

A Segmentation Model of Haringey's

- Health Needs,
- Health Inequalities and
- Unmet Need

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Dr Foster Research

Dr Foster Research is an independent company providing online management information systems and services to the public sector.

Segmentation Model

Dr Foster has developed techniques for clustering together individuals with similar health characteristics for the purposes of understanding need and planning for future service delivery.

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Introduction

Haringey PCT & Borough Council (Haringey) engaged Dr Foster Research (DFR) to develop a health segmentation model for Haringey residents to help understand varying needs, access to service and potential unmet need and to inform future commissioning decisions.

Haringey recognise the importance of managing knowledge and undertaking regular needs assessments to establish an evidence-based understanding of their population's requirements.

Haringey is subdivided into 4 GP Comparator zones for the purposes of planning and commissioning and Haringey wish to use the segmentation model developed to better understand how needs vary across these 4 geographical zones.

Haringey intends to use the segmentation model as a foundation for social marketing campaigns to identify target groups, to be validated through primary research, for prevention and intervention strategies.

Methodology

Research Design and Methodology

The research methodology can be broken down into the following distinct stages:

Stage 1: Define the “catchment” area of 4 GP Comparators (Multiple GPs)

Haringey provided mappings of residential LSOAs to each GP Comparator zone. These were used to summarise statistics and create geographical mappings for display purposes.

Stage 2: Bespoke Segmentation for Haringey

The creation of bespoke segmentation involves three stages of: specification, estimation and testing.

Specification

The first stage of analysis is to decide which health data should be used to inform the segmentation and at what geographical level the model would be produced.

After analysing the range of data that would be included in the segmentation model, it was decided that Lower Super Output Areas (LSOA) would be the most appropriate geography. There are 144 LSOAs in Haringey. If Output Areas had been used instead of LSOA, additional granularity regarding health data could have been gathered. However, due to the relative infrequency of many of the statistics, subdividing into smaller geographies would likely cause spurious results. In fact, datasets for specific conditions at LSOA can become small and where this occurred, average MSOA level statistics were also included in the clustering algorithm to give a smoothing effect. Using larger geographies (e.g. MSOA or Ward) would have the opposite effect, results would be more robust but the size of the segments would significantly reduce their usefulness for planning purposes.

Selecting the appropriate data to include involved the following steps:

- 1) Collecting and collating a wide range of “features”: health data that has proven useful in previous analyses, along with appropriate synthetic estimates and environmental / contextual information.
- 2) Normalising the features to ensure there is no bias towards any particular inputs. This involves calculating rates for these variables by comparing the health condition (enumerator) against the total population (denominator) for each of the Output Areas within Haringey. These scores are then transformed to either Z-Scores (standard deviation units) or range standardised (vary between 0-1). Segmentation models were created using both z-scores and range standardisation with very similar results.
- 3) Principal Components Analysis was used to determine if there were any very strong correlations within the data. Certain input data sets were then excluded from the model to avoid dominance of any condition and to avoid any undue bias.
- 4) Sampling was used, to systematically include / exclude features to create segmentation models based on varying subsets of features and ensure the robustness of the final model developed.

A list of features used is provided in the data dictionary attached in appendix 1.

Estimation

The estimation process relates to the choice and optimisation of the procedure used to create the segmentation. The variables created in the specification phase were combined using a K-means clustering algorithm. A two stage process was used to create an initial 3-way split, allocating each LSOA to one of 3 primary Groups (A, B and C). K-means was then applied to each Group to further sub-divide these into 3 distinct Types (1, 2 and 3). The designations, A, B, C, 1, 2 and 3 are not

intended to denote better or worse health. They are merely labels for the groups which are described after the analysis.

K-means analysis is an industry standard segmentation procedure (see Figure 1) which in this analysis found groupings of LSOAs demonstrating the most similar health profiles. However, without efficient optimisation, K-means can produce erroneous results. To ensure convergence on a reliable segmentation model, the K-Means procedure was run 10,000 times for the initial Grouping and a further 10,000 times for subdivision into Types. The segments which were output were tested for their homogeneity (similarity) to assure the reliability of the final assignment of areas into segments by selecting the model which best fits the input data.

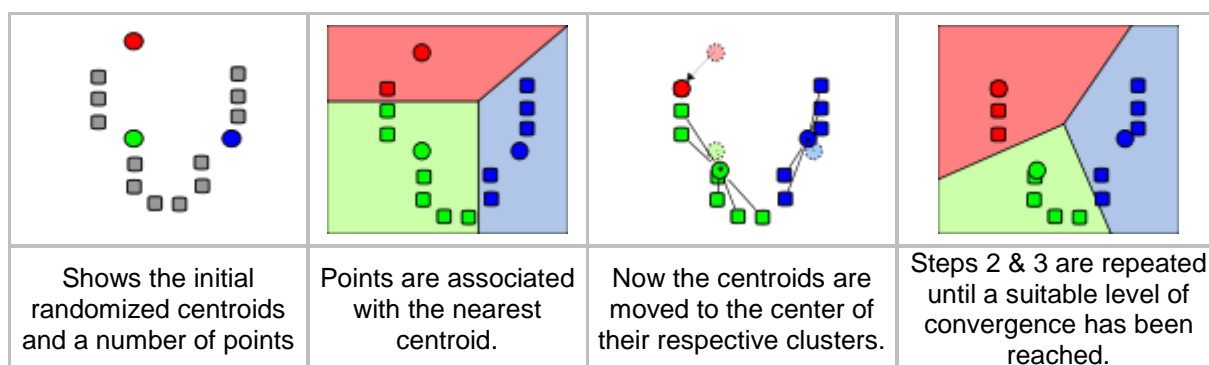


Figure 1: K-Means Procedure (Source: http://en.wikipedia.org/wiki/K-means_algorithm)

Testing

In the testing phase, summary profiles are created for each of the segments. These include a series of graphs and tables which describe the main attributes of each the segment. These will include the propensity for each of the input variables relative to Haringey. Additional information is appended to describe the demographic and ethnic and contextual characteristics of the segments. The segments are described below. Labels are created to identify each segment according to those features for which it shows the greatest propensity (highest score relative to all other segments).

Stage 3: GP Comparator Profiles

Resident Population

The initial step in creating profiles for each GP comparator is to use the segmentation model defined in step 2 and create maps for each GP Comparator zone, showing each LSOA within the zone along with the Type and therefore the characteristics of those individuals living within the residential catchment area.

Summary statistics have been compiled to give an easy comparison between the residential populations of the 4 GP Comparitors. The propensity for the segments within the GP “catchment” areas are compared to Haringey as a whole. These data are prepared as a series of four maps, one for each of the GP comparators, to give an immediate and visual impression of how the needs of the resident population vary.

The four GP comparators have, additionally been profiled by ethnicity, age structure, health risks and unmet needs.

Ethnicity – The overall ethnic profile derived from census data is be presented for each of the 4 GP comparator groups and compared to the profile for Haringey.

Age Structure – The overall age structure derived from census data and subsequent small area population estimates is presented for each of the 4 GP comparator groups and compared to the profile for Haringey.

Stage 4: Identifying Unmet Needs

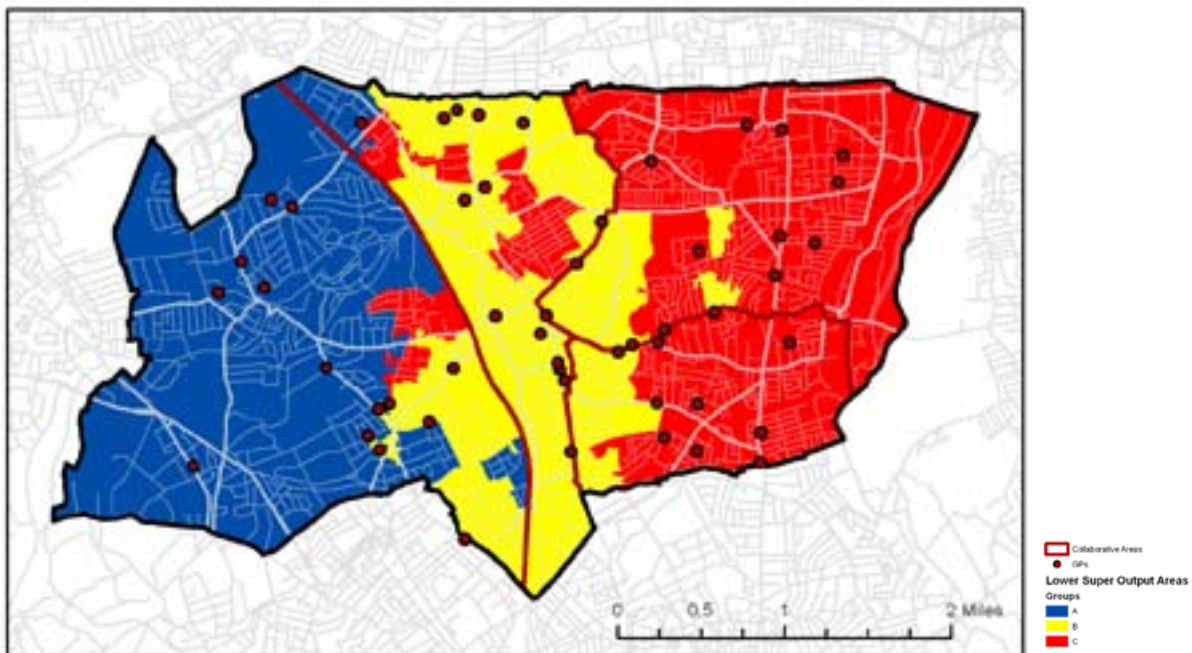
DFR has attempted to identify potential areas of unmet need within Haringey, on the basis of the segmentation model developed. Activity level data is reported alongside expected activity levels and standardised admission/attendance ratios (SARS). The SAR is a ratio of the observed number of admissions or outpatient attendances to the expected number. An SAR figure of 100 would mean that the actual number of admissions or outpatient attendances would be at, or very close to, the expected level. Values greater than 100 would suggest a higher than expected number of admissions, while values less than 100 suggest fewer admissions than expected.

SARS have been considered for all emergency admissions. However, most notably for Ambulatory Care Sensitive (ACS) Conditions, which are those where timely and effective ambulatory care and good case-management can help to prevent the need for hospitalisation. Higher than expected SARS for such conditions can indicate a lack of sufficient primary care in those areas (unmet need).

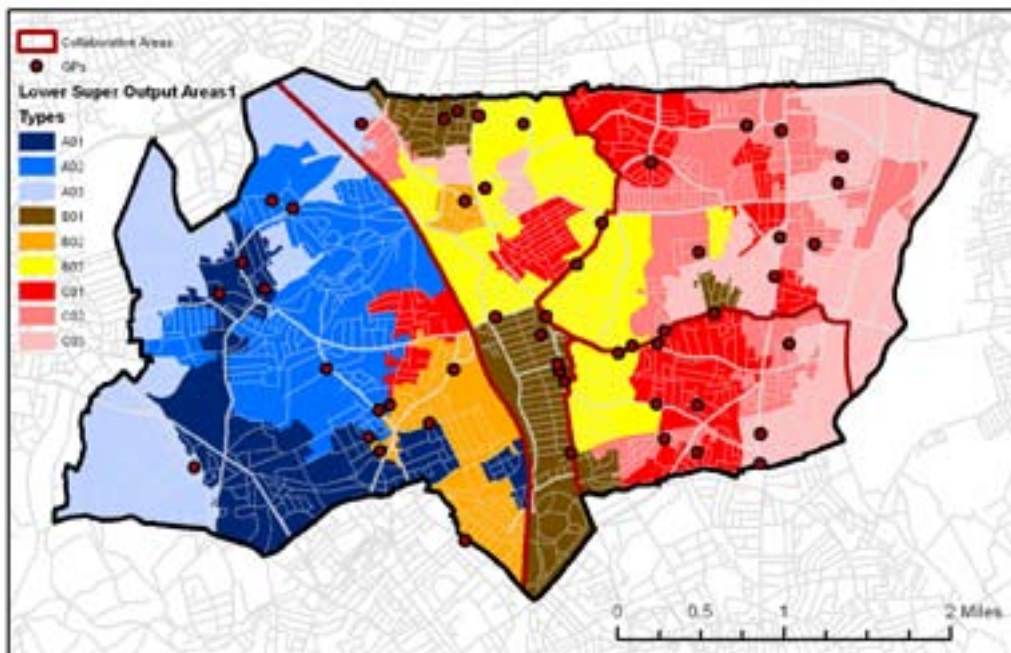
In addition to SARS, Dr Foster has used prevalence measures, where available, to generate expected rates of need, at low geographies.

Segmentation Model

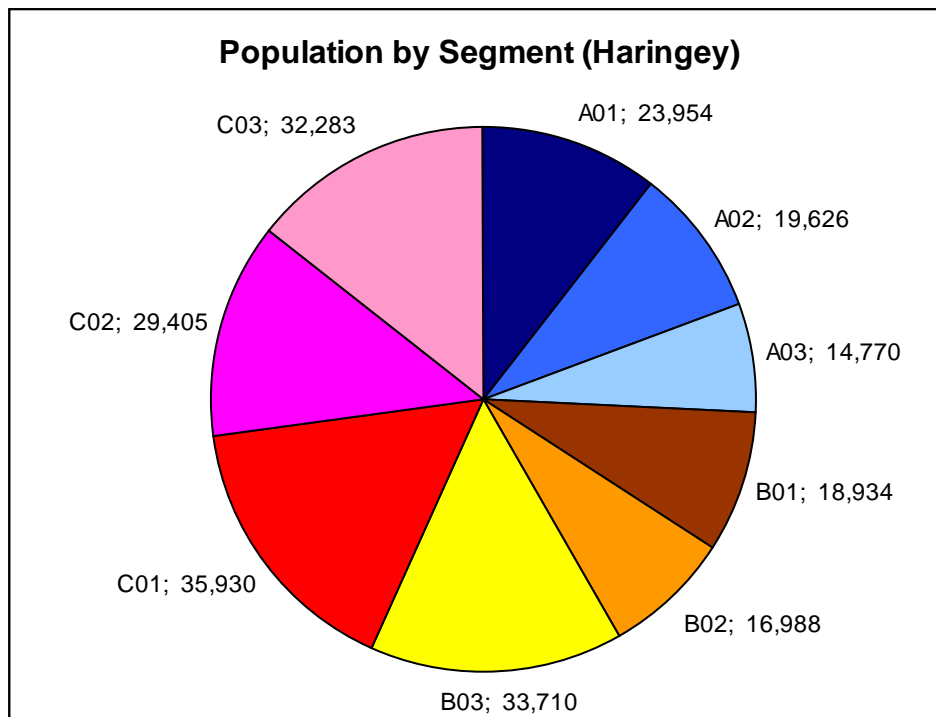
The health segmentation model divided Haringey into 3 broad Groups as shown below:



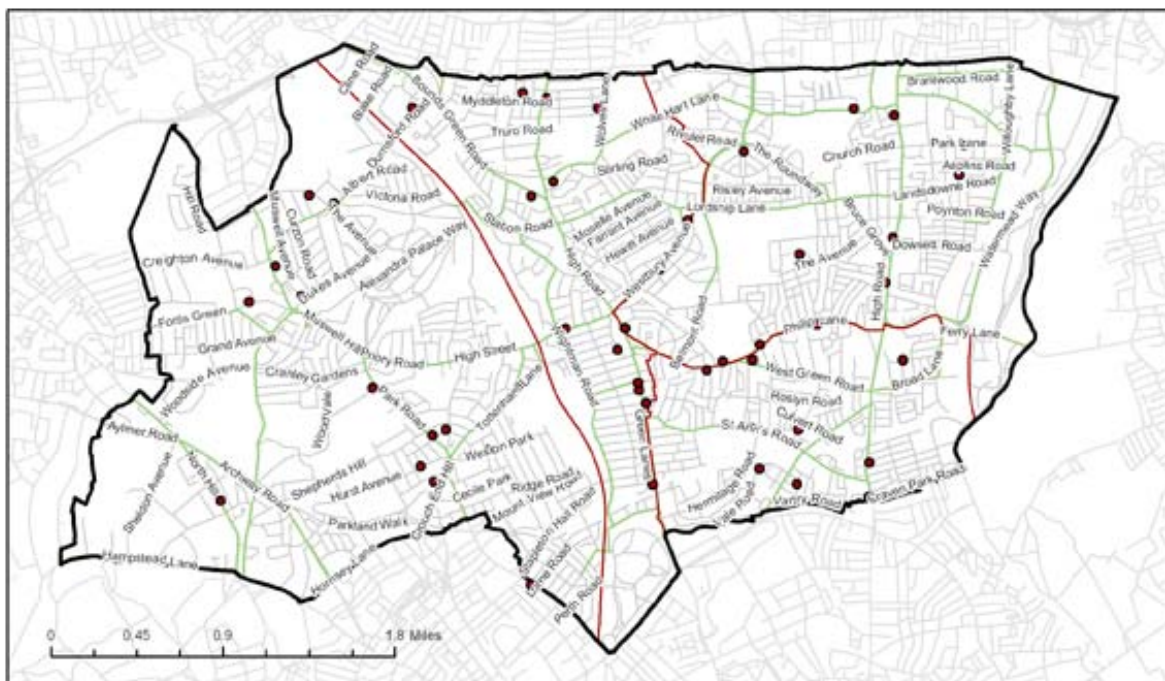
These were further subdivided into the following 9 Types:



The following chart shows the population split by Type. There are relatively more people in Group C, where health is poor and population densities are high.



The following map is included to provide a simple to read lookup to understand where the segments boundaries lie.

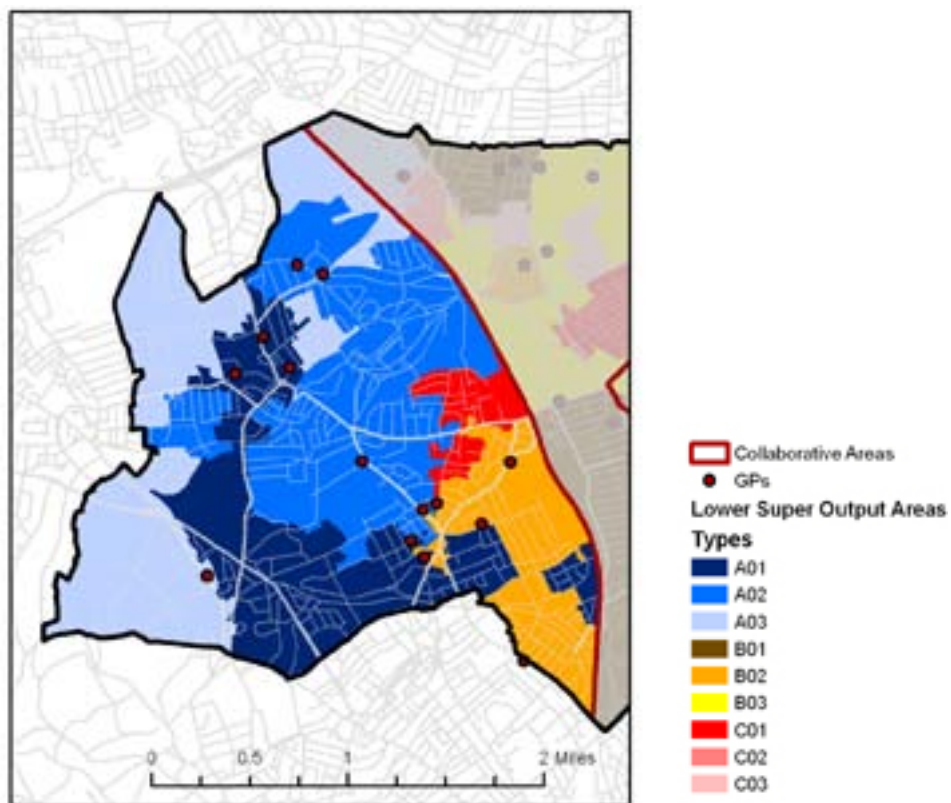


GP Comparator Zones

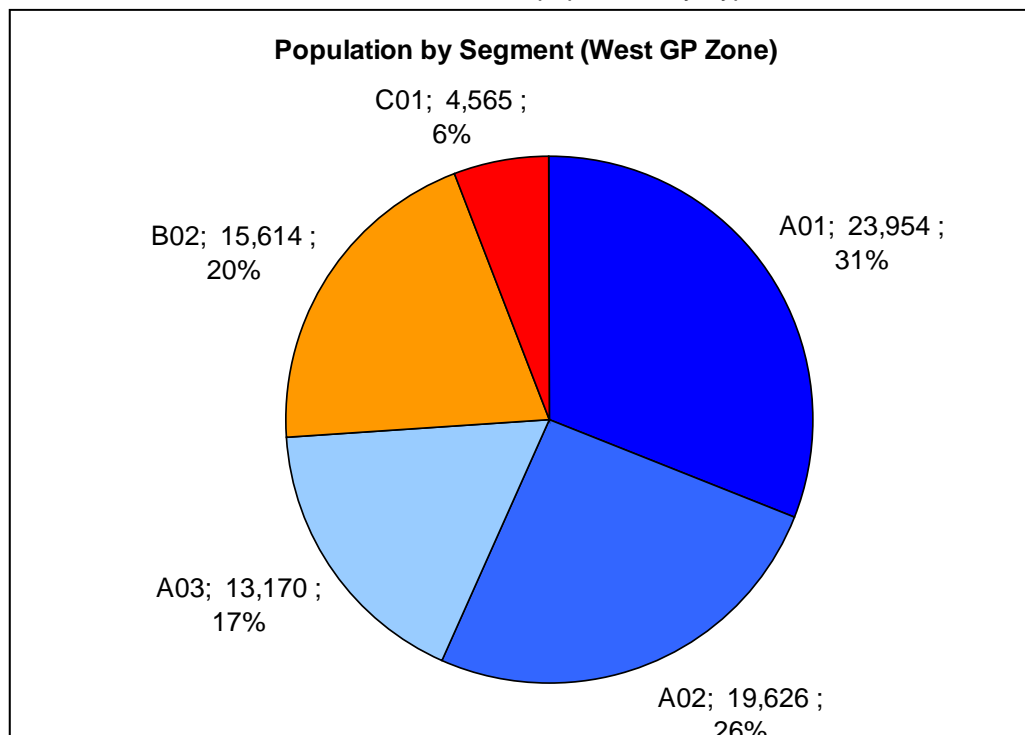
Summary Maps and Charts are given below for the 4 GP Comparator zones, along with highlights regarding health and social context.

Comparator Zone: West

Total Population: 76,929



The chart below shows the breakdown of the population by Type.



The West GP Comparator Zone is dominated by individuals from Group A. These are largely White, relatively wealthy communities with good health for their age. In certain areas, however, there are considerable numbers of older people with significant health needs. There are also higher than expected rates of Breast Cancer in certain areas. Alcohol and Childhood Obesity may be issue for some portions of this community.

20% of the community are of Type B02, with relatively good health and low needs, but with possible unmet needs, particularly in relation to early engagement with health services.

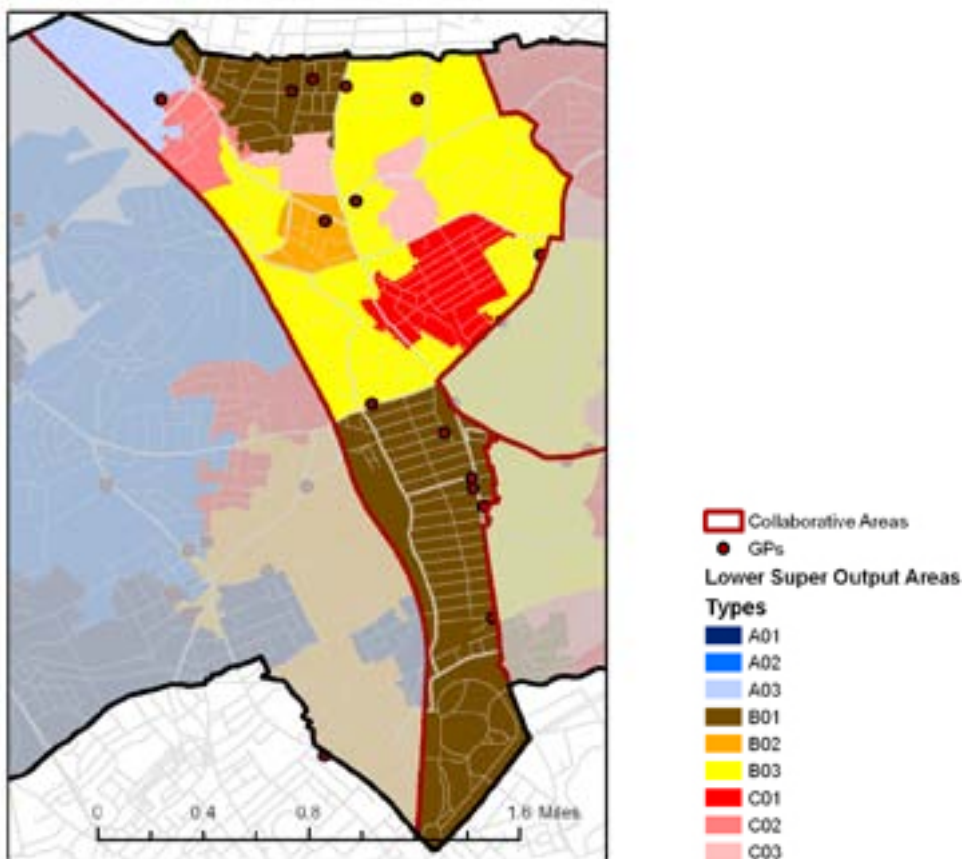
A small portion of individuals resident in the West GP Comparator Zone are of Type C01. These show the lowest levels of health in Haringey. Particular attention should be paid to this segment.

Different segments of this GP Comparator Zone will need differing health support needs. However, areas of particular attention might include:

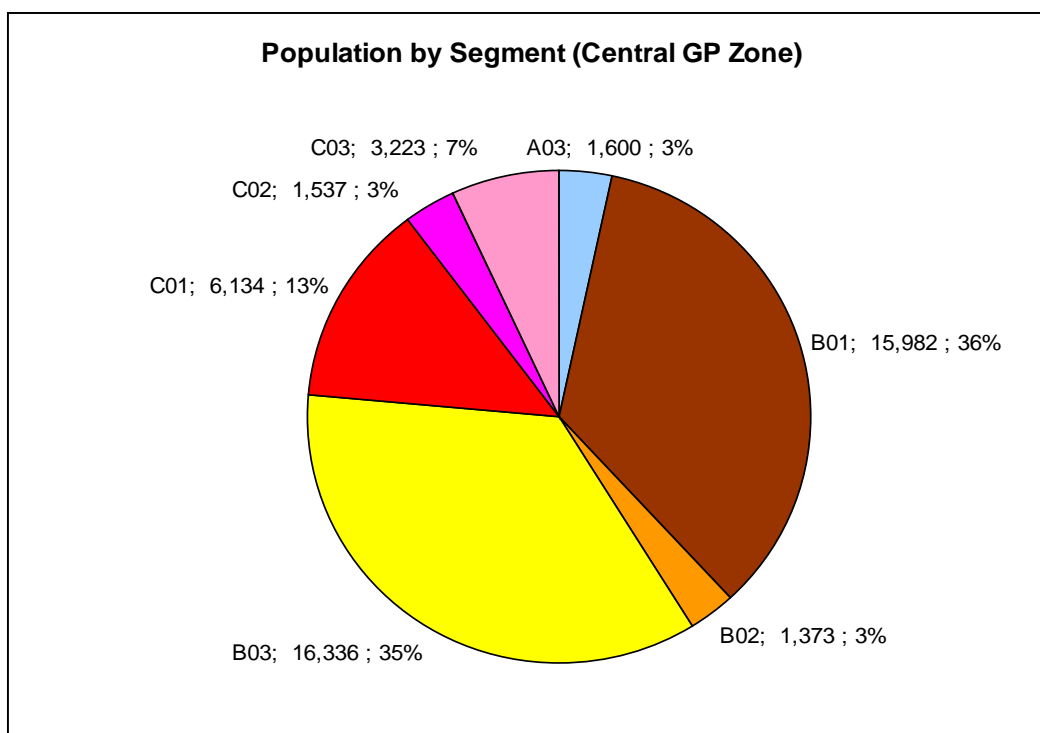
- 1) General conditions relating to an elderly population
- 2) Cancer screening and support
- 3) Alcohol Awareness
- 4) Obesity in children
- 5) Pockets of need for children (e.g. very low birth rates, asthma, cancer)

Comparator Zone: Central

Total Population: 46,184



The chart below shows the breakdown of the population by Type.



The Central GP Comparator Zone contains individuals from 7 of the 9 Types. Commissioning plans should treat these groups separately and refer to the specific issues that each face below.

74% of the community fall into Group B. While the majority of residents are White, these may be characterised as having mixed ethnicity, with particularly high levels of White Other and Asian Communities and high total numbers, though not high proportions of Black residents.

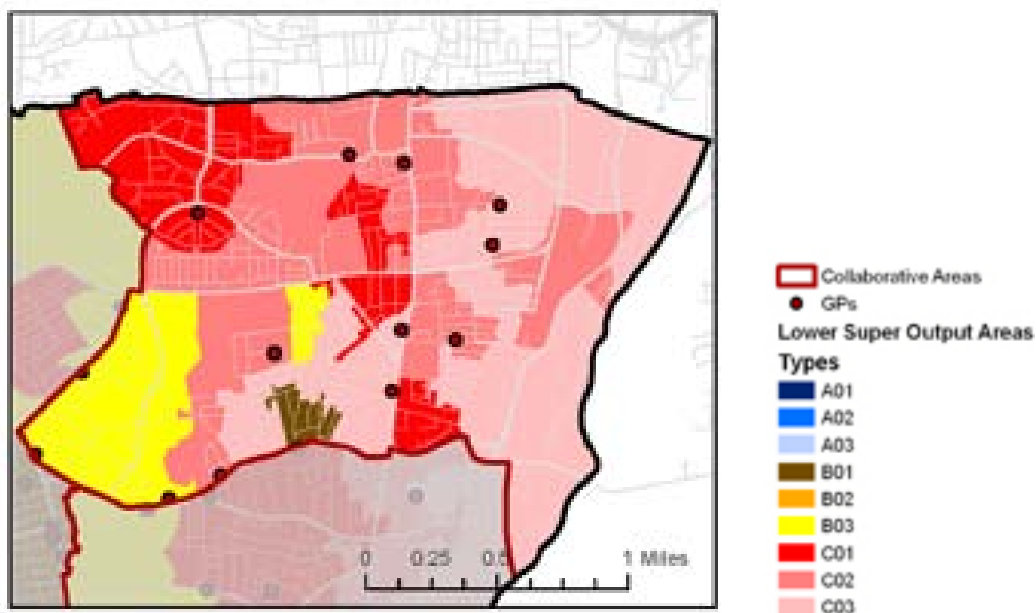
The populations tend to be dominated by younger, employed individuals. House prices are moderate and education levels are moderately high.

While health is relatively high for Group B, due partly to age, there are some concerns that avoidable issues are not treated early, alcohol consumption is high and general engagement with health providers is below the ideal. There is scope for working to improve health awareness.

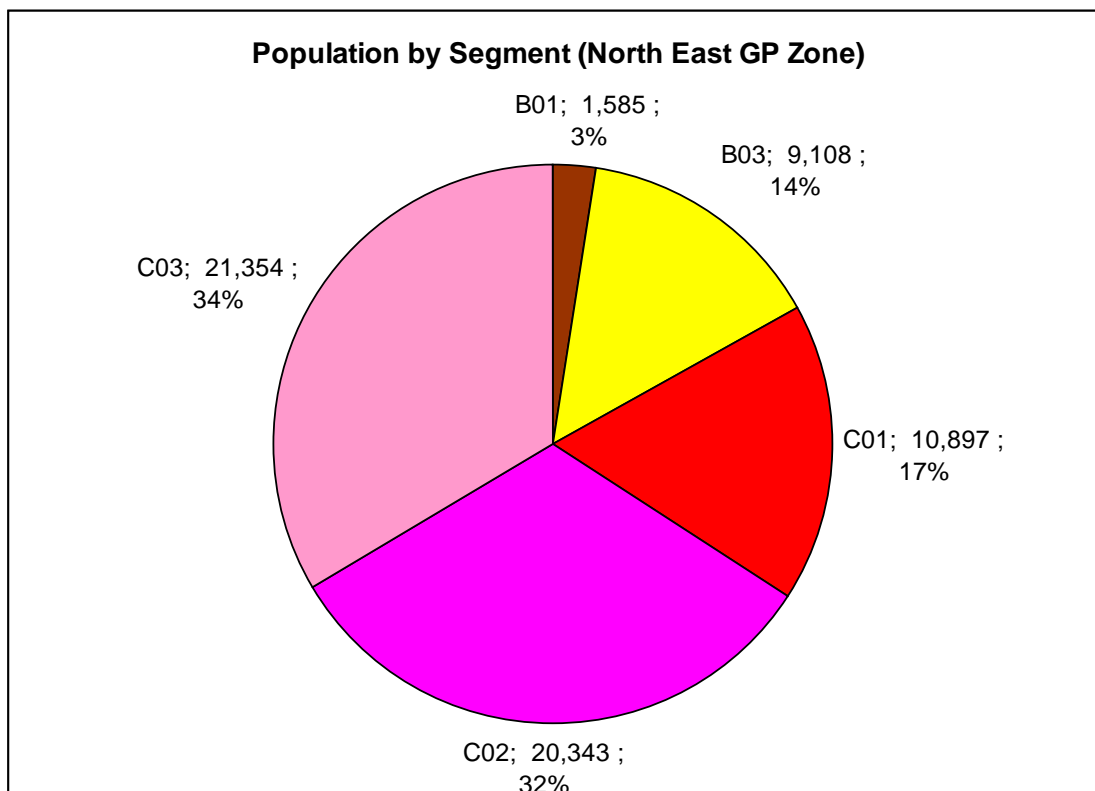
There are also a sizeable number of residents in Group C within the Central Zone. These individuals will be characterised by low incomes, poor diet, high unemployment, high birth rates, high total numbers of children and poor health across the board. These Groups will see high numbers of Black residents. This Group will require significant levels of support.

Comparator Zone: North East

Total Population: 63,287



The chart below shows the breakdown of the population by Type.



The North East GP Comparator Zone is characterised by general poor health. 83% of the population are in Group C, though only 17% are of type C01 which exhibit the worst health profiles.

These individuals will be characterised by low incomes, poor diet, high unemployment, high birth rates, high total numbers of children and poor health across the board. These Groups will be ethnically diverse with a disproportionately high number of Black residents. This Group will require significant levels of support, particularly around diet, lifestyle and engagement with healthcare. Avoidable conditions cause significant problems within this GP Comparator Zone.

It will be important for commissioners to understand the differences between the 3 Types in Group C, particularly the need for additional Cancer support in certain areas and childcare in others.

The remainder of the population are in Group B and while their general health is significantly better, engagement is still an underlying issue, as are certain lifestyle issues.

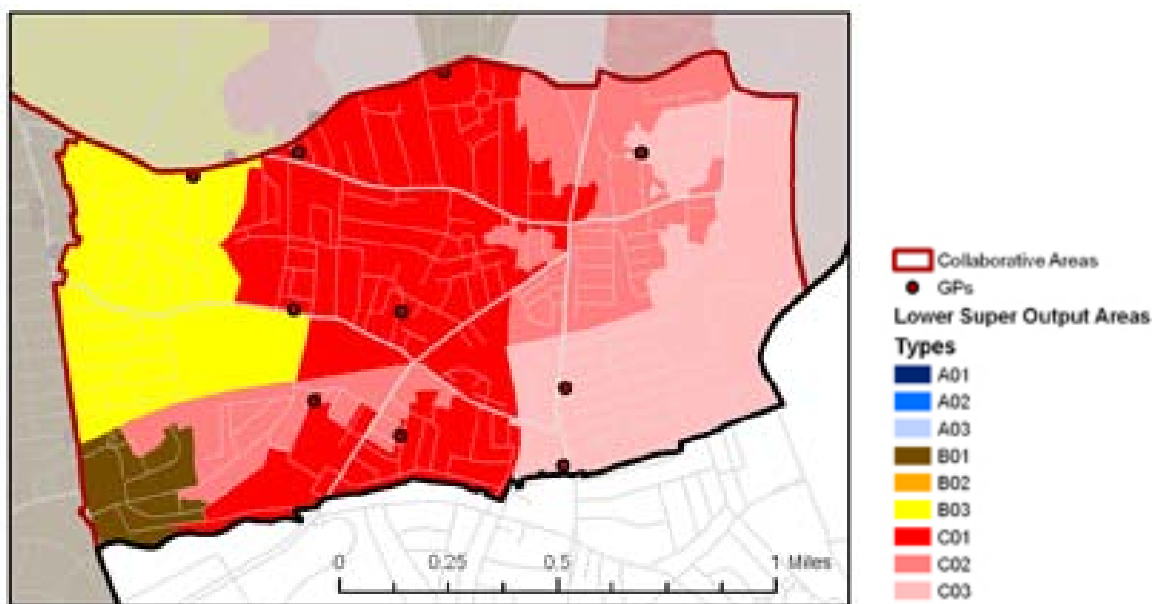
Within different segments of this GP Comparator Zone, residents are likely to need significant additional early support. Prevention, intervention and general health education could prove extremely beneficial, with particular regard to:

- 1) Cancer (Lung and Breast)
- 2) Diabetes
- 3) Diet (Obesity)
- 4) Alcohol Awareness
- 5) Antenatal and postnatal support
- 6) General ambulatory care sensitive (ACS) conditions

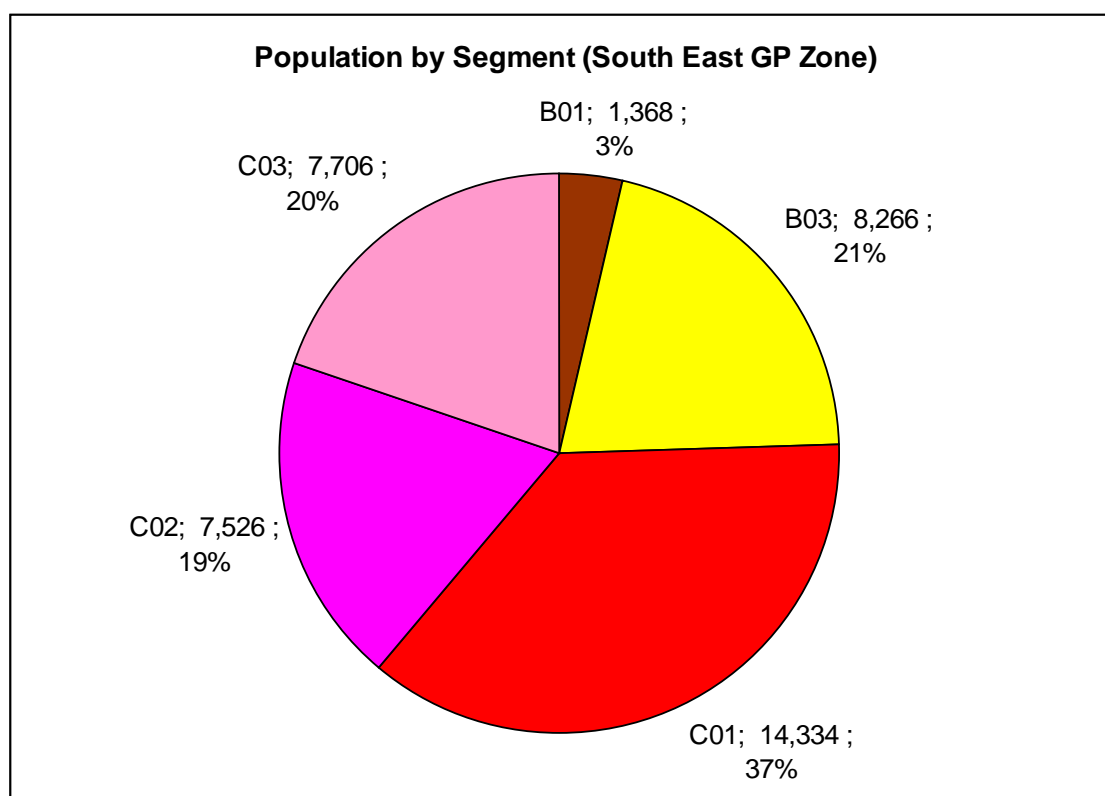
The main health risks and areas of unmet need are summarised below. These are also included in the general descriptors of the relevant segments.

Comparator Zone: South East

Total Population: 39,200



The chart below shows the breakdown of the population by Type.



This GP zone has the smallest resident population of the 4 zones. However, the South East is dominated by individuals in Group C (76% of residents). 37% of residents are of type C01, with the highest individual needs.

Individuals in Group C will be characterised by low incomes, poor diet, high unemployment, high birth rates, high total numbers of children and poor health across the board. These Groups will see high numbers of Black residents. This Group will require significant levels of support, particularly around diet, lifestyle and engagement with healthcare, particularly in relation to avoidable conditions.

It will be important for commissioners to understand the differences between these groups, particularly the need for additional Cancer support in certain areas and childcare in others.

The remainder of the population are in Group B and while their general health is significantly better, engagement is still an underlying issue, as are certain lifestyle issues.

Within different segments of this GP Comparator Zone, residents are likely to need significant additional early support. Prevention, intervention and general health education could prove extremely beneficial, with particular regard to:

- 1) Smoking
- 2) Diet
- 3) Antenatal and postnatal support
- 4) Alcohol awareness
- 5) Breast cancer screening
- 6) General ambulatory care sensitive (ACS) conditions

Segment Summary Descriptions

Descriptions for each of the 9 Types are given below. These highlight those characteristics that had the greatest variance for the group and should be read in the context of the subsequent in-depth analysis.

Type A01: Over indulging early career executives

Estimated Population: 23,954

Main Health Risks (A01)

1. General conditions relating to an aging population
2. Breast Cancer
3. Liver Disease

Potential Unmet Needs (A01)

1. **General conditions relating to an aging population.** While in line with Haringey as a whole, poor health in old age is still the main cause of poor health in the community.
2. **Early Breast Cancer Detection.** While screening services are well attended, there are higher than expected hospital admissions and early deaths from Breast Cancer. There may be particular segments of the community who are not attending. Additional profiling would be beneficial.
3. **Alcohol Support.** Several indicators point towards high alcohol consumption within a relatively affluent community, particularly among younger adults. This is a key target for prevention and intervention as it is likely to lead to significant health issues in future years.
4. **Birth Weight.** While overall births are relatively low, there are high rates of low and very low birth weights in this community. There may be increased needs for antenatal support, possibly for a small sub-set of the community.
5. **Childhood Obesity.** Children in this community are relatively obese and become more obese as they age. It is likely that this community will see higher rates of obesity in general in future years without additional support, perhaps through dietary education in school.
6. **Cancer Screening.** Cervical Cancer screening rates could be improved.

Social Context (A01)

Type A01 is a predominantly white community (87%), largely white British, with a relatively strong sense of belonging and high social capital. 42% of the community are aged between 25 and 40, with 75% being aged between 20 and 65. There are relatively low numbers of children aged less than 15 (12.5%). There are 9% aged over 65 and only 4.5% aged over 75.

The population density is slightly below average for Haringey, with slightly more outdoor space and better than average air quality.

Within the borough, A01 is estimated to have the highest average weekly household income (joint with A02), though total assets are not as high as A02 or A03. This community is characterised by younger working individuals, building value. A01 has the lowest levels of county court judgements, but with the highest average value.

There is a spread of housing values, across all council tax bands, with a small majority of housing stock being in the mid-value (C-E) range. Claims for council tax benefit and housing benefit are low, as are benefits claims in general (though not as low as for A02 or A03). Worklessness is estimated to be the lowest in the borough.

Education standards are the highest in the borough for children at key stages 2, 3, and 4 and rise with age, suggesting a nurturing environment, perhaps reinforced by the high education levels of adults in the community. A01 has the highest levels of qualifications among working individuals in the borough.

Numbers of children in the community are, however relatively low, despite the abundance of 25-40 year olds in the community. There are also the lowest levels of lone parents out of work and families claiming child benefit or tax credits in the borough.

Average levels of Long Term Limiting Illness are low and while the number of people providing unpaid care is close to the average for the borough, levels of care provided are generally modest.

Prevalence estimates indicate that this community is likely to consume healthy quantities of fruit and vegetables, see a relatively low rate of obesity and low rates of smoking but will potentially see a relatively high rate of binge drinking.

Mortality Profile (A01)

Younger people in A01 generally have a lower per capita death rate, given their age, than the average resident of Haringey. As people age, death rates tend towards the average being indistinguishable from the average once people reach the age of 75.

The most significant causes of death in this community are Cancer, Stroke, Coronary Heart Disease and Respiratory illnesses, generally among the older population. While moderately more likely than the rest of Haringey to die of Prostate Cancer, total deaths are low and generally late in life.

There are higher than expected incidents of Breast Cancer, Lung Cancer and Alcohol related diseases leading to early deaths.

Total numbers of all deaths and early deaths are detailed below, along with specific areas of concern highlighted in red.

Cause of Death	Number of Deaths (2002-2006)	Number of Deaths (2002-2006) Annualised	Early Deaths (2004-2006)	Early Deaths (2004-2006) Annualised
All Causes	723	145	140	47
All Cancer	168	34	54	18
Lung Cancer	23	5	9	3
Breast Cancer	21	4	15	5
Prostate Cancer	10	2	1	0
COPD	21	4	5	2
Alcohol	11	2	10	3
Stroke	64	13	8	3
Diabetes	11	2	0	0
CHD	120	24	18	6
Respiratory	97	19	-	-
All Circulatory	-	-	33	11

Hospital Admissions (A01)

Total numbers of hospital admissions are given below, by condition, along with numbers of outpatient appointments and excess bed days.

Cause	Number of Admissions (2002-2006)
Emergency	7,134
Elective	9,467
Cancer	2,104
Lung Cancer	126
Breast Cancer	435
Prostate Cancer	52
Alcohol	27
Stroke	164
Diabetes	31
Coronary	392
Respiratory	707
Mental	382
ACS	1,699
Asthma	155
Complications in Pregnancy	707
Outpatient Appointments	185,592
Excess Bed Days	11,144

Cancer clearly requires the greatest support of the conditions examined, with Breast Cancer being a significant portion of total Cancer admissions.

While Breast Cancer is a concern for this community, Breast Cancer screening DNA's are relatively low when compared to both the total population and the population of women aged between 50 and 70, though not as low as for segment A03 where Breast Cancer is not a significant problem. DNAs for Cervical Cancer screening are higher, perhaps due to lower screening rates among younger women.

When compared to the rest of Haringey, Type A01 experiences the lowest overall admissions to hospital, for both elective and emergency admissions. It sees the lowest relative rates of admissions for the following causes: Prostate Cancer, Diabetes, CHD, Mental Health, Asthma and Complications in Pregnancy. In addition to being generally low, admission rates are lower than expected given national age, sex and deprivation adjusted benchmark values.

When hospital treatment is required, patients tend to require relatively low levels of treatment, showing very low levels of readmission, low excess bed days and few long lengths of stay. There are very few high impact users in this segment.

The highest relative rates of admissions within this group are for Breast Cancer and Alcohol related conditions and while not particularly high, should be noted as potential issues in an otherwise healthy community, particularly as these were also identified as potential causes of early death.

Outpatient appointments are relatively low suggesting general good health. Emergency admissions for ACS conditions are the lowest in Haringey, suggesting that where individuals have health related issues, they generally seek early diagnosis and assistance.

Children's Health (A01)

Births per capita are low for this Type as are conception rates for late teens. There are moderate rates of low birth weights relative to total births and high levels of very low birth rates relative to total births.

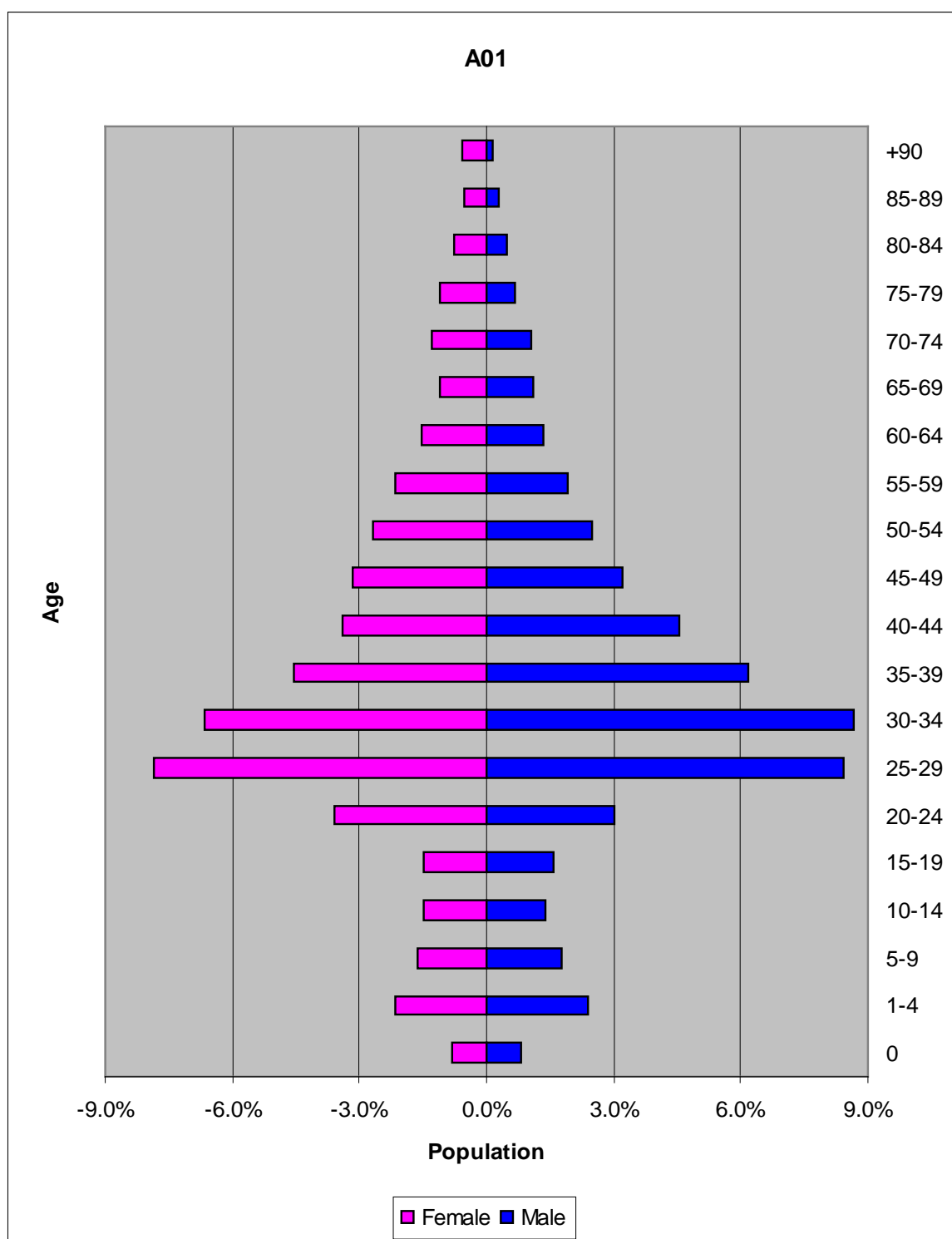
This segment sees the low rates of hospital admissions for children and, as there are relatively few children in the community, total numbers of admissions for children are low. This is true of all children aged below 15.

However, children in A01 are relatively obese at reception age and become relatively more obese by year 6.

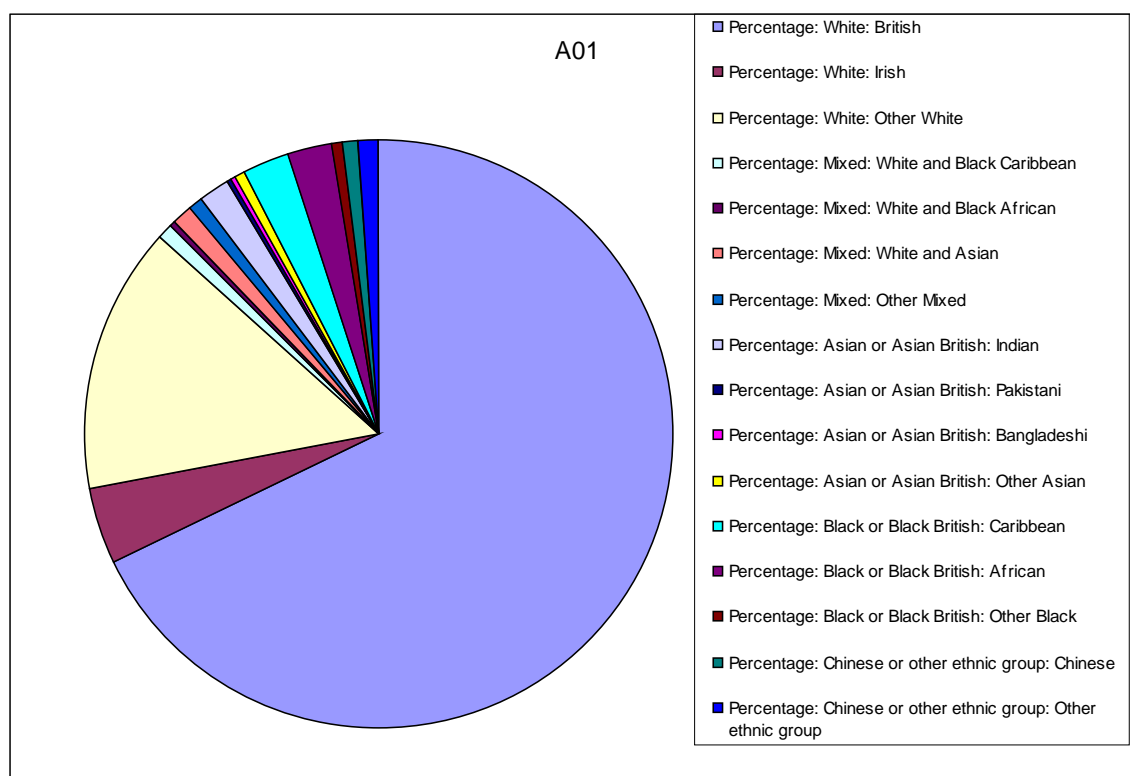
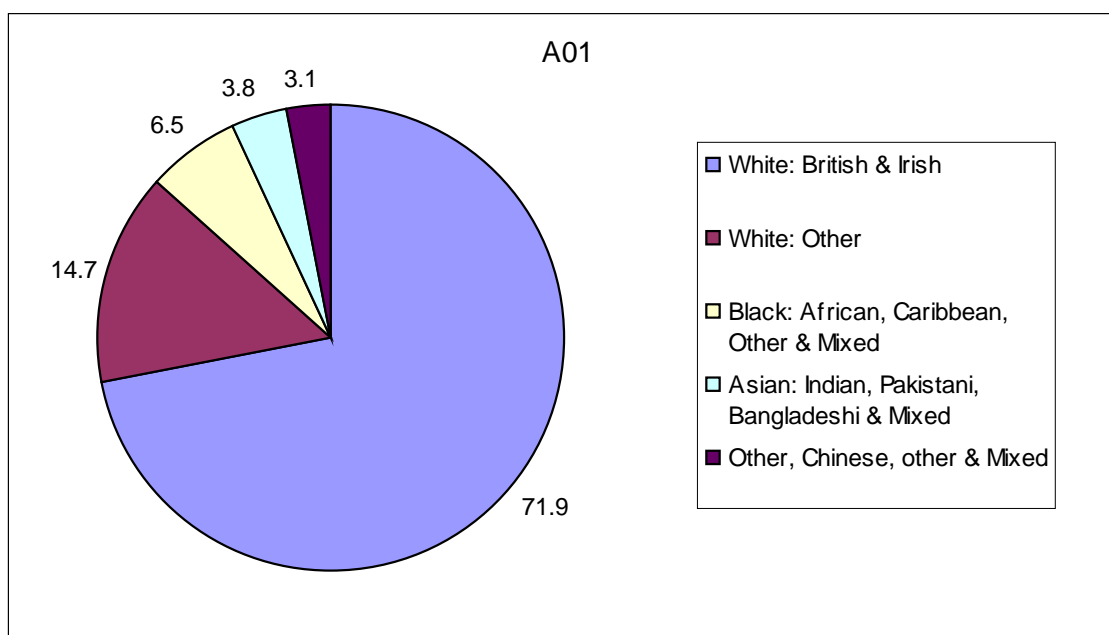
Synthetic Estimates (A01)

Synthetic estimates suggest moderate needs for the elderly relating to (e.g. dementia, hospital admissions, falls, mobility, stroke, continence, heart attack, depression, bronchitis, asthma and obesity). These may be unmet, given the levels of overall admissions.

Synthetic estimates highlight potential concerns relating to learning difficulties and alcohol problems. Alcohol has proven to be an issue in both the mortality and admissions data which supports this assertion. These issues may require lower level, earlier preventative measures.

Population Pyramid A01

Ethnicity A01



Type A02: Late career affluents

Total Population: 19,626

Main Health Risks (A02)

1. Issues relating to aging
2. Cancer
3. Breast Cancer
4. Cancer in 5-14 Year olds
5. Asthma in less than 5 year olds
6. Prostate Cancer

Potential Unmet Needs (A02)

1. **Early Diagnosis and Treatment for Cancer.** Other than general age-related issues, which appear to be well met, Cancer is the main cause for concern for this community. Otherwise healthy women living in A02 have disproportionately high rates of admission for and deaths from Breast Cancer. Lung Cancer and Prostate Cancer are also cause for concern. Cancer rates are high among children aged 5-14. Additional profiling would be beneficial.
2. **Asthma in Young Children.** While the overall numbers may be low, there is evidence of increasing rates of asthma in young children. This may lead to future issues if not addressed.
3. **Alcohol Awareness / Support.** While overall deaths were low, early treatment was very low suggesting a possible hidden problem.
4. **Shared experience.** B03 and A02 both have low overall incidents of most health conditions. However, where rates are high in B03 they are low in A02 and vice versa. It may be worth researching whether each Type could benefit from a better understanding of the other.

Social Context (A02)

Type A02 is a predominantly white community (86%), largely white British, with a relatively strong sense of belonging and high social capital. 66% of the community are aged between 20 and 65, with only 28% between 25 and 40.

Children aged less than 15 represent almost 19% of the community. There are 10% aged over 65 and only 4.5% aged over 75.

In comparison to Type A01, there is a lower concentration of young adults, with more individuals in their later careers and more children.

Population density is low (~50 people per hectare) compared with an average value of ~80 people per hectare for Haringey as a whole. There is significantly more outdoor space with lower than average levels of both domestic and non-domestic buildings. Air quality is relatively good.

Within the borough, A02 is estimated to have the highest average weekly household income (joint with A01). There are low levels of county court judgements but with a relatively high average value per judgement. The combined value of all CCJs is the lowest for the borough.

There is limited low cost housing (council tax bands A and B) and a roughly even spread of all other house values. This segment has the highest proportion of high priced houses in Haringey, slightly above that of A03 which is a little above A01.

Housing and council tax benefits claimants are the lowest for the borough as are benefits claimants in general. Those claiming benefits have generally been doing so for less than 12 months and very few are aged over 50. Few people are out of work.

Like segment A01, education standards are the highest in the borough and increase with age from Key Stage 2, through Key Stage 3 to Key Stage 4. Few working age adults have no qualifications.

While the proportion of children in segment A02 is significantly higher than in A01, there are still very few lone parents out of work.

The proportion of people who provide unpaid care is the highest in the borough, with an average level of provision being provided on average by each person.

Distance to services, including GPs is higher than average, though the urban nature of Haringey means these are still low nationally.

Type A02 can be characterised as wealthy, white families with high standards of living, education and community cohesion.

Mortality Profile (A02)

Overall mortality rates, for all causes are lower for Type A02 than for Haringey as a whole, and for all age bands except for the very oldest individuals. While the mortality rate tends towards the average as individuals get older, it does not meet the average until people reach 85. Rates are significantly below the average for individuals younger than 60.

Type A02 has particularly low standardised mortality rates for Diabetes, Respiratory and CHD. However, Respiratory issues and CHD still represent almost 30% of all deaths as this segment is relatively old compared to Haringey as a whole.

Both absolute and standardised mortality rates for Breast Cancer and Prostate Cancer are very high relative to Haringey as a whole. Prostate Cancer appears to impact only the older community. While crude death rates from Breast Cancer for individuals younger than 75 are high, Years of Life Lost are only moderately high, meaning Breast Cancer is largely effecting older women (60+) rather than younger women in the community. Early deaths are generally uncommon, being notably low for Prostate Cancer, COPD, All Circulatory Diseases and CHD.

Total numbers of all deaths and early deaths are detailed below, along with specific areas of concern highlighted in red.

Cause of Death	Number of Deaths (2002-2006)	Number of Deaths (2002-2006) Annualised	Early Deaths (2004-2006)	Early Deaths (2004-2006) Annualised
All Causes	519	104	115	38
All Cancer	148	30	54	18
Lung Cancer	28	6	9	3
Breast Cancer	23	5	14	5
Prostate Cancer	12	2	0	0
COPD	17	3	1	0
Alcohol	4	1	5	2
Stroke	48	10	7	2
Diabetes	3	1	1	0
CHD	89	18	8	3
Respiratory	59	12	-	-
All Circulatory	-	-	25	8

Hospital Admissions (A02)

Total numbers of hospital admissions are given below, by condition, along with numbers of outpatient appointments and excess bed days.

Cause	Number of Admissions (2002-2006)
Emergency	6,263
Elective	9,183
Cancer	2,709
Lung Cancer	148
Breast Cancer	618
Prostate Cancer	58
Alcohol	4
Stroke	104
Diabetes	36
Coronary	432
Respiratory	475
Mental	347
ACS	1,457
Asthma	140
Complications in Pregnancy	475
Outpatient Appointments	164,740
Excess Bed Days	11,947

Overall rates of hospital admission were very low for Type A02 and were specifically very low for Diabetes, Respiratory, Mental Health, Complications in Pregnancy, Stroke and Alcohol related illnesses.

Type A02 has the lowest admission rates for ACS conditions suggestion that access to and use of front line health services is strong. Problems are generally diagnosed and treated early.

However, this group has high admissions related to Cancer, specifically Breast Cancer, and to a lesser extent Lung Cancer. Breast Cancer was identified as a significant cause of death for this community whereas Lung Cancer deaths were not high but did tend to disproportionately effect younger adults. Cancer is the most significant concern for this community, other than illnesses resulting from old age. Cancer screening rates are high (few DNAs), though not as high as for segment A03 where Breast Cancer is not a significant problem.

Admissions for Alcohol were very low relative to deaths, which suggests a possible unmet need for alcohol support. The same is true but to a lesser extent for Prostate Cancer.

Excess Bed Days and Long Lengths of stay are relatively low. There are a moderate proportion of High Impact Users and Readmission Rates are high. This is likely due to the higher rates of Cancer and the relatively elderly makeup of the population which might necessitate multiple admissions.

Where admissions are low, they are lower than expected based on national rates. Where they are high (Cancer and Breast Cancer) they are higher than expected.

Children's Health (A02)

Children are generally healthy to moderately healthy among this community. Birth rates per capita are low for this group but birth weights are good and levels of childhood obesity are low.

ACS admissions are low signalling early treatment for any health problems. When admitted, Children's lengths of stay and readmission rates are average.

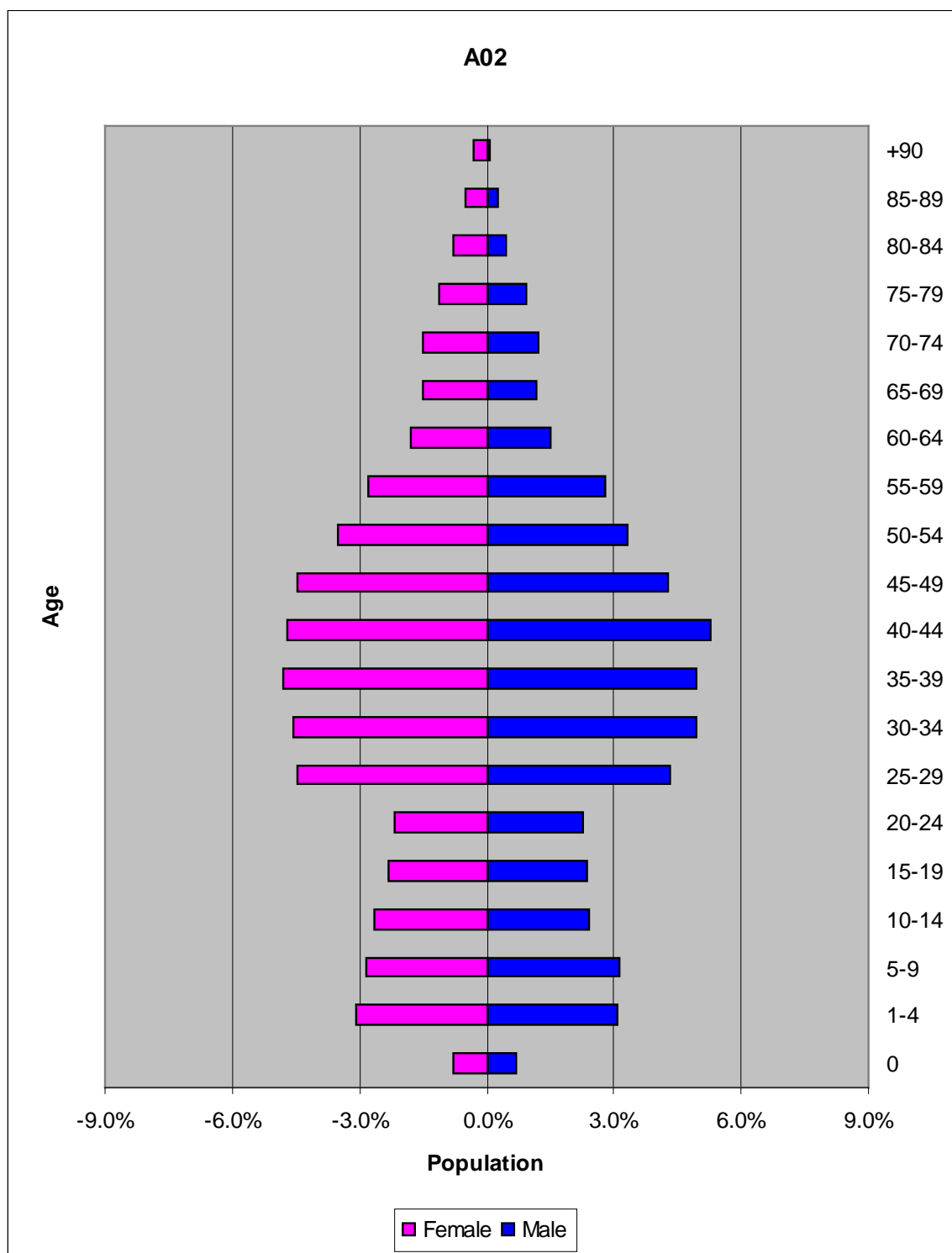
Cancer rates are above average but still moderate for Children aged less than 5. These become high for children aged 5-14. As Cancer rates are high for this community as a whole and there may be an underlying cause.

Children under 5 suffer from high rates of Asthma, though children older than 5 show average levels of Asthma. Total numbers may be relatively low but this should be monitored.

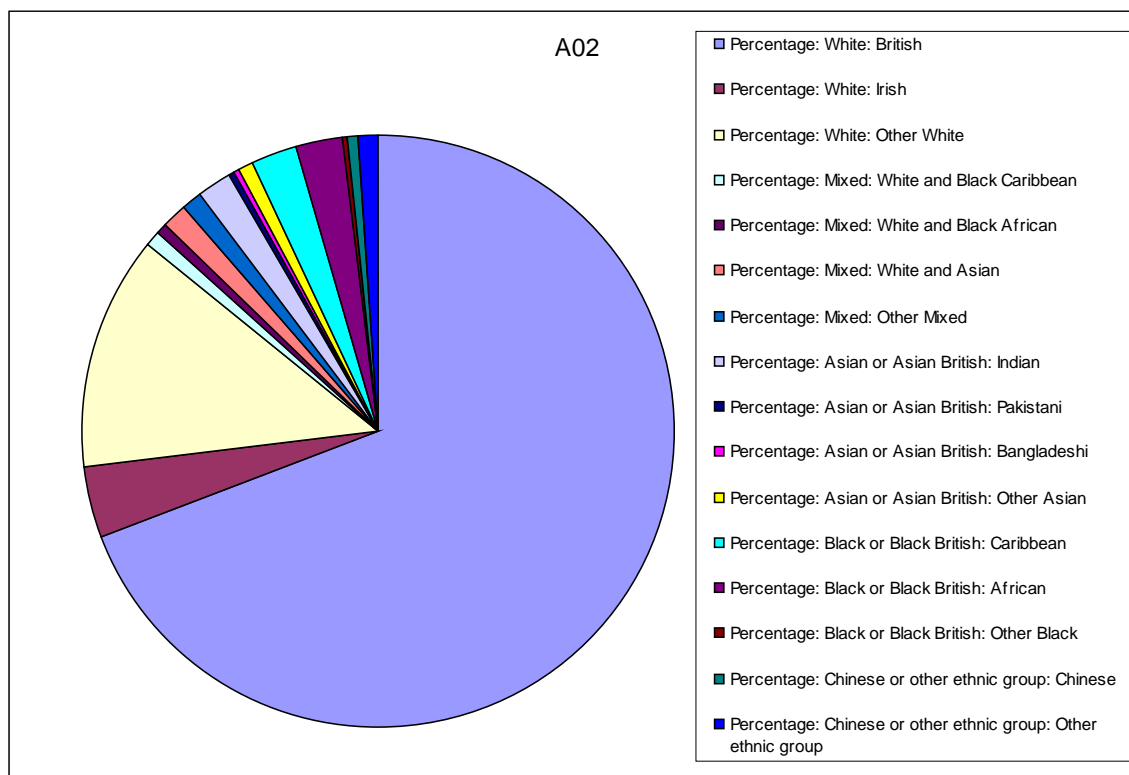
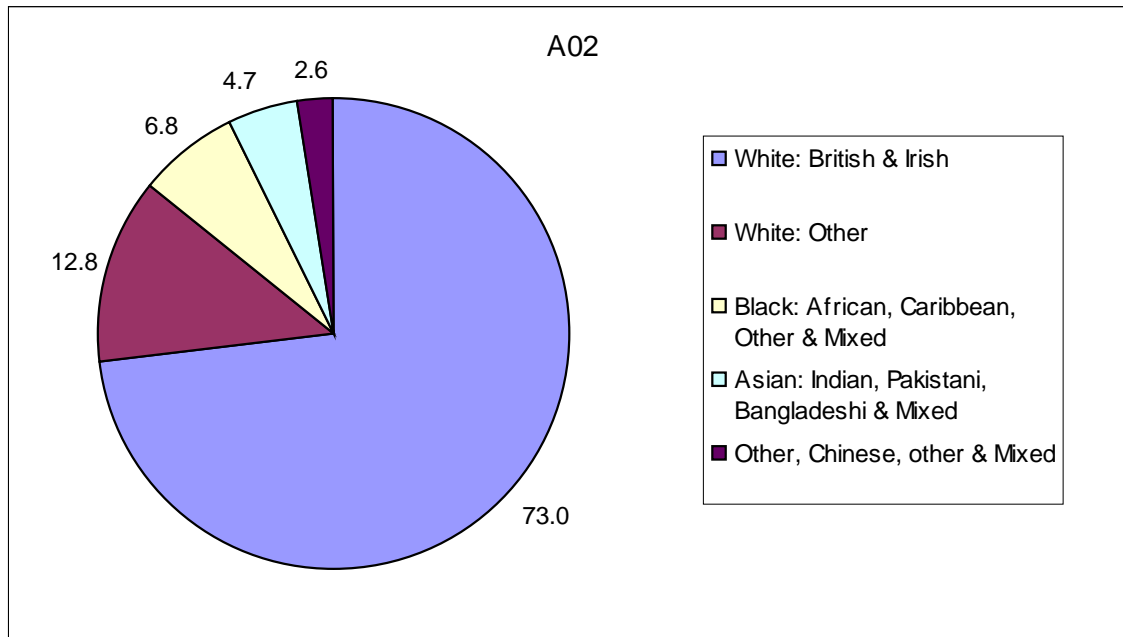
Synthetic Estimates (A02)

Issues related to age (Dementia, Heart Attack, Stroke, COPD, Falls, Continence, Mobility etc.) are expected to be a little above average given the age profile of the community. As activity levels are low, the community is more healthy than expected. Higher than average levels of Early Dementia and Physical Disability may be expected and should be considered in any planning process.

Synthetic estimates from the Health Survey for England predict that this should be a very healthy community with a good diet, low rates of obesity and low rates of smoking, but with possible minor alcohol related issues.

Population Pyramid A02

Ethnicity A02



Type A03: Privileged elderly

Total Population: 14,770

Main Health Risks (A03)

1. Multiple conditions related to aging population, specifically Stroke and Respiratory issues.

Potential Unmet Needs (A03)

1. **Support for the very elderly.** Preventative measures (e.g. lifestyle education) may improve health, particularly among the very elderly and particularly in relation to Stroke, Respiratory issues, Mental Health and ACS conditions.
2. **COPD among the under 75s.** There appears to be an underlying issue worth investigating.

Social Context (A03)

Type A03 is a predominantly white community (82%), with approximately 2/3 of the population being white British. A03 shows slightly more ethnic diversity than A01 or A02, with increases in the Black, Asian and other ethnic communities. 65% of the community are aged between 20 and 65, with only 27% between 25 and 40.

The working age adult profile of the community is similar to that of A02. However, there are relatively fewer young children (5.5% of the community is less than 10) and relatively few young adults (5% of the community are aged between 15 and 25). In contrast, there are a relatively large number of older people. Individuals aged over 65 represent 14% of the population, with those over 75 making up 7% of the population.

Social capital and a sense of belonging is relatively high in line with the other Types in Group A.

Population density is the lowest for the borough (~40 people per hectare) compared with an average value of ~80 people per hectare for Haringey. There is the greatest amount of outdoor space with lower than average levels of both domestic and non-domestic buildings. Air quality is the best in the borough.

Average weekly household income is high (though lower than for A01 or A02, probably due to the number of retired individuals).

There are low levels of county court judgements but with a relatively high average value per judgement.

There is very little low cost housing (council tax bands A and B), with around 45% of houses valued in bands C and D. 50% of housing values are spread evenly across bands E, F and G.

Housing and council tax benefits claimants are low for the borough but there are an increased number of elderly women claiming these benefits when compared to the rest of Group A. Benefits claimants are low in general as few people are out of work.

Education standards are high, though slightly below the other types in Group A. They appear to begin well but the levels of achievement do not increase so much with age as in A01 or A02. Relatively few working age adults have no qualifications, though more are without qualifications than for the rest of Group A.

The proportion of children in segment A03 is significantly higher than in A01 but lower than in A02. More families are claiming child support in A03 than in the rest of Group A but this is still low compared to the levels within Haringey as a whole. The same is true for lone parents where the number of lone parents out of work is low for Haringey but the highest for Group A.

Limiting Long Term Illnesses are relatively low per capita, especially considering the increased numbers of elderly within this community. The proportion of people who provide unpaid care is the highest in the borough, with an above average level of provision being provided on average by each person.

Distance to services, including GPs is higher than average, though the urban nature of Haringey means these are still low nationally.

Type A03 can be characterised as a mix of wealthy communities with a bias towards retired individuals living in leafy settings. There are high levels of belonging but moderately lower levels of education, moderately increased benefits claimants and moderately increased diversity than for the rest of Group A.

Mortality Profile (A03)

Crude mortality rates are very high for Type A03, due to the high proportion of elderly within the community. They are particularly high for COPD, Stroke, Respiratory and CHD, all associated with age related health problems. There are high rates for Cancer as a whole but rates are only moderate for Breast, Prostate and Lung Cancer suggesting a high prevalence of other cancers which may be age-related. Alcohol related deaths are low for this community.

The age effect can be seen when the standardised rates are considered. These appear moderate when age is taken into consideration. They remain high for Stroke and Respiratory, which should be looked into but this may be a result of standardising only for broad age bands when there are significant numbers of very old people in the community.

The younger population in this community are very healthy, showing the lowest crude death rates across Haringey for most causes. In fact, death rates for all causes are lower than in any other part of Haringey for those individuals below 65. These are particularly low for Stroke, Cancer and Liver Disease. There are some issues related to COPD which translate to a relatively high rate of years of life lost but total numbers are relatively small.

Total numbers of all deaths and early deaths are detailed below, along with specific areas of concern highlighted in red.

Cause of Death	Number of Deaths (2002-2006)	Number of Deaths (2002-2006) Annualised	Early Deaths (2004-2006)	Early Deaths (2004-2006) Annualised
All Causes	634	127	84	28
All Cancer	143	29	24	8
Lung Cancer	29	6	6	2
Breast Cancer	11	2	1	0
Prostate Cancer	7	1	0	0
COPD	28	6	5	2
Alcohol	2	0	2	1
Stroke	69	14	3	1
Diabetes	6	1	1	0
CHD	118	24	13	4
Respiratory	115	23	-	-
All Circulatory	-	-	22	7

Hospital Admissions (A03)

Total numbers of hospital admissions are given below, by condition, along with numbers of outpatient appointments and excess bed days.

Cause	Number of Admissions (2002-2006)
Emergency	5,339
Elective	7,036
Cancer	1,316
Lung Cancer	95
Breast Cancer	266
Prostate Cancer	54
Alcohol	9
Stroke	146
Diabetes	52
Coronary	378
Respiratory	395
Mental	259
ACS	1,236
Asthma	97
Complications in Pregnancy	395
Outpatient Appointments	124,283
Excess Bed Days	8,161

Type A03 sees moderately low rates of hospital admissions. Rates per capita are relatively low even for the most elderly but the sheer numbers of elderly outweigh the low relative rates. The community is in good health given its age profile and the young are in particularly good health. There are very low rates for Complications in Pregnancy reflecting the good health of the younger community.

There are relatively few issues with Cancer, perhaps due to the fact that Type A03 experiences by far the fewest screening DNAs of all the 9 Types.

It is notable that Stroke, one of the causes of death highlighted, has the only high rate of hospital admissions. Incidents of Stroke are likely to result in hospital admissions, so this link confirms that there may be an issue with high rates of Stroke in this community.

Respiratory conditions, also highlighted as a problematic cause of death, on the other hand, has the lowest rate for hospital admissions. Respiratory illnesses may be less sudden than Stroke, requiring less immediate attention. This combined with low rates of Mental Health admissions and moderate rates of ACS conditions may represent an unmet need for better serving the elderly within this segment. This may be confirmed by the fact that relative rates of death drop below that for Haringey once people reach the age of 80. There may be a need to better support the most elderly in the community.

With regard to service usage, we see relatively low rates of excess bed days but moderately high long lengths of stay. This may be the result of a small number of relatively elderly individuals needing support but this would need to be confirmed. Readmission rates are low and there are relatively few high impact users.

When compared to national averages, this group experience far lower admission rates than would be expected given their age, sex and deprivation profile confirming the overall good health of the community.

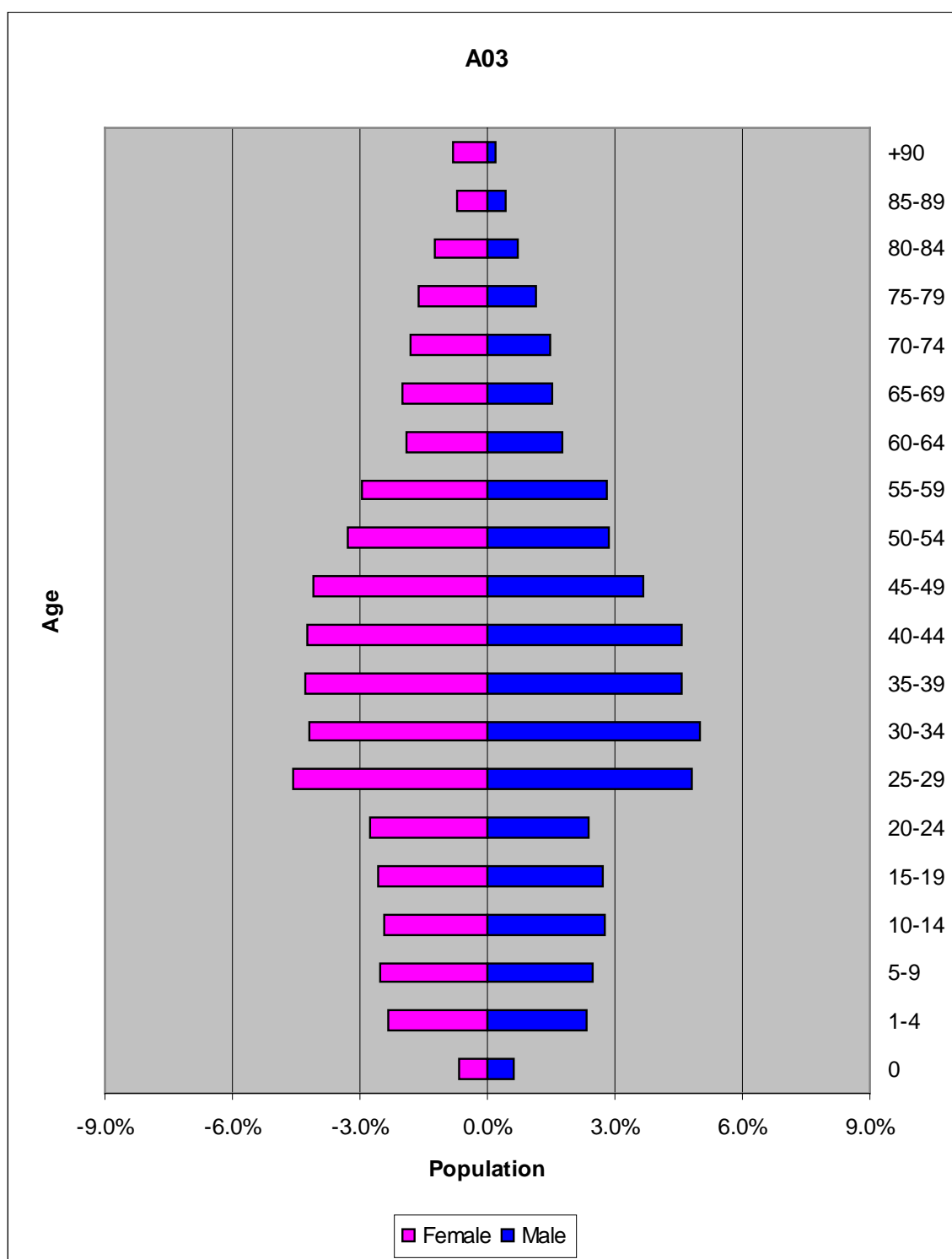
Children's Health (A03)

Children have moderate to good health across the board. The only exception is that children aged 5-14 tend to have higher than expected outpatient appointments but this may be a result of using services well to prevent further issues, given the overall good health of the community. Childhood obesity is low and birth weights are good.

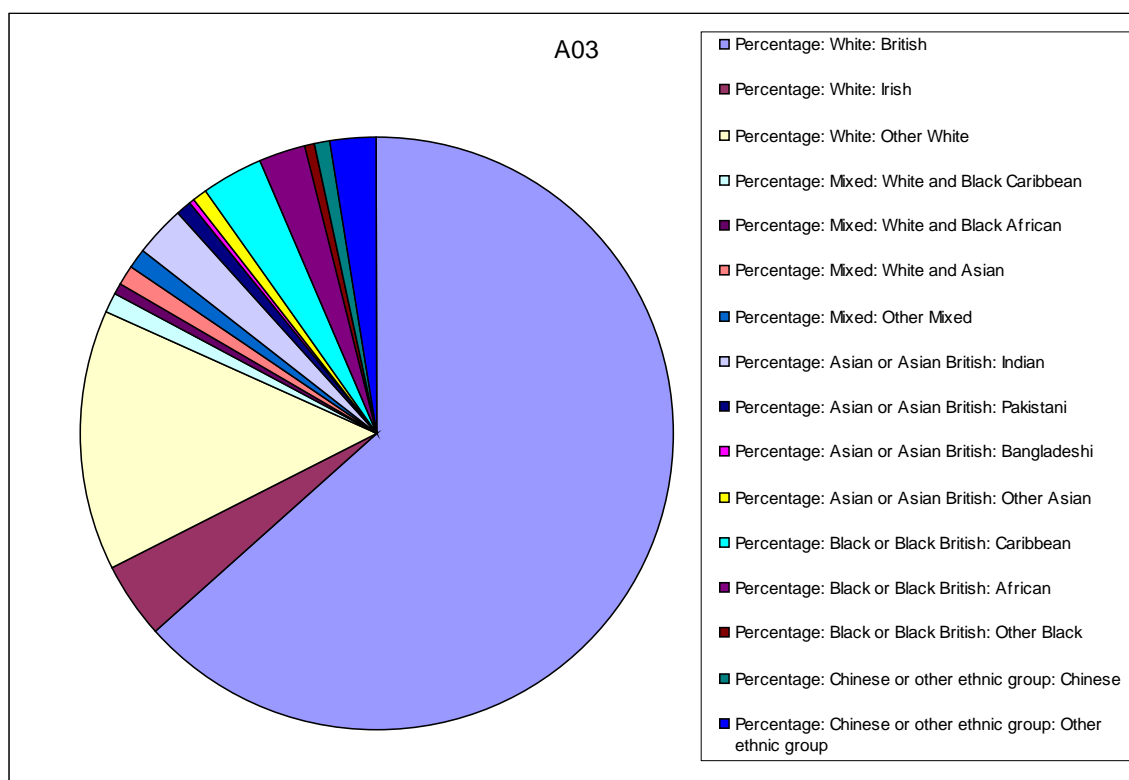
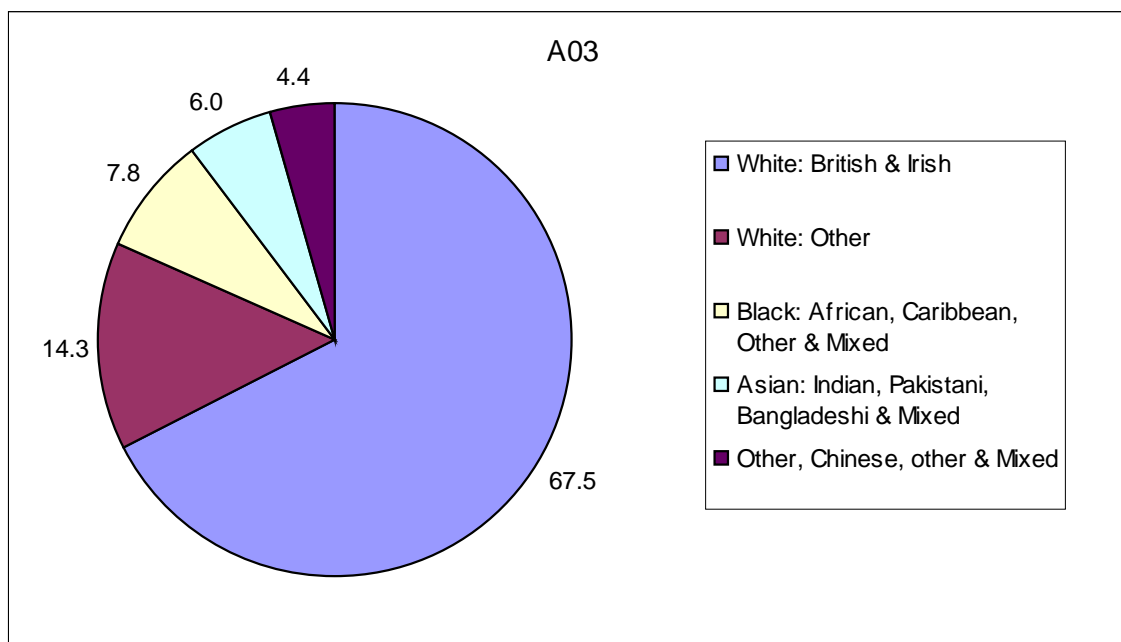
Synthetic Estimates (A03)

Given the age profile of Type A03, very high rates are predicted for all age related issues (Dementia, Heart Attack, Stroke, COPD, Falls, Continence, Mobility etc.). While these are all seen as higher in this community than in the rest of the borough, rates are well below those predicted. Physical Disability and Early Dementia are also highlighted as areas for concern.

Synthetic estimates from the Health Survey for England predict that this should be a healthy community with a good diet, low rates of obesity and low rates of smoking and no particular issues relating to alcohol. Lifestyle is not, however predicted to be quite as good as in the rest of Group A, perhaps due to pockets of lower income combined with fixed views from the elderly.

Population Pyramid A03

Ethnicity A03



Type B01: Mixed ethnicity, younger adults with avoidable health problems

Total Population: 18,934

Main Health Risks (B01)

1. While there are low levels of mortality, significant numbers of individuals need lower levels of care, often for avoidable conditions.
2. Multiple conditions for children under 5.
3. Diabetes
4. Asthma, particularly among 5-14 year olds
5. Breast Cancer
6. Mental Health

Potential Unmet Needs (B01)

1. **Early detection for Diabetes.** There are a disproportionate number of deaths from Diabetes and a high ratio of deaths to admissions. There are pockets of potential poor diet and moderately high levels of admissions for ACS conditions suggesting people do not seek early treatment. Education combined with additional front line support may be advisable, possibly for a sub-set of the community. Additional research would be useful.
2. **Avoidable Hospital Admissions in under 5 year olds.** There are more unhealthy children in this community than would be expected, a situation which may be masked by the relatively low overall number of children. Additional early support would be beneficial.
3. **Mental Health Support.** Admission rates and expected rates based on national prevalence rates suggest that additional support may be needed for this relatively young community.
4. **Early Asthma Support.** Asthma rates are high in this community and problems appear from an early age. Education and support may be advisable in addition to research into underlying causes.
5. **Avoidable Conditions in General.** There is room for improvement in early treatment for ACS conditions, perhaps through community engagement among the younger population.

Social Context (B01)

Type B01, like B03, is of mixed ethnicity (48% White British, 20% White Other, 17.5% Black/mixed, 10% Asian/mixed). B01 and B03 have the highest rates of white other and Asian communities.

72.5% of the community are aged between 20 and 65, with a strong bias towards younger working age adults (47.5% between 20 and 40) and a very high level of individuals age between 25 and 35 (27.5%) with more young men than young women.

This profile for working age adults is broadly similar to that of Types B02 and A01.

14% of the community are children aged less than 15, with children under 5 representing 6.5% of the community. 9% of the community are over 65 but only 3% are over 75 and only 1.5% over 80.

Social capital and a sense of belonging is almost as high as for Group A. Air quality is notably worse than for Group A.

Population density is average for the borough at a little over 80 people per hectare. Unlike for Group A, land use across Groups B and C is relatively consistent, with a smaller amount of outdoor space (around 50%), higher levels of non-domestic built-up areas (around 30%) and residential built-up areas representing a little under 20% of total space.

Average weekly household income is mid-to-low for the borough and both the number and value of county court judgements is average.

There is a spread of housing values but average values are relatively low. There are more in council tax band C than in any other (~35%). A further ~60% are split evenly between bands B, D and E, with a small number of houses valued as either A or F.

Housing and council tax benefits claimants are average for the borough and benefits claimants in general are above average while there are average levels of people out of work.

Education levels are significantly lower than for Group A and a little above Group C. Most interestingly, education levels appear to rise between Key Stage 2 and Key Stage 3 but fall again by Key Stage 4 and for Type B01 they fall by more than any other Type. An average level (for Haringey) of working age adults have low or no qualifications.

Levels of child support and lone parents out of work are average for the borough.

Limiting Long Term Illnesses are average for the borough and numbers of people providing unpaid care are relatively low with average levels of support provided by each carer.

Average distances to services are relatively short and distances to GPs are very short.

Type B01 can be characterised as a relatively young, ethnically diverse community with moderate means and average levels of unemployment, education and income.

Mortality Profile (B01)

Total Deaths in this community are relatively low.

Crude mortality rates are low for Type B01 and when standardised for age and sex are considered very low, joint lowest for the borough.

Cancer, Lung Cancer and Alcohol related problems are very low.

Diabetes has the only notably high rates (high crude rate and relatively high standardised rate). This translates to very few actual deaths but also appears as an issue for early deaths in terms of both crude rates and years of life lost.

Mortality rates for those below 75 and years of life lost for Lung Cancer, Liver Disease and COPD are low suggesting healthy lifestyles.

Total numbers of all deaths and early deaths are detailed below, along with specific areas of concern highlighted in red.

Cause of Death	Number of Deaths (2002-2006)	Number of Deaths (2002-2006) Annualised	Early Deaths (2004-2006)	Early Deaths (2004-2006) Annualised
All Causes	469	94	132	44
All Cancer	108	22	42	14
Lung Cancer	17	3	5	2
Breast Cancer	11	2	6	2
Prostate Cancer	9	2	4	1
COPD	17	3	1	0
Alcohol	2	0	3	1
Stroke	40	8	10	3
Diabetes	14	3	8	3
CHD	104	21	22	7
Respiratory	62	12	-	-
All Circulatory	-	-	41	14

Hospital Admissions (B01)

Total numbers of hospital admissions are given below, by condition, along with numbers of outpatient appointments and excess bed days.

Cause	Number of Admissions (2002-2006)
Emergency	7,217
Elective	9,458
Cancer	1,735
Lung Cancer	53
Breast Cancer	446
Prostate Cancer	68
Alcohol	18
Stroke	119
Diabetes	95
Coronary	542
Respiratory	915
Mental	598
ACS	1,693
Asthma	150
Complications in Pregnancy	915
Outpatient Appointments	154,185
Excess Bed Days	13,189

Type B01 has average levels of emergency and elective admissions for the borough. Average admission rates across the board suggest an averagely healthy community.

Rates of admission for all causes are in line with national expectations given the age, sex and deprivation profile of the community. However, they are low for Lung Cancer and High for Breast Cancer, Coronary Disease and Asthma.

Lengths of Stay are average for the borough but long given the profile of the community. Readmission Rates are Low and there are few high impact users.

There are very low admissions for Lung Cancer which correlates with the low mortality rate for Lung Cancer. This may suggest low levels of smoking within this segment.

High admission rates for Breast Cancer conflict with the moderately low mortality rate and low years of life lost. As Breast Cancer DNAs are moderately high, for the borough, there may be an emerging problem here that will result in increased mortality if not corrected.

Admissions for Diabetes are moderate where mortality rates are high. There may be an unmet need for earlier treatment.

There are relatively high rates of admission for Asthma and Mental Health. As neither of these is recorded in the deaths data they may represent additional health concerns and potential unmet need.

Rates of admission for ACS conditions are average for the borough suggesting room for improved preventative diagnosis and treatment which may help the health issues related to Breast Cancer, Diabetes and Mental Health.

