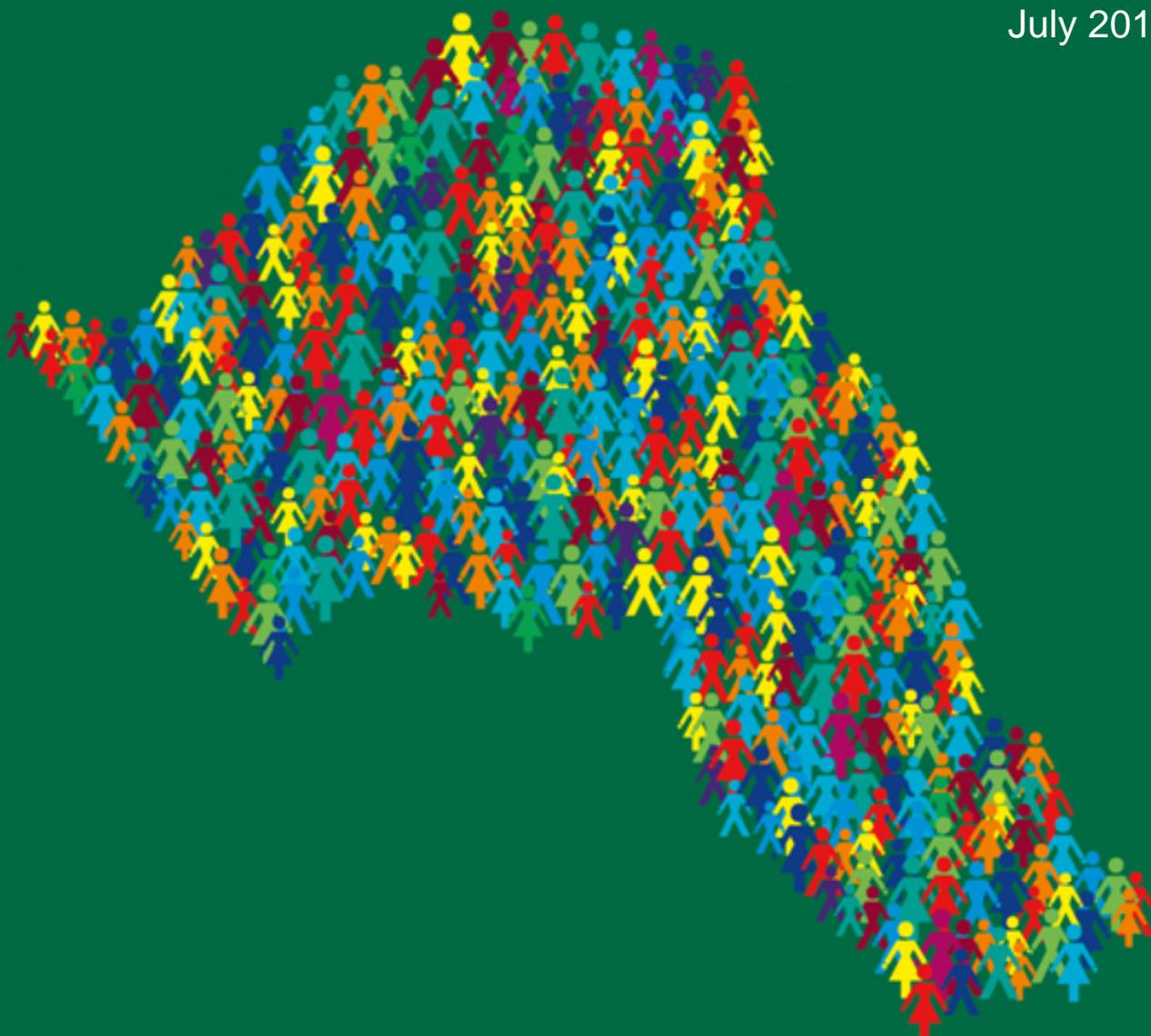


**CAMDEN PROFILE
PUBLIC HEALTH INTELLIGENCE**

Older people

First edition
July 2013



About this profile

Purpose

This public health intelligence profile provides an overview of Camden's older population (aged 65 and over). It summarises the demographics, burden of ill health, hospital admissions and mortality reported in the group.

This work will support and inform:

- London Borough of Camden Councillors and public health teams
- Camden's clinical commissioning group
- individual general practices in Camden
- decision making in Local Authority directorates responsible for carers and older people

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Further information and feedback

The authors of this profile were Kinga Kuczkowska (Public Health Information Officer), Tanya Khera (Public Health Information Officer), Chloe Johnson (Public Health Analyst), Chloe Rousseau (Assistant Public Health Information Officer) and Gemma Lyons (Assistant Public Health Information Officer), with review by Dalina Vekinis (Senior Public Health Analyst).

For further information, please contact Dalina Vekinis.

Email: publichealth.intelligence@Camden.gov.uk

Tel: 020 7527 1237

We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please do contact us with your ideas.

Recommendations and key messages

DEMOGRAPHICS AND RISK FACTORS

- There are about 24,500 people aged 65+ living in Camden, making up 11% of Camden's population. The proportion of Camden residents aged 65 and over is projected to increase to 13% in 2031, with a more pronounced increase in the BME population.
- White Irish (25%), Black Caribbean (16%) and White British (14%) people represent a significantly higher proportion of people aged 65 and over compared to the Camden average. However, over 80% of older people describe themselves as White ethnicity.
- Although smoking prevalence is lower in older people compared to the general population the prevalence of overweight and obesity is higher.

Recommendation

1. When planning services for older people, commissioners should be aware of the higher prevalence of older people among the White Irish community (although actual numbers are smaller than for White British), with appropriate adjustments made to meet their needs and reduce inequalities.
2. There are a large number of clinical consequences of being overweight and obese which are particularly problematic for elderly individuals, including type 2 diabetes. Older people identified as obese or overweight should be referred to appropriate NICE compliant weight management services including community based or specialist.

BURDEN OF ILL HEALTH

- Almost 70% of people aged 65 and over are diagnosed with one or more long term conditions (LTCs), of whom 60% are diagnosed with multiple LTCs.
- Almost 50% of Camden's registered population aged 65 and over are diagnosed with high blood pressure, and 10% - 20% of people aged 65 and over are diagnosed with diabetes, CKD and CHD/MI.
- Older people of Black and Asian ethnicity, as well as those living in the two most deprived areas of Camden are more likely than expected to have a diagnosed LTC.

Recommendation

1. Chronic conditions and particularly multiple chronic conditions are the main cause of old age disability, reduced quality of life and can potentially lead to loss of independence. There should be a focus on prevention and effective management including self-management of chronic conditions in older people, with a particular focus on those living in the most deprived areas and those from Black ethnic groups.

Key messages (cont)

CARE SERVICES

- 2,420 (87 per 1,000) Camden residents aged 65+ receive some form of person-centred care. This is significantly lower than both the London and England rates.
- There were over 17,000 people registered as unpaid carers in Camden in 2011, according to the latest ONS Census. One-in-three worked more than 20 hours a week.
- There were 130 permanent admissions to residential or nursing homes in Camden in 2011/2012. There were 596 care home places in Camden in September 2009. This is equivalent to 29 places per 1,000 people aged 65 and over, significantly lower than London and England.

Recommendation

1. Residential arrangements and care pathways offered to older people should incorporate personal choice and need. Low rates of person-centred care and care home places to serve the population should be looked into to establish whether they result from lower or unmet needs. High rates of hospital admissions and mortality (see next sections) suggest the latter.

EMERGENCY HOSPITAL ADMISSIONS

Overview

- With 5,966 emergency admissions in people aged 65 and over in 2008/2009, Camden had significantly higher rate than both the London and England. The number of emergency admissions in 2011/12 was 5,973.
- The majority of admissions in Camden's elderly people are due to unclassified causes (n=1,119, 19%), respiratory diseases (n=916, 15%), circulatory diseases (n=878, 15%) and external causes (n=843, 14%).
- With 227 emergency admissions due to stroke in people aged 65 and over in 2008/09 Camden had the fourth highest rate in London, significantly higher than both the London and England rates.
- The percentage of admissions grows with age. One in ten people aged 65-74 and more than one in three people aged 85 and over were admitted as an emergency over a year.
- One-in-twenty people aged 65 to 74 and one-in-ten people aged 85 and over die following an emergency admission.

Cause specific inequalities

- People of White ethnicity are significantly more likely to be admitted as an emergency for flu and pneumonia than those of Black ethnicity.
- People of Mixed ethnicity are significantly more likely to be admitted as an emergency for stroke/TIA than those of White ethnicity. However, the number of admissions was much higher in the White population.
- People living in the most deprived areas are significantly more likely to be admitted as an emergency for flu and pneumonia, COPD, stroke/TIA and fall or fall injury than those living in the least deprived areas.

Recommendations

1. High rates of emergency admissions in Camden's population of people aged 65 years or over suggest management in primary care and prevention, as well as rehabilitation pathways, require further investigation.

Key messages (cont)

ELECTIVE ADMISSIONS

- In 2011/12 there were 7,248 elective admissions in people aged 65 years and over in Camden.
- Neoplasms (25%) were the main causes of elective admissions in those aged 65 and over.
- The majority of elective admissions for Camden's responsible population aged 65 and over were to UCLH (47%), followed by Royal Free (37%). Both hospitals have specialist units, cancer and renal, respectively, offering diagnostic and therapeutic services.
- One-in-seven elective admissions in those aged 65+ required an overnight stay.

Recommendations

1. The high number of elective admissions in Camden's older people further emphasise the need for an investigation of community and GP led pathways of long term conditions.

LIFE EXPECTANCY AND MORTALITY

- On average, a 65 year old man in Camden can expect to live 12 more years in good or fairly good health. This is significantly below London and England averages. On the other hand, a 65 year old woman in Camden can expect to live 15 more years in good or fairly good health—significantly above London and England averages.
- Between 2008 and 2010 there was an average of 861 deaths per year in those aged 65+. Deaths in this age group accounted for 75% of all deaths in Camden.

Causes of mortality

- Cardiovascular diseases (33%), cancer (29%) and respiratory diseases (14%) were the main causes of mortality in people aged 65 and over between 2008 and 2010.
- Mortality rates from these causes in Camden's people aged 65 and over were no different to the rates for London and England.

Place of death

- 58% of deaths in people aged 65+ in Camden take place in hospital. The second most common place of death is home (18%).
- The percentage of people dying in residential homes increases with age, up to 19% of deaths in those aged 85+. Cancer deaths are more likely than others to occur in hospices (32%).

Recommendations

1. Low healthy life expectancy at the age of 65 in Camden men require looking into prevention and management of long term conditions in this group.

Understanding the data: How to use these analyses

It is important to bear in mind the following when looking at this profile (or any other public health intelligence products):

– It is the variation that is important

In this profile, it is the variation between Camden GP practices that should be the main point of reflection rather than average achievement. It is the *unexplained variation* (defined as: *variation in the utilisation of health care services that cannot be explained by differences in patient populations or patient preferences*) as this can highlight areas for potential improvements. For example, it may highlight under- or over- use of some interventions and services, or it may identify the use of lower value or less effective activities.

The data alone cannot tell us whether or not there are good and valid reasons for the variation. It only highlights areas for further investigation and reflection. A perfectly valid outcome of investigations is that the variation is as expected. However, to improve the quality of care and population health outcomes in Camden, a better understanding of reasons behind the variation at a GP practice level with clear identification of areas for improvement is needed.

– Reaching 100% achievement

The graphs may show 100% on their y-axis (vertical) but there is no expectation that 100% will be (ever be) achieved for the vast majority of indicators. There will always be patients for whom the intervention is unsuitable and/or who do not wish to have the intervention. Again, it is about the variation between different GP practices, not an expectation of 100% achievement.

Ideally, there would be benchmarking against the achievements in Camden with other deprived London boroughs (ie. with similar health needs), to give an indication of realistic level of achievement for specific indicators across the whole population and an Camden position, but these data are not currently available.

– Populations not individuals

Epidemiology is about the health of the population, not the individual. In this profile this is either all of Camden's registered population or a GP practice population. It includes everyone registered on GP lists at the end of September 2012, whether they attend the practice regularly or not, or never at all.

– Beware of small numbers

Some of the graphs have small numbers in them. They have been left in so that all GP practices can see what is happening in their practice (according to the data). In these cases, the wide 95% confidence intervals will signify the uncertainty around the percentages, but be careful when interpreting them.

– Problems with coding and/or data extraction

There were some specific problems with data extractions from some GP practices for particular variables and these have been noted on the relevant graphs. If after review of the data, any GP practices think there are other problems with coding or data extraction, we will investigate and will amend publications as appropriate: publichealth.intelligence@Camden.gov.uk

Understanding the data: rates and ratios

95% confidence intervals (95% CI)

- Percentages and standardised ratios are reported with 95% confidence intervals. These quantify imprecision in the estimate.
- The imprecision is influenced by the random occurrences that are inherent in life.
- By comparing the 95% CIs around estimates or a target, we can say whether statistically, there are differences or not in the estimates we are observing, identifying which areas to focus on.

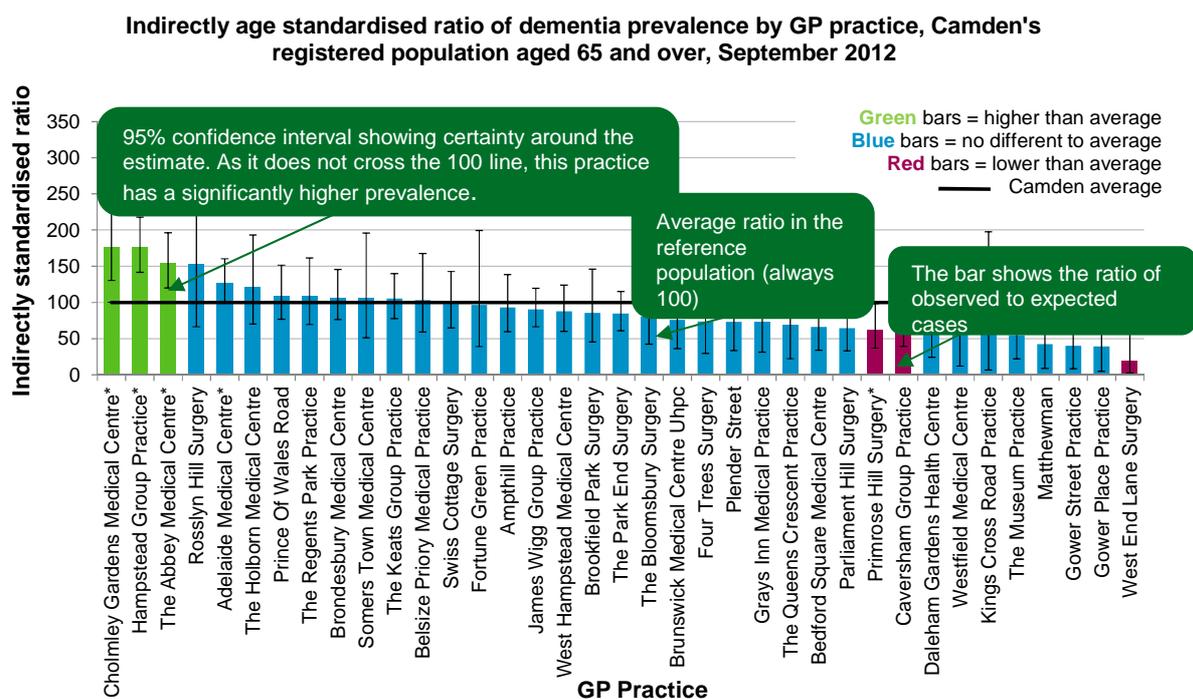
Indirectly standardised prevalence ratios (IDSR)

Why is it used?

- These ratios are the number of people diagnosed with each condition, relative to the number of events expected if the practice had the same disease profile and age structure as the Camden average.
- By using the standardised ratios, any differences in disease prevalence because of differences in age structures are taken into account. This allows for direct comparisons to be made (robustly) between practices with different population age structures.

Interpreting the values

- The Camden average is always 100. If the IDSR is over 100, it means that the practice had a higher than expected prevalence of the condition compared to Camden (and this was not due to the practice having an older population, for example). If the IDSR is less than 100, it means the practice had a lower than expected prevalence.
- The size of the IDSR tells how different a practice is from Camden. For example, an IDSR of 150 for a practice show that prevalence is 50% higher than the Camden average. Conversely, an IDSR of 60 indicates that the practice was 40% lower than the Camden average.



Source: Camden's GP PH dataset, 2012
 Note: St. Philips Medical Centre and Camden Health Improvement Practice are excluded
 * Practice is associated with one or more care homes

Understanding the data: data sources

Camden GP PH Dataset

- Much of the epidemiological analysis in this profile has been undertaken using an anonymised patient-level dataset from GP practices in Camden, in agreement with local GPs and with governance from our multi disciplinary Health Intelligence Advisory Group.
- The dataset includes key information on demographics (including language and country of birth), behavioural and clinical risk factors, key conditions, details on the control and management of conditions, key medications, and interventions.
- This unique resource means that for the first time in Camden, it is possible to undertake in depth epidemiological analysis of primary care data for public health purposes, strengthening evidence based decision making within the borough at all levels. More information on the dataset can be found in the Annual Public Health Report 2011.

Local SUS data

- Local SUS data is from the SUS PBR Post-reconciliation [APC Episodes] data set where: Dominant episode =1, Patient classification=1, admission date is between 01/04/2011 and 31/03/2012 and age at the end of spell is ≥ 65 .
- Admission information is count of completed spells.

WMPHO's Older People's Health and Wellbeing Atlas

- The Older People's Health and Wellbeing Atlas provides a snapshot profile of each local authority in England. Indicators in the atlas have been organised by themes including a theme relating specifically to the Public Health Outcomes Framework. The data has been gathered from different sources, including ONS and HES.

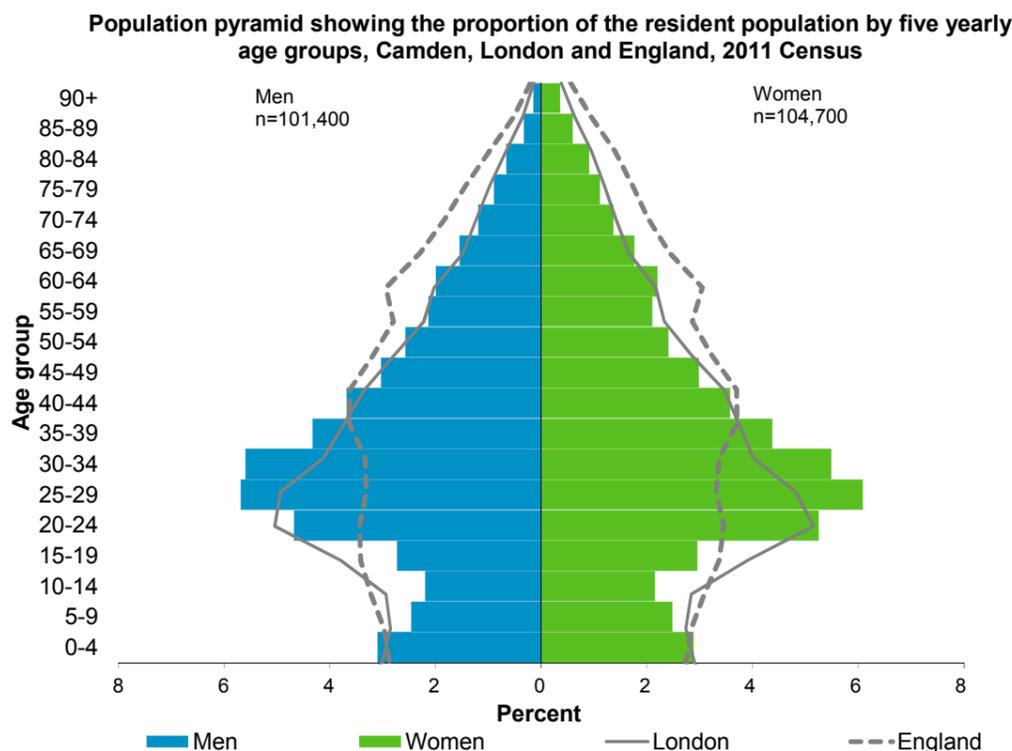
Local service providers' data

- National Adult Social Care Intelligence Service, created by Health and Social Care Information Centre, collating data on service provision for England, as well as information from providers' routine data, including Camden's Carers Hub and Stroke Navigator, present a picture of people using service commissioned by the London borough of Camden.

DEMOGRAPHICS

This section describes the demographic and geographic characteristics of older people in Camden in terms of age, sex, ethnicity, deprivation and ward of residence. Data shown is from ONS, GLA and Camden’s PH GP dataset.

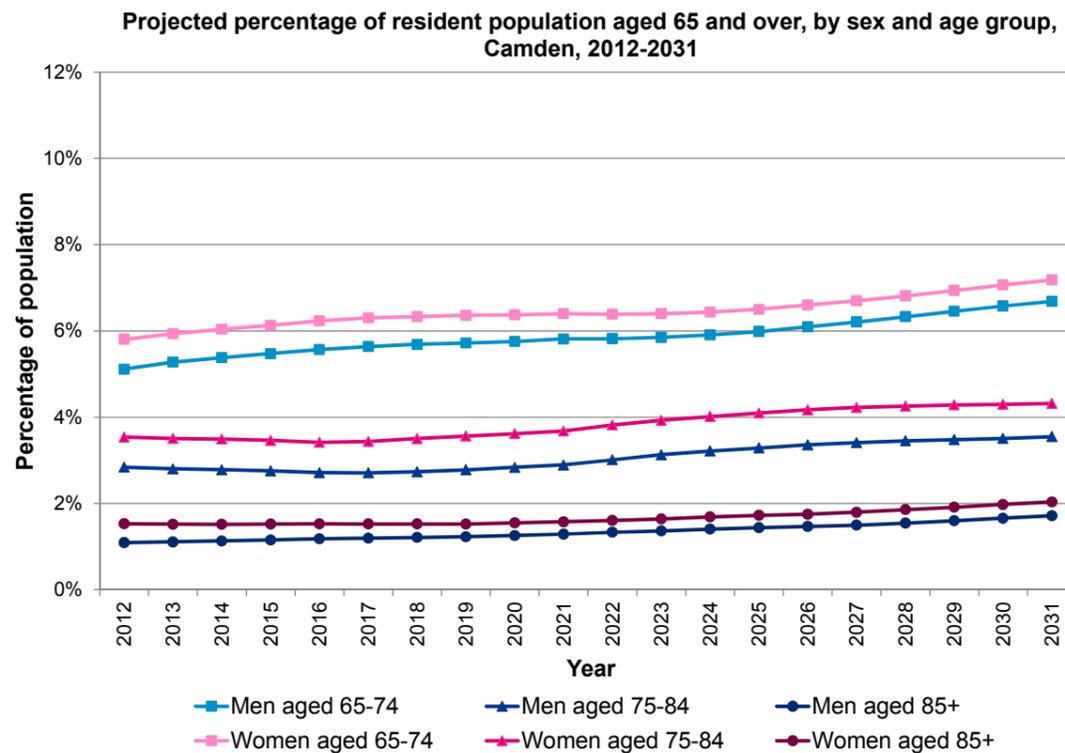
Camden population structure, numbers by age and sex



Source: ONS, 2012

- There are 24,500 people aged 65+ living in Camden, making up 10% of Camden’s population.
- Just over half (56%) of them are women.

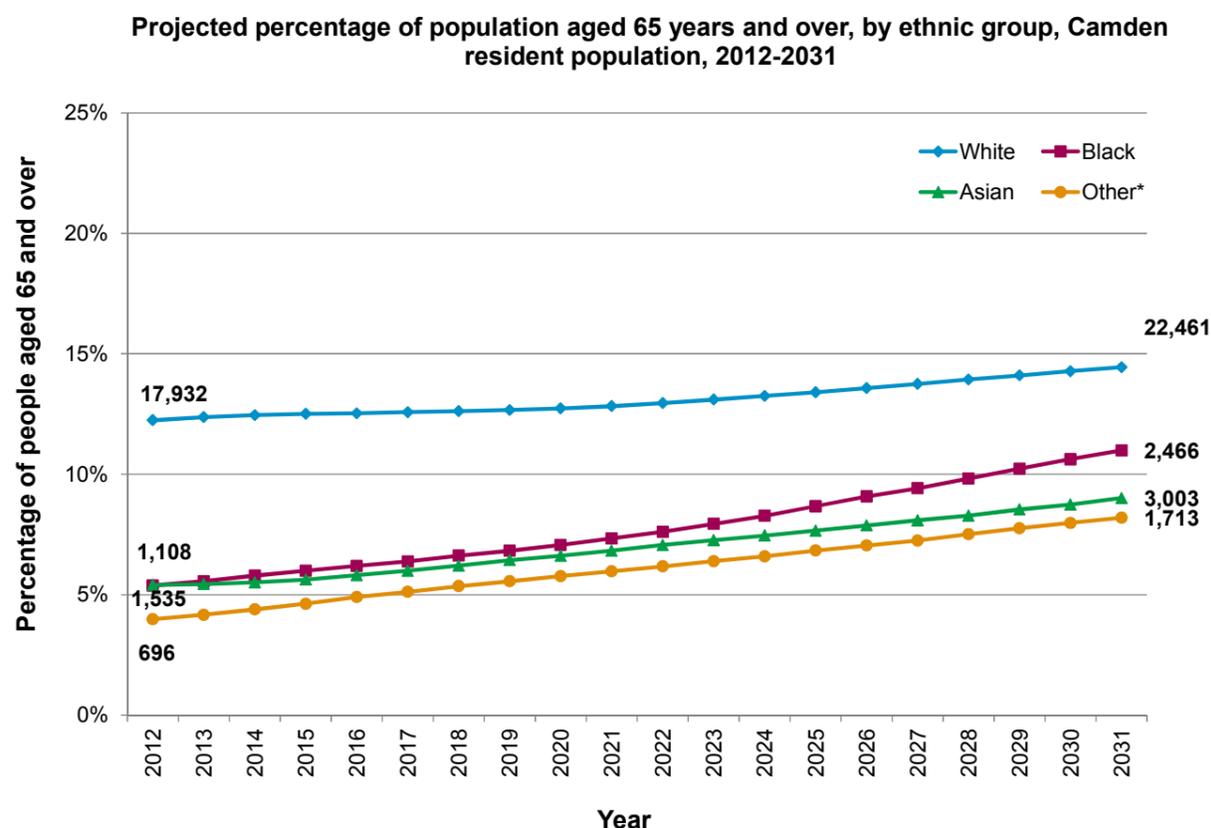
Estimates of population growth: people aged 65 and over



- In both sexes, older people over the age of 65 will continue to account for an increasing percentage of Camden's population.

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Estimates of population growth: people aged 65 and over by ethnicity



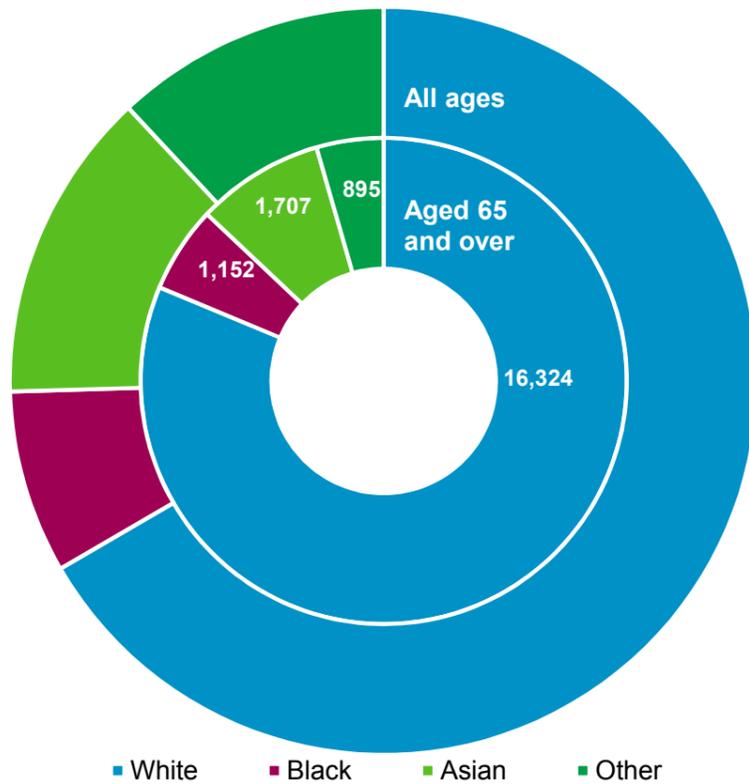
- There is a predicted increase in the proportion of the Camden resident population aged 65 years or older across all ethnic groups, with a more pronounced increase in the BME population.
- However, White people over 65 will remain the largest group, at almost 22,500 people in 2031.

* Includes Chinese and "Other"; Source: GLA standard fertility population estimates, 2012

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Demographics: ethnicity

Breakdown of people aged 65 and over and general population (all ages), by ethnicity, Camden's registered population, September 2012

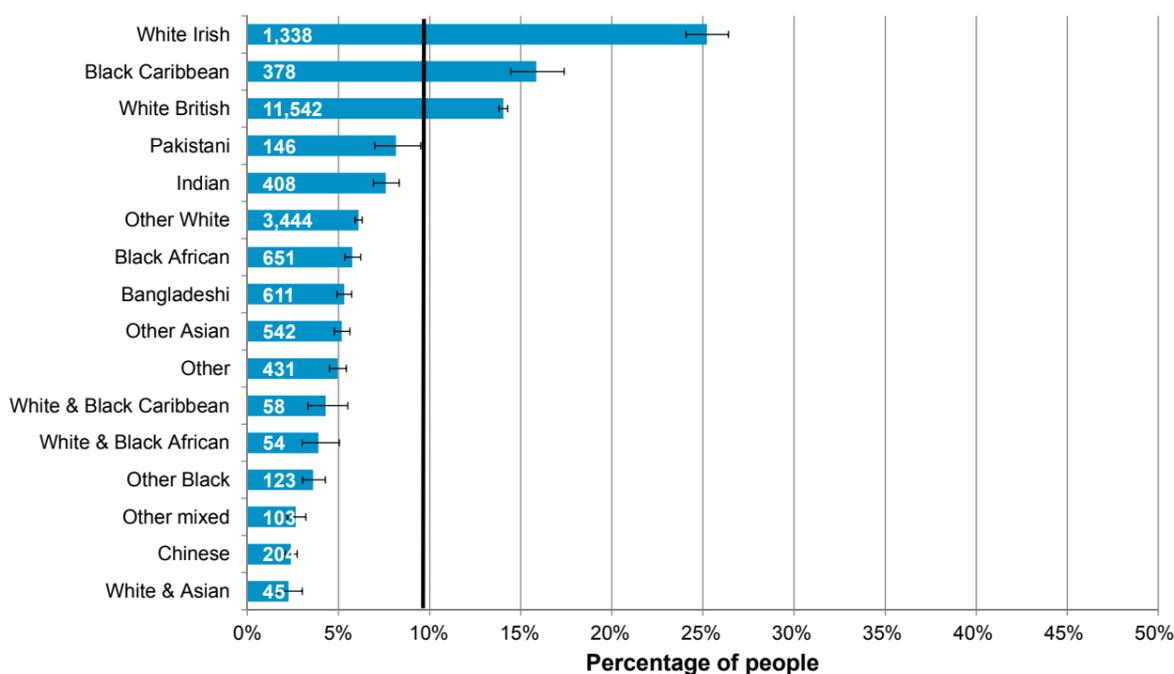


Note: 2,621 people with no ethnic group recorded were not included. Source: Camden's GP PH dataset, 2012

- The majority of people aged 65 and over are White (80%; 16,324), significantly higher than Camden's population of all ages (67%), where ethnicity is recorded.

