

Haringey Segmentation: Central GP Comparator Zone

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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.

Ambulatory Care Sensitive (ACS) Conditions

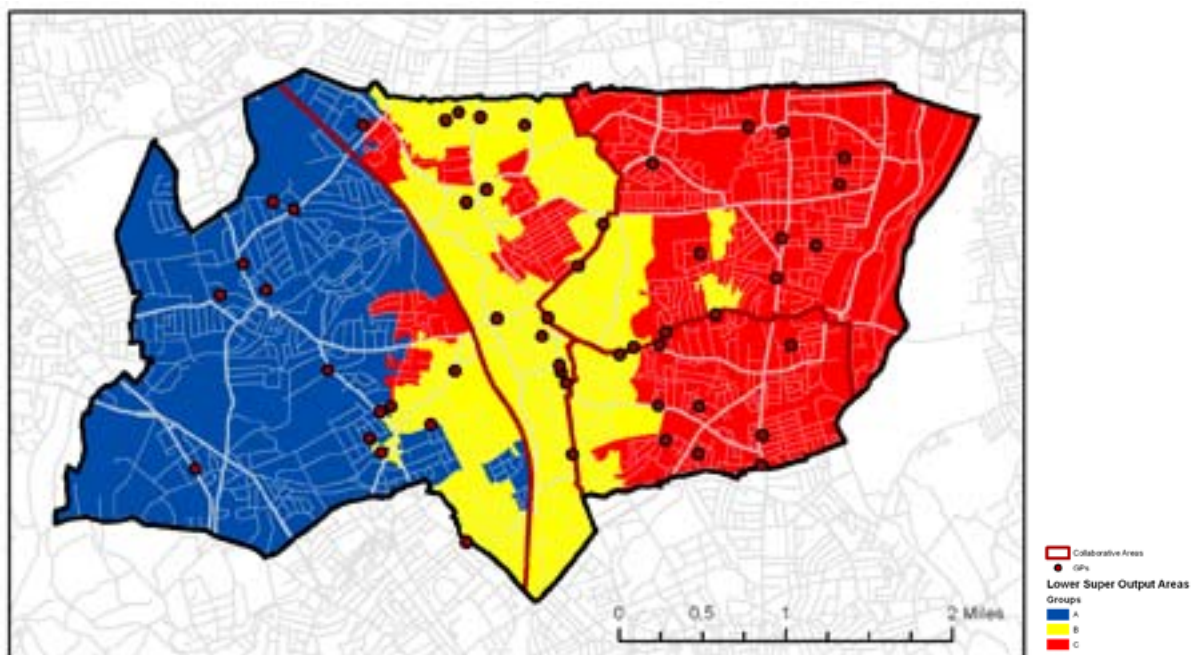
Ambulatory Care Sensitive (ACS) Conditions, which are those where timely and effective ambulatory care and good case-management can help to prevent the need for hospitalisation.

Segmentation Model.....	4
Segment Types	6
Overview Comparator Zone: Central.....	7
Summary of Needs within the GP Comparator Zone	8
Summary Health Risks	9
Main Health Risks (B01): 36%	9
Main Health Risks (B03): 35%	9
Main Health Risks (C01): 13%	9
Main Health Risks (C03): 7%	9
Main Health Risks (B02): 3%	10
Main Health Risks (C02): 3%	10
Main Health Risks (A03): 3%	10
Summary Unmet Needs.....	11
Potential Unmet Needs (B01): 36%	11
Potential Unmet Needs (B03): 35%	11
Potential Unmet Needs (C01): 13%	11
Potential Unmet Needs (C03): 7%	11
Potential Unmet Needs (B02): 3%	12
Potential Unmet Needs (C02): 3%	12
Potential Unmet Needs (A03): 3%	12
Segment Descriptions	13
Type A03: Privileged elderly	14
Main Health Risks (A03).....	14
Potential Unmet Needs (A03)	14
Social Context (A03)	15
Mortality Profile (A03).....	16
Hospital Admissions (A03)	17
Children's Health (A03)	18
Synthetic Estimates (A03).....	18
Type B01: Mixed ethnicity, younger adults with avoidable health problems	21
Main Health Risks (B01).....	21
Potential Unmet Needs (B01)	21
Social Context (B01)	22
Mortality Profile (B01).....	23
Hospital Admissions (B01)	24
Children's Health (B01)	25
Synthetic Estimates (B01).....	25
Type B02: Young, healthy and low impact adults.....	28
Main Health Risks (B02).....	28
Potential Unmet Needs (B02)	28
Social Context (B02)	29
Mortality Profile (B02).....	30
Hospital Admissions (B02)	31
Children's Health (B02)	32
Synthetic Estimates (B02).....	32
Type B03: Multicultural communities with average health.....	35
Main Health Risks (B03).....	35
Potential Unmet Needs (B03)	35
Social Context (B03)	36
Mortality Profile (B03).....	37
Hospital Admissions (B03)	38
Children's Health (B03)	39
Synthetic Estimates (B03).....	39
Type C01: Deprived high impact multicultural communities	42
Main Health Risks (C01)	42
Potential Unmet Needs (C01)	42
Social Context (C01)	43
Mortality Profile (C01).....	44
Hospital Admissions (C01).....	45

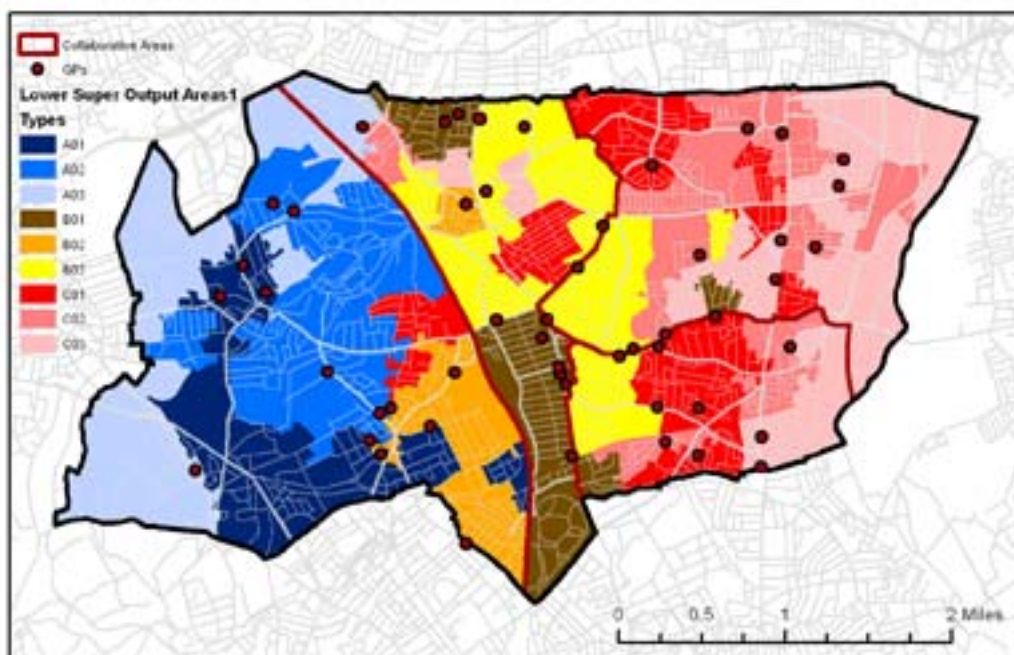
Children's Health (C01)	46
Synthetic Estimates (C01)	46
Type C02: Very deprived medium impact BME communities with healthy young families and unhealthy lifestyles.....	49
Main Health Risks (C02)	49
Potential Unmet Needs (C02)	49
Social Context (C02)	50
Mortality Profile (C02).....	51
Hospital Admissions (C02)	52
Children's Health (C02)	53
Synthetic Estimates (C02).....	53
Type C03: Deprived medium impact BME communities with young families and above average rates of breast cancer	56
Main Health Risks (C03)	56
Potential Unmet Needs (C03)	56
Social Context (C03)	57
Mortality Profile (C03).....	58
Hospital Admissions (C03)	59
Children's Health (C03)	60
Synthetic Estimates (C03).....	60

Segmentation Model

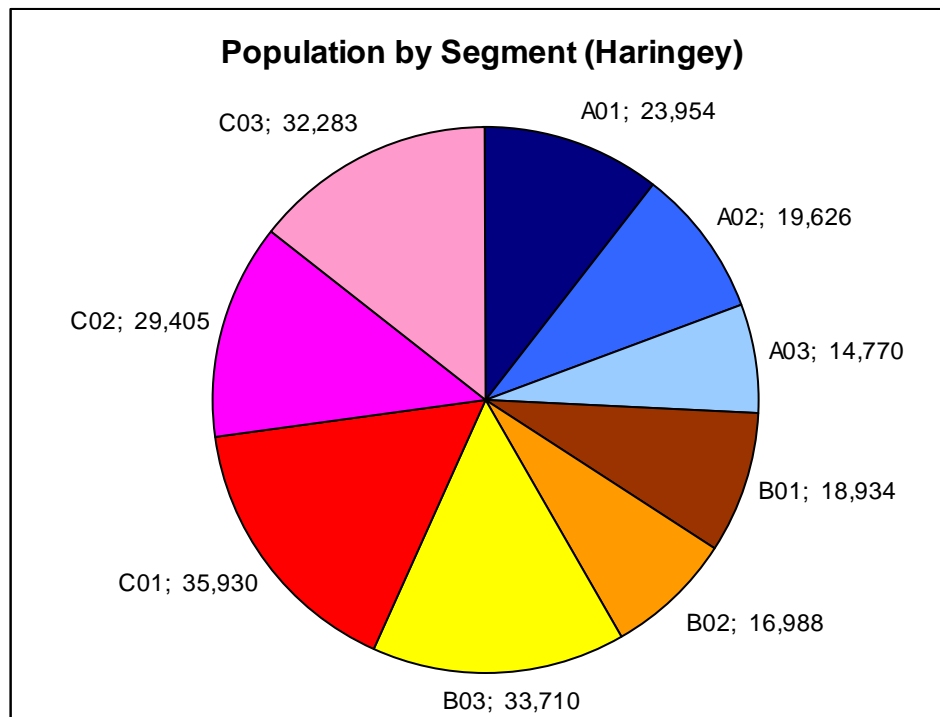
The health segmentation model divided Haringey into 3 broad Groups as shown below:



