

## HEALTH AND WELLBEING BOARD

28 OCTOBER 2014

<b>Title: Joint Strategic Needs Assessment 2014 – Key Recommendations</b>	
<b>Report of the Corporate Director of Adult &amp; Community Services</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected: All</b>	<b>Key Decision:</b>
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<b>Sponsor:</b> Matthew Cole, Director of Public Health	
<b>Summary:</b> This paper highlights the key strategic recommendations arising from the refresh of the Joint Strategic Needs Assessment (JSNA) for 2014.  Background information on demographic need and more specific recommendations are available on the website: <a href="http://www.barkinganddagenhamjsna.org.uk/">http://www.barkinganddagenhamjsna.org.uk/</a> . In particular, many of the key recommendations arising from the 2014 JSNA surround how the borough handles the impact of the high rates of poverty and its related indicators on the health and wellbeing of the population as a whole, many of which are strongly linked to the economic climate and benefits changes. Premature mortality remains a major challenge for the borough and is also a priority in many of the recommendations, as a result of the proposals agreed by the Board following discussion of the Longer Lives paper in July 2013.	
<b>Recommendation(s):</b> The Health and Wellbeing Board is recommended:  (i) To note and agree the recommendations of the JSNA. (ii) To discuss the recommendations and their implications for strategic and commissioning decisions. (iii) To be aware that work is underway to assess the impact of the Care Act 2014 and the Children and Families Act 2014, which is intended to provide the evidence and policy base for future commissioning and strategic decisions relating to those changes in statutory responsibilities.	
<b>Reason(s):</b>  The JSNA provides the fundamental evidence base on which the commissioning and strategic decisions of the Board are made. It directly informs the development of the Joint Health and Wellbeing Strategy. It is a statutory duty of the Health and Wellbeing Board to discharge the functions of the Council and the NHS Barking and Dagenham Clinical Commissioning Group to prepare the JSNA.	

The JSNA also informs other strategies linked to the Council's priorities for delivering **One borough; one community; London's growth opportunity.**

## **1. Background**

- 1.1 The Joint Strategic Needs Assessment (JSNA) is an assessment of the current and future health and social care needs of a population. The aim is to inform and guide the commissioning of services in order to improve the physical and mental health and wellbeing of individuals and communities. The production of the JSNA was enshrined in the Local Government and Public Involvement in Health Act 2007 and the Health and Social Care Act 2012 imposes this duty on local authorities and Clinical Commissioning Groups, discharged through the Health and Wellbeing Board. Local areas are free to undertake the JSNA in a way best suited to their local circumstances, but the JSNA must identify the needs which are subsequently addressed through a joint health and wellbeing strategy.

## **2. Introduction**

- 2.2 This paper builds on our current priorities agreed at the Health and Wellbeing Board as well as making a number of new strategic recommendations for improving health through the Council and its partners wider responsibilities. Background information on demographic need and more specific recommendations are available on the website <http://www.barkinganddagenhamjsna.org.uk>
- 2.3 The JSNA underpins a range of key documents for delivering both the Council's vision and priorities as well as NHS Barking and Dagenham Clinical Commissioning Group's 5 year strategic plan:

Joint Health & Wellbeing Strategy 2012 - 2015

Joint Better Care Fund work programme

Children & Young People's Plan

Community Strategy 2013 -2016

### **JSNA Process**

- 2.4 Whilst led and produced by the Public Health Department, the JSNA is a collaborative endeavour with data, analysis and recommendations provided by a number of senior officers across the health and social care system in the borough.

### **JSNA Structure**

- 2.5 There is no template or format that must be used and no mandatory data set that has to be included in a JSNA. In Barking and Dagenham, the JSNA has evolved based on the needs of the population and changes in demographics. It is structured and indexed using the 'life course' approach used in the Marmot Review of Health Inequalities *Fair Society, Healthy Lives* starting with 'Giving every child the best start in life' and following through the ages and needs of the population including the health and sustainability of individuals and communities.

### **The Care Act 2014**

- 2.6 Guidance for the Care Act 2014 was issued during the JSNA process and it has not been feasible to fully consider the impact in all the recommendations outlined in this

paper. As a tool informing the Health and Wellbeing Strategy, the guidance views the JSNA as integral to embedding the Act locally. Whilst the JSNA already details both health and social care needs and services in the borough, there is additional work that is required to review the recommendations and the process of the JSNA to ensure the Care Act is fully considered and facilitates the health and social care integration and changes that the Act enshrines. The Public Health Department is working with the Care Plan Programme Office to ensure the Care Act 2014 is fully considered in further iterations of the JSNA in coming months.