Children's Health (B01)

While admissions per capita for children under 5 are in line with expectations, there are relatively fewer young children in B01 than across Haringey as a whole. Rates of admission per child are very high for emergency admissions, outpatient appointments and respiratory conditions. They are moderately high for Asthma. Admissions for ACS conditions are also very high, suggesting that better early treatment is needed for children in this segment. Excess bed days are also high for the under 5s suggesting that treatment levels may also be high.

Overall, emergency and elective admissions for the 5-14 year olds are moderate to low, being particularly low for Cancer. However, there are high incidents of Asthma and Respiratory conditions, in line with adults in this segment. Moderately high rates of admission for ACS conditions demonstrate room for improvement in early treatment. Excess bed days are low for the 5-14s perhaps reflecting the conditions suffered.

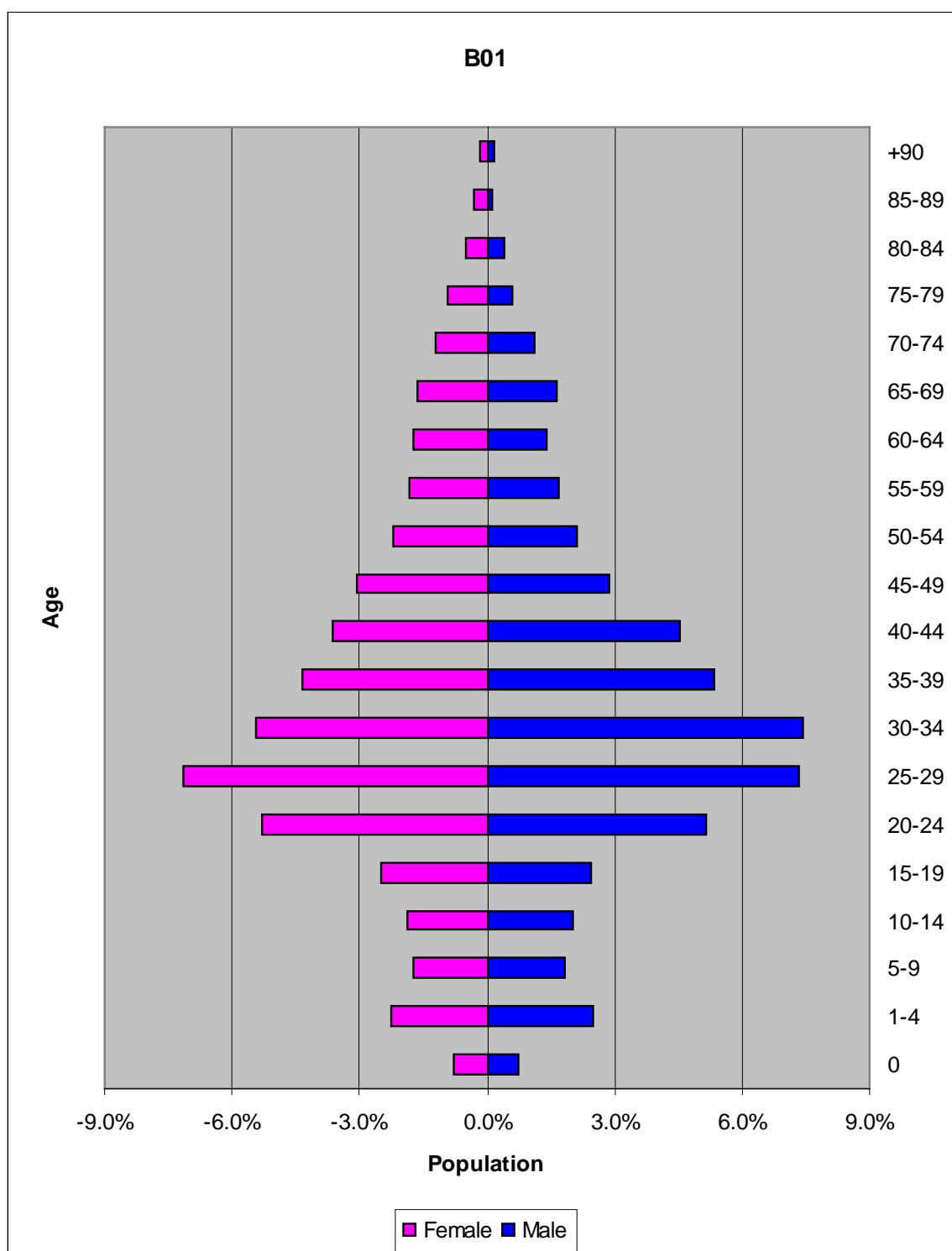
Birth rates per capita are a little above average as are conception rates for 15-17 year olds. Low birth weights per child are also a little above average with very low birth rates a little below average.

Childhood obesity rates are very low.

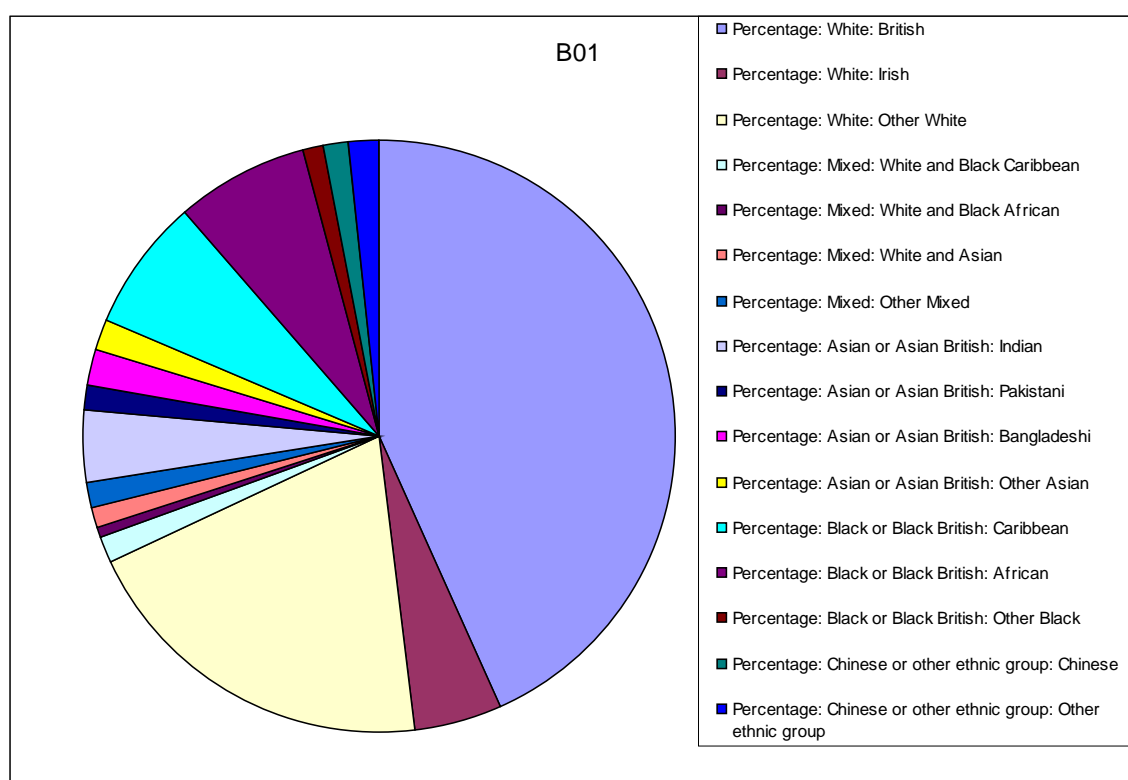
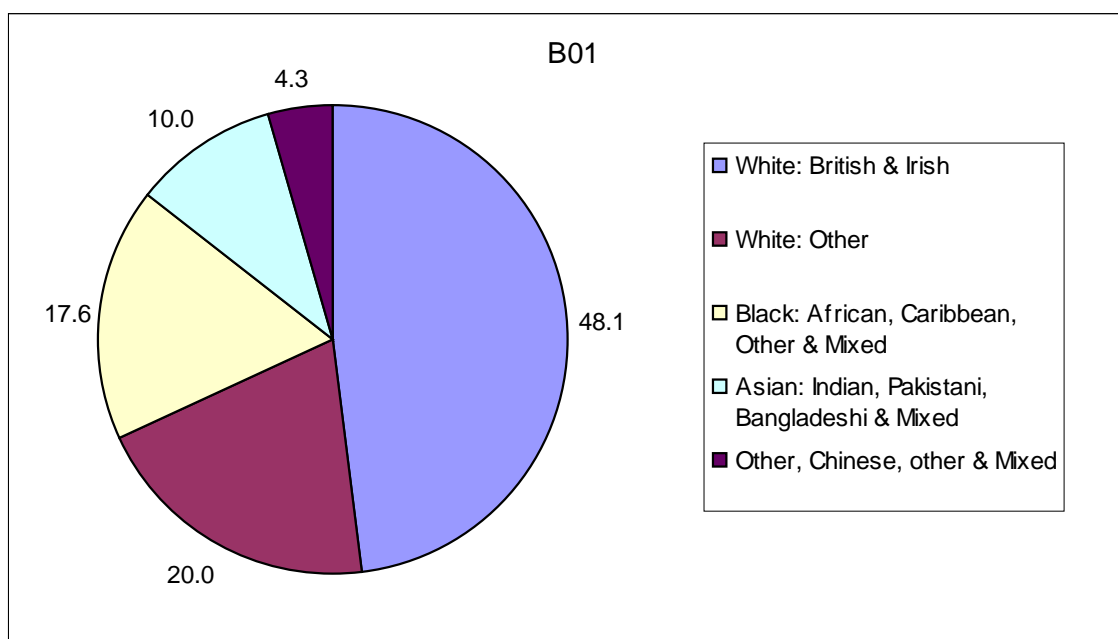
Synthetic Estimates (B01)

Given the relatively young nature of the community, there are expected to be moderately low rates of need for old people suffering from Dementia, Heart Attack, Stroke, COPD, Falls, Continence, Mobility etc. However, there are expected to be relatively high levels of learning difficulties alcohol problems and drug problems in the community. There are no notable alcohol issues coming through in activity data which may reflect an unmet need or may reflect a cultural influence due to diversity reducing alcohol consumption levels from expectations based on national prevalence rates standardised only for age and sex.

Health Survey for England prevalence rates suggest a moderately healthy community consuming average levels of fruit and vegetables with moderate smoking rates, low obesity and drinking rates a little above average. These are generally born out by the statistics. However, there may be pockets of poor diet, perhaps in specific subsets of the community, resulting in increased levels of Diabetes.

Population Pyramid B01

Ethnicity B01



Type B02: Young, healthy and low impact adults

Total Population: 16,988

Main Health Risks (B02)

1. This community is generally healthy, with low needs, though there is room for improvement in early diagnosis and treatment across the board.
2. Years of life lost from CHD

Potential Unmet Needs (B02)

1. **Teen pregnancy.** Conception Rates are relatively high among those aged 15-17, though this is true of much of central and east Haringey.
2. **Early diagnosis and treatment.** While mortality and admission rates are generally low across the board, admissions for ACS conditions are higher than for Group A suggesting that there is room for improvement.
3. **Outpatient appointments for under 5s.** Outpatient appointments are high for under 5s and there may be an underlying issue that needs addressing.
4. **Alcohol Support.** There is a potential alcohol time bomb in this community that has yet to impact the health service.

Social Context (B02)

Type B02 has more White British than the other types in Group B (62%) and while the total white community is relatively high at 75%, there are notably fewer individuals of Asian or White Other ethnicity than for B01 or B03. Approximately 15.5% of individuals in Type B02 are of Black or Mixed Black ethnicity. This is in line with the other Types in Group B, being approximately twice as prevalent as for Group A but only half as prevalent as for Group C.

74% of the community are aged between 20 and 65, with a strong bias towards younger working age adults (47.5% between 20 and 40) very high level of individuals age between 25 and 35 (30%). This profile for working age adults is broadly similar to that of Types B01 and A01, but with a slightly higher proportion of young adults.

15% of the community are children aged less than 15, with children under 5 representing 6.5% of the community. 7% of the community are over 65 but less than 3% are over 75 and less than 1.5% over 80.

Social capital and a sense of belonging is almost as high as for Group A. Air quality is notably worse than for Group A.

Population density is high for the borough at almost 100 people per hectare. Unlike for Group A, land use across Groups B and C is relatively consistent, with a smaller amount of outdoor space (around 50%), higher levels of non-domestic built-up areas (around 30%) and residential built-up areas representing a little under 20% of total space.

Average weekly household income is average for the borough, slightly higher than for the rest of Group B, and both the number and value of county court judgements is average for the borough, though the number is a little below and the average value a little above those for the rest of Group B.

There is a spread of housing values, average values being relatively low. However, there are pockets of higher valued properties within this Segment. There are more in council tax band C than in any other (~30%) and a similar low cost housing profile to Type B01. There are a further 25% in band D and while there are fewer houses in Band E (~12%) than for Type B01, there are more in bands F and G (~10% and ~5% respectively), representing pockets of wealth.

Housing and council tax benefits claimants are average for the borough as are benefits claimants in general and levels of people out of work.

Education levels are significantly lower than for Group A and a little above Group C. Education levels appear to rise between Key Stage 2 and Key Stage 3 but then fall by a small amount by Key Stage 4. A low level (for Haringey) of working age adults have low or no qualifications.

Levels of child support and lone parents out of work are higher than the very low levels seen for Group A but are lower than for the rest of Group B.

Limiting Long Term Illnesses are below average for the borough and numbers of people providing unpaid care are relatively low with low levels of support provided by each carer.

Average distances to services are relatively short as are distances to GPs.

Type B02 can be characterised as a relatively young, densely populated, largely white British community with levels of income, education and employment a little above average. There is a notable black constituent and pockets of moderate wealth.

Mortality Profile (B02)

Total Deaths in this community are relatively low.

This young community has the overall lowest crude deaths rates in Haringey, but standardised rates are only modestly low when the age profile is factored in. While there are low standardised mortality rates for Prostate Cancer, Stroke and Respiratory conditions there are high rates for CHD.

For individuals under 75, Type B02 has the lowest crude death rates, particularly low rates for Cancer, Lung Cancer and Stroke. However, years of life lost are relatively high for Coronary disease, reinforcing the potential issue raised above.

Total numbers of all deaths and early deaths are detailed below, along with specific areas of concern highlighted in red.

Cause of Death	Number of Deaths (2002-2006)	Number of Deaths (2002- 2006) Annualised	Early Deaths (2004-2006)	Early Deaths (2004-2006) Annualised
All Causes	356	71	92	31
All Cancer	91	18	28	9
Lung Cancer	17	3	3	1
Breast Cancer	11	2	2	1
Prostate Cancer	4	1	0	0
COPD	14	3	4	1
Alcohol	4	1	4	1
Stroke	22	4	2	1
Diabetes	4	1	1	0
CHD	84	17	19	6
Respiratory	38	8	-	-
All Circulatory	-	-	30	10

Hospital Admissions (B02)

Total numbers of hospital admissions are given below, by condition, along with numbers of outpatient appointments and excess bed days.

Cause	Number of Admissions (2002-2006)
Emergency	5,529
Elective	7,456
Cancer	1,378
Lung Cancer	93
Breast Cancer	236
Prostate Cancer	50
Alcohol	15
Stroke	95
Diabetes	53
Coronary	335
Respiratory	738
Mental	442
ACS	1,350
Asthma	121
Complications in Pregnancy	738
Outpatient Appointments	144,926
Excess Bed Days	9,529

Hospital admission (both emergency and elective) are low, in line with the low mortality rates. Admissions are particularly low for Stroke and Coronary Disease, perhaps reflecting the age profile of the community. Admission rates are in line with national age sex and deprivation adjusted expected rates demonstrating that while this community is healthy, they are no more healthy that would be expected.

In addition to requiring relatively low levels of treatment, readmission rates, excess bed days, high-impact users and long lengths of stay are all low for Haringey.

Children's Health (B02)

Children's Health is in line with the average for Haringey. There are somewhat lower levels of elective admissions and somewhat higher levels of emergency admissions among the under 5s. Outpatient appointments for this group are, however, high.

For older children (5-14) health is broadly good, with relatively low rates of emergency admissions, very low rates of elective admissions.

Admissions for ACS conditions are moderate but below average, suggestion quite good use of primary care but with some room for improvement.

Children in this group have generally low rates for readmission, excess bed days and long lengths of stay. There are few high impact users.

Birth rates are moderately low, though conception rates among 15-17 years olds are relatively high. There are no particular issues with low or very low birth weights.

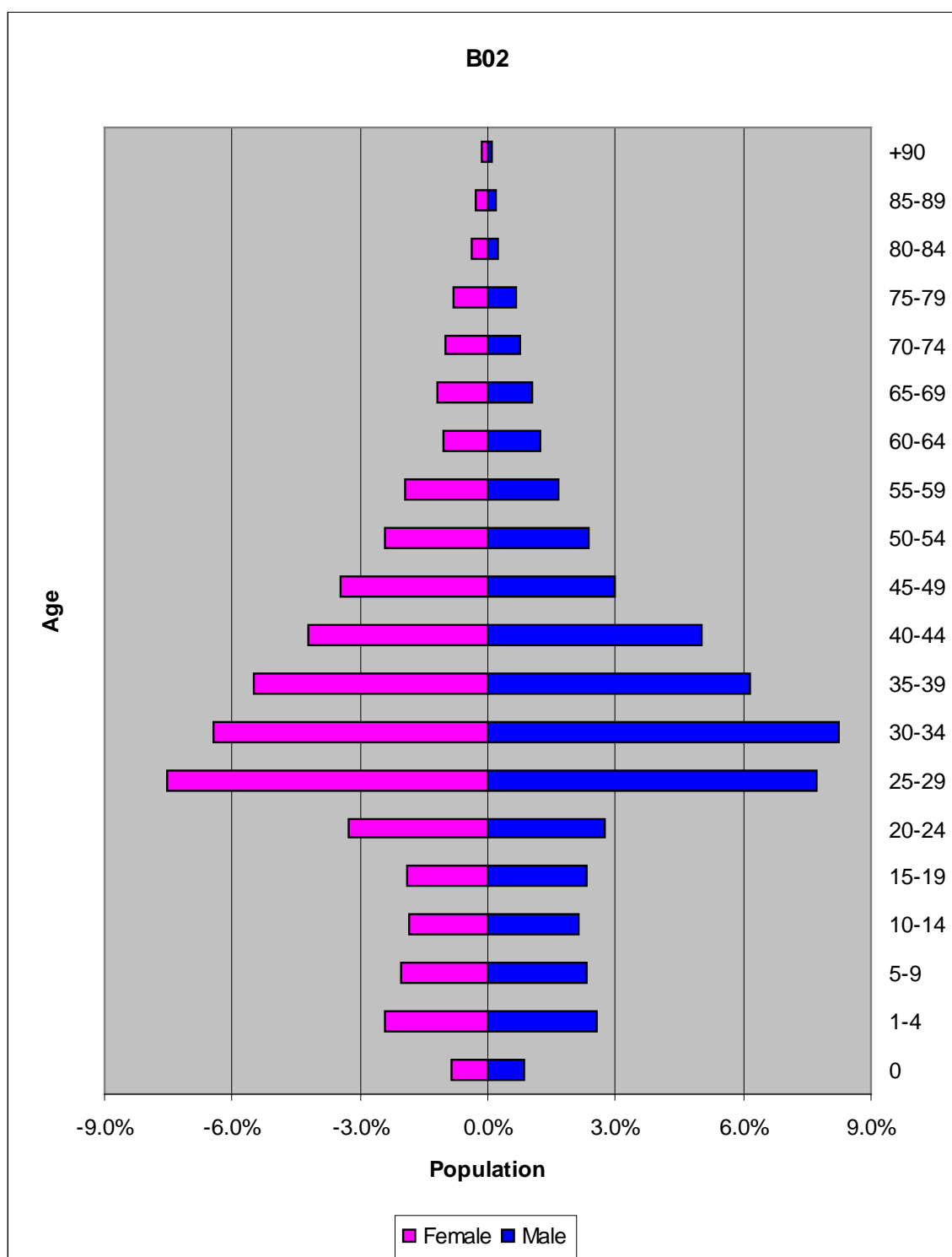
Childhood obesity is relatively low and falls with age.

Synthetic Estimates (B02)

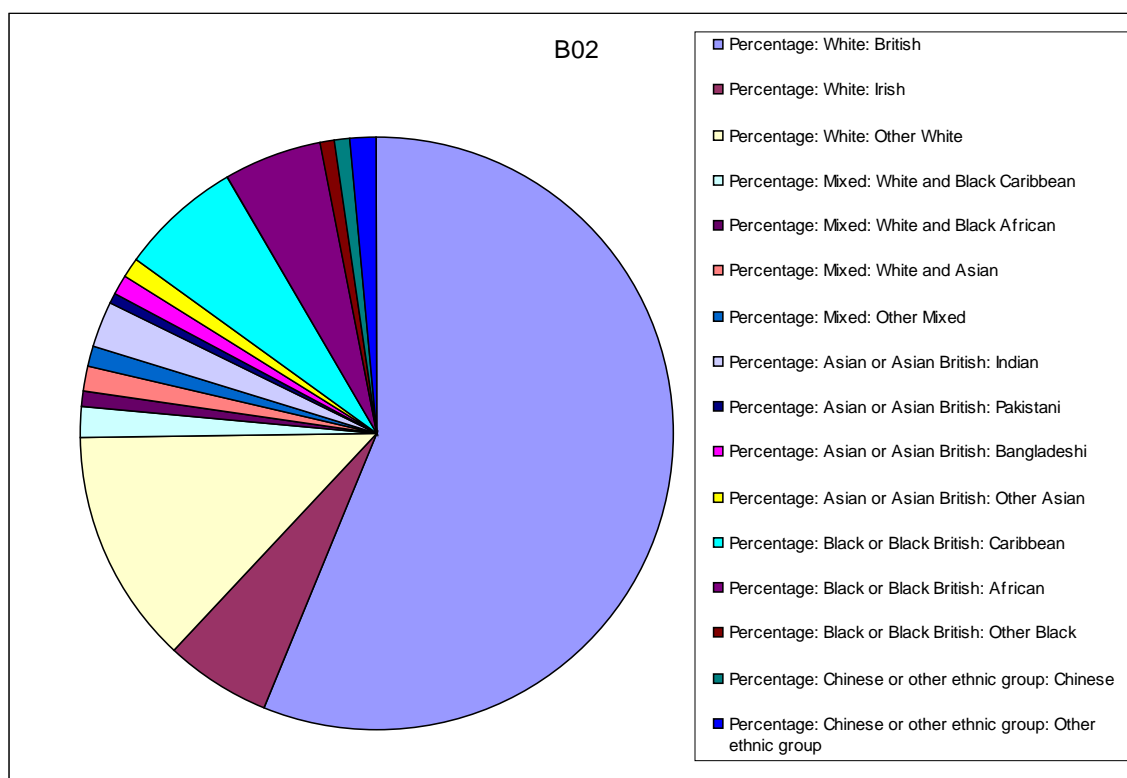
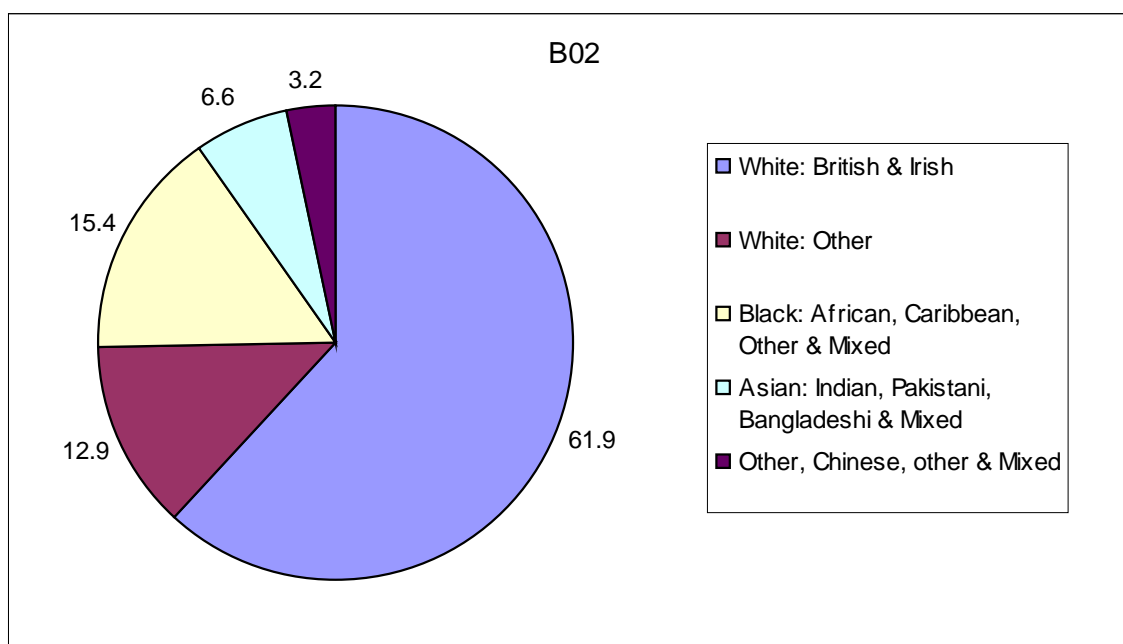
As one of the youngest segments, expectation of demand from older people is low for Type B02.

PANSI predicts that the propensity for alcohol related issues and learning difficulties is high among this relatively young group. The Health Survey for England confirms potential alcohol issues. The statistics do not bear this assertion out, though it is possible that this young community is drinking heavily and the impacts on health have not yet been realised. There is a potential unmet need for alcohol support and awareness campaigns in this area.

Population Pyramid B02



Ethnicity B02



Type B03: Multicultural communities with average health

Total Population: 33,710

Main Health Risks (B03)

1. This community is typified by average levels of most conditions. Individuals are neither particularly healthy nor particularly unhealthy relative to Haringey or nationally.
2. Higher than average early mortality from Stroke, Coronary Disease and All Circulatory Diseases
3. Low birth weights
4. Cancer among very young children

Potential Unmet Needs (B03)

1. **Breast Cancer screening.** Screening rates are the lowest in the borough and while this has not resulted in increased mortality to date, it is likely to cause problems if not addressed.
2. **Antenatal Support.** The abundance of low birth weights in B03 is cause for concern.
3. **Drug-Awareness.** Prevalence estimates suggest potential high rates of drug use. This would need to be supported by primary research or alternative sources of data.
4. **Shared experience.** B03 and A02 both have low overall incidents of most health conditions. However, where rates are high in B03 they are low in A02 and vice versa. It may be worth researching whether each Type could benefit from a better understanding of the other.

Social Context (B03)

Type B03 has a similar ethnic profile to Type B01 but with 6% fewer White British. There are high levels of White Other and Asian, relative to other segments in Haringey and there is a sizeable Black community (45.5% White British, 21% White Other, 20% Black/Mixed Black, 11.5% Asian / Mixed Asian).

In contrast to B01, the community has a smaller percentage of young adults. 68% of the community are aged between 20 and 65, 42% between 20 and 40 and 23% between 25 and 35.

16% of the community are children aged less than 15, with children under 5 representing 7% of the community. 10% of the community are over 65, 4% are over 75 and a little over 2% are over 80.

Social capital and a sense of belonging is average for the borough but lower than for the rest of Group B. Air quality is notably worse than for Group A.

Population density is a little higher than average for the borough at around 90 people per hectare. Unlike for Group A, land use across Groups B and C is relatively consistent, with a smaller amount of outdoor space (around 50%), higher levels of non-domestic built-up areas (around 30%) and residential built-up areas representing a little under 20% of total space.

Average weekly household income is mid-to-low for the borough and both the number and value of county court judgements is average.

There are a large number of average priced houses in this community (a little over 65% in council tax bands C and D). There are just under a further 30% of houses in the surrounding B and E bands, with a few additional low cost houses.

Housing and council tax benefits claimants are average for the borough as are benefits claimants in general and levels of people out of work.

Education levels are significantly lower than for Group A and a little above Group C. Education levels appear to rise between Key Stage 2 and Key Stage 3 but then fall by a small amount by Key Stage 4. A relatively high level (for Haringey) of working age adults have low or no qualifications.

Levels of child support and lone parents out of work are average for the borough.

Limiting Long Term Illnesses are average for the borough and numbers of people providing unpaid care are relatively low with average levels of support provided by each carer.

Average distances to services are relatively short as are distances to GPs.

Type B03 can be characterised as an ethnically diverse community with moderate means, average levels of unemployment, education and income. While younger than Haringey as a whole, there are a lower proportion of very young adults than in the rest of Group B.

Mortality Profile (B03)

Total Deaths in this community are relatively low.

Crude death rates are slightly below average across the board and become low for all causes, all Cancers, Breast Cancer, Prostate Cancer and Stroke when standardised for age.

Crude Death rates among those under 75 are moderate with rates from Coronary disease and years of life lost to Coronary disease being high.

Mortality rates for Stroke and All Circulatory Diseases are moderately high and the cause of a notable amount of total early deaths.

Total numbers of all deaths and early deaths are detailed below, along with specific areas of concern highlighted in red.

Cause of Death	Number of Deaths (2002-2006)	Number of Deaths (2002-2006) Annualised	Early Deaths (2004-2006)	Early Deaths (2004-2006) Annualised
All Causes	915	183	256	85
All Cancer	220	44	71	24
Lung Cancer	49	10	20	7
Breast Cancer	14	3	4	1
Prostate Cancer	13	3	3	1
COPD	29	6	2	1
Alcohol	10	2	10	3
Stroke	59	12	21	7
Diabetes	15	3	7	2
CHD	189	38	50	17
Respiratory	122	24	-	-
All Circulatory	-	-	87	29

Hospital Admissions (B03)

Total numbers of hospital admissions are given below, by condition, along with numbers of outpatient appointments and excess bed days.

Cause	Number of Admissions (2002-2006)
Emergency	5,339
Elective	7,036
Cancer	1,316
Lung Cancer	95
Breast Cancer	266
Prostate Cancer	54
Alcohol	9
Stroke	146
Diabetes	52
Coronary	378
Respiratory	395
Mental	259
ACS	1,236
Asthma	97
Complications in Pregnancy	395
Outpatient Appointments	124,283
Excess Bed Days	8,161

Admission rates are average for Haringey as a whole, in line with mortality rates, across all examined conditions except for Asthma where they are low. Readmission rates, excess bed days, lengths of stay and numbers of high impact users are also average. Furthermore, these are all in line with national expected rates.

Breast Cancer screening DNAs are the highest for Haringey but this has not translated into high mortality rates or admission rates.

Children's Health (B03)

Among the under 5s, emergency and elective admissions are average for Haringey and low for Respiratory and Asthma. They are high for Cancer which appears to translate into high rates for high impact users. This may, however, represent a small number of particular cases.

Among children aged 5-14, admission rates are moderate but a high for elective admissions and respiratory conditions. There is a high rate of excess bed days and a relatively high number of high impact users among this group.

Births per capita are average for Haringey but there are a very high number of low birth weight children.

There are no particular issues with obesity, though levels of obesity and levels appear to fall from above average to average as children age.

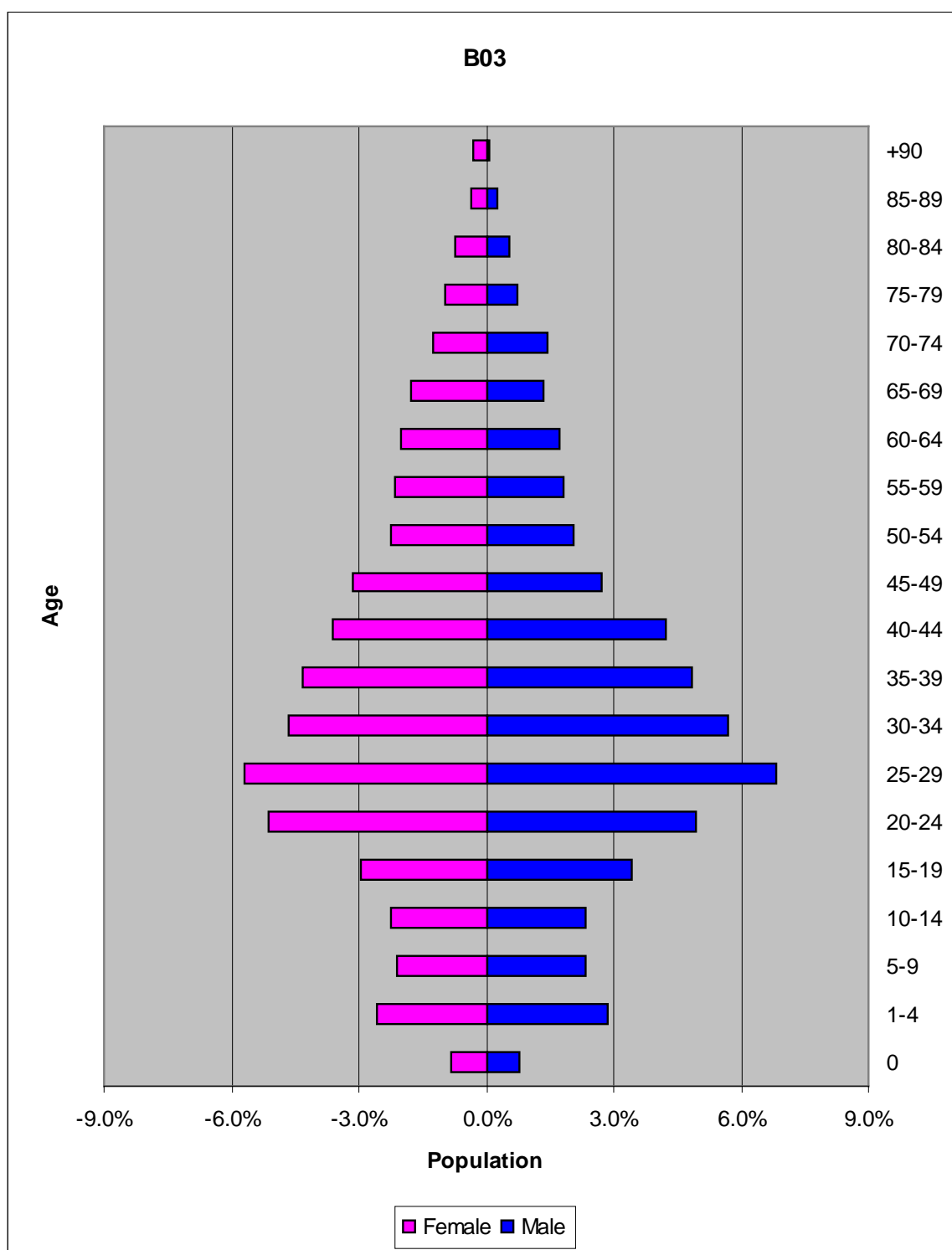
Synthetic Estimates (B03)

There are average levels of issues expected due to old people, with no particular areas of concern.

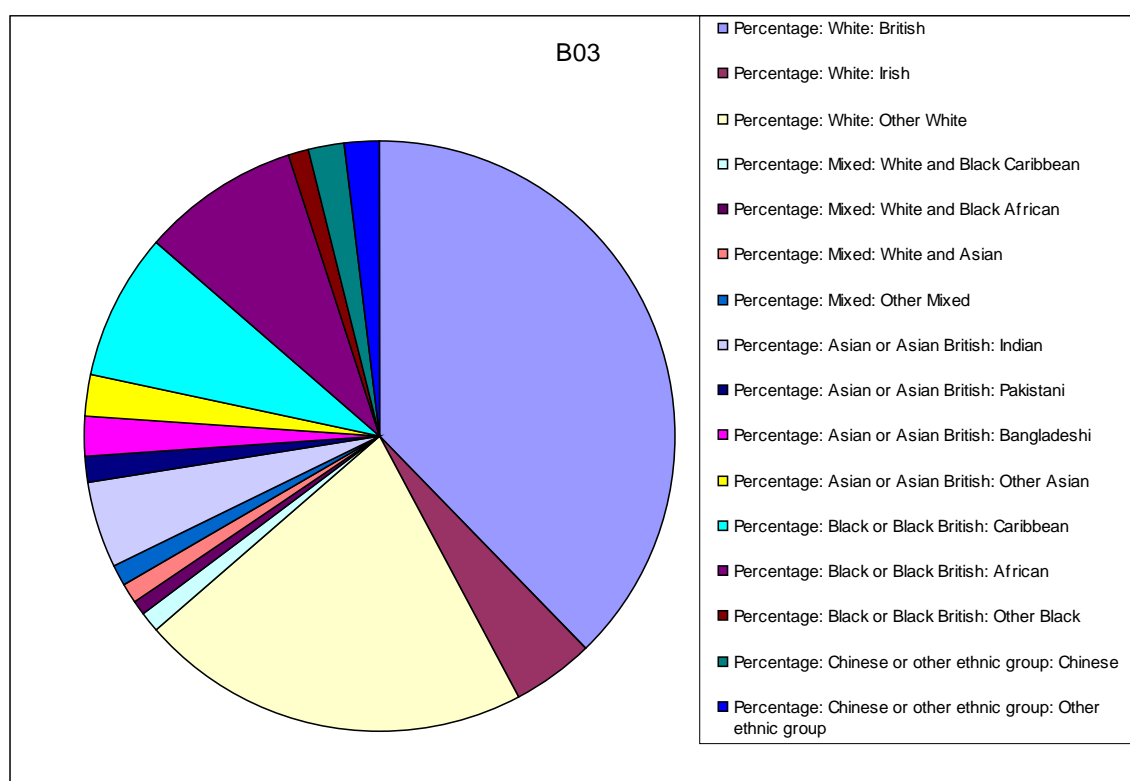
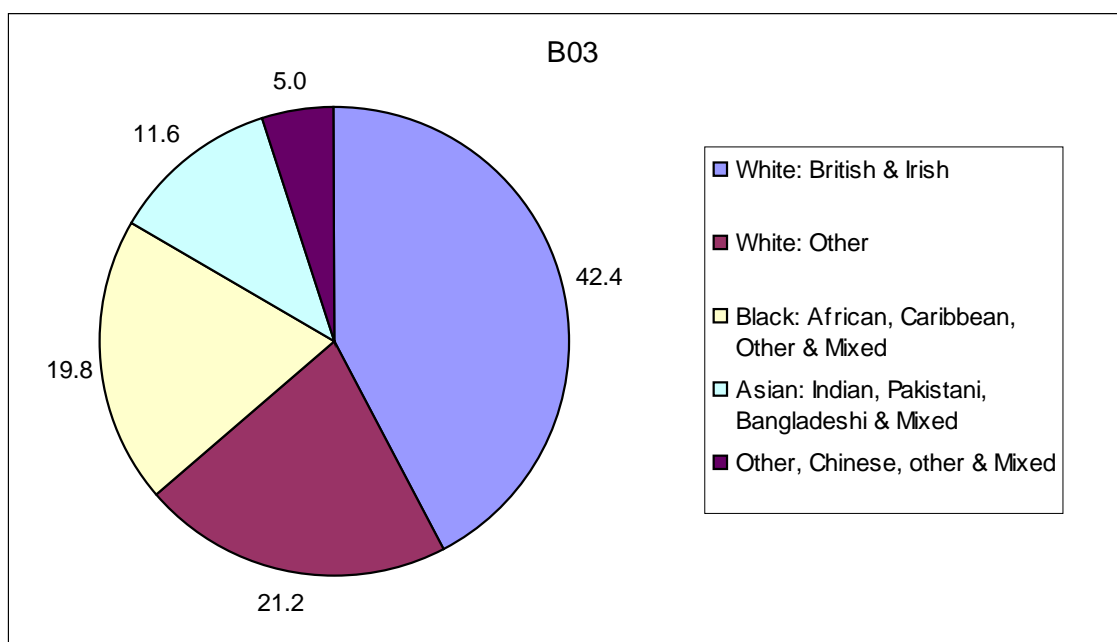
The only potential issue highlighted among working age adults is a possible high level of drug use, based on national prevalence rates. This should be monitored.

The Health Survey for England predicts moderate rates of smoking, drinking and obesity and moderate levels of consumption for fruit and vegetables.

Population Pyramid B03



Ethnicity B03



Type C01: Deprived high impact multicultural communities

Total Population: 35,930

Main Health Risks (C01)

1. **Poor Health for all conditions.** This community represents 16% of Haringey's population but sees:
 - a. 20% of all deaths
 - b. 20% of emergency admissions
 - c. 18% of elective admissions
 - d. 17.5% of outpatient appointments
 - e. 22% of all Lung Cancer admissions & 25% of Lung Cancer Deaths
 - f. 22% of Diabetes admissions and 20% of Diabetes deaths
 - g. 20% of CHD admissions
 - h. 20% of prostate cancer admissions
 - i. 19% of Respiratory Disease
 - j. 19% of Complications in pregnancy
 - k. 23% of deaths from COPD
 - l. 22% of deaths for Alcohol related conditions
 - m. 21% of deaths from Cancer
 - n. 21% of deaths from Stroke
2. Only rates of admissions for Breast Cancer are lower than overall levels of population.

Potential Unmet Needs (C01)

1. **Additional early support.** This community experiences very poor health. Many complaints are related to poor lifestyles (e.g. Diabetes, Smoking, Alcohol related issues) and many issues could be avoided if detected and treated earlier. General health education and support is imperative within this segment of the community.
2. **Lung Cancer / Smoking.** A major contributor to death could be reduced through effective prevention and intervention strategies.
3. **Teen Pregnancy and Complications in Pregnancy.** Additional family planning and antenatal support would be beneficial.

Social Context (C01)

All three Types in Group C have a significantly higher proportion of individuals of Black or Black/Mixed ethnicity than the rest of Haringey. They also all have approximately 15% White Other, 8% Asian/Mixed Asian and 5% other ethnicities.

Of the Types in Group C, C01 has the highest levels of White British (42%) and the lowest levels of Black or Black/Mixed (30%) individuals.

All three Types in Group C have broadly similar population profiles, with relatively large numbers of children compared to Haringey as a whole and a significant proportion of middle age individuals.

62% of people in Type C01 are aged between 20 and 65, with 43% between 25 and 50. Nearly 8% are under 5 and 20% are under 15. 10% are over 65, with 5% over 75 but only 2.5% over 80.

Social capital and a sense of belonging is average for the borough, in line with Type B03. Air quality is among the worst for the borough.

Population density is the highest for the borough at over 100 people per hectare. Unlike for Group A, land use across Groups B and C is relatively consistent, with a smaller amount of outdoor space (around 50%), higher levels of non-domestic built-up areas (around 30%) and residential built-up areas representing a little under 20% of total space. Levels of domestic built-up areas are a little higher for Type C01, in line with high population densities.

Average weekly household income is low for the borough, the number of county court judgements is relatively high but their average value is relatively low.

Housing stock is generally of relatively low value with over 95% being in council tax band D or below. C01 is characterised by having nearly 40% of stock valued in council tax band C with approximately 30% in band D, 25% in band B and the rest in band A.

Housing and council tax benefits claimants are high for the borough as are benefits claimants in general. However, benefits claimants are not as high as for C02 or C03, which is surprising given that individuals are more likely to be out of work in segment C01 than in any other.

Education levels are generally low, rising from Key Stage 2 to Key Stage 3 but then falling again by Key Stage 4. A significant number of working age adults have no or low qualifications.

There are significant numbers of lone parents out of work and high levels of child tax credits and child benefits.

There are the highest rates of individuals with a limiting long-term illness. The numbers of individuals providing unpaid care is average for the borough but the levels of care are the highest.

Average distances to services are relatively short as are distances to GPs, though not as short as for those living in Group B.

All Types in Group C can be characterised by a large black community, significant levels of children and middle-aged adults, low levels of income, low cost housing, poor educational standards and high levels of benefits claimants.

Among the Types in Group C, C01 has the highest population density, the highest proportion of White British, the lowest levels of benefits claimants, the highest level of individuals out of work and the highest levels of limiting long-term illness.

Mortality Profile (C01)

This community has the second highest overall mortality rate of any in Haringey. When standardised for age it shows by far the worst mortality rates. Mortality rates are above average for all causes except Breast Cancer and are notably high in both real and standardised terms for Cancer, Lung Cancer and COPD suggesting smoking related issues. There are significant deaths from Cancers other than Breast, Lung and Prostate, which would be worth further investigation. Rates of screening for Cervical Cancer are particularly low.

Mortality rates for Stroke are also notably high. Respiratory conditions should also be addressed as a concern due to the combined nature of relatively high rates and high overall numbers.

This is a particularly unhealthy community with high mortality rates driven up by poor lifestyles.

Years of life lost from early deaths are also the highest for this community. Rates for Stroke and Prostate Cancer among the young are high compared to Haringey as a whole but total deaths are still relatively low.

Early deaths from Circulatory Diseases seem to be the most significant problem with an ever present high rate of early deaths from Cancer, specifically Lung Cancer and unspecified Cancers.

Total numbers of all deaths and early deaths are detailed below, along with specific areas of concern highlighted in red.

Cause of Death	Number of Deaths (2002-2006)	Number of Deaths (2002-2006) Annualised	Early Deaths (2004-2006)	Early Deaths (2004-2006) Annualised
All Causes	1,373	275	391	130
All Cancer	363	73	135	45
Lung Cancer	89	18	31	10
Breast Cancer	20	4	6	2
Prostate Cancer	18	4	7	2
COPD	62	12	11	4
Alcohol	17	3	13	4
Stroke	118	24	29	10
Diabetes	22	4	5	2
CHD	236	47	46	15
Respiratory	188	38	-	-
All Circulatory	-	-	115	38

Hospital Admissions (C01)

Total numbers of hospital admissions are given below, by condition, along with numbers of outpatient appointments and excess bed days.

Cause	Number of Admissions (2002-2006)
Emergency	17,507
Elective	20,057
Cancer	3,837
Lung Cancer	300
Breast Cancer	470
Prostate Cancer	162
Alcohol	36
Stroke	267
Diabetes	268
Coronary	1,156
Respiratory	1,960
Mental	1,101
ACS	3,890
Asthma	288
Complications in Pregnancy	1,960
Outpatient Appointments	325,902
Excess Bed Days	32,584

Type C01 has by far the highest rates for emergency admissions, elective admissions and outpatient appointments, supporting the mortality data to suggest that Type C01 has by far the worst health of any segment in Haringey.

Appointments for All Cancers, Lung Cancer Prostate Cancer, Coronary Disease and Asthma are high. Admissions for Diabetes, Mental Health and Complications in Pregnancy are also notably higher than average. Poor lifestyles may be driving poor health.

Admissions for ACS conditions are particularly high suggesting that problems are not addressed early enough, which is perhaps a contributor to the high overall admission and mortality rates.

Excess Bed Days are high and Long Lengths of Stay, Readmission Rates and numbers of High Impact Users are very high. This group creates a significant strain on the health care system.

Poor health appears to be linked to deprivation. When observed values are compared to expected values, health is still seen as relatively poor but not as poor as the reality of the situation. ACS conditions are still considered significantly high as are Respiratory complaints, reinforcing the idea that problems are not dealt with early enough. Cancer, Asthma, Complications in Pregnancy and Diabetes are still on the cusp of being considered high, even allowing for deprivation.

Children's Health (C01)

Emergency Admissions are a little above average for the under 5s in this community and Elective Admissions are significantly high. Outpatient Appointments are high overall but not as high as for Types B01 and B02, relative to the number of children in the community. Admissions for Cancer and Respiratory admissions are relatively high for under 5s and admissions for ACS conditions are above average. There are high levels of High Impact Users among the under 5s.

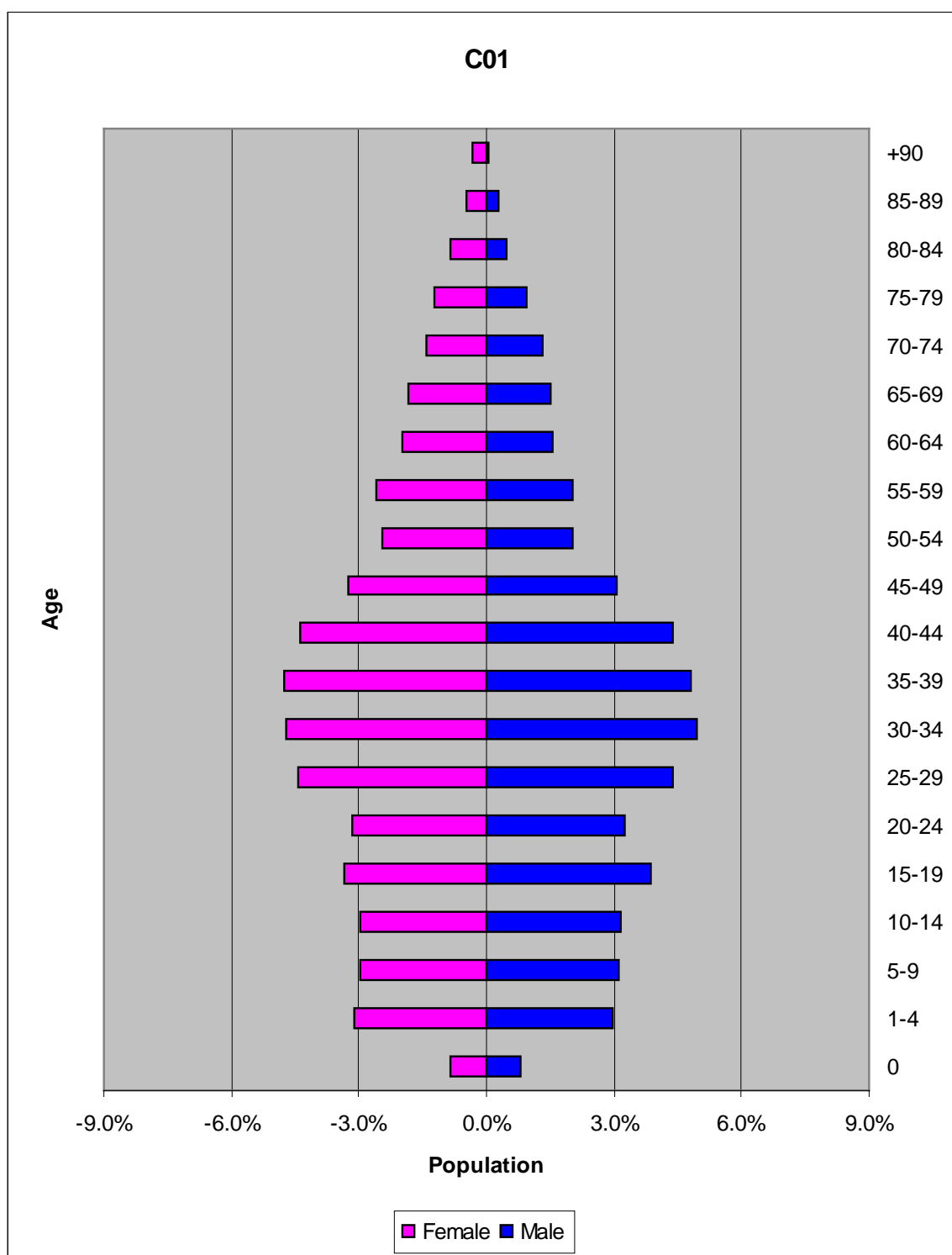
5-14 year olds have similarly poor health. They have the highest rates of emergency admissions and high rates of elective admissions when compared to other children in Haringey. ACS admissions are particularly high as are admission for Cancer. Admissions for Asthma and all Respiratory illnesses are also relatively high. 5-14 year olds are significant High Impact Users, with significantly high numbers of Excess Bed Days.

Birth rates are above average and there are no particular issues with low birth weights. There are similarly no particular issues with obesity.

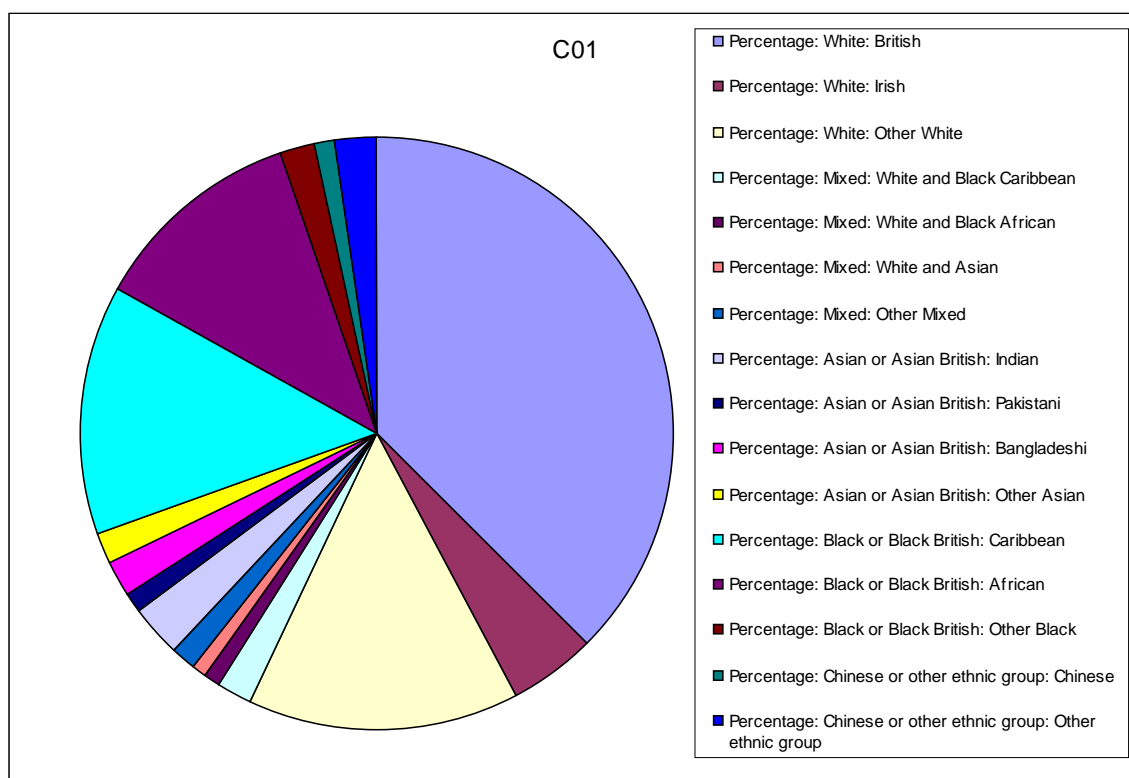
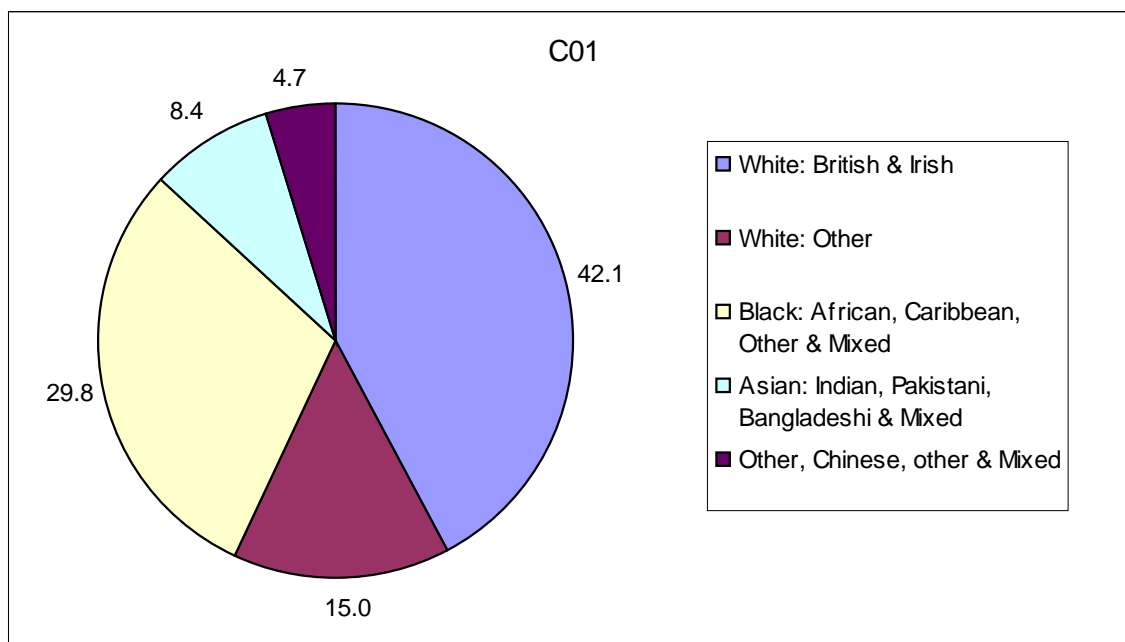
Synthetic Estimates (C01)

Based on national rates, issues for both older people and younger adults are not expected to be significant, which is contrary to the significant rates seen. The Health Survey for England suggests above average but not high rates for smoking and obesity and below average rates for binge drinking and consumption of fruit and vegetables. The community is experiencing significantly worse health with significantly greater issues than prevalence rates suggest.

Population Pyramid C01



Ethnicity C01



Type C02: Very deprived medium impact BME communities with healthy young families and unhealthy lifestyles

Total Population: 29,405

Main Health Risks (C02)

1. COPD
2. Respiratory Illness
3. Diabetes
4. Alcohol related issues
5. Prostate cancer
6. Liver disease
7. Obesity

Potential Unmet Needs (C02)

1. **Improvements in Low level and Early Support:** Evidenced by: (i) overall rates of admission are not as high as rates of mortality, which is particularly true for those conditions with high mortality rates, (ii) rates of outpatient appointments are relatively low, (iii) admissions for ACS conditions are moderate, (iv) problems relating to poor lifestyle are prevalent.
2. **Dietary education.** Diets may be poor evidenced by high levels of Diabetes and Obesity.
3. **Alcohol Awareness.** Alcohol admissions and mortality and higher than would be expected.
4. **Teen Pregnancy and Complications in Pregnancy.** Additional family planning and antenatal support would be beneficial.
5. **Smoking cessation.** Rates of COPD and Respiratory conditions are very high with relatively high rates of Lung Cancer.

Social Context (C02)

All three Types in Group C have a significantly higher proportion of individuals of Black or Black/Mixed ethnicity than the rest of Haringey. They also all have approximately 15% White Other, 8% Asian/Mixed Asian and 5% other ethnicities.

Of the Types in Group C, C02 has the lowest levels of White British (34%) and the highest levels of Black or Black/Mixed (38%) individuals.

All three Types in Group C have broadly similar population profiles, with relatively large numbers of children compared to Haringey as a whole and a significant proportion of middle age individuals.

60% of people in Type C02 are aged between 20 and 65, with 43% between 25 and 50. Nearly 10% are under 5 and 25% are under 15. 7% are over 65, with 2.5% over 75 and 1.5% over 80.

Social capital and a sense of belonging is the worst for the borough as is air quality.

Population density is a little above average for the borough at over 80 people per hectare. Unlike for Group A, land use across Groups B and C is relatively consistent, with a smaller amount of outdoor space (around 50%), higher levels of non-domestic built-up areas (around 30%) and residential built-up areas representing a little under 20% of total space.

Average weekly household income is the lowest for the borough, the number of county court judgements is high but their average value is low.

Housing stock is generally of relatively low value with over 95% being in council tax band D or below. C02 is characterised by having very high levels (around 45%) of stock valued in council tax band C with only 15-20% in the higher value band D. Just over 15% are in band B and a high number (nearly 15%) are in band A. These are very low levels of overall housing.

Housing and council tax benefits claimants are high for the borough as are benefits claimants in general and are averagely high for Group C as a whole, as are the numbers of out of work individuals.

Education levels are generally low, rising from Key Stage 2 to Key Stage 3 but then falling again by Key Stage 4. This segment has the highest proportion of working age adults in Haringey with no or low qualifications.

There are significant numbers of lone parents out of work, the highest proportion in Haringey. There are also the greatest number of people claiming child benefits and tax credits.

There are high rates of individuals with a limiting long-term illness. The numbers of individuals providing unpaid care is average for the borough but the levels of care are above average.

Average distances to services are relatively short as are distances to GPs, though not as short as for those living in Group B.

All Types in Group C can be characterised by a large black community, significant levels of children and middle-aged adults, low levels of income, low cost housing, poor educational standards and high levels of benefits claimants.

Among the Types in Group C, C02 has the lowest weekly income, the largest amount of very low cost housing, the largest number of CCJs, the largest Black community, the lowest educational standards, the most benefits claimants and the most children. Given its deprivation, it has a low level of unpaid care.

Mortality Profile (C02)

Overall mortality rates are high for Alcohol related issues and Diabetes but with low overall rates of mortality from Breast Cancer. When standardised for age and sex, deaths are considered high for all causes and specifically for Diabetes, Alcohol related issues, COPD, Respiratory and Prostate Cancer. Lung Cancer is also relatively high but all deaths from all cancers are only moderate due to the low rate of deaths from Breast Cancer.

Looking at individuals under 75, crude death rates are high for Diabetes, Liver Disease and COPD indicating poor diet and lifestyle. Disproportionately high numbers of years of life lost result from Stroke and COPD.

Mortality rates are higher than for Haringey as a whole across all age bands.

Type C02 differs most notably from C01 and C03 due to its low rates of Breast Cancer but very high rates for Diabetes and Liver Disease and early deaths from COPD, Diabetes and Stroke.

Total numbers of all deaths and early deaths are detailed below, along with specific areas of concern highlighted in red.

Cause of Death	Number of Deaths (2002-2006)	Number of Deaths (2002-2006) Annualised	Early Deaths (2004-2006)	Early Deaths (2004-2006) Annualised
All Causes	799	160	243	81
All Cancer	186	37	67	22
Lung Cancer	47	9	20	7
Breast Cancer	10	2	2	1
Prostate Cancer	13	3	2	1
COPD	44	9	13	4
Alcohol	18	4	17	6
Stroke	62	12	14	5
Diabetes	21	4	10	3
CHD	137	27	31	10
Respiratory	121	24	-	-
All Circulatory	-	-	59	20

Hospital Admissions (C02)

Total numbers of hospital admissions are given below, by condition, along with numbers of outpatient appointments and excess bed days.

Cause	Number of Admissions (2002-2006)
Emergency	11,956
Elective	13,354
Cancer	2,091
Lung Cancer	193
Breast Cancer	309
Prostate Cancer	125
Alcohol	24
Stroke	209
Diabetes	191
Coronary	646
Respiratory	1,650
Mental	836
ACS	2,694
Asthma	196
Complications in Pregnancy	1,650
Outpatient Appointments	220,695
Excess Bed Days	22,814

Overall rates of emergency and elective admissions are average for the borough, with no notably high rates of admission for particular causes. Outpatient appointments and admissions for Cancer are low in terms of overall numbers. The high rates of mortality for Diabetes and Alcohol related issues are not seen in terms of hospital admissions, perhaps representing a need for improved early support. Standardised admission ratios are high for Lung Cancer, Prostate Cancer and Stroke. Admissions for Asthma are particularly low.

Adults in this community have moderately poor health but not as poor as for Type C01.

Children's Health (C02)

Children under 5 appear to be very healthy with the lowest admission rates for Haringey across most conditions. Additionally, they have only moderate rates of excess bed days and moderate levels of high impact users. 5-14 year olds also appear to be relatively healthy with particularly low rates of admissions for emergencies and cancer and low rates of outpatient appointments. They too have no significantly high rates of excess bed days and average levels of high impact users.

Birth rates are quite high for Haringey, with high rates of teen pregnancy, but there are no particular issues related to low birth weights and very few very low birth weights are seen.

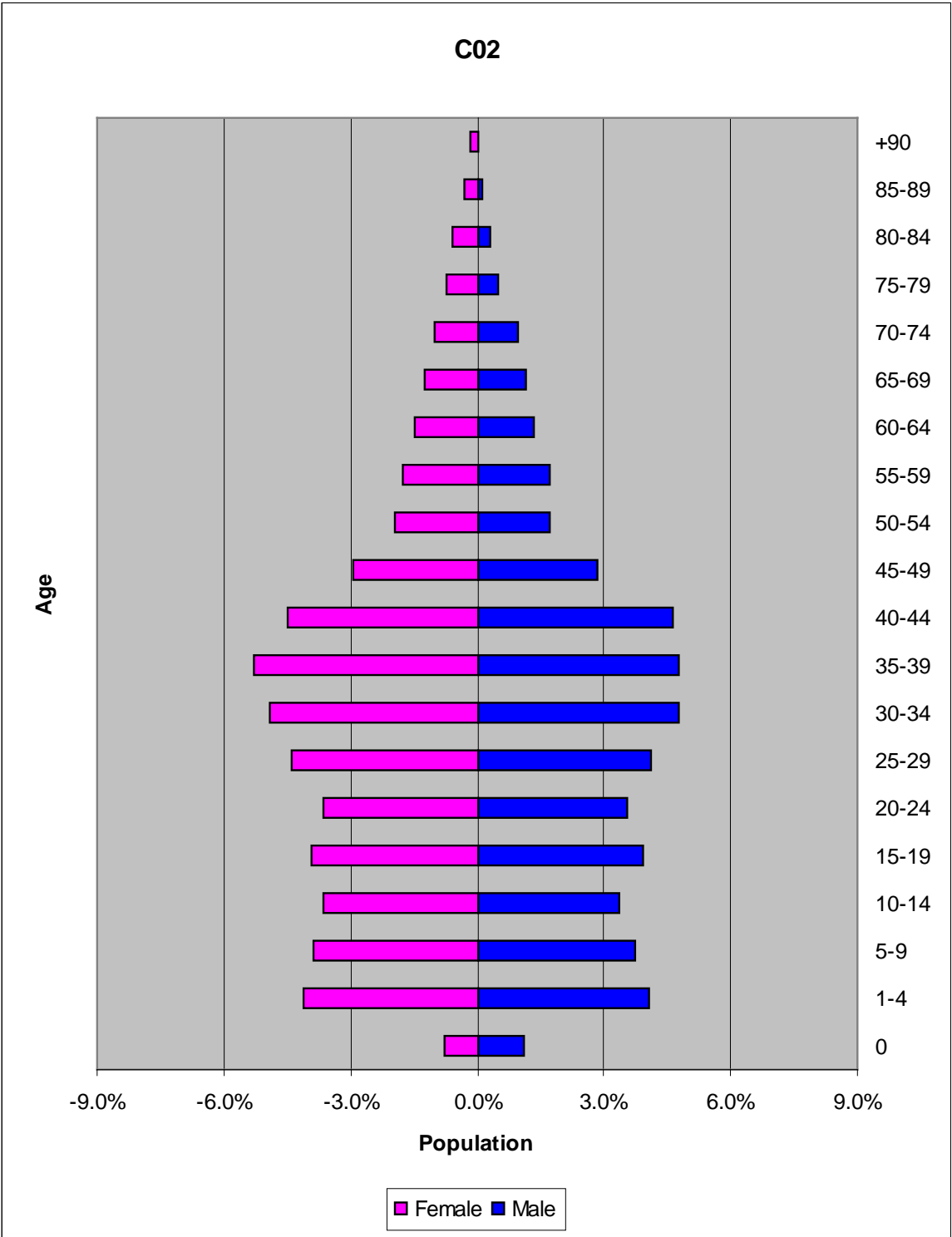
This segment sees the highest levels of both reception and year 6 children in the population. There are no particular issues with childhood obesity.

Synthetic Estimates (C02)

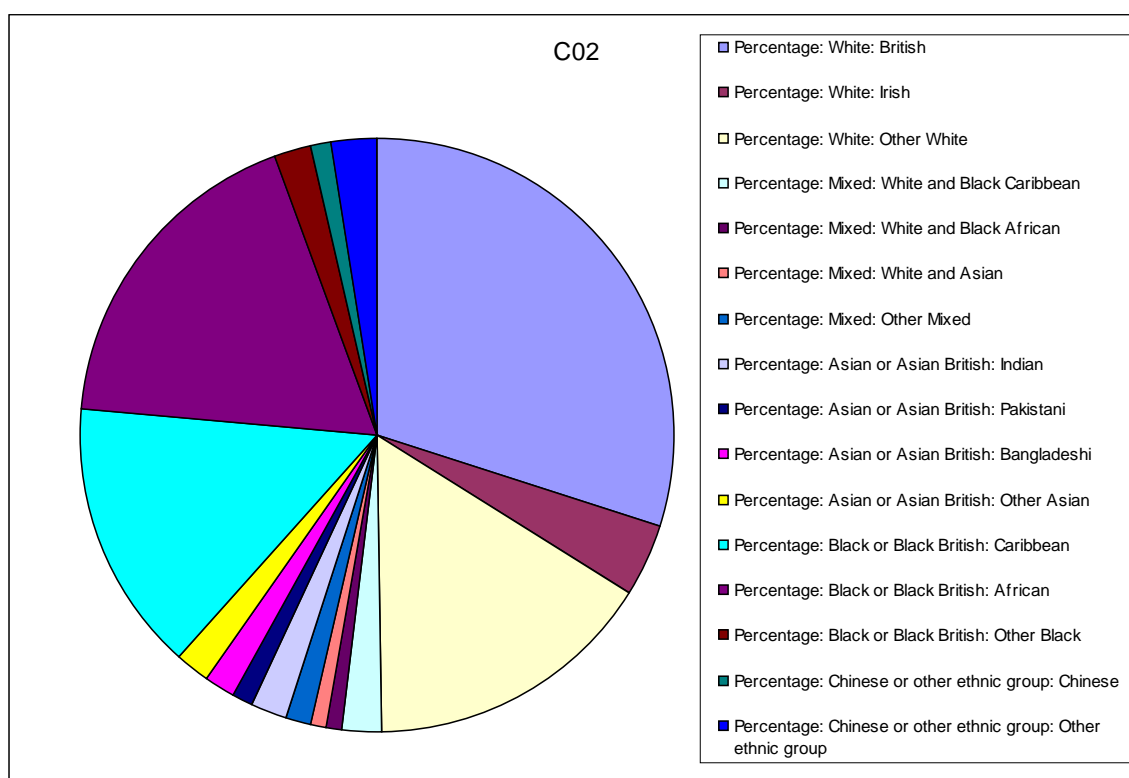
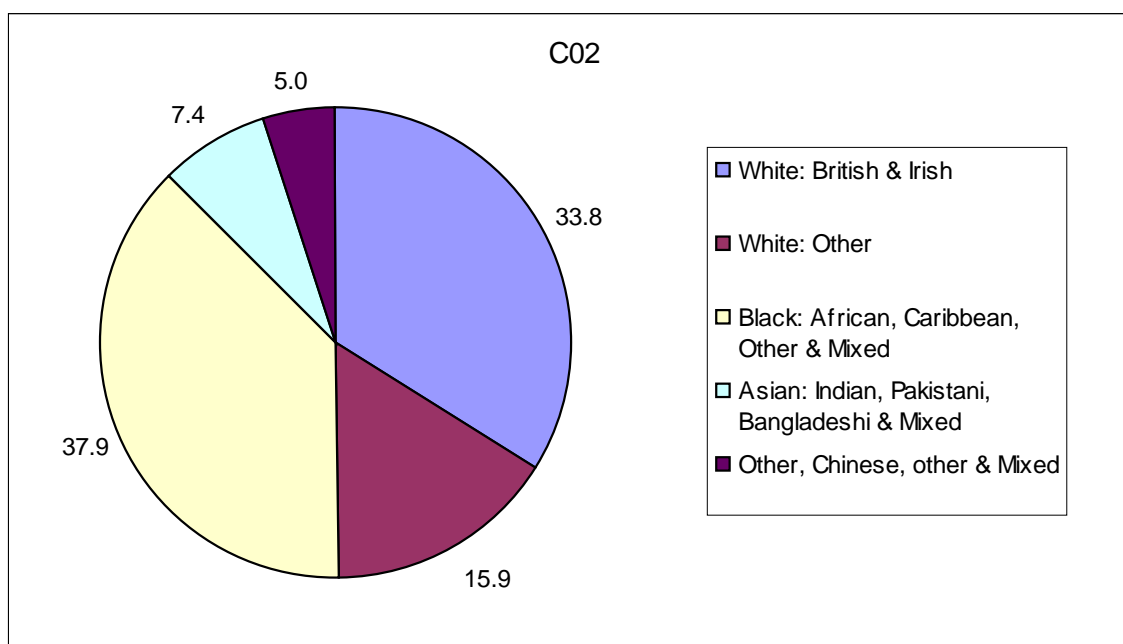
Synthetic Estimates from POPPI for older people and PANSI for younger adults suggest that Type C02 should see the fewest problems per capita relative to other segments. This is likely due to the significantly high rates of children within the community. Adults in C02 see relatively poor health when compared with adults across Haringey.

The Health Survey for England predicts the highest relative rates for Smoking and Obesity in Haringey, with relatively low rates of alcohol consumption but with low rates of consumption of fruit and vegetables.

Population Pyramid C02



Ethnicity C02



Type C03: Deprived medium impact BME communities with young families and above average rates of breast cancer

Total Population: 32,283

Main Health Risks (C03)

1. All Cancers but specifically Breast Cancer and Lung Cancer
2. Alcohol
3. Complications during pregnancy
4. Diabetes
5. ACS conditions, particularly among young children
6. Obesity
7. Asthma

Potential Unmet Needs (C03)

1. **Early detection for Breast Cancer.** Deaths from Breast Cancer are relatively high and cancer screening rates are only moderate. Admissions are low as are outpatient appointments, all suggesting a failure to diagnose early.
2. **Alcohol Awareness.** While prevalence rates are low, as is mortality, there are high levels of hospital admissions, perhaps pointing to a particular sub-set of the community that will suffer serious health issues later in life if not addressed now.
3. **Antenatal support.** Pregnancy rates are very high, leading to high numbers of complications in pregnancy and some very low birth weight children.
4. **Postnatal support.** There are high levels of young parents and high levels of ACS conditions for the under 5s suggesting additional support is needed for new parents.
5. **Dietary Education.** Diets appear poor, with high levels of admissions from Diabetes and high rates of obesity. This could be addressed through prevention and intervention strategies.
6. **Early detection and treatment.** Conditions in general are not recognised or treated as early as they could be leading to unnecessary health issues and strains on the health care system.

Social Context (C03)

All three Types in Group C have a significantly higher proportion of individuals of Black or Black/Mixed ethnicity than the rest of Haringey. They also all have approximately 15% White Other, 8% Asian/Mixed Asian and 5% other ethnicities.

Of the Types in Group C, C03 has roughly equal levels of White British (36%) and Black/Mixed (35.5%) individuals.

All three Types in Group C have broadly similar population profiles, with relatively large numbers of children compared to Haringey as a whole and a significant proportion of middle age individuals.

61% of people in Type C03 are aged between 20 and 65, with 43% between 25 and 50. Over 9% are under 5 and 23% are under 15. 9% are over 65, with 3% over 75 and almost 2% over 80.

Social capital and a sense of belonging is the worst for the borough. Air quality is relatively poor.

Population density is a little above average for the borough at just under 80 people per hectare. Unlike for Group A, land use across Groups B and C is relatively consistent, with a smaller amount of outdoor space (around 50%), higher levels of non-domestic built-up areas (around 30%) and residential built-up areas representing a little under 20% of total space.

Average weekly household income is the low for the borough. The number of county court judgements is high but their average value is relatively low.

Housing stock is generally of relatively low value with over 95% being in council tax band D or below. C03 is characterised by having roughly equal (30%) levels for bands B, C and D, with a small number in bands A and E.

Housing and council tax benefits claimants are high for the borough as are benefits claimants in general. Benefits claimants are the highest for the whole borough, though numbers of people out of work are generally lower than for C01 or C02.

Education levels are generally low, rising from Key Stage 2 to Key Stage 3 but then falling again by Key Stage 4. A significant number of working age adults have no or low qualifications.

There are significant numbers of lone parents out of work and high levels of individuals claiming child benefits and tax credits.

There are high rates of individuals with a limiting long-term illness. The numbers of individuals providing unpaid care is average for the borough but the levels of care are above average.

Average distances to services are relatively short as are distances to GPs, though not as short as for those living in Group B or the rest of Group C.

All Types in Group C can be characterised by a large black community, significant levels of children and middle-aged adults, low levels of income, low cost housing, poor educational standards and high levels of benefits claimants.

Among the Types in Group C, C03 has the lowest population density, low social cohesion, a larger proportion of mid-value housing, the highest levels of benefits claimants and the fewest lone parents. It is generally average for Group C on all other counts.

Mortality Profile (C03)

Crude mortality rates are average for Haringey but with a high incidence of deaths from Breast Cancer. Cancer screening DNAs are moderate for the borough and there is room for improvement. Breast Cancer rates remain high and become relatively higher when standardised for age and sex. They appear to drive up overall Cancer Rates to be classified as high.

Mortality rates and years of life lost among people under 75 are high for Breast Cancer and All Cancers. Mortality rates are also quite high for Lung Cancer. Years of life lost from Stroke are low.

Total numbers of all deaths and early deaths are detailed below, along with specific areas of concern highlighted in red.

Cause of Death	Number of Deaths (2002-2006)	Number of Deaths (2002-2006) Annualised	Early Deaths (2004-2006)	Early Deaths (2004-2006) Annualised
All Causes	963	193	308	103
All Cancer	279	56	115	38
Lung Cancer	56	11	26	9
Breast Cancer	34	7	20	7
Prostate Cancer	15	3	3	1
COPD	36	7	8	3
Alcohol	8	2	9	3
Stroke	71	14	14	5
Diabetes	17	3	7	2
CHD	188	38	38	13
Respiratory	110	22	-	-
All Circulatory	-	-	74	25

Hospital Admissions (C03)

Total numbers of hospital admissions are given below, by condition, along with numbers of outpatient appointments and excess bed days.

Cause	Number of Admissions (2002-2006)
Emergency	13,709
Elective	15,939
Cancer	3,030
Lung Cancer	159
Breast Cancer	505
Prostate Cancer	137
Alcohol	62
Stroke	212
Diabetes	260
Coronary	849
Respiratory	1,848
Mental	889
ACS	3,171
Asthma	263
Complications in Pregnancy	1,848
Outpatient Appointments	256,436
Excess Bed Days	25,553

In contrast to the mortality data, we see high relative rates of admission for Diabetes and Alcohol, perhaps representing lower levels of need that may translate into increased future mortality rates.

Rates of admission for Breast Cancer are average, in contrast to the high mortality rates, perhaps indicating a failure to access services early, which may be further supported by the low rates of outpatient appointments.

Asthma also shows up as an area for concern.

Standardising for age, sex and deprivation, Alcohol and Diabetes admissions are still considered high, as are rates of admission resulting from complications in pregnancy. These all suggest poor use of ancillary support services and advice centres.

Children's Health (C03)

While hospital admissions for the under 5s are generally moderate, per child, they are high for ACS conditions and the high number of children in this group makes overall numbers of admissions high for emergency admissions, respiratory, asthma and ACS conditions. Volumes of overall support required will be high for the borough, as will excess bed days. This pressure could be relived through better use of services and early diagnosis.

In contrast to the under 5s, the 5-14 year olds have generally good health, with few emergency admissions, few outpatient appointments and notably low rates of Asthma. While the volume of children is high, overall demand is still only a little above average for the borough.

Birth rates per capita are the highest for Haringey and conception rates among teens are high. While there are low rates of low birth weight children there are very high rates of very low birth weight children suggesting that there is a subset of the community in need of additional support.

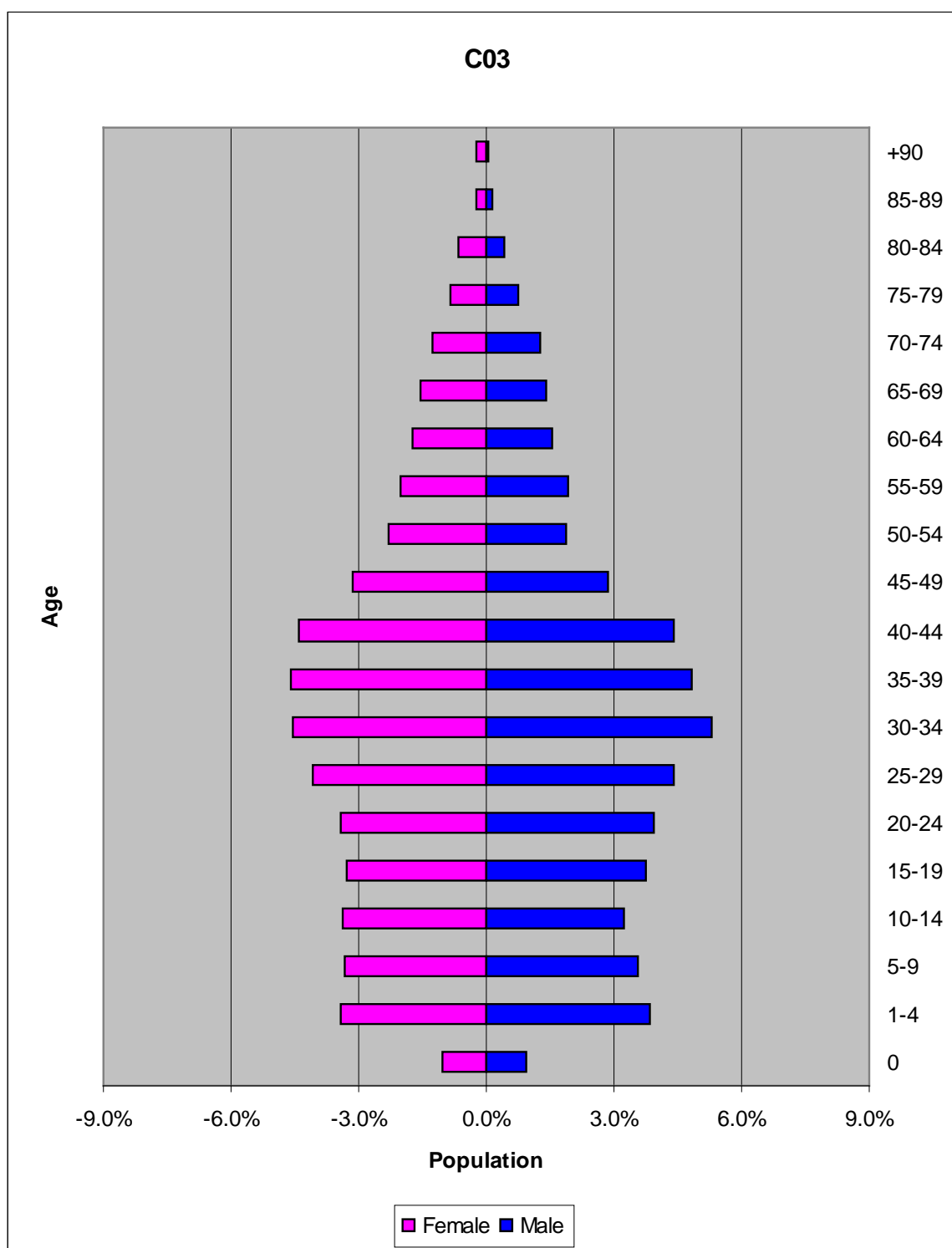
Numbers of reception age children are the highest for the borough but children in year 6 are only average, suggesting that there will be additional pressures on the community as the numbers of children balloon over the coming years. Obesity levels are above average but not significantly high.

Synthetic Estimates (C03)

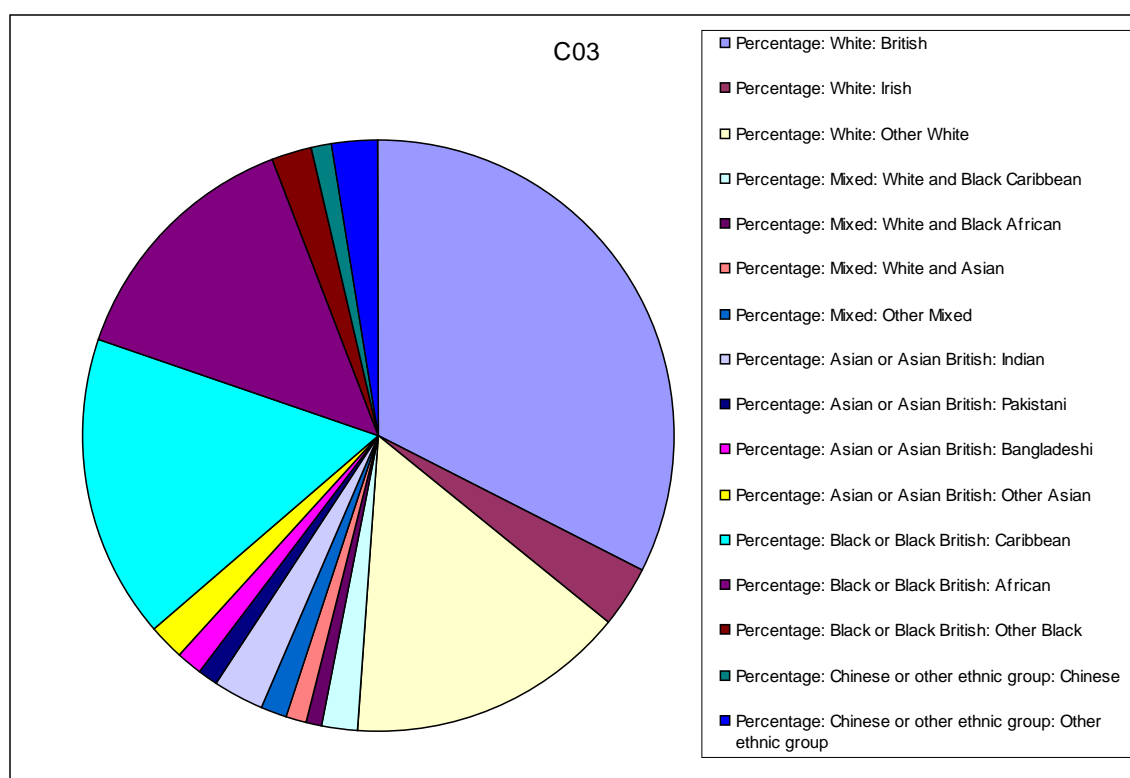
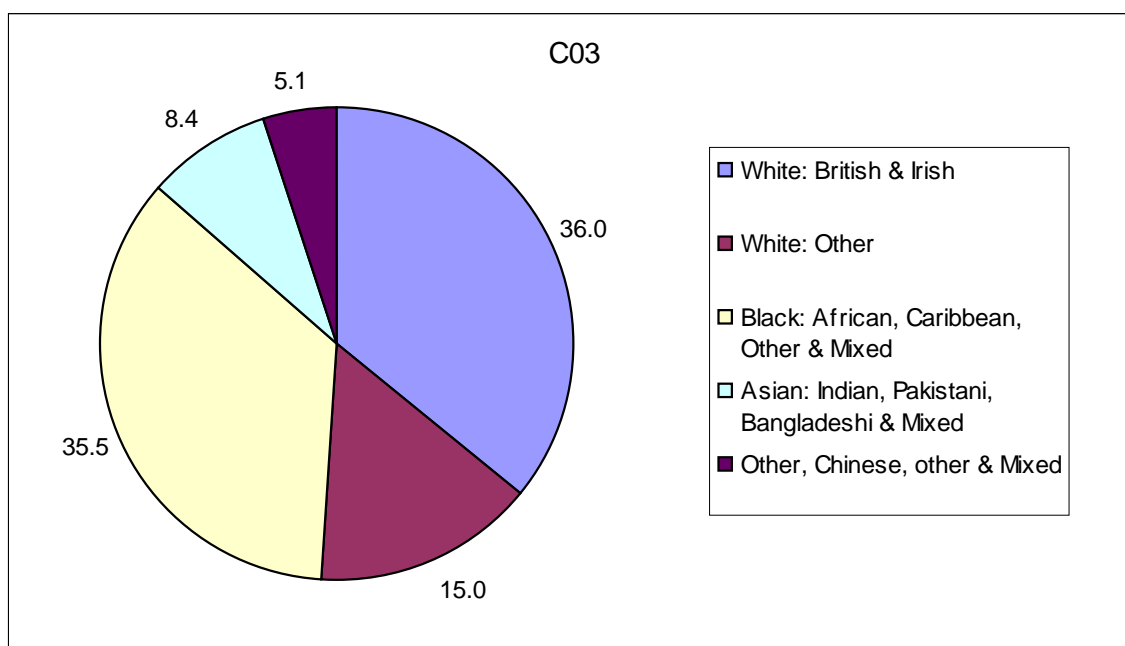
POPPI suggests moderate support requirements for older people and relatively low rates of support for young adults with learning difficulties, physical disabilities and alcohol related issues.

The Health Survey for England also predicts low rates of binge drinking (the lowest for the borough) which does not appear to be in line with the relatively high rates of admissions from alcohol related issues. This could indicate small pockets of excessive use in an otherwise low use environment.

The Health Survey for England also shows moderately low consumption of fruit and vegetables and above average levels of obesity which could be in line with the relatively high rates of admissions for diabetes.

Population Pyramid C03

Ethnicity C03



Detailed Analysis: Health Statistics

The tables below show the variance in health related indicators among the different Types. A value of zero would equate to the average level for Haringey as a whole. Negative numbers represent index scores less than 100, that is to say, a lower incidence than for the average across Haringey. Positive numbers represent index scores greater than 100, that is to say a higher incidence than for the average across Haringey. The scores are given in terms of standard deviations for the feature in question. Values less than -1 are more than one standard deviation below the average level for Haringey. Values greater than +1 are more than one standard deviation above the average level for Haringey. These are accordingly colour coded as either Green or Red. Values within one standard deviation, either above or below are colour coded as yellow. The results are presented as a series of tables for ease of reading.

Mortality Summary

The table below gives the total number of deaths from all causes by quinary age band for each segment.

Age	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90+
A01	11	0	0	0	2	4	4	11	12	18	16	21	23	34	32	65	81	123	109	157
A02	4	1	1	2	0	2	3	0	6	8	9	15	28	34	40	44	81	83	85	73
A03	5	0	0	1	2	0	0	4	6	4	5	10	19	20	37	52	89	128	115	137
B01	9	1	0	0	1	3	6	2	14	13	21	14	16	35	39	61	64	83	43	44
B02	15	0	0	0	0	4	3	2	7	12	15	15	19	24	27	39	43	52	36	43
B03	19	2	1	2	3	6	7	12	18	25	19	42	43	59	77	115	111	121	130	103
C01	39	5	2	1	6	7	11	20	39	29	44	61	65	82	127	160	194	200	143	138
C02	24	3	0	3	3	13	14	15	24	26	32	27	45	57	69	97	108	97	78	64
C03	17	3	3	2	6	9	13	19	18	36	24	34	61	74	95	144	114	129	94	68
Total	143	15	7	11	23	48	61	85	144	171	185	239	319	419	543	777	885	1016	833	827

Mortality Tables: Relative Values

Deaths were profiled in several ways, to understand overall deaths, early deaths and total deaths for each segment, recognising that it is important to understand both where people are most likely to die (per capita) as well as where they are likely to die early.

Crude and standardised mortality rates were created considering all deaths between 2002 and 2006

Crude Death Rate (2002-2006)	A01	A02	A03	B01	B02	B03	C01	C02	C03
All Causes	0.06	-0.48	1.93	-0.75	-1.30	-0.40	1.22	-0.40	-0.01
All Cancer	-0.30	0.02	1.27	-1.09	-1.28	-0.61	1.49	-0.73	0.64
Lung Cancer	-1.18	-0.27	0.77	-1.31	-1.10	-0.23	1.75	0.04	0.31
Breast Cancer	0.69	1.75	0.22	-0.37	-0.13	-0.96	-0.46	-1.23	1.30
Prostate Cancer	-0.29	1.65	0.27	0.27	-2.09	-0.62	0.52	-0.06	0.16
COPD	-0.73	-0.75	1.70	-0.69	-0.85	-0.78	1.28	0.73	-0.17
Alcohol Related	0.72	-0.78	-1.18	-1.36	-0.59	-0.24	0.79	1.60	-0.53
Stroke	0.24	0.02	2.27	-0.34	-1.16	-0.70	0.85	-0.34	-0.25
Diabetes	-0.20	-1.75	-0.47	1.21	-1.33	-0.28	0.57	1.08	0.13
Respiratory	0.02	-0.62	2.33	-0.47	-1.10	-0.26	0.74	0.05	-0.39
CHD	-0.52	-0.95	2.21	-0.10	-0.59	0.00	0.89	-0.87	0.20

Segment	Interpretation (Crude Death Rates): Where are people most likely to die?
A01	Average but low for lung cancer, possibly representing “healthy lifestyles”.
A02	High rates of Breast and Prostate Cancer but low rates for Diabetes, possibly indicative of “healthy lifestyles”.
A03	High rates across the board. Moderate rates for Lung, Breast and Prostate Cancer but high rates for Cancer overall (other cancers are prevalent). Particularly high rates for COPD, stroke, respiratory and CHD.
B01	High rate for Diabetes but particularly low rates for alcohol, lung cancer and all cancers. A seemingly healthy population but with potential lifestyle issues.
B02	Low rates across the board. In terms of crude death rate, has the lowest mortality for Haringey.
B03	Average generally but with most indicators slightly better than average indicating a healthy community.
C01	High overall death rates, seemingly driven by Cancer, specifically Lung Cancer, and COPD. This may suggest issues related to smoking and lifestyle.
C02	High rates for alcohol and diabetes indicative of a poor diet and lifestyle but low overall rates of Breast Cancer.
C03	Average generally but with a higher overall rate for Breast Cancer.

The crude death rates were standardised for age according to broad age bands (0-18, 18-64, 65+). The overall numbers of deaths did not permit an analysis by smaller (e.g. quinary) age bands. The variation in results is, however, significant.

Directly Standardised Mortality (2002-2006)	A01	A02	A03	B01	B02	B03	C01	C02	C03
All Causes	-0.06	-1.17	0.47	-1.17	-0.97	-1.04	1.41	1.00	0.40
All Cancers	-0.49	-0.32	-0.08	-1.54	-0.73	-1.09	1.46	0.20	1.27
Lung Cancer	-1.30	-0.74	-0.12	-1.45	-0.45	-0.49	1.52	0.95	0.52
Breast Cancer	0.46	1.43	-0.31	-0.37	0.39	-1.04	-0.64	-1.01	1.70
Prostate Cancer	0.64	1.41	-0.88	0.14	-1.44	-1.17	-0.15	1.16	0.06
COPD	-0.88	-0.89	0.30	-0.95	-0.37	-0.82	0.98	1.93	-0.18
Alcohol Related	0.54	-0.82	-1.10	-1.35	-0.81	-0.29	0.66	1.75	-0.23
Stroke	0.44	0.07	1.52	-0.42	-1.37	-1.52	0.96	0.44	0.09
Diabetes	-0.53	-1.56	-0.91	0.93	-0.75	-0.34	0.14	1.71	0.26
Respiratory	-0.20	-1.18	1.34	-0.59	-1.06	-0.34	0.72	1.51	-0.65
CHD	-0.83	-2.04	0.54	0.19	1.20	-0.67	0.41	0.67	0.56

Segment	Interpretation (Directly Standardised Mortality): Where are people most likely to die, given the age profile of the community?
A01	Average but low for Lung Cancer, possibly representing “healthy lifestyles”.
A02	Low overall rates, joint lowest on all causes for Haringey. As for the crude death rates, Breast and Prostate Cancer remain high but in addition to low rates for Diabetes, we see low rates for Respiratory and CHD, contributing to the belief that overall lifestyles are healthy.
A03	While A03 showed high crude death rates, the segment appears far more healthy when the age profile is taken into consideration. The group retains a low rate for alcohol related conditions and exhibits average mortality rates for all conditions other than Stroke and Respiratory. It appears that the high rates for COPD and CHD, along with “other” cancers where expected age related issues.
B01	Rates for alcohol, Lung Cancer and all Cancers remain low and when age is factored in, the all cause rate also reaches the “low” water mark. While Diabetes had a high crude rate, this becomes moderate when age is considered. A population with the joint lowest overall mortality rate.
B02	Low rates across the board, but when age is considered, this is no longer the community with the lowest mortality. As the community is relatively young, it is expected to be relatively healthy. While it does remain a healthy group, there is a potential issue with CHD.