Demographics: detailed ethnicity

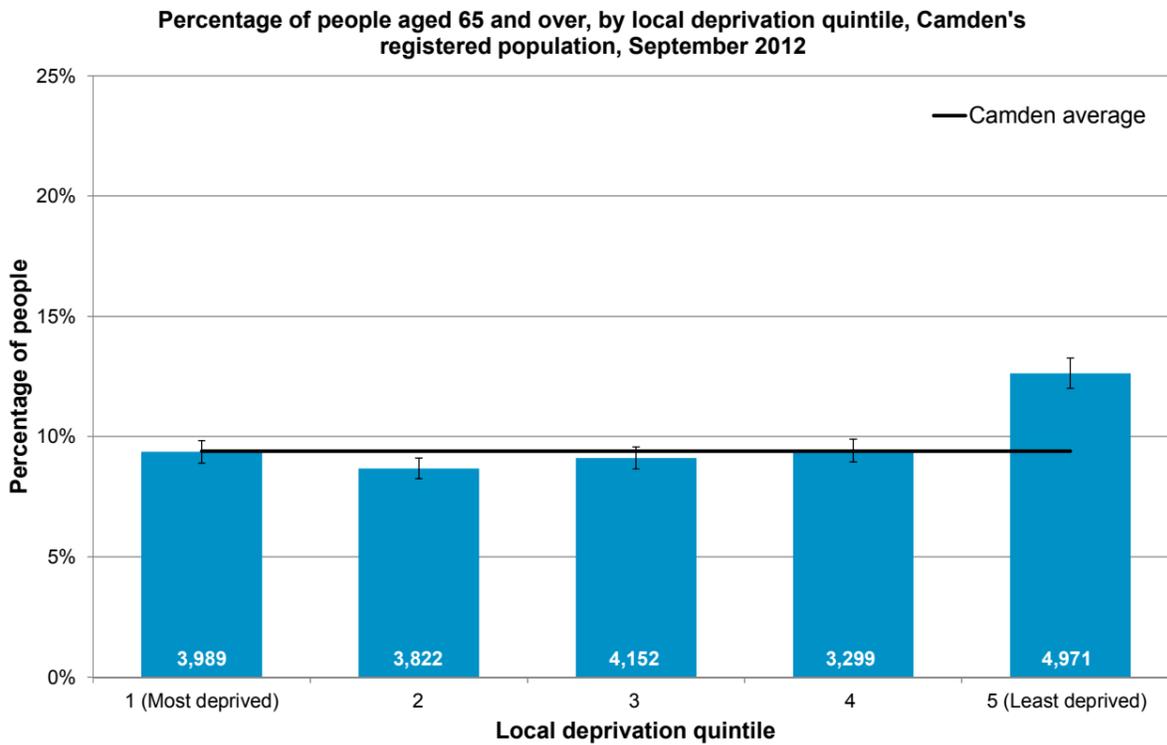
Percentage of people aged 65 and over, by detailed ethnicity, Camden's registered population, September 2012



Note: 2,621 people with no ethnic group recorded were not included. Source: Camden's GP PH dataset, 2012

- Looking at ethnicity in more detail, the proportion of people aged 65 and over is significantly higher in White Irish (25%), Black Caribbean (16%) and White British (14%) ethnicities compared to the Camden average.
- The number of people aged 65 ranges from 11,542 in the White British population to 45 in the White & Asian population.

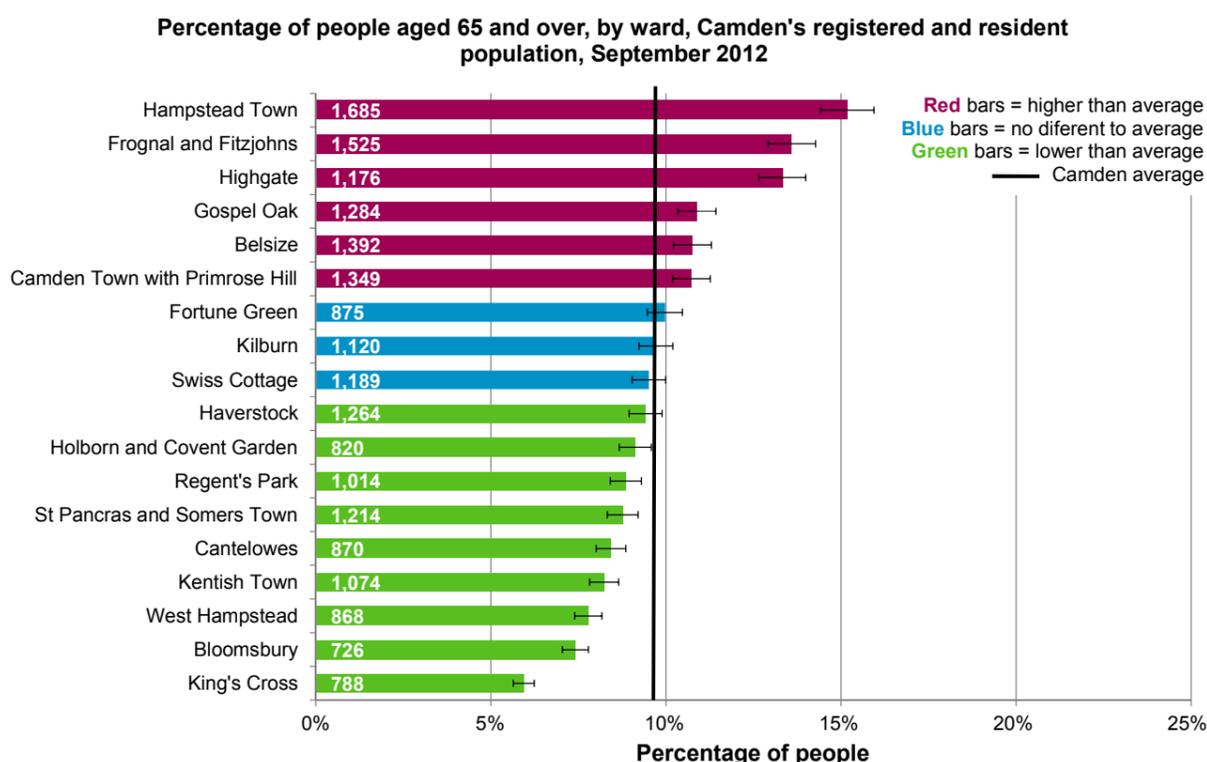
Demographics: local deprivation quintile



Note: 2,466 people with no local deprivation status recorded were not included. Source: Camden's GP PH dataset, 2012

- Older people aged 65 and over in Camden have a very similar distribution across the local deprivation quintiles as that of all ages together (data not shown).
- There is a higher proportion of people aged 65 and over in the least deprived quintile (13%) compared to other quintiles.

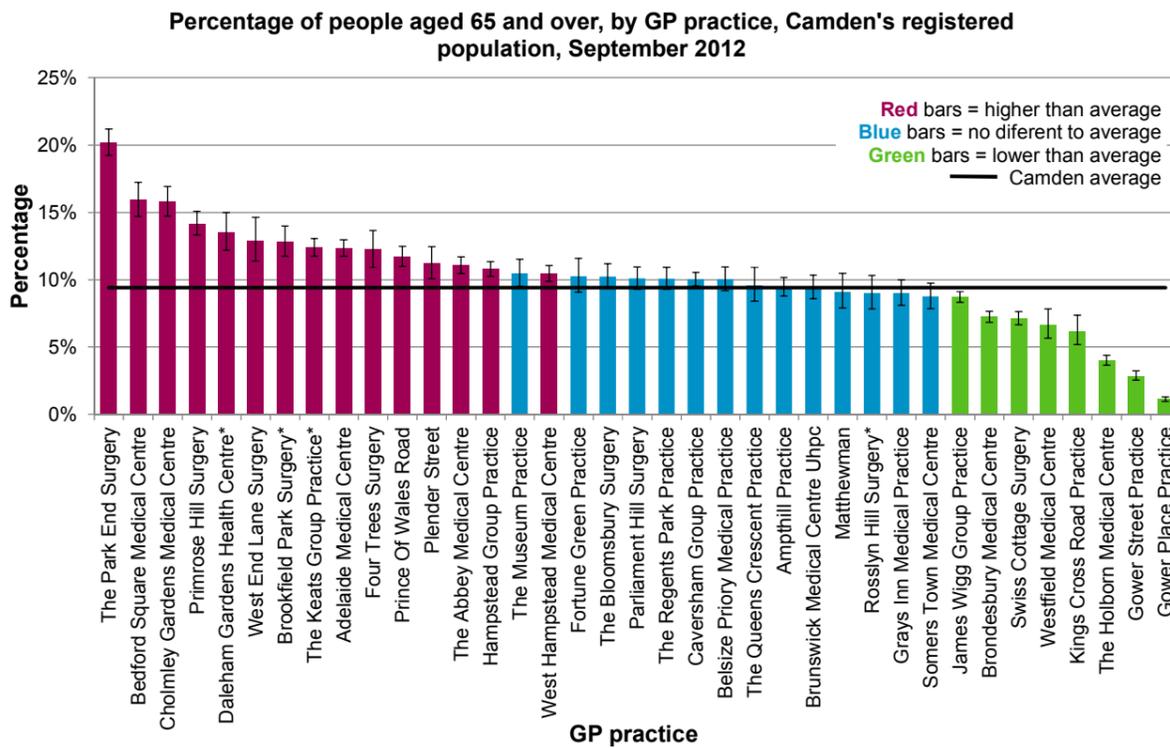
Demographics: ward



Note: 2,466 people with no ward recorded were not included in this analysis. Source: Camden's GP PH dataset, 2012

- A significantly higher proportion of people aged 65 and over reside in Hampstead Town, Frognal and Fitzjohns, Highgate, Gospel Oak, Belsize and Camden Town with Primrose Hill wards compared to the Camden average.
- The number of people aged 65 and over is highest in Hampstead Town (1,685) and lowest in Bloomsbury (726).

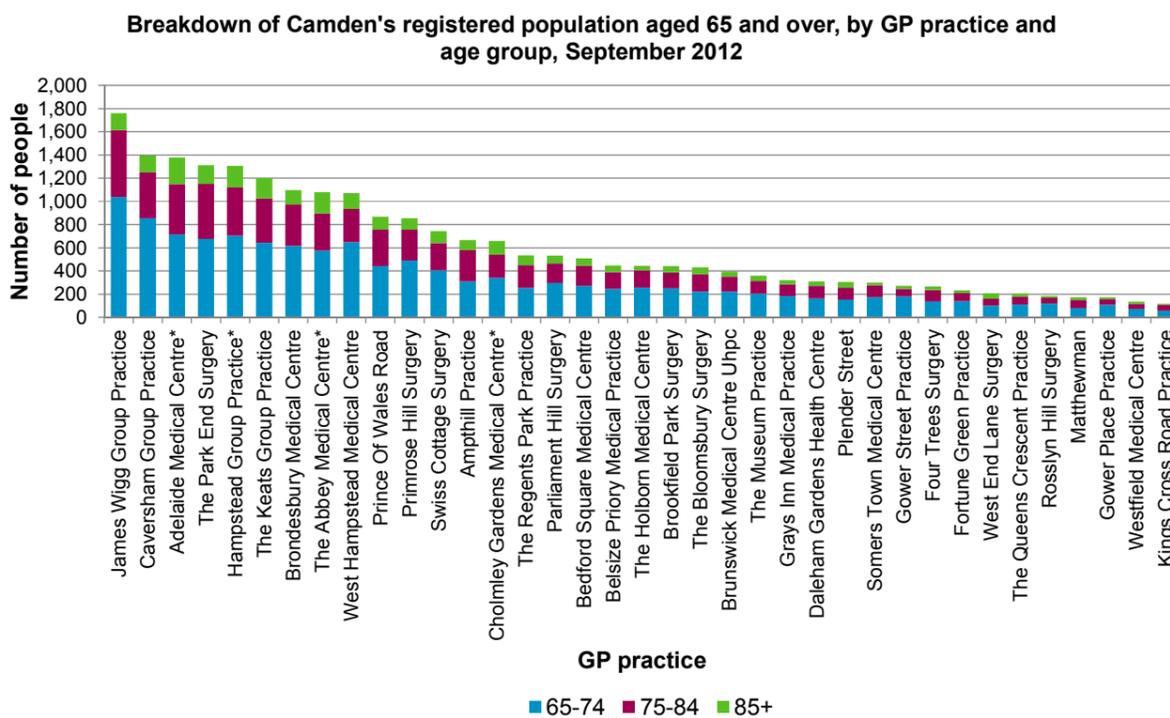
Demographics: GP practice



*Practices associated with care homes; Source: Camden's GP PH dataset, 2012

- The proportion of people aged 65 and over varies significantly by GP practice from 20% at The Park End Surgery to 1% at Gower Place Practice.

Demographics: GP practice



*Practices associated with care homes; Source: Camden's GP PH dataset, 2012

- The number of people aged 65+ ranges from 1,760 at James Wigg Group Practice to 116 at Kings Cross Road Practice.
- West End Lane has almost a quarter of people aged 85+ in their elderly population (65+).

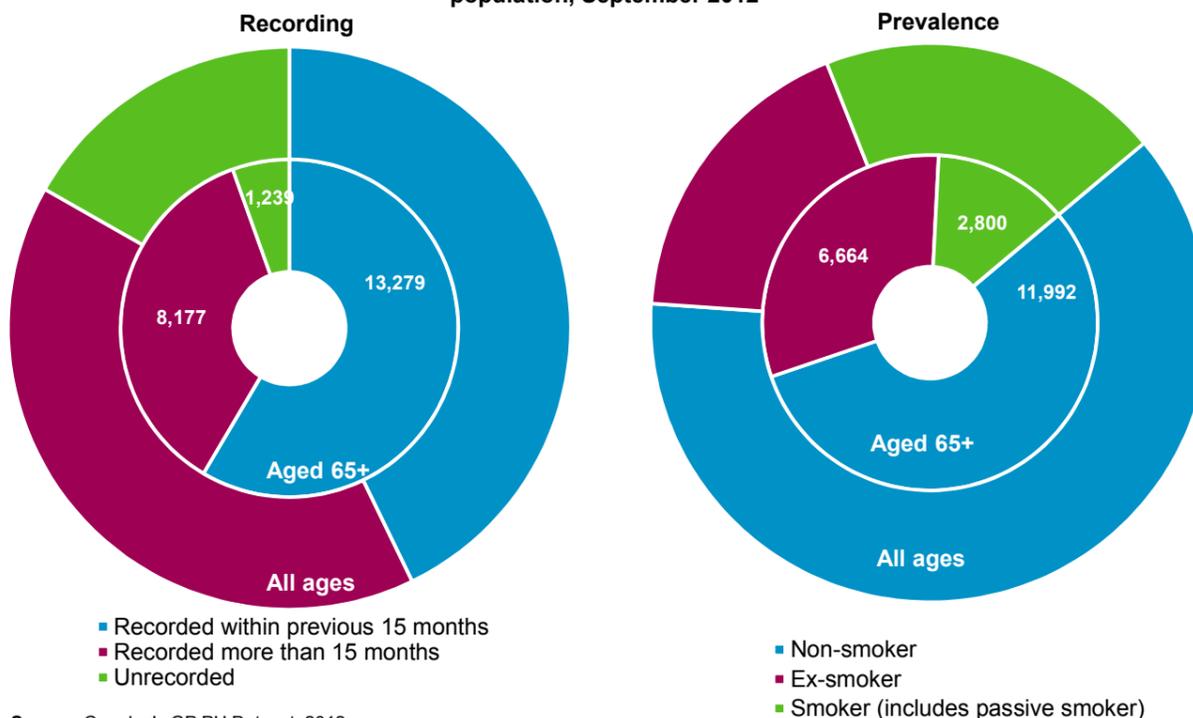
RISK FACTORS

This section describes recording and prevalence of risk factors, such as BMI and smoking.

Data shown is from Camden's GP PH dataset.

Smoking

Breakdown of smoking status and recording, by age group, Camden's registered population, September 2012

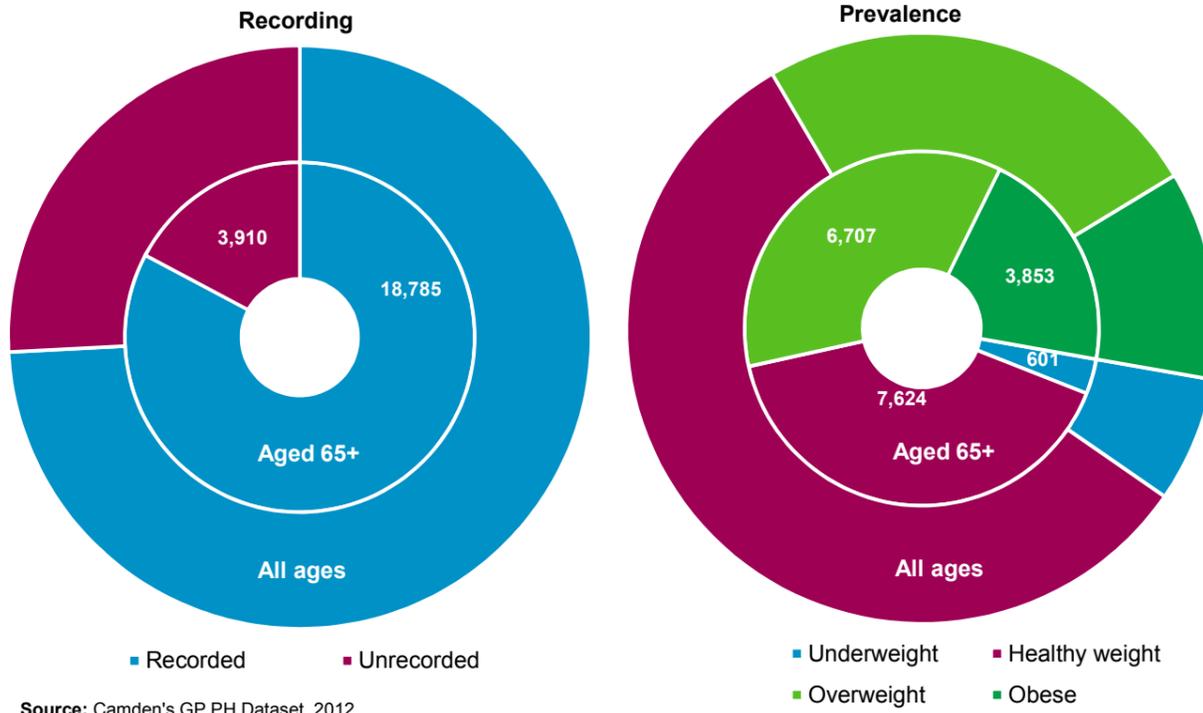


- A larger proportion of older people (58%) have had their smoking status recorded in the last 15 months than the total population (43%).
- The prevalence of smokers is lower in older people (13%), when compared to the total population (20%).

Source: Camden's GP PH Dataset, 2012

BMI

Breakdown of BMI group recording and prevalence, by age group, Camden's registered population, September 2012



Source: Camden's GP PH Dataset, 2012

- A larger proportion of older people (83%) have had their BMI recorded than the total population (69%).
- The prevalence of overweight and obesity is higher in older people (56%), when compared to the total population (36%).

BURDEN OF ILL HEALTH

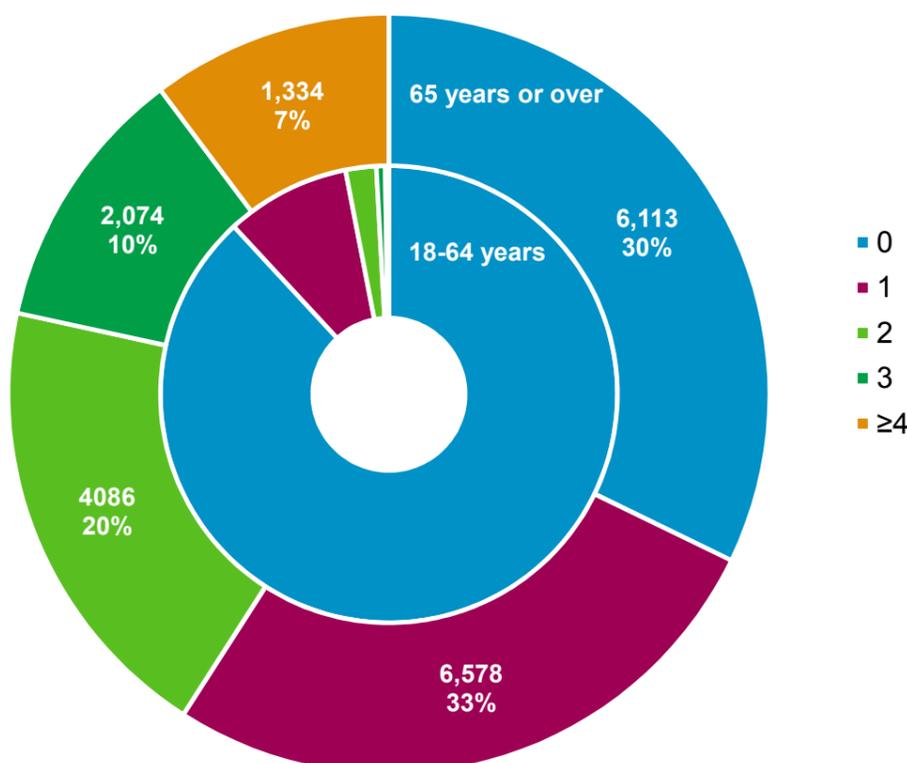
This section examines the major contributors to ill health among older people in Camden, and looks at long term conditions and comorbidities in this age group.

Data shown is from the Camden's GP PH dataset, GLA and POPPI.

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Comorbidity: number of long term conditions

Number of diagnosed long term conditions in people aged 65 and over, Camden's registered population, September 2012

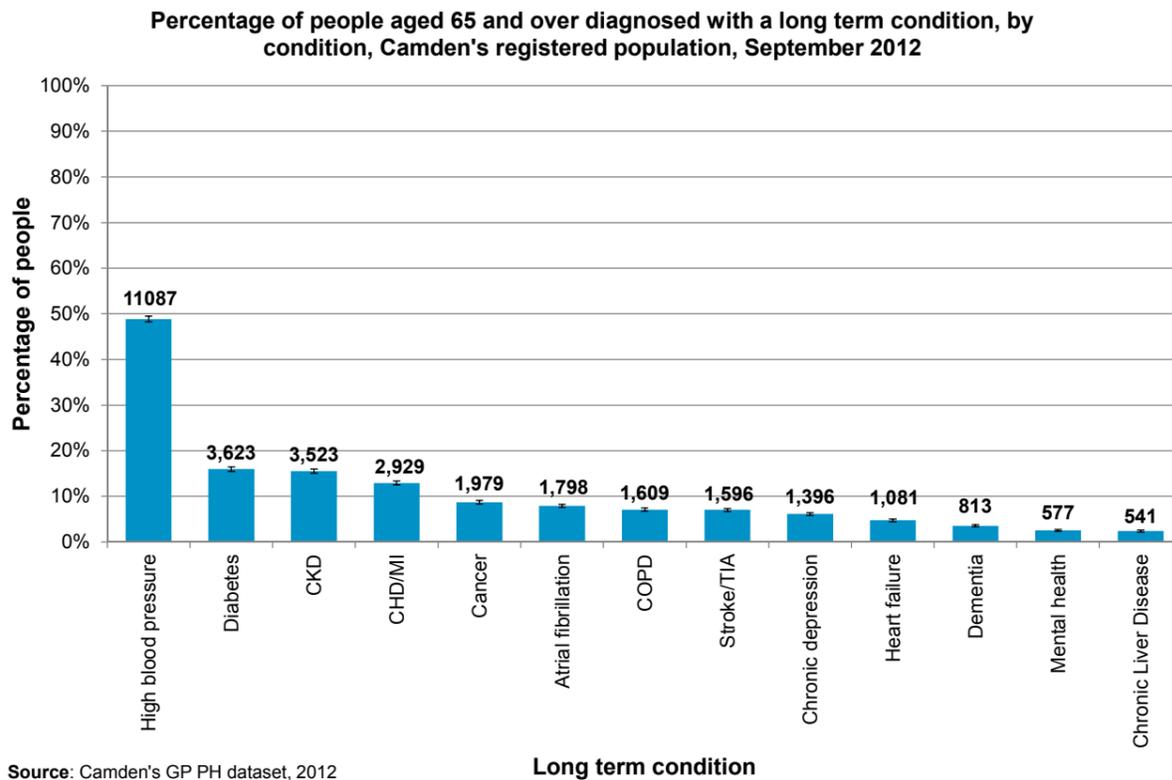


- Almost 70% of people aged 65 and over are diagnosed with one or more long term conditions.
- Of these, 60% are diagnosed with multiple long term conditions.

Source: Camden's GP PH dataset, 2012

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Prevalence by condition

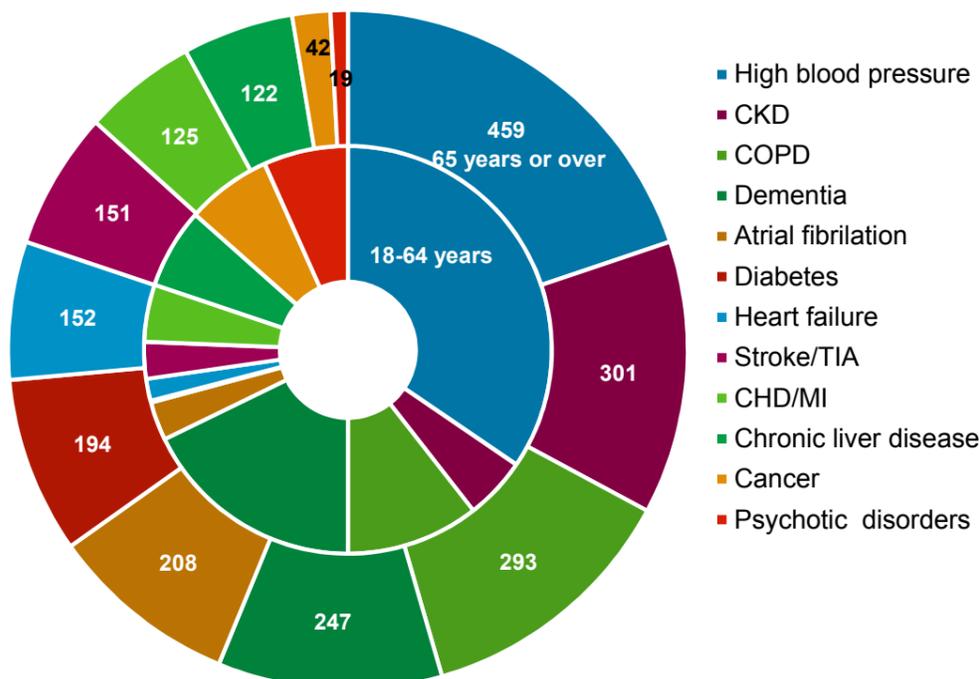


- Almost 50% of Camden registered population aged 65 and over are diagnosed with high blood pressure.
- About 10% - 20% of people aged 65 and over are diagnosed with diabetes, CKD and CHD/MI.

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Incidence by condition

Breakdown of long term conditions diagnosed in 2011/12 by age and diagnosis, Camden's registered population aged 18 year or over, September 2012

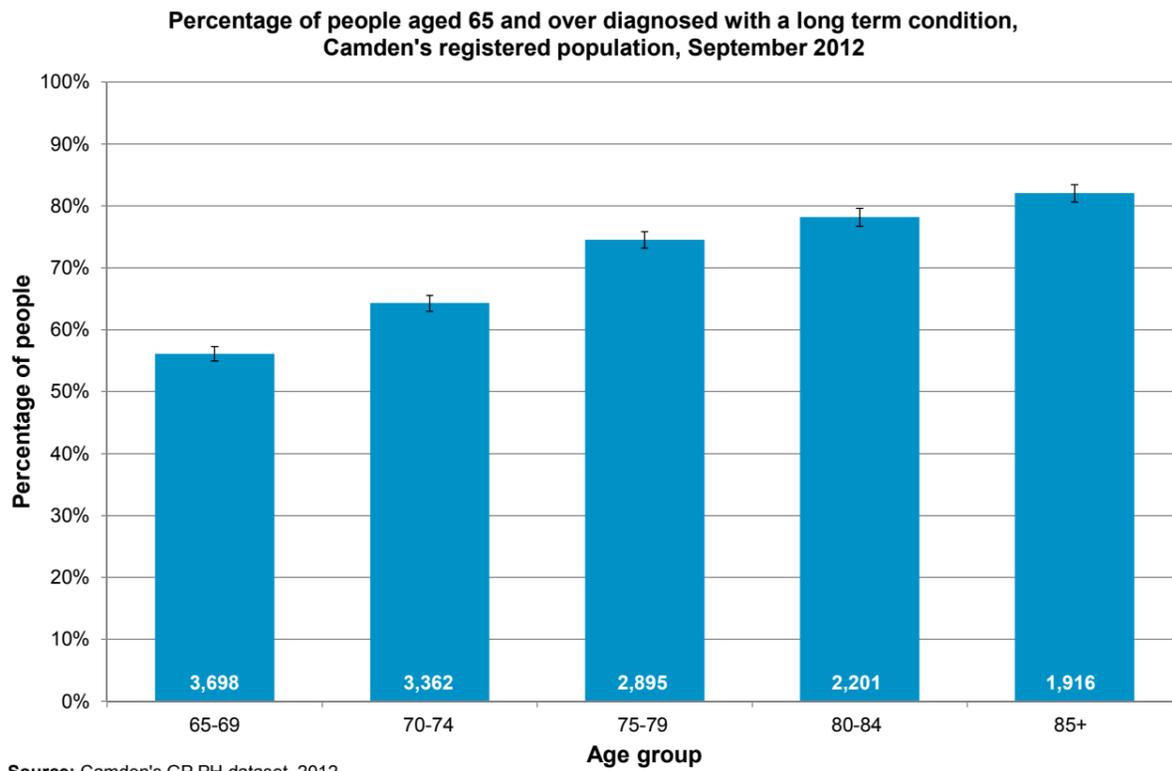


Source: Camden's GP PH dataset, 2012

- During 2011/12, there were over 2,300 new diagnoses of long term conditions in people aged 65 and over.
- The majority of cases of newly diagnosed long term conditions both in people aged 18-64 and 65+ are of high blood pressure (35% and 20%, respectively).

