5 Health

5.1 Key Facts

- In Barnet, the top three broad causes of mortality in both men and women are circulatory diseases, cancers and respiratory diseases. Circulatory diseases led to 2254 deaths, cancers caused 1949 deaths and respiratory diseases resulted in 693 deaths during 2010-2012.
- Smoking, alcohol, air pollution, poor diet, high blood pressure, obesity and hepatitis are the most common causes of ill health leading to premature mortality.
- Cardio Vascular Disease, CVD is the top cause of premature mortality, especially among the population under 75 years of age. In 2011-2013 the Barnet death rate due to preventable CVD in those aged less than 75 years was 39.7 per 100,000 and was higher in males (58.3) compared to females (23.3).
- There were 5,187 live births in Barnet during 2013 (only 1.5% by mothers aged less than 20 years and 37% by mothers aged 30-34 years). The highest live birth rate was in women aged 30-34 years (115.6 / 1,000) in Barnet, which was higher than the rates for London (14.7) and England (19.8) in women of the same age group.
- In 2008-2012 the proportion of babies born with a low birth weight (i.e. less than 2500 g) was highest amongst women resident in Finchley Church End (9.1%); Burnt Oak (8.5%); Colindale (8.3%); and Edgware (8.3%). The lowest proportion of underweight births was in the Hendon (5.9%); Coppetts (6.3%); and East Finchley (6.4%).

5.2 Strategic Needs

- Coronary Heart Disease is the number one cause of death amongst men and women in Barnet. **As male life expectancy continues to converge with women it is likely that dementia will become an increasingly** significant cause of death in the future.
- **There is eight years difference in male life expectancy between Burnt Oak and Garden Suburb wards.** The life expectancy differences are bigger at lower geographical levels. **Circulatory diseases are the main contributors to differences in life expectancy between different areas**.
- Diet, smoking, and alcohol are the main contributors to premature death in Barnet.
- **The rate of emergency hospital admissions due to stroke is significantly higher in Barnet than London or England.** The wards with the highest rates of mortality from stroke are Burnt Oak, Childs Hill and Colindale.
- **Screening rates for cervical and breast cancer are significantly lower in Barnet than the England average** (23.3 per 100,000 vs. 15.5 per 100,000). More work is needed to understand why this is.
- Overall rates of individual mental health problems are higher in Barnet than London and England; **the rate of detention for a mental health condition is significantly higher than the London or England averages.**
- Poor dental health is associated with poor health outcomes in later life. With this in mind, **Child dental decay is the top cause for non-emergency hospital admissions in Barnet.**
- **On average women in Barnet are significantly less likely to quit smoking in pregnancy** than women in London.
- **Barnet performs poorly for some immunisations that are strongly associated with poor outcomes and additional demand pressures later on in life.** Particularly HPV, flu and

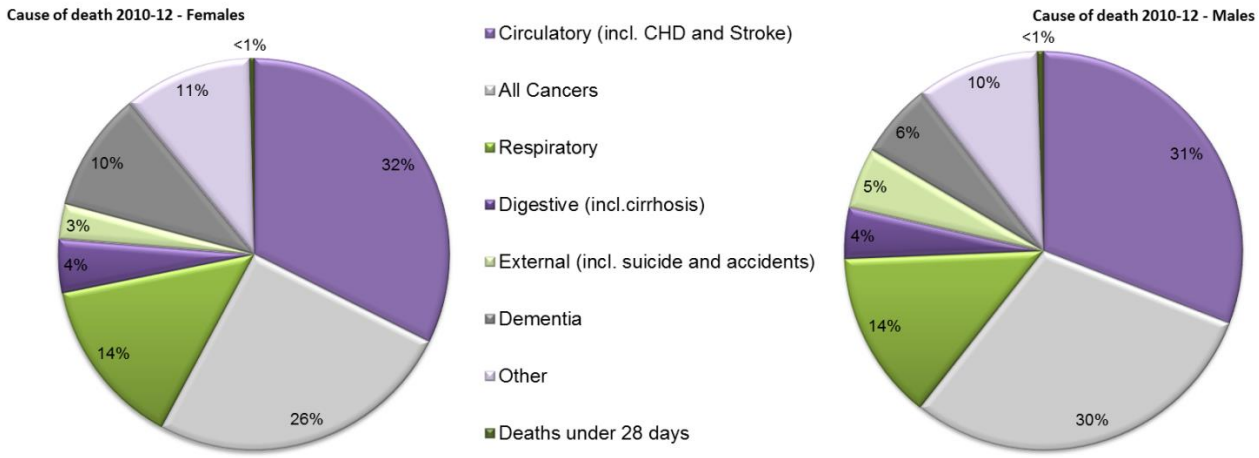
pneumococcal (PCV) immunisation and childhood immunisations are lower than the average national rates.

- **Overall the percentage of diabetic people having all eight health checks in Barnet is below the national rate** and the risk of complication and additional demand pressures from people with diabetes in Barnet is higher compared to those without diabetes.

5.3 Causes of Death

In Barnet, the top three broad causes of mortality in both men and women are circulatory diseases, cancers and respiratory diseases[32]. Circulatory diseases led to 2254 deaths (males 1002, females 1252), cancers caused 1949 deaths (males 963, females 986) and respiratory diseases resulted in 693 deaths (males 445, females 248) during 2010-2012. In the same period, dementia, another leading cause of death in Barnet, resulted in 579 deaths, which involved more females (n=383) than males (n=196).**Error! Bookmark not defined.**

Figure 5-1a & b: Causes of death in females and males in Barnet (2010-2012)

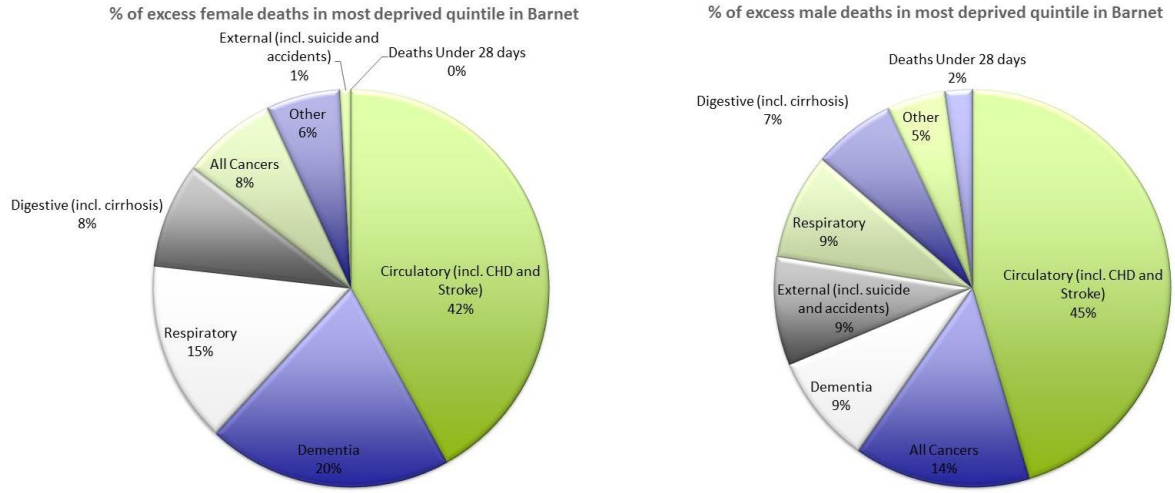


There are inequalities in life expectancy in Barnet by gender, locality / ward and the level of deprivation. Life expectancy at birth in females (85.0 years) is higher than males (81.9 years), and overall life expectancy for both the male and female population in Barnet is higher than the average for England (male =79.4 years, female =83.1 years).[33] The Garden Suburb ward has the highest life expectancy for both males (84.1 years) and females (88.5 years) while the Burnt Oak ward has the lowest life expectancy for both males (75.8 years) and females (81.6 years). In addition, the life expectancy gap is wider and mortality is higher in the most deprived areas compared to the least deprived areas in Barnet (Figure 5-2a&b).

[32] Public Health England. Segment Tool 2015

[33] Public Health England. Barnet indicators. Public Health Outcomes Framework. 3 February 2015 http://www.nepho.org.uk/pdfs/public-health-outcomes-framework/E09000003.pdf

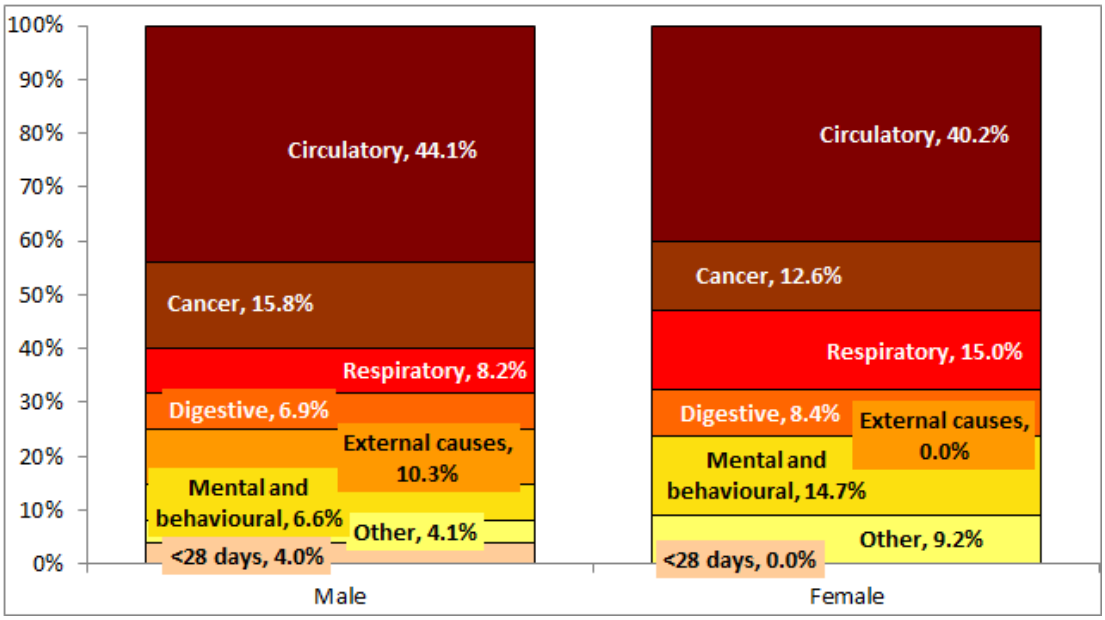
Figure 5-2a&b. Percentage excess deaths[34] in males and females: the most deprived quintile vs. the least deprived quintile in Barnet (2010-2012)



The greatest contributor to the life expectancy gap in the most deprived quintile versus least deprived quintile in Barnet is in circulatory diseases, in both the male and female population. The second and third highest contributors to the life expectancy gap in Barnet are cancers and external causes (i.e. injury, poisoning and suicide) in males and respiratory diseases and mental and behavioural illness in females (Figure 5-3).

