

Appendix A: Core Dataset Recommended For A Joint Strategic Needs Assessment (latest version available at: www.yhpho.org.uk/viewResource.aspx?id=1299)

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
Demography	Population numbers	Estimates	5 year age bands and gender			
		Projections	Population 3-5 years ahead			
	Births	Current		Current births		
		Projections		Projected births		
	Ethnicity	Estimates	Numbers and percentages by age band			
		Projections	3-5 years ahead			
	Disability		Limiting Long-Term Illness			
Migration	Misc proxy indicators	See www.audit-commission.gov.uk/migrantworkers/data for available indicators				
Social & Environmental	Deprivation		Index of Multiple Deprivation (IMD)	Proportion of children in poverty (NI 116)		

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
	Living arrangements	Housing	<ol style="list-style-type: none"> Housing tenure Overcrowding 		<ol style="list-style-type: none"> Living alone Central heating etc (e.g. from POPPI) 	<ol style="list-style-type: none"> Adults with learning disabilities in settled accommodation (NI 145) Adults in contact with secondary mental health services in settled accommodation (NI 149)
		Transport	Access to car or van, etc			
	Economic	Employment	<ol style="list-style-type: none"> Overall employment rate (NI 151) Working age people on out-of-work benefits (NI 152) Working age people claiming out-of-work benefits in the worst performing neighbourhoods (NI 153) 			<ol style="list-style-type: none"> Adults with learning disabilities in employment (NI 146) Adults in contact with secondary mental health services in employment (NI 150)
			Other Employment Indicators– e.g.: Unemployment rate, Claimant count, etc			

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
		Other	Average incomes			
	Environment	Isolation	Rural or urban location <i>Access to services (e.g. from Indices of Deprivation)</i>			
	Voice				Satisfaction of people over 65 with home and neighbourhood (NI 138)	
Lifestyle/Risk factors	Behaviours	Smoking	1. Modelled and/or recorded prevalence 2. Quit rates 3. Deaths due to smoking			
		Eating habits	Modelled and/or recorded eating behaviour	Prevalence of breast-feeding at 6-8 weeks from birth (NI 53)		
		Alcohol	Alcohol-harm related hospital admission rates (NI 39)			
			Modelled and/or recorded drinking behaviour			
		Physical Activity	E.g. from Active People Survey			
Sexual Behaviour			Under 18 conceptions (NI 112) Under 16 conceptions			

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
	Other	Hyper-tension	<i>Modelled and/or recorded prevalence</i>			
		Obesity	<i>Modelled and/or recorded prevalence</i>	Obesity among primary school age children in Reception Year (NI 55) Obesity among primary school age children in Year 6 (NI 56)		
Burden of ill-health and disability	Misc	All Causes	All-Age All-Cause Mortality (NI 120)	Infant mortality		
			Life Expectancy			
			Main causes of death			
			Hospital admissions – top 10 causes			
			Self-reported measure of overall health and wellbeing (NI 119)			
					Healthy life expectancy at age 65 (NI 137)	
	Causes considered amenable to healthcare	Mortality				
	Diabetes	General	Modelled v. recorded prevalence			

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
			<i>Implications – e.g. Life Expectancy/Quality-Adjusted Life Expectancy/Costs from UKPDS</i>			
	Circulatory	General	Mortality rate from all circulatory diseases under 75 (NI 121)			
		CHD	Mortality			
			Modelled v. recorded prevalence			
			<i>Hospital admission rate for MI (proxy for incidence)</i>			
			<i>Admissions for cardiac revascularisation</i>			
		Stroke	Mortality			
	<i>Hospital admission rate for Stroke (proxy for incidence)</i>					
	Cancer	General	Mortality rate from all cancers under age 75 (NI 122)			
		By site	<i>Cancer registrations</i>			
	Infectious	Respiratory	COPD Mortality			
			COPD modelled v. recorded prevalence			
			<i>TB notifications</i>			
		STIs	KC60 GUM STI data, particularly gonorrhoea	Chlamydia in under-25s		Late diagnosis of HIV
	New diagnoses of HIV/Aids					
	Dental	Decay		<i>% DMFT in 5-year olds</i>		

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
	Mental	Dementia			<i>e.g. Predictions from POPPI</i>	
	Trauma	Falls			<i>Hospital admissions for Fractured Neck of Femur (proxy for incidence)</i>	
		Road accidents	People killed or seriously injured on roads	Children killed or seriously injured on roads (NI 48)		
		Injuries			Hospital admissions caused by unintentional and deliberate injuries to children and young people (NI 70)	
	Musculo-skeletal	Arthritis			<i>Admissions for hip and knee replacement</i>	
	Disability	General	Long-term limiting illness			

