

ISLINGTON JSNA

FOCUS ON: DEMOGRAPHICS

NOVEMBER 2015

This factsheet breaks down Islington’s population by looking at health conditions, and then by their age, sex, ethnicity, and deprivation. Understanding the size and characteristics of each segment helps us plan healthcare resources, and service delivery effectively for each group, as well as the population in general.

This factsheet is based on work carried out by the London Health Commission; the population are divided into segments based on diagnosed long-term health conditions, and which condition they have. Patients who have more than one diagnosis have been assigned to the segment for the condition that is likely to draw higher costs. The data is based on the population registered with an Islington GP Practice, rather than the resident population. However as approximately 89% of the registered population are also resident in the borough the patterns shown are applicable to the resident population.

Facts & figures

- There are 223,999 registered patients in Islington; 13% of these are 0-12 year olds, 4% are 13-17 year olds, 74% are 18-64 year olds, and 9% are aged 65+.
- 61% of registered patients in the borough are White, 26% are from a minority ethnic group, and 12% have no recorded ethnicity.
- Around 83% of the registered population (over 186,000 people) have no diagnosed long term conditions.
- 710 Islington patients are in the learning disability segment (on average the most expensive condition to provide care for), 799 are in the dementia segment, and 3,000 patients are in the serious mental illness population segment.
- Almost 1,100 people were diagnosed with cancer in the past year.
- Of the 36,000 patients in one of the long term conditions segments, most (30,400) are in the ‘Other LTCs’ segment. This includes diagnoses of high blood pressure, heart disease, and chronic obstructive pulmonary disorders.

Key messages

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

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

What is population segmentation?

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

Why segment the population?

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

How will the population be segmented?

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

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

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

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

Age groups	Mostly healthy	Other Long-Term Condition	Cancer	Serious Mental Illness	Learning disability	Dementia	Severe physical disability*	Socially excluded groups**
0-12	28,993	***						
13-17	9,005							
18-64	142,199	19,619	544	2,531	710	799	-	6,495
65+	5,834	12,513	540	469				
Total	186,031	32,132	1,084	3,000	710	799	-	6,495

Notes and sources

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

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

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

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

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

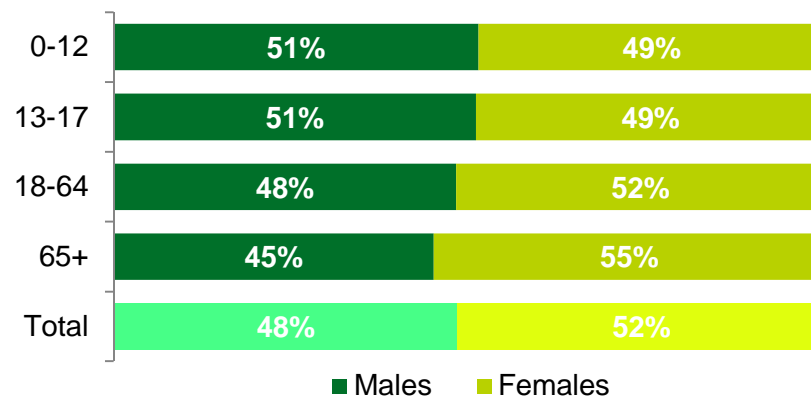
Characteristics

- These are all of the people registered at an Islington GP practice.
- The breakdown by deprivation compares the patient's area of residence to the rest of Islington, so only those who are resident in the borough are included (199,917 patients).

Key messages

- There are around 224,000 people registered at a Islington GP practice.
- Women account for a larger proportion of the adult population, suggesting that fewer men register with a local GP.
- The younger population are more ethnically diverse, while White ethnic groups account for just under three quarters of the population aged 65+.
- More of the younger population live in more deprived areas of Islington, while adults are more evenly spread across different levels of deprivation.

