

HEALTH AND WELLBEING BOARD

05 NOVEMBER 2013

Title:	Public Health Commissioning Priorities 2014/15		
Report of the Director of Public Health			
Open Report	For Decision		
Wards Affected: ALL	Key Decision: YES		
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Sponsor: Matthew Cole Director of Public Health			
Summary: The report advises the Health and Wellbeing Board on the process for developing Public Health commissioning priorities for 2014/15. A number of priority areas within our Joint Health and Wellbeing Strategy have been identified where further focused investment is required to expand and reinforce our existing interventions to support the delivery of outcomes.			
Recommendation(s) The Health and Wellbeing Board is asked: <ul style="list-style-type: none">• To consider the priorities and set the strategic framework for commissioning public health programmes for 2024/15.• To note that the next stage is to look at resourced delivery programmes, in respect of what is being done now, what could be stopped or done differently, and what else is needed to make a difference.			
Reason(s) The Health and Social Care Act 2012 introduced the requirement for health and wellbeing boards to prepare joint health and wellbeing strategies for their local areas. The Joint Health and Wellbeing Strategy should provide an over-arching framework to ensuring a strategic response to the health and social care needs of the local population.			

1. Introduction

This report sets out the Public Health Commissioning priorities for 2014/15. Council officers and NHS Commissioners were asked to consider the priorities. The Director of Public Health has undertaken a review of the performance against key priorities in the Joint Health and Wellbeing Strategy. This report is for discussion and agreement of the priorities contained within. Further to the outcome of the Health and Wellbeing Board on the 5th November, Council officers together with partners will develop the programmes for delivery from the 1st April 2014.

2. Strategic Context

2.1 2014/15 will be the second year for which the Council has received the Public Health Grant and the accompanying statutory responsibilities, but in effect it is the first year that the Board has had real flexibility, given that the majority of the 2013/14 contracts were inherited from Barking and Dagenham Primary Care Trust.

2.2 The Council and its partners have already agreed a Joint Health and Wellbeing Strategy and mapped out the actions and outcomes (Appendix A - Plan on a page) which are needed to address the priorities for improving the health and wellbeing of local people. These priorities are based on the needs identified in the Joint Strategic Needs Assessment and the national and local priorities identified in the various outcome frameworks (Public Health, Adult Social Care, NHS and the local Children and Young People's Plan).

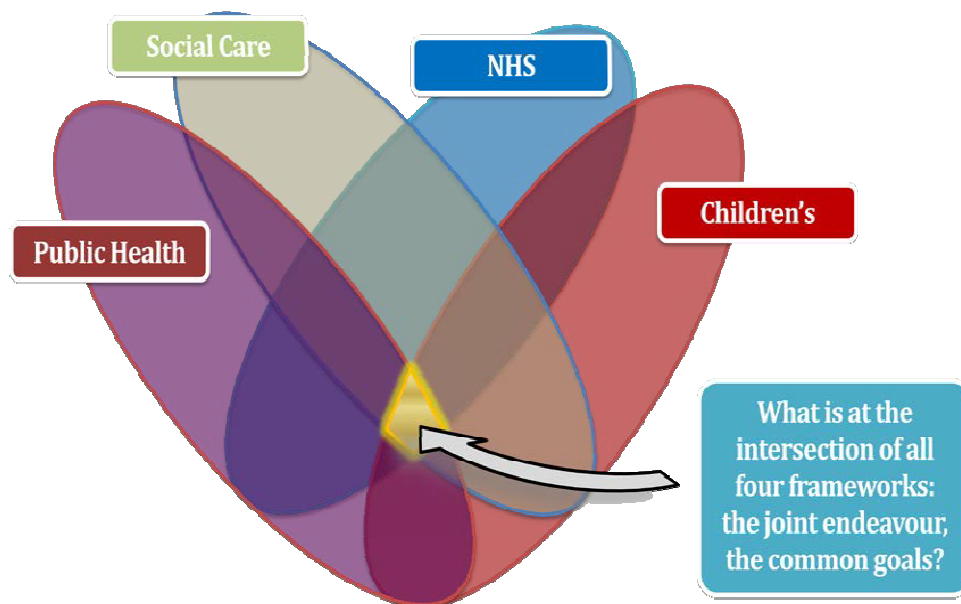
The outcomes contained within the Strategy are:

- To increase the life expectancy of people living in Barking and Dagenham
- To close the gap between the life expectancy in Barking and Dagenham with the London average
- To improve health and social care outcomes through integrated services.

