

Redbridge

Joint Strategic Needs Assessment

2024

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Introduction

The Joint Strategic Needs Assessment (JSNA) presents an opportunity for the Redbridge Health and Wellbeing Board (HWB) to assess the health of the borough and establish strategies for its improvement. Since the last JSNA there has been substantial change to the health and public health systems in the area with the establishment of the North East London Integrated Care System (NEL ICS) and end of the Barking and Dagenham, Havering and Redbridge Integrated Care Partnership (BHR ICP). Therefore this JSNA has been written as a Redbridge specific JSNA rather than in partnership with the public health teams of both Barking and Dagenham, and Havering.

Whilst COVID-19 remains circulating in the population and causes ongoing impact to the health of the nation the direct threat has reduced at present, and England has moved to a 'Living with COVID-19' strategy.¹ This JSNA therefore represents the first opportunity to fully assess the health of the borough following this transition.

The aim of the JSNA is to assess the health needs of the entire borough, and therefore includes a review of the health impact of the natural and built environment we live in today and how it will alter with climate change, the community and community structures we have in Redbridge and how they provide for the boroughs residents, and an assessment of the diseases that impact the health of our residents and risk factors that can increase the development of these in future generations.

The JSNA provides an opportunity to highlight where strategies have already been established or are currently in development that target the identified health needs. The development of the report has required collaboration with multiple agencies within London Borough of Redbridge Council (LBR) alongside local partners and partnerships that have responsibility over different aspects of the wider Redbridge community and health system. There is always opportunity to improve collaboration between departments and across organisations to ensure health is a focus in all policy decisions.

Recommendation 1: Redbridge Partners to continue to prioritise a Health in All Policies approach and therefore maximise the wellbeing of residents.

Recommendation 2: Redbridge Partners to develop and expand data sharing agreements and data platforms to allow improved targeted interventions

Recommendation 3: Redbridge Partners to continue to promote the Making Every Contact Count (MECC) approach throughout the boroughs health and care systems

¹ [COVID-19 Response: Living with COVID-19](#). Cabinet Office. 06 May 2023.

Our Borough

Climate change

Climate change is already having a substantial impact on the health of the United Kingdom as extreme weather events have become more frequent. As the effects of climate change increase the impacts on health are expected to vary with the most vulnerable and disadvantaged in society experiencing worse outcomes.² In 2019 LBR passed a climate emergency declaration in response to the threat posed to the borough by the effects of climate change. This was followed by the publication of the Redbridge Climate Change Action Plan in 2021 establishing the pathway for the council the commitment to be carbon neutral by 2030 and carbon zero by 2050.

Recommendation 4: Redbridge Partners should collaborate to reduce greenhouse emissions and mitigate the harms caused, ensuring that climate change is considered in every policy and decision.

Air

In 2013 Ella Adoo-Kissi-Debrah, a 9-year-old resident of the London Borough of Lewisham, sadly passed away following a severe exacerbation of asthma. Her death was subsequently concluded to be directly caused by exposure to air pollution, the first time this was listed as a cause of death on a death certificate in the UK.

The quality of the air we breathe has a huge impact on both our immediate and future health. Exposure to harmful air pollutants is associated with risk at all stages of the life cycle from low birth weight to reduced life expectancy. Short-term exposure to air pollution is associated with increased risk of admission to hospital and death due to damage to the heart, lung and or brain.

Long-term exposure to polluted air is associated with a wide range of diseases with lung cancer, chronic obstructive pulmonary disease, coronary heart disease, heart failure, stroke and dementia all linked. It is estimated that in 2019 there were between 124 and 142 deaths attributable directly to air pollution in Redbridge³.

Two key pollutants of concern are nitrogen oxides [NOx]⁴, and, particulate matter [PM]⁵. There are national legally binding targets for the current⁶ and future⁷ annual mean concentration of these pollutants alongside recommended levels from the World Health Organization (WHO)⁸.

Redbridge currently has 2 automatic monitoring sites for NOx, PM2.5 and PM10 and 23 non-automatic diffusion tube monitors for NOx. Across the 25 monitoring sites in Redbridge for NOx levels have reduced steadily over the years 2017-2022 with minimal increase post-pandemic at most monitors. All sites except one are now below UK targets for NOx, PM2.5 and PM 10.

² [Health Effects of Climate Change in the UK: state of the evidence 2023 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/92321/Health_Effects_of_Climate_Change_in_the_UK_state_of_the_evidence_2023.pdf)

³ [London Atmospheric Emissions Inventory](https://www.london.gov.uk/what-we-do/what-we-are-doing/london-atmospheric-emissions-inventory)

⁴ Measured as nitrogen oxide [NO] and nitrogen dioxide [NO2]

⁵ Measured as fine PM [PM_{2.5}], and coarse PM [PM₁₀]

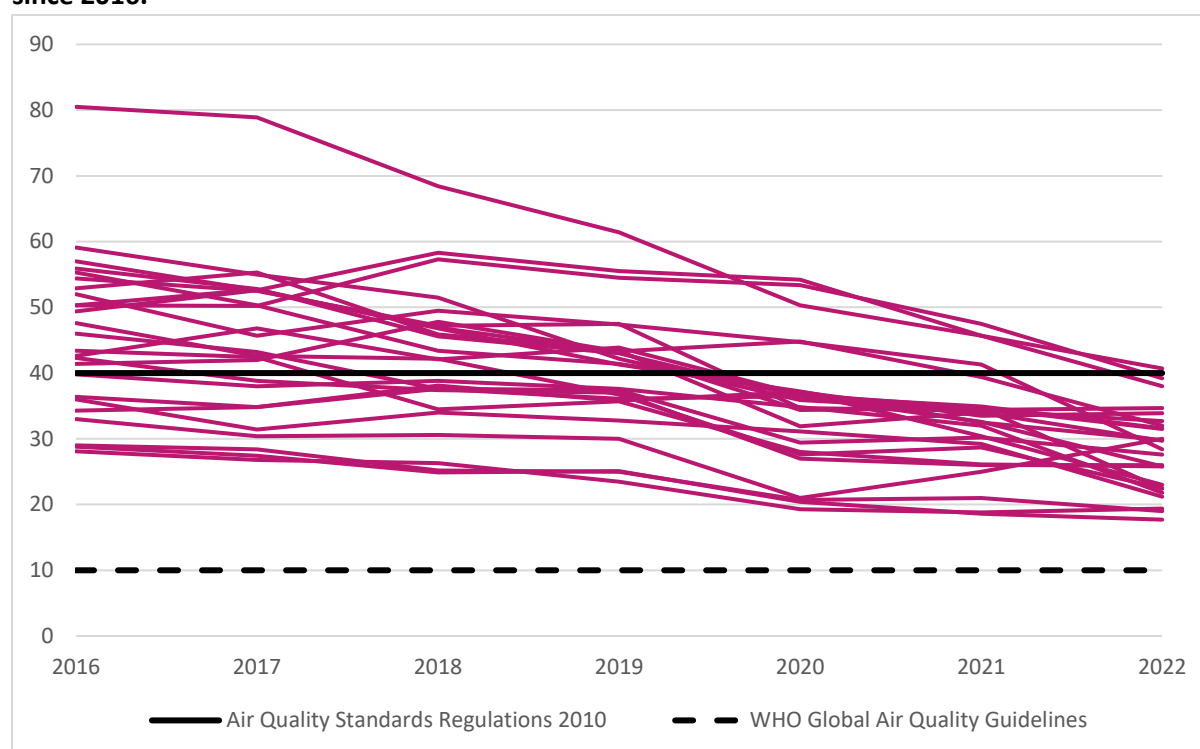
⁶ Air Quality Standards Regulations 2010. Maximum average pollutant concentration: Nitrogen Oxide 40µg/m³, PM_{2.5} 20µg/m³, PM₁₀ 40µg/m³

⁷ Environmental Targets (Fine Particulate Matter) (England) Regulations 2023. Maximum average pollutant concentration by the end of 2040: PM_{2.5} 10µg/m³

⁸ WHO Global air quality guidelines.

Air Quality Guideline levels: Nitrogen Oxide 10µg/m³, PM_{2.5} 5µg/m³, PM₁₀ 15µg/m³

Figure 1: Annual average NO_x (µg/m³) concentrations from Redbridge based air quality monitoring systems 2016 – 22. All air quality monitoring systems in Redbridge have seen improved air quality since 2016.



Studies have suggested that were WHO targets for PM_{2.5} reached by 2030, then the life expectancy in Redbridge for those born in 2013 would increase by 152 days.⁹

Recommendation 5: Redbridge Partners should highlight the significant improvements in air quality made over the last 5 years and the potential health benefits to be gained from further reductions in air pollution.

In 2019 road transport was calculated to be the primary driver of air pollution in Redbridge, associated with 71% of NO_x, 41% PM_{2.5} and 41% PM₁₀.¹⁰ Since 2019 the London Ultra Low Emission Zone (ULEZ) was expanded and now covers the entirety of the borough. Therefore, the proportion of air pollution associated with vehicle emissions is expected to reduce.

At this time domestic biomass and woodburning were also of concern due to emitting 26% Redbridge's small particulate matter (PM_{2.5}) and 14% of larger particular matter (PM₁₀)¹¹. Whilst wood burning stoves that meet 'EcoDesign' criteria are legal to use in London, their relative PM_{2.5} emissions are about 450 times greater than those of a gas boiler.¹²

Recommendation 6: Redbridge Partners should continue to highlight and target road transport for improving air quality.

⁹ [London Health Burden of Current Air Pollution and Future Health Benefits of Mayoral Air Quality Policies. Imperial College London. Jan 2020.](#)

¹⁰ LAEI 2019

¹¹ LAEI 2019

¹² Chief Medical Officer's annual report 2022: air pollution

Recommendation 7: Redbridge Partners should continue to highlight domestic fuel burning as a key contributor to local pollution and target potential areas for enforcement.

Local authorities have statutory responsibility associated with Local Air Quality Management (LAQM) and must declare an Air Quality Management Area (AQMA) where national targets are not met. The entirety of Redbridge borough was designated an Air Quality Management Zone since 2003 and therefore produces the Air Quality Action Plan (AQAP) as a statutory responsibility alongside progress reports. Further local monitoring occurs through the London Assembly identified Air Quality Focus Areas (AQFA) that highlight areas with high pollution and high human exposure. Four AQFA's have been identified in Redbridge since 2013: A12 Eastern Avenue at Wanstead, Ilford A123 and Ilford Hill, A12 Eastern Avenue from Redbridge to A12, and Hermon Hill.

There is an ongoing local project "We Care for our Air" supported with funding from the Department for the Environment and Rural Affairs (DEFRA) incorporating community engagement highlighting air pollution with local schools and school children alongside citizen science through local distribution of NOx monitoring tubes.

Locally an alert system is in place (airTEXT) that provides alerts and advice in times of increased air pollution. At the regional level there was expansion of the London Ultra Low Emission Zone (ULEZ) in 2023 which now covers the entirety of the borough.

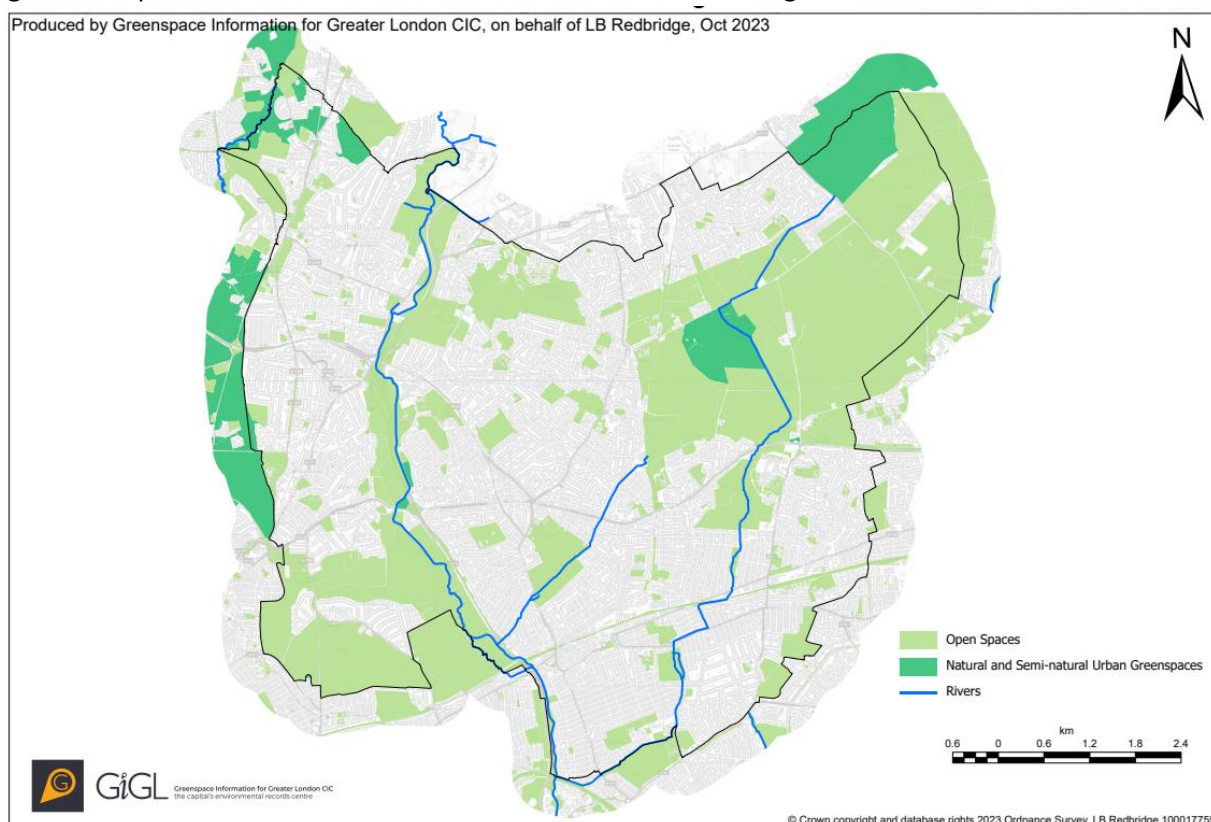
Recommendation 8: Redbridge Partners to continue to raise public awareness of local alert systems for harmful air pollution levels

Land

The majority (55%) of Redbridge is classed as green cover, the 8th highest proportion in London.¹³ Green land and access to it is important to local health and therefore this green cover represents a true health asset for the borough. Local trees directly lead to improved local air quality and provide shade to reduce the impact of heat waves. Open land provides free space for relaxation, recreation and physical activity with access to green cover associated with improved mental health outcomes.

¹³ London Green and Blue Cover. GLA.

Figure 2: Map of Green and Blue Infrastructure Network in Redbridge



Green infrastructure will play a crucial role in the borough's adaptation to the effects of climate change through its capacity to reduce the effects of the 'urban heat island' that increases the temperature within urban settings. Excessive heat has a direct impact on health through the development of heat-related illnesses and heatwaves in London already cause significant numbers of deaths each year.

For the recreational benefits of green spaces to be realised residents need to be able to access them. Natural England's Accessible Greenspace Standards Model provides a framework for assessing the access to green space available to residents. **Figure 3** shows these standards modelled to Redbridge. Large areas of the central and south-east regions of the borough have deficiency in their access to green space, in particular green space within 300m of the home.¹⁴

¹⁴ Providing Accessible Natural Greenspace in Towns and Cities. English Nature. 2011.

Accessible Natural Greenspace Standards Model. Definitions:

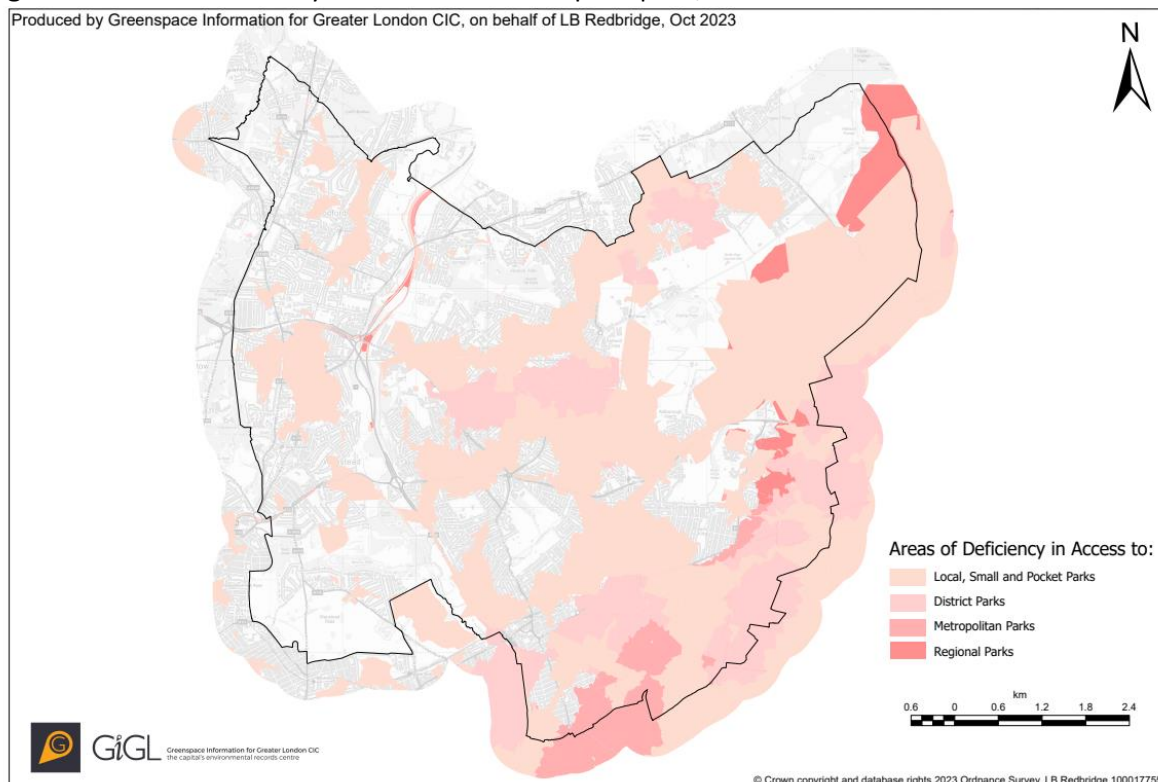
Local, Small and Pocket Parks – Minimum recommendation = 300m from residence to nearest green space

District Park (20ha site) – Minimum recommendation = 2km from residence to nearest 20ha site

Metropolitan Park (100ha site) – Minimum recommendation = 5km from residence to nearest 100ha site

Regional Park (500ha site) – Minimum recommendation = 10km from residence to nearest 500ha site

Figure 3: Areas of deficiency in Access to Public Open Space, LBR



The Council has introduced a new Natural Greenspace Improvement Strategy which became effective from 1st May 2024 aimed at improving access to and through four green spaces in the borough. The green spaces are Roding Valley, Claybury Park, Hainault Forest Country Park and Fairlop Waters Country Park. The Strategy serves as a Suitable Alternative Natural Greenspace (SANGs) measure designed to divert visitors away from the protected site of Epping Forest Special Area of Conservation (SAC). The provision of SANGs is a legal requirement for the Council under the Conservation of Habitats and Species Regulations 2017 because a small portion of Epping Forest SAC lies in the northwestern corner of Redbridge and because Redbridge residents visit the forest. The access improvements in the strategy aim to mitigate against the harmful impacts of increased potential visitors from new residential developments in Redbridge. The access improvements will be funded by new residential developments within the 6.2km Zone of Influence of Epping Forest SAC as the Council applies the Polluter Pays Principle for mitigating against the harm.

Recommendation 9: Redbridge Partners should continually focus on the potential to increase or improve the access to green space and the facilities therein, especially in those areas that are currently deficient in access.

Biodiversity

The Redbridge Local Plan 2015-30 sets out an ambition to protect and enhance green infrastructure and biodiversity. At present there has not been sufficient research to provide evidence specifically assessing the direct impact of urban biodiversity loss and human health, however, this is an emerging field of research and therefore our understanding of the impact of this is likely to change in the near future. Health and urban design professionals should keep aware of significant updates to this field that could highlight areas requiring action.

Water

Deaths due to flooding are fortunately relatively rare in the United Kingdom, however the economic impact can be significant. Recent flooding events have caused significant disruption to streets and residents across Redbridge, most recently in summer 2021. Significant attention has been given within the local region to addressing the risk of river and surface water flooding. There has been a recent update to the Redbridge Surface Water Management Plan (2024-2034) which provides a comprehensive risk assessment and mitigation strategy. Active infrastructure upgrades are occurring with the River Roding Project incorporating the development of a new flood storage area on the upper River Roding that will reduce flood risk to the downstream Roding Valley areas of Woodford and Ilford.

With expected sea level rise over the next century the risk of health effects due to flooding in Redbridge is likely to increase. Fluvial flooding along the course of the river Roding and its small tributaries is protected by the Barking Barrier. The Thames Estuary 2100 plan sets out the strategic direction for investigating the need and initiating development modifications required to protect the river Thames and its tributaries from fluvial flooding over the course of the next century. The responsibility for the river Roding falls between the Royal Docks and Barking and Dagenham Policy Unit's. At a regional level the Joint Thames Strategies Refresh aims to develop a framework by 2027 for enabling the development of local Riverside Strategies in each riverside borough.

Water and access to it is also a potential health benefit to a region. Redbridge has numerous lakes in Parks, with historic swimming clubs previously located in South Park and Valentine's Park in the early 20th century. With regards to swimming in the borough there are three significant new developments planned. The new Fairlop Waters Masterplan 2023 contains a new wild swimming area with changing facilities alongside a water park and new outdoor activity centre¹⁵, development has begun on a new swimming pool as part of Wanstead Leisure Centre and a planning application has been submitted to build a new lido in Valentine's Park.

Unfortunately, the health of the water courses in Redbridge suffers from significant local water pollution, with sewer drainage system outfalls in both the River Roding and Loxford Water. Between 1 January 2022 and 31 December 2022 there were 102 sewer flood incidents into Redbridge water courses.¹⁶

Recommendation 10: Redbridge Partners to continually work with UKHSA and other agencies regarding assessment and mitigation of the health impact of sewage outfalls

People

Redbridge is a large and diverse borough. The release of the 2021 census data since the previous JSNA has allowed a greater understanding of recent changes to the population and how this will interact with the health needs of the borough.

As of 2021 there were 310,260 residents in Redbridge making it the 11th largest borough in London and since the previous census in 2011 a further 31,290 individuals have made Redbridge their home. The 11.2% increase in population is considerably above the London (7.7%) and England (6.6%) average for the decade.¹⁷

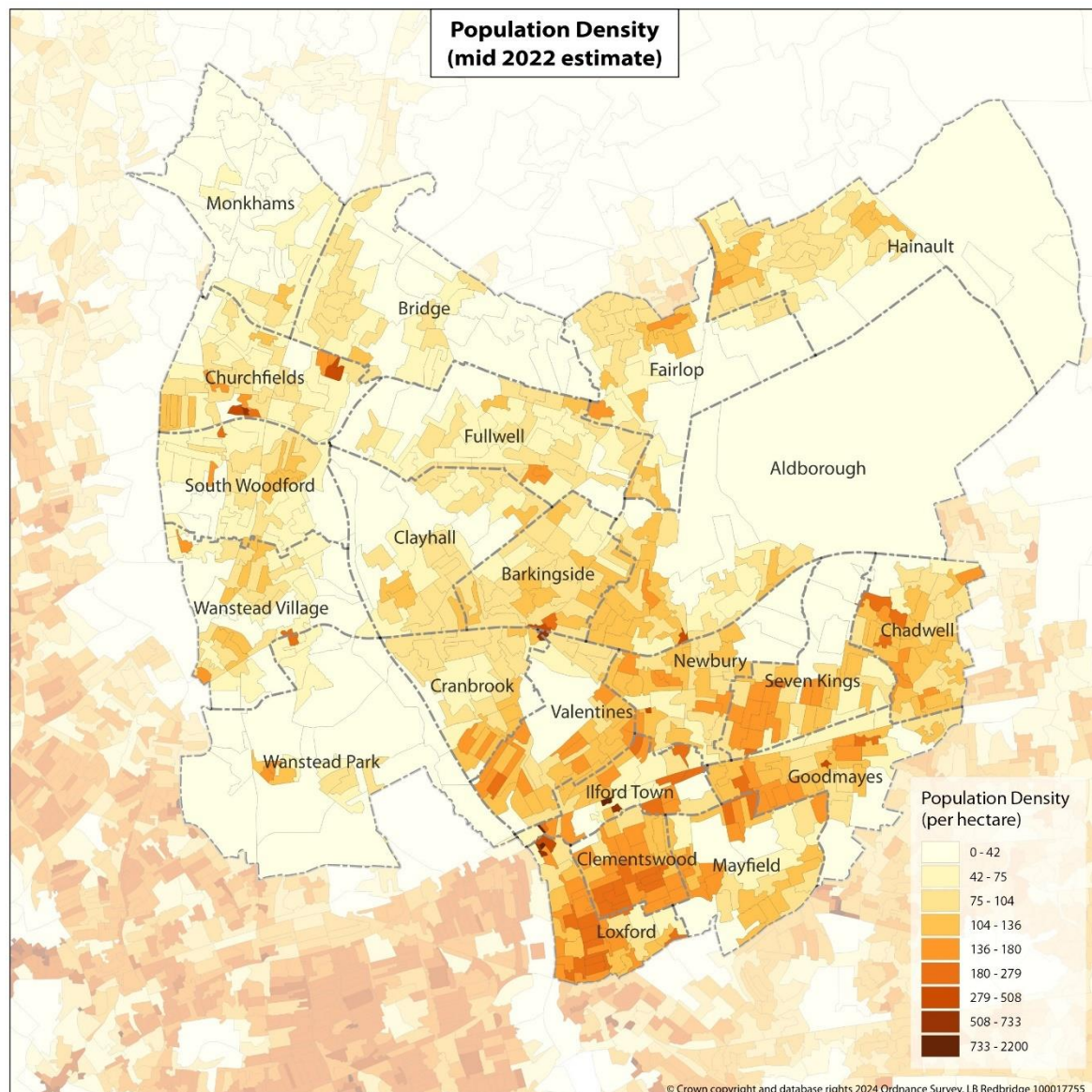
¹⁵ Fairlop Waters Country Park: Final Masterplan March 2023

¹⁶ Environmental Information Regulation (EIR) Request EIR-23-24-643. Thames Water. 14 February 2024.

¹⁷ Census 2021

The change in population has not been equal across the borough with those wards in the south and east of the borough increasing in population density at a considerably faster rate than those in the west and north west. Ilford Town (37%), Hainault (21%) and Mayfield (19%) were the three wards with the largest growth in population whilst Wanstead Park (2%), Bridge (4%) and Wanstead Village (4%) had the least growth in population.¹⁸ **Figure 4** shows the population density of Redbridge with increased density in the south around Ilford Town and Loxford.

Figure 4: Map of population density (mid 2022 estimate) of Redbridge by Lower Super Output Area (LSOA).



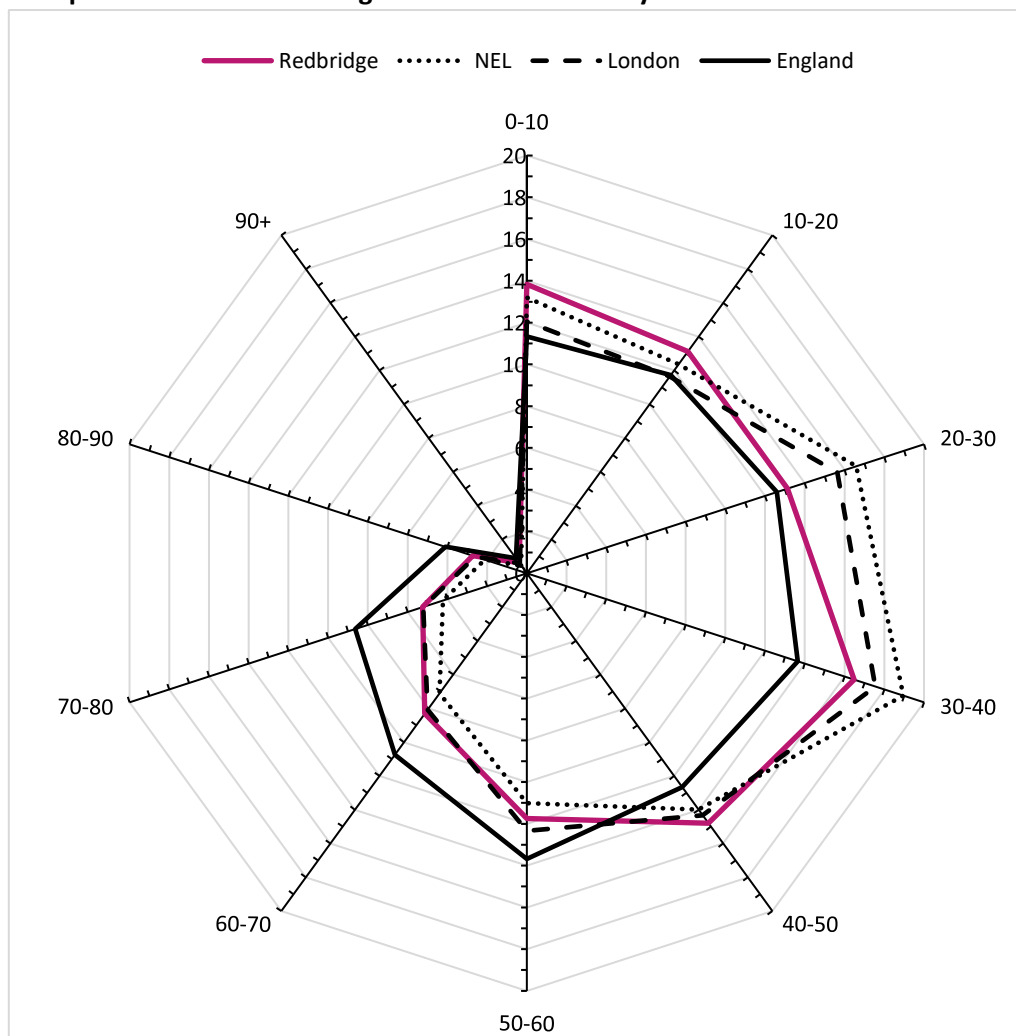
Recommendation 11: Services that have previously been commissioned borough wide should be reviewed to assess whether increased provision is required in those areas that have seen the greatest rise in population.

¹⁸ Census 2021

Age

The age distribution of Redbridge's population is defined by a high proportion of both the youngest and oldest. **Figure 5** shows that Redbridge has high comparative distribution of those aged under 20 years old than NEL, London or England but with a considerably lower proportion of the population aged between 20 and 40 years old compared to London.¹⁹

Figure 5: Distribution of the local population by 10-year age bands (% of total population): Redbridge, NEL, London, England. Redbridge has a higher proportion of the population less than 20 years old compared to London and England and fewer 20-40 year olds than NEL and London.



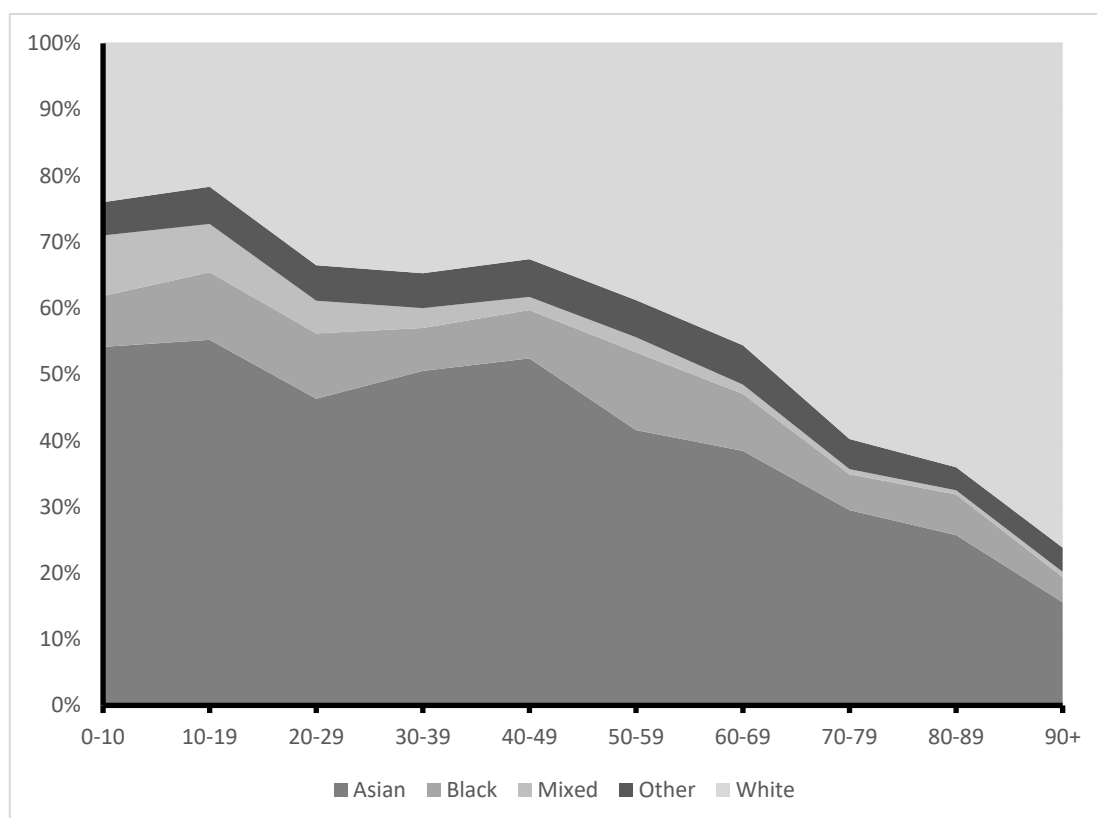
¹⁹ Census 2021

Ethnicity

The ethnic diversity of Redbridge is much greater than other areas. Redbridge has the 4th highest proportion of residents not identifying as White British of all local authorities in England and Wales, with 77% of the population from ethnic minority groups.²⁰

Importantly, the diversity of the borough varies significantly within each age group (**figure 6**) and therefore demographic differences need to be accounted for in the commissioning of health services targeted at specific age groups.

Figure 6: Proportion (%) of 10-year-age band population in Redbridge by ethnicity, Census 2021. **The ethnic diversity of Redbridge is associated with the age of the population, the younger population is predominantly of Asian ethnicity and the older population mostly of white ethnicity**²¹



Within each ethnicity category there is further variation of the age cohort as shown in **Figure 7a** and **7b**. These represent the breakdown of the two largest ethnicity categories into more detail. As can be seen the White – Other category is a substantially younger population than the White – British. This demographic variation has important implication for the provision of health services with associated needs for language provision.