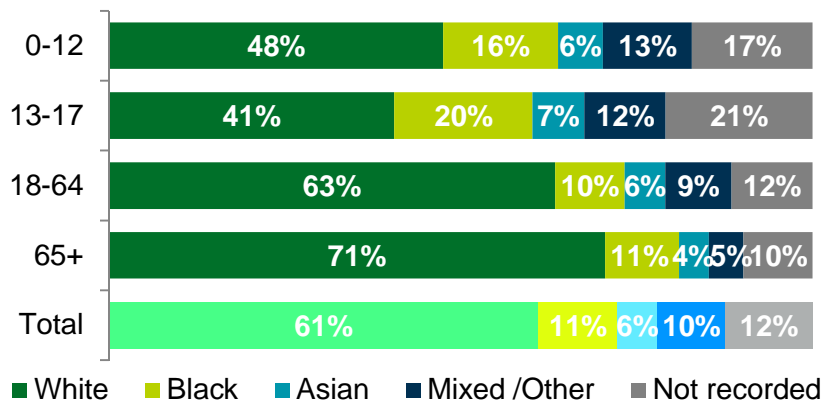
Gender



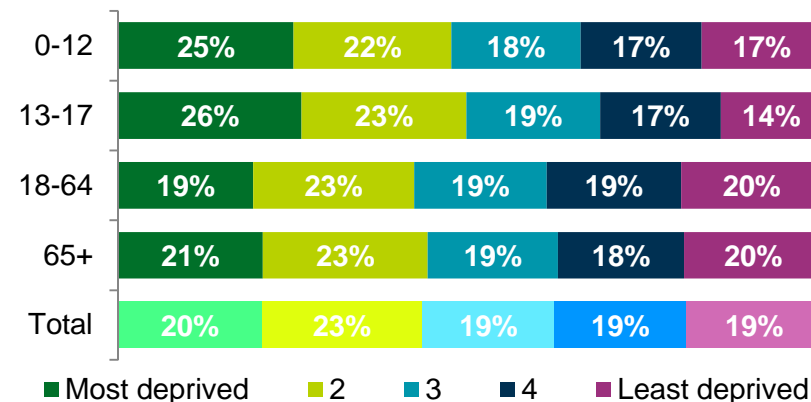
Overall population size

Age group	Total population
0-12	29,109
13-17	9,132
18-64	165,573
65+	20,185
Total	223,999

Ethnicity



Deprivation



Mostly healthy

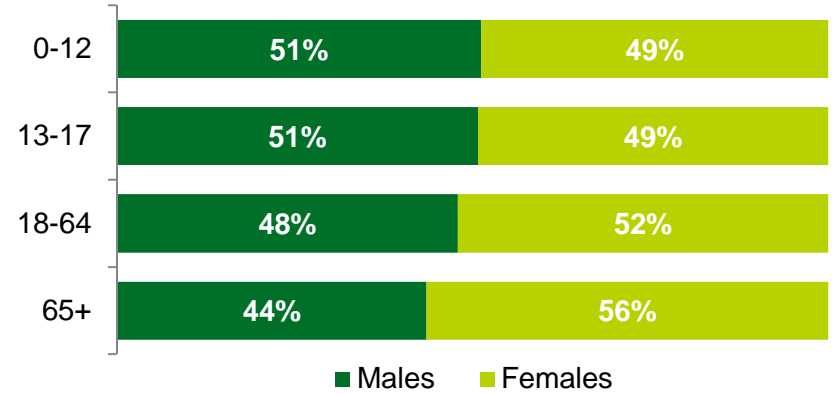
Characteristics

- These are the people registered at an Islington GP practice and do not have a current diagnosis of any of the conditions that are included in other groups.

Key messages

- The vast majority (83%) of Islington's population are 'mostly healthy'.
- There is no significant difference in the proportions by gender between the mostly healthy segment and the general population.
- More of the most healthy older population have no recorded ethnicity than in the total older population (22% compared to 12% of the total older population).
- The breakdown by deprivation suggests that people living in the least deprived areas are more likely to stay healthy for longer.

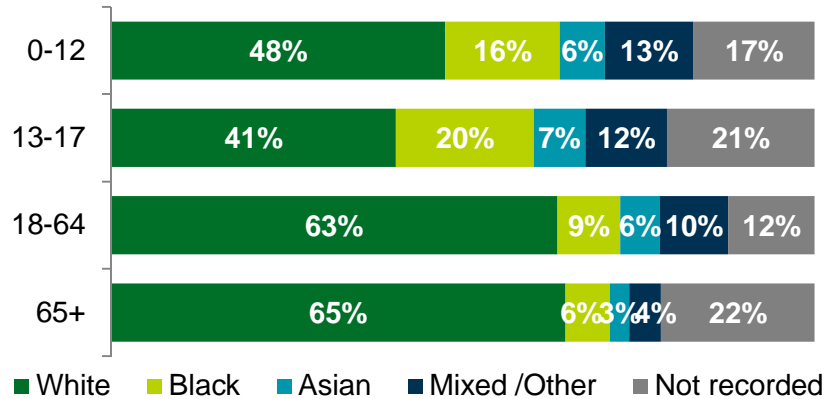
Gender



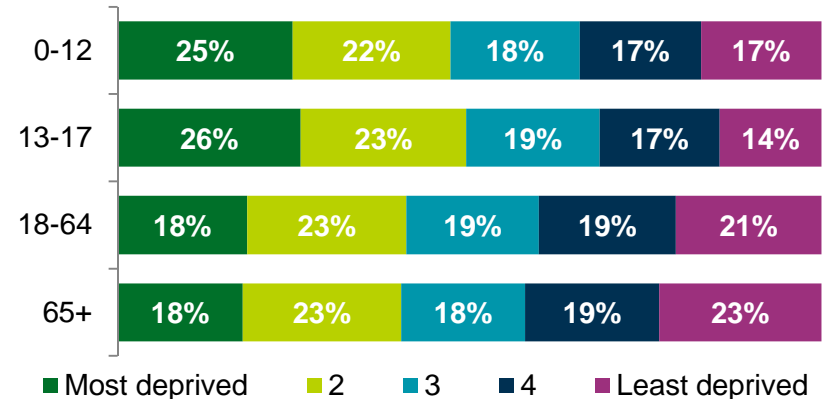
Overall population size

Age group	Mostly healthy
0-12	28,993
13-17	9,005
18-64	142,199
65+	5,834
Total	186,031

