Brent

Cancer JSNA

Prepared by Evidence & Insight and Public Health teams
June 2026

Table of Contents

Brent

Executive summary

Brent

Executive Summary (page1)

Aims: To describe cancer morbidity, mortality, identification and management in Brent and identify any inequalities by age, gender, ethnicity and deprivation. To highlight where public health could play a role in improving cancer prevention and treatment.

Scope: This needs assessment focuses on the four most common cancers in the UK (breast, prostate, lung, and bowel cancers), cervical cancer (as this is a focus of a national screening programme), and head and neck cancer (as Brent's population has high levels of risk factors for this).

Key findings – screening:

- Brent has lower than the northwest London average screening uptake for the national cervical, breast and bowel cancer screening programmes. HPV vaccination is also considerably lower in Brent than the England and London averages and has been declining in recent years.
- In terms of inequalities, there is lower uptake of screening in younger compared with older age groups for all three national programmes. There is also lower uptake in the more deprived areas (with the exception of cervical cancer screening). There are some differences in uptake by ethnicity, with the most affected ethnic groups varying by screening programme.

Key findings – morbidity:

- There has been an increase in cancer incidence (total cancers) between 2017 and 2024 in Brent. Total cancers are more prevalent in white ethnic groups and more deprived areas.
- Prostate cancer is more prevalent in Black ethnic groups, nationally and in Brent. Qualitative research on prostate cancer awareness in people from Black African or Black Caribbean backgrounds in Brent found a lack of awareness of symptoms and how to respond.
- Head and neck cancer has considerably higher incidence in Brent compared with the England, especially in men (compared with women) and in people from South Asian ethnic groups (compared with the Brent average). Tobacco, including smokeless tobacco, is the major driver of head and neck cancer. Smokeless tobacco use is more common in men and South Asian communities and may contribute to the higher head and neck cancer incidence in Brent.

Executive Summary (page 2)

Key findings – diagnostic pathway:

- Cancer diagnosis through referral from a national screening programme or a GP facilitates more timely diagnosis and treatment compared with other routes (such as A&E or emergency admission). The proportion of total cancers diagnosed through these other pathways has decreased in Brent from 57% in 2017 to 46% in 2024.
- Compared with total cancers, lung, bowel and cervical cancers were less commonly diagnosed following screening or GP referral (Brent 2017-2024 combined).

Key findings – survival:

- Across northwest London, survival rates increased between 2005-2020 (latest available data). 3- and 5-year survival rates are statistically significantly lower in Brent than northwest London for total cancers and for lung cancer. However, total cancer mortality is higher in Brent than the England average (latest data 2023).
- Survival rates are lower for head and neck cancer and lung cancer compared with total cancers.

Key findings – palliative and end of life care:

- A higher proportion of Brent residents die in hospital compared with the west London average. The proportion dying in a hospice is lower in Brent, although the proportion dying in their own home (excluding a care home) is similar.

Areas for improvement

General recommendations for public health:

- Cancer prevention, diagnosis, treatment and other support requires a whole-system approach. The Public Health team aims to improve coordination and equity of cancer prevention, early detection and support across the local system, working collaboratively with NHS partners, voluntary and faith organisations, and local communities.
- Continue and expand preventative measures, taking a proportionate universalism approach to support the whole Brent population and to target additional support where risk factors and incidence are highest. Embed cancer prevention in public health strategies including the food strategy and the men's health strategy.
- Take an intersectional approach, seeking to mitigate structural barriers to screening uptake and participation in other preventative activities, and recognising that age, gender, existing health conditions and a range of other factors affect eligibility, awareness and attitudes.
- Integrate community perspectives and assets to improve cancer prevention services. Examples of community projects include the "Man Van" and Brent Health Matters outreach activities.

Additional focus areas for Brent:

- Breast, bowel and cervical cancer screening should be a focus, given the low uptake in Brent and the high proportion of cases that are not currently diagnosed through screening or GP referral.
- Head and neck cancer also warrants attention, given the high incidence of this type of cancer and high use of smokeless tobacco in Brent.

Introduction and key highlights from literature

Brent

Introduction

- Cancer is a disease where a group of normal cells within the body lead to uncontrolled, abnormal growth forming a lump called a tumour (except leukaemia, cancer of the blood). Cancer is the **second-leading cause of death** worldwide. **Around one third** of all deaths related to cancer could be prevented through routine screening, and early detection and treatment. More than 40% of cancer-related deaths are preventable as they are **linked to modifiable risk factors**.
- **Non-modifiable risk factors include a**ge, cancer-causing substances (carcinogens)**,** genetics, the immune system
- **Modifiable risk factors include** alcohol, being overweight or obese, diet and nutrition, physical activity, tobacco, ionising radiation, workplace hazards, infectious agents.
- Lung, prostate, colorectal, stomach and liver cancer are the most common types of cancer in men, while breast, colorectal, lung, cervical and thyroid cancer are the most common among women.
- The National Cancer Plan for England states that cancer is one of NHS clearest priorities. The plan also states that cancer mortality rates are higher than those in comparable countries
- The **NHS 5 Clinical Priorities** outlines cancer as the biggest contributor to inequalities in life expectancy from people within the most deprived communities. The NHS Long-Term Plan sets out prevention programmes that could contribute to reducing cancer, including to cut smoking, reduce obesity and limit alcohol-related admissions. The Plan also highlights specific groups for action, for example to cut smoking in pregnancy, and to improve uptake of screening and early cancer diagnosis for people who currently miss out.

Sources
What is cancer? | World Cancer Day, accessed May 2024
Cancer (who.int), accessed May 2024
NHS England » Evidence for the five clinical priorities, accessed 28 February 2024
NHS England » National Healthcare Inequalities Improvement Programme
NHS Long Term Plan v1.2 August 2019, Accessed May 2024
The National Cancer Plan for England: delivering world class cancer care accessed 12 March 2026

Brent

Key highlights from the literature (1)

Health inequalities in cancer

- Health inequalities are unfair and avoidable differences in health across populations and communities, influenced by factors like housing, income, employment, and access to care. People in deprived areas, minority ethnic groups, and vulnerable populations such as the homeless face higher risks of poor health outcomes. This is due to complex barriers such as limited services, transportation, language, health literacy, and past negative experiences.
- Brent's demographic and socioeconomic profile contributes to cancer inequalities through a mix of high ethnic diversity and socioeconomic deprivation, creating systemic barriers to prevention, early detection, and treatment. Residents face obstacles such as gaps in health literacy, language barriers, and mistrust of healthcare, leading to lower screening rates and more late-stage diagnoses. Environmental and lifestyle factors, such as poor air quality, food deserts with fast-food outlets, and a higher prevalence of shisha and paan, worsen these disparities. Financial constraints, caregiving duties, and unequal access to care further disadvantage the borough's most vulnerable populations in cancer outcomes.
- There are inequalities at all stages of the cancer pathway. Those from deprived areas are less likely to attend cancer screening programmes which are crucial to diagnosing cancers at an earlier stage when they may potentially be curable. Those from some ethnic minority backgrounds face more barriers to presenting to their doctor with potential red-flag symptoms and are less likely to participate in cancer screening programmes. There is evidence of difficulties in screening access for those from the LGBTQ+ community. Ethnic minority and LGBTQ+ groups report worse experience once on the cancer pathway with difficulties with respect to provision of information, communication and decisions regarding care. These are described more fully on the next page.

Cancer diagnosis & treatment pathway

Sources:
NHS England » What are healthcare inequalities?, accessed May 2024
Inequalities in cancer - NDRS (digital.nhs.uk) accessed May 2024
Inequalities in cancer: a major public health concern - The Lancet Public Health, accessed, May 2024
Health inequalities: a reflection | Macmillan Cancer Support, accessed May 2024

Brent

Key highlights from the literature (2)

Cancer Incidence

- People in the most deprived areas of the UK experience **20,000 more cancer cases annually** compared to the least deprived areas. This disparity is largely driven by preventable risk factors like smoking and obesity.
- Smoking-related cancers, such as lung cancer, are **three times more common** in deprived populations.

Cancer Screening Uptake

- **Black people** in England are less likely than White people to have their cancer diagnosed through screening.
- In England, **breast cancer screening uptake** is significantly lower in deprived areas. For example, in London, uptake is just **55.4%** compared to the national average of **64.6%**. This disparity is linked to barriers such as lack of awareness, cultural stigma, and logistical challenges.
- **Cervical screening uptake** also shows inequalities. Among women aged 25 to 49, uptake is **66.1%** in England, but this figure is lower in ethnically diverse and deprived areas of London. Women from ethnic minority backgrounds often face additional barriers, such as language difficulties and mistrust of healthcare systems.
- RM Partners Cancer Alliance Strategy for NW and SW London 2025-2030 indicates that there is a 17% discrepancy in bowel cancer screening uptake between our most and least deprived groups.

Stage at Diagnosis

- In London, people from deprived areas are more likely to be diagnosed at a **later stage** of cancer. This inequality is influenced by factors such as delayed access to healthcare and lower participation in screening programs.
- Nationally, individuals from lower socioeconomic backgrounds are **20% more likely** to have their cancer diagnosed at a late stage compared to those from affluent areas. This delay in diagnosis often leads to worse outcomes and limited treatment options.
- RM Partners Cancer Alliance Strategy for NW and SW London 2025-2030 shows that there is an 8% variation in early-stage diagnosis between our most deprived and least deprived populations.

Sources:
UK health inequalities: 20,000 more cancer cases a year in the most deprived areas, accessed February 2025
Ethnic inequalities in routes to diagnosis of cancer: a population-based UK cohort study | British Journal of Cancer, accessed, February 2025
Hajra K, Tripathi D, Maity D. Multicancer Early Detection Tests for Cancer Diagnosis. J Explor Res Pharmacol. 2024;9(1):23-33. doi: 10.14218/JERP.2023.00007.

Brent

Key highlights from the literature (3)

Cancer Mortality and Survival

- **Socioeconomic Inequalities**: Cancer death rates are **nearly 60% higher** in the most deprived areas compared to the least deprived. This equates to around **28,400 deaths annually** linked to socioeconomic inequality.
- Lung cancer accounts for nearly half of these deaths, with mortality rates in deprived areas being almost **three times higher** than in affluent areas.
- People with low compared with high levels of education experience 1.7–2.6 times higher risk of lung cancer mortality.
- In England, individuals from the most deprived areas have significantly lower survival rates compared to those from affluent areas. For example, five-year survival for lung cancer is **10% lower** in deprived populations. This disparity is often linked to delayed diagnosis and limited access to advanced treatments
- **Ethnic Disparities**: In London, ethnic minority groups often experience worse survival outcomes. For instance, Black and South Asian patients with breast or prostate cancer have **lower survival rates** compared to White patients. Factors include differences in healthcare access, cultural barriers, and variations in treatment uptake
- **Geographic Variations**: Survival rates also vary across London boroughs. For example, boroughs with higher deprivation levels, such as Barking and Dagenham, report lower survival rates compared to more affluent areas like Richmond upon Thames
- Cancer survival rates are generally lower in deprived areas. For example, survival improvements have been more pronounced in affluent areas, widening the gap
- Factors contributing to this include diagnosis (delays, advanced stage of disease), treatment (delays, poorer access to optimal care and lower compliance), and worse general health (worse in more deprived) and type of disease (histological type or more aggressive disease).
- RM Partners Cancer Alliance Strategy for NW and SW London 2025-2030 shows that lower survival rates in deprived populations: nationally 10,400 more people would survive for 5 or more years if the least and the most deprived populations survival was matched.

Brent

Sources:
Cancer death rates almost 60% higher in UK's most deprived areas - Cancer Research UK - Cancer News, accessed February 2025
Cancer survival in England - Office for National Statistics , accessed February 2025
Cancer survival statistics | Cancer Research UK, accessed February 2025
Cancer survival by stage - NHS England Digital, accessed February 2025
Cancer survival by socio-economic group | Cancer Research UK, accessed, February 2025

Key highlights from the literature (4)

The Covid-19 pandemic and cancer care

The Covid-19 pandemic significantly disrupted cancer care globally leading to misdiagnosis, delayed treatments and interruptions in cancer care services. Fear of contracting COVID-19 and health system strain contributed to a decrease in patients seeking medical care and a substantial drop in suspected cancer referrals. Exaggerating the problem of late cancer presentations and diagnosis, the backlog of patients awaiting cancer treatment has surged, with delays expected to persist for several years, posing challenges for healthcare systems worldwide.

In 2020, Macmillan Cancer Support estimated that across the UK there were around *50,000 missing diagnoses.* In August 2020, monthly urgent referrals statistics in England, showed that activity was still 11% behind 2019 levels, with each month continuing to add to the backlog. Recent data from 2025 shows that while the missing diagnosis backlog from the pandemic has shifted, the UK's cancer services are facing a new crisis: a massive surge in referrals and persistent failure to meet updated diagnostic targets.

In September 2025, the NHS saw 295,202 urgent cancer referrals in a single month. This represents a significant increase from the 2023–2024 average of 267,212 per month, indicating that the system is processing more people than ever, yet still failing to keep pace with demand.

Analysis on the early impact of COVID-19 on cancer care predicted:

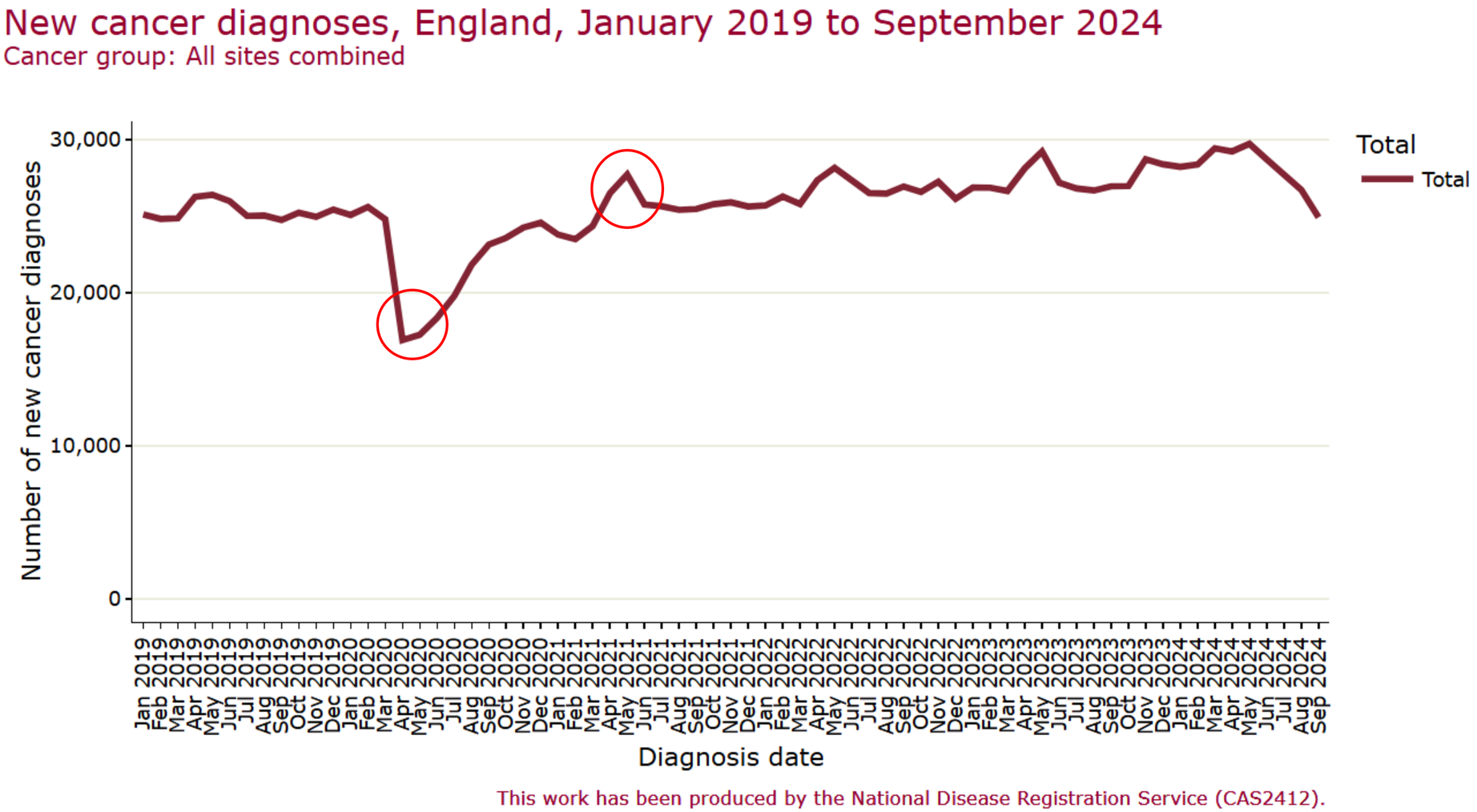
- A 7.9% to 9.6% increase in breast cancer deaths corresponding to 281 to 354 additional deaths within five years after the diagnosis
- For colorectal cancer, a 15.3% to 16.8% increase, corresponding to 1445 to 1563 additional deaths.
- For oesophageal cancer, a 5.8% to 6.0% increase in deaths and an estimated 300 and 342 additional deaths.
- For lung cancer, a 4.8% to 5.3% increase in deaths with a 1235 to 1372 additional deaths.
- Across these four cancers types a total of 3291- 3621 additional deaths were estimated.

Sources:
COVID-19 and cancer: 1 year on - The Lancet Oncology Accessed May 2024
The Forgotten 'C'? The impact of COVID-19 on cancer care (macmillan.org.uk) Accessed May 2024
Cancer Research UK. (2020). Cancer/Covid-19 Research Summit Report. Retrieved from cancer_covid-19_research_summit_nov_2020_report_171220.pdf (cancerresearchuk.org) Accessed on 10/05/2024
NHS England (2025) Cancer Waiting Times, September 2025. https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2026/01/Cancer-Waiting-Times-Statistical-Release-September-2025-Provider-based-Final.pdf
Marshall, D. C., Wu, Y., Liu, A. Y., Savidge, G. F., Cipriano, L. E., Lopez-Aguiar, A. G., ... & Gu, X. (2020). Early impact of the COVID-19 pandemic on cancer care: a comprehensive analysis across 30 cancer types. The Lancet Oncology. Retrieved from https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(20)30388-0/fulltext

Brent

Key highlights from the literature (5)

The impact of Covid-19 is shown in the graph by the National Disease Registration Service. April 2020 had the lowest count of 16,911 new diagnoses in England followed by a peak in May 2021, at 27,735 new diagnoses



Brent

Source:
Rapid Cancer Registration Data: Incidence and treatment dashboard

Brent population and the wider determinants of health

Brent

How does Brent's profile contribute to cancer inequalities?

Ethnically Diverse Population:
Brent is one of the most ethnically diverse boroughs in London. This diversity can be linked to disparities in cancer outcomes due to cultural barriers, language differences, varying levels of health literacy, and experiences of discrimination.

Deprivation:
Certain areas in Brent experience high levels of deprivation, which is a significant determinant of health inequalities. Deprivation can limit access to healthy food, physical activity, and timely healthcare, all of which are crucial for cancer prevention and treatment.

Health Behaviors and Risk Factors:
A high proportion of Brent residents are overweight or obese, with recent estimates being 40% of children in Year 6 and 61% of adults. Children that are overweight or obese are more likely to be obese in adulthood. Adult overweight and obesity is the second biggest cause of cancer in the UK.
Higher rates of alcohol consumption, smoking, and lower participation in cancer screening programs are often observed in deprived areas. These factors contribute to late-stage cancer diagnoses and poorer outcomes. The consumption of chewing tobacco (paan) and shisha are more common in some ethnic groups and communities.

Barriers to Healthy Living:
Financial constraints, work or caring responsibilities, and language barriers are cited as significant obstacles for residents in maintaining a healthy lifestyle.

Access to Healthcare:
Socioeconomic inequalities can affect access to healthcare services, including cancer screening and treatment. People in deprived areas may face barriers such as financial constraints, lack of awareness, or mistrust in the healthcare system. Delays in referral , lower referral rates and reduced access to optimal treatment are more likely in deprived populations.

Food Insecurity:
Access to fresh fruits and vegetables is limited in some areas, with high streets often dominated by fast-food outlets. According to the e-Food Desert Index (EFDI), food desert areas can be found in the south part of Brent.

Air Quality:
Poor indoor air quality in many of the deprived communities and poor outdoor air quality in areas of the borough near A5 and A406 major roads in the borough impact on cancer inequalities.

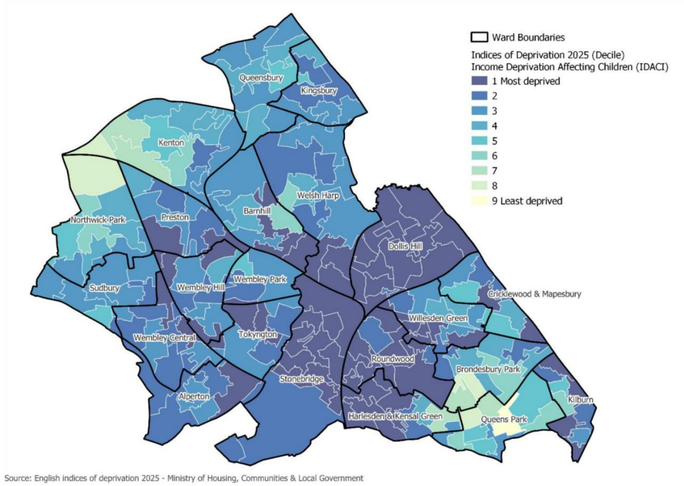
Intersectionality:
The combination of factors like ethnicity, socioeconomic status, and gender can compound health inequalities. For example, women from certain ethnic backgrounds in Brent may face unique challenges in accessing cancer care.

