

ISLINGTON & HARINGEY JSNA

SUMMARY AND KEY MESSAGES

AUGUST 2017

Population

- The populations of Haringey and Islington are living longer, growing and constantly changing. Although people are living longer residents on average are spending the last 20 years of their life in poor health.
- Overall the age structure of both Haringey and Islington is, and will continue to be, dominated by a young working age population. A younger population profile presents a significant opportunity for prevention of conditions that are significant contributors to death and disability in Haringey and Islington.
- The combined populations of Haringey and Islington are estimated to increase by 10% over the next 10 years. The highest rate of growth will be amongst the older population, although in absolute numbers the older population will remain the smallest.
- Both boroughs have diverse populations which are projected to increase over the next 10 years. Islington will see a significant growth in the Black other group whilst Haringey will see a significant growth in the Other and Chinese population. This requires a health and care system to ensure services are culturally sensitive
- Poverty is a key determinant of poor outcomes in health and wellbeing and is linked to numerous health problems and unhealthy lifestyles. Both boroughs are the amongst the most deprived in London (Islington the 5th most deprived and Haringey the 6th most deprived).

Children and young people

- There is clear evidence of the importance of giving children the best start in life, and there are a range of early interventions (starting not only in pregnancy, but pre-pregnancy) that are effective in achieving better long term outcomes and reducing inequalities.
- Teenage pregnancy rates in both boroughs have declined and rates are now similar to England and London. The proportion of babies born with low birth weight has remained steady over the past for both boroughs however rates in Haringey are significantly higher compared to England and London.
- Although the majority of children and young people in Haringey and Islington live healthy lives, there are high levels of vulnerability and disadvantage. Both Haringey and Islington have a significantly higher proportion of children under 16 living in low income households (34% and 26% respectively) compared to England and London.
- More than a third of children in Year 6 are obese or overweight. Estimates suggest that being overweight or obese contributes to 36% of all the prevalent long term conditions diagnosed.

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Physical and mental wellbeing

- Cancer, cardiovascular disease (CVD), and respiratory disease remain the leading causes of death in both Haringey and Islington. Although death rates are declining across the population, health inequalities remain stark. This is demonstrated by the gap in life expectancy between people living in the most deprived and least deprived areas.
- Diabetes and high blood pressure are highly prevalent conditions in both boroughs that significantly contribute to early death. As well as prevention, earlier diagnosis of these conditions, facilitating lifestyle advice and earlier medical management help to prevent disease progression and improve outcomes
- Mental health conditions significantly increase the risk of early death in a number of conditions along with wider wellbeing impacts. Both boroughs have a high prevalence of people living with serious mental health conditions. Islington has the highest diagnosed rate of serious mental health illness in London. Both boroughs are in the top 5 London boroughs for proportion of working age people claiming out of work benefits and those claiming benefits due to sickness/disability.
- It is significant note that many people will have more than one long term condition with increasing age.
- As the population ages there is a higher risk of people becoming frail. Frailty is linked with poor mobility, difficulty doing everyday activity and results in large increases in the health cost for care settings such as inpatient, outpatient and nursing homes.
- Frailty largely effects older people. An estimated 5% of people are classified as severe frail in Islington, and potentially a similar proportion in Haringey.
- People with learning disabilities are particularly vulnerable to poorer health and wellbeing outcomes compared to the general population and often have poorer physical and mental health.
- The proportion of people with learning disabilities who have had a health check in Haringey is significantly higher than the England average and in Islington the rate is similar to the England average.
- Islington has the 2nd highest dementia prevalence in London, at 5.1%. Haringey has the 3rd lowest prevalence in London, at 4.0%.
- Islington has the highest estimated dementia diagnosis rate in London, at 91%, significantly higher than London and England. Haringey is closer to the London average at 69%.

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Lifestyle risk factors

- Leading a healthy lifestyle can prevent illness or at least delay it for many years. Unlike other factors such as age and genetics, poor lifestyle behaviours can be altered and in the medium term improve population health outcomes.
- Smoking, excess alcohol consumption and excess weight caused lack of physical activity and diet are the key lifestyle issues facing residents in both boroughs.
- Though smoking prevalence has decreased over the past few years, smoking levels remain high, especially in key population groups, such as people in routine and manual occupations.
- Despite improvements in treatment outcomes, the harm that alcohol causes remains high. Haringey and Islington have alcohol-related hospital admissions significantly higher than the London and England averages and both boroughs have seen rates of admission increase over the past 10 years.
- Haringey and Islington are both below the London and England averages for excess weight in adults, however this in absolute terms this is still a high proportion of people with excess weight at 54.2% and 52.8% of the adult population respectively.

Wider determinants

- Many factors combine to affect the health of individuals and communities, including genetic factors, their circumstances, their environment, their lifestyle choices and access to services.
- Good housing, education and employment are amongst the key wider determinants of health. A good education is strongly associated with better health outcomes including life expectancy.
- The proportion of children achieving a good level of development at the end of reception year has been increasing over the past 5 years in both boroughs although in Islington the rate is significantly lower than the England and London average.
- Decent, secure housing can have a positive impact on the physical and mental health and wellbeing. Around 3,200 households (28 per 1,000 households) in Haringey and 900 households (9 per 1,000) in Islington are living in temporary accommodation. The rate is almost double in Haringey compared to London (15 per 1,000).

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- There is a strong correlation between unemployment and poor health. About one in ten people aged 16 to 64 years are claiming an out-of-working benefit in Haringey (9%) and Islington (10%). This is higher than the London (7%) and England (8%) averages. Islington has the second highest proportion of out-of-claimants in London, and Haringey has the 6th highest proportion
- A significant proportion of people who are out of work in Haringey and Islington have a long-term illness. About 5,500 (3%) working age people in Haringey and 6,400 (4%) in Islington are on sickness / disability benefits due to mental illness, meaning one-in-three out-of-work benefit claims are due to mental illness.



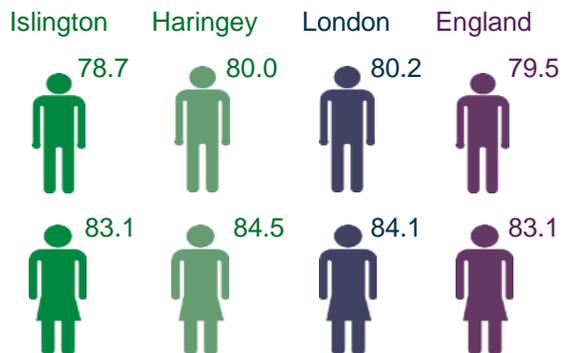
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DEMOGRAPHICS

DEMOGRAPHICS

Life Expectancy

Average life expectancy at birth 2013-15



Life expectancy at birth has increased in both Islington and Haringey over the past decade.

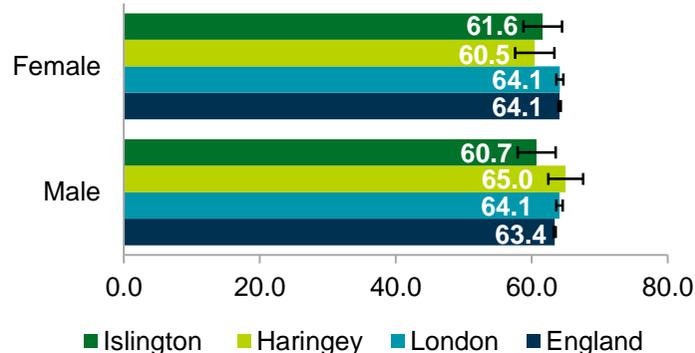
For Haringey, life expectancy is now similar to London and England for males and for females it is similar to London and significantly higher compare to England.

Female life expectancy in Islington is significantly lower than London and similar to England. Male life expectancy in Islington remains significantly lower than both London and England.

Source, PHOF, 2017

Healthy Life Expectancy

Average healthy life expectancy at birth 2013-15



In both boroughs residents spend on average the last 20 years of life in poor health.

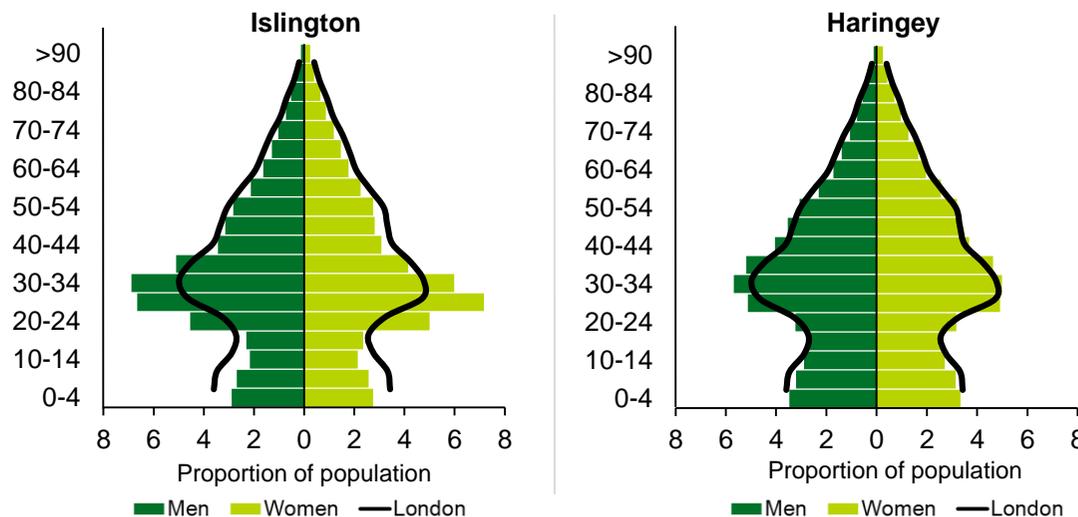
Male healthy life expectancy in Haringey is similar to London and England, whilst healthy life expectancy for women is significantly lower than London and England.

In Islington, healthy life expectancy for women is similar to London and England, whilst for men it is significantly lower than England but similar to London.

Source, PHOF, 2017

Population structure

Overall the populations of Islington and Haringey are young. The Haringey population is similar to London. Islington, however, has a higher proportion of younger people aged 25-39 years old compared to London and Haringey. Islington also has fewer children between the ages of 10 and 19 than the London average.



Source, GLA 2015-based population projections

DEMOGRAPHICS

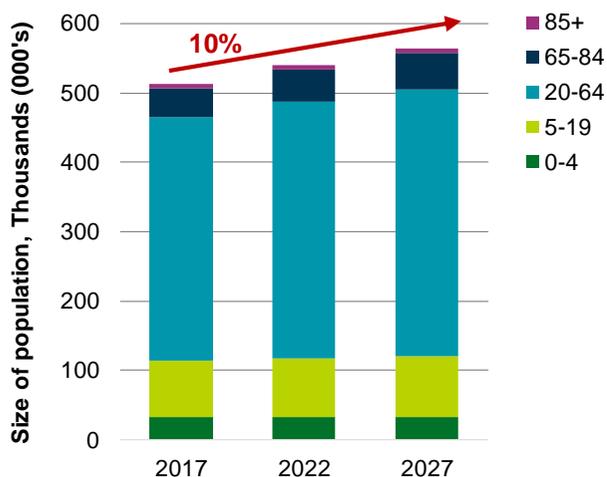
Population projections to 2027

The combined Haringey and Islington population is just over 500,000 people (Islington: 232,400 & Haringey: 279,890). This combined population size is expected to increase to 564,785 by 2027, an increase of 10% (9% increase for Islington and 11% increase in Haringey).

The highest expected growth is in the older age groups. The 85+ age group will rise from 6,535 to 7,572. The 65-84 group will rise from 41,390 to 52,626 people.

The working age population will remain the largest population overall for both boroughs.

