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# Caring for Redbridge

Strategic Commissioning Framework  
for People **2018 -2023**



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# Foreword

Caring for Redbridge is the Strategic Commissioning Framework for the People Directorate. It sets out our vision for supporting residents and explains how we plan to support adults and children through social care, wellbeing and lifelong learning services. It also explains our commissioning plans for 2018/19 and beyond.

The document provides an overarching strategic approach to providing people with support to improve their quality of life and outcomes and explains how we intend to deliver the services that people want within the challenging financial climate that we continue to face.

The enormous task faced is to stretch relatively decreasing resources across a growing population with increasingly complex needs. The budget pressures necessitate us to think differently as to how we deliver our statutory responsibilities and provide support and intervene early and effectively.

Delivering the aims of the framework will ensure our services continue to protect and empower the most vulnerable both currently and those most at risk of poorer outcomes in the future. Our commissioning activity aims to support improving outcomes for individuals and provide good value for users, their carers and the public purse.

Through our work we will support the delivery of corporate aims to:

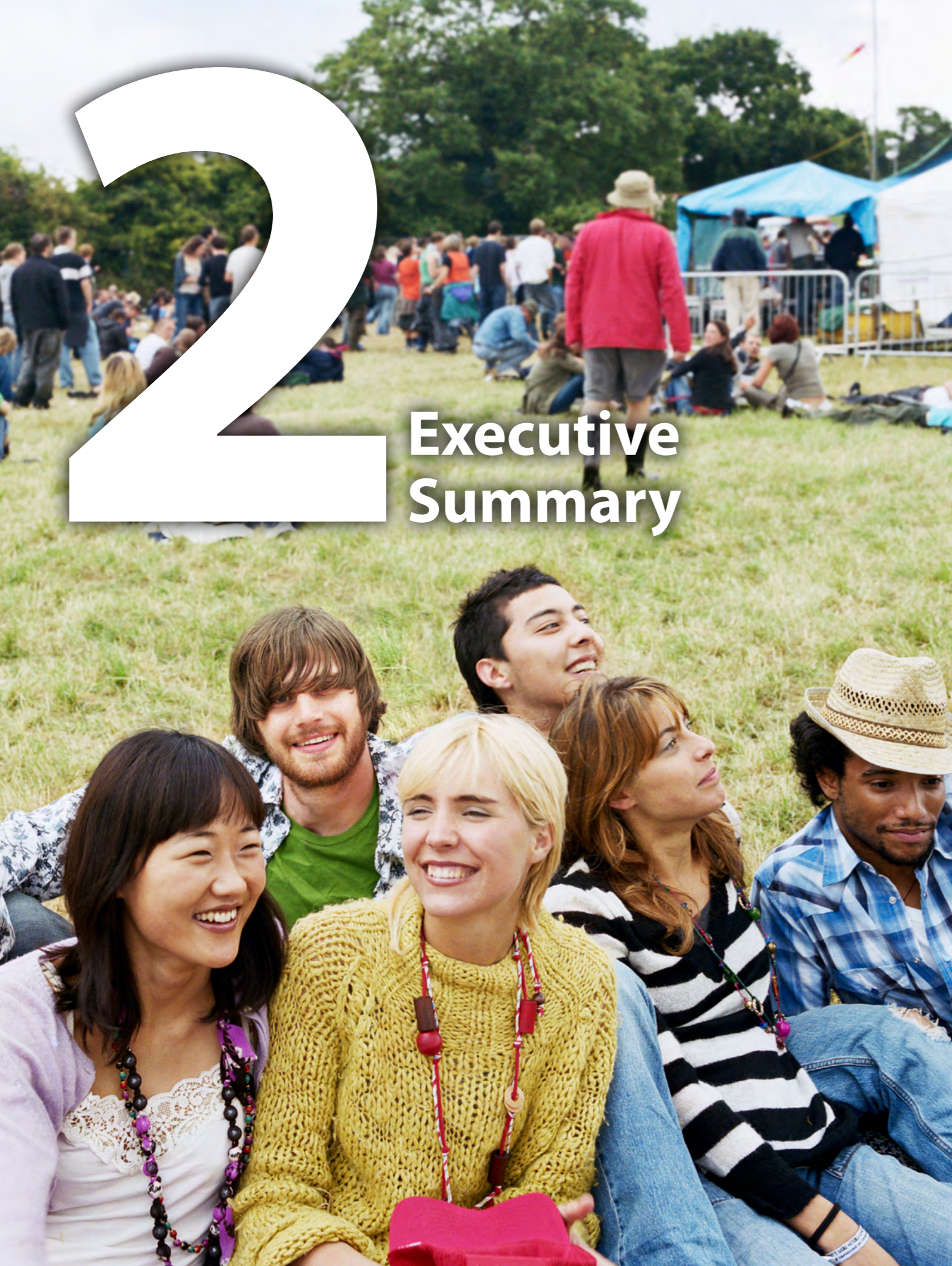
- increase fairness and aspiration within the borough
- empower communities to help shape our borough and inform how services are delivered
- improve the quality of life and civic pride amongst our communities
- create a modern council to be dynamic and responsive to the challenges of the future.

There are a number of documents and strategies that inform this commissioning framework and others in development that will provide greater detail in how this commissioning framework will be implemented. Among these are:

- the health and wellbeing strategy
- the children and young people's plan
- the joint strategic needs assessment
- the plans of the safeguarding boards
- adult care, public health and wellbeing service commissioning strategy 2017-2020
- other service specific commissioning plans in development
- current commissioning and contracts.







## Executive Summary

This framework has been developed for the People Directorate of Redbridge Council. Our services aim to both protect and empower the most vulnerable whilst supporting all residents to securing good outcomes in life.

The strategic commissioning of our services involves long term planning to ensure that resources are used in the right way, at the right time and in the right place to meet demand and need. To do this well, we need to predict future demand and know what our resources are.

The population of our borough grew by a huge 18% between 2005 and 2015 and along with this general growth; services have also seen a rise in complex health and care issues for children and adults alike. This puts greater pressure on services that over the same period have seen funding reductions and necessitates more creative and innovative approaches to service provision.

The answer to how we meet increasing needs with reducing resources cannot be to continue to do what we currently do. This framework sets out some of the key changes that we aim to make over the next five years to ensure that we are able to meet our statutory responsibilities and continue to improve outcomes for the residents of Redbridge. The challenges are considerable and require us to think very differently as to how we meet needs. This different thinking applies as equally to the ways in which we support individual people as it does to our strategic plans. We are in an environment in which creativity and initiative become more important than process and consistency.

Partnership working with other organisations and communities is becoming ever more important. We cannot afford to be passive observers in our partnerships. We have some good examples of improving outcomes and reducing costs through effective partnership working and we will be seeking to develop our partnerships further. We will also focus more on working in and with communities; our role will be to connect people to the informal and formal support that is available to them.

We are working closely with neighbouring boroughs, especially in Barking and Dagenham and Havering (BHR) to develop joint commissioning between local authorities and Clinical Commissioning Groups (CCG's) with an aim of reducing the distinction between commissioning and provision to bring about a more holistic, capitated funding approach to services. This work is steered by a Joint Commissioning Board, established to support and promote the development of effective joint commissioning arrangements within the BHR Integrated Care Partnership. This partnership will be increasingly integral for health and social care commissioning. Other partnerships are being developed for other aspects of commissioning.

