

COVID 19 and inequalities

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Key messages

1. Overall demographic profile

1a) Ethnicity

- The Greater London Authority estimates 61% Camden's resident population to be from a Black and Minority Ethnic (BAME) group, including people who identify themselves as Irish or Other white or 34% from a BAME group if Irish and other white are excluded from the BAME definition.
- The ethnicity profile in Camden varies by age. There is a higher proportion of younger residents from BAME groups compared to the elderly population.
- After “other white” the next biggest ethnic population group in Camden is Bangladeshi or British Bangladeshi and Black African.
- Amongst the older age groups, White Irish and Other White make up the largest BAME groups.

1b) Age and Gender

- Camden has a similar proportion of residents in all age groups compared to the London average except those age between 20-34, where it has a higher proportion.
- 51% of the population is male and 49% is female.

Key messages

1c) Deprivation

Camden is the 14th most deprived London borough. Camden's IMD score is 20.1 which was higher than England average at 19.3 but lower than London average at 21.3).

Key messages continued

2. Long term conditions

There are differences across key long term conditions by gender and ethnic groups in Camden.

2a) Gender

- Men are more likely to be diagnosed with hypertension, diabetes and coronary heart disease than women, but women have higher prevalence of cancer than men.

2b) Ethnicity

- People from BAME backgrounds, in particular Black and Asian people, are twice as likely to have diabetes than any other ethnicities.
- A higher proportion of Black people have hypertension (11%), chronic kidney disease (11%) and stroke (8%) than would be expected based on the overall ethnic profile in Camden (6%) while White British people have higher proportion of cancer (48%) than expected (28%).
- White British and Black ethnic groups are more likely to have 2 or more long term conditions (12%) than any other ethnic groups in Islington (between 8% and 3%).

Key messages

3. COVID19 deaths

3a) Total deaths

- Between 20th March and 27th of April 2020 there were a total of 103 deaths relating to COVID-19 in Camden. **Camden** has a COVID-19 mortality rate that is **significantly lower** than the London average (55 versus 86 per 100,000) and has one of the lowest COVID-19 mortality rates amongst all London boroughs.

3b) Ethnicity

- Ethnicity data are not recorded on death certificates. Therefore deaths by ethnicity are not currently available. Analysis of North Central London deaths by country of birth shows people in Europe including UK make up a significantly higher proportion of overall COVID-19 deaths compared to those born outside of EU (64% vs 36%).
- A significantly higher proportion of deaths which are related to COVID-19 were reported among people born in Africa compared to people born in UK or Europe.

Key message

- Local findings by country of birth are in line with recent findings from national studies on deaths and ethnicity, which shows Black males are 4.2 times more likely to die from a COVID-19-related death and Black females are 4.3 times more likely than White ethnicity males and females.
- People of Bangladeshi and Pakistani, Indian, and Mixed ethnicities also had statistically significant raised risk of death involving COVID-19 compared with those of White ethnicity.
- After taking account of age and other socio-demographic characteristics and measures of self-reported health and disability at the 2011 Census, the risk of a COVID-19-related death for males and females of Black ethnicity reduced to 1.9 times more likely than those of White ethnicity.
- Similarly, males in the Bangladeshi and Pakistani ethnic group were 1.8 times more likely to have a COVID-19-related death than White males when age and other socio-demographic characteristics and measures of self-reported health and disability were taken into account; for females, the figure was 1.6 times more likely.
- These results show that the difference between ethnic groups in COVID-19 mortality is partly a result of socio-economic disadvantage and other circumstances, but a remaining part of the difference has not yet been explained.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020>

Key messages

3c) Age and Gender

- The highest rates of COVID-19 deaths are in the over 85 years old.
- Camden and Islington are the only boroughs in North Central London where men and women are equally effected. Generally men have been disproportionately impacted by COVID-19.

3d) Deprivation

- National data show that people living in more deprived areas have experienced COVID-19 mortality rates more than double those living in less deprived areas. Camden's mortality rate from COVID-19 is significantly higher than England but significantly lower compared to London.
- Local analysis of deaths by deprivation within Camden show no differences by deprivation, but this could be due to the small number of deaths when stratified by deprivation.

Key messages

4. COVID 19 cases in General practice

4a) Total cases

- 1,874 patients registered with Camden GPs were identified as having been tested or suspected of COVID-19, as of 22nd of April. Of these, 226 had a positive test, 1,522 were suspected to have COVID-19 based on clinical assessment, and 87 tested negative for COVID-19.
- PHE report 595 positive cases of COVID-19 in Camden as of 9th of May. Given that Swab testing has been predominantly focused on hospital patients and care home residents with suspected COVID-19, and NHS and care staff, data on lab confirmed cases will only represent a proportion of all COVID-19 cases in the borough.

4b) Ethnicity

- The proportion of BAME patients who have been assessed for COVID-19 (38%) is significantly higher than the general BAME population of Camden GP patients (32%).
- A breakdown by ethnicity in those with confirmed COVID-19 show no significant difference compared to the GP Patient Ethnic breakdown.
- The proportion of BAME patients with suspected COVID-19 (39%) is significantly higher than the general BAME population of Camden GP patients (32%).

4c) Age and gender

- There was no significant differences between gender in those with COVID-19 (either by positive test or clinical diagnosis (suspected case))
- A significantly higher proportion of those aged 60-69 years old were confirmed with COVID-19 than other age groups.

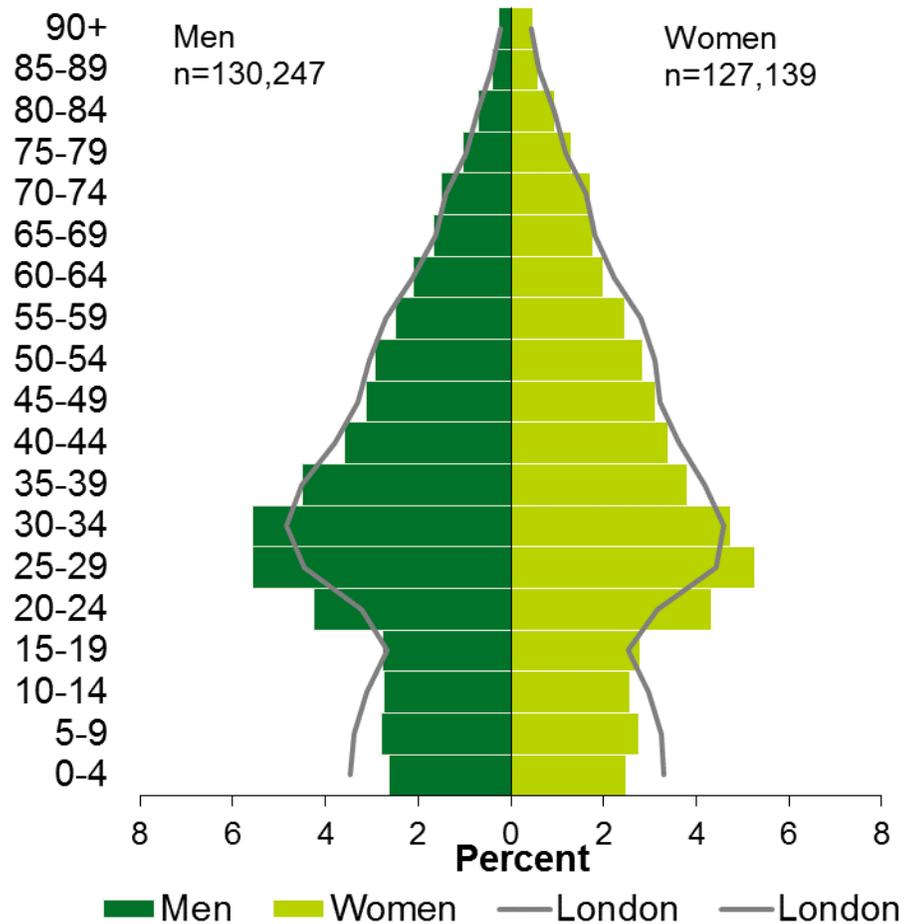
Key messages

4c) Deprivation and ethnicity

- A higher percentage of white people were tested for covid19, with no difference for BAME.

OVERALL DEMOGRAPHICS

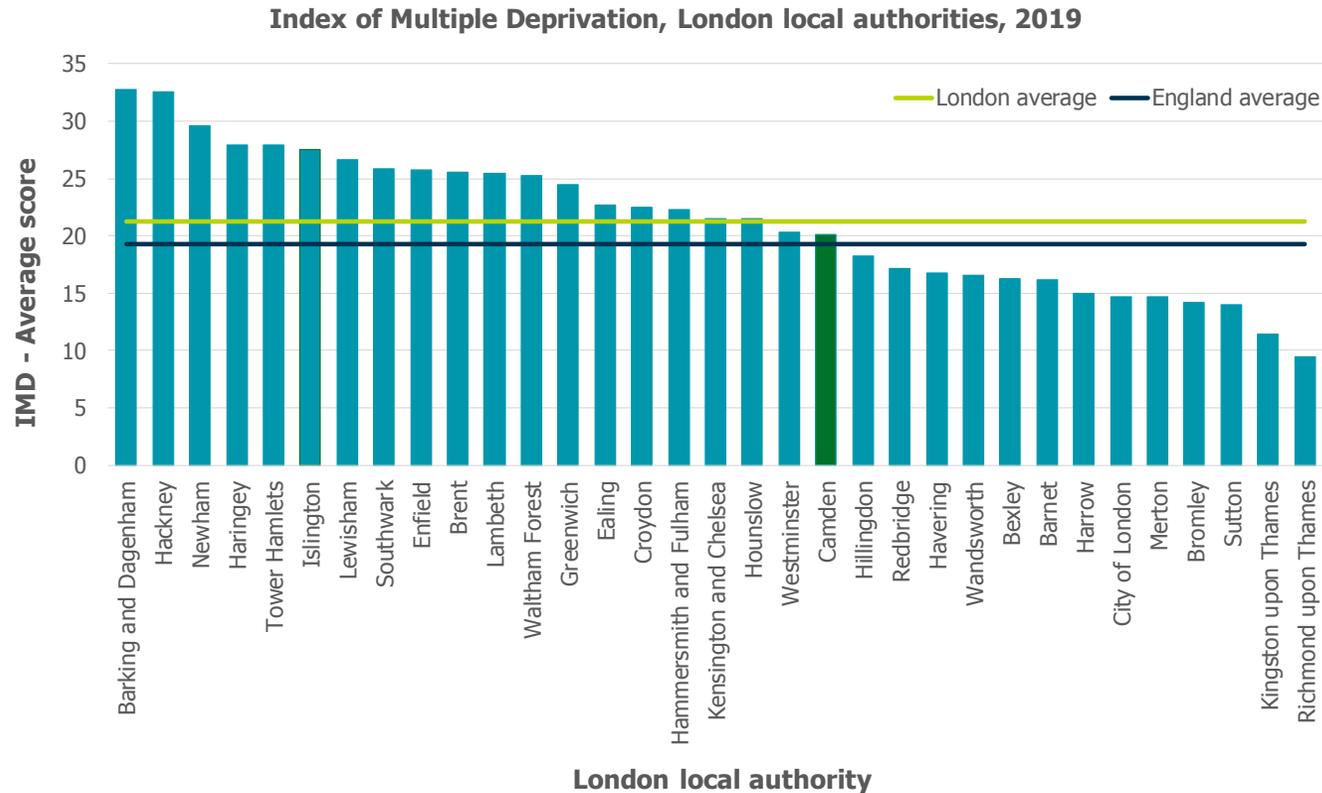
Population



- A total of 257,386 people are estimated to live in Camden.
- Camden has a similar proportion of residents in all age groups compared to the London average except those age between 20-34, where it has a higher proportion.
- 51% of the population is male and 49% is female.

