

Brent Inclusive Growth Strategy (IGS): Health

2019-2040

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Executive Summary

The report is divided into three parts: **Baseline**; an overview of the fundamentals of health in Brent, **Trends**; emerging trends and forecasts for the health sector now and moving forward to 2040, and **Responses**; identifying some policy interventions that could help to mitigate the potential issues and take advantage of the opportunities expected to impact Brent.

Baseline

- Brent is one of London's most ethnically diverse boroughs, with 66.4% of the population belonging to different BAME groups. The vast majority of residents described their health as very good, and healthy life expectancy levels are similar to the national average (63.9 years).
- The three biggest causes of premature deaths (below 65 years old) in Brent are cancer, cardiovascular diseases and heart disease. The mortality rate from cardiovascular disease was at 91 per 100,000 people in 2015-17, and ranked 120th out of 150 Local Authorities.
- In 2016, Brent was named as the fattest London borough (Kilburn Times). In 2017/18, 56.4 % of adults (aged 18+) were classified as overweight or obese, which was below the level for England (62%). In 2017/18, children entering Reception year overweight or obese was at 28.5% and those leaving in Year 6 is 43.3%, far higher than the levels for London and England
- 73 schools are signed up to the GLA's Healthy Schools Programme, but only 3 have been awarded Gold Status. The mortality rate for cancer in Brent is 118 per 100,000 which is relatively low, ranked 19th out of 152 Local Authorities and far lower than the rate for England.
- Mental health remains the single largest cause of morbidity within Brent, affecting one quarter of all adults at some time in their lives. In Brent, one out of 5 people reported high anxiety levels in 2013/14. Social isolation can also have negative effects on mental health.
- Asthma emergency admissions to hospitals were 271.5 per 100,000 in 2013/14
- Asthma hospital admissions were 205 per 100,000 for under 19 year olds in 2017/18.
- In 2016/17, 0.3% of residents used cycling for travel and 25.3% walked for travel at least 5 times a week. In comparison, 0.7% of residents cycled for leisure and 5.3% walked for leisure at least 5 times a week.
- Around half of all pupils walk to school in Brent, with most residents living within 1,500m of a primary school. Use of green space for health reasons or exercise in the borough is low (3 out of 20).
- Fuel poverty (the inability to adequately heat a home) is caused by low incomes and the high costs of heating energy inefficient properties. In Brent in 2017, it was estimated 14.9% of households experienced fuel poverty, higher than London at 11.8% and England at 10.9%.
- Health is the second largest economic sector in Brent. In 2016, 18,000 people worked in the Health and Social activities sector, representing 15% of employment in Brent, higher than the London (9.8%) and UK (13.3%) averages. There are currently 51 GP practices in Brent. London North West University Healthcare NHS trust, which includes Central Middlesex, Ealing, Northwick Park and St Marks hospitals, employs over 9,500 clinical and support staff. The health sector has recruitment and retention issues, which is a problem across London, mainly due to high living costs.
- Formal Adult Social Care in Brent consists of the Council commissioning private provider of home care supported living.

Trends

- Brent's population is projected to grow by 17% between now and 2040, when it will nearly exceed 400,000 people. At the same time, the population will age significantly. By 2040, 28% of people over 65 years old, will be over 81 years old or greater, and therefore require increased care provision.
- Due to the growing and ageing population, the number of older people with higher dependency is predicted to rise by 62% between 2015 and 2035. By 2020/21 public spending on social care would need to increase by a minimum of £1.65 billion, to a total of £9.99 billion, in order to manage the impact of demographic and unit cost pressures alone.
- Increasing elderly people with care needs is expected to increase the number of people having to provide informal care, and has led healthcare organisations to focus on measures to better integrate health and social care.
- 11.6% of Brent's population were estimated to have diabetes in 2017, significantly higher than the 8.7% of London's population. Diabetes rates are predicted to increase to 13.6% in 2035. Moreover, a potent mix of an ageing population, high number of obese residents, and higher number of people likely to be affected due to their ethnic background, is predicted to cause an even higher prevalence of diabetes moving forward.
- The prevalence of common mental disorders is expected to remain relatively flat, however the number of people suffering from dementia will rise significantly.
- Poor housing conditions and rising housing costs all have an impact on health. Poor housing conditions are much more prevalent in rental accommodation, a million people living in the PRS in poverty. The past 20 years. London's PRS doubled in just over a decade and continues to rise and 40% of London's households could be private renters by 2025.

Responses

This report concludes with proposals that Brent Council could take forward to address the challenges and seize the opportunities presented by the future trends in health. Responses include:

Neighbourhoods in Brent are transforming in order to accommodate population growth. While increasing density of development is necessary to accommodate growth, careful attention must be paid to good design, infrastructure, management arrangements and place-making, to ensure denser development is sustainable and supports health and wellbeing. At a grassroots level the council could offer health based initiatives targeted in wards with poor health outcome.

Improvements in diabetes care has come from better treatment options, especially in relation to complications associated with the disease. Clinical studies suggest that specialist diabetes inpatient teams can reduce prescribing errors; improve patient outcomes; reduce length of stay; increase day case rates and reduce the number of admissions. Economic modelling for NHS Diabetes suggests that the savings from introduction of these teams can substantially outweigh the cost of the team.

Mental wellbeing deserves greater consideration, particularly as urban planners and government often focus more upon physical health. Mental health is affected by the design of the built environment, and better consideration for mental health at planning stage is emerging as a key trend.

The use of technology in healthcare has a variety of potential uses. For example, remote consultations offer potential advantages to patients (who are spared the cost and inconvenience of travel) and the healthcare system (as they may be more cost-effective).

Instead of differentiating between health and social care, it could improve the efficiency of these services to take a more holistic approach to care for certain population groups. The NAIL project provides a good example. If financial pressures on the NHS and other areas of the healthcare system continue to grow, unmet demand for care will need to be covered by volunteers and friends and family members of people requiring care, or, more starkly, standards of care will fall or demand for care remain unmet.

Social determinants of health are largely outside the scope of those who deliver healthcare, with risks driven by individual behaviour (smoking, diet, exercise) in the context of societal influences (housing, schools, employment) and environmental factors (air quality, physical environment). Work can be done by the council to shape societal influences. Other Local Authorities have promoted IT literacy in the elderly as a way of addressing social isolation, help young people develop positive and healthy behaviours, by engaging them in sport as a distraction from crime, providing volunteering opportunities and work experience, developing key employability skills and introduce mandatory traffic light labelling and nutritional information on menus in all restaurant and food outlet chains in London, by using their byelaw and licensing powers. Using its power, knowledge and resources, the council should seek to create integrated approaches to societal issues to positive impact health outcomes for its residents.

Introduction

London is set to grow significantly over the next 20 years. As London's economy and population grows as a whole, Outer London boroughs will need to develop and evolve in order to benefit and accommodate as they grow with it. Health in the context of the city is multifaceted, requiring an understanding of demographics and the many social and environmental factors and behaviours that are determinants of health, alongside the health and care systems that are expected to deliver the services and treatments to address ill health and disease. Health inequality and lifestyle choices, including travel and consumption behaviours, have significant impacts upon our chances of enjoying good health. The increasing densification of the urban built environment within which the population lives and works, including an increasing amount of older people, presents particular challenges in design and planning to ensure places are accessibility and support people's physical and mental health. The healthcare sector faces increasing demand and funding pressures, which concurrently provide economic opportunities including for employment and technology. Health directly impacts residents throughout their lives and therefore strategies need to consider the short, medium and long term.

This report is divided into three sections **Baseline**, reviewing evidence on the current picture of people's health in Brent, including health demographics, the causes of premature death, aspects of physical and mental health, health inequalities and the wider determinants impacting health, and the health and social care sector, including systems and provision that supports people's health and delivers health services in Brent. **Trends**, identifying some of the most pressing considerations for the health of the city moving forward, including the changing demographics, ageing population, funding pressures, new and emerging approaches to healthcare provision, and wider determinants that impact health including housing, employment and the importance of urban design and infrastructure to people's health and wellbeing. **Responses**, finally highlights some of the potential pathways to follow that can ensure that the borough is best equipped to address future pressures and impacts on health and health needs.

Baseline

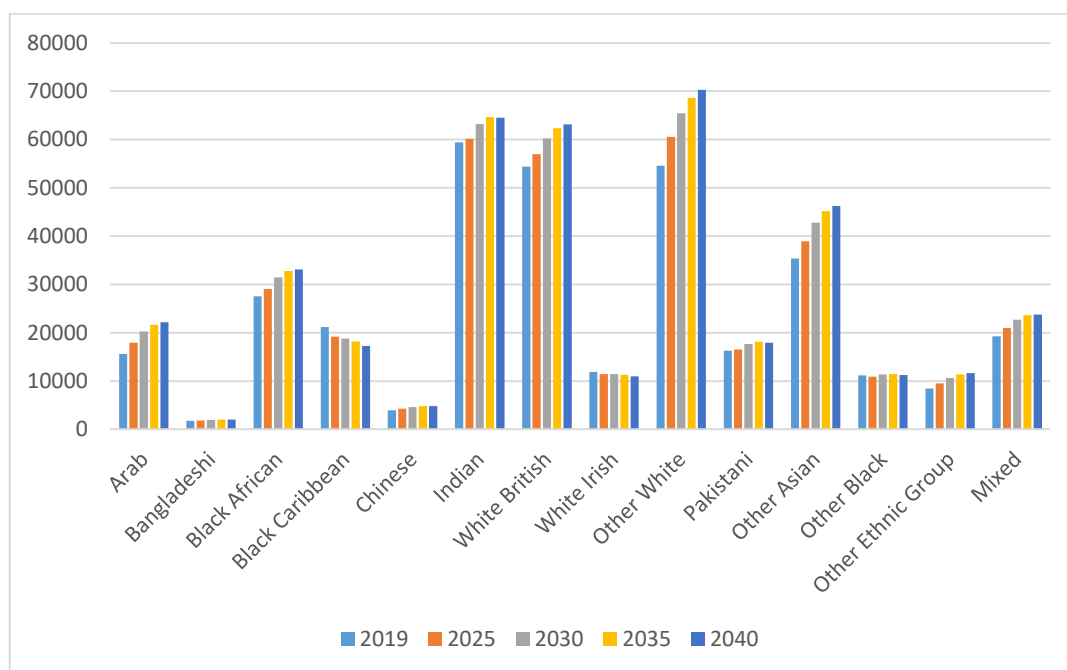
This section will outline the current situation in Brent. Firstly, looking at the boroughs demographics, health and providing an overview of the population. Secondly, looking at current areas of interest relating to health in Brent including; premature deaths and obesity, mental health, diabetes and other illnesses. Then going on to the wider determinates of health and the Health and Social care sector in the borough.

This will provide an overview of the current situation and key themes to focus on in the future.

Demographics

Brent is one of London’s most ethnically diverse boroughs, with 66.4% of the population belonging to different BAME groups⁵⁰⁰. The population is young, with 22.9% of residents being under 18 years and 35.1% aged between 20 and 39⁵⁰¹. Diversity is spread across all age brackets, with 46% of residents over 75 years belonging to BAME groups.⁵⁰²

Figure 240: Ethnicity Change



Source: Diversity in Brent Profile 2018

In the 2011 Census, the vast majority of people in Brent (83%) described their health as “very good” or “good”, a similar picture to England and Wales as a whole (81%). Only 5% described their health as “very bad” or “bad”; with the remaining 12% saying it is “fair”.⁵⁰³

In Brent, healthy life expectancy (i.e. number of years an individual can expect to live in good health) for males in 2015 - 17 was 62.4 years. This was similar to the average in England which was 63.4 years. Healthy life expectancy for females in 2015-17 was 65.0 years

⁵⁰⁰ JSNA 2015 Brent Overview Report

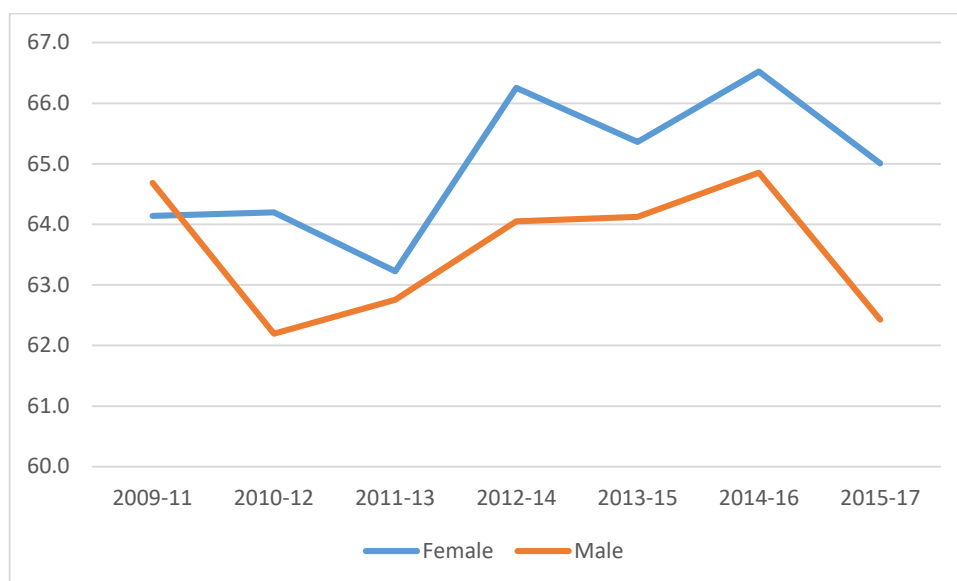
⁵⁰¹ Ibid.

⁵⁰² Annual report of the director of public health for Brent 2014

⁵⁰³ JSNA 2015 Brent Overview Report

(England: 63.8 years).⁵⁰⁴ The 2015-17 healthy life expectancy decreased by 1.5 years from 2014-16 for females and by 2.5 years from 2014-16 for males.

Figure 241: Healthy Life Expectancy in Brent

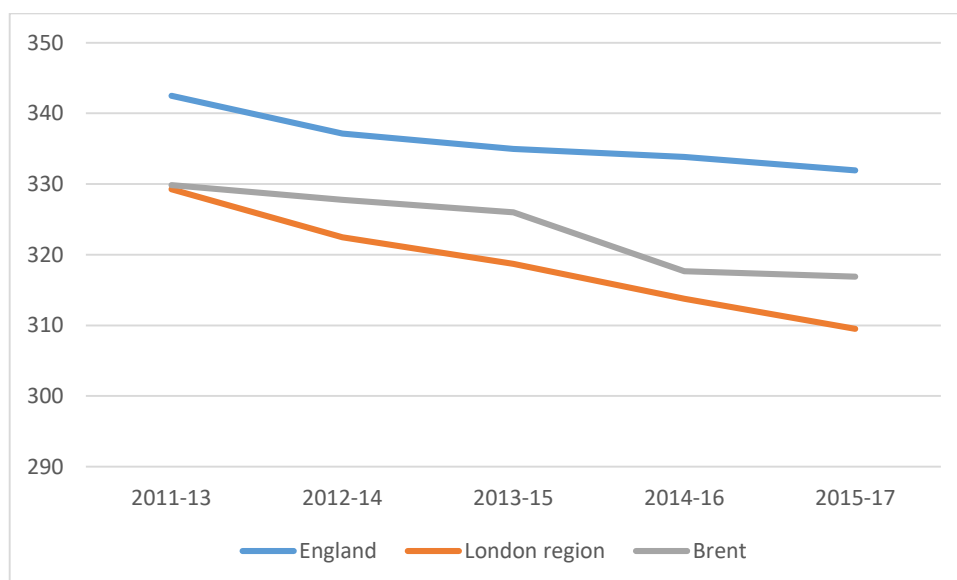


Source: Health state life expectancies, UK: 2015 to 2017 ONS

Priority Health Considerations

The rate of premature deaths in Brent was 317 per 100,000 populations, between 2015-17. Brent is ranked 56th out of 150 Local Authorities⁵⁰⁵.