2.3 In order to achieve these high level outcomes, the focus of investment needs to be on actions that contribute to the goals set out in Appendix A. The overall policies and spend of the Council and the NHS are inter-related and fundamental to making progress. In addition Public Health commissioning provides an opportunity to innovate and improve the impact on resident's health and wellbeing.

2.4 Outcome Frameworks

For the Joint Health and Wellbeing Strategy to have the desired impact in improving the health and wellbeing of residents and reducing inequalities at every stage of people's lives by 2015, it cannot be done in isolation of other key policy documents and strategies that the borough has in place currently. The diagram overleaf illustrates the inter-relationship between the NHS, Public Health and Adult Social Care outcome frameworks also taking into account the Children and Young People's Plan across the three frameworks.



Using the frameworks and the Children and Young People's Plan, we need to capitalise on the opportunities presented by the inter-relationships between the NHS, Local Authority and Public Health responsibilities for joint commissioning.

2.5 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment 2013 draws out the important challenges to our residents' health and wellbeing. It helps to provide the evidence on which the proposed priorities for commissioning investment are based.

In June 2013, one of Public Health England's first major initiatives, *Longer Lives*, was launched. This is an online tool, giving information about premature mortality for all 150 local authorities in England, including a breakdown of early deaths due to cancer, heart disease and stroke, liver disease and lung disease. The tool allows national ranking of local authorities based on rates of mortality, as well as ranking within groups of local authorities that have similar levels of deprivation. Given the overall aim of the Joint Health and Wellbeing Strategy is to improve life expectancy and to close the gap in life expectancy between Barking and Dagenham and the London average this is a valuable tool for local use.

The mortality figures used as the basis for the tool are expected to form part of the allocation formula for the Public Health Grant and the Health Premium in 2015/16, according to early indications from the Advisory Committee on Resource Allocation. The cause for concern is that this tool highlights that Barking and Dagenham have disproportionately high rates of early deaths, under the age of 75, even when taking into account the level of deprivation locally.

Over the course of three years, there were 1,411 premature deaths in Barking and Dagenham (a directly standardised mortality rate of 337 per 100,000 population). This ranks the borough 133rd out of 150 boroughs in England, where 1 ranks best and 150 ranks worst for premature deaths.

For all the four major conditions highlighted in the tool, Barking and Dagenham has early death rates that are significantly worse than the national picture. Appendix B provides a comparison of Barking and Dagenham with other local authorities within the same socioeconomic deprivations bracket (socioeconomic Decile 2 – "most deprived"). Of the 1,411 deaths, nearly 80% were due to the four main disease groups considered

here (1,113 in total). The impact translated into the actual number of people that died from each condition is:

- **545** were due to cancer
- **342** were due to cardiovascular disease
- **148** were due to respiratory disease
- **78** were due to liver disease

Between 2009-11, more than half (**56.7%**) of all deaths under 75 in Barking and Dagenham were considered amenable to healthcare. A large scale sustained approach is needed, from birth onwards, to health promotion, primary prevention, early diagnosis and treatment in order to impact on the mortality rates seen in Barking and Dagenham.

3 Resources

The Council received a two year ring-fenced Public Health Grant allocation of:

- 2013/14 £12.921 Million
- 2014/15 £14.213 Million

Local authorities have five public health mandatory functions that must be delivered. Just over one quarter of the Grant (27.6%) is spent on mandated services in Barking and Dagenham. These services are:

- appropriate access to sexual health services
- steps to be taken to protect the health of the population, in particular, giving the local authority a duty to ensure there are plans in place to protect the health of the population
- ensuring NHS commissioners receive the public health advice they need
- the National Child Measurement Programme
- NHS Health Check assessment.