Sources:
Tackling Health Inequalities in Brent
https://fingertips.phe.org.uk/
How does obesity cause cancer? | Cancer Research UK
Inequalities in cancer – NDRS
Health and Wellbeing Strategy 2021
Charity calls for unified action on cancer inequalities | Charity Today News

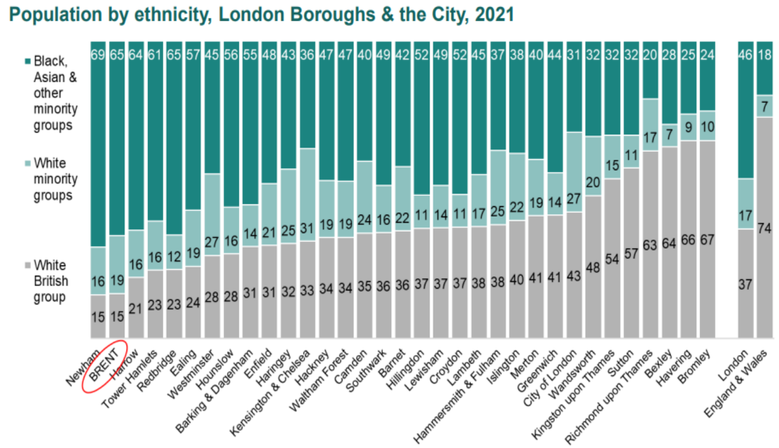
Brent

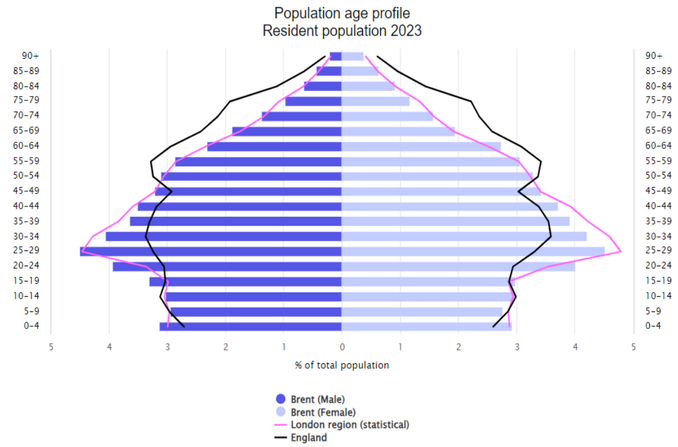
Brent's demographic profile

- Based on the 2025 deprivation indices, Brent is now recognised as more deprived than in 2019, with over half of Lower Layer Super Output Areas (LSOAs) moving into a more deprived decile.
- Brent has the second-largest Black, Asian, and other minority groups proportion (65%) among London boroughs.
- 56% of Brent residents are born outside the UK, compared to 41% London average. 34% speak a main language other than English, and 20% of households have no one using English as their main language, the highest rate nationally.
- Brent is a young borough, but as with the national trend, its population is ageing.
- The borough's profile also means that traditional public health messaging often fails to reach those at highest risk. As this diverse population ages, the health care system will face a critical surge in complex, late-stage cases that are harder to treat and result in significantly poorer survival outcomes.



Source: English indices of deprivation 2025 - Ministry of Housing, Communities & Local Government

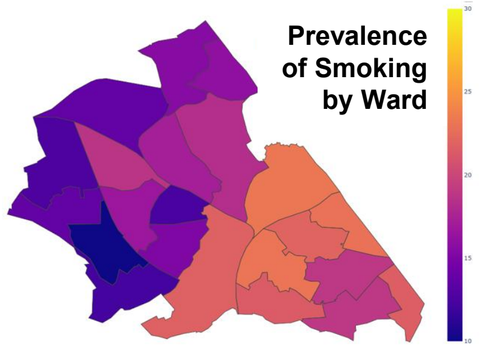


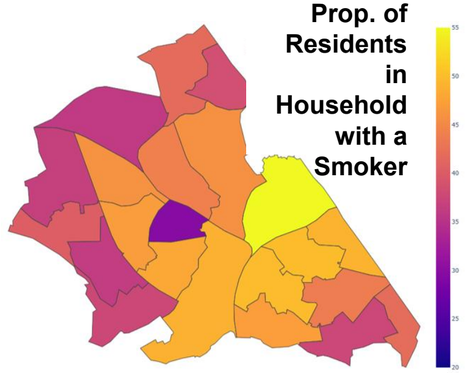


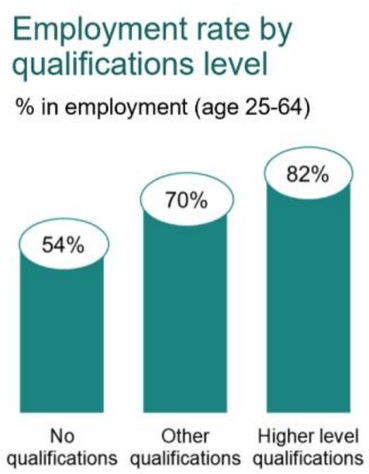
Source:
Brent Open Data

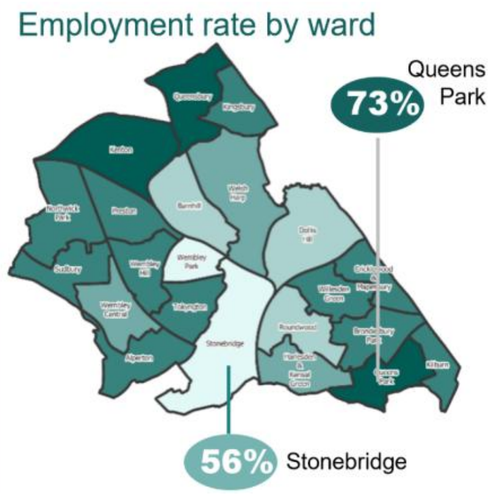
Brent's socio-economic profile

- Brent data show that smoking prevalence is higher in the south of Brent. The areas with the highest smoking prevalence at 21-23% are: Dollis Hill, Roundwood, Cricklewood & Mapesbury, Willesden Green, Stonebridge, Kilburn, and Harlesden & Kensal Green.
- Residents living in a smoking household may potentially be exposed to second-hand smoke. In Dollis Hill, 56% of the live in a household with at least one smoker. Willesden Green, Roundwood, Cricklewood & Mapesbury, Stonebridge and Harlesden& Kensal Green also have high rates (47-50%) compared to the overall Brent average (44%).
- Employment rates vary from 73% in Queens Park to 56% in Stonebridge. Only 54% of those with no qualifications were in employment at the time of the 2021 census.
- The clustering of high smoking rates, second-hand smoke exposure, and economic instability in the south of Brent creates will have a discernable impact on cancer outcomes.
- In wards such as Stonebridge and Dollis Hill, smoking prevalence significantly increases the community's risk of developing lung and respiratory cancers. This is compounded by socioeconomic barriers; lower employment and education levels often correlate with lower health literacy, where residents may delay seeking help due to the financial pressures.





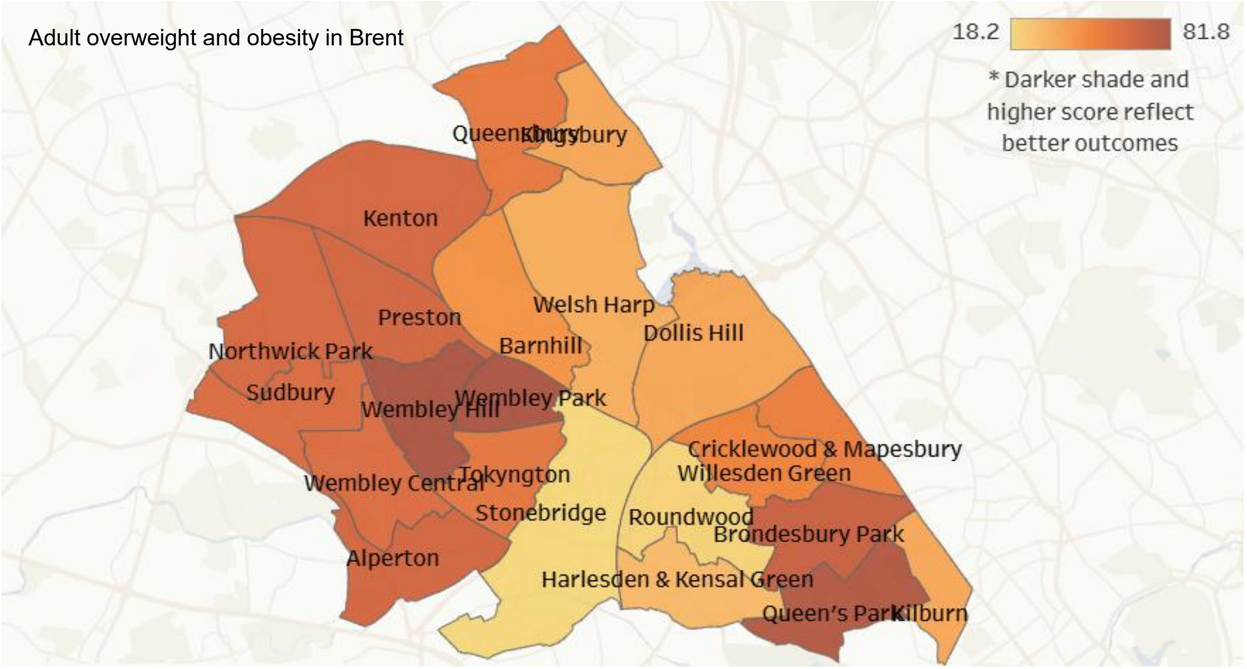


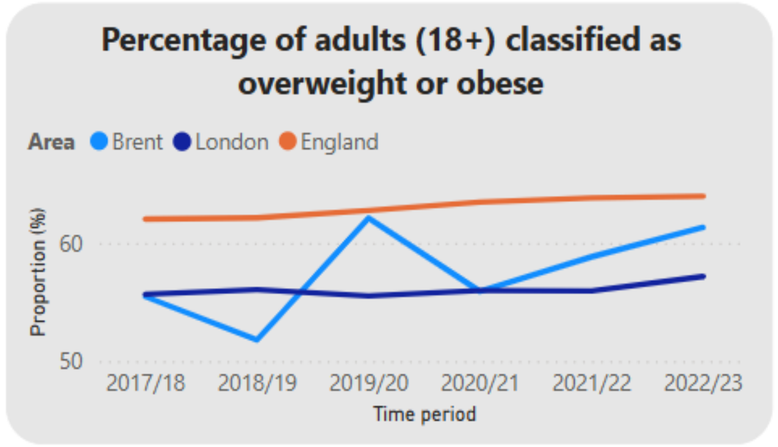


Source:
Brent Open Data, WSIC, Labour Market Profile - Nomis - Official Census and Labour Market Statistics

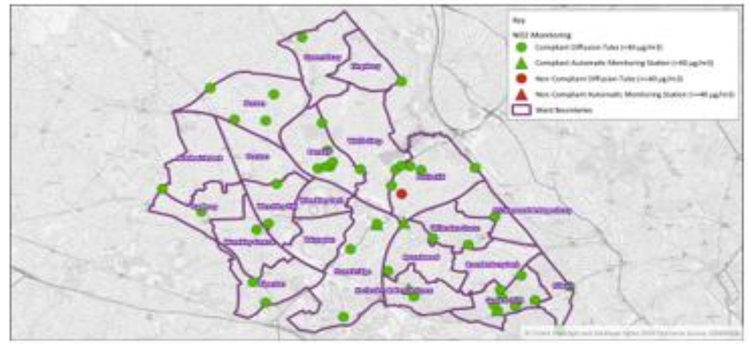
Brent's health profile impacting cancer inequalities (1)

- Adult overweight and obesity levels have been increasing. Brent has a higher prevalence of overweight and obesity (61%) compared with London (57%). Excess body fat can trigger chronic inflammation and hormonal imbalances that promote tumour growth.
- Although there has been great improvement in terms of Brent outdoor air quality after the expansion of ULEZ, there are areas of non-compliant air quality. These are Dollis Hills (non-compliant for NO_2), Harlesden, Stonebridge and Queens Park (non-compliant for $PM_{2.5}$). The risk of lung and cardiovascular-related cancers is higher in areas of high air pollution, as fine particulate matter can penetrate deep into lung tissue and enter the bloodstream.
- The combination of high obesity rates and localised air quality issues in Brent elevates cancer risk.

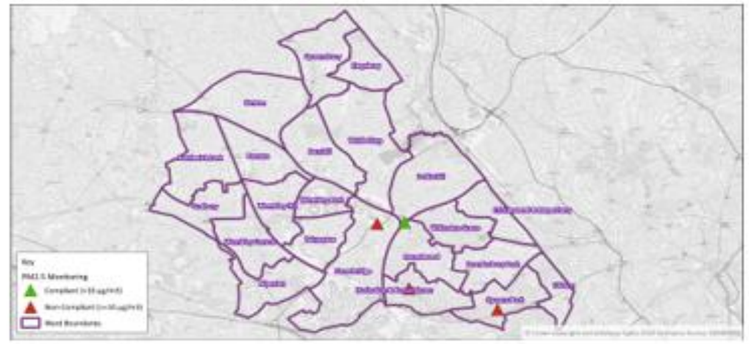




NO_2 concentration levels across Brent in 2023



$PM_{2.5}$ monitoring stations in Brent, 2023.

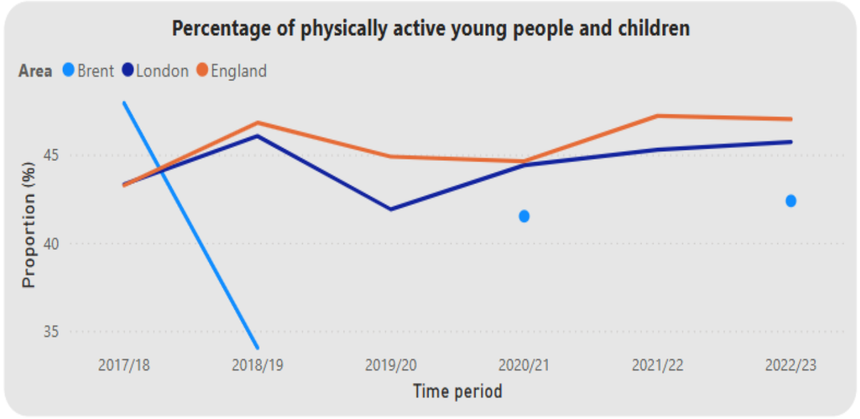


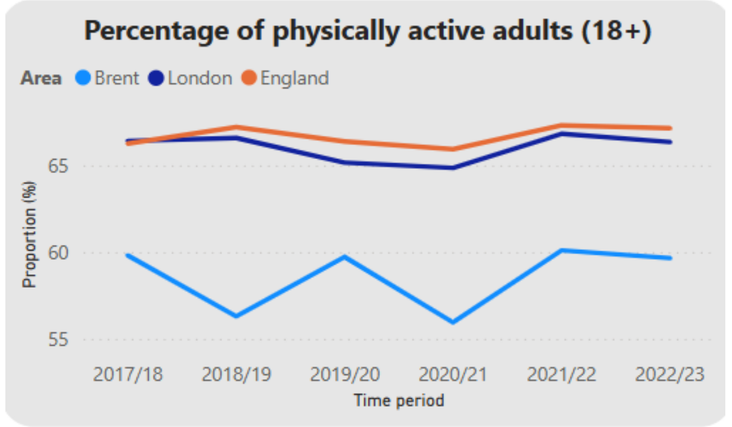
Brent

Source:
Brent Open Data, WSIC
Brent – Excess weight in adults
Source: Social Progress Index

Brent's health profile impacting cancer inequalities (2)

- In Brent, around 42% of children and young people are active, compared to 46% for London and 47% for England. Adults in Brent are also less physically active than London and England (60% vs 65% and 66% respectively)
- Anecdotal evidence suggests there is high chewing tobacco prevalence in Wembley and Alperton, a leading cause of mouth and throat cancer.
- Brent's lower physical activity rates create a vulnerability to various cancers by failing to mitigate chronic inflammation and hormonal imbalances.



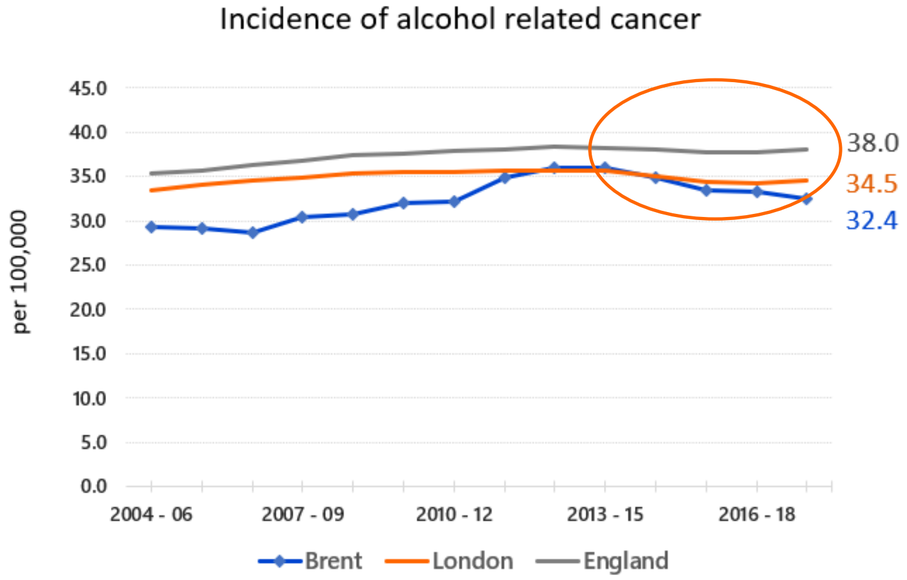


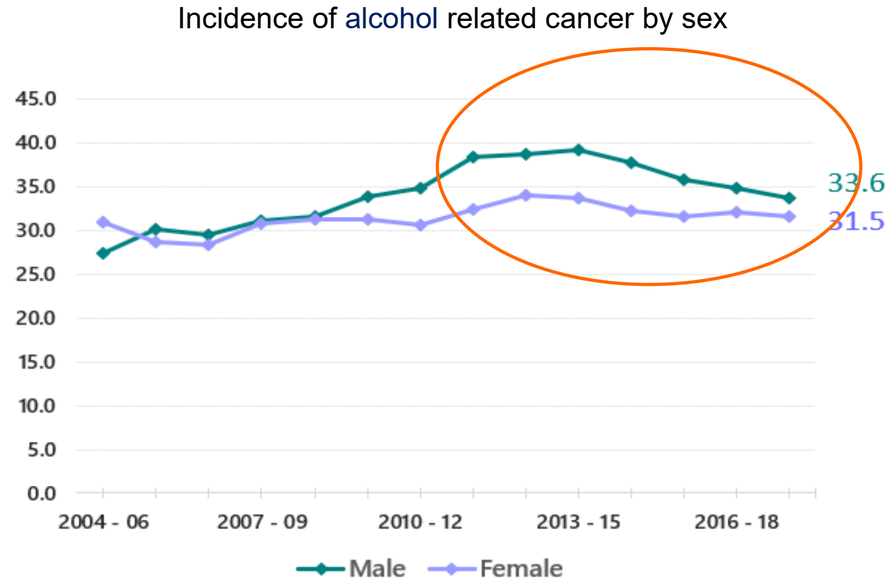
Brent

Source:
Brent Open Data, WSIC

Alcohol-related cancer incidence (2017- 2019 latest available data)

- The prevalence of harmful alcohol use (more than 14 units a week) has been lower in Brent (11%) than London (20%) and England (22%).
- There has been a lower incidence of alcohol-related cancers in Brent compared to the rest of London and England. However, men experience a higher rate of alcohol-related cancers than women.
- There is a clear socioeconomic gradient in alcohol-related cancer incidence, with the more deprived parts of Brent having higher alcohol-related cancer incidence.





There is a higher rate of alcohol related cancers for people living in more deprived areas in Brent (2017 – 2019)

Source: Fingertips | Department of Health and Social Care, 2025

Brent

Cancer screening and HPV vaccination

Brent

Screening

Most cases of cervical cancer are caused by persistent infection with high-risk types of Human Papillomavirus (HPV), a common virus passed through skin-to-skin contact. Over time, these high-risk strains can cause cellular changes in the cervix which, if left unmonitored or untreated, may develop into cancer. The HPV vaccine significantly reduces risk by protecting against the most common cancer-causing strains. NHS cancer screening programmes can help to diagnose cancer or risk of cancer earlier and improve the likelihood of successful treatment. There are three national cancer screening programmes in England.

1. Cervical screening

The NHS cervical screening programme in England is offered to people with a cervix aged from 25 to 64. As part of the programme, all samples are now being tested for high-risk Human Papillomavirus (HPV) in the first instance. Samples that test positive can identify more people at risk of cervical cancer earlier and could prevent around 600 additional cancers a year. As part of prevention, the HPV vaccine protects against HPV and is usually administered to children between the ages of 12 to 14 years old.

