

Haringey Segmentation: West GP Comparator Zone

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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.

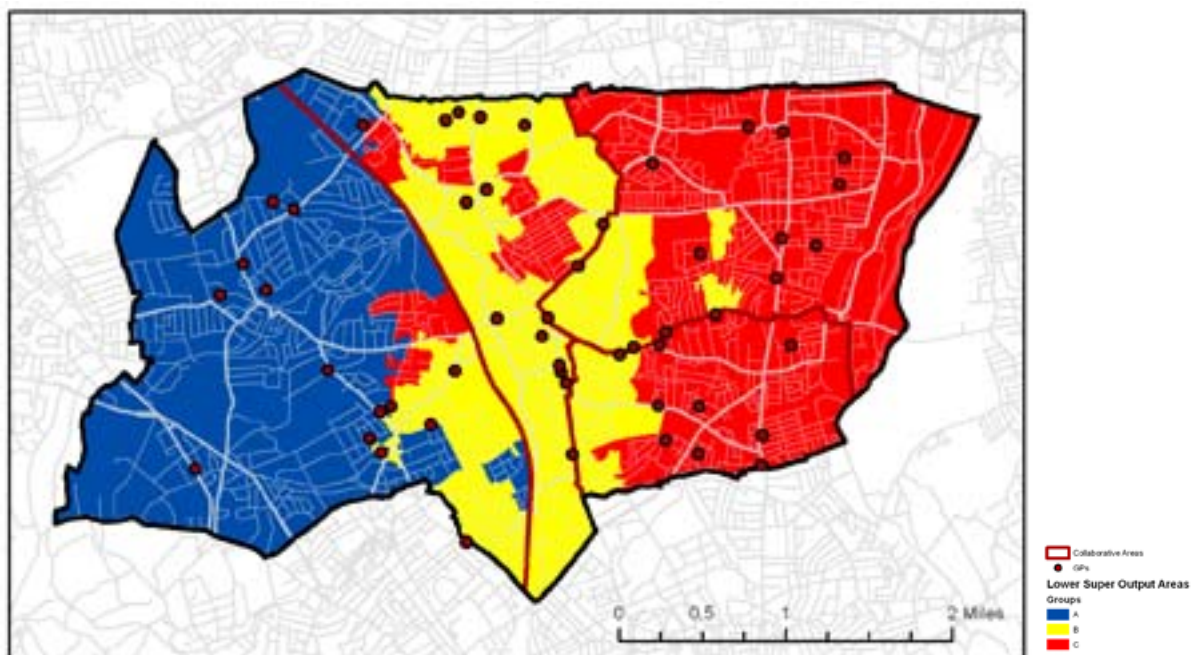
Ambulatory Care Sensitive (ACS) Conditions

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.

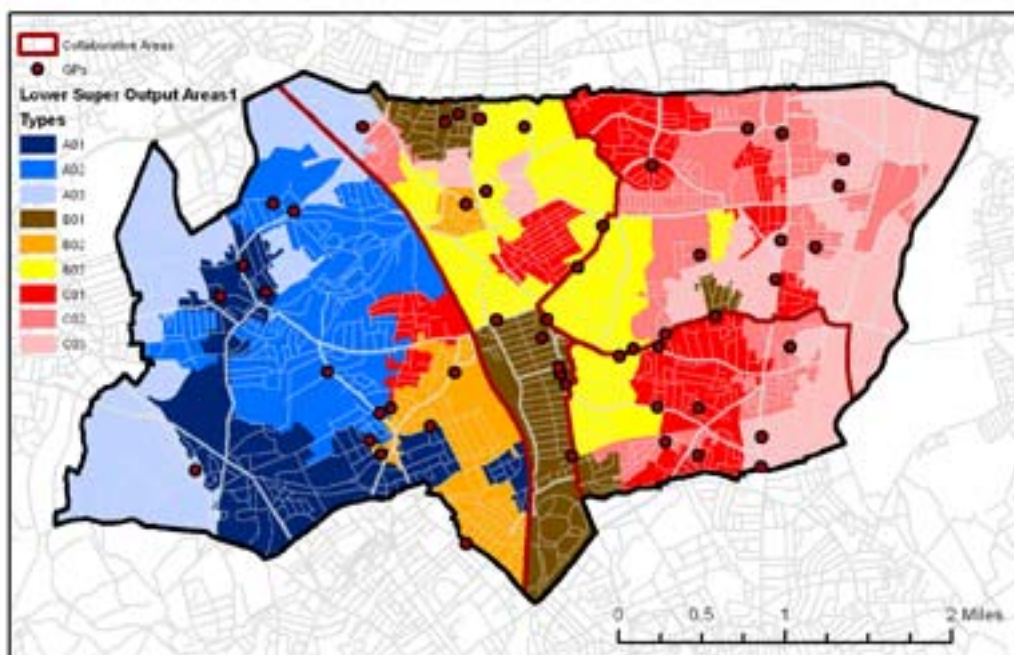
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Segmentation Model

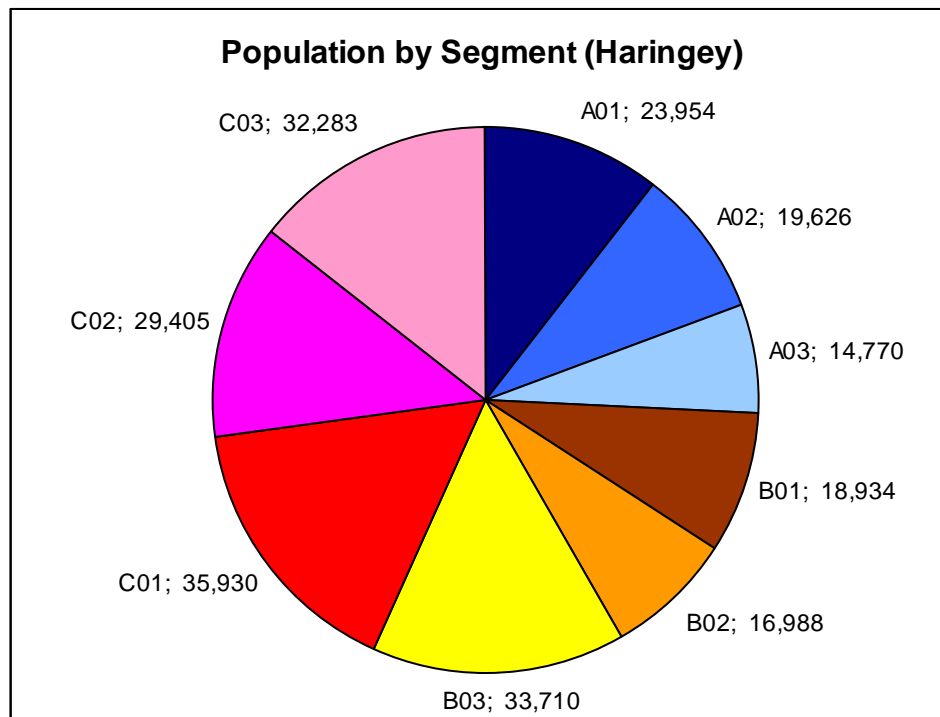
The health segmentation model divided Haringey into 3 broad Groups as shown below:



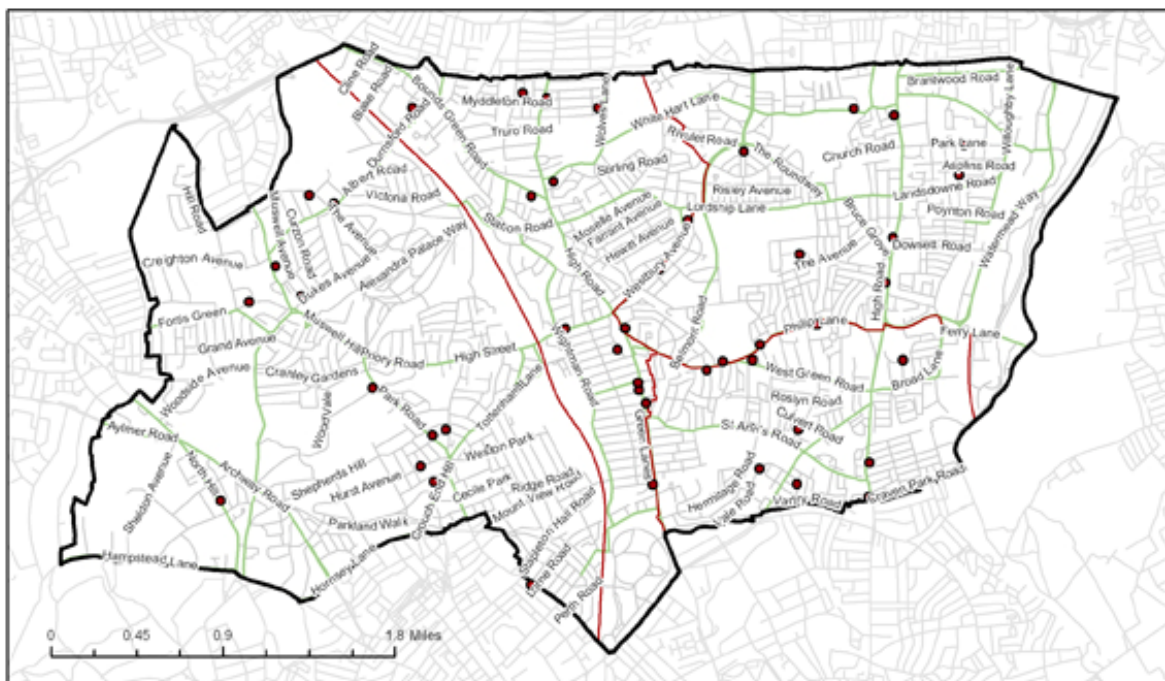
These were further subdivided into the following 9 Types:



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

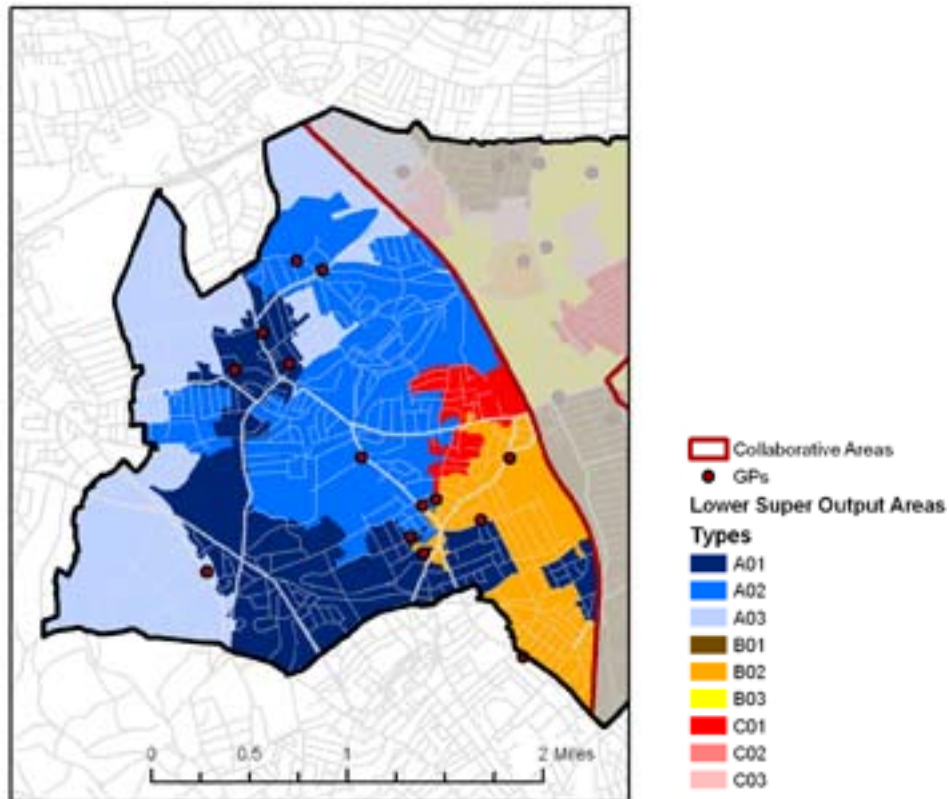
C02: Very Deprived Medium impact BME communities with healthy young families and unhealthy lifestyles

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

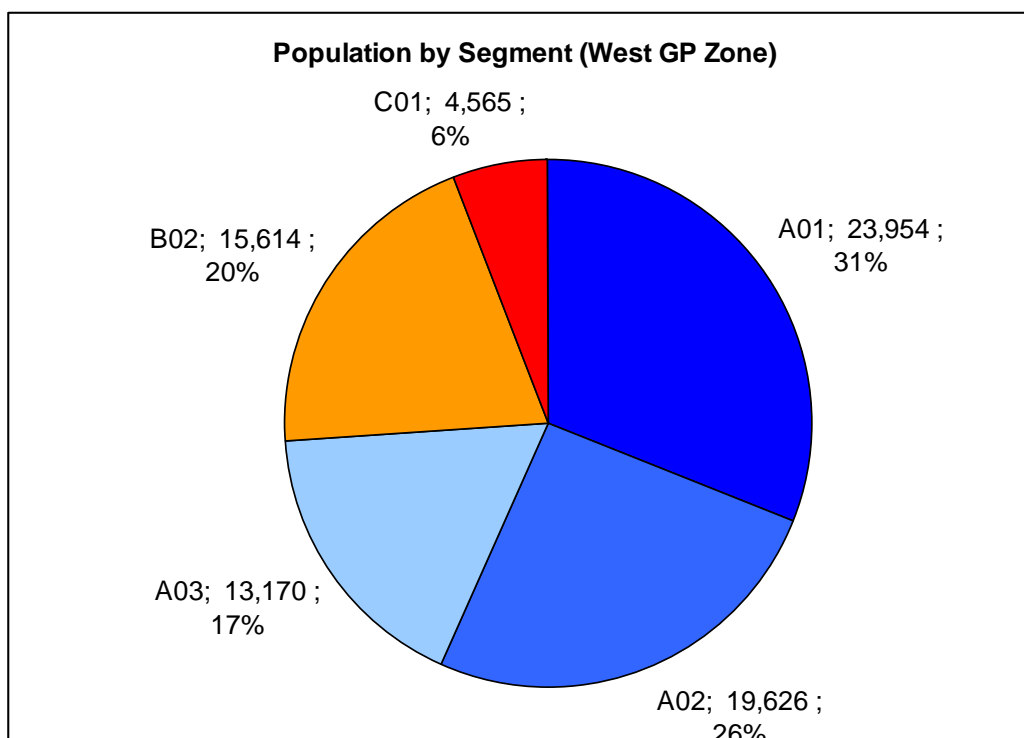
Full descriptions are detailed below for those types resident in this GP Comparator Zone.

