



**Barking &
Dagenham**

Joint Strategic Needs Assessment (JSNA) 2022

Highlights for Barking and Dagenham

one borough; one community; no one left behind

Joint Strategic Needs Assessment 2021/2022; Barking and Dagenham's Population

The JSNA is produced jointly across Barking & Dagenham, Havering and Redbridge to highlight local disparities and priorities for action. **Focused on four pillars;**

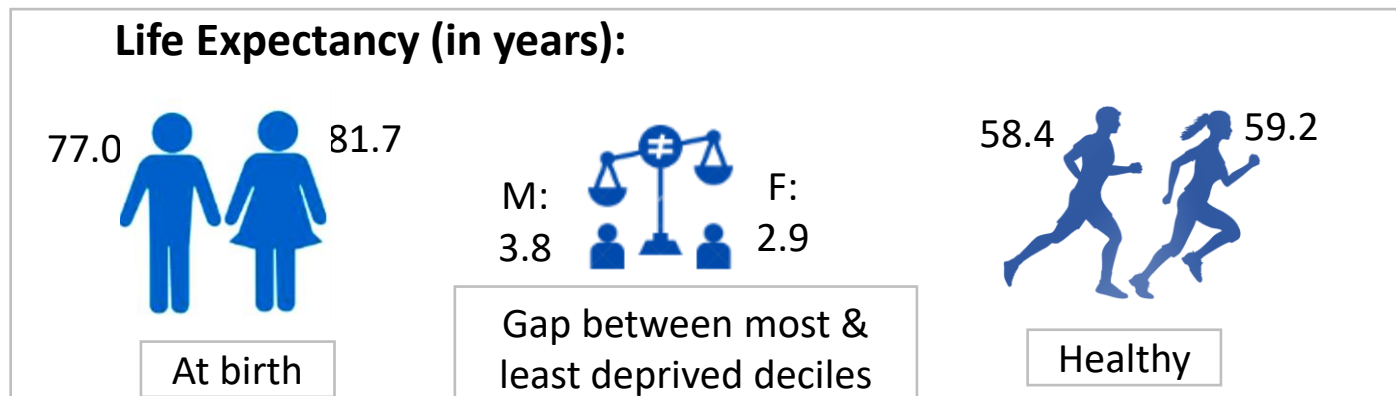
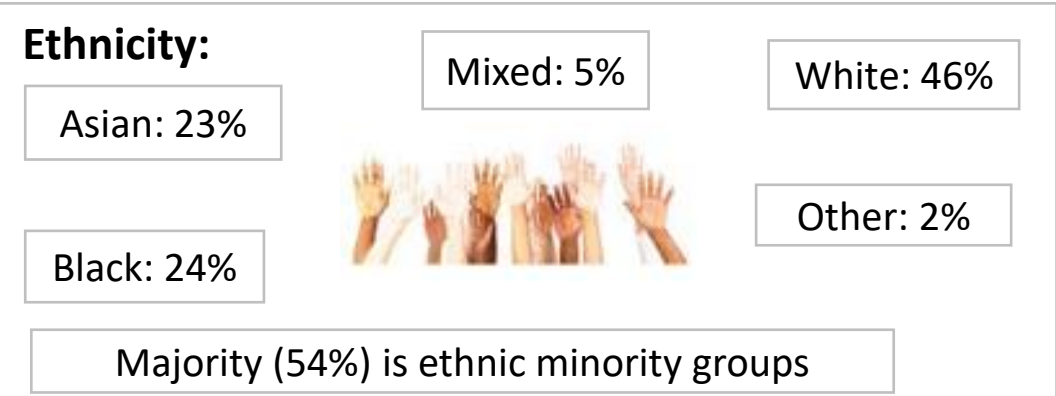
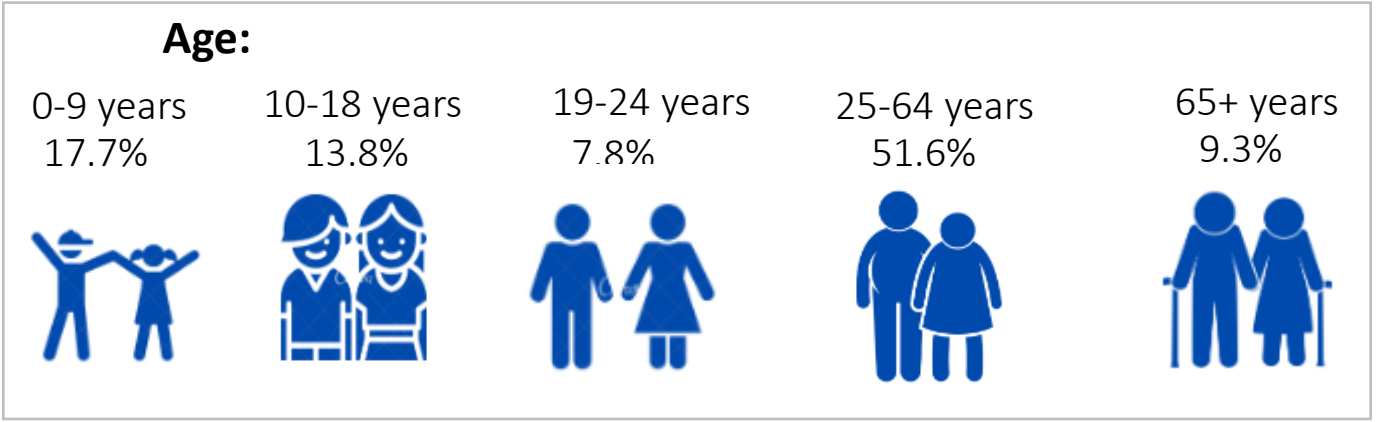
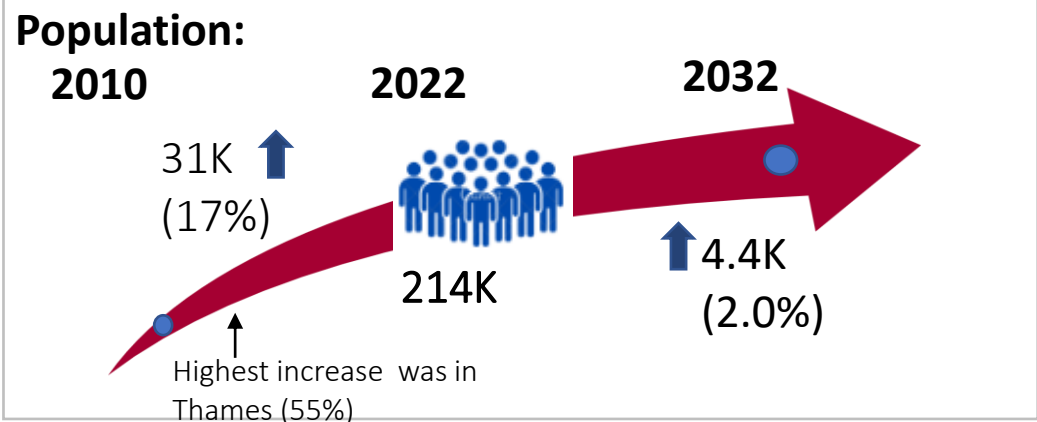
Pillar 1
Wider Determinants
of Health