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
Services	Social Services	Numbers			Physical disability, frailty and sensory impairment 1. Number of clients 2. Number receiving services in community	Physical disability, frailty and sensory impairment 1. Number of clients 2. Number receiving services in community
					Learning disability 1. Number of clients 2. Number receiving services in community	Learning disability 1. Number of clients 2. Number receiving services in community
					Mental health 1. Number of clients 2. Number receiving services in community	Mental health 1. Number of clients 2. Number receiving services in community
					Substance misuse 1. Number of clients 2. Number receiving services in community	Substance misuse 1. Number of clients 2. Number receiving services in community

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
					Other vulnerable people 1. Number of clients 2. Number receiving services in community	Other vulnerable people 1. Number of clients 2. Number receiving services in community
		Standard of Service				Timeliness of social care assessment (NI 132)
						People supported to live independently through social services (NI 136)
			Carers receiving needs assessment or review and a specific carer's service, or advice and information (NI 135)			
	Preventive		Uptake rates for Flu jab, etc	Uptake rates for MMR, etc		
	Sexual Health Services		Offer of an appointment at a GUM service within 48 hours			
			Long acting reversible contraception methods as a percentage of all contraception			

Domain	Sub-domain	Sub-sub-domain	Everybody	Children & Young People	Older People	Vulnerable People
			Access to NHS funded abortions before 10 weeks gestation	Access to NHS funded abortions before 10 weeks gestation		
	Voice	User perspective on social care			The extent to which older people receive the support they need to live independently at home (NI 139)	
						Self-reported experience of social care users (NI 127)
		User perspective on health care	National Patients Survey Programme findings for local institutions. Available from www.healthcarecommission.org.uk/healthcareproviders/yourlocalhealthservices.cfm			

Appendix B: JSNA Core data indicators that are not currently measured in Haringey at 28/5/08

The table below provides a list of indicators that are not currently measured locally and the plans for measurement.

JSNA Chapter	National Indicator	Update
3	145- Adults with learning disabilities in settled accommodation	New indicator- change to framework if required
3	149- Adults in contact with secondary mental health services in settled accommodation	Delayed to 09/10. Mental Health Trust to lead and will be captured in Mental Health Minimum dataset.
3	146- Adults with learning disabilities in employment	New indicator- change to framework if required
3	150- Adults in contact with secondary mental health services in employment	See 149 above
3	138- Satisfaction of people over 65 with home and neighbourhood	New indicator- to be included in the place survey
	119- Self-reported measure of overall health and well-being.	Delayed until 09/10.
	136- People supported to live independently through social services	LBH to lead- waiting on population stats. Proxy target based on old indicator 22.68
6	135- Carers receiving needs assessment or review and a specific carer's service, or advice and information.	Definition Change. Projected using 07/08 data. 08/09 Target 14.2%

Appendix C: Service boundaries in Haringey

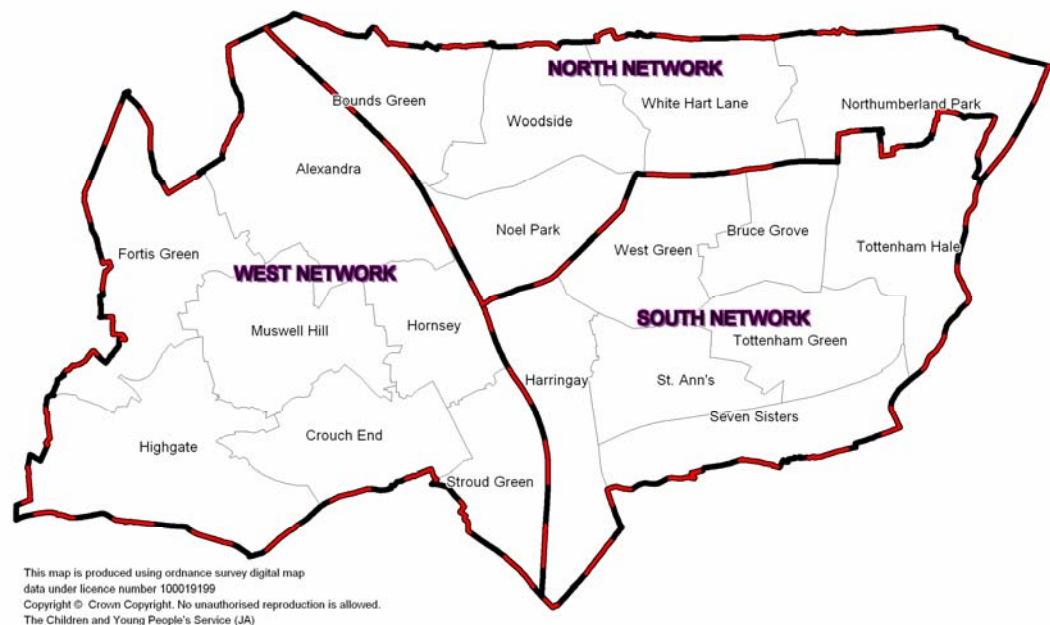
One of the key challenges in conducting a needs assessment across partners and service areas is that different services use different administrative geographical boundaries. Further, different data sets are available at different levels of geographic precision; some data sources are only available at borough level whereas some are available down to postcode and super output area (SOA) level. Obviously the more precise geographical level the greater utility of the data sources as we are able to obtain a more precise understanding of how need is distributed in Haringey. We are also able to more flexibly scale up data to different service boundaries.