2. Breast screening

About 1 in 7 women in the UK are diagnosed with breast cancer during their lifetime. If it's detected early, treatment is more successful and there's a good chance of recovery. NHS breast screening is offered to women aged 50 to 71. Current trials are examining the effectiveness of offering one extra screen between the ages of 47 and 49, and 71 and 73. Most recent data (March 2025) shows that Brent screened 61.6% of its eligible population (women aged 53 to 70) within the previous three years. This is compared to 65.2% regionally in London, and 71.8% nationally in England.

3. Bowel screening

Bowel cancer survival is improving and has more than doubled in the last 40 years in the UK. If diagnosed early, more than 90% of bowel cancer cases can be treated successfully. As part of the NHS bowel cancer screening programme, men and women aged 50-74 are sent a home testing kit every two years.

Brent

Source:
NHS England » Screening and earlier diagnosis
NHS England – Breast Screening Programme Statistics

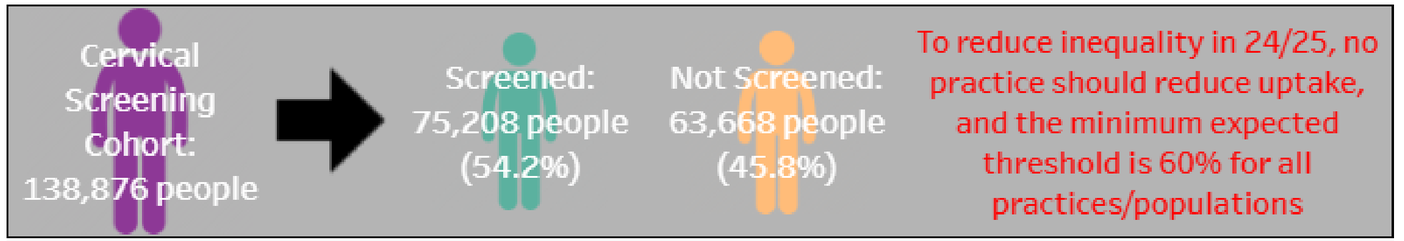
NHS Cervical Cancer Screening - Brent Summary

Brent's Cervical Screening cohort consists of 138,876 people (January 2026)

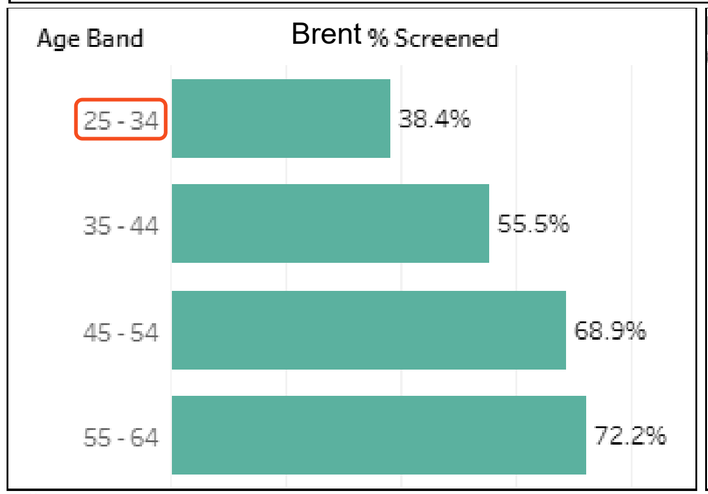
54% have been screened in Brent compared to 59% in North-West London

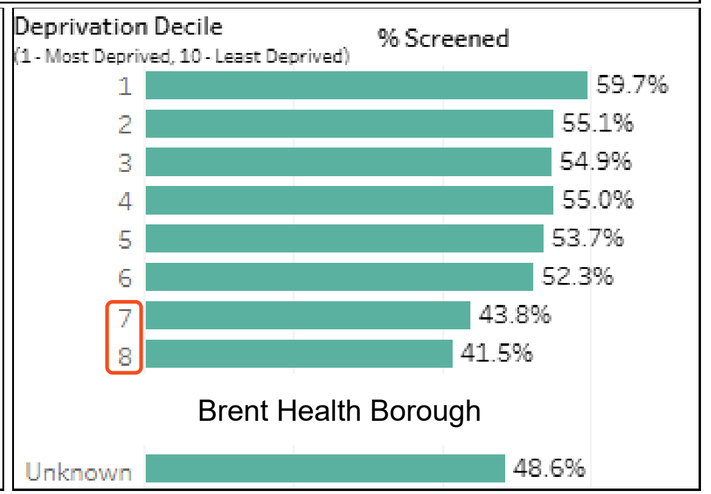
Screening rates increase with age. People aged 25 – 34 years have the lowest screening rate at 38.4% (compared to 72.2% of people aged 55 -64 years).

People who live in the least deprived areas in Brent (Index of Multiple Deprivation deciles 7 & 8), have the lowest screening rates (43.8% and 41.5% respectively).



Health Borough	% Screened	No. of Practices <55%	No. of Practices 55%-60%	No. of Practices >60%
Brent	54.1%	8	6	38
Central London	51.4%	22	5	3
Ealing	66.6%	4	7	58
H&F	52.3%	15	6	7
Harrow	61.3%	3	12	16
Hillingdon	65.5%	1	7	35
Hounslow	65.9%	1	4	39
West London	56.4%	15	9	14
NWL	59.2%	69	56	210

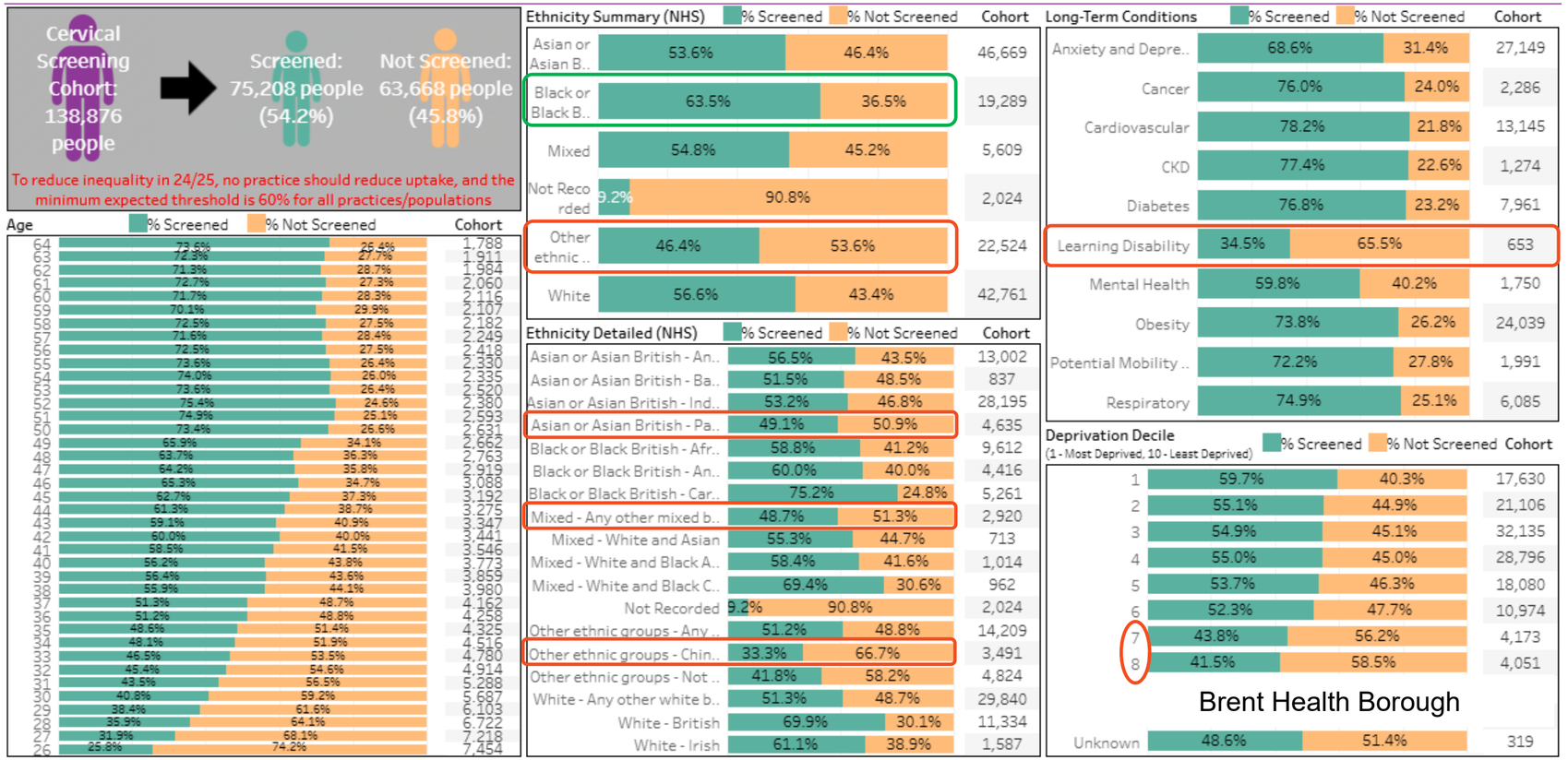




Source:
NWL WSIC Dashboards, data extracted on 27/01/2026

Brent

NHS Cervical Cancer Screening - Brent Demographics



Increasing screening rates with age

Around 2 out of 3 people with Learning Disabilities in Brent are not screened

People in more deprived areas have higher screening rates

Source:
NWL WSIC Dashboards, data extracted on 27/01/2026

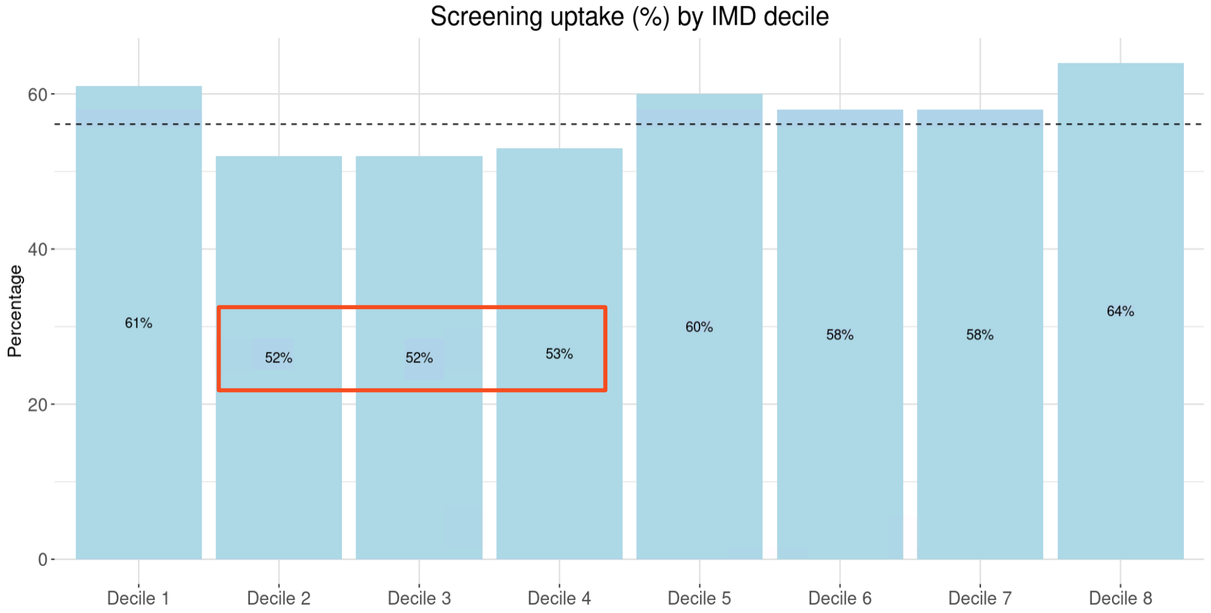
Brent's Black community have the highest cervical screening rates (63.5%), especially the Caribbean ethnic group (75.2%). White British groups also have high screening rates (69.9%).
Chinese (33.3%), Pakistani (49.1%), any other mixed (48.7%), other White (51.3%) and Bangladeshi (51.5%) ethnic groups have the lowest screening rates.

Brent

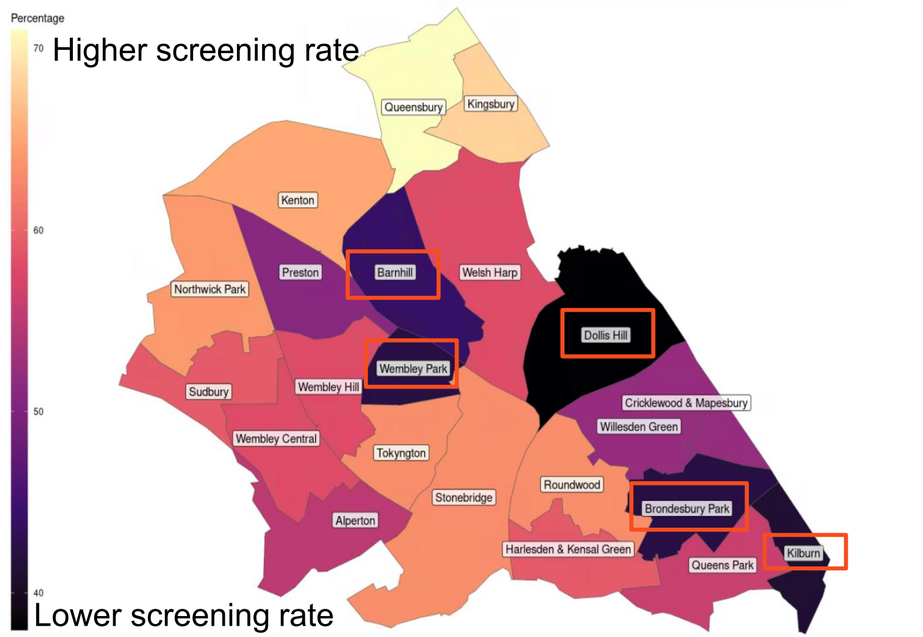
NHS Breast Cancer Screening - Brent

Brent (56.1%) has slightly lower breast screening uptake than NWL (58.1%; women aged 53-70 screened in the 36 months prior, 2024/25).

The more deprived areas in Brent tend to have lower breast screening rates. Dollis Hill (38%), Kilburn (41%), Brondesbury Park (42%), Wembley Park (42%) and Barnhill (44%) are the Brent wards with the lowest breast screening rates.



Source:
NWL WSIC Data from August 2025



Ward	Screening Uptake (%)
Dollis Hill	38
Kilburn	41
Brondesbury Park	42
Wembley Park	42
Barnhill	44
Preston	51
Cricklewood & Mapesbury	52
Willesden Green	52
Alperton	55
Queens Park	56
Welsh Harp	58
Wembley Central	58

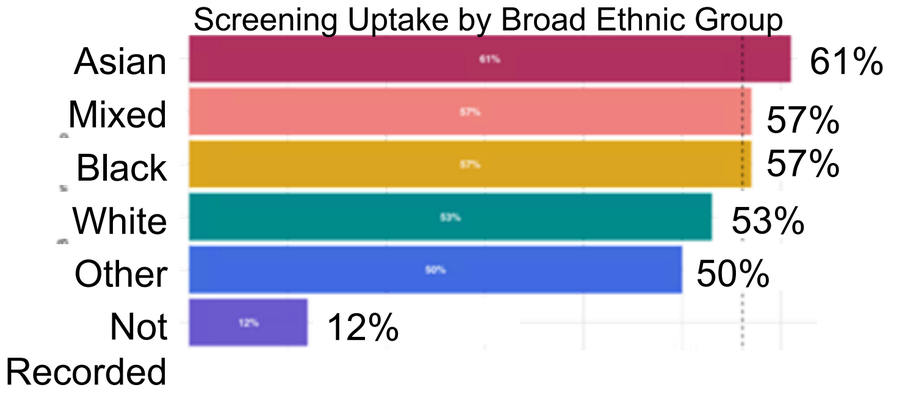
Ward	Screening Uptake (%)
Wembley Hill	58
Harlesden & Kensal Green	59
Sudbury	59
Roundwood	63
Stonebridge	63
Tokyngton	63
Northwick Park	64
Kenton	65
Kingsbury	68
Queensbury	71

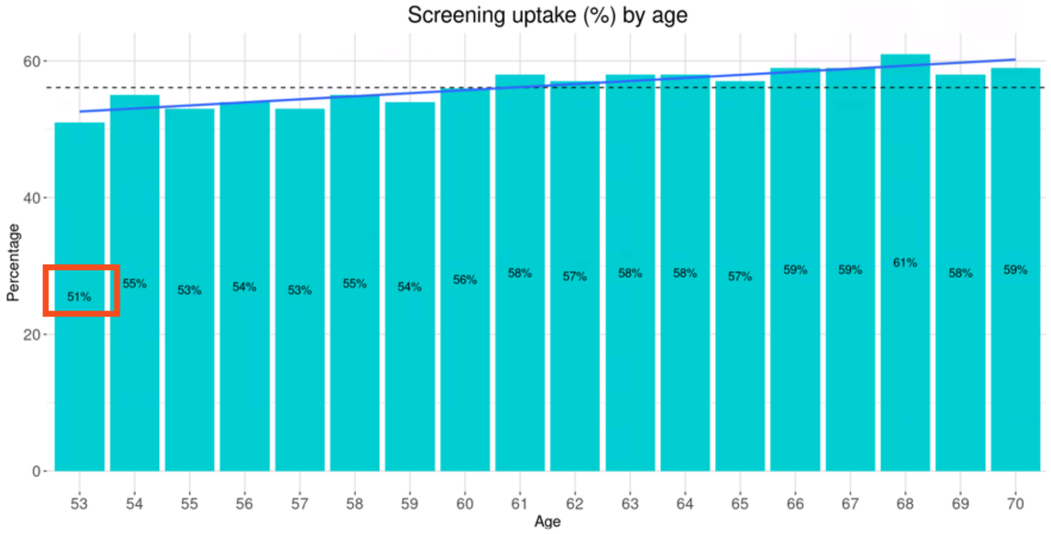
Source:
NWL WSIC Data from August 2025

Brent

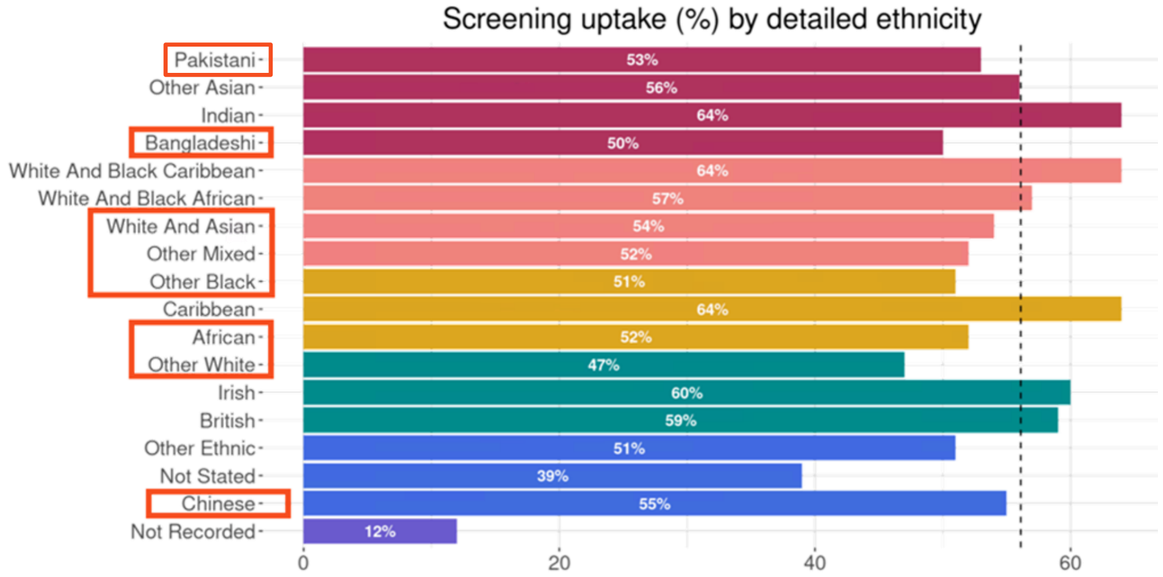
NHS Breast Screening - Brent Demographics

Breast screening uptake generally increases with age.
'Other White' (47%), Bangladeshi (50%), 'Other Black' (51%) and African (52%) are the ethnic groups with the lowest uptake.





