

# CAMDEN JSNA

## FOCUS ON: DEMOGRAPHICS

NOVEMBER 2015

This factsheet breaks down Camden’s population by health conditions, and then by their age, sex, ethnicity, and deprivation.

This factsheet is based on work carried out by the London Health Commission; the population are divided into segments based on diagnosed long-term health conditions, and which condition they have. Patients who have more than one diagnosis have been assigned to the segment for the condition that is likely to draw higher costs (e.g. patients with cancer and diabetes will be assigned to the cancer population segment). The data is based on the population registered with a Camden GP Practice, rather than the resident population. However, as approximately 85% of the registered population are also resident in the borough, the patterns shown are applicable to the resident population.

Understanding the size and characteristics of each segment helps us plan healthcare resources and service delivery effectively for each group, as well as the population in general.

### Facts & figures

- There are 241,614 registered patients in Camden, as at September 2012; 13% of these are 0-12 year olds, 4% are 13-17 year olds, 74% are 18-64 year olds, and 9% are aged 65+.
- 60% of registered patients in the borough are White, 29% are from a minority ethnic group, and 11% have no recorded ethnicity.
- Around 85% of the registered population (over 200,000 people) have no diagnosed long term conditions.
- 480 Camden patients are in the learning disability segment (on average the most expensive condition to provide care for) while 780 are in the dementia segment, and 3,100 patients are in the serious mental illness population segment.
- Over 1,100 people were diagnosed with cancer in the past year.
- Of the 36,000 patients in one of the long term conditions segments, most (30,400) are in the ‘Other LTCs’ segment. This includes diagnoses of high blood pressure, heart disease, and chronic obstructive pulmonary disorders.

### Key messages

- Camden’s healthy population is dominated by women, the least deprived, and people from white ethnic groups.
- Among people with greater health needs;
  - Men, and people from Black and Asian ethnic groups are over-represented in the learning disabilities population segment.
  - The serious mental illness segment shows a similar pattern; black and Asian ethnic groups and the most deprived are over-represented, along with working age men and older women.
  - The cancer segment has a high proportion of women in the working age population, likely from breast cancer, and a high proportion of men in the 65+ age group.
  - People from the most deprived areas of the borough are over-represented in all but the dementia population segment.
- One limitation of the data available is that there is no consistent, reliable data on the needs of socially excluded groups, who are likely to have some of the greatest health and care needs.

Total population	Mostly healthy	Learning disability	Dementia	Serious mental illness	Cancer	Other LTCs	Severe physical disability	Socially excluded groups
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## Background to population segmentation

### What is population segmentation?

- Every time we think about the population we segment people in some way; for example, men and women are distinct population segments, school children can also be defined as a population segment.
- In this context, population segmentation means moving beyond the approach of simply describing people by whether or not they have a long-term condition, towards a more detailed approach of grouping the population based on potential differences and similarities in their health and social care needs, to help plan services for the current and future needs of the population.

### Why segment the population?

- People with different conditions will have different health and social care requirements; simply describing populations in terms of the number of long-term conditions they have hides the complexity of care planning, and vast differences in costs of care.
- Understanding population segments based on age and most significant health need allows the creation of more specific solutions for patients with similar conditions and characteristics.
- This will allow more efficient planning and commissioning of clinical and social care services by Camden Council and the Clinical Commissioning Group.

### How will the population be segmented?

- This chapter uses the model presented by the London Health Commission in '[New models of care for London's population](#)', which divides the population in to 15 different categories, each with distinctly different health needs.
- Patients only appear once in this model, and are assigned to segments based on their current needs, so patients with multiple long-term conditions may move fluidly between groups depending on the greater need at any one time.
- For the purposes of this chapter, patients are assigned to segments based on the greater average cost of treatment, again following the London Health Commission's method.

Total population	Mostly healthy	Learning disability	Dementia	Serious mental illness	Cancer	Other LTCs	Severe physical disability	Socially excluded groups
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## Size of the segments of the Camden population

This slide shows the size of each population segment in the Camden population, using the London Health Commission model. This helps to identify the relative size of each group, by condition and age.

As explained in the Data and Methods section, the Severe Physical Disability and Socially Excluded groups are complex, and cannot be directly compared with the other sections because of the limitations of the data sources currently available.

Age group	Mostly healthy	Long-Term Condition	Cancer	Serious Mental Illness	Learning disability	Dementia	Severe physical disability*	Socially excluded groups**
0-12	30,434	***						
13-17	8,739							6,380
18-64	158,637	17,386	538	2,554	480	784	-	6,380
65+	7,645	13,060	611	570				
<b>TOTAL</b>	<b>205,455</b>	<b>30,446</b>	<b>1,149</b>	<b>3,124</b>	<b>480</b>	<b>784</b>	<b>-</b>	<b>6,380</b>

### Notes and sources

**Sources:** Camden's GP PH Dataset, 2012; NDTMS, 2015; Lankelly Chase, 2015.

**Notes:** \* It is not currently possible to link health and social care data to populate the Severe Physical Disability segment, but this is hoped to be resolved in a future version.

\*\* Based on the estimated numbers of people who are homeless, substance misusers, or in contact with offending services, or a combination of the three, taken from the Lankelly Chase's report [Hard Edges: Mapping severe and multiple disadvantage](#).

\*\*\* Information on long-term conditions among children not comprehensive within the GP PH Dataset, so are not presented here.