Ethnicity



Deprivation



Learning disability

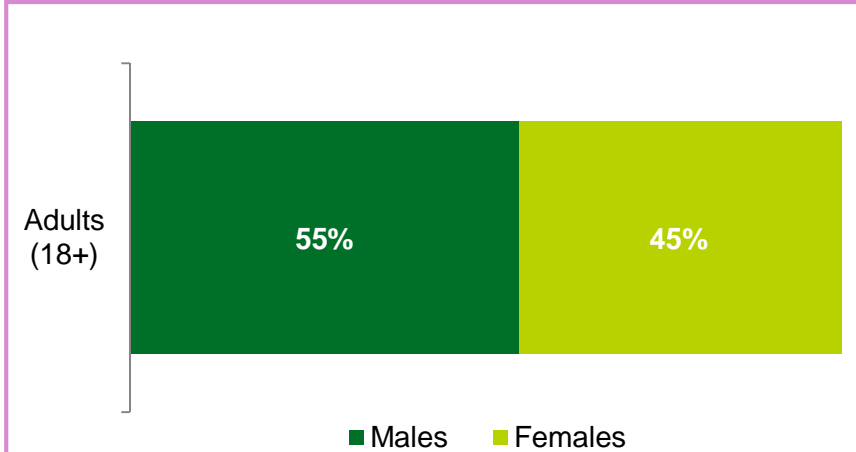
Characteristics

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

Key messages

- Work commissioned by the London Health Commission indicates that, on average, severe learning disabilities are the most expensive condition for health and social care services.
- 0.4% of adults have a recorded learning disability.
- Men account for 55% of the adult population with a learning disability.
- Black (15%) ethnic groups account for a larger proportion of this segment than they do of the general adult population (10%).
- People living in the most deprived areas (25%) also account for a larger proportion of this segment than of the general adult population (19%).

