosed with hypertension	<b>55.5%</b>	<b>51.2%</b>	<b>51.3%</b>	<b>55.8%</b>
Proportion with controlled hypertension	<b>43.9%</b>	<b>41.3%</b>	<b>48.4%</b>	<b>44.9%</b>

Figure 45: Diagnosis and control of hypertension in Brent. Source: PHE, Hypertension Profile 2016

<sup>43</sup> PHE, Tackling high blood pressure: from evidence into action: [www.tinyurl.com/prk7drz](http://www.tinyurl.com/prk7drz)

The London Borough of Brent commissions the NHS Health Checks programme, which aims to identify people who may be at risk of developing cardiovascular disease through blood pressure checks, measuring cholesterol etc.

In Brent in 2014/15 approximately 75,000 residents were eligible to be offered a health check. The percentage of people who were eligible for a health check in 2014/15 who were offered a health check was 22.3%, up 5.7% from 2013/14. The percentage for England was 19.7%. In Brent, the percentage of people who were offered a health check who took up the offer was 56%, up 4.6% from 2013/14. The England percentage was 48.8%<sup>44</sup>.

### Respiratory Disease

Respiratory disease, which includes Chronic Obstructive Pulmonary Disease (COPD) and asthma, accounts for approximately 15% of all deaths in Brent<sup>45</sup>. COPD alone accounts for around a quarter of deaths due to respiratory disease in Brent. There are likely to be large numbers of people with COPD who are undiagnosed.

Asthma is also a significant condition related to hospital admissions.

The under 75 mortality rate from respiratory disease considered preventable in Brent was 12.9 per 100,000 of the population in 2012-14. This was better than the England average rate of 17.8 per 100,000 of the population<sup>46</sup>.

Smoking is seen as the primary cause of COPD. In 2013/14, the recorded prevalence of COPD in NHS Brent CCG was 0.8% (or 2,701 people). This was lower than the England (1.8%) and London (1.1%) averages<sup>47</sup>.

### Smoking

The prevalence of adults aged 18 years and over who smoked in Brent (13.6%) in 2014 was better than the England (18%) and London (17%) averages<sup>48</sup>.

The age standardised rate of smoking related deaths in Brent was 229.3 per 100,000 of the population aged 35 and over in 2011-13. This equates to 248 deaths a year. The England rate was higher; 288.7 per 100,000 of the population<sup>49</sup>.

### Other Causes of premature mortality

Other causes of premature mortality in Brent include liver disease and injury.

The age standardised premature mortality rate due to liver disease in Brent was 17.8 per 100,000 of the population in 2012-14. The England rate was similar<sup>50</sup>.

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<sup>44</sup> PHE, Brent Hypertension Profile (2016)

<sup>45</sup> National End of Life Care Intelligence Network (NEoLCIN) profiles: Percentage of all respiratory deaths in 2008-2010 in Brent

<sup>46</sup> Public Health England (based on ONS source data)

<sup>47</sup> HSCIC, QOF

<sup>48</sup> Integrated Household Survey, Analysed by Public Health England

<sup>49</sup> Public Health England, Brent Health Profile, 2015

<sup>50</sup> Public Health England (based on ONS source data)

## End of Life Care

Figure 46 summarises trends and variations in place of death in 2013.