Overview Comparator Zone: West

Total Population: 76,929



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



Summary of Needs within the GP Comparator Zone

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)

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 (A01): 31%

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

Main Health Risks (A02): 26%

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

Main Health Risks (B02): 20%

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 (A03): 17%

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

Main Health Risks (C01): 6%

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.

Summary Unmet Needs

Potential Unmet Needs (A01): 31%

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.

Potential Unmet Needs (A02): 26%

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.

Potential Unmet Needs (B02): 20%

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 (A03): 17%

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.

Potential Unmet Needs (C01): 6%

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.

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 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.

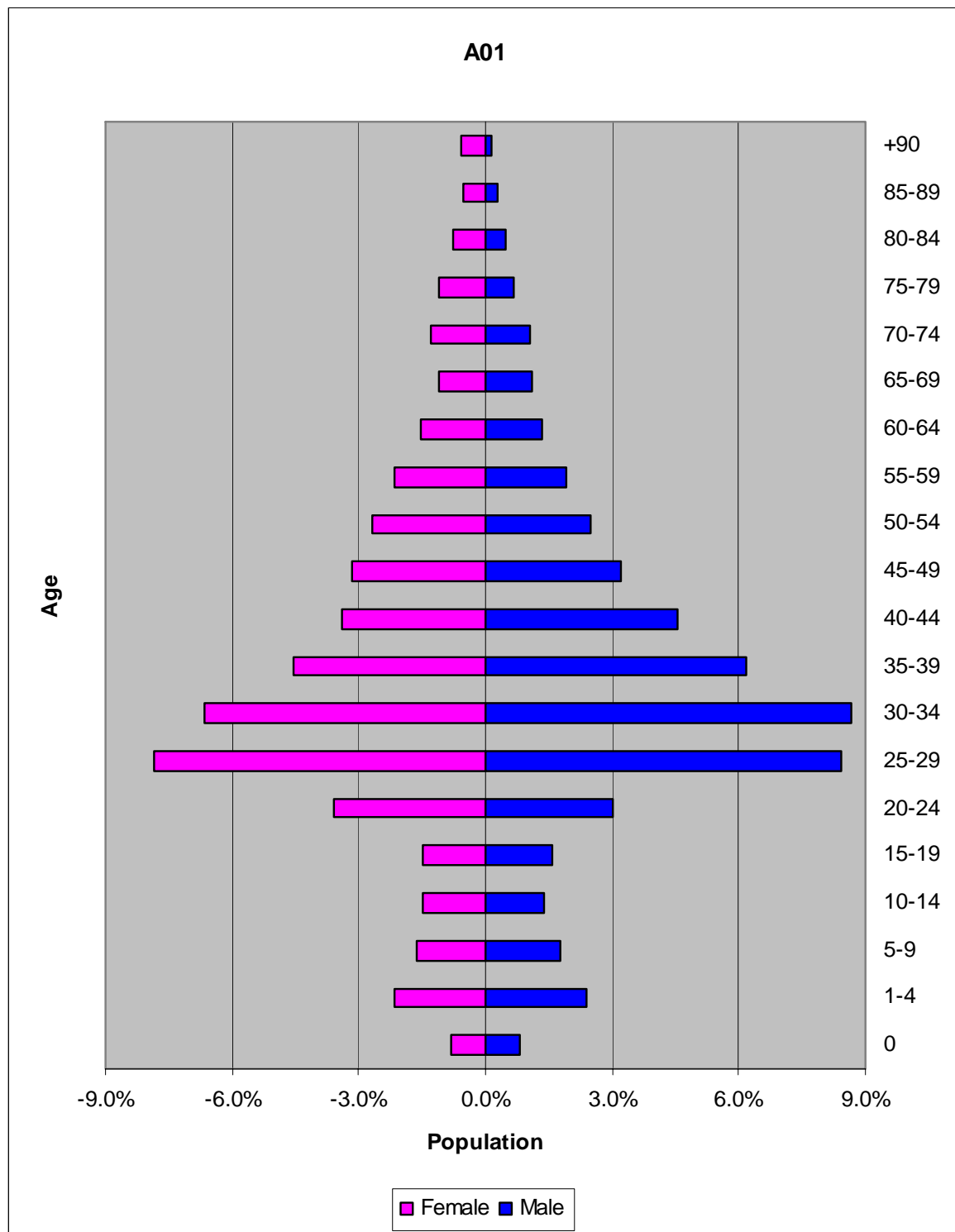
This segment sees the low rates of hospital admissions for children and, as there are relatively few children in the community, total numbers of admissions for children are low. This is true of all children aged below 15.