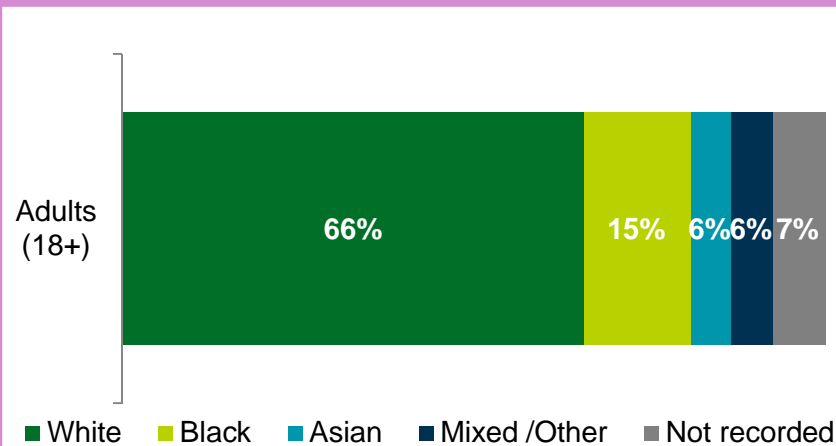
Gender



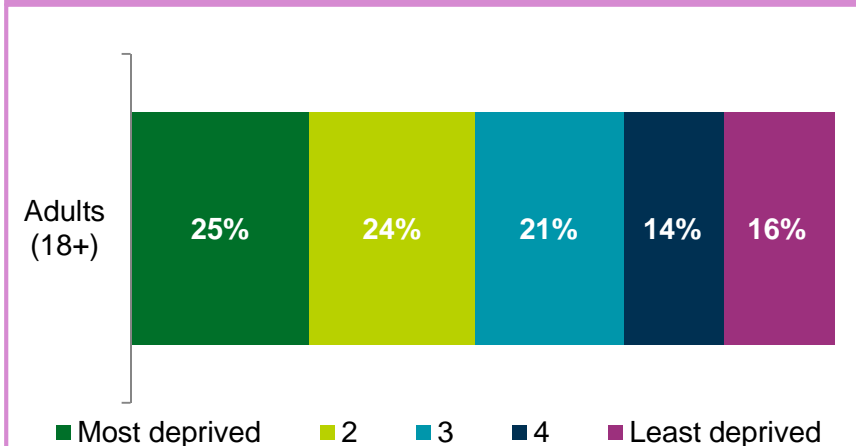
Overall population size

Age group	Learning disability
0-12	
13-17	
18-64	710
65+	
Total	710

Ethnicity



Deprivation



Dementia

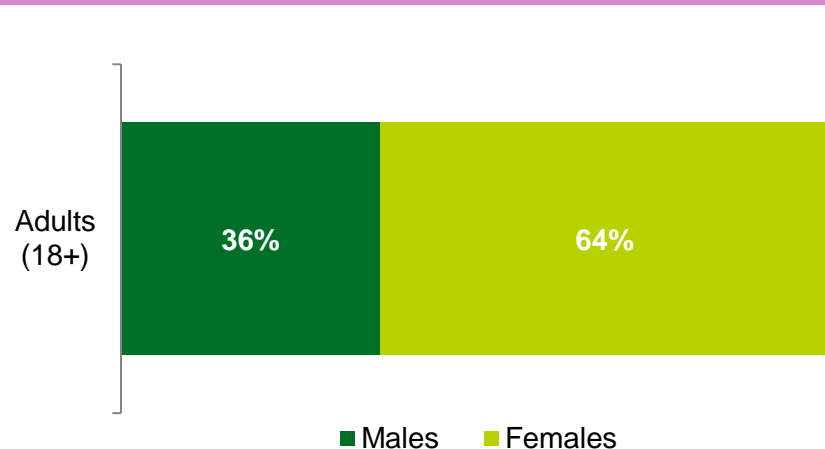
Characteristics

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

Key messages

- Though the age groups are combined in this segment, 96% of cases are among those aged 65+.
- Women account for 64% of the dementia segment, which is likely to be linked to higher life expectancy in women.
- White ethnic groups account for the vast majority of this population, as expected from the ethnic profile of older people in the borough - most dementia cases are among people aged 75+, where White people account for an even greater share of the population than in the 65+ age group.
- People living in the second least deprived areas of Islington are over-represented in this segment, accounting for 24% of the segment but only 18% of the total older population.

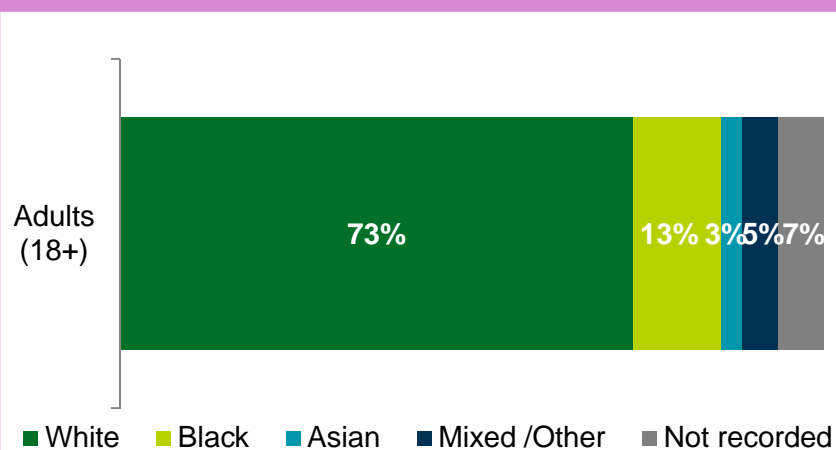
Gender



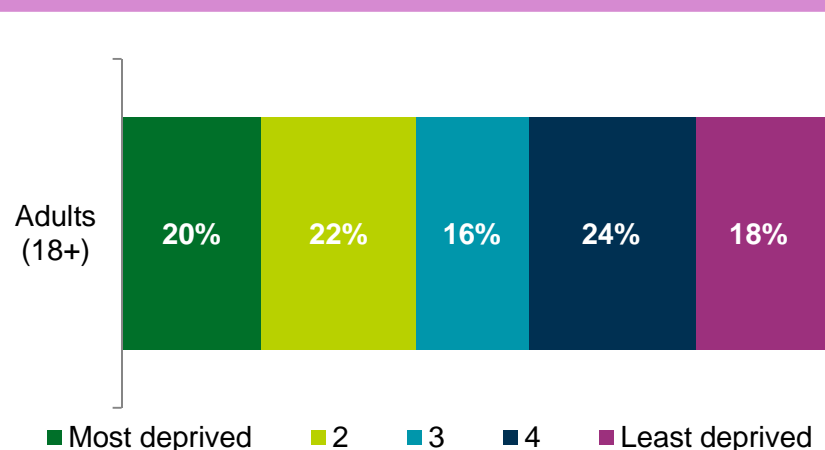
Overall population size

Age group	Dementia
0-12	
13-17	
18-64	799
65+	
Total	799

Ethnicity



Deprivation



Serious mental illness (SMI)

