

# **Towards Joint Strategic Needs Assessment in Haringey: The core dataset**

**August 2008**



haringey strategic partnership

## Executive summary

In December 2007, the Department of Health published guidance<sup>1</sup> on Joint Strategic Needs Assessment (JSNA), which outlines a core dataset for local partners undertaking JSNA.

We recognise that significant progress has already been made in Haringey towards describing and identifying need in the community. This progress comes in the form of completed needs assessments of service streams such as in the Children and Young People's Service, as well as high-level reviews of current needs in Haringey including the Borough Profile and the Annual Public Health Report. This document builds upon these needs assessments and provides a summary of what is currently known about need in Haringey.

This document is not the final output of the JSNA process. In Haringey, JSNA will be a rolling programme of work rather than a single definitive needs assessment.

The main objectives of this document are to:

- Establish a high level picture of need in Haringey by reporting against indicators in the core data set,
- Summarise existing pieces of work which assess need in Haringey,
- Outline the major indicators available locally and some key trends demonstrated by these indicators
- Provide a resource for commissioning
- Identify major gaps in data availability,
- Identify priorities for future collection/ collation of data,
- Identify areas where our understanding of need is lacking.

This document does not:

- Replace the requirement for service areas to conduct detailed analysis of need within their services,
- Provide a comprehensive assessment of need across all services and populations in Haringey.

Detailed discussion of major sources of information are provided under the following chapter headings (Chapters 2-6):

- Describing the Haringey population
- Social and environmental context
- Disease risk factors and lifestyle
- Illness and premature death
- Service provision

We also summarise several major needs assessments that have already been carried out in Haringey in recent years (Chapter 7).

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<sup>1</sup> Department of Health. Guidance on Joint Strategic Needs Assessment. UK Department of Health, London. December 2007

The information contained in this document supports much of what we already know about Haringey. Haringey is, in demographic terms, an exceptionally diverse and fast changing borough. 50% of the population overall, and three-quarters of young people, are from ethnic minority backgrounds, and around 200 languages are spoken in the borough. Haringey's population is projected to expand by 6.6 per cent or 14,900 residents by 2029, according to the ONS projections and by 10.6 per cent or 23,800 residents by 2031 according to the GLA projections estimates. Overall, the economy in Haringey appears to be about average for London, and reasonably competitive by national standards. Alongside this prosperity the borough has high levels of deprivation relative to both London and national standards. The health of the people in Haringey is generally worse than the England average. Life expectancy in men, infant mortality and teenage pregnancy appear worse than the England average. There are health inequalities within Haringey by location, gender, level of deprivation and ethnicity. Haringey has at least ten wards among the most deprived areas in England; and men from the most deprived group have six years shorter life expectancy than those in the least deprived group.

We have existing and well established mechanisms for understanding need and service use in Haringey. Significant work has already been done in many service areas towards understanding this need. Taking stock of what we already know in each of the chapters has allowed us to clearly identify areas where we need to do more work to understand need in Haringey. We currently do not know what effect projected population growth will have on needs in the community in 5-10 years' time. Also, while we understand how the people of Haringey use services, we do not always understand the extent of unmet need in the community, that is, whether there are people who currently do not use our services who have the capacity to benefit from services we provide.

This document has allowed us to identify the following areas where further needs assessment work is required:

- 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.

Under the umbrella of JSNA we will undertake an ongoing program of work, which will involve seeking to obtain some of the information identified as a knowledge gap.

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## **1.0 Introduction and context**

### **1.1 Joint Strategic Needs Assessment (JSNA)**

Joint Strategic Needs Assessment (JSNA) is the process by which Primary Care Trusts (PCTs) and local authorities describe the unmet and future social, health, care and well being needs of local populations. JSNA will inform the development of a Joint Commissioning Strategy, other commissioning intentions, the Local Area Agreement (LAA) and the Sustainable Communities Strategy (SCS).

JSNA describes a process that identifies current and future needs of the community, in light of current services, and informs future service planning, while taking into account current evidence of effectiveness. It identifies the big picture needs of individuals. Local and national data on patterns of health and the burden of disease, evidence of the effectiveness of available interventions to address the needs identified, information about services currently provided and information about the community, will all be used to develop JSNA.