Deprivation

Index of Multiple Deprivation rank amongst London local authorities, using average score 2019



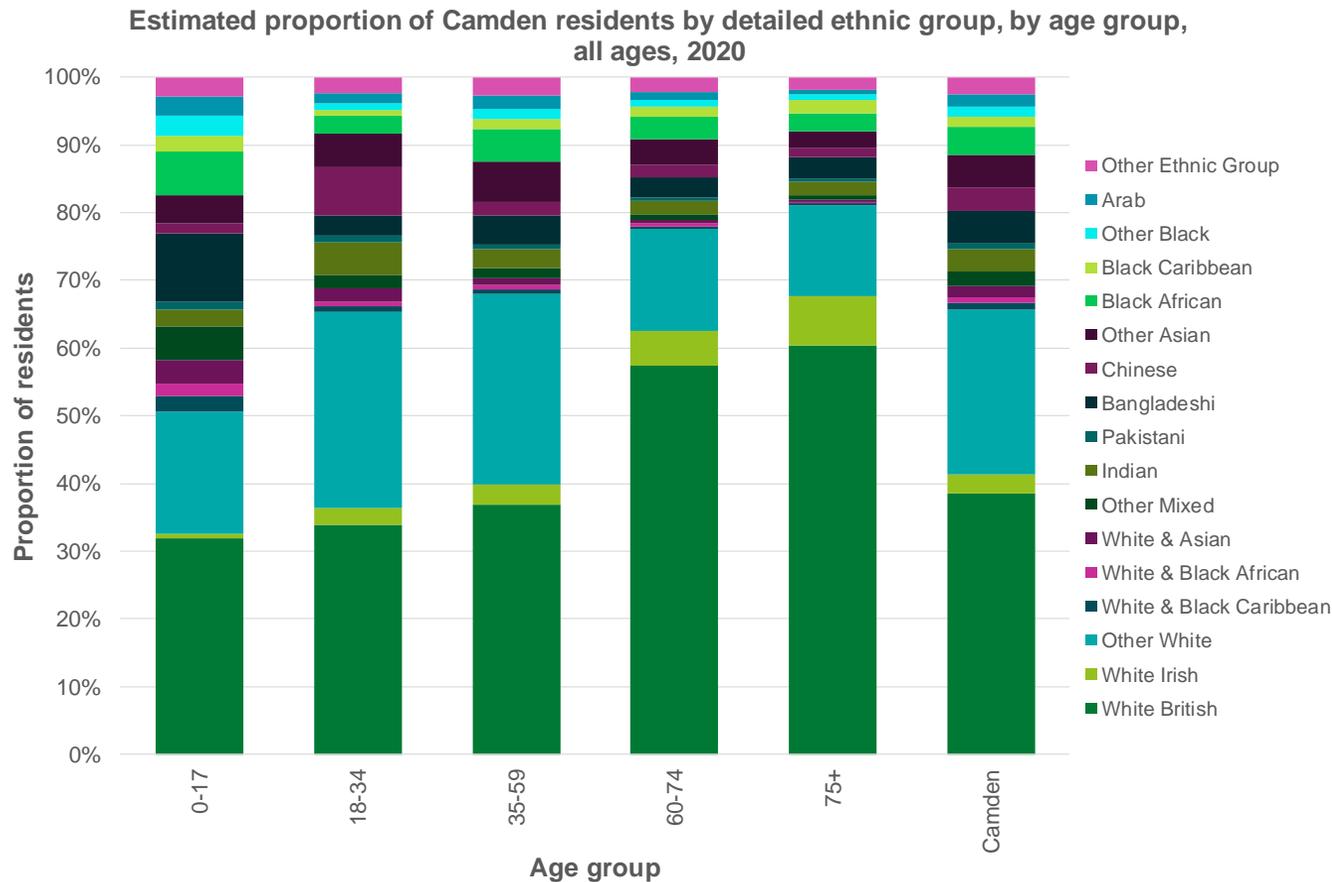
- The level of deprivation in an area can be used to identify those communities who may be in greatest need of services. The Index of Multiple Deprivation (IMD) is a measure of the level of deprivation. The scores are ranked from 1 (most deprived) to the least deprived area.

- In 2019, Camden had an average IMD score 20.1 which was higher than England average at 19.3 but lower than London average at 21.3

Note: These figures have been ranked based on the average IMD score of each London local authority

Source: IMD2019 - Ministry of Housing, Communities & Local Government, 2019

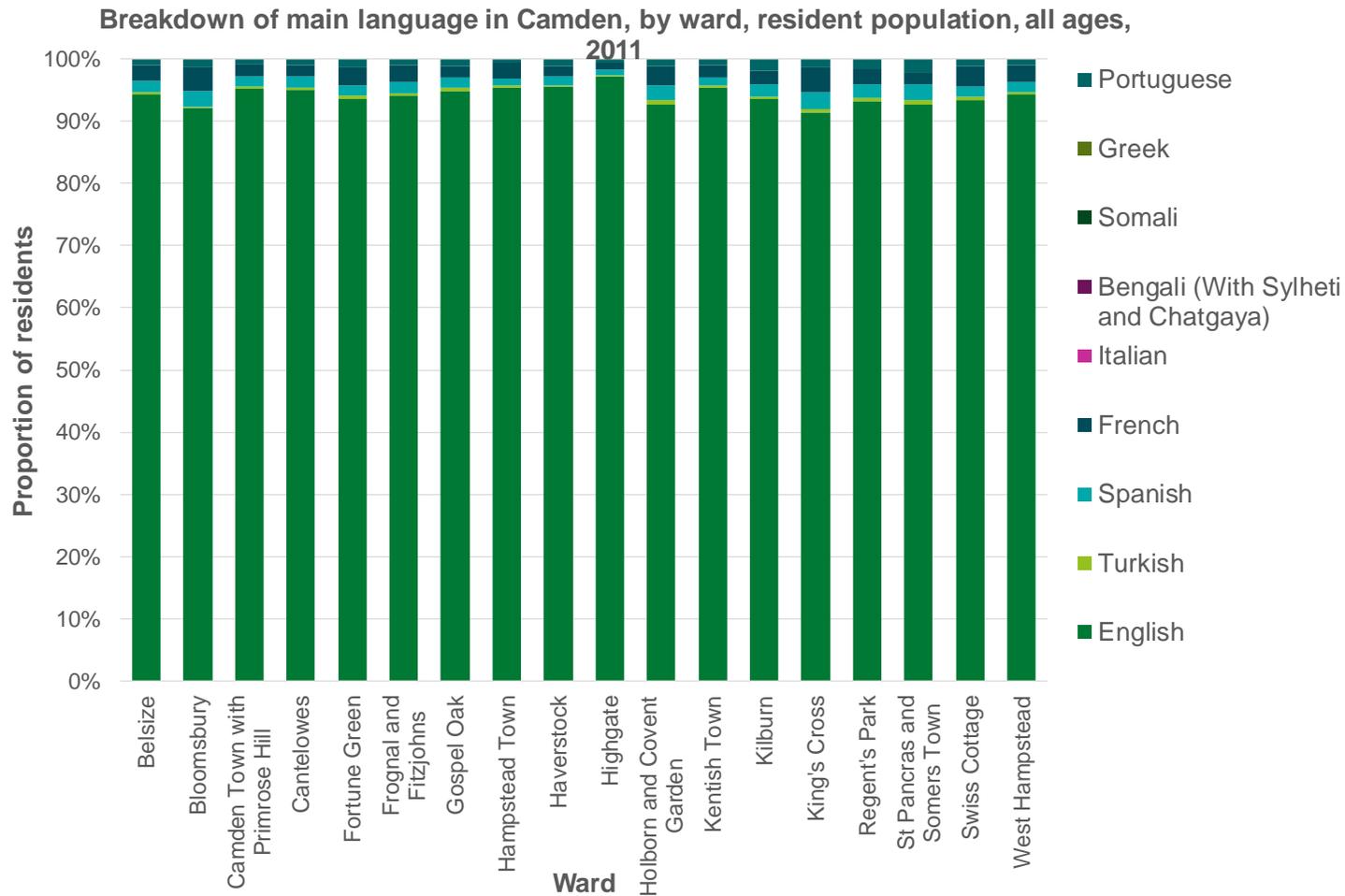
Camden population, by age group and detailed ethnic group



Source: GLA, 2020

- Looking at more detailed ethnic groups, White British is the largest ethnic group (44% overall),
- ‘Other white’ is the next largest, including other White European groups.
- Other notable groups include:
 - Black African; 11,800 (5%) of the total population, and 3,180, (7%) of the under 17s)
 - Chinese; 6,010 (7%) of the 18-34 year old age group
 - White Irish; 1,080 (10%) of the Over 75s.