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

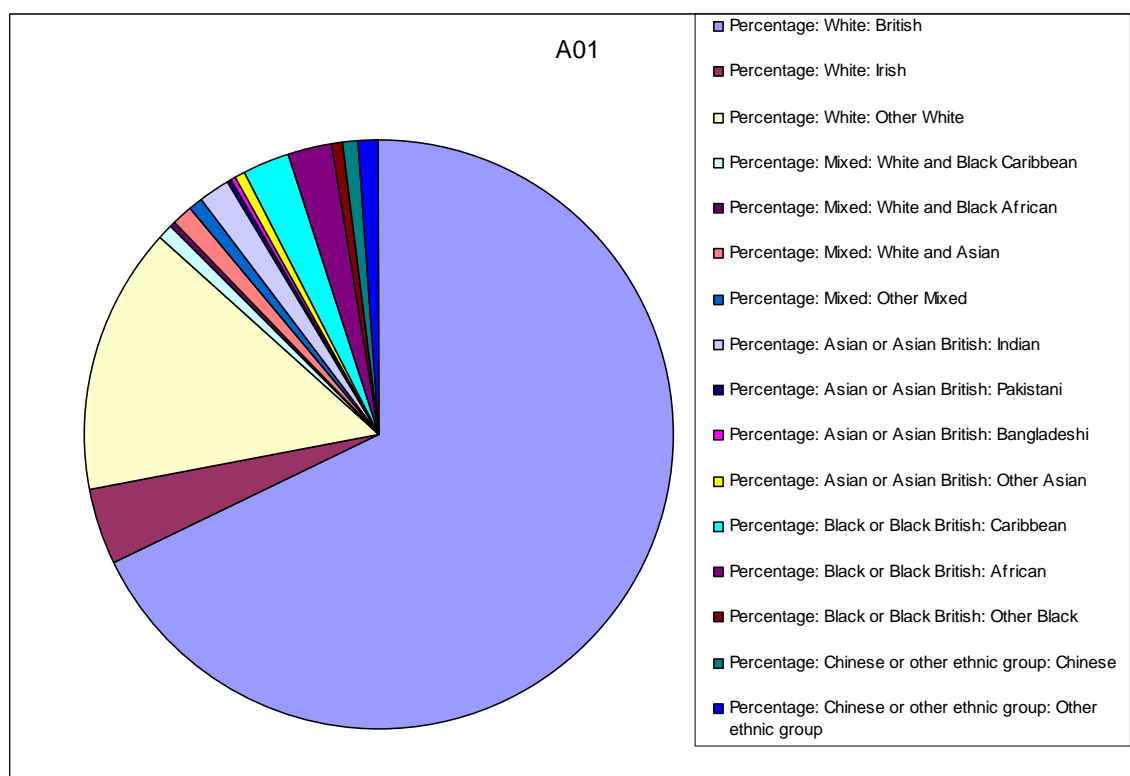
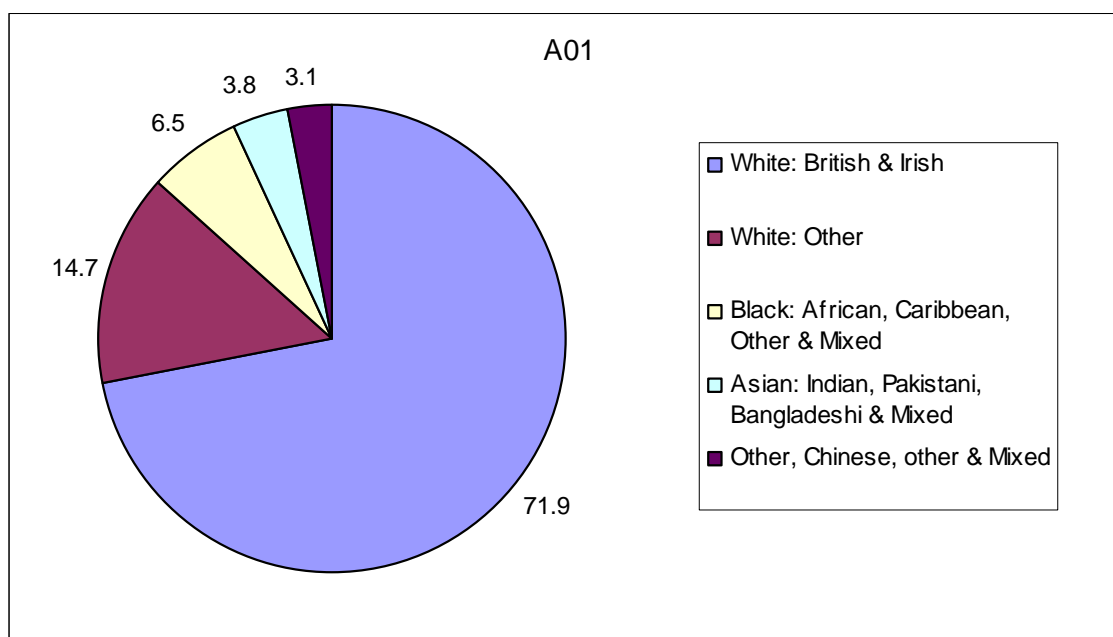
Synthetic Estimates (A01)

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.

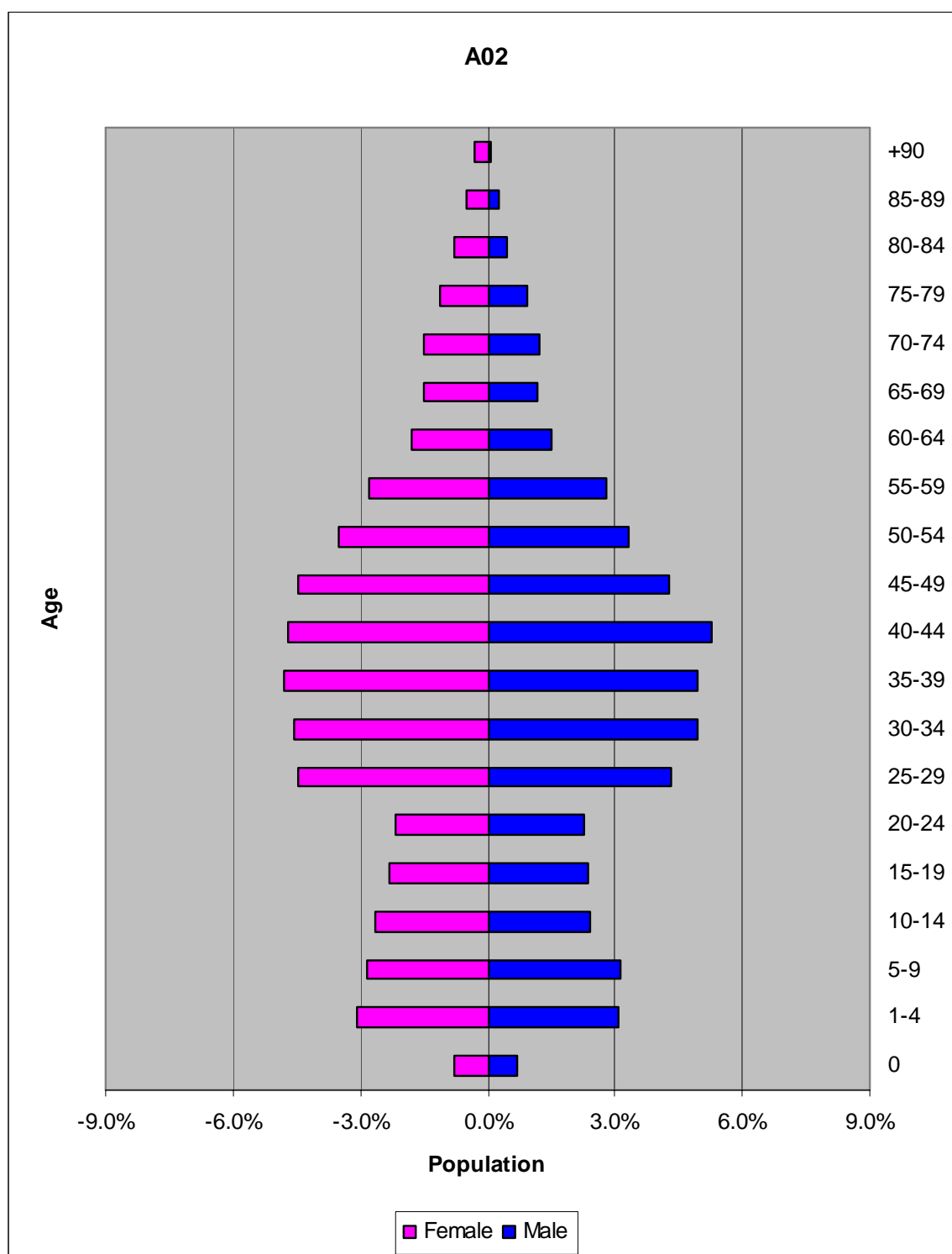
Cancer rates are above average but still moderate for Children aged less than 5. These become high for children aged 5-14. As Cancer rates are high for this community as a whole and there may be an underlying cause.

