

7.0 Needs assessments already carried out in Haringey

Needs assessment has been embedded in practice in Haringey for some time. This chapter summarises the findings of several major needs assessments already conducted in Haringey.

7.1 Problem drug users needs assessment

Haringey Drug and Alcohol Action Team (DAAT) conduct an annual drug treatment needs assessment the findings of which are used to develop a drug treatment plan (commissioning strategy) for the year ahead. Haringey DAAT recently published the Haringey Adult Drug *Treatment Plan 2007/08*¹ to guide service provision for drug users in Haringey. A key part of the plan was undertaking a detailed needs assessment of problem drug use in Haringey. The needs assessment uses multiple methods to assess overall needs, including a detailed assessment of characteristics of drug treatment service, ambulance callout, known locations of illicit drug sales and nationally derived prevalence data. The needs assessment provides a useful example of needs assessment with direct implications for service design and commissioning. The following section provides a summary of the main findings of the needs assessment.

The needs assessment notes that the geographic patterns of drug use reflect the patterns of deprivation and crime with the highest numbers of people accessing drug treatment coming from the Wood Green postcode areas and a north-east swath running from Northumberland Park across the centre and into Hornsey. Alcohol/drug related ambulance callouts are also more common in the East of the borough.

The needs assessment also noted that open street drug markets are focussed around public transport hubs such as Turnpike Lane/Wood Green Tube, White Hart Lane and Seven Sisters. Wood Green Shopping City and Northumberland Park are also known drug market areas. The borough also has a number of estates where flats are taken over and used for drug dealing, known as 'Crack Houses'. Again all of the known crack houses were found in the East of the borough.

The Glasgow University prevalence study² involved collecting data about problem drug users in contact with specialist drug treatment, arrest referral, needle exchange, and Accident and Emergency departments, and conducting a community-recruited survey in the sites to estimate drug use. The prevalence study indicates that prevalence rates for crack cocaine were higher in Haringey than most London boroughs in 2004-5. This is also supported by local data, where reports of crack and cannabis use are high. Poly drug use was common with 65% of the treatment population reporting secondary drug use. Primary heroin users report high rates of secondary crack use (69%), which is not the case for primary crack users, with only 23% reporting secondary opiate use. Testing on arrest data indicates primary crack use to be high (61%), when combined with cocaine use this figure rises to 80%. 78% of the 'Black' or 'Black British' population assessed by the Home Office Drug Interventions Programme reported using cocaine based substances.

¹ The full needs assessment and associated treatment plan can be viewed at:
www.nta.nhs.uk/areas/treatment_planning/treatment_plans_2007_08/docs/haringey_trp1_0708.pdf

² Available at: www.homeoffice.gov.uk/rds/pdfs04/rdsolr3404.pdf

The majority (45%) of people assessed for structured drug treatment in 2005-06 reported opiates as the main drug of use, followed by crack and cannabis. Although lower than London overall, it suggests that service provision is disproportionately skewed towards opiate use. There has also been a significant upward trend in cannabis and in particular skunk use, especially in the under 25s. Anecdotal evidence suggests that methamphetamine may be being sold as crack on the streets. This was flagged for further investigation by the needs assessment.

Haringey local needs assessment estimated that approximately 1739 individuals were in need of drug treatment/and or other forms of less structured interventions. This figure is based on data from National Drug Treatment Monitoring System (2005-06), and local data. This compares with the Glasgow University estimate of 2485. The local needs assessment set out to test the Glasgow estimate by using the Treatment Bulls eye method. The total local figure for contacts in tier 1 and 2 services³ was estimated at 754 against the Home Office figure of 1500. It should however be noted that local substance misuse data from generic health services is patchy and that were this more readily available the figure may be higher. Also attributable data was unavailable and therefore this was a crude method whereby the number can include contacts already in touch with treatment services. Nevertheless, the local figure is based on the actual number of contacts in a number of local services, whereas the Home office study is a statistical estimation based on four sources. Also both differ by the time periods and cannot be compared like for like. The Glasgow estimate had a confidence interval rate of between 1965 and 3235, meaning the local estimate of 1739 is not too far out from the lower confidence interval rate.

Out of this estimated 1739, 1343 individuals should have entered structured drug treatment by the end of 2006/7, which equates to a penetration rate of 77%. In 2007/8 this was set to increase to 1670 (as per the stretched target). However what we do not know is how many of the remaining individuals are getting the level of service or support they need at Tier Two. This is particularly pertinent for the local African Caribbean community who access less structured forms of treatment such as BUBIC (Building Unity Back into the Community) or for those injecting drug users who only ever use needle exchange/harm minimisation services. These individuals will not appear in the treatment population figure as NDTMS does not capture tier 2 activity.