Camden population, by top 10 languages spoken in the borough

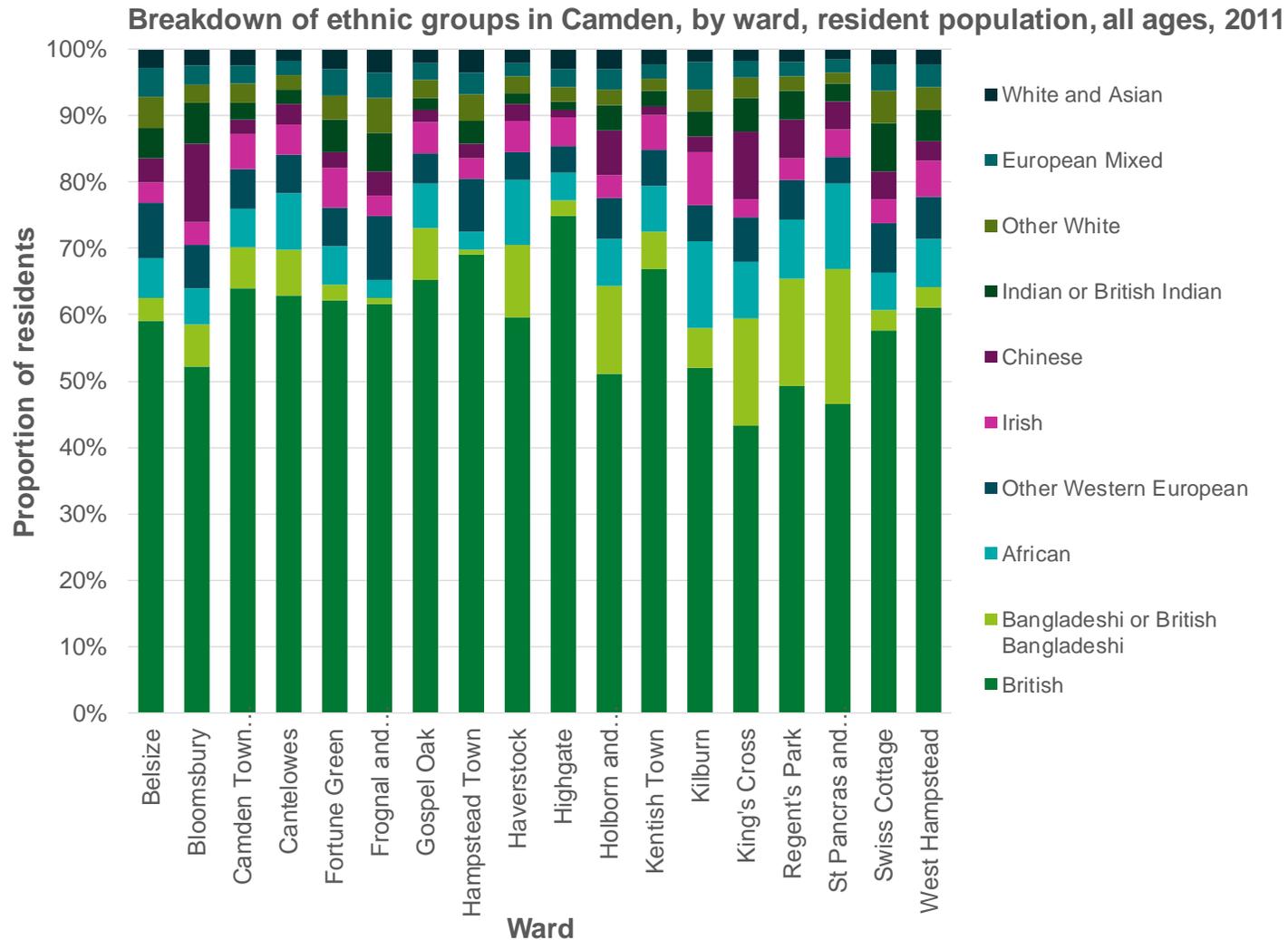


- This chart shows that English is by far the main first language spoken in Islington;
- However, about 20% of residents in 2011 spoke a non-English first language
- The other main languages were: French, Spanish (about 2%), Portuguese and Turkish (all 1%)

Notes: Spanish, French and Portuguese are the top 10 languages spoken in Bloomsbury, Holborn and Covent Garden and King's Cross.

Source: GLA, 2020

Camden population, by detailed ethnic groups and ward

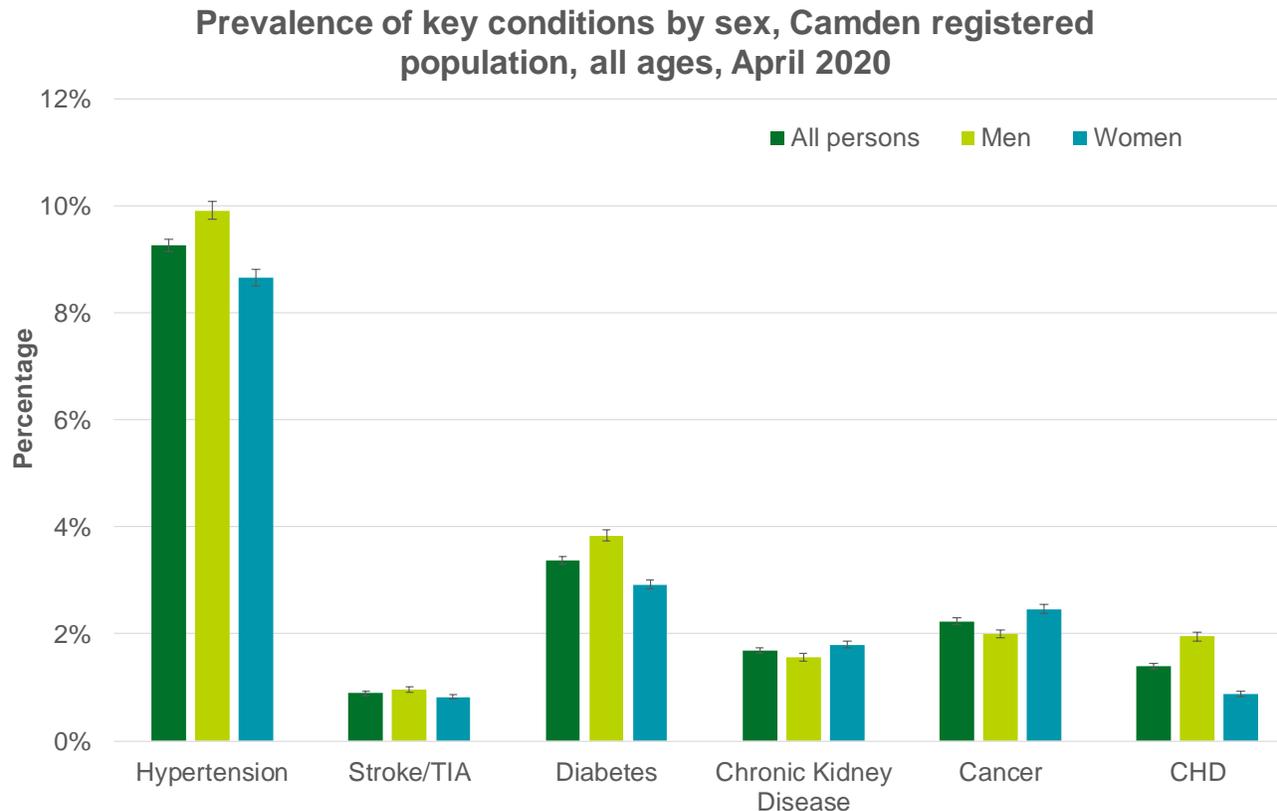


- This chart looks at detailed ethnic groups, by ward, in Camden.
- White British is the largest in each ward, followed by Other White. White ethnic groups account for two-thirds of all wards' populations.
- The groups with the greatest variation between wards are:
 - Bangladeshi or British Bangladeshi – 15% in St Pancras and Somers Town to 0.7% in Frognal and Fitzjohns
 - African – ranging from 9.7% in St Pancras and Somers Town to 2.0% in Frognal and Fitzjohns
 - Chinese – ranging from 7% in King's Cross to 0.8% in Highgate

Source: GLA, 2020

LONG TERM CONDITIONS BY ETHNICITY

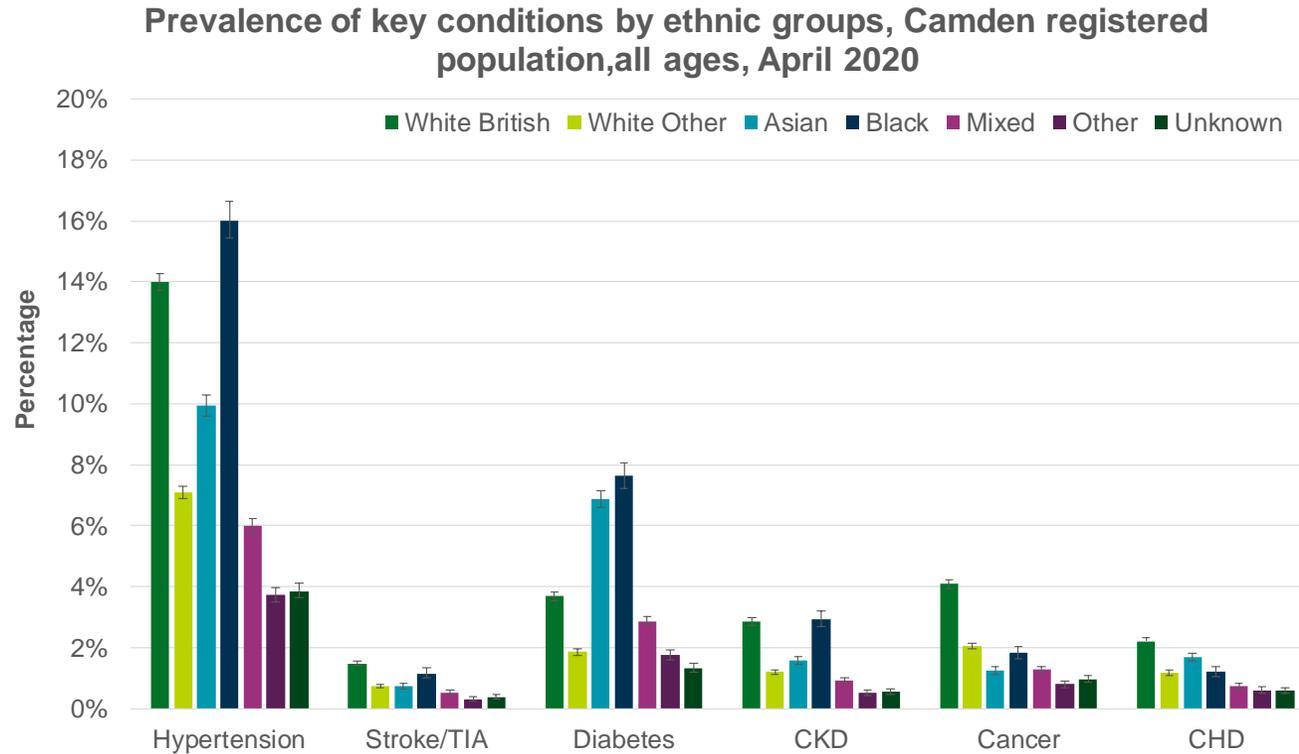
Key long term conditions by sex



Source: Camden CSU dataset (April 2020)

- Overall, **men** in Camden has higher prevalence of **hypertension** and **diabetes** and **Coronary Heart Disease - CHD** (9.9%, 3.8% and 1.9%) when compared to these long term conditions in the general population chronic (9.2%, 3.4% and 1.4%).
- **Women** have a higher percentage of **cancer** than men (2.4% and 2.0%).