Source:
NWL WSIC Data from August 25



Source:
NWL WSIC Data from August 25

Brent

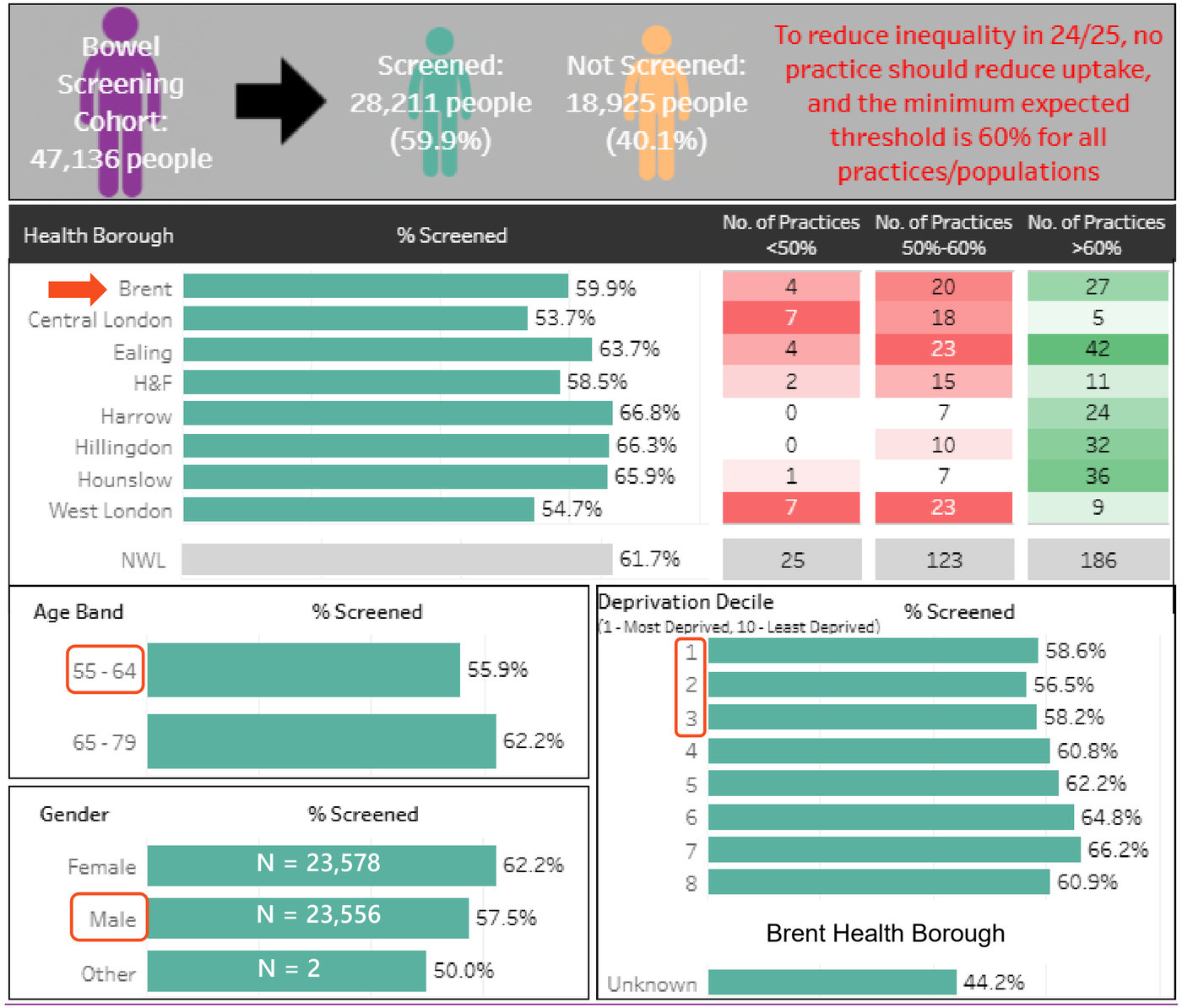
NHS Bowel Cancer Screening – Brent Summary

Brent's Bowel Screening cohort consists of 47,136 people (February 2026).

59.9% have been screened in Brent compared to 61.7% in North-West London

Screening rates increase with age.
People aged 55 – 64 years have a lower screening rate at 55.9% (compared to 62.2% of people aged 65 -79 years).

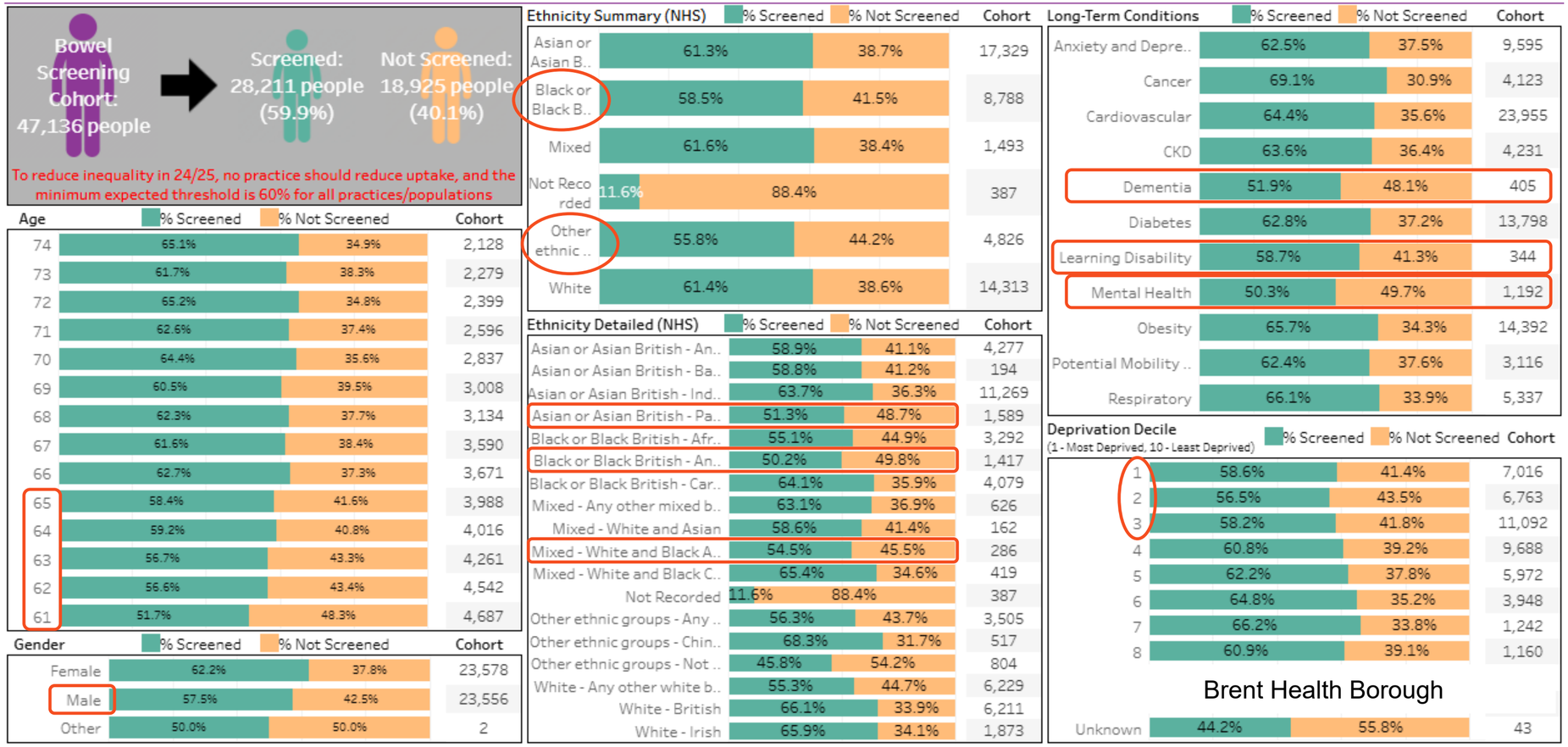
People who live in the most deprived areas in Brent (IMD 1 – 3), have the lowest screening rates (less than 60% have been screened)



Source:
NWL WSIC Dashboards, data extracted on 04/02/2026

Brent

NHS Bowel Cancer Screening- Brent Demographics



Rates in 61 – 65-year-olds are lower than 66 years and above

Males have lower screening rates than females

Lower screening rates are seen for people with mental ill health, dementia, and learning disabilities

The most deprived areas have the lowest screening rates

Source:
NWL WSIC Dashboards, data extracted on 27/01/2026

In Brent, males have lower screening rates than females, and generally lower ages have lower screening rates than older ages. People from ‘Any other’ black ethnicity (50.2%) and Pakistani ethnicity (51.3%) have the lowest screening rates. People who live in the most deprived areas in Brent (IMD 1 – 3), have the lowest screening rates (<60% screened).

Brent

HPV Vaccine Uptake

Many types of the Human Papillomavirus Virus (HPV) affect the mouth, throat and genital area. It can get transmitted by skin-to-skin contact of the genital area, penetrative or oral sex. HPV can cause genital warts and high-risk types of HPV increase the risk of some cancers, including cervical. The HPV vaccine protects against HPV and is usually administered to children between the ages of 12 to 14 years old. Brent is significantly below the England average on all male and female vaccination coverage.

Better 95% Similar Worse 95% Not applicable

Recent trends: – Could not be calculated; No significant change; Increasing & getting worse; Increasing & getting better; Decreasing & getting worse; Decreasing & getting better

Benchmark Value: Worst | 25th Percentile | 75th Percentile | Best

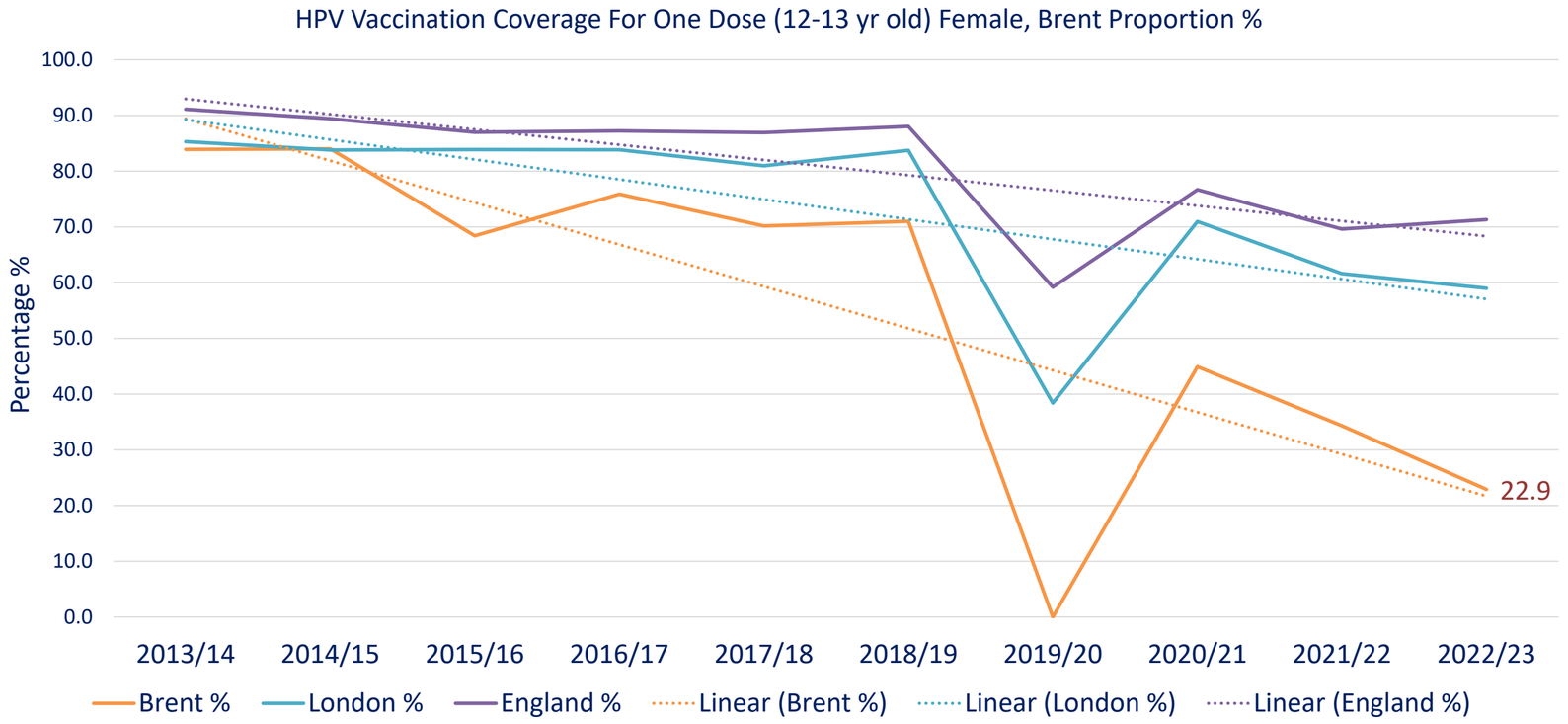
Indicator	Period	Brent			London	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Male) <80% 80% to 90% ≥90%	2022/23	–	392	24.1%	55.0%	65.2%	24.1%		86.7%
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) (Female) <80% 80% to 90% ≥90%	2022/23	→	397	22.9%	59.0%	71.3%	22.9%		92.7%
Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) (Male) <80% 80% to 90% ≥90%	2022/23	–	574	33.6%	45.7%	56.1%	0.0%		87.4%
Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old) (Female) <80% 80% to 90% ≥90%	2022/23	↓	665	36.4%	52.9%	62.9%	0.0%		90.7%

Sources:
Human papillomavirus (HPV) - NHS (www.nhs.uk), accessed August 2024
UK Health Security Agency (UKHSA)
Office for Health Improvement & Disparities, Sexual and Reproductive Health Profiles

Brent

HPV Vaccine Uptake Trend Over Time

For HPV vaccination coverage for females in the 12-13 age bracket, Brent, London and England experience a similar downward trend, with a coverage drop off since the pandemic. Brent experienced a steeper decline over the last decade. In 2022/2023 coverage in Brent was 22.9%, lower than London (59.0%) and England (71.3%). Brent had the lowest coverage of all London Local Authorities in 2022.



A similar downward trend was apparent for the HPV vaccination coverage for females 13 to 14 years old, and boys (12 to 13 years old and 13 to 14 years old).

In all cohorts, coverage in Brent was below London and England averages and, in the case of 12- to 13-year-old boys, Brent again ranked lowest of all London Local Authorities.

Sources:
Human papillomavirus (HPV) - NHS (www.nhs.uk), accessed August 2024
UK Health Security Agency (UKHSA)
Office for Health Improvement & Disparities, Sexual and Reproductive Health Profiles

Brent

Cancer diagnosis – prevalence and incidence

Brent

Prevalent cancer

- Prevalence is the proportion of the population that has a particular condition or disease at a given time. Complete cancer prevalence includes people that have ever been diagnosed at any date previously.

Persons living with and beyond a cancer diagnosis in Brent

As of August 2025, there were 9,900 Brent residents living with and beyond cancer. The 2021 census population for Brent was 339,800 which is a prevalence of 2.9%

Indicates most common forms of cancer

Cancer	Crude count	Per 100,000	% of all cancers
All cancers	9,900	2,913	-
Bowel	806	237	8
Breast	2,276	670	23
Cervical	134	39	1
Head and neck	294	87	3
Lung	282	83	3
Prostate	1,945	572	20

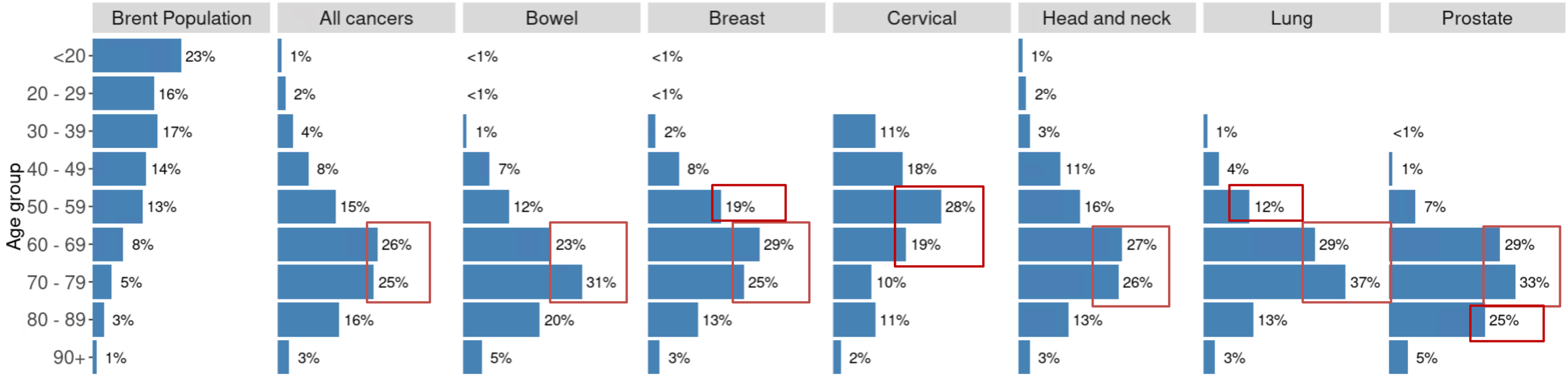
Source:
WSIC –August 2025

Cervical cancer: national screening programme

Head and neck cancer: concerns about South Asian community and smokers

Brent

Age profile of prevalent cancer

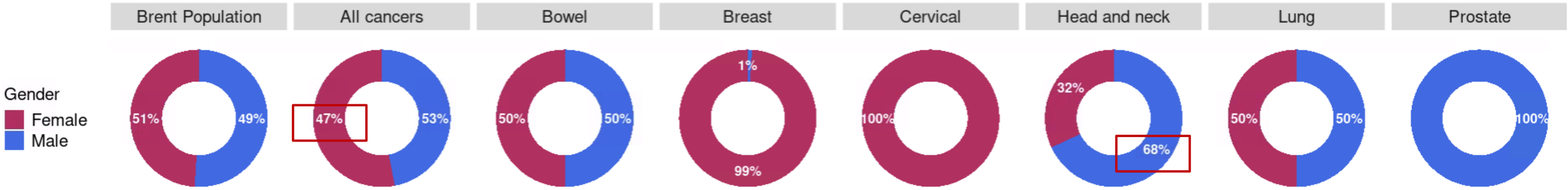


Older age groups are over-represented in all cancer types compared with the Brent population. This is because the risk of cancer developing increases with age and because treatment means that many people survive cancer and live to older age.
Compared with all cancers, people aged under 60 years make up a higher proportion of people living with and beyond cervical cancer. Cervical cancer more commonly affects sexually active women age 30-45 years. This is expected to decrease following the introduction of the HPV vaccination programme.

Source:
WSIC –August 2025
Prevalence | Background information | Cervical cancer and HPV | CKS | NICE
Cancer Stats Data Hub

Brent

Gender profile of prevalent cancer

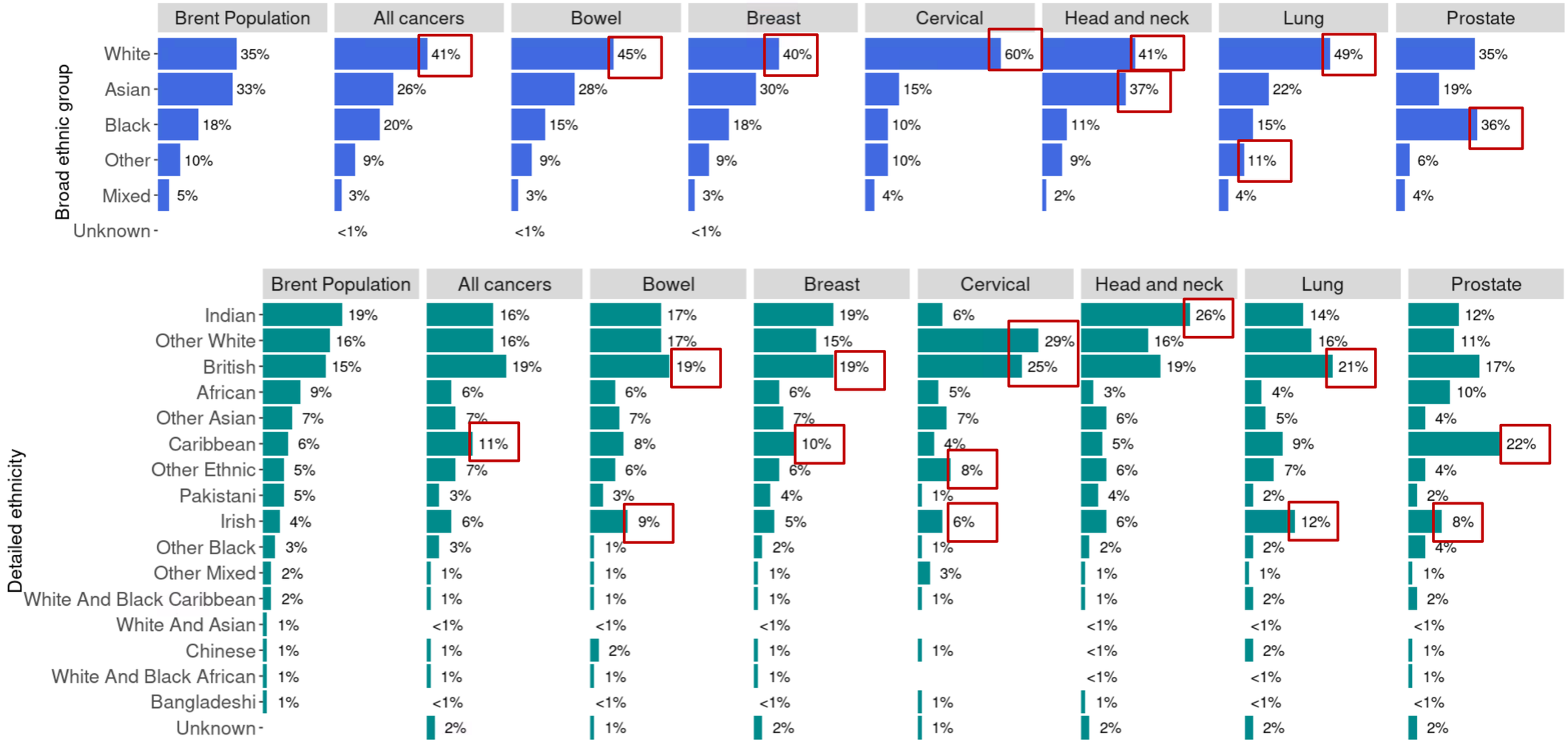


Similar proportions of men and women in Brent are living with and beyond all cancers combined, bowel cancer and lung cancer. Head and neck cancer is more common in men than women are evenly spread across men and women. This may be due to historically higher prevalence of smoking and drinking alcohol among men, as these are risk factors for head and neck cancer, especially in combination. However, men are at higher risk of head and neck cancer even if they do not drink alcohol or smoke.

