



**Barking and Dagenham**

# **Joint Strategic Needs Assessment 2024-27**



**Barking &  
Dagenham**

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# 1. Introduction

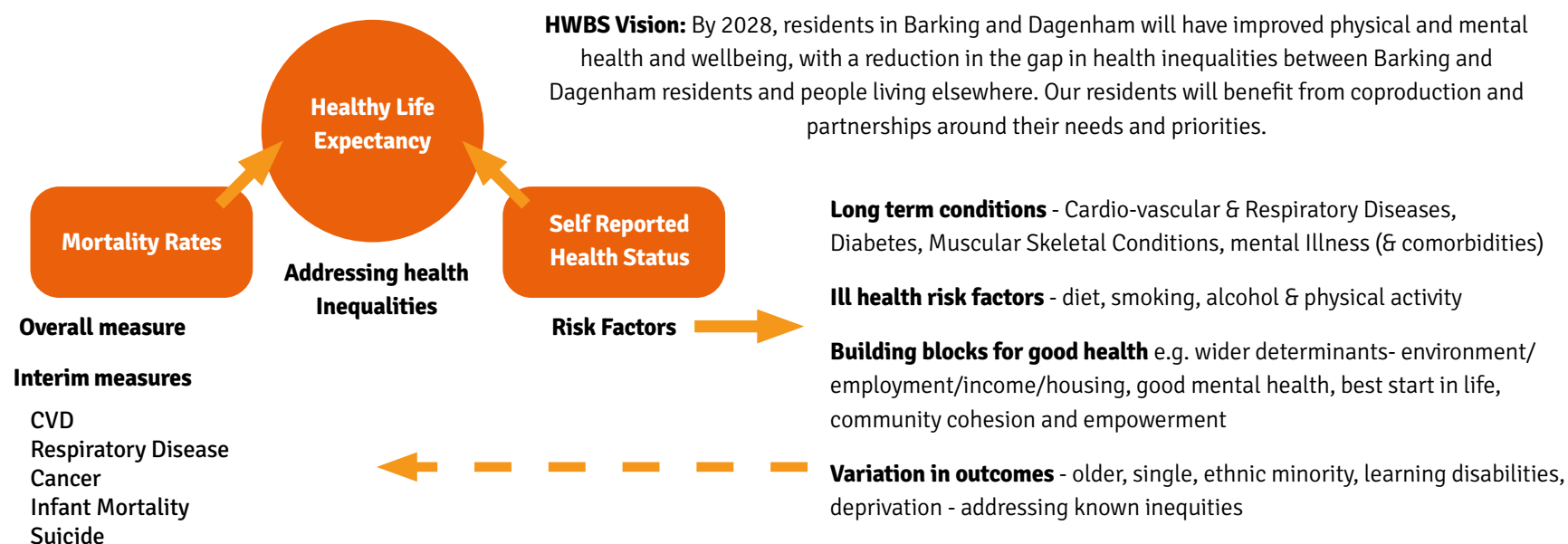
The Barking and Dagenham Joint Strategic Needs Assessment (JSNA) for 2024-2027 focuses on the population health needs of Barking and Dagenham. The overarching aim is to provide an overview of the local data and insights that will both support the understanding of the key local population health needs and inform a partnership approach to reduce health inequalities and improve healthy life expectancy. This will support the aims of the [Barking and Dagenham Joint Health and Wellbeing Strategy 2023-28](#). This refresh of the JSNA will revert to a single borough publication to reflect the unique needs at place; but will inform work across the North East London Partnership.

As part of a new approach, the JSNA will be refreshed on a 3-5 year basis, with subsequent deeper dives into areas where greater focus is needed to inform effective Place based action to improve Healthy Life Expectancy. This overarching JSNA will provide an overview of the data and insights that inform local priorities and suggest areas for further focussed action or future analysis.

## How to read the report

The Barking and Dagenham JSNA 2024-27 is intended to be read alongside the [Annual Director of Public Health Report 2023](#) which provides the accompanying context, rationale and steer for action. Key messages and advice have been summarised at the end of each JSNA chapter.

**Figure 1: Health and Wellbeing Strategy Vision**



Child health indicators have been integrated with adult indicators throughout the document and are clearly labelled within contents, but broader factors supporting child health are focussed on in the ‘Building blocks – best start in life’ section.

### **Comparators:**

For each indicator where adequate data is available; comparison and benchmarking has been made against London average, the England average and with NEL neighbours that are similar in socioeconomic profile according to the [CIPFA nearest neighbours model](#): Hackney, Tower Hamlets and Waltham Forest. These are referred to as ‘peer boroughs’ throughout the document. Greenwich has been included as a peer borough for indicators relating to children as it is one of Barking and Dagenham’s nearest neighbours. Trends over the last 5 years have been depicted where there is an important change to note. An updated list of peer boroughs has been used meaning there is variation in some of the comparators used in this report and some analyses the ADPHR 2023.

Other key pieces of analysis which are referred to and contain additional detail include:

[North East London Population Health Profile](#)

[LBBD Borough Data Explorer](#)

[LBBD Social Progress Index](#)

[OHID Fingertips Public Health Profiles](#)

Where we use the word significant; this relates to statistically significant change.

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The following groups/organisations were consulted in the process of developing an approach and selecting indicators for the JSNA:

- Barking, Havering and Redbridge University Hospitals NHS Trust
- North East London Foundation Trust
- Together First CiC
- BD Collective, Lifeline
- North East London Integrated Care System: Business Insights, Barking and Dagenham Place Partnership
- London Borough of Barking and Dagenham: Public Health, Commissioning, Adults and Children’s Services (Social care and education), Community Solutions, Performance, Insight and Innovations, Transport, planning and infrastructure, Housing/enforcement, Inclusive Growth

We would like to thank all the stakeholders who have helped inform the presentation and indicators presented in this document, and commented on drafts.

## 2. Population overview

**Barking and Dagenham is a borough where the population has undergone significant growth and change in the last decade. Below are some key elements of Barking and Dagenham's resident population as defined in the Office of National Statistics Census of 2021. The population size based upon census estimates is smaller than the number of people registered with a GP in Barking and Dagenham. This pattern is similar to other peer boroughs, as individuals do not always unregister or register at another GP if they move out of borough, and some may choose to register at practices in different boroughs.**

- From 2011 to 2021, Barking and Dagenham's population increased by 17.7%, to just under 220,000 residents. England's population grew by 6.6% over the same time period. Barking and Dagenham was the second fastest growing borough in London after Tower Hamlets, where the population grew by 22.1%.<sup>1</sup> Projections estimate a further 20% growth through migration into the borough by 2034, largely driven by development in the south of the borough (See Figure 2).
- Barking and Dagenham also has a high rate of births relative to other parts of England. The Total Fertility Rate (TFR) shows the average number of children a woman is expected to have over her lifetime. In 2022, the TFR in Barking and Dagenham was 1.98 births per woman. It is the highest TFR of any borough in London and England, whose rates were 1.39 and 1.49 respectively<sup>2</sup>.
- In 2021 in Barking and Dagenham, just over 57,000 residents were aged under 16 (26.0% of the population), just over 143,000 were aged 16 to 64 (65.2% of the population) and just over 19,000 were aged 65 and over (8.7% of the population). In England, these percentages were 18.6%, 63.0% and 18.4% respectively, meaning Barking and Dagenham has a greater proportion of young residents and a smaller proportion of elderly residents than England as a whole (see figure 2). This is also reflected in Barking and Dagenham's median age, which is 33, compared to 36 for London and 40 for England<sup>3</sup>.
- From 2011 to 2021, the proportion of Barking and Dagenham residents identifying as Asian or Asian British increased from 15.9% to 25.9%, the largest increase of any ethnic group. The White or White British ethnic group made up 58.3% of the population in 2011 and 44.9% in 2021, which was the largest decrease of any group. Residents identifying as Black, Black British, Caribbean of African made up 20.0% of Barking and Dagenham residents in 2011 and 21.4% in 2021. The proportion of residents of mixed or multiple ethnicities in Barking and Dagenham rose from 4.2% in 2011 to 4.3% in 2021. The proportion of residents belonging to other ethnic groups rose from 1.6% to 3.6% from 2011 to 2021<sup>4</sup>.
- In the 2021 census, 72.1% of Barking and Dagenham residents spoke English as their main language. Other than English, the most prevalent main languages include Romanian (4.5%), Bengali (2.9%), Lithuanian (2.0%), Urdu (1.7%), Panjabi (1.1%) and Bulgarian (1.1%)<sup>5</sup>.

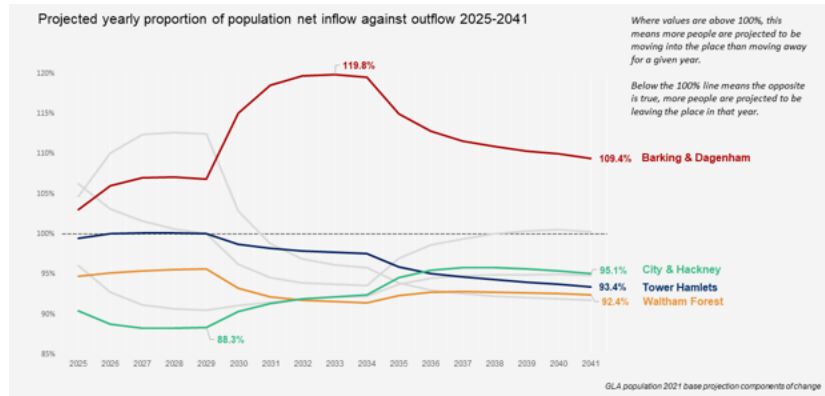
- In 2011, 13.7% of Barking and Dagenham residents described themselves as Muslim. This increased to 24.4% by 2021, which was the largest increase of any broad religious group. In 2011, 56.0% of residents described themselves as Christian. This decreased to 45.4% by 2021. The proportion of those describing themselves as having no religion was almost unchanged, falling from 18.9% to 18.8% from 2011 to 2021. Other religions present in Barking and Dagenham in 2021 include Hinduism (3.0%), Sikhism (2.0%), Buddhism (0.4%) and Judaism (0.1%)<sup>6</sup>.
- Barking and Dagenham had the 21<sup>st</sup> highest deprivation score of the 317 English local authorities measured on the Index of Multiple Deprivation (IMD) 2019. It also had the highest IMD score of all London boroughs<sup>7</sup> 5 LBBB wards are amongst the 10% most deprived wards in England and 11 LBBB wards are amongst the 20% most deprived wards in England (see Figure 4 IMD decile by ward, Barking and Dagenham).
- In the 2021 Census, 46,100 households in Barking and Dagenham (62.4%) were deprived in at least 1 of the four dimensions of deprivation (education, employment, health and housing). This is the highest proportion of deprived households within local authorities in England.
- Household income is another source of deprivation in Barking and Dagenham, and there is a link between lower average incomes and lower life expectancy<sup>8</sup>. In 2023, 38% of households in Barking and Dagenham had a household income below £30,000, the highest proportion of any London borough. The borough's median income is also the lowest in London at £38,400<sup>9</sup>.

- As of 2021, there were 6,066 residents living in Barking and Dagenham for every square kilometre of land in the borough<sup>10</sup>. Across all of London, there were 5,598 residents for every square kilometre of land. On average, every football pitch sized area of land in Barking and Dagenham has 43 residents living on it, making it the 16th least densely populated borough of London's 32 boroughs.

Additional information about Barking and Dagenham's population demographics can be accessed through the Council's [Borough Data Explorer](#) or the [Office for National Statistics Census profile](#).

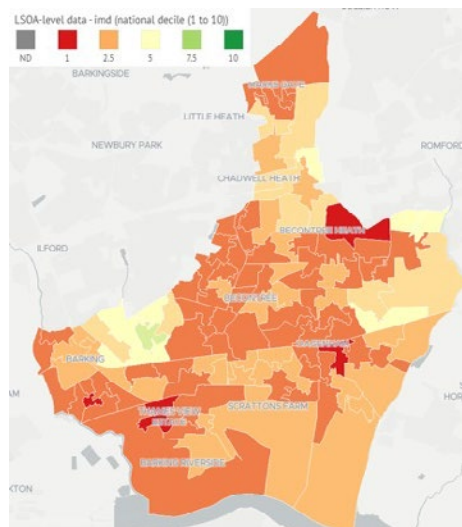


**Figure 2: Projected proportion of people moving into a Place (inflow) compared with people leaving (outflow)**



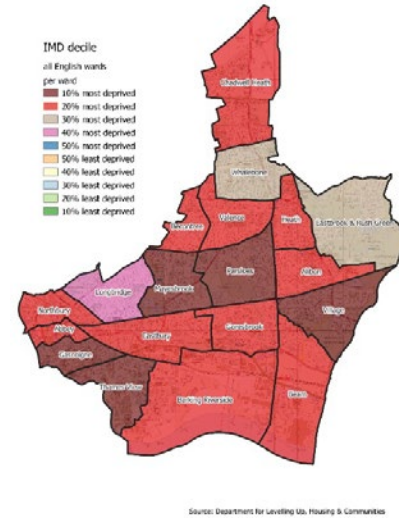
Source: [North East London Population Health Profile](#)

**Figure 3: IMD Decile by Lower Super Output Area (LSOA), Barking and Dagenham**



Source: Borough Data Explorer ([emu-analytics.net](#))

**Figure 4: IMD decile by ward, Barking and Dagenham**  
IMD 2019 - overall score



**Figure 5: Age distribution compared to England (in black), ONS Census 2021**

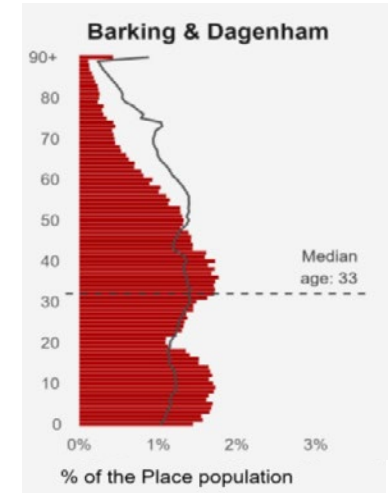
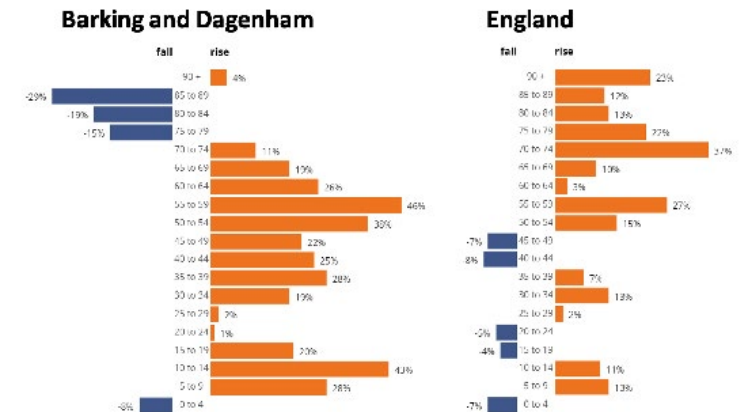


Image source: [North East London Population Health Profile](#)

**Figure 6: Population change (%) by age group, Census 2011 vs Census 2021**



Source: Barking and Dagenham population change, Census 2021 – ONS



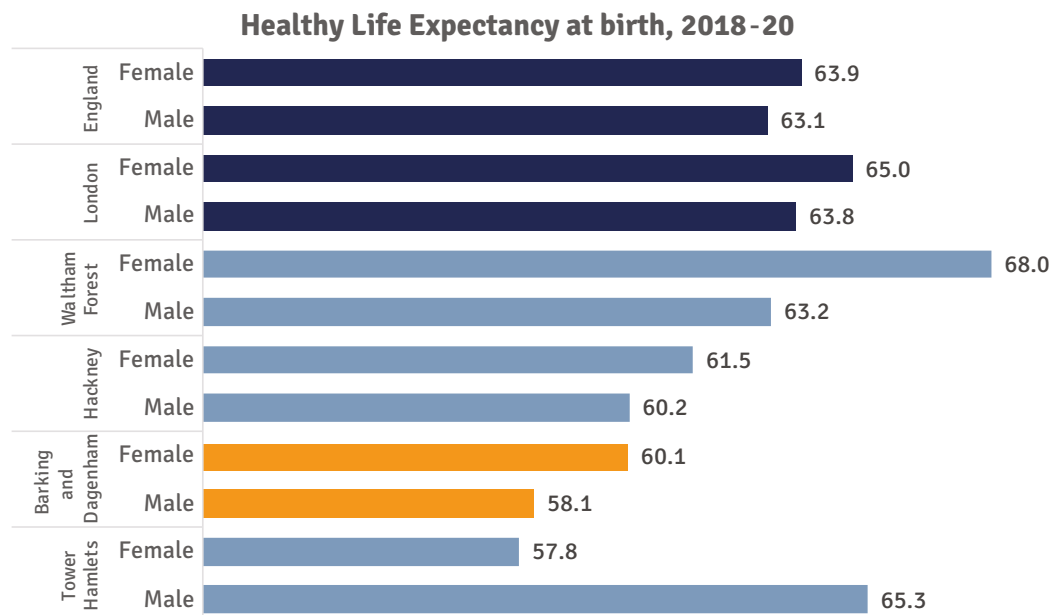
### 3. Healthy life expectancy

**Healthy life expectancy (HLE) at birth describes the average number of years a baby born today would expect to live in good health. It is based on data combining risk of death and people's self-reported good health from the Annual Population Survey (APS). The ADPHR 2023 outlines the key elements that contribute to healthy life expectancy, highlighting the importance of a focus on improving self-reported good health across the population.**

On average, Barking and Dagenham males born from 2018-2020 can expect to live 58 years in good health. This is the shortest healthy life expectancy at birth in London and is significantly below the London and England averages. Females in Barking and Dagenham can expect two additional years of good health compared to males but this again is significantly below the London and England averages for females.

At the age of 65, the healthy life expectancy for borough males is 8.4 years, compared to 9.2 years for females. This again falls short of the London and England averages but to a lesser extent than life expectancy at birth.

**Figure 7: Healthy life expectancy in years for males and females at birth (years)**



Source: OHID Fingertips Indicator ID 90362, accessed 08/12/2023



Figure 8: Healthy life expectancy in years for males and females at 65

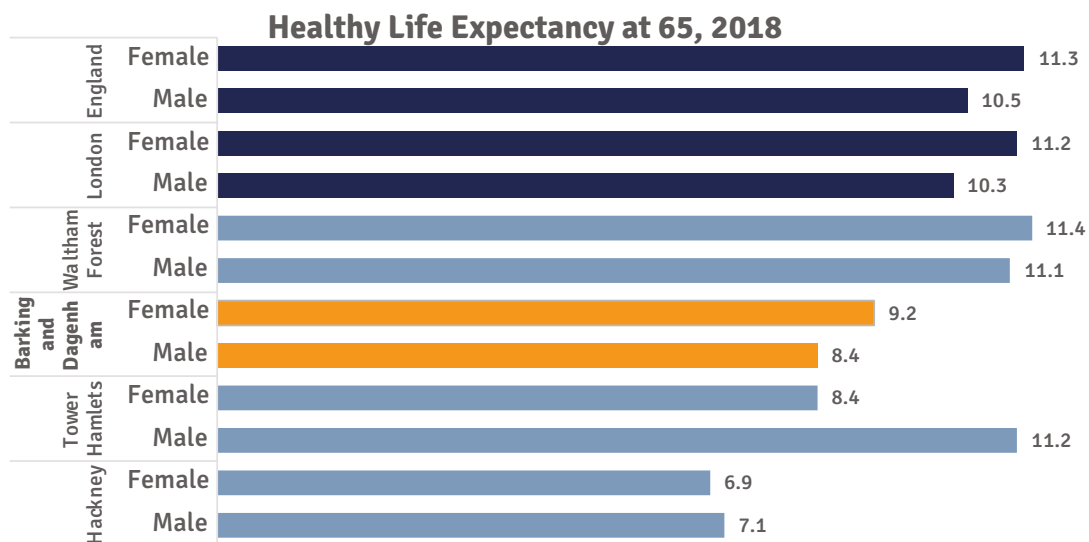
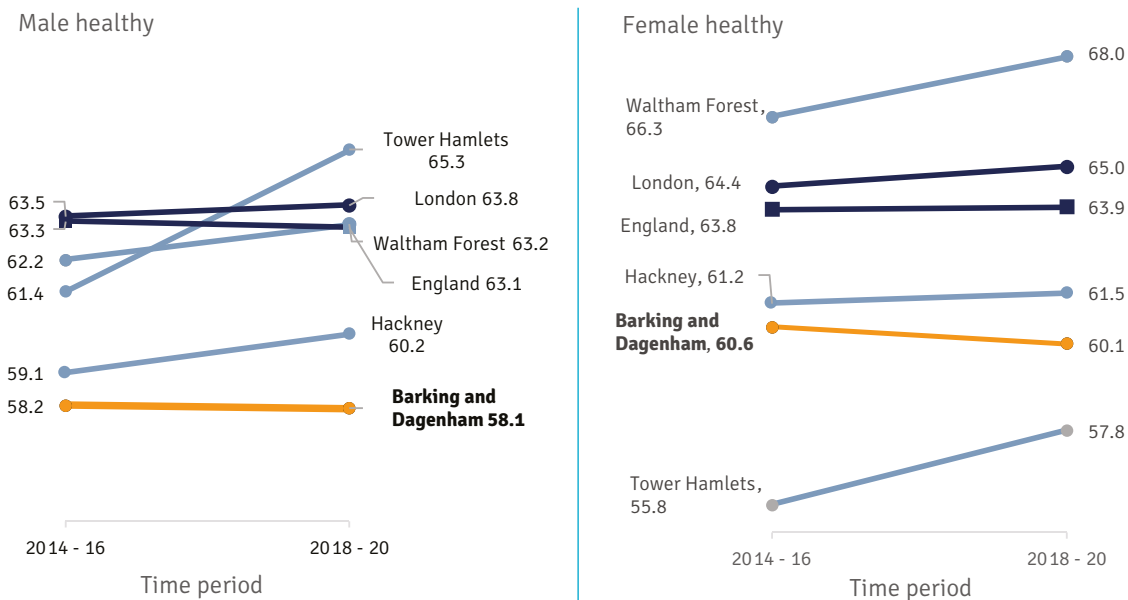
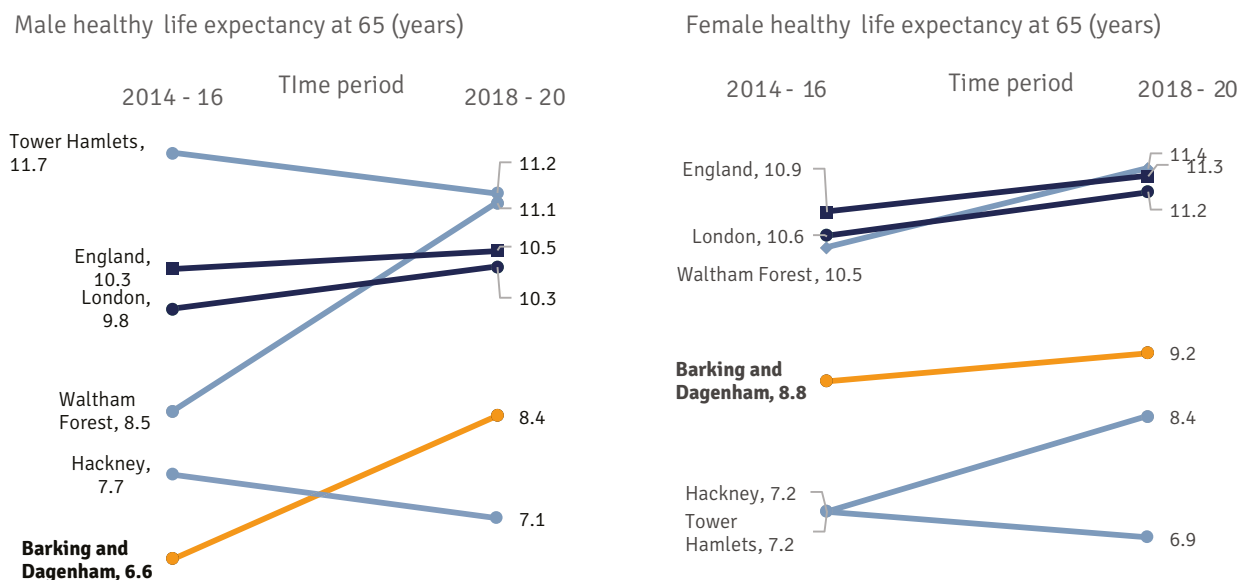


Figure 9: Changes in male and female healthy life expectancy at birth from 2014-16 to 2018-20 (life expectancy in years)



**Figure 10 Changes in male and female healthy life expectancy at 65 from 2014-16 to 2018-20 (life expectancy in years)**



Healthy life expectancy at birth in Barking and Dagenham has fallen slightly over time for both male and female residents, whilst all peer boroughs and London have seen rising trends as shown in the slope charts above. Conversely, healthy life expectancy at age 65 rose for males and females in the borough across this same time.

It should be noted the effect of the Covid-19 pandemic and cost of living crisis is not yet fully captured within the collected data which does not go beyond 2020. Significant excess mortality was seen in 2020 and 2021 but has tended back towards expected levels in recent years.<sup>11</sup> Self-reported good health will also have been impacted by access to healthcare and health promoting services, and latest data relating to long term conditions and lifestyle behaviours will be further explored later in this document.

Inequality in healthy life expectancy at birth measures the difference between the least and most deprived Middle Super Output Areas (a MSOA contains approximately 5,000-7,000 residents).

For female Barking and Dagenham residents in 2009-13, this difference was 5.8 years, for male residents it was 6.4 years. These values are significantly lower than their equivalents in London and England, which were 24.6 and 19.1 years for males in London and England respectively, and 21.1 and 18.6 years for females in London and England respectively, which is likely partially reflective of the fact there is a much less variation in levels of deprivation seen in Barking and Dagenham than across the entirety of London and England.

**Figure 11: Relative contribution of determinants of health, taken from Health in All Policies, a manual for Local Government, Local Government Association**



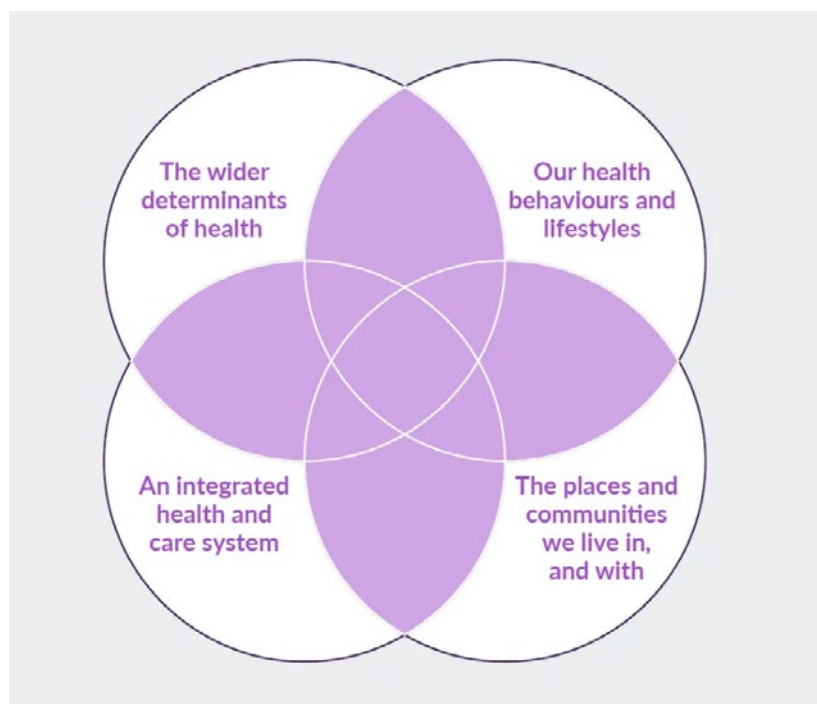
**Source:** Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

Several analyses estimate that socioeconomic factors and our environment contribute to about 50% of our health, so these need to be addressed alongside health behaviours and diseases themselves to improve healthy life expectancy. The need for this cross-cutting approach has also been outlined in a vision for population health focussing on four key pillars: wider

determinants of health, the communities and places we live in, our health lifestyles and behaviours and an integrated health and social care system (see Figure 12).

This is explored in more detail in Chapters 3 and 4 of the Annual Director of Public Health Report, where we highlight key areas for focussed action in Barking and Dagenham.

Figure 12: Four Pillars of Population Health. Source: Kings Fund



### Healthy life expectancy: key messages and public health advice

In the five years to 2020, there was no improvement in healthy life expectancy at birth in Barking and Dagenham despite improvements being seen in neighbouring boroughs and London across this timeframe.

Some improvement was seen in Healthy life expectancy at age 65, in particular for males, but it is not clear whether this has been maintained following the pandemic.

### Public health advice:

There are a number of factors that contribute to the lack of improvement in healthy life expectancy in recent years: demands of a growing population, widening inequalities due to impacts of the pandemic and the cost of living crisis; and the need to harness a system wide approach to improving health. The ADPHR 2023 recommends that partners across Barking and Dagenham should agree to outcomes aligned to reducing the gap in both female and male healthy life expectancy, with a key focus on priority areas:

1. Preventing and managing long term conditions, ensuring early diagnosis and pathways are clear to support early intervention.
2. Reducing obesity and smoking through targeting services to those whose need is greatest as well as developing wider system working.
3. Improving the number of children achieving a good level of development by five.

We will not shift the dial on the poor healthy life expectancy experienced by residents without action on the building blocks of health and well-being, wider determinants of health and working with our communities. Delivering across these golden strands in the Joint Health and Wellbeing Strategy requires development of strong partnership working across the borough, including engagement of a Health in All Policies approach across the council.

Specific areas of focus will be explored in later chapters of the JSNA.

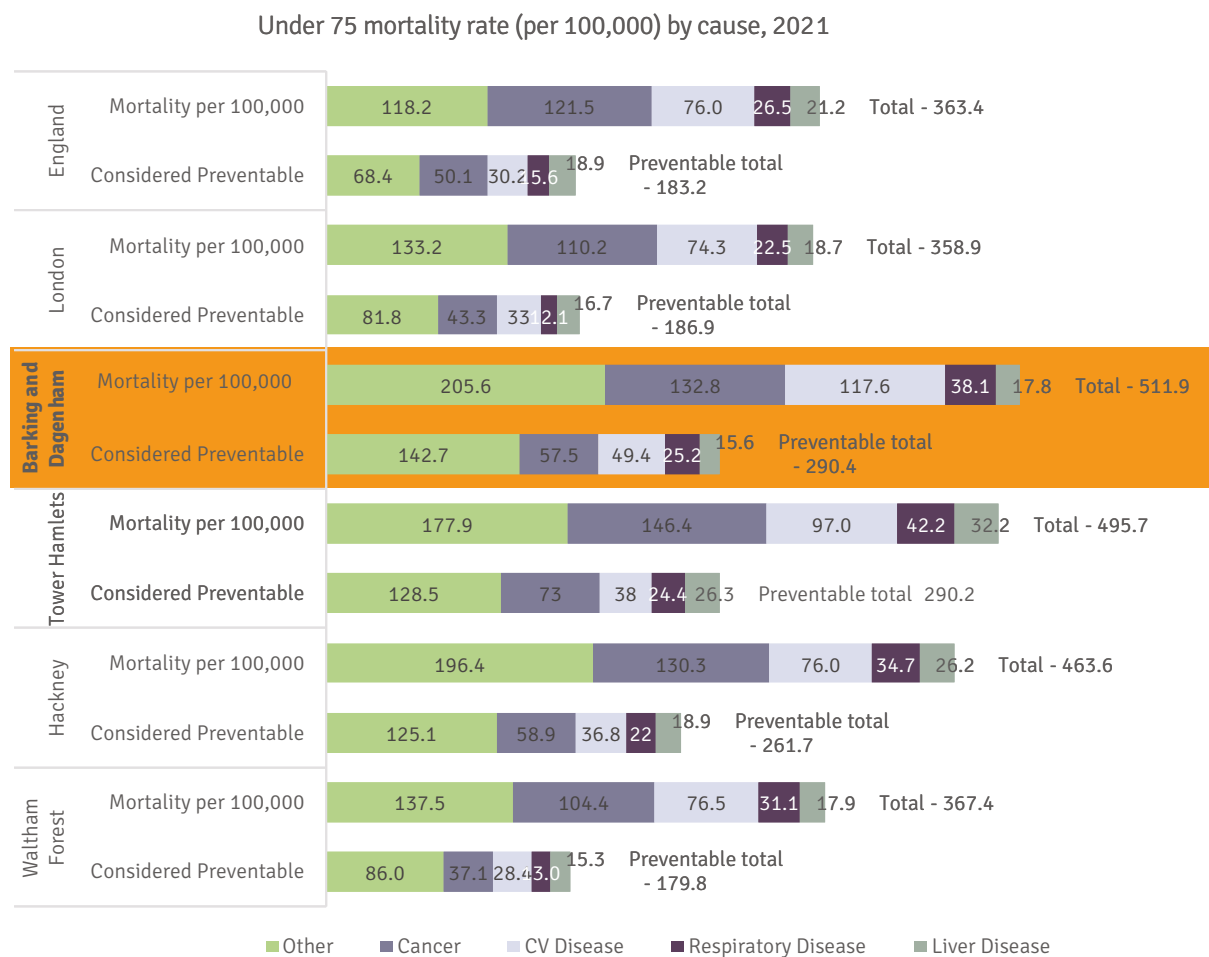
## a. Mortality

Incidents of preventable mortality are deaths that could have potentially been prevented by public health interventions ([Mortality Profile - OHID \(phe.org.uk\)](https://www.phe.org.uk/mortality-profile)).

The most frequent cause of premature mortality, including preventable premature mortality in 2021 in Barking & Dagenham was cancer. This is also true of London, England and all peer boroughs. The rate of mortality per 100,000 residents in Barking and Dagenham in 2021 was 132.8. This was higher than the London and England averages, which were 110.2 and 121.5 respectively, and all peer boroughs bar Tower Hamlets, whose rate was 146.4.

Cardiovascular disease had the second highest rate of mortality and preventable mortality in Barking and Dagenham, and at 117.6 per 100,000 residents, was significantly higher than the London and England averages, which were 74.2 and 76.0 respectively.

Figure 13 Premature mortality and premature mortality from causes considered preventable, rate per 100,000 by cause



**Source:** OHID Fingertips Indicator ID's, accessed 08/12/2023:  
 Other: 108  
 Other considered preventable: 93721  
 Cancer: 40501  
 Cancer considered preventable: 93723  
 Cardiovascular disease: 40401

Cardiovascular disease considered preventable: 93722  
 Respiratory disease: 40701  
 Respiratory disease considered preventable: 93724  
 Liver Disease: 40601  
 Liver Disease considered preventable: 93720

Rates of mortality due to respiratory disease were also elevated in Barking and Dagenham compared to London, England and peer boroughs.

The rate of mortality in Barking and Dagenham due to liver disease was lower than London, England and all peer boroughs.

