

People and place

Brent JSNA 2019/2020




Brent

Where Brent is in London



Wards



Contains Ordnance Survey data © Crown copyright and database right 2015

Source: : GLA: Brent Scenario 1 Borough Preferred Option, 2018 rounded

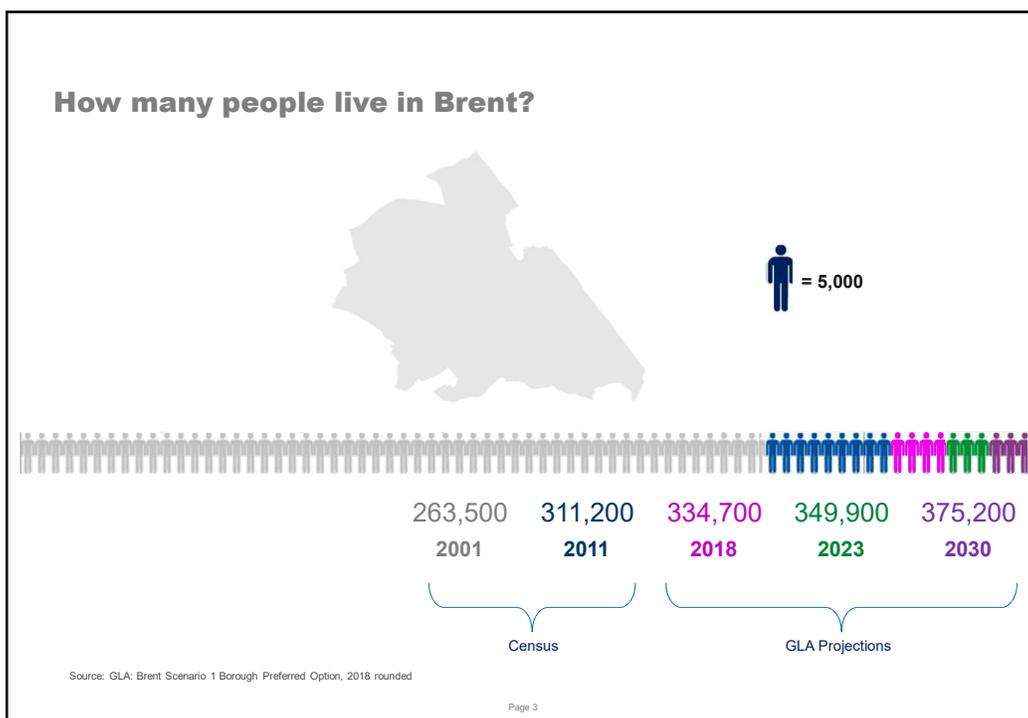
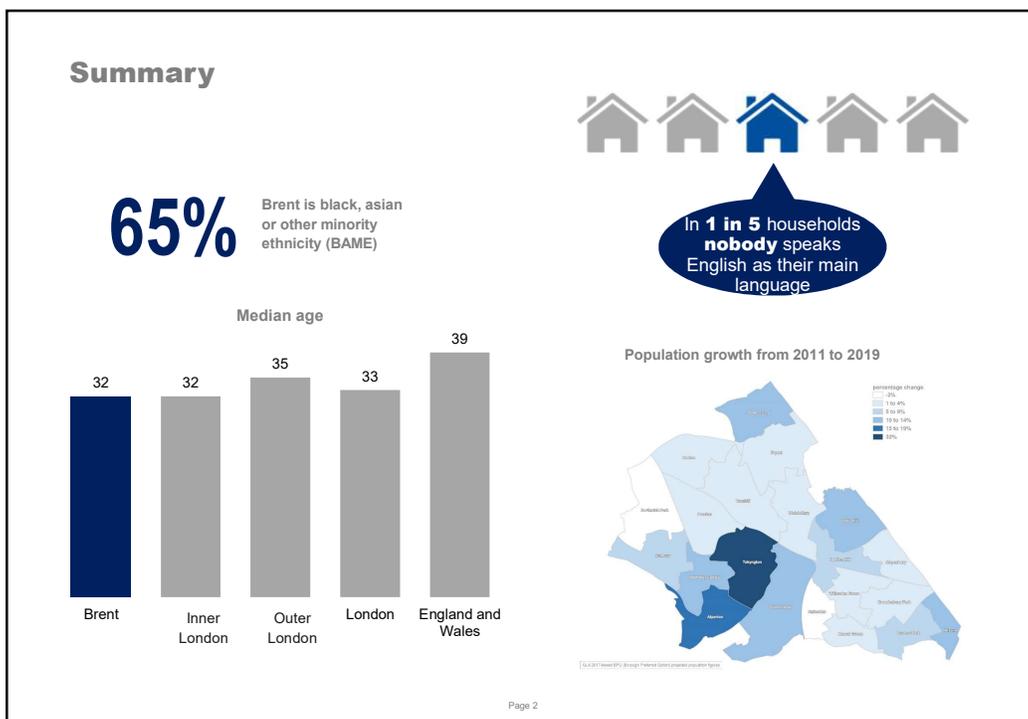
Introduction

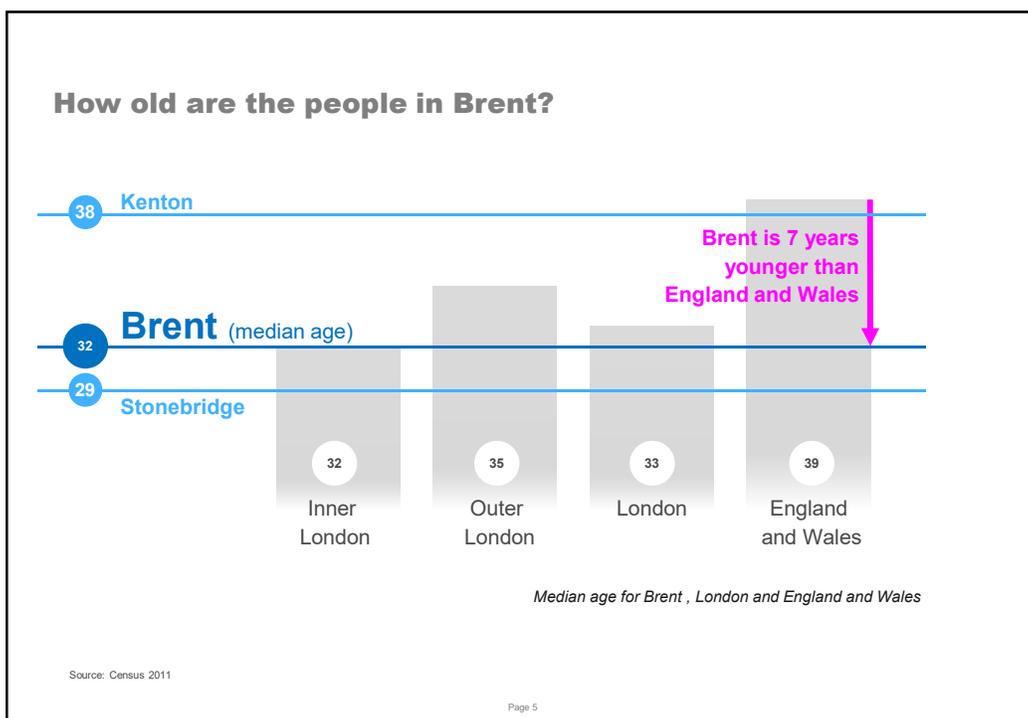
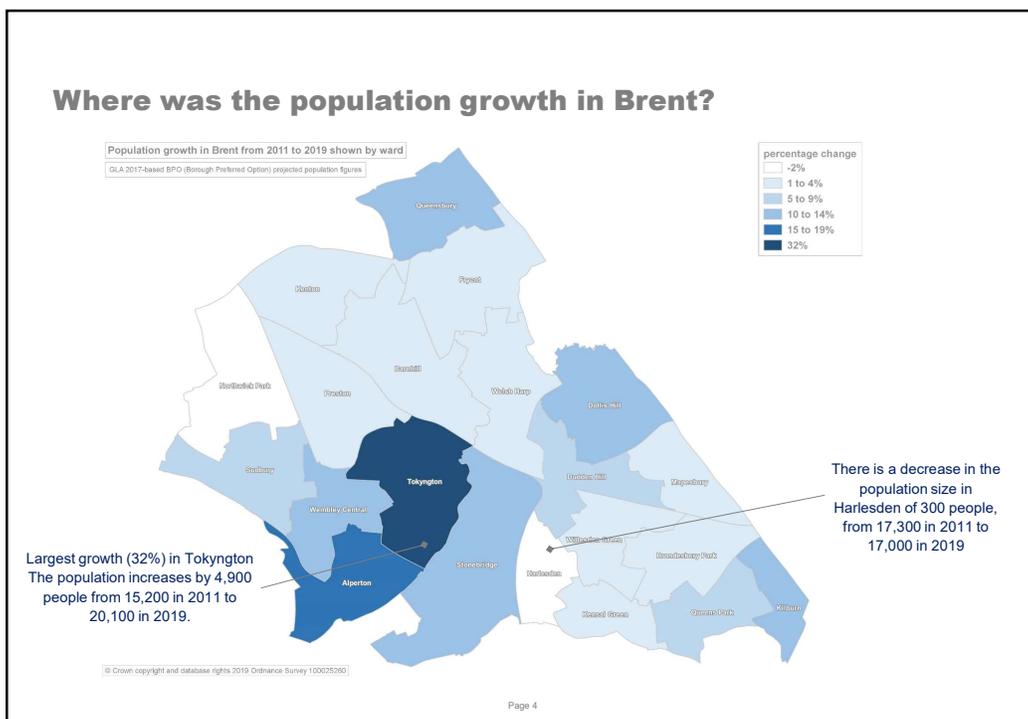
Brent is a borough characterised by change. It is a place where new communities have always settled, regularly adding to its distinctive diversity, and this continues today. Regeneration is also changing the face of the borough, in Wembley, South Kilburn, Alperton, Harlesden, Church End, and elsewhere. And we are growing - around 334,700 residents today, projected to increase to almost 350,000 by 2023, and over 375,000 by 2030.

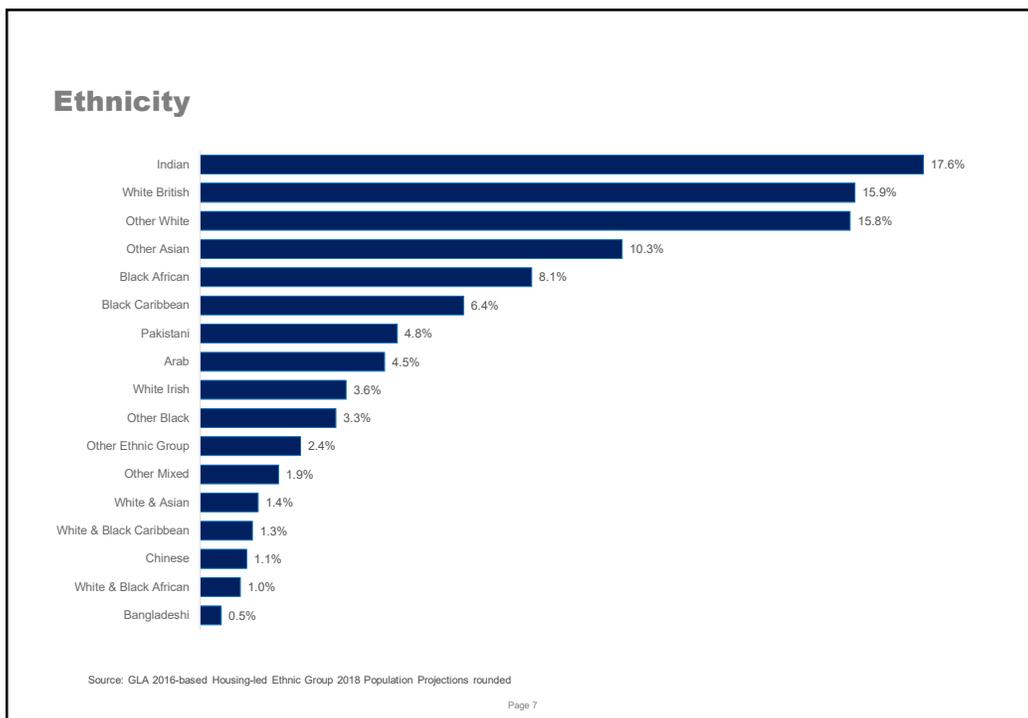
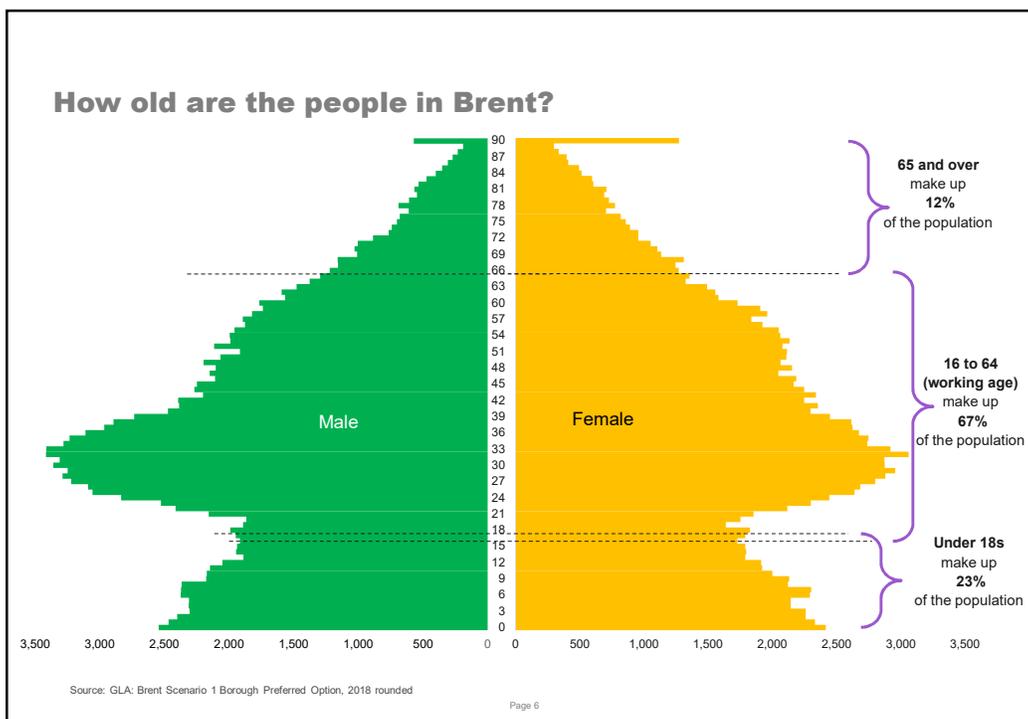
Our residents are living longer too – the number of residents aged 65 and over will increase by 41% by 2030. This is to be celebrated, as advances in medical care give people more years with their families.

2018 Population	334,700
Area	4,323ha
Population density (2018)	77.4 people per hectare

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Ethnicity over time

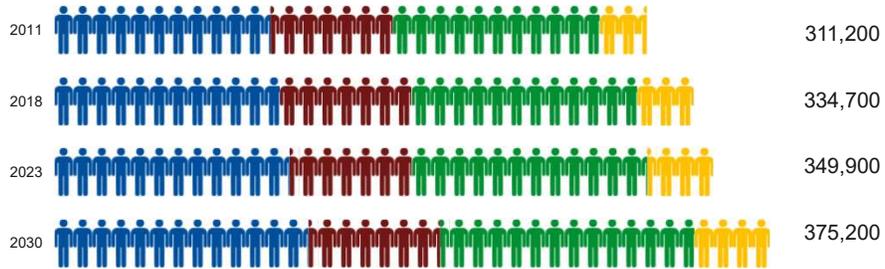
 = 10,000

 White

 Black

 Asian

 Other



Source: GLA 2016-based Housing-led Ethnic Group Population Projections rounded

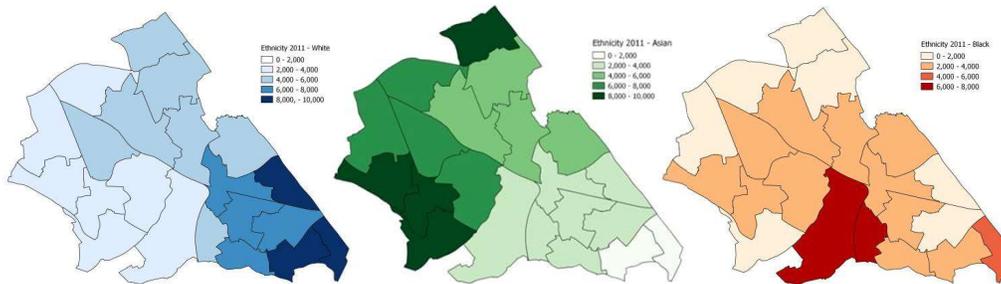
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Ethnicity groups by ward

White

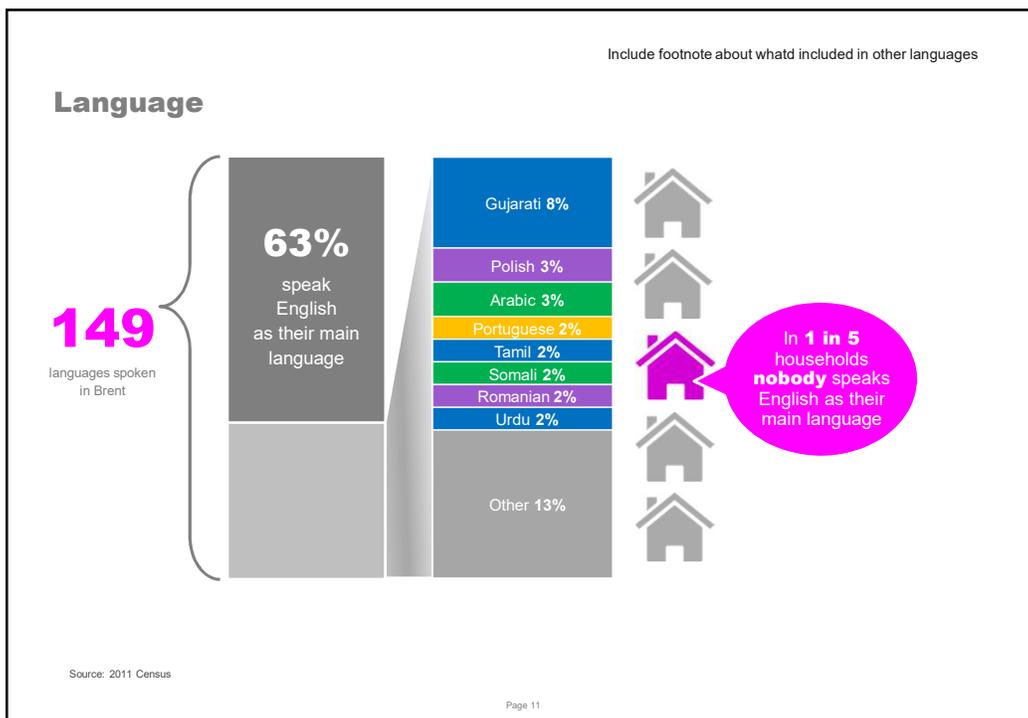
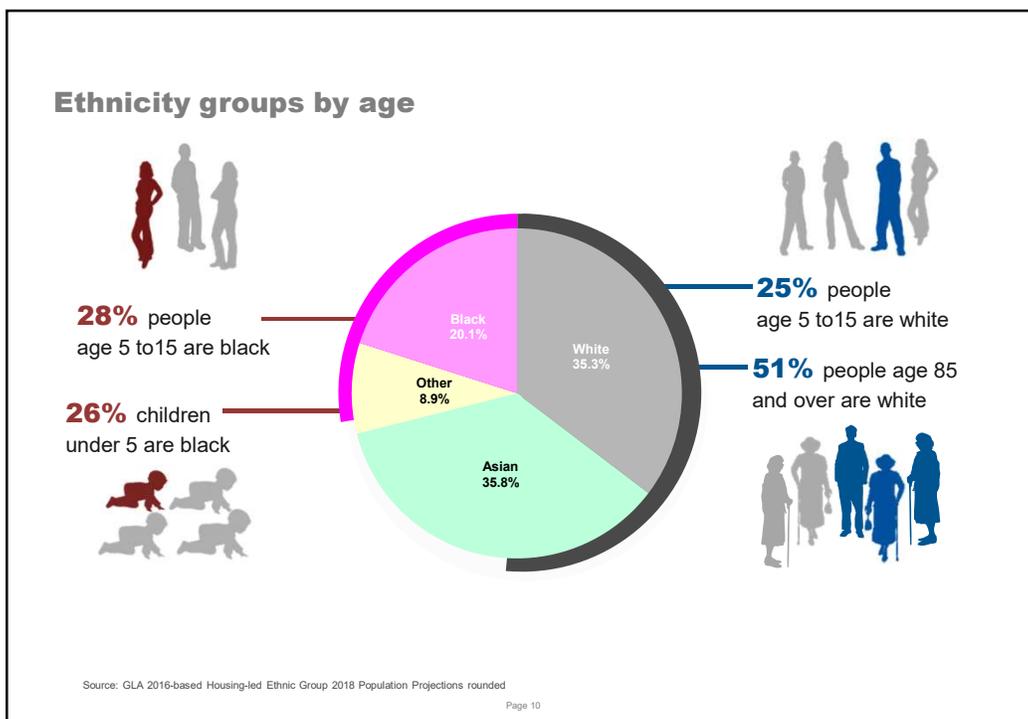
Asian

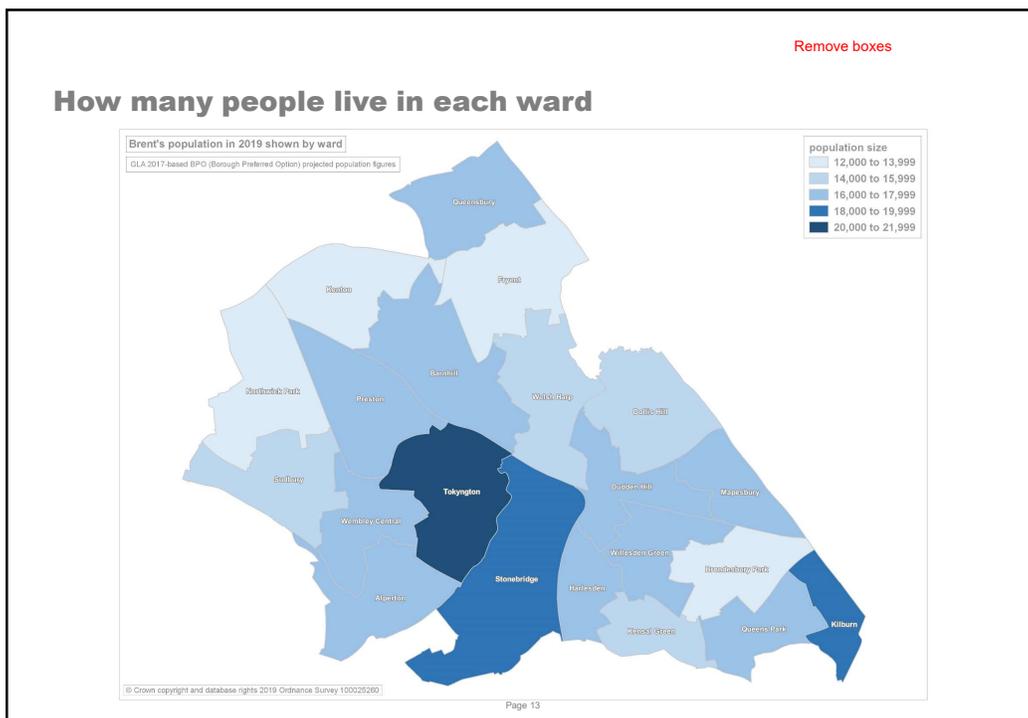
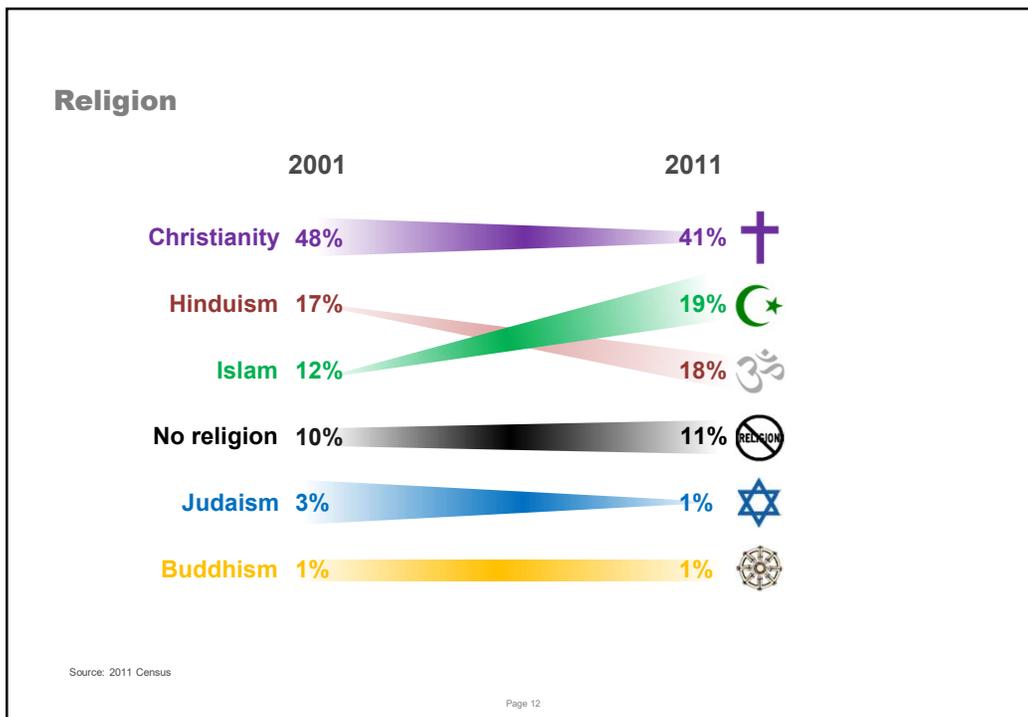
Black



Source: 2011 Census

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Commissioning Implications

- Many factors contribute to making Brent a diverse and dynamic borough, with the same factors also bringing challenges, both to the council and the health service, and other organisations that seek to serve and meet the needs of the local community.
- Perhaps one of the biggest challenges is population size. In 2011, the total population of Brent was 311,200. By 2030, this is set to increase to 375,200 – a 21% increase over 19 years. This increase in population brings challenges in itself, such as increased pressure on housing, schools and health services.
- Certain parts of the borough have seen more growth over recent years than others, such as Tokyngton and Alperton, compared to Northwick Park and Harlesden, which have seen either negative or zero growth recently.
- While the population profile of Brent is relatively young (67% of the population are of working age), there are key differences within this. For example, the Black African population is young and growing (26% of children under five are Black), while the Black Caribbean population is ageing.
- The north and west of the borough are characterised by higher proportions of Asian residents, while the south east of the borough has a larger proportion of White residents, and there are higher proportions of Black residents around Stonebridge and Harlesden.
- A total of 149 languages are spoken in Brent. While 63% of residents speak English as their main language, in a fifth of households, nobody speaks English as their main language. Other key languages include Gujarati, Polish and Arabic.

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Technical notes

Definitions

Life expectancy	The average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.
Healthy life expectancy	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.
Main language	Language spoken at home – this does not measure proficiency in English

Data sources

Public Health England, Public Health Outcomes Framework:

<http://www.phoutcomes.info/search/life%20expectancy#qid/1/pat/6/ati/102/page/0/par/E12000007/are/E09000005>

GLA population projections:

<https://data.london.gov.uk/dataset/projections>

2011 Census

http://www.nomisweb.co.uk/census/2011/data_finder

Brent Open Data

<https://data.brent.gov.uk/dataset/population-projections-by-ethnicity>

Other useful sites

GLA borough profile:

<http://londondatastore-upload.s3.amazonaws.com/instant-atlas/borough-profiles/atlas.html>

GLA LSOA atlas:

<http://londondatastore-upload.s3.amazonaws.com/instant-atlas/lsqa-atlas1/atlas.html>

GLA ward atlas:

<http://londondatastore-upload.s3.amazonaws.com/instant-atlas/ward-profiles.html/atlas.html>

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Health and Lifestyle

Brent JSNA
2019/2020




Summary 1 of 2

- The proportion of adults aged 18+ in Brent who are overweight or obese is 55.9% (2017/18). While this is significantly better than the England average (62%) it still represents a present and future burden on health and social care.
- The most recent estimates for obesity levels *within* Brent are from 2006/08; these showed a marked variation between different parts of the borough. The correlation between obesity and deprivation is unlikely to have changed.
- Considering those aged 65 and over, taking 2014 as a baseline, the number of people in Brent who are projected to be obese or morbidly obese is predicted to rise from 9,194 to 13,692 in 2030, which represents an increase of nearly 50%.
- Brent's use of parks and green spaces for health or health reasons increased from 7.2% in 2011/12 to 15.8% in 2013/14. This upward increasing trend is partly attributed to the recent installation of outdoor gyms and regular walks and runs organised across Brent
- Although rates have improved slightly in recent years, fewer residents in Brent are "active" (for more than 150 minutes a week) than London and Brent is the 4th most inactive borough in London.
- Just over half of Brent adults (55.5%) are estimated to achieve "5 a day" (the recommended minimum five portions of fruit and vegetables) on a "usual day". This is similar to the average for England of 54.8%.
- An estimated 17% of the adult population in Brent smoke. Smoking is more prevalent in routine and manual workers in Brent at 26% in 2018.
- Public Health England has begun to analyse data on maternal health behaviours and risk factors which show marked inequalities. At present this has only been analysed nationally as Brent specific data is not available.

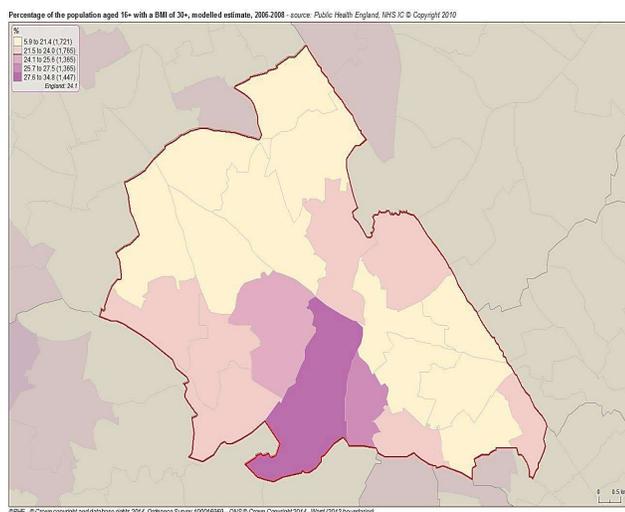
Summary 2 of 2

- This refresh of the JSNA retains the data on self reported health previously published. This data is based on actual reporting, rather than a modelled estimate, and is available at ward level, where there are marked variations across the borough. *Caution:* this data was obtained in the 2001 census and is so nearly a decade old. The vast majority of people in Brent (83%) described their health as "Very good" or "Good". Harlesden had the highest number of resident reporting "Good" and "Very bad" health.

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Adult Obesity

Percentage of the population aged 16+ with a BMI of 30+, 2006-2008



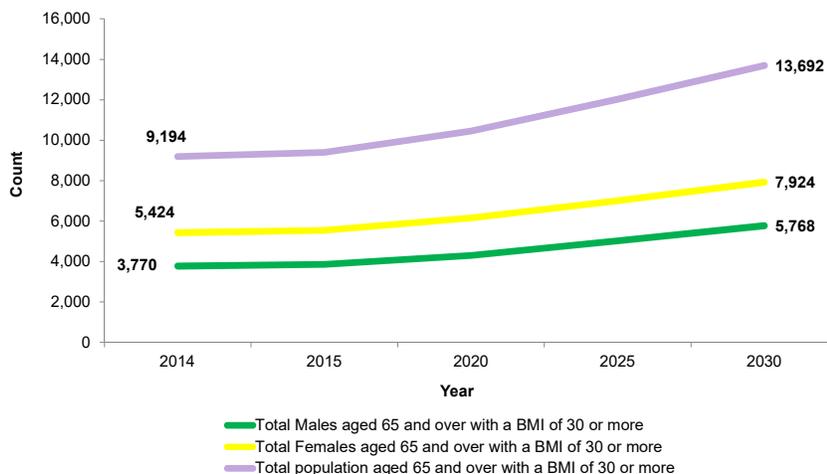
- Levels of adult obesity vary by ward in Brent. In some parts of the borough, the estimated modelled prevalence was 31% of adults aged 16 and over. In contrast, in other parts, 16% of adults were obese.
- Levels of obesity are associated with socio-economic status and deprivation. This trend is seen in Brent with wards in the south of the borough generally having the highest levels of obesity.
- Nearly 1 in 5 adults in Brent are obese, with this trend set to increase. In 2015 there were 940 hospital admissions linked to obesity per 100,000. This is higher than the National average of 811 per 100,000

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Obesity Projections

People aged 65 and over who are obese or morbidly obese projected to 2030

Between 2014 and 2030, the number of people aged 65 and over in Brent who are projected to be obese or morbidly obese is predicted to rise from 9,194 to 13,692, which represents an increase of nearly 50%.



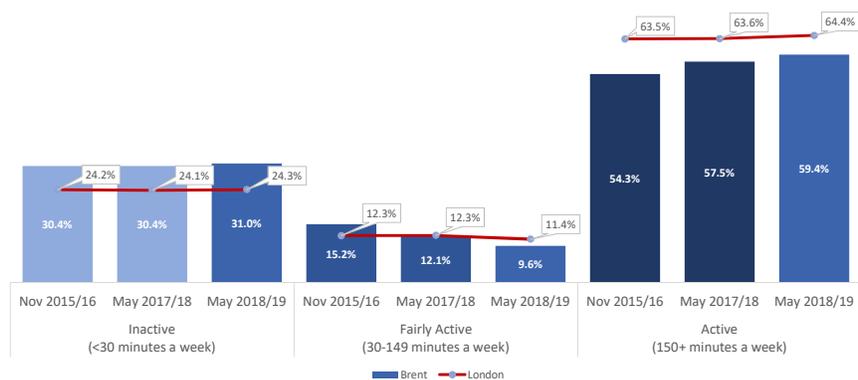
Source: Projecting Older People Population Information (POPPI)

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Physical Activity

Percentage of physically active adults

Levels of Activity in Brent compared to London



Even though the prevalence of active adults in Brent (more than 150 minutes of activity/ week) has increased in the past 3 years, these levels still remain lower than the London average.

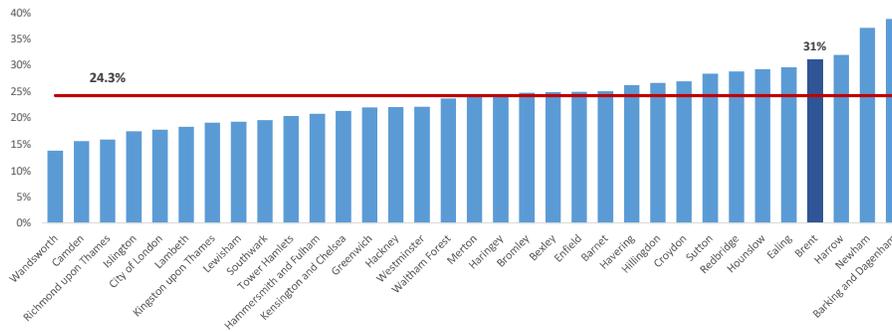
Source: Active Lives Adult Survey, Sport England (2018/19)

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Physical Activity

Percentage of physically inactive adults

Inactivity (<30 minutes a week) in London boroughs - May 2018/19



- The prevalence of inactive adults in Brent is higher than the London average (31% v 24.3%), this means that roughly 3 out of every 10 people in Brent do less than 30 minutes of activity a week.
- Brent presents as the 4th most inactive borough in London according to Sport England's Active Lives Survey

Source: Active Lives Adult Survey, Sport England (2018/19)

Physical Activity

Key determinants of physical inactivity among Brent adults

OVERALL PARTICIPATION IN SPORT AT LEAST ONCE A WEEK SINCE 2006*

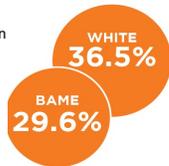


PARTICIPATION IN SPORT AT LEAST ONCE A WEEK SINCE 2006 BY GENDER*



- Brent residents participation in sport is lower than the London average, this is more significantly so for females and the BAME community in the borough,

Once a week sport participation



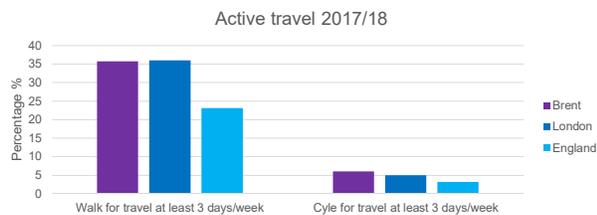
1 x 30 minutes sport participation



Source: Physical Activity and Sport Borough Profile (2016)

Active Travel

Percentage of adults that use active methods of traveling



Active methods of travel to work: Bicycle and On foot

	Brent (count)	Brent (%)	London (%)	England (%)
Bicycle	3,859	1.7%	2.6%	1.9%
On foot	10,704	4.6%	5.8%	6.9%
Both methods	14,563	6.2%	8.4%	8.8%

Source: Fingertips, 2019., ONS, 2011 Census. Proportion is a percentage of the population aged 16-74 years

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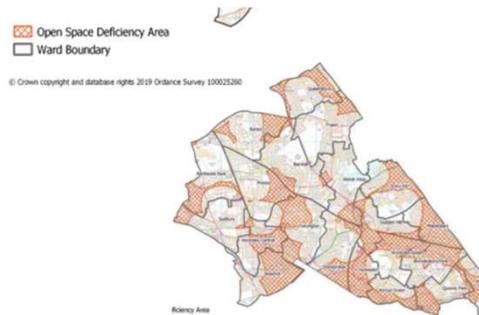
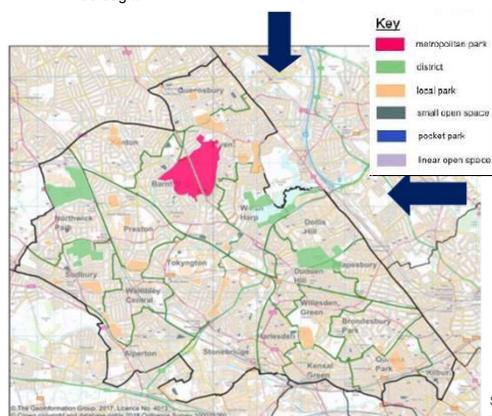
Outdoor Gyms, Sports Facilities and Related Activities

- Outdoors gyms were installed at six parks across Brent in 2013, there are 19 outdoor gyms in Brent to date. every resident in the borough is within 1 mile of an outdoor gym.
- The local healthy walks scheme addresses inactivity and social isolation through volunteer led walks based in the borough's parks
- A range of other sports facilities are available across Brent's parks and open spaces. These include: multi-use games areas; tennis and netball courts; football and rugby pitches; artificial turf pitches; and cricket squares. There are 20 Multi-Use Games Areas, predominantly for basketball and football use, these are free to use on a casual basis and can cater for school holiday activities.
- A Park Run is held every Saturday morning in Gladstone Park with around 200 people registered.
- LB Brent currently commission Our Parks to run free sessions in a number of parks. 'Our Parks' is a recent initiative which brings together free group exercise classes led by qualified instructors. The activities are promoted to residents who currently do little or no physical activity.
- Currently there are over 1,108 allotments plots let in Brent across 22 sites. The sites range in size from six plots at Vale Farm to 120 in Dollis Hill.
- There are more than 20 leisure centres in Brent, including three council run leisure centres, that offer free or affordable activities and memberships for local residents.

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Green Spaces in Brent

- Brent has 103 parks covering a total of 638.4 hectares.
- More than half of Brent households live more than the London Plan recommendation of a maximum of 400 m away from a green space measuring at least 2 hectares.
- There are variation across the borough in relation to access to green spaces. Brent residents in the West of the borough have less access to pocket parks, while there is no provision of district (at least 20 hectares) or metropolitan (at least 60 hectares) in the South of the borough.



- Fryent contains the largest proportion of green space in the borough and contains Fryent Country Park covering 115ha
- According to the Brent Residents Survey (2015/16), the most frequented parks are Gladstone (17%), Barnham (12%) and Roundwood (11%).

Source: Open Space, Sport & Recreation Study (2019)., Brent Parks Strategy (2010-2015)
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Maternal health, risk factors and inequalities

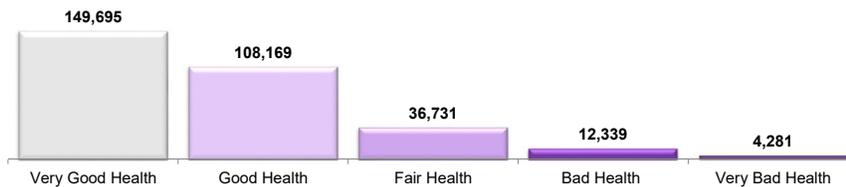
- Good health both before a woman conceives and while she is pregnant improves outcomes for mother and baby, the benefits of which continue well beyond birth.
- Only 3.4% of mothers in Brent are smoking at delivery compared to 10.6% nationally. This may in part reflect local investment in smoking cessation support to maternity services
- Public Health England have recently collected and published data on maternal health, health behaviours and risk factors for England as a whole. This shows
- Marked inequalities in maternal health
- 27.4% of women were overweight at booking for their first pregnancy, with 18% of women being obese. Obesity rates at booking rise to 23% at subsequent pregnancies.
- Looking at different ethnic groups, black women were the most likely to be overweight or obese (66.6%) in early pregnancy
- The proportion of women who were overweight or obese in early pregnancy rises as the levels of area deprivation increase.
- 28.2% of women took a folic acid supplement in preparation for pregnancy. Rates were lower in younger women with 14% of women aged 18 to 24 having taken a folic acid supplement and in more deprived areas where 15.2% took a supplement compared to 42.5% in the least deprived areas.
- Pregnant women aged under 25 attend antenatal care at a later stage than older women, with a fifth of women attending when they are 13 weeks or more. Booking after 10 weeks is also more likely for women living in the most deprived areas (48.9%) when compared to areas with lower levels of deprivation. Black women (61.5%) and women whose ethnicity is given as 'other' (58.6%) were the ethnic groups most likely to book after 10 weeks

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Self Reported Health

In the 2011 Census, a significant proportion of people in Brent (83%) reported their health as being "very good" or "good". This closely accords with England and Wales as a whole (81%).

Five per cent described their health as "very bad" or "bad". Throughout the borough, there were only 4 wards where 6% to 7% of residents reported that they had "very bad" or "bad" health

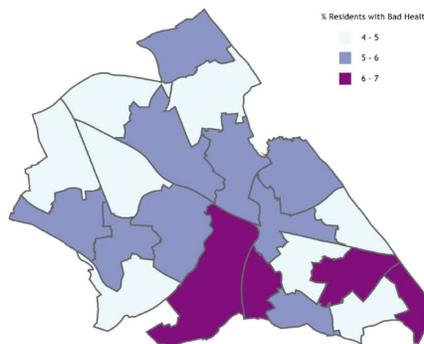


Source: Self reported general health, Office for National Statistics (ONS) 2011 Census

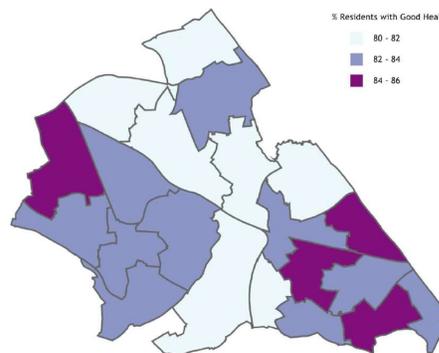
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Self Reported Health by Ward

Residents with Bad Health



Residents with Good Health



Source: ONS, Self reported health by ward. Maps included in 'The 2011 Census, A Profile of Brent' (produced by LB Brent Research and Intelligence Team)

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References

Paying for parks: eight models for funding urban green space, CABI space, 2006:

<http://webarchive.nationalarchives.gov.uk/20110118095356/http://www.cabi.org.uk/publications/paying-for-parks>

Wellbeing and the natural environment: a brief overview of the evidence, Defra, 2007.

London Datastore, Ward atlas 2012: <http://www.londonmapper.org.uk/data/g-2012-nonature/>

JOINT STRATEGIC NEEDS ASSESSMENT 2019

Brent JSNA

2019/2020



NHS

Brent

Clinical Commissioning Group

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About Brent

334,700 people live in Brent -
we are the 6th largest borough in London



76,800
under the age of 18
23% of the population

36
is our
average age

39,500
aged 65 and over
12% of the population

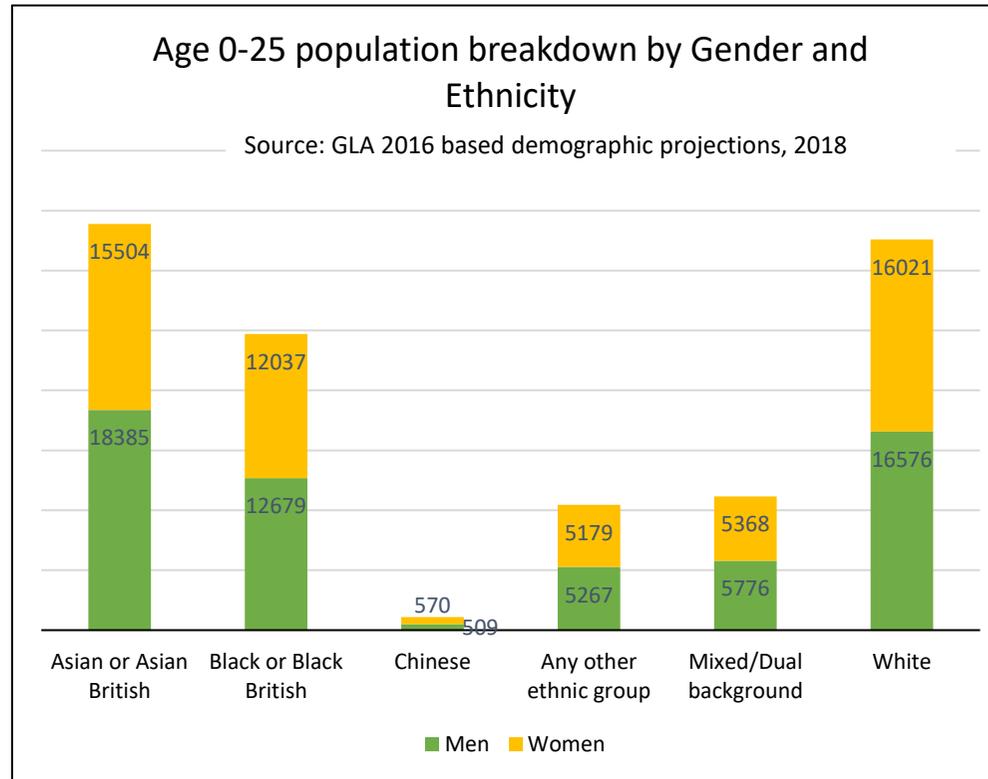


 **53%** residents born abroad
2nd highest in London



9% of residents are born
in India

- According to ONS 2018 mid-year population estimates, Brent has a 0-25 population of 102,752, which represents 31.1% of the total Brent population.



- Schools in Brent now draw pupils from an increasingly diverse range of cultural and linguistic backgrounds. Over one hundred and sixty different languages are spoken in Brent schools. The four most common languages spoken after English are Gujarati, Somali, Arabic, and Romanian. This means that a majority of pupils are learning English as an additional language (65.1 per cent).

Early Years – Well-being and school readiness

The last three years have seen a number of successes but key areas of work remain that need to be addressed in order to ensure that all children achieve their full potential. Children in the early years have access to high quality provision with the number of Ofsted Good and Outstanding early years providers in the borough at the highest level to date. Many children are now able to access 30 free hours of early education a week as the 30 hours entitlement has been popular and take-up figures for this extended entitlement in the borough are amongst the highest in London. Attainment levels at the Early Years Foundation Stage Profile have been increasing year on year.

However, take-up of the entitlement for eligible two year olds and the universal entitlement for all 3 and 4 year olds has slipped in real terms in the last 3 years. It is essential to gain an understanding of the reasons behind this slide in take-up in order that this can be addressed where possible and that all children have access to high quality early education with the related benefits, including school readiness. While attainment levels for most groups of children have risen, they have remained low for boys of Black Caribbean heritage and working with this group to raise their attainment levels at all key stages is a key priority across the Council.

The percentage of children achieving their early learning goals related to communication, language and literacy at 70.7% is also low, ranking Brent 108 out of 152 boroughs. The benefits of joined up working between the local authority, health and the voluntary sector have been acknowledged by all and in the months to come, this multi-agency group will explore ways to link the workforce more comprehensively through information sharing and training, ensuring a network of peers who can effectively support each other with appropriate information, resources and training. It is hoped that this multi-agency approach will increase the scope for early identification and for increased emphasis on children's communication as 'everyone's responsibility'.

Providers of free entitlements to early years provision

In England all 3 and 4 year olds and some two year olds are entitled to 15 hours of free early years provision. Substantial research has evidenced the impact that high quality early years settings have on long term outcomes of children. In Brent, provision of free early education entitlement places is offered in the childminder, private, voluntary and independent and school sectors. As at March 2019 there were 118 private, voluntary and independent settings, 61 schools and 164 childminders offering some form of early years provision.

The Early Years Foundation Stage Profile (EYFSP) results

Outcomes for children are measured at the end of the Early Years Foundation Stage (EYFS). Outcomes for Brent children are static and below the national average and is an area that needs multi-agency focus. The number of children achieving a Good Level of Development is shown in the table below.

	Early Years Foundation Stage - % attaining GLD* - 2018			
	Cohort	LA	National	
Boys of Black Caribbean Heritage	149	64	62	2
All Pupil	3757	70	72	-2

LA/region name	Number of children			Average total point score				% achieving at least expected level across all early learning goals				% achieving a good level of development			
	All	Girls	Boys	All	Girls	Boys	Gap*	All	Girls	Boys	Gap*	All	Girls	Boys	Gap*
ENGLAND	652,400	318,293	334,107	34.6	35.8	33.4	2.3	70.2	77.5	63.2	14.3	71.5	78.4	65.0	13.5
LONDON	103,743	50,874	52,869	34.9	36.1	33.7	2.3	72.6	79.5	65.9	13.6	73.8	80.3	67.5	12.8
Brent	3,757	1,821	1,936	33.3	34.5	32.2	2.3	68.7	75.3	62.5	12.8	69.8	76.3	63.6	12.7

*Indicates the gap in attainment between boys and girls. Percentages are rounded to 1 decimal point. Attainment gaps are calculated from unrounded percentages

Take up of free entitlements to early years' provision

Take-up figures for the 2-year-old and universal 3 and 4-year-old entitlement contrast with take up for 30 hours in Brent. There has been a year on year decline in 15 hour take up for 3 and 4 year olds and this is currently at 77%. Take-up of the two-year-old entitlement has increased year on year since 2015 but declined slightly to 56% in 2018. Take-up of the 30-hour entitlement has been consistently strong in the borough with take up in all terms, with the exception of one, exceeding the outer London average.