The challenges are considerable and by necessity this document focuses on the changes and improvements that are required. However, the services that make up the People Directorate have consistently demonstrated an ability to change, improve and provide effective support. The next few years will test our capacity further but we should be confident in our capacity and abilities to respond to the changes that we need to make.







## Vision and Strategic Aims

Our vision is that Redbridge is a better and fairer place to live for our citizens and that our social care, wellbeing and lifelong learning services ensure that our most vulnerable residents are supported and safeguarded. We seek to ensure that we target our services to those that are most vulnerable to poorer outcomes. Our aims and framework are in line with the national body of statute that guides our work and our knowledge of what works well and what people need and want locally.

To deliver this we have five major areas of focus and challenge;

1. **Universal Services** - to provide and support quality range of universal services, that are accessible to all residents.
2. **Early Intervention and Prevention** - to tackle problems early through making good use of assets in families and communities.
3. **Provision of Targeted Services** - to provide high quality targeted services and interventions that are responsive to individual needs and support people to live as independently as possible.
4. **Working Effectively in Partnership** - to improve outcomes for residents through more integrated working and provide opportunities for economies of scale and best use of resources.
5. **Working with Communities** - to work more closely with and in communities, supporting services to be responsive to local need.

To achieve this, a whole systems approach needs to be in place.

Elements of this approach are described below.

- promoting the use of universal, community services (available to all people in Redbridge) especially where these will prevent, delay or reduce the need for formal care and support. This work will include provision of freely available information, advice and guidance to help people understand their needs and how they can find support to meet these.
- supporting positive outcomes, academic achievement and adult skills through working in partnership with our schools, colleges, children's centres, NHS and other partners.
- protecting vulnerable children, young people and adults from harm by working with families and individuals in person, where they are unable to protect themselves well in their homes and communities. Our focus will be to help people to help themselves. The system will not rely solely on formal adult social care, but requires the utilisation of universal support, and the ability of communities to increase their capacity to provide a supportive and preventative input.
- where vulnerable people require interventions, our commissioning will ensure that there is appropriate provision in place that supports quality of life, and increasingly importantly provides the necessary support to enable people to live independent lives in the context of their needs. For some young people and adults, this requires commissioning for outcomes and a culture change across the system to move to operational commissioning of individual care packages.
- where people have needs that present a significant risk to their health and wellbeing ('eligible needs') and these needs cannot be met in other ways, we will provide them with a personal budget to meet these needs, for as long as they remain eligible for this support.
- working with partners in health and wider community services to promote integrated services, including services which help to prevent avoidable deteriorations in independence.

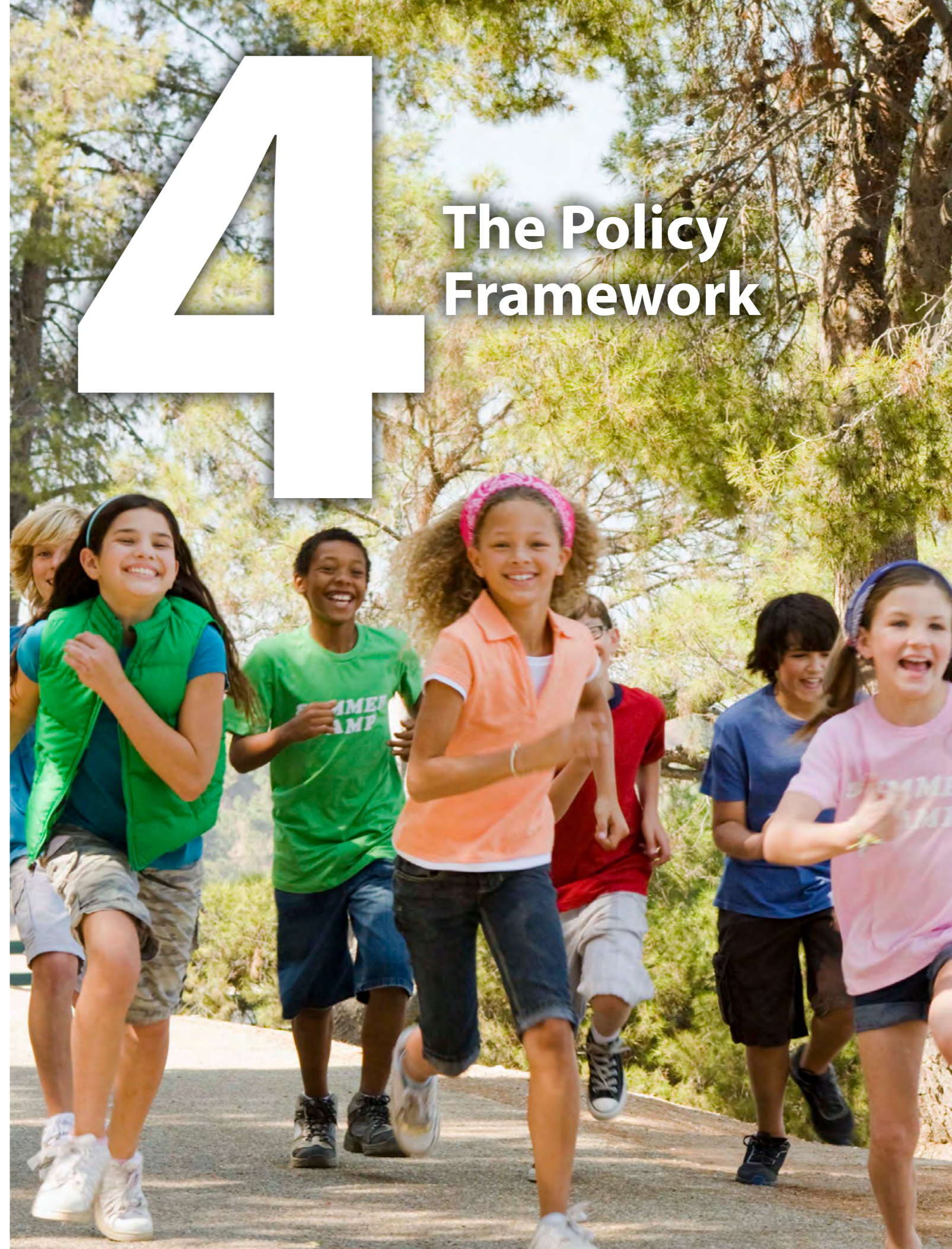


- assessments will begin by building on the strengths that someone already possesses and adding to this with support from families, communities and services.
- between 2018 and 2020 we will aim to make joint commissioning our standard approach both in Redbridge and with neighbouring boroughs especially the BHR group of partners. Where services are enhanced for users or services are more economical to all organisations, then we will seek to commission jointly.
- we need to move from commissioning services to commissioning and developing opportunities in communities, across universal and preventative services, and together with our partners in health and housing.
- service specifications will be outcomes focused, providers will be monitored against their performance for outcomes, and commissioned packages are developed to support the delivery of improved outcomes for users and carers.