In Barnet's most deprived areas, the three leading causes of excess deaths include CHD, stroke and cancer in males and dementia, CHD and COPD in females. These excess deaths can be avoided by reducing inequalities between different areas of Barnet.

Figure 5-3: The breakdown of the life expectancy gap between the most deprived quintile and the least deprived quintile in Barnet by broad cause of death and gender (2010-2012)



[34] Excess mortality is the number of deaths, or mortality, caused by a specific disease or condition. It's a measure of the deaths which occurred over and above those that would be predicted (in the absence of that negative defined circumstance) for a given population.

5.4 Causes of Ill Health

In Barnet, smoking, alcohol, air pollution, poor diet, high blood pressure, obesity and hepatitis are the most common causes of ill health leading to premature mortality[35]. Based on a total 1,981 premature deaths during 2011-13, Barnet ranks the 7th best out of 150 local authorities in England and the 2nd best within 15 similar local authorities. Table 5-1 below shows Barnet statistics on common causes of illness and the major diseases / conditions that are the leading causes of local premature mortality, rates of premature mortality by cause, and the Barnet rank and premature mortality outcomes compared to other local authorities (LAs).

Table 5-1: Common causes of major illness, major diseases leading to premature mortality, premature mortality rates by cause, and premature mortality ranks and outcomes in Barnet

Common causes of major illnesses causing premature mortality	Major diseases / causes of premature mortality	Premature deaths (per 100,000)† for 2011-13	Rank out of 150 local authorities*	Premature mortality outcomes	Rank within 15 similar local authorities*	Premature mortality outcomes
Smoking, poor diet, alcohol	Cancer (all)	118	3		2	
Smoking, poor diet, alcohol	Lung cancer	46	13		2	
Smoking, poor diet, alcohol	Breast cancer	22	70		6	
Smoking, poor diet, alcohol	Colorectal cancer	12	46		6	
High blood pressure, poor diet, smoking, physical inactivity	Heart disease and stroke	63	16		3	
High blood pressure, poor diet, smoking, physical inactivity	Heart disease	35	24		6	
High blood pressure, poor diet, smoking, physical inactivity	Stroke	13	39		7	
Smoking, air pollution	Lung disease	10	23		3	
Alcohol, hepatitis, obesity	Liver disease	12	6		1	
	Injuries	7	14		3	

†Standardised rate of premature deaths (deaths before age of 75 years) per 100,000 population

*The lowest rank number refers to the best outcome

Best Better than average Worse than average

Data source: Public Health England. Healthier Lives: Premature mortality

[35] Public Health England. Healthier Lives: Premature mortality.

The common causes of the major diseases that are leading to premature deaths under 75 years of age (Table 5-1) are lifestyle related factors; these could be modified to reduce and prevent premature mortality in Barnet (as described in lifestyle chapter). The major diseases leading to premature mortality in Barnet are reported below.

5.5 Cardiovascular Disease

Cardiovascular disease (CVD) involves diseases of the heart and blood vessels and vascular diseases of the brain. CVD includes coronary heart disease (CHD) including heart attack and angina, hypertension, stroke and congenital heart disease[36].CVD is the number one killer disease globally and one of the major causes of preventable mortality (WHO, 2011)[36]. The global burden of CVD was 17.5 million deaths in 2012[37]. In the UK, CVD caused 160,000 deaths in 2011[38] and there are an estimated 7 million CVD patients in the country[39]. A higher proportion of men are affected by CVD compared to women. In the UK, the standardised death rate (per 100,000) due to CVD was 140.6 in males and 86.7 in females in 2012[40].

In the London Borough of Barnet (LBB), CVD is the top cause of premature mortality, especially among the population under 75 years of age. Data for 2011-2013 show that the Barnet death rate due to preventable CVD in those aged less than 75 years was 39.7 per 100,000 and was higher in males (58.3) compared to females (23.3). In addition, CVD mortality rate in age under 75 years was also higher in males than in females i.e. 89.6 vs. 39.4 respectively; however, these Barnet rates were lower than the average rates for the London region (males = 113.5, females = 49.6) and England (males =109.5, females = 48.6) (Figure 5-4).

Figure 5-4: CVD mortality rates (under 75) in Barnet

Indicator	Period	England	London	Barking and Dagenham	Barnet	Bexley	Brent	Bromley	Camden
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)	2011 - 13	50.9	50.2	64.0	39.7	43.6	56.4	39.8	42.0
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Female)	2011 - 13	26.5	26.3	32.0	23.3	22.9	31.4	17.7	20.0
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Male)	2011 - 13	76.4	76.4	99.7	58.3	66.3	83.3	64.6	66.3
4.04i - Under 75 mortality rate from all cardiovascular diseases (Female)	2011 - 13	48.6	49.6	56.8	39.4	40.6	60.5	37.3	37.3
4.04i - Under 75 mortality rate from all cardiovascular diseases (Persons)	2011 - 13	78.2	80.1	97.5	62.9	68.3	93.5	64.4	70.8
4.04i - Under 75 mortality rate from all cardiovascular diseases (Male)	2011 - 13	109.5	113.5	142.4	89.6	98.9	129.1	94.8	107.5

Compared with benchmark: Better | Similar | Worse — Lower | Similar | Higher

Benchmark: England

Source: Public Health England. Public Health Outcomes Framework http://www.phoutcomes.info/

[36] World Health Organisation (2011) Global Atlas on cardiovascular disease prevention and control, Geneva.
[37] World Health Organisation (2015) Cardiovascular diseases (CVDs), Fact sheet N°317 (Updated January 2015), Geneva.
[38] NHS Choices. Cardiovascular disease (Page last reviewed: 15/09/2014)
[39] British Heart Foundation. Cardiovascular Disease Statistics Factsheet (Last reviewed and updated: 13/02/2015)
[40] World Health Organisation (2014) Global status report on noncommunicable diseases 2014. Geneva.

5.5.1 Coronary Heart Disease

The prevalence of coronary heart disease (CHD) in Barnet (2.6%) was less than the national prevalence (3.3%) in 2013/14[41]. For the same period, 10,273 people were diagnosed with CHD, which was lower than the expected 13,400 cases of CHD in Barnet[41]. The national general practice profile data show that hospital emergency admissions rate (per 100 patients on the register) due to CHD in Barnet was 6.4% in 2010-2012, which was lower than the national average (7.1%).

5.5.2 Stroke

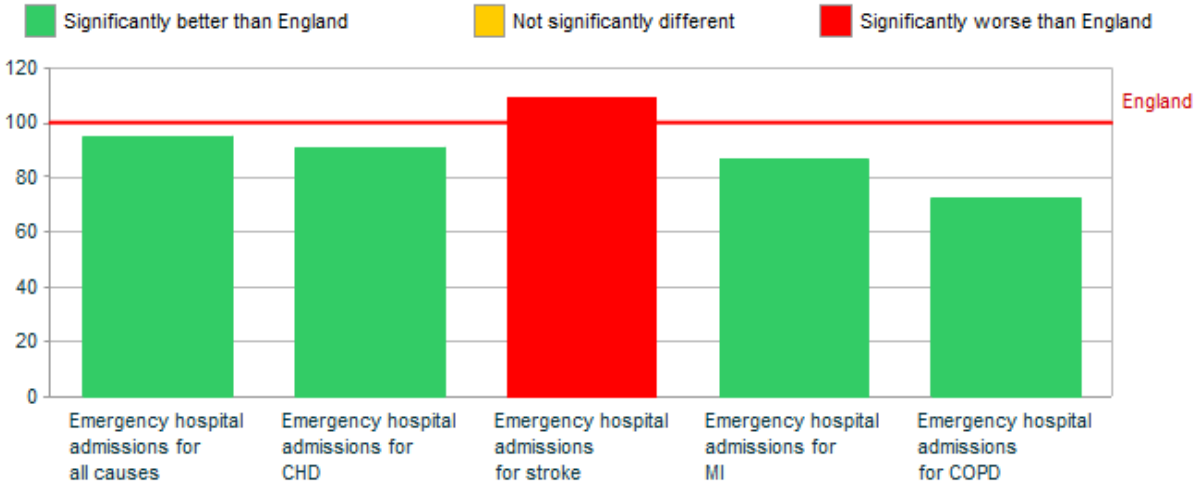
In 2013/14, the prevalence of stroke or transient ischaemic attacks (TIAs) in Barnet was 1.3% compared to 1.7% in England. In the same period, 4,957 people were diagnosed with a stroke and the rate of stroke mortality under 75 years of age was 12.4 / 100,000 people, which was similar to the average rate for England (13.7 / 100,000 people)[42].

In Barnet, the standardised mortality ratio (SMR) for deaths from stroke (at all ages) by ward was the highest in Childs Hill (117.7), Colindale (115.5) and Burnt Oak (110.3) wards while the lowest were in Finchley (47.9), Mill Hill (51) and Garden Suburb (53.1) wards for the period 2008-2012.