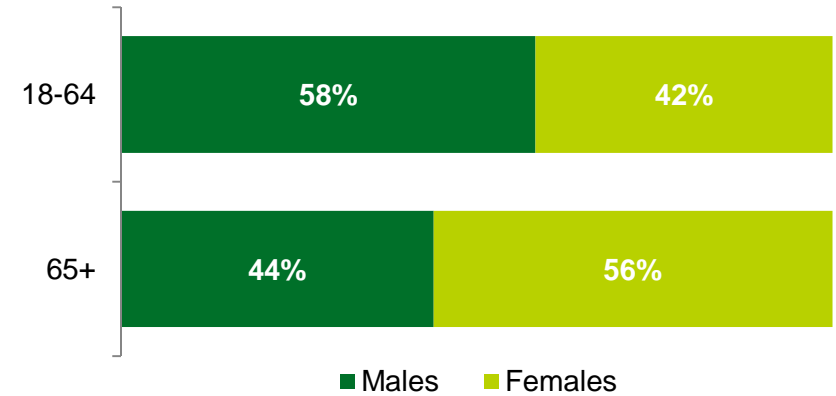
Characteristics

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

Key messages

- 2% of adults have a diagnosed serious mental illness.
- Working age men are over-represented in this segment; whereas the proportion of women aged 65+ is not significantly different to the population as a whole (55% of registered patients aged 65+ are women).
- The proportions of White people with SMI reflect the pattern in the general population, however the proportion of Black ethnic groups are significantly higher than in the general population.
- In both age groups, people living in the most deprived areas of Islington are over-represented in this segment, while people living in the least deprived areas are under-represented.

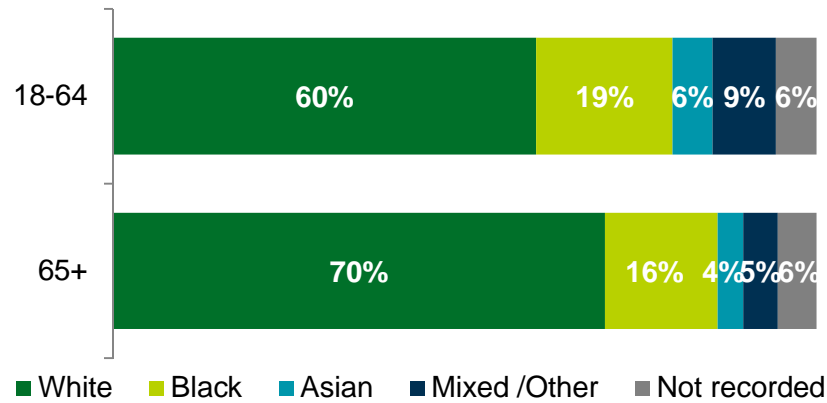
Gender



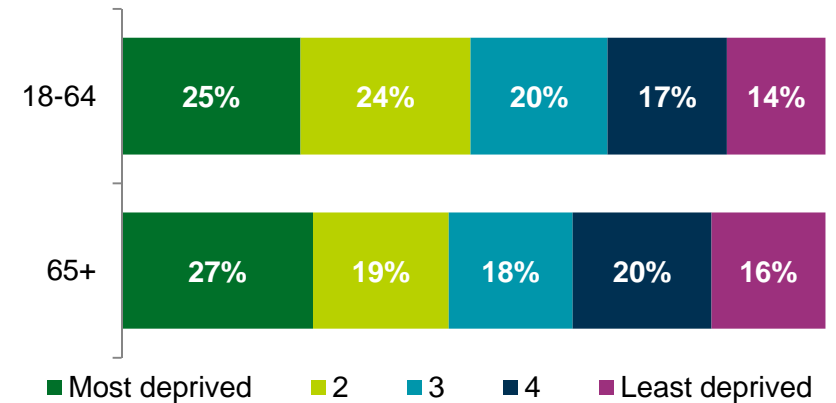
Overall population size

Age group	SMI
0-12	
13-17	
18-64	2,531
65+	469
Total	3,000

Ethnicity



Deprivation



Cancer

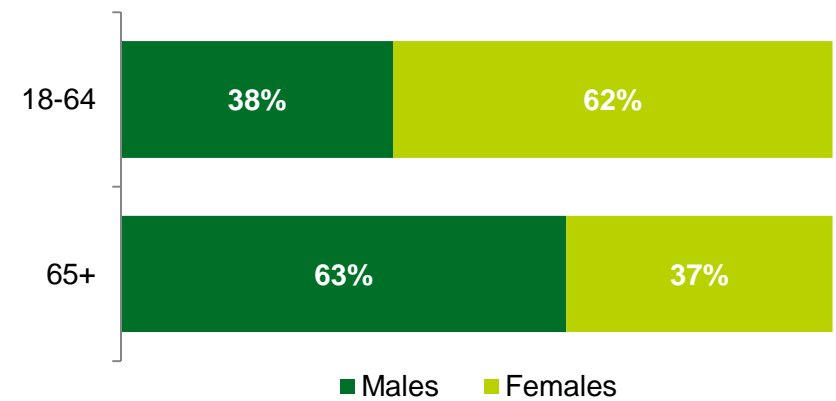
Characteristics

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

Key messages

- Women account for a much higher proportion of the working age population having cancer, and men aged 65+ are over-represented in the cancer segment.
- White ethnic groups are also over-represented in the working age population in this segment; they only make up 63% of working age in the general population.
- There is no significant difference in the proportions by local deprivation quintile between the cancer segment and the general adult population.

