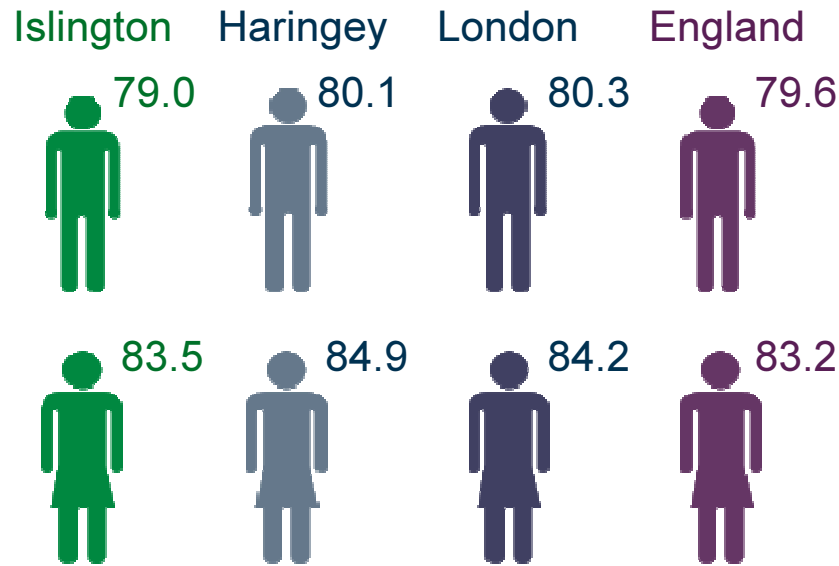


HARINGEY & ISLINGTON HEALTH & CARE – OUR POPULATION, OUR CHALLENGES AND OUR OPPORTUNITIES

Julie Billett, Director of Public Health
Camden and Islington

Life expectancy and healthy life expectancy

Life expectancy at birth 2012-14



Source: PHOF, 2016

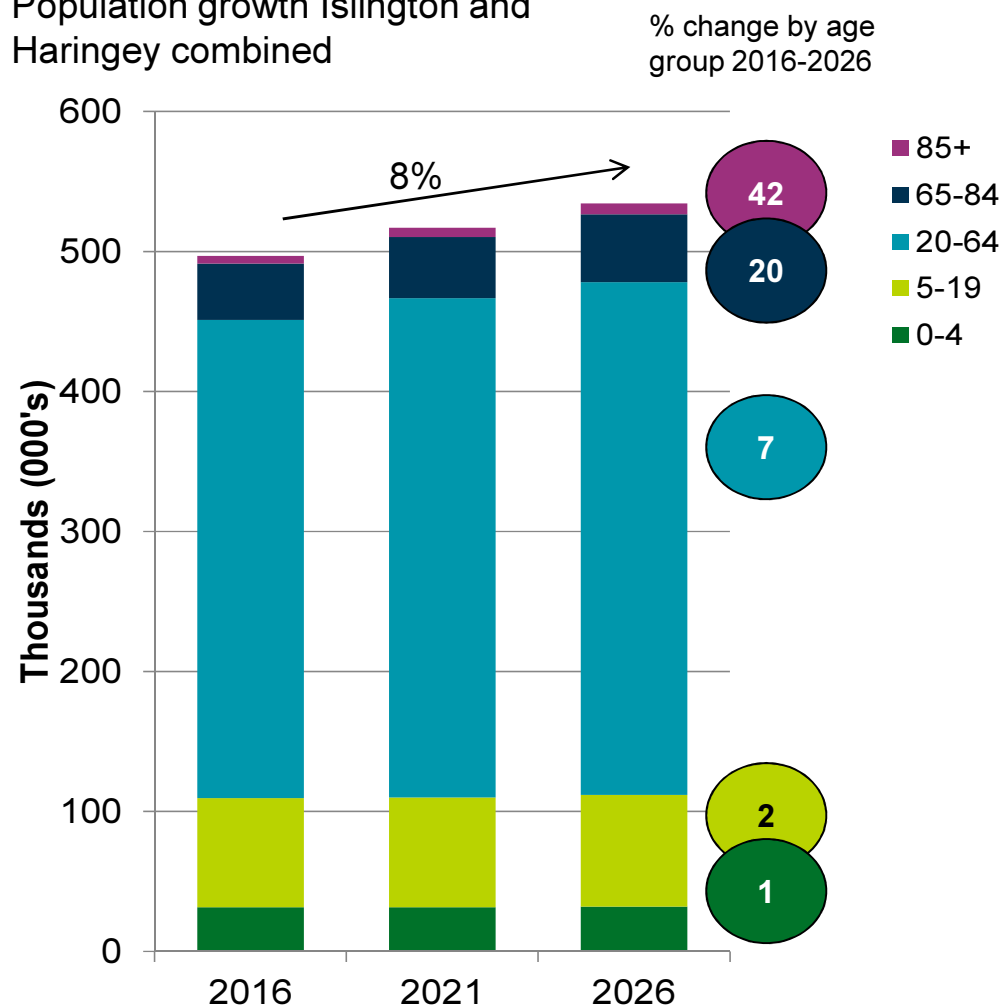
Healthy life expectancy at birth 2012-14



- Life expectancy at birth has increased in both Islington and Haringey over the past decade and for Haringey is now comparable to London and England for both males and females. Male life expectancy in Islington remains significantly lower than London and England.
- In both boroughs residents spend on average the last 20 years of life in poor health.