Figure 1 – Two-year-old take up

	2015	2016	2017	2018
England	58%	68%	71%	72%
London	46%	57%	58%	61%
Outer London	50%	59%	59%	63%
Brent	45%	55%	59%	56%

Figure 2 - Universal three and four-year-old take up

	2011	2012	2013	2014	2015	2016	2017	2018
England	94%	95%	95%	95%	95%	95%	94%	94%
London	88%	89%	90%	90%	88%	86%	84%	84%
Outer London	89%	90%	91%	91%	90%	88%	87%	87%
Brent	82%	84%	88%	91%	84%	81%	79%	77%

Figure 3 - Take up of 30 hour free entitlement places

	Local authority	Eligibility codes issued	Codes validated (number)	Codes validated (%)	Children in a 30 hours place	Children in 30 hours place as a % of codes issued (%)
Spring term 2019	Outer London	29,263	26,385	90	25,526	87
	Brent	1,440	1,322	92	1,241	86
Autumn term 2018	Outer London	20,896	19,066	91	19,330	93
	Brent	1,009	945	94	1,008	100
Summer term 2018	Outer London	30,223	26,439	87	24,210	80
	Brent	1,483	1,349	91	1,392	94
Spring term 2018	Outer London	26,467	22,866	86	21,362	81
	Brent	1,360	1,196	88	1,086	80

Take up of the Early Years Pupil Premium (EYPP)

The EYPP is given to **early years** providers who are delivering the funding entitlement for 3- and 4-**year**-olds. The funding equates to up to £300 extra per **year** for each disadvantaged child who meets the eligibility criteria.

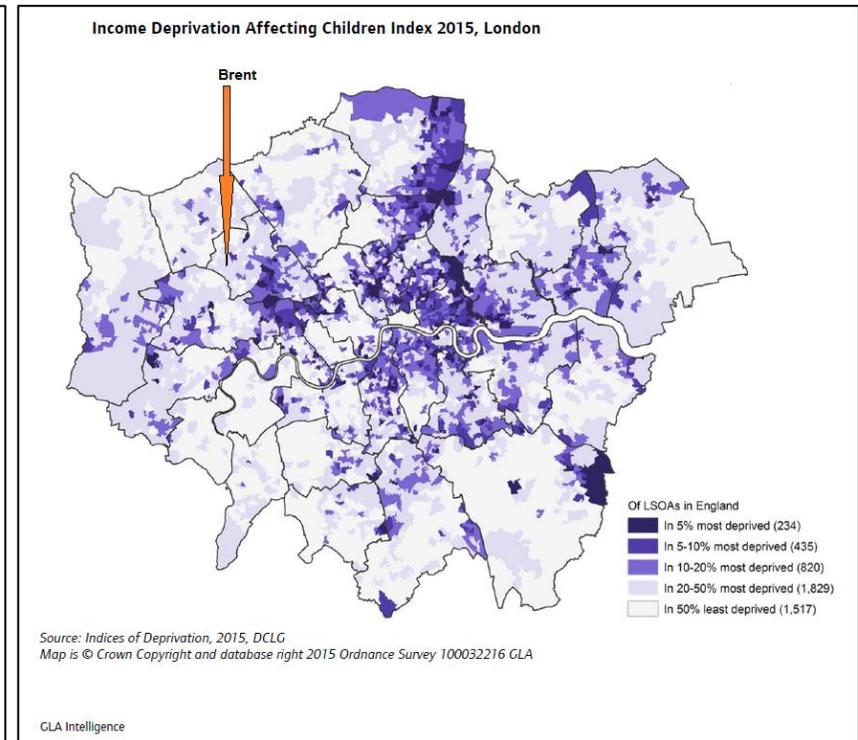
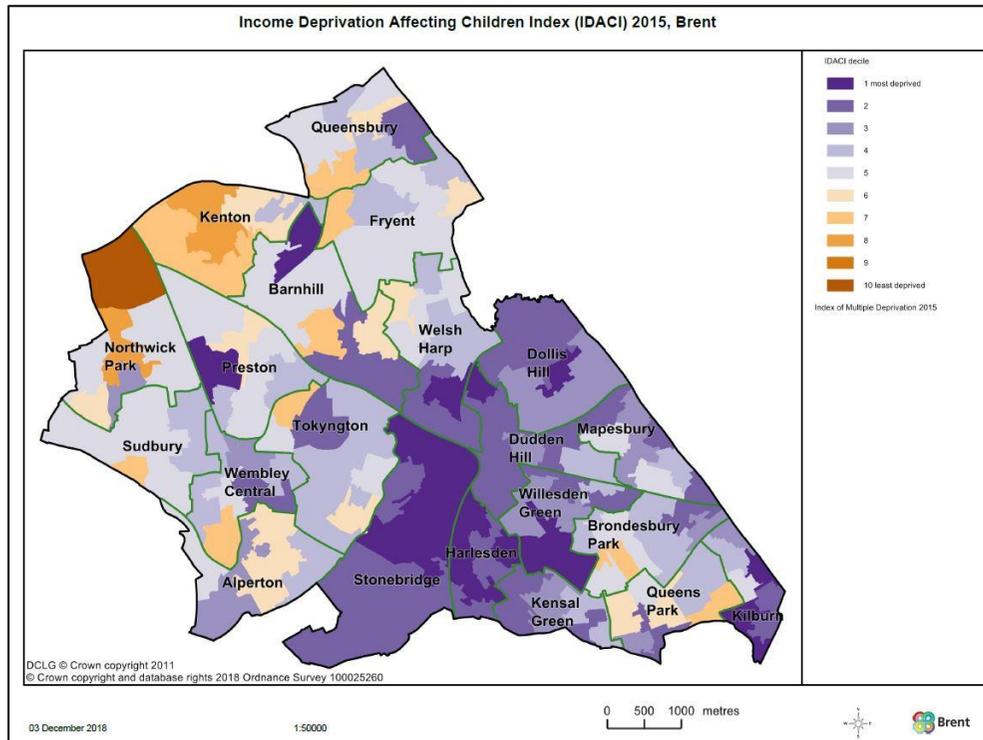
Year	Count
2016	875
2017	641
2018	423

Take up of the EYPP has been varied and has decreased. A survey carried out with providers in 2018 indicated that there was a lack of willingness due to the administrative burden they felt it placed on them for a low financial return.

Child Poverty

- The Income Deprivation Affecting Children Index 2015 (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families at lower super output area (LSOA). It is a subset of the Income Deprivation Domain which measures the proportion of the population in an area experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-work, and those that are in work but who have low earnings (and who satisfy the respective means tests).
- Brent has total 173 lower super output areas and total 21 wards. In Brent, the east area is more deprived than the west area. Stonebridge, Harlesden and Kilburn ward are the most deprived wards in Brent.

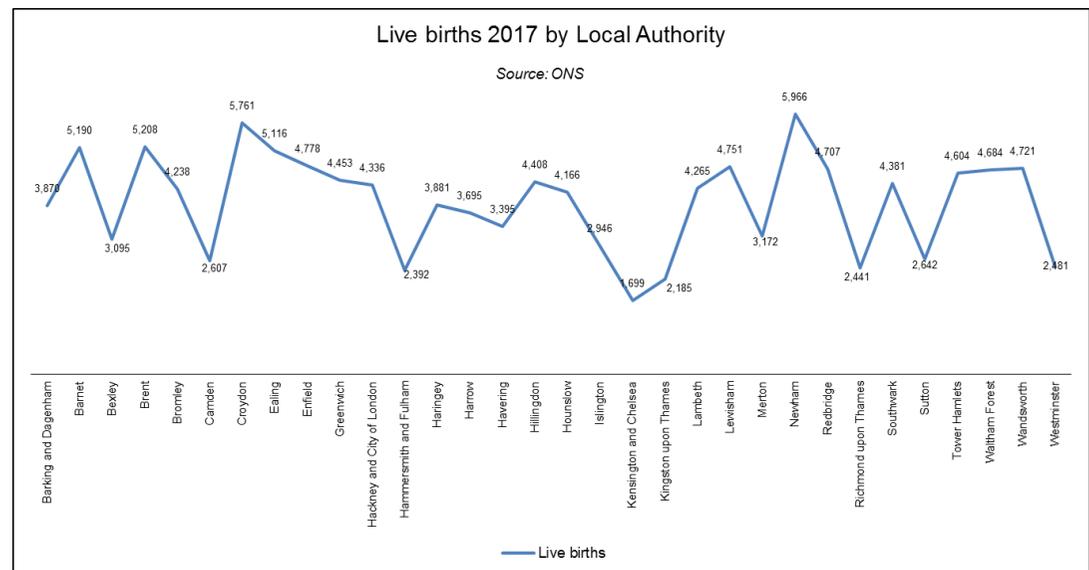
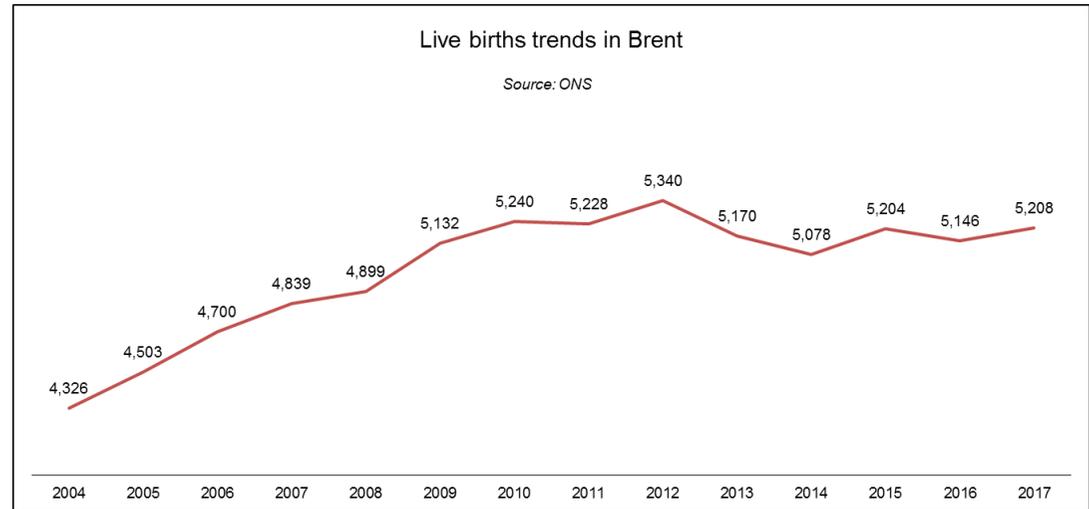
Source: IDACI 2015, Department for Communities and Local Government



Child Health

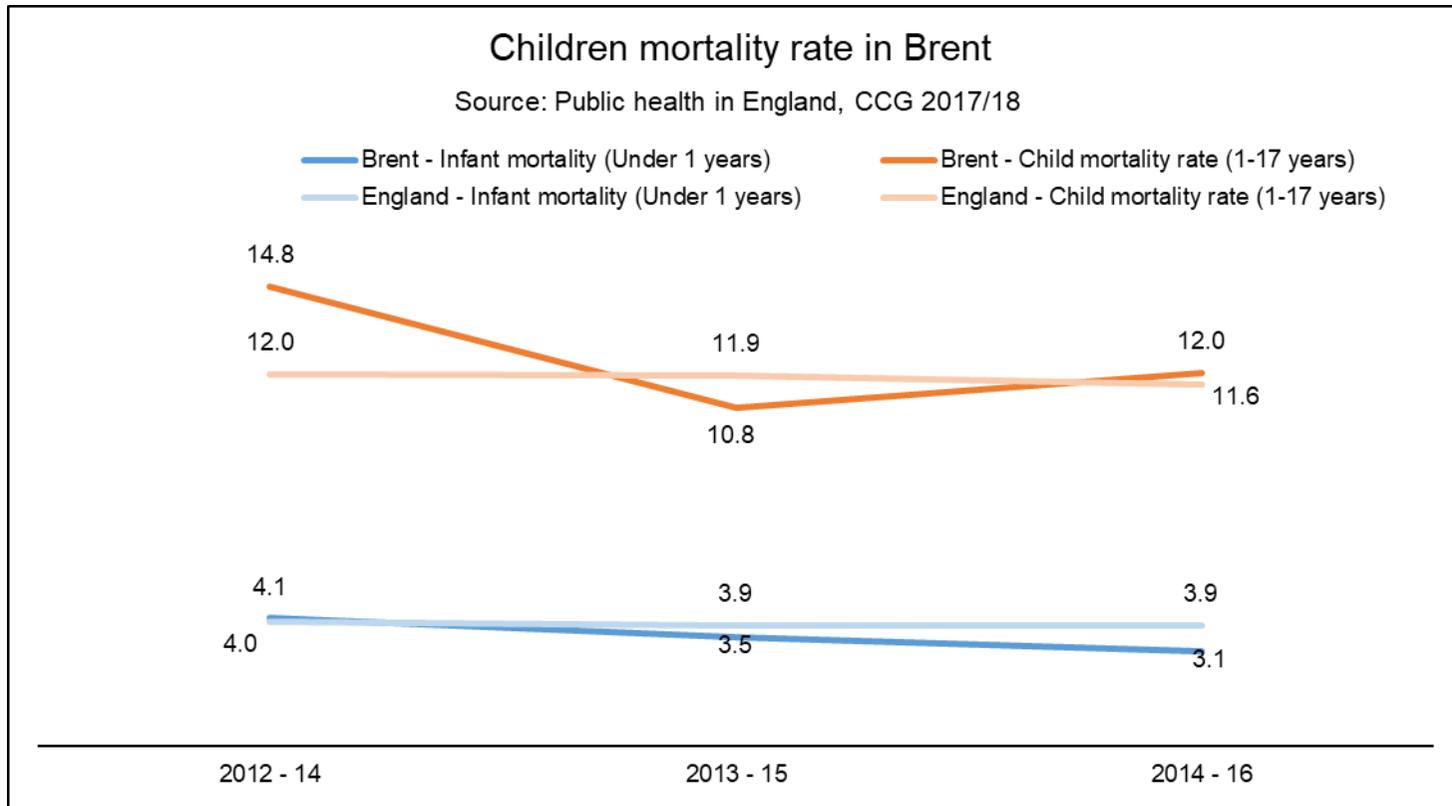
Live Birth

- In Brent, the live birth numbers have been increasing since 2016. The number did significantly drop in 2014 however, it's steadily increasing every year since.
- The latest live birth data shows Brent higher than most London boroughs, and Brent's Statistical Neighbours average. The London borough average is 3,904 and Brent's Statistical Neighbour average is 4,789.



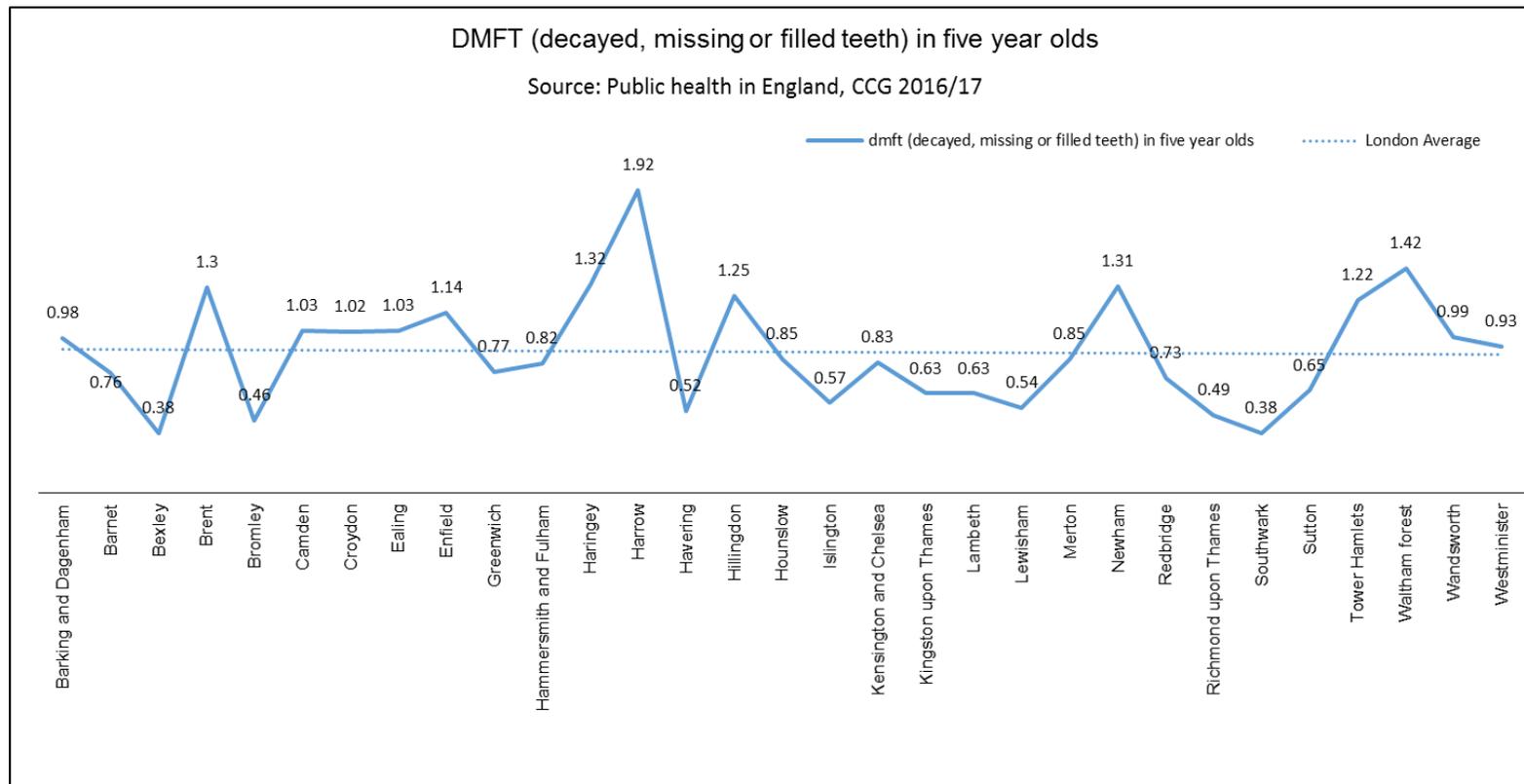
Infant Mortality

- This indicator identifies local authorities where deaths in treatment are higher or lower than expected. This rate is indicative of the safety, effectiveness and protection afforded by drug treatment services.
- In Brent, Infant mortality rate has been decreasing since 2012 and it's well below average compared to National. However, mortality rate for children aged between 1 to 17 years old was significant high compared to National for the time period of 2012-14



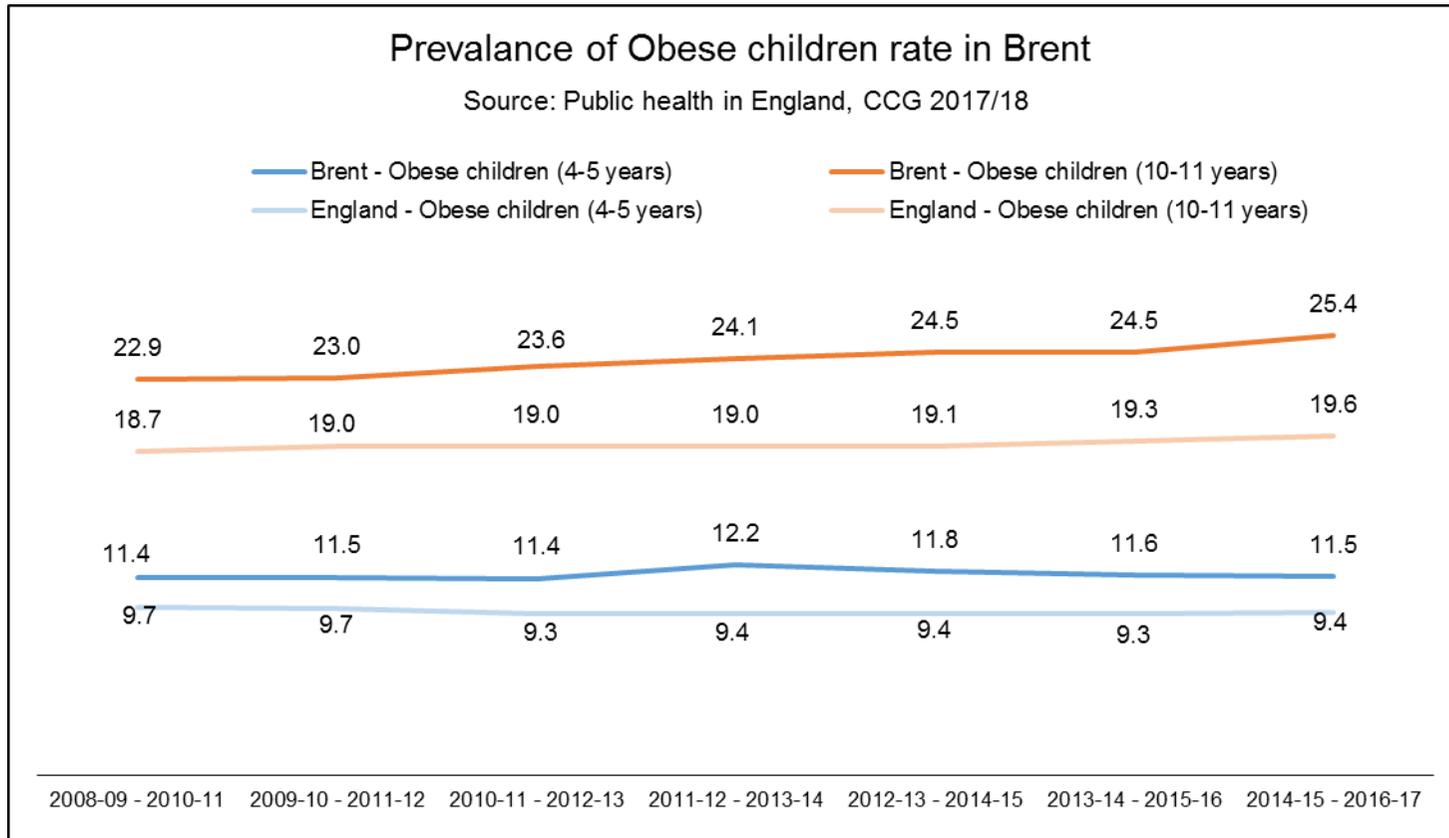
Oral Health

- Number of children with one or more obviously decayed, missing (due to decay) and filled teeth. The survey population is defined as all those children attending state maintained primary schools within the local authority who have reached the age of five, but have not had their sixth birthday on the date of examination (excluding special schools).
- Dental caries (tooth decay) and periodontal (gum) disease are the most common dental pathologies in the UK. Tooth decay has become less common over the past two decades, but is still a significant health and social problem. It results in destruction of the crowns of teeth and frequently leads to pain and infection. Dental disease is more common in deprived communities than those that are more affluent. The indicator is a good direct measure of dental health and an indirect, proxy measure of child health and diet.
- In Brent, 1.3% of children have one or more obviously decayed, missing (due to decay) and filled teeth, which is significantly higher than London average 0.95%.



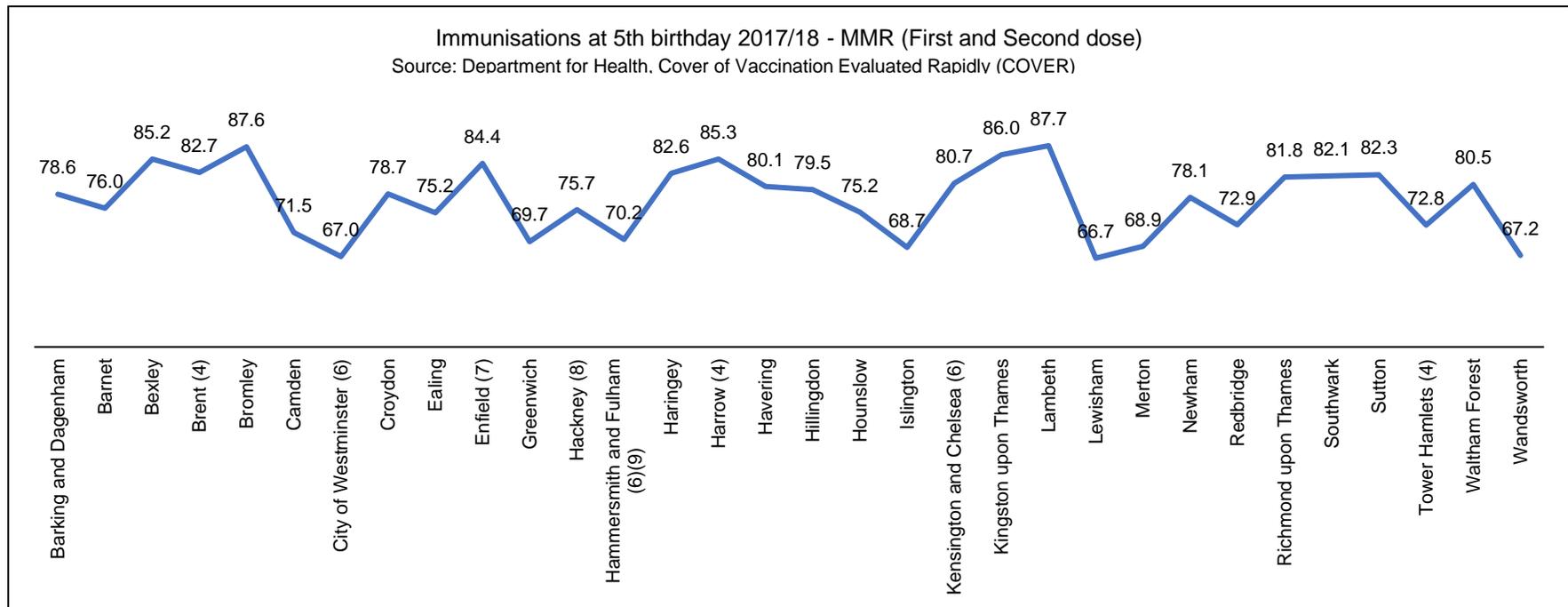
Obesity

- This indicator identifies the prevalence of obesity at the start of primary school. The health consequences of childhood obesity include type 2 diabetes, hypertension and psychological problems such as social isolation, low self-esteem, teasing and bullying among other things. There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood.
- By taking action to reduce levels of childhood obesity, local authorities can help ensure healthy behaviours persist into adulthood culminating in a healthier population, a reduction in inequalities and reduced demand on social and health care services.
- In Brent, child obesity rates have been above National average since 2008. Gap between Brent and National average rate is smaller in children aged 4-5 Years compared to children aged 10-11 Years.



Immunisation

- In Brent, the latest data shows 82.7% of children received their first and second dose of MMR at 5th birthday. This is higher than London average (77.8%) and lower than England average (87.2%).

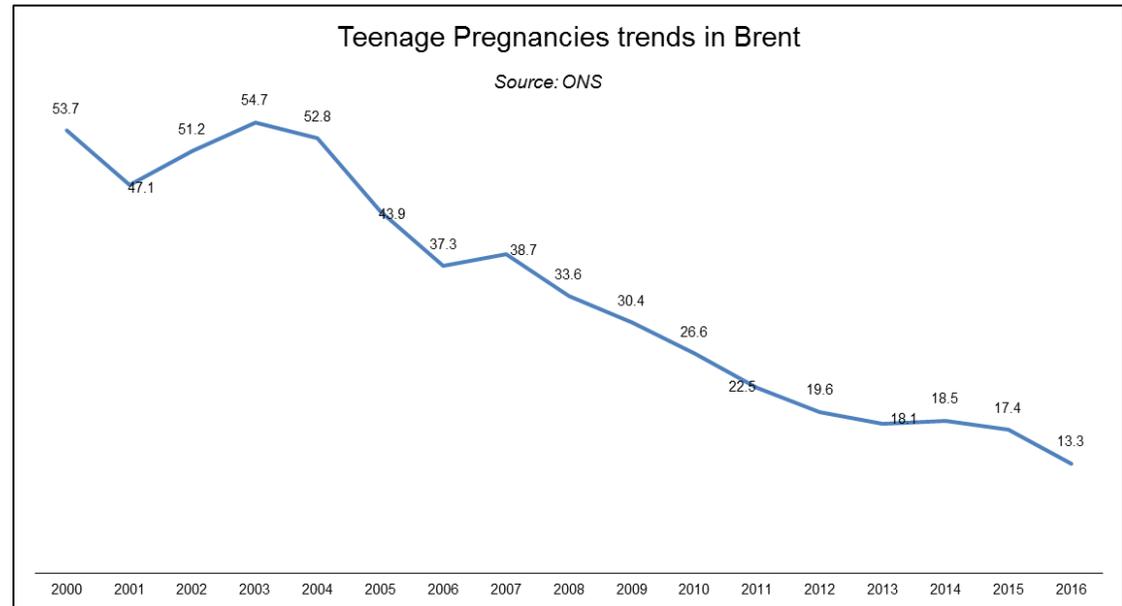
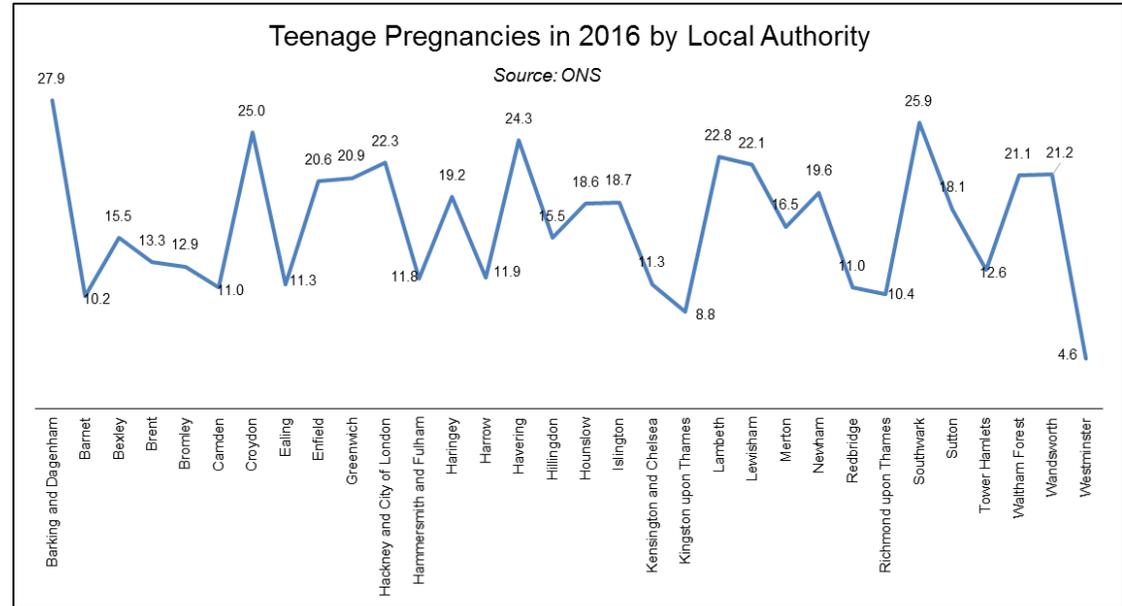


Notes:-

- (1) 8 PCTs were unable to provide reliable annual data due to ongoing problems relating to the implementation of a new child health system.
- (2) 1 PCT was unable to provide annual data due to a major problem with the child health computer system
- (3) 7 PCTs were unable to provide reliable annual data due to ongoing problems relating to the implementation of a new child health system.
- (4) Five year booster data not available for Brent Teaching PCT due to systems problem
- (5) 9 PCTs were unable to submit data due to problems relating to the implementation of a new child health system.
- (6) Five year booster data not available due to systems problems in 3 PCTs out of 8 in North West London

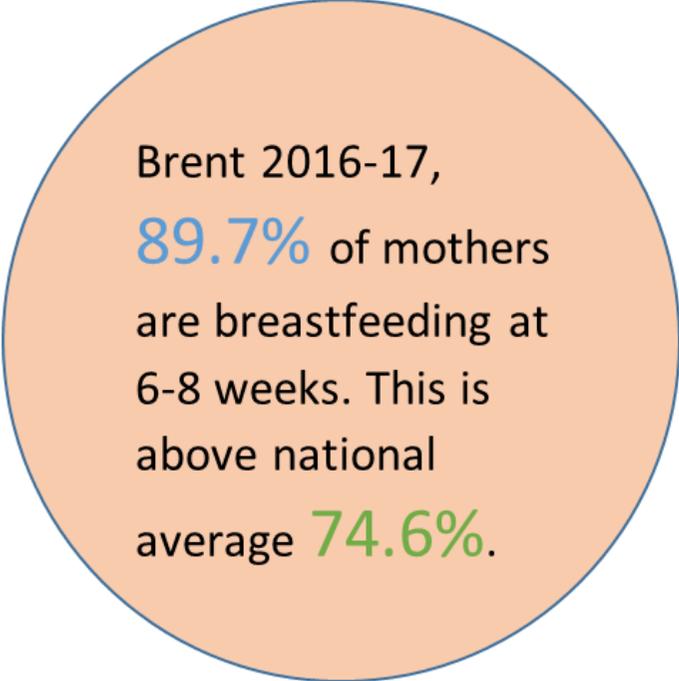
Teenage Pregnancies

- In Brent, the teenage pregnancies rate per 10,000 has been steadily decreasing since 2007.
- The latest data shows in 2016, approximately 13 females conceived for every 1,000 females aged under 18 years in Brent compared to 20 in Statistical Neighbours and 19 in England.



Breastfeeding

- Breastfeeding prevalence is monitored at the 6-8 weeks health review as a key outcome. Evidence shows that increases in breastfeeding rates and duration have health benefits for the infant and the mother.

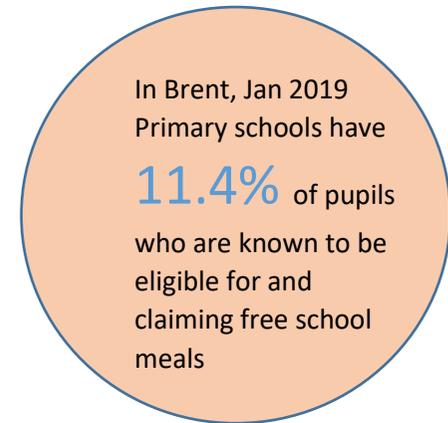
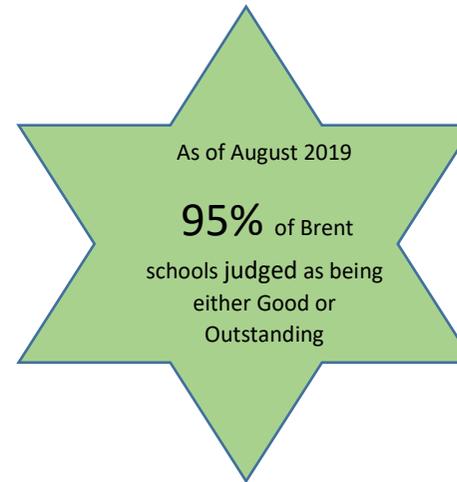


Brent 2016-17,
89.7% of mothers
are breastfeeding at
6-8 weeks. This is
above national
average **74.6%**.

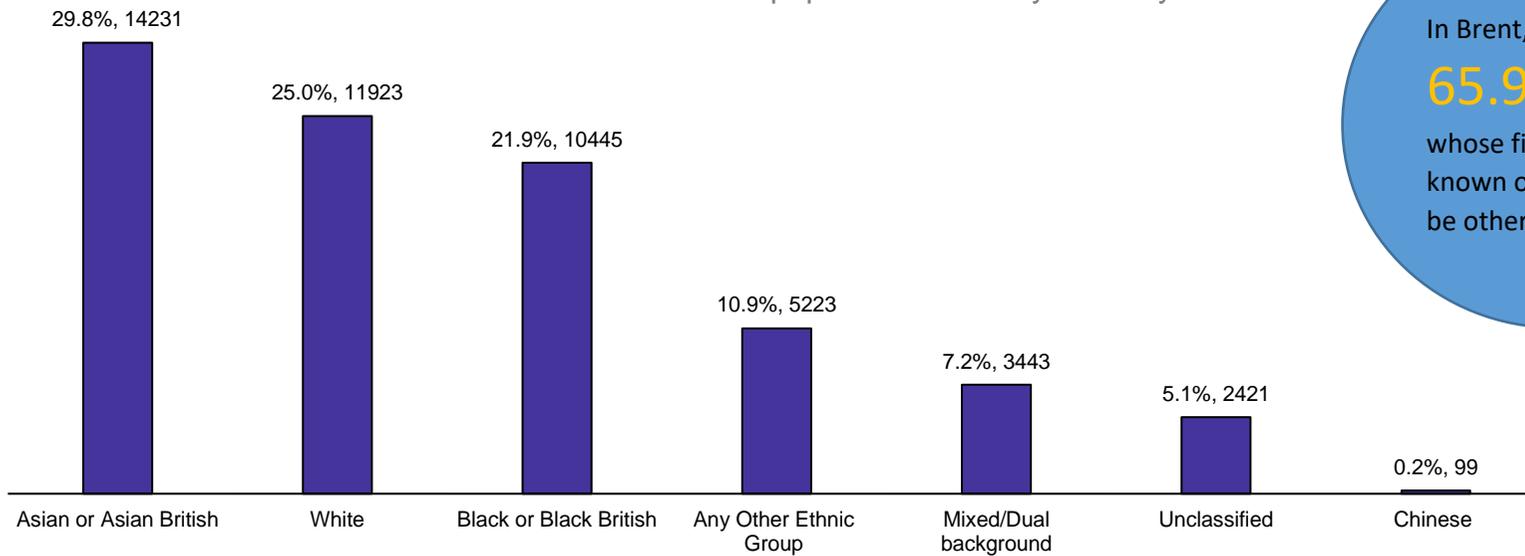
Schools

- In Brent, at the start of 2018-19 academic year there were a total of 85 schools. Please see below table break-down by school type.

School Type	Maintained	Academies	Free schools
Nursery	4	0	0
Primary	50	9	1
Secondary	2	9	1
Special	2	2	0
All through	0	3	0
Pupil Referral Unit	2	0	0
Total	60	23	2



Number and % of pupils in schools by ethnicity



Primary Attainment

- 2018 Key Stage 1 teacher assessment results,
 - 75% of pupils achieved at the expected standard in Reading, which is 0.4% lower when compared to National.
- 2018 Key Stage 2 teacher assessment results,
 - 76.3% of pupils achieved at the expected standard in Maths, which is 0.8% higher compared to National.
 - 27.2% of pupils achieved great depth at expected standard in Maths, which is 3.5% higher compared to National.

Key Stage 1					
CONTEXT		Local Authority - Brent		NCER National	
Item		Value	Cov.	Value	Gap Cov.
Cohort		3,893	-	659,880	n/a -
Gender (Boys)		53.1%	100.0%	51.3%	+1.8% 100.0%
SEN Support		11.7%	99.8%	11.9%	-0.2% 93.1%
EHCP/Statement		3.4%	99.8%	2.1%	+1.3% 93.1%
Ethnicity (BME)		70.2%	99.8%	25.3%	+44.9% 93.1%
Language (EAL)		70.7%	99.8%	19.3%	+51.4% 99.8%
Disadvantaged		16.3%	100.0%	19.8%	-3.5% 94.4%
ASSESSMENTS					
		Local Authority - Brent		NCER National	
Subject	Level	Value		Value	Gap
Reading	≥EXS	75.0%		75.4%	-0.4%
	GDS	23.1%		25.6%	-2.5%
Writing	≥EXS	67.7%		69.9%	-2.2%
	GDS	14.6%		15.9%	-1.3%
Maths	≥EXS	75.3%		76.1%	-0.8%
	GDS	20.9%		21.8%	-0.9%

Key Stage 2				
CONTEXT		Local Authority - Brent		National (State-funded schools)
Item		Value		Value Gap
Cohort		3,777		619,450 n/a
Gender (Boys)		52.5%		51.1% +1.4%
SEN Support		13.6%		14.5% -0.9%
EHCP/Statement		3.5%		3.1% +0.4%
Ethnicity (BME)		72.4%		25.2% +47.2%
Language (EAL)		68.8%		20.3% +48.5%
Disadvantaged		33.5%		30.6% +2.9%
ATTAINMENT & ASSESSMENTS				
		Local Authority - Brent		National (State-funded schools)
Subject	Level	Value		Value Gap
Reading (test), Writing (TA) & Maths (test)	≥EXS/Exp.Std.	61.1%		64.4% -3.3%
	GDS/High Score	8.6%		9.8% -1.2%
Reading	≥Exp.Std.	70.7%		75.2% -4.5%
	High Score	24.7%		28.0% -3.3%
Writing (TA)	≥EXS	73.5%		78.3% -4.8%
	GDS	15.2%		19.8% -4.6%
Maths (test)	≥Exp.Std.	76.3%		75.5% +0.8%
	High Score	27.2%		23.5% +3.7%

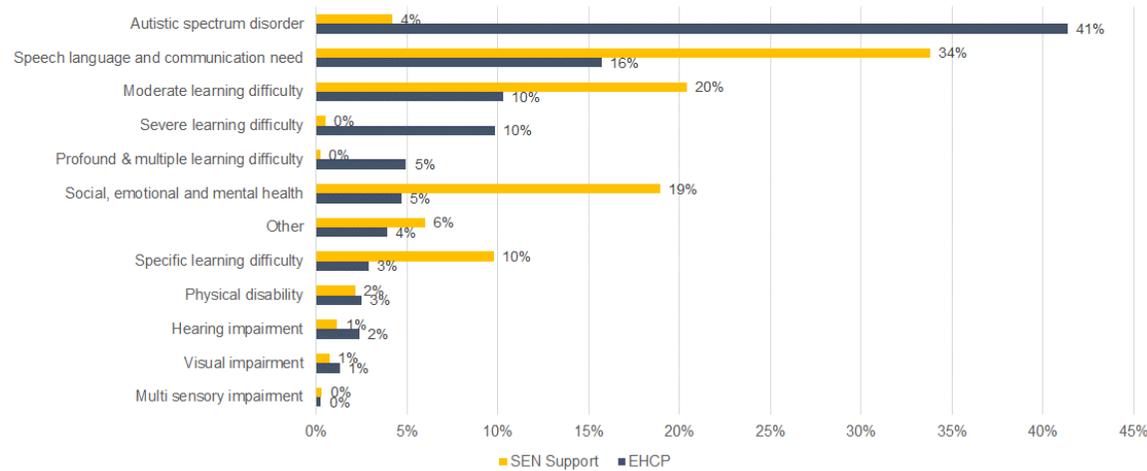
Secondary Attainment

- 2018 Key Stage 4 teacher assessment result,
 - For each subject level 4+ or above and level 5+ or above result shows Brent doing much better compared to National.

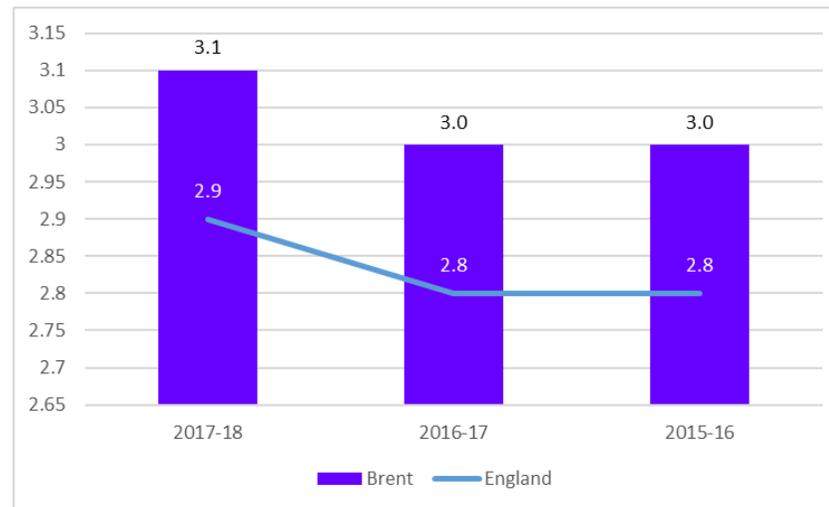
Key Stage 4				
CONTEXT		Local Authority - Brent	NCER National	
Item		Value	Value	Gap
Cohort		2,859	505,300	n/a
Gender (Boys)		51.8%	50.9%	+0.9%
SEN Support		8.1%	10.4%	-2.3%
EHCP/Statement		3.5%	3.8%	-0.3%
Ethnicity (BME)		71.0%	23.2%	+47.8%
Language (EAL)		56.8%	16.3%	+40.5%
Disadvantaged		32.4%	26.9%	+5.5%
ATTAINMENT & PROGRESS				
Subject	Level	Local Authority - Brent	NCER National	Gap
		Value	Value	
Avg. Att8 Score		49.8	46.6	+3.2
Avg. Prog8 Score		+0.54	-0.02	+0.56
Avg. EBacc APS		4.62	4.05	+0.57
EBacc, Entered		63.5%	38.4%	+25.1%
EBacc	Achieved 4+	39.6%	24.1%	+15.5%
	Achieved 5+	27.5%	16.7%	+10.8%
EBacc, English	Achieved 4+	80.3%	75.7%	+4.6%
	Achieved 5+	68.2%	60.5%	+7.7%
EBacc, Maths	Achieved 4+	73.0%	69.6%	+3.4%
	Achieved 5+	55.5%	49.4%	+6.1%
Basics	Achieved 4+	69.5%	64.3%	+5.2%
	Achieved 5+	50.9%	43.3%	+7.6%

Special Education Needs

- In January 2019, the most prevalent type of primary need identified among pupils on SEN support was 'Speech, Language & Communication Needs', with 33.81% of pupils having SLCN as their primary need.
- For pupils with EHC plans, 'Autistic Spectrum Disorder' was the most common primary type of need, with 41% of pupils EHC plans having this primary type of need.



- Across England, the proportion of pupils with EHC plans ranges from 1.4% to 3.5%. Brent has a value of 3.1%, compared to an average of 2.9% nationally.



Pupil Absence

- In Brent, the primary school's overall absence rate has increased from 3.9 per cent in 2016/17 to 4.0 per cent in 2017/18. The unauthorised rate also increased to 1.0 percent in 2017/18 from 0.9 percent in 2016/17.
- In Brent, the secondary school's overall absence rate has remained at 5 per cent in 2017/18 and 2016/17, which is same as the London average but 0.5 per cent better than the National average.
- In Brent, the special school's overall absence has remained the same at 8.2 per cent in 2017/18.
- In Brent, overall persistent absentees' rate from all type of schools has increased compared to previous years but in line with London and below the National average.

State-funded primary schools						
Academic year	Pupil enrolments in schools	Percentage of sessions missed (2):			Number of persistent absentees	Percentage of persistent absentees
		Overall absence	Authorised absence	Unauthorised absence		
England 17-18	3,968,040	4.2	3.0	1.1	344,025	8.7
London 17-18	621,625	4.1	3.0	1.1	52,530	8.5
Brent 17-18	24,009	4.0	3.0	1.0	2,003	8.3
Brent 16-17	23,494	3.9	3.0	0.9	1,827	7.8

State-funded secondary schools						
Academic year	Pupil enrolments in schools	Percentage of sessions missed (2):			Number of persistent absentees	Percentage of persistent absentees
		Overall absence	Authorised absence	Unauthorised absence		
England 17-18	2,947,460	5.5	3.9	1.6	409,890	13.9
London 17-18	442,285	5.0	3.5	1.5	53,020	12.0
Brent 17-18	16,555	5.0	3.5	1.5	2,061	12.4
Brent 16-17	16,548	5.0	3.5	1.5	1,993	12.0

Special schools						
Academic year	Pupil enrolments in schools	Percentage of sessions missed (2):			Number of persistent absentees	Percentage of persistent absentees
		Overall absence	Authorised absence	Unauthorised absence		
England 17-18	99,545	10.2	8.0	2.2	29,515	29.6
London 17-18	13,740	10.2	8.1	2.1	4,335	31.5
Brent 17-18	564	8.2	7.1	1.1	148	26.2
Brent 16-17	529	8.2	7.3	0.9	140	26.5

State-funded primary, secondary and special schools (5)						
Academic year	Pupil enrolments in schools	Percentage of sessions missed (2):			Number of persistent absentees	Percentage of persistent absentees
		Overall absence	Authorised absence	Unauthorised absence		
England 17-18	7,015,050	4.8	3.5	1.4	783,425	11.2
London 17-18	1,077,650	4.5	3.2	1.3	109,880	10.2
Brent 17-18	41,128	4.5	3.3	1.2	4,212	10.2
Brent 16-17	40,571	4.4	3.2	1.2	3,960	9.8

(1) Number of pupil enrolments in schools in 2017/18. Includes pupils on the school roll for at least one session who are aged between 5 and 15. Excludes boarders. Some pupils may be counted more than once (if they moved schools during the academic year or are registered in more than one school). See Chapter 2 of the "Guide to absence statistics" for more information.

(2) The number of sessions missed due to overall/authorised/unauthorised absence expressed as a percentage of the total number of possible sessions. See Chapter 3 of the "Guide to absence statistics" for more information.

(3) The definition of persistent absence changed from the 2015/16 academic year. Pupil enrolments missing 10 percent or more of their own possible sessions (due to authorised or unauthorised absence) are classified as persistent absentees. See Chapter 3 of the "Guide to absence statistics" for more information.

(4) Number of persistent absentees expressed as a percentage of the total number of enrolments.

(5) National and regional totals and totals across school types have been rounded to the nearest 5. There may be discrepancies between totals and the sum of constituent parts.

Pupil Exclusions

- In Brent, the primary schools overall permanent and fixed term exclusion rate has decreased compared to previous years, and remained below London and National averages.
- In Brent, the secondary schools overall permanent and fixed term exclusion rate has decreased compared to previous years, and remained below London and national averages.
- In Brent, the special schools had no permanent exclusions in 2017/18 nor 2016/17.

Academic year	State-funded primary schools						State-funded secondary schools						
	Number of permanent exclusions	Permanent exclusion rate (1)	Number of fixed period exclusions	Fixed period exclusion rate (2)	Number of pupil enrolments with one or more fixed period exclusion	One or more fixed period exclusion rate (3)	Number of permanent exclusions	Permanent exclusion rate (1)	Number of fixed period exclusions	Fixed period exclusion rate (2)	Number of pupil enrolments with one or more fixed period exclusion	One or more fixed period exclusion rate (3)	
England 17-18	1,210	0.03	66,105	1.40	29,236	0.62	England 17-18	6,612	0.20	330,085	10.13	153,479	4.71
London 17-18	69	0.01	6,368	0.85	3,275	0.44	London 17-18	960	0.19	39,185	7.63	23,978	4.67
Brent 17-18	1	0.00	239	0.86	124	0.45	Brent 17-18	29	0.15	1,416	7.28	895	4.60
Brent 16-17	3	0.01	180	0.65	99	0.36	Brent 16-17	33	0.17	1,571	8.03	975	4.99

Academic year	Special schools						State-funded primary, state-funded secondary and special schools						
	Number of permanent exclusions	Permanent exclusion rate (1)	Number of fixed period exclusions	Fixed period exclusion rate (2)	Number of pupil enrolments with one or more fixed period exclusion	One or more fixed period exclusion rate (3)	Number of permanent exclusions (4)	Permanent exclusion rate (1)	Number of fixed period exclusions (4)	Fixed period exclusion rate (2)	Number of pupil enrolments with one or more fixed period exclusion (4)	One or more fixed period exclusion rate (3)	
England 17-18	83	0.07	14,563	12.34	5,788	4.90	England 17-18	7,905	0.10	410,753	5.08	188,503	2.33
London 17-18	6	0.04	2,279	14.14	700	4.34	London 17-18	1,035	0.08	47,832	3.74	27,953	2.19
Brent 17-18	0	0.00	2	0.29	1	0.15	Brent 17-18	30	0.06	1,657	3.47	1,020	2.13
Brent 16-17	0	0.00	14	2.16	8	1.23	Brent 16-17	36	0.07	1,765	3.67	1,082	2.25

Source: School Census

(1) The number of permanent exclusions for each school type expressed as a percentage of the number (headcount) of pupils (including sole or dual main registrations and boarding pupils) in January 2018.

(2) The number of fixed period exclusions for each school type expressed as a percentage of the number (headcount) of pupils (including sole or dual main registrations and boarding pupils) in January 2018.

(3) The number of pupil enrolments receiving one or more fixed period exclusion for each school type expressed as a percentage of the number (headcount) of pupils (including sole or dual main registrations and boarding pupils) in January 2018.