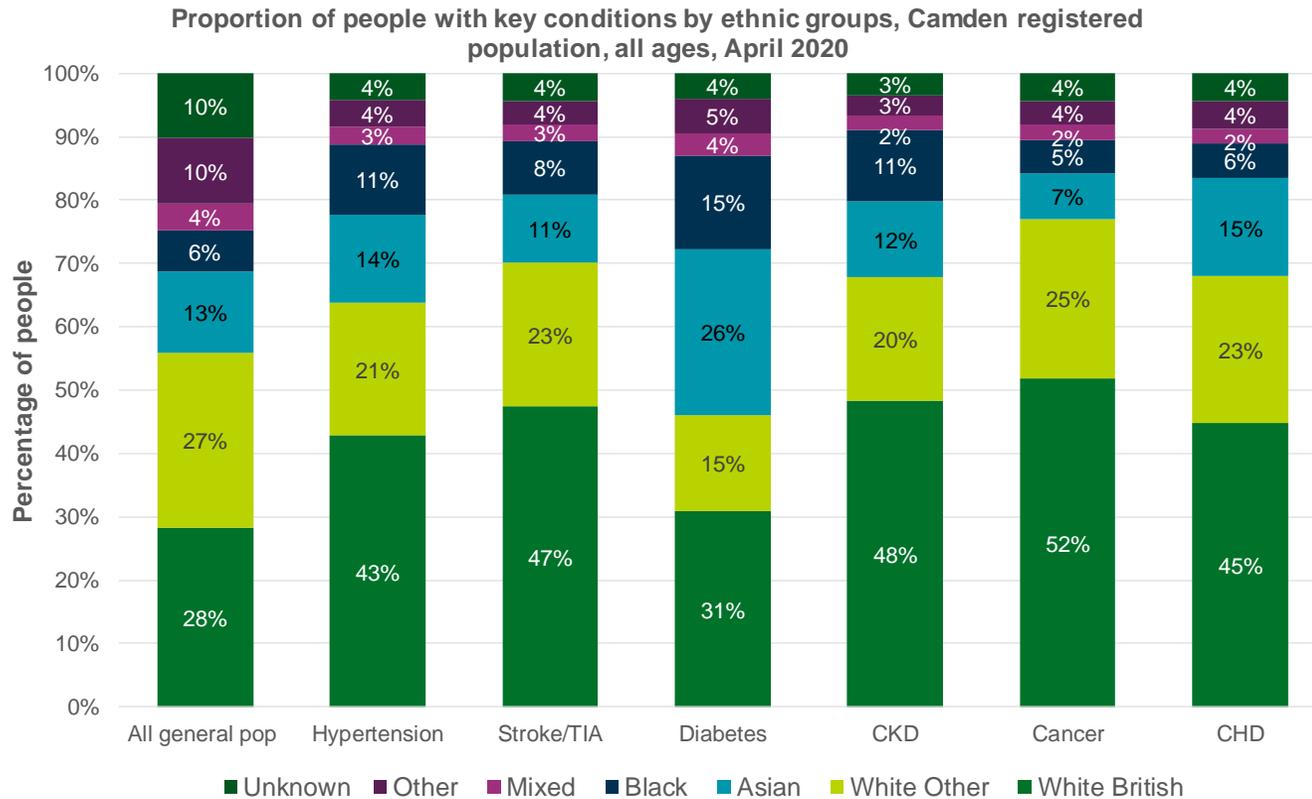
Key long term conditions by ethnic group



- **Black** ethnic population group has the highest percentage of **hypertension** (16%) followed by White British (14%) and Asian ethnic groups (10%).
- **Asian and Black** ethnic populations are twice as likely to have **diabetes** (6.9% and 7.6% respectively) than any other ethnic groups (range between 1.3% and 3.7%).
- A higher percentage of **White British** have a diagnosis of cancer (4.1%) than any other ethnicities (between 2.0% and 0.8%).

Source: Islington CSU dataset (April 2020)

key long term conditions by ethnic group

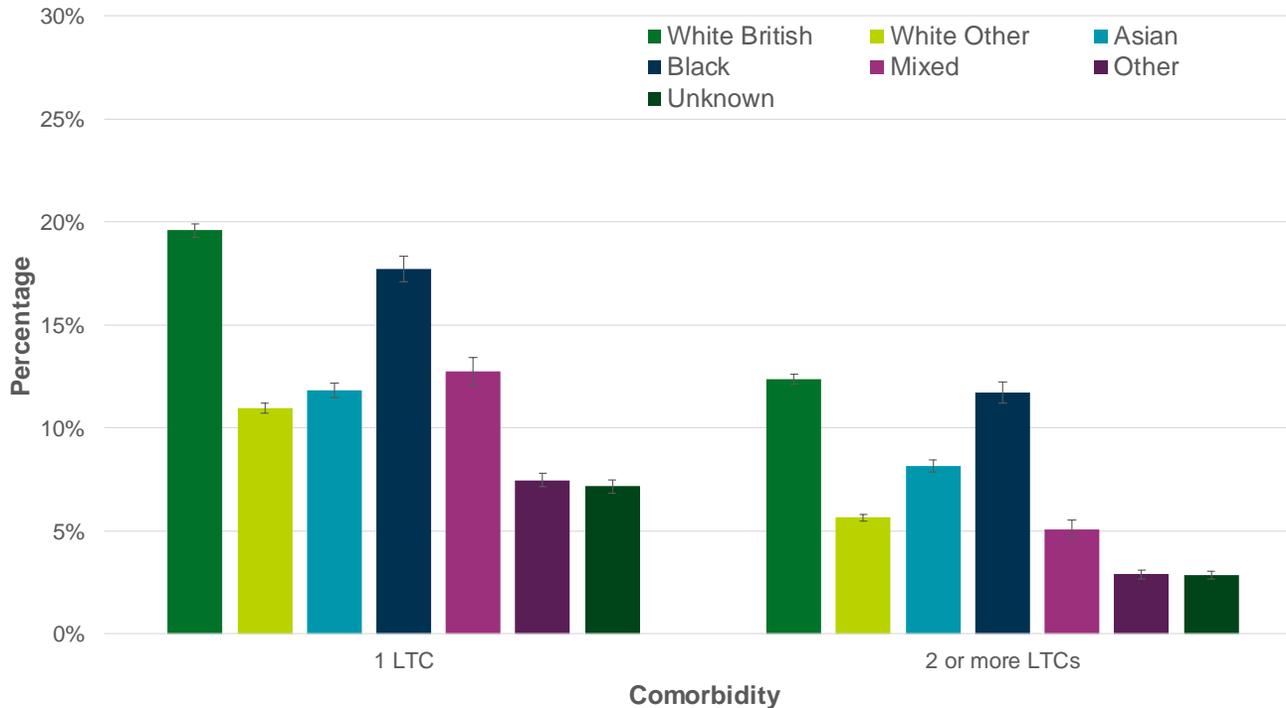


Source: Islington CSU dataset (April 2020)

- **Black and Asian** ethnic groups are more than twice as likely to have **diabetes** (15% and 26% respectively) than would be expected based on the overall ethnic profile in Camden (6% and 13% respectively).
- A higher proportion of **hypertension** (11%), **chronic kidney disease - CKD** (11%) and **Stroke/TIA** (8%) than would be expected (6%) is also found among **Black ethnic groups**.
- A higher proportion of **White British** people have **cancer** (48%) and **CKD** (48%) and **stroke** (47%) compared with the White ethnic registered population (28%).

Comorbidities by ethnic group

Prevalence of one or more long term conditions by ethnic groups, Camden registered population, all ages, April 2020

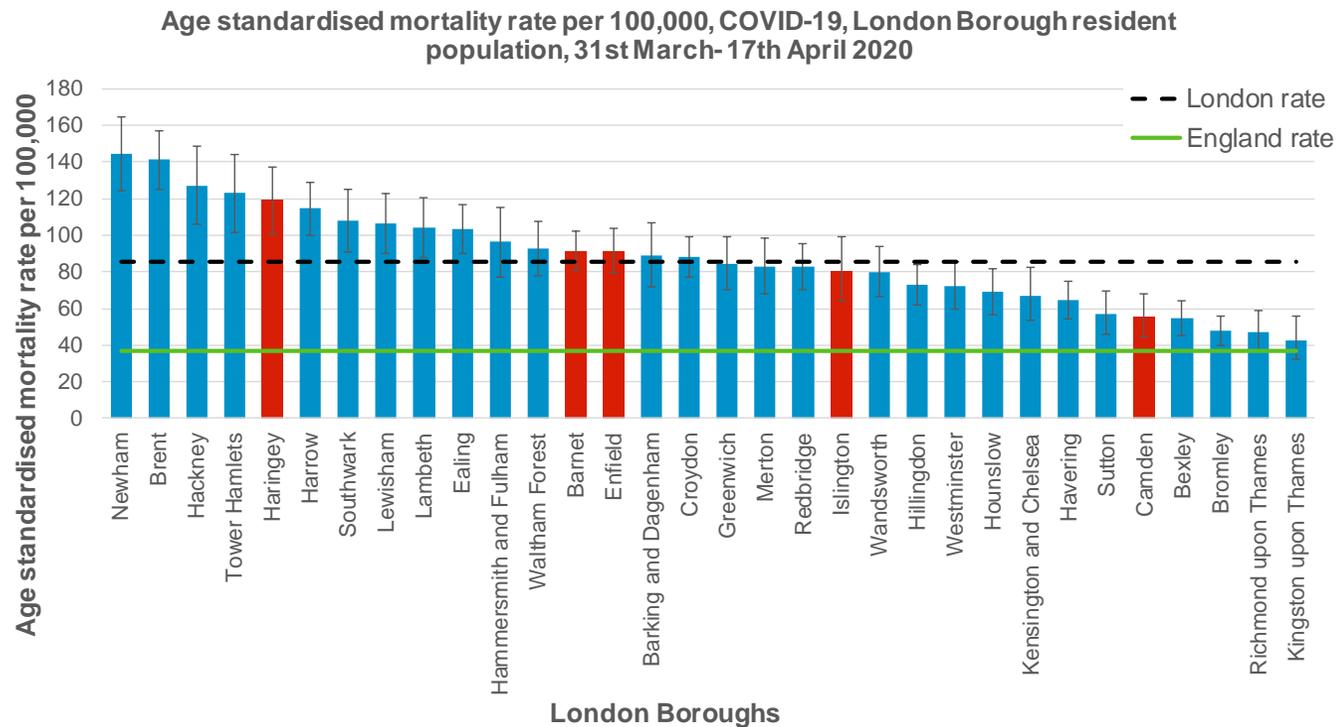


Source: Islington CSU dataset (April 2020)