The rate of emergency hospital admissions for stroke in Barnet (235.4 / 100,000 people) was higher than the national rate (174.3 / 100,000 people) (Figure 5)[42]. Overall, the emergency hospital admissions rate due to stroke in Barnet increased by 51.9% from 2003-04 to 2013/14[42].

For the period 2008-2012, the standardised admission ratios (SAR) for emergency hospital admissions for stroke (all ages, persons) in Barnet was the highest in Burnt Oak (173), Colindale (152.3) and Coppetts (132.3) wards while the lowest were in Garden Suburb (78.9), Hendon (91.9) and Brunswick (93.7) wards.

Figure 5-5: Emergency hospital admissions in Barnet compared to England (standardised admission ratios) (from 2008-09 to 2012-13)



Source: Public Health England, HSCIC © Copyright 2014
www.localhealth.org.uk

[41] http://www.yhpho.org.uk/ncvincvd/pdfs/Heart/07M_Heart.pdf
[42] http://www.yhpho.org.uk/ncvincvd/pdfs/stroke/07M_Stroke.pdf

5.5.3 CVD Prevention

In Barnet, there are variations in the prevalence of CHD and stroke at GP[41, 42] and ward levels[43]. The higher prevalence in particular Barnet wards and GP registered populations merits further investigation. Barnet people of Black, Asian and Minority Ethnic (BAME) origin are more likely to experience CHD or stroke.

CVD can be prevented by reducing a number of behavioural risk factors such as tobacco use, unhealthy diet, obesity, physical inactivity and use of alcohol by means of population-wide strategies[37]. A number of initiatives aimed at reducing the behavioural risk factors associated with CVD have been initiated, such as the NHS Health Check program, which involves carrying out medical tests including measuring blood cholesterol levels among people aged 40-74 years. In 2013/14, 91,139 persons in Barnet were eligible for an NHS health check; of these 14,657 people (16.1%) were offered a health check but only 37.3% of these (n=5,469 persons) actually received an NHS health check. Overall, NHS Health Check appointments offered and received in Barnet are lower than the average values for England (18% offered and 49% received).

5.6 Cancers

Cancers of the breast, bowel, lung, and prostate are the most common cancers in England. The prevalence rate of these cancers in Barnet is lower than in the London region and England[44].

5.6.1 Cancer Incidence

The incidence rate for all cancers in Barnet (356.7 per 100,000) is lower than the average for England (398.1 per 100,000)[45]. The incidence rates (per 100,000) of breast cancer (126.6), prostate cancer (99.8 per 100,000), cervical cancer (6.7), ovarian cancer (14.9) and stomach cancer (8.1) are similar to the national average rates of these cancers (i.e. 125.7, 105.8, 8.8, 16.7 and 8.4 per 100,000, respectively)[45]. The incidence rate of lung cancer (35.6 per 100,000) and bowel cancer (403 per 100,000) in Barnet are lower than the average rates of these cancers in England (47.7 and 46.5 per 1000,000 respectively)[45].

Data for 2007-2011 shows that new cases of cancer (standardised incidence ratio) vary by the type of cancer across Barnet wards. Breast cancer incidence was the highest in Mill Hill ward (118.2) and the lowest in Burnt Oak ward (77.5). The Coppetts ward had the highest incidence of colorectal cancer (122.8) and lung cancer (117.3) while Hale ward had the lowest incidence of colorectal cancer (69.8) and Garden Suburb ward had the lowest incidence of lung cancer (53.2). The incidence of prostate cancer was the highest in West Finchley ward (115.6) and the lowest in Brunt Oak ward (72.6). Overall, the Underhill ward had the highest incidence of all cancers (103.3) and the Garden suburb ward the lowest incidence of all cancers (86.2) during 2007-2011.

5.6.2 Cancer Mortality

Overall cancer related deaths in all persons in Barnet are lower than in London and England. The directly standardised rates (DSR) for all cancer mortality in all persons aged under 75 years in females in Barnet are also less than the average London regional and national rates. The age-standardised mortality rates (ASMR) for cancer in patients aged less than 75 years have decreased in

[43] http://www.localhealth.org.uk/
[44] Public Health England. Cancer Mortality Profiles: Trends spreadsheet
[45] http://www.cancerresearchuk.org/cancer-info/cancerstats/local-cancer-statistics/

2008-2010 compared to 1995-1997[46]. The highest reduction is in colorectal cancers in females (57%) followed by breast cancer in female (36%), lung cancer in males (36%), prostate cancer (27%) and upper GI cancer in males (20%). The reduction of the ASMR due to upper GI cancer in females was 24% less in 2008-2010 compared to 1995-1997.

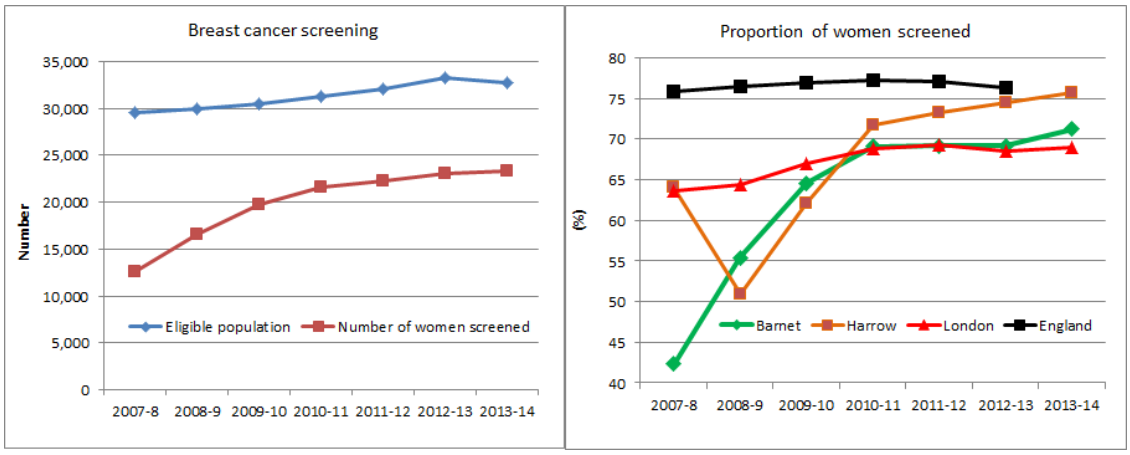
5.6.3 Cancer Survival

One-year net survival index for all types of cancers combined in adults (aged 15-99 years) in Barnet is higher (73.5%) than the average for the London region (69.7%) and England (69.3%)[47]. From 1997 to 2012, one year survival index for three cancers combined (breast [women], colorectal and lung) in adults (aged 15-99 years) in Barnet was higher than London and England but lower than in the neighbouring Harrow and Brent CCGs[48].

5.6.4 Cancer Screening

Cancer screening coverage for breast cancer (female) in Barnet is better than the average for the London region but worse than the national average (Figure 5-6a and b); while, cervical cancer screening coverage in Barnet is worse than the average rates for London region and England.

Figure 5-6a&b: Breast (Female) Cancer and screening



Data for three years prior to March 2014, shows that the rate of cancer screening coverage for breast cancer was 71.2% in Barnet, which is better than the average coverage rate for the London region (68.9%) but worse than the rate for England (75.9%)[49]. For the same period, coverage for cervical cancer screening was 68.8% in Barnet that is lower than the averages for the London region (70.3%) and England (74.2%). These findings suggest a gap between the eligible population and population covered in screening for cervical and breast cancers in females.

5.6.5 Cancer Registration

For 2010-2012 period, cancer registration rates (directly standardised rates per 100,000) for cervical (6.8) and lung (58.1) cancers in Barnet were lower compared to the average rates for London region (7.9 and 72.2 respectively) and England (9.2 and 76.0 respectively)[50]. The oral cancer registration

[46] http://www.swpho.nhs.uk/resource/item.aspx?RID=76243
[47] Office of National Statistics. Table 2-4: Index of cancer survival for Clinical Commissioning Groups in England: Adults diagnosed 1997-2012 and followed up to 2013 (Excel sheet 443Kb)
[48] http://www.ons.gov.uk/ons/datasets-and-tables/index.htmlhttp://www.ons.gov.uk/ons/datasets-and-tables/index.html?pageSize=50&sortBy=none&sortDirection=none&newquery=Cancer+Incidence+and+Mortality&content-type=Reference+table&content-type=Dataset (Release date: 16 Dec, 2014).
[49] http://www.phoutcomes.info
[50] Public Health England http://fingertips.phe.org.uk/

rate in Barnet (12.4) was higher than the average rates for London region (13.5) and nationally (13.2) during 2010-2012[50]. To encourage the early detection of cancers, the NHS Barnet CCG joined the "Be Clear on Cancer campaign" in July 2013. The campaign is aimed at raising awareness among local people about the early signs of cancers and promoting early diagnosis of cancer.

5.7 Respiratory disease

5.7.1 Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is an airway disease that causes breathing difficulty and it includes several respiratory tract conditions including emphysema and chronic bronchitis[51]. There are 4,247 COPD cases on GP registers (data for 2013/14)[52].