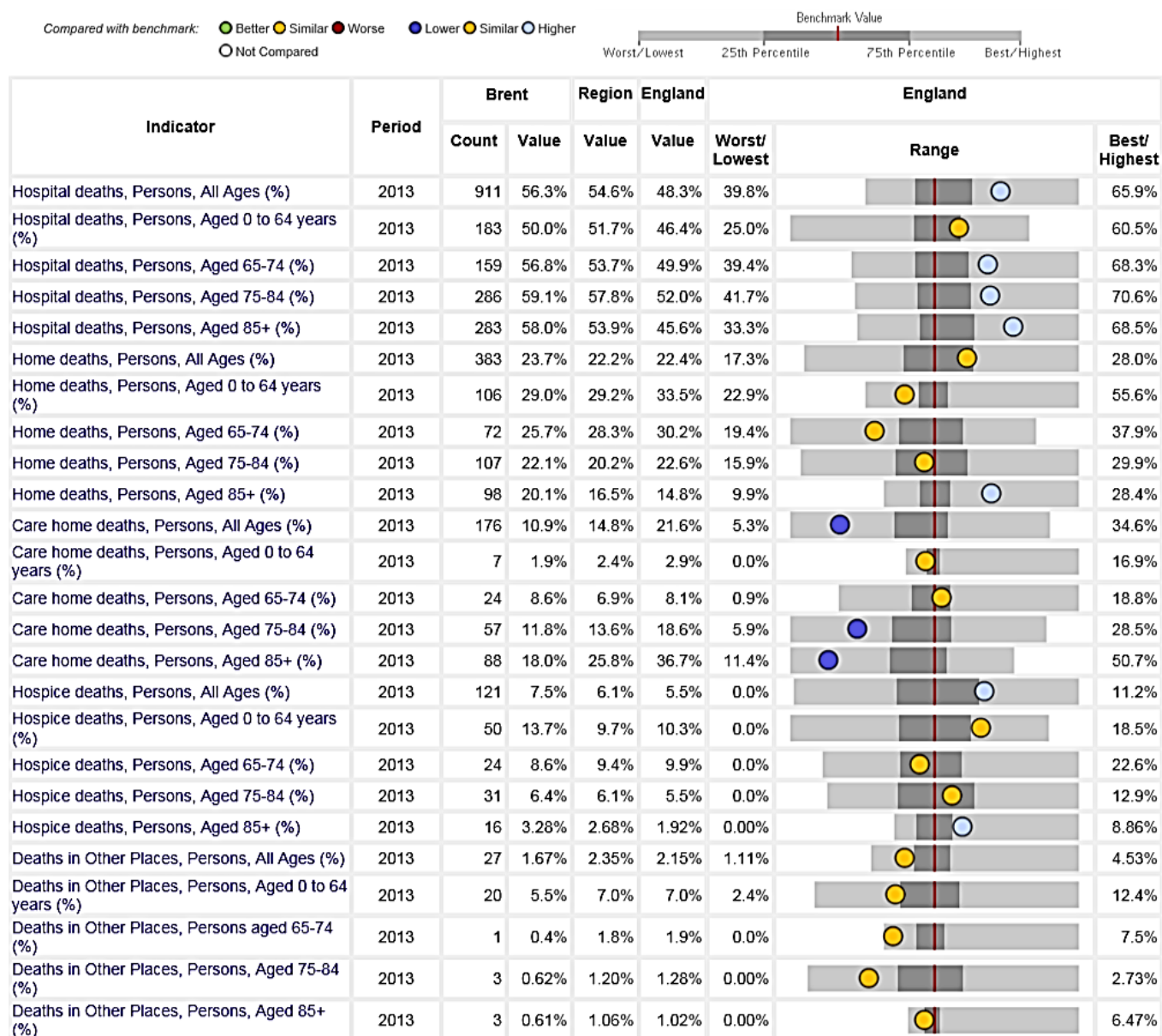


Figure 46. End of Life Care Profile. Source: Public Health England

## 5. WIDER DETERMINANTS OF HEALTH

The wider determinants of health (see figure. 47) include:

- **Deprivation**
- **Poverty**
- **Homelessness and Housing**
- **Transport**
- **Air Quality**
- **Green Space**
- **Employment**
- **Crime and Disorder**



Figure 47: Wider Determinants of Health. Source Dahlgren and Whitehead, 1992

### Deprivation

High levels of deprivation are associated with low economic activity, high levels of unemployment, unhealthy lifestyles, low life expectancy, poor educational attainment and poor quality housing.