### **Future Iterations**

- 2.7 Going forward, the JSNA will be an iterative process: the website will be regularly updated to reflect any new information that becomes available during the year. There is a need for the JSNA and its process to be reviewed generally, but particularly in light of the Care Act 2014 and Children & Families Act 2014. Stakeholders will be surveyed to ascertain how it is currently used and how it could be improved. There is a Government policy intention for Health and Wellbeing Boards to consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Some localities have moved to a Joint Strategic Needs and Asset Assessment and this will be explored for Barking and Dagenham. This also aligns well with both Acts noted above and would be a driver to ensure community involvement and consultation.

### **Priorities**

- 2.8 The Board agreed and prioritised the following for commissioning intentions at its meeting on 14<sup>th</sup> February 2014:
- Transformation of Health and Social Care
  - Improving premature mortality
  - Tackling obesity and increasing physical activity
  - Improving Sexual and Reproductive Health
  - Improving Child Health and Early Years
  - Improving Community Safety
  - Alcohol and Substance Misuse
  - Improving Mental Health
  - Reducing Injuries and Accidents.
- 2.9 These remain the priorities for improving population health and wellbeing. The refresh of the JSNA identifies areas where increased work and focus can support the delivery of outcomes.

### 3. Key Recommendations (Through the Life Course Stages)

Pre – birth and early years	<ol style="list-style-type: none"> <li>1. NHS England commissioners to build on their work with local partners to ensure the promotion of public health interventions such as breastfeeding, child nutrition, and physical activity are embedded and developed through to 2015.</li> <li>2. The Council and their partners to review and develop further an integrated approach to the delivery of early year’s interventions and capitalise on the opportunities presented by the transition of the 0-5 Healthy Child Programme commissioning to the Council in October 2015.</li> </ol>
Primary School	<ol style="list-style-type: none"> <li>3. Children’s Services, Public Health and NHS England to ensure that commissioning takes into account the impact of the growth in the 5-19 years population and are providing adequate capacity in services to support this group in education and community settings.</li> <li>4. The Council and NHS Barking and Dagenham Clinical Commissioning Group (CCG) to review the pathways and provision across the partnership to support children and young people living with, and affected by parents living with, disability or learning disability. This should include a review of the responsibilities and pathways around transition of care from childhood to adulthood.</li> <li>5. The CCG to work towards assuring that there is appropriate specialist capacity for vulnerable groups with mental ill health and that pathways exist at all tiers of service accessible to these populations.</li> </ol>
Adolescence	<ol style="list-style-type: none"> <li>6. The CCG, working with local stakeholders, should consider undertaking an equity audit of Child and Adolescent Mental Health Services (CAMHS) which evaluates access to services for vulnerable populations of young people and address any recommendations to ensure equity of uptake.</li> <li>7. Children’s Services and the CCG should further develop universal provision to support children and young people’s emotional health and wellbeing, and developing resilience needs to be further considered as part of looking after children’s emotional health.</li> </ol>
Early Adulthood	<ol style="list-style-type: none"> <li>8. Commissioners across the partnership may wish to consider the opportunities for paid employment, job sharing, volunteering, job coaches etc within commissioning strategies. In particular there needs to be a focus on increasing employment opportunities for young people and people claiming benefits due to sickness or disability.</li> <li>9. Public Health to work with partners to further enhance programmes that encourage behaviour change to healthier lifestyles and take up of the national immunisation and screening programmes .</li> </ol>
Maternity	<ol style="list-style-type: none"> <li>10. The CCG and NHS England commissioners to work with the Council to strengthen the maternity pathway to ensure the promotion of public health interventions such as breastfeeding, smoking cessation, drugs and alcohol are embedded and developed through to 2015.</li> </ol>