Population growth

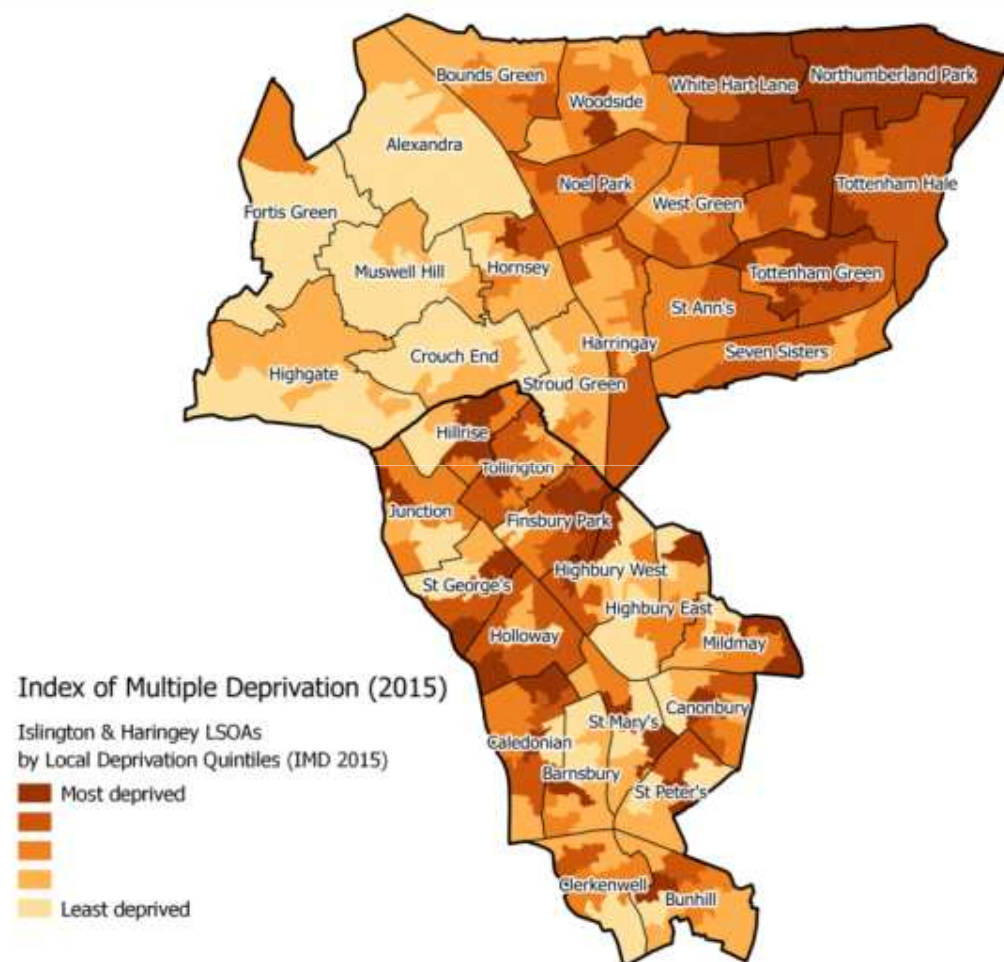
Population growth Islington and Haringey combined



- The combined Haringey and Islington population is just under **500,000** with a projected **growth of 8% by 2026**.
- The highest expected growth is in the older age groups. The 85+ age group will rise from 5,500 to 7,800. The 65-84 group will rise from 40,300 to 48,500 people.
- The growth in the older age groups will be more pronounced for Haringey e.g 55% growth in the 85+ group in Haringey and 27% in Islington.
- The working age population will remain the largest population overall for both boroughs.
- Very little growth is expected in both boroughs amongst the under 20 age group.

