6 Lifestyle

6.1 Key Facts

- In Barnet, there were 117 cases (31 male and 86 female) of hospital admissions with a primary diagnosis of obesity in 2013/14. This equated to a rate of 32 / 100,000 persons (rate: males = 17, females = 46), which was higher than the average rates for the London region and England.
- Barnet has 55.1% physically active adults, similar to the average rate in the London region (56.2%) and nationally (56%). Similarly, the Barnet rate of physically inactive adults (26.1%) is similar to the London region and national average rates.
- The percentage of residents who abstain from drinking alcohol in Barnet (22.05%) is similar to the average in the London region (22.37%) but higher than the national rate (16.53%). In terms of the number of alcohol abstainers, Barnet ranks 22nd highest among 326 local authorities in England.
- According to the most recent estimates (2011/2012), Barnet has 1,492 opiate and/or crack users (OCU), 1156 opiate users, 857 crack cocaine users and 215 injecting drug users aged 15-64 years.

6.2 Strategic Needs

- Barnet has a relatively low level of smoking prevalence compared with other areas, however **Smoking cessation programmes in Barnet are significantly less effective than in England on average**, indicating that the current £8m cost the NHS of smoking in Barnet could be reduced.
- The wards with the highest prevalence of smoking in Barnet are Hendon, Mill Hill and Underhill.
- **Barnet has a higher rate of underweight adults and children** than London or England.
- **The wards with the highest rates of child obesity are Colindale, Burnt Oak and Underhill.** These are also the wards with amongst the lowest levels of participation in sport, the lowest levels of park use, and the lowest rate of volunteering.
- The rates for alcohol related mortality and hospital admissions in males are rising in Barnet.
- **The wards with the highest rates of admission to hospital with alcohol-related conditions are Burnt Oak, West Hendon and Colindale.**
- **Treatment for alcohol dependency in Barnet is less effective than in the rest of the country.** Specifically, completion rates for treatment for alcohol dependency are below the national average, and the rate of re-presentations after treatment are higher.
- The number of MARAC **cases of domestic abuse associated with drug and alcohol use in Barnet nearly doubled between 2011 and 2013**.
- **For non-opiate drug users successful completion rates are lower than in England**, and the proportion of those who successfully complete a programme and do not re-present for treatment within 6 months has decreased below the baseline and is also lower than the average for England.
- **The rate of GP prescribed long acting reversible contraceptives in Barnet is lower than the average rates for the London region and England**.

- The evidence-based public health interventions with the highest "return on investment" according to the respected Kings Fund are: **housing interventions** (e.g. warm homes), **school programmes** (e.g. to reduce child obesity and smoking), **education to reduce teenage pregnancy** and **good parenting classes**.

6.3 Tobacco and Smoking

Tobacco and smoking are risk factors for a number of chronic health conditions such as cardiovascular disease (CVD), cancer, asthma and chronic obstructive pulmonary disease (COPD). Tobacco use kills over 80,000 people per year in England making it the single greatest cause of preventable death in the country.[90] The tobacco and smoking picture in Barnet is given below.

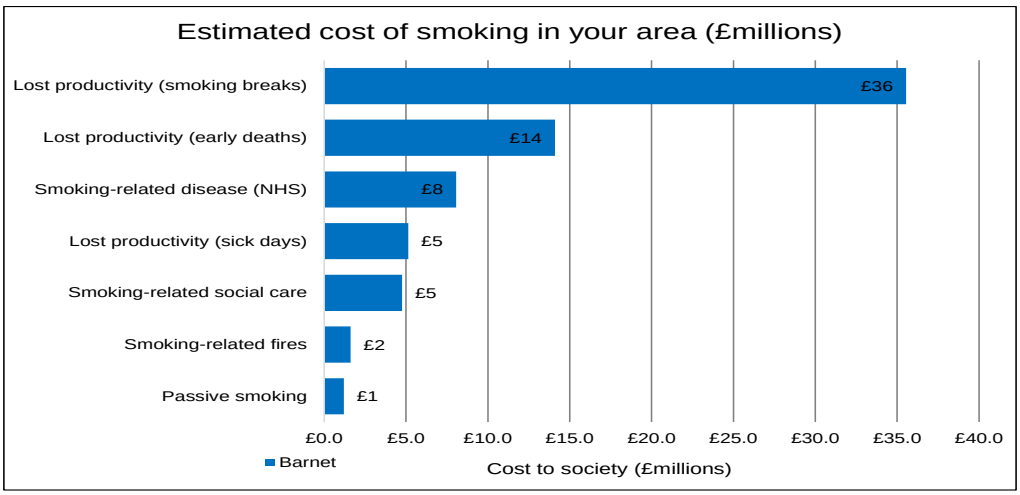
6.3.1 Smoking in Adults

Smoking indicators for Barnet are shown in Figure 6-2. Smoking prevalence in adults over 18 years in Barnet is 15% and is lower than the national average (18.4%). Modelled estimates of smoking prevalence in pregnant women and young people aged 15 years are 4.4% and 5.5% respectively.[91] Barnet has lower death rate due to smoking (205 per 100,000) than the average rate for England (289 per 100,000).

Estimated prevalence of synthetic smoking in adults (18 years and above) in Barnet is the highest in Burnt Oak (16.9%), Colindale (16.5%) and West Hendon (16%) wards while the lowest in Garden Suburb (13.5%), Totteridge (14.1%) and Finchley Church End (14.2%) wards.

Smoking is a leading risk factor for COPD while passive smoking triggers asthma[92, 93.] According to an estimate smoking related illnesses in Barnet costs about £8m annually to the local NHS (Figure 6-1).[94] Smoking cessation interventions could help in reducing the burden of COPD and other medical conditions associated with smoking.[95]

Figure 6-1: Estimated cost of smoking in Barnet Local Authority



Source: Action on Smoking and Health (ASH). Local cost of smoking (May 2015)

[90] National Institute for Health and Care Excellence (NICE) (2015) Tobacco. NICE advice [LGB24]. Published date: January 2015.
[91] http://www.tobaccoprofiles.info/profile/tobacco-control/data
[92] Deborah et al. (2004) Genetics of Asthma and COPD. Similar results for different phenotypes. *Chest,* 126 (2): 105S-110S.
[93] Hardin et al. (2011) The clinical features of the overlap between COPD and asthma. *Respiratory Research*, 12(1): 127.
[94] http://www.cancerresearchuk.org/cancer-info/cancerstats/local-cancer-statistics/
[95] Hillas, et al. (2015) Managing comorbidities in COPD. *Int. J. Chron. Obstruct. Pulmon. Dis.* 10: 95–109.

The Barnet public health team commissions smoking cessation programmes in the Borough through NHS GPs. The smoking cessation support and treatment offered rate in Barnet is 96% and this is higher than the average national rate (93.1%).[96]However, Barnet smoking cessation statistics (2013/14) regarding successful quitters at 4 weeks (total count = 916; rate = 2,269 / 100,000 smokers), successful quitters (CO validated) at 4 weeks (total count = 633, rate = 1,568 / 100,000 smokers), and completeness of NS-SEC recording by Stop Smoking Services (total count = 1,430; rate = i.e. 65.1%) are worse compared to the average rates for England (Figure 6-2). However, other smoking related indicators for Barnet are better than in England (Figure 6-2).