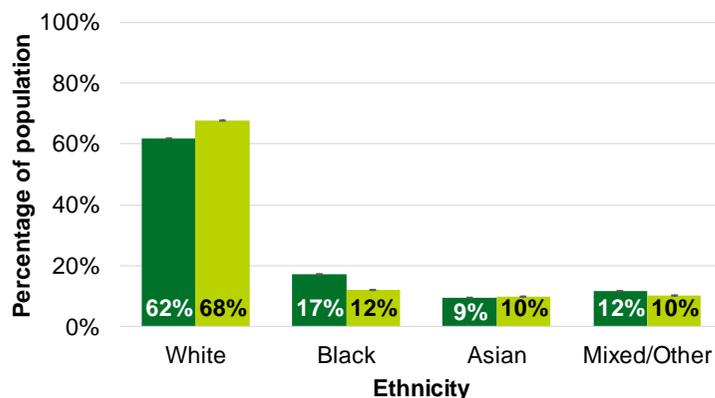
Population growth for Haringey & Islington combined, 2017, 2022 and 2027



Source, GLA 2015-based population projections

Ethnicity

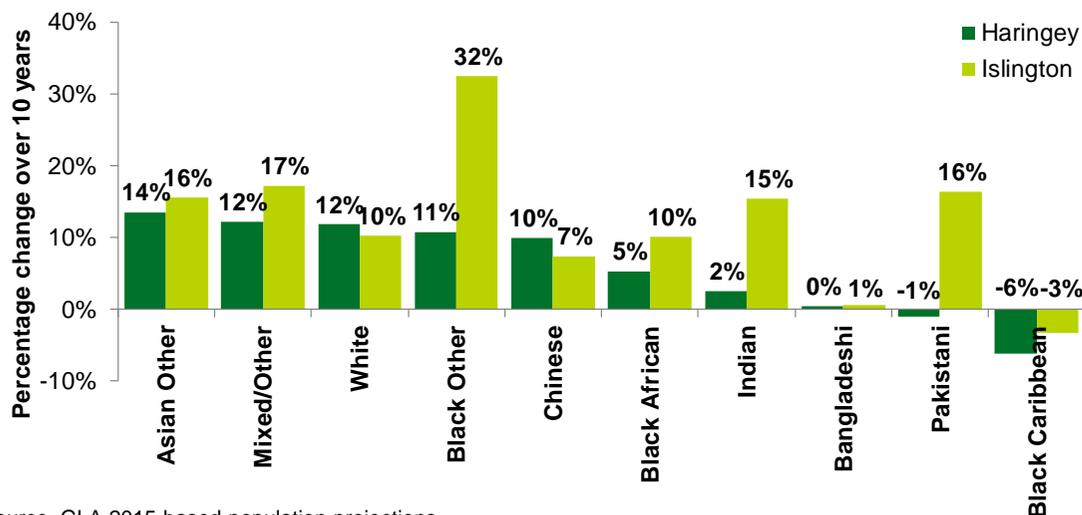
Proportions of ethnic groups in Haringey and Islington, 2017



Both boroughs have ethnically diverse populations, with BME groups accounting for 38% of the whole population in Haringey and 32% in Islington.

The ethnic diversity is expected to remain stable over the next decade in both boroughs. The ethnic groups with the highest projected population growth is Black Other (32%) in Islington and Asian Other (14%) in Haringey. Both boroughs will see a reduction in the Black Caribbean population.

Percentage change in proportions of ethnic groups, 2017 to 2027

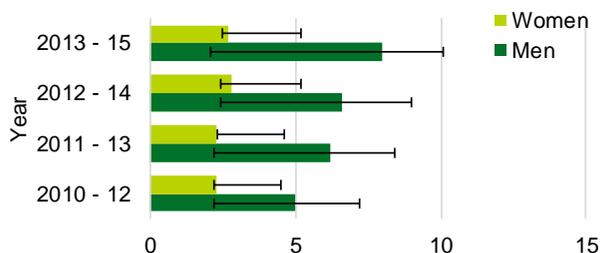


Source, GLA 2015-based population projections

DEMOGRAPHICS

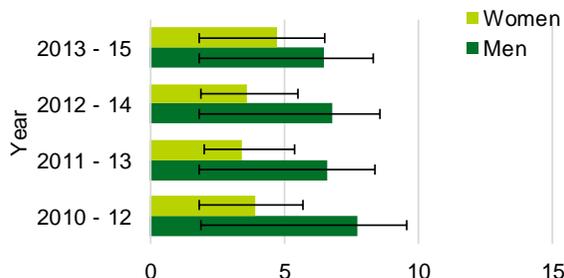
Inequality in life expectancy

Inequality in life expectancy in Islington



Range in years of life expectancy across the social gradient from most to least deprived residents

Inequality in life expectancy in Haringey



Range in years of life expectancy across the social gradient from most to least deprived residents

PHOF, 2017

In Islington, men who live in the worst off areas are expected to live 8 fewer years than men living in the best off areas in the borough. Women have fewer inequality in life expectancy (2.7 years) across the social gradient (average life expectancy measured against local deprivation decile between 2013-15).

Inequality in life expectancy for men has been rising over the last 5 years, while it has remained stable for women.

In Haringey, men have greater inequality in life expectancy than women across the social gradient (6.5 vs 4.7 fewer years for those living in the most deprived areas than those living in the least deprived areas).

Inequality in life expectancy for men has decreased over the last 5 years (from 7.7 years in 2010-12). For women inequality in life expectancy has slightly increased in last 5 years (from 3.9 years in 2010-12).

Deprivation

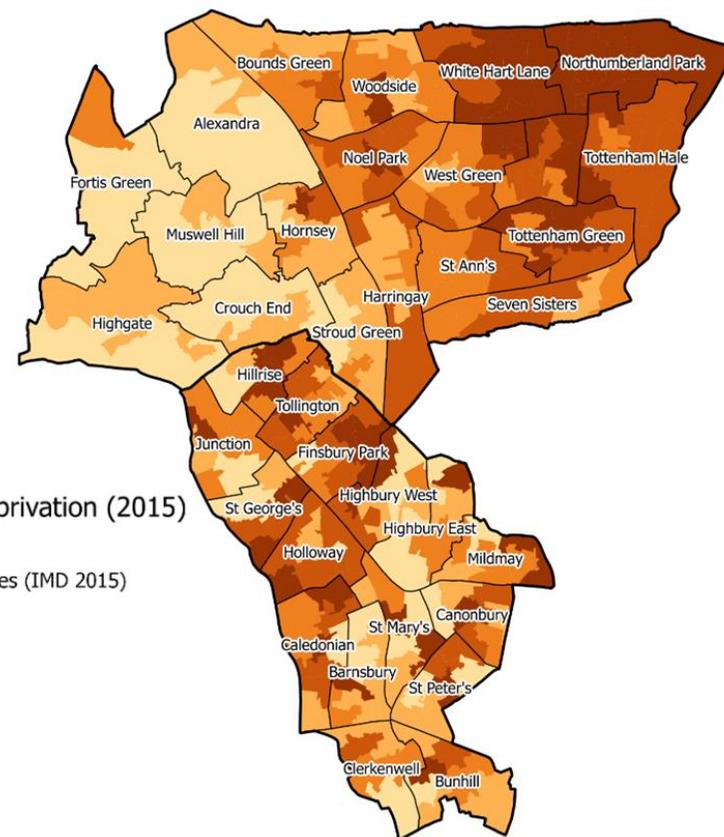
In Haringey, deprivation is more concentrated in the north east of the borough.

In Islington, areas of deprivation are more evenly spread throughout the borough, with residents from very different socio-economic circumstances living side-by-side.

Distribution of deprivation across Islington and Haringey by ward and LSOA

Overall Islington is ranked as the 5th most deprived borough in London and Haringey the 6th most deprived.

The relative national deprivation ranking of both boroughs has improved since 2010.



Source, DCLG 2015

DEMOGRAPHICS

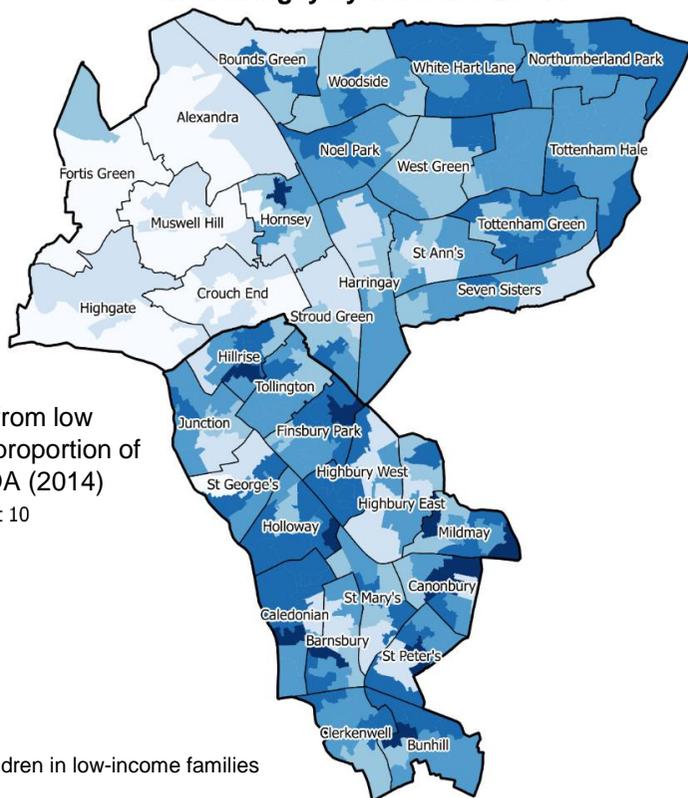
Poverty among children

The proportion of children living in low income families is significantly higher in Islington and Haringey compared to London and England.

In Haringey, children from low income households are more concentrated in the north east region of the borough. In Islington, child poverty is more evenly spread throughout the borough, with residents from very different socio-economic circumstances living side-by-side.

Overall Islington has more areas where the density of children from low income households is highest (40% - 50% of all children living within an LSOA region)

Distribution of poverty among children across Islington and Haringey by ward and LSOA



Total number of children from low income households as a proportion of total children in each LSOA (2014)

Proportions rounded to the nearest 10

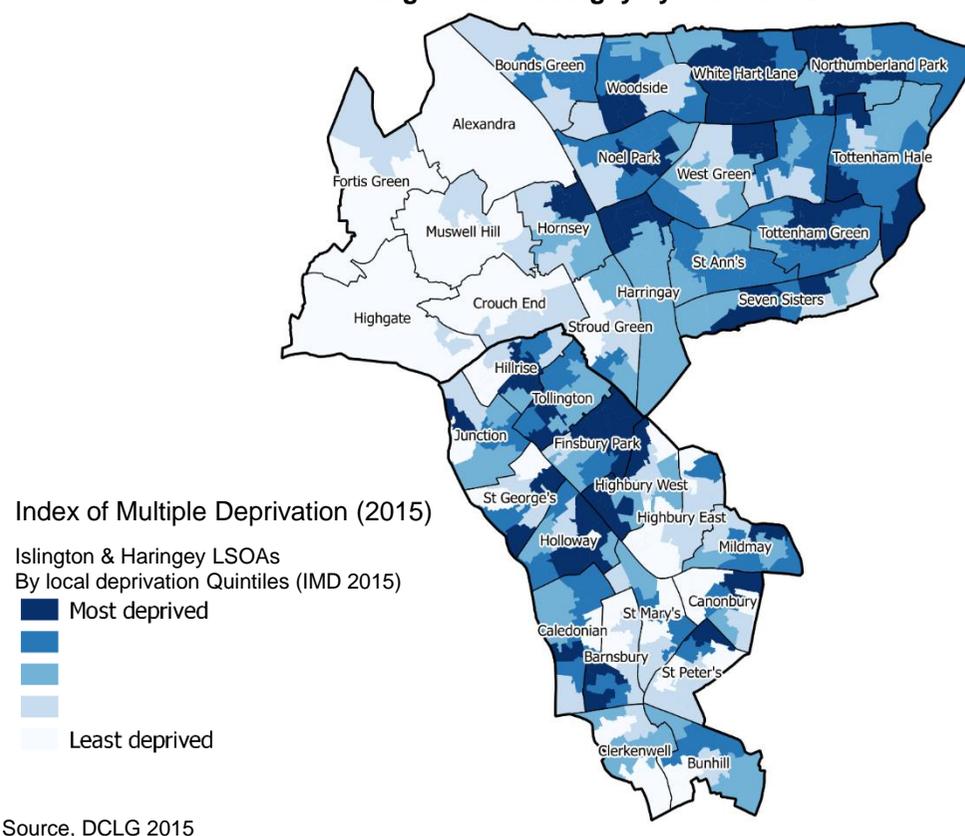
Source, Personal tax credits: Children in low-income families local measure, 2014

Poverty among older people

In Haringey, deprivation is more concentrated in the north east of the borough.