Total population	Mostly healthy	Learning disability	Dementia	Serious mental illness	Cancer	Other LTCs	Severe physical disability	Socially excluded groups
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# Demographics of the total population

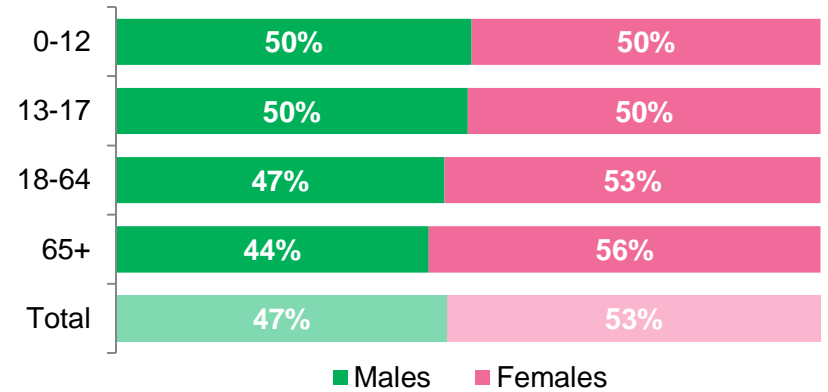
## Characteristics

- These are all of the people registered at a Camden GP practice.
- The breakdown by deprivation compares the patient's area of residence to the rest of Camden, so only those who are resident in the borough are included (206,555 patients).

## Key messages

- There are 241,614 people registered at Camden GP practices.
- Women account for a larger proportion of the adult population, suggesting that fewer men register with a local GP.
- The younger population are more ethnically diverse, while White ethnic groups account for three quarters of the population aged 65+.
- More of the younger population, especially those aged 13 to 17, live in more deprived areas of Camden. Meanwhile more of the older population aged 65 and over live in less deprived areas.

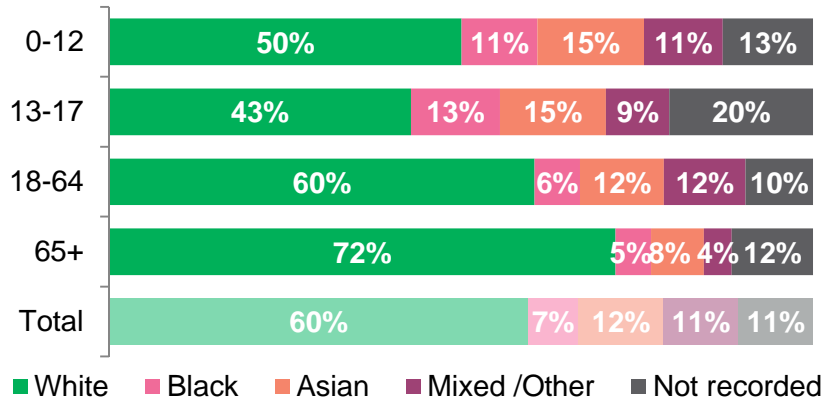
## Gender



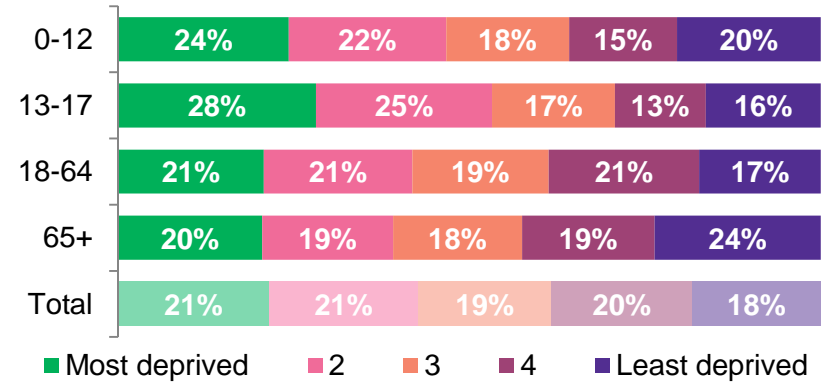
## Overall population size

Age group	Total population
0-12	30,537
13-17	8,812
18-64	179,570
65+	22,695
<b>Total</b>	<b>241,614</b>

## Ethnicity



## Deprivation



# Mostly healthy

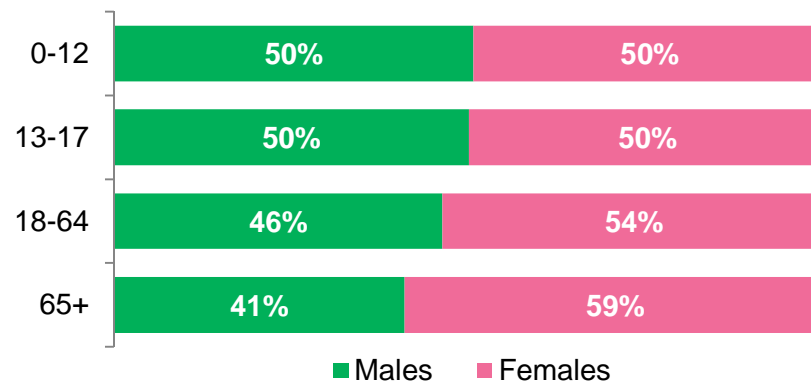
## Characteristics

- These are the people registered at a Camden GP practice who do not have a current diagnosis of any of the conditions that are included in the other population segments – see the Data and Methods section for a full list.

## Key messages

- The vast majority (85%) of Camden’s population are ‘mostly healthy’, including 82% of adults.
- Women account for 54% of the mostly healthy working age population, and 59% of the older segment, suggesting that women are more likely to stay healthy for longer.
- More of the most healthy older population have no recorded ethnicity than in the total older population (24% compared to 12%).
- The breakdown by deprivation suggests that people in less deprived areas are more likely to stay healthy for longer.