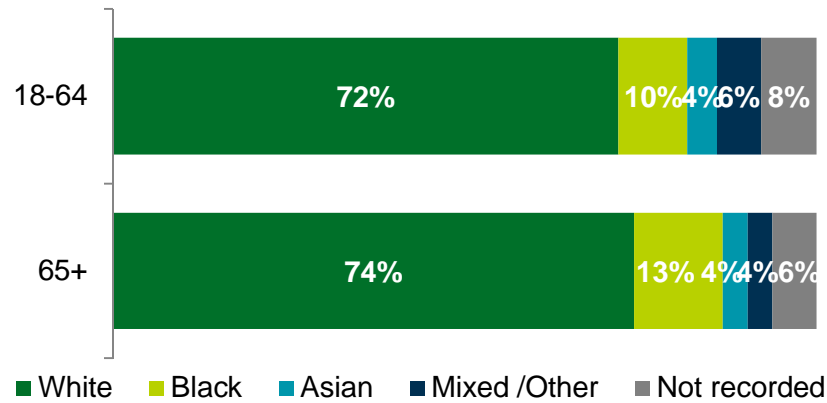
Gender



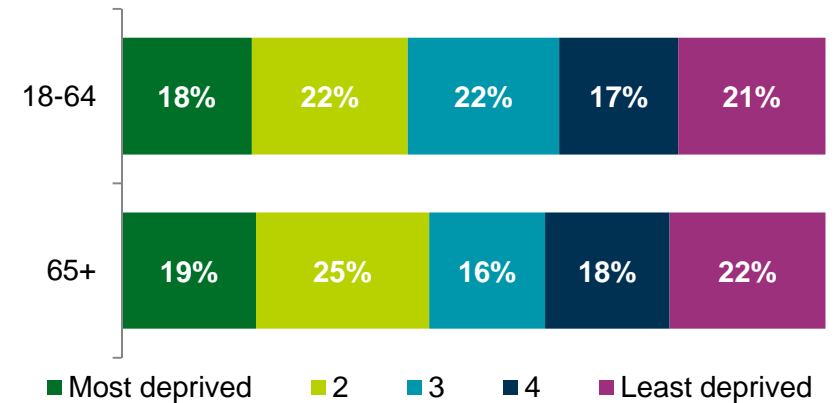
Overall population size

Age group	Cancer
0-12	
13-17	
18-64	544
65+	540
Total	1,084

Ethnicity



Deprivation



Other Long-Term Conditions (LTCs)

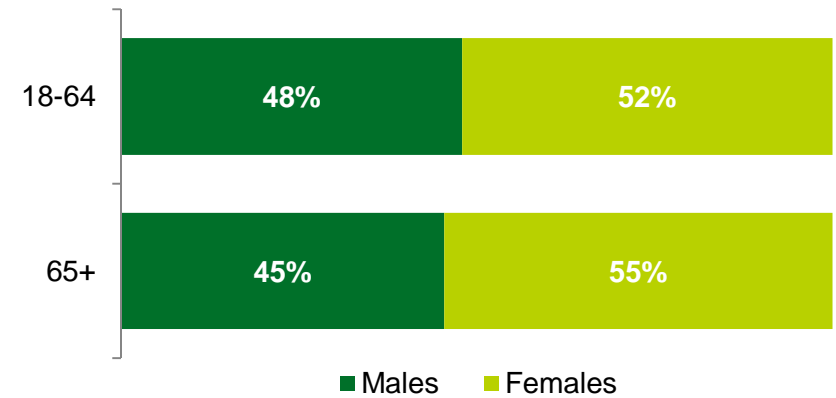
Characteristics

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

Key messages

- 17% of Islington's adult population have one or more long-term conditions that are not included in the other segments.
- The proportions of people in this segment by gender reflect the pattern in the general population.
- The vast majority of the adult population having other LTCs are White. However, Black ethnic groups in the working ages are at higher risk of other LTCs (15%), where 10% of the whole working population is Black.
- The working age population living in the most deprived areas of the borough account for a significantly larger portion of this segment than the general population (19%).