Indices of Deprivation 2015<sup>51</sup> are prepared at Lower Super Output Area (LSOA) geographical level. There are 32,844 LSOA's in England. Deprivation scores are ranked from 1 (most deprived) to 32,844 (least deprived).

Nationally, Brent ranks 39 out of 326 local authorities in England (where 1 is the most deprived) on the 2015 IMD. However, the overall ranking masks some of the very high levels of deprivation which exist in parts of the borough (figure 48).

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<sup>51</sup> Produced by Department for Communities and Local Government

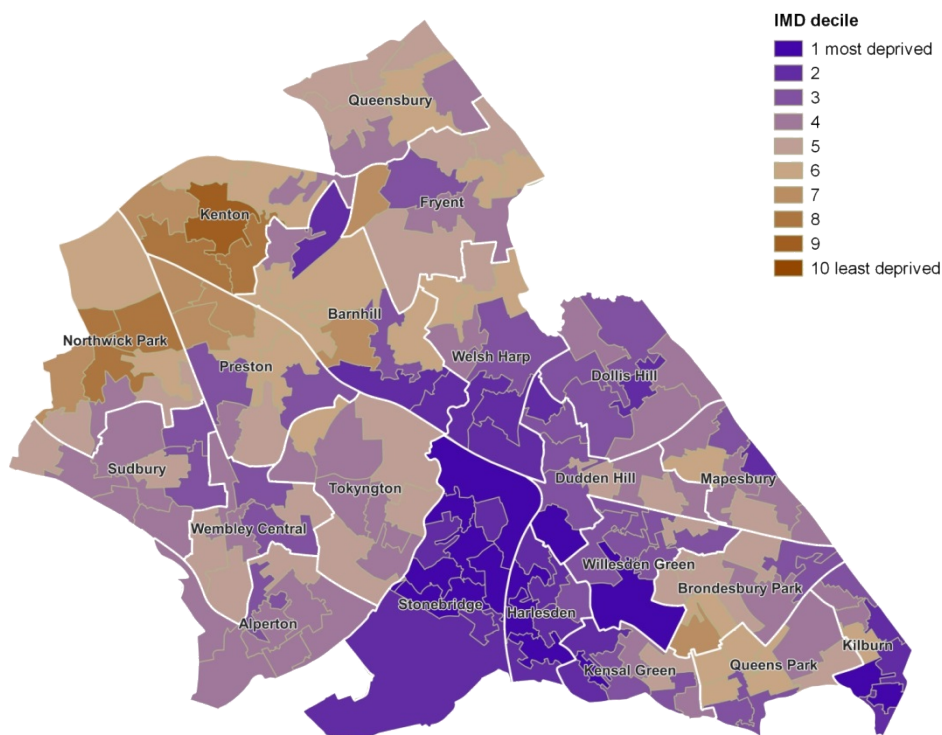
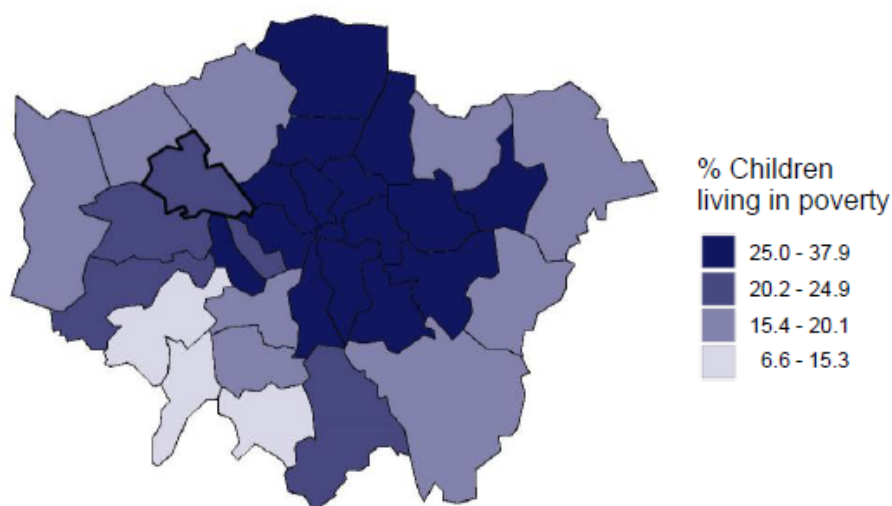