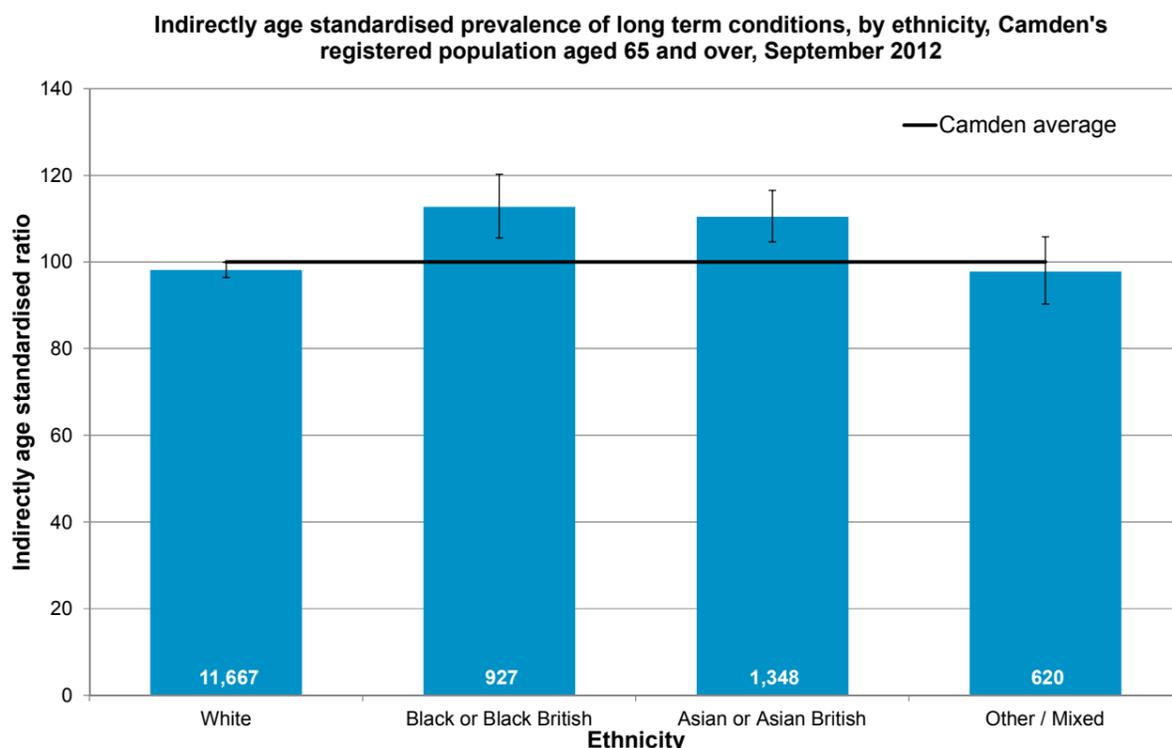
24

Prevalence of LTCs by age



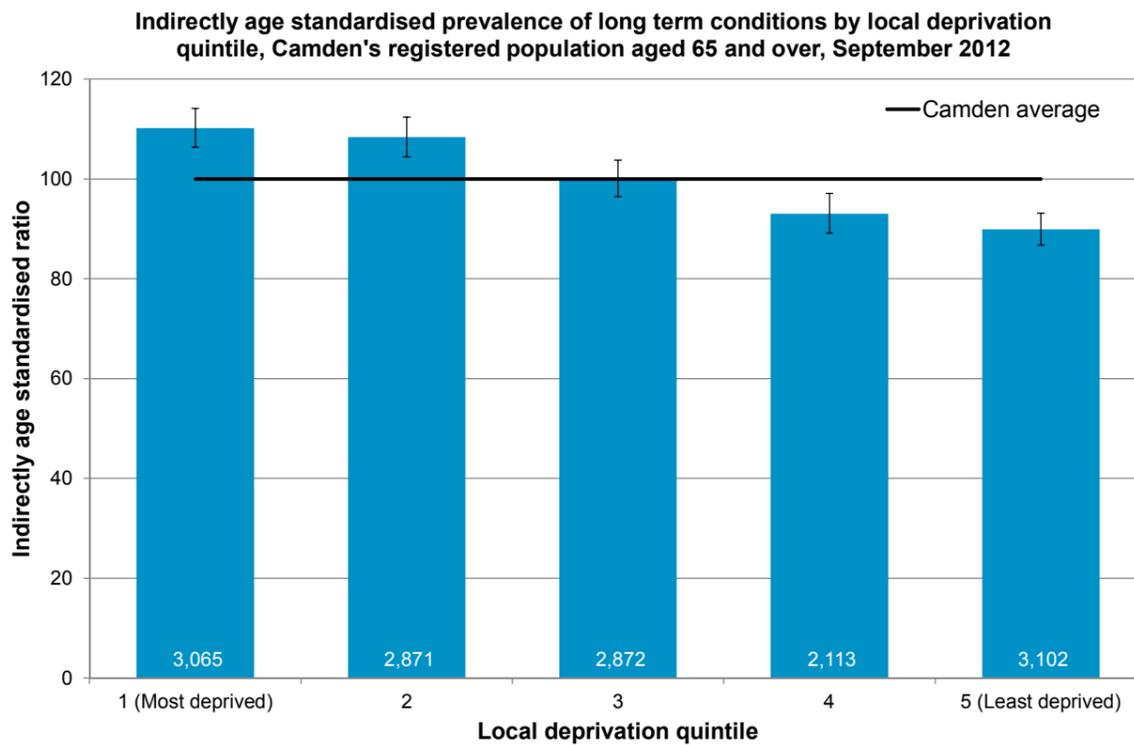
- The proportion of people diagnosed with a long term condition increases significantly with age.

Prevalence of LTCs by ethnicity



- The prevalence of long term conditions is significantly higher than expected in Black and Asian people compared to the Camden average, taking age into account.
- White people aged 65+ are less likely than expected to be diagnosed with a long term condition, when compared to the Camden average, taking age into account.
- However, the highest number of people diagnosed are in this group (11,700).

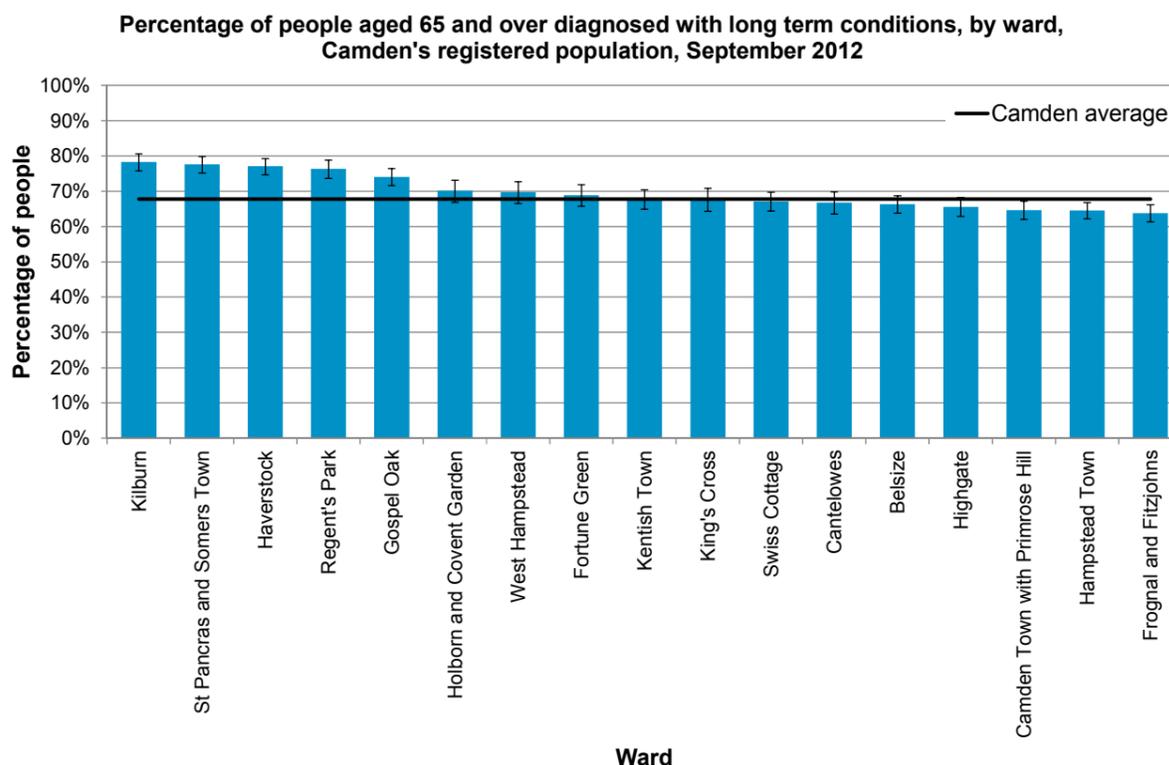
Prevalence of LTCs by local deprivation



Note: 1,316 people with no local deprivation status recorded were not included in this analysis. Source: Camden's GP PH dataset, 2012

- The prevalence of long term conditions is significantly lower than expected in people from two least deprived quintiles compared to the Camden average, taking age into account.
- Older people living in two most deprived areas are more likely than expected to be diagnosed with a long term condition, when compared to the Camden average adjusted for age.

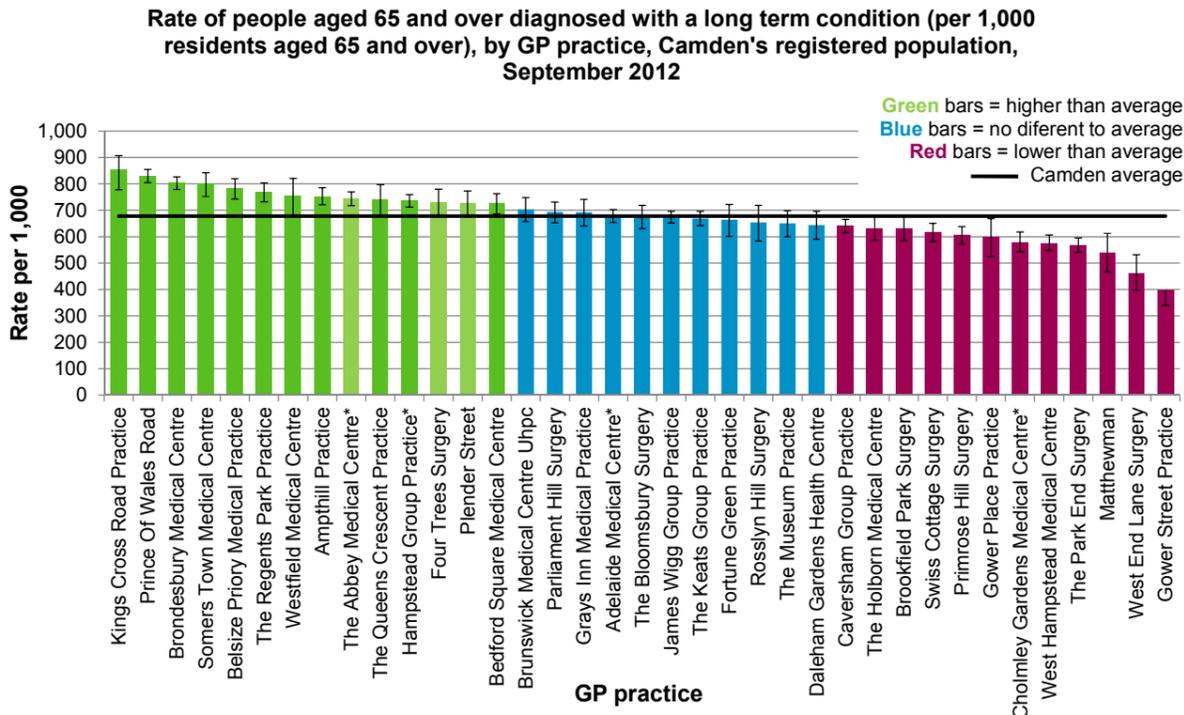
Prevalence of LTCs by ward



Source: Camden's GP PH dataset, 2012

- Older people living in Kilburn, St Pancras, Haverstock, Regent's Park and Gospel Oak are more likely than expected to be diagnosed with a long term condition, than people living in other wards.

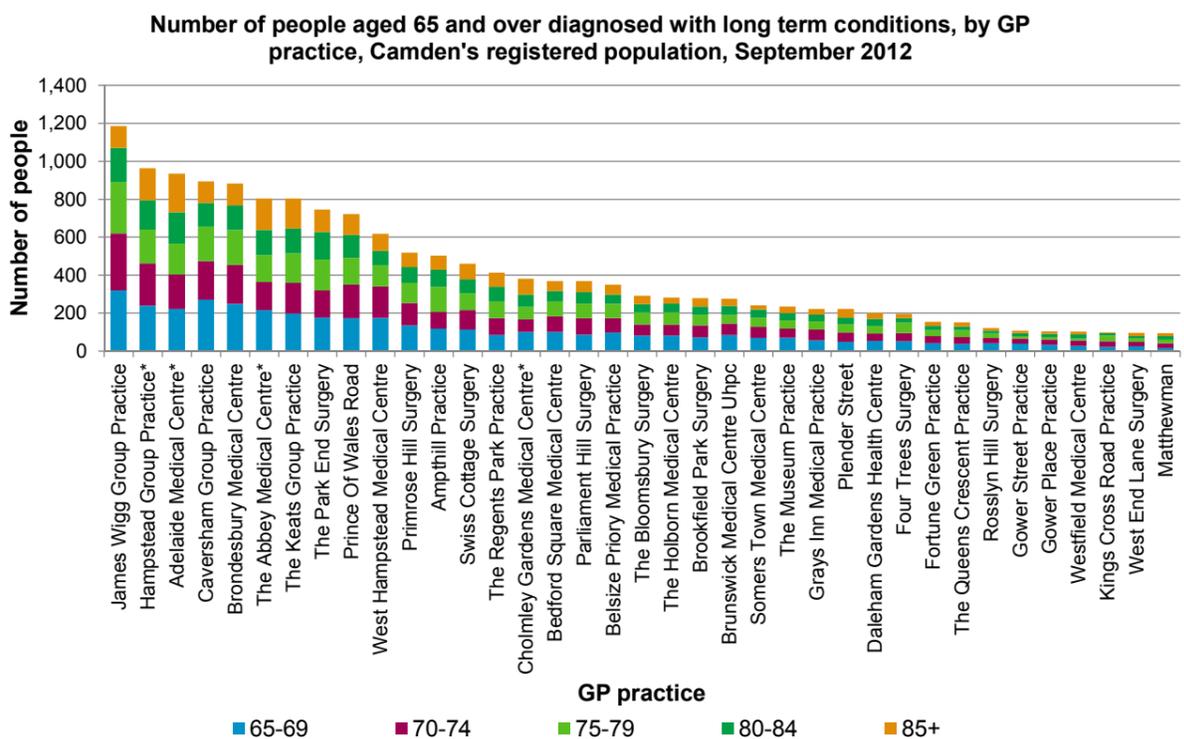
Prevalence of LTCs by GP



- Fourteen practices have a significantly higher rate of diagnosis of long term conditions in people aged 65 and over compared to the Camden average. Two of them are associated with care homes.
- Twelve practices have a significantly lower rate.

*indicates practices associated with care homes; Source: Camden's GP PH dataset, 2012

Prevalence of LTCs by GP



- The number of people aged 65+ with a diagnosed long term condition varies from 1,200 at James Wigg Group Practice to 90 at Matthewman.
- Over a fifth of the older patients are aged 85+ at The Abbey Medical Centre, Adelaide Medical Centre, Cholmley Gardens Medical Centre and Plender Street practice.

*indicates practices associated with care homes; Source: Camden's GP PH dataset, 2012

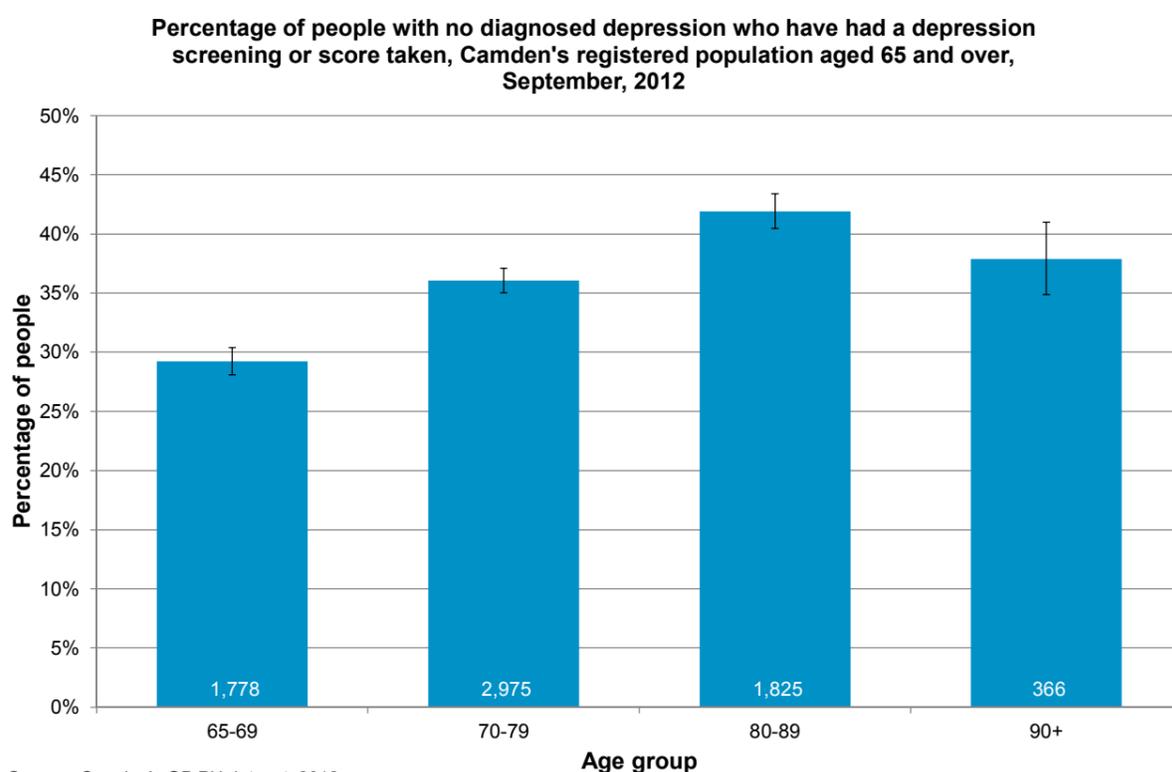
MANAGEMENT IN PRIMARY CARE

This section looks at how primary care services manage and prevent the onset of disease in older people in Camden.

Data shown in this section is from the Camden's GP PH dataset.

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Depression screen

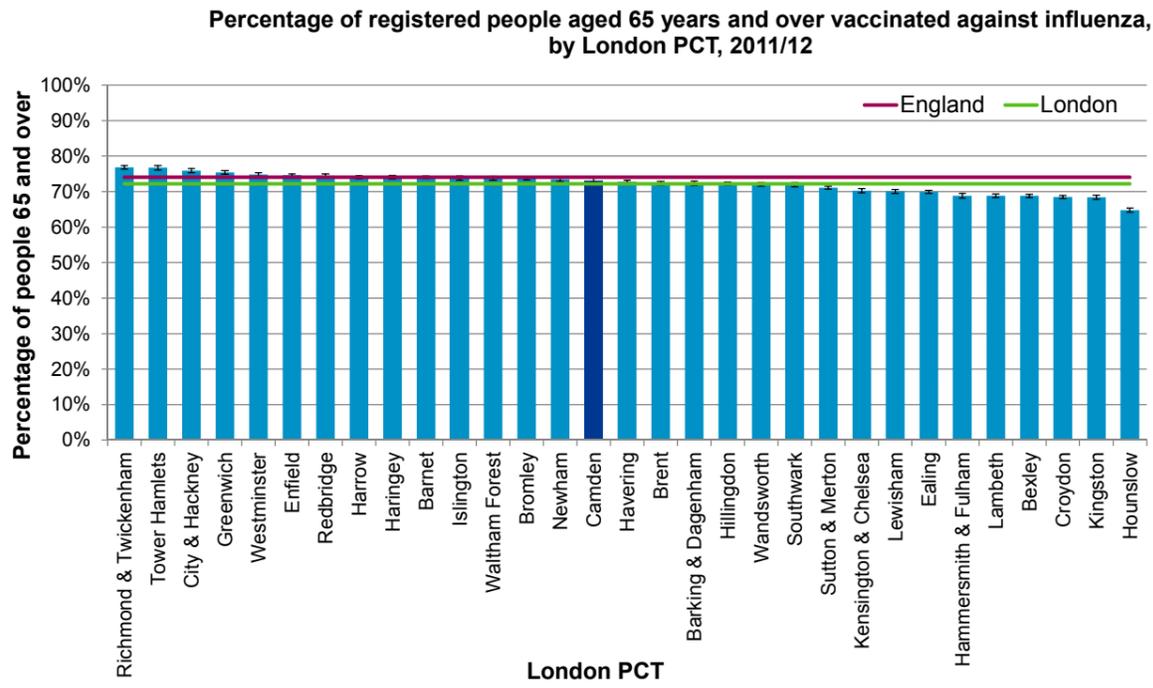


Source: Camden's GP PH dataset, 2012

- Between 30% and 40% of people aged 65 and over who do not have diagnosed depression have had a depression screen or score assessed.

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Management: flu vaccinations



Source: HPA, 2012

- 73% (16,500) of Camden's registered population aged 65+ were vaccinated against flu in 2011/12, leaving 6,000 of eligible people unvaccinated.
- This was significantly higher than London (72%) but below England (74%).

CARE AND SERVICES

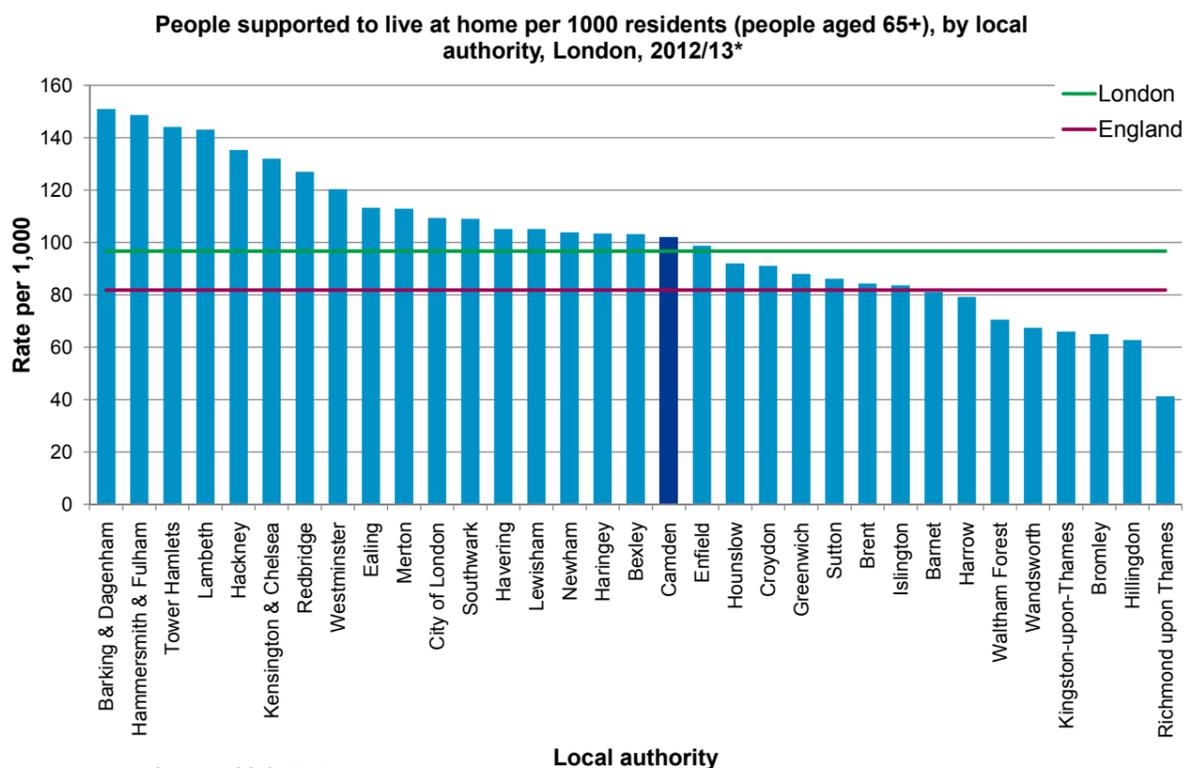
This section includes information on the types of care provided to older people at home or in specialised institutions.

Data shown is from ONS, LHO and National Adult Social Care Intelligence Service.

www.ncl.nhs.uk

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People helped to live at home

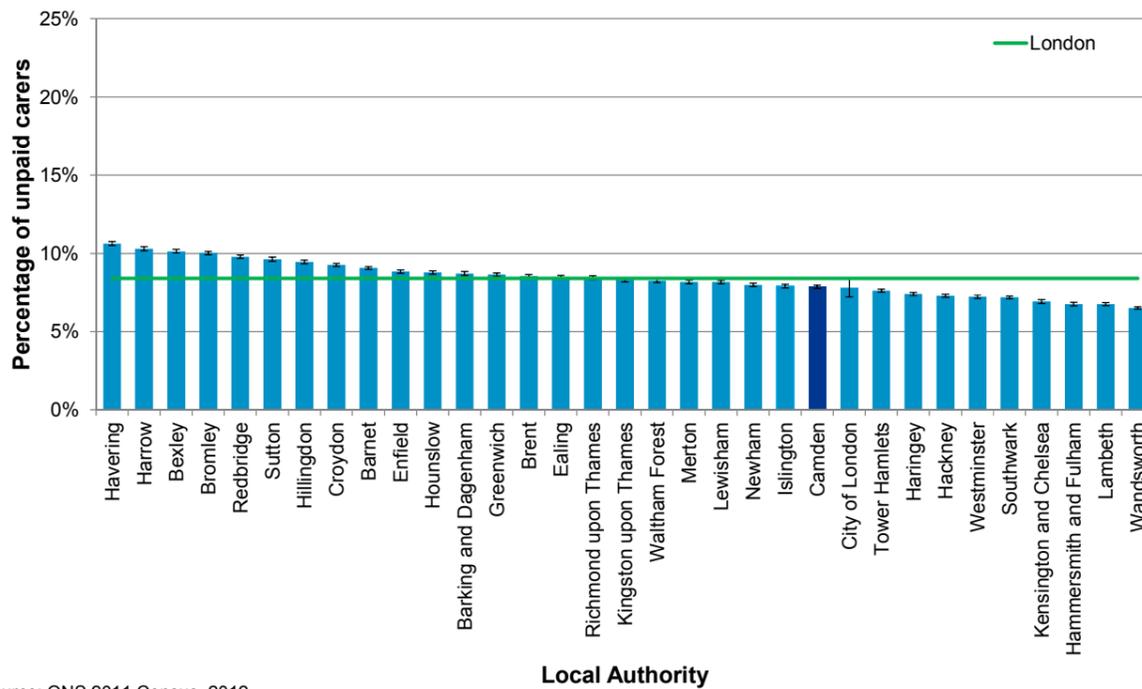


*provisional data; Source: HSCIC, 2013

- 2,465 (102 per 1,000) Camden residents aged 65+ receive some form of person-centred care.
- This is higher than the England (85 per 1,000) and London (97 per 1,000) rates.

Unpaid carers

Percentage of unpaid carers by Local Authority, London, 2011

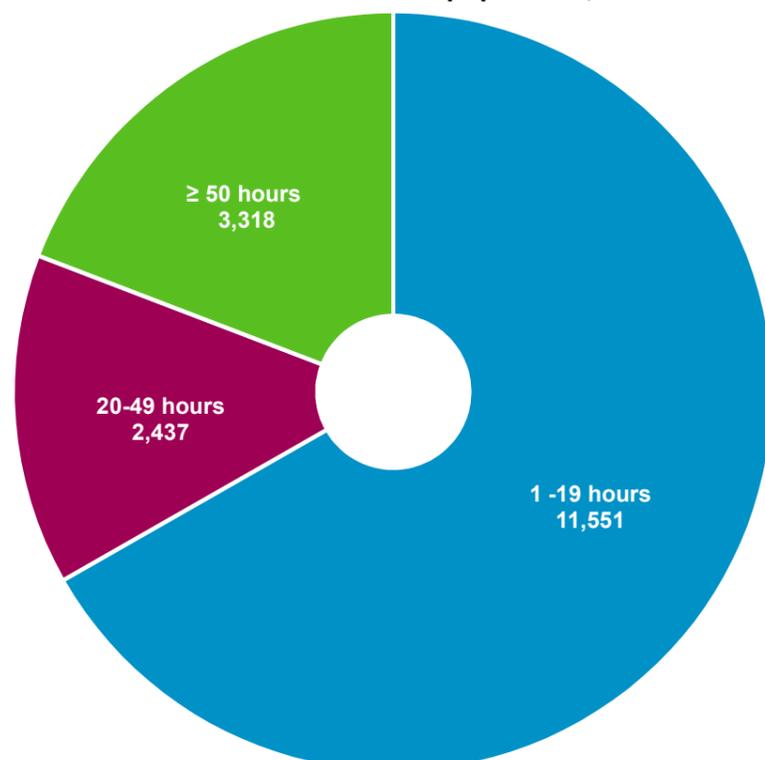


Source: ONS 2011 Census, 2012

- There were over 17,000 people of all ages recorded as unpaid carers in Camden in 2011, according to the latest ONS Census.
- It was lower than the London average.

Unpaid carers

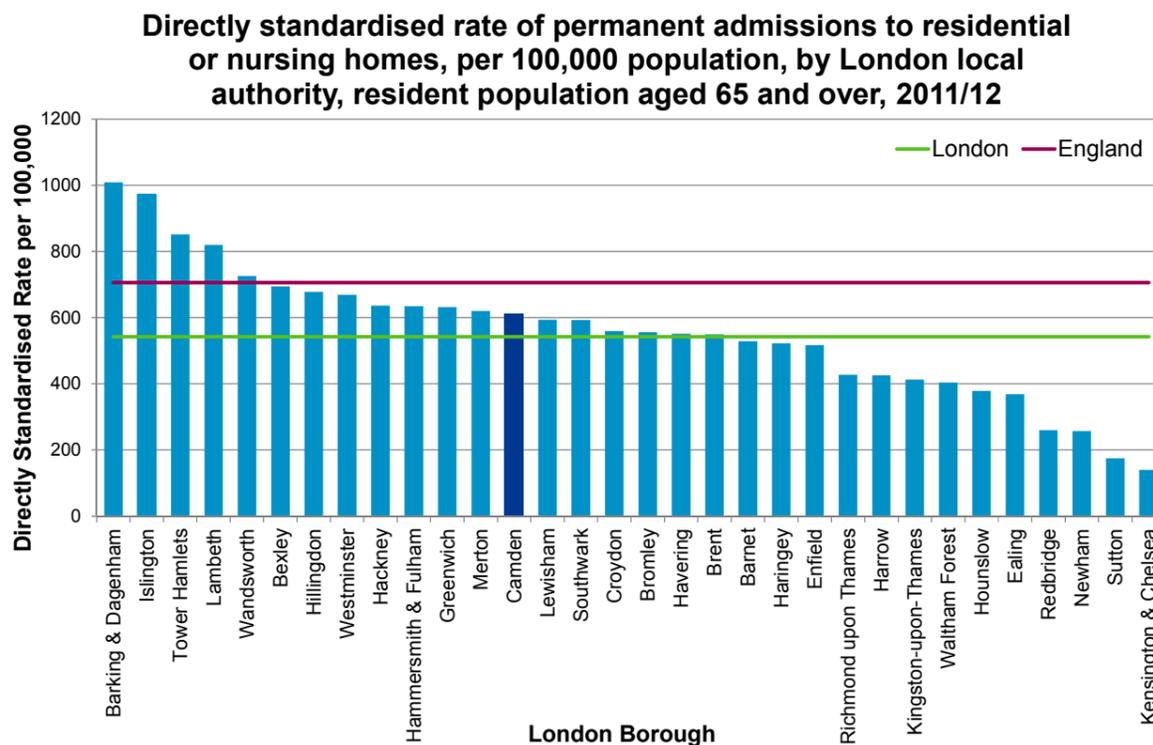
Breakdown of carers according to number of hours of unpaid care provided, Camden's resident population, 2011



Source: ONS 2011 Census, 2012

- The majority of Camden's unpaid carers of all ages provide less than 20 hours of unpaid care per week (67%), however, as many as one fifth give over 50 hours a week.