Figure 242: Under 75 age standardised mortality rate (all causes) per 100,000 population



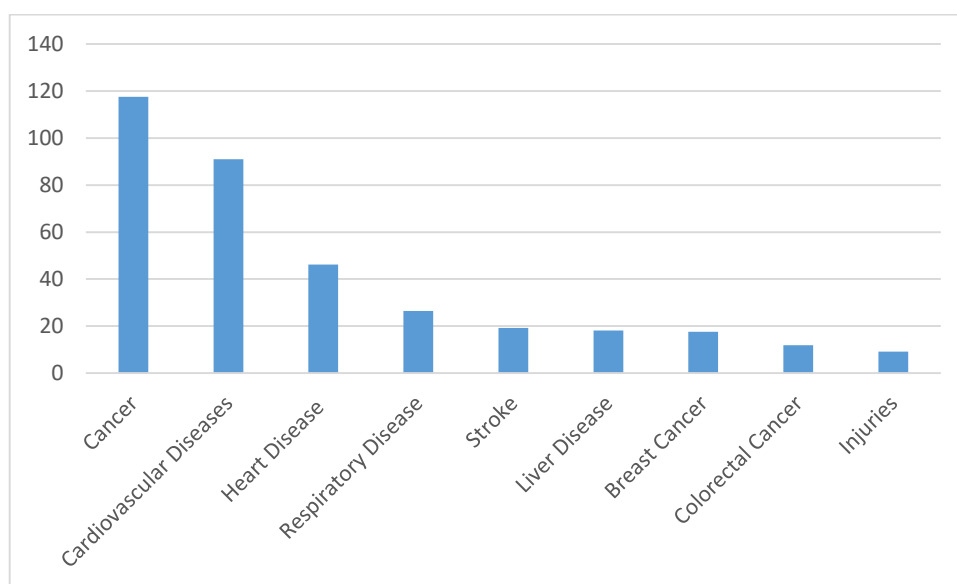
Source: Public Health England Healthcare and Premature Mortality

⁵⁰⁴ Office for National Statistics (2018) Healthy state life expectancy – all ages, UK. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/healthstatelifeexpectancyallagesuk>

⁵⁰⁵ Public Health England Local Authority Health Profile 2018

The three most prevalent causes of premature deaths (before the age of 75) in 2015-17 were cancer, cardiovascular and heart disease.⁵⁰⁶

Figure 243: Causes of Premature Death 2015-2017



Source: Public Health England, [Mortality Rankings](#), Brent

The most common cause for premature death in Brent is cancer. The mortality rate for cancer is 118 per 100,000 Brent is ranked 19th out of 152 Local Authorities and is far lower than the rate for England.⁵⁰⁷

The mortality rate from cardiovascular disease in Brent was at 91 per 100,000 people in 2015-17, and ranked 120th out of 152 Local Authorities. When reviewing the historical data, it is striking that whilst the rate for Brent has decreased since 2013-15, across London and England, the rate has been continually decreasing since 2001-03 and at a much faster rate⁵⁰⁸.

Finally, the premature mortality rate from heart disease in Brent was at 46.2 per 100,000 people in 2015-17, and ranked 102nd out of 152 Local Authorities, slightly higher than the rate for London (38.5) and England (38.7)⁵⁰⁹.

Obesity

Obesity can have wide ranging effects on health and quality of life. Beyond causing obvious physical changes, obesity can lead to a number of serious health conditions, including diabetes, heart disease, some forms of cancer and strokes. Obesity can additionally lead to psychological problems, such as depression and low self-esteem⁵¹⁰.

⁵⁰⁶ Public Health England Mortality rankings <http://healthierlives.phe.org.uk>

⁵⁰⁷ PHE Local Authority Profiles

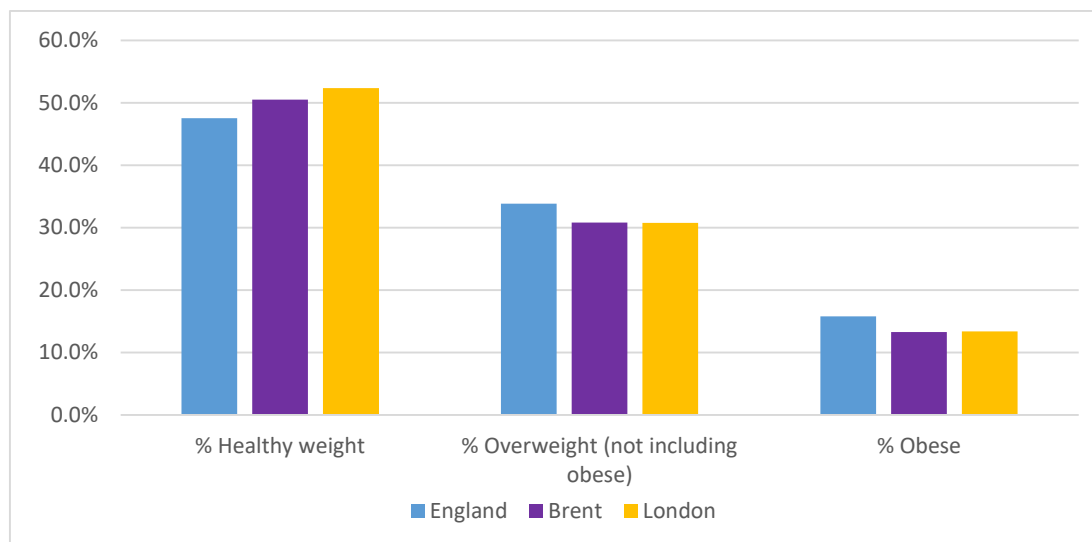
⁵⁰⁸ Ibid. <https://fingertips.phe.org.uk/profile/mortality-profile/data#page/4/gid/1938133009/pat/6/par/E12000007/ati/102/are/E09000005/iid/40401/age/163/sex/4>

⁵⁰⁹ Annual report of the director of public health for Brent 2014

⁵¹⁰ NHS Obesity Overview

In 2016, Brent was named as the fattest London borough (Kilburn Times⁵¹¹). In 2017/18, 56.4% of adults (aged 18+) were classified as overweight or obese, which was below the level for England (62%)⁵¹². These levels have broadly stable since 2016, as they have in London and England⁵¹³.

Figure 244: Obesity Levels



Source: Public Health England weight among adults at local authority level for England 2013-15

Childhood obesity in the borough is especially high, which is problematic as early years' obesity is the biggest determinate of obesity in later life. In 2017/18, in Brent 28.5% of children entering Reception year were classified as overweight or obese and 43.3% of children leaving in Year 6 were overweight or obese, far higher than the levels for London and England (Figure 245)⁵¹⁴. From 2007/8 to 2017/18, the prevalence of overweight (include obese) reception children has increased by 29%; in the same period, the prevalence in London and England has been stable, with slight decreases of 4% and 1% respectively⁵¹⁵. Many children start school carrying excess weight, and the proportion who are overweight or obese increases during primary school years⁵¹⁶.

⁵¹¹ Kilburn Times, 05 May 2016, Brent named as the 'fattest borough' in London. Accessible at <http://www.kilburntimes.co.uk/news/brent-named-as-the-fattest-borough-in-london-1-4523843>

⁵¹² PHE percentage of adults (18+) classified as overweight or obese 2017/18

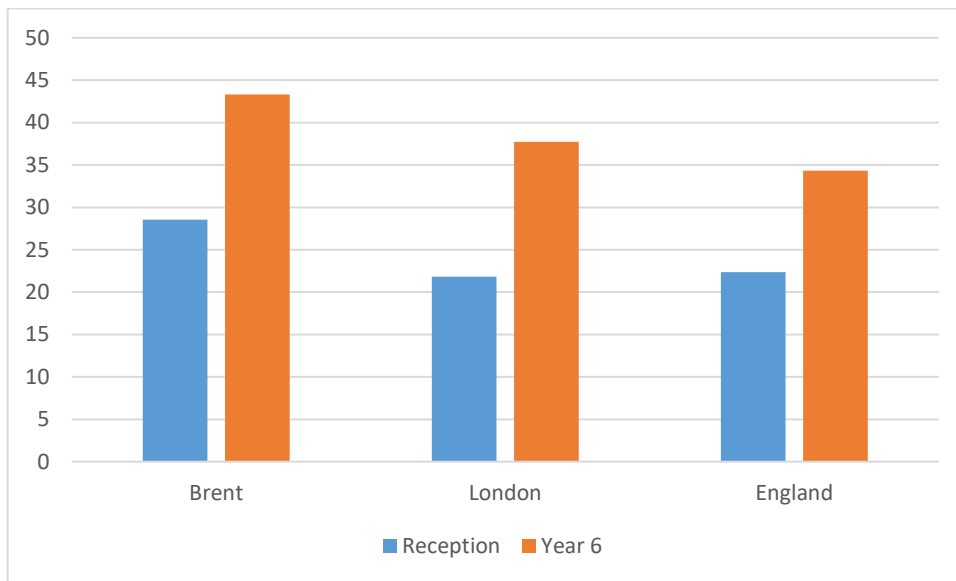
⁵¹³ PHE percentage of adults (18+) classified as overweight or obese 2017/18

⁵¹⁴ Public Health Outcomes Framework accessed: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000042/pat/6/par/E12000007/ati/102/are/E09000005/iid/20601/age/200/sex/4>

⁵¹⁵ Public Health Outcomes Framework accessed: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000042/pat/6/par/E12000007/ati/102/are/E09000005/iid/20601/age/200/sex/4>

⁵¹⁶ Ibid.

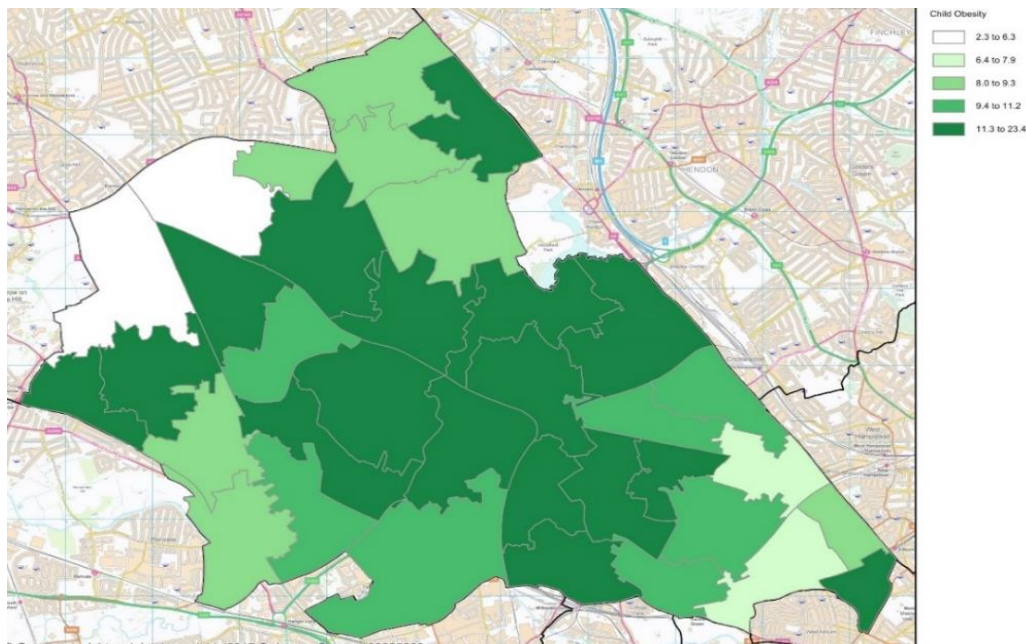
Figure 245: Percentage of children who were overweight or obese in Reception and Year 6



Source: Public Health England: Public Health Profiles 2017/18

There is a clear correlation between deprivation and childhood obesity. In Brent, about 23% (15,500) of children live in low income families⁵¹⁷. The most deprived children in Reception Year and Year 6 are two times as likely to be obese than the least deprived children in both these years.

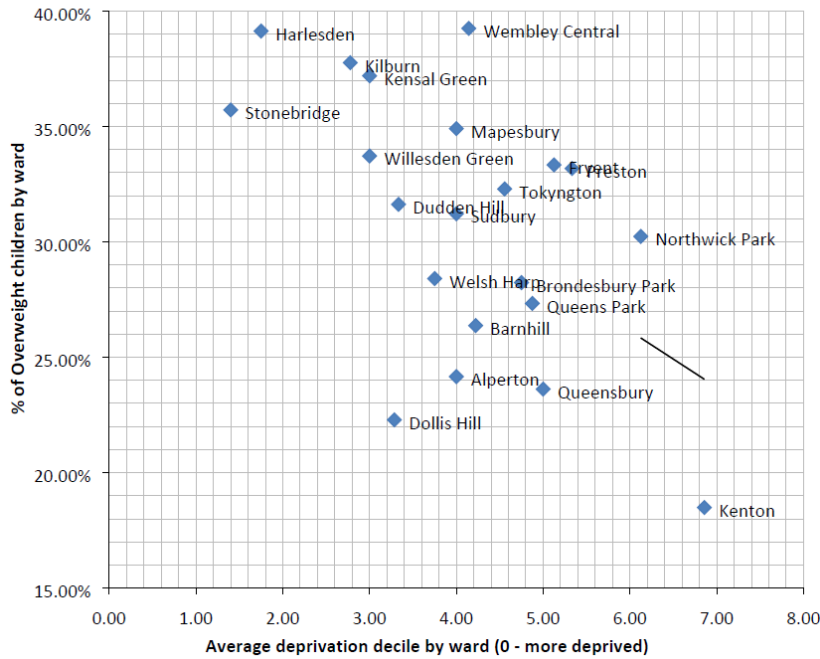
Figure 246: Child Obesity distribution in Brent



Source: Brent GIS Council Mapping Service

⁵¹⁷ Public Health England Brent Health Profile 2017

Correlation between Obesity and Deprivation



These trends in overweightness and obesity can be attributed to two factors: insufficient physical activity and unhealthy nutrition patterns.

The Active People 8 survey shows over half (51.6%) of Brent’s adult population do not undertake sport or physical activity, the highest level of inactivity in West London, and above the London average. The same survey shows only 18.5% of Brent’s population are achieving the recommended level of moderate intensity sports or active recreation per week.⁵¹⁸ Although the sample was relatively small (507 respondents) this highlights some trends in physical activity in Brent. The table below further outlines trends in physical activity.

Figure 247: Physical activity in Brent across age groups

Age Range	16-34 years	35-54 years	55+ years
Oct 2011 – Oct 2013	26.1%	17.1%	8.2%
Oct 2012 – Oct 2014	25.2%	18.4%	11.6%
April 2013 – Mar 2015	24.9%	15.9%	11.9%
Oct 2013 – Oct 2015	23.1%	17.1%	12.1%

Source: Brent Physical Activity Strategy

Physical activity decreases by age. However, while activity levels over 2011 to 2015 have decreased for the 16 to 34 year olds, activity levels have increased in the 55+ year age group.

⁵¹⁸ JSNA 2015 Brent Overview Report

Nutrition

Only 47.1% of the population in Brent were meeting the recommended 5-a-day fruit and vegetable intake in 2014. This was below the London (50.3%) and England (53.5%) averages.
519

The Healthy Schools London scheme is a GLA sponsored programme to enhance children's health and wellbeing. In 2019, 2112 schools were registered to the scheme, with an additional 2133 schools receiving awards. The scheme awards recognise school achievements in supporting the health and wellbeing of their pupils on a bronze, silver gold ranking system. In Brent, 73 schools are registered with the scheme, out of which 43 were awarded bronze and 16 silver statuses and 3 Brent school have been awarded a gold status⁵²⁰. This is far behind our neighbouring boroughs of Barnet, Ealing and Harrow (Figure 248).

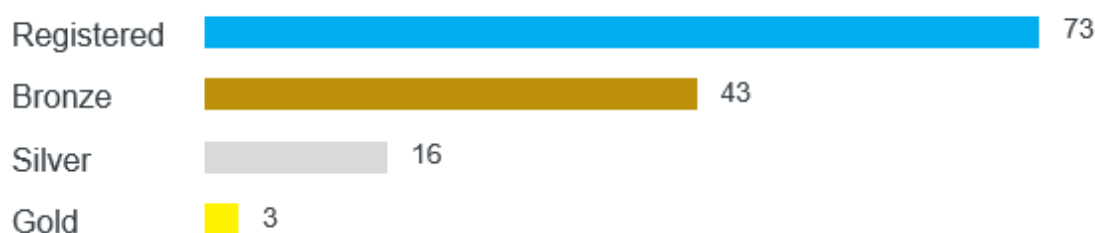
Figure 248: Healthy Schools in Brent and selected boroughs

Borough	Registered	Bronze	Silver	Gold
Brent	73	43	16	3
Barnet	114	63	39	21
Camden	56	45	23	7
Ealing	90	71	71	23
Harrow	54	33	20	12
Hillingdon	64	33	16	4
H&F	53	39	22	7
Westminster	55	37	26	12

Source: Healthy Schools London

Figure 249: Healthy Schools in Brent

Brent



Source: Healthy Schools London Website

Diabetes

Diabetes is a condition where there is too much glucose in the blood because the body cannot use it properly. People with Type 2 diabetes do not produce enough insulin, or the insulin they produce does not work properly. About 90% of people diagnosed with diabetes have Type 2. Diabetes accounts for about 10% of the NHS budget and 80% of these costs are due to complications. Demographic changes and the high obesity rate mean that, if the costs of treating a patient with diabetes stay the same, the overall costs of diabetes are set to grow over the next 20 years, when it is projected to account for 17% of the entire NHS budget. Diabetes is expensive. It costs the NHS £10 billion each year. This is mainly because of its

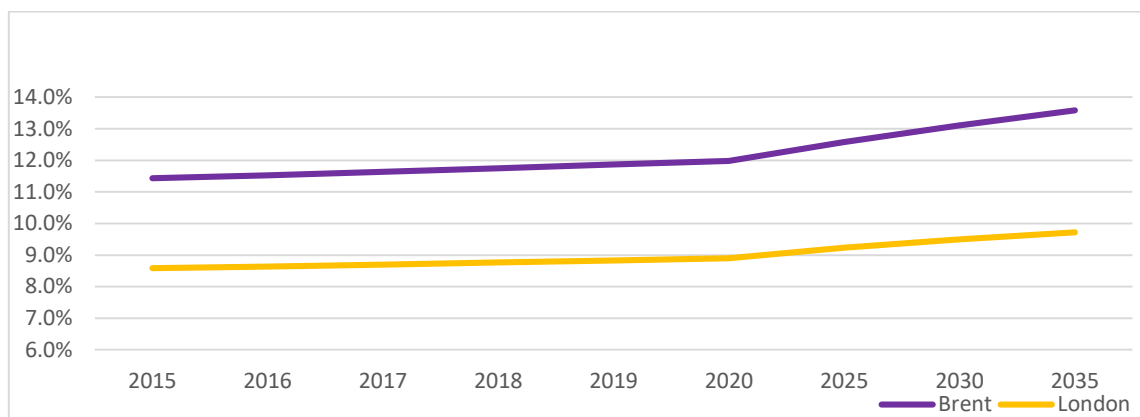
⁵¹⁹ JSNA 2015 Brent Overview Report

⁵²⁰ Healthy Schools London Website, Brent

complications, such as amputation, kidney failure and strokes. Diabetes causes 24,000 people in the UK to die early each year and is also the leading cause of blindness in people of working age⁵²¹.