Source: GLA, 2016

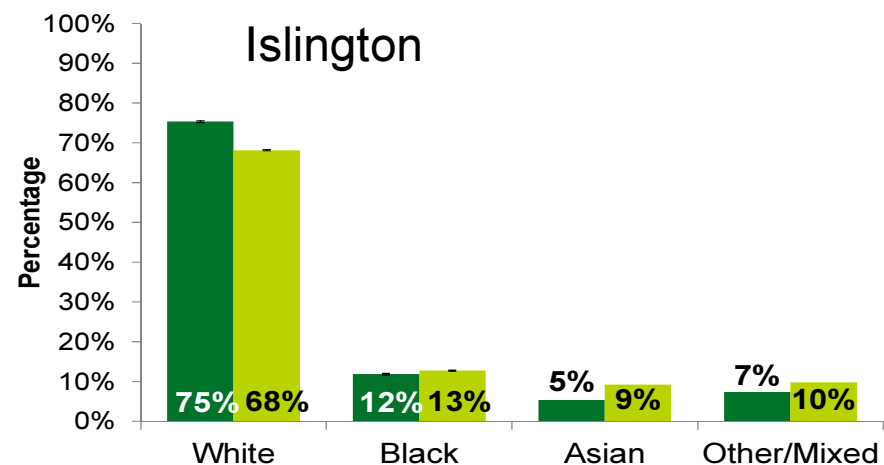
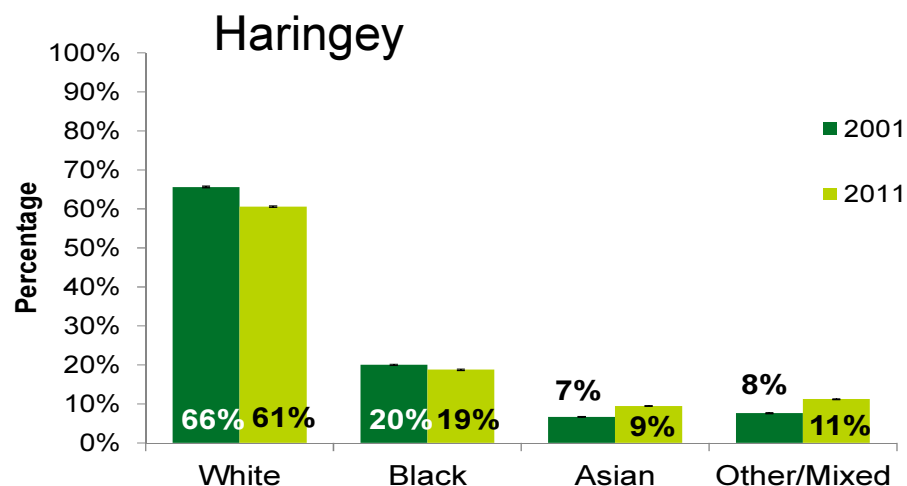
Deprivation



Source: ONS, 2010-2015

- Deprivation is a key influence on health and wellbeing and overall both boroughs experience similar levels of deprivation.
- In **Haringey** deprivation is more concentrated in the **north east** of the borough.
- In **Islington** areas of **deprivation** are more **evenly spread** throughout the borough, with residents with very different socio-economic circumstances living side-by-side.
- Overall Islington is ranked as the 5th most deprived borough in London and Haringey the 6th most deprived.
- The relative national deprivation ranking of both boroughs has improved since 2010.