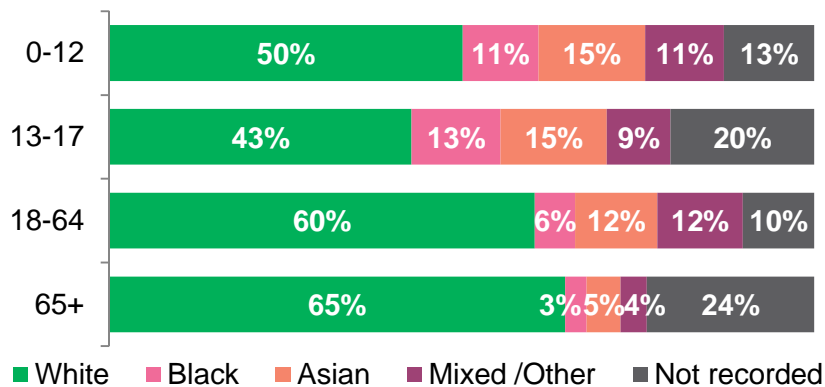
## Gender



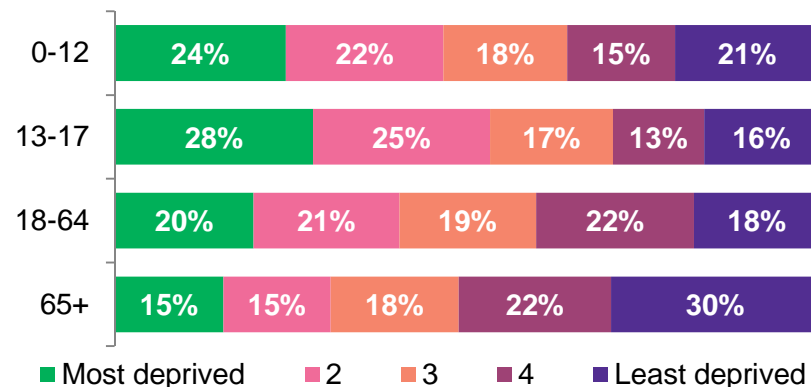
## Overall population size

Age group	Mostly healthy
0-12	30,434
13-17	8,739
18-64	158,637
65+	7,645
<b>Total</b>	<b>205,455</b>

## Ethnicity



## Deprivation



# Learning disability

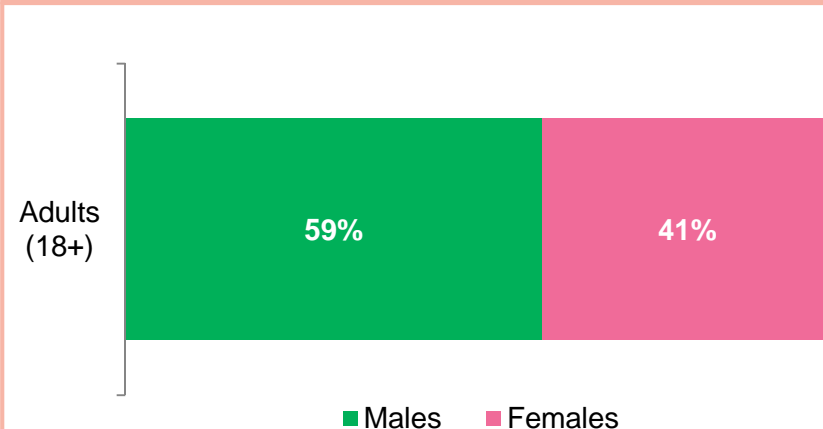
## Characteristics

- This segment includes people aged 18+ who are known to be living with a learning disability.
- Note: Due to the small numbers of older people with a recorded learning disability, all adults are presented together.

## Key messages

- Work commissioned by the London Health Commission indicates that, on average, severe learning disabilities are the most expensive condition for health and social care services.
- 0.2% of adults have a recorded learning disability.
- Men account for 59% of the adult population with a learning disability.
- Black (9%) and Asian (16%) ethnic groups account for a larger proportion of this segment than they do of the general population (6% and 11% respectively).
- People in more deprived areas also account for a larger proportion of this segment than of the general population.

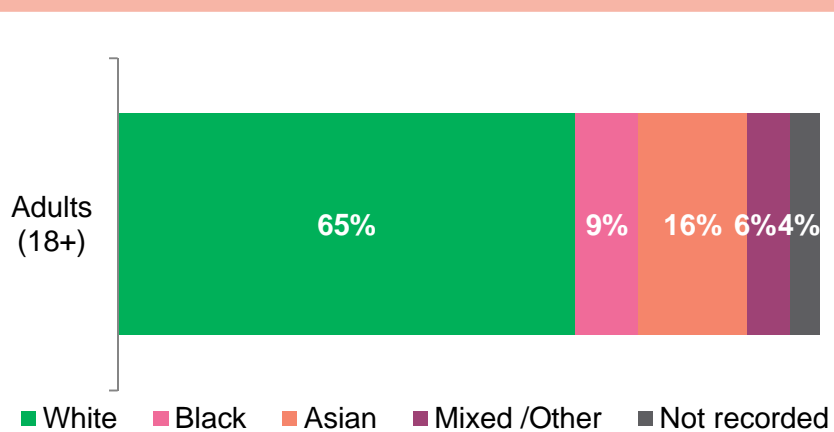
## Gender



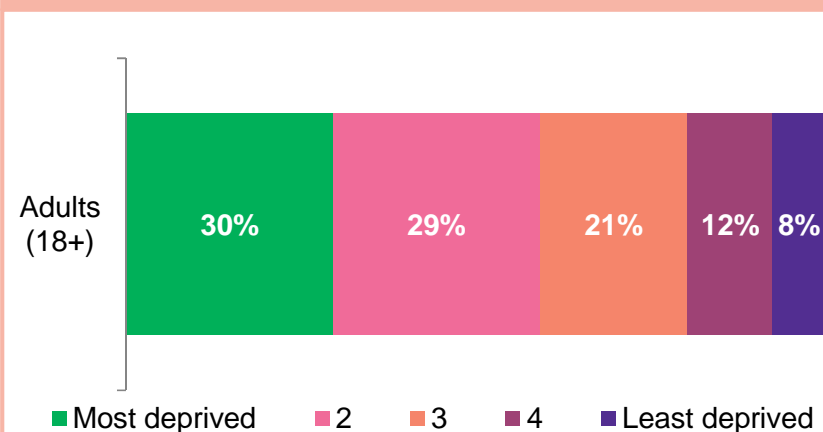
## Overall population size

Age group	Learning disability
0-12	
13-17	
18-64	480
65+	
<b>Total</b>	<b>480</b>