Our commissioning priorities for the next five years aim to support the wellbeing of people in Redbridge through giving them appropriate support to develop key skills and resilience, greater choice and control, and enabling them to promote and maintain their independence. The framework requires an integrated approach with our key partners and collaboration across organisations, particularly schools, health and housing. Wherever possible we will work with partners, service users and carers in the delivery of this framework.

Supporting these key aims, the following commissioning objectives have been identified:

1. Identifying need and gaps in provision where new services are required.
2. Support the development of a vibrant market, providing a diverse range of services.
3. Commission services which enhance or increase service users' independence and focus on the most vulnerable.
4. Commission services that build resilience and competence for individuals, families and for carers.
5. Ensuring value for money.



## The Policy Framework

# 4



The Council is ambitious for Redbridge and its residents. The People Directorate will play a key role in taking forward the priorities to be set out within the Borough Plan. Additionally the work of the Fairness Commission will be taken forward within the work of the Directorate to ensure that those most at risk of poor outcomes are identified and supported effectively.

Redbridge's commissioning plans and priorities for 2017 to 2020 are determined by national and local priorities, legislation, statute and good practice. These are listed below.

**Table 1 National and local context**

<b>Legislation, Guidance and Practice</b>	<ul style="list-style-type: none"> <li>Children and Social Work Act 2017</li> <li>Children and Families Act 2014</li> <li>Care Act 2014</li> <li>SEND Code of Practice 2014</li> <li>Health and Social Care Act 2012</li> <li>Think Local Act Personal 2011</li> <li>Breaks for Carers of Disabled Children's Regulations 2011</li> <li>Equalities Act 2010</li> <li>Children's social care reform: a vision for change</li> <li>Adoption return including regionalisation</li> <li>Unaccompanied Asylum Seeking Refugee Scheme</li> <li>National Strategy for Carers</li> <li>No Health without mental health 2011</li> <li>Valuing people 2011</li> <li>Chronically Sick and Disabled Persons Act 1970</li> </ul>
<b>Strategic Plans</b>	<ul style="list-style-type: none"> <li>The Health and Wellbeing Strategy</li> <li>The Children and Young People's Plan</li> <li>Early Intervention Strategy</li> <li>Child Sexual Exploitation Prevention and Intervention Strategy</li> <li>The Corporate Plan</li> <li>Service specific commissioning plans e.g.SEND Strategic Plan</li> <li>Current commissioning and contracts</li> </ul>
<b>Safeguarding</b>	<ul style="list-style-type: none"> <li>LSCB Business Plan</li> <li>LSAB Business Plan</li> <li>Wood Review of LSCBs</li> <li>National reviews on specific issues i.e. FGM, Child Trafficking, PREVENT</li> <li>OFSTED thematic surveys and review of CSE including the Jay and the Coffey Reports</li> <li>OFSTED thematic surveys including children living away from home, neglect, early help and SEND</li> <li>JTAI Inspection Framework including Domestic Abuse</li> </ul>
<b>Data and intelligence</b>	<ul style="list-style-type: none"> <li>Joint Strategic Needs Assessment</li> <li>Performance management work within Children's Services such as the quarterly monitoring data</li> <li>Census data</li> <li>Understanding Redbridge Reports</li> <li>Consultation findings</li> </ul>

Over the next five years there is likely to be further legislative change that will apply directly to People Directorate services and functions. We will seek to implement changes in a way that benefits residents as far as possible. For example, the implementation of the requirement for families to have the option of 30 hours free child care has successfully opened up new employment options for Redbridge parents whilst ensuring that the early years sector providers are able to supply the required levels of care.

We will be impacted by other national changes, not least Brexit, which will impact on the demographics and needs of the Borough as well as directly on a number of the services that we provide and commission. We will continue to keep such national developments under review and be responsive to potential adverse impacts.





# 5 Local Need

## 5.1 Demographic Profile

The population of Redbridge has grown significantly and has become increasingly diverse over the last decade. It is now approaching 300,000 people. Between 2005 and 2015 while the population of England and Wales grew by 8% the population of Redbridge grew by 18%.

**Table 1** below, shows estimated population in 2016 and projected population to 2026.

Redbridge population in five year age bands, current estimates vs. projections (10 years)

Age Group	Numbers				Percentage (distribution)				% increase 2016 - 2026	
	Male		Female		Male		Female		Male	Female
	Mid-year estimates 2016	Projected to Yr 2026	Mid-year estimates 2016	Projected to Yr 2026	Mid-year estimates 2016	Projected to Yr 2026	Mid-year estimates 2016	Projected to Yr 2026		
0-4	11,931	12,291	11,155	11,639	8.0	7.1	7.4	6.9	3.0	4.3
5-9	11,028	12,224	10,627	11,538	7.4	7.1	7.1	6.8	10.8	8.6
10-14	10,248	12,580	9,323	11,545	6.9	7.3	6.2	6.8	22.8	23.8
15-19	9,461	11,580	8,820	10,727	6.3	6.7	5.9	6.4	22.4	21.6
20-24	8,926	9,719	8,608	9,067	6.0	5.6	5.7	5.4	8.9	5.3
25-29	12,314	12,398	11,770	11,754	8.2	7.2	7.9	7.0	0.7	-0.1
30-34	12,999	13,703	12,894	12,981	8.7	8.0	8.6	7.7	5.4	0.7
35-39	12,498	14,340	12,431	13,479	8.4	8.3	8.3	8.0	14.7	8.4
40-44	10,808	13,596	10,485	13,101	7.2	7.9	7.0	7.8	25.8	25.0
45-49	9,704	11,996	9,771	11,813	6.5	7.0	6.5	7.0	23.6	20.9
50-54	8,705	10,199	9,388	9,886	5.8	5.9	6.3	5.9	17.2	5.3
55-59	7,748	9,075	7,916	9,183	5.2	5.3	5.3	5.4	17.1	16.0
60-64	6,405	7,756	6,538	8,331	4.3	4.5	4.4	4.9	21.1	27.4
65-69	5,473	6,354	5,804	6,651	3.7	3.7	3.9	3.9	16.1	14.6
70-74	3,852	4,928	4,437	5,357	2.6	2.9	3.0	3.2	27.9	20.7
75-79	3,066	4,094	3,568	4,623	2.1	2.4	2.4	2.7	33.5	29.6
80-84	2,286	2,648	2,904	3,279	1.5	1.5	1.9	1.9	15.8	12.9
85-89	1,222	1,660	2,109	2,203	0.8	1.0	1.4	1.3	35.9	4.4
90+	657	1,025	1,370	1,755	0.4	0.6	0.9	1.0	56.1	28.1
<b>All ages</b>	<b>149,331</b>	<b>172,165</b>	<b>149,918</b>	<b>168,911</b>					<b>15.3</b>	<b>12.7</b>

Source:  
Office for National Statistics, 2016 Mid-year estimates  
GLA 2016 - Central trend based population projections

The table shows the significant increase in younger children experienced a few years ago progressing through the age range. Additionally there are significant increases projected in the older population with the number of males aged 90+ expected to increase by more than 50% in ten years. The over 85 age group are most likely to require social care support.