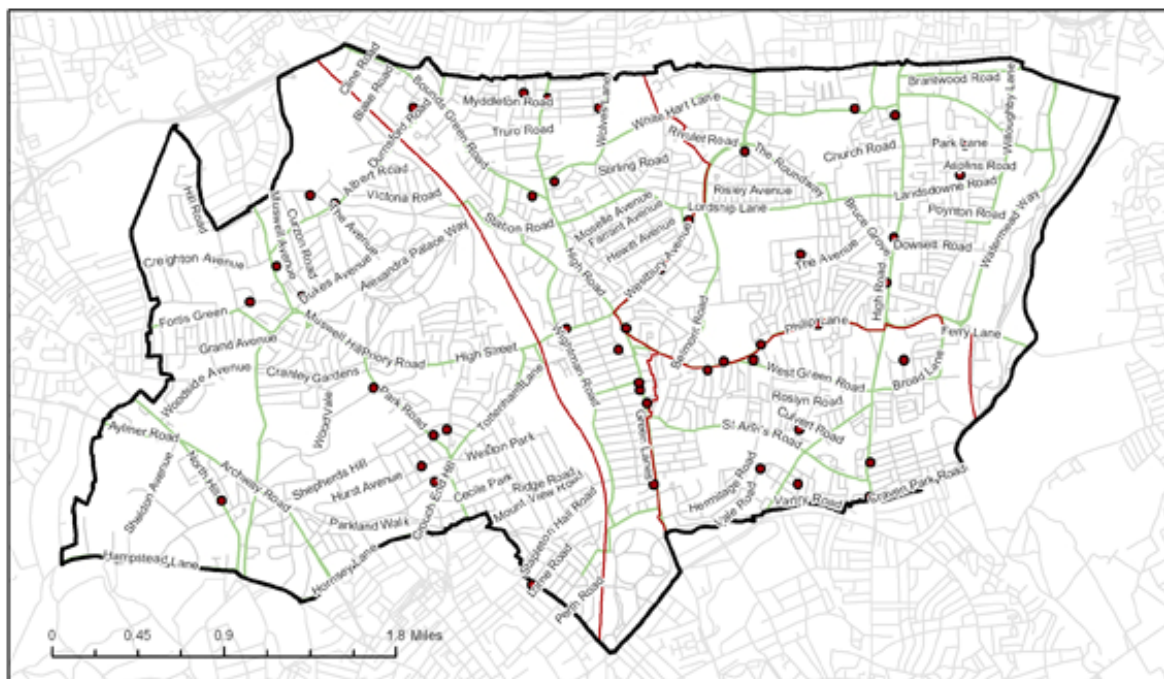
These were further subdivided into the following 9 Types:



The following chart shows the population split but Type for Haringey as a whole. 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.



Segment Types

The 9 Segment Types have been entitled:

A01: Over indulging early career executives

A02: Late career affluents

A03: Privileged elderly

B01: Mixed ethnicity, younger adults with avoidable health problems

B02: Young, healthy and low impact adults

B03: Multicultural communities with average health

C01: Deprived high impact multicultural communities

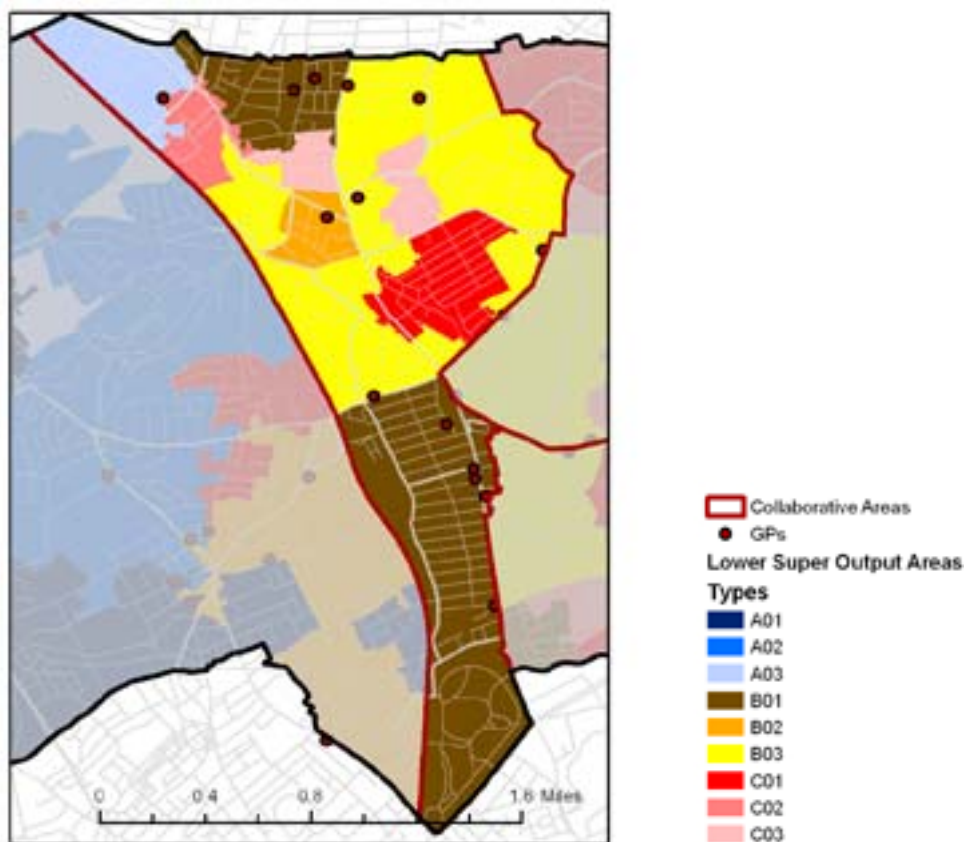
C02: Very Deprived Medium impact BME communities with healthy young families and unhealthy lifestyles

C03: Deprived Medium Impact BME communities with young families and above average rates of breast cancer

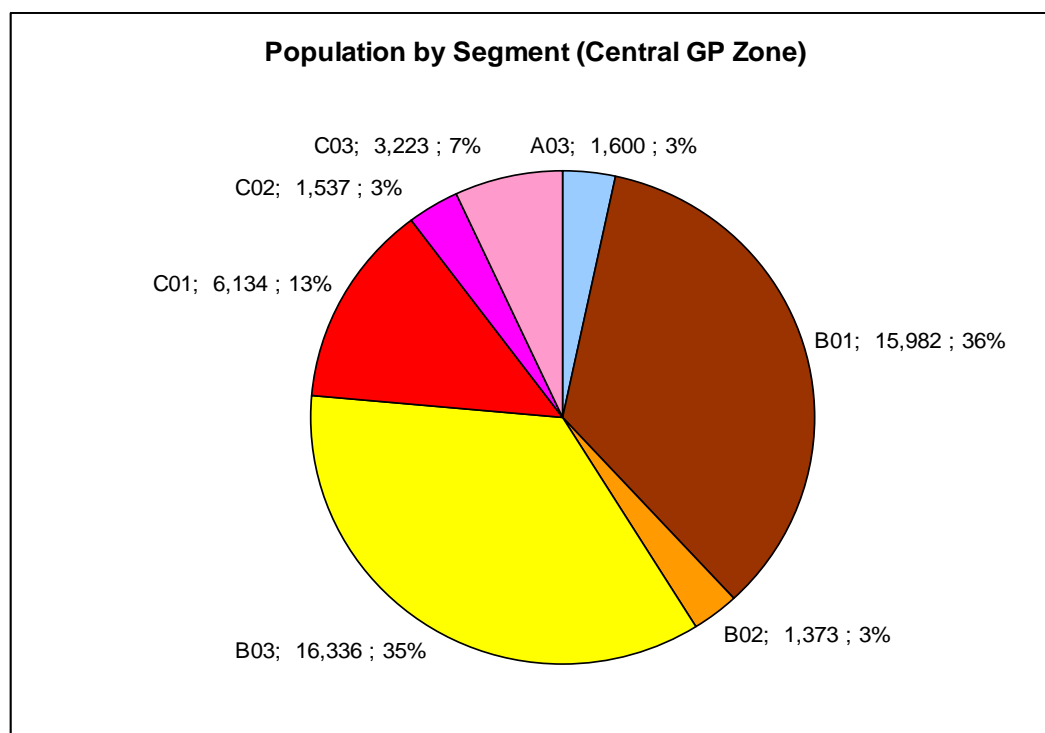
Full descriptions are detailed below for those types resident in this GP Comparator Zone.

Overview Comparator Zone: Central

Total Population: 46,184



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



Summary of Needs within the GP Comparator Zone

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 individuals in Group B have average to good health, due partly to the preponderance of younger adults, 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.

The range of needs is diverse but there are not many needs requiring intensive intervention. There are pockets with increased levels of Diabetes, Asthma, Breast Cancer, Cancer among children and multiple conditions for very young children. There is higher than average mortality for Stroke, CHD and all Circulatory Diseases.

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. This Group will require significant levels of support for many conditions. Significant benefits could be brought about through earlier interaction with the health services.

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

- 1) Early detection for Diabetes
- 2) Support for pre-school children
- 3) Breast cancer screening
- 4) Antenatal support
- 5) Drug awareness
- 6) Smoking
- 7) Teen Pregnancy
- 8) Early overall support

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

Summary Health Risks

Main Health Risks (B01): 36%

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

Main Health Risks (B03): 35%

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

Main Health Risks (C01): 13%

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.

Main Health Risks (C03): 7%

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

Main Health Risks (B02): 3%

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

Main Health Risks (C02): 3%

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

Main Health Risks (A03): 3%

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

Summary Unmet Needs

Potential Unmet Needs (B01): 36%

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 that 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.