Figure 6-2: Barnet smoking indicators

		Period	Local value	Eng. value	Eng. worst	England Range	Eng. best
1	Smoking Prevalence (IHS)	2013	15.0	18.4	29.4		10.5
2	Smoking prevalence - routine & manual	2013	28.1	28.6	47.5		16.5
3	Successful quitters at 4 weeks	2013/14	2269	3524	1251		8946
4	Successful quitters (CO validated) at 4 weeks	2013/14	1568	2472	525		6950
5	Completeness of NS-SEC recording by Stop Smoking Services	2013/14	65.1	86.2	25.2		100
6	Smoking status at time of delivery	2013/14	4.4	12.0	27.5		1.9
7	Low birth weight of term babies	2012	2.9	2.8	5.0		1.5
10	Lung cancer registrations	2009 - 11	59.0	75.5	144.2		42.1
11	Oral cancer registrations	2009 - 11	13.2	12.8	21.1		6.7
12	Deaths from lung cancer	2011 - 13	45.6	60.2	111.6		32.3
13	Deaths from chronic obstructive pulmonary disease	2011 - 13	33.7	51.5	101.0		26.8
14	Smoking attributable mortality	2011 - 13	204.9	288.7	471.6		186.6
15	Smoking attributable deaths from heart disease	2011 - 13	22.2	32.7	65.5		20.6
16	Smoking attributable deaths from stroke	2011 - 13	8.0	11.0	21.5		7.2
17	Smoking attributable hospital admissions	2012/13	1280	1688	2884		906
18	Cost per capita of smoking attributable hospital admissions	2010/11	32.4	36.9	61.7		15.6

Compared with benchmark: Better Similar Worse

Source: HSCIC (2014). Quality and Outcomes Framework (QOF) - 2013-14.

6.3.2 Smoking in Children

An estimated prevalence of smoking (regular and occasional) in children aged up to 17 years in Barnet is similar to England (Figure 6-3).

[96] HSCIC (2014). Quality and Outcomes Framework (QOF) - 2013-14. Dated: 28 October 2014.

Figure 6-3: Barnet smoking prevalence estimates in children (aged 17 years or less)

		Period	Local value	Eng. value	Eng. worst	England Range	Eng. best
22	Smoking prevalence estimates – regular smokers aged 11-15 years	2009 - 12	2.0	3.1	4.7		1.1
23	Smoking prevalence estimates – regular smokers aged 15 years	2009 - 12	5.5	8.7	12.7		3.2
24	Smoking prevalence estimates – regular smokers aged 16-17 years	2009 - 12	9.7	14.7	20.7		5.7
25	Smoking prevalence estimates – occasional smokers aged 11-15 years	2009 - 12	1.1	1.4	2.0		0.5
26	Smoking prevalence estimates – occasional smokers aged 15 years	2009 - 12	3.1	3.9	5.3		1.4
27	Smoking prevalence estimates – occasional smokers aged 16-17 years	2009 - 12	4.6	5.8	7.8		2.2

Compared with benchmark: Better Similar Worse

Source: HSCIC (2014). Quality and Outcomes Framework (QOF) - 2013-14.

Modelled estimates of smokers under 18 years of age by wards in Barnet (2009-12) are shown in Table 6-1. The percentage of smokers' increases in each ward as the age of smoker increases. Hendon, Under Hill and Mill Hill are the top three wards having the highest percentage of smokers in all three age categories included in Table 6-1 while the Colindale ward has the lowest percentage of smokers in all categories of smokers aged 11 years to 17 years. Therefore protecting Barnet children and young people from tobacco smoke, especially in Hendon, Under Hill and Mill Hill wards, is imperative.[90]

Table 6-1: Modelled prevalence of regular smoking in children and young people (less than 18 years)

Top three Barnet Wards		
Smoker's age	Wards with the highest % of smokers	Wards with the Lowest % of smokers
11-15 years	Underhill (5.6%), Hendon (5.5%) and Mill Hill (5.4%)	Colindale (1.1%), Childs Hill (1.2%) and Finchley Church End (1.4%)
15 years	Hendon (14.2%), Underhill (12.4%), and Mill Hill (11.3%)	Colindale (4.2%), West Hendon (4.3%) and Brunswick Park (4.4%)
16-17 years	Hendon (22.6%), Underhill (20.1%), and Mill Hill (18.7%)	Colindale (7.8%), West Hendon (7.9%) and Brunswick Park (8.1%)

Source: Public Health England. Local Health

6.3.3 Local Tobacco and Smoking Needs

Local needs for tackling tobacco use and smoking include protecting children from tobacco use and smoking and stop smoking services targeting of poorer smokers and women smokers, especially those who use smokeless tobacco and chew *paan*.

6.4 Obesity

Obesity is a nationwide issue in the UK and the rates of obesity are rising in the country. The prevalence of obesity in some London Boroughs is already high and the rates are rising in the London region.

6.4.1 Obesity in Adults

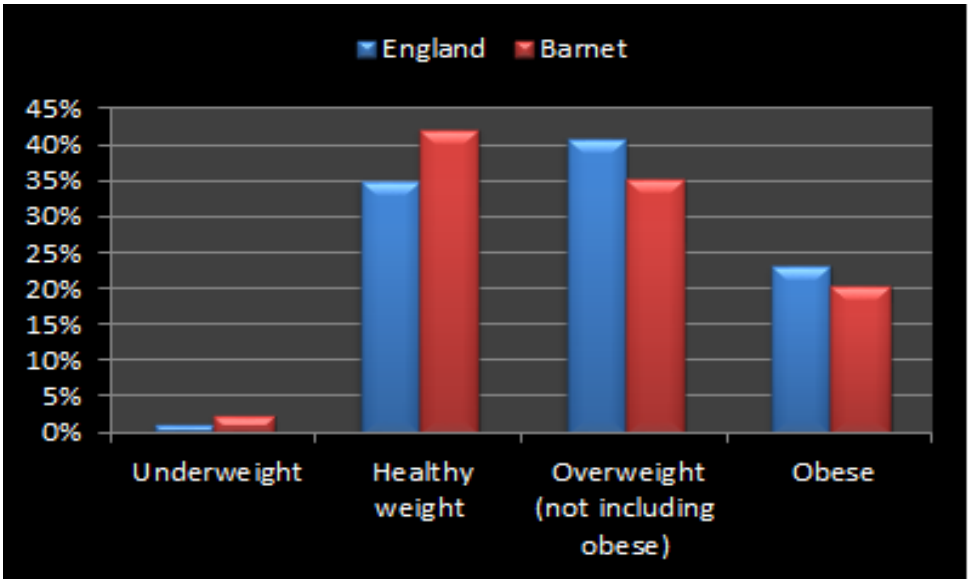
Barnet has a high percentage of the adult population with a healthy weight (42.1%) and a low percentage with excess weight (55.7%) (combined overweight (35.2%) plus obese (20.5%))

compared to the average adult weights nationally (Figure 6-4); however, Barnet has a high percentage of underweight adults (2.3%) compared to the national level (1.2%).

Public Health England's modelled estimate of adult obesity in Barnet shows that the three wards with the highest percentage of adult obesity include Burnt Oak (23.7%), Colindale (22.1%) and Underhill (21.6%) wards while the three wards having the lowest percentage of adult obesity include Garden Suburb (12.8%), Finchley Church End (14.7%) and West Finchley (14.8%) wards in Barnet.