In Islington, areas of deprivation are more evenly spread throughout the borough, with residents from very different socio-economic circumstances living side-by-side.

Distribution of income deprivation among residents over 60 Islington and Haringey by ward and LSOA



Source, DCLG 2015



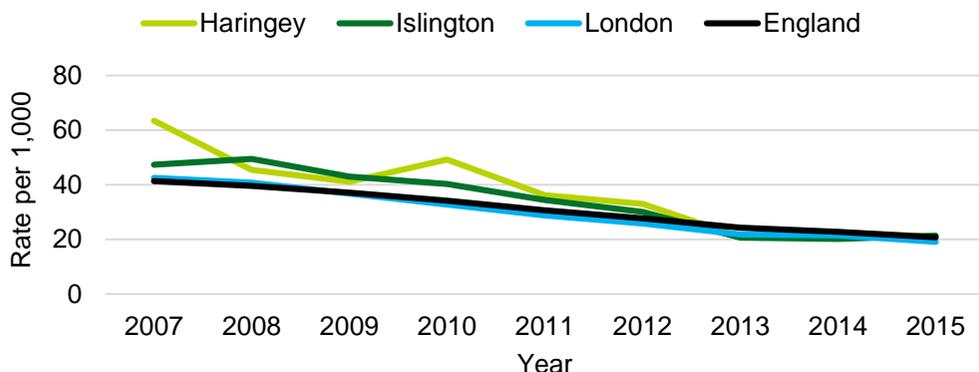
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CHILDREN & YOUNG PEOPLE

CHILDREN AND YOUNG PEOPLE

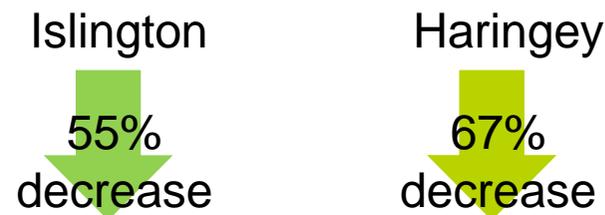
Teenage Conceptions

Conception rate per 1,000 women aged under 18, 2007-15



In 2015, there were **95** births to mothers aged under 18 years in Haringey and **61** in Islington.

Haringey and Islington's teenage conception rate has significantly declined in recent years in line with national and London trends. Between 2007 and 2015 teenage conceptions have fallen 55% for Haringey and 67% for Islington.

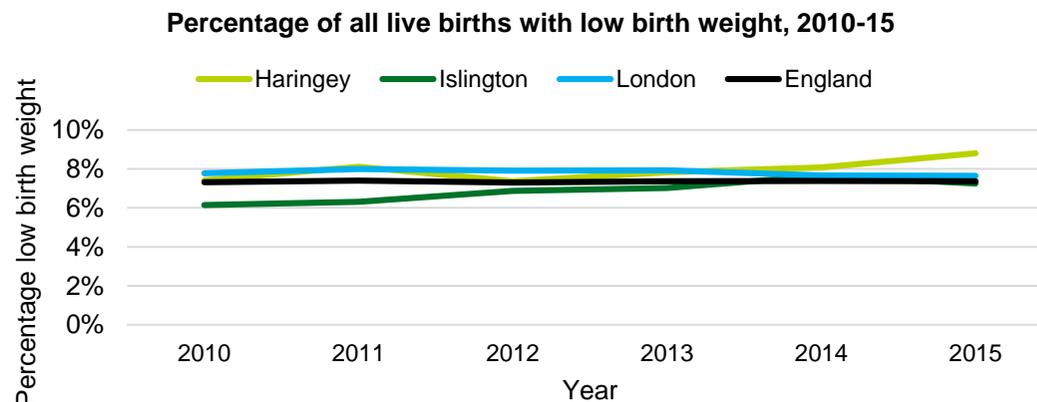


Source: PHE Child Health Fingertips, 2017

Low birth weight

The total number of live births with low birth weight in 2015:
Haringey **362**
Islington **213**

The proportion of live births with low birth weights has remained steady in both Haringey and Islington in recent years, although the latest data show an increase in proportion of babies with low birth weight, that is significantly higher compared to London and England.

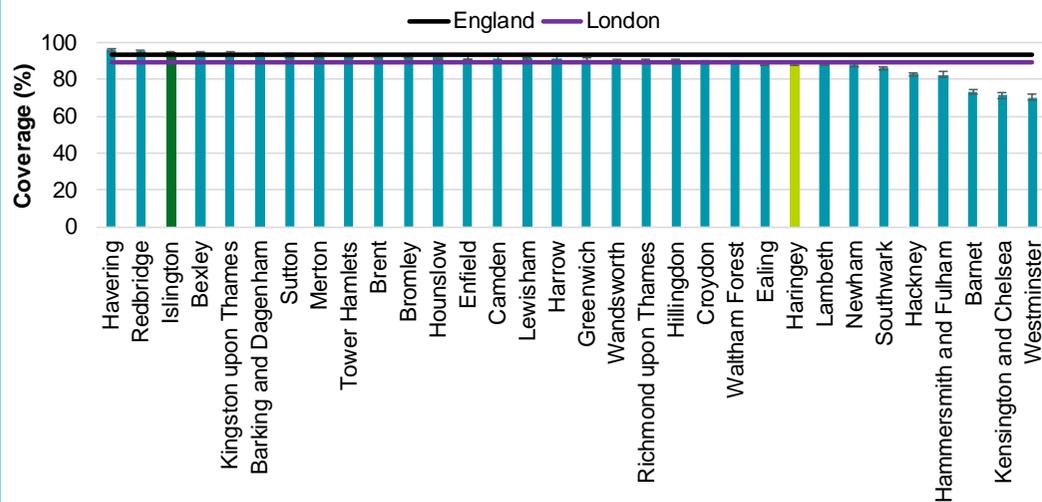


Source: PHE Child Health Fingertips, 2017

CHILDREN AND YOUNG PEOPLE

Vaccination Coverage – Dtap / IPV / Hib

Vaccination coverage of Dtap/IPV/Hib, 1 year olds, 2015/16



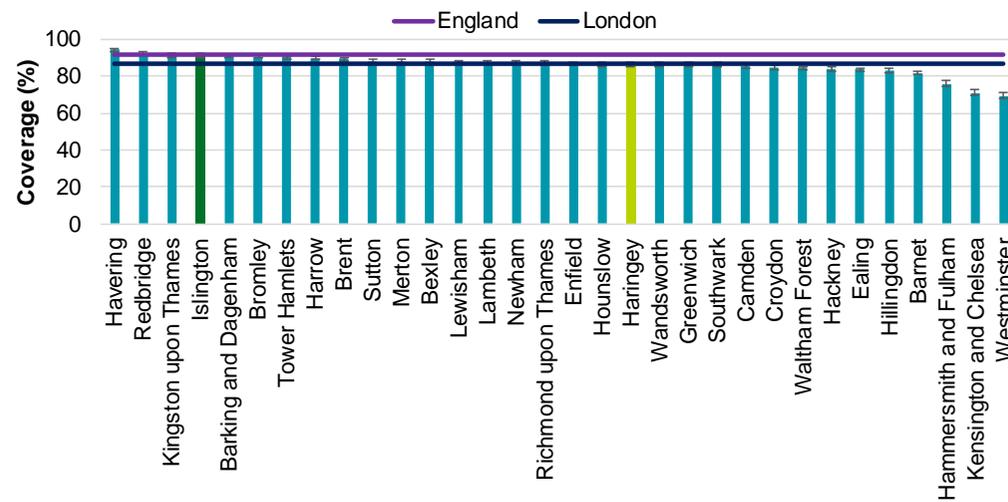
At 94.8%, Islington has the **third highest** vaccination coverage in London, which is higher than the London average of 89.2%.

Haringey has the **ninth lowest** vaccination coverage in London (88.9%).

Source: PHE Child Health Fingertips, 2017

Vaccination Coverage – MMR

Vaccination coverage of MMR for one dose, 2 years old, 2015/16



Islington has the **fourth highest** vaccination coverage per population in London (90.8%).

Haringey has the **fourteenth lowest** vaccination coverage in London (86.4%).

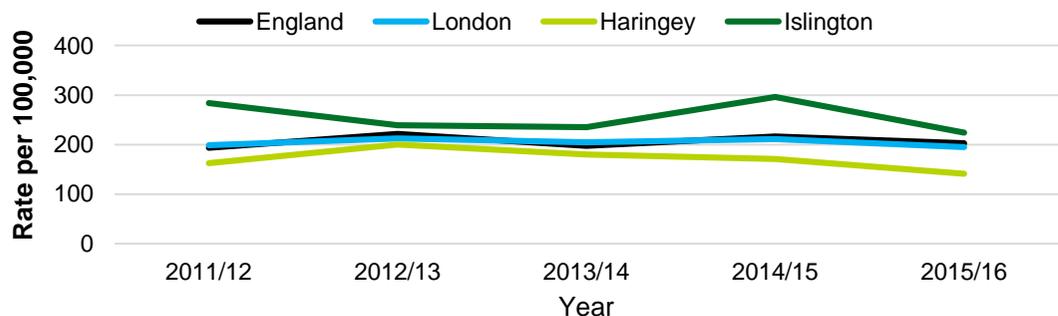
Both boroughs are **higher than** the London average of 86.3% but lower than the England average of 91.0%. Islington is significantly higher than the London average.

Source: PHE Child Health Fingertips, 2017

CHILDREN AND YOUNG PEOPLE

Trends in asthma admissions

Hospital admissions for asthma (under 19 years), per 100,000, 2011-2016



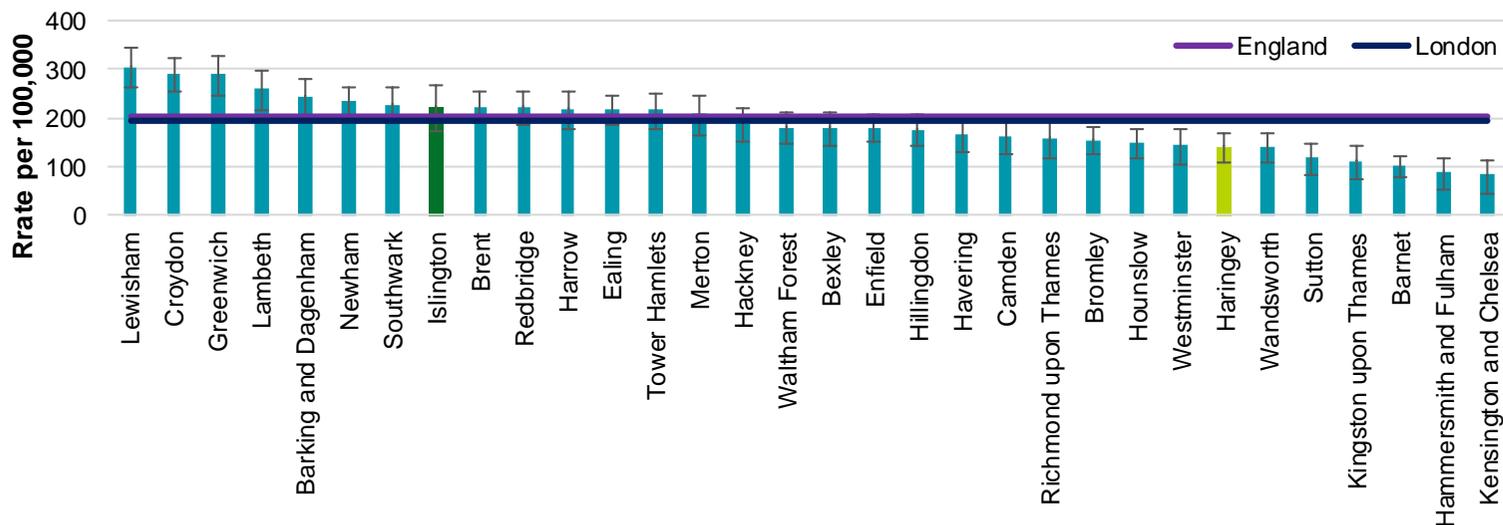
Islington's asthma admissions has significantly **decreased** since 2011, despite an increase in 2014/15. It has remained **above London** and **England** during this period.

