

# Redbridge 2019/20 Joint Strategic Needs Assessment



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# Introduction



# Document overview

## Outline of the 2019/20 Joint Strategic Needs Assessment (JSNA)

A Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of the local population, and is a statutory requirement of the Health and Wellbeing Board (HWB)<sup>1</sup>.

The core aims of the 2019/20 JSNA for Redbridge are to (a) provide a high-level overview of how the Borough is performing on a number of key health and wellbeing outcomes and (b) to inform the next Health and Wellbeing Strategy for Redbridge.

The 2019/20 JSNA is a partnership document, produced in collaboration with teams across London Borough of Redbridge and with NHS Redbridge Clinical Commissioning Group (CCG). It covers 24 topics, which were selected based on the priorities set out in Redbridge's [Health and Wellbeing Strategy 2017-2021](#), Redbridge's [Joint Partnership Plan for 2025](#) and [Public Health England's Strategy for 2020-2025](#). The topics are grouped into 6 chapters, with the first four chapter headings reflecting the four pillars of a population health system set out in the King's Fund's Vision for Population Health<sup>2</sup>, and two further chapters on health outcomes and child health:

1. Wider determinants of health
2. Health behaviours and lifestyles
3. Places and communities
4. Integrated health and care system
5. Health outcomes
6. Child health

A two-page fact sheet has been produced on each topic. On the first page, quantitative data has been used to illustrate the current situation in Redbridge, compared to national and regional benchmarks, as well as trends over the past 5 years. Data has been drawn primarily from national sources such as Public Health England's Public Health Outcomes Framework and NHS Digital. These publicly available data sources have been linked in the fact sheets to create an interactive document. The document paints a broad picture of local need. Further detail on each of the topic areas can be found by accessing the linked data sources, or the [Story of Redbridge](#), an online, interactive tool developed by the Council that provides information on core themes such as population, ethnicity, education, health, transport and deprivation.

The second page of each fact sheet draws on professional knowledge and expertise to outline why the issue is important, and what we are doing about it in Redbridge.

The 2019/20 JSNA focusses on adult health and wellbeing; a separate Children and Young People's (CYP) Needs Assessment is due to be published in summer 2020. The final chapter of this document highlights a few key child health indicators, and will link to the CYP Needs Assessment once it is published.

1. Department of Health and Social Care. *Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*. 2013. Available from: <https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance>
2. The King's Fund. *A Vision for Population Health*. 2018. Available from: <https://www.kingsfund.org.uk/publications/vision-population-health>



# Executive summary

## Key findings of the 2019/20 JSNA

The 2019/20 JSNA has highlighted a number of key health and wellbeing outcomes on which Redbridge faces particular challenges, as well as a number of key successes.

### Key challenges:

- **Homelessness:** At the end of December 2018, there were 2,368 [households in temporary accommodation](#) which was almost 100 higher than the previous year end figure (March 2018). In Redbridge, 214 persons were seen [rough sleeping](#) during 2018/19, a reduction of 25 from the year before.
- **Employment:** In 2018, 51% of jobs in Redbridge paid at or above the [London Living Wage](#) (LLW); the lowest rate in London, and significantly lower than the rate for London as a whole (80%). London Borough of Redbridge is an accredited LLW employer and, in the Borough Partnership Plan for 2025, has committed to encouraging public services and private employers in Redbridge to achieve LLW status.
- **Child obesity:** The [proportion of children who are either overweight or obese](#) in Redbridge doubles between the ages of 4-5 (20%) and ages 10-11 (40%). In 2018/19, the level of excess weight among 10-11 year olds in Redbridge was worse than the average for England (34.3%) and London (37.9%). However, prevalence of excess weight among 4-5 year olds in Redbridge has been steadily declining over the last 3 years, and dropped below national and regional averages to 19.9% in 2018/19.
- **Diabetes:** The [prevalence of diabetes](#) in Redbridge in 2018/19 was 9%, about 21,000 people. This was the second highest prevalence rate of all London boroughs, after Harrow at 10%. The prevalence of diabetes in Redbridge is significantly higher than the national level (about 7%), and the average prevalence for London (6.6%).
- **Dementia:** [Projections published in 2019](#) show that the number of people with dementia in Redbridge is set to grow by nearly 36% from 2,838 people in 2019 to 3,853 people in 2030, due to both growth in prevalence and growth in the older population. In Redbridge, social care accounts for the largest proportion of the cost of dementia, and this is expected to grow by nearly 70% from £66.6 million in 2019 to £113 million in 2030.
- **MMR vaccine uptake:** In Redbridge there has been a sharp drop in [coverage of the MMR vaccine](#) by nearly 20% from 87.7% in 2016/17 to 71.5% in 2018/19, a level which was significantly lower than the national (86.4%) and regional (76.3%) averages. This was also well below the target level of 95% set by Public Health England (PHE).
- **Cancer screening:** Over the past 5 years, uptake of [breast, cervical](#) and [bowel cancer screening](#) in Redbridge has remained significantly lower than national averages, and the uptake of breast and cervical cancer screening has been in decline.

### Key successes:

- **Teen pregnancy:** The [rate of teenage pregnancy](#) in Redbridge (12.4 conceptions per 1,000 females aged 15-17 years in 2017) is significantly better than national and regional averages, and dropped by over 25% between 2013 and 2017. It remained below regional and national averages throughout this period.
- **Tuberculosis (TB):** The [TB incidence rate](#) in Redbridge has dropped by over a third over the past 5 years, from 45.5 per 100,000 population in 2015 to 29.6 per 100,000 in 2018. This is a significant achievement which reflects national and local efforts. As of 2018, Redbridge was no longer classed among the London boroughs with the highest TB rates (currently Newham, Ealing and Brent).
- **Premature mortality due to cancer:** Nationally and locally, cancer is the biggest cause of premature deaths. The [premature mortality rate due to cancer](#) in Redbridge dropped from 109.2 deaths per 100,000 population aged under 75 years in 2014-16 to 106.7 in 2016-18, and remained significantly lower than the national and regional averages throughout this period.

# Population

## Redbridge's Population

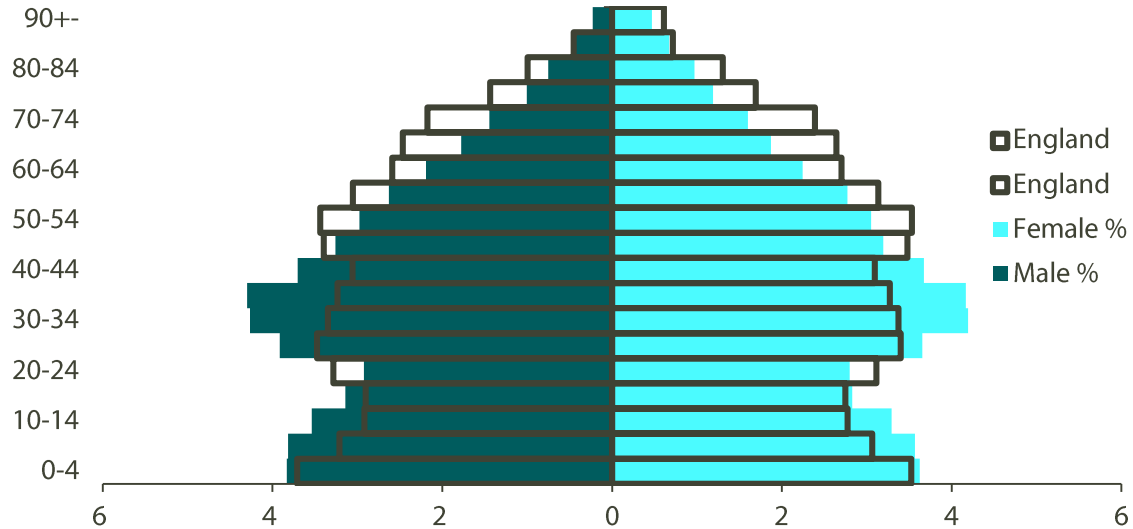
**In 2019, Redbridge's population was estimated at just over 307,000.**

- Between 2010 and 2019, the population increased by 11.2% and is projected to increase by a further 15% by 2035.
- Redbridge has a younger population compared to England. The proportion of residents between the ages of 0 and 19 years (28%) and between 25 and 44 years (32%) is higher than the national average (25% and 26% respectively).
- Redbridge has a lower proportion of older adults aged 65 years and over (about 12%), compared to nationally (17%).

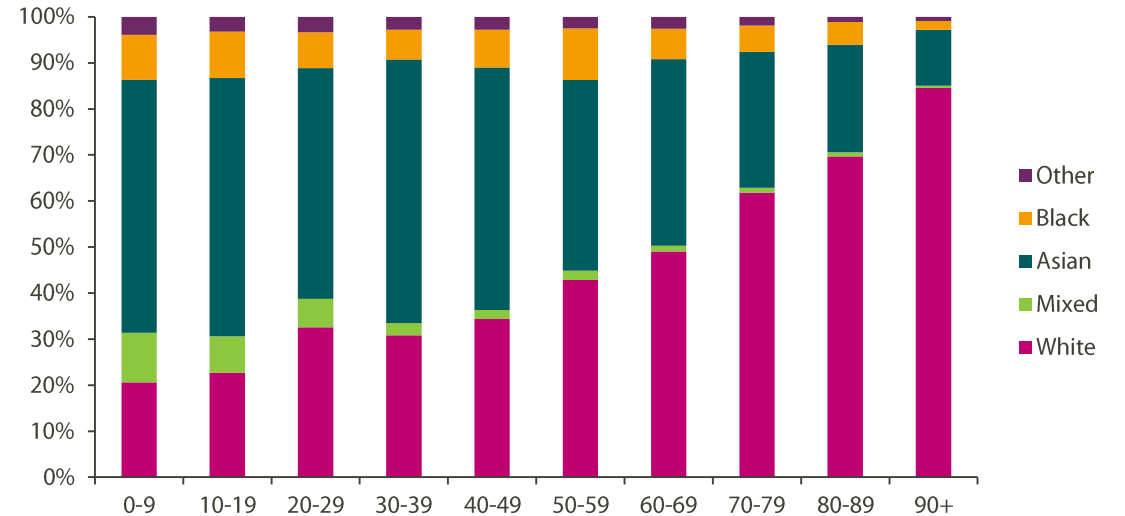
**With over 100 languages spoken on the Borough's streets, Redbridge's population is both culturally and ethnically diverse.**

- In 2019, almost 50% of the population were from Asian ethnic groups and 35% of the population were from White ethnic groups.
- The proportion of Redbridge residents from White ethnic backgrounds increases among older age groups.
- The proportion of Redbridge residents from Asian ethnic backgrounds is higher among younger age groups.

Redbridge's population, in five-year age bands, by age and sex, 2019.



Redbridge's population, in ten-year age bands, by age and ethnicity, 2019.



# Population change

## Population change in Redbridge

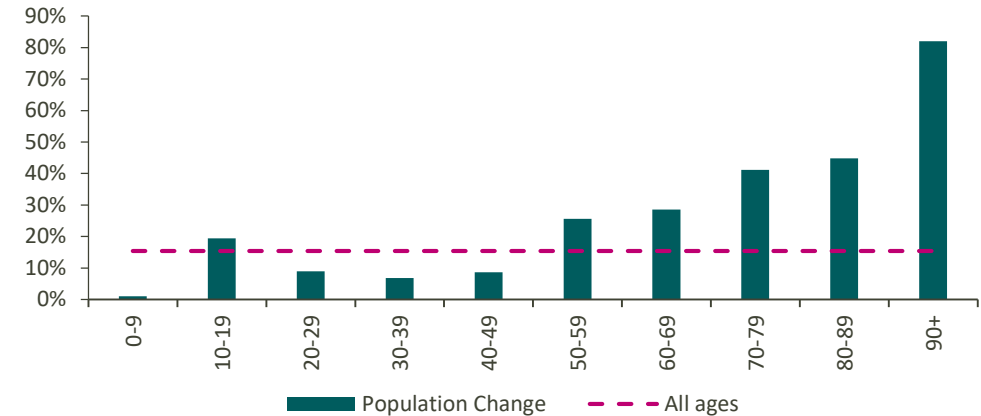
**Redbridge's population is both increasing and ageing; between 2019 and 2035 the local population is projected to increase by around 15%.**

- Redbridge's population is projected to increase the most among those above the age of 50. The number of people aged 65 years and over in the Borough is expected to grow by 40% between 2019 and 2035.
- Older people disproportionately require more health and social care than their younger counterparts. Therefore, we need to ensure the population of Redbridge age as healthily as possible in order to mitigate impacts on individuals, families and local services.

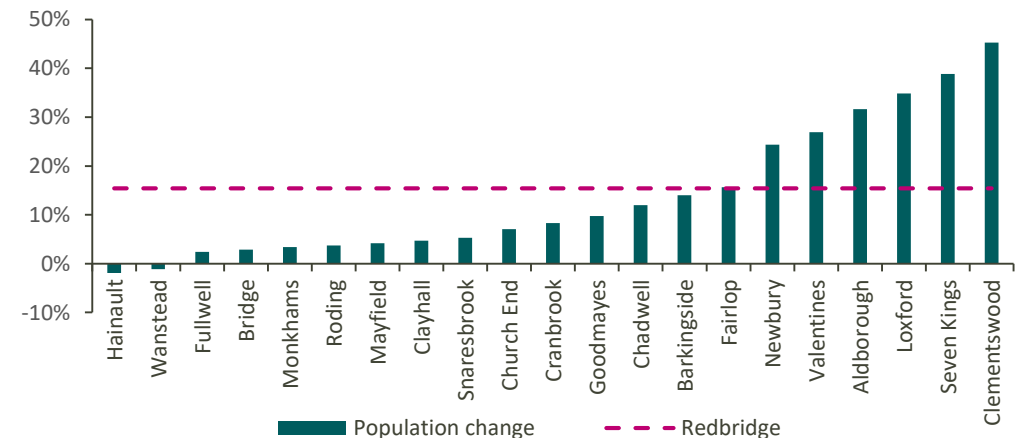
**The population increase across Redbridge is not uniform: Six wards are projected to experience a population increase of over 20%:**

- Clementswood (45%)
  - Seven Kings (39%)
  - Loxford (35%)
  - Aldborough (32%)
  - Valentines (27%)
  - Newbury (24%)
- Population projections are essential for local planning. The projections indicate there will be an increased demand for healthcare, social care, housing, education and other services in the Borough.

**Projection population change in Redbridge between 2019 and 2035, by age.**



**Projection population change in Redbridge between 2019 and 2035, by ward.**



# Life expectancy and healthy life expectancy

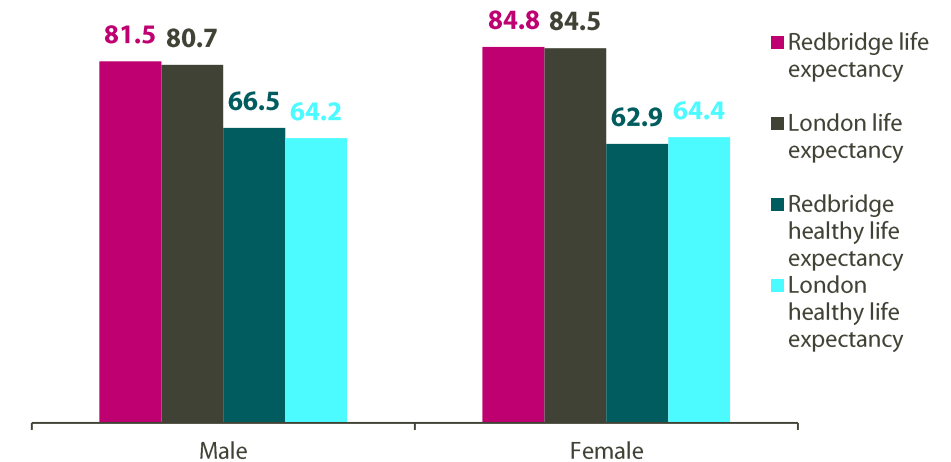
## What is the current situation in Redbridge?

- Life expectancy and healthy life expectancy are important summary measures of mortality and morbidity, and population health overall. Life expectancy from birth is the average number of years a newborn baby would expect to survive based on mortality rates for a particular area and time period. Healthy life expectancy from birth is the average number of years a newborn baby would expect to live in good general health.
- In Redbridge for the period 2016-18, [male life expectancy from birth](#) was 81.5 years, compared to 84.8 years for [females](#). These figures were better than the national and regional averages. For males, there was a 7.3 year [gap in life expectancy between the most and least deprived areas](#) of the Borough in this period – for [females](#), the gap was lower at 5.3 years.
- Healthy life expectancy for the same period was substantially lower than life expectancy, at 66.5 years for [males](#) (significantly better than the national and regional averages) in Redbridge and 62.9 years for [females](#) (similar to the national and regional averages).

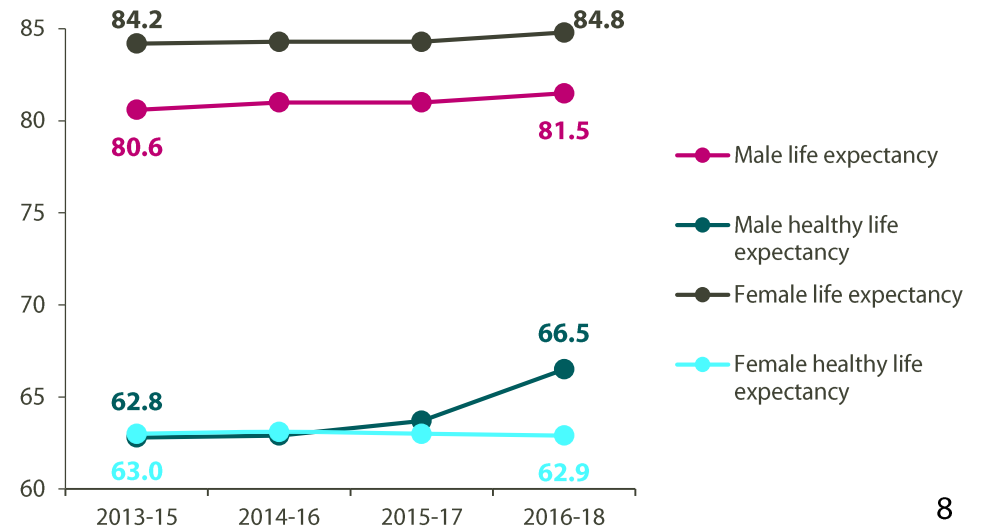
## How has the situation changed over the past 5 years?

- Over the period 2013-2018, female life expectancy and healthy life expectancy from birth in Redbridge remained stable and similar to the London averages.
- Male life expectancy and healthy life expectancy from birth in Redbridge increased between 2013 and 2018, and are now significantly better than national and regional averages. Life expectancy rose from 80.6 years in 2013-15 to 81.5 years in 2016-18, and healthy life expectancy rose significantly from 62.8 years to 66.5 years.
- The gap in life expectancy from birth for males between the most and least deprived areas of the Borough increased by about 9% from 6.7 years in 2013-15 to 7.3 years in 2016-18. Nationally, the gap between the most and least deprived areas also increased over this period, from 9.2 to 9.5 years. In London, however, the gap remained largely stable at about 7.5 years.
- For females, the gap in life expectancy between the most and least deprived areas in Redbridge increased by about 60% from 3.3 years in 2013-15 to 5.3 years in 2016-18. The gap in female life expectancy at national and regional levels also increased over this period (from 7.1 to 7.5 years, and from 4.9 to 5.1 years respectively).

Life expectancy and healthy life expectancy from birth (years) in 2016-18 for males and females in Redbridge compared to London



Trend in life expectancy and healthy life expectancy (years) for males and females in Redbridge from 2013-2018



# Chapter 1: The wider determinants of health



# Housing and homelessness

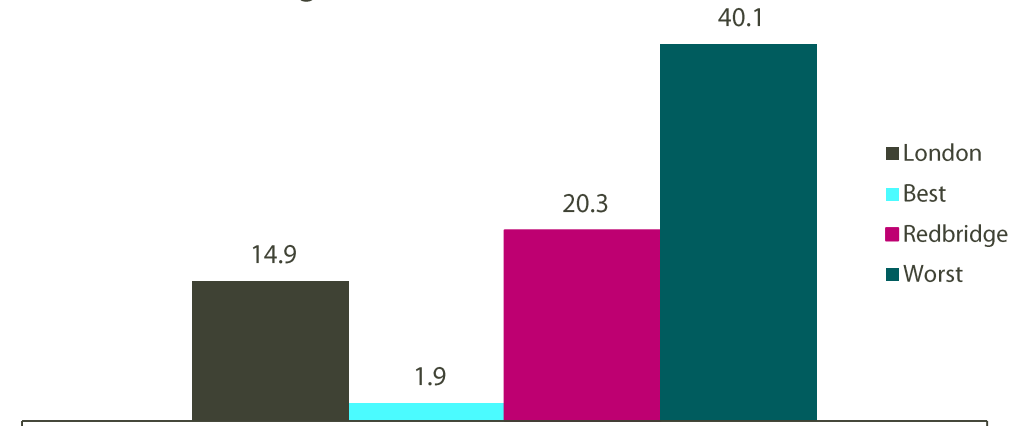
## Households in temporary accommodation in Redbridge

- A person can be homeless if they have nowhere to stay and are living on the streets. The definition includes those who may be sofa surfing, in hostels and other temporary forms of housing. Households living in private rented homes with no security or rights to stay may also be considered homeless. As an authority, Redbridge follows the statutory guidance on who it may assist.
- At the end of December 2018, there were 2,368 [households residing in temporary accommodation](#). This had grown by nearly 100 households since March 2018. This was a rate of 21.9 per 1000 households, higher than the London rate though lower than neighbouring Boroughs.
- Whilst there has been an increase in the number of households residing in temporary accommodation, Redbridge has significantly brought down the number of households in B&B accommodation, which has a detrimental impact on the health of families.

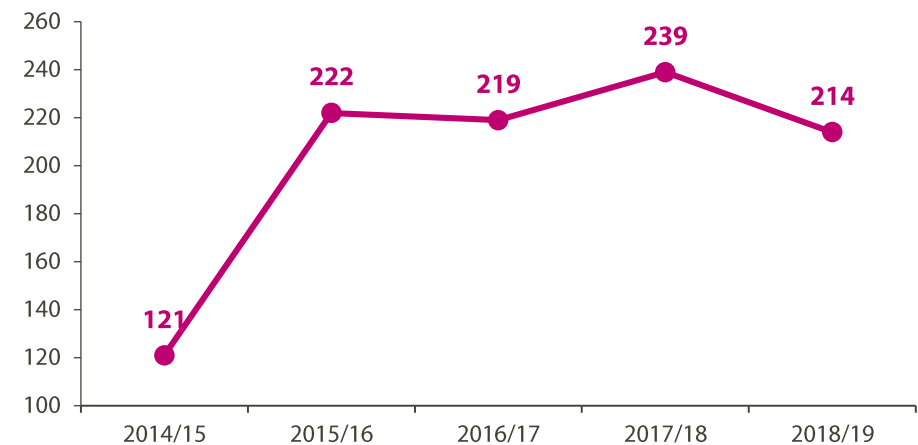
## Rough sleeping in Redbridge

- In London, CHAIN reports provide the most accurate picture of [rough sleeping](#) across a year. In 2018/19, a total of 8,855 people were seen rough sleeping in London, which is an 18% increase compared to the previous year. In Redbridge, 214 persons were seen rough sleeping during 2018/19.
- In 2018/19, 214 individuals were seen by outreach workers on the streets of Redbridge (20 less than the previous year). Of the 214 seen bedded down in Redbridge, 141 were identified as being new to the streets; 58 were identified as essentially living on the streets; whilst a further 15 had returned to the streets.
- The annual snapshot count in November 2019 counted 16 rough sleepers bedded down for the night. The year round opening of the shelters has helped reduce the numbers directly living on the streets.