Brent's diabetes estimated prevalence was 11.8% in 2017, higher than the London prevalence estimated prevalence of 8.7%⁵²². The real number is assumed to be higher due to unreported cases⁵²³. Moreover, the mix of an ageing population, high number of obese residents, as well as a high number of people who are more likely to be affected due to their ethnic background, is predicted to cause an even higher prevalence of diabetes in the future ⁵²⁴.

Figure 250: Diabetes Prevalence



Source: Public Health England: National Cardiovascular Intelligence Network 2016

Mental Health

Mental health remains the single largest cause of morbidity within Brent, affecting one quarter of all adults at some time in their lives. ⁵²⁵ In Brent, one out of 5 people reported high anxiety levels in 2013/14⁵²⁶. 10.9% of respondents to 2016/17 Brent GP patient survey reported having some form of depression or anxiety, lower than the level for London and for England⁵²⁷. Social isolation can also have negative effects on mental health. There were more than 30,000 single-person households in the 2011 census, out of which 29% were aged 65 and older⁵²⁸. In Brent in 2017/18, only 39% of adult social care users reported that they have as much social interaction as they would like, lower than the rate for London and England and 7th lowest out of the 33 London Boroughs. Brent also has a higher than average level of prevalence of severe mental illnesses, with just over 1%⁵²⁹. One in eight (12.8%) children and young people aged between five and 19 had a mental disorder in England in 2017⁵³⁰.

⁵²¹ The Cost Of Diabetes: Report

⁵²² National Cardiovascular Intelligence Network 2016

⁵²³ Annual report of the director of public health for Brent 2014

⁵²⁴ Ibid.

⁵²⁵ Brent Health and wellbeing Strategy 2014-2017

⁵²⁶ Annual report of the director of public health for Brent 2014

⁵²⁷ Public Health Profiles 2019 <https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#page/3/gid/1938132720/pat/46/par/E39000018/ati/165/are/E38000020/iid/90647/age/168/sex/4>

⁵²⁸ JSNA 2015 Brent Overview Report

⁵²⁹ Annual report of the director of public health for Brent 2014

⁵³⁰ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

Dementia

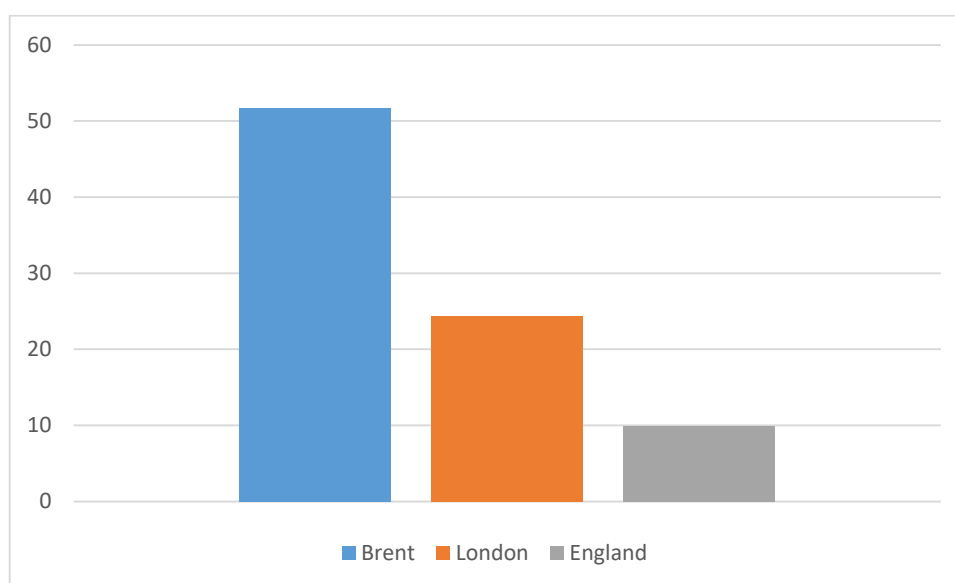
The recorded prevalence of dementia in people aged 65 years and over in December 2018 was 4.65%, higher than the England average of 4.33% and the London average of 4.5%⁵³¹. Brent Council has committed to becoming a dementia friendly borough by 2020. Brent Council, NHS Brent CCG and Community Action Dementia Brent (amongst other partners) have committed to the pledge and are developing a five-year dementia strategy focusing on prevention, diagnosing and living well, caring and dying well, carers and training⁵³².

There are eight dementia cafes in Brent that offer a social environment for people with dementia and their carers to discuss memory loss and the impact that this has on their lives.

Other Illnesses

Other health issues at the moment include one of the poorest oral health records among children in London. There is a high prevalence of tuberculosis (TB) per 100,000 in Brent (51.7), compared to levels across London (24.3) and England (9.9)⁵³³. However, there has a downward trend in the prevalence of TB in Brent particularly since 2009-11.

Figure 251: TB Incidence per 100,000 2015-17



Source: Public Health England: TB Strategy Monitoring Indicators

Brent also has a higher than average rate of new STI (sexually transmitted infections) diagnoses per 100,000⁵³⁴.

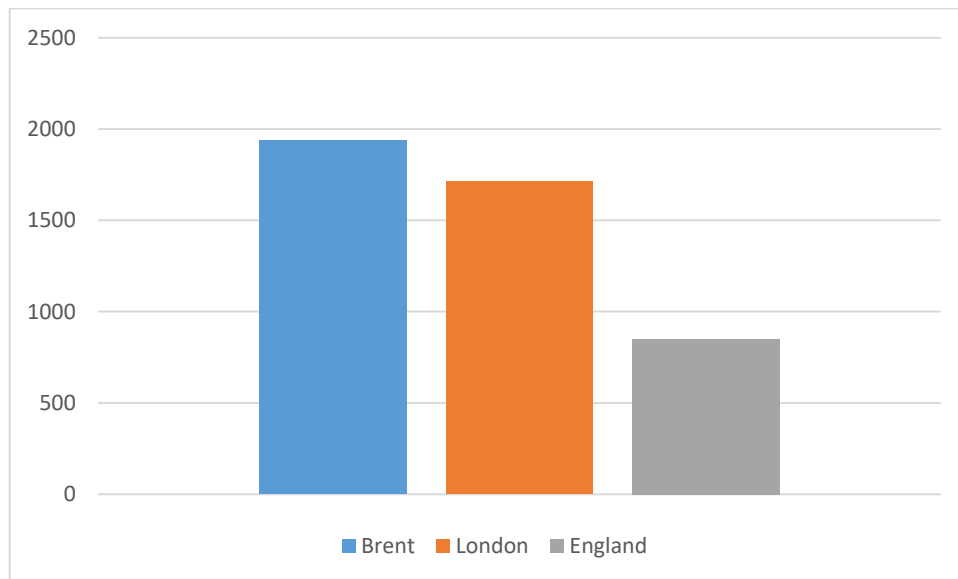
⁵³¹ Public Health Profiles 2019 Accessed: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/3/gid/1938133052/pat/6/par/E12000007/ati/102/are/E09000005/iid/91891/age/27/sex/4>

⁵³² Community Action on Dementia. Accessed: <https://cad-brent.org.uk/brent-2020/>

⁵³³ PHE TB Strategy Monitoring Indicators Accessed 2019: <https://fingertips.phe.org.uk/profile/tb-monitoring/data#page/4/gid/1938132814/pat/104/par/E45000001/ati/102/are/E09000005>

⁵³⁴ Public Health Profile 2019 Accessed: <https://fingertips.phe.org.uk/profile/SEXUALHEALTH/data#page/3/gid/8000057/pat/6/par/E12000007/ati/102/are/E09000005/iid/91306/age/182/sex/4>

Figure 252: Number of New STI Diagnoses (excl. chlamydia) > 25 Per 100,000



Source: Public Health England Sexual and Reproductive Health Profiles 2015-17

Wider Determinants of Health

Often the social determinants of health are largely outside the scope of those who deliver healthcare, with risks driven by individual behaviour (smoking, diet, exercise) in the context of societal influences (housing, schools, employment) and environmental factors (air quality, physical environment).

Health and Environment

In Brent, graffiti, fly-posting, fly-tipping, litter, dog fouling and waste burning are activities related with enviro-crime. Tackling Environmental ASB in the borough is important due to its negative impact on the environment and because the quality of the local environment contribute to people's satisfaction with the conditions within which they live⁵³⁵.

It is essential to be aware of the impact of the living environment, as this has serious human health and social impacts. Some definitions link it to other types of serious crime related with Anti-Social Behaviour (ASB). Scores for wellbeing in the borough in 2011-14 ranked were similar to the national level. Values for life satisfaction (Brent: 7.3 out of 10; England: 7.5), were reported on a scale from 0 to 10.

Air Quality

Brent meets all national air quality targets except for two pollutants - Nitrogen Dioxide (NO₂) and Particulate Matter (PM₁₀)⁵³⁶. Loss of life expectancy for women due to exposure to NO₂ is 15.5 months and 17 months for men⁵³⁷.

⁵³⁵ Brent (2017) Illegal rubbish dumping

⁵³⁶ LBB Air Quality Action Plan 2017-2022

⁵³⁷ Understanding the Health Impacts of Air Pollution in London Kings 2015

Air quality in Brent has been improving but for the future the council will need to take action if we are to meet national targets set for NO₂. In addition, there is no threshold below which there are no ill health effects from pollutants and Local Authorities are required to take steps to reduce these emissions where possible⁵³⁸.

Some areas of the Borough are more likely to be affected by poor air quality than others as the wider problems of poverty; deprivation and general poor health make some people more vulnerable to the effects of pollution than others.

In Brent, there were 207 emergency admissions of children for asthma in 2013/14, which equates to 271.5 per 100,000 and exceeds the national average rate⁵³⁹. In 2017/18 there were 205 (per 100,000) hospital admissions for asthma for under 19 year olds⁵⁴⁰ Exposure to air pollution has a range of impacts on health. Short term exposure mainly affects people who are already classed as 'vulnerable'. It can exacerbate asthma, affect lung function and lead to an increase in hospital admissions for people with respiratory and cardio-vascular conditions⁵⁴¹.

The costs of air pollution include: resource costs i.e. medical treatment costs; opportunity costs, in terms of lost productivity; and dis-utility i.e. pain or suffering, concern and inconvenience to family and others. In the UK, exposure to particulates and nitrogen dioxide is linked to around 40,000 early deaths each year, and costs to individuals and society add up to more than £20 billion every year⁵⁴². In 2019 the Department for Environment, Food and Rural Affairs published the Clean Air Strategy 2019. The strategy sets out the government's aim to reduce particulate matter emissions by 30% by 2020, and by 46% by 2030⁵⁴³. The Strategy outlines the responsibilities of Local Government including the role partnership working with neighbour authorities.

Transport

In 2016/17, 0.3% of residents used cycling for travel and 25.3% walked for travel at least 5 times a week. In comparison, 0.7% of residents cycled for leisure and 5.3% walked for leisure at least 5 times a week⁵⁴⁴. Encouraging the use of green modes of transport such as Walking and Cycling is one of the Mayor's strategies to improve air quality and deliver health benefits. Brent Cycling Strategy indicates that the most significant barrier to cycling is road safety, followed by the cycling environment, and the need to develop a network of quiet, on-road, routes avoiding major links, to encourage cycling and reduce concerns over road safety⁵⁴⁵. The accident statistics for Brent shows that 1,067 people in Brent were injured as a consequence of road traffic accidents in 2014. Out of these, 83 were serious injuries and there were 2 deaths. Despite a significant reduction in the last 13 years, injuries from road traffic accidents in the borough still exceed the London average.

⁵³⁸ Ibid

⁵³⁹ Future drivers of the health of Londoners

⁵⁴⁰ Public Health Profile 2019 Accessed:

<https://fingertips.phe.org.uk/search/asthma%20admission#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000005/iid/90810/age/220/sex/4>

⁵⁴¹ City of London Air Quality Strategy 2015-2020

⁵⁴² Every Breath We Take: The Life long Impact of air pollution February 2016

⁵⁴³ Department for Environment, Food and Rural Affairs (2019) Clean Air Strategy 2019

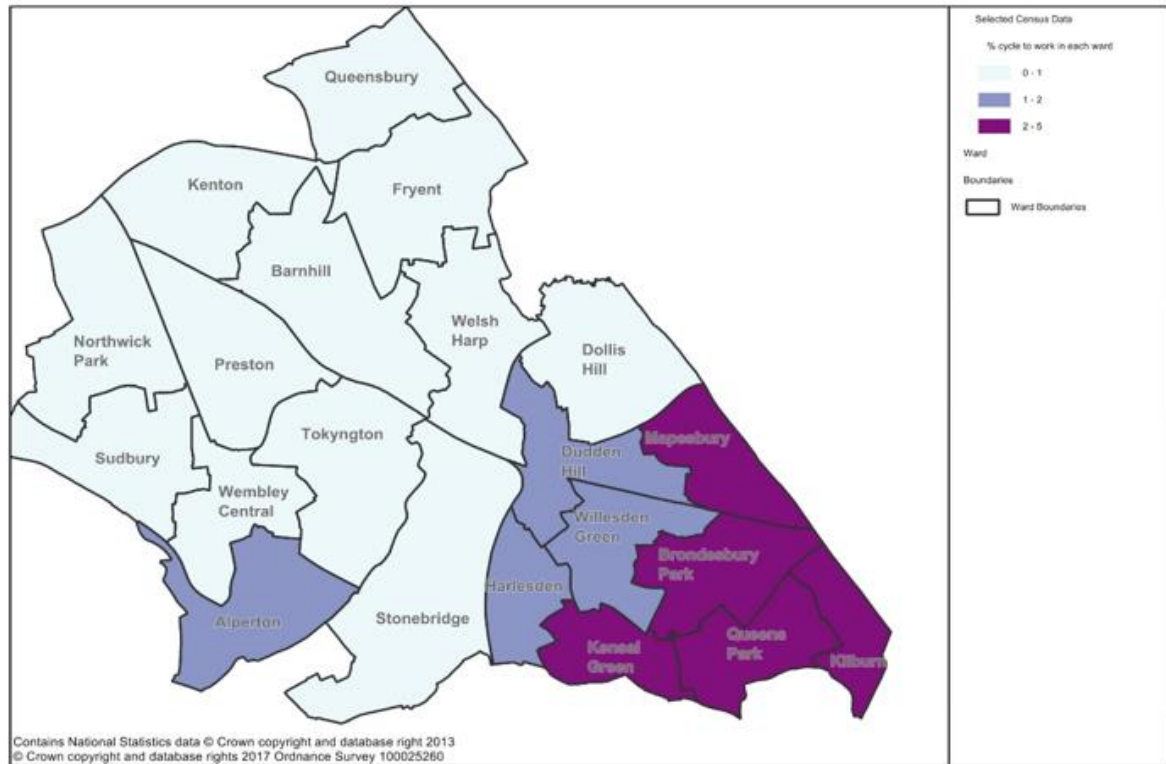
⁵⁴⁴ Walking and cycling statistics, England: 2017, Table CW0302 & CW0303 Accessed:

<https://www.gov.uk/government/statistics/walking-and-cycling-statistics-england-2017>

⁵⁴⁵ Brent Cycling Strategy 2016-2021

Pavements and footpaths are also essential for all to allow access to local places. With Brent's growing population, an increase in walking is essential to ensure other transport networks continue to function efficiently, as well as delivering public health improvements for Brent residents.⁵⁴⁶ Encouraging active travel (i.e. walking or cycling) which is attributed to healthier lifestyles and reduced risks of certain illnesses.