In Barnet, there were 117 cases (31 male and 86 female) of hospital admissions with a primary diagnosis of obesity in 2013/14. This equated to the rate of hospital admissions with primary obesity in Barnet at 32 / 100,000 persons (rate: males = 17, females = 46), which was higher than the average rates for the London region (rates: all persons =25, males = 13, females = 37) and England (rates: all persons = 17, males = 10 and females = 25).[97] In addition, the rates (per 100,000 population) of finished consultant episodes in an inpatient setting with a primary diagnosis of obesity and a main or secondary procedure of 'Bariatric surgery' in Barnet (all persons =25, males = 12 and females =37) were higher than the average rates for the London region (rates: all persons =19, males = 9 and females =28) and nationally (rates: all persons =12, males = 6 and females =18).[97]

Figure 6-4: Prevalence of underweight, healthy weight, overweight, obesity, and excess weight among adults in Barnet (2012)



Source: Public Health England Adults: identifying and accessing local area obesity data

6.4.1.1 Adult Obesity Needs

Although overall obesity in the adult population in Barnet is lower than the national level, the high rates of hospital admissions due to obesity in Barnet suggest a need for reducing adult obesity through targeted interventions. These include promotion of healthy lifestyles, physical activity and eating healthy diets as well as meeting the health and care needs of obese adults to avoid hospital emergency admissions.

[97] HSCIC (2015) Statistics on Obesity, Physical Activity and Diet - England 2015 [Publication date: March 03, 2015)

6.4.2 Obesity in Children

In Barnet, obesity in children is low compared to the average rates in the London region and nationally. Barnet children's weight profiles based on the latest NCMP data are given below.

6.4.2.1 Reception-Year Children (aged 4-5 years)

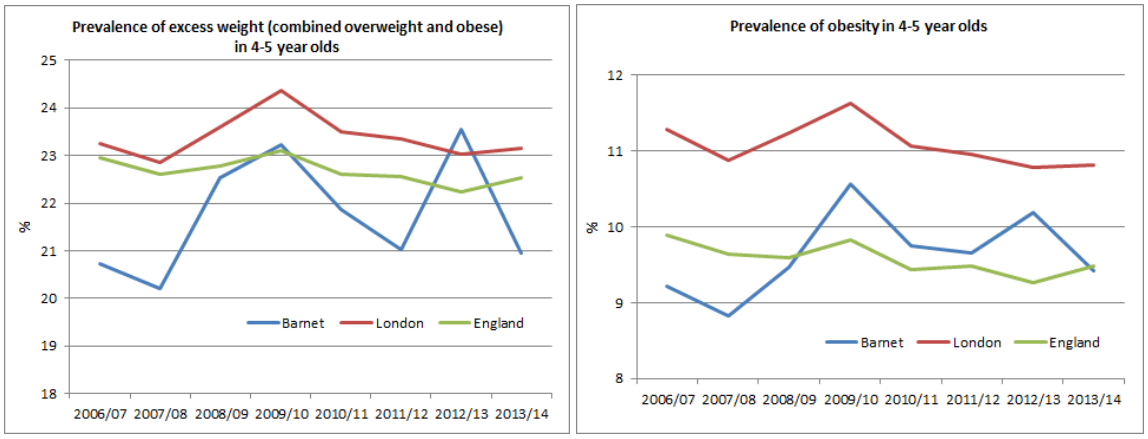
In reception year children (aged 4-5 years) the percentage of excess weight (overweight and obese) was 21% in 2013/14 in Barnet, which was lower than the average rates for the London region (23.1%) and England (22.5%) (Figure 6-5a). In Barnet, the proportion of excess weight children in this age group declined in 2013/14 compared to the previous five years. In addition, the proportion of obese children in 4-5 year olds in Barnet also declined below the average rates in the London region and nationally (Figure 6-5b). However, the proportion of underweight reception children (aged 4-5 years) in Barnet (1.37%) is higher than the average national rate (0.95%).

The prevalence of obesity in reception year children was the highest in Colindale (13.1%), Edgware (13.1%) and Burnt Oak (12.1%) wards while the lowest in Garden Suburb (5.6%), High Barnet (5.8%) and Finchley Church End (6.2%) wards in Barnet.

6.4.2.2 Reception Year Children's Needs

The data suggests improving diet intake in underweight reception year pupils in Barnet.

Figure 6-5a&b: Excess weight and obesity in 4-5 year old children



Source: Health and Social Care Information Centre, National Child Measurement Programme (NCMP)

6.4.2.3 Year 6 Children (aged 10-11 years)

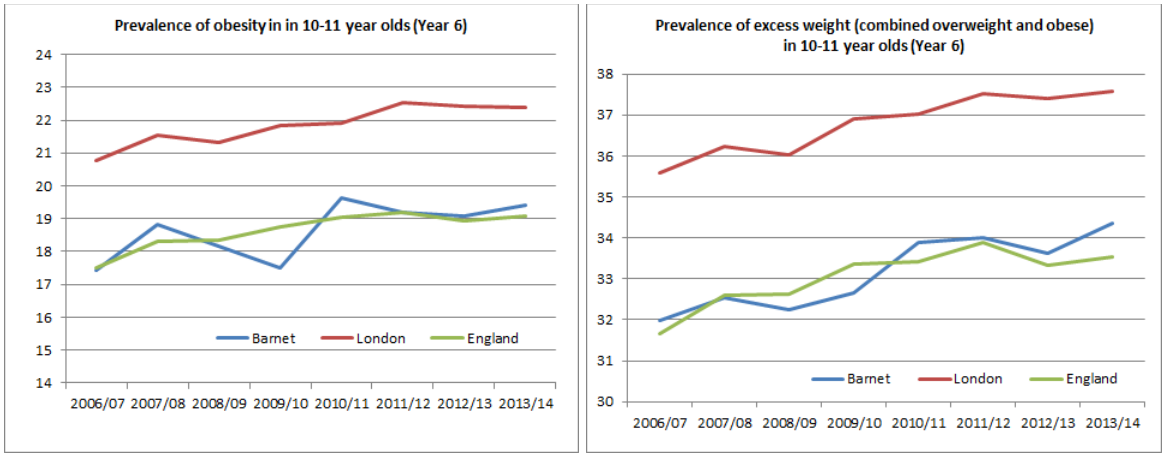
In Barnet, the obesity rate for Year 6 children (10-11 year olds) slightly increased to 19.41% in 2013/14 compared to 19.07% in 2012/13, which was similar to the national rate (19.09%) but lower than the London regional rate (22.39%) for 2013/14 (Figure 6-6a).

The proportion of excess weight in 10-11 years old children in Barnet has also increased to 34.4% in 2013/14 compared to 33.6% in 2012/13. The rate of excess weight in 10-11 year olds in Barnet is similar to the national rate but lower than the rate in the London region (37.59) for 2013/14 (Figure 6-6b).

The prevalence of obesity in Year 6 children was the highest in Colindale (25.1%), Burnt Oak (24.4%) and Hale (22.1%) wards while the lowest in Finchley Church End (13.2%), Garden Suburb (13.4%) and High Barnet (14.5%) wards in Barnet.

Overall, Colindale ward has the highest percentage of obese children in both the reception year and Year 6.

Figure 6-6 a&b: Prevalence of obesity and excess weight in children aged 10-11 years



Source: Health and Social Care Information Centre. National Child Measurement Programme

6.5 Physical Activity

The UK Chief Medical Officer has recommended physical activity at all ages and for adults has recommended at least 150 minutes of physical activity per week.[98] Based on this criterion, Barnet has 55.1% physically active adults, similar to the average rate in the London region (56.2%) and nationally (56%)[99]. Similarly, the Barnet rate of physically inactive adults (26.1%) is similar to the London region and national average rates.[99]

Barnet residents' participation in sports once a week (Table 6-2) shows that about four in every ten persons aged 14 and above are involved once a week in sports. Participation in sports by males is greater than for females; however, both male and female participation in sports has increased in 2013/14 compared to the previous year. Young persons aged 14-25 years have increased participation in sports as shown in the latest annual physical survey (APA8) compared to the previous survey (APS7). However, children's participation in sports has slightly declined in the 2013/14 survey (APS8) in contrast to the APS7 conducted in 2012/13. Overall, the involvement in sports by people in social grades 1-4 is similar in both surveys. Overall, participation in sports is higher in white British residents than those of black and minority ethnic (BME) origin residents in Barnet. However, the percentage of participation in sports has recently decreased in white British residents but increased in the BME residents of Barnet (Table 6-2).