Established Adults	<p>11. The Council and CCG to further develop through programmes such as the Better Care Fund, Care Act and Children and Families Act implementation to ensure services promote residents' independence to enable them to make healthier choices over their daily lives. In doing this we can alleviate the effects of poverty in the borough.</p> <p>12. The Council and its partners also need to build on and develop the good work being done to tackle the stigma associated with poverty so vulnerable people feel able to seek help.</p> <p>13. The Council, CCG and NHS England, together with residents and patient groups need to enhance and develop initiatives to increase awareness of signs and symptoms of chronic disease to improve our early diagnosis of disease, which will increase life expectancy.</p>
Older Adults	<p>14. The Housing Directorate working with partners builds on our affordable warmth strategy which seeks to increase thermal comfort and reduce excess winter deaths. This should include wide-ranging insulation programmes, mitigation against energy waste by encouraging energy efficiency and reduced fuel consumption, and tackling fuel poverty by ensuring residents have access to some of the lowest fuel tariffs.</p> <p>15. The Council, CCG and its partners to further develop their work around addressing the needs of frail, older people, with particular emphasis around maintaining independence for those with long term conditions, care outside the hospital setting and end of life care.</p>
Vulnerable and Minority Groups	<p>16. The Safeguarding Adults Board and the local Safeguarding Children's Board have a key role to ensure that multi agency capacity is sufficient to meet our safeguarding needs and that they are effectively monitored and embedded across the borough.</p> <p>17. Adult and Community Services to review our domestic violence services to ensure they continue to meet the needs of residents and support projects that promotes emotional wellbeing, giving opportunities to develop skills and understanding.</p> <p>18. The Council and CCG to ensure that the needs and issues faced by residents suffering from autism and other neurological conditions are effectively provided for.</p> <p>19. The Safeguarding Adults Board has a key role in ensuring that providers are working in adherence with London procedures, and that practice in the services is regularly reviewed by commissioning authorities.</p> <p>20. Safeguarding professionals from across the Partnership need to record service users' sexual orientation more consistently.</p> <p>21. All partners should work towards clearly defined outcomes for employment opportunities for disabled people included in the partners commissioned contracts.</p>

## **4. Key Issues**

### **Pre-birth and early years - Early intervention**

- 4.1 Barking and Dagenham want to build on the successful implementation of its early help primary tools; Common Assessment Framework (CAF) and Family CAF.
- 4.2 Forty – one percent of CAFs are initiated on children between the ages of unborn (teenage parents) up to and including children of 5 years old, which reflects the borough's approach to intervening early and ensuring families are supported at a time which can have the biggest impact on long term life chances. Barking and Dagenham are above the London average for CAFs initiated between the ages of unborn to 5 years old.
- 4.3 CAF initiation peaks at the age of 2 with 1 in every 8 two year olds having had a CAF initiated (12% of the nearly 4,000 children aged 2 years in LBBD). This demonstrates the scale of need reflected in a child population that already forms an unusually high proportion of the total population relative to other places.
- 4.4 The challenge for Barking and Dagenham is ensuring that the right families are being supported at the right time to avoid intervention at a point of crisis. This is a key priority for the Early Help Committee as is set out in the Early Help Strategy and Business Plan 2014-18.

### **Breast Feeding**

- 4.5 Although there has been some improvement over recent years, Barking and Dagenham has relatively low breastfeeding initiation rates compared with London, although they are quite similar to the England average. The most recent data shows that fewer than three in every four mothers begin breastfeeding soon after birth with only half still doing so exclusively at week 6 – 8. Compared to its neighbours, Barking and Dagenham's levels are slightly above Havering's but below Redbridge.
- 4.6 Whilst breastfeeding rates appear to be similar to the England average, it is highly likely that higher rates among the growing BME population in LBBD are masking particularly low rates in other groups. Indeed, there appear to be stark differences between both geographical areas and population groups, with White British people being least likely to breastfeed. This represents a worrying health inequality with significant adverse consequences for the future in a borough where child obesity is of great concern and evidence of the relationship between low levels of breast feeding at 6-8 weeks and healthy weight in infants and children is growing.
- 4.7 The Council has taken some steps to address cultural norms, through the LoveMums programme. Directors of Public Health across North East London, given that their populations are largely served by the same provider of maternity services, should consider working together to promote a normalisation of breastfeeding in cultural groups that are known to have low rates, supported by local midwives and health visitors.

### **Health Visiting Services**

- 4.8 In Barking and Dagenham the assessed need for Health Visitors is about twice the current number of staff in post, which means that staff are overstretched and focus

on the most critical aspects of care such as child protection and are not able to provide universal services to the extent that they are needed for our large child population. Health visiting services are subject to a national 'Call to Action' which has focused on increasing training opportunities and the numbers of trained health visitors across England.