Figure 253: People in Brent regularly cycling to work



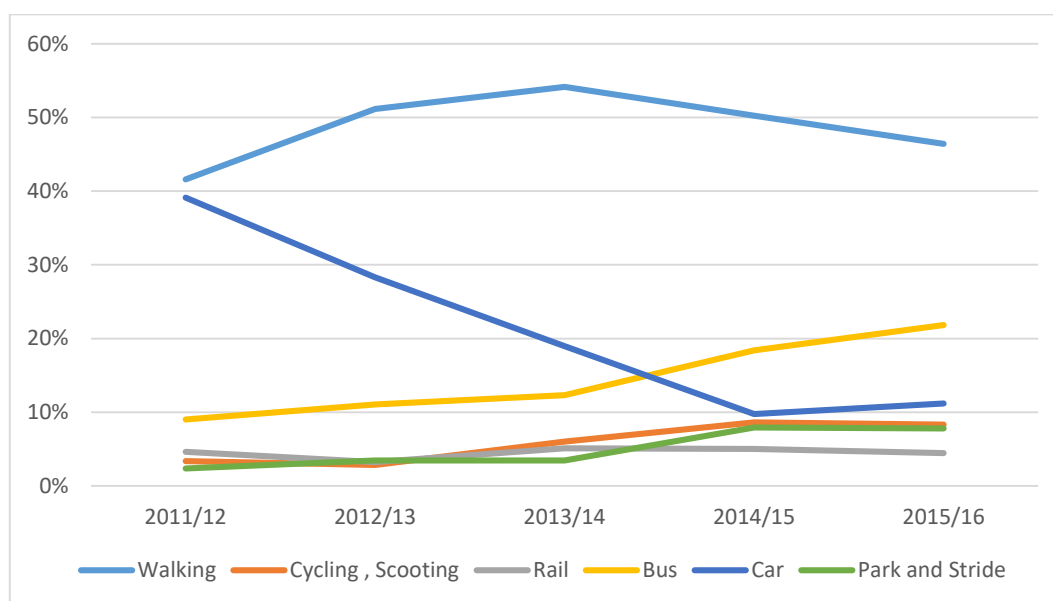
Source: Brent Council GIS Mapping Service

The above map shows the percentage of people cycling to work on a ward level. Cycling to work is much higher in the south of the borough, in comparison in the north of the borough, where only between 0-1% cycle to work.

About half of Brent pupils regularly walk to school and the number of those cycling has increased in past years. Most people in Brent live within 1,500m from a primary school. Especially for young children, it is important that they regularly undertake physical activity, and walking to school is a good start.

⁵⁴⁶ Brent Walking Strategy 2017-2022

Figure 254: How pupils in Brent travel to school



Data Source: Brent Council School Travel Plan data (internally available)

Green Space

Green space and natural environments can provide a range of health benefits to the local population. Green spaces and infrastructure improve both mental and physical health and have been shown to reduce health inequalities. Between March 2013 and February 2014, 15.8% of people in Brent aged 16 years and over utilised outdoor space for either exercise or health reasons. This is lower than the England average, 17.1%⁵⁴⁷. More than half of Brent households live further away from the nearest green space of more than 2 hectares than the maximum recommended distance of 400m in the London Plan⁵⁴⁸.

This information is vital to understanding inclusive urban growth, and associated health and economic issues related to the environment in Brent. Improved quality and quantity of green space may additionally have spill-over effects on other areas of environmental significance, such as air pollution. For example, the presence of more street trees will assist in slowing traffic, providing shade on pavements during hot weather, and contribute to mitigating air pollution⁵⁴⁹. Trees form an integral part of the urban environment and provide a range of benefits, not limited to improving the general amenity of an area, and positively impacting the local environment. Improving access to and the quality of green space in the borough, as well as providing new green spaces through regeneration schemes and in new developments, will also contribute more generally to the Councils' commitment for improving health and wellbeing and tackling health inequalities.

Health Inequalities

Health inequalities are differences in people's health across the population and between specific population groups. They are socially determined by circumstances largely beyond an individual's control. This section will look at some of the causes of health inequalities⁵⁵⁰.

⁵⁴⁷ JSNA 2015 Brent Overview Report

⁵⁴⁸ GLA (2017) Tree planting grants 2016-17

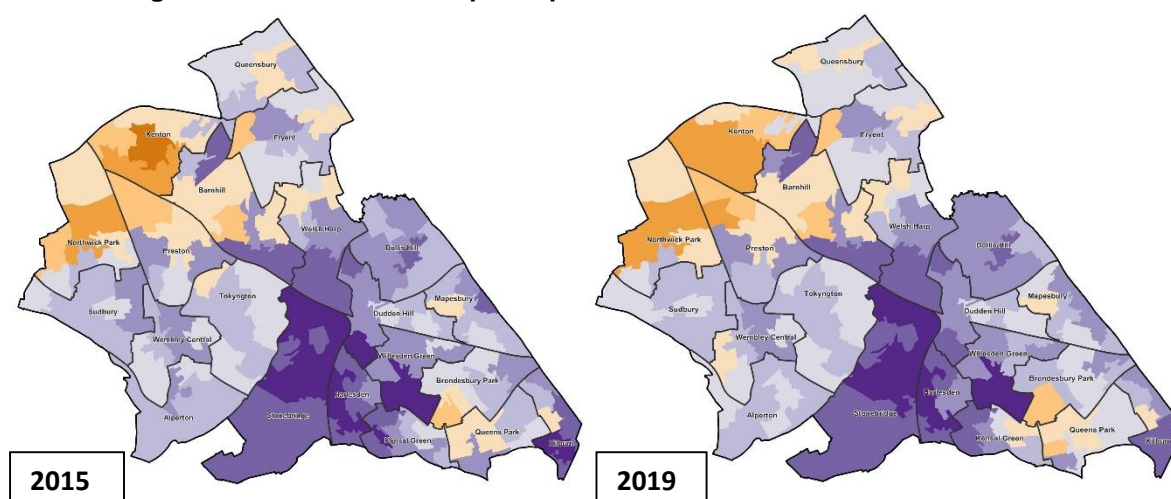
⁵⁴⁹ Brent Walking Strategy 2017-2022

⁵⁵⁰ NHS Health Scotland What are Health Inequalities

Deprivation

There is a strong correlation between deprivation and health in Brent. This is best illustrated by an almost 9-year difference in life expectancy between the most affluent and least affluent wards in the Borough. High levels of deprivation are also associated with low economic activity, high levels of unemployment, unhealthy lifestyles, low life expectancy, poor educational attainment and poor quality housing.⁵⁵¹

Figure 255: Indices of Multiple Deprivation Scores for Brent in 2015 and 2019

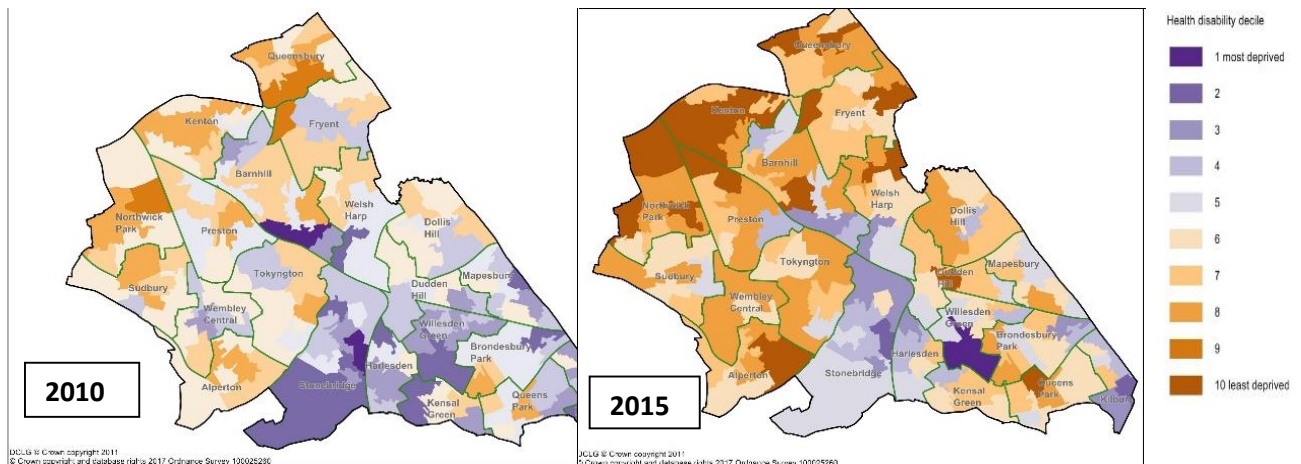


Source: Brent Council GIS Mapping Service

The Indices of Multiple Deprivation (IMD) show that deprivation levels in Brent have become less polarised between 2010 and 2019. From 2010 to 2015, whilst there were reductions in areas with concentrations of both very high and very low levels of deprivation, overall deprivation increased across the borough; however, from 2015 to 2019 deprivation levels have remained largely similar, with some LSOAs becoming relatively less deprived than 4 years ago. In addition, Brent ranked the 49th most deprived local authority in England in 2019, which improved upon the 39th ranking in 2015. Despite decreases in deprivation, Brent saw a comparatively smaller decline than other London borough's – with only a 3% point reduction compared to Tower Hamlets which saw a 22% reduction.

⁵⁵¹ JSNA 2015 Brent Overview Report

Figure 256: Health disability deprivation scores in Brent in 2010 and 2015



Source: Brent Council GIS Mapping Service

When looking at the ‘health disability’ indicator for the national IMD, it appears that health deprivation has reduced across the borough between 2010 and 2015.

Fuel Poverty

Fuel poverty (the inability to adequately heat a home) is caused by both low incomes and high costs due to energy inefficient properties. In 2015, 13.4% of London’s population was fuel poor. Fuel poverty is more common amongst ethnic minority groups with 16.4% living in fuel poverty in comparison of 10.4% of the white population in the UK. 37.6% of all fuel-poor households are in the private rental sector. In 2017, it was estimated 14.9% of Brent’s households experienced fuel poverty, higher than London at 11.8% and England at 10.9%⁵⁵².

The health impacts of fuel poverty for children include weight gain, high hospital admission rates, lower developmental status, and the severity and frequency of asthmatic symptoms. For older people it is associated with higher mortality rates and has a negative impact on physical health. For all age groups fuel poverty negatively impact mental health⁵⁵³.

Housing

Brent has for many years had one of the largest number of people living in temporary accommodation in the country for many years. In 2019, Brent Council reported 2,191 households in Temporary Accommodation, a total reduction of around 50.8% since 2004. In the 10-year period between the 2001 and 2011 Census, household overcrowding increased substantially. In Brent, there was an increase of 8,745 overcrowded homes, from 23,943 to 32,688 homes, around 6%⁵⁵⁴. In 2010, Brent 12.1% of households were overcrowded, which was the third highest level amongst London boroughs, and much higher than the London-wide overcrowding level which was 7.5%⁵⁵⁵. Mental health issues such as anxiety and depression have also been linked to overcrowded and unsuitable housing.

⁵⁵² Department for Business, Energy and Industrial Strategy (2019) Fuel Poverty Statistics Sub-regional poverty data. Accessed: <https://www.gov.uk/government/statistics/sub-regional-fuel-poverty-data-2019>

⁵⁵³ The Health Impacts of Cold Homes and Fuel Poverty

⁵⁵⁴ Brent Council (2013) *Brent 2011 Census Profile*, London: Brent Council

Employment

Employment plays an important role in supporting individual's mental health. Economic activity is at 72.5% in Brent compared to 78.1% in London. The lowest rates are amongst the Black population (58.3%) followed by Pakistanis/Bangladeshis (63.5%). The Indian population has rates just below the white population at 74.6% compared to 76.6%⁵⁵⁶. In addition, female economic activity in Brent has consistently been lower than the UK average it was at 65.1% in 2016. This is the 3rd lowest rate in London behind Newham and Tower Hamlets. Good quality work was associated with an improvement in mental health scores compared to remaining unemployed⁵⁵⁷.

Health and Social Care Systems

Alongside the health of residents, it is also relevant to examine the level, types and delivery of health provision in Brent.

Health as an economic sector is the second biggest in Brent after Wholesale and Retail. In 2016, 18,000 people were working in the Health and Social activities sector. This accounts for 15% of employment in Brent which is higher than the London (9.8%) and UK (13.3%) averages⁵⁵⁸. Currently there are 51 GP practices in Brent, who work together in groups across the borough⁵⁵⁹. London North West University Healthcare NHS trust, which includes Central Middlesex, Ealing Hospital and Northwick Park and St Marks hospitals employs 9,500 staff⁵⁶⁰.

The maps below show the distribution of health employers across the borough.

⁵⁵⁶ Annual Population Survey 2017

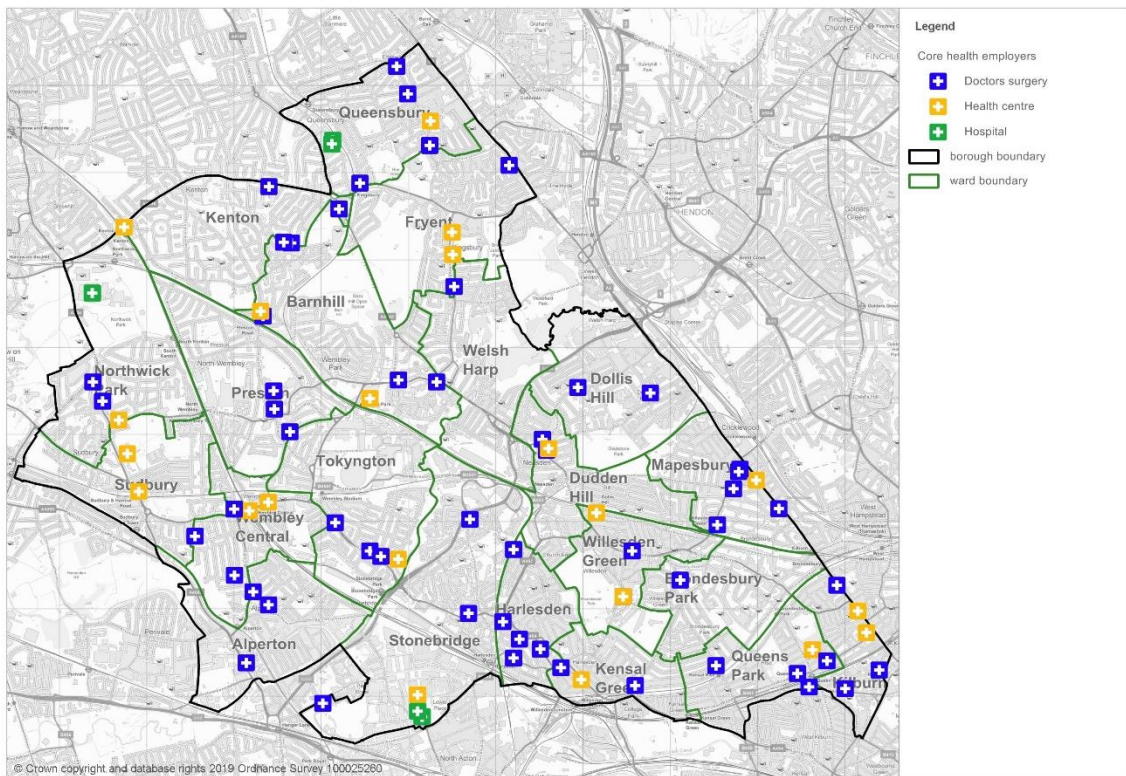
⁵⁵⁷ Having a bad job can be worse for your health than being unemployed Manchester 2017

⁵⁵⁸ Nomis, Official Labour Market Statistics, Labour Market Profile - Brent

⁵⁵⁹ Brent CCG Annual Report and Accounts 2017/18

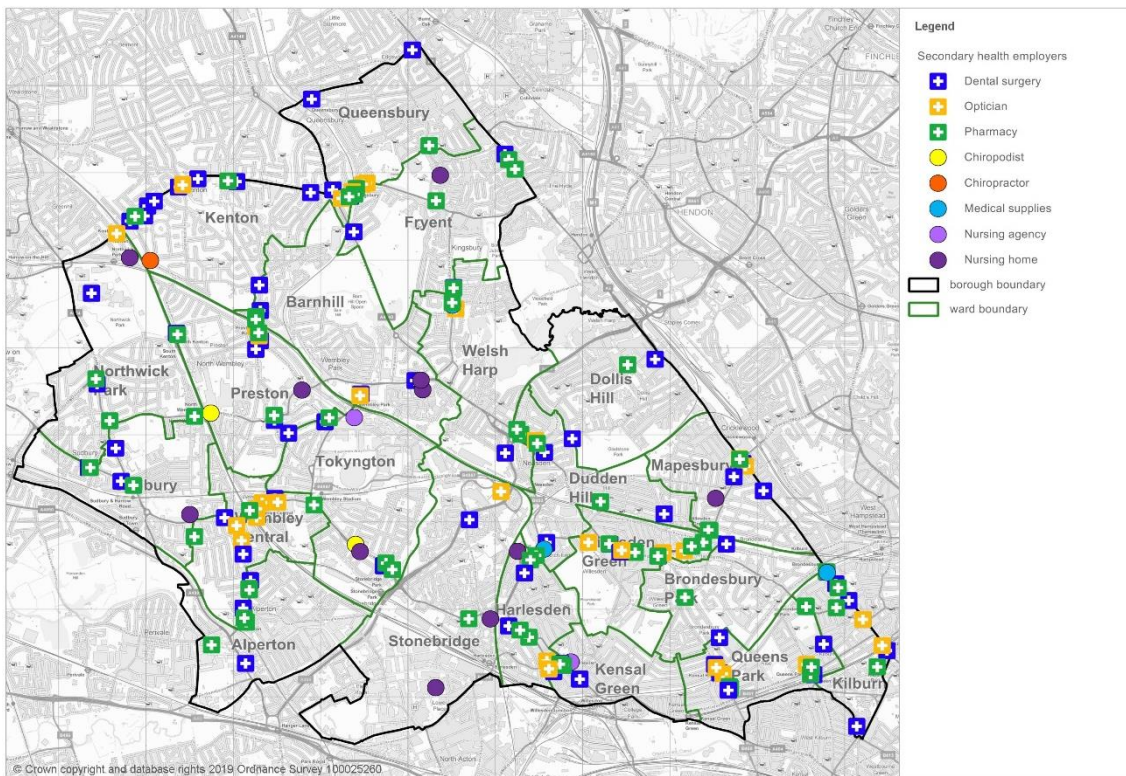
⁵⁶⁰ London North West Healthcare Annual Report 2016/17

Figure 257: Core Health Employers



Source: GIS Mapping Brent Council

Figure 258: Secondary Health Employers



Source: GIS Mapping Brent Council

There is evidence that Brent has issues with recruitment and retention of GPs and district nurses⁵⁶¹. This mirrors trends in London that show the health sector has low retention and high vacancy rates, and an ageing workforce in some professions. London has a higher proportion of GPs aged 60 and over, in school nursing, district nursing and health visiting, a significant proportion of the workforce are in their 50s. Vacancies in London in nursing and social care are higher than the national average, as is staff turnover in the NHS more broadly. This is partly due to the high cost of living and no clear policies to attract key workers⁵⁶².