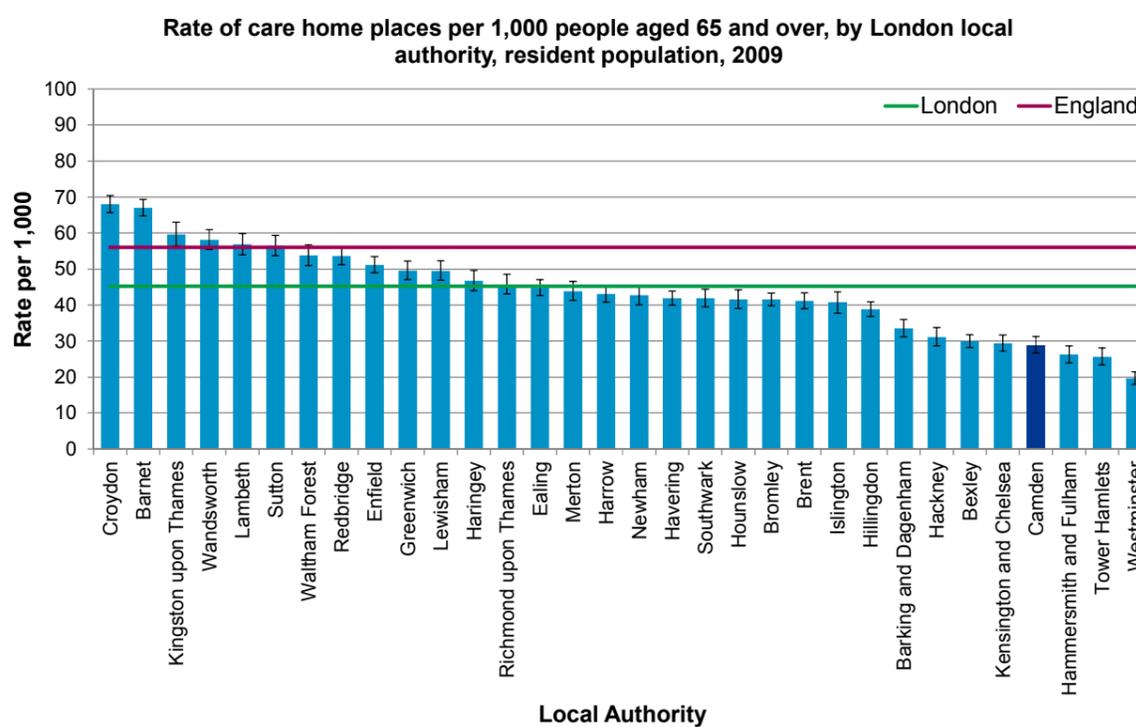
Permanent admissions to residential or nursing homes



Note: City of London has been excluded due to small numbers; Source: National Adult Social Care Intelligence Service, 2013

- There were 130 permanent admissions to residential or nursing homes supported by Camden council in 2011/2012.
- This is equivalent to a rate of 610 admissions per 100,000 people aged 65+; higher than the London rate (543 per 100,000) but below the England rate (706 per 100,000).
- This is due to the fact that, like most inner London boroughs, Camden often has to place older people in homes outside Camden due to a lack of available places in the borough (suitable for the persons care needs).

Care home places



Note: City of London has been excluded due to small numbers; Source: ONS, collated and prepared by WMPHO, 2012

- There were 596 care home places in Camden in September 2009.
- This is equivalent to about 29 places per 1,000 people aged 65+.
- This rate is one of the lowest in London, significantly below London and England rates.

EMERGENCY HOSPITAL ADMISSIONS

This section looks at the primary causes and characteristics of emergency hospital admissions in older people, divided into three main categories: respiratory conditions, circulatory conditions and external causes.

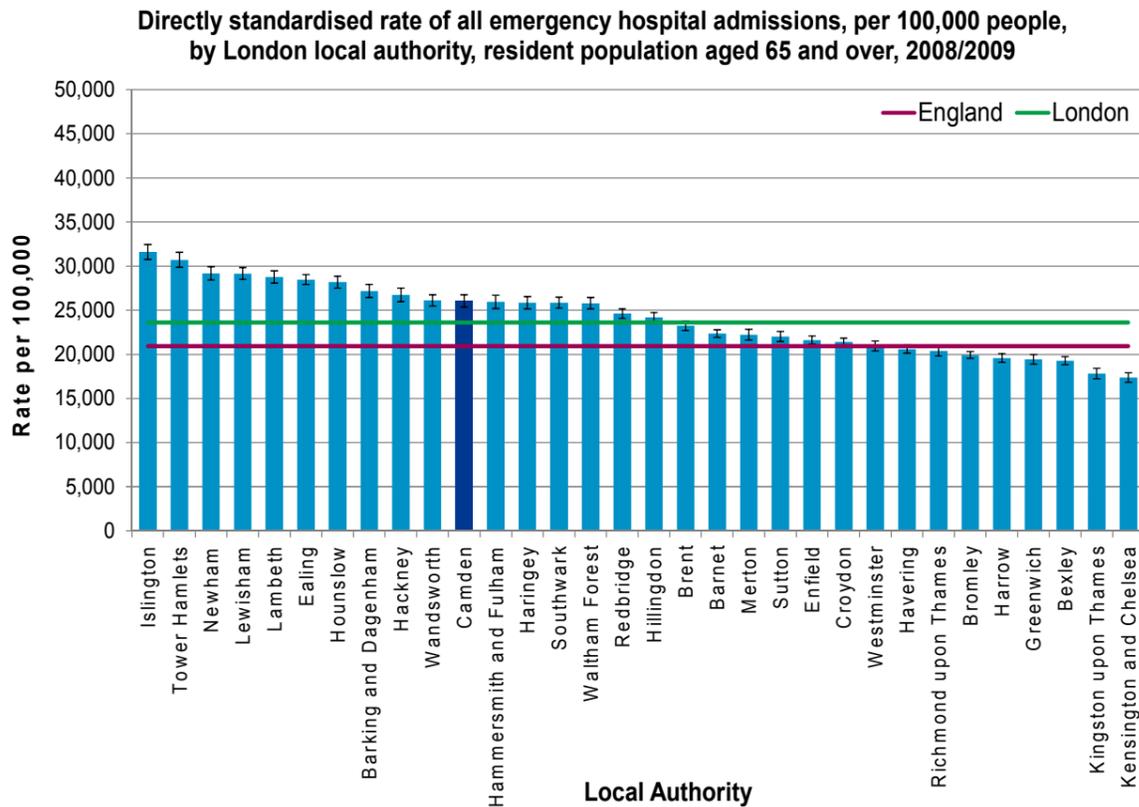
Data for this sections comes from SUS and HES.

Please note there are is a limited number of graphs by GP practice due to a large number of practices with small numbers of admissions.

40

All cause emergency admissions

Emergency admissions, by London LA

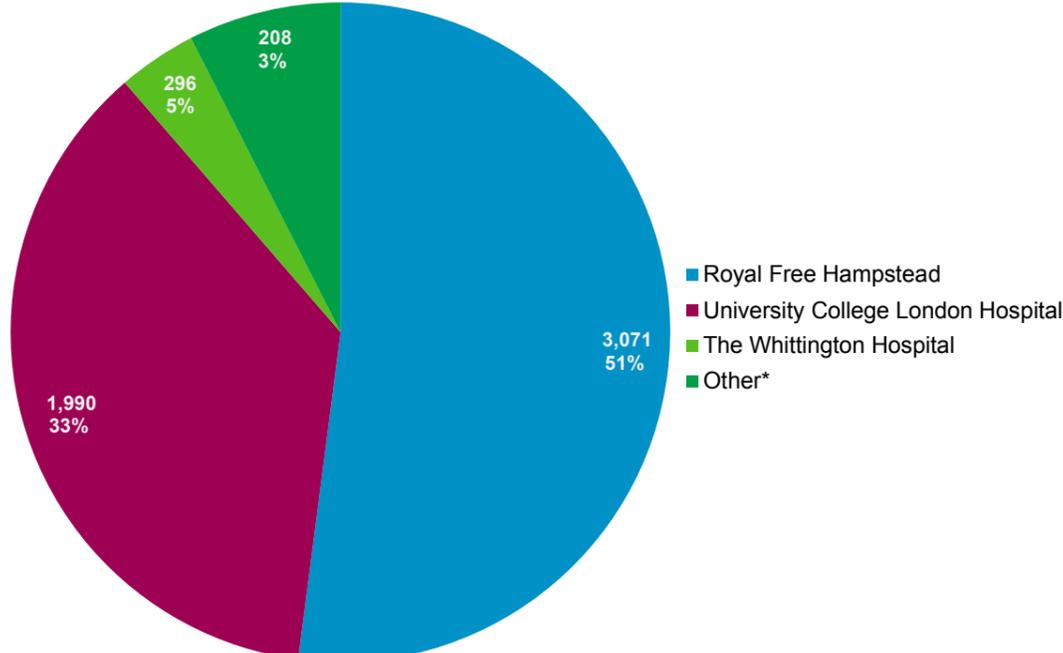


- There were 5,966 emergency admissions in people aged 65+ in Camden in 2008/2009.
- This was equivalent to 26,038 emergency admissions per 100,000 people significantly higher than England (23,606 per 100,000) and London (20,936 per 100,000).

Note: City of London excluded due to small numbers; Source: HES (numerator), ONS (denominator), collated and prepared by: WMPHO, 2012

Emergency admissions by provider

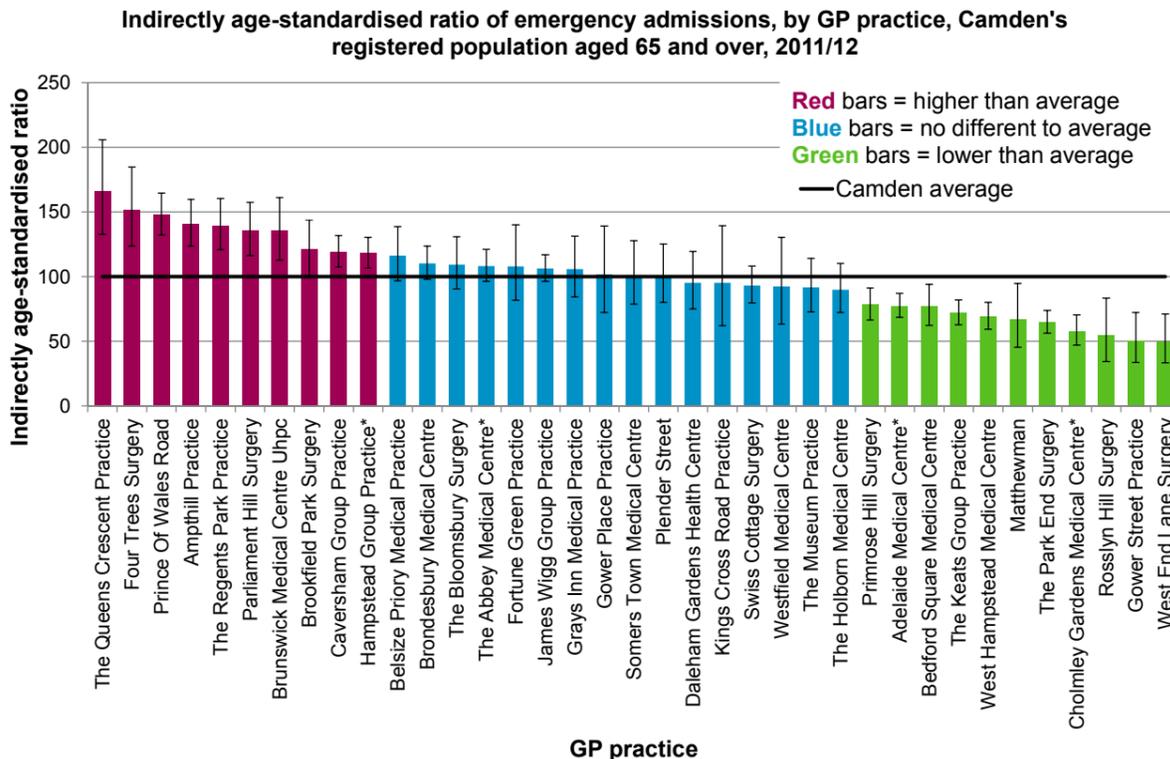
Emergency admissions by provider, Camden's responsible population aged 65 and over, 2011/12



- There were 5,973 emergency admissions in 3,483 people aged 65+ in 2011/12 in Camden.
- The majority of emergency admissions for elderly people were to the Royal Free (51%), followed by UCLH (33%).

* Included Barts & The London, BCF, Homerton, Moorfields Eye Hospital, NMUH and trusts out of sector; Source: SUS, 2012

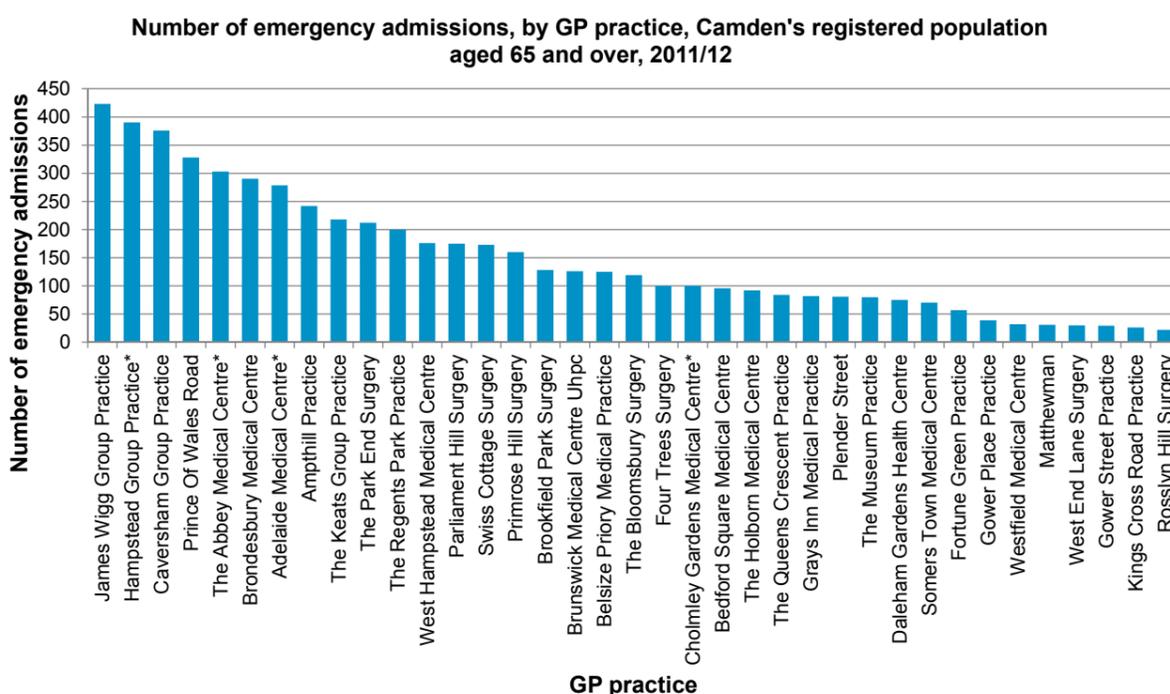
Emergency admissions by GP practice



*Practices associated with care homes; Source: SUS, 2012 (admissions); Camden's PH GP dataset, 2012 (population denominator)

- There was a high variation in the indirectly age standardised ratio of emergency admissions in those aged 65 and over in 2011/12.
- Ten practices had a significantly higher ratio compared to the Camden average. Eleven practices placed below the average.

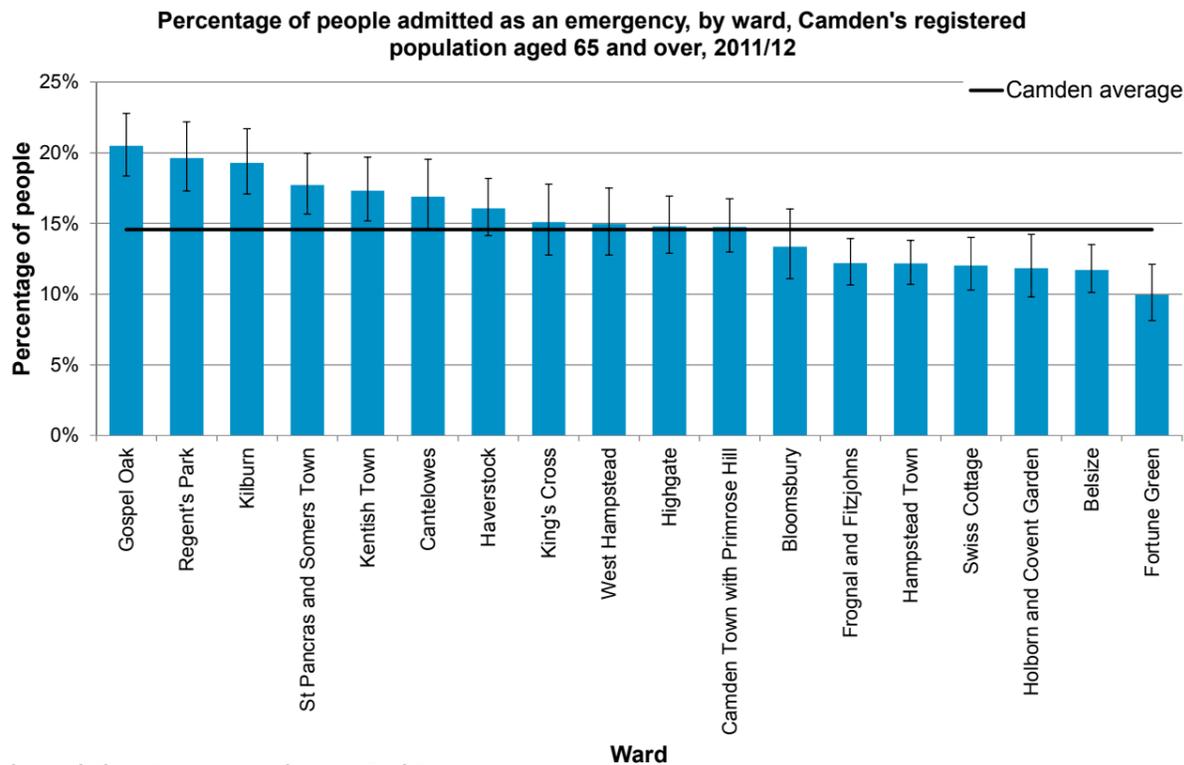
Emergency admissions by GP practice



*Practices associated with care homes; Source: SUS, 2012

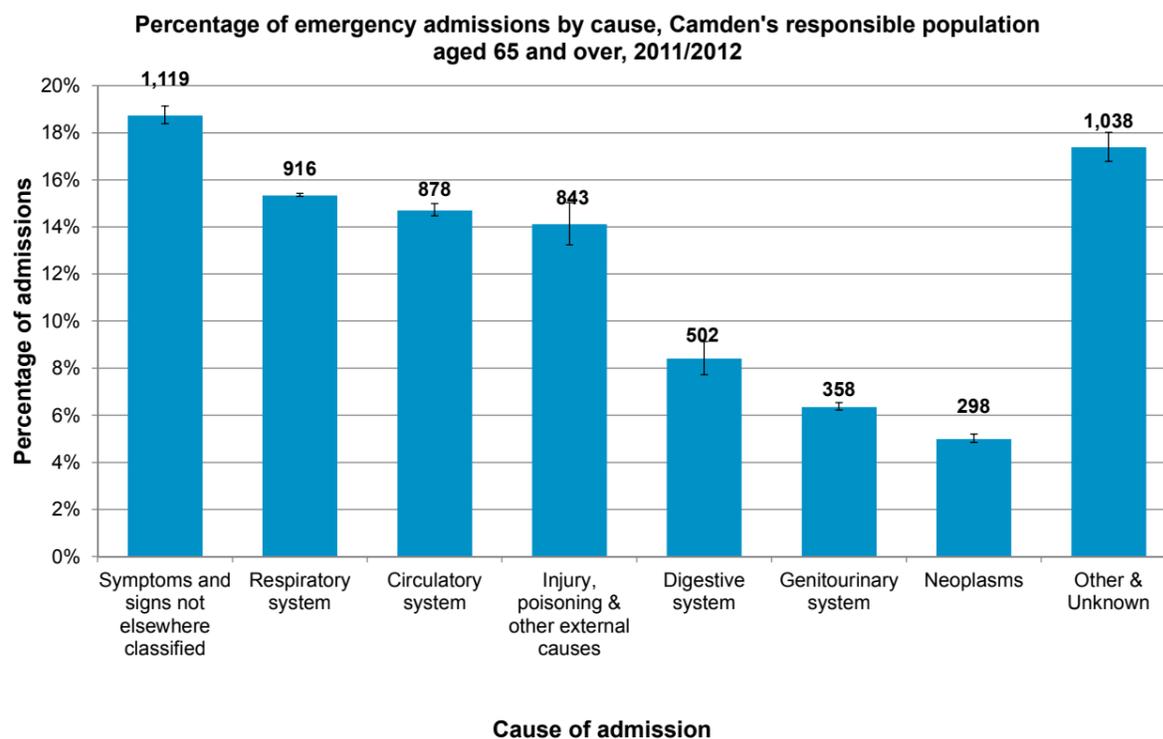
- The number of emergency admissions in people aged 65+ varies from 420 at James Wigg Practice to 20 at Rossllyn Hill Surgery.
- Note: The number of admissions will be influenced by the frequency of admissions. Practice size and age structure obviously have an impact on numbers of admissions, so numbers should be interpreted alongside the standardised rates by general practice.

Emergency admissions, by ward



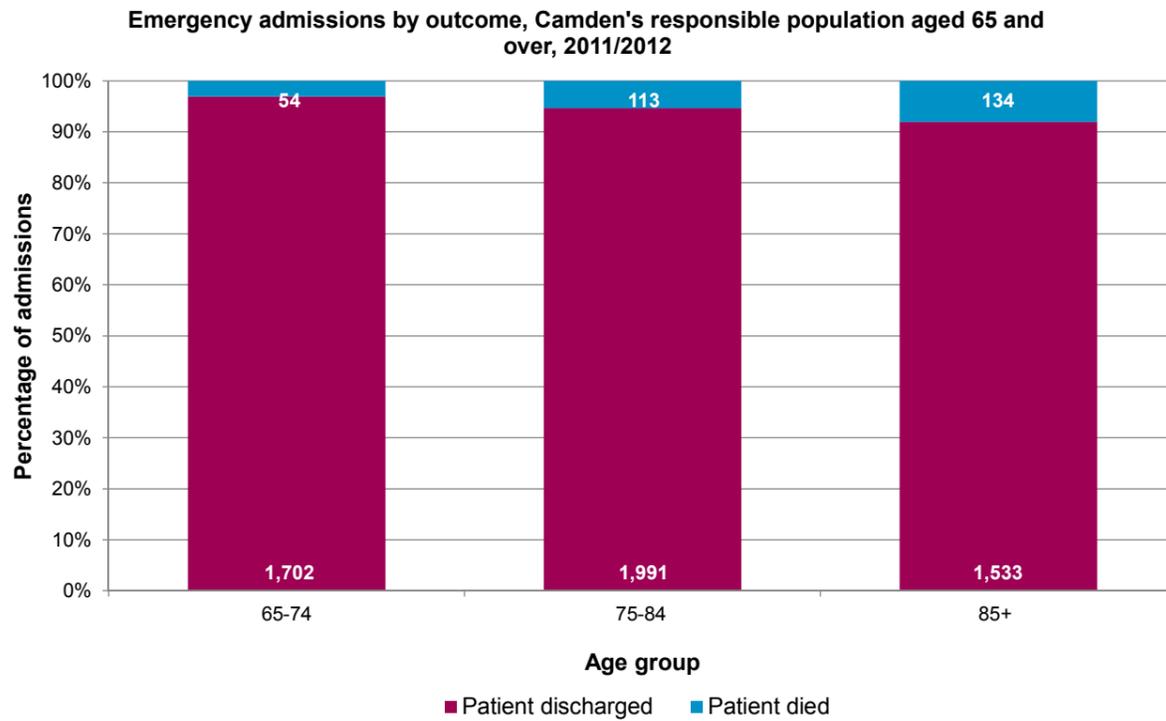
- Five wards have a significantly higher percentage of people aged 65+ admitted as emergency than Camden's average. Six wards are below the average.

Emergency admissions, by cause



- The majority of admissions in Camden's elderly people are due to unclassified causes (19%), respiratory diseases (15%), circulatory diseases (15%) and external causes (14%).

Emergency admissions, by outcome



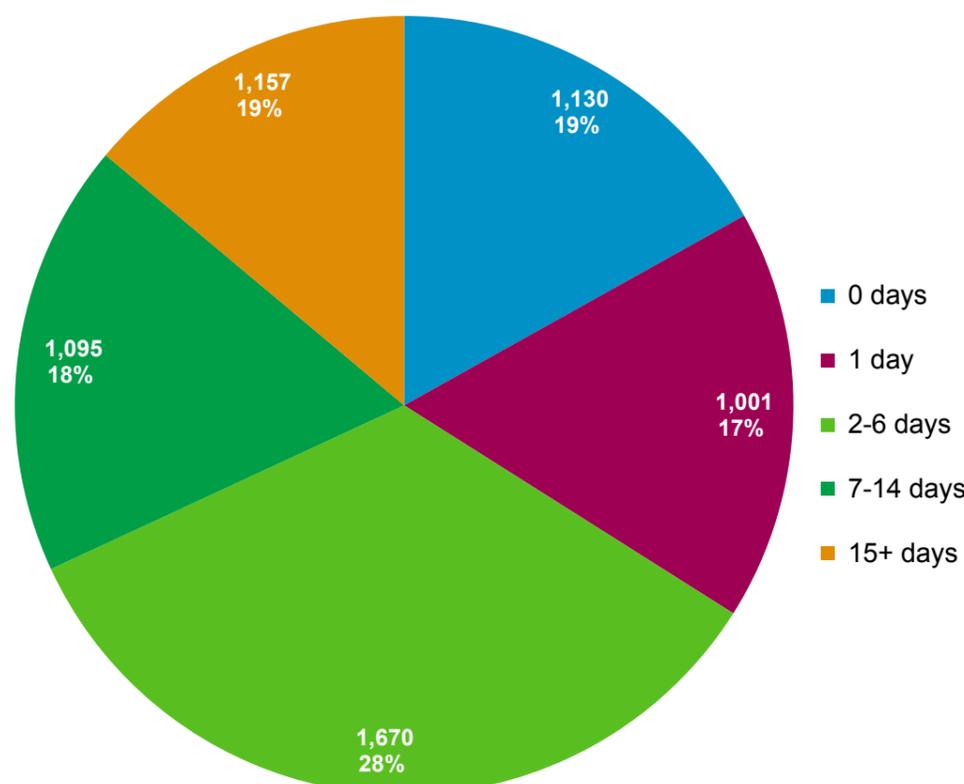
- Approximately one-in-ten people aged 85+ died following an emergency admission.
- This is reduced to fewer than one-in-twenty for 65-74 year olds.

Source: SUS, 2012

48

Emergency admissions by length of stay

Emergency admissions by length of stay, Camden's responsible population aged 65 and over, 2011/12



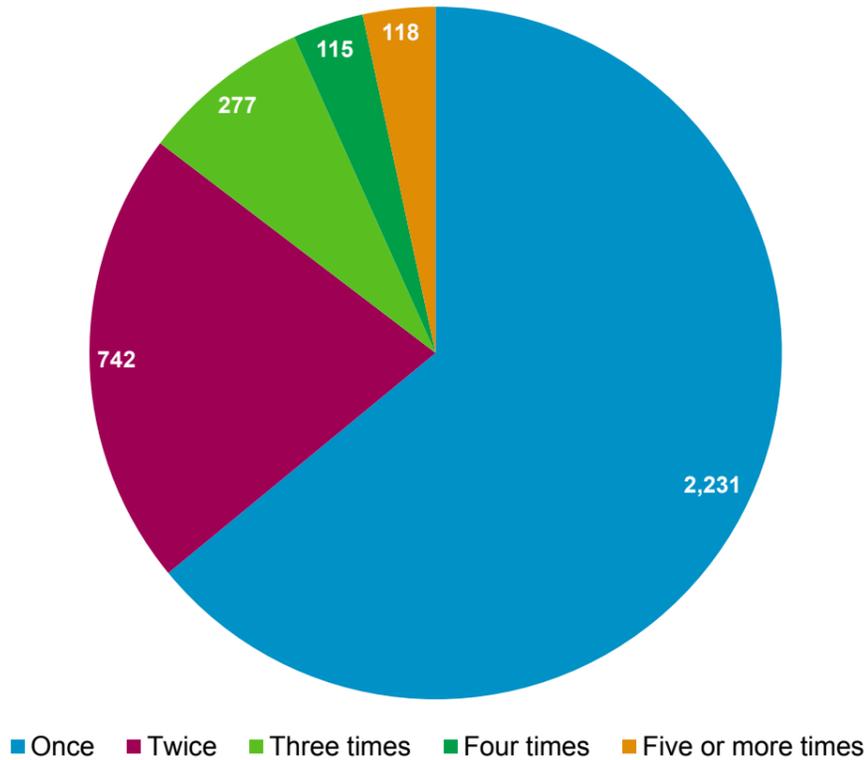
- 80% of emergency admissions in Camden's responsible population aged 65+ required an overnight stay.
- The largest proportion of admissions lasted 2-6 days (33%).

Note: 269 admissions excluded due to missing data on length of stay; Source: SUS, 2012

49

Number of emergency admissions

Number of admissions per person, Camden's responsible population aged 65 years and over, 2011/2012

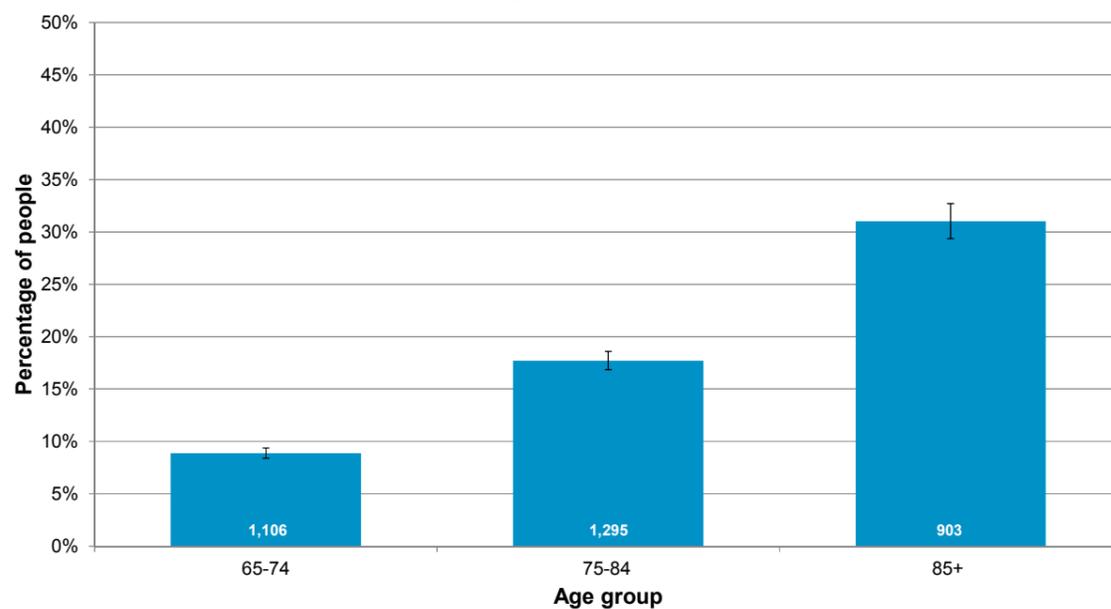


Source: SUS, 2012

- The majority of Camden's responsible population aged 65 and over admitted as an emergency in 2011/12 attended once (65%).
- Of the 35% who were admitted multiple times, 510 attended three or more times.