Pillar 2
Health Behaviours &
Lifestyles

Pillar 3
Places &
Communities

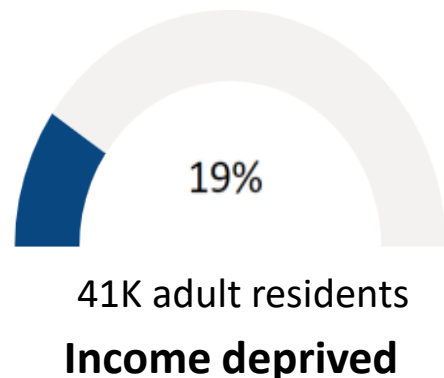
Pillar 4
Integrated Health &
Social Care

Population Demographics in Barking and Dagenham



Pillar 1; The Wider Determinants of Health

Deprivation:



- England average (12.9%)
- 2nd highest of the 32 London boroughs
- Higher than
 - Havering: 11%
 - Redbridge: 12%

Employment rate:

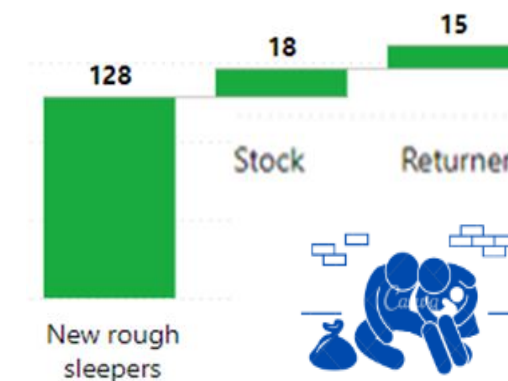


Adult employment: 62.6%

London rate: 73.8%
England rate: 74.7%

- Working age population unemployed
 - Barking & Dagenham: 9.1% (8,600 residents)
 - England average: 5.1%
 - London average: 6.5%

Homelessness:



- Rough sleepers in
 - Havering: 159
 - Redbridge: 253
- Rate of family homelessness: 5.4/1000 households (426)
 - England: 1.7/1000

Priority actions: Developing the role of "anchor institutions" and "Health in All Policies", expanding social prescribing and maximizing the benefits of regeneration work.

Pillar 2; Our Health Behaviours and Lifestyles

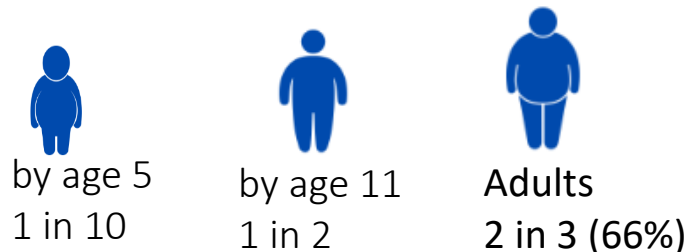
Smoking:



18.1% of adults (27,000 residents) with most disadvantaged at greatest risk of poor health.

- England average: 13.9%
- Highest in London
- Higher than
 - Havering: 13.2%
 - Redbridge: 13.4%

Overweight/Obesity (substantial contributor to health inequalities):



- By age 5: 2nd highest in London
- By age 11: Highest in London
- Adults: 3rd highest in London
- England average:
 - By age 5: 23%
 - By age 11: 35%
 - Adults 64%

Substance misuse:



5.7% of opiate users
37.1% of adults dependent on alcohol

Successfully completed treatments in 2019

- Opiate users: 14th lowest in London
- Alcohol dependent adults: 16th highest in London
- England averages
 - Opiate users: 4.7%
 - Alcohol dependent adults: 35.3%

Priority actions : Promoting smoking cessation and food and financial support; implement a whole system approach to obesity; improve support for drug and alcohol through tackling wider issues such as mental health and the impacts on families.

Pillar 3; Places & Communities

Active travel:



19.8%

Adults walking for travel three or more times per week

- England average: 15.1%
- London average: 22.1%
- Most LSOAs (over 80%) have poor/very poor public transport accessibility.

Climate Change



- poses a substantial public health risk, particularly through increased severity of heatwaves and cold weather.

- Abbey and Gascoigne wards have highest risk in the borough, posed by excess heat, flood and overall climate risk.

Air pollution;

Deaths attributable to air pollution



6.8%

- England average: 5.1%
- London average: 6.4%
- Lower than
 - Havering: 6.0%
 - Redbridge: 6.7%
-

Priority actions : Develop partnership response to climate change; develop approach to effectively reduce air pollution; develop effective active travel infrastructure.

Pillar 4; Integrated Health & Social Care

Children and Young People (CYP);



10.3% with mental health issues

Increases forecasted in the coming years.

- England average: 9.2%
- Higher than
 - Havering: 9%
 - Redbridge: 9%

Long Term Conditions (LTCs):

Individuals with LTCs felt they received the support they needed



49%

- England average: 54.9%
- London average: 52.1%
- Higher than
 - Havering: 46.5%
 - Redbridge: 46.8%

Older People:

Healthy life expectancy at 65 years

Males
8.4 years



Females
8.5 years

Dementia, falls and social isolation contributing to poorer health.

- Shorter than England average
 - Males: 10.6 years
 - Females: 11.1 years
- Statistically similar to
 - Havering: Males: 10.9 years
Females: 10.8 years
 - Redbridge: Males: 8.4 years
Females: 12.1 years

Priority actions: strengthen local Child and Adolescent Mental Health Services (CAMHS) services; improve prevention of LTCs as well as support for those with multiple LTCs; improve support for older residents at risk of falls, social isolation and preventable illness.