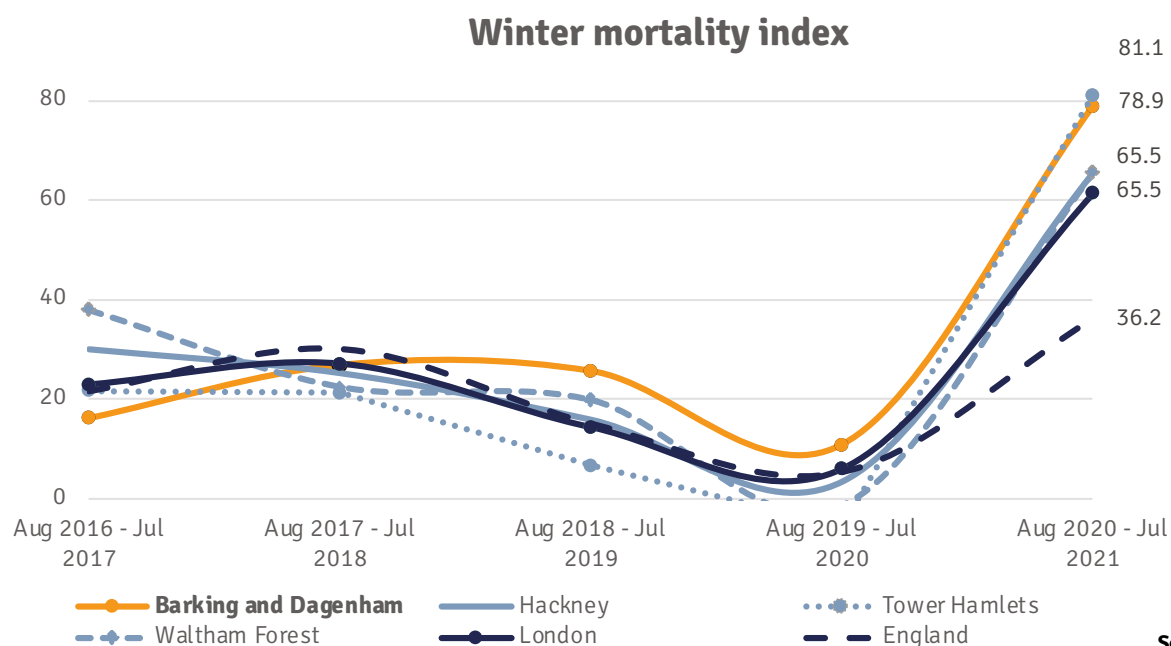
A recent analysis has shown that residents are around three times more likely to suffer an avoidable death than people living in the 10 least deprived areas of England, highlighting the importance of wider determinants of health in influencing outcomes for these diseases.<sup>13</sup>

The Winter Mortality Index (WMI) expresses the difference in the average all-cause mortality during winter months (December

to March) compared to the average in non-winter months (April to November) as a ratio. A value of 100, would mean there were twice as many deaths in winter months than non-winter months for a given year.

The COVID-19 pandemic significantly affected this dataset in the 2019-2020 year. As COVID-19 resulted in a larger than average number of deaths throughout the year, a larger than normal number of deaths occurred within non-winter months, meaning the ratio was lower than normal. In the following year, acquired and vaccinated immunity to COVID-19 rose, and milder strains of COVID-19 became dominant, resulting in a re-concentration of deaths in winter months and a spike in the WMI in the 2020-2021 year. These effects can be seen in Barking and Dagenham and all peer boroughs, London and England.

**Figure 14 Winter Mortality Index: Difference in all cause mortality during winter months (Dec - Mar) compared to non winter months.**

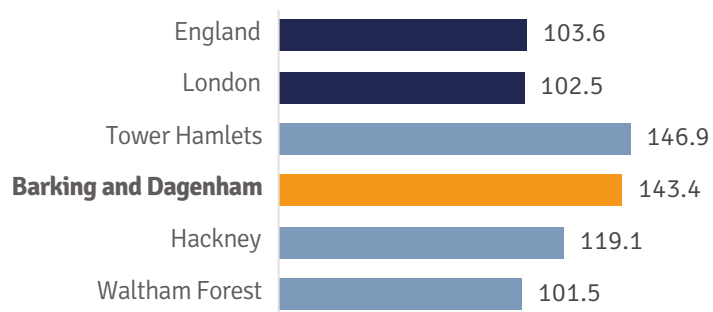


Source: OHID Fingertips Indicator ID 90360, accessed 08/12/2023

From 2018-19 onwards, throughout these fluctuations, Barking and Dagenham's WMI was higher than peer boroughs, London and England. As of 2020/21, only Waltham Forest has a higher WMI than Barking and Dagenham.

Premature mortality in adults with serious mental illness (psychotic disorders, bipolar disorder, or other mental illness with significant functional impairment), aged 18 to 74, in Barking and Dagenham is significantly higher than the London and England averages and higher than two of the three peer boroughs.

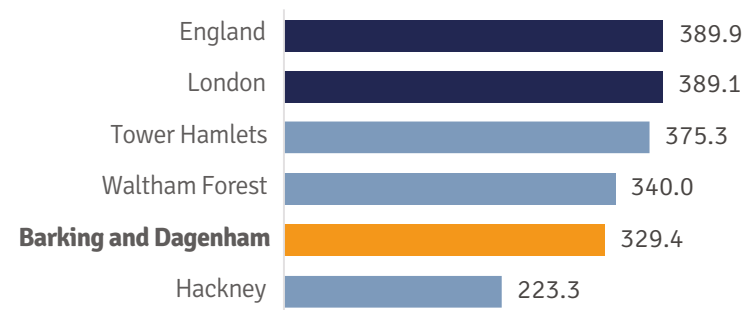
**Figure 15: Premature mortality in adults with serious mental illness, rate per 100,000 population.**



**Source:** OHID Fingertips Indicator ID 93581, accessed 08/12/2023

The graph showing excess mortality indicates the inequality gap – people with severe mental illness are approximately three times as likely to die prematurely as those without. The gap locally is less than in the majority of comparator areas, but this smaller gap likely reflects the higher premature mortality in the non-SMI population.

**Figure 16: Excess premature mortality experienced by adults with Severe Mental Illness (SMI) over adults without SMI.**



**Source:** OHID Fingertips Indicator ID 93582, accessed 08/12/2023

Suicide rates have increased over the 5 years to the 2019-2021 period. In Barking and Dagenham in the 2015-17 period, the rate of deaths from suicide per 100,000 residents was 6.2. This increased to a rate of 8.8 by the end of the 2019-21 period. A downward trend in suicide rates can be seen in all peer boroughs and in the London average over this period. These 2 changes mean Barking and Dagenham's rate has risen from below the London and England averages and those of all peer boroughs in 2015-17 to being higher than all peer boroughs and the London average by 2019-21.





## Mortality: key messages and public health advice

In 2019-2021, premature mortality rates and winter mortality in Barking and Dagenham were higher than in peer boroughs, London and England averages. Over half of deaths are considered preventable through public health action. Cancer and cardiovascular disease were the single measured areas where preventive activity could show most benefit, but half of preventable mortality is due to 'other causes' highlighting the need for broad action.

In 2018-2020, people with serious mental illness were over three times as likely to die prematurely in Barking and Dagenham than those without; and rates in Barking and Dagenham are higher than London and England averages.

Suicide rates have been increasing in the four years to 2021 despite decreasing trends in London, and are higher than London but Lower than England averages.

### Public Health Advice:

A focus should be maintained on winter planning across Barking and Dagenham, including rollout of flu and covid vaccination and mitigating the health risks associated with poor quality housing.

Cardiovascular disease, cancer and reducing life expectancy inequality for those with serious mental illness should remain priority areas for preventative action. Performance in these areas is further explored in the JSNA chapter on Long Term Conditions.

Rising trends in suicide rates suggest that a refreshed strategic approach to suicide prevention should be considered in line with the new National Suicide Prevention Strategy; alongside exploration of the uses of Real Time Suspected Suicide Surveillance Data.

## b. Self-reported good health

### Personal well-being

Well-being is a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions. Well-being encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose,<sup>14</sup> it is also associated with increased life expectancy and healthy life expectancy.<sup>15</sup> Mental wellbeing is often defined as a combination of 'feeling good' and 'functioning well', the latter linked to a sense of purpose, personal growth and development and living aligned with values.<sup>16</sup>

The Office for National Statistics (ONS) conducts an Annual Population Survey (APS) which focusses in part on personal well-being. Borough level estimates suggest that overall, Barking and Dagenham residents have relatively high levels of personal wellbeing; they score highly for life satisfaction, feel that the things they do in life are worthwhile, are happy and have low levels of anxiety.

Personal well-being estimates for borough residents have closely followed the London average over the last five years, with slightly lower levels of anxiety, as seen below. Borough outcomes also compare favourably to the statistical neighbours of Hackney, Tower Hamlets and Waltham Forest as can be seen in the [ONS report Personal Well-being in the UK: April 2022 to March 2023](#).

**Figure 17: Personal wellbeing outcomes from the Annual Population Survey: scores are out of 10 where 10 is the highest and 0 is the lowest.**



A ward-level view of well-being can be found within [Barking and Dagenham's Social Progress Index \(SPI\)](#), which looks at whether the building blocks are in place for individuals and communities to enhance and sustain well-being. The SPI defines this as being able to benefit from a basic education and good healthcare, being able to access information and communicate freely and living in a healthy environment. These foundations of wellbeing are not experienced equally by all borough residents and overall, it seems that residents in the west of the borough have a better experience than those in the north and east.

Loneliness is another area which can have a serious impact on an individual's wellbeing. According to the 2019/20 Active Lives Adult Survey conducted by Sport England, 26.8% of borough residents feel lonely at least some of the time, compared to 22.3% nationally and a London average of 23.7%.

The wellbeing of younger residents is measured in the Barking and Dagenham Children and young people's Health and Wellbeing Survey, conducted by the Schools Health Education Unit. Survey outcomes suggest that wellbeing in school pupils reduces with age. Wellbeing has also reduced over time with 22% of year 8 pupils and 26% of year 10 pupils scoring within the medium-low range for wellbeing in 2017, compared to 34% and 36% respectively in 2022.<sup>17</sup> Wellbeing for males in secondary schools is far lower than for females whilst in primary school there is very little difference in average scores for males and females.

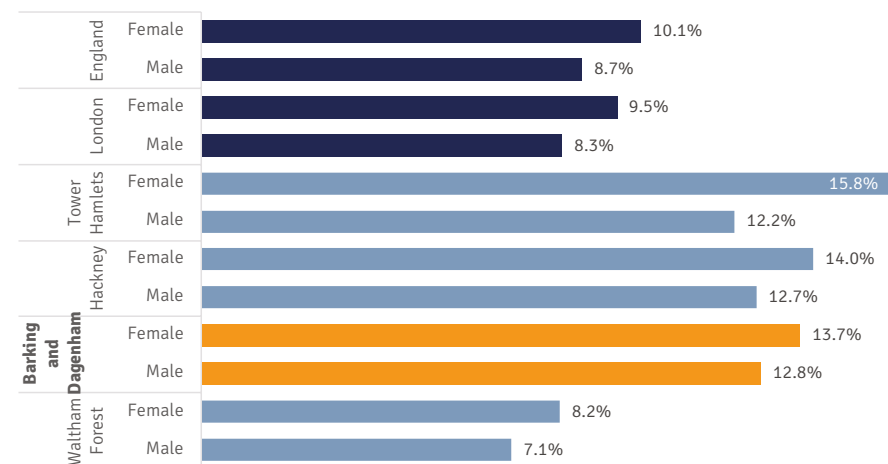
### c. Frailty

Frailty has been described as a distinctive health state related to the ageing process, in which multiple body systems gradually lose their in-built reserves. Frailty is associated with poor quality of life, adverse health outcomes, such as falls, and increased use of health and social care services, but research has shown that frailty is not an inevitable consequence of ageing and can be preventable, particularly by targeting those in early stages or ‘prefrailty’.<sup>18</sup>

A national study has estimated the prevalence of frailty, pre-frailty and those in robust health across local authorities using a bespoke frailty Index. A wide range of physical and cognitive abilities make up the frailty index referenced in this document, which can be seen in full here: [Accumulation of Deficits as a Proxy Measure of Aging \(nih.gov\)](#). These include cognitive impairment (such as clouding or memory issues), sleep disturbances, mobility limitations, mood changes, difficulty with daily activities (like grooming or cooking), urinary and bowel incontinence, visual or auditory sensory impairments, chronic health conditions (like hypertension or diabetes), onset of neurological conditions (like stroke or Parkinson’s disease), measures of coordination, posture or the presence of tremors, functional assessments of Activities of Daily Living (ADL) and a range of laboratory test results for levels of markers like electrolytes and glucose.

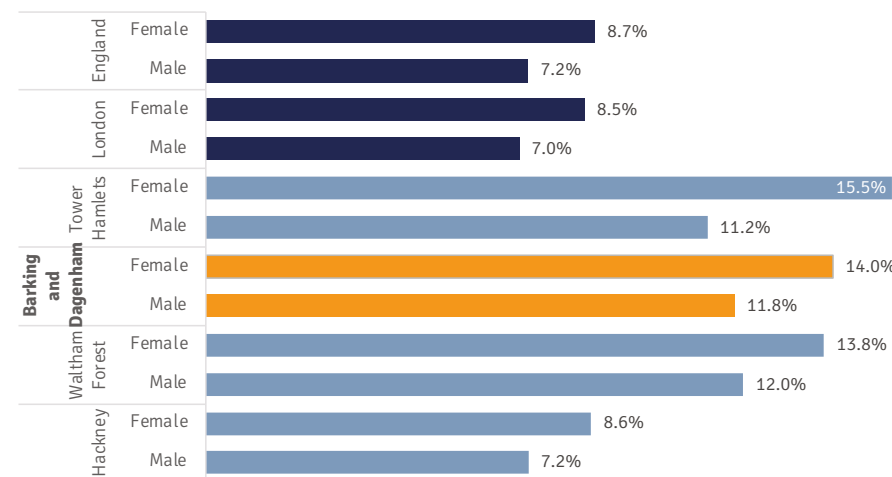
In 2020, a greater proportion of Barking and Dagenham residents aged 50 and over experienced pre-frailty and frailty than that seen in London and England. This was true for both male and female residents. Rates of frailty and prefrailty are high in all peer boroughs apart from Hackney. The probability of frailty and pre-frailty generally increases with age and deprivation.

**Figure 18: Pre-frailty in those aged 50 and over (%)**



**Source:** J Frailty Aging 2022;11(2)163-168 Published online December 23, 2021, <http://dx.doi.org/10.14283/jfa.2021.55>

**Figure 19: Frailty in those aged 50 and over (%) in 2020**



**Source:** J Frailty Aging 2022;11(2)163-168 Published online December 23, 2021, <http://dx.doi.org/10.14283/jfa.2021.55>

**Figure 20 Probability of pre-frailty and frailty by age group, deprivation quintile and sex**

**Appendix 5b:** Probability of pre-frailty and frailty for each age group, deprivation quintile and sex. The probability of pre-frailty and frailty generally increases with age and deprivation. The exception is for the most deprived people, whose probability of pre-frailty decreases for 85-89 to 90+, however this is due to a marked increase in their probability of frailty, rather than any increase in the probability of not being pre-frail or frail.

Age group	Female					Male					
	Most	2nd	3rd	4th	Least	Most	2nd	3rd	4th	Least	
90+	0.68	0.53	0.45	0.35	0.33	0.60	0.45	0.37	0.27	0.26	Frail
85-89	0.46	0.31	0.25	0.18	0.17	0.38	0.25	0.20	0.13	0.12	
80-84	0.31	0.20	0.15	0.10	0.09	0.24	0.15	0.11	0.08	0.07	
75-79	0.23	0.14	0.11	0.07	0.07	0.18	0.11	0.08	0.05	0.05	
70-74	0.19	0.11	0.09	0.06	0.05	0.14	0.08	0.06	0.04	0.04	
65-69	0.15	0.08	0.06	0.04	0.04	0.11	0.06	0.05	0.03	0.03	
60-64	0.17	0.10	0.07	0.05	0.04	0.12	0.07	0.05	0.03	0.03	
55-59	0.11	0.06	0.05	0.03	0.03	0.08	0.04	0.03	0.02	0.02	
50-54	0.07	0.04	0.03	0.02	0.02	0.05	0.03	0.02	0.01	0.01	
90+	0.20	0.23	0.27	0.32	0.30	0.23	0.24	0.27	0.30	0.28	
85-89	0.32	0.30	0.31	0.32	0.30	0.33	0.28	0.28	0.27	0.25	
80-84	0.31	0.23	0.22	0.21	0.19	0.29	0.19	0.18	0.17	0.14	
75-79	0.28	0.18	0.17	0.15	0.13	0.24	0.14	0.13	0.12	0.10	
70-74	0.24	0.14	0.13	0.12	0.10	0.20	0.11	0.10	0.09	0.07	
65-69	0.18	0.09	0.09	0.08	0.07	0.14	0.07	0.06	0.06	0.05	
60-64	0.15	0.07	0.07	0.07	0.05	0.12	0.05	0.05	0.05	0.04	
55-59	0.08	0.03	0.03	0.03	0.02	0.05	0.02	0.02	0.02	0.02	
50-54	0.11	0.05	0.04	0.04	0.03	0.08	0.03	0.03	0.03	0.02	

Source: J Frailty Aging 2022;11(2)163-168 Published online December 23, 2021, <http://dx.doi.org/10.14283/jfa.2021.55>

## Self reported good health: key messages and public health advice

Personal well-being estimates for borough residents have closely followed the London average over the last five years. However, wellbeing of school age children is showing worsening trends. In 2019/20, 1 in 4 borough residents felt lonely at least some of the time, higher than London and England Averages.

Approximately 14% of women and 12% of men over 50 are estimated to be frail; and 14% of women and 13% of men over 50 are estimated to be pre-frail. Combined this represents over a quarter of the population over 50. This is higher than London and England averages but similar to peer boroughs apart from Hackney.



### Public health advice

There remains significant need in the borough (and nationally) around mental wellbeing for children and young people. There is a clear role for School Nurses, as public health leaders, to advise schools and work with the wider system to support maximising the mental wellbeing of our children and young people. The system should increase focus on providing a better offer for those with social, emotional, and mental health needs, including timely access to CAMHS aligned with the priorities of the [Best Chance Strategy](#). This is explored further in Chapter 5 of the ADPHR 2023.

Good mental health is a key prerequisite across all factors impacting on healthy life expectancy, as well as people who have poor mental health are more likely to have higher health risk behaviour and suffer a long term condition, often due to the same pathways that influence both ([Psychosocial pathways](#)

[and health outcomes: informing action on health inequalities \(publishing.service.gov.uk\)](#) – as such mental health and wellbeing should be addressed as an underpinning factor in action to address health behaviours and prevent and manage long term conditions. Given the relatively high reported rates of loneliness, addressing loneliness and social isolation should be considered as an initial priority outcome to influence. These areas are explored further in Chapter 4 of the ADPHR 2023.

Targeted preventative action for local residents identified as pre-frail and frail through emerging proactive care programmes<sup>19</sup> and physical activity and nutrition support<sup>20</sup> as part of a combined system approach<sup>21</sup> has the potential to improve the healthy life expectancy of residents over 50. This is especially important given the high burden of long term conditions in younger adults in Barking and Dagenham, explored in the following chapter.



## d. Long term Conditions

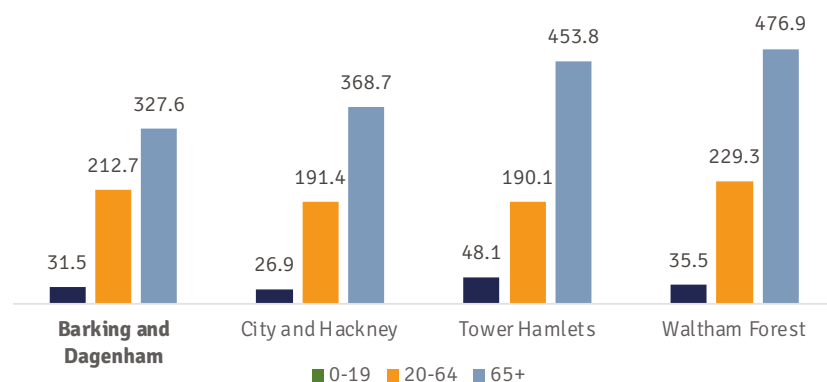
### Prevalence

Long term conditions (LTCs) are a key driver of poor self-reported health and mortality. The risk of developing a long term condition increases with age. Rates of long term conditions are far higher in older age groups than younger age groups.

For every 1,000 residents aged 65+ registered with a GP, approximately 328 have at least 1 long term condition, the lowest of all peer boroughs. Conversely, for those aged 20-64, Barking and Dagenham has the second highest rate of long term conditions when compared to its peer boroughs.

Despite having a lower rate per 1,000 than the 65+ age group, the 20-64 age group contains by far the largest number of residents with a long term condition. Prevention and early intervention for this population could have a measurable impact on healthy life expectancy.

**Figure 21: Rate of patients with 1 or more LTC per 1,000 registered patients by age group**



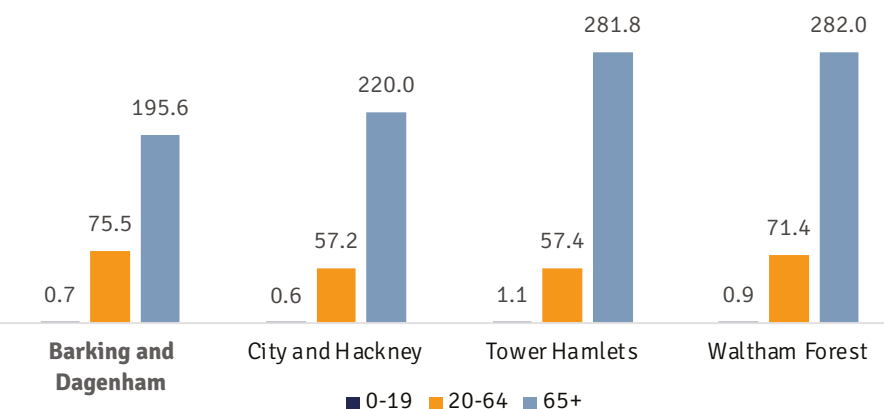
Source: LTC Dashboard: NEL CCG Long Term Conditions Dashboard, data collected as of 31st October 2023

### Multiple long term conditions

The Chief Medical Officer's annual report 2023, 'Health in an Ageing Society' highlights the need to reorientate ourselves towards a society with increasing multimorbidity. It is estimated that around 70% of adults living with frailty have multimorbidity, but less than a fifth of older adults with multimorbidity are living with frailty and those in deprived areas are more likely to have multiple long term conditions<sup>22</sup>.

For patients with two or more long term conditions, Barking and Dagenham has a higher rate than peers in the 20-64 age group and a lower rate than peers in the 65+ age group.

**Figure 22: Rate of patients with 2 or more LTCs per 1,000 registered patients in age group**



Source: LTC Dashboard: NEL CCG Long Term Conditions Dashboard, data collected as of 31st October 2023

## Inequalities in long term conditions

Long term conditions are not uniformly distributed between ethnic groups in Barking and Dagenham, as shown on Figure 23 which shows the rate of long term conditions for those registered at a GP practice in Barking and Dagenham, by age and ethnic group. In each age group, both Black and Asian patients have a higher prevalence of long term conditions than their White counterparts. The Black ethnic group has the highest prevalence of any ethnic group. This gap also increases with age, being highest in the 65+ age group.

Deprivation is another factor affecting the prevalence of long term conditions within Barking and Dagenham. The inequality in risk of developing a long term condition for residents in more deprived areas is most marked in the age 65+ group and less apparent for younger populations. Of note, registered patients in the least deprived quintiles represent patients who are registered with a GP in Barking and Dagenham but live outside the borough, as all areas in Barking and Dagenham are within the three most deprived quintiles.

**Figure 23: Rate of patients with 1 or more LTC per 1,000 Barking and Dagenham registered patients in age and ethnic group**

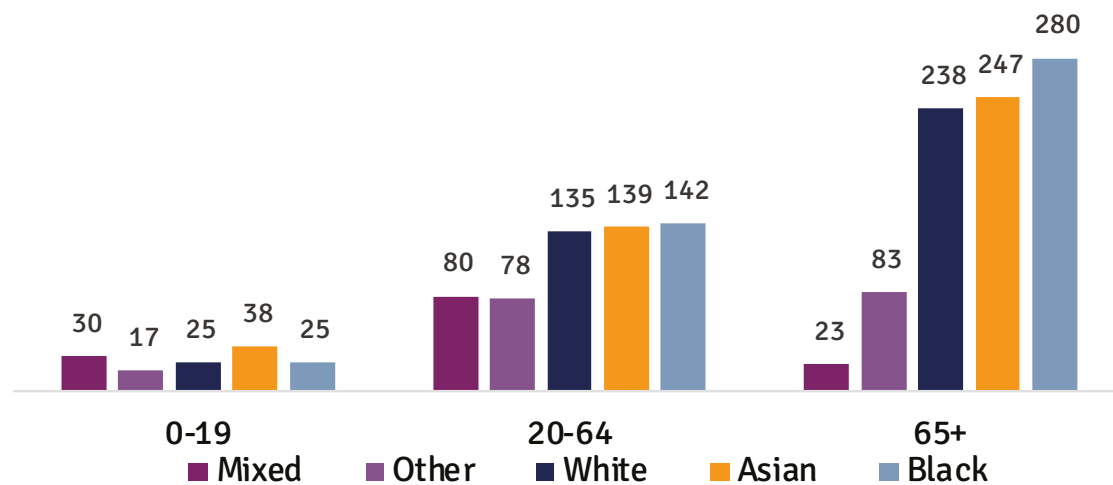
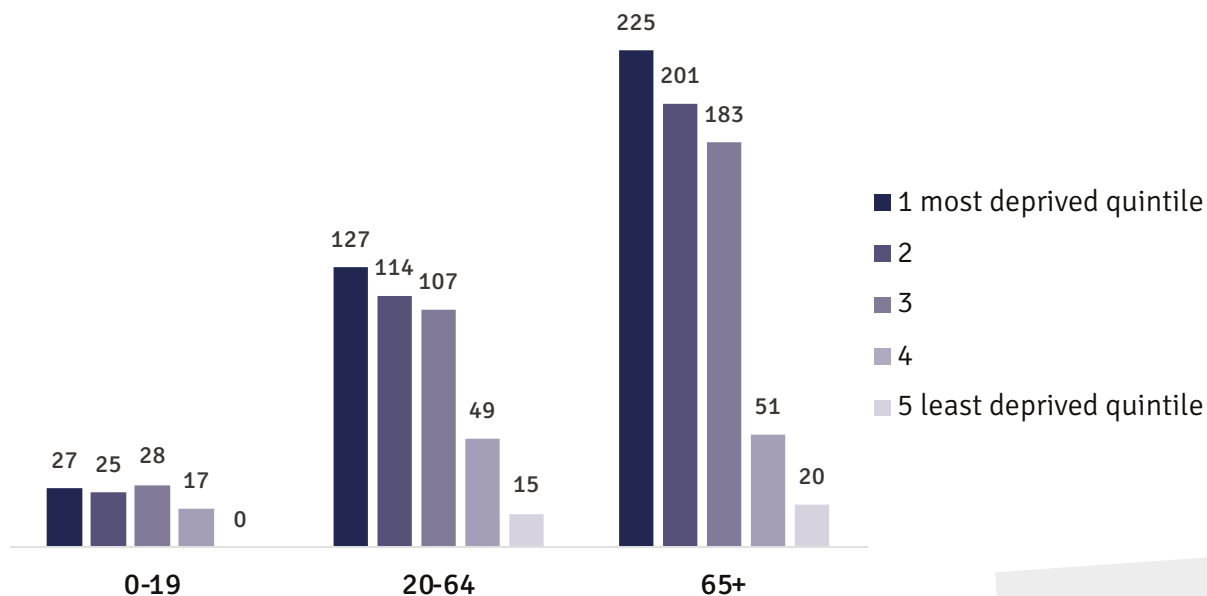


Figure 24: Patients with 1 or more Long Term Condition by age group and deprivation quintile (rate per 1,000 registered patients)



## Specific long term conditions

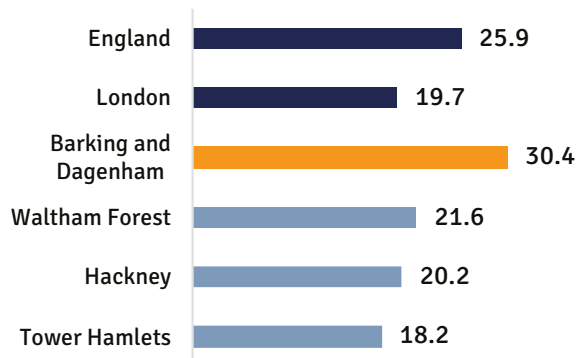
### Obesity

Obesity is a condition where a person has excess body fat that poses a risk to health and is linked in particular with physical activity and diet. Obesity and overweight are measured using Body Mass Index, a combination of height and weight. Most adults in England are living with overweight or obesity, and the percentage of adults in Barking and Dagenham who are overweight or obese (70.5%) is significantly higher than the London and England averages (55.9% and 63.8% respectively). Additionally, there has been no consistent improvement of adult obesity prevalence over time in Barking and Dagenham since 2015.

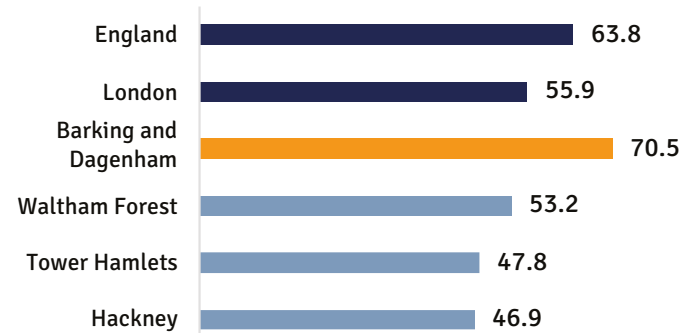




**Figure 25: Percent of overweight and obese adults (age 18+)**

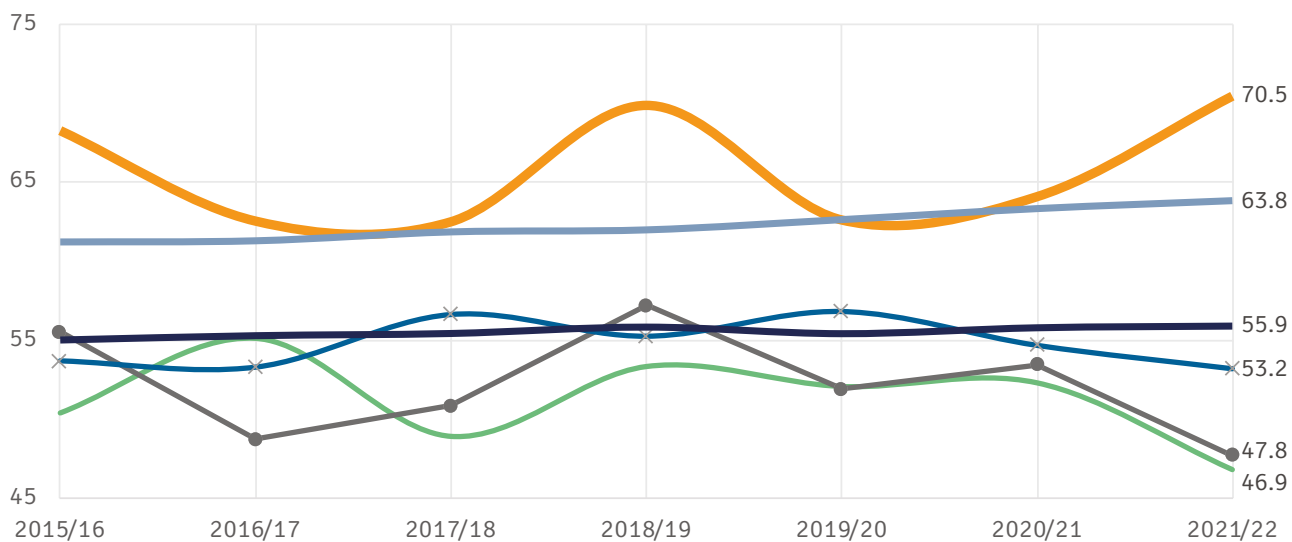


Source: OHID Fingertips Indicator ID 93881 accessed 08/12/2023



Source: OHID Fingertips Indicator ID 93088, accessed 08/12/2023

**Figure 26: Trends in adults (age 18+) classified as overweight or obese**



Legend: Barking and Dagenham (Orange), Hackney (Blue), Tower Hamlets (Grey), Waltham Forest (Dark Blue), London (Green), England (Dark Blue)

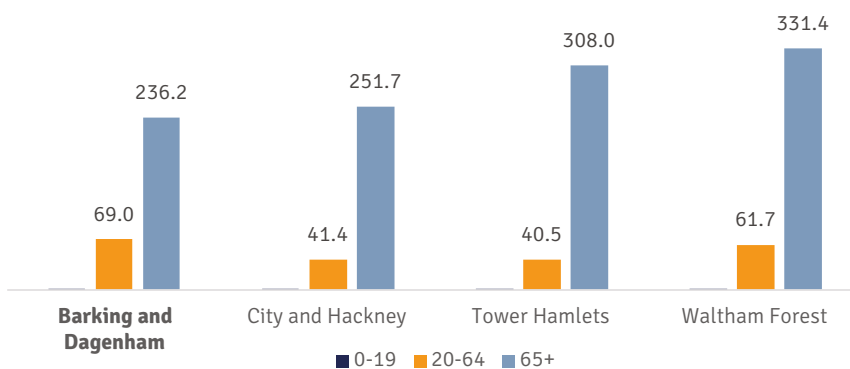
Source: OHID Fingertips Indicator ID 93088, accessed 08/12/2023

Nationally there is a large gap in obesity rates between people from the most deprived areas and those from the least deprived areas (17 percentage points for women and 8 percentage points for men)<sup>23</sup>. Hospital admission rates directly attributable to obesity are over three times more likely in the most deprived areas (31 per 100,000 population) compared to the least deprived areas (9 per 100,000 population).<sup>24</sup>

### Chronic Obstructive Pulmonary Disease (COPD), hypertension, cardiovascular disease and cancer

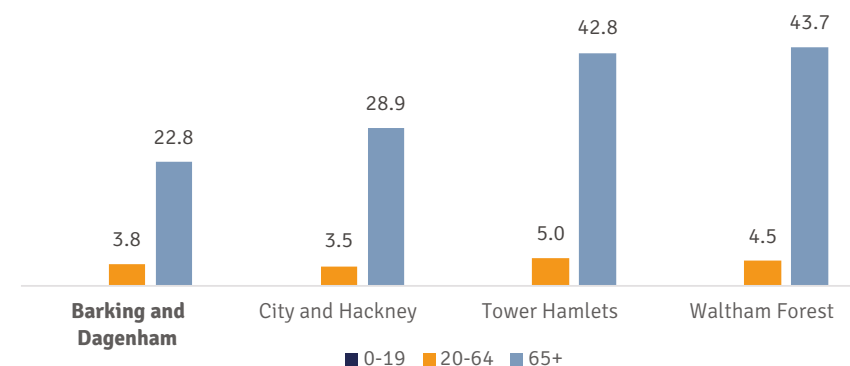
When we look at core health conditions (COPD, hypertension, cardiovascular disease and cancer), registered rates of patients are lower than in peer boroughs despite raised mortality rates for these conditions. The exception to this is hypertension where registered rates are higher than in peer boroughs in the 20-64 age bracket. Registered rates of asthma patients are lower than in peer borough in the 65+ age bracket, but more comparable in younger age brackets.