Emergency admissions, by age

Percentage of people admitted as an emergency, by age and sex, Camden's registered population aged 65 and over, 2011/12



Source: SUS, 2012 (admissions); Camden's PH GP dataset, 2012 (population denominator)

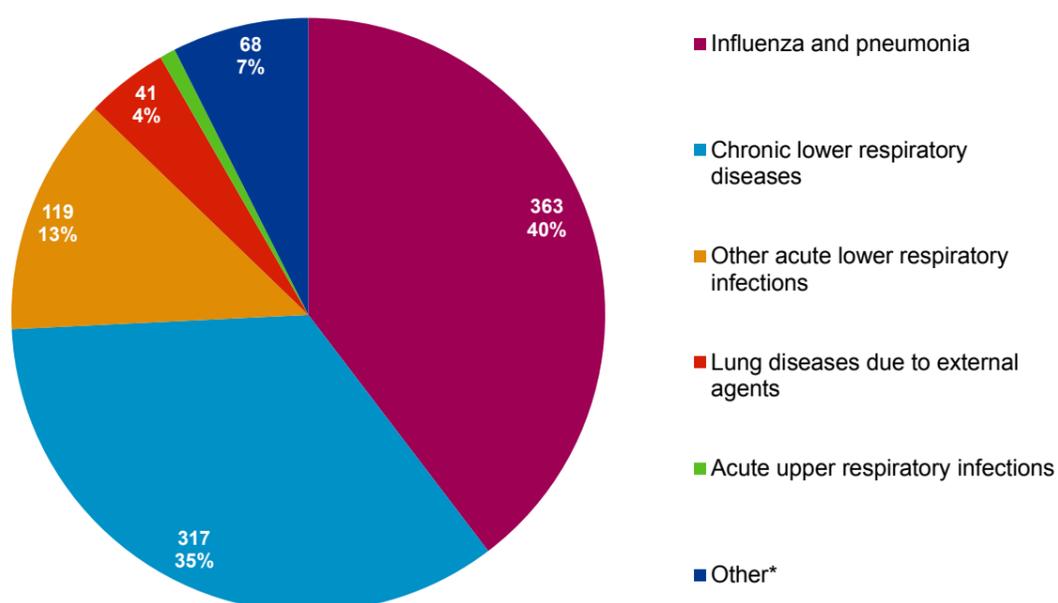
- One-in-three people aged 85+ were admitted as an emergency in 2011/12, compared to about one-in-ten emergency admissions in people aged 65-74.

a) Emergency admissions due to respiratory conditions

52

Breakdown of admissions due to respiratory condition

Breakdown of emergency admissions due to respiratory conditions, Camden's responsible population aged 65 and over, 2011/2012



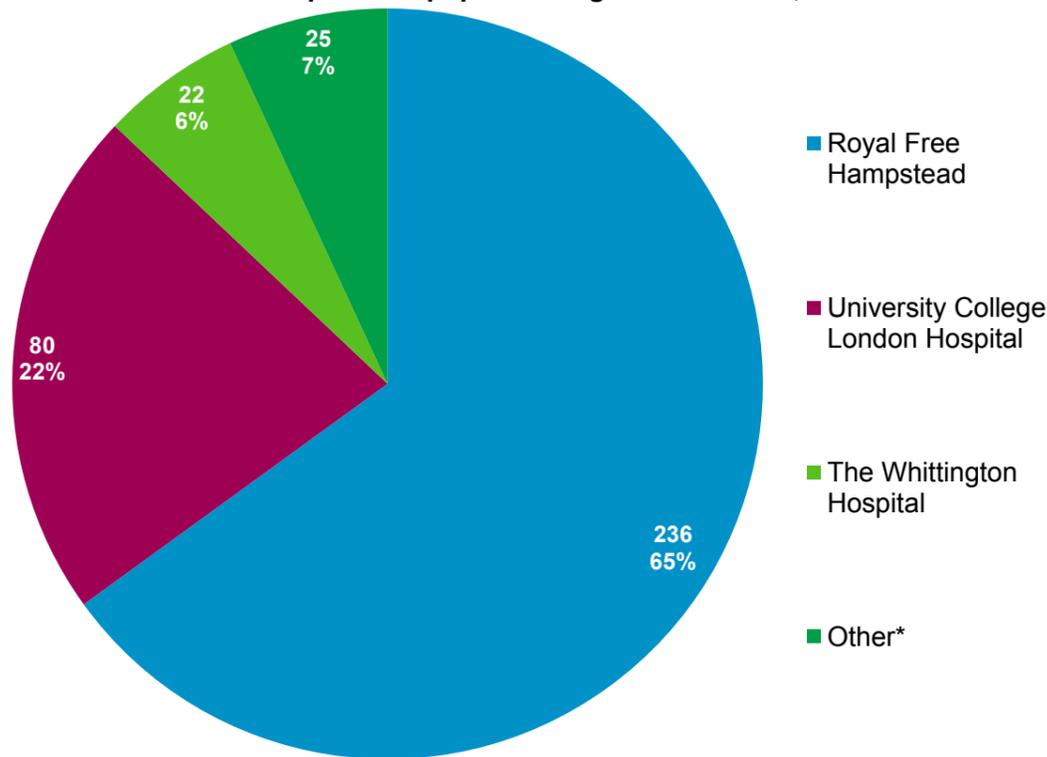
*Other diseases of the respiratory system includes other diseases of the upper respiratory tract and suppurative and necrotic conditions of the lower respiratory tract; **Source:** SUS, 2012

- There were 916 emergency admissions due to respiratory conditions in people aged 65+ in Camden in 2011/12.
- 40% (363) of emergency respiratory admissions were due to flu and pneumonia.
- The second leading respiratory cause of emergency admission was chronic lower respiratory diseases (35%, n=317), including COPD and asthma.

53

Emergency admissions: flu and pneumonia, by provider

Breakdown of emergency admissions for flu and pneumonia, by service provider, Camden's responsible population aged 65 and over, 2011/12

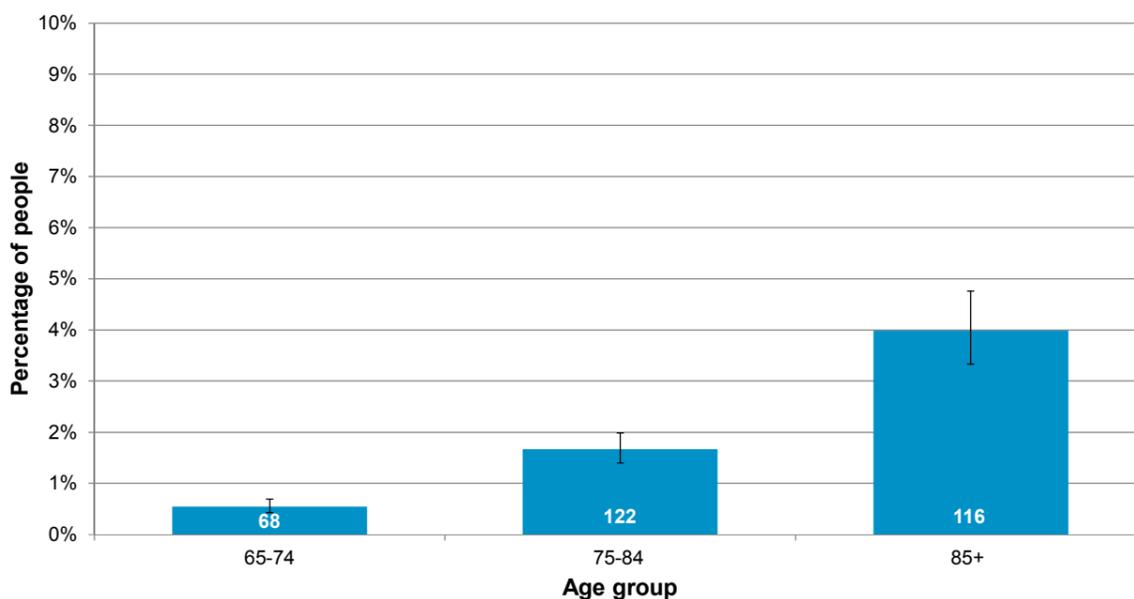


- The majority of the 363 admissions for flu and pneumonia from 323 people aged 65+ in Camden took place at the Royal Free (236).

*Includes BCF, NMUH and out of sector trusts; Source: SUS, 2012

Emergency admissions: flu and pneumonia, by age

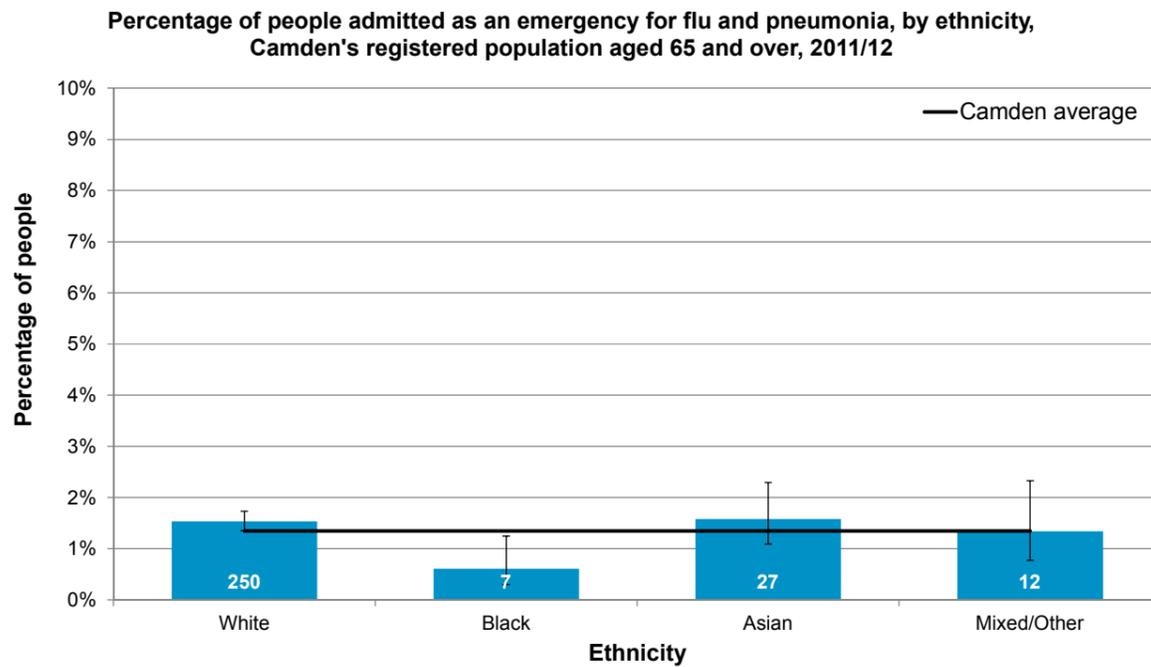
Percentage of people admitted as an emergency for flu and pneumonia, by age group, Camden's registered population aged 65 and over, 2011/12



- The percentage of those admitted for flu and pneumonia as an emergency in 2011/12 increased with age in people aged 65+.
- The number of people admitted was highest in those aged 75-84.

Source: SUS, 2012 (admissions); Camden's PH GP dataset, 2012 (population denominator)

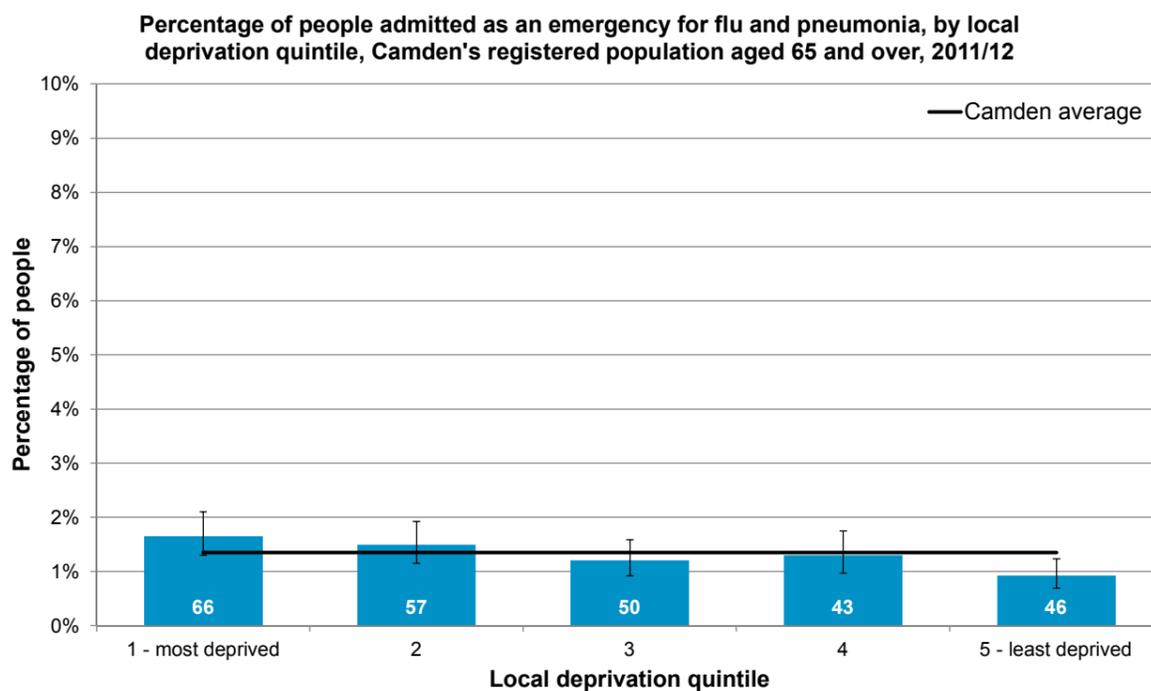
Emergency admissions: flu and pneumonia, by ethnicity



- People of White ethnicity were significantly more likely to be admitted as an emergency for flu and pneumonia in 2011/12 than those of Black ethnicity.
- They also accounted for 82% of all people admitted in that group.

Source: SUS, 2012 (admissions); Camden's PH GP dataset, 2012 (population denominator). Some people were not included because their ethnicity data was unavailable

Emergency admissions: flu and pneumonia, by deprivation

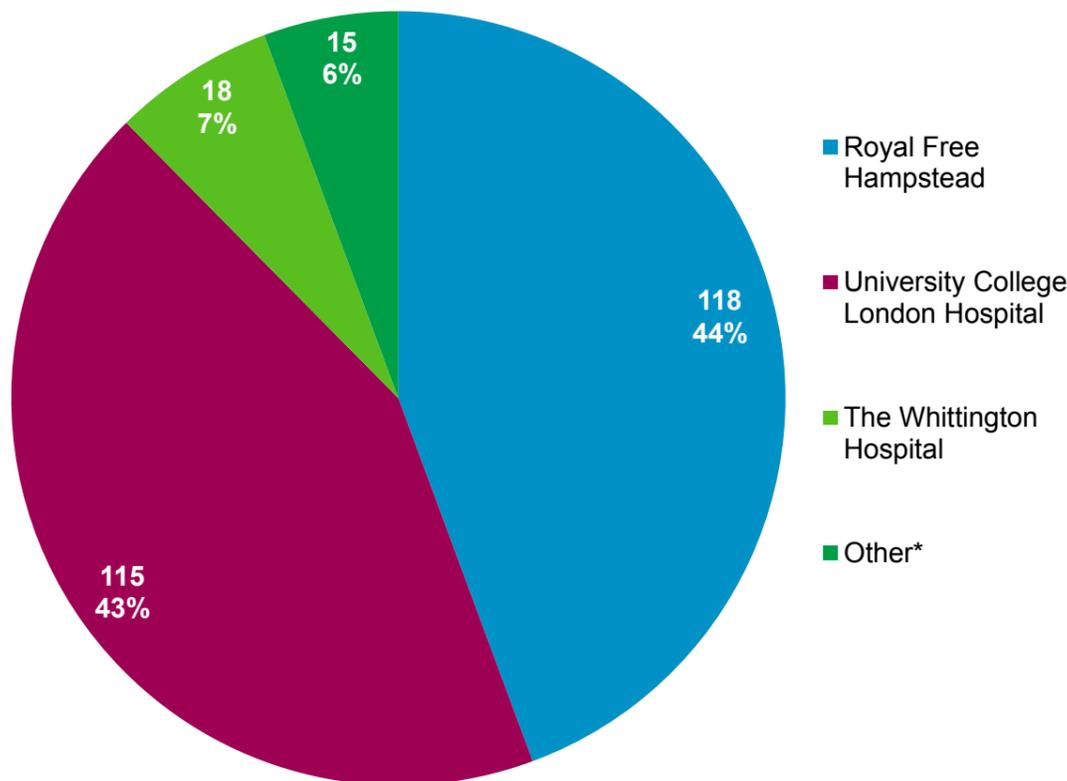


- People living in the most deprived areas were significantly more likely to be admitted as an emergency for flu and pneumonia in 2011/12 than those living in the least deprived areas.

Note: 44 people were not included because their local deprivation data was unavailable; Source: SUS, 2012 (admissions); Camden's PH GP dataset, 2012 (population denominator)

Emergency admissions: COPD, by provider

Breakdown of emergency admissions for COPD, by service provider, Camden's responsible population, aged 65 and over, 2011/12

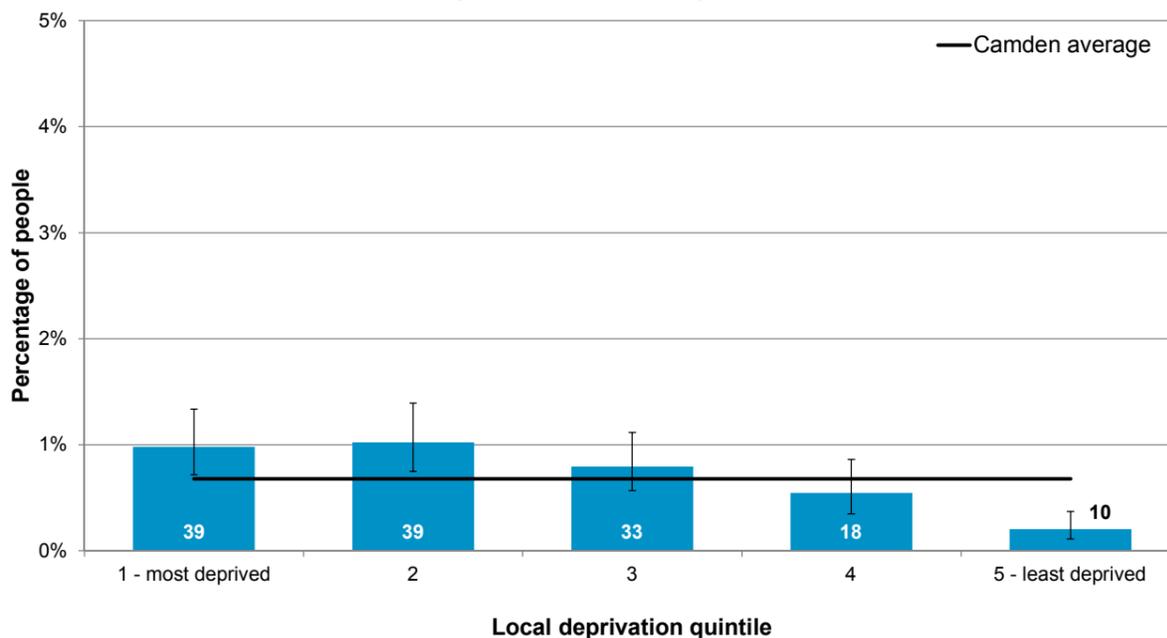


- There were 266 emergency admissions for COPD in 167 people aged 65+ in Camden in 2011/12.
- The majority of emergency admissions took place at the Royal Free (118).

*Includes Homerton Hospital, NNUH and out of sector trusts; Source: SUS, 2012

Emergency admissions: COPD, by deprivation

Percentage of people admitted as an emergency for COPD, by local deprivation quintile, Camden's registered population, aged 65 and over, 2011/12



- Older people living in the most deprived areas were significantly more likely to be admitted as an emergency for COPD, than people living in the least deprived areas in 2011/12.
- There were no differences in the percentage of older people admitted for COPD by age and sex or ethnicity, (data not shown).

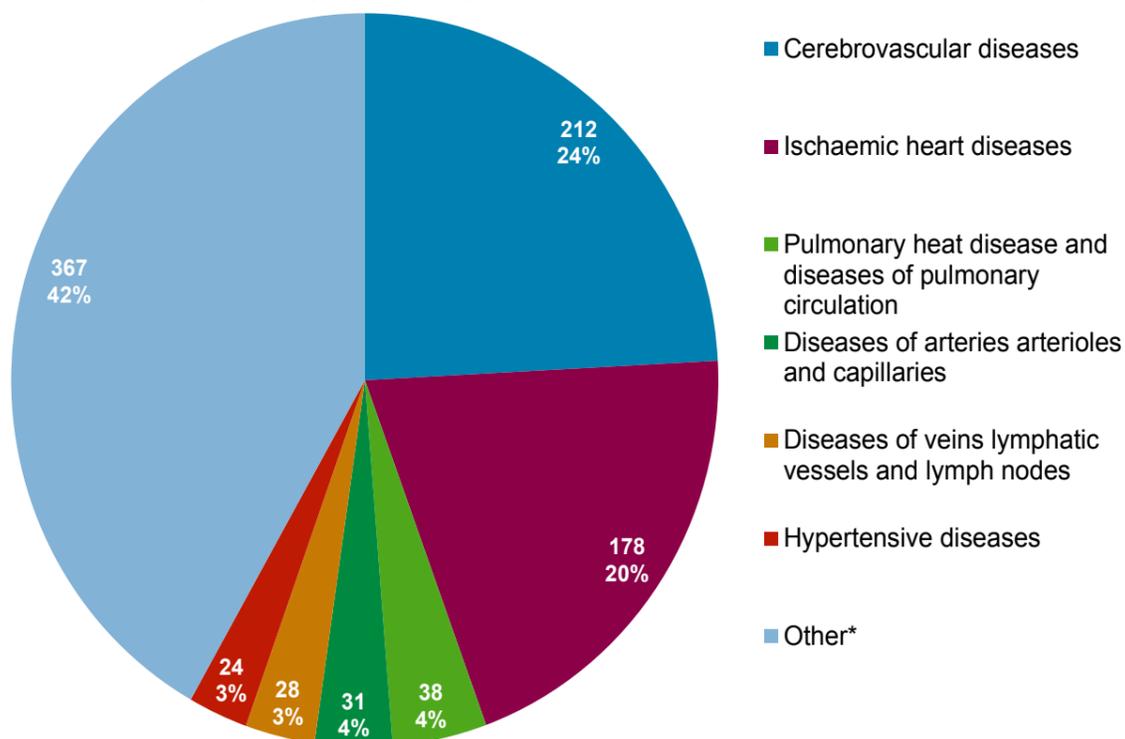
Note: 15 people were not included because their deprivation data was unavailable; Source: SUS, 2012 (admissions), Camden's PH GP dataset, 2012 (population denominator)

b) Emergency admissions due to circulatory conditions

60

Breakdown of admissions due to circulatory conditions

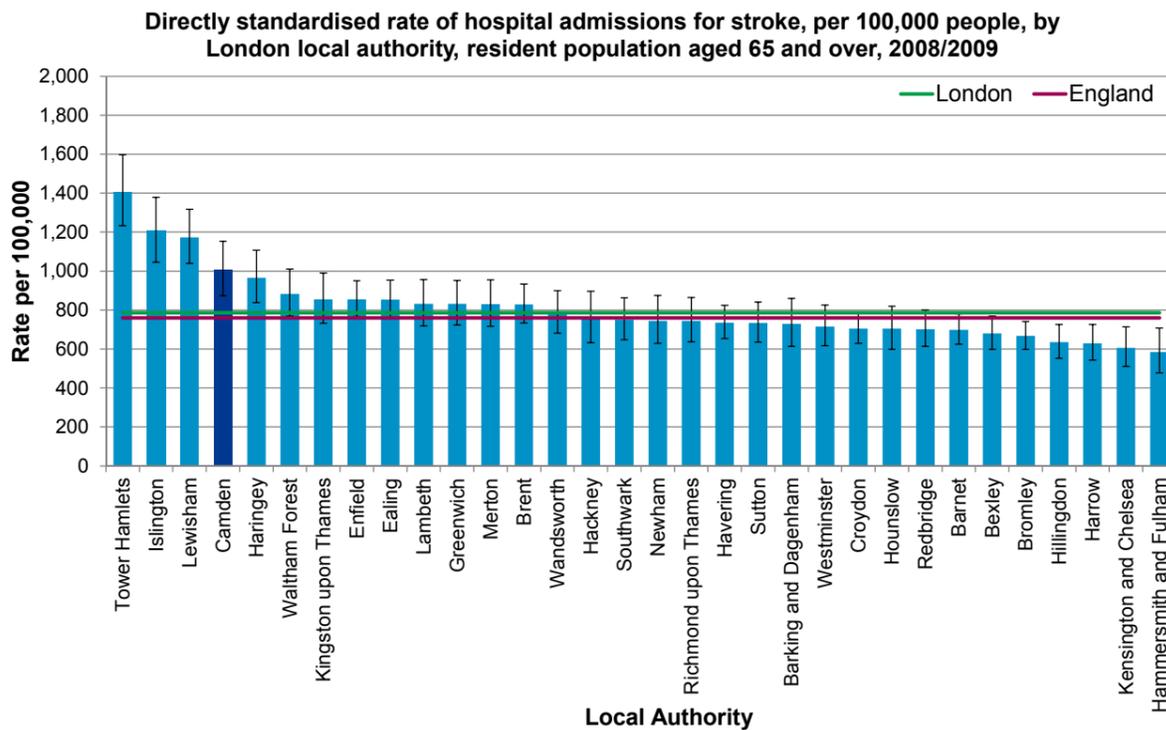
Breakdown of emergency admissions due to circulatory conditions, Camden's responsible population aged 65 and over, 2011/2012



- There were 878 emergency admissions for circulatory conditions in those aged 65+ in Camden in 2011/12.
- Cerebrovascular disease (including stroke) and ischaemic heart diseases were the major contributors to emergency admissions in elderly people, causing 212 and 178 emergency admissions, respectively.

*Other includes: Other and unspecified disorders of the circulatory system, and other forms of heart disease
Source: SUS, 2012

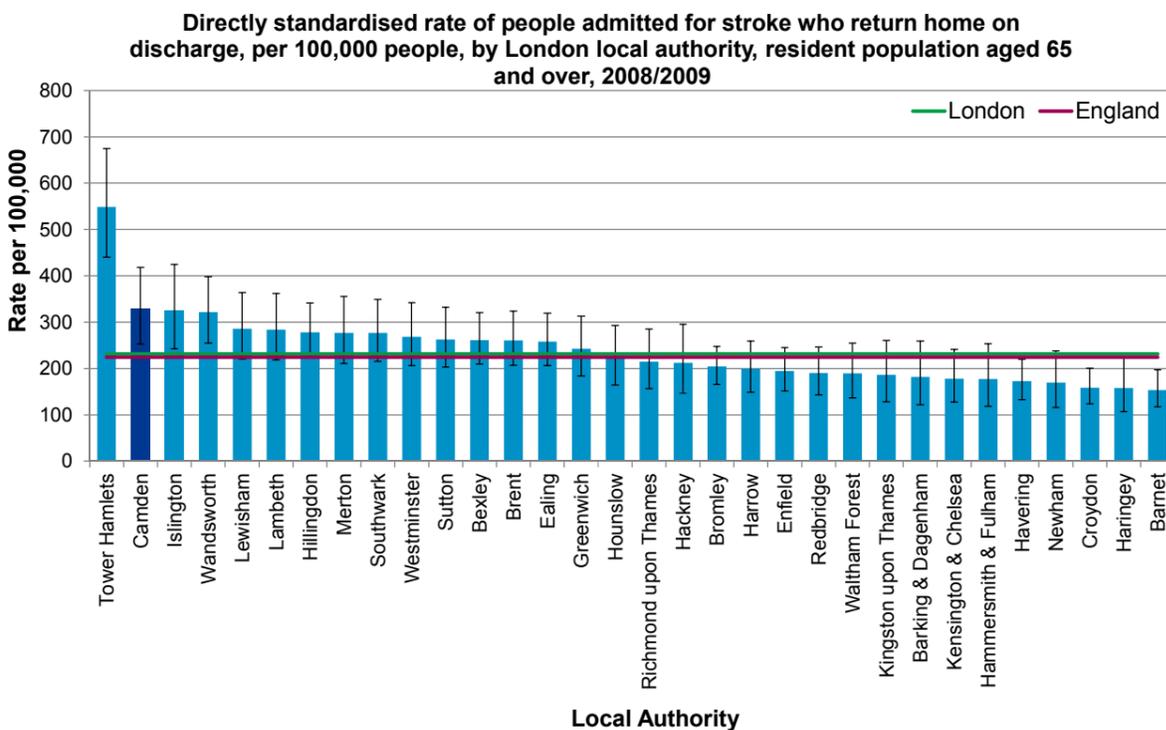
Emergency admissions: stroke & TIA, by London LA



Note: City of London has been excluded due to small numbers; Source: HES (numerator), ONS (denominator), collated and prepared by WMPHO, 2012

- There were 227 emergency admissions due to stroke in people aged 65+ in Camden in 2008/2009.
- This was 1,006 emergency admissions per 100,000, the fourth highest rate in London, significantly higher than London (786 per 100,000) and England (760 per 100,000).

Returning home after a stroke, by London LA

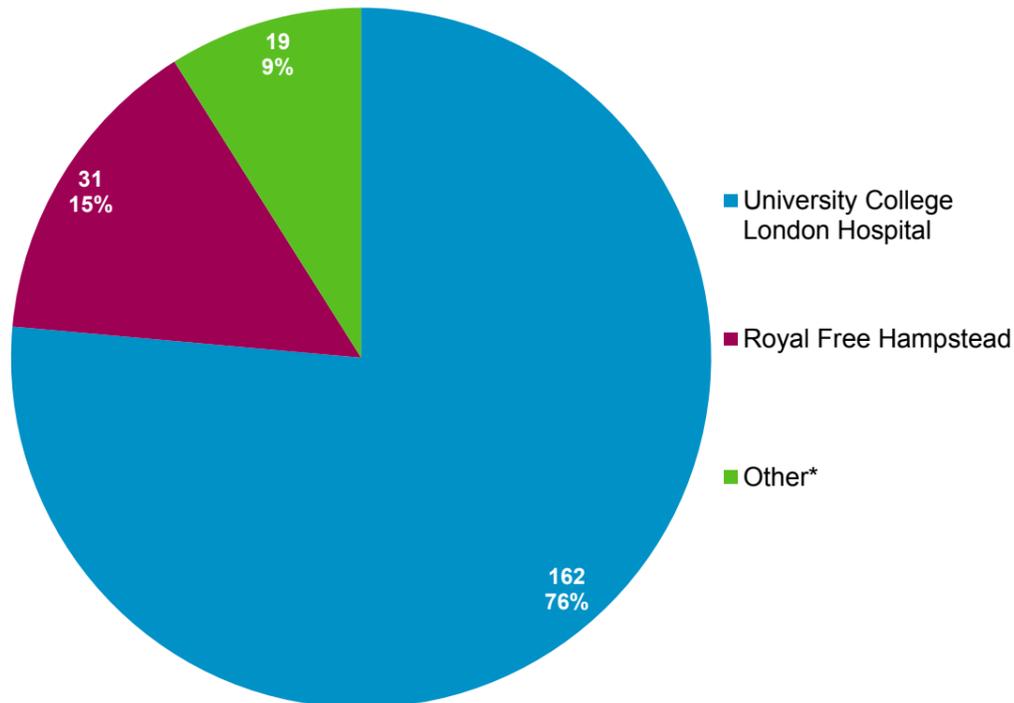


Note: City of London excluded due to small numbers; Source: HES (numerator), ONS (denominator), collated and prepared by WMPHO, 2012

- 70 people aged 65+ who were admitted for stroke were subsequently discharged to their own homes in Camden in 2008/2009.
- This was 328 returns to home per 100,000, the second highest rate in London, significantly higher than London (232 per 100,000) and England (224 per 100,000).
- This may be due to management practices in the hospital.

Emergency admissions: stroke & TIA, by provider

Breakdown of emergency admissions for stroke and TIA, by service provider, Camden's responsible population, aged 65 and over, 2011/12

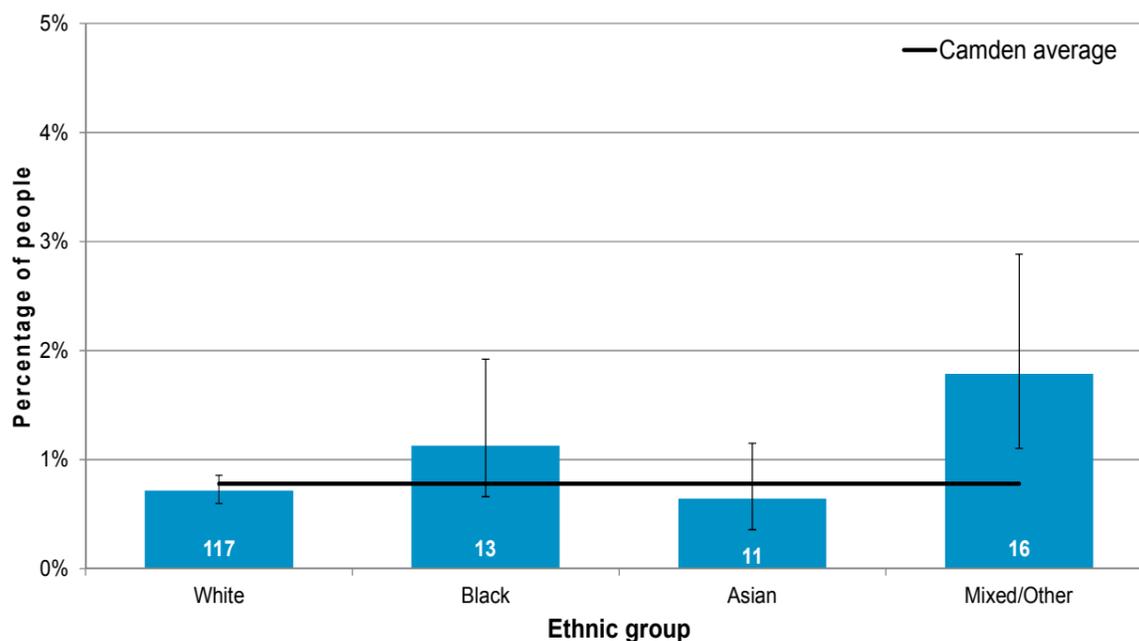


- There were 212 emergency admissions for stroke and TIA in people aged 65+ in Camden in 2011/12.
- Unlike other conditions, the majority of emergency admissions took place at University College London Hospital (n=162) (a hospital with a specialist stroke unit).
- A further 15% of admissions were to Royal Free (stroke unit, SU, at the premises).