5.7.1.1 COPD Prevalence

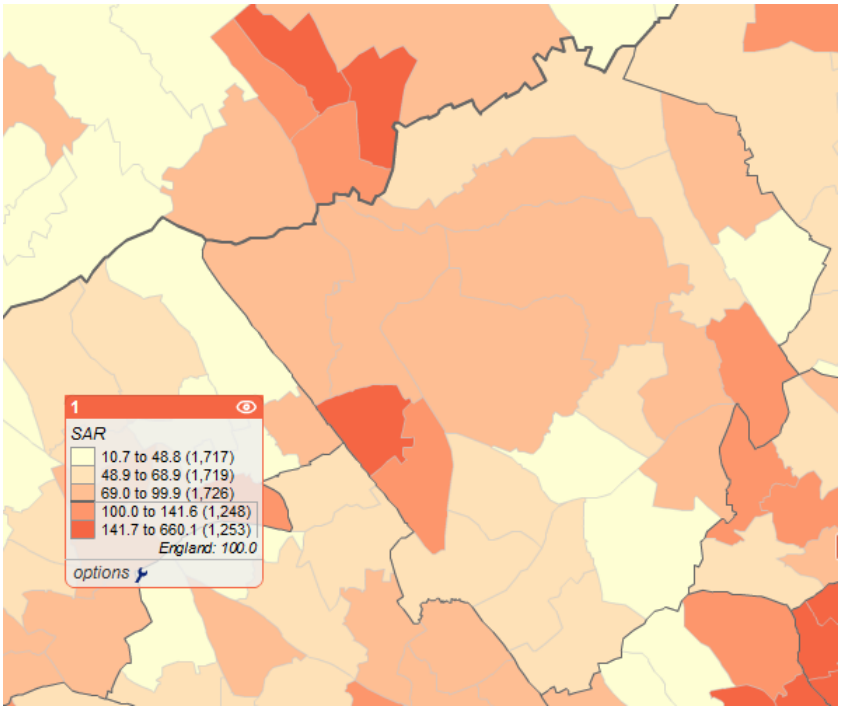
The average COPD prevalence rate for NHS Barnet CCG (1.1%) is lower than the average rate for England (1.8%) and there are wide variations in the COPD prevalence across GPs in Barnet[53]. The COPD prevalence confirmed by spirometry is 88.56% (95% CI: 86.54-90.32) in the NHS Barnet CCG, which is lower than 90.18% (95% CI: 89.83-90.53) in London and 90.74% (95% CI: 90.63-90.85) in England[54]. However, the estimated prevalence of COPD is 2.82% (as of 2011)[2], which suggests a need for increasing the rate of COPD diagnosis.

5.7.1.2 COPD Hospital Admissions

The total COPD hospital admissions rate (per 1000 patients on the disease register) in Barnet (1.3) is lower than the average national rate (2.2). The standardised admissions ratio of emergency hospital admissions for COPD varies across Barnet (Figure 5-7) with the highest ratio in Burnt Oak ward (141.8) and the lowest ratio in Garden suburb ward (28.3).

[51] http://www.nepho.org.uk/respiratory/index.php
[52] HSCIC (2014). Quality and Outcomes Framework (QOF) - 2013-14 Date: 28 October 2014. http://www.hscic.gov.uk/catalogue/PUB15751 http://www.hscic.gov.uk/catalogue/PUB15751/qof-1314-prev-ach-exc-ccg.xlsx
[53] http://fingertips.phe.org.uk/profile/general-practice/data
[54] HSCIC. Prevalence: chronic obstructive pulmonary disease confirmed by spirometry: percent, all ages, annual, P ; Period 2013/14: Version 14: Data file 24D_635PC_14_D.xls. Release date: March 2015 [https://indicators.ic.nhs.uk/webview/]

Figure 5-7: Emergency hospital admissions rates for COPD by wards in Barnet



5.7.2 Asthma

Barnet has 17,609 asthma patients registered with local GPs and the asthma prevalence rate (all ages) is 5.54%, below the average rate (5.9%) for England[52]. The prevalence of asthma widely varies between GPs in the NHS Barnet CCG[52].

5.7.3 Risk Factors

Smoking and influenza virus infection of the respiratory system are the two important risk factors for COPD and asthma. Information regarding smoking in Barnet is reported in the section on tobacco use and smoking in the lifestyle chapter while influenza infections related Barnet information is given below. Influenza viruses cause respiratory tract infection that can lead to exacerbations of COPD and asthma, which can be prevented by influenza vaccination[55]. The influenza immunisation rate in Barnet (83%) is slightly higher than the average rate for England (81.9%)[52].

5.8 Mental Health

Mental health is a high public health priority area in the country. Addressing mental health problems in all age groups and improving outcomes and relevant services are suggested in the 2011 mental health strategy for England entitled "No health without mental health". Tackling mental health is important because poor mental health not only costs too much for the economy and the health system but also leads to and is associated with inequalities[56].

5.8.1 Adult Mental Health

The prevalence of mental health problems including schizophrenia, bipolar affective disorder and other psychoses in all ages recorded on GP disease registers in Barnet is 0.95%, which is higher than the average rate for England (0.84%).[57,58]

[55] Wesseling, G. (2007) Occasional review: Influenza in COPD: pathogenesis, prevention, and treatment. Int J Chron Obstruct Pulmon Dis. 2(1): 5–10.
[56] Department of Health (2011) No Health Without Mental Health: a cross-government mental health outcomes strategy for people of all ages. London.

In Barnet, the prevalence rate of depression (recorded in adults aged 18 and over) is 4.3% (12,921 persons of the total 298,601 GP registered population aged 18+). The Barnet rate is lower than the average rate for England (5.8%).[57,58] There were 2,303 new cases of depression recorded in GP registers during 2013/14 showing the incidence rate of 0.8% for Barnet, which is lower than the average national rate (1.0%)[58,59.]

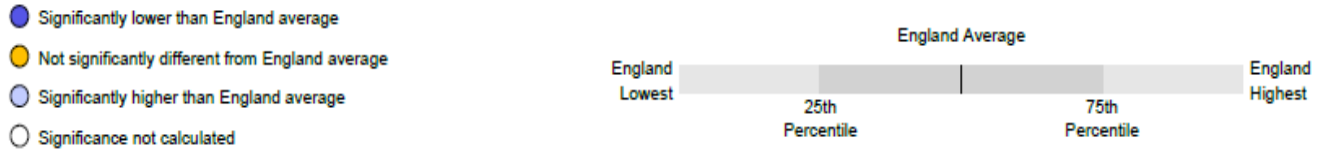
The average rate of people with a mental illness in residential or nursing care per 100,000 of the population in Barnet (34.9) is similar to England (32.7). The percentage of mental health service users who were inpatients in a psychiatric hospital in Barnet (2.7%) is also similar to the national average (2.4%). However, the rate of detentions under the National Mental Health Act per 100,000 population is higher in Barnet (23.3) compared to the average for England (15.5). In addition, Barnet rates for attendances at A&E for a psychiatric disorder (47 per 100,000 population) and number of bed days (4,180 per 100,000 population) are lower than the average national rates (243.5 and 4,686 per 100,000 population, respectively).

Moreover, the rates of emergency admissions for self-harm (109.9 per 100,000 population) and hospital admissions for unintentional and deliberate injuries in aged 0-24 years (76.0 per 10,000 population) in Barnet are lower than the average for England (191.0 / 100,000 and 116.0 / 10,000 population respectively). The suicide rate in Barnet (6.9 per 100,000 population) is similar to the average national rate (8.5 per 100,000 population).

A summary of mental health related indicators for Barnet benchmarked against England are shown in Figure 5-8, which shows that most of Barnet indicators are better than those at the national level.

[57] Public Health England (2014) Community Mental Health Profile data http://fingertips.phe.org.uk/cmhp
[58] Public Health England (2014) Barnet Clinical Commissioning Group. Community Mental Health Profile 2014.
[59] Public Health England (2014) Community Mental Health Profile data

Figure 5-8: Mental health indicators for Barnet



Domain		Indicator	Period	Local value	Eng. value	Eng. lowest	Eng. highest
Levels of mental health and illness	1	Depression: QOF prevalence (18+)	2012/13	4.3	5.8	2.9	11.5
	2	Depression: QOF incidence (18+)	2012/13	0.8	1.0	0.5	1.9
	3	Depression and anxiety prevalence (GP survey)	2012/13	9.6	12.0	8.1	19.5
	4	Mental health problem: QOF prevalence (all ages)	2012/13	0.95	0.84	0.48	1.46
	5	% reporting a long-term mental health problem	2012/13	3.2	4.5	2.5	8.2
Treatment	6	Patients with a diagnosis recorded	2013/14 Q1	25.5	17.8	1.1	63.2
	7	Patients assigned to a mental health cluster	2013/14 Q1	75.4	69.0	1.9	94.8
	8	Patients with a comprehensive care plan	2012/13	89.7	87.3	79.9	95.0
	9	Patients with severity of depression assessed	2012/13	89.1	90.6	77.4	97.8
	10	Antidepressant prescribing (ADQs/STAR-PU)	2012/13	4.0	6.0	2.7	9.0
	11	People with a mental illness in residential or nursing care per 100,000 population	2012/13	34.9	32.7	0.0	124.3
	12	Service users in hospital: % mental health service users who were inpatients in a psychiatric hospital	2013/14 Q3	2.7	2.4	0.7	12.3
	13	Detentions under the Mental Health Act per 100,000 population	2013/14 Q1	23.3	15.5	0.0	44.5
	14	Attendances at A&E for a psychiatric disorder per 100,000 population	2012/13	47.0	243.5	3.0	925.5
	15	Number of bed days per 100,000 population.	2013/14 Q1	4180	4686	685	11073
	16	People in contact with mental health services per 100,000 population	2013/14 Q1	2142	2176	116	5442
	17	Carers of mental health clients receiving of assessments	2012/13	30.5	68.5	0.0	343.4
	18	Spend (£s) on mental health in specialist services: rate per 100,000 population	2012/13	22468	26756	14296	49755
	19	% secondary care funding spent on mental health	2011/12	11.0	12.1	7.1	19.1
Outcomes	20	People on Care Programme Approach per 100,000 population	2013/14 Q1	496	531	17	1895
	21	% CPA adults in settled accommodation	2013/14 Q1	72.4	61.0	5.0	94.6
	22	% CPA adults in employment	2013/14 Q1	6.5	7.0	0.0	22.7
	23	Emergency admissions for self harm per 100,000 population	2012/13	109.9	191.0	49.8	595.6
	24	Suicide rate	2010 - 12	6.9	8.5	4.8	19.6
	25	Hospital admissions for unintentional and deliberate injuries, ages 0-24 per 10,000 population	2012/13	76.0	116.0	68.6	201.7
	26	Rate of recovery for IAPT treatment	2012/13	39.3	45.9	22.6	80.3