- **White British and Black** people are more likely to have one long term condition (20% and 18%) compared to any other ethnicities (between 13% and 17%).
- **White British and Black ethnic groups** are also more likely to have at least 2 or more long term conditions (12%) than any other ethnic groups (between 8% and 3%).

DATA ON DEATHS

Standardised mortality rate of COVID-19 deaths in all London Boroughs



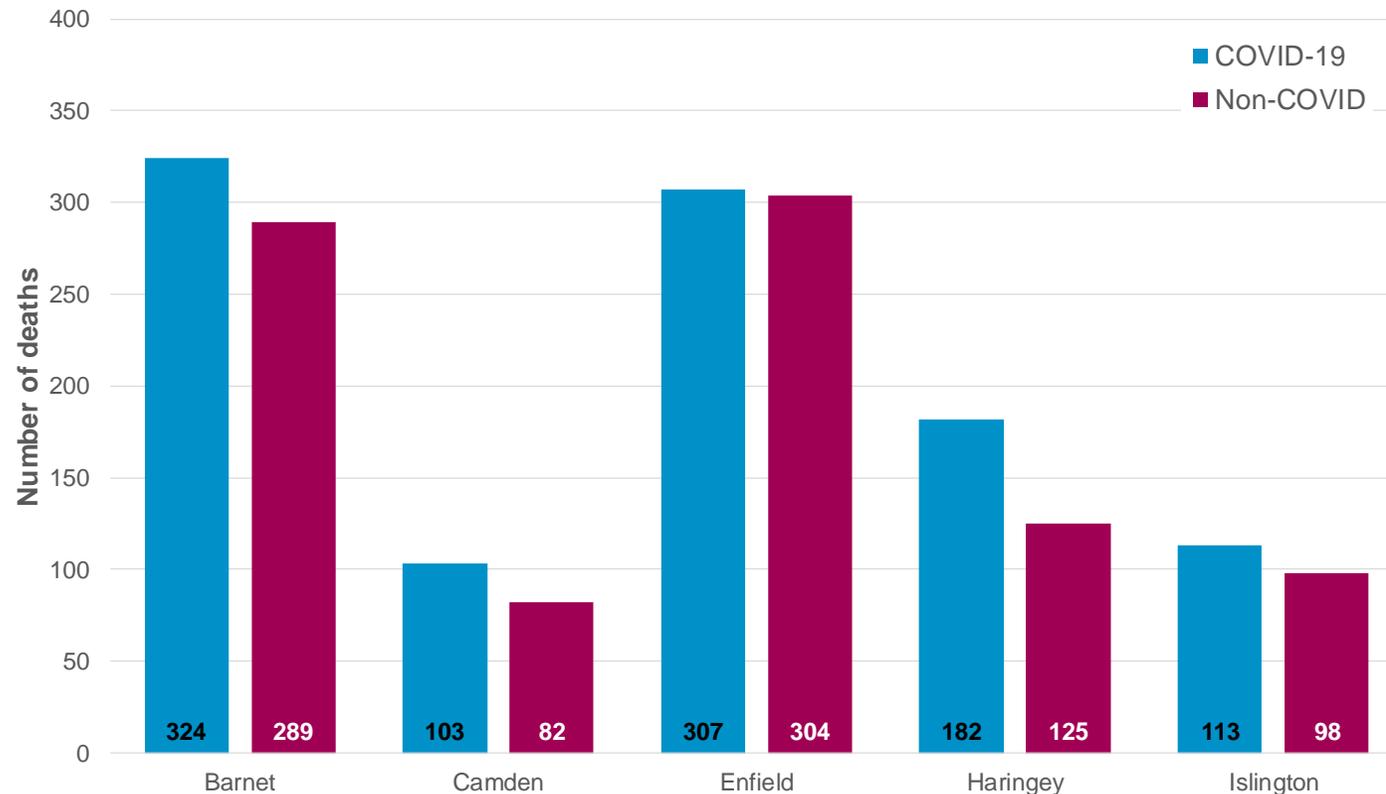
Note: Rates have been calculated using 2018 mid-year population estimates, the most up-to-date estimates when published. Figures only include deaths from 31st March 2020 where coronavirus (COVID-19) was mentioned on the death certificate. Figures do not include neonatal deaths (deaths under 28 days). Figures only include deaths that were registered by 18 April 2020.

Source: ONS 2020

- **Islington** has a COVID-19 mortality rate that is **significantly higher** than the national average (81 per 100,000) along with all 5 boroughs in NCL.
- **Islington** Covid-19 mortality rate is similar to the London average.
- **Camden** has a COVID-19 mortality rate that is **significantly lower** than the London average (55 versus 86 per 100,000)
- **Haringey** has the highest COVID-19 mortality rate compared to NCL boroughs and the 5th highest COVID-19 mortality rate compared to all London boroughs.

Number of registered COVID-19 and Non-COVID deaths in NCL population

Total number of COVID-19 and Non-COVID deaths in North Central London, resident population, 20 March – 27 April 2020



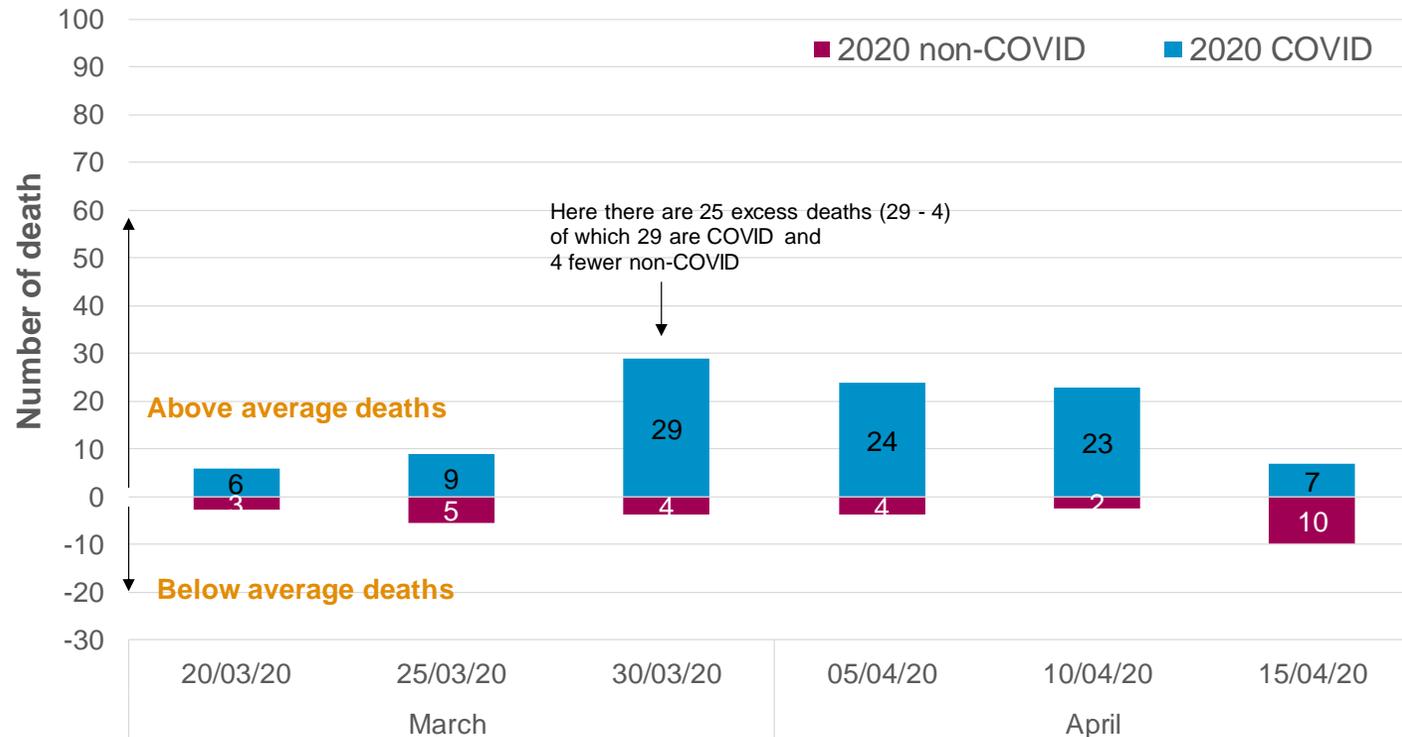
- There have been a total of 1,029 COVID-19 and 898 non-COVID deaths of NCL residents between the period 20/03/20 – 27/04/20.
- The highest number of COVID-19 deaths have been in Barnet at 324.

Note: count does not include deaths of North Central London residents registered outside of North Central London boroughs.