Figure 48: Indices of Deprivation 2015. Source: Department for Communities and Local Government

### **Poverty**

In 2012, 24.8% of children and young people (aged under 16 years) live in poverty (figure 49). This is worse than the England (19.2%) and London averages (23.7%)<sup>52</sup>.

<sup>52</sup> HM Revenue and Customs (Personal Tax Credits: Related Statistics – Child Poverty Statistics). Definition is based on children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income for under 16s only



Contains Ordnance Survey data

Figure 49: Child poverty in London in 2012. Source: Map produced by PHE, Brent Child Health Profile, June 2015. Data originally sourced from HM Revenue and Customs (Personal Tax Credits: Related Statistics – Child Poverty Statistics)

## **Homelessness, Housing and Health**

### Homelessness

In March 2015, there were over 3,100 households in temporary accommodation and around 50 approaches a week<sup>53</sup>. Although temporary accommodation decreased by 5% decrease during 2014/15 (180 households), Brent Council still has the largest number of households in temporary accommodation in England and Wales.

### Tenure

In common with the rest of London, there has been a significant tenure shift in Brent in the last 10 years, with the private rented sector now larger than the social sector, and with a decline in owner occupation. This trend has been more marked in Brent than in most London boroughs. Figure 50 shows the proportion of Tenure Type in Brent as reported in the 2011 census.

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<sup>53</sup> Pie Return

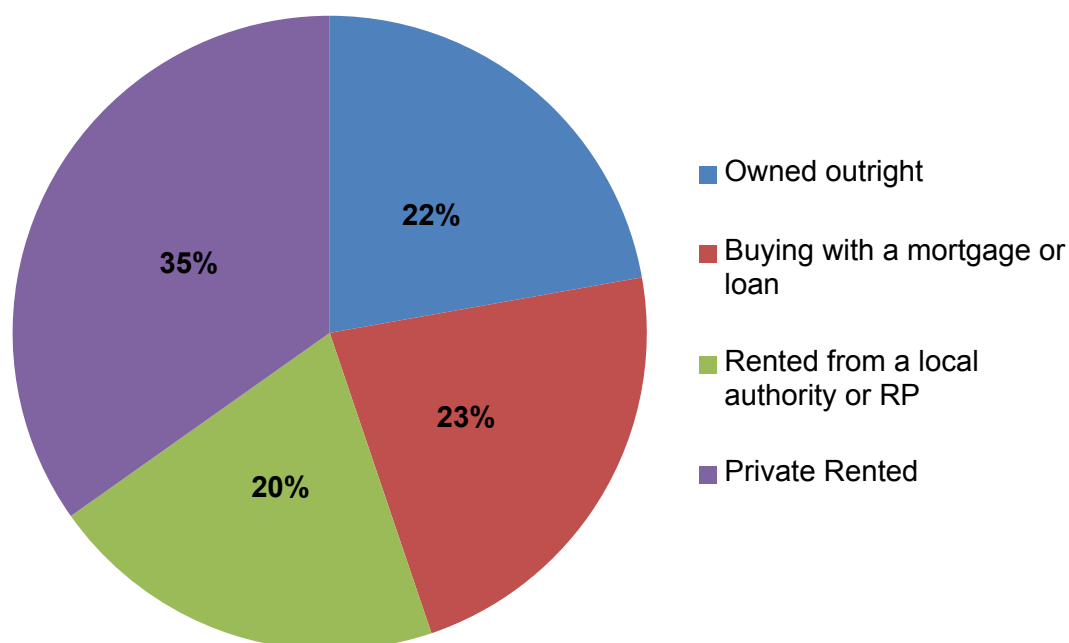


Figure 50: Tenure Type. Source: ONS 2011 Census

### Fuel Poverty

Households are considered by the Government to be in fuel poverty if they would have to spend more than 10% of their household income on fuel to keep their home in 'satisfactory' condition<sup>54</sup>.