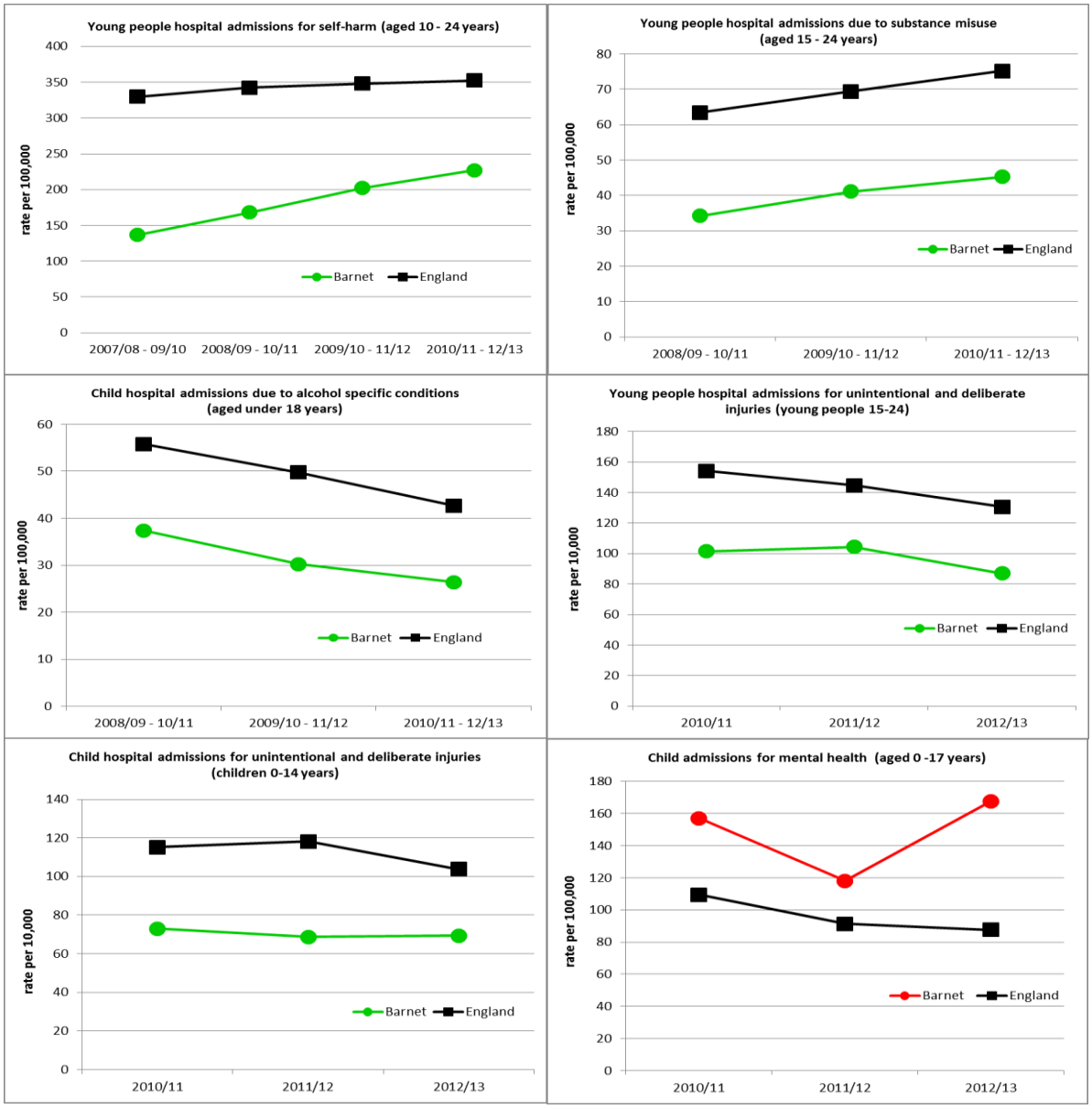
Source: Public Health England. [Barnet Children's and Young People's Mental Health and Wellbeing Profile]

5.8.2 Children's and Young People's Mental Health and Wellbeing

In Barnet children aged 5-16 years, the estimated prevalence of any mental disorder (8.3%), emotional disorder (3.2%), conduct disorder (4.99%) and hyperkinetic disorders (1.35%) are all lower than the average rates for England (i.e. 9.6%, 3.7%, 5.8% and 1.5% respectively).

Barnet hospital admissions rates (per 100,000) for self-harm in young people (aged 10-24 years), substance misuse and unintentional and deliberate injuries in young people (15-24 years old), alcohol specific conditions in children (aged less than 18 years) and unintentional and deliberate injuries in children (less than 15 years old) are lower than the average rates for England. However, the hospital admissions rate for mental health in children (aged less than 18 years) in Barnet is higher than the average national rate (Figure 5-9).

Figure 5-9: Mental health indicators for Barnet vs. England



Data Source: Public Health England. Children's and Young People's Mental Health and Wellbeing

5.8.3 Mental Health Illness Prevention

The National Service Framework for Children, Young People and Maternity Service (2004) suggests providing early and effective services to help children and young people with emotional, behavioural, psychological and mental health problems using the Child and Adolescent Health Services (CAMHS) strategic framework, which comprises 1 to 4 tiers. Providing the CAMHS services at tiers 2-3 is the responsibility of the clinical commissioning groups (CCGs) while commissioning of the tier 4 CAMHS services is the responsibility of NHS England since April 2013[60]. In Barnet, the estimated number of children aged less than 18 years requiring CAMHS services Tier 3 is 1,580 and those requiring the Tier 4 services is 65 (as per estimation of 2012).

The London Borough of Barnet (LBB) has a health and wellbeing strategy "Keeping Well, Keeping Independent" for 2012-2015 that addresses overall health and wellbeing including mental health needs of the local population through a four themes approach. In addition, the LBB and Barnet Clinical Commissioning Group have started a number of initiatives including programmes and services for improving mental health and wellbeing of the local people[61]. For example, the LBB programmes for improving mental health and wellbeing include a schools wellbeing programme, mental health in the community, physical activity programme for older people, a programme to reduce the misuse of alcohol and an outdoor gyms and activator programme. The CCG led initiatives include developing an integrated commissioning health and wellbeing strategy with a multiagency forum mental health partnership board, planning redesigning of CAMHS Tier-4 services, remodelling the primary care mental health team, developing primary care support and liaison teams and re-commissioning mental health day opportunity services.

5.9 Diabetes

The rate of recorded (diagnosed) diabetes (in GP registered population aged 17+) in Barnet (6.03%) is similar to London rate (6.00%) but lower than the national rate (6.21%). However, estimated total (diagnosed and undiagnosed) prevalence of diabetes in 2015 in Barnet adults (8.3%) is slightly higher than England (7.6%)[62]. There are an estimated 5,259 (23%) undiagnosed cases of diabetes in Barnet.[63] The prevalence rate of diabetes is forecast to rise at both national and local levels and this increase could be even higher if diabetes risk factors such as obesity are not addressed[64].

There is a wide variation between Barnet GPs (n=67) in terms of both the prevalence of diabetes (from 2.2% to 10.3%)[65] and the clinical management of diabetic patients. However, the Quality and Outcomes Framework (QOF) results for 2013/14 reveal that Barnet GPs have better average diabetes outcomes compared to the national averages[66]. However, some GPs in the Barnet CCGs have diabetes outcomes lower than the local and national averages, which need to be reviewed.

The Barnet indicators of care processes carried out on diabetic patients show that foot checks, urine testing for protein and smoking cessation advice is above the average for England whilst flu vaccination and eye screening are similar to the national average. The BMI recording in diabetic

[60] NHS England (July 2014) Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report. . http://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf
[61] Barnet JSNA Refresh 2013-14 - Mental health and wellbeing.
[62] Public Health England. Diabetes Prevalence Model for Local Authorities and CCGs.
[63] http://www.yhpho.org.uk/ncvinintellpacks/pdfs/07M_SlidePack.pdf
[64] Public Health England. Barnet Cardiovascular disease profile. Diabetes. March 2015.
[65] http://www.yhpho.org.uk/ncvincvd/pdfs/Diabetes/07M_Diabetes.pdf
[66] http://fingertips.phe.org.uk/profile/general-practice/data

patients in Barnet is below the average for England, an area which needs to be reviewed. The percentage of diabetic people having all eight check-ups in Barnet (56%) is also below the national average (59.5%), which is an area for improvement in the future.

Complications due to diabetes in Barnet patients are similar to the regional (London) and national averages. However, the National Diabetes Audit 2012-2013 recommended that the Barnet CCG should review its diabetes care providers to reduce the risks associated with diabetes and use different approaches including exercise, diet composition, weight management, smoking, glucose control, blood pressure control and cholesterol control[67]. These recommendations should be taken seriously and implemented through appropriate interventions and services.