B03	As there are relatively more old people in the group B03 than B02, the overall community's mortality moves from average to low when age is considered. People are healthy for their age. It is particularly low for Breast Cancer, Prostate Cancer and All Cancers, as well as Stoke. This can be contrasted with segment A02.
C01	Has the highest mortality rates for all groups, when standardised for age. This is a particularly unhealthy community, driven by Lung Cancer. It is notable that while COPD rates are considered lower than when not standardised for age, they remain on the borderline as do deaths from Stroke. Smoking and lifestyle issues would appear to be a target for prevention and intervention strategies.
C02	Appears considerable worse than crude rates would suggest when age standardised. High rates for COPD, alcohol and diabetes and respiratory all indicate poor diet and lifestyle. This group differs from the other "C" Types in that it exhibits significantly lower overall rates of All Cancers and Breast Cancer. While the relative incidence of Prostate Cancer is high, this is a relatively rare condition.
C03	Average generally but with a higher overall rate for Breast Cancer.

A three year band (2004-2006) was considered in creating Indirectly Standardised Years of Life Lost measurements as an alternative view on mortality (specifically early deaths) within Haringey.

By using a different dataset and standardisation technique, we hope to give more confidence to the overall view of mortality in Haringey.

Crude Death Rate (Population <75)	A01	A02	A03	B01	B02	B03	C01	C02	C03
All Causes	-1.02	-1.01	-1.11	-0.44	-1.25	-0.11	1.62	0.24	0.91
All Cancer	-0.46	0.20	-1.30	-0.52	-1.27	-0.67	1.51	-0.45	1.25
Lung Cancer	-0.82	-0.47	-0.69	-1.30	-1.67	0.09	1.23	0.45	0.98
Breast Cancer	1.19	1.52	-0.90	0.03	-0.71	-0.71	-0.53	-0.90	1.15
Prostate Cancer	-0.58	-1.10	-1.10	1.53	-1.10	0.00	1.33	-0.26	0.05
COPD	-0.08	-1.22	0.86	-1.21	0.11	-1.16	0.61	1.59	0.19
Liver Disease	0.70	-0.50	-1.39	-1.22	-0.65	-0.21	0.27	1.86	-0.34
Stroke	-0.69	-0.58	-1.31	0.23	-1.72	0.68	1.56	-0.02	-0.22
Diabetes	-1.24	-0.88	-0.77	1.72	-0.83	0.21	-0.27	1.14	0.28
All Circulatory	-1.24	-1.41	-1.07	0.01	-0.62	0.68	1.68	-0.25	0.22
Coronary	-1.05	-2.14	-0.65	0.24	0.11	1.25	0.61	-0.11	0.28

By comparing these crude rates to the crude death rates for the whole population, we can quickly see the differing community and mortality profiles of the three broad Groups (A, B and C). Group A exhibits by far the lowest rates of early mortality, where previously A03 had exhibited the highest overall mortality. Mortality rates for Group B increase somewhat, Mortality rates for Group C increase significantly. Overall, we can say that people in Group C tend to die younger than in the other groups. Group A is comprised primarily of people who die old.

Segment	Interpretation (Crude Death Rates <75): Where are people most likely to die young?
A01	Low overall rates with Breast Cancer (and some liver disease) being the only notable early killers.
A02	Low overall rates with Breast Cancer being the only notable early killer.
A03	Low overall rates, with some incidents of COPD.
B01	Moderate overall rates, low for Lung Cancer, Liver Disease and COPD (suggesting low levels of drinking and smoking) but high rates for Diabetes and Prostate Cancer.
B02	The lowest overall rates, particularly low for cancers and stroke.
B03	Moderate overall rates, low for COPD but high for CHD.
C01	Highest overall rates for early deaths. High rates for all Cancer, Lung Cancer, Prostate Cancer, Stroke and Circulatory conditions. Poor lifestyles appear to begin at an earlier age in this community and impact the overall health.

C02	Moderate overall rates but high rates for alcohol, COPD and diabetes indicative of a poor diet and lifestyle.
C03	Average generally but with a higher overall rate for Breast Cancer. It is notable that the younger community is less healthy across the board than the community as a whole.

An index of Years of Life Lost (Observed / Expected) was created by comparing the observed years of life lost to expected years of life lost, based on national prevalence rates created for age, sex and deprivation strata. Low index scores may be interpreted as either areas whereby the community is more healthy than one would anticipate. High index scores, could be seen as areas whereby the community is less healthy than one would anticipate. These may in turn represent areas of unmet need where individuals are dying younger than might be expected, perhaps because of inadequate access to services or treatment.

YLL Index (2004-2006)	A01	A02	A03	B01	B02	B03	C01	C02	C03
All Causes	-0.48	0.52	-1.31	-0.73	-1.15	-1.07	1.56	0.59	0.51
All Cancer	0.55	0.91	-1.43	0.12	-1.07	-1.16	0.69	-0.63	1.23
Lung Cancer	0.09	1.76	-0.56	-0.93	-1.62	-0.73	0.46	0.62	0.17
Breast Cancer	1.35	0.80	-0.99	0.59	-0.72	-0.67	-0.70	-0.92	1.37
Prostate Cancer	-0.50	-0.95	-0.95	-0.52	-0.95	-0.34	2.24	0.18	-0.11
COPD	0.36	1.15	1.35	-1.21	-0.91	-0.93	-0.01	1.18	-0.49
Liver Disease	2.36	0.06	-0.10	-0.89	-0.45	-0.44	-0.16	0.63	-0.91
Stroke	-0.09	0.48	-0.87	-0.50	-1.68	-0.12	1.14	1.31	-1.05
Diabetes	-0.71	-0.47	-0.46	2.47	-0.59	-0.27	-0.34	0.64	-0.04
All Circulatory	-0.91	0.26	-1.33	-1.49	0.12	0.20	1.78	0.11	-0.43
Coronary	-0.37	-0.91	-0.53	-0.67	1.89	1.48	-0.55	-0.49	-0.06

Segment	Interpretation (YLL Index): Where are people most likely to die younger than expected?
A01	Low overall rates but with Breast Cancer and Liver Disease notably high. These were high in terms of crude death rates under 75 but are even higher than expected when taking into account the age sex and deprivation of the community.
A02	Low overall rates with Lung Cancer and COPD being higher than expected. While total early deaths from Breast Cancer were high, total years of life lost is not significantly higher than expected given the age / sex / deprivation profile of the community. Lung Cancer on the other hand appears to be a significant contributor years of life lost (possibly from a few very young deaths). The high number for COPD was related to one individual and is not significant. It is notable that Breast Cancer and Prostate Cancer are no longer an issue among the young, suggesting that either these are issues faced by the relatively older communities or needs have been met since 2004.
A03	Very low overall years of life lost in this community, with the only notable issue being COPD.
B01	Low to moderate overall rates for most conditions but high rates for Diabetes. This confirms the high crude death rate suggesting that where this is a problem, it is a problem for the relatively young.
B02	Low overall rates, particularly low for cancers and stroke but high for years of life lost due to Coronary Heart Conditions. As this did not show up on the crude rates it is likely that where this is a problem it kills people when they are relatively young, contributing to an increase in the overall years of life lost. It is possible that a few very early deaths may be biasing the figures.
B03	Low to moderate overall rates across the board, except for Coronary Disease, supporting the unmet need identified by the crude rates.
C01	This remains the Type with the highest overall rates for early deaths. Not only are there early deaths, as denoted by the crude rates, they are worse than expected given the age, sex and deprivation makeup of the community. Prostate Cancer, Stroke and Circulatory Diseases seem to be the worst areas.
C02	YLL are moderate, in line with the crude death rates. COPD was high in terms of crude death rates and in terms of years of life lost. However, while alcohol and diabetes were high in terms of

	total deaths, years of life lost to these conditions are only moderate given the communities age, sex and deprivation profile. Stroke has emerged as an additional contributor to more years of life lost than would be anticipated.
C03	Breast Cancer is the greatest contributor to early deaths and results in significantly more deaths than one would anticipate given the age, sex and deprivation makeup of the community.

Hospital Admissions Data

The following data has been derived from the HES/SUS statistics. Where possible, the same general conditions have been considered as were considered above regarding mortality data. All data reported are for emergency admissions by condition unless otherwise stated. The statistics are based on the number of admissions, not the number of people admitted. Outpatient Appointments are also included as indicative of service usage.

In addition to the individual conditions, Emergency Admissions has been included to replace "All Causes" and Elective Admissions has been added to allow comparison between emergency treatment and elective treatment. Other conditions have been added that were not considered in the mortality data due to the low numbers of deaths (e.g. Asthma, Complications in Pregnancy) or due to mortality coding not reflecting the condition (e.g. Mental Health). The additional catch-all bucket of Ambulatory Care Sensitive (ACS) conditions has been added as high values for ACS conditions give an indication of areas whereby hospital admissions could have been reduced if these were treated early, which can be used as a proxy for unmet need (either poor access to services or poor use of services).

Hospital Admissions (2002-2006)	A01	A02	A03	B01	B02	B03	C01	C02	C03
Emergency	-1.56	-1.19	-0.48	-0.17	-1.09	0.16	1.63	0.26	0.57
Elective	-1.91	-0.30	-0.14	0.34	-0.96	0.53	1.62	-0.67	0.20
Outpatient Appointments	-0.92	0.50	0.49	-0.14	0.75	-0.22	1.83	-1.53	-0.59
Cancer	-0.34	2.31	-0.28	-0.16	-0.69	-0.15	0.64	-1.23	-0.04
Lung Cancer	-0.44	0.98	0.28	-1.98	-0.31	-0.37	1.45	0.35	-0.66
Breast Cancer	0.27	2.30	0.24	1.07	-0.38	-0.60	-0.51	-0.91	-0.13
Prostate Cancer	-1.78	-0.76	0.13	0.04	-0.78	-0.85	1.22	0.88	0.87
Alcohol Related	0.32	-1.71	-0.82	-0.08	-0.22	-0.28	0.03	-0.38	2.04
Stroke	-0.06	-1.21	2.20	-0.50	-1.00	0.45	0.35	0.11	-0.30
Diabetes	-1.62	-1.39	-0.69	-0.08	-0.86	0.17	0.94	0.53	1.18
Coronary	-1.78	-0.62	0.09	0.69	-1.10	0.63	1.41	-0.66	0.22
Respiratory	-1.23	-1.64	-1.44	0.22	-0.15	0.08	0.70	0.82	0.91
Mental	-1.62	-1.33	-1.36	0.91	0.02	0.60	0.75	0.39	0.25
ACS	-1.61	-1.32	-0.52	-0.05	-0.88	0.18	1.56	0.13	0.70
Asthma	-1.11	-0.10	-0.98	1.02	-0.14	-0.94	1.15	-0.87	1.34
Complications in Pregnancy	-1.23	-1.64	-1.44	0.22	-0.15	0.08	0.70	0.82	0.91

In broad terms, the 'A' Group are characterised by low levels of admissions to hospital, the 'B' Group are characterised by moderate levels and the 'C' Group are characterised by high levels of admissions.

Segment	Interpretation (Hospital Admissions):
A01	<p>From which communities and for which conditions are people receiving treatment?</p> <p>This type has the lowest overall emergency admissions to hospital and has the lowest overall admissions for the following conditions (Prostate Cancer, Diabetes, Coronary, Mental Health, Asthma and Complications in Pregnancy). In addition, having the lowest rate for ACS conditions, suggests a healthy community that receives (possibly seeks) early treatment for any underlying conditions. General good health and early treatment may be supported by the low rates of Elective Admissions. The highest rates for admission are for Breast Cancer and Liver Disease. These rates are only moderate but their increased relative rate is in line with the higher than expected rates of early death from these conditions. The relatively lower rate of Elective Admissions to Emergency Admissions in conjunction with the relatively low rates of Outpatient Appointments may be indicative of a failure to catch these conditions early, though both rates</p>

	are the lowest for all segments.
A02	Generally low rates of overall admissions, in line with A01 for (Diabetes, Respiratory, Mental Health and Complications in Pregnancy) also very low for Stroke and Alcohol Related Illnesses. This group has the lowest rates for ACS conditions suggestion that these conditions are dealt with early. However, this group has significant issues related to Cancer, specifically Breast Cancer which is at a very high rate. Lung Cancer is also high. When comparing to the earlier deaths data, we can see that Breast Cancer was identified as a significant killer among this group, in line with the findings for admission to hospital. However, lung cancer was identified only in relation to Years of Life Lost, suggesting an issue among the younger members of this community. Prostate Cancer was identified as a high rate of mortality but the overall levels are low and this appears to effect the older community, though it is notable that admissions to hospital are low for this condition, perhaps representing a need to better inform the older population about screening.
A03	Moderately low rates of hospital admissions, with very low rates for Complications in Pregnancy, reflect the fact that this is an older community in generally good health given its age profile. It is notable that Stroke, one of the causes of death highlighted also has the highest rate of hospital admissions, while Respiratory, the other condition highlighted has one of the lowest. Respiratory illnesses may be less sudden than Stroke, requiring less immediate attention. This combined with low rates of Mental Health admissions and moderate rates of ACS conditions may represent an unmet need for better serving the elderly within this segment.
B01	Very low rates for Lung Cancer, in line with very low deaths from Lung Cancer suggest low levels of smoking in this community. Average rates across the board suggest an averagely health community. There are higher rates for Breast Cancer, showing the opposite situation from deaths from Breast Cancer. Admissions for Diabetes are average, whereas deaths are high. There are relatively high rates of admission for Asthma and Mental Health. As neither of these is recorded in the deaths data, these may be additional areas of concern.
B02	This group has moderate to low rates for admissions. This supports the fact that this group had the lowest rates for mortality. However, as admissions are relatively higher than the mortality rate, this group may be characterised by good access to services. Needs are likely to be well met.
B03	Average generally in line with mortality data. No specific issues.
C01	In line with the mortality rates, this group has the poorest overall health (has the greatest number of admission per capita) of all the segments. Poor health is again driven by Cancers, specifically Lung Cancer and Prostate Cancer. This confirms that there are issues related to smoking and lifestyle. There are additional high rates for Coronary conditions and Asthma. In addition to high levels of both emergency and elective admissions, this group has a high rate of outpatient appointments suggesting that health is poor both for conditions that do require hospital treatment and for other conditions. The rate for ACS conditions is the highest suggesting that issues are addressed late. This community is characterised by poor lifestyles and poor use of services. This results in very high rates of both emergency and elective admissions representing a significant draw on hospital resources.
C02	Average overall admissions. Low for Cancer. The high mortality rates related to alcohol and diabetes do not seem to be reflected in the hospital admissions data, perhaps representing a need to track and treat these conditions earlier. Lower rates of admissions may represent a lack of preventative use rather than a lack of need. This is possibly supported by the fact that this community has the lowest rate of outpatient appointments, which could include general support for underlying or low level conditions.
C03	In contrast to the mortality data, we see high rates for Diabetes and Alcohol, perhaps representing a lower-level of need but a potential future issue caused by poor lifestyles. Rates of admissions for Breast Cancer are average in contrast to the mortality data, perhaps representing a failure to access services, this may be supported by the relatively low rates of outpatient appointments. Asthma also shows up as an additional cause for concern

In addition to the total admissions for conditions, the following derived statistics were also evaluated.

Hospital Admissions (Derived Statistics) (2002-2006)	A01	A02	A03	B01	B02	B03	C01	C02	C03
Excess Bed Days	-1.74	-0.75	-1.15	-0.17	-1.09	0.67	1.26	0.36	0.47
Readmission	-1.14	0.91	0.10	-1.02	-1.24	-0.05	1.81	-0.33	-0.20
High Impact User	-1.54	-0.33	-0.09	-0.89	-1.32	0.34	1.78	0.03	0.21
Long Length of Stay	-1.07	-0.57	0.62	0.02	-1.79	0.38	1.64	-0.50	0.04

Segment	Interpretation (Hospital Admissions: Derived Statistics): Where is there are strain on overuse of services?
A01	Low on all accounts. Limited strain on services.
A02	Relatively low rates except for readmission rates which are relatively high. This is most likely a result of the increased prevalence of Cancer among this group, highlighting the importance of finding and treating these conditions early.
A03	Generally low to moderate. Excess bed days are low, while long length of stay is moderately high. This may be a result of a smaller number of elderly individuals remaining in hospital. This would need more analysis to confirm but would be in line with earlier findings.
B01	Generally low to moderate, as anticipated for a community with moderate admission rates.
B02	Low, in line with admission rates and a generally healthy community.
B03	Average in line with admissions and mortality data
C01	Again, this group creates the greatest strain on the health system. Not only do they seen the highest levels of mortality and admissions, they also appear to stay longer and return more frequently.
C02	Average in line with admissions.
C03	Average in line with admissions.

Standardised Admission Ratios

Standardised admissions ratios (SARs) were also generated to compare the levels of hospital admissions to expected levels based on national age, sex and deprivation adjusted rates.

Standardised Admission Ratios (2002-2006)	A01	A02	A03	B01	B02	B03	C01	C02	C03
Cancer	-0.26	2.11	-1.61	0.16	0.00	-0.30	0.36	-0.80	0.14
Lung Cancer	-0.28	0.44	-0.71	-1.94	0.51	-0.54	0.98	1.28	-0.62
Breast Cancer	0.47	1.89	-0.25	1.64	-0.24	-0.64	-0.73	-0.80	-0.01
Prostate	-1.32	-0.88	-0.93	0.14	0.17	-0.93	0.45	1.79	0.61
Alcohol Related	0.17	-1.69	-0.96	-0.06	-0.27	-0.23	-0.01	-0.20	2.04
Stroke	-0.65	-1.96	-0.39	-0.04	0.00	0.30	-0.24	1.88	0.12
Diabetes	-1.59	-1.40	-0.82	-0.05	-0.78	0.13	0.83	0.67	1.20
Coronary	-1.73	-1.15	-1.30	1.01	-0.24	0.41	0.79	0.39	0.43
Respiratory	-1.36	-1.57	-0.94	0.52	-0.68	0.14	1.47	0.25	0.43
Mental	-1.61	-1.24	-1.53	0.70	-0.01	0.41	0.56	0.79	0.43
ACS	-1.51	-1.51	-1.19	0.36	-0.32	0.22	1.26	0.30	0.63
Asthma	-0.27	-0.38	-0.65	1.80	0.39	-0.51	0.85	-1.63	0.58
Complications in Pregnancy	-1.49	-1.19	-1.01	-0.39	-0.65	-0.17	0.97	0.79	1.26
Long Length of Stay	-1.14	-0.48	-1.02	1.08	-1.85	0.84	0.23	0.36	0.46

Overall, it appears that the low levels of admissions are lower than would be expected and the high levels of admissions are higher than would be expected, suggestion a bias in Haringey that outweighs the standard measures of deprivation. However, this is not true for all conditions across all segments. The table below will highlight the notable differences to this rule.

Segment	Interpretation (Hospital Admissions SARs): Where are hospital admissions relatively greater or lower than expected?
A01	Where admissions were low, there were generally lower than expected.
A02	Where admissions were low, they were generally lower than expected. Where they were high, they were higher than expected.
A03	While admissions for Stroke were high, they were lower than expected (as a result of the aging community).

B01	While not particularly high overall, rates of admission for Coronary and overall lengths of stay were higher than expected. Lung cancer rates were unexpectedly low, Breast Cancer and Asthma rates were unexpectedly high.
B02	Complications in Pregnancy were significantly lower than expected.
B03	Average in line with expectations. Nothing out of the ordinary.
C01	The worst performing segment was anticipated to be the worst performing segment. It was, however worse than expected for respiratory and ACS conditions, demonstrating potential unmet need for early treatment. Lung Cancer and Diabetes were also higher than expected.
C02	Worse than expected for Lung Cancer, Prostate Cancer and Strokes. Better than expected for Asthma and Overall Cancer.
C03	Worse than expected for Alcohol, Diabetes and Complications in Pregnancy. These suggest poor use of ancillary, advisory services.

Admissions for Children

Where appropriate, admissions statistics were also examined for children less than 5 and Children aged 5-14 in an attempt to highlight communities where children's health may be at risk.

These were considered in relation to the whole population of the Segment, to give an indication of where the most children would be at risk as well as in relation to the population of children aged less than 5, or aged 5-14 within the segment to demonstrate relative risk between children living in communities in each segment.

Looking first at children under 5:

Hospital Admissions (aged <5) relative to entire population (2002-2006)	A01	A02	A03	B01	B02	B03	C01	C02	C03
Emergency	-1.36	-0.44	-1.52	-0.05	-0.55	-0.46	0.52	0.61	1.66
Elective	-1.73	-1.15	-0.75	-0.08	-1.03	0.59	1.29	0.25	0.64
Outpatient Appointments	-1.70	-0.14	-1.33	0.35	1.00	-0.66	1.11	-0.10	0.76
Cancer	-1.16	0.66	-0.16	-0.33	-0.82	1.39	1.31	-1.05	-0.87
Respiratory	-1.28	-0.06	-1.39	-0.15	-0.60	-1.01	0.83	0.99	1.26
ACS	-1.17	-0.69	-1.55	-0.04	-0.92	-0.25	0.41	0.92	1.48
Asthma	0.17	2.07	-0.61	0.09	-0.12	-1.43	-0.41	-0.20	1.04

Segment	Interpretation (Children < 5 relative to whole segment population): What proportion of the community are children in poor health?
A01	Lowest number of children admitted to hospital.
A02	Generally low numbers per capita but there appears to be a specific issue related to Asthma.
A03	Generally low.
B01	Average numbers of children per capita admitted.
B02	Relatively low incidents of children admitted per capita.
B03	Average to low but with a specific issue relating to Cancer. As this is likely to result in multiple admissions per patient, this may be the result of a very small number of patients. Would need to be examined further (see charts below).
C01	Above average (but not high) in general. High for Elective Admissions, Outpatient Appointments and Cancer. Would need further investigation.
C02	Low for Cancer, relatively high (but not very high) for respiratory and ACS conditions.
C03	Low for Cancer, high for respiratory, asthma and ACS conditions.

When taking into account the relative proportions of children under 5 in the segments, the statistics appear as follows:

Hospital Admissions (aged <5) relative to population <5 (2002-2006)	A01	A02	A03	B01	B02	B03	C01	C02	C03
Emergency	-0.20	-0.71	-0.14	1.95	0.47	0.13	0.52	-1.76	0.19
Elective	-1.61	-1.24	-0.20	0.56	-0.83	0.99	1.35	-0.50	0.07
Outpatient Appointments	0.06	-0.22	0.56	1.46	1.46	0.03	0.44	-1.65	-0.82
Cancer	-1.09	0.57	0.14	-0.14	-0.74	1.52	1.14	-1.17	-1.00
Respiratory	-0.51	-0.14	-0.43	1.85	0.23	-1.06	1.32	-1.09	0.11
ACS	-0.87	-1.11	-1.50	1.36	-0.77	0.20	0.64	-0.31	1.00
Asthma	0.89	1.99	0.05	0.75	0.29	-1.28	-0.48	-0.95	0.27

Segment	Interpretation (Children < 5 relative to the population <5): What proportion of children < 5 are in poor health?
A01	Low but less so than appeared above due to the smaller proportion of children in the population.
A02	Generally low numbers per capita but there appears to be a specific issue related to Asthma.
A03	Moderate to low but less so than appeared above due to the smaller proportion of children in the population.
B01	Significantly poor for Emergency Admissions, Outpatient Appointments, Respiratory and ACS. Relatively poor for Asthma.
B02	Average in general but with higher incidents of outpatient appointments than would be expected. This could be as result of poor health for minor conditions or good access to services and supportive parents. The low levels of ACS conditions would suggest the latter.
B03	The issue with Cancer remains, as does the caveat relating to potential low numbers of individual children. Children in this group have better than expected respiratory health and low rates of Asthma.
C01	Above average (but not high) in general. High for Elective Admissions and Cancer as before. Higher than per capita for Respiratory and lower for outpatient appointments, relative to the other segments.
C02	Generally low to moderate. The conditions emerging per capita are most likely the result of a larger population of young children in general. This may, however, highlight a general need for more support services as this portion of the population requires most assistance with young children. There are average rates but high total numbers of relatively unhealthy young children.
C03	Generally low to moderate. The conditions emerging per capita are most likely the result of a larger population of young children in general. This may, however, highlight a general need for more support services as this portion of the population requires most assistance with young children. There are average rates but high total numbers of relatively unhealthy young children. ACS conditions are still notably high.

Looking at the derived statistics relative to the whole population and the population under 5, we see the following:

Hospital Admissions Derived Statistics (aged <5) (2002-2006)	A01	A02	A03	B01	B02	B03	C01	C02	C03
Excess Bed Days (/total pop)	-1.26	-0.46	-1.12	1.58	-0.71	-0.41	0.75	-0.33	1.09
High Impact User (/total pop)	-1.73	0.12	-1.28	-0.55	-1.12	0.92	1.01	0.60	0.00
Excess Bed Days (/pop <5)	-1.07	-0.42	-0.90	2.10	-0.53	-0.26	0.67	-0.59	0.58
High Impact User (/pop <5)	-1.70	0.16	-1.03	-0.13	-0.99	1.40	1.09	-0.11	-0.43

B01 has high rates of excess bed days and B03 and C01 have high impact users. As B03 and C01 have the high rates of Cancer, this is probably the reason for appearing to have high impact users.

Considering the older children, we see the following patterns:

Hospital Admissions (aged 5-14) relative to entire population (2002-2006)	A01	A02	A03	B01	B02	B03	C01	C02	C03
Emergency	-1.62	0.25	-0.16	-1.36	-0.88	-0.43	1.25	0.87	0.64
Elective	-1.71	-0.55	-0.34	-1.08	-1.24	0.84	1.09	0.32	0.64
Outpatient Appointments	-1.67	0.69	0.35	-1.39	-0.65	-0.62	0.88	0.82	0.72
Cancer	-0.62	1.54	0.62	-1.13	-0.58	-0.37	1.40	-1.08	0.00
Respiratory	-1.42	-1.14	-0.95	-0.53	-1.03	0.11	0.96	1.12	0.84
ACS	-1.53	-0.57	-1.16	-0.64	-0.72	-0.38	1.11	1.15	0.86
Asthma	-1.10	-0.07	-1.19	0.29	-0.74	0.15	1.60	0.92	-1.23

Segment	Interpretation (Children 5-14 relative to whole segment population): What proportion of the community are children in poor health?
A01	Lowest number of children admitted to hospital.
A02	Generally low numbers per capita but there appears to be a specific issue related to Cancer. As above, this could be due to a relatively small number of patients and would need further investigation.
A03	Relatively low incidents of children admitted per capita.
B01	Relatively low incidents of children admitted per capita.
B02	Relatively low incidents of children admitted per capita.
B03	Moderate incidents of children admitted per capita.
C01	Relatively high incidents of children admitted per capita.
C02	Low for Cancer, relatively high (but not very high) for other conditions.
C03	Moderate to high incidents of children admitted per capita.

When considered against the population of children aged 5-14 within each segment, we see the following pattern:

Hospital Admissions (aged 5-14) relative to population (aged 5-14) (2002-2006)	A01	A02	A03	B01	B02	B03	C01	C02	C03
Emergency	-0.13	0.29	-0.02	-0.92	-0.20	0.68	1.90	-1.40	-1.03
Elective	-1.42	-0.72	-0.26	-0.56	-1.07	1.84	0.84	-0.48	0.04
Outpatient Appointments	0.64	1.13	1.28	-0.29	0.90	0.11	0.35	-1.67	-1.05
Cancer	-0.25	1.62	0.80	-1.21	-0.45	-0.23	1.21	-1.20	-0.25
Respiratory	-0.20	-1.88	-1.32	0.95	-0.65	1.11	0.62	-0.13	-0.05
ACS	-1.17	-1.10	-1.91	0.56	-0.22	0.20	1.25	0.29	0.31
Asthma	0.35	-0.30	-1.14	1.60	-0.14	0.63	0.77	-0.35	-1.68

It is notable that ACS conditions are very low for all segments in Group A, suggesting that school aged children in this segment are well supported with early diagnoses. C01 experiences the opposite effect.

Segment	Interpretation (Children 5-14 relative to population 5-14): What proportion of the community are children in poor health?
A01	Moderate to low rates of children admitted to hospital.
A02	Generally low numbers per capita but there appears to be a specific issue related to Cancer and Outpatient Appointments. As above, this could be due to a relatively small number of patients and would need further investigation.
A03	Generally low numbers per capita but there appears to be a specific issue related to Cancer and Outpatient Appointments. As above, this could be due to a relatively small number of patients and would need further investigation.
B01	Relatively low incidents of children admitted per capita but high incidents of Asthma which is in line with total admissions for this group.

B02	Relatively low incidents of children admitted per capita.
B03	Moderate incidents of children admitted per capita. High for respiratory and elective.
C01	Relatively high incidents of children admitted per capita. With very high for Cancer, Emergency and ACS, all suggestion poor early diagnoses.
C02	Generally low, very low for Cancer, Outpatients and Emergency. It appears that school aged children are well served in this community with a relatively high number of children.
C03	Generally low, very low for Cancer, Outpatients and Emergency. It appears that school aged children are well served in this community with a relatively high number of children.

Considering the derived statistics, we see the following:

Hospital Admissions Derived Statistics (aged 5-14) (2002-2006)	A01	A02	A03	B01	B02	B03	C01	C02	C03
Excess Bed Days (/total pop)	-1.48	-0.57	-0.93	-1.17	-1.17	0.66	0.74	0.90	0.81
High Impact User (/total pop)	-1.23	0.73	0.19	-1.32	-1.34	1.48	0.55	-0.15	-0.23
Excess Bed Days (/pop 5-14)	-1.50	-0.59	-0.94	-1.03	-1.10	1.41	0.65	0.39	0.49
High Impact User (/pop 5-14)	-0.92	0.62	0.26	-1.13	-1.18	1.91	0.27	-0.48	-0.46

B03 has the highest rates for Excess Bed Days and High Impact Users. As the overall levels of admissions were moderate, with higher levels associated with elective and respiratory admissions, this is somewhat unexpected and may warrant further investigation. B01 and B02 in contrast show very low rates. Rates are generally moderately low for Group A and moderately high for group C in terms of Excess Bed Days. This may be a result of Groups A's relatively low levels of deprivation and more demanding parents insisting on additional aftercare, though this is speculation.

Local Health Data

Local Data, supplied by Haringey was included in the model, this related specifically to births, childhood obesity and cancer screening. The data is detailed below.

Births	A01	A02	A03	B01	B02	B03	C01	C02	C03
Birth Rate (per capita)	-1.24	-1.26	-1.62	0.59	-0.54	0.07	0.51	0.77	1.03
Conception Rate Index (15-17)	-0.83	-2.28	-0.97	0.47	0.47	0.47	0.47	0.47	0.47
Low Birth Weight (/total pop)	-0.87	-1.80	-1.35	0.86	-0.59	0.96	0.51	0.41	0.20
Very Low Birth Weight (/total pop)	-0.08	-0.93	-1.57	-0.82	-0.48	0.24	-0.14	0.03	2.01
Low Birth Weight (/total births)	0.39	-1.78	0.02	0.65	-0.28	1.71	0.15	-0.39	-1.06
Very Low Birth Weight (/total births)	1.02	-1.23	-1.29	-0.27	0.00	0.79	-0.27	-1.17	1.33

In general, we can see that Group A has a low birth rate, Group B has a mixed but moderate rate and Group C has a relatively high rate of birth.

Segment	Interpretation (Births): Where are children being born and where do they have problems?
A01	Low overall birth rate, in line with a relatively low conception rate for late teens. There are relatively few low birth rates relative to population but moderate levels of low birth rates relative to total births in the segment. There appears to be an issue of very low birth rates relative to total births.
A02	Low rates of birth but no problem with birth weights.
A03	Low rates of birth with moderate problems with birth weights.
B01	Moderate rates of birth with moderate problems with birth weights.
B02	Moderate rates of birth with moderate problems with birth weights.
B03	Moderate rates of birth with significant problems related to low birth rates and additional problems related to very low birth weights.
C01	Moderate rates of birth with moderate problems with birth weights.
C02	Above average birth rates but with no significant issues relating to low birth rates.
C03	High rates of birth, low rates of low birth weight but high rates of very low birth rates, suggesting there is a small pocket of mothers with specific support needs. This group also had the highest rate of complications during pregnancy.

Looking at Childhood obesity:

Childhood Obesity	A01	A02	A03	B01	B02	B03	C01	C02	C03
Reception Age Children (/total pop)	-1.19	-0.40	-0.79	-0.93	-0.23	-0.68	0.01	1.59	1.42
Year 6 Age Children (/total pop)	-1.73	-0.32	-0.53	-1.05	-0.31	-0.41	0.82	1.58	0.56
Obesity Year6 (/total pop)	-0.78	-1.09	-1.04	-0.98	-0.87	-0.26	0.79	1.64	0.65
Obesity Reception (/total pop)	-0.37	-1.52	-0.88	-1.33	-0.43	-0.07	0.34	0.96	1.47
Obesity Year 6 (/all yr 6 children)	1.87	-1.40	-1.13	-0.37	-1.05	0.07	0.14	0.36	0.23
Obesity Reception (/all reception children)	1.12	-2.01	-0.50	-1.17	-0.40	0.81	0.51	-0.30	0.42

Segment	Interpretation (Childhood Obesity): Where are the highest rates of childhood obesity per capita and per child?
A01	In line with the low birth rates, there are relatively low numbers of children within this group. However, these children have the highest rate of obesity of all communities.
A02	Moderately low levels of children with very few obesity issues.
A03	Moderately low levels of children with moderately low levels of obesity.
B01	Moderately low levels of children with moderately low levels of obesity.
B02	Moderate levels of children with moderate levels of obesity.
B03	Moderate levels of children with moderate levels of obesity, rising as children age.
C01	Moderate levels of children with moderate levels of obesity.

C02	High levels of children with moderate rates of obesity resulting in relatively high levels of total children with obesity issues. Overall numbers of obese children are higher for older children.
C03	High levels of children with moderate rates of obesity resulting in relatively high levels of total children with obesity issues. Overall numbers of obese children are higher for younger children.

Looking at Cancer Screening:

Cancer Screening	A01	A02	A03	B01	B02	B03	C01	C02	C03
Breast Cancer Screening DNA (/total pop)	-1.28	-1.10	-1.70	0.50	-0.64	1.24	0.62	0.12	0.29
Breast Cancer Screening DNA (/F 50-70)	-1.19	-1.23	-1.69	0.64	-0.54	1.24	0.39	0.30	0.27
Cervical Cancer Screen NUD (/total pop)	1.60	0.47	-1.50	-0.71	0.30	-0.70	1.02	-0.02	-0.95
Cervical Cancer NUD (/F 25-65)	0.37	-0.35	-1.86	-0.94	-1.12	-0.23	1.37	0.82	-0.13

Segment	Interpretation (Cancer Screening): Where are women failing to attend preventative cancer screening?
A01	Attendance for Breast Cancer screening is relatively very good. Attendance for Cervical Cancer screening are poor when compared to the overall population but average when considering only those women aged 25-65. This would be due to the relatively large proportion of women aged 25-65 within this segment. While rates are low, overall levels are high, warranting attention.
A02	Attendance for Breast Cancer screening is relatively very good. This is surprising given the high rates of both hospital admissions and mortality from Breast Cancer among this group.
A03	Attendance for Breast Cancer screening is relatively very good. Attendance for Cervical Cancer screening is relatively very good. Of all the groups, this group is most receptive to screening, and may respond well to other preventative measures.
B01	Attendance for Breast Cancer screening is moderately poor. Attendance for Cervical Cancer screening is relatively good.
B02	Attendance for Breast Cancer screening is moderately good. Attendance for Cervical Cancer screening is relatively very good.
B03	Attendance for Breast Cancer screening is poor. Attendance for Cervical Cancer screening is moderately good.
C01	Attendance for Breast Cancer screening is moderately poor. Attendance for Cervical Cancer screening is relatively very poor.
C02	Attendance for Breast Cancer screening is average. Attendance for Cervical Cancer screening is relatively poor.
C03	Attendance for Breast Cancer screening is average. Attendance for Cervical Cancer screening is average.

Synthetic Estimates

As a benchmark against which to compare observed rates, synthetic estimates from POPPI (for Old People) and PANSI (for adults) were generated. The above estimates are calculated by multiplying rates per age / sex strata by the population within each strata. As such, they tend to reflect the age profiles within the various segments. A03 as a significantly larger older component and segments B02 and C02 have relatively fewer old people. This is apparent looking at the synthetic estimates across the board. These are as follows:

Synthetic Estimates (POPPI / PANSI)	A01	A02	A03	B01	B02	B03	C01	C02	C03
Old People Depressed	-0.11	0.25	2.16	-0.25	-1.22	0.24	0.66	-1.09	-0.22
Old People Severely Depressed	-0.11	0.25	2.16	-0.25	-1.22	0.24	0.66	-1.09	-0.22
Old People Dementia	0.61	0.29	2.28	-0.56	-0.91	0.05	0.41	-0.93	-0.49
Old People HeartAttack	-0.09	0.23	2.15	-0.25	-1.23	0.25	0.66	-1.10	-0.21
Old People Stroke	0.10	0.45	2.20	-0.43	-1.04	0.15	0.58	-1.11	-0.31
Old People COPD	-0.24	0.17	2.08	-0.14	-1.30	0.33	0.69	-1.14	-0.12
Old People Falls	0.23	0.34	2.24	-0.47	-1.05	0.11	0.58	-1.04	-0.35
Old People Hospital	0.34	0.37	2.25	-0.53	-0.98	0.07	0.55	-1.01	-0.39
Old People Continence	-0.05	0.29	2.19	-0.30	-1.19	0.20	0.66	-1.05	-0.28
Old People Mobility	0.22	0.33	2.24	-0.46	-1.04	0.11	0.59	-1.04	-0.36
Old People Obesity	-0.10	0.27	2.16	-0.26	-1.21	0.23	0.67	-1.08	-0.24
All Learning Difficulties	1.43	-0.19	0.23	1.20	0.94	0.60	-0.49	-1.42	-1.05
Mod / Sev Learning Difficulties	1.35	-0.21	-0.20	1.28	1.22	0.55	-0.58	-1.20	-1.02
Mod / Sev Physical Disability	0.75	1.75	1.24	0.07	0.29	0.04	-0.18	-1.48	-0.89
Alcohol Problems	1.65	0.06	-0.30	1.08	1.27	0.28	-0.84	-1.11	-0.77
Drug Problems	0.52	-1.04	-0.90	1.77	0.17	1.24	-0.66	-0.75	-0.35
Early Dementia	-0.02	1.76	1.71	-0.61	-0.67	-0.11	0.23	-1.04	-0.33

With regard to younger adults, the following details are most notable:

Segment	Interpretation (Synthetic Estimates): Where might we expect high levels of need?
A01	Learning Difficulties and Alcohol Problems may be an issue. Alcohol has proven to be an issue in regards to both Mortality and Hospital Admissions, which supports these assertions.
A02	Physical Disabilities and Early Onset Dementia may cause problems in this segment. Observed Mental Health admissions were low. It is possible that there is an unrecognised demand for additional support, though this would require primary research to confirm. Drug Problems are expected to be low.
A03	Physical Disabilities and Early Onset Dementia may cause problems in this segment. Observed Mental Health admissions were low. It is possible that there is an unrecognised demand for additional support, though this would require primary research to confirm. Drug Problems are expected to be relatively low.
B01	Learning Difficulties, Alcohol Problems and Drug Problems are predicted to be high. Observations suggest that admissions for alcohol related issues are average and deaths are low. There appear to be no unusually high observed Mental Health issues. It is possible that the prevalence rates do not take into account an important ethnic / cultural component of this community, or that the community has better than expected health. It is also possible that there is an underlying issue that may not be being addressed among the younger community which has yet to create significant health issues but which may create additional need in the future.
B02	The propensity for Alcohol Related Issues and Learning Difficulties are high among this relatively young group. This is not born out by the observed statistics. It is most likely that there is an underlying cultural / ethnic influence within this community not recognised within the prevalence rates.

B03	Another young community may have an unmet need for Drug related services.
C01	Synthetic estimates show relatively little concern should be raise over physical disability, learning difficulties, alcohol or drug related issues. This is contrary to the observed activity levels.
C02	Synthetic estimates show relatively little concern should be raise over physical disability, learning difficulties, alcohol or drug related issues. This is contrary to the observed activity levels.
C03	Synthetic estimates show relatively little concern should be raise over physical disability, learning difficulties, alcohol or drug related issues. This is contrary to the observed activity levels.

In addition to the above prevalence rates, based on national averages, synthetic estimates from the Health Survey for England were also included. These take into consideration more factors, including local circumstances. The results are as shown below:

HSFE Synthetic Estimates	A01	A02	A03	B01	B02	B03	C01	C02	C03
Smoking (HSFE)	-1.25	-1.64	-1.47	0.06	-0.10	0.51	0.76	1.02	0.29
Binge Drinking (HSFE)	1.60	0.84	0.31	0.62	1.14	0.24	-0.87	-0.92	-1.27
Obesity (HSFE)	-1.46	-1.25	-1.21	-0.24	-0.80	0.24	0.74	1.10	0.88
Consumes Fruit & Veg (HSFE)	1.30	1.76	0.94	-0.03	0.66	-0.23	-0.71	-0.93	-0.93

Segment	Interpretation (Synthetic Estimates (HSFE)): Where might we expect high levels of need?
A01	Expected low levels of smoking. Expected low levels of obesity as a result of a balance diet. Expected high levels of Binge Drinking. Low levels of smoking and high levels of drinking are born out by the statistics. We have no measure of obesity for adults and general health is good but this group did have the most obese children.
A02	Predicted to be a very healthy community. This is generally born out in the results, though admissions related to smoking are higher than expected.
A03	Predicted to be a relatively healthy community, this group may consume less fruit and veg than any other. This is an community includes a larger proportion of older people with other concerns, possibly set in their ways.
B01	Predicted to be moderately healthy, as born out in the statistics. However, there may be pockets of poorer diets resulting in the higher than expected rates of death from Diabetes.
B02	Predicted to be moderately healthy but with potential alcohol issues. While alcohol related issues are moderate, they are not as severe as the synthetic estimates would suggest.
B03	Predicted to be moderately healthy, as born out in the statistics.
C01	Predicted to be moderately healthy. The reality is far worse than the predictions. There are significant needs, particularly related to smoking and diet that need to be addressed.
C02	Predicted high rates of smoking and obesity but in conjunction with low rates for drinking and generally good diet. This appears to be contradictory to the observed mortality figures which show relatively high mortality rates for alcohol related disease and diabetes.
C03	Predicted to be a somewhat overweight community which consumes a lot of fruit and veg and little alcohol. This appears to be contradictory to the observed hospital admissions figures which show relatively high mortality rates for alcohol related disease and diabetes.

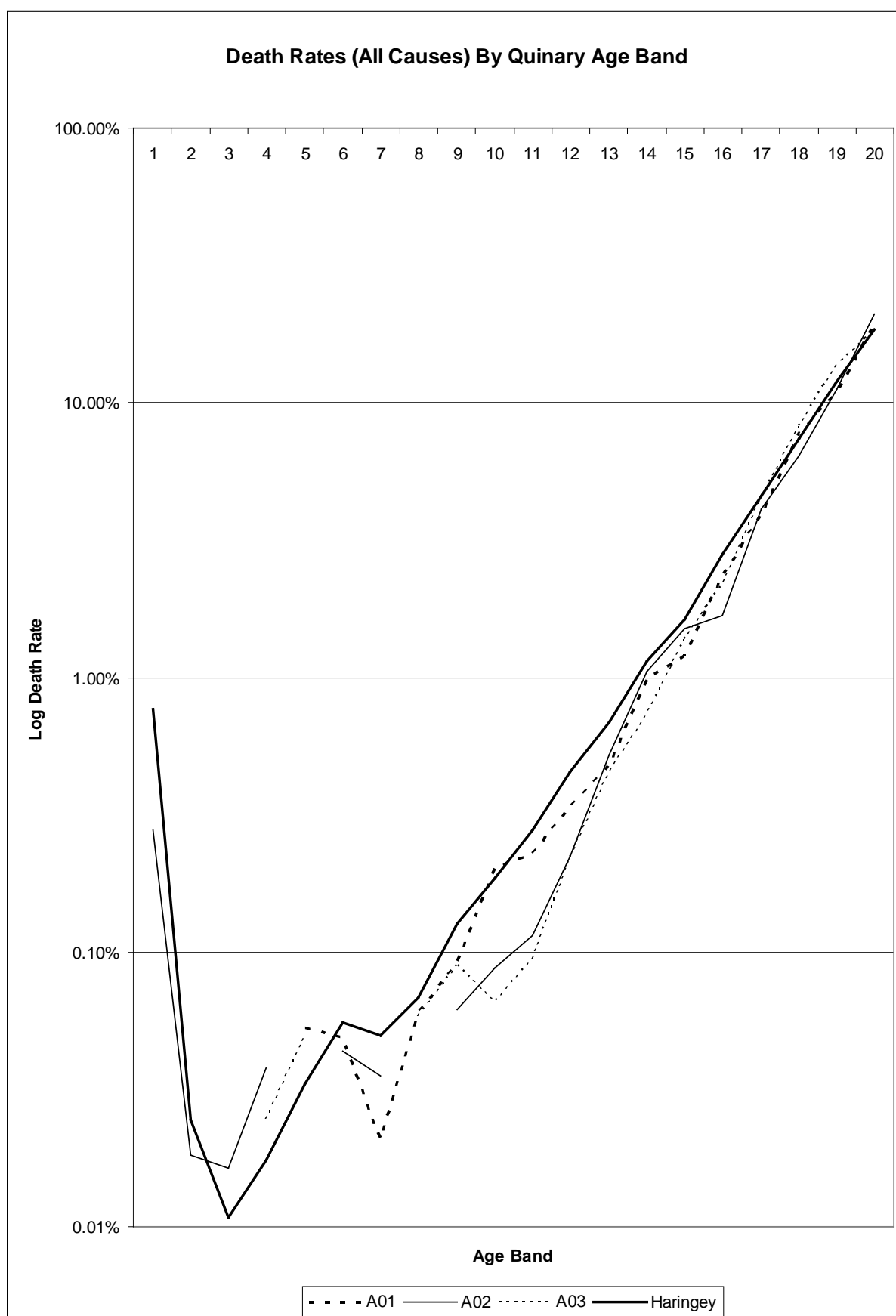
Supporting Charts

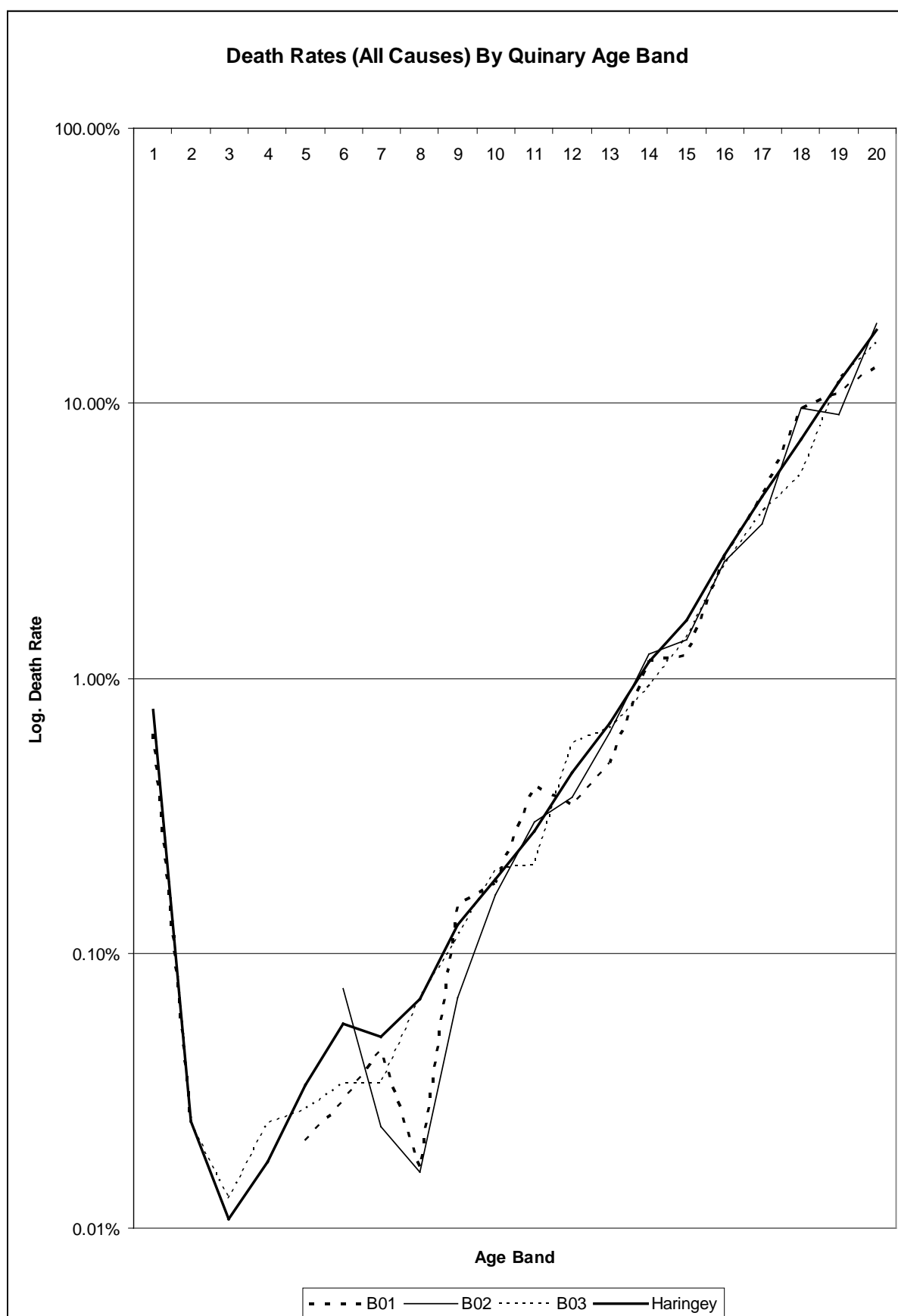
Mortality Index Values

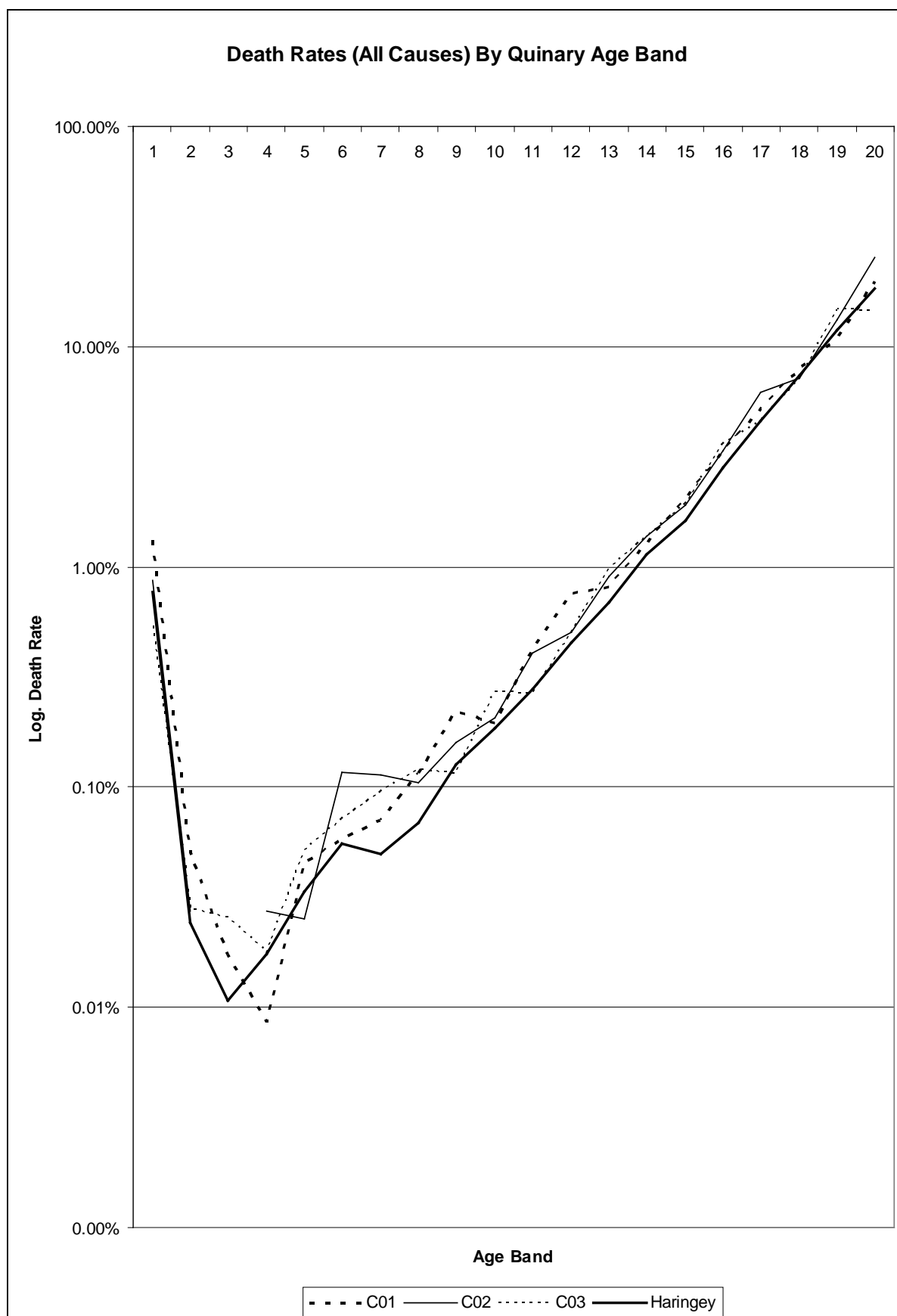
In addition to the relative values given above, for mortality by condition, the following charts have been produced to:

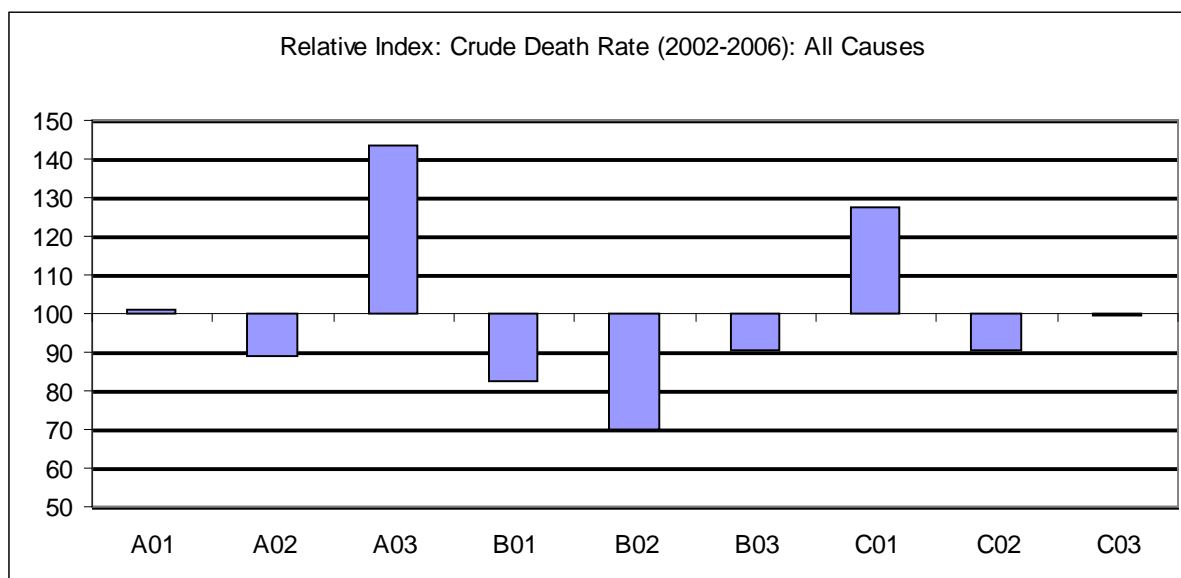
- allow one to delve further into particular patterns in causes of death
- compare index values to national expectations visually, and
- provide confidence (or explanations for low confidence) in regard to particular issues, for instance where there may be a high index for years of life lost as a result of a low total number of deaths which may have occurred early.

The charts will be presented by cause, for all segments, to allow multiple views on to be analysed side by side for each of the causes.

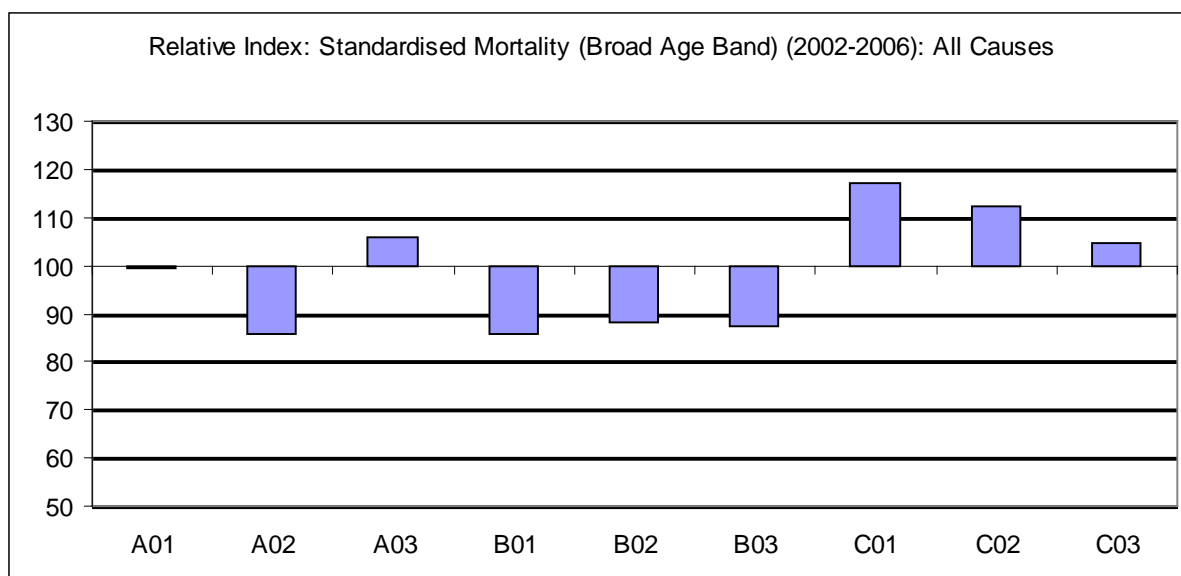
All Causes



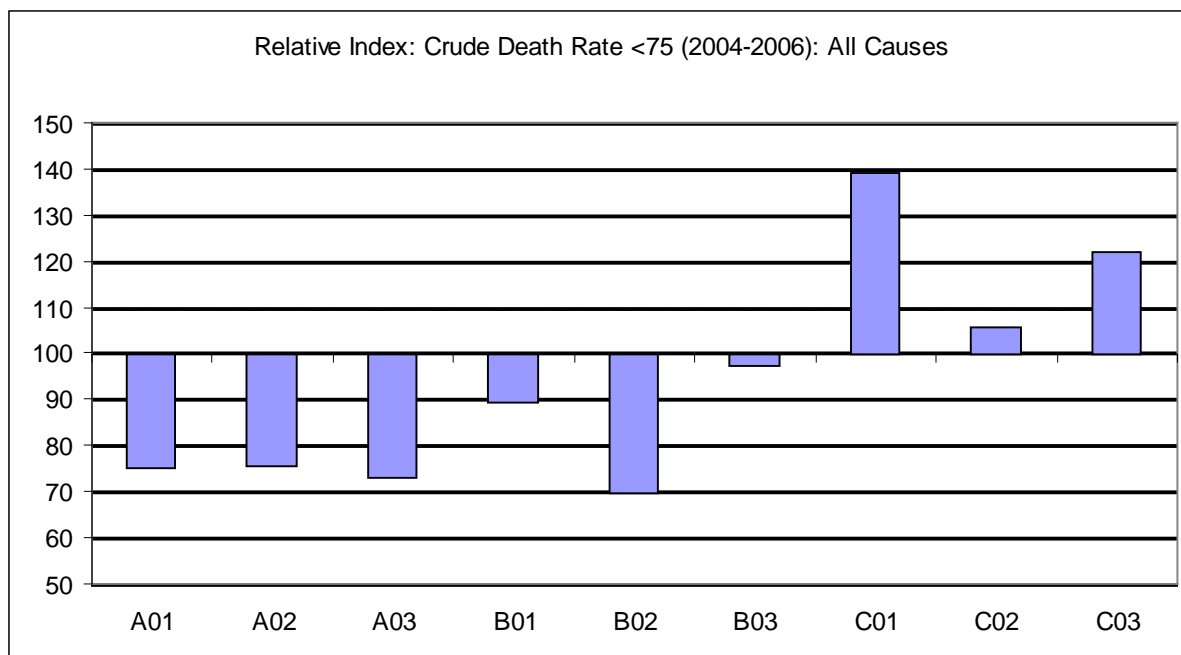




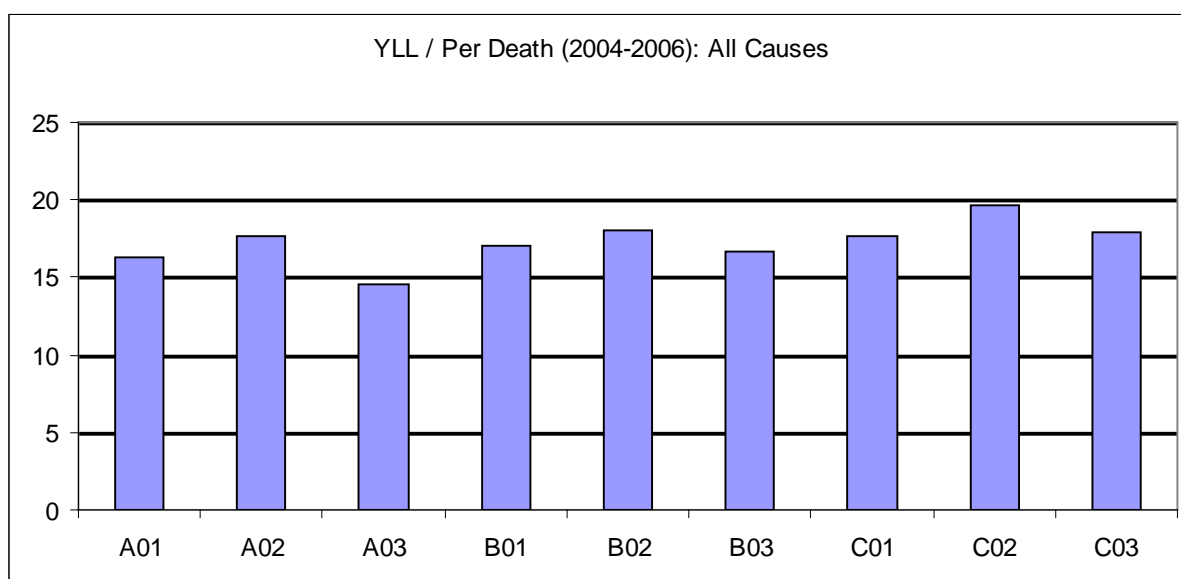
Most individuals who die in Haringey live in areas designated as segments A03 or C01. The fewest occur in areas designated as Type B02.



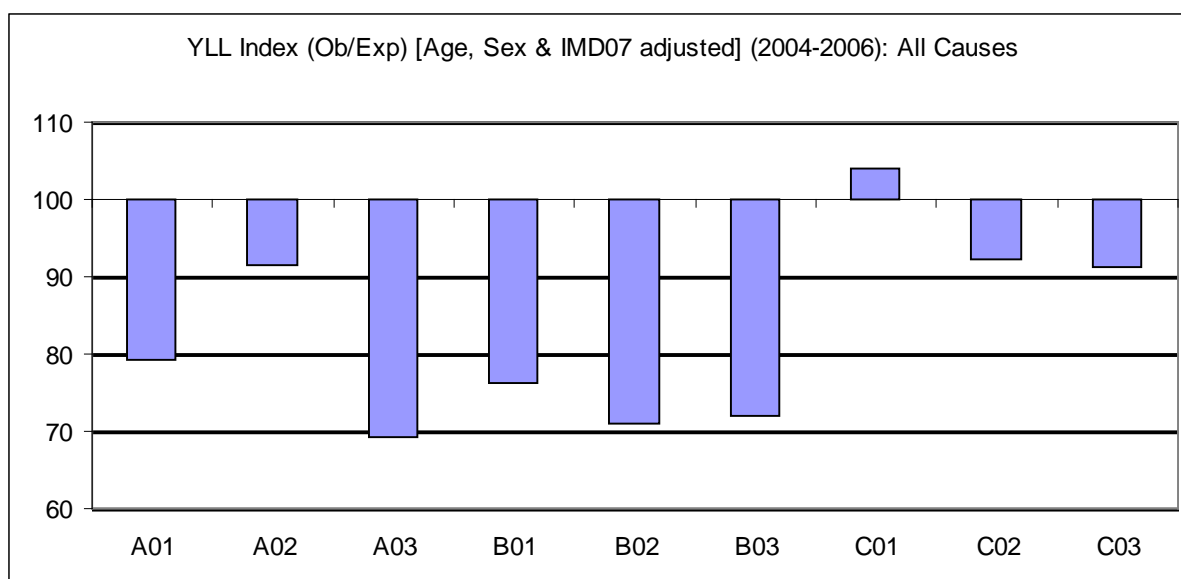
Group 'C' has the highest standardised mortality rates with group 'B' having the overall lowest Rates. A02 also has low standardised mortality rates.



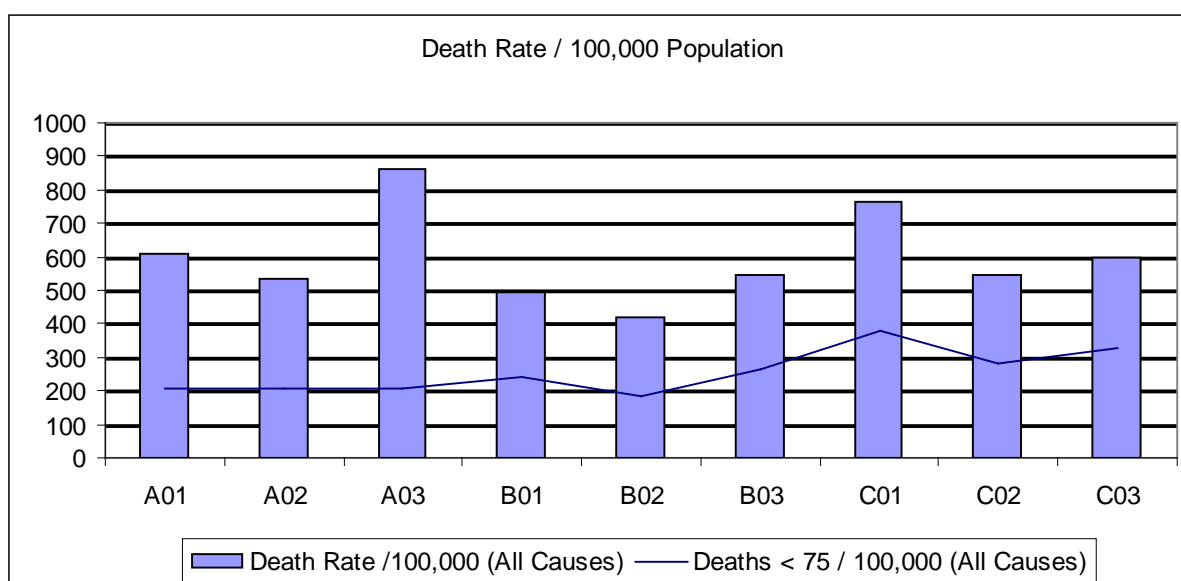
Group 'C' (notably C01 and C03) have the greatest number of early deaths per capita.



Years of life lost to early deaths is relatively consistent across all segments.

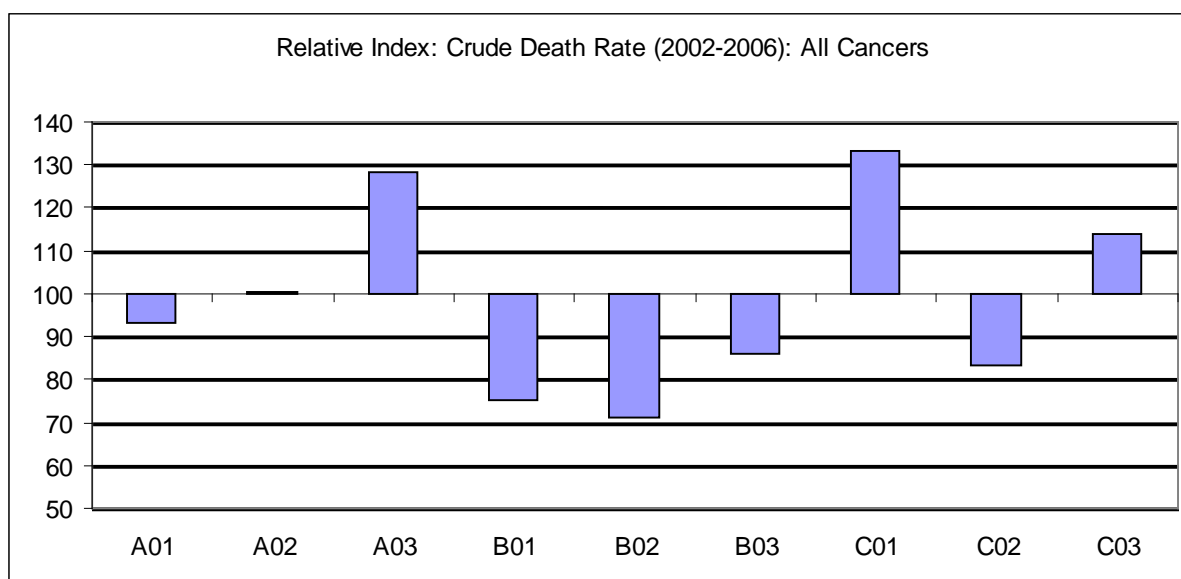


Years of life lost to early deaths in Haringey are, generally, lower than one would expect given national rates based on age, sex and deprivation. However, group C shows the least benefit from this overall low rate.

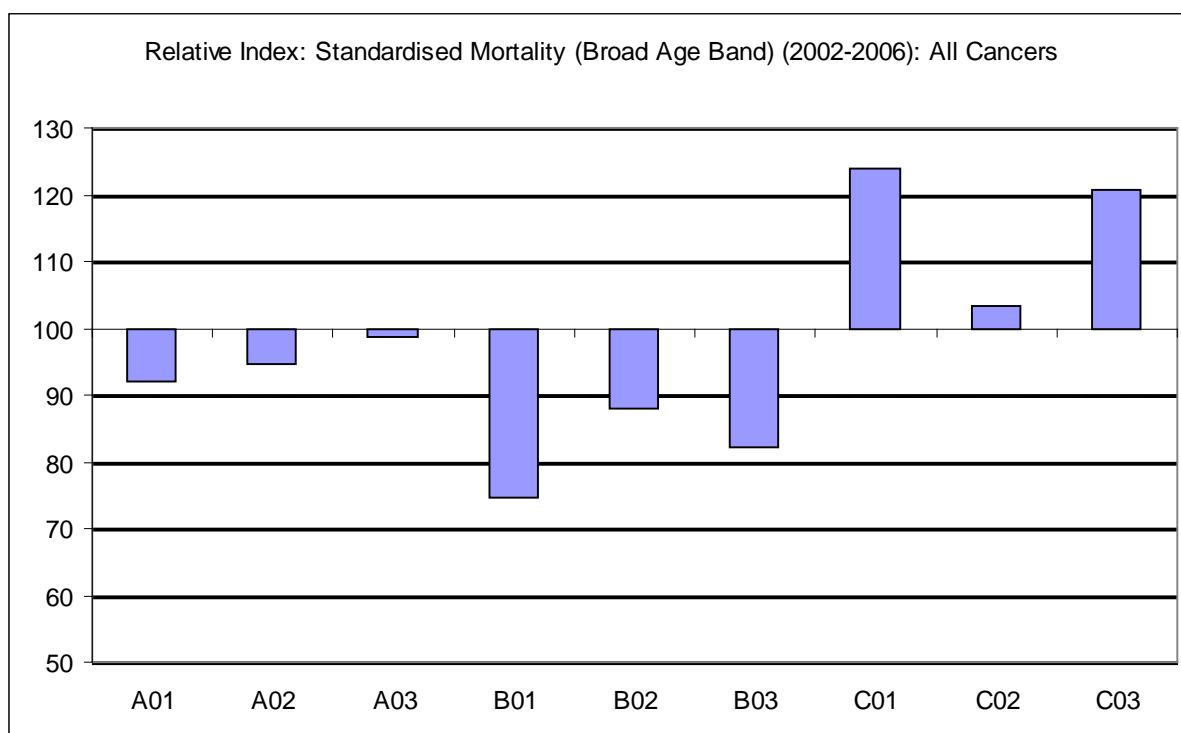


Overall rates (per capita) are sufficiently high to give reasonable confidence to the above analysis.

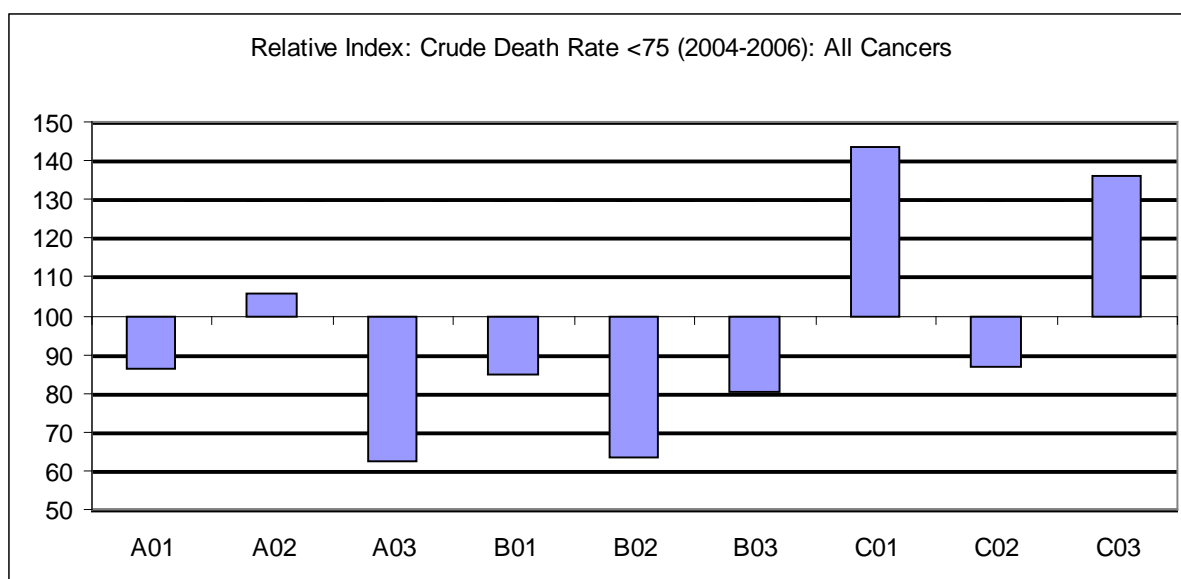
All Cancers



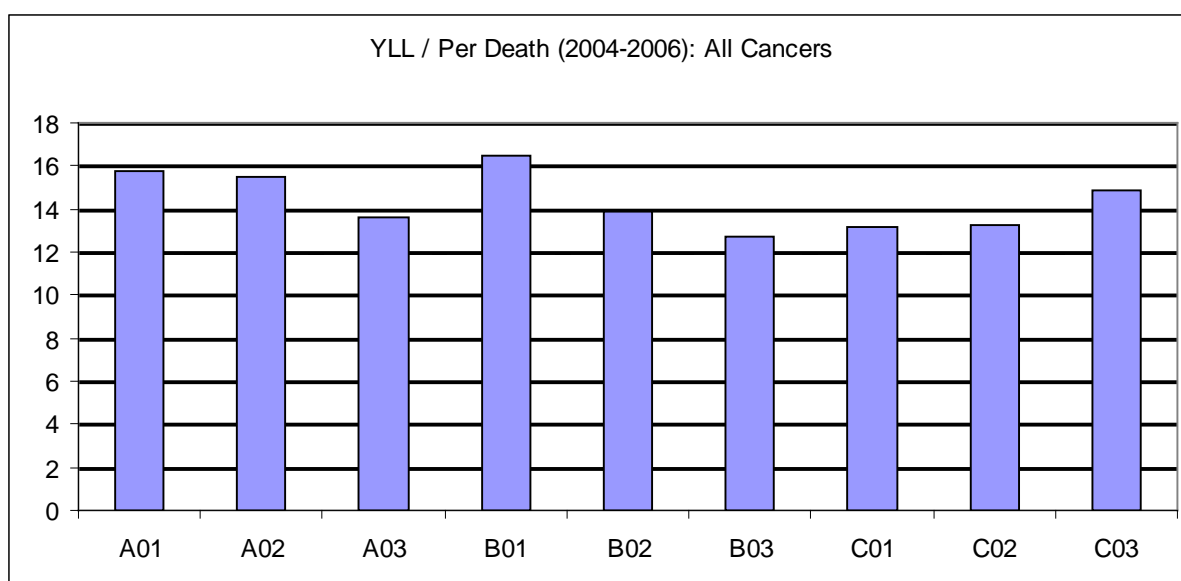
A03, C01 and C03 show relatively high rates of death from Cancer, with Group 'B' having notably low levels of death from Cancer.



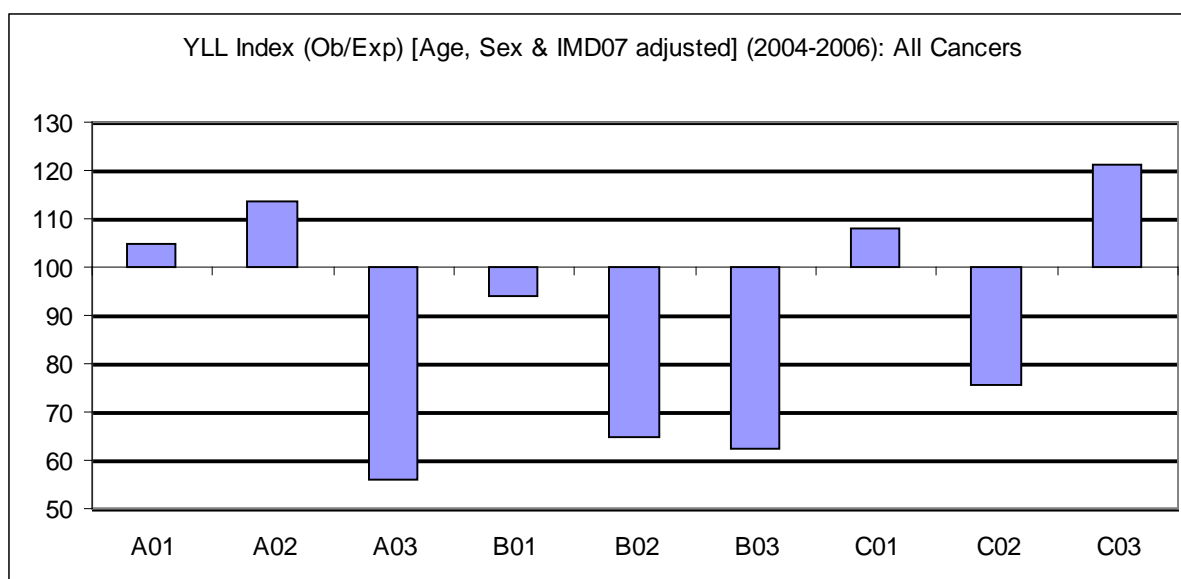
When standardised for age, Group 'C' appears to be the worst Group, with C01 and C03 both exhibiting high levels of death from Cancer, accounting for age and sex.



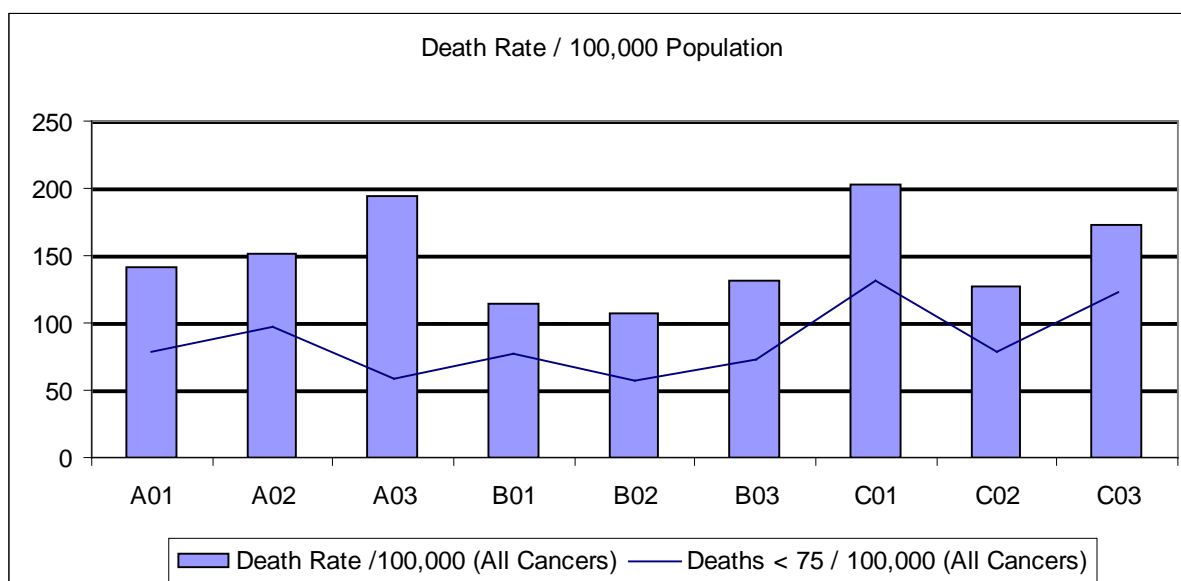
These same groups (C01 and C03) exhibit high rates of early death (per capita) from Cancer.



Average years of life lost to each death are relatively consistent across segments (if anything C01 loses slightly fewer years per death), meaning that the high mortality from Cancer in segments C01 and C03 is due more to the number of deaths than due to people dying younger.

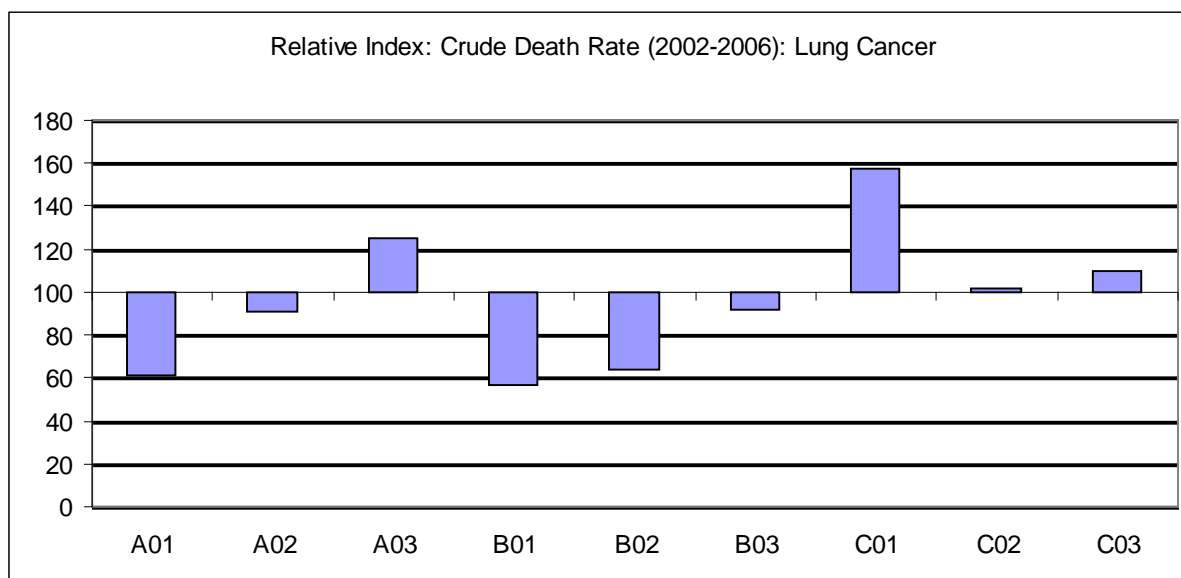


Early deaths from Cancer (compared to the national average) are relatively low for segments A03, B02, B03 and C02. They are notably high only for segment C03.

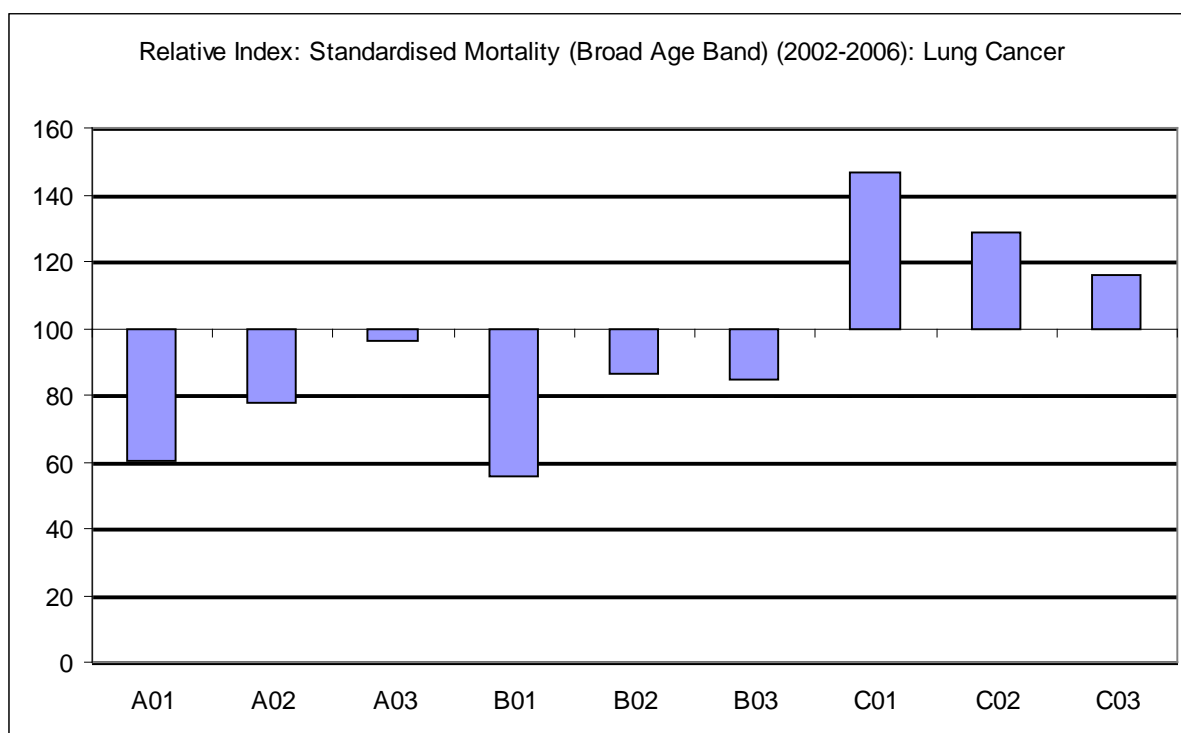


Cancer is a significant killer in Haringey, contributing to nearly 1/3 of all deaths. Rates are sufficiently high to give confidence to the above analysis.

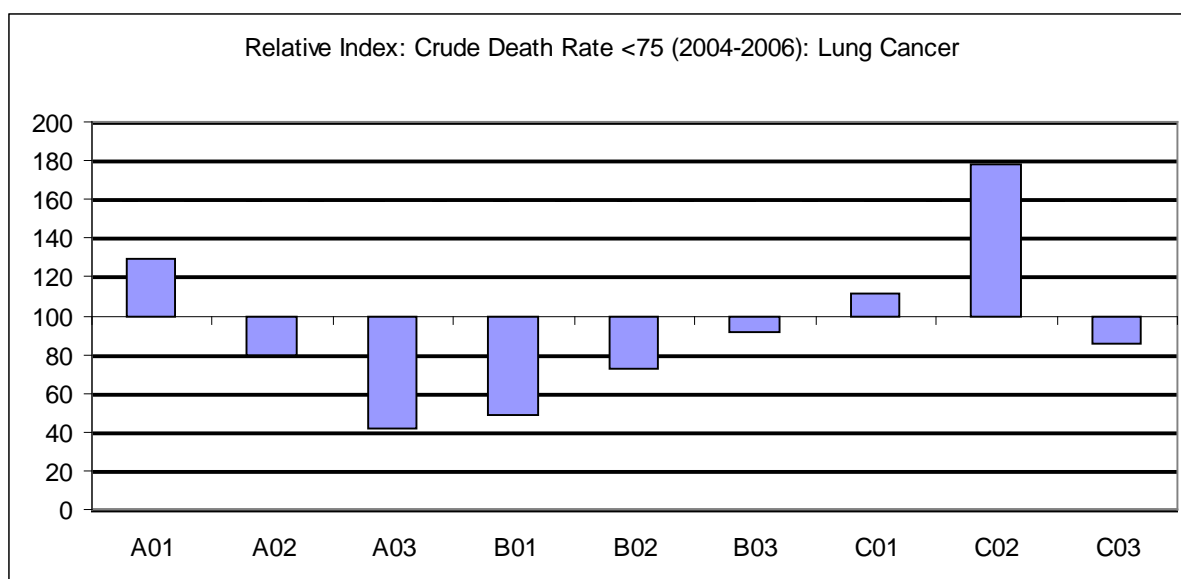
Lung Cancer



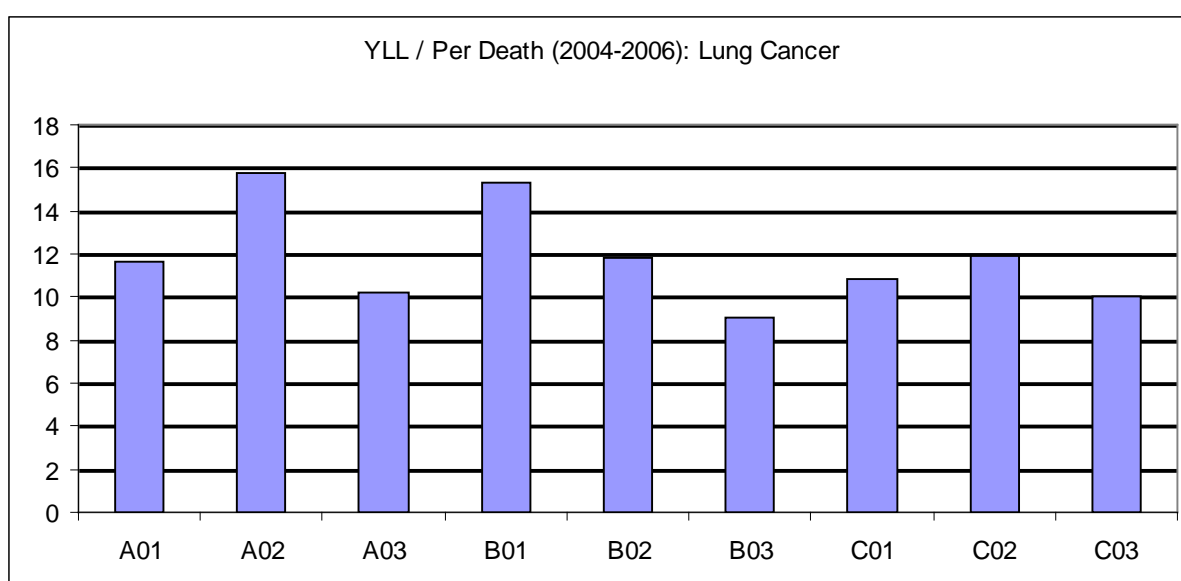
Deaths from lung cancer showed their highest rate in Segment C01. A01, B01 and B02 all had relatively low rates.



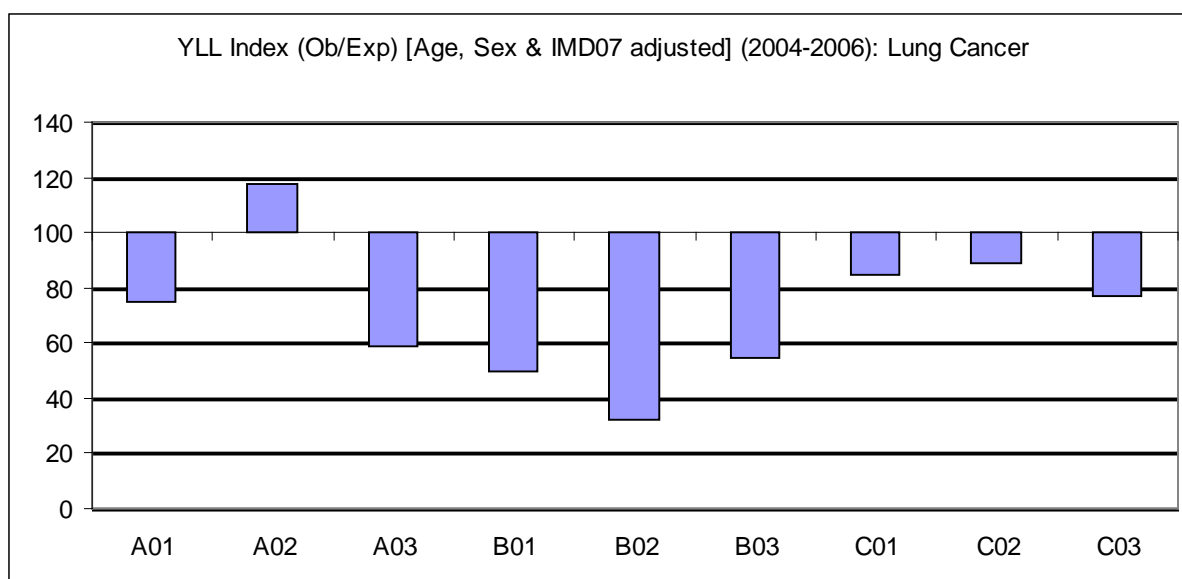
Mortality from Lung Cancer standardised by broad age band was high in C01, and indeed for all the C segments. It was relatively low for B01 and A01.