Trends in asthma admissions for Haringey have remained **below** the **London** and **England** rates and continue to decrease.

Source: PHE Child Health Fingertips, 2017

Asthma admissions across London

Hospital admissions for asthma, per 100,000, 2015/16



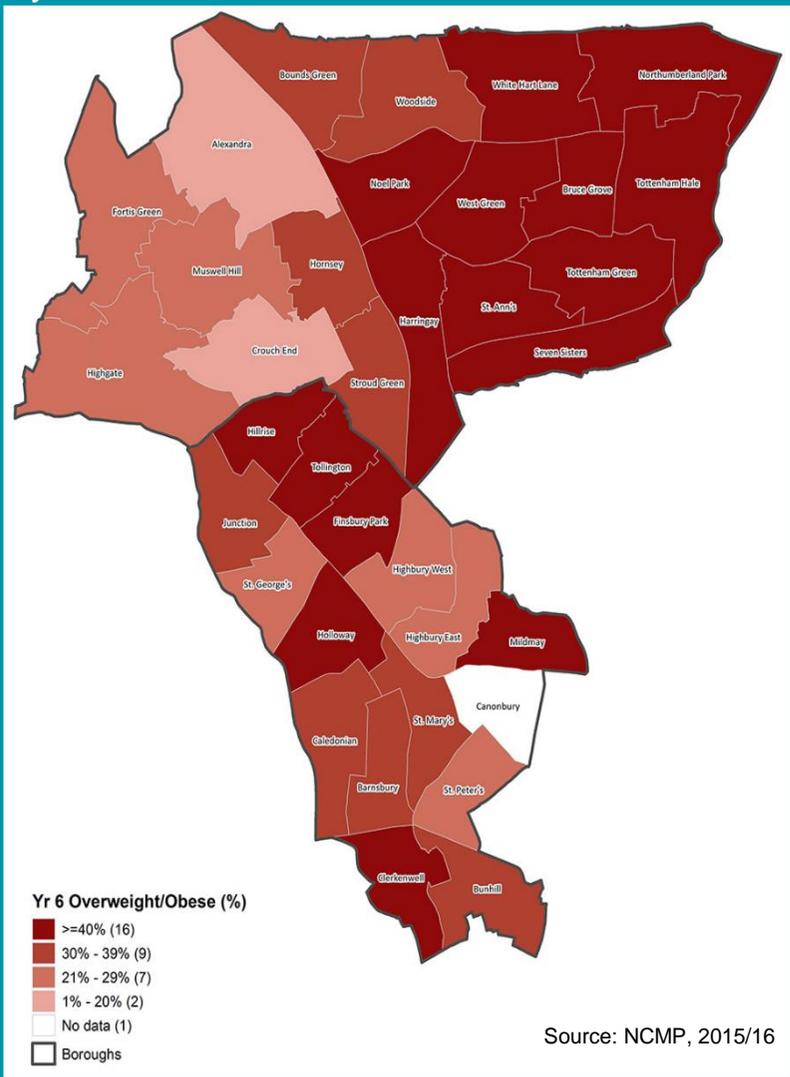
At 141 per 100,000, Haringey had the **7th lowest** admissions rate for asthma, amongst children aged under 19 years, in London (2015/16). This is significantly lower than the national average.

Islington performs far differently. With a rate of 224 asthma admissions per 100,000, Islington has the **8th highest** admissions rate in, although this rate is similar to the London and England average.

Source: PHE Child Health Fingertips, 2017

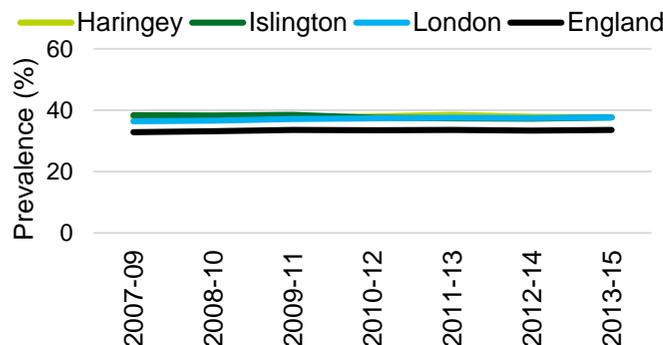
CHILDREN AND YOUNG PEOPLE

Excess weight in children aged 10-11 years old by ward



Trends in prevalence of excess weight amongst children

Prevalence of excess weight in year 6 children, 2007-15



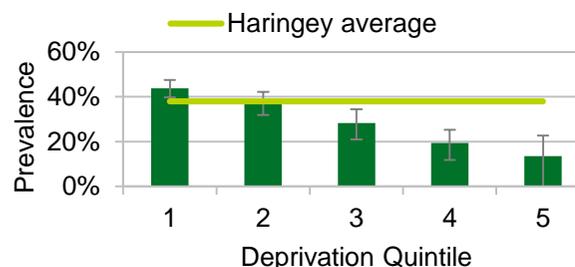
24% of children in Reception and 38% of children in Year 6 in Haringey are overweight or obese, compared to 23% and 37% for Islington. As of 2015/16, both Haringey and Islington have a significantly higher prevalence of excess weight in year 6 children, compared to England.

In Haringey and Islington, there are 582 year 6 children who are overweight, and 918 year 6 children who are obese out of a total year 6 population of 3978 (2015/16)

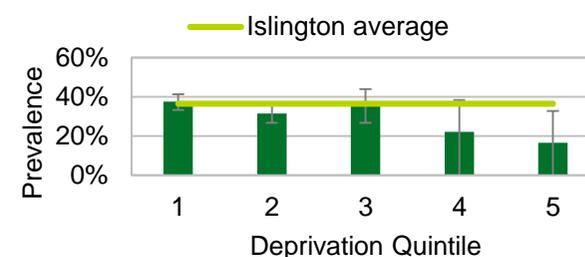
Source: NCMP, 2015/16

Obesity and Deprivation in Year 6

Year 6 obesity and deprivation, 2015/16



Year 6 obesity and deprivation, 2015/16



Year 6 children in the most deprived wards of Haringey are **two and a half times** more likely to be overweight or obese compared to those in the most affluent parts (where 1 is most deprived). Obesity is more dispersed among deprivation quintiles in Islington.

Source: NCMP, 2015/16

CHILDREN AND YOUNG PEOPLE

Mental Health and Self harm

Estimated prevalence of mental health disorders, 5-16 years, 2015



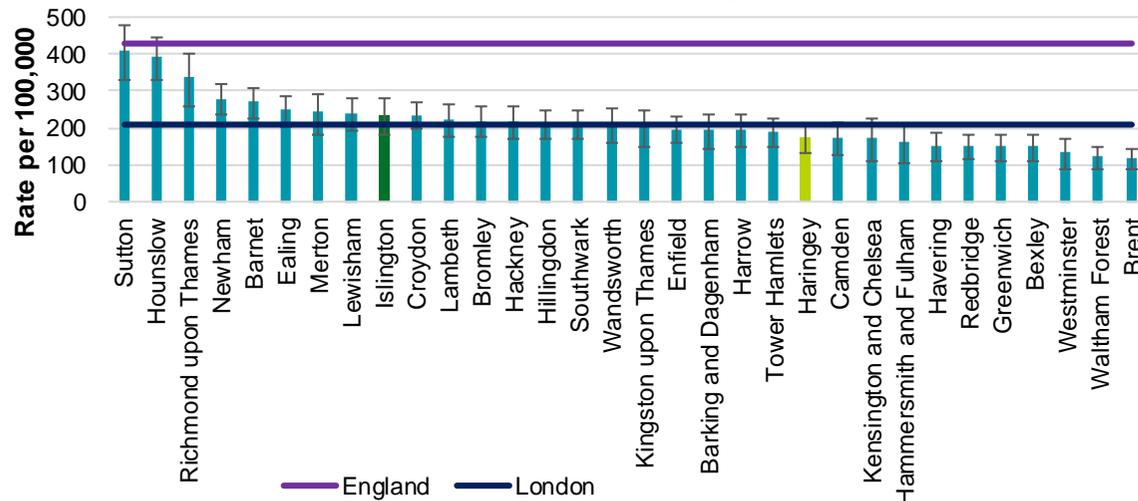
In 2015, there were **3,817** children and young people in Haringey and **2,482** children and young people in Islington with a mental health disorder. This includes anxiety disorders, emotional disorders, hyperkinetic disorders and depression.

Haringey and Islington both have a higher estimated prevalence of mental health disorders than London and England averages:



Source: PHOF, 2017

Hospital admissions as a result of self-harm (10-24 years), rate per 100,000, 2015/16



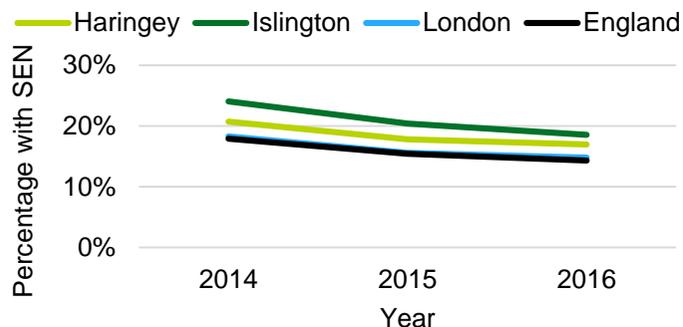
At **189.9 per 100,000 (101)**, Islington has the 9th highest rate of hospital admissions for self-harm amongst 10-24 year olds in London. At **139.1 per 100,000 (83)**, Haringey has the 22nd highest rate in London. Both Haringey and Islington are significantly lower than the national rate of 426.5 per 100,000.

Source: PHOF, 2017

CHILDREN AND YOUNG PEOPLE

Special Education Needs

Percentage of school age (4-16 years) pupils with special educational needs (SEN), 2014-16

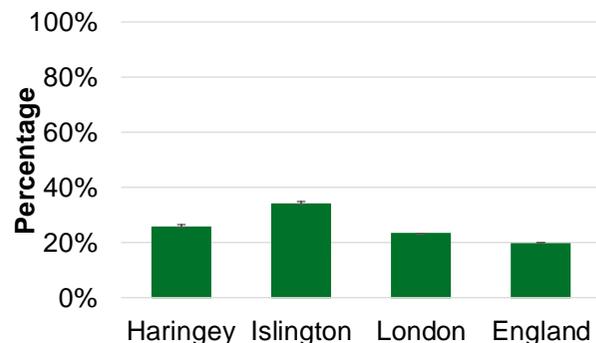


In 2016, there were **6,331** school age pupils in Haringey and **4,524** in Islington with Special Education Needs.

Source: PHE Child Health Fingertips, 2017

Children in low income families

Percentage of children aged under 16 living in low income families, 2014

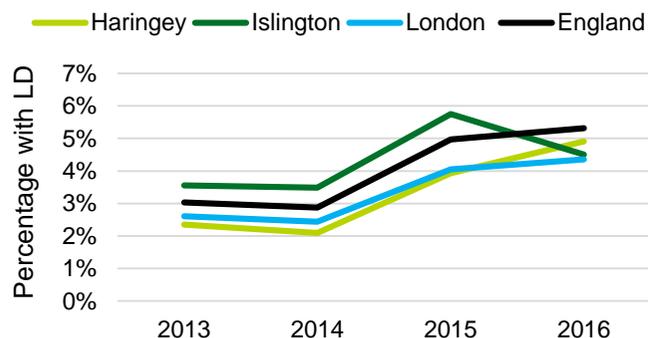


In 2014 almost a **quarter** of children aged under 16 (N=13,620) in **Haringey** and more than **one third** of under 16s (N=11,280) in **Islington** were living in low income families. The proportion has decreased over the decade in both Haringey and Islington, in line with the national trend, it is **still higher** in both boroughs compared to **London (23%) and England (20%)**.