Source:
WSIC –August 2025
Head and neck cancer | Macmillan Cancer Support
Sex Differences in the Prevalence of Head and Neck Cancers: A 10-Year Follow-Up Study of 10 Million Healthy People - PMC

Brent

Ethnic profile of prevalent cancer

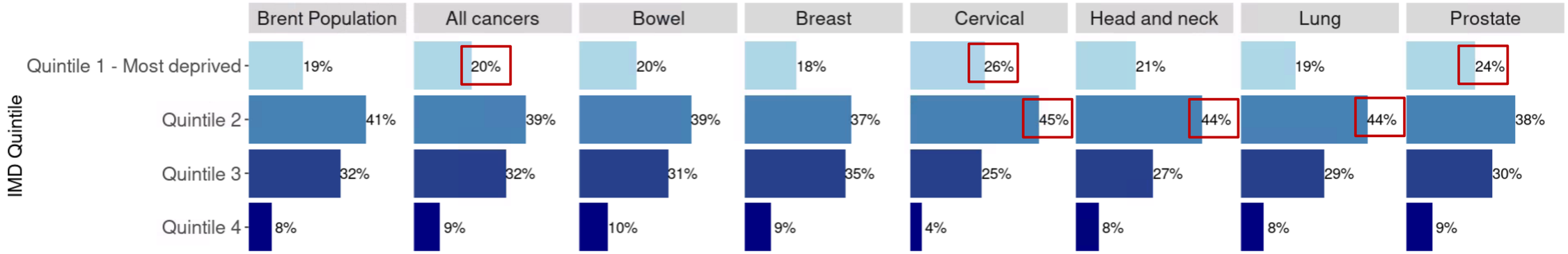


Brent residents from white ethnic backgrounds are over-represented in people living with and beyond cancer compared with the Brent population. Some specific cancers are more commonly seen in people from minoritised ethnic groups. Caribbean residents comprise 22% of prostate cancer cases. Indian residents comprise 26% of head and neck cancer cases.

Brent

Source:
WSIC –August 2025

Deprivation profile of prevalent cancer



19% of the Brent population lives in a CORE20 area (that is, the top 20% most deprived areas in England).
26% of people living with and beyond a cervical cancer diagnosis are in a CORE20 deprived area. The corresponding figure for prostate cancer is 24%. Both of these cancers are more prevalent in the most deprived parts of Brent.
Head and neck cancers and lung cancer are also a little more prevalent in the top 40% most deprived areas.

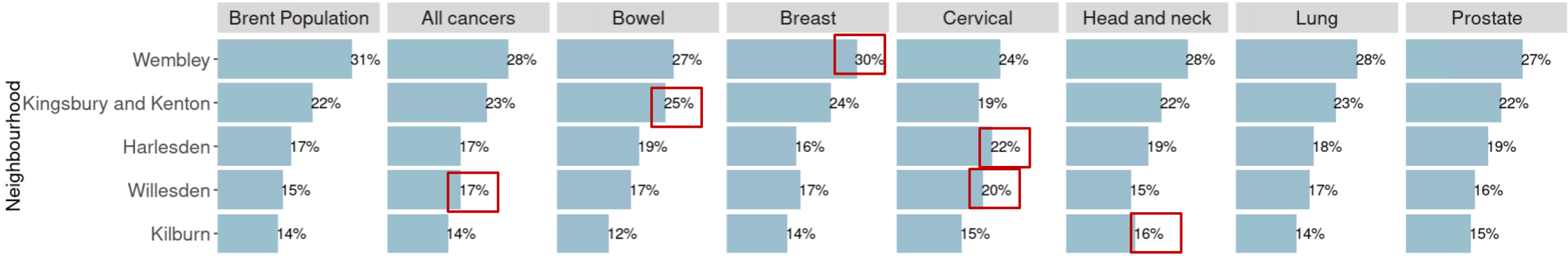
In interpreting these prevalence figures, it is important to note that there is also inequality in survival rates for many cancers. The difference in 1-year survival between persons living in the least deprived areas compared to the most deprived areas were 8% for bowel cancer, 7.8% for lung cancer, 2.7% for breast cancer and 1.7% for prostate cancer.

The largest difference in 1-year survival between males and females living in the least deprived areas compared to the most deprived areas was 9.4% for both brain cancer and oesophagus cancer in males and 13.8% for bladder cancer in females.

Source:
WSIC –August 2025
Cancer survival by deprivation - NHS England Digital

Brent

Neighbourhoods and prevalent cancer



There are some minor differences in how each of the cancers is spread across neighbourhoods. However, these differences are small and broadly in line with the spread of the total population. Based on this, initiatives to target cancer need to be in place in every neighbourhood.

Source:
WSIC –August 2025

Brent

New cancer cases over time

The table below shows the number of new cancer cases for each year between 2017 and 2024. Total numbers increased from 888 to 1168 over this period. The proportion of total cases made up by each cancer type was similar across years, with the exception of prostate cancer which comprised 19% of cases by 2024 (up from 13% in 2017).

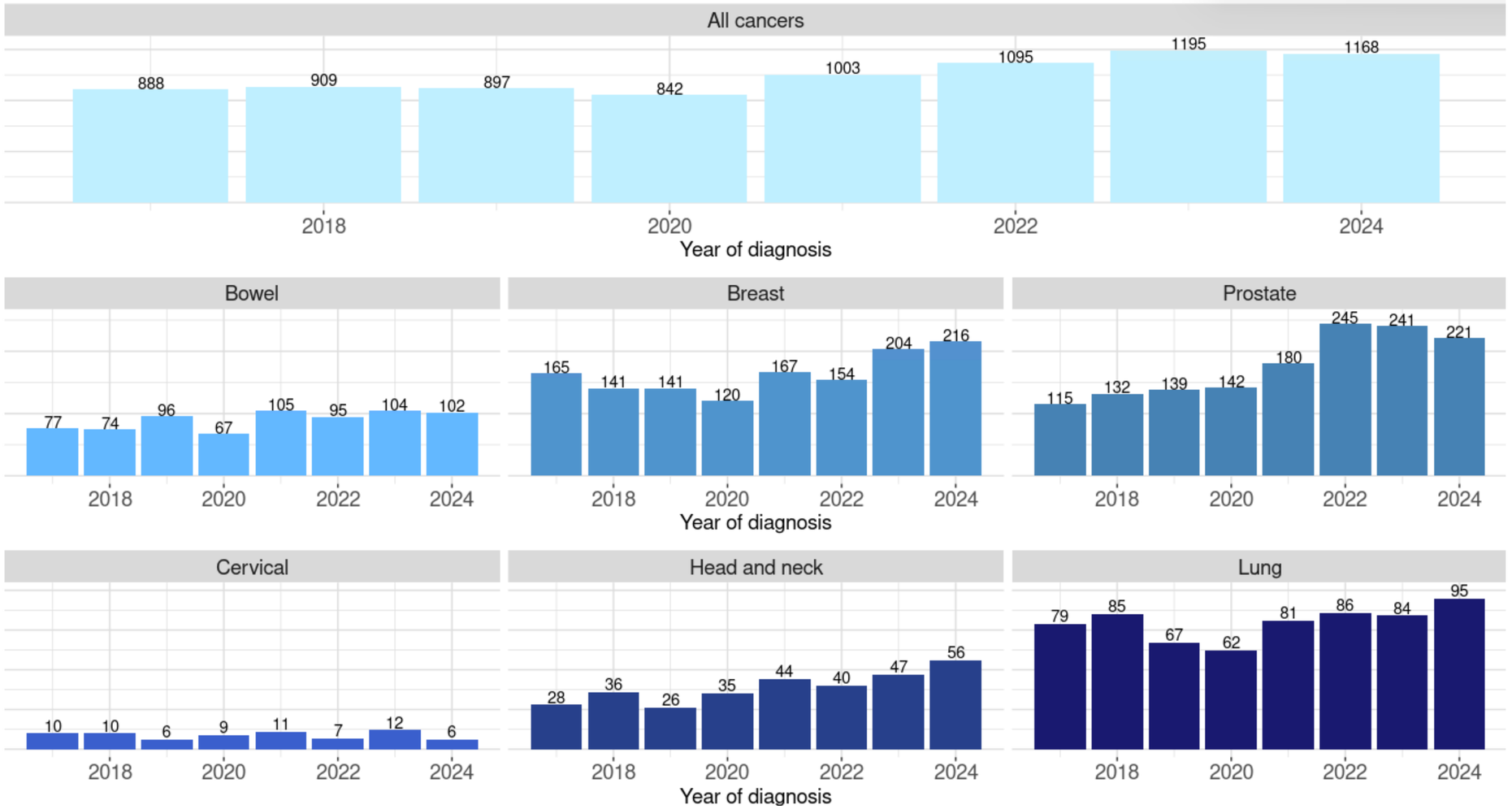
Persons who received a first diagnosis of cancer: 2017 to 2024.

Year of diagnosis	All cancers	Bowel	Breast	Cervical	Head and neck	Lung	Other	Prostate
2017	888	77 (8.7%)	165 (18.6%)	10 (1.1%)	28 (3.2%)	79 (8.9%)	414 (46.6%)	115 (13%)
2018	909	74 (8.1%)	141 (15.5%)	10 (1.1%)	36 (4%)	85 (9.4%)	431 (47.4%)	132 (14.5%)
2019	897	96 (10.7%)	141 (15.7%)	6 (0.7%)	26 (2.9%)	67 (7.5%)	422 (47%)	139 (15.5%)
2020	842	67 (8%)	120 (14.3%)	9 (1.1%)	35 (4.2%)	62 (7.4%)	407 (48.3%)	142 (16.9%)
2021	1003	105 (10.5%)	167 (16.7%)	11 (1.1%)	44 (4.4%)	81 (8.1%)	415 (41.4%)	180 (17.9%)
2022	1095	95 (8.7%)	154 (14.1%)	7 (0.6%)	40 (3.7%)	86 (7.9%)	468 (42.7%)	245 (22.4%)
2023	1195	104 (8.7%)	204 (17.1%)	12 (1%)	47 (3.9%)	84 (7%)	503 (42.1%)	241 (20.2%)
2024	1168	102 (8.7%)	216 (18.5%)	6 (0.5%)	56 (4.8%)	95 (8.1%)	472 (40.4%)	221 (18.9%)

Source:
WSIC –August 2025

Brent

Incidence by cancer type over time



⇑ There has been an overall increase in number of cases over time between 2018 and 2024

From 2022, post COVID-19, there is an increase in cancer diagnosis. This is in line with published statistics and reports suggest it could be due to missed cases during the pandemic.

Source:
WSIC –August 2025

Brent

Incidence by diagnostic pathway and cancer

NSP: National Screening Programme

- The NSP route identifies cancer in asymptomatic individuals through proactive, population-wide testing. Diagnoses via this pathway typically occur at the earliest, most treatable stages, leading to the highest survival rates

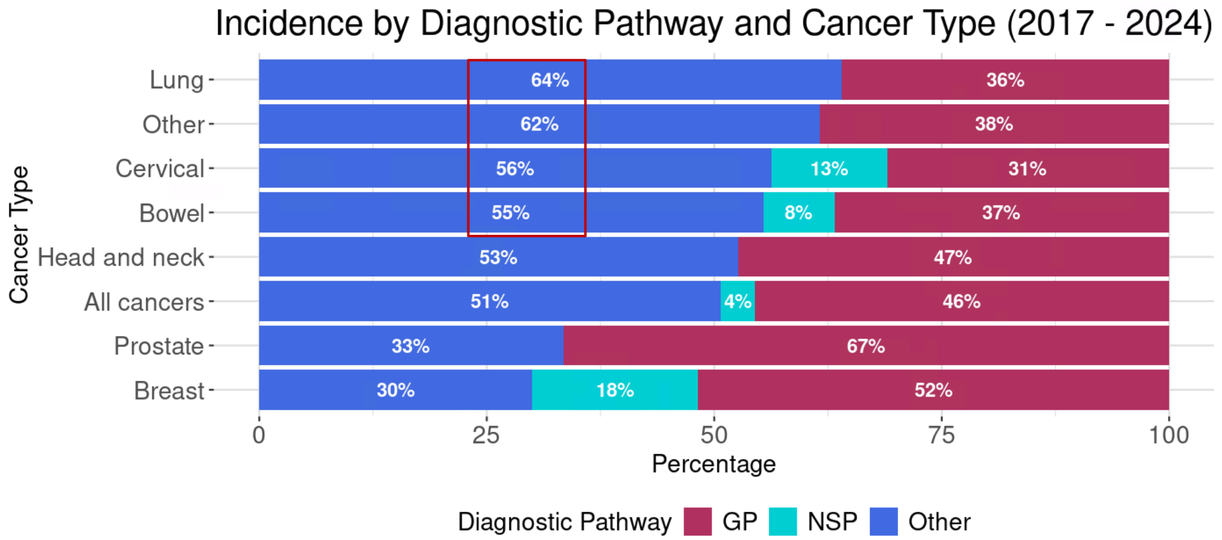
GP: Diagnoses made through an Urgent Suspected Cancer (USC) referral (otherwise known as the two-week wait, 2WW)

- The GP pathway, often referred to as the "Two-Week Wait" (2WW), is triggered when a patient presents to their primary care doctor with suspicious symptoms. This route ensures rapid specialist assessment for symptomatic patients

Other: Diagnoses made through any other method other than from a screening or a USC referral.

- The Other category encompasses all remaining methods, most notably Emergency Presentations (e.g., A&E admissions). This pathway is considered suboptimal because it often signifies a crisis diagnosis where the cancer has progressed significantly or caused acute complications

- Compared to an overall 46% of cancers being diagnosed through the 2WW, lung, bowel and cervical are more likely to be diagnosed through other routes (which can include A&E)



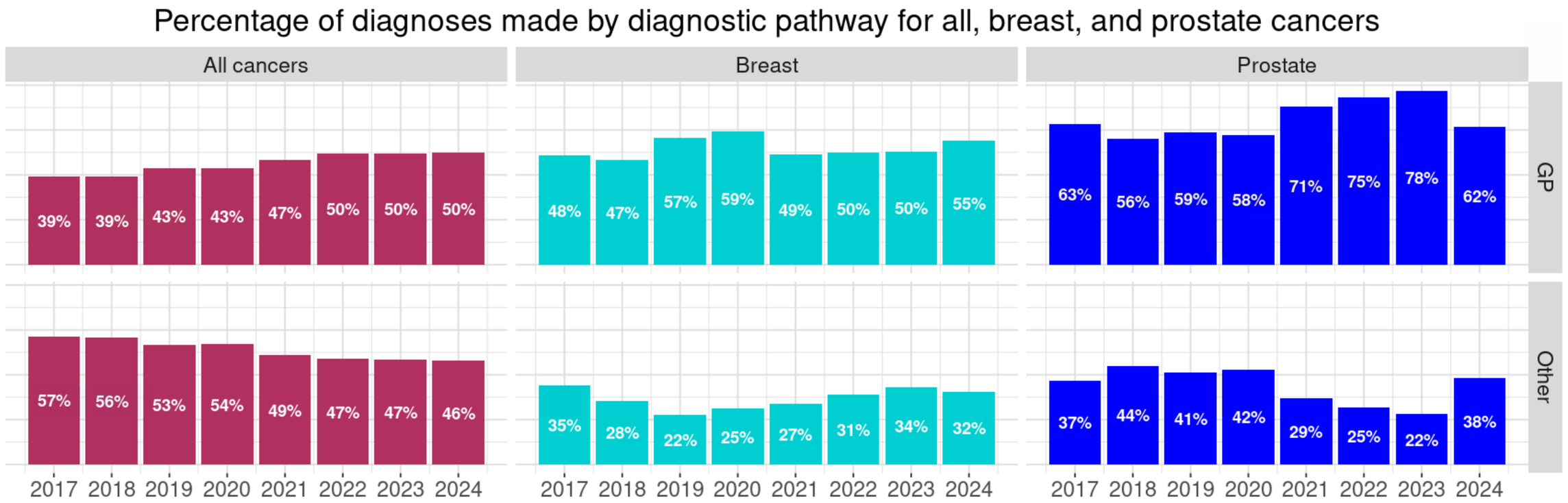
Incidence by diagnostic pathway and cancer type (2017 - 2024)

Characteristic	GP	NSP	Other
Overall	3,641 (46%)	303 (3.8%)	4,053 (51%)
Cancer			
Other	1,355 (38%)	0 (0%)	2,177 (62%)
Prostate	943 (67%)	0 (0%)	472 (33%)
Breast	678 (52%)	238 (18%)	392 (30%)
Bowel	265 (37%)	56 (7.8%)	399 (55%)
Lung	230 (36%)	0 (0%)	409 (64%)
Head and neck	148 (47%)	0 (0%)	164 (53%)
Cervical	22 (31%)	9 (13%)	40 (56%)

Source and definitions: WSIC –August 2025
NSP = Had an outpatient appointment with priority type 2 (urgent) or 3 (Two week wait) with the source of referral being 17 (NSP) within 4 months before date of cancer diagnosis
GP = Had an outpatient appointment with priority type 2 (urgent) or 3 (Two week wait) with the source of referral being 03 (GP) within 4 months before date of cancer diagnosis. Not included in the above NSP group
Other = Not included in either of the above 2 groups (NSP or GP).

Brent

Incidence by diagnostic pathway over time

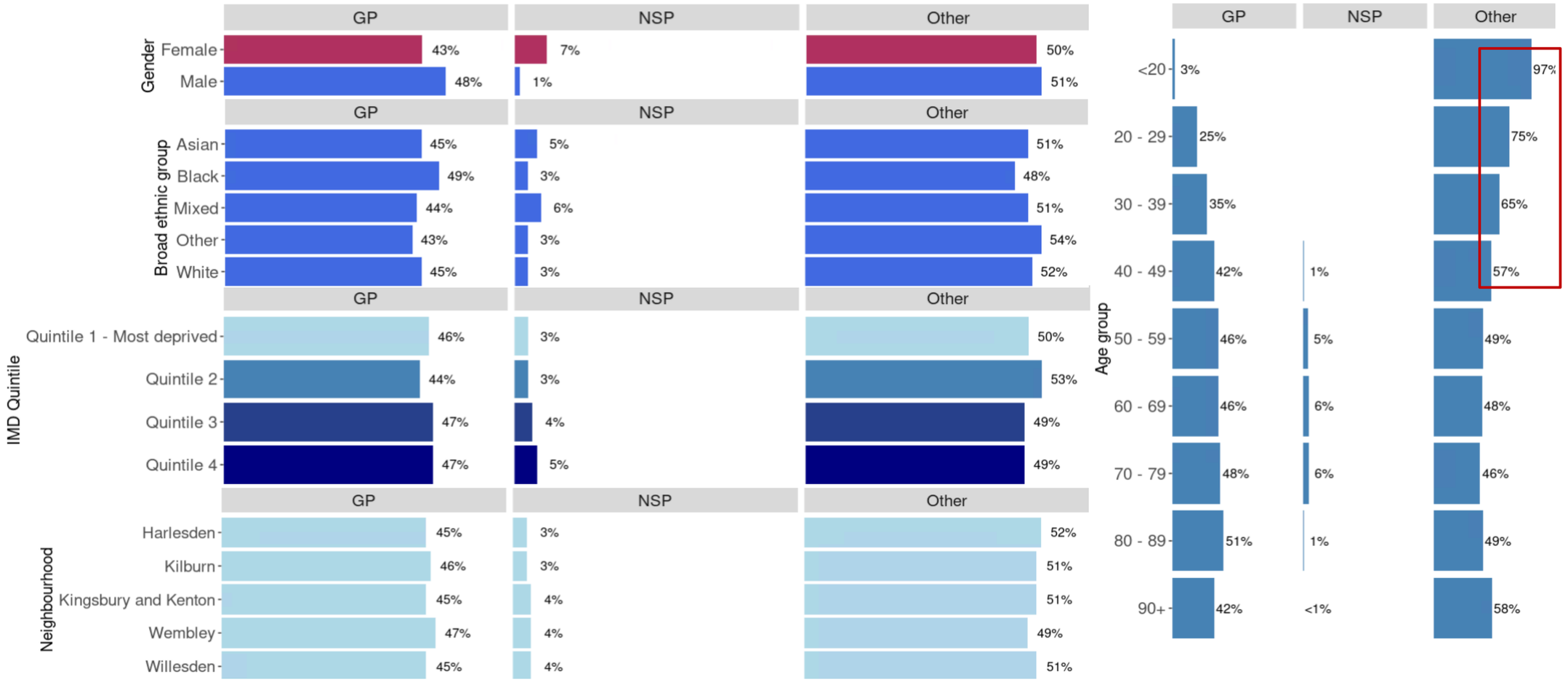


- 39% of all cancers diagnoses in 2017 were diagnosed following a GP referral.
- 48% of all breast cancers diagnoses in 2017 were diagnosed following a GP referral.
- Overall, diagnosis following GP referrals are increasing which is generally associated with better and earlier detection. Up until the point of writing no staging data were available to further understand whether this positive shift is due to improved diagnostics or progressed cancers that were not diagnosed during the pandemic
- While diagnosis following GP referral has increased for all cancers combined, this pattern is not clearly seen for breast and prostate cancers, highlighting that there is further potential to improve outcomes through earlier detection for these two cancer types, which make up large numbers of cancer cases.