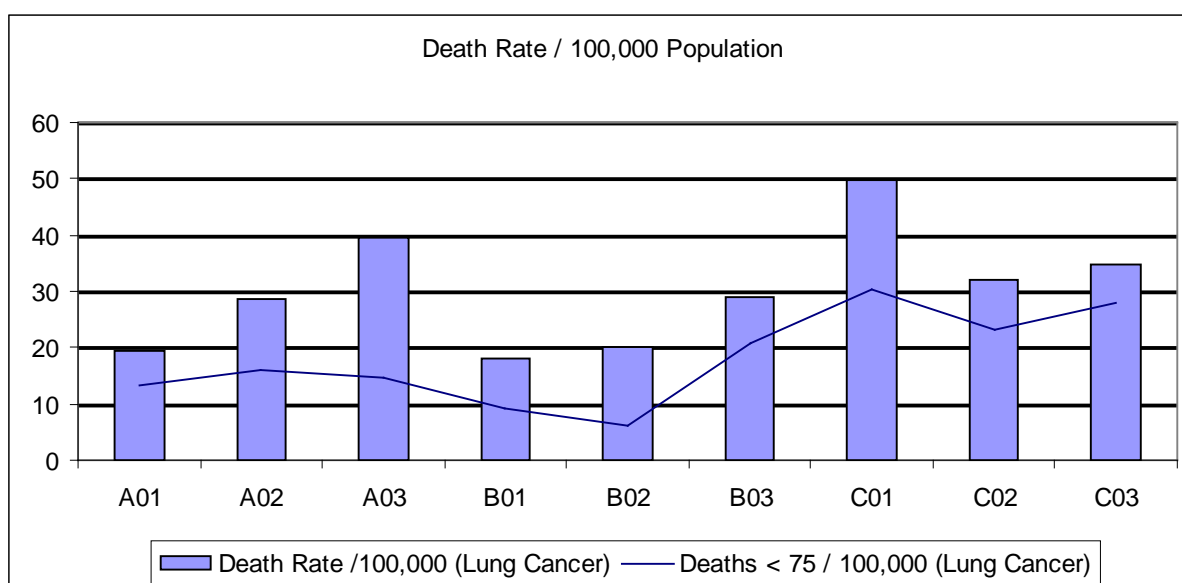
Amongst under 75s, the death rate from lung cancer was highest for the C02 segment.



Years of Life Lost from Lung cancer varied between 9 and just under 16 years per death across the 9 segments.

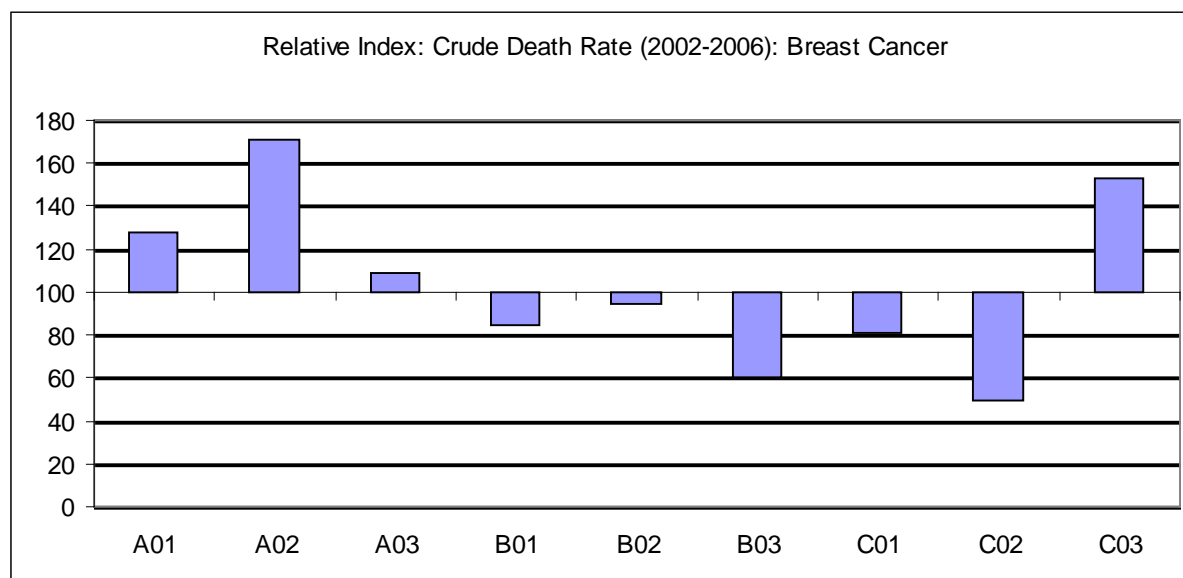


When standardised for age, sex and deprivation, Years of Life Lost from Lung Cancer showed a considerably lower than expected rate for those in the B segments and the A03 segment.

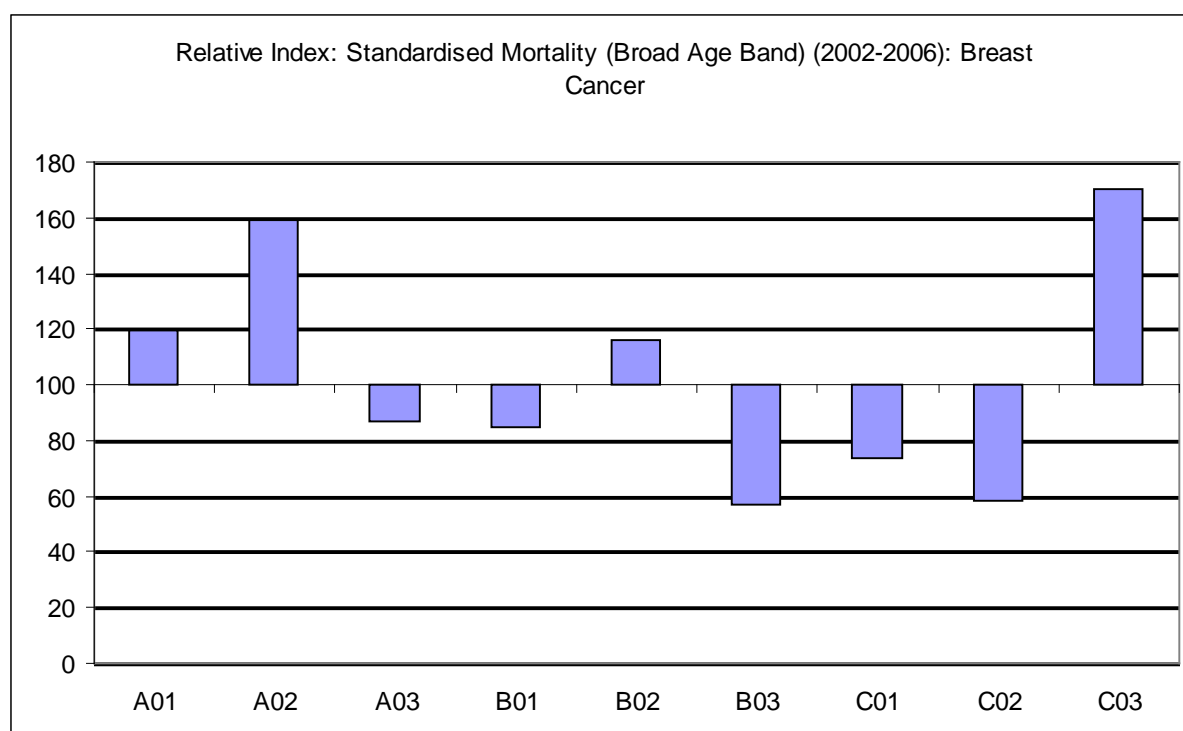


Deaths from lung cancer varied from approximately 18 to 50 per 100,000 amongst the segments. When restricted to those under 75, this rate varied from approximately 7 to 30, with C01 having the highest rates in both cases.

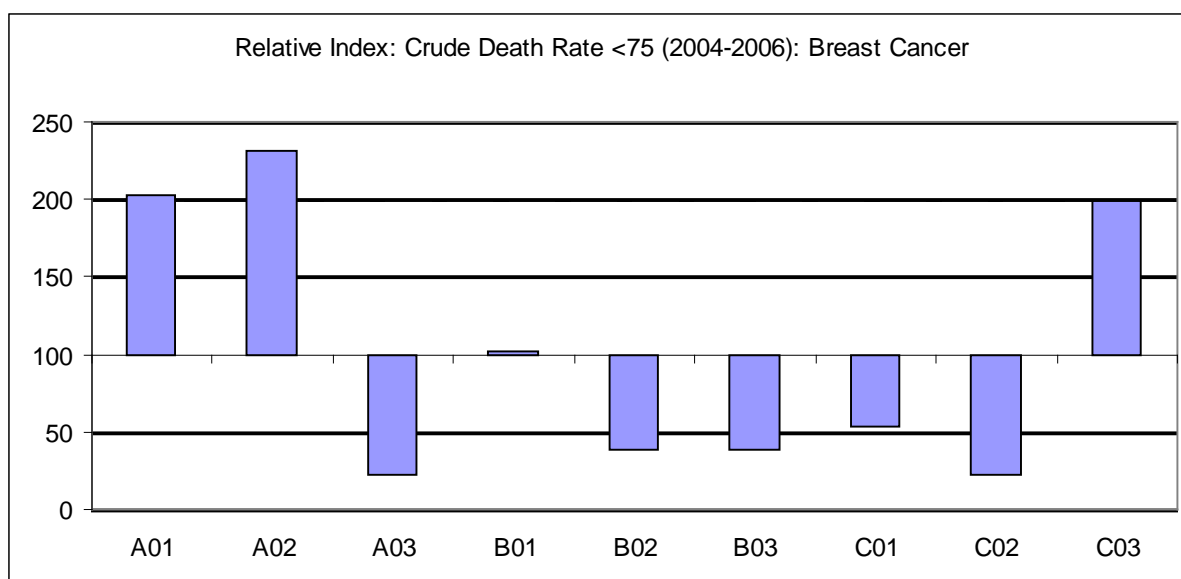
Breast Cancer



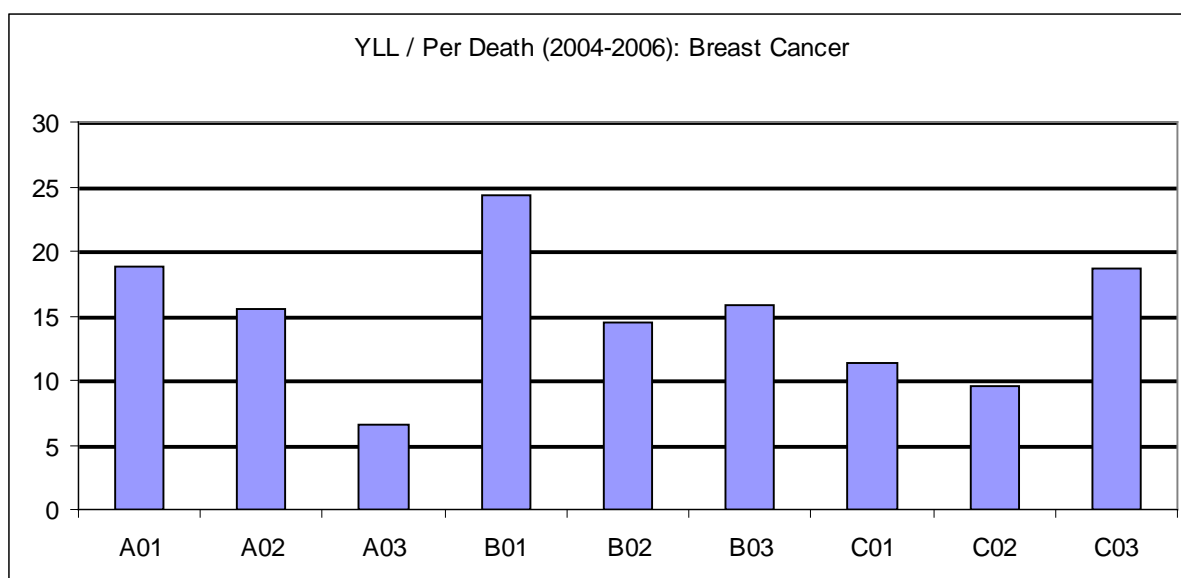
Deaths from breast cancer had their highest rates in the A02 and C03 segments, and their lowest rates in the C02 and B03 segments.



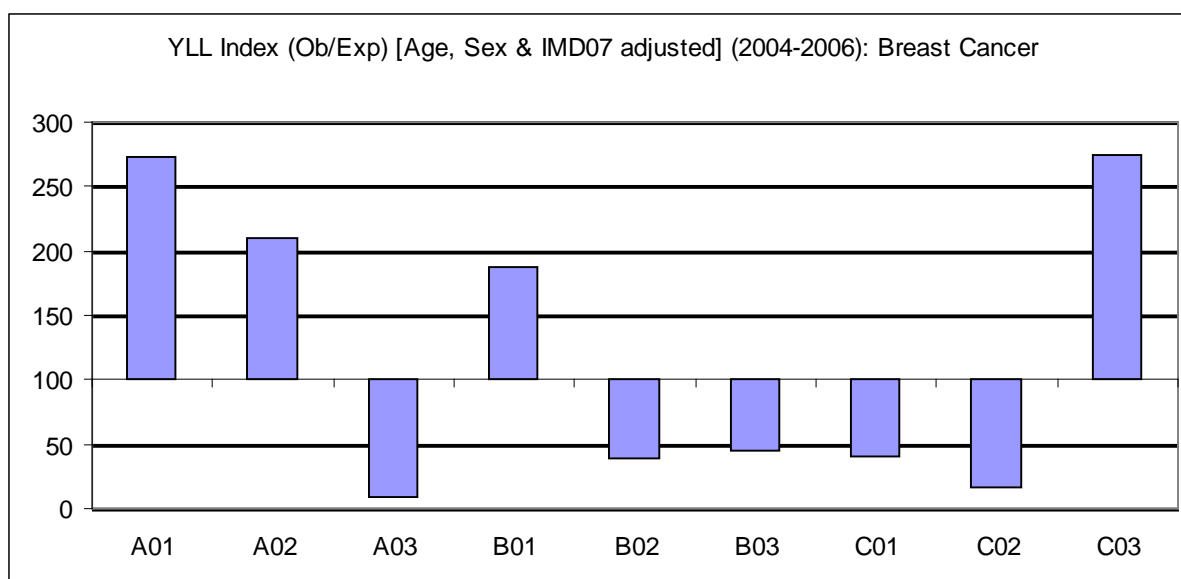
When deaths from breast cancer were standardised according to broad age band, highest indices were found amongst the C03 and A02 segments.



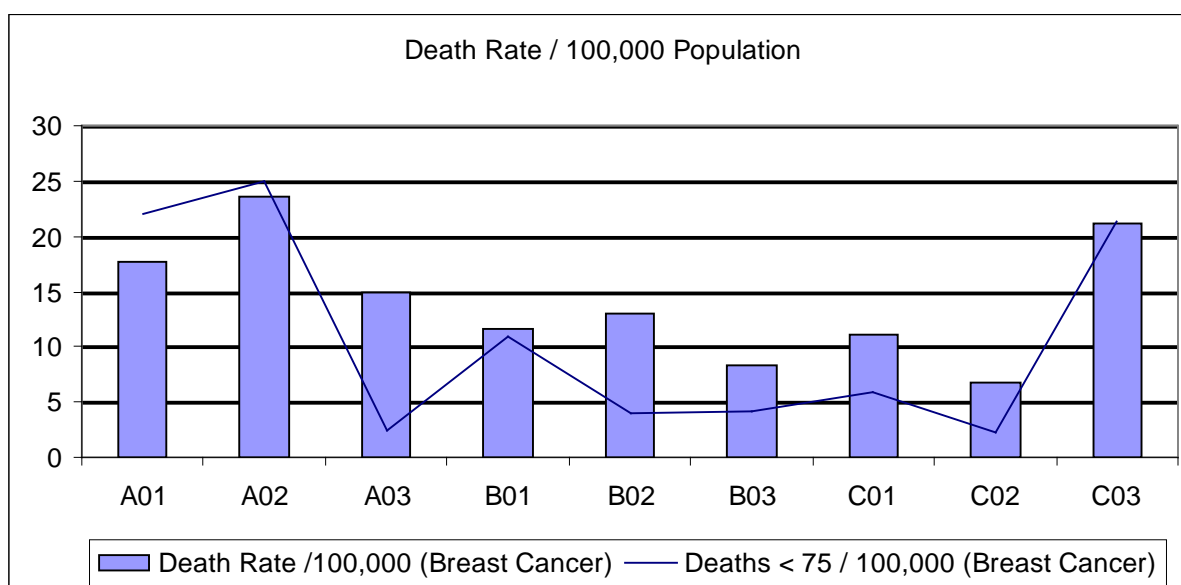
Crude Death Rates from breast cancer amongst under 75s were similar to those in the general population, but it was noticeable that segment A03 now showed a much lower than expected death rate.



Years of life lost from breast cancer varied considerably amongst sectors, from about 7 for segment A03 to just under 25 for segment B01.

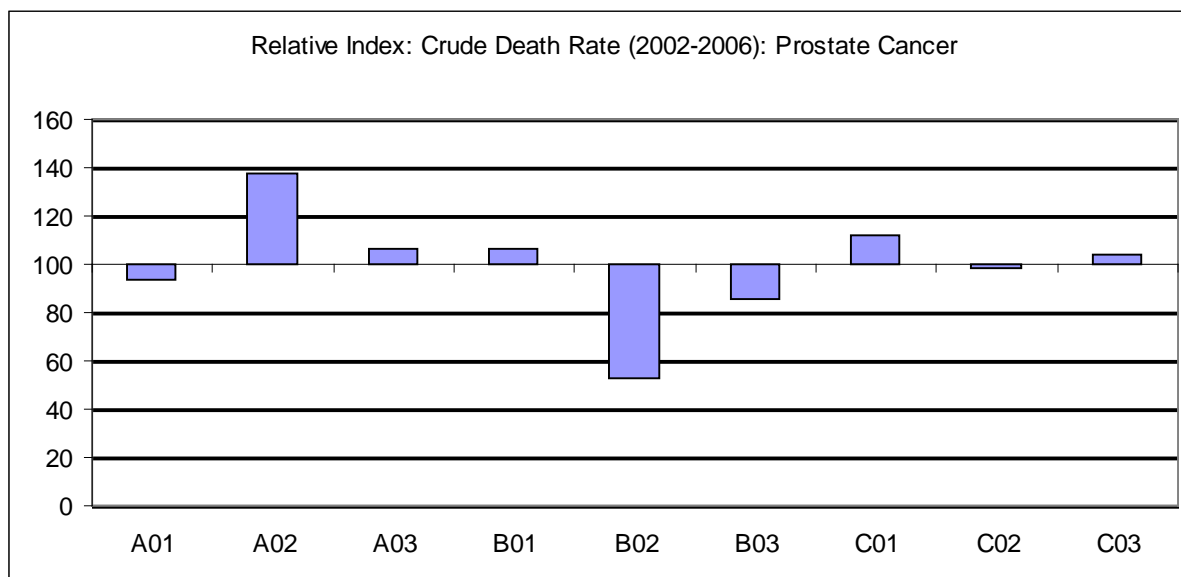


The age, sex and deprivation adjusted index for Years of Life Lost from breast cancer showed its highest values amongst segments A01 and C03.

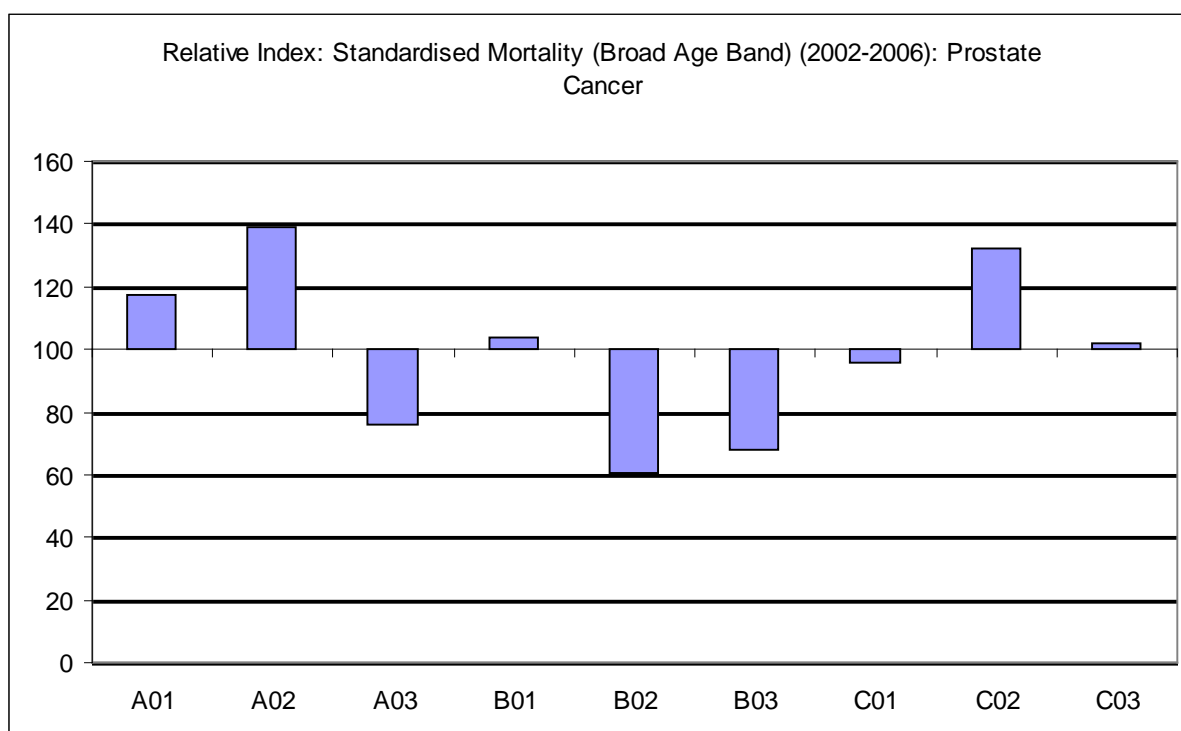


Amongst the general population, deaths from breast cancer varied from approximately 7 per 100,000 to about 21 per 100,000. When data were restricted to the under 75s, there was slightly more variance in rates, although the top and bottom ranked segments remained the same (A02 and C02 respectively). Amongst under 75s, rates were considerably lower for segments A03 and B02 than they were amongst the general population.

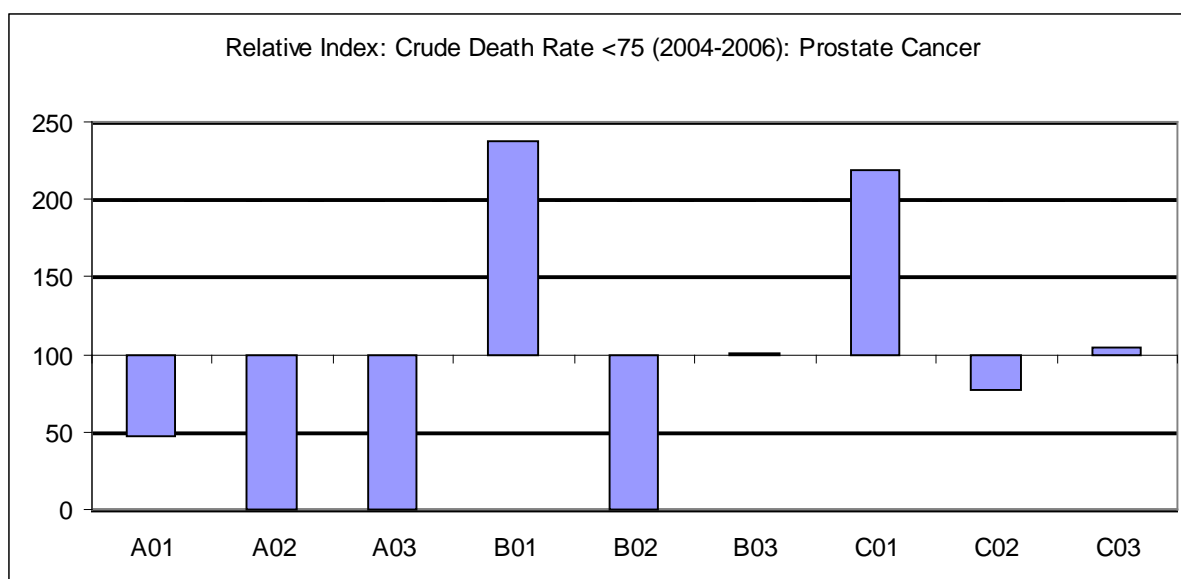
Prostate Cancer



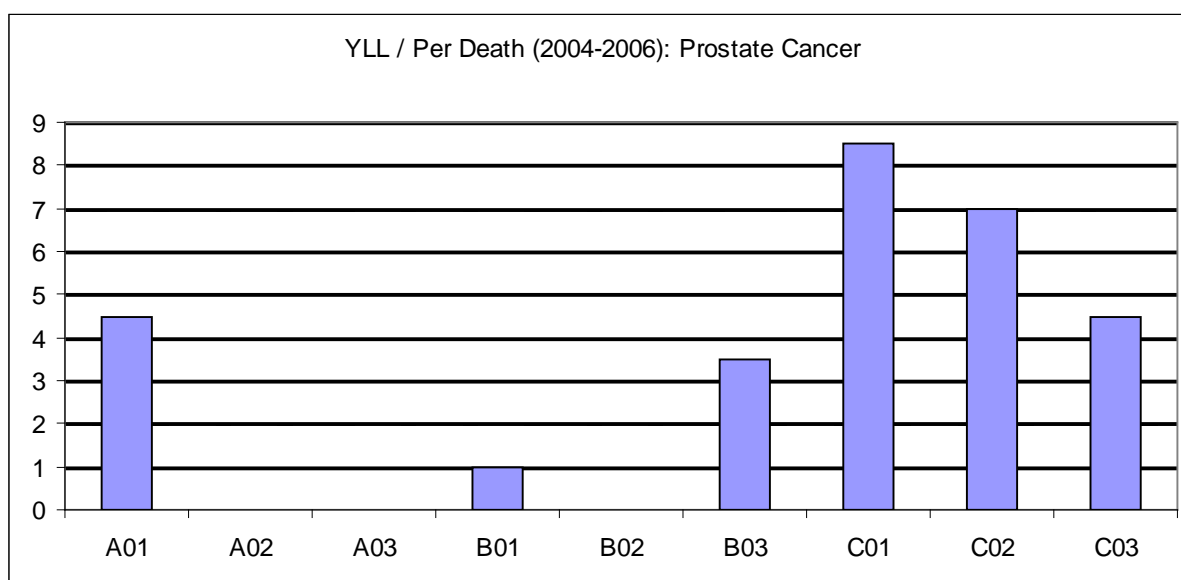
The crude death rate from prostate cancer was lowest for segment B02 and highest for A02.



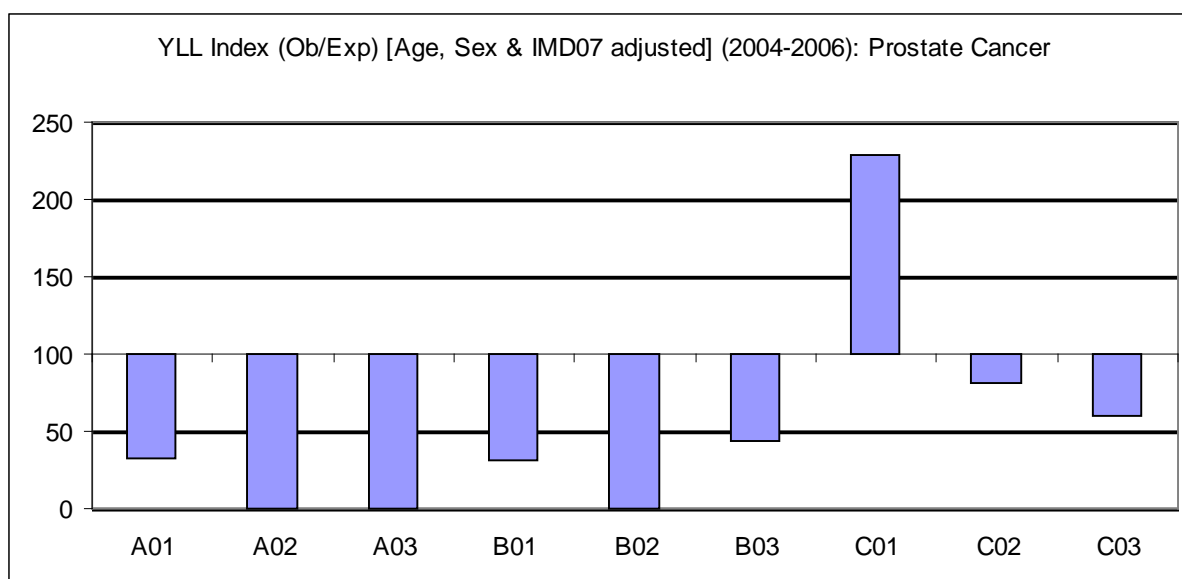
Standardising the prostate cancer death rate had relatively little effect on the differences amongst segments, although it was noticeable that segment A03 now showed a considerably lower than expected rate.



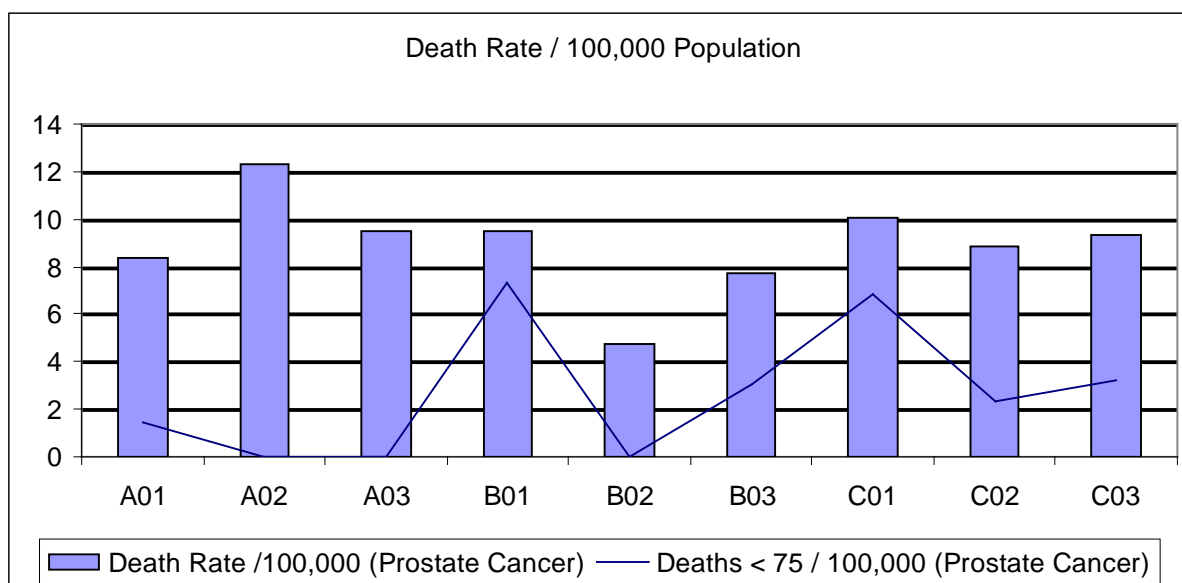
For under those under 75, there were no deaths in segments A02, A03 and B03, and hence the relative index for Crude Death rate was zero for these groups. It was notably higher in the case of B01 and C01 than the equivalent index for the overall population.



For segments where there was at least one death amongst under 75s, Years of Life Lost per death from prostate cancer ranged from approximately 1 for B01 to approximately 8.5 for C01.

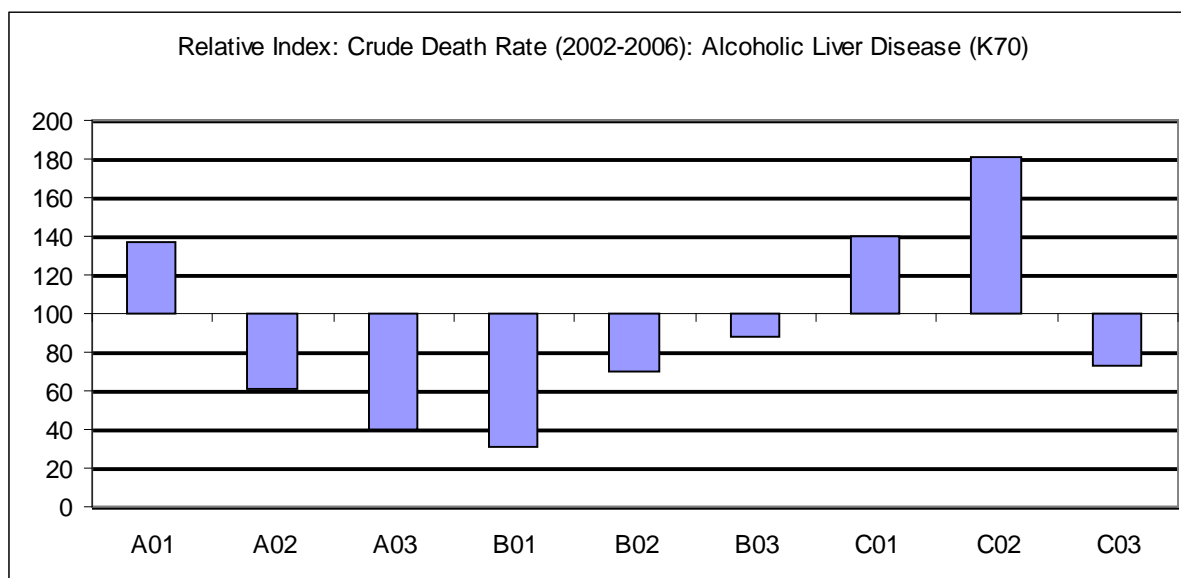


The Years of Life Lost Index for Prostate Cancer adjusted for age, sex and deprivation showed higher than expected values for C01 but lower than expected values for all other segments.

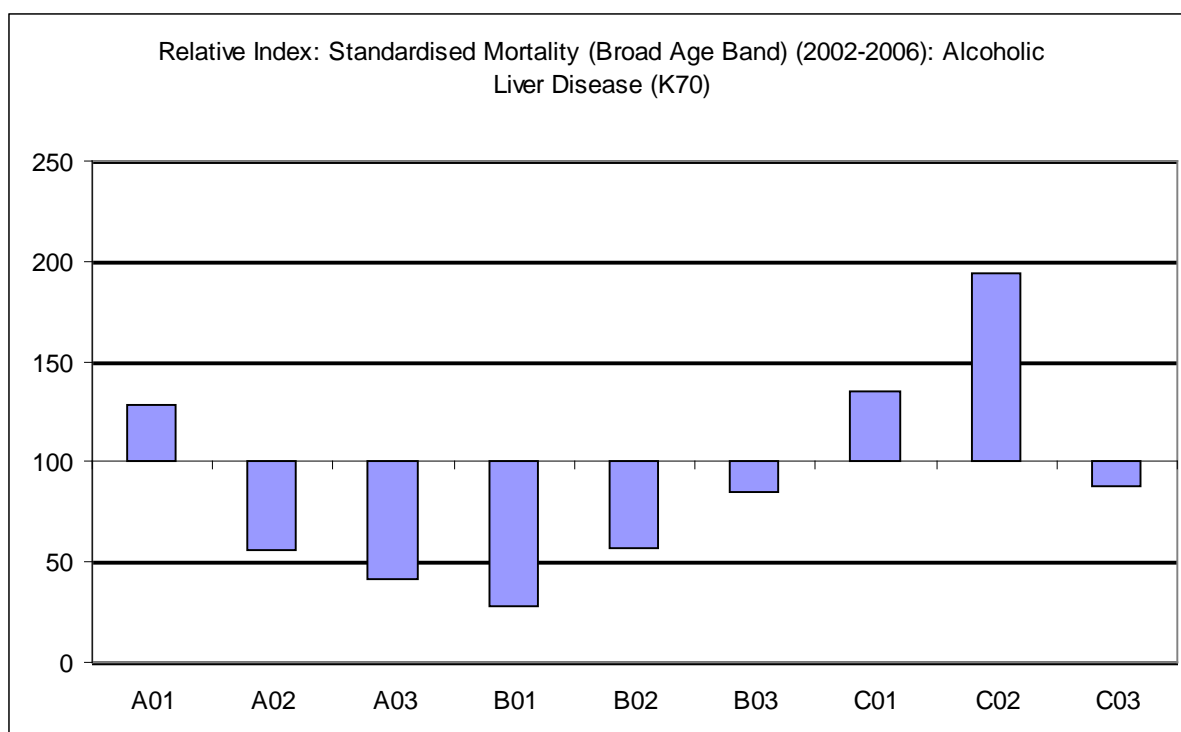


Amongst the overall population the death rate from prostate cancer was highest for A02 and lowest for B02. Amongst under 75s it was highest for B01.

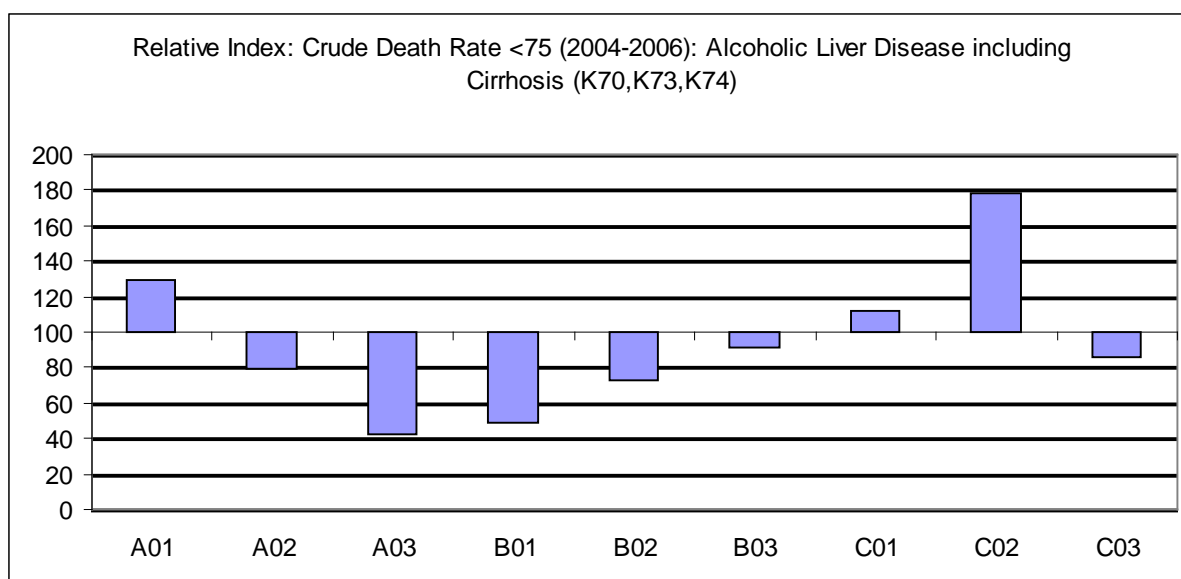
Alcohol Related / Liver Disease



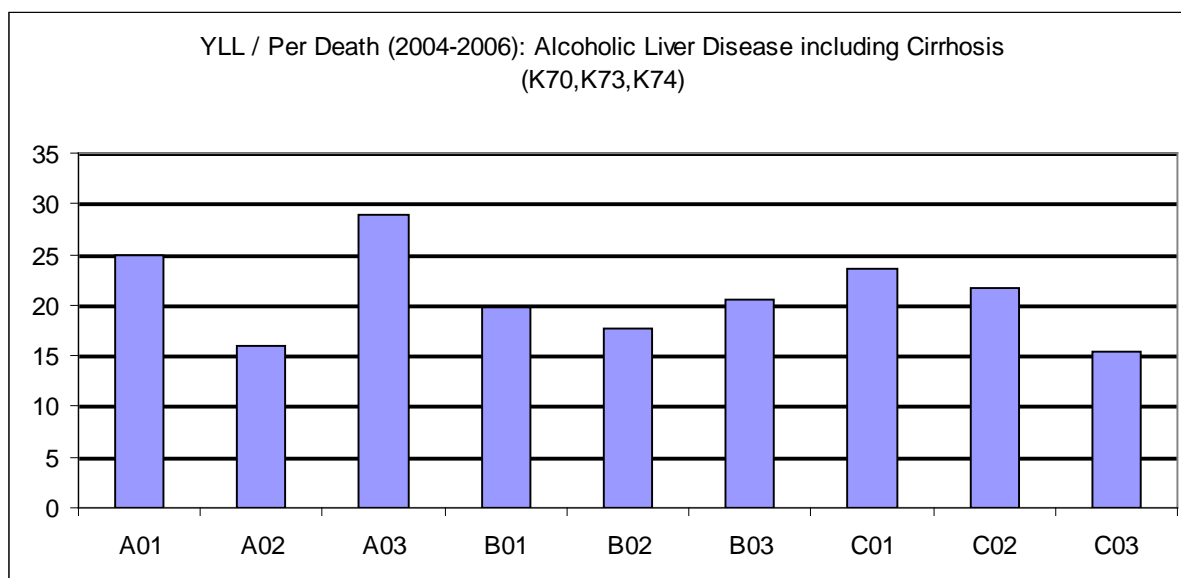
Highest rates for alcoholic liver disease were for the C02 segment, and lowest rates amongst for B01.



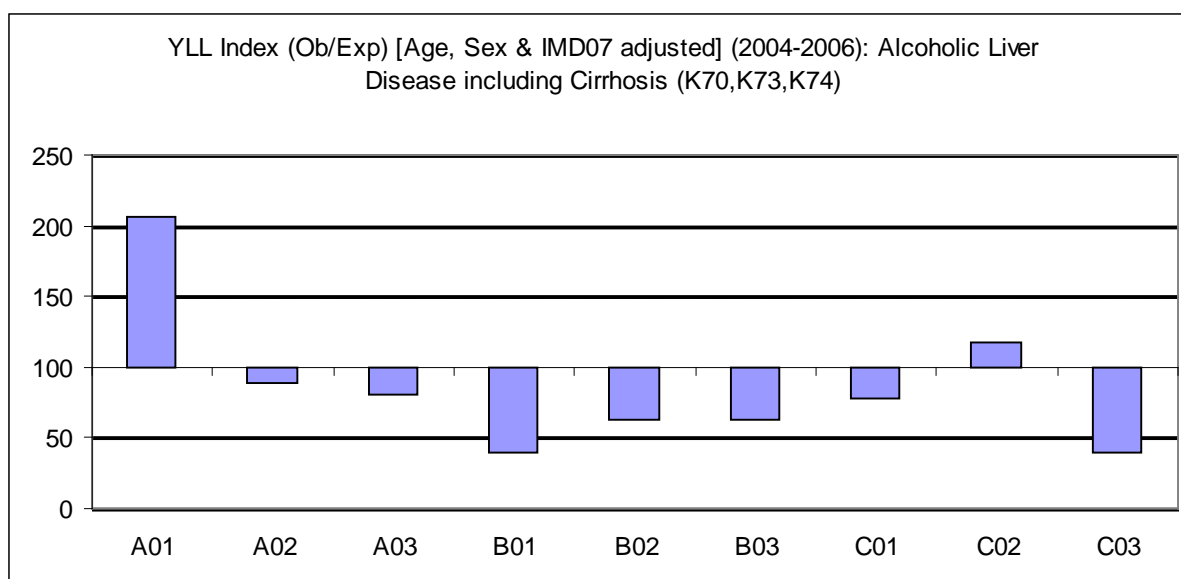
A very similar picture emerged when rates for Alcoholic Liver Disease were standardised for broad age band, with C02 again giving the highest index and B01 the lowest.



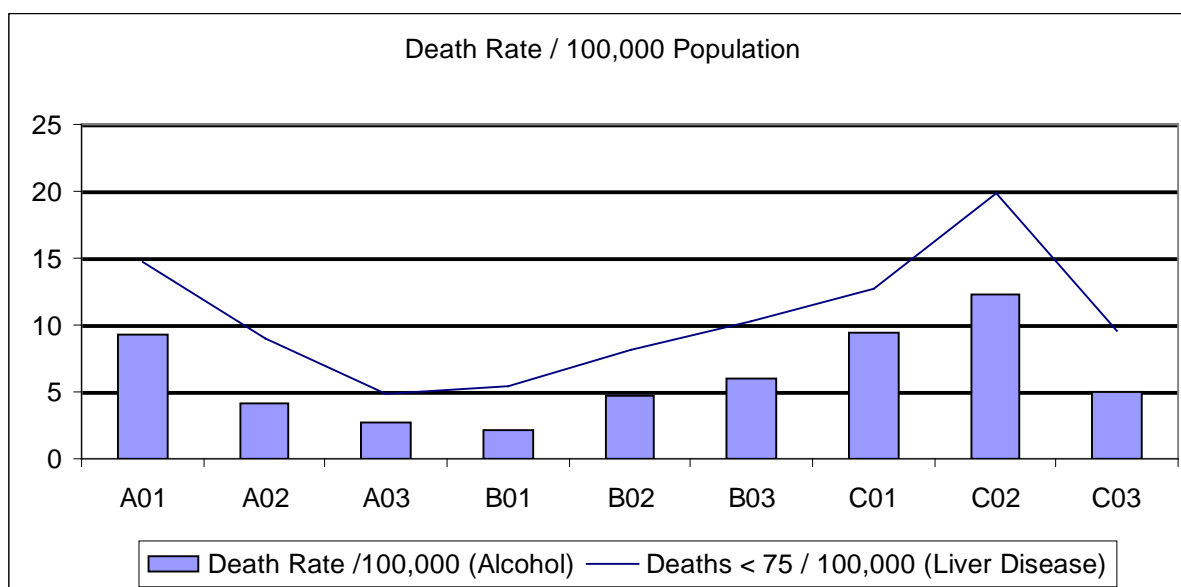
The picture was again similar when the data were restricted to under 75s, although in this case segment A03 gave a slightly lower index than the B01.



Years of Life Lost per death for Alcoholic Liver Disease varied between approximately 16 for A02 and 28 for A03.

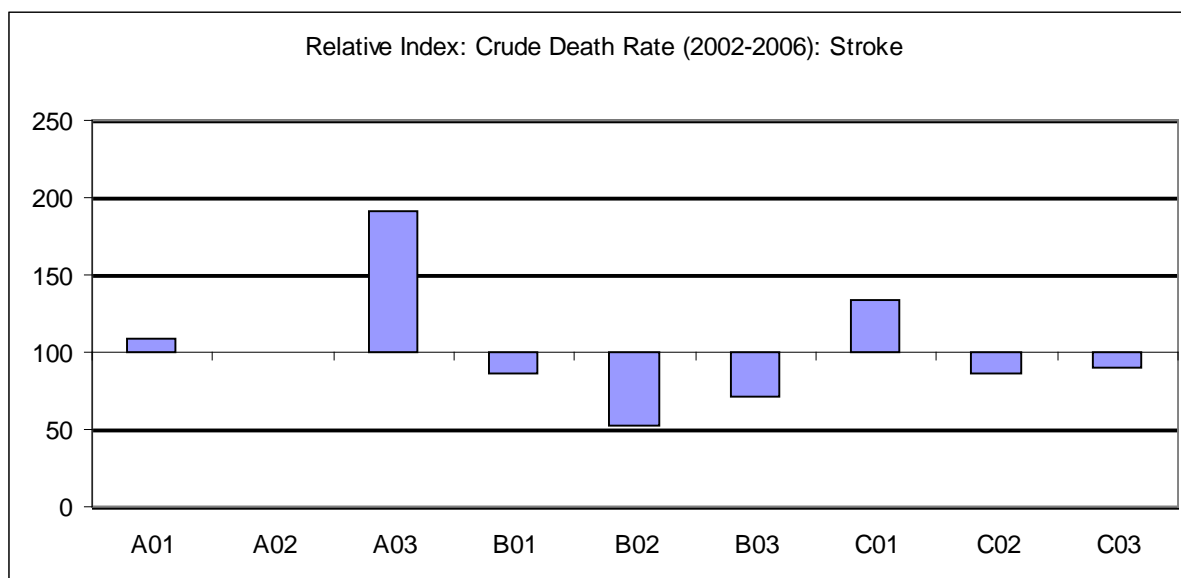


A01 showed approximately twice as many Years of Life Lost from Alcoholic Liver Disease than would be expected from the age, sex and deprivation make up of the segment, whereas B01 and C03 showed less than half the years lost as would be expected.

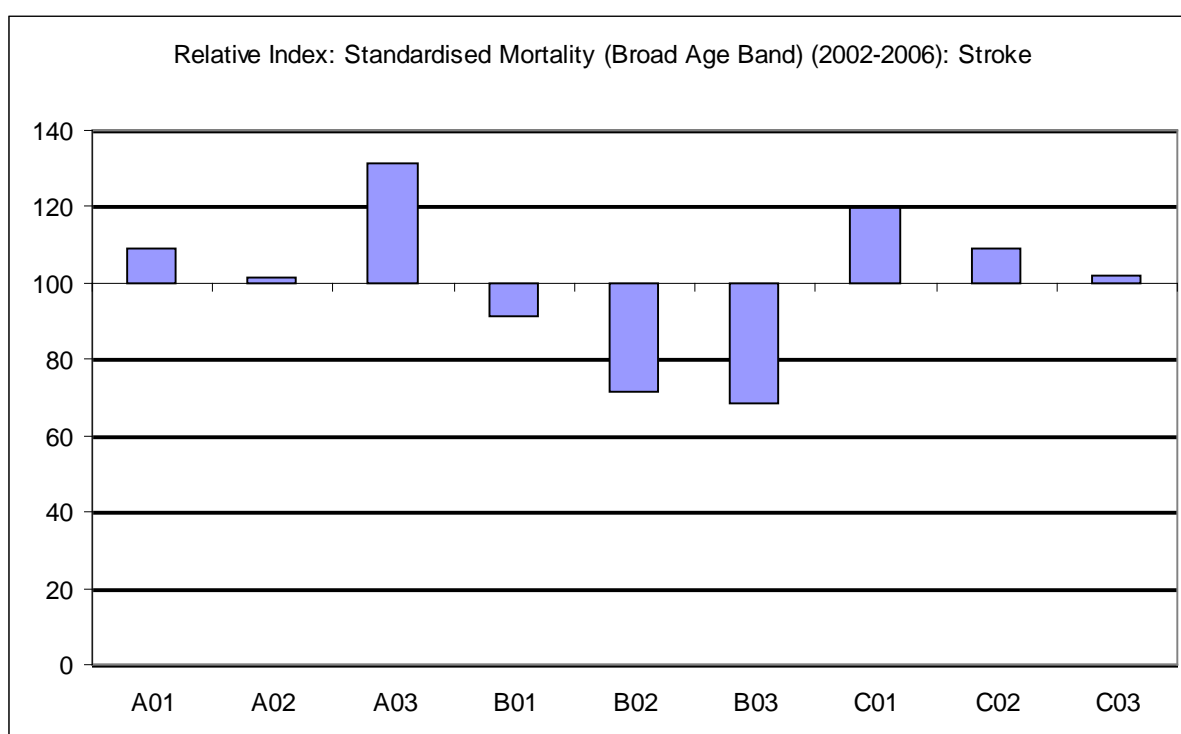


Death rates per 100,000 from Alcoholic Liver Disease ranged from approximately 2 for B01s to 12 for C02s.

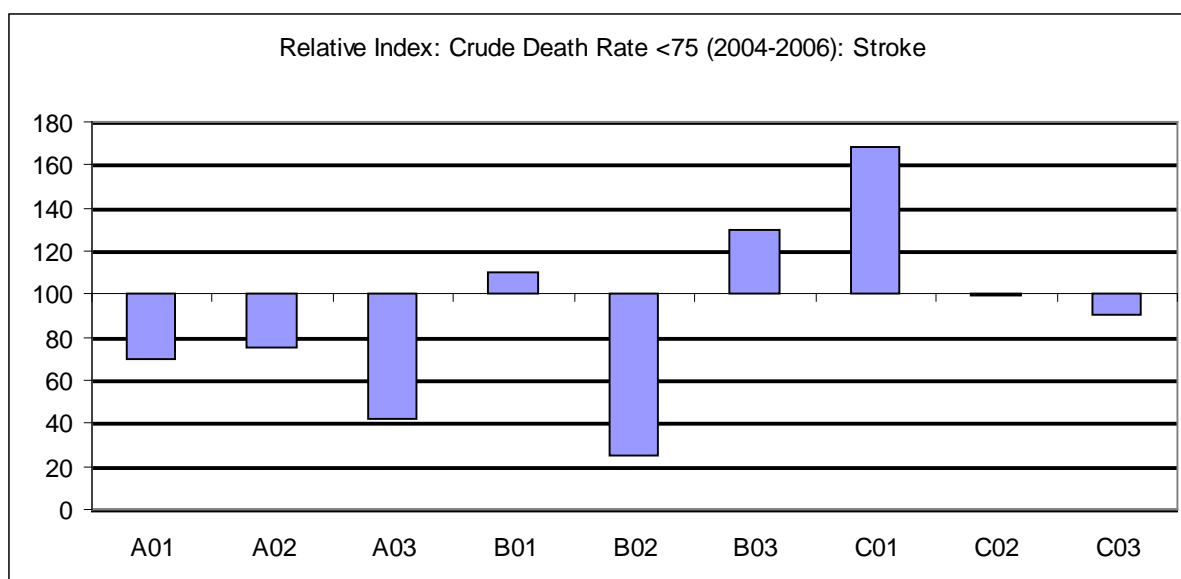
Stroke



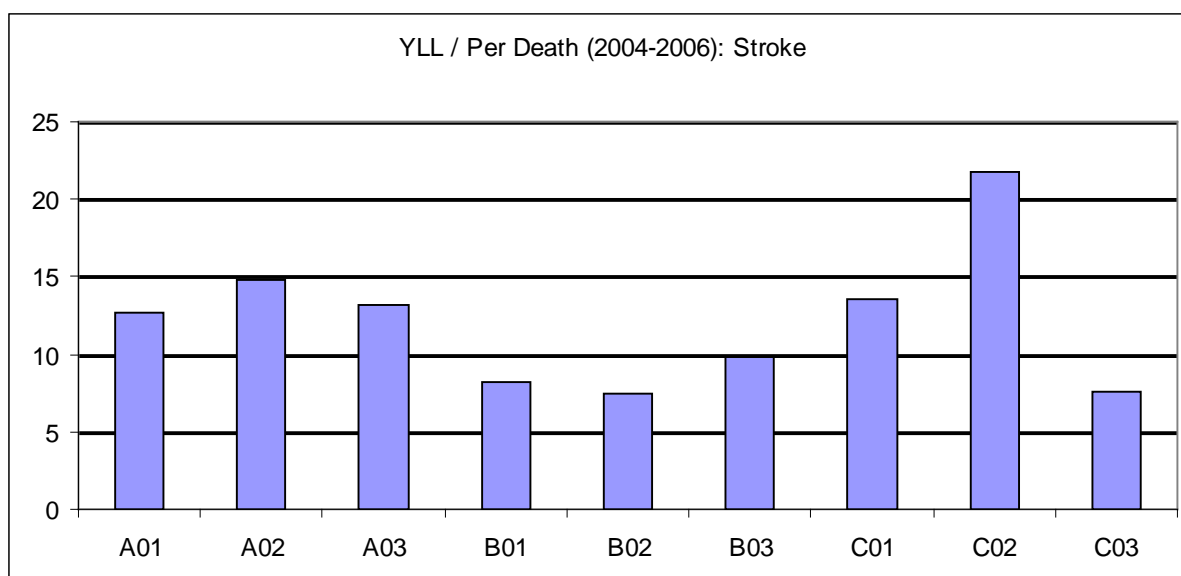
Crude Death Rate from stroke was highest for A03 and lowest for B02.



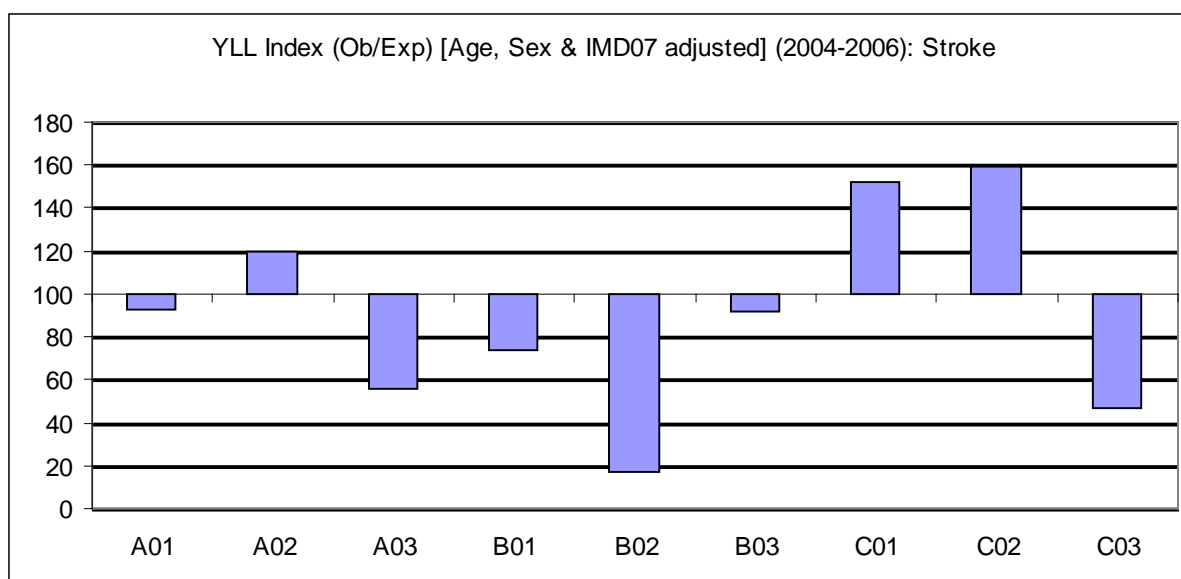
When the death rate from stroke was standardised, the highest value was again for A03, but the lowest was B03. However, in general, standardising the index had little effect on the relative rankings amongst the segments.



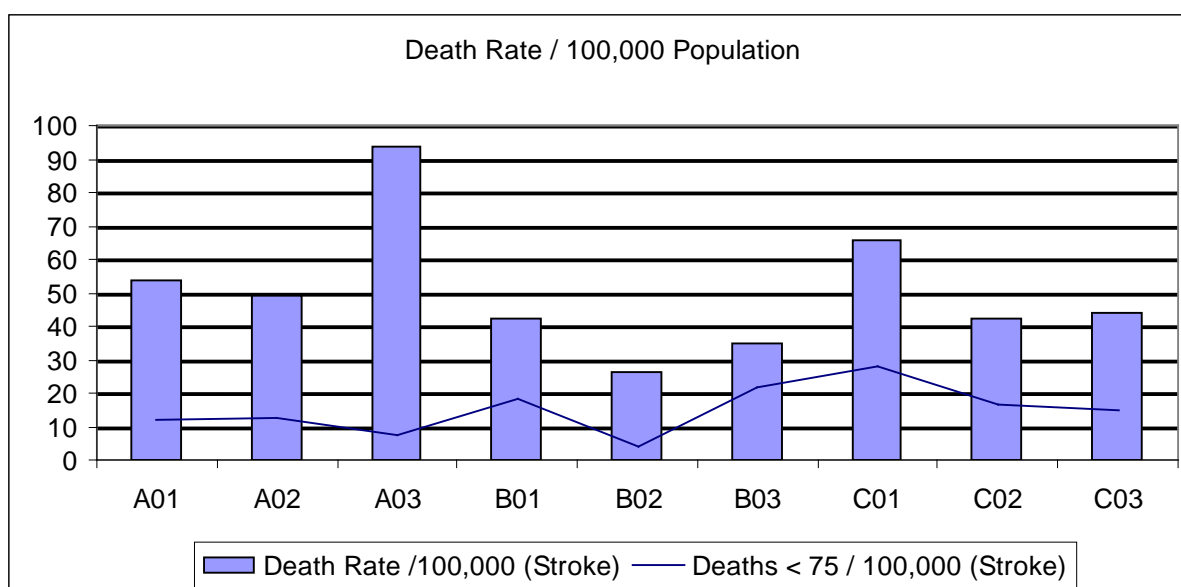
B02 and A03 both had a much lower than expected crude death from stroke, whereas C01 had a much higher than expected death rate.



Years of Life Lost from stroke varied from approximately 8 for segments B02 and C03 to 22 for C02.

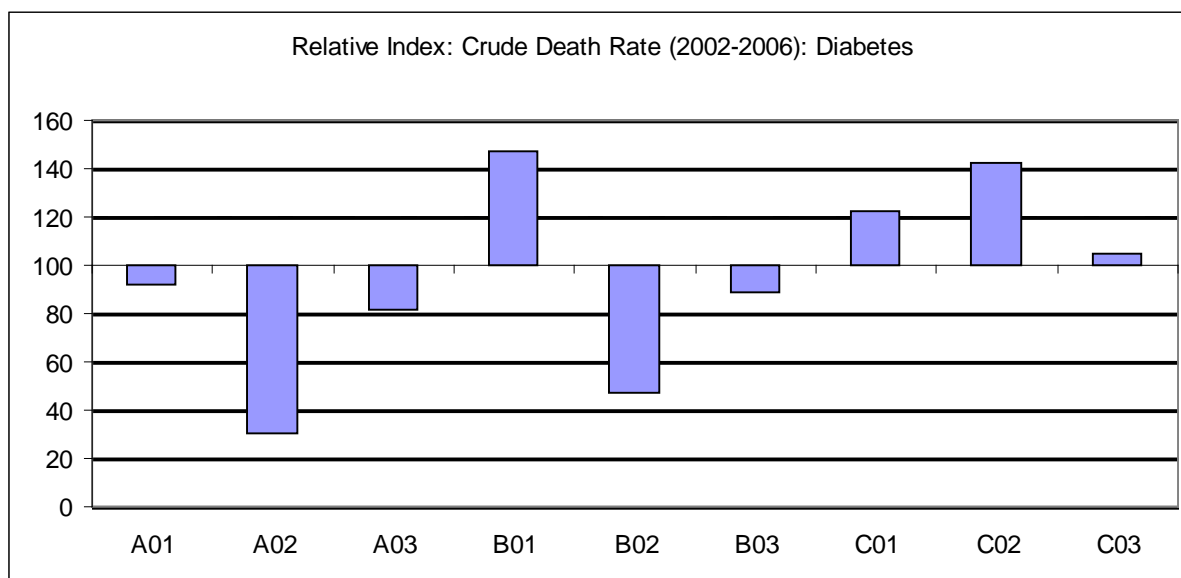


When the data were adjusted for age, sex and deprivation, Years of Life Lost from Stroke were much lower than expected for B02.

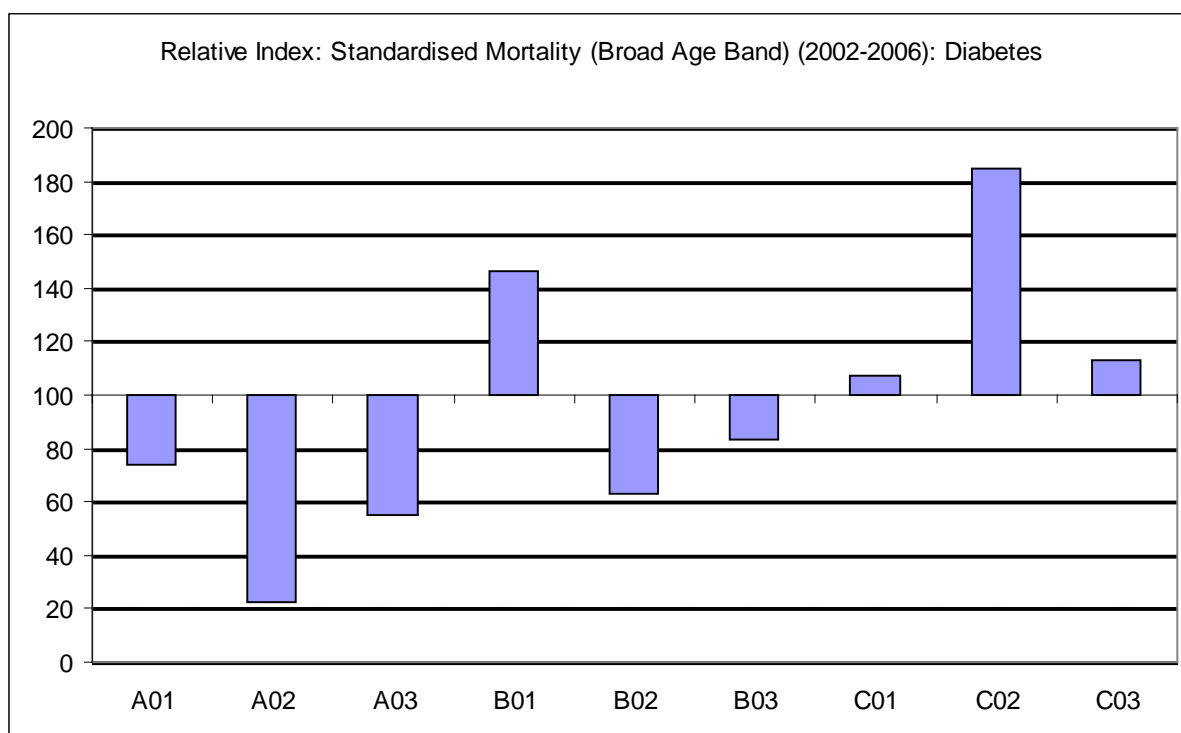


Death rates from stroke for the entire population varied between about 35 for B03 to about 93 for A03.

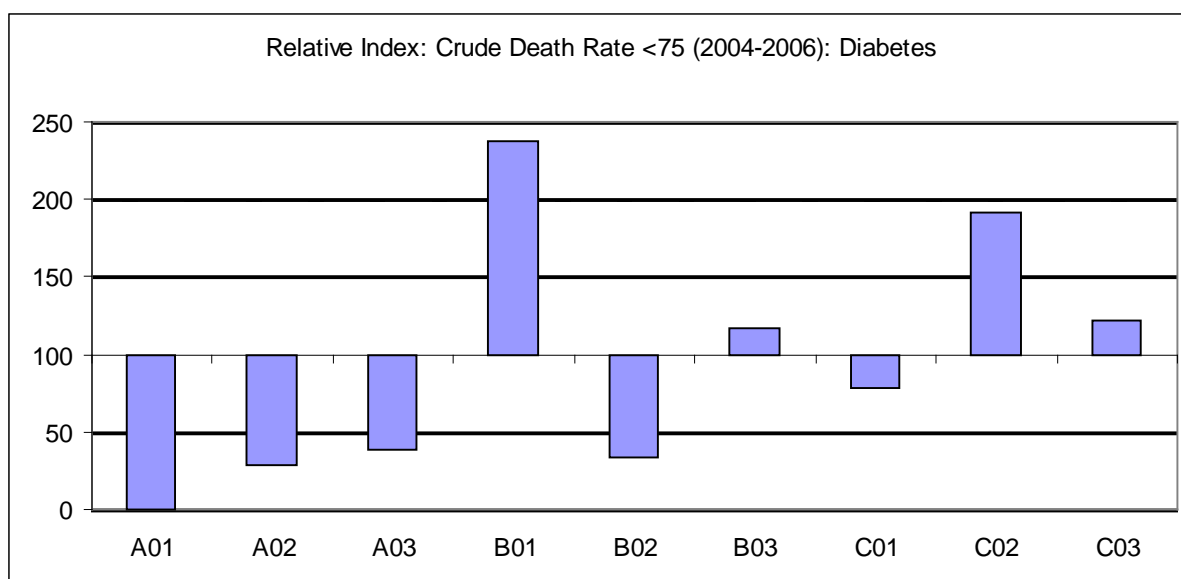
Diabetes



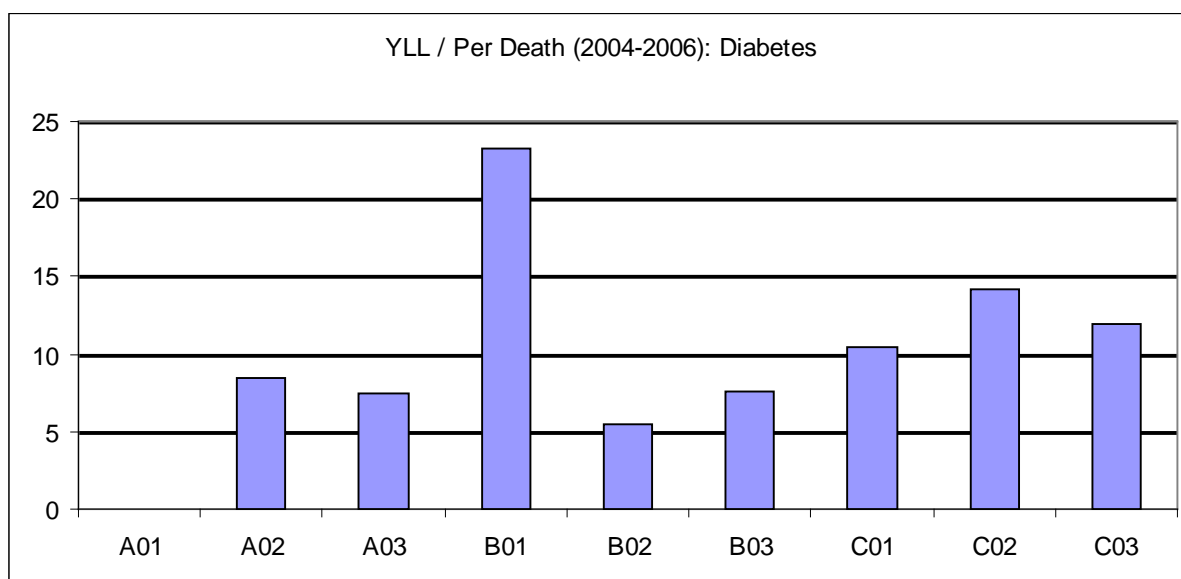
Crude Death rates for diabetes were much lower than expected for A02 and B02, but higher than expected for B01 and C02.



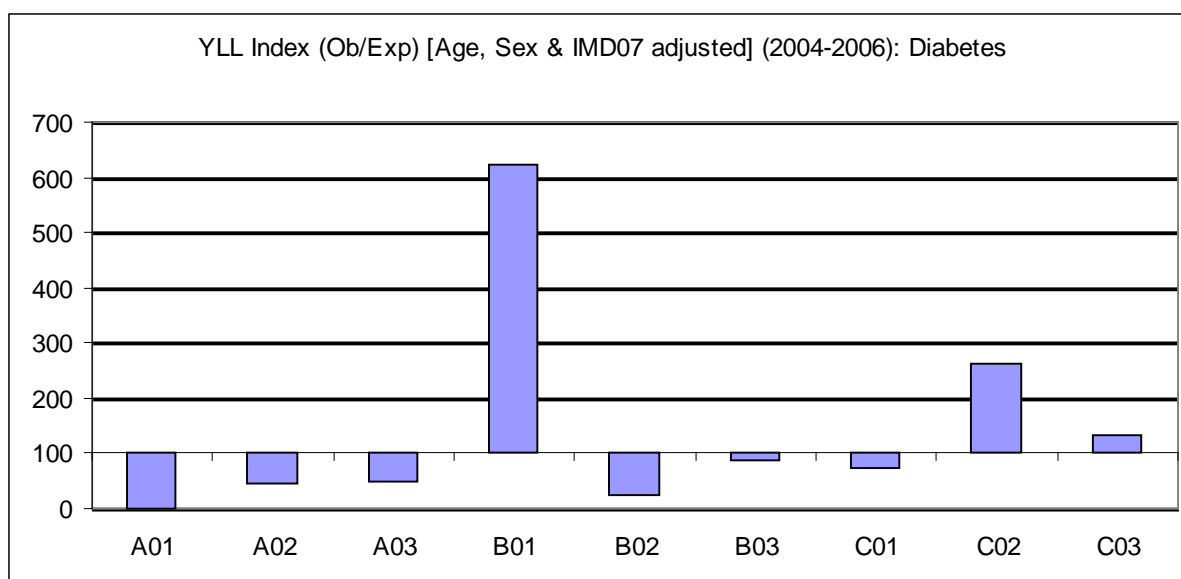
However, when rates were standardised, C02 gave the highest relative index for diabetes.



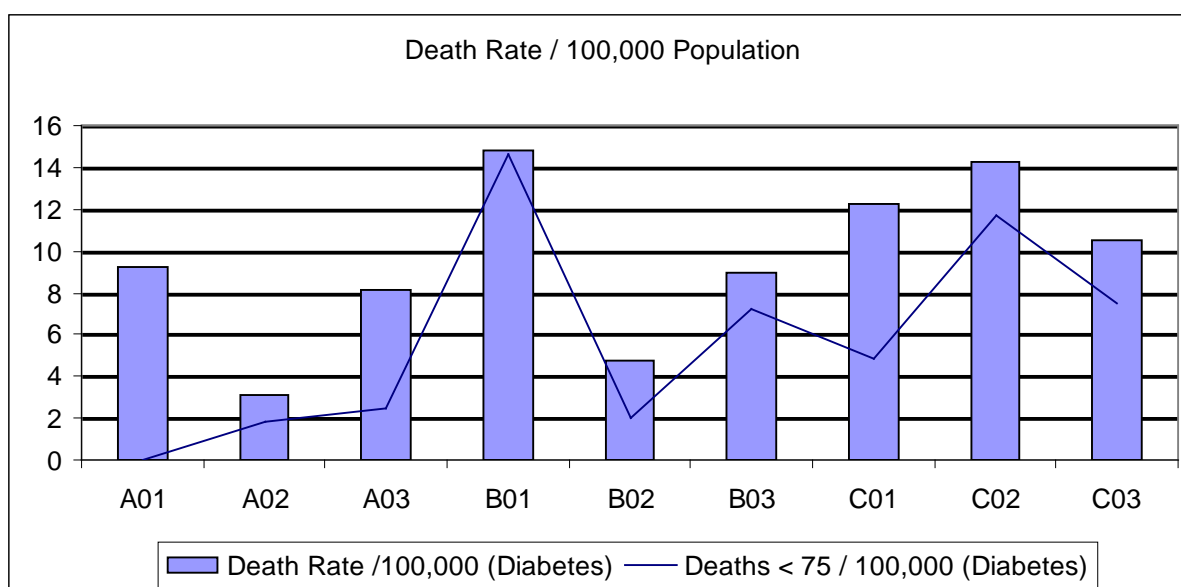
Crude death rates for diabetes amongst under 75s were highest for B01 (as they were for the overall population of all ages). There were under 75 deaths for diabetes in Segment A01.



Years of life lost per death due to diabetes varied from about 6 for B02 to about 23 for B01.

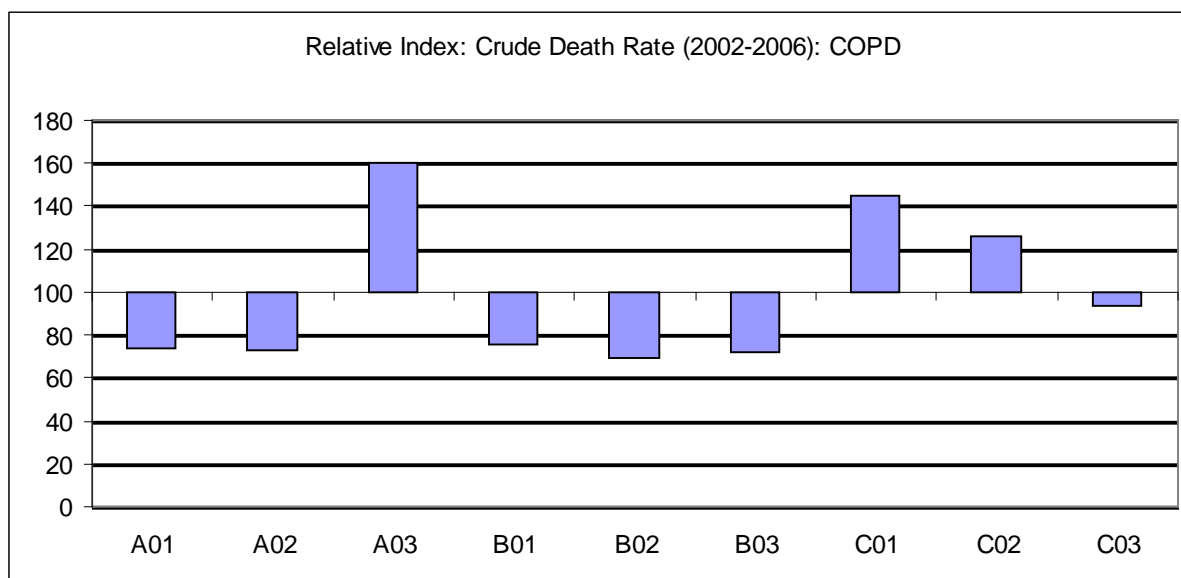


When adjusted for age, sex and deprivation, the index of Years of Life Lost due to diabetes was much higher for B01 than the other segments, at over 6 times the expected value.

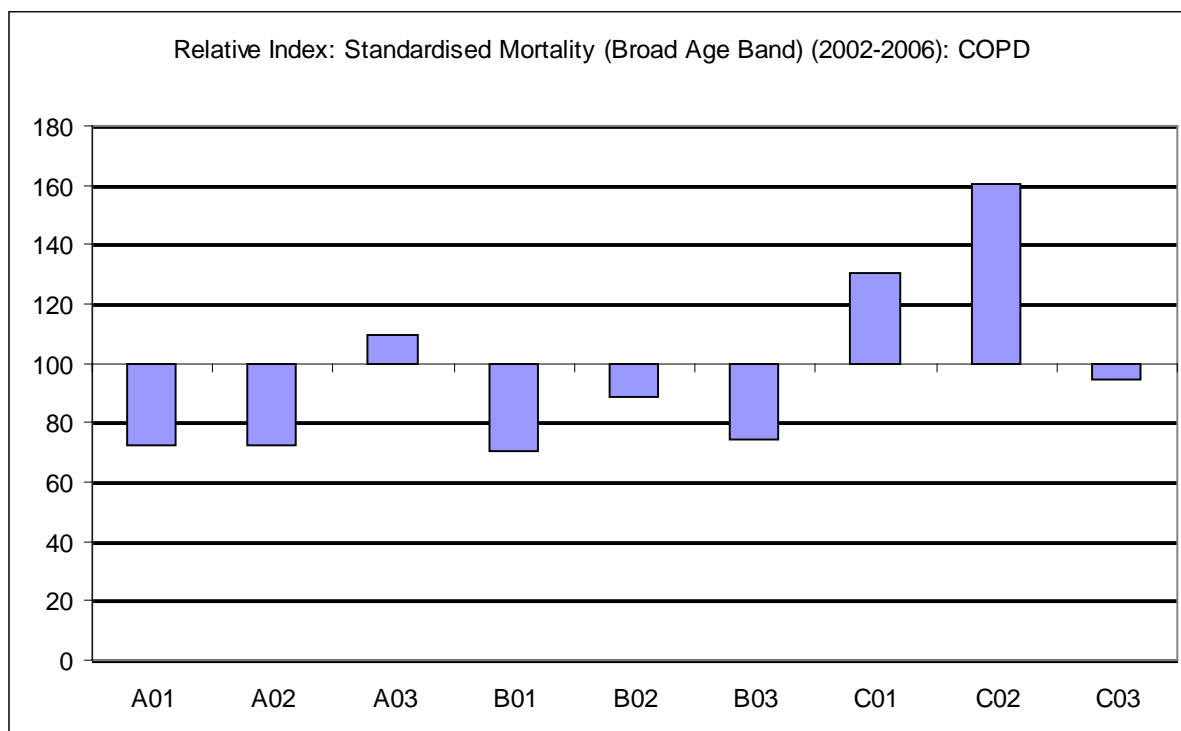


Overall death rates from diabetes varied from approximately 3 per 100,000 to 15 per 100,000. Rates were similar when the data were restricted to under 75 year olds, although, as noted above, there were no deaths amongst under 75 year olds living in Segment A01.

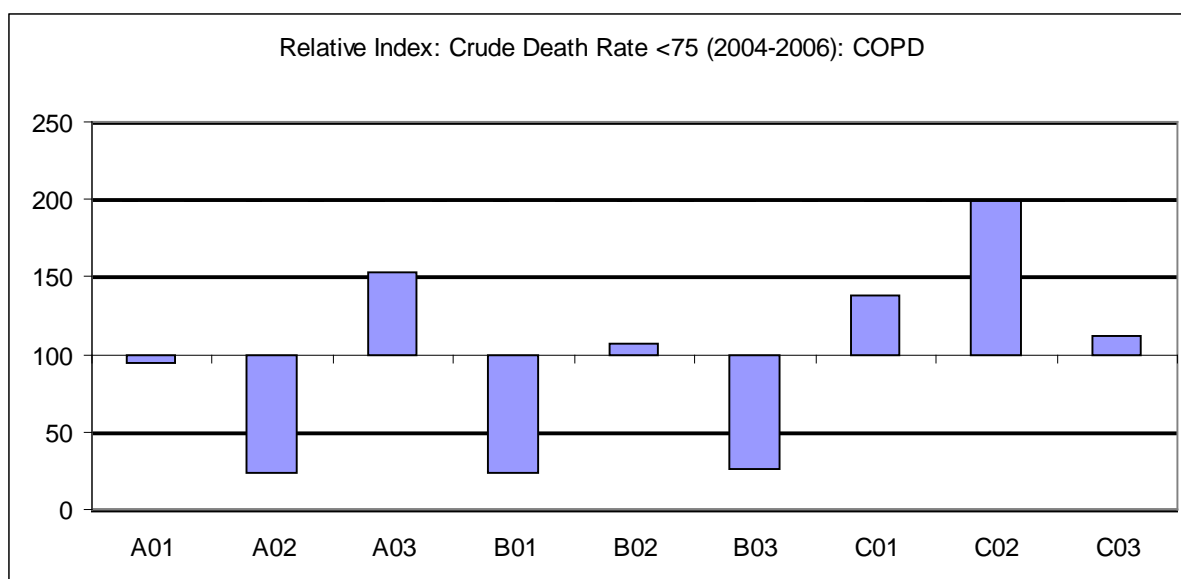
COPD



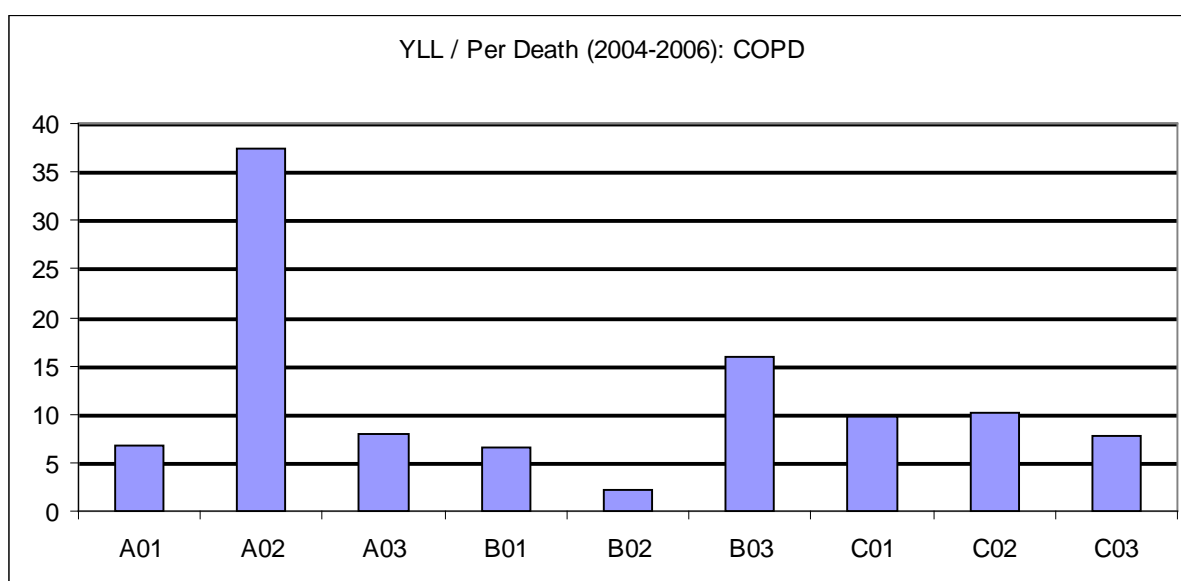
For Chronic Obstructive Pulmonary Disease (COPD), the crude death rate was highest in A03 and also relatively high amongst C01 and C02.



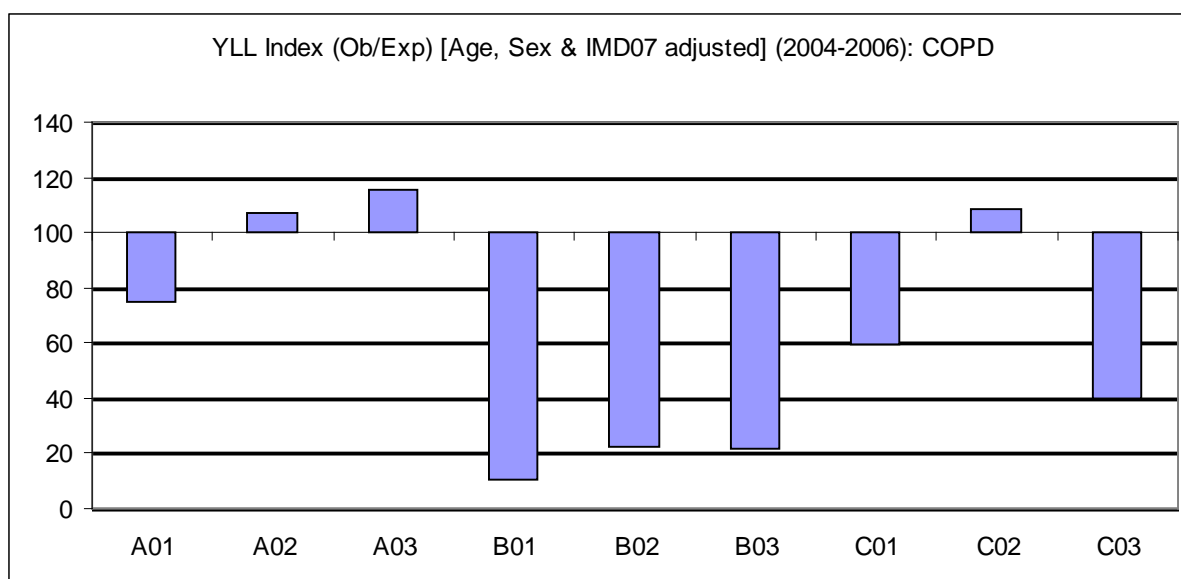
When these data were standardised according to the age composition of the segments, C02 emerged as having the highest mortality levels, at over 60% higher than expected.



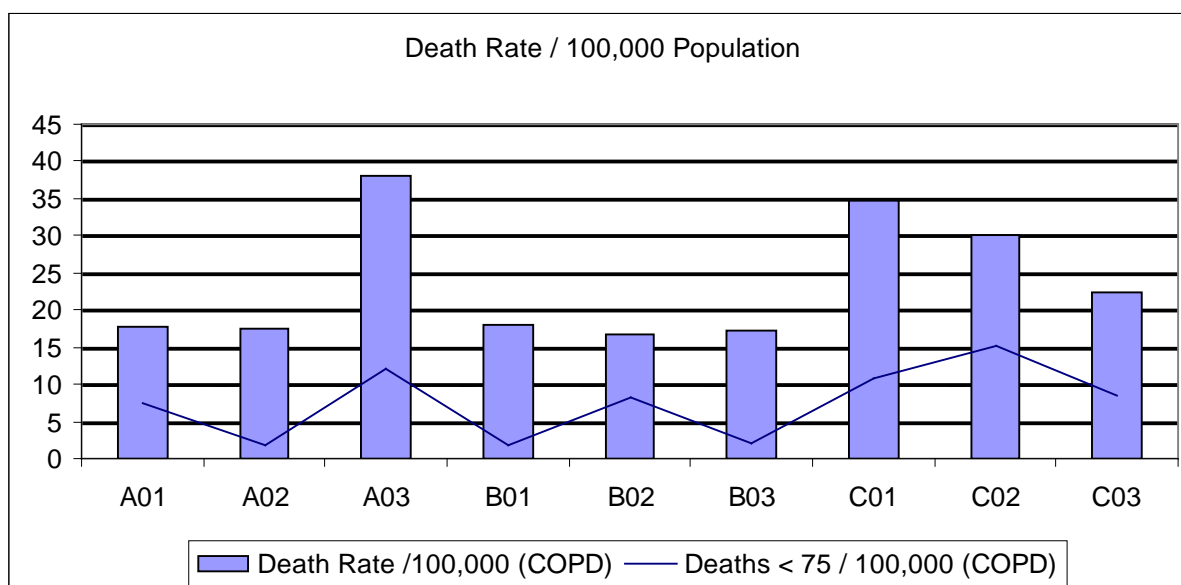
Restricting the data to that for under 75s generally had little effect on the relative index for crude death rate from COPD. However, in this case C02s showed the highest rate, at almost twice as many as would be expected.



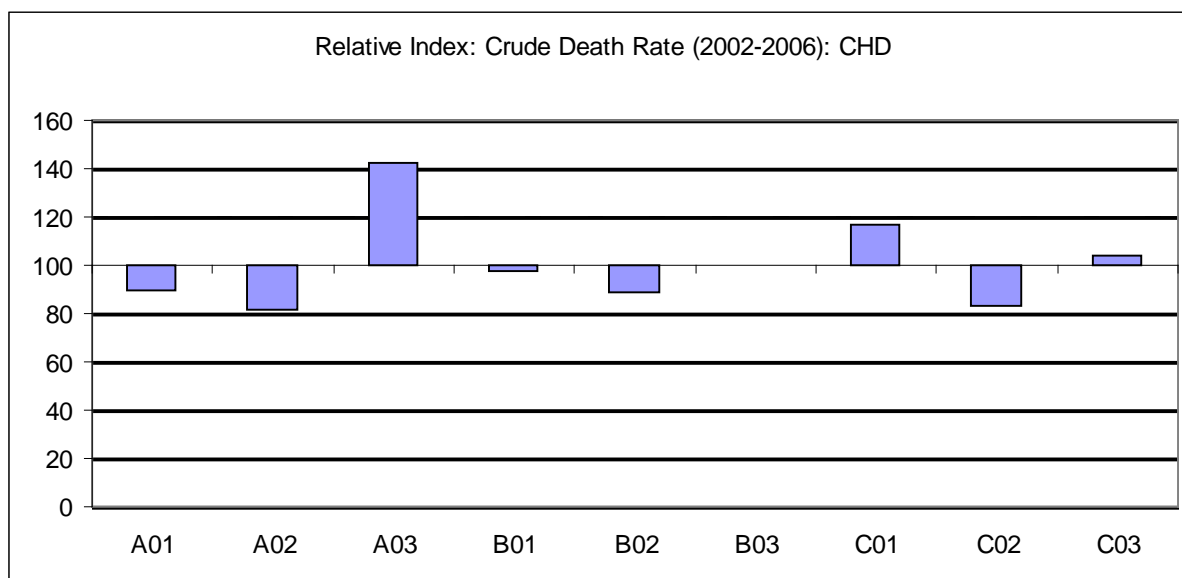
Years of Life Lost per death for COPD varied from between approximately 2 for B02 and 37 for A02.



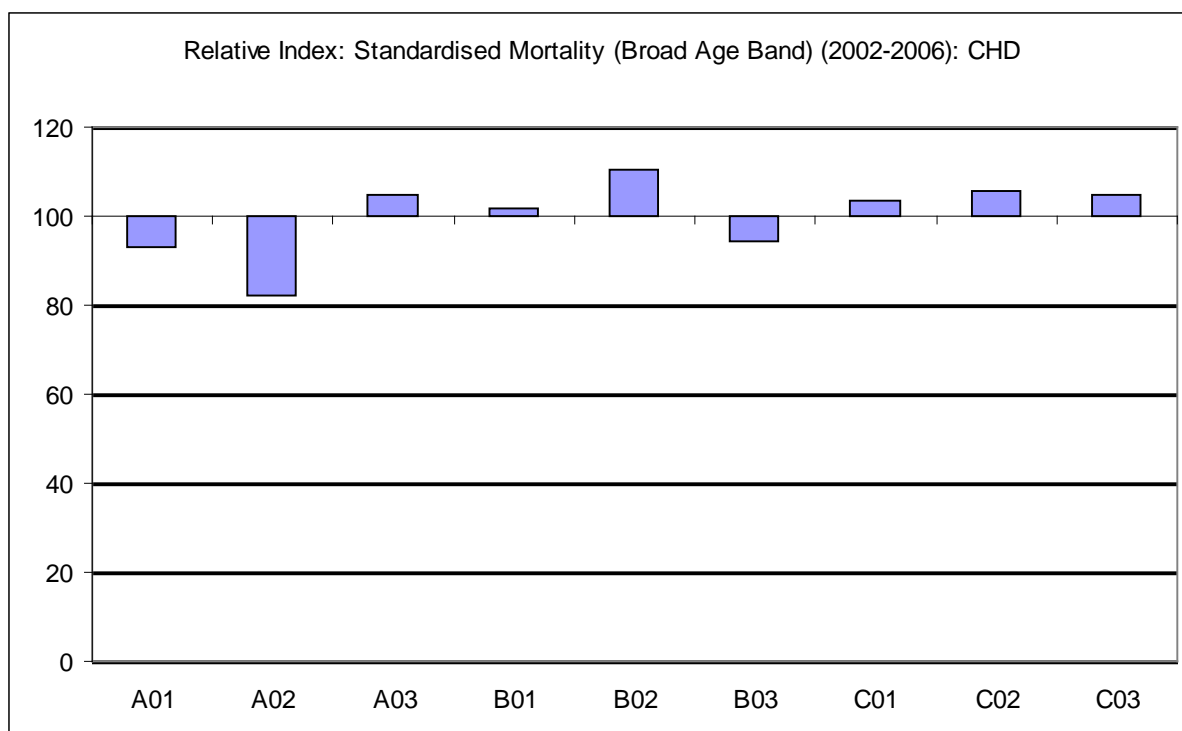
The Index of Years of Life Lost from COPD, adjusted for age, sex and deprivation, was much lower than expected for all the B segments, at about one fifth of the expected values.