Rate of households in temporary accommodation per 1,000 households in Redbridge in 2017/18, compared to the London average and the best and worst London boroughs



Trend in number of rough sleepers in Redbridge from 2014/15 to 2018/19



# Housing and homelessness

## Why is housing and homelessness important?

Reducing homelessness is a key priority locally with a commitment to end street homelessness by 2022. Being homeless is devastating for both individuals and for the households involved. Rough sleepers have a lower life expectancy. Those living in insecure rented housing often live in poorly ventilated and poor condition homes, resulting in physical health deterioration as well as mental health issues. The economic consequences affect the individual through the higher costs of temporary housing and constant updating of any benefit requirements – and the taxpayer who ultimately pays the wider housing benefit bill. The cost of providing temporary accommodation to Redbridge Council was over £4 million in 2017/18.

## What are we doing about housing and homelessness in Redbridge?

- A Homelessness & Rough Sleeping Strategy was published in April 2019 which set out three key priorities:
  1. End rough sleeping in Redbridge
  2. Support our most vulnerable residents through our early intervention and prevention services
  3. Increase the supply of affordable housing to prevent homelessness and to reduce the use of temporary housing
- Prevention and early intervention is crucial to stop homelessness before it occurs. The Homelessness Reduction Act 2017 means we are required to provide earlier advice and support for those who seek it including single persons.
- The Council has a target to build deliver 1,000 new affordable homes by 2022, including 600 new council homes.
- The Council has a target to reduce the number of households living in temporary accommodation, but that will be challenging to achieve without sufficient supply.
- The Council received funding from the government's Rough Sleeping Initiative in 2018, which reflected the high levels of rough sleepers found in the Borough. This allowed us to fund additional outreach services and a Rough Sleeper coordinator. We saw a reduction in the overall rough sleeper count in November 2018.
- The Borough currently has two shelters open through the year for rough sleepers – one provided by the Salvation Army, and one provided by the Council. A new town centre project that would also house rough sleepers with no recourse to public funds is due to open in spring 2020.



# Employment and workplace health

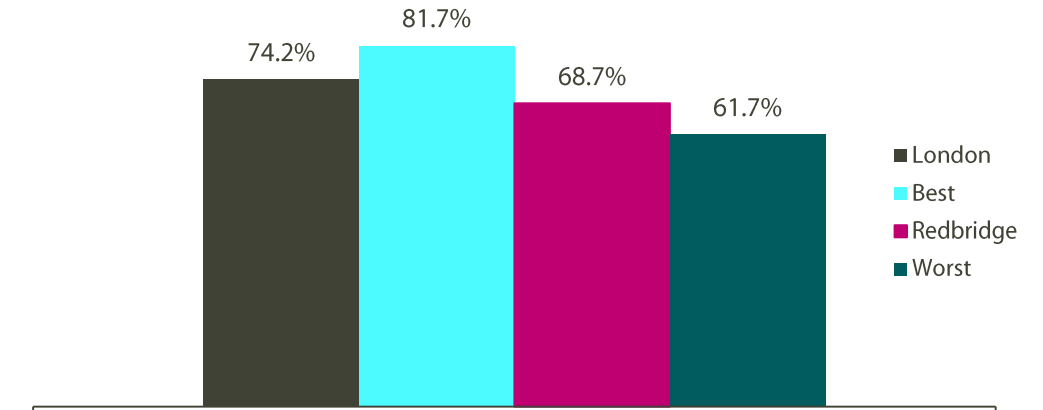
## What is the current situation in Redbridge?

- The [proportion of 16-64 year olds in employment](#) in Redbridge in 2018/19 was 69%, about 138,000 people. This was one of the lowest rates of all London boroughs.
- Unemployment in those who are seeking work is strongly linked to worse health and life outcomes, including poorer mental health, higher smoking and alcohol use, and worse physical health. However, not everyone who is not working is seeking work. Four in five of Redbridge residents aged 16-64 who are not working are classed as “[economically inactive](#)” – this includes those who are homemakers, students or not well enough to work. Some of these groups have worse health outcomes than those in employment, while others have equal or better outcomes.
- In 2018, 51% of jobs in Redbridge paid at or above the [London Living Wage](#). This was the lowest rate in London. Across London, 80% of all jobs paid at or above the London Living Wage.

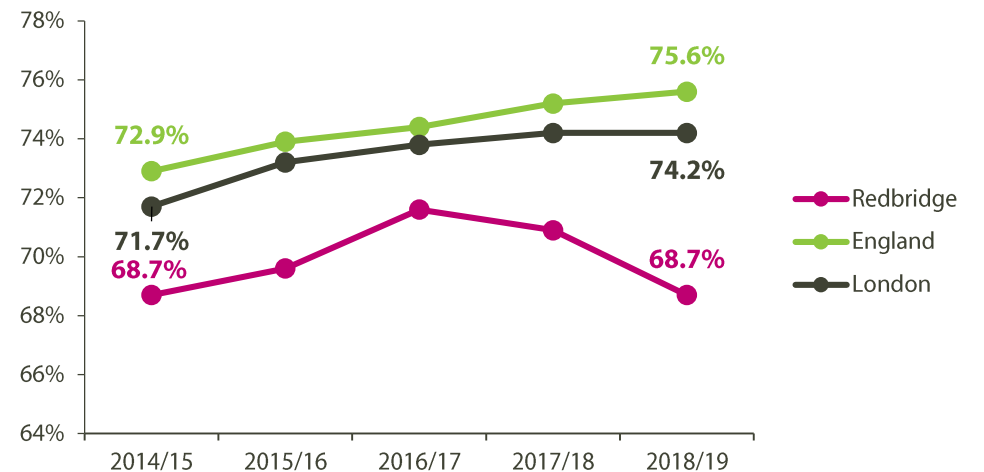
## How has the situation changed over the past 5 years?

- The proportion of the working age population in employment in Redbridge has [risen and then fallen over the past 5 years](#), while both regionally and nationally there has been a steady increase. Redbridge has a statistically significantly lower proportion of its working age residents employed than London and England.
- Due to the recent introduction of Universal Credit for those who are out of work, replacing previous unemployment benefits, it is not possible to track changes in those claiming unemployment benefits over time.

Proportion of 16-64 year olds in employment in 2018/19 in Redbridge, compared to the London average and the best and worst London boroughs



Trend in proportion of 16-64 year olds in employment from 2014/15 to 2018/19





# Employment and workplace health

## Why is employment and workplace health important?

Employment serves many beneficial functions in the life of individuals; financial security, a sense of personal identity, and an opportunity to make a contribution to community life and society as a whole. Work has positive benefits both for physical and mental health and wellbeing. It offers regular activity that provides structure in daily life, social contact outside the context of family, and collective effort and purpose. Having stable employment and housing contributes to the experience of good mental health. Stable employment and housing are also important in enabling people to recover well from mental health issues. Access to employment and good working conditions has a positive impact on the health of communities.

Whilst, Redbridge has a high proportion of highly skilled residents, the percentage of residents of working age in employment (69%, 2018/19) is significantly lower compared with London (74%) and England (76%). Some of the key issues facing Redbridge include above average unemployment rates and high numbers of residents in low paid and insecure employment. Redbridge also has higher than average levels of residents without qualifications, particularly in literacy, English language, numeracy and digital skills. Other barriers faced by our residents include access to affordable childcare and a lack of careers information, advice and guidance.

With a significant amount of time in a person's life spent at work, good working conditions and access to health and wellbeing opportunities at work are important commitments that employers can make to promote wellness. When employees are not in work due to ill-health, there are costs to individuals, employers and society as a whole. An average London organisation of 250 employees loses around £4,800 per week (or around £250,000 a year) due to sickness absence. Tackling sickness absence benefits employers, employees and society. With a captive audience, workplace well-being programmes have the potential to impact significantly on individuals' well-being.

## What are we doing about employment and workplace health in Redbridge?

The Redbridge Employment, Skills and Enterprise Plan sets out the skills and employment challenges in Redbridge and identifies priorities and actions required to respond to the challenges. The Plan seeks to provide pathways into employment for all residents and address the levels of low pay within the Borough. The plan capitalises on regeneration developments by working with partners to ensure inclusive growth and beneficial outcomes in terms of employment, skills and enterprise for local residents and businesses. The ambition of the delivery of the Employment, Skill and Enterprise Plan to improve the quality of life for all residents will be delivered by: addressing low pay and in-work poverty; improving access to employment, and building collaborative partnerships. Employment programmes such as Work Redbridge support residents, especially more vulnerable members of the Redbridge community, to find work, training and volunteering opportunities or to explore self-employment.

To support organisations to improve employee health and wellbeing, Redbridge supports the delivery of the pan-London workplace health accreditation scheme led by the Mayor of London's Office and supported by Public Health England (London Healthy Workplace Award scheme). The scheme helps organisations identify and address organisational issues including sickness absences, employee productivity and changes to the workplace to improve employee health and wellbeing.

# Educational attainment & special educational needs

## What is the current situation in Redbridge?

- In 2018/19, 83% of Redbridge children were [classified as school ready](#). School readiness is defined as the percentage of children achieving at least the expected level in communication and language skills at the end of Reception. The percentage of school ready children in Redbridge is statistically higher than both the national and regional averages.
- In 2018/19, the [average Attainment 8 score](#) of pupils at the end of key stage 4 (aged 15-16 years) in Redbridge was 54.5. This score measures the average achievement of pupils across 8 subjects. Educational attainment among Redbridge children is statistically higher than both the national and regional averages.
- In 2019, 12% (7,129) of pupils aged 5-16 years in Redbridge schools have [special educational needs](#) (SEN). Of those 78% (5,526) were [receiving SEN support](#)<sup>1</sup>, and 22% (1,603) had an [Education, Health and Care \(EHC\) plan](#)<sup>2</sup>. The Borough's responsibility for learners with EHCPs is now until the age of 25.

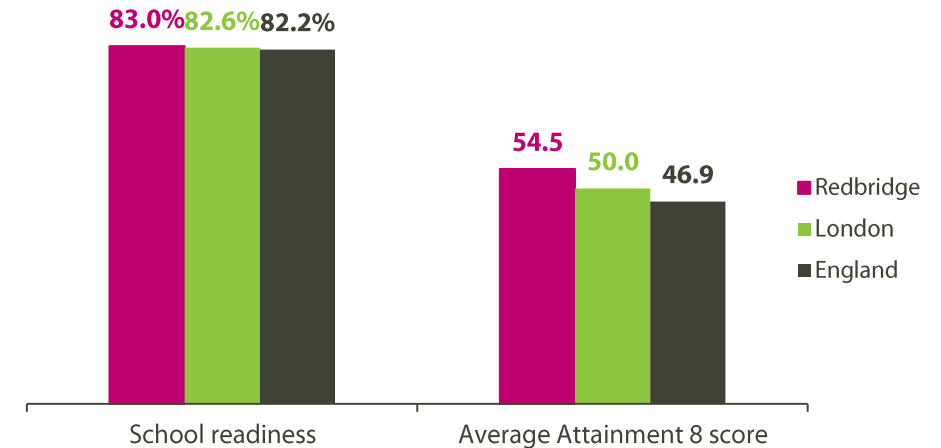
## How has the situation changed over the past 5 years?

- The percentage of Redbridge children that were school ready at the end of Reception has [increased](#) since 2012/13, mirroring the national and regional picture.
- The average Attainment 8 score of Redbridge pupils has [increased](#) over the past 5 years from 52.9 in 2014/15 to 54.5 in 2018/19. Regional and national attainment remained relatively stable over this period, and significantly lower than attainment in Redbridge.
- There has been a year on year increase of about 11% in those with EHCPs (i.e. those with complex needs) whilst those on SEN support (those with needs which can be met through school based resources) has reduced. The increase in the Redbridge EHCP population aged 0-25 years is significant across the board and is impacting on the demands for specialist placements in schools, both mainstream and special schools.

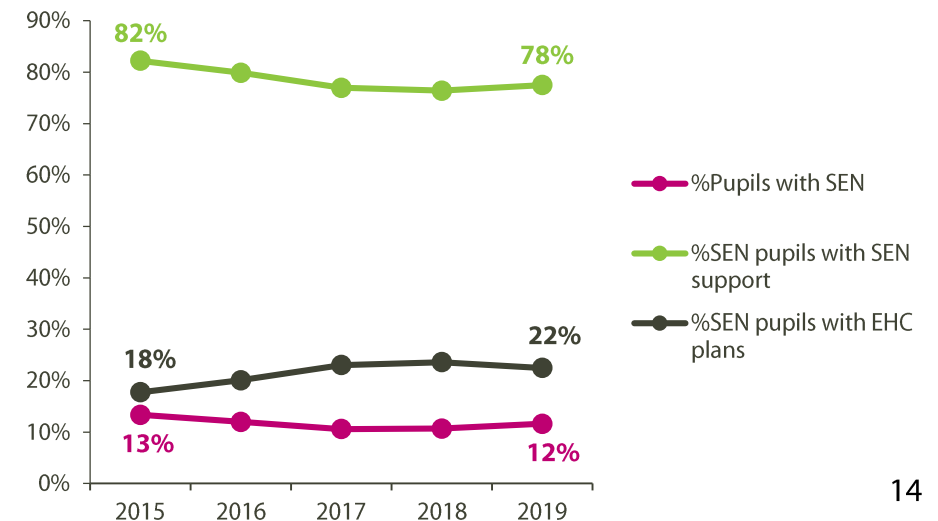
<sup>1</sup>SEN Support: extra or different help is provided as part of the school's usual curriculum by the class teacher, special educational needs co-ordinator and sometimes external specialists.

<sup>2</sup>Education, Health and Care (EHC) Plan: following a formal assessment a document is put in place setting out the child's need and the extra help they should receive.

School readiness and educational attainment (average Attainment 8 score) in 2018/19 in Redbridge, London and England



Trend in the proportion of Redbridge school pupils with special educational needs (SEN) and different types of support for SEN



## Chapter 2: Health behaviours and lifestyles

# Substance misuse

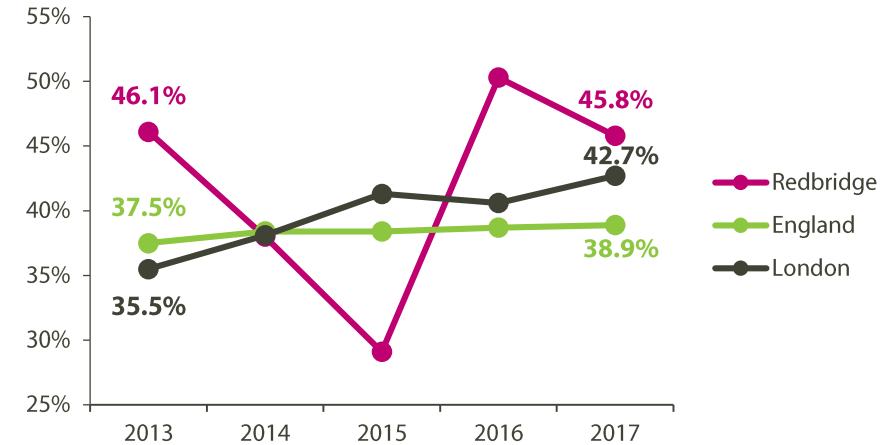
## What is the current situation in Redbridge?

- The [proportion of alcohol users who successfully completed treatment](#) for alcohol dependence (i.e. left treatment free of dependence and did not re-present to treatment within 6 months) in 2017 in Redbridge was similar to the London average (42.7%) and significantly better than the national average (38.9%) at 45.8%.
- The [proportion of non-opiate users who successfully completed drug treatment](#) in 2017 in Redbridge was similar to the London (39.2%) and national averages (36.9%) at 41.1%.
- The [proportion of opiate users who successfully completed drug treatment](#) in 2017 in Redbridge was similar to the London average (7.5%) and significantly better than the national average (6.5%) at 10.0%.
- In Redbridge from 2016-2018, the [mortality rate due to drug misuse](#) was 1.3 deaths per 100,000 population – this was significantly lower than the mortality rates in London (3.1 per 100,000) and nationally (4.5 per 100,000).

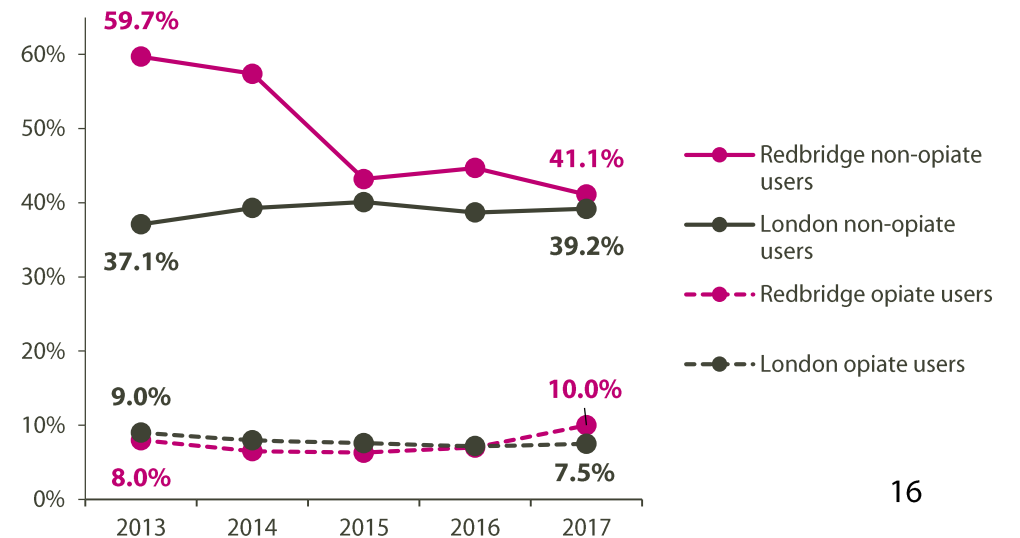
## How has the situation changed over the past 5 years?

- The proportion of alcohol users who successfully completed treatment in Redbridge declined sharply from 46.1% to 29.1% from 2013 to 2015 – it then rose sharply by over 20% to 50.3% in 2016, and in 2017 hovered around 46% ([similar to the level seen 5 years previously](#)).
- The proportion of non-opiate users who successfully completed treatment has been [declining](#) over the period 2013-2017 – it dropped by nearly a third from 59.7% in 2013 to 41.1% in 2017. However, it has remained above national and regional averages over this period.
- The proportion of opiate users who successfully completed treatment [increased](#) from 8.0% in 2013 to 10.0% in 2017, and is now above national and regional averages.
- The mortality rate due to drug misuse in Redbridge [declined](#) slightly from 1.5 deaths per 100,000 population in 2014-2016 to 1.3 per 100,000 in 2016-2018, and remained significantly lower than the national and regional rates over the period 2014-2018.

Proportion of alcohol users who successfully completed treatment for alcohol dependence from 2013-2017



Proportion of non-opiate users and opiate users who successfully completed drug treatment from 2013-2017



# Substance misuse

## Why is substance misuse important?

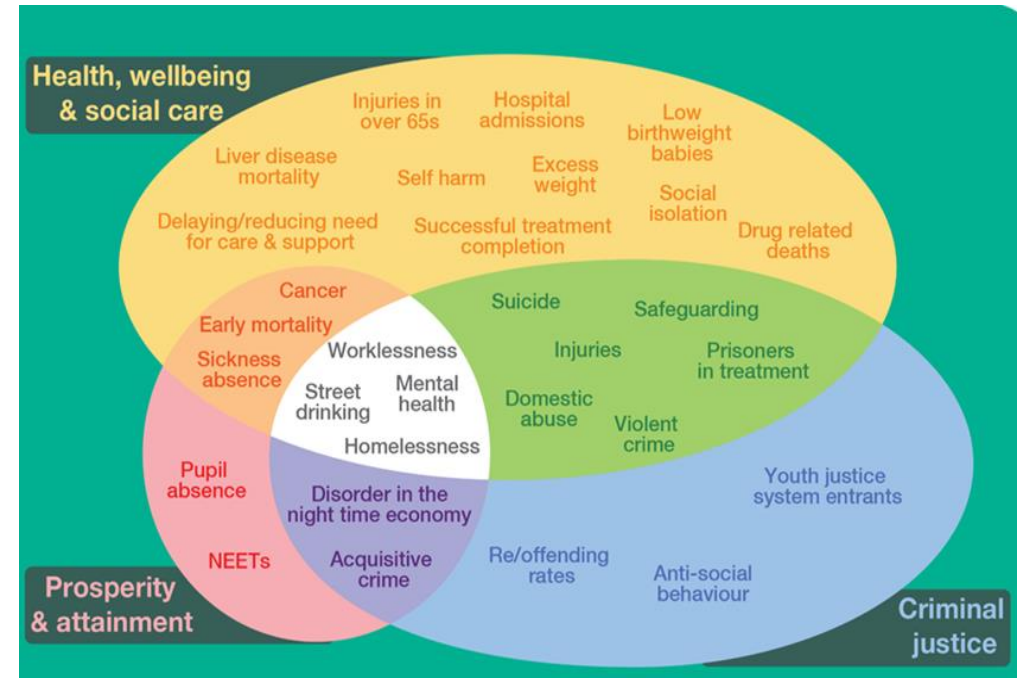
Addiction is classified as a 'chronically relapsing condition that has no cure' and left untreated will have a devastating impact on an individual's quality of life with symptoms worsening over time. Redbridge, like many other London boroughs, has significant problems in relation to both drug and alcohol misuse. This is particularly evident, but not limited to, the areas of higher deprivation within the Borough.

Many users turning to crime to pay for drugs. Over the past 5 years Redbridge has seen a significant increase in anti-social and criminal behaviour as a result of drug use and supply and street drinking. Increases in shoplifting and residential burglaries within Redbridge are predominantly associated with substance misuse. There are strong links between Class A drug supply and gang activity which has fuelled a surge in violence and knife crime across London over the past three years.

In addition to crime, substance misuse negatively impacts the community and public services in a number of other ways, as illustrated in the figure on the right.

Redbridge Council are committed to making Redbridge a child friendly, safe and pleasant environment for its residents and is consequently committed to tackling the negative effects that substance misuse has on the community.

## Wider impacts of substance misuse on the community and public services



Source: Public Health England (2018)

## What are we doing about substance misuse in Redbridge?

- **Prevention:** The Redbridge 'Fusion' young persons service focuses on early intervention and education, working to raise awareness amongst young people about the risks associated with substance misuse and divert young people away from both drug and alcohol use as well as gangs and drug supply.
- **Treatment & Recovery:** In Redbridge there is a strong ethos of partnership working and this approach is reflected within our commissioned substance misuse treatment service R3. The R3 service is delivered by the Westminster Drug Project and offers a comprehensive, recovery focused treatment provision for individuals and families affected by substance misuse. The service offers a wide range of treatment interventions including group work, care planned psychosocial interventions, opioid substitute prescribing as well as assessment and referral for residential detoxification and rehabilitation.
- In 2019 a new street based outreach service was developed to focus on engaging with street drinkers, drug users and homeless individuals not engaged with statutory treatment services.
- In June 2019 Redbridge were the first Partnership in England to introduce an innovative new treatment for opiate dependence called Buprenorphine.



