

Cardiovascular disease Local Authority health profile

Haringey

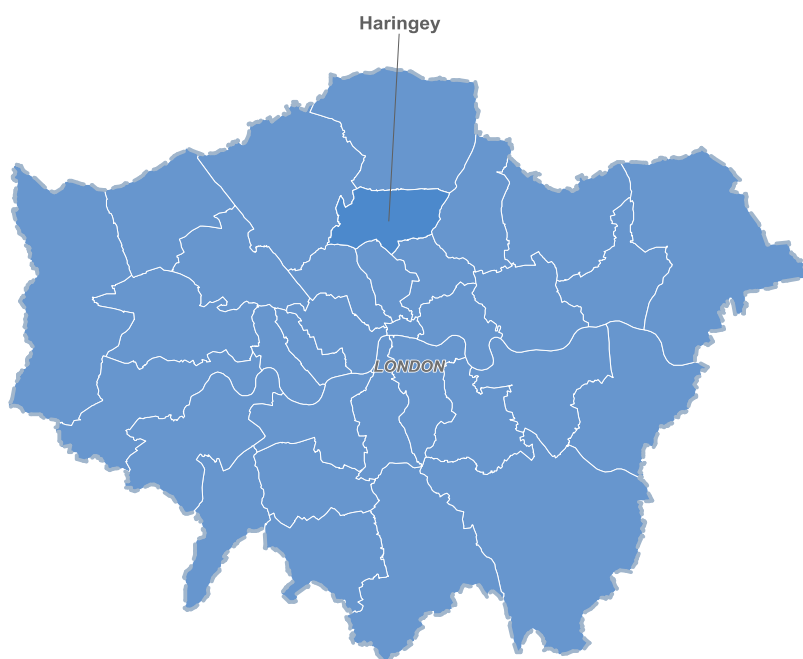
Cardiovascular disease (CVD) is the second largest cause of death in England causing around 130,190 deaths in 2011 (29% of all deaths). Around 46% of all deaths from CVD are from coronary heart disease (CHD) and almost a fifth from stroke (18%). CHD is the most common single cause of death in England (13% of all deaths in 2011).

This Cardiovascular Disease (CVD) Health Profile brings together a wide range of data on cardiovascular disease in each upper tier local authority in England and in associated Strategic Clinical Networks. Its aim is to provide information to health care professionals, commissioners and other interested parties about CVD issues in their local community, as an aid to planning and development.

Haringey lies within the boundaries of the London Strategic Clinical Network (as of 1st April 2013, pictured right).

This information is also available for each strategic clinical network, and as an interactive atlas.

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— LA boundaries
- - - Network boundaries

Benchmarking

The area is benchmarked against the national value and the average value of the strategic clinical network in which it is either entirely or mostly located

Haringey is classified as a member of the London strategic clinical network.

Key messages

Early mortality (under 75 years) rates from cardiovascular disease are similar to the national rate, and have decreased by 64.3% since 1995.

Emergency admission rates for both CHD and stroke are significantly higher than the national rate.

The mortality rate within 30 days of a STEMI is not significantly different from the national rate.

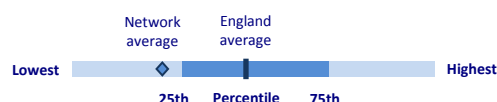
For people having myocardial infarction reperfusion in 2011/12, the median time to primary angioplasty treatment from a call for help was 114 minutes in Haringey, this is lower than in London, but higher than England (115 and 111 respectively).

Stroke patients under 75 years are less likely to be discharged back to their usual place of residence compared to the national picture.

Summary Indicators

Indicator	Local Value	Eng Avg	Eng Low	England Range	Eng High
1 Early cardiovascular mortality (<75 yrs)	61.7	58.8	34.3		107.0
2 Stroke mortality	29.2	34.5	23.0		50.8
3 Estimated % smokers (16+)	22.2	20.7	14.0		31.0
4 Estimated % obese (16+)	20.1	24.2	13.9		30.7
5 % of long term conditions who smoke	17.4	17.4	10.0		27.2
6 Obs/Exp CHD prevalence	0.3	0.6	0.3		0.8
7 Obs/Exp Hypertension prevalence	0.4	0.5	0.3		0.5
8 CHD emergency admissions	230.6	198.3	124.4		366.4
9 Stroke emergency admissions	137.0	89.5	48.7		160.2
10 30 day mortality in STEMI	9.2	8.7	0.0		20.6
11 % stroke discharged to usual residence	58.6	77.9	56.7		97.5
12 % HF who die at usual place residence	58.8	58.5	19.2		99.0
13 Angiography rates	295.8	278.2	122.3		676.0
14 Revascularisation rates	157.3	140.5	87.1		249.3

- Significantly Higher than England average
- Significantly Lower than England average
- Not significantly different from England average
- No significance available



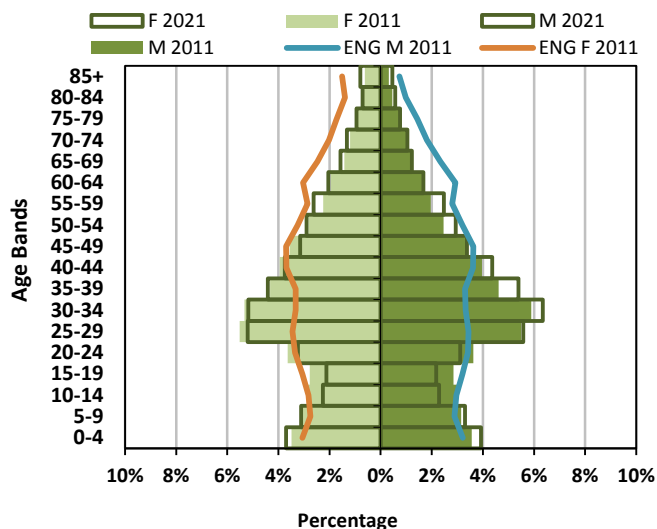
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1. Directly standardised rate per 100,000, 2011 under 75. 2. Directly standardised rate per 100,000, 2011 3. Percentage estimate of smokers, 16+, 2006-08. 4. Percentage estimate of obese adults, 16+, 2006-08. 5. Percentage of those registered with long-term conditions who smoke, 2010/11. 6. Ratio of 2011/12 CHD QOF disease registers to estimated prevalence in 2011. 7. Ratio of 2011/12 hypertension QOF disease registers to estimated prevalence in 2011. 8. Directly standardised rate per 100,000, 2011/12. 9. Directly standardised rate per 100,000, 2011/12. 10. Percentage, 2011. 11. % of all patients diagnosed with stroke under 75, 2011/12. 12. Percentage of deaths due to heart failure at their usual place of residence 2007-2011. 13. Directly standardised rate per 100,000, 2011/12. 14. Directly standardised rate per 100,000, 2011/12.

Demographic profile

Age profile and population projections in Haringey



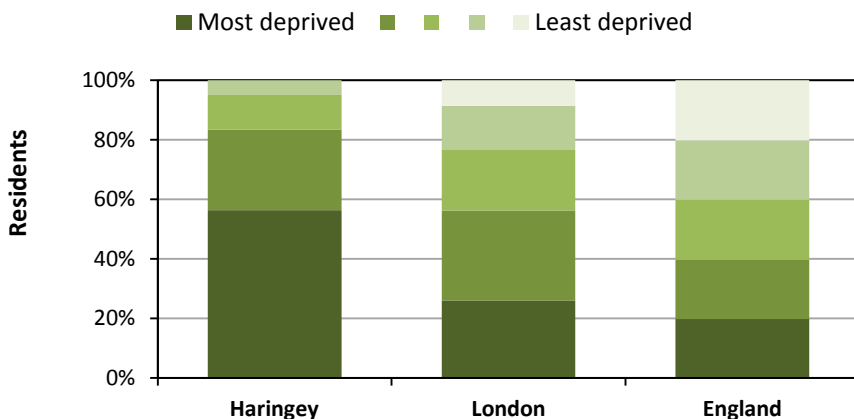
The population estimate of Haringey in 2011 was 255,500 and is projected to increase to 286,800 in 2021.