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.

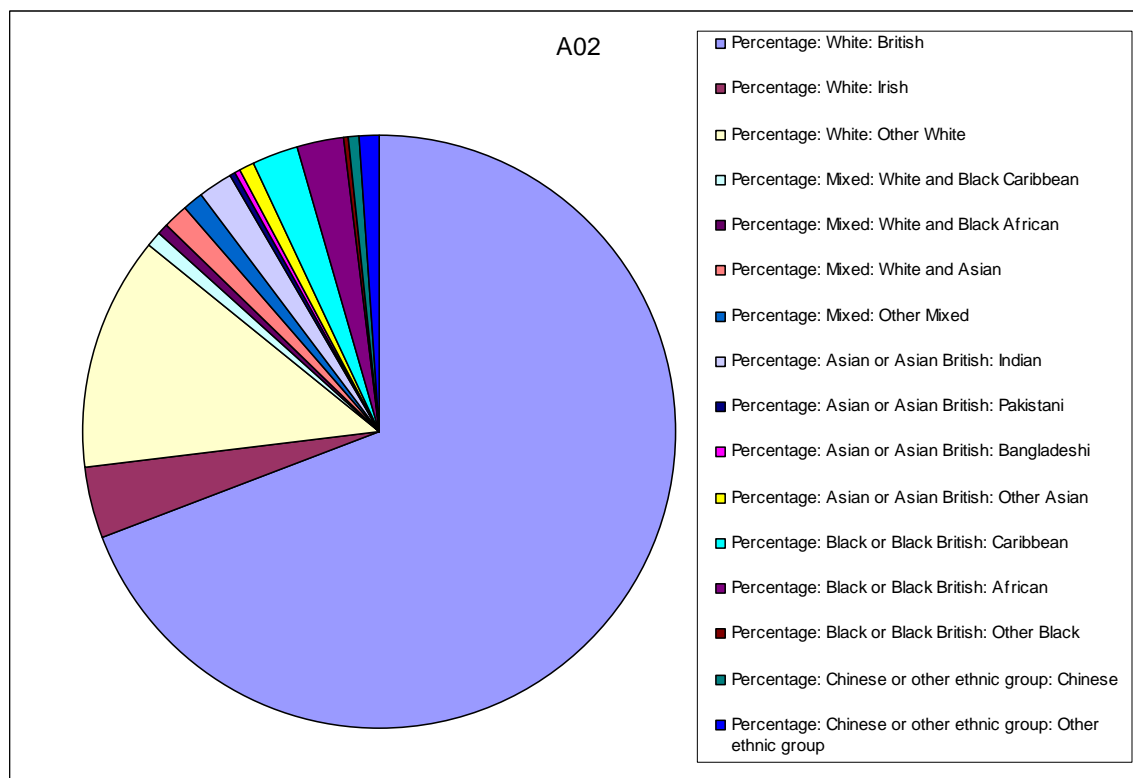
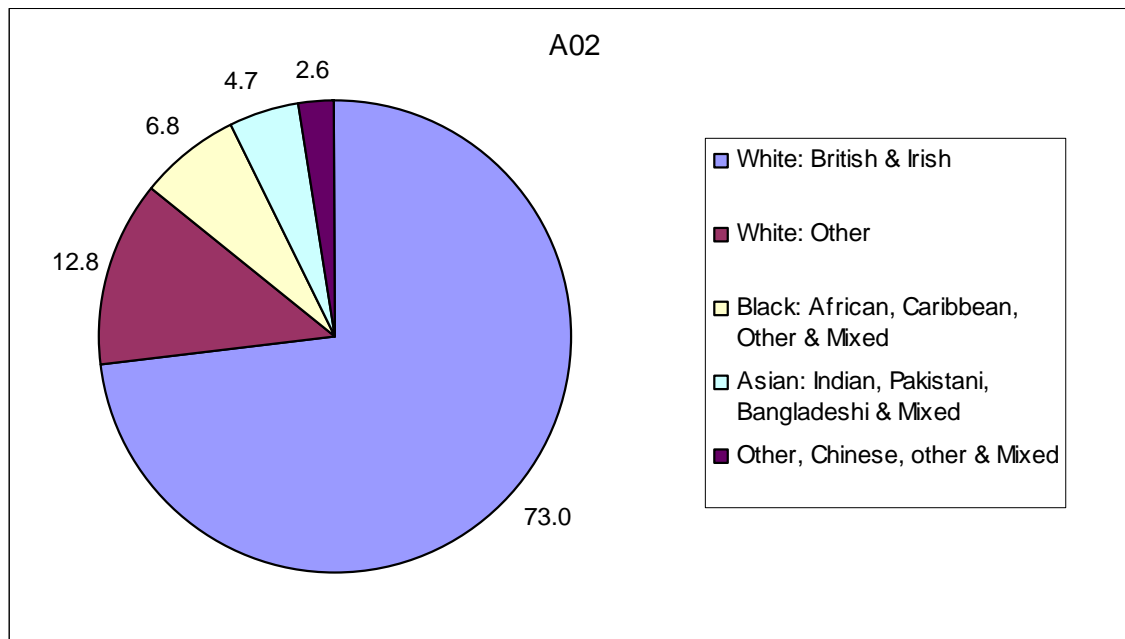
Synthetic Estimates (A02)

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).

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.