**Figure 27: Rate of patients with hypertension by age group (per 1,000 registered patients)**



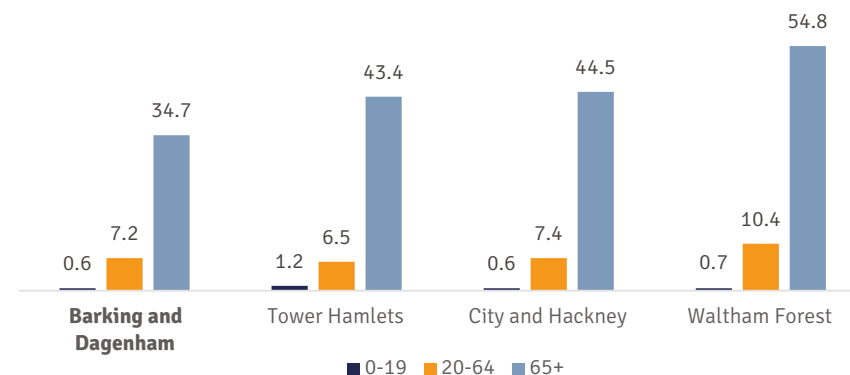
**Source:** LTC Dashboard: NEL CCG Long Term Conditions Dashboard, data collected as of 31st October 2023

**Figure 28: Rate of patients with coronary heart disease by age group (per 1,000 registered patients)**



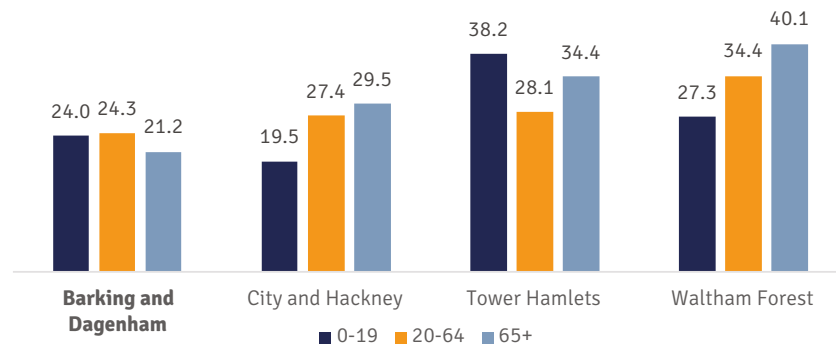
**Source:** LTC Dashboard: NEL CCG Long Term Conditions Dashboard, data collected as of 31st October 2023

**Figure 29: Rate of patients with cancer by age group (per 1,000 registered patients)**



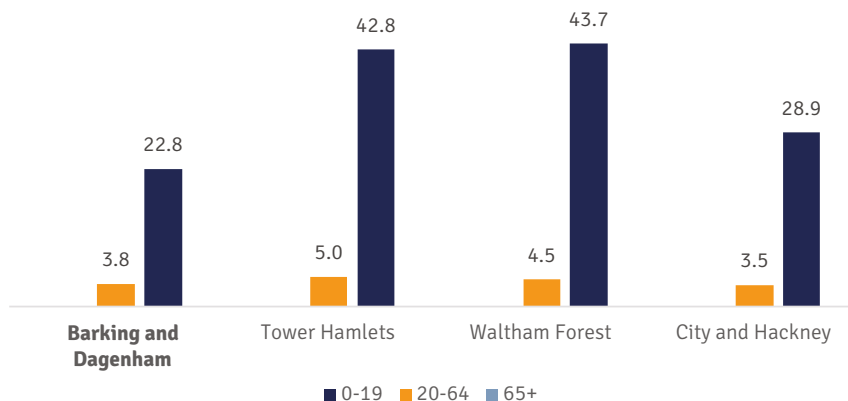
**Source:** LTC Dashboard: NEL CCG Long Term Conditions Dashboard, data collected as of 31st October 2023

**Figure 30: Rate of patients with asthma by age group (per 1,000 registered patients)**



**Source:** LTC Dashboard: NEL CCG Long Term Conditions Dashboard, data collected as of 31st October 2023

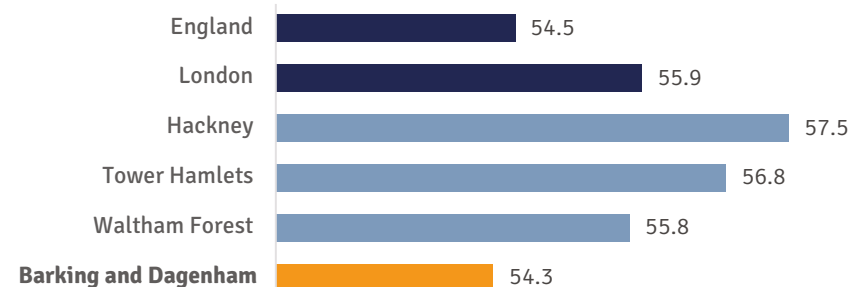
**Figure 31: Rate of patients with chronic obstructive pulmonary disease per 1,000 registered patients in age group**



**Source:** LTC Dashboard: NEL CCG Long Term Conditions Dashboard, data collected as of 31st October 2023

In 2018, just over half of new cancer diagnoses of Barking and Dagenham residents were diagnosed at stages 1 or 2<sup>25</sup>. This was in line with the England average but slightly below the London average of 55.9% and below the peer borough averages. More recent averages are unavailable for London and many of the London boroughs, including Barking and Dagenham, due to data quality concerns.

**Figure 32: Percentage of cancers diagnosed at stages 1 and 2**

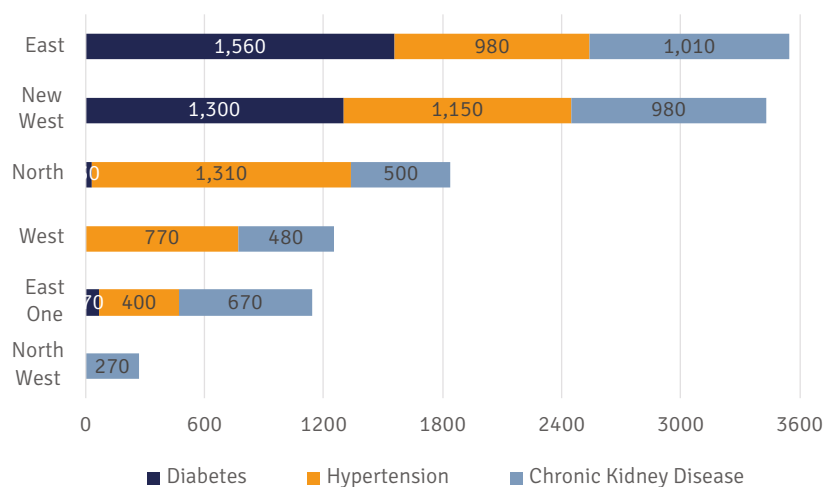


**Source:** OHID Fingertips Indicator ID 93671, accessed 08/12/2023

### Undiagnosed long term conditions

Figure 33 shows the number of potentially undiagnosed cases of diabetes, hypertension and chronic kidney disease (CKD) for each Primary Care Network in Barking and Dagenham. The estimates for these conditions have been taken from the number of expected cases generated by a model produced by the National Cardiovascular Intelligence Network (NCVIN). The model for all three conditions is based on a regression model that quantified the statistical relationship between individual risk factors and whether an individual suffered from the condition. Inputs for this model were taken from the Health Survey for England for 2016 and 2017 responses and include the age-group, sex and general health status of the respondents. The model outputs, referred to as odds-ratios, were then applied to the modelled populations of GP Practices, providing estimates of the number of cases that could be expected to be within a given PCN. Subtracting the number of cases of each condition registered at each GP in that PCN from the estimated number of cases then provides the estimated number of cases that have not been diagnosed. As with all modelled outputs, these numbers are subject to error and may over or underestimate the number of undiagnosed cases. A full explanation of the methodology used is available in the technical documentation on the [NCVIN website](#).

**Figure 33: Number of cases of undiagnosed long term conditions by Primary Care Network, Barking and Dagenham**



**Sources:**

Observed Disease cases: LTC Dashboard: NEL CCG Long Term Conditions Dashboard, data collected as of 31st October 2023  
 Expected CKD Cases: Public Health England, CKD prevalence estimates for local and regional populations, available at: <https://www.gov.uk/government/publications/ckd-prevalence-estimates-for-local-and-regional-populations>

Expected hypertension cases: Public Health England, Hypertension prevalence estimates for local populations, available at: <https://www.gov.uk/government/publications/hypertension-prevalence-estimates-for-local-populations>

Expected Diabetes cases: Public Health England, Diabetes prevalence estimates for local populations, available at: <https://www.gov.uk/government/publications/diabetes-prevalence-estimates-for-local-populations>

Local analysis suggests that not all people with long term conditions are accessing treatment, representing unmet need. If residents have undiagnosed conditions they are more likely to have exacerbations needing emergency care. The degree of unmet need varies across the borough. The values shown in this chart are the difference between the number of estimated cases (via National Cardiovascular Intelligence Network) and diagnosed cases (the North East London Quality Outcomes Framework (QoF) LTC Dashboard) of three key LTCs where data was available, for each PCN in Barking and Dagenham. For both hypertension and diabetes, all PCNs in Barking and Dagenham, bar 2, have potentially undiagnosed cases and all PCNs in Barking and Dagenham have potentially undiagnosed cases of chronic kidney disease (CKD). There are potentially over 1,000 undiagnosed cases in some PCNs. Instances where the number of observed cases exceeded the predicted cases have been excluded.

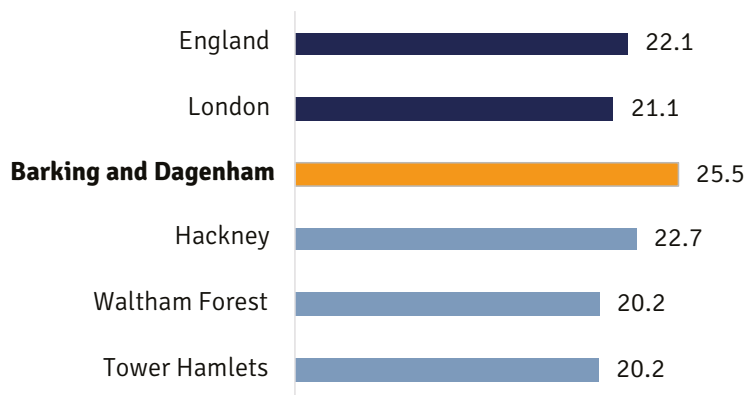
Data is available broken down by age group in relation to CKD. When looking at CKD cases by age group, the number of diagnosed cases exceeds the predicted number among borough residents aged 55 to 75, suggesting that cases are being registered but also that the prevalence is actually higher than predicted for these age groups.

Cases are potentially going undiagnosed in younger residents aged 16 to 54 and older residents aged over 75.

## Long term conditions in children and young people

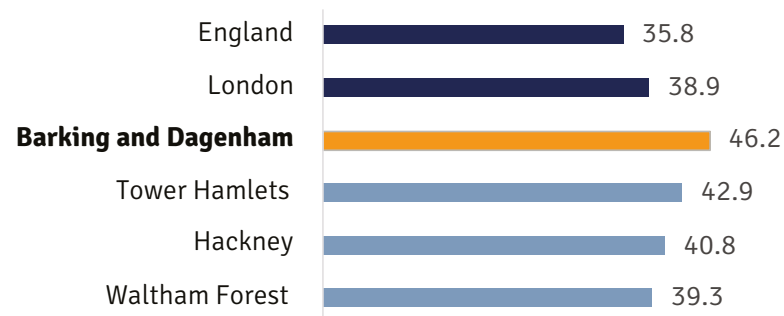
The percentage of overweight or obese Reception children in Barking and Dagenham is higher than the London and England averages and all peer boroughs (based on a 3 year average from 2020/21 to 2022/23). The percentage of overweight or obese Year 6 children in the three years from 2020/21 to 2022/23 is significantly higher than the London and England averages and all peer boroughs.

**Figure 34: Percentage of overweight or obese Reception children, 3 year average from 2020/21 to 2022/23**



**Source:** OHID Fingertips Indicator ID 93106, accessed 08/12/2023

**Figure 35: Percentage of overweight or obese year 6 children, 3 year average from 2020/21 to 2022/23**

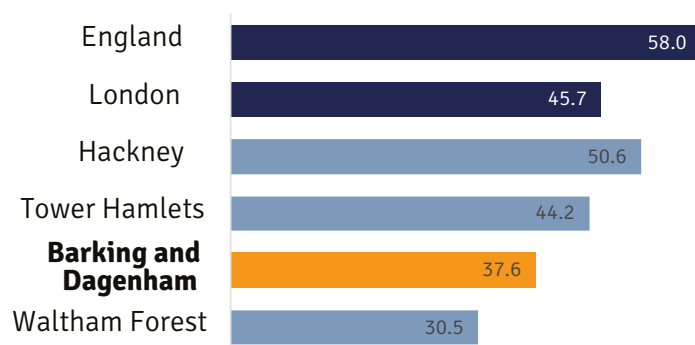


**Source:** OHID Fingertips Indicator ID 93108, accessed 08/12/2023

Diabetes, asthma, epilepsy, oral health and mental health are highlighted as priority conditions for the reduction of health inequities in children and young people as part of NHS England's 'CORE20 plus 5' approach, which are more prevalent in deprived populations.<sup>26</sup> In the 2021/22 year, hospital admissions in residents aged under 19 for diabetes were lower in Barking and Dagenham than both the London and England average, but higher for epilepsy and significantly higher for asthma, as were all the comparative London boroughs.



**Figure 36: Hospital Admissions for Diabetes 2021/22**  
(under 19yrs, crude rate per 100k)



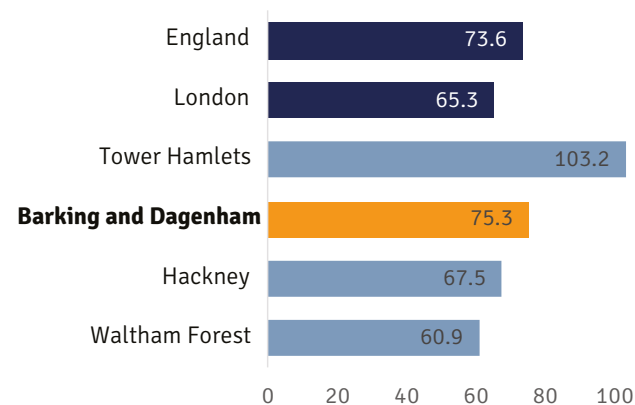
Source: OHID Fingertips Indicator ID 92622, accessed 08/12/2023

**Figure 37: Hospital Admissions for Asthma 2021/22**  
(under 19yrs, crude rate per 100k)



Source: OHID Fingertips Indicator ID 90810, accessed 08/12/2023

**Figure 38: Hospital Admissions for Epilepsy 2021/22**  
(under 19yrs, crude rate per 100k)



Source: OHID Fingertips Indicator ID 92623, accessed 08/12/2023

## Mental illness

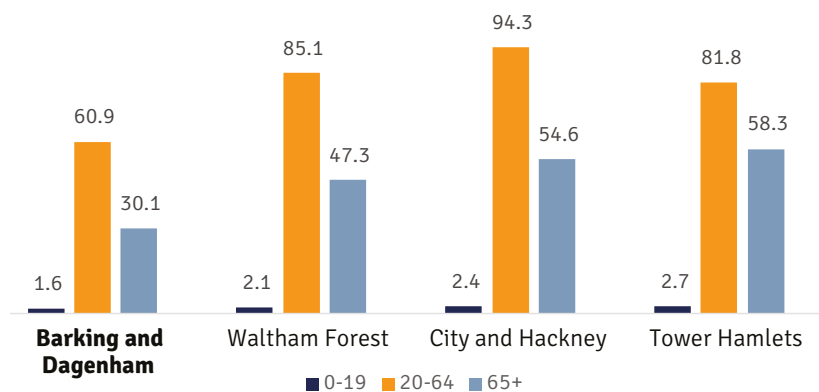
Mental illness can be broadly grouped into common mental disorders (largely mild-moderate anxiety and depression) and serious mental illness (psychotic disorders, bipolar disorder and other mental illness with functional impairment). However psychological distress that does not meet diagnostic thresholds also contributes to poor self reported health. More than 1 in 5 residents aged 16 and over are estimated to have a common mental disorder, compared to 1 in 6 nationally; this is in line with peer boroughs. The GP registered population with mental illnesses is much lower, indicating there is unmet need locally.

Rates of depression follow a similar trend to physical illnesses, being lower than in peer boroughs across all age brackets. Modelling based upon population growth projections indicates

the numbers are likely to increase by 2040 by 28%; highlighting the need for community-based services and action to support mental health.

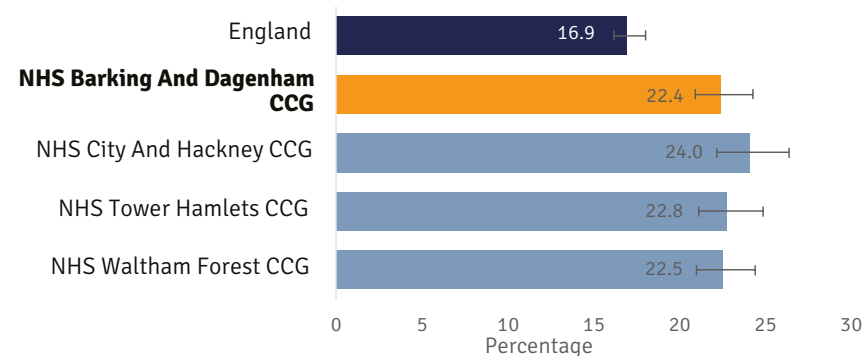
Nationally 0.9% of the population are estimated to suffer from a serious mental illness. The inequalities in life expectancy for this group are discussed in the Mortality section. The incidence of new psychoses is 41.0 per 100,000; which is significantly higher than the England (24.2 per 100,000) average but significantly lower than peer boroughs of Hackney (71.9 per 100,000) and Tower Hamlets (59.7 per 100,000), and lower than Waltham Forest (48.5 per 100,000), but not significantly so.

**Figure 39: Rate of patients with depression per 1,000 registered patients in age group**



**Source:** LTC Dashboard: NEL CCG Long Term Conditions Dashboard, data collected as of 31st October 2023

**Figure 40: Estimated prevalence of Common Mental Disorders: % of population aged 16 & over (2017)**



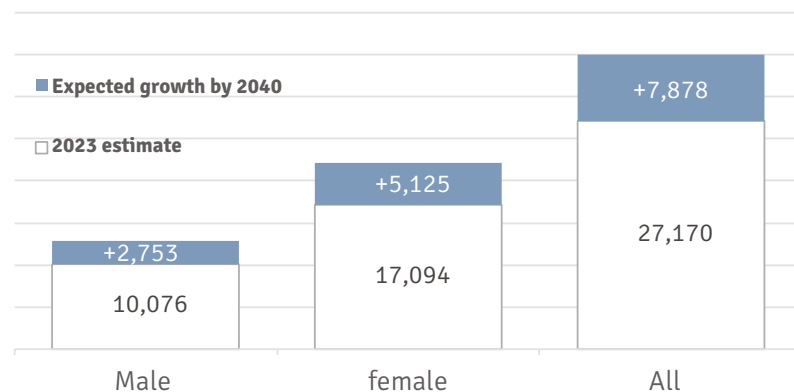
**Source:** OHID Fingertips Indicator ID 93495, accessed 22/11/2023

According to the Adult Psychiatric Morbidity Survey 2014, 23.1% of women and 14.7% of men met the diagnostic criteria for at least one Common Mental Disorder (CMD).

Applying these national rates to © GLA 2021-based demographic projections for the borough gives an estimate of 27,170 Barking and Dagenham residents with a CMD in 2023, increasing to over 35,000 in 2040.

Note that these estimates only account for age and gender. Other factors not taken into account here will have an impact on local prevalence.

**Figure 41: Number of Barking and Dagenham residents aged 18-64 estimated to have a Common Mental Disorder in 2023 with expected growth by 2040**



**Source:** National prevalence rates from Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 (2016), NHS Digital (as referenced by [www.pansi.org.uk](http://www.pansi.org.uk)) have been applied to © GLA 2021-based demographic projections.

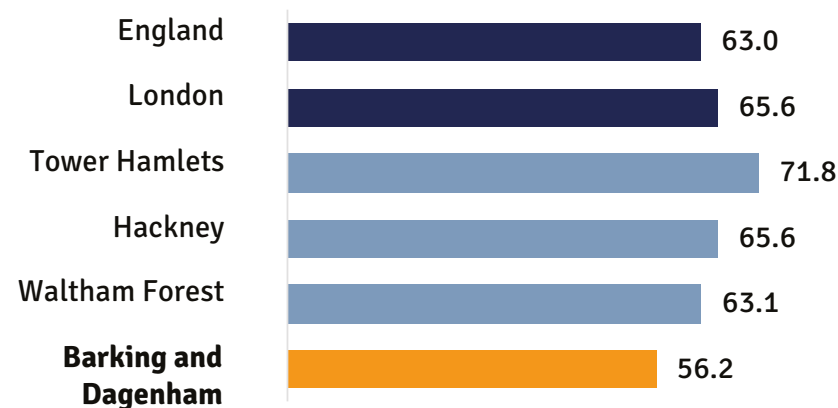
An estimated 56.2% of Barking and Dagenham residents aged over 65 estimated to have dementia have received a recorded diagnosis, meaning many will not be accessing support and early intervention. This is below the London average of 65.6% and is the lowest of all peer boroughs. The estimated diagnosis rate in the borough has been on a downward trend since 2019 when it stood at 63.5%, and the gap between Barking and Dagenham and the London average has broadened in each of the last three years, from 6.7 percentage points in 2021 to 8.8 percentage points in 2023.

Barking and Dagenham has one of the lowest rates of emergency hospital admissions for intentional self-harm in the country. There were 155 residents admitted to hospital for intentional

self-harm in 2021/22, giving a rate of 69.6 per 100,000 population. The number of females admitted was greater than the number of males (95 compared to 60) and this reflects national trends.

The hospital admissions data is being used as a proxy of the prevalence of severe self-harm, in the absence of data representing all aspects of mental health and wellbeing. However this is only a small proportion of self-harm, most of which does not present to emergency care. There is a significant and persistent risk of future suicide following an episode of self harm, and there can be long term effects detrimental to an individual's long term physical health. The relatively lower rates of self-harm admissions are in contrast to increasing trends in suicides (see Mortality Section) suggesting a more complex picture of mental health risk in the borough.

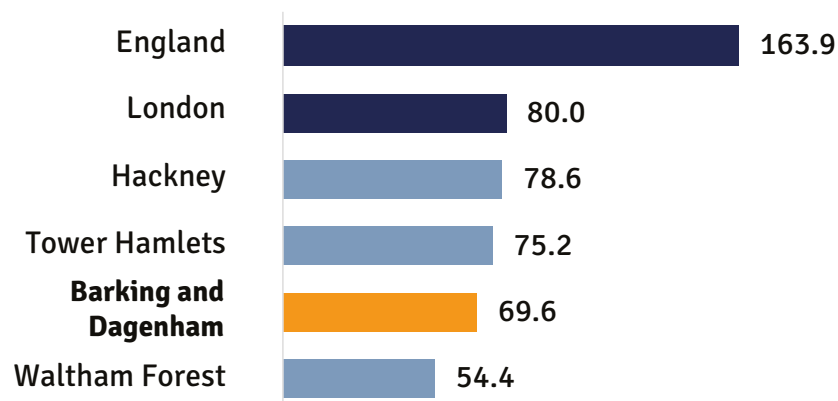
**Figure 42: Estimated dementia diagnosis rate per person estimated to have dementia.**



**Source:** OHID Fingertips Indicator ID 92949 accessed 8/12/2023



**Figure 43: Emergency hospital admissions for intentional self-harm.**



**Source:** OHID Fingertips Indicator ID 21001 accessed 8/12/2023

### Mental illness in children and young people

National data indicates that in children aged 7 to 16 years, rates of probable mental disorder rose from 1 in 9 (12.1%) in 2017 to 1 in 6 (16.7%) in 2020, then remained stable between 2020, 2021 and 2022. In young people aged 17 to 19 years, rates of a probable mental disorder rose from 1 in 10 (10.1%) in 2017 to 1 in 6 (17.7%) in 2020. Rates were stable between 2020 and 2021, but then increased from 1 in 6 (17.4%) in 2021 to 1 in 4 (25.7%) in 2022. Rates of probable mental disorder were more likely in those experiencing financial hardship<sup>27</sup>.

1,881 referrals were made to North East London Foundation Trust's (NELFT) Children and Adolescent Mental Health Service (CAMHS) in the 12 months from August 2022 to July 2023<sup>28</sup>. Referrals peaked in November and February due to an increase in referrals from schools for emotional wellbeing interventions.

NELFT now has Mental Health Support Teams (MHSTs) in 16 schools (primary and secondary inclusive) to support with emotional wellbeing, and has an integrated systemic approach to care delivery.

Within the same period, 134 routine and 42 urgent referrals were sent to NELFT's London Eating Disorders service. NELFT aims to see urgent referrals within 1 week and routine referrals within 4 weeks.

### Learning disabilities and Autism

In 2023 a needs assessment was carried out on Children and young people with Special Educational Needs and Disabilities.

Currently, proportions of pupils in Barking and Dagenham accessing SEND support (12%) are like London but lower than England averages; but proportions of pupils with Education Health and Care (EHC) Plans are lower than London averages. Those on EHC Plans over the past 5 years (2018-2023) proportions of pupils with SEND support or EHC Plans have been increasing locally, regionally and nationally. Population growth will further drive increases in numbers.

Assuming trends to date are maintained; the following projections can be made:

- The total number of pupils in primary, secondary and special schools combined on an EHC Plan is projected to rise threefold between 2018 and 2035 – this is faster than the rate of increase in the school population based on GLA projections.
- The total number of pupils on Special Education Need support is predicted to rise by 27% between 2018 and 2035, which is more aligned with increases in school population sizes.

- There are several risk factors in the borough that could drive increases in SEND needs, including increasing ethnic variation and deprivation. The existing challenges to delivering support that families need include shortages linked with difficult recruitment and retention of specialist staff; delays in obtaining EHC Plans and in effective multidisciplinary communication; and lack of clarity on the local offer. The current and new challenges will require both additional provision and new ways of working to address this.

An Autistic Adults needs assessment for Barking and Dagenham is currently in development. The needs assessment looks at what autism is and provides an overview of national policy and statutory guidance. It then summarises local information on autism prevalence and need in Barking and Dagenham and the support currently available in the borough. Analysis suggests that GP registered populations with Autism are higher than population prevalence estimates using POPPI and PANSI tools. While the ratio of autism prevalence between males to females is 3:1 in national figures, POPPI and PANSI estimates calculate a ratio of 8.5:1 for LBB, which may be indicative of an underrepresentation of autistic adult women. This ratio of male to female (9.8) is especially high when looking at the number of autistic residents in the 18-24 age range.

In the future, the number of autistic adults is estimated to rise by 6% by 2030 compared to 2023, and the age ranges that will see the biggest percentage increase will be the 65-74 and 18-24 age ranges.<sup>29</sup>

## Long term conditions: key messages and public health advice

Approximately 1 in 3 registered patients age 65+ in Barking and Dagenham have 1 or more long term conditions, and 1 in 5 registered patients age 20-65 have 1 or more long term conditions. Rates are lower than peer boroughs in the age 65+ bracket but higher in the age 20-64.

Inequalities can be seen, with higher rates of long term conditions in Black and Asian patients, particularly in the older age bracket; and higher rates of long term conditions in patients coming from more deprived areas.

There is likely to be significant unmet need across specific long term conditions: hypertension, diabetes and chronic kidney disease, common mental disorder and dementia. Early diagnosis of cancer and dementia is a concern.

The percentage of adults, children in year 6 and reception in Barking and Dagenham who are overweight or obese is significantly higher than the London and England averages. Additionally, there has been no consistent improvement of adult obesity prevalence over time in Barking and Dagenham since 2015.

In 2021/22, hospital admissions for diabetes in residents under 19 years old were lower than the average in London and England. However, admissions for epilepsy and asthma in the same age group were higher and significantly higher respectively when compared to the rest of the capital and England.

Rates of probable mental disorder in children and young people are rising in the borough and nationally, and particular pressures are seen locally on CAMHS and eating disorder services.

## Public health advice

To address long term conditions, we need to focus our efforts on:

- Reducing smoking and obesity by 2028 as they are primary risk factors associated with heart and lung diseases, cancers and diabetes. Action should include system wide approaches to tackling obesity and enhancing local action on smoking in line with the government's Smokefree generation policy.
- Identifying markers of early disease through improving identification of hypertension, high cholesterol and HbA1c blood levels, and identifying cancers early through the NHS screening programmes.
- Continue targeted case-finding and explore ways to make services more accessible through delivering care closer to communities.
- Identify and tackle the health inequalities that exist within these risk factors, with further analysis and targeted action on specific ethnic, socioeconomic and geographical inequalities associated with priority conditions.
- Supporting mental health of children and young people (both in schools and through care pathways and service improvement to address increasing demand) and improving management of asthma and epilepsy should be prioritised.
- Address the findings of the SEND Needs assessment and Autistic Adults needs assessment in SEND improvement plans and strategic planning.
- Consider further local insights work to better understand the changing picture of mental health needs in the borough.
- These areas are further explored in Chapter 4 and 5 of the ADPHR 2023.



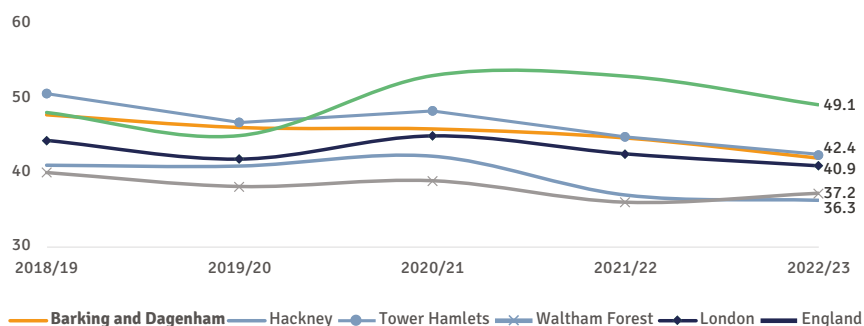
## d. Health protection

### Vaccination coverage

Vaccination coverage for key immunisations in Barking and Dagenham is comparable or above the vaccination coverage levels achieved by peer boroughs. These vaccinations include Dtap, IPV and Hib vaccine<sup>30</sup>, Influenza vaccine for people 65+ and those aged 6 months to 64 years who are at risk. Influenza vaccine coverage was also comparable to, or higher than all peer boroughs and the London average in the 2022/23 year but lagged the England average significantly in the same year.

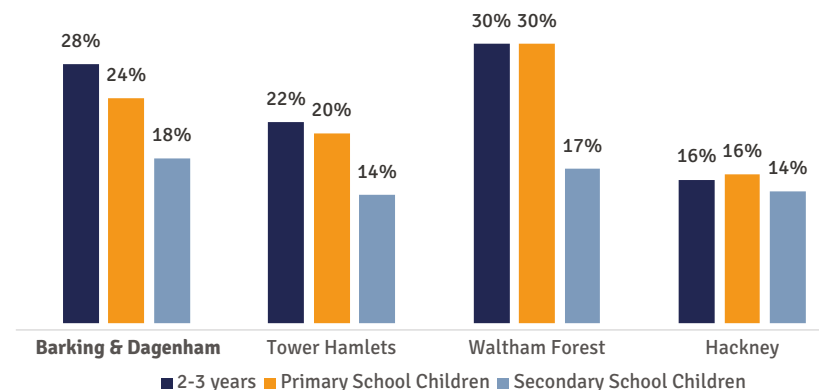
Vaccination coverage for Influenza in at risk individuals aged 6 months to 64 years has also trended downward in recent years, from as high as 50.9% in 2016/17 to 41.9% in 2022/23. Over the same period, the Dtap IPV Hib coverage percentage in 2 year olds in Barking and Dagenham has declined from 94.1% to 84.9%, in line with downwards trends across London and England.

**Figure 44: Influenza vaccine coverage in at risk individuals, time trends**



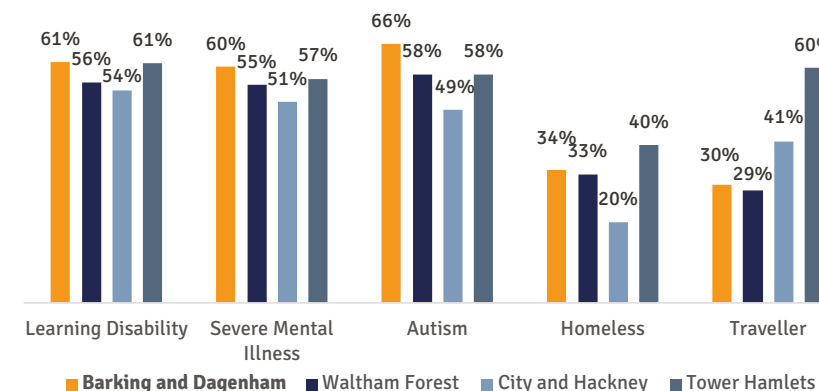
Source: OHID Fingertips Indicator ID 30315, accessed 08/12/2023

**Figure 45: Influenza seasonal vaccination uptake proportion - Jan 2024**



Source: North East London Health & Care Partnership, COVID-19 vaccinations and Flu immunisations data report, 30th Jan 2024

**Figure 46: Influenza vaccination uptake proportion - Jan 2024**



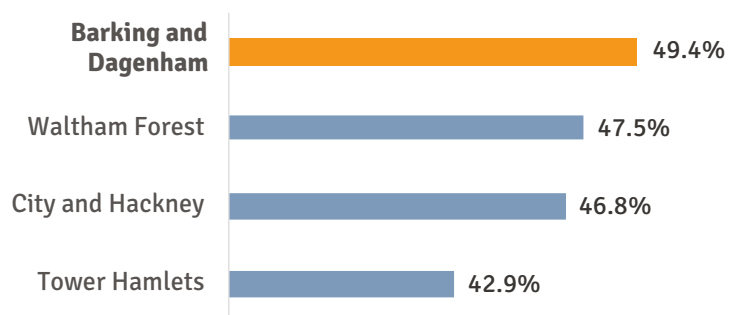
Source: North East London Health & Care Partnership, COVID-19 vaccinations and Flu immunisations data report, 30th Jan 2024

As of January 2024, Waltham Forest was the only peer borough to achieve a higher level of influenza vaccine coverage in children aged 2-3 years and primary school children than Barking and Dagenham. However, Barking and Dagenham vaccinated a higher proportion of secondary school children than any peer borough.

Seasonal influenza vaccination coverage was also equal to or higher than peer boroughs for residents experiencing learning disability, severe mental illness and autism. Only Tower Hamlets had a higher uptake in homeless residents than Barking and Dagenham. Uptake in the Traveller community was lower in Barking and Dagenham than most peer boroughs and was half the coverage achieved in Tower Hamlets.