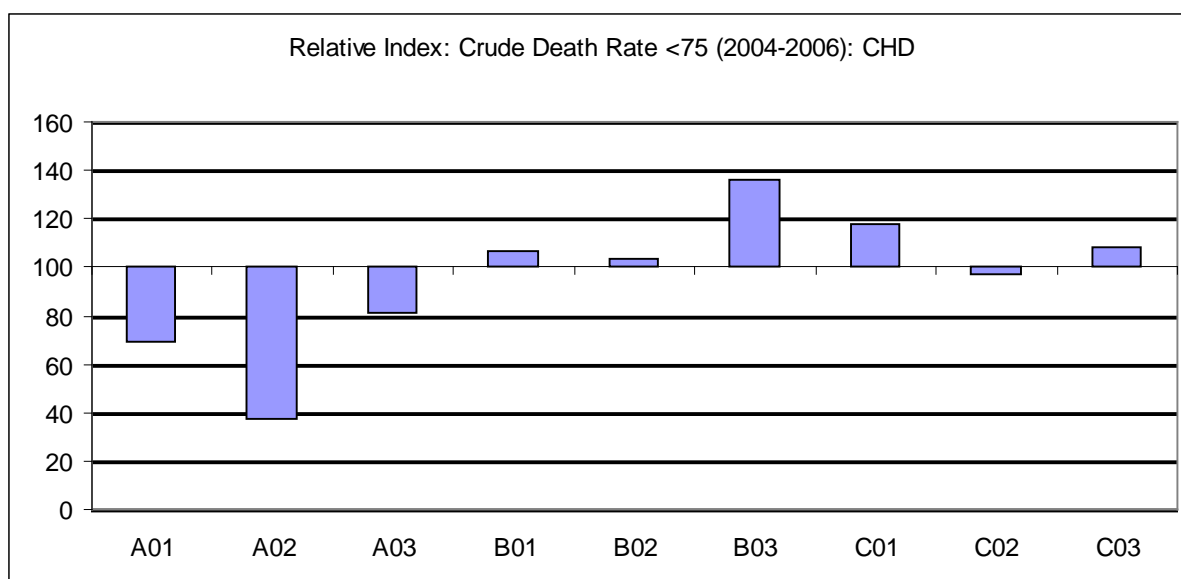
COPD deaths per 100,000 population varied between about 17 and 38. The highest rate was for segment A03. Amongst under 75s the highest rate was for C02s.

CHD

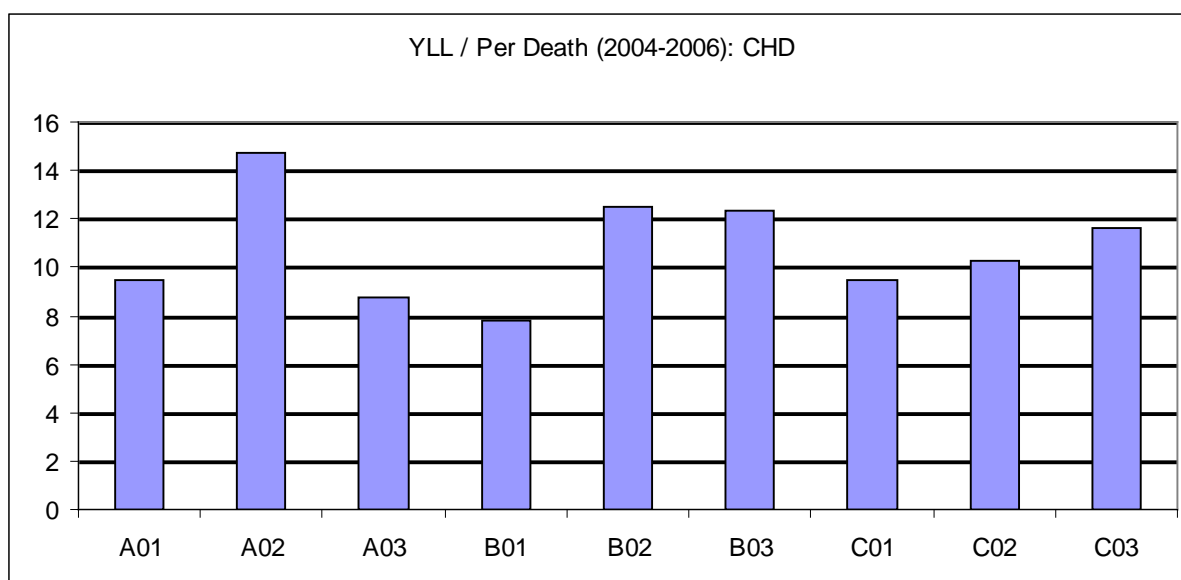
For Coronary Heart Disease (CHD) crude death rates varied between 43 % higher than expected (A03) and 19 % lower than expected (A02).



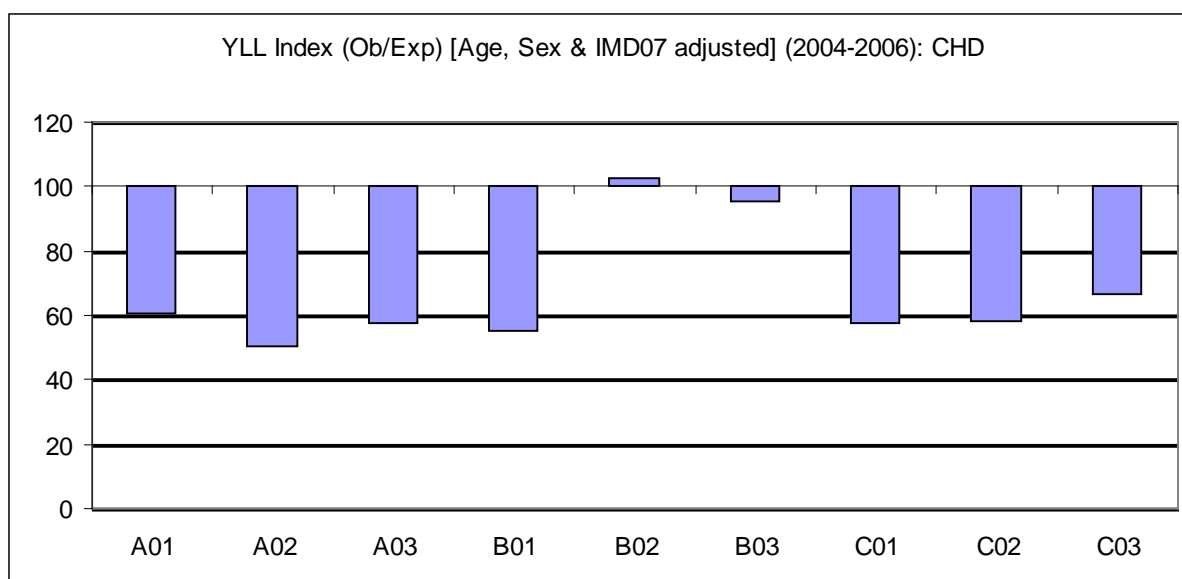
When these data were standardised for age and sex, the picture changed a little, with most segments showing similar to the expected values, although A02s were again almost 20% lower than expected.



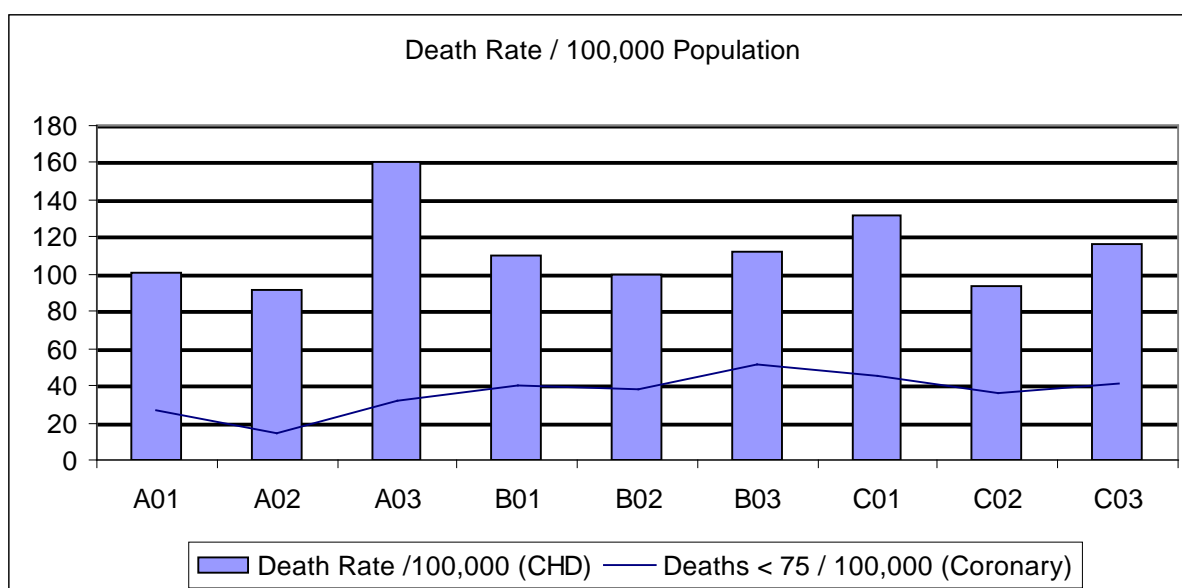
For under 75s, death rates for CHD were particularly low for A02s, at less than 40% of the number expected on the basis of national rates.



Years of Life Lost due to CHD varied from about 8 per death for B01 to about 15 for A02.

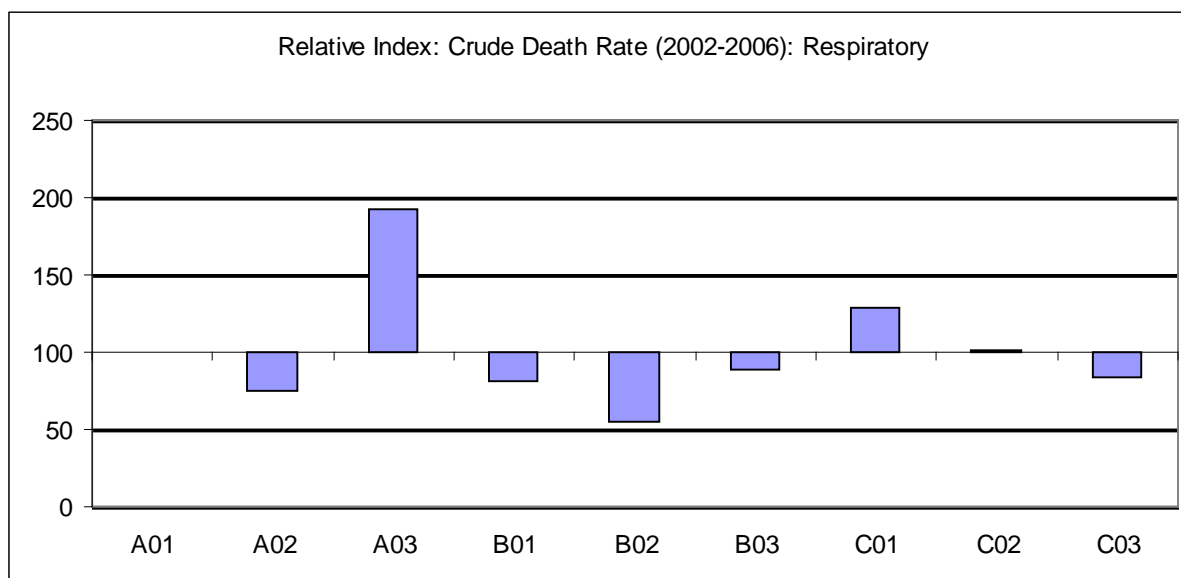


Years of Life Lost due to CHD were lower than expected for almost every segment, given age, sex and deprivation levels of those in the segments. Several of the segments were at less than 60% of the expected values.

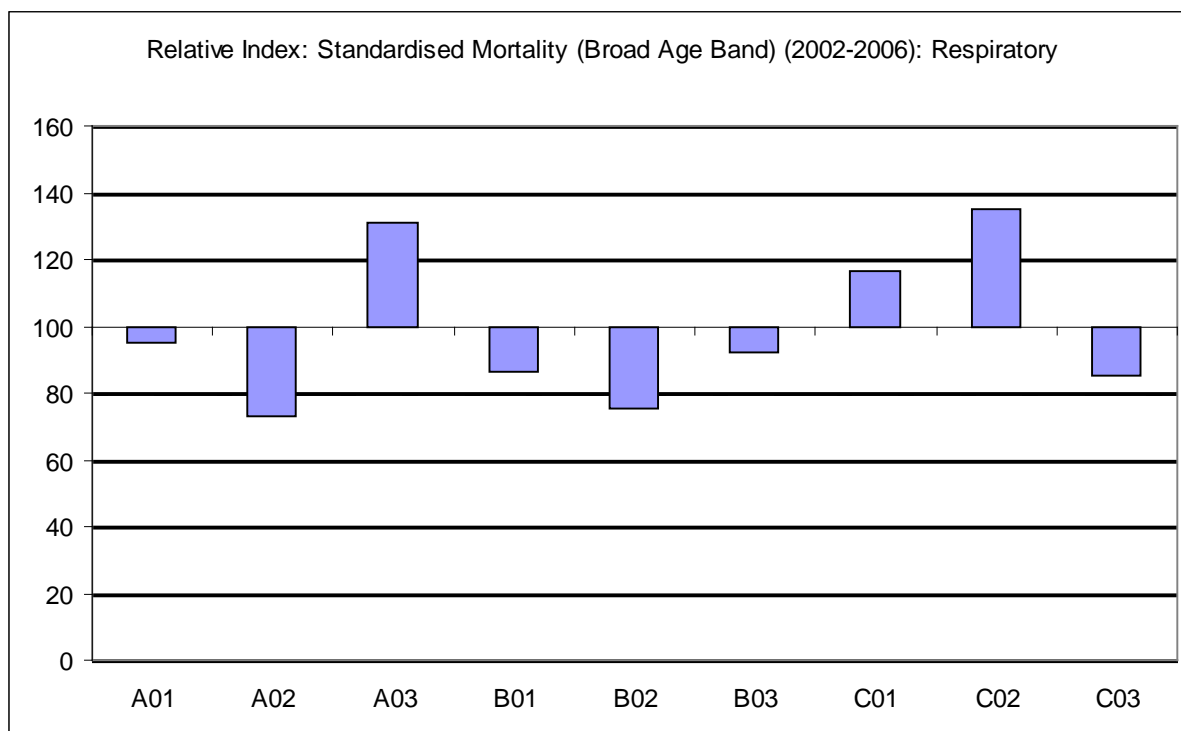


Death rates for CHD were highest for A03, at about 160 per 100,000 population. Amongst the under 75s, the rate was highest for the B03 segment.

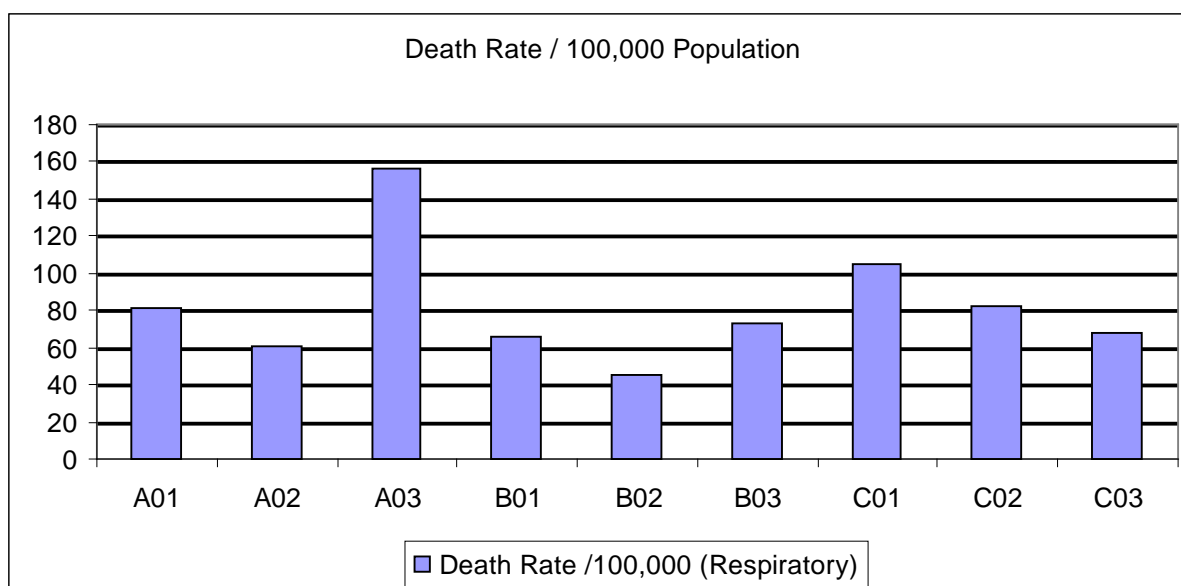
Respiratory



The crude death rate from respiratory diseases was highest amongst the A03 segment, where it was almost twice as high as expected.

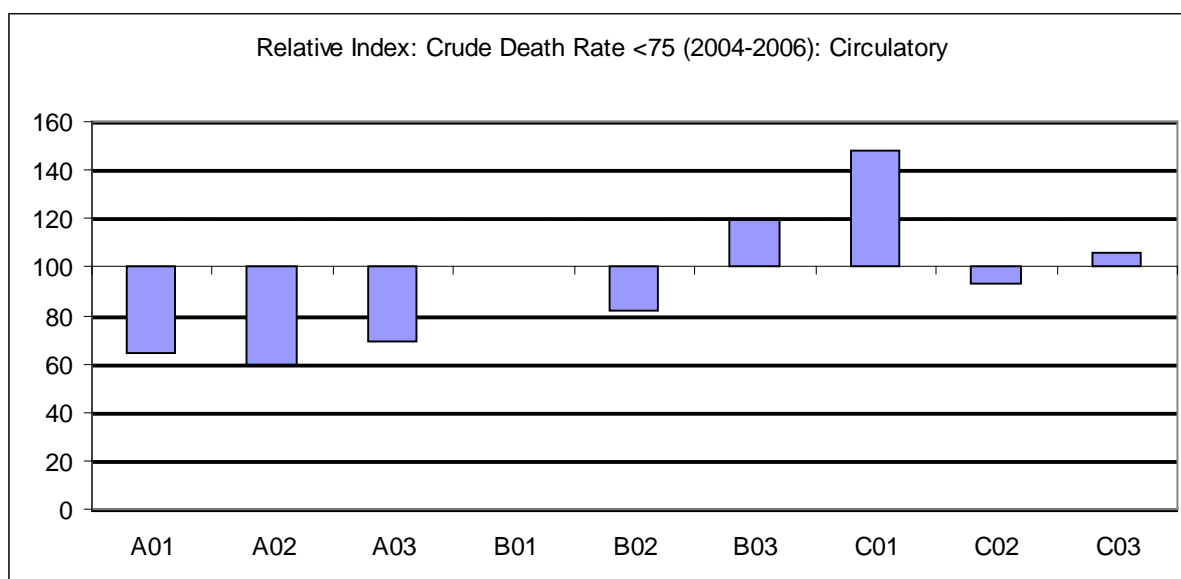


However, when the deaths from respiratory diseases data were standardised for broad age band, although the index for A03 was still high, it was highest for C02.

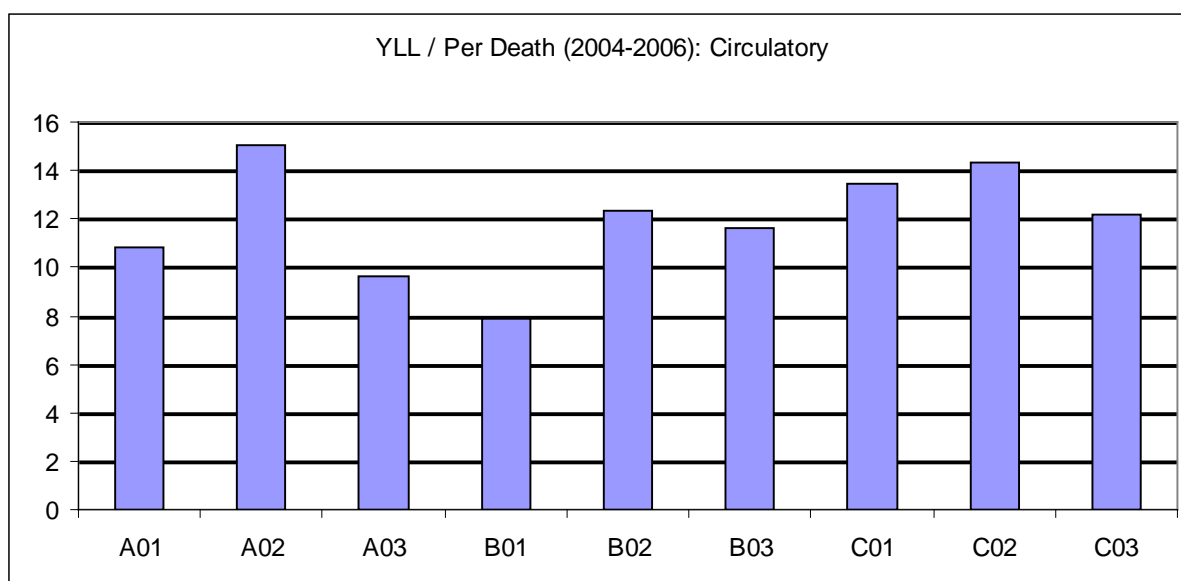


The death rate per 100,000 from respiratory diseases ranged from 45 for B02 to 157 for A03.

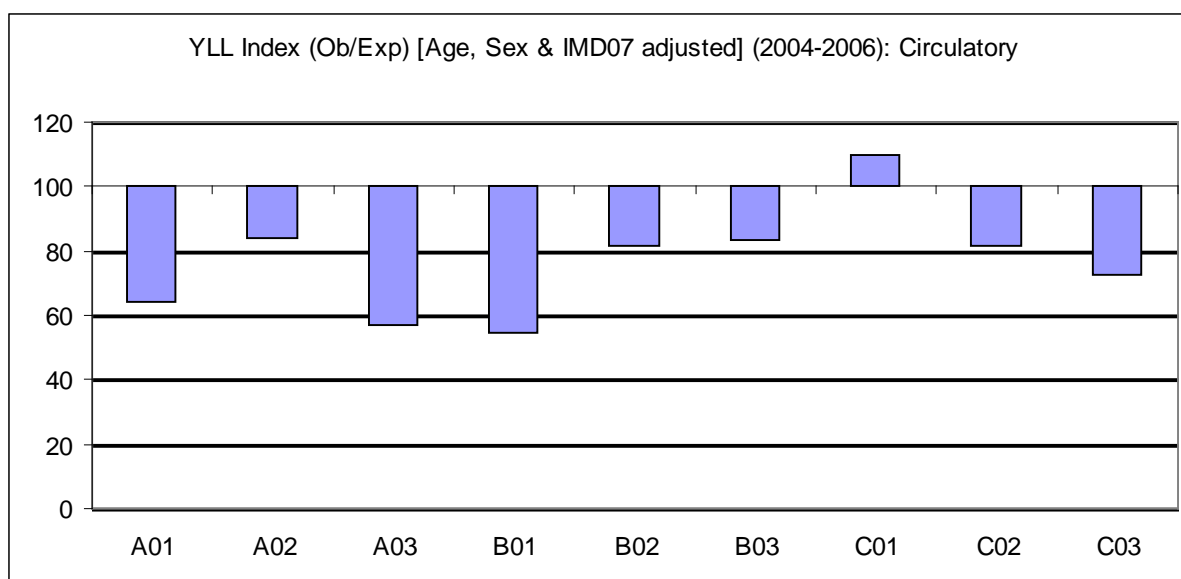
Circulatory



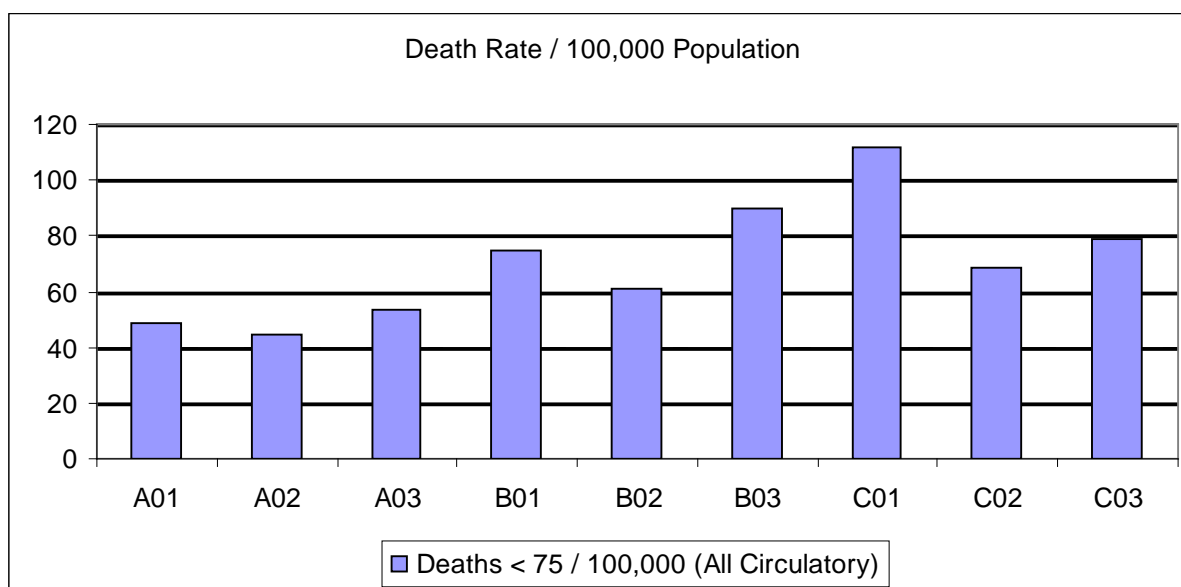
Amongst under 75s, Crude death rate for Circulatory Diseases was lowest for A02 and highest for C01.



Years of life lost per death for circulatory diseases ranged from 8 for B01 to 15 for A02.



When YLL for Circulatory Diseases were compared to expected values (given age, sex and deprivation), B01 and A03 were both over 40 % lower than expected, and only C01 gave higher than expected values.



Deaths per 100,000 for circulatory diseases were highest for C01 (112) and lowest for A02 (45).

Hospital Admissions Index Values

In addition to the relative values given above, for admissions by condition, the following charts have been produced to:

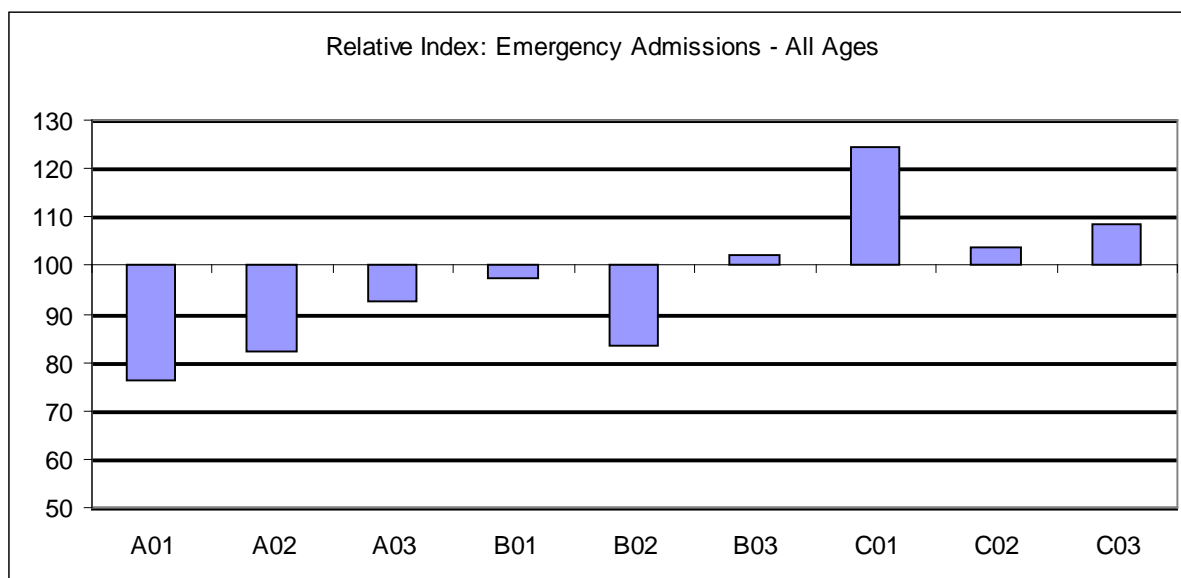
- allow one to delve further into particular patterns of ill health
- compare index values to national expectations visually, and
- provide confidence (or explanations for low confidence) in regard to particular issues, for instance where there may be a high index for years of life lost as a result of a low total number of deaths which may have occurred early.

The charts will be presented by cause, for all segments, to allow multiple views on to be analysed side by side for each of the causes.

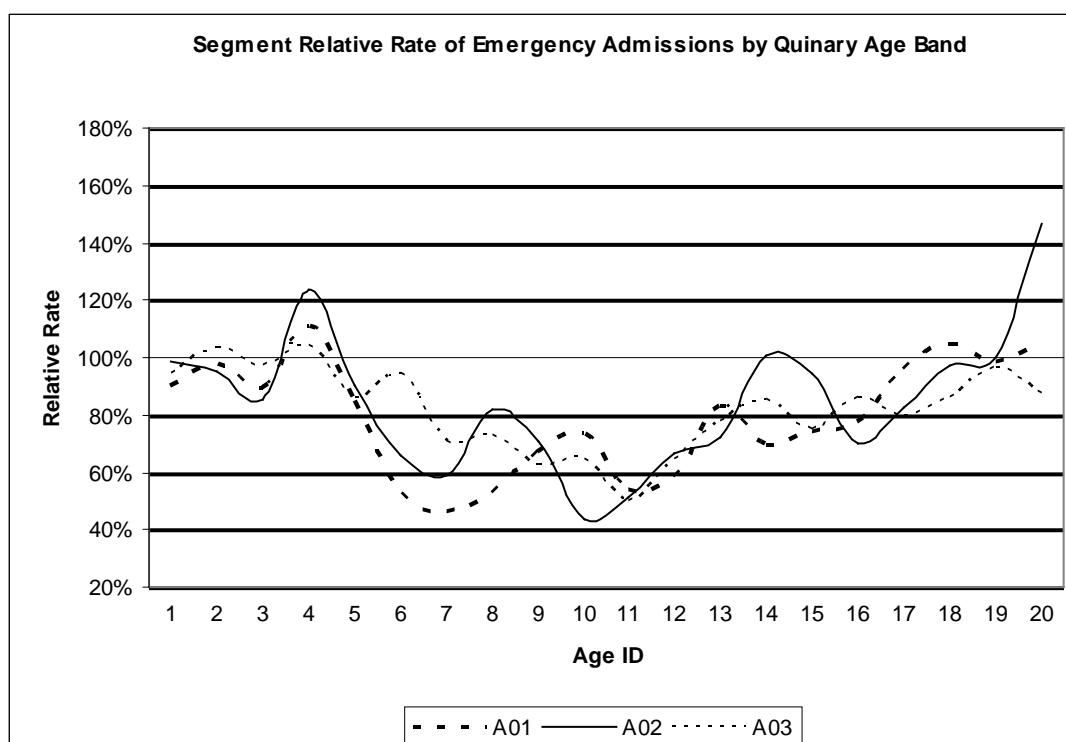
Graphs showing quinary age bands show bands according to an age ID. These bands are as follows:

Age ID	Age Band	Age ID	Age Band
1	< 1	11	45-49
2	1-4	12	50-54
3	5-9	13	55-59
4	10-14	14	60-64
5	15-19	15	65-69
6	20-24	16	70-74
7	25-29	17	75-79
8	30-34	18	80-84
9	35-39	19	85-89
10	40-44	20	90+

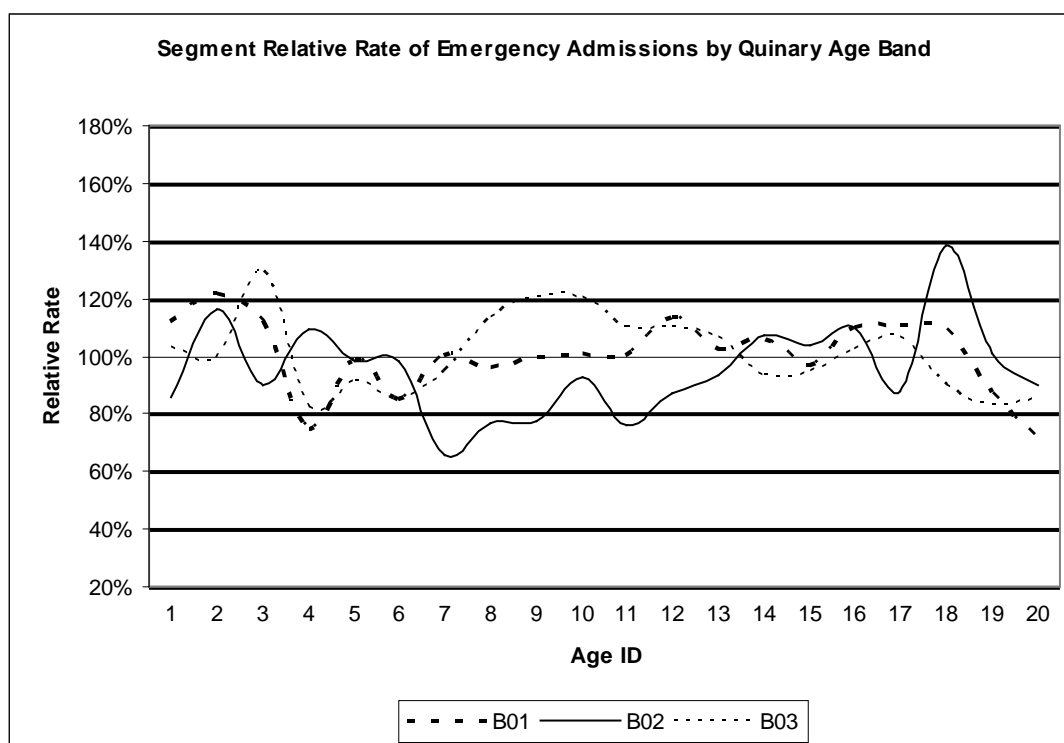
Emergency Admissions



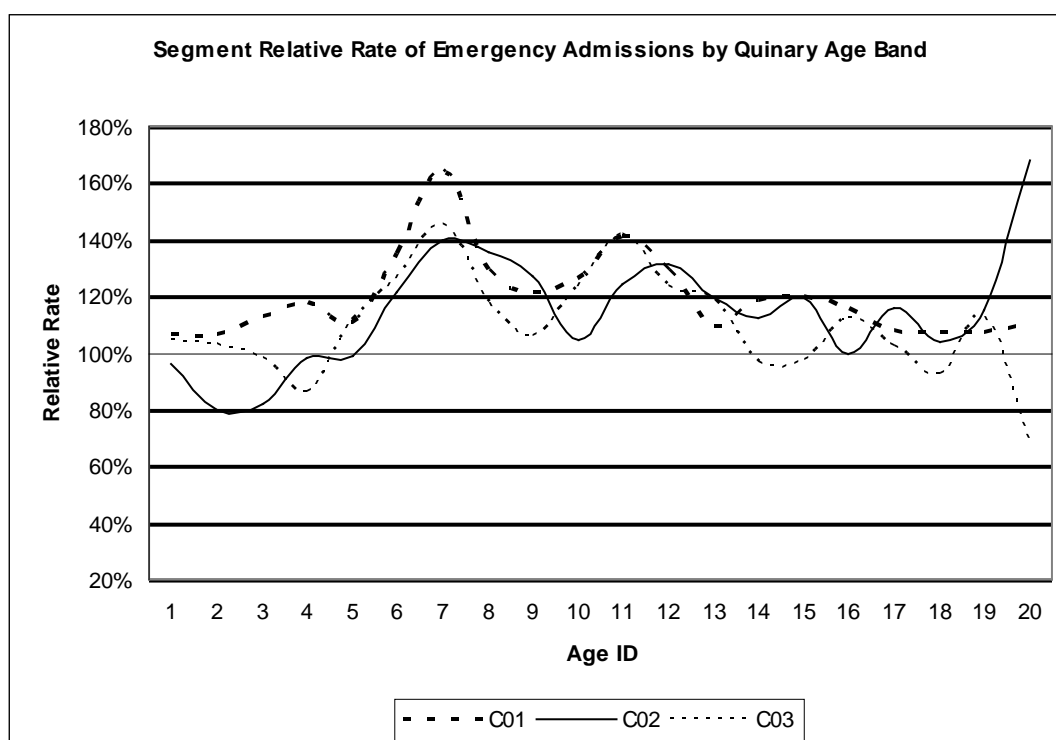
For all emergency admissions, rates were lowest for the A01, A02 and B02 segments. C01 had a notably higher than expected index.



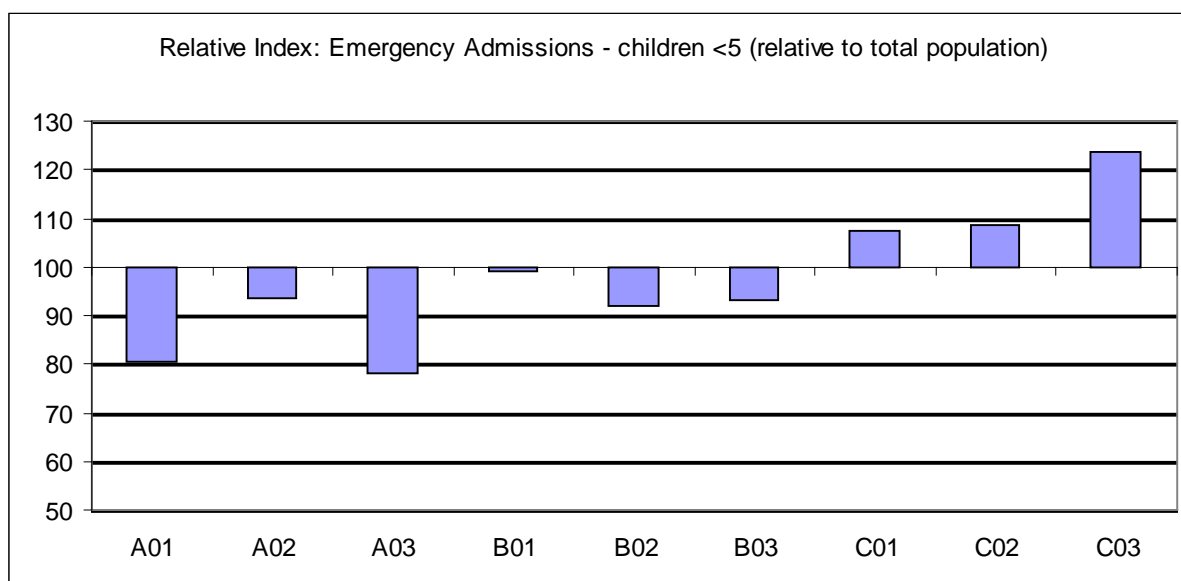
For the A segments, emergency admissions were usually highest amongst under 19s and over 55s. The A02 segment showed notable peaks for 10-14, 30-34, 60-64 and over 90.



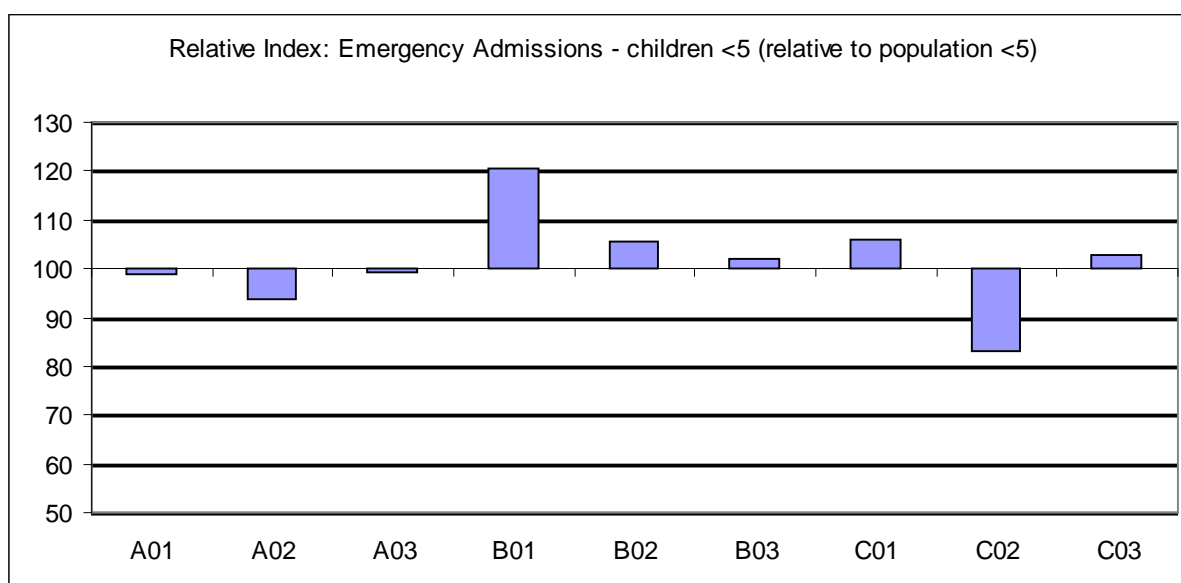
Differences amongst different age bands were less dramatic for the B segments than they had been for the A segments.



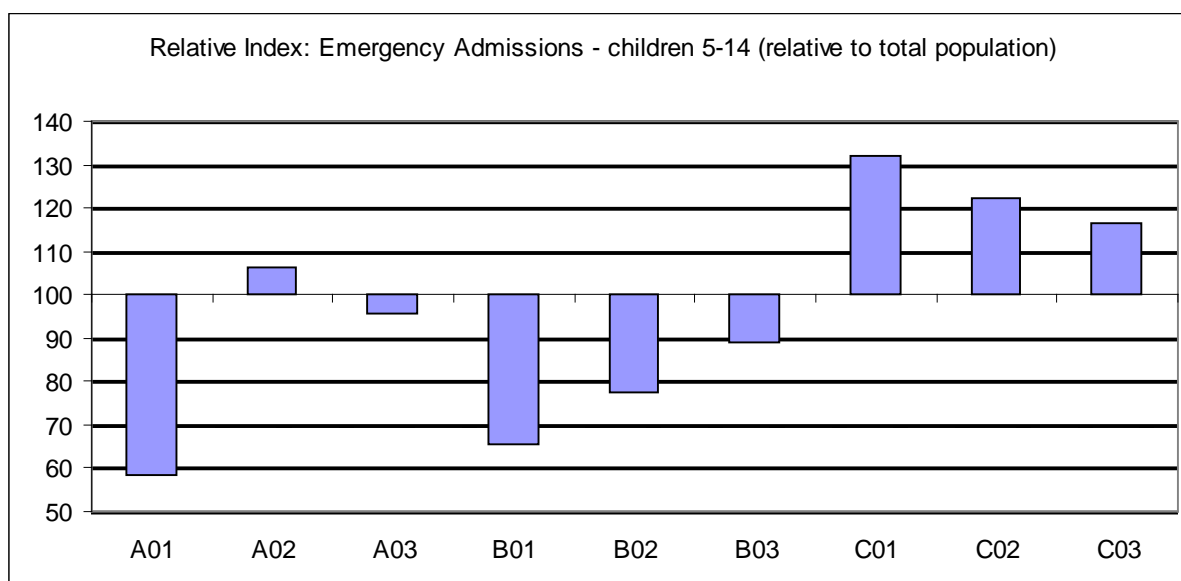
The C segments showed notable peaks at 25-29, 45-49 (C01, C03) and 50-54(C02).



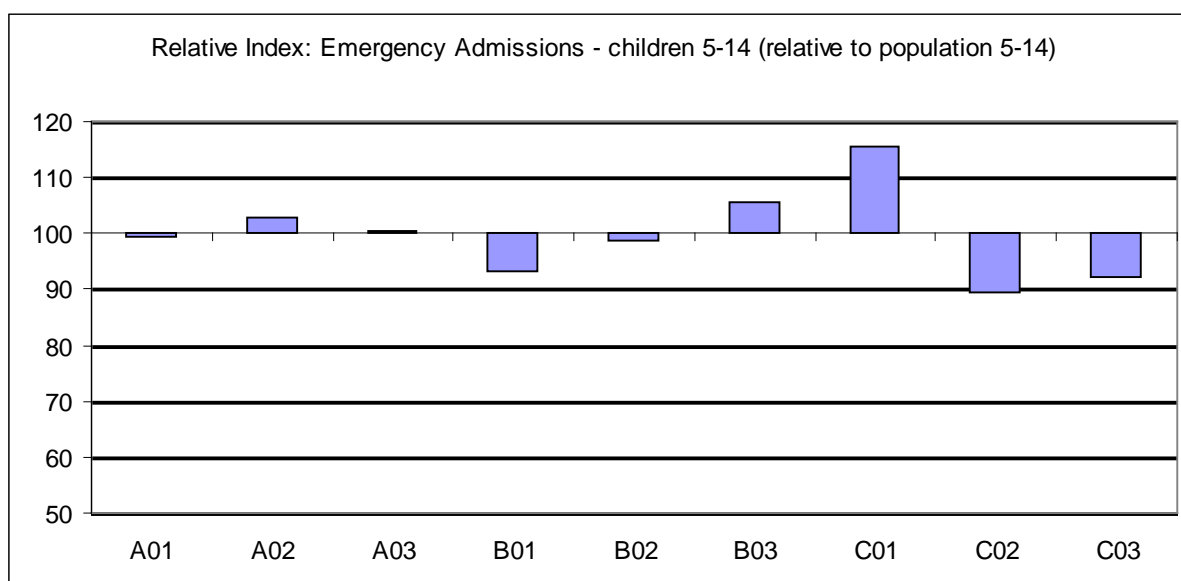
Expressed as a proportion of the total population, the relative index for emergency admissions amongst under 5s was highest for the C03 segment, which was 24 % higher than expected.



However, expressed as a proportion of the under 5 population, the picture changed considerably, with B01 showing the highest value, at just over 20 % higher than expected. The difference between the two graphs was due to the fact that there was a lower proportion of under 5s in B01 than in C03.

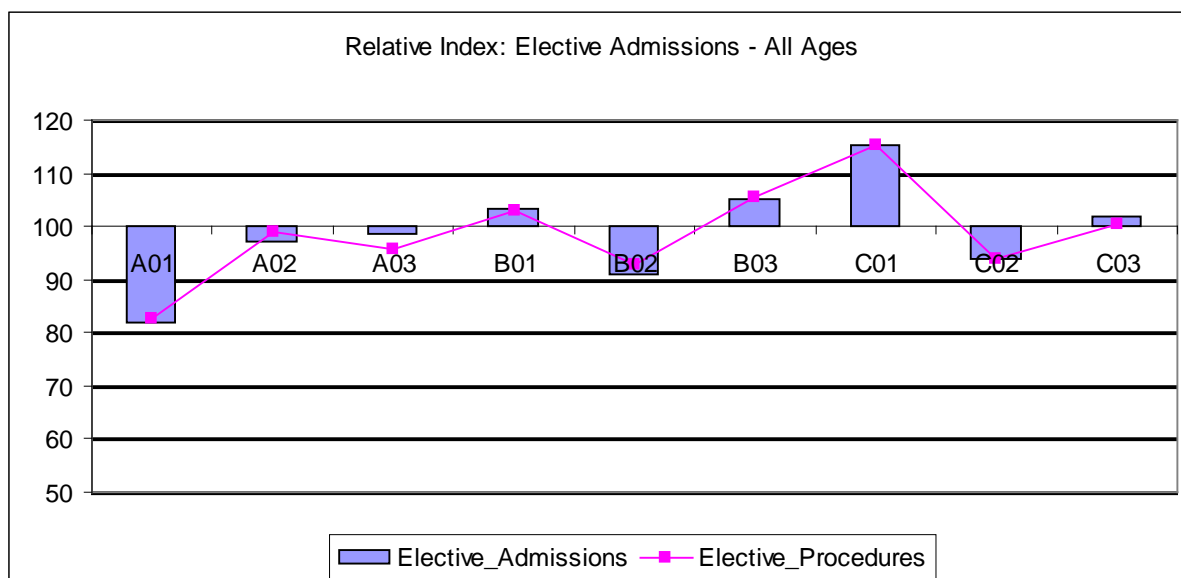


Expressed as a proportion of the total population in the segment, segment C01 showed the highest rates for emergency admissions of 5-14 year olds.

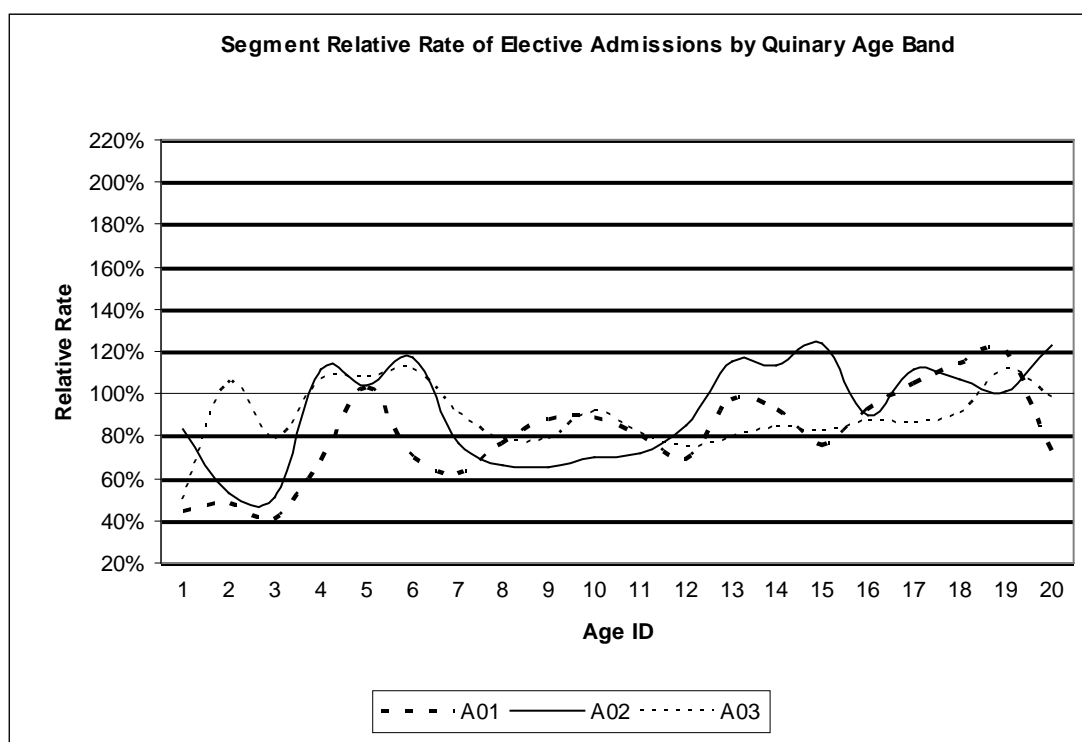


However, as a proportion of the 5-14 year old population, C01 showed the highest rates for emergency admissions amongst 5-14 year olds.

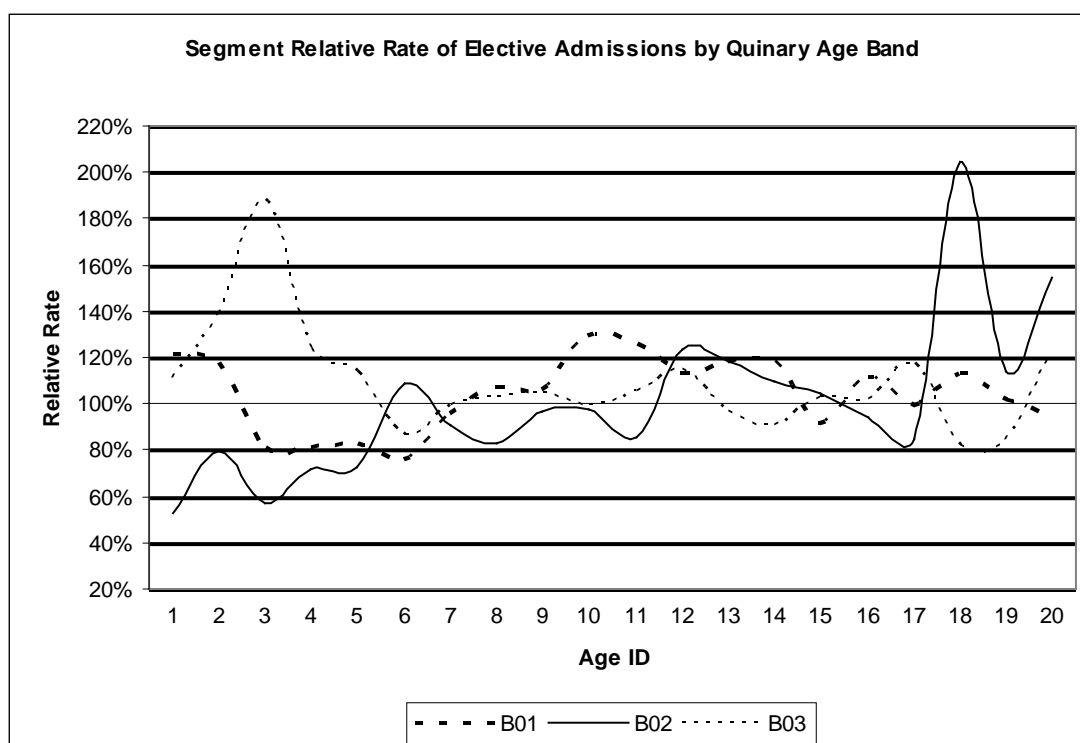
Elective Admissions



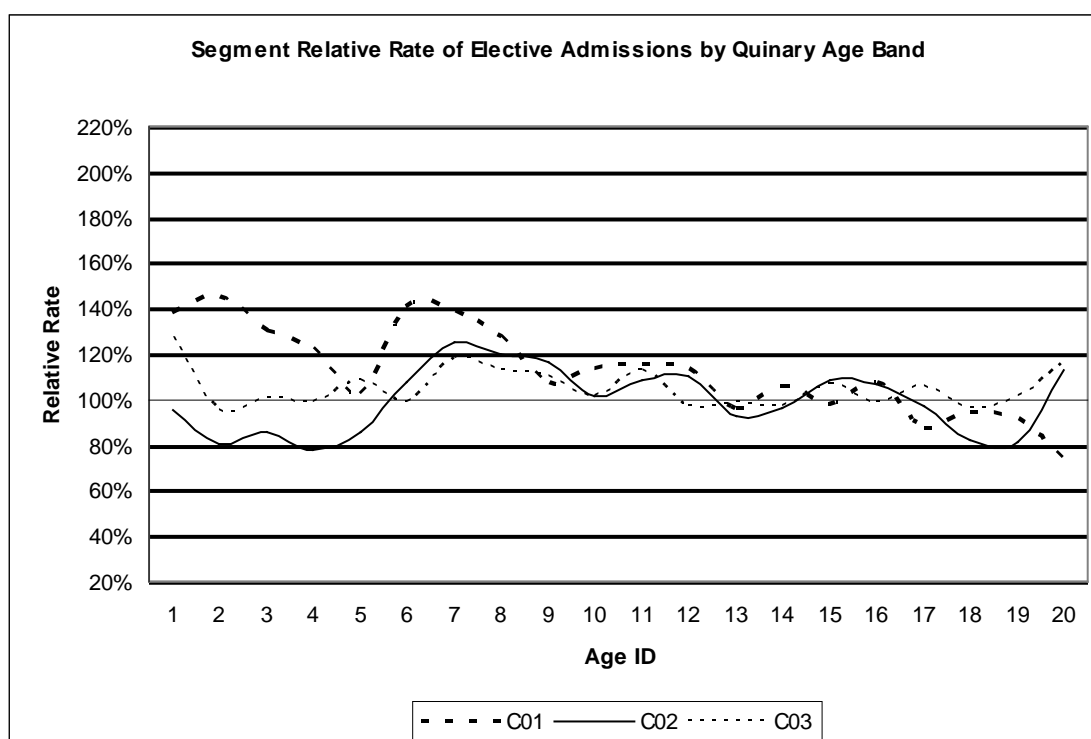
For Elective Admissions and Elective Procedures, C01 showed the highest rates across the overall population, and A01 the lowest rates.



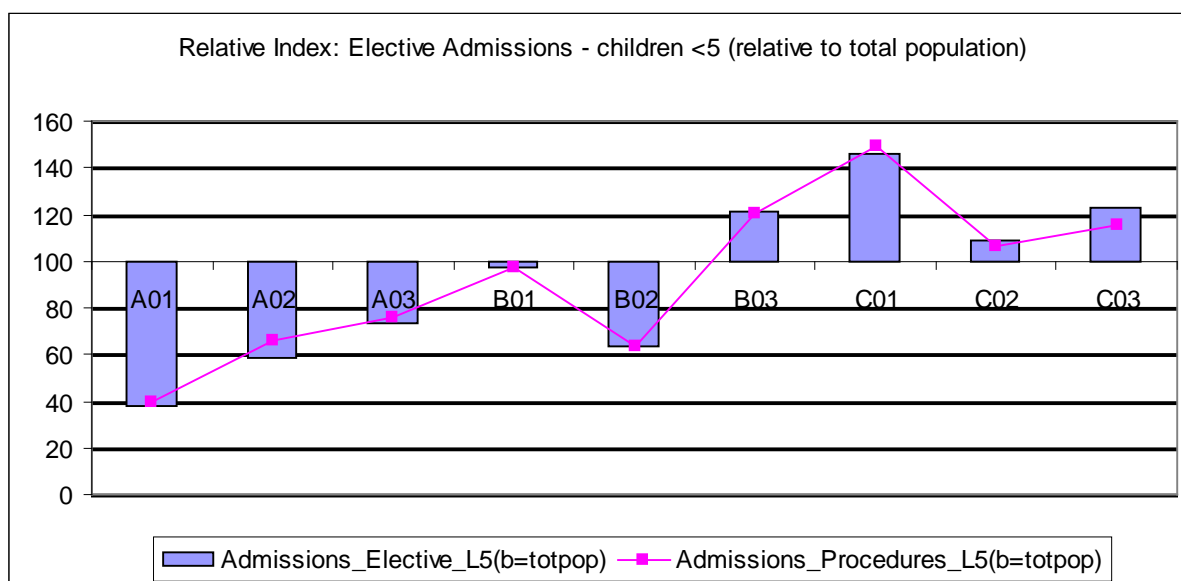
Breaking the data for elective admissions into quinary age bands showed that amongst the A segments there was a weak trend of increases in admission rates with age.



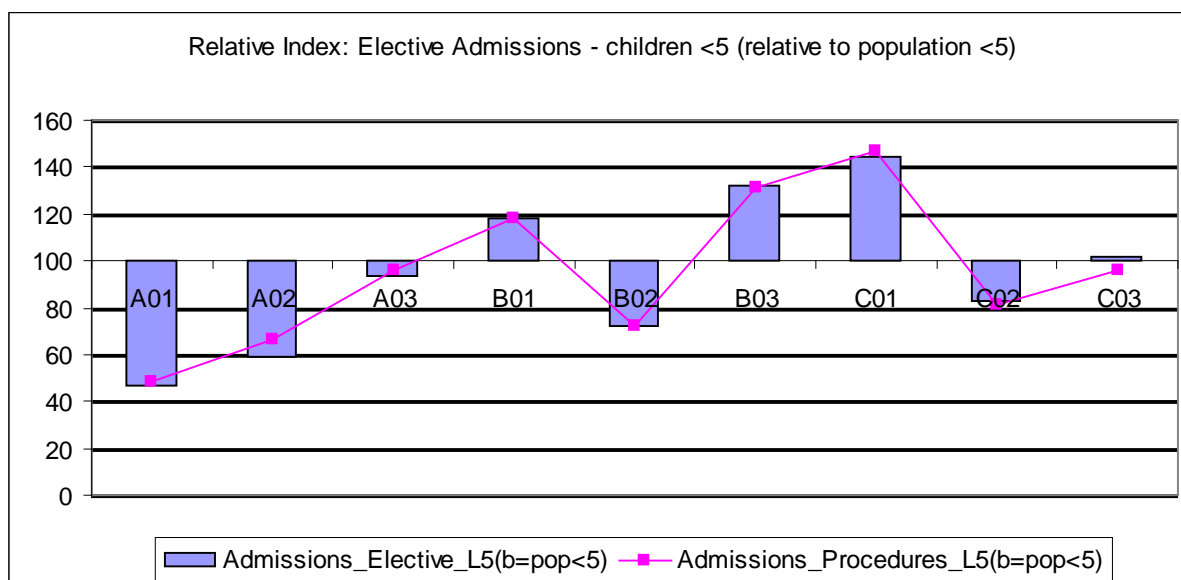
For the B segments, there was considerable variability in elective admission rates by quinary age band, with highest rates amongst 5-9 year olds in B03 and 80-84 year in B02.



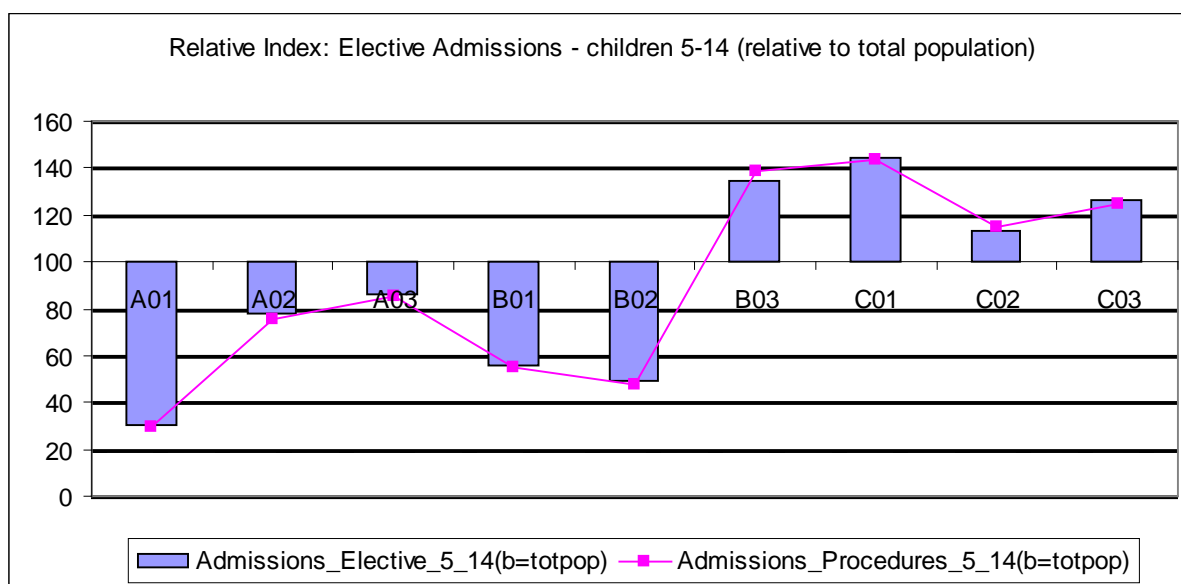
However, there was relatively little variability in rates of elective admissions by age band for the C segments.



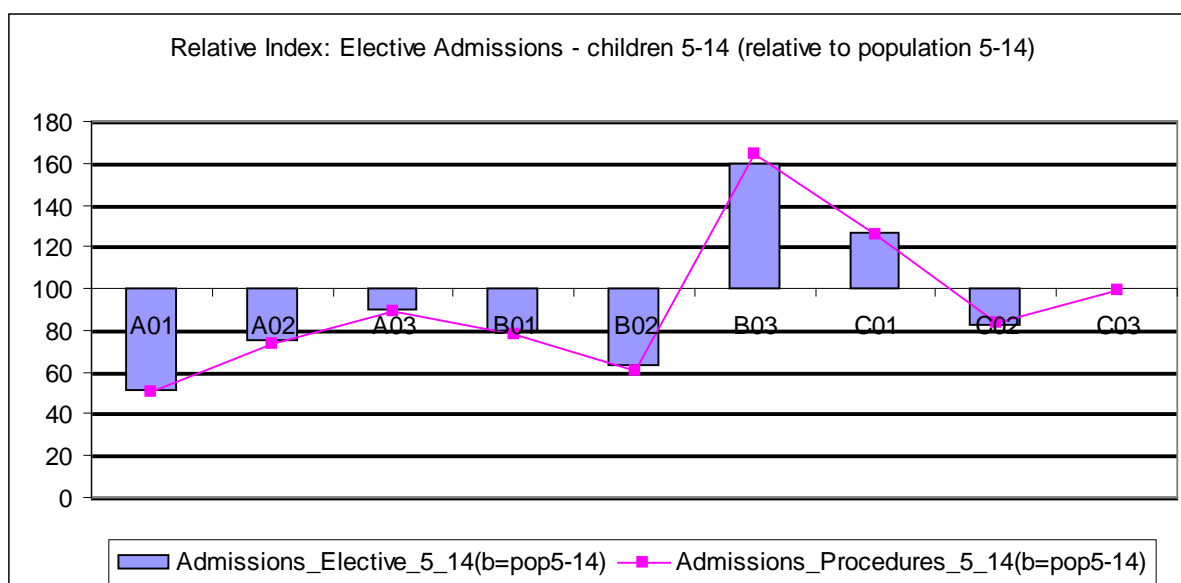
Elective admissions of under 5s relative to the total population were lowest for the A segments and B02, and highest for the C segments and B03.



However, relative to the population of under 5s, C02 and C03 no longer showed high rates of elective admissions of under 5s.

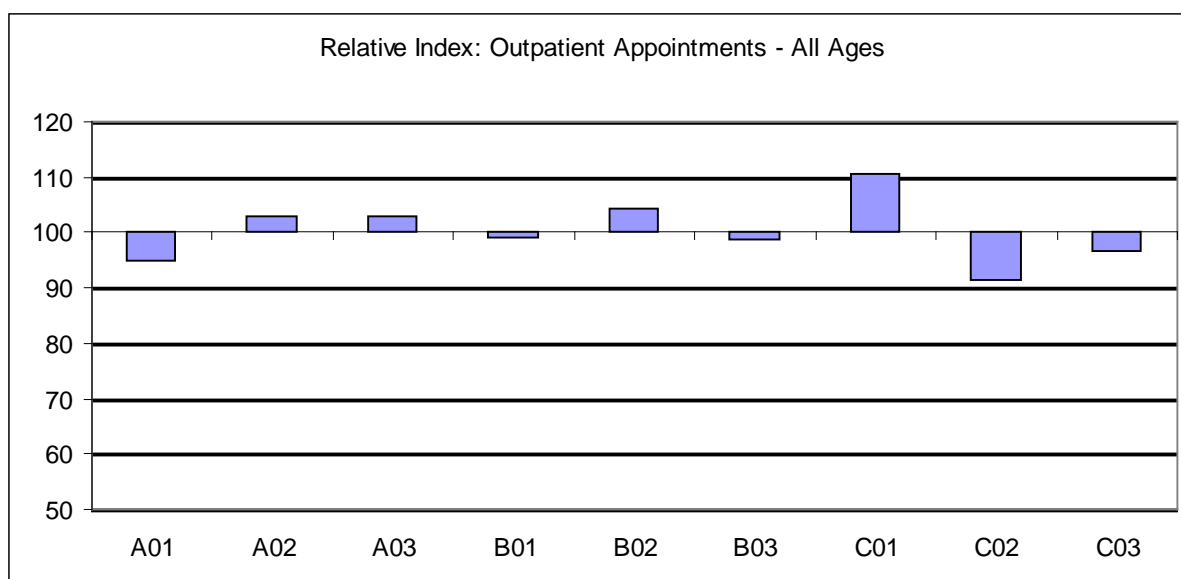


Elective admissions of 5-14 year olds relative to the total population were lowest for the A01, B01 and B02 segments and highest for C01, B03 and C03.

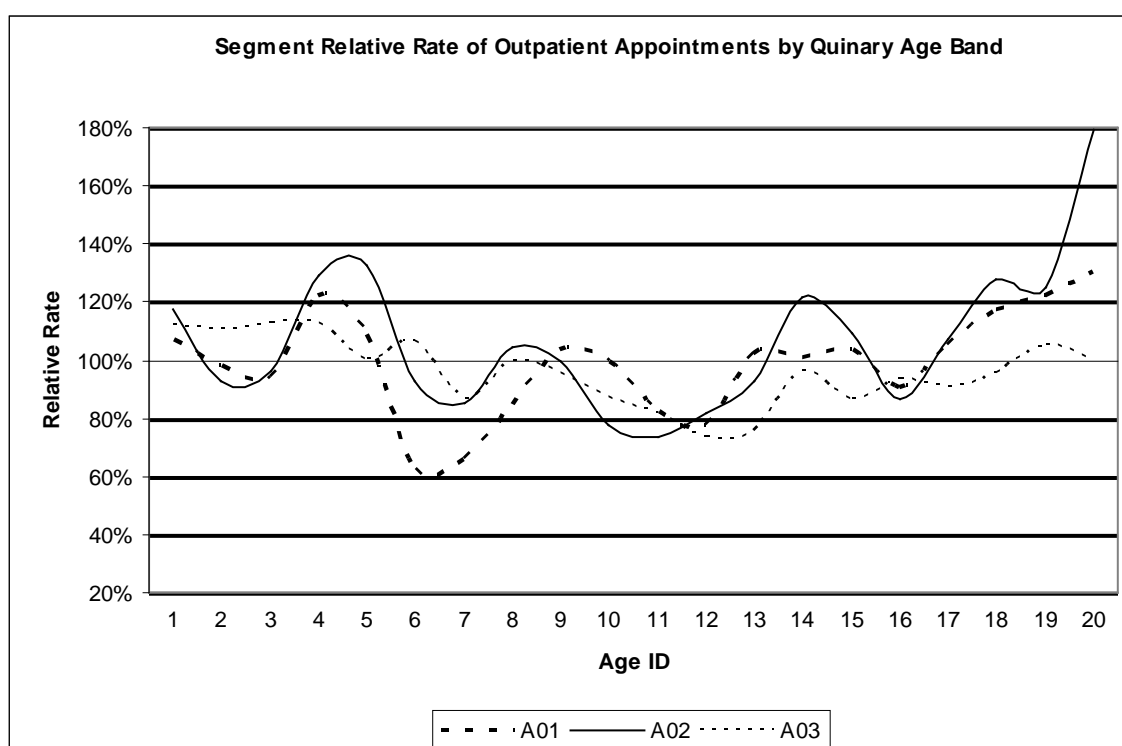


The picture was similar when elective admissions for 5-14 year olds were expressed relative to the population size of this age group, although C02 and C03 no longer showed high values.

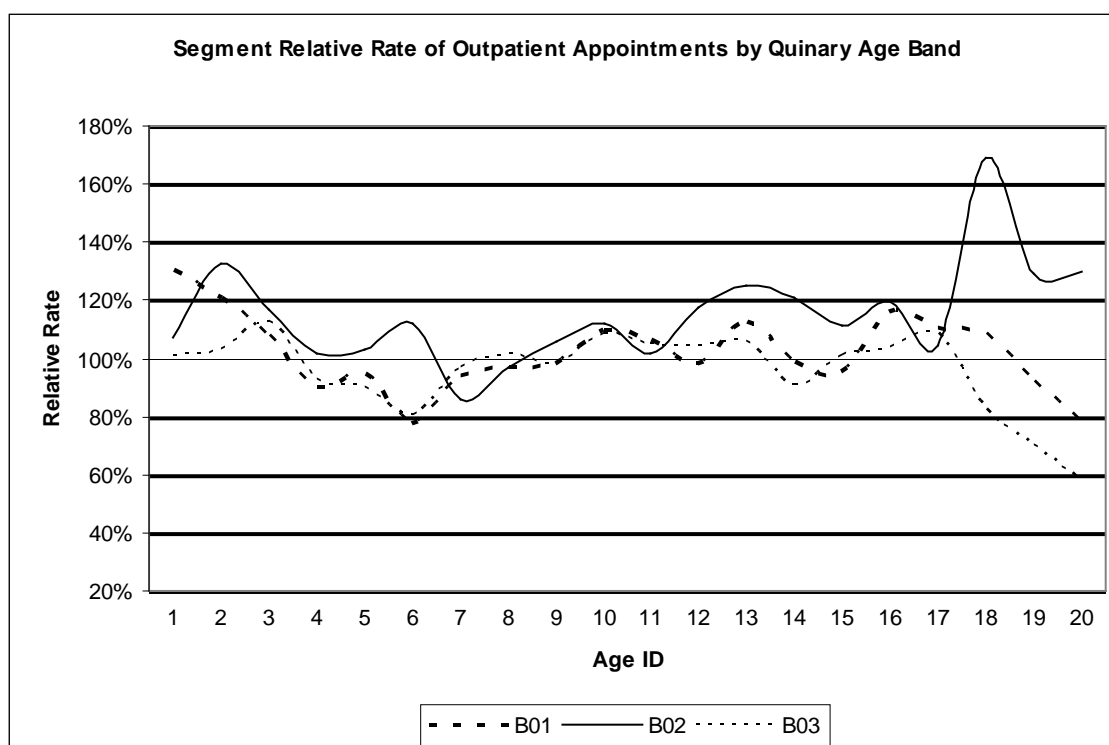
Outpatient Appointments



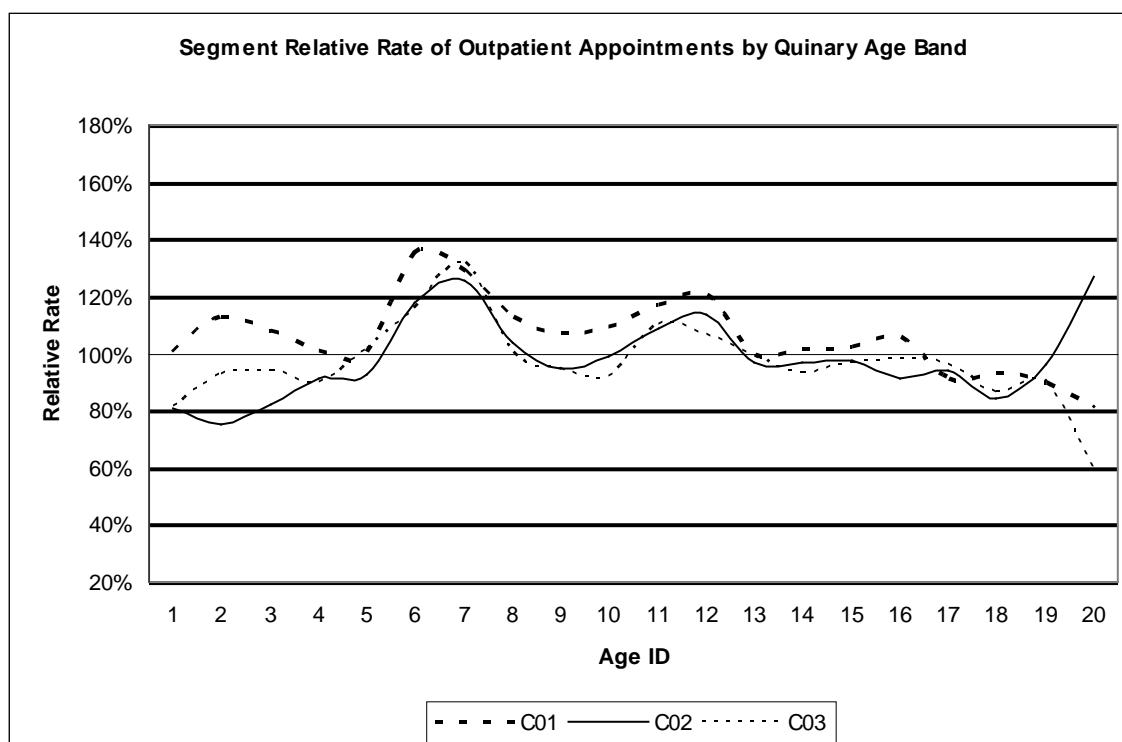
Outpatient appointment rates were relatively uniform across the different segments, with C01 showing the highest rate, at 10% higher than expected.



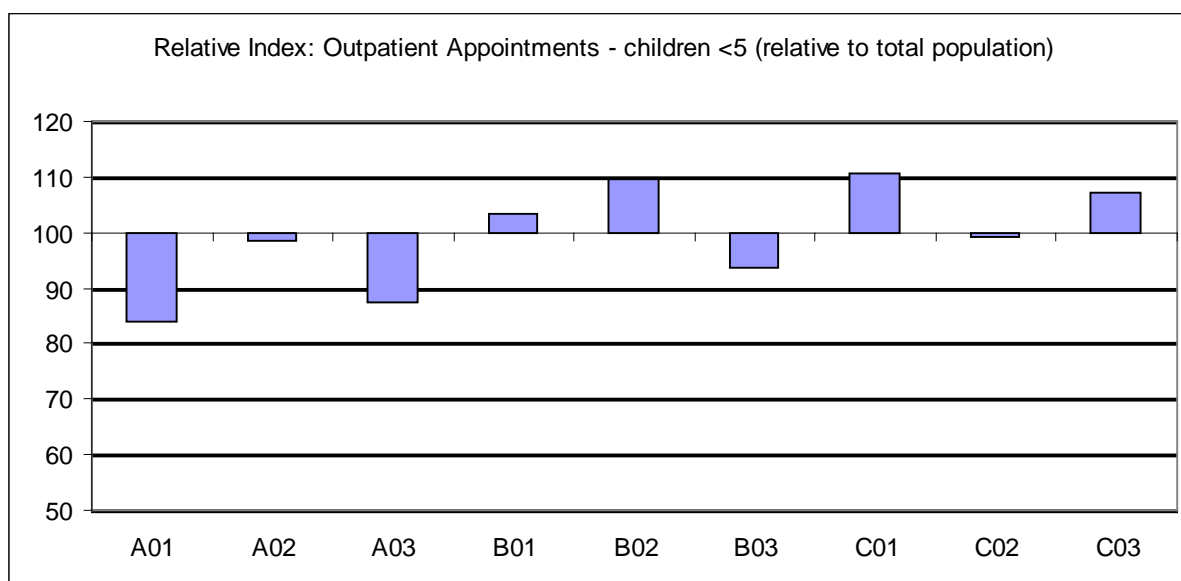
Breaking rates for outpatient appointments into quinary age bands showed that amongst the A segments rates were lowest for A01 20-24 year olds and highest amongst A02 over 90 year olds.



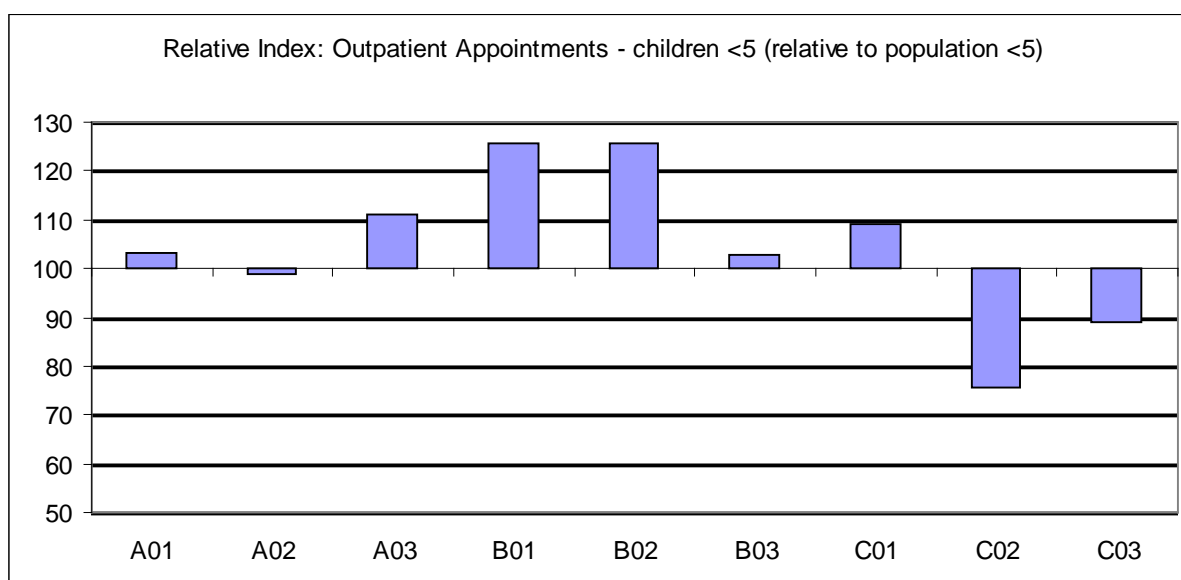
Amongst the B segments, there was considerable variability in outpatient appointment rates amongst the very elderly, with B01 and B03 showing lower than expected rates and B02 higher than expected.



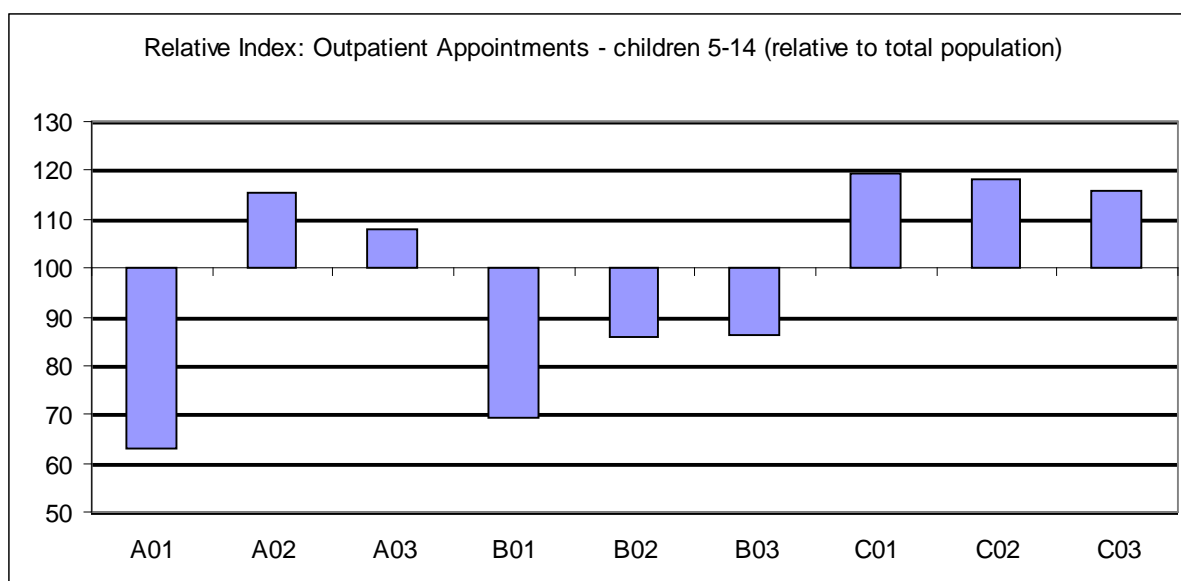
Outpatient appointment rates were relatively uniform amongst the C segment quinary age bands, although it can be seen that rates amongst over 90 year olds were relatively low for the C01 and C03 bands and high for C02.



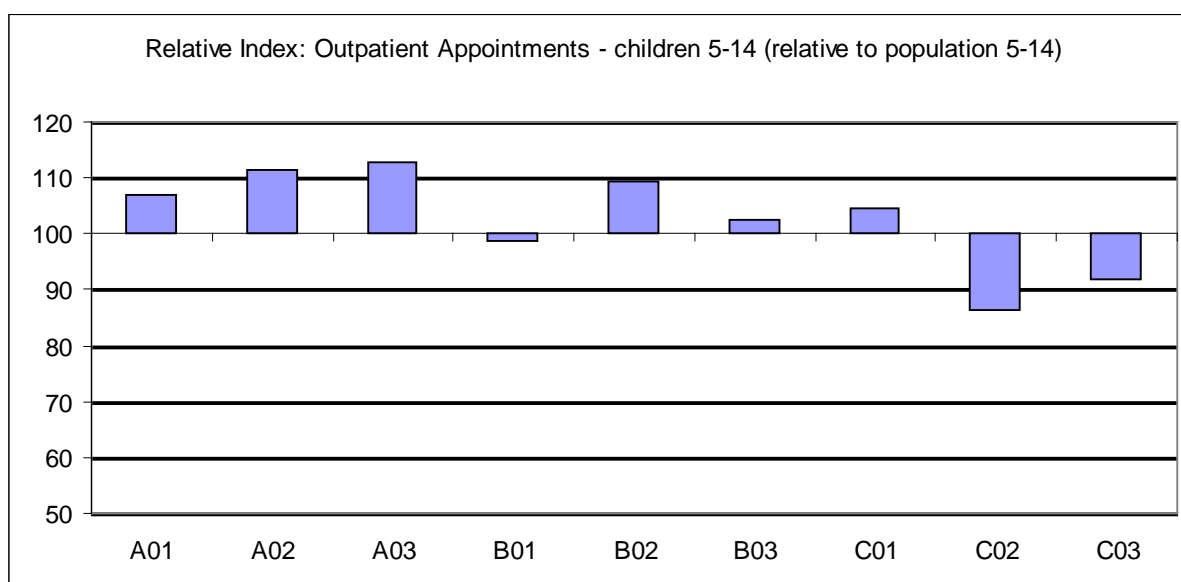
Expressed as a proportion of the total population, rates for outpatient appointments for under 5s were relatively high for C01, B02 and C03 and low for A01, A03 and B03.



However, when the same data were expressed as a proportion of the under 5s population, B01 and B02 segments gave considerably higher than expected rates, and C02 considerably lower than expected.

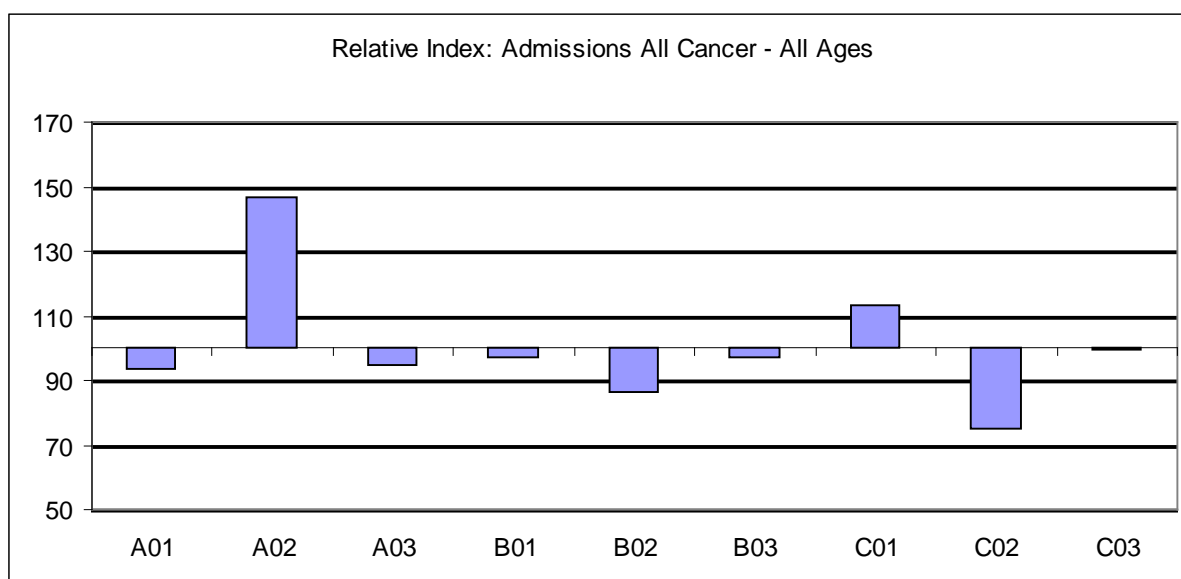


Expressed as a proportion of the total population, rates for outpatient appointments for 5-14 year olds were relatively high for the C segments and A02 and much lower than expected for A01 and B01.

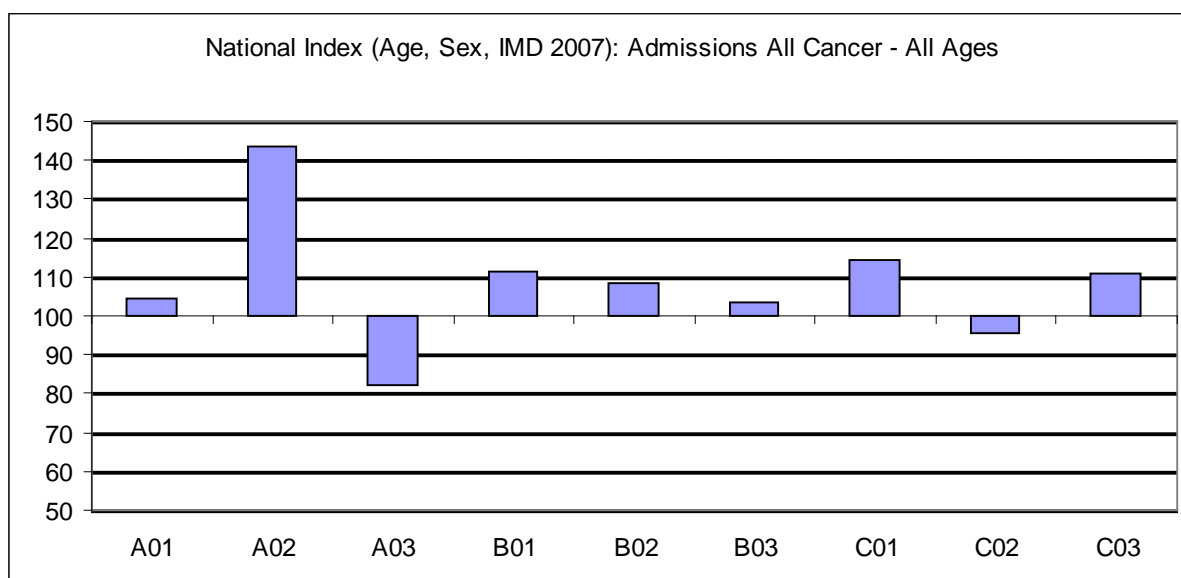


However, when the same data were expressed as a proportion of the under 5-14s population, values for all segments were much closer to the expected values, with rates varying between 14 % lower than expected (C02) and 13 % higher than expected (A03).

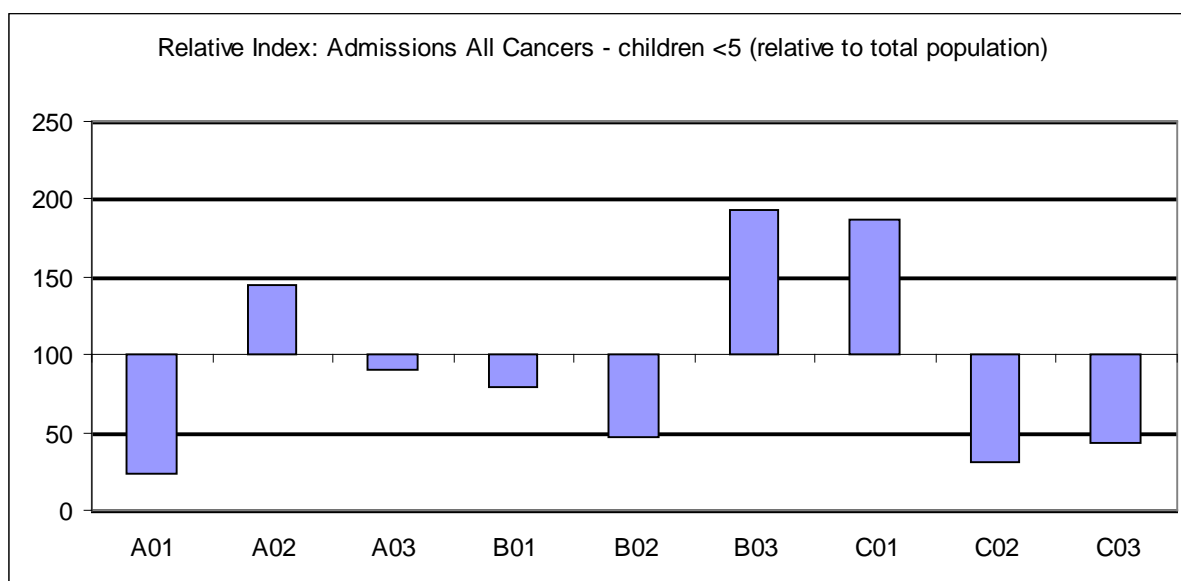
Cancer



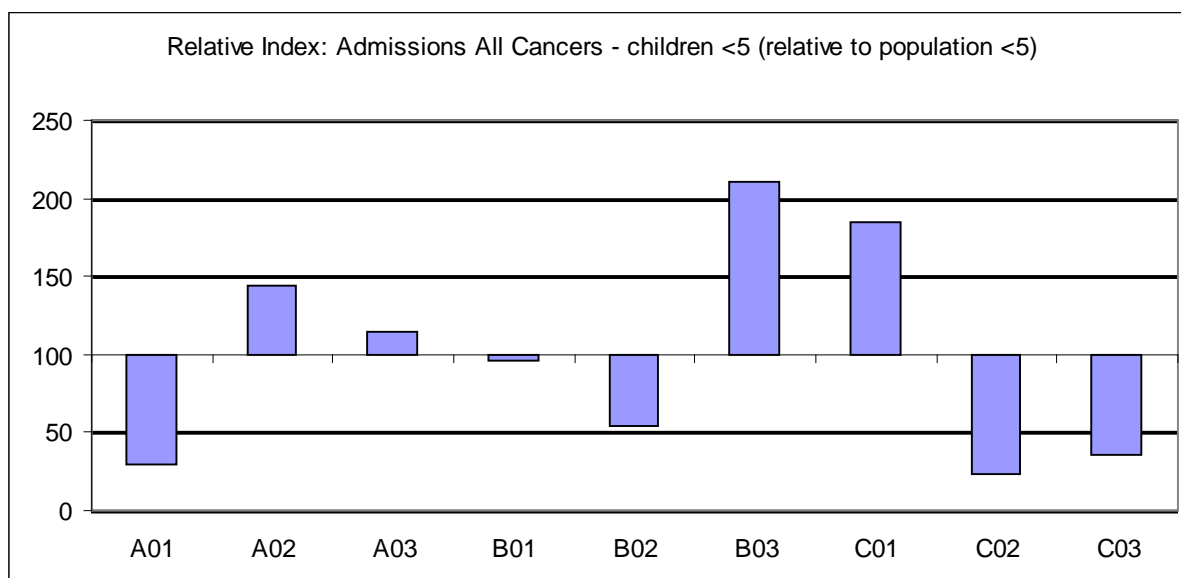
Admissions for cancer for all age groups were particularly high in the A02 segment – almost 50% higher than the national rate.