Young Carers

- A Young Carer is anyone aged 18 and under who provides essential and on-going care and emotional support to someone who is: physically ill, mentally ill, disabled and/ or misuses substances.
- The 2011 Census identified 166,363 Young Carers in England (a 20% increase in the 2001 census). In Brent we estimate the number of young carers to be in excess of 3,243.
- There are likely to be Young Carers in every school or college in Brent and the BBC estimates that 1 in 12 pupils are Young Carers.
- Young Carers are equally likely to be girls or boys and 1 in 8 children caring are under 8.
- Over 50% of Young Carers provide care for a sibling and some provide in excess of 50 hours plus of care per week.
- Young Carers have significantly lower attainment than their peers at GCSE and in meeting National Standards in both Maths and English.
- 75% of young carers have been Not in Education Employment or Training (NEET) at least once (the national average is 25%) and 42% had been NEET for six months or more (the national average is 10%).
- About 1/3rd of Young Carers care for a person with a mental illness.
- Over 2/3rds of Young Carers aged 8-16 say that they have been bullied at some point due to their caring role.
- Young Carers are more likely to report poorer mental health than their peers.
- On average Young Carers miss or cut short 48 school days a year.

Young Carers registered in Brent by age

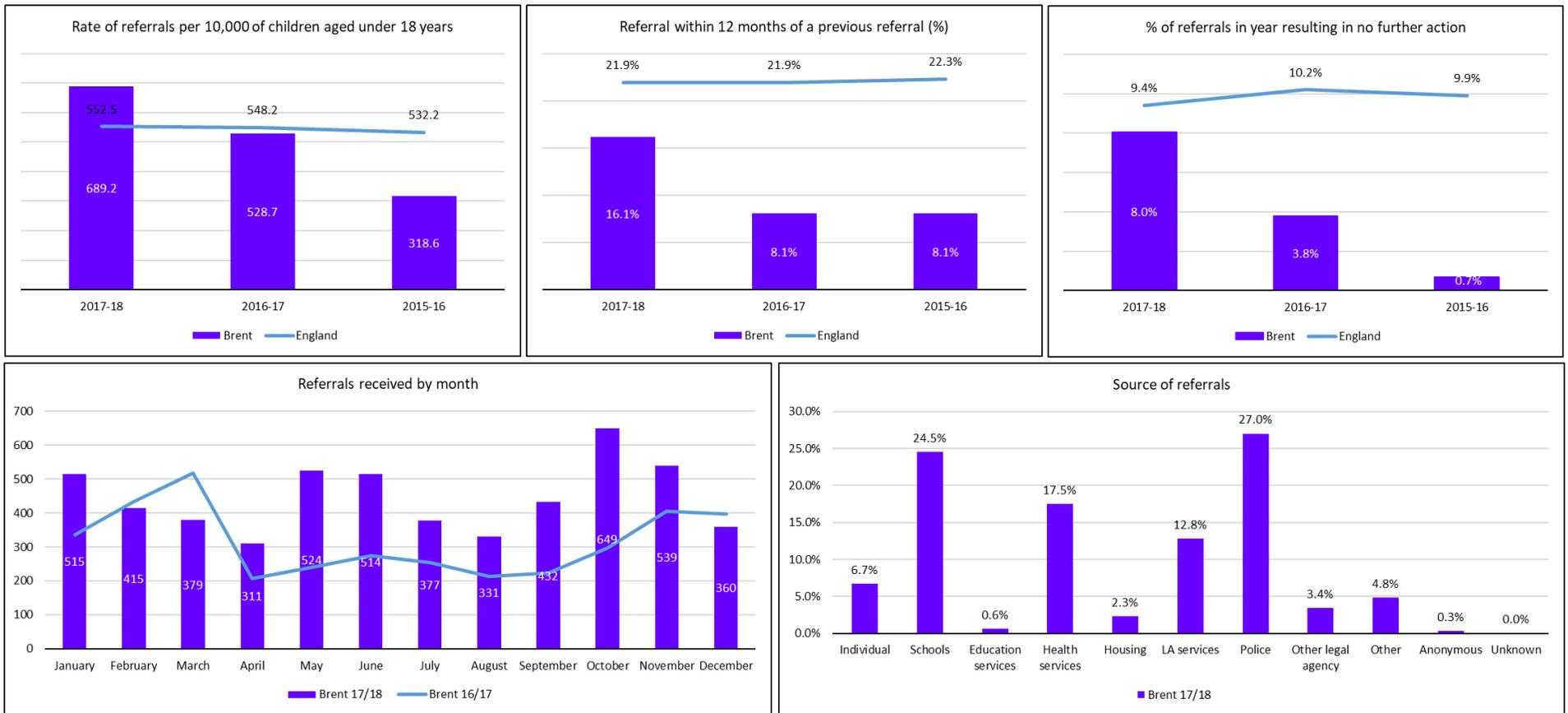
Age	2018-19	2017-18	2016-17
0-7	2	4	Unknown
8 - 13	177	180	Unknown
14 - 17	167	160	Unknown
18 - 24	219	168	Unknown
Unknown	36	30	Unknown
Total	601	542	316

Children Social Care Trends

Child Referral

A referral is defined as a request for services to be provided by children’s social care and is in respect of a child who is not currently in need. A referral may result in: an assessment of the child’s need; the provision of information or advice; referral to another agency; or no further action.

In Brent, the number of referrals received in the year ending 31st March has increased compared to previous years. The percentage of all referrals in the year ending 31st March that were within 12 months of a previous referral has significant increased by 8% compared to previous year, National figure has remained at 21.9% for last two years. The percentage of referrals in year resulting in no further action has increased to 8% compared to 3.8% last year. The majority of referrals come from the police – this year 27.0% of referrals were from the police, followed by schools with 24.5%, and health services with 17.5%.

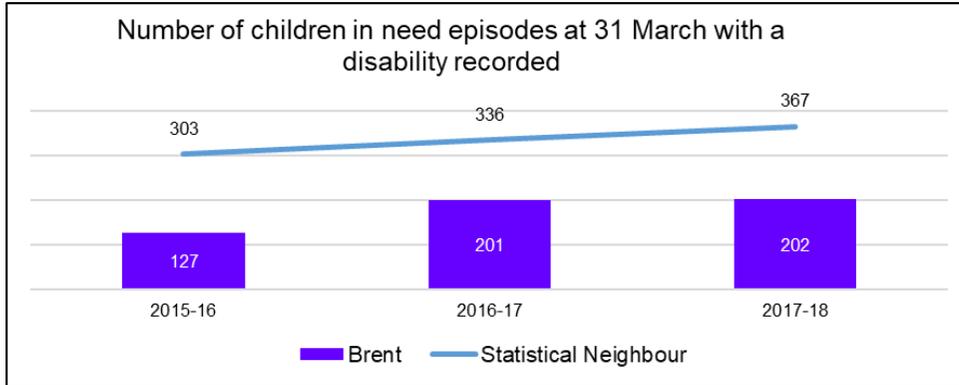


Children in Need with a disability

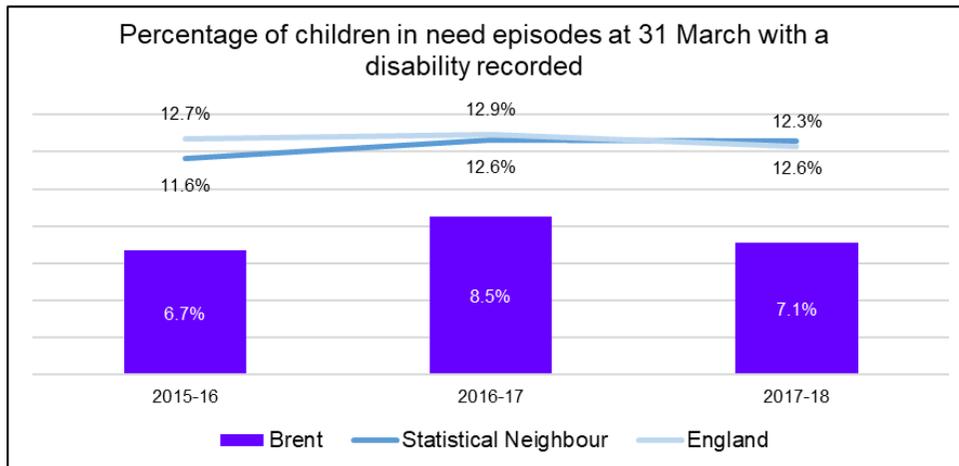
The Disability Discrimination Act 2005 (DDA) defines a disabled person as a person with a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities. The condition must have lasted or be likely to last at least 12 months in order to be counted as a disability.

In Brent, overall the number of children in need has increased by 20.6% compared to previous years.

Brent's number of children with a disability has remained consistent for the last two years.



Number of children in need episodes at 31 March	2015-16	2016-17	2017-18	Difference from previous year	% change
Brent	1902	2364	2852	488	20.6%
Statistical Neighbour	2607.6	2655.6	2917.7	262.1	9.9%
England	393910	389040	404710	15670	4.0%
London	69340	68070	72810	4740	7.0%



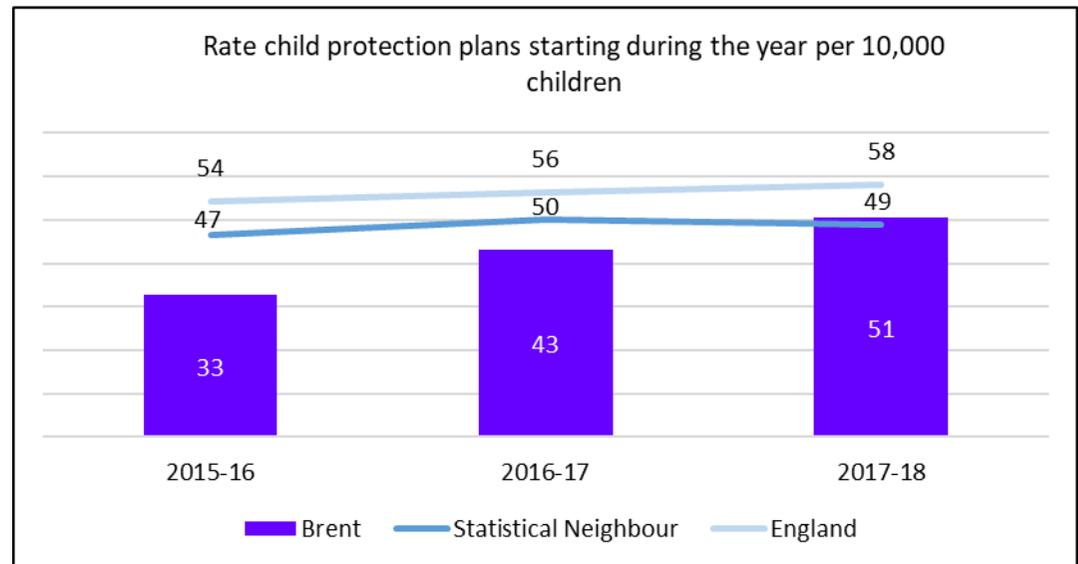
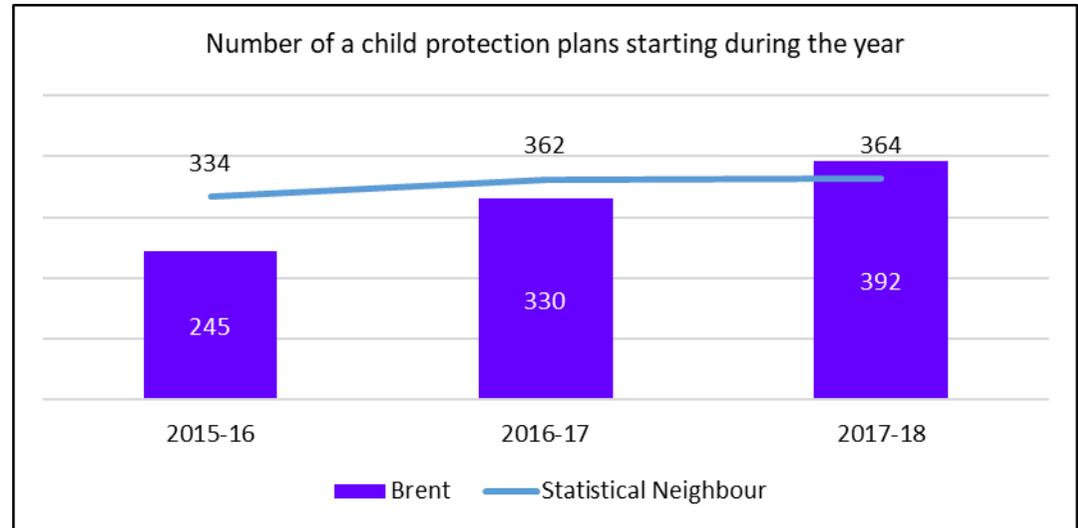
Number of children in need episodes at 31 March with a disability recorded	2015-16	2016-17	2017-18	Difference from previous year	% change
Brent	127	201	202	1	0.5%
Statistical Neighbour	303	336	367	30.7	9.1%
England	49950	50310	49770	-540	-1.1%
London	8260	8790	9460	670	7.6%

Percentage of children in need episodes at 31 March with a disability recorded	2015-16	2016-17	2017-18	Difference from previous year
Brent	6.7%	8.5%	7.1%	-1.4%
Statistical Neighbour	11.6%	12.6%	12.6%	-0.1%
England	12.7%	12.9%	12.3%	-0.6%
London	11.9%	12.9%	13.0%	0.1%

Source: Children in Need Census

Child Protection Plan

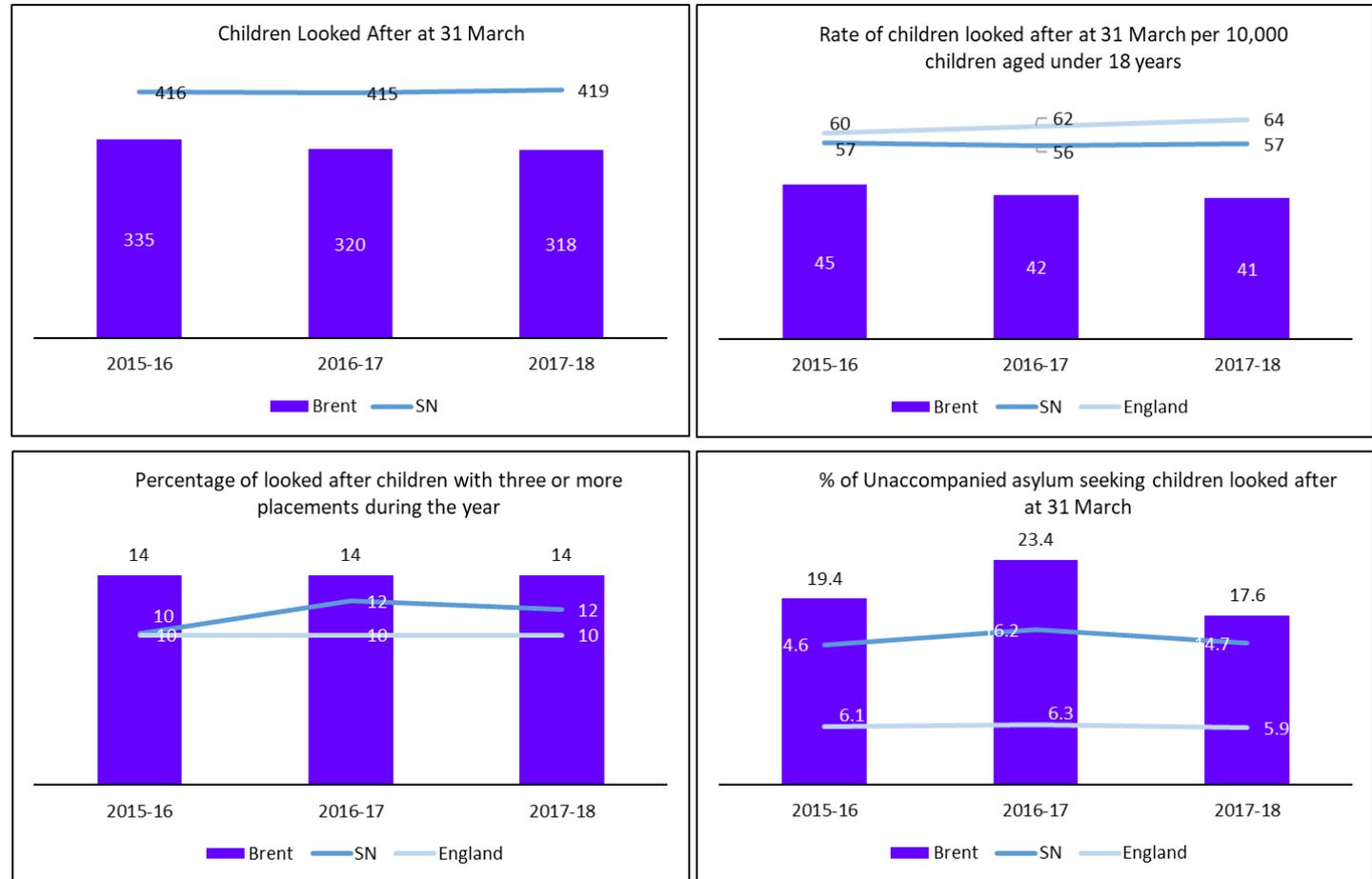
- In Brent, the number of children who became the subject of a child protection plan during the years ending 31 March has significantly increased since 2015.
- Brent has seen an increase in the child population and this has led to an increase in the number of reports of abuse and child protection conferences.
- The overall numbers of children subject of a child protection plan are lower than National and Statistical Neighbour average.
- In Brent, the initial category of abuse is identified as 'Neglect' in 45% of CP Plans, compared to 42% in Statistical Neighbours. The initial category of abuse is identified as 'Physical abuse' in 25% of CP Plans compared to 7% in Statistical Neighbours.



Source: Children in Need Census

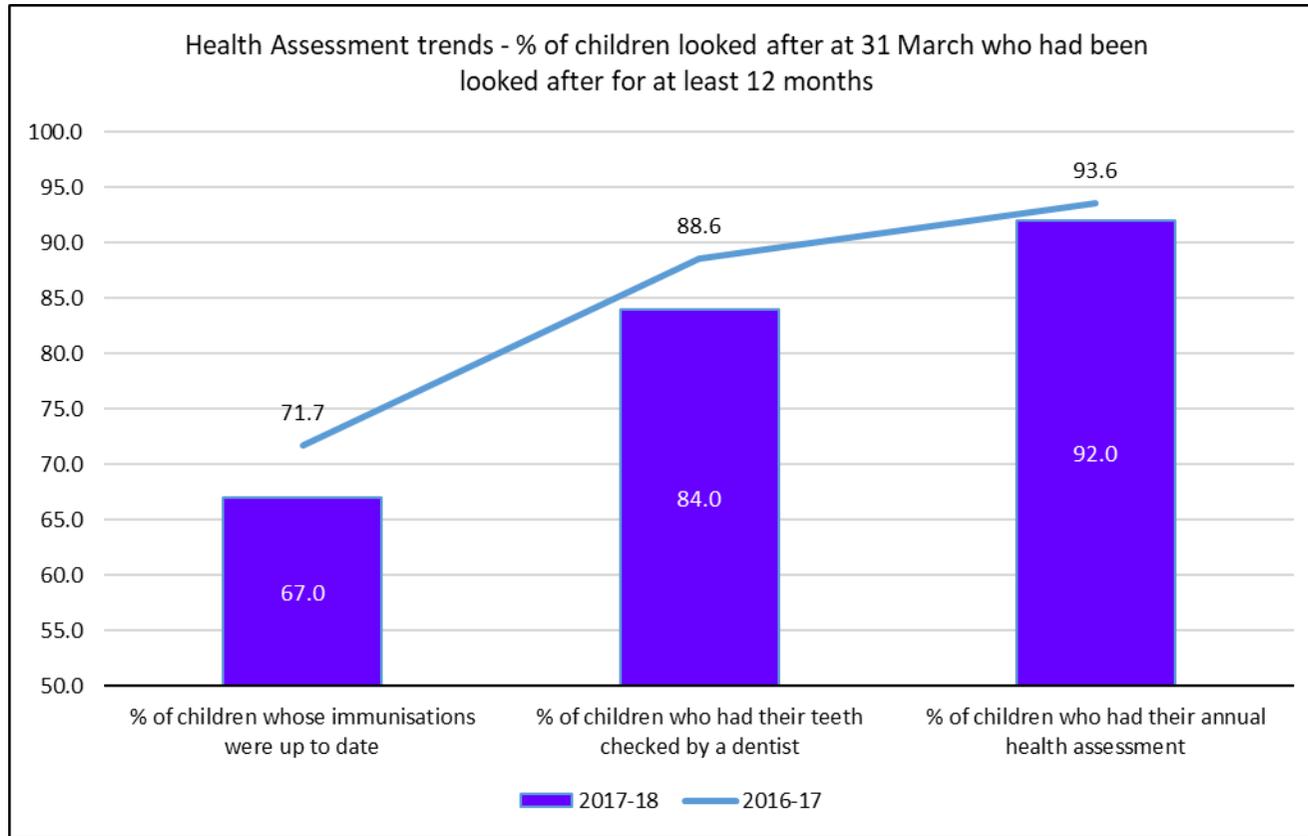
Looked After Children and Unaccompanied Asylum Seeking Children (UASC)

- In Brent, there were 318 looked after children at 31st March 2018 which decreased by 17 compared to 31st March 2016. Brent has a lower number of looked after children compared to both statistical neighbours and England averages. However, nationally looked after children numbers are increasing every year. Brent has an average of 41 children looked after for every 10,000 population of children aged under 18 years.
- Brent has 14% of Looked after children with three or more placements during the year, which is higher than both statistical neighbours and England. In 2018, there were 56 unaccompanied asylum seeking children (UASC) which is a decrease of 19 compared to previous year in Brent. However, overall UASC numbers are still higher in Brent compared to both Statistical Neighbours and England.



Source: Looked After Children Census

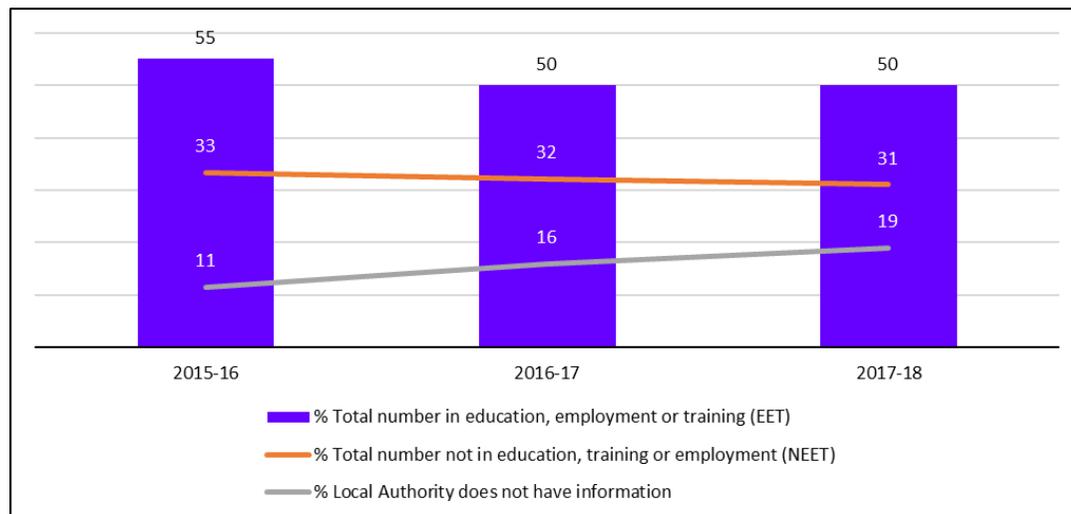
- The below graph shows % of health assessments for looked after children who had been looked after at least 12 months has slightly decreased compared to the previous year in Brent.



Source: Looked After Children Census

Care Leavers aged 19, 20 and 21 by activity

- In Brent, the last three year of trends shows that overall 50% of care leavers were known to be in education, employment or training (EET), whereas overall 30% of care leavers known to be not in education, employment or training (NEET).
- Brent, has proportionally fewer NEET care leavers compared to Statistical Neighbours, London and England averages.



% Total number in education, employment or training (EET)	2015-16	2016-17	2017-18
Brent	55	50	50
SN	55	53	55
England	49	50	51
London	54	52	53
% Total number not in education, training or employment (NEET)	2015-16	2016-17	2017-18
Brent	33	32	31
SN	32	37	32
England	40	40	39
London	34	36	35
% Local Authority does not have information	2015-16	2016-17	2017-18
Brent	11	16	19
SN	13	12	13
England	11	10	10
London	12	12	13

Source: Looked After Children Census

Comments

- All sources need to be recorded
- Need to have the **year** added for the sources
- If the sources are available online then add the website link
-

Oral Health

Brent JSNA

2019/2020




Overview

Dental decay is one of the commonest health conditions affecting children and young people and is one of the top causes of non-emergency hospital admissions for children.



Oral disease is associated with an array of structural determinants such as income, goods and services. This approach looks at multiple interconnections such as daily living conditions as well as social and individual lifestyle factors. Oral diseases and issues such as poor access to dental care and low oral health literacy levels are social, political and behavioural and medical in nature. This structure allows us to see determinants such as lower income and socially disadvantaged groups in Brent may be affected by oral health problems (See Figure 1).

Figure 1: Determinants of oral and general health (Dahlgren and Whitehead, 1991)

Oral Health

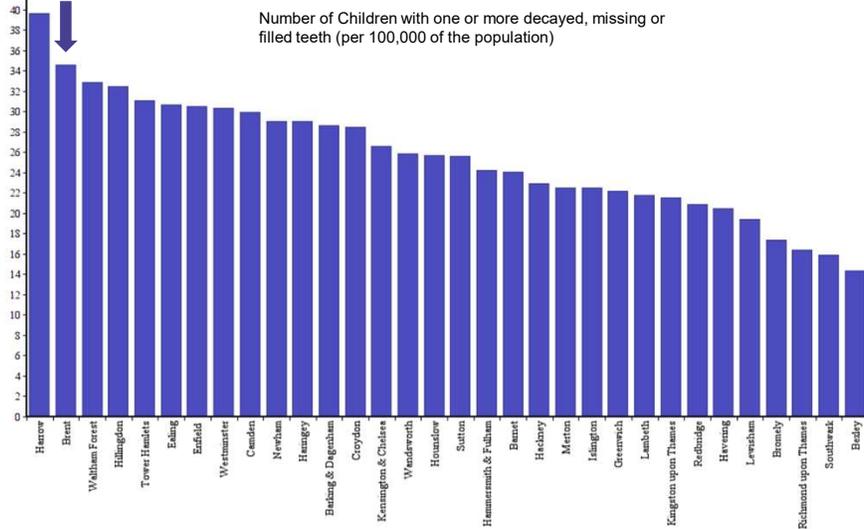
Brent has the **2nd highest** proportion of children with dental decays in London (35%, PHE 2017)



The number of children with dental decay **continues to rise** at odds with national trends and the **London average of 26%**

2nd highest in London with dental decay.

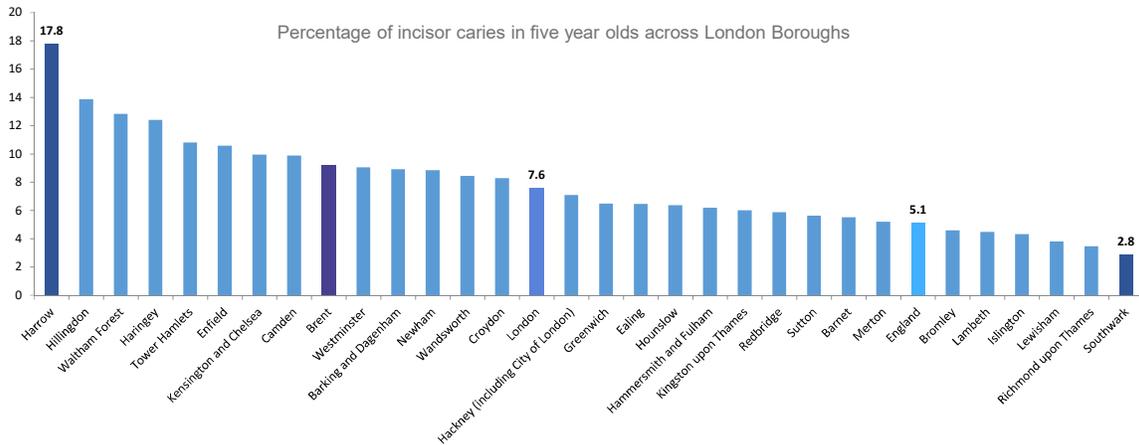
Number of Children with one or more decayed, missing or filled teeth (per 100,000 of the population)



Source: Public Health England, National Dental Epidemiology Programme for England, Oral Health Survey of five-year-old children 2017

Incisor Caries

Percentage of incisor caries in five year olds across London Boroughs



Dental decay affecting the incisors is often rapid and extensive and is usually associated with prolonged bottle use in infants and a high dietary intake of free sugar. In 2018, **9.2%** of children in Brent under the age of 5 had this form of caries, compared with 7.6% in London and 5.1% in England. Brent continues to be worse than the London average.

Source: Public Health England, National Dental Epidemiology Programme for England, Oral Health Survey of five-year-old children 2017

Dental decay



Every 2 years

The Dental Public Health Intelligence programme surveys the oral health of 5 year olds in local schools.

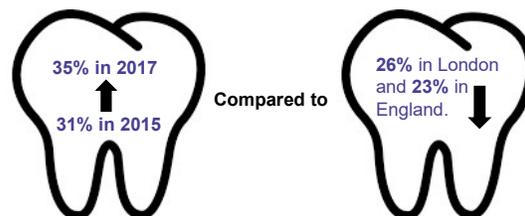
In Brent, 9% of children under the age of 5 have dental decay of the incisors due to high intake of sugary drinks similar to London average of 8%.



The proportion of 5 year old children affected by dental decay is an indicator used to assess the general health and well-being of children.



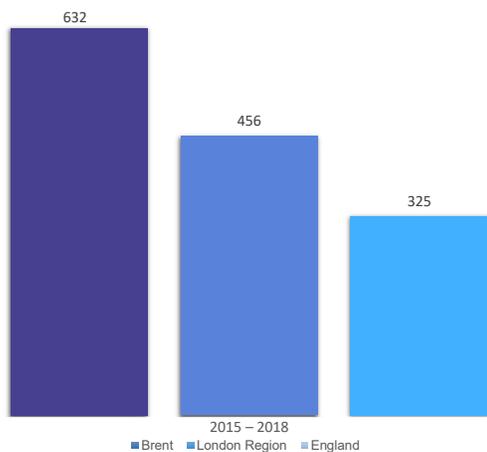
Evidence shows that in Brent the proportion of children with one or more decayed, missing or filled teeth increased from:



Source: Public Health England. Dental Public Health Intelligence Programme. Hospital episode statistics: Extractions data

Hospital admissions for Dental Caries

Number of children taken to hospital due to dental caries (0-5 years)



Almost 9 out of 10 hospital tooth extractions among children aged 0 to 5 are due to preventable tooth decay. It also the most common hospital procedure in 6 to 10 year olds (PHE, 2019).

Accident and Emergency attendances in children aged 0-4 years within Brent is significantly worse than the England Average. In 2017/18 the local value was 850.9 per 1,000 compared to 619.0 per 1,000 in England.



From 2015-18, 632 children aged 0 to 5 were admitted to hospital from Brent Compared to the significantly lower England average of 325 children.

Source: PHE Brent Child Health Profile 2019.

Health burdens

Some of the determinants of oral disease are harmful behaviours such as:



Increased consumption of sugary foods and drinks



Poor oral hygiene



Low fluoride exposure

They are the risk factors common to a number of chronic diseases such as:



Cancers



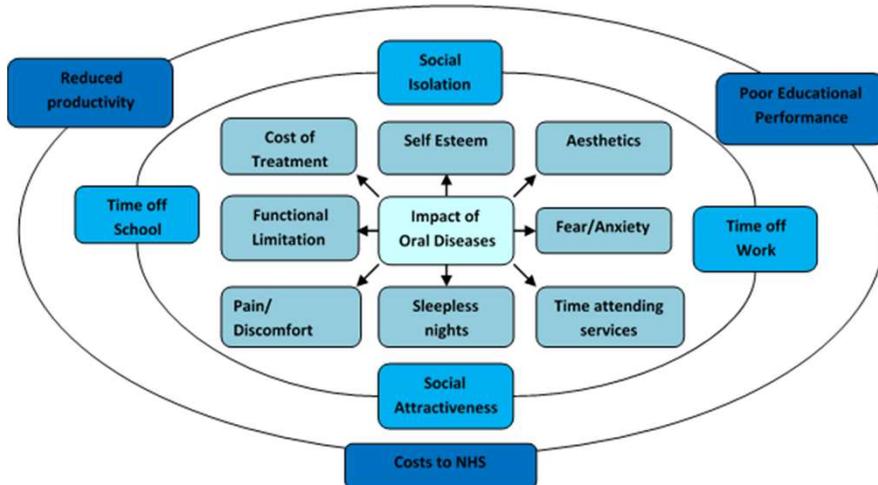
Obesity



Type 2 diabetes

Social determinants of Oral Health disease

The impact of oral health disease could lead to a number of issues as shown in the diagram below:



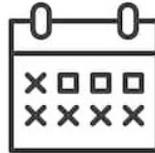
Tooth extractions

On average for every tooth extraction carried out under General Anaesthetic,

5 school days are missed.



=



Brent has a higher rate of tooth extraction in children than England and London.



Consequently this result of a tooth extraction may impact a child's performance at school and educational achievement.

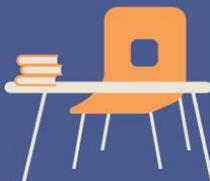
Source: Public Health England, Dental Public Health Intelligence Programme, Hospital episode statistics: Extractions data

Tooth extractions and school attendance

 Public Health England

Healthmatters **Poor dental health harms school readiness**

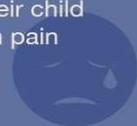
Research about extractions in children in North West hospitals found that **26%** had missed days from school because of dental pain and infection



An average of **3 days** of school were missed due to dental problems



67% of parents reported their child had been in pain



38% of children had sleepless nights because of the pain



Many days of work were potentially lost as **41%** of parents/carers were employed

Commissioning Implications

- Brent Oral Health Network Group have addressed oral health promotion and are proactively seek funding opportunities in order to initiate oral health campaigns and training. The aim of the group is overseeing the delivery plan for child oral health promotion in Brent and to facilitate multi-agency partnership working.
 - Brent Public Health team commission Whittington Health NHS Trust to deliver oral health promotion across the borough. They have introduced Supervised Tooth Brushing programme to 6000 children in schools and nurseries.
 - Whittington health offer training to all health visitors, school nurses and early years.
 - HealthWatch surveyed parents about oral health in February 2017.
 - **The results have shown**
 - Children are not visiting their dentist when they have had their first tooth.
 - Children are not brushing their teeth twice a day
 - Children are rinsing and not spitting.
- To tackle this the aim is to:**
- **Make Every Contact Count (MECC).** Ensuring front line staff from all services in Brent are bringing public health issues to light in their contact with children and families. Oral health is one of the priorities identified and training has been offered.
 - **Health Matters** – child dental health outlines how health and professionals can help prevent tooth decay in children under 5. Health Matters includes a call to action for healthcare practitioners.

Top 3 Interventions



Reduce the food consumption of foods and drinks that contains sugars.



Brush teeth twice daily with fluoride toothpaste (1350-1500ppm), last thing at night and at least on one other occasion. After brushing spit, don't rinse.

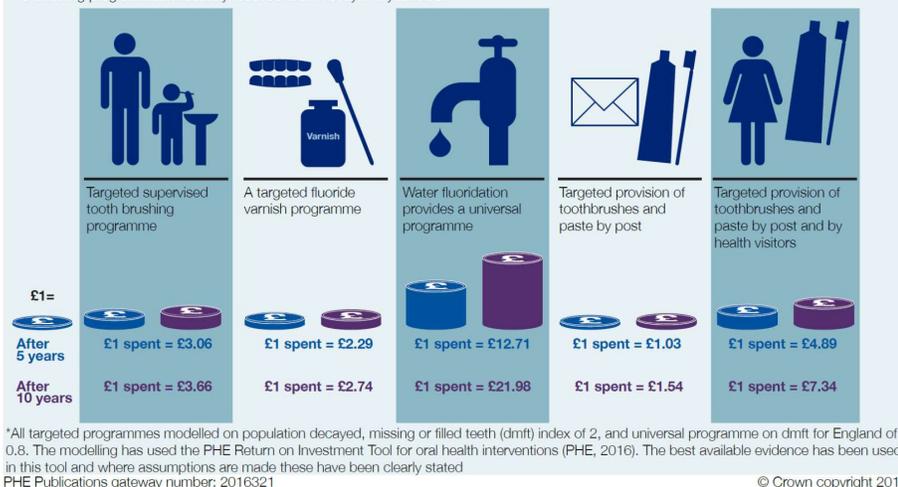


Take your child to the dentist when the first tooth emerge, at about 6 months and then on a regular basis.

Financial Implications

There is a strong financial return on investment to support the community based supervised tooth brushing programmes. It is estimated that for every £1 spent on a targeted supervised tooth brushing, it is estimated that there is a £3.06 return on investment after 5 years.

Reviews of clinical effectiveness by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People, 2014) have found that the following programmes effectively reduced tooth decay in 5 year olds:



Source: Public Health England (2016). York Health Economics Consortium A rapid re-view of evidence on the cost-effectiveness of interventions to improve the oral health of children aged 0-5 years. PHE publications gateway number: 2016321

Technical Notes

Meaning

Oral Health	"a state of being free from chronic mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing."
Dental Caries	Dental caries is caused if plaque is allowed to build up, it can lead to problems, such as holes in the teeth. The acid is usually produced when sugars in foods or drinks react with bacteria present in the plaque on the tooth surface.
Tooth decay	Tooth decay is damage to a tooth caused by dental plaque turning sugars into acid.
1350-1500ppm	This is the amount of fluoride in the toothpaste. It can be found on the side of the tube and is measured in parts per million (ppm). Toothpastes containing 1,350 to 1,500ppm fluoride are the most effective.

Data Sources

NHS Tooth decay definitions:

<https://www.nhs.uk/conditions/tooth-decay/>

<https://www.who.int/news-room/fact-sheets/detail/oral-health>

Oral Health Tables:

<https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health/child-oral-health-applying-all-our-health>

Public Health England. *Dental Public Health Intelligence Programme. Hospital episode statistics: Extractions data, 0 – 19 years olds, 2011 – 12 to 2017* – Available at: www.nwph.net/dentalhealth

PHE Tooth extractions and school attendance poster:

<https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health>

Childhood Obesity

Brent JSNA
2019/2020



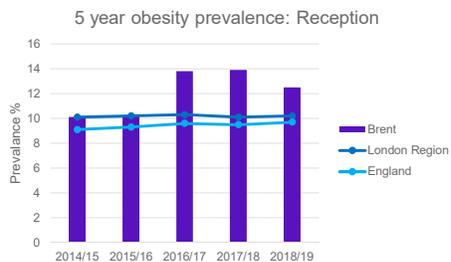
NHS
Brent
Clinical Commissioning Group

Overview

- Childhood obesity can effect an individual's health and well-being for the long term, as childhood obesity is also a predictor of adult obesity.
- There are wider social and financial implications associated with having a high body mass index (BMI); the UK wide NHS costs attributable to overweight and obesity are estimated to reach £9.7 billion by 2050, the wider societal costs are estimated to reach £49.9 billion/year.
- Data in Brent shows there are yearly fluctuations in childhood obesity and overweight figures, with the most recent data being above London and England average.
- In Brent, 1 in 3 children are obese by the time they leave primary school. By 2034, it is estimated that 70% of adults will be overweight or obese.
- Key factors that impact childhood obesity are: Age, Deprivation, Ethnicity.
 - In Brent, deprivation does not have a strong correlation to childhood obesity. However, there is a link between obesity and deprivation across ethnicities and schools in the borough.
- In Brent, children of Black ethnicity are most likely to be overweight or obese. Children of Asian ethnicity show the highest increase of excess weight between Reception and Year 6.
- There are a number of initiatives in Brent to tackle childhood obesity including: promotion of breastfeeding, Maternity Early Childhood Sustained Home (MESCH) visiting model which provides additional support for vulnerable families, and the Healthy Early Years (HEY) Award scheme which supports early year settings to promote health and well-being.

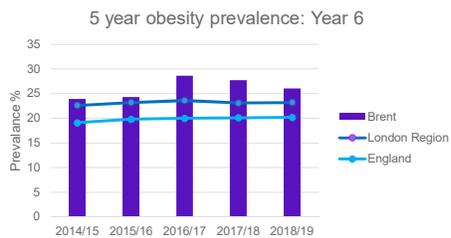
DC1

Childhood Obesity Trend Analysis



- In 2018/19, 12.5% of children in Brent are obese at reception and 26% are obese at Year 6. This means that the rate of obesity increases by the time children finish primary school.

- Brent has a higher prevalence of obese school children leaving primary school compared to the London and England average. This has been the case for the last 5 years.



- There is similar picture for children who are overweight. In 2018/19, 12.8% of children in Reception and 15.7% of children in year 6 were overweight

Source: Fingertips

Page 2

CJ1

Weight Profiles in Brent Schools



28% of children in Brent start primary school with a high BMI

Source: National Childhood Measurement Programme (NCMP)

Page 3

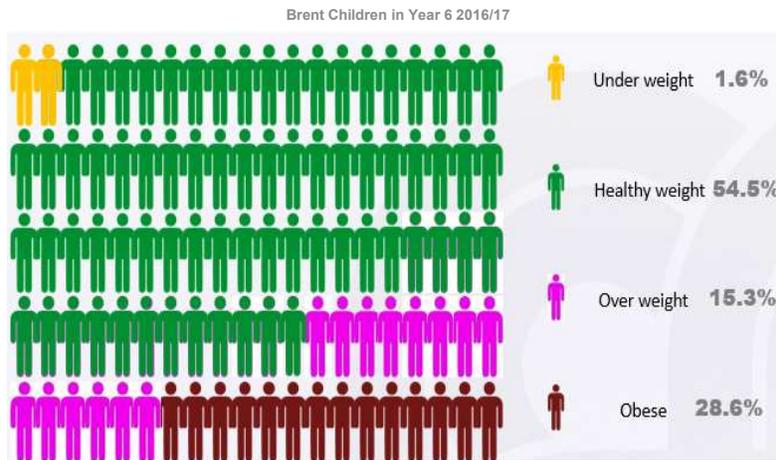
Slide 3

DC1 Djatmika, Clementine, 09/10/2019

Slide 4

CJ1 is it possible to put these on 2 different slides just to make the graphics bigger?
Constance, Janice, 08/10/2019

Weight Profiles in Brent Schools



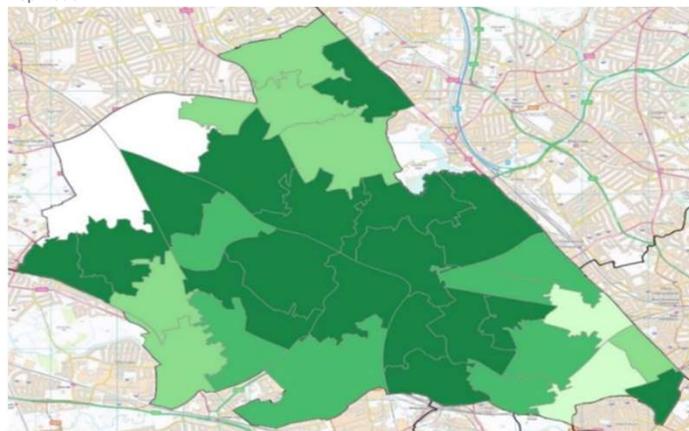
On leaving primary school, 44% of children have a high BMI

Source: National Childhood Measurement Programme (NCMP)

Page 4

Childhood Obesity in Brent: Key Factors

Deprivation



- Three main key factors have been identified as factors underlying high BMI amongst school age children in Brent: **Age, Deprivation & Ethnicity.**
- Children in Stonebridge, one of Brent's most deprived ward have the highest level of excess BMI. Whilst children living in Kenton, Brent's most affluent ward, have the lowest rates.
- However while nationally the correlation between deprivation and obesity is strong, in Brent a weaker correlation is seen with deprivation alone.

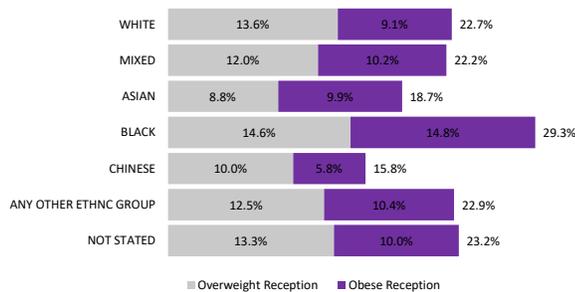
Page 5

CJ3

Childhood Obesity in Brent: Key Factors

Reception and Year 6, weight comparison by ethnicity

Reception overweight and obese 2016/17



- There are differences in obesity rates between different ethnic groups in Brent
- Deprivation alone is not a strong indicator of obesity levels locally.
- There is a correlation between deprivation and ethnicity such that BAME children in Brent are more likely to be obese and are also more likely to reside in deprived areas.

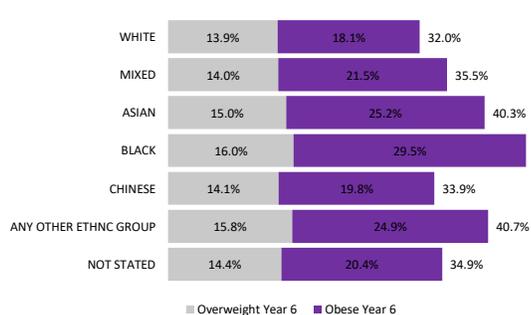
Source: NCMP Dataset, NHS Digital

Page 6

Childhood Obesity in Brent: Key Factors

Reception and Year 6, weight comparison by ethnicity

Year 6 overweight and obese 2016/17



- Black children in Brent are more likely to be overweight or obese compared to their peers of other ethnicities.
- Asian children show the greatest increase in prevalence of overweight/ obesity from Reception to Year 6.

Source: NCMP Dataset, NHS Digital

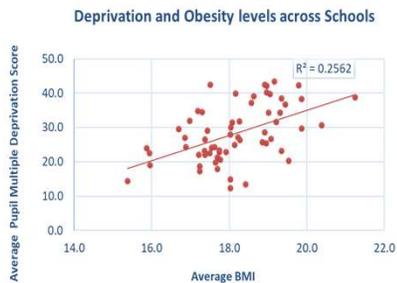
Page 7

Slide 7

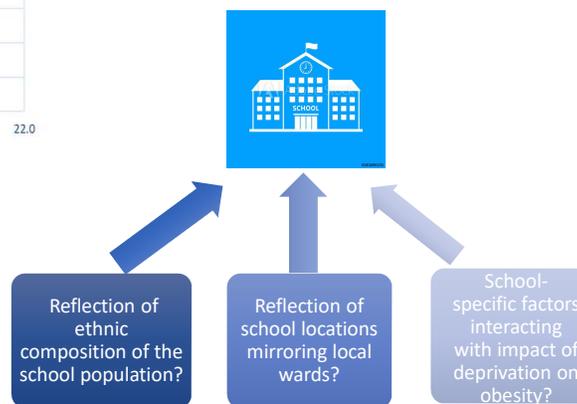
CJ3 maybe again on 2 seperate slides might confuse the public
Constance, Janice, 08/10/2019

CJ4

Childhood Obesity in Brent: Role of Schools



There is also a relationship between deprivation and childhood obesity across Brent school, this needs further investigation:



Source:

Page 8

Childhood Obesity Interventions in Brent



Breastfeeding Initiatives

- Evidence behind breastfeeding as a protective factor against obesity
- Brent Children's Centre and health visiting service accredited to Stage 1 with the UNICEF Baby Friendly Initiative (BFI)
- Midwives promote breastfeeding for expecting mothers and during the postnatal period.
- Public Health 0-19 children's services supports breastfeeding through an infant feeding co-ordinator and breast feeding champions.

Maternity Early Childhood Sustained Home Visiting scheme (MESCH)

- Additional support for vulnerable families of under two's, additional modules include local topics such as childhood obesity.



Page 9

Slide 9

CJ4 the map again might be confusing - is there another?
Constance, Janice, 08/10/2019

Childhood Obesity Interventions in Brent

Healthy Early Years (HEY) Award

- Local scheme which supports Early Years providers such as childminders and Children's Centres to promote the health and well being of young children and their families
- Since launching in 2012, 77 providers have achieved the HEY award.
- Staff from settings that have achieved the award undertook training which includes healthy eating, physical exercise and breastfeeding. This is in reference to National guidance from the Healthy Child Programme.



Healthy Schools London

- Pan London award scheme, schools can be awarded bronze, silver or gold based on their action on healthy eating and physical exercise.
- To date, in Brent 73 schools have registered for the scheme, 45 have a bronze status, 16 have a silver status and 3 have a gold status.

Brent CCG Service Delivery Improvement Plan 2018:

- Review food provided by the Trust in line with guidance on reducing obesity.
- Local action plans to develop healthier options.
- Making Every Contact Count style training for front line staff about reducing childhood obesity and local weight management services.
- Identify conditions where obesity is a risk factor (i.e. diabetes) in order to educate families surrounding health weight management and local services.



*

Page 10

CJS

Childhood Obesity Interventions in Brent

Daily sugar intake guidance



Children aged 7-10
< 24 g (6 cubes sugar)



Children aged 4-6
< 19 g (5 sugar cubes)



Children below 4
No added sugar

Action on Sugar

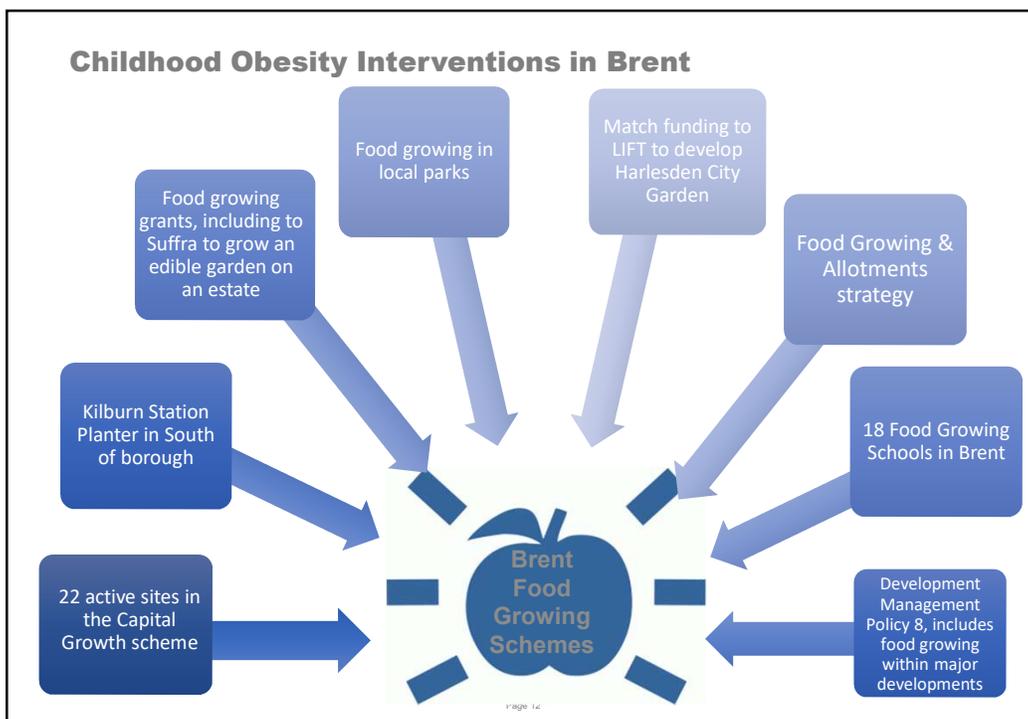
- Brent Slash Sugar campaign which involves outreach sessions in community settings, messages surrounding oral health are also included in the sessions.
- Junior Citizenship Scheme for Year 6's in the borough, these sessions are designed around sugar level awareness.
- Brent Council committed to the Local Government Declaration on Sugar Reduction & Healthier Food. There are 6 main components to the Sugar Declaration:
 1. Tackle advertising and sponsorship
 2. Improve the food controlled or influenced by the Council and support the public and voluntary sector to improve their food offer
 3. Reduce prominence of sugary drinks and actively promote free drinking water.
 4. Support businesses and organisations to improve their food offer.
 5. Public events
 6. Raise public awareness

Source: NHS Live Well 2018/19

Page 11

Slide 12

CJ5 reference where the daily sugar intake guidance comes from?
Constance, Janice, 08/10/2019



Childhood Obesity Interventions in Brent



Good Food for London

- In 2019, Brent ranked 12th out of 33 London boroughs.
- In 2017, Brent was "most improved borough" increasing 10 points since 2016



Healthier Catering Commitment (HCC)

- In 2018, 18 fast food outlets in Brent awarded the HCC status in adopting healthier practices, limiting salt and offering water or low sugar drinks.