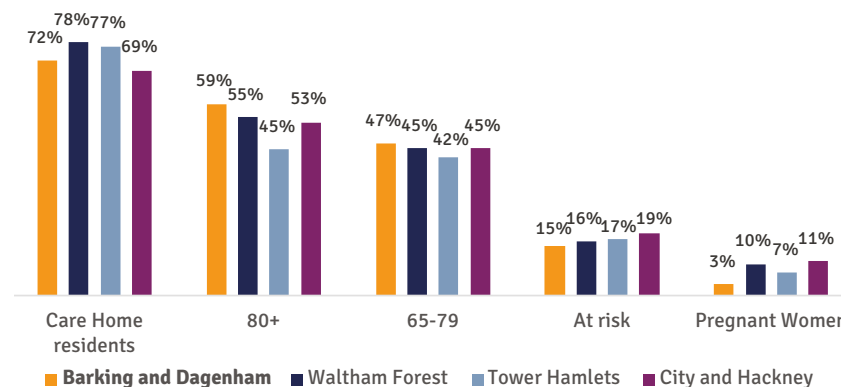
As of January 2024, the COVID-19 Autumn/Winter booster campaign, which began in September 2023, delivered a booster dose of a COVID-19 vaccine to 49.4% of Barking and Dagenham residents aged 65 and over. This is higher than the coverage achieved in all peer boroughs. Older age bands within the 65 and over cohort achieved higher proportions of booster coverage, with 58.8% of Barking and Dagenham residents aged 80 and over receiving a booster dose as part of the Autumn booster campaign.

**Figure 47: Proportion of residents aged 65 and over who received a COVID-19 vaccine during the Autumn 2023 booster campaign - Jan 2024**



Source: Public Health England: <https://coronavirus.data.gov.uk/details/vaccinations>

**Figure 48: COVID-19 Autumn booster campaign uptake proportion - Jan 2024**



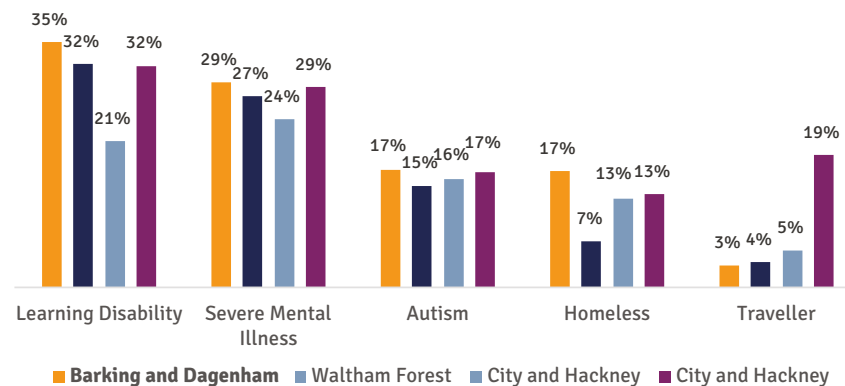
Source: North East London Health & Care Partnership, COVID-19 vaccinations and Flu immunisations data report, 30th Jan 2024.

Barking and Dagenham achieved vaccination coverage of residents aged 65 and above that is higher than all peer boroughs. However, COVID-19 booster coverage of care home residents achieved in the Autumn booster campaign in Barking and Dagenham lagged behind that achieved in Waltham Forest and Tower Hamlets. Coverage of clinically at-risk individuals (including the immunocompromised) and pregnant women were also lower in Barking and Dagenham than all peer boroughs.

Barking and Dagenham has also achieved higher or equivalent levels of COVID-19 booster coverage than all peer boroughs for residents who experience learning disability, severe mental illness, autism and homelessness. However, the booster uptake of Barking and Dagenham's traveller community is lower than all peer boroughs. An additional area in which Barking and Dagenham could improve vaccination was among the borough's frontline health care workers, whose COVID-19 vaccination rate fell from 23.6% in January 2023 to 13.9% in January 2024.

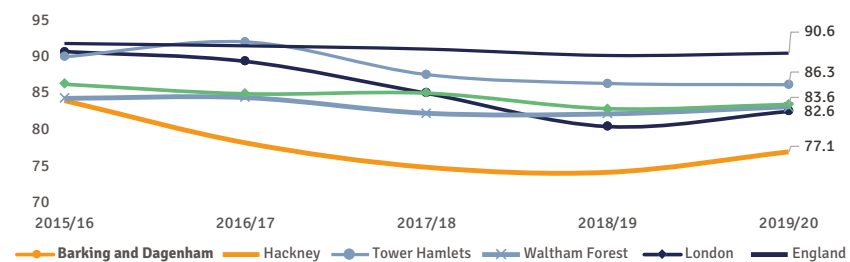
Over the same time period the vaccination rate of social care workers also fell from 14.4% to 13.2%.<sup>31</sup>

**Figure 49: COVID-19 Autumn booster campaign uptake proportion - Jan 2024**



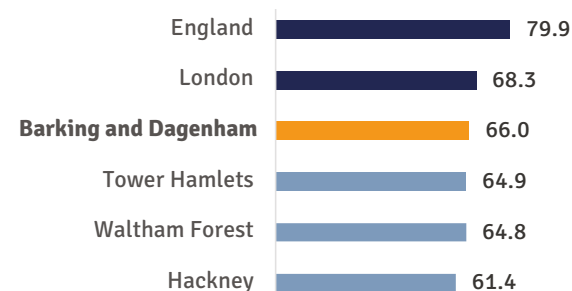
Source: North East London Health & Care Partnership, COVID-19 vaccinations and Flu immunisations data report, 30th Jan 2024.

**Figure 50: Vaccination coverage in 2 year olds (MMR)**



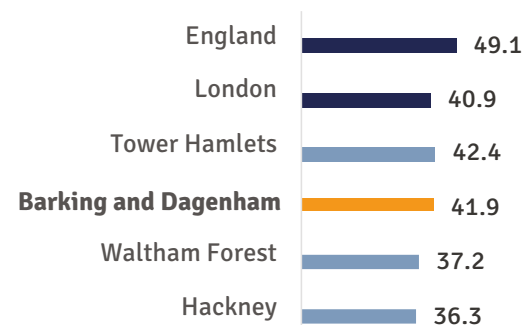
Source: OHID Fingertips Indicator ID 30304, accessed 08/12/2023

**Figure 51: Influenza vaccine coverage age 65+**



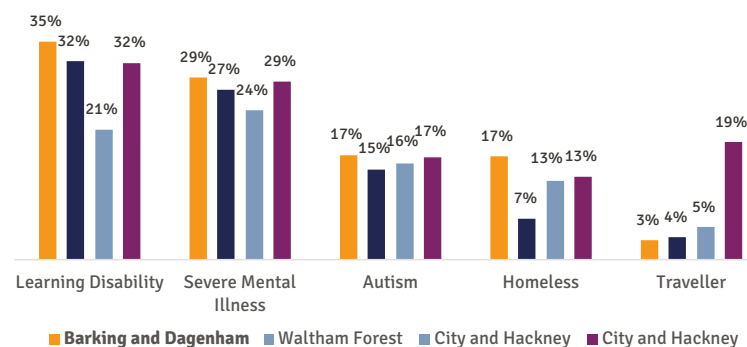
Source: OHID Fingertips Indicator ID 30314, accessed 08/12/2023

**Figure 52: Influenza vaccine coverage for at risk individuals**



Source: OHID Fingertips Indicator ID 30315, accessed 08/12/2023

**Figure 53: Vaccination coverage in 2 year olds (Dtap IPV Hib)**



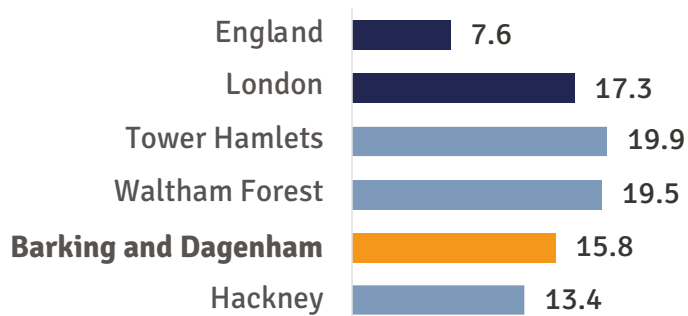
Source: OHID Fingertips Indicator ID 30304, accessed 08/12/2023

Tuberculosis (TB) is a highly infectious disease caused by airborne bacteria, spread through the air when people with TB disease cough, sneeze, or speak. Closely linked to deprivation, overcrowding and malnutrition, it is a serious long term condition which is now curable.<sup>32</sup> Treatment of TB is often complex and lengthy and requires sustained support.

Having seen a sustained decline over the last decade, TB numbers and rates have started to increase in the last few years.

At a local authority level, rates of TB are reported as a three year average. In the three years from 2020 to 2022, Barking and Dagenham had a TB incidence rate of 15.8 people per 100,000. This is below the London average of 17.3 per 100,000 but significantly above the national average of 7.6 per 100,000 and is the 2nd highest of the peer boroughs.

**Figure 55: Tuberculosis incidence- 3 year average**



**Source:** OHID Fingertips Indicator ID 91361, accessed

In London, TB disproportionately affects certain groups. During 2023:

- median age of TB notifications for females was 37 years compared to 48 years for males,
- 39% of the notifications were for females,
- 85% were born outside the UK with India being the most common country of birth (31%) followed by Pakistan (8%) and Bangladesh (6%),
- 17% of people with TB aged 15 or older had one or more social risk factors associated with poor outcomes (alcohol misuse, drug misuse, homelessness, imprisonment, mental health needs and asylum seeker status).<sup>33</sup>

The BCG (Bacillus Calmette-Guérin) vaccine helps to protect against TB. Whilst at one time the BCG immunisation programme in England was universal, the rates of TB declined to the extent that it was no longer deemed necessary to vaccinate all children. The BCG immunisation programme is now a selective programme recommended for individuals at higher risk of exposure to TB.

In 2022-23, BCG vaccination coverage at age 3 months was recorded for the first time. The published statistics are designated as experimental. In Barking and Dagenham, 50.8% of eligible infants (1,139 out of 2,242 infants) were vaccinated for BCG by age 3 months, compared to 81.1% in Greenwich, 73.4% in City of London and Hackney (combined), 78.7% in Tower Hamlets and 40.9% in Waltham Forest. The London average was 70.1% and the England average was 68.8%.<sup>34</sup>

## Sexual health

In 2021, the prevalence of diagnosed HIV per 1,000 people aged 15-59 years in Barking and Dagenham was 5.1. This is worse than the England rate of 2.3 and is 18<sup>th</sup> highest out of 150 local authorities. Of the peer boroughs only Waltham Forest had a lower rate than Barking and Dagenham at 4.1 per 1,000 people. Hackney had a rate of 6.8 per 1,000 and Tower Hamlets a rate of 6.9. [NICE HIV testing guidance](#) classifies areas with a diagnosed HIV prevalence rate of 2-5 as areas of high prevalence and greater than 5 as areas of extremely high prevalence.

If diagnosed promptly, people living with HIV in the UK who adhere to treatment can now expect to have a near normal life expectancy. Late diagnosis however increases the risk of premature death. In Barking and Dagenham, between 2020-22, 64.7% of HIV diagnoses amongst those first diagnosed in the UK were made at a late stage of infection - the 3<sup>rd</sup> highest proportion in London. The London average is 39.4% and the national average is 43.3%. National late HIV diagnosis data shows that

two-thirds of late HIV diagnoses occur in high-prevalence and extremely-high-prevalence local authorities. This means that if the national recommendation to implement routine HIV testing for all general medical admissions as well as new registrants in primary care in high and extremely high prevalence areas were to be applied locally, it could potentially affect two-thirds of late diagnoses.

More information regarding HIV diagnosis rates can be found in the [Summary profile of local authority sexual health \(SPLASH\)](#) on the Office for Health Improvement & Disparities Fingertips website.

The SPLASH profile includes information about the prevalence of different sexually transmitted diseases within the borough. In 2022, Barking and Dagenham had a new STI prevalence rate of 807.7 per 100,000, compared to an England average of 694.2. The London average was 1,397 per 100,000. From 2021 to 2022 large increases in the rates of syphilis and gonorrhoea were seen in the borough. New syphilis cases have increased from 6 in 2012 to 40 in 2022.

**Table 1 Number of new STIs by year, Barking and Dagenham**

Diagnoses	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
New STIs	2,023	1,950	1,952	1,928	1,804	1,835	1,798	2,000	1,413	1,498	1,765
New STIs (exc chlamydia aged <25)	1,402	1,392	1,386	1,424	1,296	1,390	1,355	1,474	984	1,128	1,310
Chlamydia	816	759	795	778	800	774	770	937	684	728	871
Gonorrhoea	124	154	153	209	174	243	271	311	272	261	322
Syphilis	6	13	8	8	10	21	19	24	21	32	40
Genital warts	287	276	258	243	234	244	219	207	123	117	122
Genital herpes	138	143	159	153	129	126	143	103	84	89	122
Mycoplasma genitalium <sup>1</sup>	-	-	-	-	-	-	-	11	9	47	52
Trichomoniasis <sup>1</sup>	77	58	59	70	78	64	73	75	50	62	67
Sexually transmitted Shigella spp.	-	-	-	2	0	2	0	1	3	0	0

<sup>1</sup> Data for Mycoplasma genitalium and trichomoniasis were included for the first time in 2022. Testing for these infections is not included as part of a standard sexual health screen, but is advised for those with symptoms and the partners of those diagnosed (see BASHH guidelines for [Mycoplasma genitalium](#) and [trichomoniasis](#)).





## Cancer

There are three screening programmes in the UK for cancer: bowel, breast and cervical cancer screening. The Breast Screening Programme supports early detection of cancer in women aged 53 to 70 registered with a GP. The programme is still recovering from the effects of the COVID-19 pandemic and so coverage is lower than it was prior to the pandemic.

In Barking and Dagenham in 2022, 59.9% of eligible women had had a test in the previous 3 years, exceeding the London average of 55.5%.

**Figure 56: Screening coverage (breast cancer)**



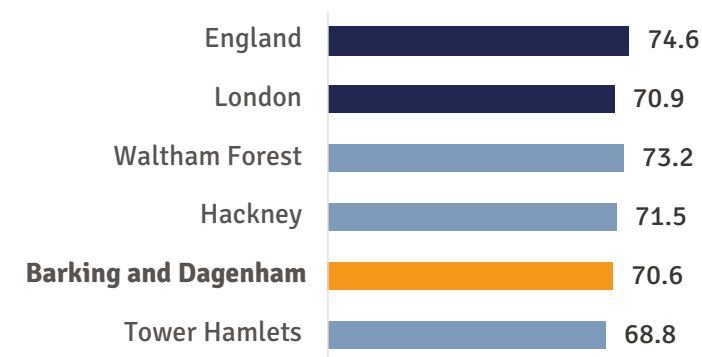
OHID Fingertips Indicator ID 22001, accessed 08/12/2023

**Figure 57: Screening coverage (bowel cancer)**



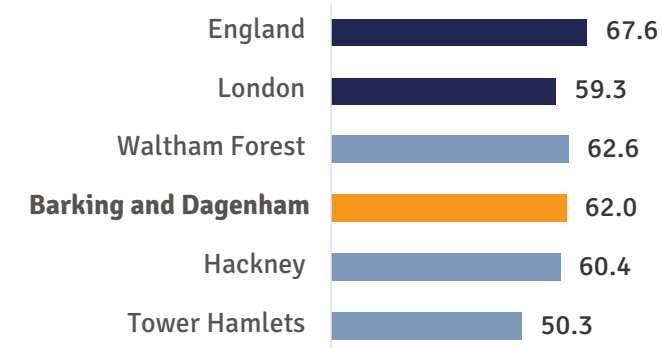
Source: OHID Fingertips Indicator ID 91720, accessed 08/12/2023

**Figure 58: Screening coverage (cervical cancer, age 50 - 64yrs)**



Source: OHID Fingertips Indicator ID 93561, accessed 08/12/2023

**Figure 59: Screening coverage (cervical cancer, 25-49yrs, 2022)**



Source: OHID Fingertips Indicator ID 93560, accessed 08/12/2023

## Health protection: key messages and public health advice

Vaccination coverage in Barking and Dagenham is comparable to or above the levels achieved by peer boroughs for most key vaccinations, including the Dtap, IPV and Hib vaccine, and the Influenza vaccination for both residents aged 65 years and above and for at risk individuals aged 6 months to 64 years old. Available data on COVID vaccine uptake indicates performance for specific inclusion groups is favourable when compared to peer boroughs, but there is a case for targeted action to improve uptake rates from travellers, pregnant women and those at risk through health conditions.

Barking and Dagenham experiences relatively high rates of TB when compared to peer boroughs, although lower than London average. Only half of eligible babies received the BCG vaccine for TB infection, lower than peer boroughs and London and England Averages.

In 2021, the prevalence of diagnosed HIV per 1,000 people aged 15-59 years in Barking and Dagenham was 5.1. This is worse than the England rate of 2.3 and is 18<sup>th</sup> highest out of 150 local authorities. From 2021 to 2022 large increases in the rates of syphilis and gonorrhoea were seen in the borough. New syphilis cases have increased from 6 in 2012 to 40 in 2022.

Screening uptake across cervical (70.6%), bowel (57.4%) and breast (59.9%) cancers has fallen since the pandemic and is generally comparable to London but worse than national performance.

### Public health advice:

Continue efforts to improve uptake of childhood and seasonal immunisations, with specific focus on improving BCG uptake in eligible babies, and improving rates of MMR coverage given recent increased cases of Measles in London. These areas are explored in Chapter 6 of the ADHPR.

Sexual health preventative action should focus on early diagnosis of HIV and syphilis and gonorrhoea.

Continue working with NHS North East London to improve the uptake of screening and improvement in coverage across the borough, aligned with public information on how to prevent and identify cancer. This is further explored in Chapter 4 of the ADPHR 2023.

## Health related behaviours

Poor diet, physical inactivity or low levels of activity, smoking/vaping, risky drinking behaviours and drug misuse are all key behaviours that impact on our healthy life expectancy and risk of developing physical and mental health conditions.

### Physical activity

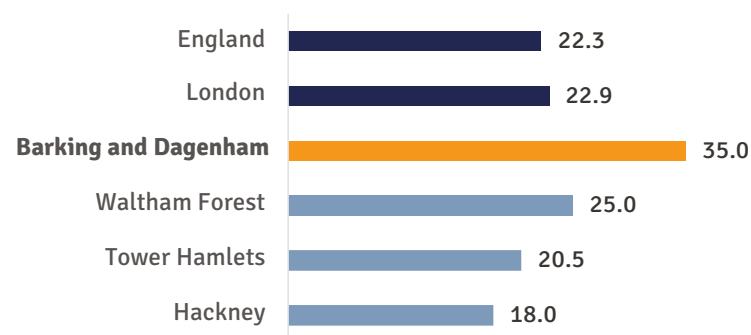
Apart from smoking prevalence, all the key health behaviour indicators show Barking and Dagenham residents performing worse than the London and England averages and all peer boroughs.<sup>35</sup> The percentage of adults who are physically inactive is significantly higher in Barking and Dagenham than in comparators as shown in Figure 61. Conversely, the percentage of adults defined as physically active (participation in at least 150 minutes

of moderate physical activity or equivalent per week) in Barking and Dagenham was 51.9% in 2021/22, which is significantly lower than the London and England averages of 66.8% and 67.3% respectively, as well as all peer boroughs. Although this level of activity represents a recovery from levels seen during the COVID-19 pandemic, activity levels remain lower than pre-pandemic. The recovery in activity levels has not been uniform across all demographics with women's activity levels recovering slower than men's and the gap in activity levels between the most and least affluent areas increasing in the 2021/22 year<sup>36</sup>.

The percentage of Barking and Dagenham residents aged 16 and over who report eating 5 portions of fruit and vegetables a day was 47.9% in 2019/20, significantly below the London and England averages, which were 55.8% and 55.4% respectively<sup>37</sup>.

In 2022, 23.5% of residents walked at least 5 times per week for any reason, compared to 34.2% and 31.8% for London and England respectively. The percentage achieved in Hackney in the same year was 42.3%. Only 6.5% of Barking and Dagenham residents cycled at least once a week for any reason, compared to 12.4% and 9.3% in London and England and 28.0% in Hackney.

**Figure 60: Physically inactive adults**



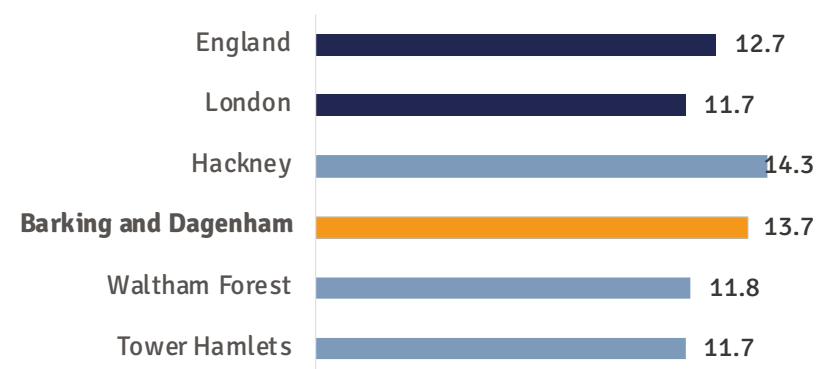
Source: OHID Fingertips Indicator ID 93015, accessed 08/12/2023

## Smoking

Smoking prevalence has seen a steep decline in recent years. In Barking and Dagenham, smoking in adults fell from 22.4% in 2018 to 13.7% in 2022. Adult smoking prevalence in the borough is however higher than both the national and regional averages and higher than both Waltham Forest and Tower Hamlets (see Figure 62: Percentage smoking prevalence).

Inequalities persist across London with those in routine and manual occupation, with mental illness and socially or privately renting being more likely to smoke<sup>38</sup>. In Barking and Dagenham in 2022<sup>39</sup>, 1 in 4 adults in routine and manual jobs were estimated to smoke, compared to just 4.5% of those in managerial and professional roles (normally requiring a degree or equivalent period of relevant work experience). Prevalence is higher amongst males than females and in 2022 the gap between the two widened in Barking and Dagenham with 21% of males compared to 6.9% of females estimated to smoke.

**Figure 61: Percentage smoking prevalence - current smokers, adults 18+, 2022**



Source: OHID Fingertips Indicator ID 92443, accessed 08/12/2023

An ONS report on adult smoking habits in the UK<sup>40</sup> showed that 5.2% of survey respondents were daily e-cigarette users, up from 4.9% in 2021. Further, 3.5% reported occasional use, up from 2.8% in 2021. The highest rates were for young people aged 16-24. Vapers in this age group increased to 15.5% in 2022, up from 2021 (11.1%). The rate for female daily users aged 16-24 was 6.7% in 2022, up from 2021 (1.9%); indicating the need to revise smoking cessation efforts in line with changing behaviours.

### Alcohol and drugs

Rates of hospital admissions for alcohol-specific conditions in Barking and Dagenham were 461 per 100,000 in 2021/22, which is comparable to Waltham Forest (433 per 100,000) but lower than the London average (586 per 100,000) and peer boroughs of Tower Hamlets (672 per 100,000) and Hackney (combined with City of London, 869 per 100,000). In 2020/21, the rate of people in substance misuse treatment in Barking and Dagenham was 4.2 per 1,000; similar to the England and London averages of 4.5 and 4.1 per 1,000, significantly lower than peer boroughs of Hackney (6.6 per 1,000) and Tower Hamlets (6.3 per 1,000), and similar to Waltham Forest (4.1 per 1,000).

In the charts below, national prevalence rates for alcohol and drug misuse have been applied to Barking and Dagenham population projections<sup>41</sup> to provide a rough estimate of both current and future prevalence. It should be noted that this methodology assumes that the rates of the behaviours will remain unchanged from the period in which it was assessed. Local prevalence rates are likely to differ to those shown at a national level.

The Health Survey for England 2014 commissioned by NHS Digital found that males aged 45-64 are more likely to consume alcohol at levels associated with a higher risk of health problems. Below are the findings as referenced by <http://www.pansi.org.uk>. Total prevalence for males aged 18-64 is 5.3% for males and 3.4% for females.

**Table 2: percentage of people at high risk of alcohol related health problems, England**

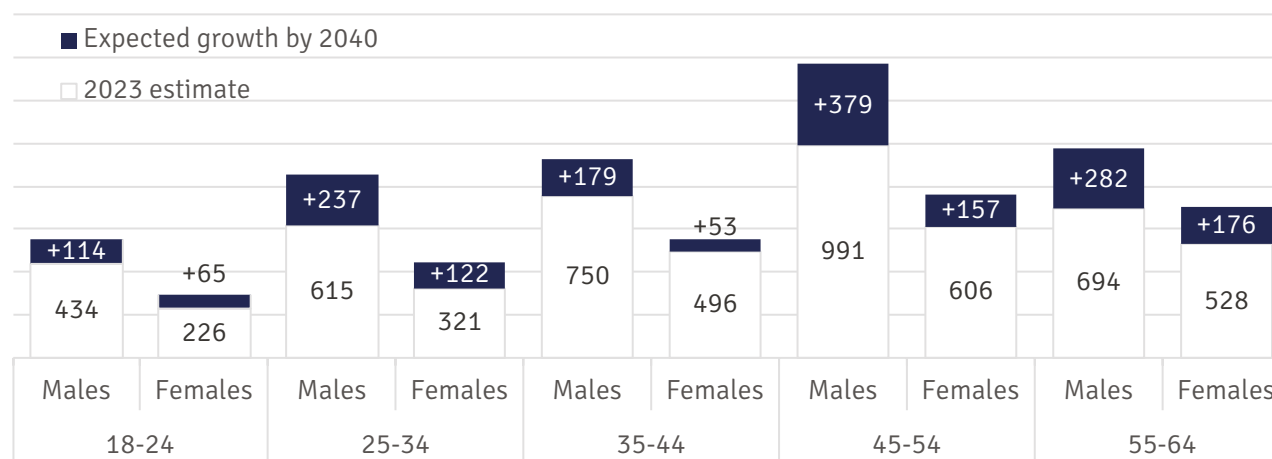
Age range	males	females
18-24	4.3	2.6
25-34	3.6	2
35-44	4.4	2.8
45-54	7.3	4.2
55-64	6.8	4.9

The Adult Psychiatric Morbidity Survey 2014 commissioned by NHS Digital found that males aged 18-34 are more likely to develop dependency on drugs. Below are the findings as referenced by <http://www.pansi.org.uk>. Total prevalence for males is 4.7% for males and 2.3% for females.

**Table 3: Percentage of people estimated to be dependent on drugs, England**

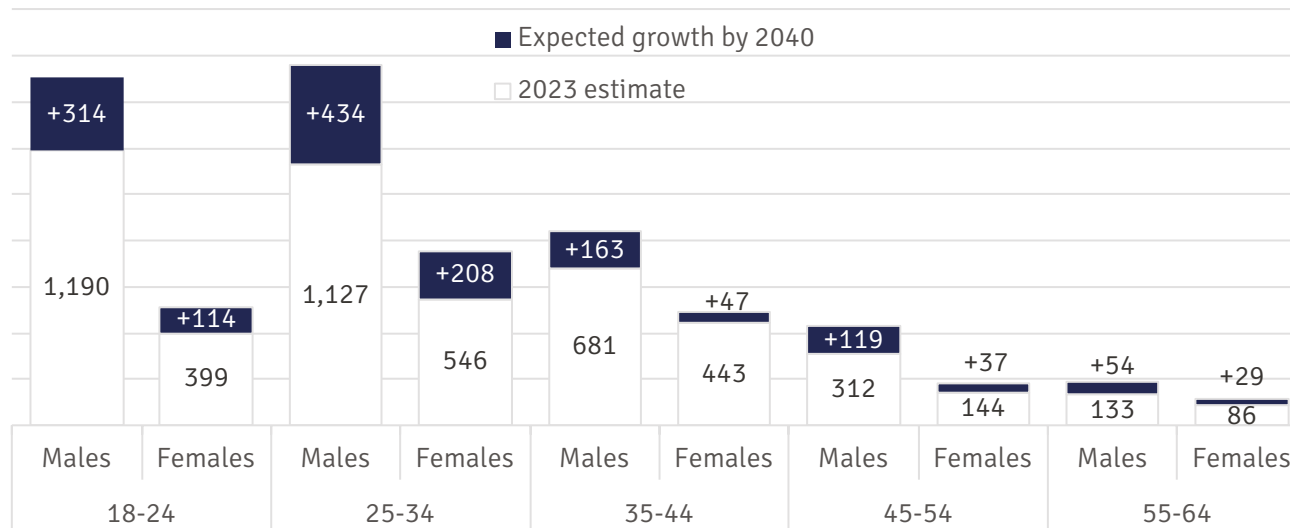
Age range	males	females
18-24	11.8	4.6
25-34	6.6	3.4
35-44	4	2.5
45-54	2.3	1
55-64	1.3	0.8

**Figure 62: High risk alcohol consumption age 18-64, projections**



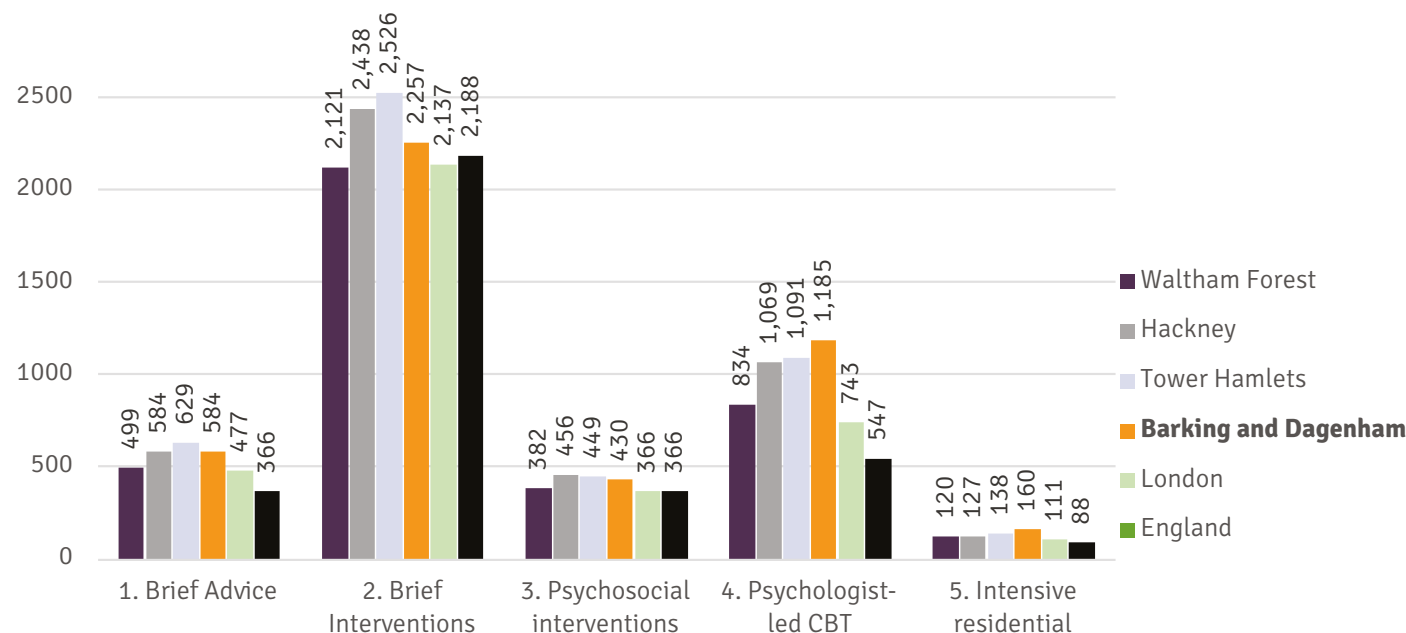
Notes: higher risk is associated with alcohol consumption of above 50 units a week for men and above 35 units for women. This is based on the UK Chief Medical Officers low risk drinking guidelines published in 2016

**Figure 63: Drug dependence in age 18-64, projections**



## Problem gambling

Figure 64: Estimated rate per 100,000 adult population who would benefit from gambling treatment - by intensity of treatment support (2015-18 combined data)



Source: Gambling treatment need and support: prevalence estimates. Office for Health Improvements and Disparities.

Available at: <https://www.gov.uk/government/publications/gambling-treatment-need-and-support-prevalence-estimates>

Figure 64 shows the rate per 100,000 adults who would benefit from gambling treatment, grouped by the intensity of treatment required. The list below describes each level of treatment intensity:

- 1. Brief advice:** brief conversation delivered by non-specialists and referral to 'self-help' sources.
- 2. Extended brief interventions:** 2 or 3 sessions of motivational interviewing delivered by gambling-specialist practitioners.
- 3. Psychosocial interventions delivered in the third sector:** Around 6 sessions of psychosocial treatment delivered by gambling treatment practitioners in the third sector.

- 4. Psychologist-led cognitive behavioural therapy (CBT):** 8 to 14 sessions of CBT for gambling disorder, delivered by clinical psychologists or CBT-accredited psychotherapists. It may also include psychological therapy for comorbid mental health conditions.
- 5. Intensive residential treatment:** A 12-week residential treatment programme that would include one-to-one therapy and group sessions.

For every level of gambling treatment, Barking and Dagenham exhibits a higher rate of need than the London and England averages. For lower levels of treatment intensity (1 to 3), Barking and Dagenham exhibits similar or lower levels of need to peer boroughs, but for the most intense 2 levels of treatment (4 and 5), Barking and Dagenham has a higher need than London, England and all peer boroughs, suggesting need for access to problem gambling services in the borough.

### Health related behaviours in children and young people

The effects of negative health behaviours are also visible in children in Barking and Dagenham and will impact on their future risk of illness.

#### Physical activity

The Chief Medical Officer recommends that children and young people aged 5-18 engage in at least 60 minutes of moderate-to-vigorous physical activity per day (or averaged across the week).<sup>42</sup> According to the 2022/23 [Active Lives Survey](#) of children

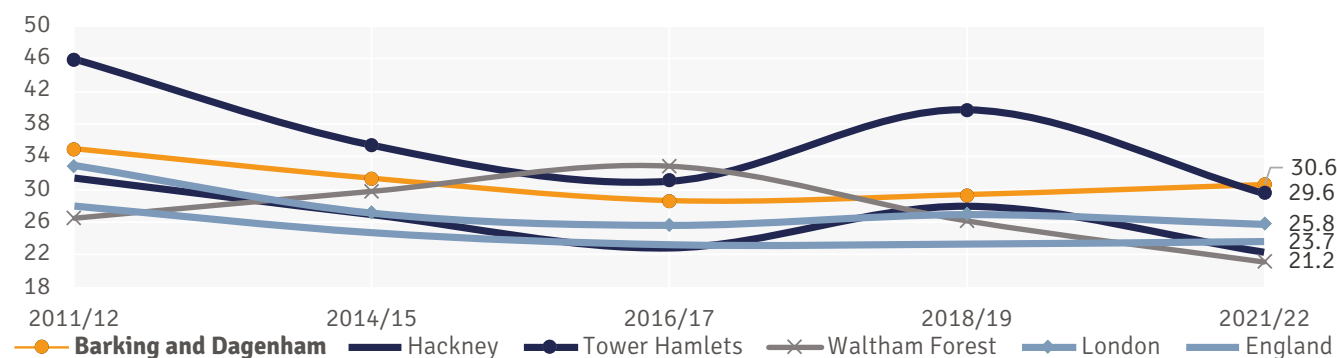
and young people, less than half of Barking and Dagenham respondents (43.9%) meet this recommendation, and over a third (35.4%) do less than 30 minutes a day on average.

#### Oral health

The [NHS Child Health Insights Tool](#) shows that in 2022/23, less than half of Barking and Dagenham's 0-17 year olds were seen by a dentist. Nationally, children living in the 20% most deprived Lower Super Output Areas (the 'Core20 population') are less likely to receive dental treatment than children living in less deprived areas, but are more likely to have decay or fillings, or require urgent treatment. Boys from both the Core20 and Non-Core20 population are less likely than girls to visit a dentist, and more likely to have serious dental health issues.