Ethnicity

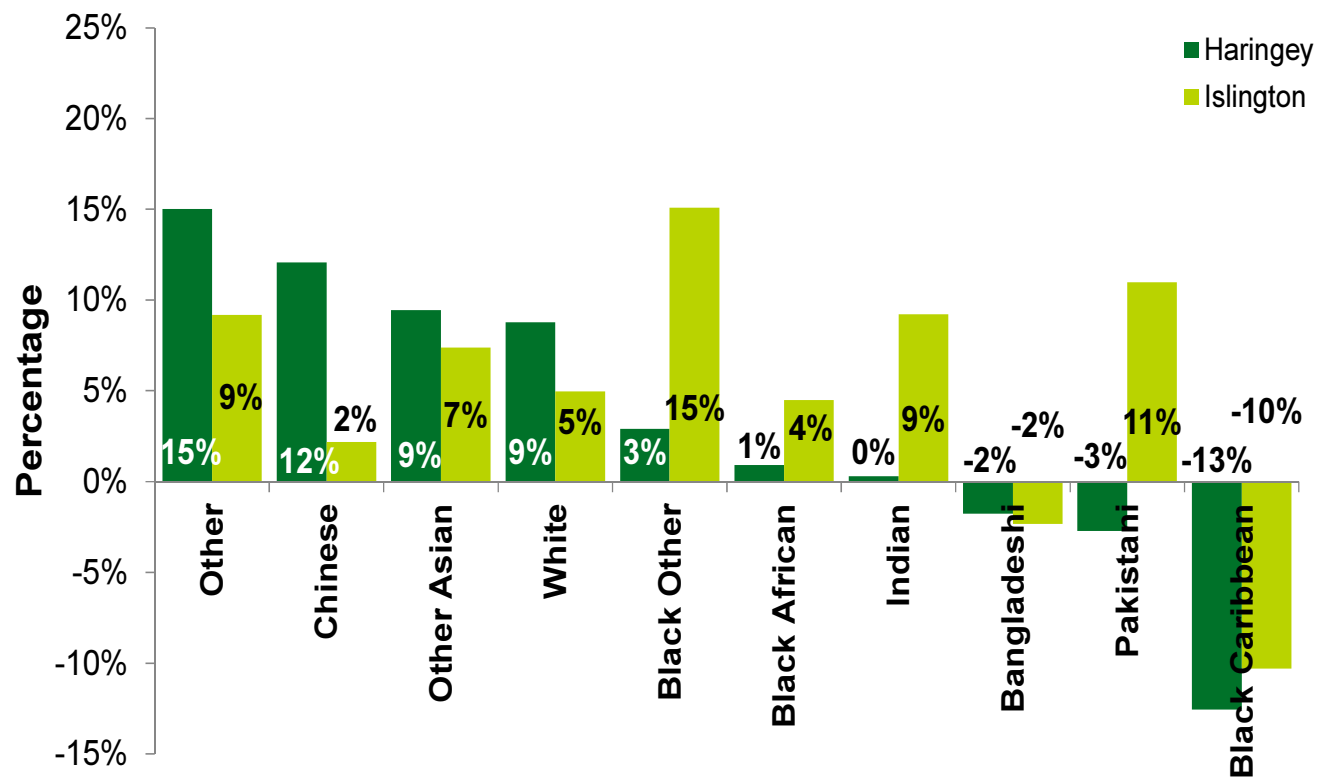


Source: NOMIS, 2016

- Both boroughs have ethnically diverse populations, with both boroughs seeing an increase in that diversity between 2001 and 2011.
- The most significant difference in the ethnic profile of the two boroughs is that Haringey has a larger Black population compared to Islington.
- The **Asian** ethnic group experienced the highest percentage growth in Islington (**101%**) from 2001 to 2011, although in absolute terms this increase was relatively small (n=9,550). The Asian ethnic group is made up of Indian, Pakistani, Bangladeshi and Other Asian.
- In Haringey, the largest percentage increase was in the **Other/Mixed** ethnic group (73%), a growth in absolute terms of 12,081.

Ethnicity growth

Population projections by detailed ethnic group, Haringey and Islington resident population, 2016 to 2026



Source: NOMIS, 2016

- Population projections to 2026 indicate that the trend towards increasing diversity will continue in both boroughs.
- The projected ethnic makeup of the two boroughs shows some similarities and difference.
- Both boroughs will see a reduction in the Black Caribbean populations and Bangladeshi populations.
- The ethnic group with the highest projected population growth is **Black Other (15%)** in Islington and **Other (15%)** and the **Chinese (12%)** population in Haringey.

Health behaviours

	Haringey			Islington		
	Indicator	Compared to London	Progress	Indicator	Compared to London	Progress
Percentage of children aged 4-5 overweight or obese (2014/15)	23		5(%)	22		3(%)
Percentage of children aged 10-11 overweight or obese (2014/15)	37		4(%)	38		3(%)
Percentage of adults classified as overweight or obese (2012-14)	55		-	52		-
Prevalence of smoking among persons aged 18 years and over (2014)	21		0(%)	22		5(%)
Alcohol-related hospital admissions per 100,000 population (2014/15)	595		4 (per 100,000)	753		31 (per 100,000)

- Both boroughs have a similar prevalence of health behavioural risk factors, although Islington has significantly more alcohol-related hospital admissions compared to Haringey.
- In reception aged children, the prevalence of obesity or overweight has **increased (5%) in Haringey** since 2007/08 and **decreased in Islington (3%)**. Over that same time, Year 6 prevalence of overweight or obesity has decreased slightly in both boroughs.
- Prevalence of smoking in Haringey (21%) and Islington (22%) is **significantly higher** than the London average (17%).
- Islington ranks the highest in smoking prevalence amongst London boroughs and Haringey 5th highest.

Change over time within the borough Compared with London average

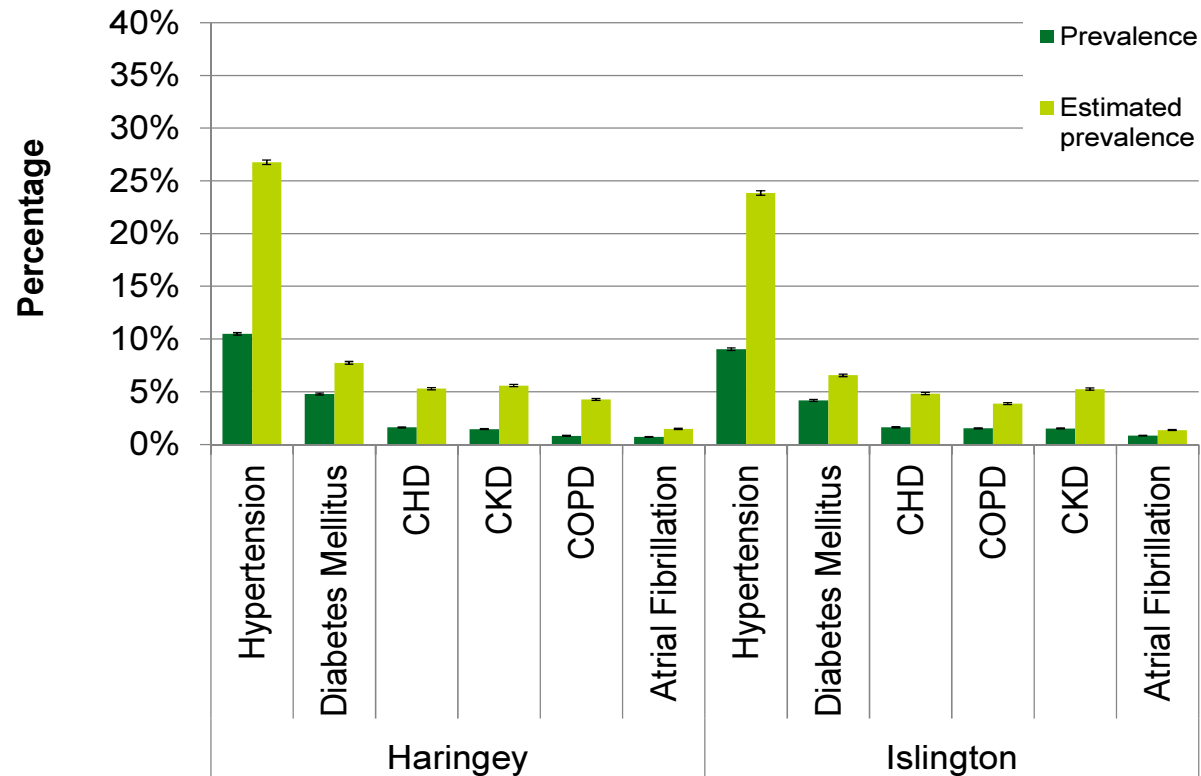
Decrease/Increase/
 No change
 Significant increase
 Change is not significant
 Significant decrease