As a first step in resolving this issue we have sought to compile the service boundaries of the major service areas of partners in Haringey. We also recognise the importance of obtaining fine level geographic precision in data collections. Obtaining geographic precision in data collections will be a future priority.

AC.1 Children's services

Issues:

Children's services in Haringey are provided by three networks; North, South and West. These children's services networks are coterminous with ward boundaries and thus data available at ward level can be 'scaled up' and reported by children's service network. The map below displays the network boundaries and corresponding wards.



It should also be noted that services provided to children and young people through schools are not purely on geographical grounds. Some resident children attend schools outside the borough. Similarly residents of other boroughs attend schools in Haringey.

AC.2 Primary care

Issues:

Drawing boundaries around primary care providers is difficult. In Haringey we know that not all people registered with general practitioners are residents of Haringey. We also know that many of residents are registered with general practitioners outside of the borough. For instance in 2005 there were 264,988 people registered with a general practice in Haringey; 7.3% more than the resident population. Of these 24,900 (9.3%) lived outside the borough (over 90% of these people lived in Enfield). For most purposes in this document data are reported according to resident population. General Practice derived statistics should be interpreted with care as they do not exactly correspond to the resident population.

Haringey's primary care providers are also divided into General Practice Collaboratives. These collaboratives broadly divide the borough along geographical lines, although this is not always the case. Some general practices joined collaboratives based on historical professional ties rather than geographical ones.

AC.3 Adult services

Issues:

Drawing boundaries around services for adult social services in Haringey is considerably less complex. Those people resident in Haringey are eligible for social care. The main variation in this occurs with carers. Some carers of Haringey residents reside outside the borough but are provided with services to support their caring role in Haringey.

AC.4 Acute/ secondary care

Issues:

Secondary care (acute hospital services) are currently provided by two hospitals, the Whittington and the North Middlesex University Hospital. Both of these facilities are located outside of Haringey.

Appendix D: Predictions of illness in people aged over 65 years in Haringey up to 2025.

These estimates are derived entirely from POPPI¹. The Care Services Improvement Partnership has produced a tool to predict needs of older people. Projections are available for age, ethnicity, religion, living and supporting arrangements and health and disability indicators. The tool is called POPPI, which stands for Projecting Older People Population Information. POPPI forecasts can go out to 2025, split by gender and age-band.

Table D.1: People aged 65 and over predicted to have a longstanding health condition caused by bronchitis and emphysema, by gender and by age (65-74, 75 and over), projected to 2025²

	2008	2010	2015	2020	2025
Males aged 65-74 predicted to have a longstanding health condition caused by bronchitis and emphysema	187	184	184	187	197
Males aged 75 and over predicted to have a longstanding health condition caused by bronchitis and emphysema	98	101	109	109	120
Females aged 65-74 predicted to have a longstanding health condition caused by bronchitis and emphysema	93	92	96	99	105
Females aged 75 and over predicted to have a longstanding health condition caused by bronchitis and emphysema	74	74	77	78	85
Total population aged 65 and over predicted to have a longstanding health condition caused by bronchitis and emphysema	452	450	466	474	508

Table D.2: People aged 65 and over predicted to be admitted to hospital as a result of falls, by age group (65-69, 70-74 and 75 and over), projected to 2025

	2008	2010	2015	2020	2025
People aged 65-69 predicted to be admitted to hospital as a result of falls	32	31	35	33	39
People aged 70-74 predicted to be admitted to hospital as a result of falls	51	51	47	52	51
People aged 75 and over admitted to hospital as a result of falls	324	328	342	350	379
Total population aged 65 and over predicted to be admitted to hospital as a result of falls	406	409	424	435	469