*Includes Barts & the London, NNUH, Whittington Hospital and out of sector trusts; Source: SUS, 2012

Emergency admissions: stroke & TIA, by ethnicity

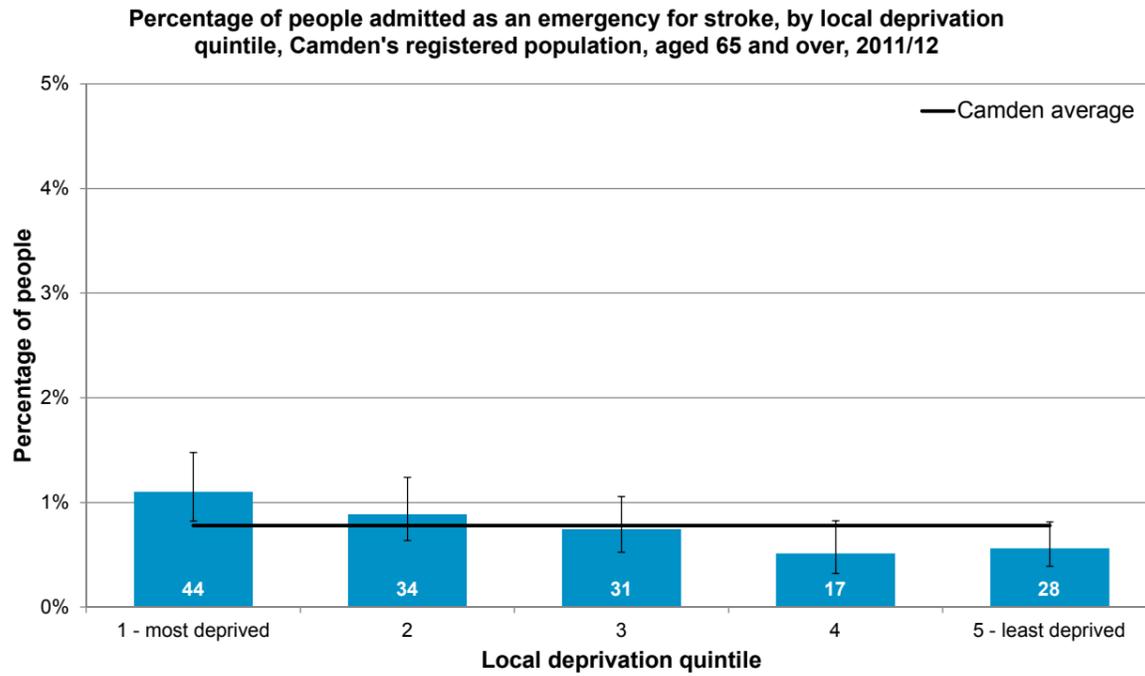
Percentage of people admitted as an emergency for stroke, by ethnic group, Camden's registered population, aged 65 and over, 2011/12



- People of Mixed ethnicity were significantly more likely to be admitted as an emergency for stroke/TIA in 2011/12 than those of White ethnicity.
- However, the number of people admitted for stroke/TIA from the White population was seven times as high.

Note: 10 people were not included due to missing ethnicity data. Source: SUS, 2012 (admissions); Camden's PH GP dataset, 2012 (population denominator).

Emergency admissions: stroke & TIA, by local deprivation



- Older people living in the most deprived areas were significantly more likely to be admitted as an emergency for stroke/TIA, than people living in the least deprived areas in 2011/12.
- There were no differences in the percentage of older people admitted for stroke/TIA by age and sex (data not shown).

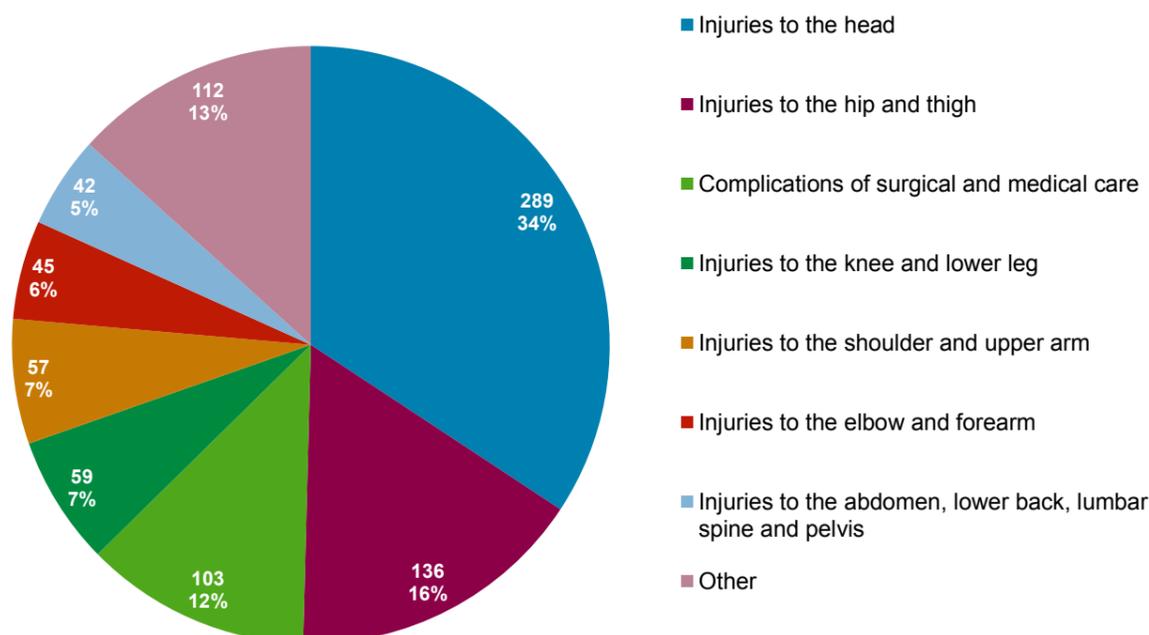
Note: 23 people were not included because their deprivation data was unavailable; Source: SUS, 2012 (admissions), Camden's PH GP dataset, 2012 (population denominator)

c) Emergency admissions due external causes

67

Breakdown of admissions due to external causes

Breakdown of emergency admissions due to external causes, Camden's responsible population aged 65 and over, 2011/2012

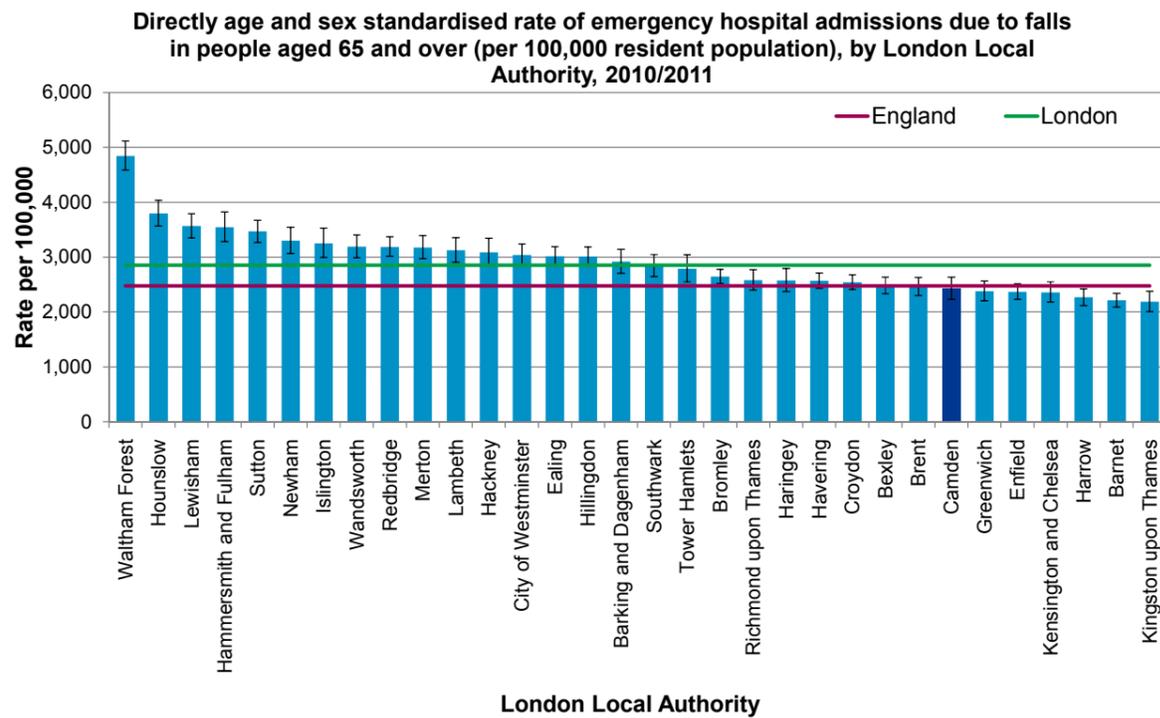


- There were 955 emergency admissions due to external causes in those aged 65+ in Camden in 2011/12.
- 34% of these admissions (289) were due to head injuries, followed by injuries to hip and thigh (16%, 136) and complications of surgical and medical care (12%, 103).

Other includes: Injuries to the thorax, Poisoning by drugs, medicaments and biological substances, Injuries to the wrist and hand, Other and unspecified effects of external causes, Injuries to the ankle and foot, Certain early complications of trauma, Oth

68

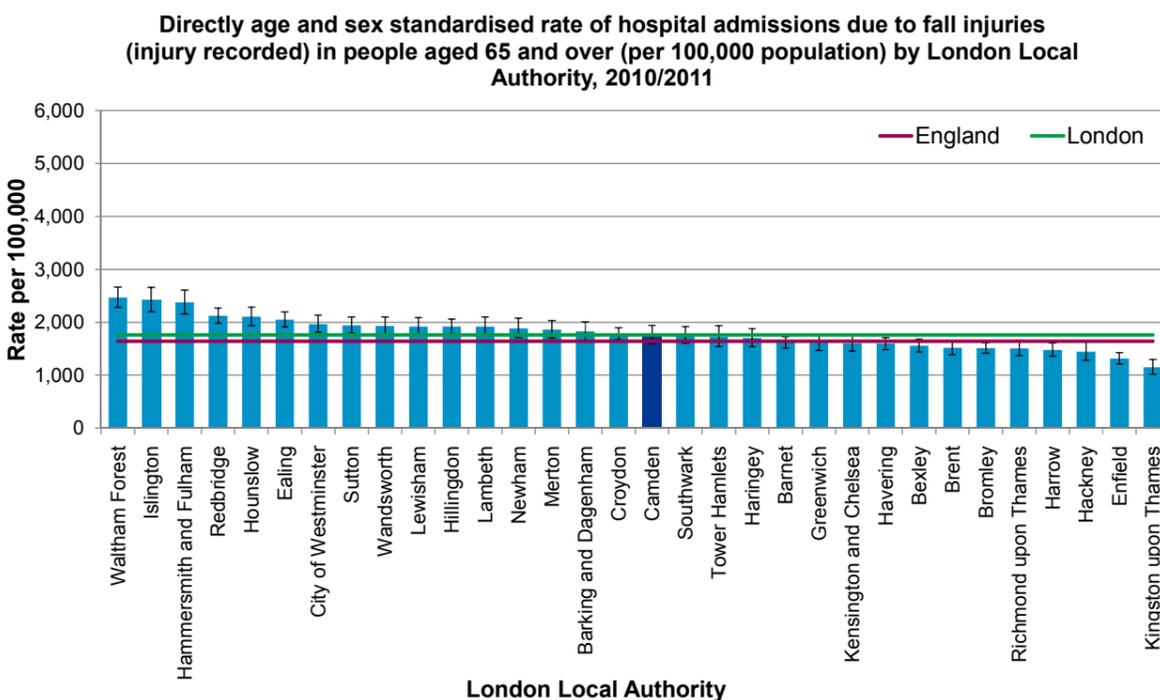
Emergency admissions: falls, by London LA



- There were 2,425 admissions due to falls in people aged 65+ per 100,000 people in Camden in 2010/11 (n=642).
- The Camden rate was below the London rate (2,850 per 100,000) and no different to the England rate (2,475 per 100,000).

Note: City of London has been excluded due to small numbers; Falls classified according to ICD-10 codes W00-W19; Source: South West Public Health Observatory, 2012

Emergency admissions: fall injuries, by London LA

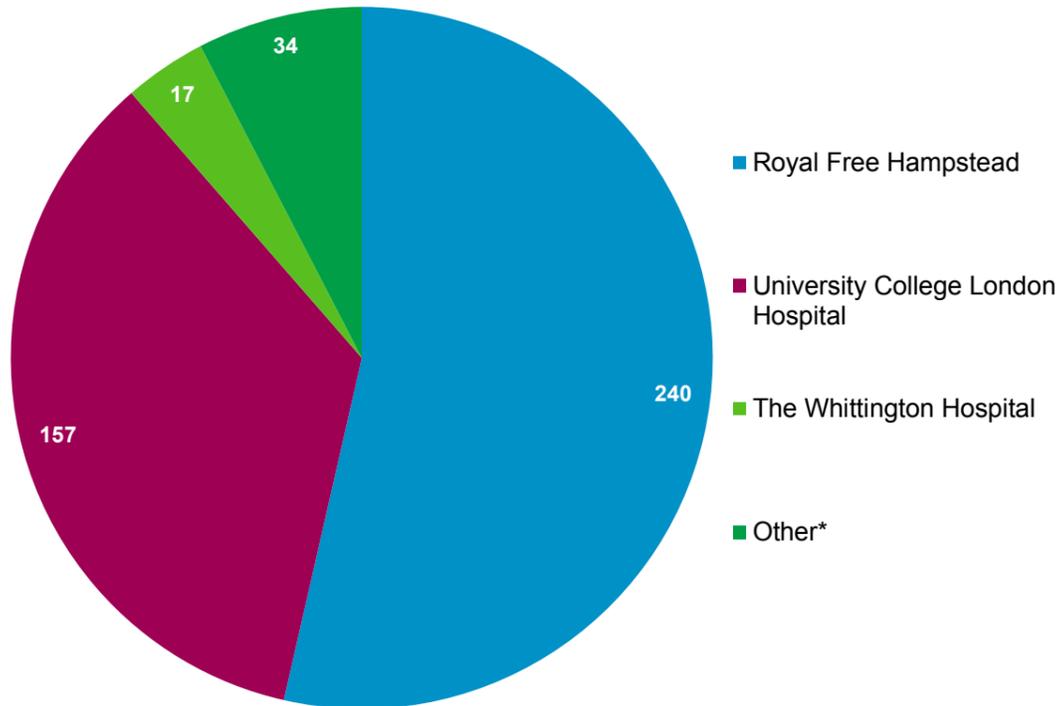


- There were 466 admissions due to fall injuries in people aged 65+ in 2010/11 in Camden.
- The Camden rate of 1,766 fall injury admissions per 100,000 people was no different to both London (1,763 per 100,000) and England (1,642 per 100,000).

Note: City of London excluded due to small numbers; Fall injuries classified according to ICD-10 codes S00-T98X; Source: South West Public Health Observatory, 2012

Emergency admissions: falls or fall injuries, by provider

Breakdown of emergency admissions for falls or fall injuries, by service provider, Camden's responsible population aged 65 and over, 2011/2012

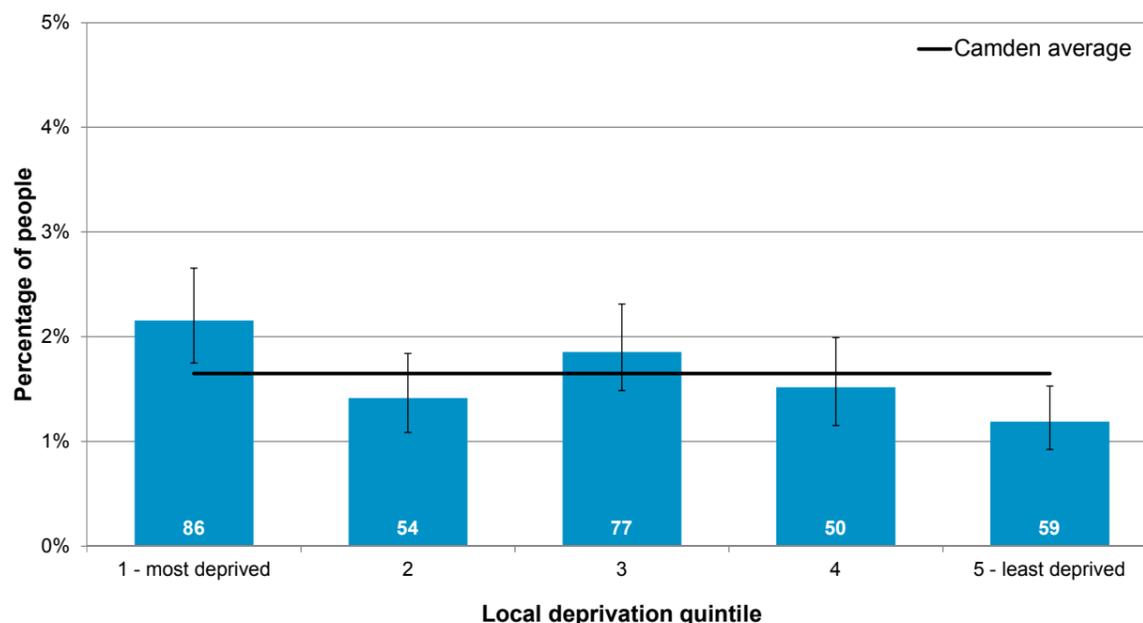


- There were 448 emergency admissions due to falls or fall injuries in 395 people aged 65+ in 2011/12 in Camden.
- The majority of the emergency admissions due to falls or fall injuries occurred at the Royal Free (240).

*Includes Barts & the London, BCF, trusts out of sector and other providers; See methods and data sources for case definition; Source: SUS, 2012.

Emergency admissions: falls or fall injuries, by deprivation

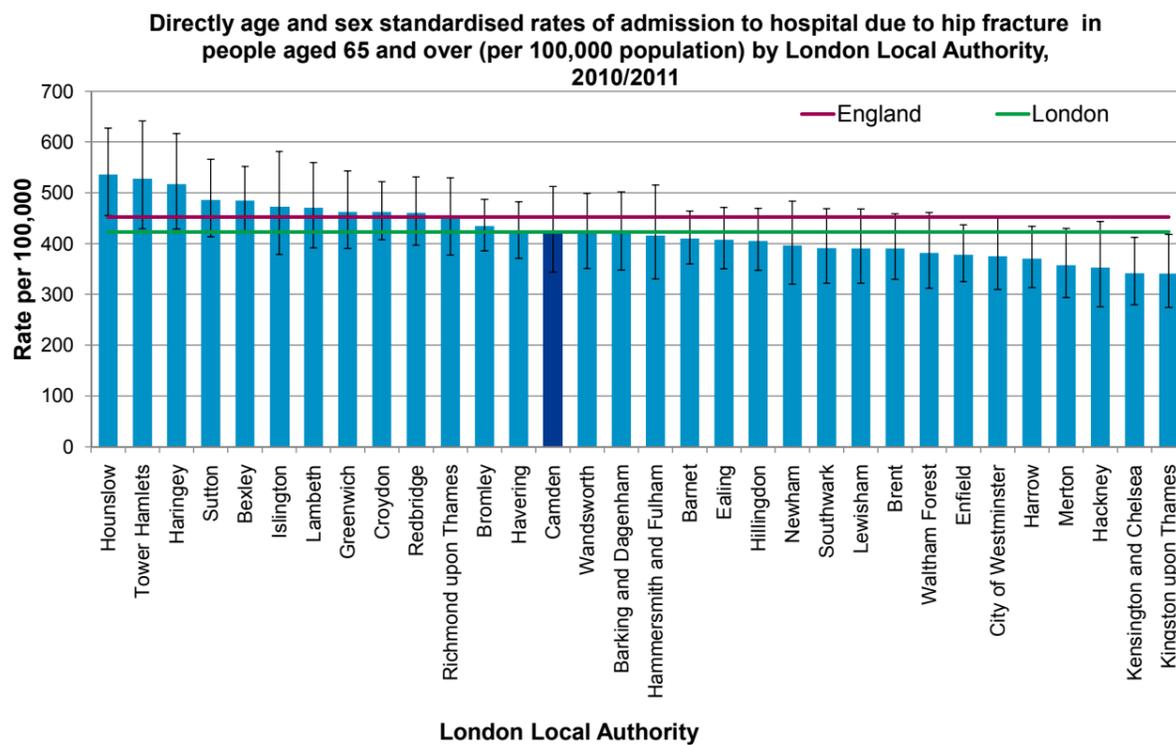
Percentage of people admitted as an emergency for falls or fall injuries, by local deprivation quintile, Camden's registered population aged 65 and over, 2011/12



- People from the most deprived quintile are more likely to be admitted for falls or fall injuries than people from the least deprived areas.
- There are no significant differences in the percentage of admissions due to falls by age and sex or ethnicity (data not shown).

Source: SUS, 2012 (admissions); Camden's PH GP dataset, 2012 (population denominator). 48 people were not included because their local deprivation data was unavailable

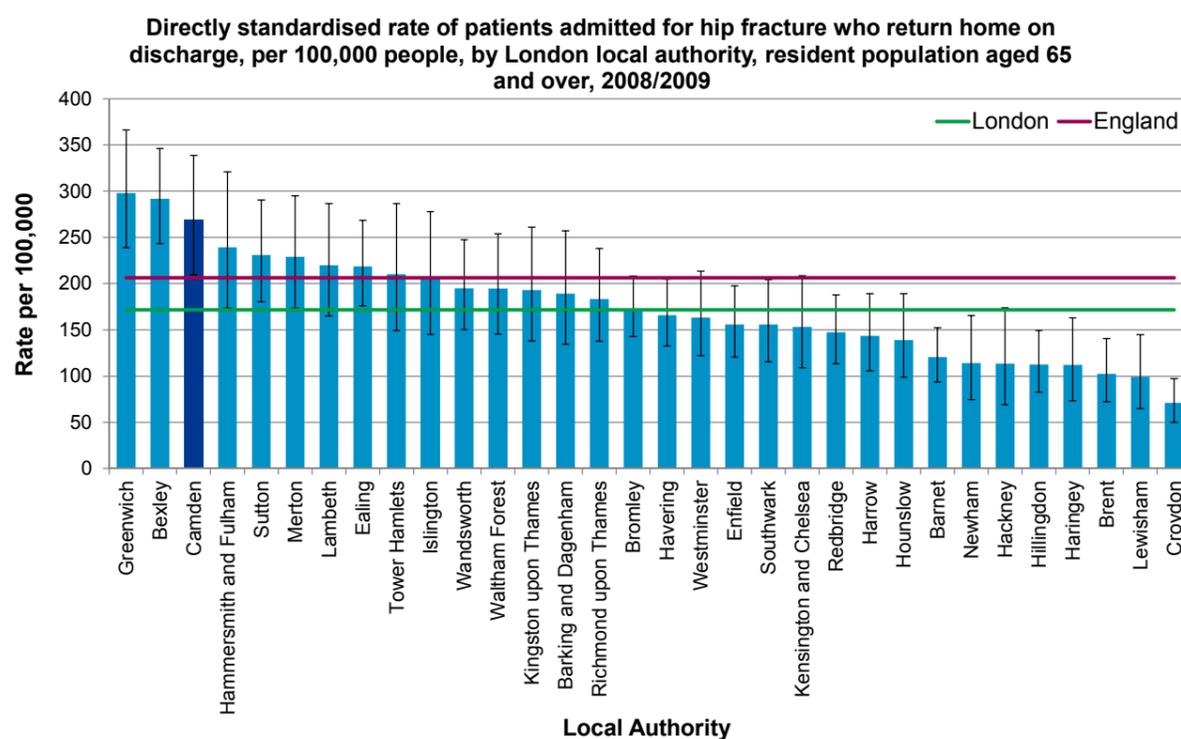
Emergency admissions: hip fracture, by London LA



Note: City of London has been excluded due to small numbers; Source: South West Public Health Observatory, 2012

- There were 114 admissions for hip fracture in 2010/11 in Camden.
- This is equivalent to a rate of 422 hip fracture admissions per 100,000 people aged 65+.
- The Camden rate was no different to London or England.

Returning home after hip fracture, by London LA

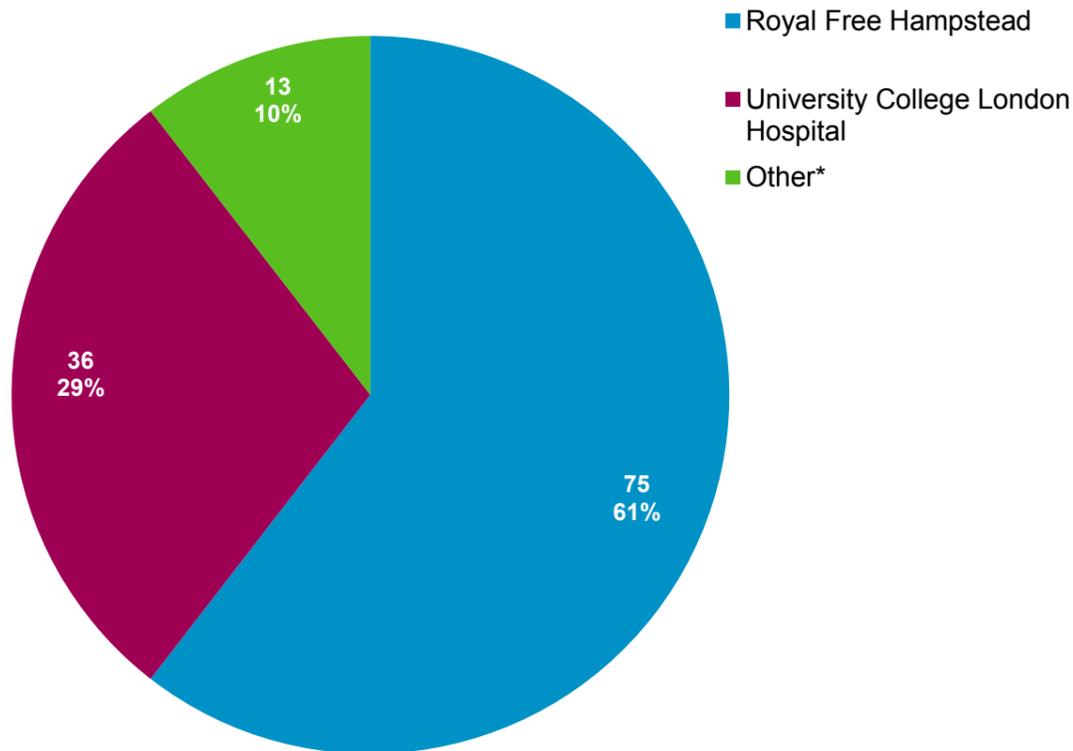


Note: City of London has been excluded due to small numbers; Source: HES (numerator), ONS (denominator), collated and prepared by WMPHO, 2012

- 78 patients aged 65+ who were admitted for hip fracture in Camden in 2008/2009 were subsequently discharged to their own homes.
- This was equivalent to a rate of 269 discharges home per 100,000 people, significantly above the London (172) and England (207) rates.

Emergency admissions: hip fracture, by provider

Breakdown of emergency admissions for fractured hips, by service provider, Camden's responsible population aged 65 and over, 2011/12

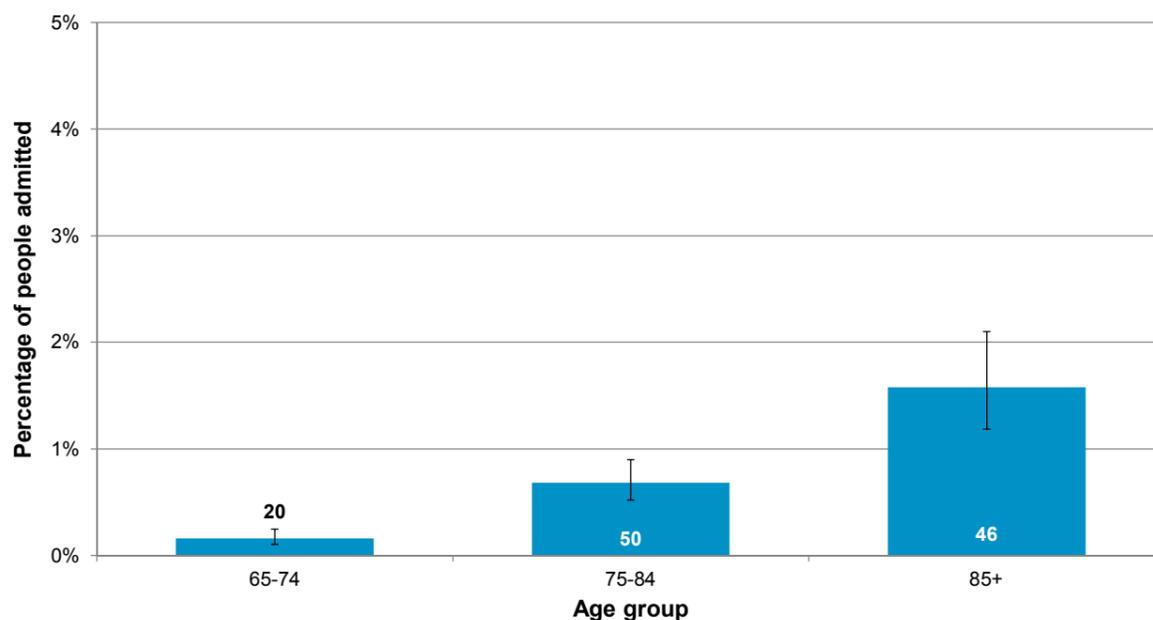


* includes Barts, The Whittington, Barnet & Chase Farm and trusts out of sector; Source: SUS, 2012 (admissions)

- There were 124 emergency admissions for hip fracture in people aged 65+ in Camden in 2011/12.
- The majority of the emergency admissions due to hip fractures in Camden in 2011/12 occurred at the Royal Free (75).

Emergency admissions: hip fracture, by age

Percentage of people admitted as an emergency for fractured hips, by age group, Camden's registered population aged 65 and over, 2011/2012



Source: SUS, 2012 (admissions); Camden's PH GP dataset, 2012 (population denominator)

- Older age groups were significantly more likely to be admitted for hip fractures in Camden in 2011/12.
- There were no significant differences in the percentage of people admitted due to hip fracture by sex, ethnicity and local deprivation quintile (data not shown).