Potential Unmet Needs (B03): 35%

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.

Potential Unmet Needs (C01): 13%

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.

Potential Unmet Needs (C03): 7%

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.

Potential Unmet Needs (B02): 3%

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.

Potential Unmet Needs (C02): 3%

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 are 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.

Potential Unmet Needs (A03): 3%

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.

Segment Descriptions

Descriptions for each of the Types resident within this GP Comparator Zone are given below. These highlight those characteristics that had the greatest variance across Haringey. In-depth analysis is available in the primary segmentation report.

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).

Along with A01, A02 is estimated to have the joint highest average weekly household income. 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 the 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 are 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.

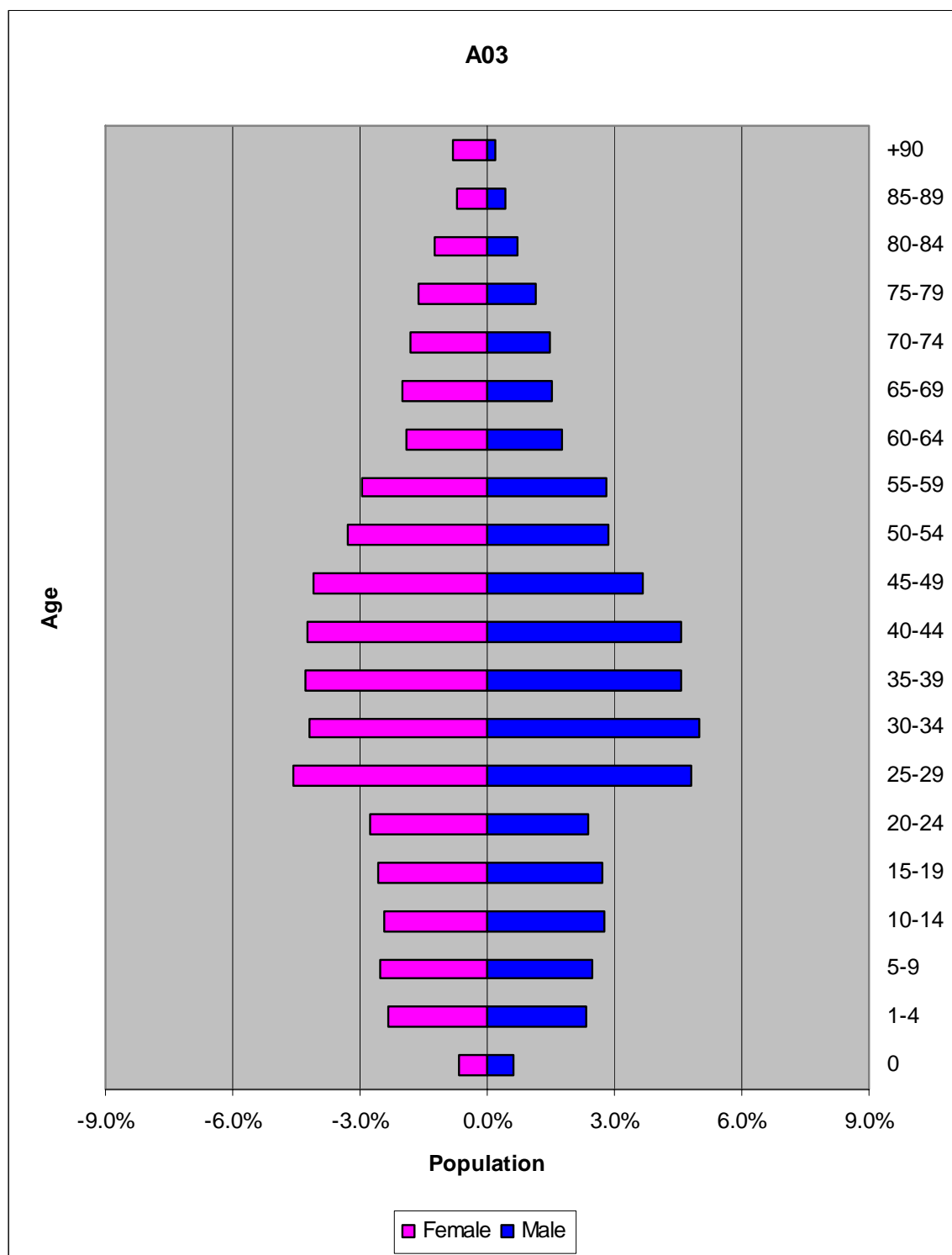
Children's Health (A03)

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.

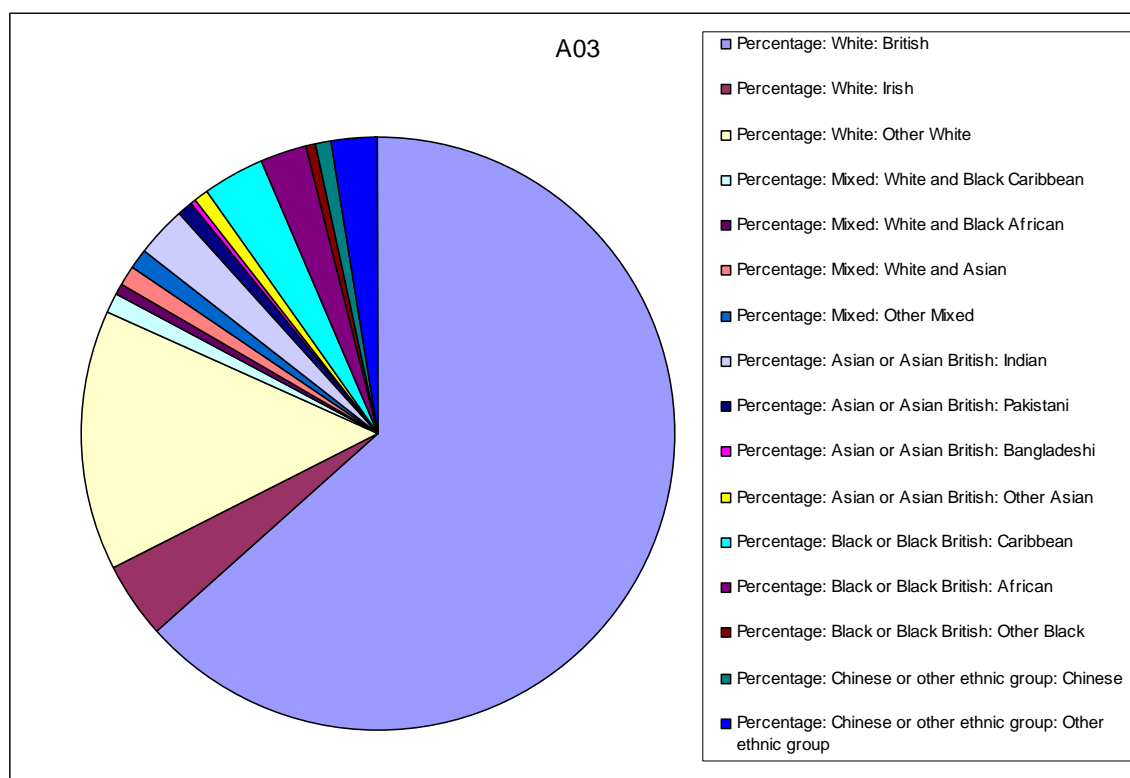
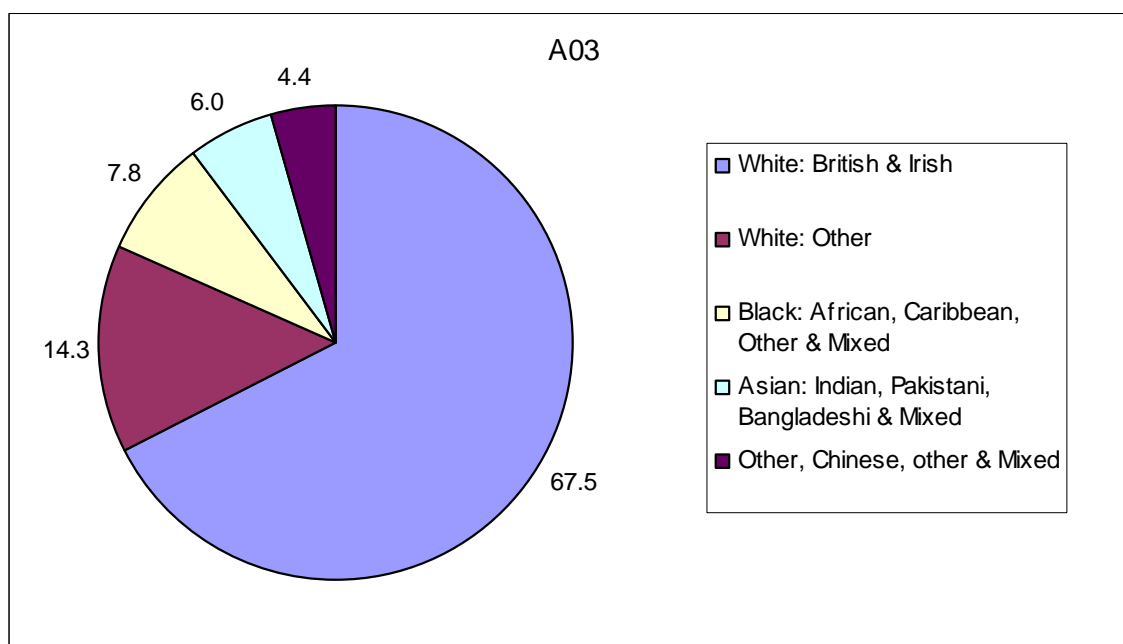
Synthetic Estimates (A03)

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 that 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, these 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.