# Smoking

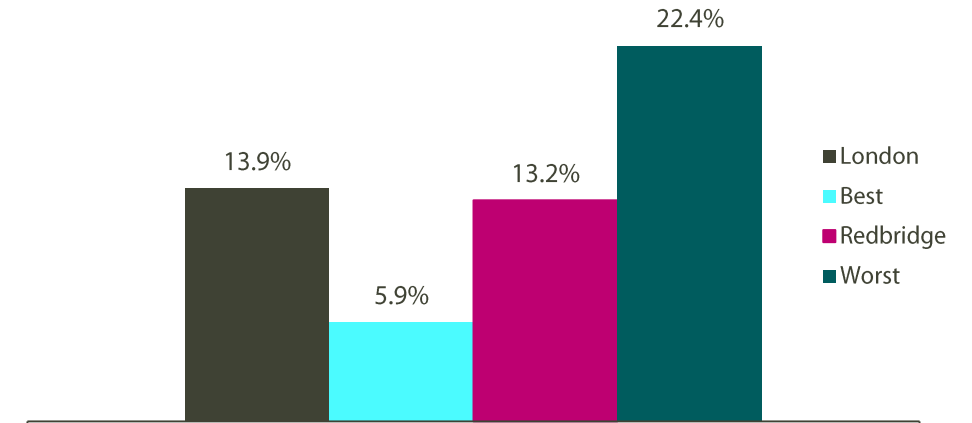
## What is the current situation in Redbridge?

- The [prevalence of smoking](#) in Redbridge in 2018 was 13.2%, over 40,000 people. This was similar to the London average of 13.9%.
- The prevalence of smoking varies significantly by socio-economic group - prevalence of smoking among working age adults in [routine and manual occupations](#) in Redbridge was 22.6% in 2018, similar to the London average of 23.6% for this group, and over 70% higher than the rate in the population overall.
- Smoking in pregnancy increases the risk of serious complications, and has well known negative effects on the growth and development of the baby and health of the mother. In Redbridge in 2018/19, 3.9% of [pregnant women were smokers at the time of delivery](#). This was significantly better than the London average of 4.8%, and the national average of 10.6% - it is also falls well below the national target for 2022 of 6% or less pregnant women smoking, as set out in the national Tobacco Control Plan.

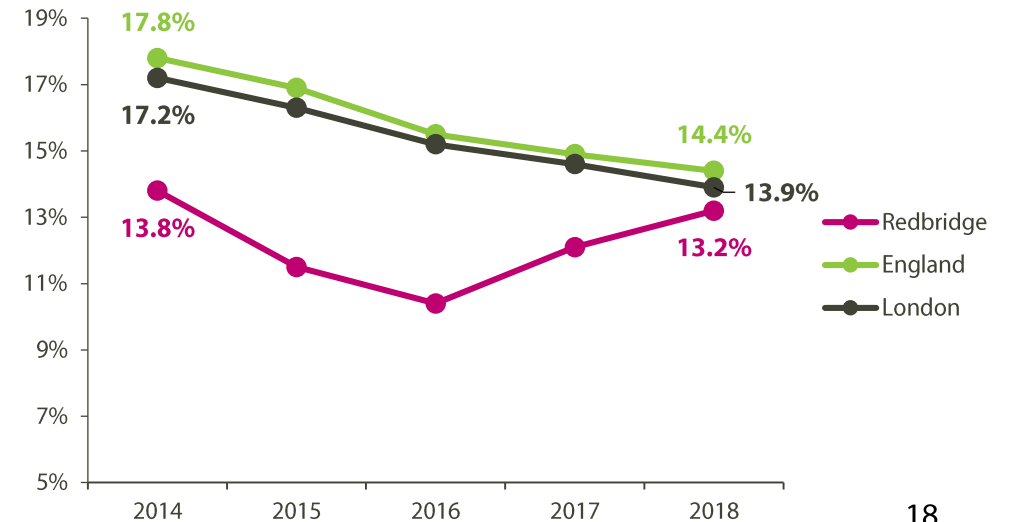
## How has the situation changed over the past 5 years?

- The prevalence of smoking in Redbridge has fallen then risen [over the past 5 years](#), while both regionally and nationally there has been a steady decrease. Since 2016, prevalence has increased from 10.4%, a rate lower than the London average, to 13.2% in 2018, similar to the London average.
- There has been a similar [trend in the prevalence of smoking among routine and manual workers](#) – it fell then rose over the past 5 years. Since 2016, prevalence in this group has increased from 12.5%, a rate lower than the London average, to 22.6% in 2018, similar to the London average.
- The prevalence of smoking among pregnant women at the time of delivery has [remained significantly below the London average over the past 5 years](#). The rate has remained at a similar level between 2018/19 (3.9%) and 2014/15 (4.0%).

Smoking prevalence in 2018 in Redbridge, compared to the London average and the best and worst London boroughs



Trend in smoking prevalence from 2014 to 2018



# Smoking

## Why is smoking cessation important?

Smoking remains the main cause of preventable poor health and premature death. Smoking is a major risk factor to many diseases including lung cancer, heart disease and chronic obstructive pulmonary disease (COPD). Stopping smoking produces significant benefits to the health of those who smoke and the health of those around them. There are additional advantages to health and social care when people quit smoking. This includes higher survival rates, fewer re-admissions following surgery, shorter hospital stays, and decreased infections.

The marked social gradient in the prevalence of smoking translates into inequalities in the incidence of and deaths from diseases associated with smoking.

Smokers are more likely to need domiciliary care and need care on average 9 years earlier than non-smokers. In Redbridge, £4 million is spent annually on social care for smoking-related illnesses (£2.2 million from the Council's social care budget and £1.8 million from residents' own finances and funding for private care). Smoking costs the NHS in Redbridge £9.1 million annually. The local economy loses £28.7 million of potential wealth annually as a result of lost productivity due to smoking, while smoking breaks cost businesses in Redbridge £13.5 million.

## What are we doing about smoking in Redbridge?

- Redbridge has an established multi-agency Tobacco Control Group to ensure the delivery of evidence-led tobacco control programmes that motivate and support smokers to quit, stop smoking among children and young people, promote a Smokefree environment, and control illicit tobacco sales in the Borough.
- Redbridge provides a comprehensive evidence-based Stop Smoking Service which includes the provision of behavioural support and pharmacotherapy. The service provides one-to-one and group support; telephone and virtual support is also available as part of the service. Embedded within the service model is outreach and engagement and harm reduction. The targeted delivery arm of the service is aimed at reducing health inequalities and will ensure that specific groups who are at significant risk of tobacco-related harm are prioritised. This includes smokers with mental health conditions, pregnant smokers, resident groups with particularly high smoking prevalence such as manual workers and smokers with long term conditions and other conditions caused or made worse by smoking.
- Redbridge contributes to the pan-London Stop Smoking Helpline providing an additional opportunity for our residents to receive free expert smoking cessation support to quit.
- Smokefree refers to air that is free of tobacco smoke. Redbridge is committed to implementing Smokefree zones to protect the public from the harmful effects of second-hand smoking (SHS) and reduce associated health risks. Implementing Smokefree zones in areas such as high streets, parks, and around schools contributes to protecting children and vulnerable people from adverse effects of SHS. Additionally, reduced exposure of smoking by children through Smokefree zones protects them from potential smoking role models and therefore work towards "social denormalisation" creating a generation where smoking is not the norm. This contributes to driving a downward trend in the prevalence of smoking with the ongoing benefit of improved air quality experienced by residents, workers and visitors to Redbridge's high streets and parks.

# Physical activity

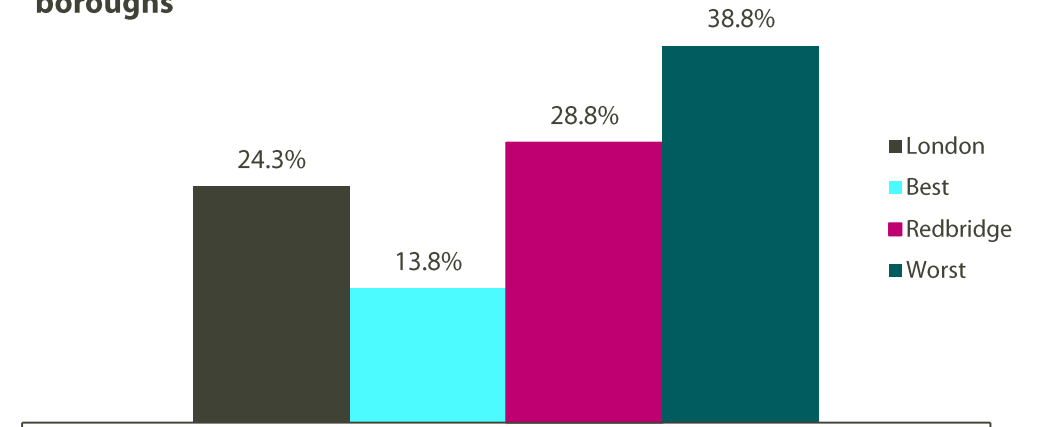
## What is the current situation in Redbridge?

- The Chief Medical Officers' physical activity guidelines recommend at least 150 minutes of moderate intensity physical activity (e.g. brisk walking or cycling) or at least 75 minutes of vigorous intensity activity (e.g. running) per week for adults. In Redbridge as of 2018/19, 58% of adults [meet these guidelines](#) – this is below the national (63%) and regional level (64%).
- In Redbridge, 29% of the population are [physically inactive](#) (i.e. they do less than 30 minutes of physical activity per week). This is worse than the national (25%) and regional level (24%).

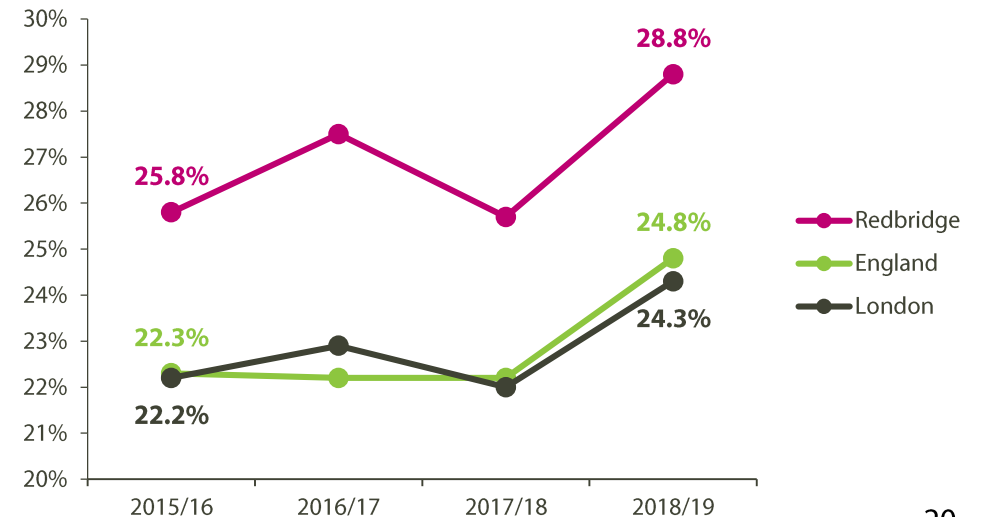
## How has the situation changed over the past 3 years?

- Between 2015/16 and 2018/19, the proportion of the adult population meeting physical activity guidelines has remained fairly constant at around 60%, and has remained significantly worse than national and regional averages.
- Regarding physical inactivity, the situation hasn't changed significantly between 2015/16 and 2018/19 – prevalence increased slightly from about 26% in 2015/16 to 29% in 2018/19, and has remained worse than national and regional averages.

Prevalence of physical inactivity in 2018/19 in Redbridge, compared to the London average and the best and worst London boroughs



Trend in physical inactivity prevalence from 2015/16-2018/19





# Physical activity

## Why is physical activity important?

Physical activity or exercise for most urban people has been on a steady decline for many years now and is considerably low in Redbridge. Physical activity has significant benefits for health, both physical and mental, and can help to prevent and manage over 20 chronic conditions and diseases, including some cancers, heart disease, type 2 diabetes and depression. Physical activity not only brings about health benefits but also improves wellbeing and tackles issues around social isolation and loneliness.

## What are we doing about increasing physical activity in Redbridge?

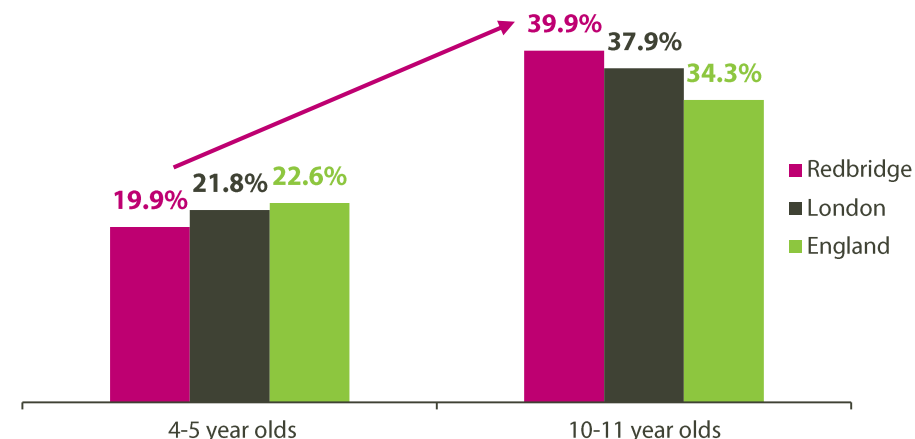
- We are working in partnership with Vision Redbridge Culture and Leisure to provide physical activity services for all residents, working in particular with the most sedentary members of the population and supporting them to increase their activity levels.
  - We have installed 10 outdoor gyms across the Borough.
  - We commission an 'Exercise on Referral' service, which offers residents 12 sessions of supported physical activity.
  - We commission 'Fit For Fun', a community based physical activity programme that is open to all community groups in Redbridge and offers 20 weeks of physical activity at no cost. Popular activities include Zumba, chair based exercise and yoga. The vast majority of those who participate remain active for up to 12 months after the sessions.
  - We are supporting families to increase their levels of physical activity through a number of programmes including antenatal and postnatal yoga, Active Stars (child weight management service) and Family Fit and Fun.
- As part of a new Physical Activity Strategy being adopted by the Borough, we are working on a range of initiatives with our partners, including direct interventions, campaign and 'nudge' programmes, to support the community to become more active.
  - In partnership with Vision, we are working with London Sport data to develop targeted interventions in identified core areas of physical inactivity.
  - The Borough is developing a long-term campaign with targeted messaging to reach key audiences identified through extensive survey work. We are liaising with private sector gyms and various clubs to bring them into an 'umbrella' campaign, which is planned to run for 2-5 years.
  - In the public consultation on the Physical Activity Strategy, 25% of respondents (30 individuals) said they would like to lead community activities. In partnership with Vision, the Borough is now seeking to develop more community-led local exercise initiatives, with these individuals and a residents' association.

# Obesity

## What is the current situation in Redbridge?

- The [proportion of children who are either overweight or obese](#) in Redbridge doubles between the ages of 4-5 (20%) and ages 10-11 (40%).
- The level of excess weight among 10-11 year olds in Redbridge is worse than the average for England or London.
- In Redbridge, [56.4% of adults are overweight or obese](#) – this is similar to the London average (55.9%), and significantly better than the national average (62.0%).

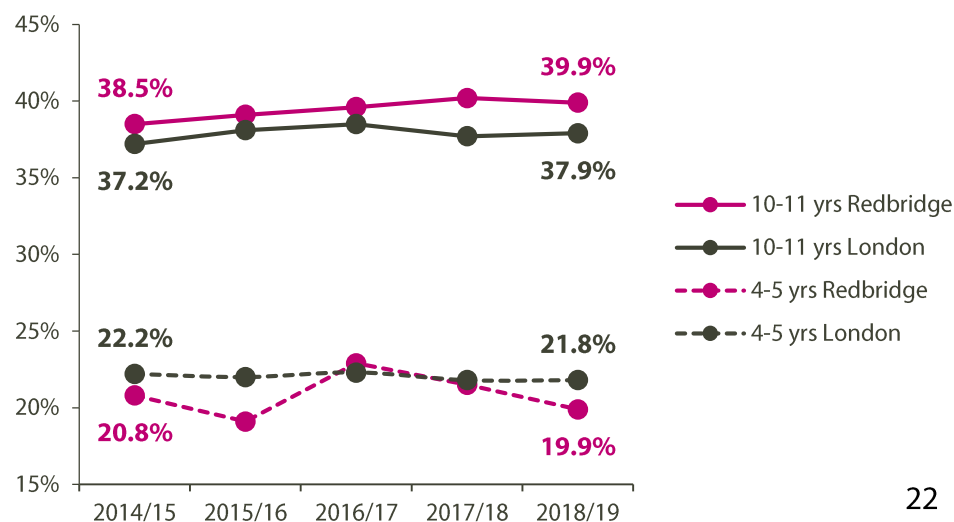
Prevalence of overweight and obesity among Reception (aged 4-5) and year 6 (aged 10-11) children in 2018/19



## How has the situation changed over the past 5 years?

- In 2018/19, the prevalence of overweight and obesity among 10-11 year olds in Redbridge [dropped for the first time in 5 years](#) to 39.9% - although this level is still higher than it was 5 years ago (38.5% in 2014/15).
- Prevalence of overweight and obesity among 4-5 year olds in Redbridge was higher than national and regional averages 3 years ago (at 22.9%) – it has [steadily declined](#) in this period and dropped below national and regional averages to 19.9% in 2018/19.
- Prevalence of excess weight among adults in Redbridge [dropped year on year](#) from nearly 60% of adults in 2016/17 (significantly worse than the London average) to 56.4% in 2017/18 (similar to the London average).

Trend in prevalence of overweight and obesity among Reception (aged 4-5) and Year 6 (aged 10-11) children from 2014/15-2018/19



## Why is tackling obesity important?

The prevalence of obesity in England has tripled over the last 20 years and continues to rise. Most adults in England are now overweight, and one in five are obese. Obesity is a risk factor for Type 2 diabetes, coronary heart disease and some cancers. On average, each person who is classified as obese could lose up to nine years of their life. Obesity disproportionately affects some ethnic minority groups. Being overweight or obese in childhood has profound impacts on the health and life chances of children. Children living in the most deprived areas of England are over twice as likely to be obese than those living in the least deprived areas.

No one organisation has all the answers or responsibility to tackle obesity. Given this, Public Health England says that a 'whole systems approach' is needed to tackle obesity – this approach recognises that a broad range of stakeholders, across different sectors, have a role to play in creating a healthier local system in which a healthy weight is attainable.

## What are we doing about obesity in Redbridge?

- In Redbridge, we began our journey to take a 'whole systems approach' to tackling obesity in late 2019. Based on [Public Health England's 2019 guidance](#) on this subject, we ran two workshops with a range of stakeholders from the public, private and third sectors that focussed on taking a complex system perspective in understanding and taking action on obesity respectively. The next phase of this work involves implementing and monitoring the whole systems action plan that is being developed based on the outputs from the workshops.
- The Council has an advertising and sponsorship policy that states that it will not advertise unhealthy food and drink.
- We are a Sugarsmart Borough and as such are taking action to reduce sugar consumption.
- We are supporting fast food businesses to improve their food offer through the Healthier Catering Commitment scheme, which supports businesses to offer healthier options and suggests alternatives to the way that they prepare food. We have 39 businesses signed up.
- We have implemented a 400 metre planning restriction on any new fast food businesses near all schools, leisure centres and parks.
- We are working with our partners to decrease food poverty, increase access to fresh fruit and vegetables, increase uptake of Healthy Start vouchers, free school meals and reduce holiday hunger by providing food in the school holidays to children from families on low incomes.
- We commission a weight management service for adults and children respectively. Results from our multicomponent Tier 2 (i.e. community-based lifestyle interventions) weight management service for adults show that that at least one third of service users lose up to 5% of their body weight over a 6 week period which is an indicator of a success according to NICE guidelines.

# Sexual health

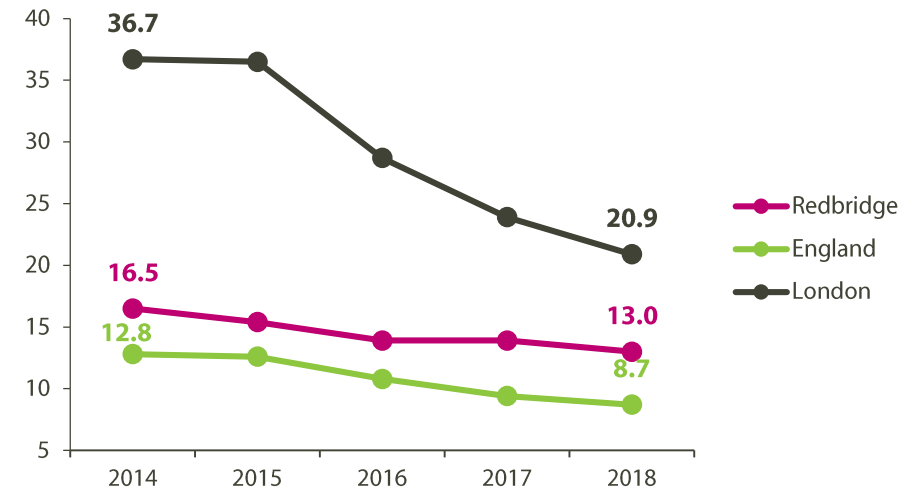
## What is the current situation in Redbridge?

- The [rate of new diagnoses of sexually transmitted infections \(STIs\)](#) (excluding chlamydia in those aged under 25) in Redbridge in 2018 was 778 per 100,000 population. This was the fourth lowest incidence rate of all London boroughs. The [rate of new HIV diagnoses](#) was significantly lower in Redbridge (13 per 100,000 aged 15 years and over) in 2018 than the London average (20.9 per 100,000 aged 15 years and over).
- Chlamydia is the most common bacterial STI in England, and can lead to infertility in women if untreated. PHE has set a goal for local authorities to detect at least 2,300 infections per 100,000 young people aged 15-24 years. In Redbridge, the [chlamydia detection rate](#) fell below this target in 2018 at 1,312 per 100,000, and below the national and regional averages.
- Teenage parenthood is linked with poor outcomes for both parent and child, including living in long-term poverty. The [rate of teenage pregnancy](#) in Redbridge (12.4 conceptions per 1,000 females aged 15-17) is significantly better than national and regional averages.

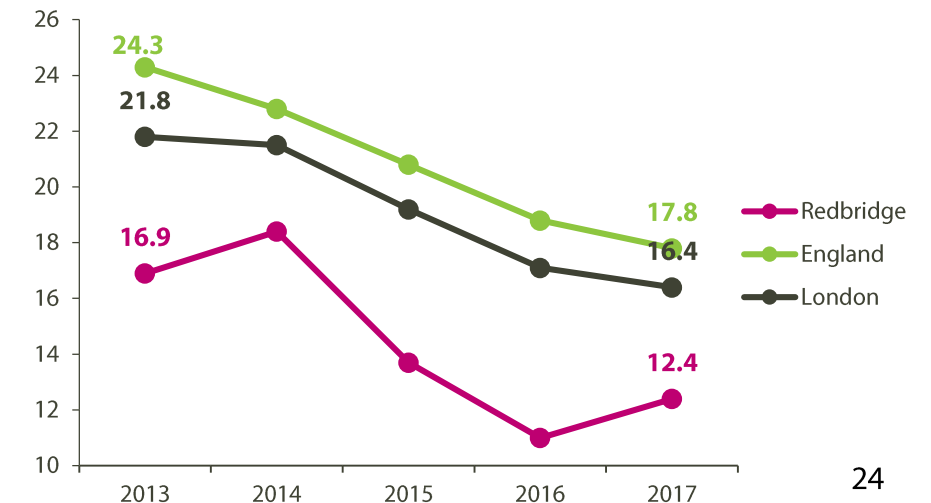
## How has the situation changed over the past 5 years?

