Reframing health challenges: Gaining new insight into how to scope and shape new service approaches
A vision for Barking and Dagenham

One borough; one community; no-one left behind.

The council’s vision recognises that over the next 20 years the borough will undergo its biggest transformation since it was first industrialised and urbanised, with regeneration and renewal creating investment, jobs and housing.

The borough’s corporate priorities that support the vision are:

**Encouraging civic pride**
- Build pride, respect and cohesion across our borough
- Promote a welcoming, safe, and resilient community
- Build civic responsibility and help residents shape their quality of life
- Promote and protect our green and public open spaces
- Narrow the gap in attainment and realise high aspirations for every child

**Enabling social responsibility**
- Support residents to take responsibility for themselves, their homes and their community
- Protect the most vulnerable, keeping adults and children healthy and safe
- Ensure everyone can access good quality healthcare when they need it
- Ensure children and young people are well-educated and realise their potential
- Fully integrate services for vulnerable children, young people and families

**Growing the borough**
- Build high quality homes and a sustainable community
- Develop a local, skilled workforce and improve employment opportunities
- Support investment in housing, leisure, the creative industries and public spaces to enhance our environment
- Work with London partners to deliver homes and jobs across our growth hubs
- Enhance the borough’s image to attract investment and business growth
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Key population and demographic facts

Did you know LBBD has...

- **206,460** Residents
  - 7th smallest population in London

- **56,545** under 16s
  - Highest proportion in London and the UK

- **130,122** 16s to 64s
  - 4th lowest proportion in London

- **19,793** over 65s
  - 10th lowest proportion in London

- **33** average age
  - Lower than London average (36)

- **59.8** male healthy life expectancy
  - Below London average (64.1)

- **58.5** female healthy life expectancy
  - Below London average (64.1)

- **54.1%** achieving 5 A*-C GCSEs inc English and Maths
  - Below London average (60.6%)

- **14.7%** have no qualifications
  - Above London average (6.6%)

- **84.8** births per 1000 women of childbearing age
  - Above London average (63.9)

- **72.5** crimes per 1000 people
  - Below London average (74.2)

- **£277,508** median house price (all types)
  - Below London average (£471,742)

- **18.7%** English not first language
  - Below London average (22.1%) for aged 3+

- **7.5%** unemployment
  - Above London average (5.8%)

- **67.1%** employment
  - Below London average (73.8%)

- **13.3%** DWP benefits claimants
  - Above London average (9.4%)

- **50.5%** BME population
  - Below London average (55.1%)

- **30.9%** born abroad
  - Below London average (36.7%)

- **4.7%** Nigeria most common birthplace outside the UK, followed by India and Pakistan
Foreword

Welcome to the Director of Public Health Annual Report 2016/17. Every year, Directors of Public Health must compile an independent annual report. The annual report is the Director’s professional statement about the health of local communities and assists in identifying key issues, flagging up problems and reporting progress.

My report gives a professional perspective that informs this approach based on sound epidemiological evidence and objective interpretation taken primarily from our Joint Strategic Needs Assessment 2016. I hope my observations in the following chapters act as a starting point for systematically identifying ‘where to look’ before ‘what to change’ and finally ‘how to change’.

This year, I have broken with my traditional approach and focused a large part of my report on the issue of serious youth violence. In Chapter 1, I examine this problem against the backdrop of a significant increase in serious youth violence involving assaults with knives and noxious substances. Two separate murders in 2016 redefined our understanding of the swathe of issues that led a minority of young people into gang culture and serious youth violence.

I agree that violence is a public health issue although many of the peer reviews conducted over the last 4 years reveal other areas have often struggled to understand this, interestingly there now appears a real appetite to re-look at this issue from a different angle of which public health makes a meaningful contribution.

Chapter 2, considers what support our children need to become more resilient to mental health issues. We know that what happens to children before they are born and their experiences as they grow and develop can affect their health and opportunities later in life. We also know that children and young people who grow up in a safe environment and have a positive relationship with their families and communities are more likely to do better as they go through life. Therefore, the council is committed to rethinking our view of mental health, how we approach the challenges children and young people face and how we support them to maintain their mental health and be there when things go wrong.

Chapter 3, continues my interest in using devolved powers to deliver better health and care outcomes for our residents. I examine our progress in establishing an accountable care system based on ‘place based care’ that evolves our thinking beyond care to one that has concern for the causes of poor health rather than the effects. I assess the potential of our newly created Community Solutions Service to add value and opportunity to this by supporting individuals and families, particularly the most vulnerable, to better help themselves and others flourish and lead fulfilling lives.

We are now in the fourth year of the Public Health Grant and Chapter 4, reviews the evidence and analysis on how we have used the Grant. Containing or reducing the costs of health and social care without negative effects on health outcomes requires cost effective prevention interventions to play a much more substantial role. I consider both how we have spent the Public Health Grant in Barking and Dagenham and what return we achieved.

In the final Chapter, I discuss progress so far of the Barking Riverside NHS Healthy New Town initiative to help “design in” health and modern care from the outset. With around 800 homes expanding to 10,800 extra homes being built by 2030, the challenges are significant but as construction picks up, there is a huge opportunity to shape places to radically improve population health, integrate health and care services, and offer new digital and virtual care fit for the future. I assess whether there is a wider opportunity to apply the principles through our Local Plan to support the many other developments in our borough that will gain momentum over the next year.

I hope you find my annual report of interest and value. Comments and feedback are welcome, and should be emailed to matthew.cole@lbbd.gov.uk.

Matthew Cole
Director of Public Health
London Borough of Barking and Dagenham

1 https://www.lbbd.gov.uk/council/statistics-and-data/jsna/overview/
Acknowledgements

Contributors to this report include:

Katherine Gilcreest Head of Support Chapter 1
Angie Fuller Youth Offending Service Manager Chapter 1
Robert Harris Youth Offending Service Operations Manager Chapter 1
Sue Lloyd Consultant in Public Health Chapters 2 and 3
Philip Williams Interim Head of Public Health Commissioning Chapter 4
Lynne Farrow Interim Principal Accountant Chapter 4
Dr Fiona Wright Consultant in Public Health Chapter 5

This report was prepared by:
Pauline Corsan Personal Assistant to Director of Public Health