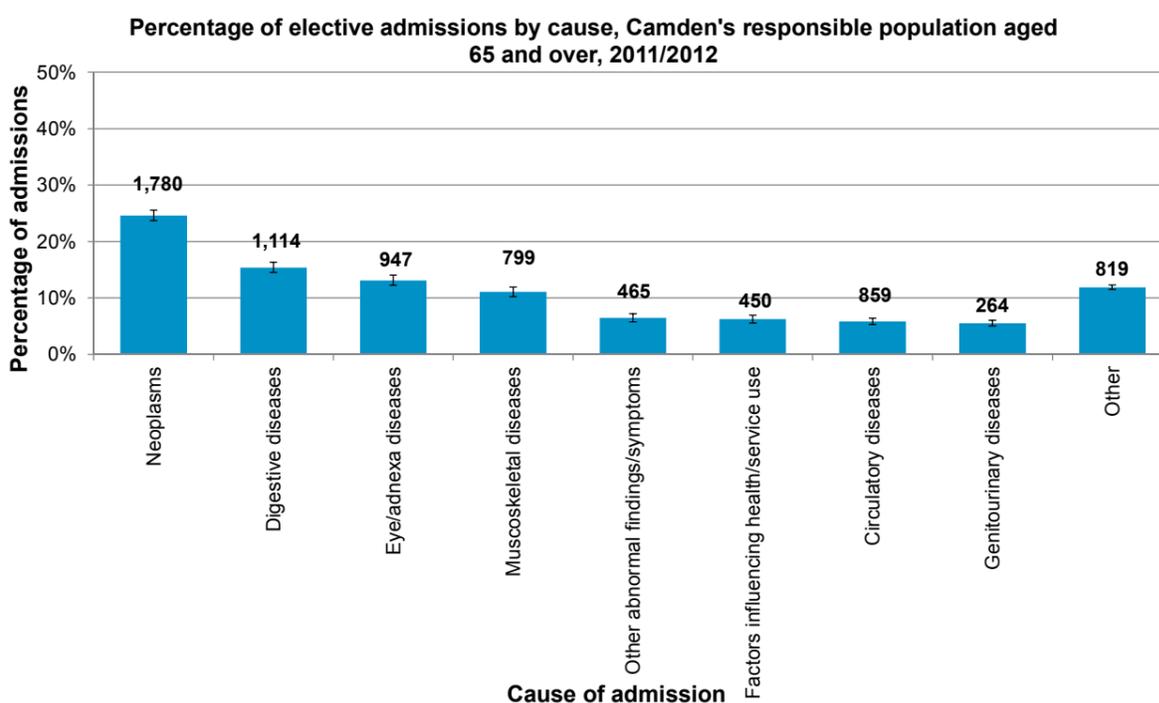
ELECTIVE HOSPITAL ADMISSIONS

This section looks at the primary causes and characteristics of elective hospital admissions in older people. Elective admissions are waiting list, booked or planned admissions.

Data for this section comes from SUS.

77

Elective admissions by cause

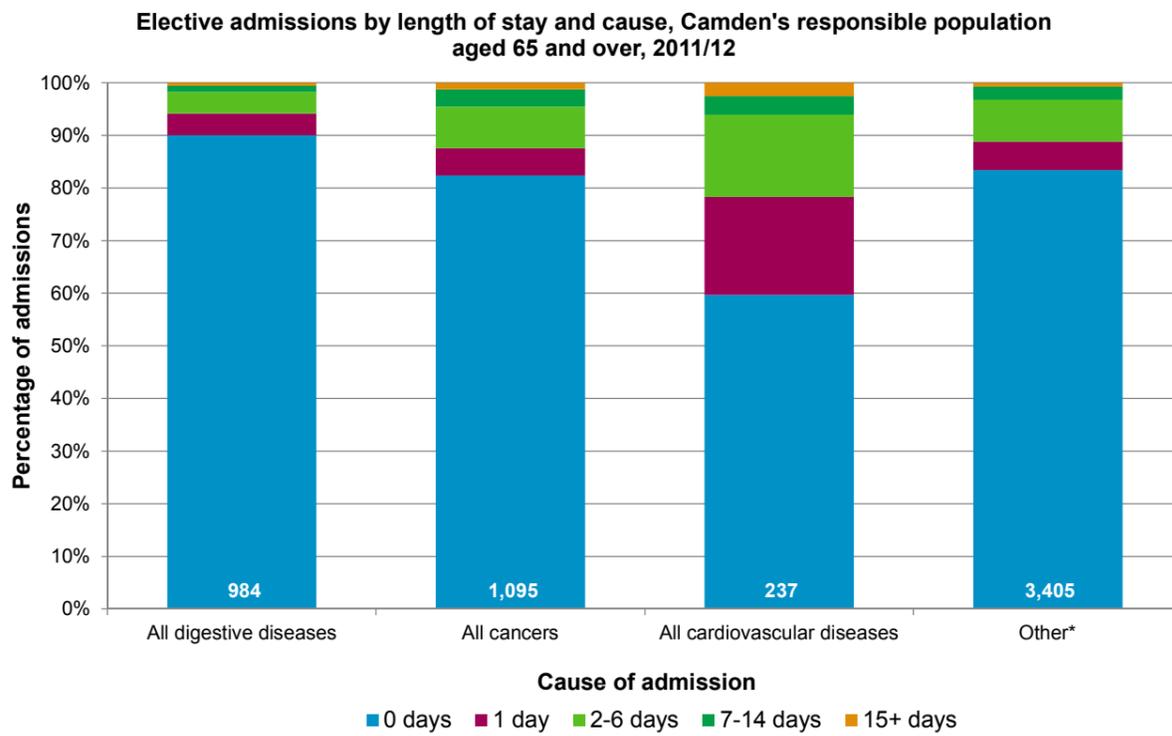


- In 2011/12 there were 7,248 elective admissions in 4,240 people aged 65 years or over in Camden, accounting for 30% of all admissions in that year in Camden's registered population.

- Neoplasms (25%) are the main causes of those admissions.

*Includes diseases of the: blood, immune system, skin, nervous system, respiratory system, ear/mastoid and external injuries/poisonings, mental/behavioural disorders, infectious/parasitic diseases, congenital abnormalities; 16 admissions excluded due to missing cause of admission; Source: SUS, 2012

Elective admissions by length of stay and cause



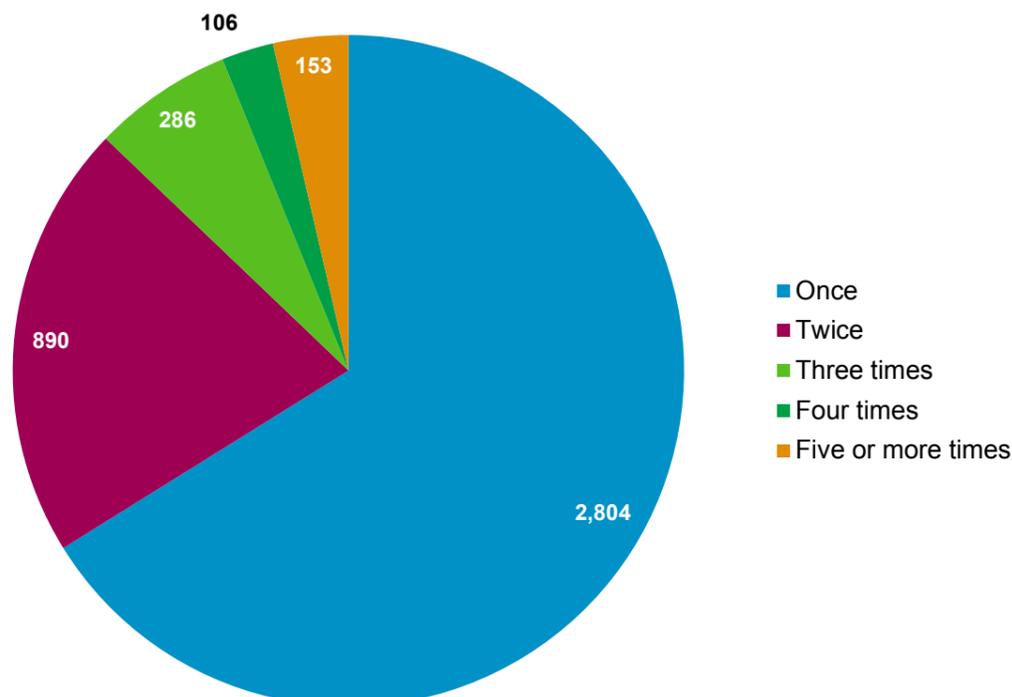
*Includes infectious and parasitic, digestive and other causes; 347 admissions excluded due to missing cause or length of stay data; Source: SUS, 2012

- About a third of elective admissions due to cardiovascular diseases in those aged 65+ required an overnight stay.

79

Number of elective admissions

Number of admissions per person, Camden's registered population aged 65 years and over, September 2012



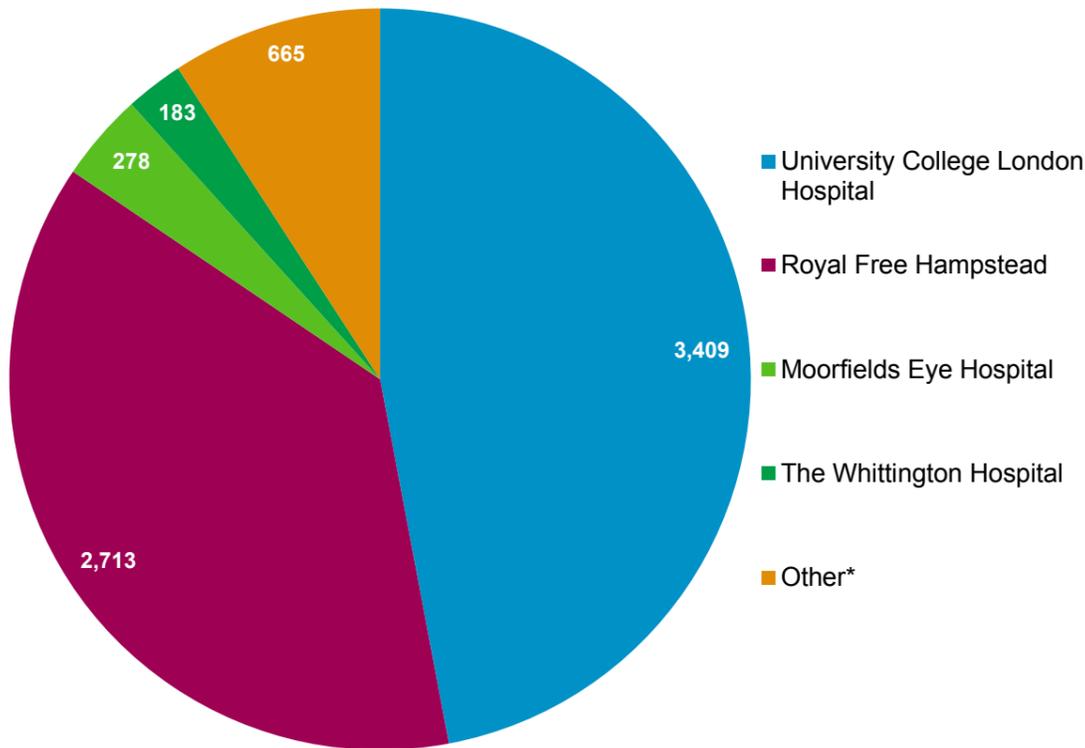
- Of those with an elective admissions to hospital, the majority of Camden's registered population aged 65 and over had one elective admission (66%) in 2011/12.

Source: SUS, 2012

80

Elective admissions by provider

Elective admissions by provider, Camden's responsible population aged 65 and over, 2011/12

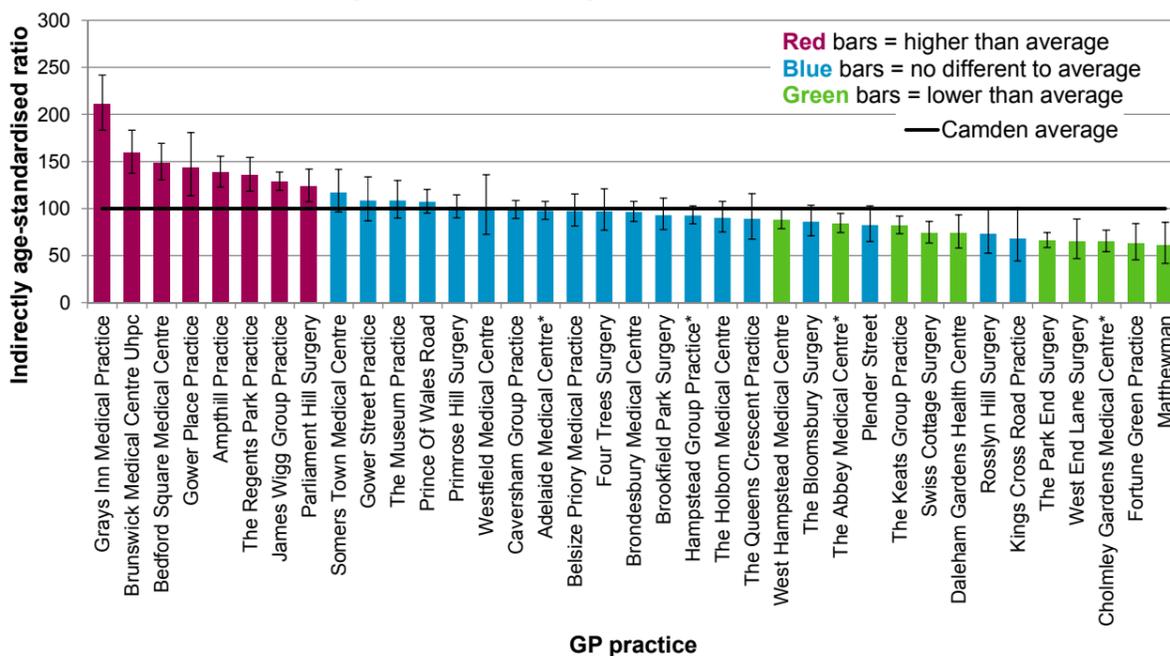


- The majority of elective admissions for Camden's responsible population aged 65 and over is to UCLH (47%), followed by Royal Free (37%).
- This differs from the emergency admissions where majority happens at the Royal Free. This may be due to the fact that majority of these admissions are for neoplasms and the UCLH hosts Macmillan Cancer Centre.

*Includes Barts & the London, BCF, Homerton, NNUH, RNOH and trusts out of sector; Source: SUS, 2012

Elective admissions by GP

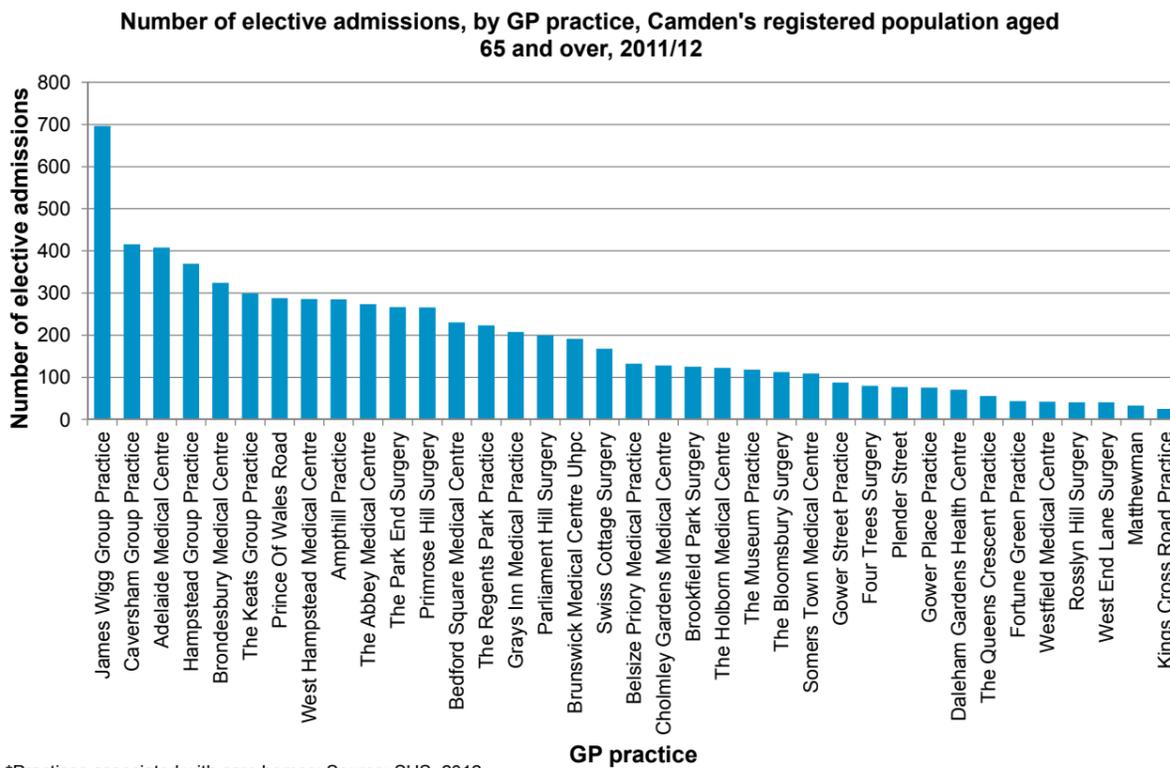
Indirectly age-standardised ratio of elective admissions, by GP practice, Camden's registered population aged 65 and over, 2011/12



- There was a high variation between GP practices in 2011/12 in the age standardised ratio of elective admissions with eight practices above the average and ten practices below the Camden average.

*Practices associated with care homes; Source: SUS, 2012 (admissions); Islington's PH GP dataset, 2011 (population denominator)

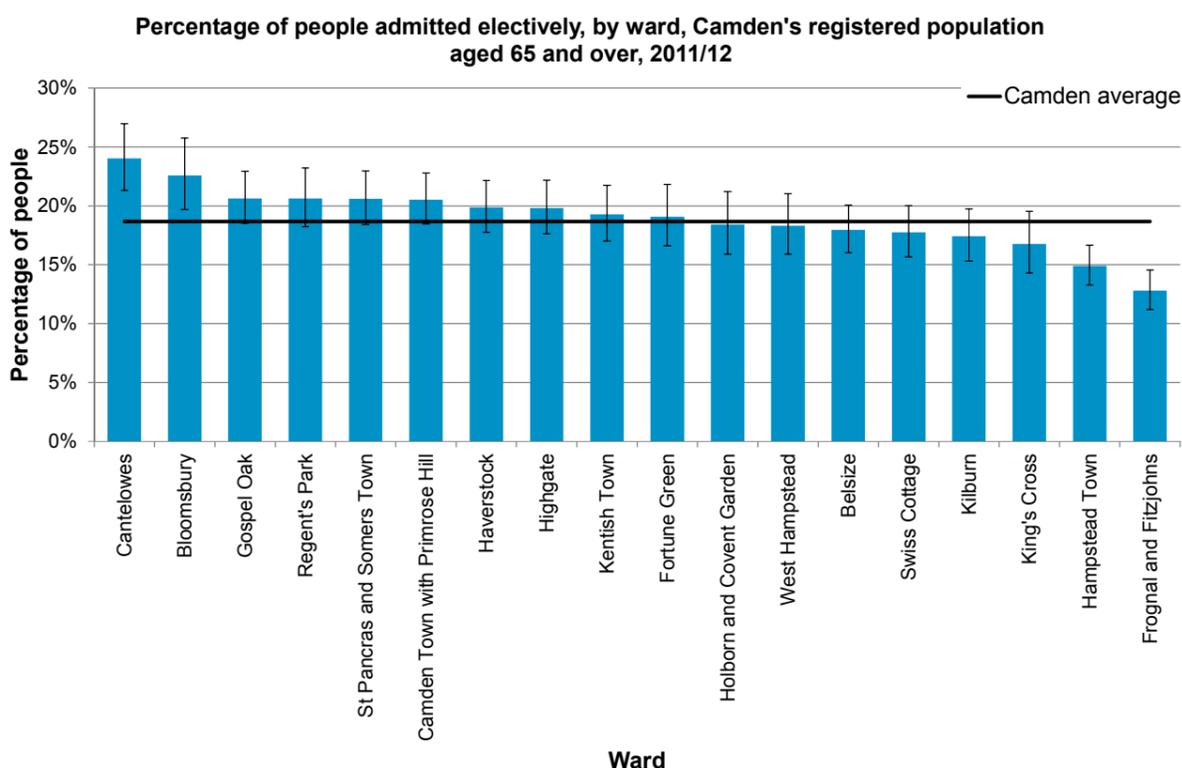
Elective admissions by GP



*Practices associated with care homes; Source: SUS, 2012

- There number of elective admissions varies from 700 at James Wigg Group Practice to 25 at Kings Cross Road Practice.

Elective admissions, by ward



Source: SUS, 2012 (admissions); Camden's PH GP dataset,

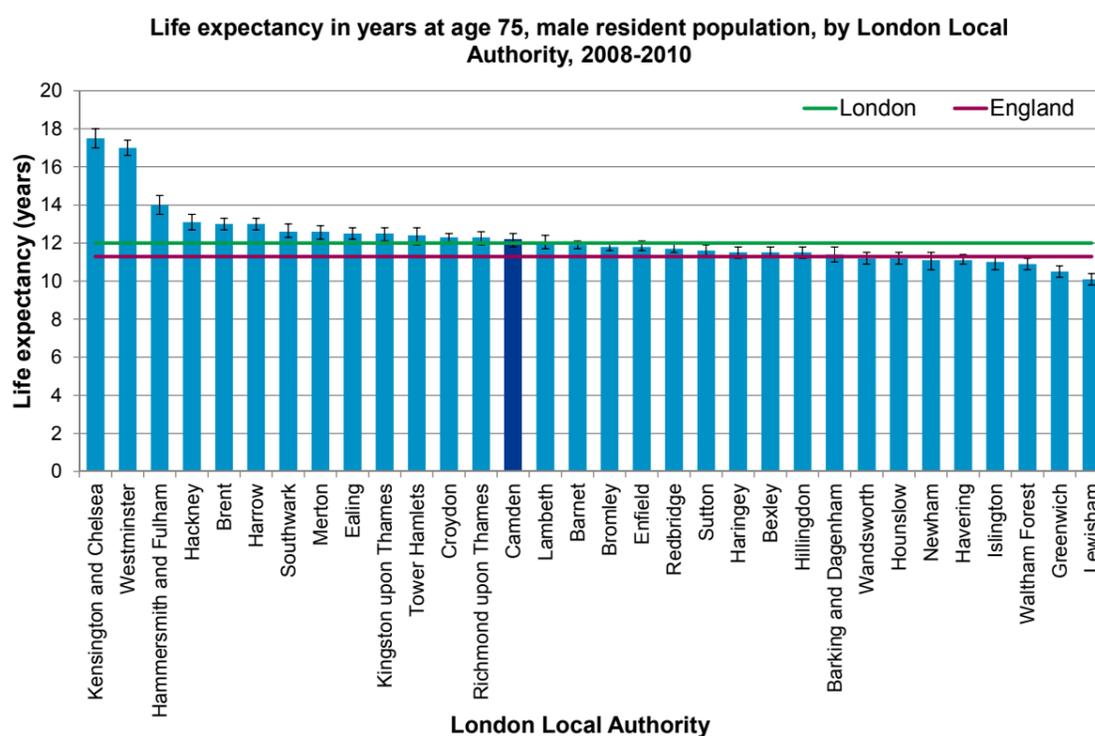
- Two wards have a significantly higher percentage of people aged 65+ admitted electively than Camden's average.
- Two wards are below the average.

LIFE EXPECTANCY AT AGE 75 AND MORTALITY

This section looks at life expectancy in older people as well as at leading causes of mortality among Camden’s older residents.

Data for this section comes from ONS and PCMD.

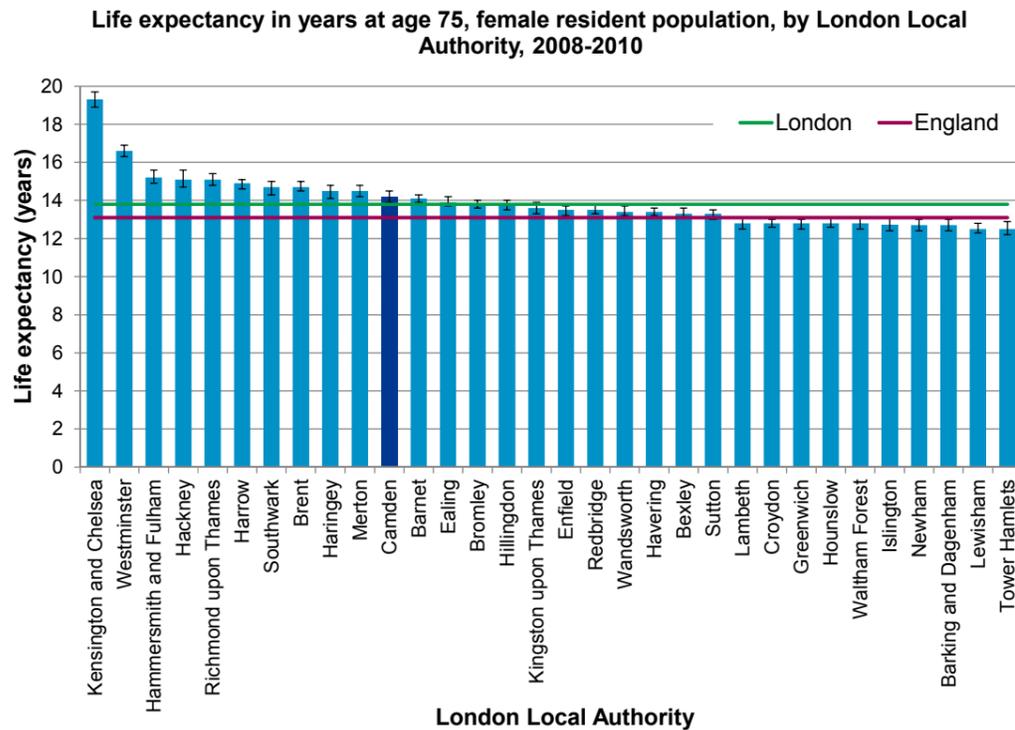
Life expectancy at age 75 - men



- Life expectancy at age 75 gives an indication of the expected numbers of years of life left.
- Male life expectancy at age 75 in Camden is 12 years, significantly above England (11 years) and no different to London (12 years).

Note: City of London has been excluded due to small numbers. Source: NHSIC 2012

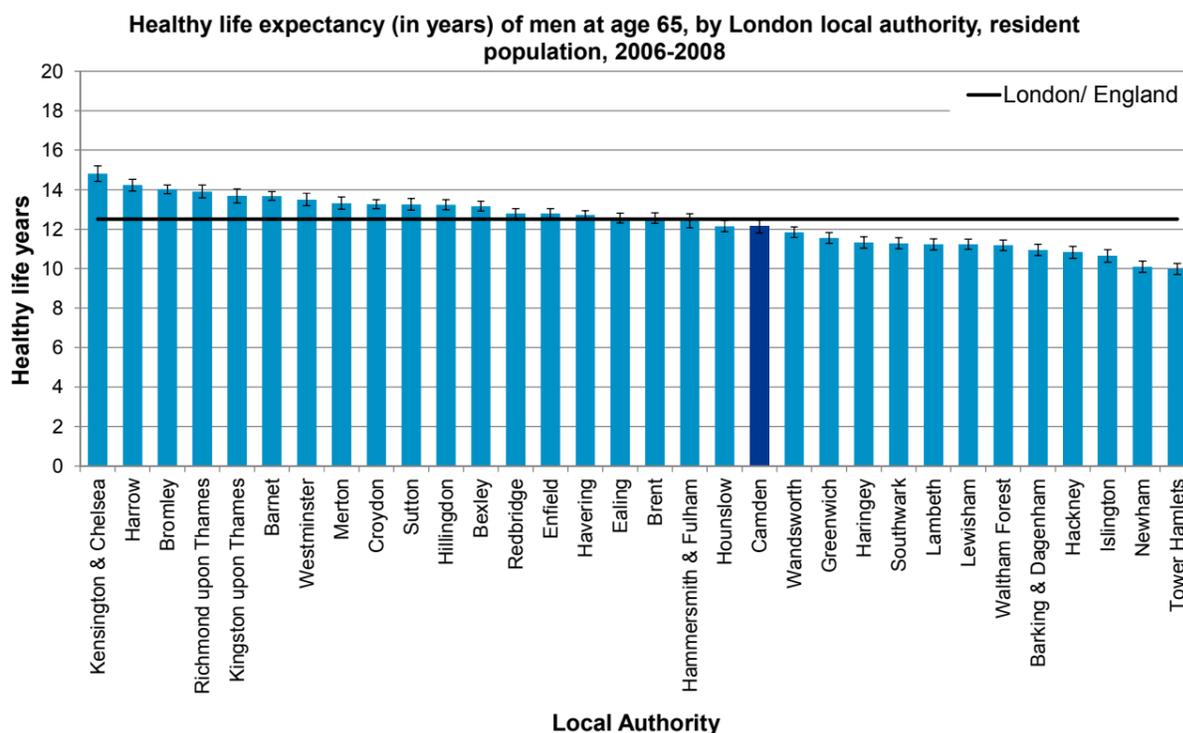
Life expectancy at age 75 - women



- Female life expectancy at age 75 in Camden is 14 years, significantly higher than London (about 14 years) and England (13 years).

Note: City of London has been excluded due to small numbers. Source: NHSIC 2012

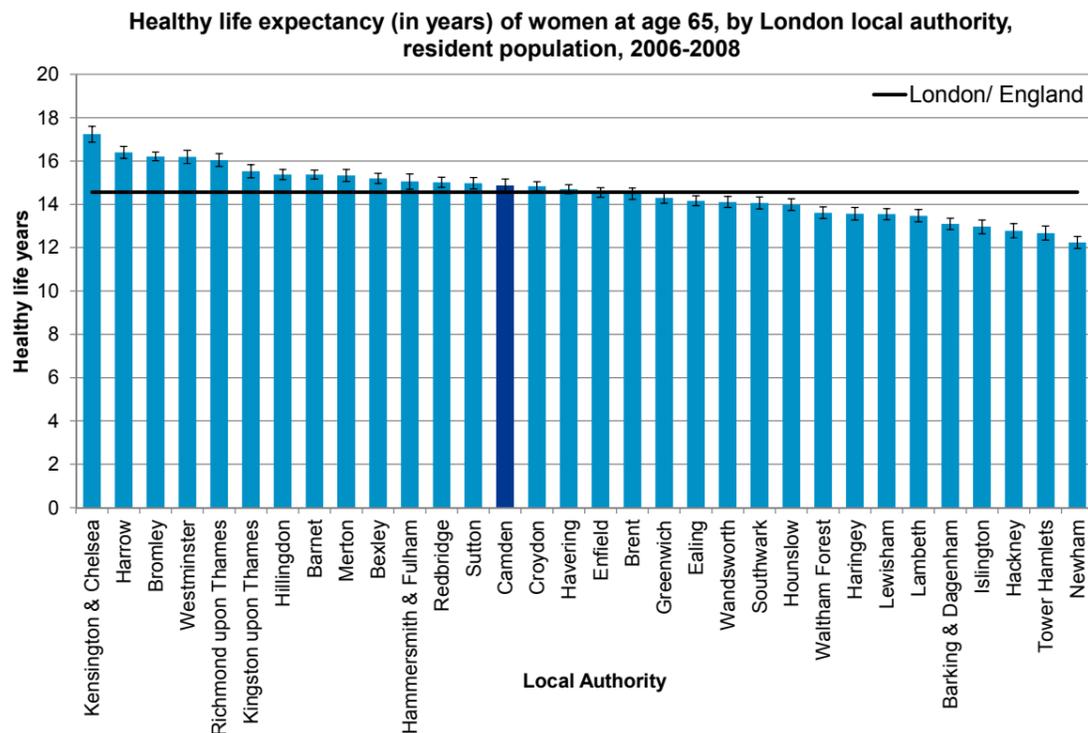
Healthy life expectancy at age 65 - men



- On average, a 65 year old man in Camden can expect to live 12 more years in good or fairly good health.
- This is significantly below London and England averages of about 12.5 years.