Source: North Central London Register Offices

Weekly deaths above or below five year average: CAMDEN

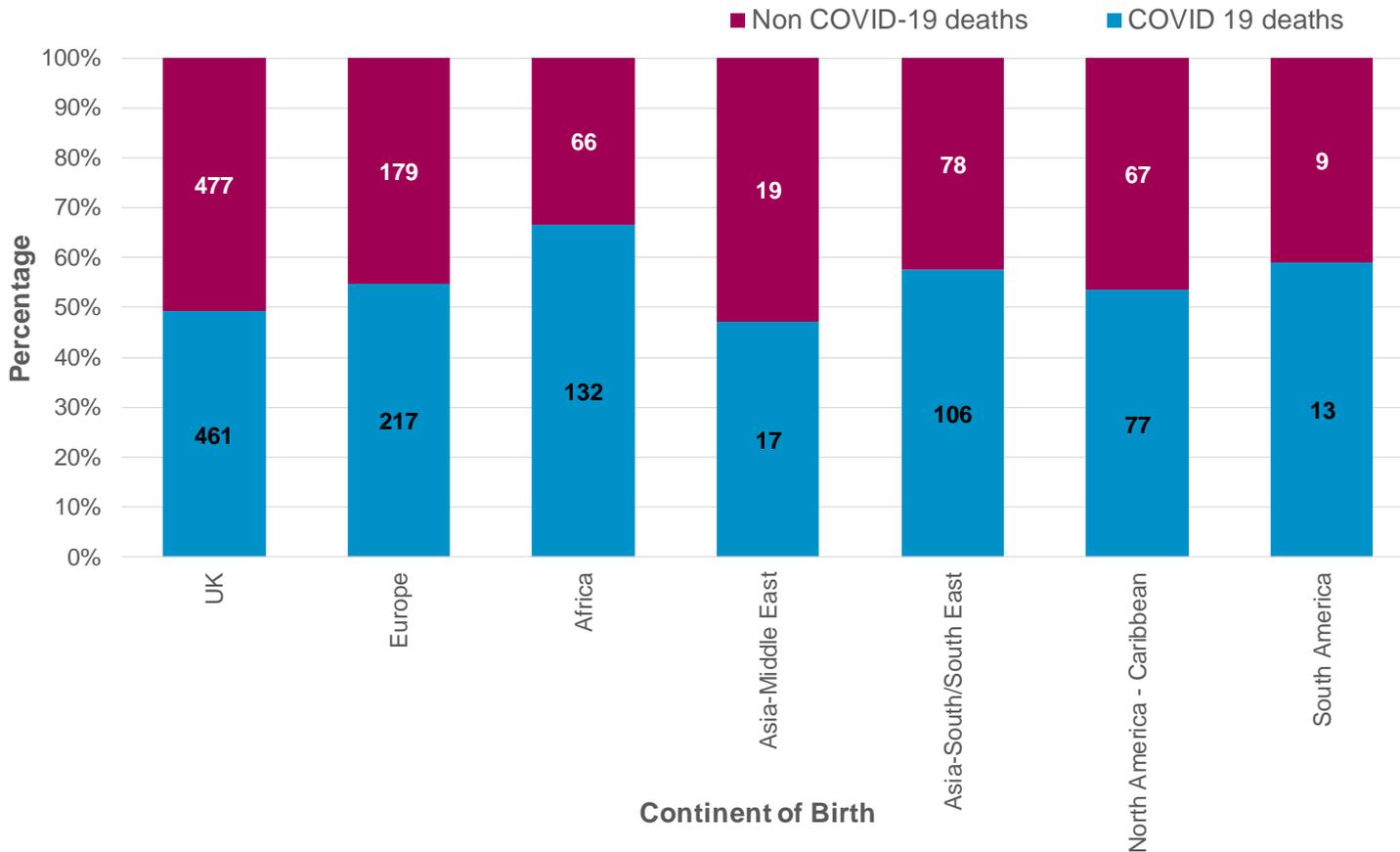
Weekly registered deaths above or below five year average (2015 to 2019),
Camden resident population, 20-24 March to 15-20 March 2020



- A weekly analysis shows a different pattern of excess deaths across the NCL boroughs.
- In Camden, deaths due to COVID account for all the excess deaths in the period between 20 March and 19 April 2020.
- The highest peak of excess deaths is found in 30 March week with 25 deaths where COVID was mentioned in the certificate.

Source: North Central London Register Officer (2020) & PCMD 2015-19

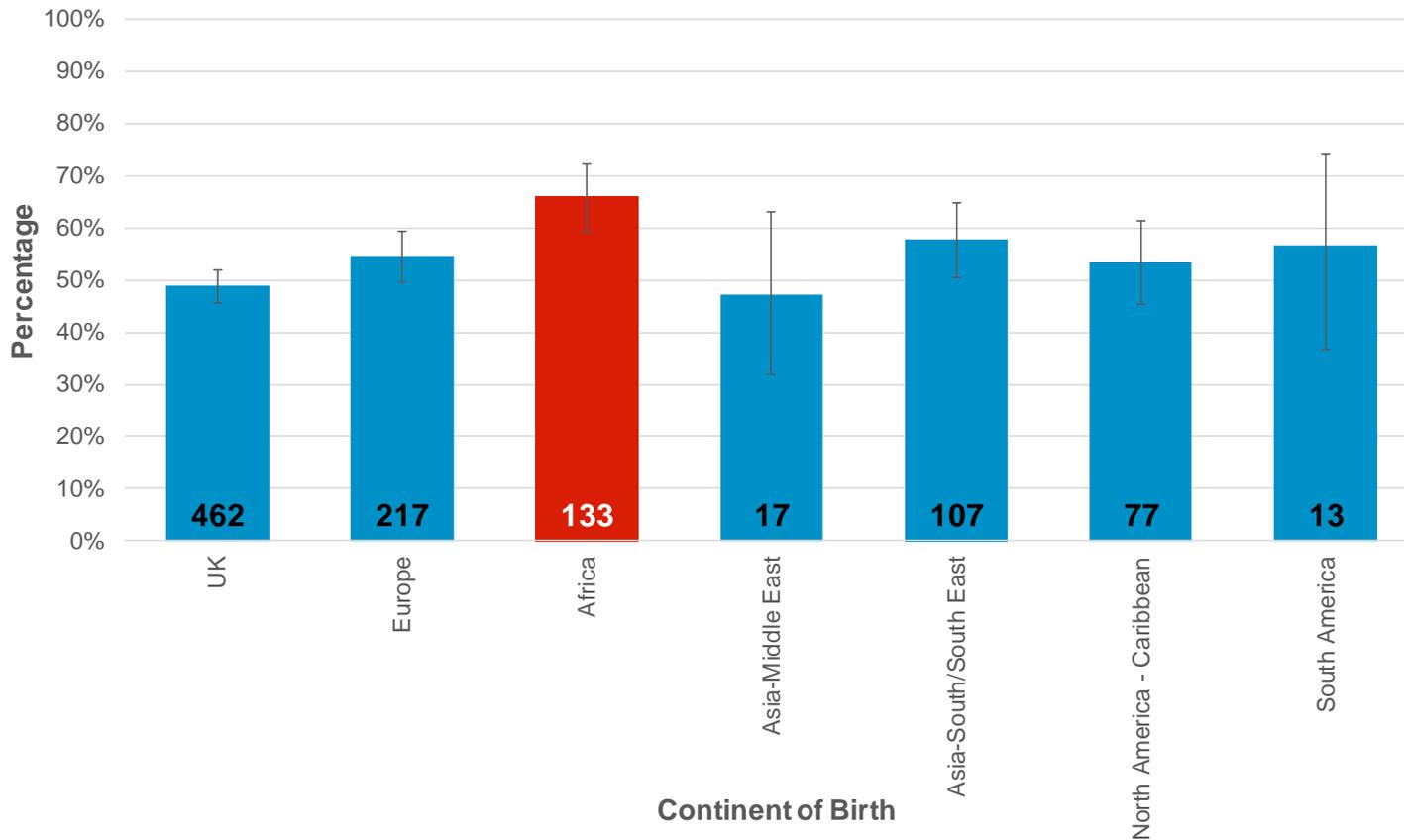
Percentage of deaths that are attributed to COVID-19 by Continent of Birth



Note: Deaths from Australia and North America were excluded due to low numbers. 2 deaths were registered without a recorded country of birth.

- **938** deaths were among people born in UK and **396** born in Europe.
- Out of **all COVID-19 related deaths**, majority of these deaths are of people born in Europe (inc. UK) compared to those born outside of EU (**66% vs 34%**).
- Out of **total deaths of people born outside of the EU (591)**, a significantly higher proportion are attributed to COVID-19 compared with non-COVID-19 deaths (**59% vs 41%**).
- Out of **total deaths of people born in Europe including the UK (1,343)**, the proportion of deaths attributed to COVID-19 is not significantly higher than the proportion attributed to non-COVID deaths (**51% vs 49%**).
- These figures need to be interpreted with caution given that the other analysis in this pack shows that those aged 90+ (who are more likely to be UK born) are less likely to have COVID-19 as a cause of death.