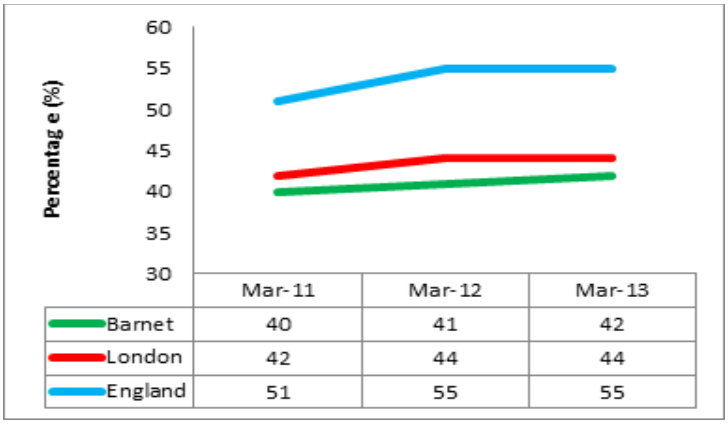
5.10 Oral Health

Oral health is integral and essential to general health and an important determinant of the quality of life[68]. Oral diseases limit activity at home and work, and in schools, and there is a strong association between oral diseases and non-communicable chronic diseases (NCDs)[68]. Thus, integration of oral health in to public policy agenda for the prevention and control of NCDs and development agenda has been suggested in the Tokyo Declaration on Dental care and oral health for healthy longevity 2015[69]. In addition, premature mortality can also be reduced by preventing oral diseases[68]. It is however important that oral disease preventative strategies and approaches should address not only the wider and distant socio-economic determinants of oral heath e.g. poor living conditions and low education but also the immediate and modifiable risk behaviours such as sugar consumption (amount, frequency of intake, types), oral hygiene practices, tobacco use and excessive alcohol consumption[70].

5.10.1 Adult Oral Health

Data on dental service use shows that the dental access rate in Barnet adults (over 18 years) increased slightly in 2013 compared to 2011 and the Barnet rate (42% for March 2013) followed the average trend for London and England over the reported period (Figure 5-10).

Figure 5-10: Adult Dental Access Rates 2011-2013



	Mar-11	Mar-12	Mar-13
Barnet	40	41	42
London	42	44	44
England	51	55	55

Statistics on oral cancers (also known as mouth cancers or cancers of the oral cavity) show that these types of cancers are not very common in the UK (one oral cancer in 50 cases of all types of

[67] HSCIC (2015). National Diabetes Audit 2012-2013. Report 2: Complications and Mortality Summary for NHS Barnet CCG (07M).
[68] World Health Organisation. Oral Health. Policy basis.
[69] World Health Organisation (2015). Tokyo Declaration on Dental care and oral health for healthy longevity.
[70] World Health Organisation. Oral Health. Strategies and approaches in oral disease prevention and health promotion.

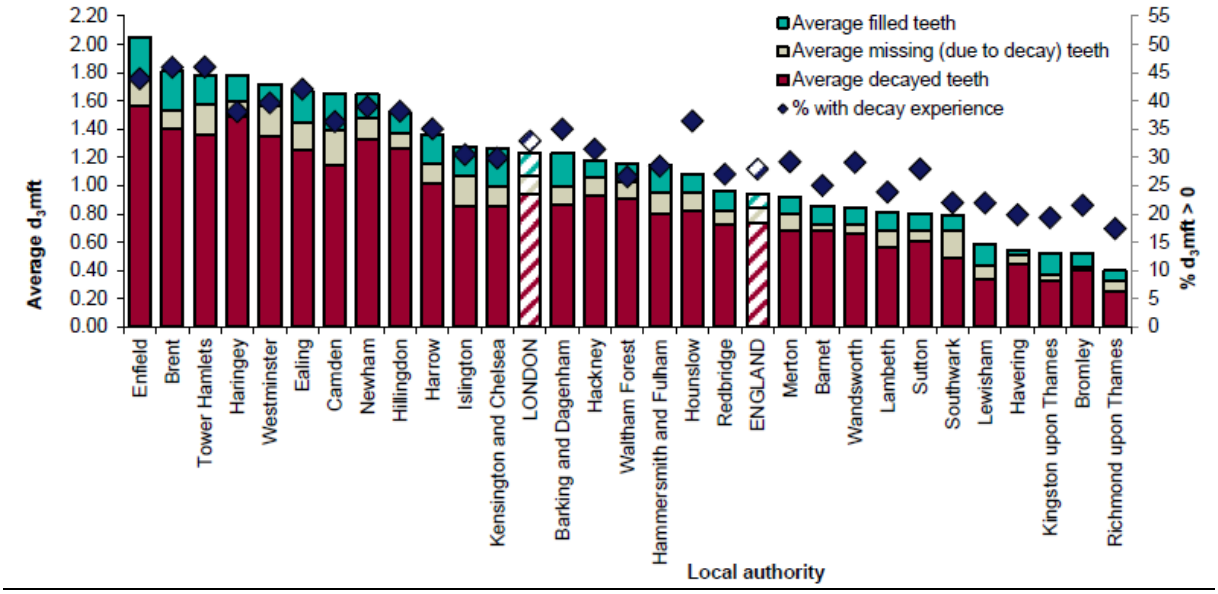
cancers)[71]. Nevertheless, cancers of the oral cavity are the most common cancers of the head and neck region and involve more men than women[72].

In Barnet, the age standardised rate (per 100,000 population) of oral cancer registration is 13.2, which is similar to the national (12.8) and London regional (13.2) averages. Risk factors for mouth cancers include smoking, use of products containing tobacco e.g. chewing of tobacco or *paan* (areca nut/betel leaf), drinking alcohol and infection with the human papilloma virus (HPV).[70,72] Therefore, oral cancer risk could be minimised by avoiding the above risk factors. In addition, the survival rate for oral cancers is higher when treated at the early stage compared to the late stage; therefore, creating awareness especially among communities that are more likely to be at risk is imperative.[72]

5.10.2 Child Oral Health

Overall, levels of oral diseases in children in Barnet are low compared to their neighbouring Boroughs. One of the public health outcome framework indicators, overall success of health and wellbeing, is the level of tooth decay in children aged 5 years,[73] which is lower in Barnet compared to the average levels for London and England and several other local authorities in London (Figure 5-11).

Figure 5-11: The average number of decayed, extracted or filled teeth (d_3mft) and the proportion of children affected by dental decay (%d_3mft>0) among 5 year old children in Barnet compared to England and other local authorities in the London region



Source: Public Health England. Barnet Dental Health Profile. October 2014

In addition, the percentage of children with one or more obviously decayed, missing (due to decay) and filled teeth in Barnet (25.0%) is similar to the national average (27.9%) but lower than the London region (32.9%)[74].

[71] NHS Choices (2014) Mouth cancer http://www.nhs.uk/Conditions/Cancer-of-the-mouth/Pages/Introduction.aspx
[72] Public Health England. Oral Cavity Cancer: recent survival trends. The National Cancer Intelligence Network, London.
[73] Public Health England (Oct 2014) Barnet Dental Health Profile. Dental health of five-year-old children 2012.
[74] Public Health England. http://fingertips.phe.org.uk/search/dental

Moreover, the prevalence of early childhood (dental) caries (ECC) involving three year old children in Barnet (6.1%) is higher than the national average (3.9%), which suggests a need for early and targeted oral health improvement interventions to reduce the ECC levels at an early stage[75].

Hospital admissions for extraction of one or more decayed primary or permanent teeth in children aged less than 15 years is lower in Barnet compared to the London region but higher than the national average (Figure 5-12). However, child dental decay is the top cause for non-emergency hospital admissions in Barnet, which involved 349 children aged 0-19 years and the majority (67%) involved 5-14 years olds in 2012/13[76].

Furthermore, statistics about access to the dental service show that the dental access rate in children (under 18 years) in Barnet is slightly above the London regional rate but is below the national rate (Figure 5-13)[77].

Figure 5-12: Child hospital admissions for extraction of one or more decayed primary or permanent teeth(0-19 years)[76]

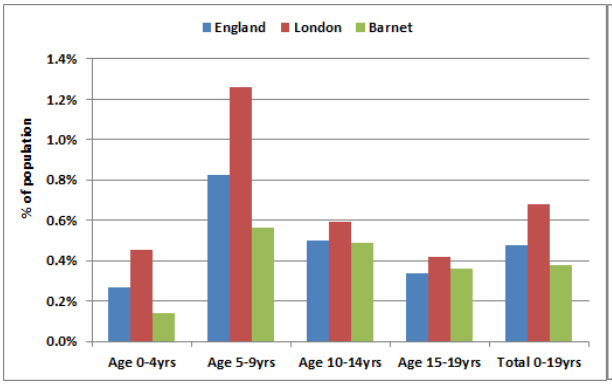
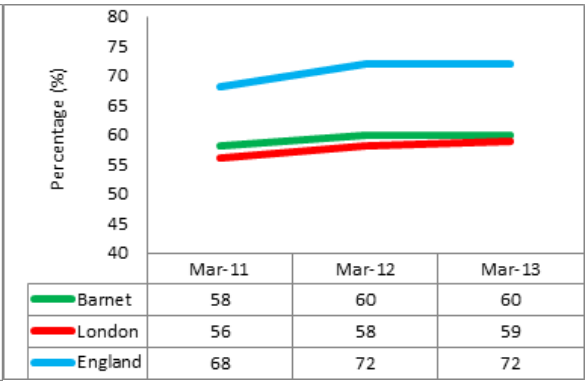


Figure 5-13: Child Dental Access Rates 2011-2013 (under 18 years)[77]



	Mar-11	Mar-12	Mar-13
Barnet	58	60	60
London	56	58	59
England	68	72	72

5.10.3 Existing Oral Health Interventions in Barnet

The Barnet Child Oral Health Improvement Strategy has three key domains: making oral health everybody's business and every contact count, integrating oral health into Children's Commissioning Plans throughout the life course using the common risk factor approach and increasing the exposure to fluoride e.g. toothpaste and fluoride varnish. The key actions under Barnet's Child Oral Health Improvement Strategic Plan (2014/16) include: training of Health and Social Care Professionals in key messages about oral health, new Healthy Children's Centre Standards developed (covering a range of health priority areas) – identifying and supporting oral health champions in Children's Centres to meet their oral health standards-making sure oral health remains a priority within the centres, distributing toothpaste and brush packs at child development checks (8 months and 21/2 years) alongside brief oral health intervention, and supervised teeth brushing programme in three schools and three children's centres per term.