- There has been [no significant change](#) in the rate of new STI diagnoses in Redbridge over the past 5 years; it has remaining significantly lower than the national and regional averages. The rate of new HIV diagnoses has [decreased gradually](#) over the past 5 years, from 16.5 new diagnoses per 100,000 aged 15 years and over in 2014 to 13 per 100,000 in 2018.
- There has been [no significant change](#) in the chlamydia detection rate in Redbridge over the past 5 years – it has consistently fallen below the PHE goal of 2,300 diagnoses per 100,000 people aged 15-24 years.
- The teenage pregnancy rate has [significantly improved](#) in Redbridge over the past 5 years, dropping by over 25% from 16.9 conceptions per 1,000 females aged 15-17 years in 2013 to 12.4 per 1,000 in 2017. It remained below regional and national averages throughout this period.

Trend in new HIV diagnosis rate per 100,000 aged 15+ from 2014-2018



Trend in teenage conception rate per 1,000 females aged 15-17 years from 2013-2017



# Sexual health

## Why is sexual health important?

Sexual health covers a wide range of areas including contraception, STIs, teenage pregnancy, abortions and sexual offences and is important across the whole life course. Some STIs can be asymptomatic (no symptoms). For this reason, opportunistic screening is an important tool to identify infections early. In Redbridge, screening our young people for chlamydia is a particular challenge with one of the lowest detection rates of all the London boroughs. Increasing our chlamydia detection rate is a local priority.

An outcome on which Redbridge is doing particularly well is teen pregnancy - Redbridge has one of the lowest teen pregnancy rates of all the London boroughs, and this is continuing to fall, dropping by over 25% between 2013 and 2017. Teenage mothers experience poor outcomes and are at higher risk of missing out on further education. Their children can be affected too, with a 30% higher rate of low birth weight, a 75% higher rate of infant mortality, and a 63% higher risk of experiencing child poverty.

## What are we doing about sexual health in Redbridge?

### Prevention and risk management:

- We support schools to ensure high quality relationships and sex education (RSE) in preparation for statutory RSE in 2020. We ensure that RSE and Personal, Social, Health and Economic Education (PSHE) content is integrated with commissioning of school nursing, sexual health services, safeguarding and emotional wellbeing programmes.
- Redbridge commissions a Young Person's Sexual Health Service and Integrated HIV Prevention Service that provide outreach to our most at risk groups including young people. These services promote prevention and safe sex messages to help reduce unintended pregnancy and STI and HIV transmission.
- We provide screening for early detection, including an online, self sampling services. Residents can also access free, confidential integrated sexual health services that provide contraception, STI testing and treatment. Redbridge has maintained our local Chlamydia Screening Programme, which not only helps with early detection and treatment of asymptomatic infection, but also helps to reduce onward transmission and the consequences of untreated infection by incorporating results management, signposting for treatment, partner notification and re-testing notifications.
- We provide long acting reversible contraception (LARC) and emergency hormonal contraception to our residents at pharmacies and GP surgeries.
- We provide a free condom distribution service to young people and other at risk groups, including residents living with HIV and men who have sex with men (MSM).

### Treatment, management and support:

- We commission high quality sexual health services in line with national guidance and standards, including specialised integrated sexual health clinics located at Loxford, Hainault and Barking for treatment of complex STIs.
- For users of the online screening service, we provide postal treatment for asymptomatic patients.
- We provide a HIV support service to support HIV positive patients to address their psychological and emotional (psychosocial) needs and to help them to self manage their condition.

## Chapter 3: Places and communities



# Air quality

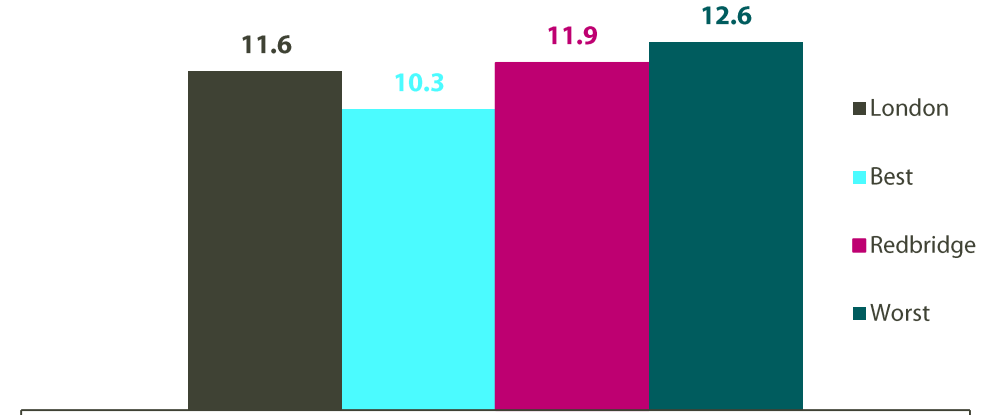
## What is the current situation in Redbridge?

- Air pollution is a mixture of particles and gases that can have adverse effects on human health including; nitrogen dioxide (NO<sub>2</sub>), other oxides of nitrogen (NO<sub>x</sub>), and particulate matter (PM<sub>10</sub> and PM<sub>2.5</sub>). Fine particulate matter (PM<sub>2.5</sub>) is most evidently linked to poorer health outcomes as particles are small enough to pass through the lungs into the blood stream. Generally London has a higher density of fine particulate matter in the air compared to the rest of the country.
- The burden of air pollution in the UK in 2013 was estimated to be equivalent to approximately [28,000-36,000 deaths](#). In 2017, the [proportion of deaths attributable to particulate matter](#) was slightly higher in Redbridge (6.7%) compared to London (6.5%).
- [Fine particulate matter in Redbridge \(PM<sub>2.5</sub>\)](#) is currently at a mean value of 11.9 µg/m<sup>3</sup>. Redbridge ranks the 14<sup>th</sup> highest of 33 London boroughs with regards to fine particulate matter, and the concentration of fine particulate matter in Redbridge is higher than the London average. In 2016, [road transport was responsible for 41% of fine particulate matter \(PM<sub>2.5</sub>\) emissions](#) in the Borough (data not shown).

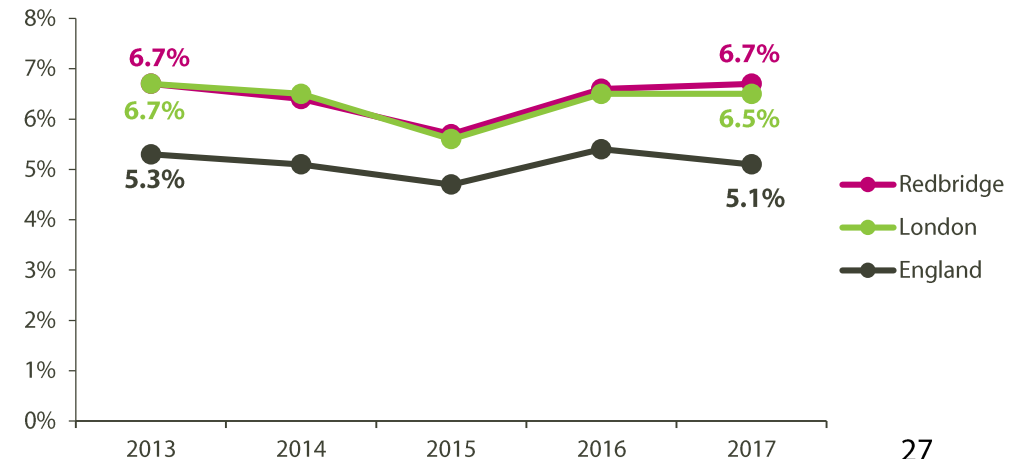
## How has the situation changed over the past 5 years?

- Between 2013 and 2015, the proportion of deaths attributable to particulate air pollution was decreasing in Redbridge. However [since 2015, the proportion has been increasing](#). The local trend reflects the national and regional picture.
- The proportion of deaths attributable to particulate matter mirrors the trend in the average concentration of fine particulate matter (PM<sub>2.5</sub>) in the Borough; which has also decreased between 2013 and 2015 but has been [increasing since 2015](#) (data not shown).

Annual concentration of human-made fine particulate matter (PM<sub>2.5</sub>), in Redbridge compared to other areas in London, in 2017.



Proportion of deaths attributable to particulate air pollution in Redbridge, London and England between 2010 and 2017.





## Why is air quality important?

Air pollution is considered a serious public health issue for the UK. Long term exposure to poor air quality is linked to lung cancer, heart disease and respiratory diseases. The most vulnerable members of our society such as the very young, the elderly and those with existing heart and lung conditions are most affected by exposure to poor air quality. This can lead to restricted physical activity, increased hospital admissions and even premature mortality. Even short-term exposure to air pollution can exacerbate existing health conditions including cardiovascular and respiratory disease. Research has demonstrated that those living in more deprived areas are exposed to higher concentrations of air pollution.

## What are we doing about air quality in Redbridge?

- In June 2019, London Borough of Redbridge declared a climate emergency, committing to becoming carbon neutral by 2030 and working with partners to address climate change.
- To improve air quality and protect the health and wellbeing of our citizens, Redbridge has developed a Draft Air Quality Action Plan (AQAP)<sup>1</sup>, which details the action Redbridge will be taking to reduce pollutant concentrations. These actions prioritise tackling the sources that contribute the most to local air pollution; emissions from road traffic, emissions from water and space heating and emissions from construction.
- Our proposed priorities are to:
  - Reduce pollution in and around schools
  - Install Ultra-Low Emission Vehicle charging infrastructure
  - Reduce emissions from the Council's own transport fleet
  - Promote transport mode shifts to walking, cycling and public transport
  - Improve walking and cycling infrastructure
  - Promote and deliver energy efficiency retrofitting projects in workplaces and homes
  - Promote and enforce Smokefree zones in areas such as high streets, parks, and around schools to protect the public from the harmful effects of second-hand smoking and reduce associated health risks
  - Support pollution alert services, including Airtext and the Mayor's air pollution forecasts
  - Control construction emissions
  - Reduce pollution through planning and transport policies
  - Raise awareness amongst Redbridge residents and businesses about what they can do to reduce their own emissions and avoid exposing themselves to existing pollution
  - Work with the Greater London Authority (GLA) and Transport for London (TfL) to continue to reduce pollution in the Borough and across London.

<sup>1</sup>The full draft plan can be read at [https://engagement.redbridge.gov.uk/civic-pride/air-quality/user\\_uploads/air-quality-consultation-document.pdf](https://engagement.redbridge.gov.uk/civic-pride/air-quality/user_uploads/air-quality-consultation-document.pdf)

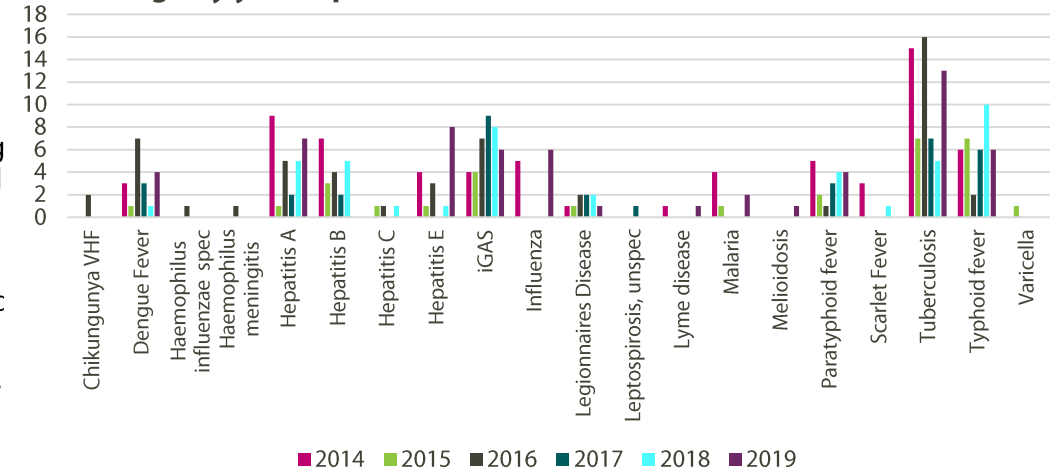


# Health Protection

## What is the current situation in Redbridge?

- Health Protection refers to a set of functions to protect individuals and populations from infectious diseases, radiation, and chemical and environmental hazards. These are new responsibilities placed on Local Authorities from 2013, following the implementation of the Health and Social Care Act, 2012.
- The Health Protection priorities for Redbridge include; continued reduction in the prevalence of Tuberculosis (TB) and Vaccine Preventable Diseases (VPDs), improving vaccine coverage, reducing air pollution, contributing to the continued reduction of Healthcare Associated Infections (HCAI) in the community; tackling antimicrobial resistance, and meeting the national Hepatitis C elimination target.
- The notifiable diseases reported from Redbridge in the last 6 years are illustrated in the figure on the right, which shows that TB, paratyphoid, invasive Group A Streptococcal infections (iGAS), Hepatitis B, Hepatitis A and Dengue fever were the most common notifiable diseases.
- In addition, from 2014-2019, there have been 972 cases of food borne illnesses, with Salmonella accounting for 224 cases, campylobacter for 629 and Shigellosis for 47 cases (not included in the right-hand side figure).

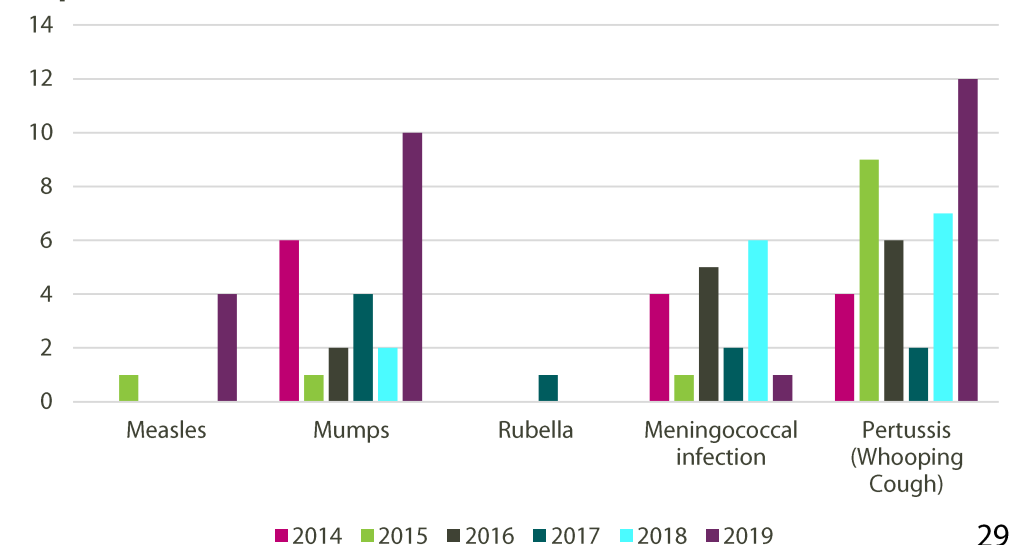
Number of notifiable disease cases (excluding food-borne infections) in Redbridge by year reported from 2014-2019



## How has the situation changed over the past 5 years?

- Redbridge has seen a decrease in the incidence rate of TB over the past 5 years, from 45.5 cases per 100,000 population in 2015 to 29.6 per 100,000 in 2019, a significant achievement.
- An increasing trend in the last 5 years has been noted for food borne illnesses (e.g. campylobacter, salmonella and shigellosis), with the highest number of cases reported in 2019; this is being addressed by the Environmental Health team.
- There has been continued promotion of vaccine uptake to prevent and reduce VPDs. There have been recent outbreaks of measles in England and Redbridge reported 4 confirmed cases in 2019. The most commonly reported VPDs in Redbridge from 2014-2019 were mumps (25 cases), Rubella (1 case), Meningococcal infection (19 cases) and Pertussis (whooping cough) (40 cases).

Number of cases of vaccine preventable infections in Redbridge by year reported from 2014-2019



# Health Protection

## Why is Health Protection important?

Health Protection seeks to protect the health and wellbeing of residents through planning, surveillance, and preparedness for incidents, outbreaks and emergencies. Utilising population-wide surveillance to inform interventions, the prevention work includes minimising the health impact from environmental hazards such as chemical, biological and radiation hazards, the delivery of national immunisation and screening programmes, the provision of health services to diagnose and treat infectious diseases, the prevention of Health Care Associated Infections (HCAI), and tackling antimicrobial resistance.

Redbridge has a robust Health Protection function which includes the Director of Public Health, a Health Protection officer and the Health Protection Forum (HPF). The Forum provides assurance for Health Protection activities and consists of a number of partners from across the Council, Public Health England, NHS England, NHS Secondary Care, Redbridge CCG, and voluntary sector partners.

## What are we doing about Health Protection in Redbridge?

The Health Protection priorities for Redbridge are addressed through an annual action plan outlining various initiatives, which are monitored by the Redbridge HPF. These initiatives include, among others:

- **Prevention:**
  - We launched a campaign to address low uptake of the MenACWY vaccine, which protects against 4 types of meningitis. We published an article in our local paper that goes to every household, disseminated leaflets to all libraries, distributed electronic versions of the leaflet to all schools, and GP practices, and engaged with the public to raise awareness about the MenACWY vaccine at Ilford central library. Following the campaign, MenACWY vaccine uptake increased to 82% in the eligible cohort, on par with the London average.
  - To improve uptake of the Human Papilloma Virus (HPV) vaccine, we convened a working group meeting, which included NHS England and our school based vaccine delivery partner; to examine the issues that were impacting on uptake and to implement actions to promote uptake. We achieved an increase in uptake from 86% in 2017/ 2018 to 88% in 2018/2019 and are continuing to improve towards 90% and more.
  - We carry out an annual campaign to promote the seasonal flu vaccine, and we are currently working on promoting MMR vaccine uptake.
- **Planning and preparedness:** We have developed a pandemic flu plan, which has been approved by our Borough Resilience Forum.
- **Response to local incidents, outbreaks and communications:** Locally, we actively take part in PHE briefings regarding incidents and outbreaks and carry out local initiatives such as training to raise awareness as necessary. We have established clear communication channels with PHE, NHS and all the HPF partners, and we receive and review weekly infectious diseases and situation reports, as well as e-mail and telephone reports as necessary.
- **Strategic management:** We have been working with the North East London Antimicrobial Resistance Strategy group to contribute to the reduction of antimicrobial resistance (AMR) locally, through carrying out audits in community care settings and AMR awareness training, both at the care home forum and during care home visits.
- **Reporting and continued strategic monitoring:** A health protection annual report is presented to the Redbridge Health and Wellbeing board.

# Community safety

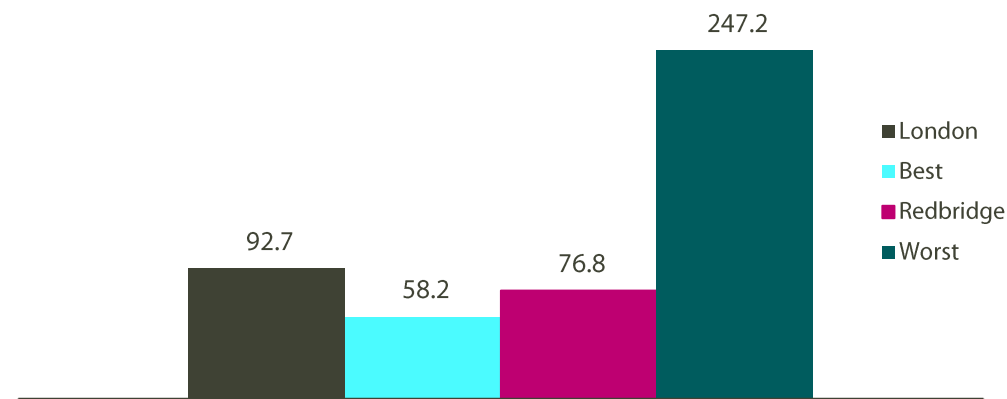
## What is the current situation in Redbridge?

- There were around 23,500 [crimes recorded](#) in Redbridge in 2018, or 77 per 1,000 residents. One in four recorded crimes were “violence against the person” (violence without injury, violence with injury, stalking and harassment; 2500 of these offences were domestic abuse). Nearly one in five recorded crimes were theft from people or businesses, and another one in five were theft from or of a motor vehicle.
- While knife crime is a serious issue that remains a priority for community safety, [the level of knife crime](#) in Redbridge is relatively low compared to London as a whole. In the year December 2018 to November 2019, there were 383 recorded knife-enabled crimes (including direct violence, and also crimes such as robbery or sexual assault where a knife was used) in Redbridge.

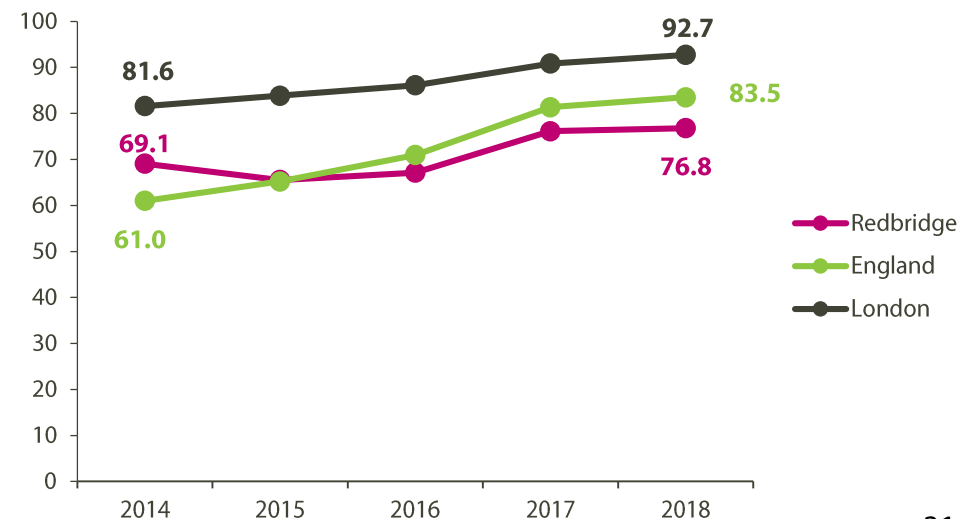
## How has the situation changed over the past 5 years?

- Recorded crime rates have [risen](#) in Redbridge, London and England over the last five years, but they have risen faster in London and England than they have in Redbridge.
- Knife crime in Redbridge has [fallen](#) over the last year, after previously rising to a high of 450 knife-enabled crimes in 2018. This is not the case in London as a whole, where recorded knife crimes have risen over the last year. Although relatively low in number, there has been a sharp increase in the severity of injuries related to reported incidents over the last 24 months.
- Domestic abuse has seen a steady increase since March 2017 (4100 incidents) to December 2018 (4268 incidents).

Recorded crime per 1,000 residents in 2018 in Redbridge, compared to the London average and the best and worst London boroughs



Trend in recorded crime per 1,000 households from 2014 to 2018



# Community safety

## Why is community safety important?

Crime has an economic impact on society (it is estimated that the total [costs of crime](#) in England and Wales are £59 billion a year) and on individual victims. It also negatively impacts the [wellbeing and quality of life](#) of victims, and indirectly impacts those who restrict their activity or feel increased anxiety and stress due to fear of crime. Fear of crime particularly affects women, older people and people with disabilities, who may reduce social and cultural activities, avoid walking or cycling outdoors, and become increasingly isolated. Adverse childhood trauma experienced by children and young people living with domestic abuse can have long term impacts on educational achievement, emotional wellbeing and increases the likelihood of gang involvement, poor mental health and drug or alcohol misuse. Major mental health consequences of crime tend to be restricted to those who are victims of violent crimes, sexual crimes and hate crimes, but low level stress can be experienced across society. Crime and the perception of crime also have strong negative consequences for the attractiveness of an area to live, work and socialise.