The budget setting process for 2014/15 will be informed by a zero based budgeting exercise being conducted during October 2013. Following this we will be in a position to identify the resource available for investment. This will then allow us to make recommendations on the priority order for investment based on impact and value for money.

The Department of Health has recently confirmed that the Public Health Grant for 2015/16 will also be ring-fenced in line with earlier allocations. However, the funding formula will change for 2015/16 and will also see the introduction of the new Health Premium.

The Health Premium is a cash incentive payable to those local authorities that makes progress against public health indicators, including the reduction of premature mortality, fewer children under 5 with tooth decay, more women breastfeeding their babies and fewer over 65s suffering from falls. The premium would, in the Government's view, "reward improvements in health outcomes, and

incentivise action to reduce health inequalities". The first payments are expected to be made under this scheme in 2015/16 and so this will also be a key year in the development of the formula. For example, the Health and Wellbeing Board may wish to consider the current investment in oral health across the lifespan, from children to older people, and evaluate whether this is a priority in the context of the imminent Health Premium.

4 Priority areas for Consideration

In consultation with other Council officers and NHS colleagues, an assessment has been undertaken of our performance against the key priorities etc. The following priority areas have been identified as areas where action is needed and which the Health and Wellbeing Board will be asked to consider.

4.1 Transformation of Health and Social Care

Public Health commissioning priorities have a role to play in realising NHS and Adult Social Care outcomes through shared priorities and indicators particularly around those geared to reducing hospital admissions, supporting care outside of the hospital and reducing A&E attendances. Some of the more common reasons for acute care are time-limited children's conditions like gastrointestinal and chest conditions and in adults and older people, chronic lung disease, dementia related issues, falls and terminal illness. Therefore, consideration should be given to expanding and reinforcing our existing interventions that decrease illness and disease progression to support the delivery of health and social care outcomes, these include:

- Immunisation of adults and children – whilst the responsibility for commissioning lies with NHS England, local support is still needed to improve immunisation rates.
- Early disease identification and effective early interventions especially for diabetes, high blood pressure, irregular heart beat (atrial fibrillation), chronic lung disease and certain cancers.
- Breast feeding which is proven to decrease gastrointestinal conditions and infectious diseases.
- Falls prevention and bone fracture prevention in those defined as high risk.
- Dementia prevention through addressing hypertension, diabetes and cardiovascular disease control and treatment.
- Sustaining and expanding current programmes to reduce the health and social care impact of isolation on vulnerable people and families.
- Maintaining vulnerable people, especially older people enabling them to live in their own homes safely, without fuel poverty (winter warmth) and minimising their risk of hospital admission from hypothermia and respiratory infection.
- Chronic lung disease (COPD) – ensuring effective treatments including pulmonary rehabilitation.
- Alcohol – improving availability and access to relevant services that support reduction in alcohol intake.

- End of Life Care – pathway analysis and improvement.

4.2 Improving premature mortality

The top three priorities that would impact on premature mortality and help to realise the potential opportunities of the Health Premium in 2015/16 are:

- Reducing smoking prevalence
- Reducing obesity and increasing physical activity (covered in 4.3)
- Diagnosing disease early and treat effectively

Priorities for intervention:

- There is substantial scope for Public Health programmes and initiatives to promote cancer prevention as well as increase screening coverage and early diagnosis as outlined in the recommendations from the JSNA. Enhancing the promotion of the breast, bowel and cervical screening programmes in Barking and Dagenham both through public awareness campaigns as well as through Primary Care (General Practice and Pharmacy) staff would be expected to result in greater uptake of each of the three programmes and subsequently contribute to improving cancer outcomes through earlier diagnosis. Currently other than invitational letters from the screening programme, there is little promotion of the services locally.
- The need to support national campaigns to raise awareness of the signs and symptoms of common cancers. However, with additional funding, greater local efforts and wider reaching, more innovative outreach campaigns could be delivered across the borough. It would be expected that such campaigns would increase public presentation of symptoms and subsequently earlier diagnosis and improved patient outcomes.
- There should be investment and a significant increase in the number of local health and social care staff, including primary care staff, who can provide Level 2 smoking cessation services.