Percentage of deaths that are attributed to COVID-19 by Continent of Birth



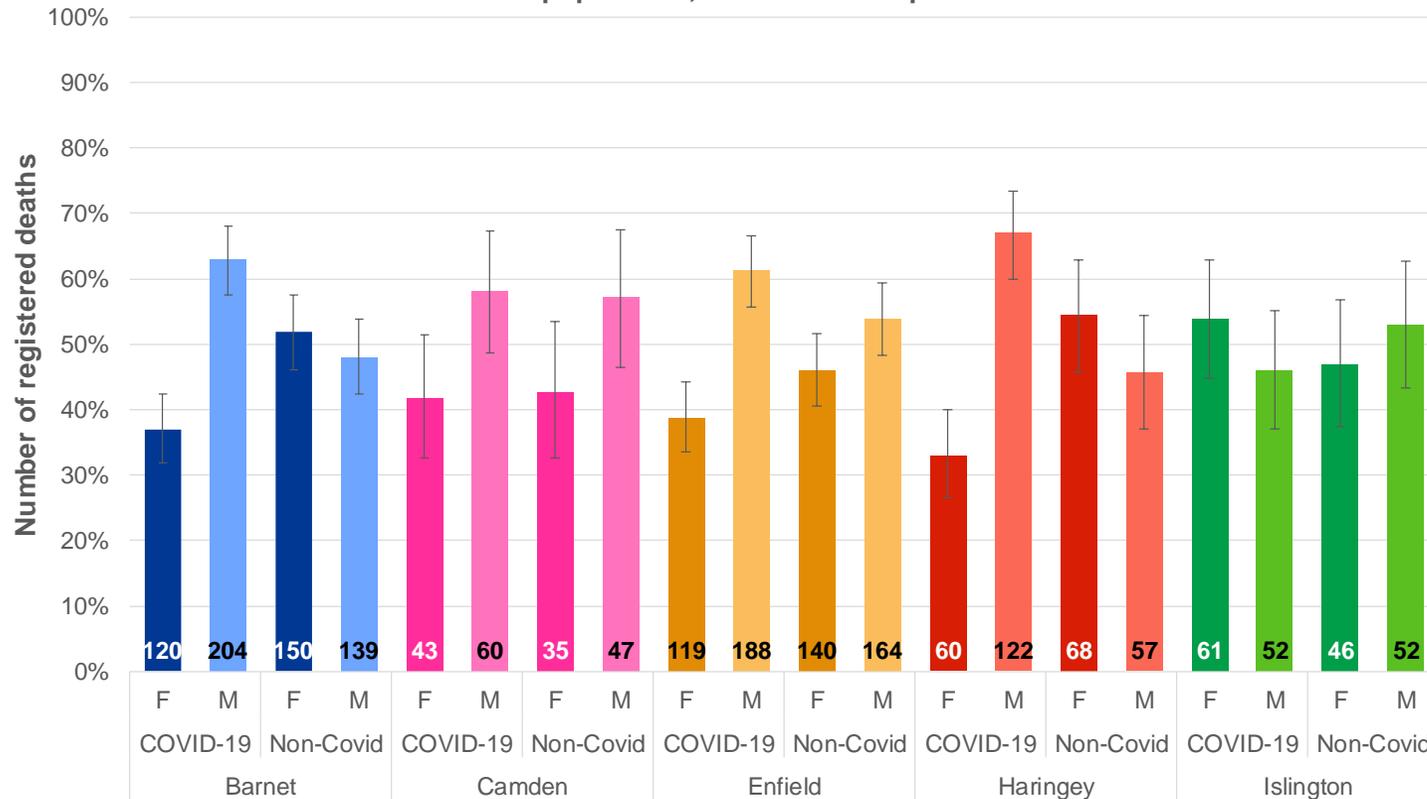
Note: Deaths from Australia and North America were excluded due to low numbers. 4 deaths were registered without a recorded country of birth.
Source: North Central London Register Offices

- A **significantly higher** proportion of deaths which are related to **COVID-19** were reported among people born in **Africa** compared to people born in UK or Europe.
 - *This is in line with national findings which shows Black males are 4.2 times more likely to die from a COVID-19-related death and Black females are 4.3 times more likely than White ethnicity males and females.*
- A **higher** proportion of COVID-19 related deaths were reported among people born in **South/South East Asia** compared to people born in UK, although the percentage is not statistically different.
 - *Nationally people of Bangladeshi and Pakistani, Indian, and Mixed ethnicities also had statistically significant raised risk of death involving COVID-19 compared with those of White ethnicity.*

Number of COVID-19 deaths in NCL residents, by gender

20 March 2020 - 27 April 2020

COVID-19 and Non-Covid registered deaths by gender in North Central London, resident population, 20 March - 27 April 2020



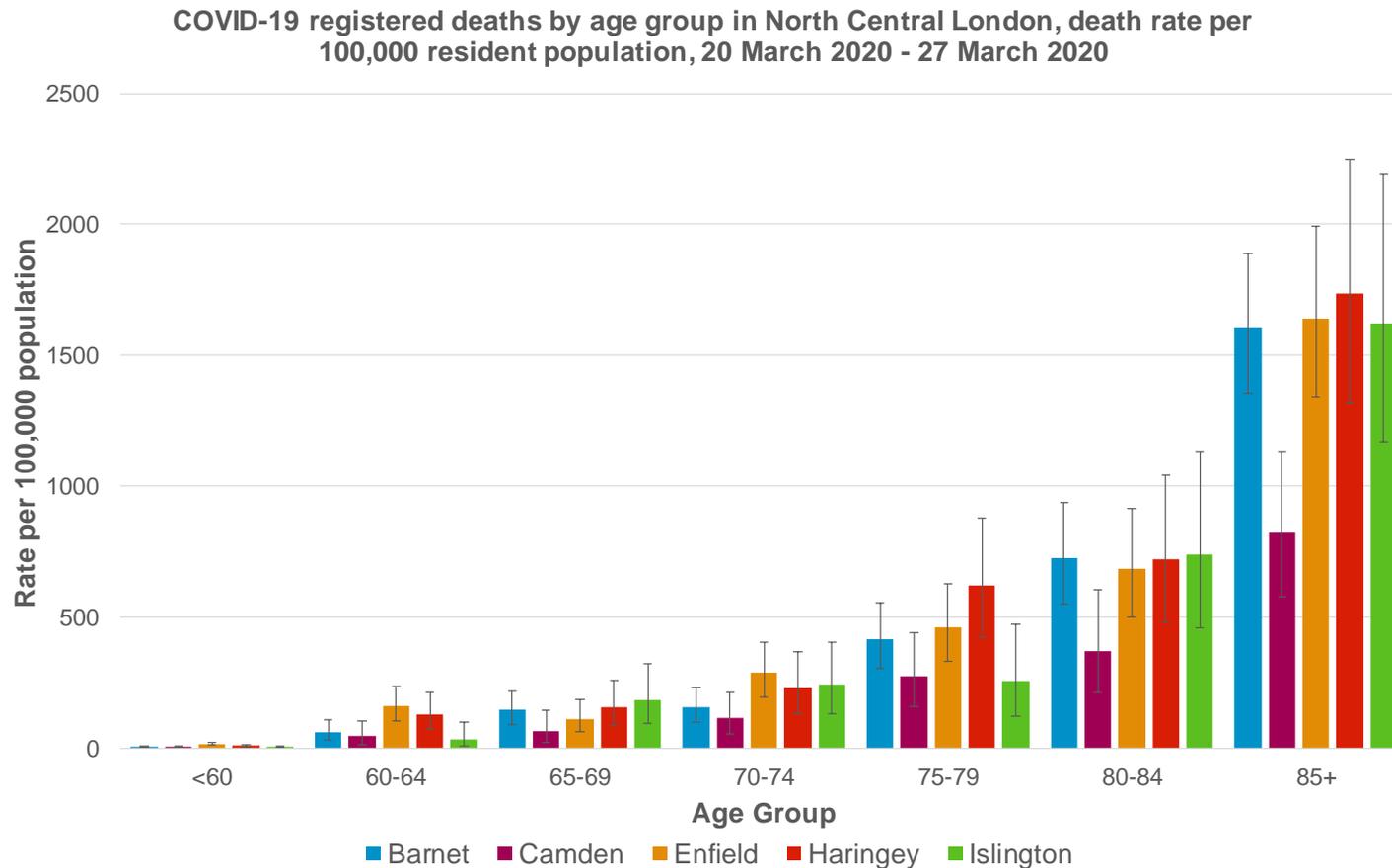
- Barnet and Enfield have a significantly higher proportion of males dying due to COVID-19 than any other causes.
- Islington and Camden are the only boroughs where men and women are equally effected.

Note: M = Male, F= Female. Count does not include deaths of North Central London residents registered outside of North Central London boroughs.

Source: North Central London Register Offices

Percentage of COVID-19 deaths in NCL residents, by age

20 March 2020 - 27 April 2020

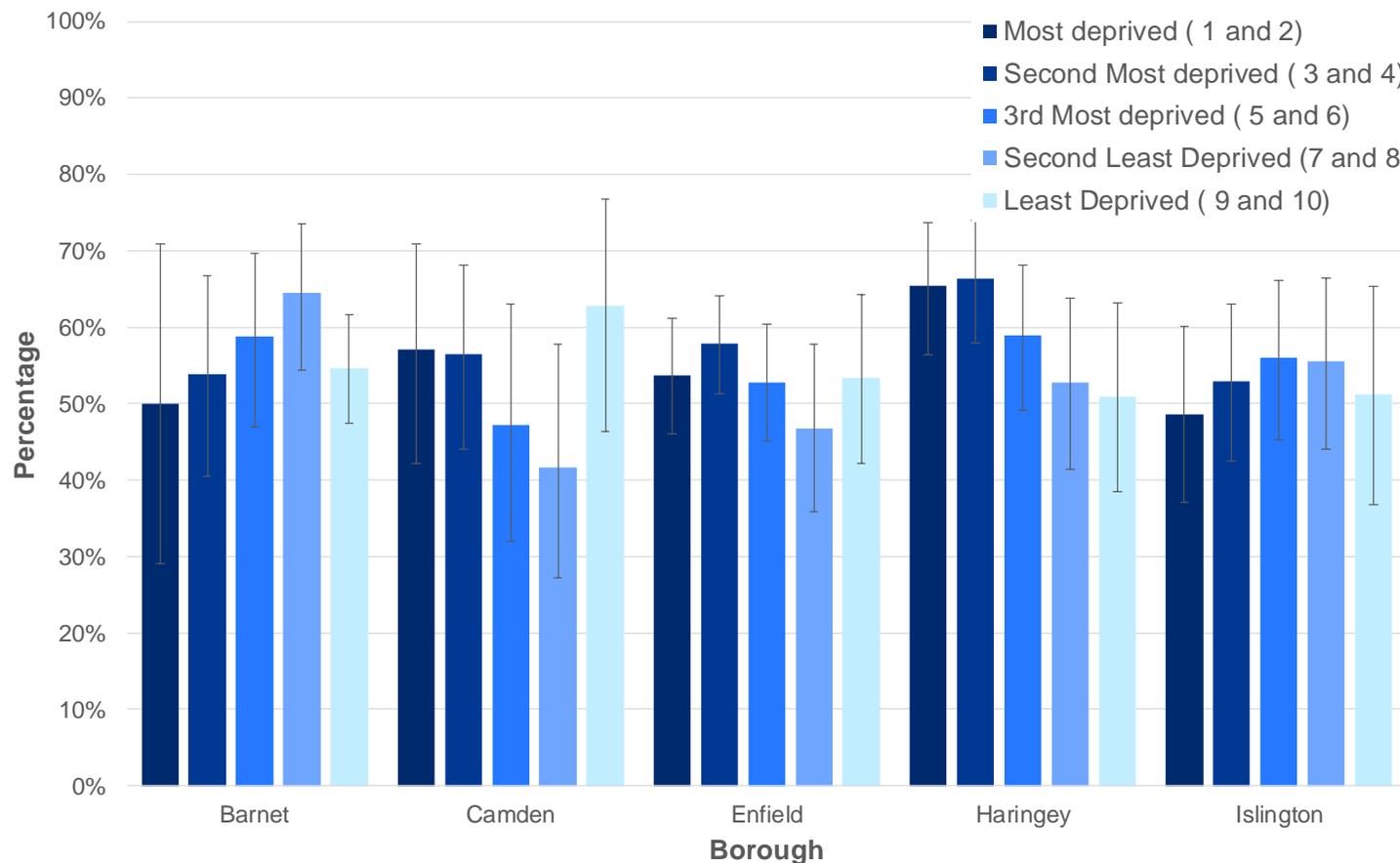


Note: count does not include deaths of North Central London residents registered outside of North Central London boroughs.
Source: North Central London Register Offices

- Significantly higher rates of COVID-19 are seen in the 85 years and over group compared to other age groups in Barnet, Enfield, **Haringey** and Islington (range between 1,732 per 100,000 and 1,622 per 100,000 population). Rates of death in this age group in Camden are significantly lower than in the other 4 NCL boroughs (823 per 100,000 population).
- No significant difference is observed in the other younger age groups.