## Ethnicity



## Deprivation



# Dementia

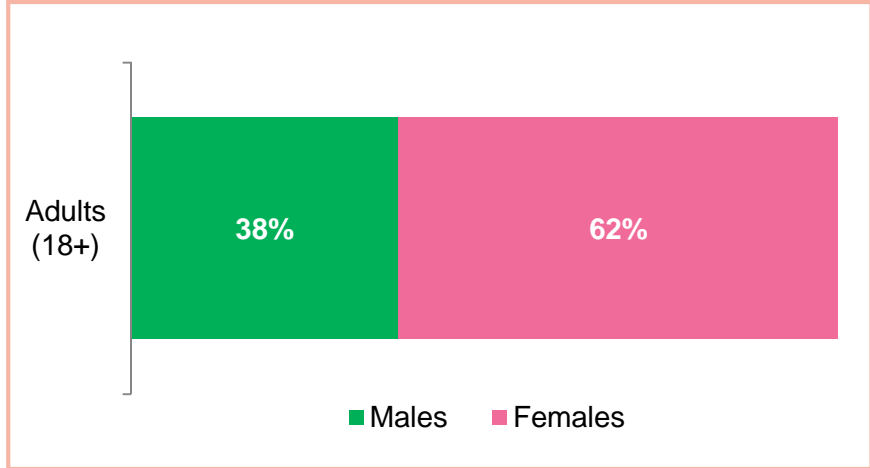
## Characteristics

- This segment includes people aged 18+ who have been diagnosed with dementia, but not a learning disability.
- Note: Due to the small numbers of 18-64 year olds with dementia, all adults are presented together.

## Key messages

- 0.4% of the adult population have dementia, 97% of cases are among those aged 65+, where the prevalence is 3.4%.
- Women account for 62% of the dementia segment, which is likely to be linked to higher life expectancy in women.
- White ethnic groups account for the vast majority of this population, as expected from the ethnic profile of older people in the borough - most dementia cases are among people aged 75+, where White people account for an even greater share of the population than in the 65+ age group.
- The least deprived area of Camden also has a higher proportion of dementia cases than expected, which again may be due to their higher life expectancy.