Figure 7a: Proportion (%) of 10-year-age band population of White ethnicity in Redbridge by ethnicity sub-group, Census 2021. **The population of Redbridge that are white ethnicity and less than 50 years old are split relatively evenly between White British and Other White subgroups, however the population older than 50 is mostly White British.**²²

²⁰ Census 2021

²¹ Census 2021

²² Census 2021

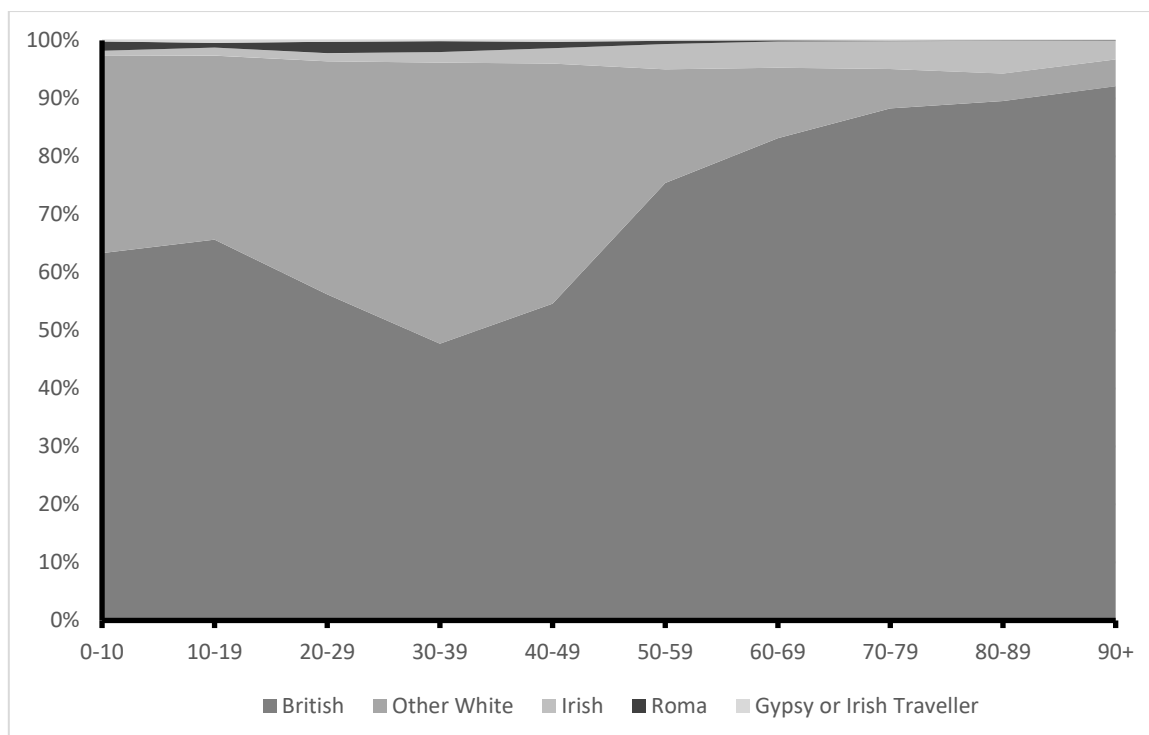
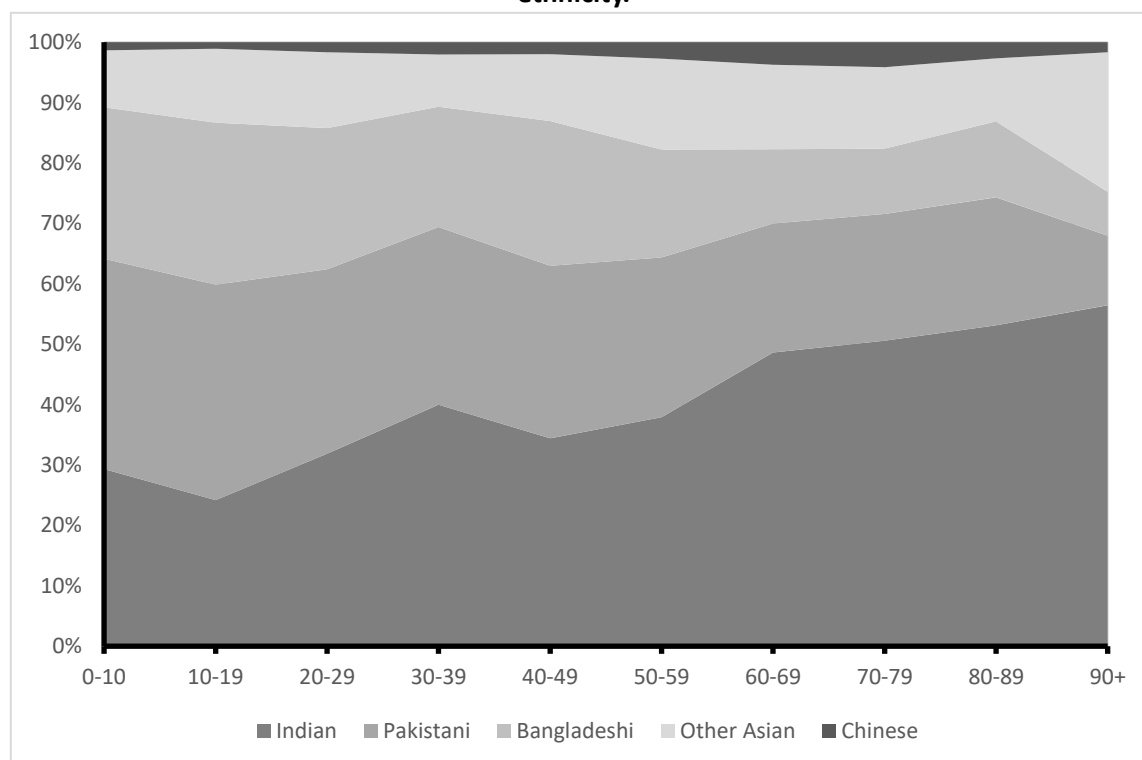


Figure 7b: Proportion (%) of 10-year-age band population of Asian ethnicity in Redbridge by ethnicity sub-group, Census 2021. The population of Redbridge that are Asian ethnicity and less than 50 years old are split relatively evenly between Indian Asian, Pakistani Asian and Bangladeshi Asian. The older Asian population in Redbridge is more predominantly of Indian Asian or Asian Other ethnicity.²³

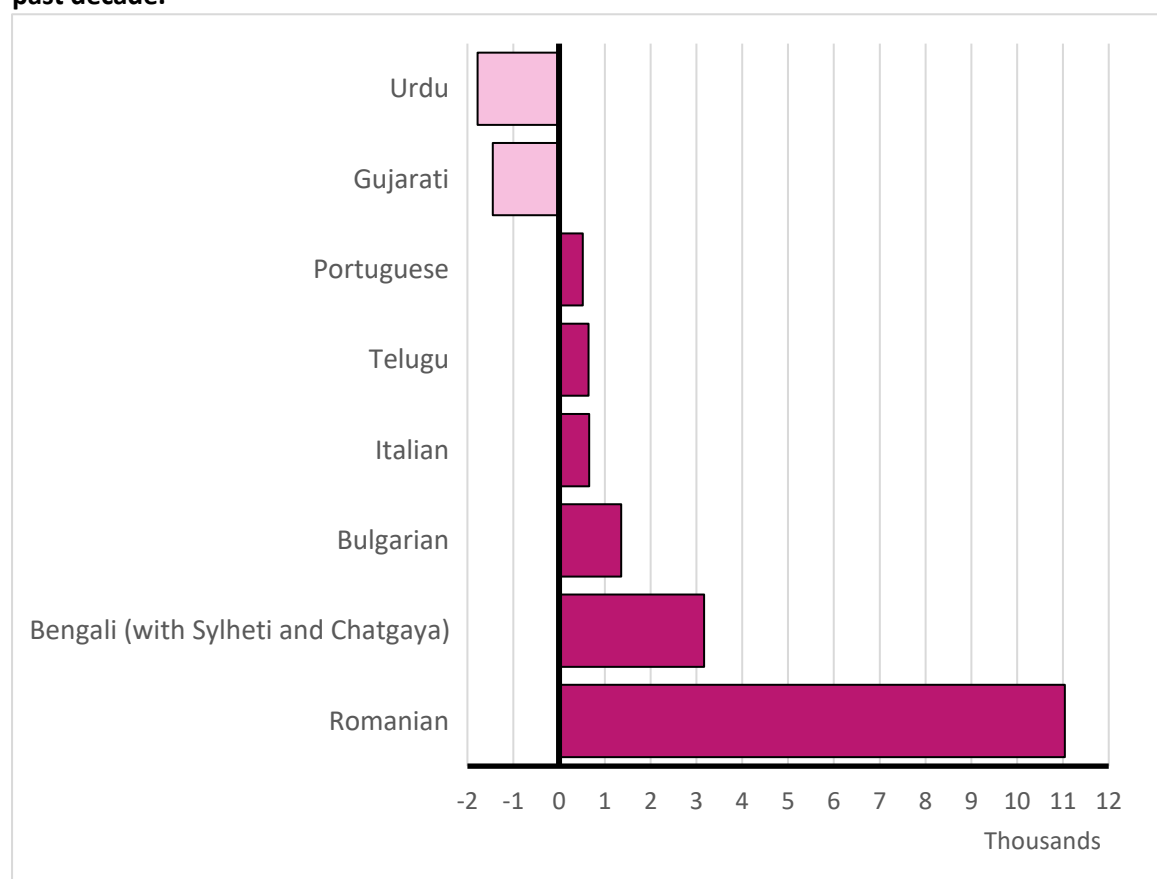


²³ Census 2021

In Redbridge there are more than 1,100 individuals who identified as Roma. With roughly 0.4% of the population Redbridge has the 23rd largest proportion of Roma across England and Wales local authorities. There are 5 NEL boroughs (Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham and Redbridge) in the 25 local authorities with the largest proportion. Almost 200 further individuals identified as Gypsy or Irish Traveller within the census. These ethnic groups fall within inclusion health groups that experience substantial health and societal exclusion resulting in significantly worse health outcomes.

The growth in population between censuses has also not been even across different ethnicities with significant growth in the Pakistani, Bangladeshi and the 'White Other' groupings and a reduction in the number of White British residents. Between 2011 and 2021 there was a greater than 11,000 increase in the number of residents who speak Romanian as a first language in the borough, the largest increase of any non-English language.²⁴

Figure 8: Change in the size of population for communities that do not speak English as a first language (only populations with significant (>500 individual) change between 2011 and 2021). The population of Redbridge that speaks Romanian as a first language has grown by over 11,000 in the past decade.²⁵



There are 149 individuals in Redbridge who stated that British Sign Language (BSL) was their main language.²⁶ In 2024 LBR have launched a new on-demand British Sign Language (BSL) interpretation

²⁴ Census 2021

²⁵ Census 2021

²⁶ Census 2021

service allowing the boroughs BSL users to contact service providers in LBR without the need for a pre-scheduled interpreter facilitating improved essential communication.

Recommendation 12: Services that have previously been commissioned borough wide should be reviewed to assess whether provision of resources accounts for recent changes in the main languages spoken locally.

Recommendation 13: Redbridge Partners to establish an accessible resource to signpost residents to local free English for Speakers of Other Languages (ESOL) lessons as language is a significant barrier to accessing services

Sexual Orientation

The 2021 census was the first census to ask about sexual orientation. Whilst the results from the census are the best available estimates 9.7% of the population did not respond to the question, a higher proportion than nationally (7.5%).^{27,28}

For those aged 16 and over, 88.05% of the Redbridge population identified as heterosexual, lower than the national proportion (89.4%). 2.2% identified as gay, lesbian, or another sexual orientation (LGB+) in Redbridge, also lower than the national 3.2% proportion.²⁹

In Redbridge over 2,200 individuals (0.94% over 16 population) identify as bisexual, over 2,000 individuals (0.85%) identify as gay or lesbian, over 800 (0.35%) individuals identify as pansexual, and over 200 individuals (0.08%) identified with another sexual orientation.³⁰

Gender Identity

As with sexual orientation Census 2021 was the first national census to provide information on gender identity in England and Wales. In Redbridge 8.4% did not answer the question and 90.6% identified as the same gender they were assigned at birth. Over 2,400 Redbridge residents, just over 1%, identify as a gender different from the one they were assigned at birth, about double the national proportion (0.5%). The majority of these residents did not state a specific gender identity, however, of those that did there were over 450 individuals identifying as a trans man and over 400 individuals identifying as trans woman in Redbridge.³¹

Disability

Due to the variability in definitions gaining an understanding of the level of disability in a population can be difficult. The census aims to ask individuals if they have a disability that meets the criteria in the Equality Act (2010), and therefore whether they have a disability (physical or mental impairment) that has a long-term significant impact on their capacity to undertake normal day-day activities.

²⁷ Census 2021

²⁸ [2021 census: What do we know about the LGBT+ population? \(parliament.uk\)](https://www.parliament.uk/research-and-factsheets/2021-census-what-do-we-know-about-the-lgbt-population/)

²⁹ Census 2021

³⁰ Census 2021

³¹ Census 2021

Across Redbridge 11.9% of residents have a disability. This is a lower proportion than England and Wales (17.8%) however still represents over 37,000 individuals with a disability in the borough. Unfortunately the census data does not break down the underlying cause of disability, but does provide some data on severity with over 16,000 individuals stating their disability limits their day-to-day activities a lot and over 20,000 stating their disability limits their day-to-day activities a little.³²

Future Population Changes

The most recent local authority population projections by the Office for National Statistics (ONS) are from 2018, prior to the most recent census. They are summarised in **table 1** with a % change from the population seen in the 2021 Census and the 2021 projection included for comparison.³³

Table 1: Population projections for Redbridge, ONS. Comparison to population estimate from Census 2021.

Projected Year	Redbridge Population – 2018 Projection	% change from Census 2021	London Population – 2018 Projection	% change from Census 2021
2021	306431.9	-1.18%	9095459	+ 3.36%
2024	308383.1	-0.55%	9224542	+ 4.83%
2029	310775.8	+ 0.22%	9371527	+ 6.50%
2034	314314.5	+ 1.36%	9526529	+ 8.26%

Infrastructure

Housing

For most people the home is the single environment that they will spend the most time in and therefore the quality of this environment has a big impact on the health of the individual. The severe consequences of housing on health have been sharply exposed recently in the United Kingdom by both the Grenfell Tower tragedy of 2017 and the death of Awaab Ishak in 2020.

The health importance of the home is most clearly seen by the health impact of being street homeless. In 2021 the mean age of death for street homeless women was 43.2 years old and for men it was 45.4.³⁴ Accurately estimating the population of those that are street homeless is difficult due to the transient nature of the population and there is high variability of estimates due to differences in survey methodology. The Greater London Authority's CHAIN report for 2022/23 found a total of 248 individuals were seen rough sleeping in Redbridge over the course of a year between April 2022 – April 2023, the second highest figure of outer London boroughs.³⁵

Recommendation 14: Redbridge Partners to continue to review and enhance outreach services that focus on improving access to healthcare for the local street homeless population

³² Census 2021

³³ [Subnational Population Projections for England 2018. Office for National Statistics \(ONS\)](#)

³⁴ [Deaths of Homeless People in England and Wales. ONS. 2021](#)

³⁵ [CHAIN Reports. London.](#) 2022/23 Outer Boroughs Report

The health impact of homelessness is not limited to rough sleeping with temporary accommodation associated with a substantial impact on physical and mental health conditions alongside significant barriers to accessing healthcare. In London greater than 75% of those in temporary accommodation will stay there for over a year.³⁶ Children in temporary accommodation have a greater risk of infections and accidents requiring healthcare alongside reduced vaccination uptake.³⁷

As of March 2023, there were more than 7,500 households on the local housing register of which 2,980 homeless households were in temporary accommodation. 41% of these were housed outside of the borough. At present on average only 235 social housing homes become available each year.³⁸ Redbridge has the highest rate in England with an estimated 2.57% of all households in temporary accommodation.³⁹

The Redbridge Plan 2022 – 2026 sets out the reduction of the number of households in temporary accommodation as a key outcome measure towards delivering the eradication of child poverty in the borough by 2040.

Recommendation 15: Redbridge Partners should work together to ensure that barriers to services experienced by those in temporary accommodation are reduced as much as possible.

Poor quality housing is associated with adverse health impacts due to the effect of the poor physical environment, overcrowding, and the impact of housing environment related stress. At present 16% of Redbridge council homes do not meet 'Decent Homes Standard' with rates increasing throughout the COVID-19 pandemic due to reduced repairs.⁴⁰

Mould exposure in the home is associated with significant health impact. Mould is particularly associated with increased risk of development and severe presentations of respiratory conditions including asthma. In 2020 Awaab Ishak passed away at the age of 2 with his death from a severe respiratory condition deemed due to significant exposure to mould at home. In response LBR have developed a checklist to help health and housing practitioners who visit homes to identify risks associated with mould.

Recommendation 16: All services that visit residential addresses as part of their work should be aware of the "Housing Checklist to support identification of housing and clinical concerns related to mould and damp exposure" and use it in their day to day assessments. Identified homes should be followed up as per guidance.

Housing Costs

Alongside the direct impact on health due to the local environment effect, the costs associated with housing; mortgages, rent, repairs, and heating are significant contributing factors to poverty with its associated impact on health. After housing costs are accounted for London has the highest rate of poverty in England.

³⁶ [Still Living in Limbo](#). Shelter. 2023

³⁷ [Chance of a Lifetime](#). Shelter. 2006

³⁸ Redbridge Housing Strategy 2023-2028

³⁹ OHID Fingertips

⁴⁰ Housing Strategy 2023-2028

Houses in England have become steadily less affordable over the past 25 years and Redbridge is no exception. In 2022 the average house price in Redbridge was 14.3 times more than local average earnings, above the ratio for London (12.5) and the England average (8.3).⁴¹ 57.1% of Redbridge households own their home outright or with a mortgage or loan, much greater than London (45.2%) but less than England (61.3%). In 2011 63.6% of households owned their own home with a significant drop in this proportion over the past decade.⁴²

The proportion of the England and Wales population that rent their home has increased steadily over the past 30 years. In Redbridge 30.4% of the population rent from private landlords, significantly similar to London (30.1%) and higher than England (20.5%). In 2011 the proportion was just 22.9%.⁴³ 11.3% of Redbridge residents are social housing renters which is significantly below both the London average (23.1%) and the England average (17.1%).

Future Housing

The new Redbridge Housing Strategy 2023 – 2028 stipulates increasing the supply of housing within the borough as a key priority with a target for 500 new council homes and 1,000 affordable homes stated as targets in The Redbridge Plan 2022 – 26.^{44,45}

Recommendation 17: Redbridge Partners to ensure that the housing needs of residents with specific needs e.g. relating to frailty, mental illness, physical and learning disabilities etc. are an integral part of plans for housing growth and regeneration

Recommendation 18: LBR to ensure plans and policies shaping regeneration and housing growth serve to build healthier communities. A formal health impact assessment of future strategies using tools such as that provided by the Healthy Urban Development Unit may help in this regard.

Recommendation 19: LBR to consider the potential to attract key workers into the borough during the development of the next Redbridge Local Plan

Streets

From the home environment the residents of Redbridge navigate the community through its streets. These provide the connection to the key institutions of the community allowing residents to get to work, leisure and worship. The incorporation of public health approaches to the design within these can have large impacts on the health of the borough, creating networks with improved air, reduced accidents, and easier navigation for all of Redbridge.

Road Safety

A safe street to walk or cycle along is vital for encouraging the active transport that will help increase exercise levels of borough residents alongside reducing emissions from cars. Vision Zero represents a London wide policy focus to achieve no deaths or serious injuries on the capital's roads by 2041.

⁴¹ [Housing affordability in England and Wales 2022. ONS.](#)

⁴² Census 2021

⁴³ Census 2021

⁴⁴ [Redbridge Housing Strategy 2023](#)

⁴⁵ [The Redbridge Plan 2022-26](#)

Transport for London (TfL) release data on casualties on London roads. Data for 2022 reveals there were 863 total recorded collisions on Redbridge roads across 2022 with 94 serious collisions and 2 fatalities. This included 59 collisions involving children aged 0-15 years old.⁴⁶

Reduced speeds and traffic on neighbourhood roads, increased areas of pedestrianisation and improved access to green space where deficiencies exist are just some of the potential community improvements possible to improve the safety associated with walking and facilitate increased active transport. Local improvements since the previous JSNA include an increase in the number of School Streets from 7 to 14, with a further 6 due to go live in September 2024.⁴⁷

There is strong evidence that reducing traffic speed reduces the risk of collision and the risk of injury following collision. The LBR Third Local Implementation Plan “A Strategy for Great Neighbourhoods 2019-2041” sets out the Redbridge long-term plan for transport.⁴⁸ The borough aims to achieve complete coverage of a 20mph speed limit on Borough roads by 2030.

Active Transport

Separation of motorised vehicles and cyclists, and reduced speed on roads where separation is not possible with redirection of cyclists towards these are the key areas that infrastructure changes can be incorporated to improve cycling safety. Redbridge currently has 70 km of cycle lanes. The Redbridge Local Plan and Local Implementation Plan focus on the development of the local cycle network with aims to have this completed by 2025. Improved connection to primary commuter cycle tracks into central London could lead to an increase in active transport use. The Ilford Garden Junction development would allow substantially improved connection for Redbridge cyclists to central London via Cycleway 2.⁴⁹

Reduced reliance on personal motorised vehicles will help reduce the boroughs negative impact on the climate and increased use of active transport will help increase physical activity within the population leading to improved health outcomes. At present 60% of trips starting in the borough are undertaken by either active or public transport, the 10th lowest rate of London boroughs.⁵⁰

Healthy Streets Score Card

The Healthy Streets Scorecard, a measure of 10 local indicators that assess efforts to increase active transport, ranks Redbridge as 30th of the 33 local authorities.⁵¹ However, since the last edition of the JSNA this represents an improvement from 31st due to significant work associated with developing school streets, cycle routes and neighbourhood schemes.

Public Transport

Since the previous JSNA there have been two significant developments in the public transport available in Redbridge. The Elizabeth Line opened in 2022 connecting Ilford, Seven Kings and Goodmayes stations to the underground network improving public transport connection between south Redbridge and the centre of London. Additionally, a new bus service, SL2, connects the Redbridge areas between South Woodford and Ilford Lane with Walthamstow bus station and North

⁴⁶ [Road safety data - Transport for London \(tfl.gov.uk\)](https://tfl.gov.uk/road-safety/data)

⁴⁷ [Redbridge - Redbridge School Streets](#)

⁴⁸ [Redbridge Local Implementation Plan – June 2019](#)

⁴⁹ [Redbridge Local Implementation Plan – June 2019](#)

⁵⁰ [travel-in-london-2023-annual-overview-data-acc.xlsx \(live.com\)](#)

⁵¹ [Healthy Streets Scorecard](#)

Woolwich ferry service. Unfortunately, TfL's Public Transport Accessibility Levels statistics have not been updated since these changes to the public transport of Redbridge.

Car use and electric charging infrastructure

Compared to London, Redbridge has relatively high ownership and use of cars. For people aged over 15 and in employment 28.4% travel to work by driving a car or van, the 6th highest rate in London.⁵²

However, not all residents are able to access a personal vehicle with 27.5% of Redbridge households in 2021 stating they did not own a car or have one available for their use, a slight decrease from the 2011 census results (27.9%).⁵³

The availability of electric charging points for personal vehicles is an indicator of an areas infrastructure readiness. As of January 2024 Redbridge has 10.0 per 100,000 population 50Kw or greater publicly available electric vehicle rapid charging devices, less than in London (11.9 per 100,000) and England (14.9 per 100,000).⁵⁴ The majority of these are found in the west of the borough with very few currently in the south or east of Redbridge.

Recommendation 20: Redbridge Partners should continue to pursue improvements to the active travel infrastructure of the borough as detailed in the Local Plan and "A Strategy for Great Neighbourhoods 2019-2041"

Recommendation 21: Redbridge Partners to ensure that health and social care services are as accessible as possible by public and active travel options and continue to develop strategies to encourage the use of these options by staff and service users

Recommendation 22: Partners to assess their environmental impact and actively pursue strategies to reduce their organisational emissions

Recommendation 23: LBR to use locally available powers to create a healthier offer on the high street

⁵² Census 2021

⁵³ Census 2021

⁵⁴ [Electric Vehicle Public Charging Infrastructure Statistics – January 2024](#)

Social determinants of health

Index of Multiple Deprivation (IMD)

Since the previous JSNA there has not been an update of the IMD, with this update due in 2025. The IMD is a score of relative deprivation with a higher score representing higher levels of deprivation. The IMD score incorporates the following areas:

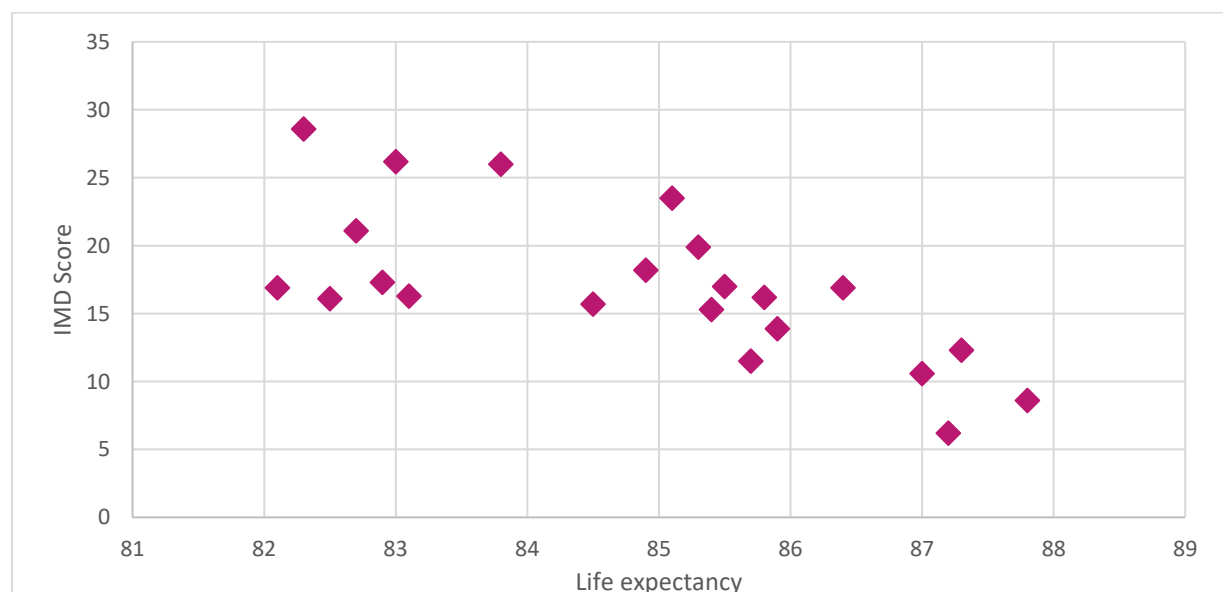
- Income
- Employment
- Education
- Health
- Crime
- Barriers to Housing and Services
- Living Environment

Redbridge has 5 of 156 Lower Super Output Areas (LSOAs) (3.2%) in the most deprived 20% LSOAs in England, with none in the most deprived 10%. There are 20 (12.8%) LSOAs in the least deprived 20%.⁵⁵ There is a particular focus of LSOAs with increased disadvantage in the south of the borough, however there are also focuses of high disadvantage in wards or Primary Care Networks (PCN) who's overall average deprivation is lower.

The wider determinants of health are the predominant driver of health disparities between areas, with health outcomes closely associated with overall disadvantage. **Figure 9** shows the life expectancies of Redbridge electoral wards by their IMD score for men and women, highlighting that as deprivation increases in Redbridge, as elsewhere, life expectancy falls.

Figure 9: Life expectancy at birth [2016-2020 average] for electoral wards of Redbridge by deprivation score (IMD 2019) The life expectancy in Redbridge electoral wards with higher deprivation scores is generally lower than those with less deprivation⁵⁶

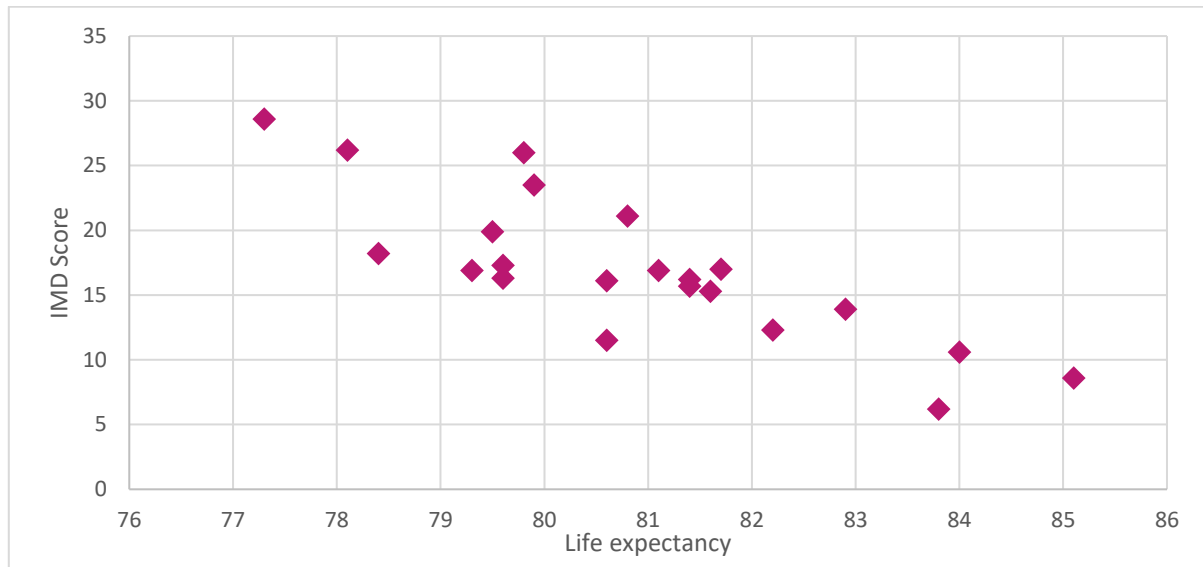
a) Female life expectancy



⁵⁵ [English Indices of Deprivation – 2019](#)

⁵⁶ OHID Fingertips

b) Male life expectancy



Employment, Income and Poverty

Paid employment is beneficial for residents' health, both directly and through the associated benefits of increased income. Measures of income are produced from both the average income of households and that of workplaces. This provides an opportunity to assess the difference between the wealth of the borough's residents and the earning potential for those seeking work in Redbridge. The median gross weekly pay for full-time workers living in Redbridge is £766.60, 10th lowest in London⁵⁷. This compares to a median weekly pay for full-time workers at Redbridge workplaces of £665.40, 3rd lowest in London.⁵⁸

Redbridge has the 9th lowest employment rate of London boroughs with 71.9% of the 16–64 year-old population employed. This is similar to the proportions for London (75.8%) and England (75.7%).⁵⁹ Redbridge also had a significantly lower job density (0.47) than the London (1.07) and England average (0.87).^{60,61} With rates of employment in the borough similar to the regional and national levels this suggests that many residents are employed outside of borough boundaries, potentially benefitting from greater income.

During 2023 15.2% of the Redbridge workforce were employed in either elementary occupations or as process plant and machine operatives as defined by the Standard Occupational Classification 2020. Redbridge has a much higher proportion in these professions than London (9.8%) although similar to England (14.6%). These professions are more likely to have lower associated incomes.⁶²

⁵⁷ NOMIS. Annual Survey of Hours and Earnings 2023

⁵⁸ NOMIS. Annual Survey of Hours and Earnings 2023

⁵⁹ OHID Fingertips

⁶⁰ Job density is the ratio of total jobs to population aged 16-64

⁶¹ NOMIS. Labour Market Profile - Redbridge

⁶² NOMIS Labour Market Profile - Redbridge

41.7% of working age adults resident in Redbridge are employed in management or professional occupations and a further 17.4% of Redbridge residents are employed in administrative and secretarial roles and skilled trades.⁶³

The COVID-19 pandemic has led to a shift in working practices. As of the Census 2021 34.9% of working adults in Redbridge worked mainly from the home, this is the 9th lowest proportion in London, however this represents over 49,000 individuals.⁶⁴

Recommendation 24: Redbridge Partners to consider and respond to the needs of employees who routinely work from home to ensure their physical and mental health.

Both Redbridge Council and NHS agencies have substantial economic footprints within Redbridge and therefore should view themselves as anchor institutions to enable maximum contribution to the local community.

Recommendation 25: Redbridge Partners to continue to identify how they can become 'anchor institutions' within Redbridge to maximise the contribution they make to the local community

Recommendation 26: Redbridge Partners must consider the needs of digitally excluded communities whenever it seeks to improve access to service by digital means

Economic inactivity

In Redbridge 25.3% of working age adults were economically inactive across the 2022/23 financial year compared to 20.8% in London and 21.4% across England.⁶⁵ This includes individuals that have retired, are students, have caring responsibilities for children or other adults or have health conditions preventing them from working either in the short-term or longer-term.

The ONS produces quarterly estimates of the number of individuals that are economically inactive due to long-term sickness (EILTS) individuals from the Labour Force Survey. Across London 4.6% of working age adults are EILTS compared to 5.1% in England.⁶⁶

Poverty

Income and expenditure together contribute to overall poverty. Although incomes in London are greater than the national average, the cost of living is also higher. After adjustment for housing costs London has the highest rates of poverty in England.⁶⁷

The true extent of poverty in a region is difficult to assess as stigma associated with financial difficulty often leads to the severity of it remaining hidden. Statistics are available on the number of

⁶³ NOMIS Labour Market Profile - Redbridge

⁶⁴ [Method of Travel to Workplace. ONS](#)

⁶⁵ OHID Fingertips

⁶⁶ [Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

⁶⁷ <https://www.instituteofhealthequity.org/resources-reports/evidence-review-housing-and-health-inequalities-in-london/full-report.pdf>

individuals claiming financial benefits associated with low income. In April 2024 there are 34,671 individuals in Redbridge claiming Universal Credit.⁶⁸ In February 2024 almost 1 in 10 (9.75%) of households in Redbridge are in receipt of housing benefits, a total of 10,882 housing benefit recipients.⁶⁹

If households are unable to keep up with their rent or mortgage repayments they can lose their home. Over every financial quarter from April 2022 to April 2024 Redbridge has had a higher rate of landlord and mortgage possession claims submitted than the London mean rate suggesting an increased frequency of this household poverty locally.⁷⁰

Childhood Poverty

Childhood poverty is associated with poorer health outcomes in the short and long-term. For the financial year ending 2023 16% of Redbridge children were in relative low poverty, similar to the London (15.8%) and lower than the rate for England (20.1%).⁷¹ **Figure 11** reveals that since 2020 there has been a gradual decrease in the proportion of children in poverty locally in line with similar trends seen in London despite an increase in the proportion of children in poverty at a national level. However, these statistics are for income before housing costs. When housing costs are taken into account London has the highest rates of poverty in England, however this data is not available at a local authority level.

In Redbridge all children in primary school years Reception, Year 1 and Year 2 are entitled to a free school meal (FSM) as part of the nationwide universal FSM scheme. From September 23 to July 24 all pupils in Years 3 to 6 have been able to access a free meal as part of the Mayor of London Key Stage 2 FSM scheme. Pupils in Year 7 or above are entitled to meals if their parents are in receipt of certain benefits. Ensuring the take up of FSM benefit by those eligible from Reception and above is a key method of attempting to reduce the impact of the cost-of-living crisis and local poverty because this attracts considerable additional funding to support schools in making provision for those pupils. Subsequent life opportunities are also impacted by enrolment into FSM, with no UCAS university application fee for those in receipt of FSM and eligibility for FSM incorporated into the UCAS application form that allows universities to provide contextual offers. Since September 2023 Redbridge Council have implemented a service that actively identifies those who are eligible for FSM but not receiving them allowing contact and provision of assistance.

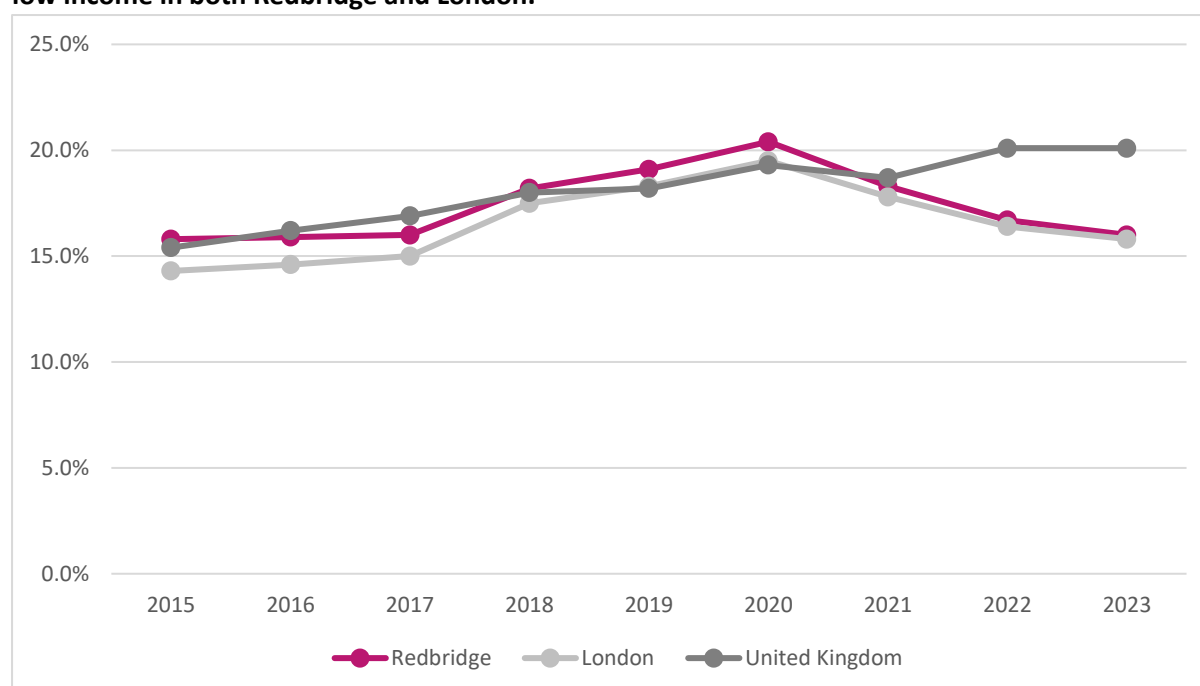
⁶⁸ [Financial hardship and economic vulnerability in Redbridge | LG Inform \(local.gov.uk\)](#)

⁶⁹ [Financial hardship and economic vulnerability in Redbridge | LG Inform \(local.gov.uk\)](#)

⁷⁰ [Financial hardship and economic vulnerability in Redbridge | LG Inform \(local.gov.uk\)](#)

⁷¹ Relative low income is defined as a family in low income (including earnings, state support and pensions) Before Housing Costs (BHC) in the reference year. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in these statistics. <https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2023>

Figure 11: Proportion of children in relative low income, Redbridge, London and United Kingdom 2015 – 2023. Since 2020 there has been a gradual decrease in the proportion of children in relative low income in both Redbridge and London.