Planning Policy

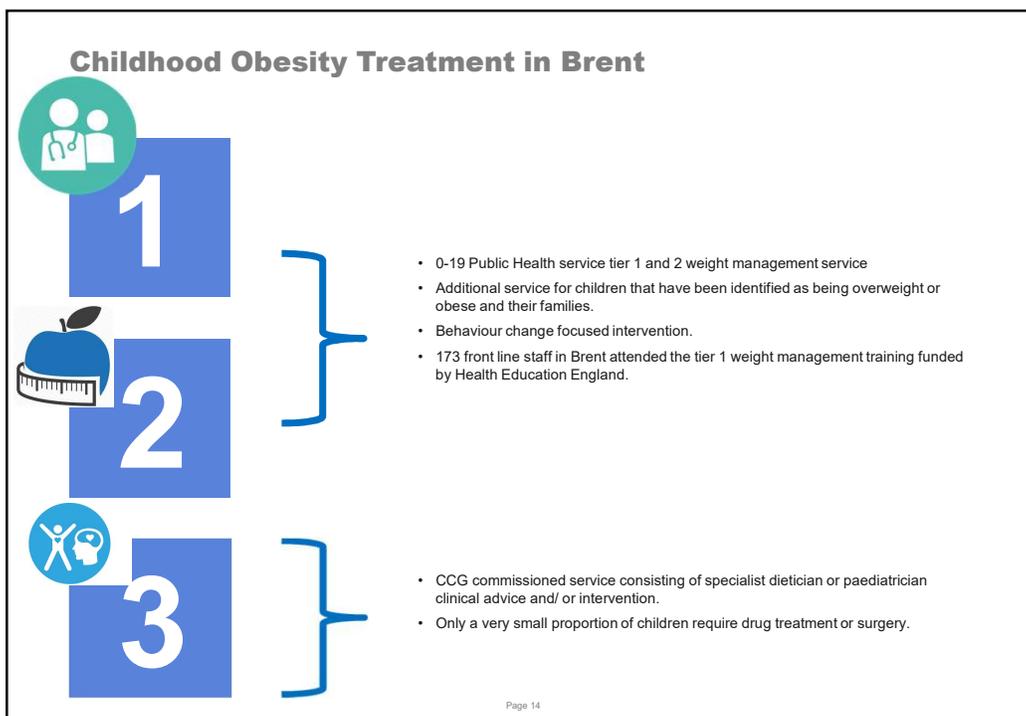
- Restriction of fast food outlets within 400 meters of secondary schools or higher education establishments.



Physical Activity Initiatives

- HEY Awards
- Primary schools encouraged to subscribe to the Daily Mile/ Marathon Kids initiatives.
- Active Travel Plans encourage walking, cycling or scooting to school.
- Wembley National Stadium Trust funds successful schools to increase their physical activity.
- Council leisure facilities offers for children and their families.

Page 13



CJ8

Technical notes

Definitions

NCMP	The National Child Measurement Programme (NCMP) is a mandatory Public Health initiative which weighs and measures pupils in Reception and again in Year 6.
BMI	Body Mass Index is a measure that uses weight and height to find out if someone is a healthy weight
CCG	Clinical Commissioning Groups are NHS organisations set up to organise delivery of NHS services in localities.

Data sources

NCMP (2016/17)– National Child Measurement Programme data.

Public Health England, Public Health Outcomes Framework:
<http://www.phoutcomes.info/search/life%20expectancy#qid/1/pat/6/at/102/page/0/par/E12000007/are/E09000005>

Public Health England, The Segment Tool 2015 – Segmenting life expectancy gaps by cause of death:
http://www.lho.org.uk/LHO_Topics/Analytic_Tools/Segment/TheSegmentTool.aspx

Office for National Statistics (Life expectancy data tables):
<http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Life+Expectancies#tab-data-tables>

Page 15

Slide 16

CJ8 may need a slide on commisioning intentions before this one - will ask Marie
Constance, Janice, 08/10/2019

Learning Disability and Autism Spectrum Disorder

Brent JSNA
2019/2020



Brent



Brent
Clinical Commissioning Group

Summary

- Per 1,000 children in Brent schools in 2018 there were
 - 24.6 children with moderate learning disabilities, lower than the England average (28.9)
 - 3.82 children with severe LD, similar to the England average (3.74)
 - 1.73 children with profound & multiple LD, slightly higher than the England average (1.26)
- The numbers of people with LD are rising, in part due to improvements in medical care.
- Numbers of adults aged 65 and over with a learning disability in Brent are predicted to increase significantly.
- In Brent 63% of people with a LD over 18 received a GP health check in 2016/17, significantly higher than England (48.9%) and London (48.4%).
- A significantly lower proportion of adults with LD receiving long term support from ASC in Brent are in paid employment (1.5% than is the case for London (7.5%) or England (6.0%).
- People with LD have poorer health than the general population. Rates of epilepsy, respiratory disease, coronary heart disease and dementia are higher in people with LD than in the general population. Furthermore, the health and care received by people with LD may not meet their needs.
- In 2018, 14 children in every thousand were recognised as having autistic spectrum disorders in Brent, very similar to rates for London region (15 per 1000) and England (14 per 1000)
- The number of people of working age with ASD in Brent is expected to rise only slightly. A much greater increase is predicted in those aged 65 and over.

What is a Learning Disability?

A learning disability affects the way a person learns new things throughout their lifetime, the way a person understands information and how they communicate. This means they can have difficulty:

- understanding new or complex information
- learning new skills
- coping independently

A learning disability can be mild, moderate or severe.

An estimated 1.5 million people in the UK have a learning disability, with an estimated 350,000 people having a severe learning disability. This figure is increasing.

Some people with a mild learning disability can talk easily and look after themselves but may need a bit longer than usual to learn new skills. Other people may not be able to communicate at all and have other disabilities as well.

Some adults with a learning disability are able to live independently, while others need help with everyday tasks, such as washing and dressing, for their whole lives. It depends on the person's abilities and the level of care and support they receive.

Children and young people with a learning disability may also have special educational needs (SEN).

Source: <https://www.nhs.uk/conditions/learning-disabilities/>

Page 2

Children with a Learning Disability

Special educational needs and disabilities (SEND) can affect a child or young person's ability to learn. They can affect their:

- behaviour or ability to socialise, for example they may struggle to make friends
- reading and writing, for example because they have dyslexia
- ability to understand things
- concentration levels, for example because they have ADHD
- physical ability

A child with SEND can receive

- SEN support - support given in school, like speech therapy
- an education, health and care (EHC) plan - a plan of care for children and young people up to 25 who have more complex needs

In January 2019 there were 51,167 pupils going to a Primary or Secondary school within the London Borough of Brent with 1,639 pupils with SEN statements or ECH plans. That equates to 3.2% of the overall amount of school pupils in Brent. (SEN 2019 Local Authority Tables)

There were 24.6 children with moderate learning disabilities known to schools in Brent per 1,000 pupils in 2018. This is lower than the England average of 28.9 per 1,000 pupils.

There were 3.82 children with severe learning disabilities known to schools in Brent per 1,000 pupils in 2018. This is slightly higher than the England average of 3.74 per 1,000 pupils.

There were 1.73 children with profound and multiple learning disabilities known to schools in Brent per 1,000 pupils in 2018. This is slightly higher than the England average of 1.26 per 1,000 pupils.

Source: Learning Disability Profiles, Public Health England /

Page 3

Children with Autism

In 2018, 14 children in every thousand were recognised as having autistic spectrum disorders in Brent. These findings were very similar to the London region (15 children) and England (14 children).

Support for Children with ASD in Brent

The Brent Outreach Autism Team (BOAT) supports mainstream maintained schools working with children and young people (CYP) up to the age of 16 years who have been diagnosed on the autism spectrum, or up to 19 years if the CYP attends sixth form in a mainstream school.

The service supports all children and young people with a diagnosis of autism who attend Brent mainstream schools and educational settings. BOAT also supports some out of borough placements where the Brent resident child has an education, health and care (EHC) plan.



Page 4

Learning Disability estimates and projections: Brent

	2019	2025	2030	2035
18-24	748	740	817	840
25-34	1,409	1,277	1,220	1,262
35-44	1,258	1,243	1,160	1,094
45-54	996	1,038	1,091	1,088
55-64	814	898	926	957
Total population aged 18-64	5,226	5,197	5,214	5,241
People aged 65 and over				
65-74	478	587	682	738
75-84	261	300	354	422
85 and over	102	128	145	177
Total population aged 65 and over	841	1,016	1,182	1,337

Analysing the predictions in the table shows that for some age groups, Adults aged between 18-64 with a Learning Disability will reduce in number. However, when considering those 65 and over this changes considerably, for example the total population aged 65 and over estimated to have a learning disability in 2019 stands at 841 people, whereas by 2035 Brent is predicted to have 1,337 people, an increase of 59%

Whilst Brent commissioning intentions are to create more 'Extra-Care' homes for 55 and over needing medium to high levels of care and support, consideration should be given as to how the environment and care can be adapted in this provision to also meet the rising care needs associated to learning disabilities.

Source: POPPI & PANSI

Page 5

Health inequalities and needs

People with learning disabilities tend to have poorer physical health. People with LD may have difficulty recognising illness and communicating their needs. Health and care professionals may not tailor care adequately to meet the needs of people with LD

Certain health conditions are more prevalent among people with learning disabilities.

The prevalence rate of epilepsy amongst people with learning disabilities has been reported as 22% compared to 0.4 – 1% in the general population.

Respiratory disease is a significant cause of death among people with learning disabilities (46% to 52%) and is much higher than for the general population (15% to 17%)

People with learning disabilities are at greater risk of coronary heart disease (CHD) compared to the general population. CHD is the second highest cause of death among people with learning disabilities generally. Some children with congenital heart disease also have learning difficulties.

The prevalence of dementia is significantly higher among older adults with learning disabilities compared to the general population (21.6% compared to 5.7% aged 65 and over). People with Down's syndrome have particularly high risk of developing dementia, with an age of onset 30-40 years younger than the general population.

Partners including CCGs, local authorities and NHS trusts are expected to work with people with a learning disability, their families and carers to improve the quality of the health and social care services provided to people with LD and to address the persistent health inequalities people often face.

Page 6

Learning Disabilities Mortality Review (LeDeR)

Since 2015, local partners are required to review the deaths of people with a learning disability to learn from those deaths and to put that learning into practice, the LeDeR process.

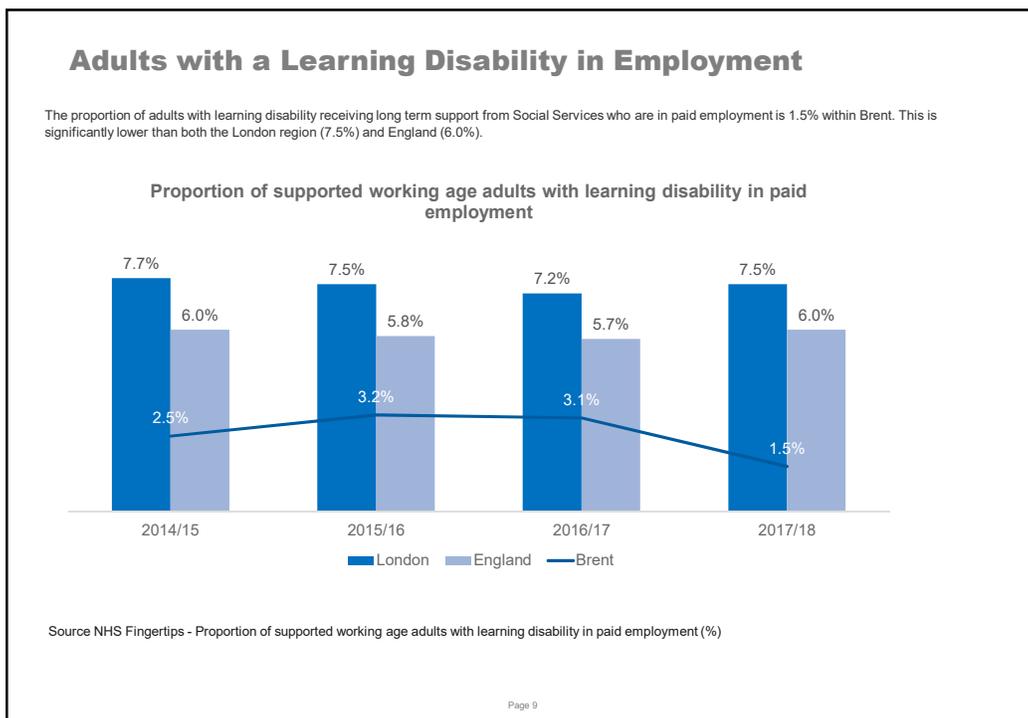
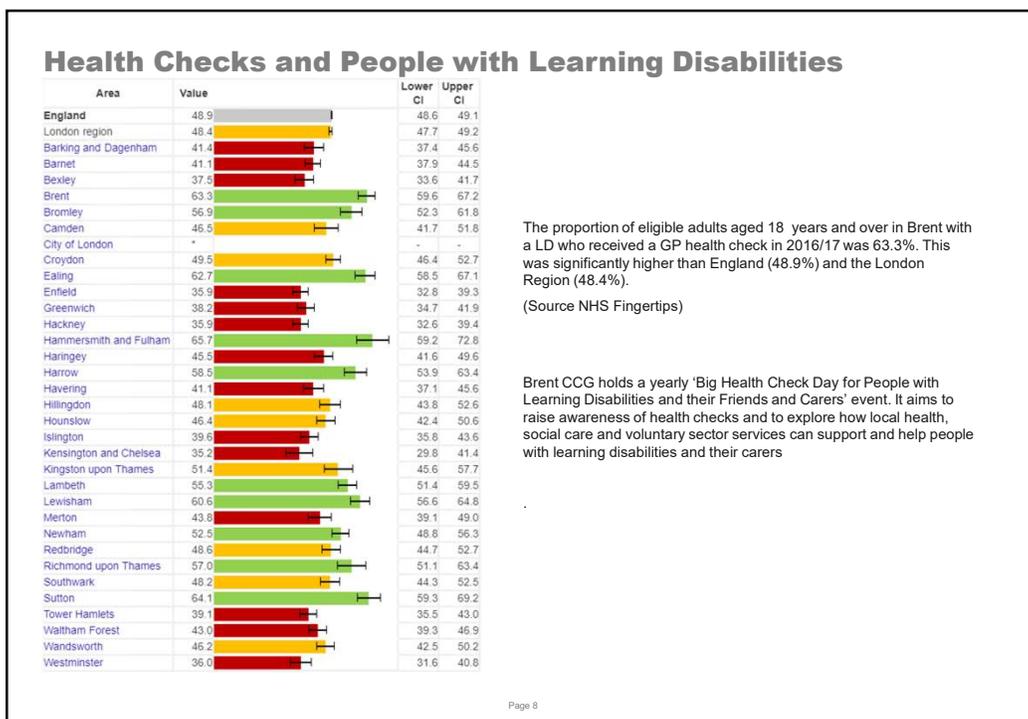
From 1st October 2017 to March 2019, there were 22 deaths of people with a learning disability notified in Brent. Notifications were received from LD professionals, Care Homes, local authority staff and NHS hospitals.

Key information about the people with learning disabilities whose deaths were notified:

- Over half (73%) of the deaths were men and 27% were women.
- 82% were Brent residents and 18% were in an out-of-area placement.
- All were single.
- 64% were White British, and 36% were of Asian / Black African / Black Caribbean heritage.
- Almost half were in their 50s.
- The youngest was 25 and the oldest 84 years.
- Most of the deaths occurred in hospital, followed by usual place of resident.
- 46% had mild learning disabilities
- 18% had moderate learning disabilities
- 27% had severe learning disabilities (27%)
- 9% had profound / multiple learning disabilities with (9%)

Review outcomes: Of the 22 cases reviewed, 73% were identified as receiving good care but fell short of current best practice in one minor area. Almost 28% fell short of current best practice in more than one significant area, however this was not considered to have had the potential for adverse impact on the individual.

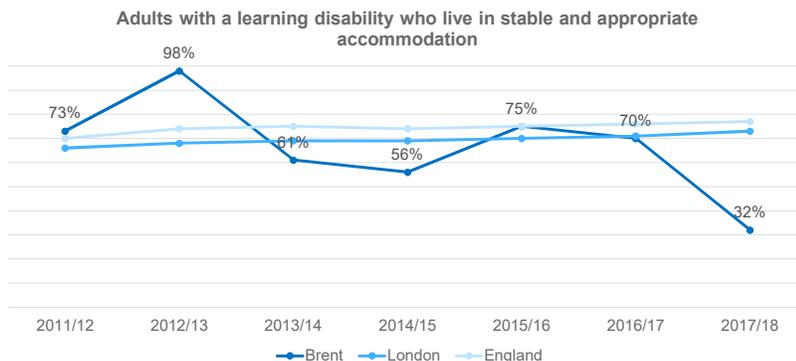
Page 7



Accommodation Needs

Accommodation for people with Learning Disabilities can be broadly divided into 'settled' and 'non-settled'. Settled is where the person can reasonably expect to stay as long as they want.

Unsettled accommodation is either seen as unsatisfactory or likened to residential care homes in which residents do not have security of tenure.



As the graph shows above, 32% of adults with a learning disability live in stable and appropriate accommodation in Brent. This is significantly lower than London (73%) and England (77%) in 2017/18. The recent fall in the rate for Brent is being explored.

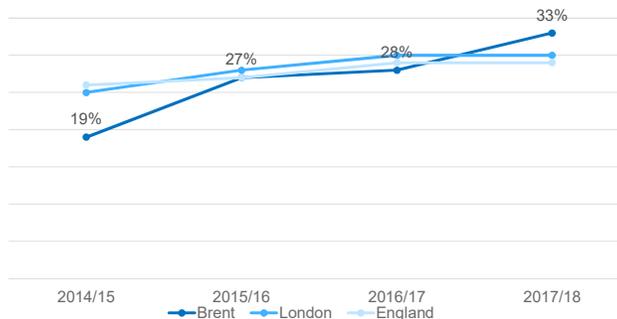
Source: NHS Digital. Measures from the Adult and Social Care Outcomes Framework

Page 10

People with learning disabilities receiving direct payments

Direct Payments allow people (including people with a learning disability) in receipt of community care services to receive money which they can use to purchase their own services.

Direct Payments must be used to purchase supports to meet the person's needs as assessed through a community care assessment. For example, it can be used to help provide support for somebody wanting to do a job as an alternative to a day service, or to provide support for people on short term breaks. People can directly employ personal assistants, or contract with independent agencies to provide assistance. Direct Payments can also be used to purchase equipment (usually small and inexpensive items) or to pay for adaptations which would otherwise have been provided by the Social Services Department.



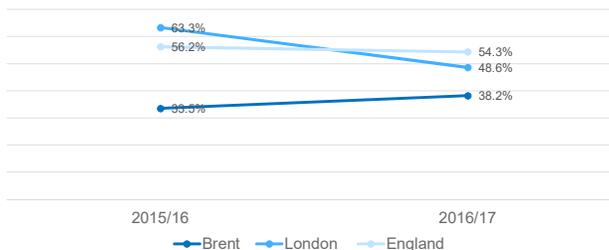
Looking at the findings Brent has made significant improvements in offering Direct Payments to people with a learning disability. In 2014/15 Brent was lower (19%) to the England average (26%). Since then Brent has made continuous progress and in 2017/18 the rate locally was 33% , higher the England average of 29%.

Page 11

Individuals with learning disabilities involved in Section 42 safeguarding enquiries

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom

Referrals of people with learning disabilities for adult safeguarding per 1,000 people on the GP Learning Disability register (Source NHS Fingertips)



While the lower rates of Section 42 safeguarding enquiries in Brent than the London and England average may be positive, Brent Safeguarding Adults Board recognises the need to continually raise awareness of safeguarding in the community. The BSAB strategic plan to do so focuses on:

1. Increasing awareness and understanding of safeguarding adults within the Brent Safeguarding Adults Board workforce and wider community
2. Continuing to work together to understand and meet the challenges of the Mental Capacity Act 2005 & Deprivation of Liberty Safeguards (DoLS)
3. Ensuring that the work of the SAB is influenced by service users and their representatives and increasing the voice of service users, carers and their representatives in the work of the BSAB
4. Continuing to work to progress the 'Making Safeguarding Personal' agenda
5. Using training & workforce development to support the delivery of BSAB priorities

Page 12

Adults with Autistic Spectrum Disorders (ASD)

There are an estimated 2,202 people in Brent aged 18-64 with Autistic Spectrum Disorders (2019 figures). This is predicted to rise to 2,242 in 2035, an increase of 1.8%

Of the 2,202, the estimated gender split is 9% female and 91% male.

For those over 65, there are an estimated 380 people with ASD with a gender split of 125 female and 88% male.

Whilst the prevalence of ASD in 18-64 years is predicted to increase by 1.8% between 2019 to 2035, for those aged 65 and over the prevalence is expected to almost double to 604 people in 2035.

(Source POPPI and PANSI)

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Mental Health

Brent JSNA
2019



NHS
Brent
Clinical Commissioning Group

Summary

Key Messages

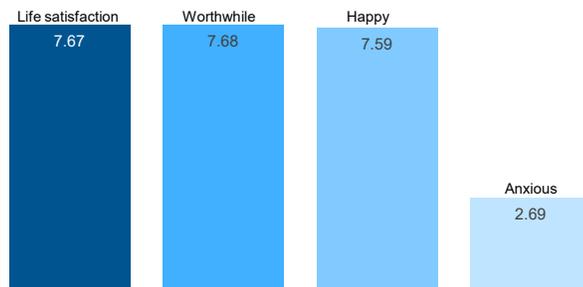
- In 2017/18, 5.9% of the adult (18+) population of Brent had a diagnosis of depression, lower than 9.9% the England average. The diagnosed rate of depression in Brent CCG is the 5th lowest amongst CCGs in London. Recorded rates of depression are rising in Brent as in London and England
- Brent residents can self refer to talking therapies. Local patient satisfaction rates are very high and waiting times are relatively short
- More people in Brent are in contact with both mental health and substance misuse services than is the case nationally.
- The prevalence of severe and enduring mental illness in Brent is 1.25% of the population, which is above both the London (1.1%) and England (0.94%) averages. These long-term illnesses include schizophrenia, personality disorders and bi-polar disorder.
- Brent's suicide rate has been fairly consistent over the past decade, and remains below the national average.
- The admission rate for hospital admissions as a result of self-harm in those aged 10-24 years is significantly lower in Brent than the England average. Levels of self-harm at a national level are higher among young women than young men.

Mental Health: Personal Wellbeing in Brent

The following questions were asked to adults aged 16 and over by the Office for National Statistics:

- Overall, how satisfied are you with your life nowadays?
- Overall, to what extent do you feel the things you do in your life are worthwhile?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?

Score: 0 is not at all and 10 is completely



Source: ONS Personal Well-being (Happiness) by Borough 2016/17

The average (mean) ratings across the four measures of personal well-being in the year ending June 2018 were:

7.7 out of 10 for life satisfaction

7.9 out of 10 for feeling that the things done in life are worthwhile

7.5 out of 10 for happiness yesterday

2.9 out of 10 for anxiety yesterday

Comparing the years ending June 2017 and June 2018, there were no significant changes for any of the measures of personal well-being in the UK.

Common Mental Disorders (CMDs)

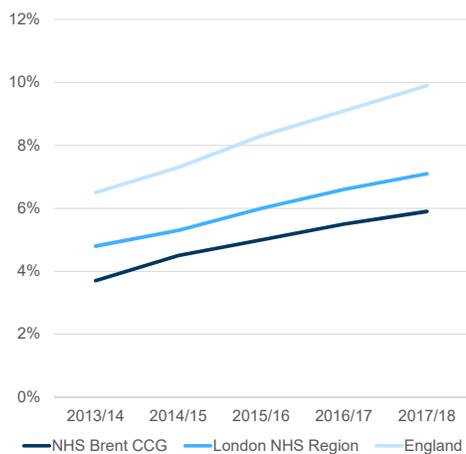
Positive mental wellbeing is associated with a number of improved health outcomes, most notably reduced levels of mental health, general health, physical illness and improved social relationships.

Common Mental Disorders (CMDs) are recognised as those mental health conditions that cause significant emotional distress and interfere with daily function. They do not usually affect insight or cognition and tend to comprise depression and anxiety. In NHS Brent CCG, estimates suggest that 20.8% of the population aged 16 and over had a CMD. This is lower than the London average of 19.3% but higher than the England average of 16.9% (Source: *Adult Psychiatric Morbidity Survey*)

Depression and Anxiety

Depression: Recorded Prevalence (aged 18+)

Brent's recorded prevalence of depression is significantly lower than the English average. Brent has the 5th lowest depression prevalence amongst CCG's in London.



Period	NHS Brent CCG				London NHS region	England
	Count	Value	Lower CI	Upper CI		
2013/14	10,347	3.7%	3.7%	3.8%	4.8%	6.5%
2014/15	12,970	4.5%	4.5%	4.6%	5.3%	7.3%
2015/16	14,605	5.0%	5.0%	5.1%	6.0%	8.3%
2016/17	15,999	5.5%	5.4%	5.6%	6.6%	9.1%
2017/18	17,729	5.9%	5.8%	6.0%	7.1%	9.9%

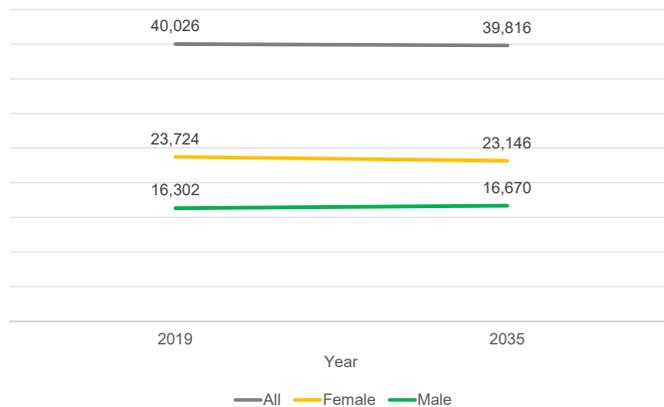
Source: Quality and Outcomes Framework (QOF), NHS Digital

CMDs

Estimated prevalence: 2019 to 2035

In Brent, 40,026 people aged 18 to 64 years were estimated to have a CMD in 2019. By 2035, this is predicted to decrease to 39,816 people.

People with CMD in Brent (18-64)



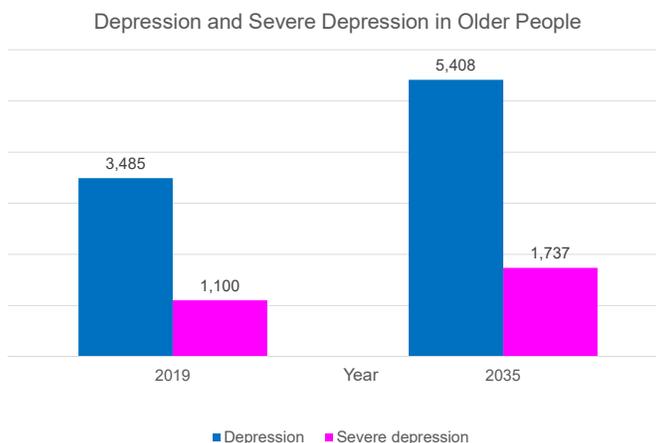
Source: PANSI

KA11

Slide 6

KA11 Source needs to be better
Kittappa, Anne, 05/12/2019

Depression and Severe Depression in the Older People in Brent



Source: POPPI

Figures are taken from McDougall et al, Prevalence of depression in older people in England and Wales: the MRC CFA Study in Psychological Medicine, 2007, 37, 1787-1795.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to have depression, to 2035. Page 6

IAPT: talking therapies for depression and anxiety

The Improving Access to Psychological Therapies (IAPT) programme was launched in 2008 in order to improve the quality and accessibility of mental health services in England. Its focus is on therapies like cognitive behavioural therapy, counselling and self help support – known as ‘talking therapies’ – for working age people experiencing common mental health problems such as anxiety and depression. In Brent people can be referred to IAPT by their GP, or they can self-refer.

The recent Five Year Forward View for Mental Health set out the ambition that access to psychological therapies should be expanded to 350,000 more adults each year by 2020/21. IAPT currently aims to reach 15% of those with common mental health problems every year – the aim is to increase this to 25%.

Patient Experience

The table below shows one measure of patient experience surveyed at the end of IAPT treatment. Patients were asked “on reflection, did you get the help that mattered to you?” The percentage answering this question “at all times” ranged from 97% in Brent to 8% in East Lancashire.

PATIENT EXPERIENCE: PERCENTAGE ANSWERING “ON REFLECTION, DID YOU GET THE HELP THAT MATTERED TO YOU?” WITH “AT ALL TIMES”			
Best (Highest)	%	Worst (Lowest)	%
Brent	97%	East Lancashire	8%
Stafford & Surrounds	96%	Ipwich & East Suffolk	35%
Fylde & Wyre	91%	Chiltern	35%
Cannock Chase	91%	Aylesbury Vale	39%
Halton	91%	West Suffolk	44%
Hambleton, Richmondshire & Whit	91%	West Leicestershire	48%
Warwickshire North	91%	Wolverhampton	49%
South Manchester	90%	East Leicestershire & Rutland	50%
Milton Keynes	90%	Bath & North East Somerset	50%
Knowsley	90%	Richmond	50%

Lowest IAPT Waiting Times, 2016/17

Average days from referral to 1st treatment, between first and 2nd treatment, and total from referral to 2nd treatment

LOWEST	
Total from referral to 2nd treatment	
Waltham Forest	16
Warrington	28
Swindon	30
Wigan Borough	32
South Devon & Torbay	34
Cannock Chase	36
Wiltshire	37
Stafford & Surrounds	37
Ashford	37
Brent	38

Source: Mental health statistics for England: prevalence, services and funding. Briefing paper 25 April 2018

Dual diagnosis

Dual diagnosis is used to describe people with mental health problems who have co-existing problems with drugs and/or alcohol.

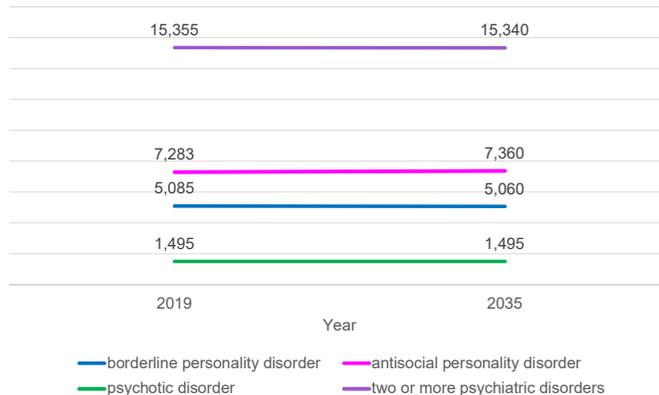
In Brent, the proportion of people who were in contact with mental health services when they were accessing services for drug misuse was 26.8% in 2013/14. This was higher than the England average of 17.5%. Similarly, the proportion of people in Brent (24.2%) who were in contact with mental health services when they accessed services for alcohol misuse was higher than the England average of 21.2% in 2013/14. This may suggest services in Brent are relatively responsive to the issue of dual diagnosis.

The latest statistics show that the record of alcohol consumption for patients on the Mental Health Register in Brent is higher (85.3%) than the average of England (80.6%) (Source: *Quality and Outcomes Framework (QOF), NHS Digital*)

Other mental health disorders

People aged 18 to 64 years predicted to have other mental health disorders in Brent from 2019 to 2035

Other mental health disorders



Source: PANSI

Eating Disorders

- Eating disorders are serious mental illnesses that involve disordered eating behaviour. This might mean limiting the amount of food eaten, eating very large quantities of food at once, getting rid of food eaten through unhealthy means (e.g. purging, laxative misuse, fasting, or excessive exercise), or a combination of these behaviours.
- Eating disorders include:
 - Anorexia
 - Bulimia
 - Binge eating disorder
- It's also common for people to be diagnosed with "other specified feeding or eating disorder" (OSFED). This is not a less serious type of eating disorder – it just means that the person's eating disorder doesn't exactly match the list of symptoms a specialist will check to diagnose them with anorexia, bulimia, or binge eating disorder.

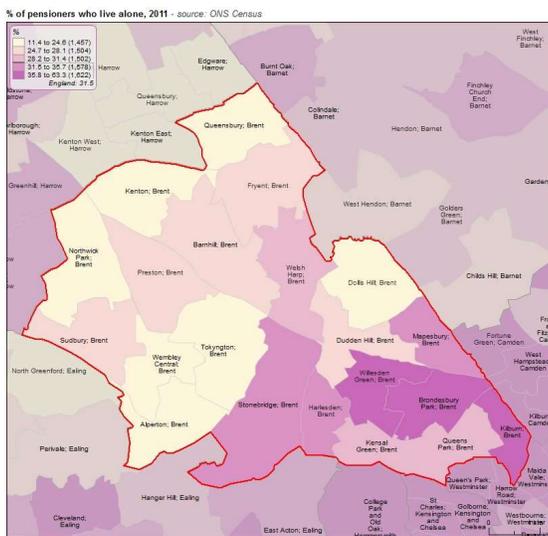
In Brent, estimates suggest that 7.1% of the population aged 16 and over may have an eating disorder. The England average was similar at 6.7% (Adult Psychiatric Morbidity Survey, 2007 and ONS population estimates).

For those aged 16 to 24 years, an estimated 4,700 young people may have an eating disorder

Page 10

Social Isolation and Loneliness

Proportion of pensioners who live alone in Brent



Analysis

KA16

The 2011 Census identified that Kilburn (40%), Willesden Green (38%) and Brondesbury Park (38%) had the highest proportion of pensioners who live alone. Wembley Central (16%) and Northwick Park (18%) had the lowest proportion of pensioners living alone. Social isolation, loneliness and higher levels of deprivation are all linked with pensioners who live alone.

Social isolation is a lack of social interaction, contact, or communication with other people. Loneliness is different in that it is the feeling of being alone or isolated.

Although *social isolation* is most common in the elderly, younger adults can still suffer *social isolation*. Both *social isolation* and loneliness can have a detrimental effect on the health and wellbeing of an individual. 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% (Adult Social Care Survey, England).

In Brent, a number initiatives have been put in place to address social isolation. These include the Social Isolation in Brent Initiative (SIBI) which is a project designed with the input of a range of key partners which aims to tackle social isolation in Brent's communities in all risk groups aged 18 years and over.

©PE - © Crown copyright and database rights 2014. Ordnance Survey 100016969 - ONS © Crown Copyright 2014 - West (2013) boundaried
Source: ONS 2011 Census

Slide 12

KA16 Add in information from the RAs here? There is a whole social isolation slide which could be lifted and shifted

Kittappa, Anne, 05/12/2019

Severe and Enduring Mental Illness

Local prevalence

Severe and enduring mental health conditions include long term illnesses such as schizophrenia, personality disorder, bipolar disorder, or other psychosis. Estimates suggest that people with severe mental health conditions die 10 years younger than the general population due to poorer physical health.

In Brent, 1.25% of the adult population are recorded as having an enduring mental illness. This is above both the London (1.11%) and England (0.94%) averages. (Source: *Quality and Outcomes Framework (QOF), NHS Digital 2017/18*)

Schizophrenia

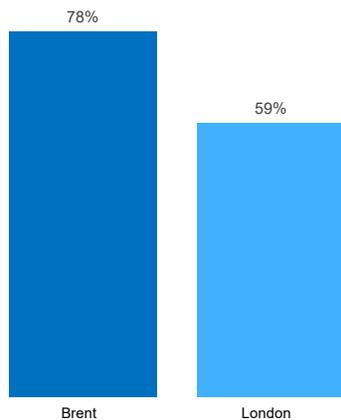
Most studies estimate that just under 1% of the population will be diagnosed with schizophrenia during their lifetime. In Brent, the rate of emergency admissions for schizophrenia was 103 per 100,000 of the population in 2009/10-2011/12. This was higher than the England average which was 57 per 100,000 of the population (Hospital Episode Statistics).

Post traumatic stress disorder (PTSD)

The estimated prevalence of post traumatic stress disorder (PTSD) in Brent was 3% in 2012 in people aged 16 and above.

Accommodation Needs

Insecure accommodation or homelessness are detrimental to mental health. Rates of homelessness are higher in those with enduring mental illness. The proportion of people in contact with adult mental health services aged 18-69 who are in settled accommodation is a marker of the quality of local health and care services. It is higher in Brent than for London



Source: Mental Health Services Monthly Statistics (MHSMS) March 2019

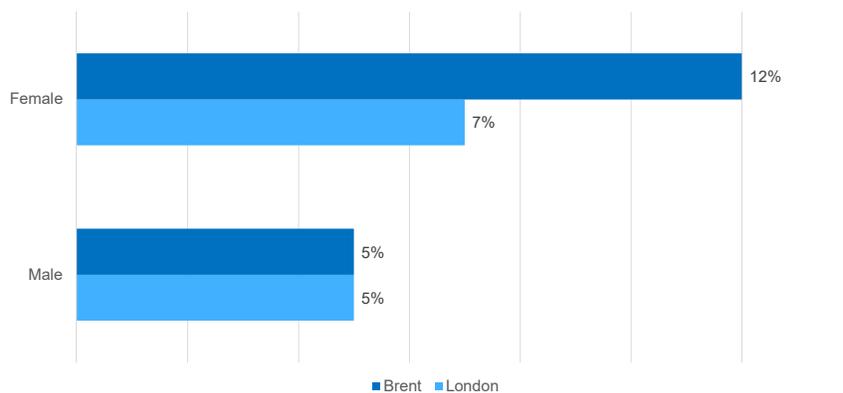
Slide 14

KA19 What is CPA
Kittappa, Anne, 05/12/2019

KA20 Can we have a bit of context on here about why this is included?
Kittappa, Anne, 05/12/2019

Employment and users of secondary mental health services

Good work is beneficial to physical and mental health. People with enduring mental illness have lower employment rates than the general population. The proportion of adults in contact with secondary mental health services who are in paid employment is a marker of the quality of local health and care services. At 12% for women, this is higher in Brent than in London. Rates for men are the same, 5%.



Source: Measures from the Adult Social Care Outcomes Framework (ASCOF), England 2017-18

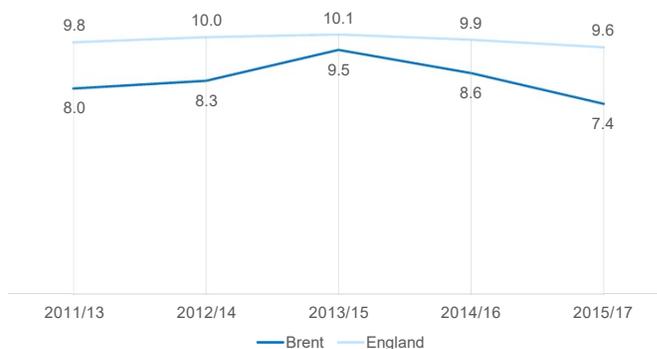
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Suicide Related Mortality

Local, regional and national suicide rates

As with self-harm, suicide itself is not a mental health condition and usually the result of mental distress which may or may not be associated with a diagnosable mental illness. However mental illness increases the likelihood of suicide. Between 2015 and 2017, the overall suicide rate in Brent was 7.4 per 100,000 of the population. This is below the England rate which is 9.6 per 100,000 of the population.

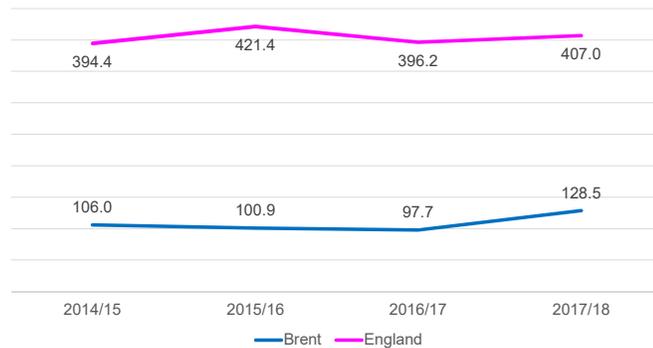
Suicide Rate per 100,000 population



Source: Public Health England (based on ONS source data)

Young People and Self-Harm

Hospital admissions as a result of self-harm (10-24 years) per 100,000 people



The admission rate in Brent is significantly lower than the England average. Levels of self-harm at a national level are higher among young women than young men.

Source: Hospital Episode Statistics (HES) Copyright © 2019, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Cost of mental health (financial, social) and cost effectiveness of prevention

Spending on mental health services has been increasing year on year in Brent. From 2016/17 to 2017/18, Brent CCG spending allocations towards mental health services increased from 8% to 9% (Source Brent CCG Annual Report 2018)

The evidence base informing public mental wellbeing interventions is growing, strengthening the evidence base for savings generated by promoting wellbeing and preventing illness and suicide. London School of Economic's Return on Investment (ROI) tool finds that the potential returns on investment is significant. For every pound invested on suicide prevention, approximately £2.93 can be saved in society over the course of ten years. Furthermore, for every pound spent in workplace wellbeing programmes, an estimated saving of £2.37 can be generated to society.

References and Data Sources

Open Public Services Network (OPSN) Review: <https://www.thersa.org/action-and-research/rsa-projects/public-services-and-communities-folder/mental-health/long-life.html/>

Public Health Profiles - <https://fingertips.phe.org.uk>

HSCIC, Quality and Outcomes Framework (QOF): <http://qof.hscic.gov.uk/>

HSCIC, Mental Health Minimum Dataset (MHMDS)

Adult Psychiatric Morbidity Survey in England (2007): <http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf>

IAPT (HSCIC): <http://www.hscic.gov.uk/iapt>

ONS Annual Population Survey

PANSI – Projecting Adult Need and Service Information System: <http://www.pansi.org.uk/>

POPPI - Projecting Older People Population Information System <https://www.poppi.org.uk/>

Sexual and Reproductive Health

Brent JSNA

2019/2020

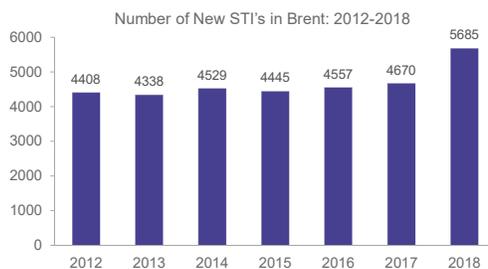



Summary

Key data:

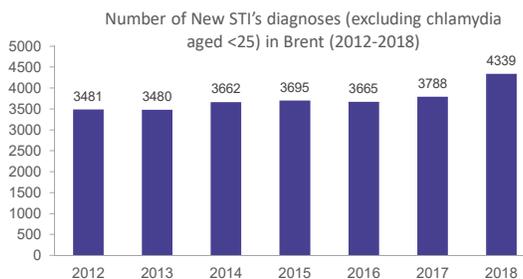
- Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of Brent in 2018 was 5,685. The rate was 1,727 per 100,000 residents, considerably higher than the rate of 784 per 100,000 in England.
- The chlamydia detection rate per 100,000 young people aged 15-24 years in Brent was 3,256 in 2018, better than the rate of 1,975 for England (higher figures indicate less undiagnosed infection)
- The rank for gonorrhoea diagnoses (a marker of levels of risky sexual activity) in Brent was 15th highest (out of 147 UTLAs) in 2018. The rate per 100,000 was 247, worse than the rate of 98.5 in England.
- Among sexual health service (SHS) patients from Brent who were eligible to be tested for HIV, the percentage tested in 2018 was 74.1%, better than the 64.5% in England.
- The number of new HIV diagnoses among people aged 15 years and above in Brent was 64 in 2017. The rank for HIV prevalence in Brent was 21st highest (out of 150 UTLAs).
- In Brent, in 2015-17, the percentage of HIV diagnoses made at a late stage of infection (CD4 count \leq 350 cells/mm³ within 3 months of diagnosis) was 38.9%, similar to 41.1% in England.
- The total rate of long-acting reversible contraception (LARC) (excluding injections) prescribed in primary care, specialist and non-specialist sexual health services per 1,000 women aged 15-44 years living in Brent was 27.5 in 2017; lower than London or England
- The total abortion rate per 1,000 women aged 15-44 years in 2017 was 24.0, higher than the rate of 17.2 for England
- Of those women under 25 years who had an abortion in 2017, the proportion who had had a previous abortion was 30.6%, higher than the proportion of 27% for England
- In 2017, the conception rate for under-18s in Brent was 13.8 per 1,000 girls aged 15-17 years, better than the rate of 17.8 in England.
- In 2017/18, the percentage of births to mothers under 18 years was 0.3%, better than 0.7% in England overall.

Number of STI Diagnoses in Brent from 2012 - 2018



There have been a steady increase in the number of new STI's (including chlamydia) diagnosed in Brent. A total of **5,685** new STI's were diagnosed in residents of Brent in 2018. This showed a **22%** increase from 2017.

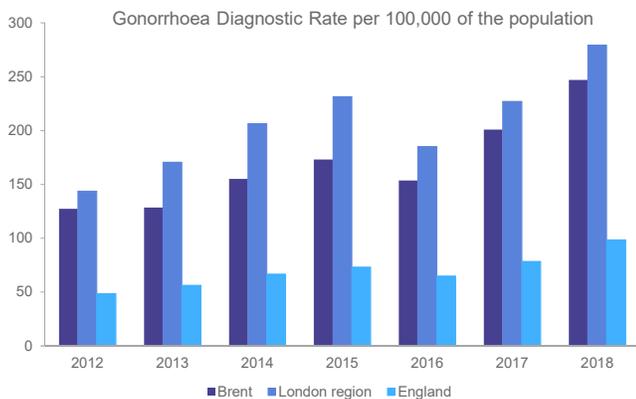
There has also been an increase in the number of new STI's excluding chlamydia aged <25 diagnosed in Brent. From 2017 to 2018 there was **15%** increase in the number of diagnoses.



Source: PHE Fingertips, 2019

Page 2

Gonorrhoea



813 new cases of **Gonorrhoea** were diagnosed in Brent in 2018.

A **23%** increase in the number of diagnoses in 2018 compared to 2017. In the six years from 2012 to 2018, there was an increase in the number of gonorrhoea cases diagnosed in Brent from **400** cases to **813** cases respectively.

The gonorrhoea diagnostic rate in Brent in 2018 was **247 per 100,000** of the population. This was lower compared to the London rate of **279 per 100,000** and higher compared to the England rate of **39 per 100,000**.

Source: PHE Fingertips, 2019

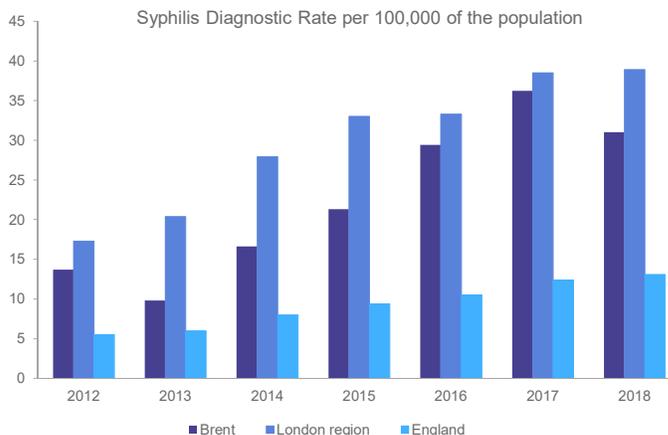
Page 3

Syphilis



102 new cases of Syphilis were diagnosed in Brent in 2018.

A 14% decrease in the number of diagnoses in 2018 compared to 2017. In the six years from 2012 to 2018, there was an increase in the number of syphilis cases diagnosed in Brent from 43 cases to 102 cases respectively.



The syphilis diagnostic rate in Brent in 2018 was **31 per 100,000** of the population. This was lower compared to the London rate of 39 per 100,000 and higher compared to the England rate of 13 per 100,000.

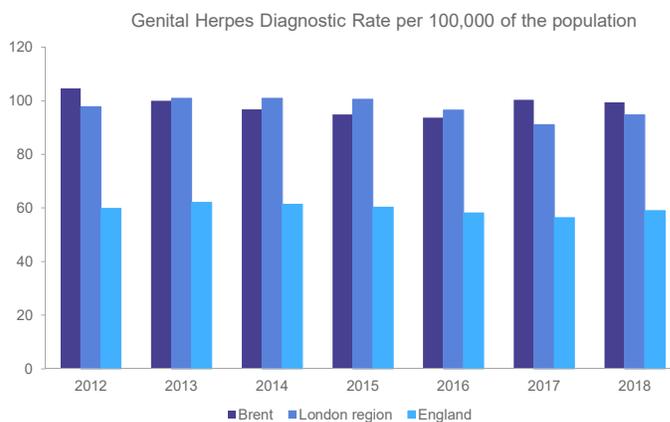
Source: PHE Fingertips, 2019

Page 4

Genital Herpes

327 new cases of Genital Herpes were diagnosed in Brent in 2018.

A 1% decrease in the number of diagnoses in 2018 compared to 2017. In the six years from 2012 to 2018, there was a slight decrease in the number of syphilis cases diagnosed in Brent from 329 cases to 327 cases respectively.



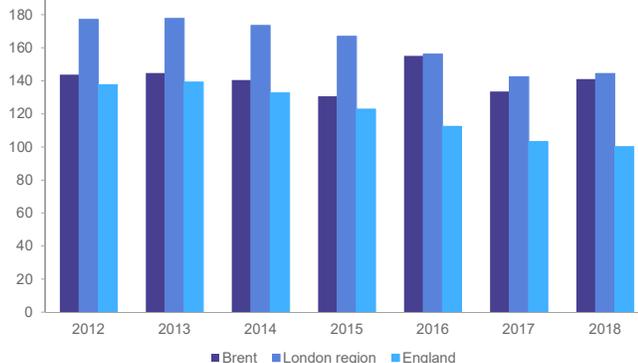
The genital herpes diagnostic rate in Brent in 2018 was **99 per 100,000** of the population. This was higher compared to the London rate of 95 per 100,000 and higher compared to the England rate of 59 per 100,000.

Source: PHE Fingertips, 2019

Page 5

Genital Warts

Genital Warts Diagnostic Rate per 100,000 of the population



464 new cases of Genital Warts were diagnosed in Brent in 2018.

A 6% increase in the number of diagnoses in 2018 compared to 2017. In the six years from 2012 to 2018, there was an increase in the number of syphilis cases diagnosed in Brent from 452 cases to 464 cases respectively.

The genital warts diagnostic rate in Brent in 2018 was **141 per 100,000** of the population. This was lower compared to the London rate of 144 per 100,000 and higher compared to the England rate of 100 per 100,000.

Source: PHE Fingertips, 2019

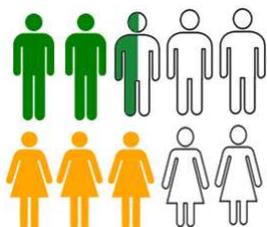
Page 6

Chlamydia detection



2,446 new cases of chlamydia were diagnosed in Brent in 2018.