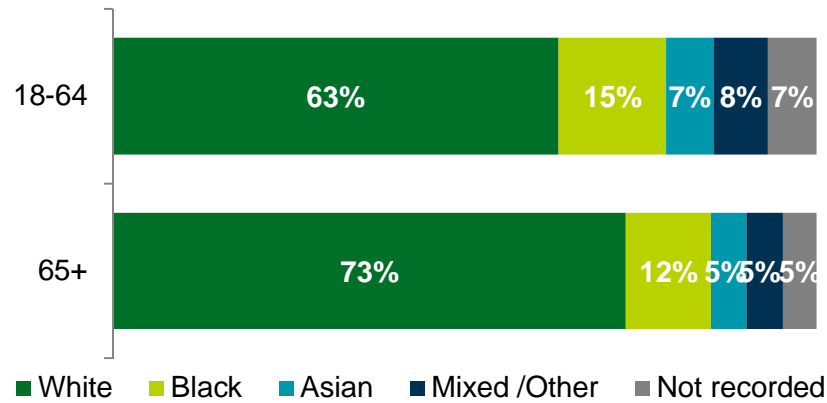
Gender



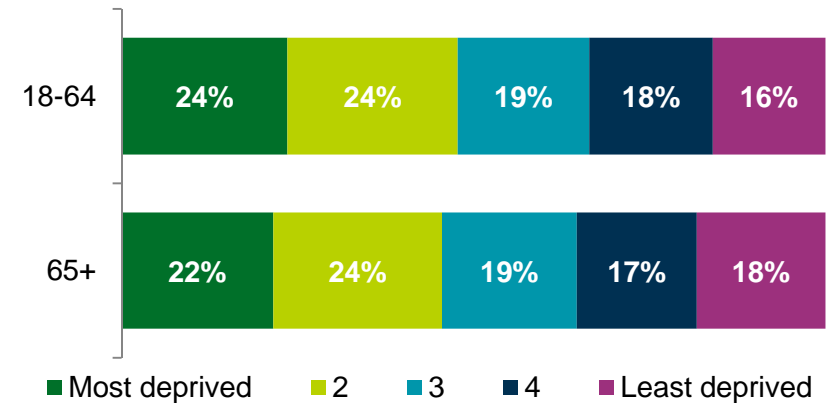
Overall population size

Age group	Other LTCs
0-12	
13-17	
18-64	19,619
65+	12,513
Total	32,132

Ethnicity



Deprivation



Severe physical disability

Characteristics

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

Key messages

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

Gender

- Waiting on data availability

Overall population size

Age group	Severe physical disability
0-12	-
13-17	
18-64	
65+	
Total	

Ethnicity

- Waiting on data availability

Deprivation

- Waiting on data availability

Socially excluded groups

Characteristics

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

Key messages

- People in socially excluded groups include people who are homeless or have substance misuse problems.
- People in this segment may also have a long-term health condition, particularly mental health conditions. There are also overlaps between homelessness and substance misuse; national estimates suggest that around two-thirds of homeless people also have substance misuse problems, and many will also be known to the offending services.
- This clustering of needs can make for complex and high cost interactions with the health and care services, making this an important segment to target for prevention and treatment.

Homelessness

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

Overall population size

Age group	Socially excluded groups
0-12	6,495
13-17	
18-64	
65+	
Total	6,495

Alcohol misuse

- Islington's alcohol treatment population has a similar age and sex profile to England overall; 63% are men, and 62% are between the ages of 35-54.
- Almost 80% of the alcohol treatment clients are from White ethnic groups. This is slightly higher than the proportion of White people in the overall Islington adult population. 5% of the treatment population are Black, 3% are Asian, and 5% are from another ethnic group.