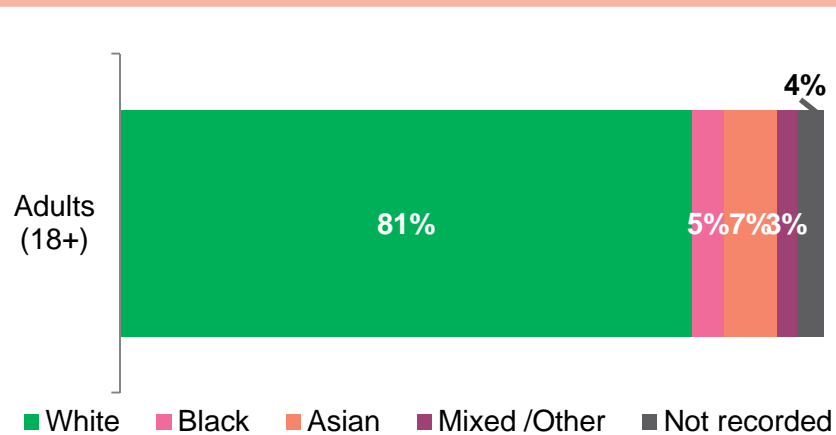
## Gender



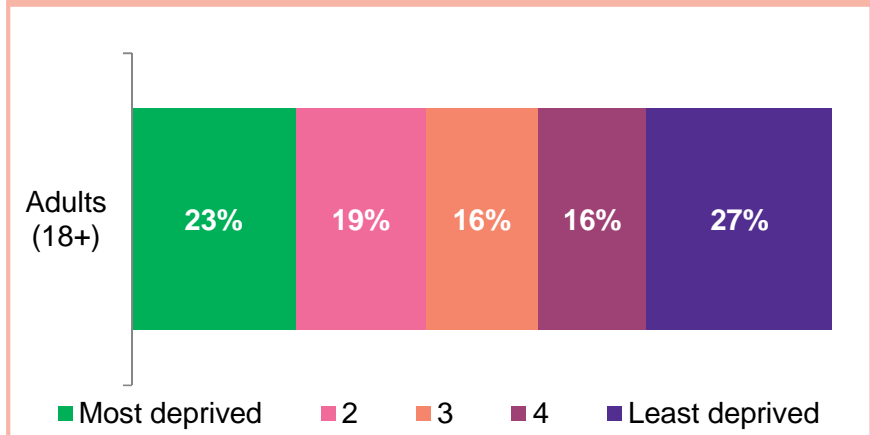
## Overall population size

Age group	Dementia
0-12	
13-17	
18-64	784
65+	
<b>Total</b>	<b>784</b>

## Ethnicity



## Deprivation



# Serious mental illness (SMI)

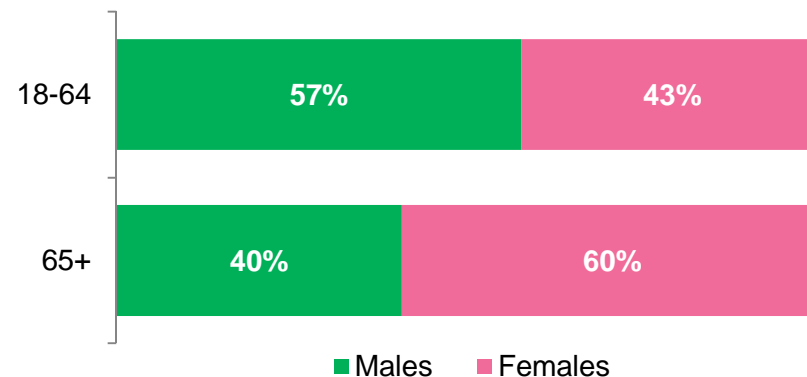
## Characteristics

- This segment includes people aged 18+ who have been diagnosed with serious mental illness, but not dementia, or a learning disability.

## Key messages

- 2% of adults have a diagnosed serious mental illness.
- Working age men are over-represented in this segment; whereas the proportion of women aged 65+ is not significantly different to the population as a whole (60% of registered patients aged 65+ are women).
- The proportions of White people with SMI reflect the pattern in the general population, however the proportion of Black ethnic groups are significantly higher than in the general population.
- In both age groups, people living in the more deprived areas of Camden are over-represented in this segment, while people in the least deprived areas are under-represented.

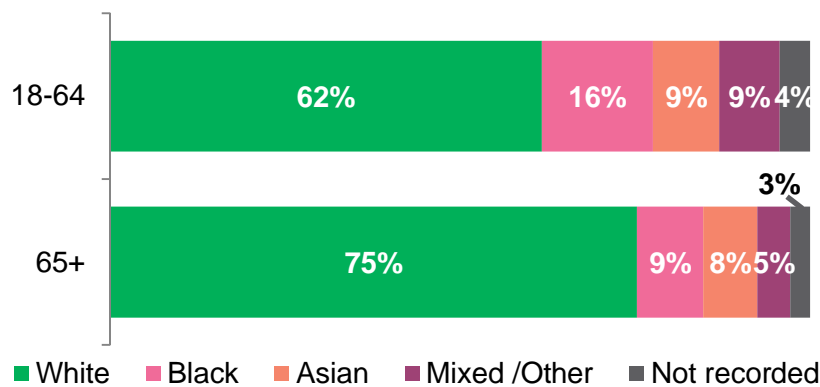
## Gender



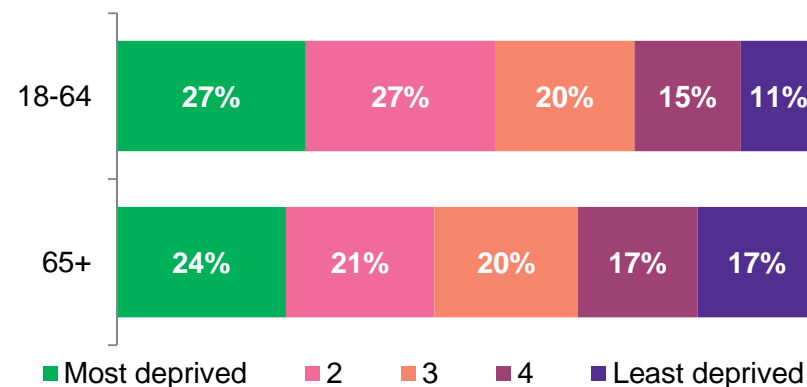
## Overall population size

Age group	SMI
0-12	
13-17	
18-64	2,554
65+	570
<b>Total</b>	<b>3,124</b>

## Ethnicity



## Deprivation





# Cancer

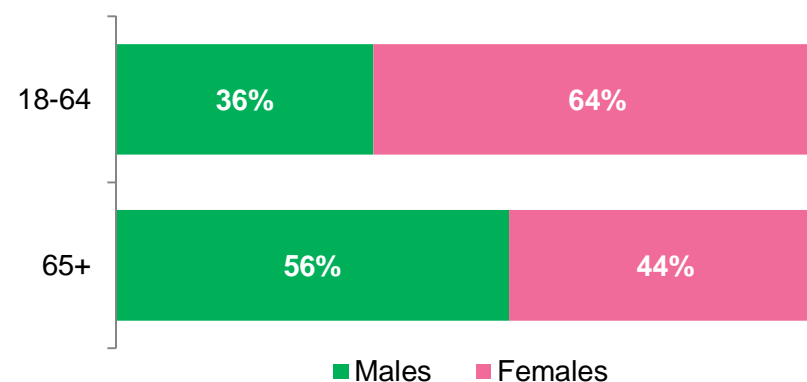
## Characteristics

- This segment includes people aged 18+ who have been diagnosed with cancer in the past year, but do not have dementia, SMI, or a learning disability.
- Note: Due to the small numbers of children with cancer, these numbers are not presented.

## Key messages

- Women account for a much higher proportion of the working age population in the cancer segment (64%). Meanwhile, in the older population aged 65+, a significantly higher proportion of men (56%) are in this segment compared to the general elderly population (44%).
- White ethnic groups are over-represented in the cancer segment; they only make up 60% of working age and 72% of older people in the overall population.
- There is no significant difference in the proportions by local deprivation quintile between the cancer segment and the general adult population.