Age is a key factor in cardiovascular disease. The prevalence of cardiovascular disease increases significantly after the age of 40 years.

The percentage of the population aged 40 or over in Haringey is expected to increase from 17.4% to 18.9% for males and from 19.4% to 19.8% for females between 2011 and 2021. The population aged 40 or over in the London Network is expected to increase from 19.0% to 19.8% for males and from 20.8% to 20.9% for females. In England it is expected to increase from 23.5% to 23.9% for males and from 25.7% to 25.8% for females.

Source: Office for National Statistics (ONS) 2011 MYE & 2011 interim subnational population projections

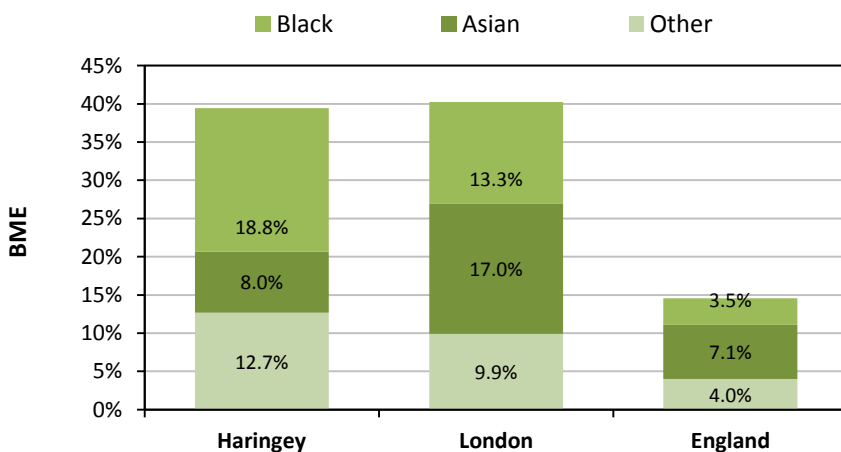
National deprivation structure (IMD 2010)



Haringey has 56.4% of its population in the most deprived national quintile and less than 1% of the population in the least deprived quintile.

Source: IMD 2010 Department of Communities and Local Government (DCLG)

Ethnicity recorded from the 2011 census



The proportion of the population in Haringey which is from black and minority ethnic groups is estimated to be 39.5%. South Asian men are more likely to develop CHD at younger age, and have higher rates of myocardial infarction. Black people have the highest stroke mortality rates.

The definition of BME used here excludes 'White Irish', 'White Gypsy or Irish traveller', and 'White other' ethnic groups.

Source: 2011 Census: Key Statistics for local authorities in England and Wales

Lifestyle behaviours

Lifestyle estimates for adults

	Smoking	Increasing and high risk drinking (combined)	Obesity
Haringey	22.2%	20.4%	20.1%
London	19.9%	20.6%	20.7%
England	20.7%	22.3%	24.2%

Sources: Smoking: Integrated Household Survey, 2010/11
 High Risk drinking: Modelled estimates from the General Lifestyles Survey, 2008-09
 Obesity: Modelled Estimates from Health Survey for England, 2006-08

Smoking

- Using data from the Integrated Household Survey it is estimated that 22.2% of the population in Haringey smoke. This is higher than the estimated proportion in England (20.7%) and higher than London (19.9%).

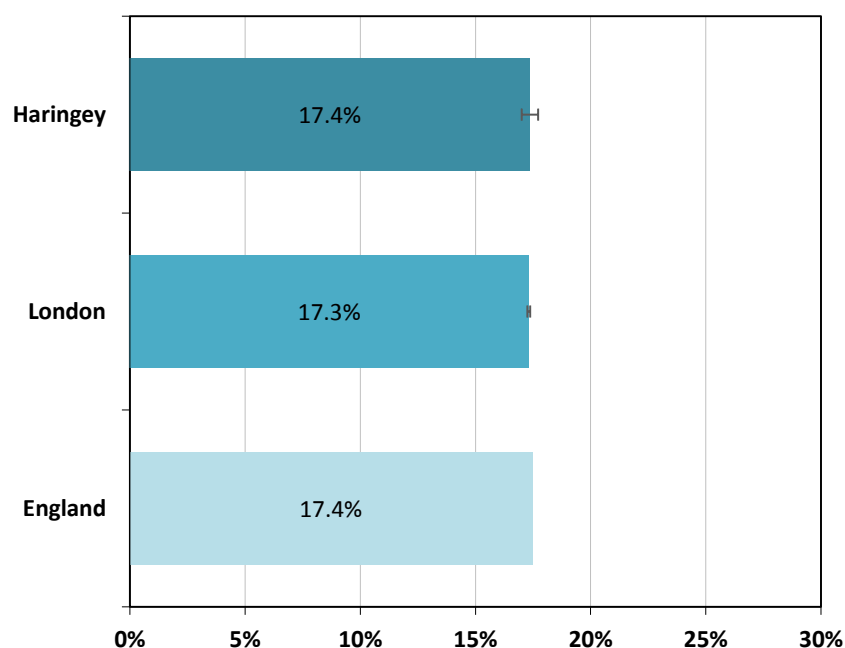
Increasing and high risk drinking (combined)

- Using modelled estimates from the General Lifestyle Survey, it is estimated that 20.4% of the population in Haringey have increasing or high risk drinking behaviour. This is lower than England (22.3%) and lower than London (20.6%).

Adult obesity

- Using modelled estimates from the Health Survey for England, it is estimated that 20.1% of the adult population in Haringey are classified as obese. This is lower than England (24.2%) and lower than London (20.7%).

Percentage of patients registered with a GP with any combination of registered long-term conditions who smoke, QOF 2011/12



QOF data shows that the percentage of patients with long-term conditions who smoke in Haringey was 17.4% in 2011/12. This is similar to the rate in England (17.4%) and higher than the rate in London (17.3%).

Quality and Outcomes Framework - exceptions

Effective exception rate (EER)

Area	2011/12 EER
Haringey	6.0%
London	5.1%
England	5.6%

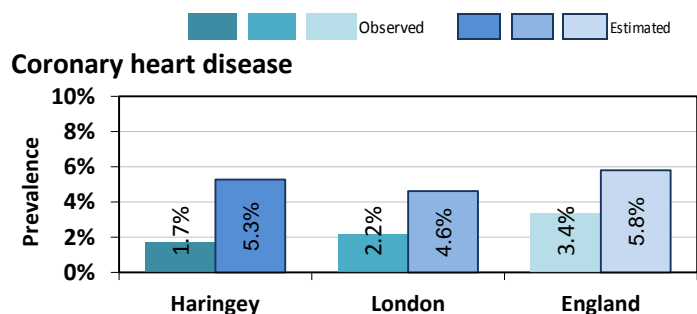
GPs can exclude patients from the calculation of measures in the Quality and Outcomes Framework, to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. However, the number of such exceptions varies substantially between practices. In 2011/12, the exception rate in Haringey was 6.0%. Within England, the exception rate varied between 3.9% to 8.6% for individual areas.