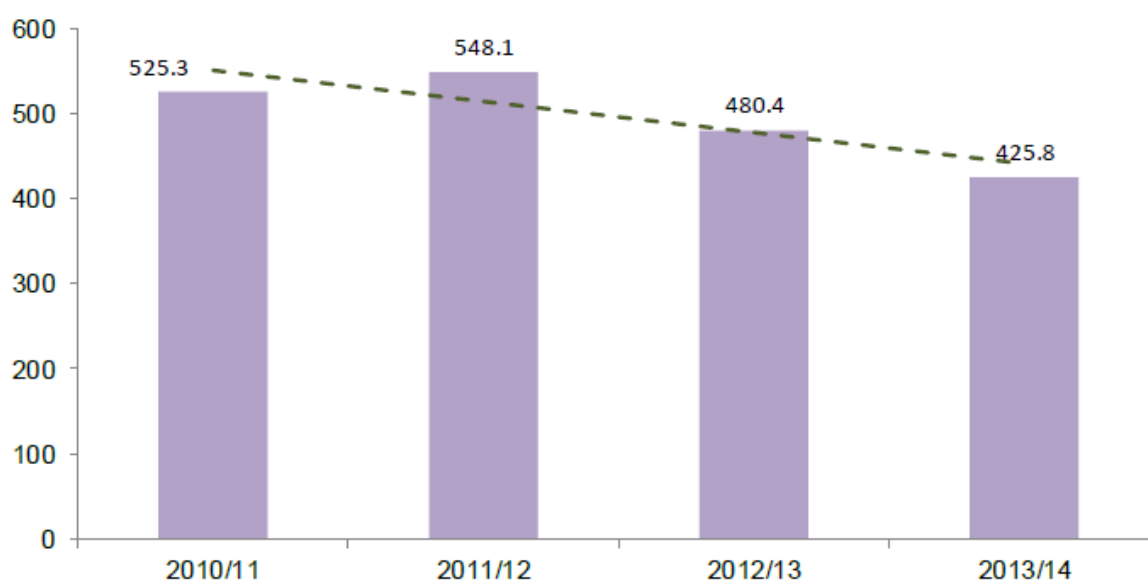
Brent possesses a strong drug and alcohol and treatment and recovery sector, which is in the top quartile nationally with 40% of alcohol treatments being completed successfully.⁵⁶³ Central Middlesex hospital is currently being transformed into a 21st century centre of excellence⁵⁶⁴. The ongoing financial pressures faced the NHS in the years ahead will in all likelihood have an impact in Brent.

It is important to note that funding across the NHS has changed since the introduction of the Health and Social Care Act 2012. Following this Clinical Commissioning Groups (CCGs) were created. The total CCG budget is allocated to each individual CCG according to a nationally agreed formula that is intended to reflect the care needs of each local population. The allocation varies significantly from one part of London to another. The funding in NHS Brent CCG in 2017/18 was £415.4m and in 2018/19 the allocation is £427.5m.⁵⁶⁵ Each year Brent CCG sets out priorities and outcomes of the year and services it wants to commission. Further detail on CCGs in the trends section.

Adult Social Care

Adult Social Care is going to remain a key issue going forward. Formal Adult Social Care in Brent consists of the Council commissioning private providers of home care supported living. Another option is constituted through 'floating support,' which enables people with just a few care needs to remain living on their own.

Figure 259: Rate of residential / nursing care home permanent admissions



⁵⁶¹ Access to extended GP services and primary care in Brent 2015

⁵⁶² Better Health for London 2014

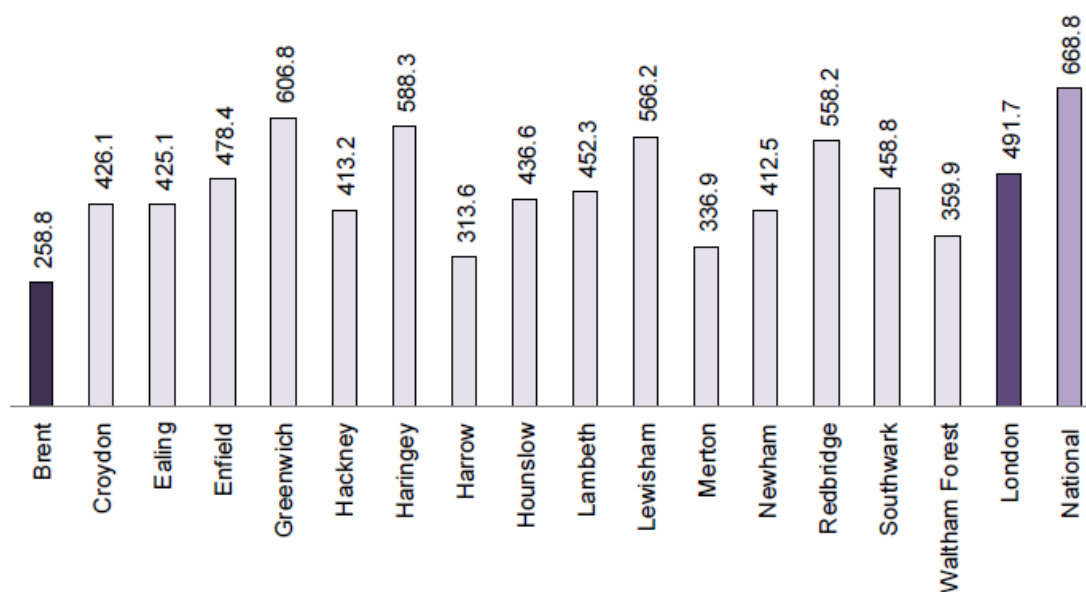
⁵⁶³ Annual report of the director of public health for Brent 2014

⁵⁶⁴ Brent and Healthcare plan

⁵⁶⁵ NHS CCG website <https://www.england.nhs.uk/publication/reviced-ccg-allocations-2018-19/>

The chart above shows the rate of permanent admissions of older people (aged 65 years and over) to residential and nursing care homes per 100,000 of the population over the period 2010-11 to 2013/14 in Brent. The rate of permanent admissions in 2013/14 was 425.8 per 100,000 people. This was below the national average rate of 625.8 per 100,000 people. In 2016/17, 714 individuals were in residential and nursing care in Brent. 120 of these were new admissions in 2016/17⁵⁶⁶.

Figure 260: London boroughs elderly people’s long-term support needs rate



The chart above shows the long-term support needs for elderly people (aged 65 and over) met by admission to residential and nursing care homes per 100,000 of the population.

NAIL Project

Brent is currently developing and rolling out its New Accommodation for Independent Living (NAIL) project, which aims to identify develop and acquire alternative forms of care to residential care for all vulnerable adult groups in Brent. There were originally 529 new units planned to be developed under the NAIL Programme, of which 387 would be delivered by external partner agencies. In 2016/17 the programme was projected to deliver cumulative savings to the Council of approximately £4.7m.⁵⁶⁷

The rationale behind NAIL is that it is preferable for elderly people to stay in their communities, rather than moving into residential care. Residential care is also very costly to the borough and the new forms of care explored in the NAIL project could be more cost-efficient, while providing for a higher quality of life, by encouraging independent living and more bespoke and personalised care packages.⁵⁶⁸ In 2017 it was estimated that NAIL would provide an average weekly saving of £332 per person, compared to accommodation provided in a care setting, and more recent operational figures indicate an average saving of £250 per person.

⁵⁶⁶ Brent Council (2018) Adult Social Care Local Account 2016/17

⁵⁶⁷ NAIL Programme Accommodation and Financial Mitigation Plan 2017

⁵⁶⁸ Update on New Accommodation for Independent Living (NAIL) project

The project uses knowledge from both Housing and Adult Social Care, with the aim of developing sustainable care plans. Whilst Adult Social Care officers have a strong understanding of the requirements of people who need accommodation and support, Housing colleagues have a stronger understanding of the regulations, processes and potential issues around building or converting accommodation, and Planning colleagues bring their expertise and input around planning processes and ensuring development is sustainable.

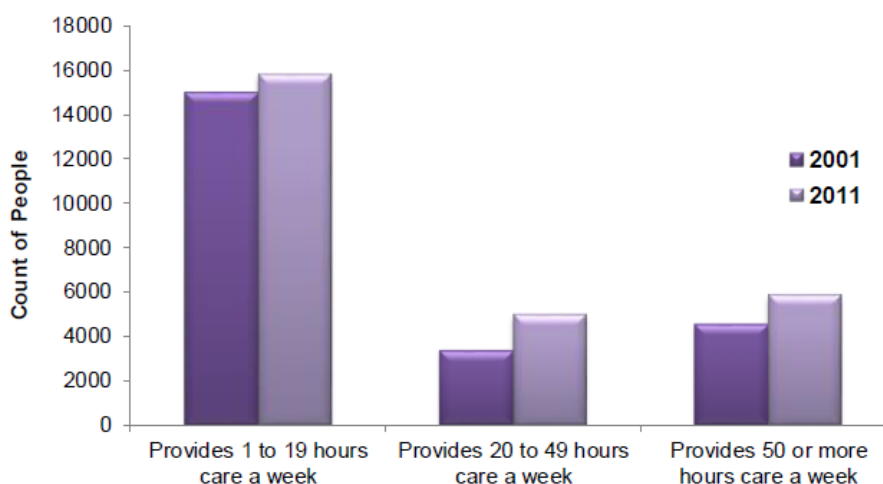
Long-term development plans are forecast to meet the NAIL Programme’s long-term targets, however an increased number of short term units are required to provide a more balanced and sustainable savings profile and meet Adult Social Care’s current accommodation requirements. To mitigate this, there was an acquisition of approximately 80 units (16 houses) and support on a number of leasing arrangements for the NAIL scheme this In March 2018.⁵⁶⁹

Informal Care

In 2011, 26,600 residents provided at least one hour per week of informal care. Overall, 8.6% of residents provided some form of informal care (Outer London: 9.2 %)⁵⁷⁰.

Residents in Brent providing informal care for friends or family members are supported by the Brent Carers Centre through many different offers such as advice services on financial and legal issues, as well as emotional support.

Figure 261: Unpaid care Provider per week



Source: Brent Council GIS Mapping Service

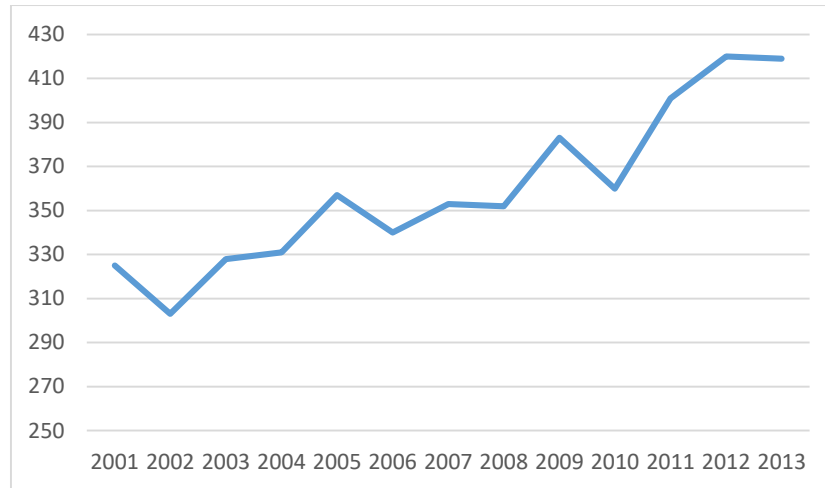
Multigenerational living could be viewed as another form of informal care. Multigenerational living is when there are three or more generations of the same family living together, or where there are two generations consisting of parents and one or more adult children. This phenomenon is mainly due to a lack of affordable family homes and has mostly been informal. However, it also is used as solution for ageing relatives needing support, as well as issues with child care. It is important to note that this was support rather than care. A study by the Cambridge Centre for Housing and Planning research showed that it did not replace other childcare arrangements or the need for carers, however, it may have reduced the need.

⁵⁶⁹ Ibid

⁵⁷⁰ JSNA 2015 Brent Overview Report

According to research conducted for *The Telegraph* by Barclays, two thirds of people surveyed believe it can be part of the solution to an ageing population. Currently, in the UK, there are a minority of people living in multigenerational homes. However, there is a growing trend since 2001.

Figure 262: UK Multigenerational Homes 2001-2013



Source: *Multigenerational living: an opportunity for UK house builders?*

Multigenerational homes are more prevalent in London and more common in ethnic minority families⁵⁷¹.

⁵⁷¹ Multigenerational living: an opportunity for UK house builders?

Trends

The following section looks at current and emerging trends relating to health. This will provide an overview of opportunities and difficulties facing Brent into the future. This section will be divided into 5 trends: ageing population, rise in obesity and diabetes, increased focus on mental health and wellbeing, increased demand on health and social care and impact of wider determinates of health.

Trend 1: Ageing Population

Brent's population is projected to grow by 17% between now and 2040, when it will nearly exceed 400,000 people. At the same time, the population will also age significantly. By 2040 28% of the over 65s, will be aged 81 plus, therefore requiring increased care provision.

Figure 263: Age range (65-80) (older)

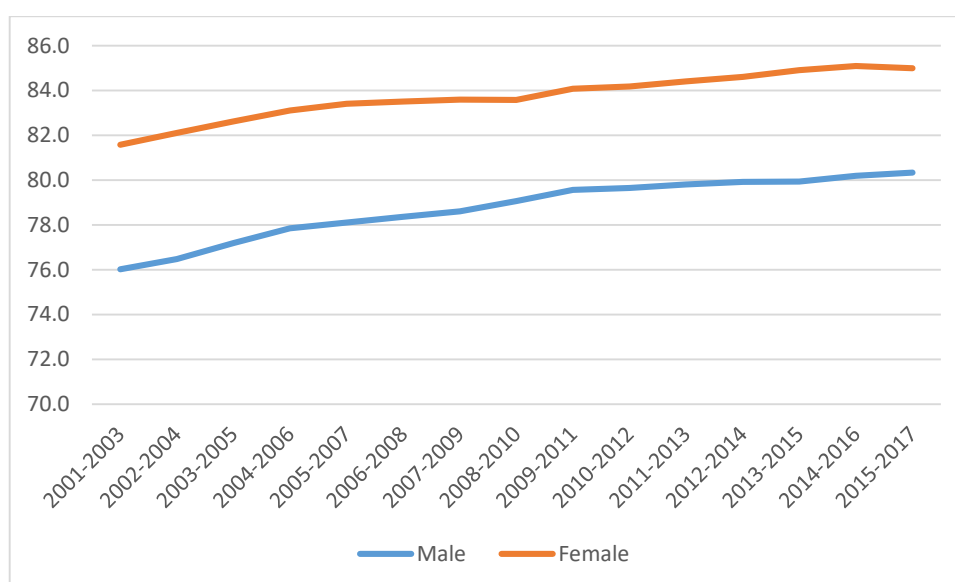
	2019	2040	2050
Brent	30,700	49,100	53,500
London	811,700	1,250,000	1,364,600

Figure 264: Age range (81+) (increased care needs)

	2019	2040	2050
Brent	9,800	18,900	24,500
London	265,900	490,200	639,800

Source: GLA Population Projections - Custom Age Tables: Housing Led Population Projection 2017

Figure 265: Life Expectancy in Brent

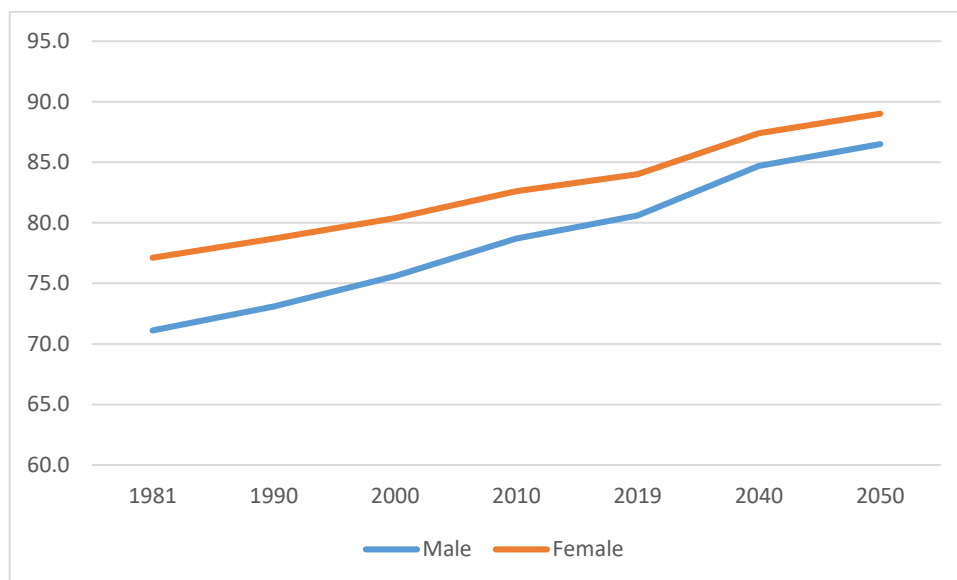


Source: ONS Life expectancies 2015-17

There has been a consistent improvement in life expectancy for the past 20 years. It is likely that this trend will continue as the amount of people living past 81 increases. Figure 266 shows

how life expectancy will increase by almost 15 years for males from 1981 to 2050 and around 13 years for females.