### Increasing household size

Analysis of the 2011 Census data shows that the average household size in Redbridge was estimated to be 2.8 people. This is the second highest household size of all local authorities in England & Wales, the average for London boroughs is 2.5 people and for England and Wales are 2.4 people.

### Increasing diversity

Redbridge had the fourth most diverse community in England & Wales in 2011, as the White-British population decreased from 57.5 per cent in 2001 to 34.5 per cent in 2011. There were a greater proportion of children aged 0-17 years old who were non-White British (77.9 per cent) than there were in the overall local population (65.5 per cent) in 2011.





**Table 2 Ethnic diversity in Redbridge 2011**

Ethnic Group	Children aged 0-17		Total population	
	Number	Percentage	Number	Percentage
<b>White</b>				
English/Welsh/Scottish/Northern Irish/British	15,533	22.1%	96,253	34.5%
Irish	268	0.4%	3,900	1.4%
Gypsy or Irish Traveller	57	0.1%	140	0.1%
Other White	3,656	5.2%	18,353	6.6%
<b>Mixed/multiple ethnic groups</b>				
White and Black Caribbean	1,839	2.6%	3,204	1.1%
White and Black African	981	1.4%	1,692	0.6%
White and Asian	1,998	2.8%	3,251	1.2%
Other Mixed	1,893	2.7%	3,309	1.2%
<b>Asian/Asian British</b>				
Indian	10,135	14.4%	45,660	16.4%
Pakistani	10,482	14.9%	31,051	11.1%
Bangladeshi	5,781	8.2%	16,011	5.7%
Chinese	603	0.9%	3,000	1.1%
Other Asian	6,467	9.2%	20,781	7.4%
<b>Black/African/Caribbean/Black British</b>				
African	4,744	6.7%	12,357	4.4%
Caribbean	2,046	2.9%	9,064	3.2%
Other Black	1,612	2.3%	3,424	1.2%
<b>Other ethnic group</b>				
Arab	639	0.9%	1,551	0.6%
Any other ethnic group	1,651	2.3%	5,969	2.1%
<b>All usual residents</b>	<b>70,385</b>		<b>278,970</b>	

Source: Office for National Statistics

While the total population of Redbridge was projected to increase by 8.1 per cent from 2011 to 2016, the proportion from non-white communities was projected to increase by 18.1 per cent over the same period. The largest projected increases were in the Bangladeshi (32.9 per cent) and Pakistani (27.2 per cent) groups, whilst the White and Black Caribbean groups were projected to decrease by 5.6 per cent and 4.2 per cent respectively.

### Increasing overseas population

In 2011, over a third of Redbridge residents (103,073: 36.9 per cent) were born outside of the UK. This was similar to the London average (36.7 per cent) and an increase from 2001 when almost a quarter (24.2 per cent) of Redbridge residents were born outside of the UK. Nearly one in 20 Redbridge residents aged 3 and over (12,047: 4.6 per cent) could not speak English well or at all.

In 2015/16 there were 10,582 National Insurance Number (NINo) allocations to adult overseas nationals in Redbridge, which was the 15<sup>th</sup> highest of all local authorities in the UK. The number of NINo allocations in Redbridge increased by 95 per cent between 2012/13 to 2015/16 (from 5,415 to 10,582), compared to an increase of 47 per cent for the UK over that time. The impact of BREXIT on these trends will be kept under review.

### Children and Young People with SEND

At July 2017 there were 1406 children and young people with a statement of special educational need or an Education, Health and Care Plan (EHCP). This was the equivalent of 3% of the total 5-16 population and 29% of these children and young people are educated in special schools. Numbers have been growing as the child population grows and the Borough's four special schools are full. A total of 6.6% of post 16 students have EHCPs and numbers are expected to increase in line with the significant increase in the 15-24 age ranges over the next ten years.

There is a reported increase in complexity of needs with more children with multiple medical needs and particular increases in the number of children with Speech, Language and Communication Needs and Autistic Spectrum Disorders.

### People with a learning disability

Across Redbridge in 2017, there were an estimated 1367 people aged 18 and over with moderate or severe learning disabilities, of those 288 with severe learning disabilities and around 4718 people aged 18+ are expected to have baseline learning disability. In 2016 the Council supported 569 people aged 18-64 with a learning disability.

The overall number of people aged 18 and over predicted to have a learning disability is projected to increase by 21% up to 2035. There is predicted to be an increase in the numbers of people who have a moderate or severe learning disability of 22% increase in Redbridge, in comparison to a 15% increase in London and 5% increase nationally.

**Table 3 Estimated population with a learning disability aged 18 – 64**

	2017	2020	2025	2030	2035
Total population aged 18-64 predicted to have a learning disability	4,718	4,906	5,174	5,444	5,691
Total population aged 18-64 predicted to have a moderate or severe learning disability	1,079	1,124	1,192	1,257	1,314

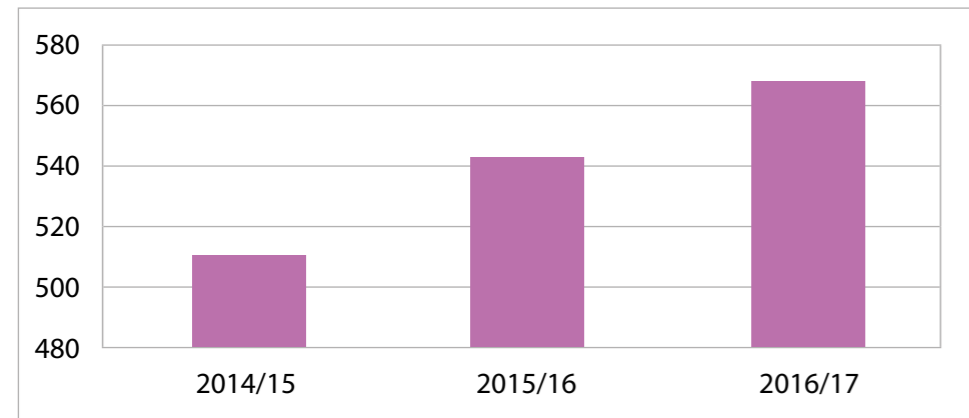
Source: Projecting Adult Needs and Service Information, 2017.

The increased prevalence of identified learning disability among Redbridge residents is expected as nationally there has been higher rates of identification of more severe forms of learning disability among children of Pakistani and Bangladeshi heritage documented (Emerson, 'Deprivation, ethnicity and the prevalence of intellectual and developmental disabilities, Child and Infant Health, 2010). There is also a documented association between levels of learning disability and deprivation nationally. Given Redbridge's high proportion of residents from Pakistani and Bangladeshi heritage particularly among children and young adults, this trend is reflected locally.





**Table 4** People with a learning disability in receipt of care and support



**Table 5** Estimated population with a learning disability aged 18 – 64

	2017	2020	2025	2030	2035
Total population aged 18-64 predicted to have a learning disability	4,718	4,906	5,174	5,444	5,691
Total population aged 18-64 predicted to have a moderate or severe learning disability	1,079	1,124	1,192	1,257	1,314

### Older people

There is an increasing number of older people living longer in Redbridge and as they are ageing, they are more likely to develop multiple long term conditions which will need managing, which may include dementia.