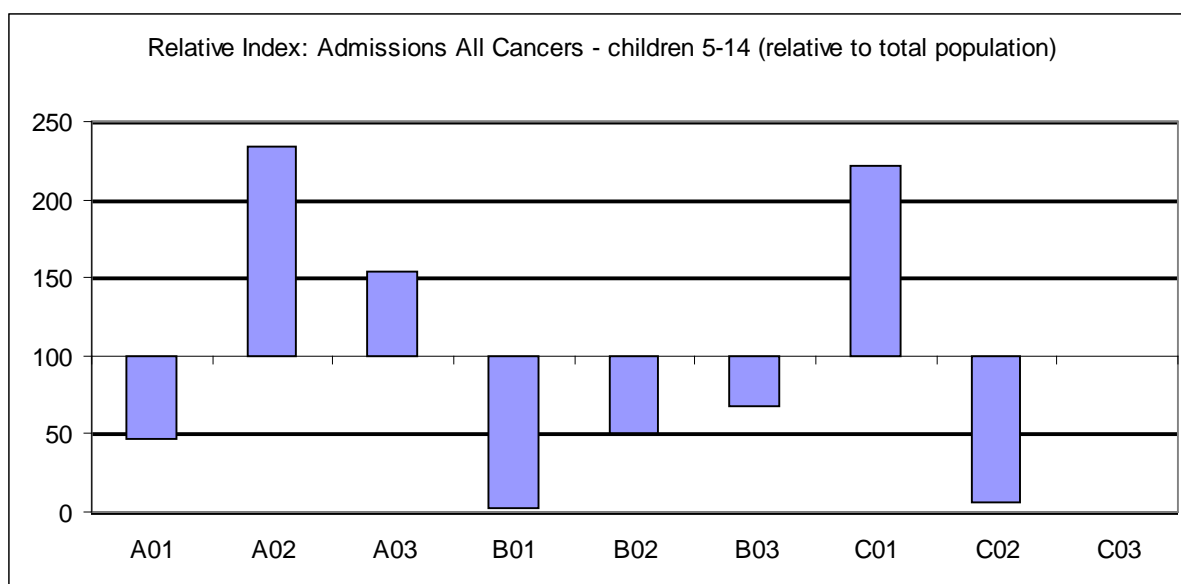
A02 still had the highest levels of admission for cancer when the data were adjusted for age, sex and deprivation



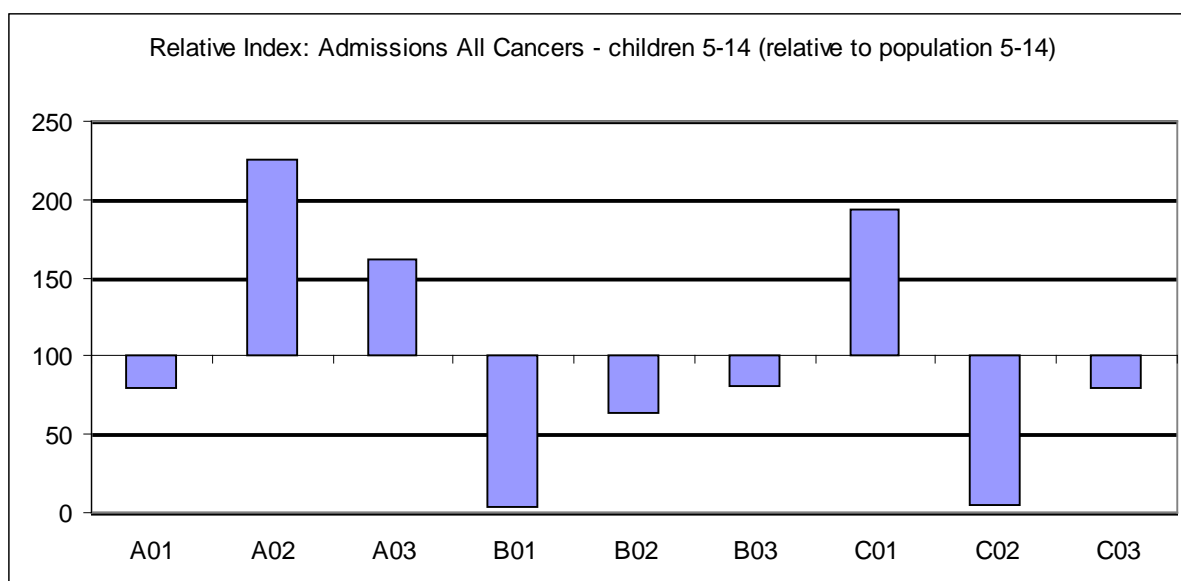
Relative to the total population, cancer admissions amongst the under 5s were higher than expected in the B03, C01 and A02 segments.



The picture was similar when the rates for the same data (cancer admissions amongst under 5s) were calculated relative to the population of under 5s in each segment.

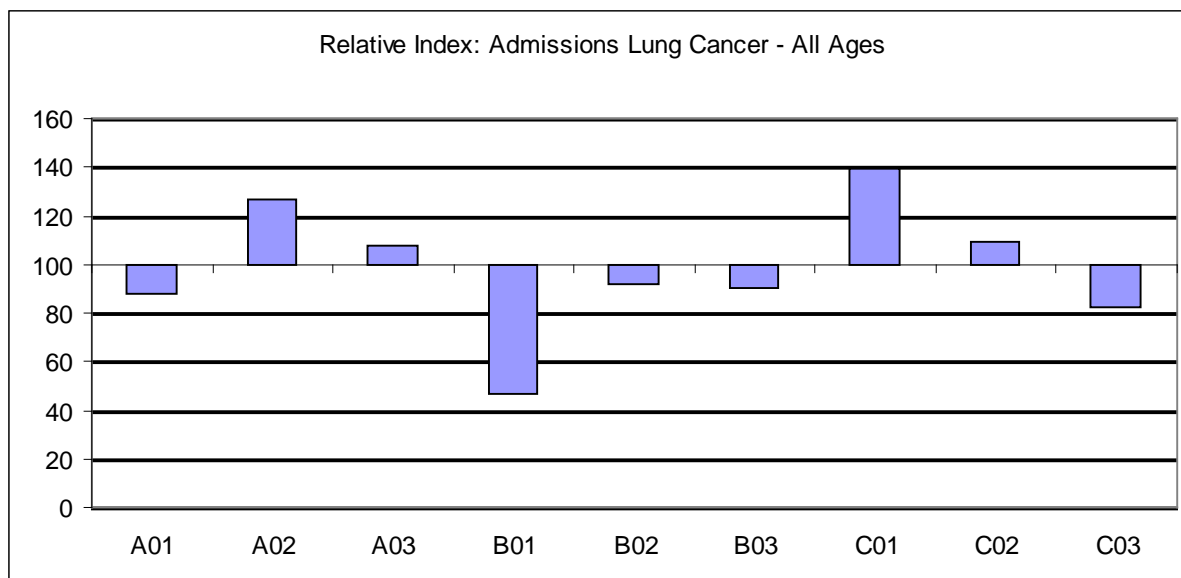


Relative to the total population, cancer admissions amongst 5 to 14 year olds were notably higher than expected in the A02 and C01 segments.

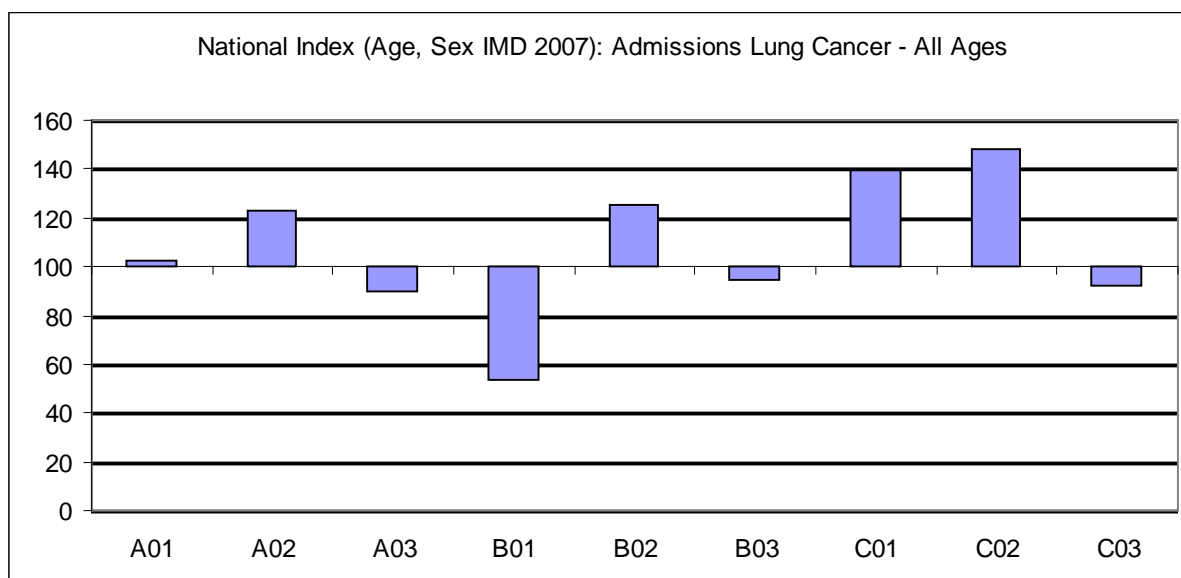


As had been the case for the under 5s, the picture was similar when the rates for the same data (cancer admissions amongst under 5-14 years olds) were calculated relative to the population of 5-14 year olds in each segment.

Lung Cancer

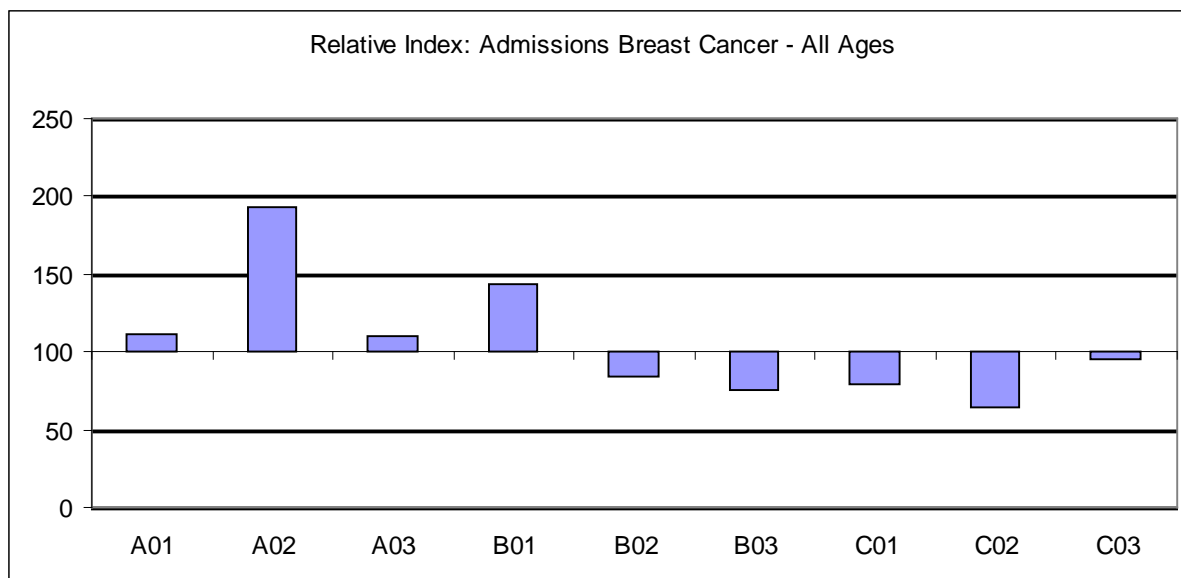


Admission rates for lung cancer were considerably higher than normal for the C01 segment, and considerably lower than normal for the B01 segment.

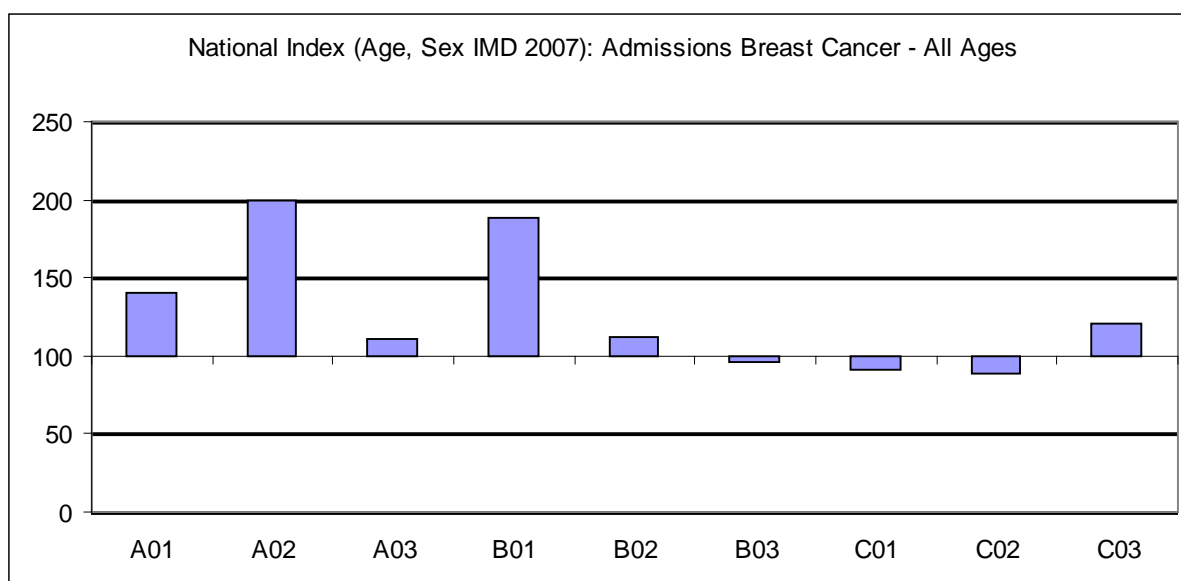


However, when the data were adjusted for age, sex and deprivation, segment C02 showed the largest positive departure from expected.

Breast Cancer

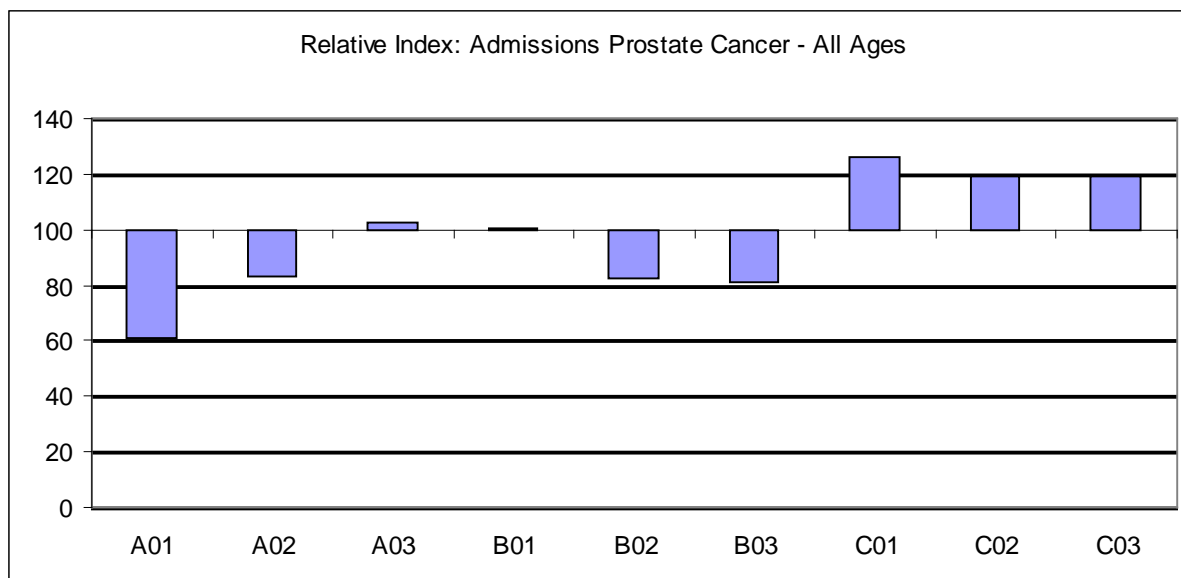


Rates for breast cancer were highest amongst the A02 and B01 segments.

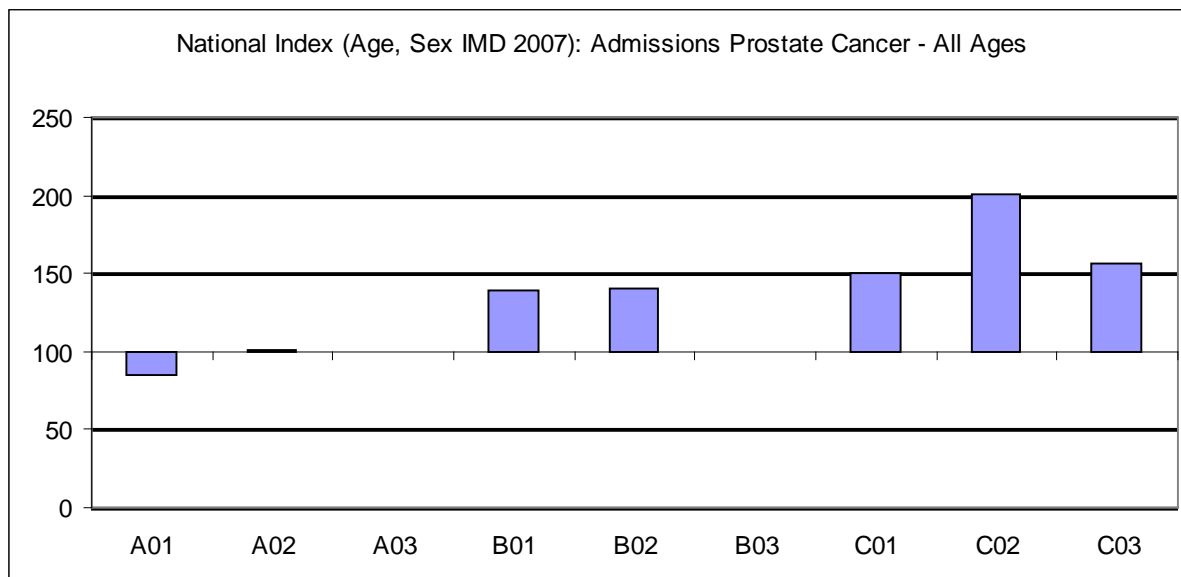


The picture for admissions for breast cancer were similar when the data were adjusted for age, sex and deprivation, though segment A02 showed a notably larger departure from normal amongst these data.

Prostate Cancer

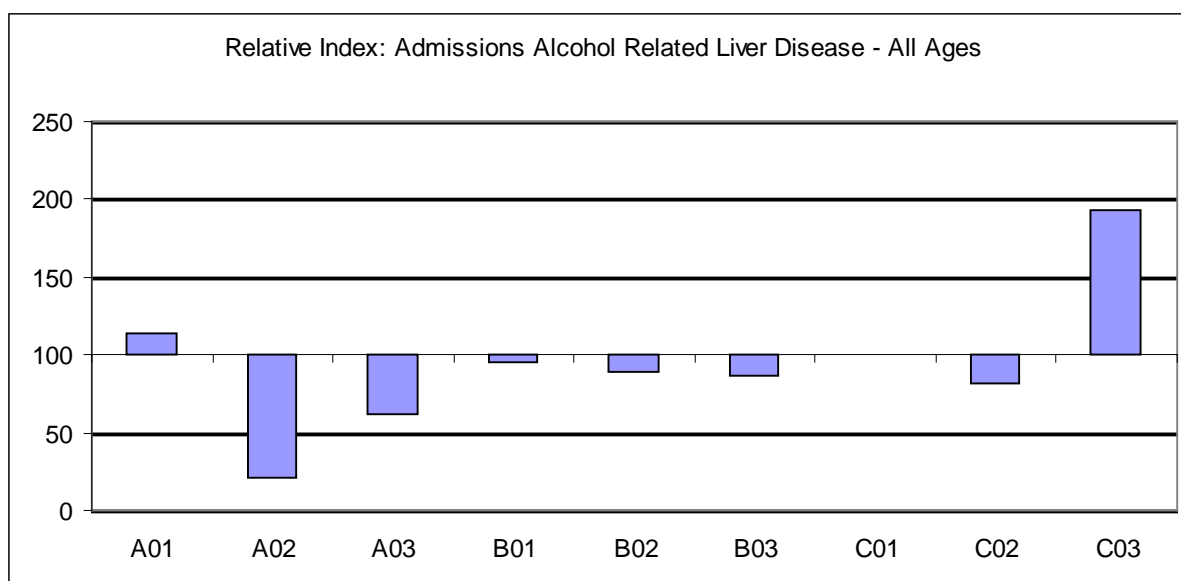


Admissions for prostate cancer were highest for the C01 segment and lowest for A01s.

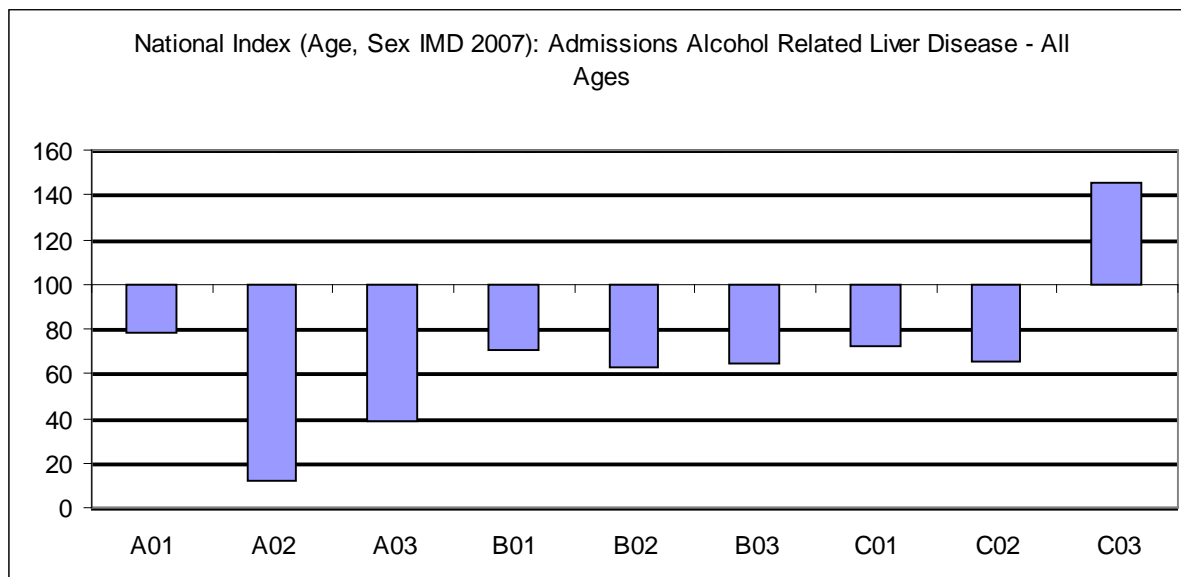


When admissions for cancer were compared with expected values, on the basis of the age, sex and deprivation make-up of the population, C02 showed the highest departure from the expected index value (at 200, exactly double the expected value).

Alcohol Related Liver Disease

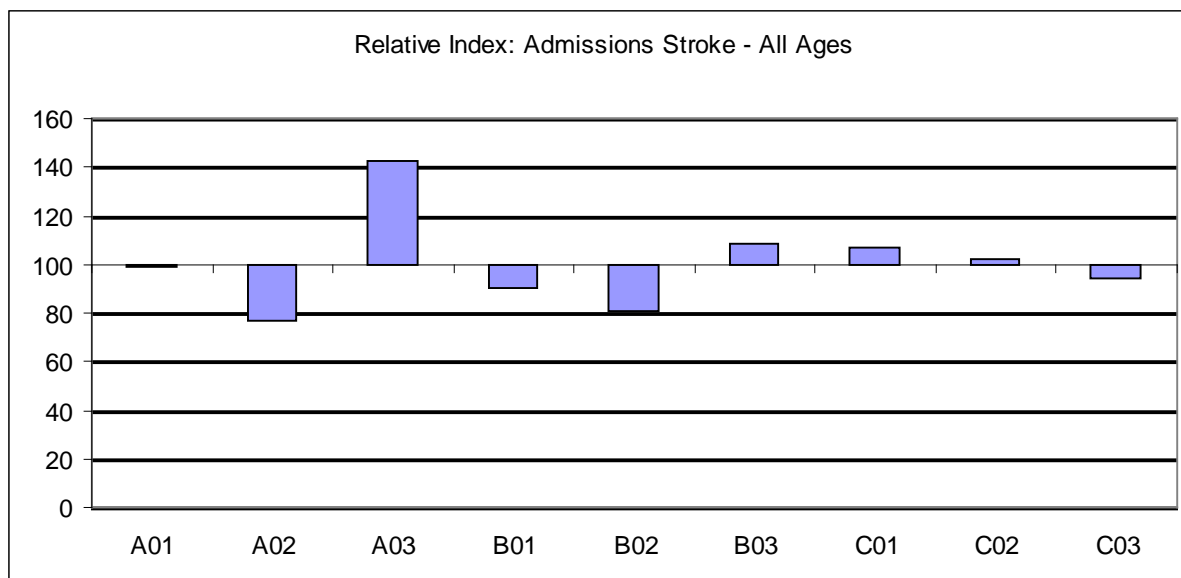


Admissions for Alcohol Related Liver Disease were particularly high for the C03 segment, and low for the A02 segment.

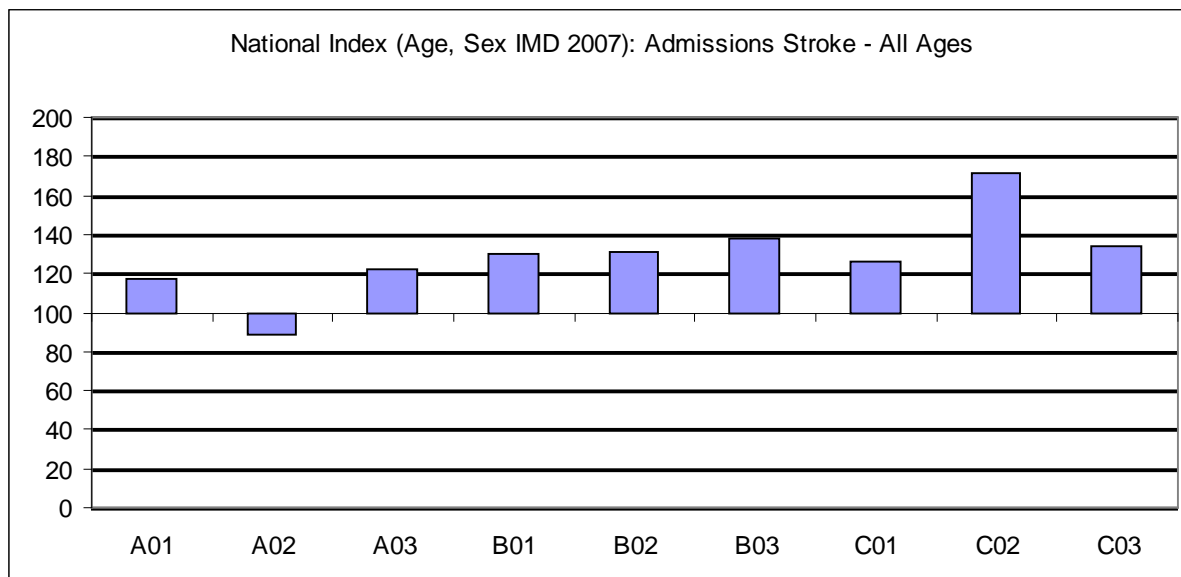


When admissions for Alcohol Related Liver Disease were indexed relative to expected rates given age, sex and deprivation, C03 emerged as the only segment with higher than expected values. A02 was over 80% lower than expected.

Stroke

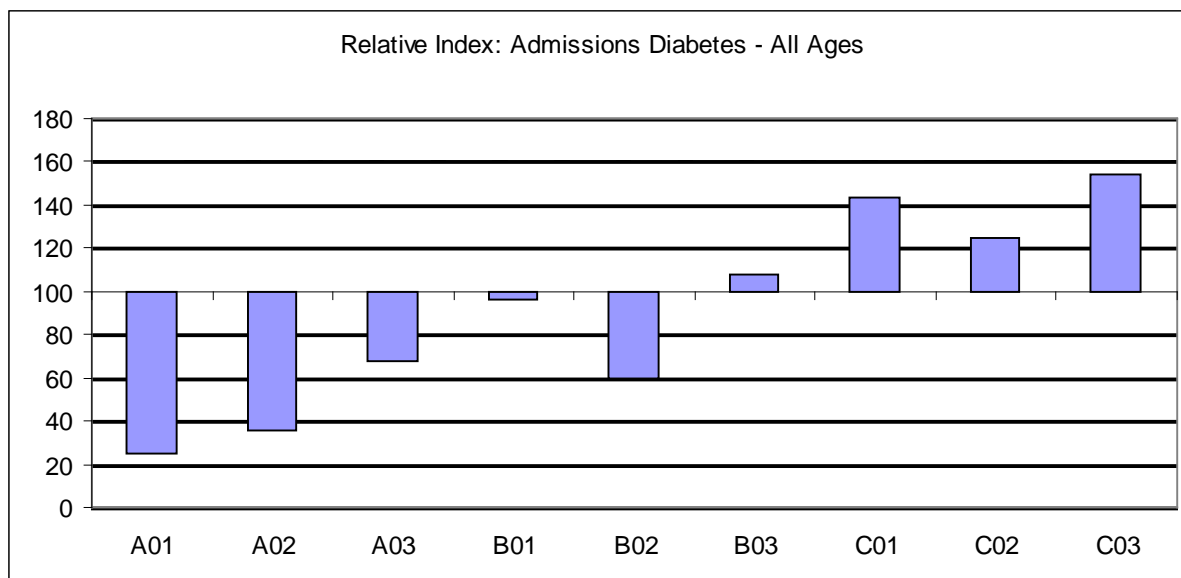


Admissions for stroke showed a particularly high rate for the A03 segment.

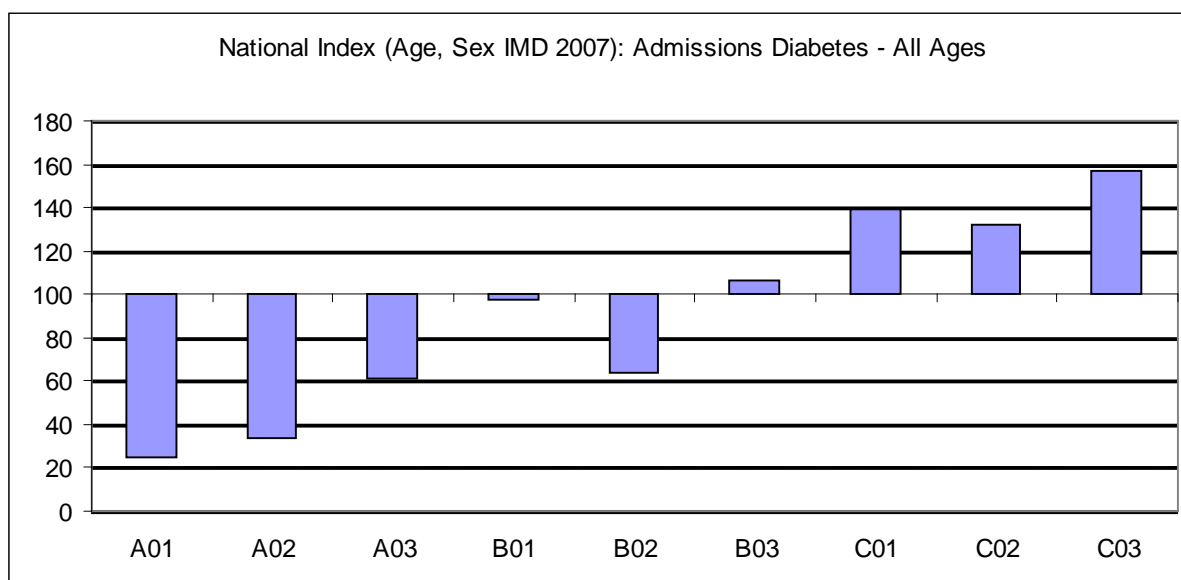


But C02 was the segment with the greatest departure from normal when the data were indexed with reference to the age, sex and deprivation of the segment.

Diabetes

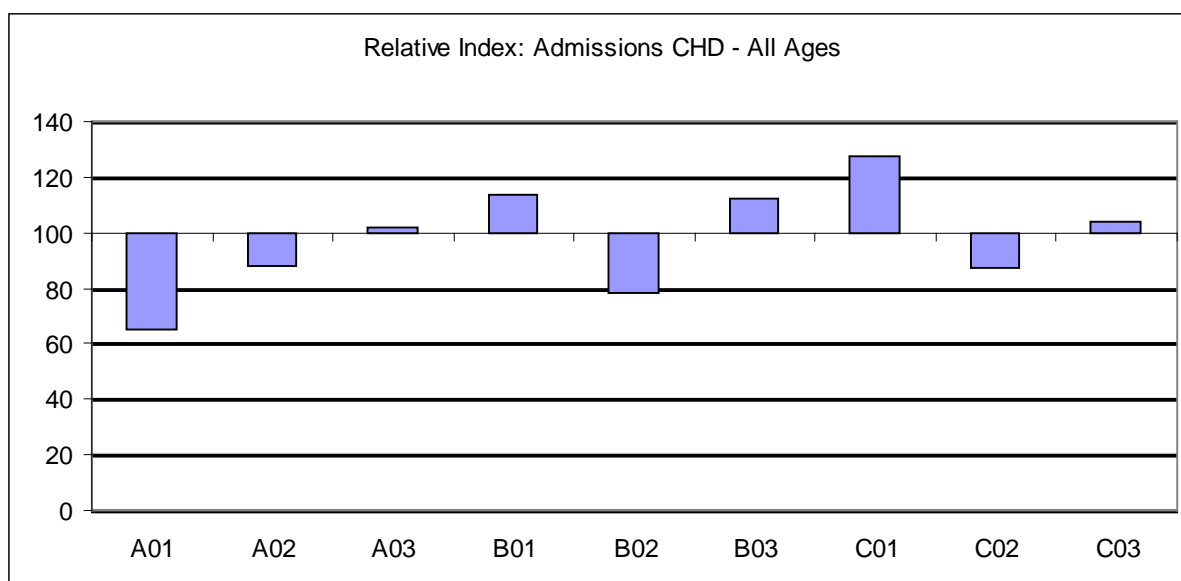


Admission rates for diabetes were particularly low for the A01 and A02 segments, particularly high for C01 and C03.

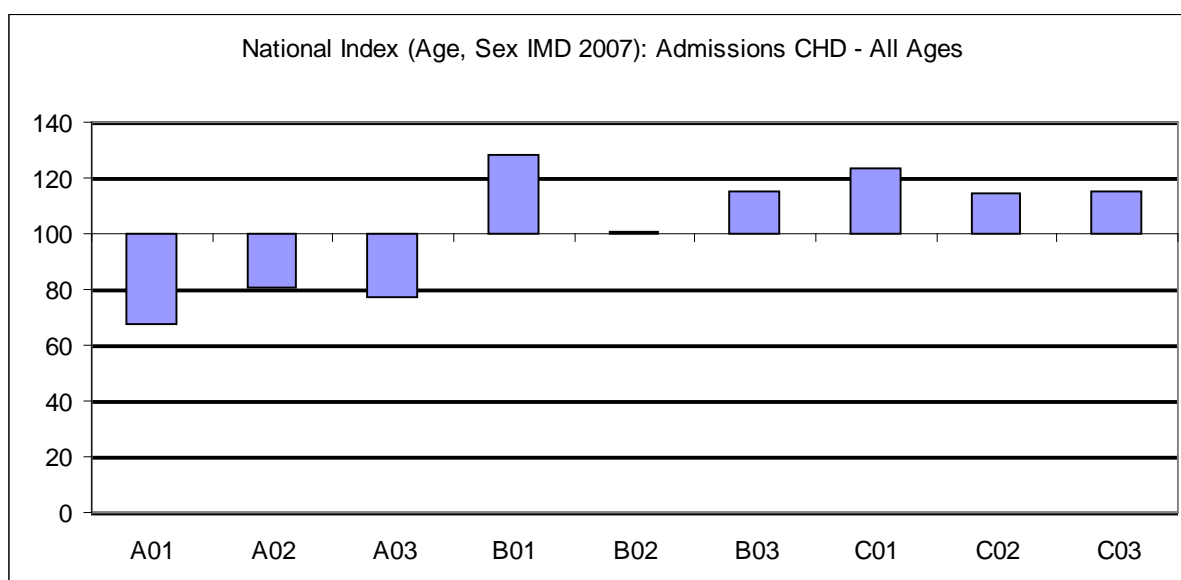


This picture changed little when the data were indexed relative to age, sex and deprivation.

Coronary Heart Disease

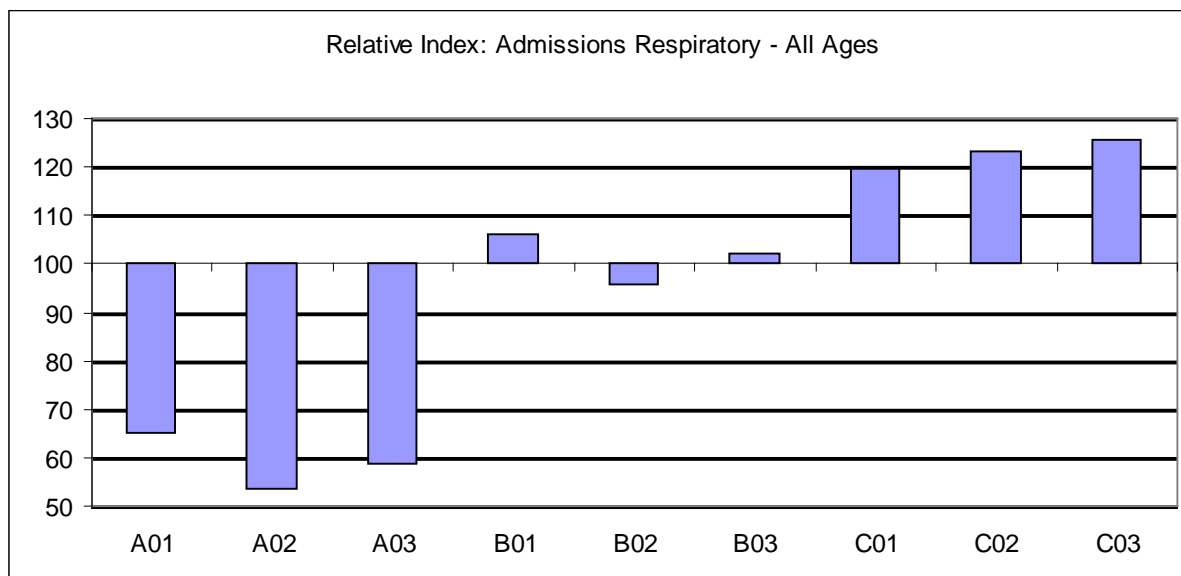


Admission rates for coronary heart disease were highest for C01 and lowest for A01.

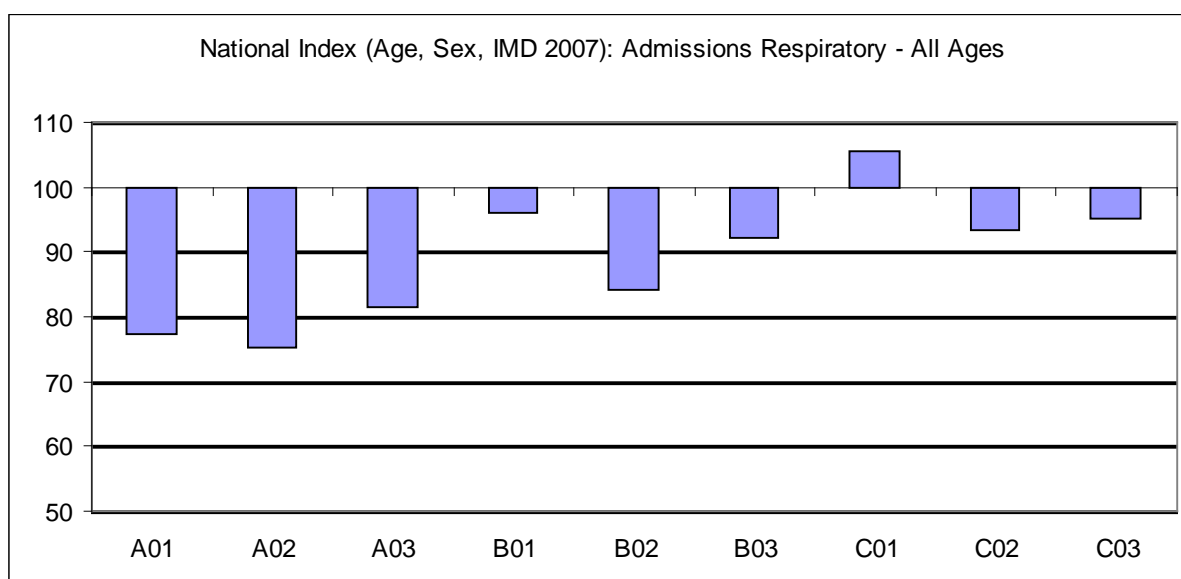


When admission rates for Coronary Heart Disease were indexed relative to age, sex and deprivation, group B01 had the highest index and A01 the lowest. All the A segments had lower than expected index values (< 100) and all the C segments higher than expected.

Respiratory

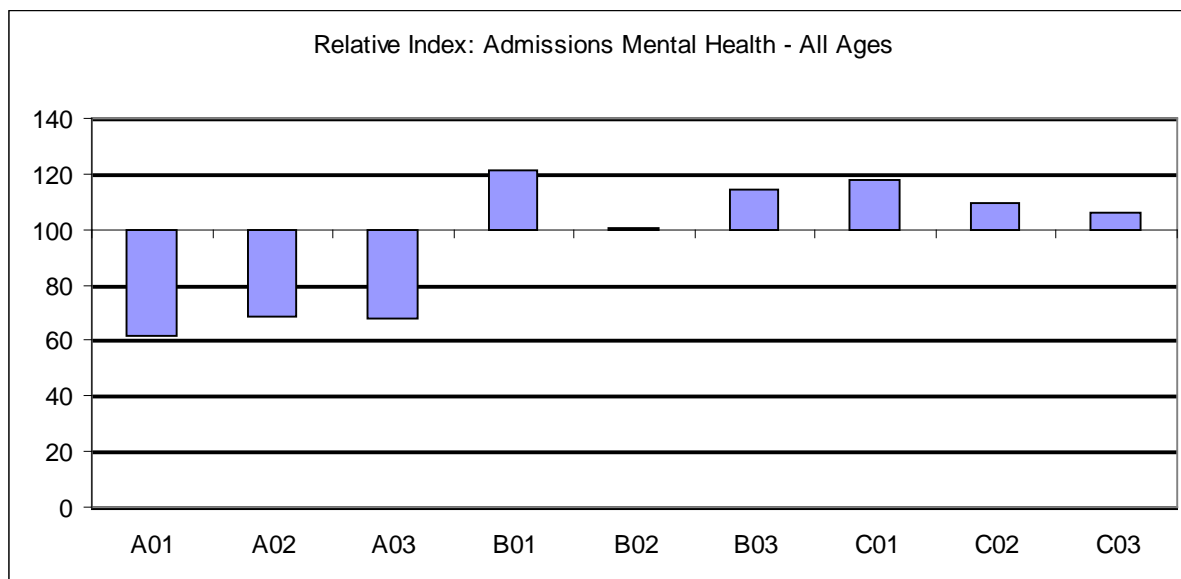


Admissions rates for respiratory diseases were relatively high for the C segments and low for the A segments.

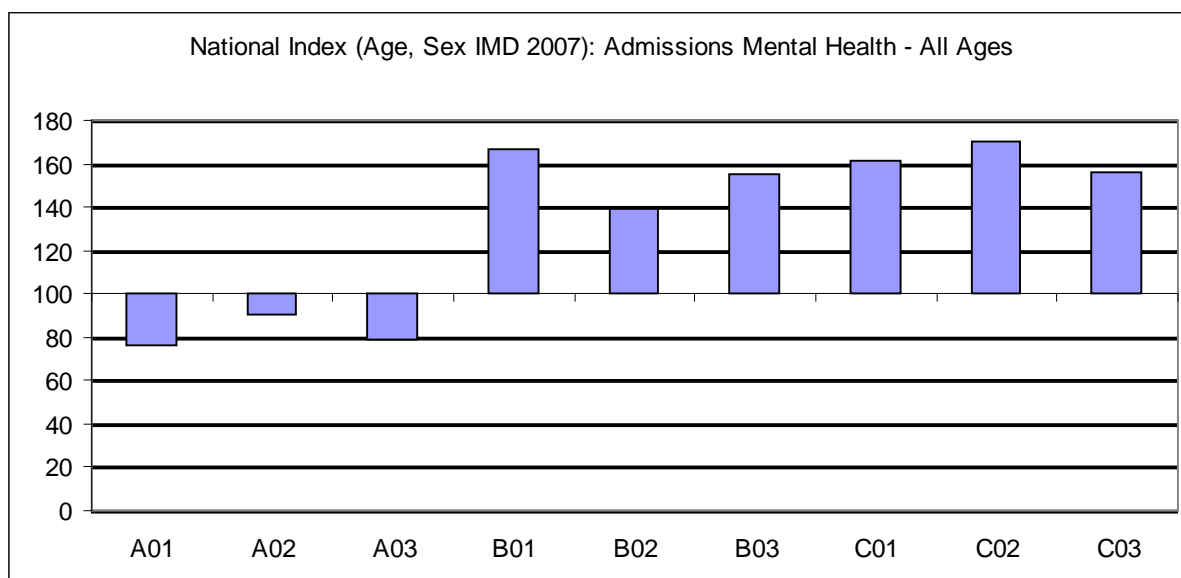


Adjusting the respiratory admissions data by age, sex and deprivation resulted in all segments giving lower than expected values for respiratory admissions, with the exception of C01.

Mental Health

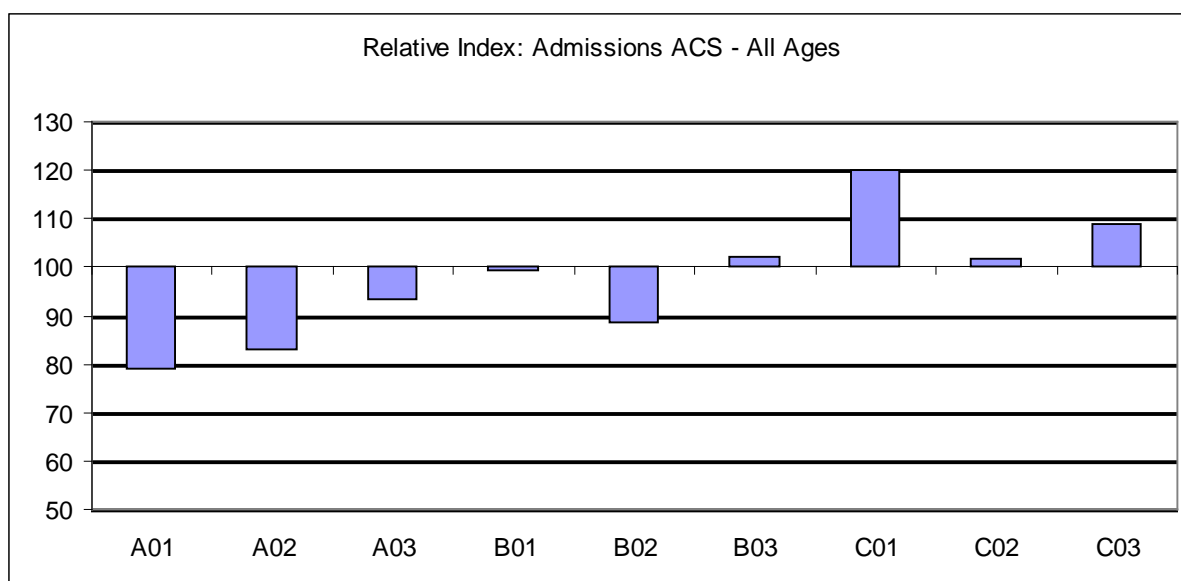


Mental Health admissions were relatively low for the A segments.

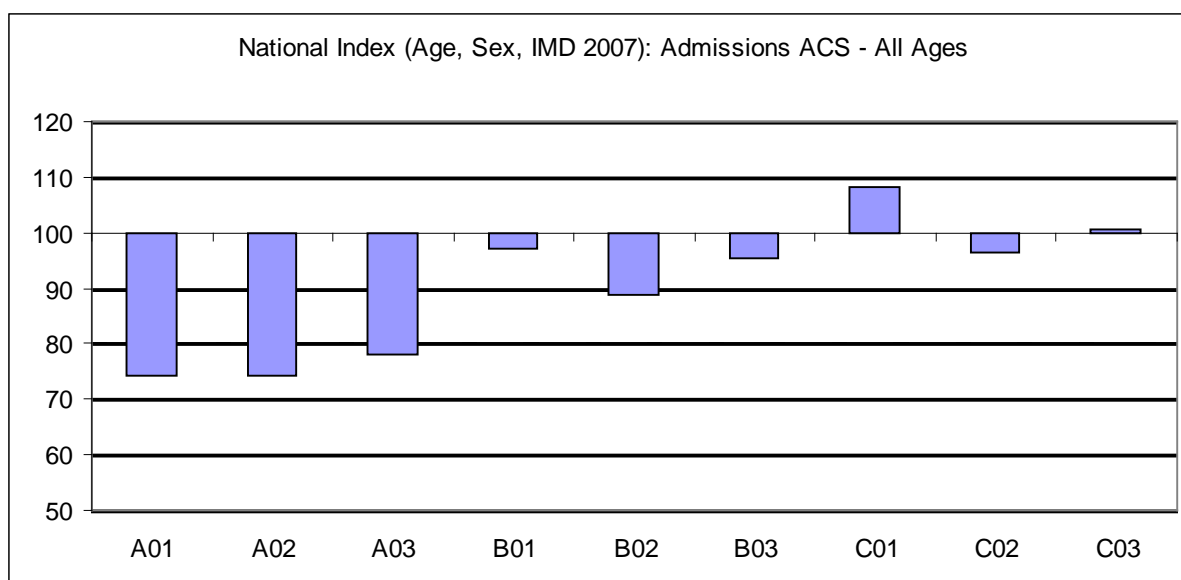


Adjusting the mental health admissions data by age, sex and deprivation gave higher than expected index values for the B and C segments, with all the A segments giving lower than expected values.

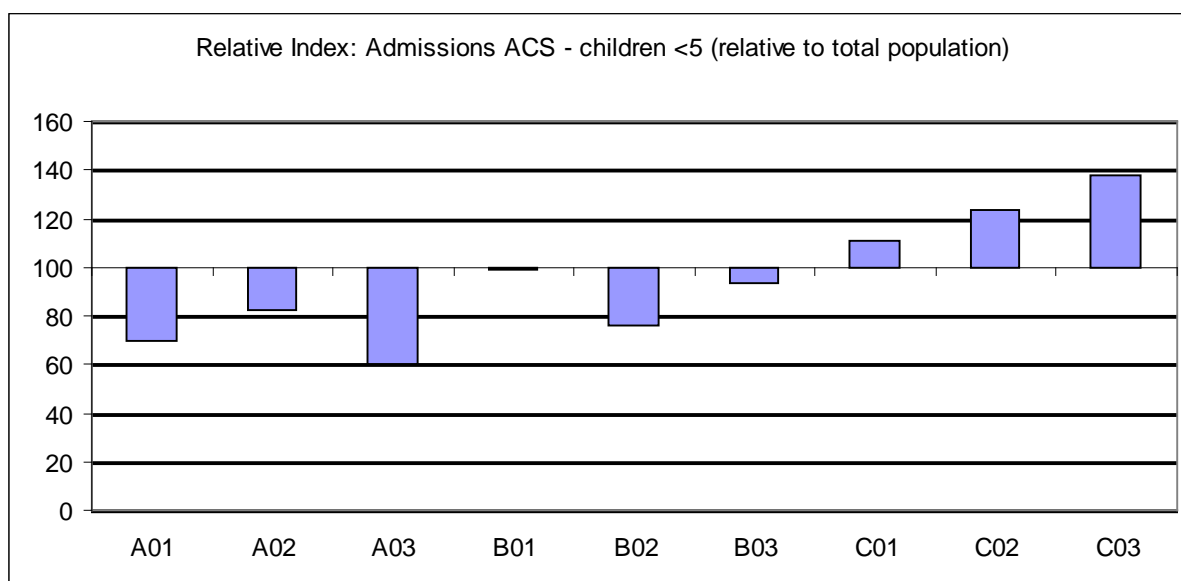
Ambulatory Care Sensitive



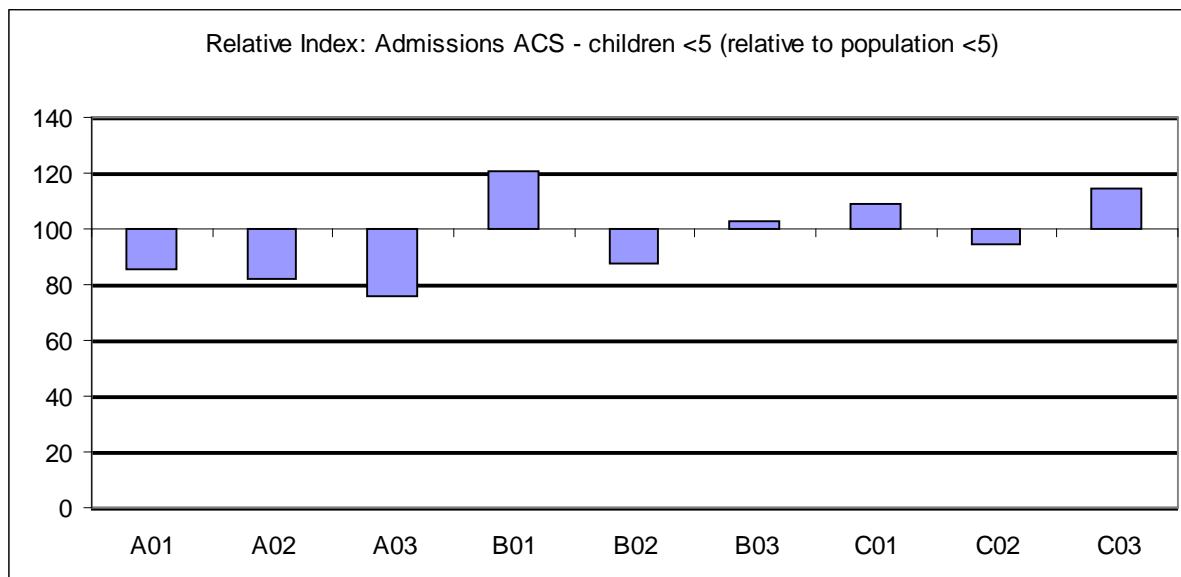
Admissions for Ambulatory Care Sensitive (ACS) conditions were highest in segment C01 and lowest in A01.



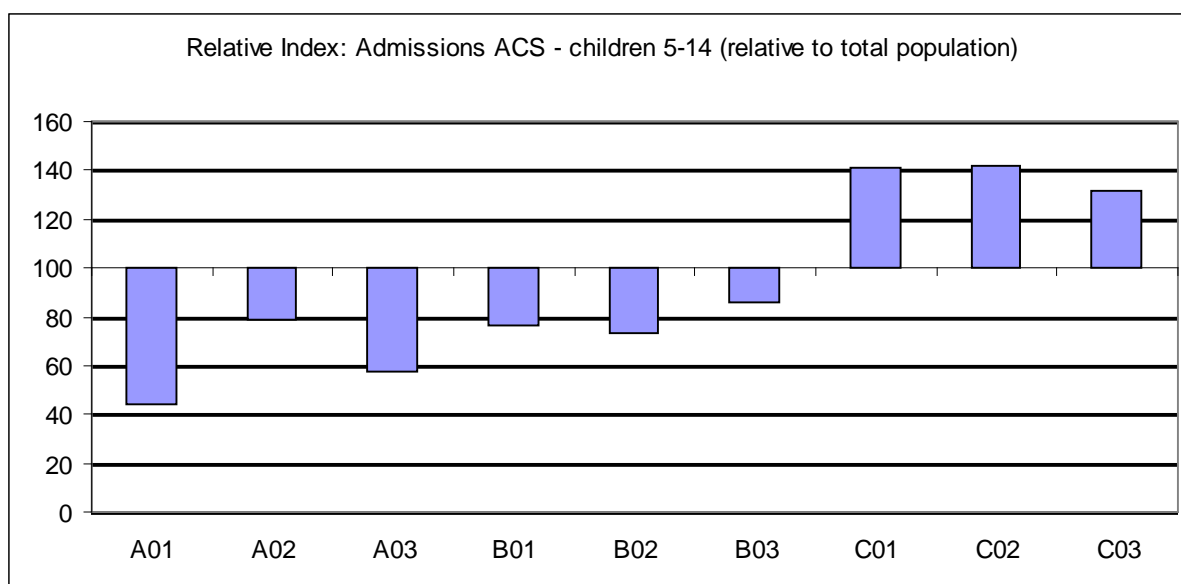
Adjusted for age, sex and deprivation, ACS conditions showed a slightly higher than expected index in C01. The index values for the A segments were particularly low, but were never lower than 74 % of the expected values.



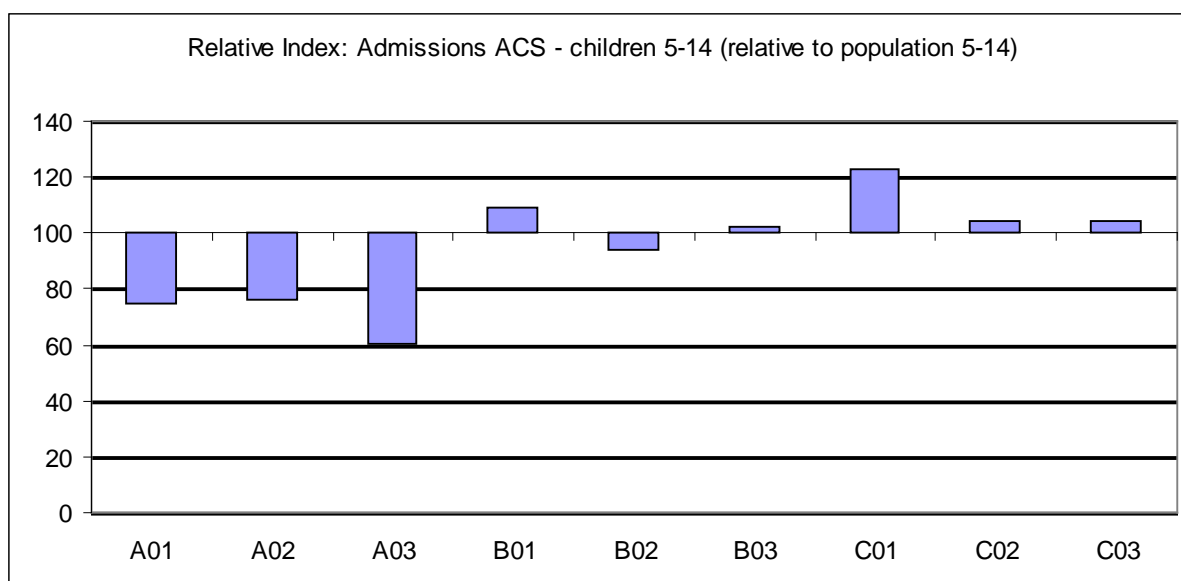
Admissions for ACS conditions amongst children under 5, relative to the size of the population, were relatively high amongst the C segments and low amongst the A segments and segment B02.



When the same data (ACS admissions for children under 5) were expressed as an index relative to expected values given age, sex and deprivation, the index was highest for B01, at approximately 20% higher than expected, and lowest for A03 (24 % lower than expected).

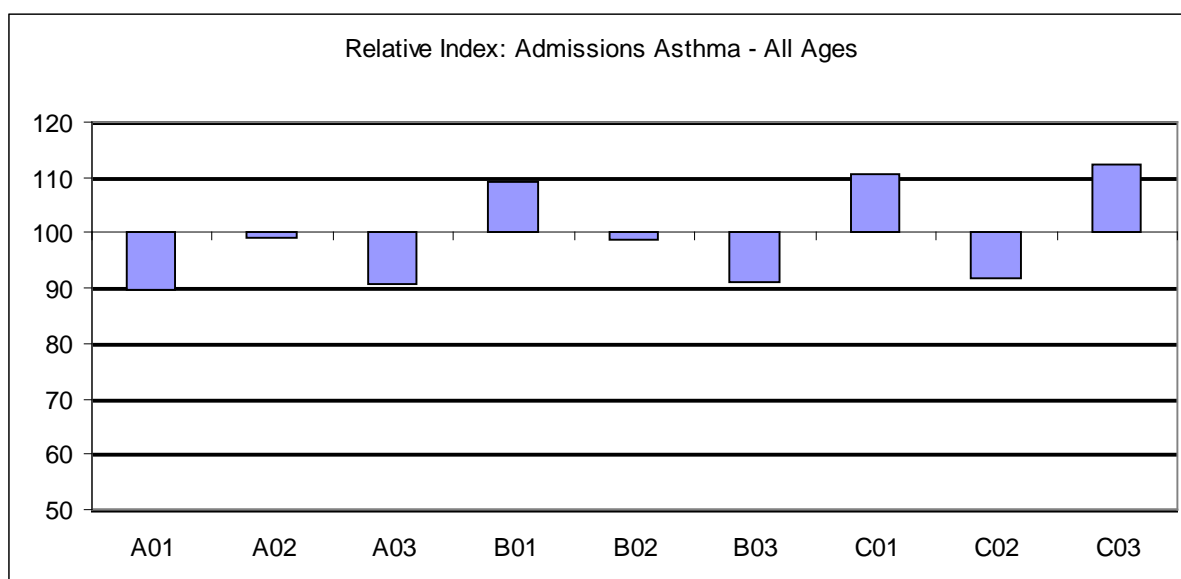


Amongst 5-14 year old children, ACS admissions relative to the total population were highest for the C segments.

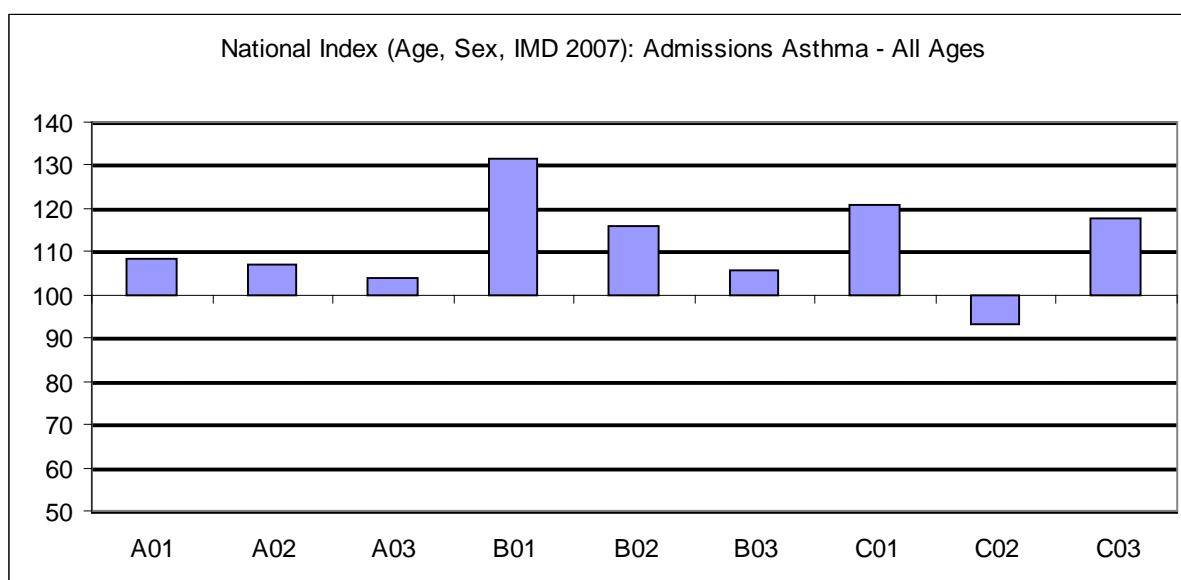


When the same data (ACS admissions for children between 5 and 14) were expressed as an index relative to expected values given age, sex and deprivation, the index was highest for C01, at approximately 23% higher than expected, and lowest for A03 (40 % lower than expected).

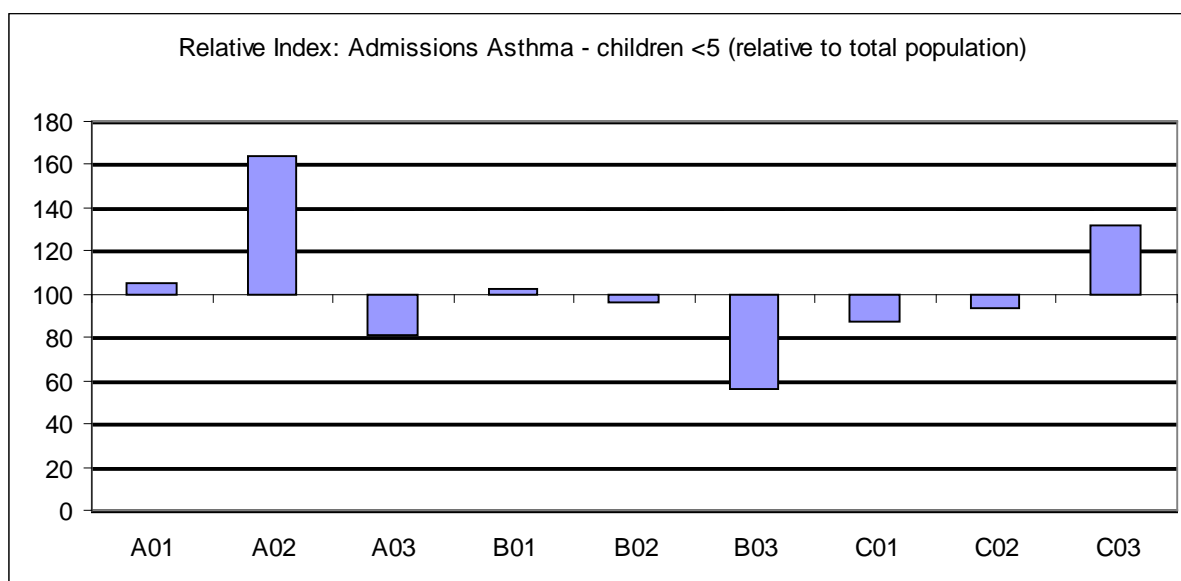
Asthma



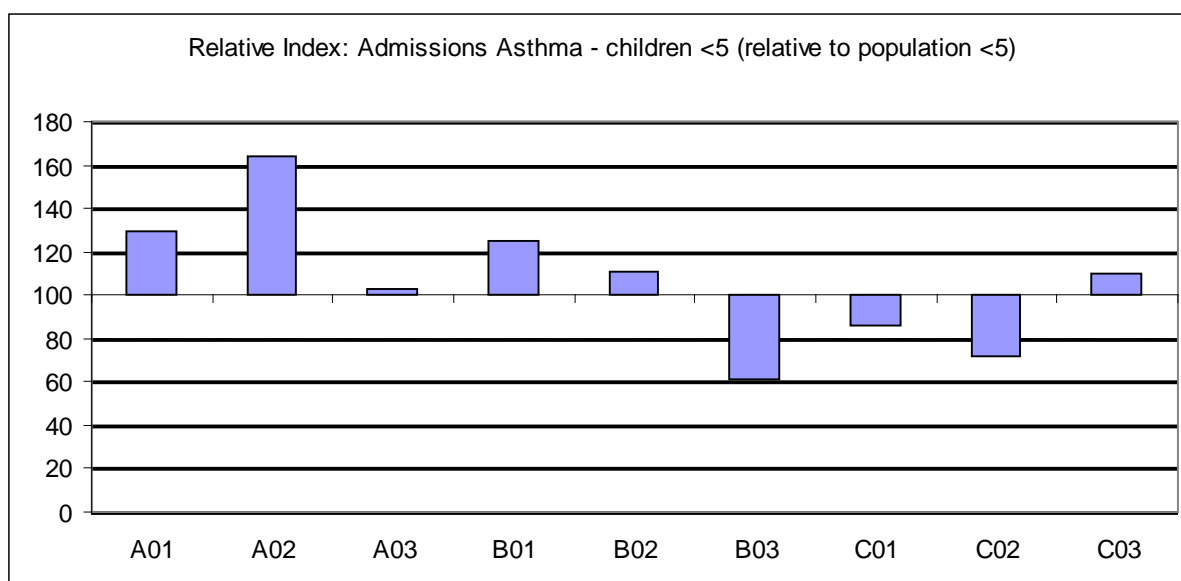
Admission rates for asthma differed very little among the different segments, and never differed by more than 12 % of expected levels.



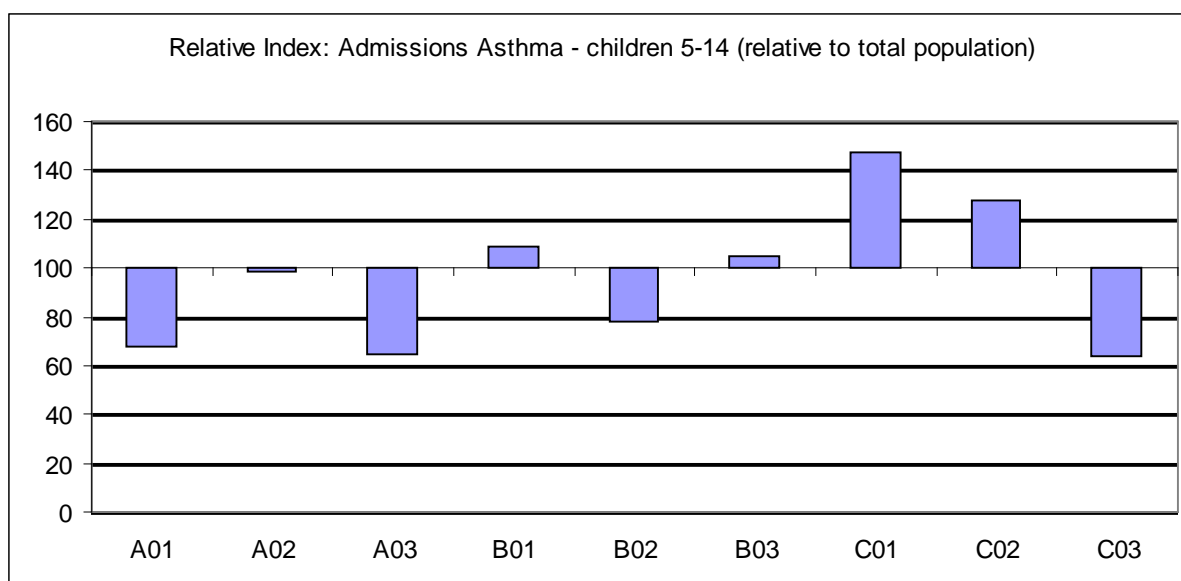
When admission rates for asthma were adjusted for age, sex and deprivation, the resulting indices were highest for groups B01 (32% higher than expected) and C01 (21 % higher). All but one of the segments (C02) showed higher than expected levels.



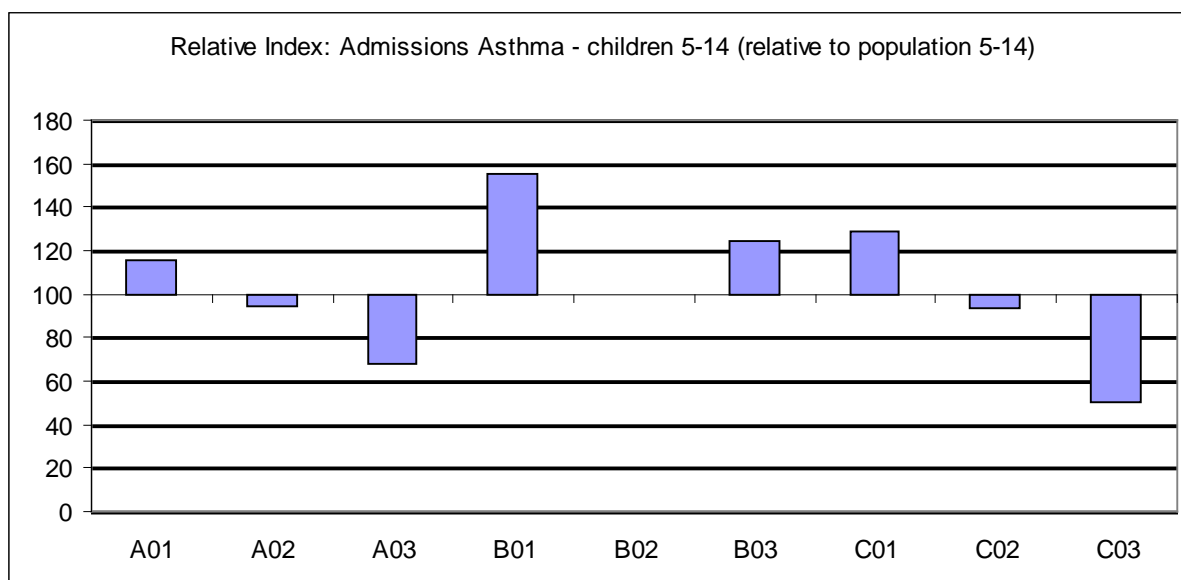
For children under 5, admission rates for asthma were relatively high for A02 and low for B03.



A similar picture in admission rates for asthma among under 5s was shown when the data were expressed relative to the size of the under 5s population. However, in this case segment A03 gave a slightly higher than expected value, whereas it had been almost 20 % lower than expected in relation to the size of the population across all age groups.

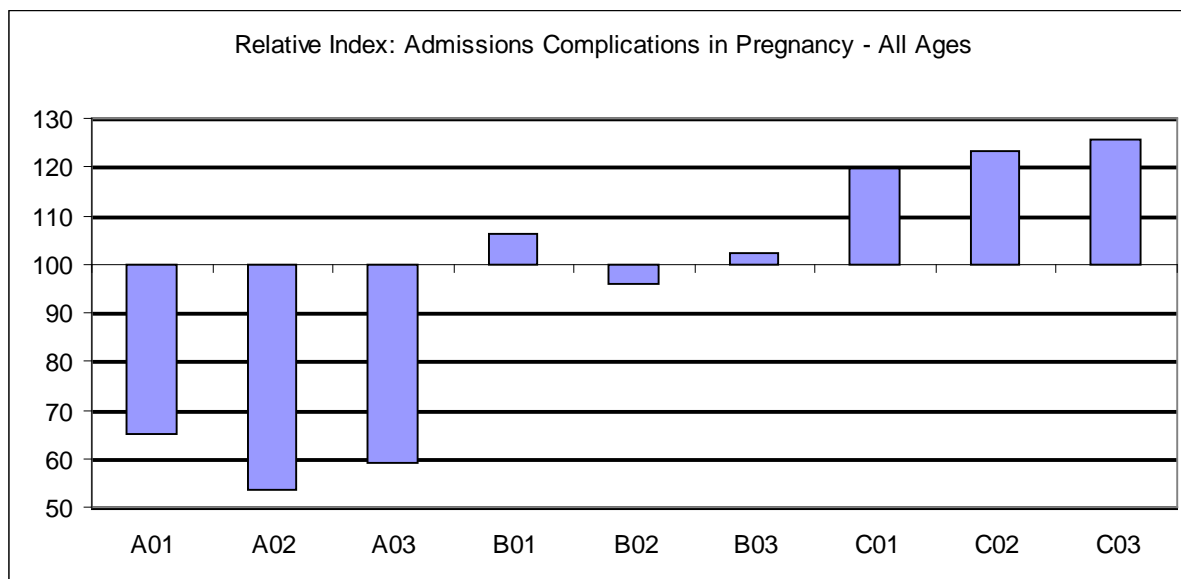


Relative to the total population in all age groups, the proportion of children admitted for asthma was highest for segment C01 and lowest for C03.

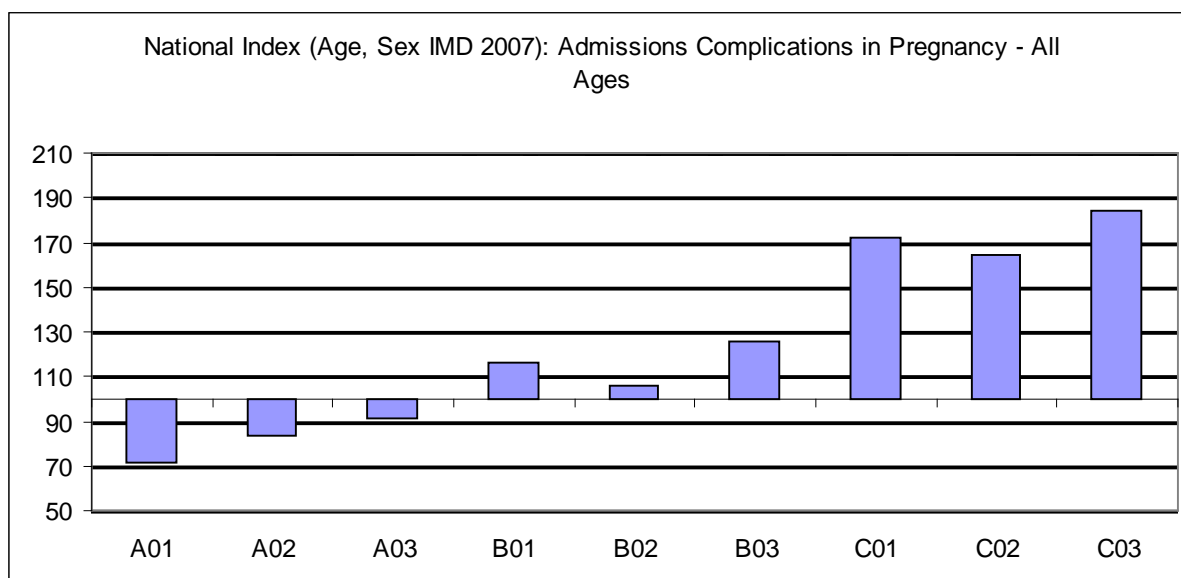


However, when the proportion of children admitted for asthma was calculated relative to the population of 5-14 year olds, B01 emerged as the segment with the highest levels.

Complications in Pregnancy

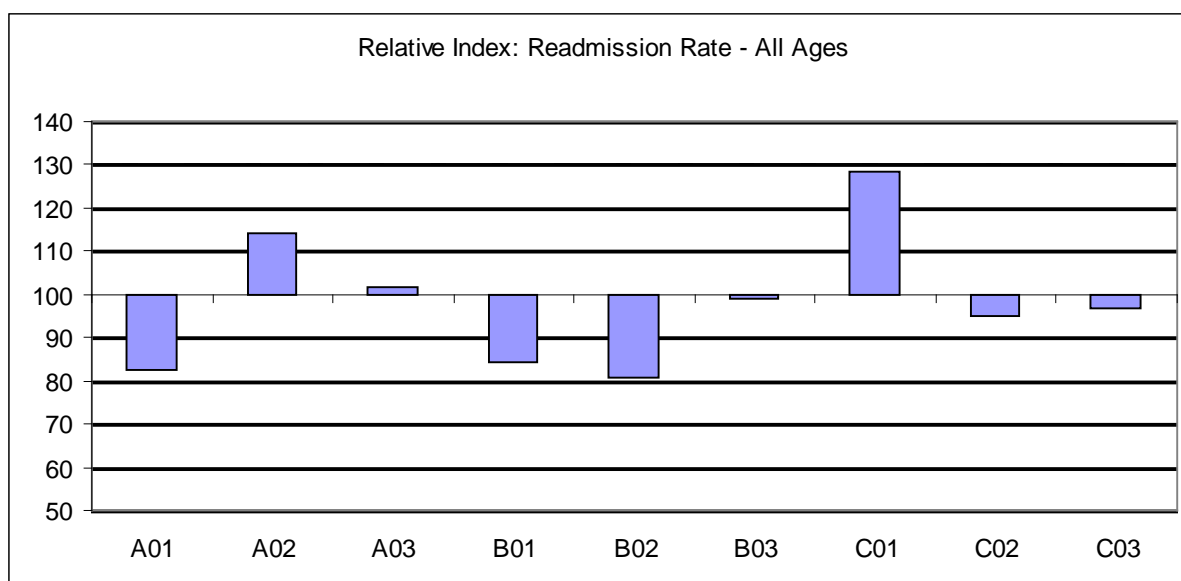


Admissions for Complications in Pregnancy (All Ages) were higher than expected (given the proportion of the population in each segment) for the C segments but much lower than expected for the A segments.



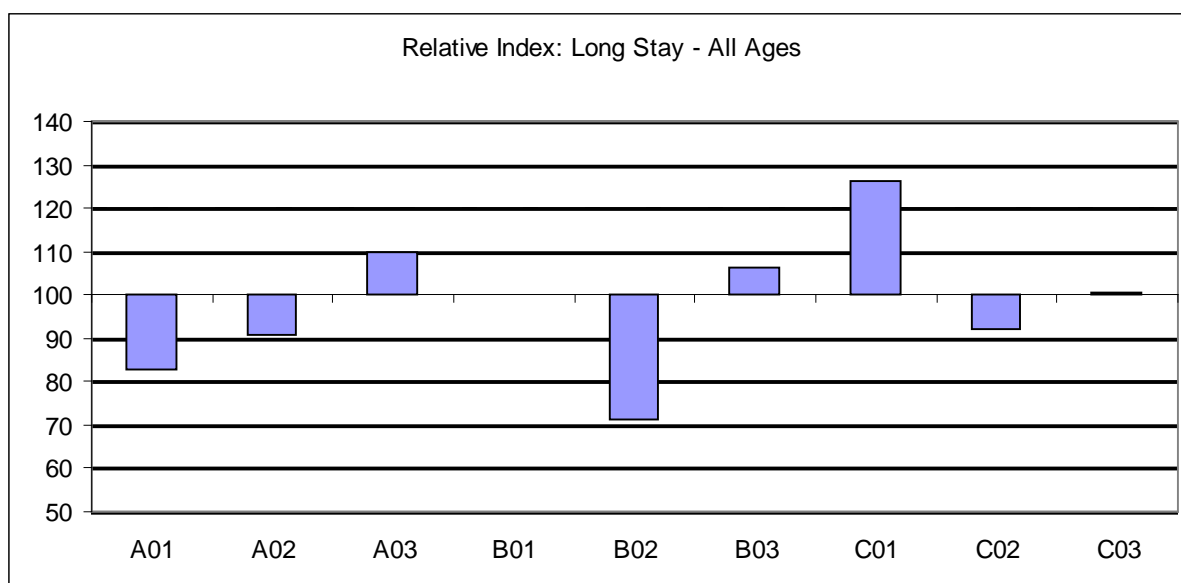
When these data were adjusted for Age, Sex and Deprivation, the C segments again emerged with higher than expected values, but the departure from normal for the A segments was much lower than for the unadjusted data.

Readmission Rates

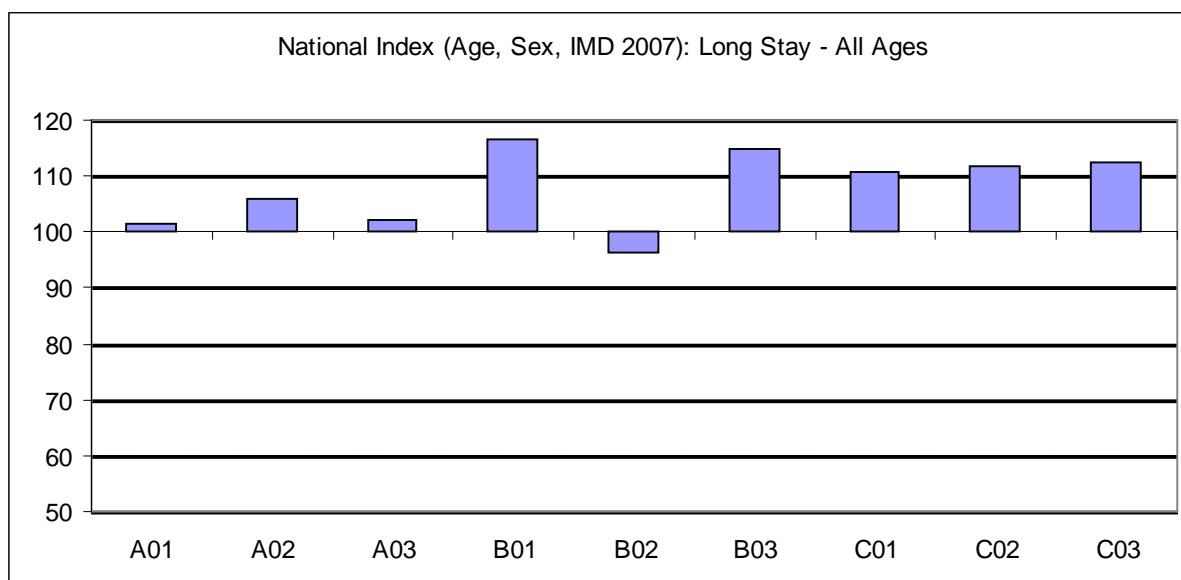


Readmission rates for all ages were highest for C01 and lowest for B02.

Long Length of Stay

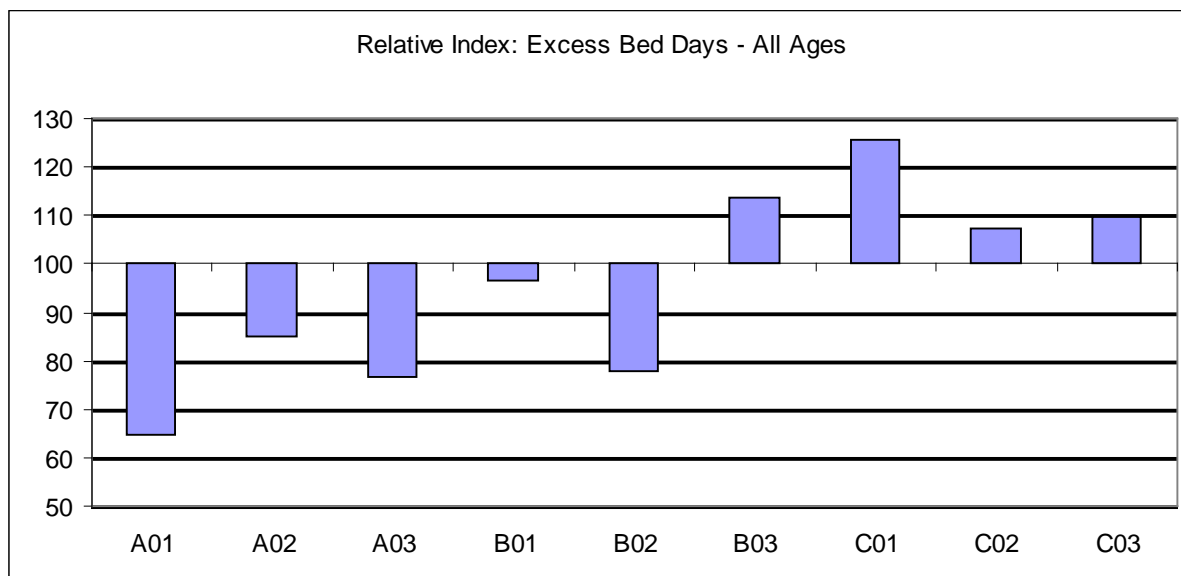


Rates for long stay patients were highest for C01 and lowest for B02.

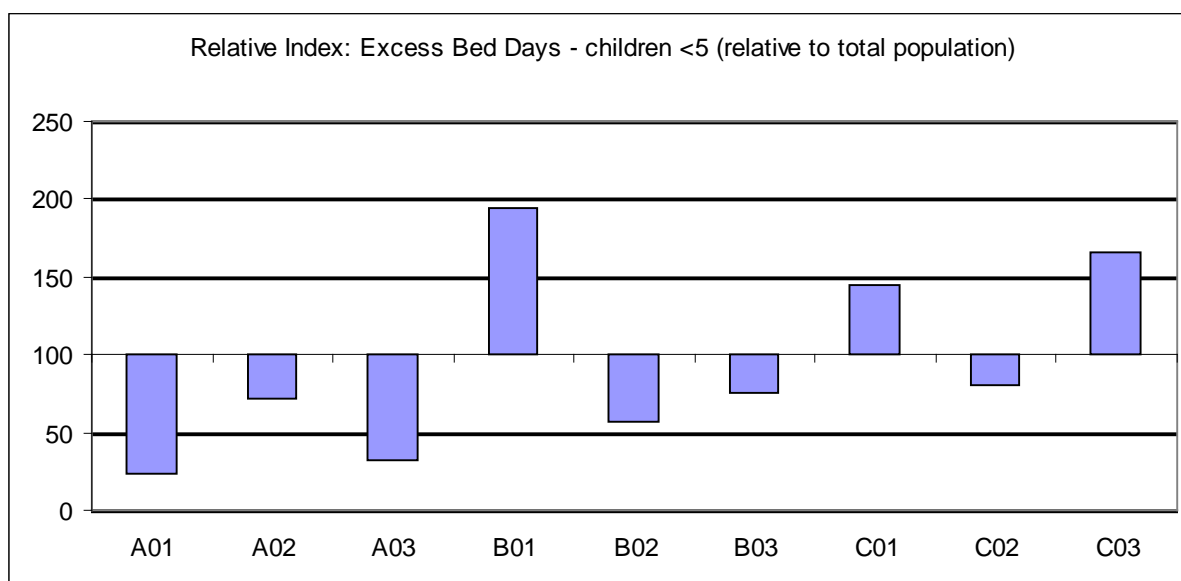


When long stay patients rates were adjusted for Age, Sex and Deprivation, the result index was highest for B01.

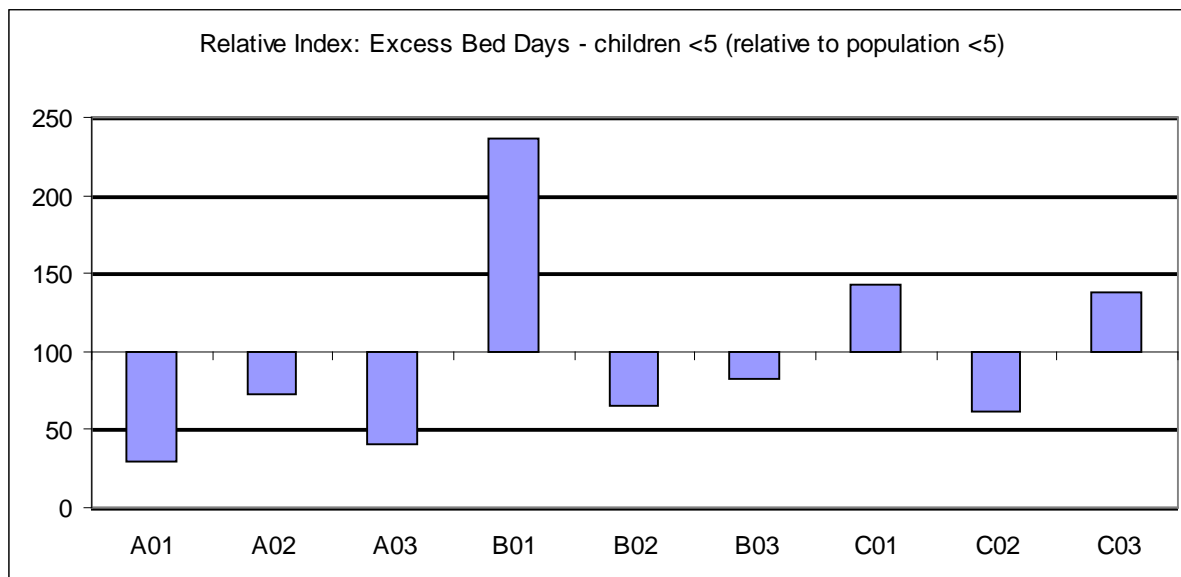
Excess Bed Days



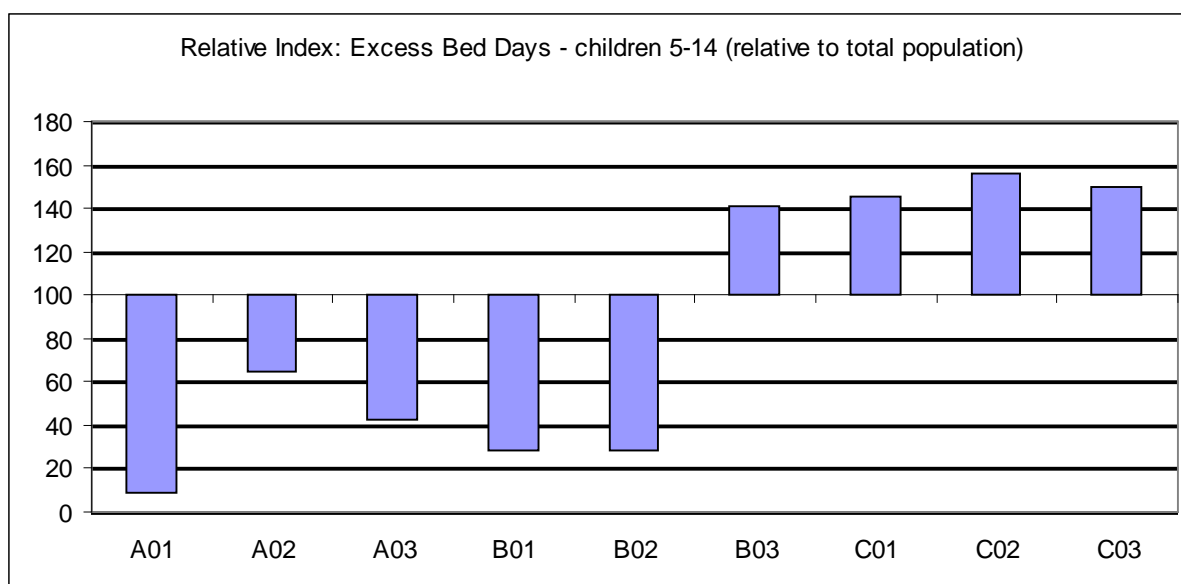
Rates of Excess Bed Days were highest amongst those from segment C01 and lowest for A01.