Significantly higher
 No significant difference
 Significantly lower

Source: PHOF, 2016

Prevalence of long term conditions

Prevalence gap for long-term conditions, Islington and Haringey registered population, 2014-15



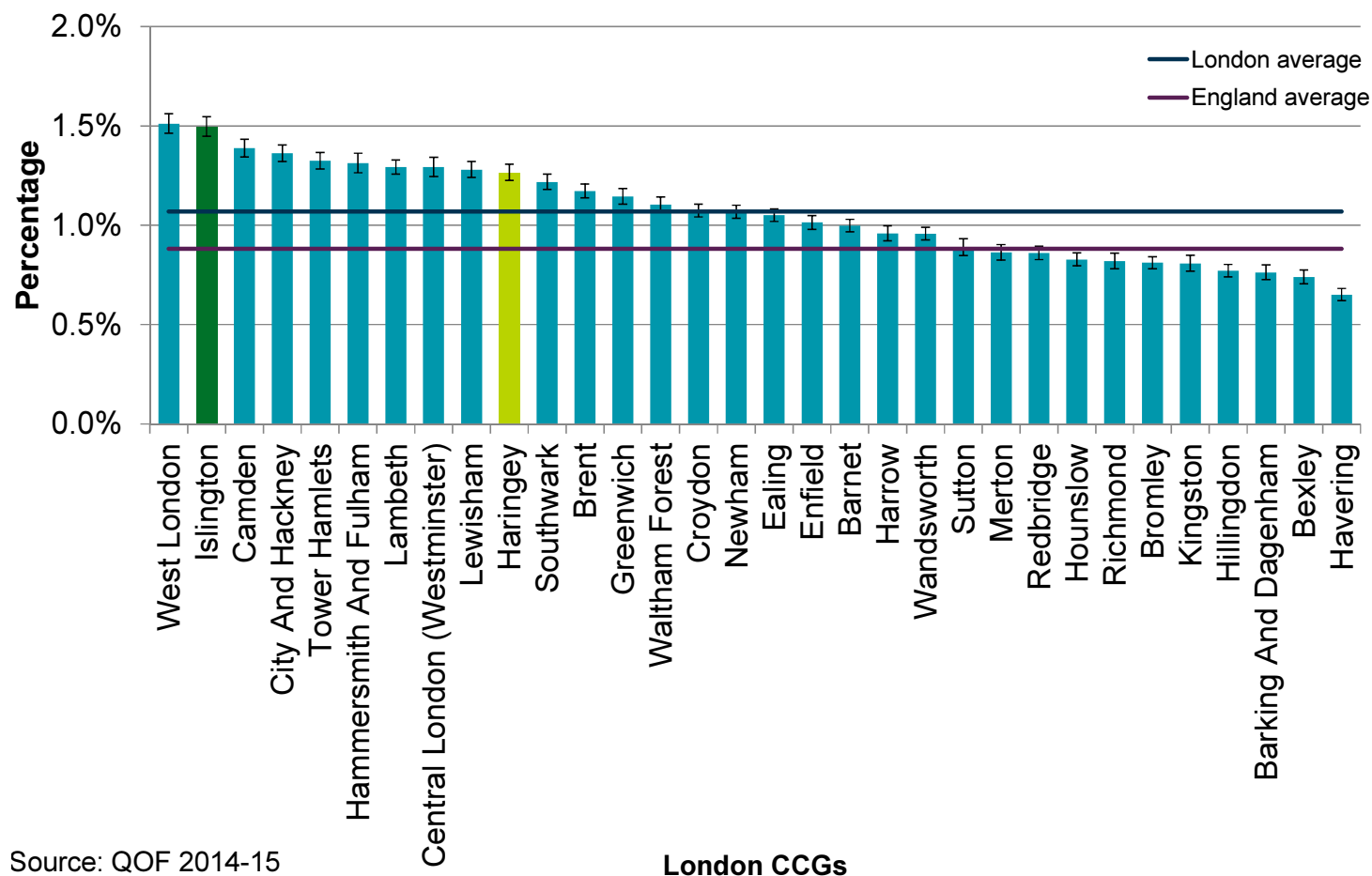
- Both boroughs have a similar prevalence of diagnosed and undiagnosed long term conditions (c20% of population living with one or more diagnosed LTC)
- The condition with the largest prevalence gap is **hypertension** for both Haringey (**16%**) and Islington (**15%**).
- The condition with the smallest gap is **atrial fibrillation** for both Haringey (**1%**) and Islington (**1%**)

Source: QOF 2014-15, PHE 2015

Note: Prevalence for LTCs based on all ages. Estimated prevalence for COPD, CHD, hypertension, diabetes based on ages 16+. Estimated prevalence for CKD based on ages 18+ and atrial fibrillation estimated prevalence based on all ages.

