Havering
LONDON BOROUGH

Havering Joint Strategic Needs Assessment (JSNA) 2025

Executive Summary

Living Well, Ageing Well & Dying Well Profiles

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Executive Summary

This publication of the Joint Strategic Needs Assessment (JSNA) covers the life courses of living well, ageing well, and dying well. There are no clear boundaries for these life courses, but this approach helps us to focus on key issues that prevail at each life course.
The recommendations in this profile are evidence-based and highlight any existing inequalities. They are intended for commissioners and local providers to address the causes and consequences of poor health and wellbeing through prevention, early intervention, and collective activity.

All things being equal, the size and age structure of the population are the most direct drivers of the need for health and care services. The type and quantity of health and care services vary with age, and they are generally higher in the early years and much higher in old age. Not all older people are frail, but Havering has around 8,061 residents recorded as frail.

In addition to the demographic characteristics, a person's physical and mental health and wellbeing are influenced throughout life by the wider determinants of health. These are a diverse range of social, economic and environmental factors, alongside behavioural risk factors which often cluster in the population. All these factors can be categorised as protective factors or risk factors. Health outcomes could become unequal due to the interaction with these factors within or outside individuals.

There are some situations where the Havering population is in a fair position. The long-term unemployment rate (1.8 per 1,000 working-age population, 294 people) was similar to London's average (1.9) in 2021/22. Havering has a relatively low number of rough sleepers compared with many other London authorities. After a number of years of increases, the most recent figures show this has declined from 58 (2022/23) to 39 (2023/24). 1,007 families and 2,127 single people were relieved from homelessness in 2023/24.

Crime, particularly violent crime, negatively impacts the health of victims and the wider community. Fear of crime and antisocial behaviour have wider effects, deterring residents from using community assets and reducing social interaction. Havering Council has a strategy to reduce the incidence of violence and knife crime. The latest data (2023/24) shows Havering was ranked 26th out of 32 London boroughs for the total number of notifiable crimes (TNO) and 24th for the total number of recorded violent crimes.

By influencing opportunities, skills, employment, and earning potential, increasing educational attainment is associated with improved health behaviours and outcome measures such as life expectancy. We should not be content that 20% of residents in Havering aged 16+ reported having no formal qualifications in 2021, the 7th worst rate in London.

The term' toxic trio' is used by some professionals to refer to the co-occurrence of parental domestic abuse, parental substance misuse and parental mental illness in a child's life[1]. Unfortunately, domestic abuse (DA) in Havering has seen a steady increase over the past 3 years and now constitutes 14% of reported crime. However, in 2023/24, the rate of admissions due to alcohol-related conditions for persons aged 65 and over in Havering (564/100,000) was lower than the London (783/ 100,000) and England (864/100,000) averages. 2,073 adults are

[1] https://learning.nspcc.org.uk/news/why-language-matters/how-toxic-trio-is-unhelpful-and-inaccurate#:~:text=The%20term%20%27toxic%20trio%27%20is,be%20experiencing%20abuse%20or%20neglect.)

recorded to have serious mental illness, and nearly 50,000 adults have depression or anxiety disorder.

People with poor health and/or disability are at particular risk of disadvantage in all its forms, e.g. people living with a long-term condition, mental illness or mental and physical disability are more likely to be living on a low income, be unemployed or in unsuitable housing putting them at additional risk of further decline. The DWP, the Council and the providers such as NELFT and CGL are working on a programme called Individual Placement Scheme to improve employment of those with mental health conditions, substance misuse, disability and other risk factors. For those who are severely disabled to care for themselves, adult social care supports them. In 2024, 1,368 residents aged 18-64 received the support of Havering Adult Social Care, receiving 2,043 care packages.

The built and natural environments are part of the wider determinants of health and wellbeing, significantly influencing physical and mental health and health inequalities.[2] Some of our most pressing health challenges, including obesity, poor mental health issues and physical inactivity (please refer to the infographics summary of findings) are influenced by our environment. This underlines the importance of leveraging every opportunity within the work of the Council, NHS and other partners to support the delivery of health promoting and protecting environments and ensuring that health is effectively considered within planning and delivery of regeneration and infrastructure project[3].