Table D.3: People aged 65 and over predicted to attend hospital Accident and Emergency (A&E) departments as a result of falls, by age group (65-69, 70-74 and 75 and over), projected to 2025³

¹ This tool is available at: www.csed.csip.org.uk/workstreams/demand-forecasting--capacity-planning/poppi.html

² 3.4% of 65-74 year old males, 2.8% of males aged 75 and over, 1.5% of 65-74 year old females and 1.4% of females aged 75 and over report bronchitis and emphysema. These prevalence rates are based on the 2004/05 General Household Survey, National Statistics, General health and use of health services, Table 7.15 Chronic sickness: rate per 1000 reporting selected longstanding conditions, by sex and age. Information on chronic sickness was obtained by asking about any longstanding illness that has had an effect or will have an effect over a period of time. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to have bronchitis and emphysema to 2025.

³ 2.873% of 65-69 year olds, 3.679% of 70-74 year olds, and 9.453% of people aged 75 and over attend hospital Accident and Emergency (A&E) departments as a result of unintentional falls. These figures are based on a study of 647,721 A&E attendances and 204,424 admissions to hospital in 1999, for fall related injuries in people aged 60 years and over. Scuffham, P. et al, Incidence and costs of unintentional falls in older people in the United Kingdom, Journal of Epidemiology and Community Health, Vol. 57, No.9, Sept. 2003, pp.740-744. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to attend hospital A&E departments as a result of falls to 2025.

	2008	2010	2015	2020	2025
People aged 65-69 predicted to attend hospital A&E departments as a result of falls	175	172	192	184	215
People aged 70-74 predicted to attend hospital A&E departments as a result of falls	202	202	188	210	202
People aged 75 and over predicted to attend hospital A&E departments as a result of falls	832	841	879	898	974
Total population aged 65 and over predicted to attend hospital A&E departments as a result of falls	1,209	1,216	1,259	1,292	1,391

Table D.4: People aged 65 and over predicted to be admitted to hospital as a result of falls, by age group (65-69, 70-74 and 75 and over), projected to 2025⁴

	2008	2010	2015	2020	2025
People aged 65-69 predicted to be admitted to hospital as a result of falls	32	31	35	33	39
People aged 70-74 predicted to be admitted to hospital as a result of falls	51	51	47	52	51
People aged 75 and over admitted to hospital as a result of falls	324	328	342	350	379
Total population aged 65 and over predicted to be admitted to hospital as a result of falls	406	409	424	435	469

Table D.5: People aged 65 and over predicted to have an incontinence problem, and living in the community, projected to 2025⁵

	2008	2010	2015	2020	2025
Males aged 65 and over, lowest estimated level of prediction	630	630	651	658	707
Males aged 65 and over, highest estimated level of prediction	900	900	930	940	1,010
Females aged 65 and over, lowest estimated level of prediction	1,150	1,140	1,190	1,220	1,310
Females aged 65 and over, highest estimated level of prediction	2,300	2,280	2,380	2,440	2,620

Table D.6: People aged over 75 registered blind or partially sighted, projected to 2025⁶

	2008	2010	2015	2020	2025
Males and females aged 75 and over registered blind or partially sighted	1,760	1,780	1,860	1,900	2,060

⁴ 0.52% of 65-69 year olds, 0.92% of 70-74 year olds, and 3.68% of people aged 75 and are admitted to hospital as a result of unintentional falls. These figures are based on a study of 647,721 A&E attendances and 204,424 admissions to hospital for fall related injuries in people aged 60 years and over. Scuffham, P. et al, Incidence and costs of unintentional falls in older people in the United Kingdom, Journal of Epidemiology and Community Health, Vol. 57, No.9, Sept. 2003, pp.740-744. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be admitted to hospital as a result of falls to 2025.

⁵ The prevalence of incontinence for people living at home is between 7-10% for men aged 65 and over and 10-20% for women aged 65 and over. It is difficult to measure the prevalence of incontinence accurately because the definitions of different degrees of incontinence are in part subjective, and people under-report the problem because of embarrassment. For the purposes of this data, incontinence has been defined as the involuntary/ inappropriate passing of urine/faeces that has an impact on social functioning or hygiene. It also includes nocturnal enuresis (bedwetting). Good Practice in Continence Services, 2000, DH. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to have incontinence problems to 2025.

⁶ 20% of people aged over 75 are registered blind or partially sighted. These figures are taken from Progress in Sight: National Standards of social care for visually impaired adults, October 2002, RNIB, page 8. No prevalence rate was given for the 65-74 age group. The prevalence rate has been applied to ONS population projections of the 75 and over population to give estimated numbers predicted to be registered blind or partially sighted to 2025.