5.10.4 Oral Health Needs

There is no Borough level data on the oral health of adults or older people in Barnet[78]. There could be inequalities in oral health and oral care such as provision of oral care in care homes[79]. A local oral

[75]Public Health Programme (2015) Oral health survey of three-year-old children 2013. A report on the prevalence and severity of dental decay. Dental public health epidemiology programme. (Revised January 2015).
[76] Public Health England. Public Health England Epidemiology Programme: Extraction data
[77] HSCIC. Access by patient London LA region Sept 2013, NHS dental statistics England 2012-2013

health needs assessment could be undertaken in Barnet for identifying oral health inequalities and oral health needs of adults and children.

5.11 Maternity and Infant Health

5.11.1 Live Births and Rates

There were 5,187 live births (2,699 males and 2,488 females) in Barnet in 2013 (only 1.5% by mothers aged less than 20 years and 37% by mothers aged 30-34 years). The highest birth rate was in women aged 30-34 years (115.6 / 1,000) in Barnet, which was higher than the rates for London (14.7) and England (19.8) in women of the same age group. However, Barnet rates of births by mothers under 18 years (1.8 /1,000) and under 20 years (6.8/1,000) were lower than the average rates for the London region (5.1 and 12.3 respectively) and nationally (7.8 and 12.3 respectively) in 2013.

Data for 2013 show that the crude live birth rate (14.1/ 1,000 population), general fertility rate (63.4/1,000 women aged 15-44 years) and maternity[80] rate (62.4 /1,000 women aged 15-44 years) in Barnet were slightly lower than these rates for London (15.2, 64.0 and 63.2 respectively) but higher than the national rates (15.2, 62.4 and 61.7 respectively).

Whilst the projected trend of women of childbearing age is expected to increase, the number of live births and the fertility rate is decreasing. Data for 2008-2012 show that the highest fertility rate (per 1,000 women aged 15-44 years) is in Golders Green ward (82.9) followed by Hendon (77.3) and Colindale (77.2) wards while the lowest fertility rate is in the Brunswick Park ward (56.8) followed by Woodhouse (57.1) and Underhill (57.2) wards in Barnet.

5.11.2 Infant Health and Mortality

The percentage of live births under 2.5 kg in Barnet (7.2%) is similar to England (7.0%) but slightly lower than the London region average (7.5%). Data for 2008-2012 show that the proportion of babies born with a low birth weight (i.e. less than 2500 g) was highest amongst women resident in Finchley Church End ward (9.1%) followed by Burnt Oak (8.5%), Colindale (8.3%) and Edgware (8.3%) wards in Barnet. The lowest proportion of underweight births was in the Hendon (5.9%) followed by Coppetts (6.3%) and East Finchley (6.4) wards in Barnet.

The life expectancy at birth is increasing in Barnet and is higher for females (85.0 years) than males (81.9 years) in Barnet, which are both higher than the averages for the London region (83.8 and 79.7 years for females and males respectively) and England (82.72 and 78.85 years for females and males respectively). However, Barnet life expectancy at birth is lower than in Harrow males (82.0 years) and females (85.6 years).

Barnet rates of infant (under 1 year) mortality (2.3 /1,000 live births), neonatal (under 4 weeks) mortality (1.3/1,000 live births) and perinatal mortality (4.8/ 1,000 stillbirths and deaths under 1 week) are lower than the average rates for London (3.8, 2.6 and 7.3 respectively) and England (3.9, 2.7 and 6.7 respectively).

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[78] JSNA Refresh 2014 Oral Health Barnet

[79] Public Health England (2014) Dental public health intelligence programme. North West oral health survey of services for dependent older people, 2012 to 2013.

[80] A maternity is a pregnancy resulting in the birth of one or more children, including still births

5.11.3 Breast Feeding

In 2013/14, breastfeeding initiation in Barnet was the 11th highest among all 326 English LAs and 9th highest among 33 London Boroughs. The proportion of all mothers who breastfeed their babies in the first 48 hours after delivery in Barnet (89.3%) was better than the national average (73.9%) during the same period.

5.11.4 Maternal Health

5.11.4.1 Smoking in Pregnancy

The percentage of women who smoked at the time of delivery in Barnet (4.4%) is lower than the London (5.1%) and national (12.0%) averages for the year 2013/14. However, the percentage of pregnant women who successfully quit is 45% in Barnet, which is lower than the averages for London (53%) and England (47%). The percentage of pregnant women who did not quit and those who were lost to follow up in Barnet (23% and 32% respectively) were higher than the national (29% and 23% respectively) and London regional averages (20% and 28% respectively). Public health funded stop smoking services need to proactively target pregnant women in Barnet.

5.11.4.2 Maternal Mortality

The maternal mortality rate (Directly age-standardised rate (DSR) per100, 000 of women aged 15-44) in Barnet (0.44) is higher than the average rates for London (0.22) and England (0.31).

5.11.4.3 Service Use

82.7% of pregnant women in Barnet had an antenatal assessment by the 12th week of pregnancy, which was lower than England average (93.7%) during 2013/14.

5.12 Health Protection

5.12.1 Immunisation

Immunisation has been described as a process by which a person is made immune or resistant to an infectious disease usually by the administration of a vaccine[81]. Immunisation thus helps in controlling and eliminating life threatening infectious diseases and thereby reducing illness, disability and death from vaccine preventable infectious diseases[82]. Vaccination can be provided from the age of two months onwards and there are specific vaccinations for babies, children, adults, elderly, travellers and people in special groups such as pregnant women, people with long term health conditions as well as healthcare workers[83]. The latest NHS complete routine immunisation schedule from summer 2014 provides a list of vaccines, when to immunise (the age of a person for administering particular vaccines) and the names of diseases protected against[84].

The latest update of the coverage of specific immunisations in Barnet is provided below.

5.12.1.1 Childhood Primary Immunisations

The NHS routine childhood immunisations provide cover against a number of infectious diseases such as diphtheria, Haemophilus influenza type b (Hib), meningococcal group C disease (MenC)

[81] http://www.who.int/topics/immunization/en/
[82] World Health Organisation (2014) Immunization coverage. Fact sheet N°378. Last reviewed: November 2014.
[83] http://www.nhs.uk/Conditions/vaccinations/Pages/vaccination-schedule-age-checklist.aspx
[84] Department of Health. (2014) Vaccines for the routine immunisation schedule from summer 2014. Published on 7 May 2014.

pertussis, pneumococcal disease, polio, rotavirus and tetanus. The childhood immunisation in England is evaluated by the cover of vaccination evaluated rapidly (COVER) programme.

The NHS immunisation statistics for 2013/14 (Table 5-2) show that Barnet rates for MenC (12 months), DTap/ IPV/ Hib (24 months) and MMR1 (5 years) are better than the corresponding rates for England; however, other childhood immunisation rates in Barnet are worse than the national rates[85].

Table 5-2: Coverage of routine childhood immunisations in Barnet compared to England

		Barnet			England
Cohort	Short name	Cohort size CS-2013-14	Number immunised IM-2013-14	Rate (%) 2013-14	Rate (%) 2013-14
12 months	DTaP/IPV/Hib	5789	4612	79.7	94.3
	PCV	5789	4767	82.3	94.1
	MenC	5786*	5286	91.4	93.9
	Hep B	39	19	48.7	-
24 months	DTaP/IPV/Hib primary	6029	5633	93.4	96.1
	PCV booster	6029	4839	80.3	92.4
	Hib/MenC booster	6029	4833	80.2	92.5
	MMR1 (1st dose)	6029	4863	80.7	92.7
	Hep B	19	11	57.9	-
5 years	DTaP/IPV/Hib (primary)	5956	5478	92.0	95.6
	DTaP/IPV booster	5956	4497	75.5	88.8
	MMR1 (1st dose)	5956	5403	90.7	94.1
	MMR2 (1st and 2nd dose)	5956	4473	75.1	88.3
	HibMenC booster	5956	5122	86.0	91.9

DTaP = Diphtheria, Tetanus, and acellular Pertussis (whooping cough); IPV = Inactivated Polio Vaccine; HIb = Haemophilus influenzae type b; Men C = Meningitis C; MMR = Measles, Mumps, and Rubella; Hep B = Hepatitis B (given to children of positive mothers only; PCV = Pneumococcal vaccination; *2012-13

Source: HSCIC (2014) NHS Immunisation Statistics, England - 2013-14. Publication date: September 25, 2014

5.12.1.2 Human Papillomavirus (HPV) Immunisation

The total eligible population (girls aged 12-13 years) for HPV in Barnet was 1,926 of which 1,339 were immunised against HPV in 2013/14. Thus, the HPV vaccination coverage rate (% of girls aged 12-13 who received al three doses of the HPV vaccine) in Barnet was 69.5%, which is worse than the average coverage rate of HPV for London (80.0%) and England (86.7%) during 2013/14.

5.12.1.3 Flu and Pneumococcal (PCV) Immunisation

In Barnet, the rates of immunisation against influenza (seasonal flu) was 71.8% in the adult population aged 65 and over and 51.7% in those at risk (individuals aged 6 months to 65 years excluding pregnant women) during 2013/14. The Barnet rates were lower than the average rates for England (73.2% and 52.3% respectively).

[85] http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000043/pat/6/ati/102/page/1/par/E12000007/are/E09000003

In Barnet, the total cohort for pneumococcal vaccination (PCV) against pneumococcal disease in children comprised 5,789 persons of whom 4,767 persons were immunised leading to the coverage rate of 82.4% in 2013/14. The PCV coverage rate in Barnet was worse than the average rates for London (89.7%) and England (94.1%).