Drug misuse

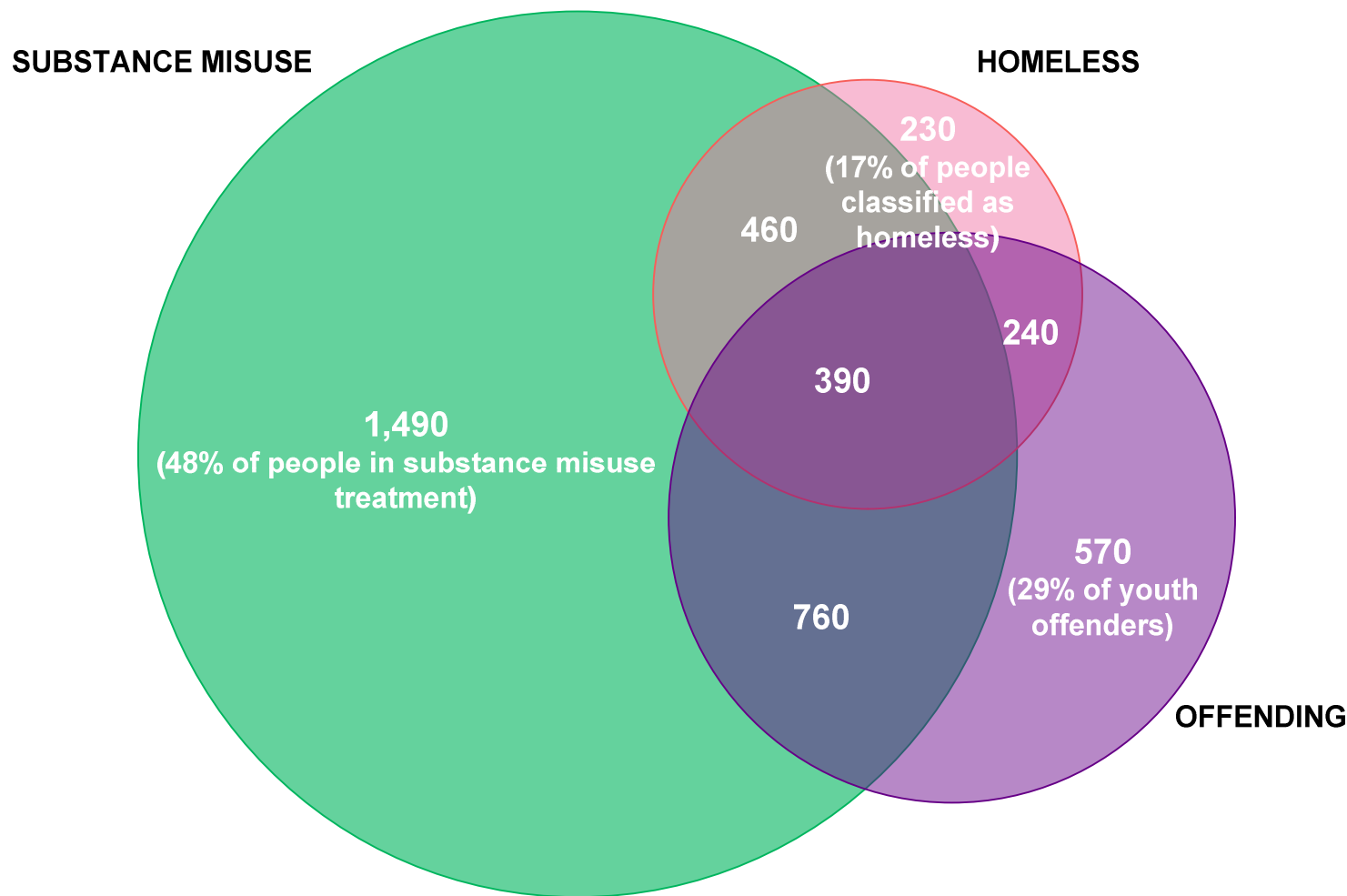
- Islington has an older drug treatment population than the national average, with more clients aged 40 and over than the national picture.
- Three quarters of Islington's drug treatment population are men, which is the same as the national average.
- The ethnic profile of drug users varies depending on the drug, but overall 75% of people in drug treatment in Islington are White, and 10% are Black. Asian people account for a smaller proportion of the drug treatment population than the general population.

Socially excluded groups

Characteristics

- This Venn diagram shows the estimated numbers and proportions of Islington residents who are currently engaged with substance misuse, homeless, and offending services, and the overlaps.
- There are an estimated 1,300 homeless people in Islington. 83% of these people are also in substance misuse treatment and/or in contact with offending services,
- Over 70% of the 1,970 people engaged with offending services are also either homeless or in substance misuse treatment, or both.
- There are an estimated 3,200 people in contact with substance misuse services. More than half of clients are also either homeless or involved with the offending services, or both. This figure is much higher among those in treatment for drug misuse, and lower for alcohol treatment clients.

The scale and overlap of socially excluded groups



Data sources and methods

Population segmentation model

- This work is based on the population segmentation model developed by the London Health Commission.
- The model offers a different way of dividing up populations, according to their health needs.
- This model has been applied to the Islington registered population, using the Islington GP PH dataset, where possible.

Islington's GP PH dataset

- The Islington GP PH dataset (2012) is an anonymised patient-level dataset from Islington GP Practices.
- This dataset includes key information on demographics, behavioural and clinical risk factors, and diagnoses of key long-term conditions, including:
 - Atrial fibrillation, Cancer, Coronary heart disease, Chronic depression, Chronic Kidney disease, Chronic Liver Disease, Chronic Obstructive Pulmonary Disorder, Diabetes, Dementia, Heart failure, High blood pressure, Learning disabilities, Peripheral arterial disease, Serious mental illness, Stroke/TIA

Other sources

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

Limitations

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

FURTHER INFORMATION

- London Health Commission (2014), New models of care for London’s population, Technical Pack. Available at: www.londonhealthcommission.org.uk/wp-content/uploads/New-models-of-care-for-London’s-population1.pdf
- Lankelly Chase Foundation (2015), Hard Edges, Mapping severe and multiple disadvantage, England. Available at: http://www.lankellychase.org.uk/news_events/501_new_profile_of_severe_and_multiple_disadvantage_in_england

About Islington’s JSNA

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

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

Contact: JSNA@Islington.gov.uk

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