[98] Chief Medical Officer (2004). At least five a week: Evidence on the impact of physical activity and its relationship to health. London: Department of Health.
[99] Public Health England. Health Improvement in Public Health Outcome Framework

Table 6-2: Sports participation - At least once a week in Barnet population (aged 14+)

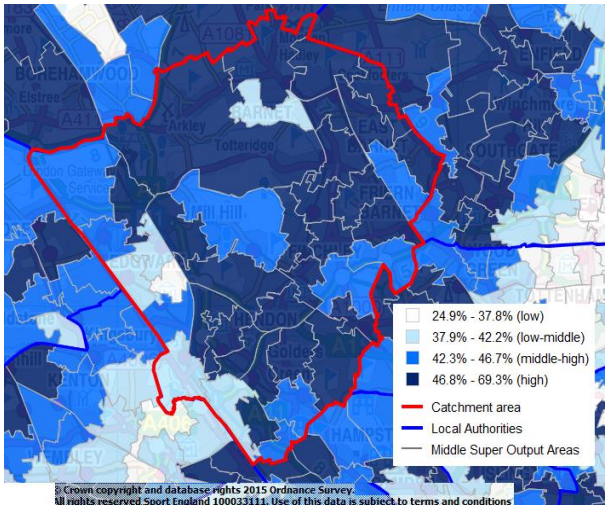
		2012/13 (APS7)	2013/14 (APS8)
Adult Population	Whole population (14+)	40.2%	41.5%
Gender	Male	44.9%	48.3%
	Female	35.9%	35.1%
Age Range	14 - 25	52.2%	61.1%
	26 - 34	*	*
	35 - 44	41.9%	*
	45 - 54	38.1%	39.2%
	55 - 64	*	*
	65 and over	*	*
Children		47.8%	44.4%
Social grade	NS SEC 1-4	42.5%	42.6%
	NS SEC 5-8	*	*
Ethnicity	White British	47.8%	45.0%
	Black and Minority Ethnic Groups	42.2%	44.4%

* Data unavailable, question not asked or insufficient sample size

Source: Sport England. Active People Interactive (Active People Survey analysis tool)

In addition, the latest physical activity survey (APS8) has revealed that 68% of Barnet 16+ population would like to do more sports (also known as overall latent sport demand), which includes 42.3% of those currently active and 25.7% of currently inactive. Moreover, the same level of sport activity has declined in females compared to males during 2013/14 in comparison to the previous year. This might suggest a need for increasing participation of females in sports in Barnet. In addition, there are inequalities in participation in sports between different localities in the London Borough of Barnet. Data from Sport England's Active People Survey 6 (October 2011 - October 2012) shows that once a week sports participation at the MOSA level in Barnet was the highest in MOSA E02000043 (53.8%), MOSA E02000039 (54.3%) and MOSA E02000046 (54.4%) while the lowest in MSOA E02000049 (36.5%), MSOA E02000047 (38.7%) - both in Burnt Oak ward, and MSOA E02000027 (40.9%) in Under Hill ward (Figure 6-7)[100].

Figure 6-7: Modelled once a week sports participation estimates for Barnet - MSOA level (Data from APS6 – 2011/2012)[100]



The CMO recommendation for physical activity in children stresses upon promotion of physical activity at an early age and creation of more opportunities for children and young people to be physically active. The local children centres offer a range of services for babies, children and young people. The London Borough of Barnet supports several interventions and programmes aimed at promotion of physical activity not only for young children and adolescents but also for adults and older people as reported in the Harrow & Barnet on the Move annual report by

[100] Sport England. Small Area Estimates web tool

the Joint Director of Public Health (DPH) at Barnet and Harrow Borough Councils.[101]

In addition, 'Keeping Well, Keeping Independent' – the Barnet Health and Wellbeing Strategy 2012-2015 recognises the need for creating a supportive environment to increase physical activity aimed at the prevention agenda; partnership working is key to identifying and addressing the factors underpinning health inequalities across Barnet communities.

6.5.1 Physical Activity Needs

The DPH's annual report Harrow & Barnet on the Move suggests a range of interventions for fulfilling the physical activity needs of local residents. For example the following activities are suggested by the council and healthcare providers:

- Creating safe, age-friendly neighbourhoods and communities
- Ensuring there are convenient and attractive walking and cycling opportunities and access to the natural environment
- Identifying physically inactive older people and encouraging them to take exercise – offering referrals to free programmes if appropriate
- Focusing on ability rather than limitations

6.6 Alcohol

The percentage of residents who abstain from drinking alcohol in Barnet (22.05%) is similar to the average in the London region (22.37%) but higher than the national rate (16.53%). In terms of the number of alcohol abstainers, Barnet ranks 22nd highest among 326 local authorities in England.

Among drinking Barnet residents, 6.8% are classified as 'higher risk' drinkers (over 50 units of alcohol per week for men and over 35 units per week for women), which is similar to the averages for the London region (6.9%) and England (6.75%). Thus, for the higher risk drinker population, Barnet ranks 20th lowest among all English local authorities (n=326). Estimates show that 18.87% of Barnet adult residents are 'increasing risk' drinkers (22-50 units per week for men, and 15-35 units per week for women). These are lower than the average estimates for the London region (19.7%) and England (20%).

6.6.1 Binge Drinking

In terms of binge drinking, Barnet ranks 9th lowest among 326 total English local authorities. Estimated percentage of 'binge drinkers' (eight or more units of alcohol for men or six or more units of alcohol for women, on at least one day in the previous week) in Barnet (12%) is less than both the London region (14.3%) and national (20.1%) averages.

Public Health England's modelled estimates of binge drinking adults show that the percentage of binge drinkers by wards in Barnet is the highest in Garden Suburb (14.7%), High Barnet (14.4%) and East Barnet (14%) wards while the lowest in Colindale (8.4%), Burnt Oak (9.7%) and West Hendon (10.1%) wards.

[101] London Borough of Barnet (2014) Harrow & Barnet On The Move. The Annual Report of the Director of Public Health of the London Boroughs of Barnet and Harrow 2013-14