Note: City of London has been excluded due to small numbers; Source: ONS (2006), collated and prepared by WMPHO, 2012

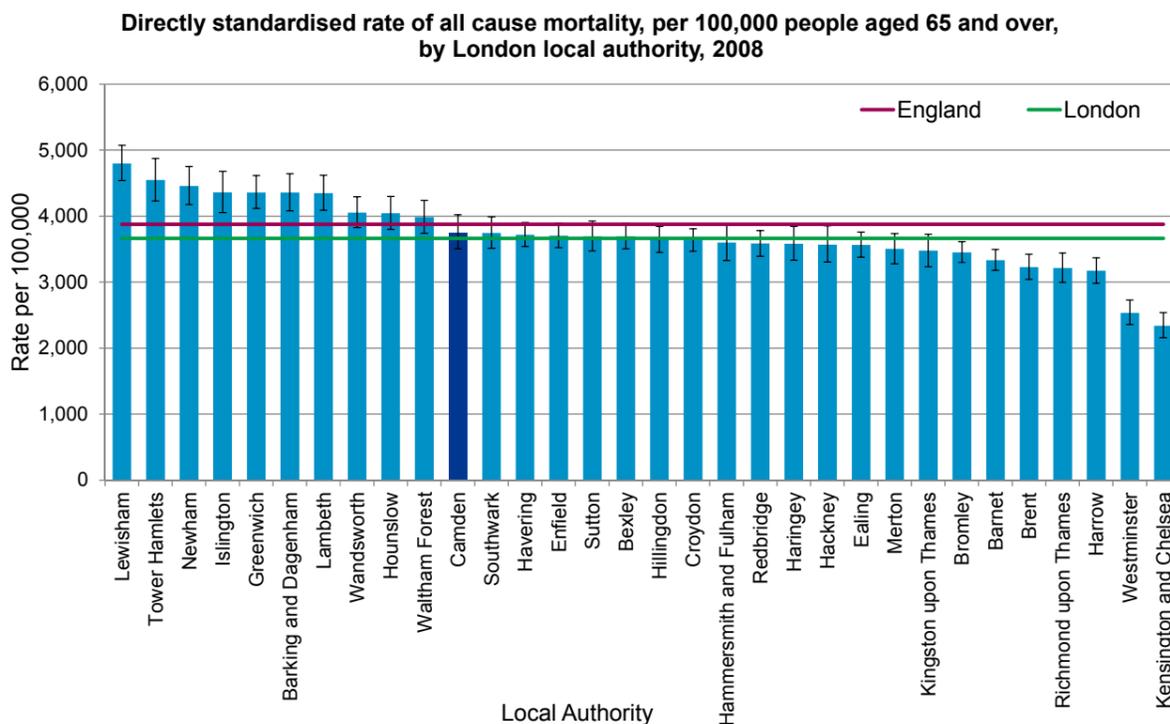
Healthy life expectancy at age 65 – women



- On average, a 65 year old woman in Camden can expect to live 15 more years in good or fairly good health.
- This is significantly above London and England averages of about 14.5 years.

Note: City of London has been excluded due to small numbers; Source: ONS (2006), collated and prepared by WMPHO, 2012

All cause mortality

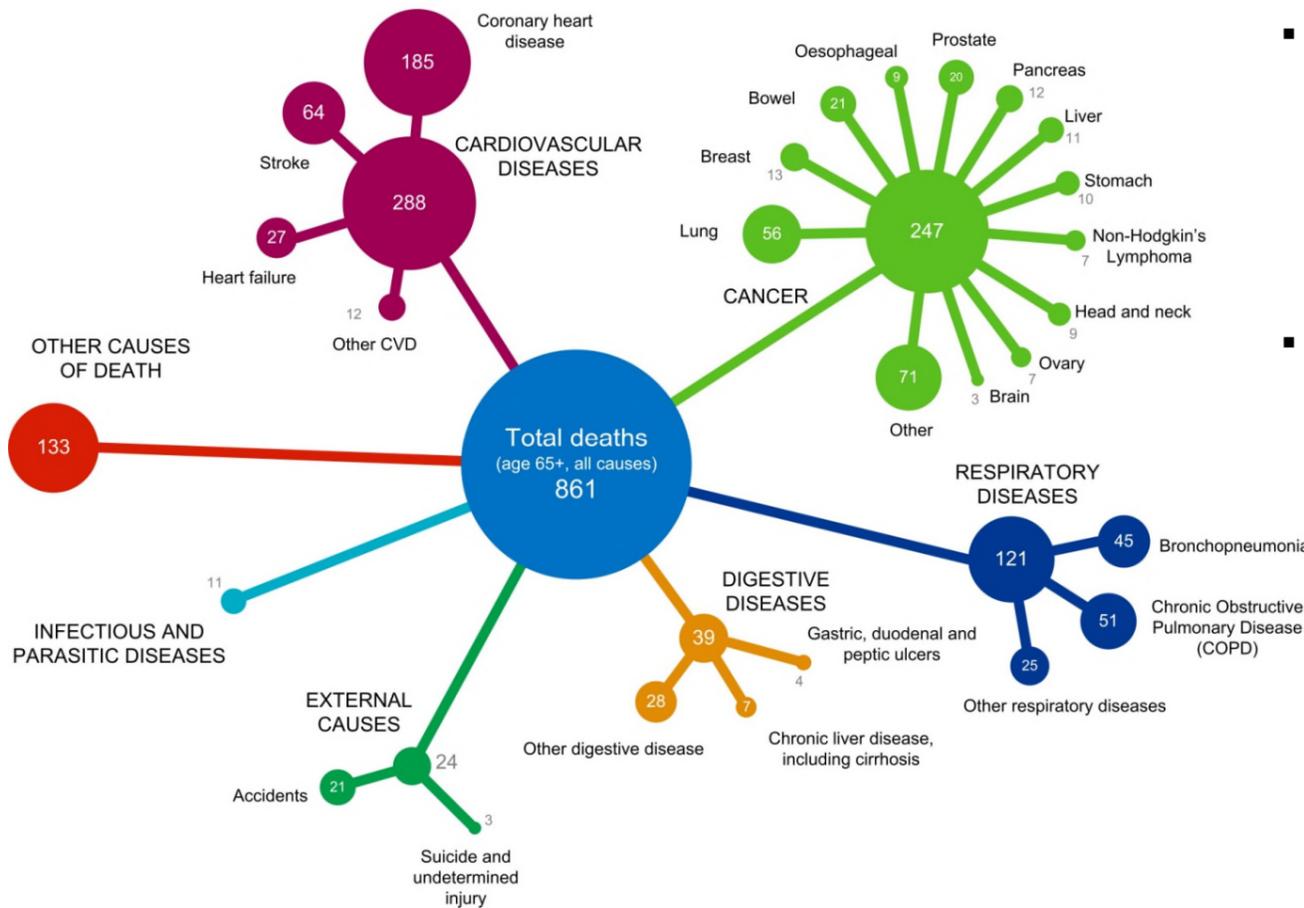


- There were 909 deaths in Camden residents aged 65+ in 2008.
- This was equivalent to a mortality rate of 3,754 deaths per 100,000 people; no different to London and England rates (3,875 per 100,000).

Note: City of London has been excluded due to small numbers; Source: ONS, prepared and collated by WMPHO, 2012

Cause of death

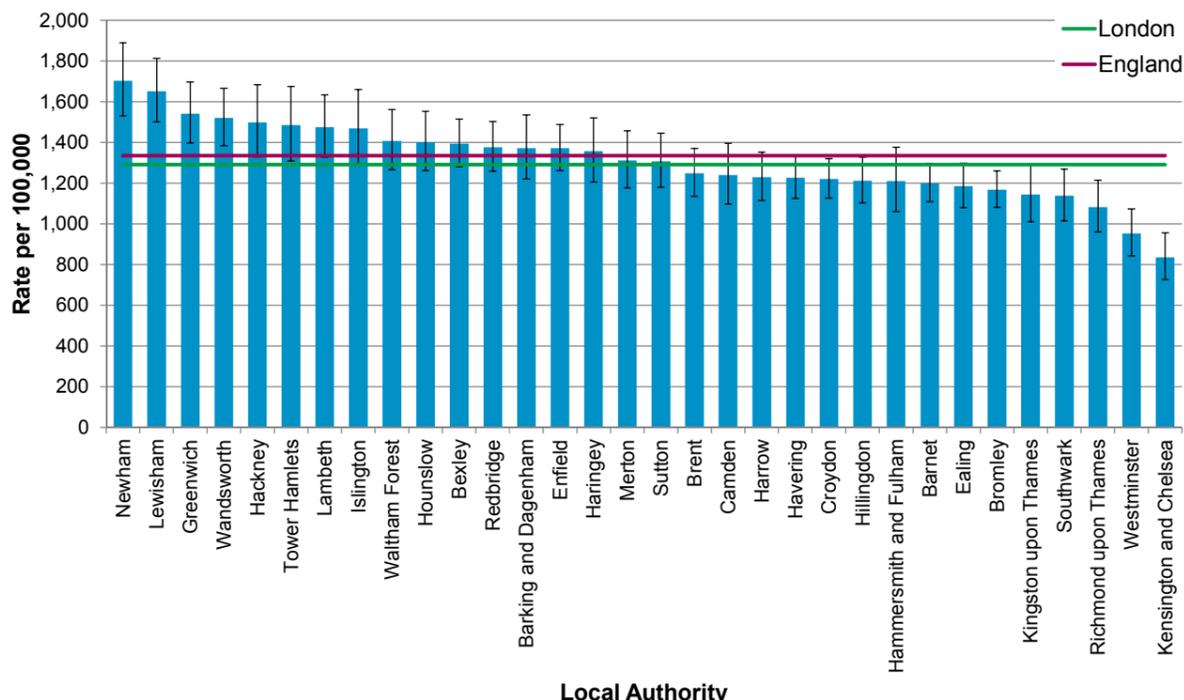
Number of deaths by cause of death category and major causes of death, Camden residents aged 65 years or over, 2008-10 (yearly average)



- Between 2008 and 2010 there was an average of 861 deaths per year in those aged 65+. Deaths in this age group accounted for 75% of all deaths in Camden.
- Note: this slide shows the average number of deaths across three years. Numbers shown may not match those in further slides.

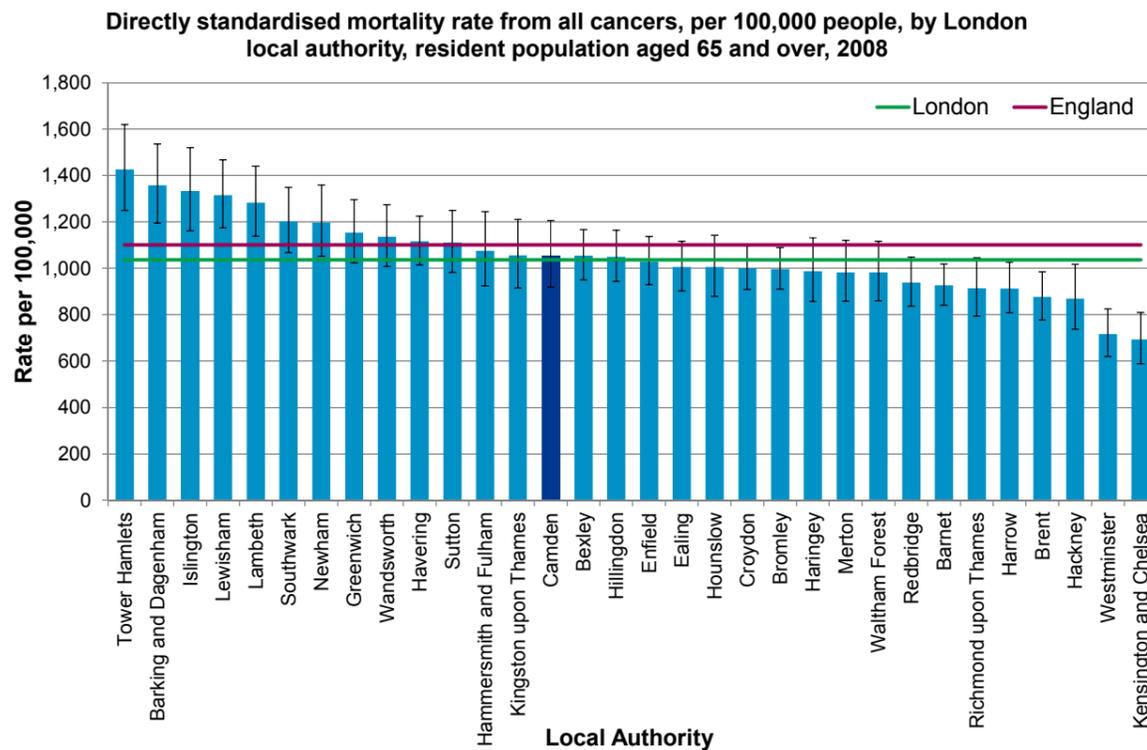
Mortality from all cardiovascular causes

Directly standardised mortality rate from all circulatory system causes, per 100,000 people aged 65 and over, by London local authority, 2008



- There were 305 deaths from circulatory conditions in people aged 65+ in Camden in 2008.
- This is equivalent to a rate of 1,240 deaths from respiratory conditions per 100,000; significantly higher than London (1,291 per 100,000) and no different to England (1,336 deaths per 100,000).

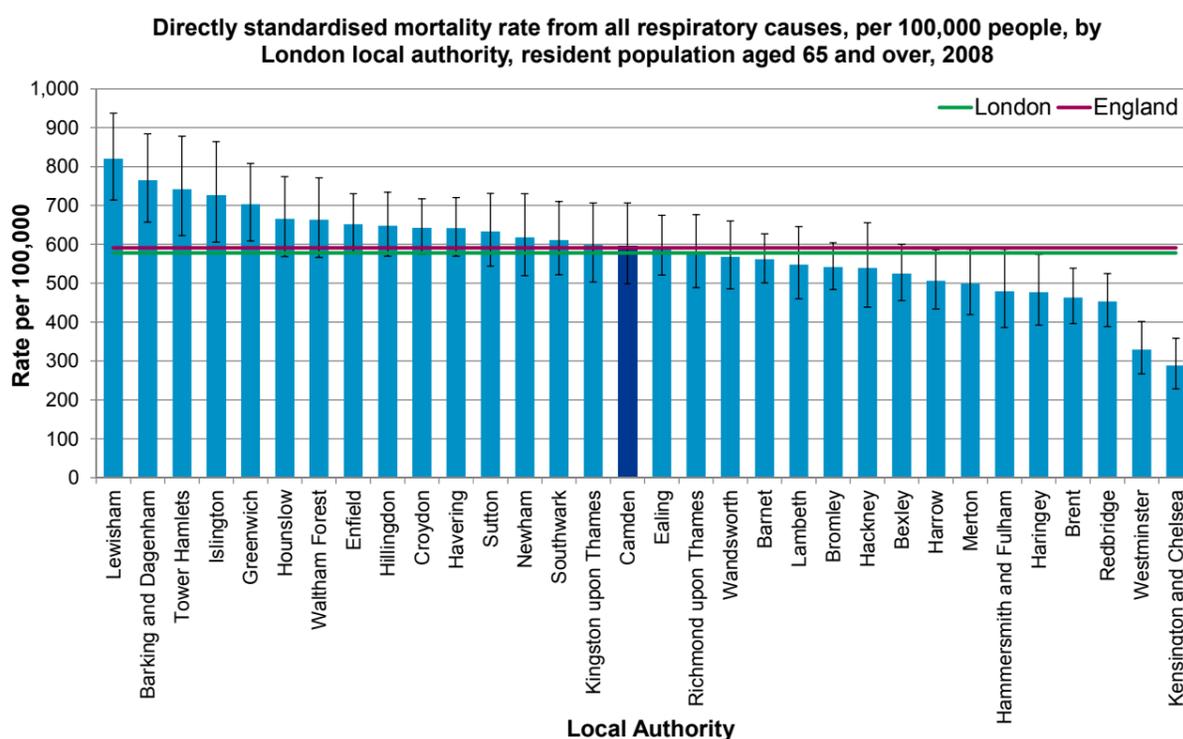
Mortality from cancer



Note: City of London has been excluded due to small numbers; Source: ONS, collated and prepared by WMPHO, 2012

- There were 234 deaths from cancer in people aged 65+ in Camden in 2008.
- This is equivalent to a mortality rate of 1,055 per 100,000 population; no different to London (1,037 per 100,000) and England (1,100 per 100,000).

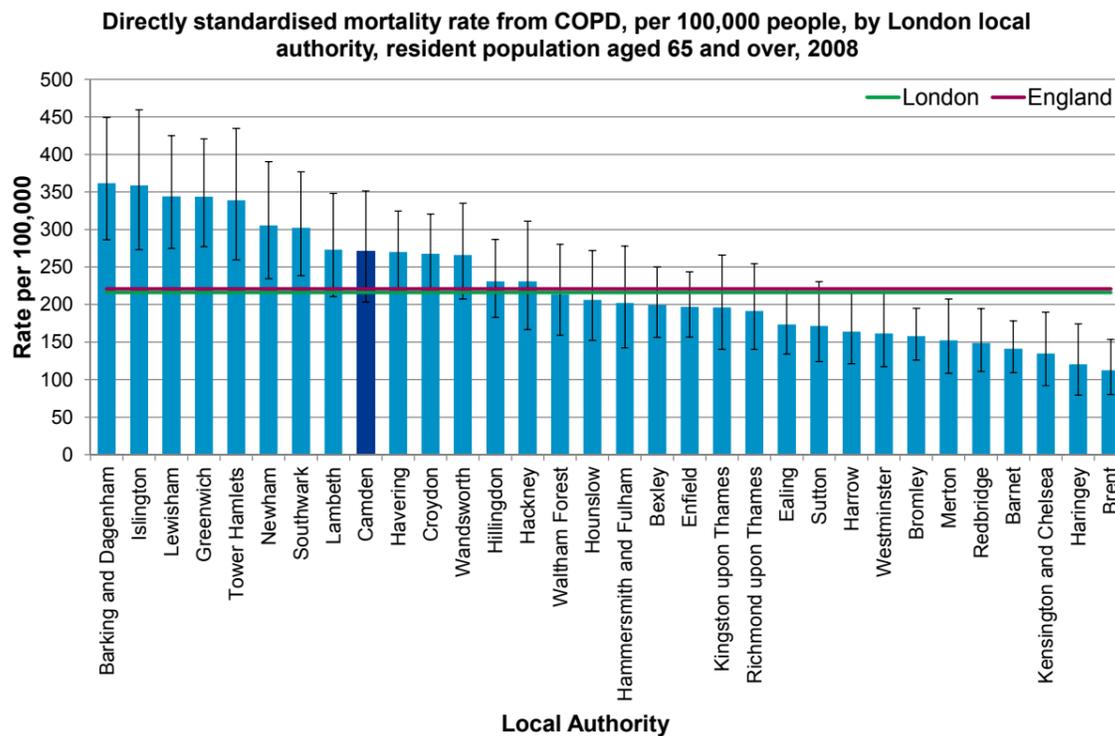
Mortality from all respiratory causes



Note: City of London has been excluded due to small numbers; Source: ONS, collated and prepared by WMPHO, 2012

- There were 147 deaths from respiratory conditions in people aged 65+ in Camden in 2008.
- This is equivalent to a rate of 596 deaths from respiratory conditions per 100,000; no different to London (578 per 100,000) and England (591 deaths per 100,000).

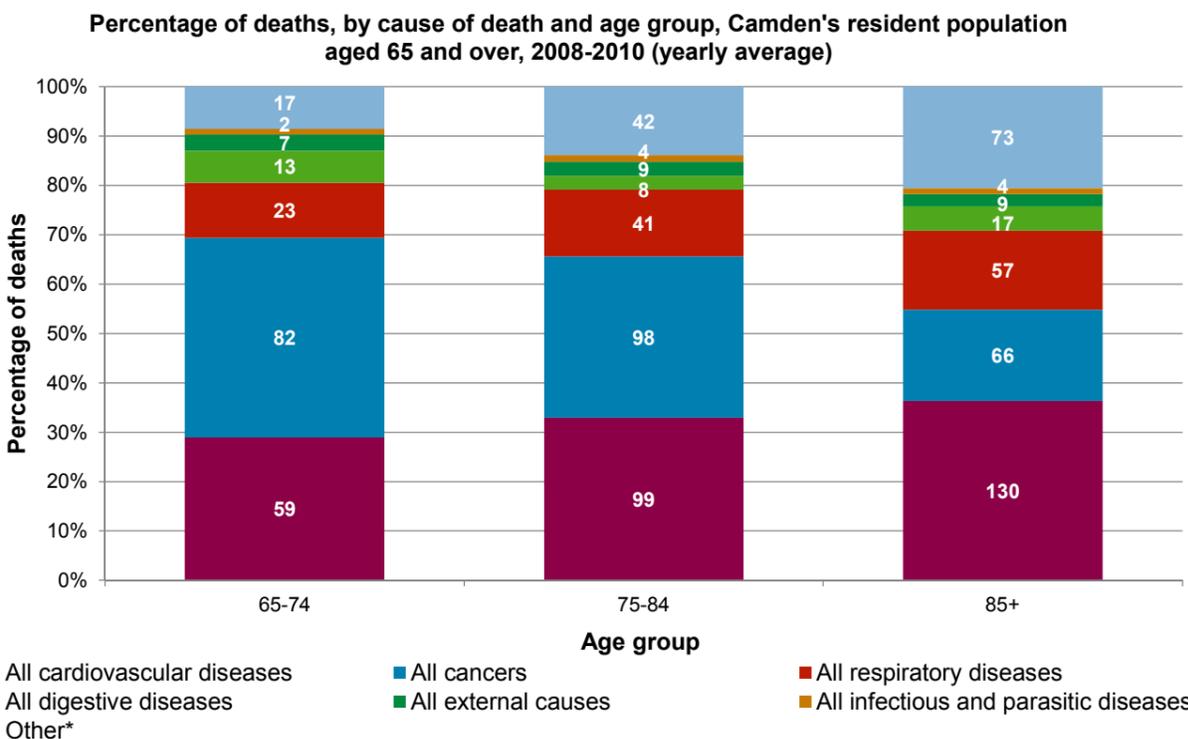
Mortality from COPD



- There were 61 deaths from COPD in Camden in those aged 65+ in 2008.
- This is equivalent to a mortality rate of 270 deaths per 100,000; no different to London (216 per 100,000) and England (221 per 100,000).

Note: City of London has been excluded due to small numbers; Source: ONS, collated and prepared by WMPHO, 2012

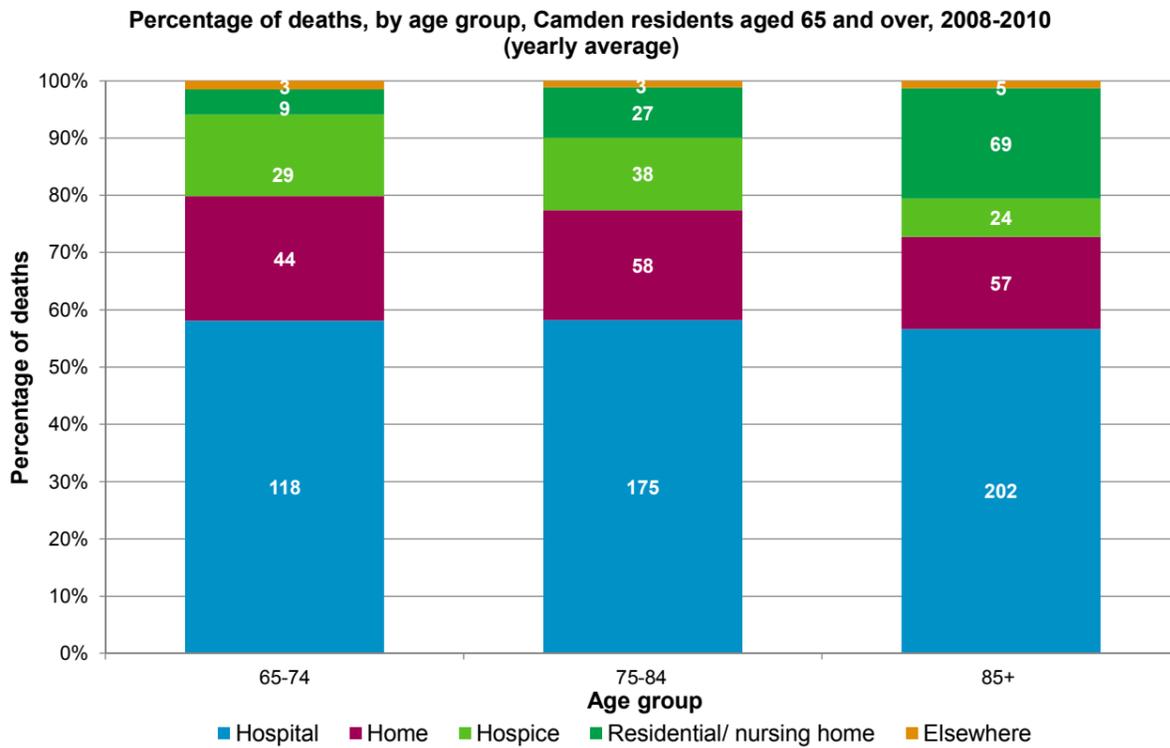
Cause of death by age



- Cardiovascular disease was a major cause of death across all three age groups, accounting for 29% to 36% of mortality in each age group.
- Cancers contributed the most to mortality in those aged 65-74 (40%, n=82). Those aged 85+ had a lower proportion of mortality from cancer than the other groups (18%, n=66).

Source: ONS, 2012

Place of death by age

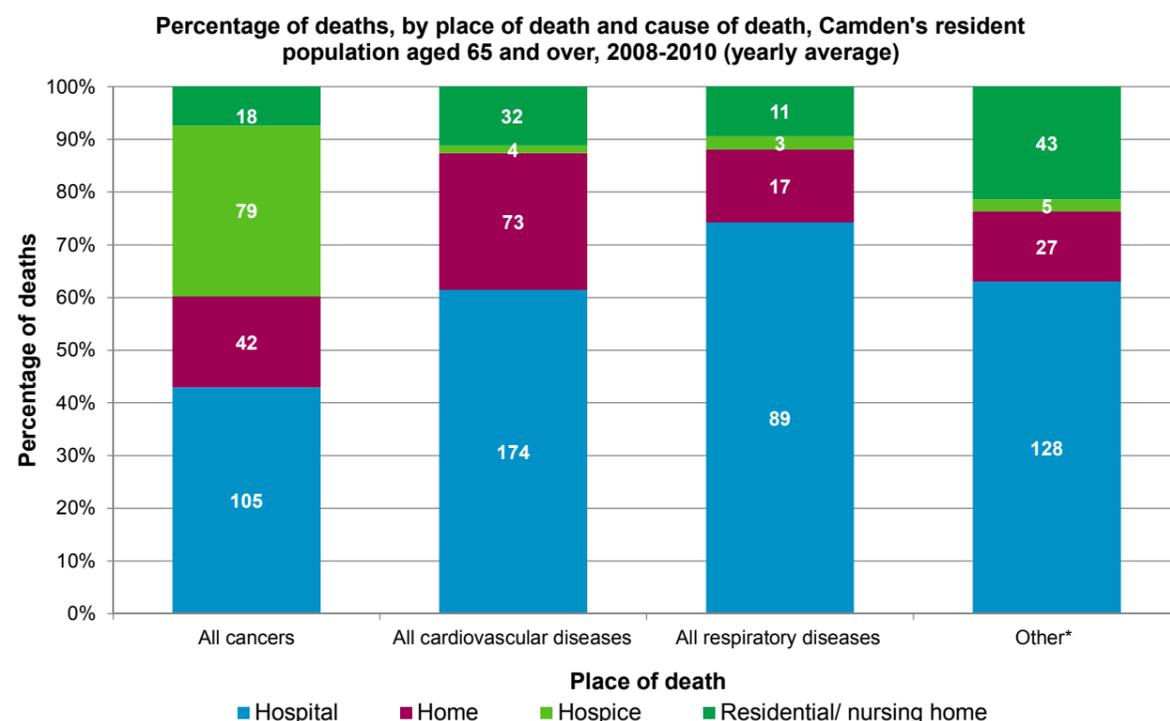


Source: ONS, 2012

- Among Camden residents aged 65+, hospital is the most prevalent place of death (57% to 58%).
- Home is the second most common place of death in those aged 65-84 (19% to 22% of deaths), while in those aged 85+ it is the residential/ nursing home, with 19% of deaths (n=69) taking place in that setting.

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Cause and place of death

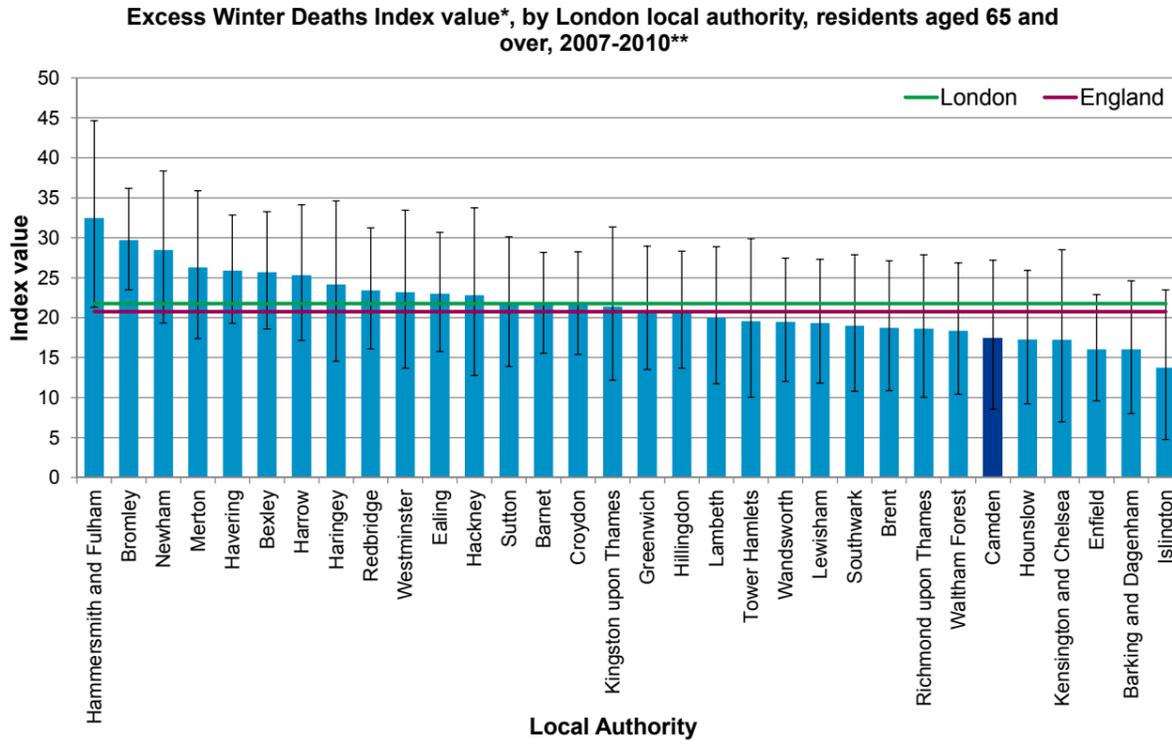


*Deaths due to digestive diseases, external causes and infectious/parasitic diseases are included with "Other" deaths due to disclosively small numbers; Source: ONS, 2012

- Hospitals are the main place of death for all causes of death, between 43% and 74%.
- A greater proportion of cancer deaths (32%) occur in hospices compared to other causes of death.
- Cardiovascular causes lead to 73 deaths at home, contributing the highest proportion of deaths at home (26%) of any cause.

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Excess winter deaths



- There were 48 excess winter deaths in people aged 65+ from 2007-2010 in Camden.
- Camden had one of the lowest index values, but this was not significantly different compared to London or England.

*Please see <http://www.wmpho.org.uk> for more information **August 1st, 2007- July 31st, 2010; Source: WMPHO, 2012

About Public Health Intelligence

Public health intelligence is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Islington and Camden's Public Health Intelligence team undertake epidemiological analysis on a wide range of data sources.

FURTHER INFORMATION & FEEDBACK

This profile has been created by Islington and Camden's Public Health Intelligence team. For further information please contact Dalina Vekinis

Email: publichealth.intelligence@Camden.gov.uk, **Tel:** 020 7527 1237

We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.

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