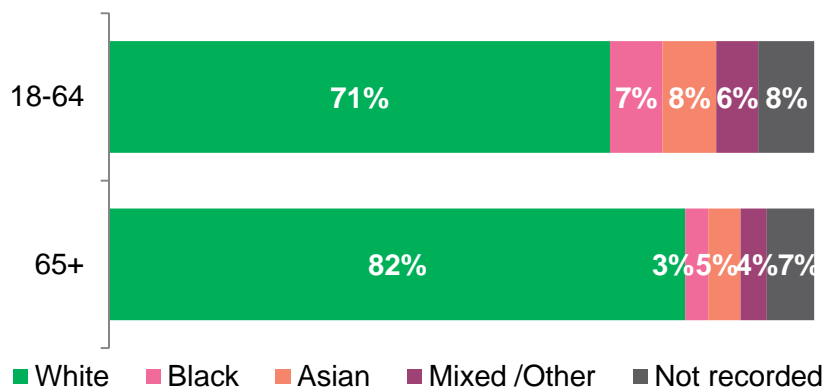
## Gender



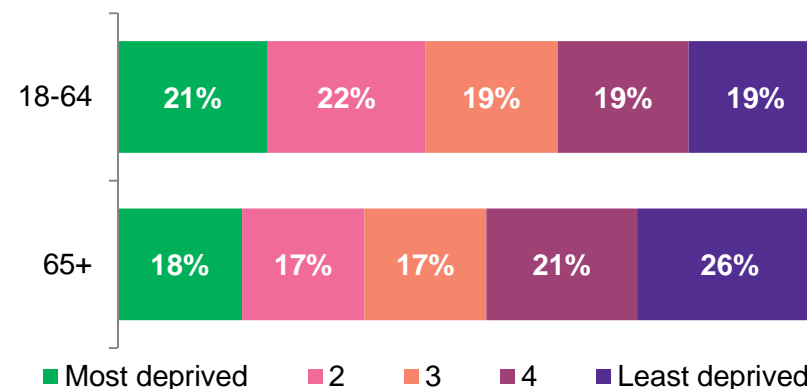
## Overall population size

Age group	Cancer
0-12	
13-17	
18-64	538
65+	611
<b>Total</b>	<b>1,149</b>

## Ethnicity



## Deprivation



# Other Long-Term Conditions (LTCs)

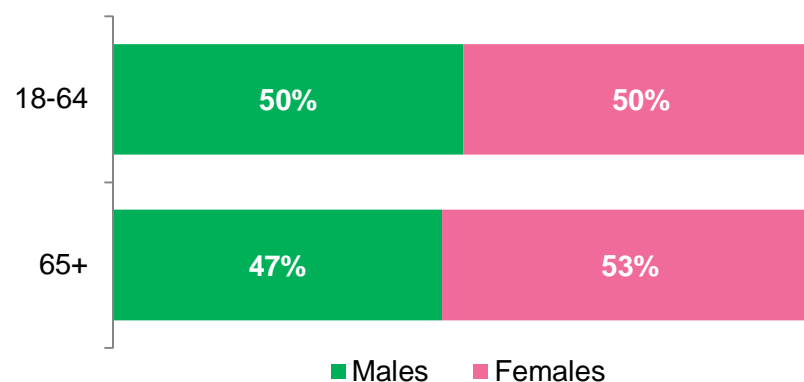
## Characteristics

- This segment includes people aged 18+ who have been diagnosed with at least one long-term condition, excluding those included in one of the other population segments.

## Key messages

- 15% of Camden's adult population have one or more long-term conditions that are not included in the other segments.
- A slightly lower proportion of the elderly population diagnosed with other LTCs are women (53%) compared to the general population (56%).
- The vast majority of the adult population having other LTCs are White. However, Black ethnic groups in the working ages are at higher risk of other LTCs (11%), considered that 6% of the working population is Black.
- People in the most deprived areas of the borough account for a significantly larger portion of this segment than the general population.

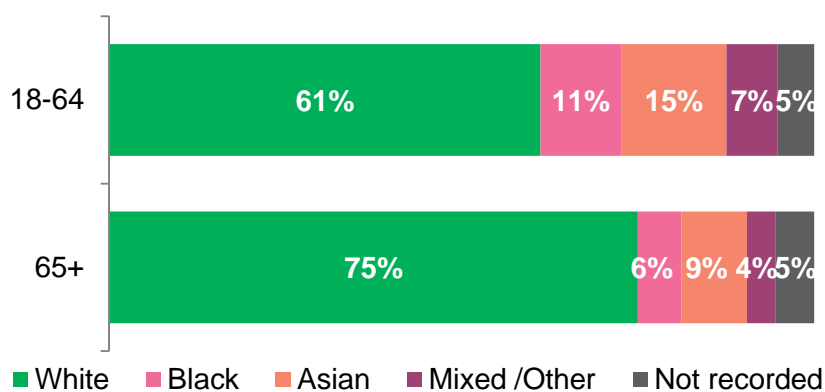
## Gender



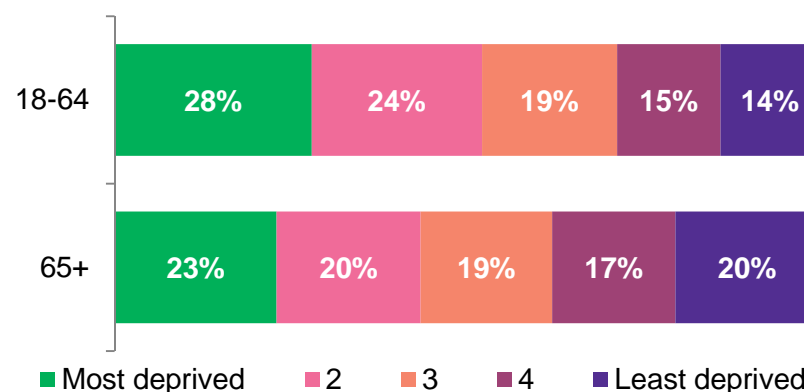
## Overall population size

Age group	Other LTCs
0-12	
13-17	
18-64	17,386
65+	13,060
<b>Total</b>	<b>30,446</b>

## Ethnicity



## Deprivation



# Severe physical disability

## Characteristics

- This segment includes people with a physical disability which is rated “moderate”, “severe”, or “critical” on national criteria, and for which they receive social care.