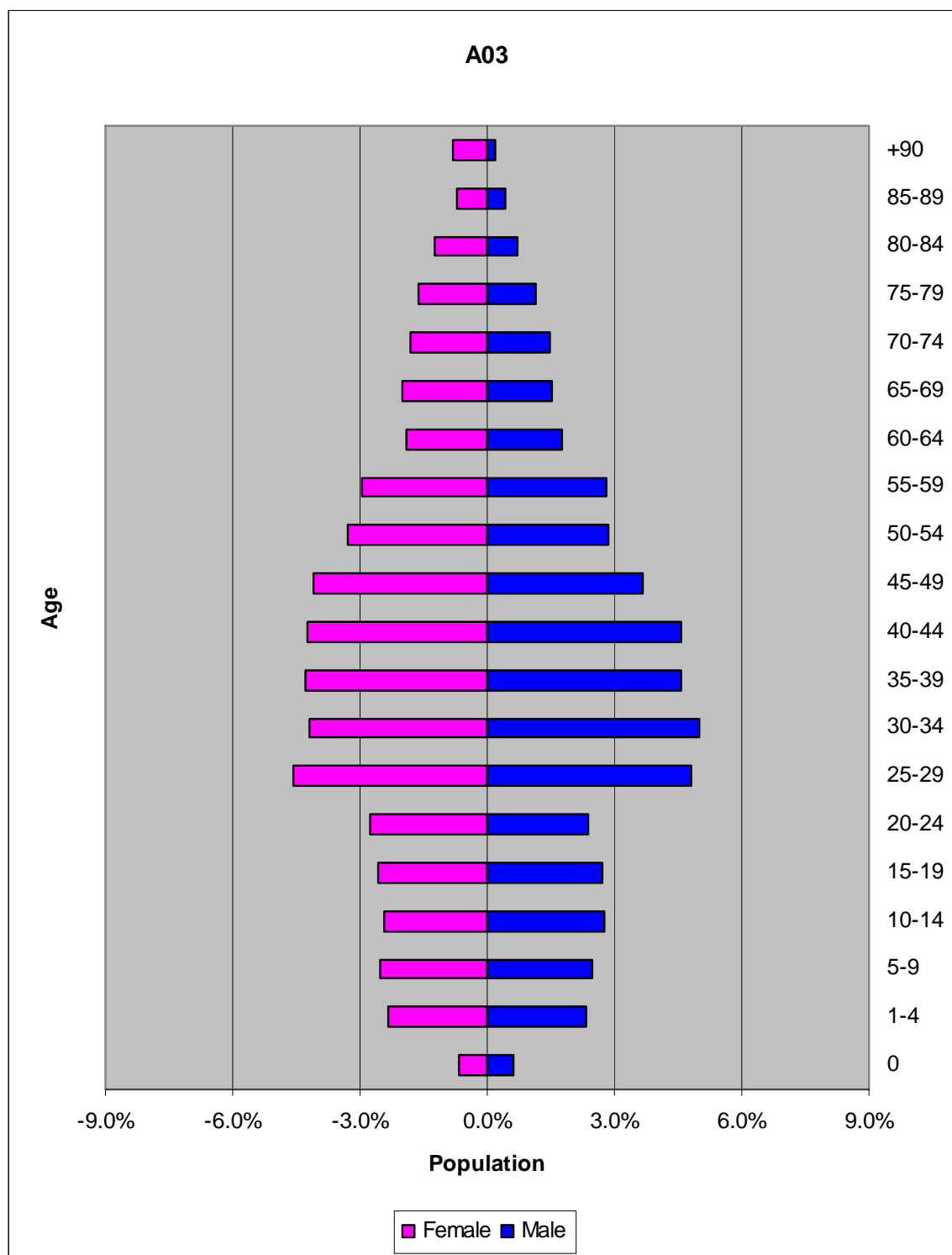
Children's Health (A03)

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.

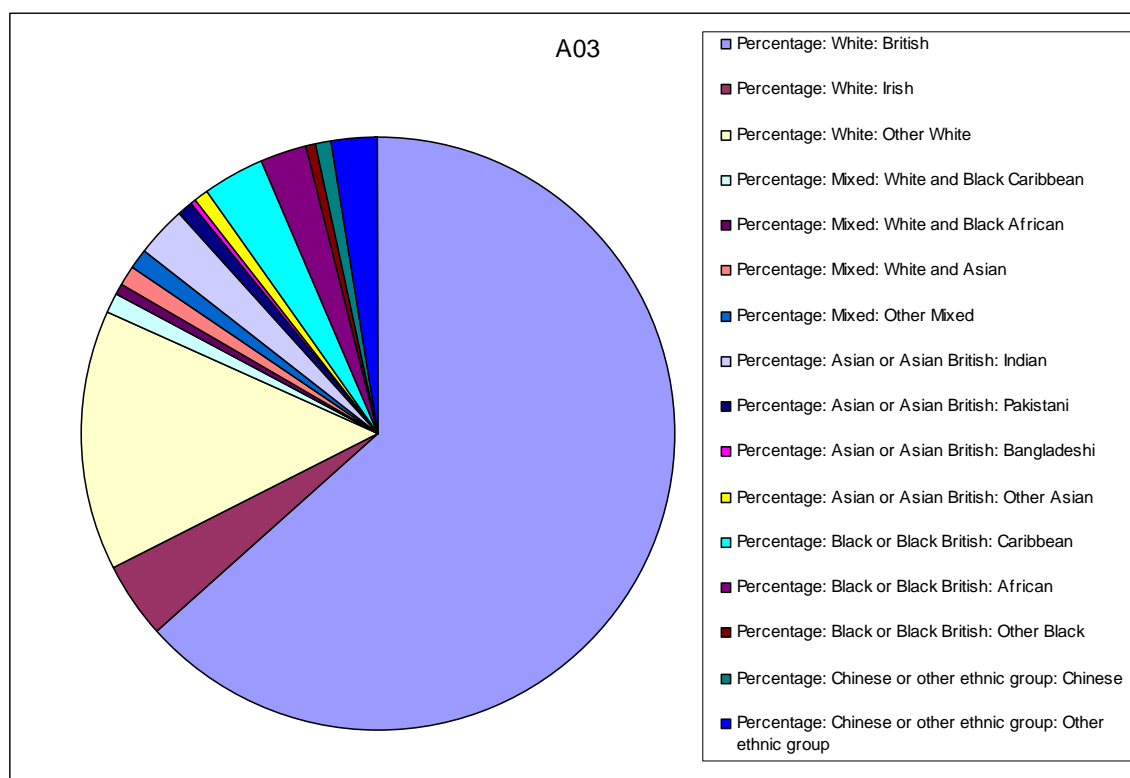
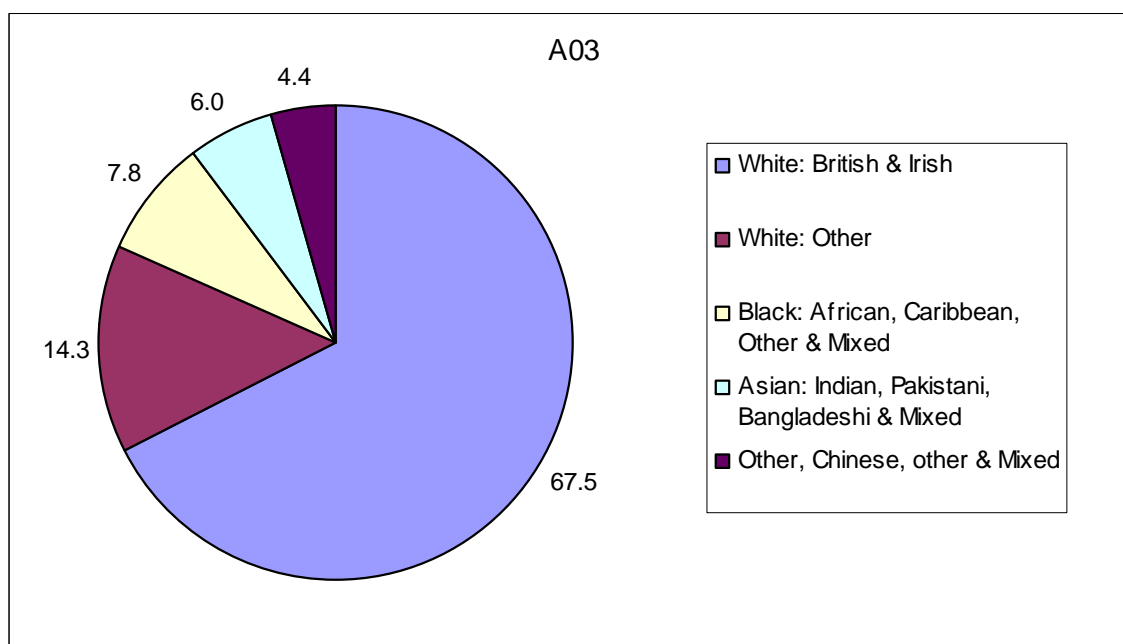
Synthetic Estimates (A03)

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 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.