Serious mental ill health

Prevalence of serious mental health conditions, London CCGs, 2014-15

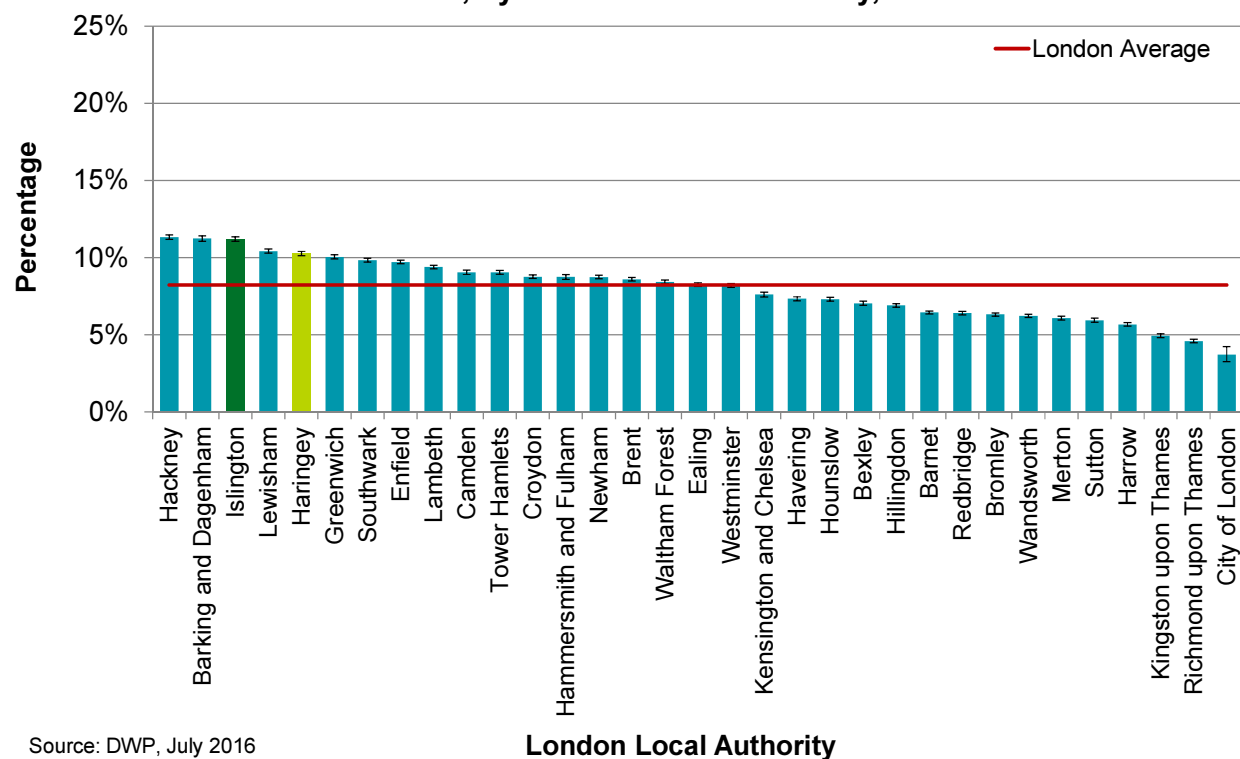


- Islington has the second highest prevalence of serious mental health conditions in London (1.5%)
- Haringey has the 10th highest prevalence (1.3%).
- Both boroughs have a significantly higher prevalence compared to England and London.