6.6.2 Alcohol Related PHOF Indicators

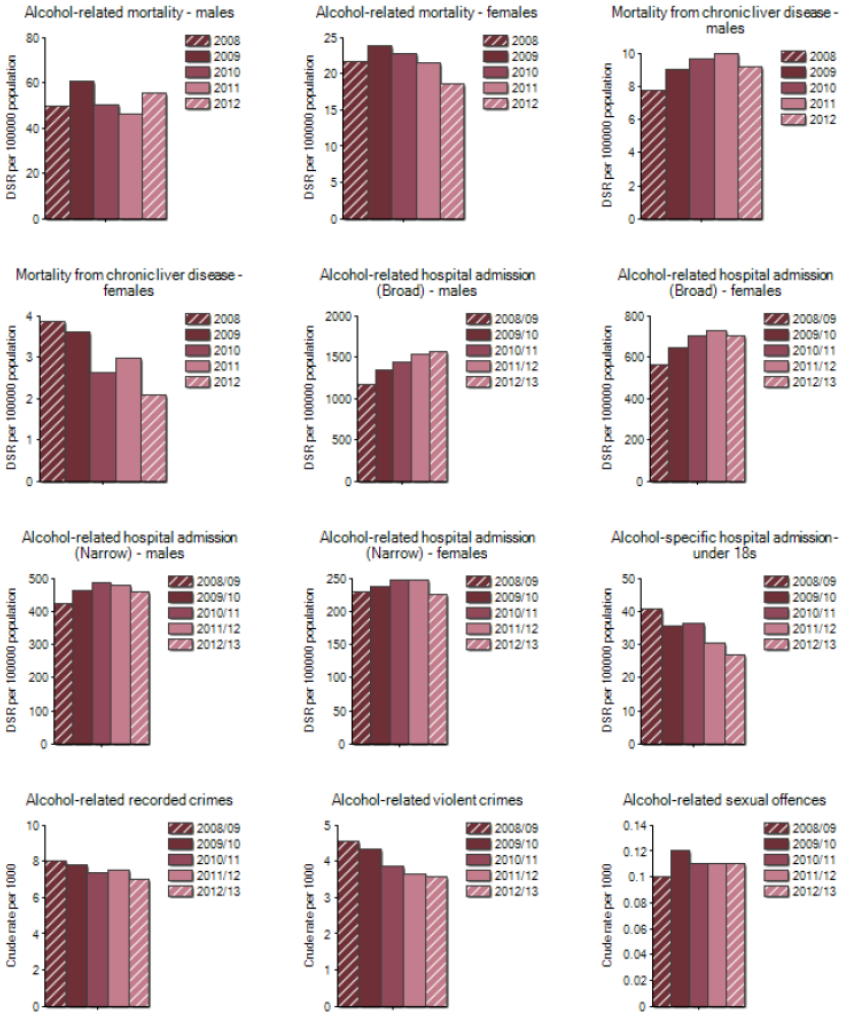
Barnet rates of alcohol related mortality, hospital admissions, crimes, and sexual offences as well as mortality from chronic liver disease are shown in Figure 6-8 below. Most of these rates in Barnet are coming down except the alcohol related mortality and hospital admissions in males, which are increasing and the rate of alcohol related sexual offences has not changed in the last three years.

The ward level standardised admission ratios (SAR) of hospital admissions for alcohol attributable conditions are the highest in Burnt Oak (122.9), Colindale (105.9) and Underhill (102.8) wards while the lowest in Garden Suburb (50.9), Finchley Church End (66.1) and Childs Hill (74.7) wards in Barnet.

6.6.3 Alcohol Dependence

The Adult Psychiatric Morbidity Survey (APMS) 2007[102] revealed that 5.9% of Barnet adults may have some form of alcohol dependence, which is higher in men (8.7%) compared to women (3.3%) and white men and women (9.6% and 3.7% respectively) are more likely to be dependent. The number of people in treatment for alcohol dependence has risen by 53% in the last five years. The level of successful completions for alcohol treatment (28.1%) is below the national average (37.5%) for 2013/14. The level of re-presentations for treatment within 6 months is higher.

Figure 6-8: Barnet alcohol related rates by gender (2008-2012)



Source: Public Health England. Barnet local alcohol profile. LAPE - Local Alcohol Profiles for England

[102] http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf

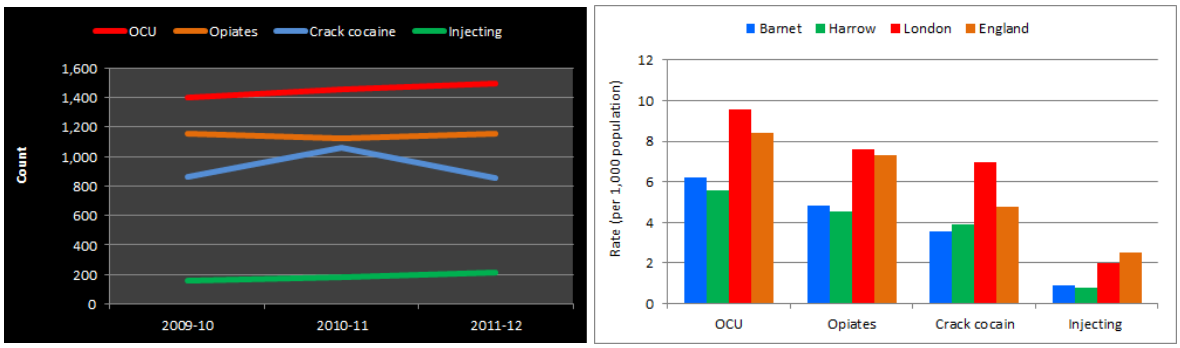
6.7 Drugs and Substance Misuse

6.7.1 Prevalence of Drug Misuse

According to the most recent estimates (2011/2012), Barnet has 1,492 opiate and/or crack users (OCU), 1156 opiate users, 857 crack cocaine users and 215 injecting drug users aged 15-64 years. Barnet rates of OCU and opiates prevalence by age (per 1,000 population) are highest in persons aged 35-64 years (OCU = 6.88, opiates = 5.47) followed by those aged 15-24 years (OCU = 5.73, opiates = 4.04) and persons aged 24-34 years (OCU = 5.16, opiates = 3.99).

In Barnet, total number of users of OCU, opiates, and drug injecting has increased but crack cocaine users number has decreased recently (Figure 6-9a). However, the estimated rates (per 1,000 population) of OCU, opiates, crack cocaine and injecting drug users in Barnet are lower than London regional and national rates (Figure 6-9a). Nevertheless, the total number of OCU, opiates, crack cocaine and injecting drug users are higher in Barnet compared to Harrow, which is a similar and neighbouring local authority (Figure 6-9b). The rates of substance misusers in the two Boroughs are however not very different.

Figure 6-9a&b: Estimated rates of OCU, opiates, crack cocaine and injecting drug users



Source: Public Health England. Drugs and Alcohol. Prevalence estimates by Local authority

6.7.2 Drug Related Deaths in Barnet

The number of drug-related deaths per year in those aged 16 and over whose usual residence was Barnet is very low i.e. one case in 2012 and two cases in 2011. Deaths in treatment National Drug Treatment Monitoring System (NDTMS), whilst not necessarily drug-related, are reported as an unsuccessful treatment exit reason. The numbers for each year in Barnet treatment providers are shown in Table 6-3 below.

In 2013 details of five deaths in treatment were received by commissioners from treatment providers; however, three of these were alcohol related. There is a disparity between NDTMS and local reporting that needs further investigation and explanation. There is therefore a need for improving the local serious incident and drug/alcohol-related death reporting processes.

Table 6-3: Deaths in drug treatment – Barnet 2011/12-2013/14 (NDTMS)

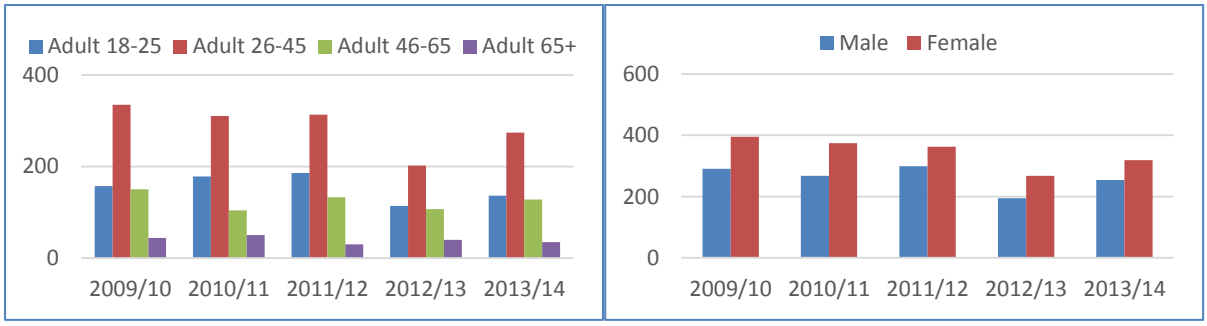
	2011/12	2012/13	2013/14
Number	2	8	7
Treatment provider	(2 BDAS)	(6 BDAS, 2 WDP)	(6 BDAS, 1 WDP)

BDAS= Barnet Drug and Alcohol Service; WDP = Westminster Drug Project

6.7.3 Drug Related Ambulance Data

Drug-related callouts for Barnet adults undertaken in 2013/14 were 573 compared to 463 callouts in the previous year. The number of callouts was highest in 26-45 year olds, followed by 18-25 year olds most years (Figure 6-10a). In adults, drug-related callouts by females was higher than males (Figure 6-10b). Drug-related ambulance callouts were the highest in Colindale ward followed by Burnt Oak ward while the lowest was in Brunswick Park ward.