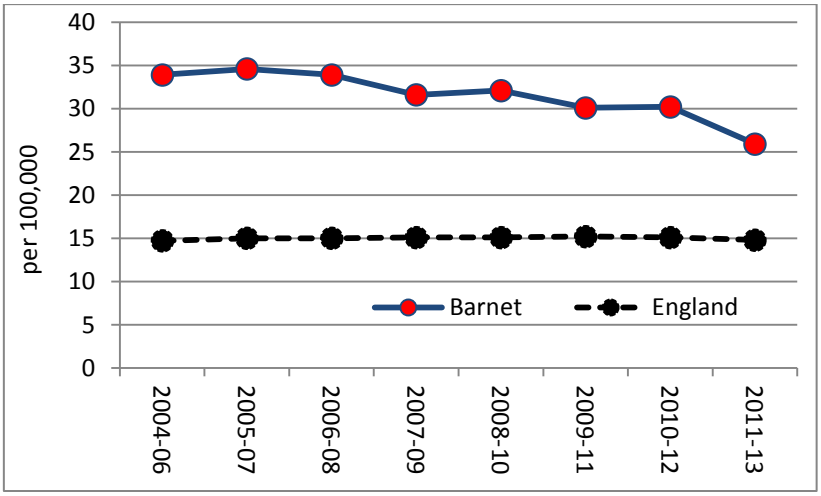
In 2013/14, the total eligible population for immunisation against pneumococcal disease in persons aged 65 years and above was 39,966 persons of whom 26,919 persons received PPV vaccination. The PPV vaccination rate in Barnet (67.5%) was better than the regional London rate (64.2%) but worse than the average rate for England (69.1%) during 2013/14.

5.12.2 Tuberculosis

Tuberculosis (TB) is a notifiable infectious disease that is caused by the bacterium Mycobacterium Tuberculosis, which can affect any part of the body such as bones, intestine, brain and skin but it mainly affects the lungs. TB can be either dormant (latent or hidden) or active and it is curable; however, if active TB especially of the lungs is left untreated or treatment is discontinued then it could be fatal and there is a chance of it spreading to other people. Thus, TB is a major cause of concern from the public health perspective.

TB rates in the UK have declined in the last two years; however the rates are still high in London and the Midlands[86]. The incidence of TB (three year average) in Barnet (25.9 per 100,000) is lower than the London regional rate (39.6 per 100,000) but higher than the rate in England (14.8 per 100,000) (Figure 5-14)[87]. The remaining TB indicators for Barnet are similar to England except the proportion of drug sensitive TB cases that completed a full course of treatment by 12 months (91.8%) and the proportion of TB cases offered an HIV test (98.6%), which are better than the average national rates (Figure 5-15)[86].

Figure 5-14: TB incidence (3 years average) in Barnet compared to England



Source: Public Health England. Barnet - TB Strategy Monitoring Indicators

TB in Barnet is more common in men in all age groups but it involves more females in the 20-29 years age group. The majority of TB patients were born abroad and about 28 % came to the UK within the previous 4 years. In Barnet, the most common ethnic group having TB is people of Indian origin (35%), which is followed by mixed / other ethnic background (26%) and black Africans (20%).

[86] Public Health England. (2014) Tuberculosis in the UK: 2014 report. London.
[87] Public Health England. TB Strategy Monitoring Indicators.

In addition, Barnet has a higher number of drug resistant TB cases than the average number of these cases in London[88].

Figure 5-15: Barnet - TB Strategy Monitoring Indicators

Comparison to England value: Better | Similar | Worse

	Period	England	Bark & Dag	Barnet	Bexley	Brent
TB incidence (three year average)	2011 - 13	14.8	35.1	**25.9**	13.2	94.9
Proportion of pulmonary TB cases starting treatment within two months of symptom onset	2013	41.3	46.4	**47.6**	35.7	68.3
Proportion of pulmonary TB cases starting treatment within four months of symptom onset	2013	71.6	75.0	**73.8**	57.1	86.6
Proportion of pulmonary TB cases that were culture confirmed	2013	71.3	75.0	**70.5**	93.8	79.8
Proportion of culture confirmed TB cases with drug susceptibility testing reported for the four first line agents	2013	97.5	100	**95.8**	100	100
Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months	2012	83.3	91.9	**91.8**	90.9	87.5
Proportion of drug sensitive TB cases who were lost to follow up at last reported outcome	2012	4.3	3.0	**1.9**	0.0	6.0
Proportion of drug sensitive TB cases who had died at last reported outcome	2012	4.8	3.0	**0.9**	8.0	1.3
Proportion of TB cases offered an HIV test	2013	81.1	97.1	**98.6**	97.0	99.6

5.12.2.1 TB and Involvement of Local Communities

Evidence shows that involvement of local communities helps in creating awareness and successful completion of treatment of latent TB[89]. To raise TB awareness in local communities identified as being most likely to be affected by TB, Barnet and Harrow public health commissioned a number of TB awareness training sessions during January – March 2015. The training sessions were attended by more than 60 local community groups, service managers and interested individuals. In addition, TB workshops and a seminar on the world TB day (24th March) were organised that brought together local advocacy and community groups, national TB and local clinical and public health expertise to discuss TB related issues and local needs. A local TB grant scheme has been developed and opportunities for local community groups and organisations to bid for small sums to support local TB advocacy awareness are now being rolled out.

5.12.3 Notifiable Infectious Diseases

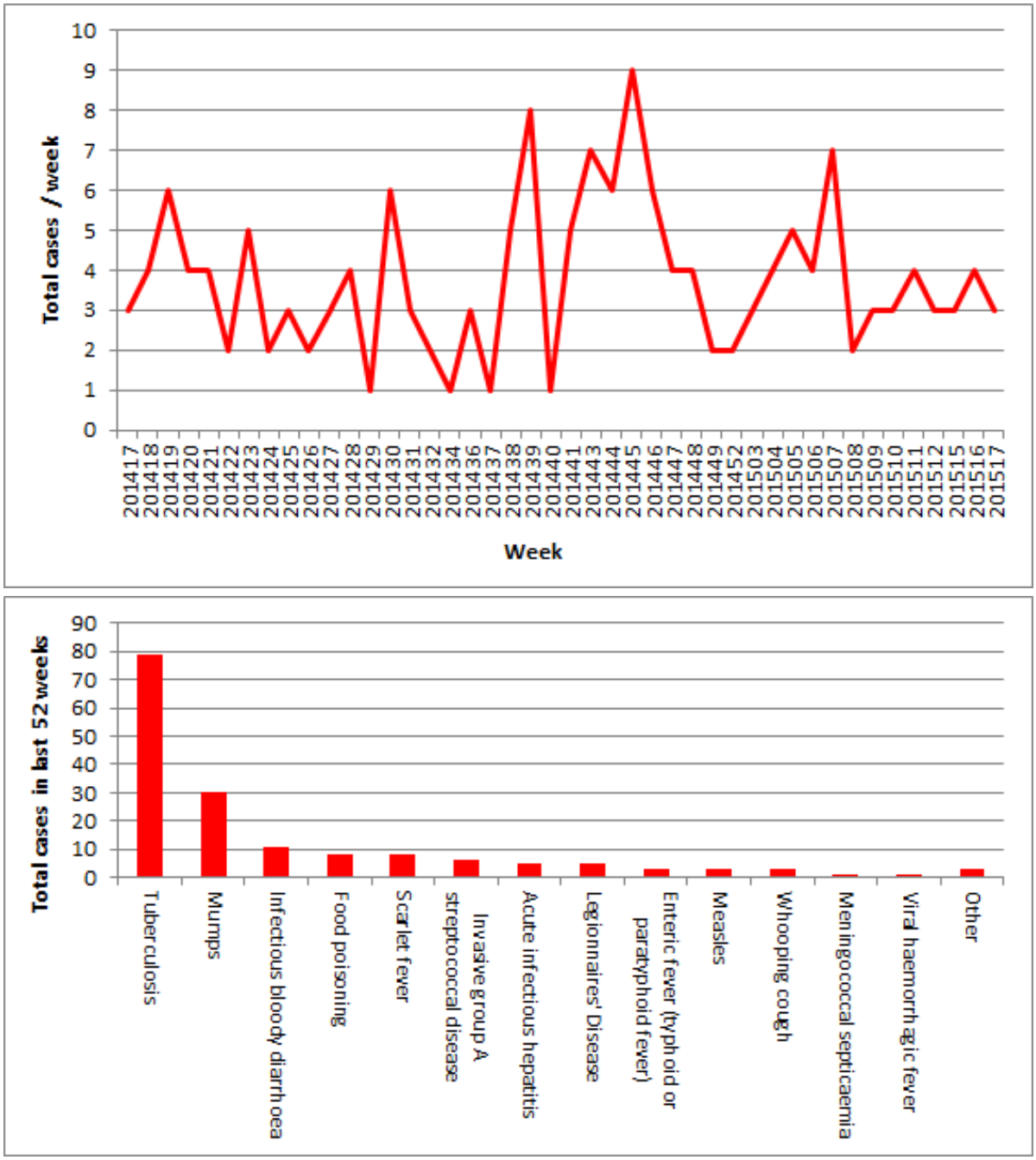
The latest data on notifications of infectious diseases (NOIDs) for the last 52 weeks released by Public Health England on 28th April 2015 show a total of 166 notifications of infectious diseases in Barnet over the last 52 weeks (Figure 16a&b). The weekly trend of NOIDs in Barnet (Figure 5-16a)

[88] Public Health England. (2013) Local authority TB profiles (2012 data).
[89] Gupta et al. (2015) Tuberculosis among the Homeless — Preventing another Outbreak through Community Action. *N. Engl. J. Med.* 372 (16):1483-1485.

shows that the largest number of notifications was reported in the 43rd week (28th October) and the 46th week (18th November) in 2014, which might suggest a seasonal trend.

The highest number of notifications were for TB (n=79) followed by mumps (n=30), infectious bloody diarrhoea (n=11), food poisoning (n=8) and scarlet fever (n=8) during the previous 52 weeks (Figure 5-16b). There is a need to tackle TB in Barnet, which could involve raising awareness about TB through active involvement of local communities such as South Asians in which TB is more prevalent.

Figure 5-16a&b: Notifications of infectious diseases (NOIDs) in Barnet (in last 52 weeks on 28/04/2015)



Data Source: Public Health England. Statutory notifiable diseases: cases reported in last 52 weeks (Date: 28 April 2015)