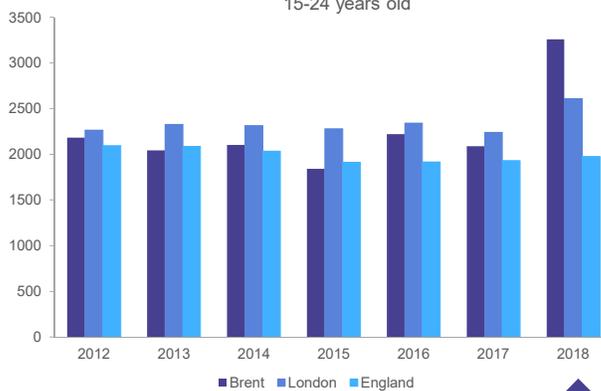
The chlamydia detection rate increased by **56%** in 2018 compared to 2017. In the five years from 2013 to 2018, there was a **59%** increase in the chlamydia detection rate among 15-24 year olds in Brent.



The detection rate for males increased by **52%** and **59%** for females in Brent from 2017 to 2018.

Source: PHE Fingertips, 2019

Chlamydia detection rate per 100,000 of the population in 15-24 years old



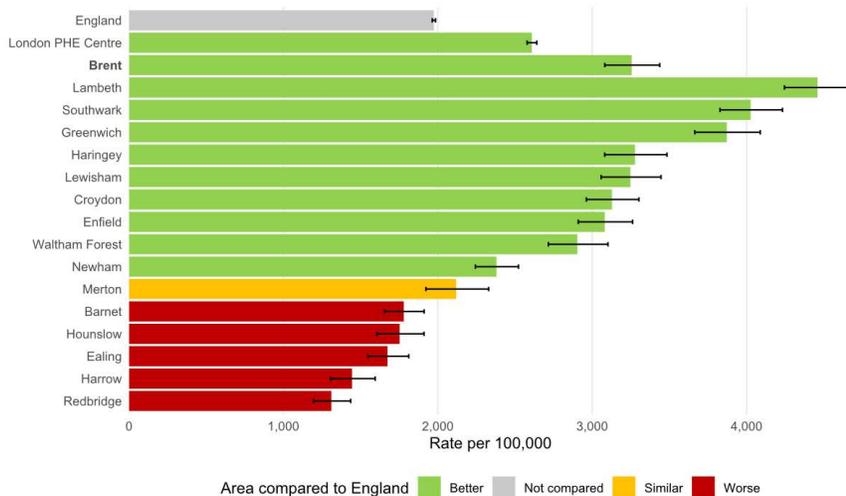
The chlamydia detection rate in 15-24 year olds in 2018 in Brent was 3,256 per 100,000 population (1,304 positives out of 11,331 screened), higher than the 2,300 target. **28%** of 15-24 year olds were tested for chlamydia, compared to 20% nationally.

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Chlamydia Detection

Chlamydia detection rate per 100,000 population in 15-24 year olds in 16 similar local authorities and the London PHE Centre, compared to England: 2018

Similar refers to statistical nearest neighbours, derived from [CIPFA's Nearest Neighbours Model](#)

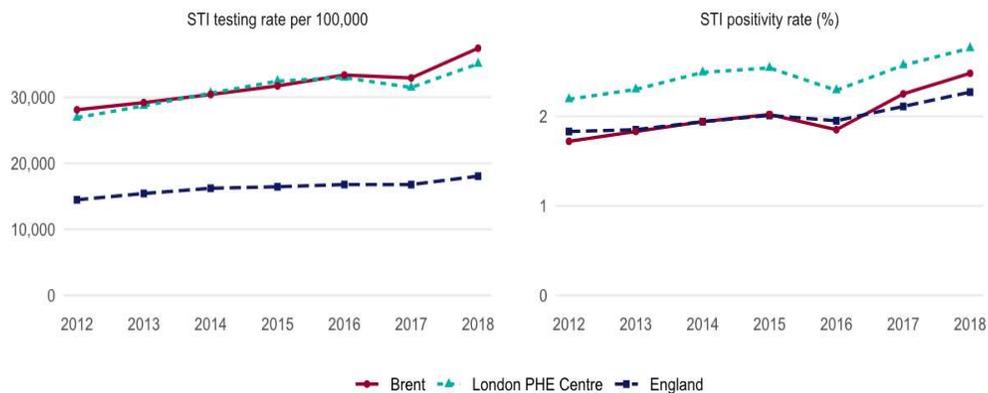


Source: PHE Fingertips, 2019

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STI testing in sexual health services

STI testing rate and positivity rate (excluding chlamydia in under 25 year olds) per 100,000 population aged 15-64 years by year in Brent, the London PHE Centre and England: 2012 to 2018



In 2018 the rate of STI testing (excluding chlamydia in under 25 year olds) in sexual health services in Brent was 37,441 per 100,000 aged 15 to 64 years, a 14% increase compared to 2017. This is better than the rate of 18,053 per 100,000 in England in 2018. The positivity rate in Brent was 2.5% in 2018, higher than 2.3% in England.

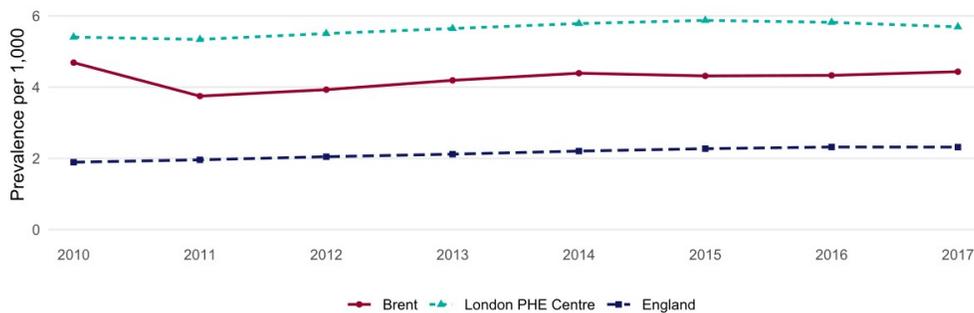
Source: PHE Fingertips, 2019

Page 9

People living with diagnosed HIV

In 2017, the number of Brent residents aged 15-59 years who were seen at HIV services (the prevalence of diagnosed HIV) was 927. The diagnosed prevalence per 1,000 residents aged 15-59 years was 4.4, worse than 2.3 per 1,000 in England. The Brent ranked 21st highest (out of 150 UTLAs). Since 2016, the increase in prevalence in Brent was 2%; in the 5 years since 2012, the increase was 13%

Diagnosed HIV prevalence per 1,000 population aged 15-59 years by year in Brent compared to rates in the London PHE Centre and England: 2010 to 2017.



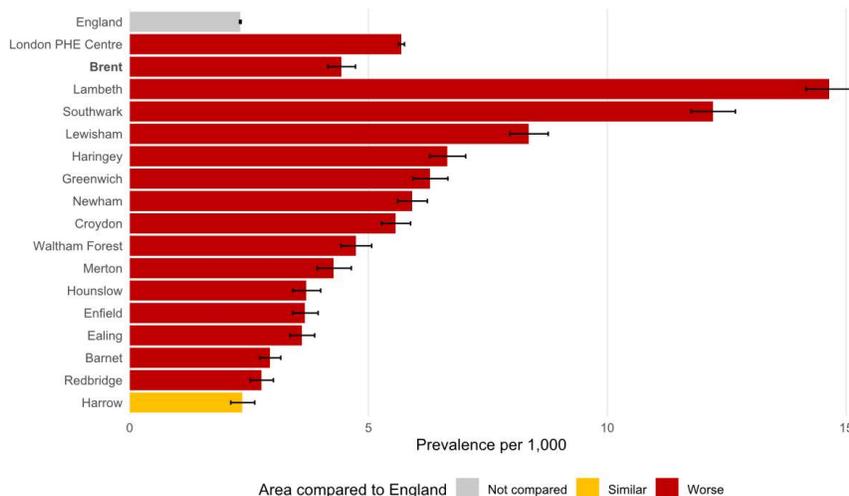
Source: PHE Fingertips, 2019

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People living with diagnosed HIV

Diagnosed HIV prevalence per 1,000 population aged 15-59 years in 16 similar local authorities and the London PHE Centre, compared to England: 2017

Similar refers to statistical nearest neighbours, derived from [CIPFA's Nearest Neighbours Model](#)

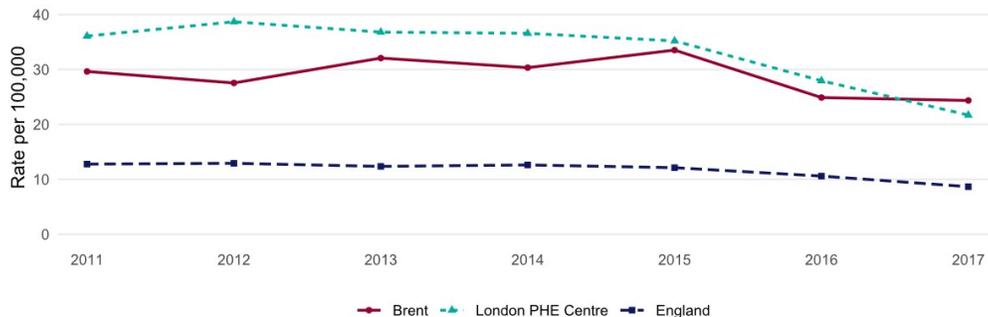


Source: PHE Fingertips, 2019

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New HIV diagnoses

Rate of new HIV diagnoses per 100,000 population among people aged 15 years or above by year in Brent compared to rates in the London PHE Centre and England: 2011 to 2017.



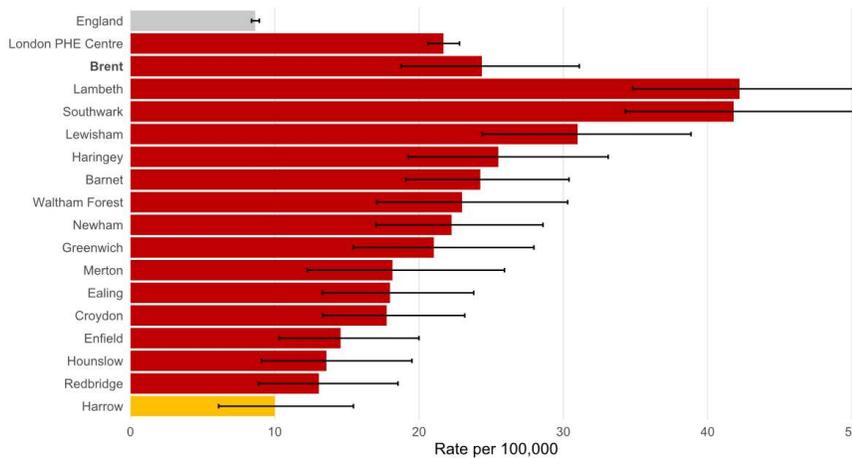
In 2017, the number of Brent residents aged 15 years and older who were newly diagnosed with HIV was 64. The rate of new diagnoses per 100,000 residents was 24.4, worse than the rate of 8.7 per 100,000 in England. This represented a 2% decrease since 2016 and a 12% decrease in the 5 years since 2012. The rank of Brent for new HIV diagnoses was 13th highest (out of 150 UTAs).

Source: PHE Fingertips, 2019

New HIV diagnoses

New HIV diagnoses rate per 100,000 population aged 15 years and above in 16 similar local authorities and the London PHE Centre, compared to England: 2017

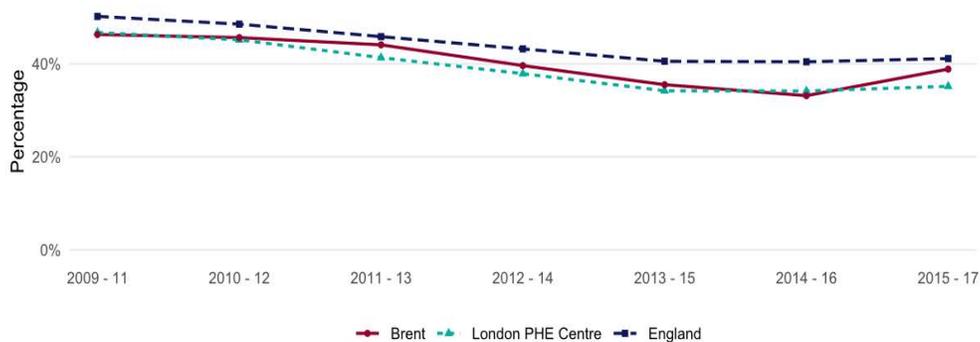
Similar refers to statistical nearest neighbours, derived from [CIPFA's Nearest Neighbours Model](#)



Source: PHE Fingertips, 2019

Late HIV diagnosis

Percentage of late HIV diagnoses in Brent compared to the London PHE Centre and England: 2009-11 to 2015-17



In Brent, the percentage of HIV diagnoses made at a late stage of infection in 2015 - 17 was **39%** (95% CI 31.6 to 46.5), similar to 41% (95% CI 40.2 to 42.1) in England.

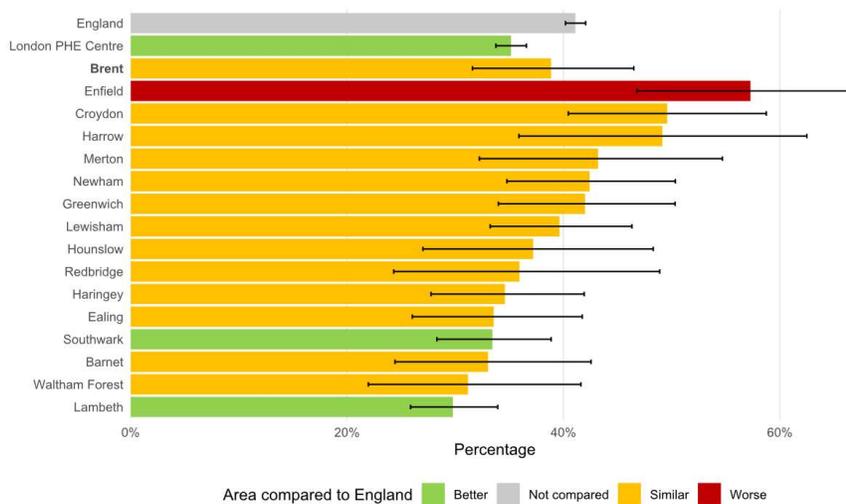
Source: PHE Fingertips, 2019

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Late HIV diagnosis

Percentage of late HIV diagnoses in 16 similar local authorities and London PHE Centre, compared to England: 2015 - 17

Similar refers to statistical nearest neighbours, derived from [CIPFA's Nearest Neighbours Model](#)



Source: PHE Fingertips, 2019

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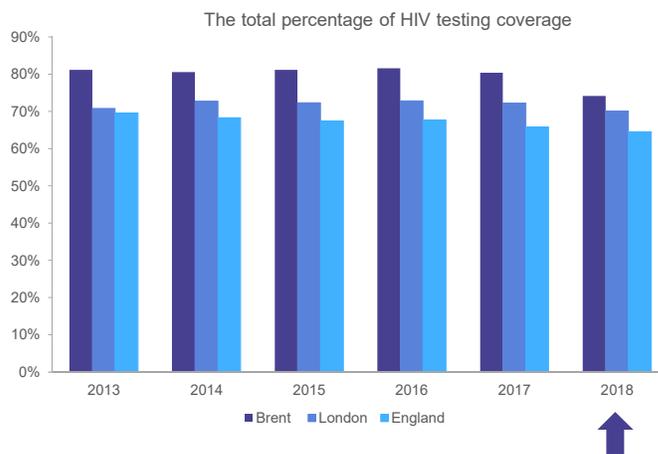
HIV testing

In 2018, the percentage of eligible MSM SHS attendees in Brent who received an HIV test was **89%**, better than 88% for England. This represented a **4%** decrease since 2017.

The percentage of eligible female SHS attendees in 2018 in Brent who received an HIV test was **67%**, better than 55% for England. This represented a **11%** decrease since 2017.



The percentage of eligible male SHS attendees in 2018 in Brent who received an HIV test was **84%**, better than 78% for England. This represented a **4%** decrease since 2017.



In 2018, the percentage of eligible SHS attendees in Brent who received an HIV test was **74%**, better than 71% for London and 65% for England. However, this represented a **8%** decrease since 2017, and a **9%** decrease since 2013.

Source: PHE Fingertips, 2019

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Contraception

- Contraception is available free of charge from: general practices, level 2 sexual and reproductive health (SRH) services, young person's clinics, NHS walk-in centres (emergency contraception only), some specialist sexual health services (emergency contraception and male condoms) and some pharmacists under a Patient Group Direction (usually only emergency contraception, condoms and chlamydia testing).
- Attendance indicators provide a measure of young people's access to specialist contraceptive services. The indicators are split by sex and unique attendances because there are different patterns of service access and recording relating to each sex. Females access services more than males, and make more repeated visits in a year.

Attendance and service provision at sexual and reproductive health (SRH) clinics



In 2017 in Brent, the rate per 1,000 of females under 25 years that attended specialist contraceptive services was **140.4** lower than the 142.0 rate for England. This represented a **4%** decrease since 2016.



In 2017 in Brent, the rate per 1,000 of males under 25 years that attended specialist contraceptive services was **16.4**, higher than the rate for England at 15.5. This represented a **4.6%** decrease since 2016.

Source: PHE Fingertips, 2019

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Contraception

Attendance at specialist contraceptive services among under 25s by gender, in Brent compared to the London PHE Centre and England: 2014 to 2017



Source: PHE Fingertips, 2019

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Contraception

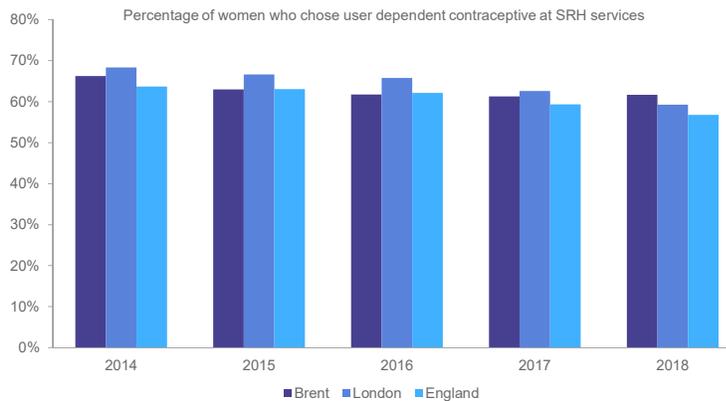
Contraceptive care

The next few slides will highlight women's choice of contraception at SRH services in Brent and England: 2014 - 2018

User dependent contraceptives



User dependent contraceptives rely on daily compliance. This indicator is a combination of all recorded contraceptive methods at SRH services excluding long-acting reversible contraception (LARCs).



In 2018 in Brent, the number of women who chose user-dependent methods at SRH Services was **4,171 (61.6%)**, higher in comparison to the London region at 59.2% and England at 56.7%.

Source: PHE Fingertips, 2019

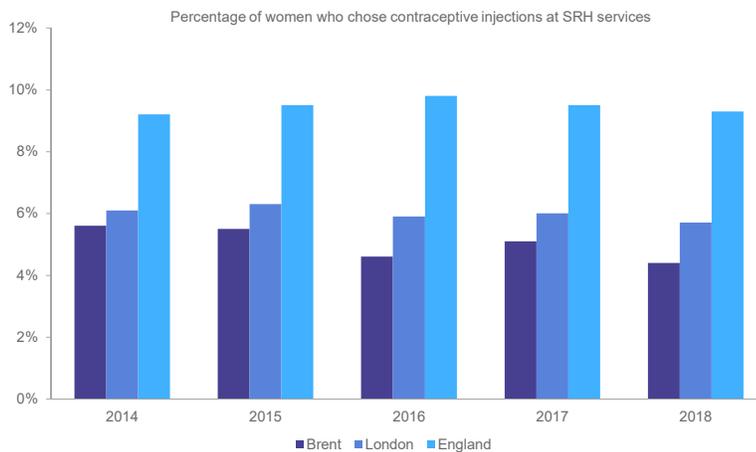
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Contraception

Injections



The contraceptive injection is a shot that contains hormones, either a progestin alone, or a progestin and an oestrogen together.



In 2018 in Brent, the number of women who chose contraceptive injections at SRH Services was **298 (4.4%)**, lower in comparison to the London region at 5.7% and England at 9.3%.

Source: PHE Fingertips, 2019

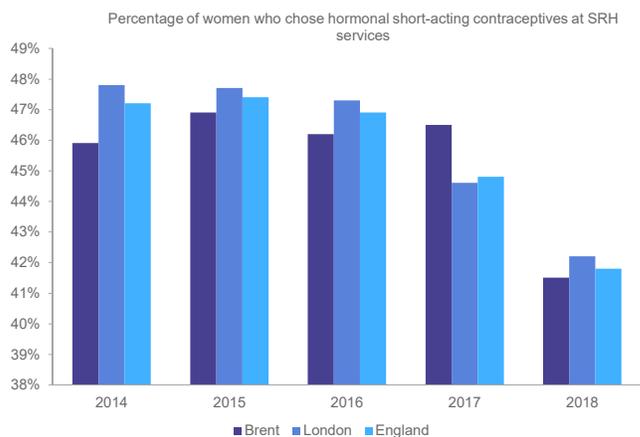
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Contraception

Hormonal short-acting contraceptives



Hormonal short acting contraceptives involve the use of oestrogen and progestin analogues to prevent pregnancy. Some examples of short acting contraceptives include the pill, patch and vaginal ring.



In 2018, the number of women who chose hormonal short-acting contraceptives at SRH Services was **2808 (41.5%)**, similar in comparison to the London region at 42.2% and England at 41.8%.

Source: PHE Fingertips, 2019

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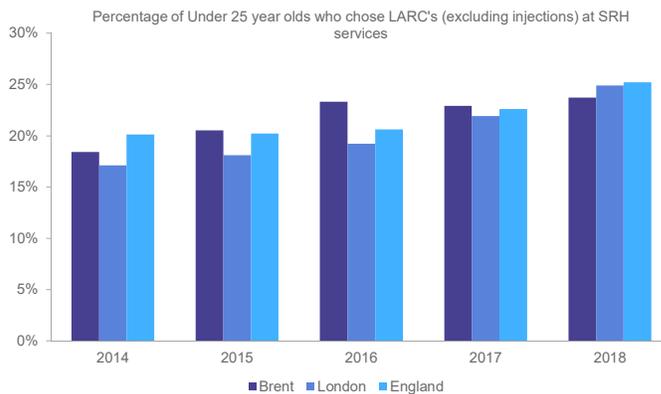
Contraception

Long-acting reversible contraceptives (LARC's)



Long-acting reversible contraceptives (LARC's) is defined as contraceptive methods that require administration less than once per cycle or month. These include:

- copper intrauterine devices
- progestogen-only intrauterine systems
- progestogen-only injectable contraceptives
- progestogen-only subdermal implants



In 2018 in Brent, the number of under 25 year olds who chose a long-acting reversible contraceptives at SRH Services was **545 (23.7%)**, lower in comparison to the London region at 24.9% and England at 25.2%.

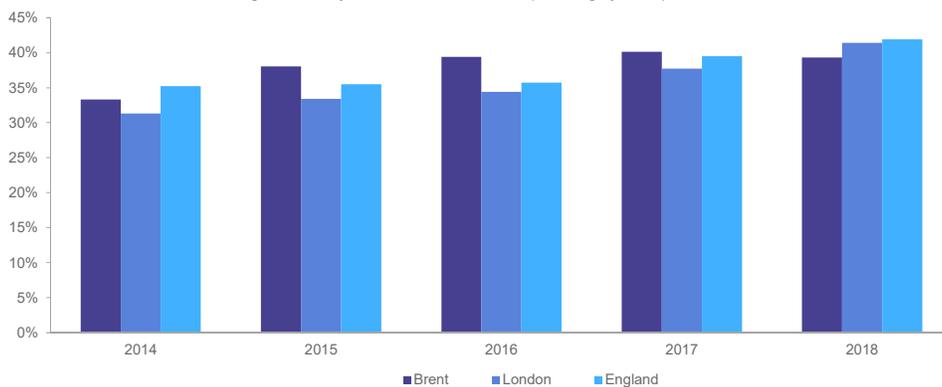
Source: PHE Fingertips, 2019

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Contraception

Long-acting reversible contraceptives (LARC's)

Percentage of over 25 year olds who chose LARC's (excluding injections) at SRH services



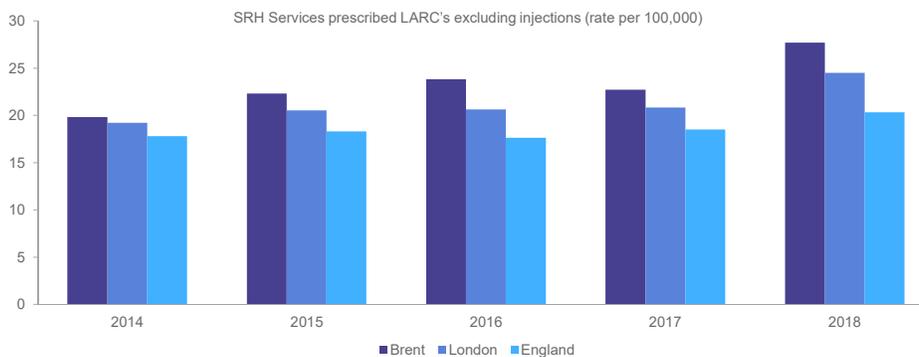
In 2018 in Brent, the number of over 25 year olds who chose a long-acting reversible contraceptives at SRH Services was **1,752 (39.3%)**, lower in comparison to the London region at 41.4% and England at 41.9%.

Source: PHE Fingertips, 2019

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Contraception

Long-acting reversible contraceptives (LARC's)



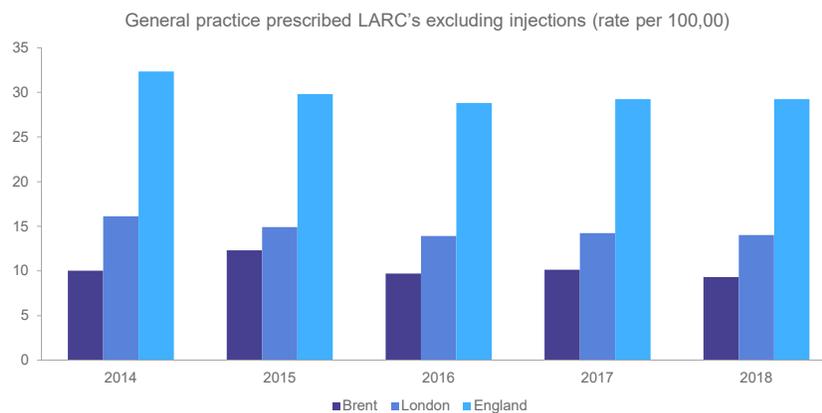
In 2018 in Brent, the rate of prescribed long-acting reversible contraceptives (excluding injections) at SRH Services were **1,913 (27.7%)**, higher in comparison to the London region at 24.5% and England at 20.3%.

Source: PHE Fingertips, 2019

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Contraception

Long-acting reversible contraceptives (LARC's)



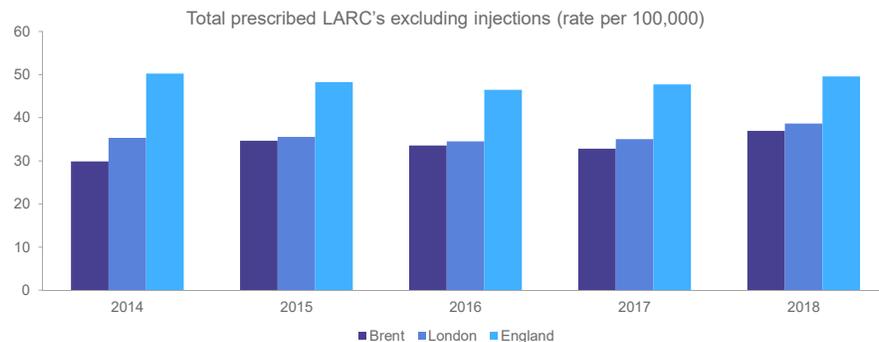
In 2018 in Brent, the rate of prescribed long-acting reversible contraceptives (excluding injections) in General Practice was **640 (9.3%)**, lower in comparison to the London region at 14% and England at 29.2%.

Source: PHE Fingertips, 2019

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Contraception

Long-acting reversible contraceptives (LARC's)



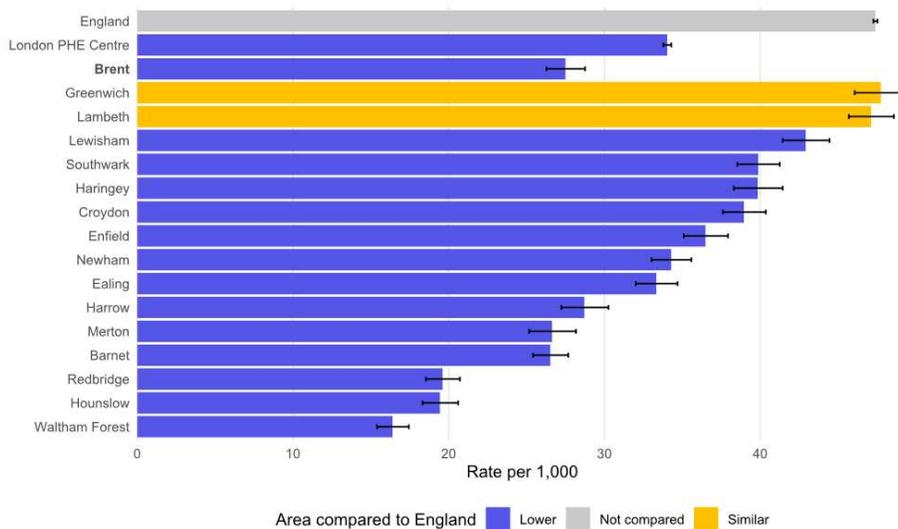
In 2018 in Brent, the total rate of prescribed long-acting reversible contraceptives (excluding injections) was **2553 (36.9%)**, lower in comparison to the London region at 38.6% and England at 49.5%.

Source: PHE Fingertips, 2019

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Contraception

Total rate of LARC (excluding injections) prescribed in primary care and in SRH services per 1,000 women aged 15-44 years in 16 similar local authorities and the London PHE Centre, compared to England: 2017



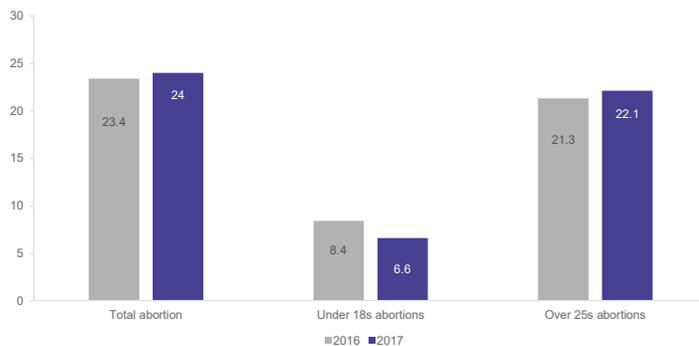
Source: PHE Fingertips, 2019

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Reproductive health

Abortion figures in Brent: 2016-2017

Abortion figures in Brent: 2016 – 2017 (Rate per 100,000)



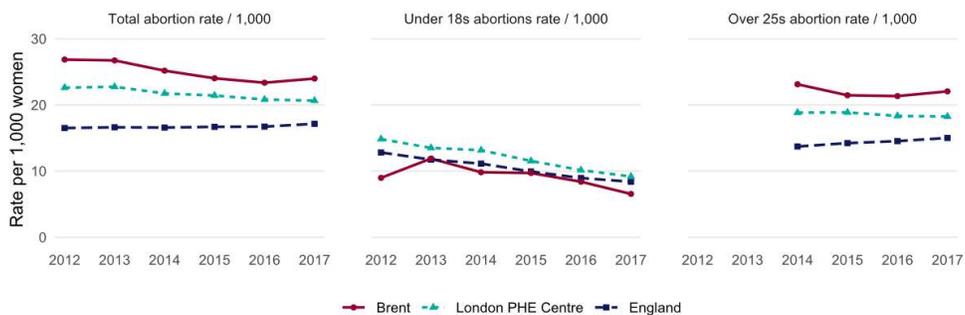
In 2017, the total number of abortions in Brent was 1,677. The total abortion rate per 1,000 female population aged 15-44 years was 24.0, higher than the rate in England of 17.2 per 1,000 for England. This represented a 3% increase in the rate of abortions in Brent since 2016.

Source: PHE Fingertips, 2019

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Abortions

Abortion rates per 1,000 women by age in Brent compared to the London PHE Centre and England: 2012 to 2017

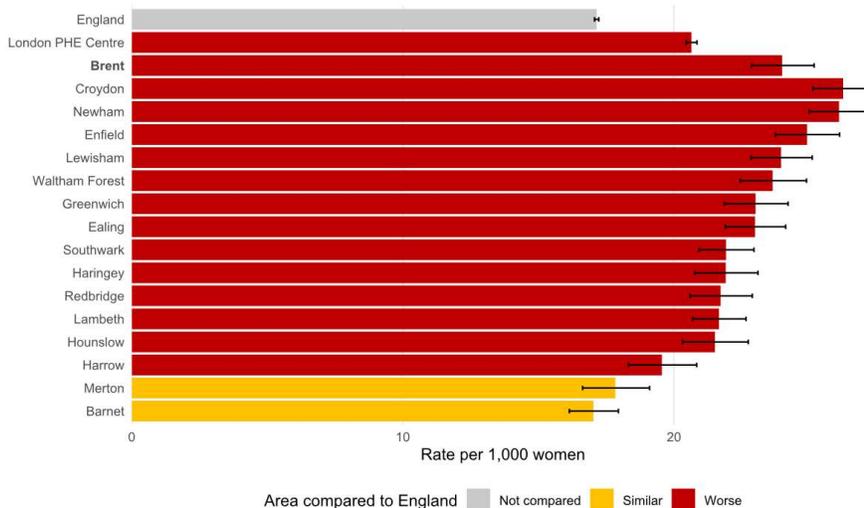


Source: PHE Fingertips, 2019

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Abortions

Abortion rate per 1,000 women in 16 similar local authorities and London PHE Centre, compared to England: 2017
 Similar refers to statistical nearest neighbours, derived from [CIPFA's Nearest Neighbours Model](#)

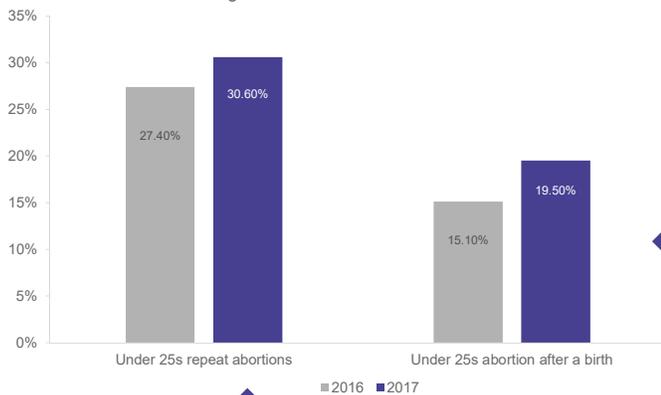


Source: PHE Fingertips, 2019

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Characteristics of Abortions

Percentage of abortions in Brent: 2016 - 2017

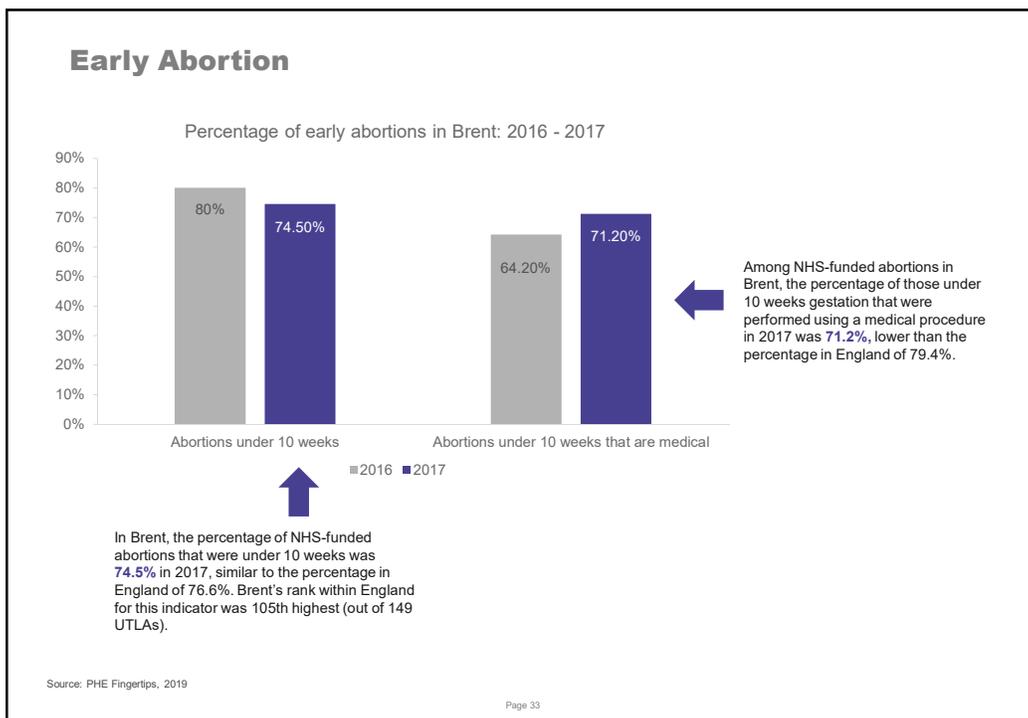
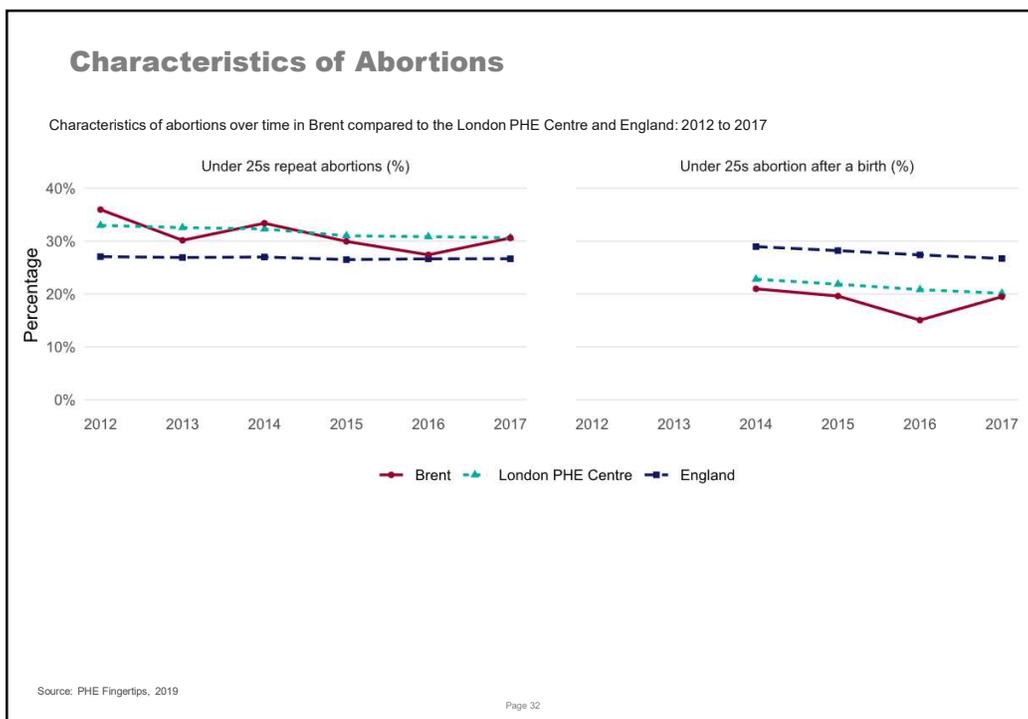


The percentage of under 25s abortion after a birth also increased by 29% from 15% in 2016 to 20% in 2017, lower than the England percentage of 27%.

In 2017, the percentage of under 25s repeat abortions increased by 12% from 27% in 2016 to 31% in 2017, higher than the England percentage of 27% in 2017.

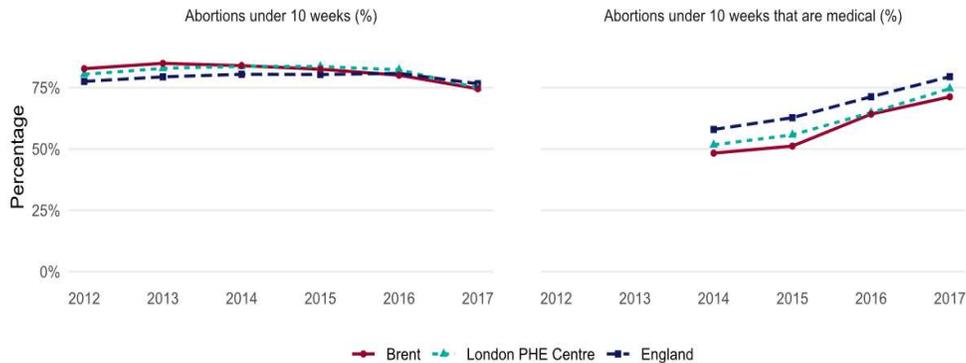
Source: PHE Fingertips, 2019

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Early Abortions

Early abortion over time in Brent compared to the London PHE Centre and England: 2012 to 2017

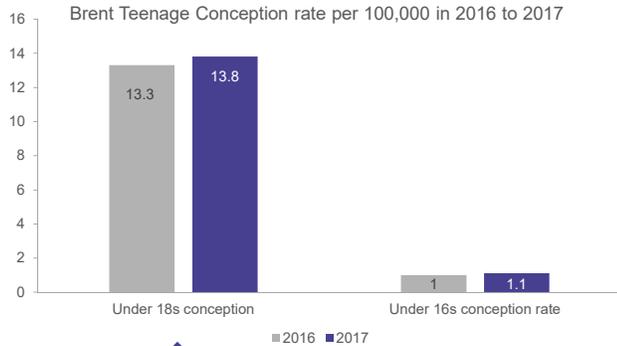


Source: PHE Fingertips, 2019

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Teenage conception

Brent Teenage Conception rate per 100,000 in 2016 to 2017

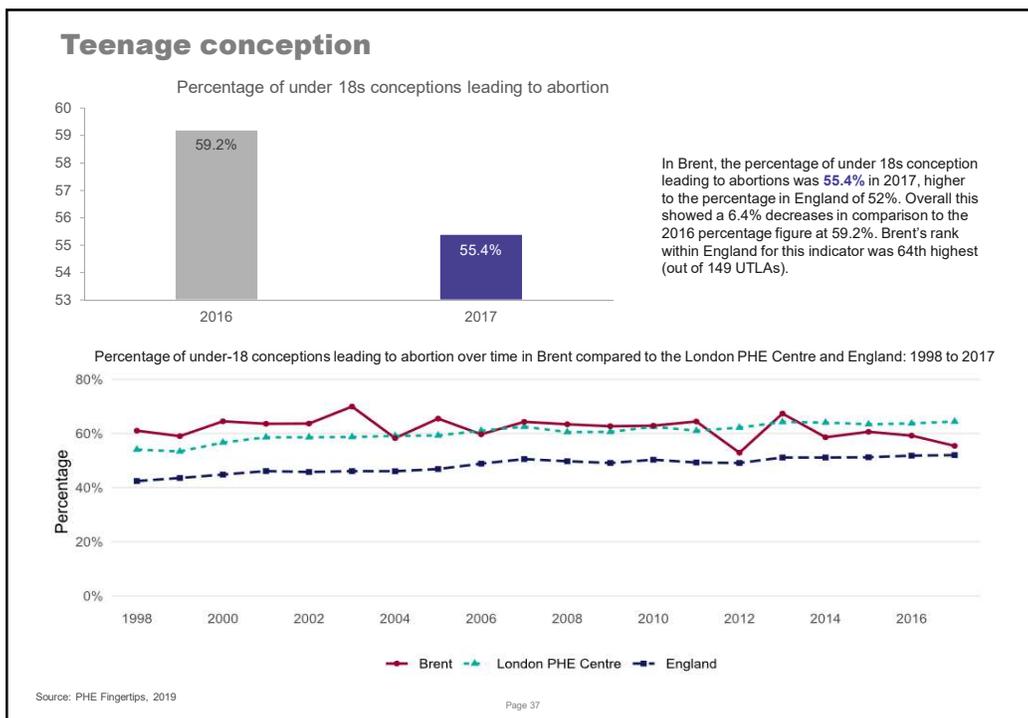
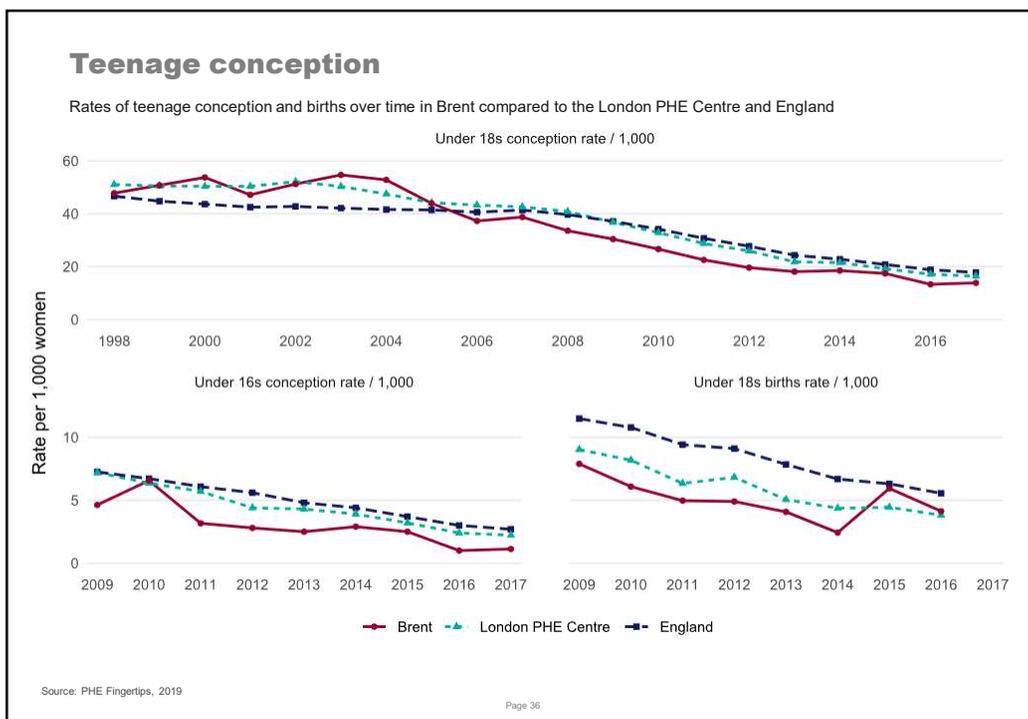


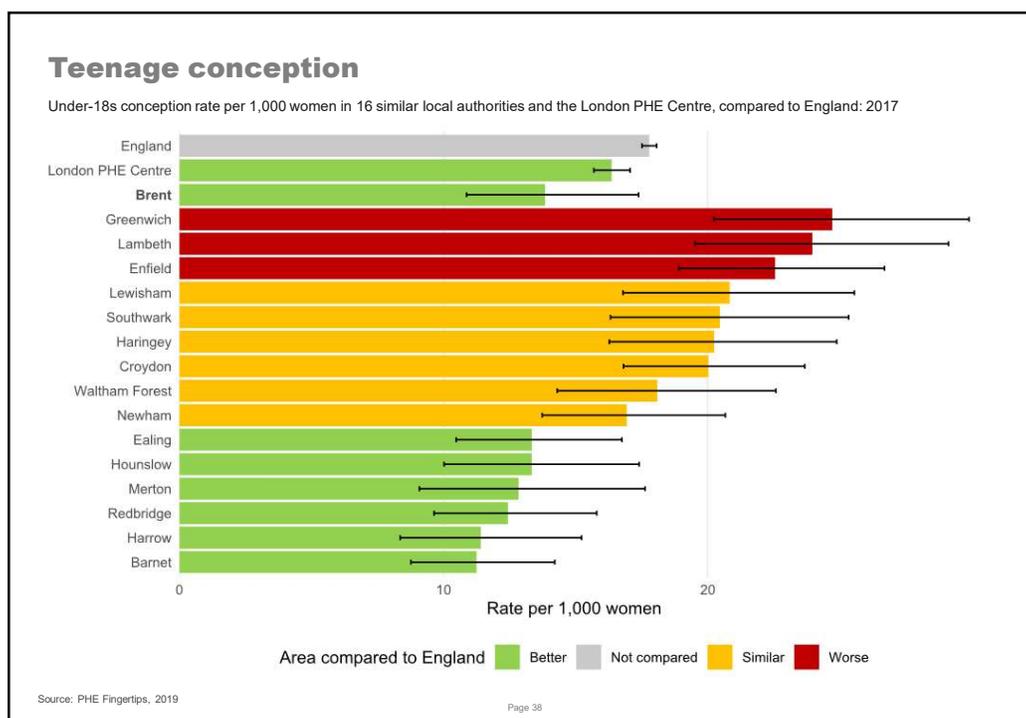
↑
In Brent, the rate of under 18s conception per 100,000 of the population was **13.8** in 2017. This showed a 4.1% increase in comparison to the 2016 rate per 100,000 figure at 13.3.

← In Brent, the rate of under 16s conception per 100,000 of the population was **1.1** in 2017. This showed a 12.6% increase in comparison to the 2016 rate per 100,000 figure at 1.

Source: PHE Fingertips, 2019

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Priorities and commissioning intentions

- Rates of STIs in Brent are high and rising, including rates of gonorrhoea – a marker of higher risk sexual behaviour.
- Brent residents have good access to specialist STI diagnosis and treatment services. Continued commissioning of high quality accessible and response services will be needed to met the high levels of need.
- The population living with HIV has stabilised in recent years, reflecting improvements in treatment.
- The number of new diagnoses of HIV in Brent has fallen in recent years but prevention remains important, including the London HIV Prevention Programme supported by public health.
- The rate of HIV testing in sexual health services is better than England although it has fallen in recent years. Promotion of testing and an increase in the offering of testing in a wider range of health services is needed to impact upon the rates of late diagnosis.
- Indicators of high risk sexual behaviour indicate a need for continued joint working between alcohol and drug services and sexual health services to address common risk factors, including specific treatment pathways for 'chemsex', hepatitis C testing and hepatitis B vaccination.
- Use of the more effective LARC methods of contraception is significantly lower in Brent than London or England, largely due to very low rates of prescription in general practice. Improving access to LARC is a priority locally.
- Improving access to effective contraception following a termination of pregnancy is a particular local need given the high levels of repeat terminations.
- Rates of teenage pregnancy have fallen significantly locally as they have nationally. Access to PHSE remains important.