According to the Department of Energy and Climate Change, there are three main factors which lead to fuel poverty:

- 1) Poor energy efficiency in the home
- 2) High energy prices
- 3) Low household income

Levels of fuel poverty in Brent are higher than the England average. In Brent, around 12% of households in 2013 experienced fuel poverty compared to 10.4% in England<sup>55</sup>.

The elderly, children and those with a disability or long-term illness are particularly at risk of poor health outcomes as a result of living in a cold home. Evidence shows the significant impacts that cold housing can have on the population in terms of cardio-vascular and respiratory morbidity<sup>56</sup>.

### Excess Winter Deaths

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

<sup>54</sup> 'The Poverty Site' Webpage: <http://www.poverty.org.uk/80/index.shtml>

<sup>55</sup> Department of Energy and Climate Change (DECC)

<sup>56</sup> Marmot Review Team report (2011): The Impact of Cold Homes and Fuel Poverty

rates of excess winter deaths (EWD). In Brent, there were around 22% more deaths in December to March than in non winter months in 2011/12. However, this is not statistically different from London or England and Wales. It should be noted that factors such as influenza and indoor and outdoor temperature will contribute to a higher proportion of deaths during the winter months. As such, increasing the uptake of the influenza vaccination among older people is seen as an effective approach to reducing the number of EWD. In 2014/15, 68.6% of eligible adults aged 65 and over in Brent received the flu vaccine (figure 51). The England average was 72.7% and London average was 69.2%<sup>57</sup>.

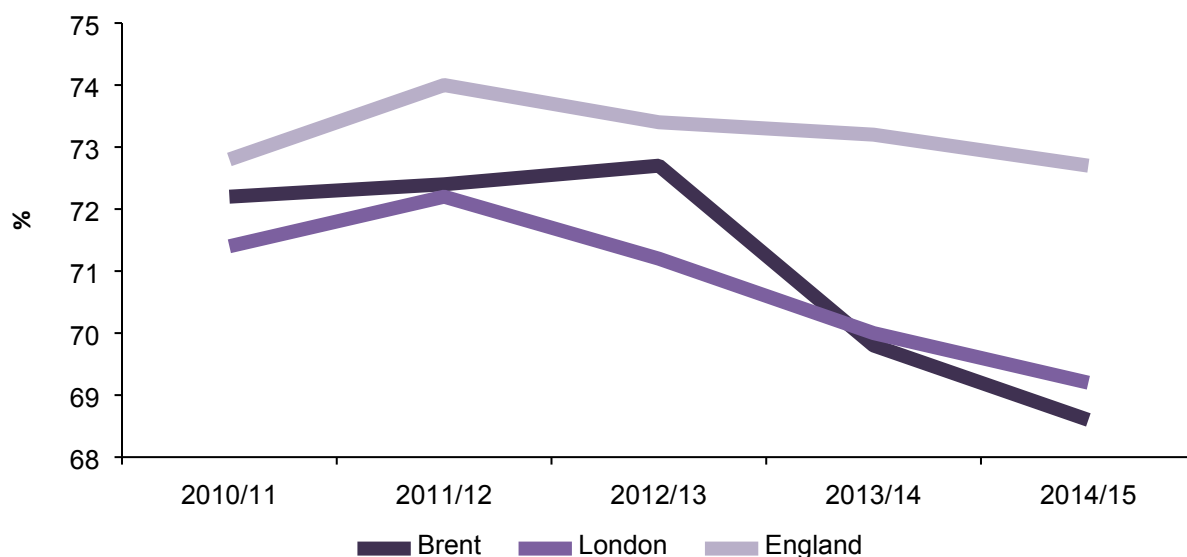


Figure 51: Flu vaccination coverage – aged 65. Source: ImmForm website

## Transportation

Transport can influence and impact on health as a result of transport related accidents, active travel, air quality and public transport as discussed below.