Recommendation 27: Redbridge Partners to continue to implement actions to increase participation in programmes designed to support families on low income e.g. Healthy Start, free early years provision and free school meals

Fuel Poverty

The cost of heating homes has increased significantly in recent years following fuel price inflation. Cold homes contribute to excess winter mortality and therefore inadequate heating due to either poor energy efficiency or poverty has a significant health impact. The proportion of Redbridge (12.2%) households deemed to be in fuel poverty⁷² in 2022 is higher than the London (10.3%)⁷³. The Redbridge proportion is the 6th highest in London. North-East London in general has higher rates of fuel poverty compared to other regions in London with 4 of the 6 highest proportions being NEL boroughs.

Benefits Maximisation

Unfortunately not all those eligible for financial assistance and benefits are receiving them. Policy in Practice estimate that across Great Britain £22.7 billion of benefits and social tariffs remain unclaimed a year. This includes FSM and Healthy Start as discussed elsewhere but also £8.3 billion of unclaimed Universal Credit alongside £2.3 billion in Carer's Allowance and £2.2 billion of Pension

⁷² A household is considered to be fuel poor if they are living in a property with a fuel poverty energy efficiency rating of band D or below **and** when they spend the required amount to heat their home, they are left with a residual income below the official poverty line.

⁷³ [Financial hardship and economic vulnerability in Redbridge | LG Inform \(local.gov.uk\)](#)

Credit.⁷⁴ The Redbridge Employment, Skills and Enterprise Strategy 2022 – 2027 strategy includes support for longer term unemployed/vulnerable residents through Benefits Maximisation approaches as a priority area.⁷⁵

LBR has developed a benefits maximisation service that proactively engages with residents who have potential to increase their income through Benefit take-up, employment or other grants and funding, those in need of budgeting & debt management support or preferential rates for utility costs as well as preventing homelessness through discretionary support schemes. For the year 23/34, the service has contacted over 14,800 residents to advise them of additional support available that is specific to their household. In addition, £550,000 has been achieved for residents who were not claiming or underclaiming state benefits to which they were entitled, with potential for a further £313,000 that are awaiting Department for Work and Pensions (DWP) decisions.

A 2023 report into London poverty amongst the elderly revealed in London (23%) the rates of those aged over State Pension age (66 years and above) in poverty after housing cost is higher than the rest of England (18%).⁷⁶ Some pensioners on low incomes are eligible for Pension Credit and a substantial volume of eligible Pension Credit remains unclaimed in London each year.

Recommendation 28: LBR should continue to develop systems to proactively identify and contact residents eligible to receive financial support allowing maximisation of benefits

Debt

Household debt is a significant contributor to the prevalence of poverty. Debt can be both legal and illegal and therefore estimating the impact of the combination on households is difficult. Individual insolvencies provide one method of estimating the impact of local legal debt. Redbridge had a rate of individual insolvency of 1.9 per 10,000 in 2023, the joint 4th highest rate of London boroughs.⁷⁷

The impact of illegal money lending in Redbridge is unfortunately impossible to quantify. A national poll commissioned by the Centre for Social Justice suggested around 2.4% of the adult population were currently borrowing from illegal money lenders.⁷⁸ Applied to the Redbridge adult population this would suggest over 5,500 victims of illegal money lenders locally.

There are a number of available services for Redbridge residents to access advice and guidance on financial concerns with specialist debt advice is available to individuals through free online referrals to the Money Advisor Network. Direction to these form part of the current social prescribing offer and multiple council services are approved referrers to allow referral to occur at first point of contact.

Recommendation 29: Redbridge Partners to consider models of best practice regarding increasing social prescribing use within the development of upcoming commissioning processes and to focus on strengthening the provision of social prescribing in the borough

⁷⁴ Missing out 2024: £23 billion of support is unclaimed each year. Policy in Practice. April 2024 [Missing-out-2024_23bn-of-support-is-unclaimed-each-year.pdf \(policyinpractice.co.uk\)](#)

⁷⁵ Redbridge Employment, Skills and Enterprise Strategy 2022 – 2027 [Redbridge Employment, Skills & Enterprise Strategy 2022 – 2027](#)

⁷⁶ https://www.ageuk.org.uk/bp-assets/globalassets/london/campaigns/poverty-2023/ageuk_london_poverty_2023_final.pdf

⁷⁷ [Individual Insolvencies by Location, Age and Gender, England and Wales, 2023 - GOV.UK \(www.gov.uk\)](#)

⁷⁸ <https://www.centreforsocialjustice.org.uk/wp-content/uploads/2022/03/CSJ-Illegal-lending-paper.pdf>

Education

Overall

Overall academic achievement and the education system of Redbridge are a significant health asset. Similar to London as a whole (46.7%), Redbridge (42.4%) has a much higher proportion of residents with NVQ Level 4⁷⁹ or equivalent than England and Wales (33.8%).⁸⁰ The proportion of Redbridge adults (17.3) with no formal educational qualifications is slightly below the UK average (18.2%) but higher than that for London (16.2%).⁸¹

Early Years Strategy

Redbridge has recently set out its Early Years Strategy 2023-2028 providing the vision for education in the borough over the coming years. The Early Years Strategy is routed in the Family Hubs approach providing a system-wide model of integrated family support services. This includes the establishment of integrated family centres that supplement the One Front Door virtual model. These centres will combine the interventions available for families in Redbridge under a single roof intending to reduce barriers.

Free early education

All three and four-year-olds in England are entitled to 15 hours a week of free early education with an additional 15 hours available to those meeting specific criteria. For families meeting specific criteria there is also the availability of 15 hours free early education for those children aged 2 and older. In Redbridge just 52% of eligible 2-year-olds children currently take up of this offer.⁸²

As of April 2024 the eligibility criteria for early years education from age 2 expanded to cover working parents with children and further expansions will occur in September 2024 and September 2025 to provide most families with children aged 9 months to 5 years across England 30 hours of childcare by September 2025

Recommendation 30: LBR to continue to implement strategies associated with increasing uptake of free early education

Holiday Activities and Food Programme

All school age children between Reception and Year 11 in receipt of benefits-related Free School Meals (FSM) are entitled to participate in the Holiday Activities & Food (HAF) programme. Through HAF eligible children can receive 6 weeks of activities during the school holidays with a meal.

The HAF Annual Report 2022 reveals a total of 495 individuals took up this offer in Winter 2022 with reach of the service noted as a limitation.⁸³ In response a HAF Reach Action Plan is currently being established to build communications to improve awareness of the scheme.

School Readiness

School readiness is measured at the end of the Reception year to determine the level of development in 4-5 year olds against the Early Years Foundation Stage (EYFS) learning goals.

⁷⁹ NVQ Level 4 is equivalent to a Higher Education Certificate/BTEC

⁸⁰ Census 2021

⁸¹ Census 2021

⁸² LBR Education

⁸³ Redbridge HAF Annual Report 2022

Measures in previous editions of the JSNA were prior to reforms to the early years foundation stage (EYFS) profile and therefore cannot be directly compared.

The most recent data (2022/23) shows that in Redbridge most children are assessed as having reached a good level of attainment (70.5%). This level is similar to the London level (69%) and above that of England as a whole (67.2%).⁸⁴ Importantly the Redbridge level has increased from 68.7% during 2021/22. However, this still leaves 29.5%, or around 1,300 reception age children in the borough not reaching a good level of attainment each year.

Whilst many of the direct health impacts of the pandemic have reduced the ongoing effects will continue. Impact to children's educational performance following school closures could continue to become apparent for many years to come.

Recommendation 31: Redbridge Partners to work together to improve the percentage of children achieving at least expected level across all learning goals, and those achieving a good level of development.

Recommendation 32: Redbridge Partners to encourage and support early years settings and schools to maximise the health and wellbeing benefit to children and young people in their care

Special Educational Needs and Disabilities (SEND)

Special Educational Needs and Disabilities (SEND) describes learning difficulties or a disability that makes learning more challenging for a child compared to others. Children with SEND who require additional educational supervision can access this assistance through a Special Education Needs (SEN) assessment. SEN assessments can be undertaken both pre-school and during school years with children not requiring a specific diagnosis to be eligible for an assessment. Some children with SEN will be given an Education, Health and Care Plan (EHCP), a statutory plan developed by the local authority to establish an integrated care pathway.

SEN assessments focus on four primary areas of need and cover a wide range of severities and subtypes within each:

- **Communication and interaction**
 - Autistic Spectrum Disorder
 - Speech, Language and Communications needs
- **Cognition and learning**
 - Moderate Learning Difficulty
 - Severe Learning Difficulty
 - Profound & Multiple Learning Difficulty
 - Specific Learning Difficulty
- **Social, emotional and mental health**
- **Sensory or physical needs/disabilities**

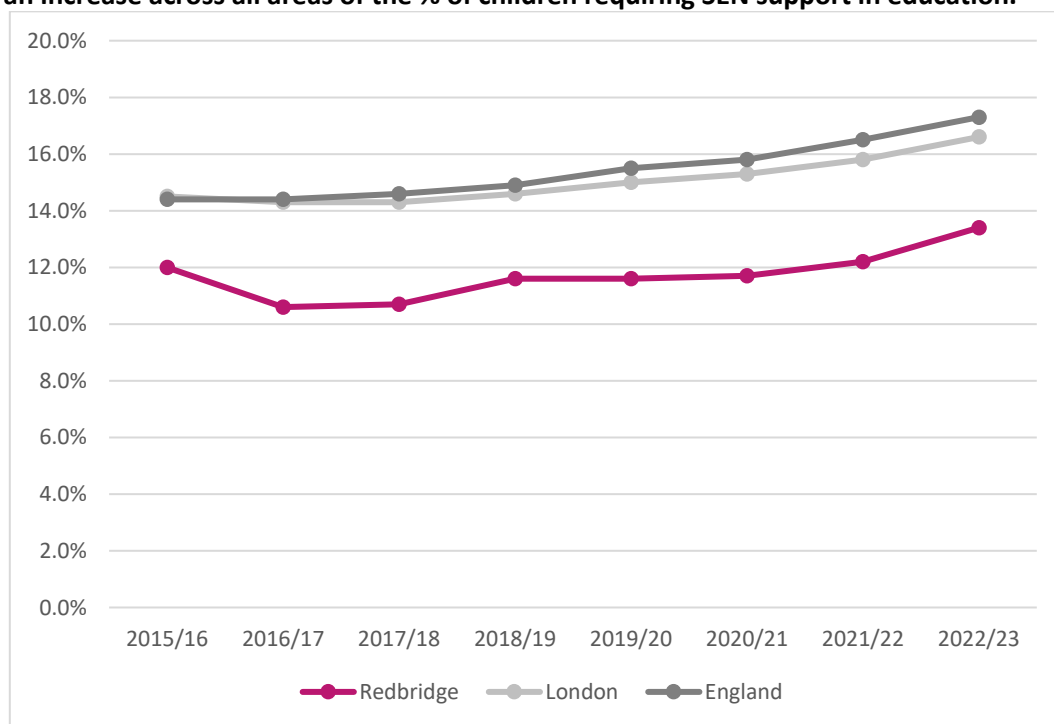
⁸⁴ OHID Fingertips

- Physical disability
- Hearing impairment
- Visual impairment
- Multi-sensory impairment
- Other difficulty/disability

Children with SEN have poor outcomes across the whole life-course when compared to their peers without SEN. Children with SEN are much less likely to achieve a pass in English and Maths GCSEs than those without SEN and are more likely to be excluded from school.⁸⁵

Overall the proportion of school-age children with SEN support in place with or without a formal Educational Health Care Plan (EHCP) was 13.4% in Redbridge across 2022/23, lower than the proportion in London (16.6%) and England (17.3%). However, this represents about 8,000 children requiring support in Redbridge and since 2016/17 there has been a steady increase with almost 2,000 new children requiring support in the borough (**figure 12**).⁸⁶

Figure 12: Proportion of school-age children who are identified as having special educational needs. **Redbridge has a lower proportion of children with SEN compared to London or England. There has been an increase across all areas of the % of children requiring SEN support in education.**



A diagnosis of SEN is not distributed evenly across the population, and the population of Redbridge follows national trends with higher rates of SEN diagnosis seen in boys and those eligible for FSM. It is difficult to assess the true level of need using just the current prevalence of SEN diagnosis as lower proportions of SEN can represent both a true representation of the underlying need of the population, or disparities in the referral or assessment processes due to bias leading to reduced SEN provision.

⁸⁵ [cco-five-things-you-need-to-know-about-sen-in-schools.pdf \(childrenscommissioner.gov.uk\)](https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/05/cco-five-things-you-need-to-know-about-sen-in-schools.pdf)

⁸⁶ <https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england>

By ethnicity there were large variations across Redbridge in the proportion of children receiving SEN. 60% of those of Irish Traveller heritage were receiving SEN compared to the Redbridge average of 13.4%, although the total school age population of this ethnicity is very small.⁸⁷

In Redbridge, as nationally⁸⁸, the most common primary type of need for SEN support without EHCP are Speech, Language and Communication needs, Social, Emotional and Mental Health needs and Moderate Learning Difficulty. The most common primary type of need for those with EHCPs are Autistic Spectrum Disorder (ASD) and Speech, Language and Communications needs.

The rise in SEN requirements in Redbridge from 2015/16 can be divided by those with and those without an EHCP. For those children without an EHCP there has been a more than 80% increase in the number of individuals with a speech, language or communication (SLC) need requiring assistance since 2015/16.⁸⁹

For children with an EHCP both those requiring assistance due to SLC or ASD have seen significant increases over this time period, with a 95% increase for those with SLC and 121% increase for those with ASD. There has been a substantial decrease in the number of children with a moderate learning disability requiring SEN support since 2015.⁹⁰

Recommendation 33: LBR to continue to develop and implement the new SEN strategy

Academic Attainment

During the 2022-23 school year Redbridge had the 9th highest overall Attainment 8 score of all Upper Tier Local Authorities in England and the 6th highest in London. The average score of 54.3 is above the London average of 50.7 and the national average of 46.2.⁹¹

All ethnicities in Redbridge had a higher average Attainment 8 score compared with the overall national average (**figure 13**) during the 2021/22 academic year.⁹²

⁸⁷ [Special educational needs in England, Academic year 2022/23 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

⁸⁸ [Special educational needs in England, Academic year 2022/23 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

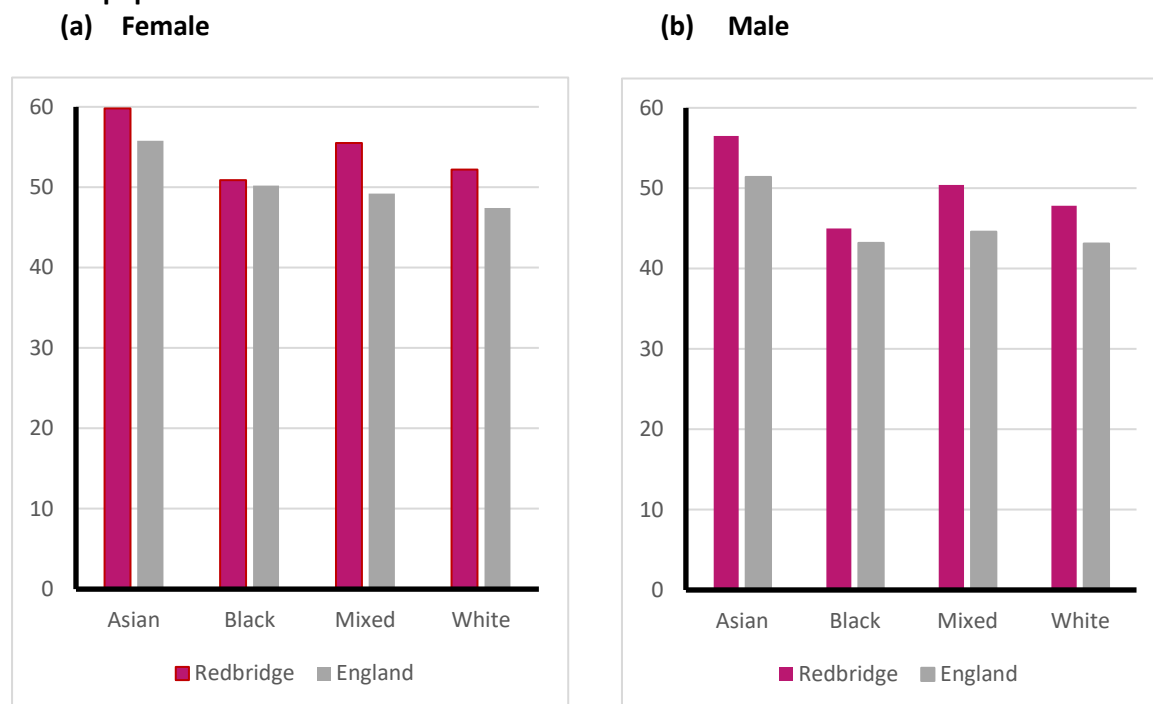
⁸⁹ [Special educational needs in England, Academic year 2022/23 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

⁹⁰ [Special educational needs in England, Academic year 2022/23 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

⁹¹ OHID Fingertips

⁹² [Key stage 4 performance, Academic year 2022/23 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

Figure 13: Attainment 8 scores by gender and ethnicity group for Redbridge and England 2022/23. Redbridge has a higher average Attainment 8 than England for all ethnicities for both male and female pupils



Children Looked After

All children deserve to grow up in a safe environment where they can thrive. Unfortunately this does not always occur and for some children in Redbridge the council needs to provide support through child protection arrangements or fully take over caregiving responsibility to protect them from further harm. Redbridge has a duty to safeguard these children and promote their welfare through the Children Act 1989.

Outcomes for looked after children are poorer with increased rates of homelessness and unemployment following care leaving, increased rates of mental health conditions and worse educational outcomes than those not requiring care.

Redbridge fortunately has relatively low rates of looked after children. In 2023 there were 41 looked after children per 10,000 in Redbridge compared to 51 per 10,000 in London and 71 per 10,000. This represents over 300 children currently looked after by Redbridge.⁹³

Teenage pregnancy

Teenage pregnancy is associated with an increased risk of poor outcomes for both the mother and their children. Teenage mothers have lower subsequent educational completion rates and increased risk of living in poverty alongside higher rates of mental health conditions. The children of teenage mothers have increased risk of infant mortality and living in poverty.

⁹³ [Children looked after in England including adoptions, Reporting year 2023 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

Redbridge has a low rate of conception amongst in the under 18 year old population with just 5.2 conceptions per 1,000 in 2021 compared to 9.5 per 1,000 in London and 13.1 per 1,000 across England.⁹⁴

Community cohesion

Social Isolation

Social capital is the set of shared group resources that we gain as through access to social networks within the community. These connections have a measurable impact on health and isolation from the community structures is associated with poorer health outcomes, most notably an increase in premature mortality.⁹⁵

We know from national data there are many risk factors that increase an individuals chance of feeling lonely, such as gender, whether living alone or not, economic status, or having a caring responsibility to name a few. Three particular profiles were found for individuals at the most risk of loneliness:

- Widowed older homeowners living alone with long-term health conditions
- Unmarried, middle-aged individuals living with long-term health conditions
- Younger individuals renting their home with less sense of belonging to their neighbourhood⁹⁶

At a local level there is limited data about how many individuals in the borough are experiencing social isolation. In Redbridge there are 9,669 one-person households amongst the over 65-year-old population.⁹⁷ In 2020/21 only 21.8% of Redbridge carers aged over 18 stated they had as much social contact as they would like, substantially lower than the London (27.5%) and England (28.0%) averages. Redbridge had the 4th lowest proportion of London boroughs.⁹⁸

Recommendation 34: Redbridge Partners, working with the community, should agree the need for action and how best to go about strengthening social networks and community capacity, prioritising areas with new housing developments, high population churn and significant disadvantage.

Crime/Violence

Local crime has direct negative health outcomes, the impact for both victims and their families and friends alongside the wider community with the fear of crime and antisocial behaviour leading to reduced community asset use and reduced social cohesion. Further, incarceration in prison is directly linked to negative health impacts alongside the associated economic impact of previous convictions. Therefore, actions to reduce crime rates have positive health impacts across the entire population.

Recommendation 35: Redbridge Partners to review provision of health care services for those in contact with the criminal justice system

Whereas a significant proportion of violent crime is within the home, knife crime is a key cause of concern for residents and tackling this issue is a key priority of the London Violence Reduction Unit

⁹⁴ OHID Fingertips

⁹⁵ Our [Epidemic of Loneliness and Isolation. The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. 2023.](#)

⁹⁶ [Loneliness – What characteristics and circumstances are associated with feeling lonely?](#)

⁹⁷ Census 2021

⁹⁸ OHID Fingertips

(LVRU). Some serious violence is gang related; and gangs exploit young people and vulnerable adults in a variety of other ways resulting in serious and long lasting harm to life chances. However, alcohol is a more commonly encountered driver of violent crime in the area.

There were 410 knife crime offences in Redbridge across the calendar year 2023 with a rate of 1.3 per 1,000 population.⁹⁹ This represents a 15% increase from 2022. The rate of offences is 22nd highest of 32 London boroughs.

There has been a substantial increase in the number of domestic abuse offences recorded by the Metropolitan Police in Redbridge since 2019, **table 2**. Increases have been seen across NEL and London, however the rate of increase in Redbridge has been greater than both.¹⁰⁰

Table 2: Yearly rates of domestic abuse offences recorded by the Metropolitan Police 2019 - 2023 (per 1,000) for Redbridge, NEL and London

Year	Redbridge rate per 1,000	NEL (rate per 1,000)	London (rate per 1,000)
2019	8.0	10.4	10.0
2020	9.1	11.3	10.5
2021	10.6	11.8	10.6
2022	10.2	11.8	10.7
2023	11.2	12.3	10.8

LBR are currently developing a new violence against women and girls strategy to be completed in 2024 that will cover domestic and sexual violence.

Recommendation 36: LBR to continue to develop and implement the Redbridge Violence against Women and Girls Strategy

Since January 2024 local authorities have been subject to a new statutory duty ‘Serious Violence Duty’ designed to enhance multi-disciplinary working to prevent and reduce serious violence in the area. In 2024 LBR released an updated Serious Violence Strategy to sit alongside the Community Safety Partnership’s (CSP) plan Making Redbridge Safe 2022 – 2025. Making Redbridge Safe set out key priority areas for Redbridge:

- Women and girls’ safety
- Domestic abuse
- Drug-related crime and street violence
- Antisocial behaviour
- Burglary

Recommendation 37: LBR to implement action plan associated with the 2024 Serious Violence Strategy

⁹⁹ [Monthly Crime Data. Metropolitan Police.](#)

¹⁰⁰ [Monthly Crime Data. Metropolitan Police.](#)

Youth Justice and Targeted Prevention Service

Preventing new offending is integral to improving the health of the borough due to the profound effects on an individual's health outcomes associated with entering the criminal justice system alongside the health impact of crime committed. The Youth Justice and Targeted Prevention Service (YJTPS) work with Redbridge residents aged 10-18 years old who have been referred by police as they are under consideration for an Out of Court Disposal or they have had a court appearance in either a Magistrates' or Crown Court.

Redbridge (236 per 100,000) has a high rate of first-time offenders compared to the London (177 per 100,000) rate. This is the 5th highest rate in London and the 4th highest in NEL, however there has been a significant reduction across Redbridge, London and England over the past decade.

Redbridge (213 per 100,000) has a relatively high rate of 10-17 year-olds entering the criminal justice system compared to the London (167 per 100,000) and England (149 per 100,000). This rate is the 7th highest in London and the 2nd highest in NEL. The rate of first-time entrants to the youth justice system has also fallen considerably over the past decade.

Several factors have contributed to the fall in first time entrants to the youth justice system over the past 10 years. Some of these factors include changes in policing practices: there has been a shift towards restorative approaches, which aim to address underlying issues rather than just punishing children. There has been more investment in targeted youth justice prevention programmes such as dealing with offences out of court through voluntary processes. There has also been a change of attitude towards youth crime, which has seen a shift towards viewing children as individuals who have experienced trauma and other complex challenges rather than simply being seen as offenders.

LBR is currently developing the update of the Youth Justice Annual Plan to replace the current plan covering 2022-2024.

Recommendation 38: LBR to update Youth Justice Annual Plan and implement recommendations

Individual Factors for Health

Our lifestyles and behaviours can impact our current and future health. Healthy behaviours can improve our future health whilst risk factors such as smoking, alcohol, physical inactivity and poor diet can increase the risk of disease. Our capacity to make healthy choices is impacted by a huge number of interacting external factors including our environment, our community and social networks, and wider determinants such as socio-economic status.

Therefore, to reduce the impact of unhealthy behaviours interventions are required at a population and community level reducing the barriers individuals face in the healthy decision-making process.

Activity

Physical activity is a key modifiable risk factor for reducing the likelihood and impact of numerous health conditions. Globally physical inactivity is the 4th leading risk factor for mortality.¹⁰¹ Therefore the activity level of the population of Redbridge is an important determinant of the health of the borough. Increasing cardiorespiratory fitness (CRF) is associated with decreased risk of death independent of effects on obesity and weight loss and therefore is a key target for public health intervention.

Participation in physical activity differs across society resulting in disproportionalities associated with socio-economic status, ethnicity, age, gender, disability, and sexual orientation. National data from the Active Lives Adult Survey (ALAS) suggests that those with Asian ethnicity have the lowest level of physical activity of all ethnicities and those in the lowest socio-economic group were much less likely to be active than those in the highest.¹⁰²

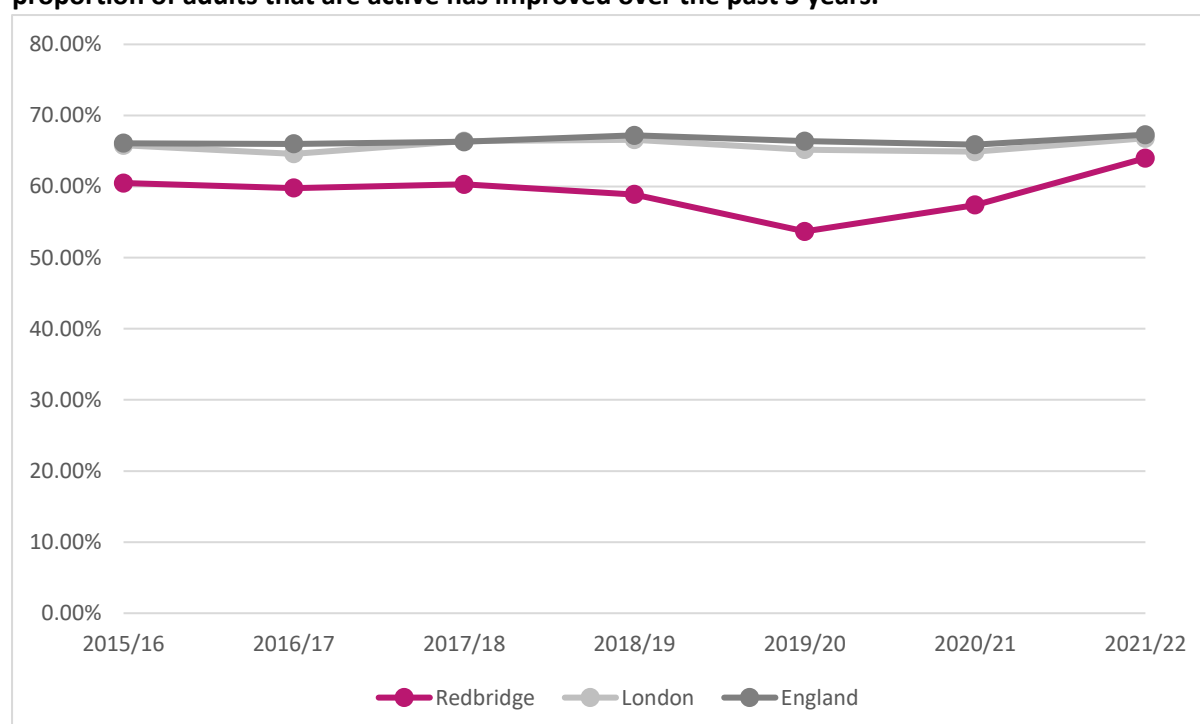
Over recent years Redbridge has been an inactive borough, however, there has been an improvement over the past 3 years (**figure 14**) with the proportion of adults physically active in Redbridge (64.0%) now similar to the London (66.8%) and England (67.3%) average. This rise is from a low of 53.7% in 2019/20.¹⁰³

¹⁰¹ [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/)

¹⁰² [Active Lives Adult Survey November 2021-22 Report \(sportengland-production-files.s3.eu-west-2.amazonaws.com\)](https://sportengland-production-files.s3.eu-west-2.amazonaws.com/)

¹⁰³ OHID Fingertips

Figure 14: *Proportion of adults classified as physically active, Redbridge, London and England. 2015 – 2022. Redbridge has generally had a lower rate of physical activity than the country, however the proportion of adults that are active has improved over the past 3 years.*



Most children and young people of Redbridge are inactive with only 42.0% deemed physically active. This proportion is similar to London (45.7%) and England (47.0%) but represents a fall from 53.6% in Redbridge in 2018/19.¹⁰⁴

LBR in collaboration with multiple partners are currently developing a new Physical Activity Strategy to cover 2024 – 2028. The action plan associated with this strategy targets three key priorities: Active Places, Active Communities and Active Lifetime to reduce disproportionalities associated with physical inactivity in Redbridge and develop the framework for a more active borough incorporating recommendations from national guidance.

Recommendation 39: Redbridge Partners to implement the Physical Activity Strategy 2024-2028 action plan.

Diet

The food that we eat is vital for our underlying health. It provides the energy and nutrients required for life alongside providing a means for enjoyment and social interaction. Both malnutrition from deficiencies of nutrients needed by the body and over consumption have negative impact on our health.

The Active Lives Adult Survey (ALAS) provides information on the diet of participants in local authorities. In Redbridge in 2022/23 the proportion of those eating the recommended minimum '5-a-day' fruit and vegetable target was just 24.9%. This is significantly lower than the London (30.0%) and England (31.0%) averages.¹⁰⁵

¹⁰⁴ OHID Fingertips

¹⁰⁵ OHID Fingertips

As part of the Obesity Strategy 2020-2025 Redbridge Partners have highlighted the obesogenic environment, individual and family dietary habits and food and cooking knowledge and skills as priority areas for intervention.

In 2018 as part of a broader strategy on obesity reduction, Redbridge Council signed a declaration promising to avoid corporate activity that promotes unhealthy food and drink through advertising, marketing, partnerships and sponsorships.

Recommendation 40: Redbridge Partners to continue to implement the action plan associated with areas 1, 4 and 5 of the Obesity Strategy

Addictions

Addictions come in many forms and are not limited to addictive substances such as tobacco, alcohol and other drugs but include activities such as gambling. The negative health impacts of addictions are felt at an individual level through increased risk of disease and death and across society through the impact of the economic impact of the addiction alongside increased rates of violence and crime.

The Redbridge Annual Public Health Report 2019/20 focussed on the impact of addictions within the borough. The impact of addictions is not spread evenly across society with higher rates of addiction in areas of Redbridge with higher levels of deprivation. Men are more likely to experience addiction than women, however all experience the impact of addictions in a loved one or partner.

Nicotine

Smoking

The 2019 Global Burden of Disease estimated that smoking has the largest negative impact of all measured risk factors in Redbridge. The population attributable fraction for smoking for all Disability Adjusted Life Years (DALYs) was 10.86% in Redbridge, compared to 11.72% in London and 14.06% in England.¹⁰⁶

The Smoking, Drinking and Drug Use among Young People in England survey collects data on behavioural characteristics on a biennial basis with the most recently published results from the 2021 survey.¹⁰⁷

At a national level the prevalence of smoking amongst children has steadily decreased over the past 30 years with 12% of 11-15 year old documented as having “ever smoked”. At the turn of the millennium the proportion answering ‘yes’ to this question was greater than 40%. The proportion of 11–15-year-olds describing themselves as “current smokers” was 3% compared with 22% in 1996.¹⁰⁸

There has been a steady decline in smoking prevalence as measured by the Annual Population Survey. Reassuringly, Redbridge (11.8%) has consistently had a significantly lower prevalence of current smokers compared to London (14.8% in 2021/22) or England (14.7%) levels (**Figure 14**).¹⁰⁹

¹⁰⁶ JSNA 2021

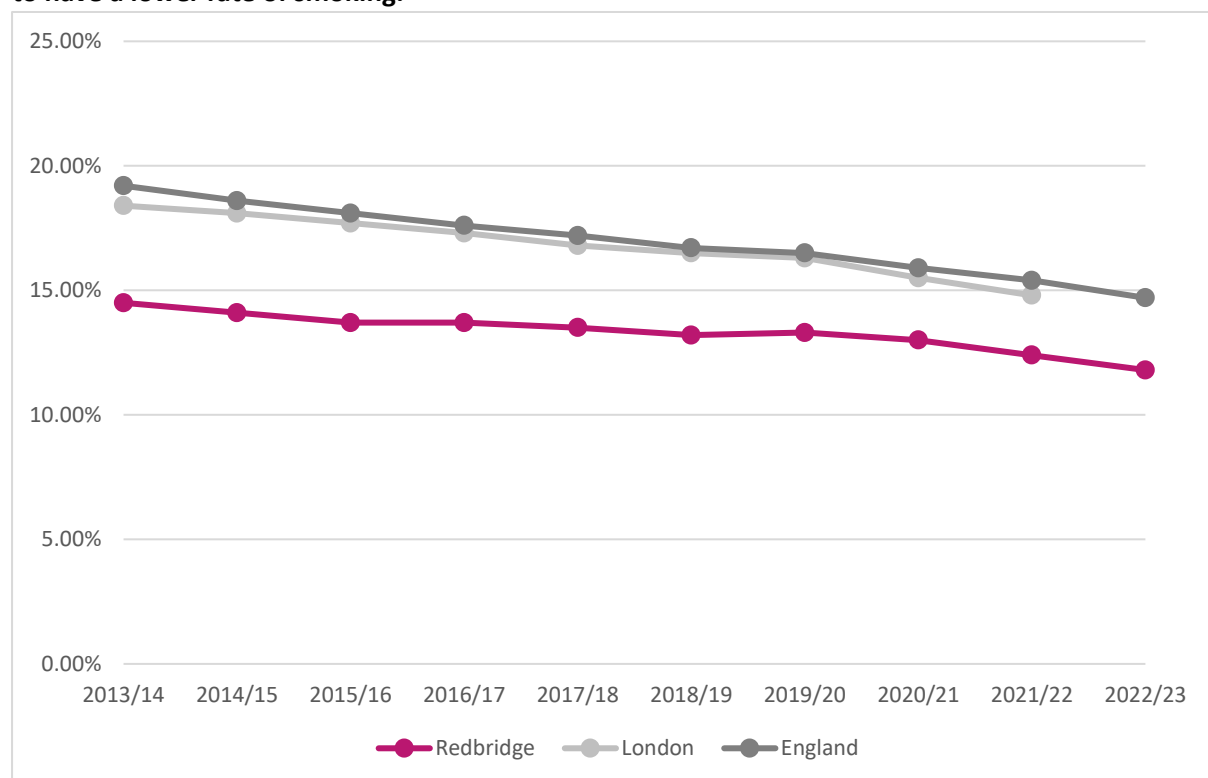
¹⁰⁷ <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021>

¹⁰⁸ <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021>

¹⁰⁹ OHID Fingertips

There is local disparity in smoking prevalence with Fairlop (12.9%) and Loxford (12.8%) PCNs having significantly higher prevalence than Wanstead and Woodford (11.0%) and Cranbrook (10.9%).¹¹⁰ However, all PCNs in Redbridge have a lower smoking prevalence than the London or England rates ([Appendix 1 for map of PCN locations](#)).