Number and percentage of practices with high exception reporting rates

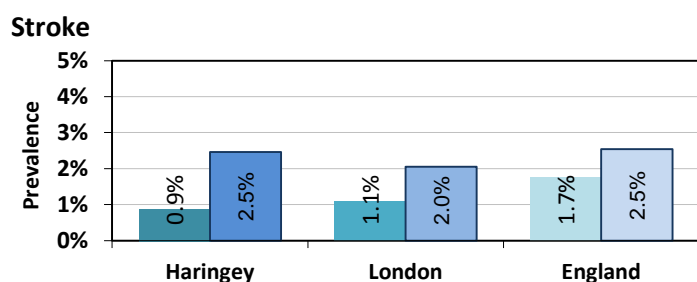
	Practices with any high exception rates						Total number of practices
	Atrial fibrillation	Coronary heart disease	Heart failure	Hyper-tension	Stroke & TIA	CVD Primary Prevention	
Haringey	4	6	3	1	2	1	50
Haringey %	8.0%	12.0%	6.0%	2.0%	4.0%	2.0%	50
London %	3.5%	9.9%	5.6%	1.4%	6.2%	1.5%	1472
England %	2.1%	7.5%	3.6%	2.0%	4.1%	2.1%	8124

Quality and Outcomes Framework - prevalence

Observed (GP registered) prevalence in 2011/12 versus estimated prevalence in 2011

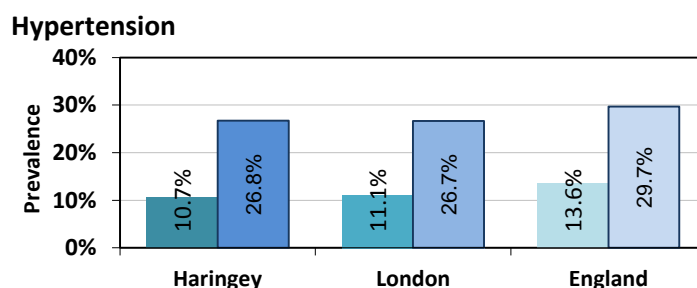


GPs record information on whether their patients have CHD or have a stroke. This information is crude and does not consider population structure. The estimated prevalence is population structure adjusted, but is for the 16+ population, so does not match the all age population of GP registers.



The observed prevalence for CHD in Haringey is 31.9% of the estimated prevalence. This compares to 58.2% for England and 47.0% for London.

The observed prevalence for stroke in Haringey is 35.7% of the estimated prevalence. This compares to 68.4% for England and 52.6% for London.



The observed prevalence for hypertension in Haringey is 39.9% of the estimated prevalence. This compares to 46.0% for England and 41.5% for London. The gap between recognised and treated hypertension, and actual hypertension levels in the community have been long recognised.

Quality and Outcomes Framework - performance

2011/12

Significantly lower than England

The same as England

Significantly higher than England

	Haringey	London	England		Haringey	London	England
Coronary heart disease				Stroke			
% newly diagnosed angina patients referred for exercise testing or assessment	98.1	98.0	98.2	% stroke patients whose blood pressure was 150/90 or less	86.4	87.9	88.6
% CHD patients in whom last blood pressure reading was 150/90 or less	88.3	89.3	90.1	% stroke patients with record of cholesterol in last 15 months	90.0	90.2	91.4
% CHD patients in whom last cholesterol measurement was 5mmol/l or less	78.1	78.5	80.4	% stroke patients whose cholesterol was 5mmol/l or less	75.8	75.5	77.2
% CHD patients taking aspirin, an alternative anti-platelet therapy or an anti-coagulant in last 15 months	94.0	93.4	93.3	% stroke patients immunised preceding Sept-March	90.6	89.3	90.0
% CHD patients currently treated with beta blocker	74.0	73.1	74.2	% non-haemorrhagic/with history of TIA stroke patients taking anti-platelet agent/anti-coagulant	92.5	93.8	93.6
% patients with history of myocardial infarction currently treated with ACE inhibitor or angiotensin II antagonist	93.0	92.3	91.1	% new patients with a stroke referred for further investigation	84.6	88.5	89.6
% CHD patients immunised against influenza in Sept-March 05	91.9	91.6	92.5	Hypertension			
Atrial fibrillation				% hypertension patients with record of blood pressure in last 9 months	90.3	90.1	91.0
% atrial fibrillation patients currently treated with anti-coagulation drug therapy or an anti-platelet therapy	93.9	93.4	93.7	% hypertension patients (with record in last 9 months) in whom last blood pressure was 150/90 or less	77.7	78.5	79.7
Heart failure				Primary prevention			
% heart failure patients diagnosed after 1st April 2006 with diagnosis confirmed by an echocardiogram or specialist assessment	94.8	95.9	95.7	% hypertension patients aged 30 to 74 who have had a cardiovascular risk assessment at the outset of diagnosis	76.2	79.1	80.0
% patients with a current diagnosis of heart failure due to LVD currently treated with an ACE inhibitor or angiotensin receptor blocker	91.8	90.9	89.3	% hypertension patients who are given lifestyle advice in the for physical activity, smoking cessation, alcohol consumption and diet	85.2	81.2	81.5

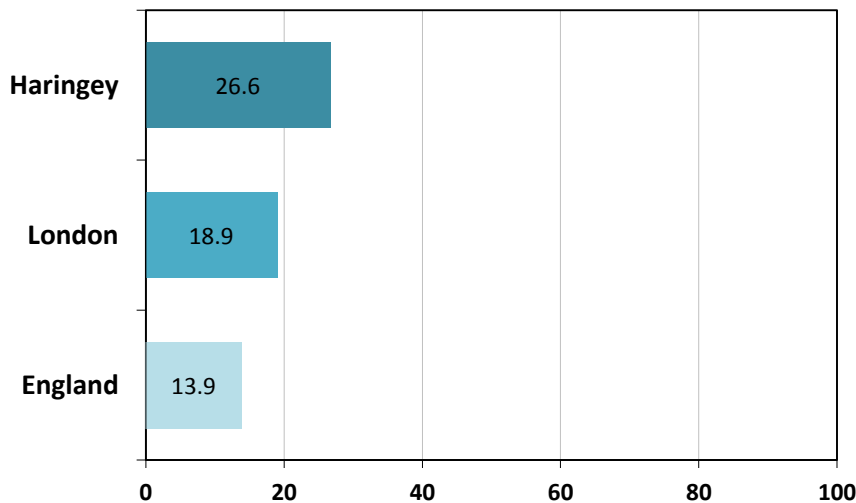
NHS Health Check Programme

The NHS Health Check programme was formally introduced in April 2009 as a key policy to reduce health inequalities and increase life expectancy from preventable CVD conditions.