In 2005-6 financial year there were 1181 individuals in structured drug treatment in Haringey. The drug treatment population in Haringey is older (in age) than the regional or national figures, and older than might be expected given the relative youth of the population of Haringey. The Glasgow University study, however, indicated that the proportion of younger users (15-24) is higher in Haringey (25%) compared with 19% nationally. This suggests that there is work to be done to engage young people into treatment.

³ Services are classified by tiers according to the level of intervention required. The majority of individuals require access to Tier 1 services, which tend to be direct access services catering for a broad range of clients. Clients requiring more assistance tend to be referred to higher level services (Tiers 2-4). Please see: www.beh-mht.nhs.uk/services/directory_of_services/haringey/drug_alcohol.shtm

A slight increase in women accessing treatment in the last three years was noted, up from 24% to 28%. The Glasgow University study estimated that women make up 19.5% of the problematic drug use population that suggests a slight over-representation of women in treatment. Overall the proportion of women in tier 1 data sources is lower than in tier 2 (17% and 33% respectively). There are no significant differences in drug of choice between women and men in drug treatment (women 34% primary heroin users, men 38% primary heroin users, women 22% primary crack users, men 23% primary crack users).

Haringey drug treatment agencies attracts more service users from 'non white' backgrounds in comparison to the London average. London regional average for white category is 63% compared to Haringey at 43%. However, the 16 categories used by the ONS are of limited use when applied to a borough as diverse as Haringey. For example the other white category is likely to include ethnicities as diverse as Turkish, Turkish and Greek Cypriot Polish, Greek or Kurdish. Certainly this was confirmed by the local Mental Health Trust (DASH) who gave a more detailed breakdown of the treatment population (see Needs assessment). Language can form a barrier to treatment as engagement can be difficult to achieve through an interpreter. This may become more of an issue as anecdotal evidence from expert groups indicates changing patterns of substance misuse amongst polish migrants. Some are reported to be sleeping rough and using crack.

Ethnicity information is generally harder to obtain from tier 1/2 services. Where information does exist different ethnic categorisation systems other than the Office of National Statistics, make it difficult to make meaningful comparisons. Nevertheless; the prevalence of 'Non White or White British' is higher in the criminal justice system than the treatment population as a whole. This is apart from Bringing Unity Back Into the Community (BUBIC), which was set up to attract a more diverse population.

7.2 Children and Young People's Service Needs Assessment

*Changing Lives 2006-09*⁴ is the Haringey Children and Young People strategy developed in 2006. The purpose of Changing Lives is to outline the priorities for children and young people across the partnership. In 2007 Haringey reviewed the strategy and undertook an updated comprehensive needs assessment.

The following section provides a summary of the main findings of the needs assessment. The needs assessment outlines key demographic features of the Haringey population, particularly the demographics of children and young people in Haringey. The needs assessment then outlines in detail issues around vulnerable groups of children and young people, their health, safety and educational attainment in order to identify key areas of need.

The needs assessment illustrates the challenges that face many of the children and young people living in the borough. Challenges that unless addressed are likely to impact upon their health, wellbeing and life chances now as children and young people and on their future lives as adults, parents, employees and patients. The needs assessment also illustrate how some groups of children and young people in Haringey

⁴ www.haringey.gov.uk/index/children_and_families/cyp.htm

face an accumulation of difficulties as a result of their personal circumstances. For example, any given young person living in Haringey today may be overweight, bullied, smoke, have a mental disorder or be living in temporary accommodation or have all or any combination of these issues in their lives at any one time. This reinforces the need to consider children and young people as individuals if we are serious about improving outcomes.

The health needs of children and young people in Haringey were described in detail in the needs assessment. A major challenge to reduce health inequalities was identified, for example through reducing infant mortality in the east of the borough. It was noted that the uptake of immunisations in Haringey remains well below national target levels and that children and young people in Haringey need to be supported in making healthier choices about their lifestyles.

Evidence of improved outcomes was noted by the needs assessment, for example Haringey has better than average standards of oral health amongst children and we have noted the need to try and collect more and better more local data for example in relation to the mental health of children and young people. We have highlighted a number of successful targeted initiatives such as the Healthy Schools Programme and 4YP.