Source:
WSIC –August 2025

Brent

Incidence by diagnostic pathway (Demographics for all cancers)



- There is no gender difference in the proportion of cancer cases diagnosed through “other” pathways. The higher proportion detected through the national screening programme seen in women is mainly due to the NHS breast screening programme.
- A higher proportion of cancers diagnosed at younger ages are though “other” pathways.

Source:
WSIC –August 2025

Brent

Inequalities in diagnosis

National Cancer Patient Experience Survey 2022 data for West London shows that:

- **There is substantial inequality in terms of people presenting to their GP with a symptom, with the most significant factors being ethnicity, gender and age**
  - Patients of Black ethnicity reported waiting more than 3 months until first seeing their GP, which was 11% more than those reported by patients of white ethnicity
  - People aged 55-64 years reported 5% more likely waiting more than 3 months before first seeing their GP compared with other age groups
  - 6% more males reported waiting more than 3 months before seeing their GP.
- **There is significant inequality in terms of people seeing their GP 3 times or more prior to their diagnosis, with most significant factors being ethnicity and deprivation**
  - 10% more Asian, Black and mixed race reported seeing a primary care professional 3 or more times prior to their diagnosis
  - Most deprived group was 3% lower than West London average and nearly 10% lower than that reported for the least deprived group
- **There is a significant inequality in terms of people having their referral, diagnosis and treatment options explained in a way they could completely understand, with most significant factors being ethnicity and age**
  - White patients reported they had their referral, diagnosis and treatment option explained in a way they could completely understand compared to all other ethnic groups.
  - The older groups had lower levels of their referral being explained
  - The younger groups had lower levels of their diagnosis and treatment option being explained

Source:
2022 NCPES survey: West London profile conducted by RM Partners

Brent

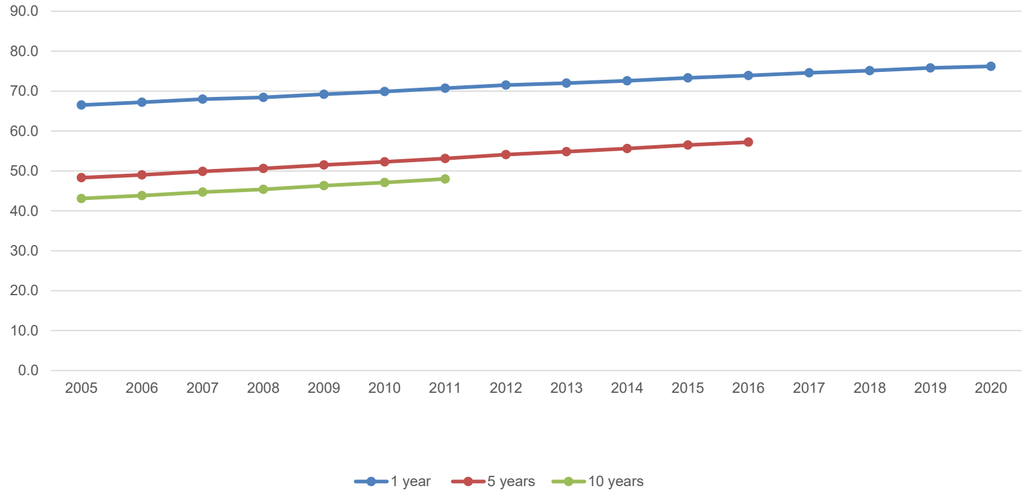
Cancer survival rates and mortality rates for Brent

Brent

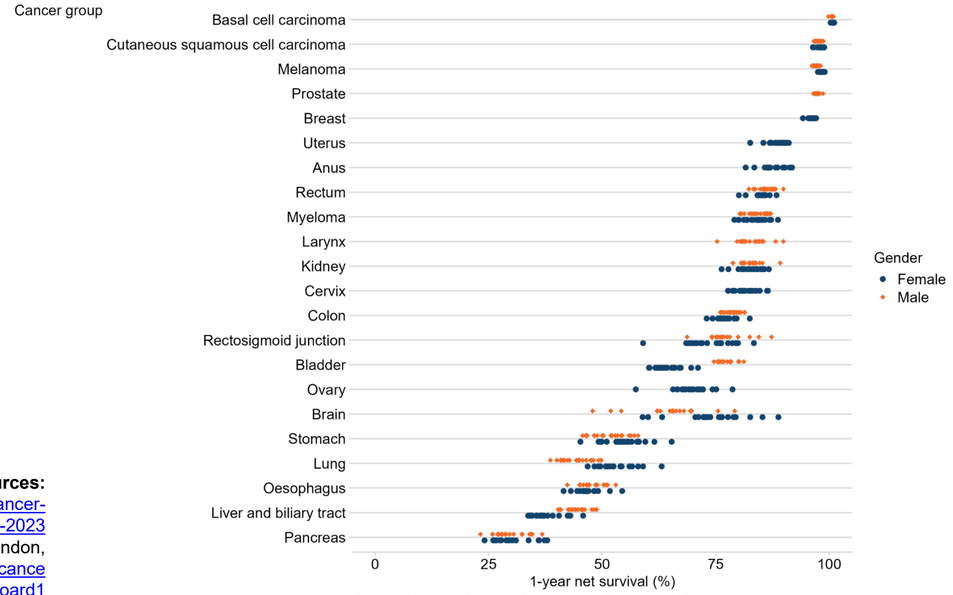
Survival Rates

[Cancer survival: Index for sub-Integrated Care Boards, 2005 to 2020 - NHS England Digital]

- Overall survival rates are increasing. Due to earlier diagnosis and better treatment, people can survive their cancer for a longer period.
- Based on the latest data from NHS England (covering cancers diagnosed between 2018 and 2022, with follow-up to 2023), cancer survival continues to show an upward trend due to earlier diagnosis and improved treatments.
- London consistently reports some of the highest cancer survival rates in the country. For both 1-year and 5-year survival estimates, London typically outperforms most other NHS regions in England for nearly half of all cancer types.
- While survival is generally high in the capital, it varies by specific location. For example, North Central London has seen some of the highest 1-year survival for liver cancer (48.3%) compared to lower rates in other regions like Kent and Medway (35.4%).



Age-standardised 1-year net survival (%) for adults diagnosed in the period 2018 to 2022 and followed up to 2023, and the site-specific variation in survival estimates for CAs



Source: National Disease Registration Service, NHS England

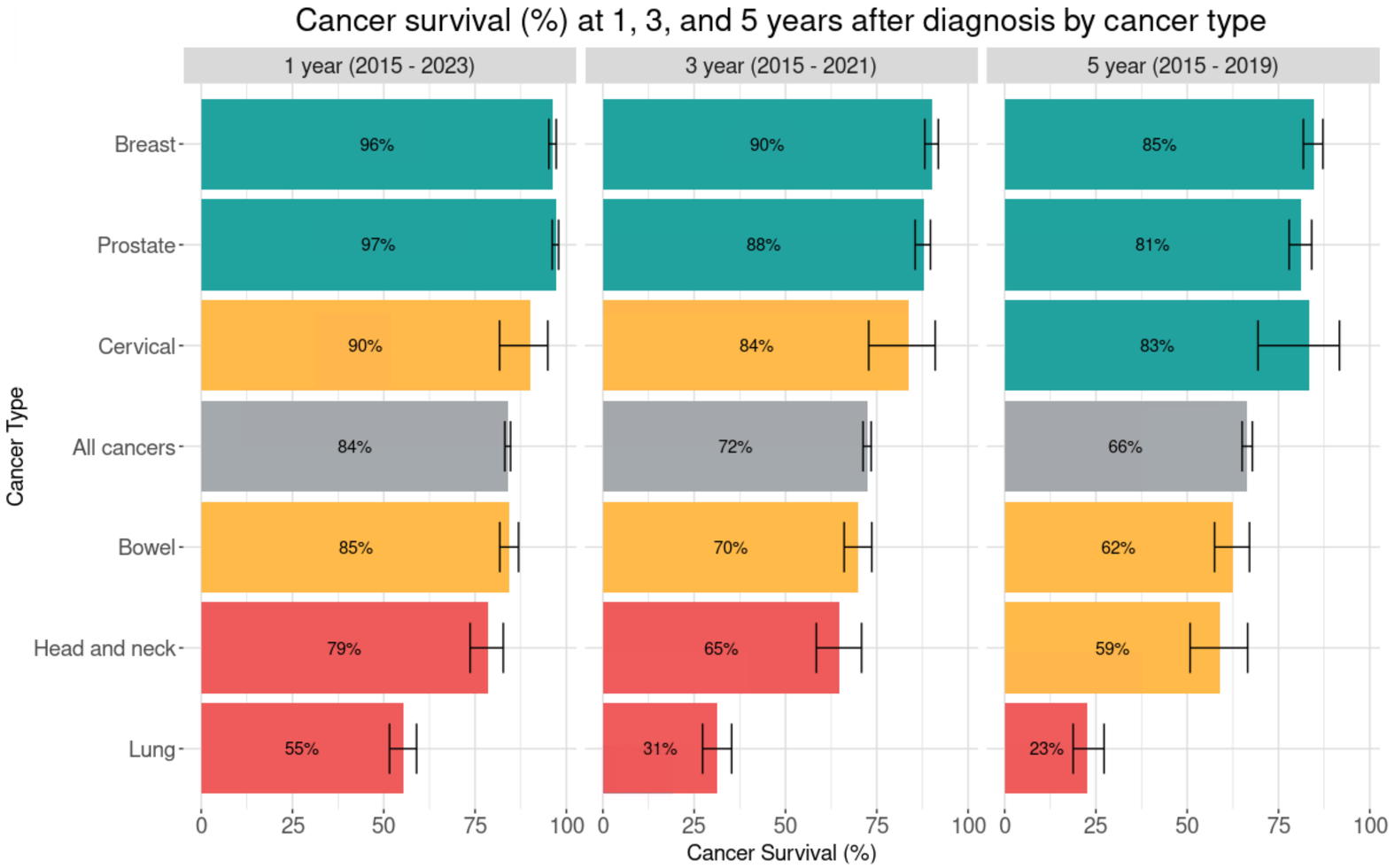
Sources:

NHS England, https://digital.nhs.uk/data-and-information/publications/statistical/cancer-survival-in-england/cancers-diagnosed-2018-to-2022-followed-up-to-2023

Transforming Cancer Services for London, https://public.tableau.com/app/profile/transforming.cancer.services.for.london/viz/ArecancersurvivalratesimprovinginLondon/Dashboard1

Brent

Cancer survival by cancer type in Brent



- 84% of people diagnosed with cancer (all types) survive to 1 year, falling to 66% that survive to 5 years
- Breast and prostate cancer have higher 1-, 3- and 5-year survival rates compared to all cancers.
- Head and Neck and lung have lower survival rates compared to all cancers

Source and definitions:
WSIC –August 2025

1 year considers all persons who received a first diagnosis of cancer between 2015 and 2023 and were alive for at least 1 full year after their diagnosis.

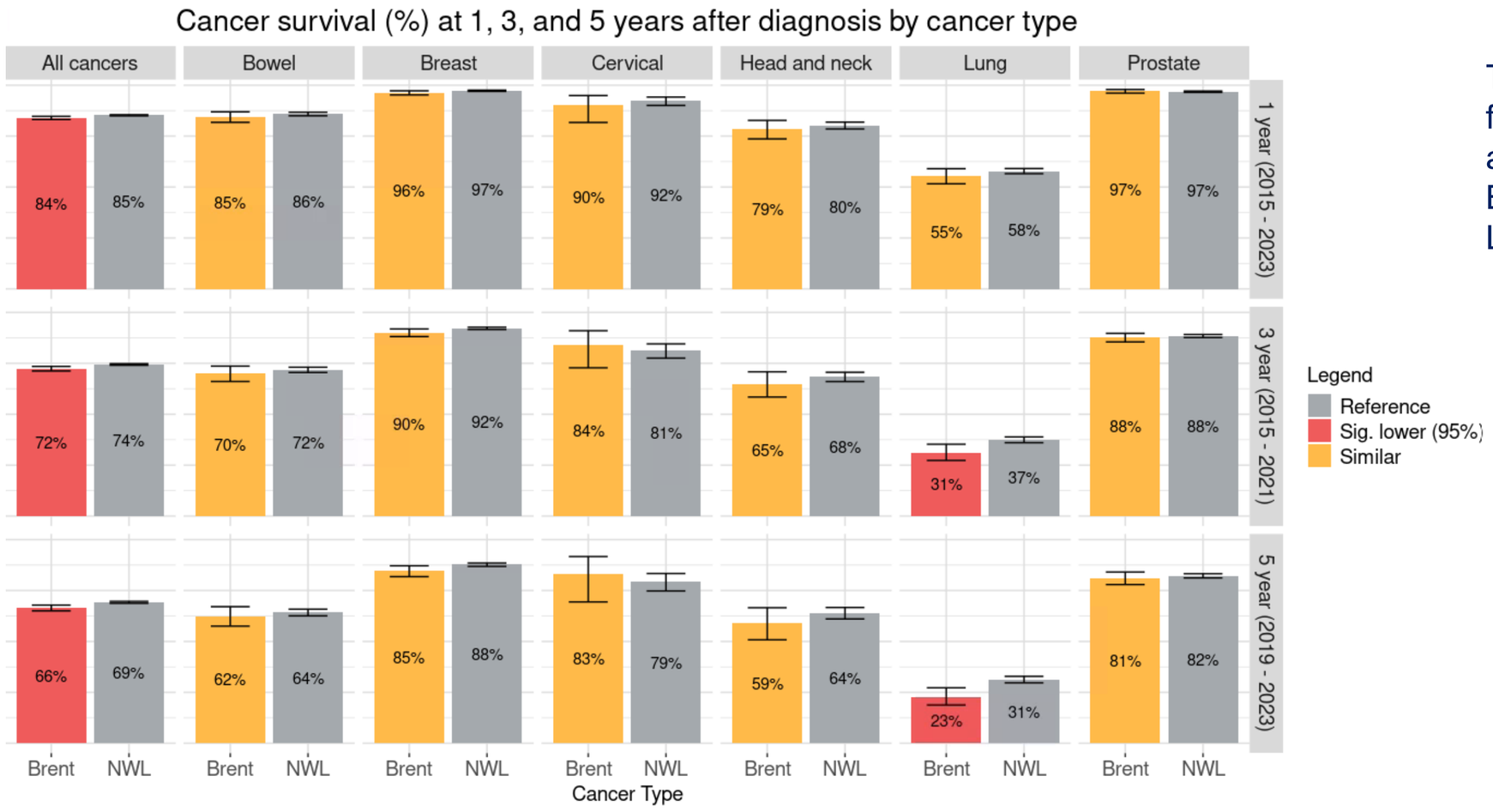
3 year considers all persons who received a first diagnosis of cancer between 2015 and 2021 and were alive for at least 3 full years after their diagnosis.

5 year considers all persons who received a first diagnosis of cancer between 2015 and 2019 and were alive for at least 5 full years after their diagnosis.

Brent survival estimates shown here should not be compared directly with national estimates due to differences in how they are calculated

Brent

Cancer survival by cancer type, Brent vs. NWL



The 3-year and 5-year survival rates for total cancers and for lung cancer are statistically significantly lower in Brent compared with North-West London (NWL)

Source:
WSIC –August 2025

1 year considers all persons who received a first diagnosis of cancer between 2015 and 2023 and were alive for at least 1 full year after their diagnosis.

3 year considers all persons who received a first diagnosis of cancer between 2015 and 2021 and were alive for at least 3 full years after their diagnosis.

5 year considers all persons who received a first diagnosis of cancer between 2015 and 2019 and were alive for at least 5 full years after their diagnosis.

Brent

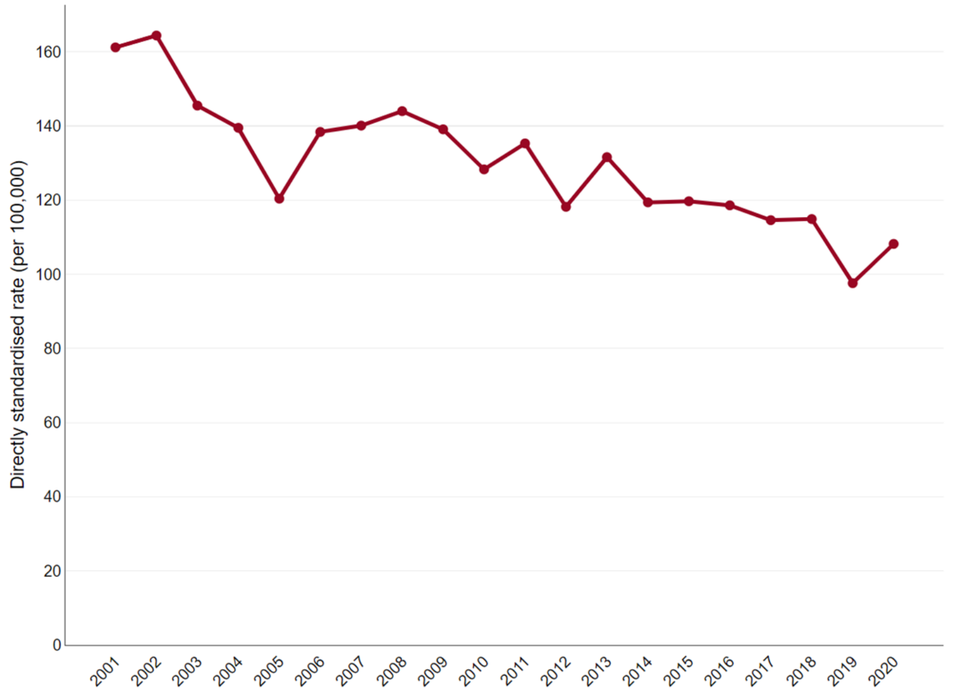
All Age Cancer Mortality Rates

Cancer mortality rates vary by cancer type and age group. In the UK, lung cancer is the most common cause of cancer death, followed by colorectal, prostate, and breast cancers. For all ages, the mortality rate from cancer in the UK is around 120.8 per 100,000 people. The mortality rate for males is higher than for females. However, mortality rates are generally decreasing.

The all persons 3-year range mortality rate for cancer for Brent between 2021-2023 was 208.2 people per 100,000 compared to 248.5 per 100,000 for England.

Source: [Fingertips | Department of Health and Social Care](), accessed March 2025

Under 75 mortality rate from cancer, Brent, 2001 to 2020



Indicator	Period	Brent		England			
		Count	Value	Value	Worst	Range	Best
Mortality rate from cancer, all ages (Persons, 1 year range)	2023	491	210.7	246.7	330.5		166.1
Mortality rate from cancer, all ages (Persons, 3 year range)	2021 - 23	1,428	208.2	248.5	325.7		187.5
Mortality rate from cancer, all ages (Male, 1 year range)	2023	263	259.3	296.6	391.1		192.8
Mortality rate from cancer, all ages (Male, 3 year range)	2021 - 23	791	265.5	298.7	396.3		224.7
Mortality rate from cancer, all ages (Female, 1 year range)	2023	228	173.3	209.4	285.7		143.8
Mortality rate from cancer, all ages (Female, 3 year range)	2021 - 23	637	164.3	211.3	281.8		160.7

Brent

Under 75 Cancer Mortality Rates

Indicator	Period	Brent		England			
		Count	Value	Value	Worst	Range	Best
Under 75 mortality rate from cancer (Persons, 1 year range)	2023	253	105.9	120.8	182.1		81.9
Under 75 mortality rate from cancer (Persons, 3 year range)	2021 - 23	718	101.9	121.6	180.9		83.0
Under 75 mortality rate from cancer (Male, 1 year range)	2023	144	130.6	133.3	202.8		84.7
Under 75 mortality rate from cancer (Male, 3 year range)	2021 - 23	410	125.6	134.2	202.1		91.2
Under 75 mortality rate from cancer (Female, 1 year range)	2023	109	83.9	109.1	166.6		75.8
Under 75 mortality rate from cancer (Female, 3 year range)	2021 - 23	308	80.7	109.8	160.1		75.6

Indicator	Period	Brent		England			
		Count	Value	Value	Worst	Range	Best
Under 75 mortality rate from cancer considered preventable (Persons)	2021 - 23	254	37.1	49.5	91.9		28.0
Under 75 mortality rate from cancer considered preventable (Male)	2021 - 23	178	55.0	62.2	109.6		36.8
Under 75 mortality rate from cancer considered preventable (Female)	2021 - 23	76	20.7	37.6	74.4		19.5

Source:
Fingertips | Department of Health and Social Care, accessed March 2025

Brent

End of Life Care

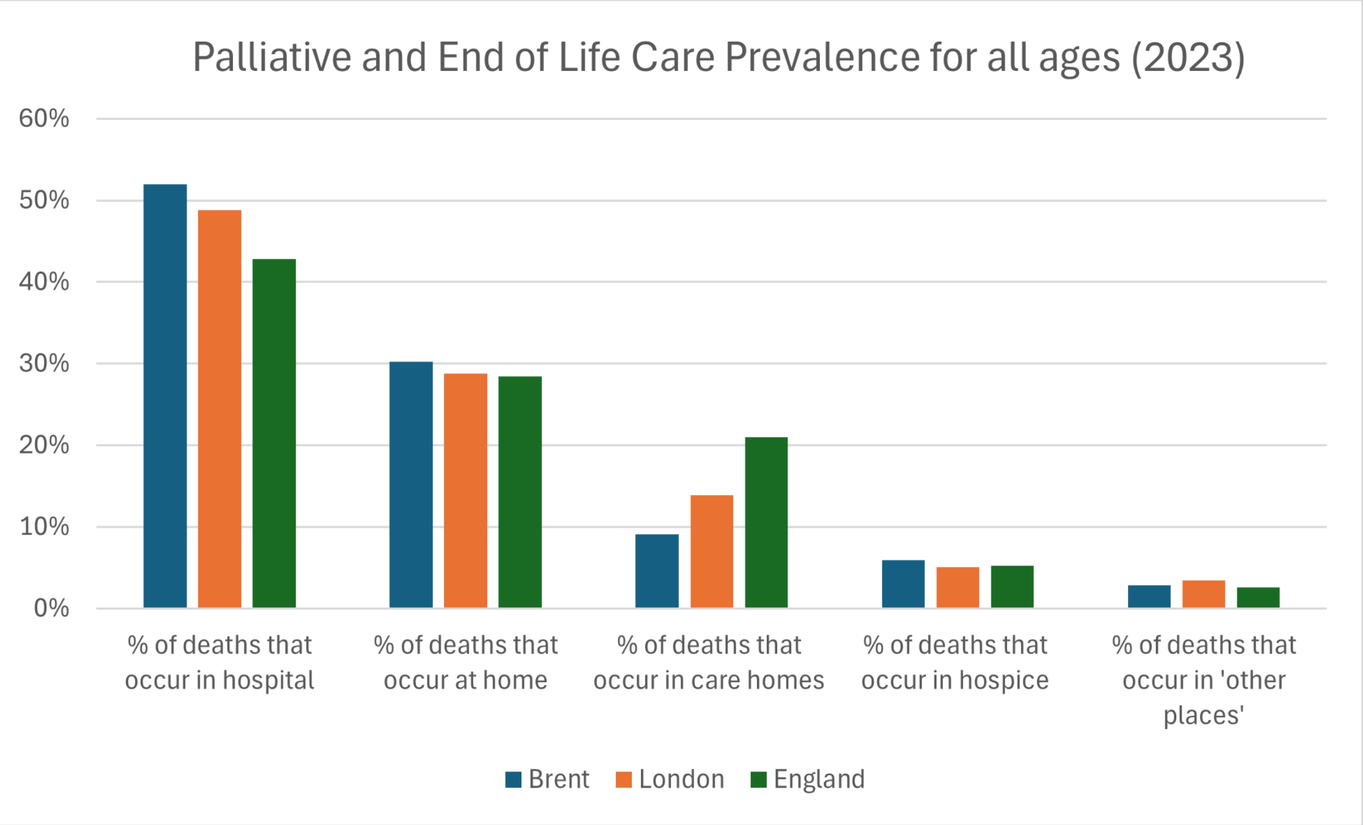
Brent

End of Life care in Brent

In 2023, just over half of Brent residents approaching end of life were in hospital care settings. A higher proportion of Brent residents die in hospital compared with the England average.