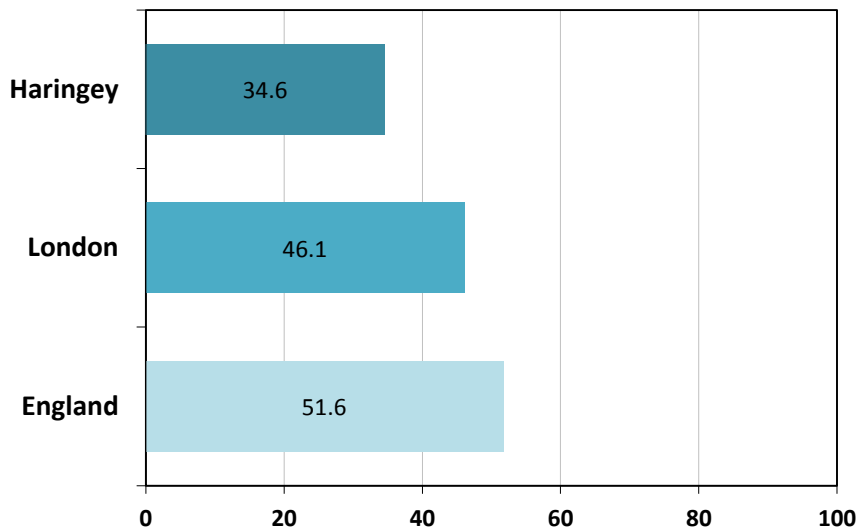
Based on PCT performance data submitted in 2011-2012, there were 65,705 local authority residents in Haringey who were eligible to be invited for an NHS Health Check. Local authorities are mandated to offer the programme to 100% of their eligible population over a five year period, from April 2013. During 2011-2012, 26.6% of eligible residents were invited to attend the programme with an uptake rate of 34.6%.

Local authorities can access a 'Ready Reckoner' that allows them to identify the potential service implications, benefits and cost savings resulting from implementing NHS Health Checks:
http://www.healthcheck.nhs.uk/national_resources/ready_reckoner_tools

Percentage people offered a health check from those eligible to be invited for a health check during 2011/12



Percentage uptake of people offered a health check (within the eligible population) during 2011/12

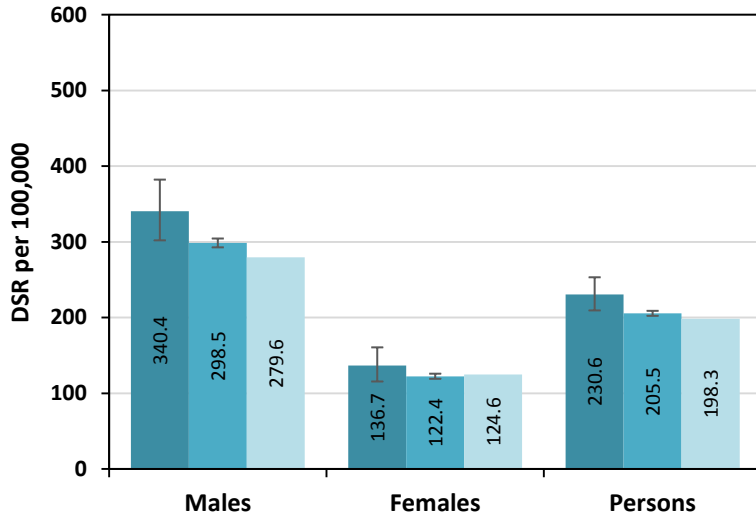


Source: Public Health Outcomes Framework and the Department of Health, 2012

Coronary heart disease emergency admission rates

■ Haringey ■ London ■ England ◆ Haringey ■ London ▲ England

CHD emergency admission rates (DSRs), for all ages, 2011/14

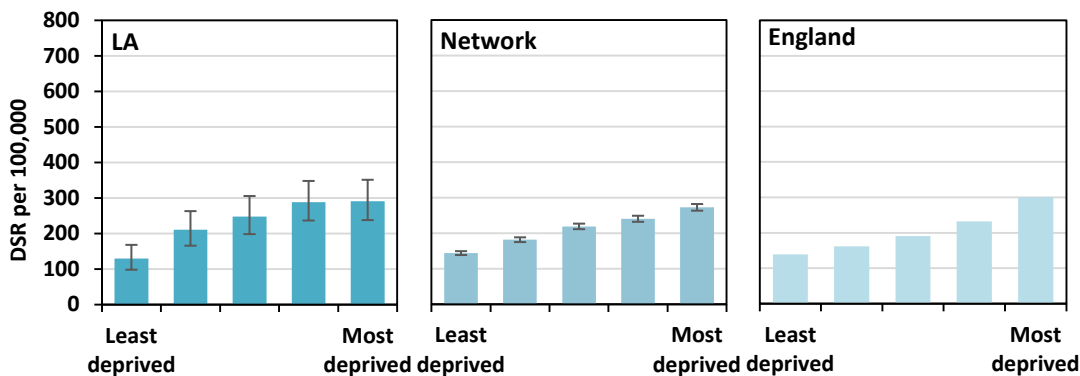


In 2011/12 the emergency admission rate for CHD, all persons, in Haringey was 230.6 per 100,000 (456 admissions). This is significantly higher than England (198.3 per 100,000) and London (205.5 per 100,000).

Male CHD emergency admission rates are significantly higher than female CHD emergency admission rates.

Source: Hospital Episode Statistics (HES), Health and Social Care Information Centre ONS

CHD emergency admission rates (DSRs) for all ages, by quintile of relative deprivation, 2011/12

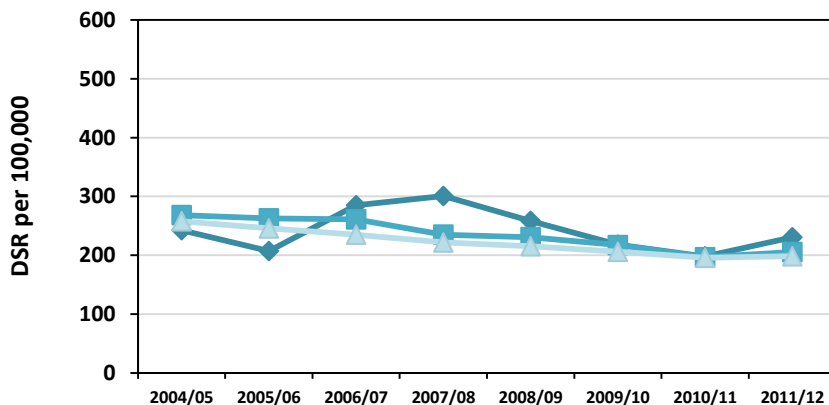


The emergency admission rate for CHD in 2011/12 for persons living in the most deprived areas of Haringey was 290.6. This is 2.2 times greater than emergency admission rates for persons living in the least deprived areas of Haringey (129.7).

Source: HES, Health and Social Care Information Centre, ONS, Department of Communities and Local Government (DCLG)

The emergency admission rates for persons who live in the most deprived areas of England are 2.2 times greater compared to persons who live in the least deprived areas and 1.9 times greater in London.

Trend in CHD rates (DSRs), 2004/05 to 2011/12



The emergency admission rate for CHD in Haringey has decreased by 5.0% between 2004/05 and 2011/12.

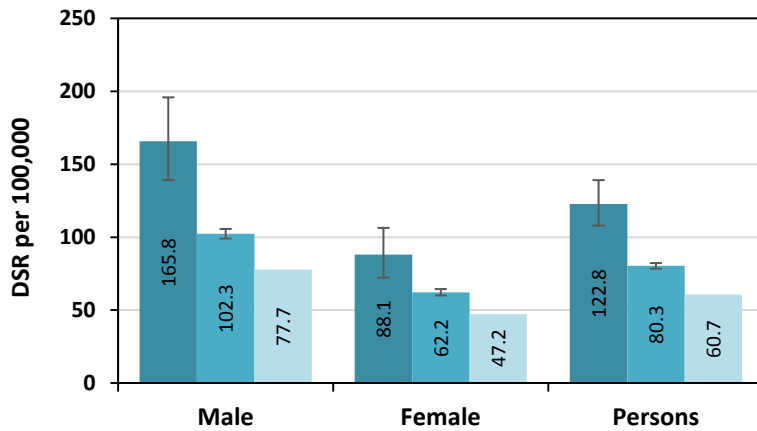
In England it has decreased by 23.1% and in London it has decreased by 23.4%.