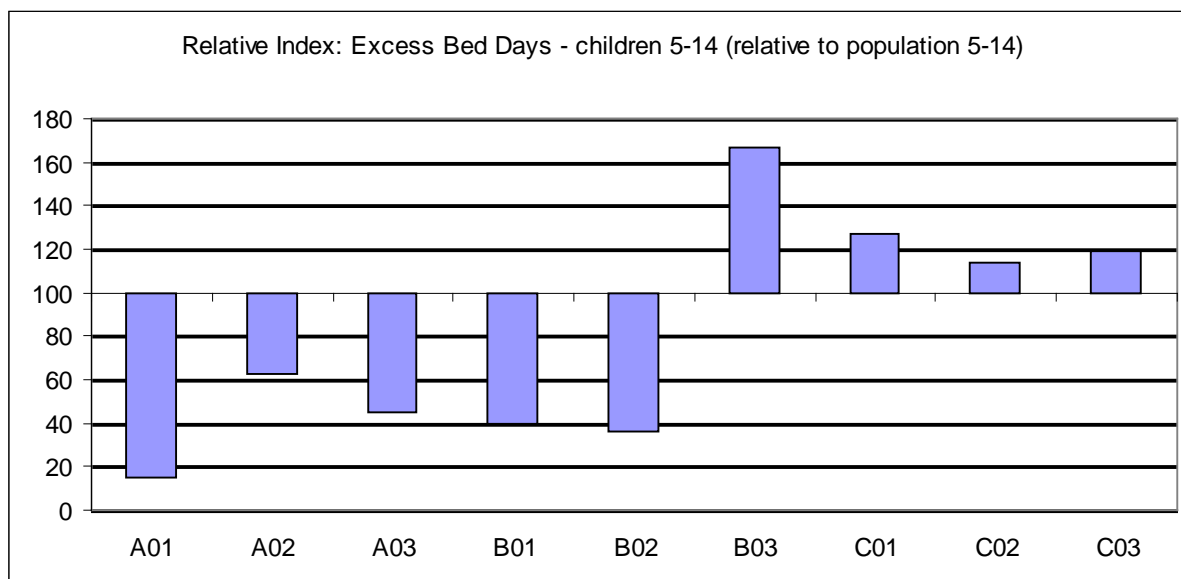
Relative to the total population in all age groups, rates of excess bed days amongst children under 5 were highest for B01 and lowest for A01 and A03.



Relative to the under 5s population, rates of excess bed days amongst children under 5 were again highest for B01 and lowest for A01 and A03.

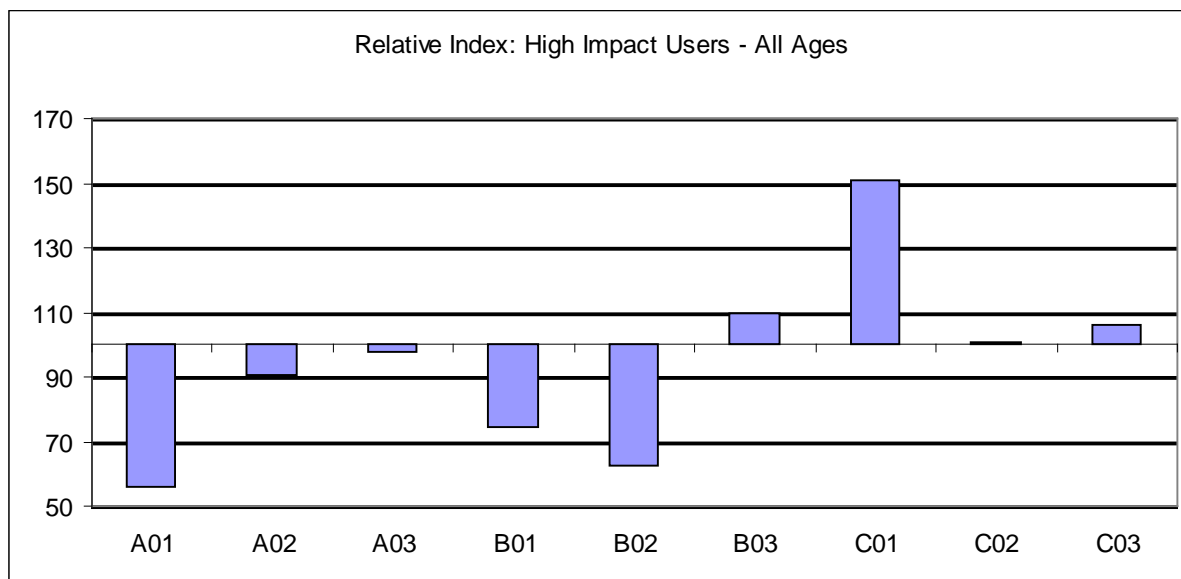


Relative to the total population in all age groups, rates of excess bed days amongst children between 5 and 14 were highest for the C02 segment and lowest for A01.

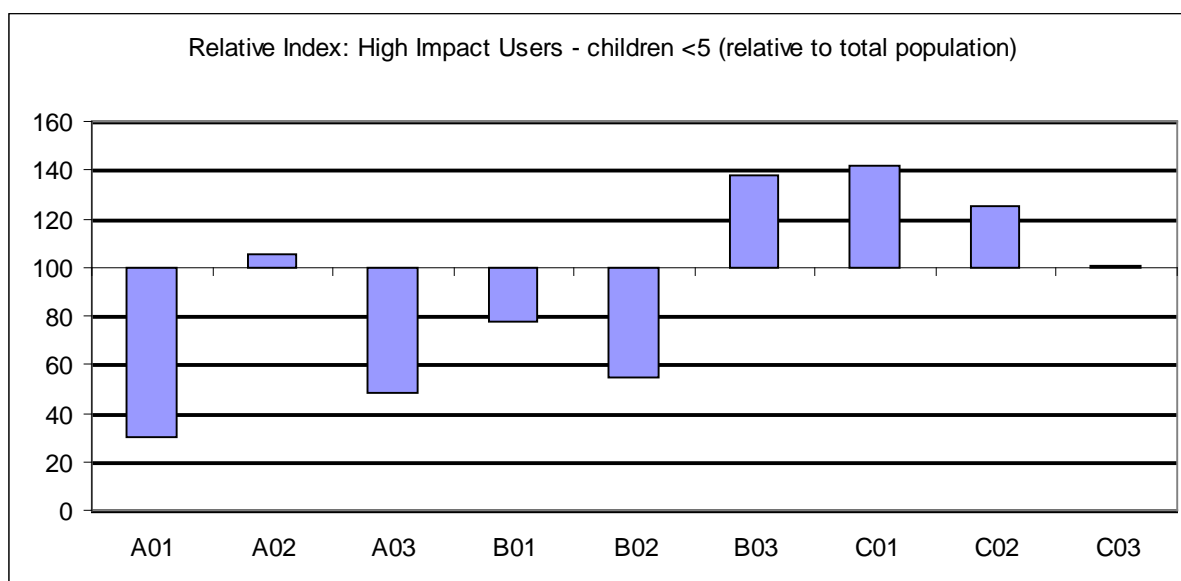


Relative to the proportion of the population made up of 5-14 year olds, Excess Bed Days were highest for B03 and lowest for A01.

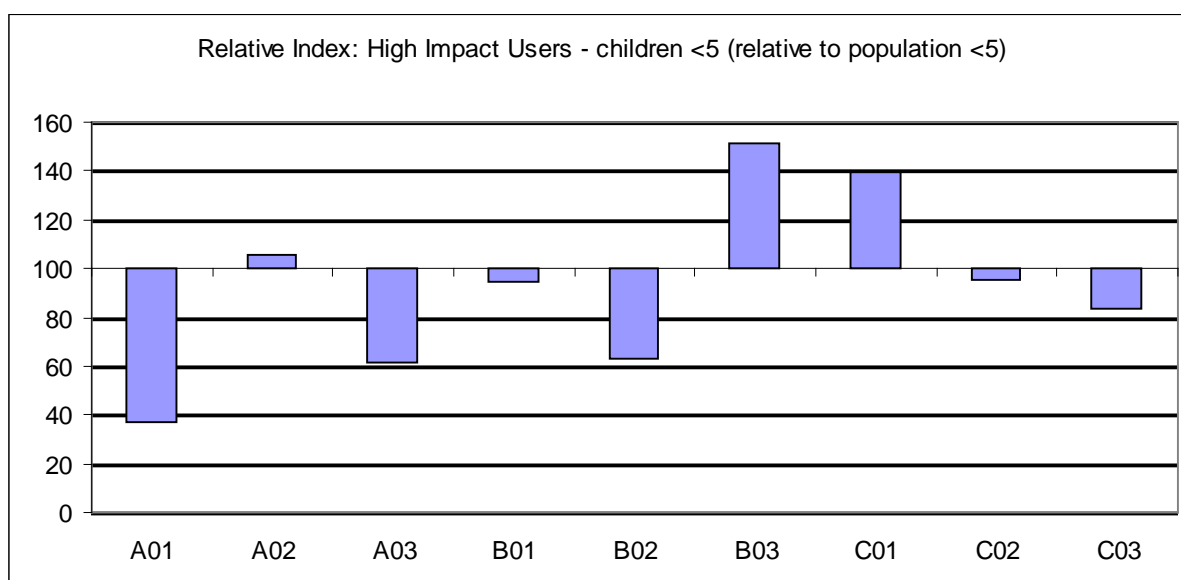
High Impact Users



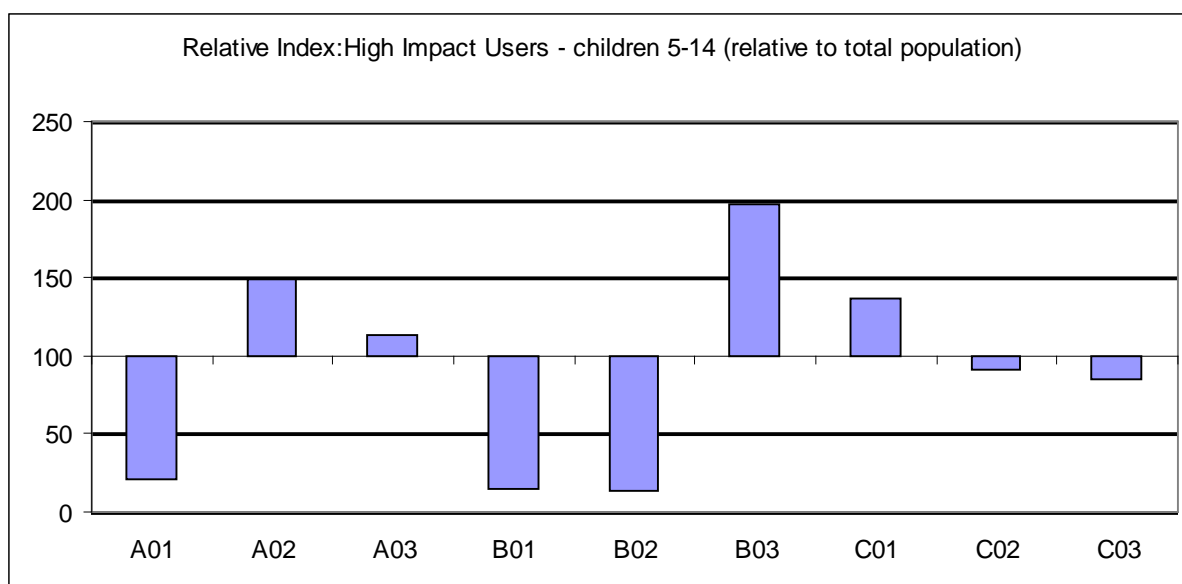
Numbers of High Impact Users were over 50% of their expected levels in C01 (based on the size of its population) and 56 % lower than expected for segment A01.



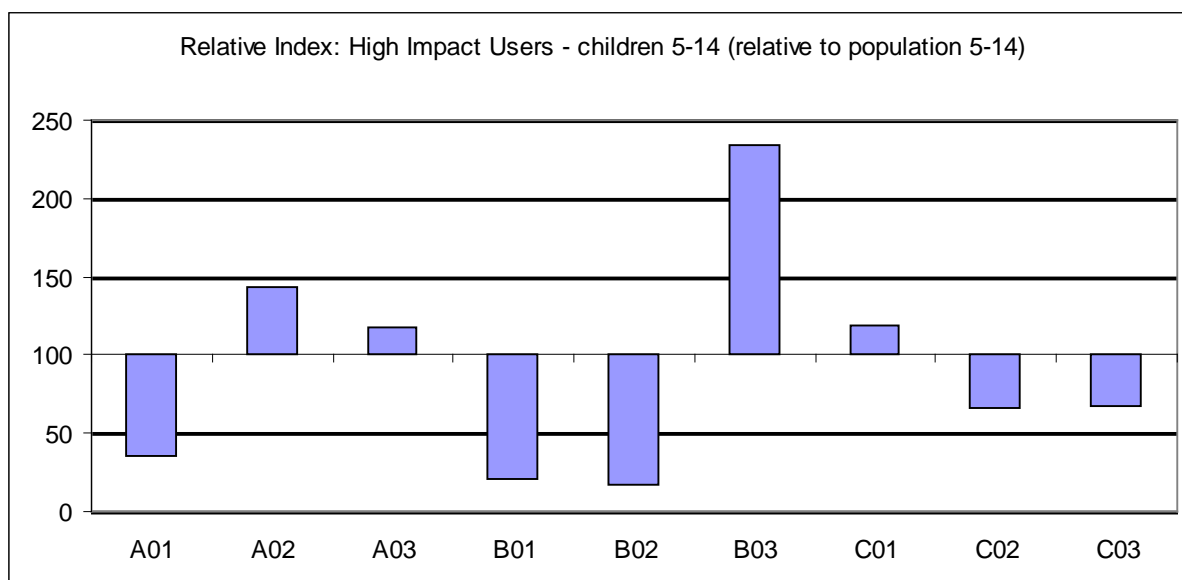
Relative to the numbers of the whole population in each segment, numbers of high impact users who were under 5 years of age were highest in B03, C01 and C02 and lowest in A01, A03 and B02.



Relative to the number of under 5s in each segment, numbers of high impact users who were under 5 years of age were highest in B03 and C01 and were again lowest in A01, A03 and B02.

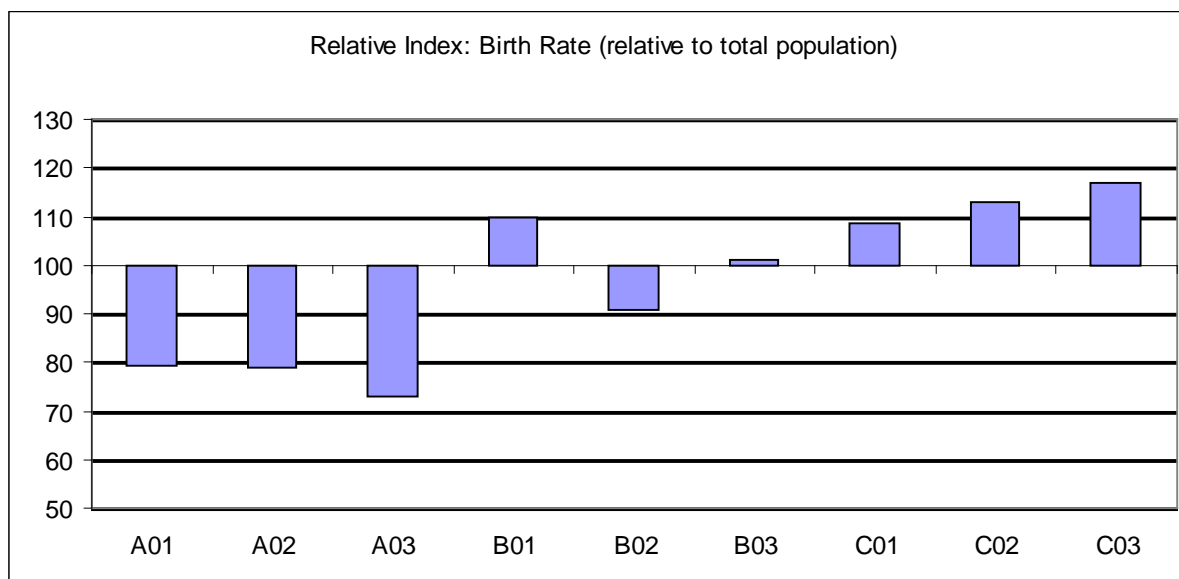


Relative to the numbers of the whole population in each segment, numbers of high impact users who were between 5 and 14 years of age were highest in B03 and lowest in A01, B01 and B02.

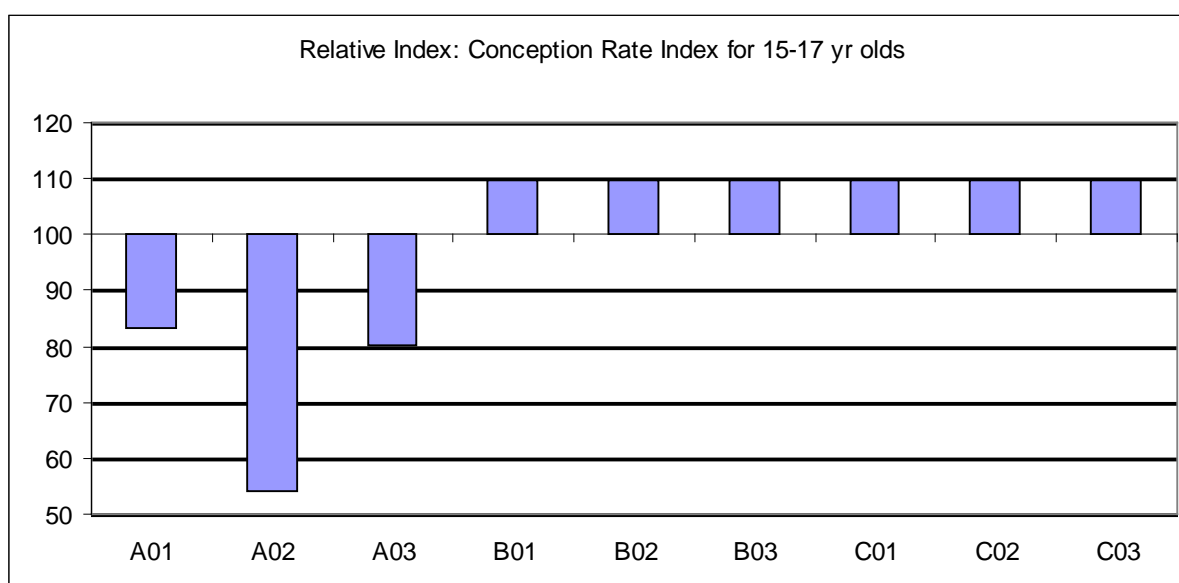


Relative to the number of 5-14 year olds in each segment, numbers of high impact users who were between 5 and 14 years of age were again highest in B03 and lowest in A01, B01 and B02.

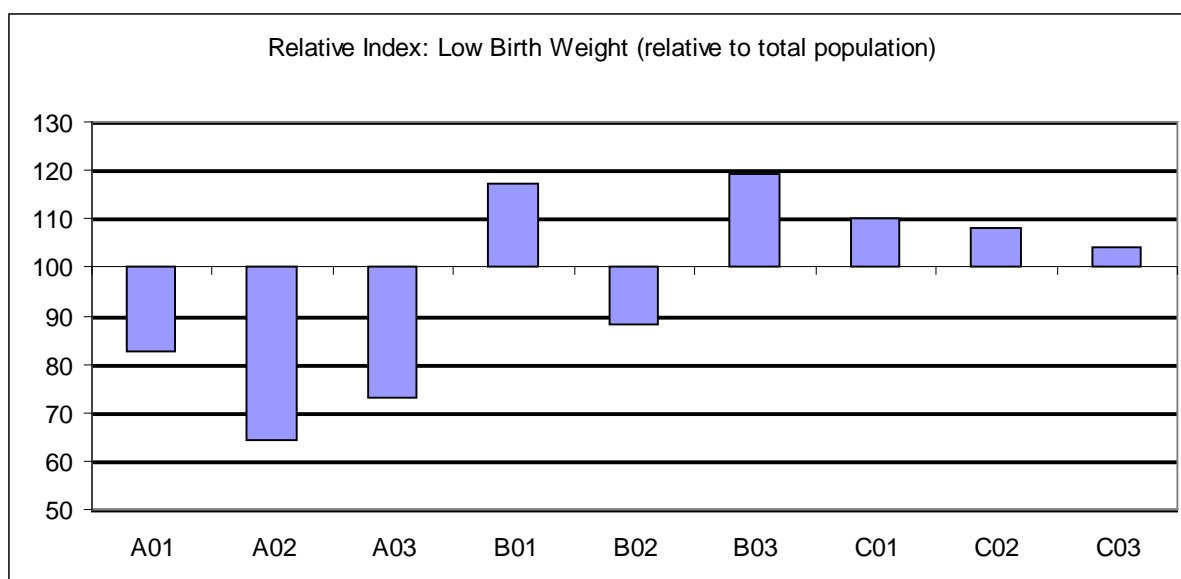
Charts: Local Data



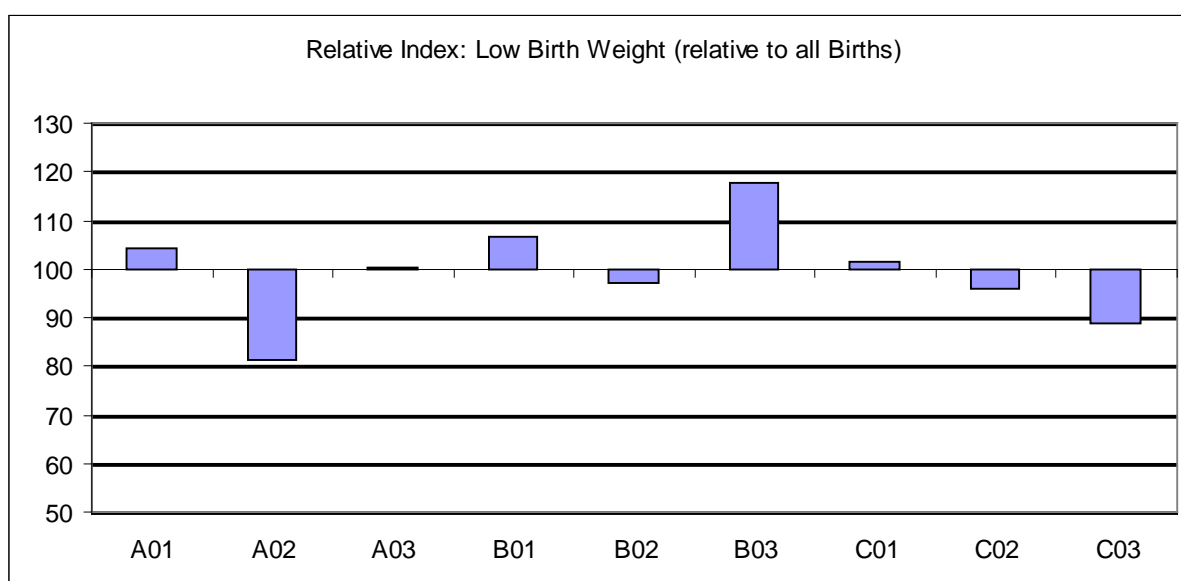
The birth rate was relatively high in the C segments and segment B01 and low in the A segments and B02



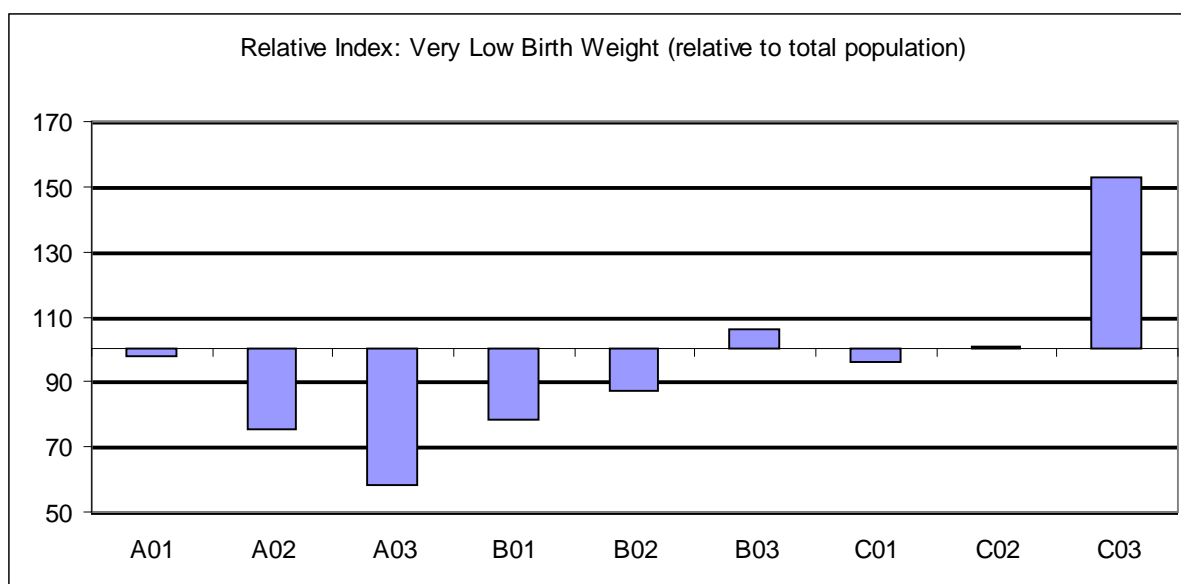
The graph above shows conception rates for 15-17 year olds for each segment. The best available raw data on which to base this was a ranking for each ward compared to national data. If the ward was in the top quintile (80-100 % of highest conception rates) amongst wards in England it was given a rank of 5, if amongst the second highest quintile (60-80%) it was given a rank of 4, and so on. These values were then mapped to the LSOAs in each ward and the value for each segment divided by the total number of LSOAs in Haringey. This value was then divided by the proportion of LSOAs in Haringey and multiplied by 100 to give the index shown in the graph above. Highest index rates were for segments B01 to C03 (all over 10 % higher than expected), lowest for segment A02 – 46% lower than expected.



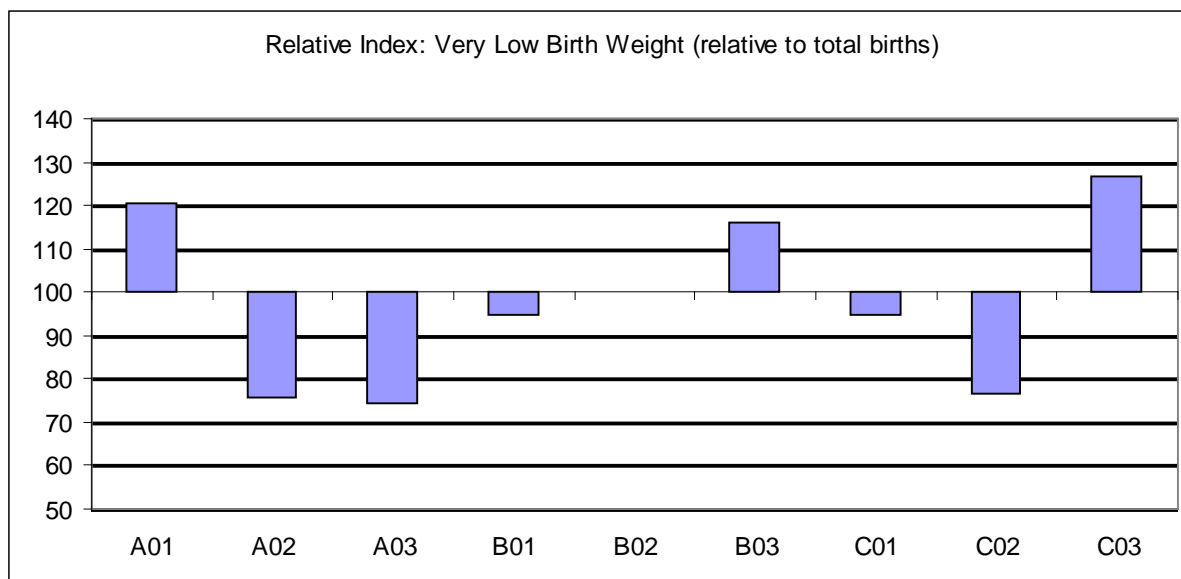
The number of Low Birth Weight births, relative to the total population, was highest in segment B03 and lowest in A02.



The number of Low Birth Weight births relative to all births was again highest in segment B03 (18 % above expected) and lowest in A02 (19 % lower).

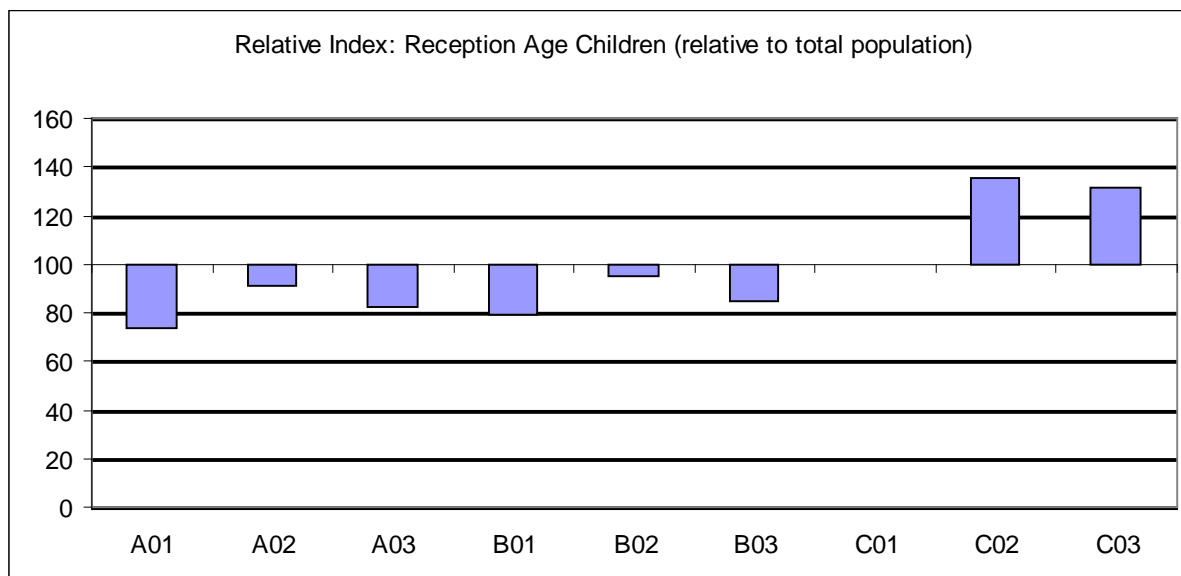


The number of Very Low Birth Weight births, relative to the total population, was highest in segment C03 and lowest in A03.

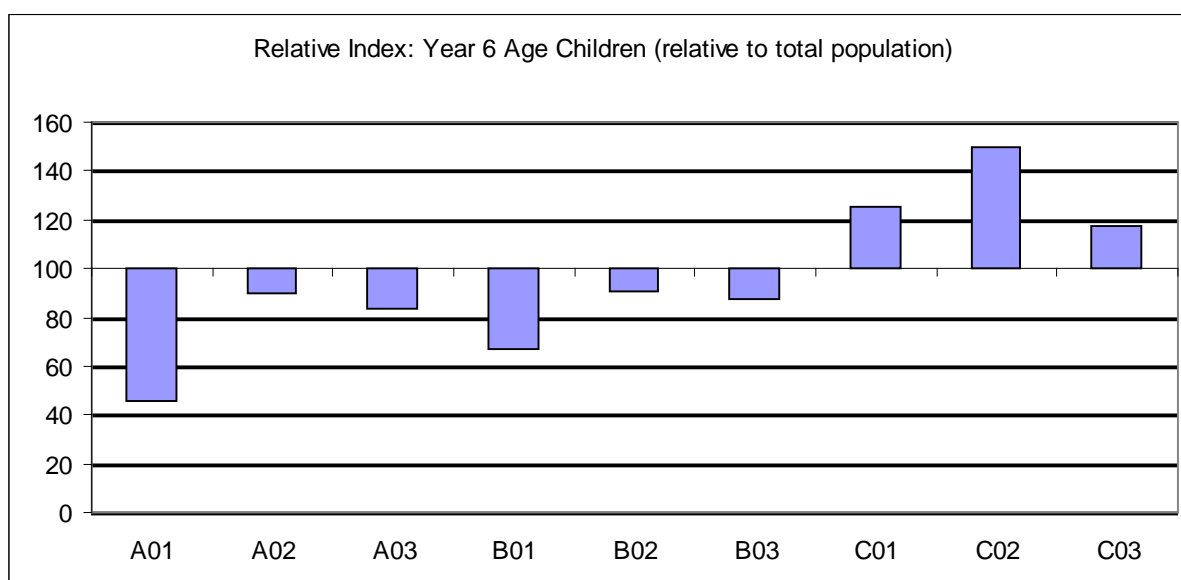


The number of Very Low Birth Weight births relative to all births was again highest in segment C03 (27 % above expected) and lowest in A03 (26 % below).

Childhood Obesity



This graph above shows the proportion of reception age children in each segment, relative to the total population – the proportion is highest in C02 and C03 and lowest in A01.



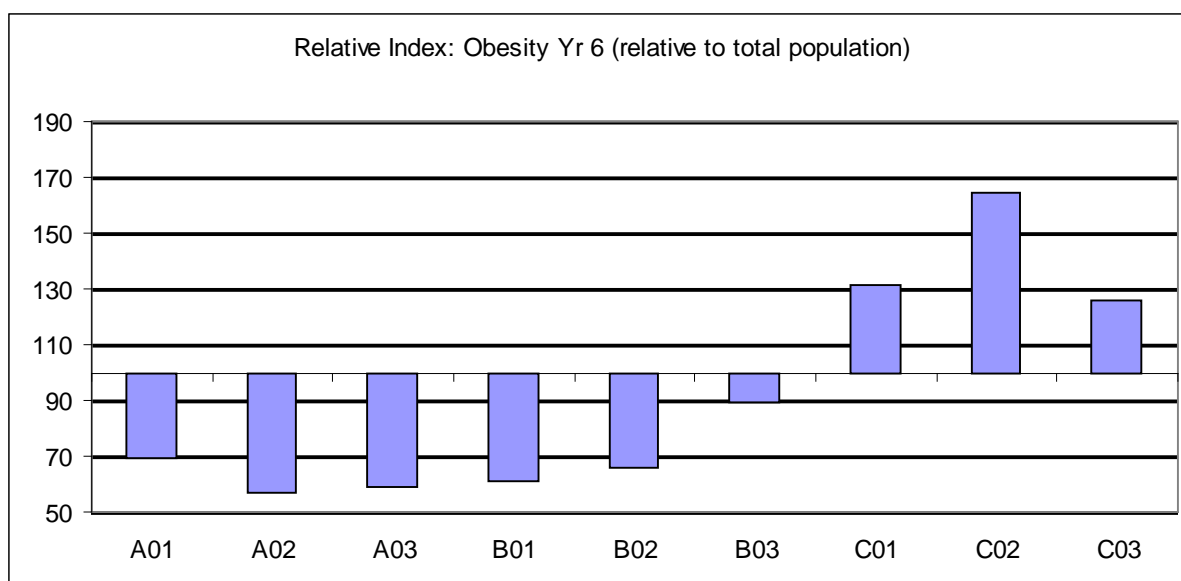
This graph shows the proportion of year 6 children in each segment, relative to the total population – proportions are highest amongst the C segments and lowest in A01.



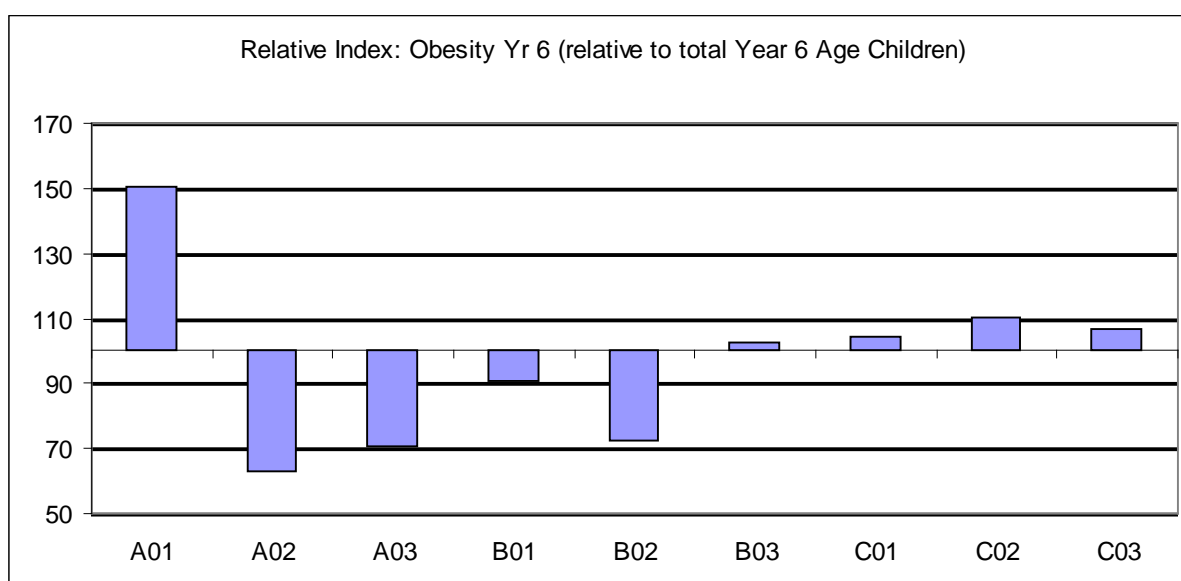
Relative to the total population, obesity amongst reception age children was above the expected value for the C segments. It was particularly low for A02 and B01.



Relative to the proportion of reception age children, obesity amongst reception age children was highest for A01 and lowest for A02.

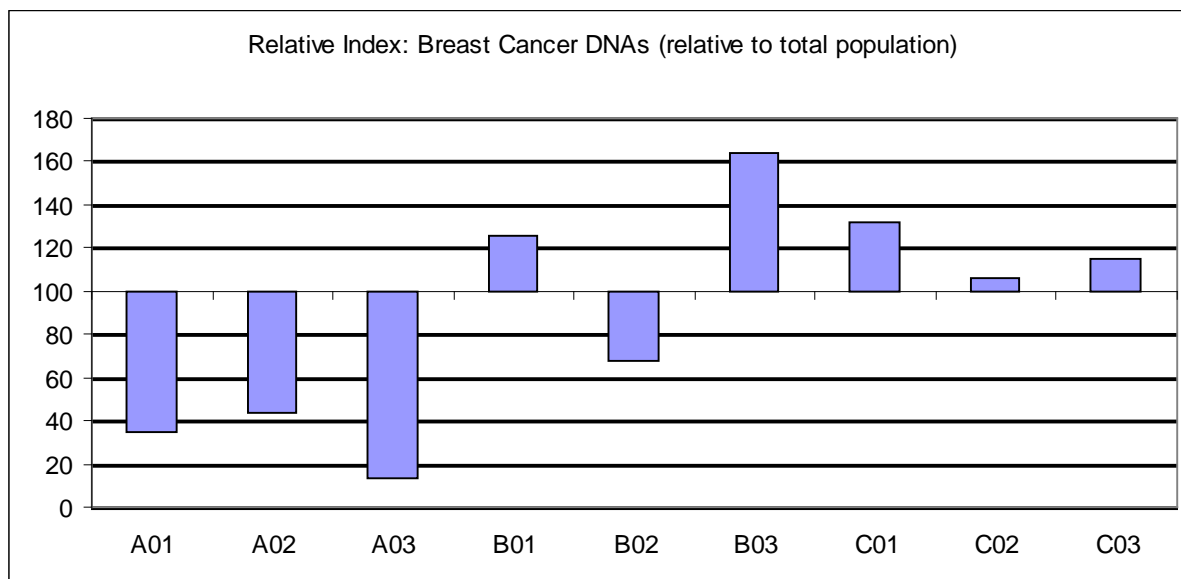


Relative to the total population, obesity amongst reception age children was above the expected value for the C segments, and below the expected value for the A and B segments.

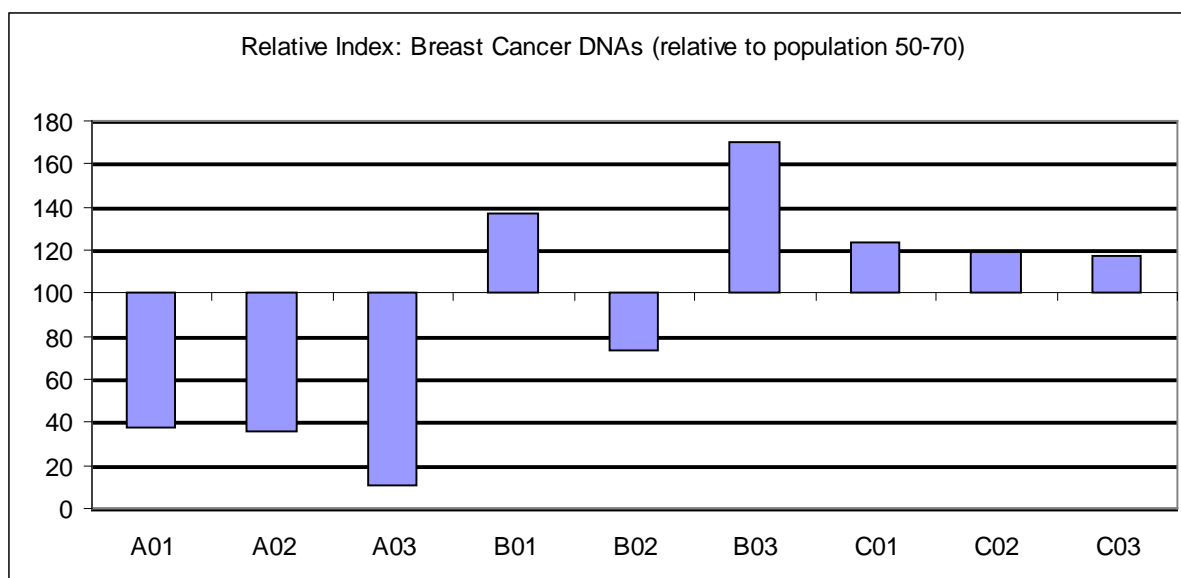


Relative to the proportion of year 6 children, obesity amongst year 6 children was highest for A01 and lowest for A02.

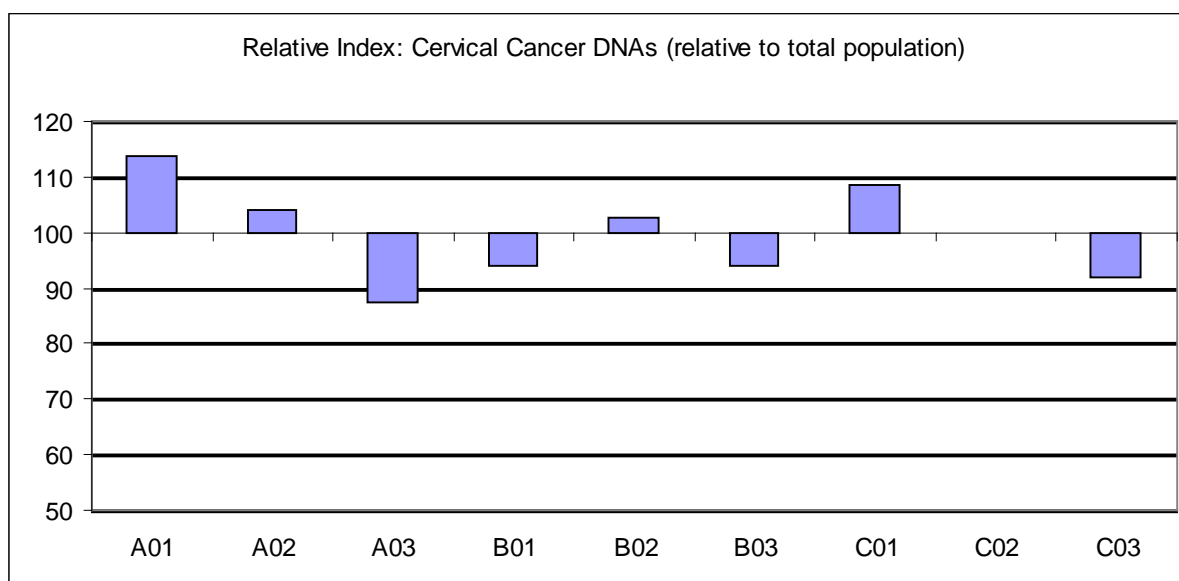
Cancer Screening



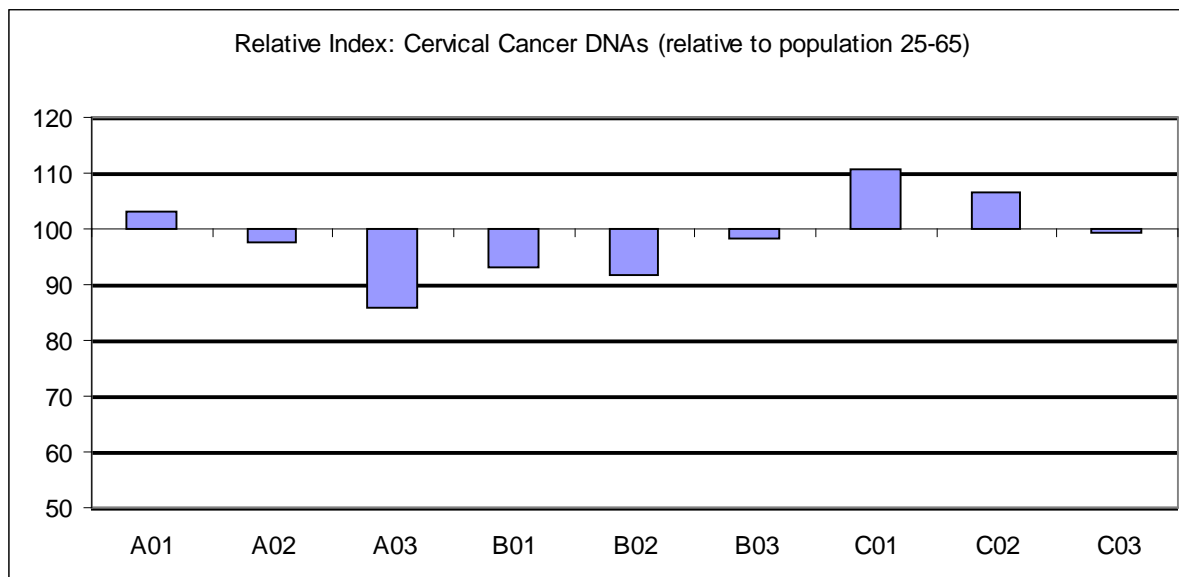
Relative to the total population, Did Not Attend Rates for Breast Cancer were highest for group B03 and lowest for A03.



Relative to the population of 50 to 70 year olds, Did Not Attend Rates for Breast Cancer were again highest for group B03 and lowest for A03.



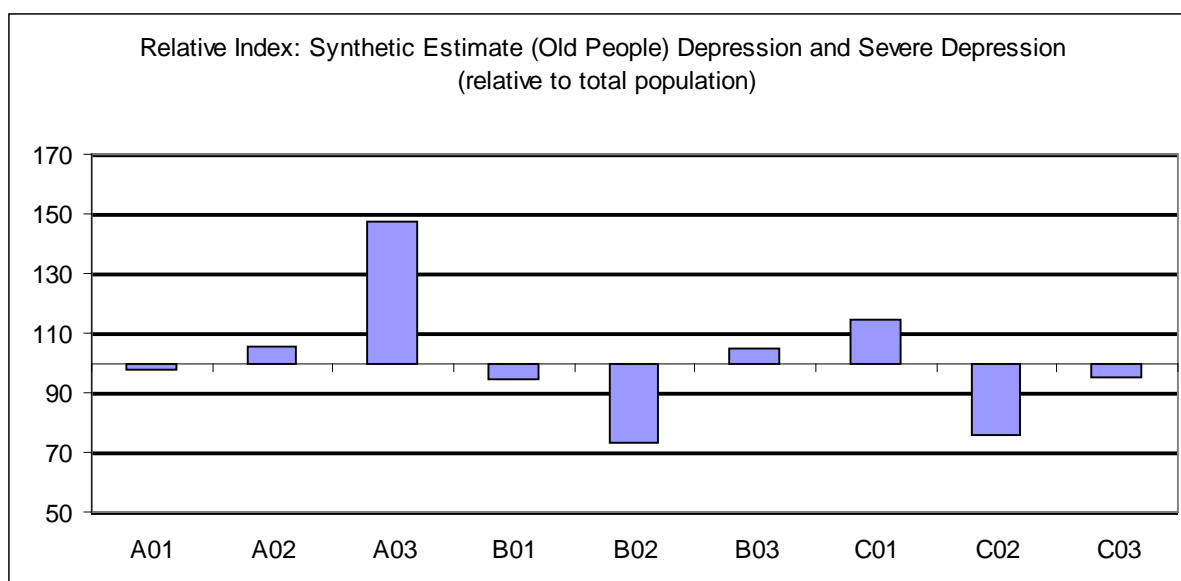
Relative to the total population, Did Not Attend Rates for Cervical Cancer were highest for group A01 and lowest for A03.



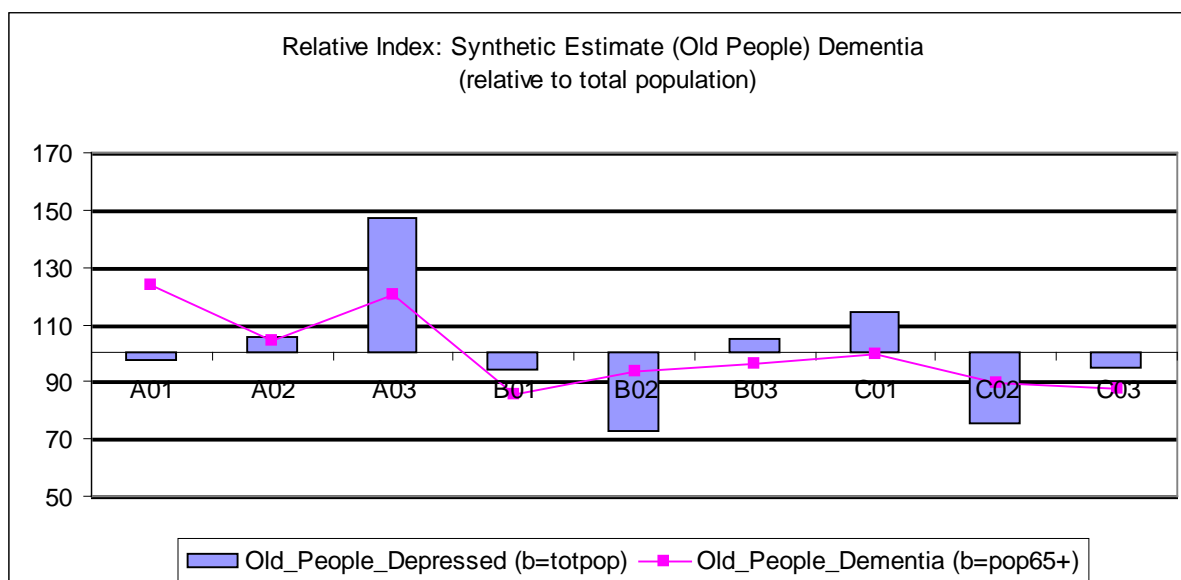
Relative to the population of 25 to 65 year olds, Did Not Attend Rates for Cervical Cancer were highest for group C01 and again lowest for A03.

Synthetic Estimates

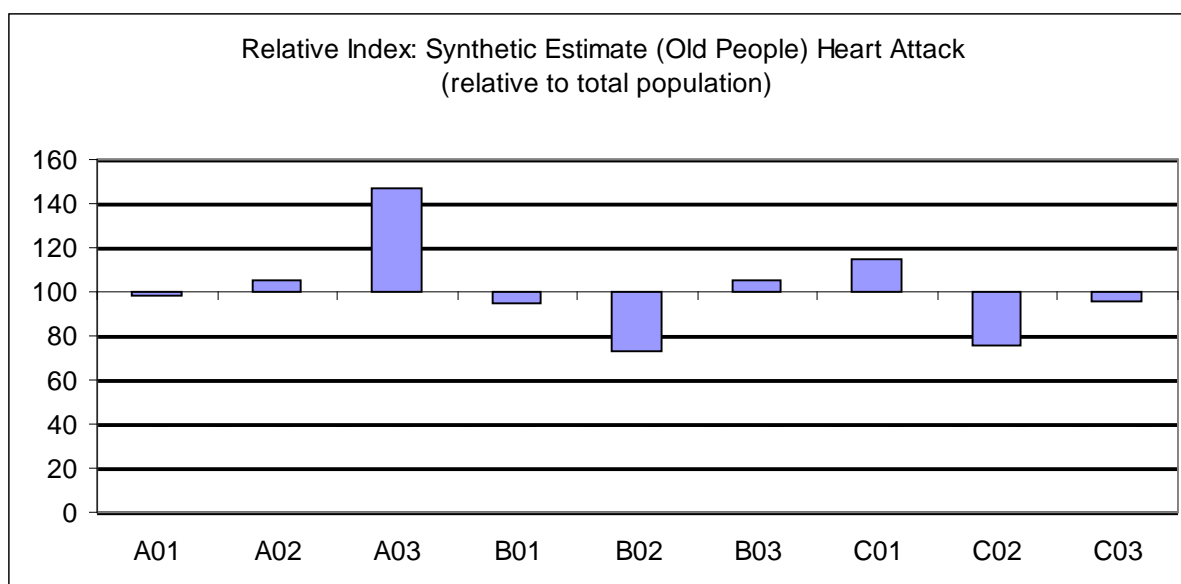
Charts are given below for synthetic estimates for old people (POPPI), adults (PANSI) and for Haringey as a whole from the Health Survey for England.



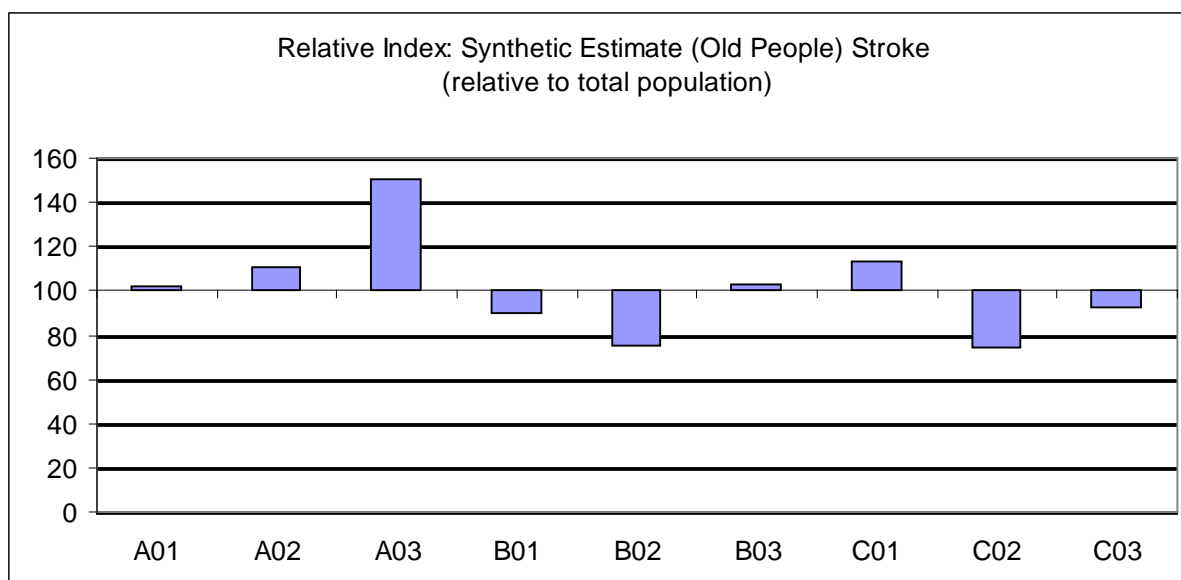
Synthetic estimates for Depression and Severe Depression rates were highest for the A03 segment, and lowest for B02.



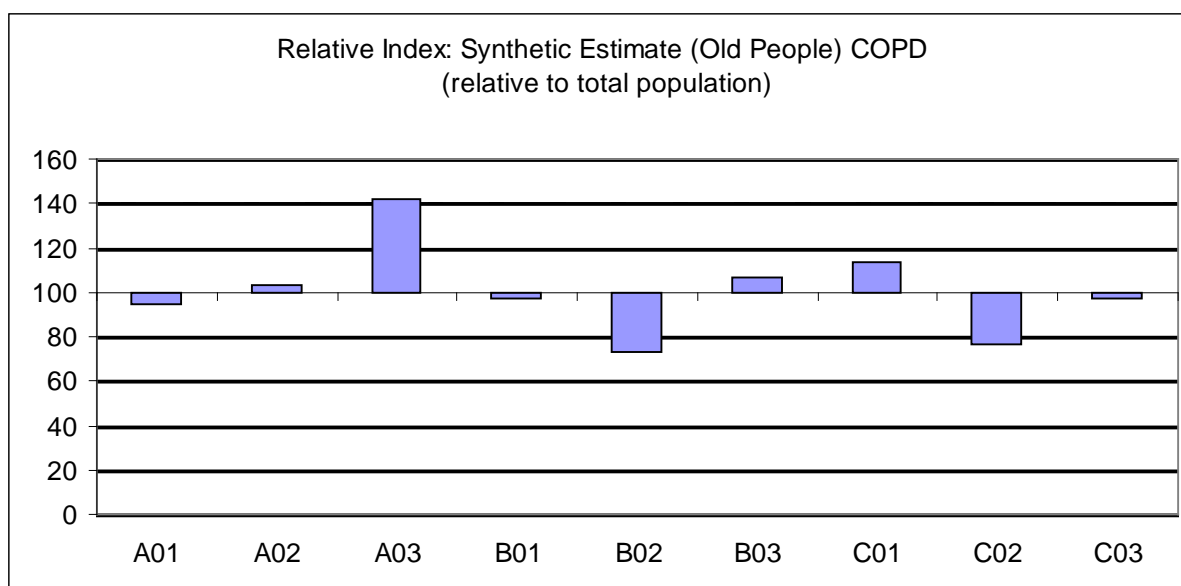
Relative to the total population, highest synthetic estimates for old people suffering from dementia were found in A03. Expressed as a proportion of the population of over 65s, the highest rate was in A01.



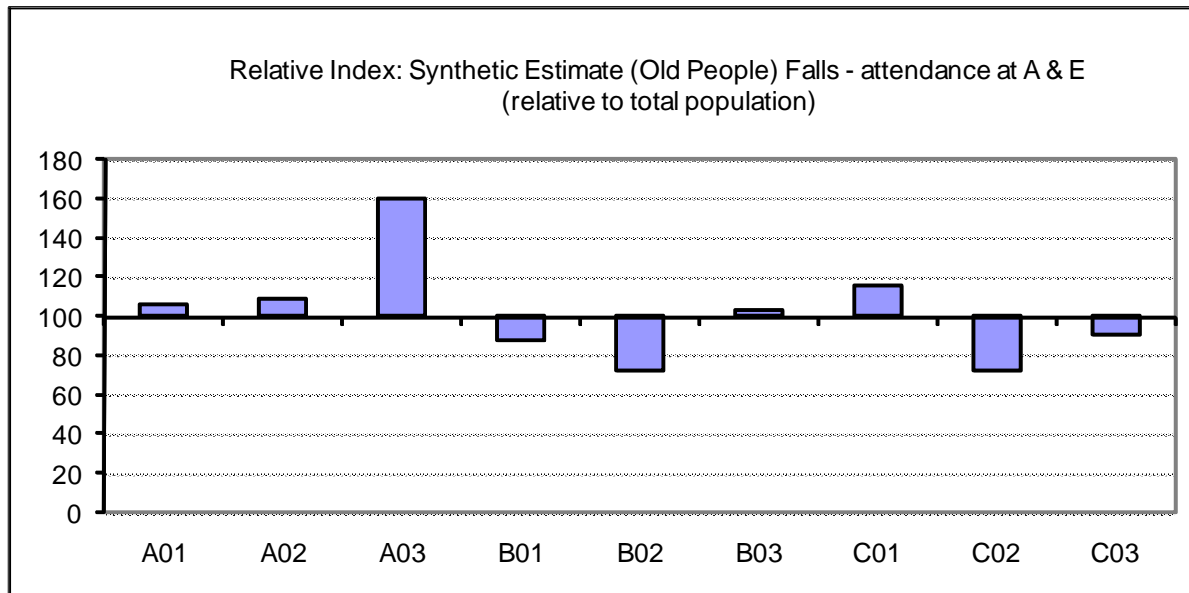
Relative to the total population, synthetic estimates for older people predicted to have a longstanding health condition caused by a heart attack were highest in A03.



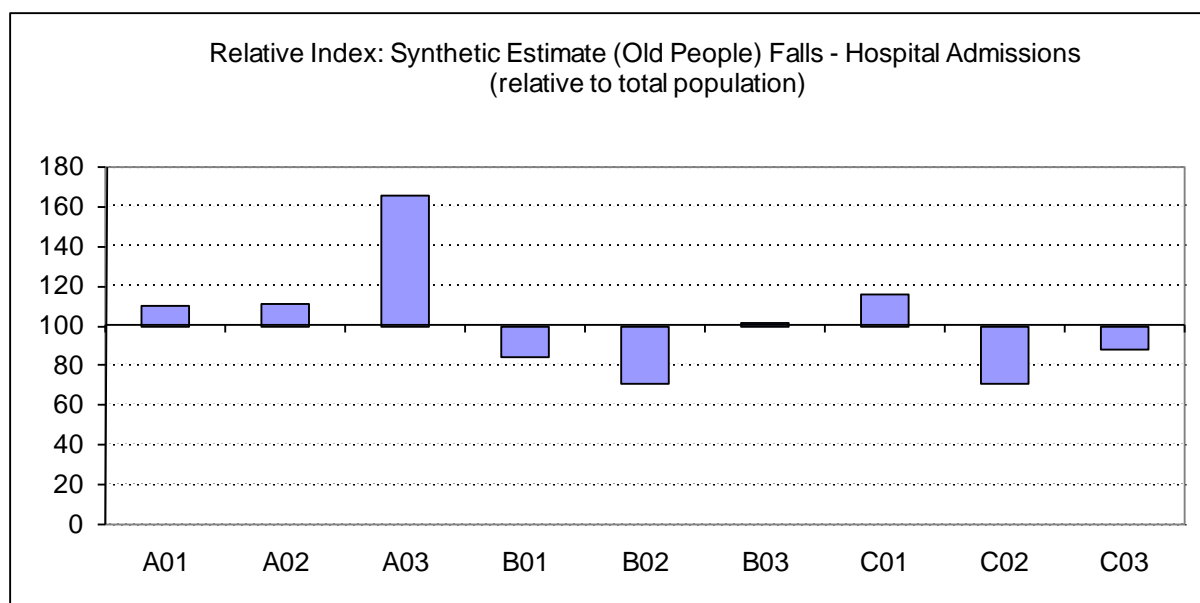
Relative to the total population, synthetic estimates for older people predicted to have a longstanding health condition caused by stroke were also highest in A03.



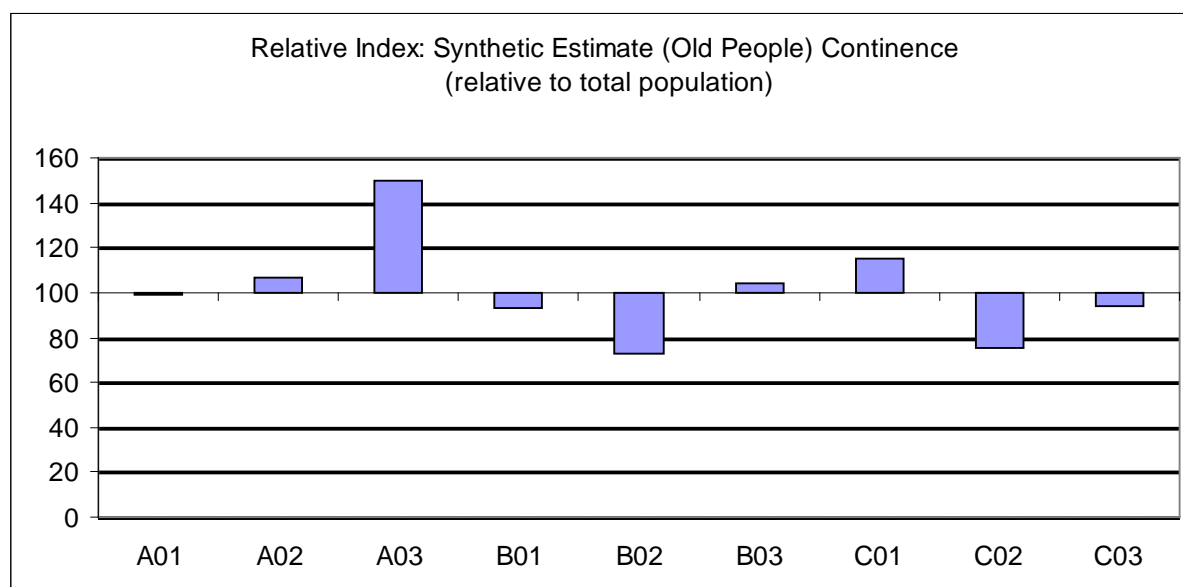
Relative to the total population, synthetic estimates for Old People Suffering from Chronic Obstructive Pulmonary Disease was highest in A03 and lowest in B03.



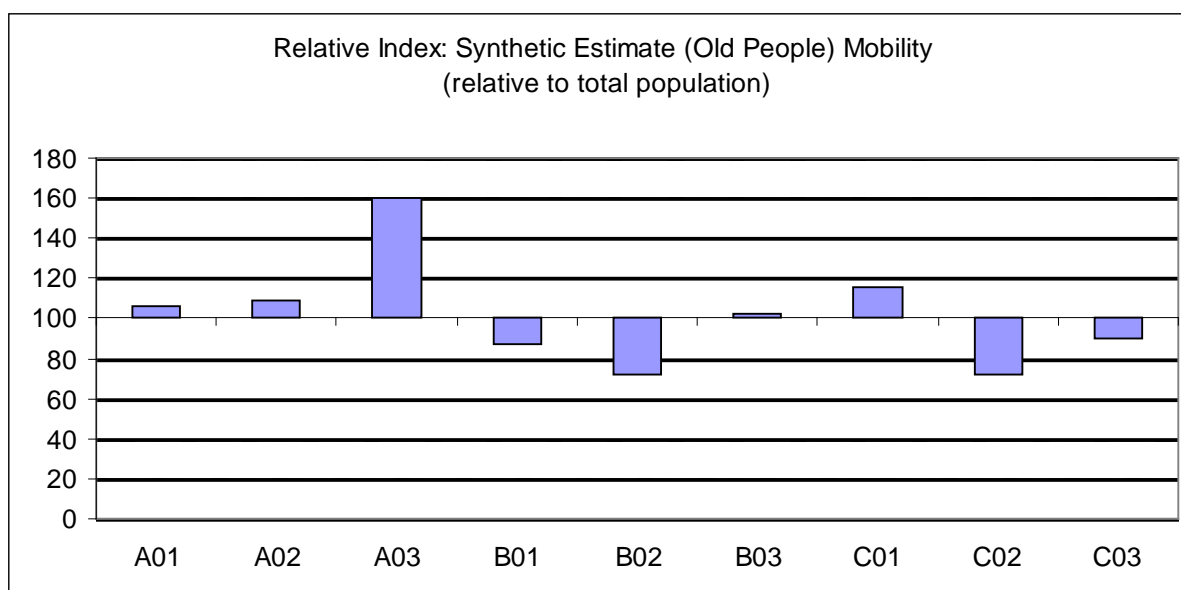
Relative to the total population, synthetic estimates for old people suffering from falls which resulted in a visit to A & E were 60% higher in A03 than the rate in the general population.



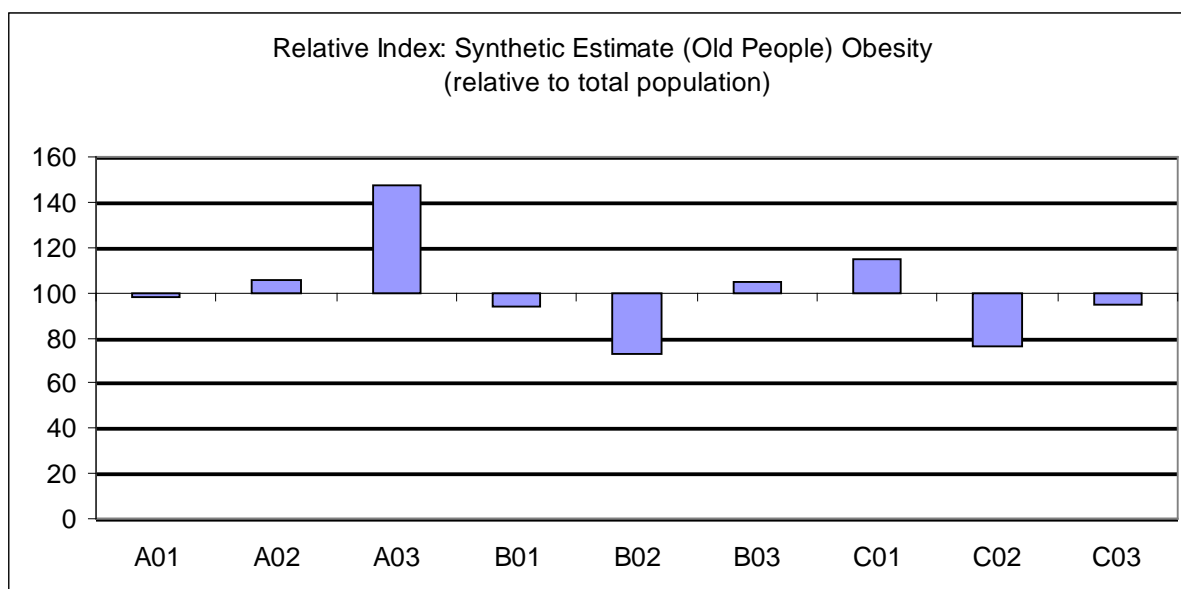
Relative to the total population, synthetic estimates for older people admitted to hospital for falls were 65% higher in A03 than the rate in the general population.



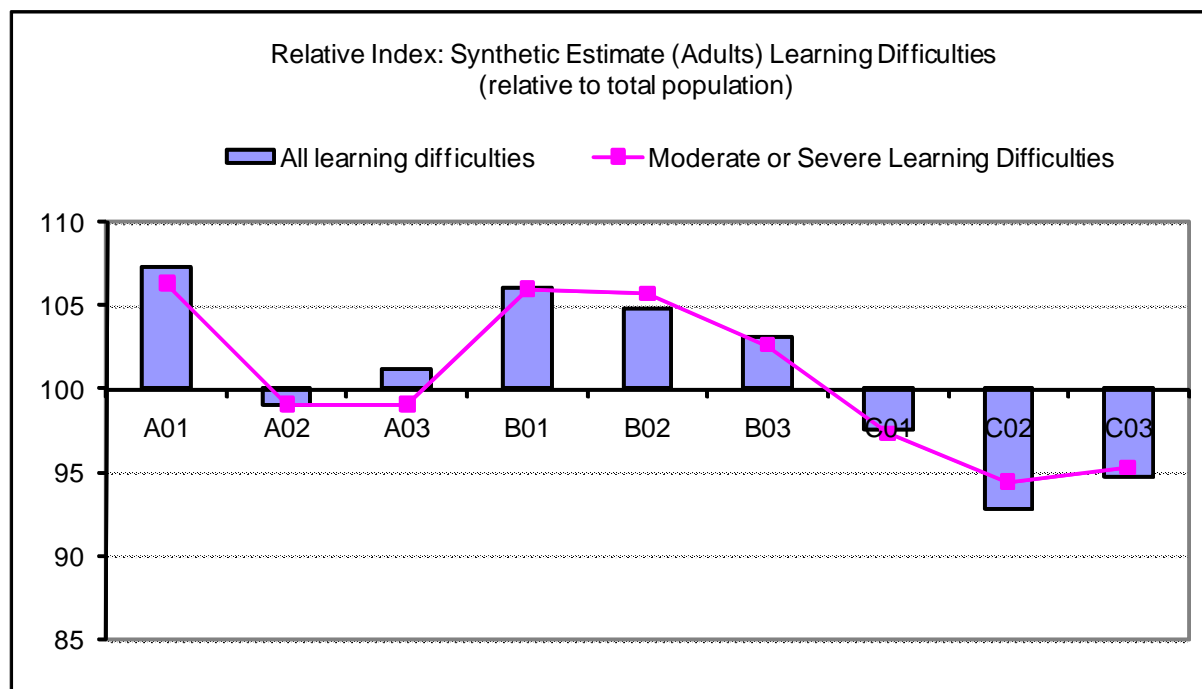
Relative to the total population, synthetic estimates for older people having problems with continence were 50% higher in A03 than the rate in the general population.



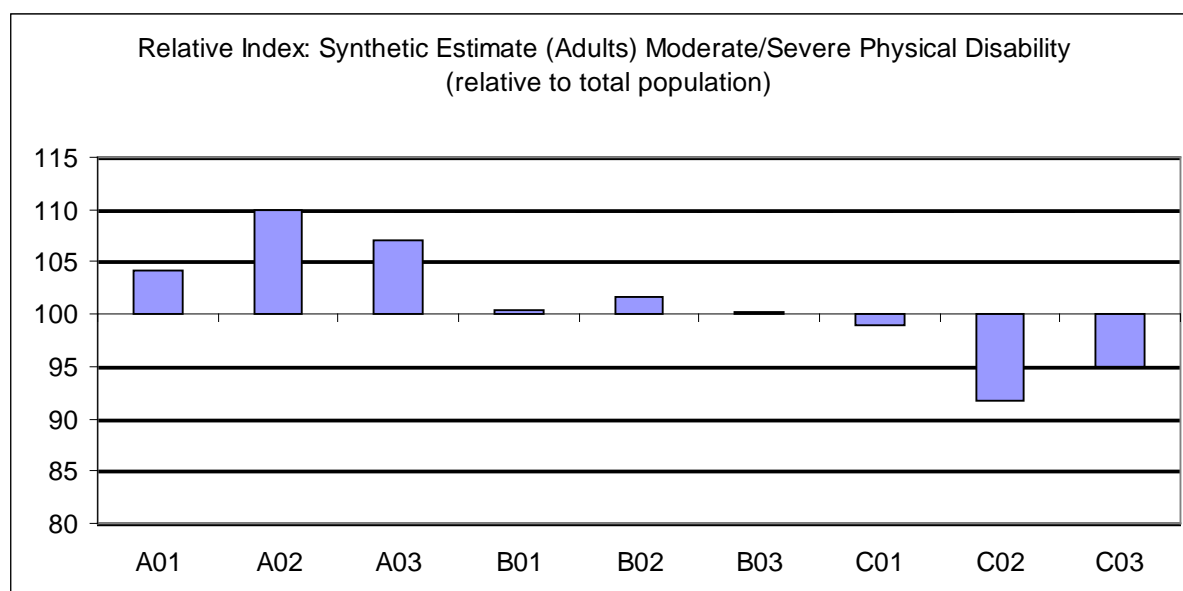
Relative to the total population, synthetic estimates for older people suffering from mobility problems were 60% higher in A03 than the rate in the general population.



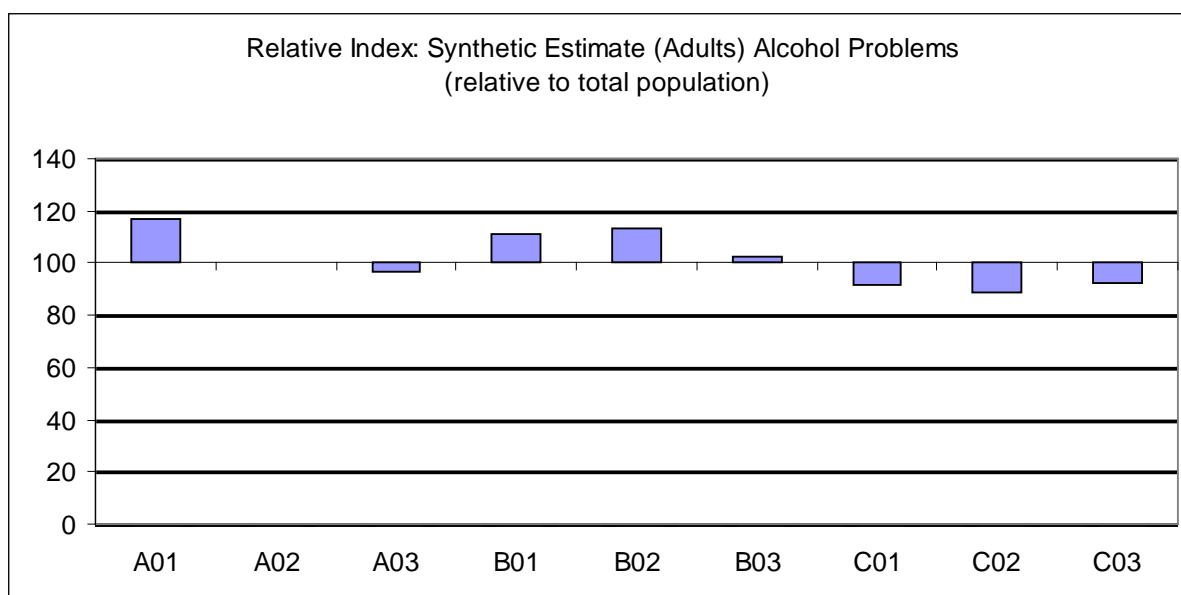
Relative to the total population, synthetic estimates for older people suffering from obesity were 48% higher in A03 than the rate in the general population.



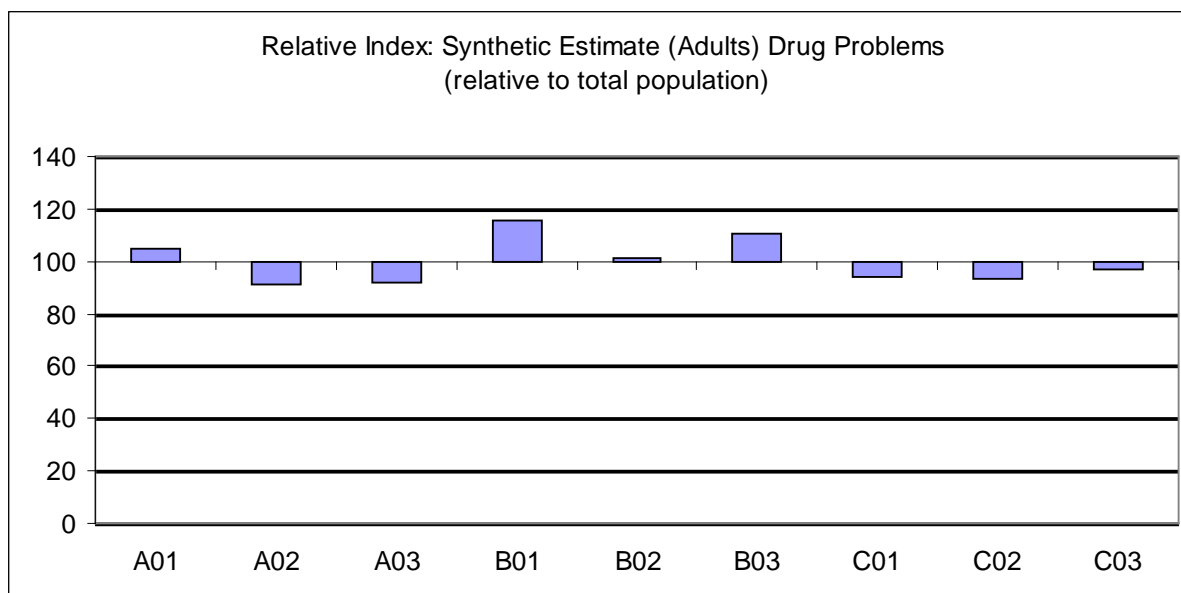
Synthetic estimates for incidence of learning difficulties amongst adults were highest for A01 and lowest for C02. Estimates for Moderate or Severe Learning Difficulties were highest for A01, B01 and B02.



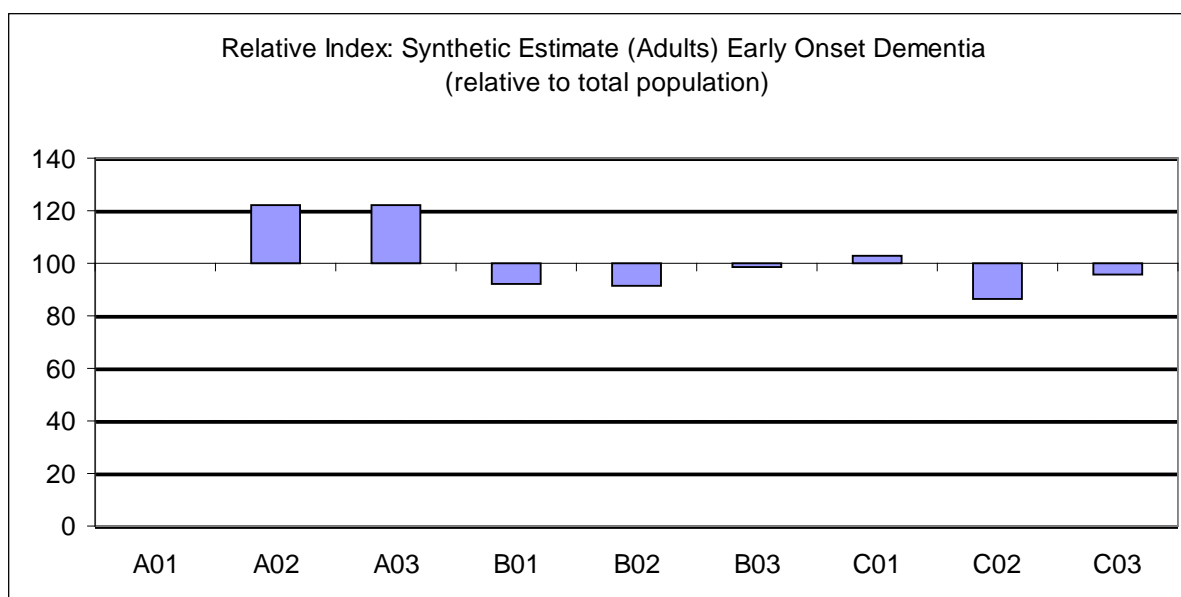
Synthetic estimates for incidence of moderate to severe physical disability amongst adults were highest for A01 and lowest for C02.



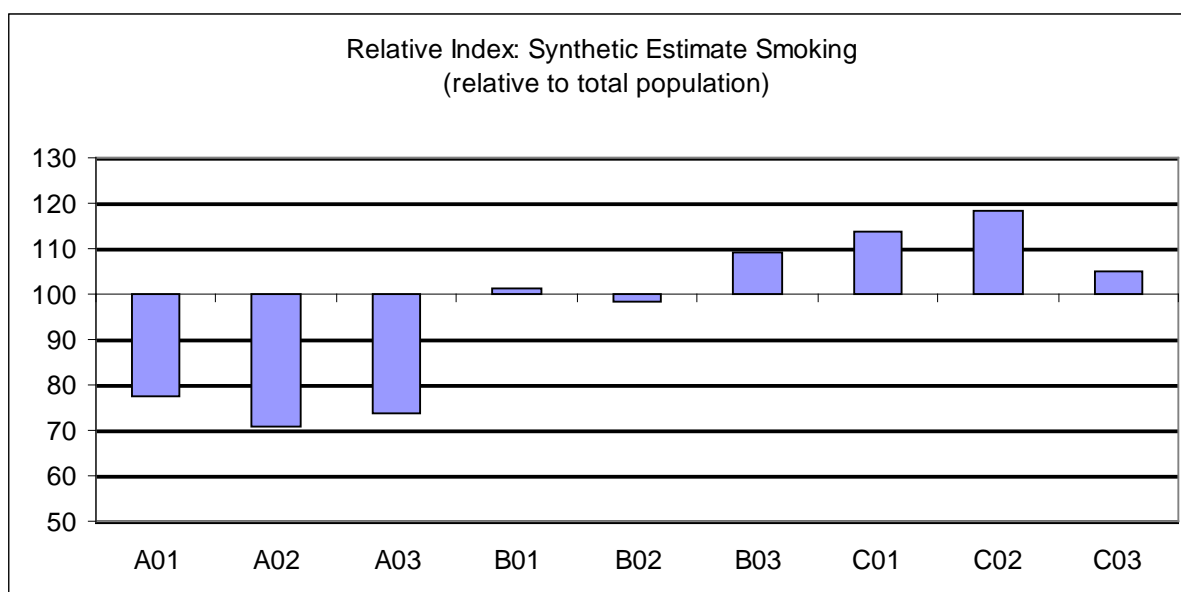
Synthetic estimates for incidence of alcohol problems amongst adults were again highest for A01 and lowest for C02.



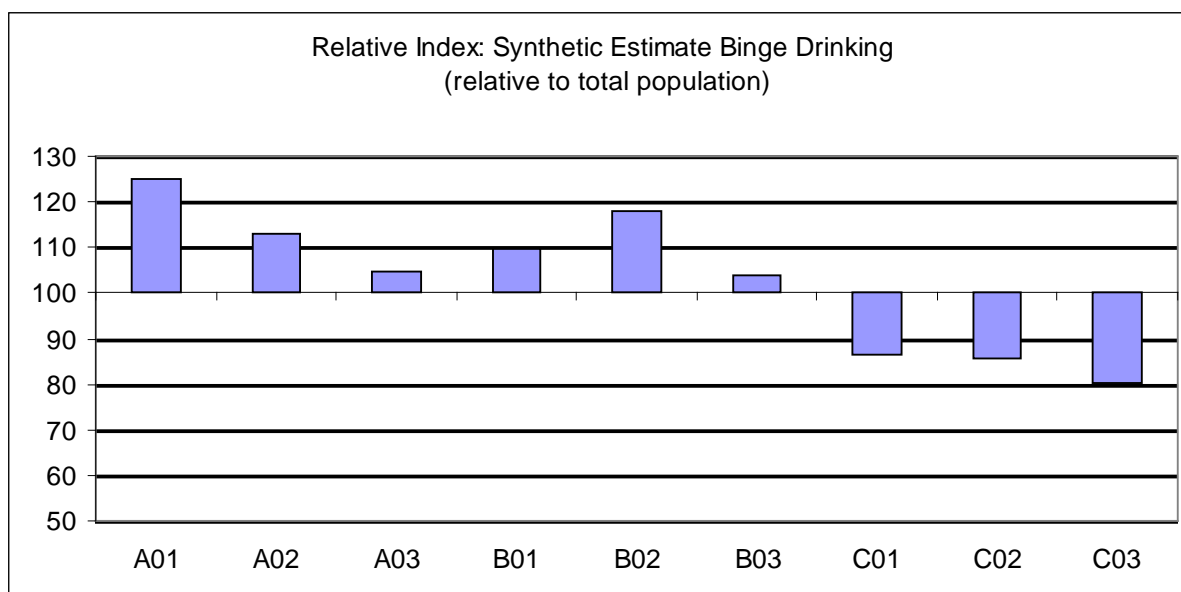
The synthetic estimate for incidence of drug problems amongst adults was highest for B01.



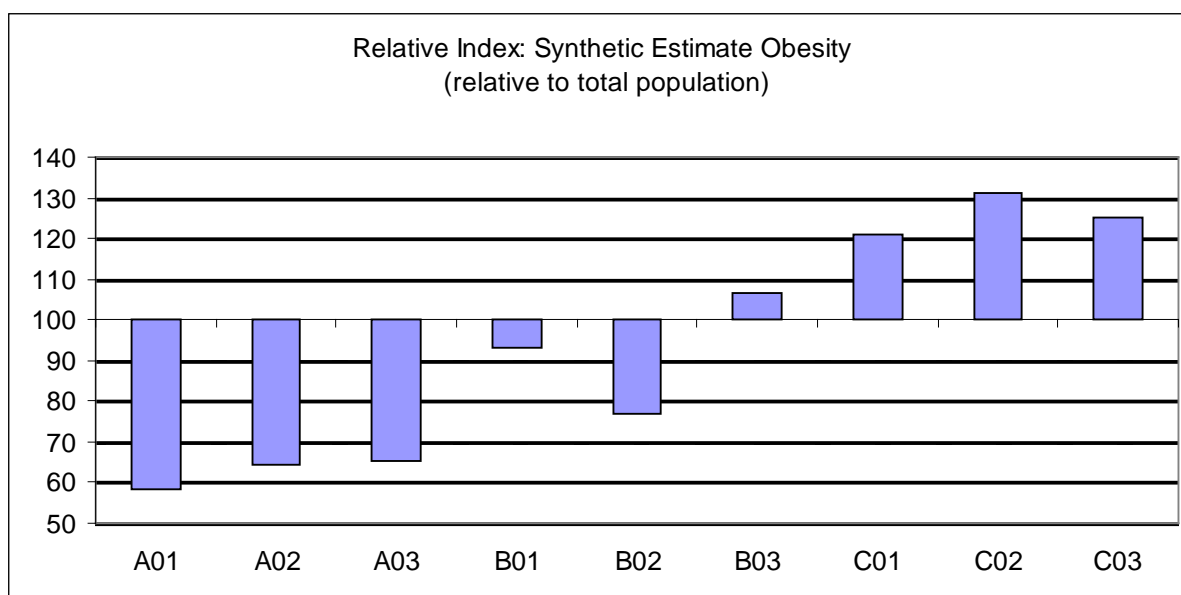
Synthetic estimates for incidence of early onset dementia amongst adults were highest for A02 and A03.

HSFE

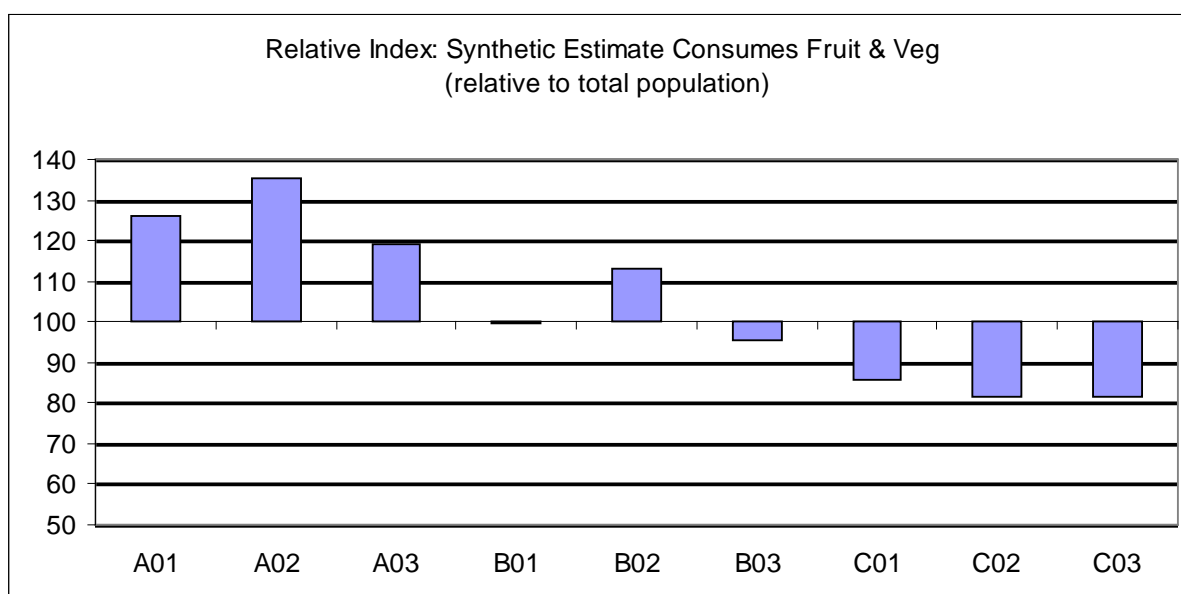
HSFE synthetic estimates for smoking were noticeably higher in the C segments than in the A segments.



HSFE synthetic estimates for binge drinking were highest in A01 and lowest in C03.



HSFE synthetic estimates for obesity were much higher for the C segments than for the A segments.

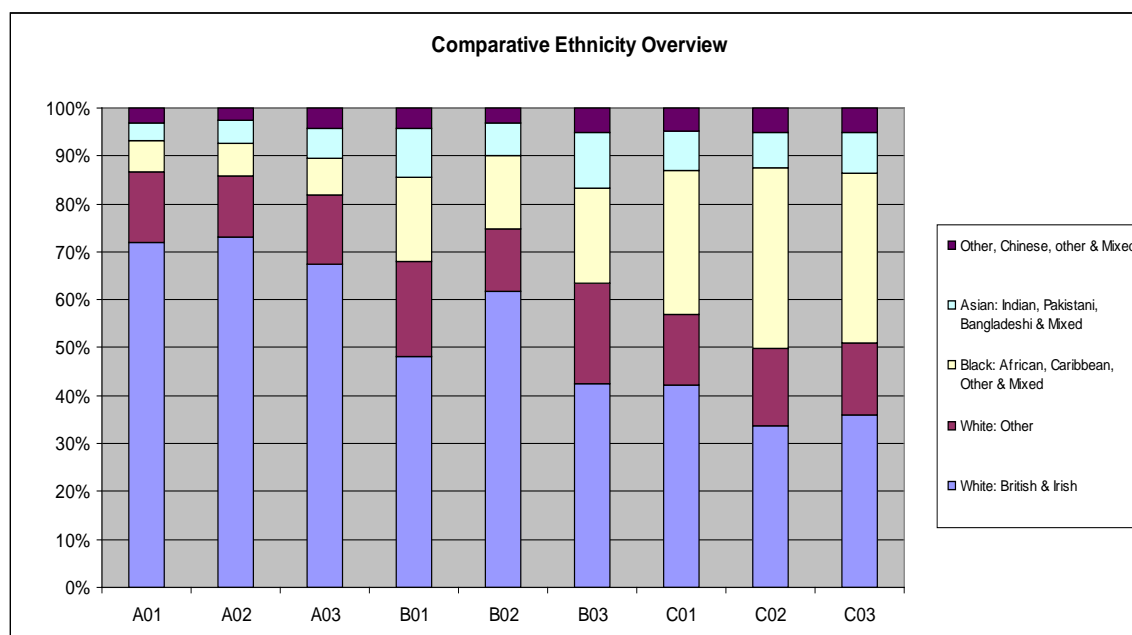


HSFE synthetic estimates for consumption of fruit and vegetables were noticeably higher for the A segments than for the C segments.