Technical notes

Definitions

HIV	Human immunodeficiency viruses
LARC	Long-acting reversible contraceptives
NCSP	National Chlamydia Screening Programme
PHE	Public Health England
SHS	Sexual Health Service
SRH	Sexual & Reproductive Health
STI	Sexually Transmitted Infection
UTLA	Upper Tier Local Authority

Data sources

Public Health England, Public Health Outcomes Framework:

<http://www.phoutcomes.info/search/life%20expectancy#gid/1/pat/6/ati/102/page/0/par/E12000007/are/E09000005>

Public Health England, The Segment Tool 2015 – Segmenting life expectancy gaps by cause of death:

http://www.lho.org.uk/LHO_Topics/Analytic_Tools/Segment/TheSegmentTool.aspx

Office for National Statistics (Life expectancy data tables):

<http://www.ons.gov.uk/ons/taxonomy/index.html?nsc1=Life+Expectancies#tab-data-tables>

Substance Misuse

Brent JSNA
2019/2020



NHS
Brent
Clinical Commissioning Group

1

Summary

- Drug and alcohol misuse is associated with a wide range of health and social issues and creates significant costs to the public purse.
- Dependency in particular is commonly linked to poor outcomes in relation to physical health, mental health, parenting, education, training, employment and housing with anti-social and criminal activity that adversely affects individuals, families and communities.
- Estimates of the level of substance misuse in Brent (from the National Drug Treatment Service Monitoring System, NDTMS) indicate that the borough has rates of opiate and crack misuse which are higher than the London or national average; of opiate use which is also higher than the London or National average; and of crack use which is similar to the London average and above the national average.
- There are no waiting times for specialist substance misuse services in Brent. However, the proportion of estimated users who are accessing treatment is lower than the national average for all categories of drug misuse. This is particularly the case for women.
- Reflecting past harm minimisation approaches to treatment, Brent has a larger proportion of clients who have been maintained in treatment for long periods of time than is the case nationally. These clients are aging and developing co-morbidities
- Once people access treatment for drug or alcohol problems, in Brent the numbers who "drop out" of treatment are less than national averages.
- As is the case nationally, most referrals into treatment are from the criminal justice system or self referrals with relatively few from GPs (5%) or hospital / A&E (3%)
- Treatment services in Brent have higher rates of "successful completion" of treatment than nationally and lower re-presentation rates
- Rates of hospital admission due to alcohol for adults are higher in Brent than London or nationally.
- The rate of alcohol-specific hospital admissions for under 18s is significantly below the London average and the national average. Most young people do not misuse drugs. Specialist young people's substance misuse services are accessed by around 140 young people in Brent. The commonest route of referral is from youth justice system and cannabis is by far the commonest substance used.

2

Estimated numbers of adults misusing substances in Brent

NDTMS (National Drug Treatment Monitoring System) helps provide an understanding into local patterns of drug and alcohol misuse and compares this to London and national averages. This system in turn allows us to highlight the number of substance misusers who are referred to treatment as well as those that are yet to refer and enter treatment (known as treatment naive).

In Brent NDTMS estimates there are:

2,310 opiate or crack users

3,169 problem alcohol users

1,752 Opiate users

1,331 Crack users

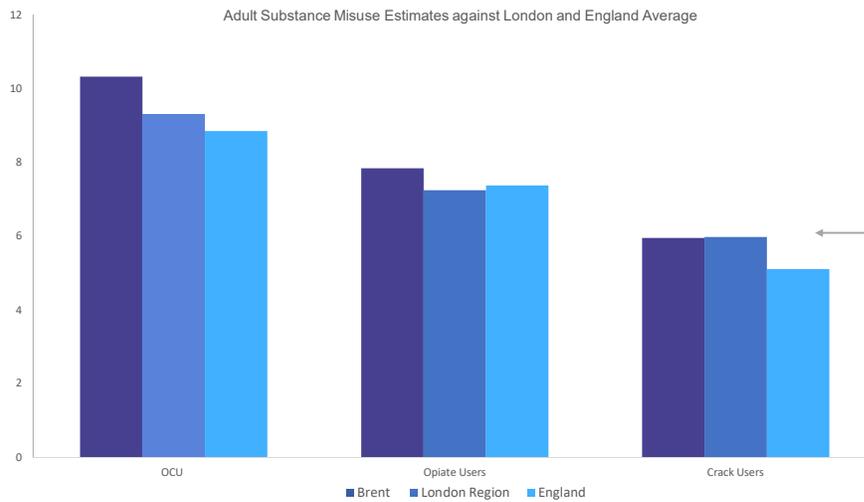


Source: NDTMS data, 2019

3

Substance Misuse Prevalence Estimates

Adult Substance Misuse Estimates against London and England Average



In Brent the latest prevalence estimates of opiate and crack users show that at a national level and in the London region, the combined numbers of people who take crack cocaine on its own, illicit opiates on their own and those who take both drugs is lower than Brent's prevalence estimates.

Source: Adults drug commissioning support pack, 2019/20

4

Percentage of unmet needs in Brent with national comparisons

National figures for 2017/18 would suggest that the percentage of unmet need is as follows:

Substance	Local (n)	Rate per 1000	Unmet need	Unmet need by Sex	
				Male	Female
OCU	2,310	10.33	75%	54%	63%
Opiate	1,732	7.84	69%		
Crack	1,331	5.95	73%		

Substance	National (n)	Rate per 1000	Unmet need	Unmet need by Sex	
				Male	Female
OCU	313,971	8.85	54%	48%	39%
Opiate	261,294	7.37	47%		
Crack	180,748	5.10	60%		

Source: PHE, Fingertips, 2019

5

Numbers in alcohol and drug treatment in 2018-19



In Brent there are 274 individuals in alcohol only treatment, with 178 new presentations into treatment in 2018-19.



There are 818 adults in drug treatment in Brent with 312 individuals starting drug treatment in 2018-19.

Source: Adults drug commissioning support pack, 2019/20

6

Treatment barriers

There are many barriers to users who misuse substance and accessibility to treatments including an individual's willingness to recognise they have a problem and need help. Locally, we endeavour to minimise these barriers, for example there are minimal waiting times to access treatment in Brent. Currently, although the numbers in adult treatment has decreased, primary opiate users remain the largest group engaged in services.

Waiting time for the first intervention

	Local n	Proportion of all initial waits	National n	Proportion of all initial waits
Initial waits under three weeks to start treatment	432	100%	100,786	99%
Initial waits over six weeks to start treatment	0	0%	474	0%



Source: Adults drug commissioning support pack, 2019/20

7

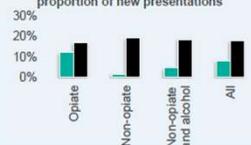
Treatment engagement

The information included in the table below shows the proportion of adults in Brent who entered treatment in 2018-19 and left in an unplanned way before 12 weeks, commonly referred to as early drop outs.

Early unplanned exits in 2018-19

	Local n	Proportion of new presentations	Proportion by sex		National n	Proportion of new presentations	Proportion by sex	
			M	F			M	F
Opiate	21	12%	12%	15%	7,129	17%	17%	16%
Non-opiate	1	2%	2%	0%	3,396	19%	21%	15%
Non-opiate and alcohol	4	5%	5%	4%	3,756	19%	20%	15%
All	26	8%	8%	8%	14,281	18%	19%	16%

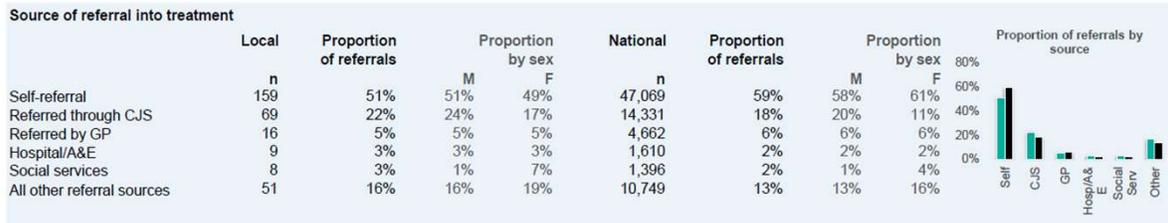
Early unplanned exits as a proportion of new presentations



Source: PHE JSNA Drug data support pack

Routes into treatment

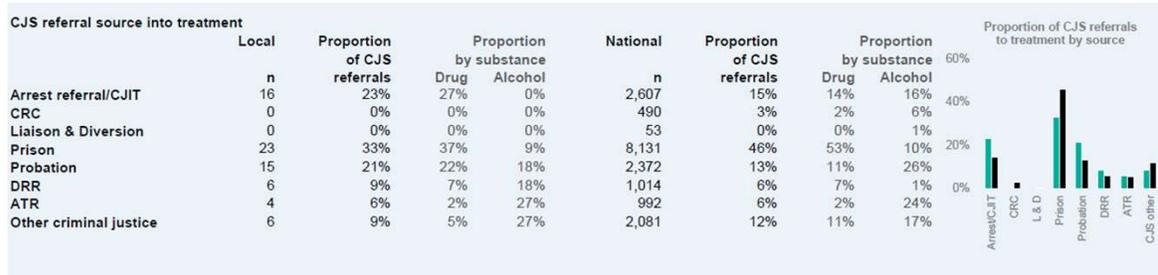
In 2018/19 In Brent many of the referrals came through self-referral and the criminal justice system.



Source: Adults drug commissioning support pack, 2019/20

9

Criminal Justice System

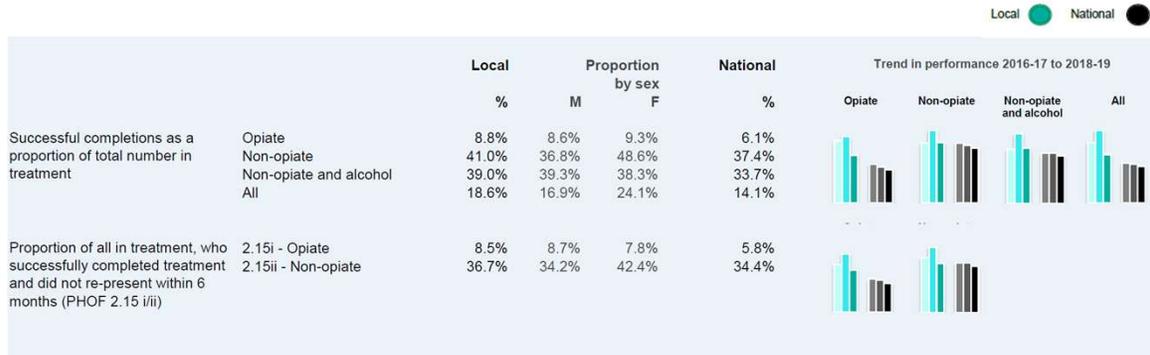


Source: PCC Support pack 2019/20:Key drug and Alcohol data

10

Successful completions of treatment

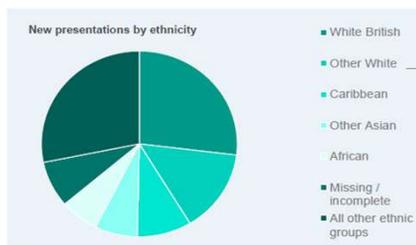
The data above shows the proportion of drug users who completion their treatment free of dependence for Brent and nationally.



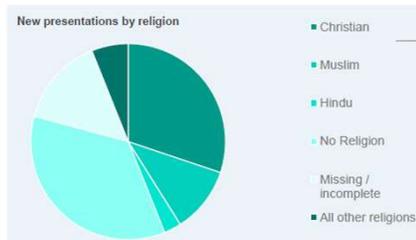
Source: Adults drug commissioning support pack, 2019/20

11

Client profile for new presentations for drug treatment



From the new presentations the main group that entered treatment were White British and all other ethnic groups.



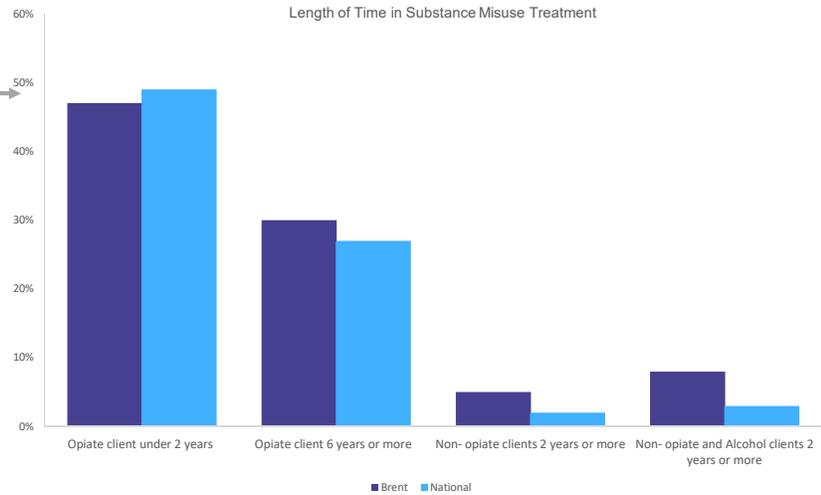
From the drug treatments the main religion that started treatment in 2018/19 were Christians or did not have a religion.

PHE: Drug commissioning support pack, 2019/20

12

Adults: Time in Treatment

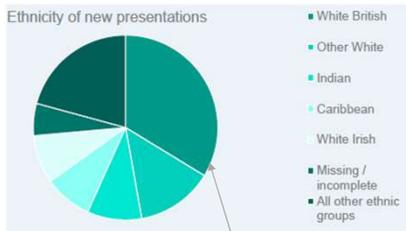
This shows the proportion of drug client, split by opiate clients in treatment under two years, six year or over and non-opiate clients in treatment for over two years.



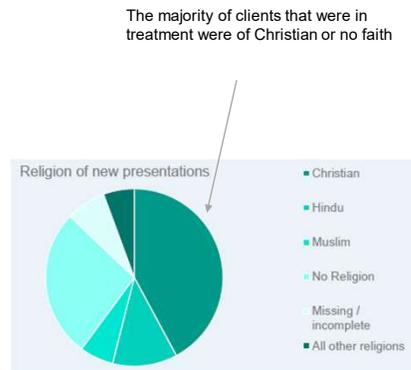
Source: Drug commissioning support pack, 2019/20

Client profile for alcohol new presentations

This data shows information on demographic groups that presented to treatment in 2017-18. It also shows the proportion of employment status at the start of treatment and what groups are more likely to be receiving treatment.



Of the new presentations the main ethnicity that went for treatment were White British, Other White or Indian



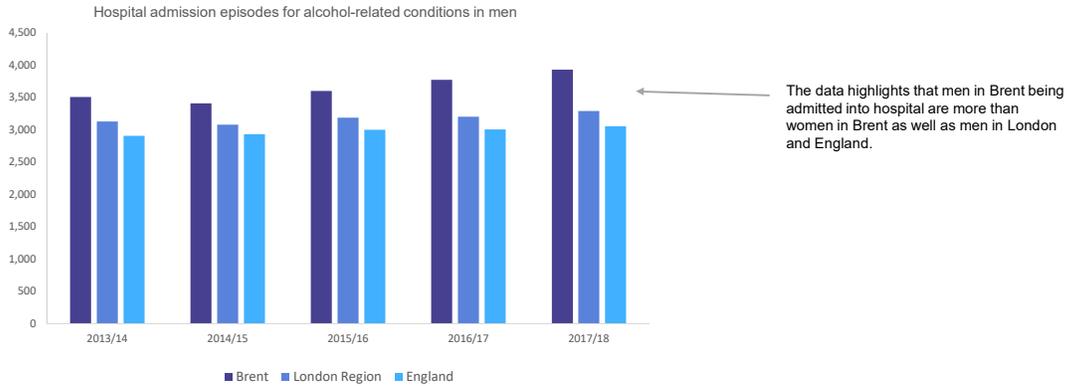
The majority of clients that were in treatment were of Christian or no faith

PHE: Alcohol commissioning support pack, 2019/20

Hospital admissions for alcohol-related conditions

Health conditions in which alcohol plays a causative role can be classified as either 'alcohol specific' or 'alcohol related'. Alcohol-related conditions are broken into two categories; narrow and broad. The narrow measure is where an alcohol-related disease, injury or condition is the primary reason for a hospital admission or there was an alcohol-related external cause. The broader measure looks at a range of other conditions that *could* be caused by alcohol.

Alcohol related hospital admissions can occur in hazardous or high risk drinkers, dependent drinkers or binge drinkers. In Brent the hospital admission rates have increased from 2013/14 to 2017/18 in Brent, in particular the rates for alcohol related conditions are higher for men in Brent in comparison to London and England averages.

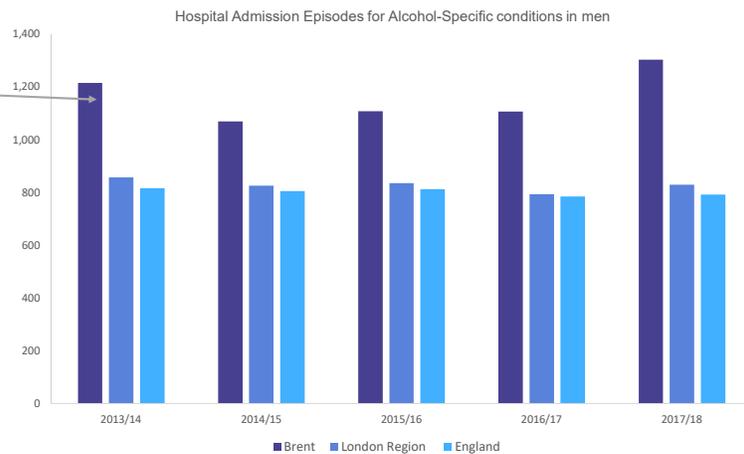


15

Hospital admissions for alcohol-specific conditions

Alcohol Specific admissions relate to hospital admission caused specifically by the use of alcohol, for example, alcohol induced behavioural disorders, alcoholic liver disease and epilepsy.

In Brent, the data shows a slight increase in admission rates for men in Brent compared with London and England averages which are much lower.



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Substance Misuse and Mental Health: Dual Diagnosis

Dual diagnosis relates to the co-existence of mental ill health and the problematic use of drugs and/or alcohol.

In Brent, 23.1% people who were in contact with mental health services were in concurrent contact with substance misuse services for drug misuse in 2016/17. This was similar to the England average of 24.3% (NDTMS).

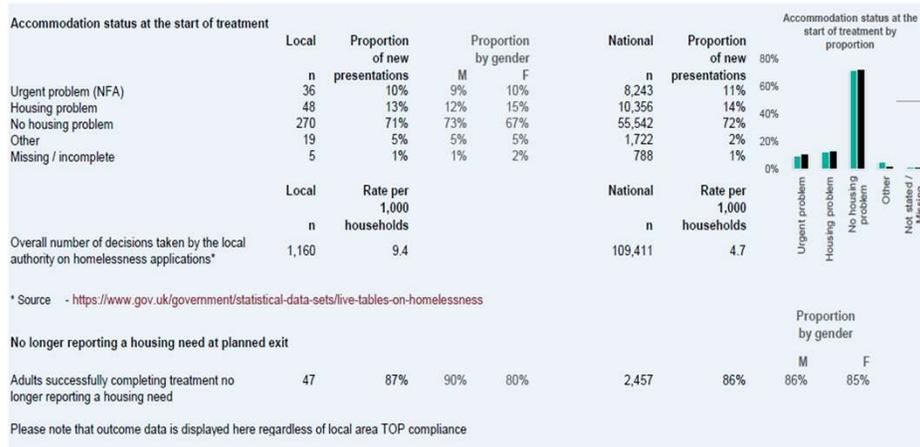


Indicator	Period	Brent		London Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Concurrent contact with mental health services and substance misuse services for drug misuse ■	2016/17	109	23.1%	28.5%*	24.3%	2.8%		60.7%
Concurrent contact with mental health services and substance misuse services for alcohol misuse ■	2016/17	49	22.5%	28.1%*	22.7%	3.3%		72.5%

Source: PHE, Public Health Outcomes Framework : Fingertips

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Housing and homelessness



This data highlights the amount of individuals self-reported housing status when they started their treatment services.

Also the number of individuals who reported homeless as well as individuals who no longer reported a housing need.

Engaging with local housing will ensure individuals going through treatment are living in a stable home environment.

Source: PHE JSNA Drug data support pack

18

Young People

Young People's Services – Substance Misuse 2016/17

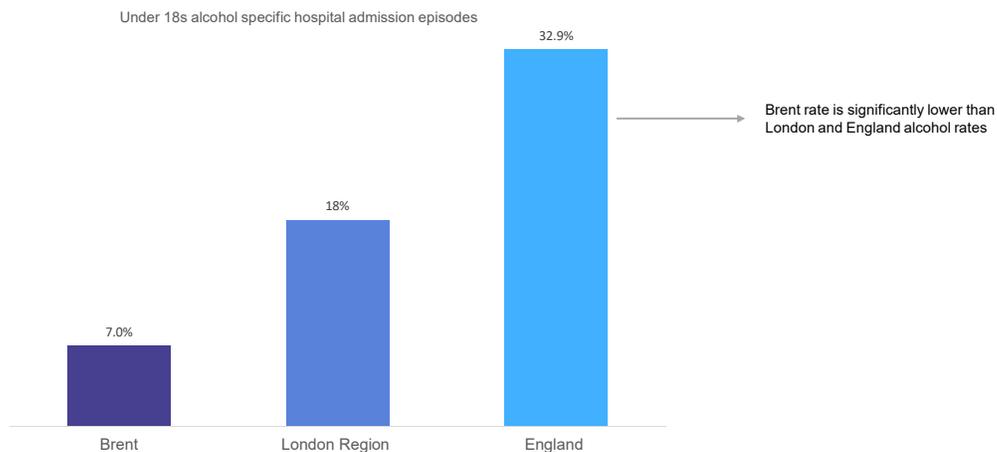
- The role of specialist substance misuse service is to support young people to address their alcohol and drug use, to reduce the harm it causes them and prevent it from becoming a greater problem as they get older.
- While the majority of young people do not use drugs, drug and alcohol misuse can have a major impact on young people's health, their education, their families and their long term changes in life. Effective commissioning and delivery of services can ensure young people understand the risks that they may face from misusing substances.
- Most recent figures show that in 2017/18, there were 139 young people in specialist services in the community- down compared to 2015/16 figures.
- 100% of all waiting times were under 3 weeks and planned exits went up 2 percentage points to 78% (England average remains static at 79%).
- Of all clients, the majority (83%) were referred through youth justice system (incl. the Secure Estate) and nearly all were accessed with psychosocial interventions (99%)

Source: National Drug Treatment Monitoring System (NDTMS) DOMES YP report 2014/15

19

Young people's services.

Brent has significantly lower rates of under 18 alcohol-specific hospital admissions than both London and England:



Source: PHE Fingertips, Substance Misuse 2019.

20

Substance Misuse and young people

Specialist services must deliver age-appropriate interventions and promote the safeguarding and welfare of children and young people. Services should be based on developmental need rather than age. The needs of 18-24s are different to those under 18s as is the legislative framework.

Age by substance	<=13	14-15	16-17	18-24	Total		National total	Proportions shown in the graph are of all in treatment
	n	n	n	n	n	%	%	
Heroin and/or crack	0	1	3	5	9	5%	3%	5%
Stimulants (cocaine, ecstasy, amph, not crack)	0	1	3	14	18	9%	24%	9%
Cannabis	3	25	107	41	176	90%	86%	24%
Alcohol	0	3	8	23	34	17%	48%	90%
Novel psychoactive substances	0	0	0	0	0	0%	2%	86%
Tobacco	0	1	3	8	12	6%	16%	17%
Other drug	0	0	2	6	8	4%	9%	48%
Total (n)	3	25	111	57	196			
Total (%)	2%	13%	57%	29%				
National (%)	7%	36%	39%	17%				

Source: PHE Young people, substance misuse commissioning support pack 2019/20

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Priorities for future work

- The high rates of hospital admissions which are related to alcohol and the lack of referrals from hospitals to community specialist treatment services suggest a need to develop the detection and response to problematic alcohol use in the acute sector and to improve pathways between hospital and community services.
- Services, both substance misuse treatment services and general physical and mental health services, need to respond to an aging and older cohort of people misusing alcohol and / or drugs. These residents require a more co-ordinated response from substance misuse treatment services, from physical and mental health services, and from social care due to the increasing complexity of their needs.
- Preventative and early intervention work to reduce opiate usage, crack and crack cocaine in Brent remains a priority. However there is also a need to recognise the new challenges posed by Novel Psychoactive Substance (NPS) and how services can be adapt to meet new treatment needs. This is likely to require closer working between substance misuse and sexual health services.
- Preventative and early intervention work to reduce the level of cannabis and problematic alcohol use amongst Brent's young people is recognised as a priority. This will include the development of improved pathways and interventions between young people's substance misuse services, sexual health, youth justice and mental health.

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Technical notes

Definitions

OCU – Opiate and Crack Users

Substance Misuse – Misusing substances such as crack, drugs, opiate and alcohol

NDTMS – National Drug Treatment Monitoring System

Data sources

Public Health England, Local Alcohol Profiles for England:
<http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

National Drug Treatment Monitoring System:
<https://www.ndtms.net/default.aspx>

PHE: Drugs Commissioning Support Pack, 2019/20

PHE: Alcohol Commissioning Support Pack; 2019/20

PHE: Young people Substance Misuse Commissioning Support Pack, 2019/20

1. Conception statistics. England and Wales. 2017. ONS 2019

2. Wellings K et al. 2016. Changes in conceptions in women younger than 18 years and the circumstances of young mothers in England in 2000-12: an observational study. Lancet 388 (10033), 586-595. 6 August 2016

Smoking Prevalence

Brent JSNA
2019/2020



Brent



NHS
Brent
Clinical Commissioning Group

Summary

- Smoking is the single greatest cause of preventable ill-health and premature mortality in Brent.
- Smoking is strongly associated with *socioeconomic deprivation* and is a cause of respiratory illness, cancer and coronary heart disease.
- In 2014, 14% of the adult population aged 18 years and over were estimated to be smokers in comparison to 17% in 2018 who were estimated to be smokers in Brent.
- The prevalence of smoking among routine and manual workers in Brent was 26% in 2018 among adults aged 18 years and over. This was higher than the England average which was 25% and the London average, 24%.
- Workers in manual and routine jobs are twice as likely to smoke as those in managerial and professional roles and unemployed people are twice as likely to smoke as those in employment.
- The mortality rate per 100,000 from causes attributable to smoking was 186 for Brent compared to 250 for England (2016-18).
- There were 1,356 hospital admissions per 100,000 residents in Brent attributed to smoking compared to 1,530 for England (2016-18).
- Exposure to parent, carer, sibling and peer smoking, lower socio-economic status, higher levels of truancy and substance misuse are all associated with higher odds of youth smoking.
- 29% of adults in Brent with a long term mental health condition smoke

Overview

- Smoking continues to kill 78,000 people in England every year and is the number one cause of preventable death in the country, resulting in more deaths than the next six causes combined.
- Tobacco use is also a powerful driver of health inequalities and is perhaps the most significant public health challenge we face today. It is the largest single cause of inequalities in health and accounts for about half of the difference in life expectancy between the lowest and highest income groups (Tobacco Control Plan for England, 2017).
- Smoking causes a range of disease, most smoking related deaths arise from cancers (mainly lung cancer), respiratory disease (chronic obstructive pulmonary disease COPD), and cardiovascular diseases such as coronary heart disease. Furthermore, smoking in both women and men reduces fertility, it also causes complications in pregnancy such as miscarriages, neonatal death and underdevelopment of the foetus (Action on Smoking and Health, 2013; West, 2017).

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Health Burdens

Smoking is a modifiable lifestyle risk factor and effective tobacco control measures can reduce the prevalence of smoking in the local population.

Reducing the prevalence of smoking can:



Reduce longer term risk of heart disease, stroke and cancer



Reduce hospital admissions

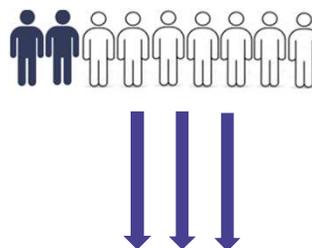


Decreases early mortality rate



Reduces NHS Health and Social Care costs

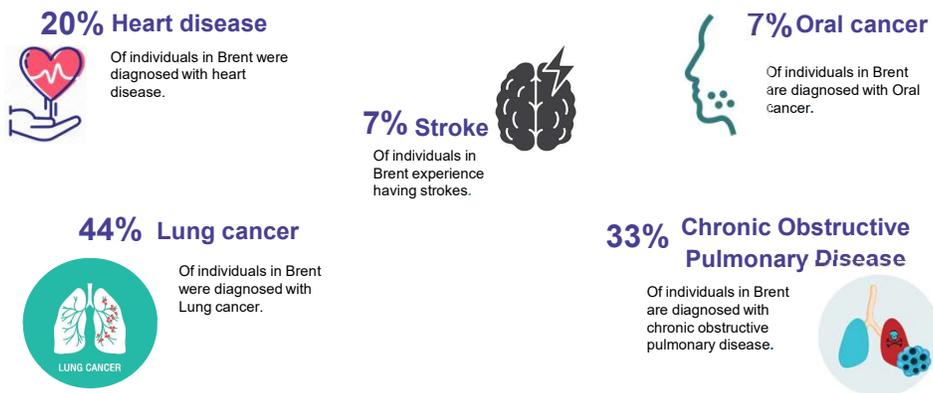
186 deaths per 100,000 people can be attributed to smoking.



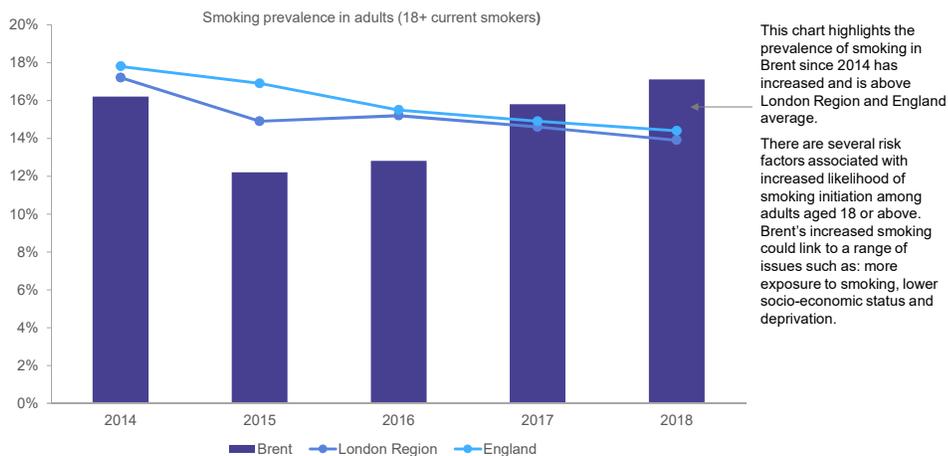
Many of these deaths are avoidable and contribute to the gap in life expectancy between the most affluent and most deprived parts of Brent.

Health Burdens in Brent

Smoking is the single largest cause of preventable ill health and premature death. The percentage of smoking attributable mortality rates of individuals in Brent is:

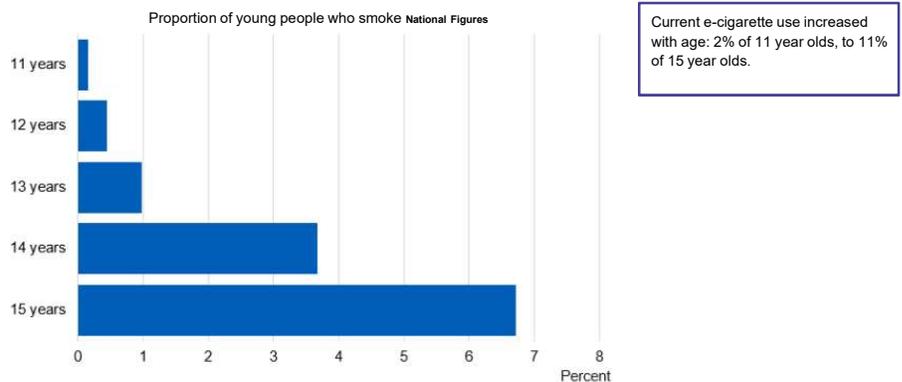


Smoking Prevalence among Individuals aged 18 years or over



Smoking Prevalence in Young People

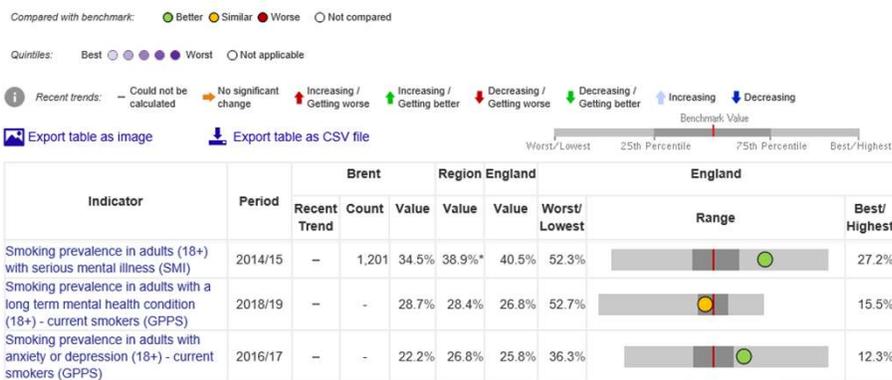
The source of this data is the Smoking, Drinking and Drug Use among Young People survey (SDD). This is a survey of secondary school pupils in years 7 to 11 (mostly aged 11 to 15) in England, conducted every 2 years and published by NHS Digital. In 2016, 19% of pupils reported they had tried smoking at least once, similar to 2014. over the years there has previously been a steady decline, 6% of pupils were current smokers, and 3% were regular² smokers.



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Smoking and Mental Health in Brent

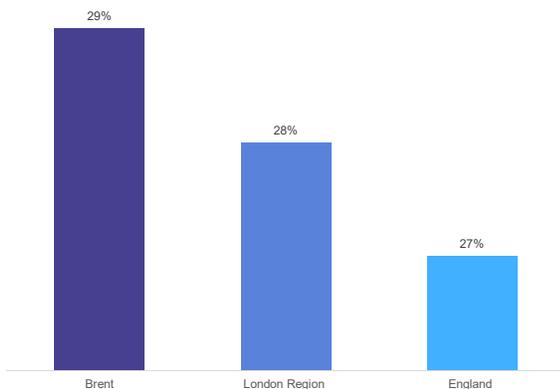
Having a mental health condition increases the risk of physical ill health and increases the likelihood of smoking. People who live with severe mental illness die between ten to twenty years younger than their peers, and they have two to three times the mortality and morbidity from chronic health conditions such as cardiac and respiratory disease



Page 7

Smoking Prevalence in Adults with Mental Health conditions in Brent and National Figures

Smoking Prevalence in Adults with Long term Mental Health Conditions



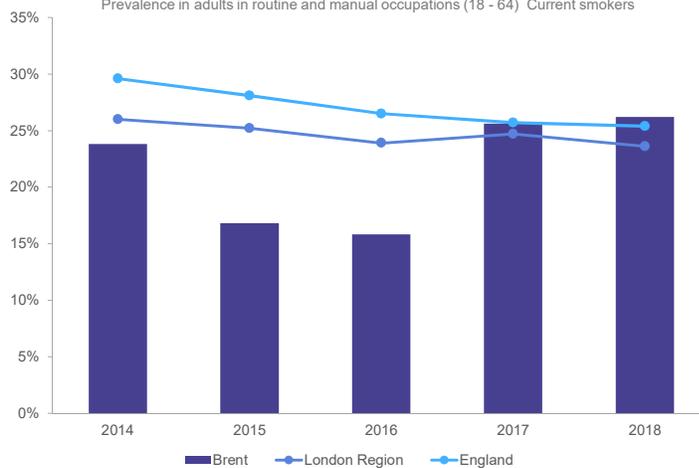
Smoking rates among individuals with mental health problems are much higher than in the general population and there is a strong association between smoking and mental health conditions. Individuals with mental health conditions smoke significantly more, have increased levels of nicotine dependency and are therefore at even greater risk of smoking-related harm.

Smoking prevalence in adults with long term mental health conditions are slightly higher in Brent than London and England averages.

Smoking Prevalence in Routine and Manual Workers

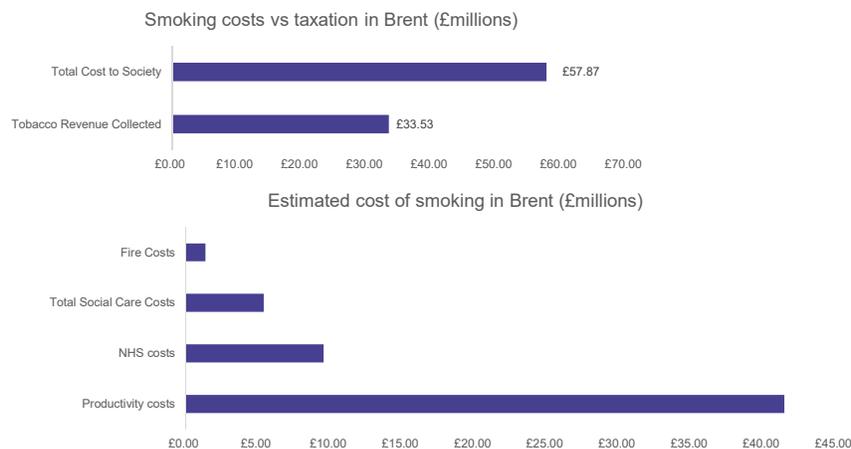
Prevalence in adults in routine and manual occupations (18 - 64) Current smokers

Workers in manual and routine jobs are twice as likely to smoke as those in managerial and professional roles and unemployed people are twice as likely to smoke as those in employment. Ill-health caused by smoking is therefore much more common amongst the poorest and most disadvantaged in society.



Source: Integrated Household Survey, Analysed by Public Health England

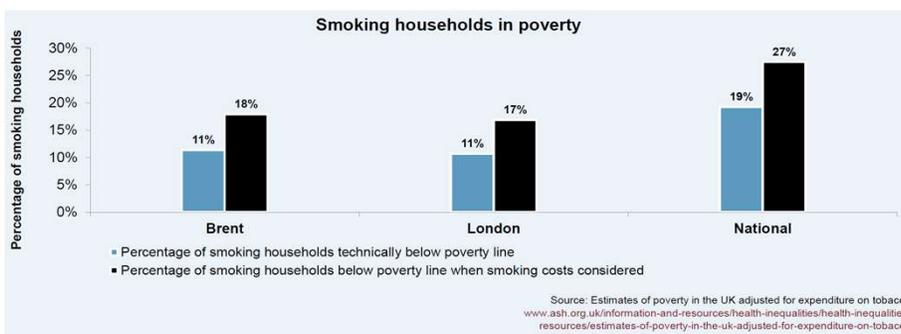
Cost of Smoking in Brent



Each year we estimate that smoking in Brent costs society a total of approximately £57.9million.
 Despite a contribution to the Exchequer, tobacco still costs the local economy in Brent more than the duty raised. This results in a shortfall of about £24.3 million

Source: ASH - <http://ash.org.uk/category/information-and-resources/local-resources/> Page 10

Socio-economic gap in Brent



When expenditure on tobacco is taken into account, around 500,000 extra households, comprising over 850,000 adults and almost 400,000 children, are classified as in poverty in the UK compared to the official Households Below Average Income figures. This shows that tobacco imposes a real and substantial cost on many low-income households.

Hospital admissions in Brent



Smoking attributable hospital admissions

1,356 admissions per 100,000 in Brent Compared to **1,530 admissions** Per 100,000 in England



Cost per capita of smoking attributable hospital admissions

25% of costs per capita are related to smoking attributable hospital admissions in Brent. Compared to **30% of costs per capita are related to smoking attributable hospital admissions in England.**



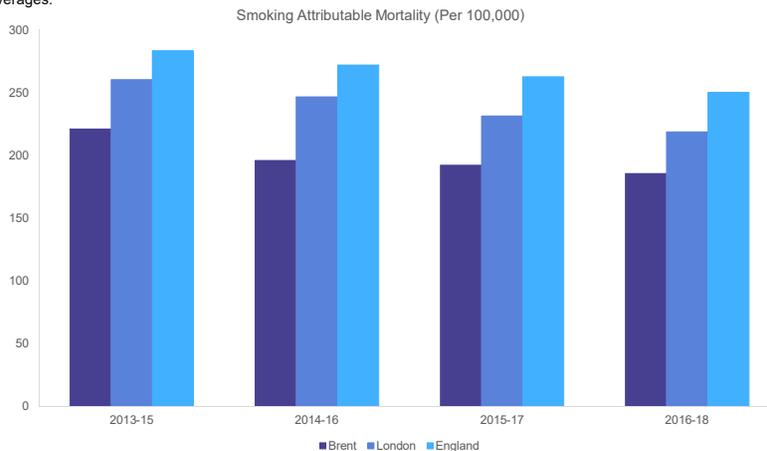
Emergency Hospital admissions for COPD

329 emergency admissions per 100,000 in Brent Compared to **415 emergency admissions per 100,000 in England.**

Smoking Prevalence Mortality Rates and Trends

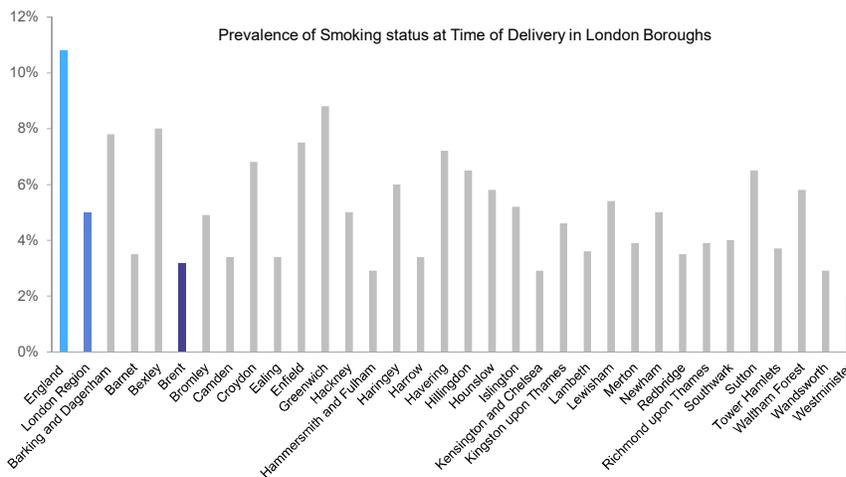
Mortality rates due to smoking are decreasing.

In Brent in 2016-18, 1,192 potential years of life are lost to smoking. The mortality rates are lower in Brent in comparison to London and England averages.



Smoking in Pregnancy

Smoking in pregnancy impacts on a range of issues related to health, inequalities and child development. Smoking during pregnancy causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK, it therefore an important issue to tackle. This graph shows that about 3% of women in Brent were smoking at the time of delivery.



Source: PHE Fingertips, Local Tobacco Control Profiles, 2019

Smoking in Pregnancy in Brent

Smoking in Pregnancy

Addressing smoking in pregnancy should be a focus for all localities as this impacts on a range of issues related to health, inequalities and child development. NICE has produced guidance on how best to support women to stop smoking in pregnancy. Smoking during pregnancy causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK.



Smoking at the time of delivery

3% of pregnant women in Brent were smoking at the time of delivery

Compared to 11% of women in England.



Low weight live births

3% of women in Brent had low weight live births. (similar to England)



Stillbirths

5.4% of pregnant women in Brent experience stillbirths compared to 4.2% of women in England.



Neonatal deaths

3% of parents experience a loss of a baby in both Brent and England

Commissioning Implications

- Smoking is a major cause of health inequalities with higher rates in mental health service users and routine and manual workers. Smoking in pregnancy, while low in Brent, is associated with poorer outcomes. Therefore smoking cessation services in Brent should focus on pregnant women, their households, mental health service users, those living in poverty and vulnerable groups.
- Stopping smoking at any time has considerable health benefits and for people using secondary care services, there are additional advantages including shorter hospital stays and fewer complications. Secondary care providers have a duty of care to protect the health of, and promote healthy behaviour among, people who use, or work in, their services. Therefore, they should promote and provide stop smoking interventions.
- Make Every Contact Count: in line with the NHS strategy, provision of very brief advice regarding smoking should be offered to all smokers aged under 16, coming into contact with health care professionals.
- Health and Wellbeing Board partners should promote smokefree places such as homes, cars, playgrounds and hospitals and continue to locally amplify national campaigns such as Stoptober and No Smoking Day.

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Technical Notes

	Meaning
Chronic obstructive pulmonary disease (COPD)	This is the name for a group of lung conditions that cause breathing difficulties. The breathing problems tend to gradually get worse over time and can limit your normal activities.
NICE (National Institute for Health and Care Excellence)	The National Institute for Health and Care Excellence
SDD	Smoking, Drink and Drugs
GPSS (General Practice Patient Survey)	GP Patient Survey – It is an England wide survey providing GP practice level data about patients experiences of general practice.
SMI	Serious Mental Illness

Data Sources

Action on Smoking and Health. (2014b). What's in a cigarette? London: ASH.

Robert West (2017) Tobacco smoking: Health impact, prevalence, correlates and interventions, *Psychology & Health*, 32:8, 1018-1036, DOI: 10.

<https://www.gov.uk/government/publications/tobacco-control-plan-delivery-plan-2017-to-2022>

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Diabetes

Brent JSNA
2019/2020




Summary

- Diabetes is a lifelong condition that causes an individual's blood sugar levels to become too high.

2 MAIN TYPES OF DIABETES

TYPE 1



Type 1 diabetes – where the body's immune system attacks and destroys the cells that produce insulin.

Exact cause is not known
by gene plays a big factor

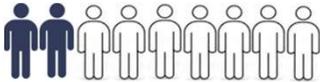
TYPE 2



Type 2 diabetes – where the body does not produce enough insulin, or the body's cells do not react to insulin

Can be inherited by family member or caused by an unhealthy lifestyle

In Brent, 17% of all deaths are attributable to diabetes.



Diabetes prevalence is projected to rise



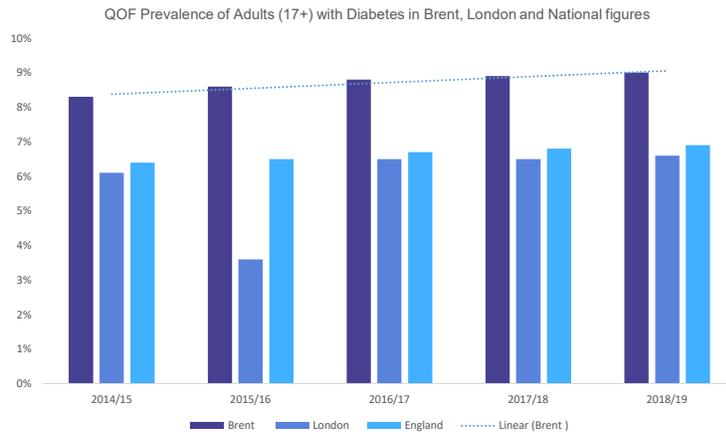
By 2030

It is estimated that nearly 15% of people aged 16 and over in Brent will have diabetes.

- This can cause ill health, premature death and disability.

Prevalence of diagnosed diabetes

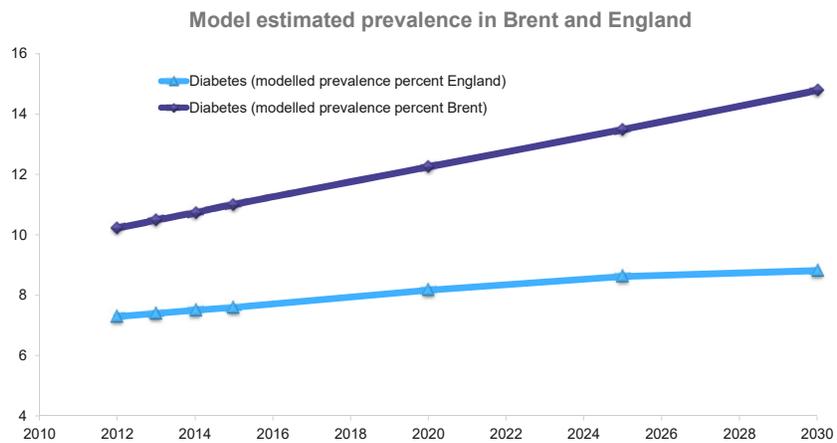
The chart below shows the prevalence of diabetes in NHS Brent. The data is taken from GP records. Rates in Brent are much higher than London and England and are rising.



Modelled estimated prevalence of diabetes

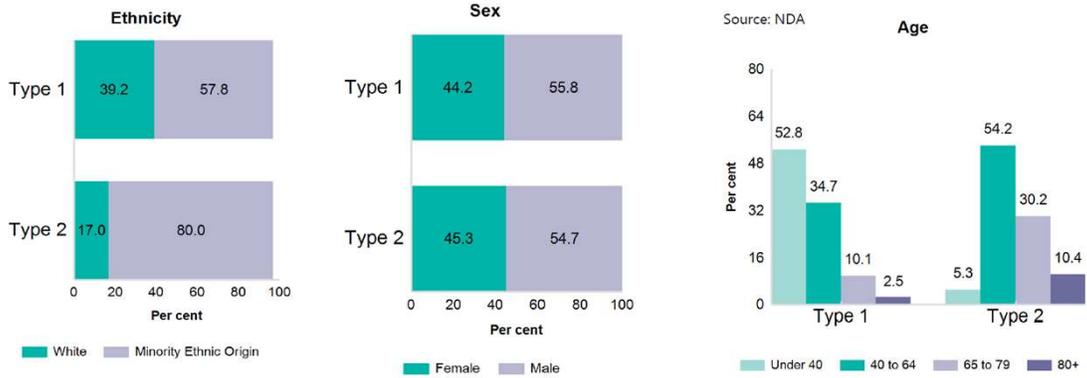
Modelled estimated prevalence of diabetes: Brent compared to England

- The prevalence of diabetes is projected to rise significantly in Brent over the next 10 to 15 years, reflecting the ageing of the population, increasing numbers of people who are overweight or obese and the high proportion of Black and South Asian ethnic groups in the borough who are more at risk of diabetes.



Diabetes and ethnicity, age, sex

Brent is a diverse borough with 59% of the population in Brent from ethnic minority backgrounds. Research shows that people of South African, African, African Caribbean and Middle Eastern descent have a higher than average risk of Type 2 diabetes.



Source: PHE Fingertips, (2019)

Diabetes risk factors



Overweight



South Asian

Although Type 2 diabetes tends to affect the middle aged or older people, national statistics indicate that diabetes is now being diagnosed in younger overweight people and in South Asians at a younger age.

The other risk factors associated with the increased risk of developing diabetes are

- social exclusion
- lifestyle
- social deprivation
- lack of physical activity

And a family history of diabetes.

Men with a waistline greater than 94cm (37 inches) or 90 cm (35 inches) for men of South Asian heritage are particularly at risk. For women having a waistline greater than 80cm (31.5 inches) increases the risk.



lifestyle



Social exclusion



Physical Activity



Family History

Common complications



Diabetic foot disease

- Diabetes is widely recognized as an emerging epidemic that has a cumulative impact of all ages. It is estimated that half of patients with diabetes are unaware of their disease and are thus more prone to developing diabetic complications such as foot disease. It is also a major cause of lower limb amputation as well as reduced resistance to infections. (Papatheodorou et al. 2018).
- In Brent from 2015 - 17 there were 218 hospital admissions for diabetic foot disease per 10,000 population. This was higher than the national rate of 156.

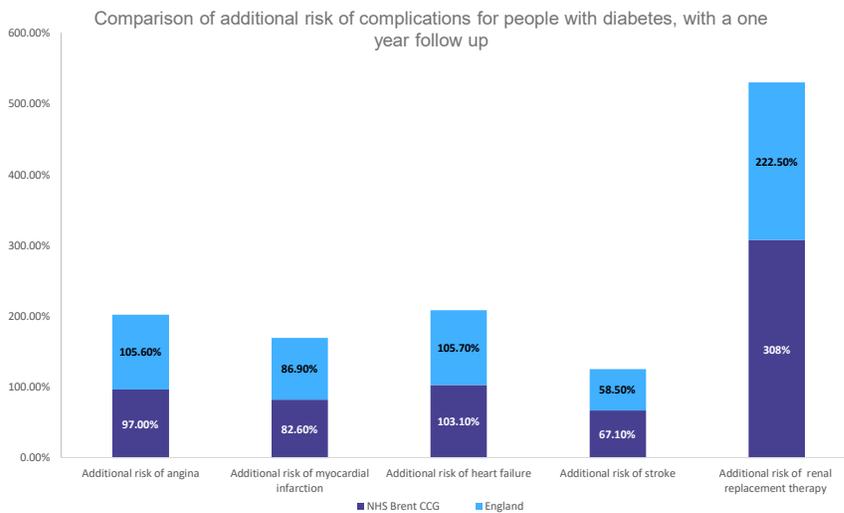
Diabetic retinopathy

One of the most common complications of diabetes is diabetic eye disease including diabetic retinopathy. Diabetic retinopathy occurs when blood vessels in the retina (back of the eye), leak, or become blocked as a result of prolonged high blood glucose levels (Cheloni, Gandolfi, Signorelli & Odone, 2019).