Figure 266: Life Expectancy projections, England



Source: Past and projected data from the period life tables, 2016-based, UK

Since 2009, data has been calculated on healthy life expectancy, the number of years of full health, fundamental to a person's quality of life and to reducing pressures on health and care provision. As this dataset is new it is hard to estimate the trends related to it. However, it is likely to be related to levels of premature death. In Brent the most prevalent cause of premature death is cancer (33%), followed by cardiovascular disease (25%). Public Health England states that the main causes of these illnesses are related to lifestyle including poor diet, smoking and alcohol consumption.

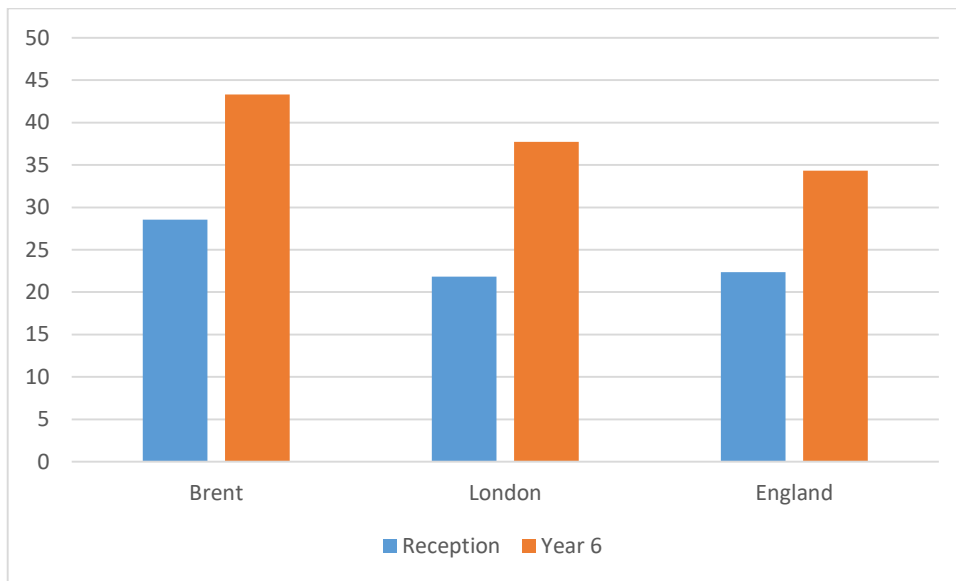
Tackling the issues relating to the wider determinants of health, as well as future developments in health research, screening and technology also have the potential to help extend the healthy life expectancy.

Trend 2: Rise in Obesity and Diabetes

Obesity

Obesity is arguably one of the most pressing issues in Brent with nearly 52% of adults being overweight or obese. Obesity is often the result of a combination of a lack of physical activity and unhealthy eating. Obesity is strongly influenced in the early years. This makes it particularly worrying to see that child obesity is at very high levels, and has been for the past years. Moreover, the rate of obese children per age segment increases between take in and year 6.

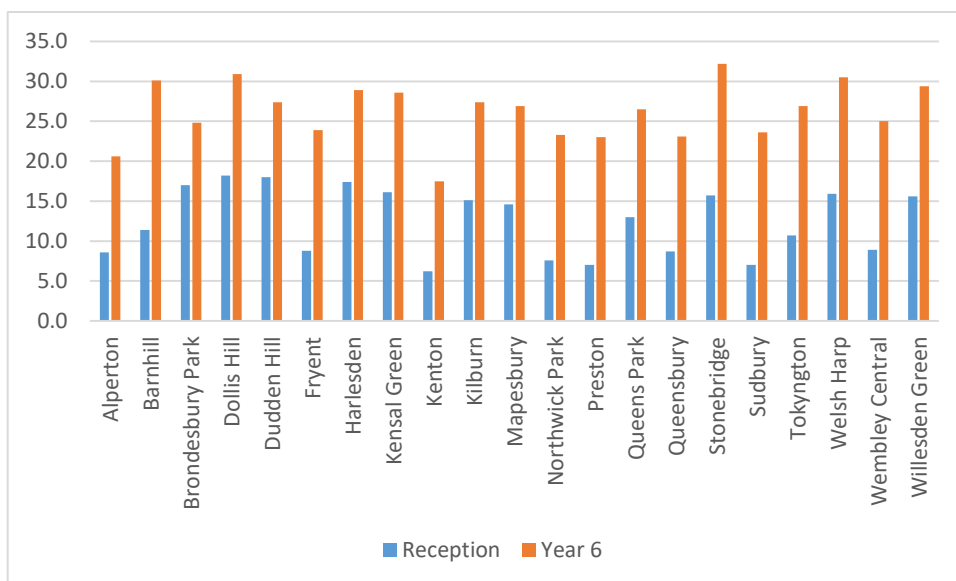
Figure 267: % Children who are overweight or obese in Year 6 compared to Reception



Source: The National Child Measurement Programme (NCMP) Local Authority Profile

Given this evidence, and the trend that obesity will continue to rise until 2040, it is essential to act on child obesity as soon as possible, as the children born now will be in the 16-24 age segment in 2040.

Figure 268: Childhood Obesity by Ward 2015/16 to 2017/18

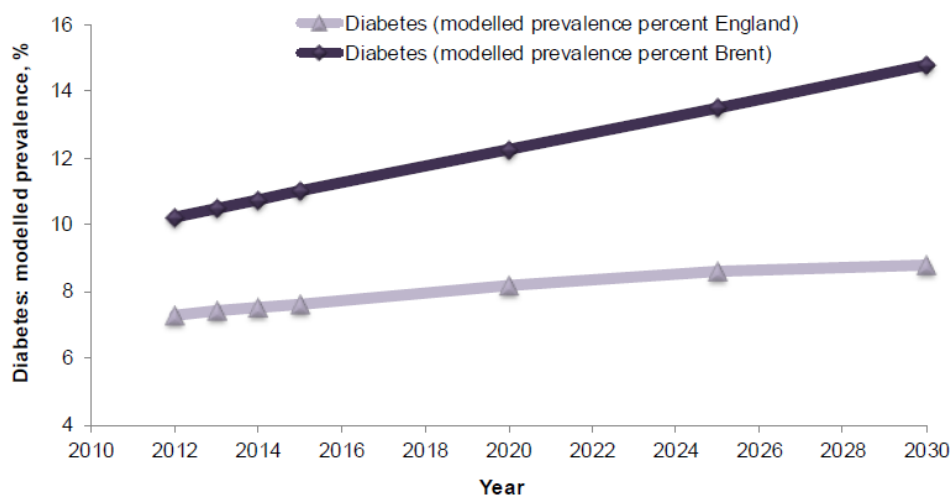


Source: Office for National Statistics

Diabetes

The mix of an ageing population, high number of obese and overweight people, as well as high number of people who are more likely to be affected due to their ethnic background, is also predicted to cause an even higher prevalence of diabetes in the future.⁵⁷²

Figure 269: Modelled estimated prevalence of diabetes 2012 - 2030



Source: JSNA 2015 Brent Overview Report

Diabetes rates in Brent were 11.6% in 2017 which is significantly higher than the London percentage of 8.7%. It is predicted to grow to 13.6% in 2035.

The Model for Local Authorities estimates that diabetes on both levels is going to increase in the future. However, the gap will widen significantly. This increase can be attributed to a mix of an ageing population, high levels of obesity, and as well as the BAME population's predisposition to the disease⁵⁷³.

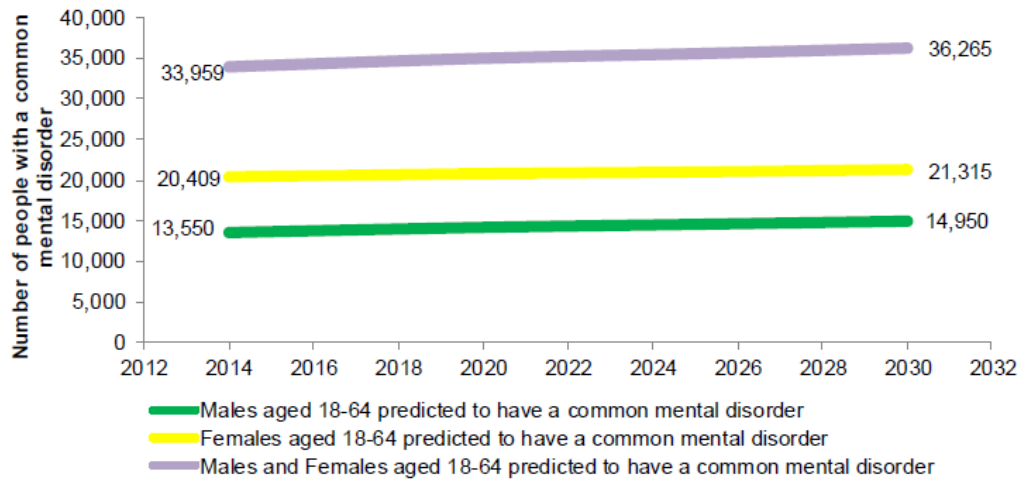
Trend 3: Increased focus on Mental Health and Wellbeing

Mental Health and Wellbeing are two areas increasingly gaining attention in health and urban planning. Brent has a high prevalence of mental illnesses, and the number of people affected is likely to grow over the coming years.

⁵⁷² Annual report of the director of public health for Brent 2014

⁵⁷³ Annual report of the director of public health for Brent 2014

Figure 270: Number of people with a common mental health disorder 2012 - 2032

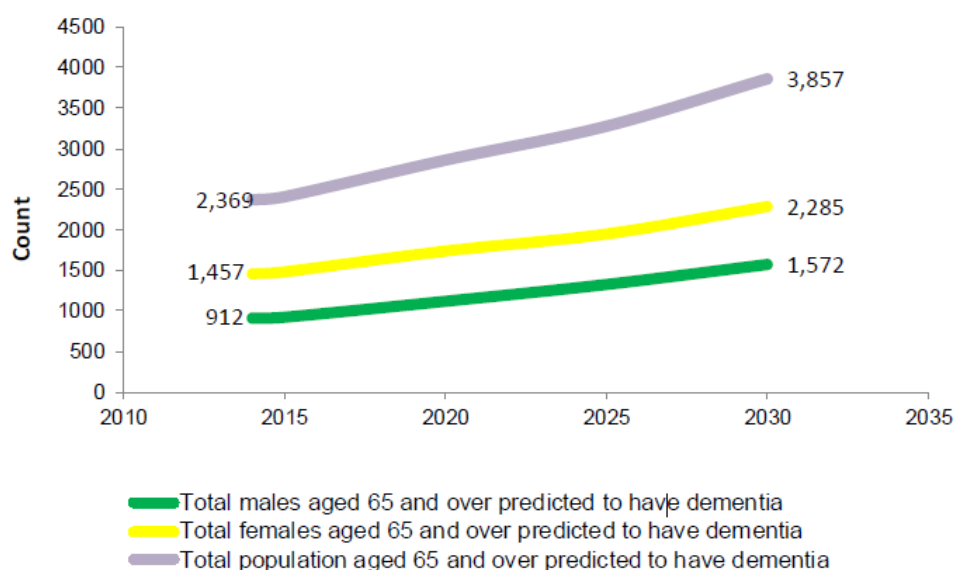


When looking at the number of people predicted to have a common mental disorder, the numbers increase marginally, which might also be attributable to the growing and ageing population. The incidence of psychotic mental disorders (i.e. schizophrenia, affective disorders with psychotic symptoms, etc.) is high compared with both other areas in the UK and in Europe, in particular among some migrant and minority ethnic groups (e.g. around five times higher in black Caribbean vs. white British populations).

Dementia

The number of people aged 65 and over predicted to have dementia is also forecast to increase significantly, with a 62% increase forecast over the period.

Figure 271: Dementia Projections 2010 - 2030



Source: JSNA 2015 Brent Overview Report

This stems from the population growth in the at risk age categories. Women are more likely to be effected by dementia than men. It is estimated that 61% of people with dementia are women and 39% are men⁵⁷⁴. This is likely to reflect the fact that women live longer than men and age is the biggest known risk factor for the condition.

While the experience of living with dementia varies from person to person, women and men have been shown to express the symptoms of dementia in different ways, indicating the possibility that male and female brains react differently to the diseases that cause it. Gender can also influence the benefits of activities that may potentially reduce the risk of dementia, such as exercise. In women, exercise has been shown to improve mortality, whereas in men the positive effect of exercise is in cognitive improvement⁵⁷⁵. Therefore, it is necessary to understand the need to vary treatment plans according to gender.

Trend 4: Increased Demand on Health and Social Care

Due to the growing and ageing population, the number of older people with higher dependency is predicted to rise by 62% between 2015 and 2035⁵⁷⁶. This trend is forecast at a time when we see growing financial pressures on the NHS and a growing mismatch between demand and funding is likely. This might lead to an increasing number of people having to provide informal care. This has lead healthcare organisations to looking to integrate health and social care. Within this approach rather than focussing on treating diseases in the healthcare system,

⁵⁷⁴ A Marginalised Majority **Alzheimer's Research UK**

⁵⁷⁵ Ibid

⁵⁷⁶ Kingston A, Comas-Herrera A, Jagger C for the MODEM project (2018). 'Forecasting the care needs of the older population in England over the next 20 years: estimates from the Population Ageing and Care Simulation (PACSim) modelling study'. *The Lancet Public Health*, vol 3, no 9, pp E447–55

more preventive measures could be taken to lower the occurrence of diseases. Also, new care models like NAIL, could be developed in new living arrangements.

The King's fund⁵⁷⁷ provides three key issues for trends in health and social care:

1. Funding pressures
2. The need for a patient centred approach
3. Increasing partnership working

Funding

Rising demand for healthcare, while funding rises more slowly than before, is creating a mismatch between demands and funding. Funding pressures are likely to continue over the next few years until at least 2021. There have also been changes in funding structures in 2012, following the Health and Social Care Act, Clinical Commissioning Groups (CCGs) were created. The responsibilities of CCGs are to assess local needs, decide priorities and strategies, and then buy services on behalf of the population from providers such as hospitals, clinics, community health bodies, etc. It is an ongoing process⁵⁷⁸.

Today, the total CCG budget is allocated to each individual CCG according to a nationally agreed formula that is intended to reflect the care needs of each local population. The allocation varies significantly from one part of London to another. There is clear pattern with inner London CCGs over-funded and outer London CCGs under-funded⁵⁷⁹.