- 4.9 Commissioning responsibility for children aged up to five years old, including health visiting services, will transfer to the Council from NHS England in October 2015. Work is underway both to ensure that the resources transferred are sufficient to increase the numbers of health visitors and to assess how care delivery can best support the needs of the children in the borough.

### **School age children - Healthy eating, obesity and exercise**

- 4.10 Findings from the Active Sport survey suggest children in Barking and Dagenham do lesser levels of exercise when compared to levels across London and England. The Active Sport survey and only 45% of children in Barking and Dagenham participate in at least 3 hours of sport each week, which is significantly lower than the average across London and England.
- 4.11 The number of children in Reception Year who are either obese or overweight children fell from 26.7% to 25.9% in 2012/13; there has also been a slight decrease in the numbers for those in Year 6 from 42.2% in 2011/12 to 40.1% 2012/13. Even with these small improvements, findings from analysis of the National Child Measurement Programme (NCMP) 2012/13 data identify Barking and Dagenham as one of the eight London boroughs where more than 25% of children were either overweight or obese.
- 4.12 Actions to address the eating and exercise habits of our children are important and must engage families and schools, as well as the provision of safe green spaces and access to fresh food. Across the country, school aged boys consumed an average of three portions of fruit and vegetables per day and girls an average of 3.3, with just 16% of boys and 20% of girls consuming the recommended minimum of five portions per day.

### **Mental Health**

- 4.13 The National Service Framework for Children and Young People indicated that the workforce required for specialist community CAMHS (tiers 2 and 3) should equate to approximately 15 per 100,000 total population. Barking and Dagenham would therefore need 26 whole time equivalent professional staff for the borough working at tier 2 and 3.
- 4.14 Barking and Dagenham's CAMHS spend per head of population under 18 is almost three times the London average and 3.5 times the England average spend. If the mapping data is accurate then this suggests that Barking and Dagenham is paying substantially more than neighbouring boroughs per head and the cost effectiveness of the model of service should be reviewed. At the current time it appears that more money is being spent but needs are not being met, so there is clear opportunity for improvement.
- 4.15 Child and Adolescent Mental Health Services (CAMHS) for children resident in Barking and Dagenham are mainly provided by the North East London NHS Foundation Trust.

- 4.16 The services are predominantly outpatient based, but include Brookside unit which is an 18 bed inpatient unit. In addition, there is access to medium-secure beds through a consortium arrangement.

#### **Impact of Children and Families Act 2014**

- 4.17 The Children and Families Act extends responsibility for young people to the age of 25 years, placing a duty on local authorities to ensure integration between educational provision and training provision, and health and social care provision, where this would promote wellbeing and improve the quality of provision for disabled young people and those with Special Educational Needs (SEN). In addition, local authorities and clinical commissioning groups) are required to make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities.
- 4.18 Local authorities and their partners must cooperate in the provision of adult care and support and arrange the provision of preventative resources that can be accessed by those who require support but do not have eligible needs under the Care Act 2014. It is important, therefore, that children's and adult services, along with health partners, determine what these duties will look like in relation to service provision for 1 September 2014. Although there needs to be greater clarification between the Children and Families Act 2014 and the Care Act 2014, this cannot delay implementation of the Children and Families Act from 1 September.
- 4.19 Whilst the JSNA includes a profile of the needs of children and young people with SEN and disability, this needs to be reviewed to ensure consistency with the requirements of the Children and Families Act. This review will inform further joint work between partners, to ensure robust forecasting and understanding of risk, and to support services to be needs, rather than demand led. The Public Health Department, working with Children's Services will ensure the Children and Families Act 2014 is fully considered in further iterations of the JSNA in the coming months.

#### **Maintaining Educational Attainment**

- 4.20 In May 2014 there were 526 young people (16-18 years) not in employment, education or training (NEET) in the borough, which is 6.6% of the 16–18 year olds in the borough. In the same period, 11.2% of the 16-18 population were recorded as 'situation unknown'. As of Quarter 4 2013/14, 6.9% of the 16-18 population are NEET.
- 4.21 Additional data is also collected about young people who are classified as both NEET and considered unable to seek employment due to caring responsibilities, pregnancy, being teen parents or illness. These factors all relate directly to health and wellbeing. In April 2014, 23% of 16-18 year olds and 21% of 19 year olds not in employment, education or training were considered not to be available to the labour market. Of these, teenage pregnancy and parenting were the primary reasons for their unavailable status.
- 4.22 There is a strong correlation between young people who are NEET and those who have poorer health outcomes, as well as with teenage conceptions and new entrants to the youth justice system.