In Brent, the rate of preventable sight loss due to diabetic eye disease in those individuals aged 12 years and over was 4.5 per 100,000 population in 2012/13. This is above the England average of 3.5 per 100,000 population (Department of Health: Unify2 data collection).



Other complications



People with diabetes are also at risk of a range of other associated complications. Early diagnosis and self management can reduce the risk of complications, which include heart disease, stroke, kidney disease and angina.

People with diabetes in NHS Brent CCG are less likely to have cardiac complications than people with diabetes in England.

Among people with diabetes, NHS Brent CCG had an higher risk of stroke and of renal replacement therapy in comparison to England.

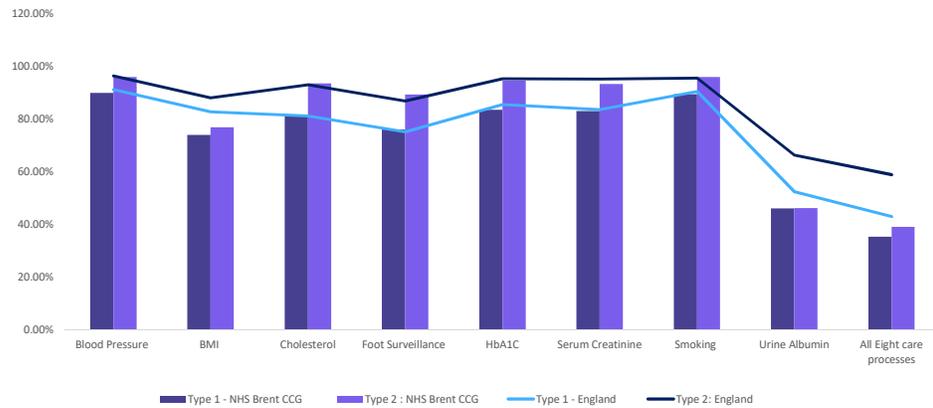
Source: PHE Fingertips, (2019)

Diabetes and care processes

The National Institute for Health and Care Excellence (NICE) recommends nine care processes for diabetes. Five of these care processes link to risk factors (body mass index, blood pressure, smoking, glucose levels (HbA1c) and cholesterol) and the remaining four relate to tests to identify early complications (urine albumin creatinine, foot surveillance).

Percentage of people with Type 1 and 2 diabetes in Brent who received the eight recommended care process

The chart illustrates fewer people with Type 1 than with type 2 receive annual checks. The urine albumin check is completed much less frequently in both type 1 and 2 than other checks as well as a eight care processes.

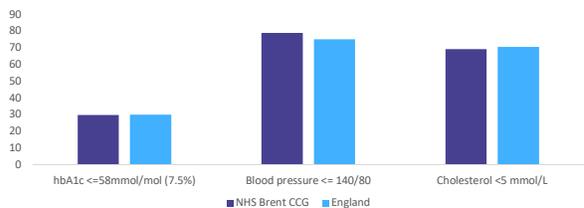


Source: PHE Fingertips, (2019)

Treatment targets

NICE recommends treatment targets for HbA1c (glucose control), blood pressure and serum cholesterol. In NHS Brent CCG, 19.5% of people with type 1 diabetes achieved all three treatment targets. In people with type 2 diabetes, 42.2% achieved all three treatment targets.

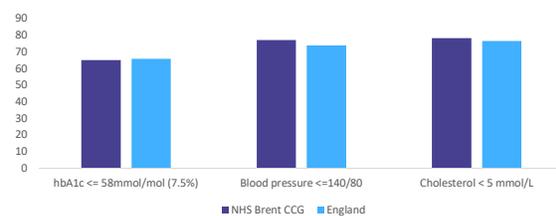
Percentage of people achieving their treatment targets for Type 1 diabetes, 2017/18



Type 1 diabetes
Similar levels of three target achievement in England and Brent CCG.
Much lower HbA1c target achievement rate than for people with Type 2 diabetes.

Type 2 diabetes
Similar levels of three target achievement in England and NHS Brent CCG.

Percentage of people achieving their treatment targets for Type 2 diabetes, 2017/18



Source: PHE Fingertips, (2019)

Priorities and Recommendations

- As people from black and south Asian ethnic groups are at the greatest risk of developing diabetes, people from these communities should be screened at the earliest possible stage. Early screening and diagnosis would also reduce the risk of diabetes related complications.
- People who are overweight or obese in the borough should also be screened at an earlier age than the general population.
- Continue to work with Diabetes UK to raise awareness of the risks of diabetes throughout Brent.
- Explore further opportunities which could be put in place to better promote healthy eating amongst the local population.
- Existing programmes in place in Brent which aim to encourage physical activity include: healthy led walks, exercise referral schemes at Brent leisure centres and the installation of outdoor gyms throughout local parks and green spaces. Improved promotion of these opportunities through the NHS may be beneficial

Technical notes

Meaning

QOF	The Quality and Outcomes Framework (QOF) is a voluntary system for the performance management and implementing good practice in GP surgeries.
Diabetic Retinopathy	Diabetic retinopathy is a complication of diabetes, caused by high blood sugar levels damaging the back of the eye (retina). It can cause blindness if left undiagnosed and untreated.
NICE	National Institute for Healthcare and Excellence make evidence-based recommendations on a wide range of topics, from preventing and managing specific conditions, to providing social care to adults and children, and planning broader services and interventions to improve the health of communities.

Data sources

Cheloni, R., Gandolfi, S., Signorelli, C., & Odone, A. (2019). Global prevalence of diabetic retinopathy: protocol for a systematic review and meta-analysis. *BMJ Open*, 9(3), e022188.

Papatheodorou K, Banach M, Bekiari E, Rizzo M and Edmonds M: Complications of Diabetes 2017. *Journal of Diabetes Research* 2018; 3086167: 1-4.

Public Health England (national cardiovascular intelligence network - NCVIN), Diabetes Prevalence Model for Local Authorities and CCGs 2012 to 2030

<https://www.nhs.uk/conditions/diabetic-retinopathy>

<https://www.nice.org.uk/guidance/>

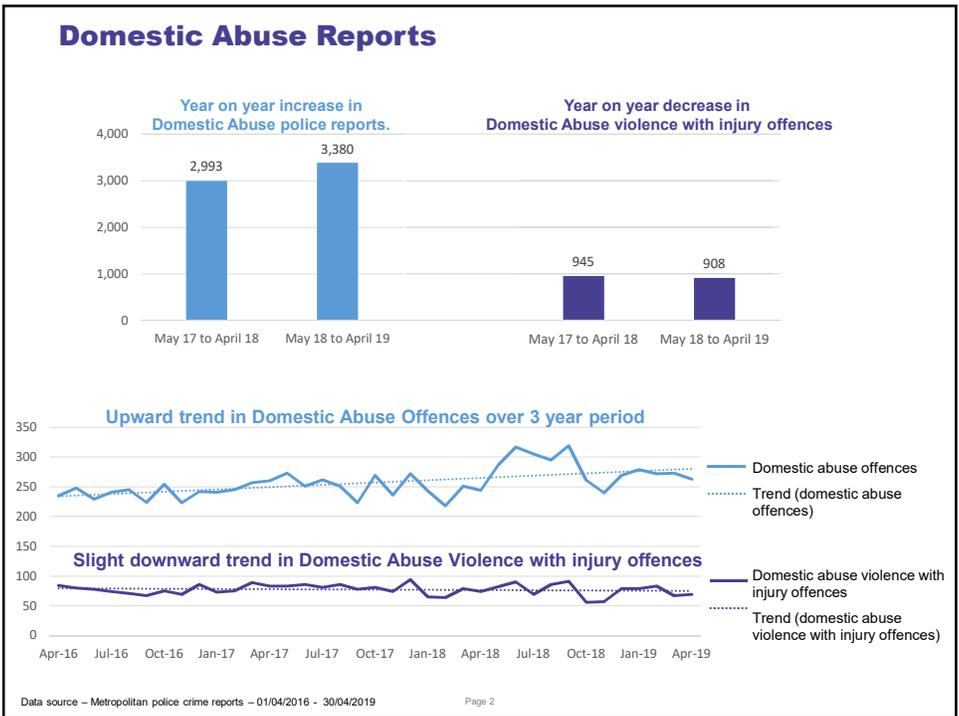
<https://fingertips.phe.org.uk/>

Domestic Abuse

Brent JSNA

2019

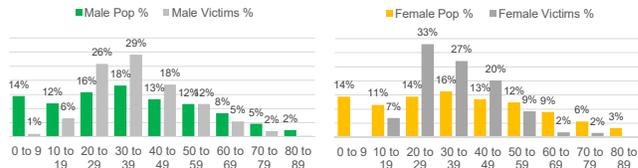


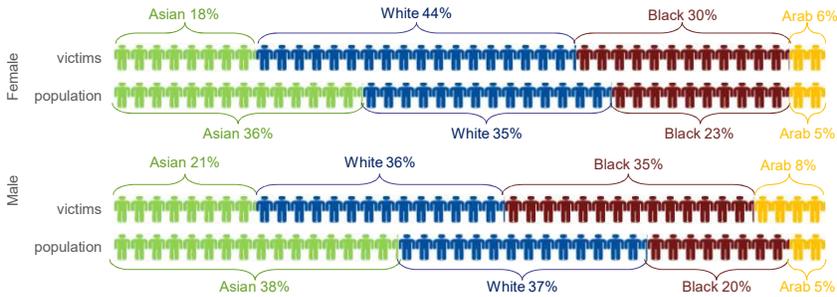
Victim profile

3 out of 4
victims are female

Women between 20 and 50 years old are overrepresented as victims compared to Brent's population



Black and White women are overrepresented as victims compared to Brent's population



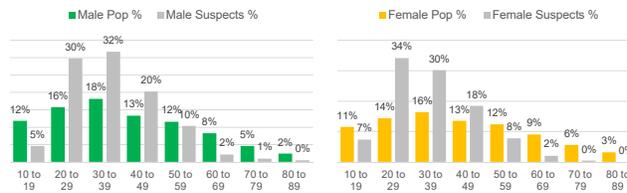
Data source – Metropolitan police crime reports – 01/05/2018 to 30/04/2019

Page 3

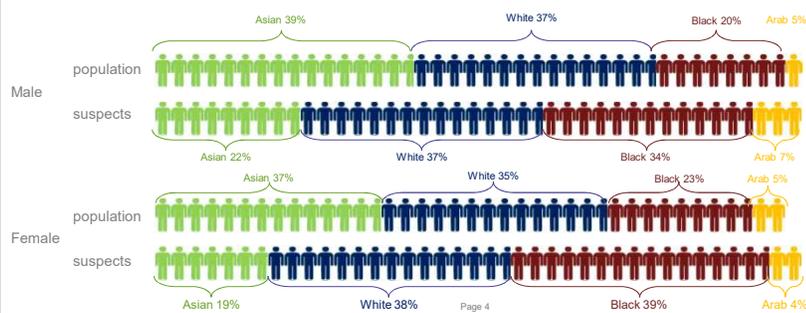
Suspect profile

4 out of 5
suspects are male

Men between 20 to 50 years old are overrepresented as suspects compared to Brent's population

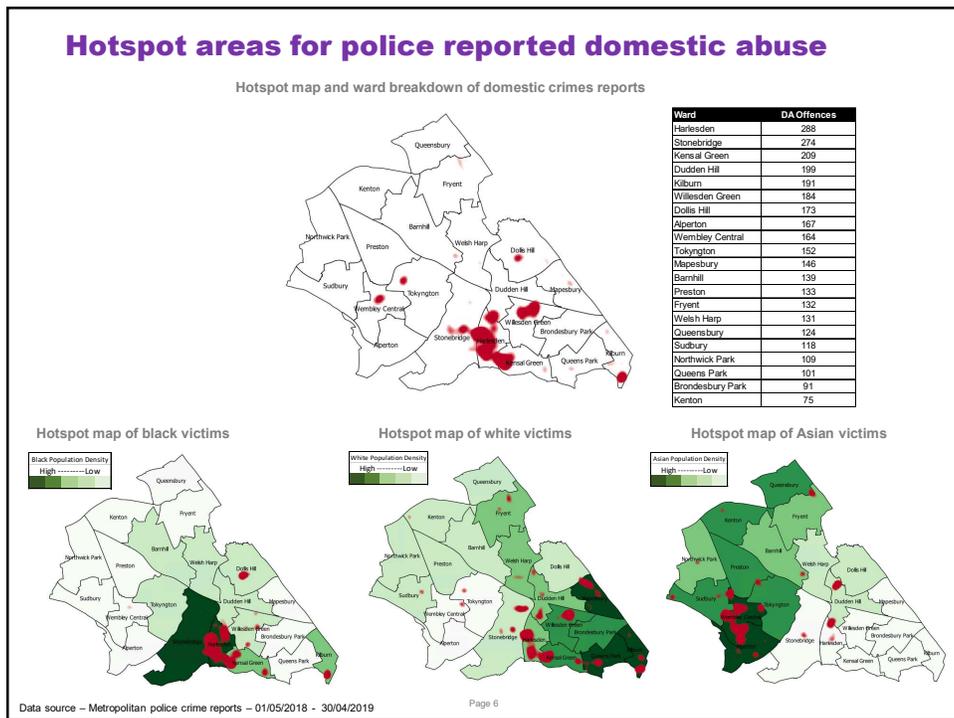
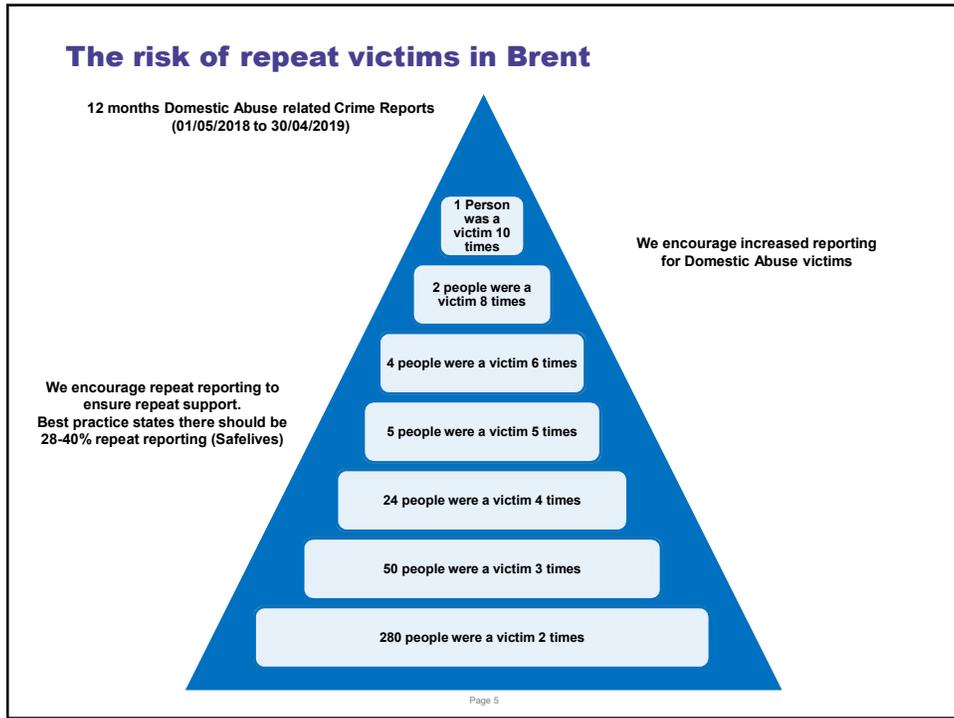


Black and White men are overrepresented as suspects



Data source – Metropolitan police crime reports – 01/05/2018 to 30/04/2019

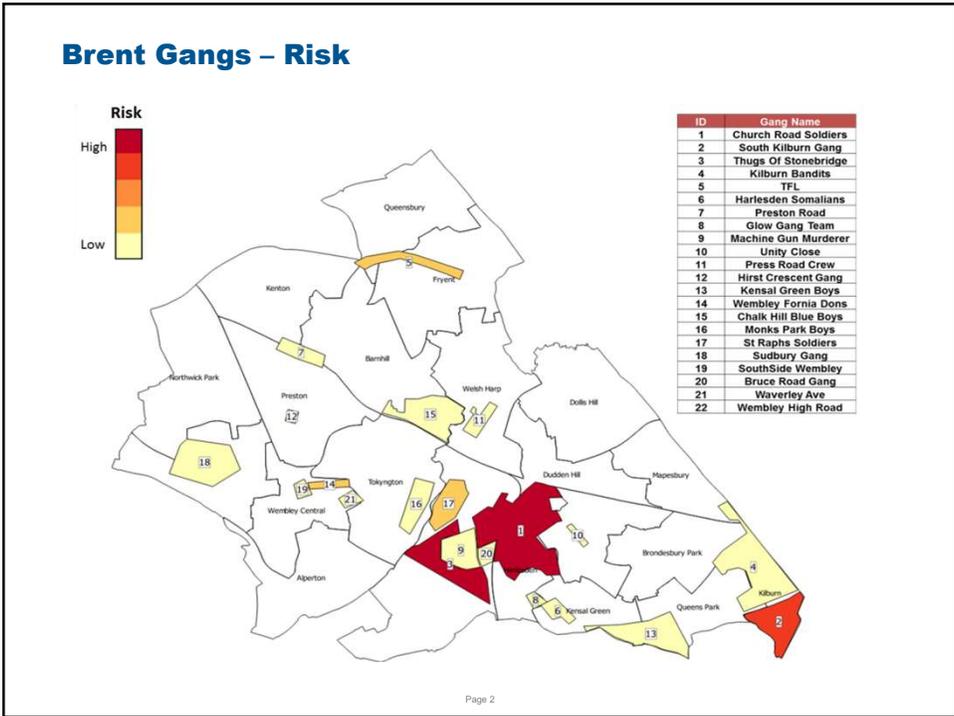
Page 4

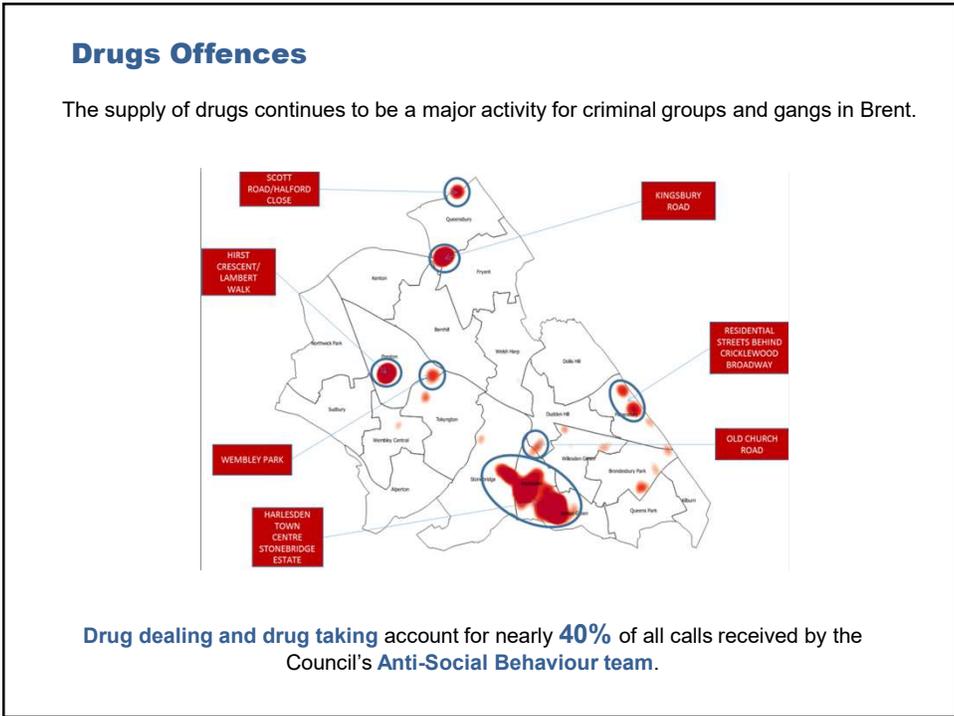
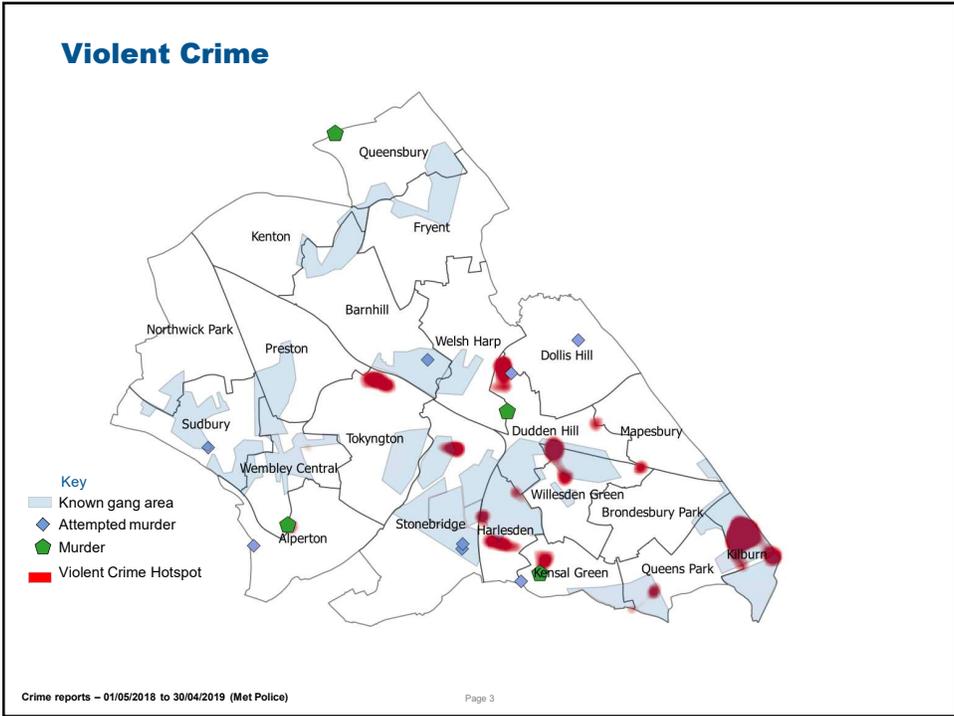


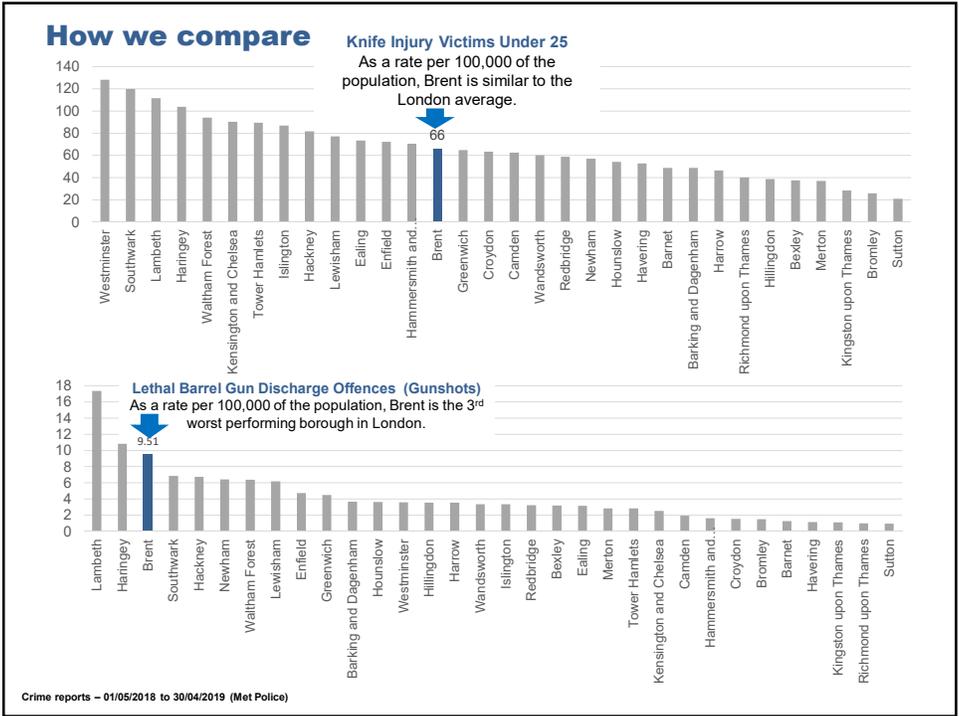
Gangs and serious youth violence

Brent JSNA
2019







Air Quality

Brent JSNA
2019/2020



NHS
Brent
Clinical Commissioning Group

Summary

Key messages

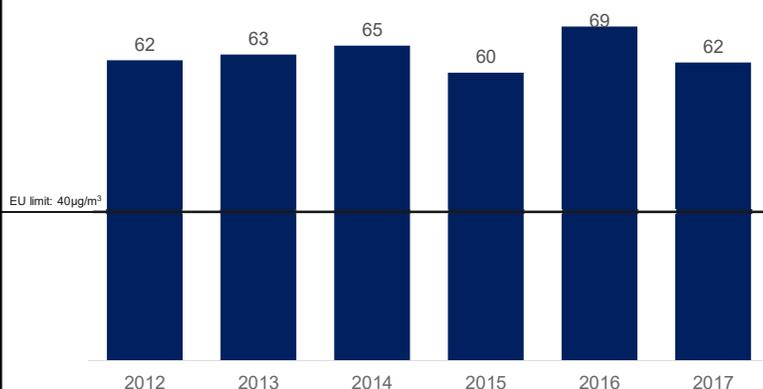
- Overall air pollution in Brent is declining
- NO_x/NO₂ air pollutant is generally above EU permitted levels
- PM₁₀/PM_{2.5} air pollutant is generally below EU permitted levels
- There are several air quality hot spots in the borough, mainly around town centres where there is high road traffic congestion
- The A406 (North circular road) is the single biggest source of transport related air pollution in Brent
- An increase in cycling and walking and a decrease in car use will help improve air quality in Brent
- The southern two-thirds of Brent has been declared an Air Quality Management Area
- 56% of air pollution (NO_x) in Brent is from road transport, and over 80% of that proportion is from vehicles with diesel engines
- Air pollution emissions in Brent and nationwide have more than halved since 1990 and are still declining albeit at an increasingly slower pace

UK air quality strategy objectives and EU permitted levels

The table shows the UK and EU targets for the main air pollutants, and when these limits were set to be achieved. Many countries including the UK are still working on achieving some of these limits while others have been brought under control. (see slide 10)

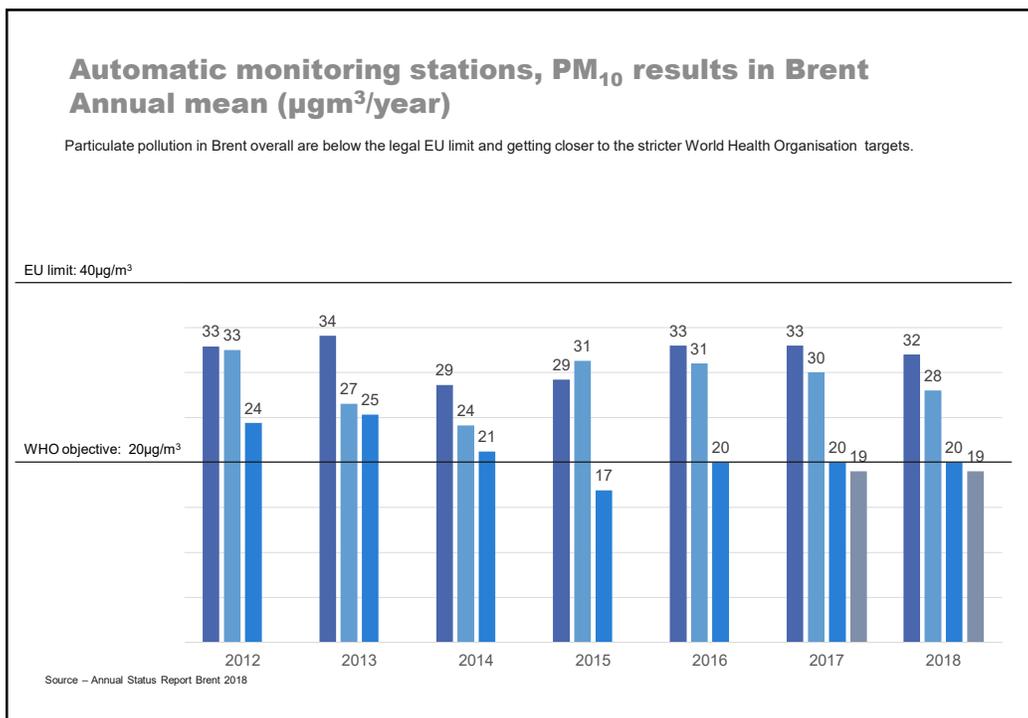
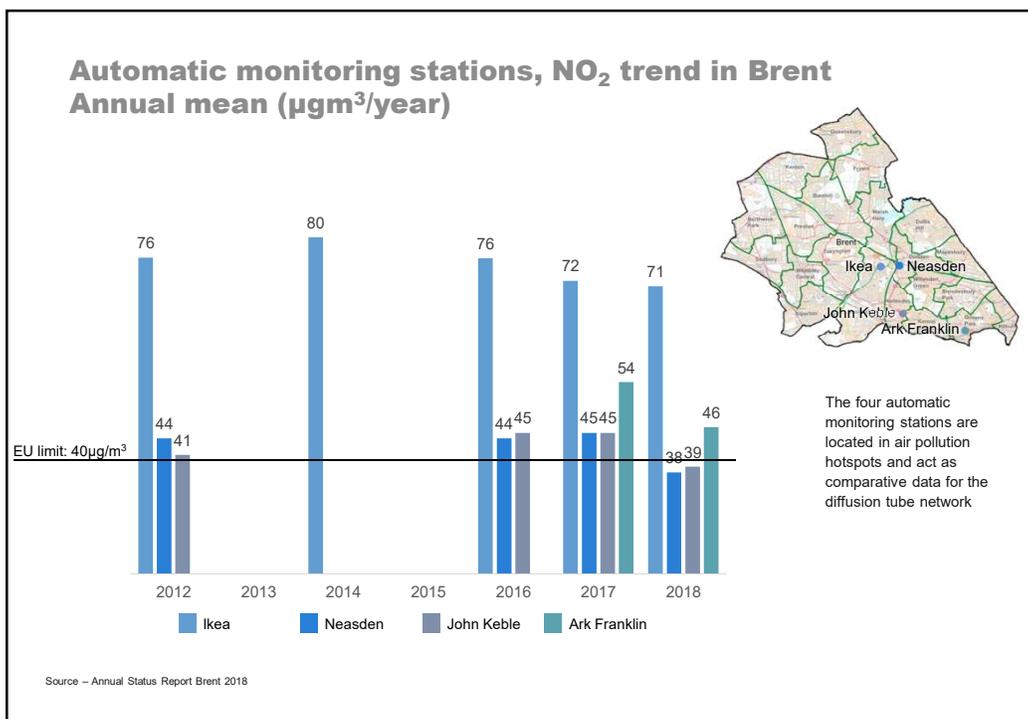
Pollutant	Concentration	Measured as	To be achieved by	
			UK	EU
Carbon monoxide (CO)	10mg/m ³	Maximum daily running 8 hour mean	31 Dec 2003	01 Jan 2005
Nitrogen dioxide (NO ₂)	200µg/m ³ not to be exceeded more than 18 times a year	1 hour mean	31 Dec 2005	01 Jan 2010
	40µg/m ³	Annual mean	31 Dec 2005	01 Jan 2010
Sulphur dioxide (SO ₂)	350µg/m ³ not to be exceeded more than 24 times a year	1 hour mean	31 Dec 2005	n/a
	125µg/m ³ not to be exceeded more than 3 times a year	24 hour mean	31 Dec 2004	01 Jan 2005
	266µg/m ³ not to be exceeded more than 35 times a year	15 minute mean	31 Dec 2005	01 Jan 2005
Ozone (O ₃)	100µg/m ³ not to be exceeded more than 10 times a year	8 hourly running or hourly mean	31 Dec 2005	n/a
	Target of 120µg/m ³ not to be exceeded more than 25 times a year averaged over 3 years		n/a	31 Dec 2010
Particles (PM ₁₀) (gravimetric)	50µg/m ³ not to be exceeded more than 35 times a year	Daily mean	31 Dec 2004	01 Jan 2005
	40µg/m ³	Annual mean	31 Dec 2004	01 Jan 2005
Particles (PM _{2.5}) (gravimetric)	25µg/m ³	Annual mean	2020	01 Jan 2015
	20% cut in urban background exposure	Annual mean	2010-2020	2010-2020

Diffusion tubes, NO₂ trend in Brent Annual mean (µgm³/year)



Brent has some way to go in meeting the legal pollution target with regards to nitrogen dioxide. The average values are from a network of diffusion tube monitors spread across 48 locations in the borough.

Source – Annual Status Report 2017, Brent

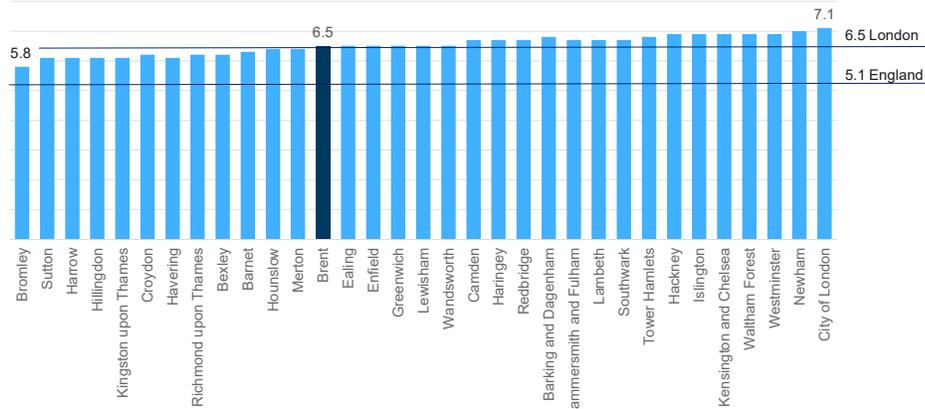


Fraction of mortality attributable to air pollution

Poor air quality is a significant public health issue.

Air pollution affects mortality from cardiovascular and respiratory conditions including lung cancer. This is a modelled estimate of the percentage of deaths which have been increased as a result of long-term exposure to air pollution.

In London this ranges from 5.8% to 7.1%. Brent is exactly the same as the London average of 6.5% deaths attributable to particulate air pollution.



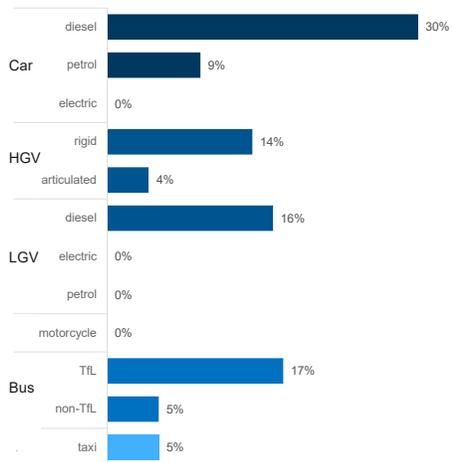
Source – Public Health Outcomes Framework: wider determinants of health (2017)

Air quality management area



An air quality management area is an area where pollution level are likely to exceed the legal limit within the coming year. Special measures are put in place to manage pollution levels in these areas.

NOx emissions in Brent



Vehicles with diesel engines emit the highest level of transport related air pollution, as depicted in the graph.

Buses and HGVs are primarily diesel engines, therefore we have categorised them in types (HGVs) and ownership (Buses) as there is a significant pollution difference along this line.

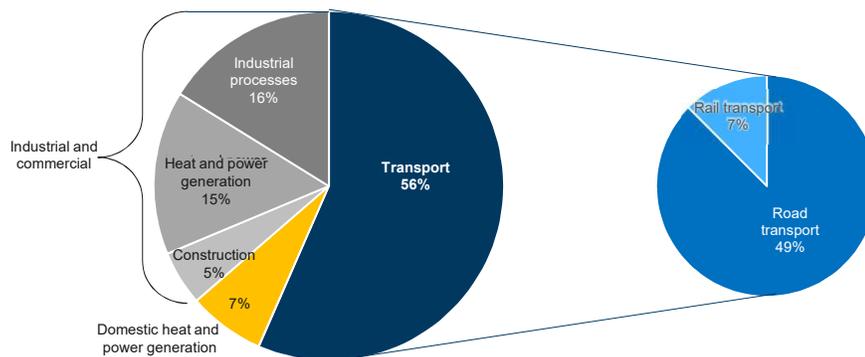
A lot of TFL buses are older than non-TFL companies and have a much lower number of buses on the streets of London.

Rigid lorries are more polluting than articulated lorries, as they are almost always pulling a relatively larger load with a smaller engine, while articulated lorries will unload for up to half their journeys and usually has a bigger engine relative to load.

Source: London Atmospheric Emissions Inventory – Emissions Summary 2016

NOx emissions in Brent

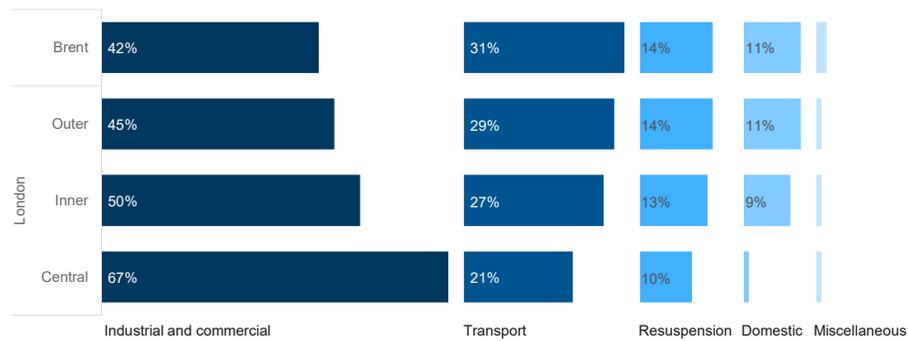
Different industries cause different amounts of NO_x emissions.



Source: London Atmospheric Emissions Inventory – Emissions Summary 2016

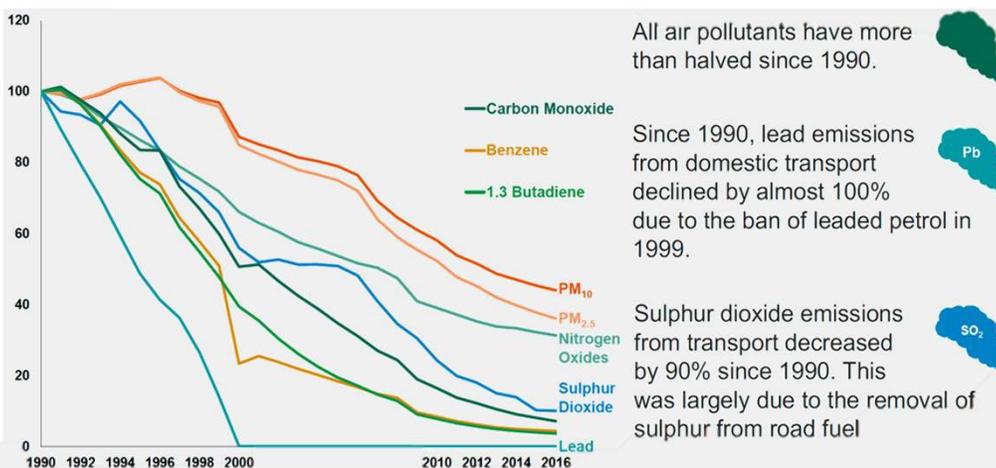
PM₁₀ emissions

The levels of Particle Matter 10 (PM₁₀) emissions are caused by different industries. In Brent most of our PM₁₀ emissions (42%) are caused by the Industrial and commercial sector, This is the highest proportion, but it is lower than the average in London. Our second highest cause is transport (31%), which is higher than the London averages.



Source: London Atmospheric Emissions Inventory – Emissions Summary 2016

UK air pollutions from transport 1990 to 2016



Technical notes

Definitions

NO₂	Nitrogen Dioxide
NO_x	Oxides of Nitrogen
PM₁₀	Particulate matter with an average diameter of ten micrometre
EU limits	Air pollution limits set by the European Union to which all countries in the union should be below within a certain time frame.
WHO	World Health Organisation
AQMA	Air Quality Management Area

Data sources

Annual Status Report

<https://www.brent.gov.uk/services-for-residents/environment/air-quality/air-quality-reports/>

London Atmospheric Emissions Inventory – Emissions Summary 2016

<https://data.london.gov.uk/dataset/london-atmospheric-emissions-inventory--laei--2016>

Public Health Outcomes Framework – Wider Determinants of Health

<https://fingertips.phe.org.uk/search/air#page/0/gid/1/pat/6/par/E12000007/ati/102/are/E09000005/iid/30101/age/230/sex/4>

Transportation

Brent JSNA
2019/2020

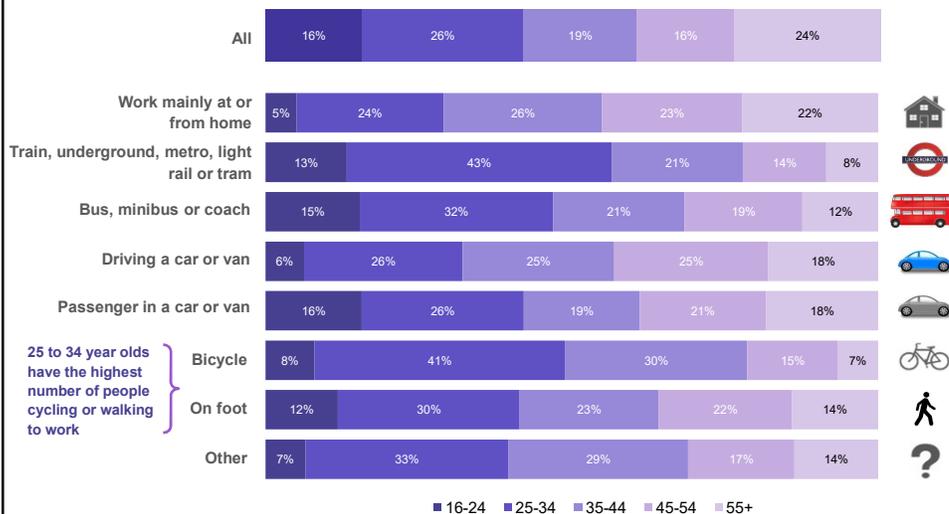



Summary

Key Messages

- Active travel includes walking, cycling and using public transport. More people are using this option and the number of vehicles per household has reduced to 0.80 (2011 census)
- This shift in travel behaviour helps improve air quality
- An increase in cycling and walking and a decrease in car use will help improve air quality in Brent
- Brent is well served with public transport including London Underground and Overground lines, National Rail and buses
- In 2017 1,158 people were injured on Brent's roads in 933 recorded accidents, of these 6 resulted in the loss of life and 126 were serious injuries. This figure is higher than the London average
- In the last 16 years the number of people killed or seriously injured has reduced from 204 to 98
- There are more casualties amongst people travelling by car than other modes of transport
- In most age groups there are more males than females being injured on Brent's roads
- In 2017 there were 76 children injured on Brent's roads, of these 9 were serious and 66 slight. There was 1 child fatality.
- Most accidents happen on or near main roads

Method of travel to work by age

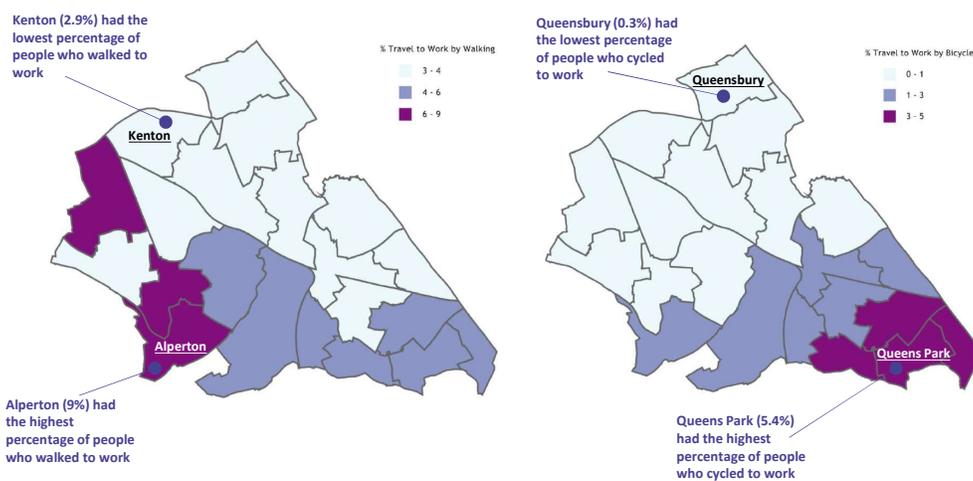


Source: ONS 2011 Census, Methods of Travel to Work

Page 2

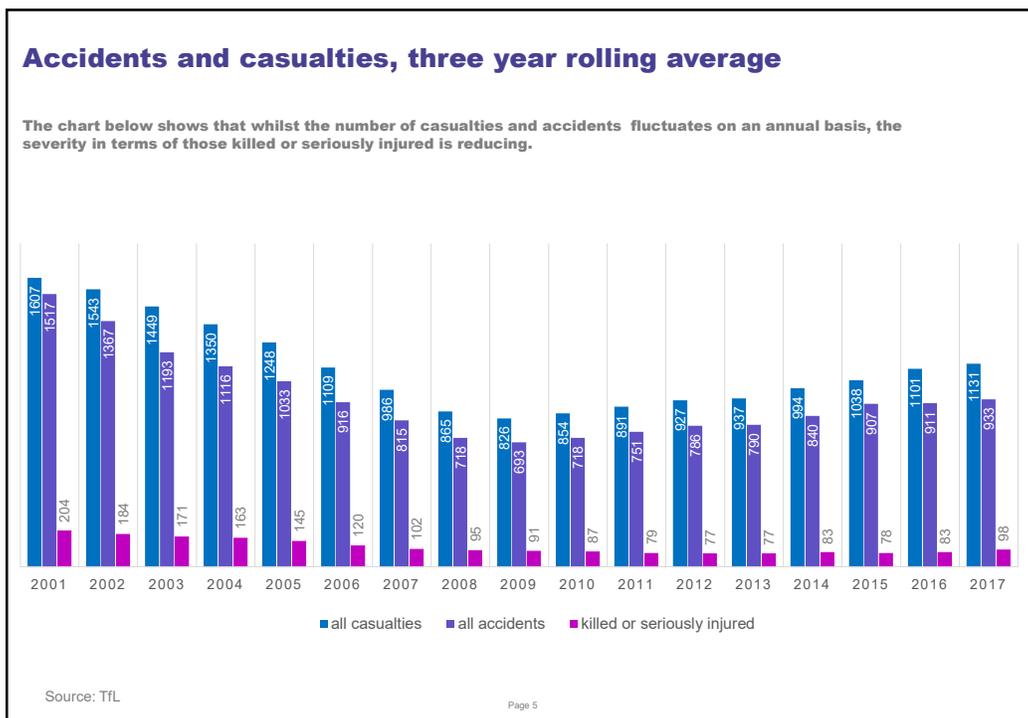
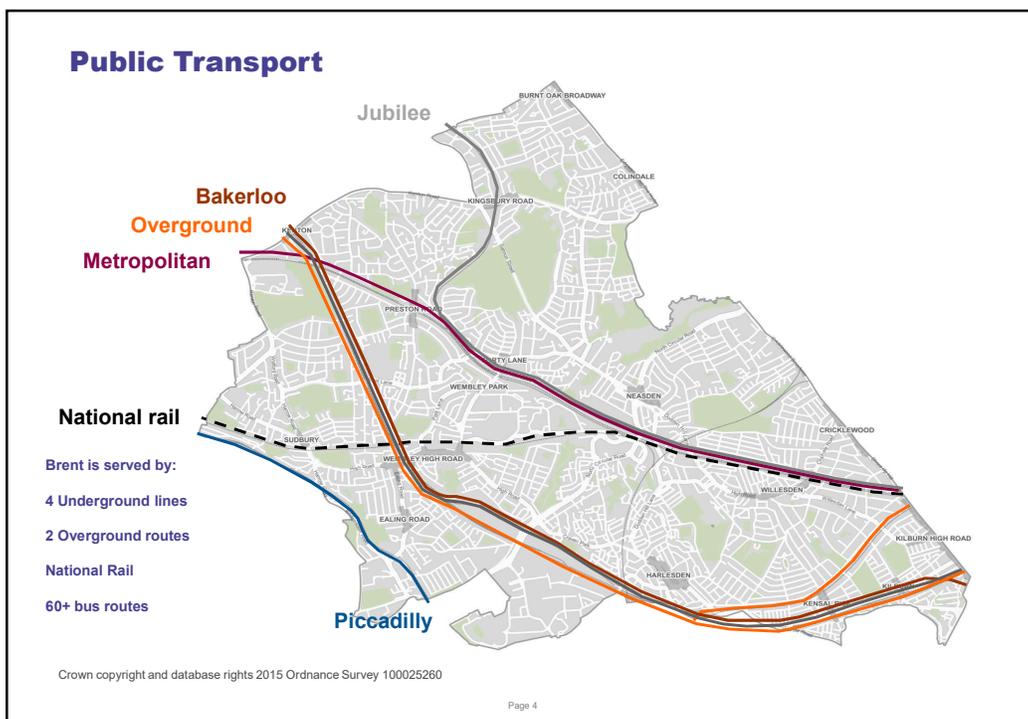
Active Travel to Work

Percentage of residents that travel to work by walking or bike in each ward in Brent

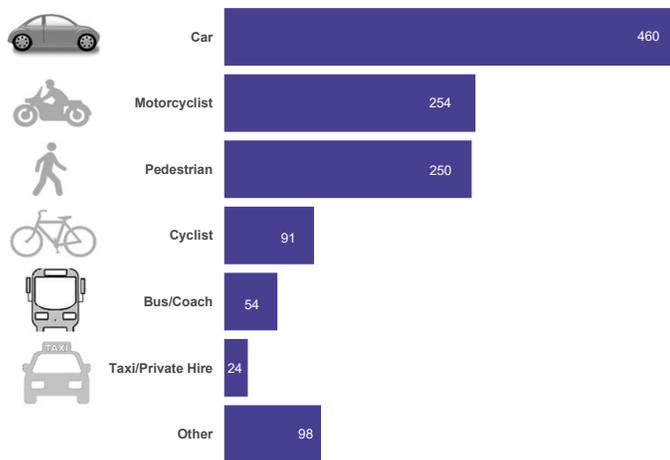


Source: ONS 2011 Census, Methods of Travel to Work

Page 3



2017 - Casualties by mode of travel

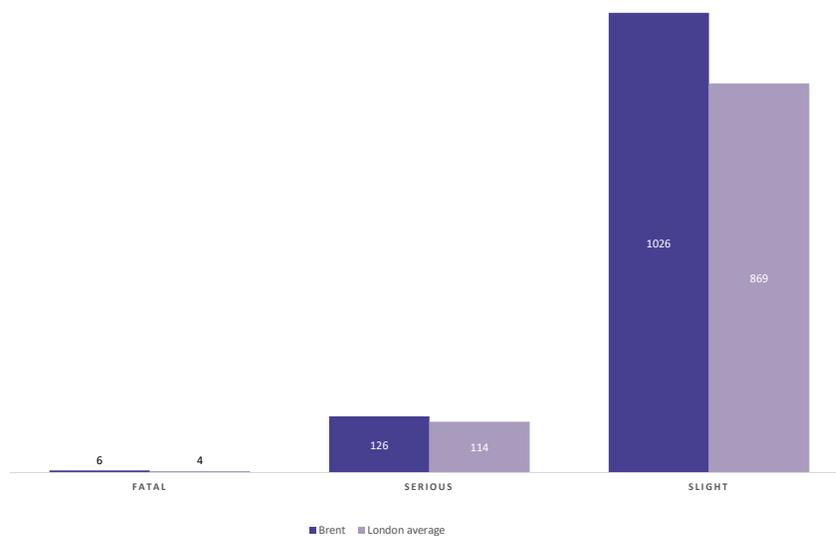


Source: TfL

Page 6

2017 - Casualties by severity

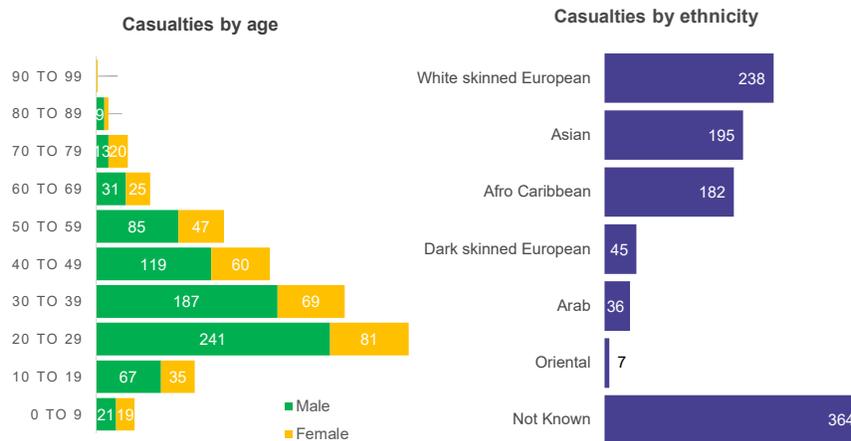
The diagram below show the number of casualties by severity and a comparison to the London average



Page 7

2017 - Casualties by demographics

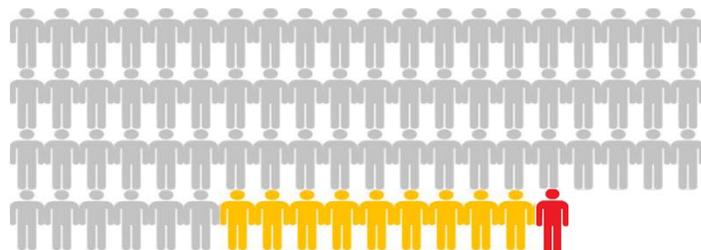
The charts below show that in all age groups, the number of male casualties is higher than female. The highest number of casualties are among white skinned Europeans and the lowest among Oriental.