There is socioeconomic inequality in end of life care. Those from more deprived backgrounds are more likely to receive end of life care in hospital compared to at home.

These figures are for deaths from all causes. Cancer-related deaths are shown on the next page.



Source:
Palliative and End of Life Care Profiles - Data | Fingertips | Department of Health and Social Care, accessed April 2025

Brent

End Of Life

Percentage of deaths for people with cancer by place of death (2025/26)

	Brent	Central London	Ealing	Hammersmith & F..	Harrow	Hillingdon	Hounslow	Unknown	West London	Grand Total
Care Home	10.7%	11.5%	13.6%	16.7%	14.1%	22.4%	11.8%	11.8%	8.9% ↓E ↓L	13.8%
Home	30.9%	30.2%	26.7%	31.0%	29.5%	27.3%	30.7%	7.2% ↓E ↓L	29.2%	25.4%
Hospice	5.3% ↓E ↓L	5.1% ↓E ↓L	7.3% ↑E ↑L	4.9% ↓E ↓L	5.6% ↓E ↓L	7.1% ↑E ↑L	3.9% ↓E ↓L	5.5% ↓E ↓L	6.0% ↓E ↓L	5.8% ↓E ↓L
Hospital	51.5%	50.9%	50.8%	44.3%	49.3%	40.7%	50.0%	68.9%	52.1%	51.9%
Other places	1.6% ↓E ↓L	2.1% ↓E ↓L	1.6% ↓E ↓L	3.0% ↓E ↓L	1.6% ↓E ↓L	2.5% ↓E ↓L	3.7% ↑E ↓L	6.6% ↑E ↑L	3.9% ↑E ↓L	3.1% ↓E ↓L
Unknown		0.1%								0.0%

In 2025/26, 51.5% of deaths for people with cancer were in hospital. This is similar to the northwest London (51.9%). However, it is higher than the proportion seen in most other northwest London boroughs.

The proportion dying at home is higher in Brent than most other boroughs and the northwest London average.

Brent

Source:
Workbook: EoL Dashboard, April 2026

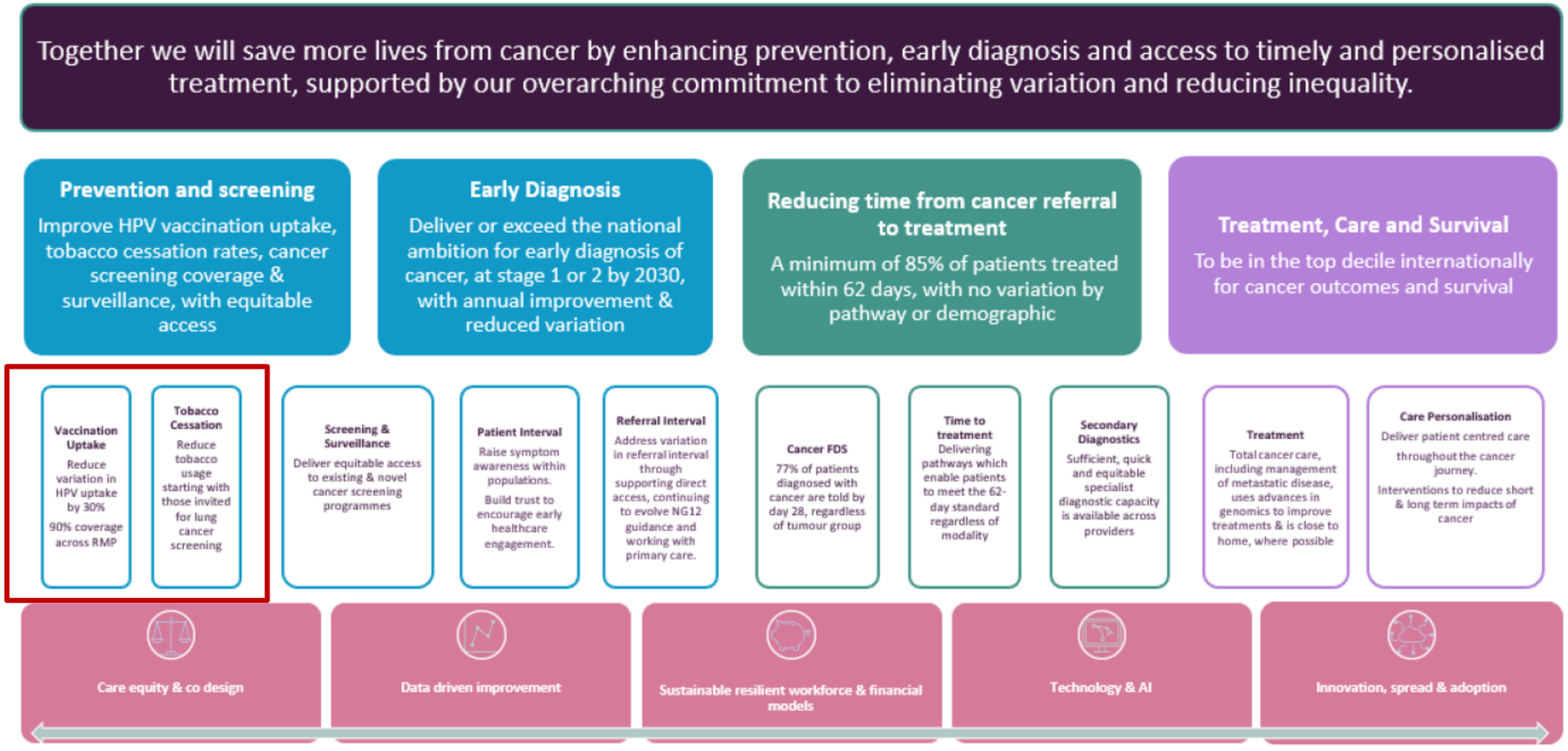
Cancer prevention initiatives

Brent

RM Partners Cancer Alliance Strategy 2025-2030

RM Partners is the Cancer Alliance for north-west and south-west London, serving a population of approximately four million people (including Brent residents). Its strategy, specifically the 2025–2030 Strategy, is a roadmap designed to align with the NHS Long Term Plan and the national 10-Year Health Plan for England. It focuses on the following work and programme ambitions:

Brent Public Health Interventions
In addition to screening, in line with the RM Partners Cancer Alliance, data for the two interventions can be seen below

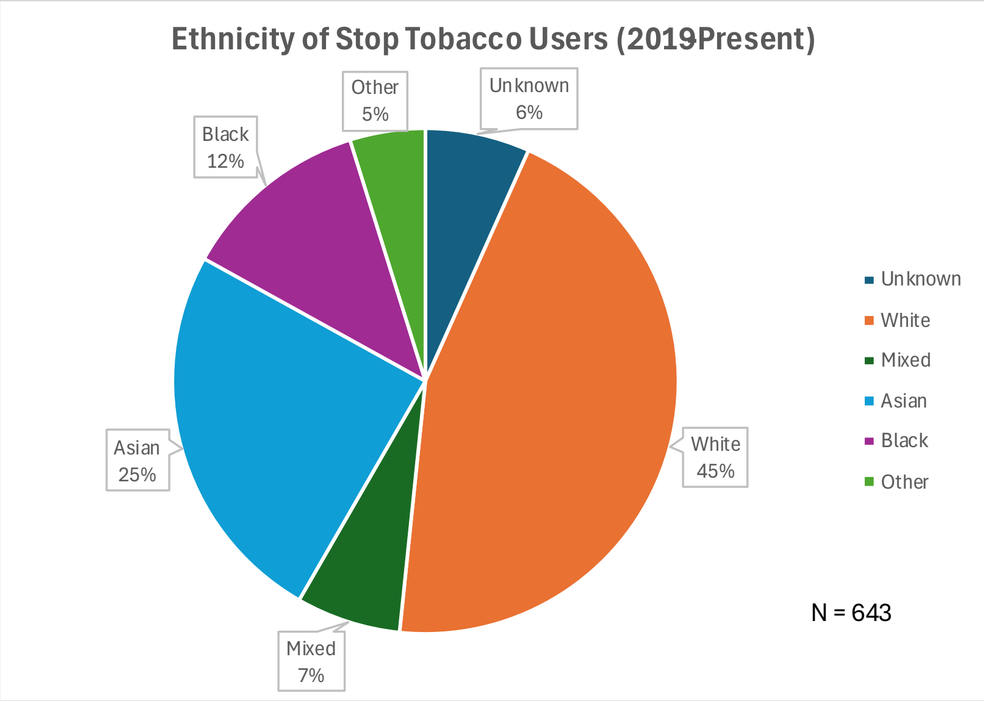


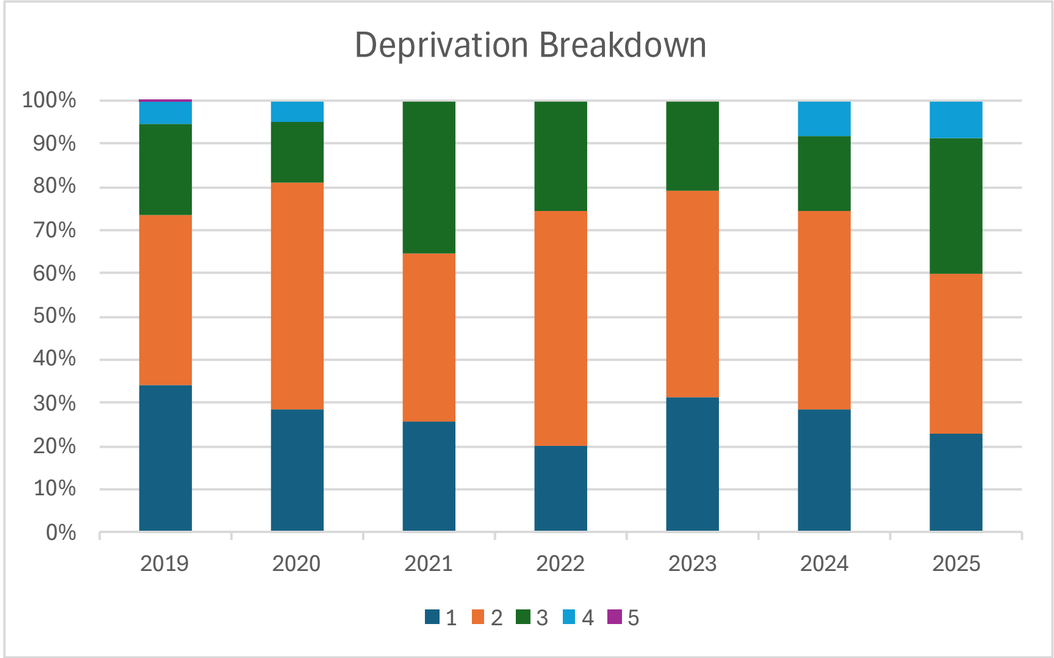
Brent

RM Partners NW & SW London Cancer Alliance NHS

Brent's Tobacco Cessation Programme

Between 2019 and June 2025, a total of 643 clients were recorded for the Brent Stop Tobacco Service.
The majority of the clients received 2 units of nicotine replacement therapies (NRTs).
The trend of average number of NRTs used shows that the number has risen from an average 2.06 NRTs in 2021 to 3.73 in the first half of 2025.



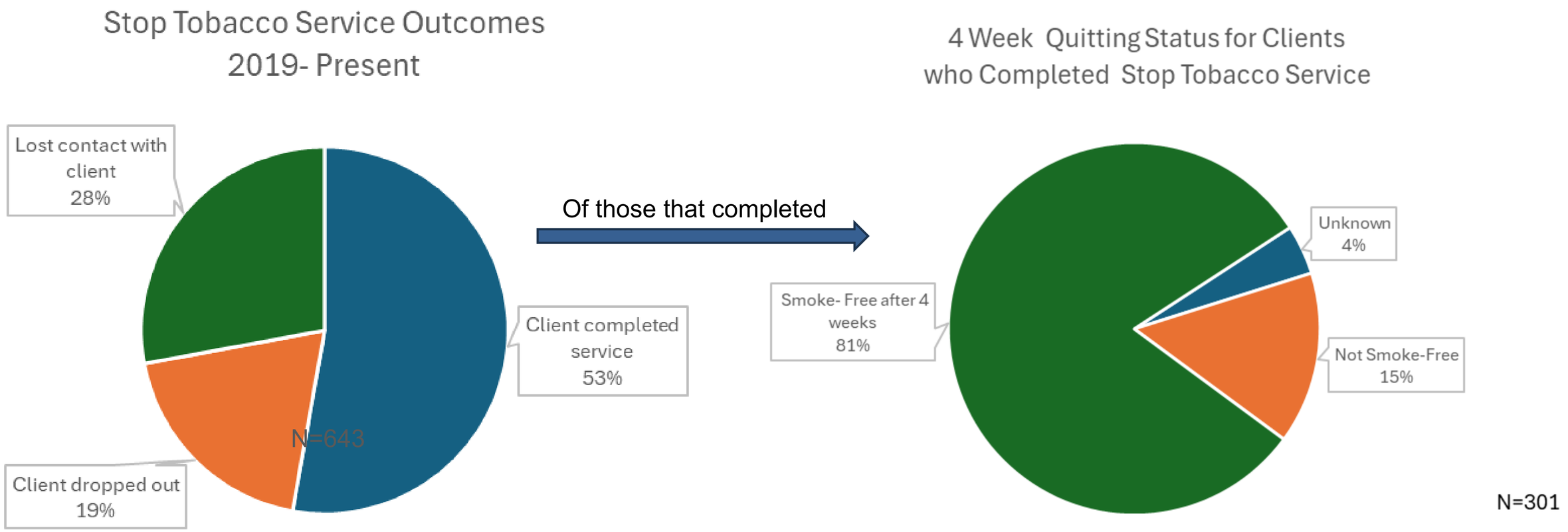


Source:
Brent Public Health Internal Data

Brent

Brent's Tobacco Cessation Programme – Outcomes

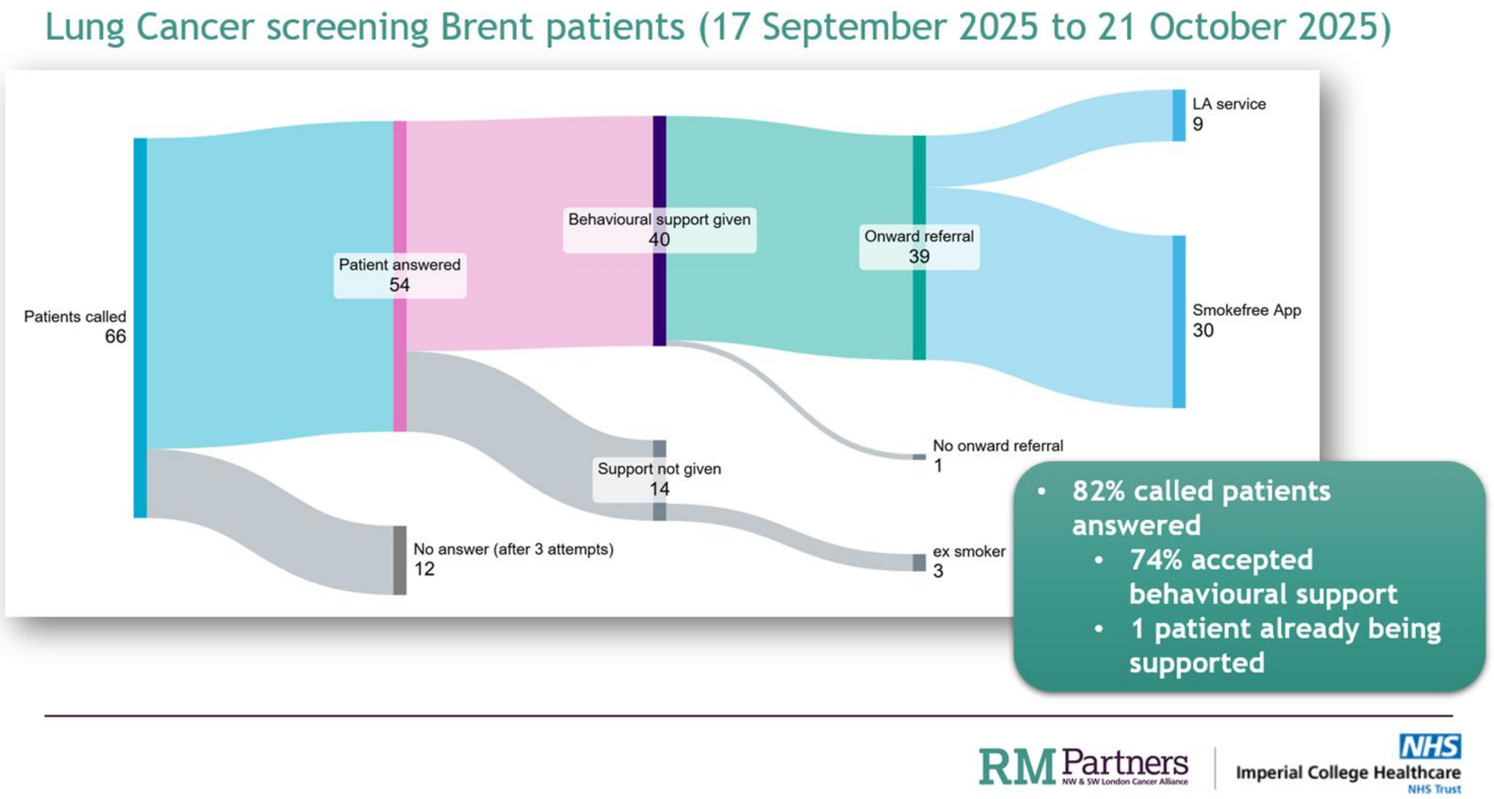
Just over half (53%) of the clients in contact with the Brent Stop Tobacco Service completed the course of therapy.
81% of these completers were smoke-free at four weeks after completion.
Nationally, 54% of people using a Stop Smoking Service were smoke-free at four weeks.



Source:
Brent Public Health Internal Data

Brent

Lung Cancer Screening Programme in Brent



A targeted lung cancer screening programme is in place in Brent.

Current tobacco users attending lung cancer screening receive Level 2 Very Brief Advice (VBA) and are referred to the NHS Imperial College Healthcare Trust team for behavioural support and a quit plan.

Brent residents are then directed to the local stop tobacco service or the Smokefree app.

Brent

Brent public health – local interventions

Brent

Brent Public Health:
Screening promotion and other interventions in the community

There are several screening promotion and other interventions in the community that are led by Public Health. These are intended to proactively find people in the community that may not access screening or other programmes in the mainstream way. A targeted approach can help reduce inequalities by raising awareness of and engagement in these programmes.