Redbridge is expected to see one of the most significant increases in the older population in the next 20 years. Importantly there will be a proportional increase residents aged 85+. This projected increase is likely to drive increased demand for social care in the Local Authority. This is particularly the case as the fastest increases are seen in the oldest age groups who are most likely to need social care. It is estimated that there are currently 13,676 residents over the age of 65 living alone in the borough this is expected to increase to 20,831 by 2035.

**Table 6** Estimated growth in the Redbridge population - aged 65 and over

Estimated population aged 65 and over	2017	2020	2025	2030	2035
Total population aged 65 and over living in a care home with or without nursing	1061	1119	1274	1453	1730
Total population aged 65 and over unable to manage at least one domestic task on their own	15347	16226	18258	20814	23806
Total population aged 65 and over unable to manage at least one self-care activity on their own	12605	13311	14950	17031	19485
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little	9668	10211	11514	13036	14640
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot	9978	10537	11935	13541	15465
Total population aged 65 and over predicted to have a learning disability	780	826	926	1055	1188
Total population 65 and over	37600	39700	44600	50400	56700

Source: Projecting Older People Population Information System

### Physical and Sensory Disability

Projecting Adults Needs and Service Information data suggests that just under 4,000 people aged 18-64 are have a serious physical disability in Redbridge, with 14,000 people having moderate disabilities. For those with a serious visual impairment it estimates the population at 130. PANSI also reports that the number of people with a moderate or severe hearing loss stands at 22,300 with a further 500 people having a profound hearing impairment.

**Table 7** Estimated population with a physical disability aged 18 – 64

	2017	2020	2025	2030	2035
Total population aged 18-64 with a serious physical disability	3,937	4,155	4,484	4,780	5,072
Total population aged 18-64 with a moderate physical disability	13,948	14,607	15,603	16,564	17,509

Source: Projecting Adult Needs and Service Information, 2017.

### Mental Health

The Child and Adolescent Mental Health Transformation plan produced by the Clinical Commissioning Group in December 2015 estimated that there would be 3,071 5-16 year olds with conduct disorders in 2017 and 1,959 5-16 year olds with emotional disorders. National prevalence rates would suggest that 12% of children and young people are living with mental and emotional health disorders.

An estimated 31,073 adults aged 18-64 in Redbridge have a common mental health disorder. Common mental disorders include depression and anxiety, they cause emotional distress and interfere with daily function, but do not usually affect insight or cognition. Although usually less disabling than major psychiatric disorders, their higher prevalence means the cost of common mental health disorders to society is great.

**Table 8** Estimated number of people with mental health disorders aged 18 – 64 years

Types of Mental Health Problems	Persons				
	2017	2020	2025	2030	2035
Common mental disorder	31,073	32,369	34,106	35,798	37,366
Borderline personality disorder	869	906	954	1,001	1,045
Antisocial personality disorder	670	697	737	775	811
Psychotic disorder	772	804	848	890	928
Have two or more psychiatric disorders	13,873	14,449	15,233	15,995	16,705

Source: Projecting Adult Needs and Service Information, 2017.

The local primary care disease register currently (August 2017) identifies 2734 individuals over the age of 18 years as having a mental health disorder. This does not identify the type or severity of the mental health condition experienced by these individuals.

### 5.2 Population Need

Redbridge is also diverse borough in respect of need. Using the Index of Multiple Deprivation as a measure, Redbridge went from the 22nd most deprived in London in 2010 to the 21st in 2015 but improved slightly from 134th most deprived in England in 2010, to 138th in 2015.

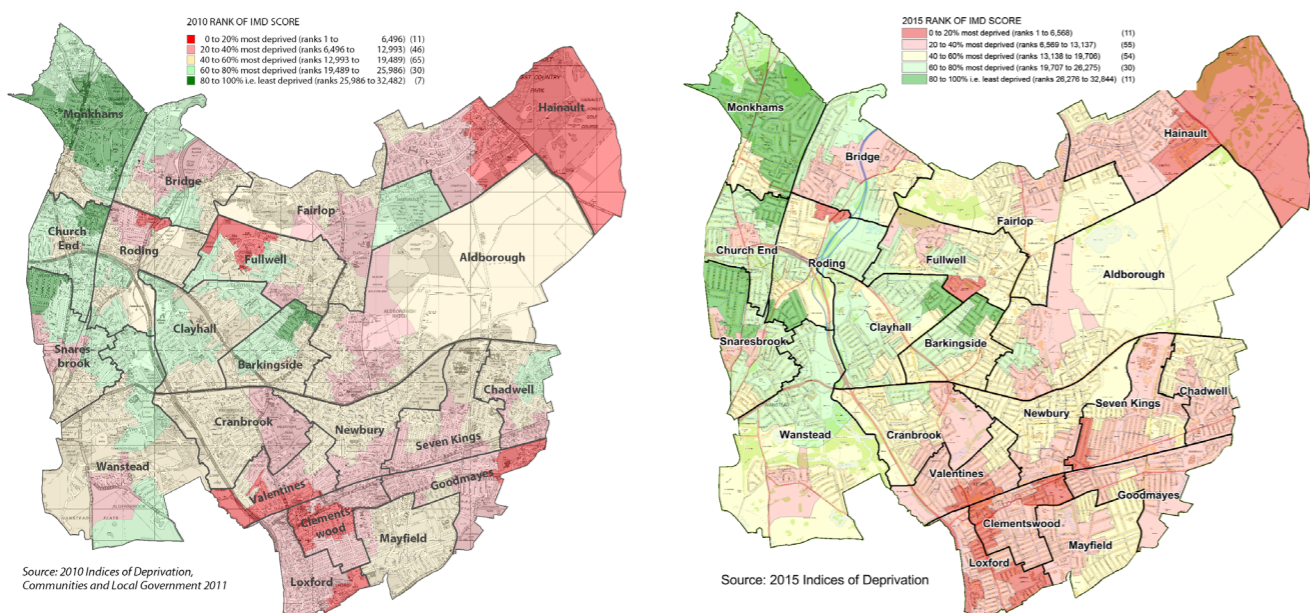
The geographic spread of deprivation shows relatively higher levels of need in the south and the east of the borough as can be seen on the maps below. Eleven neighbourhoods are amongst the 20% most deprived in England (impacting on seven of our 21 wards). In terms of relative wealth a further eleven communities found in six wards are amongst the 20% least deprived. Barkingside, Clayhall and



Monkhams are the only wards in Redbridge without any neighbourhoods amongst the 40% most deprived in England whereas every neighbourhood in Loxford is within the 30% most deprived and every neighbourhood in Clementswood is within the 40% most deprived in England. Church End, Monkhams and Snarebrook have neighbourhoods amongst the 10% least deprived in England.

Fig 1 - Distribution of deprivation across Redbridge in 2010 and 2015

## Index of Multiple Deprivation (IMD)



### Economic activity and economic deprivation

Over the period Jan 2015 to Dec 2015, 74.4 per cent of working age adults were in employment in Redbridge, compared to 77.7 per cent in London and 77.8 per cent nationally. 6.2 per cent of working age adults in Redbridge were unemployed, compared to 6.1 per cent in London and 5.2 per cent nationally.