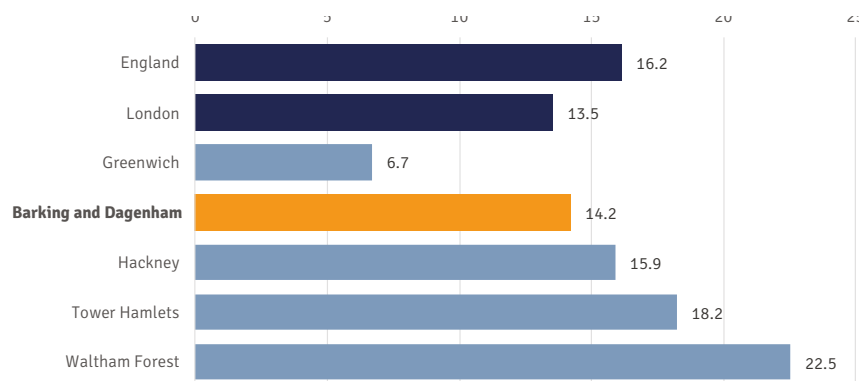
In 2021/22, 30.6% of 5-year-olds in Barking and Dagenham had visually obvious dentinal decay, and this was higher than the London, England and all peer borough averages. The proportion of 5 year olds with visually obvious dentinal decay was on a downward trend, however it has been on a slight upward trend since 2016/17.

**Figure 65: Percentage of 5 year olds with experience of visually obvious dentinal decay**



In the 2022/23 academic year [the first ever oral health survey of year 6 children](#) was carried out as part of the Office for Health Improvement and Disparities' National Dental Epidemiology Programme (NDEP). The proportion of year 6 children in the borough experiencing dentinal decay was 14.2%; under half that seen in 5 year olds. National data for Year 6 children shows that the percentage of children with dentinal decay increases with deprivation (from 10.4% in the least deprived to 23.3% in the most deprived quintile) and varies according to ethnicity. The White Gypsy / Irish Traveller ethnic group is an outlier with 34.7% of year 6 children experiencing dentinal decay compared to the next highest group of Other Arab ethnicity with 24.9%. There was little difference between sexes nationally, with 15.3% of male and 16.9% of female year 6 children experiencing dentinal decay.

**Figure 66: Percentage of Year 6 children with experience of visually obvious dental decay, 2023**



**Source:** OHID Oral health survey of children in year 6, 2023

### Children and young people's health and wellbeing survey

An additional source of information about the health behaviours of children in Barking and Dagenham is the Barking and

Dagenham Children and young people's Health and Wellbeing Survey, which is conducted by the Schools Health Education Unit and is available here: <https://www.sheu.org.uk/>. The following behaviours were reported by Year 8 and 10 schoolchildren in Barking and Dagenham in 2022.

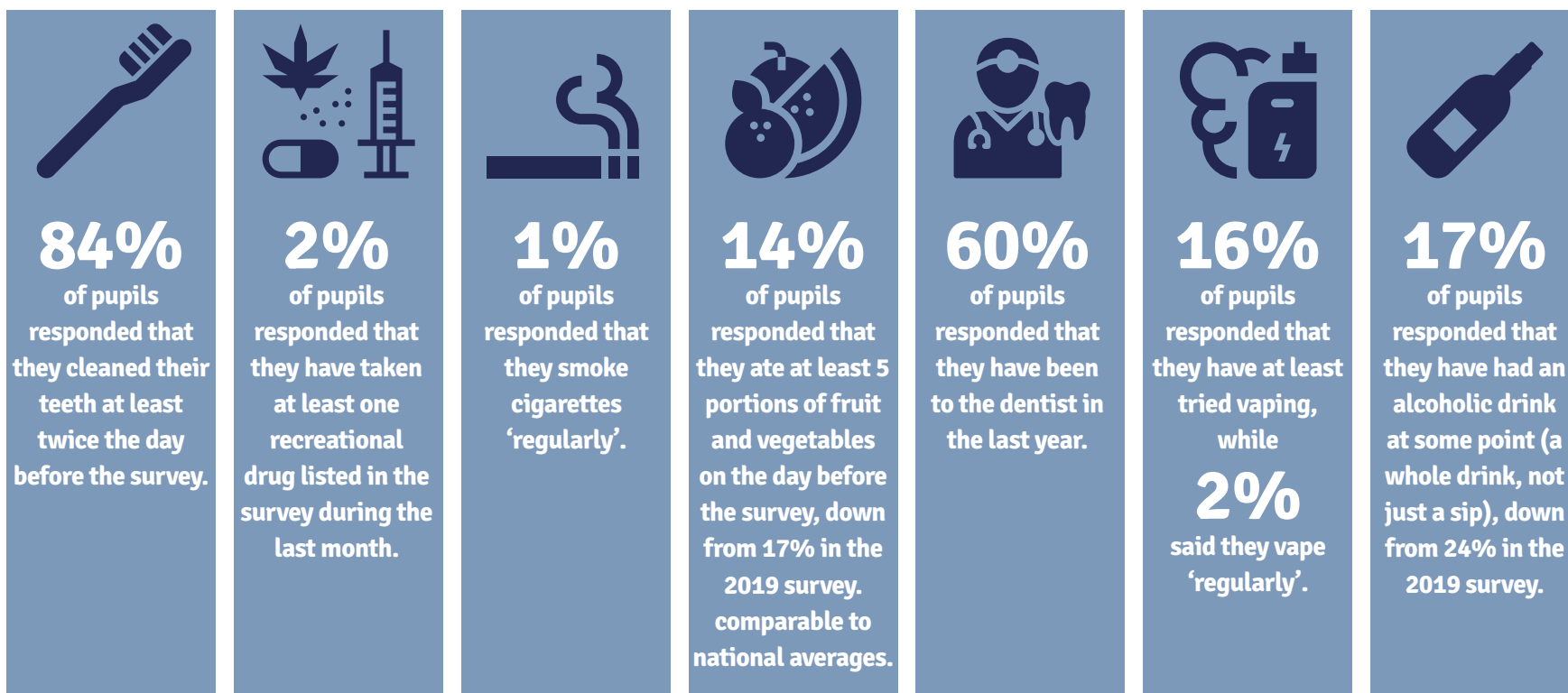
Significant disparities in various health-related behaviours were reported in the 2022 Children and young people's Health and Wellbeing Survey. Notably, both Year 8 and Year 10 children who identify as lesbian, gay, or bisexual exhibit higher rates of engaging in risky or unhealthy behaviours compared to the all-child average in the same year. They are significantly more likely to have tried:

- smoking (Y8: 7% vs. 3% average, Y10: 19% vs. 7% average)
- vaping (Y8: 25% vs. 10% average, Y10: 40% vs. 22% average)
- illegal drugs (Y10: 15% vs. 4% average)
- sexual activity (Y10: 9% vs. 4% average)
- unprotected sex (Y10: 7% vs. 2% average)

This indicates potential challenges in tobacco and substance use prevention, and sexual health promotion efforts within this demographic. Additionally, Year 10 children identifying as lesbian, gay or bisexual reported markedly lower levels of satisfaction with weight (19% below average), the highest incidence of med-low scores on the Warwick-Edinburgh Mental Wellbeing Scale, low resilience scores and the lowest percentage of any group reporting that they are satisfied with their life (22% vs. 40% average).



Figure 67: Young people's health behaviours, results from SHEU Survey, 2022



Bullying, having someone you can trust, positive feelings about weight and healthy social media use are important determinants of child mental health. LGB children also reported the second highest rate of experience of past or current bullying at 46%, compared to the average of 24%. This figure was 45% and 40% in the 2019 and 2017 SHEU surveys respectively, marking the second increase in consecutive surveys. Only Year 10 children belonging to a single parent family reported higher rates of bullying, at 55%. Children with Special Educational Needs (SEN) also reported above average rates of bullying, at 33% as did young carers, at 31%.

Year 10 children from single parent families reported the highest rate of trying vaping and illegal drugs (44% and 20% respectively) and the lowest percentage of children who said they knew at least one adult they could “really trust”, at 71% compared to the all-child average of 88%.

39% of all Year 10 children reported more than 5 hours of screentime a day. This number was 62% for LGB children, 47% for children in single parent families and 47% of children with special educational needs.

A minority of Year 8 children reported being happy with their weight (46%) in the 2022 survey, including just 31% of the LGB children. This figure has fallen from 47% in 2019 and 52% in 2017. 41% of Year 10 children reported being happy with their weight in 2022, down from 42% in 2019 and 46% in 2017. Again, LGB children reported the lowest percentage of any demographic, at 22%, closely followed by children living in a single parent family at 29%.

## Health related behaviours: key messages and public health advice

In 2021/22, 35% of adults in Barking and Dagenham, were physically inactive, higher than all peer boroughs and London and England averages.

The percentage of Barking and Dagenham residents aged 16 and over who report eating 5 portions of fruit and vegetables a day was 47.9% in 2019/20, significantly below the London and England averages.

The highest proportions of high-risk alcohol consumption are seen in the age 45-54 bracket, and most growth in need is projected in this age group. The highest proportions of drug misuse are seen in the age 18-35 bracket, and most growth is projected in this age group.

In the 2021/22 year, 30.6% of 5-year-olds in Barking and Dagenham had visually obvious dental decay, and this was higher than the London, England and all peer borough averages. Available data suggests that at age 15/16, 14.2% have visually obvious dental decay, which is comparable to London and England averages.

In a survey of children in years 8 and 10, 16% of pupils responded that they have at least tried vaping, while 2% said they vape ‘regularly’ and 1% said they smoke cigarettes regularly. 17% said they had tried an alcoholic drink; and 2% of pupils responded that they have taken at least one recreational drug listed in the survey during the last month. Lesbian, gay or bisexual young people have higher rates of risky behaviours, and worse wellbeing, including higher risk of being bullied, than their non-LGB peers.

### Public health advice

- Develop a place based approach to improving physical activity and nutrition aligned with work across the council on food environments and planning for healthy places.
- Plan to align drug and alcohol service provision with projected growth and priority groups and consider targeted preventative action for those with highest projected growth.
- Review the local offer for gambling support based on available need data.
- Focus action on treating and preventing dentinal decay in young children.
- Consider targeted approaches for health promotion for LGB young people and children of single parents including action on wellbeing and bullying.

### Service use and access

Health and social care services support the health and wellbeing needs of the local population. Planning for these services must take into account changing needs, but it is also important to address inequalities in access and outcomes for these groups; including barriers to access. Data relating to health and social care use, and future need projections, is outlined in this section.

### Hospital waiting lists

There were just over 17,000 Barking and Dagenham patients on inpatient and outpatient waiting lists in January 2024, representing nearly 19,800 different pathways. The below

charts show the average waiting time for each of the pathways, according to different factors such as sex and deprivation. The average wait overall is 18.6 weeks, however some patients (representing 2% of pathways) have been waiting over 52 weeks.

Females have been waiting a week and a half longer than males on average, however females represent a greater proportion of the waiting list at 60%. The waiting time also varies according to age with those aged under 10 and those aged 80 and over experiencing shorter waiting times.

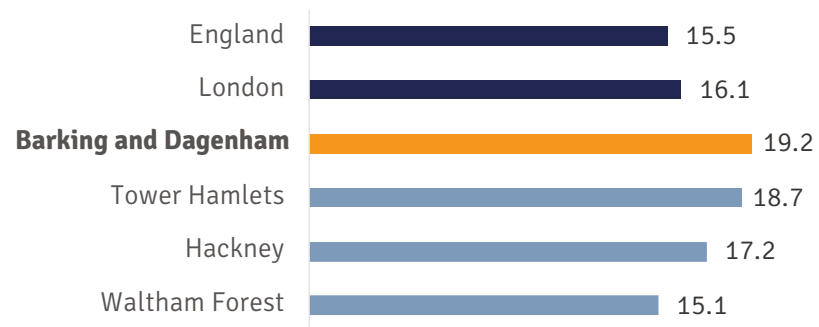
Waiting times increase as deprivation levels decrease, though it should be noted that patients in quintiles 4 and 5 reside in other Local Authorities (but are registered with an in-borough GP) as all areas of Barking and Dagenham are in quintiles 1-3.

Waiting times by ethnic group vary slightly, with patients from the Black or Black British group waiting 18.8 weeks compared to 18.2 weeks for Other Ethnic Groups. The proportion of patients of White ethnicity on the waiting list (52%) is disproportionate to the broader patient population (37%).

### Emergency readmissions

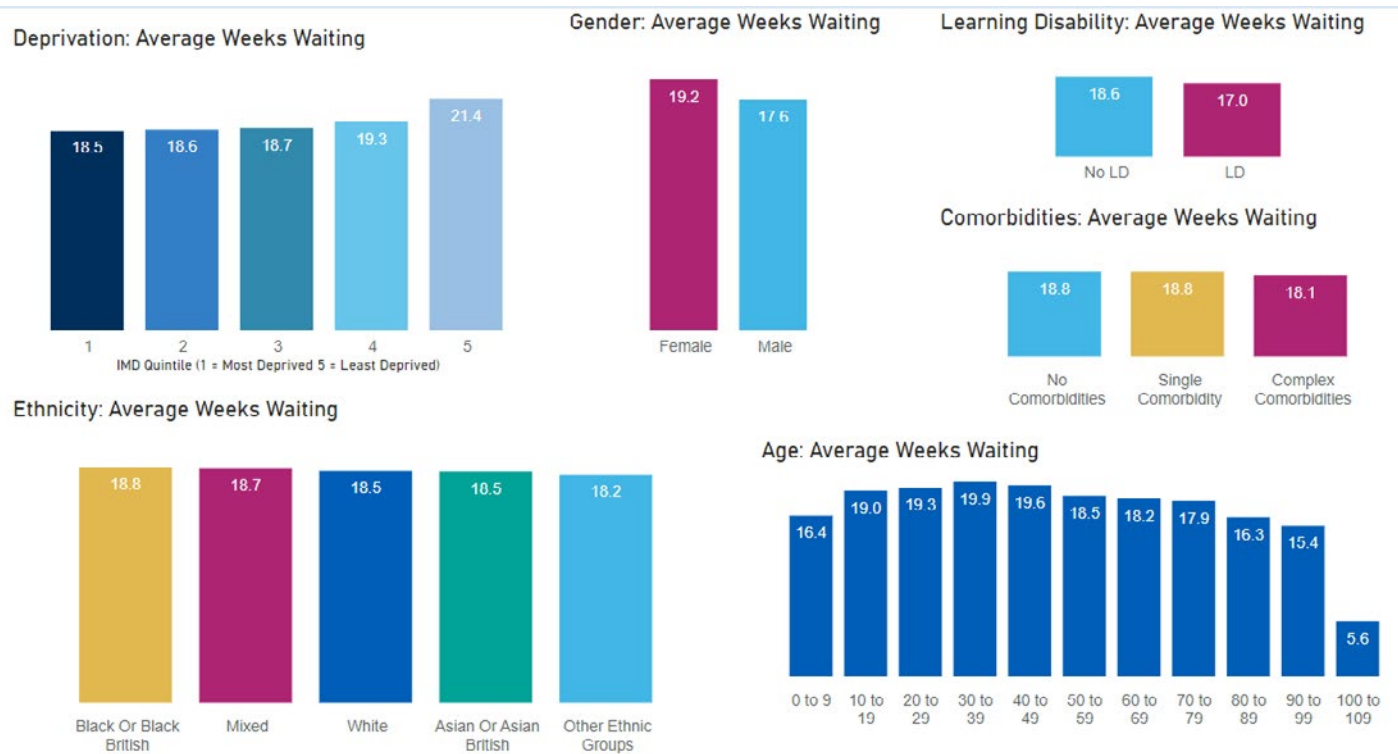
In 2020/21, 19.2% of residents in Barking and Dagenham who were admitted to hospital were readmitted within 30 days. This is higher than London and England averages and all peer boroughs, suggesting local residents are less likely to successfully recover following a hospital episode. This could be related to a number of reasons, including baseline health status, support received in the community and care received. This rate increased since 2019-20 when it was 16.8%, mirroring national trends following the pandemic.

**Figure 68: Emergency readmissions within 30 days**



Source: OHID Fingertips Indicator ID 41101, accessed 08/12/2023

**Figure 69: Inequalities for Barking and Dagenham patients on hospital waiting lists at 21st January 2024, produced by the NHS North East London Business Intelligence Team**



## Experiences of primary care

Barking and Dagenham Healthwatch reports receiving persistently high signposting phone calls from residents about people struggling to access appointments, but some do talk about improvements to access

**“My GP does not look after me and does not give me appointments. I cannot use online services due to the language barrier. No scans were offered, and I am in pain. No interpreting services. My son-in-law goes to appointments with me. We spoke to the practice manager but got nowhere.”**

**“I feel that GPs are getting better. A multicultural community lives in this borough and a lot of work is being done to support everyone. Hospitals are good but there isn't enough convenient parking around them.”**

## Experiences of maternity care

Healthwatch Barking and Dagenham recently conducted analysis on understanding choice in maternity care for Barking and Dagenham residents<sup>43</sup> - 42 respondents were from Barking and Dagenham and over half of them (57%) were from Black, Asian and Minority Ethnic communities. Findings suggested some lack of clarity over support and a lack of continuity of care.

**‘They need more funding for more midwives and for women to have one point of contact through their pregnancy.’**

**‘Clarity over who you can contact for what support’**

**‘Improve signposting procedures - I had conflicting advice.’**

**‘They need more funding for more midwives and for women to have one point of contact through their pregnancy’**

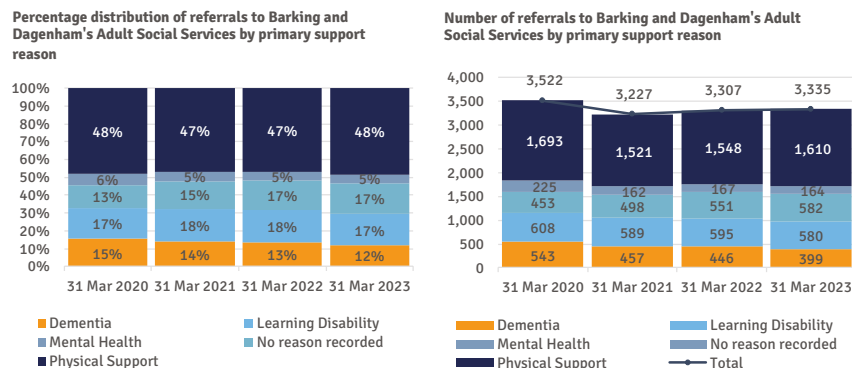
For antenatal care, the following groups felt less likely to be listened to:

- Aged under 25
- White ethnicities other than White British, particularly Polish and Romanian single mothers-to-be
- Disabled
- Not fluent in English
- Digitally excluded

## Adult social care needs

In the year ending 31<sup>st</sup> March 2023, 3,335 referrals were made to Barking and Dagenham's Adult Social Services. The total number of referrals received, as well as the distribution by primary support reason, has remained relatively stable over the last 3 years. Almost half of all referrals are for physical support with a further third being divided equally between learning disability and mental health support needs. 12% of referrals are for dementia support. This proportion is slowly declining.

**Figure 70: Number and percentage Referrals to Adult Social Services by primary care need**



Source: Local authority administrative data

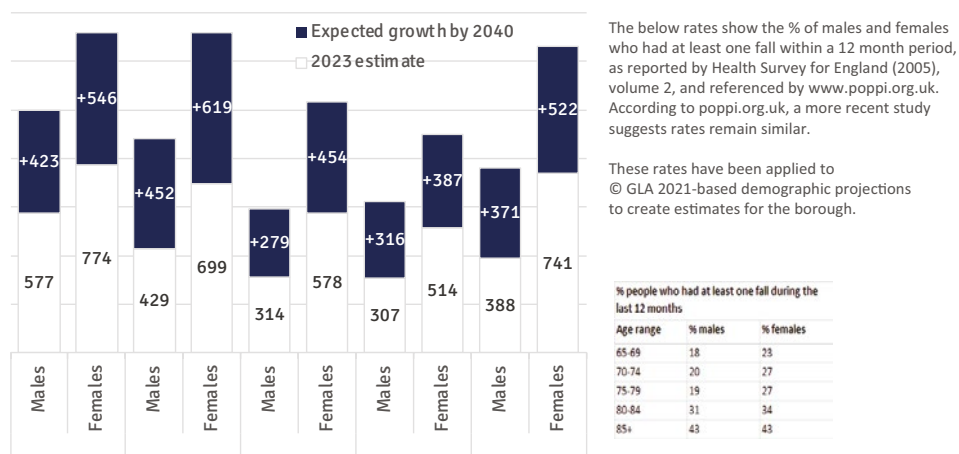
### Looking ahead

People with long term conditions are likely to have greater care needs and be at higher risk of falls as they age. People with learning disabilities are also likely to need additional

support and care. To aid service planning for these populations, projections have been made by applying national prevalence rates to Barking and Dagenham population projections to provide a rough estimate of both current and future prevalence. Numbers of those needing help with at least 1 self care need are likely to double across the majority of age bands over 70 by 2040. Numbers of falls are also projected to approximately double across all age bands over 65 by 2040. Estimated increases in adult populations with learning disabilities needing care in this time frame are more modest, but may be an underestimation given emergent findings of the SEND and Autism Needs assessments referenced in the long term conditions chapter of the JSNA.

It should be noted that this methodology assumes that the rates of these problems in the local population will remain unchanged from the period in which they were calculated. Additionally, local prevalence rates are likely to differ to those shown at a national level due to differences in the socio-economic profile and demographic make up of the population.

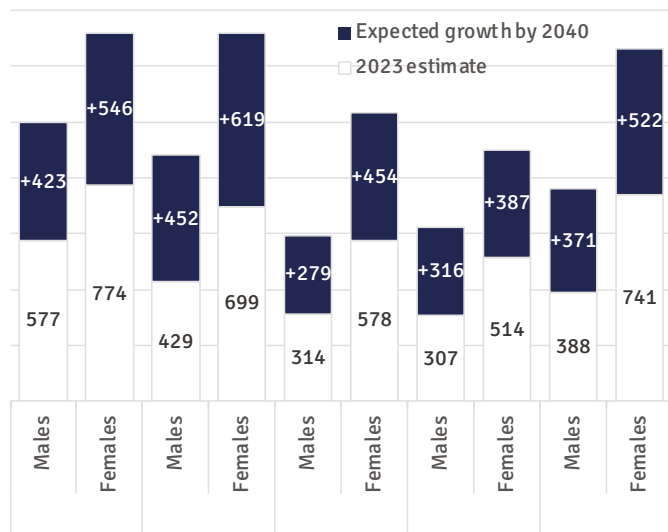
**Figure 71: Residents age 65+ needing help with at least 1 self care activity,**



Source: POPPI and PANSI Projections

Notes: self-care activities include having a bath or shower, using the toilet, getting up and down stairs, getting around indoors, dressing or undressing, getting in and out of bed, washing face and hands, eating (including cutting up food), taking medicine.

**Figure 72: Residents age 65+ estimated to have a fall, projections**



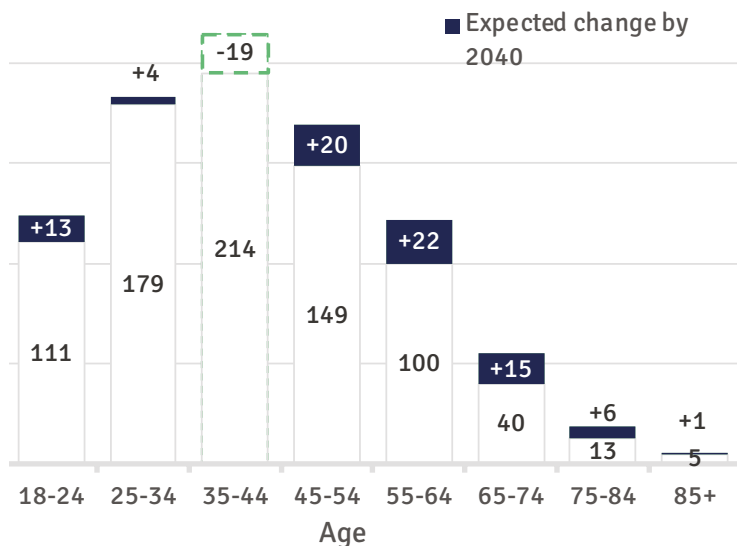
The below rates show the % of males and females who had at least one fall within a 12 month period, as reported by Health Survey for England (2005), volume 2, and referenced by [www.poppi.org.uk](http://www.poppi.org.uk). According to [poppi.org.uk](http://poppi.org.uk), a more recent study suggests rates remain similar.

These rates have been applied to © GLA 2021-based demographic projections to create estimates for the borough.

% people who had at least one fall during the last 12 months		
Age range	% males	% females
65-69	18	23
70-74	20	27
75-79	19	27
80-84	31	34
85+	43	43

Source: POPPI and PANSI Projections

**Figure 73: Adults age 18+ with learning disability projections**



These estimates are based on prevalence rates from a report by Eric Emerson and Chris Hatton of the Institute for Health Research, Lancaster University, entitled Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, June 2004, as referenced by [www.poppi.org.uk](http://www.poppi.org.uk). The rates include adjustments for mortality and ethnicity but are based on the national population. They are likely to be an underestimation in areas with large South Asian communities, such as Barking and Dagenham, as the prevalence of learning disabilities within this population is higher.

Projection rates have been applied to ONS population projections of the 18 and over population in the years 2011 and 2021 and linear trends projected to give estimated numbers predicted to have a moderate or severe learning disability.

Source: POPPI and PANSI Projections

## Children's social care

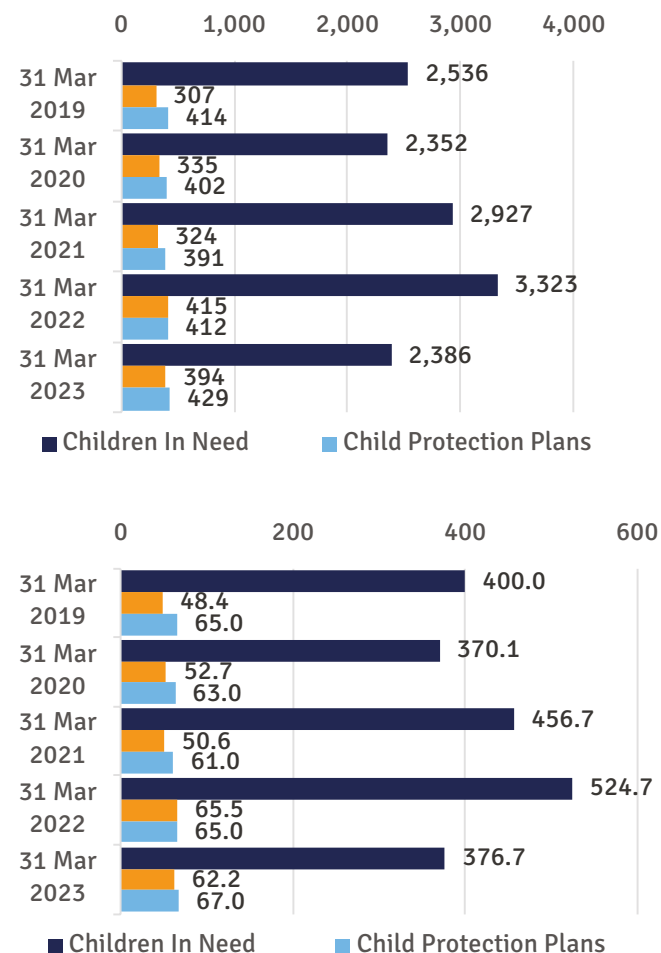
Children referred to social care may have current health needs or disabilities and are more likely to have risk factors for poor health and attainment in later life. An analysis found that adults who spent time in care as children between 1971-2001 were 70% more likely to die prematurely than those who did not.<sup>44</sup> They therefore represent a key vulnerable part of the population where targeted prevention and early intervention efforts could be of benefit.

On the 31st March 2023, in Barking and Dagenham there were 2,386 children in need, 394 children on child protection plans and 429 children looked after (CLA) by the local authority.

The social and health issues which lead to children becoming in need of help and protection from the local authority were exacerbated during the Coronavirus pandemic, and this led to rapid increases in the numbers of children in need and in care. However, numbers have since stabilised. This seems to reflect the broader population of 0-17 year olds which is estimated to have changed very little from 2019 to 2023. The borough's 0-17 population is forecast to increase by 5% over the next 15 years and so the number of cases open to Children's Social Care can be expected to increase alongside this.

At 31st March 2023 there were 308 care leavers aged 18-24 entitled to support from the local authority. The number and rate of care leavers is higher now than it was 5 years ago suggesting that more Children Looked After by the local authority are remaining in care until their 18th birthday.

Figure 74: Number and rate of Children In Need, Child Protection Plans and Children Looked After

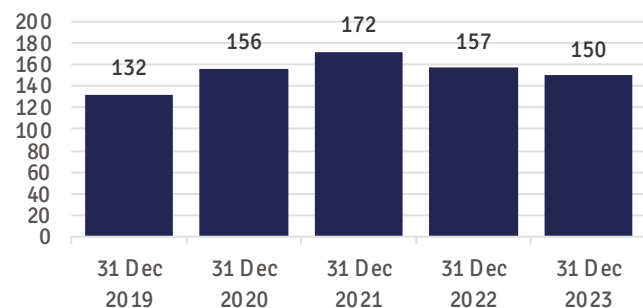
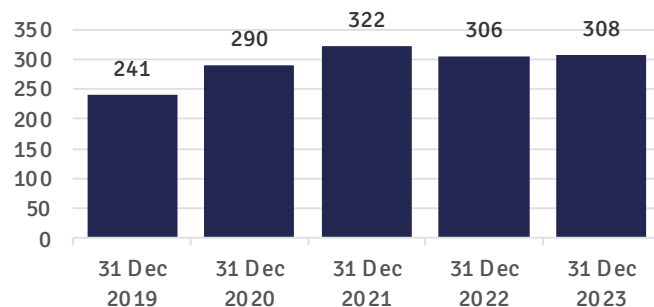


Source: POPPI and PANSI Projections



## Care leavers

Figure 75: Care leavers in Barking and Dagenham, rate and time trends



Source: Local Authority administrative data. Rates are calculated using GLA 2021-based BPO Demographic Projections.

## Children in need

Of the 2,386 Children In Need at the 31st March 2023, 174 children (7.3%) had been recorded as having a disability. This is an increase from 129 children (5.1%) in 2019 but remains low compared to the England average (12.8%) and the London

average (14.6%). Amongst peer boroughs, the proportion of Children In Need with disabilities varies from 6.7% in Waltham Forest to 21.2% in Greenwich.

In Barking and Dagenham, almost half (47.1%) of Children In Need at the 31st March 2023 with a disability were recorded as having autism. This is high compared to the national average of 41.4% but aligns with the London average of 48.2%. 36.9% had learning difficulties.

Table 4: Children in need at 31st March 2023 by recorded disability and local authority

	England	London	Barking and Dagenham	Greenwich	Hackney	Tower Hamlets	Waltham Forest
Number of Children In Need	403,090	69,980	2,386	2,430	2,550	2,648	2,406
Number with a disability recorded	51,790	10,190	174	514	207	272	160
% with a disability recorded	12.8	14.6	7.3	21.2	8.1	10.3	6.7
Autism %	41.4	48.2	47.1	55.1	45.4	39.3	40.6
Behaviour %	19.4	14.8	14.9	17.5	3.4	7	21.9
Communication %	16.9	17.6	10.3	11.5	4.3	c	c
Consciousness %	3.6	4	c	c	0	6.6	0
Hand Function %	2	3	c	c	0	0	0
Hearing %	4	4	4	2.9	c	2.9	c
Incontinence %	4.5	2.5	c	c	c	c	0
Learning Difficulties %	36.9	32.2	21.8	36.4	30.4	33.1	47.5
Mobility %	13.7	11.9	8.6	16.1	11.6	7.4	15
Personal care %	5.5	4.8	c	1.8	0	0	c
Vision %	6.2	5.5	c	6.2	c	2.6	c
Other %	18.5	20.8	9.8	16	28	48.9	11.3

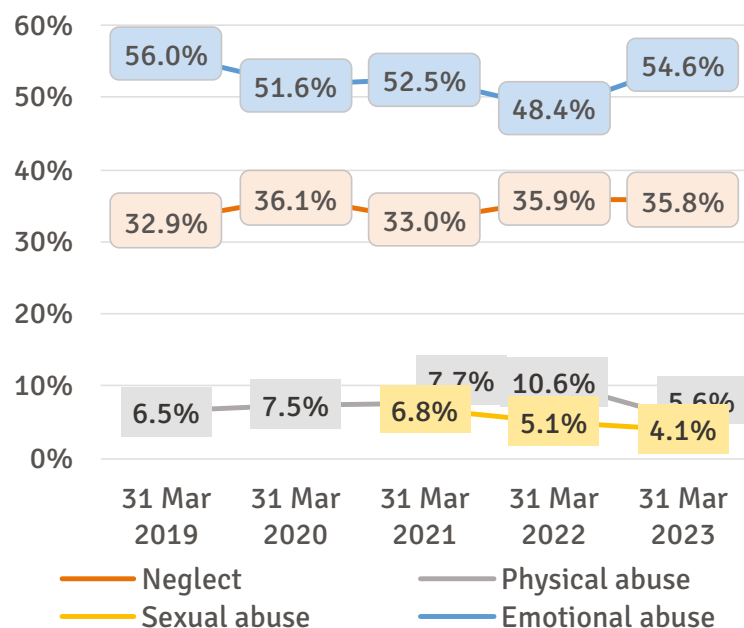
## Children on child protection plans

Emotional abuse has remained the most common category of abuse recorded for children on protection plans in Barking

and Dagenham over the last 5 years, accounting for 54.6% of children on a protection plan at 31st March 2023. The next most common category is neglect, accounting for over one-third of children at 31st March 2023.

Sexual abuse was recorded as the latest category for 4.1% of children on a protection plan at the 31st March 2023. This is the highest of all four peer boroughs and higher than the London and England averages of 2.6% and 3.5% respectively.

**Figure 76: Child protection plans by latest Category of abuse**



**Figure 77: Child Protection Plans by latest Category of Abuse, 31st March 2023, with comparators**

	England	London	Barking and Dagenham	Greenwich	Hackney	Tower Hamlets	Waltham Forest
<b>CPP at 31st March 2023</b>	50,780	7,580	394	236	181	214	232
<b>Percentage by latest category of abuse</b>							
<b>Emotional abuse</b>	40.6%	46.3%	54.6%	50.8%	52.5%	c	64.7%
<b>Neglect</b>	48.0%	43.0%	35.8%	30.9%	30.9%	61.7%	31.0%
<b>Physical abuse</b>	6.0%	6.9%	5.6%	4.2%	13.3%	c	c
<b>Sexual abuse</b>	3.5%	2.6%	4.1%	0.0%	3.3%	0.0%	c
<b>Multiple</b>	1.9%	1.3%	0.0%	14.0%	0.0%	0.0%	0.0%

Source: Local Authority Administrative data.

### Children Looked After by the local authority at 31st March 2023.

There were 429 children being looked after by Barking and Dagenham Council on the 31st March 2023. Over half (54%) were male, and 70% were aged 10 and over.

Both the White and Mixed or Multiple ethnic groups are over represented within the Looked After population compared to the borough's broader population of 0-17 year olds: 52% of children looked after at 31<sup>st</sup> March 2023 were White compared to 32% of the broader population<sup>45</sup>, 17% were of Mixed or Multiple ethnic groups (compared to 9%), 16% were of Black African, Caribbean or Black British ethnicity (compared to 25% in the broader population) and 11% were of Asian or Asian British ethnicity (compared to 30%). This indicates children of white ethnicity are overrepresented in the looked after population.