A. Cancer Screening Awareness Event - Bowel, Cervical and HPV.
B. Brent's Bowel Cancer Screening Awareness Campaign
C. Brent Health Matters bowel cancer screening
D. Man Van – Prostate Cancer Screening (Oct-Nov 2023)
E. Head and Neck Cancer – Diu Community – Chewing Tobacco Cessation Project (2023)

For more information on local interventions, please contact publichealth@brent.gov.uk

Brent

A) Cancer Screening Awareness Event: Bowel, Cervical and HPV.

Event Purpose/Overview

- Demographic data demonstrated that individuals with a Chinese ethnicity had lower uptake for cancer screenings, particularly cervical screening.
- The event specifically focused on providing educational surrounding HPV, cervical screening, and bowel screening awareness.
- The event not only focused on cancer screening, but there was also a holistic focus on health providing information on diet, lifestyle, libraries etc.

Brent

B) Brent’s Bowel Cancer Screening Awareness Campaign

Bowel cancer is the fourth most common cancer in Brent and screening can help prevent cancer or find it at an earlier stage. To coincide with Bowel Cancer Awareness Month, Brent council, RM Partners North West & South West London Cancer Alliance, supported the delivery of a local bowel cancer awareness campaign in Brent with the aim to:

- Encourage uptake of bowel cancer screening.
- Advise patients to contact their GP practice if they notice potential symptoms.

The campaign targeted people aged 50-60 from communities who are more at risk of developing bowel cancer, and who are less likely to take part in screening, or to contact their GP practice if they have any potential symptoms.

Brent's Bowel Cancer Campaign designed by Claremont, RM Partners, St Marks, and Brent Public Health's team.

Campaign Launch

- The campaign officially launched with the creation of a chalk pavement artwork showcasing key messages, alongside a Brent Health Matters Health Bus event. Information about bowel cancer and bowel cancer screening was provided to members of the public who were also able to have blood pressure and diabetes health checks.
- Awareness-raising activities also included:
- Targeted social media campaign and the provision of social media and digital assets.
- Printed resources for use by local partners, primary care and community organizations, alongside NHS bowel cancer patient information resources.

Brent

C) Brent Health Matters bowel cancer screening

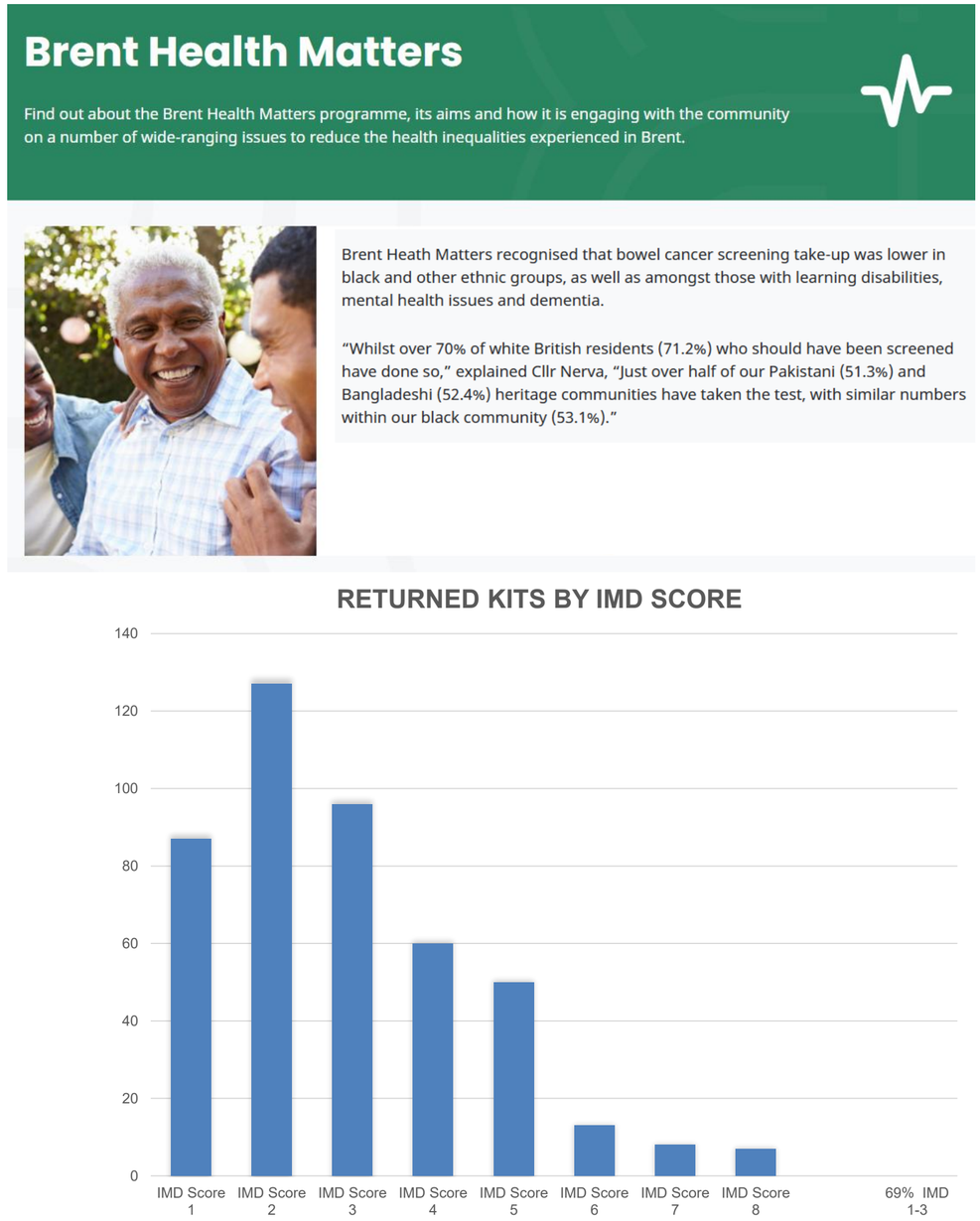
The Brent Health Matters bowel cancer screening involved two strands of work:

1st Strand- Promotion:

- Sessions were delivered across Brent to promote the importance of bowel cancer screenings.
- The events reached both established communities in Brent as well as emerging, untapped communities.

2nd Strand- Bespoke Follow-up Bowel Screening, Non-responder Calling Project

The aim was to reduce inequalities in accessing the bowel cancer screening programme. GPs with the lowest uptake in the most socially deprived areas were selected and a data sharing agreement between the GPs and Brent Health Matters Clinical Team was established. Each GP provided a list of people who did not respond to the invitation to take part and did not return a completed FIT Kit. BHM clinical staff then called each patient using a CRUK call script. Language proved to be a barrier for several of these initial non-responders. Test kits were then sent and one in three people then returned the completed kit, demonstrating that this more personalised approach successfully raises screening participation. Many of these had previously received multiple kits but not responded.
Over 60% were from Black, Asian or other minoritised ethnic groups and 70% were from the most socioeconomically deprived parts of Brent.



Source:
Internal Brent Health Matters data

D) Man Van – Prostate Cancer Screening

Funded by NHS England and the Royal Marsden Cancer Charity

Offering free health checks for **Men over 45**

PSA test may be offered (a blood test that can help detect prostate issues such as prostate cancer), as well as a urine test.

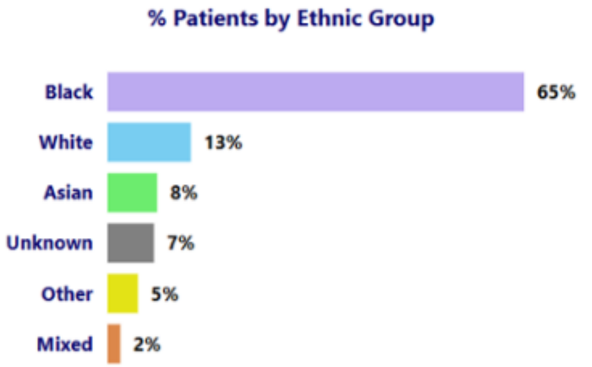
No rectal exam required

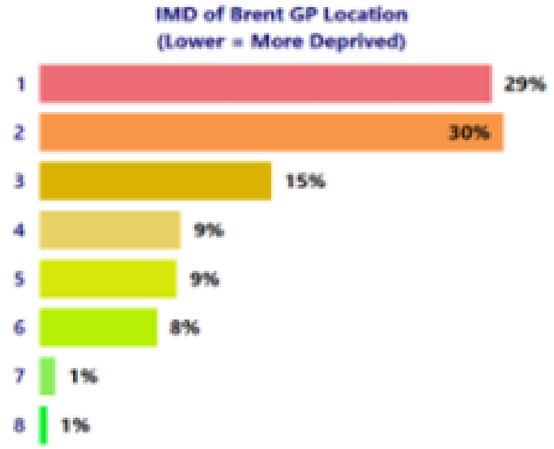
This pilot project used a semi-static site located outside Bridge Park Community Leisure Centre. It took a targeted, asset-based focus on those most at risk of prostate cancer (men of Black heritage and those with a family history of prostate cancer).

Bridge Park Community Leisure Centre was a hub in a deprived neighborhood, frequented by the target community. It brought health services into the community, targeting areas where men were less likely to access traditional healthcare services.

Targeted community engagement approach

- Locality work, aiming at settings frequented by the target cohort (e.g. Places of Worship, barbershop events)
- Co-producing assets (e.g. flyers, videos) with local communities, who then promote them to their wider networks
- Wider determinants approach - Man Van was operational on days coinciding with other community offers in the venue, such as the Community Shop/ Kitchen, the Hub, and Sunday church services
- Solutions focused (e.g. provided support with booking a screening appointment) and In-reach approach (e.g. docking in with existing Black History Month forums, cancer talks, etc)
- Over 500 men were screened following a contact with Man Van



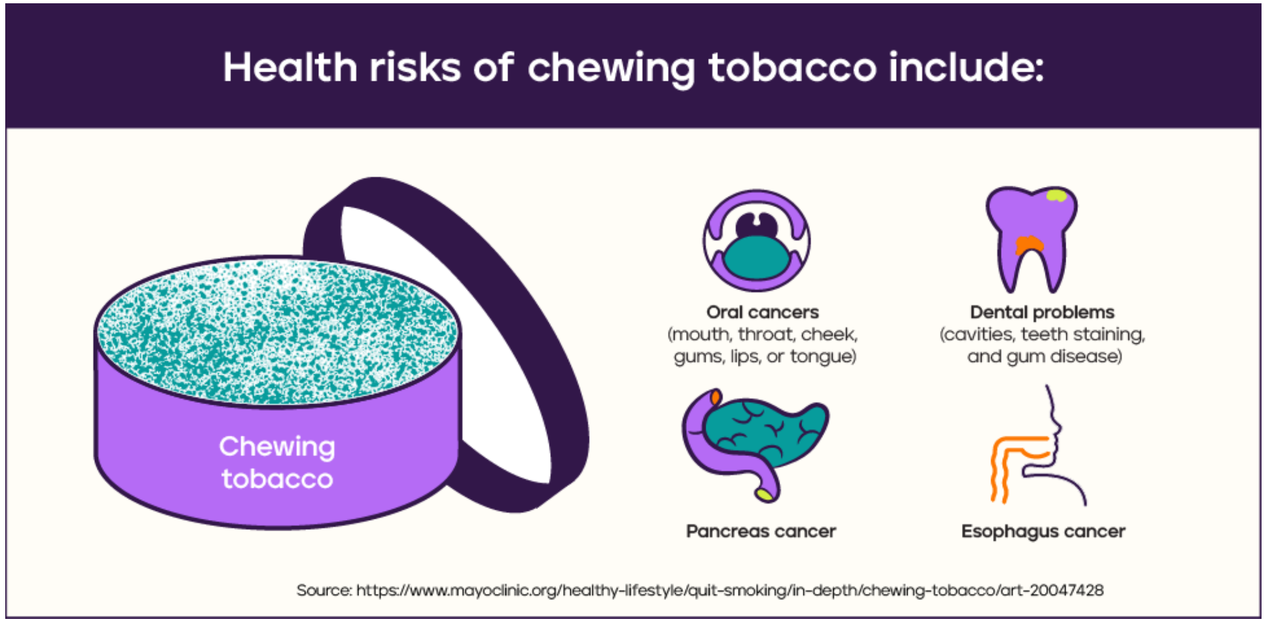


Brent

E) Head and Neck Cancer – Diu Community – Chewing Tobacco Cessation Project

Smokeless tobacco appears to be embedded into cultural practices and is common amongst people who have recently migrated literacy. In the UK, smokeless tobacco has a higher cto the United Kingdom or individuals who have low levels of English consumption in South Asians from Bangladeshi, Indian and Pakistan backgrounds.[1]

In England, there were 9,122 cases of head and neck cancer in 2021 (NHS England, 2023) with a population of 56,536,000 (ONS, 2022). In comparison, Brent recorded 306 cases (Whole Systems Integrated Care, WSIC) with a population of 339,800. To put it in context, for every 100,000 people, there are approximately 16 cases of head and neck cancer in England and 90 cases in Brent. This highlights the importance of local awareness and early medical consultation if symptoms arise. There are currently no national awareness campaigns for head and neck cancers nor is there screening available. Despite there being no national data on this we know that this is a local issue which we have been working to address.



Brent

Source: 1. Action on Smoking and Health, 2020; ASH, 2024

E) Head and Neck Cancer – Diu Community – Chewing Tobacco Cessation Project

The project

The Public Health team undertook this project to understand why smokeless tobacco is used in South Asian communities in Brent and how public health can support cessation. It aimed to establish and strengthen rapport with the Diu community in Brent and build on that to deliver holistic tobacco cessation support. The Diu community supports people with a tie to Diu, India. Semi-structured interviews with residents (mostly male and age 50+ years) were used to probe the following themes: what matters to you in health and care, tobacco habits, and behaviors surrounding tobacco use.

Key findings

Affordability and Cost

Participants stated that chewing tobacco is *'cheap'* and it *'doesn't cost much'* implying it is a cost-effective and an easily accessible product to use.

Social Norms

Participants stated chewing tobacco is a habit which starts in childhood. One participant stated*: 'I have used it since I was 8 years old. My parents used it, everyone I know around me used it, so it's common in my environment'*. This suggests chewing tobacco within this community can be a social norm.

Intersectionality

Chewing tobacco is habit which is associated with older men. Younger men tend to smoke cigarettes or vape. Females will use chewing tobacco if it is offered to them by their husband.

Brent

Barriers to Prostate Cancer Screening: qualitative study

Brent

Prostate Cancer background and research aims

Prostate cancer is the most common type of cancer in men over the age of 45 in England and the most prevalent cancer affecting men in Brent. It is estimated that one in eight men will be diagnosed with PC, however, this disease disproportionately affects men of Black ethnicity, with approximately one in four Black men expected to receive a diagnosis in their lifetime. This disparity highlights the unequal impact of PC on Black men and highlights the need for targeted public health interventions.

There is currently no national screening programme available to detect prostate cancer, however, there is the Prostate-Specific Antigen (PSA) blood test that can help detect prostate issues. This test is not an effective screening tool for cancer, as it can produce false negatives or false positives. The onus is placed on the individual to recognise the signs and symptoms of prostate cancer, and present to the GP. This assumes that individuals are fully aware of what symptoms to look for and know where to access to support.

Our research aimed to understand men's awareness of prostate cancer symptoms, their attitudes towards testing, and common misconceptions.

The research was conducted in Harlesden, as it is one of the wards within Brent with a high population density of Black African and Black Caribbean residents. Participants were recruited from the Harlesden Men's Group (Men United), as the men attending this group were at risk and vulnerable. The group itself is predominantly attended by men of Black African and Black Caribbean heritage, many of whom also experience one or more of the following:

- Housing difficulties
- Unemployment or employment in routine or manual occupations
- Multiple health issues
- Being mostly aged over 50 years

More than 20 interviews took place between the 23rd and 30th July 2025.

Sources:
Prostate cancer – NHS
Prostate Cancer UK | Prostate Cancer UK
NICE – Prostate Cancer

Brent

Prostate Cancer Research – Findings Summary

- Several men had no idea what the symptoms are for prostate cancer. Some did not know what the prostate is.
- Others had knowledge of urination issues related to prostate cancer, although there were also some misconceptions, for example confusing the prostate cancer and bowel cancer tests
- Most participants said they would go to their GP if they had symptoms. They would visit the GP to get tested if presenting with symptoms and would be comfortable speaking to their GP about prostate cancer
- Several men had not seen any information about prostate cancer. Overwhelmingly respondents felt that there was not enough information available.
- Participants suggested that information should be made available in community places, at the GP or hospital, online and a range of other settings.
- Targeted communications in public bathrooms were viewed positively
- Several men who were interviewed did not know what the test for prostate cancer is. A minority had some awareness of the PSA test

Do you know what the symptoms are for prostate cancer?
"No, I don't, I thought males and females could get prostate cancer"

Do You Know What the Prostate is?
"No idea, thought it was to do with the bowels"

If you were symptomatic, what would you do?
"Give it some time to see if it gets worse or better"

"Hide, bury my head under the sand, fear of being given bad information"

Do you think there is enough information around prostate cancer communicated to you?

"Needs to be a lot more, not enough awareness, not enough knowledge on subject. Most men have no idea even what the prostate is"

Have you seen information recently about prostate cancer? If so, what and where?
"Yes, but not as widely distributed as female cancers (i.e. breast cancer), seen at B3".
"Black men are more at risk; I just heard about it from the odd poster here and there"

Brent

Brent's Preventative Approach – Next Steps

Brent

Brent's Preventative Approach – Next Steps (1)

Cancer prevention, diagnosis, treatment and other support requires a whole-system approach. The Public Health team aims to improve coordination and equity of cancer prevention, early detection and support across the local system, working collaboratively with NHS partners, voluntary and faith organisations, and local communities.

Prevention

- Brent is one of the most socioeconomically deprived boroughs in London and residents have high cancer risk related to deprivation. Within Brent, the most deprived parts, such as Stonebridge and Harlesden, experience higher than average smoking prevalence, limited access to healthy food, and lower participation in cancer screening.

- Smoking cessation initiatives, healthy food programmes, active travel and other physical activity promotions, and obesity interventions should be offered across Brent and particularly targeted in the areas of highest need (taking a proportionate universalism approach).

- New alcohol-related cancer cases in Brent have previously shown a downward trend and been consistently lower than the averages for London and England. However, these data need to be updated to confirm recent trends. Despite lower than average levels, there is a higher rate of alcohol-related cancers among men than women, and among more deprived groups. The men's health strategy is an opportunity to consider how to reduce alcohol-related cancers.

Brent's Preventative Approach – Next Steps (2)

Screening

- Uptake in Brent for breast, cervical and bowel cancer screening is lower than the regional and national averages. There are differences in the uptake across ethnic groups, depending on the cancer type. Younger residents have lower uptake compared with older residents.

- A clear understanding of the barriers to uptake in different communities is needed so that culturally appropriate support can be offered. This will need to be done through community engagement and to consider the barriers related to each type of screening programme. This intersectional approach will recognise that age, gender, existing health conditions and a range of other factors affect eligibility, awareness and attitudes towards screening.

- Community projects such as the "Man Van" to promote prostate cancer screening should be expanded.

Brent's Preventative Approach – Next Steps (3)

Diagnostic pathways

- There is a socioeconomic gradient in the proportion of cancer cases that are diagnosed through national screening programmes or GP referral. Residents in more socioeconomically deprived areas are more likely to be diagnosed at a late stage than those from less deprived areas.

- Better information and awareness, easier access to GPs, and tailored initiatives to promote screening could support earlier diagnosis in the more deprived areas.

- In Brent, bowel and cervical cancer cases are less commonly diagnosed through screening or GP referral compared with all cancer types. This highlights the need to promote screening uptake, increase awareness of symptoms and provide information about how to respond to symptoms for these types of cancer.

Brent's Preventative Approach – Next Steps (4)

Head and neck cancer

- Brent has a substantially higher rate of head and neck cancer compared to the national average. Tobacco use is a key cause of these cancers, including cigarette smoking and use of smokeless tobacco (chewing tobacco, paan, betel quid, shisha). Use of smokeless tobacco is popular with some south Asian communities. Like Brent, other parts of the country with high numbers of people from south Asian ethnic groups have higher head and neck cancer rates.

- Smoking cessation services in Brent need to recognise and respond to the risks from smokeless tobacco. The "Diu Community" project for chewing tobacco cessation to reach hesitant individuals is one example.

Brent's Preventative Approach – Next Steps (5)

Survival

- Cancer death rates are nearly 60% higher in the UK's most deprived areas compared to the least deprived. Lower survival in deprived areas is attributed to a number of factors including diagnosis delays and advanced stage of disease at presentation; poorer access to care and lower treatment compliance; worse general health and comorbidities; and the presence of more aggressive histological types of disease.

- Key responsibility for high quality health care during and following diagnosis lies with the NHS. Core20Plus5[1] prioritises cancer as one of the five areas to reduce health inequalities and has a target to increase early cancer diagnosis.

- Across north west London, the NHS works closely with RM Partners West London Cancer Alliance to improve earlier diagnosis and reduce cancer mortality.[2]

- Public health also has a role in improving survival, by raising awareness of symptoms and how to respond, and facilitating connections between residents and the health system. Community events, outreach, and everyday contacts can be mechanisms for public health officers and their partners to promote cancer awareness and reduce cancer risk. Public health also has a role in advocating for the reduction of environmental and workplace hazards that can contribute to cancer risk.

Source:
1. NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities
2. Cancer and screening :: North West London ICS

Brent