## What are we doing about community safety in Redbridge?

The [Redbridge Community Safety Partnership](#) is a group of statutory and voluntary services working across the Borough to improve community safety by preventing and protecting against crime and disorder, safeguarding vulnerable victims, and focusing on issues that have the largest impact on residents' quality of life. The Partnership's work includes:

- Reviewing the Partnership and Community response to domestic abuse and street violence through a Crime Commission;
- Operations targeting on-street drug sales in town centre locations to disrupt drug markets;
- Delivering Prevent to safeguard against radicalisation in a locally tailored manner, working with communities and schools across the Borough;
- Proactive targeted operations to prevent robbery and burglary, including delivering high quality substance misuse treatment for offenders whose offending is driven by drug use;
- Safeguarding vulnerable victims, through targeted outreach, community events, increasing awareness and confidence of victims to report crime;
- Promoting community initiatives such as 'Streetwatch';
- Commissioning diversionary activities for young people vulnerable to gang involvement, such as Box Up Crime and Project Z;
- On and off street operations to safeguard women involved in prostitution;
- Providing community support services for victims of domestic and sexual violence;
- Supporting an integrated offender management approach to reduce offending.

# Community resilience

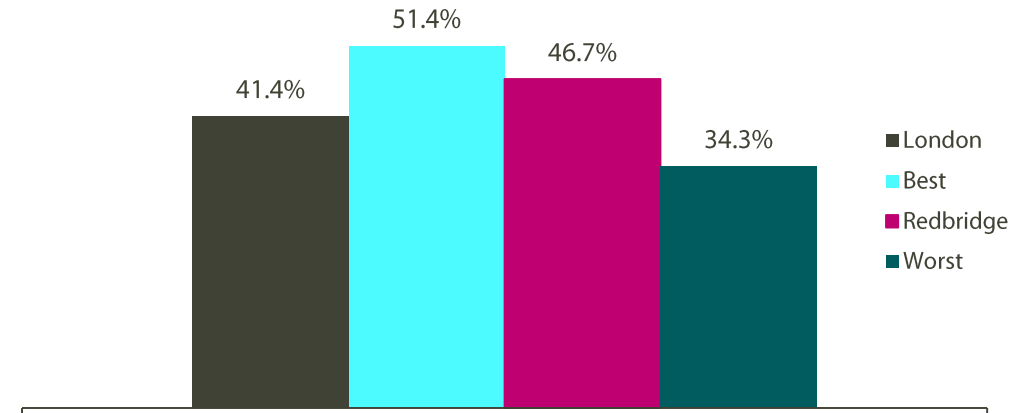
## What is the current situation in Redbridge?

- In 2017/18, 47% of adult social care users in Redbridge said they had [as much social contact as they would like](#). This makes 53% of adult social care users – or roughly 1,200 clients in a year – who did not have as much social contact as they would like.
- We do not have local data on loneliness and social isolation among other groups in Redbridge, but we know that nationally, there are three groups at [high risk of loneliness](#):
  - Widowed older homeowners living alone with long-term health conditions
  - Unmarried, middle-aged people with long-term health conditions
  - Younger renters with little trust and sense of belonging to their area

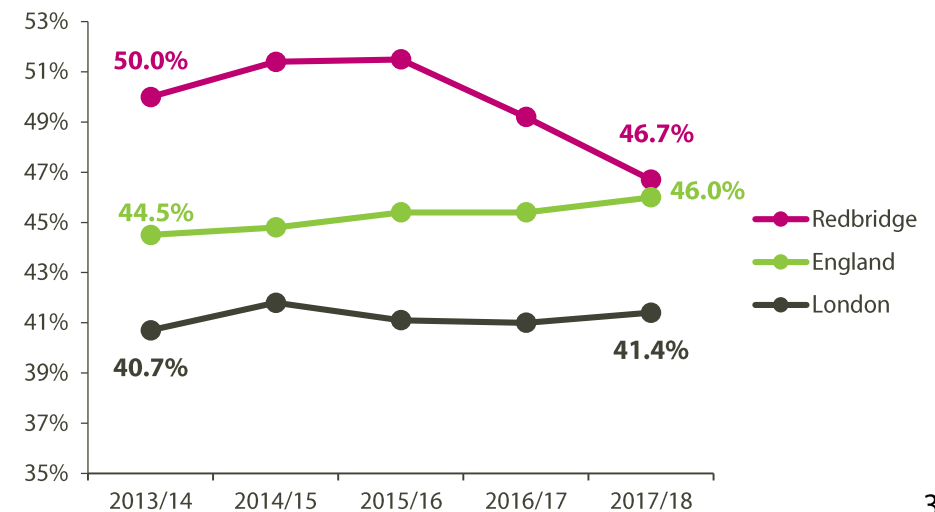
## How has the situation changed over the past 5 years?

- There have [not been major changes over the last 5 years](#) in social isolation among adult social care users in Redbridge, London or England. There has been a small decrease in the reported value for Redbridge residents, but due to the way this is measured we cannot be sure the difference is not due to chance.
- There has been an increased focus on community resilience and social isolation both locally and nationally in the last few years, leading to the rise in practices such as social prescribing. Social prescribing involves GPs, nurses and other health professionals referring patients to non-medical services, typically provided by voluntary and community sector organisations, including, for example, volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and physical activities.

Adult social care users who have as much social contact as they would like in Redbridge in 2017/18, compared to the London average and the best and worst London boroughs



Trend in adult social care users who have as much social contact as they would like from 2013/14 to 2017/18



# Community resilience

## Why is community resilience important ?

Community, social connections and having a voice in local decisions are all factors that make a vital contribution to health and wellbeing. These community determinants of health build resilience and can help buffer against disease and influence health-related behaviour. Involving and empowering local communities, and particularly disadvantaged groups, is central to local and national strategies in England for both promoting health and wellbeing and reducing health inequalities. All communities have assets that can contribute to the positive health and wellbeing of residents, including the skills, knowledge, social competence and commitment of individuals, and local community and voluntary groups and associations (both formal and informal). There are currently 297 community and voluntary groups in Redbridge that are members of Redbridge Council for Voluntary Services (RCVS).

## What are we doing about community resilience in Redbridge?

- **Voluntary Sector:** The Borough commissions 26 contracts in the voluntary sector to support prevention and early intervention including befriending and support for carers to help reduce social isolation.
- **Redbridge Social Prescribing:** The Borough and CCG commission a social prescribing service which reaches 42 GP surgeries. In 2018/19, the service supported 320 people with low level mental health problems, type 2 diabetes or who were socially isolated with a Health and Wellbeing buddy.
- **People Matter approach:** This new approach in social care and community health was launched in August 2019 to deliver positive outcomes for people and families, as well as staff. It is aimed at stepping away from a traditional 'formal' assessment to one of having a conversation with the person to find out what is really important to them, what they would like to achieve and how they can best maintain their independence within the community.
- **Day Opportunities:** This service, provided directly by the Borough, aims to promote independence, improve quality of life, and support individuals to socialise and play an active part in their community and provide vital breaks for carers.
- **Developing a Carer Friendly Borough :** We aim to support carers better through meeting the following strategic priorities:
  1. **Identification and recognition:** Support those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset in designing local care provision and in planning individual care packages.
  2. **Realising and releasing potential:** Support people with caring responsibilities to fulfil their educational and employment potential.
  3. **A life alongside caring:** Ensure that support for both carers and those they care for is personalised, enabling them to have a family and community life.
  4. **Supporting carers to stay healthy:** Support carers to remain mentally and physically well.
  5. **Supporting young carers:** Protect children and young people from inappropriate caring roles and ensure they have the support they need to learn, develop and experience positive childhoods.



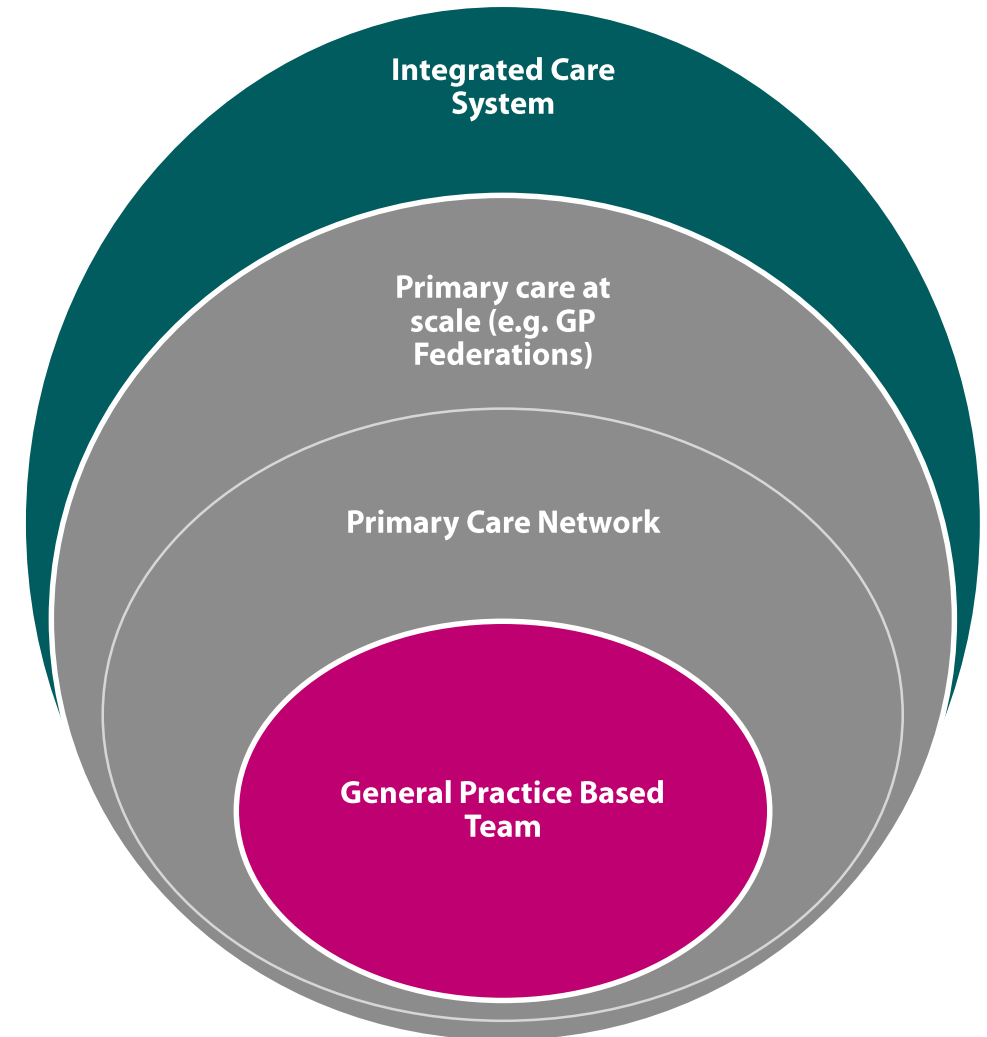
## Chapter 4: Integrated health and care system

# Progress towards an Integrated Care System

## Definition and structure of an Integrated Care System

- An integrated care system (ICS) is one that brings together local health and care organisations to deliver the 'triple integration' of primary and specialist health care, physical and mental health services and health with social care. Redbridge is part of the BHR Integrated Care System, which serves a population of 760,000 people.
- The key underlying principles of an ICS are to (a) shift care from the hospital to the community where it is appropriate to do so, (b) provide place-based care through more integrated working across health, social care and the voluntary sector at a neighbourhood level and (c) provide person-centred care by breaking down traditional barriers between organisations and the functions within them, placing a greater focus on the delivery of better outcomes for local people.
- As illustrated in the figure on the right, Primary Care Networks (PCNs) are the key building block and the focus of integrated care delivery. PCNs are groups of general practices and social and community care providers that serve areas with populations of about 30,000-50,000 people (although can be larger), and aim to provide person-centred, community-based care through multi-disciplinary teams (MDTs). The formation of PCNs was directed by the NHS Long Term Plan in 2019.
- In Redbridge, there are five PCNs; Cranbrook PCN (8 practices, list size: 49,218), Fairlop PCN (9 practices, list size: 61,649), Loxford PCN (5 practices, list size: 61,649), Seven Kings PCN (9 practices, list size: 73,215), and Wanstead & Woodford PCN (11 practices, list size: 80,295).
- As part of the neighbourhood model, we will explore the establishment of 'community hubs' within each borough which will aim to co-locate a number of health and care services including GP and community nursing walk-in clinics, health and wellbeing programmes, employment support, housing support, healthy living prevention activities, and education services for adults and children.
- GP Federations are at borough level and are a key platform to expand the benefits of PCNs and enable further joint commissioning and economies of scale at both a borough level and across BHR. The GP Federation in Redbridge is called Healthbridge Direct.

Structure of an Integrated Care System





# Progress towards an Integrated Care System

## Priorities for PCNs for 2020/21

A key priority for the 15 PCNs across BHR for 2020/21 is to fulfil the service requirements of their Network Direct Enhanced Service (DES) Contracts. A DES is a primary medical service other than essential, additional or out-of-hours services. PCNs will be focussing on recruiting for and delivering the services outlined in the table below.

**Table 1: Direct Enhanced Services to be provided by PCNs by April 2020 and April 2021<sup>1</sup>**

Direct Enhanced Service	Service outline	Go live date	New workforce roles in PCNs to support service
<b>Structured Medication Reviews</b>	<ul style="list-style-type: none"> <li>Aims to optimise use of medicines for some people (such as those who have LTCs or who take multiple medicines)</li> <li>Can identify medicines that could be stopped or need a dosage change, or new medicines that are needed.</li> <li>Can lead to a reduction in adverse events.</li> </ul>	April 2020	<ul style="list-style-type: none"> <li>Clinical Pharmacist</li> </ul>
<b>Enhanced health in care homes</b>	<ul style="list-style-type: none"> <li>Access to consistent, named GP and wider primary care services</li> <li>Medicines review</li> <li>Hydration and nutrition support</li> <li>Access to our of hours / urgent care when needed</li> </ul>	April 2020	<ul style="list-style-type: none"> <li>Clinical Pharmacist</li> <li>Community Paramedic</li> </ul>
<b>Anticipatory care with community services</b>	<ul style="list-style-type: none"> <li>Thinking ahead and understanding the health needs of individual people</li> <li>Knowing how to use services better</li> <li>Helps people make choices about their future care. Those with LTCs or chronic health problems can benefit from having an Anticipatory Care Plan.</li> </ul>	April 2020	<ul style="list-style-type: none"> <li>Social Prescriber</li> <li>Clinical Pharmacist</li> <li>Physician Associate</li> <li>Community Paramedic</li> <li>PCN Physiotherapists</li> </ul>
<b>Personalised care</b>	<ul style="list-style-type: none"> <li>Care tailored to the needs of people and what matters to them</li> <li>Prevention embedded</li> <li>Personal Health budgets</li> <li>Shared decision making is key</li> </ul>	April 2020	<ul style="list-style-type: none"> <li>Social Prescriber</li> <li>Clinical Pharmacist</li> <li>Physician Associate</li> <li>Community Paramedic</li> <li>PCN Physiotherapists</li> </ul>
<b>Supporting early cancer diagnosis</b>	<ul style="list-style-type: none"> <li>Supporting early identification and diagnosis of cancers in primary care to increase life expectancy</li> </ul>	April 2020	<ul style="list-style-type: none"> <li>Physician Associate</li> </ul>
<b>CVD Prevention and diagnosis</b>	<ul style="list-style-type: none"> <li>Identification of those at risk of developing CVD and embedding programmes of prevention to prevent onset of the disease</li> <li>Closing the prevalence gap</li> </ul>	April 2021	<ul style="list-style-type: none"> <li>Social Prescriber</li> <li>Clinical Pharmacist</li> <li>Physician Associate</li> </ul>
<b>Inequalities</b>	<ul style="list-style-type: none"> <li>Reducing inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities</li> </ul>	April 2021	<ul style="list-style-type: none"> <li>Social Prescriber</li> <li>Clinical Pharmacist</li> <li>Physician Associate</li> </ul>

1. Content subject to publication of final specifications

# Long term conditions

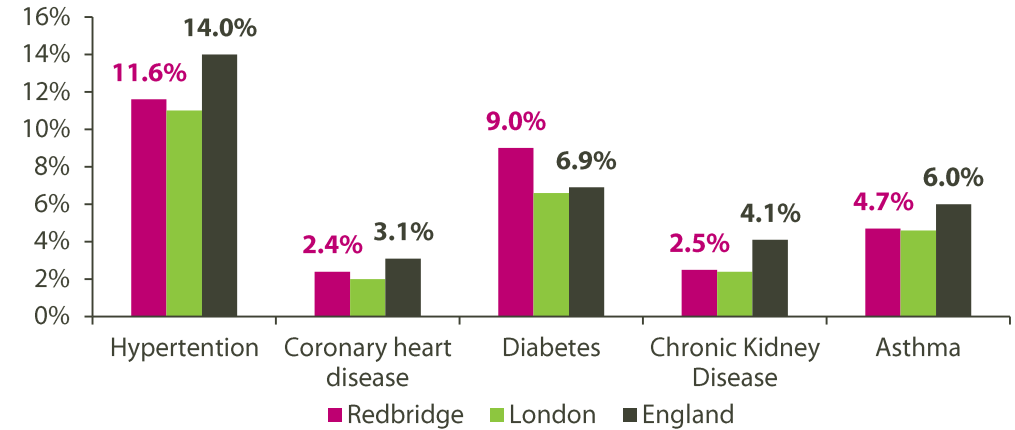
## What is the current situation in Redbridge?

- A long-term condition (LTC) is one that cannot currently be cured but can be controlled with the use of medication and/or other therapies.
- [Asthma](#), [chronic kidney disease](#), [diabetes mellitus](#), [hypertension](#) and [coronary heart disease](#) are the most prevalent LTCs in Redbridge.
- Reflecting both the national and regional picture, the most common LTC in Redbridge is hypertension. The local [hypertension prevalence](#) is 11.6%, which is higher than London (11.0%) but remains lower than England (14.0%).
- The second most prevalent LTC in Redbridge is [diabetes](#). In 2018/19, 9% of residents had the condition; the local prevalence is 2.1% higher than the national average.
- Reliable local data on residents with two or more LTCs (multi-morbidity) is not available. National statistics estimate that in 2015, [54% of individuals aged over 65 lived with multi-morbidity](#). This figure rises to 90% for those aged over 85. As the population ages, LTCs will place an even greater burden on the health and social care system.

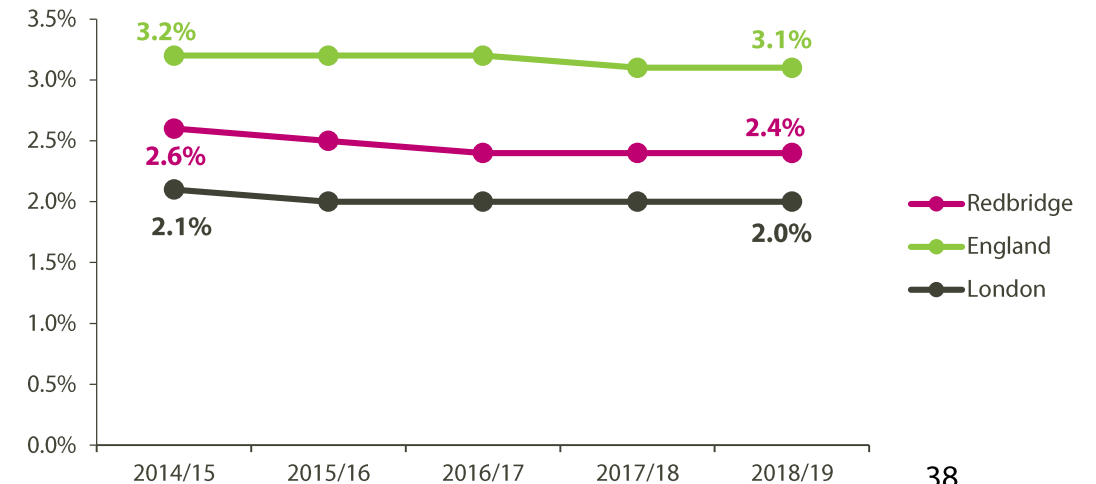
## How has the situation changed over the past 5 years?

- The proportion of residents with coronary heart disease in Redbridge has remained [below the average for London](#), but has remained [higher than the average for England](#) since 2014/15.
- The trend in the proportion of Redbridge residents with coronary heart disease [decreased](#) between 2014/15 and 2016/17 and has since remained stable.
- The prevalence of hypertension in Redbridge has [gradually declined](#) over the past five years. This is in contrast to an increasing trend in hypertension prevalence for England and a consistent trend in the prevalence of hypertension across London (data not shown).
- There has also been a general decreasing trend in the prevalence of chronic kidney disease and asthma in Redbridge since 2009/10. However, the proportion of Redbridge residents with diabetes is [increasing](#) year on year (data not shown).

Proportion of Redbridge residents diagnosed with each of the 5 most prevalent long term conditions in 2018/19



Trend in the prevalence of coronary heart disease between 2009/10 and 2018/19 for Redbridge, London and England



# Long term conditions

## Why are LTCs important?

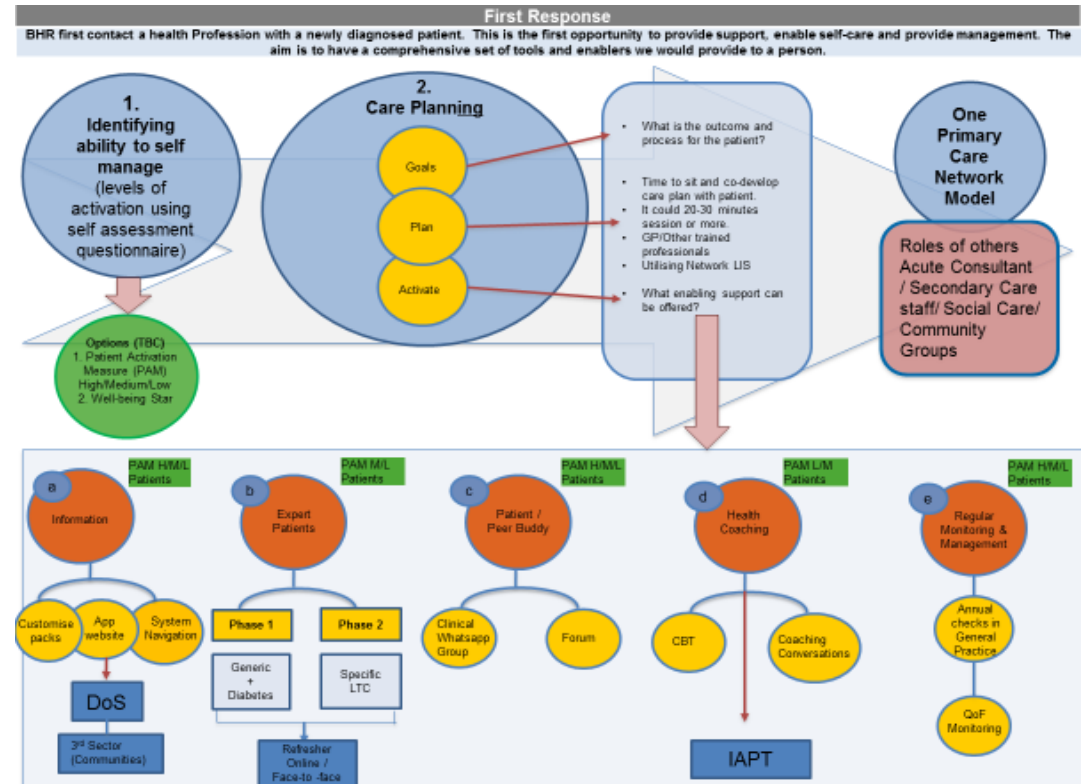
Long term conditions are a growing challenge across Redbridge due to our aging population, which is projected to increase demand for services, including for complex interventions. There is a strong link between LTCs and social inequalities; compared to the highest socio-economic class, people in the lowest socio-economic class have a higher prevalence of LTCs and greater severity of these conditions.