Of the 429 children looked after by Barking and Dagenham council, 327 children (76%) were placed 20 miles or less from home and 173 children (40%) were placed within the borough boundary. A further 213 children looked after by other local authorities were recorded as being placed within the borough boundary.

Twenty-seven of the borough's looked after children were unaccompanied asylum-seeking children.

Local authorities are responsible for ensuring that an assessment of physical, emotional and mental health needs is carried out for every child they look after. The focus of the assessment varies according to the age of the child; however, children of all ages should have an annual assessment, annual dental checks and up to date immunisations. Of the children in care on the 31st March 2023, 93% had had an annual health assessment, 90% had up to date immunisations and 68% had their teeth checked by a dentist. Pre-pandemic the proportion of children who had their dental check was higher at 91% (31st March 2019 and 2020)

### **Service use and access: key messages and public health advice**

Barking and Dagenham has the highest rate of emergency readmissions within 30 days of discharge amongst peer boroughs, and higher than London and England averages.

Engagement with local pregnant women suggests a lack of clarity on support offered and continuity of care; with some groups feeling less listened to. There is a mixed picture relating to satisfaction with access to GP care.

The total number of Adult Social Care referrals received, as well as the distribution by primary support reason, has remained relatively stable over the last 3 years. Almost half of all referrals are for physical support with a further third being divided equally between learning disability and mental health support needs. 12% of referrals are for dementia support.

Numbers of those needing help with at least 1 self care need are projected to double across the majority of age bands over 70 by 2040. Numbers of falls are also projected to approximately double across all age bands over 65 by 2040; although these projections should be interpreted with caution.

Numbers of social care referrals have stabilised since increases during the pandemic. 7.3% of children in need have disabilities recorded, with autism, behavioural and speech and language difficulties comprising the majority of needs. Emotional abuse is the most common reason for child protection plans, followed by neglect. White and Mixed or Multiple ethnic groups are over represented within the Looked After population compared to the borough's broader population of 0-17 year olds. For looked after children, approximately 1 in 4 are placed more than 20 miles from home. Of the children in care on the 31st March 2023, 93% had had an annual health assessment, 90% had up to date immunisations and 68% had their teeth checked by a dentist. In 2019, it was estimated 70 in every 1000 children age 0-17 is estimated to live in a household affected by domestic abuse, this compares favourably with peer boroughs.

### Public health advice

Wider action on health and wellbeing will reduce demand on health and social care, but attention also needs to be paid to equity of access. Data available points to the following specific actions

- Focus on improving community and self-management of long term conditions to reduce risk of emergency admissions.
- Address feedback on maternity care in service development.
- Consider further exploration of equity of access in primary care.
- Consider targeted work on prevention and management of falls given likely increase in demand.
- Review adult care and support provision to meet increasing demands, including use of assisted technology where appropriate.
- Continue system wide action on Adverse Childhood Experiences as prioritised in the Joint Health and Wellbeing Strategy and Best Chance Strategies. These are explored further in Chapter 5 of the ADPHR.
- Continue to monitor and address health, attainment and access inequalities experienced by children in social care

## Building blocks of good health

The [ADPHR 2023](#) and our [Joint Health and Wellbeing Strategy 2023-28](#) highlight the importance of action on the building blocks to good health: giving children the best start in life, healthy places, and supporting communities to create and maintain health in partnership with services. Action across all of these areas will support people to adopt healthier behaviours and develop and grow healthily; and it is estimated that approximately 50% of our health is determined by these factors.<sup>46</sup>

To inform action, we have outlined key local data relevant to each of these areas.

### Best start in life

#### Infant birth outcomes

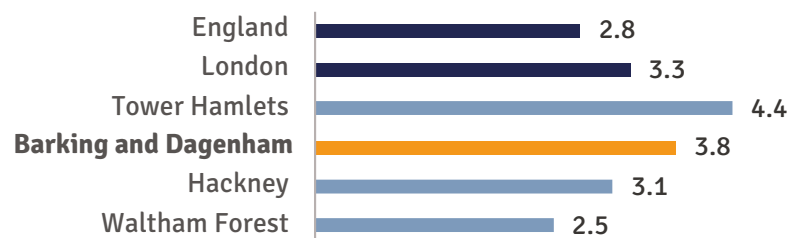
In Barking and Dagenham, a significantly higher proportion of term babies are born with a low birth weight (under 2500g) than the London and England averages. The rate of premature births (under 37 weeks gestation) in Barking and Dagenham (86.3 per 1,000) is also significantly higher than the London and England averages and is the second highest rate in London after Newham (99.8 per 1,000).

Stillbirth rates across London and England have been declining since 2010-12. However, the latest stillbirth rate in Barking and Dagenham (6.3 per 1,000 for 2019-21) is on a par with rates seen in the borough back in 2011-13 (6.6 per 1,000) and is the highest rate in the country. Smoking is one of the risk factors associated with stillbirth and is known to negatively impact the health of both the mother and the baby during pregnancy.

In 2022/23 in Barking and Dagenham, 1 in 20 mothers (4.8%) were known to be smokers at the time of delivery. The infant mortality rate (deaths under 1 year of age, per 1,000 live births) is also higher in Barking and Dagenham than England, London and all peer boroughs and the rate has been increasing since 2016-18.

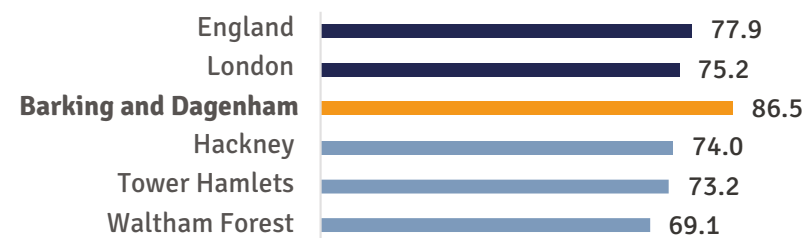
**Figure 78: Infant birth outcomes**

Percentage of births that are low birth weight children (gestational age above 37 weeks, 2021)



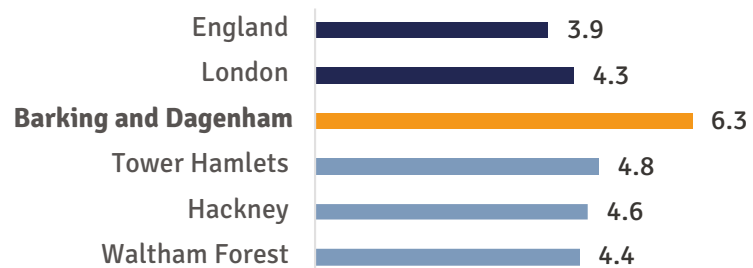
Source: OHID Fingertips Indicator ID 92530, accessed 08/12/2023

Rate of births per 1,000 that are premature (gestational age 24 -36 weeks, 2019 -21)



Source: OHID Fingertips Indicator ID 91743, accessed 08/12/2023

Still birth rate per 1,000 births in 2019 -21



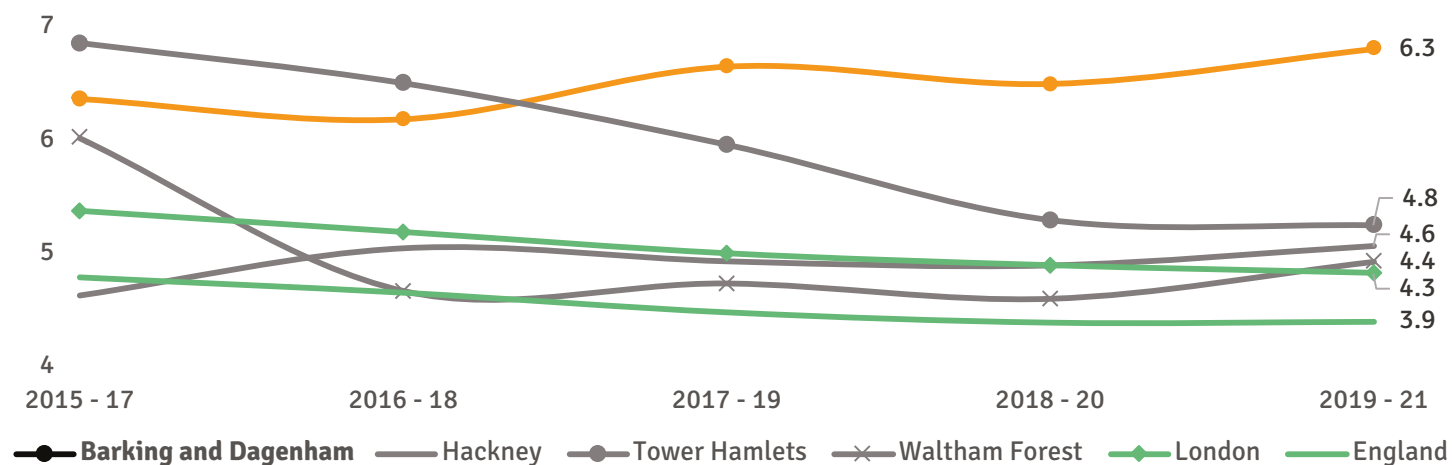
Source: OHID Fingertips Indicator ID 92530, accessed 08/12/2023

Rate of infant deaths per 1,000 live births (<1yr, 2019 - 21)



Source: OHID Fingertips Indicator ID 92196, accessed 08/12/2023

Figure 79: Still birth rate per 1,000 births , 3 year average, 2015-17 to 2019-21

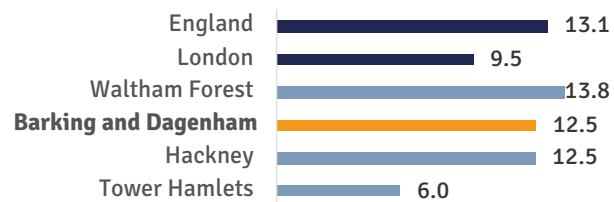


Source: OHID Fingertips Indicator ID 30315, accessed 08/12/2023

## Maternal health

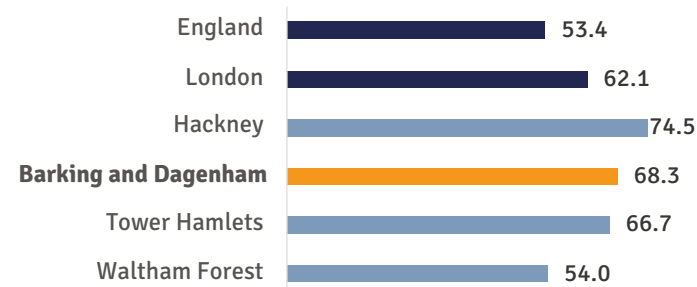
Teenage pregnancy is associated with poor outcomes for young women and their children. For mothers, there is a higher risk of poor educational attainment, social isolation and poorer mental and physical health, while their children are more likely to be born preterm or with low birthweight.

Figure 80: Conceptions in females aged under 18



Source: OHID Fingertips Indicator ID 30315, accessed 08/12/2023

Figure 81: Conceptions in females under 18 leading to abortion



Source: OHID Fingertips Indicator ID 30315, accessed 08/12/2023

Only one year of data is available for the above two measures, which show that women aged 15 to 17 in Barking and Dagenham experienced a higher rate of conceptions in 2021 than the London average but lower than the England average. The percentage of conceptions to women under 18 that resulted in an abortion in 2021 was higher in Barking and Dagenham than in London, England and all peer boroughs excluding Hackney.

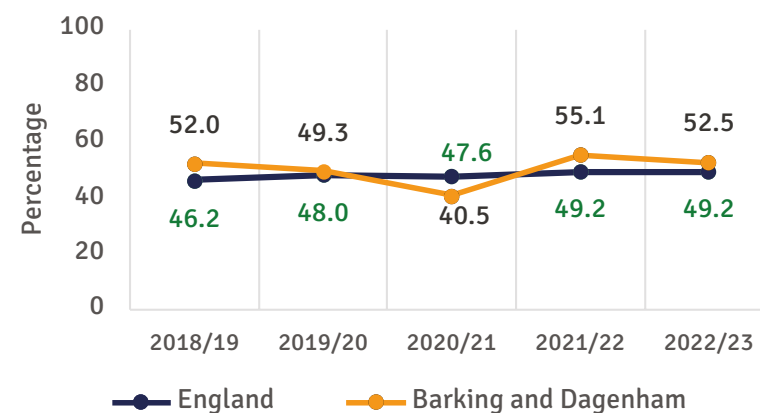
Maternity exemption certificates entitle women to free NHS prescriptions and free NHS dental treatment while pregnant. NHS data collected at the national level indicates that in 2021/22, only 36 maternity exemption certificates were issued per 100 live births to women aged 15-19, compared to 109 per 100 live births to women aged 45-49. Additionally, 47 certificates are issued to women per 100 live births in areas in the most deprived 10% of the country, compared to 82 per 100 in areas in the least deprived 10%. Combined, this data suggests a need to promote the uptake of these entitlements to young and less affluent pregnant women in Barking and Dagenham to reduce health inequalities and improve birth outcomes.<sup>47</sup>

### Health visit outcomes and breastfeeding

Over the last 5 years in Barking and Dagenham, just under half of infants aged 6-8 weeks were being totally or partially breastfed. This compares favourably to the England average.

Not all infants receive a 6-8 week health visit and therefore these figures are likely to be an underestimation. It should also be noted that the data for Barking and Dagenham, along with that of most other London Boroughs, has not been included in national publications as it does not meet the national validation criteria. The criteria requires a breastfeeding record for at least 95% of all infants to ensure that the data is representative.

Figure 82: Breastfeeding at 6-8 weeks



Source: National data OHID Fingertips Indicator ID 92517, accessed 08/12/2023. Local authority data is from local administrative sources.

In Barking and Dagenham over the 5 year period shown, an average of 75% of infants received a 6-8 week visit. This increases to 79% if data for 2020/21 is excluded. 2020/21 was the year many services were negatively impacted by the Covid-19 pandemic

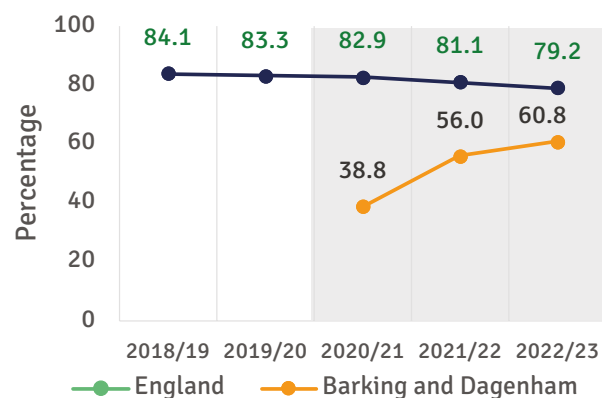
From 2015 all children in England became eligible for a Healthy Child Programme development review, delivered as part of the universal health visitor service, around their second birthday.

The Ages and Stages Questionnaire (ASQ 3) is used as a population measure of broad child development outcomes. Domains of development which are tested include communication, gross motor, fine motor, problem solving and personal-social skills.

Nationally there are inequalities in the number of children who achieve the expected level in their development, with children living in more deprived areas and boys less likely to be at the expected levels.

In Barking and Dagenham, children are achieving well below the national average. The Office for Health Improvement and Disparities has identified concerns about the quality of the last three years of data at both a national and local level. ASQ3 data was unable to be reported prior to the 2020/21 year due to licencing issues.

**Figure 83: Child development age 2-2 1/2**



**Source:** OHID Fingertips Indicator ID 93436, accessed 30/01/2024.

## School Attainment

In Barking and Dagenham, a lower percentage of Reception children reach a Good Level of Development (GLD)<sup>48</sup> by the end of the year than the London and England average. Attainment in Reception is also lower in Barking and Dagenham than in the peer boroughs of Waltham Forest and Hackney, with a gap of 6 percentage points between Barking and Dagenham and Hackney, and a gap of 10.2 percentage points between Barking and Dagenham and Waltham Forest.

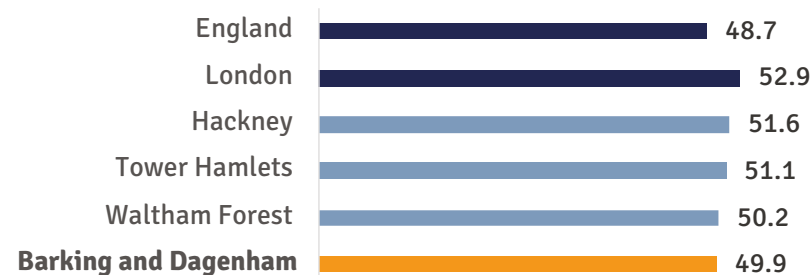
**Figure 84: Children achieving a good level of development in reception**



**Source:** OHID Fingertips Indicator ID 93381, accessed 30/01/2024.

The average Attainment 8 score (which measures pupils' performance in 8 GCSE-level qualifications) in Barking and Dagenham is lower than the London average and all peer boroughs, although less markedly than for GLD. The average attainment 8 scores of children in care in Barking and Dagenham are less than half the 'all pupil' total in the borough at 19.0 compared to 49.9, highlighting an inequality in outcomes for this group.

**Figure 85: Average attainment 8 score of residents age 15-16**



**Source:** OHID Fingertips Indicator ID 93378, accessed 30/01/2024.

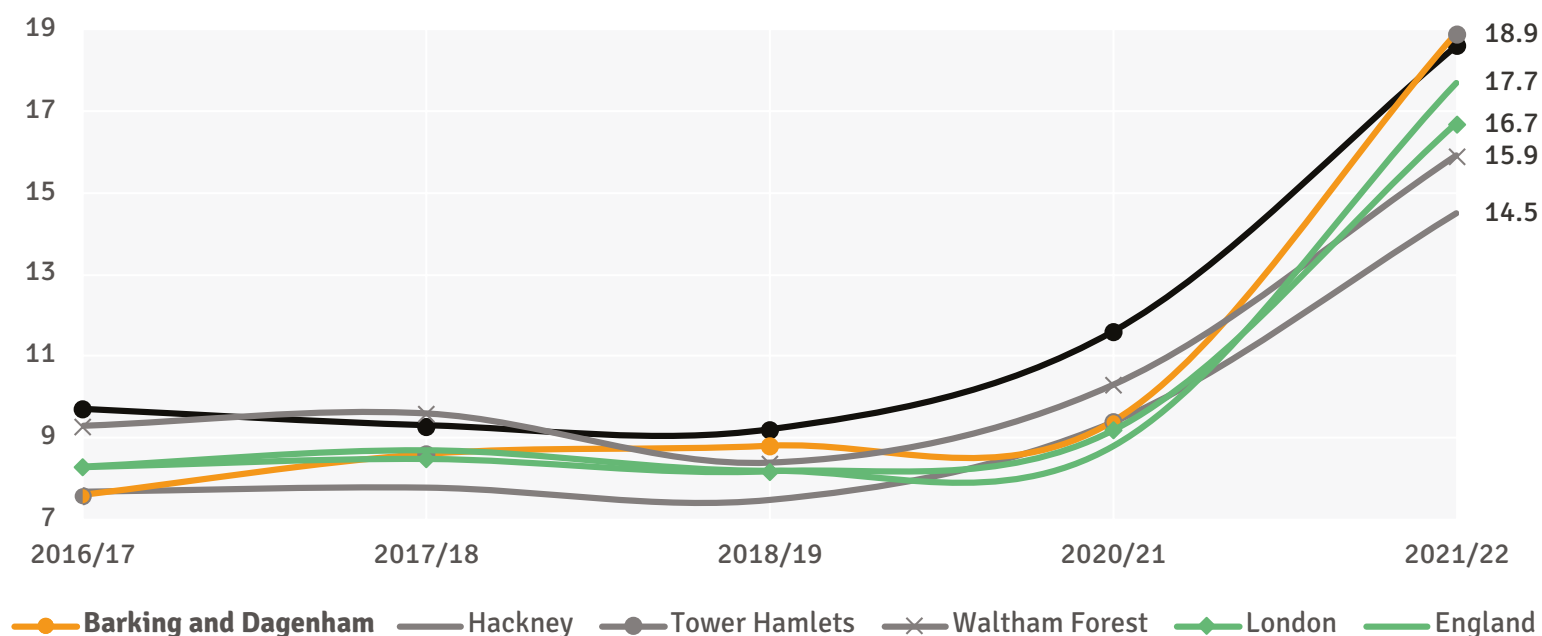


## Persistent absenteeism

Children are described as persistent absentees if they miss 10% or more of possible school sessions. Persistent absenteeism in primary and secondary schools rose significantly following the COVID-19 pandemic restrictions. Increases have occurred in Barking and Dagenham, all peer boroughs, and the London and England averages, leaving Barking and Dagenham's relative position largely unchanged, but the absolute change is significant rising from 13.8% in 2018/19 to 22.5% in 2021/22

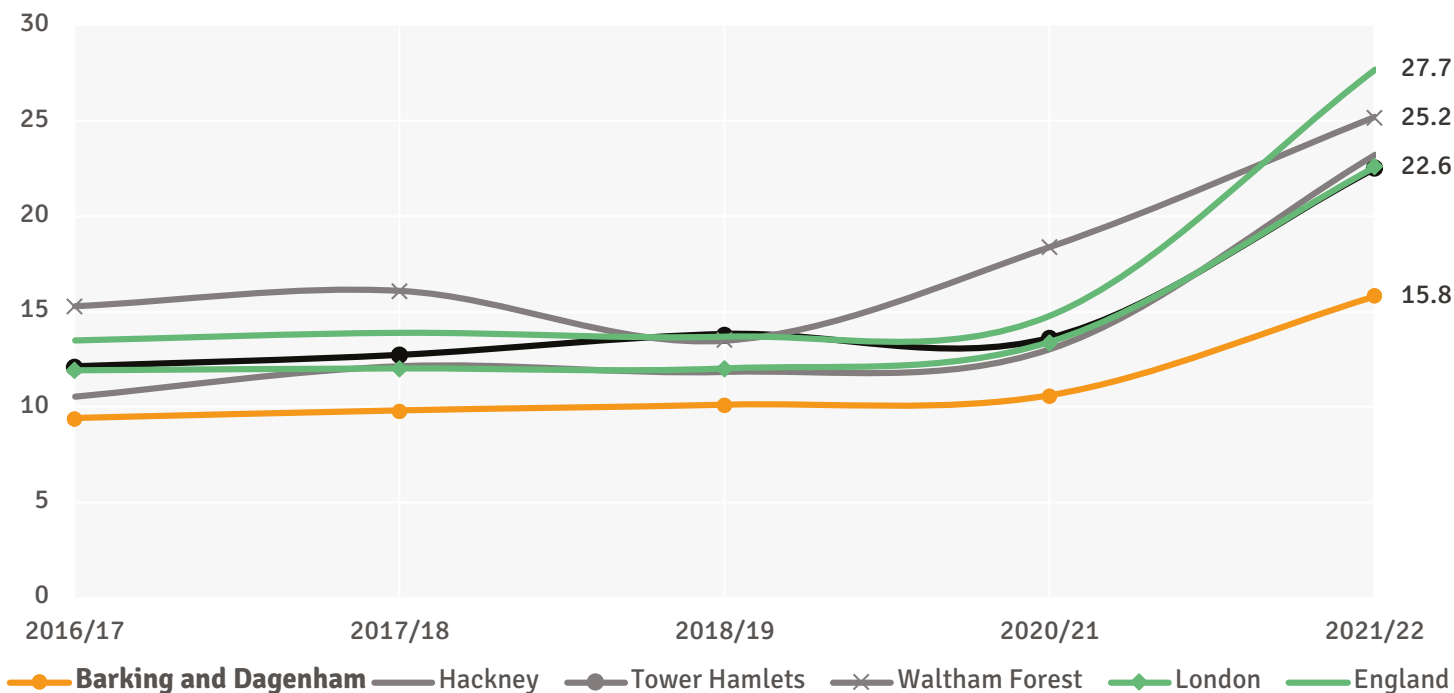
for secondary school children, and from 9.2% in 2018/19 to 18.6% in 2021/22 for primary school children. Please note no data was collected in the 2019/20 year as pandemic measures disrupted access to schools. This year is therefore not shown in the below charts. Recent analysis suggests mental health issues are a key driver of absence rates and that absence rates are higher for pupils with Special Education Needs and those eligible for free school meals.<sup>49</sup>

**Figure 86: Persistent absenteeism in primary school pupils in 2021/22**



**Source:** OHID Fingertips Indicator ID 92563, accessed 30/01/2024.

Figure 87: Persistent Absenteeism in secondary school pupils in 2021/22



Source: OHID Fingertips Indicator ID 92564, accessed 30/01/2024.

### Adverse childhood experiences

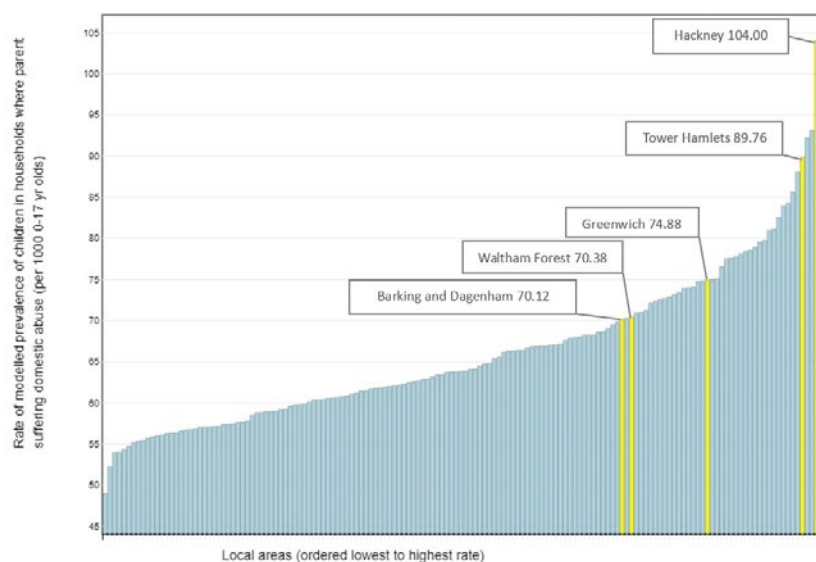
Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood such as experiencing violence, abuse and neglect, witnessing violence in the home, or parental substance misuse, mental illness, imprisonment or separation. Those who have ACEs during childhood or adolescence tend to have more physical and mental health problems as adults and are more likely to have an earlier death.<sup>50</sup> Data on domestic and sexual abuse is outlined below. There is further data on the prevalence of substance misuse and domestic abuse in the 'Health behaviours' and 'Place' sections.

In a [report](#) published by the Children's Commissioner in 2019, it was estimated that 4,500 children in Barking and Dagenham live in households where a parent was suffering domestic abuse. When calculated as a rate, 70.12 in every 1,000 0-17 year olds in the borough are affected by domestic abuse. This is slightly lower than the London average (73.08) and lower than all peer boroughs (see Figure 88) Modelled prevalence of children in households where a parent is suffering domestic abuse, by Upper Tier Local Authority (Children's Commissioner 2019). Children aged 0-4 have a slightly higher risk of exposure to domestic abuse (75.43) mirroring trends nationally and regionally (71.33 and 78.62 respectively)<sup>51</sup>.

Whilst prevalence within the borough is lower than peer boroughs it remains high when compared to all other Upper Tier Local Authorities in England. The national average is 65.59 per 1,000 0-17 year olds.

Rates are likely to have changed since 2019 following increases in domestic abuse during the pandemic. Rates of adult domestic abuse are explored in the Place chapter of the JSNA.

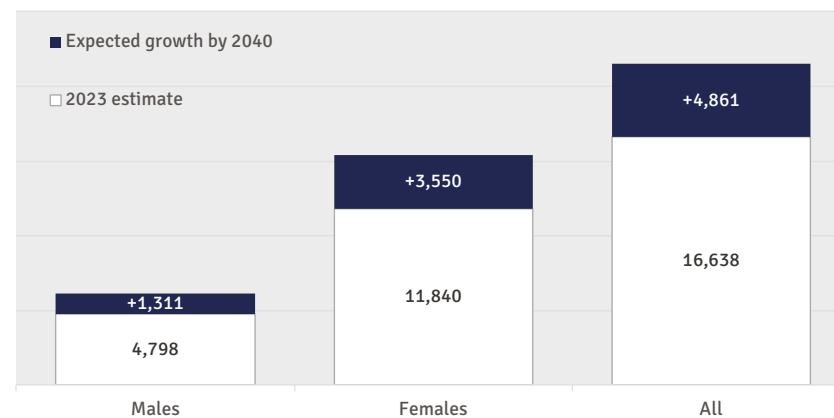
**Figure 88: Modelled prevalence of children in households where a parent is suffering domestic abuse, by Upper Tier Local Authority (Children's Commissioner 2019)**



The 2000 report Child Maltreatment in the United Kingdom<sup>52</sup> found that within a sample of 2,869 young adults aged 18 - 24 years (1,235 men and 1,634 women), 7% of males and 16% of females had been abused in childhood when they were 12 years old or younger (as referenced by [www.pansi.org.uk](http://www.pansi.org.uk)).

These rates have been applied to ©GLA 2021-based demographic projections to create estimates for the borough.

**Figure 89: Barking and Dagenham residents aged 18-64 in 2023 estimated to be survivors of childhood sexual abuse with estimated growth by 2040**



## Best start in life: key messages and public health advice

In Barking and Dagenham, a significantly higher proportion of term babies are born with a low birth weight (under 2500g) than the London and England averages. In 2019-2020, 7.6% of mothers were known to be smokers at the time of delivery, higher than the London average of 4.6%.

Over the last 5 years in Barking and Dagenham, just under half of infants aged 6-8 weeks were being totally or partially breastfed. This compares favourably to the England average. Over the last 5 years only 75% of babies received a 6-8 week visit, although this increases to 79% if the pandemic period is discounted.

In Barking and Dagenham, children are achieving well below the national average at the 2-2.5 year developmental review. The percentage of reception aged children reaching a good level of development (62.5%) in Barking and Dagenham is lower than the London and England averages, but not significantly so. At age 15/16, attainment 8 scores across key educational areas is higher than national but lower than the London average. However, the average attainment 8 scores of children in care in Barking and Dagenham are less than half the average of all children in the borough at 19.0 compared to 49.9, highlighting an inequality in outcomes for this group.

Numbers of persistently absent pupils increased nationwide following the pandemic. In 2021/22, 18.6% primary school children and 22.5% of secondary school children were persistently absent, nearly doubling since pre-pandemic.

#### **Public health advice:**

- Strengthen our approach to giving children the best start in life, via universal support/prevention activities, early identification of emerging issues, and provision of timely help to support families. This can be achieved by maximising the opportunities of the 0-19 programme so it better links to the needs of the children and young people and the drivers of demands in Health and Social Care.
- A particular focus should be given to perinatal and parental health and improving early development.
- Improve the offer for children and young people with social and emotional health needs, and consider focussed efforts for those with persistent school absence.
- Continue borough approaches to address and prevent domestic abuse.

## Place

### Built and natural environment

In addition to lifestyle behaviours, the environment where we live, work and play contributes significantly to individual and population health.

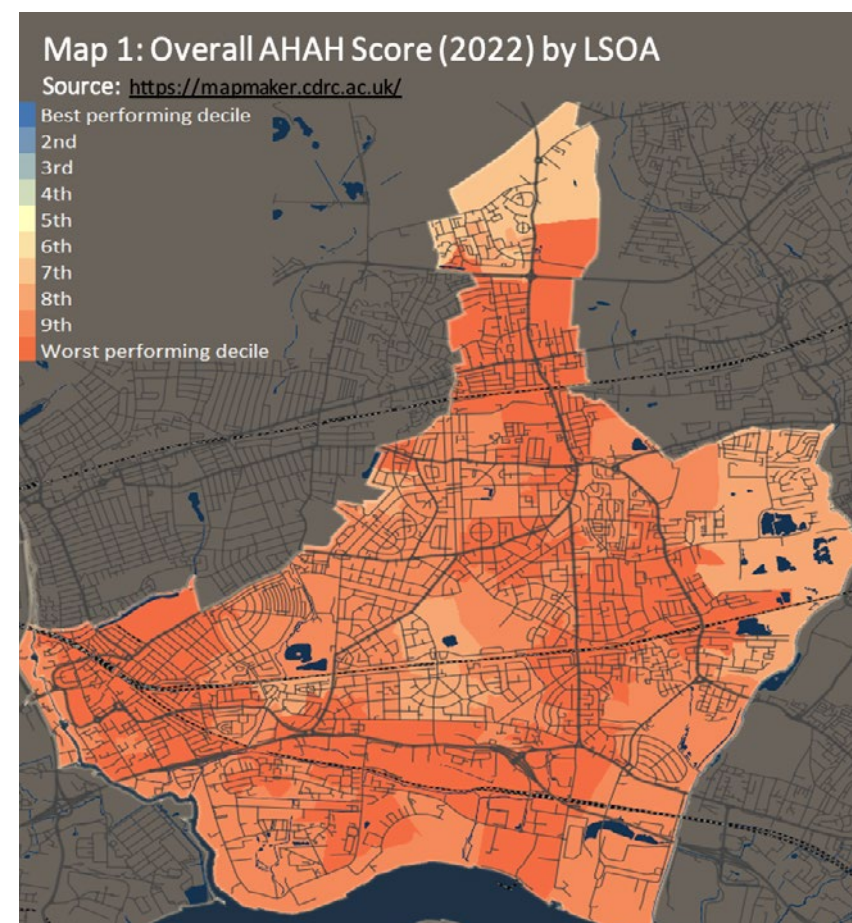
The index of [Access to Healthy Assets and Hazards \(AHAH\)](#), published by the Consumer Data Research Centre (CDRC), combines data from fourteen indicators to help describe some of the key features of neighbourhoods that affect our health and wellbeing. Measurement data and deciles are provided for the overall index, four domains and fourteen inputs by Lower Super Output Area (LSOA) level.<sup>53</sup>

The four domains of accessibility are:

- Retail environment (access to fast food outlets, pubs, tobacconists, gambling outlets),
- Health services (access to GPs, hospitals, pharmacies, dentists, leisure services),
- Physical environment (Blue Space, Green Space - Passive), and
- Air quality (Nitrogen Dioxide, Particulate Matter 10, Sulphur Dioxide).