Source: QOF 2014-15

Out of work benefits

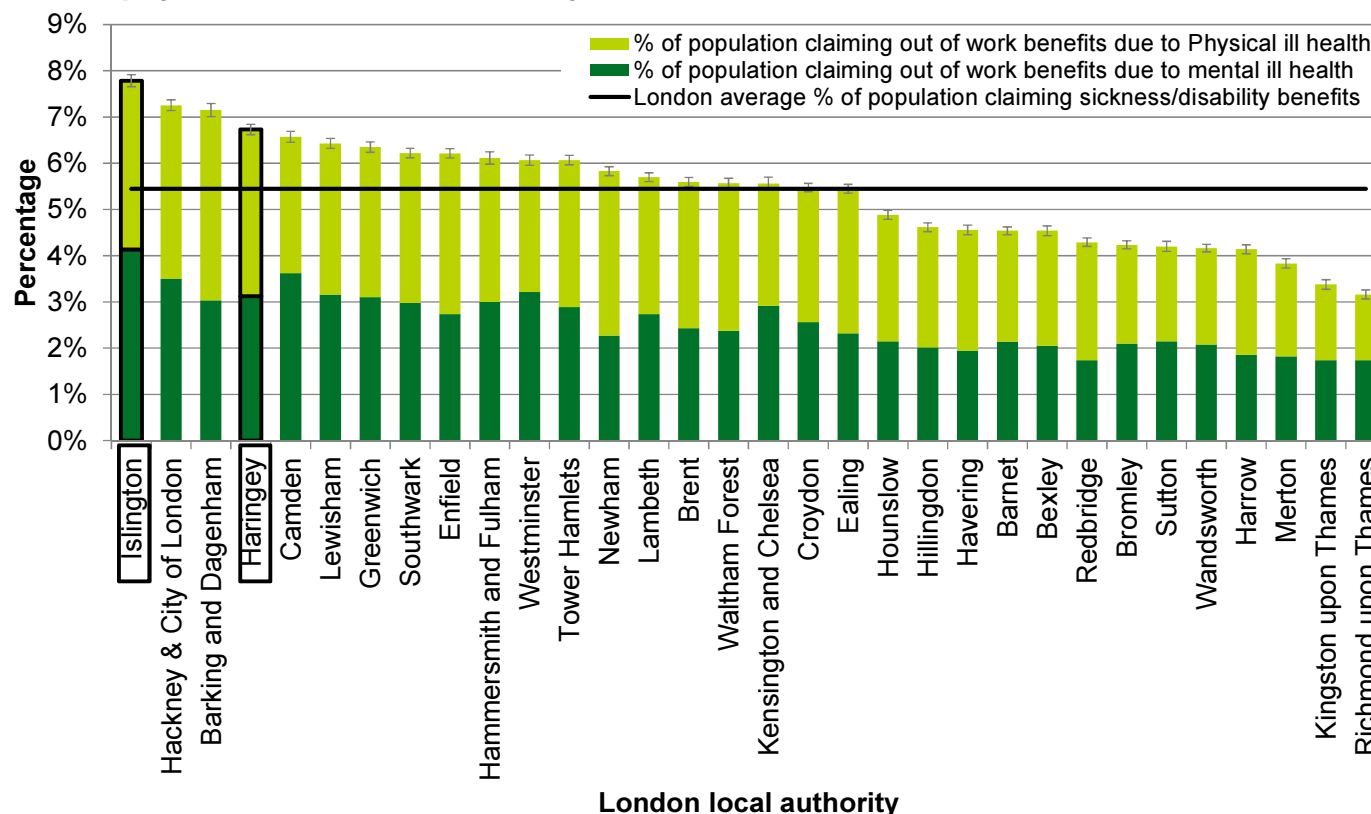
Percentage of the working age population (16-64 years) claiming out of work benefits, by London Local Authority, November 2015



- **11%** of the working age population in Islington is claiming out of work benefits. This is the **3rd highest** proportion in London and higher than the London average (8%).
- **10%** of the working age population in Haringey is claiming out of work benefits. This is the **5th highest** proportion in London and higher than the London average (8%).

Sickness/disability benefits in London

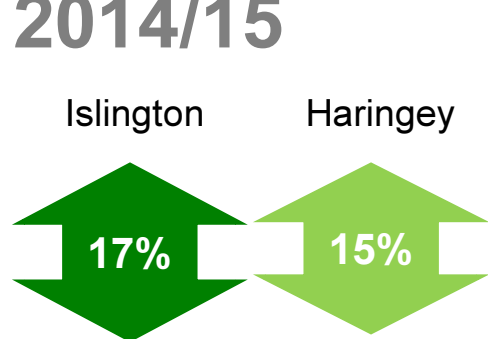
Percentage of working age population claiming sickness/disability benefits due to physical or mental ill health by London local authorities, 2015



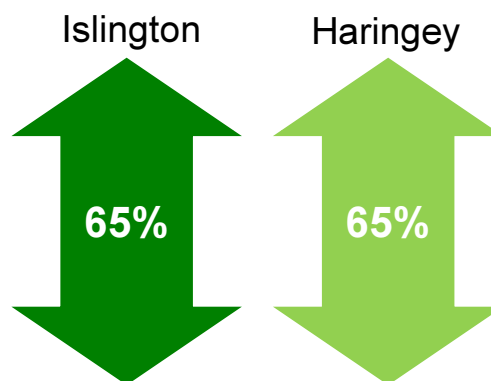
- Both Haringey and Islington have significantly higher proportion of their working age population claiming sickness/disability benefits due physical and/or mental ill health.

Source: DWP, May 2015

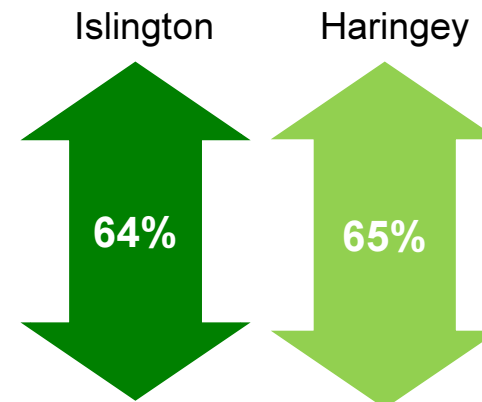
Health unemployment gap in Islington compared to the whole working age population in 2014/15



For those with a **long-term health condition** the employment rate gap was **17%** for Islington and **15%** for Haringey



For those in contact with **secondary mental health services**, the employment rate gap was **65%** for Islington and Haringey