## **5. Adults - Depression and Other Mental Health**

- 5.1 It is expected that there will be an increase in the numbers of people needing to access mental health services in the coming years. Taking service access rates of 2.2% of the population (access levels in the Mental Health Minimum Data Set) locally modelled estimates predict that the number will increase by 19.5% by 2025.
- 5.2 Older people (aged 65 years and over) may have additional needs and experience poor outcomes if those needs are not met. Depression is more common in older women than older men in Barking and Dagenham. The number of cases of severe depression is projected to increase among residents aged 65-69 years as the population in this age group is projected to grow over the coming years.
- 5.3 Mental ill health is associated with socio-economic deprivation. Since Barking and Dagenham is ranked in the second most deprived decile in England, prevalence would be expected to be higher in Barking and Dagenham than currently indicated by the GP records.
- 5.4 Considerable evidence is also emerging of the impact of inequalities on mental health, but the relationship between these factors is not well understood. Although certain social circumstances may lead to mental health problems, it is also likely that experiences of long-term and severe forms of mental illness will impact on the socioeconomic status of individuals and so there is reverse causality. Employment is a major factor in a person's wellbeing, and loss of employment and the financial security employment brings is associated with higher rates of mental and physical ill health. Unemployment in men of working age is a very significant factor in the development of depression and suicide.

### **Employment for Those with Mental Health Problems and Learning Disabilities**

- 5.5 Evidence reviews have shown that work is generally good for both physical and mental health and wellbeing.
- 5.6 With around 2,700 out of 8,200 people with a mental illness known to be in a job in the borough, the gap in employment between this group and the rest of the population remains wide in Barking and Dagenham. Recent figures indicate employment rates of 32.5% in those with a mental illness compared to 67.7% for the general population. Compared to the London region and England, the borough is performing slightly better, with a narrower gap, however, a gap of 35.2 percentage points is still very large and represents a significant number (5,500) of people with mental illness that are not benefitting from improvements in physical and mental wellbeing associated with employment.

### **Long Term Conditions – Diabetes and Chronic Obstructive Pulmonary Disease**

- 5.7 Based on modelling studies, it is estimated that half of the people with Coronary Obstructive Pulmonary Disease (COPD) in the borough remain undetected and, of these number, more than a third of them continue to smoke.
- 5.8 Of all the boroughs in the outer North East London, hospital admissions for COPD is highest in Barking and Dagenham, with the admission rates even more than double the England average. In addition, deaths from COPD in the borough are

relatively high, with death rates (equating to approximately 100 COPD deaths per year), almost twice that for London, and significantly higher than rates in Redbridge, Waltham Forest and Havering.

- 5.9 Diabetes is a major public health problem, and approximately 10% of the NHS budget is spent on diabetes care. 90% of adults with diabetes have Type 2 or adult onset diabetes.
- 5.10 Unhealthy diet, low physical activity and obesity are major contributors to Type 2 diabetes. The prevalence of diagnosed diabetes varies from 2.4% to 7.9% between GP practices in the borough. This variability is mainly caused by different age structures in each practice: the older the population, the more diabetes. It is a particularly large health problem in Dagenham and in the Whalebone and Chadwell Heath wards, with higher prevalence and admission rates in these localities than in the borough as a whole. However, it is estimated that at least 1,642 people remain undetected and the National Diabetes Audit found that a number of patients (35) are known to be diabetic but are not correctly coded within the health care system so as to be actively managed as diabetic.

### **Older Adults - Dementia**

- 5.11 The Alzheimer's Society's mapping of prevalence and diagnosis suggests there is an under-diagnosis of dementia cases in Barking and Dagenham, with the borough ranked 29<sup>th</sup> worst out of 237 local authority areas in England. Published figures in 2011 indicate that an estimated 36% of cases of the condition were detected in the borough, compared to 42% in England. With cases of dementia across the country expected to rise more than 60%, the borough will have to map out enhanced strategies to address the gap between the numbers of those currently diagnosed against the significantly high rates expected in the future.
- 5.12 The numbers of dementia cases registered by GPs should be increased through case finding and more accurate recording. Differences in the rate of access to diagnosis between practices should be reduced. This can be achieved through a planned workforce development programme for GPs and other primary care practitioners. Commissioners of primary care should monitor implementation and provide the necessary informatics support. This should include highlight reports using practice based data for the Dementia Strategy steering group to inform refinements to the care pathway.