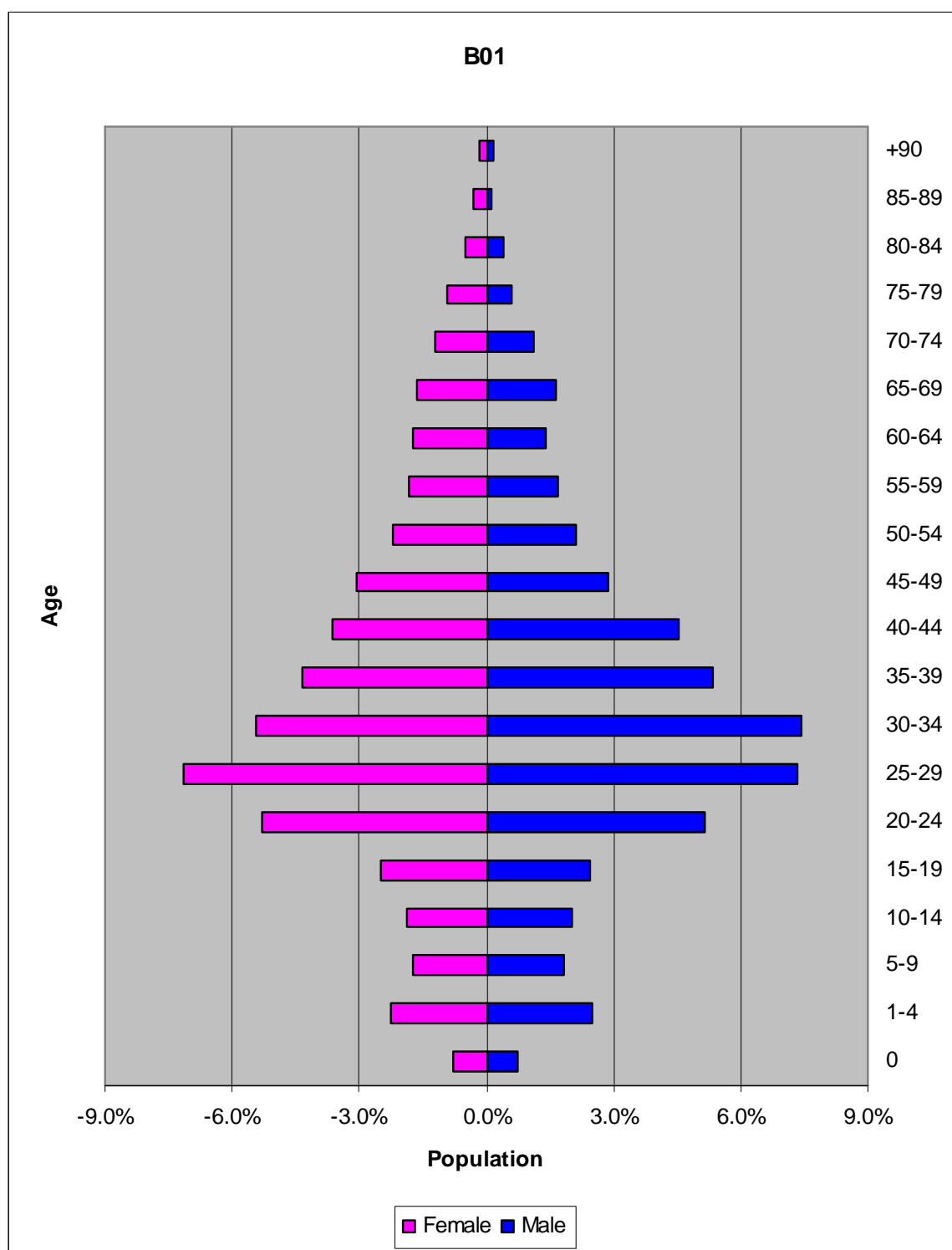
Birth rates per capita are a little above average as are conception rates for 15-17 year olds. Low birth weights per child are also a little above average with very low birth rates a little below average.

Childhood obesity rates are very low.

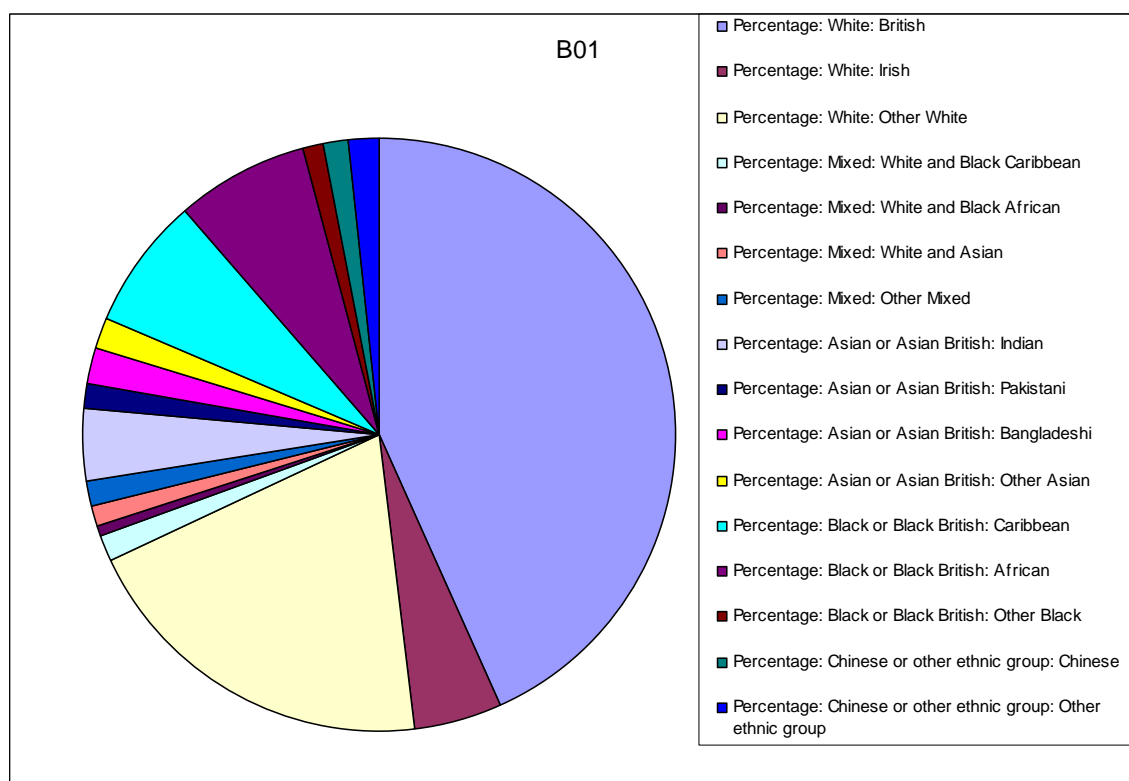
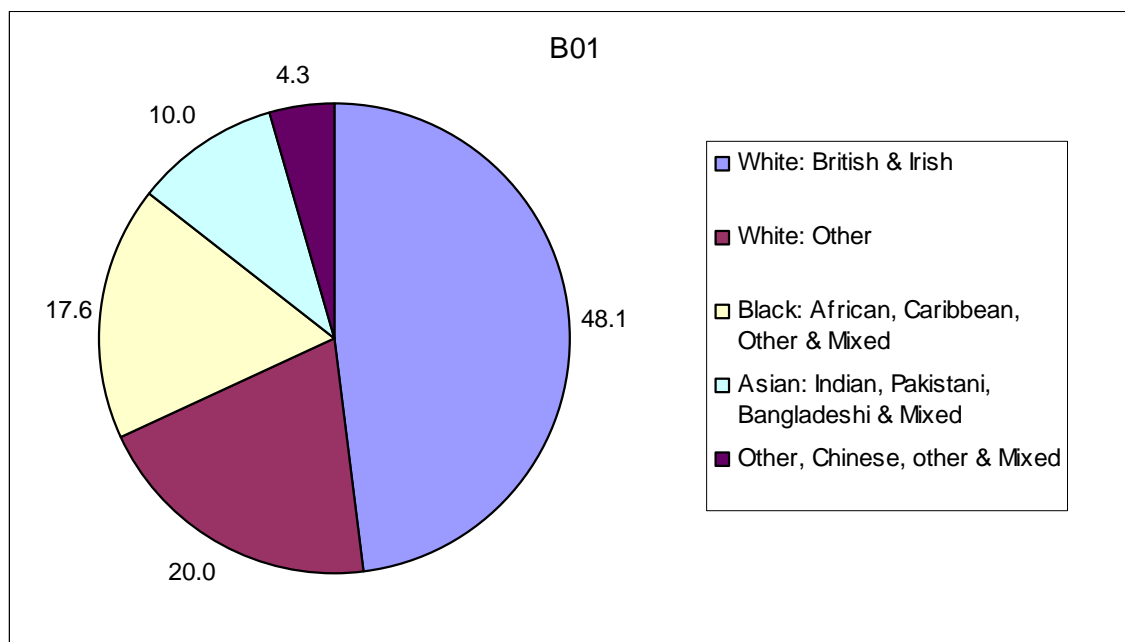
Synthetic Estimates (B01)

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.