Source: HES, Health and Social Care Information Centre, ONS

Heart failure emergency admission rates

■ Haringey ■ London ■ England ◆ Haringey ■ London ▲ England

Heart failure emergency admission rates (DSRs), for all ages, 2011/12

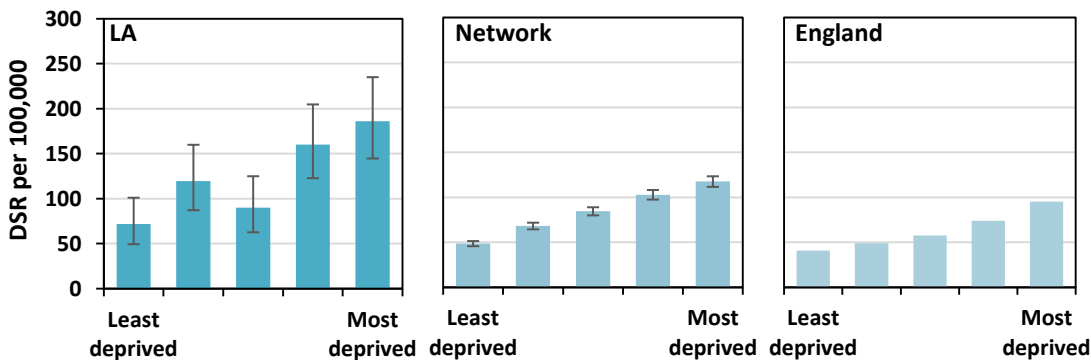


In 2011/12 the emergency admission rate for heart failure, all persons, in Haringey was 122.8 per 100,000 (258 admissions). This is significantly higher than England (60.7 per 100,000) and London (80.3 per 100,000).

Male heart failure emergency admission rates are significantly higher than female heart failure emergency admission rates.

Source: HES, Health and Social Care Information Centre, ONS

Heart failure emergency admission rates (DSRs) for all ages, by quintile of relative deprivation, 2011/12

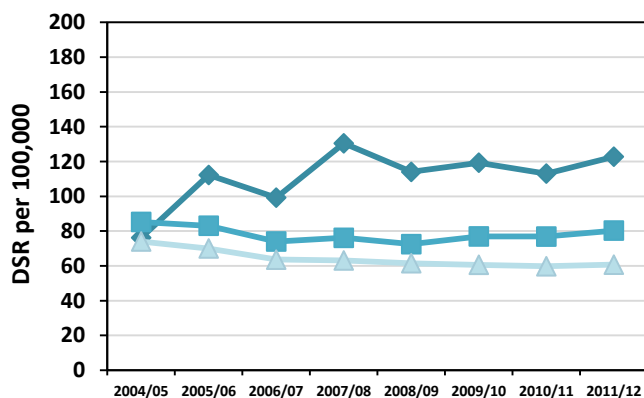


The emergency admission rate for heart failure in 2011/12 for persons who live in the most deprived areas of Haringey was 185.9. This was 2.6 times greater than the emergency admission rates for persons who live in the least deprived areas of Haringey (71.9).

Source: HES, Health and Social Care Information Centre, ONS, DCLG

In England, the emergency admission rates for persons who live in the most deprived areas are 2.3 times greater respectively compared to persons who live in the least deprived areas and 2.4 times greater in London.

Trend in heart failure rates (DSRs), 2004/05 to 2011/12

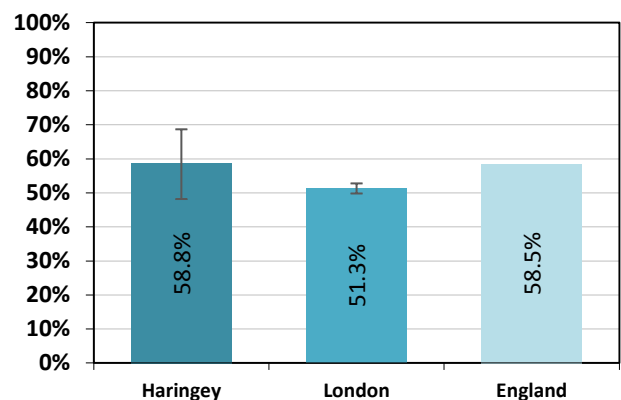


Source: HES, Health and Social Care Information Centre, ONS

The emergency admission rate for heart failure in Haringey has increased by 61.1% between 2004/05 and 2011/12.

In England it has decreased by 18% and in London it has decreased by 5.8% .

Proportion of deaths from heart failure that occur at home or usual place of residence, 2007-2011



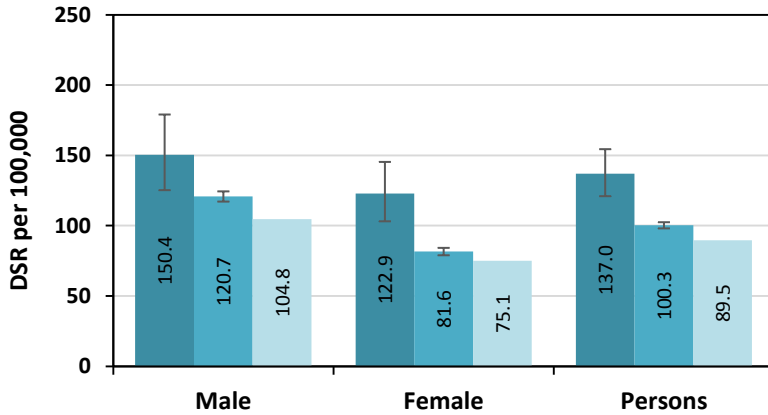
Source: PHO annual deaths extract, ONS

58.8% of deaths from heart failure occurred in the usual place of residence in Haringey which is a higher proportion than London (51.3%) and England (58.5%)

Stroke emergency admission rates

■ Haringey ■ London ■ England ◆ Haringey ◆ London ◆ England

Stroke emergency admission rates (DSRs) for all ages, 2011/12

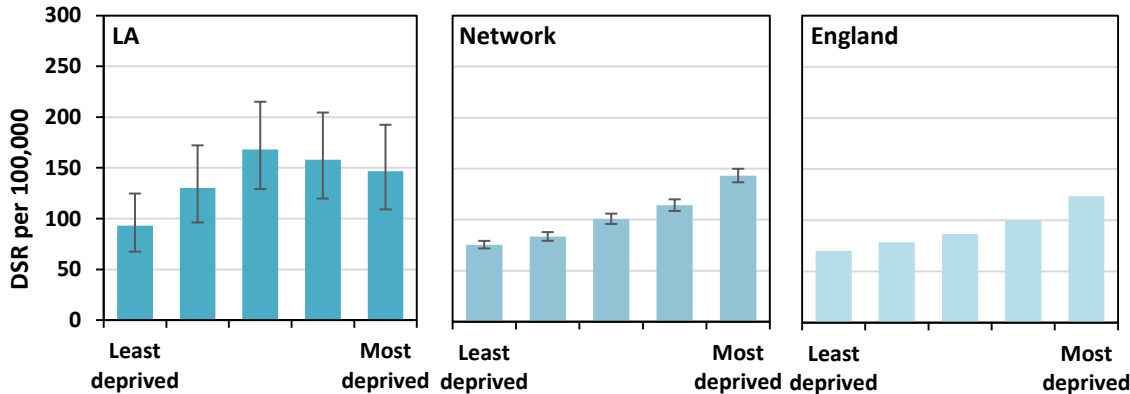


In 2011/12 the emergency admission rate for stroke, all persons, in Haringey was 137.0 per 100,000 (278 admissions). This is significantly higher than England (89.5 per 100,000) and London (100.3 per 100,000).