The JSNA 2012/13 ill health reduction section includes further information, analysis and recommendations on:

- [Smoking in Pregnancy](#)
- [Cancer Mortality](#)
- [Cardiovascular Disease](#)
- [Health Checks](#)
- [COPD](#)

4.3 Tackling obesity and increasing physical activity

Obesity accounts for a great deal of disability, illness and premature death in Barking and Dagenham being a contributory factor in arthritis, diabetes, and cardiovascular disease. Childhood and adult overweight and obesity levels and inactivity levels are very high in the borough. To lengthen life in the borough and to

narrow the gap with the rest of London, we must reduce obesity. Our two main evidence-based ways focus on helping residents to reduce the amount they routinely eat and drink and improve their diets, and by increasing the length of time each week they are physically active. While obesity prevention is complex, there is good evidence to support the use of reducing barriers to healthier eating and regular activity, particularly where this is tailored to different groups' needs.

Accordingly, obesity has become one of the Health and Wellbeing Board's top priorities for the next 18 months and an Obesity Summit is planned in December 2013. There we plan to combine anti-obesity programmes and more, easier access to cheaper healthier eating and easier pathways to fitness with major re-branding of the borough as a place where it is easy to eat and be active. NICE guidelines also recommend encouraging partner agencies and the private sector to create and manage more safe spaces for physical activity, and planning buildings to encourage more physical activity, while promoting healthier schools and workplaces.

Priorities for intervention:

- NHS England will need to work with local partners to ensure public health interventions to promote breastfeeding, child nutrition and physical activity are embedded and developed through to 2015.
- Barking and Dagenham Clinical Commissioning Group and Council commissioners will need to review the treatment pathways and support for weight management interventions to address the growing demand.
- Council commissioners will need to work with sports clubs and education to improve the uptake of sport and physical activity and build on the legacy of the 2012 Olympics games.

The JSNA 2012/13 section on [obesity and healthy weight](#) includes an overview, analysis and recommendations on adult and child obesity.

4.4 Improving Sexual and Reproductive Health

Barking and Dagenham faces a challenge in terms of sexual and reproductive health, with rising levels of sexually transmitted infections (STIs), pregnancy, terminations and Human Immunodeficiency Virus infections (HIV). Numbers and rates may be low in comparison with some of the inner London boroughs, but they are higher than in our neighbouring boroughs of Redbridge and Havering. There is a comparatively young population compared to the England average and quite a high rate of teenage pregnancies although this has declined from the peaks seen in 2002/03.

Priorities for intervention:

- More needs to be done in order to halt the spread of STIs and HIV as well as to reduce the number of teenage pregnancies. Targeted work such as community outreach and near-patient testing needs to be done to encourage more people to be tested early, combined with messages about prevention.
- There is a need to increase access (in terms of geography, timing and timeliness), to services that support better sexual health and address the challenges of teenage pregnancy.

- Services must be non-judgmental and 'young person friendly'. Available services and screening should be promoted widely, to increase awareness of the need for better sexual health and to encourage people of all ages to attend for treatment and care.
- Further preventative work aimed at improving sexual health is undertaken as part of the Chlamydia Screening Service commissioned from the Terrence Higgins Trust, and an element of the contract for provision of sexual health services from Barking, Havering and Redbridge University Hospitals NHS Trust is also focused on prevention.
- The evidence is that young people favour accessing specific sexual health services targeted at their age group rather than attending their local GP for sexual health and family planning services.

The JSNA assessment section on [sexual health](#) includes additional information, analysis and recommendations.