Figure 14: Smoking prevalence in Redbridge, London and England as measured by Quality and Outcome Framework. Smoking has reduced across the capital and country and Redbridge continues to have a lower rate of smoking.



The impact of smoking can be seen in the rate of admissions associated with smoking. It is estimated that across the financial year 2022/23 408,700 hospital admissions (3.48% of the total admissions) in England were due to smoking.¹¹¹

Unfortunately, these estimates have not been released at a local authority level since 2019/20. However, in 2019/20 Redbridge had the lowest rate of estimated hospital admissions attributable to smoking of all London boroughs (719 per 100,000 population), significantly lower than the London (1,149 per 100,000) and England (1,398 per 100,000) average.¹¹²

Smoking prevalence is heavily associated with sex, ethnicity and socioeconomic status. In Redbridge in 2022 12.7% men smoked compared to 10.0% women, whilst 14.5% of those that had never worked smoked compared to 13.4% of managerial and professional workers.¹¹³ Ethnicity data is only

¹¹⁰ OHID Fingertips

¹¹¹ [Statistics on Public Health: Data Tables - NHS England Digital](#)

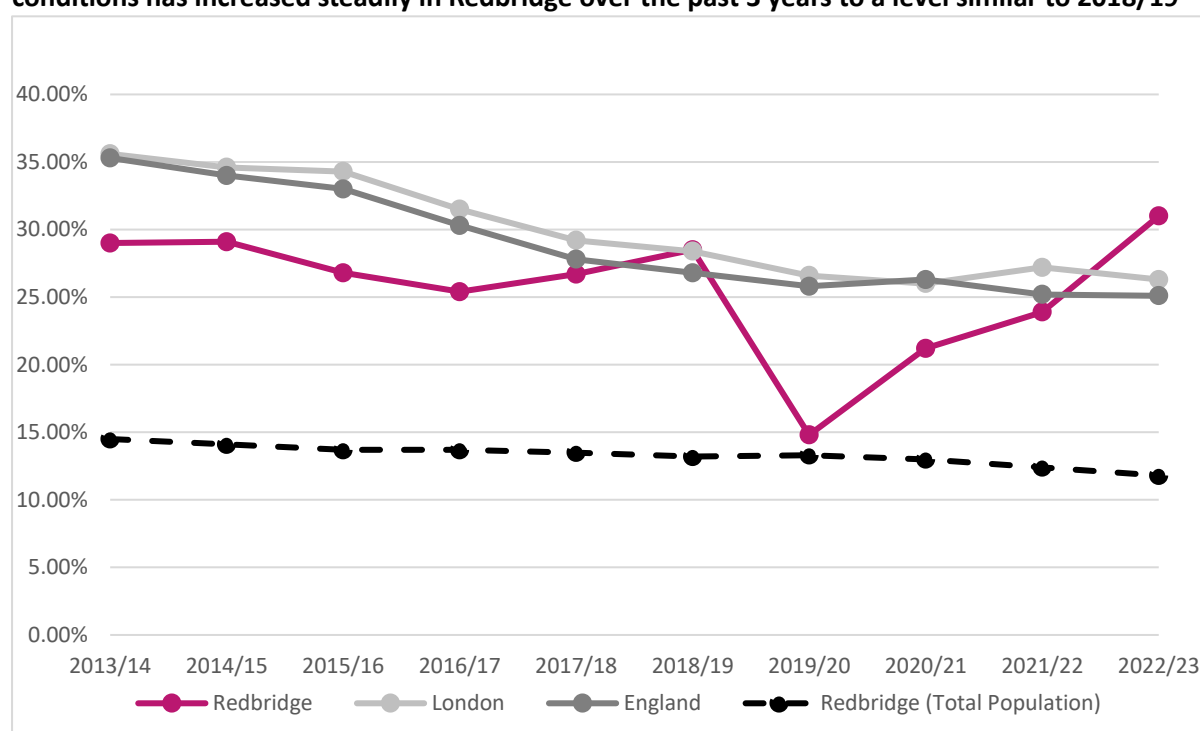
¹¹² [Microsoft Power BI](#)

¹¹³ OHID Fingertips

available at a national level where the prevalence amongst those with White ethnicity is 13.2% compared with 7.4% in those with Asian ethnicity and 4.7% in Black ethnicity individuals.¹¹⁴

Redbridge has the 17th highest prevalence of smoking in adults with a long term mental health condition among all upper tier local authorities in England, and 3rd highest in London.¹¹⁵ Amongst the adult population with a long-term mental health condition in Redbridge the smoking prevalence (31.0%) has increased over the past 4 years (**figure 15**) to almost 3x greater than the total Redbridge adult population prevalence.

Figure 15: Smoking prevalence in adults with long-term mental health condition, Redbridge, London and England 2013-2023. The prevalence of smoking in those with long-term mental health conditions has increased steadily in Redbridge over the past 3 years to a level similar to 2018/19



National and local policies and smoking cessation services have been successful at reducing the smoking prevalence. Those that are most likely to quit will therefore be removed from the smoking population resulting in increasing difficulty for smoking cessation services to lead to successful quitting. **Figure 16** shows the decline in successful quit rates across local and national populations over the past decade. The current successful quit rate in Redbridge (1,138 per 100,000 smokers) is significantly lower than that of England (1,620 per 100,000 smokers) but similar to that of London (1,540 per 100,000 smokers).¹¹⁶

There is strong evidence that nicotine vapes are safer than traditional tobacco cigarettes and are an effective tool for adults to quit smoking and reduce their cigarette consumption.^{117,118} The London

¹¹⁴ OHID Fingertips

¹¹⁵ OHID Fingertips

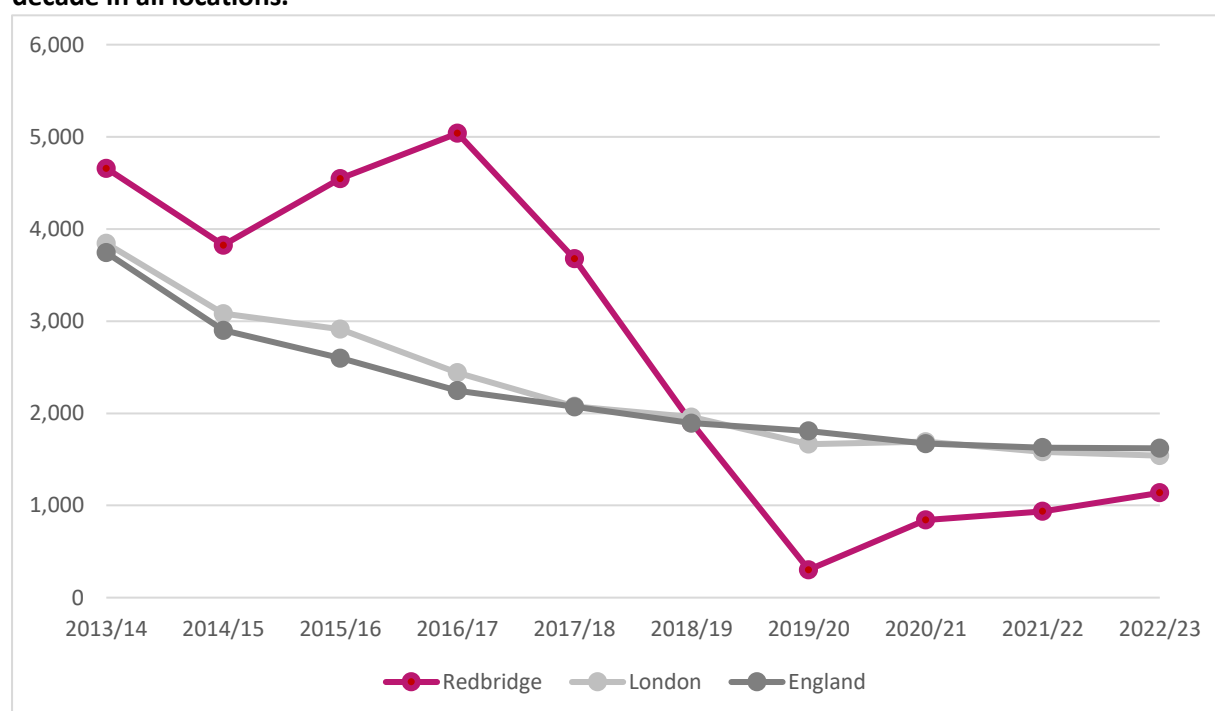
¹¹⁶ OHID Fingertips

¹¹⁷ Nicotine vaping in England: an evidence update including health risks and perceptions, 2022. A McNeill et al. Office for Health Improvement and Disparities. 2022.

¹¹⁸ Electronic cigarettes for smoking cessation. Lindson N et al Cochrane Database of Systematic Reviews 2024, Issue 1. Art. No.: CD010216. DOI: 10.1002/14651858.CD010216.pub8.

Tobacco Alliance recently published a position statement which endorses the use of nicotine vapes as an aid for adults to stop smoking.¹¹⁹ In addition the government launched the ‘Swap to Stop’ scheme in April 2023 which is designed to encourage one million smokers in England to switch from cigarettes to vapes by providing a free vaping starter kit.¹²⁰ LBR was successful in a bid to become a pathfinder site for ‘Swap to Stop’ and now offer vapes as part of their formal smoking cessation delivery.

Figure 16: Rate of successful quitters at 4-weeks per 100,000 smokers, Redbridge, London and England, 2013 – 2023. **The rate of successful quitting has decreased substantially over the past decade in all locations.**



Tobacco Control Strategy

Tobacco Control is a priority in the Redbridge Plan. The Redbridge Tobacco Control Strategy (2023-2028) strategy summarises a number of ambitions in line with national priorities including:

- Ambition 1: Encouraging smoke free environments (e.g., Ilford Town Centre smoke free zone in 2020)
- Ambition 2: Tackle illicit tobacco by working closely with Trading Standards and Environmental Health
- Ambition 3: Protect children and young people to raise awareness of the harms of smoking, improve access to the service, and by work closely with Trading Standards to combat underage purchasing of smoking products. Electronic cigarettes will also be used as a tool to aid smoking cessation.
- Ambition 4: Improving quits rates. This will be achieved through improved pathways with the NHS and service visibility, targeted intervention for underserved and under represented communities and recommissioning of the local specialist stop smoking service.
- Ambition 5: Reducing smoking rates at time of delivery working with NHS partners

¹¹⁹ <https://www.londontobaccoalliance.org.uk/resources/vaping-position-statement/>

¹²⁰ <https://www.gov.uk/government/news/smokers-urged-to-swap-cigarettes-for-vapes-in-world-first-scheme>

- Ambition 6: Support vulnerable communities e.g. Black, Asian and Minority Ethnic (BAME) communities, manual workers, unemployed people, those living in deprived areas. We will work with communities to remove barriers to access and adapt the service to meet local needs.
- Ambition 7: Support for those with ill mental health to quit smoking in partnership with NHS
- Ambition 8: campaigns and effective engagement are at the core of our approach. This will enable wider reach, increased awareness in the community to create a smoke free culture.

Recommendation 41: Redbridge Partners to deliver the action points identified within the Tobacco Control Strategy 2023-2028

Recommendation 42: Redbridge Partners to continue to develop local strategies focussed on the aspiration of a smoke free society by 2030

Smokeless tobacco

Smokeless tobacco covers all tobacco containing products that are not burned during their use. There are a number of different types of smokeless tobacco with use via chewing, nasally or non-chewed oral pouches. There are strong associations between use of smokeless tobacco and mouth and throat cancers, cardiovascular disease and poor perinatal outcomes.¹²¹

There is limited national evidence regarding the current or recent trends in the prevalence of smokeless tobacco use. Globally the vast majority of consumption is in South and South-East Asia and UK surveys have shown that the rate of smokeless tobacco use is much greater amongst individuals of South Asian ethnicity, in particular those of Bangladeshi, Indian and Pakistani heritage.¹²² 41% of the Redbridge population are of Bangladeshi, Indian or Pakistani ethnicity; the second highest proportion across England and Wales and therefore the risk of smokeless tobacco use is likely to be significantly greater in Redbridge than in other local authorities.¹²³ Users of smokeless tobacco are eligible for smoking cessation services in Redbridge.

Recommendation 43: Redbridge Partners to promote the use of smoking cessation services for individuals using smokeless tobacco products using easily accessible resources

E-cigarettes/Vaping

Whilst the population prevalence of cigarette use has steadily declined, the use of nicotine-based vaping has increased rapidly over the past decade. While nicotine vapes are an effective tool for helping current cigarette smokers to quit there are growing concerns around the increase in the number of individuals vaping that had previously not smoked cigarettes as the long-term health impacts of vaping remain unclear.

Vaping has rapidly become a common activity amongst the children and young people of England. Action on Smoking and Health (ASH) have undertaken regular surveys of use over the past decade with the 2023 survey showing that 20.5% have tried e-cigarettes.¹²⁴ Since 2021 the proportion of children identifying as currently vaping has overtaken the proportion of children that self-identify as

¹²¹ Evidence into practice: Smokeless tobacco products. Action on Smoking and Health. March 2020.

¹²² Evidence into practice: Smokeless tobacco products. Action on Smoking and Health. March 2020.

¹²³ Census 2021

¹²⁴ Use of Vapes Among Young People. Action on Smoking and Health. 2023

current smokers, with 7.6% of 11-17 year olds now describing themselves as current users of e-cigarettes. This has been a rapid increase from 4.1% in 2020 and 2.2% in 2015.¹²⁵

As with other health impacting behaviours the prevalence of vaping rapidly increases with age with 4.6% of 11-15 year olds describing themselves as current vapers compared to 15% of 16-17 year olds nationally.¹²⁶ Smoking and vaping in childhood are associated with those that have ever smoked a cigarette much more likely to vape than those that have never smoked. However, as the overall prevalence of cigarette smoking amongst children has fallen the proportion of current vapers who have never smoked has steadily risen to 48% of all children who had tried vaping.¹²⁷

At present there is no publicly available data on regional differences in use of e-cigarettes amongst children and young people or about the prevalence of vaping amongst children of different ethnic groups or deprivation status. LBR have recently commissioned local insight research into the underlying knowledge of the prevalence of vaping and the health impact associated with it amongst young people, parents and local stakeholders. LBR are currently implementing a phased roll out of a school nursing health and wellbeing questionnaires for Year 7 and 11 pupils at Redbridge schools including questions regarding the use of vaping.

Alcohol

Over-consumption of alcohol can have significant impact on health both in the short-term and due to regular longer term use. Long-term alcohol consumption is associated with the development of liver disease, cardiovascular disease and certain cancers. As with other addictions the health impact of alcohol use is not only to the individual but to their close connections and society as a whole. A number of factors effect an individuals risk of harmful alcohol consumption including socioeconomic status, ethnicity and gender and therefore the impact is not shared equally across society.

Children that start drinking at a younger age are more likely to develop subsequent alcohol dependence.¹²⁸ Across England the prevalence of drinking alcohol rises rapidly between 11 and 15¹²⁹. At a regional level alcohol use by children in London is significantly lower than the national average with 3% of 11-15 year olds stating they had drunk alcohol in the past week compared to 9% across England. There is a difference in the prevalence of children drinking by ethnicity with a substantially greater prevalence of drinking amongst those of white ethnicity (11%) compared to less than 2% for those of Black or Asian ethnicity.¹³⁰

There are an estimated 2,251 dependent alcohol users in Redbridge.¹³¹ When using a narrow definition of alcohol related admissions Redbridge (285 per 100,000) had the 2nd lowest rate in England for 2022/23. These are significantly lower than the average rate across England (475 per 100,000) or London (420 per 100,000).¹³² However, this does not translate to significantly lower rates of mortality (**table 3**). There was a substantial increase locally in alcohol related deaths

¹²⁵ Use of Vapes Among Young People. Action on Smoking and Health. 2023

¹²⁶ Use of Vapes Among Young People. Action on Smoking and Health. 2023

¹²⁷ Use of Vapes Among Young People. Action on Smoking and Health. 2023

¹²⁸ Guidance on the consumption of alcohol by children and young people. Chief Medical Officer for England. December 2009.

¹²⁹ [Smoking, Drinking and Drug Use among Young People in England, 2021. NHS England](#)

¹³⁰ [Smoking, Drinking and Drug Use among Young People in England, 2021. NHS England](#)

¹³¹ Redbridge Substance Misuse Strategy 2023-2028

¹³² OHID Fingertips

between 2021 to 2022 from 18 to 32 after 5 continuous years between 14 and 18. This has led to large differences between the 1 year and 3 year range mortality rates seen in **table 3**. This will require ongoing monitoring by the public health authorities to assess whether this represents a new trend.

Table 3: Rates (per 100,000) of alcohol related harm in Redbridge, London and England¹³³

Indicator	Redbridge	London	England
Admission episodes for alcohol-related conditions (narrow definition)	321	425	494
Under 75 mortality rate from alcoholic liver disease (1 year range)	13.4	8.7	11.6
Under 75 mortality rate from alcoholic liver disease (3 year range)	9.3	8.3	11.3

Recommendation 44: LBR to monitor closely alcohol related deaths over the next 3 year period

Support is available to dependent alcohol users through locally commissioned integrated drug and alcohol community treatment services with further detail regarding policy and commissioning provided in the following ‘Substance Misuse’ section¹³⁴.

There is evidence locally that the alcohol dependence services are effective with a significantly higher proportion leaving the service abstinent in Redbridge (80%) compared to England average (53%) and a higher proportion completing treatment and not returning within 6 months (43% in Redbridge, 35% England average). However, the service does have a higher dropout rate locally (22%) compared to England average (13%).¹³⁵

Recommendation 45: Redbridge Partners to continue to review and improve systems available for those affected by drug and alcohol addiction

Substance Misuse

Unfortunately recent years have seen a significant increase in the number of hospital admissions due to substance misuse amongst Redbridge 15 – 24 year olds (**figure 17**). The rate of admission in Redbridge (127 per 100,000) is now more than double the London (50 per 100,000) and England (58 per 100,000) averages and is the 10th highest rate in England. Similar recent trends have been seen in Havering and Waltham Forest and the 4 highest rates of substance misuse admission for 15–24-year-olds in London are all NEL boroughs.¹³⁶

Figure 17: Rate of admission (per 100,000) due to substance misuse in 15 – 24 year old population. Redbridge has seen a substantial increase in admissions due to substance misuse since 2020 which

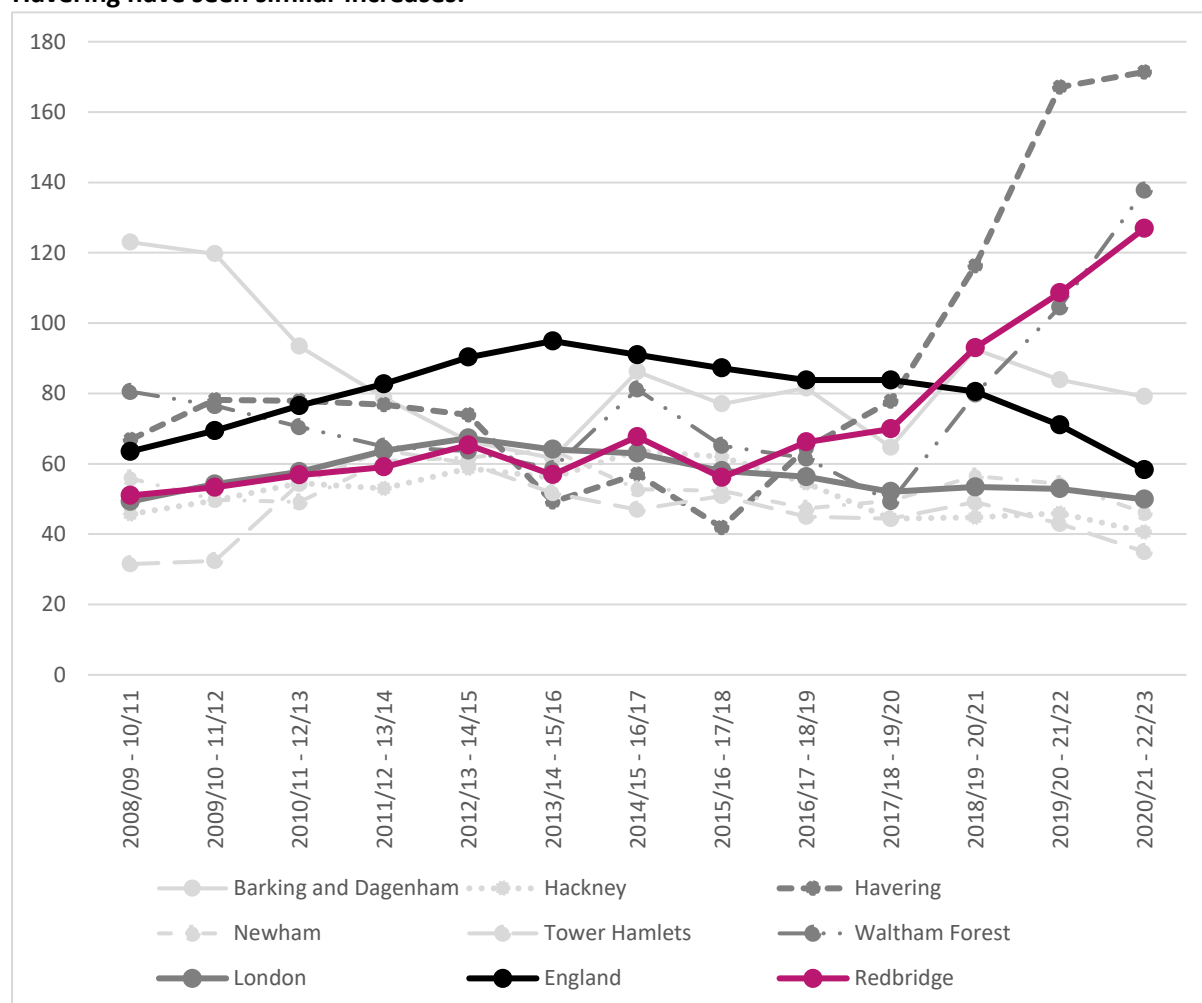
¹³³ OHID Fingertips

¹³⁴ Redbridge Substance Misuse Strategy 2023-2028

¹³⁵ Redbridge Substance Misuse Strategy 2023-2028

¹³⁶ OHID Fingertips

is against national and regional trends of reduction. 2 neighbouring boroughs, Waltham Forest and Havering have seen similar increases.



Recommendation 46: Redbridge Partners to investigate the recent increase in admissions due to substance misuse in 15-24 year olds

There were an estimated 1,486 opiate and/or crack cocaine users in Redbridge, however, there has been no update to this figure since 2016/17¹³⁷. The differentiation of service users by substance is similar in Redbridge to London and England. In Redbridge in 2022-23 49% of those accessing treatment were opiate only users compared to 44% in London and 48% in England. The proportions for alcohol only users were 31% for Redbridge, 30% in England and 28% in London.¹³⁸

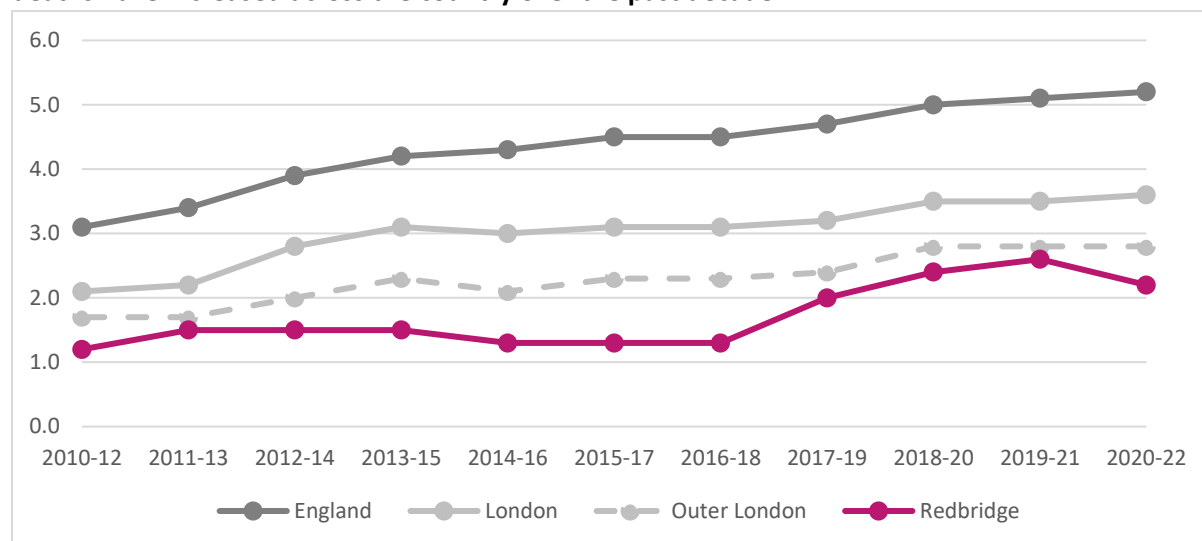
Fortunately, this recent increase in admissions amongst those aged 15-24 for substance misuse has not resulted in an increase in the mortality rate due to drug misuse (**Figure 18**). Redbridge has had steadily lower rates of drug misuse over the past decade compared to regional or national levels and in 2020-22 the rates were significantly lower than both the London and England averages.¹³⁹

¹³⁷ National Drug Treatment Monitoring System. <https://www.ndtms.net/ViewIt/Adult>

¹³⁸ National Drug Treatment Monitoring System. <https://www.ndtms.net/ViewIt/Adult>

¹³⁹ OHID Fingertips

Figure 18: Age-standardised mortality rate (per 100,000) (3 year average) for deaths related to drug misuse, persons. Redbridge, Outer London boroughs, London, England. 2011 – 2022. **Drug misuse deaths have increased across the country over the past decade.**¹⁴⁰



In 2021 the government published a new national 10-year drug strategy¹⁴¹ that acknowledged a multi-departmental approach was required at national and local levels to deal with the complexity of substance misuse. This new strategy contains significant funding and direction for local authorities with Redbridge subsequently releasing a new Substance Misuse Strategy for 2023 – 28 detailing the framework for reducing the impact of substance misuse across the borough. The aim of the Substance Misuse Strategy 2023 – 2028 is to expand the remit for substance misuse action from public health specific policy to every department within Redbridge Council whilst focussing on six broad strategic priorities:

1. Integrated partnership working between services, partners, communities, and service users
2. A stronger prioritisation of Prevention and early intervention
3. Commission and deliver effective, evidence-based treatment and recovery services
4. Target individuals or groups e.g., young people experience ACES, homeless and CJS cohort known to be higher risk with tailored interventions
5. Strong supportive safer communities
6. Strengthening of a robust multi-agency information sharing and information governance system

Recommendation 47: Redbridge Partners to continue to implement action plan associated with the Substance Misuse Strategy 2023 - 2028

¹⁴⁰ OHID Fingertips

¹⁴¹ [From harm to hope: a 10-year drugs plan to cut crime and save lives \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Health Outcomes

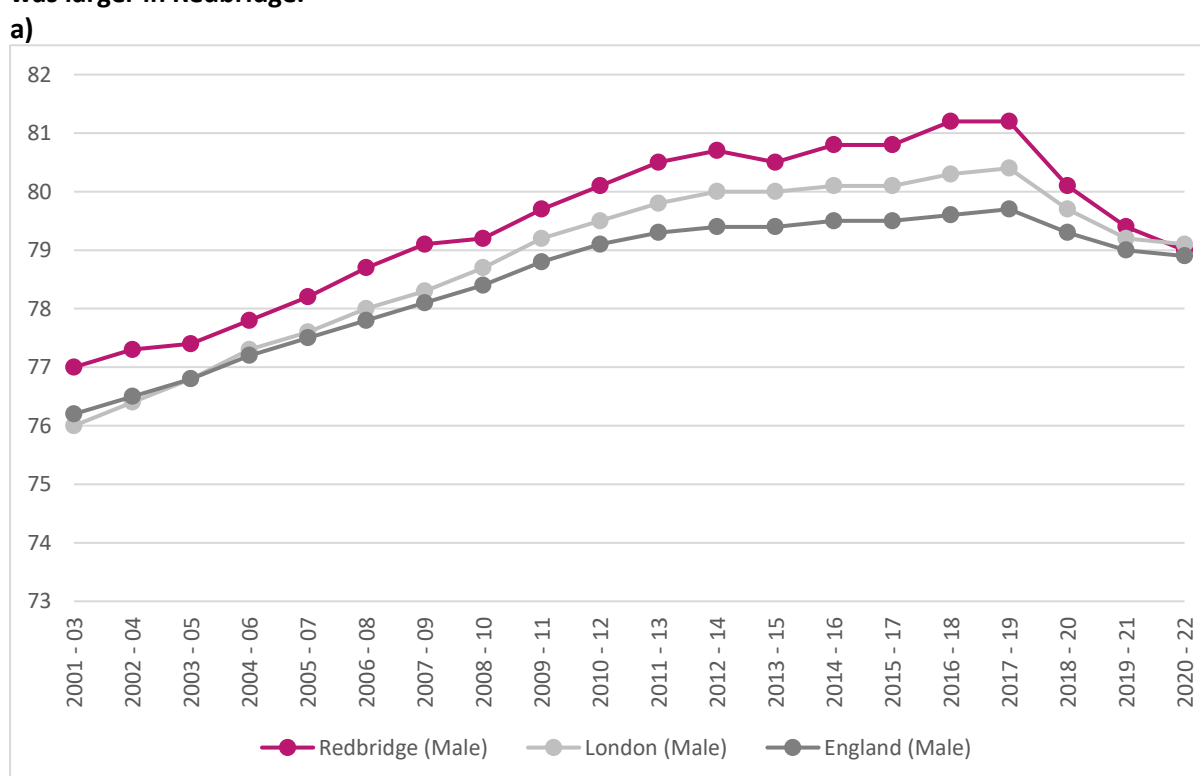
Life Expectancy

Life expectancy at birth is a major indicator of the health of both the country and local authorities. The most recent life expectancy at birth estimates (three year range 2020 – 2022) for Redbridge predict a life expectancy for men of 79.0 years and for women of 83.5 years. These estimates are similar to current London estimates (men = 79.1 years, women = 83.6 years) and the England male estimates (78.9 years) whilst life expectancy is higher for women in Redbridge than England (82.8 years).¹⁴²

Life expectancy across England steadily rose through the early 21st century and throughout this time Redbridge has generally had a greater life expectancy than the national average. The gap between Redbridge and England increased reaching a maximum of +1.6 years for men in Redbridge across 2016-2018 and +1.8 years for women in Redbridge across 2017-2019.¹⁴³

Since 2019 however the life expectancy has fallen rapidly in Redbridge for both men and women whilst there has been a smaller reduction in London and in England, closing the gap. The most recent estimates using data from 2020-2022 reveal a gap of just +0.1 years for men and +0.7 years for women. Over a 10 year period the reduction in life expectancy for men in Redbridge (-17.9 months) was the 20th largest drop of all local authorities in England, Wales and Northern Ireland.¹⁴⁴

Figure 19: Trends in life expectancy estimates (3 year average) at birth for men (a) and women (b) in Redbridge, London and England. 95% confidence intervals included for Redbridge. **Across England there was a stalling in life expectancy increases and a significant drop due to COVID-19. This drop was larger in Redbridge.**¹⁴⁵



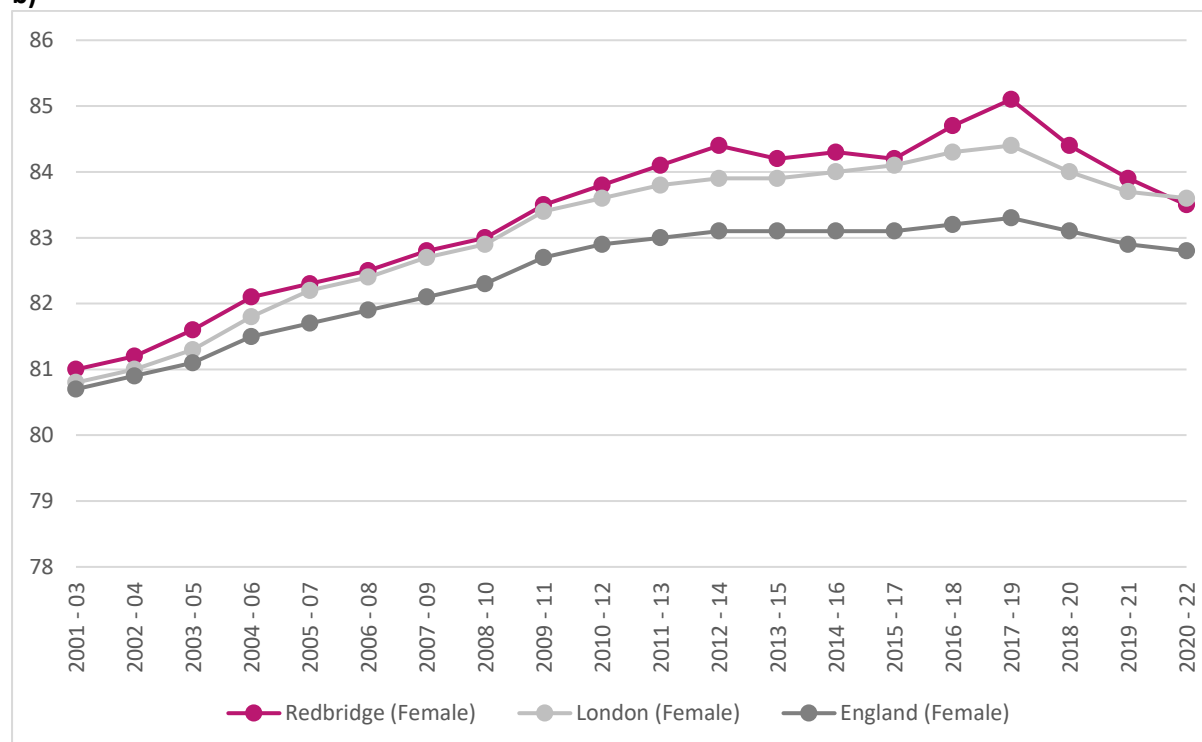
¹⁴² OHID Fingertips

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b)

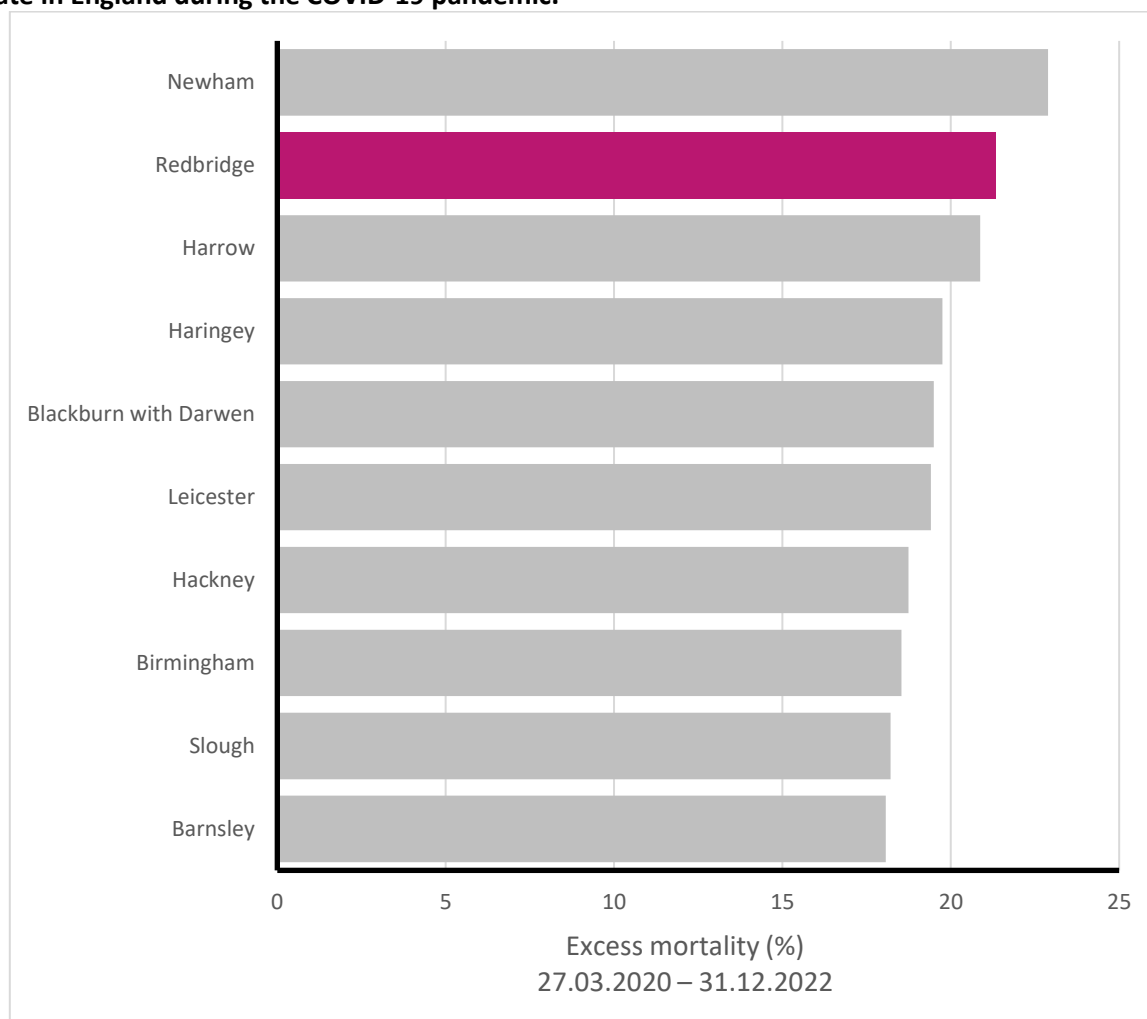


Impact of the pandemic

The fall in life expectancy is predominantly a reflection of the effect of the COVID-19 pandemic and its disproportionate effect for Redbridge compared with nationally. From 27.03.2020 – 31.12.2022 Redbridge had the 2nd highest rate of excess deaths of all 149 English upper tier local authorities with 21.3% more deaths registered than expected compared with 10.4% across England as a whole.¹⁴⁶

¹⁴⁶ [Excess mortality in England and English regions: March 2020 to December 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/excess-mortality-in-england-and-england-regions-march-2020-to-december-2023)

Figure 20: Impact of the pandemic: Local authorities in England with the highest rate of excess mortality between 27.03.2020 – 31.12.2022. Redbridge had the second highest excess mortality rate in England during the COVID-19 pandemic.