Male stroke emergency admission rates are higher than female stroke emergency admission rates.

Source: HES, Health and Social Care Information Centre, ONS

Stroke emergency admission rates (DSRs), by quintile of relative deprivation, 2011/12

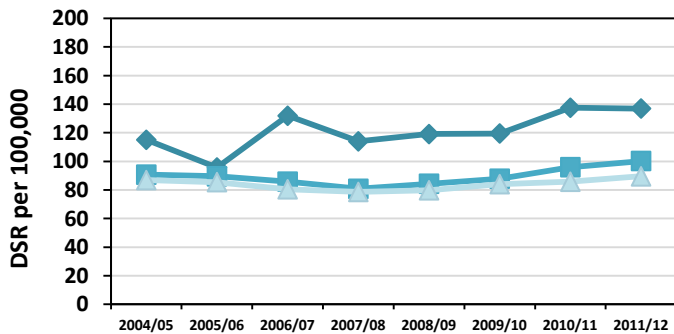


The emergency admission rate for stroke in 2011/12 for persons who live in the most deprived areas of Haringey was 146.5. This is 1.6 times greater than the emergency admission rates for persons who live in the least deprived areas of Haringey (93).

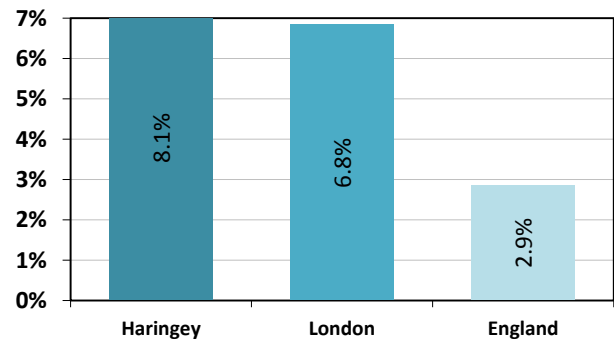
Source: HES, Health and Social Care Information Centre, ONS, DCLG

In England, the emergency admission rates for persons who live in the most deprived areas are 1.8 times greater respectively compared to persons who live in the least deprived areas and 1.9 times greater in London.

Trend in stroke rates (DSRs), 2004/05 to 2011/12



Emergency readmission rates for patients with stroke, 2011/12



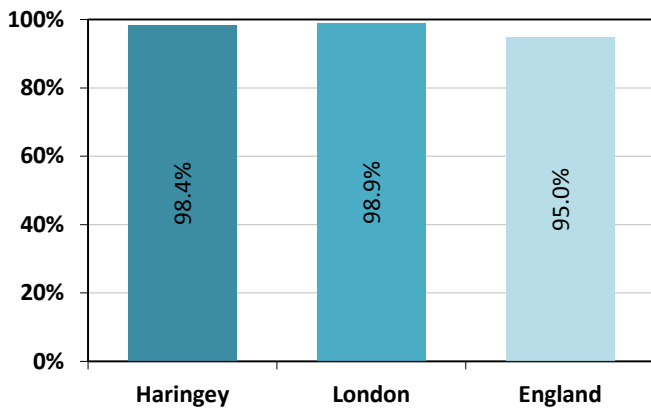
Source: HES, Health and Social Care Information Centre, ONS

The emergency admission rate for stroke in Haringey has increased by 19% between 2004/05 and 2011/12. In England it has increased by 3% and in London it has increased by 10.6%.

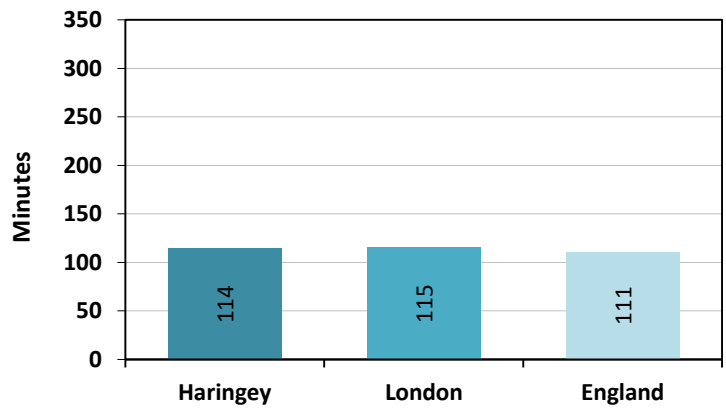
The rate of emergency readmissions within 30 days for Haringey is 8.1%, this is higher than England and London (2.9% and 6.8% respectively).

Myocardial Infarction management

Percentage Primary Angioplasty used in reperfusion treatment for patients with STEMI* diagnosis, 2011/12



Primary Angioplasty median time to treatment from calling for help, for STEMI, 2011/12



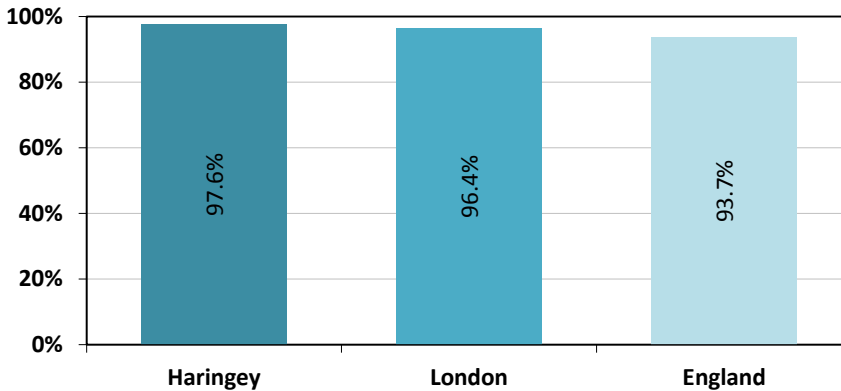
Source: Myocardial Ischaemia National Audit Project (MINAP)

Primary angioplasty for Haringey residents was 98.4% of all reperfusion for patients diagnosed as STEMI, compared to 95% in England.

The median time to primary angioplasty treatment from a call for help was 114 minutes for Haringey residents, this is lower than in London, but higher than England (115 and 111 respectively).

* STEMI are ST elevated myocardial infarctions (as seen in an ECG) and best treated by thrombolysis or primary angioplasty

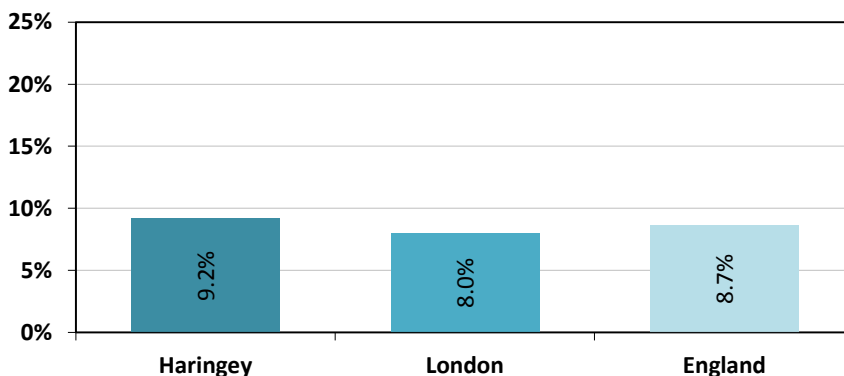
Proportion of non-STEMIs seen by member of cardiology team, 2011/12



Non-STEMI patients can be treated less invasively, but still need specialist management. The proportion of non-STEMIs seen by a member of the cardiology team for Haringey residents is 97.6%, this is higher than London and England (96.4% and 93.7% respectively).