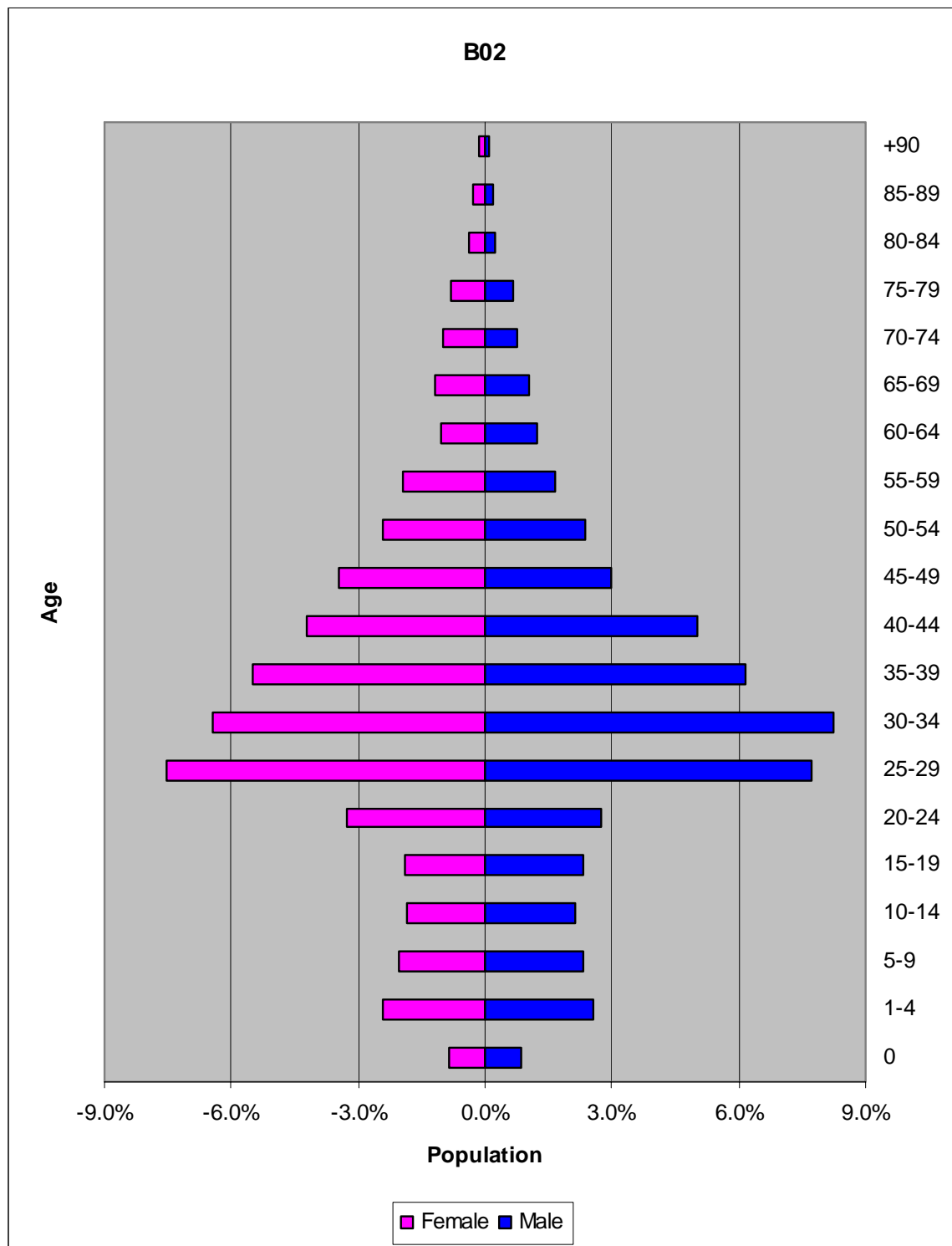
Birth rates are moderately low, though conception rates among 15-17 years olds are relatively high. There are no particular issues with low or very low birth weights.

Childhood obesity is relatively low and falls with age.