Percentage of deaths that are attributed to COVID-19, by deprivation decile and borough, 20 March – 27 April 2020

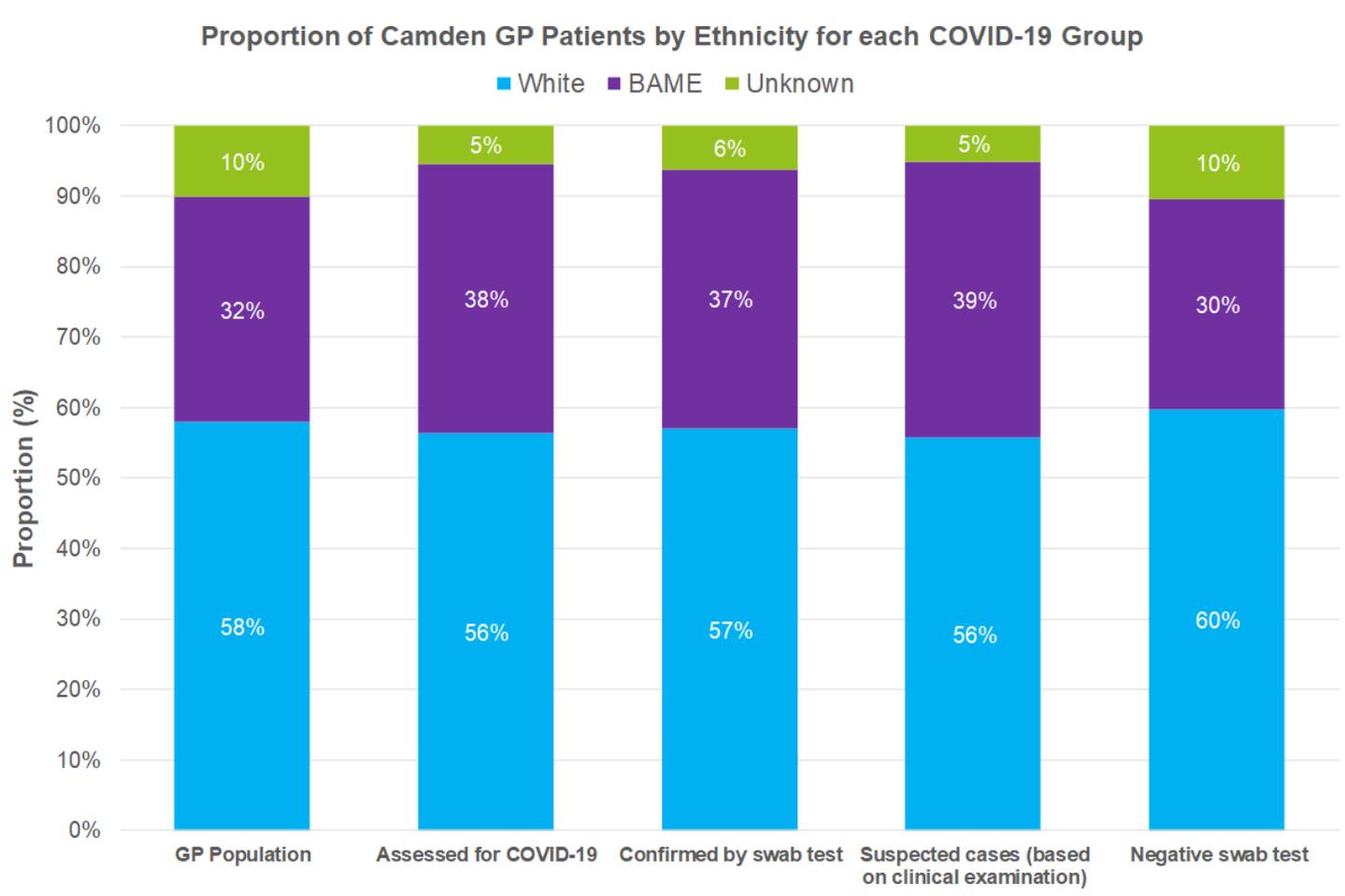
Percentage of deaths that are COVID-19, by deprivation decile and borough



- There are no significant differences in the percentage of COVID-19 deaths across the deprivation deciles, for each of the 5 boroughs.

DATA FROM GENERAL PRACTICES IN CAMDEN

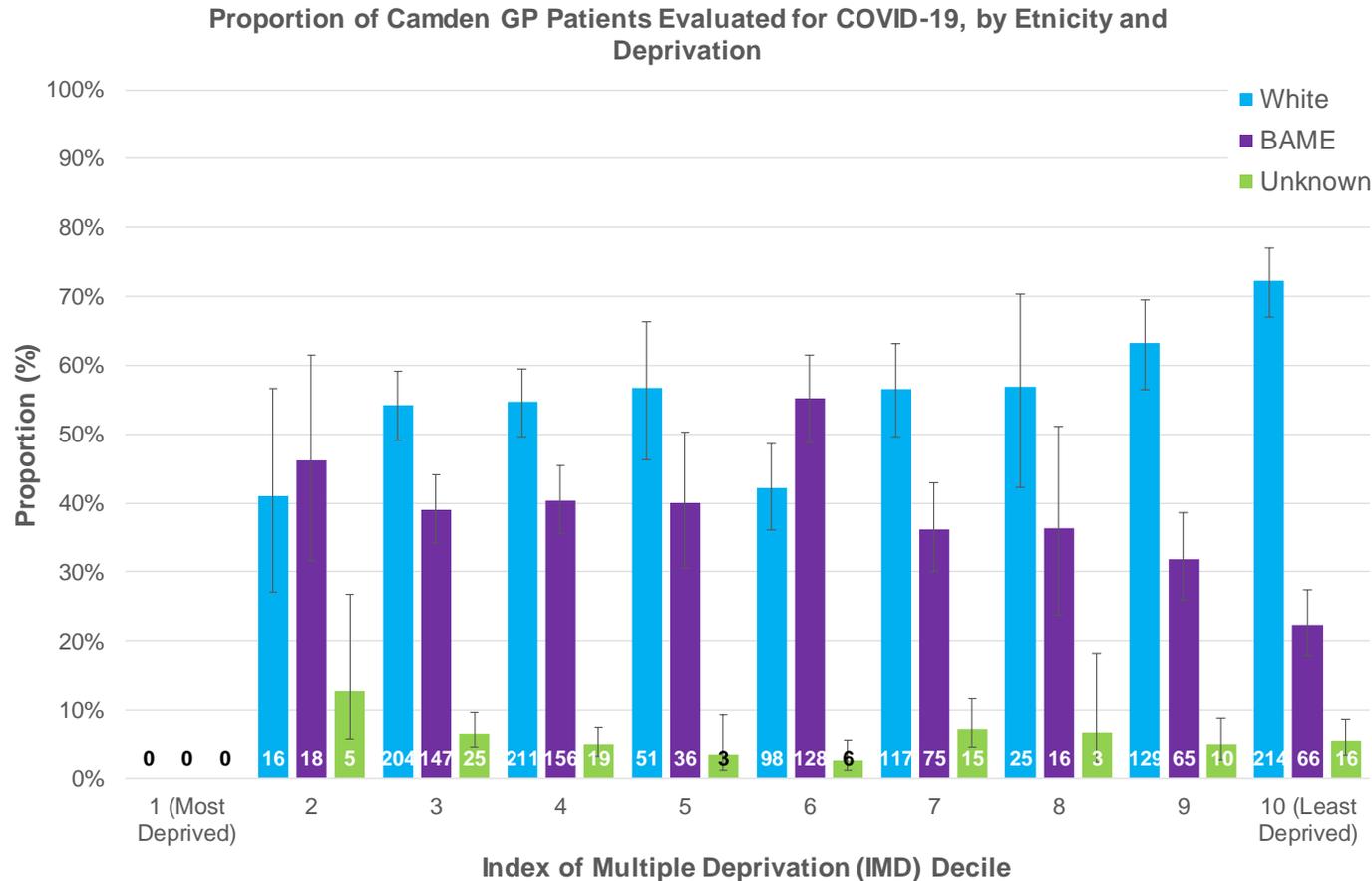
Ethnic profile of patients registered with an Islington GP assessed for COVID-19, by COVID-19 status



- The breakdown by ethnicity in those with confirmed COVID-19 show no significant difference compared to the GP Patient Ethnic breakdown.
- In those assessed, confirmed or suspected for COVID-19, The proportion of BAME patients who have been assessed for COVID-19 (38%) is significantly higher than the general BAME population of Camden GP patients (32%).
- Additionally, the proportion of BAME patients with suspected COVID-19 (39%) is significantly higher than the general BAME population of Camden GP patients (32%).

Data source: EMIS extraction 22/04/2020

COVID-19 Evaluations by Deprivation and Ethnicity



- The majority of COVID-19 evaluations were from GP practices located in the 3rd (N=376) and 4th (N=386) IMD deciles.
- GP practices located in the 3rd, 4th, 7th, 9th and 10th IMD decile had significantly higher number of COVID-19 evaluations in White ethnicities than BAME or unknown ethnicities. Conversely, GP practices located in the 6th IMD decile had significantly higher number of COVID-19 evaluations in BAME ethnicities than White or unknown.

Data source: EMIS extraction 29/04/2020