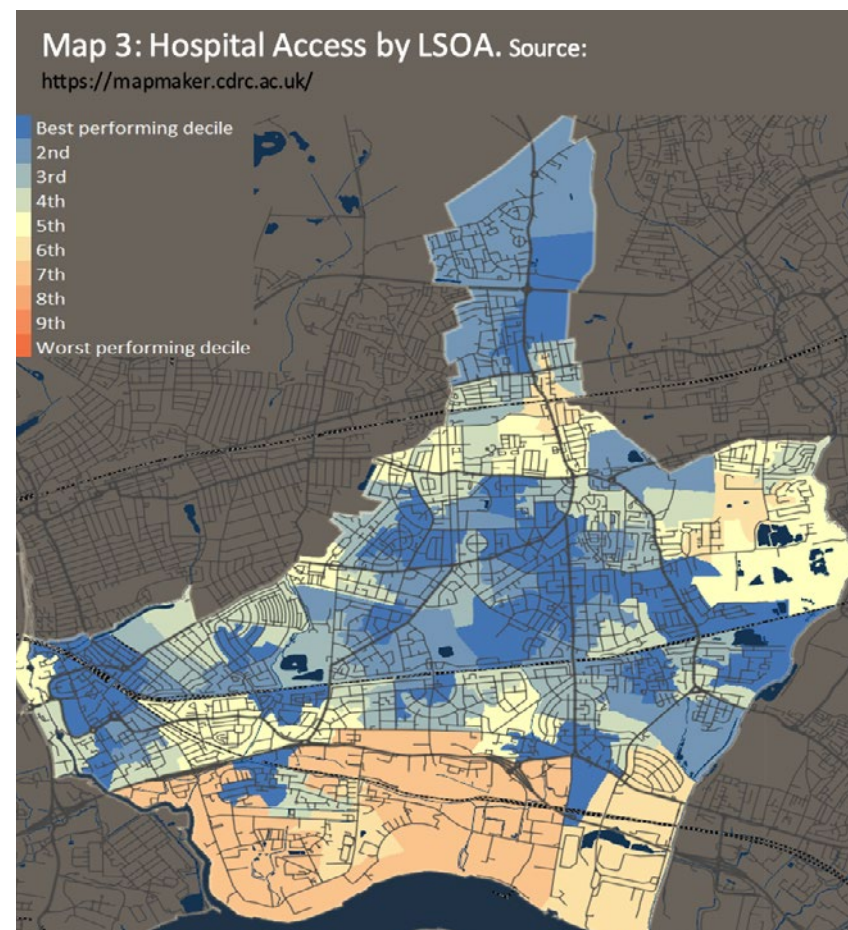
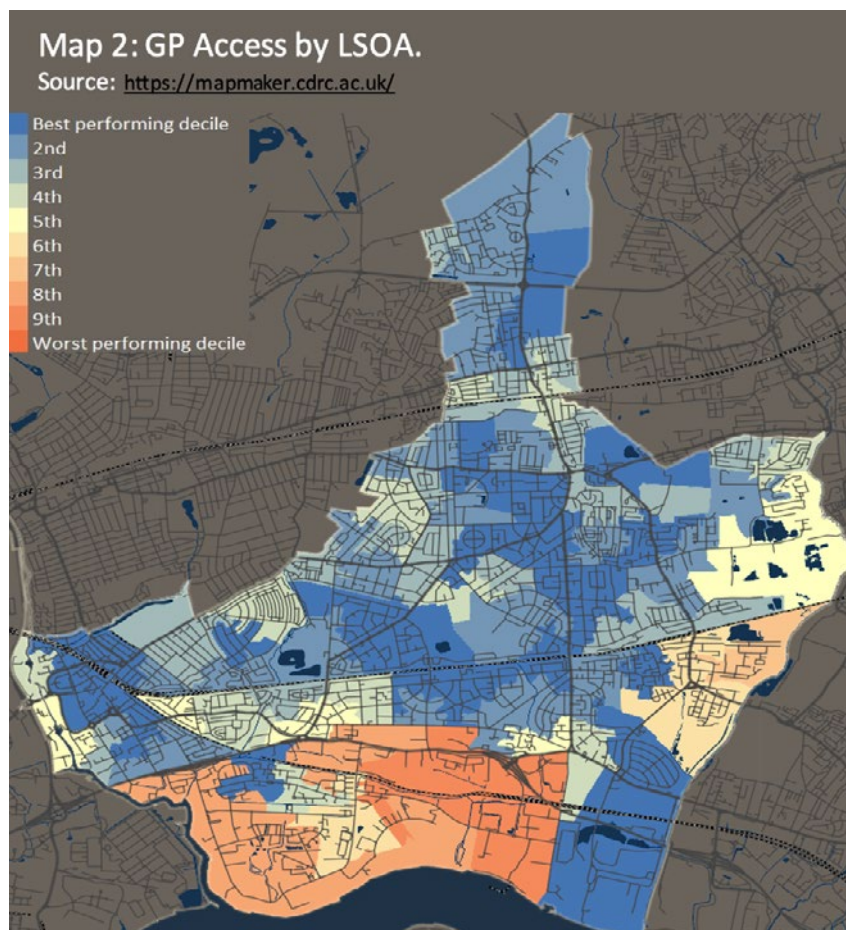
It is important to note these statistics compare neighbourhoods for the whole of England. Neighbourhoods in the worst performing deciles are more likely to be concentrated in urban areas, such as Barking and Dagenham. It should also be noted that not all areas of the borough are populated. There are a number of large parks as well as industrial areas and brownfield land. These are not shown on the maps.

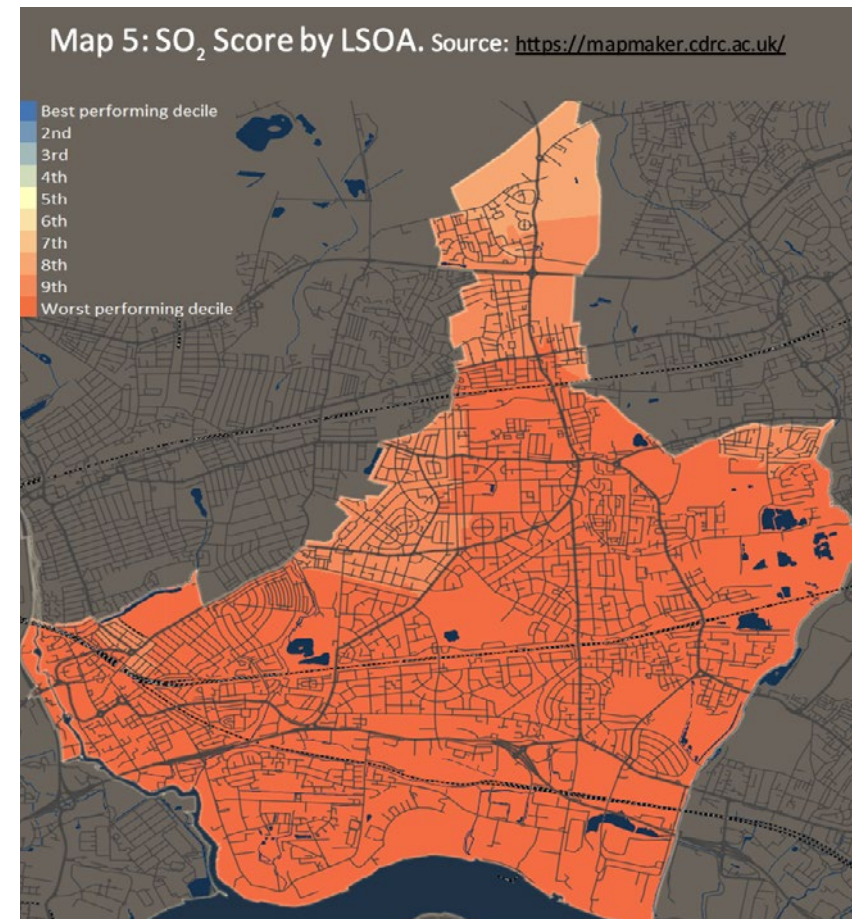
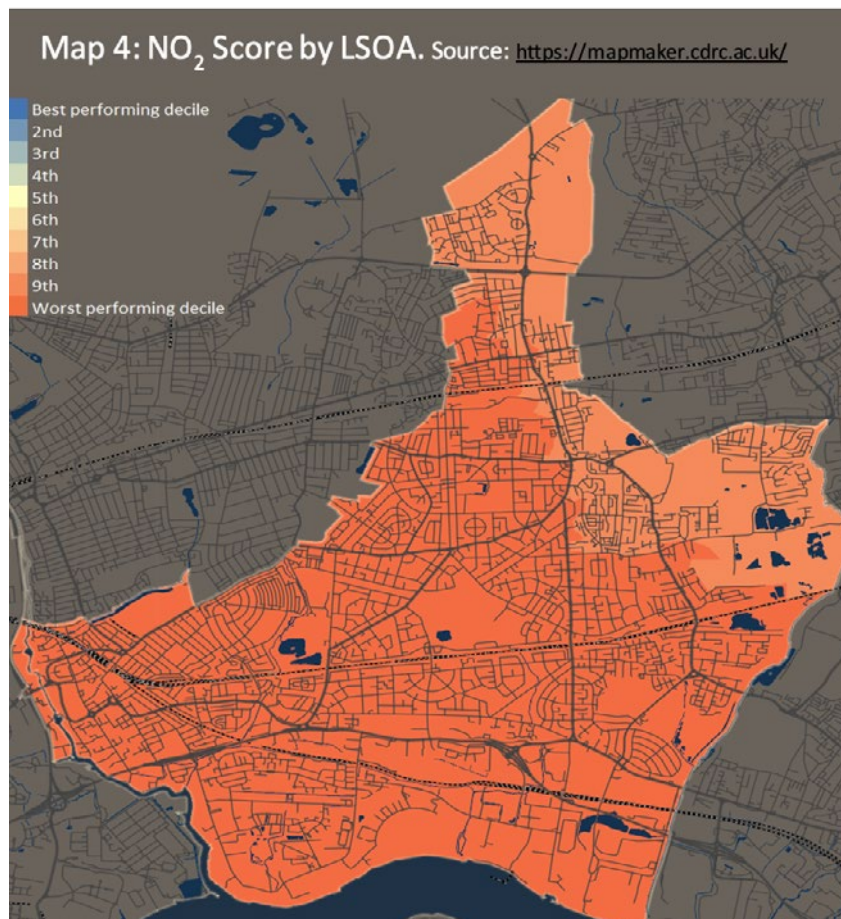
Map 1<sup>54</sup> below shows the deciles which LSOAs in Barking and Dagenham fall into for the overall AHAH score (2022). On the overall index scale, 42% of Barking and Dagenham LSOAs ranked in the 10th (worst performing) decile, and a further 43% ranked in the 9th decile. These rankings suggest that the majority of Barking and Dagenham's residents live in LSOAs which fall well below the national average for environmental health. No LSOAs in the borough ranked in the 4 best performing deciles.

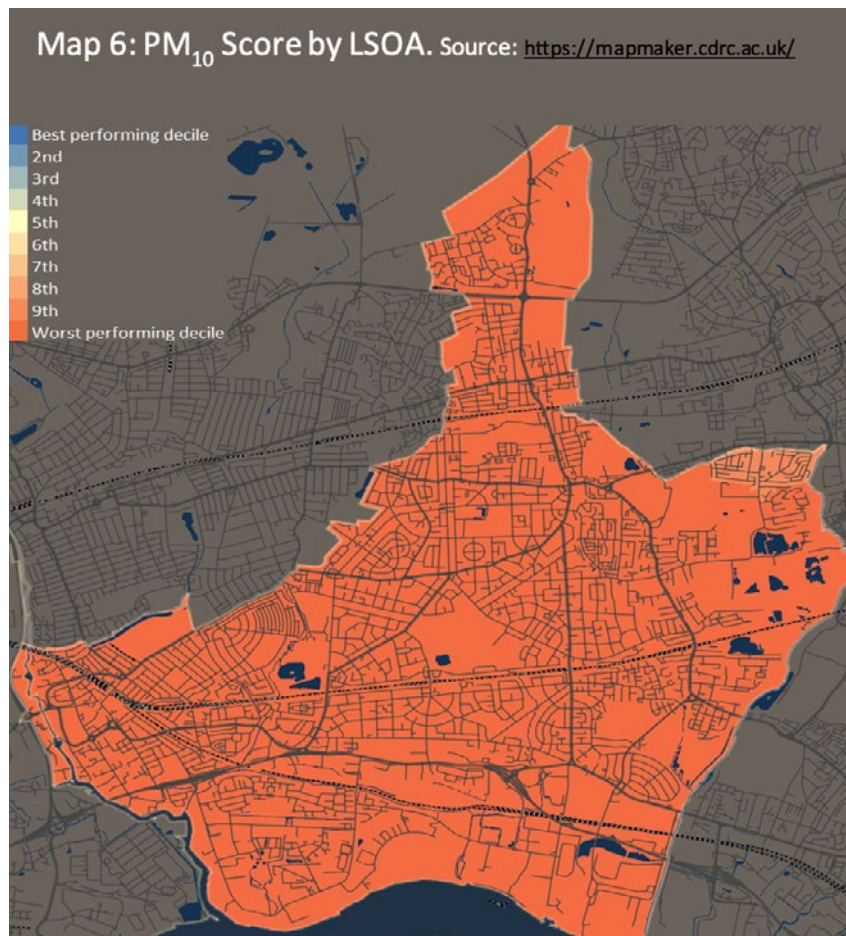


Despite the borough's low ranking for the overall AHAH index, results are more encouraging for measures like accessibility to a GP practice or hospital (maps 2 and 3). For these two measures the majority of the borough's LSOAs rank within the 5 best performing deciles, indicating average or above average accessibility. Towards the south of the Borough, however, access to primary and secondary health care is more challenging. These positive scores are significantly offset by the dimension

on which the borough scores most poorly: air quality. Maps 4, 5 and 6 show the borough's level of Nitrogen Dioxide (NO<sub>2</sub>), Sulphur Dioxide (SO<sub>2</sub>) and Particulate Matter smaller than 10 micrometres (PM<sub>10</sub>) in 2022. Most borough residents live in LSOAs that rank within the 3 worst performing deciles nationally for all 3 of these air quality measures. For levels of PM<sub>10</sub> virtually all residents live in LSOAs that are in the worst performing decile.



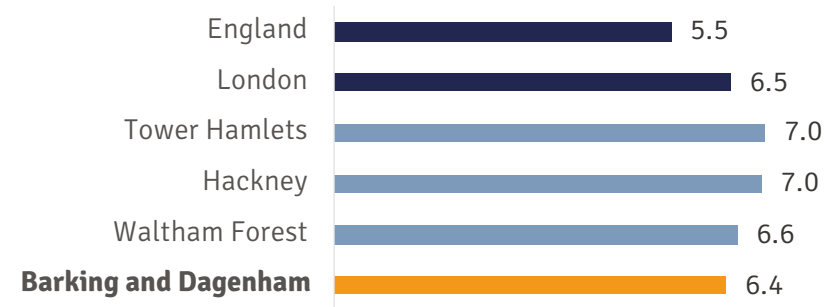




One measure of the impact of poor air quality is the fraction of deaths attributable to particulate air pollution, measured as fine particulate matter or PM<sub>2.5</sub>. PM<sub>2.5</sub> pollutants are small enough to enter deep into the lungs<sup>55</sup>. In Barking and Dagenham it is estimated that 6.4% of all deaths of residents aged 30 and above are attributable to particulate air pollution. Compared to its peer boroughs, Barking and Dagenham had the lowest proportion of mortality attributable to particulate air pollution.

However, all peer boroughs are in London and the London average (6.5) is higher than the England average (5.5). Although indoor air pollution is not monitored in the AHAI index, ambient outdoor air pollution can also directly decrease indoor air quality, furthering the health inequality residents in low air quality environments experience. Additional factors that reduce indoor air quality in less affluent areas include: higher rates of smoking, poor ventilation which can lead to higher incidence of damp and mould, ambient outdoor levels of pollution and aging housing components such as boilers, which emit more pollutants as they age<sup>56</sup>.

**Figure 90: Mortality attributable to air pollution**



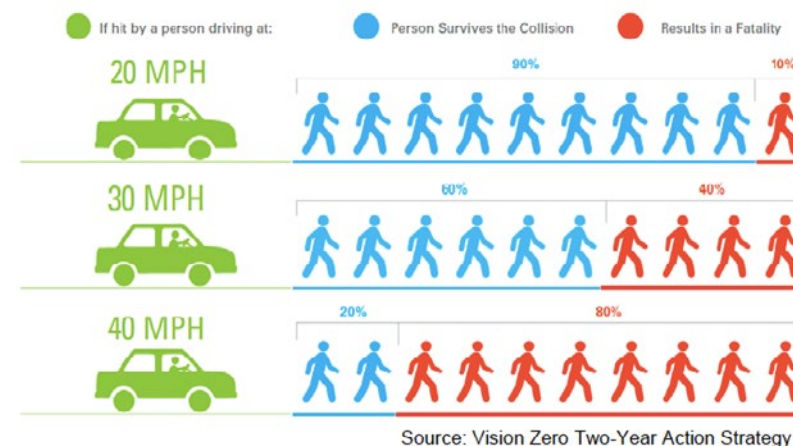
**Source:** OHID Fingertips Indicator ID 92561, accessed 30/01/2024.



One way to improve air quality is to reduce speed limits on the borough's road networks, which reduces particulate matter from car fumes, as well as break and tyre wear. According to the [2023 Healthy Streets Scorecard](#), only 27% of borough controlled roads in Barking and Dagenham have 20mph speed limits. This is the lowest proportion of the peer boroughs of Greenwich (62%), Waltham Forest (78%), and Tower Hamlets and Hackney (both 100%). The London average is 53%. While the 2023 Be First survey regarding the implementation of a boroughwide 20mph speed limits showed that most residents and councillors do not currently support this, residents were supportive of implementing 20mph limits on individual streets, especially near schools and areas where they felt unsafe or that traffic speeds were too high. As well as improving air quality, reducing speed limits reduces noise pollution, helps increase cycling and walking and reduces road casualties, moving the borough closer to meeting the Mayor of London's Vision Zero Policy, in which no one is killed or seriously injured, and the borough's draft local plan which commits to meeting the target of 75% of all trips in the borough to being made on foot, by cycle or public transport by 2041.

In 2021, Barking and Dagenham had the second highest rate of serious and fatal road collision pedestrian casualties in London (highest in Outer London) with 28 casualties per 100,000 daily walking stages. The London average is 17.7 per 100,000. In the same year, Barking and Dagenham had the highest rate of cyclist road collision casualties in London with 20.9 per 100,000 daily cycling stages compared to a London average of 4.6 per 100,000. Current projects across the borough that seek to address these problems include the provision of secure on-street cycle parking, protected cycle tracks on main roads, quietways, cycle hubs, secure parking, cycle training and bike share schemes.

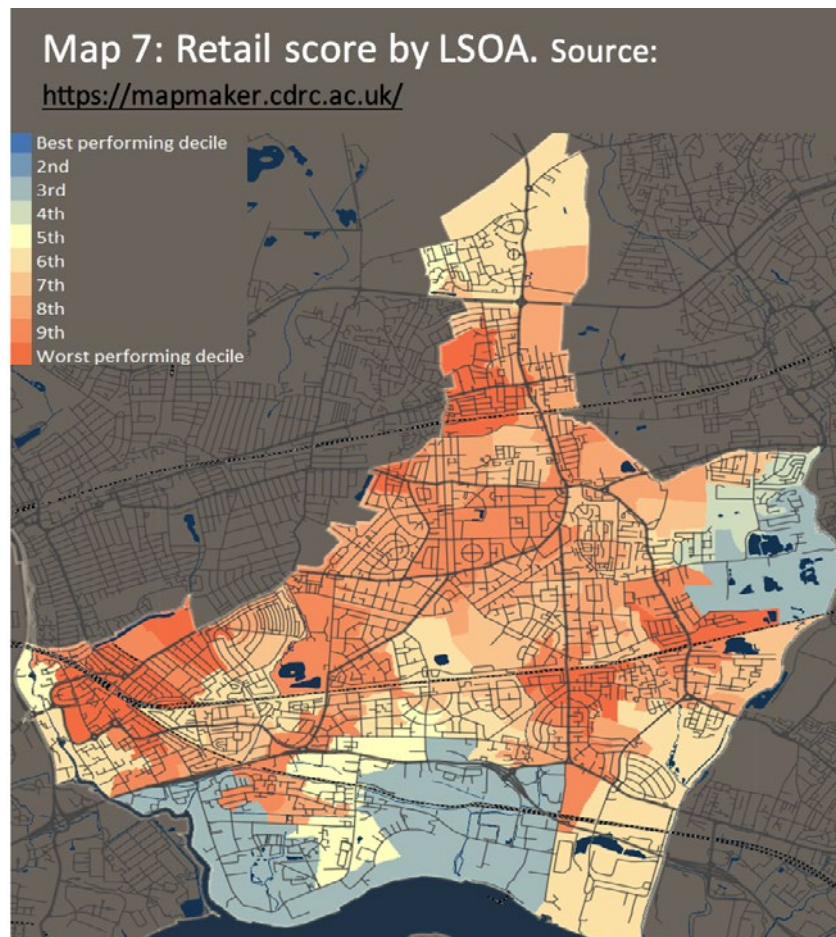
**Figure 91: Pedestrian fatalities from road collisions**



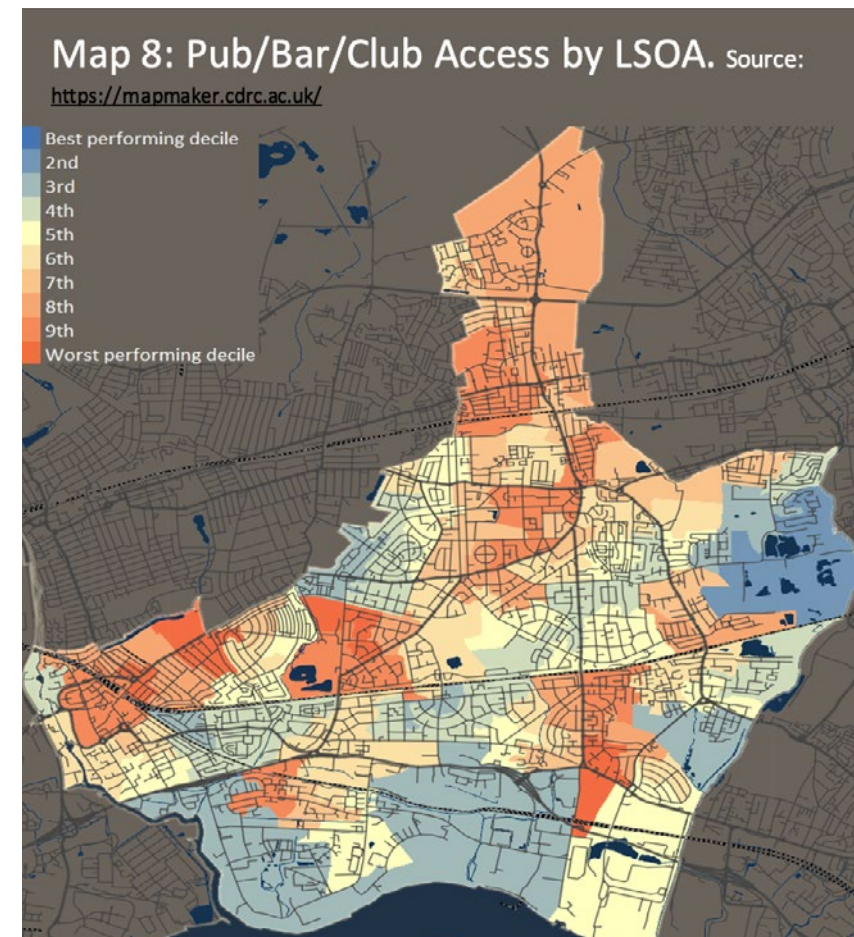
Returning to the index of Access to Healthy Assets & Hazards (AHAH), the retail environment domain ranks LSOAs based on the ease of access to fast food outlets, alcohol, tobacco and gambling outlets, which are defined as being hazardous to health. Map 7 shows that with the exception of the LSOAs in Thames View, Barking Riverside and Eastbrook and Rush Green wards (in the south and east), Barking and Dagenham residents are afforded easy access to all four health hazards.

Access to alcohol via pubs, bars and clubs, and tobacco via tobacconists is average to worst performing in most LSOAs outside of the 3 previously mentioned wards as shown in maps 8 and 9.

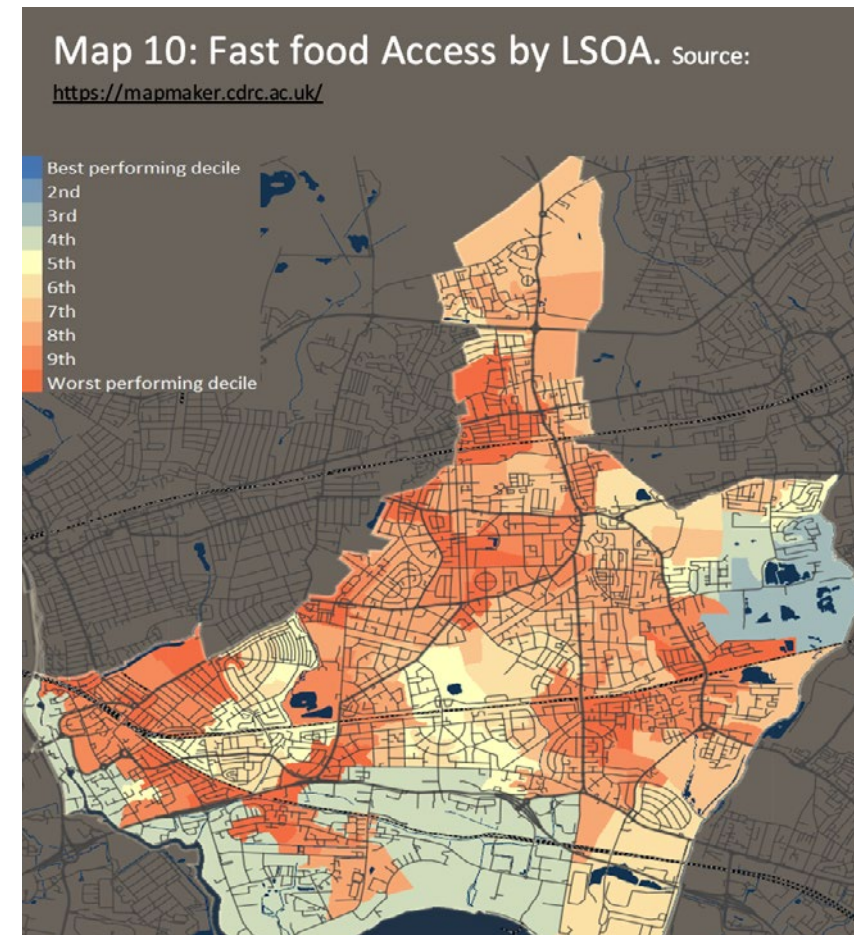
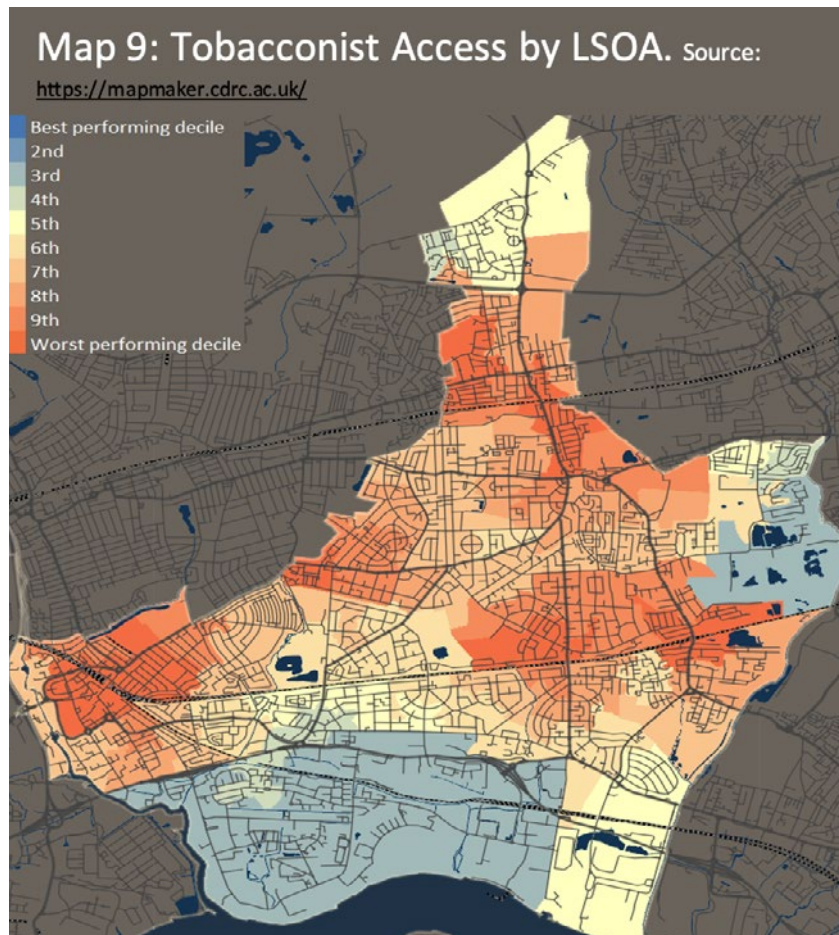
Access to fast food outlets and, in particular, gambling establishments is worse still, with nearly all LSOAs outside of Thames View, Barking Riverside and Eastbrook and Rush Green wards being ranked within the 4 worst performing deciles, as shown in maps 10 and 11. A majority of Barking and Dagenham residents therefore reside in a retail environment that will bring them into contact with these health hazards much more often than the national average.



The Blue and Green space domain of the AHAA index measures ease of access to healthy outdoor environments and leisure services. The relatively large number of free-standing bodies of water within Barking and Dagenham and the presence of the River Roding means that the majority of LSOAs in the borough enjoy better than average access to blue spaces, particularly at the borders of the borough, shown in map 13.



Access to leisure services is mixed within the borough (see map 14). Again, access is worst in the South and East wards, but many LSOAs in the centre and West of the borough enjoy access ranked in the best performing 3 deciles. Access to green space is by far the worst performing element of the Blue/Green space dimension (map 15). The best performing LSOAs in the borough have average access to green space, and they are outnumbered significantly by LSOAs whose access to green space is below, or far below average.

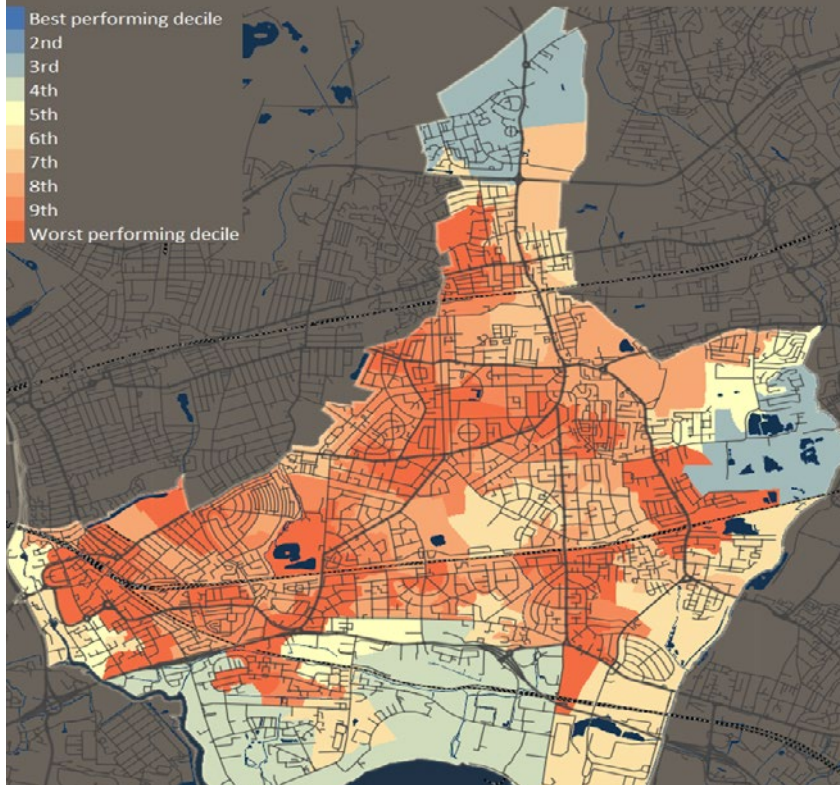


Another element that impacts the health environment in which residents live includes the condition of social housing. As at 31<sup>st</sup> March 2023, Barking and Dagenham has a lower percentage of non-decent social housing than the London and England averages and all peer boroughs excluding Waltham Forest. However, significant variation can be seen within the borough,

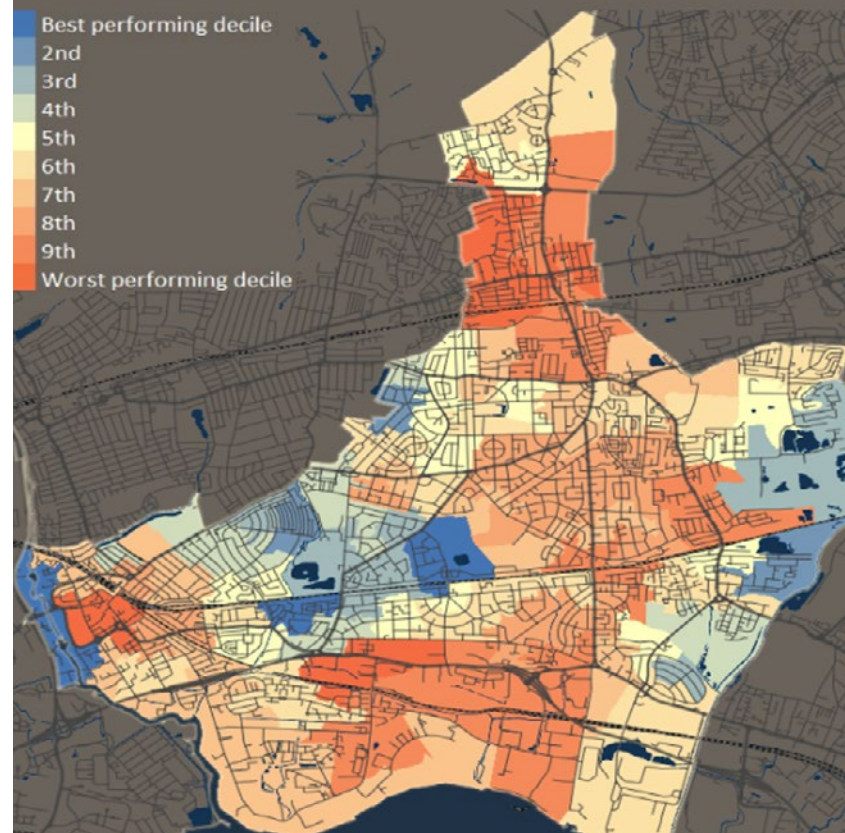
with Map 16 showing that in Abbey, one of the borough's most deprived wards, over half of the social housing stock is non-decent suggesting a large inequality of provision for this wards' residents.