Importantly, the rate of excess death when modelled against expected deaths if no pandemic occurred has reduced considerably locally, and across 2023 Redbridge had the 13th lowest level of the upper tier local authorities and therefore life expectancy estimates may be expected to improve in comparison to the national picture over the coming years.¹⁴⁷

Alongside the mortality rate associated with COVID-19 many individuals continue to suffer with long-COVID. Local estimates are not available for the prevalence of long-COVID in Redbridge. The most recent ONS statistics released in March 2023 estimated 2.9% of the UK population were experiencing self-reported ongoing symptoms persisting for more than four week following initial COVID infection.¹⁴⁸

Healthy Life expectancy

Healthy life expectancy describes the average number of years an individual will live in good health calculated from self-reported “good health” in survey data and life expectancy. Unfortunately, whilst

¹⁴⁷ [Excess mortality in England and English regions: March 2020 to December 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/excess-mortality-in-england-and-english-regions-march-2020-to-december-2023)

¹⁴⁸ [Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/2023-03-01)

updated national healthy life expectancy estimates have been released in 2024 there are no updated local estimates produced since the last JSNA.

Despite longer average life expectancy estimates for Redbridge compared to local and national data over this period, the healthy estimates for men have been similar to national estimates for all years except 2016-18.

For 2018-2020 the Redbridge male healthy life expectancy was 60.6 years with a life expectancy of 80.1 years. Across the same time period the average female resident would be expected to live 64.0 years in good health and 84.4 years in total. Therefore an average Redbridge resident man would live just under 20 years in poor health whilst a Redbridge resident woman would live just over 20 years in poor health. Unfortunately the impact of the COVID-19 pandemic on healthy life expectancy in the local area cannot yet be calculated.¹⁴⁹

Recommendation 48: Redbridge Partners to continue to focus on the improvement of Healthy Life Expectancy rather than solely Life Expectancy in all decisions

Disability Adjusted Life Years

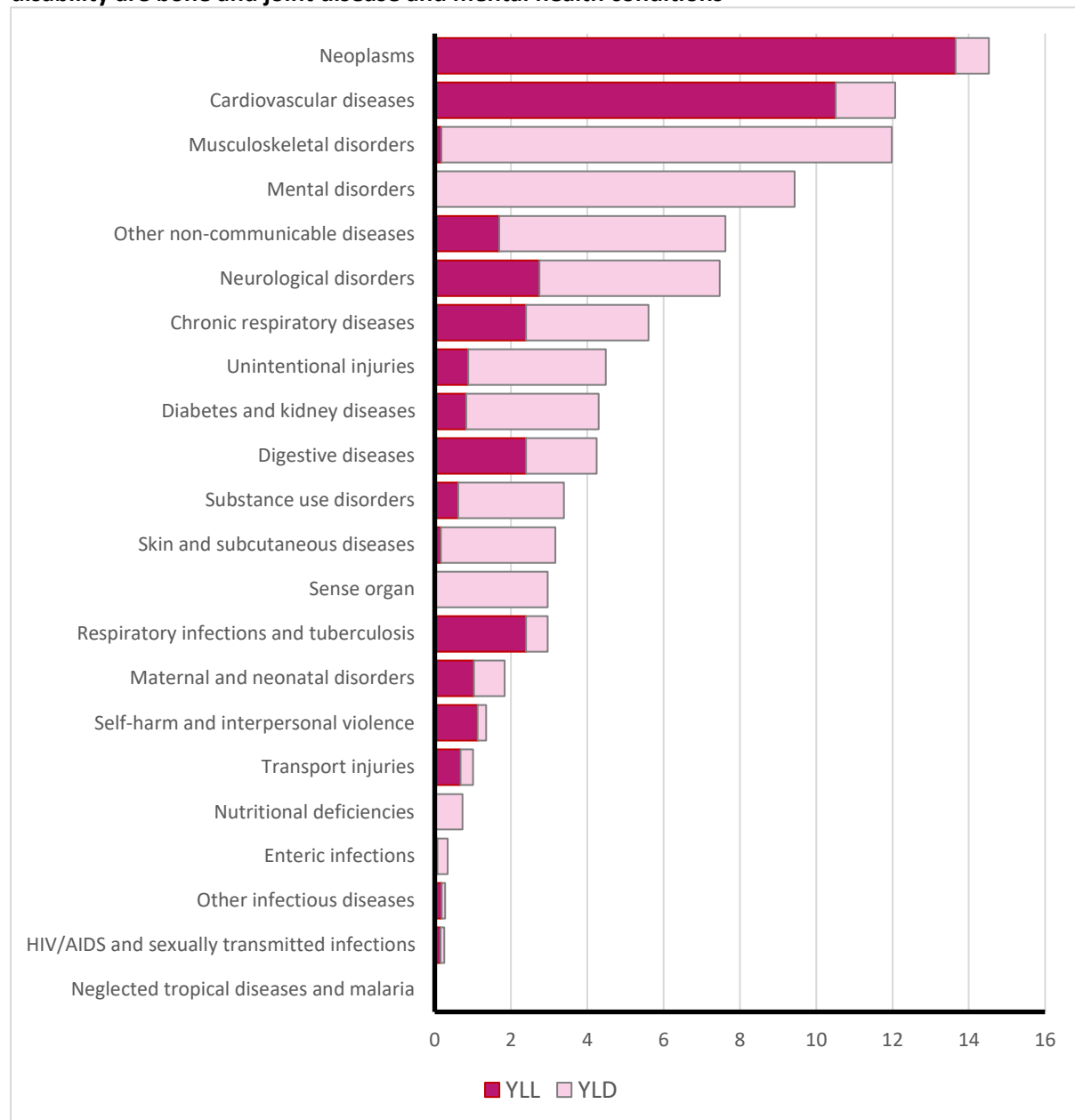
Life expectancy changes through time provide information on changes to diseases that cause premature death, but not disability. The combined impact of premature death and disability can be assessed through disability adjusted life years (DALYs). DALYs combine both the years of life lost due to premature death (YLLs) and the years of healthy life lost due to disability (YLD).

There has been no update to the Global Burden of Disease calculation for Redbridge since 2019 and therefore the impact of COVID is not included in **figure 21**. **Figure 21** reveals that the biggest contributors to ill health and premature mortality in Redbridge are cancer (14.5%), cardiovascular disease (12.1%), musculoskeletal disease (12.0%) and mental health disorders (9.4%) which together account for over 50% of Redbridge's total DALYs.¹⁵⁰

¹⁴⁹ OHID Fingertips

¹⁵⁰ Global Burden of Disease Study 2019

Figure 21: Contribution (%) of individual disease types to the total disease adjusted life years in Redbridge 2019 by Years of Life Lost (YLL) and Years of healthy Life lost to Disability (YLD). In Redbridge the main cause of years of life lost are cancer and heart disease and the main cause of disability are bone and joint disease and mental health conditions



Maternal and Neonatal Health

Pregnancy

In 2022 there were over 4,000 births in Redbridge.¹⁵¹ Pregnancy has a profound impact on the immediate and long-term health of both mother and child. Therefore, early identification of need and understanding of risk can allow targeted approaches to improve outcomes for all. Within Redbridge the provision of maternity care is through the North East London Local Maternity System (NEL LMS).

The first point of contact for most pregnant women with maternity services is at initial booking appointment. Nationally the target is for this to occur before 10 weeks of pregnancy allowing comprehensive assessment, identification of need and risk, delivery of education and support and development of a structured care plan going forward. In December 2023 63% of pregnant women attended their booking appointment within 10 weeks compared to 58% in NEL and 61% in England.¹⁵²

Although data is not available publicly for Redbridge, NEL have published regional data that shows that those from the most deprived decile, those under 20 years old and those with complex social factors were less likely to have their booking appointment in the targeted time.¹⁵³

Nationally there are a number of entitlements aimed at reducing the financial costs associated with pregnancy. All women are entitled to free NHS prescriptions and free NHS dental care during pregnancy and for 12 months following birth through the Maternity Exemption Certificate.

Additional financial benefits are available to help with buying food and drink through the NHS Healthy Start Scheme to those in receipt of child tax credit, income support, job seekers allowance or universal credit. In March 2024 Redbridge had a Healthy Start Scheme uptake of 54% for eligible recipients, the 11th lowest proportion of 296 local authorities in England.¹⁵⁴

Improving the uptake of Healthy Start vouchers was highlighted in the Children and Young People Health Needs Assessment 2021 and is a recommendation of the Early Years Strategy 2023-2028. Since 2022 a National Institute for Health Research (NIHR) funded evaluation of the Healthy Start scheme led by the Centre for Food Policy at City University and University of Southampton has been developed focussing on the scheme in Redbridge alongside Manchester and Southampton. This evaluation has included funding for the development of a new promotional video for the scheme available in multiple languages. In 2024 the Greater London Authority (GLA) have funded targeted communication to eligible recipients that have not taken up the Healthy Start Voucher in an effort to increase uptake. At present correspondence has been sent to over 900 individuals in Redbridge.

Redbridge Childrens and Young People Services have produced the 'Your Journey to Birth' booklet in December 2023 providing a guide for individuals in the borough detailing the local services available and key information regarding a healthy pregnancy.

Recommendation 49: Redbridge Partners to continue to promote the availability and audit the uptake of Maternity Exemption Certificates and Healthy Start Scheme by eligible individuals alongside increasing awareness of the entitlements available for pregnant women.

¹⁵¹ [Live births in England and Wales : birth rates down to local authority areas - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

¹⁵² [Maternity Services Monthly Statistics, Final December 2023, Provisional January 2024, experimental statistics - NHS England Digital](#)

¹⁵³ [NEL LMS Maternity Equity and Equality Strategy and Action Plan 2022](#)

¹⁵⁴ [England-Uptake-Data.xlsx \(live.com\)](#)

NEL LMS undertook an equity and equality needs assessment (LMS EENA) in 2021 providing invaluable data about the nature of maternal health disparities in the local area.¹⁵⁵ The LMS EENA found that there were large disparities in the prevalence of co-morbidities in their booking appointments with Asian women three times more likely to have diabetes than White women in Redbridge. In the same analysis it was found Black women have more than double the prevalence of hypertension in pregnancy compared to Asian or White women in Redbridge.

The LMS EENA has been further developed with the production of the NEL LMS Equity and Equality Strategy and Action Plan (EESAP) in 2022. This action plan has highlighted Diabetes, Triage and Early Labour as clinical themes that are prevalent across NEL and therefore will be targeted for initial interventions.

The LMS EENA revealed that in Redbridge the prevalence of diabetes amongst pregnant women was 17% in 2020-21. There was significant variation by socioeconomic deprivation quintile with those in the most deprived quintile having nearly three times the prevalence of diabetes compared with those in the least deprived quintile.¹⁵⁶

Recommendation 50: NEL LMS to implement recommendations from EESAP 2022 to reduce inequalities highlighted by LMS EENA 2021 and strengthen provision of maternity care locally

Smoking in pregnancy is a key modifiable risk factor for stillbirth, neonatal death and low birth weight. The prevalence of smoking amongst mothers at the time of delivery in Redbridge was 4.8% across 2022/23 which is comparable with regional levels in London (4.6%).¹⁵⁷ Nationally the prevalence of smoking at birth is significantly higher with 8.8% of mothers documented as smokers.

The crude rate of stillbirths in Redbridge (4.7 per 1,000) was similar to the London (4.3 per 1,000) and England (3.9 per 1,000) rates for 2020-2022.¹⁵⁸ There are many risk factors associated with stillbirth including but not limited to maternal obesity, ethnicity, smoking during pregnancy and diabetes.¹⁵⁹

Birthweight

Birthweight is a key indicator of both child mortality and development and is associated with a large number of connected maternal risk factors. Lower socio-economic status is highly associated with increased risk of low birthweight birth. Known modifiable risk factors for low-birth-weight babies include smoking, substance misuse, sexually transmitted infections and anaemia.

As seen across NEL, Redbridge (4.1%) had a high proportion babies born less than 2500g in 2021 compared to London (3.3%) and England (2.8%) averages and 3 NEL boroughs (Newham, Tower Hamlets and Redbridge) are within the top 10 highest local authority rates in England.¹⁶⁰ The LMS EENA found that in Redbridge the rate of low birth weight babies was almost twice as high in babies born to Asian or Black mothers compared to White mothers across NEL.¹⁶¹

¹⁵⁵ [NEL LMS Maternity Equity and Equality Needs Assessment 2022](#)

¹⁵⁶ LMS EENA

¹⁵⁷ OHID Fingertips

¹⁵⁸ OHID Fingertips

¹⁵⁹ OHID Fingertips

¹⁶⁰ OHID Fingertips

¹⁶¹ LMS EENA

Recommendation 51: Redbridge Partners to investigate the prevalence of modifiable risk factors for low birthweight in Redbridge

Neonatal Mortality

The first 28 days following birth, the neonatal period, have a significantly increased risk of mortality compared with later in childhood. The neonatal mortality rate for Redbridge (2.4 per 1,000) residents was similar to London (2.3 per 1,000) and England (2.9 per 1,000).¹⁶² The LMS EENA revealed that across Redbridge, babies born to Asian (37%) and Black (34%) mothers in NEL were more likely to require neonatal care compared with babies born to White (28%) mothers.¹⁶³

The EESAP Assurance Report published in 2022 showed that mothers with hypertension in Redbridge were three times more likely to require inpatient admission within 6 weeks of delivery and those with diabetes were three times more likely to require an Emergency Department attendance within 6 months of delivery than those without these risk factors.¹⁶⁴

LBR established a Maternity Scrutiny Task and Finish Group in 2020 to review the existing maternity care pathways in the borough and assess the impact of future population growth on this provision. Unfortunately the COVID-19 pandemic led to significant delays in this project, however the group was re-established in 2021 and is expected to report its findings regarding access and quality of maternity services in Redbridge in 2024.

Children and Young People

Child Mortality

Fortunately, the death of a child is a rare event throughout the UK. The risk of death during childhood is greatest in the neonatal period ([Maternal and Neonatal Health](#)) and the first year of life due to prematurity and congenital diseases. Over the past 20 years there has been a significant decline in infant mortality at both a national and local level (**figure 22**). However, this reduction primarily occurred between 2001 and 2014 and over the past decade the infant mortality rate has remained stable. For the years 2020-22 the infant [< 1 year old] mortality rate in Redbridge (3.0 per 1,000) was similar to London (3.5 per 1,000) and England (3.9 per 1,000).¹⁶⁵

¹⁶² [Child mortality \(death cohort\) tables in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

¹⁶³ LMS EENA

¹⁶⁴ [NEL LMS Equity and Equality Strategy and Action Plan: Full Report](#)

¹⁶⁵ OHID Fingertips

Figure 22: Crude infant mortality rate (per 1,000) for Redbridge, London and England. 3-year average. **Infant mortality rates have decreased across the country in the 21st century and this decrease happened faster in Redbridge compared to nationally. All areas have stalled in improvements in recent years.**



Following the first year of life childhood mortality is fortunately much rarer. The directly standardised mortality rate for those aged 1 to 17 was 11.2 per 100,000 in Redbridge which is similar to the London (9.3) and England (10.4) rates.¹⁶⁶

The NEL wide Child Death Review (CDR) Process independently reviews all deaths of NEL resident children through a multi-professional Child Death Review Meeting (CDRM). The CDRM provides investigation outcomes to the Child Death Overview Panel (CDOP) who have the responsibility to review the agency responses to each death of a child including ensuring that families received appropriate bereavement support, identify potential modifiable factors involved in each death and establish recommendations and share learning with relevant agencies.

Early Years Health Visitors

The Redbridge Universal Childrens Service (0 to 19 years) are responsible for the provision of a number of public health programmes for the children of Redbridge. These aim to improve health outcomes through the prevention of disease via immunisation and the identification of any concerns or developmental delays to enable early support offers. Contact between the parents and Health Visiting team is established during the antenatal period at around 28 to 32 weeks of pregnancy with

¹⁶⁶ OHID Fingertips

visits beginning with the New Birth Visit that happens at 10-14 days after birth, although is valid up to 30 days post birth. Subsequent visits just after 1 year of age and between 2 to 2½ years old.

Table 4 highlights the proportion of infants receiving a health visit by the designated timetable In Redbridge. A higher proportion of babies in Redbridge receive a New Birth Visit within 14 days than in London or England, however by 30 days a lower overall proportion have been reviewed. For those seen before and after 14 days Redbridge has the 4th lowest proportion reviewed of local authorities in England. For both the 12-month review and the 2 to 2½ year review less than half of Redbridge infants are reviewed and both measures have the 5th lowest proportion of reporting local authorities in England.¹⁶⁷

Table 4: Proportion (%) of infants receiving a health visit April 2022 – March 2023

Indicator	Redbridge	London	England
New Birth Visits within 14 days (percentage)	86.0%	81.6%	79.9%
Percentage of New Birth Visits within and after 14 days (percentage)	91.7%	96.3%	97.7%
12 month reviews by 15 months (percentage)	40.6%	72.4%	82.6%
2 to 2½ year reviews (percentage)	28.8%	61.2%	73.6%
2 to 2½ year reviews using ASQ-3 ¹⁶⁸ (percentage)	99.6%	87.2%	92.5%

LBR continue to implement service improvements/modifications aimed at increasing access to the universal health visitor reviews and undertook a health equity audit in 2021 to understand priorities for action. However, the national shortage of qualified health visitors will have an impact on the service delivery. The service is working with Sheffield Hallam University as part of a Department for Education (DfE) pilot to test what works locally to improve uptake to the health visitor reviews using a behavioural insights approach. Engagement with families has highlighted low levels of awareness of the review and we have piloted changes to the 2½ year developmental review in one locality as part of the behavioural insights pilot to understand what works to improve uptake. This will help inform and shape future service adaptations for the health reviews and tailor effective strategies specifically designed for Redbridge to enhance uptake.

Recommendation 52: Redbridge Partners to continue to improve uptake to the 2 to 2½ year health visitor review

¹⁶⁷ [Health visitor service delivery metrics: annual data April 2022 to March 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/health-visitor-service-delivery-metrics-annual-data-april-2022-to-march-2023)

¹⁶⁸ ASQ-3 is the Ages and Stages Questionnaire that is used as part of early years health visitors screening

Disease Prevention and Immunisation

One of the single biggest drivers of the global improvement in child mortality has been the establishment of vaccinations to a range of infectious diseases that previously caused thousands of deaths each year. Vaccinations protect the individual against the disease and the community by reducing the risk of spread and therefore the rate of vaccination in the population is of vital importance to maintaining this protection against local outbreaks.

Nationally there has been a reduction in the coverage of all childhood vaccines except pneumococcal disease (PCV) over the past decade¹⁶⁹. **Table 5** shows the most recent available figures for vaccination rates in Redbridge, London, and England. At a regional level London has the lowest coverage of all childhood vaccinations except Meningococcal ACWY (MenACWY) where it has the second lowest coverage of all regions in England.¹⁷⁰

Redbridge has low vaccination uptake compared with other London boroughs and the national average for all routine vaccinations given before the age of 10. The borough performs much better with vaccinations primarily offered in school with the rate of uptake of both HPV and MenACWY above the regional average. However, Redbridge is not meeting immunisation coverage benchmark for any childhood vaccination.

Nationally reported data suggested that Redbridge had the lowest proportion of children in care with up-to-date immunisations in England; with just 25% of children achieving full coverage substantially lower than the London (74%) or England average (82%).¹⁷¹ This concerning finding has been investigated by LBR and NELFT and revealed to be associated with a significant failure of data transcription rather than associated with a true representation of the current vaccination rate. In response NELFT have hired a new post associated with improving the data capture and increases in the reported immunisation rate are expected in the near future.

In February 2022 vaccine-like type-2 poliovirus (PV2) isolates were discovered in a London sewage treatment facility covering north-east and north central London. In response a city-wide vaccination campaign was initiated targeting all children aged 1 to 9 years old with Redbridge achieving a coverage of eligible children of 46.6%, above the UKHSA target of 35% uptake and the 2nd highest uptake in NEL.¹⁷²

The childhood immunisation programme is commissioned by NHS England through NHS NEL locally. The role of the local authority and Public Health team is to ensure that robust mechanisms of oversight are in place regarding vaccine delivery that assess coverage against national benchmarks with the aim to improve overall coverage and reduce inequalities.

LBR have worked within the Redbridge PBP Childhood Immunisation Engagement Working Group to monitor the local immunisation strategy. Previous focus has been on the development of immunisation awareness sessions at children's centres and through media engagement before focus was directed towards the COVID-19 immunisation campaign. Since 2022 there has been the development of door-to-door community champions immunisation engagement alongside continued awareness events in children's centres and libraries. Locally the Primary Care Immunisation Improvement pilot has been developed focussed on improving MMR uptake in selective practices.

¹⁶⁹ [Vaccination Coverage for Children and Mothers. Nuffield Trust. 2024](#)

¹⁷⁰ OHID Fingertips

¹⁷¹ OHID Fingertips

¹⁷² Redbridge Health Protection Board Report 2023

Table 5. Population coverage (%) of childhood vaccinations¹⁷³

Vaccination	Age of scheduled doses	Indicator (year of data)	Redbridge coverage % (rank of 32 London boroughs)	London coverage % (rank of 9 England regions)	England coverage %
Rotavirus	8 weeks 12 weeks	Received 2 doses by 1 years old (22/23)	83.9% (20 th)	84.4 (9 th)	88.7%
DTaP IPV Hib HepB Diphtheria, Tetanus, Pertussis, Polio (IPV), <i>Haemophilus influenzae type b</i> (Hib), Hepatitis B	8 weeks 12 weeks 16 weeks	Received 3 doses by 2 years (22/23)	86.4 (24 th)	87.4 (9 th)	92.6%
Hib and MenC booster <i>Haemophilus influenzae type b</i> (Hib), Meningococcal group C (MenC)	1 year	Received booster dose by 2 years (22/23)	79.7% (22 nd)	81.3% (9 th)	88.7%
PCV Pneumococcus 13 serotypes	12 weeks 1 year	Received booster dose by 2 years old (22/23)	79.5% (21 st)	80.4% (9 th)	88.5%
MenB Meningococcal group B	16 weeks 1 year	Received booster by 2 years (22/23)	77.9% (21 st)	79.4% (9 th)	87.6%
Flu Influenza	Annual dose aged 2 and 3	2 year olds receiving dose (22/23)	36.4% (21 st)	38.2% (7 th)	42.3%
		3 year olds receiving dose (22/23)	37.2% (15 th)	37.7% (9 th)	45.1%
MMR Measles, Mumps, Rubella	1 year	Received 1 dose at 2 years (22/23)	80.5% (23 rd)	82.4% (9 th)	89.3%
	3 years 4 months	Received 2 doses at 5 years (22/23)	69.5% (24 th)	74.0% (9 th)	84.5%

¹⁷³ OHID Fingertips

HPV Human papillomavirus	12-13 years old	Received 2 doses at 13-14 years old (21/22)	79.3% (7 th)	63.0% (9 th)	67.3%
Meningococcal ACWY <i>Neisseria meningitidis</i> serotypes A, C, W, Y	14 years old	Received 1 dose at 15 years old (21/22)	79.2% (9 th)	75.3% (8 th)	79.6%
Selective Vaccination Schedule					
Hep B Hepatitis B virus	Birth 4 weeks 12 weeks 1 year	Received 3 doses at 1 year (22/23)	75.9% (30 th)	N/A	N/A
Eligibility Born to hepatitis B infected mothers		Received 4 doses at 2 year (22/23)	57.1% (30 th)	N/A	N/A
BCG Tuberculosis	12 weeks	Received 1 dose by 3 months (22/23)	49.8% (29 th)	70.1% (3 rd)	68.8%
Eligibility Those born in a region with high incidence of TB (>40 per 100,000) or with a parent or grandparent born in a high incidence country					

Recommendation 53: Redbridge Partners to continue to monitor the current vaccine delivery system and engage in development of new strategies to increase local uptake of all scheduled immunisations

Emergency Department Attendance

During 2022/23 0-4 year old children in Redbridge attended the Emergency Department (588 per 1,000) less frequently than children across London (855 per 1,000) or England (797 per 1,000) generally.¹⁷⁴

ED attendance does not necessarily correlate with admissions. For data from 2022-2023 Redbridge had very low rates (93 per 1,000) of emergency admissions for children aged 0 – 4 years old compared with London (112 per 1,000) and England (158 per 1,000).¹⁷⁵

Oral Health

Oral health is one of the most important indicators of childhood health with tooth decay the leading cause of hospital admission nationally for those aged 5 – 9 years old.¹⁷⁶ Tooth decay is a preventable disease. The National Dental Epidemiological Programme (NDEP) survey is carried out on alternate

¹⁷⁴ OHID Fingertips

¹⁷⁵ OHID Fingertips

¹⁷⁶ [Hospital tooth extractions in 0 to 19 year olds: short statistical commentary 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/hospital-tooth-extractions-in-0-to-19-year-olds-short-statistical-commentary-2023)

years across the country for 5-year-olds and those in year 6 at school. The most recently released surveys for 5-year-olds was 2021/22 and for year 6 students 2022/23.

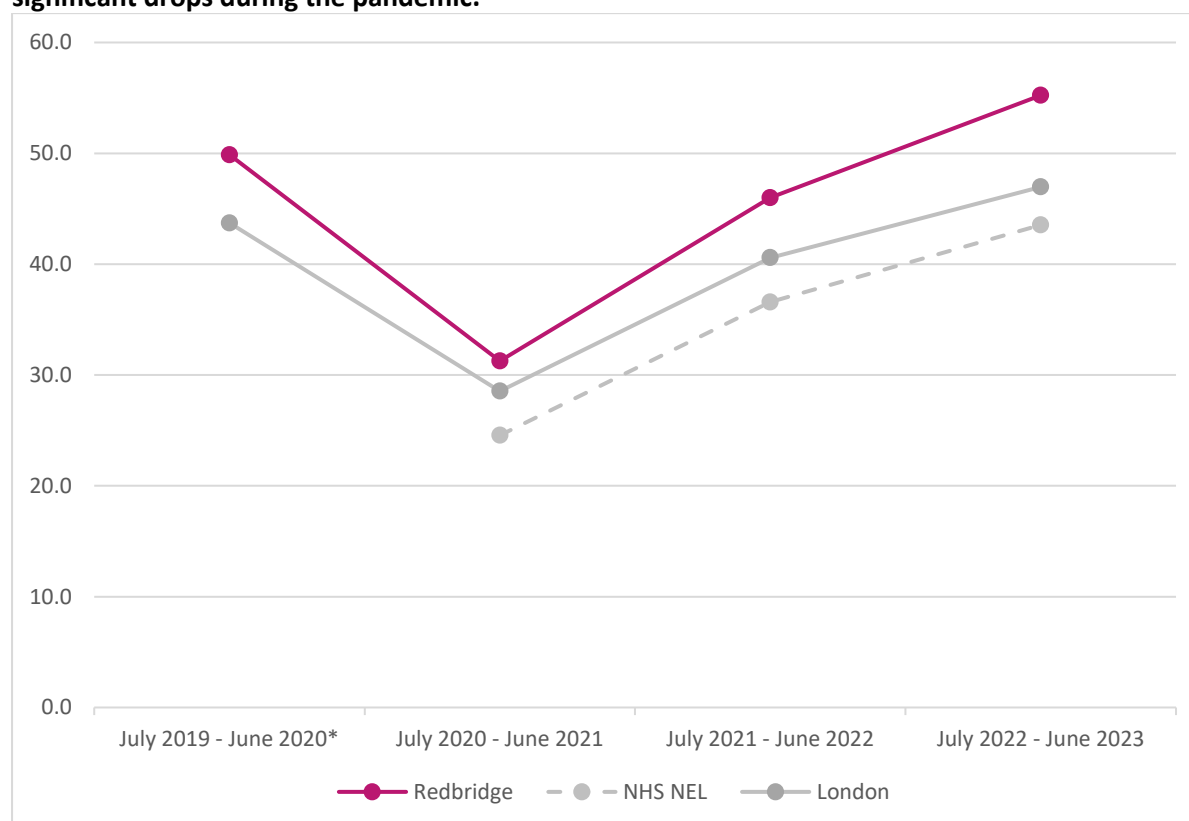
Redbridge had a high level (28.8%) of tooth decay at 5 years old compared to London (25.8%) and England (23.7%) during the 2021/22 oral health survey. The previous survey in 2018/19 revealed a sudden increase in prevalence from 2016/17 to 39.1% which has reassuringly not continued.¹⁷⁷

Within NEL rates Redbridge's rates are in the middle of the 7 boroughs with Newham (33.6%), Barking and Dagenham (30.6%) and Tower Hamlets (29.6%) all having rates higher than Redbridge whilst Havering (24.8%), Hackney (22.4%) and Waltham Forest (21.2%) have lower.¹⁷⁸

For those children in year 6 there was a prevalence of dental decay of 17.4%, compared to 13.5% for London and 16.2% across England.¹⁷⁹

The 2021 Children and Young People Health Needs Assessment revealed a substantial fall in dental visits locally during the pandemic. Fortunately, this trend has now reversed with Redbridge (55.2%) remaining above the local (43.5%) and regional level (47.0%) for percentage of child patients seen for dental visits (**figure X**).¹⁸⁰

Figure X: Child patients seen by dental services in the previous year as a percentage of the population 2019/20 – 2022/23. The number of child dental appointments has increased after significant drops during the pandemic.¹⁸¹



*NHS NEL data not available for July 2019 – June 2020

¹⁷⁷ [Oral health survey of 5 year old children 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022)

¹⁷⁸ [Oral health survey of 5 year old children 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022)

¹⁷⁹ [Oral health survey of children in year 6, 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/oral-health-survey-of-children-in-year-6-2023)

¹⁸⁰ [NHS Dental Statistics](https://www.nhs.uk/statistics/dental-statistics/)

¹⁸¹ [NHS Dental Statistics](https://www.nhs.uk/statistics/dental-statistics/)

In response to the higher prevalence of dental decay LBR and local NHS colleagues have actively targeted oral health over recent years.

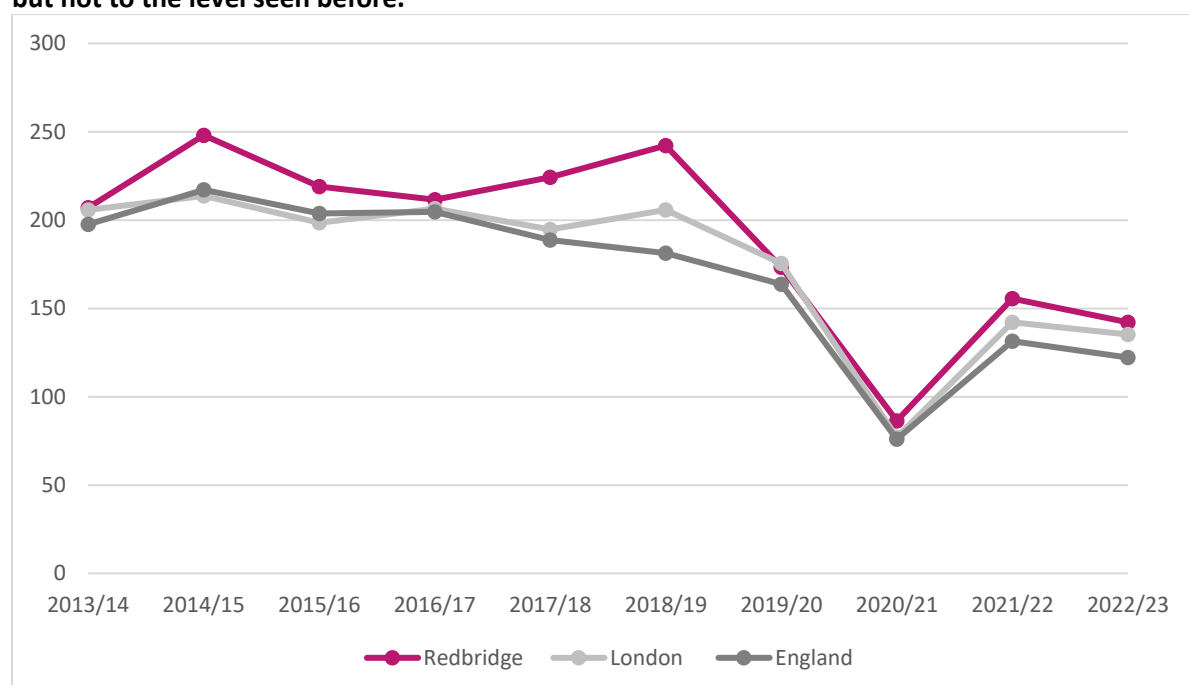
Redbridge has a commissioned oral health improvement service provided by Kent Community Health NHS Trust. The service provides the Oral Health Outreach Team who across 2022-23 provided distribution of brushing packs across the borough, delivered over 100 oral health training sessions across a range of children's services, including children's social care, and recruited 72 oral health champions. Almost 1,900 Redbridge children received fluoride varnish applications in school to reduce tooth decay.

LBR have developed the 'Babies Teeth Matter' campaign that launched in March 2024 targeting the parents and caregivers of babies and young children to enable education on best practices for early oral care. Additionally, there is now a dedicated oral health webpage on the council website.