Figure 6-10a&b: London Ambulance Service drug-related callouts by Barnet adults by age and gender



6.7.4 Drug Related Crime Data

Drug related crime in the Borough is shown in the panel below that provides a snapshot of drug related crime initially for possession and supply offences for a six month period in 2013 (Figure 6-11).

Figure 6-11: Drug related crime in Barnet

Drug supply and drug possession crimes

Data set:

- Jan – June 2013. (6 months data)
- All Barnet Crime allegations (including those no crimed or resulting in crime related incidents), that are classed as 'Drug Trafficking' or 'Drug Possession' .
- 'Drug Trafficking' refers to drug supply related allegations

Headline figures:

Volume in 6 month period between Jan – June 2013

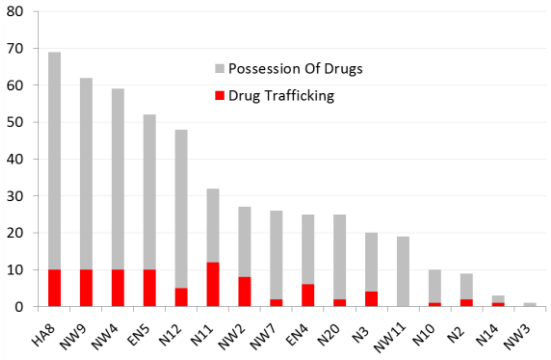
Drug Trafficking (i.e. supply related crime allegations:

83

Drug possession allegations:

72

Breakdown by location:



Drug related crime allegations

Data set:

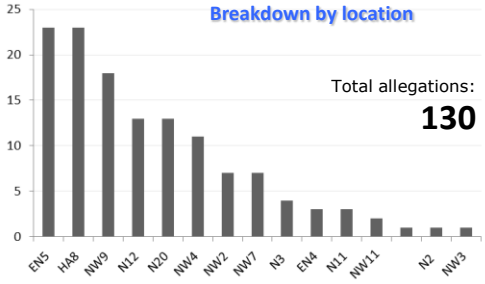
Jan – Dec 2013 (12 months data) All Barnet Crime allegations , that are flagged as drug related (victim/suspect taking prior to or at the incident)

Drug related crimes

Break down of crimes in Barnet during 2013, with drug related flag present (victim or suspect taking drugs at or prior to the crime)

Crime type	*Volume*
Drugs Possession Of Drugs	64
Drugs Drug Trafficking	10
Violence Against the Person Assault with Injury	10
Other Accepted Crime Others - Other Accepted Crime	9
Other Notifiable Offences Other Notifiable	7
Violence Against the Person Common Assault	5
Sexual Offences Rape	4
Violence Against the Person Harassment	4
Violence Against the Person Serious Wounding	4
Theft and Handling Theft/Taking of M/V	3
Burglary Burglary in a Dwelling	2
Violence Against the Person Offensive Weapon	2
Other	6

Breakdown by location



Total allegations:

130

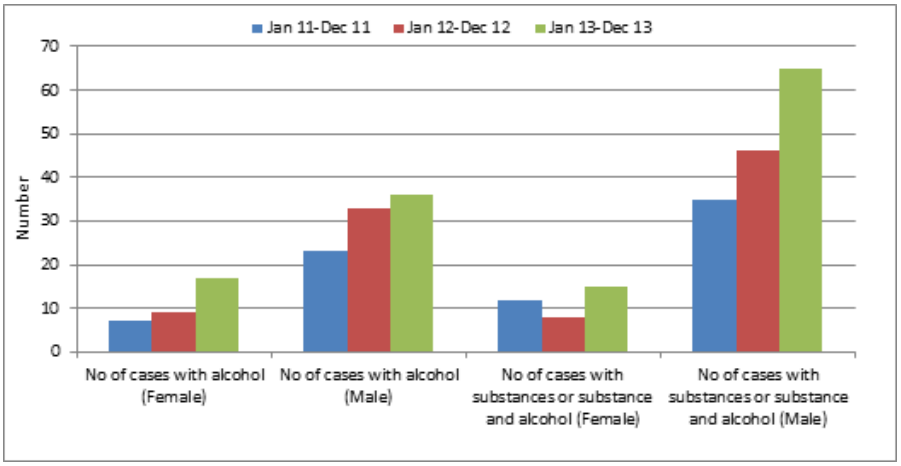
Also shown for all crime flagged as drug related during the whole year 2013. The postcodes HA8 (Edgware), NW9 (Colindale/West Hendon) and NW4 (Hendon) have the highest drug possession offences and N11 (New Southgate/Bounds Green) has the highest level of drug supply offences for the year.

Saturday is the peak day for crimes flagged where perpetrator or victim is thought to have taken drugs prior to the incident. The level of drug related crime increases from midday to a peak at midnight then drops again.

6.7.5 Drug or Alcohol Related Domestic Violence

The Multi-Agency Risk Assessment Conference (MARAC) data for Barnet shows that the total number of MARAC high risk domestic violence cases where drug or alcohol issues are present is also increasing year on year (Figure 6-12). The number of referrals to the MARAC from drug and alcohol treatment services remains very low (two referrals in 2011, three referrals in 2012 and one referral in 2013). This may indicate a need to ensure the treatment workforce is aware, trained and confident in identifying and responding to drug related domestic violence.

Figure 6-12: Barnet MARAC cases involving drugs or alcohol



6.7.6 Housing Support

A Floating Support Service (FSS) is provided to drug/alcohol using tenancy holders. The FSS provides help with budgeting, income maximisation and tenancy maintenance (Outreach Barnet). Data from Supporting People commissioners shows the number of drug and alcohol users supported by the floating support (Table 6-4).

Table 6-4: Floating support service – substance misuse needs and outcomes

	Substance misuse need identified	% of caseload with substance misuse need	positive outcome achieved	% of those with a substance misuse need who had a positive outcome
2011-12	92	7.76	51	55.44
2012-13	94	8.55	60	63.83
2013-14	96	7.26	61	63.54

Whilst substance misuse represents less than 2% of primary needs identified by Supporting People data at initial referral stage, subsequent assessment shows that up to 8.5% of the caseload have a substance misuse issue. Positive outcomes range between 55% and 64% in the years shown.

Homeless Action Barnet, also deliver support to homeless clients, many of whom have alcohol rather than drug issues. The service can help with breakfast/lunch, showers, laundry, clothing, escorts to appointments and referral to food banks. Public Health funds contribute £35,000 per year towards the service. HAGA (alcohol treatment service) provide satellite sessions (up to 3.5 days a week) and are starting up a SMART group in association with Westminster Drug Project (WDP), which has three shared houses that are supported by one worker. Some tenants have alcohol problems and engagement in treatment is a condition of their tenancy. Tenancies are short-term, six months to a year, pending suitable long term accommodation. However, good quality accommodation has become harder to find due to benefit changes.