### Map 11: Gambling Accessibility by LSOA.

Source: <https://mapmaker.cdrc.ac.uk/>

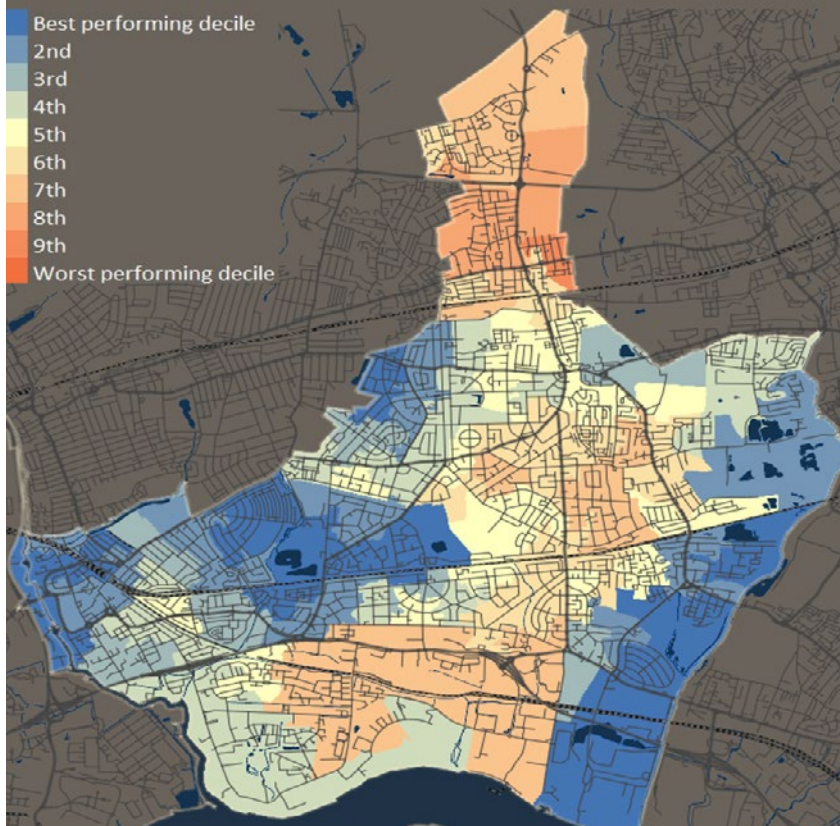


### Map 12: Blue/Green Space Access by LSOA. Source: <https://mapmaker.cdrc.ac.uk/>

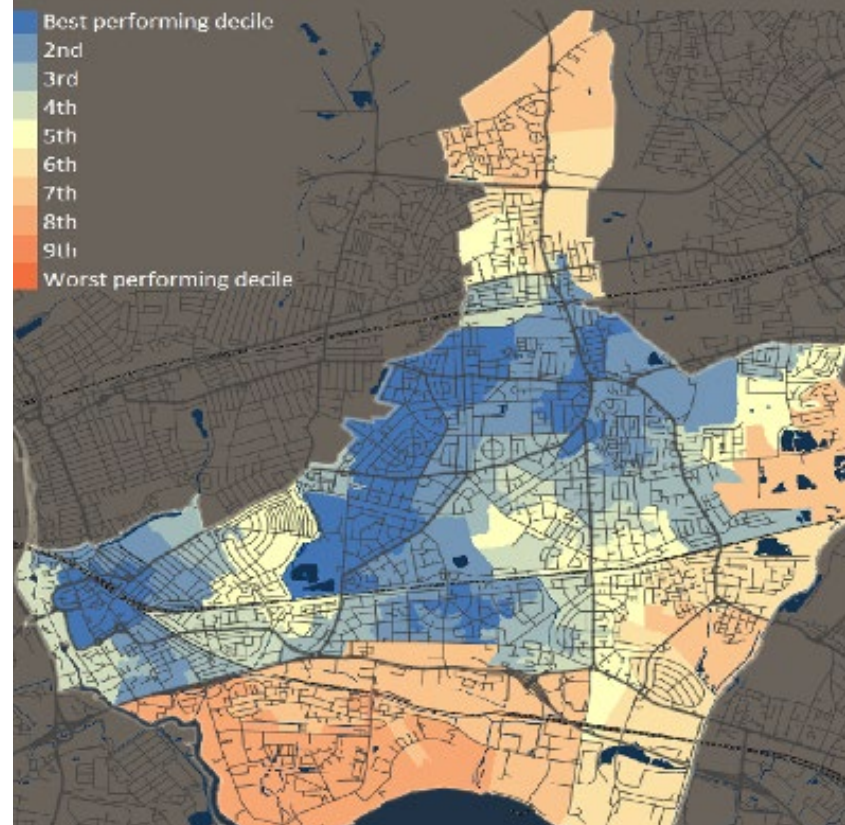


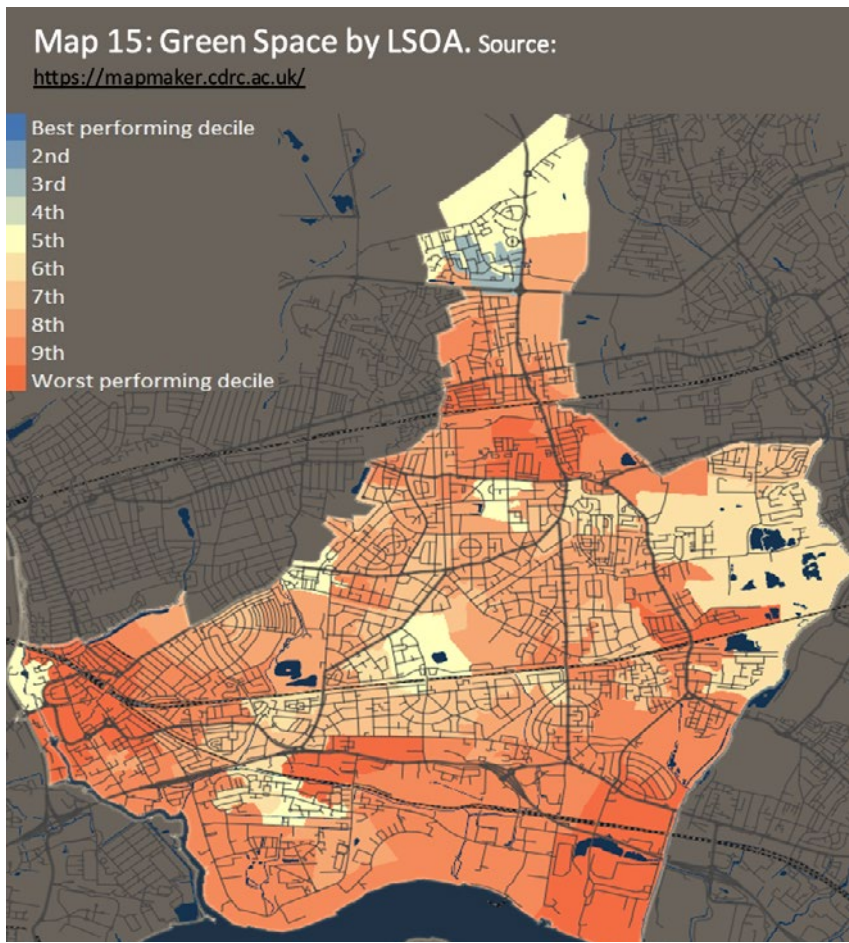


Map 13: Blue Space by LSOA. Source: <https://mapmaker.cdrc.ac.uk/>



Map 14: Leisure Service by LSOA. Source: <https://mapmaker.cdrc.ac.uk/>



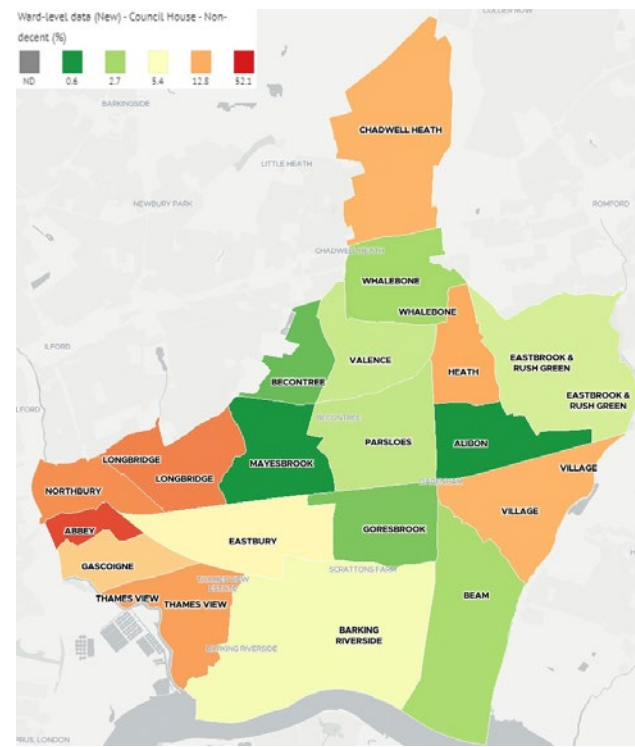


**Figure 92: Percentage of non-decent local authority homes**



Source: Local authority housing data - GOV.UK (www.gov.uk) accessed 03/01/2024

**Map 16: Percentage of non-decent Council house stock - 2022**

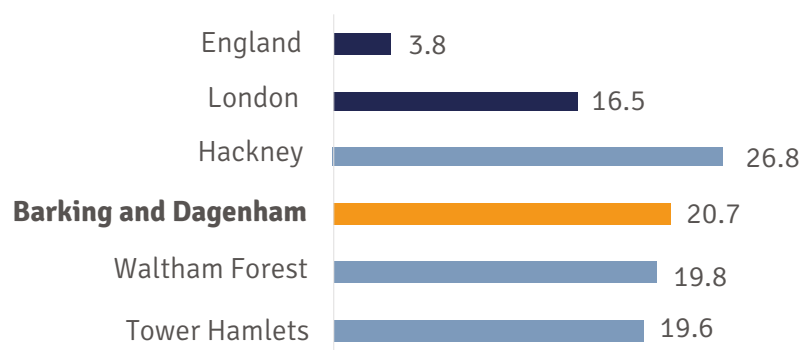


Source: Borough Data Explorer (emu-analytics.net)

## Homelessness

Barking and Dagenham has a rate of households in temporary accommodation that is significantly higher than the London and England averages, although comparable to peer boroughs.

**Figure 93: Rate of households in temporary accommodation per 1,000**



**Source:** OHID Fingertips Indicator ID 93735, accessed 30/01/2024.

The Combined Homelessness and Information Network (CHAIN), commissioned and funded by the Greater London Authority (GLA), is a multi-agency database which records information collected by outreach teams in relation to rough sleepers and the wider street population in London. In 2019/20 85 people were seen rough sleeping in the borough and by 2022/23 the number had increased to 139 people. Waltham Forest also saw an increase in rough sleepers within this time period, from 133 to 186, whilst numbers in Hackney reduced and Tower Hamlets saw little change (from 459 to 460 with variations in the intervening years).

Comparison to previous years suggests that two thirds of the rough sleepers seen that year were new to rough sleeping. In 2022/23, just over two thirds of the rough sleepers seen by

outreach teams were UK or European nationals and most (79 people) were of White British or White Other ethnicity. Most were male, and most were aged 26-55. None of the rough sleepers seen by the outreach teams were aged under 18.

Support workers from the homelessness sector carried out assessments of the support needs for 112 of the rough sleepers. The below table, taken from the [2022/23 CHAIN report](#) for Outer London, shows that most of the rough sleepers required support with alcohol, drugs, their mental health or a combination of one or more of these support needs.

**Figure 94: Support needs of people seen rough sleeping during 2022/23, CHAIN network**

Borough	Alcohol	Drugs	Mental health	More than one of and mental health	No alcohol, drugs or mental health support needs	Total assessed
Barking and Dagenham	50	29	59	42	30	112

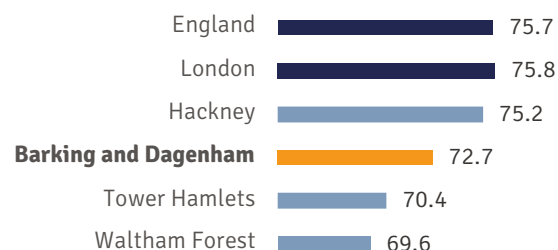
One-hundred and eight of the rough sleepers were also assessed for their institutional history, with 9 having previously been in care, 5 in the armed forces and 28 in prison.

More details for Outer London as a whole can be found within the Outer London CHAIN report, including details of any accommodation that the people seen rough sleeping may have been booked into, a more detailed breakdown by nationality and cause of departure from last settled base in the UK. Unfortunately, this more detailed overview is only available at borough level for the inner London boroughs.

## Employment

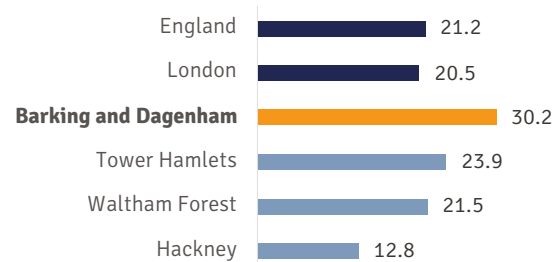
Economic opportunity and activity are strong determining factors of health. Unemployment and underemployment can make healthy behaviours such as participating in regular exercise more difficult and can negatively impact mental health. Indicators show that Barking and Dagenham residents experience slightly lower levels of employment and

**Figure 95: Percentage of residents aged 16-64 in employment in 2022-23**



**Source:** OHID Fingertips Indicator ID 92313, accessed 30/01/2024.

**Figure 96: Rate of economic inactivity in residents aged 16-64 in 2021/22**



**Source:** OHID Fingertips Indicator ID 92899, accessed 30/01/2024.

significantly higher rates of economic inactivity than the London and England averages for those of working age (16 to 64 years old). The economically inactive are defined as being neither employed or unemployed and comprise of groups including the long term sick or disabled, the temporarily sick, people looking after family members, students and the retired. In 2021, 11.9% of adults in Barking and Dagenham

had no formal qualifications. This is the highest proportion of all London boroughs<sup>57</sup>.

Barking and Dagenham residents claim out of work benefit at a significantly higher rate than the England average.

Adult residents aged 18-64 in receipt of long term support for a learning disability experience far lower levels of unemployment than other residents and lower levels than peers in other boroughs. In 2022-23, 2.8% of adult residents with learning disabilities were in paid employment compared to a regional average of 5.3%. Rates in the borough are lower for females (0.6% in 2022-23) than males (4.0% in 2022-23). A similar trend can be seen nationally and regionally, however the gender gap is narrower within these larger geographical areas: there was a difference of 1.1pp between males and females in London and 1.2pp in England compared to 3.4pp in Barking and Dagenham.

Adult residents in contact with secondary mental health services also experience lower levels of paid employment with a rate of 7% in 2022-23). This is however higher than both the regional and national averages of 4% and 6% respectively, and has been maintained over the last 4 years whereas regional and national rates have declined. Conversely to the previous indicator, a higher proportion of females in contact with secondary mental health services are in paid employment than males, with a gender gap of 2.0pp.

Comparisons to other boroughs as well as time trends and gender breakdowns can be found in NHS England's [Adult Social Care Outcomes Framework Interactive Dashboard](#).



## Cost of living crisis

In September 2022, the Centre for Progressive Policy published a report called [Hard Up: How rising prices are hitting different places and how they can respond](#). The report explores the challenges faced by different areas during the current cost of living crisis and names Barking and Dagenham as one of the ex-industrial towns “where residents are most vulnerable to the impact of rising prices”.

The report includes an update to the previously published Cost of Living Vulnerability Index which characterises vulnerability to the cost of living crisis as a combination of both poverty-based vulnerability and work-based vulnerability.

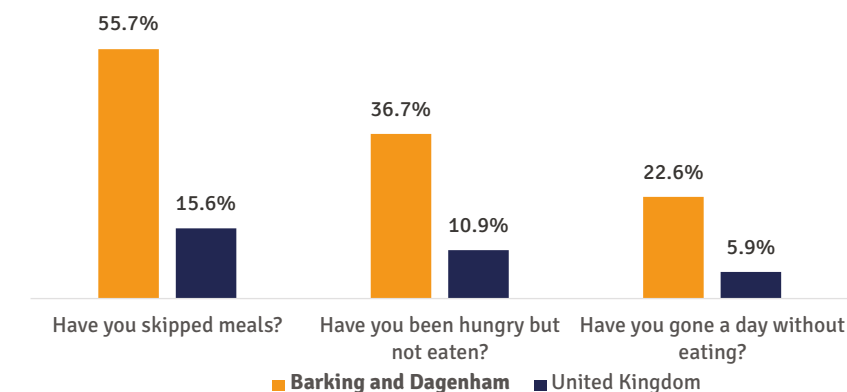
For the overall measure of vulnerability, London ranks centrally amongst the 9 English regions in 5<sup>th</sup> place. Barking and Dagenham however is ranked as the 4<sup>th</sup> most vulnerable Local Authority in the country. The only other London boroughs ranking in the top decile of the Cost of Living Vulnerability Index are Waltham Forest (28<sup>th</sup>) and Newham (29<sup>th</sup>).

Poverty-based vulnerability looks at existing levels of poverty within an area by combining the measures of food insecurity, fuel poverty and child poverty. Barking and Dagenham ranks 2<sup>nd</sup> in the country for poverty-based vulnerability with 18.6% of adults facing food insecurity<sup>58</sup>. Figure 98 shows the percentage of Barking and Dagenham residents answering yes to the three questions used by the Food Foundation to measure food insecurity. The chart compares national percentages collected by The Food Foundation to the percentages measured by the Barking and Dagenham Cost of Living survey, which show levels of food insecurity in Barking and Dagenham far exceed the national average. 18.6% of households also face fuel poverty<sup>59</sup>

and 46.4% of children face child poverty<sup>60</sup>. Residents already living in poverty will be hit hardest by the pressures arising from the cost of living crisis.

Barking and Dagenham fares slightly better within the work-based vulnerability ranking at 29<sup>th</sup> place. Work-based vulnerability looks at rates of participation in the formal labour market alongside the prevalence of low-paid jobs within an area, both of which make residents vulnerable to rising prices.

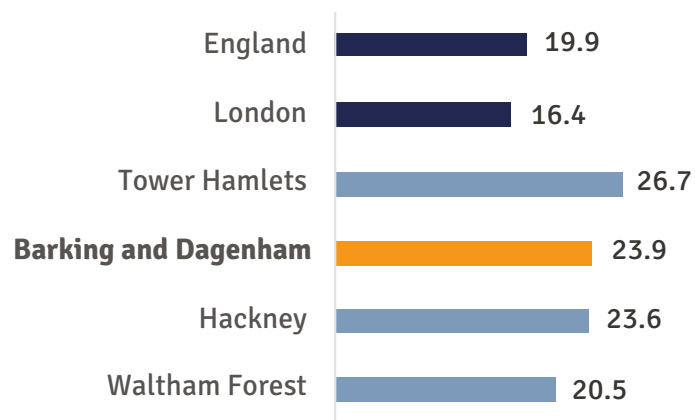
**Figure 98: Percentage answering Yes to the following food insecurity questions**



**Sources:** B&D Data: Barking and Dagenham Cost of Living Survey Analysis, July-December 2023. England: Food Insecurity Tracking (June 2023 value), The Food Foundation. Available at: <https://foodfoundation.org.uk/initiatives/food-insecurity-tracking#tabs/Overview-of-surveys->

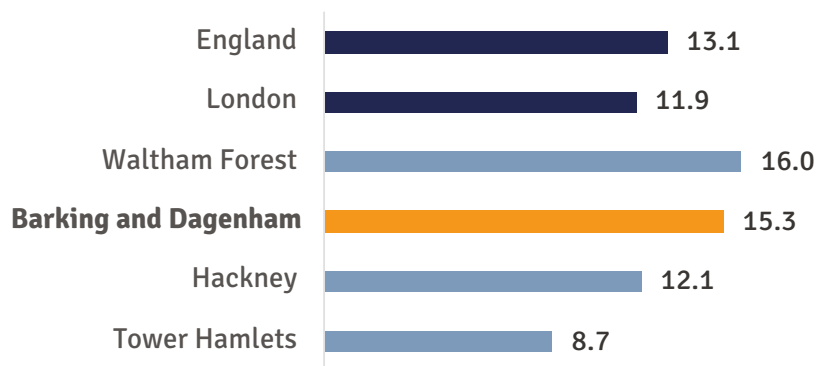
One of the recommendations made by the Centre for Progressive Policy is to reform the UK Shared Prosperity Fund (UKSPF) which supports the levelling up agenda. The report highlights Barking and Dagenham as one of the 10 most deprived local authorities in the country<sup>61</sup> receiving less than £40 per capita in UKSPF funding in contrast to Cornwall and Isles of Scilly which receive £225 per capita despite ranking far lower on both the Index of Multiple Deprivation and the Cost of Living Vulnerability Index.

**Figure 99: Percentage of children aged under 16 living in relative low income families in 2021/22**



**Source:** OHID Fingertips Indicator ID 93700, accessed 30/01/2024.

**Figure 100: Percentage of residents in fuel poverty**

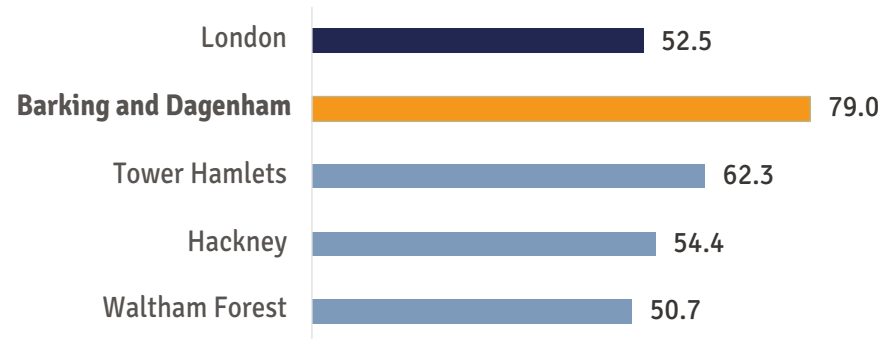


**Source:** OHID Fingertips Indicator ID 93799, accessed 30/01/2024.

## Domestic abuse

One of the priorities in [Barking and Dagenham Council's Corporate Plan \(2023 to 2026\)](#) is to ensure residents are safe, protected, and supported at their most vulnerable. A public health approach includes intervening as early as possible to support victims of domestic abuse who may suffer injury to physical and mental health; including supporting children exposed to domestic abuse. Data from 2022/23 suggests rates of domestic abuse within households are significantly higher in Barking and Dagenham than in any peer borough and the London average rate.

**Figure 101: Rate of domestic abuse offences per 1,000 people, Jan 2019 - Dec 2023**



**Source:** Metropolitan Police Service, MPS Crime Data accessed 03/01/2024

From January 2019 to December 2023, on average, there have been 282 incidents of domestic abuse in Barking and Dagenham each month. In the month of December 2023, 305 incidents were recorded. This was the 9<sup>th</sup> month of the 12 previous months that saw an above average number of incidents, suggesting offences of this nature were recorded at above average levels throughout 2023. In the 12 months to December 2023, 3,747 domestic abuse

offences were recorded, of which 892 resulted in “domestic abuse violence with injury”. This level of offending was 7.9% higher than in the 12 months to December 2022, signalling a concerning uptrend in domestic abuse in the borough.

### Place: key messages and public health advice

A majority of Barking and Dagenham residents reside in an environment that will bring them into contact with health hazards of alcohol, tobacco, gambling and fast food much more often than the national average. Residents in most of the borough (apart from the most easterly and westerly parts) have poor access to green space. Access to GP and hospitals scores are amongst the best nationally across most of the borough but is poorer in the South of the borough.

Barking and Dagenham had the lowest estimated proportion of mortality attributable to particulate air pollution in residents aged 30 and over in 2021 of its peer boroughs. However, all peer boroughs are in London and the London average air pollution attributable mortality is higher than the England average. And air pollution levels across NO<sub>2</sub>, PM<sub>10</sub> and sulphur dioxide in the borough are amongst the worst 3 performing deciles nationally.

Rates of people in temporary accommodation in Barking and Dagenham are higher than London and England averages but comparable to peer boroughs. Numbers of rough sleepers have increased since the pandemic and around 2/3 have some mental health, drug or alcohol support needs.

Rates of domestic abuse within households are significantly higher in Barking and Dagenham than in any peer borough and the London average rate.

Barking and Dagenham residents experience slightly lower levels of employment and significantly higher rates of

economic inactivity than the London and England averages for those of working age (16 to 64 years old). In 2022-23, 2.8% of adult residents with learning disabilities were in paid employment compared to a regional average of 5.3%. 7% of those in contact with secondary mental health services were in employment compared to 4% in London and 6% in England.

Barking and Dagenham however is ranked as the 4<sup>th</sup> most vulnerable Local Authority in the country in the Cost of Living Vulnerability index, with higher than London and England average fuel poverty and child poverty, and high rates of food insecurity.

#### Public Health advice

- Council and place partnership should focus on building and maintaining healthy environments, and improve access to healthcare within newer developments.
- Continue work to shift from car travel to improve air pollution, physical activity and safety within the borough
- Act on findings from the forthcoming homeless health needs assessment to prevent and reduce health inequalities within this population
- Focus on targeted action to address housing, income and employment needs of those with existing physical and mental health problems.
- Align work on wider determinants of health and highlight the benefit of health improvements on the wider outcomes through a Health in All Policies approach.

These areas are further explored in Chapter 4 of the ADPHR 2023.

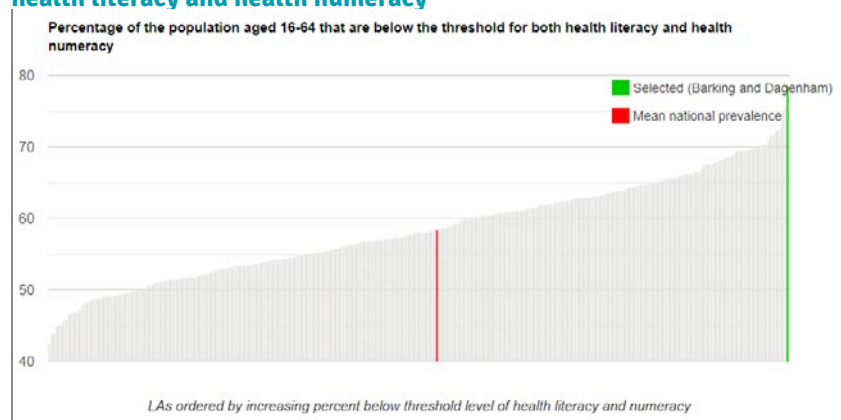
## Community and health

### Health literacy and numeracy

According to a study by the University of Southampton, funded by NHS England, Barking and Dagenham has the highest prevalence of low health literacy and numeracy in England. An estimated 78.4% of borough residents aged 16-65 are likely to have difficulties understanding and interpreting health information, compared to 67.6% in Tower Hamlets, 48.3% in Waltham Forest and 47.1% in Hackney. The England average is 58.3%.

More information about the study and data for other boroughs can be found at <https://healthliteracy.geodata.uk/>.

**Figure 102: percentage of the population aged 16-64 below threshold for health literacy and health numeracy**



Additionally, 8% of borough residents have never used the internet<sup>62</sup> and are therefore excluded from opportunities such as securing employment, finding value for money services, information and news.

At ward level there is a great deal of variation in the proportion of residents who have access to the internet. In Goresbrook ward

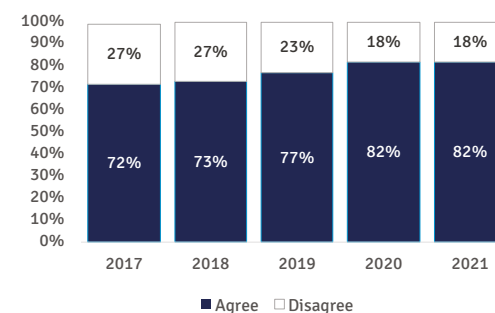
10.0% of residents do not have access to the internet anywhere, compared to 3.8% in Becontree<sup>63</sup>. Data for all of the borough's wards can be found in the Skills & Education section of the [Borough Data Explorer](#).

### Community cohesion

Of 2,900 conversations held by the third sector with residents from November 2022 to October 2023, the vast majority of residents were proud of their resilience and ability to cope in times of need<sup>64</sup>. Their first port of call was family, friends, neighbours and local community. The feedback builds a picture a community who want to help each other, and are creative in doing so; with dreams, hopes and aspirations for their lives. Services were infrequently cited, and there was some sense that residents felt increasingly less well supported by health and council services.

In Barking and Dagenham's Residents Survey 2021, four out of every five residents surveyed agreed that the local area is "a place where people from different backgrounds get on well together". This aligns with the 2020 survey outcomes and is an improvement on previous years.

**Figure 103: Residents Survey 2021, Community cohesion**



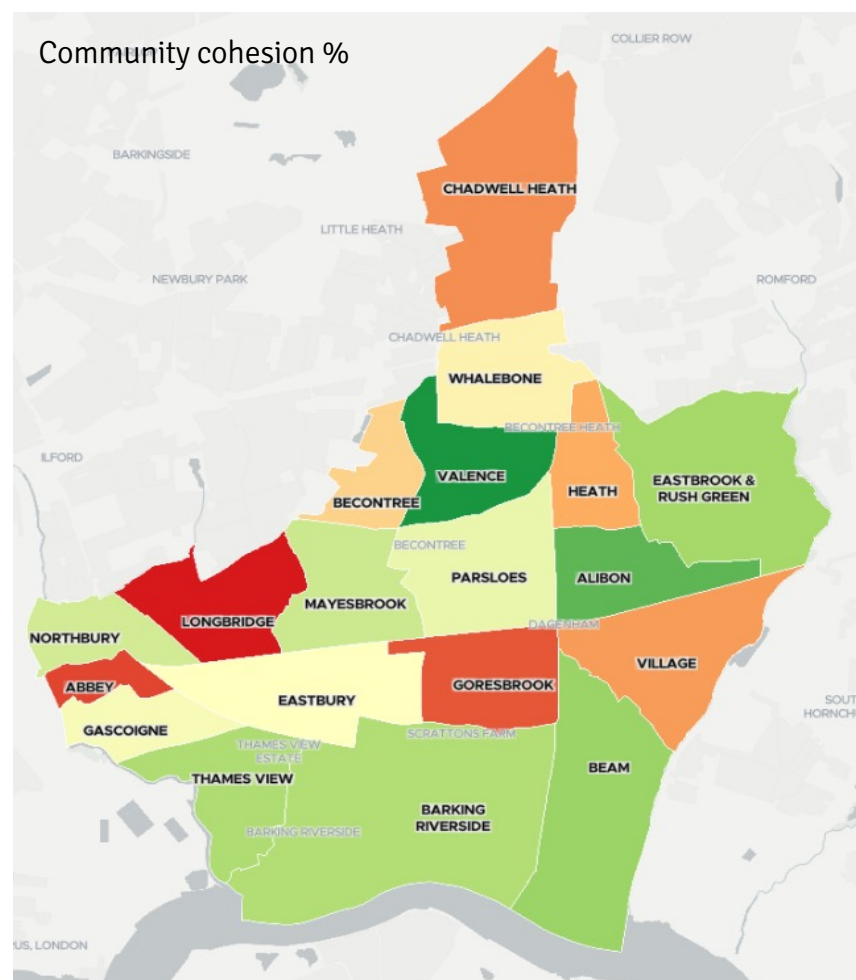
The map below shows that not all residents experience the same sense of community cohesion.

Outcomes varied from 86.4% in Valence to 67.7% in Longbridge. Nevertheless, in 8 of the

borough's wards more than 80% of residents agreed that people from different backgrounds get on well together.

Data for each of the wards and for previous years can be found in the [Borough Data Explorer](#).

**Figure 104: Ward-level variation in community cohesion, Resident's Survey 2021**



## Carers

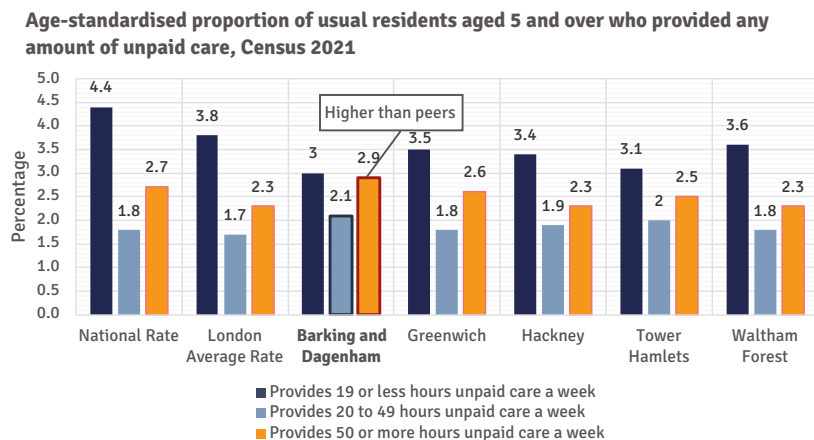
Census 2021 revealed that there has been a reduction in the age-standardised<sup>65</sup> proportion of people in the borough aged 5 years and over providing unpaid care, mirroring national trends.

In 2011, 8.7% of Barking and Dagenham residents were recorded as providing unpaid care compared to 8.0% in 2021. The reduction is the result of a lower proportion of people providing 19 hours or less of unpaid care (4.6% in 2011 compared to 3.0% in 2021).

Meanwhile, the proportion of residents providing more than 19 hours of unpaid care has increased. In 2011, 1.6% of Barking and Dagenham residents were providing 20 to 49 hours of unpaid care a week, whilst 2.5% were providing 50 hours or more. In 2021 these figures increased to 2.1% and 2.9% respectively; a higher proportion of Barking and Dagenham residents were providing 50 or more hours unpaid care than the peer boroughs and the London and England averages.

More information about unpaid care, as recorded in Census 2021 outputs can be found [here](#).

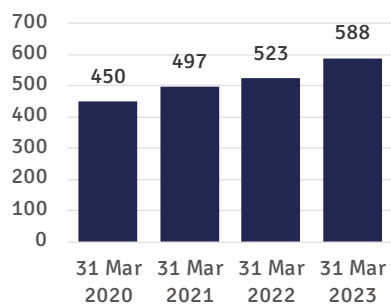
**Figure 105: Proportion of residents providing any amount of unpaid care, 2021**



Source: Census 2021 data is from ons.gov.uk.

Conversely, there has been an increase in the number of carers registered for support from Barking and Dagenham's Adult Social Services.

**Figure 106: Carers registered with Adult Social Services**



Source: Local Authority administrative data.

Every other year, a [Survey of Adult Carers](#) in England is completed by Councils with Adult Social Services Responsibilities. The survey is sent to unpaid carers aged 18 or over registered with the local authority, caring for someone aged 18 or over and it seeks their views on a number of topics considered to be indicative of a balanced life.

The proportion of carers in Barking and Dagenham that feel they have encouragement and support has fallen over time, from 34% in 2016-17 to 27.4% in 2021/22. Meanwhile the proportion that feel they have no encouragement or support has risen from 21.9% in 2016-17 to 28.4% in 2021/22.

In 2021/22, only 25% of carers said they had as much control over their daily life as they wanted and 11.5% said they had no control over their daily life. When asked to think about the amount of time they had to themselves, in terms of getting enough sleep and eating well, half (48%) of the carers surveyed said they were looking after themselves but nearly 1 in 5 (18.4%) said they felt like they were neglecting themselves.

One of the survey questions focuses on the impact of the caring role on the health of the carer. In 2021/22, 77.6% said it had led to them feeling tired, 44.9% reported feeling depressed and 50% had a general feeling of stress.

It should be noted that the results are based on 100 survey responses. As noted above, at the end of March 2022 there were 523 carers registered with Barking and Dagenham's Adult Social Services therefore the views expressed in the survey represent just under a fifth of registered carers.

## Community and health: Key messages and public health advice

Barking and Dagenham has the highest prevalence of low health literacy and numeracy in England. An estimated 78.4% of borough residents aged 16-65 are likely to have difficulties understanding and interpreting health information. 8% of residents have never used the internet.

In a series of local conversations with residents, the vast majority of residents reported being proud of their resilience and ability to cope in times of need. Their first port of call is family, friends, neighbours and local community. Four out of every five residents surveyed agreed that the local area is “a place where people from different backgrounds get on well together”.

8% of Barking and Dagenham residents were recorded as providing unpaid care in 2021. However, the proportion of those providing more than 19 hours care per week has increased. In 2021/22, only 25% of surveyed carers said they had as much control over their daily life as they wanted and half reported feeling stressed.

### Public health advice

- Prioritise action on health literacy through targeted intervention and health promotion focussed on priority health needs
- Consider digital exclusion in relation to health promotion and access to services
- Consider further work to understand concerns and promote community cohesion in wards where residents reported poorer results.
- Continue to engage communities and harness community assets in emerging locality working at Place. This is explored further in Chapter 2 of the ADPHR.
- Implement the commitments of the Barking and Dagenham Carer’s Charter to support the ongoing needs of local carers.

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