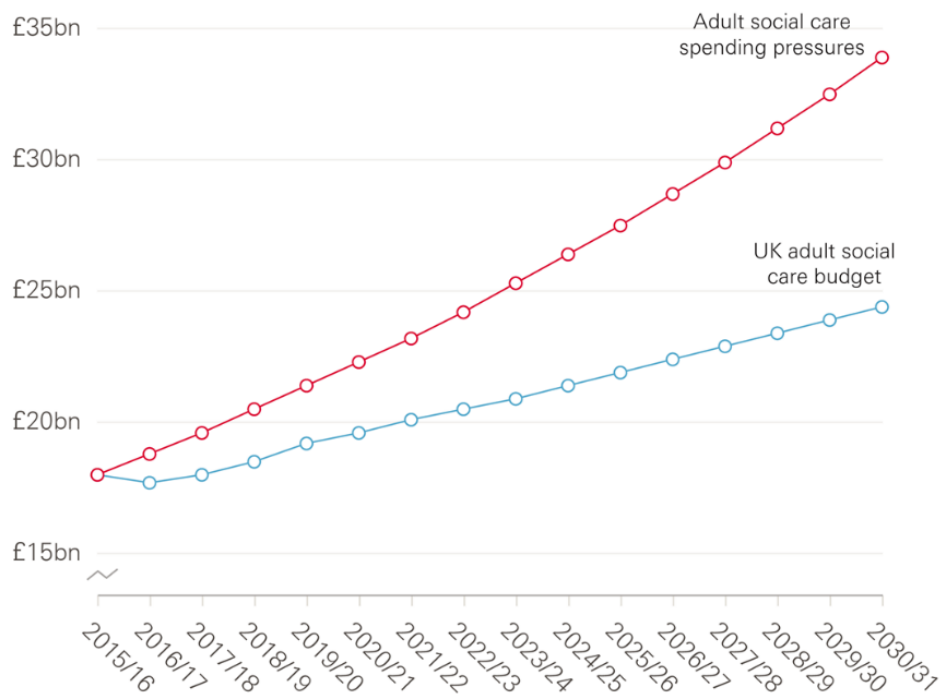
This alongside the growing demand for social care will impact NHS funding. By 2020/21 public spending on social care would need to increase by a minimum of £1.65 billion, to a total of £9.99 billion, in order to manage the impact of demographic and unit cost pressures alone. The graph below shows the gap projected.

⁵⁷⁷ King's Fund: What are the priorities for health and social care?

⁵⁷⁸ NHS CCG website

⁵⁷⁹ Better Health of London 2014

Figure 272: Social care funding gap 2015/16 – 2030/31



Source: The Health Foundation

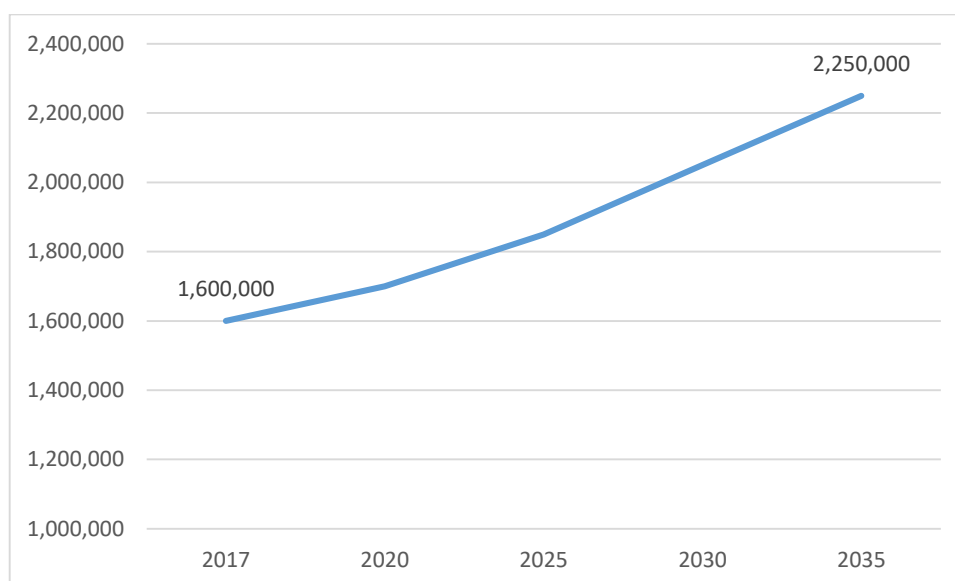
There has been an increase in the number of adult social care jobs in the sector of 21% from 2009 to 2017, however this growth rate has now slowed. There is also the issue of high vacancy levels in the adult social care sector. In 2016/17, the overall staff vacancy rate across the whole of the adult social care sector was 8% (up from 5.5% in 2012/13). Turnover rates for staff working in the adult social care sector in 2016/17 was 30.7%, an increase of 7.6% from 2012/13⁵⁸⁰. Recruitment and retention rates should be a key consideration going forward. The increase in turnover and vacancies combined with the slowed growth in the sector suggests that the sector is struggling to keep up with the demand as the population ages.

Despite this, it is estimated that based on population growth of individuals aged over 65, there may need to be 650,000 new jobs in the adult social care sector – a 40% increase (Figure 273)⁵⁸¹.

⁵⁸⁰ Skills for Care (2018) The state of the adult social care sector and workforce 2018. Accessed: <https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

⁵⁸¹ Ibid p99

Figure 273: Adult Social Care jobs forecasts between 2017 and 2035



Source: Skills for Care

Patient Centred

The ageing population, changing patterns of disease – with more people living with multiple long-term conditions – and rising public expectations mean that changes are needed to the way services are delivered. The key is to organise care around the needs of the patient by integrating primary and secondary care, physical and mental health services, and health and social care.

Patients are demanding more sophisticated, convenient, transparent, affordable and personalised service. As a result, an agile private sector has gained a strong foothold in the delivery and financing of healthcare. In a recent PwC consumer survey, almost half of respondents said they would consider having procedures like wound treatment, stitches or staples removed at a retail clinic or pharmacy.⁵⁸²

The clinician and patient should jointly create a personalised care plan which is shared with the right people at the appropriate moment. There is an increased use of technology in health by individuals which could be used by the healthcare sector. Myhealthlocker uses electronic personal health records at South London and Maudsley NHS Foundation Trust to allow patients to access their care plan online and give them control over their health information⁵⁸³.

Technology could also be used to improve efficiency and flexibility for healthcare professionals. An example of this is when district nursing staff at Whittington Health Trust, were given iPads which allowed them to do a variety of tasks on the go, therefore improving efficiency. Additionally, Managers found that their recruitment and retention figures improved since the iPads were introduced, suggesting that having access to new technology can attract and retain staff⁵⁸⁴. This is important to consider in light of issues with retention in Brent and London as a whole. As well as the potential for technology to make the healthcare provision more efficient.

⁵⁸² PwC The empowered consumer

⁵⁸³ Better Health for London 2014

⁵⁸⁴ ACAS 2017 Mind Over Machines

The use technology is already happening in some areas of Brent. Central Middlesex Hospital is pioneering the use of robotic surgery in knee replacement. Benefits of robotic surgery include: more accurate implant positioning, which can result in a more natural feeling after surgery; improved safety; reduced risk of injury to adjacent tissues and smaller incisions, which can mean a quicker recovery; shorter hospitalization; and less pain. The team at Central Middlesex has carried out more than 400 traditional knee replacements in 2017-18⁵⁸⁵. Remote consultations are another area that offers potential advantages to patients (who are spared the cost and inconvenience of travel) and the healthcare system (as they may be more cost-effective).⁵⁸⁶ A successful example is The Diabetes Appointments via Webcam (DAWN) project in Newham, East London, which demonstrated that the use of video conferencing software and computer and smartphone technology can support or even replace the traditional diabetes outpatient clinic meeting. Early results are positive, with a wide variety of improvements in patient-related factors, such as convenience, acceptability, satisfaction, a reduction in non-attendance rates and visits to Accident and Emergency⁵⁸⁷.

Improving Health and Social Care

Local government can improve the way social care, health and community services are brought together around the needs of older people. The council could play a role in creating a network of community services that will aim to support prevention of health problems through active living and social prescribing. Age UK's Integrated Care Programme has demonstrated 23% improvements in well-being for 100+ older people with complex conditions in Cornwall⁵⁸⁸.

More training should be delivered in the community. This will require Local Education and Training Boards (LETBs) to significantly increase the proportion of funding spent on training in these settings and maximise investment in ongoing staff development focusing training and development on capabilities to suit new models of care, such as generalist skills and supporting citizens to self-care.

Trend 5: Impacts of Wider Determinants of Health

Active travel

Physical activity rates have been changing differently for different age groups, but for young people (16-34 years) who still have most of their lives ahead of them, the trend has been decreasing. On the other hand, it is positive to see that physical activity rates in the 55+ segment have increased, although still only around 1 out of 8 people older than 55 is regularly active.

Cycling levels are very low, and it is one of the Mayor's key strategies to increase cycling in London. One important target is to have 70% of Londoners living within 400m of a high-quality and safe cycling route by 2041. Cycling is also supported as part of the Mayor's Healthy Streets Programme⁵⁸⁹.

⁵⁸⁵ London North West University Healthcare

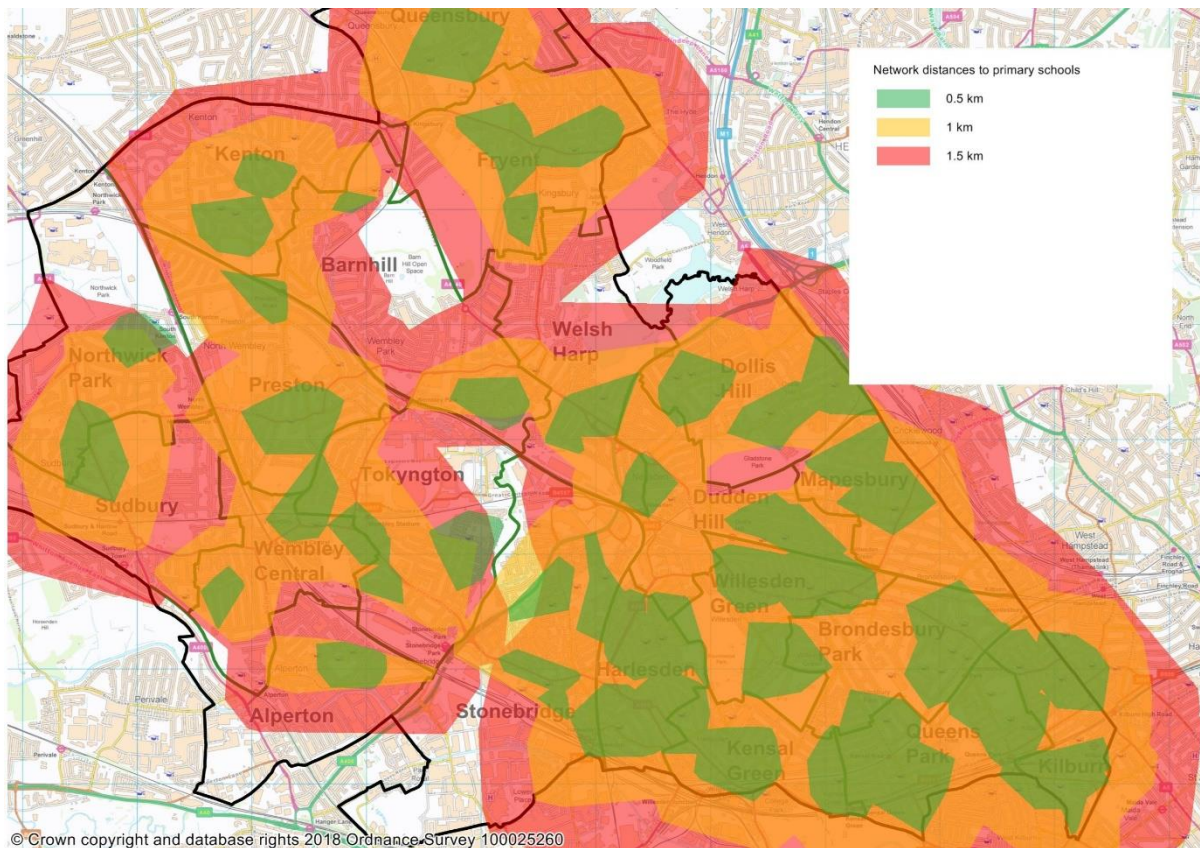
⁵⁸⁶ Virtual online consultations: advantages and limitations (VOCAL) study

⁵⁸⁷ Virtual diabetes consultations: meeting the IT governance challenge

⁵⁸⁸ Age UK Local Government's Role in Responding to an Ageing Population

⁵⁸⁹ Transport for London, Healthy Streets for London

Figure 274: Distance from Schools



Source: GIS Mapping Brent Council

The map above shows that most residential properties are within 1.5 km of a primary school.

Housing

Poor housing conditions, rising housing costs and housing insecurity all have an impact on health. Poor housing conditions are much more prevalent in rental accommodation, and 1 million people living in the Private Rented Sector (PRS) are living in poverty⁵⁹⁰. London's PRS has doubled in just over a decade and continues to rise, with private renters projected at 40% of London's households by 2025⁵⁹¹. Common problems such as damp are more prevalent in privately rented homes, and health issues associated with such problems are more likely to impact vulnerable groups, such as the young and the elderly. Rising housing costs and unaffordability, and housing insecurity, negatively impact people mental health.

Fuel Poverty

Fuel poverty is caused by a combination of factors including:

- Energy efficiency of the home.
- Fuel costs.
- Household income.

⁵⁹⁰ Future of London, Engaging London's Private Rented Sector

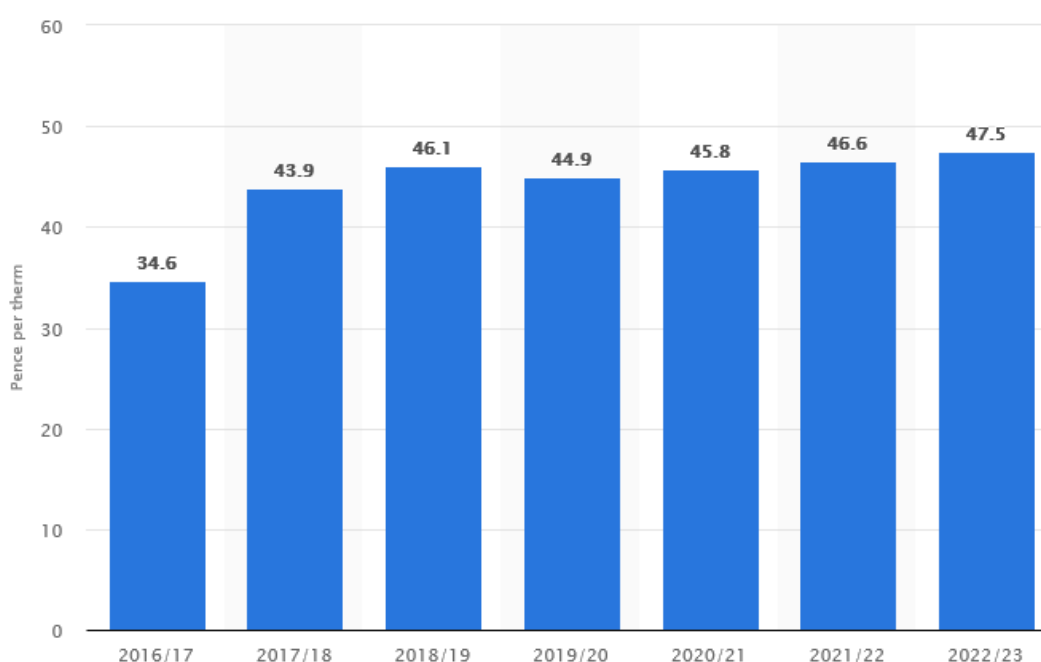
⁵⁹¹ Ibid

The consequences of fuel poverty may compound the ill health and suffering of those who are disabled or have a long-term illness. Fuel poverty is also likely to exacerbate existing problems and lengthen recovery times.

Cold homes may make it more difficult for carers to look after acutely or chronically sick people, more of whom will have to go into hospital needlessly - or go permanently into a nursing home⁵⁹².

Population projections and growth in the number of people aged over 65 years old and 80 years old, indicate a significant increase in the number of people who are vulnerable to cold weather, and fuel poverty presents the risk of increased winter deaths.

Figure 275: Gas prices 2016-2023



Source: The Statistics Portal

Figures released in March 2017, show that total household expenditure on energy in 2015 was £14.745 billion, down from £16.993 billion in 2013, however as indicated in the chart above the price of fuel is expected to rise moving forward. The price of gas is expected to rise in the coming years, and at the same time gas production levels are expected to fall. From 2016/17 to 2021/22, it is predicted that gas production will decrease by 3.3 billion therms (British Thermal Unit)⁵⁹³.

Employment

Employment plays an important role in supporting mental health. The trend in recent years of increasing levels of insecure work has been driven by globalization and technological

⁵⁹² The causes and effects of fuel poverty

⁵⁹³ Statista 2018

development, and facilitated by the concurrent deregulation of labour markets, labour market activation and the declining power of unions⁵⁹⁴.

The working environment also impacts health. Employers can take positive steps to support employee health, for example by working with employees to redesign environments and encouraging practices to make healthy choices easier. Supporting staff to become fitter, healthier and to build resilience would begin to address the high rates of sickness absence observed in recent years, and to enable staff to be at their best.

⁵⁹⁴ International Trends In Insecure Work: A Report For The Trades Union Congress

Responses

Response 1: Ageing Population

Brent will need to accommodate around 30,000 additional people aged over 65 years by 2040. Many of these people will have physical, social and health needs specific to this demographic. It will be important to pay attention to the design of the built environment to ensure affected people can easily find their way around.