6.7.7 Drug Treatment Completion Rates

The percentage of opiate drug users that left drug treatment successfully who do not represent to treatment within 6 months in Barnet (8.6%) was similar to the national (7.8%) and London regional (9.0%) averages for 2013. However, the proportion of non-opiate drug users that left drug treatment successfully who do not represent to treatment within six months in Barnet (20.4%) was lower than the London (37.2%) and national (37.7%) averages for 2013. For the same period, the Barnet rates of successful completion of drug treatment for both opiate and non-opiate users were lower than these rates in Harrow (11.5% for opiate users and 41.4% for non-opiate users), which is a neighbouring Borough.

The proportion of OCUs in treatment (estimated penetration rate) in 2013/14 in Barnet (44.3%) is lower than the estimated national penetration rate (52.3%).[103] The 'penetration rate' for OCUs in treatment needs to increase to optimise numbers into treatment.

There is a need to 'segment' the treatment population to ensure that those with more complex needs and longer treatment journeys are targeted with services that help build recovery capital. Furthermore there is a need to improve the effectiveness of treatment for non-opiate users, specifically cannabis and cocaine users which will require better psychosocial interventions and support to maintain treatment gains long term.

6.8 Sexual and Reproductive Health

6.8.1 Reproductive Health

6.8.1.1 Teenage Pregnancy

Teenage pregnancy related indicators i.e. the rates of conception in under 16 years and under 18 years and the abortion and birth rates in under 18 years in Barnet are lower than the regional London and national rates. However, percentage of conception to females aged less than 18 years leading to an abortion is higher in Barnet (76.2%) compared to London (64.2%) and England (51.1%). In Barnet, the top three wards with the highest percentage of delivery episodes where the mother was under 18 years of age include West Hendon (1.2%), Hale (1%) and Finchley Church End (1%) wards.

[103] DOMES report Q4 2013-2014

6.8.1.2 Abortions

The total number of legal abortions carried out in Barnet was 1,624 (95% CI: 1,546-1,705). The age standardised rate (ASR) of abortions was 19.9 per 1,000 female population aged 15-44 years. The ASR of abortions (in all ages) in Barnet is lower than the London regional rate (22.8) but higher than the national rate (16.6).[104] The crude rate of abortions in the 20-24 years age group was highest (34 per 1,000 women aged 20-24 years), which was lower than the London regional rate (38 per 1,000 women) but higher than the national rate (28.7 per 1,000 women). The crude rate of abortions in the under 18 years of age was 8 per 1,000 women (aged <18 years) which was lower than the average rates in the London region (14 per 1,000 women aged <18 years) and England (11.7 per 1,000 women aged <18 years). Of abortions, 84% were carried out at less than 10 weeks gestation. 60% of abortions were carried out using surgical methods while the remaining 40% of abortions were carried out using medical methods. The percentage of repeat abortions was 40% in women of all ages, 30% in women aged less than 25 years and 46% in women aged 25 years and above.

Higher percentages of repeat abortions and conceptions leading to abortions might suggest inequalities in regards to advice and access to services concerning contraception.

6.8.1.3 Contraception (provision of advice and services around contraception)

The rate of GP prescribed long acting reversible contraceptives (LARC) per 1,000 in Barnet (19.4) is lower than the average rates for London (25.1) and England (52.7). This suggests a need for increasing the rate of LARC prescription by GPs in Barnet.

6.8.1.4 Sexual Offences

In Barnet, 307 incidences of sexual offences were reported in 2013/14. The rate of sexual offences (per 1,000) in Barnet (0.84) is the fifth lowest across all London Boroughs and it is lower than the average rates for London region (1.22) and England (1.01).

6.8.1.5 Sexually Transmitted Infections (STI)

In Barnet, the diagnosis rates (per 100,000) for syphilis (6.0), gonorrhoea (60.2), genital warts (122.8) and genital herpes (64.0) are similar to average rates in England but lower than the average London rates.

In young people aged 14-24 years, Chlamydia detection rate (1,098 per 100,000) and Chlamydia screening proportion (16.0%) measured separately in genitourinary medicine (GUM) clinics and non-GUM settings, in Barnet are lower than the national rates (2016 /100,000 and 24.9% respectively). The low rates in Barnet suggest a need for increasing detection of and screening for Chlamydia in young people.

In addition, excluding Chlamydia in young people under 25 years, new cases of STI diagnosed (899 per 100,000 population aged 15-64 years) is higher than the average in England (832 /100,000) and the proportion of STI testing positivity (4.7%) in Barnet is lower than the national average. These STI statistics suggest a need to better understand the demography and epidemiology of STIs in Barnet.

6.8.1.6 Human Immunodeficiency Virus (HIV)

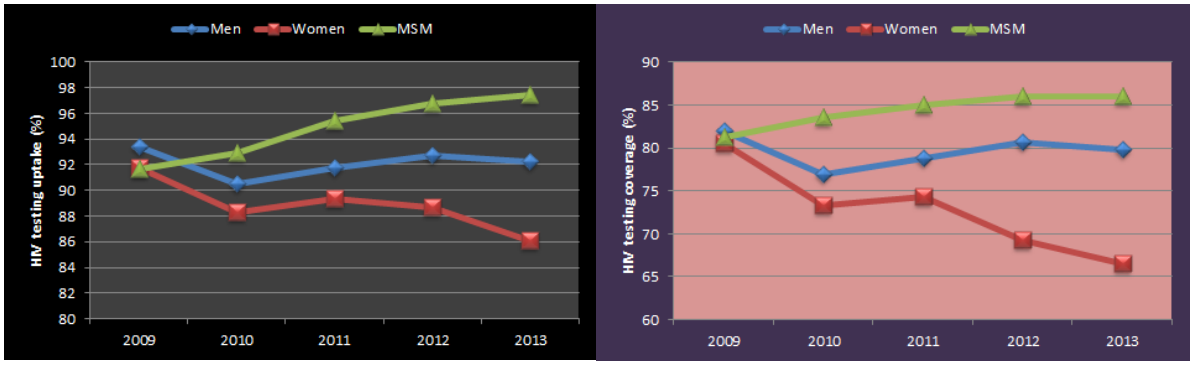
In Barnet, uptake of HIV testing in GUM clinics (86.0 in women, 92.2 in men and 97.4 in men who have sex with men (MSM)) are better than the uptake averages in England. However, within Barnet,

[104] Department of Health (2014) Abortion statistics, England and Wales: 2013. Dated: 12 June 2014.

HIV testing uptake by women is lower than the uptake by men and by those men who have sex with men (Figure 6-13a). Thus, there is a need to increase the uptake of HIV testing in Barnet women.

In addition, coverage of HIV testing in GUM clinics among Barnet women (66.5%), men (79.9%) and MSM (86%) are either better or similar to the average coverage levels for England. However, uptake of HIV testing in Barnet women needs to be increased because it is lower than the uptake by Barnet men and those men who have sex with men in Barnet (Figure 6-13b).

Figure 6-13: HIV testing uptake and coverage in Barnet



Source: Public Health England. Sexual and Reproductive Health Profiles. Public Health Outcomes Framework

The rate of diagnosed HIV prevalence (per 1,000 among persons aged 15-59 years) in Barnet (3.00) is higher than the rate in England (2.14) and the proportion of adults (aged 15 years and above) with newly diagnosed HIV in Barnet (51.5%) is worse compared to the average for the London region (40.5%) and England (45%). These statistics suggest a need for improving early diagnosis of HIV with targeted intervention to specific and hard to reach communities such as gays and lesbian people in Barnet.