Asthma

There have been significant reductions in childhood asthma admissions over the past 5 years at both a local and national level. **Figure 23** shows that locally there had been a slight increase in admissions associated with asthma prior to 2019 which has now reversed, with rates now similar to those in London and England. In 2022/23 childhood admissions to hospital for asthma were 142.1 per 100,000 in Redbridge compared to the London (135.3 per 100,000) and England (122.2 per 100,000) rates.¹⁸²

Figure 23: Rate of childhood (under 19 years old) hospital admissions for asthma [per 100,000] in Redbridge, London and England. **Hospital admissions for asthma have increased after the pandemic but not to the level seen before.**¹⁸³

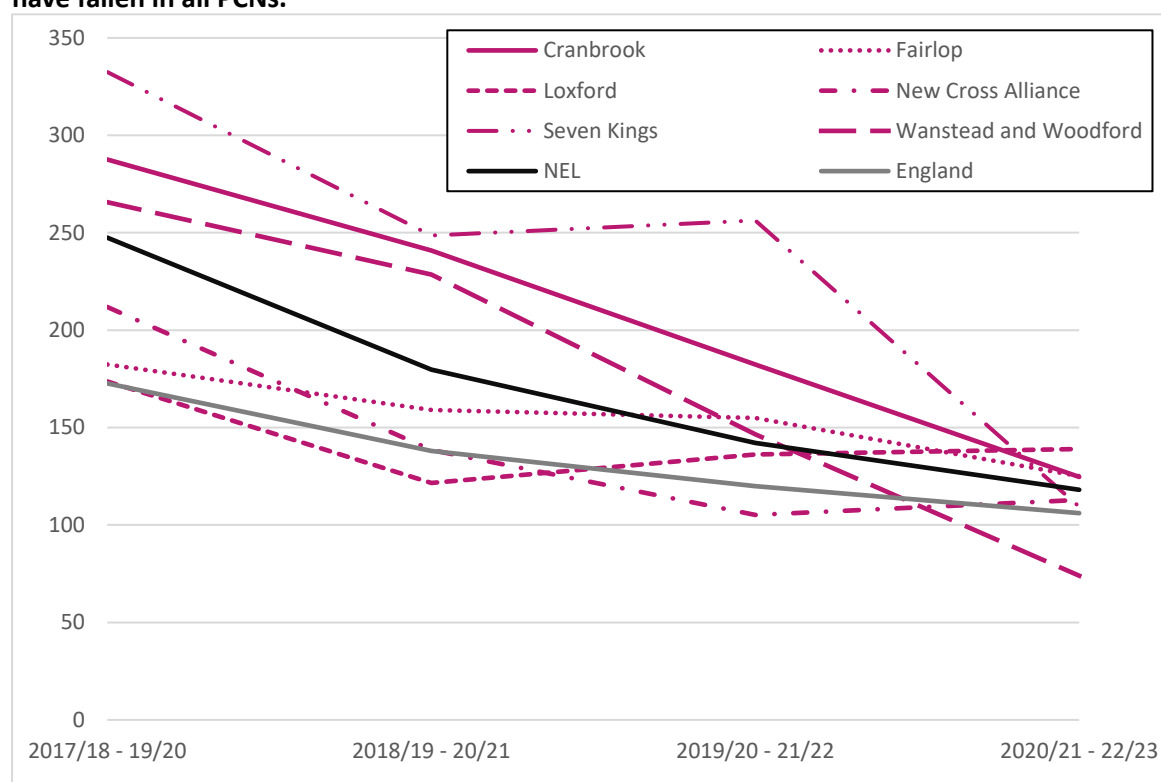


¹⁸² OHID Fingertips

¹⁸³ OHID Fingertips

There is high geographic variation in the childhood hospital admissions rate for asthma both nationally and within Redbridge. **Figure 24** shows the childhood admission rate for each Redbridge PCN alongside NEL and England ([Appendix 1 for map of PCN locations](#)). Over the past decade the rate of reduction in admission rate has been greater in those PCNs with a higher initial rate reducing the geographical disparity. In the most recent data Loxford is the only PCN with a significantly higher rate of admission (139 per 100,000) than the national average.¹⁸⁴

Figure 24: Childhood (under 19 years old) hospital admission rate (per 100,000) for asthma by Redbridge Primary Care Network, 3 year average. **Over the past 5 years rates of asthma admissions have fallen in all PCNs.**¹⁸⁵



Alongside actions associated with improving air quality discussed in [Air](#) Redbridge Partners have established a working group to improve the local health systems response to asthma rates. NEL ICB have recently commissioned an asthma co-ordinator to focus on implementing the regional Asthma Friendly Schools programme into all Redbridge schools. Achieving Asthma Friendly Schools status requires a school to implement a series of measures designed to improve the management of asthma within the school.¹⁸⁶

Recommendation 54: Redbridge Partners to continue to implement plans developed to improve asthma care in Redbridge

¹⁸⁴ OHID Fingertips

¹⁸⁵ OHID Fingertips

¹⁸⁶ London schools guide for the care of children and young people with asthma: Pre-school, primary and secondary school years. NHS. 2022

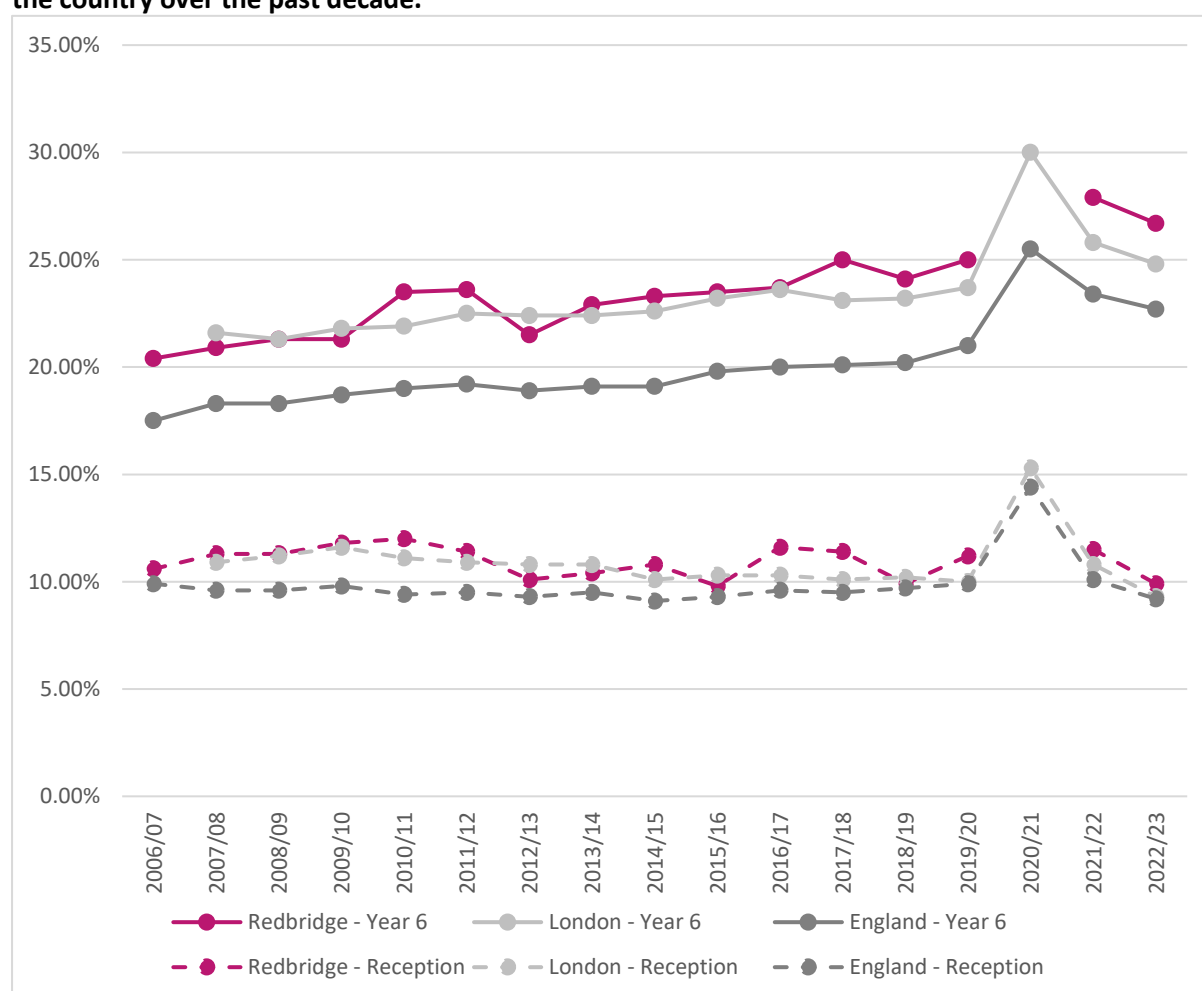
Obesity

The health effects of obesity and physical inactivity are cumulative through the life course and obesity in childhood is associated with obesity in later life with the increased risk in non-communicable diseases and increased mortality rates associated with obesity in adulthood.

In childhood the health associations of obesity include increased risk of asthma and mental health impacts such as anxiety and low self-esteem. Previous Redbridge Health Needs Assessments on Obesity (2020) and Children and Young People (2021) have highlighted the increased prevalence of obesity in Redbridge compared to London and England averages.

Over the past 20 years there has been a steady increase in the prevalence of obesity at 10-11 years old across England, including in London and Redbridge (**figure 25**). This increase has not been seen in children aged 4-5 with rates staying stable through this time.¹⁸⁷

Figure 25: Prevalence (%) of obesity (including severe obesity) in Reception (4-5 years old) and Year 6 children (10-11 year old) in Redbridge, London and England 2006 – 2023. 27% of Redbridge 11 year olds are obese compared to 10% of 5 year olds. The rate in 11 year olds has increased across the country over the past decade.¹⁸⁸



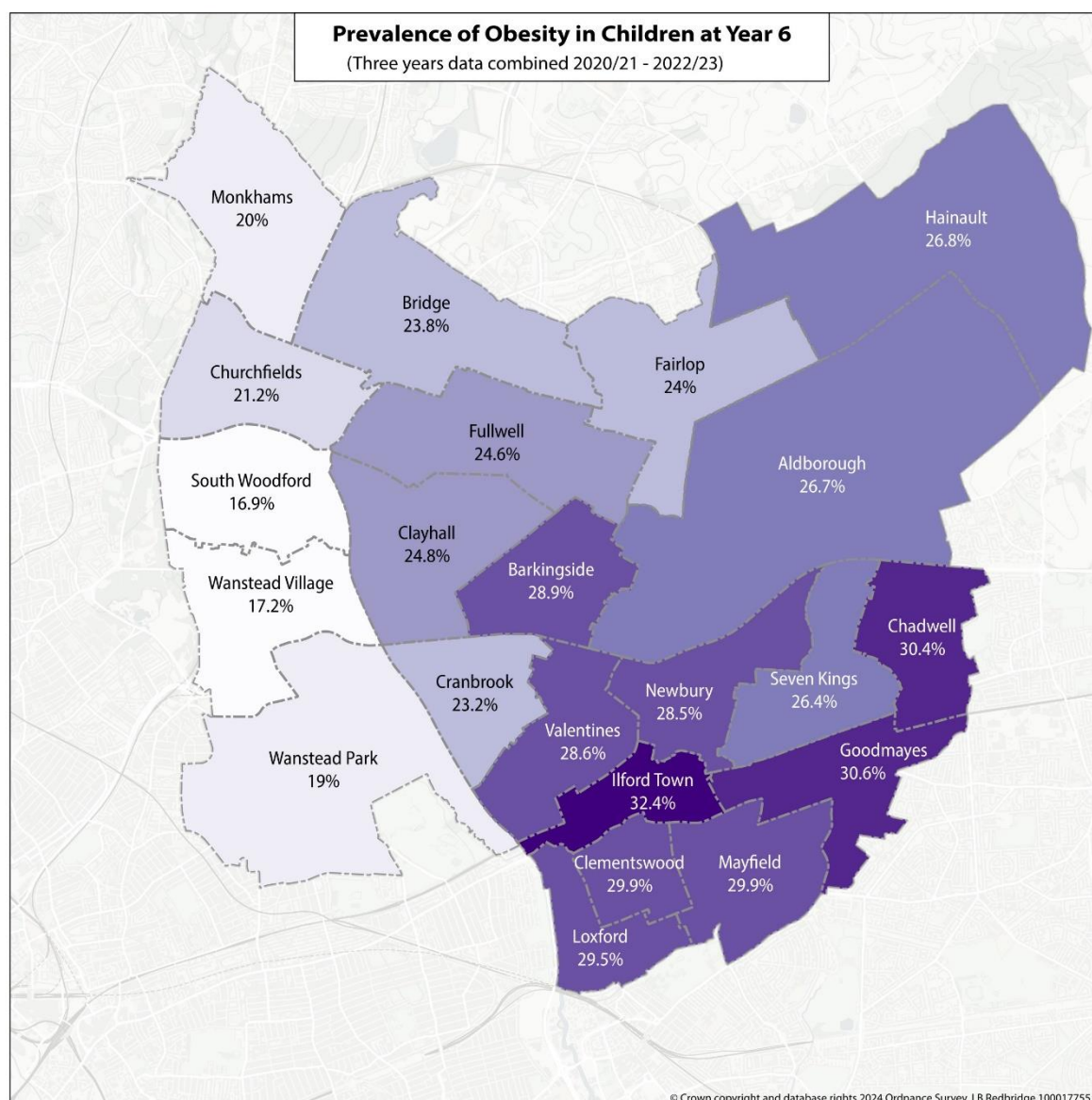
The prevalence in Year 6 has increased faster in Redbridge than London and England with 26.7% of children in Year 6 obese compared to 22.7% nationally. Redbridge has the 33rd highest prevalence of

¹⁸⁷ OHID Fingertips

¹⁸⁸ OHID Fingertips

all local authorities.¹⁸⁹ There are four NEL boroughs with higher rates (Barking and Dagenham [31.7%], Newham [29.9%], Tower Hamlets [28.0%] and Hackney [27.0%]). The prevalence of obesity is not evenly distributed across the borough with much higher prevalence's seen in the south and east (**figure 26**). Redbridge developed the Obesity Strategy 2020-25 and subsequent action plan. This is discussed in more depth on in the [Obesity, Weight Management and Exercise on Referral Section](#).

Figure 26: Prevalence of obesity in Redbridge children at Year 6 by electoral ward. **South and southeast Redbridge has higher rates of childhood obesity compared to the west of the borough.**¹⁹⁰



Recommendation 55: Redbridge Partners to ensure successful implementation of the Obesity Strategy and action plan and consider options to implement further Tier 2 options for CYP and input to the development and commissioning of a NEL Tier 3 weight management service for CYP

¹⁸⁹ OHID Fingertips

¹⁹⁰ OHID Fingertips

Mental Health

The mental health of our children is of paramount importance to the overall health of the borough both now and for the future. The Mental Health of Children and Young People (MYCYP) survey has shown that the prevalence of probable mental health disorders in children is very high. In 2023 1 in 5 children aged 8 to 16 years old were estimated to have a probable mental health disorder based on their responses. Rates were higher for those aged 11-16 compared to those aged 8-10 and remained relatively stable through to 25. Importantly the prevalence of probably mental health disorder by gender were similar for those aged less than 16, however from 17 to 25 the prevalence in women was greater than double that of men.¹⁹¹

In terms of future health the prevalence of probable mental health disorder in children is associated with increases of factors that are known to negatively affect long-term health and wellbeing factors such as sleep, exercise and education. In the most recent MYCYP survey children with a probable mental health disorder were 7 times more likely to miss 15 or more days of school across a single term and almost 4 times more likely to have done no exercise in the previous 7 days.¹⁹²

Estimating the local burden of childhood mental and emotional health disorders is difficult. At the most severe end of the spectrum hospital admissions for mental health conditions and admissions due to self-harm amongst children and young people in Redbridge are fortunately significantly lower than the England averages and have been each year over the past decade. However, emergency admissions data only represent the most severe end of self-harm events and therefore do not provide a full picture of self-harm episodes locally. LBR released a new 5-year Suicide Prevention Strategy 2023 – 2028 in 2023, this is covered further in the [Adult Long-term Conditions Section](#).

Table 6: Hospital admissions due to mental health conditions and self-harm in Redbridge, London and England 2022-23¹⁹³

	Age	Redbridge	London	England
Admissions due to mental health conditions per 100,000 (2022/23)	< 18 years old	45.6	61.7	80.8
Admissions due to self-harm per 100,000 (2022/23)	10-14 years old	69.6	124.4	251.2
	15-19 years old	177.2	256.6	468.2
	20 – 24 years old	77.6	104.6	244.4

A range of factors increase the risk that a child will experience worse emotional and mental health or wellbeing. One such factor is being a child in care. Redbridge has a lower rate of children in care (41 per 10,000) than London (51 per 10,000) or England (70 per 10,000).¹⁹⁴ However since 2020/21 the rate of children in care has increased from 31 per 10,000 locally with no similar increases seen at the regional level.¹⁹⁵

¹⁹¹ [Part 1: Mental health - NHS Digital](#)

¹⁹² [Part 3: Education, services and support - NHS Digital](#)

¹⁹³ OHID Fingertips

¹⁹⁴ OHID Fingertips

¹⁹⁵ OHID Fingertips

In Redbridge the proportion of children in care whose emotional wellbeing is a cause for concern is 32% which is similar to the London (33%) and England (37%) proportion with no specific trend in rate of concern over the past decade.¹⁹⁶

In 2021, NCEL undertook a CAMHS Strategic Health Needs Assessment¹⁹⁷ which highlighted that Redbridge had the lowest average spend on CAMHS services and the lowest proportion of children and young people receiving CAMHS treatment in 2019/20. This may represent differences in need, but likely to represent differing levels of investment and service models.

In Redbridge (2.4%) the proportion of school age pupils with SEN support in place identified as having a social, emotional or mental health need as their primary type of need is significantly lower than the London (2.8%) or England (3.3%).¹⁹⁸ This could reflect a reduced prevalence of SEN within the borough or, reduced identification of those in need of assistance.

Recommendation 56: Redbridge Partners to ensure CAMHS capacity meets the needs of the local population

¹⁹⁶ OHID Fingertips

¹⁹⁷ [CAMHS-SHNA-final-report.pdf \(northeastlondonhcp.nhs.uk\)](#)

¹⁹⁸ OHID Fingertips

Adults

Disease Prevention

NHS Health Check

All adults aged 40-74 are eligible to receive an NHS Health Check once every 5 years to assess their risk of cardiovascular disease (CVD). Following review of blood tests and body measurements recipients are given an estimate of their ten-year risk of having a heart attack or stroke or of developing type 2 diabetes. The risk assessment allows the initiation of risk factor management to reduce subsequent risk of poor outcomes. Recent investigation of NHS Health Check outcomes has suggested a reduction in all-cause mortality associated with the programme of 23% (19-28%) within 5 years of the check.¹⁹⁹

Redbridge has very high levels of NHS Health Check invites compared with both London and England averages. In the 5-year period between 2018 – 2023 96% of the eligible population in Redbridge received an invitation, compared to 71% across London and 65% in England.²⁰⁰ Unfortunately compared to other regions the proportion of those that receive an invitation and subsequently take up the offer in Redbridge is relatively low, with just 38% of those in Redbridge receiving an invite subsequently receiving a Health Check compared to 48% in London and 42% nationally.²⁰¹

The combination of high invitation percentage and low take up of invitation amongst the population results in Redbridge still achieving a significantly higher proportion of the eligible population receiving an NHS Health Check. In total between 2018-2023 36.1% of the eligible population received a Health Check compared with 34% in London and 27% in England.²⁰²

Recommendation 57: Redbridge Partners should continue the very high level of NHS Health Check programme invitation and investigate evidence based methods to increase take-up following invitation across the local population

As described in subsequent sections, 71% of Redbridge GP surgeries have a prevalence of diabetes among those younger than 40 higher than the national average and the impact of cardiovascular disease in Redbridge in terms of admissions for both coronary heart disease and heart failure is significantly higher than the national average.

Recommendation 58: Redbridge Partners to continue to explore evidence associated with NHS Health Check programme expansion beyond statutory minimum and establish opportunities to expand the NHS Health Check programme offer where appropriate

Cancer Screening

Adult cancer screening pathways have been developed nationally to enable earlier detection of cancer in high-risk populations allowing earlier initiation of management. At present there are 3 active screening programmes for breast, cervical and colorectal cancer.

¹⁹⁹ McCracken, C., Raisi-Estabragh, Z., Szabo, L. *et al.* NHS Health Check attendance is associated with reduced multiorgan disease risk: a matched cohort study in the UK Biobank. *BMC Med* **22**, 1 (2024).

<https://doi.org/10.1186/s12916-023-03187-w>

²⁰⁰ OHID Fingertips

²⁰¹ OHID Fingertips

²⁰² OHID Fingertips

Screening programme delivery is commissioned by NHS partners with NHS NEL providing the service in Redbridge. NEL Cancer Alliance working group are responsible for the development of interventions to improve cancer screening rates.

Table 7: Local, regional and national proportion of eligible population receiving screening²⁰³

	Redbridge coverage	London coverage	England coverage
Cervical			
25-49 years old	56.4%	58.0%	65.8%
50 – 64 years old	71.6%	70.7%	74.4%
Breast			
50 – 70 years old	58.9	55.8%	66.2%
Colorectal			
60-74 years old	63.0%	63.5%	72.0%

Cervical Cancer

Cervical cancer screening is available to all women and people with a cervix in England between the ages of 25 to 64. Individuals are invited to receive a screening examination every 3 years between 25 and 49 years of age and every 5 years between 50 and 64.

As **table 7** shows in Redbridge the rate of coverage for both 25 – 49 year olds and 50 to 64 year olds is significantly lower than the London or England averages. There has been a steady fall in the proportion of those in Redbridge, London and England receiving screening, but this trend has been greater in Redbridge (**figure 27**).²⁰⁴

²⁰³ OHID Fingertips

²⁰⁴ OHID Fingertips

Figure 27: Trends in Cervical Cancer screening uptake, Redbridge, London and England 2010 – 2023. There has been a steady decline in cervical cancer screening uptake across England including in Redbridge.²⁰⁵



Breast Cancer

Breast Cancer screening is offered every three years to anyone between the ages of 50 and 71 registered with their GP as female. Redbridge (58.9%) has the 3rd highest uptake of Breast Cancer screening in NEL and has a significantly higher uptake than the London region average (55.8%). However, this remains substantially lower than the England average (66.2%).

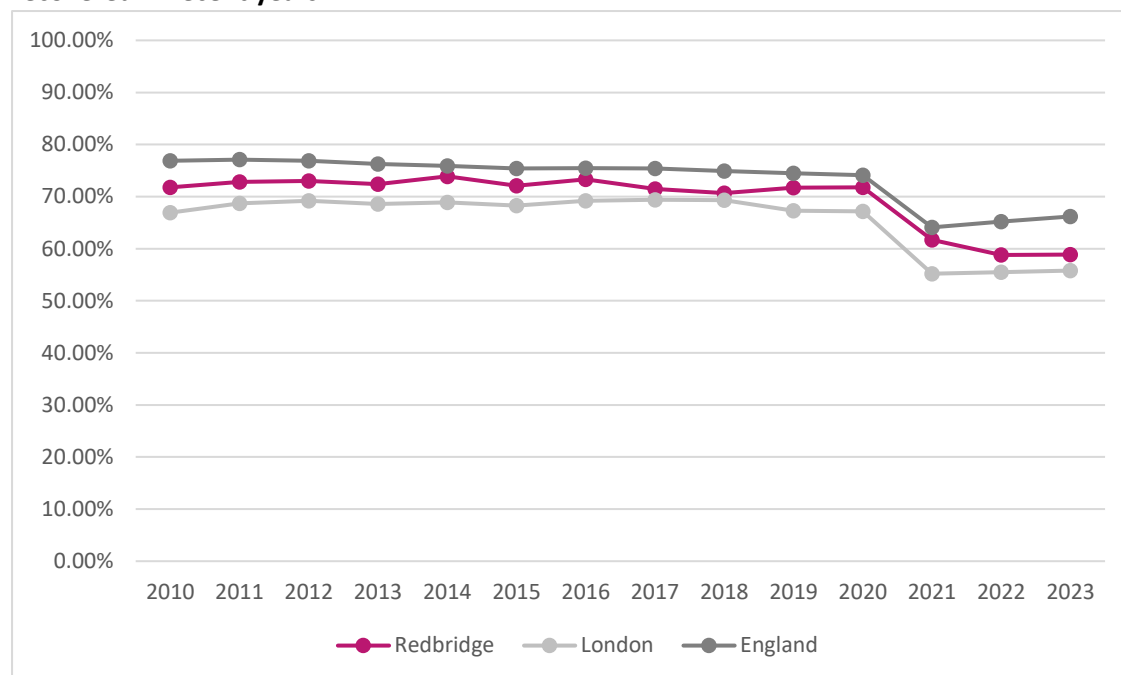
Between 2010 and 2020 rates of uptake remained steady at a national, regional and local level. However there has been a substantial drop in uptake across the country since the pandemic that has not recovered (**Figure 28**).

Fortunately over the past 20 years Breast Cancer mortality rates have been falling across the country with this trend repeated in Redbridge where mortality has dropped from 48.7 per 100,000 in 2001-03 to 29.6 per 100,000 in 2020-22. The rate in Redbridge are similar to the London (30.7 per 100,000) and England (31.3 per 100,000) rates.²⁰⁶

²⁰⁵ OHID Fingertips

²⁰⁶ OHID Fingertips

Figure 28: Trends in Breast Cancer screening uptake, Redbridge, London and England 2010 – 2023. There was a substantial drop in breast cancer screening uptake during the pandemic that has not recovered in recent years.²⁰⁷



Following the substantial decline in breast cancer screening uptake during the pandemic the LBR and partners have opened a new screening site in Ilford in January 2024. This was identified as a key priority as there was no local screening location leading to significant journey times for Redbridge residents.

Colorectal Cancer

Colorectal (bowel) cancer screening is offered every two years to everyone aged 60 to 74 years old in England. The uptake of bowel cancer screening has steadily increased at a national, regional and local level as shown in **figure 29**. The uptake of screening in Redbridge (63.0%) is similar to London (63.5%) but remains significantly below the England level (72.0%).²⁰⁸

²⁰⁷ OHID Fingertips

²⁰⁸ OHID Fingertips

Figure 29: Trends in Bowel Cancer screening uptake, Redbridge, London and England 2010 – 2023.
Bowel cancer screening has improved in all areas. Redbridge has lower rates than England.²⁰⁹



Despite low levels of screening uptake compared to the national picture, Redbridge has low levels of colorectal mortality. For 2020-22 data the colorectal mortality rate across all ages was 20.6 per 100,000 in Redbridge, similar to 22.9 per 100,000 in London and significantly better than the 25.7 per 100,000 rate for England as a whole.²¹⁰

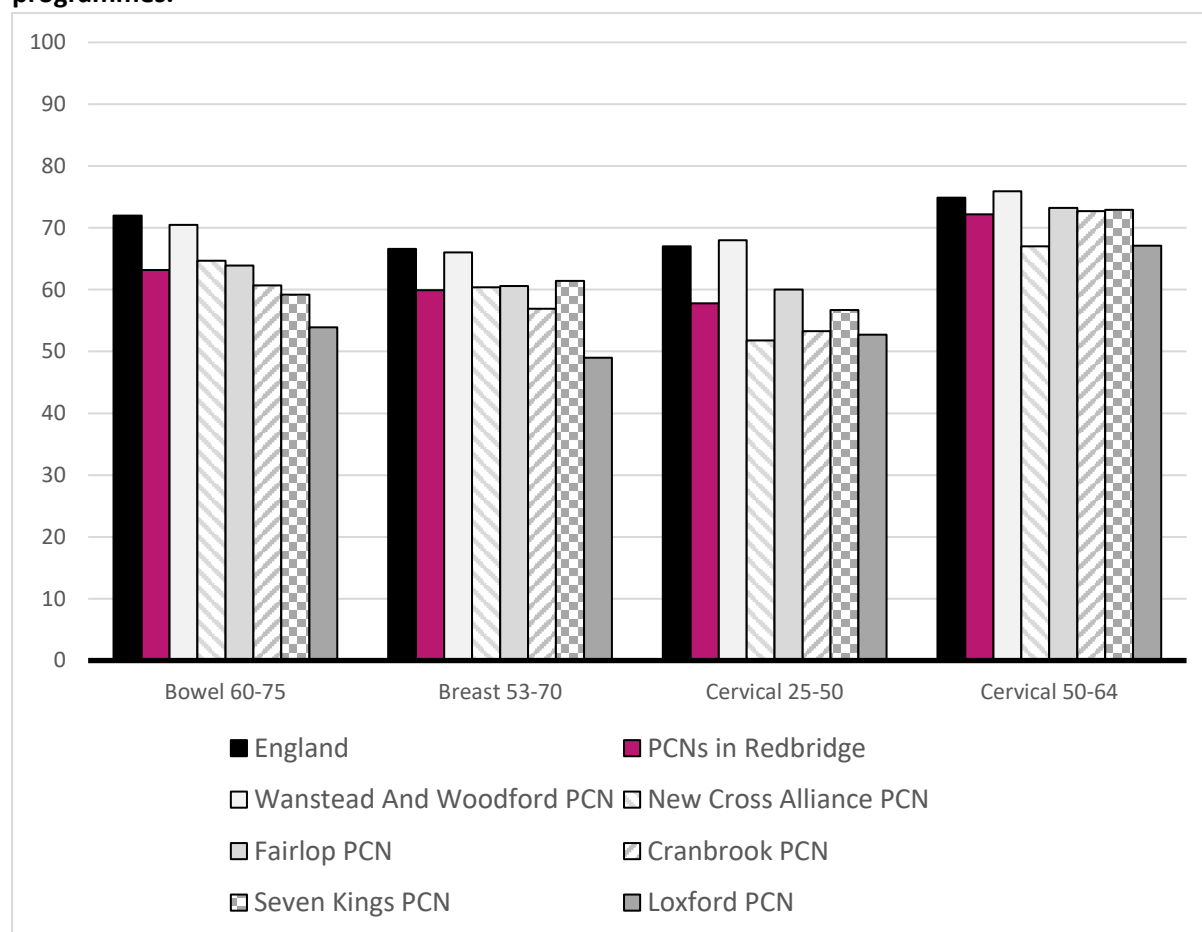
In Redbridge there is variation across each PCN with regards to what proportion of the eligible population takes up screening (**figure 30**) highlighting areas that would benefit from increased focus for intervention ([Appendix 1 for map of PCN locations](#)). Across all four screening populations with data available Wanstead and Woodford PCN has consistently higher rates than the other PCNs and similar rates to the national picture. Loxford PCN has lower rates than the national average across all four eligible populations.²¹¹

²⁰⁹ OHID Fingertips

²¹⁰ OHID Fingertips

²¹¹ OHID Fingertips

Figure 30: Uptake of screening (%) across bowel, breast and cervical screening programmes by PCN. Programme uptake is higher in Wanstead and Woodford and lower in Loxford for all screening programmes.²¹²



Recommendation 59: Redbridge Partners should focus on improving the uptake of adult screening programmes with specific focus towards those areas with the lowest current uptake.

Adult Vaccination

Vaccinations are not only provided as part of the childhood immunisation programme. From 65 years of age all adults are eligible to receive a one off pneumococcal and shingles vaccination and yearly influenza vaccinations. **Table 8** shows that Redbridge generally has relatively better adult vaccination coverage compared to the London region. However, England has higher rates of coverage for pneumococcal and influenza vaccinations. For all three vaccinations Redbridge is not achieving the specified coverage goal.

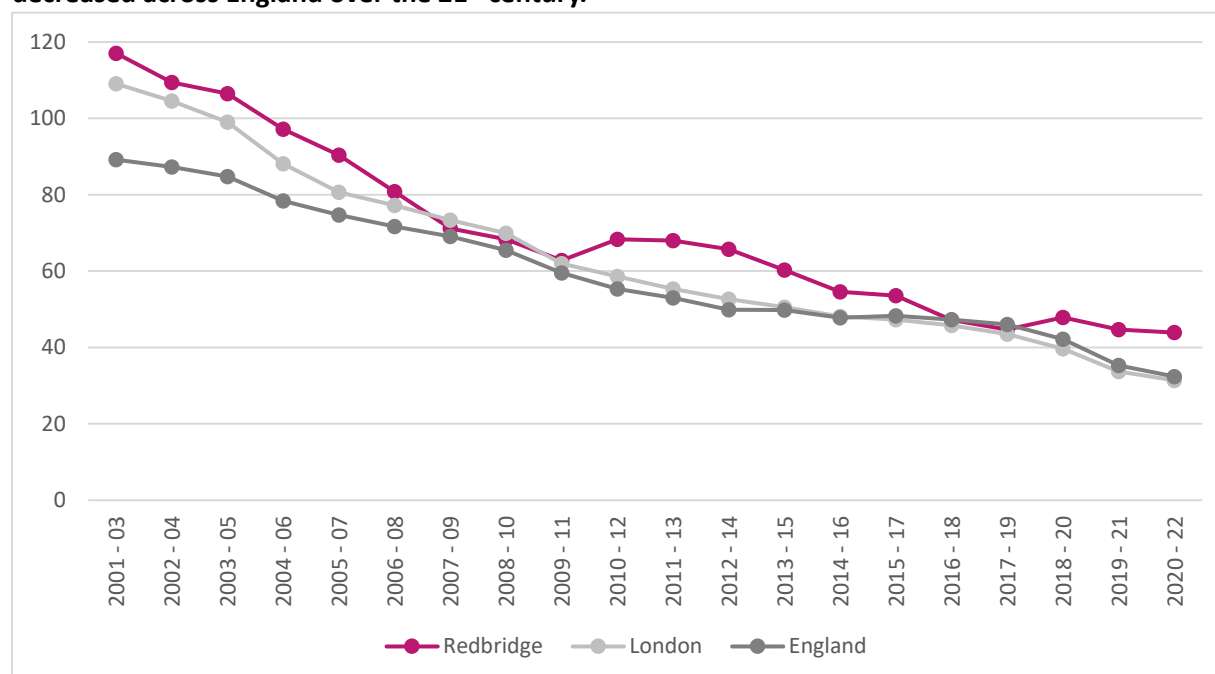
²¹² OHID Fingertips

Table 8: Routine adult vaccination rates for Redbridge, London, England²¹³

Vaccine	Redbridge	London	England
Pneumococcal (PPV) Aged 65 and over 2020/21 Goal = >75% coverage	68.2%	66.1%	70.6%
Shingles Coverage at 71 years old 2021/22 Goal = >50% coverage	43.0%	40.3%	44.0%
Influenza Aged 65 and over 2022/23 Goal = >75% coverage	70.9%	68.3%	79.9%

Redbridge (43.9 per 100,000) had higher rates of mortality from influenza and pneumonia compared to the London (31.4 per 100,000) and England (32.4 per 100,000) across 2020-2022.²¹⁴ As **figure 31** shows there has been a substantial decrease in the rate of mortality associated with these respiratory diseases, although Redbridge has regularly had a higher rate than England. Whilst rates of influenza and pneumococcal vaccination have remained stable nationally over the past decade there have been improvements in the medical care of those with pneumonia in recent years.²¹⁵

Figure 31: Directly age-standardised mortality rate from influenza and pneumonia per 100,000 population in Redbridge, London and England from 2001 – 2022. Flu and pneumonia deaths have decreased across England over the 21st century.²¹⁶



²¹³ OHID Fingertips

²¹⁴ OHID Fingertips

²¹⁵ *British Thoracic Society National Audit Report: Adult Community Acquired Pneumonia Audit 2018-2019*
National Audit Period: 1 December 2018 – 31 January 2019. Professor Wei Shen Lim and Dr Hannah Lawrence

²¹⁶ OHID Fingertips

Sexual Health

Generally Redbridge has relatively low diagnosis rates of sexually transmitted infections (STI) compared to London. The local diagnosis rate of STIs depends on both the real prevalence of the infection in the community and the likelihood that residents are tested. Reduction in the underlying prevalence of STIs in the community occurs through the promotion and uptake of safer sex practices such as use of condoms, alongside regular testing for those with new sexual partners. Many STIs remain asymptomatic whilst still being transmissible to others and therefore a large aspect of STI prevention is active screening at points of contact with the healthcare system.

Human Immunodeficiency Virus (HIV)

In recent years all patients receiving blood investigations in the Emergency Departments (ED) of London's hospitals have been offered HIV, Hepatitis B and Hepatitis C screening tests.