Source: PHE Health Profile, 2017

Learning Disability

Percentage of school age pupils with a Learning Disability, 2013-16

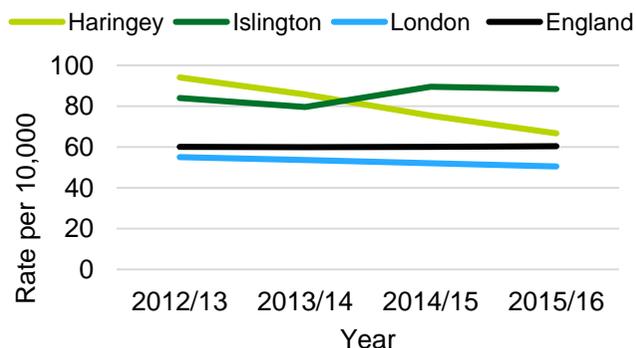


In 2016, there were **1,079** school age pupils in Islington and **1,810** in Haringey with a learning disability

Source: PHE Child Health Fingertips, 2017

Looked after Children

Rate of looked after children per 10,000, <18 years, 2012/12-2015/16



In 2015/16, there were **405** LAC <18 years old in Haringey and **110** in Islington

Source: PHE Child Health Fingertips, 2017



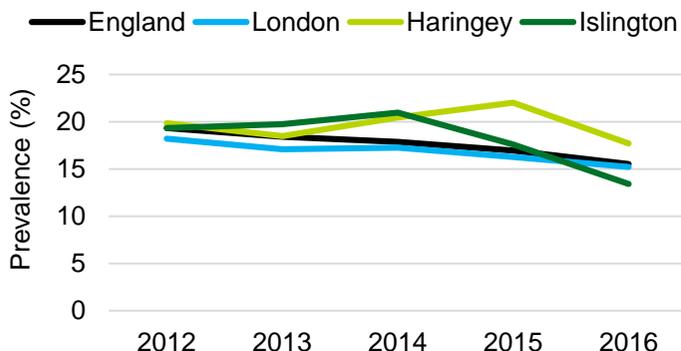
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LIFESTYLE RISK FACTORS

LIFESTYLES & RISK FACTORS

Smoking Prevalence

Smoking Prevalence in adults - current smokers, 2012-16

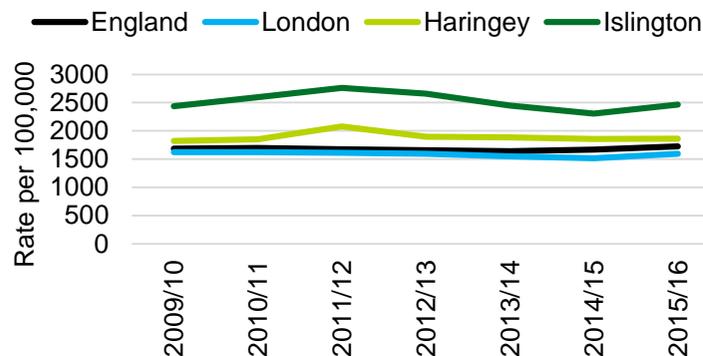


Islington's smoking prevalence has declined since 2015 and is now similar to London and England at 13.4%. Haringey's smoking prevalence remains around 2012 levels at 17.7%, and also similar to the London and England average.

Source: APS, PHOF, 2017

Smoking Attributable Hospital Admissions

Smoking attributable hospital admissions, rate per 100,000, 2009-16

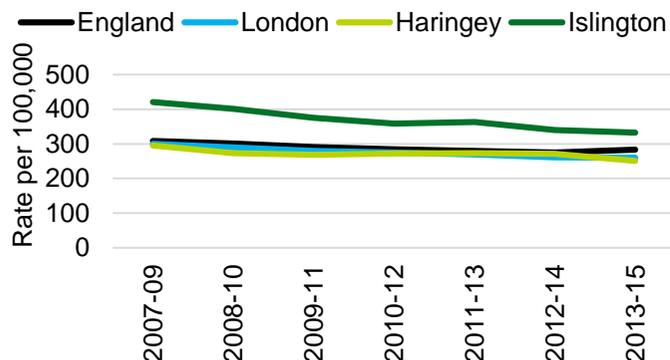


Haringey and Islington's smoking-attributable hospital admission rates have remained steady since 2009/10. Islington remains significantly higher than London and England, whilst Haringey is closer to the comparator averages.

Source: PHOF, 2017

Smoking Attributable Mortality

Smoking Attributable Mortality, rate per 100,000, 2007-15

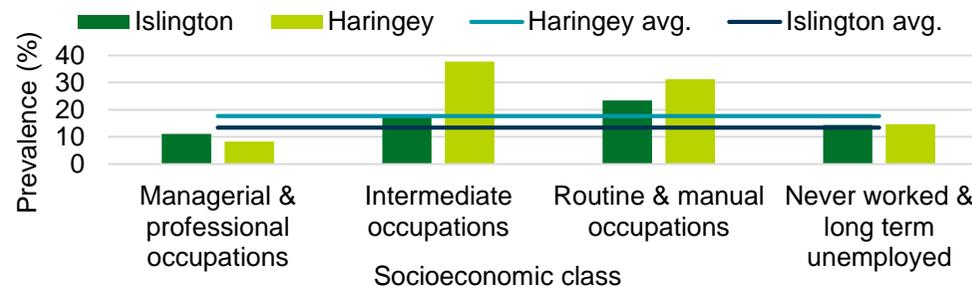


Islington's smoking-attributable mortality rate has steadily declined since 2007-09 and is now closer to Haringey's rate. Haringey has remained steady since 2007/09 and is currently lower than the London and England averages.

Source: PHOF, 2017

Smoking by Socioeconomic class

Smoking Prevalence in adults by socioeconomic class



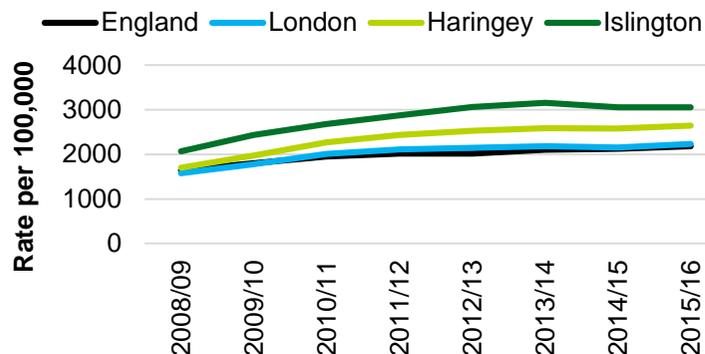
Haringey has a significantly higher smoking prevalence for those in intermediate occupations (37.8%) compared to Islington (18.1%). Haringey also has a higher prevalence for those in routine and manual occupations (31.2%) compared to Islington (23.4%).

Source: PHOF, 2017

LIFESTYLES & RISK FACTORS

Alcohol-related hospital admissions

Admission episodes for alcohol-related conditions (Broad), per 100,000, 2008-16



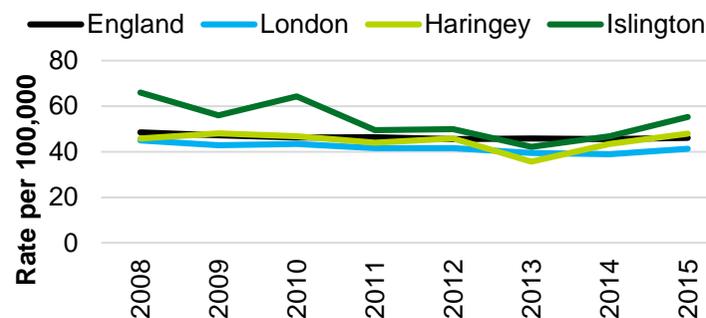
Haringey and Islington have alcohol-related hospital admissions significantly higher than the London and England averages.

Both boroughs have seen rates of admission increase since 2008/09.

Source: PHOF, 2017

Alcohol-related mortality

Alcohol-related mortality, rate per 100,000, 2008-15



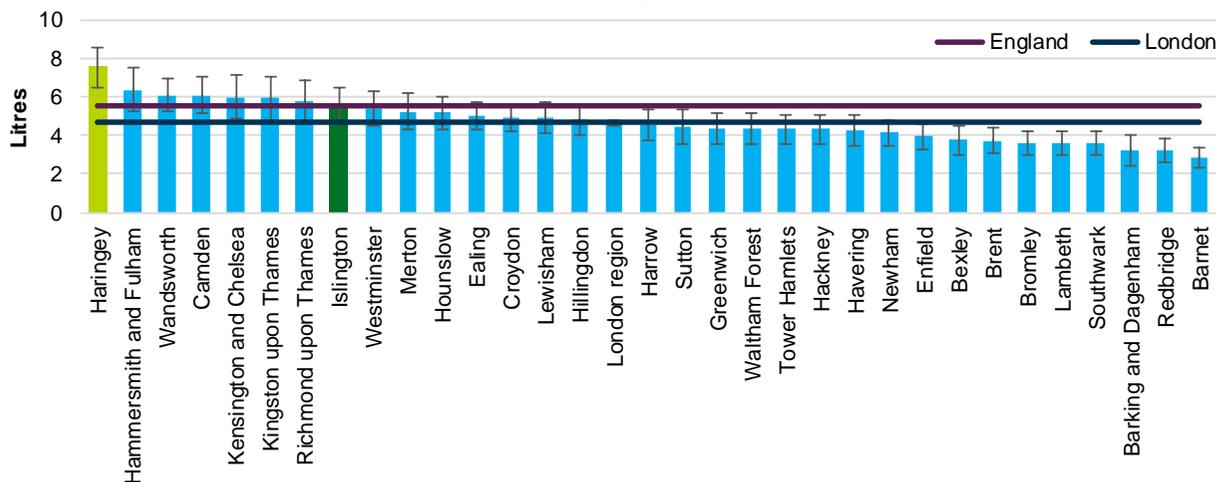
Alcohol-related mortality rates in Haringey and Islington are similar to the London rate. Compared to England, Islington has a higher rate and Haringey a similar rate.

Trends in alcohol-related mortality have not changed significantly over time in both boroughs.

Source: PHOF, 2017

Off-trade alcohol sales

Volume of pure alcohol sold through the off-trade, all alcohol sales, London boroughs, 2014



Haringey ranks **highest in London** (out of 32 boroughs) for litres sold per adult through the off-trade, significantly higher than the London average of 4.7 litres and England average of 5.5 litres. Islington ranks 8th highest with 5.3 litres, similar to London and England.

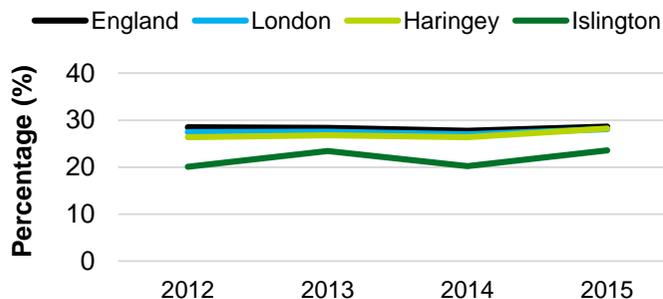
A total of 1,561,000 litres of alcohol was sold through the off-trade in Haringey in 2014, compared to 1,007,000 litres in Islington.

Source: LAPE, 2017; CGA Strategy/Nielsen, 2014

LIFESTYLES & RISK FACTORS

Physical Inactivity

Percentage of adults achieving less than 30 minutes of physical activity per week

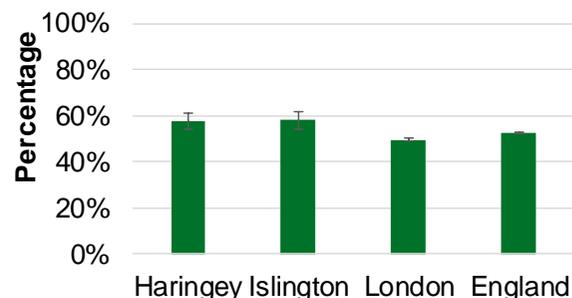


Haringey (28.2%) have a similar proportion of inactive adults as London and England, whilst Islington have remained lower than its comparators since 2012. In 2015, 23.6% of adults in Islington were inactive.