The number of children living in households claiming out-of-work benefits rose from 14,740 in 2008, peaking at 15,480 in 2009 and declined steadily to 7,770 in 2015. This pattern is in line with the average numbers for London boroughs and local authorities in England and Wales.

Table 9 Number of children living in households claiming out-of-work benefits

	Redbridge		London Borough		England & Wales LA	
	No. of children	Ave. per h'hold	No. of children	Ave. per h'hold	No. of children	Ave. per h'hold
2009	15,480	2.05	14,590	1.96	6,990	1.88
2010	15,030	2.06	14,420	1.97	6,990	1.90
2011	14,100	2.06	13,780	1.96	6,760	1.90
2012	13,100	2.03	13,340	1.95	6,700	1.90
2013	11,390	1.96	11,970	1.91	6,320	1.89
2014	9,150	1.92	10,230	1.88	5,770	1.89
2015	7,770	1.89	9,190	1.87	5,320	1.90

Source: Department for Work and Pensions (NB London borough average figures exclude City of London)

### Relative child poverty

In 2014, there were 14,940 (20.6 per cent) children living in low income families in Redbridge, lower than the proportion for London (23.9 per cent) but higher than the proportion for England (19.9 per cent) and in line with national and regional trends. In Redbridge, the number of children living in families earning less than 60 per cent of median income more than doubled from 3,340 in 2013 to 7,490 in 2014. The number of children living in families in receipt of out-of-work benefits fell by more than 20 per cent from 9,480 to 7,450.

Relative child poverty was more prevalent in the south of the Borough, with the highest levels in the wards of Loxford (33.8 per cent) and Clementswood (29.7 per cent). However, there were areas of Redbridge where up to two in five children were living in low income families, which were spread more widely across the Borough. The highest rates of relative child poverty were areas in Loxford at 45.0 per cent. In total, there were 21 LSOAs in Redbridge where at least three in ten children were living in low income families, covering the wards of Loxford (6 LSOAs), Clementswood (6 LSOAs), Fullwell (2 LSOAs), Hainault (2 LSOAs), Roding, Seven Kings, Valentines, Goodmayes, and Newbury (one LSOA each). In contrast, Monkhams had the lowest level of relative child poverty at 6.3 per cent, and is also the ward with the lowest number of children, at less than 40 per cent of the number living in Loxford.

In 2014, half (50.1 per cent) of the children in low income families were living in lone parent households in Redbridge. However this was a lower proportion than for London (63.3 per cent) and England (63.3 per cent).

Over two in five (42.8 per cent) children living in low income families were aged between 0 and 4 years old, and 75.4 per cent were under 11 years of age. Some 47.2 per cent of children in relative child poverty in Redbridge lived in families with three or more children, higher than the proportion for London (44.9 per cent) and England (44.8 per cent).

### Children in Need

Activity in respect of children and young people open to social care are shown below. As a proxy measures of need the activity information suggests an increasing level of complex need. This trend is supported by more subjective analysis which indicates a growing level of need as a result of parental mental health disorders, domestic violence and substance and alcohol misuse. There is also growing evidence of needs increasing as a result of attempts to radicalise children and young people. More young people are also becoming involved in gang related activity.

Table 10 Number of children open to social care

	2014	2015	2016	2017	31st Aug 2017
Children in Need	2363	2519	2515	2246	2193
Children with a child protection plan	188	268	341	378	362
Looked after children	215	215	215	228	231

### Education Outcomes

Educational outcomes in Redbridge are generally good and outcomes compare well nationally. Redbridge ranks 39<sup>th</sup> of 151 local authorities nationally for outcomes at the Early Years and Foundation Stage. At Key Stage 2 results are in line or above national averages in all subjects except reading. At Key Stage 4 all GCSE measures were in the top 20 of local authorities nationally. A-levels results dip to 45<sup>th</sup> nationally. Disadvantaged groups perform better in Redbridge than they do nationally and the Redbridge ranks 10<sup>th</sup> and 11<sup>th</sup> nationally for the main measures of the GCSE performance of disadvantaged pupils.



# 6



## Current Resources

### Funding

The context of spend for Caring for Redbridge needs to be understood within the wider financial position of the council. Government cuts have meant we have had to approve savings of around £125m since 2011 of which £30.3m has to be saved over the next five years. These reductions are in the context of growing demand for services.

The People Directorate budget has undergone the following changes since 2014.

	2013/14 £	2014/15 £	2015/16 £	2016/17 £	2017/18 £
Gross Budget	153,968	149,200	150,475	142,830	153,360
Income Budget	37,741	31,409	34,366	37,872	40,961
Net Budget	116,227	117,791	116,109	104,958	112,399

Whilst the actual budget has declined by £4m over the five year period, this smaller amount of funding has had to meet inflationary and demographic increases. This has driven the need to make savings of £42m over the last five years. The Directorate budget was recast at the beginning of 2017/18 in recognition of significant overspending across services and the lack of any realistic options to reduce spending to the planned budget levels. This illustrates that the Directorate is becoming close to an irreducible minimum level of spending based on current service configurations and that further savings are only likely to be realisable through more strategic and longer term changes.

Savings of a further £14m are already planned for the next five years but the total savings requirement will be considerably in excess of this amount as financial forecasts for future years are refined and savings allocated.

Traditional approaches to savings such as incremental reductions to service budgets or seeking to reduce non “front line” expenditure have either been exhausted or are no longer viable options for the future. Instead more fundamental changes are required as set out within our commissioning attentions within the next section.

### Workforce

Increasing demand for services is likely to require an increase in the workforce. However, in order to reconcile this to the reducing level of funding it is clear that different skill sets and attributes will be required in the future.

The Council has a high quality workforce but there are particular pressures, recruitment is increasingly difficult in some professional areas which has historically lead to an over reliance on agency based staff. National shortages in areas such as teaching are beginning to impact locally and there are signs that the supply of home carers is beginning to contract for the first time.

In the future, the Directorate will need a workforce that is professionally competent and confident as greater emphasis will be placed on professional judgement rather than process. Traditional professional boundaries will erode particularly to secure the potential benefits of integrated working. A highly motivated and customer focused work force which is able to develop and apply creative solutions to meeting needs will be necessary. An identification with local areas will become increasingly important in a number of areas given the increasing importance of working with local communities and families and making use of the local assets and services that are available to people. We will support staff in their understanding of the different cultures within Redbridge.

The corporate review of pay and reward arrangements will be key to ensuring that the Council is a competitive employer and able to attract and retain staff. Recruitment and retention strategies will set out in more detail the measures that will be taken to ensure that the Council offers a rewarding



employment experience, this includes a review of the current training offer to ensure that training and development opportunities are aligned with need and are attractive and relevant to those seeking opportunities to progress their career as well as providing a good base line for professional development.