Redbridge has a relatively low rate of HIV diagnosis compared to London with 8.1 new diagnoses per 100,000 compared to 15.5 for London as a whole. This is similar to the England average (6.7 per 100,000).²¹⁷ Unfortunately 50% of new diagnoses in Redbridge between 2020 and 2022 were late diagnoses²¹⁸, a proportion significantly higher than the London (39.4%) and England (43.3%) averages.²¹⁹

Syphilis

London has much higher rates of syphilis than other regions of the country, with a regional rate in 2022 (44.9 per 100,000) three times higher than the North East (14.8 per 100,000) the next highest region.²²⁰ Within London, Redbridge has relatively low rates of syphilis (21.3 per 100,000), however it has increased significantly over the past year from 11.9 per 100,000.²²¹

Chlamydia and Gonorrhoea

Redbridge has significantly lower rates of diagnosed chlamydia, gonorrhoea and other sexually transmitted infections than both London and England (**Table 9**). STI rates are associated with the age of the population and Redbridge has a significantly lower population aged 20 – 40 years old compared to London as a whole, but more than England generally.

It is important to consider the screening rate in the population and in 2022 Redbridge had the lowest proportion of females aged 15 to 24 screened in London. In total 12% of Redbridge 15-24 year old women were screened, compared to 26.6% for London and 21.2% for England.²²²

²¹⁷ OHID Fingertips

²¹⁸ HIV late diagnosis is defined as: adults (aged 15 years or more) newly diagnosed with HIV with a CD4 count less than 350 cells per mm³ within 91 days of diagnosis

²¹⁹ OHID Fingertips

²²⁰ OHID Fingertips

²²¹ OHID Fingertips

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Table 9: Rates of diagnosis (per 100,000 population) for chlamydia, gonorrhoea and combined sexually transmitted infections²²³

Diagnosis	Redbridge (per 100,000) [rank of London boroughs inc City]	London (per 100,000)	England (per 100,000)
Chlamydia (15-24 year old women)	1,153 [33 rd]	2,137	2,110
Gonorrhoea	127 [27 th]	383	146
Sexually Transmitted Infections (excluding chlamydia)	445 [30 th]	1,171	496

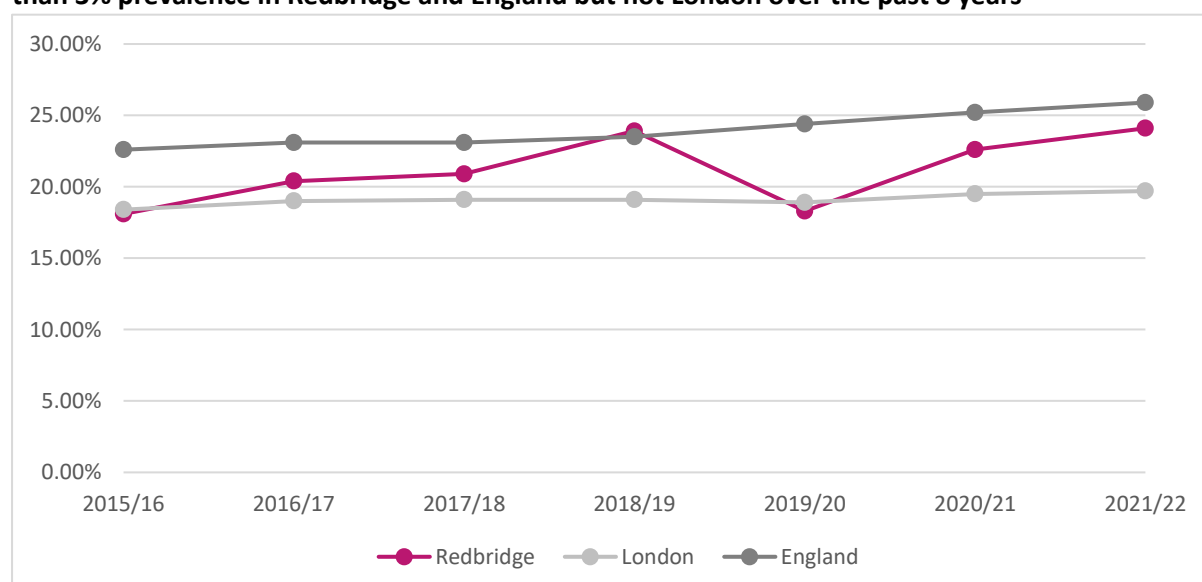
LBR and NHS partners are currently updating the local Sexual Health Strategy which will set the vision, plan and priority areas for the next three years as part of a new Sexual Health Strategy Group developed to increase joint decision making.

Recommendation 60: Redbridge Partners to continue to develop and implement the new Sexual Health Strategy

Obesity, Weight Management and Exercise on Referral

Since 2015/16 the proportion of Redbridge adults identified as obese through the Active Lives Adult Survey has increased substantially from 18.1% to 24.1%, **figure 32**.²²⁴ Based off Census 2021 population figures²²⁵ this suggests that there are more than 14,000 more adults classified as obese in Redbridge in 2021/22 compared with 2015/16.

Figure 32: Percentage (%) of adults classified as obese (BMI > 30kg/m2). Obesity has risen by more than 3% prevalence in Redbridge and England but not London over the past 8 years²²⁶



²²³ OHID Fingertips

²²⁴ OHID Fingertips

²²⁵ Census 2021. Redbridge population aged 18 or over = 233,666

²²⁶ OHID Fingertips

The underlying causes of obesity result from a complex connection of many social systems covering all aspects of the community and therefore strategies require a whole systems approach to enact change. LBR and partners developed the Obesity Strategy 2020-25 to integrate a whole systems approach to tackling obesity locally. The strategy set out 5 key priorities for intervention:

1. Obesogenic environment
2. Physical activity
3. Individual psychology and mental health
4. Individual and family dietary habits
5. Food and cooking knowledge and skills

As discussed in the [Activity Section](#) a new Physical Activity Strategy is currently in the process of development to target priority area 2m whilst priority areas 1, 4 and 5 are discussed in the [Diet Section](#).

All Redbridge residents are eligible for Tier 1 Weight Management opportunities delivered in the local area which include access to free cycling confidence training; funding through Fit for Fun for small groups to undertake regular exercise together; and, wellbeing walks in the borough.

LBR commissions the delivery of a Tier 2 Weight Management programme in combination with Exercise on Referral (EoR) to provide structured exercise interventions for eligible residents in the borough.

Additional weight management and exercise interventions are commissioned by the NHS and are available to Redbridge residents through their General Practice. These additional programmes are the NHS Diabetes Prevention Programme for those with pre-diabetes, the NHS Type 2 Path to Remission for those with newly diagnosed Type 2 diabetes and the NHS Digital Weight Management programme for those with both obesity and another co-morbidity associated with increased cardiovascular risk.

Recommendation 61: Redbridge Partners to deliver the action plan associated with the Obesity Strategy 2020-2025

Long-term conditions

Multimorbidity

As life expectancy has increased and the population has aged an increasing proportion of the population are living with multiple long-term health conditions, multi-morbidity. Multi-morbidity poses unique challenges to the patient, their clinician, and the health system as a whole due to the increased complexity created by the interaction between each condition and the patients wellbeing.

Unfortunately, there is no available data for the prevalence or distribution of multi-morbidity in Redbridge, NEL or London as a whole. Across England the adult population prevalence of multi-morbidity was 27.2% in 2018, pre-pandemic with rates increasing significantly with increasing age.²²⁷

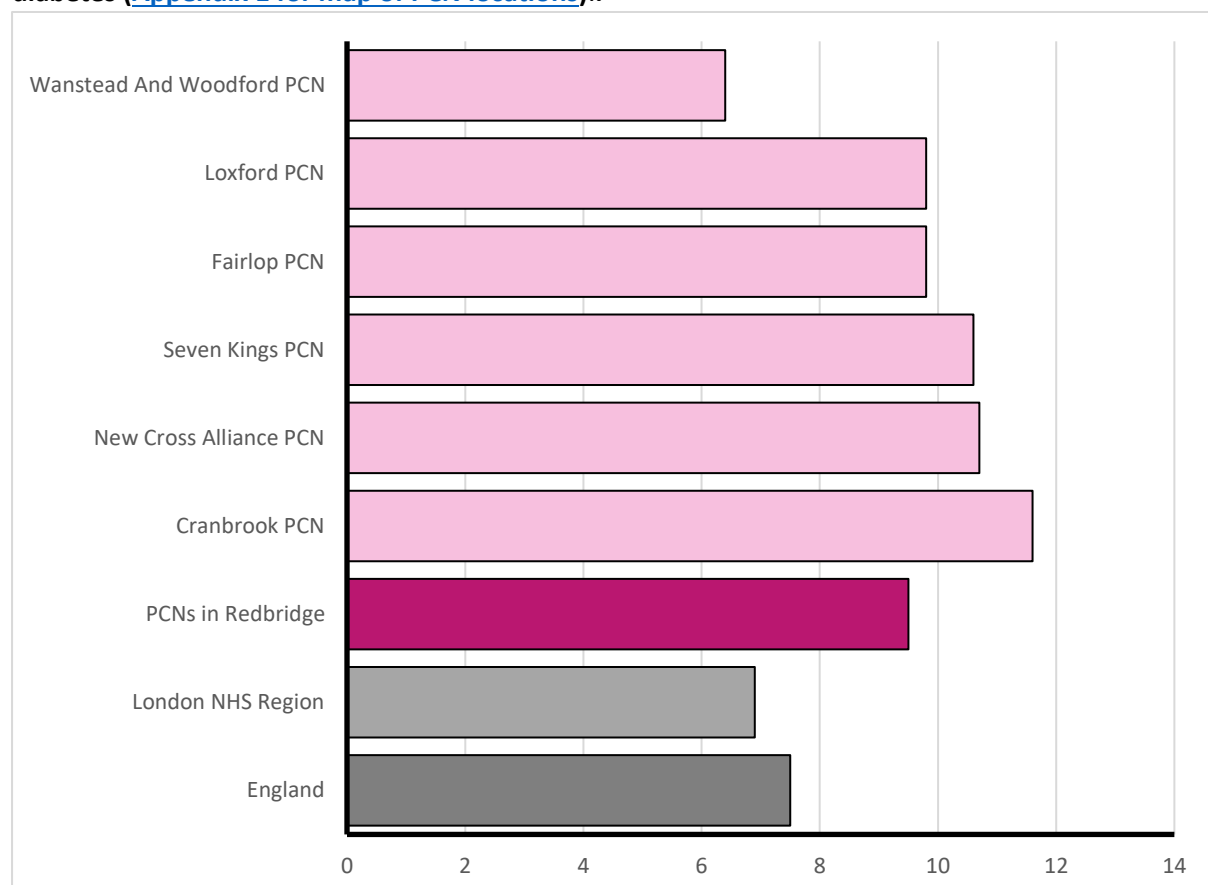
²²⁷ <https://cks.nice.org.uk/topics/multimorbidity/background-information/prevalence/>

Recommendation 62: Redbridge Partners to review the current health needs of the local population in relation to multimorbidity and establish a robust action plan for improving the local care pathways for those with multiple conditions

Diabetes

The prevalence of diabetes in Redbridge is very high (9.5%), significantly greater than the NEL ICB (7.9%), London (6.9%) and England (7.5%) averages.²²⁸ 5 Redbridge PCNs are in the top 25 London PCNs (198 total) with the highest prevalence of Diabetes in the capital. Overall there are over 20,000 individuals with Diabetes in Redbridge.²²⁹

Figure 33: Prevalence of Diabetes, measured by Quality and Outcomes Framework, in Redbridge PCNs, London NHS Region and England. Redbridge has higher rates of diabetes than London or England. Cranbrook, New Cross Alliance and Seven Kings PCNs have the highest prevalence of diabetes ([Appendix 1 for map of PCN locations](#))..²³⁰



Unfortunately, there is no available data for the proportion of Type 2 diabetics that are under 40 years old at a borough or PCN level. Regionally the NEL average (6.9%) is higher than the London (5.5%) and England (4.4%) averages. In Redbridge, most (71%) GP practices have a higher proportion of those with T2DM that are under 40 than the England average.²³¹

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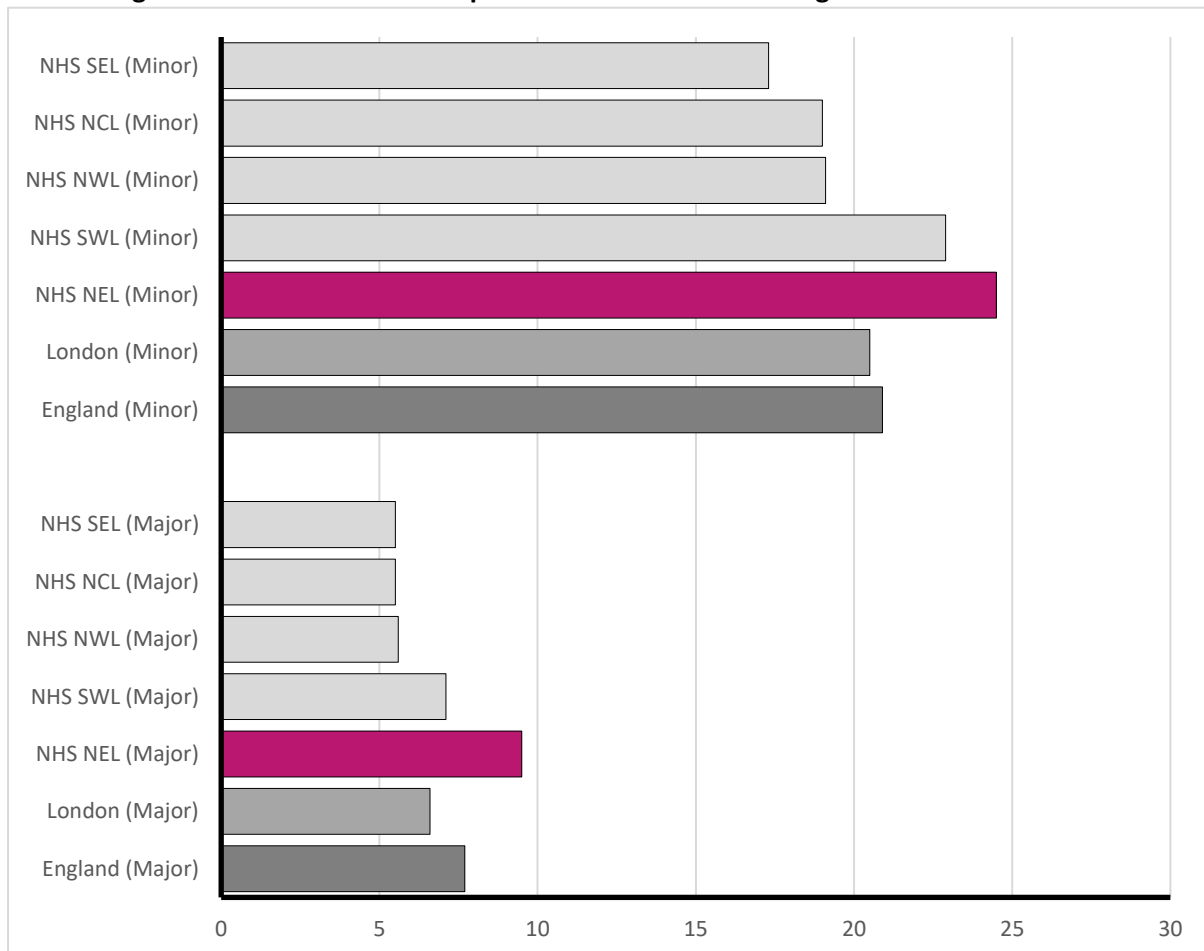
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²³¹ OHID Fingertips

The evidence of impact associated with this high prevalence is only available at ICB level with NHS NEL having the highest rate of major and minor lower-limb amputations in London and significantly worse rates than England for both measures as shown by **figure 33**.²³²

Figure 34: Rate of lower-limb amputations (major and minor) by London ICB, London and England. NEL has higher rates of lower-limb amputations than London or England.²³³



Recommendation 63: Redbridge Partners to audit the referral of residents to NHS Diabetes and Weight Management programmes and develop an action plan for improved uptake and outcomes.

²³² OHID Fingertips

²³³ OHID Fingertips

Cardiovascular Disease (CVD)

Diagnosis

Despite the high rates of obesity and diabetes, Redbridge has relatively low rates of Coronary Heart Disease (CHD), Heart Failure and hypertension compared to England (**table 10**). There is no age standardisation of the population prevalence in this data and therefore the lower prevalence could represent the lower average age of Redbridge compared to England as a whole, as those with increased age have an increased risk of CVD.²³⁴

Despite a comparatively low prevalence, there remain over 27,000 individuals with a diagnosis of hypertension in the borough.²³⁵

Management

Within NHS NEL the available figures for appropriate treatment are reassuring with higher than national levels of managed hypertension in those with CHD, appropriate pharmacological management for those with CHD and appropriate pharmacological management for those with Heart Failure.²³⁶

Impact

The severity and impact of these diseases is high. In 2022/23 directly standardised hospital admission rates²³⁷ for coronary heart disease in Redbridge were significantly higher than England. Redbridge has the 5th highest rate in London and the 21st highest rate in England. The hospital admission rate for heart failure in Redbridge is also significantly higher than the rate for England. Fortunately, Redbridge has significantly lower rates of admission due to stroke compared to England.

Under 75 mortality rates in Redbridge from circulatory diseases, ischaemic heart disease, stroke are similar to London and England averages.

Table 10: Prevalence, admissions and mortality associated with cardiovascular diseases in Redbridge, London and England²³⁸

Indicator	Redbridge	London	England
Prevalence			
2022/23 (% of GP population)			
Coronary Heart Disease	2.1%	1.9%	3.0%
Heart Failure	0.5%	0.6%	1.0%
Hypertension	11.7%	10.9%	14.4%
Admissions			
2022/23 (DSR per 100,000)			
Coronary Heart Disease	514	n/a	387
Heart Failure	191	n/a	170
Stroke	130	n/a	168

²³⁴ [Risk Factors for CVD. National Institute for Health and Care Excellence \(NICE\). 2023](#)

²³⁵ OHID Fingertips

²³⁶ OHID Fingertips

²³⁷ *Direct standardisation is a statistical method allowing comparison between areas with different age and sex population structures*

²³⁸ OHID Fingertips

Mortality (under 75 years old) 3 year average 2020-22 (DSR per 100,000)			
Circulatory Disease	75.2	74.6	76.0
Ischaemic Heart Disease	44.0	38.4	40.6
Stroke	13.0	13.2	12.6

There are many risk factors for the development of CVD. Non-modifiable factors for an increased risk of CVD include increasing age, male sex, and South Asian or Black ethnicity compared to White ethnicity. The main individual modifiable risk factors include smoking, diet, physical inactivity, obesity and alcohol intake.²³⁹ Environmental risk factors for CVD include air pollution.

LBR and the NHS are currently working in collaboration with other partners on a new programme focussed on reducing the impact of inequalities on cardiovascular disease by improving the clinical access, experience and outcomes for black and Asian communities.²⁴⁰

Recommendation 64: Redbridge Partners to continue to target interventions reducing the prevalence and impact of modifiable risk factors for cardiovascular disease

Respiratory Diseases

Asthma, COPD and Lung Cancer

There are more than 11,000 adults with asthma in Redbridge. The prevalence (5.1%) is higher than the NEL (4.8%) and London (4.7%) averages but substantially lower than the average for England as a whole (6.5%).²⁴¹

Due to the comparatively low rates of smoking in Redbridge the rates of Chronic Obstructive Pulmonary Disease (COPD) are low (0.7%) in relation to London (1.0%) and England (1.8%), however this still represents over 1,500 individuals.²⁴² This low prevalence leads to comparatively low directly standardised mortality rates for the borough (27.8 per 100,000) compared to London (39.0 per 100,000) and England (42.8 per 100,000).²⁴³

Lung cancer incidence statistics are not publicly available at the local authority level, however NHS NEL has a lower incidence and mortality rates of lung and lower airway tumours (72.4 per 100,000; 44.5 per 100,000) than England (68.7 per 100,000; 49.6 per 100,000).²⁴⁴

The primary focus of intervention for prevention of COPD and lung cancer are smoking cessation services in the [Tobacco Section](#).

Tuberculosis

Unlike asthma, COPD and lung cancer, the incidence of Tuberculosis (TB) in Redbridge is high. Over the 3 year period 2020 – 2022 Redbridge had the 8th highest incidence of TB in England with a rate of

²³⁹ [Risk Factors for CVD. National Institute for Health and Care Excellence \(NICE\). 2023](#)

²⁴⁰ [NHS Confederation and AstraZeneca health inequalities collaboration agreement | NHS Confederation](#)

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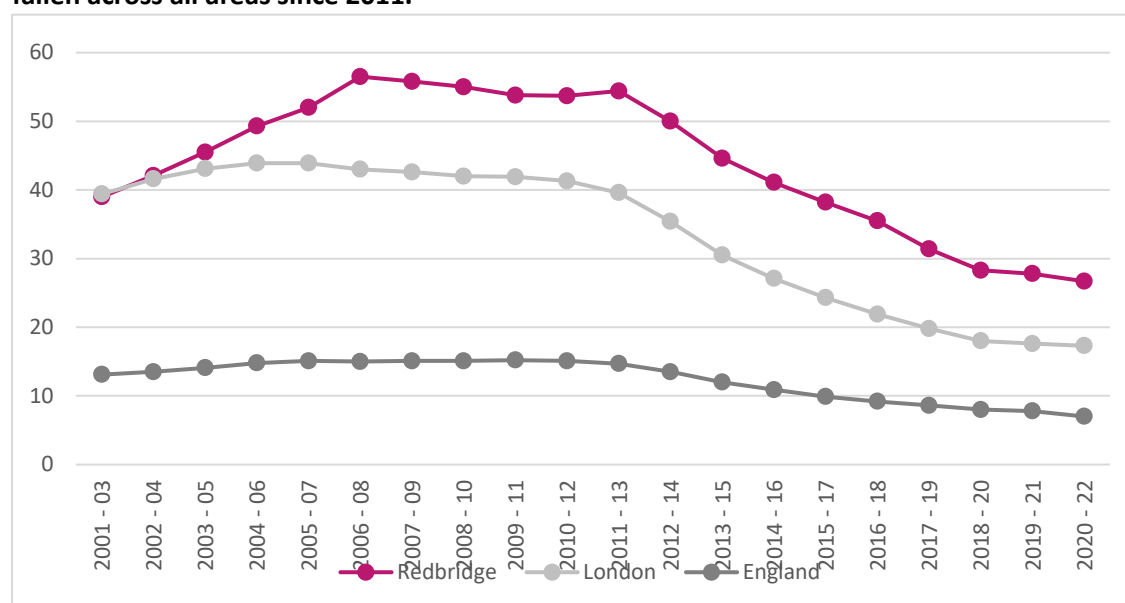
²⁴³ OHID Fingertips

²⁴⁴ OHID Fingertips

26.7 per 100,000.²⁴⁵ This is the 2nd highest rate in NEL after Newham. Fortunately, the TB incidence rate steadily fell between 2010 and 2018 at a local and regional level (**figure 35**), however this decline has slowed significantly in recent years.

Of concern incidence data is not yet available for the years following the pandemic. COVID-19 had a profound impact on the capacity of NHS TB services to undertake normal service and provisional data has suggested an increase in the total number of TB cases in England in 2023.^{246 247}

Figure 35: Tuberculosis incidence (3 year average) per 100,000 in Redbridge, London and England 2001 – 2020. Redbridge has a high incidence of TB compared to regional levels, but TB rates have fallen across all areas since 2011.²⁴⁸



LBR are currently in the process of undertaking a Tuberculosis Needs Assessment to further quantify the local health needs associated with this condition and direct future interventions.

Recommendation 65: LBR to develop the Tuberculosis Needs Assessment and work with partners to enact recommendations

Cancer

The past 20 years has seen a steady decline in the rate of cancer related mortality at local, regional and national levels (**figure 36**). This has been driven by a combination of improvements in the prevention of specific cancers through improved screening and vaccination, reductions in significant risk factors for cancer development and improved early diagnosis and disease-specific treatments

²⁴⁵ OHID Fingertips

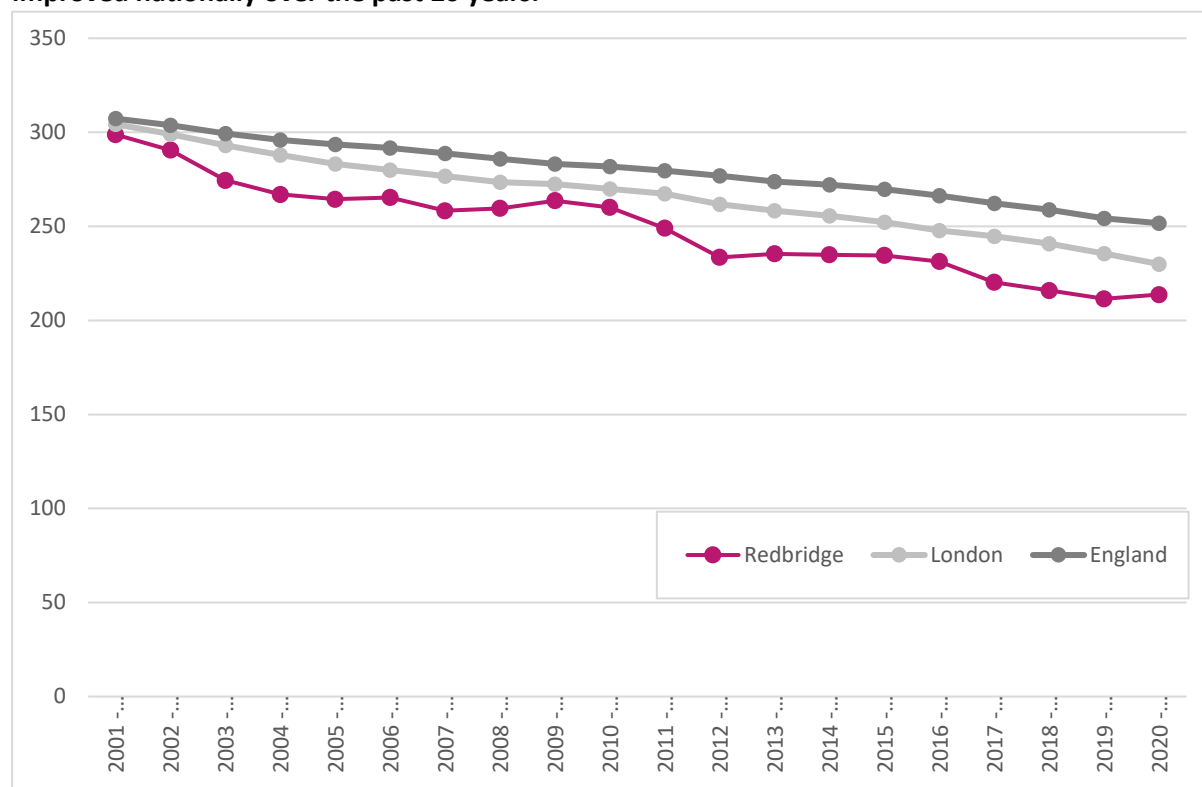
²⁴⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10085874/>

²⁴⁷ <https://www.gov.uk/government/news/tb-cases-rise-in-england>

²⁴⁸ OHID Fingertips

across the timeframe²⁴⁹. In Redbridge, the rate has remained lower than that of London and England every year since 2010.

Figure 36: All age mortality (3-year range, DSR per 100,000) associated with cancer 2001 – 2020. Redbridge has lower impact associated with cancer than other areas. Cancer mortality has improved nationally over the past 20 years.²⁵⁰



With regards to specific cancer diagnoses Redbridge has relatively low mortality rates of cancers associated with tobacco smoking and alcohol consumption.

Table 11: 2020-22 3-year mortality rate for specific cancer diagnoses in Redbridge, London and England.²⁵¹

Cancer	Population	Redbridge (Confidence Interval)	London	England
All	All	213.7 (202.3 – 225.6)	230.0	251.7
Stomach	All	4.1 (2.7 – 6.0)	6.1	5.6
Oesophageal	All	7.3 (5.3 – 9.8)	8.5	11.9
Bladder	All	7.7 (5.7 – 10.3)	7.1	8.7
Colorectal	All	20.6 (17.2 – 24.5)	22.9	25.7

²⁴⁹ [25 year trends in cancer incidence and mortality among adults aged 35-69 years in the UK, 1993-2018: retrospective secondary analysis \(bmj.com\)](#)

²⁵⁰ OHID Fingertips

²⁵¹ OHID Fingertips

Lung	All	33.3 (28.8 – 38.2)	43.3	48.9
Breast	Under 75 women	17.1 (12.9 – 22.2)	17.9	18.3
Prostate	Men	43.2 (35.2 – 52.4)	40.9	44.4

Musculoskeletal Conditions

Whilst not being a leading cause of mortality musculoskeletal (MSK) conditions cause substantial impact on quality of life due to pain and loss of mobility and independence. Low back and neck pain is the largest single cause of disability reported in England and mobility is the largest reported impairment type in the UK.^{252,253} The GP Patient Survey provides information on self-reported chronic MSK conditions and in Redbridge 14.7% of over 16s are estimated to have a long-term MSK problem in 2023.²⁵⁴ This figure is significantly higher than London (13.4%) but lower than England (18.4%) and represents over 30,000 individuals in Redbridge that have reduced quality of life due to chronic MSK conditions.

Mental Health

Mental Health disorders are the third highest (32% of reporters) reported impairment type for those reporting disability in the UK, behind only mobility (47%) and stamina, breathing and fatigue (35%) and is the highest reported amongst those of working age.²⁵⁵ Mental health disorders can affect individuals at any stage of the life course and from any background, however some groups have much higher likelihood of mental health than others with large associations with socioeconomic status, sexual orientation, those with learning disabilities and during the perinatal period. Having a mental health condition also increases the likelihood that an individual will have other risk factors harmful for health such as smoking.

The Annual Population Survey provides information regarding self-reported anxiety. The prevalence in Redbridge is 24.1%, which is similar to London (23.7%) and England (23.3%).²⁵⁶ When applied to the Redbridge adult population from Census 2021 this suggests that there are more than 56,000 adults in Redbridge with anxiety.

Redbridge has a substantially lower prevalence of depression amongst the population (7.1%) registered with GP practices compared to the London (9.5%) and England (13.2%) prevalence.²⁵⁷ Across the country the prevalence of depression has steadily increased over the past decade, but the rate of growth has been slower in Redbridge than elsewhere and started from a lower initial prevalence (**figure 37**). A prevalence of 7.1% represents more than 16,500 adults in Redbridge with a documented diagnosis of depression.

The documented prevalence of depression is directly associated with the likelihood of individuals seeking help from their GPs and therefore will be heavily affected by influences that prevent an individual doing so, such as stigma. The Redbridge Annual Public Health Report 2023/24 and the

²⁵² Global Burden of Disease

²⁵³ [UK disability statistics: Prevalence and life experiences. House of Commons Library. August 2023](#)

²⁵⁴ OHID Fingertips

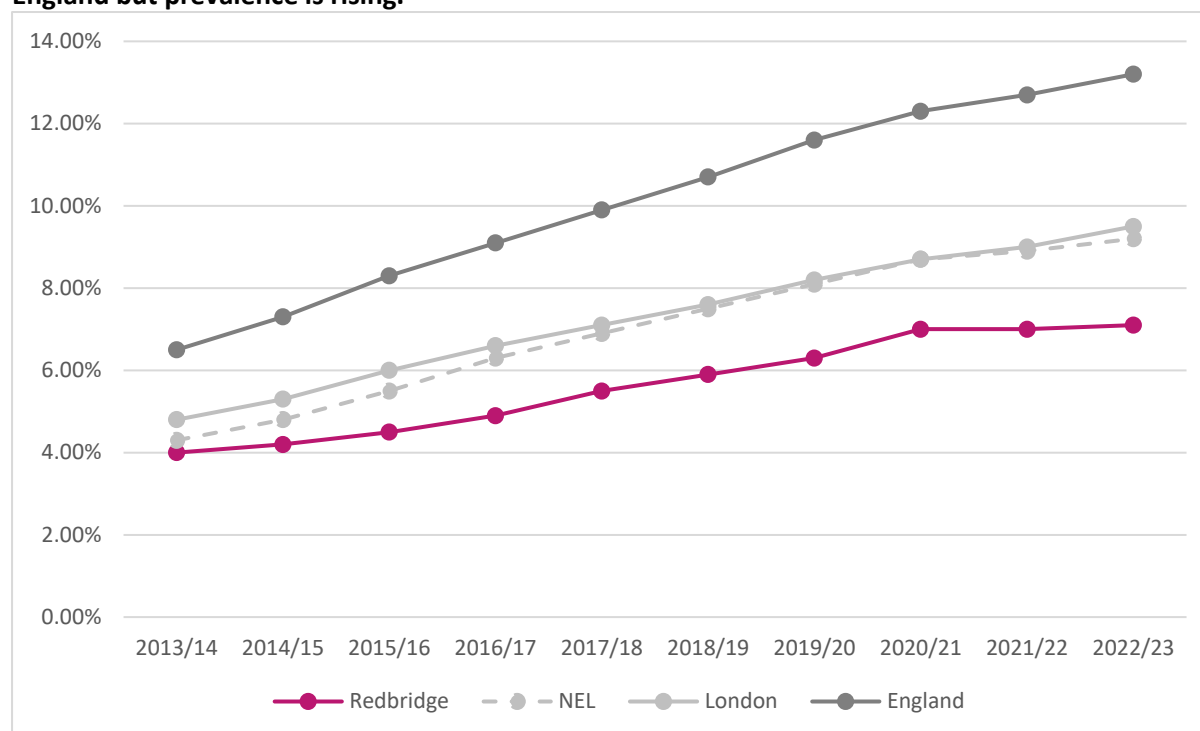
²⁵⁵ [UK disability statistics: Prevalence and life experiences. House of Commons Library. August 2023](#)

²⁵⁶ OHID Fingertips

²⁵⁷ OHID Fingertips

Suicide Prevention Strategy 2023 – 2028 highlight the nature of mental health stigma in the borough and detail an action plan for addressing this.²⁵⁸²⁵⁹

Figure 37: Prevalence of depression (QOF) in GP registrations amongst patients in Redbridge, NEL, London and England. 2013 – 2023. **Redbridge has lower rates of depression than London or England but prevalence is rising.**²⁶⁰



The prevalence of schizophrenia, bipolar affective disorder and other psychoses in Redbridge (0.9%) is lower in 2022/23 than the NEL (1.1%), London (1.1%) and England (1.0%) prevalences with no significant change in recent years.²⁶¹ Therefore roughly 2,000 individuals in Redbridge have a diagnosis of non-depression mental health conditions.

Self-harm and suicide

Redbridge fortunately has a lower rate of emergency hospital admissions for intentional self-harm (47.8 per 100,000) than the London (79.8 per 100,000) and England (163.7 per 100,000).²⁶²

The most severe impacts of mental health disorders are increased mortality due to associated risk factors and death due to suicide. The rate of suicide for 2020-22 in Redbridge (8.6 per 100,000) was similar to the London (6.9 per 100,000) and England (10.3 per 100,000) rates and there has been minimal change to the rate over the past 20 years.²⁶³ The rate of deaths due to drug poisoning is lower in Redbridge (3.5 per 100,000) than the London (5.2 per 100,000) and England (8.1 per 100,000) rates and as **figure 38** shows whilst there have been steady increases in the rate nationally and in London during the past decade the rate in Redbridge has fortunately remained stable.