Source: PHOF, 2017

Healthy Diet

Proportion of adults (16+ years) meeting the recommended '5-a-day' on a 'usual day', 2015

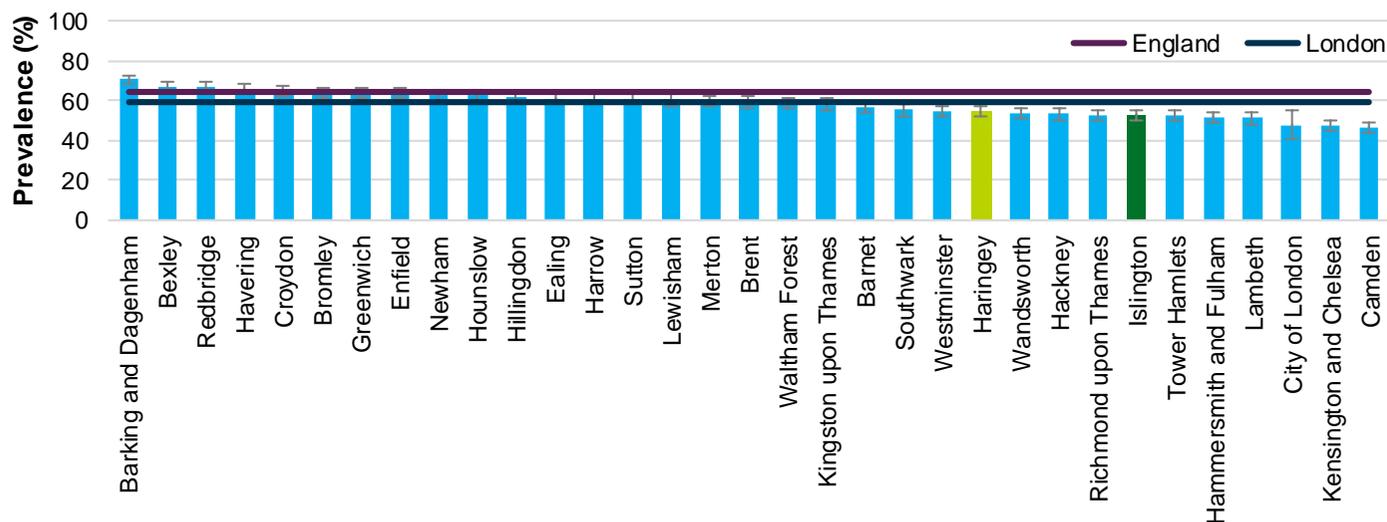


The proportion of adults meeting the recommended 5-a-day in Islington (58%) and Haringey (58%) is significantly higher than the London (49%) and England (52%) averages. Islington and Haringey are the 3rd and 4th highest achieving boroughs for this indicator in London.

Source: PHOF, 2017

Obesity in adults

Proportion of adults with an excess weight, 2013-15



Islington (57.9%) and Haringey (57.4%) have the 3rd and 4th highest proportions of adults meeting their recommended 5-a-day in 2013-15. Both boroughs have proportions higher than the London and England averages.

Haringey and Islington are both below the London and England averages for excess weight in adults, at 54.2% and 52.8% respectively. Islington is the 7th lowest proportion of adult obesity in London, whilst Haringey is the 11th lowest.

Source: PHOF, 2017



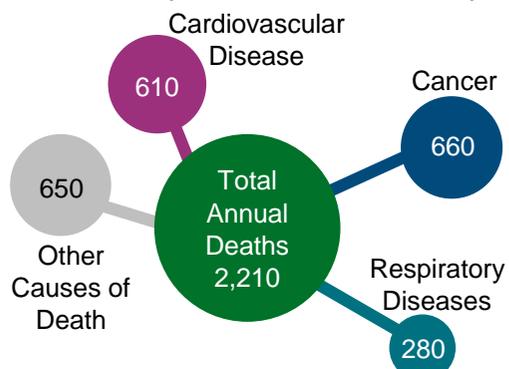
ISLINGTON & HARINGEY JSNA

PHYSICAL WELLBEING OF ADULTS & OLDER PEOPLE

ADULTS AND OLDER PEOPLE

Premature Mortality

Top 3 Killers In Haringey & Islington Combined (Rounded To Nearest 10)



Mortality rates among the combined population of Islington & Haringey is highest among those with cardiovascular disease, cancer and diabetes.

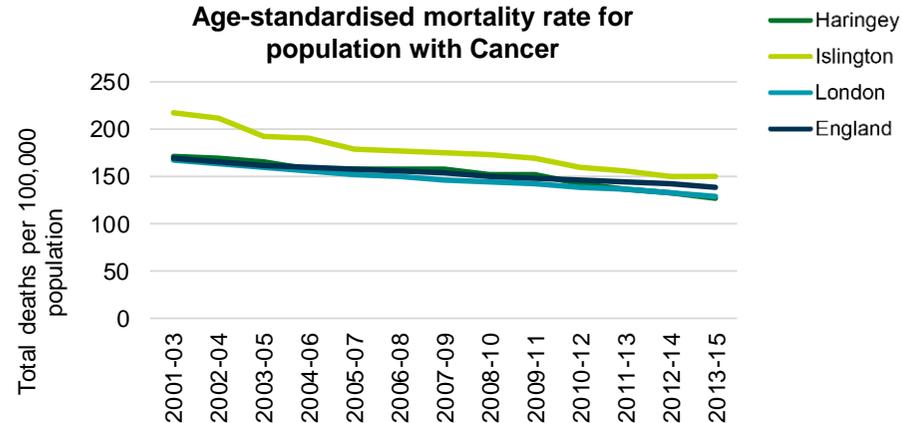
For Islington, the mortality rates for these 3 disease are higher than the average rate for both London and England.

Note: Numbers do not add up due to rounding.

Source: Primary care mortality database (PCMD) 2015 - NHS Digital

Mortality rates over time

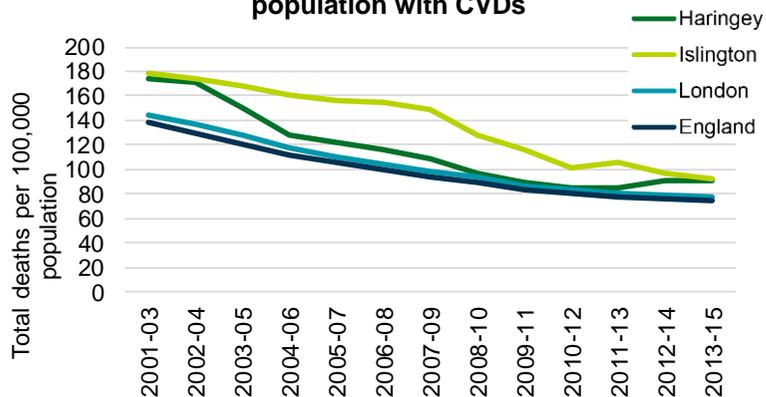
Age-standardised mortality rate for population with Cancer



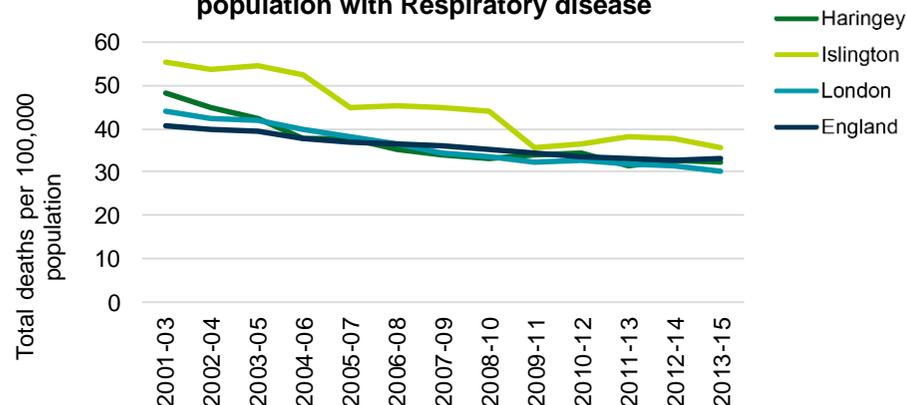
Rates of mortality caused by the top 3 killers (Cancer, CVD and Respiratory Disease) have been declining in both Islington and Haringey over the last decade.

This is in line with both the regional and national trend.

Age-standardised mortality rate for population with CVDs



Age-standardised mortality rate for population with Respiratory disease



Source, End of Life Care Profiles (PHE Finger tips), 2015

ADULTS AND OLDER PEOPLE

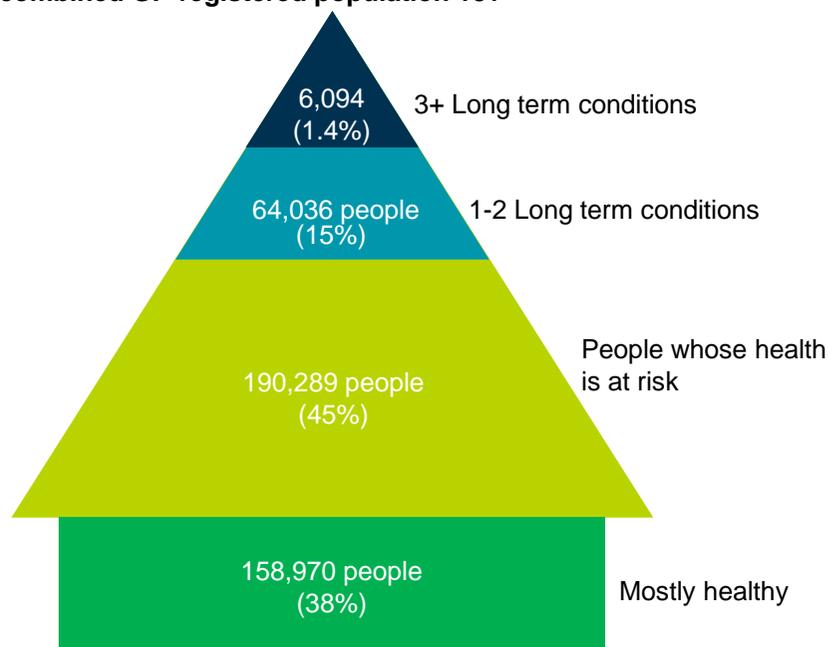
Population segmentation

Regarding the GP-registered population in both Islington and Haringey combined, 38% of the population are deemed as mostly healthy (Non-smokers, healthy BMI, no LTC and no HBP)

The highest segment (45%) of the population are classified as 'health at risk' (which may involve: being underweight/overweight, Smoker, HBP)

The majority of the population with Long term conditions are typically from the older age groups (aged 55+) whilst the 'mostly healthy' population-segment are distributed among the younger groups: 18-44.

Population segmentation: Haringey & Islington combined GP-registered population 18+



Source, Haringey's GP PH dataset (2013) & Islington's PH GP Dataset (2015)

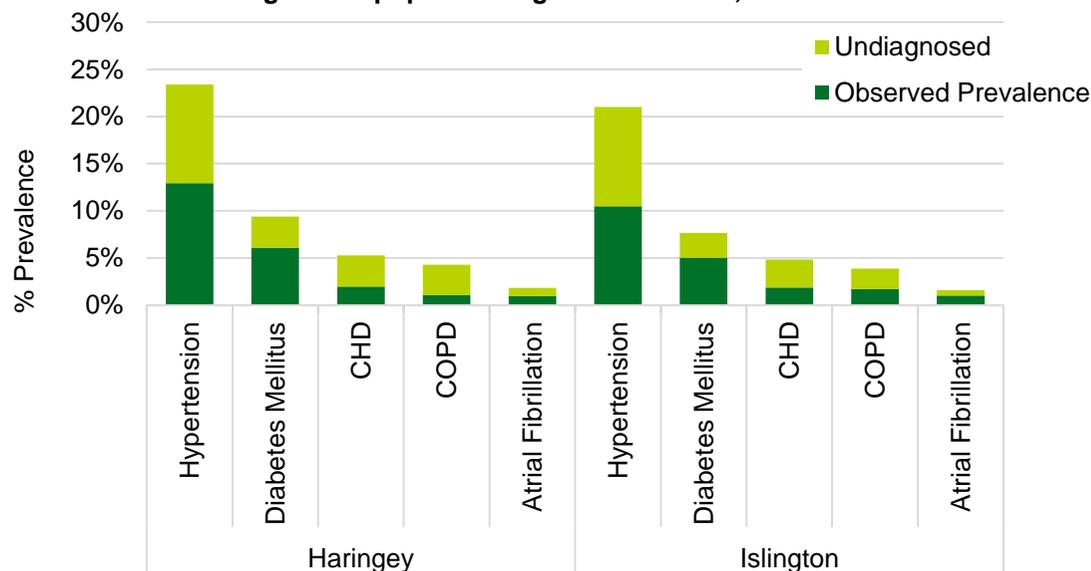
Prevalence gap of long term conditions

For both Islington and Haringey, the prevalence of Hypertension ranks highest among all long term conditions – with an estimated prevalence of 21% (42,600 people) in Islington and 23% (58,400 people) respectively.