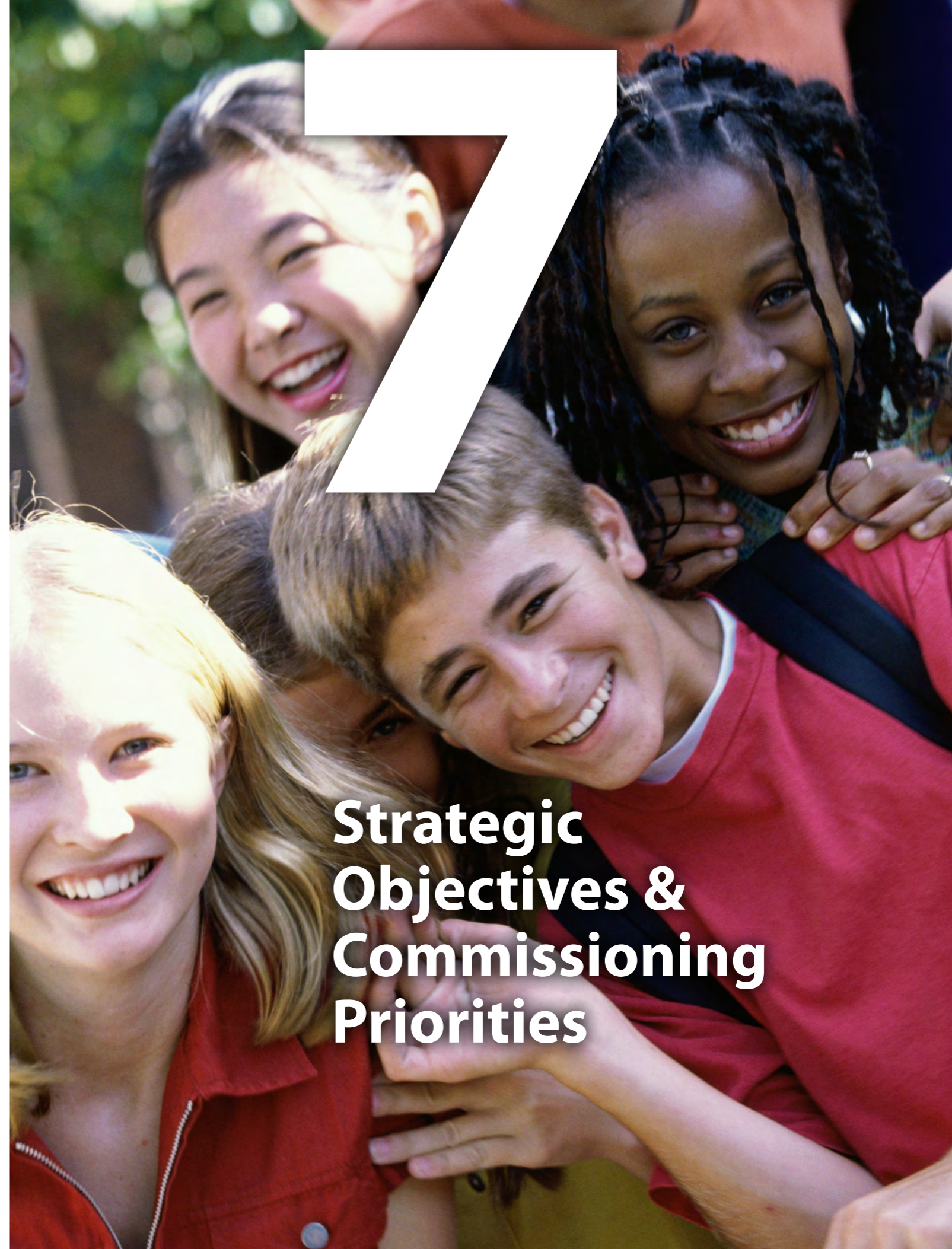
The Directorate will work collaboratively with its providers to support them to recruit and retain staff. This will include supporting the development of career structures for the independent sector social care providers and moving to London Living Wage contracts.

### Service Quality

Service quality across the People Directorate is generally good. The Ofsted review of children's social care resulted in a Good rating. There is a relatively high number of schools rated as Good or better by Ofsted. Satisfaction levels as measured by the annual survey within Adult Social care are comparatively good and have increased marginally.

There are areas where a specific improvement focus is being taken current, an SEND Improvement Plan and Board are in place to secure rapid improvements in arrangements for assessing and reviewing the needs of children and young people with SEND. A project management approach is also being taken to secure sustainable improvement in the arrangements for Direct Payments.

The challenge for the future will be sustaining and further improving service quality in the context of demand and activity pressures.



## Strategic Objectives & Commissioning Priorities



The following section describes in further detail the strategic objectives that will support delivery of commissioning high quality services that prevent, postpone or minimise the need for formal care, whilst providing choice, value for money and safeguarding users from abuse. The key objectives are:

## Strategic Objective 1: Universal Services

### Our aim

We will provide and support high quality universal services that are accessible to all residents of the Borough.

### Where we are now

Universal services including health visiting, 0-5 settings, schools and further education provision are of a relatively high quality. Additionally the Borough benefits from highly regarded environmental and leisure facilities. However, access to housing remains a key issue with too many people in homeless and in temporary accommodation for too long. There continues to be a strong link between deprivation and poorer outcomes. Not all residents benefit from the universal services that are available and in some instances take up of services is lowest amongst those residents who would benefit from the support the most. As some services have shrunk, remaining services particularly schools are having to manage increasing levels of need.

### The challenge

Specific action is required to ensure that the benefits of universal services are experienced by all residents. Universal services will need to be equipped to manage increased levels of need whilst continuing to secure positive outcomes for all users of the service.

### Key actions will include

- implementing the requirement for families to have access to 30 hours free childcare
- publishing and implementing a School Organisation Plan that sets out how all children will have access to a good quality school place over the next five years
- implementing a schools capital programme that gives sufficient regard to improving the condition of school buildings
- working with the Regional Schools Commissioner and schools to develop a school based self-sustaining school improvement model
- ensuring that all children and young people access their entitlement to 25 hours education a week
- further development of operational and strategic links with Housing to improve access to housing for those most in need
- develop approaches to improving the supply of life time homes within the Borough and improving access to timely adaptations.
- working with key partners to deliver the priorities set out within the Health and Wellbeing strategy, including seeking to address the poorer outcomes that Redbridge residents experiences from conditions and illnesses such as diabetes and cancer.

## Strategic Objective 2: Early Intervention and Prevention

### Our aim

We will tackle problems early through making use of the assets in families and communities and evidence based interventions.

### Where we are now

A range of early intervention and prevention services are available but have been subject to a series of incremental budget reductions. Those that might benefit most do not always access these services and availability is not always responsive to need. There is mixed evidence base for the effectiveness of the services available.

### The challenge

Early help and preventative services have to be targeted at those that are most vulnerable to escalation of need and poorer outcomes. The Council's role will be to direct people to available help rather than always provide support. There are inequalities in the support and there needs to be a better understanding of what is available. Many of these services are non-statutory and more vulnerable to budget reductions when there are limited options for savings available.