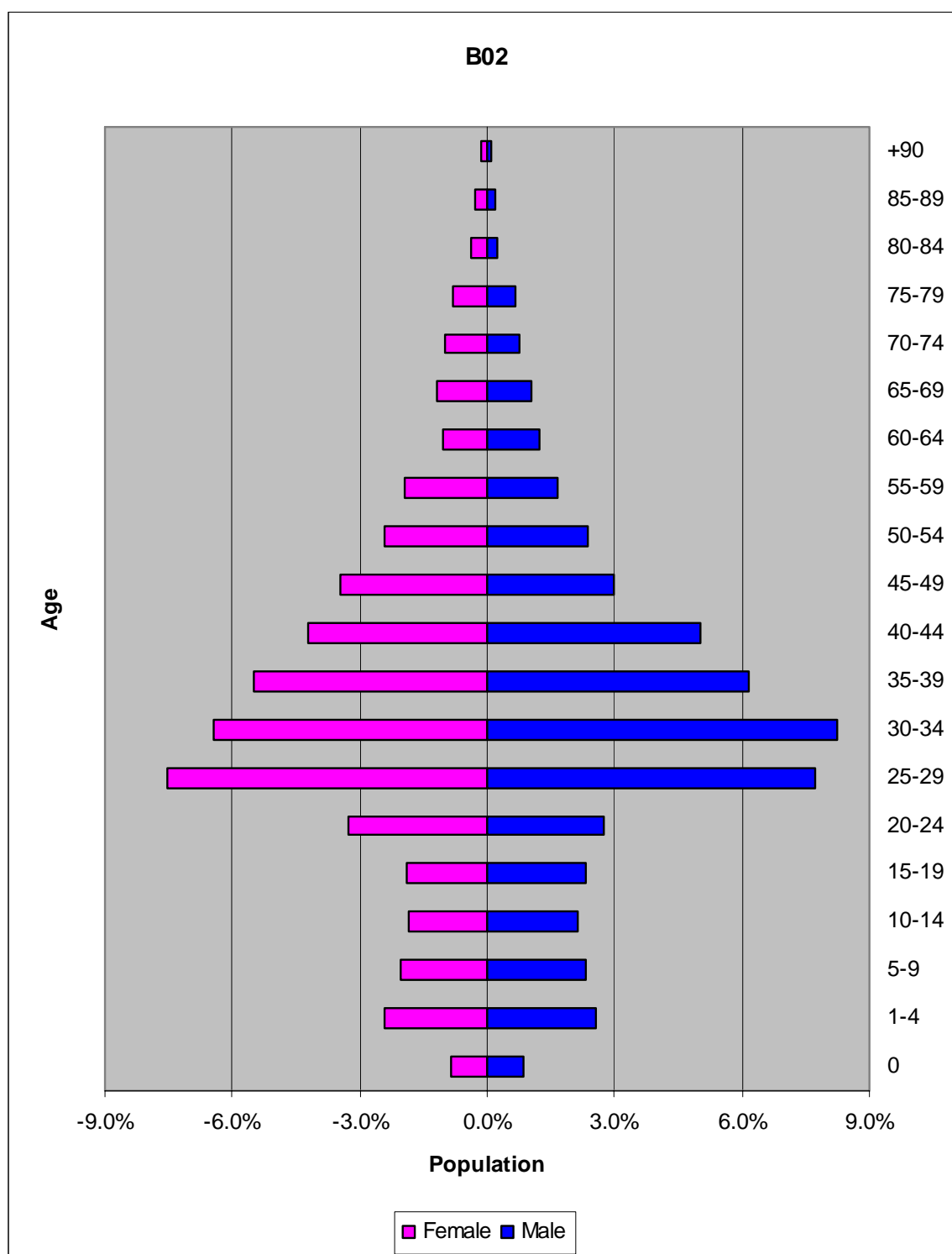
Childhood obesity is relatively low and falls with age.

Synthetic Estimates (B02)

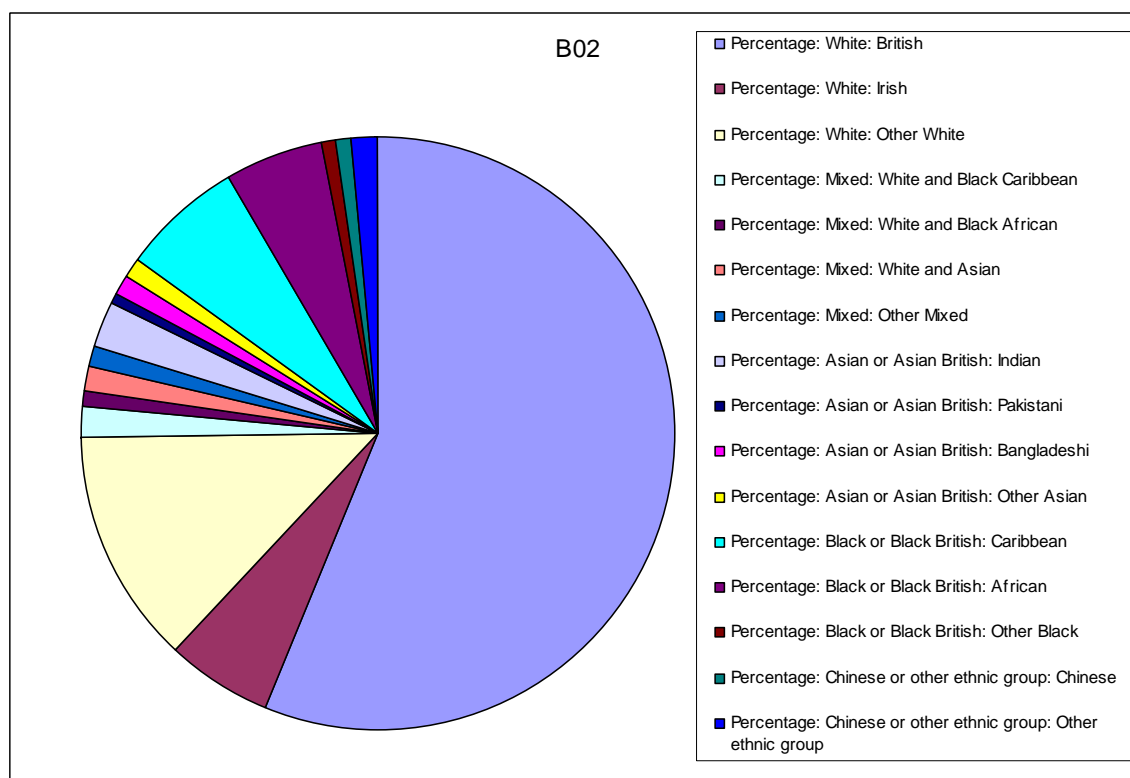
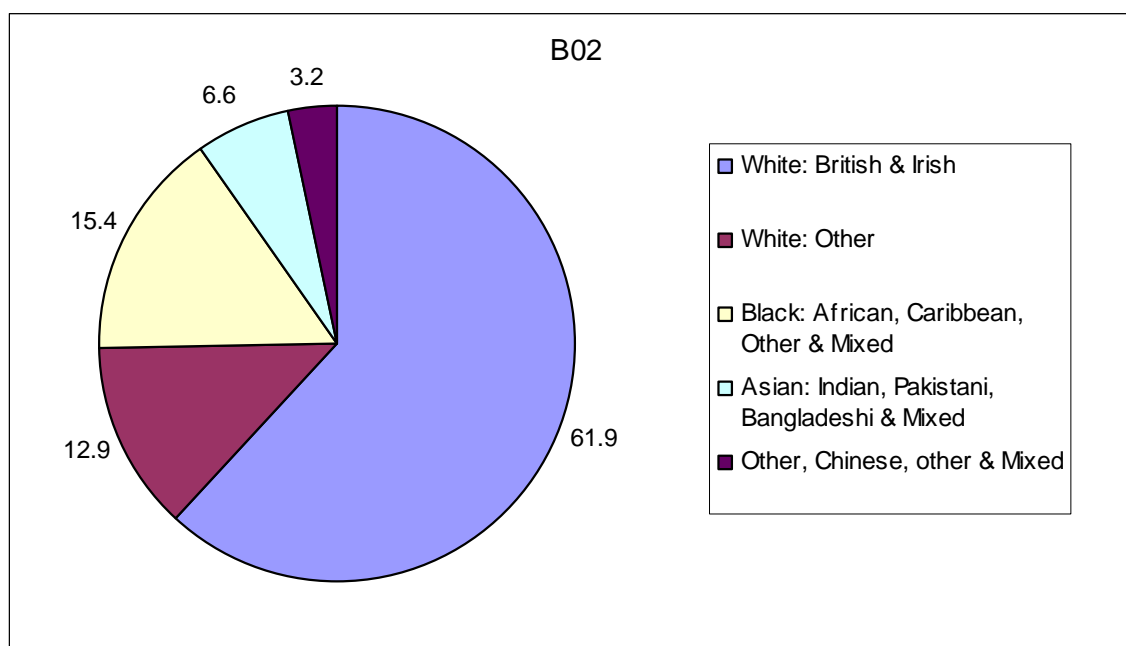
As one of the youngest segments, expectation of demand from older people is low for Type B02.

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.