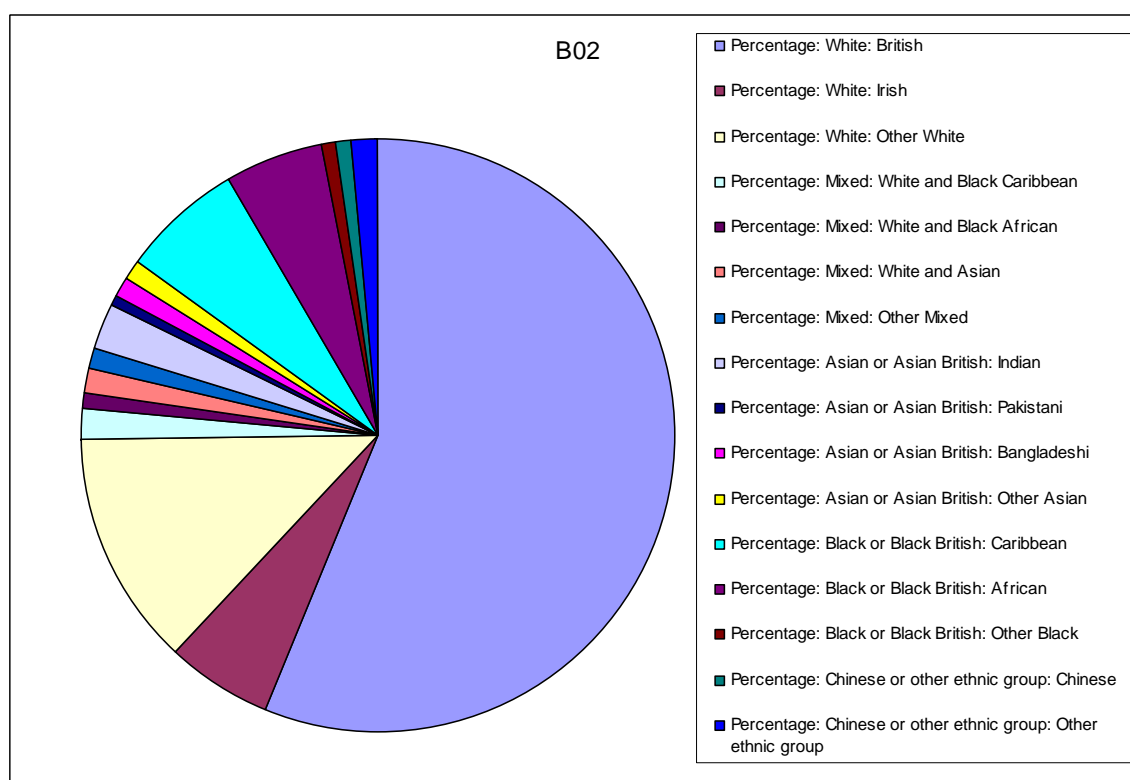
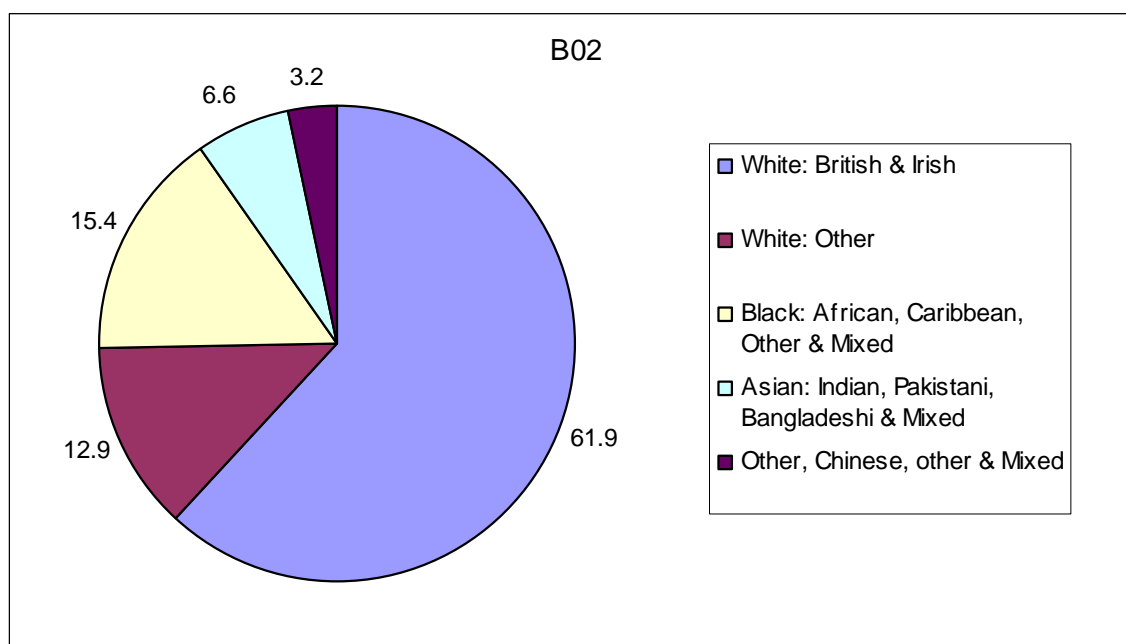
Synthetic Estimates (B02)

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 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)

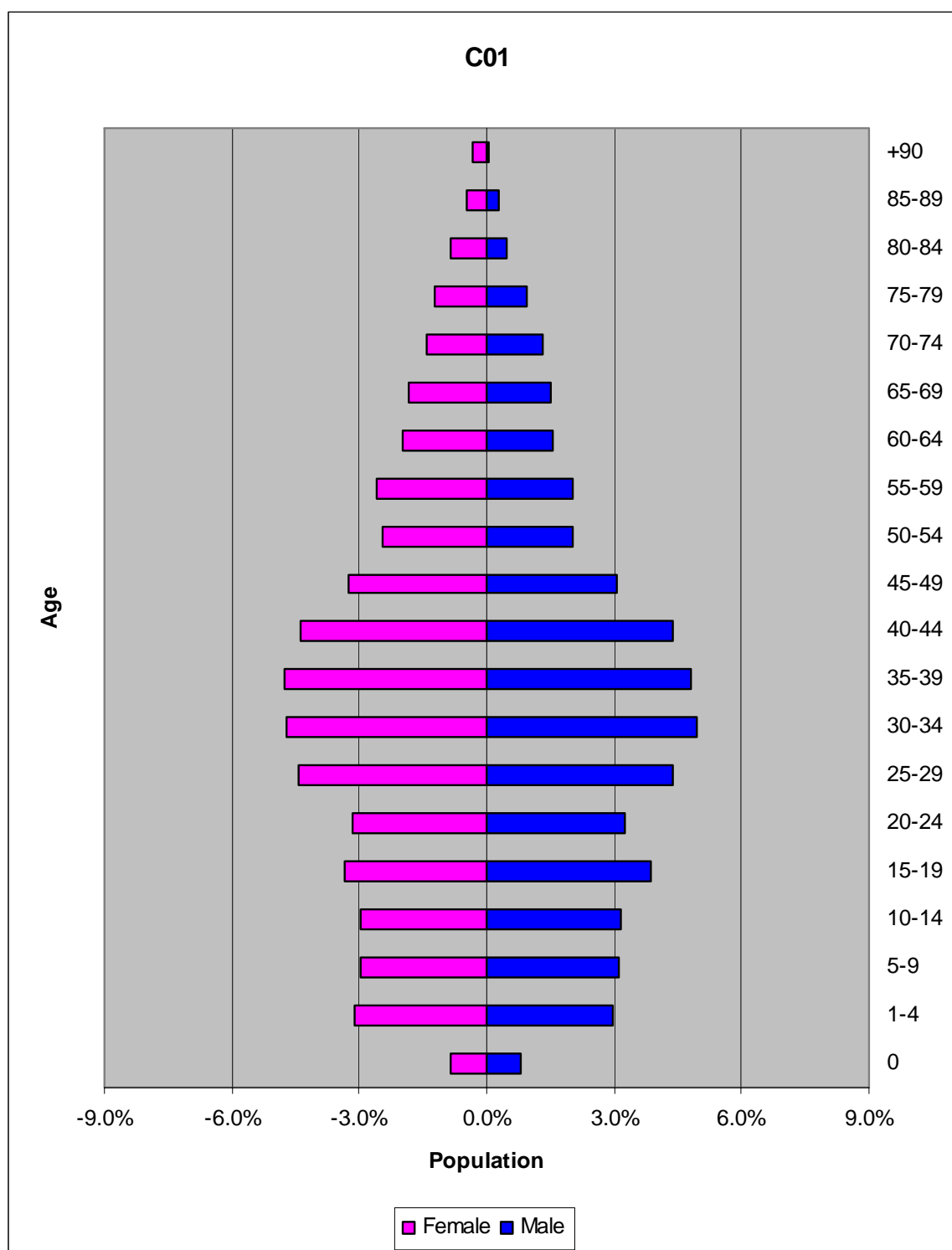
Emergency Admissions are a little above average for the under 5s in this community and Elective Admissions are significantly high. Outpatient Appointments are high overall but not as high as for Types B01 and B02, relative to the number of children in the community. Admissions for Cancer and Respiratory 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