The safety of children and young people in Haringey was assessed in detail in the needs assessment. The needs assessment highlighted the effective work of the Local Safeguarding Children Board and the Safer Schools Partnership, the need to make the safeguarding of children and young people everyone's business and the need to raise awareness of child protection procedures and safe recruitment practice. The assessment also noted successes in addressing specific safety issues, in creating cleaner, greener spaces where children and young people feel safe and in establishing school travel plans. We have shown that bullying, safety on the streets and having safe places to play and meet are all key issues for children and young people in the borough.

Educational attainment is discussed in detail in the needs assessment and these findings are described in greater detail in section 3.11 in this document.

The needs assessment also describes Children's centres in more detail. Children's centres⁵ act as a hub within the community for parents and providers of childcare services for children of all ages, offering a base for child minder networks and a link to other day care provision, out of school clubs and extended services in and around schools. Centres also have links with local training and education providers, Jobcentre Plus and information services for children, young people and their families. Ten Children's Centres are currently designated and further are planned.

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www.haringey.gov.uk/index/children_and_families/eyc/childrenscentres.htm



7.3 Supporting People's Needs Assessment

Two major pieces of needs assessment have been undertaken in Haringey to support the *Supporting People: Five Year Strategy 2005-2010*⁶.

The first piece of work related to older people. An external consultant was commissioned to investigate the current and future need for housing and related support services for older people. The external consultants undertook a review of relevant local policy/strategy literature and the analysis and interpretation of statistical sources to identify the current and projected profile of older people within Haringey. Current housing stock was also reviewed to assess the degree to which this was responsive to current and future needs of older people. The needs and aspirations of current and potential service users were assessed by focus group research and detailed interviews. Face-to-face and telephone interviews were also undertaken with senior staff among strategic partners, including: Housing, Health, Social Services, Supporting People and providers of social housing and support services. Interviews were not restricted to those whose primary role is older people's services and were also extended to those responsible for people with more complex needs, some of whom could benefit from older people's housing and support services. The main findings of this assessment fed into the strategy and are summarised in the strategy document.

The second major piece of needs assessment work was undertaken to understand supported housing needs of residents with serious mental illness. The goal was to identify the needs of residents with SMI and identify their associated health, social and quality of life needs. The specific aims were to:

- Identify the most common met and unmet needs of individuals with SMI who live in different house settings: Rehab wards at St Ann's Hospital; High Support Residential Care (24hr staffing including waking night staff); Medium Support (staff being available during the whole day or visiting regularly) & Low Support (peripatetic staff and/or an alarm or on-call system)
- analyze how the needs differ when evaluated by key worker or by patient across house settings
- describe what kind of help (formal and informal help & satisfaction with help) people with SMI receive for covering their needs across house settings
- find the socio-demographic, social and clinical correlates of the presence of needs
- identify whether residents' health status and quality of life are commensurate with level of supported housing provided.

110 service users with severe mental illness (chronic conditions such as schizophrenia, schizo-affective disorder and bipolar affective disorder, usually requiring long-term, holistic support) were interviewed along with 110 key workers. Again, the main findings of this assessment fed into the strategy and are summarised in the strategy document.

The needs of specific client groups requiring supported housing are discussed in detail in the strategy and specific strategies for responding to these needs through service provision are provided. This needs assessment provides an example of how

⁶www.spkweb.org.uk/Your_local_area/GOL/Borough_of_Haringey/Strategy_and_policies/London+Borough+of+Haringey+Supporting+People+Five+Year+Strategy.htm

commissioning services can be directly influenced by detailed service needs assessment.

7.4 Housing needs assessment

A detailed needs assessment of housing in Haringey was carried out in 2007⁷. The main findings of this needs assessment are summarised in Chapter 3.

7.5 Primary care in Haringey

Health Equity Audit (HEA) is a process, similar to needs assessment, by which local partners identify how fairly services or resources are distributed in relation to the health needs of different groups and areas. The purpose of HEA is to help services narrow health inequalities. A health equity audit (HEA) of primary care provision in Haringey was carried out in November 2005, which looked at factors that might influence demands on primary care. This audit is discussed in more detail in the Annual Public Health Report 2006⁸. The main findings are summarised below.

The audit aimed to describe the allocation of resources to these practices through existing contractual arrangements, the need for primary care services amongst the populations registered with these GP practices, and review how equitably resources were allocated in relation to these needs.

The primary question answered by the audit was 'Is the allocation of resources fair i.e. does it reflect the level of health need amongst the patients registered with a particular practice?'