The duty to undertake JSNA is set out in Section 116 of the Local Government and Public Involvement in Health Act (2007). The duty commenced in April 2008.

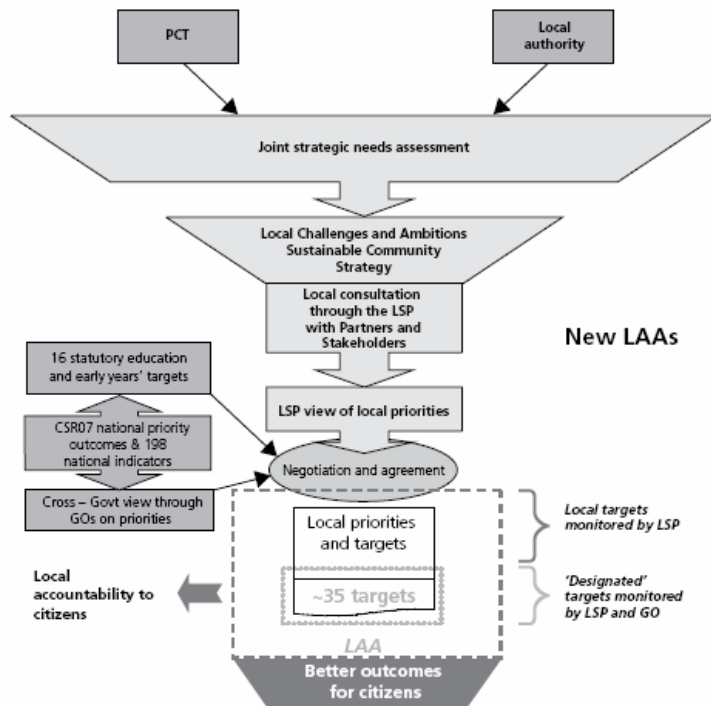
### **1.2 Aims of Joint Strategic Needs Assessment in Haringey**

Key aims are to:

- Establish a picture of current and future needs,
- Embed evidence and data in the cycle of commissioning of services,
- Shape the strategic direction of the LAA and therefore the work of the partnership in tackling inequalities,
- Signal commissioning intentions to service providers (including The Voluntary and Community Sector) to support their direction and development.

There is an established history of joint working in Haringey. The drug and alcohol treatment service, managed by the Drug and Alcohol Action Team (DAAT) and many services for children and young people are already jointly commissioned.

The Haringey Strategic Partnership is currently looking to align planning and commissioning processes across participating organisations, to facilitate delivery of the Local Area Agreement. JSNA will be instrumental in determining local priorities; in particular JSNA will contribute to the development of local area agreements (see Figure below). JSNA will also contribute to the Primary Care Trust's commissioning strategy, investment strategy and planning of primary care services in the future.



Source: Delivering health and well-being in partnership: The crucial role of the new local performance framework<sup>2</sup>

### 1.3 The core dataset

In December 2007, the Department of Health published guidance<sup>3</sup> on JSNA, which provides a tool for local partners undertaking JSNA. The guidance document outlines a core dataset, which can be used as a basis for compiling data for JSNA (See Appendix A). The core dataset does not in itself provide a comprehensive understanding of community need; it provides a first stage to understanding the distribution of some of the major determinants of health and well being in the community. Local areas will be expected to supplement the core dataset with additional, locally relevant information to add depth and insight into the needs of their populations, having locally agreed standards on data quality for inclusion.

In many cases, the only local data available describing need is service usage. Service usage is at best only a proxy for need, because some people may have a need but are not currently receiving services, or some may receive services that they do not need or do not satisfy their needs in the most appropriate way.

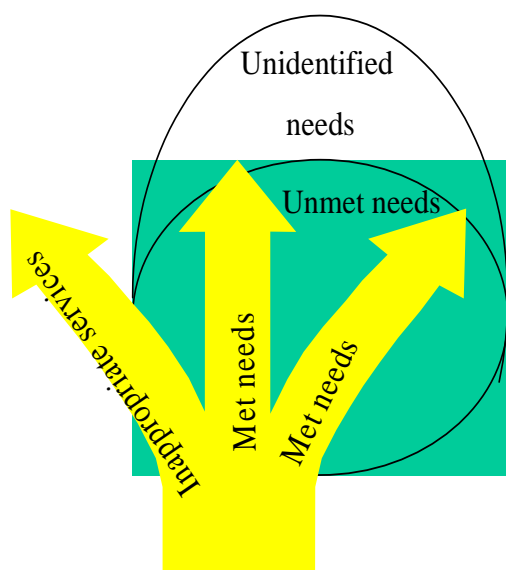
The purpose of this document is to report on locally available data against items in the core data set guidance, where available. Not all items in the core data set are currently being collected. Appendix B outlines those indicators for which we currently do not have data but have plans to collect.