The proportion of undiagnosed long term conditions (for both boroughs) is almost equal to that of diagnosed cases. This suggests that roughly half of the 5 conditions: Hypertension, Diabetes, CHD, COPD & Atrial Fibrillation still remain undiagnosed.

Haringey has a larger proportion of undiagnosed CHD and COPD cases when compared to Islington.

Prevalence gap for long-term conditions, Islington and Haringey registered population aged 16 and over, 2015-16



Source, Haringey's GP PH dataset (2013) & Islington's PH GP Dataset (2015)

Frailty

Frailty is a loss of resilience that means people living with frailty do not bounce back quickly after a physical or mental illness, an accident or other stressful event. People living with frailty are likely to have a number of different issues or problems, which, taken individually, might not be very serious but when added together have a large impact on health, confidence and wellbeing.

The prevalence of Frailty has been measured using a Frailty Index (eFi) - where a detailed frailty score is assigned to residents based on whether they have a combination of specific illnesses – ranging from arthritis, CVD right through to impairments in hearing and mobility.

Frailty is linked with poor mobility, difficulty doing everyday activity, or simply 'slowing up' and results in large increases in the health cost for care settings such as inpatient, outpatient and nursing homes.

Source: NHS ENGLAND

Who is at risk? – Gender



Women (65+) are more likely to have **mild frailty** (33%) than older men (30%), and **twice as likely** to have a **severe frailty** then older men (6% vs 3%).

Who is at risk – Ethnicity

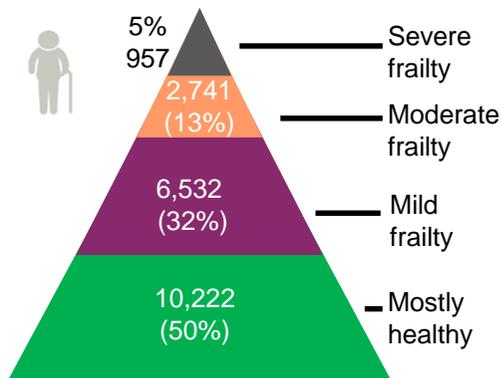


Black women (38%) and Black and Asian men (37%) are more likely to have a **moderate/severe frailty** compared to the Islington average (32%).

Source, Frailty Index analysis, Islington 2015. NB results are likely to apply equally to Haringey

Frailty status among Islington residents

Over 65's segmented by Frailty Status (Islington only)



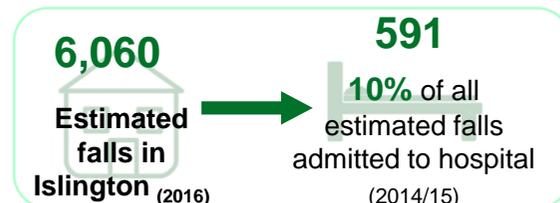
Based on the local review of the frailty index approximately one third (6,532) of people aged 65 and over in Islington are classified with a mild frailty.

Source, Frailty Index analysis, Islington 2015

Falls in Islington and Haringey

Each year, an estimated 6,000 falls occur among Islington's 65+ population. 10% of all estimated falls are admitted to hospital.

In Haringey, roughly 6% of all estimated falls (among the Haringey 65+ population) are admitted to hospital.

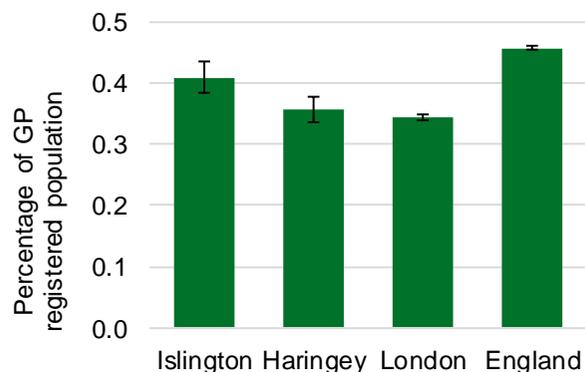


Source, PHOF, 2017

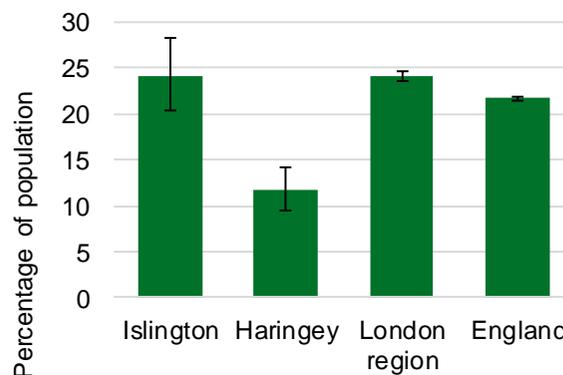
ADULTS AND OLDER PEOPLE

Learning difficulties – Prevalence, Housing, Employment & further support

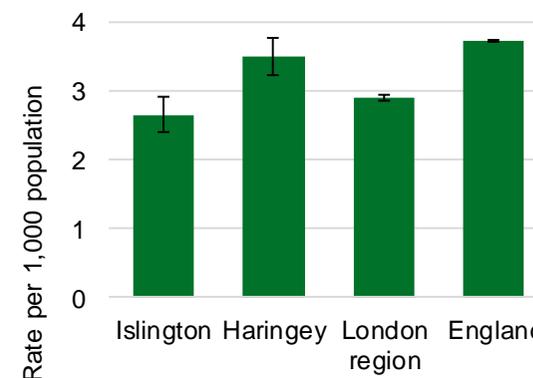
Prevalence of Learning disability among GP-registered population, All ages, 2015/16



Percentage of adults 18-64 with learning difficulties living in non-settled accommodation, 2015/16

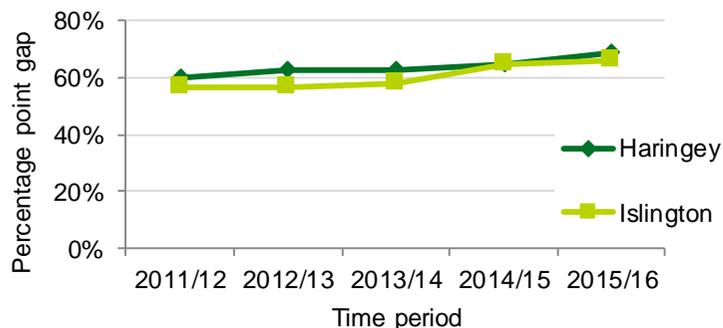


Adults (18 to 64) with learning disability getting long term support from Local Authorities



Source, QOF 2013-14

Percentage gap in employment rate between people with a learning disability and the overall population, 18-64 years, 2011/12 to 2015/16



Source, PHOF, PHE, 2017

There are 2,066 people living with a learning disability in Haringey and Islington (1,090 and 976 respectively). The prevalence of learning disabilities in Islington is significantly higher than the London average and significantly lower than the England average.

In Haringey the prevalence of learning disabilities is similar to the London average and significantly lower than the England average.

Islington has a higher proportion (24.2%) of adults with learning difficulties living in non-settled accommodation than Haringey (11.7%). This proportion in Islington is also similar to the regional and national average.

The Rate of adults receiving long term support from the Local Authority is higher than that in Islington. This rate in Haringey is higher than the regional average but similar to the national average.

The percentage gap in employment between people with learning difficulties and the overall population is 66% in Islington (2015/16) and 69% in Haringey (2015/16).

These figures are similar to the average percentage gap in employment for both London and England.

On average the percentage gap in Employment is higher in Haringey than in Islington.

This percentage gap, for both Haringey and Islington, has increased over the past 4 years, at a very similar rate to the national trend.



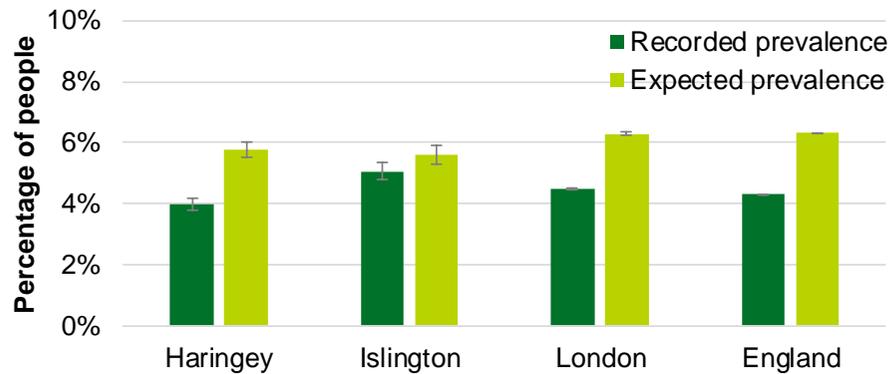
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MENTAL HEALTH

MENTAL HEALTH

Dementia

Recorded and estimated prevalence of dementia, 65+ years, 2017

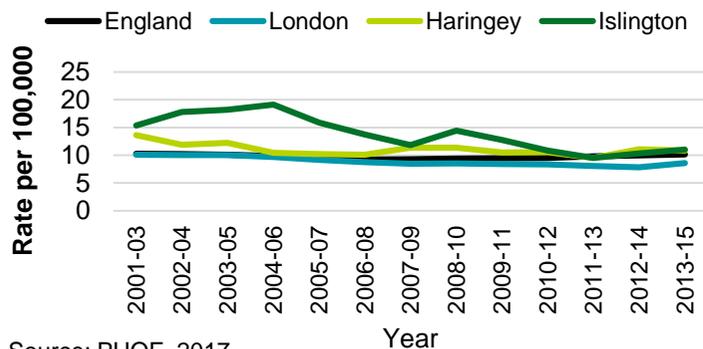


In Haringey there are an estimated 1,710 (5.8%) people aged 65 years or over are living with dementia. 69% of those are diagnosed, accounting for 4.0% of the elderly population aged 65+ (N=1,180).
 In Islington 5.6% of the population aged 65 years or over are thought to have dementia (N=1,240). Most of them are diagnosed with dementia (5.1% of the population, N=1,120), leading to the highest dementia diagnosis rate (91%) in Islington among London boroughs, which is higher than both the London (71%) and England (68%).

Source: PHE Dementia profile, 2017

Suicide

Suicide: age-standardised rate, per 100,000 (3 year avg.), 2001-15

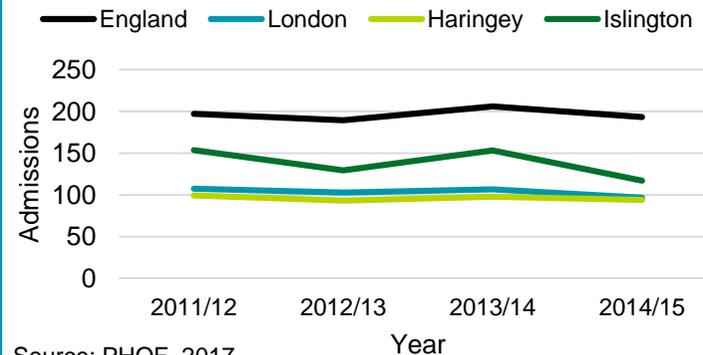


Source: PHOF, 2017

Islington's suicide rate has decreased substantially since a 2003-05 peak of 19 per 100,000 to 11 per 100,000 in 2013-15. Similarly, Haringey has decreased over the same time period and is now closer to the England average at 11.1 per 100,000.