The Carr-Hill formula set out to answer this question, firstly in relation to how a practice's workload varies in response to the age and sex profile of its patients. These workload weightings were applied to each GP practice in Haringey to produce workload-weighted list sizes, from which we calculated workload-weighted revenues per patient. This narrowed the variation in General Medical Service⁹ (GMS) practice revenues per patient, which was expected as the Carr-Hill formula is used to determine their revenue. For Personal Medical Service (PMS) practices this had the opposite effect of increasing the variation in revenue per patient, one practice receiving twice the average per patient. This illustrates that current PMS contracts do not necessarily resource practices with higher workloads stemming from the age and sex profile of their patients.

We then used a similar approach to produce deprivation-weighted list sizes for each practice, and deprivation weighted resource allocations per patient as a means of gauging the effect of variations in socio-economic conditions on practice populations. Again, GMS practices receive less on average per deprivation weighted patient than PMS practices, although the weighting had little effect on the range of resource allocation at practice level.

⁷ www.haringey.gov.uk/index/housing_and_planning/housing.htm

⁸ Available at: www.haringey.nhs.uk/about_us/public_health/index.shtm pages 63-65

⁹ Haringey TPCT commissions primary care services from GP practices using two distinct contractual arrangements, the General Medical Services (GMS) contract and the Personal Medical Services (PMS) contractual framework.

Table 7.5.1: Summary of revenue allocations per patient, un-weighted and weighted for workload and deprivation

Practice	Revenue per patient		Workload-weighted revenue per patient		Deprivation-weighted revenue per patient	
	<i>Average</i>	<i>Range</i>	<i>Average</i>	<i>Range</i>	<i>Average</i>	<i>Range</i>
GMS	0.87	0.68-1.22	0.87	0.74-1.08	0.86	0.68-1.30
PMS	1.11	0.80-1.87	1.10	0.77-1.98	1.12	0.77-1.82
West	1.00	0.80-1.80	0.97	0.74-1.92	1.09	0.86-1.82
Central	0.95	0.68-1.31	0.94	0.75-1.20	0.95	0.68-1.32
NorthEast	1.03	0.77-1.71	1.03	0.74-1.78	0.96	0.72-1.62
SouthEast	1.05	0.79-1.87	1.11	0.79-1.98	1.01	0.75-1.78
ALL	1.00	0.68-1.87	1.00	0.74-1.98	1.00	0.68-1.82

The equity audit demonstrated that there was significant variability in Haringey in need, demand and likely workload of different practices. Further, there was significant variation in the resource allocation to different practices that reflect historical patterns but not necessarily patient needs. While this audit is now three years out of date it demonstrates that we can use needs assessment and equity audit to determine the extent to which we allocate resources based on need.

8.0 Identifying gaps in knowledge of community needs in Haringey

The purpose of joint needs assessment is to provide a mechanism for ensuring that need is embedded in the

This document provides a valuable first step towards that goal by providing a central point of compiled information and intelligence on key features of Haringey and of existing sources of detailed assessment of need. We now hope to use this information to identify what else we need to do to ensure we have a comprehensive understanding of the needs of the community in Haringey.

Throughout the document we have identified areas where further data may be required to enable us to better understand the needs of the community. These gaps are discussed at the end of Chapters 2-6.

These gaps include:

A. Areas where we currently do not collect data in sufficient geographical detail or with sufficient discriminatory ability to enable us to understand need in the community. Smoking prevalence is a good example of a gap in data collection. While broad synthetic estimates of smoking prevalence in Haringey exist, these estimates do not allow us to fully understand the distribution of smoking by ethnicity or which areas of the borough have the greatest need for cessation services.

B. Areas where we have data but have not yet interrogated the data in sufficient detail to answer more detailed questions. Registrations for chronic diseases in primary care is a good example of this.

C. Areas where more detailed needs assessment is required. For example, we expect there is significant unmet need for mental health services in Haringey. More detailed needs assessment would need to be undertaken to determine the size of this unmet need and characterise the population in need of services.

The following is a summary of gaps identified in this document. Further detail can be found in Chapters 2-6:

- The effect of projected population growth on needs in the community in the future,
- Measuring and understanding needs of mobile and transient populations,
- Developing more reliable measures of smoking prevalence and other disease risk factors, particularly in different communities within Haringey,
- Measuring and understanding the extent of unmet need for mental illness (treatment and prevention) services in adults and children,
- Understanding needs relating to sexual health to explain continuing high rates of teenage conceptions, unwanted pregnancy and STIs in Haringey,
- Understanding how people transition through services and how their need for services changes with time, e.g. through adolescence,
- Understanding the potential of preventive services for people at risk to prevent them requiring services in the future,
- While we understand how the people of Haringey use services, but we do not always understand the extent of unmet need in the community, that is, whether

there are people who currently do not use out services who have the capacity to benefit from services we provide.