Brent is characterised by diverse building typologies and variation in the scale of development. Ranging from the typical suburban streets and high streets of Outer London, to the much denser development of the 1960s South Kilburn estate, and the new mixed use regeneration clustered around Wembley Stadium. Neighbourhoods in Brent are undergoing transformational change in order to accommodate population growth. While increasing density of development is necessary to accommodate growth, careful attention must be paid to good design, infrastructure, management arrangements and place-making, to ensure denser development is sustainable. This is particularly relevant from health-related perspectives: the needs of an ageing population, physical activity and mental health and wellbeing.

Design of the built environment should consider people's physical abilities providing opportunities to and higher density of accessible bathrooms. Consideration of mental capacities need to be considered providing, easy wayfinding, clearly identifiable way points for the residents' mental maps. In terms of living arrangements, the NAIL project provides a good template and way forward. Brent's Local Plan should review policies to ensure the needs of an ageing population are given sufficient consideration both in terms of spatial planning across the borough, and in development management policies and requirements for the assessment of specific planning proposals for built development.

In the context of an ageing population, increasing demand for both adult social care and childcare, the increasing unaffordability of housing in London, work⁵⁹⁵.

Response 2: Risk of Obesity and Diabetes

Obesity

The top five items selected by Londoners that make it harder for children to lead healthy lives in their areas are:

1. Too many cheap unhealthy food and drink options (60%)
2. Too many fast food shops (44%)
3. Safety concerns about children (not letting them play outside unsupervised) (33%)
4. Too much advertising of unhealthy food and drink options (30%)
5. The cost of healthy food and drink (29%)

Many councils have taken steps to try and tackle these issues.

London Borough of Haringey for example established a 'healthy fast food restaurant'. The sugar, fat and salt content of the food is monitored and is significantly less than the high street average. Seasonal vegetables are also provided with every meal. This spring a food growing

⁵⁹⁵ Homeshare UK, the UK Network for Homeshare <https://homeshareuk.org/>

project with a local primary school will begin where herbs and salad for the restaurant will be produced at school and made with the children. The food is sold at fast food prices. For example, the restaurant offers £2 daytime 'junior specials' to young people, subsidised by evening trade with customers knowing they are supporting local young people to make positive food choices. The project was supported by £300,000 in loans and grants from the Haringey's Opportunity Investment Fund, which is run in partnership with the Mayor of London. Hundreds of individuals also made contributions totalling £55,000 through a crowd-funding website Kickstarter,⁵⁹⁶

The Tottenham Hotspur Foundation has set up a 10-week exercise programme for obese and overweight children, while Homes for Haringey, the council's housing management organisation, has reviewed all its 'no ball game' signs and started consulting with residents about taking these down along with investing in play facilities.

Across London, work has also continued to get outlets signed up to the London-wide Healthier Catering Commitment, a voluntary scheme promoted by Local Authorities to help caterers and food businesses make simple, healthy improvements to their food. This involves food businesses committing to certain standards, including frying food for shorter periods, reducing salt, using lighter mayonnaise and making salad the default option.⁵⁹⁷

Diabetes

Improvements in diabetes care have come from better treatment options, especially in relation to complications associated with the disease.

Clinical studies suggest that specialist diabetes inpatient teams can reduce prescribing errors; improve patient outcomes; reduce length of stay; increase day case rates and reduce the number of admissions. Economic modelling for NHS Diabetes suggests that the savings from introduction of these teams can substantially outweigh the cost of the team.

For example, the ThinkGlucose programme also reduces inpatient costs through better care that leads to a shorter length of stay. The programme aims to increase the awareness of diabetes in inpatients as well as staff through introducing early specialist involvement and publicising relevant guidelines to reduce prescription errors.

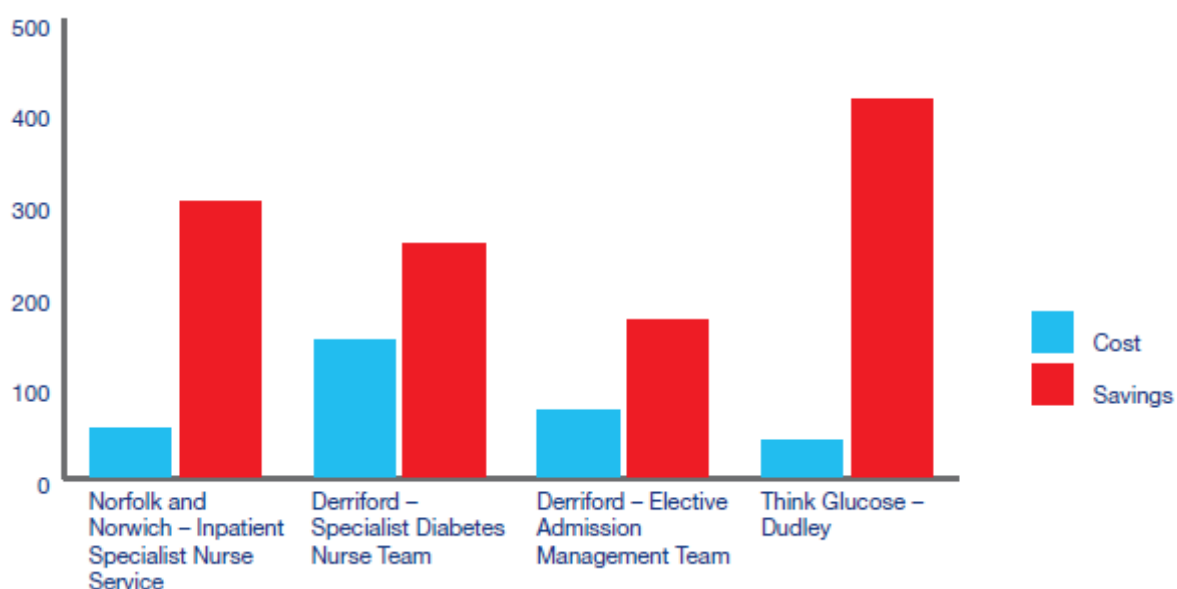
The Dudley Group of Hospitals NHS Trust report a reduction in average length of stay of 0.61 days, which was worth £411,000 to the Trust. The programme cost £38,000 to implement for staff time and programme support⁵⁹⁸.

⁵⁹⁶ Healthy weight, healthy futures Local government action to tackle childhood obesity

⁵⁹⁷ The Healthier Catering Commitment London Assembly

⁵⁹⁸ The Cost Of Diabetes 2014

Figure 276: Cost vs saving in inpatient care



Source: *The Cost of Diabetes 2014*

NICE guidance recommends an intensive lifestyle change programme for people with a high risk of Type 2 diabetes. This involves a programme of advice and support on physical activity, weight management and diet. The modelling suggests more intensive lifestyle-change programmes are more cost effective than cheaper, less intensive, programmes.

The chart below shows how specific interventions impacted diabetes care:

Figure 277: Diabetes Interventions

Intervention	Cost-effectiveness	Which organisation pays?	Which organisation saves?	Time Horizon
Specialist inpatient care	Cost-saving	Hospital	Hospital	Within a year
Footcare MDTs	Cost-saving	Hospital	Hospital and primary care	Within a year
Comprehensive footcare	Cost-saving	Primary and hospital	Whole system	Five Years
Patient education Type 1	Cost-saving	Primary care	Whole system	Breaks even after four years and then cost-saving
Patient education Type 2	Cost-effective	Primary care	Whole system	Lifetime
NHS Health Checks	Very cost-effective	Primary care	Whole system	Lifetime
Care planning in Year of Care	Cost neutral	Primary care	Whole system	Cost neutral to implement

Source: *The Cost of Diabetes 2014*

Overall, the NHS Health Check could produce a gross saving of £132 million a year over 10 years due to averted strokes, averted myocardial infarctions, prevention and early detection of Type 2 diabetes, and early detection of chronic kidney disease. These savings would grow over time as the pool of people who have had diabetes and other conditions detected and acted upon grows.

As well as specific interventions for people at high risk of developing Type 2 diabetes, Diabetes UK supports a 'whole system' approach to reducing obesity that is less about health service spending, and more about developing an environment in which it is easier to have a healthy weight.

An integrated IT system could be used so that all providers dealing with a patient have access to the most up to date data. Another approach is looking at collaborative care planning where clinicians and patients work together to agree goals, identify support needs and develop and implement action plans. These methods were proved to be successful by Diabetes UK.

Considering the prevalence of diabetes in the borough a targeted approach will reduce costs, improve patient experience and reduce risks of complications related to the diabetes. Policies that need to be pursued include: improved town planning, regulation of food marketing, and clearer labelling of food and drink.

Response 3: Increased Prevalence of Mental Health Issues

Mental wellbeing also needs to be taken into consideration, particularly as urban planners and government tend to place greater focus on physical health. Mental health is affected by the design of the built environment, and consideration for mental health in planning is emerging as a trend. The London-based think tank Centre for Urban Design and Mental Health suggests 5 key points in addressing mental health needs in the design of places:

1. Provide communal spaces
2. Provide accessible green spaces
3. Avoid creating hostile environments
4. Maximise public transport
5. Give homes good natural light and space

Looking at more recent developments, it becomes clear that these are important priorities to be considered when planning and granting permissions on new developments, particularly the provision of communal spaces and the need to avoid creating hostile environments. Ensuring a high quality of public spaces between buildings is fundamental, to make sure they are inviting spaces and provide opportunities to mix and mingle with other people, is key to preventing social isolation. Denser development will also mean public spaces are likely to be more intensively used, emphasising the importance of proper long term management and maintenance arrangements. Access to green spaces is fundamental for mental health and also allows for more physical activity. Brent in 2040 will ideally be a borough with a vibrant public life, where people of all walks of society integrate into the public realm without being deterred from it. Moving forward health cannot be thought of in isolation. By prioritising health through urban planning, there will be a number of benefits to the economy and the environment⁵⁹⁹.

Response 4: Increased Demand on Health and Social Care

Instead of differentiating between health and social care, taking a more holistic and integrated approach to care for certain population groups could improve the efficiency of these services. Further detailed research is necessary, but the NAIL project provides a good example. If financial pressures on the NHS and other areas of the healthcare system continue to grow as expected, then unmet demand for care will need to be covered by volunteers and friends and family members of people requiring care. More starkly, standards of care will fall or

⁵⁹⁹ RTPI (2014) *Planning Horizons – Promoting Healthy Cities*, RTPI: Glasgow

demand for care remain unmet. While the healthcare system should ideally seek to not be overly reliant on the provision of voluntary and informal care, a strong support/relief system through organisations and local government should be in place to ensure that health and wellbeing of those providing informal care next to their daily lives are not compromised on.

The Kings Report⁶⁰⁰ provides various suggestions as to what can be done on a London wide basis on Health and Social Care. For example, they suggested that councils should encourage the use of Section 106 planning obligations, potentially including the Community Infrastructure Levy, to help redevelop primary care premises. Developers and public health bodies should also work closer together to incorporate 'active living' into new developments, access to green spaces and parks, social interaction and other measures to benefit physical and mental health. An example of this approach is the planned new development at Canada Water, being developed by British Land. Working with the London Borough Southwark, and the local CCG, the developer is formulating plans for a new health centre on the site, as well as wider healthy elements in the plan, including safe and active walking routes, social interaction and access to green spaces.

Salford brought together staff from NHS organisations and the Council to create, Salford Together, one of the first Integrated Care Organisation (ICO) in England. The ICO has enabled 2,000+ health and social care staff (district nurses, social workers, hospital staff and mental health professionals) to work within one organisation, creating a more streamlined service for people who use their services. Following public consultation, Salford Together was established and the Council provided joint governance alongside the CCG.

Patients and service users now have faster access to services, there is a greater focus on mental health and long-term conditions and reduced duplication of assessments and tests. Staff have access to a broader range of health and care specialists and the ability to provide better continuity of care, leading to improved staff satisfaction. Salford Together work with staff to discuss patient needs and develop shared care plans to make sure they get the right care.

Another broader initiative suggested is a programme of improved intelligence for prevention and care through the use of data linked across different social and care platforms. A key element will be developing a consistent data set, with standards for child and adult health data definitions, to enable analysis.

Response 5: Impact of Wider Determinants of Health

The social determinants of health are largely outside the scope of those who deliver healthcare, with risks driven by individual behaviour (smoking, diet, exercise) in the context of societal influences (housing, schools, employment) and environmental factors (air quality, physical environment).

There are various initiatives that look to improved social aspects of people to improve knock on health impacts. The People's Health Trust is an organisation that funds resident-focused approaches as a means of addressing the underlying structural causes of health inequalities.

Social isolation

One example of the work the People's Health Trust do involves promoting IT literacy in the elderly as a way of addressing social isolation. The Bell Green Silver Surfers was an IT support

⁶⁰⁰ London 2030 and beyond Report of the King's Commission on London

group designed for people over 60, although most participants are in their 70s and 80s. The group control the focus of activities and the pace of the group. Many participants had tried IT courses at local colleges and community venues before, and consistently reported these to be too pressurised and structured.

Through their engagement with the project, older people have improved social links and ties, particularly with family living far away and grandchildren. This project is particularly interesting given its ability to improve inter-generational interactions and promote inclusivity using digital communication tools. The project has plugged a gap in local service provision, providing a free IT and social media course delivered in a format and at a pace that suits its client group.

The Brent Community and Voluntary Sector (CVS) in partnership with Brent Council and Brent CCG jointly funded the Social Isolation in Brent Initiative (SIBI) that aims to target and address social isolation in individuals who are over 18 and are identified as being at risk of or suffering from social isolation. SIBI signposts people to clubs, groups, classes and activities across Brent and can support people to discuss how they may overcome their social isolation.

Fitness

The People's Health Trust also funded Centre Spot a project based in the Friar Park Estate in West Bromwich, an area experiencing high levels of crime, unemployment and poor educational attainment. Beneficiaries have taken part in training and employability programmes for the local community and have used the sports facilities and mentoring support available.

The centre aims to help young people develop positive and healthy behaviours, by engaging them in sport as a distraction from crime, providing volunteering opportunities and work experience, developing key employability skills and working with young people to develop their confidence and self-esteem. Having developed strong links with the local housing association, youth service and fitness centre, Centre Spot also has access to a team of qualified sports coaches and instructors, locally based staff and volunteers.

Project staff, volunteers and beneficiaries felt that the project had helped to boost the local area through giving its beneficiaries improved self-confidence, creating better social links and ties and improving the community atmosphere on the Friar Park Estate.

These are two examples of how local groups worked to address some social determinants of health. There are also some more specific approaches that can be taken by the council to work on the societal influences.

Nutrition

London boroughs have the power to introduce mandatory traffic light labelling and nutritional information on menus in all restaurant and food outlet chains in London, by using their byelaw and licensing powers.

Employment

Employment can have a significant impact on an individual's mental health often relating to low pay. Brent is one of over 650 London employers that are fully accredited with the London Living Wage Foundation, paying all employees at least £9.15/hour. Brent should consider what

steps can reasonably be taken, including incentives that build on the current business rates relief scheme, to better encourage local employers to join up to the scheme.

Travel

The borough could also encourage active travel by investing in technology. Mobility technologies are changing, and out of the many competitors, it is up to Local Authorities to take a leadership role and action to shape how their future mobility mix will be expressed.

Currently, the perspective of electric and automated cars is very dominantly portrayed in imaginations of the city of the future. However, from a health perspective, sitting in cars has been attributed to low levels of physical activity. The electrification and automation of cars is not therefore likely to change this activity pattern.

A viable alternative is the prioritisation of active forms of transportation. Walking should be the preferred option of transportation for short trips, and planning could focus on identifying areas where short-term walking trips are not feasible due to the distance needed to cover. 'Walkable neighbourhoods' should hence be one of the main planning priorities. However, the decision to walk does not solely depend on the distance to the respective destination, but also on the quality of the public realm. Some of the approaches to make streets more walking-friendly have been laid out in the Mayor's Healthy Streets Programme.

Another trend that the borough could embrace is the emerging technology of electric bikes, more specifically pedelecs, which require riders to pedal at all times whilst gaining a speed boost from the electric engine. These increase the range an average person could cover by bicycle and hence the number of feasible bike trips. The health benefits of pedelecs have been explored in a study by Peterman et al (2016). Like walking, cycling also depends on the necessary infrastructure, and especially the quality and safety of it. Brent could explore options to increase its cycling infrastructure and the safety standards of it. Integration into the expanding city-wide network of cycling superhighways could also open up opportunities for people working outside the borough to commute by bicycle or pedelec. The average distance for commuters from Brent is 11km (approx. 30 min by pedelec), so potentially a share of these trips in the future could be covered through pedelecs if the appropriate infrastructure is in place. A further point of exploration might be the use of cycling and walking to get to and from transit stops and hence allow for a more active 'last-mile transportation'.

It would also be helpful to look at the potential in multi-borough partnership as Londoners move between boroughs for school, work, leisure and healthcare. This makes multi-borough working key to planning and delivering health and care services and to effective health promotion and prevention⁶⁰¹. Using its power, knowledge and resources, the council can create integrated approaches to societal issues which will likely have a positive impact.

⁶⁰¹ Better Health for London: One Year On

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