Source: MINAP

Mortality within 30 days of admission to hospital for STEMI patients, 2011/12

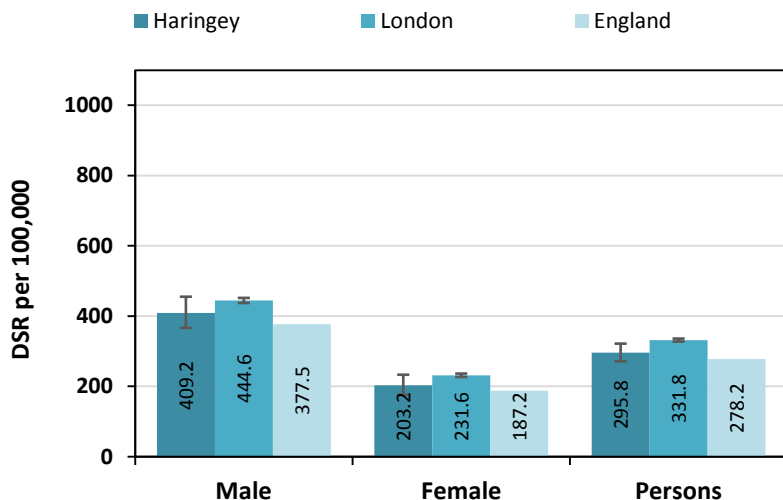


The 30 day mortality rate for STEMI patients admitted to hospital was recorded as 9.2% for Haringey residents during 2011/12. This is higher than London and England (8% and 8.7% respectively). Although local the mortality rate is higher it is not significantly different to England

Source: MINAP

Angiography procedures

Angiography procedure rates (DSRs) for all ages, 2011/12

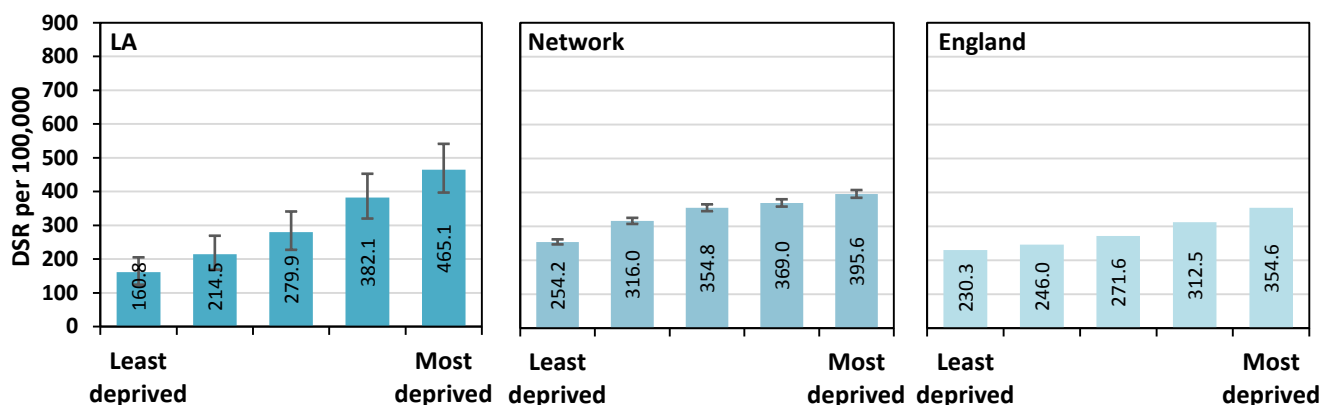


In 2011/12 the angiography procedure rate in Haringey was 295.8 per 100,000 (561 procedures). This is higher than England (278.2 per 100,000) and significantly lower than London (331.8 per 100,000).

Male angiography rates are 2 times greater than female angiography rates in Haringey.

Source: HES, Health and Social Care Information Centre, ONS

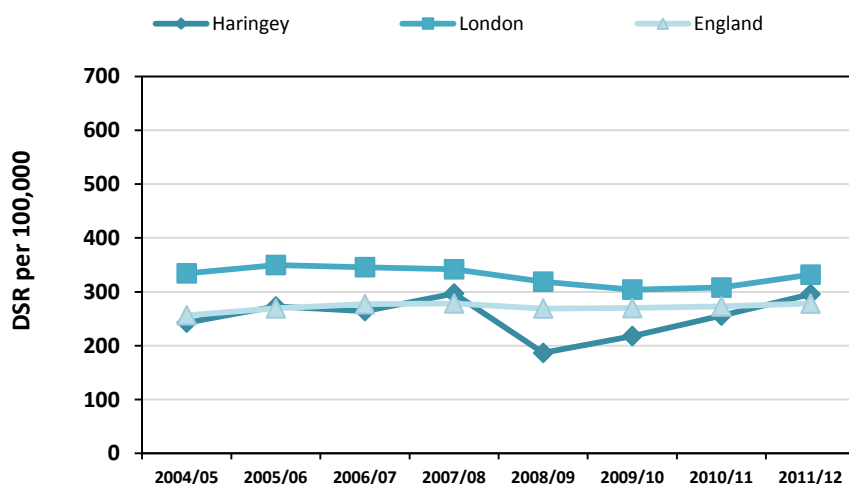
Angiography procedure rates (DSRs) for all ages, by quintile of relative deprivation, 2011/12



Source: HES, Health and Social Care Information Centre, ONS, DCLG

Angiography procedure rates for persons who live in the most deprived areas of Haringey are 2.9 times greater than those who live in the least deprived areas. In England and London they are 1.5 and 1.6 times greater respectively.

Trend in angiography rates (DSRs), 2004/05 to 2011/12

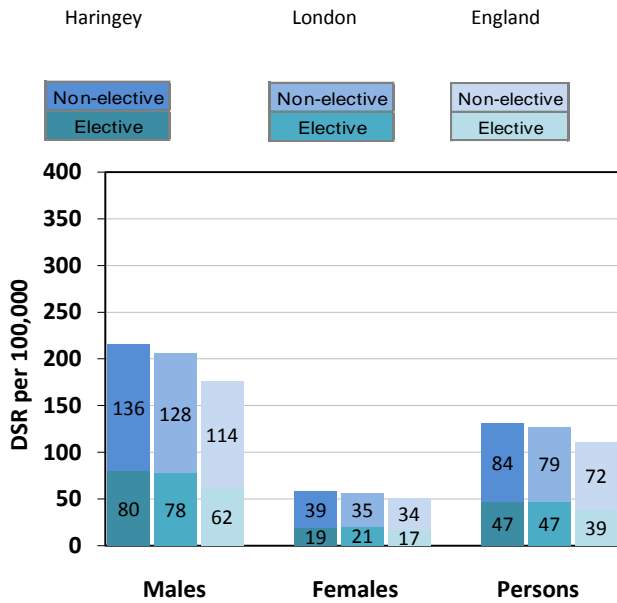


Angiography rates in Haringey have increased by 21.8% between 2004/05 and 2011/12. In England and London they have increased by 8.4% and decreased by 0.7% respectively.

