

Healthwatch Brent Response to JSNA Brent 2016 - 2020

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Healthwatch Brent welcomes the opportunity to comment on this draft. Healthwatch Brent believes joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs) have the potential to significantly improve the coordination and provision of services for local residents. JSNAs and JHWSs can furthermore be invaluable tools for engaging communities in the development of prevention and early intervention services, a key component of the NHS Five Year Forward View to address the wider health inequalities. Healthwatch Brent also welcomes the broader depth of the information collated in this draft, covering a diverse range of health and social issues, including wider social detriments of health. We are confident that the information provided in will provide greater focus on local issues pertinent to the Health and Wellbeing Boards further supporting integration and collaboration between service providers and communities. We believe that combining this evidence with the views gathered from health and social care users resident in Brent will provide a richer insight into both the needs and potential responses both commissioners and providers can develop together.

KEY ISSUES

Healthwatch Brent has identified the following as key issues in Brent:

- Population transience
- Ethnic mix of the population
- Lifestyle choices
- Poverty
- Social Isolation

This information will be used to inform the Healthwatch Brent work plan.

We believe migration will remain as a recurrent driver of public health focus in Brent, due to the higher influx of migrants in Brent many of whom will have existing health conditions and experience social barriers to achieving wellbeing.

Brent population

Nearly 70% of the Brent population is between the age 16-64 years old, and more than 90% of Brent pupils are from ethnic minority groups. This offers Brent a thriving force of working age adults that is more likely to bring about economic prosperity if given the right opportunity. Given the ethnical mix of Brent, this also highlights the specific needs ethnic minority communities are likely to have. It also raises challenges of being able to capture the health and social care user voice using traditional engagement methods so we would need to develop a more bespoke approach to meet the needs of local residents.

The majority residents in Brent are from Black, Asian and Minority Ethnic (BAME) which could impact on their access to mental health issues which remains a concern in Brent; similarly nearly 25% of children live in poverty and therefore may face a greater risk of experiencing poor mental health.

Social integration

- Asylum seekers claiming support has reduced from 5,517 to 422. This will inform our communications and engagement programme.

- **Ethnicity:** Over 50% of Brent residents define themselves as Indian and Other Asian (31%), and Black and Other Black (21%) - which needs to influence our engagement programme.
- **Language:** 20% of households do not speak English as their main language. Capturing the views of these households has to be done using a range of interactive methods which do not rely on English literacy. Many of these households mostly come from India, Pakistan, Somalia and Arabic-speaking backgrounds.
- **Radicalisation:** Brent is a priority area for the Government Prevent Strategy, where “...it has been argued in particular that some second or third generation Muslims in Europe, facing apparent or real discrimination and socio-economic disadvantage, can find in terrorism a ‘value system’”. There is national concern that migrant and ethnic minority children could be at risk of radicalisation - research has shown that people who feel most emotionally detached from their local communities are at a greater risk of being radicalised. Could an opportunity be created for Healthwatch Brent to engage with some of these people and make them feel an integral part of mainstream society?
- **Isolation:** 8,808 older people live on their own of whom 60% are deemed to be at risk of social isolation - how can voluntary and social care services work together to support this community before they become known to health services?

Physical health

- **Second highest rate of TB in Brent after Newham** - however levels of active TB are declining. The reasons of the high rates can be partly explained by the large number of Brent residents who may have latent TB because of their countries of birth and may have become active for a number of complex reasons which are well established in public health journals.
- **Diabetes:** there are 23, 079 cases of Type 2 registered on GP lists. A significant proportion of these cases are amongst Brent’s Asian communities who would benefit from regular health promotion and public awareness programmes to reinforce the understanding of the links between diet, nutrition and exercise.
- **Obesity:** 23% of year 6 children are obese or overweight. Adult physical activity - 48% are inactive and at risk of obesity and other health conditions. Overall fruit and vegetables intake is lower than desirable - 53% do not meet recommended intake - what are the long term implications of such behaviour?
- **Oral health:** tooth decay among children is the leading cause for hospital admission for under 5s. Some of this is due to lack of fluoride treatment of tap water and poor diet but more worryingly is an indicator of household poverty.
- **Hypertension:** and other cardiovascular diseases are a leading cause for premature death and a mortality rate, at 27%. Enabling residents to self-manage their systems would support the commitment to promote independence and demand management.
- **Respiratory diseases:** Asthma and other respiratory diseases are a leading cause for hospital admission and a mortality rate, with a large group of people are estimated to be undiagnosed - it would be good to understand if there are socio-economic conditions which could help to

- Promote understanding and whether is a role to be played by the local voluntary sector in symptom management and awareness.
- Alcohol use: Kilburn and Alperton have higher hospital admission related to alcohol use.

Sexual health

- Due to cultural and religious reasons, Men who have Sex with Men (MSM), among the migrant population are less likely to identify as LGBT, and therefore potentially more likely to be at risk of Sexually Transmitted Infections (STIs). Mosaic - Brent's LGBT young people's organisation are a member of Healthwatch Brent's Advisory Board and are well placed to offer advice on how to support this community.
- 1,634 adults are diagnosed with STIs, a significantly higher rate than London and England average. The current funding formulae have meant that resourcing for STIs may be used in other boroughs rather than Brent and it would be useful to interrogate this data by working with public health.
- Nearly 38% of adults had a late HIV diagnosis - CHAT a local organisation supporting this group are a member of Healthwatch Brent's Advisory Board and could help to further work with this community.

Mental health

Adults

- Male migrant adults tend to experience post-traumatic disorder. For cultural reasons, men are more likely *not* to seek professional help as it is perceived as a sign of 'weakness'. There is much work to destigmatise mental health and information and this serves as a further reminder of the range of work that needs to be undertaken.
- There are 4,000 residents who identify as LGBT, which could be an underestimate of the actual LGBT population in Brent. Ethnic minority or migrant LGBT may experience cumulative prejudice from their own communities.

Children

- Cyber-bullying: there is an increasing concern nationally about cyber-bullying. There is no local research in this area and could be something to develop particularly given Brent's high level of gang activity.
- FGM: more than 2000 girls are at risk of FGM. Usually, female senior figures in the family are the family members who impose and expect this practice.

Conclusion

Healthwatch Brent believes the data provided within the JSNA refresh provides ample evidence to identify solutions which focus on prevention to reduce the escalation of clinical conditions and to promote the creation of statutory and community partnerships.

Healthwatch Brent would like to work with the Health and Wellbeing Board and primary and acute providers to gather the views of local residents, patients and service users and present this as part of a growing body of evidence to inform commissioning decisions and support the reconfiguring of public service to further improve health and social care services and to increase community resilience.