### Key actions will include:

- proactively creating opportunities and supporting people to enter employment, particularly young people at risk of being Not in Education, Employment or Training and adults with learning disabilities and mental health problems.
- continuing to promote the use of the Common Assessment Framework as a common process for identifying the needs of children and young people in need of help.
- build on the successes of the Families Together service and adopt a family based approach to the assessment of need as a default.
- further develop models of "social prescribing" borough wide to link people to support without the need for statutory assessment.
- take a system approach to identifying savings in the future, considering the Council's total spend on a population group and where and how a reduced spend should be deployed in the future to meet statutory requirements and Council priorities. This should prevent an incremental reduction of preventative based services. The first review will be services to the 0-5 age group.
- ensure that all services are equipped and adept at identifying and supporting the treatment of health needs including mental health needs, obesity and drug and alcohol misuse issues.
- adopt a formal approach to the monitoring and evaluation of preventative activity in order to build an evidence base for the strategies and services deployed and ensure that the targeted people and families are accessing these services.
- develop a range of very targeted interventions for those individuals most vulnerable to a significant escalation in their needs, including children and young people on the edge of care and people with mental health problems in crisis.
- implementing the carers framework and linked action plan to ensure that carers (including young carers) are identified and supported where help is needed to live fulfilling lives alongside their caring role.



## Strategic Objective 3: Provision of Targeted Services

### Our aim

We will secure a range of high quality services and interventions that are responsive to individual needs and support people to live as independent lives as possible.

### Where we are now

Provision is generally of a good quality. Needs are met through a range of services options that is too narrow and is not always responsive to individuals and their circumstances. A lack of provision for some needs results in some very high cost care being secured. There are not strategic commissioning plans that identify the optimum mix of care required and the strategies for securing this mix.

### The challenge

The volume and complexity of need is generally increasing within the Borough's population. A reactive approach through increasing current services proportionately is neither affordable nor desirable and in some cases is not possible given existing shortages of required care. A wider range of tailored support options is required for people. People should be placed in charge of their own care needs as far as possible and all services should be working to a principle of supporting people to live as independent lives as possible.

### Key actions will include

- supporting staff to develop more creative options for meeting people's rather than seeking to meet needs through a narrow range of service options.
- implement the "Three Conversations" model in adult social work and provide more focussed and intensive support to people experiencing a crisis in their lives.
- increasing the supply of and skills of foster carers available to the Council.
- improving outcomes of looked after children and care leavers.
- implementing the recommendations of a review into the use of the High Needs Block funding for children and young people with SEND. Ensuring that a local range of services are available for children and young people.
- further improving arrangements for safeguarding children and young people and adults. Ensuring that training and services are in place to best respond to emerging trends such as radicalisation and gang exploitation as well as longer standing safeguarding risks.
- improving transitions between services, particularly for young people transitioning between children and adult services with earlier planning and a focus on the aspirations and ambitions of the young person.
- commissioning housing options for vulnerable people (including care leavers) that ensure that there is a sufficient supply of suitable residential options for people at all levels of need from general housing, supported living schemes, shared lives schemes, sheltered and extra care and residential and nursing care.
- developing new locality based arrangements for home care, with greater use of outcome based contracts and integrating social care and health tasks where appropriate.
- overhauling arrangements for reablement services, (the default service for people leaving hospital) and developing a specific reablement workforce with the skills and focus to return people to independence.
- implementing the Discharge to Assess (D2A) model for people leaving hospital and working closely with acute providers to develop further options to support people to leave hospital earlier.

- increasing the awareness and use of assistive technology in meeting the care needs of both vulnerable children and adults.
- developing more community support options for people with substance misuse and alcohol problems
- ensuring that there is sufficient capacity and suitable arrangements to protect the rights of people deprived of their liberty.

## Strategic Objective 4: Working Effectively in Partnership

### Our aim

We will seek to take full benefits from partnership working with others. We can improve outcomes for residents through more integrated working and improve the experience of receiving support from agencies. We can also secure financial benefits through economies of scale in our commissioning and procurement and make best use of scarce resources, skills and knowledge

### Where we are now

The Council is further ahead than most local authorities in developing integrated adult social care and health services. Multi agency safeguarding arrangements are generally strong and the multi-agency safeguarding hub was considered to be outstanding by Ofsted. Relations amongst schools and with the local authority are generally strong. There is a strong local commitment to partnership working with the health system and neighbouring local authorities and some good recent examples of the benefits of joint commissioning. However, overall progress has sometimes been slower than generally desired and there continue to be instances where a lack of coordinated services and decision making impacts adversely on residents.

### The challenge

At a time when budgets across the public sector are under pressure the imperative to secure savings through better integrated decision making and services is stronger than ever. However, those financial pressures are also an impediment to partnership working as partners are more likely to be risk averse and the pressures on individual organisations can reduce the capacity available for working with other agencies.

### Key actions will include

- work with the CCG, LB Havering, LB Barking and Dagenham and health provider organisations to progress toward an Accountable Care System.
- establish formal joint commissioning arrangements and structures with the CCG, LB Havering and LB Barking and Dagenham to secure economies and efficiencies through commissioning and contracting at a larger scale and adopting common service specifications and levels.
- identify opportunities to jointly commission low incidence-high cost services.
- actively support the further development of integrated health and social care localities, supporting the use of capitated budgets to commission a range of services at a locality level.
- establish new arrangements with Redbridge schools for the provision of traded school improvement and support services, seeking opportunities for shared closer working and integration with schools.
- develop partnerships with the community and voluntary sector that go beyond a traditional commissioner/provider arrangement and instead engage the knowledge and experience of CVS organisations when developing strategic plans and responding to the needs of individuals.



## Strategic Objective 5: Working with Communities

### Our aim

We will work more closely with and in communities, supporting services to be responsive to local needs and making full use of the social capital and assets that exist in all communities. We will work in partnership with communities to create and develop local networks and support our staff to be creative in how they work with residents.

### Where we are now

There are some good building blocks with integrated adult social care services being organised in four locality teams. There is also a growing understanding of the importance of working constructively with communities of interest, such as the parents of children and young people with SEND. There are good examples of engagement and coproduction taking place within transformation projects.

### The Challenge

We need to move from having the foundations for working with and within communities to this becoming the default way of working for many services. This will require new approaches to organising our work and less of a reliance on threshold and process to control volumes of activity for services.

### Key actions will include:

- developing stronger links between our services, staff and specific communities in order to better understand and make use of the support that is available
- supporting Council wide initiatives to develop multi-functional locality based services operating from a single base in a community. Critically examining how services could better integrate under single management structures in order to provide services to a community.
- seeking to develop aligned boundaries across services for working with localities and communities to ensure that joint working is promoted and efforts are coordinated.
- commissioning more services, including home care, on a locality basis to develop stronger local links between services and communities.

## Bibliography and further reading

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How do you know you are making the best use of scarce resources? LGA 2017

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The Health and Wellbeing Strategy

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The Children and Young People's Plan

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Early Intervention Strategy

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Child Sexual Exploitation Prevention and Intervention Strategy

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The Corporate Plan

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Service specific commissioning plans

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Current commissioning and contracts

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LSCB Business Plan

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LSAB Business Plan

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Wood Review of LSCBs

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National reviews on specific issues i.e. FGM, Child Trafficking, PREVENT

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OFSTED thematic surveys and review of CSE including the Jay and the Coffey Reports

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OFSTED thematic surveys including children living away from home, neglect, early help and SEND

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JTAI Inspection Framework including Domestic Abuse

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