For those with **learning disabilities** the employment rate gap was **64%** for Islington and **65%** for Haringey

London	10%
England	9%
Islington Rank*	1/32
Haringey Rank*	6/32

London	66%
England	66%
Islington Rank*	20/32
Haringey Rank*	19/32

London	64%
England	67%
Islington Rank*	17/32
Haringey Rank*	16/32

*London LA ranking with 1 representing largest gap. City of London has been excluded for all three measures;
 Source: PHOF, 2016

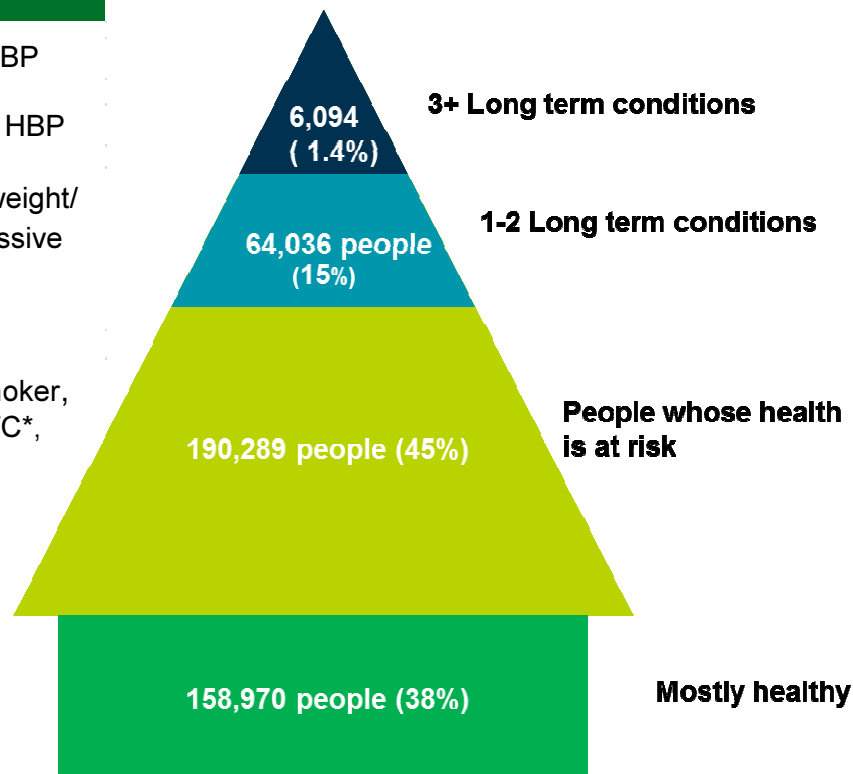
Population segmentation: Haringey and Islington combined registered population 18+

Risk category	Criteria
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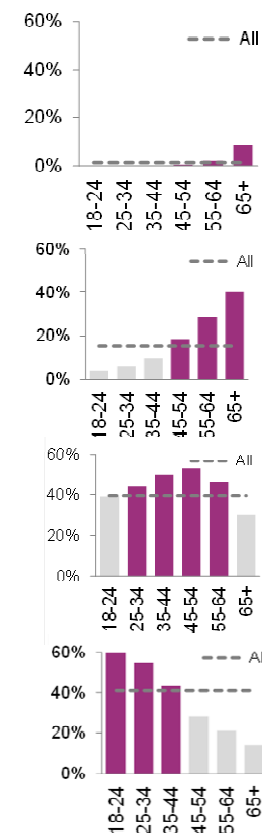
3+ LTC	3 LTC* excluding HBP
'Early' LTC	1-2 LTC* excluding HBP
People whose Health is at risk	Underweight/Overweight/Obese, Smoker/Passive smoker, No LTC* HBP
Healthy	Non Smoker/Ex Smoker, Healthy BMI, No LTC*, No HBP

- LTC = Long term condition and includes AF, Cancer, diabetes, chronic depression, depression, MI&CHD, CKD, COPD, Stroke & TIA, HF/LVD, Dementia, PAD, CLD, & MH/SMI
- HBP = high blood pressure

Source: Haringey's GP PH dataset (2013) & Islington's PH GP Dataset (2015)



Risk category by age group



Resident & patient perspective

What we have heard from focus groups and conversations with residents, service users and carers exploring the theme of integrated care.

'I want to be treated as a whole person and for you to recognise how disempowering being ill is'



'I want to have longer appointments with someone who is well prepared so that I do not have to tell my story again'

'I want to feel supported by my community and get the most out of services available locally'

'I want my care to be coordinated and to have the same appointment systems across services'

'Better access to health care through social services and vice versa'

'No clear systems and processes through all healthcare services'

'I want to be listened to and be heard'

'Helping people to help themselves'

Challenges and opportunities

Challenges

- Complexity in provider landscape and patient flows – no neat system boundaries
- Different organisational cultures and ways of working across the partners
- Balancing need for continued focus and work at local (ie borough or sub-borough level) with work across the H&I partnership and at sub-regional level

Opportunities

- Similar population health and care needs
- Shared challenge of improving population health outcomes, care quality and system sustainability in face of significant financial constraints
- Shared ambitions for our residents, shared values and a genuine commitment and willingness to working in partnership