Table D.7: People aged 65 and over unable to manage at least one mobility activity on their own, by age group (65-74, and 75 and over), projected to 2025. Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed⁷

	2008	2010	2015	2020	2025
People aged 65-74 unable to manage at least one mobility activity on their own	928	920	944	968	1,040
People aged 75 and over unable to manage at least one mobility activity on their own	2,112	2,136	2,232	2,280	2,472
Total population aged 65 and over unable to manage at least one mobility activity on their own	3,040	3,056	3,176	3,248	3,512

Table D.8: People aged 65 and over predicted to have depression, projected to 2025⁸

	2008	2010	2015	2020	2025
People aged 65 and over predicted to have depression: lowest estimated level of prediction	2,040	2,040	2,110	2,160	2,330
People aged 65 and over predicted to have depression: highest estimated level of prediction	3,060	3,060	3,165	3,240	3,495

Table D.9: People aged 65 and over predicted to have severe depression, projected to 2025⁹

	2008	2010	2015	2020	2025
People aged 65 and over predicted to have severe depression: lowest estimated level of prediction	612	612	633	648	699
People aged 65 and over predicted to have severe depression: highest estimated level of prediction	1,020	1,020	1,055	1,080	1,165

Table D.10: People aged 65 and over predicted to have dementia, by age band (65-69, 70-74, 75-79, 80-84 and 85 and over) and gender, projected to 2025¹⁰

	2008	2010	2015	2020	2025
--	------	------	------	------	------

⁷ 8% of 65-74 year olds, and 24% of men and women aged 75 and over are unable to manage on their own at least one of the mobility activities listed. The data is taken from Bridgwood, A. (1998) People Aged 65 and Over: Results of an Independent Study Carried Out on Behalf of the Department of Health as Part of the 1998 General Household Survey, page 43. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be unable to manage at least one of the mobility activities listed, to 2025.

⁸ Notes 10-15% of the 65 and over population are estimated to have depression; this estimate is based on a study by: Baldwin, R. (1996) Depressive Illness, in Jacoby, R. and Oppenheimer, C. (eds) Psychiatry in the Elderly, Oxford University Press. The prevalence rates have been applied to ONS population projections of the 65 and over population to give lowest and highest estimated numbers of people predicted to have depression to 2025.

⁹ 3-5% of the 65 and over population are estimated to have severe depression; this estimate is based on a study by: Baldwin, R. (1996) Depressive Illness, in Jacoby, R. and Oppenheimer, C. (eds) Psychiatry in the Elderly, Oxford University Press. The prevalence rates have been applied to ONS population projections of the 65 and over population to give lowest and highest estimated numbers of people predicted to have severe depression to 2025.

¹⁰ For men, 1.5% of 65-69 year olds; 3.1% of 70-74 year olds; 5.1% of 75-79 year olds; 10.2% of 80-84 year olds; 19.7% of men aged 85 and over are predicted to have dementia.

For women, 1% of 65-69 year olds; 2.4% of 70-74 year olds; 6.5% of 75-79 year olds; 13.3% of 80-84 year olds; 25.2% of women aged 85 and over are predicted to have dementia.

The most recent relevant source of UK data is Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers of people predicted to have dementia to 2025.

To calculate the prevalence rates for the 85+ population, rates from the research for the 85-89, 90-94 and 95+ age groups have been applied to these age groups in the total England population, in order to calculate the total numbers in each age group, and then divided into the total 85+ population to establish the predicted prevalence of the 85+ population as a whole.

Males aged 65-69 predicted to have dementia	44	42	47	44	51
Males aged 70-74 predicted to have dementia	81	81	71	81	74
Males aged 75-79 predicted to have dementia	92	97	97	87	102
Males aged 80-84 predicted to have dementia	102	102	122	133	122
Males aged 85 and over predicted to have dementia	138	138	158	177	217
Total males aged 65 and over predicted to have dementia	456	459	495	521	567
Females aged 65-69 predicted to have dementia	33	32	36	35	40
Females aged 70-74 predicted to have dementia	70	70	67	74	72
Females aged 75-79 predicted to have dementia	150	150	156	150	169
Females aged 80-84 predicted to have dementia	200	213	226	239	239
Females aged 85 and over predicted to have dementia	378	353	353	378	428
Total females aged 65 and over predicted to have dementia	830	817	838	876	949
Total population aged 65 and over predicted to have dementia	1,285	1,276	1,333	1,397	1,515