²⁵⁸ Redbridge Annual Public Health Report: Stigma and its impact on access to services

²⁵⁹ Redbridge Suicide Prevention Strategy 2023 - 2028

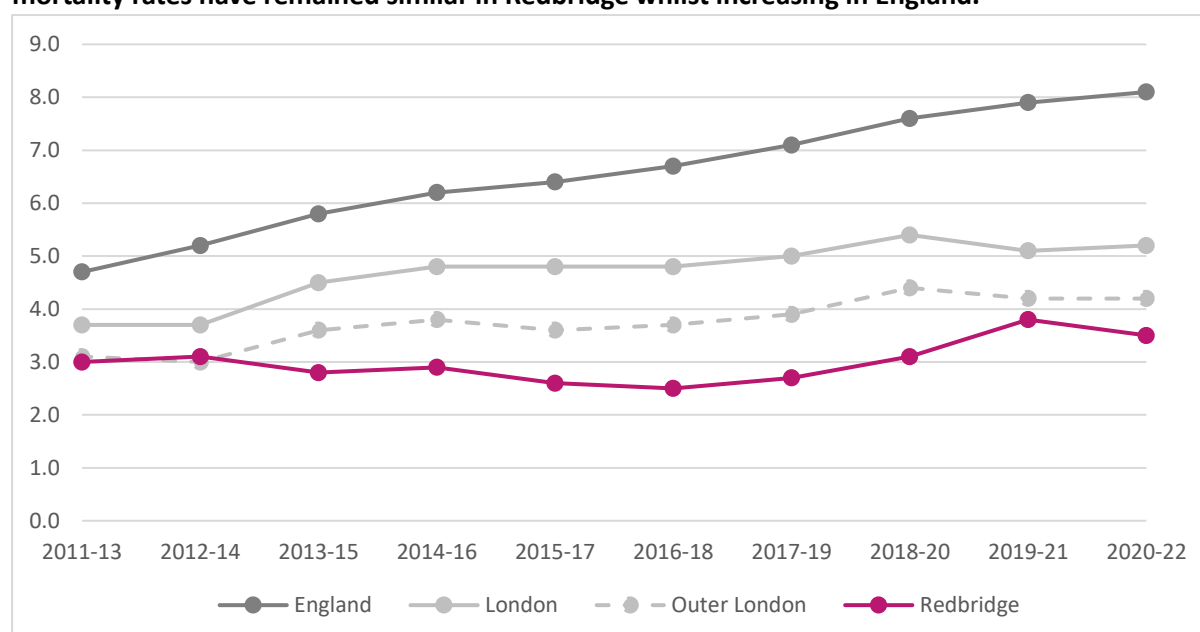
²⁶⁰ OHID Fingertips

²⁶¹ OHID Fingertips

²⁶² OHID Fingertips

²⁶³ OHID Fingertips

Figure 38: Age-standardised mortality rate (per 100,000) (3 year average) for deaths related to drug poisoning, persons. Redbridge, Outer London boroughs, London, England. 2011 – 2022. **Suicide mortality rates have remained similar in Redbridge whilst increasing in England.**²⁶⁴



Suicide Prevention Strategy 2023 - 2028

In 2023, LBR published the Suicide Prevention Strategy 2023 – 2028 with the vision for a zero suicide Redbridge where no one living, working within or attending a borough School considers or attempts to end their own life. This strategy comprises 7 key ambitions that will require a system-wide approach to implementation. The key ambitions are:

1. Addressing the wider determinants of health to reduce inequalities in outcomes
2. Supporting parents, children and young people's mental health
3. Responding to self-harm and attempted suicide
4. Supporting people bereaved by suicide
5. Reducing suicide in high-risk groups
6. Reducing environmental opportunities for suicide
7. Reducing mental health stigma and increasing awareness of mental health

Recommendation 66: Redbridge Partners to continue the implementation of the Suicide Prevention Strategy 2023-2028

Recommendation 67: Redbridge Partners to assess the current provision of talking therapies in Redbridge and develop strategies to improve access for residents

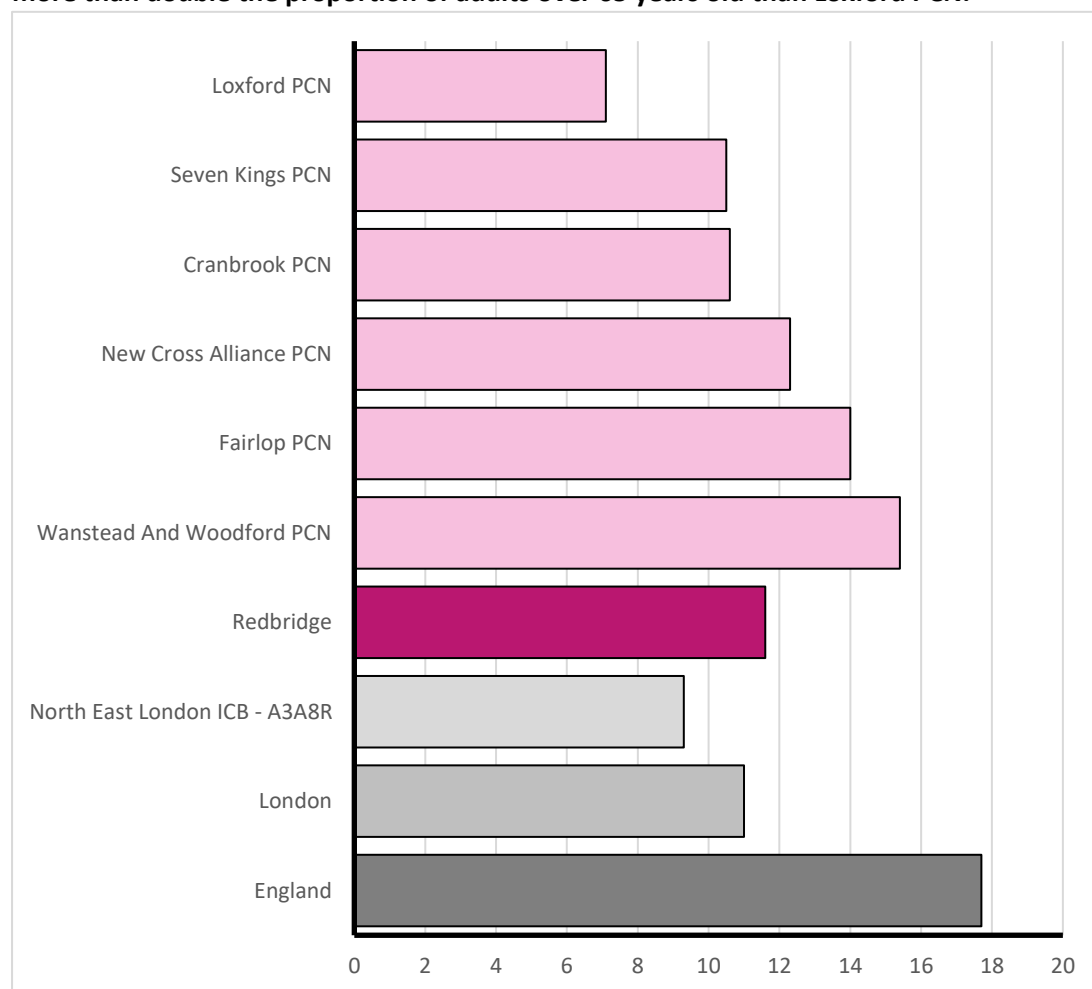
²⁶⁴ OHID Fingertips

Ageing Well

Across the country the population is ageing and Redbridge is no exception. It is therefore vital that we focus increasing attention on the health needs of our older adults to allow them to stay healthy and increase their quality of life. As of Census 2021 there were 37,960 adults in Redbridge 65 years or older with 10,404 over the age of 80.²⁶⁵

As we age our health needs generally increase and across the borough there is wide disparity between geographical regions regarding the proportion of the population within each PCN that is older than 65. Wanstead and Woodford PCN (15.4%) have more than double the proportion of older residents than Loxford PCN (7.1%) (**figure 39**) ([Appendix 1 for map of PCN locations](#)). However, the need for changes to accommodate an ageing population extends outside of the health system and into developing the environment and community to cater for older individuals with different needs.

Figure 39: Proportion (%) of the GP population 65 years or older. Woodford and Wanstead PCN has more than double the proportion of adults over 65 years old than Loxford PCN.²⁶⁶



²⁶⁵ Census 2021

²⁶⁶ OHID Fingertips

Life Expectancy at 65

The life expectancy of Redbridge 65-year-old women across 2020-22 was 21.1 years, similar to London (21.3 years) and England (20.9 years).²⁶⁷ The life expectancy of Redbridge 65-year-old men across 2020-22 was 18.2 years which is similar to London (18.3 years) and England (18.4 years).²⁶⁸

Unfortunately, there has not been an update to healthy life expectancy estimates following COVID-19, however, there has been change since the previous JSNA. For the period 2018-20 Redbridge women aged 65 had a healthy life expectancy of 10.3 years, similar to London (11.2 years) and England (11.3 years).²⁶⁹ Redbridge men had a healthy life expectancy of 8.8 years, which was similar to London (10.3 years) and England (10.5 years) expectancies whereas in the previous JSNA healthy life expectancy for men aged 65 was significantly lower than regional and national levels.²⁷⁰

Excess winter deaths

Across Redbridge winter mortality index²⁷¹ was similar to the London and England average for the year August 2021 – July 2022. During the 2021/22 winter there was a 10% increase in mortality in Redbridge, compared to 10% in London and 8% in England.²⁷²

Excess winter deaths are in part caused by increased respiratory infections that can be reduced through vaccination. The rate of pneumococcal and yearly influenza vaccination amongst the population over 65 in Redbridge is significantly lower than the rate in England, although higher than the London average and the mortality rate associated with influenza and pneumonia is significantly higher in Redbridge compared to London and England. Winter mortality is also associated with poverty and this is influenced by the cost of heating (fuel poverty).

Dementia

Dementia is a term for a combination of symptoms resulting in difficulties with memory, attention, communication and decision making that can lead to significant impact on daily activities. As a result of these symptoms people with dementia can lose their capacity for independence.

There are a number of different diseases that can lead to dementia and unfortunately not all patients with dementia receive a formal diagnosis, reducing their capacity to receive treatment and access appropriate care. Within Redbridge (63 per 100) the estimated dementia diagnosis rate²⁷³ is similar to the London (66 per 100) and England (63 per 100) estimates.

²⁶⁷ OHID Fingertips

²⁶⁸ OHID Fingertips

²⁶⁹ OHID Fingertips

²⁷⁰ OHID Fingertips

²⁷¹ *Winter Mortality Index = Ratio of all cause mortality during winter months (December to March) compared to all cause mortality during non-winter months (the August to November preceeding and the April to July following)*

²⁷² OHID Fingertips

²⁷³ OHID Fingertips - *The rate of persons aged 65 and older with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population and the age and sex specific prevalence rates of the Cognitive Function and Ageing Study II, expressed as a percentage*

The 3-year mortality rate associated with dementia and Alzheimer's disease is fortunately lower in Redbridge than the England average, although similar to London.

Recommendation 68: Redbridge Partners to enhance understanding of dementia locally to increase the completeness of dementia diagnosis and improve availability of support for residents with dementia and their families

Polypharmacy

As we age, we accumulate multiple diagnoses that are often subsequently managed with medications. Multiple medications taken at the same time is termed polypharmacy. Polypharmacy is not itself inherently harmful, as often each medication is required for improved health. However, each medication comes with the risk of side effects that can lead to more prescribing and many medications can interact with other medications. Problematic polypharmacy increases these risks, leading to reduced quality of life and reducing the likelihood individuals take their prescribed treatment impacting their health conditions.

Falls and fractures

The risk of having a fall increases as we age with 50% of people over 80 falling each year.²⁷⁴ The impact of falls for older people is substantial and they represent the largest cause of emergency admissions in this population. Redbridge has relatively low rates of emergency hospital admissions due to falls compared to London and England (**table 12**) and similar rates of hip fractures in the population. However, as Redbridge has the 2nd largest population over 65 in NEL after Havering the overall impact of falls in Redbridge remains high.

Table 12: Rates of admissions due to falls and hip fractures in people over 65 in Redbridge, London and England 2022/23.²⁷⁵

Indicator	Age range	Redbridge	London	England
Hospital admissions due to falls (DSR per 100,000)	65+	1,659	2,187	2,100
Hip fractures (DSR per 100,000)	65+	544	502	558
Osteoporosis: QOF prevalence (%)	50+	0.5%	0.6%	1.0%

In early 2024 Redbridge established an Integrated Urgent and Emergency Care and Ageing Well Steering Group. Partners include LBR, NHSE North East London, Barts Health and BHRUT hospitals, NELFT, London Ambulance, the local VCS, Metropolitan Police, care providers and other key local organisations. Key priorities for the steering group include admission avoidance and keeping people well in a place they call home to discharge alongside themes around the wider determinates

²⁷⁴ [Falls in older people: assessing risk and prevention. NICE. June 2013](#)

²⁷⁵ OHID Fingertips

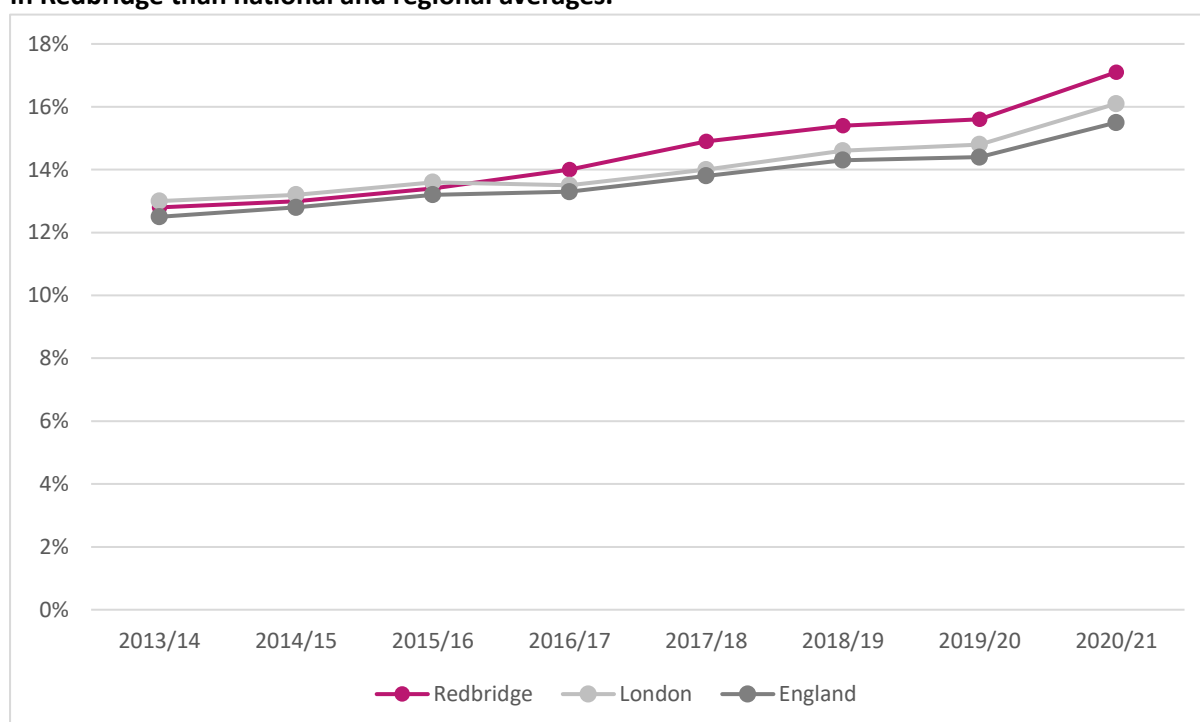
of health such as ageing well communities. There are a range of schemes that are overseen by this steering group including falls prevention, dementia, social care provider development including digital monitoring, reducing isolation, discharge initiatives, urgent care response and making Redbridge a great place to grow.

Recommendation 69: Redbridge Partners to continue to investigate and develop systems for the identification of frailty and falls risk and enhance local rehabilitation and social care services to increase capacity of individuals to remain at home

Discharge from hospital, Reablement and Intermediate Care

Healthcare recovery is dependent on the underlying fitness of an individual and the capacity of the health system to enable recovery. Readmission following discharge from hospital provides an insight into both the underlying frailty of a population and the strength of the health and social care system for older adults. In Redbridge 17.1% of inpatient stays are emergency admissions within 30 days of a discharge. This is significantly higher than the London (16.1%) and England (15.5%) averages and has steadily risen over the past decade from 12.8% in 2013/14.²⁷⁶

Figure 40: Emergency readmissions within 30 days of discharge from hospital, Redbridge, London and England 2013 – 2021. Emergency readmission rates have increased across England and are higher in Redbridge than national and regional averages.



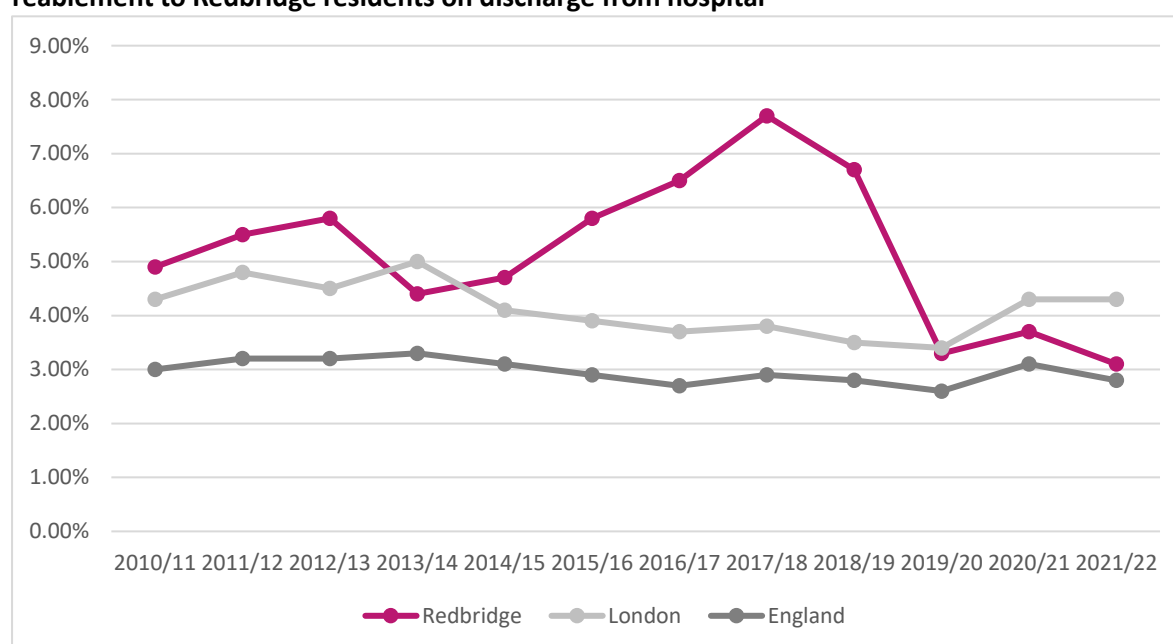
Admission to hospital often leads to reduced independence for older adults and subsequently need to enter care services. Reablement services and intermediate care provide an opportunity to reduce the likelihood of this by providing support whilst the individual is recovering, increasing the chance they can get back to their previous independence. At present just over 3% of over 65 year old

²⁷⁶ OHID Fingertips

Redbridge residents are offered reablement care on discharge from hospital. This is similar to the national average but significantly lower than London. There has been a substantial change in the availability of reablement over the past decade, with a steady increase to a peak of 7.7% offered the service in 2017 before falling to the current levels (**figure 41**).²⁷⁷

In Redbridge in 2021/22 the proportion of individuals (91.5%) receiving reablement care that are still living at home 3 months after discharge is significantly higher than London (85.1%) and England (81.8%) and has been for the past 7 years.²⁷⁸

Figure 41: *Proportion of those aged over 65 that are offered reablement care on discharge from hospital 2010 – 2022. Since 2018/19 there has been a substantial decrease in the availability of reablement to Redbridge residents on discharge from hospital*



Recommendation 70: NHS partners to continue to develop the reablement offer in Redbridge to maximise the proportion of patients who return home and stay home after admission to hospital.

Care and Nursing Home beds

The majority of individuals remain fully independent throughout their lives. However, a large number will require additional care that requires a care or nursing home. The number of beds available per 100 population over 75 therefore provides an understanding of the supply of these facilities in a region. Redbridge has 597 nursing home beds, a relatively low rate of bed (3.3 per 100 population over 75) compared to London (4.2) and England (4.6). Alongside these, there were a further 1,379 care home beds in 2021, representing a rate of 7.7 per 100 compared to London (7.1) and England (9.4).²⁷⁹

Recommendation 71: Redbridge Partners to ensure implementation of the Enhanced Health in Care Homes (EHCH) model in Redbridge care homes.

²⁷⁷ OHID Fingertips

²⁷⁸ OHID Fingertips

²⁷⁹ OHID Fingertips

End of Life

The provision of quality care for those in end of life and those around them is vital for any healthcare system. Individuals desire to be part of the decision making as they enter end of life, however, the capacity to make choices is affected by wider determinants, with diagnosis, age, ethnicity and deprivation all impacting the quality of end of life care received.²⁸⁰ Unfortunately there is not local data available on the effect of these factors on palliative and end of life care provision in Redbridge or London.

The majority of individuals express a preference to die at home.²⁸¹ However, in Redbridge just 26.5% of those that pass away do so there, significantly lower than the London (29.0%) and England (28.7%) proportion.²⁸² Amongst those aged over 75, the proportion that pass away in hospital in Redbridge is significantly higher than the proportion that do so in Redbridge's nearest neighbours, London and England (**figure 42a and 42b**). Just 2% of Redbridge residents pass away in hospices, compared to 4.6% and 4.7% in London and England respectively.

Figure 42a: Location of death amongst those aged 75 to 84 in Redbridge, Redbridge CIPFA Nearest Neighbours, London and England. 2022. Redbridge residents aged 75-84 are more likely to die in the hospital rather than in their own home or care homes compared to other areas.²⁸³



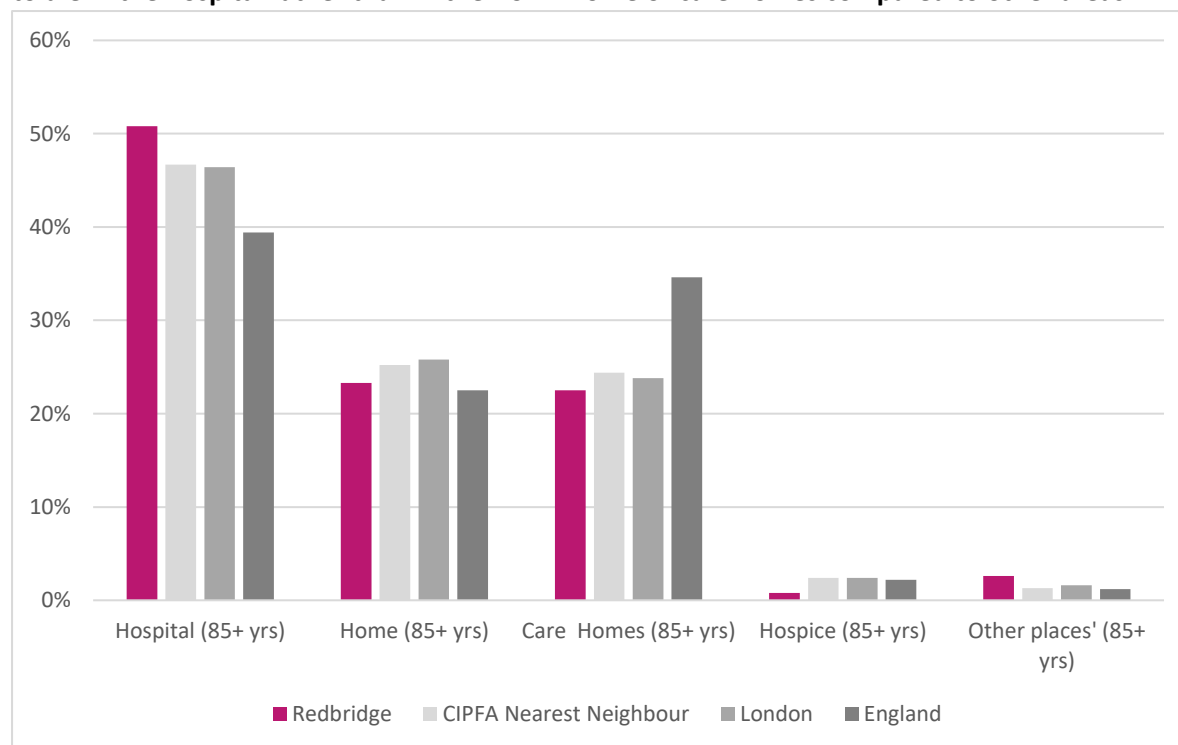
²⁸⁰ [ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/publication/ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf)

²⁸¹ [National Survey of Bereaved People \(VOICES\) - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/mentalhealth/articles/national-survey-of-bereaved-people-voices/2019)

²⁸² OHID Fingertips

²⁸³ OHID Fingertips

Figure 42b: Location of death amongst those aged 85 and over in Redbridge, Redbridge CIPFA Nearest Neighbours, London and England. 2022. Redbridge residents aged over 85 are more likely to die in the hospital rather than in their own home or care homes compared to other areas.²⁸⁴



Since 2008 there have been national strategies regarding end of life care, with the ambitions framework associated to these updated for 2021 – 2026. This framework states six key ambitions that everyone should strive towards to improve the provision of care at the end of life:

- Each person is seen as an individual
- Each person gets fair access to care
- Maximising comfort and wellbeing
- Care is co-ordinated
- All staff are prepared to care
- Each community is prepared to help²⁸⁵

Recommendation 72: Redbridge Partners to investigate the provision and enhance local knowledge of palliative care services in Redbridge

²⁸⁴ OHID Fingertips

²⁸⁵ Ambitions for Palliative and End of Life Care: A national framework for local action 2021 – 2026. *National Palliative and End of Life Care Partnership*. May 2021.

Recommendations

Recommendation 1: Redbridge Partners to continue to prioritise a Health in All Policies approach and therefore maximise the wellbeing of residents.

Recommendation 2: Redbridge Partners to develop and expand data sharing agreements and data platforms to allow improved targeted interventions

Recommendation 3: Redbridge Partners to continue to promote the Making Every Contact Count (MECC) approach throughout the boroughs health and care systems

Recommendation 4: Redbridge Partners should collaborate to reduce greenhouse emissions and mitigate the harms caused, ensuring that climate change is considered in every policy and decision.

Recommendation 5: Redbridge Partners should highlight the significant improvements in air quality made over the last 5 years and the potential health benefits to be gained from further reductions in air pollution.

Recommendation 6: Redbridge Partners should continue to highlight and target road transport for improving air quality.

Recommendation 7: Redbridge Partners should continue to highlight domestic fuel burning as a key contributor to local pollution and target potential areas for enforcement.

Recommendation 8: Redbridge Partners to continue to raise public awareness of local alert systems for harmful air pollution levels

Recommendation 9: Redbridge Partners should continually focus on the potential to increase or improve the access to green space and the facilities therein, especially in those areas that are currently deficient in access.

Recommendation 10: Redbridge Partners to continually work with UKHSA and other agencies regarding assessment and mitigation of the health impact of sewage outfalls

Recommendation 11: Services that have previously been commissioned borough wide should be reviewed to assess whether increased provision is required in those areas that have seen the greatest rise in population.

Recommendation 12: Services that have previously been commissioned borough wide should be reviewed to assess whether provision of resources accounts for recent changes in the main languages spoken locally.

Recommendation 13: Redbridge Partners to establish an accessible resource to signpost residents to local free English for Speakers of Other Languages (ESOL) lessons as language is a significant barrier to accessing services

Recommendation 14: Redbridge Partners to continue to review and enhance outreach services that focus on improving access to healthcare for the local street homeless population

Recommendation 15: Redbridge Partners should work together to ensure that barriers to services experienced by those in temporary accommodation are reduced as much as possible.

Recommendation 16: All services that visit residential addresses as part of their work should be aware of the “Housing Checklist to support identification of housing and clinical concerns related to mould and damp exposure” and use it in their day to day assessments. Identified homes should be followed up as per guidance.

Recommendation 17: Redbridge Partners to ensure that the housing needs of residents with specific needs e.g. relating to frailty, mental illness, physical and learning disabilities etc. are an integral part of plans for housing growth and regeneration

Recommendation 18: LBR to ensure plans and policies shaping regeneration and housing growth serve to build healthier communities. A formal health impact assessment of future strategies using tools such as that provided by the Healthy Urban Development Unit may help in this regard.

Recommendation 19: LBR to consider the potential to attract key workers into the borough during the development of the next Redbridge Local Plan

Recommendation 20: Redbridge Partners should continue to pursue improvements to the active travel infrastructure of the borough as detailed in the Local Plan and “A Strategy for Great Neighbourhoods 2019-2041”

Recommendation 21: Redbridge Partners to ensure that health and social care services are as accessible as possible by public and active travel options and continue to develop strategies to encourage the use of these options by staff and service users

Recommendation 22: Partners to assess their environmental impact and actively pursue strategies to reduce their organisational emissions

Recommendation 23: LBR to use locally available powers to create a healthier offer on the high street

Recommendation 24: Redbridge Partners to consider and respond to the needs of employees who routinely work from home to ensure their physical and mental health.

Recommendation 25: Redbridge Partners to continue to identify how they can become 'anchor institutions' within Redbridge to maximise the contribution they make to the local community

Recommendation 26: Redbridge Partners must consider the needs of digitally excluded communities whenever it seeks to improve access to service by digital means

Recommendation 27: Redbridge Partners to continue to implement actions to increase participation in programmes designed to support families on low income e.g. Healthy Start, free early years provision and free school meals

Recommendation 28: LBR should continue to develop systems to proactively identify and contact residents eligible to receive financial support allowing maximisation of benefits

Recommendation 29: Redbridge Partners to consider models of best practice regarding increasing social prescribing use within the development of upcoming commissioning processes and to focus on strengthening the provision of social prescribing in the borough

Recommendation 30: LBR to continue to implement strategies associated with increasing uptake of free early education

Recommendation 31: Redbridge Partners to work together to improve the percentage of children achieving at least expected level across all learning goals, and those achieving a good level of development.

Recommendation 32: Redbridge Partners to encourage and support early years settings and schools to maximise the health and wellbeing benefit to children and young people in their care

Recommendation 33: LBR to continue to develop and implement the new SEN strategy

Recommendation 34: Redbridge Partners, working with the community, should agree the need for action and how best to go about strengthening social networks and community capacity, prioritising areas with new housing developments, high population churn and significant disadvantage.

Recommendation 35: Redbridge Partners to review provision of health care services for those in contact with the criminal justice system

Recommendation 36: LBR to continue to develop and implement the Redbridge Violence against Women and Girls Strategy

Recommendation 37: LBR to implement action plan associated with the 2024 Serious Violence Strategy

Recommendation 38: LBR to update Youth Justice Annual Plan and implement recommendations

Recommendation 39: Redbridge Partners to implement the Physical Activity Strategy 2024-2028 action plan.

Recommendation 40: Redbridge Partners to continue to implement the action plan associated with areas 1, 4 and 5 of the Obesity Strategy

Recommendation 41: Redbridge Partners to deliver the action points identified within the Tobacco Control Strategy 2023-2028

Recommendation 42: Redbridge Partners to continue to develop local strategies focussed on the aspiration of a smoke free society by 2030

Recommendation 43: Redbridge Partners to promote the use of smoking cessation services for individuals using smokeless tobacco products using easily accessible resources

Recommendation 44: LBR to monitor closely alcohol related deaths over the next 3 year period

Recommendation 45: Redbridge Partners to continue to review and improve systems available for those affected by drug and alcohol addiction

Recommendation 46: Redbridge Partners to investigate the recent increase in admissions due to substance misuse in 15-24 year olds

Recommendation 47: Redbridge Partners to continue to implement action plan associated with the Substance Misuse Strategy 2023 - 2028

Recommendation 48: Redbridge Partners to continue to focus on the improvement of Healthy Life Expectancy rather than solely Life Expectancy in all decisions

Recommendation 49: Redbridge Partners to continue to promote the availability and audit the uptake of Maternity Exemption Certificates and Healthy Start Scheme by eligible individuals alongside increasing awareness of the entitlements available for pregnant women.

Recommendation 50: NEL LMS to implement recommendations from EESAP 2022 to reduce inequalities highlighted by LMS EENA 2021 and strengthen provision of maternity care locally

Recommendation 51: Redbridge Partners to investigate the prevalence of modifiable risk factors for low birthweight in Redbridge

Recommendation 52: Redbridge Partners to continue to improve uptake to the 2 to 2½ year health visitor review

Recommendation 53: Redbridge Partners to continue to monitor the current vaccine delivery system and engage in development of new strategies to increase local uptake of all scheduled immunisations

Recommendation 54: Redbridge Partners to continue to implement plans developed to improve asthma care in Redbridge

Recommendation 55: Redbridge Partners to ensure successful implementation of the Obesity Strategy and action plan and consider options to implement further Tier 2 options for CYP and input to the development and commissioning of a NEL Tier 3 weight management service for CYP

Recommendation 56: Redbridge Partners to ensure CAMHS capacity meets the needs of the local population

Recommendation 57: Redbridge Partners should continue the very high level of NHS Health Check programme invitation and investigate evidence based methods to increase take-up following invitation across the local population

Recommendation 58: Redbridge Partners to continue to explore evidence associated with NHS Health Check programme expansion beyond statutory minimum and establish opportunities to expand the NHS Health Check programme offer where appropriate

Recommendation 59: Redbridge Partners should focus on improving the uptake of adult screening programmes with specific focus towards those areas with the lowest current uptake.

Recommendation 60: Redbridge Partners to continue to develop and implement the new Sexual Health Strategy

Recommendation 61: Redbridge Partners to deliver the action plan associated with the Obesity Strategy 2020-2025

Recommendation 62: Redbridge Partners to review the current health needs of the local population in relation to multimorbidity and establish a robust action plan for improving the local care pathways for those with multiple conditions

Recommendation 63: Redbridge Partners to audit the referral of residents to NHS Diabetes and Weight Management programmes and develop an action plan for improved uptake and outcomes.

Recommendation 64: Redbridge Partners to continue to target interventions reducing the prevalence and impact of modifiable risk factors for cardiovascular disease

Recommendation 65: LBR to develop the Tuberculosis Needs Assessment and work with partners to enact recommendations

Recommendation 66: Redbridge Partners to continue the implementation of the Suicide Prevention Strategy 2023-2028

Recommendation 67: Redbridge Partners to assess the current provision of talking therapies in Redbridge and develop strategies to improve access for residents

Recommendation 68: Redbridge Partners to enhance understanding of dementia locally to increase the completeness of dementia diagnosis and improve availability of support for residents with dementia and their families

Recommendation 69: Redbridge Partners to continue to investigate and develop systems for the identification of frailty and falls risk and enhance local rehabilitation and social care services to increase capacity of individuals to remain at home

Recommendation 70: NHS partners to continue to develop the reablement offer in Redbridge to maximise the proportion of patients who return home and stay home after admission to hospital.

Recommendation 71: Redbridge Partners to ensure implementation of the Enhanced Health in Care Homes (EHCH) model in Redbridge care homes.

Recommendation 72: Redbridge Partners to investigate the provision and enhance local knowledge of palliative care services in Redbridge

Glossary

Acronym	Full Name
ALAS	Active Lives Adult Survey
AQFA	Air Quality Focus Areas
AQMA	Air Quality Management Area
ASD	Autism Spectrum Disorder
ASH	Action on Smoking and Health
BHR ICP	Barking and Dagenham, Havering and Redbridge Integrated Care Partnership
CDOP	Child Death Overview Panel
CDR	Child Death Review
CDRM	Child Death Review Meeting
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CSP	Community Safety Partnership
CVD	Cardiovascular Disease
DEFRA	Department for the Environment and Rural Affairs
DfE	Department for Education
DWP	Department for Work and Pensions
ECHP	Education, Health and Care Plan
EESAP	North East London Local Maternity System Equity and Equality Strategy and Action Plan
EILTS	Economically inactive due to long-term sickness
EYFS	Early Years Foundation Stage
FSM	Free School Meal
GLA	Greater London Authority
HAF	Holiday Activities & Food Programme
HIV	Human Immunodeficiency Virus
HWB	Redbridge Health and Wellbeing Board
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LAQM	Local Air Quality Management
LBR	London Borough of Redbridge Council
LMS EENA	North East London Local Maternity System equity and equality needs assessment
LSOA	Lower Super Output Area
LVRU	London Violence Reduction Unit
MSK	Musculoskeletal Conditions
MYCYP	Mental Health of Children and Young People Survey
NDEP	National Dental Epidemiological Programme
NEL ICS	North East London Integrated Care System
NEL LMS	North East London Local Maternity System
NIHR	National Institute for Health Research
ONS	Office for National Statistics
PCN	Primary Care Network
SAC	Special Area of Conservation
SANG	Suitable Alternative Natural Greenspace
SEN	Special Educational Needs assessment

SEND	Special Educational Needs and Disabilities
SLC	Speech, Language and Communication
STI	Sexually Transmitted Infection
TB	Tuberculosis
TfL	Transport for London
UCAS	Universities and Colleges Admissions Service
ULEZ	London Ultra Low Emission Zone
WHO	World Health Organisation
YLD	Years of life lost due to disability
YLL	Years of life lost due to premature death

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Appendices

Appendix 1 - Map of GP locations in Redbridge and associated Primary Care Network (PCN)