6.9 Preventing Ill Health

The public health outcome framework shows that the majority of Barnet indicators are either better or similar to the national level; however, a few Barnet indicators are either worse or lower than the England average. These worse or lower indicators are mainly under the health protection and health improvement theme indicators (Appendix 1), which can be addressed through public health prevention and health improvement interventions.

6.9.1 Primary Prevention

Boyce et al (2010) suggested that primary prevention of ill health could include childhood immunisation against preventable infectious diseases. In Barnet, coverage (uptake) of various immunisations for children, young adults and elderly people is below the national level. It is therefore essential that the rates of immunisation coverage (uptake) are increased in Barnet to the level of average national rates.

For achieving the desired rates with regard to childhood immunisation, motivation of parents and training of GPs are some of the key issues that need to be addressed.[77] In addition, there is a need to target those with transport, language or communication difficulties, and those with physical or learning disabilities.[105] Moreover, appropriate information needs to be provided at the local

[105] National Institute for Health and Care Excellence (2009) Reducing differences in the uptake of immunisations. NICE Public Health guidance 21 London

communities levels, at their premises and in their languages because the language could be a major barrier and source of inequalities for certain types of people. For example, providing information and creating awareness about tuberculosis (TB) through active engagement of local ethnic communities in which TB is more common.

6.9.2 Secondary Prevention

Preventing ill health needs addressing the common causes of major diseases that lead to high rates of premature mortality. In Barnet, the top causes of premature mortality include coronary heart disease (CHD), stroke, breast and lung cancers, mental health and respiratory diseases (e.g. pneumonia and COPD), which are more prevalent in specific communities such as people of BME origin and those living in most deprived localities such as Burnt Oak and Colindale wards. There are health and lifestyle inequalities between different wards in Barnet (Table 6-5).

More importantly, the common causes of the above mentioned major killer diseases include smoking, poor diet, alcohol, obesity, physical inactivity, high blood pressure and air pollution, which are mostly lifestyle related health risk factors that could be modified by behavioural change and health promotion interventions such as smoking cessation, stop alcohol, healthy eating and physical and weight reduction activities.

However, the services covering these activities would require remodelling and adjustments so that they meet specific needs of the clients and are suitable and accessible to local people, irrespective of their physical (dis)abilities and social, demographic and ethnic background. For example, preventing smoking in people with serious mental illness, during pregnancy, and among young children and women of ethnic minority groups would require programmes that are tailored to the needs of the targeted clients.

Table 6-5: Health and Lifestyle indicators: ranking of Barnet wards

Indicator	Unit	Best ward	Worse ward
Life expectancy	Years	Garden Suburb (males =84.1, females =88.5)	Burnt Oak (males = 75.8, females = 81.6)
Stroke mortality	SMR	Finchley (47.9)	Childs Hill (117.7)
Emergency hospital admissions for stroke	SMR	Garden Suburb (78.9)	Burnt Oak (173)
Breast cancer incidence	SMR	Burnt Oak (77.5)	Mill Hill (118.2)
Colorectal cancer incidence	SMR	Hale (69.8)	Coppetts (122.8)
Lung cancer incidence	SMR	Garden Suburb (53.2)	Coppetts (117.3)
Prostate cancer incidence	SMR	Brunt Oak (72.6)	West Finchley (115.6)
All cancers Incidence	SMR	Garden suburb (86.2)	Underhill (103.3)
COPD hospital admissions	SAR	Garden suburb (28.3)	Burnt Oak (141.8)
Fertility rate (per 1,000 females aged 15-44)	CFR	Golders Green (82.9)	Brunswick Park (56.8)
Low birth weight babies(less than 2500 g)	Proportion (%)	Hendon (5.9%)	Finchley Church End (9.1%)
Drug-related ambulance callouts	Count	Brunswick Park	Colindale
Smoking in adults (estimated prevalence, 18 years and above)	Proportion (%)	Garden Suburb (13.5%)	Burnt Oak (16.9%)
Modelled prevalence of regular smoking in children age 11-15 years	Proportion (%)	Colindale (1.1%)	Underhill (5.6%)
Modelled prevalence of regular smoking in children age 15 years	Proportion (%)	Colindale (4.2%)	Hendon (14.2%)
Modelled prevalence of regular smoking in young people aged16-17 years	Proportion (%)	Colindale (7.8%)	Hendon (22.6%)
Obesity in adults (modelled estimates)	Proportion (%)	Garden Suburb (12.8%)	Burnt Oak (23.7%)
Obesity in reception year children (prevalence)	Proportion (%)	Garden Suburb (5.6%)	Colindale (13.1%)
Obesity in year six children (prevalence)	Proportion (%)	Finchley Church End (13.2%)	Colindale (25.1%)
Binge drinking in adults (modelled estimates)	Proportion (%)	Colindale (8.4%)	Garden Suburb (14.7%)
Hospital admissions for alcohol attributable conditions	SAR	Garden Suburb (50.9)	Burnt Oak (122.9)

The likely positive outcomes of reducing inequalities and preventing CHD, stroke, cancers, respiratory diseases and mental health in Barnet include reduction in costs of and demand for health and care services, improvement in life expectancy and reduction in the premature mortality as shown in Table 6-6.

Table 6-6: Life expectancy years gained if Barnet most deprived quintile had the same mortality rates as Barnet least deprived quintile, by detailed cause of death (2010-2012)

Broad cause of death	Number of deaths in most deprived quintile		Number of excess deaths in most deprived quintile		Number of years of life expectancy gained*	
	Male	Female	Male	Female	Male	Female
Circulatory diseases	219	240	122	103	2.61	1.73
Cancers	158	170	39	19	0.94	0.54
Respiratory diseases	68	96	23	36	0.49	0.65
Digestive diseases	31	36	18	21	0.41	0.36
Mental and behavioural illnesses	39	76	24	48	0.39	0.63
* A positive figure indicates that life expectancy years would be gained if the base area (the most deprived area) had the same mortality rate as the comparator area (the least deprived area) (i.e. the mortality rate in the base area for the cause is higher than the comparator)						
Adapted from: Public Health England. Segment Tool 2015						

6.9.3 Tertiary Prevention

Under the tertiary preventative initiatives, a few selected public health issues such as mental health could be tackled. In Barnet, mental health and behavioural illnesses are among the major causes of premature mortality, especially among women and young children. Mental health and behavioural illnesses are multidimensional issues; therefore, tackling them would require a multi-disciplinary approach involving the key stakeholders such as GPs, local governments / public health agencies, NHS England, Public Health England, third sector organisations and families of patients.

6.9.4 Return on Investment in Public Health Prevention Interventions

A report 'Making the case for public health interventions' by the Kings Fund has suggested that little investment in public health prevention interventions such as changing unhealthy lifestyle and behaviour could results in considerable savings by reducing or avoiding some healthcare and care costs and would increase life expectancy. A few examples of investment and return for specific public health interventions are given in Table 6-7.

Table 6-7: Return on investment in public health prevention interventions

Intervention area	Investment (£)	Possible return (£)	Saving in
Housing interventions (warm and safe)	1	70	NHS costs over 10 years
Be active programmes	1	23	Quality of life, reduced NHS use and other gains
School-based public health interventions i.e. smoking prevention programmes and anti-bullying interventions	1	15	Children's health
Preventing teenage pregnancy	1	11	Healthcare cost
Parenting programmes	1	8	Preventing conduct disorder over six years
Supporting people with alcohol or drug addiction	1	5	Reduced health care, social care and criminal justice costs
Providing social support	1	3.75	Reduced mental health service spending and improvements in health
Drug treatment	1	2.50	Reduced NHS and social care costs and reduced crime

Source: Adapted from Kings Fund (September 2014) Making the case for public health interventions