4.5 Improving Child Health and Early Years

The evidence and analysis set out in Fair Society, Healthy Lives (Marmot Review) has been developed and strengthened by the report of the Independent Review on Poverty and Life Chances. The reports draw attention to the impact of family background, parental education, good parenting, primary education and the opportunities for learning and development in the crucial first five years of life, and identified what matters most in preventing poor children becoming poor adults as:

- healthy pregnancy
- good maternal mental health
- secure bonding with the child
- love and responsiveness of parents with clear boundaries
- primary education
- opportunities for a child's cognitive, language and social and emotional development
- good services including health services, Children's Centres and high quality childcare

Priorities for intervention:

- The transition of the Health Visitor service, currently commissioned by NHS England should be considered by the Health and Wellbeing Board. The transition must take place by April 2015 so plans to ensure the commissioning and delivery functions are transferred seamlessly must be in place in 2014/15. Training for staff such as Maternal and Early Childhood Sustained Home Visiting Programme (MECSH) should be considered as part of the transition process.
- The School Nursing service currently has 11 nurses working with 60 schools and despite there being additional funding this year to increase the numbers of

school nurses, Ofsted and the Care Quality Commission (CQC) reported some issues around a lack of admin and supervision capacity. Due to the high caseloads of the nurses this was seen as an area of risk that local Commissioners need to address.

- There are approximately 446 Looked After Children in Barking and Dagenham the majority of whom have been removed from their families due to domestic violence. This puts Barking and Dagenham in the top quartile and is an area that must be considered by the Board. Due to the psychological and physical needs of this group and other vulnerable groups such as young offenders and disabled young people the joint commissioning arrangements between Public Health, the Clinical Commissioning Group and Children's Services are key to improving outcomes. There is currently one designated nurse for Looked After Children as this is a statutory requirement but due to the high number of Looked After Children in the borough an increase in this capacity should be considered.
- There has been a reported increase in the numbers of alcohol affected children and young people attending A&E although the under 18 alcohol admission rate is low compared with the national average. There is an opportunity to utilise Children's Centres more effectively to deliver alcohol Brief Advice and referral to structured treatment and or Targeted Parenting Support to children, young people and their families.
- The Baby Family Intervention Programme (FIP) due for roll out in 2013/14 will be of significance in Barking and Dagenham realising positive outcomes for children and families in 2014/15 and the Health and Wellbeing Board should note the progress of this initiative.

The JSNA 2012/13 includes an overview, analysis and recommendations on Maternity, Child Immunisation, Breastfeeding, and Support for Parents in [section 2 – The best Start in Life](#).

4.6 Improving Community Safety

In partnership with the Community Safety Partnership there are a number of areas from a health and wellbeing perspective that need consideration:

- In September 2011 there were 193 young offenders active on the Youth Offending Service's (YOS) caseload. This is the highest caseload the YOS have ever held at any one time. The ages of the young people on current caseloads ranged from 13 to 18 years with the highest number of offenders aged 17 (33%).
- The increased rate in young re-offenders is being linked to emerging gang activity where gang members are more prolific offenders and have different profiles to the major youth offending population and transfer in from other boroughs due to cheaper accommodation.
- The Serious Youth Violence Partnership should recommend to the Health and Wellbeing Board interventions to address the Public Health needs of this group, in particular in the context of sexual exploitation and violence where females associated with gang members have been subject to assaults and abuse.

- There are a number of sex workers working across a tri-borough patch of Barking and Dagenham, Redbridge and Newham and a cross-borough strategic approach to responding to the women and clients is being planned. However, there is a gap in outreach provision for this group and there is an opportunity to jointly commission an outreach service with Redbridge so that the health needs of the women can be addressed more effectively.

The JSNA contains subject overviews, analysis and recommendations on the following topics

- [First time entrants into the Youth Justice System](#)
- [Rates of Violent Crime including Sexual Violence](#)
- [Crime and Violent Crime victimisation](#)
- [Reducing reoffending](#)

4.7 Alcohol and Substance Misuse

Barking and Dagenham has a high rate of alcohol related hospital admissions with a rate of 2,276 per 100,000 of the population in 2012/13 compared with the London average of 2,035. Although the rate is down 1% from the previous year alcohol misuse still presents a significant challenge to the Health and Wellbeing Board. The impact of alcohol misuse is experienced across the spectrum Primary Care, Acute Trust, Police, Licensing and environment all have a significant strategic role to play in achieving improved outcomes.