<sup>2</sup> Available at: [www.communities.gov.uk/publications/localgovernment/health](http://www.communities.gov.uk/publications/localgovernment/health) Page 8, Published December 2007  
<sup>3</sup> Department of Health. Guidance on Joint Strategic Needs Assessment. UK Department of Health, London. December 2007

## 1.4 Needs assessment

Assessing and understanding the needs of individuals as well as of the population as a whole is integral to helping them achieve good outcomes. Needs assessment involves more than reporting against indicators in the core data set. The core data set predominantly identifies the prevalence of problems, diseases, symptoms and issues in the community.

To fully understand the needs of the people of Haringey we need to match the core data set with data on locally available services (including use of these services) and the effectiveness and cost-effectiveness of current and potential services. Also critical to understanding need is the collation of demands, wishes and perspectives of service users, carers, professionals and stakeholders. The following diagram (adapted from Blum, 1974<sup>4</sup>) illustrates the relationship between needs (unidentified, unmet, and met) and services (appropriate and inappropriate).



## 1.5 About this document

This document is not the final output of the JSNA process. In Haringey, JSNA will be a rolling programme of work rather than a single definitive needs assessment.

We recognise that significant progress has already been made in Haringey towards identifying need in the community. This progress comes in the form of completed needs assessments of service streams such as in Children's Services, as well as high-level reviews of current needs in Haringey including the Borough Profile and the Annual Public Health report. These sources are used in this document where possible. We have also attempted to use or identify resources available through external bodies such as the Association of Public Health Observatories where these assist our understanding of need.

The main objectives of this document are to:

<sup>4</sup> Blum, H. 1974. Planning for Health: Development and Application of Social Change Theory. New York, Human Sciences Press.

- Establish a high level picture of need in Haringey by reporting against indicators in the core data set,
- Utilise existing sources of information on need to provide this picture,
- Summarise existing pieces of work which assess need in Haringey,
- Outline the major indicators available locally and some key trends demonstrated by these indicators,
- Provide a resource for commissioning,
- Identify major gaps in data availability,
- Identify priorities for future collection/ collation of data,
- Identify areas where our understanding of need is lacking.

This document will not:

- Replace the requirement for service areas to conduct detailed analysis of need within their services,
- Provide a comprehensive assessment of need across all services and populations in Haringey.

### **1.6 Geographical boundaries used in this report**

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. These boundaries are provided in Appendix C. We also recognise the importance of obtaining fine level geographic precision in data collections. Obtaining geographic precision in our data collections will be a future priority.

### **1.7 Further work in Haringey towards compiling the core dataset**

The requirement to undertake a JSNA has highlighted the need to provide more sustainable mechanisms for sharing and presenting data in the borough. Parallel to the process of conducting JSNA is the production of data sharing protocols and an information technology platform to host data. These advancements will significantly improve data availability to all partners in the borough and thus will improve our understanding of need.

Haringey has recently purchased the license for MOSAIC™ Public Sector. Mosaic Public Sector is a social segmentation tool that has been used by organisations to gain more detailed insight into the local population by classifying postcodes according to 61 demographic classifications. The dataset is derived using multiple sources of information, including census data, as well as 'edited' electoral roll, lifestyle information, house price data, council tax returns, consumer credit behaviour and ONS local area statistics.

This data set has been used by other public sector organisations as a supplementary source of demographic and behaviour data and to enable postcode level targeting of interventions. We will continue to explore the potential of this tool to allow us to better understand the nature of the communities and potential ways of reaching them more effectively.