The co-authors of this JSNA urge the Council as a local planning authority to explore and quantify any opportunities arising from the proposed amendments to the National Planning Policy Framework that will enable additional housing schemes that meet local needs to be brought forward, including those arising through proposed changes to utilisation and definition of brownfield and grey belt land. As part of supporting a diverse local retail offer, the Council should consider any opportunities for further policies (including the new Local Plan) that may prevent the further proliferation of fast food takeaways, alcohol-licensed premises, and other retail premises with negative health and wellbeing impacts, particularly in areas of highest deprivation.

In health and care, we can see the evidence that prevention has worked. The hospital admission rate from stroke in Havering in 2022/23 was 121 per 100,000, which was lower than the England average (168 per 100,000). Hospital admissions from uncontrolled long-term conditions overall in Havering were better than the London average but similar to the England average. The percentages of people dying at hospitals across all age groups were significantly lower than the London average.

However, health inequality exists between the deprived and the less deprived regarding health outcomes. Circulatory diseases and cancer are the two top causes behind the differences in life expectancy. In 2022/23, Havering's under 75 mortality rate from cancers (116 per 100,000) was higher than the London average (110 per 100,000). A very high percentage and number of the cancers of the lung, colon and rectum were diagnosed at late stages (3 and 4) in 2019-21. A high percentage of the cancers of the oesophagus, pancreas, stomach and oral cavity were also diagnosed at late stages.

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[2] https://www.gov.uk/government/publications/phe-healthy-places/phe-healthy-places

[3] *Putting Health Into Place (2019) https://www.england.nhs.uk/wp-content/uploads/2019/09/phip-executive-summary.pdf*

As discussed at the beginning, Havering services have been trying to meet the demand related to its ageing population. In 2023/24, 4,483 residents aged 65 years and over received support from Havering's Adult Social Care. Altogether, they received 6,655 care packages. It is also crucial that dementia is diagnosed early so that support for the affected resident and family can be planned early including management of symptoms. Havering's diagnosis rate is 56.3%, below both London and England averages.

The Havering JSNA steering group recommends that HWB members support the implementation of the following published strategies that will have a positive impact on Havering's population health:

- Poverty Reduction Strategy
- Serious Violence Strategy
- Healthy Weight Strategy
- Tobacco Harm Reduction Strategy
- Combating Substance Misuse Strategy
- North East London Sexual and Reproductive Health Strategy
- Suicide Prevention Strategy

The following recommendations are also made to the Health and Wellbeing Board by the JSNA steering group:

- To improve early diagnosis of cancers through further improving screening coverage, raising awareness of cancers with highest numbers of late diagnosis among the residents (lung, colorectal, upper GI, prostate), working with GPs to review opportunities for early detection and appropriate referrals, and strengthening diagnostic capacity including the use of the RDC (rapid diagnostic clinic) and targeted lung health check.
- To strengthen the community infrastructure and awareness to improve the detection of hypertension, obesity, atrial fibrillation and prediabetes and to use transformation and innovation (which includes digital health/medical technologies) to speed up diagnosis and management of LTCs.
- To review and improve where necessary the current approach to the delivery and monitoring of long-term conditions (e.g., diabetes, long-covid) to ensure access to effective care, self-management and peer support.
- To support individuals with mental health conditions to live, fulfilling, meaningful and healthy lives, and ensure equitable access to mental health services, and doing so in a timely manner to prevent deterioration of mental health to crisis presentations
- To support implementation of plans developed by the BHR Planned Care Transformation Board to reduce waiting times for planned care.
- To enable same day access to urgent care in the community whenever possible, and, if a visit to the Emergency Department is needed, to provide a positive experience
- To use Population Health Management (PHM) approach to identify the avoidable risk factors for learning disability and other care packages; and to recommend most effective mental health and physical support interventions, including the use of technology for better and efficient care.
- To empower older people to live independently in their own homes with appropriate care and support and to facilitate social connectivity.
- To maintain efforts to further increase the completeness of dementia diagnosis, and improve access to the information and support for patients and their families.
- To support residents by ensuring that the last stages of their life happens in the best possible circumstances, receiving the right help at the right time from the right people, and place.