The Department of Health estimates that interventions for dependent drinkers (a range of interventions to suit a variety of users – those based on cognitive behavioral approaches have the best chance of success) that the average local population of 350,000 for every £583,464 invested there would be a saving of £1,808,737 in return on the investment. For every additional £1Million invested in appropriate levels of intervention, up to 1,200 alcohol related hospital admissions could be avoided

Priorities for intervention:

- Early Identification and Intervention of alcohol misuse is key to reducing alcohol-related hospital admissions and reducing alcohol-related anti-social behavior in the long-term. Alcohol Identification and Brief Advice (IBA) is the evidence based approach that should be embedded in a local health system to achieve this aim. The coverage of Alcohol IBA in Barking and Dagenham is limited and consideration should be made of the impact investment in this could have on alcohol misuse.
- Barking and Dagenham's alcohol treatment outcomes have a high success rate with around 70% of individuals being discharged from treatment with a successful outcome. However, there is still significant potential in the system to treat more individuals and improve pathways into community based treatment preventing attendance at A&E. The Health and Wellbeing Board should consider joint initiatives between Public Health and the CCG for increasing the number of GPs prescribing for community detox. There is a strong evidence base for providing pharmacological detox with psychosocial interventions in the community that are highly cost-effective compared with emergency admission

and residential detox and rehabilitation.

- The consumption of high strength ciders and lagers and street drinking is a significant problem for retailers, licensing and the police and the adoption of the Ipswich Model may have a positive impact on alcohol related disorder in the major centres in the borough. This Model involves the voluntary participation of retailers in banning the sale of high strength ciders and lagers and this has been proven to be effective in Ipswich. However, the utility of this approach in an urban environment such as Barking and Dagenham has yet to be investigated and will require significant buy-in from retailers to be a success.
- In relation to alcohol related violence, the Alcohol Hot Spots analysis that is underway will contribute to an improved intelligence led response to reducing alcohol related violent crime in 2014/15. This is a data sharing initiative based on the Cardiff Model that uses anonymous information collected at A&E and is shared with the Community Safety Partnership so that preventative policing approaches can be used where there has been an instance of alcohol related violence.
- Barking and Dagenham's success rate in drug treatment completions has been recognised as high by Public Health England. There is a strong evidence base for investing in drug treatment with research suggesting that every £1 invested in drug treatment saves society two and a half times that in the crime and health costs of drug addiction. NICE estimates the costs generated by each injecting drug-user add up to £480,000 over their lifetimes. While people are in treatment they use fewer illegal drugs and commit less crime to fund the purchase of drugs from street dealers. There is also less risk to the public's health from drug litter. Additionally, individual users are better able to cope, so can attend education and training, hold down jobs, and look after their families.

Priorities for intervention

- Consideration should be given to the invest to save model promoted nationally as good practice and how this impacts positively on substance misuse outcomes for the individual and community.

The JSNA 2012-13 contains information, analysis and recommendations on:

- [Alcohol](#)
- [Substance Misuse](#)

4.8 Improving Mental Health

The Joint Health and Wellbeing Strategy recognises that poor mental health is a massive 'burden of disease' affecting our residents and that poverty, disadvantage, disability, chronic illness, exclusion and debt are major factors that drive it, while trauma, domestic violence, hate crime, and bullying at school and work also create much stress, depression and anxiety.

The Health and Adult Services Select Committee (HASSC) identified that the economic downturn plus the government's benefits changes and cuts in public services would lead to a great deal of stress for disadvantaged adults and families. These changes have already resulted in many residents having severe housing problems this year. They will also potentially be catastrophic for people with

existing mental health problems, and more mitigation will be needed.