### Road Casualties

On Brent's roads in 2014:

- 1,067 people were injured: of these 2 resulted in the loss of life and 83 were serious injuries. This figure is higher than the London average.
- In the last 13 years the number of people killed or seriously injured has reduced from 204 to 83.
- There are more casualties amongst people travelling by car than other modes of transport.

<sup>57</sup> ImmForm website

### Active Travel

Increasing levels of personal car ownership have contributed to people becoming less active. Approximately 2% of Brent residents cycle or walk to work. At ward level, Alperton had the highest number of people who walked to work and Kenton had the fewest<sup>58</sup>.

People who walk or cycle to work or school on a regular basis will benefit from a healthier lifestyle as it helps reduce obesity and the risk of cardiovascular diseases. Research shows that the benefits of active travel outweigh the risks posed by hazards such as poor air quality and road traffic accidents<sup>59</sup>.

### Air Quality

Road transport and heating emissions are the main sources of oxides of nitrogen (NO<sub>x</sub>) in London. Motorised traffic is a key source of air pollution and those that spend longer in traffic face a higher health risk. In parts of Brent where there are high volumes of traffic (such as the North Circular and Wembley High Road), the amount of nitrogen oxides emitted into the atmosphere are expected to be more significant. Populations that may be more sensitive to nitrogen oxides include people who suffer from asthma and those with COPD or heart disease. Although COPD is mainly attributed to smoking, long-term exposure to air pollutants and particles which can irritate the respiratory system can exacerbate the problem.

### Green Spaces

Green space and natural environments can provide a range of health benefits to the local population. Green spaces and infrastructure improve both mental and physical health and have been shown to reduce health inequalities<sup>60</sup>. Between March 2013 and February 2014, 15.8% of people in Brent aged 16 and over utilised outdoor space for either exercise or health reasons. This is lower than the England average, 17.1%<sup>61</sup>.

### Employment

Fewer women are economically active than men. The employment rate for men in Brent (79%) is similar to both London (79%) and Great Britain (78%).

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<sup>58</sup> ONS 2011 Census

<sup>59</sup> A benefit of shift from car to active transport. Transport Policy 19, Rabl and Nazelle, 2012

<sup>60</sup> Marmot Review, 'Fair Society Healthy Lives' 2010. UCL Institute of Health Equity

<sup>61</sup> Natural England: Monitor of Engagement with the Natural Environment (MENE) survey