Environmental Context

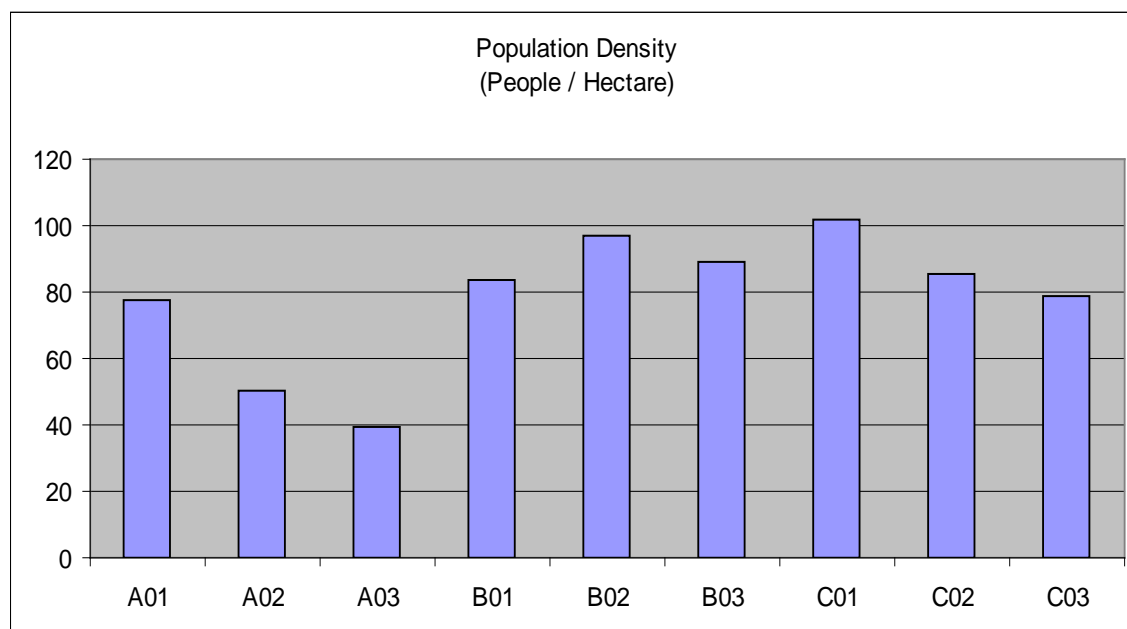
The following series of tables describe the differing demographic, social, situational and wealth related information for the 9 segment types generated by Dr Foster's Health Segmentation Model.

Ethnicity Summary



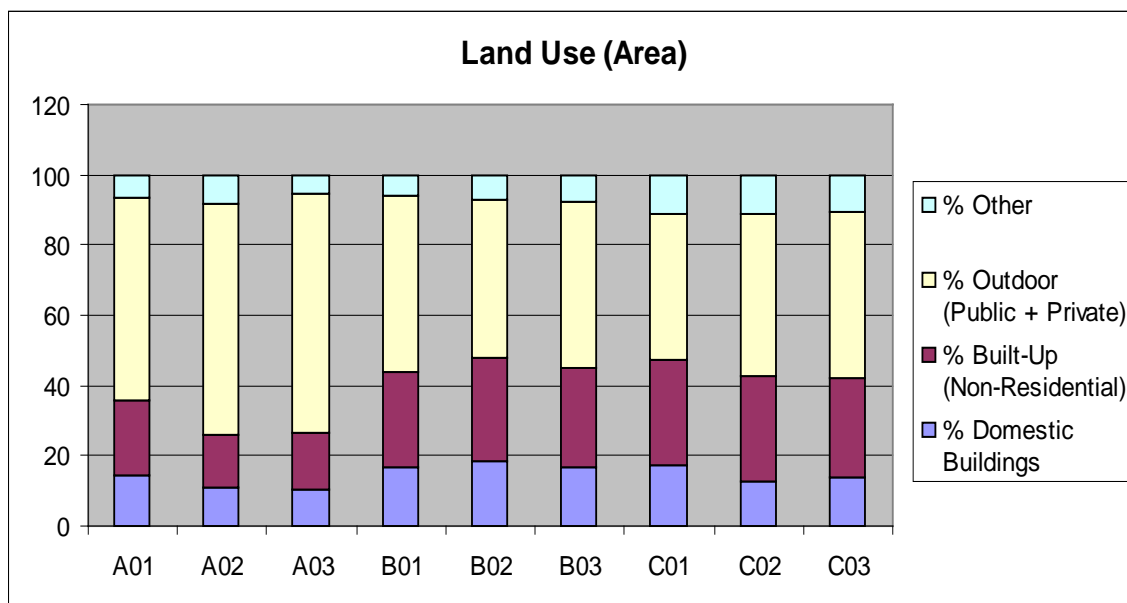
At the 2001 census, segment C02 had a relatively high number of people from ethnic minorities.

Population Density



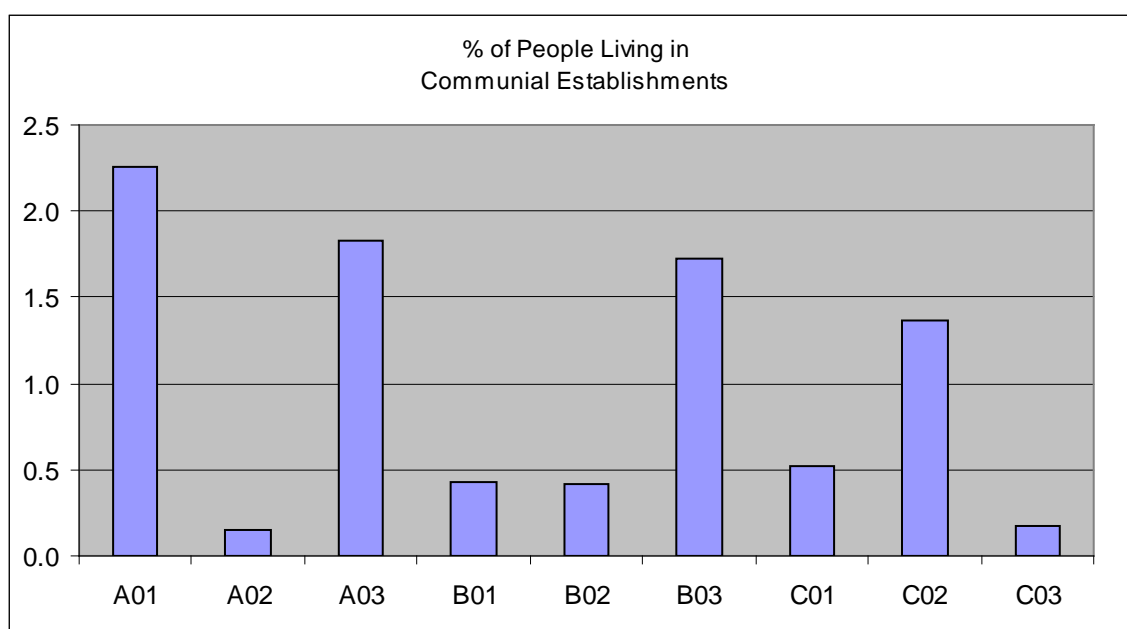
Population density was over twice as high in C01 (102 per hectare) as in A03 (40 per hectare).

Land Use



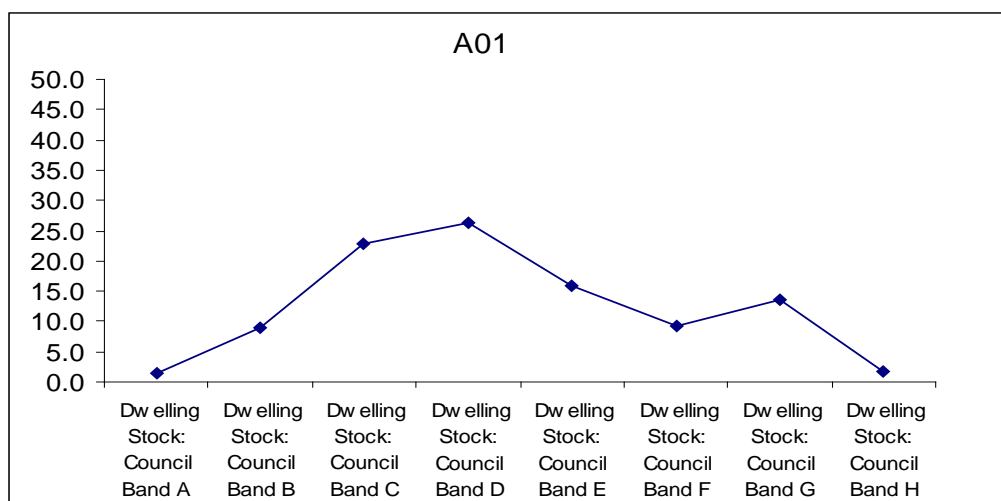
A03 had the highest proportion of public or private outdoor space (58%) and C01 the lowest (42%).

Communal Establishments



2.25 % of people were living in communal establishments in A01, 0.14 % in A02.

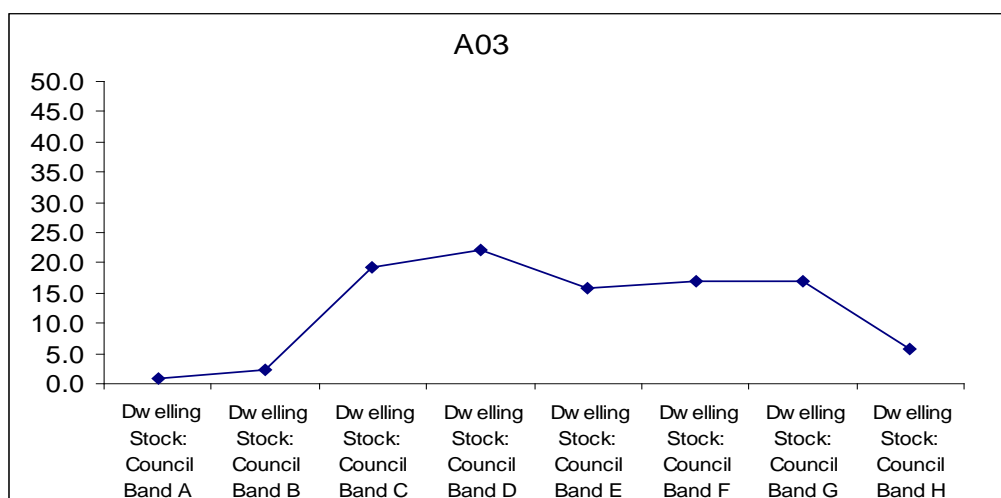
House Value (Council Tax Banding): Group A



In A01, a large proportion of people were living in dwellings rated in bands C to E.

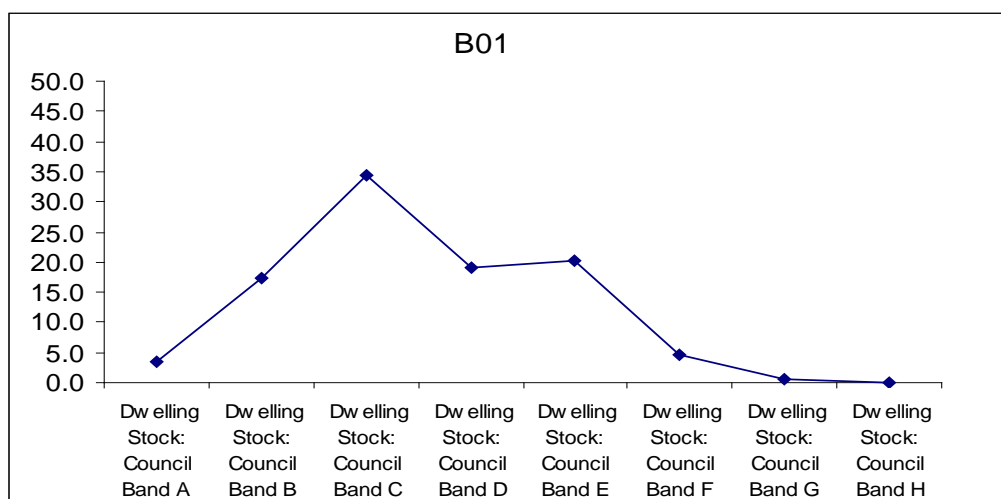


In A02, most were living in dwellings in bands C to G.

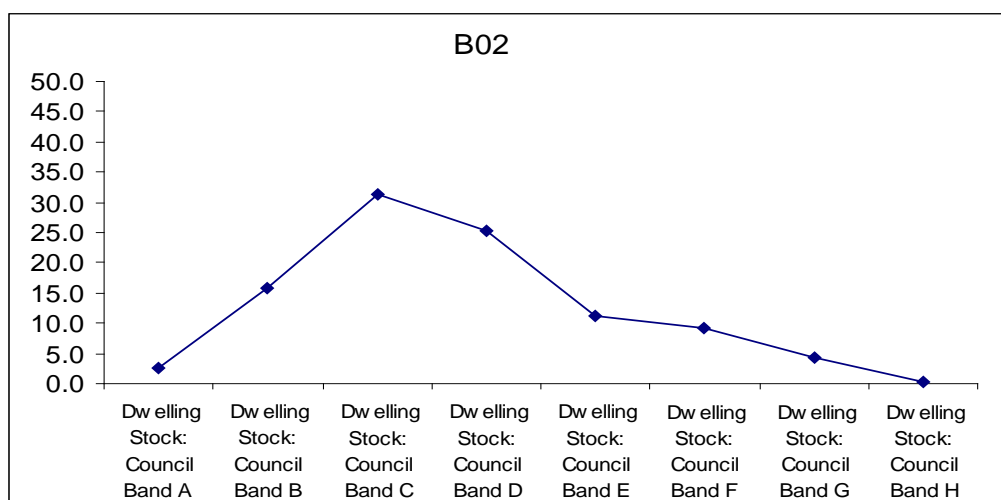


In A03, again most were living in dwellings in bands C to G.

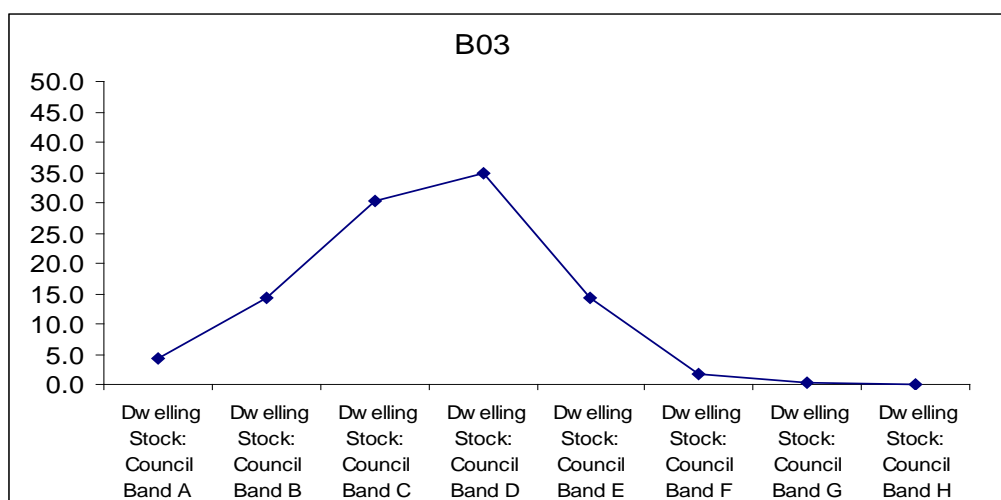
House Value (Council Tax Banding): Group B



In B01, 34 % were living in dwellings in Band C.

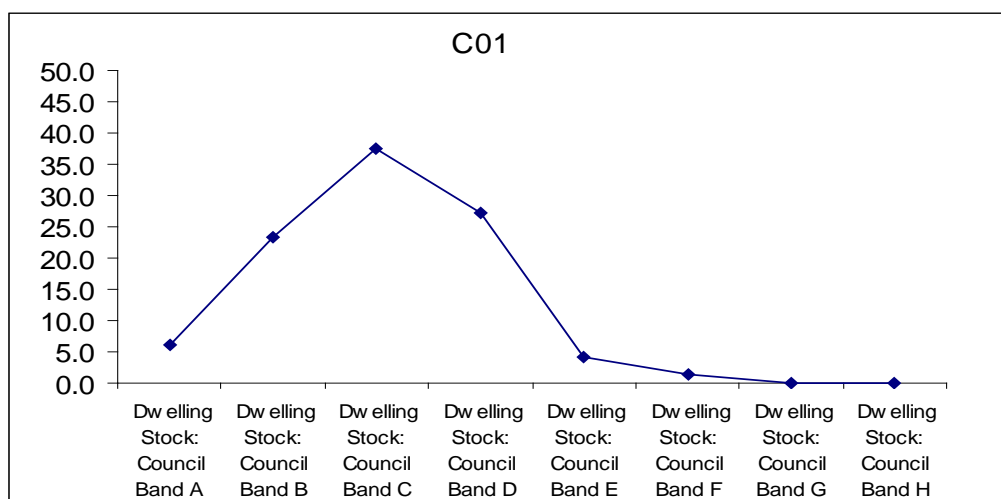


In B02 a large proportion of people were living in dwellings in bands C and D.

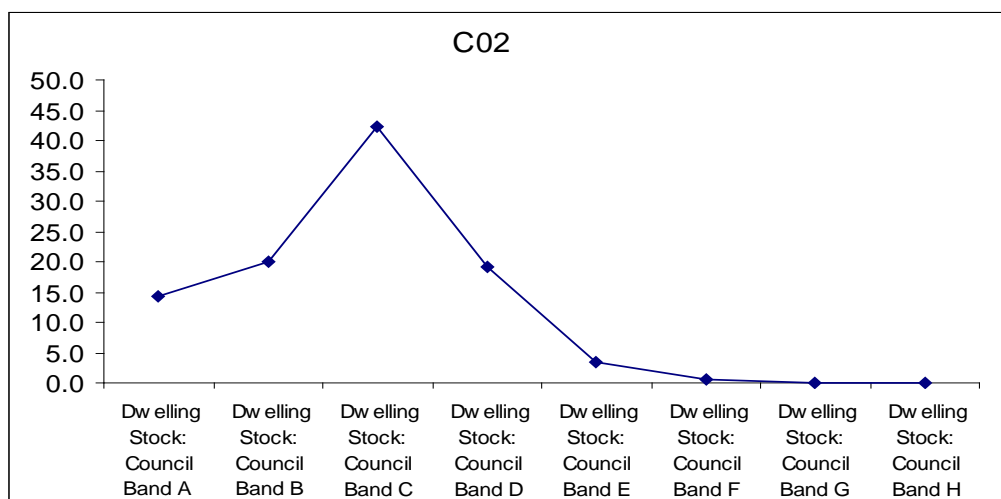


In B03, 35 % were living in dwellings in Band D.

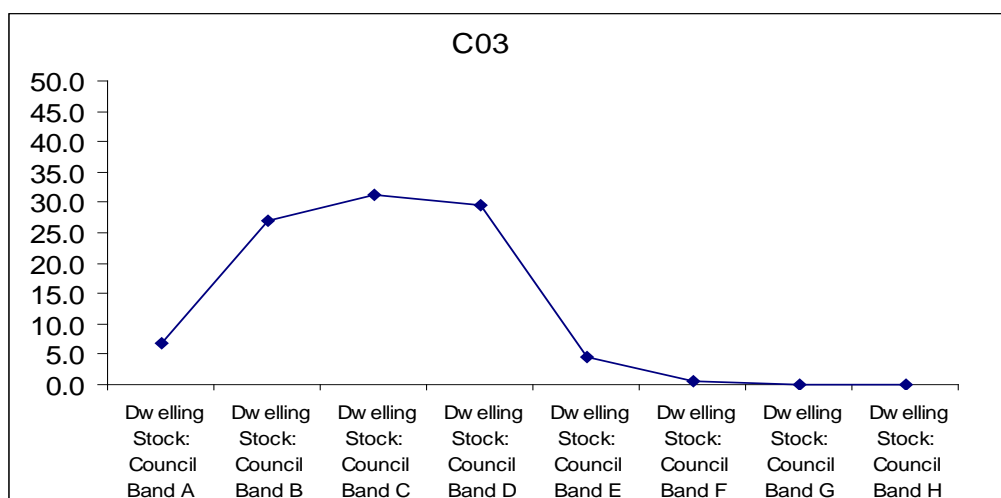
House Value (Council Tax Banding): Group C



In C01, most people were living in dwellings in bands B, C and D.

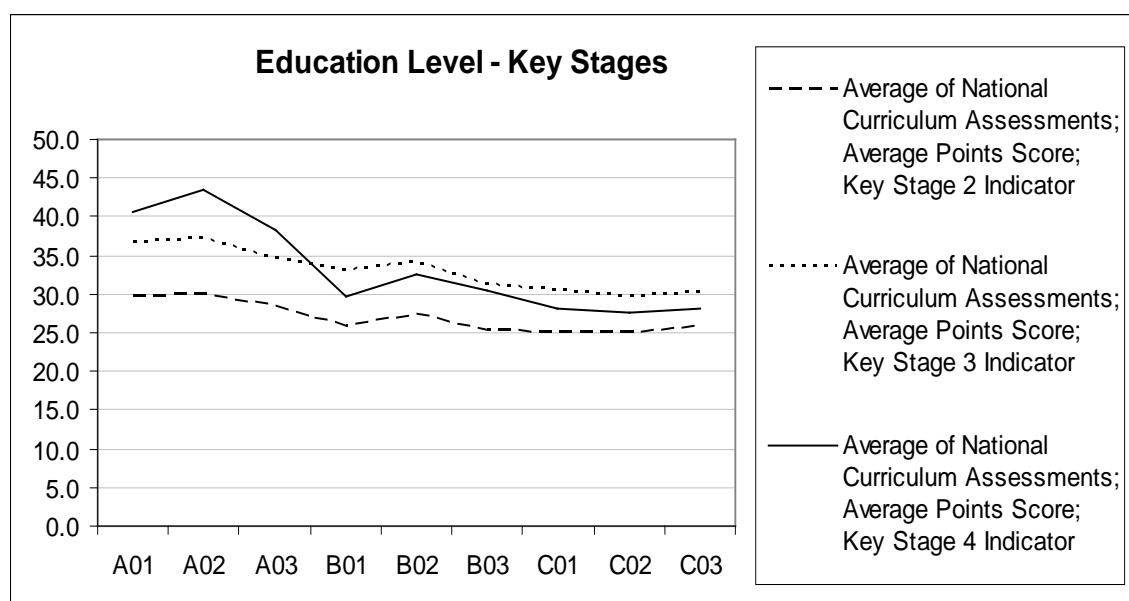


In C02, 42 % were living in dwellings in bands B and C.



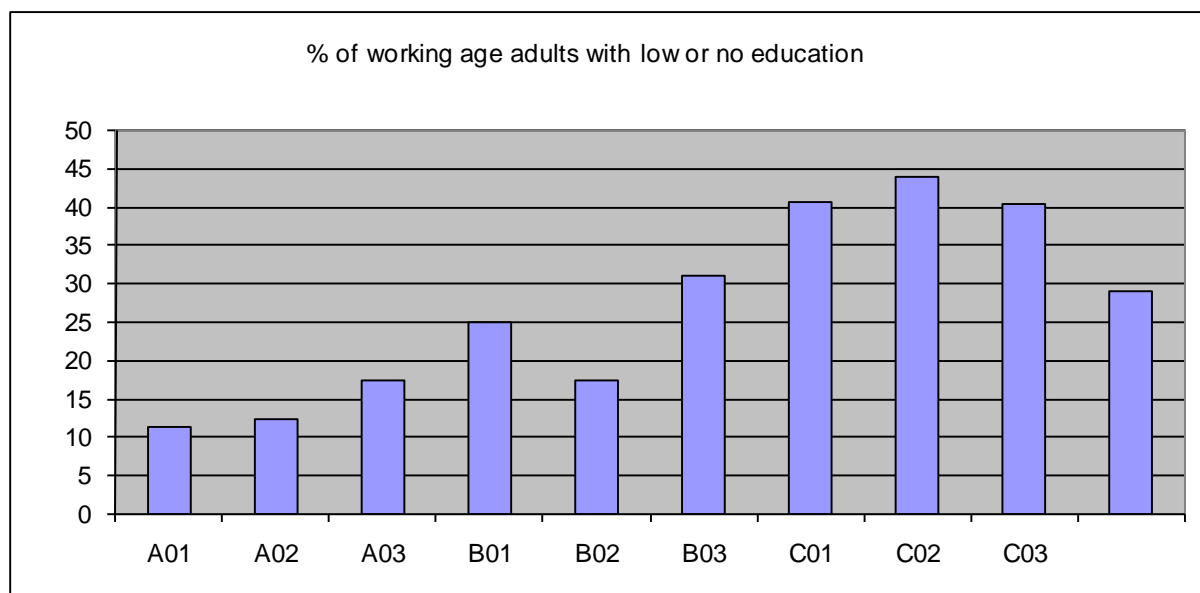
In C03, most people were living in dwellings in bands B, C and D.

Education Key Stages



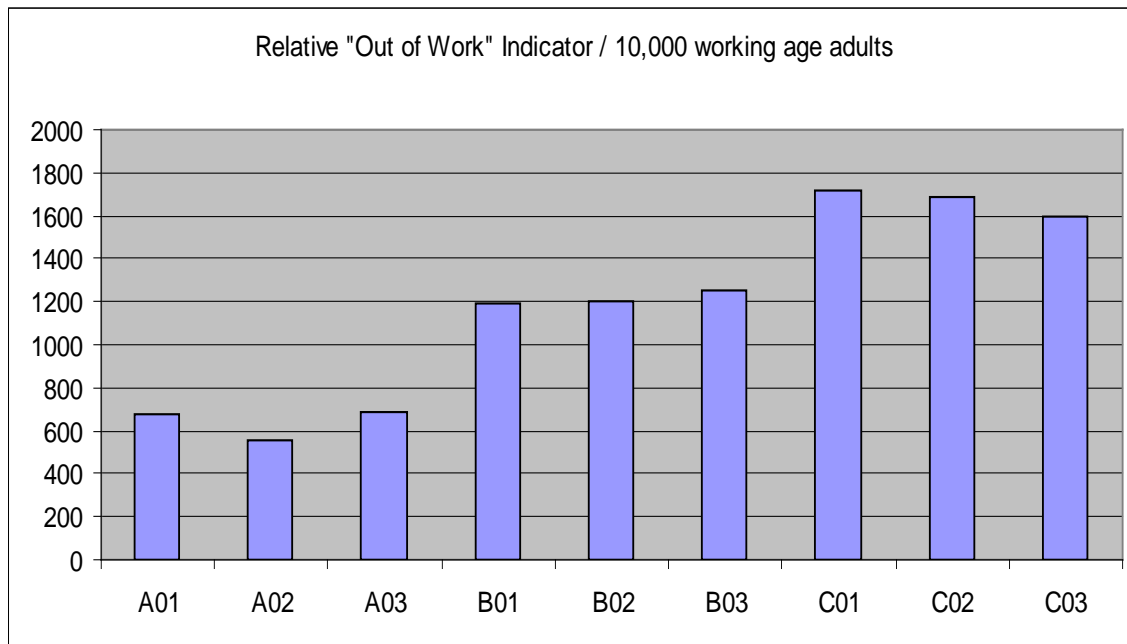
A02 performed best for Key Stages 2, 3 and 4 indicators. In most cases the A segments performed best and the C segments the worst. These differences were more pronounced as the age of the children increased.

No or Low Qualifications



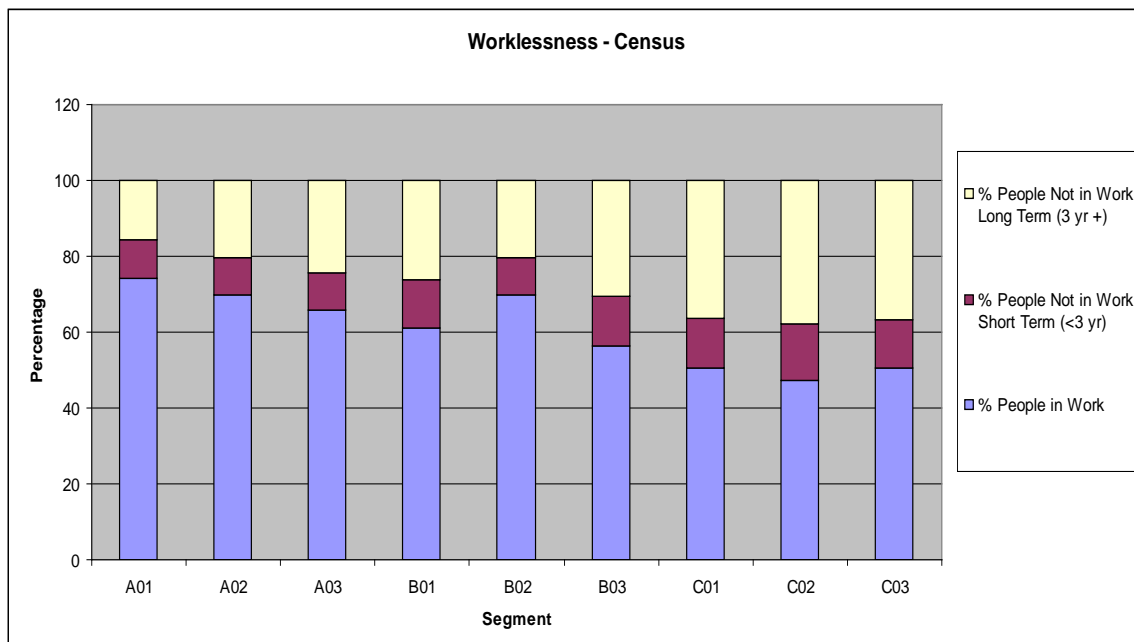
The C segments had the highest proportion of working age adults with low or no education, with C02 having the highest proportion (43.9%). The equivalent value for A01 was approximately 4 times as low (11.3%).

Worklessness - Combined Indicator



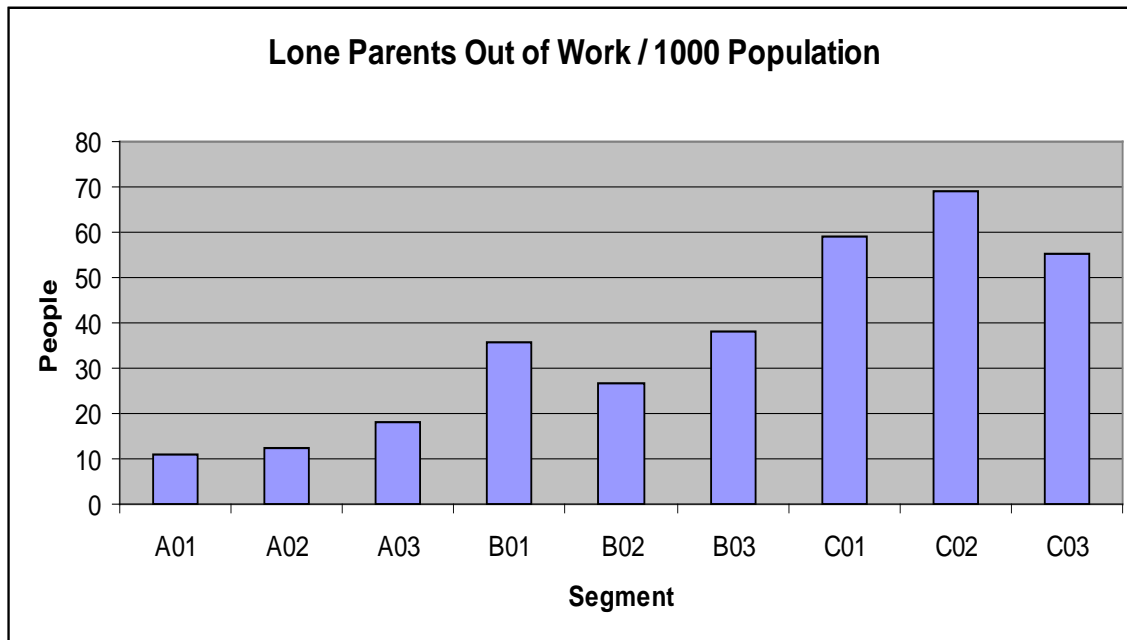
The C segments also scored the highest for out of work indicator values, and the A segments the lowest.

Time Since Worked



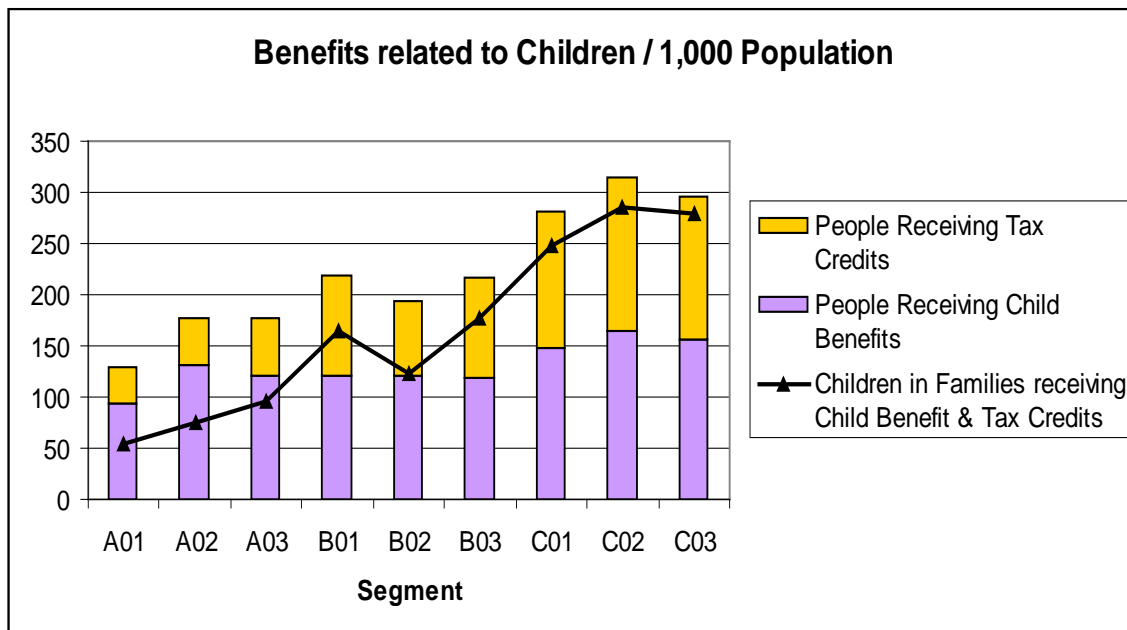
Differences between segments were generally more pronounced when it came to the proportion of long term out of work than for the proportion of short term out of work.

Lone Parents out of Work



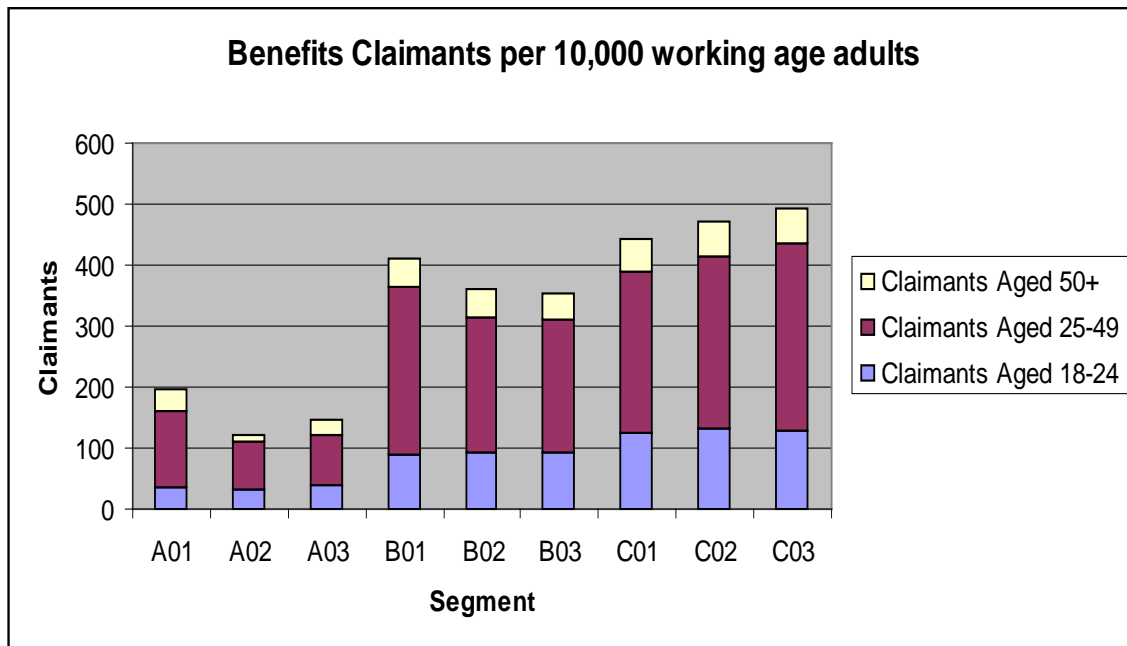
There was a higher proportion of lone parents out of work amongst the C segments than the A and B segments.

Benefits related to children



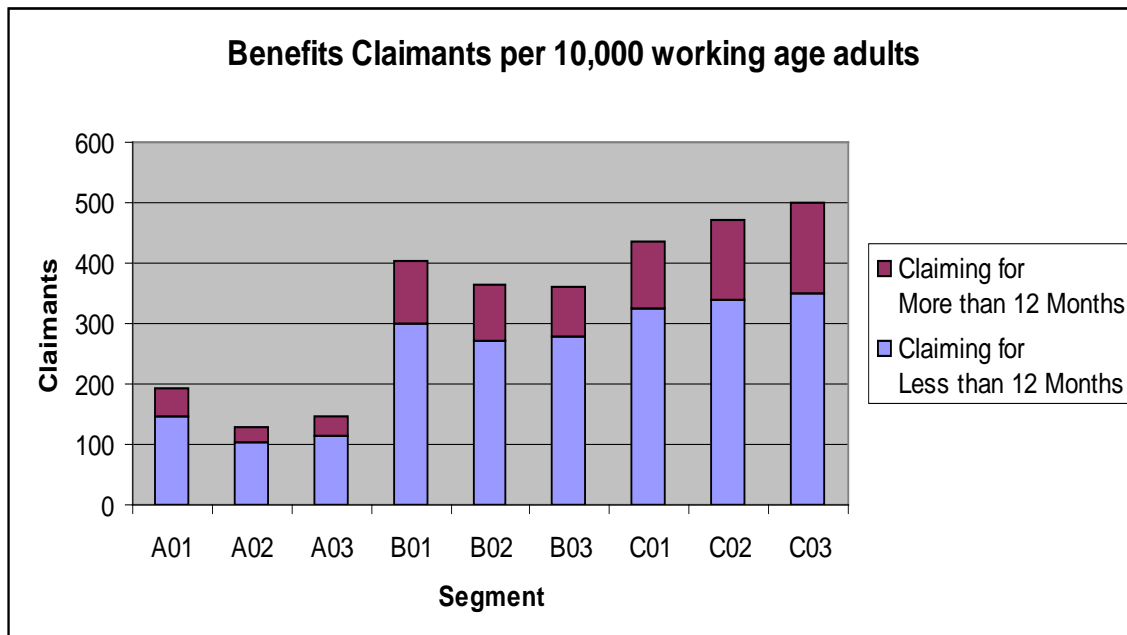
The proportion of people receiving Child Benefits and Tax Credits was highest in the C segments. There were also more children in families receiving Child Benefit and Tax Credits (expressed as a proportion of the overall population) in these segments.

Income Benefits Claimants – Age Breakdown



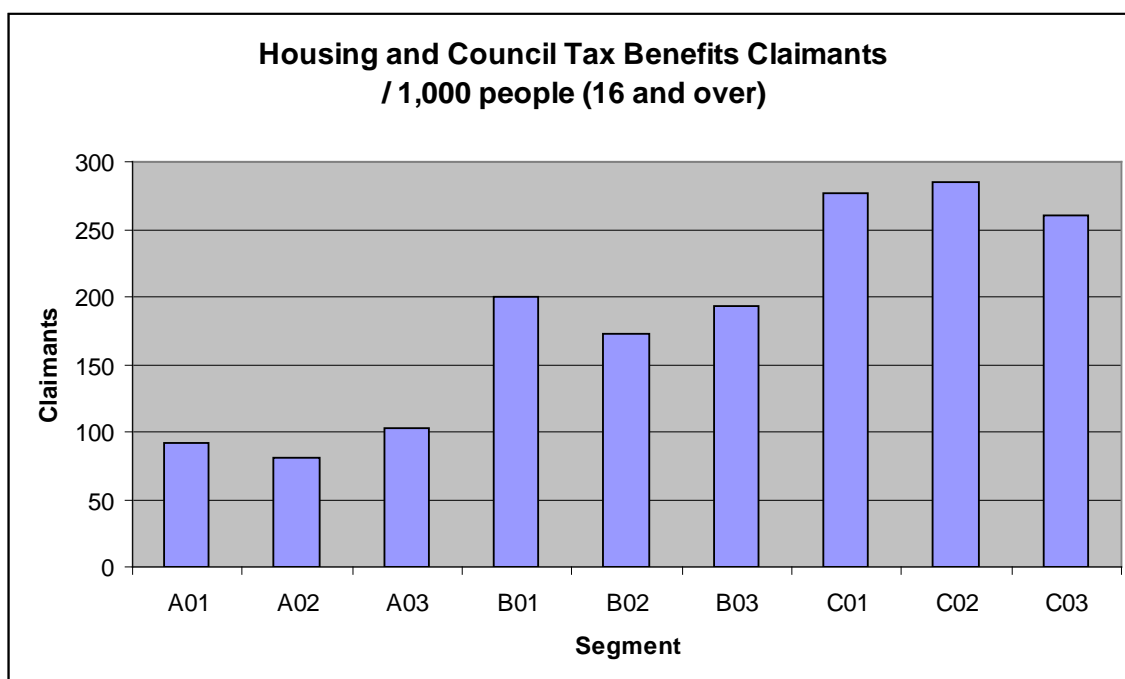
The proportion of benefits claimants was highest for C03 and lowest for A02

Income Benefits Claimants – Length of claim



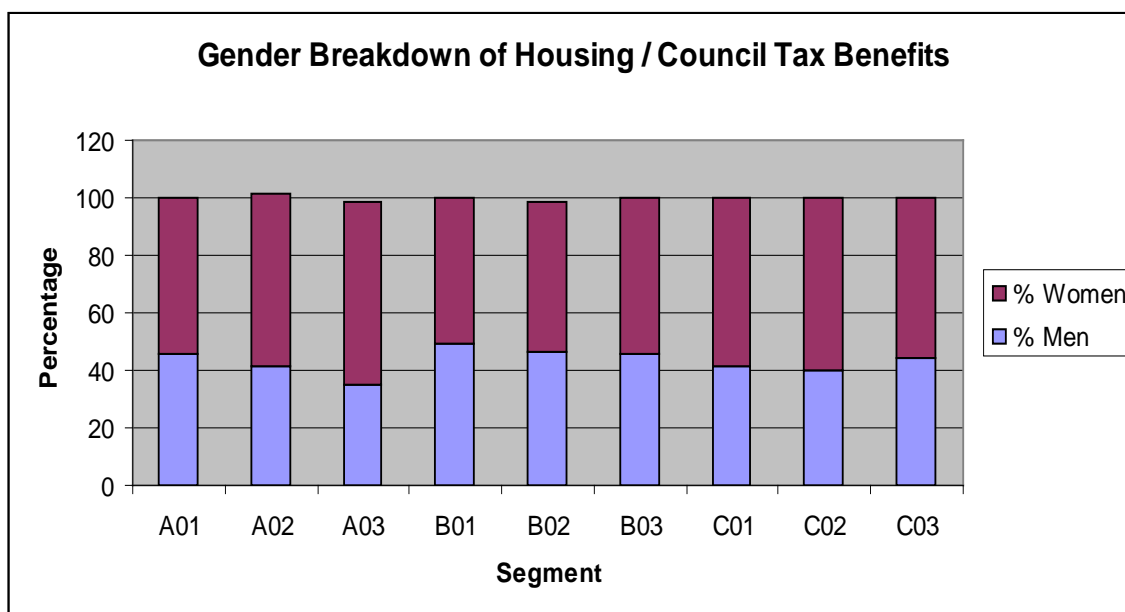
Most benefit claimants across all segments had been claiming for less than 12 months. Differences between segments in the proportion claiming for more than 12 months were pronounced.

Housing / Council Tax Benefits – Overall Levels



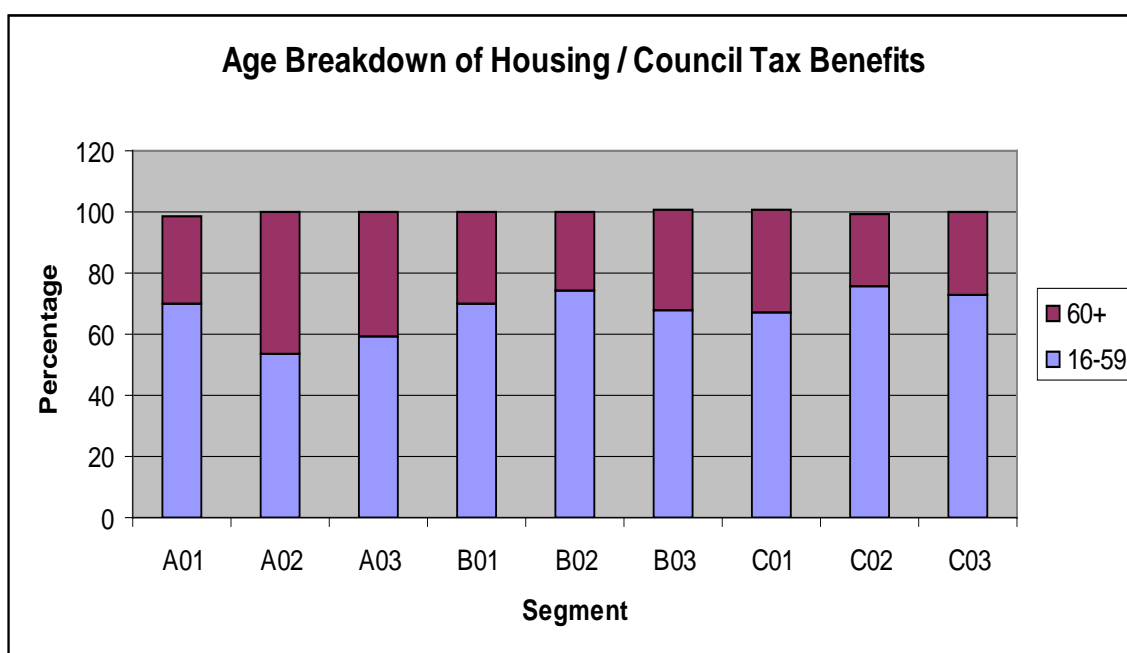
The highest proportion of people claiming housing and council tax benefits (per thousand population aged 16 and over) was in segment C02, the lowest in A02.

Housing / Council Tax Benefits – Gender Breakdown



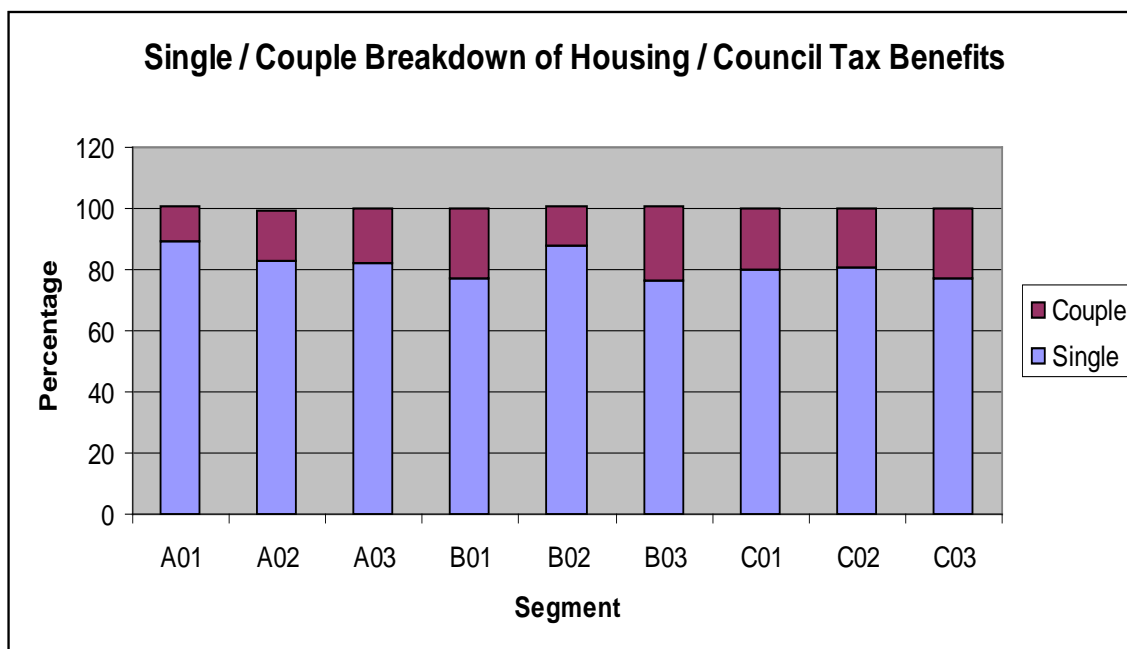
A higher proportion of those claiming housing/ council tax benefits were women than men, across all the segments.

Housing / Council Tax Benefits – Age Breakdown



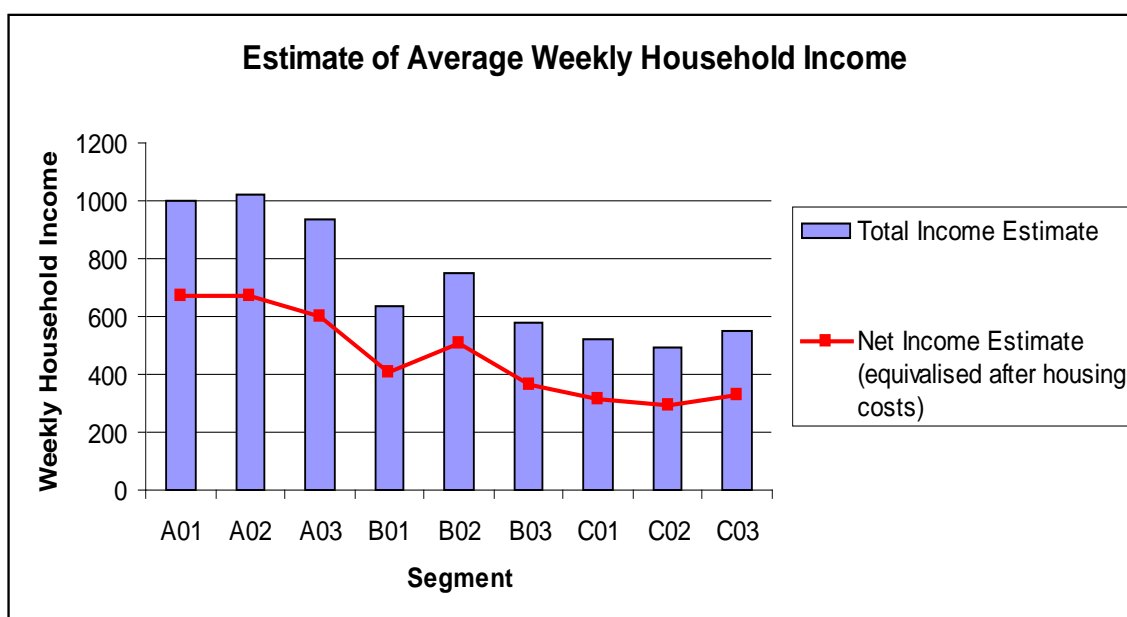
The proportion of housing/council tax benefits claimants who were over 60 ranged from 24% in C02 to 46% in A02.

Housing / Council Tax Benefits – Single vs. Couple



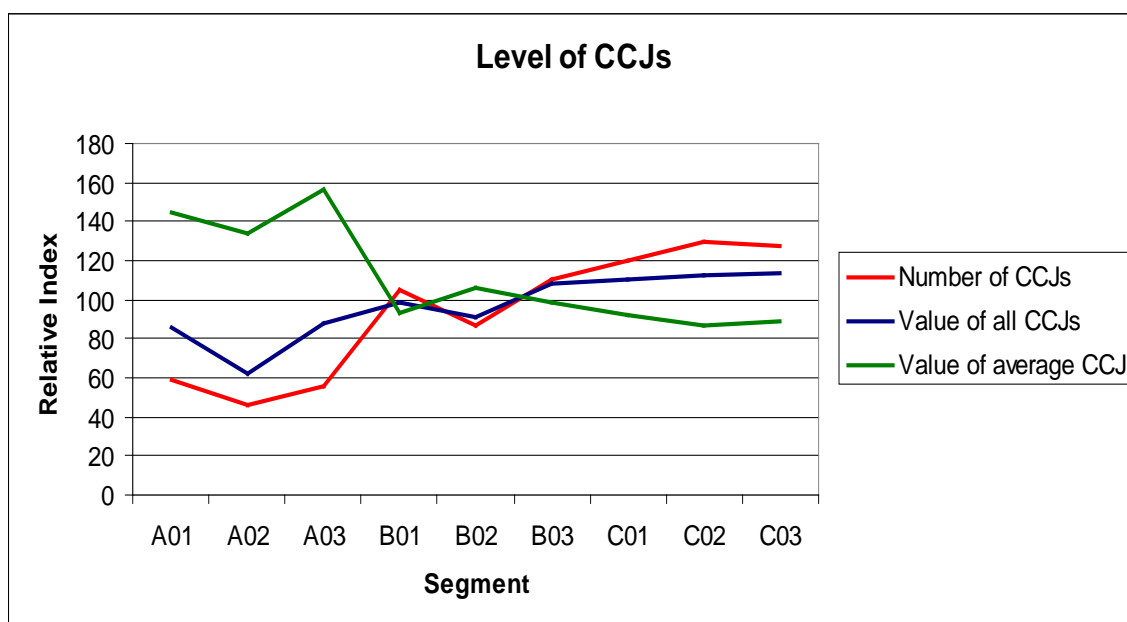
The proportion of housing/council tax benefits claimants who in a couple ranged from 11% in A01 to 24% in B03.

Income Levels



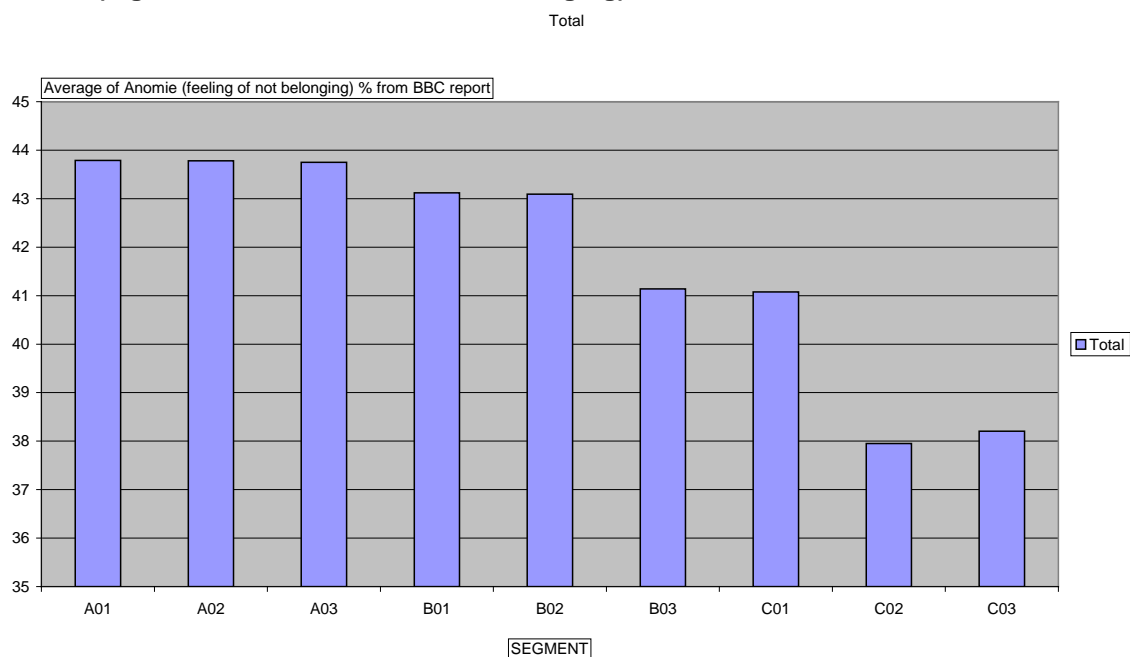
Average Weekly Household income ranged from £490 in C02 to £1,020 in A02. Net income (after taking into account housing costs) ranged from £294 in C02 to £670 in A02.

County Court Judgements



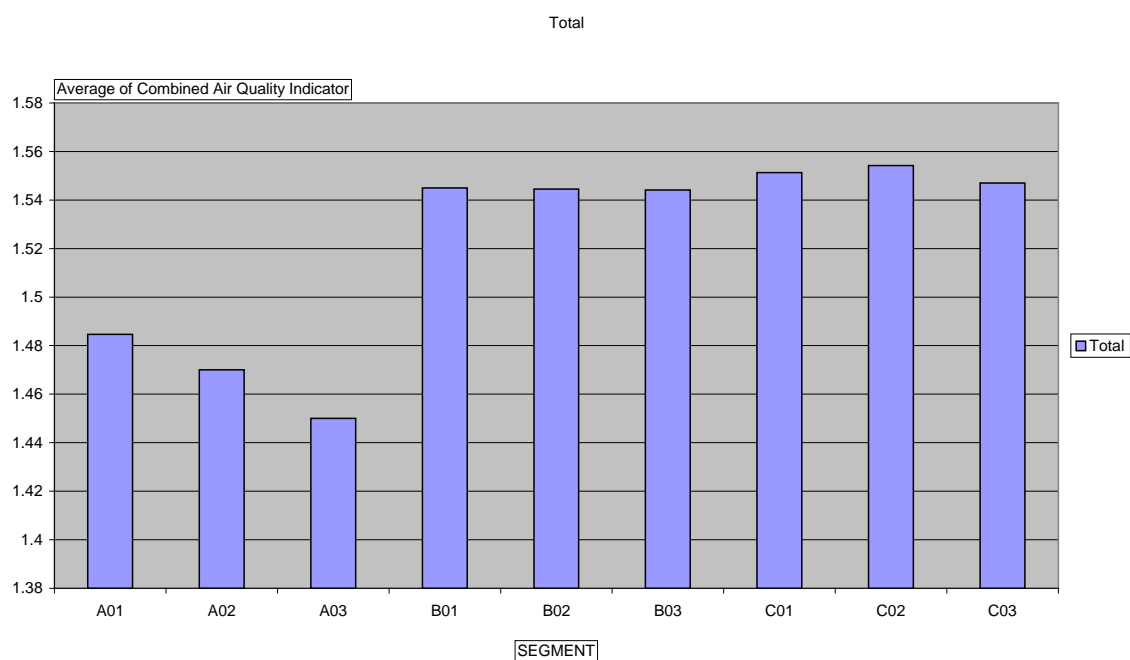
The rate of County Court Judgements (CCJs) was highest in the C segments and lowest in the A segments. However, the value of CCJs was lowest in the C segments and highest in the A segments.

Anomie (higher Score = lower sense of belonging)



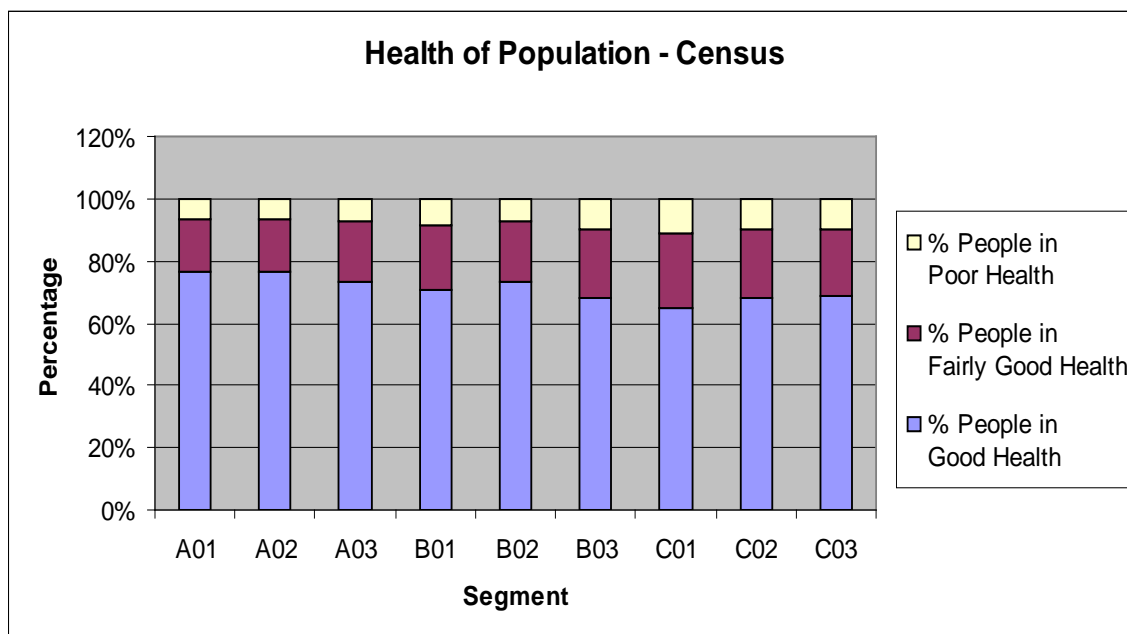
The index of anomie, which measures the degree to which residents have a sense of belonging to their community, was much lower in segments C02 and C03 than in the other segments. However, it should be noted that it is a relatively coarse measure of isolation at local scales, and, although at a national scale it derives from a number of variables, when restricted to Haringey it measures differences only in the following 4 variables, which are not necessarily closely associated with feelings of not belonging: % adults not married, % one person households, % with different address from a year ago, % private renting.

Air Quality



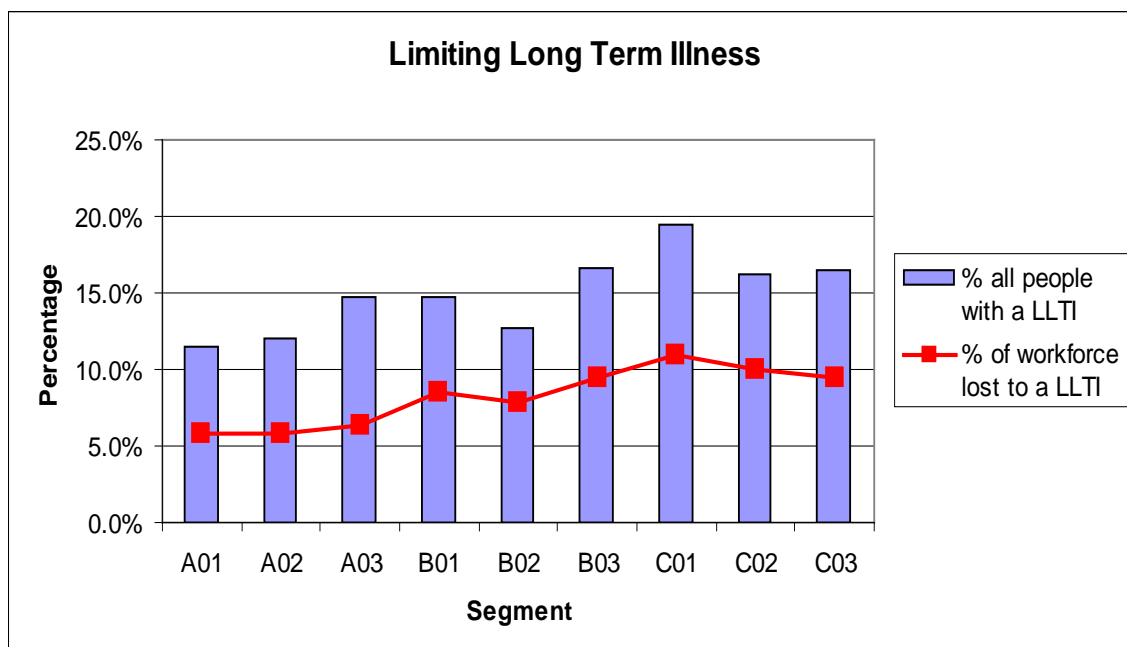
The average of the combined air quality indicator was lowest for A03, and relatively low for all the A segments.

Census Health



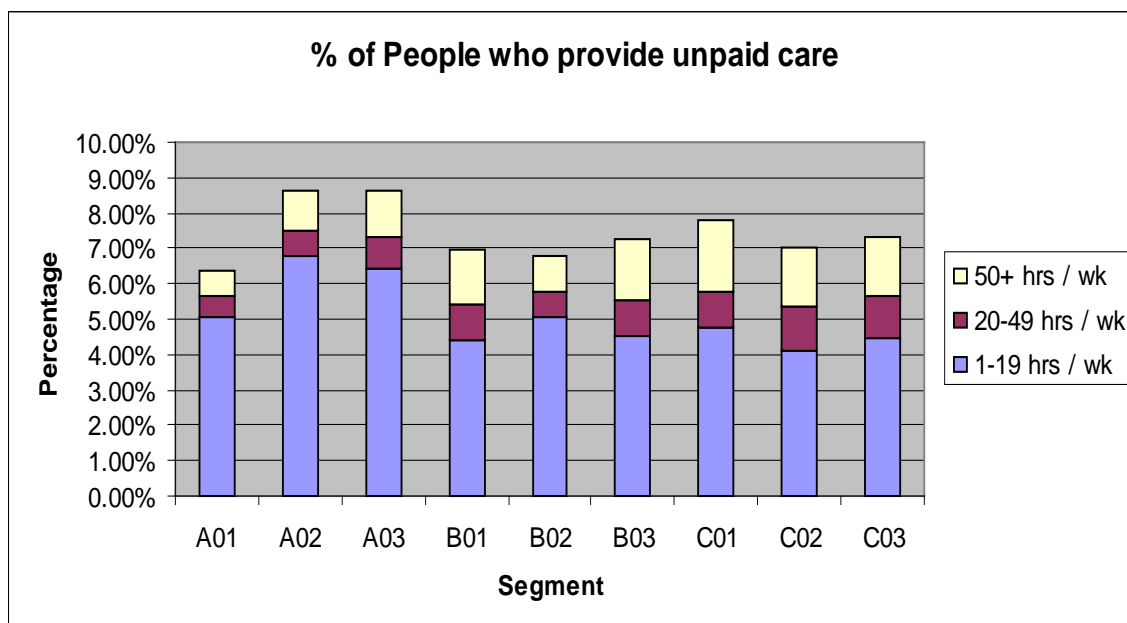
The percentage of people who rated their health as good in the 2001 census ranged from 65% in C01 to 76% in A01 and A02.

Census Limiting Long Term Illness



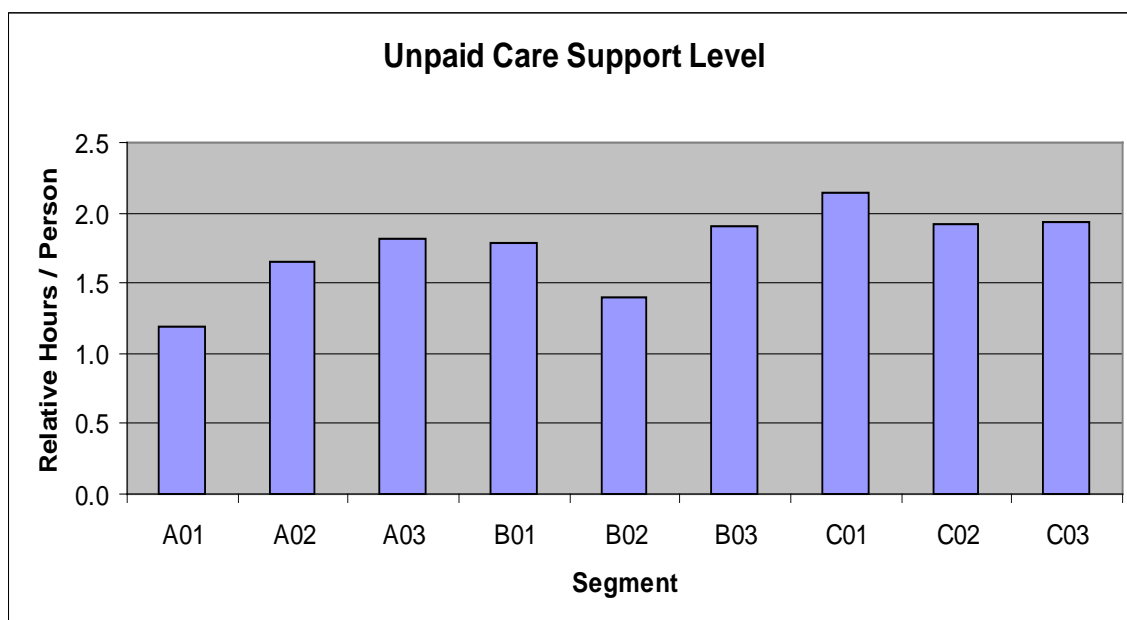
C01 had the highest proportion of people with a Limiting Long Term Illness (19.5%). C01 also had the highest percentage of the workforce lost to a Limiting Long Term Illness (10.9%).

Unpaid Care – Providers



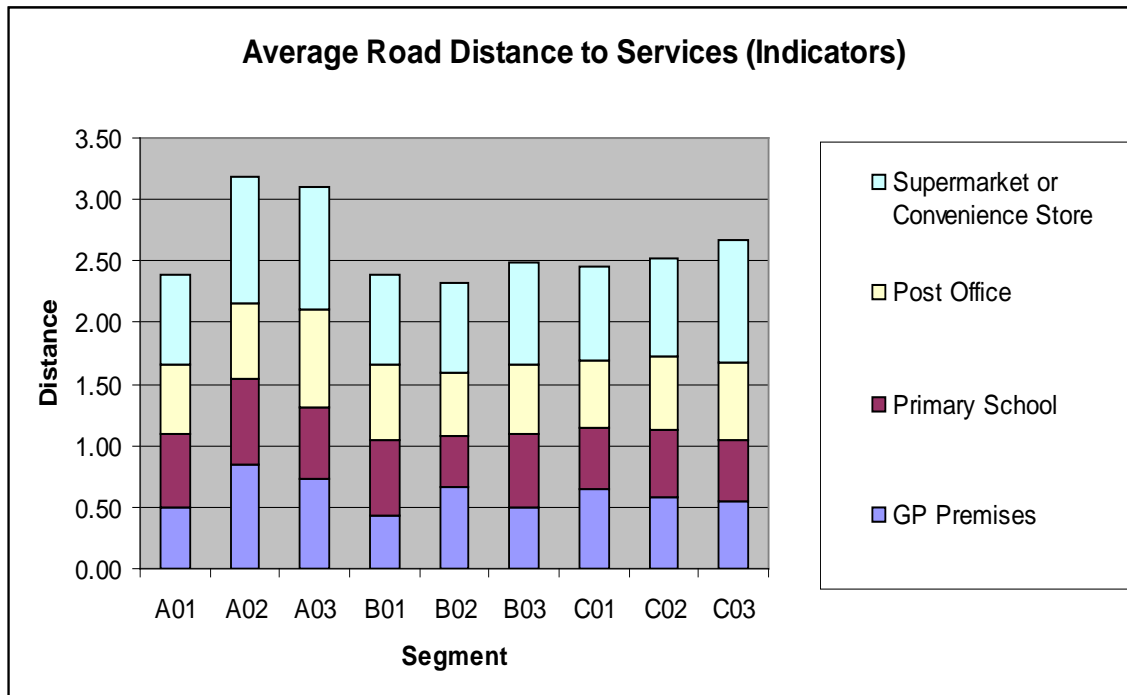
Segments A02 and A03 both had approximately 8.6% of residents providing unpaid care at the time of the last census. The lowest percentage was for A01 (6.4%). Across all the segments, most people provided care for less than 20 hours per week.

Unpaid Care – Level of Provision



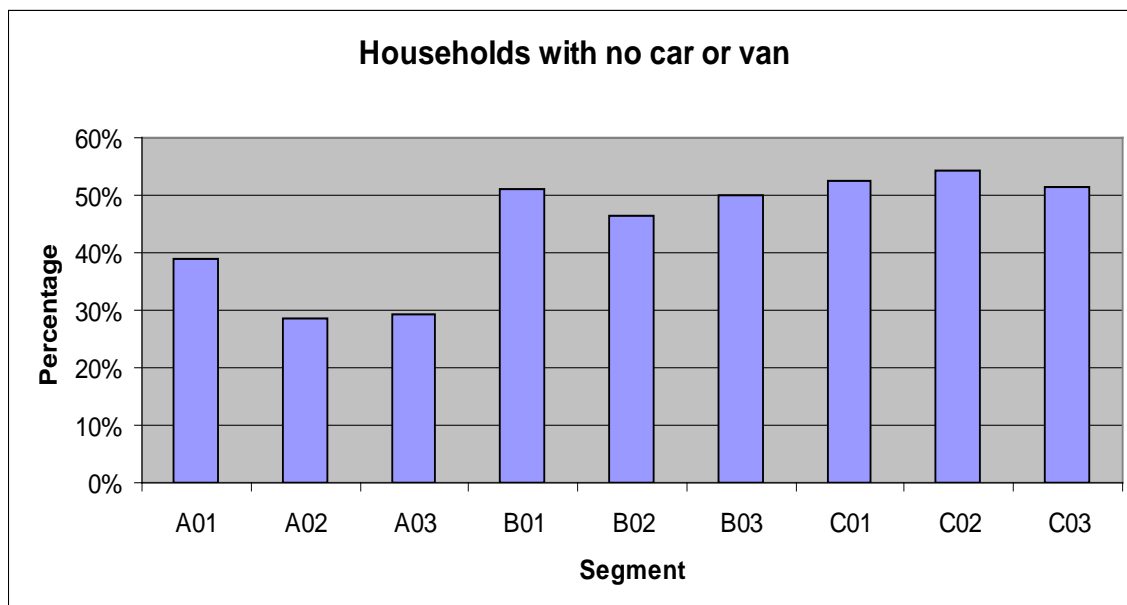
The number of relative hours per person of unpaid care was highest for C01 and lowest for A01.

Access to Services



Cumulative totals for average road distance for 4 types of service ranged from 2.33 km for B02 to 3.19 km for A02. Distance to GP premises ranged from 0.43 km for B01 to 0.85 for A02.

Access to Services – Car or Van



A higher proportion of people in the B and C segments had access to a car and van than in the A segments.

Appendices

Appendix 1: Data Dictionary

Description

Directly Standardise Mortality Rate Broad Age Bands	All Causes	
Directly Standardized Mortality Rate Broad Age Bands	All Cancers	
Directly Standardized Mortality Rate Broad Age Bands	Lung Cancer	
Directly Standardized Mortality Rate Broad Age Bands	Breast Cancer	
Directly Standardized Mortality Rate Broad Age Bands	Prostate Cancer	
Directly Standardized Mortality Rate Broad Age Bands	COPD	
Directly Standardized Mortality Rate Broad Age Bands	Alcohol Related Liver Disease	
Directly Standardized Mortality Rate Broad Age Bands	Stroke	
Directly Standardized Mortality Rate Broad Age Bands	Diabetes	
Directly Standardized Mortality Rate Broad Age Bands	Respiratory	
Directly Standardized Mortality Rate Broad Age Bands	CHD	
Observed Deaths	All Causes	Count
YLL Observed	All Causes	Value
YLL Expected (LSOA ASD07)	All Causes	Value
YLL Index (LSOA ASD07)	All Causes	Index
YLL Index (MSOA ASD07)	All Causes	Index
YLL Expected (LSOA AS)	All Causes	Value
YLL Index (LSOA AS)	All Causes	Index
YLL Index (MSOA AS)	All Causes	Index
Observed Deaths	All Cancers	Count
YLL Observed	All Cancers	Value
YLL Expected (LSOA ASD07)	All Cancers	Value
YLL Index (LSOA ASD07)	All Cancers	Index
YLL Index (MSOA ASD07)	All Cancers	Index
YLL Expected (LSOA AS)	All Cancers	Value
YLL Index (LSOA AS)	All Cancers	Index
YLL Index (MSOA AS)	All Cancers	Index
Observed Deaths	All Circulatory Diseases	Count
YLL Observed	All Circulatory Diseases	Value
YLL Expected (LSOA ASD07)	All Circulatory Diseases	Value
YLL Index (LSOA ASD07)	All Circulatory Diseases	Index
YLL Index (MSOA ASD07)	All Circulatory Diseases	Index
YLL Expected (LSOA AS)	All Circulatory Diseases	Value
YLL Index (LSOA AS)	All Circulatory Diseases	Index
YLL Index (MSOA AS)	All Circulatory Diseases	Index
Observed Deaths	Coronary Heart Disease	Count
YLL Observed	Coronary Heart Disease	Value
YLL Expected (LSOA ASD07)	Coronary Heart Disease	Value
YLL Index (LSOA ASD07)	Coronary Heart Disease	Index
YLL Index (MSOA ASD07)	Coronary Heart Disease	Index
YLL Expected (LSOA AS)	Coronary Heart Disease	Value

YLL Index (LSOA AS)	Coronary Heart Disease	Index
YLL Index (MSOA AS)	Coronary Heart Disease	Index
Observed Deaths	Breast Cancer	Count
YLL Observed	Breast Cancer	Value
YLL Expected (LSOA ASD07)	Breast Cancer	Value
YLL Index (LSOA ASD07)	Breast Cancer	Index
YLL Index (MSOA ASD07)	Breast Cancer	Index
YLL Expected (LSOA AS)	Breast Cancer	Value
YLL Index (LSOA AS)	Breast Cancer	Index
YLL Index (MSOA AS)	Breast Cancer	Index
Observed Deaths	Lung Cancer	Count
YLL Observed	Lung Cancer	Value
YLL Expected (LSOA ASD07)	Lung Cancer	Value
YLL Index (LSOA ASD07)	Lung Cancer	Index
YLL Index (MSOA ASD07)	Lung Cancer	Index
YLL Expected (LSOA AS)	Lung Cancer	Value
YLL Index (LSOA AS)	Lung Cancer	Index
YLL Index (MSOA AS)	Lung Cancer	Index
Observed Deaths	Chronic Liver Disease Including Cirrhosis	Count
YLL Observed	Chronic Liver Disease Including Cirrhosis	Value
YLL Expected (LSOA ASD07)	Chronic Liver Disease Including Cirrhosis	Value
YLL Index (LSOA ASD07)	Chronic Liver Disease Including Cirrhosis	Index
YLL Index (MSOA ASD07)	Chronic Liver Disease Including Cirrhosis	Index
YLL Expected (LSOA AS)	Chronic Liver Disease Including Cirrhosis	Value
YLL Index (LSOA AS)	Chronic Liver Disease Including Cirrhosis	Index
YLL Index (MSOA AS)	Chronic Liver Disease Including Cirrhosis	Index
Observed Deaths	Stroke	Count
YLL Observed	Stroke	Value
YLL Expected (LSOA ASD07)	Stroke	Value
YLL Index (LSOA ASD07)	Stroke	Index
YLL Index (MSOA ASD07)	Stroke	Index
YLL Expected (LSOA AS)	Stroke	Value
YLL Index (LSOA AS)	Stroke	Index
YLL Index (MSOA AS)	Stroke	Index
Observed Deaths	Bronchitis, Emphysema and Other COPD	Count
YLL Observed	Bronchitis, Emphysema and Other COPD	Value
YLL Expected (LSOA ASD07)	Bronchitis, Emphysema and Other COPD	Value
YLL Index (LSOA ASD07)	Bronchitis, Emphysema and Other COPD	Index
YLL Index (MSOA ASD07)	Bronchitis, Emphysema and Other COPD	Index
YLL Expected (LSOA AS)	Bronchitis, Emphysema and Other COPD	Value

	Other COPD	
YLL Index (LSOA AS)	Bronchitis, Emphysema and Other COPD	Index
YLL Index (MSOA AS)	Bronchitis, Emphysema and Other COPD	Index
Observed Deaths	Prostate Cancer	Count
YLL Observed	Prostate Cancer	Value
YLL Expected (LSOA ASD07)	Prostate Cancer	Value
YLL Index (LSOA ASD07)	Prostate Cancer	Index
YLL Index (MSOA ASD07)	Prostate Cancer	Index
YLL Expected (LSOA AS)	Prostate Cancer	Value
YLL Index (LSOA AS)	Prostate Cancer	Index
YLL Index (MSOA AS)	Prostate Cancer	Index
Observed Deaths	Diabetes	Count
YLL Observed	Diabetes	Value
YLL Expected (LSOA ASD07)	Diabetes	Value
YLL Index (LSOA ASD07)	Diabetes	Index
YLL Index (MSOA ASD07)	Diabetes	Index
YLL Expected (LSOA AS)	Diabetes	Value
YLL Index (LSOA AS)	Diabetes	Index
YLL Index (MSOA AS)	Diabetes	Index
Emergency Admissions		
Number of Elective Admissions		
Number of Elective Procedures		
DNA (%)		
Number of outpatient appointments		
Number of excess bed days		
Readmission Rate (%)		
Number of HIUs		
Admissions: Cancer observed		
Admissions: Cancer expected		
Index (Cancer Admissions)		
Admissions: Other comps of Pregnancy observed		
Admissions: Other comps of Pregnancy expected		
Index (Pregnancy Complication Admissions)		
Admissions: Respiratory observed		
Admissions: Respiratory expected		
Index (Respiratory Admissions)		
Admissions: Lung cancer observed		
Admissions: Lung cancer expected		
Index (Lung Cancer Admissions)		
Admissions: Breast cancer observed		
Admissions: Breast cancer expected		
Index (Breast Cancer Admissions)		
Admissions: Prostate cancer observed		
Admissions: Prostate cancer expected		
Index (Prostate Cancer Admissions)		

Admissions: CHD observed

Admissions: CHD expected

Index (CHD)

Admissions: Alcohol related observed

Admissions: Alcohol related expected

Index (Alcohol related)

Admissions: Stroke observed

Admissions: Stroke expected

Index (Stroke Admissions)

Admissions: Diabetes observed

Admissions: Diabetes expected

Index (Diabetes admissions)

Admissions: Mental Health observed

Admissions: Mental Health expected

Index (Mental Health Admissions)

Admissions: ACS observed

Admissions: ACS expected

Index (ACS Admissions)

Admissions: Asthma observed

Admissions: Asthma expected

Index (Asthma admissions)

LLOS spells

LLOS observed

LLOS expected

Index (LLOS)

Emergency Admissions - Age <5

Number of Elective Admissions - Age <5

Number of Elective Procedures - Age <5

DNA % - Age <5

Number of outpatient appointments - Age <5

Number of excess bed days - Age <5

Readmission Rate - Age <5

Number of HIUs - Age <5

Admissions: Cancer observed - Age <5

Index (Cancer) - Age <5

Admissions: Respiratory observed - Age <5

Index (Respiratory) - Age <5

Admissions: ACS observed - Age <5

Index (ACS) - Age <5

Admissions: Asthma observed - Age <5

Index (Asthma) - Age <5

Emergency Admissions - Age 6-14

Number of Elective Admissions - Age 6-14

Number of Elective Procedures - Age 6-14

DNA % - Age 6-14

Number of outpatient appointments - Age 6-14

Number of excess bed days - Age 6-14

Readmission Rate - Age 6-14

Number of HIUs - Age 6-14

Admissions: Cancer observed - Age 6-14

Index (Cancer Admissions) - Age 6-14

Admissions: Respiratory observed - Age 6-14

Index (Respiratory) - Age 6-14

Admissions: ACS observed - Age 6-14

Index (ACS Admissions) - Age 6-14

Admissions: Asthma observed - Age 6-14

Index (Asthma) - Age 6-14

Low Birthweight (<2500)	Count
Very Low Birthweight (<1500)	Count
Obesity:Year 6	Count
Obesity:Reception	Count
Breast Cancer Screening DNAs	Count
Women not up to date with cervical cancer screening	Count
Sum of Old People Depression (Synthetic Estimate)	Count
Sum of Old People Severe Depression (Synthetic Estimate)	Count
Sum of Old People Dementia (Synthetic Estimate)	Count
Sum of Old People Heart Attack (Synthetic Estimate)	Count
Sum of All People Stroke (Synthetic Estimate)	Count
Sum of Old People Bronchitis / Emphysema (Synthetic Estimate)	Count
Sum of Old People Falls A&E Attendance (Synthetic Estimate)	Count
Sum of Old People Falls Hospital Admissions (Synthetic Estimate)	Count
Sum of Old People Continence (Synthetic Estimate)	Count
Sum of Old People Mobility (Synthetic Estimate)	Count
Sum of Old People Obesity (Synthetic Estimate)	Count
Sum of All People LD - Baseline Estimates (Synthetic Estimate)	Count
Sum of All People LD - Moderate or Severe (Synthetic Estimate)	Count
Sum of Adults Moderate or Severe Physical Disability (Synthetic Estimate)	Count
Sum of Adults Alcohol Problems (Synthetic Estimate)	Count
Sum of Adults Drug Problems (Synthetic Estimate)	Count
Sum of Adults Early Onset Dementia (Synthetic Estimate)	Count
Under 18 (15-17) Conceptions Area Ranks National Quintile	Ranked Group
Model Based Estimate for Smoking	Percentage
Model Based Estimate for Binge Drinking	Percentage
Model Based Estimate for Obesity	Percentage
Model Based Estimate for Consumption of Fruit and Vegetables	Percentage
Comparative Illness and Disability Indicator	Ratio
Mental Health Indicator	Rate
Observed Deaths	Percentage (Base TotPop)

All Causes

YLL Observed	All Causes	Percentage (Base TotPop)
Observed Deaths	All Cancers	Percentage (Base TotPop)
YLL Observed	All Cancers	Percentage (Base TotPop)
Observed Deaths	All Circulatory Diseases	Percentage (Base 40+)
YLL Observed	All Circulatory Diseases	Percentage (Base 40+)
Observed Deaths	Coronary Heart Disease	Percentage (Base 40+)
YLL Observed	Coronary Heart Disease	Percentage (Base 40+)
Observed Deaths	Breast Cancer	Percentage (Base Female 40+)
YLL Observed	Breast Cancer	Percentage (Base Female 40+)
Observed Deaths	Lung Cancer	Percentage (Base 40+)
YLL Observed	Lung Cancer	Percentage (Base 40+)
Observed Deaths	Chronic Liver Disease Including Cirrhosis	Percentage (Base AdultPop)
YLL Observed	Chronic Liver Disease Including Cirrhosis	Percentage (Base AdultPop)
Observed Deaths	Stroke	Percentage (Base 55+)
YLL Observed	Stroke	Percentage (Base 55+)
Observed Deaths	Bronchitis, Emphysema and Other COPD	Percentage (Base TotPop)
YLL Observed	Bronchitis, Emphysema and Other COPD	Percentage (Base TotPop)
Observed Deaths	Prostate Cancer	Percentage (Base Male 40+)
YLL Observed	Prostate Cancer	Percentage (Base Male 40+)
Observed Deaths	Diabetes	Percentage (Base TotPop)
YLL Observed	Diabetes	Percentage (Base TotPop)
Emergency Admissions		Percentage (Base TotPop)
Number of Elective Admissions		Percentage (Base TotPop)
Number of Elective Procedures		Percentage (Base TotPop)
Number of outpatient appointments		Percentage (Base TotPop)
Number of excess bed days		Percentage (Base TotPop)
Number of HIUs		Percentage (Base TotPop)
Admissions: Cancer observed		Percentage (Base TotPop)
Admissions: Other comps of Pregnancy observed		Percentage (Base TotalBirths)
Admissions: Respiratory observed		Percentage (Base 40+)
Admissions: Lung cancer observed		Percentage (Base 40+)
Admissions: Breast cancer observed		Percentage (Base Female 40+)
Admissions: Prostate cancer observed		Percentage (Base Male 65+)
Admissions: CHD observed		Percentage (Base 40+)

Admissions: Alcohol related observed	Percentage (Base AdultPop)
Admissions: Stroke observed	Percentage (Base 55+)
Admissions: Diabetes observed	Percentage (Base TotPop)
Admissions: Mental Health observed	Percentage (Base TotPop)
Admissions: ACS observed	Percentage (Base TotPop)
Admissions: Asthma observed	Percentage (Base TotPop)
Emergency Admissions	Percentage (Base <5)
Number of Elective Admissions	Percentage (Base <5)
Number of Elective Procedures	Percentage (Base <5)
Number of outpatient appointments	Percentage (Base <5)
Number of excess bed days	Percentage (Base <5)
Admissions: Respiratory observed	Percentage (Base <5)
Admissions: ACS observed	Percentage (Base <5)
Admissions: Asthma observed	Percentage (Base <5)
Emergency Admissions	Percentage (Base 6-14)
Number of Elective Admissions	Percentage (Base 6-14)
Number of Elective Procedures	Percentage (Base 6-14)
Number of outpatient appointments	Percentage (Base 6-14)
Number of excess bed days	Percentage (Base 6-14)
Number of HIUs	Percentage (Base 6-14)
Admissions: Cancer observed	Percentage (Base 6-14)
Admissions: Respiratory observed	Percentage (Base 6-14)
Admissions: ACS observed	Percentage (Base 6-14)
Admissions: Asthma observed	Percentage (Base 6-14)
Low Birthweight (<2500)	Percentage (Base TotalBirths)
Very Low Birthweight (<1500)	Percentage (Base TotalBirths)
Obesity:Year 6 + Obesity:Reception	Percentage (Base 5-9)
Breast Cancer Screening DNAs	Percentage (Base Female 40+)
Women not up to date with cervical cancer screening	Percentage (Base Female 40+)
Sum of Old People Depression (Synthetic Estimate)	Percentage (Base 65+)
Sum of Old People Severe Depression (Synthetic Estimate)	Percentage (Base 65+)
Sum of Old People Dementia (Synthetic Estimate)	Percentage (Base 65+)
Sum of Old People Heart Attack (Synthetic Estimate)	Percentage (Base 65+)
Sum of All People Stroke (Synthetic Estimate)	Percentage (Base TotPop)
Sum of Old People Bronchitis / Emphysema (Synthetic Estimate)	Percentage (Base 65+)
Sum of Old People Falls A&E Attendance (Synthetic Estimate)	Percentage (Base 65+)
Sum of Old People Falls Hospital Admissions (Synthetic Estimate)	Percentage (Base 65+)
Sum of Old People Continence (Synthetic Estimate)	Percentage (Base 65+)

Sum of Old People Mobility (Synthetic Estimate)	Percentage (Base 65+)
Sum of Old People Obesity (Synthetic Estimate)	Percentage (Base 65+)
Sum of All People LD - Baseline Estimates (Synthetic Estimate)	Percentage (Base TotPop)
Sum of All People LD - Moderate or Severe (Synthetic Estimate)	Percentage (Base TotPop)
Sum of Adults Moderate or Severe Physical Disability (Synthetic Estimate)	Percentage (Base 16+)
Sum of Adults Alcohol Problems (Synthetic Estimate)	Percentage (Base 16+)
Sum of Adults Drug Problems (Synthetic Estimate)	Percentage (Base 16+)
Sum of Adults Early Onset Dementia (Synthetic Estimate)	Percentage (Base 16+)

Appendix 2: Mapping of Lower Super Output Areas to Segments

LSOA_CODE	Type	Group
E01001962	A03	A
E01001963	A02	A
E01001964	A02	A
E01001965	A02	A
E01001966	A02	A
E01001967	A03	A
E01001968	A01	A
E01001969	B01	B
E01001970	C02	C
E01001971	C03	C
E01001972	B03	B
E01001973	A03	A
E01001974	B01	B
E01001975	B01	B
E01001976	C03	C
E01001977	B03	B
E01001978	C01	C
E01001979	C03	C
E01001980	C03	C
E01001981	C03	C
E01001982	B01	B
E01001983	C03	C
E01001984	A01	A
E01001985	A01	A
E01001986	A01	A
E01001987	A01	A
E01001988	A01	A
E01001989	A02	A
E01001990	B02	B
E01001991	A01	A
E01001992	A03	A
E01001993	A02	A
E01001994	A03	A
E01001995	A03	A
E01001996	A03	A
E01001997	A01	A
E01001998	B01	B

E01001999	B01	B
E01002000	B01	B
E01002001	B01	B
E01002002	B01	B
E01002003	B01	B
E01002004	B01	B
E01002005	A01	A
E01002006	A01	A
E01002007	A01	A
E01002008	A03	A
E01002009	A01	A
E01002010	A03	A
E01002011	A01	A
E01002012	C01	C
E01002013	A02	A
E01002014	B02	B
E01002015	C01	C
E01002016	B02	B
E01002017	B02	B
E01002018	C01	C
E01002019	A02	A
E01002020	A02	A
E01002021	A02	A
E01002022	A01	A
E01002023	A02	A
E01002024	A02	A
E01002025	A02	A
E01002026	C01	C
E01002027	C01	C
E01002028	B03	B
E01002029	B03	B
E01002030	B03	B
E01002031	B03	B
E01002032	C01	C
E01002033	C01	C
E01002034	C02	C
E01002035	C02	C
E01002036	C03	C
E01002037	C03	C
E01002038	C02	C
E01002039	C03	C
E01002040	C03	C
E01002041	C01	C
E01002042	B03	B
E01002043	B03	B
E01002044	B03	B
E01002045	C01	C
E01002046	C01	C
E01002047	B03	B
E01002048	B03	B
E01002049	C01	C
E01002050	C03	C
E01002051	C03	C
E01002052	C03	C

E01002053	C01	C
E01002054	C02	C
E01002055	C03	C
E01002056	C01	C
E01002057	C02	C
E01002058	B01	B
E01002059	B02	B
E01002060	B02	B
E01002061	A01	A
E01002062	B02	B
E01002063	B02	B
E01002064	B02	B
E01002065	B02	B
E01002066	C02	C
E01002067	C01	C
E01002068	C03	C
E01002069	C01	C
E01002070	C01	C
E01002071	C02	C
E01002072	C02	C
E01002073	C01	C
E01002074	C03	C
E01002075	C02	C
E01002076	C03	C
E01002077	C02	C
E01002078	C03	C
E01002079	C02	C
E01002080	C03	C
E01002081	C01	C
E01002082	C02	C
E01002083	B03	B
E01002084	B03	B
E01002085	B03	B
E01002086	C02	C
E01002087	B03	B
E01002088	B03	B
E01002089	C02	C
E01002090	C01	C
E01002091	C01	C
E01002092	C02	C
E01002093	C01	C
E01002094	C02	C
E01002095	C02	C
E01002096	C01	C
E01002097	C02	C
E01002098	B02	B
E01002099	C03	C
E01002100	B03	B
E01002101	B03	B
E01002102	B03	B
E01002103	B03	B
E01002104	B03	B
E01002105	B03	B