### **1.8 Future work programme towards JSNA in Haringey**

- More detailed needs assessment around priority areas will be conducted. This document will assist to identify gaps in existing knowledge, to assist in the priority setting process for this more detailed work,
- A consultation programme will be developed to ensure that the community, service users, service providers and all stakeholders have the opportunity to contribute to the process of developing a joint strategic needs assessment in Haringey. Input from stakeholders will be critical to developing a more complete understanding of need.

### **1.9 Structure of this document**

Chapters 2 to 6 describe the need and service usage of Haringey residents using existing sources, including the borough profile, LAA evidence base and resources provided by external agencies. Some data has been updated for the purpose of this work.

Chapter 7 identifies and describes existing more detailed needs assessments already conducted in Haringey.

Chapter 8 identifies gaps in knowledge; these gaps include data that is not currently available, or not available at sufficient discrimination to provide an understanding of need as well as gaps in how we look at existing sources of data to enable us to better understand the communities of Haringey.

Chapter 9 briefly describes what we will do next in progressing towards Joint Strategic Needs Assessment in Haringey.

### **1.10 Definitions of key concepts used in this document**

#### **Needs assessment<sup>5</sup>**

Needs assessment, in health services, is the systematic approach to ensuring that the health service uses its resources to improve the health of the population in the most efficient way. It involves epidemiological, qualitative, and comparative methods to describe health problems of a population; identify inequalities in health and access to services; and determine priorities for the most effective use of resources. Needs assessment can be applied more broadly to all services, not just health.

Needs involves a capacity to benefit, either from health or social care or from wider social and environmental changes.

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<sup>5</sup> [bmj.bmjournals.com/cgi/content/full/316/7140/1310#F2](http://bmj.bmjournals.com/cgi/content/full/316/7140/1310#F2)

Successful needs assessments require a practical understanding of what is involved, the time and resources necessary to undertake assessments, and sufficient integration of the results into planning and commissioning of local services.

### **Need<sup>6</sup>**

Need in health and social care is commonly defined as the capacity to benefit. If needs are to be identified then an effective intervention should be available to meet these needs. There will be no benefit from an intervention that is not effective or if there are no resources available

### **Demand<sup>7</sup>**

Demand is what someone asks for. Demand from service users for a service can depend on the characteristics of the patient or on the media's interest in the service. Demand can also be induced by supply: geographical variation in hospital admission rates is explained more by the supply of hospital beds than by indicators of mortality; referral rates of general practitioners owe more to the characteristics of individual doctors than to the health of their populations.

### **Understanding well being<sup>8</sup>**

Many factors combine to affect the well being of individuals and communities. Although commonly considered factors such as access to and use of health care services have an impact on well being, it is also determined by individual circumstances and the local environment. Factors such as where people live, inherited characteristics, income, education, life experiences, behaviours and choices and relationships with friends and family all have considerable impact on well-being. The diagram below illustrates the multiple facets of well being<sup>9</sup>:

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<sup>6</sup> [bmj.bmjournals.com/cgi/content/full/316/7140/1310#F2](http://bmj.bmjournals.com/cgi/content/full/316/7140/1310#F2)

<sup>7</sup> [bmj.bmjournals.com/cgi/content/full/316/7140/1310#F2](http://bmj.bmjournals.com/cgi/content/full/316/7140/1310#F2)

<sup>8</sup> Adapted from Haringey Strategic Partnership Well-being Strategic Framework. Available at: [www.haringey.gov.uk/index/social\\_care\\_and\\_health/health/well-being\\_framework.htm](http://www.haringey.gov.uk/index/social_care_and_health/health/well-being_framework.htm)

<sup>9</sup> Based on the Whitehead and Dahlgren (1991) diagram as amended by Barton and Grant (2006) and the UKPHA Strategic Interest Group (2006)



As a result, there is no universally agreed definition of well-being. Pollard and Lee describe well-being as ‘a complex, multi-faceted construct that has continued to elude researchers’ attempts to define and measure it’<sup>10</sup>. The Local Government Act 2000 does not provide a definition of well-being *per se*, but does frame the concept as follows:

‘Every local authority are to have power to do anything they consider is likely to achieve any one or more of the following [well-being] objects – (a) the promotion or improvement of the economic well-being of their area, (b) the promotion or improvement of the social well-being of their area, and (c) the promotion or improvement of the environmental well-being of their area.’