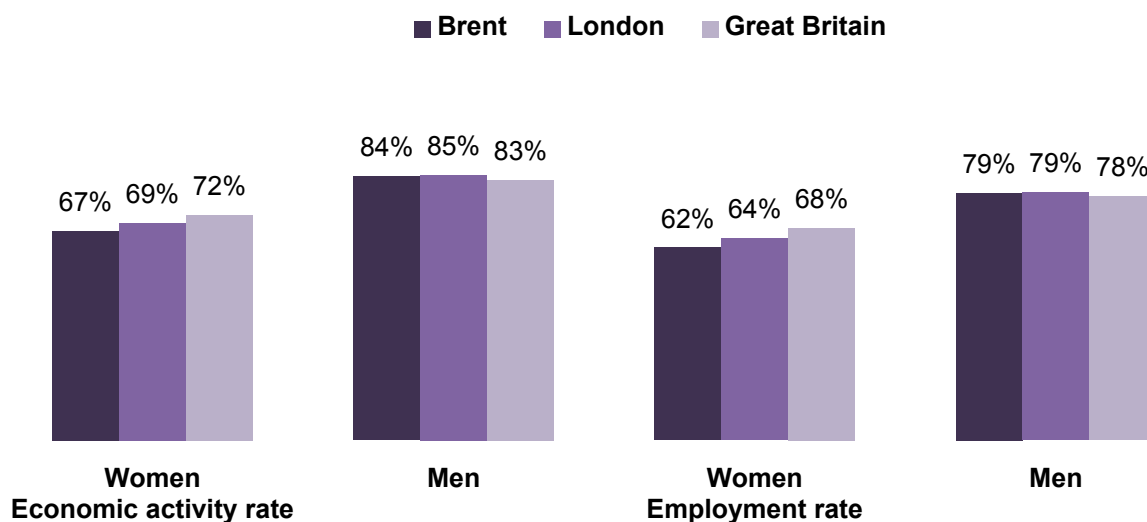


Figure 52. Economic activity and Employment rate (working age population, 16 to 64) – Brent, London and Great Britain. Source: Annual Population Survey

The relationship between health and low income exists across almost all health indicators<sup>62</sup>. Those in employment enjoy better levels of health than the unemployed. People who are unemployed are much more likely to experience poor mental and physical health compared to those in employment.

## **Crime and Disorder**

### Violent crime

In Brent, the rate of recorded violent crime (violent offences) against the person in 2013/14 was 16.7 per 1,000 population. This was significantly worse than the England average, 11.1 per 1,000 of the population.

### Gangs

In Brent, there are currently between 15 and 19 active street gangs. Gang members in Brent have an average age of 24 years and are predominantly black males. A number of ‘hotspots’ for gang activities have been identified across the borough. These are located in some of the most historically deprived estates particularly in the south of the borough – Church End, Stonebridge, St Raphael’s and South Kilburn.

### Domestic Abuse

The number of domestic incidents<sup>63</sup> (non-criminal and criminal offences falling within the Home Office definition of domestic violence and abuse) in Brent as reported by the

<sup>62</sup> London Health Observatory, Determinants of Health

<sup>63</sup> Data from the 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.* [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/142701/guide-on-](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-)

Metropolitan Police has steadily increased during the period 2005/06 to 2013/14. During this period, domestic offences (criminal offences falling within the Home Office definition of domestic abuse) have stayed reasonably consistent at around 2,000 offences annually (figure 53).

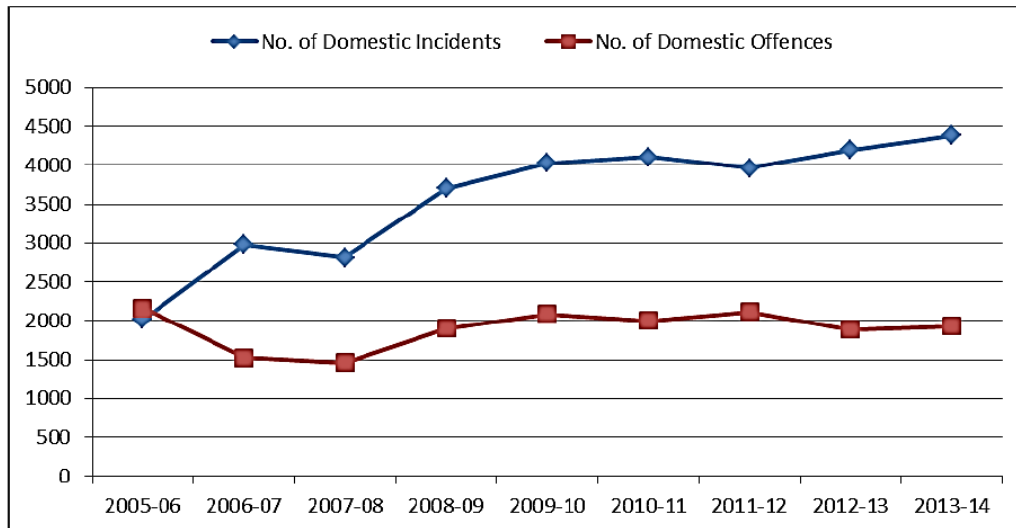


Figure 53: Number of domestic incidents and offences per financial year (2005/06 to 2013/14). Source: LB Brent Community Safety Team