Many residents with less severe (but nevertheless misery-creating) mental health problems will go undetected or untreated and will encounter barriers to getting help and getting better. The Joint Health and Wellbeing Strategy currently aims to increase the number of troubled families getting integrated help, and increase access to mental health services for people from ethnic minorities.

Priorities for intervention:

- To consider the recommendations from the HASSC scrutiny review.
- The need for a mental wellbeing strategy to address the economic and social determinants of poor mental health, prevention and detection of problems, and good access to help, support and treatment.
- There is a great deal of evidence to support the use of interventions such as psychological therapies and school-based programmes, but there is also evidence to support programmes addressing the social determinants of mental health, such as interventions to reduce the impact of debt.

4.8 Reducing Injuries and Accidents

The Joint Health and Wellbeing Strategy aims to reduce falls and accidents in the home among older people (which add to pressures on local hospitals as well as increasing risks of earlier death, and the borough has a higher than average rate of older people admitted to hospital due to falls and injuries).

Priorities for intervention:

- The need to reduce the risk of traffic accidents in order to make big increases in the numbers of children and adults walking and cycling, since the borough also has a higher rate of hospital admissions from traffic accidents than the England average.
- The need to reduce the risk of vulnerable older people being admitted to hospital for falls and injuries through falls prevention and bone fracture prevention programmes.

5. Mandatory Implications

5.1. Joint Strategic Needs Assessment

The priorities for consideration in this report align well with the strategic recommendations of the Joint Strategic Needs Assessment. It should be noted, however, that there are areas where further investigation and analysis have been recommended as a result of this year's JSNA. The purpose of the ongoing JSNA process is to continually improve our understanding of local need, and identify areas to be addressed in future strategies for the borough.

5.2. Health and Wellbeing Strategy

The Health and Wellbeing Board mapped the outcome frameworks for the NHS, Public Health, and Adult Social Care with the Children and Young People's Plan. The Strategy is based on four priority themes that cover the breadth of the frameworks and in which the priorities under consideration are picked up within.

These are Care and Support, Protection and Safeguarding, Improvement and Integration of Services, and Prevention. Actions, outcomes and outcome measures are mapped across the life course against the four priority themes.

5.3. Integration

One of the outcomes we want to achieve for our Joint Health and Wellbeing Strategy is to improve health and wellbeing outcomes through integrated services. The report makes several recommendations related to the need for effective integration of services and partnership working.

5.4. Financial Implications

(Implications completed by Roger Hampson, Group Manager, Finance)

As indicated in the report, the allocation of the ring-fenced Public Health Grant for 2014/15 is £14.213m; the grant will again be ring-fenced in 2015/16 but the amount has not yet been announced.

Officers propose to make recommendations on the priority order for investment for 2014/15 based on impact and value for money at the meeting of the Health and Wellbeing Board on 11th February 2014.

5.5. Legal Implications

(Implications completed by Chris Pickering, Principal Solicitor)

This report sets out the current position and priorities for future commissioning of health services. There are no legal implications to this report and the report's author asks the Health and Wellbeing Board to consider the priorities and set the strategic framework for commissioning public health programmes for 2014/15. There may be the need for future consultation which is a legal requirement, as are Equality Impact assessments.

5.6. Risk Management

Delivery of the commissioning intentions is a key dependency in the delivery of the Public Health, NHS and Adult Social Care Outcome Frameworks challenge as well as the delivery of the Children and Young People's Plan

6. Background Papers used in the preparation of the Report

- [Barking and Dagenham's Community Strategy 2013-1016](#)
- [Joint Strategic Needs assessment](#)
- [Joint Health and Wellbeing Strategy](#)
- ['Fair Society Healthy Lives \(The Marmot Review\)](#)
- [Longer Lives](#)
- [Independent Review on Poverty and Life Chances](#)

7. List of Appendices

APPENDIX A: Health and Wellbeing Strategy 2012-15. Plan on a page

APPENDIX B: Comparison of Barking and Dagenham with other local authorities

within the same socio-economic deprivations bracket