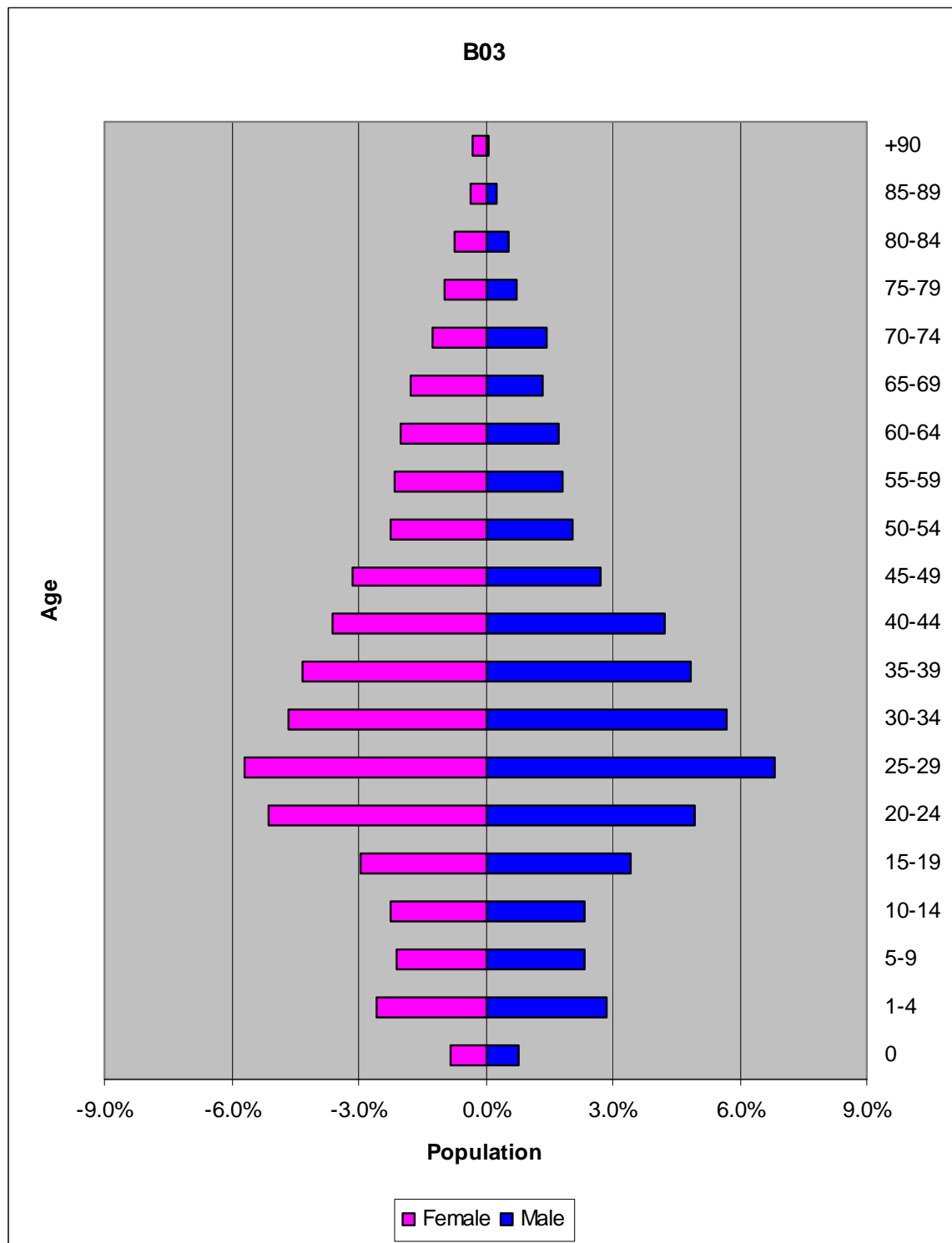
Synthetic Estimates (B03)

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

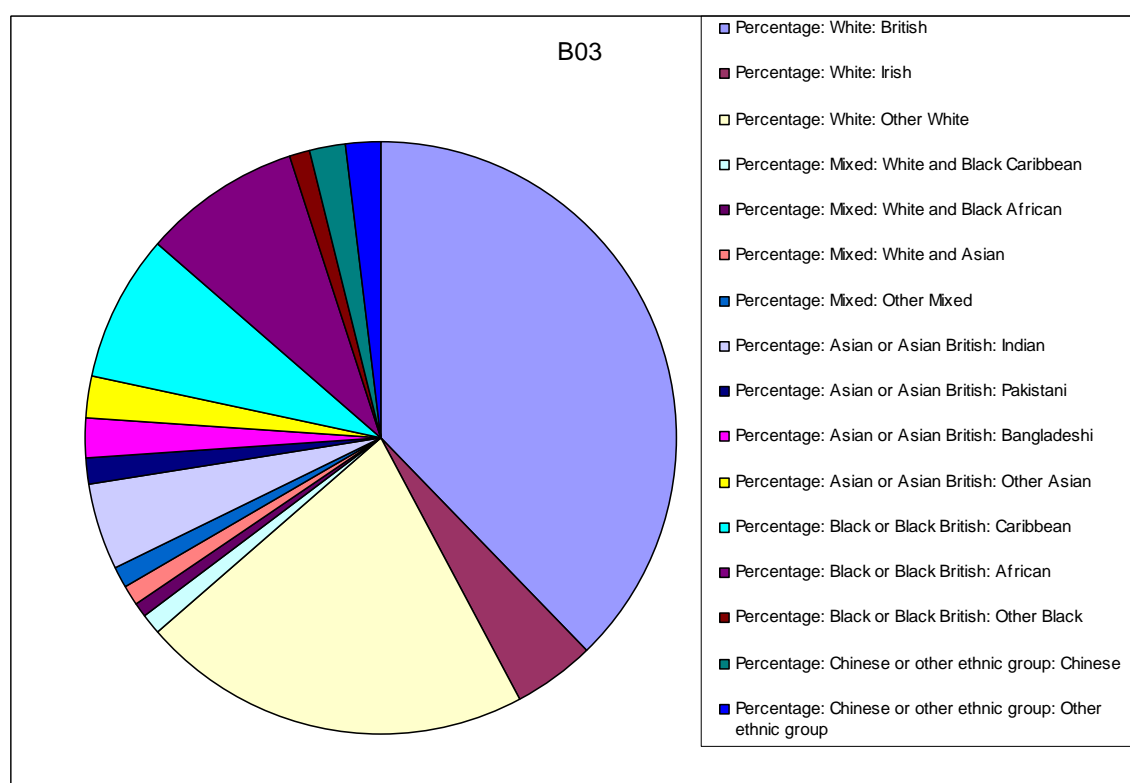
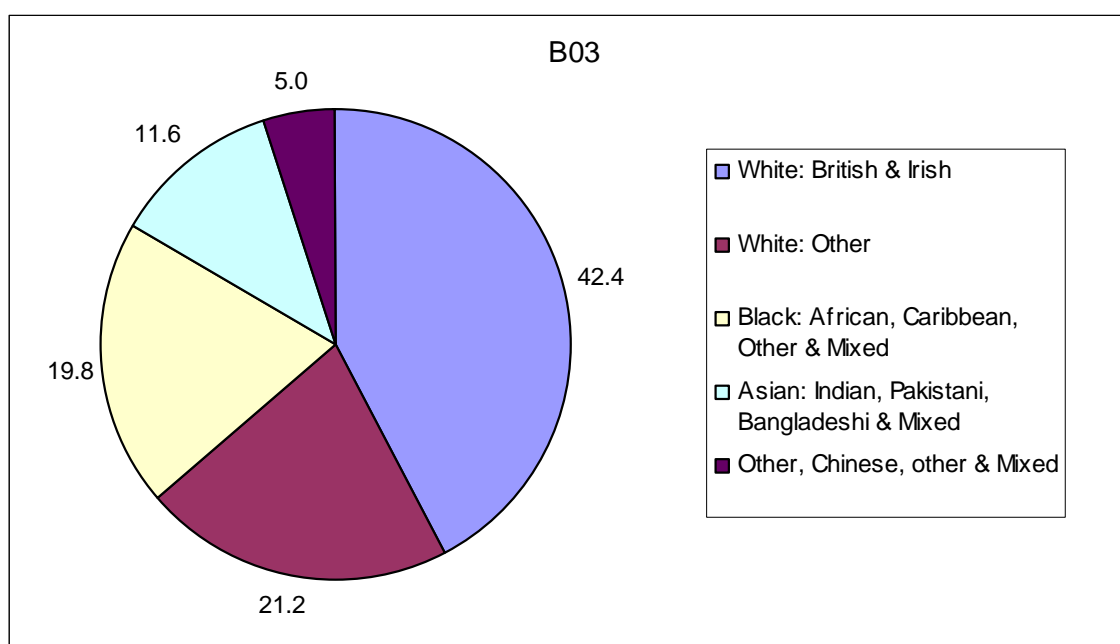
The only potential issue highlighted among working age adults is a possible high level of drug use, based on national prevalence rates. This should be monitored.

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 BME (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. but lower than for the rest of Group B. 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 [UNMET NEED]. 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.

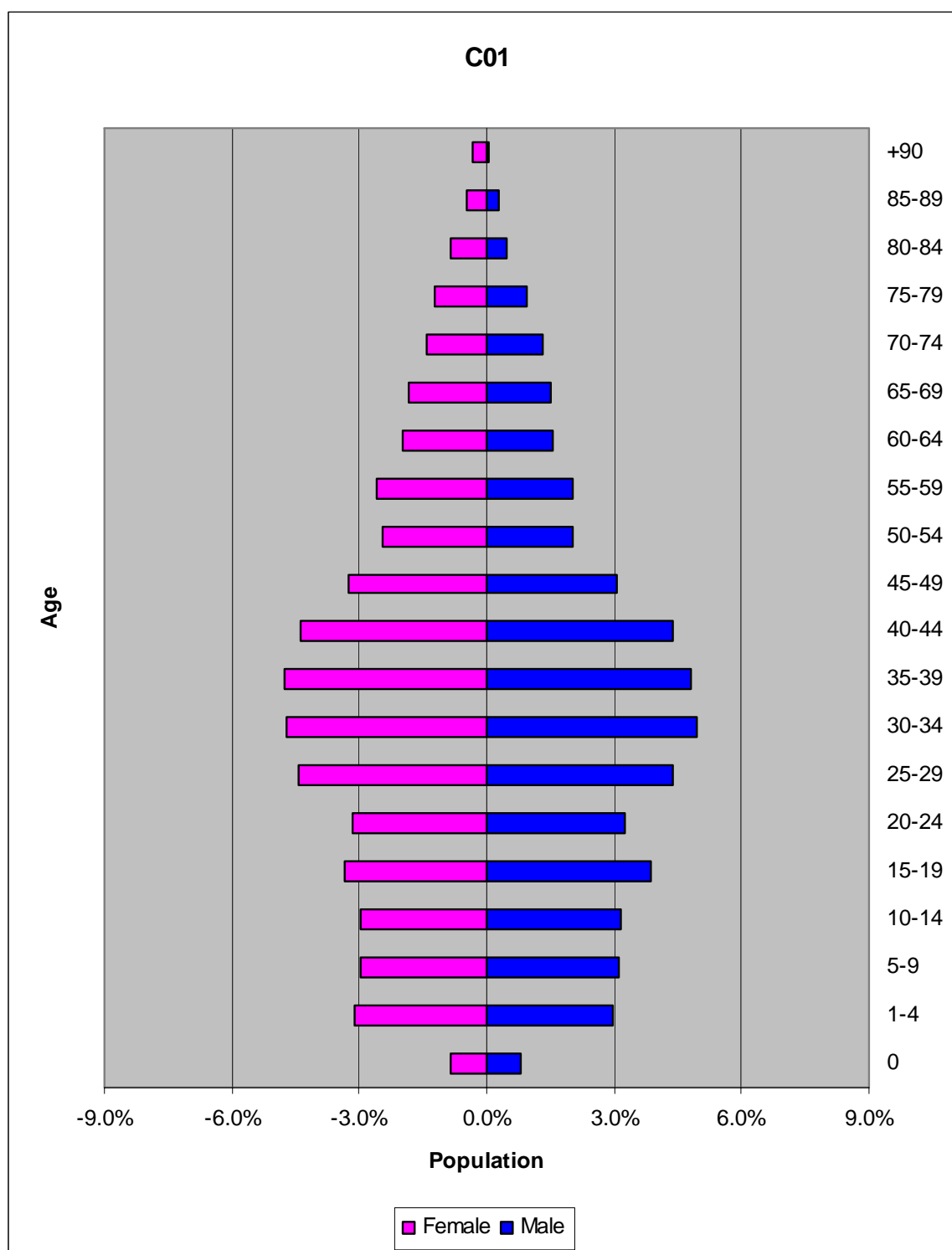
5-14 year olds have similarly poor health. They have the highest rates of emergency admissions and high rates of elective admissions when compared to other children in Haringey. ACS admissions are particularly high as are admission for Cancer. Admissions for Asthma and all Respiratory illnesses are also 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.