### **End of Life**

- 5.13 Availability of good quality, locally accessible and affordable hospice care for Barking and Dagenham residents is vital. There is good 24/7 provision of specialist palliative care advice and support into the community. The challenge is in recognition by referrers of when a referral would be valuable, particularly for people with advanced illness other than cancer.
- 5.14 Identification of patients in primary care is poor as evidenced by the low level of recording of palliative care patients on the palliative care register. If palliative care patients are not identified in time for their care needs to be anticipated and managed by a multi-disciplinary team, their needs and preference cannot be met.
- 5.15 Family support is available through St Francis Hospice and Barking, Havering and Redbridge University NHS Trust (BHRUHT), but there is no specifically

commissioned bereavement support service to support families who do not fall into either of these two services, which would be the majority of bereavements.

## **Impact of Care Act 2014**

- 5.16 The Care Act stresses the need to integrate health and social care services at all levels and is prescriptive about what it expects in terms of the JSNA and the Joint Health and Wellbeing Strategy. In response, Barking and Dagenham have recently agreed a sector wide five year strategy which will clearly inform our thinking. Both the Health and Wellbeing Strategy and the JSNA are due to be reviewed over the coming months and will take account of these matters.
- 5.17 There are also significant implications for policy, professional practice and costs arising from the Act and a very short timescale to make the necessary changes for the April 2015 phase. For instance, it is not yet clear whether or when our electronic records provider will be able to deliver all the necessary system changes and upgrades. Barking and Dagenham's existing processes will require review and amendments to take into account the very specific 'customer journey' mapped out in the legislation.

## **6. Mandatory Implications**

### **6.1 Joint Strategic Needs Assessment**

This report provides an update on the most recent findings and recommendations of the JSNA.

### **6.2 Health and Wellbeing Strategy**

The recommendations of this report align well with the strategic approach of the Joint Health and Wellbeing Strategy. The strategy continues to serve the borough well as a means to tackle the health and wellbeing needs of local people, as identified in the JSNA. The reader should note, 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.

### **6.3 Integration**

The report makes several recommendations related to the need for effective integration of services and partnership working.

### **6.4 Financial Implications**

Financial implications completed by Roger Hampson, Group Manager Finance, Adults and Community Services, LBBD.

The refresh of the Joint Strategic Needs assessment is intended to inform the development of the Health and Wellbeing Strategy, and future commissioning decisions relating to changes in statutory responsibilities. Given the current financial environment for both the local authority and the CCG, it is not expected that there will be new funding for investment.

## **6.5 Legal Implications**

Legal implications completed by: Dawn Pelle, Adult Care Lawyer, Legal and Democratic Services

There are no legal implications.

## **6.6 Risk Management**

The recommendations of this paper are a product of the evidence based JSNA process, with an aim to improve health and wellbeing across the population. There are no risks anticipated, provided the commissioning and strategic decisions take into consideration equality and equity of access and provision.

## **6.7 Non-mandatory Implications**

The JSNA seeks to review the evidence of need for local residents across the breadth of health and wellbeing. Therefore, the recommendations presented here and the full JSNA document will be of relevance to stakeholders across the health and social care economy.

## **7. Background Papers Used in the Preparation of the Report:**

[http://www.npi.org.uk/files/3313/8150/0123/Final\\_full\\_report.pdf](http://www.npi.org.uk/files/3313/8150/0123/Final_full_report.pdf) - Poverty Profiles 2013, Trust for London (2014)

<http://moderngov.barking-dagenham.gov.uk/ieListDocuments.aspx?CIId=669&MID=7075#A147136> – Longer Lives Summary Report – LBBB (2013)

<http://www.lbbd.gov.uk/Health/Documents/Director%20of%20Health's%20Annual%20Report%202013.pdf> – Barking and Dagenham Director of Public Health Annual Report 2013 (2014)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/315993/Care-Act-Guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf) - Care and Support Statutory Guidance – Department of Health (2014)