## Key messages

- It is currently not possible to link GP data and adult social care data in order to adequately present the severe physical disability group in this model.
- It is hoped that this group will be included in future versions of this model.

## Homeless

- Waiting on data availability

## Overall population size

Age group	Severe physical disability
0-12	-
13-17	
18-64	
65+	
<b>Total</b>	-

## Alcohol misuse

- Waiting on data availability

## Drug misuse

- Waiting on data availability

# Socially excluded groups

## Characteristics

- This segment includes people who are socially excluded: people who have substance misuse problems, or are homeless.
- Due to the nature of these issues, providing exact numbers are complex. Populations are transient and less engaged with Council services.

## Key messages

- Given that this segment focuses on 'socially excluded groups' the size is bound to be an underestimate given that many people in the group are not in contact with public services.
- People in this segment may also have a long-term health condition, particularly mental health conditions. There are also overlaps between homelessness and substance misuse; national estimates suggest that around two-thirds of homeless people also have substance misuse problems, and many will also be known to the offending services (see overleaf).
- This clustering of needs can make for complex and high cost interactions with the health and care services, making this an important segment to target for prevention and treatment.

## Homeless

- Homelessness and rough sleeping have significant impacts on health. 85% of rough sleepers in London have alcohol or drug misuse, or mental health problems.
- Homelessness disproportionately affects families both larger families and lone parent families.
- Homeless Link's collation of 27 health needs audits from across England found that:
  - 71% of homeless people are male, and 93% are UK residents
  - 44% of homeless people had a long-term physical health condition, and 44% also reported having a diagnosed mental health condition (half of whom had depression).

## Overall population size

Age group	Socially excluded groups
0-12	6,380
13-17	
18-64	
65+	
<b>Total</b>	

## Alcohol misuse

- Camden's alcohol treatment population is broadly similar to the national average; most patients are aged between 40-54.
- Two thirds of the alcohol treatment population are males, which is again broadly similar to the London and England treatment populations.
- Four out of five people in alcohol treatment in Camden are White. This is similar to the proportion of White people in the age groups that are mostly frequently using alcohol treatment services.

## Drug misuse

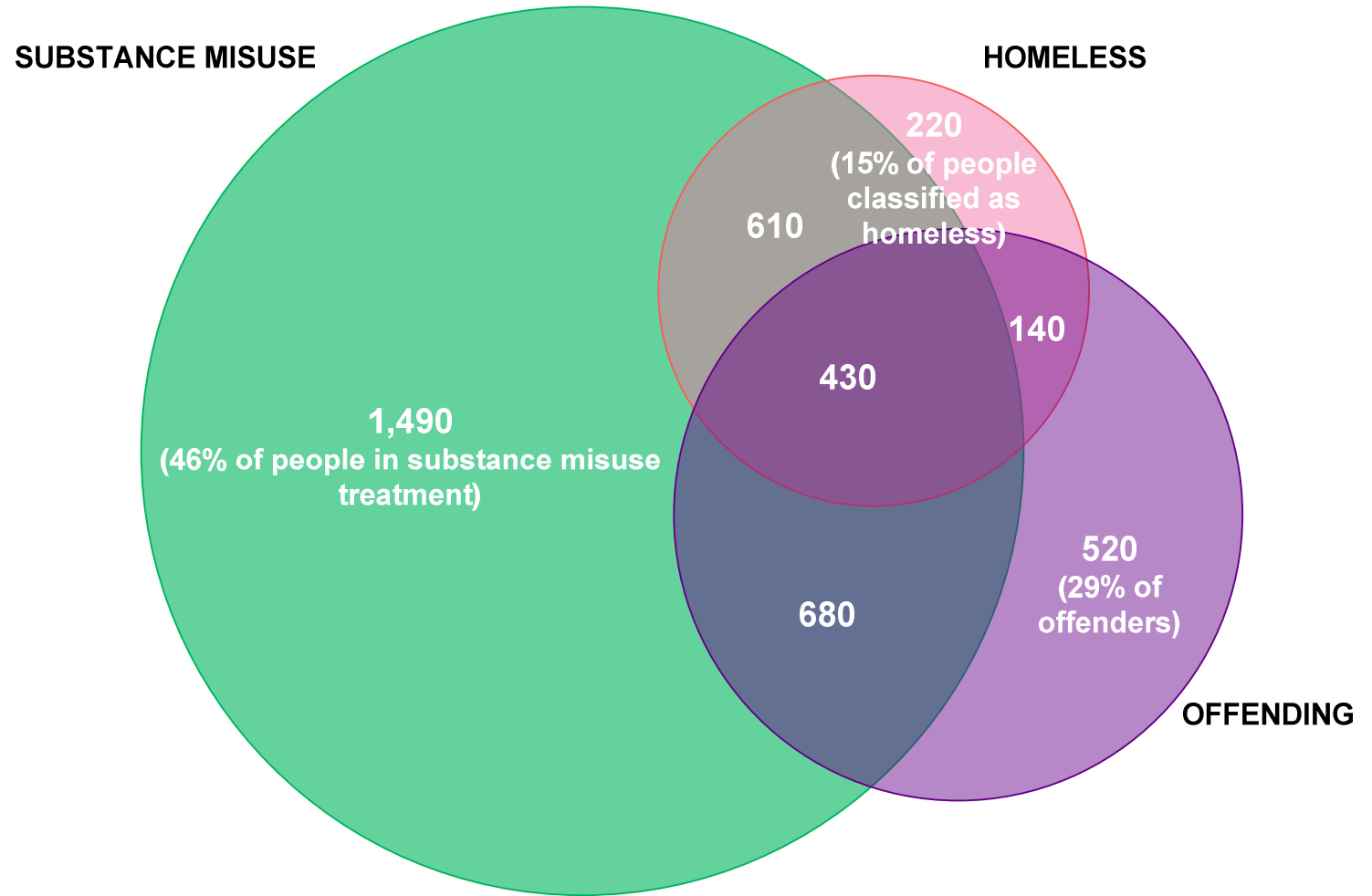
- Camden has a older drug treatment population than the national average, with more clients between the ages of 45-64 than the national picture.
- Three quarters of Camden's drug treatment population are men, which is the same as the national average.
- The ethnic profile of drug users varies depending on the drug, but overall 72% of people in drug treatment in Camden are White, and 11% are Black. Asian people account for a smaller proportion of the drug treatment population than the general population.