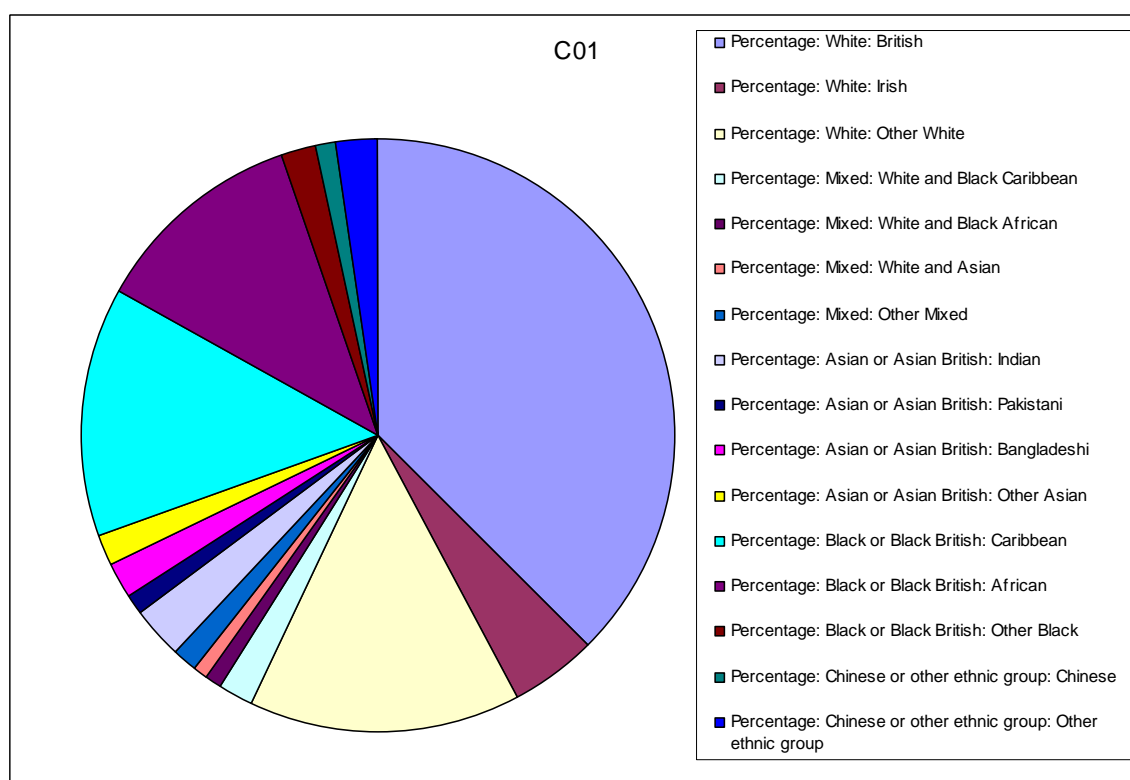
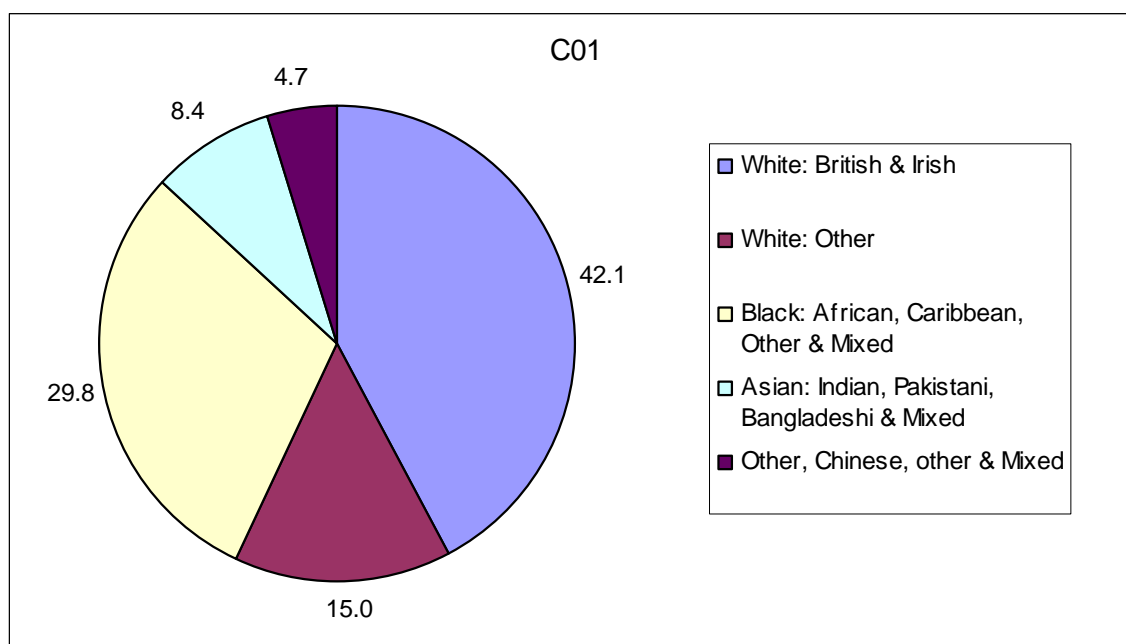
Synthetic Estimates (C01)

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 BME (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.

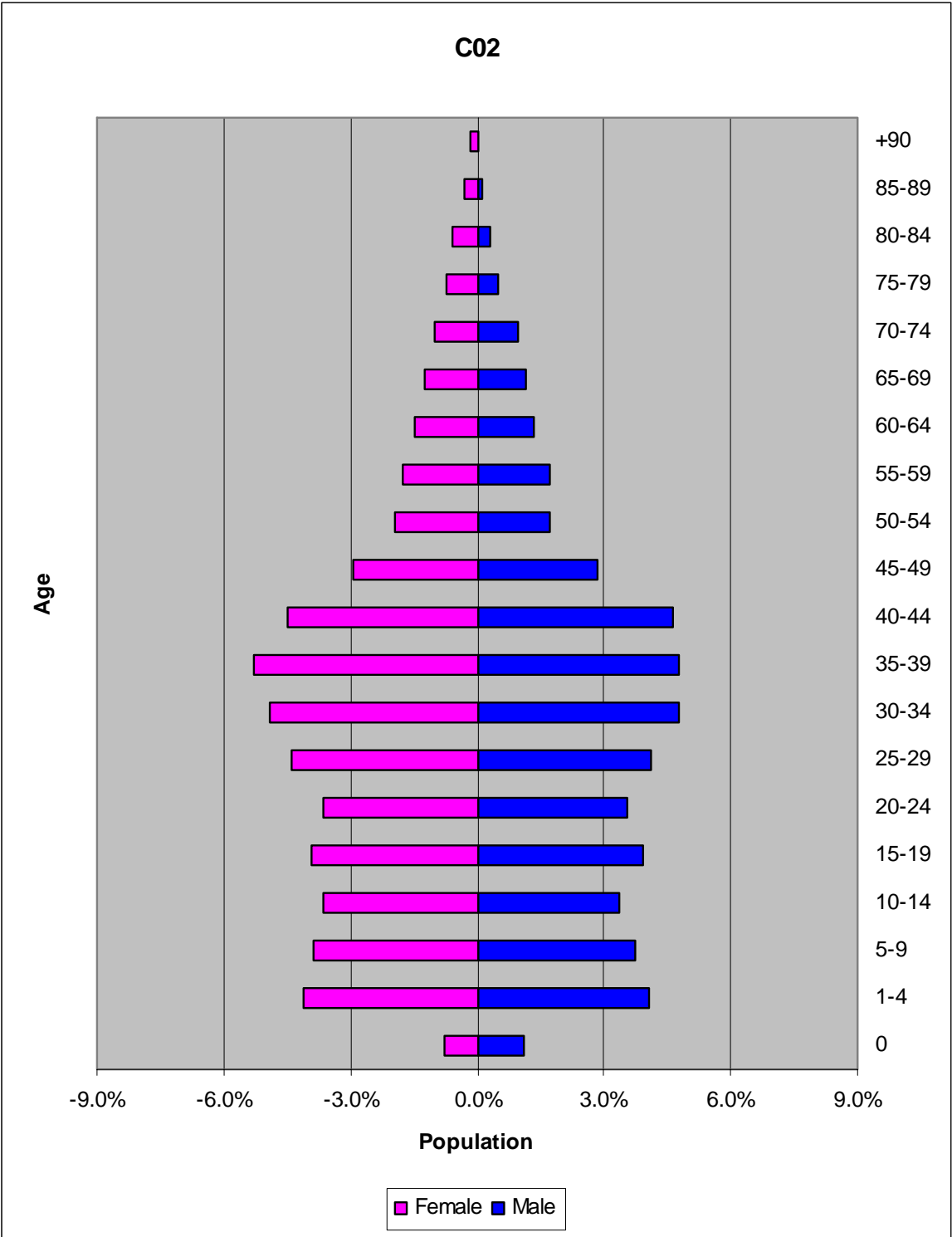
This segment sees the highest levels of both reception and year 6 children in the population. There are no particular issues with childhood obesity.