## What are we doing about LTCs in Redbridge?

We are working across the local Integrated Care System on:

1. Primary prevention e.g. improving our NHS Health Check uptake;
2. Early / timely identification of people with LTCs;
3. Generating a holistic 'first response' to people who are diagnosed with LTC, as illustrated in the figure on the right;
4. Secondary prevention; optimising support for people who are managing well by providing tools to make them more resilient and independent;
5. Supporting effective whole system integrated management of people who have multiple morbidities that are complex and unstable;
6. Supporting primary care transformation to deliver proactive care for people with LTCs.

## BHR Integrated Care System First Response to Long Term Conditions

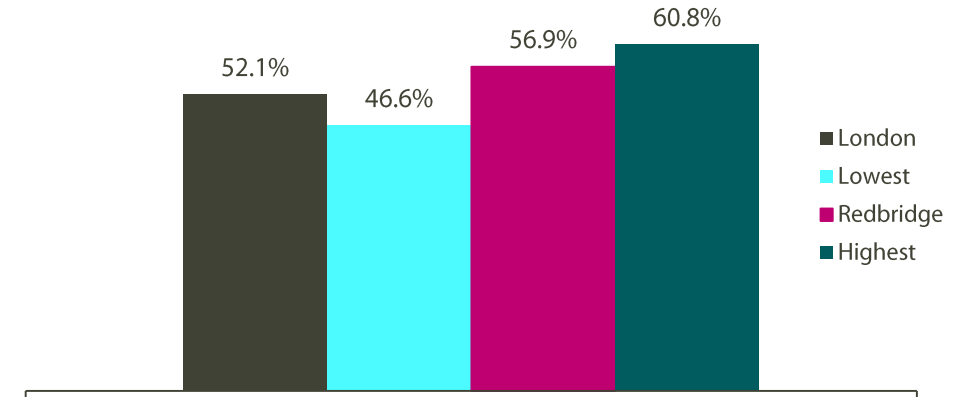


# Palliative and end of life care

## What is the current situation in Redbridge?

- The [percentage of all deaths in Redbridge that occurred in hospital](#) in 2018 was 56.9%, compared to an average of 52.1% in London and 45.4% in England. This places Redbridge as the third highest borough in London after Waltham Forest and Newham, whilst Kingston upon Thames was the borough with the lowest percentage of people dying in hospital at 46.6%.
- Following on from this, the [percentage of deaths in the usual place of residence \(DiUPR\)](#) for all ages in Redbridge was 37% in 2017, compared to an average of 39% in London and 46.6% in England. 'Usual residence' is defined as: own home, care homes (local authority and non-local authority) and religious establishments. This key indicator is also a measure of joined-up working between services to ensure patient choice and access.
- [Excess winter deaths](#) are attributable to cold weather and existing levels of disease in the population, among other factors such as fuel poverty and housing. They primarily occur among older people, hence this measure is related to end of life care. In 2017/18, there were 24.8% more deaths from all causes in the winter months compared to the non-winter months.

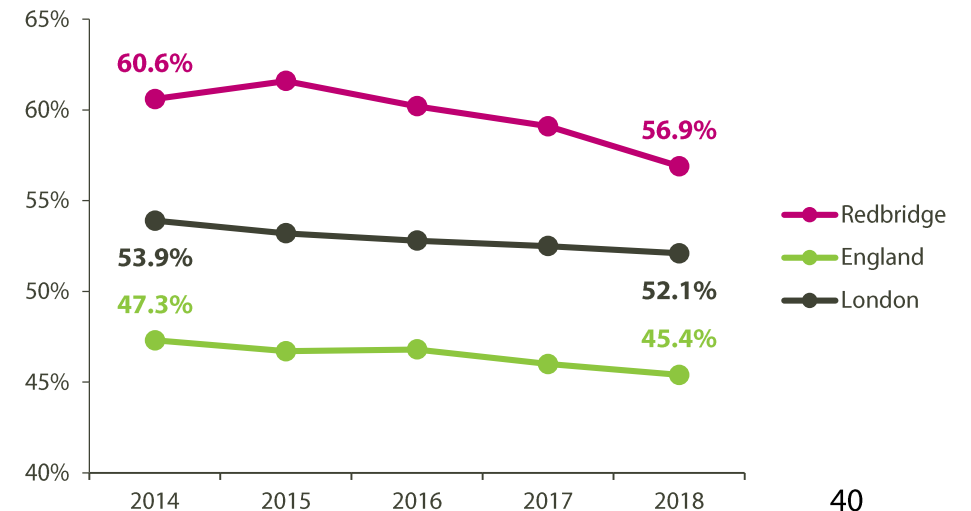
Percentage of all deaths occurring in hospital in 2018 (all ages)



## How has the situation changed over the past 5 years?

- The percentage of deaths that occur in hospital has continued to [slowly decrease](#) over the past 5 years in Redbridge from 60.6% in 2014 to 56.9% in 2018. This trend mirrors those seen at national and regional levels.
- The percentage of deaths in the usual place of residence for all ages in Redbridge has remained lower than both London and England levels since 2013, and [hasn't changed significantly over the past 5 years](#).
- Over the past 5 years, excess winter deaths (as a percentage of the number of expected deaths in the non-winter months) have [risen, dropped and risen again](#) in Redbridge from 8.5% in 2013/14 to 24.8% in 2017/18. Throughout this period, the level of excess winter deaths in Redbridge has remained similar to both national and regional levels, which also increased (from 11.8% to 27.1% in London and from 11.6% to 30.1% in England).

Trends in percentage of deaths occurring in hospital from 2013-2018



# Palliative and end of life care

## Why is end of life care important?

End of Life Care (EoLC) helps all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the support and palliative care needs of both patient and family to be identified and met throughout the last phase of life into bereavement. It includes management of pain and other symptoms and provision of psychological, social, spiritual and physical support. Studies indicate that the majority of people would prefer to be able to die at home. Adhering to people's wishes in this way also avoids costly and unnecessary admissions to hospital. EoLC is a local priority, as set out in Redbridge's Health and Wellbeing Strategy 2017-2021.

## What are we doing about end of life care in Redbridge?

We know that advance care planning is associated with a range of quality outcomes and lower rates of hospital deaths.

Across Barking and Dagenham, Havering and Redbridge (BHR), the following services are provided to assist with palliative and end of life care:

- St. Francis Hospice, situated in Havering, provides in patient care, a 24 hr helpline, day care and community palliative care teams
- Packages of care and support, including Fast Track and Continuing Health Care to support patients to be discharged home, and provided with appropriate care
- Equipment from Millbrook, such as disability and mobility aids, enabling people to be discharged home earlier, in order to respect their wishes if they would like to die at home
- BHRUT Palliative Care Team based at Queens hospital is also available to provide specialist advice and support to community care
- Marie Curie Night sitters for out of hours care
- NELFT offers community palliative care teams and provides community nursing for 24 hours a day.

## Chapter 5: Health outcomes





# Tuberculosis (TB)

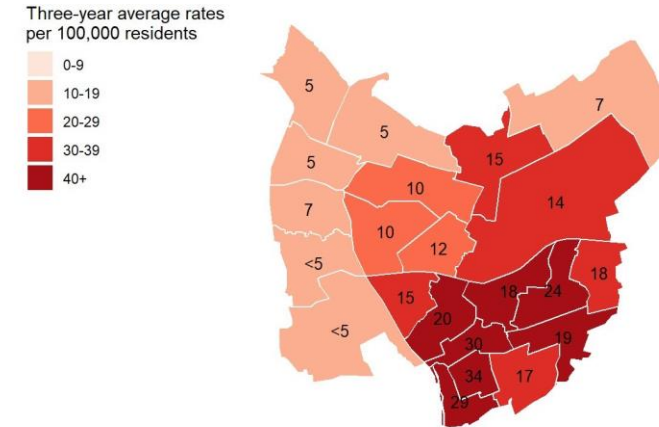
## What is the current situation in Redbridge?

- Reducing the incidence of tuberculosis (TB) is a health protection priority in Redbridge.
- In 2018, 90 cases of TB were notified among residents of Redbridge, equating to an incidence rate of 29.6 per 100,000 residents. The most common age group was 30-39 years. Of the 90 cases, 30% of UK-born Redbridge residents with TB were of Indian ethnicity, 20% were white, and 20% were black African. Of those born outside the UK, 45% were of Indian ethnicity.
- The TB incidence rate in Redbridge in 2018 (29.6 per 100,000) was lower than the previous year (36.1 per 100,000), but higher than the 2018 regional (19.0 per 100,000) and national rates (8.3 per 100,000). The incidence rate varied across Redbridge, as illustrated in the map on the right.
- Of those cases notified in 2017, 86% completed treatment within 12 months in Redbridge, similar to the London average (85%). Five deaths were reported in 2018.

## How has the situation changed over the past 5 years?

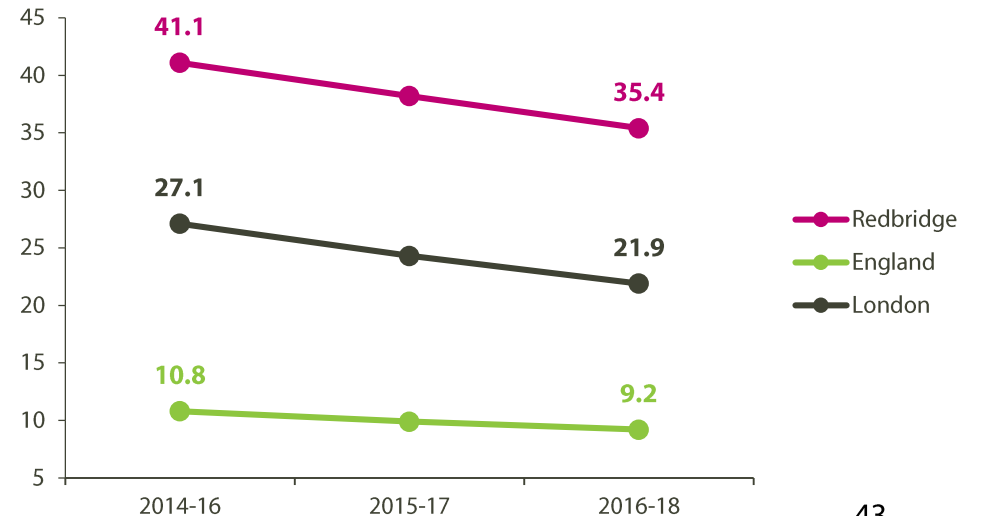
- The TB incidence rate in Redbridge has [dropped by over a third over the past 5 years](#), from 45.5 per 100,000 population in 2015 to 29.6 per 100,000 in 2018. This is a significant achievement which reflects national and local efforts. As of 2018, Redbridge was no longer classed among the London boroughs with the highest TB rates (currently Newham, Ealing and Brent).
- The Redbridge TB Partnership supports and oversees the local TB reduction work, in line with the national efforts and guidance within the TB Strategy for England.

Number of TB cases and 3-year average incidence rate by ward, 2016-2018<sup>1</sup>



1. The numbers on the map are the total numbers of cases notified between 2016 and 2018, and the colour coding indicates the range of the 3-year average incidence rate.

Three year average incidence rates of TB per 100,000 population from 2014-2018





# Tuberculosis (TB)

## Why is the prevention and reduction of TB important?

TB is a highly infectious and serious infection, which is curable. It is a communicable disease commonly caused by the bacteria, mycobacterium tuberculosis. TB has also been described as a social disease, and, as such, it is an important marker of deprivation and health inequalities. TB is defined as a multi-systemic disease; the most common form is pulmonary TB, which can be transmitted by coughing or sneezing from a TB infected person.

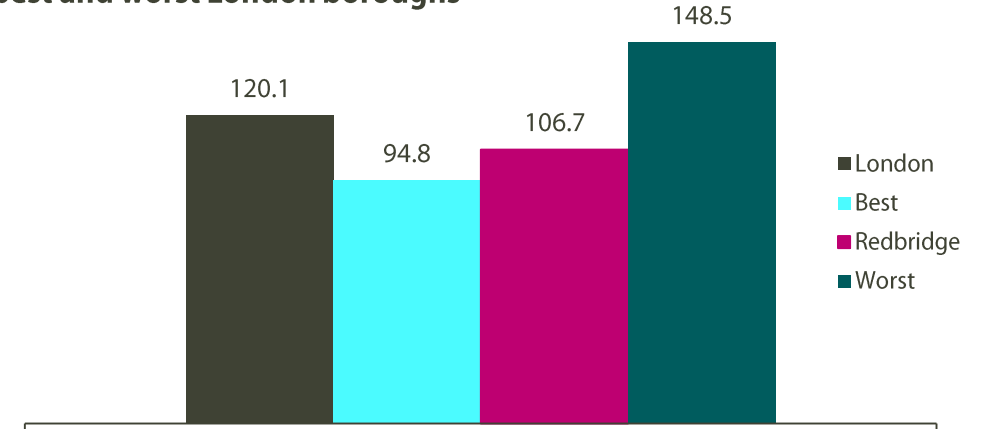
## What are we doing about TB prevention and reduction in Redbridge?

- TB can affect anyone. Risk factors for TB infection include being a contact of a positive TB case, homelessness, alcoholism and drug misuse.
- The Redbridge TB Partnership brings together all the various services that contribute to the TB reduction work in Redbridge, including LBR Public Health, Public Health England, Redbridge CCG, local NHS TB teams, Redbridge Council for Voluntary Services (CVS), Redbridge Homeless Shelter, and Redbridge Drug and Alcohol Services. The TB Partnership supports the local implementation of the national TB Strategy.
- The Redbridge TB Partnership participates in the North East London TB cohort reviews and implements learning from the cohort reviews locally to benefit Redbridge residents.
- The Redbridge CVS Health Buddies have worked to raise TB awareness locally since 2014 and to ensure that residents seek medical advice early if they have TB signs and symptoms.
- Homeless TB patients are supported with accommodation so that they can complete their TB treatment. The Health Protection Forum supports council programmes to address wider social determinants of health such as housing.

## What is the current situation in Redbridge?

- Nationally and locally, cancer is the biggest cause of premature deaths. The [premature mortality rate due to cancer](#) in those aged under 75 years in Redbridge in 2016-18 was significantly lower than the London average (120.1 deaths per 100,000 population) at 106.7 deaths per 100,000.
- For nearly all types of cancer, early diagnosis results in improved survival. National cancer screening programmes play an important role in diagnosing bowel, breast and cervical cancer early. In 2018, the proportion of eligible women aged 53-70 years who had a [breast cancer screening](#) test in the past 3 years in Redbridge was significantly better than the London average (69.3%) at 70.7%. However, uptake of [cervical cancer screening](#) among eligible women aged 25-49 years was significantly worse than the London average (61.5%) in 2019 at 60.4%. In 2018, less than half (47.9%) of the eligible population aged 60-74 years had a [bowel screening](#) test in the past 30 months – this was significantly worse than the London average (50.2%).

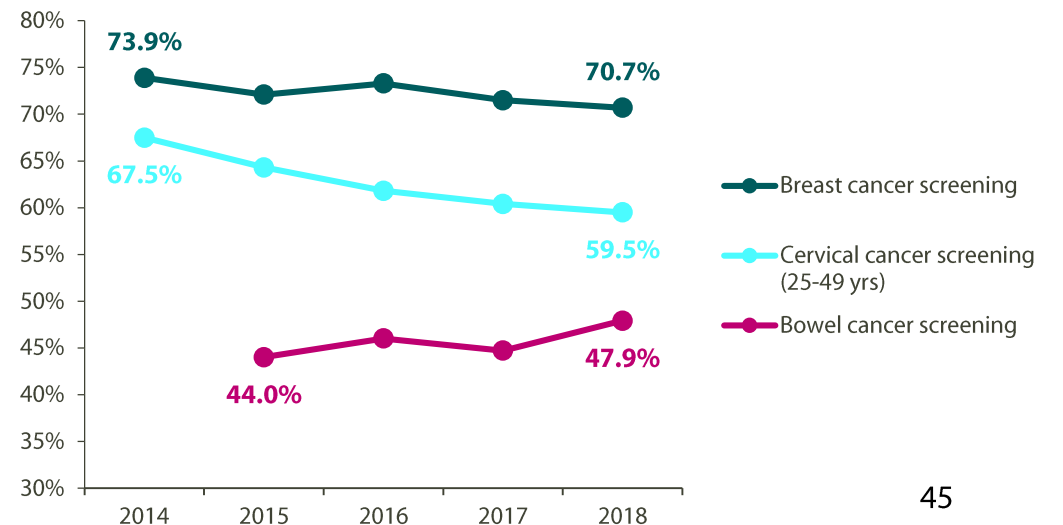
Premature mortality rate (under 75 years) from cancer in Redbridge for 2016-18, compared to the London average and the best and worst London boroughs



## How has the situation changed over the past 5 years?

- The premature mortality rate due to cancer in Redbridge has [dropped](#) from 109.2 deaths per 100,000 population aged under 75 years in 2014-16 to 106.7 in 2016-18, and remained significantly lower than the national and regional averages throughout this period.
- Uptake of breast cancer screening has [declined](#) over the past 5 years, from 73.9% of eligible women being tested in 2014 to 70.7% in 2018. Uptake has remained significantly higher than the London average, but significantly lower than the national average, over this period.
- Uptake of cervical cancer screening among eligible women aged 25-49 years has been in [steady decline](#) from 2014 (67.5%) to 2018 (59.5%). It increased slightly to 60.4% in 2019, but has remained significantly worse than national and regional averages over the past 5 years.
- Uptake of bowel cancer screening has [increased](#) from 44.0% in 2015 to 47.9% in 2018 – however it has remained significantly worse than national and regional averages over this period.

Trend in uptake of cancer screening in Redbridge from 2014 to 2018



## Why is preventing cancer important?

Cancer continues to be a major cause of premature deaths among our residents, despite a reduction in the number of deaths due to cancer over the last decade. Mortality from cancer is preventable by encouraging healthy life styles such as good nutrition, exercise and weight management, reducing smoking and harmful alcohol consumption. For nearly all types of cancer, early diagnosis results in improved survival. National cancer screening programmes play an important role in diagnosing bowel, breast and cervical cancer early. Improving cancer survival rates through increasing public awareness of cancer symptoms, promoting early detection in primary care and increasing uptake of cancer screening are local priorities in Redbridge, as set out in our Health and Wellbeing Strategy 2017-2021.

## What are we doing to prevent cancer in Redbridge?

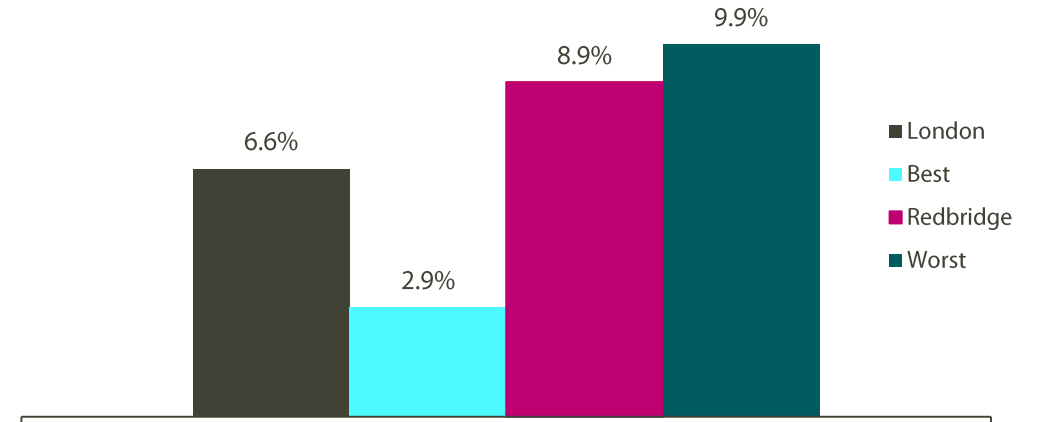
- We offer breast, bowel and cervical screening to eligible residents.
  - **Breast screening:** One in 8 women in the UK are diagnosed with breast cancer during their lifetime. Screening is usually offered to women aged 50-71 years of age.
  - **Cervical screening:** Screening is offered to women aged 25-64 years. This test checks the health of a woman's cervix. Abnormal results need to be treated to prevent cancer.
  - **Bowel screening:** This is a common cancer among men and women; 1 in 20 people will get it during their lifetime. The test is only offered to those aged 55 or over. There are two tests; the home testing kit and bowel scope screening.
- We promote the national Be Clear on Cancer Campaigns to raise awareness of bowel, cervical, lung and breast cancer symptoms.
- We are working in partnership with Cancer Research UK and Macmillan to raise awareness of the signs and symptoms of cancer.
- We have trained health buddies who work with residents to increase awareness of the signs and symptoms of cancer.
- Lack of physical activity and increased BMI are risk factors for cancer. We commission Exercise on Referral and Tier 2 weight management services (consisting of community-based lifestyle interventions) to support our residents to maintain healthy lifestyles and a healthy weight.
- Smoking is the primary risk factor for lung cancer; in Redbridge we provide a comprehensive evidence-based Stop Smoking Service which includes the provision of behavioural support and pharmacotherapy. The service provides one-to-one and group support; telephone and virtual support is also available as part of the service. Embedded within the service model is outreach and engagement and harm reduction.

# Diabetes

## What is the current situation in Redbridge?

- The [prevalence of diabetes](#) in Redbridge in 2018/19 was 9%, about 21,000 people. This was the second highest prevalence rate of all London boroughs, after Harrow at 10%. The prevalence of diabetes in Redbridge is significantly higher than the national level (about 7%), and the average prevalence for London (6.6%).
- [Excess weight](#) is the single biggest risk factor for developing Type 2 diabetes. In Redbridge in 2017/18, 56% of adults were overweight or obese.
- Ethnicity is also a risk factor; people of African-Caribbean, Black African, or South Asian descent are 2 to 4 times more likely to develop Type 2 diabetes than white people. In Redbridge, 56% of the population are of black or Asian ethnicity.

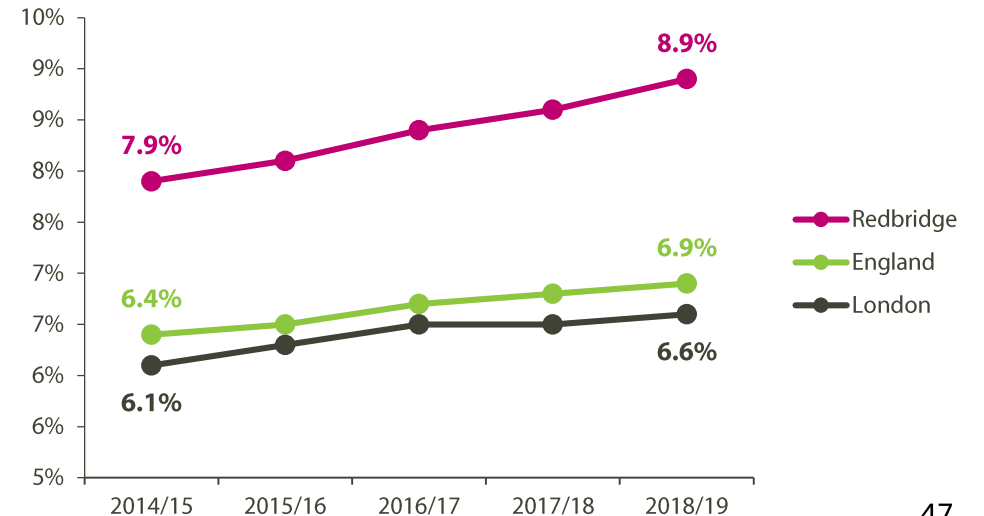
Diabetes prevalence in 2018/19 in Redbridge, compared to the London average and the best and worst London boroughs



## How has the situation changed over the past 5 years?

- The prevalence of diabetes in Redbridge has been [gradually increasing over the past 5 years](#), from 7.9% in 2014/15 to 8.9% in 2018/19. Prevalence has remained significantly above national and regional averages over this period.
- In contrast, prevalence of excess weight in Redbridge [dropped year on year](#) from nearly 60% of adults in 2016/17 (significantly worse than the London average) to 56% in 2017/18 (similar to the London average).