Self-harm

Emergency Hospital Admissions for Intentional Self-Harm, per 100,000, 2011-15



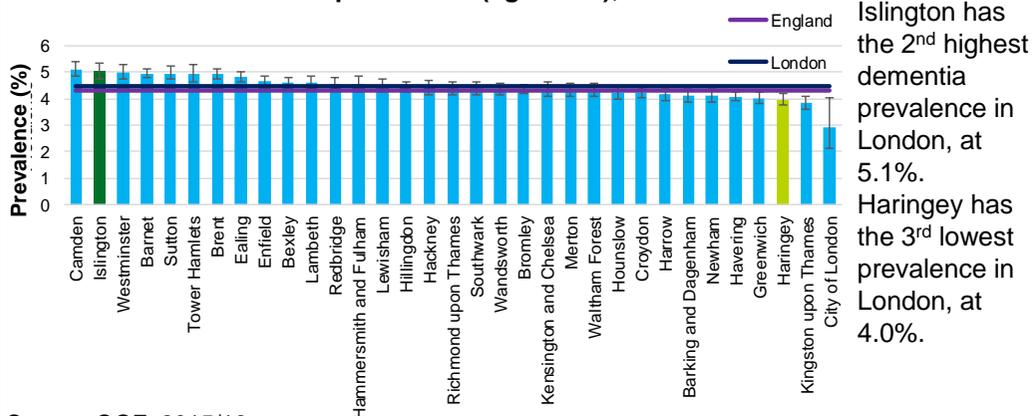
Source: PHOF, 2017

Haringey's self-harm admissions rate has remained steady since 2011/12 and remains significantly lower than the England average at 93.9 per 100,000. Islington's rate has fluctuated in recent years and remains significantly higher than both Haringey and London at 117.2 per 100,000

MENTAL HEALTH

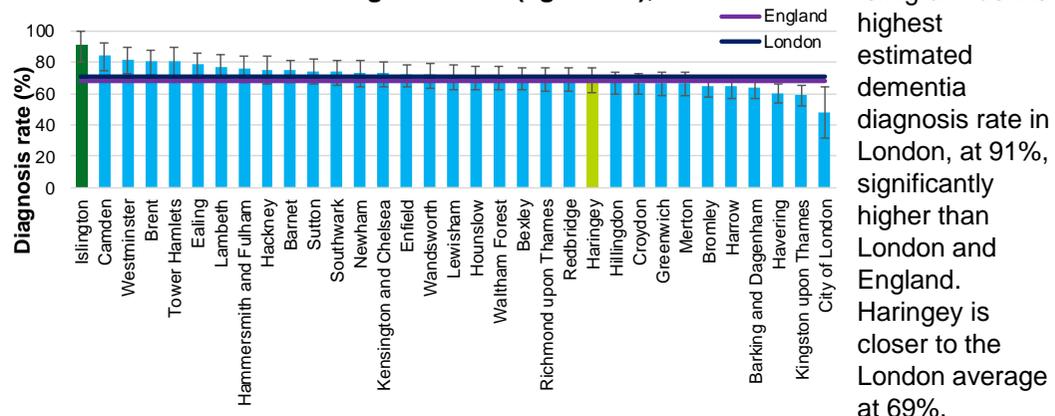
Dementia – Prevalence & Diagnosis rate

Dementia: Recorded prevalence (aged 65+), 2015/16



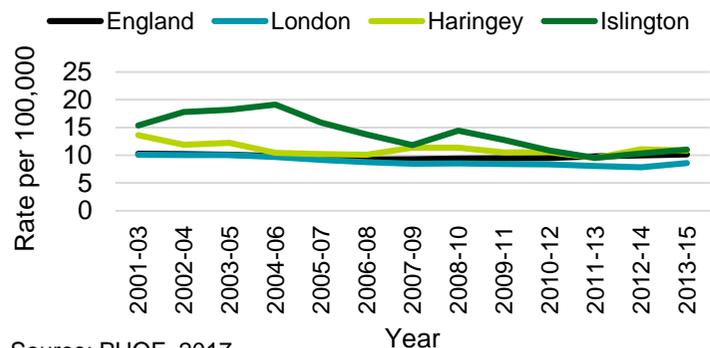
Source: QOF, 2015/16

Estimated dementia diagnosis rate (aged 65+), 2017



Suicide

Suicide: age-standardised rate, per 100,000 (3 year avg.), 2011-15

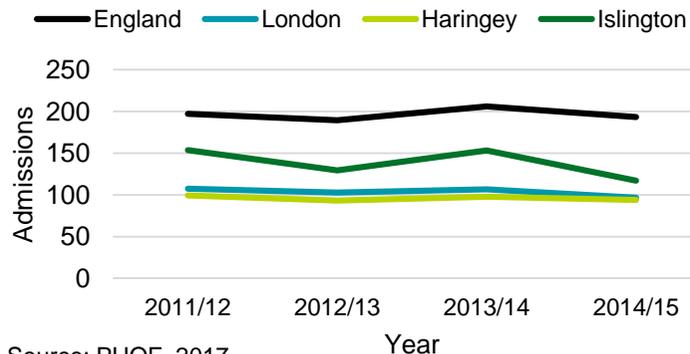


Source: PHOF, 2017

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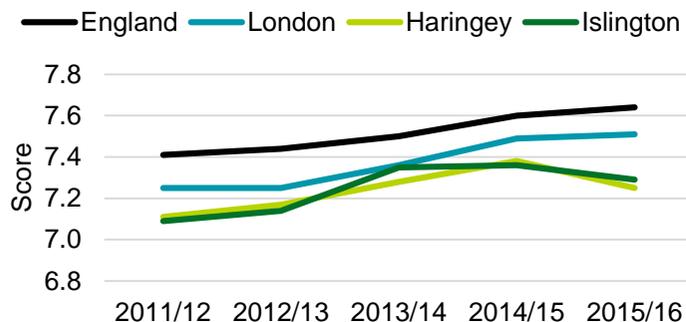
Source: PHOF, 2017

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MENTAL HEALTH

Life satisfaction

Life Satisfaction – Mean score where 10 is highest, 2011-16

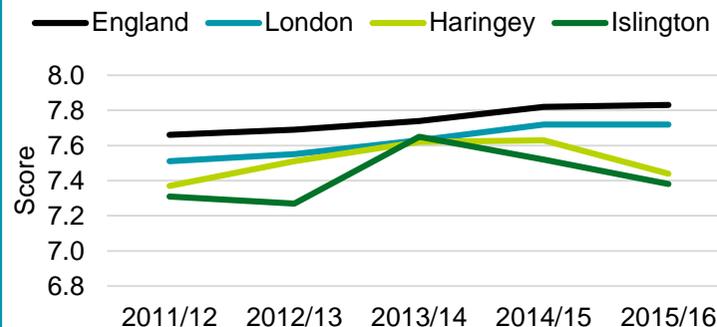


Source: ONS, 2017

Haringey and Islington have similar trends in life satisfaction (7.3), increasing slightly between 2011/12 and 2014/15 before decreasing in 2015/16. Haringey and Islington remain significantly lower than both London and England averages.

Worthwhileness

Worthwhileness – Mean score where 10 is highest, 2011-16

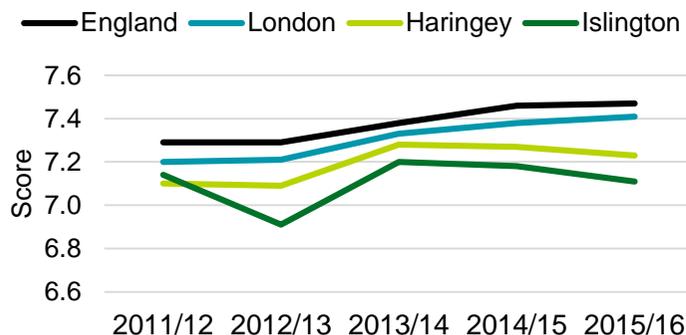


Source: ONS, 2017

Islington (7.4) and Haringey (7.4) have worthwhileness scores significantly lower than the London and England averages (both 7.8).

Happiness

Happiness – Mean score where 10 is highest, 2011-16

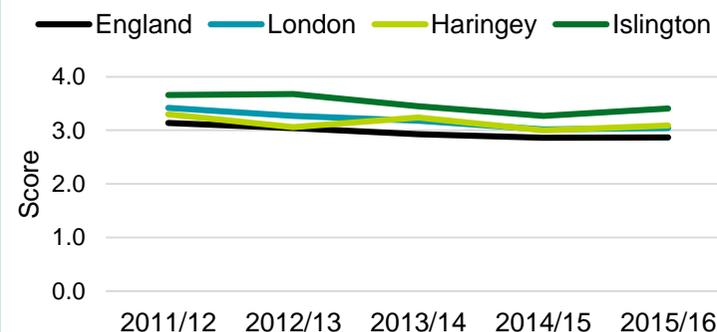


Source: ONS, 2017

Islington (7.1) has a significantly lower happiness score than Haringey (7.2). Both boroughs are currently significantly lower than the London and England averages (both 7.4).

Anxiety

Anxiety – Mean score where 10 is highest, 2011-16



Source: ONS, 2017

Haringey (3.1) has a similar anxiety score to the London and England averages (3.0). At 3.4, Islington has a significantly higher anxiety score.



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WIDER DETERMINANTS

WIDER DETERMINANTS

Housing

Overcrowded households, 2015/16



An estimated **18,100 households** in **Haringey** and **11,300** in **Islington** are overcrowded.

Source: 2011 Census, Department for Communities and Local Government, 2015/16

Households in temporary accommodation, 2015/16



Around **3,200 households** (28 per 1,000 households) in **Haringey** and **900 households** (9 per 1,000) in **Islington** are living in temporary accommodation. The rate is almost **double in Haringey** compared to **London** (15 per 1,000).

Source: PHE, 2017

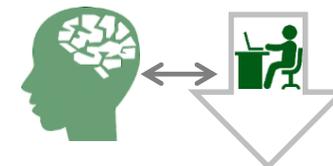
Employment

Out-of-work benefit claimants, November 2016



About **one in ten people aged 16 to 64** years are claiming an **out-of-working benefit** in Haringey (9%) and Islington (10%). Islington has the **second highest** proportion of out-of-claimants in London (7%). Higher proportions of benefit claimants were found in BME groups, people with disabilities and lone parents.

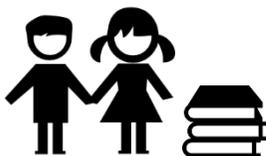
About 5,500 (3%) working age people in Haringey and 6,400 (4%) in Islington are on sickness / disability benefits due to mental illness, meaning **one-in-three out-of-work benefit** claims are due to **mental illness**.



Source: DWP, accessed the 7th of September 2017

Education

School readiness, 2015/16



72% of 5 year olds in **Haringey** and **66%** in **Islington** are reaching a 'good level of development' at the end of reception. It is significantly lower in Islington compared the London average (71%).

Young people not in education, employment or training, 2015



3.6% of **16-18 years** old in **Haringey** and **2.1%** in **Islington** are not in education, employment, or training. Compared to London (3.1%), the proportion is slightly higher in Haringey and lower in Islington. It has decreased in Islington, from 8.8% in 2012, while It has remained stable in Haringey.

Source: PHE, 2017

Violent crime

Violence offences, 2015/16



In 2015/16 almost **6,600 (25 per 1,000 population)** violence against the person offences in Haringey and **6,030 (27 per**

1,000) in Islington were recorded. The rates are higher compared to London (22 per 1,000) and England (17 per 1,000). **Islington** had the **second highest** violent crime rate among the London boroughs.

Sexual offences, 2015/16

In Haringey and Islington there were about **490 (1.8 per 1,000 population)** and **430 (2.0 per 1,000)** sexual offences recorded in 2015/16 respectively.



Domestic violence, 2015/16

In 2015/16, **22.5 domestic abuse-related incidents and crimes per 1,000 people aged 16 or over** were recorded in Haringey and Islington.



Source: PHE, 2017

FURTHER INFORMATION

About Islington and Haringey's JSNA

Islington Council's Evidence Hub brings together information held across different organisations into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of Islington's population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public: <http://evidencehub.islington.gov.uk/jsna/Pages/default.aspx>

Additional insight on Haringey's JSNA can found via the following webpage: <http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna>

This summary was produced by Mustafa Kamara (Public Health Analyst, Islington) James Barber (Senior Public Health Analyst, Haringey) Minkyong Choi (Public Health Office, Islington) Sam Stevenson (Public Health Analyst, Haringey), reviewed and approved for publication by Mahnaz Shaukat (Head of Health Intelligence)

Contact: PublicHealth.Intelli@islington.gov.uk