## Socially excluded groups

### Characteristics

- This Venn diagram shows the estimated numbers and proportions of Camden residents who are currently engaged with substance misuse, homeless, and offending services, and the overlaps between these groups.
- An estimated 1,400 people are homeless in the borough. 85% of these people are also in substance misuse treatment and/or in contact with offending services.
- About 1,770 people are engaged with offending services. Over 70% of this group are also either homeless or in substance misuse treatment, or both.
- More than half of the 3,210 substance misuse treatment clients are also either homeless or involved with the offending services. This figure is much higher among those in treatment for drug misuse, and lower for alcohol treatment clients.

### The scale and overlap of socially excluded groups



Source: estimated prevalences taken from Lankelly Chase, 2015

## Data sources and methods

### Population segmentation model

- This work is based on the population segmentation model developed by the London Health Commission.
- The model offers a different way of dividing up populations, according to their health needs and as such it prioritises conditions that involve greater treatment costs.
- This model has been applied to the Camden registered population, using the Camden GP PH dataset (see top right box), where possible. This has not been possible for people with severe physical disabilities, and socially excluded groups; see bottom left box for more information on those groups.

### Camden's GP PH dataset

- The Camden GP PH dataset (2012) is an anonymised patient-level dataset from Camden GP Practices.
- This dataset includes information on demographics, behavioural and clinical risk factors, and diagnoses of long-term conditions, including:
  - Atrial fibrillation, Cancer\*, Coronary heart disease, Chronic depression, Chronic Kidney disease, Chronic Liver Disease, Chronic Obstructive Pulmonary Disorder, Diabetes, Dementia, Heart failure, High blood pressure, Learning disabilities, Peripheral arterial disease, Serious mental illness, Stroke/TIA
- \* Cancer only includes diagnoses made in the past year, on the basis that older diagnoses are less likely to be receiving ongoing treatment.

### Other sources

- The London Health Commission model uses 'Severe physical disability' as a group; as figures on this are not routinely collected, this profile uses 'Long term sick' from the NOMIS Labour Market Statistics as a proxy. No demographic breakdowns are available for this group.
- 'Socially excluded groups' is not a precise statistical group, but estimates for the homeless and drug and alcohol misuse populations are used. These are drawn for a combination of the Lankelly Chase Foundation report 'Hard Edges', and from previous work from the Camden and Islington Public Health department.

### Limitations

- Recording of long-term conditions among children is not complete in GP records, because children are often treated through other care paths, so it is not possible to accurately depict the size of segments for children and young people.
- The GP PH dataset does not include definitions of Severe Physical Disability, and records of people who are homeless or interacting with alcohol and substance misuse services. This means that people in these segments will be counted multiple times.
- Using different sources means that people in the 'Severe physical disabilities', and 'Socially excluded groups' groups will appear in one of the other six categories.

## FURTHER INFORMATION

- London Health Commission (2014), New models of care for London’s population, Technical Pack. Available at: [www.londonhealthcommission.org.uk/wp-content/uploads/New-models-of-care-for-London’s-population1.pdf](http://www.londonhealthcommission.org.uk/wp-content/uploads/New-models-of-care-for-London’s-population1.pdf)
- Lankelly Chase Foundation (2015), Hard Edges, Mapping severe and multiple disadvantage, England. Available at: [http://www.lankellychase.org.uk/news\\_events/501\\_new\\_profile\\_of\\_severe\\_and\\_multiple\\_disadvantage\\_in\\_england](http://www.lankellychase.org.uk/news_events/501_new_profile_of_severe_and_multiple_disadvantage_in_england)
- The data behind this publication are available on <https://opendata.camden.gov.uk/> so that you can explore the figures in more detail.

## About Camden’s JSNA

Open Data Camden brings together information held across different areas of the Council into one accessible place. It provides access to evidence, intelligence and data on the current and anticipated needs of Camden’s population and is designed to be used by a broad range of audiences including practitioners, researchers, commissioners, policy makers, Councillors, students and the general public.

This factsheet was produced by David Clifford (Public Health Information Analyst), Minkyong Choi (Assistant Public Health Information Officer), and Dalina Vekinis (Senior Public Health Information Analyst), and approved for publication by Mahnaz Shaukat (Head of Health Intelligence).

Contact: [JSNA@camden.gov.uk](mailto:JSNA@camden.gov.uk)

Total population	Mostly healthy	Learning disability	Dementia	Serious mental illness	Cancer	Other LTCs	Severe physical disability	Socially excluded groups
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