Source: TfL

Page 8

2017 - Child casualties by severity

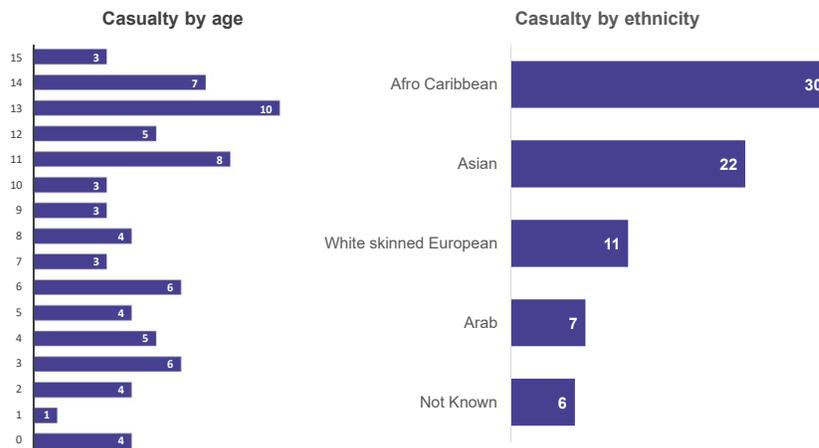


Severity	Count
Slight	66
Serious	9
Fatal	1

Source: TfL

Page 9

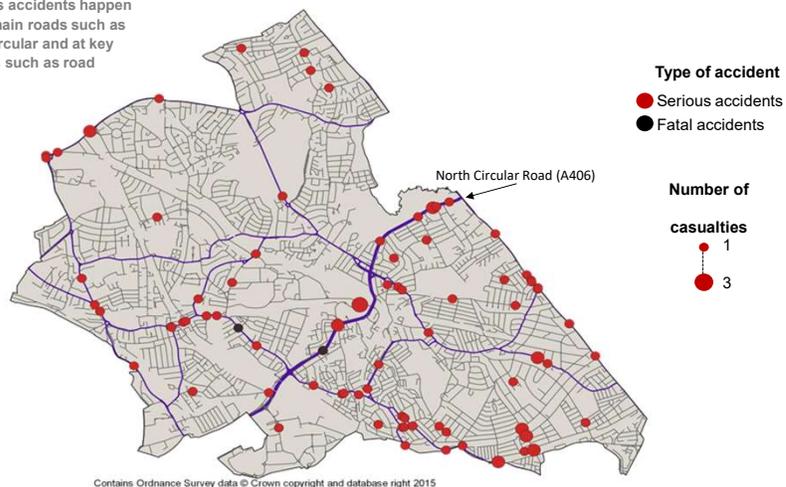
2017 - Child casualties by demographics



Page 10

2017 - Serious and fatal accidents

Most serious accidents happen on or near main roads such as the North Circular and at key nodal points such as road junctions.



Further information

Active Travel

- People who walk, cycle or use public transport on a regular basis will benefit from a healthier lifestyle as it helps reduce obesity and the risk of cardiovascular diseases.
- Motorised traffic is a key source of air pollution and those that spend longer in traffic face a higher health risk
- Brent Council has many activities to support this including free cycle training, a healthy walks programme, Bike it Plus in schools and the promotion of car clubs

Public Transport

- In addition to the Underground, Overground and National Rail lines indicated on the map Brent has a comprehensive bus network of over 60 routes
- Most residents can access this within 400m of their home

Road Casualties

- Fear of road traffic injury is one of the key reasons people choose not to travel actively.
- Although the total number of casualties travelling by car is much higher, the number of people seriously injured is higher amongst pedestrians, cyclists and motorcyclists.

Further information

Improving Road Safety

- An annual programme of engineering measures are introduced to improve safety on Brent's roads
- Education, training and publicity activities are targeted at groups with the highest number of casualties
- Road safety education is available to all schools in Brent and the following resources promoted during these visits:
 - The London Children's Traffic Club, pre-school <https://www.trafficclub.london/>
 - Department for Transport 'Think' road safety resources <https://www.think.gov.uk/education-resources/>
 - Transport for London (TfL) Schools and Young People's programme which includes Junior Travel Ambassadors (year 5 and 6 pupils) and Youth Travel Ambassadors (secondary schools) <https://tfl.gov.uk/info-for/schools-and-young-people/>
- Safe Drive Stay Alive, a roadshow with powerful messages for young drivers, Sixth forms and colleges <https://www.facebook.com/SafeDriveStayAliveLondon>
- Free cycle skills training (adults and children) <http://www.cyclinginstructor.com/brent>
- Free BikeSafe riders skills days are available for motorcycle riders <http://www.bikesafe.co.uk/>

Commissioning implications

- Encouraging active travel work by assisting local businesses with information on public transport, walking and cycling routes
- Our cycling strategy includes a vision for new cycling routes in Brent which will be implemented as funding becomes available
- Where possible the planting of trees is included in future highway schemes to help improve air quality
- Local safety schemes will be introduced in areas with the highest number of casualties to help make roads safer for all road users

Noise & Nuisance

Brent JSNA
2019/2020




CJ1

CJ4

Summary

Noise is unwanted sound that may be considered a nuisance by those affected but may not qualify as actionable noise nuisance to the local authority. Adverse effects to human health from exposure to noise are well documented, and include: hypertension, annoyance, sleep disturbance, ischemic heart disease, hearing loss and tinnitus.

Statutory noise nuisance is noise so severe it demands intervention and quite possibly a legal prohibition. Local authorities have a duty to investigate and deal with complaints of statutory noise nuisance and noise incidents considered under various legal provisions, relating to: public nuisance, community protection, construction sites, and noise in the workplace. The applicable enforcement legislation is:

- **Environmental Protection Act 1990**
- **Noise Act 1996**
- **Anti-social Behaviour, Crime and Policing Act 2014**
- **Licensing Act 2003**
- **Control of Pollution Act 1974**
- **The Control of Noise at Work regulations 2005**

Non-actionable noise complaints typically report ordinary domestic noise occurring in dwellings with poor sound insulation such as converted properties and maisonettes constructed before Building Regulations incorporated sound insulation as a regulatory requirement. Walking, stamping, children playing, toilets flushing, moving furniture and dropping objects are all examples of non-actionable noise complaints.

Music noise and construction noise represent the most significant noise sources resulting in complaints to Brent Council's Nuisance Control Team. Following a service redesign in March 2019, we: provide a reactive noise service during weekday office hours and between 6pm and 2am Friday to Sunday; filter out non-actionable noise complaints; offer the Brent Noise App reporting and recording software; work alongside the Community Protection Team; prompt housing providers to consider appropriate tenancy management interventions for tenancy noise incidents.

We act as statutory consultee to the Planning Team in reviewing and commenting on development proposals to ensure noise does not adversely affect existing and future residents. We consider noise criteria contained with relevant British Standards, for example: **BS8233:2014 'Guidance on sound insulation and noise reduction for buildings'** and **BS4142:2014 'Methods for rating and assessing industrial and commercial sound'**.

Under the **Licensing Act 2003**, we are a Responsible Authority with extensive powers governing public nuisance from licensed premises and temporary events featuring regulated entertainment. We process applications under the **Control of Pollution Act 1974** from projects seeking local authority consent to noisy engineering and construction works on road and rail infrastructure during noise sensitive hours.

Page 1

Slide 2

CJ1 break down slides - bullet points?
Constance, Janice, 11/12/2019

CJ4 3rd paragraph need re-phrasing
Constance, Janice, 11/12/2019

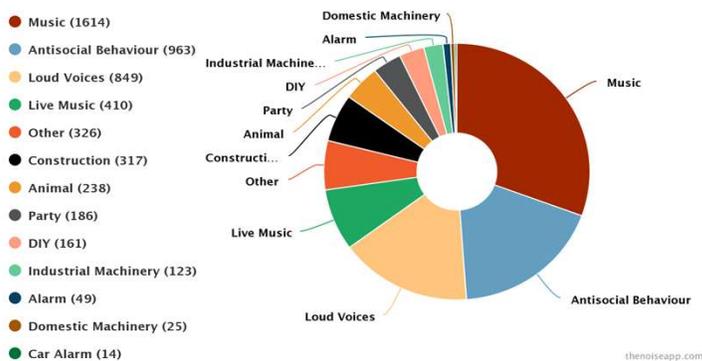
CJ2
WICJ3
WICJ5
WM1

Brent Noise App – reports per noise source

Reports per noise source since June 2018 via Brent Noise App

The Brent Noise App was introduced in June 2018, enabling residents to report and record noise incidents in real time. Music and Live Music represents the most significant reported noise source that is actionable as statutory noise nuisance.

Loud voices and Antisocial Behaviour are typically non-actionable as statutory noise nuisance but may require a community protection or landlord intervention under the terms of tenancy agreement.



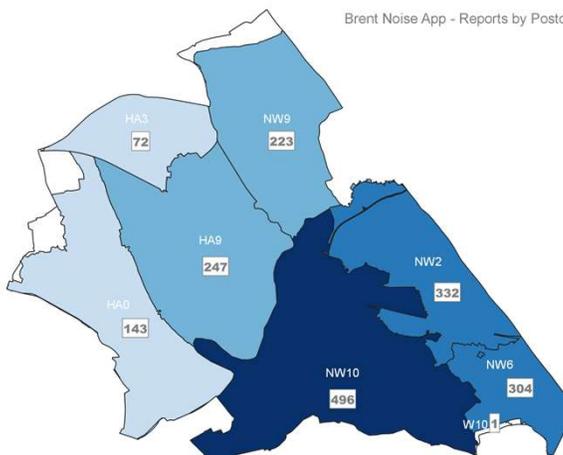
Source: thenoiseapp.com

CJ6
WICJ7
WM5

Brent Noise App – noise source by postcode

Reports per noise source by postcode since introducing the Brent Noise App in June 2018

Brent Noise App - Reports by Postcode Area



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Source: thenoiseapp.com

Slide 3

CJ2 This slide ok need to be a bit neater

Constance, Janice, 11/12/2019

WM3 :)

Wood, Martin, 12/12/2019

CJ3 Change title - (for example) current or recent noise source

Constance, Janice, 11/12/2019

WM2 title included and text revised

Wood, Martin, 12/12/2019

CJ5 bar graph instead of pie

Constance, Janice, 11/12/2019

WM1 The software only provides pie

Wood, Martin, 12/12/2019

Slide 4

CJ6 top title? (e.g. noise source by postcode)

Constance, Janice, 11/12/2019

WM4 title added

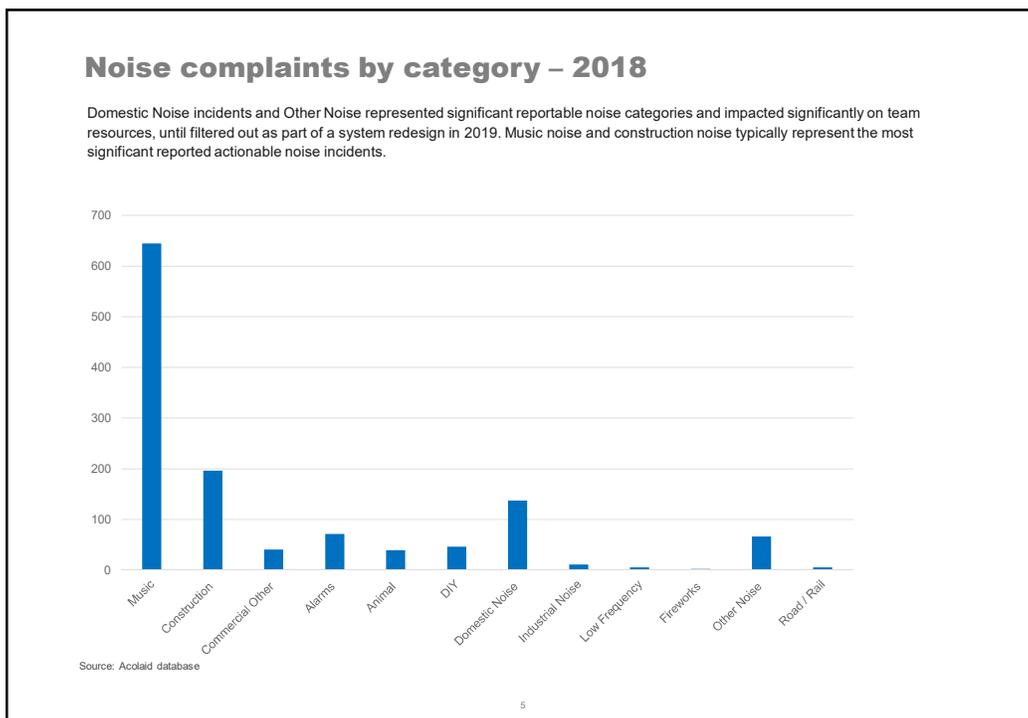
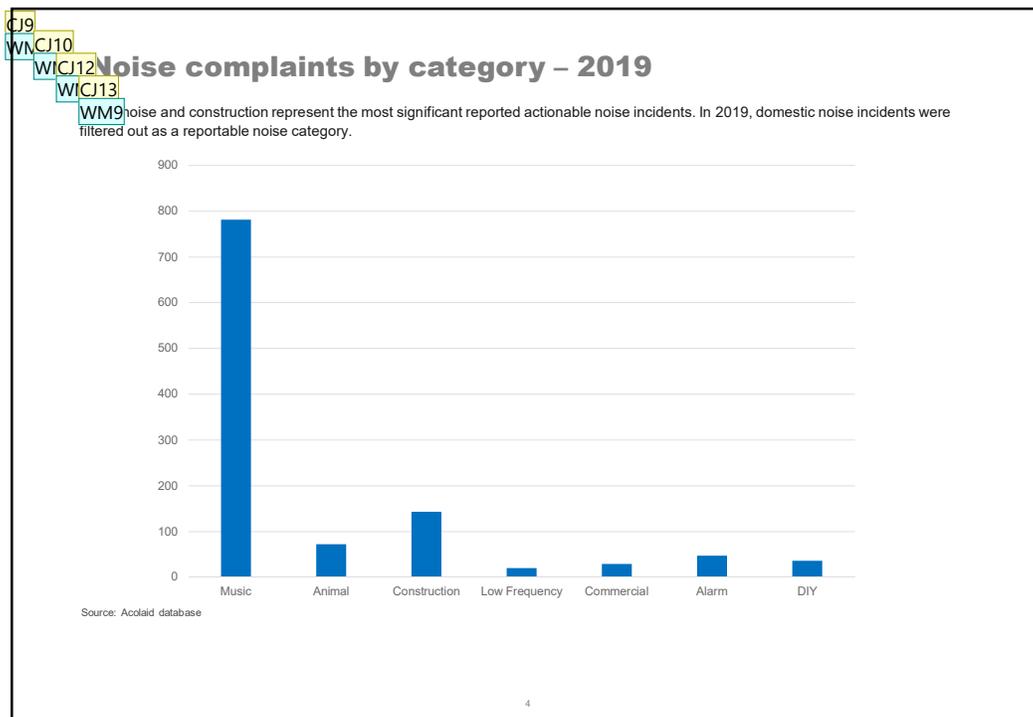
Wood, Martin, 12/12/2019

CJ7 name the wards

Constance, Janice, 11/12/2019

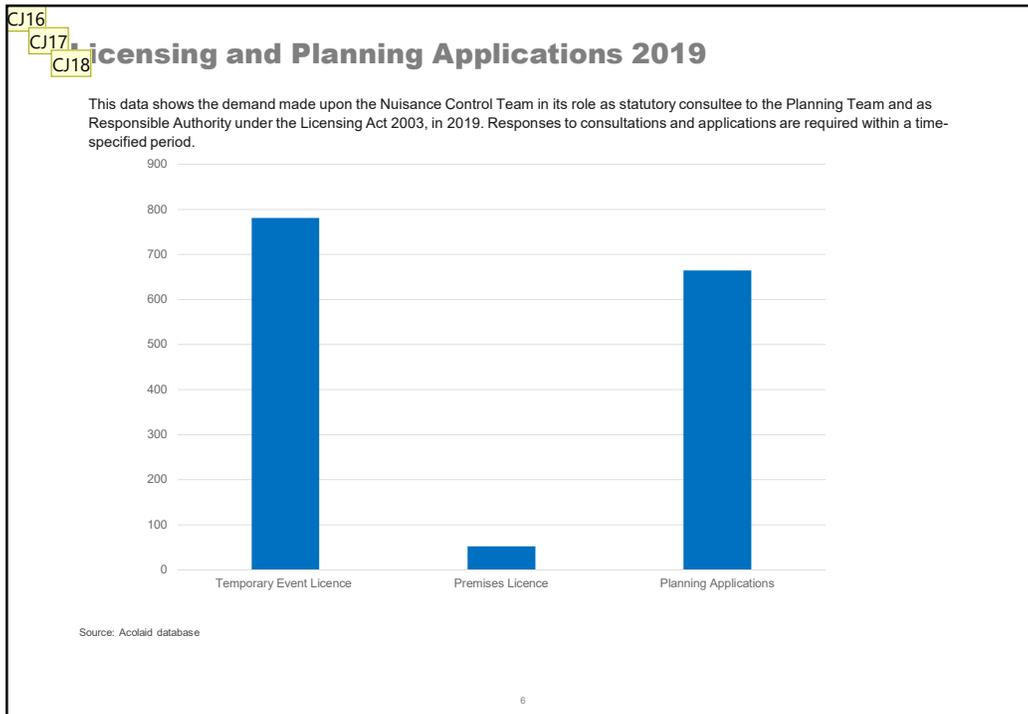
WM5 I can request that. This is by postcode. There are 21 wards so that could make this slide appear overly busy. Let me know.

Wood, Martin, 12/12/2019



Slide 5

- CJ9** join with slide 2? get 2018 data from the acolaid database
Constance, Janice, 11/12/2019
- WM6** Some of the data in slide 2 is within this data. Can make Brent NOise App data specific to 2019 or can include 2018 data from Acolaid in one or two slides.
Wood, Martin, 12/12/2019
- CJ10** brent app for 2019? to compare and contrast
Constance, Janice, 11/12/2019
- WM7** data from the noise app is included in this. The app is a reporeting tool that ultimatley feeds into our main premises database - Acolaid
Wood, Martin, 12/12/2019
- CJ12** commentary on slides
Constance, Janice, 11/12/2019
- WM8** added
Wood, Martin, 12/12/2019
- CJ13** title needed
Constance, Janice, 11/12/2019
- WM9** yep :)
Wood, Martin, 12/12/2019



Slide 7

CJ16 comentary needed - to give context

Constance, Janice, 11/12/2019

CJ17 further implications / commissioning intention slides

Constance, Janice, 11/12/2019

CJ18 source slide

Constance, Janice, 11/12/2019

Economy and Employment

Brent JSNA 2019/2020




Economy and employment | Brent overview

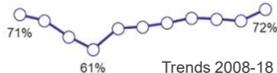
15,030
Businesses in Brent



Up **47%**
2010-17

72%

Employment rate
% of working age residents in work



Trends 2008-18

Employment rates by group

- Men **79%**
- Women **60%**
- White residents **79%**
- BAME residents **65%**
- Not disabled **74%**
- Disabled people **49%**
- Highly qualified **82%**
- No qualifications **45%**

156,000
Number of jobs

£9 billion
Economic output (GVA)

Largest sectors (% jobs)

- Health **16%**
- Retail **10%**
- Business admin **10%**
- Education **9%**

Unemployment Rate

5.3%

Halved since 2011

2011 **11%** | 2018 **5%**

Hourly pay rates

£14.54 Full-time | **£9.54** Part-time

2nd lowest in London

Earnings are low in Brent: 2nd lowest pay rates in London

Occupation - residents

% professional jobs: **40%** (London average: 56%)

% in routine jobs: **24%** (London average: 14%)

22% of workers are part-time

Women **32%** | Men **15%**

23% of workers are self-employed

↑ above London average **19%**

Low pay 1 in 3

31% earned less than the London living wage

Sources: 1. ONS, UK business counts (2018); 2. ONS, Business Register and Employment Survey (2017); 3. ONS, Regional GVA data (2017); 4. ONS, Annual Population Survey, Employment rate (2010-18); Employment rates by group and occupation data (2016-18 averages); 5. ONS, Modelled unemployment rates; 6. ONS Annual Survey of Hours and Earnings data (2018) - residents data. Notes: All percentages have been rounded to nearest percentage point. Employment rate data relate residents aged 16-64.

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Economy and employment | Key Findings

- In 2018, there were around 15,030 businesses based in Brent – a rise of 47% since 2010. Businesses in Brent produce around £9bn per year in economic output ('gross value added').
- The majority of businesses (92%) are 'micro' businesses that employ less than ten people. Levels of self-employment are high in Brent: 23% of workers are self-employed.
- Business growth is beginning to slow: during 2016-17, the number of new businesses formed in Brent fell while the number of closures increased – this mirrors national trends.
- In 2018, 72% of the working age population were in employment. Brent's employment rate has been rising since 2011, though it remains slightly below the London average (74%). The employment rate has been rising across all age groups, but older workers have seen the biggest rise – 73% of those aged 50-64, and 16% of the over 65s, are now in employment.
- Well qualified residents are twice as likely as those with no qualifications to be in work. The percentage of highly qualified residents has been rising but remains below the London average (42% vs. 52%).
- Certain groups face significant disadvantage in the labour market. Disabled people, Black, Asian and Minority Ethnic residents, and women, all have employment rates well below the average.
- Brent residents are less likely than other Londoners to work in professional occupations (40% vs. 56%), and more likely to work in elementary and routine jobs (24% vs. 14%).
- Brent workers are relatively low paid: almost one third of residents (31%) earned less than the London Living Wage – the second highest percentage in London, after Newham. Rates of pay are lowest among those working part-time who earn an average of £9.54 an hour - £5 less than full-time workers (£14.54). One in three women workers are employed part-time.
- Since the last recession, unemployment levels have fallen both locally and nationally. In Brent, the unemployment rate halved between 2011 and 2018 from 11% to 5%. While residents have been moving into work, many still require in-work welfare support. The number of people in work who receive Housing Benefit has more than doubled since 2009.

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Businesses in Brent

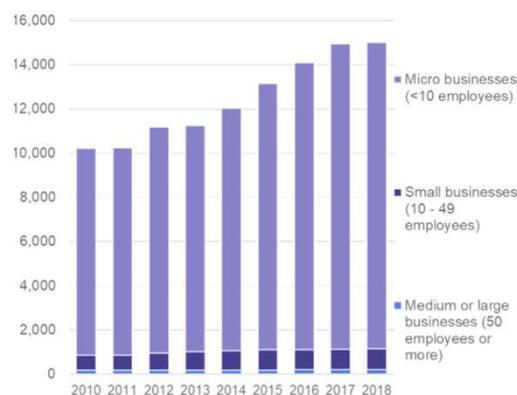
- In 2018, there were 15,030 businesses based in Brent. Business growth has been strong in recent years: the number of businesses increased from 10,220 in 2010 up to 15,030 in 2018 – a rise of 47%, similar to the rise across London (53%).
- The majority of business are 'micro' businesses (who employ less than ten people) – these account for 92% of all businesses in Brent (2018).
- In 2017, Brent businesses produced £9bn in economic output - or 'Gross Value Added' - which is the value of goods and services produced in an area. On this measure, Brent is ranked:
 - in the highest 10% of areas nationally (35th highest out of 391 areas in the UK).
 - 15th highest in London (out of 33 areas)
 - 5th highest in Outer London (out of 19 areas).

Gross Value Added - Brent (2017)

Value of goods and services produced by Brent businesses in 2017

£9 billion 

Number of businesses in Brent by employment size, 2010-2018



Source: 1. ONS, Regional GVA data 2017 - [Regional economic activity by gross value added](#)
2. ONS, UK Business counts (enterprises, 2010-18) - <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=49>

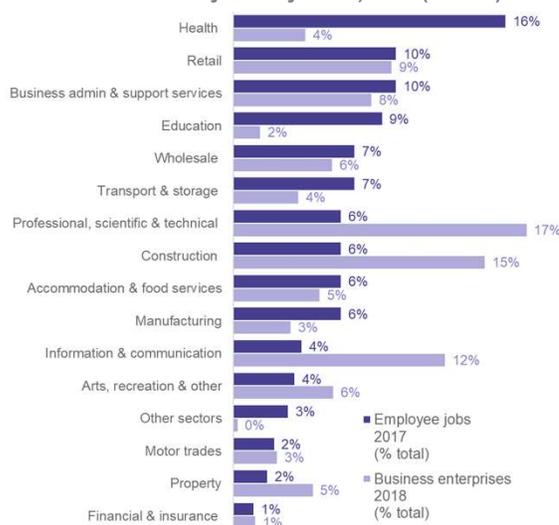
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Industry sectors

- Of the borough's 15,030 businesses, almost half are concentrated in three sectors:
 - professional, scientific & technical (17%)
 - construction (15%)
 - information & communication sector (12%)
- However, most businesses in these sectors are relatively small - employing fewer than five people. So when considered together, these sectors provide just 17% of the jobs in Brent.
- In terms of employment, the largest industry sectors are:
 - health (providing 20,000 jobs)
 - retail (12,000 jobs)
 - business administration & support (12,000 jobs)
 - education (11,000 jobs).

Together, these sectors make up 23% of businesses in the borough but provide 44% of the jobs.

Jobs and businesses by industry sector, Brent (2017/18)

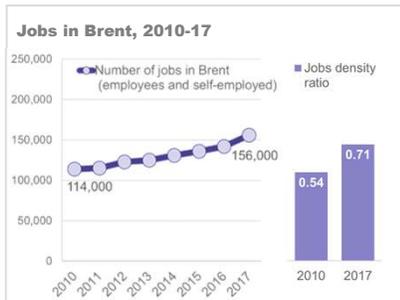


Note: Other sectors = Agriculture, forestry & fishing; Mining, quarrying & utilities, Public admin. & defence

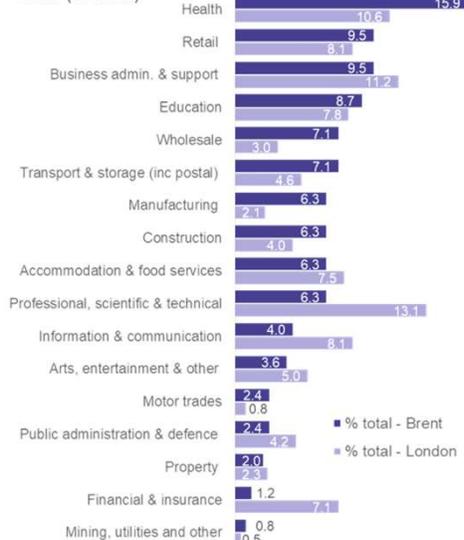
Sources: 1. ONS, UK Business counts (enterprises, 2018): <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=49>
 2. ONS, Business Register and Employment Survey (2017), Employee jobs: <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=27>

Jobs by industry

- Brent businesses provided 126,000 employee jobs in 2017. Compared with London, Brent has fewer jobs in the professional, finance and information sectors and more jobs in the health, wholesale, manufacturing, construction and transport sectors.
- In total, including self-employment jobs, there are around 156,000 jobs in Brent. This is equivalent to a jobs density ratio of 0.71 local jobs per working age resident, close to the average for Outer London (0.69).
- The number of jobs in Brent has risen by 37% between 2010 and 2017, and the jobs density ratio has increased from 0.54 to 0.71 over the same period.



Employee Jobs by industry sector, Brent & London, 2017 (% total)

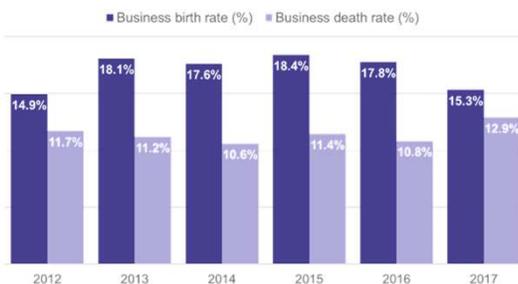


Sources: 1. ONS, Business Register and Employment Survey (open access) - <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=27>
 2. ONS, Jobs Density series (Jobs density = ratio of jobs to population aged 16-64) - <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=46>

Business performance

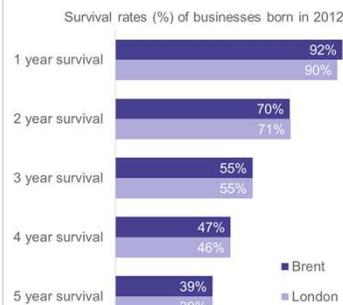
- The latest data suggest business growth in Brent is beginning to slow. In previous years, the number of new businesses starting up in Brent ('births') significantly outstripped the number of business closures ('deaths'), but in 2017, the gap between the two narrowed considerably. This reflects a fall in the number of new start ups and a rise in business closures – there have been similar trends regionally and nationally.
- Business survival rates in Brent are similar to those across London. Of those businesses born in 2012, 92% survived one year, while just 39% were still in business 5 years later.

Business births and deaths in Brent, 2012-17



Note: Rates express the number of business births and deaths as a percentage of the number of active businesses in that year (those with turnover and/or employees during that year).

Business survival rates, Brent, 2012-17

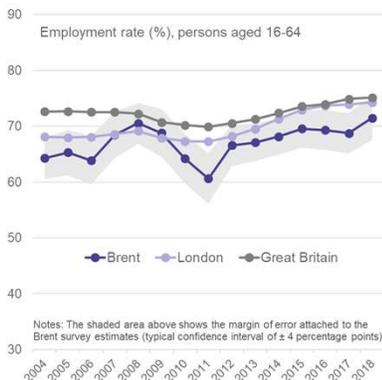


Source: ONS, Business Demography statistics: <https://www.ons.gov.uk/businessindustryandtrade/business/activitysizeandlocation/datasets/businessdemographyreferencetable>

Employment rate trends

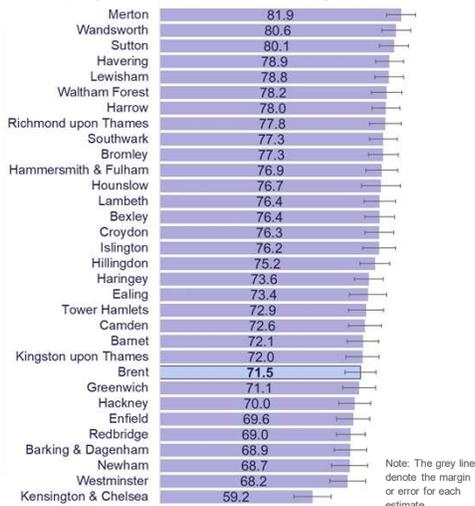
Around 72% of the working age population in Brent are in employment. The employment rate has been rising since 2011 when it hit a low of 61%. The employment rate in Brent remains below both the regional and national averages (74% and 75%).

Trends in the employment rate, 2004-2018



Notes: The shaded area above shows the margin of error attached to the Brent survey estimates (typical confidence interval of ±4 percentage points).

Employment rate, London Boroughs, 2018

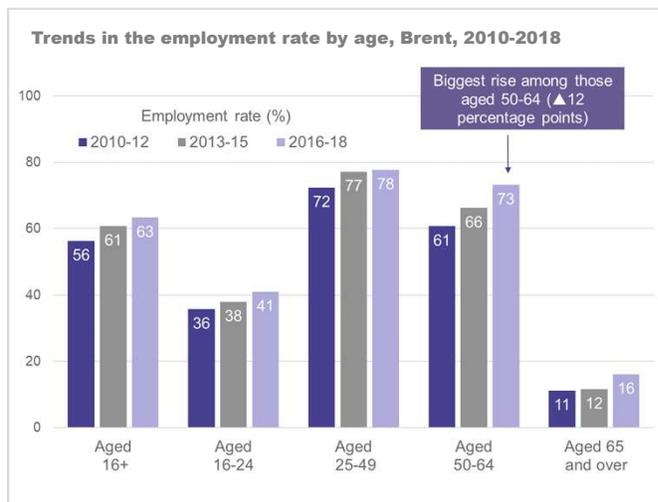


Note: The grey lines denote the margin or error for each estimate.

Source: ONS, Annual Population Survey (Jan-December survey periods). <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28>

Employment rate trends by age

- The employment rate has been rising across all age groups, but older workers have seen the biggest rises.
- During 2016-18, almost three quarters (73%) of those aged 50-64 were in work – up from just 61% in 2010-12 – a rise of 12 percentage points.
- The employment rate has also been rising for those aged 65 and over; around one in six residents in this age group are now in work (16%).



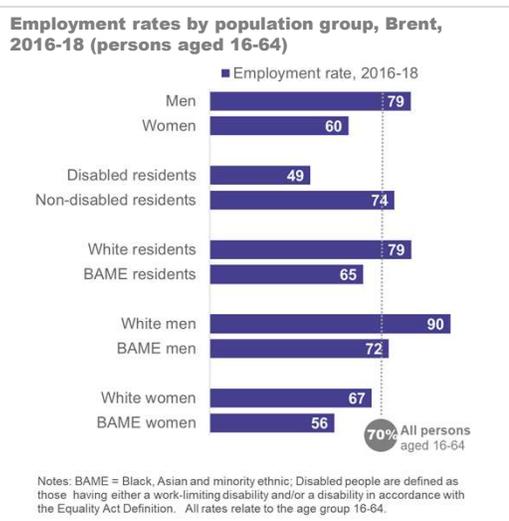
Source: ONS, Annual Population Survey, 2010-18, 3 year averages <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28>

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Employment rates by population group

While the borough's employment rate has been rising in recent years, some groups continue to face relatively high rates of worklessness. During 2016-18,

- Just half of the disabled population in Brent (working age) were in work compared with three quarters of the non-disabled population (49% vs. 74%).
- Residents from Black, Asian and Minority ethnic (BAME) groups had lower employment rates than White residents (65% vs. 79%).
- Women had lower employment rates than men (79% and 60%) and rates continue to be relatively low for BAME women (56%).

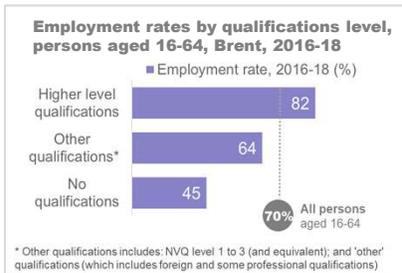
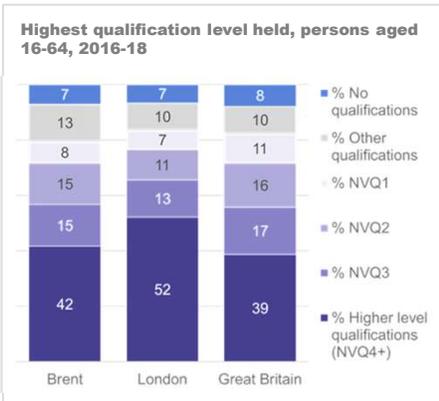


Source: ONS, Annual Population Survey, 2016-18, 3 year averages <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28>

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Qualifications and employment

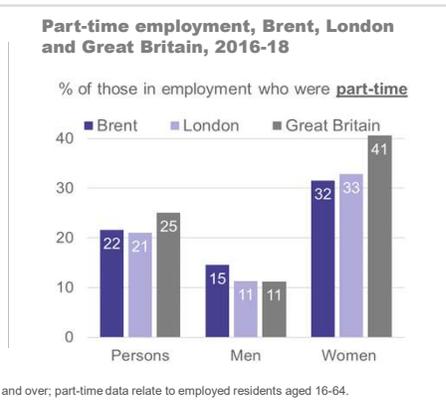
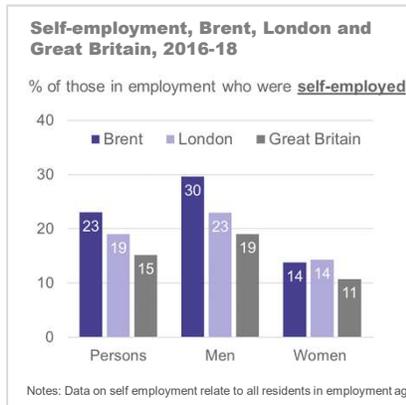
- During 2016-18, 42% of the Brent working age population held higher level qualifications – lower than the proportion in London (52%) though slightly higher than the national average (39%). In line with national trends.
- Brent residents have been becoming more qualified over time: the proportion of residents with higher level qualifications has risen from 27% to 42% between 2004/06 to 2016/18.
- Residents with higher level qualifications were almost twice as likely to be in work than those with no qualifications (82% vs. 45%).



Source: ONS, Annual Population Survey, 3 year averages <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28>

Patterns of employment – Brent residents

- Brent residents are more likely than average to work on a self-employed basis: during 2016-18, of those in employment, almost one quarter were self-employed (23%) – higher than the London and national averages (19% and 15%). Men were twice as likely as women to be self-employed.
- In contrast, women were twice as likely as men to work on a part-time basis (32% vs. 15%) – though male workers in Brent were more likely to work on a part-time basis compared with their counterparts in London or Great Britain (15% vs. 11%).



Source: ONS, Annual Population Survey (2016-18 three year average), <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28>

Employment by occupation – residents in work

Brent residents are less likely than other Londoners to work in professional and management occupations (40% vs. 56%). Conversely, they are more likely to work than in elementary and routine occupations (24% vs. 14%) compared with the London average. The occupational profile of Brent residents is more similar to the national than regional profile.

Employment by major occupational group, Brent, 2016-18

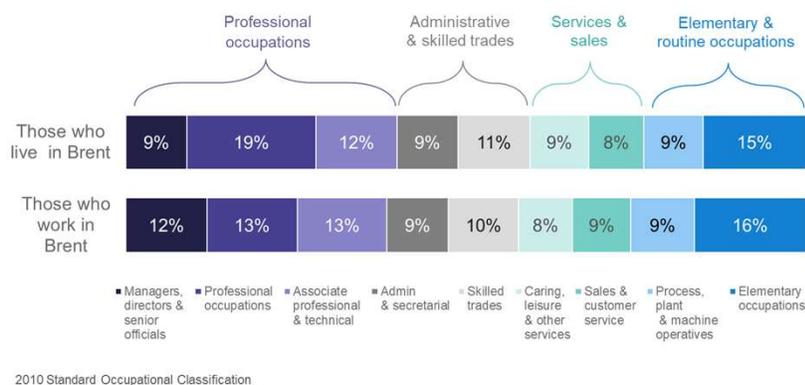


Source: ONS, Annual Population Survey (2016-18 three year average). <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28>

Employment by occupation – residents vs. workers

The occupational profile of workers who live in Brent and those who work in Brent is broadly similar – though residents are a bit more likely to be employed in professional occupations than those who work in Brent (19% vs. 13%).

Employment by major occupational group, Brent, workers and residents, 2016-18

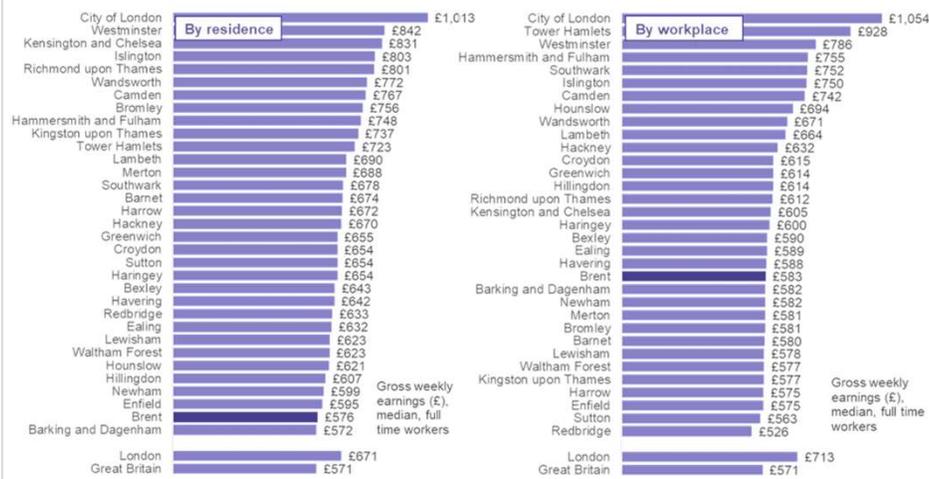


Source: ONS, Annual Population Survey (2016-18 three year average). <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28>

Earnings in Brent

Earnings levels in Brent are low relative to the rest of London. Brent residents who work full-time earn an average of £576 per week – well below the London average (£671), and the second lowest rate in London. Pay rates for those who work full-time in Brent average £583 per week – this rate is broadly in line with pay rates for those working in other Outer London boroughs, but remains well below the London average of £713 per week (which includes the earnings of those commuting into London).

Weekly pay by London Borough, full-time workers, 2018 (Median) – by place of residence and workplace



Source: ONS, Annual Survey of Hours & Earnings, 2018 (data relate to employees). <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=25>

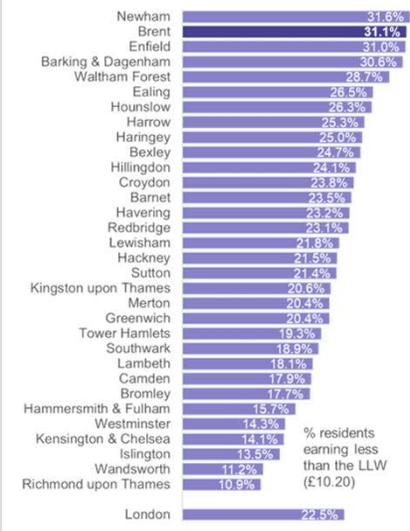
Low pay

- Brent residents are relatively low paid compared with other Londoners: almost one in three residents (31%) earned less than the London Living Wage – the second highest rate in London.
- Rates of pay are lowest among those working part-time who earn an average of £9.54 an hour - £5 less an hour than full-time workers (£14.54).
- Typically, women earn less than men – though the gender pay gap is reversed for part-time workers: male part-timers earn £8.60 an hour compared with £10.00 for women.

Average gross hourly pay rates by gender, Brent residents, 2018 (Median).



Percentage of employed residents who are paid less than the London Living Wage, 2017-18

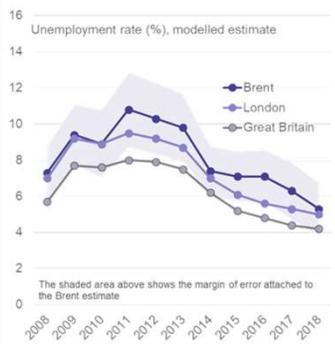


Sources: 1. ONS, Annual Survey of Hours & Earnings, 2018. <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=25>. 2. ONS, Annual Survey of Hours & Earnings, Trust for London (London's Poverty Profile), figures relate to employees and are two year averages for 2017 and 2018. <https://www.trustforlondon.org.uk/data/low-paid-residents-borough/>

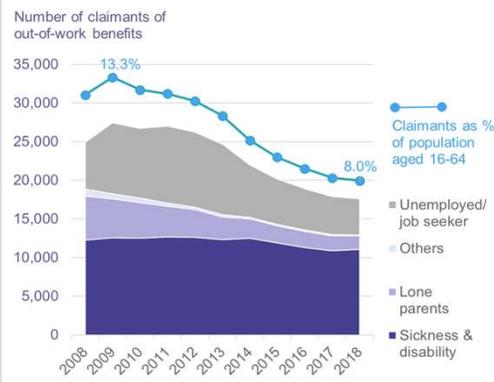
Worklessness

- In 2018, ONS estimated that around 9,100 residents were unemployed and actively seeking work - around 5.3% of the labour force. Unemployment levels in Brent have halved since the last recession falling from a high of 10.8% in 2011.
- Around 17,600 residents claim out-of-work benefits. Of these, around two thirds (63%) are receiving disability and sickness related benefits while just one quarter (26%) were claiming unemployment-related benefits. The proportion of residents who claim out-of-work benefits has been falling – dropping from 13.3% in 2009 down to 8.0% in 2018, mirroring national trends. The Brent rate remains just above the London average (7.4%).

Modelled unemployment estimates, 2008-18



Claimants of key out-of-work benefits, Brent, 2008-18

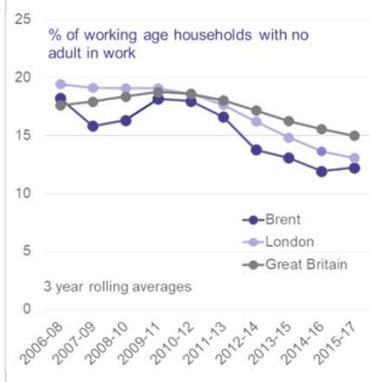


Sources: 1. ONS [model-based estimates](#), which draw on Annual Population Survey and claimant data (Jan-Dec survey periods). The rate expresses the unemployed as a % of the economically active population. 2. [DWP claimant data](#) and ONS population estimates. Out-of-work benefits are: Universal Credit (non-employed); Jobseeker's Allowance; Employment & Support Allowance; Incapacity Benefit; and Income Support (lone parents and others reliant on income-related benefits).

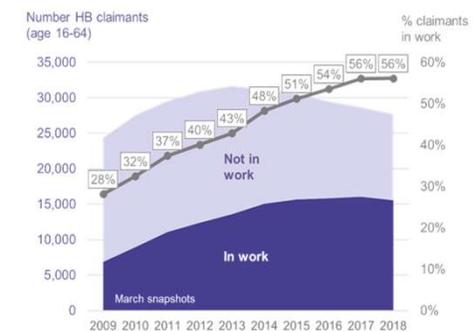
In-work poverty

- As unemployment has fallen, the percentage of workless households has also seen a significant decline. During, 2015-17, around 12% of working age households in Brent had no adult in work, down from 18% during 2006-08.
- However, while more residents have moved into work, many still require welfare support as evidenced by local trends in Housing Benefit (a means-tested benefit which helps those on low incomes pay their rent). In 2018, there were around 27,700 working age households in Brent who were receiving Housing Benefit. Of these, more than half were in work (56%) – double the percentage in 2009 (28%). The number of in-work claimants rose from 6,900 to 15,500 over this period.

Workless households, 2006-08 to 2015-17



Housing Benefit claimants by employment status, Brent, persons working age, 2009-18



Notes: Figures relate to claimants who receive Housing Benefit from Brent Council - this may include some claimants who live outside the borough.

Sources: 1. ONS, Annual Population Survey (households datasets) . <http://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=136>
 2. DWP (Housing Benefit data) via DWP Stat-Explore tool <https://stat-explore.dwp.gov.uk/webapi/jsf/loqin.xhtml>

Sources and notes

Annual Population Survey - Office for National Statistics (ONS)

Data on employment rates, occupation and qualifications has been drawn from the Annual Population Survey. The APS data are survey estimates and borough level figures are based on relatively small samples. For this reason, the majority of APS statistics presented here have been averaged over three years to improve the reliability of the estimates. APS data are available on NOMIS (<https://www.nomisweb.co.uk/>)

Business enterprises (ONS, Inter Departmental Business Register)

Counts of business enterprises are available on NOMIS (and the dataset is called 'UK Business Counts data')
<https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=49>

Gross Value Added statistics (ONS)

Regional economic activity by gross value added (balanced), 2017
<https://www.ons.gov.uk/economy/grossvalueaddedgva/bulletins/regionalgrossvalueaddedbalanceduk/1998to2017>

Employee jobs by industry (ONS, Business Register and Employment Survey)

<https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=27>

Business demography statistics (ONS)

<https://www.ons.gov.uk/businessindustryandtrade/business/activitysizeandlocation/datasets/businessdemographyreferencetable>

Earnings and low pay (ONS, Annual Survey of Hours & Earnings)

Hourly pay estimates are available on NOMIS <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=25>
Low pay estimates were produced by the Trust for London and were based on data from the Annual Survey of Hours & Earnings for 2017 and 2018 (Office for National Statistics), <https://www.trustforlondon.org.uk/data/low-paid-residents-borough/>

Housing Benefit data (Department for Work and Pensions)

Housing Benefit counts are available at the DWP's statistic website: Stat-Xplore <https://stat-xplore.dwp.gov.uk/webapi/jsf/login.xhtml>

Out-of-work benefits (Department for Work and Pensions)

Claimant data are available on NOMIS (<https://www.nomisweb.co.uk/>). Data relate to those claiming: Universal Credit (those not employed); Jobseeker's Allowance; Employment and Support Allowance; Incapacity Benefit; or Income Support (lone parents and others reliant on income related benefits groups). The experimental claimant count series was used to estimate the total number of unemployed claimants who received either Universal Credit or Jobseeker's Allowance. Rates express the number of claimants as a percentage of the working age population (Source: ONS mid-year estimates of population).

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Sources and notes

Unemployment – modelled estimates

These data are produced by the Office for National Statistics and are the 'official' unemployment figures for local authorities. The model-based estimate improves on the Annual Population Survey estimate of unemployment by borrowing strength from administrative data about claimants of unemployment-related benefits to produce an estimate that is more precise (ie has a smaller confidence interval). These figures are available on NOMIS: <https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=127>

Definitions - Inner and Outer London: The definition of Inner and Outer London used in this report refers to the statistical areas defined by the Office for National Statistics (as opposed to the statutory definition). This defines Outer London as: Barking and Dagenham, Barnet, Bexley, Brent, Bromley, Croydon, Ealing, Enfield, Greenwich, Harrow, Havering, Hillingdon, Hounslow, Kingston upon Thames, Merton, Redbridge, Richmond upon Thames, Sutton, and Waltham Forest.

Further information



This report was produced by Brent Council's Business Intelligence team. For more information please email the team at: open_data@brent.gov.uk

For more facts and figures about Brent and to access other Joint Strategic Needs Assessment reports please see the Brent Open Data site: <https://data.brent.gov.uk/>

For access to the very latest 'official' labour market data for Brent, see the NOMIS area profile: <https://www.nomisweb.co.uk/reports/lmp/la/1946157263/report.aspx?town=Brent>