Trend in diabetes prevalence from 2014/15-2018/19



# Diabetes

## Why is diabetes important?

Diabetes (and pre-diabetes) is a particular challenge in Redbridge, with one of the highest prevalence rates of all the London boroughs. The majority of Type 2 diabetes cases are preventable through lifestyle changes (Type 1 diabetes however cannot be prevented and is not linked to lifestyle). Type 2 diabetes is a leading cause of preventable sight loss in working age people and is a major contributor to kidney failure, heart attack, and stroke. Diabetes prevention and management are priorities in Redbridge's Health and Wellbeing Strategy (2017-21).

## What are we doing about diabetes in Redbridge?

### Prevention

Area of action	Programmes & guidance offered
Screening and risk identification	NHS Health Check for 40-74 year olds across all GP Practices in Redbridge  National Diabetes Prevention Programme (NDPP) for < 40 year olds via GP Practices
Smoking	Cessation and prevention through our specialist service
Physical activity	At least 150 minutes of moderate-intensity exercise weekly
Nutrition	Nutrition advice with practical suggestions to reduce calories for weight loss

### Management

Life style modification to stop smoking and reduce alcohol intake	Exercise on Referral	Nutritional (including calorie) adjustment
Social prescribing	Blood glucose self monitoring	Reducing vascular risk
Pharmacotherapy for diabetes	Individualizing HbA1C target towards remission	Ocular monitoring

# Cardiovascular disease

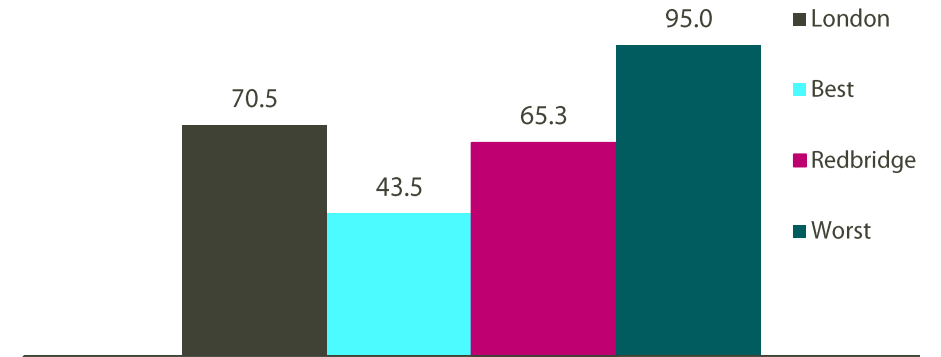
## What is the current situation in Redbridge?

- The [under 75 mortality rate from all cardiovascular diseases](#) (CVD) in Redbridge is 65.3 deaths per 100,000 residents aged under 75, slightly lower than the London average of 70.5 per 100,000. This places Redbridge around the middle of the London boroughs between Kensington and Chelsea, which has the lowest rate at 43.5 per 100,000, and Newham, which has the highest rate at 95 per 100,000.
- There are a number of modifiable risk factors for CVD, such as smoking, obesity, dyslipidaemia (high cholesterol) and hypertension (high blood pressure). The [prevalence of hypertension](#) in Redbridge in 2018/19 was 11.6%, slightly higher than the London average of 11%, but lower than the national prevalence rate of 14%.
- The [under 75 mortality rate from cardiovascular disease considered preventable](#) is 39.7 deaths per 100,000 population aged under 75 in Redbridge, lower than both the national (45.3 per 100,000) and regional (42.8 per 100,000) rates.

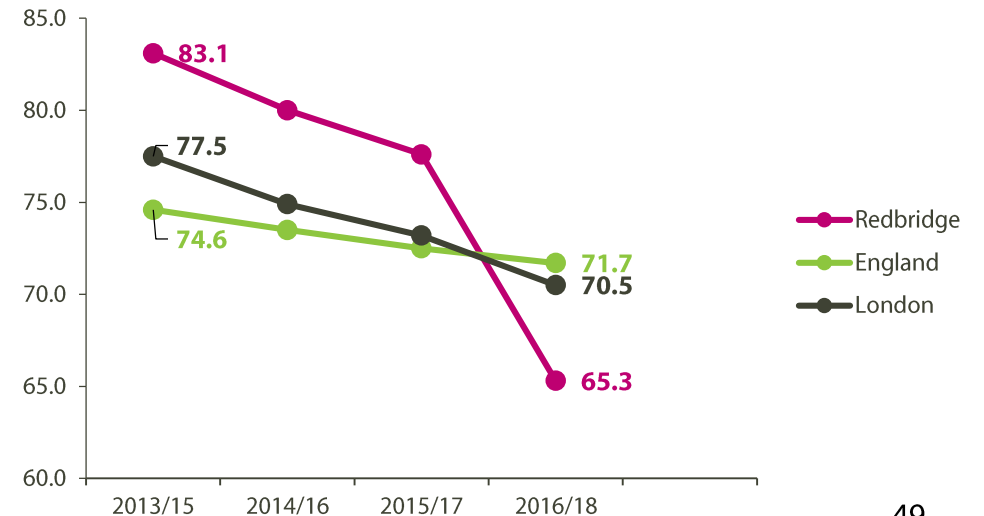
## How has the situation changed over the past 5 years?

- The under 75 mortality rate from all cardiovascular diseases in Redbridge has been [dropping steadily](#) between 2013 and 2018, from 83.1 deaths per 100,000 population for the period 2013-15 to 65.3 per 100,000 residents for 2016-18. In 2016-18, it dropped below the national and regional rates.
- The under 75 mortality rate from cardiovascular disease considered preventable in Redbridge has also [decreased steadily](#), from 53.8 deaths per 100,000 in 2013-15 to 39.7 deaths per 100,000 in 2016-18. Again, in 2016-18, this indicator dropped below the national and regional rates, at 45.3 per 100,000 and 42.8 per 100,000 respectively.
- Hypertension prevalence in Redbridge has [decreased slightly](#) over the past 5 years from 12.0% in 2014/15 to 11.6% in 2018/19.

Under 75 mortality rate from all CVD per 100,000 population (3-year average for 2016-18)



Trend in under 75 mortality rate from all CVD per 100,000 from 2013-2018



# Cardiovascular disease

## Why is CVD important?

Hypertension (high blood pressure), dyslipidaemia (high cholesterol), atrial fibrillation, chronic kidney disease, pre-diabetes (high blood sugar) and diabetes are major risk factors of CVD events such as heart attack and stroke. These events can lead to high levels of morbidity and mortality. However, many of these factors can be addressed and modified to decrease the mortality rates from so-called 'preventable' CVD events.

## What are we doing about CVD in Redbridge?

- Our combined approach to CVD prevention (population-wide and high-risk prevention) aims to:
  - decrease sufficiently the rate of progress of pathology in whole populations, so that for most individuals the disease never becomes symptomatic;
  - delay the onset and progression of symptomatic disease in those at higher risk, or, failing that;
  - intervene after the onset of symptoms to prevent death in the acute phase, slow the progress of pathology, prolong survival and improve the quality of life.
- Our CVD prevention objective is to reduce the occurrence of major cardiovascular events thereby reducing premature disability and morbidity whilst prolonging survival and quality of life.
- Our actions can be summarised as follows:
  - **Screening and assessment of risk** for CVD via NHS Health Checks in all 42 GP Practices across the Borough;
  - **Awareness raising efforts** to decrease CVD risk via patient activation in community pharmacies and leafleting;
  - **Early intervention** to reduce CVD risk among high-risk individuals through integrated working across the health and care system. For example, London Borough of Redbridge is working with BHR CCG Long Term Conditions transformation group to develop early intervention schemes on hypertension, atrial fibrillation and diabetes.



# Sensory loss

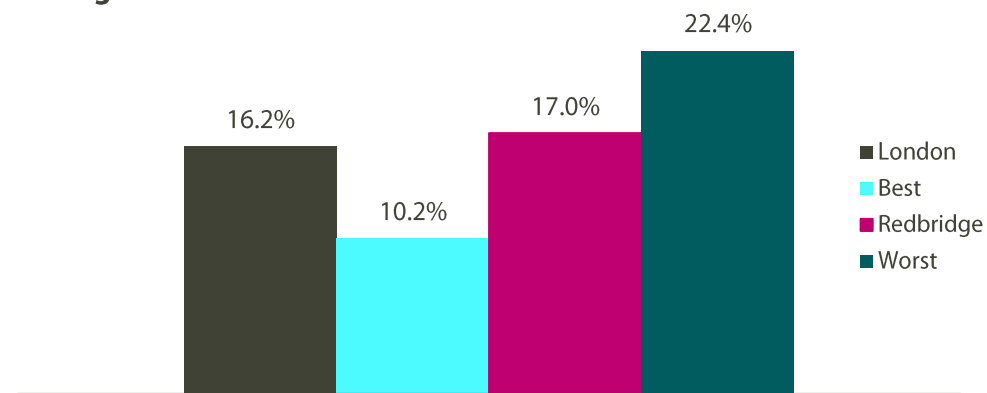
## What is the current situation in Redbridge for hearing loss?

- It is estimated that 17% of adults in Redbridge in 2020 have [hearing loss](#) of 25 dBHL (Decibel Hearing Level) or more. This includes mild, moderate and severe hearing loss. This equates to about 41,000 adults, which is forecast to grow to 45,000 adults by 2025 and 50,000 adults by 2030 as Redbridge's population both grows and ages.
- Hearing loss can happen at any age, but the vast majority happens over the age of 70. In Redbridge, only 11% of the adult population is aged 70+, but 47% of all adults with hearing loss are in this age group. For severe hearing loss (65 dBHL and over), this figure rises to 67%.

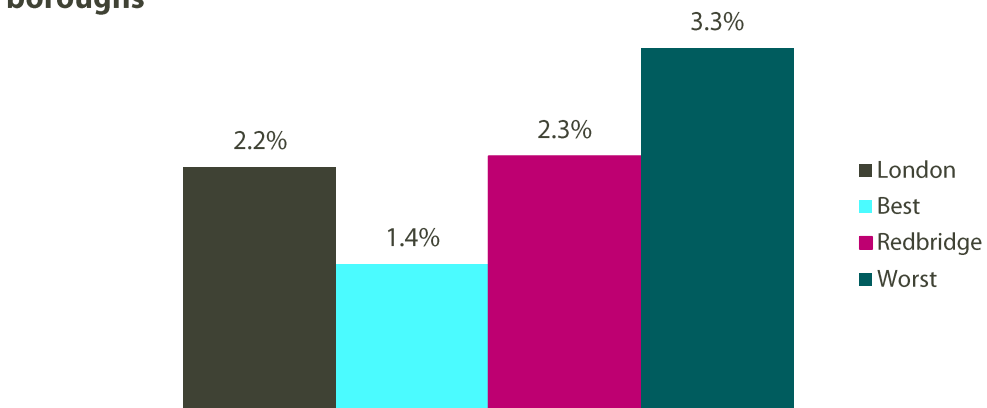
## What is the current situation in Redbridge for sight loss?

- It is estimated that 2.3% of Redbridge's population in 2018 has [sight loss](#). This is around 7,200 people, of whom 6,300 are living with partial sight and 900 are living with blindness. This is forecast to grow to 8,200 people in 2025 and 9,000 people in 2030. As with hearing loss, this forecast is based on Redbridge's growing and aging population.
- Not everyone with sight loss registers this with social services, but in Redbridge 1,765 people have registered blind or partially sighted. Of these, 385 (22%) are also recorded as having an additional disability.

Estimated proportion of adults with hearing loss in 2014 in Redbridge, compared to the London average and the best and worst London boroughs



Estimated proportion of adults with sight loss in 2014 in Redbridge, compared to the London average and the best and worst London boroughs



# Sensory loss

## Why is sensory loss important?

- Sensory loss – sight, hearing, or both – at any age can have severe effects on quality of life and wellbeing if not adequately supported.
- Sensory loss is most common in older adults, for whom decreased hearing or vision can lead to reduced independence and increased social isolation. As well as [increased likelihood of falls, hip fractures, isolation and depression](#), sensory loss is also associated with increased rates of dementia and faster decline in those diagnosed with dementia.
- While every adult is different, and some people with severe hearing and sight loss may have better outcomes than some people with neither, overall those with sight loss [experience greater inequalities](#) in health and wellbeing than those with hearing loss, and those with both experience the highest level of disadvantage and mortality.
- For these reasons, older adults with sensory loss may have much higher adult social care needs than those without.

## What are we doing about sensory loss in Redbridge?

Some causes of sight and hearing loss are preventable or avoidable:

- Age-related macular degeneration (AMD) causes nearly one in four instances of sight loss. [Smoking is the single greatest modifiable cause of AMD](#), with those who smoke at much higher risk of developing AMD, developing AMD early, and developing the most severe AMD, than those who don't. Redbridge has a comprehensive tobacco control programme working to stop children and young people from starting to smoke, help smokers to quit, and protect people from second hand smoke. For more details, please see the Smoking factsheet.
- [Diabetic retinopathy](#) is a wholly preventable form of sight loss caused by high blood sugar levels damaging the retina (part of the eye). It is a leading cause of sight loss in working age adults. London Borough of Redbridge works closely with the NHS, community and voluntary sector, and other partners to prevent, identify and manage diabetes. For more details, please see the Diabetes factsheet.
- Measles and rubella are vaccine preventable infections; measles can cause deafness, and catching rubella during pregnancy can cause serious illness in unborn babies, including deafness and blindness. MMR vaccination coverage (2 doses by 5 years) was at 71.5% in 2018/19 in Redbridge; the Borough is working on improving uptake. For more details, please see the Child Health factsheet.
- Exposure to loud sounds can damage hearing. The Borough is working on strengthening local regulation of sound exposure from recreational sources such as restaurants, bars, concerts and sporting events and raising awareness of the impact of loud sounds on hearing to enable change in people's behaviour.

# Dementia

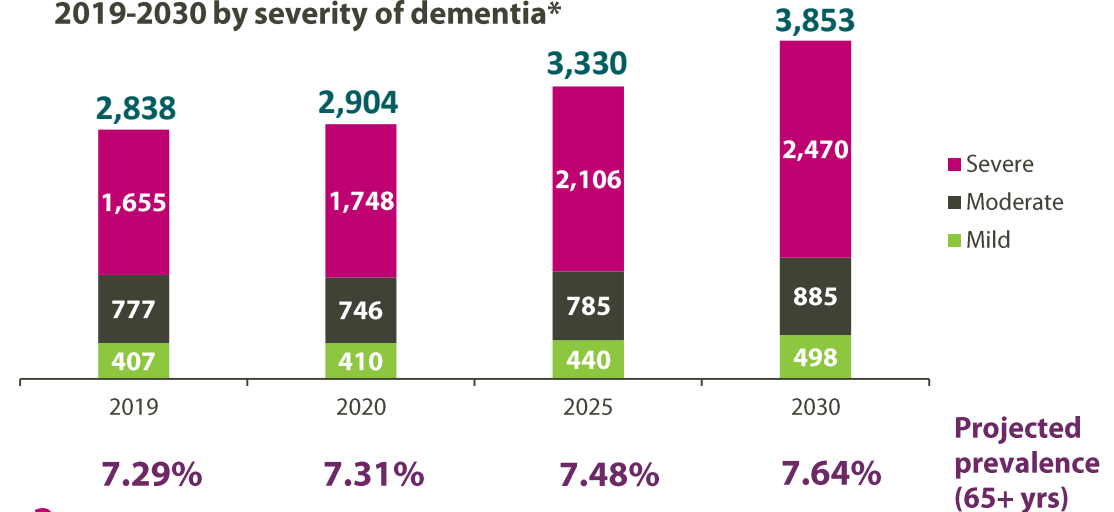
## What is the current situation in Redbridge?

- Dementia is a clinical syndrome (i.e. group of symptoms), rather than a specific disease, in which there is a decline in cognitive function severe enough to interfere with daily life and function. There are many possible causes of dementia; Alzheimer's disease is the most common cause, accounting for 60-80% of cases of dementia.
- [Research](#) suggests that a third of dementia cases may be preventable through addressing modifiable risk factors, such as education, exercise, maintaining social engagement, reducing smoking, and management of hypertension, hearing loss, depression, diabetes, and obesity.
- The risk of dementia increases exponentially with age. In 2019, the [estimated prevalence of dementia](#) among those aged 65 years and over in Redbridge was 7.29%, compared to 7.1% in London and 7.2% nationally. Locally, this equates to about 2,838 people. It is estimated that only about two thirds of those have [received a diagnosis](#).

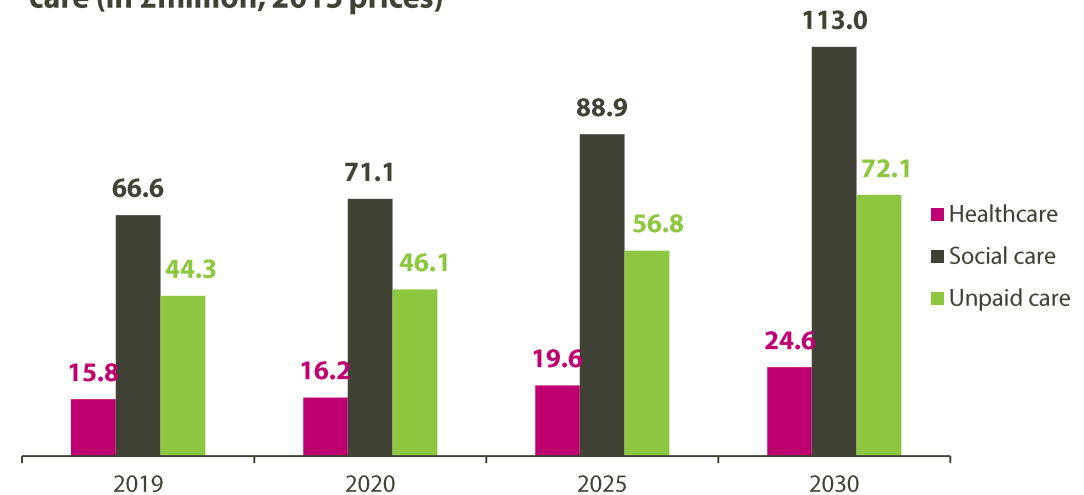
## How is the situation projected to change over the next 10 years?

- Due to an ageing population, the prevalence and number of people with dementia are expected to continue to grow locally and nationally. [Projections published in 2019](#) by the London School of Economics indicate that prevalence of dementia among those aged 65 years and over in Redbridge is set to grow by nearly 5% from 7.29% in 2019 to 7.64% in 2030.
- The number of people with dementia in Redbridge is set to grow by nearly 36% from 2,838 people in 2019 to 3,853 people in 2030, due to both growth in prevalence and growth in the older population.
- In Redbridge, social care accounts for the largest proportion of the cost of dementia, and this is expected to grow by nearly 70% from £66.6 million in 2019 to £113 million in 2030. The value of unpaid care is expected to grow by nearly 63% from £44.3 million in 2019 to £72.1 million in 2030. Healthcare costs, which account for the smallest proportion of the cost of dementia locally, are expected to grow by 56% from £15.8 million in 2019 to £24.6 million in 2030.

Projected numbers of people with dementia in Redbridge from 2019-2030 by severity of dementia\*



Projected costs of dementia in Redbridge from 2019-2030 by type of care (in £million, 2015 prices)\*



\*Source: Wittenberg, Hu, Barraza-Araiza & Rehill, 2019

# Dementia

## Why is dementia important?

Dementia is a key health and wellbeing concern for our residents as they age and is a key priority both nationally and for Redbridge – it is included under our ‘Mental Wellbeing’ Ambition in our Redbridge Health & Wellbeing Strategy 2017-21. [Research](#) suggests that a third of dementia cases may be preventable through addressing modifiable risk factors. Due to an ageing population, the prevalence and number of people with dementia are expected to continue to grow locally and nationally. Dementia [costs](#) the health and social care sector in the UK more than chronic heart disease and cancer combined.

It is estimated that around [670,000 unpaid carers](#) look after people with dementia in the UK, with two thirds of people with dementia living at home. This means that we also need to provide support to carers as well as those diagnosed with dementia to help prevent them falling into crisis, and enable them to live well at home and in their local community.

## What are we doing about dementia in Redbridge?

Improving the health and wellbeing of people with dementia and their carers will maximise the extent to which people can continue to remain independent and reduce pressure on long term care services. Providing an early dementia diagnosis allows time for the person and their family/carer to plan for the future. We are currently:

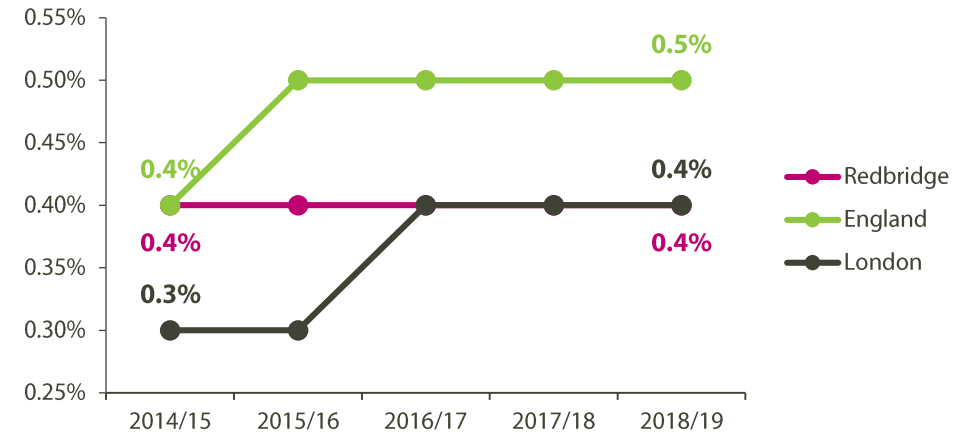
- Developing our Dementia and Carers strategic plans to focus our work with health, care and voluntary sector partners.
- Aiming to achieve ‘Dementia Friendly Redbridge’ status from the Alzheimer’s Society by supporting people and their carers to be supported in the local community.
- Incorporating early intervention and prevention to support a reduction in the number of hospital admissions, improve hospital discharge arrangements and develop the capacity for more community based support to give people and carers the skills to better manage care, through the provision of equipment, assistive technology and support at end of life.
- Continuing to use the NHS Health Check Programme in enabling people to reduce their risk for developing vascular dementia, and identifying early signs of dementia.
- Continuing to support the provision of services for both carers and those with dementia through day service activities, respite care, befriending, services, and falls prevention.
- Supporting early identification and diagnosis through our ‘Memory Service’ which receives referrals from local GPs for an assessment of people experiencing memory problems. It can also provide outreach services at satellite buildings and in the home. Intensive work has taken place with GPs to increase the number of people being referred for a formal diagnosis and performance in this area continues to improve.