Synthetic Estimates (C02)

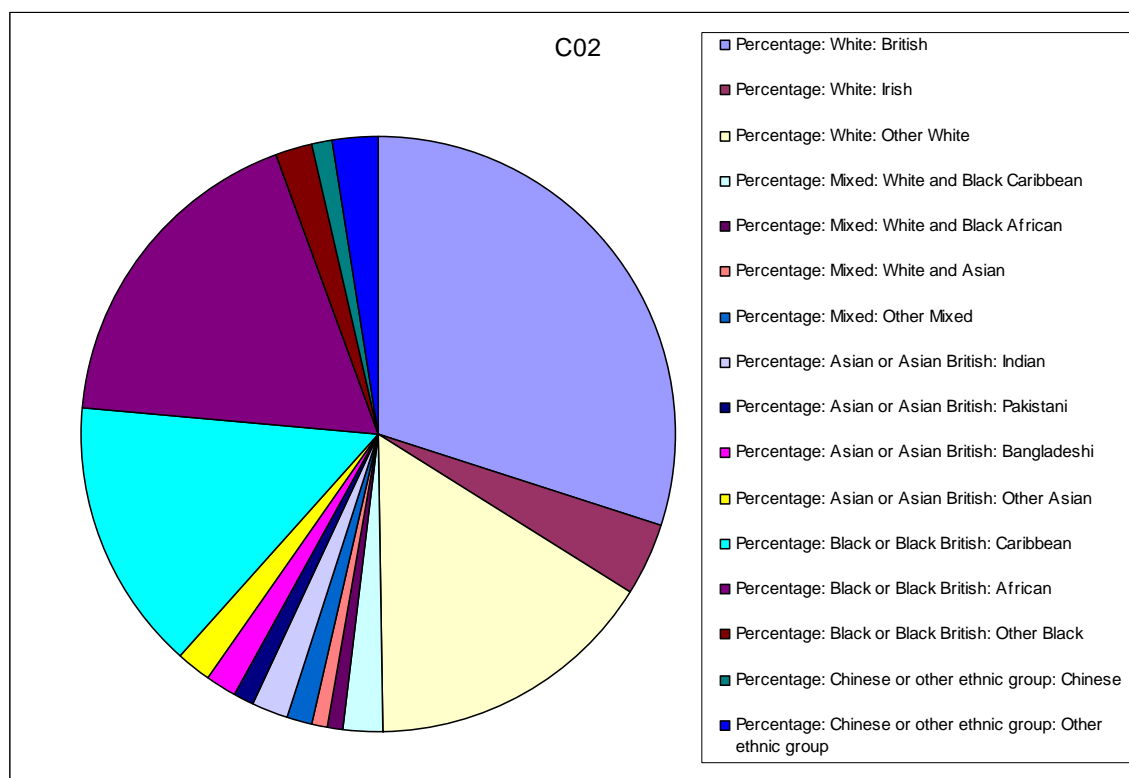
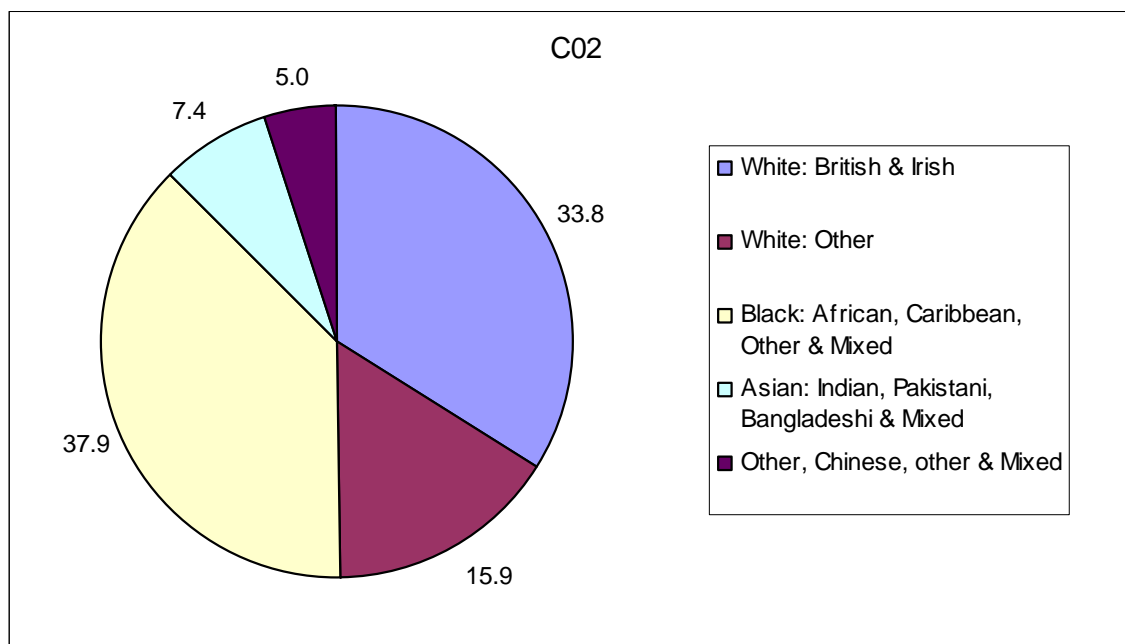
Synthetic Estimates from POPPI for older people and PANSI for younger adults suggest that Type C02 should see the fewest problems per capita relative to other segments. This is likely due to the significantly high rates of children within the community. Adults in C02 see relatively poor health when compared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

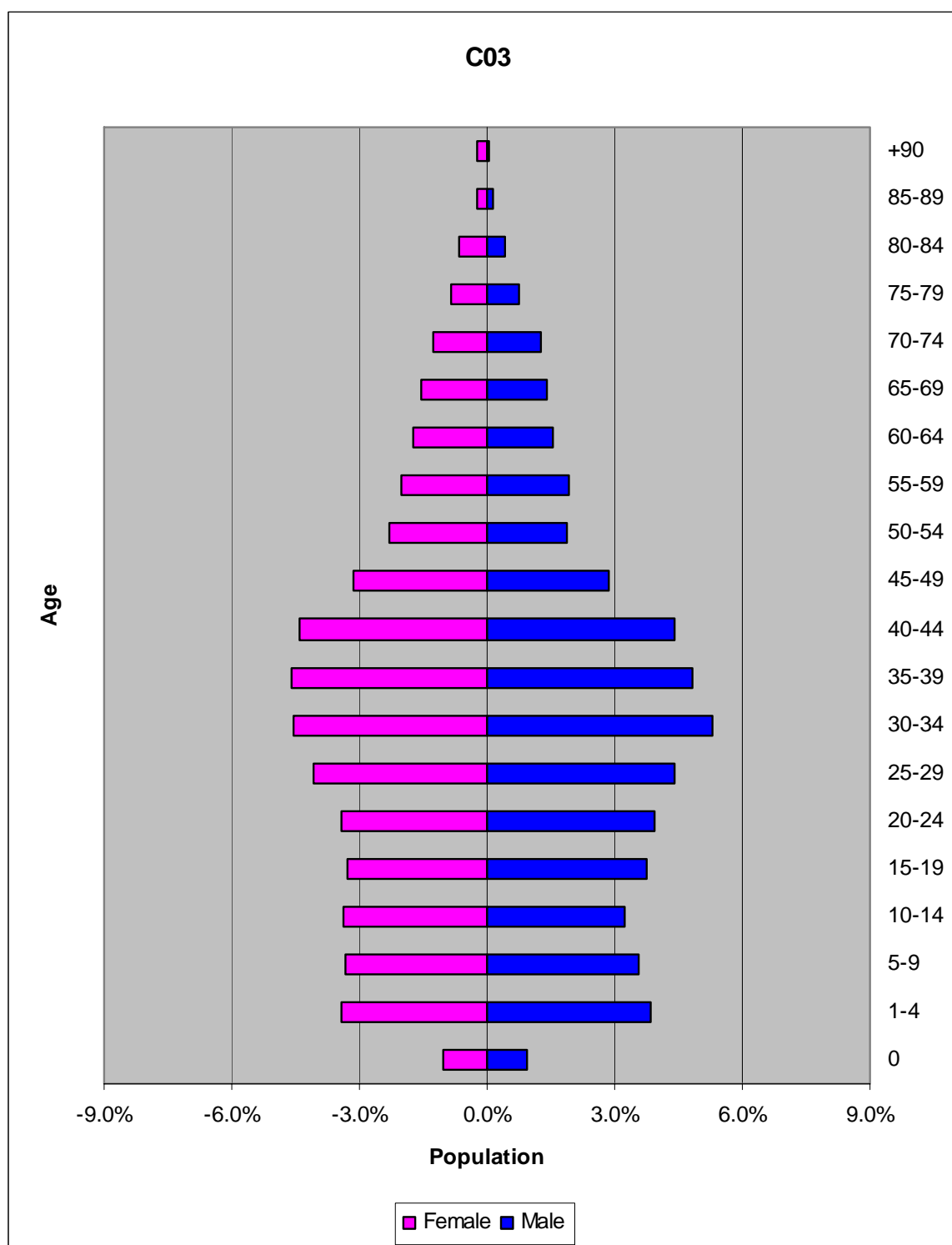
Numbers of reception age children are the highest for the borough but children in year 6 are only average, suggesting that there will be additional pressures on the community as the numbers of children balloon over the coming years. Obesity levels are above average but not significantly high.

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