The following broad definition of well-being as adopted by the Well-being Strategic Framework has been used:

Local residents, statutory, voluntary, community and commercial organisations all have a role to play in improving well-being. This includes access to health and care services; access to appropriate leisure and educational services; access to employment; and access to opportunities for a healthier lifestyle.

We would like to propose that the definition of well being is even wider, as also encompassing a broad sense of opportunity to participate fully in a community. This may be, broadly, measured using indicators such as social cohesion and social capital.

### Commissioning

There are many definitions of commissioning. For our purposes, we define commissioning as “the process of specifying, securing and monitoring services to meet

<sup>10</sup> Pollard, Elizabeth L and Lee, Patrice D. 2003. 'Child Well-Being: a systematic review of the literature', Social Indicators Research, Vol. 61, No. 1, p. 60, quoted in Galloway, Susan. 2006. 'Quality of Life and Well-being: Measuring the benefits of culture and sport', Scottish Executive Publications [www.scotland.gov.uk/Publications/2006/01/13110743/0](http://www.scotland.gov.uk/Publications/2006/01/13110743/0)

people's needs at a strategic level" (Audit Commission – Making Ends Meet October 2003. There are three levels of commissioning, all of which can be jointly commissioned: strategic, operational and individual.

Commissioning means different things to different people/organisations, and this must be taken into account when any joint planning decisions or commissioning intentions are developed. In the NHS for example, all services are commissioned, including those within its own provider side, and there is a commissioning cycle covering needs assessment, agreeing priorities, defining services, market testing, procurement/tendering, contracting and performance management.

For other organisations, including the local authority, whilst commissioning involves the same sort of cycle, it mainly refers specifically to services commissioned from outside the organisation and to the process for agreeing how to spend discrete/ new money.

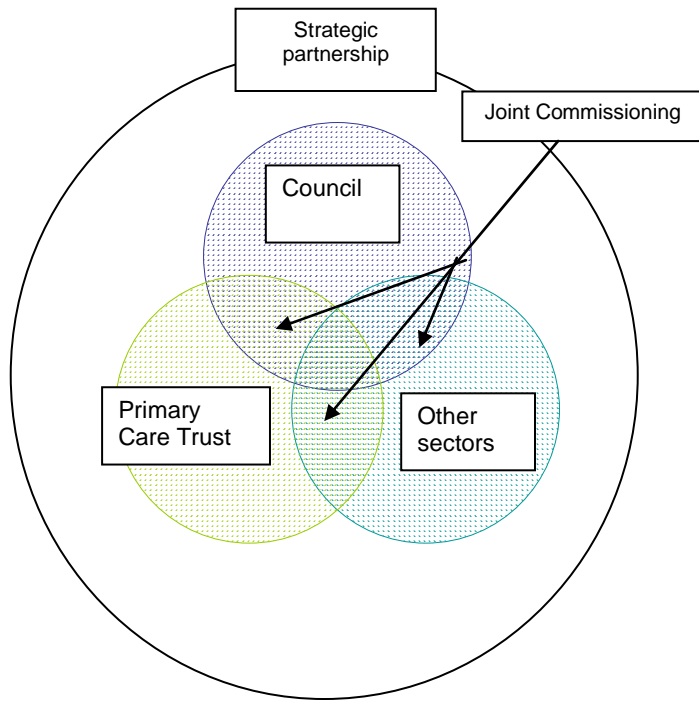
Additionally, the NHS reform programme aims to give patients greater choice and more say in how services are delivered, through the development of more effective commissioning arrangements, with an emphasis on plurality of provision from a range of providers and the need to consider decommissioning of services where quality, outcomes and value for money cannot be evidenced.

### **Joint Commissioning**

Joint commissioning aims to deliver better integrated and more specifically tailored packages of services, arising from a multi-agency assessment of need, both at the whole population and individual level.

Joint commissioning arrangements are appropriate to specific services within the commissioning responsibilities of individual agencies, with the following characteristics: -

- There is an established history of joint working/planning/commissioning
- Both/all partners have a stake in the results/outcomes
- Joint arrangements will bring added value
- There is a clear strategic framework consistent with individual /collective commissioning priorities. The diagram below illustrates the relationship between single agency and joint commissioning:



Many services are already jointly commissioned in Haringey, including some services in the Children and Young People's Service and the Drug and Alcohol Action Team.