# Learning disabilities and autism

## What is the current situation in Redbridge?

- The [prevalence of learning disabilities](#), recorded by GP practices, in Redbridge in 2018/19 was 0.4% (about 1,270 people). However, this may be an under-estimate as the [proportion of GP patients who report having a learning disability](#) is three times higher at 1.6% (this is similar to national and regional levels).
- In 2018/19, 515 adults with learning disabilities were [receiving long term support](#) from the council; about 40% of the number of people with learning disabilities recorded on GP registers (1,270).
- In 2018/19, 88% of adults with learning disabilities [lived in their own home or with their family](#) – this was over 10% higher than national and regional averages. Only 11% were [in paid employment](#); however this was higher than nationally (6%) and regionally (8%).
- The [prevalence of autism spectrum disorder \(ASD\)](#) in adults is estimated at 0.8% nationally; this equates to about 1,900 people in Redbridge. [Estimates](#) suggest that 40% of people with ASD also have a learning disability.

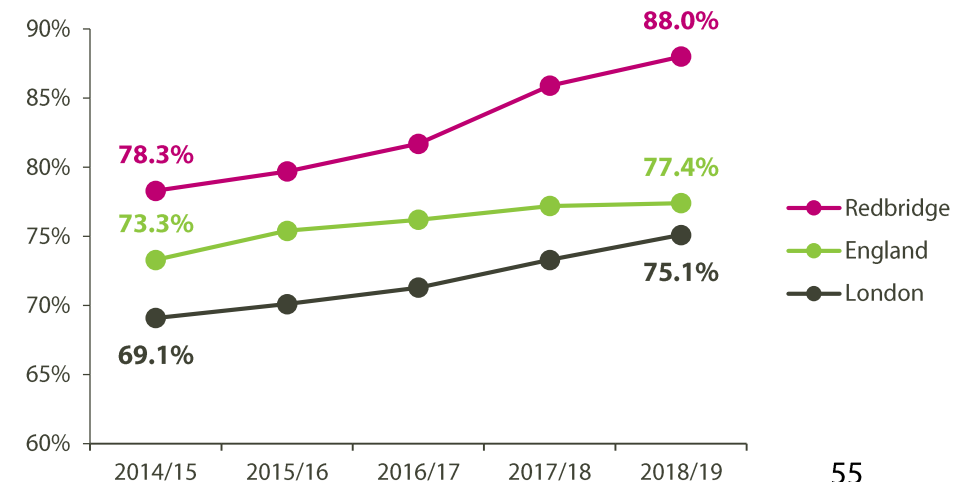
Prevalence of learning disabilities from 2014/15 to 2018/19



## How has the situation changed over the past 5 years?

- The prevalence of learning disabilities in Redbridge has [remained steady](#) at 0.4% over the past 5 years; this is similar to regional and national levels.
- The proportion of adults with a learning disability who live in their own home or with their family has been [steadily increasing](#) in Redbridge over the past 5 years, with a 10% jump from 78% in 2014/15 to 88% in 2018/19. Local figures have remained higher than national and regional averages over this period.
- The proportion of adults with a learning disability in paid employment [dropped](#) from 13.1% in 2014/15 to 11.1% in 2018/19, but remained higher than national and regional averages over this period.

Proportion of adults with a learning disability who live in their own home or with their family, 2014/15 to 2018/19



# Learning disabilities and autism

## Why are learning disabilities and autism important?

Whilst the prevalence of learning disabilities and autism within Redbridge has remained stable, the complexity of need has increased within the Borough. In addition, current estimates highlight an expected increase in the number of people with learning disabilities and autism to transition into adult services in the next five years. The projected increase and greater complexity of need present challenges in ensuring the right support is available in the future.

## What are we doing about learning disabilities and autism in Redbridge?

- **Early intervention:** Redbridge has begun two programmes to better support those with learning disabilities and autism, improve transitions and the development and implementation of the Progression Model. The improved transition pathway highlights where interventions can be made earlier to increase independence and if possible, reduce the complexity of need in preparation for adulthood. Using the Progression Model, Redbridge will seek to use flexible arrangements earlier to provide opportunities to further develop both children and adults with learning disabilities and autism.
- **Reduce health inequalities:** Two key NHS initiatives for reducing inequalities are supported by the Council; the Annual Health Check Programme and the Transforming Care Programme. Annual health checks are available for all adults and children over 14 years old with learning disabilities. The Community Learning Disabilities Team has been targeting local GPs to increase access to and completion of the checks. The Transforming Care Programme started in 2016 and aims to reduce the number of people with learning disabilities and/or autism in inpatient settings and has successfully discharged 6 people into the community from long term hospital placements, with plans in place to discharge more in 2020.
- **Reduce employment inequalities:** Redbridge is working to further reduce employment inequalities by increasing the number of people with learning disabilities or autism in employment through the Work Redbridge scheme, which offers employment support for people with learning disabilities or autism. The Council offers day opportunities for people with learning disabilities and autism to develop their skills with a view to gaining employment.
- **Increase independence:** Redbridge currently offers a range of services to support people to achieve or maintain independence, including day opportunities, supported living, and floating support (i.e. support not linked to accommodation). With the implementation of the Progression Model, the borough will further seek to support people to achieve their highest level of independence.



# Mental health and wellbeing

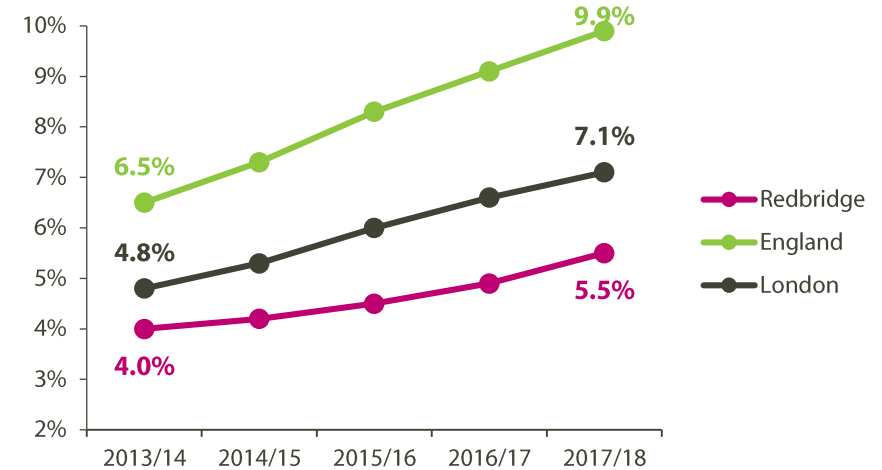
## What is the current situation in Redbridge?

- Mental ill-health can be classified as common mental disorders (CMDs) or severe mental illness (SMI). CMDs comprise different types of depression and anxiety, while SMIs consist of schizophrenia, bipolar affective disorder and other psychoses.
- Similar to national estimates, it is estimated that nearly one in five (17.7%) of those aged 16 years and over in Redbridge [has a CMD](#). This equates to nearly 42,000 people. The [recorded prevalence of depression](#) on GP practice registers in Redbridge in 2017/18 was approximately half the level seen nationally (5.5% compared to 9.9%) – this may indicate that the recorded prevalence locally is an underestimate of the true prevalence in the population. This could be due to stigma around mental ill-health deterring people from seeking help. There are greater levels of stigma around mental ill-health in some BME communities; in Redbridge, 65% of the population are from a BME group.
- The [recorded prevalence of SMI](#) in Redbridge is 0.86%, which equates to approximately 2,600 people. People with SMI have a life expectancy of up to 20 years less than the general population – this is one of the greatest health inequalities in England.

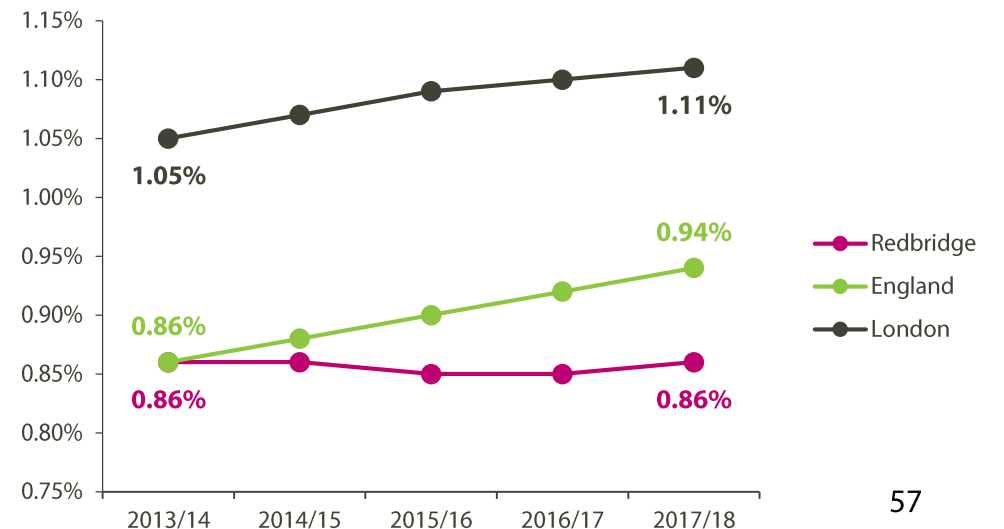
## How has the situation changed over the past 5 years?

- The recorded prevalence of depression among adults in Redbridge has [gradually increased](#) by over a third from 4.0% in 2013/14 to 5.5% in 2017/18. It has remained significantly lower than the national and regional prevalence rates over this period, both of which are also on an upward trend. Increased awareness and reduced stigma around mental ill-health may be factors in the increasing recorded prevalence rates.
- The recorded prevalence of SMI in Redbridge has [remained stable](#) at 0.86% from 2013/14 to 2017/18. It has remained significantly lower than the London rate over this period.
- Suicide is seen as an indicator of underlying rates of mental ill-health. Suicide disproportionately affects men – it is the biggest killer of men under 50 years. The [suicide rate](#) in Redbridge in 2016-18 was 7.1 per 100,000 people, lower than both national (9.6 per 100,000) and regional rates (8.1 per 100,000). It has dropped by over 20% from 9.0 per 100,000 in 2014-16.
- Self-harm is a significant risk factor for suicide. Hospital admissions are used as a proxy of the prevalence of severe self-harm, but underestimate the true prevalence in the community. Rates of self-harm are 2-3 times higher among women compared to men. The [rate of emergency hospital admissions due to intentional self-harm](#) in Redbridge has dropped by over 50% from 118.2 per 100,000 in 2013/14 to 55.1 per 100,000 in 2017/18. It has remained significantly lower than the national and regional rates since 2014/15.

Recorded prevalence of depression in adults from 2013/14 to 2017/18



Recorded prevalence of severe mental illness (SMI) from 2013/14-2017/18



# Mental health and wellbeing

## Why is mental health and wellbeing important?

Good mental health is essential to health and wellbeing. With good mental health, people are able to live, work, adapt and manage change, and cope well with the stresses of life. People who have poor mental health often have poorer physical health, in addition to challenges such as maintaining employment, finding a sustainable home and building a social network. Poor mental health also negatively impacts on parenting capacity, and thus on children. Poor mental wellbeing is costly to the individual and to society, and lack of mental wellbeing underpins many physical diseases, unhealthy lifestyles and social inequalities.

## What are we doing about mental health and wellbeing in Redbridge?

The Redbridge Health and Wellbeing Strategy 2017-21 identifies mental wellbeing as a priority and seeks to support local residents to maintain good mental health and emotional wellbeing, and maximise their resilience to and recovery from adverse situations and events. This ambition is being delivered by ensuring that the local environment enhances good mental wellbeing by promoting access education, good quality housing, employment, open spaces, physical activity, leisure and culture opportunities, supportive community networks and ensuring community safety.

The Redbridge Suicide Prevention Strategy 2018 – 2021 sets out key ambitions and actions for reducing the number of suicides in Redbridge. Taking a life course approach, the Suicide Prevention Strategy identifies actions to be taken to improve resilience, mental wellbeing and service provision. Redbridge has an established a multi-agency Mental Wellbeing Group which oversees the implementation of the Suicide Prevention Strategy and feeds into the action plan for the mental health priority of the Redbridge Health and Wellbeing Strategy.

Supporting children's and young people's mental wellbeing is key to improving outcomes and reducing long-term mental health needs. There is ongoing work with the CCG as part of the Mental Health Transformation Programme and the Children and Young People Mental Health Transformation plan to improve access to mental health and wellbeing support and services including the delivery of the Emotional Wellbeing and Mental Health Service (EWMHS) aimed at delivering preventative and early intervention to build resilience and support children and young people and schools to create and manage the emotional health and wellbeing of children and young people in schools. A programme of Youth Mental Health First Aid (YMHFA) training is also being delivered to equip staff with the knowledge, skills and confidence to identify and assist young people experiencing mental health issues on a first aid basis.

## Chapter 6: Children and young people

# Child health

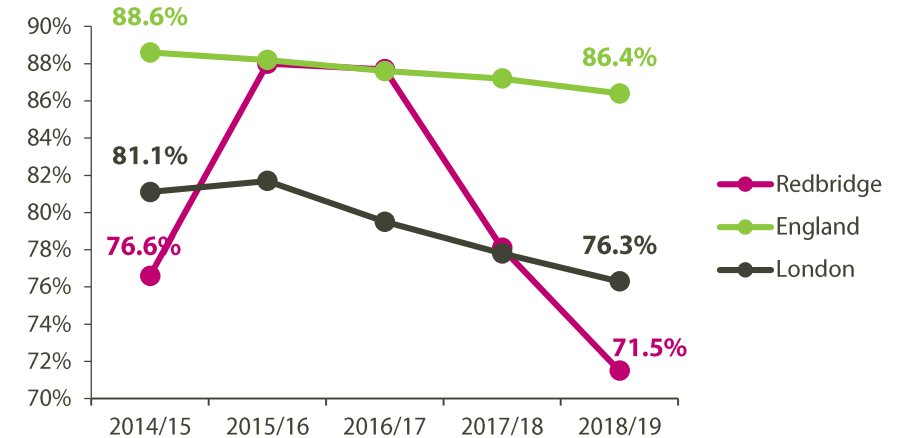
## What is the current situation in Redbridge?

- In 2018/19, [uptake of the MMR vaccine](#) in Redbridge was significantly lower than the national (86.4%) and regional (76.3%) averages at 71.5%. This was also well below the target level set by PHE of 95%.
- From 2015-17, the [child mortality rate](#) (1-17 years) in Redbridge was significantly higher than the national (11.2 per 100,000) and regional (11.0 per 100,000) at 16.2 deaths per 100,000 population aged 1-17 years. In contrast, for the same period, the [infant mortality rate](#) (0-1 year) in Redbridge was lower than the national (3.9 per 1,000) and regional (3.3 per 1,000) rates at 2.7 deaths per 1,000 live births.
- In 2017/18, the [rate of hospital admissions for asthma among children](#) aged under 19 years in Redbridge was significantly higher than national (186.4 per 100,000) and regional (188.1 per 100,000) rates at 226.0 admissions per 100,000 population aged under 19.

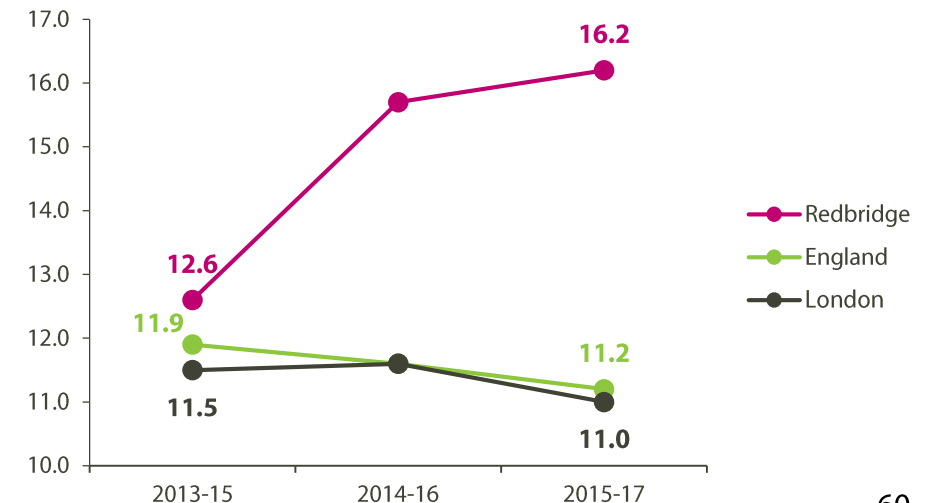
## How has the situation changed over the past 5 years?

- MMR vaccination coverage has reduced nationally over the past five years. In Redbridge there has been a [sharp drop in coverage](#) by nearly 20% from 87.7% in 2016/17 to 71.5% in 2018/19. The target level of 95% has not been achieved nationally, regionally or locally over the past 5 years.
- Historically, the child mortality rate in Redbridge has been similar to national and regional rates – however in 2015-17 it [rose to a level that was significantly worse than national and regional rates](#). The infant mortality rate in Redbridge has remained relatively stable and [significantly lower](#) than the national rate over the five year period from 2013-2017.
- The rate of hospital admissions for asthma among children in Redbridge [fell continually between 2014/15 and 2016/17 and then rose](#) from 214.4 admissions per 100,000 population under 19 in 2016/17 to 226.0 per 100,000 in 2017/18. Prior to 2017/18, it had remained similar to national and regional rates in the main.

MMR vaccination coverage (2 doses by 5 years) from 2014/15-2018/19



Trend in child mortality rate (1-17 years) per 100,000 population aged 1-17 years from 2013-15 to 2015-17



## Why is child health important?

There are many national, regional and local policies which highlight the importance of a strong foundation for children, to enable them to have better outcomes over their life course. The first priority of our local Health and Wellbeing Strategy 2017-21 is to ensure every child resident in Redbridge has the best start in life; this means supporting Redbridge's children and young people to achieve optimum health and wellbeing from pregnancy through to adulthood. This is a particularly important priority for Redbridge given the large (and increasing) number of children and young people living in the Borough (estimated at 108,500 residents aged 0-25 years in 2020, making up 35% of the population). Creating an environment that supports families to live healthy lives is critical in supporting children to have the best start in life; this is reflected in Redbridge's Partnership Plan for 2025 in which 'being a great place to live as a family' is a key priority.

## What are we doing about child health in Redbridge?

Over the coming years, as part of the Borough Partnership Plan for 2025, the Redbridge Partnership (the Council, CCG, Police, RCVS and New City College) will work with young people towards achieving UNICEF child-friendly city status, which will provide global recognition for the quality of our support.

The local landscape of organisations which commission and provide services to children, young people and families is complex, and includes a range of partners such as maternity units, Health Visitors, School Nurses, Children's Centres, child care and early years education, schools, youth services and out of school activities. In 2013, responsibility for commissioning school nursing services transferred to local authorities from the NHS, and later in 2015 for Health Visiting services also. The Healthy Child Programme is a flagship programme commissioned by the Council which offers a range of universal and targeted services and support to children and their families to improve their health and wellbeing and reduce inequalities from conception through to adulthood. The programme helps to tackle childhood obesity, reduce parental smoking and increase awareness of the impacts of passive smoking on children, promote vaccine uptake, improve the mental health of new mothers and spot any early signs of concern such as domestic violence, substance misuse or neglect.

### Healthy Child Programme (pregnancy and 0-5 years, delivered by Health Visitors)

- If families receive the right support during the first few weeks of life, their new child is more likely to be ready to learn at two and ready for school at five.
  1. Antenatal Health Promoting Visits
  2. New Baby review
  3. 6-8 weeks assessments
  4. 1-year review
  5. 2 – 2.5-year review

### Healthy Child programme (5-19 years, delivered by School Nurses)

- Supports young adults with transition points, vulnerable children, contribute to safeguarding, and provides part of the troubled families offer.
  1. 4 – 5-year-old needs assessment
  2. 10-11-year-old needs assessments
  3. 12-13-year-old needs assessments
  4. School leavers post 16
  5. Transition to adult's services

## Conclusion





# Conclusion

The 2019/20 JSNA provides a high-level overview of key successes and challenges in the Borough in terms of residents' health and wellbeing. Redbridge is doing particularly well on a number of outcomes compared to national and regional benchmarks, including for instance; teen pregnancy, mortality rate due to drug misuse, smoking prevalence among pregnant women, premature mortality rate due to cancer, suicide rate, and rate of hospital admissions due to self-harm. However, the Borough is facing particular challenges in the below areas.

- **Homelessness:** At the end of December 2018, there were 2,368 [households in temporary accommodation](#) which was almost 100 higher than the previous year end figure (March 2018). In Redbridge, 214 persons were seen [rough sleeping](#) during 2018/19, a reduction of 25 from the year before. Reducing homelessness is a key priority locally with a commitment to end street homelessness by 2022. The Council has a target to build deliver 1,000 new affordable homes by 2022, including 600 new council homes.
- **Employment:** In 2018, 51% of jobs in Redbridge paid at or above the [London Living Wage](#). This was the lowest rate in London, and significantly lower than the rate for London as a whole (80%). London Borough of Redbridge is an accredited London Living Wage (LLW) employer and, in the Borough Partnership Plan for 2025, has committed to encouraging public services and private employers to achieve LLW status.
- **Child obesity:** The [proportion of children who are either overweight or obese](#) in Redbridge doubles between the ages of 4-5 (20%) and ages 10-11 (40%). In 2018/19, the level of excess weight among 10-11 year olds in Redbridge was worse than the average for England (34.3%) and London (37.9%). In Redbridge, we are developing a whole systems approach to tackling obesity with partners across the public, private and third sectors, in line with guidance from Public Health England<sup>1</sup> and the recent call to action from the London Child Obesity Taskforce<sup>2</sup>.
- **Diabetes:** The [prevalence of diabetes](#) in Redbridge in 2018/19 was 9%, about 21,000 people. This was the second highest prevalence rate of all London boroughs, after Harrow at 10%. Diabetes prevention and management are priorities in Redbridge's Health and Wellbeing Strategy (2017-21).
- **Dementia:** [Projections published in 2019](#) show that the number of people with dementia in Redbridge is set to grow by nearly 36% from 2,838 people in 2019 to 3,853 people in 2030, due to both growth in prevalence and growth in the older population. In Redbridge, social care accounts for the largest proportion of the cost of dementia, and this is expected to grow by nearly 70% from £66.6 million in 2019 to £113 million in 2030. The Borough is currently developing its Dementia and Carers strategic plans to focus its work with health, care and voluntary sector partners.
- **MMR vaccine uptake:** In Redbridge there has been a sharp drop in [coverage of the MMR vaccine](#) by nearly 20% from 87.7% in 2016/17 to 71.5% in 2018/19, a level which was significantly lower than the national (86.4%) and regional (76.3%) averages, as well as the PHE target level of 95%. Improving uptake is a health protection priority for the Borough.
- **Cancer screening:** Over the past 5 years, uptake of [breast, cervical](#) and [bowel cancer screening](#) in Redbridge has remained significantly lower than national averages, and the uptake of breast and cervical cancer screening has been in decline. In 2020, a pilot programme to improve screening uptake using health promotion champions will be launched.

Going forward, it is recommended that the JSNA be taken into account when refreshing the 2017-2021 Health and Wellbeing Strategy for the Borough.

1. Public Health England. *Whole Systems Approach to Obesity*. 2019. Available from: <https://www.gov.uk/government/publications/whole-systems-approach-to-obesity>

2. London Child Obesity Taskforce. *Every child a health weight; Ten ambitions for London*. 2019. Available from: [https://www.london.gov.uk/sites/default/files/every\\_child\\_a\\_healthy\\_weight.pdf](https://www.london.gov.uk/sites/default/files/every_child_a_healthy_weight.pdf)