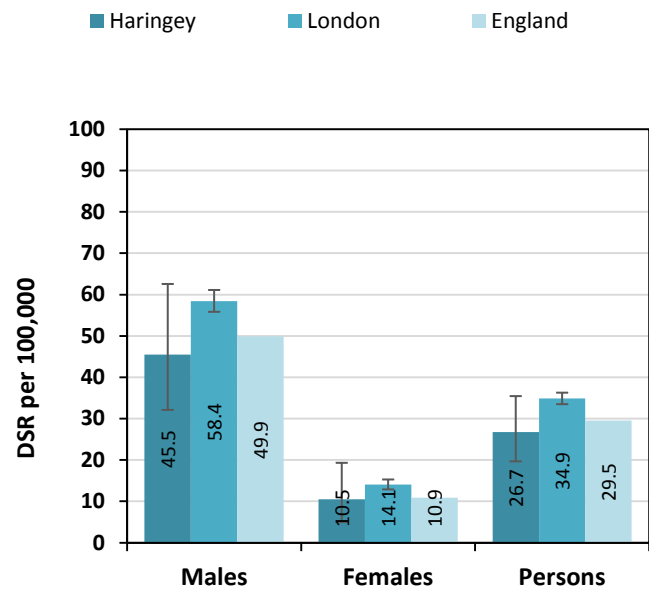
Source: HES, Health and Social Care Information Centre, ONS

Revascularisation

Elective & non-elective angioplasty procedure rates (DSRs) for all ages, 2011/12



CABG procedure rates (DSRs), for all ages, 2011/12



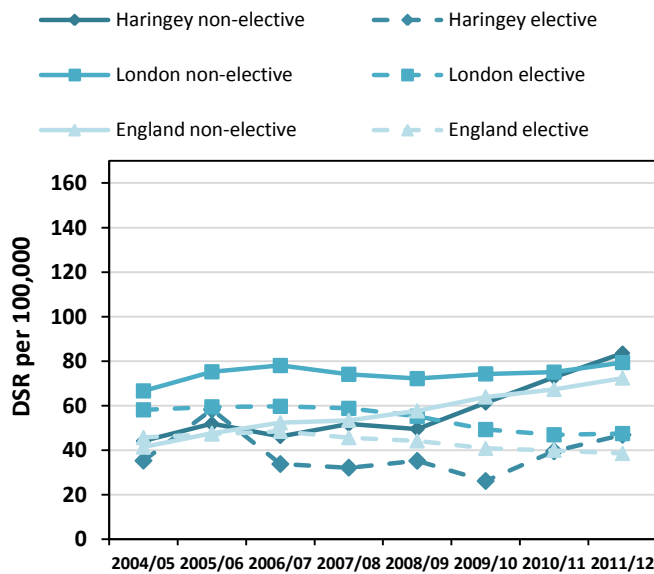
Source: HES, Health and Social Care Information Centre, ONS

In 2011/12 the all persons angioplasty procedure rate in Haringey was 130.5 per 100,000 (242 procedures), 46.9 per 100,000 elective and 83.6 per 100,000 non-elective. This is significantly higher than England (111 per 100,000) and higher than London (126.9 per 100,000).

Male angioplasty procedure rates are 3.7 times greater than female angioplasty rates in Haringey.

In 2011/12 the CABG procedure rate, all persons, in Haringey was 26.7 per 100,000 (49 procedures). This is lower than England (29.5 per 100,000) and London (34.9 per 100,000).

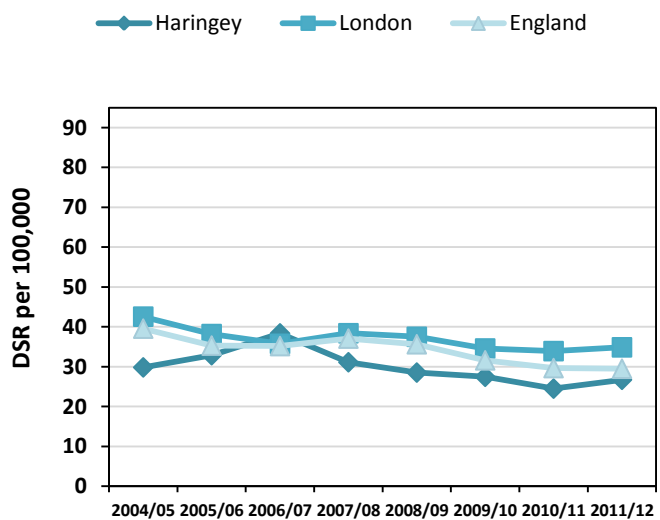
Trend in Angioplasty rates (DSRs), 2004/05 to 2011/12



Source: HES, Health and Social Care Information Centre, ONS

Non-elective angioplasty rates in Haringey have increased by 89.5% between 2004/05 and 2011/12. Elective procedure rates have increased by 33%. In England and London non-elective procedure rates have increased by 74.8% and 19.1% respectively. Elective procedure rates have decreased by 15.7% and 18.4% respectively.

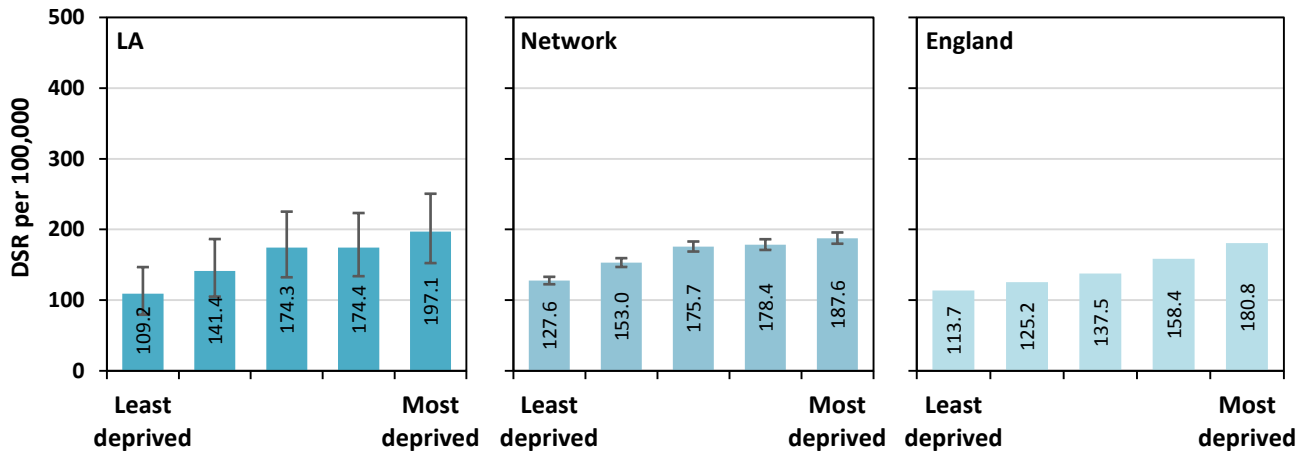
Trend in CABG rates (DSRs), 2004/05 to 2011/12



CABG procedure rates in Haringey have decreased by 10.4% between 2004/05 and 2011/12. In England and London CABG procedure rates have decreased by 25.4% and 18.1% respectively.

Revascularisation - deprivation

Revascularisation rates (DSRs) for all ages, by quintile of relative deprivation, 2011/12

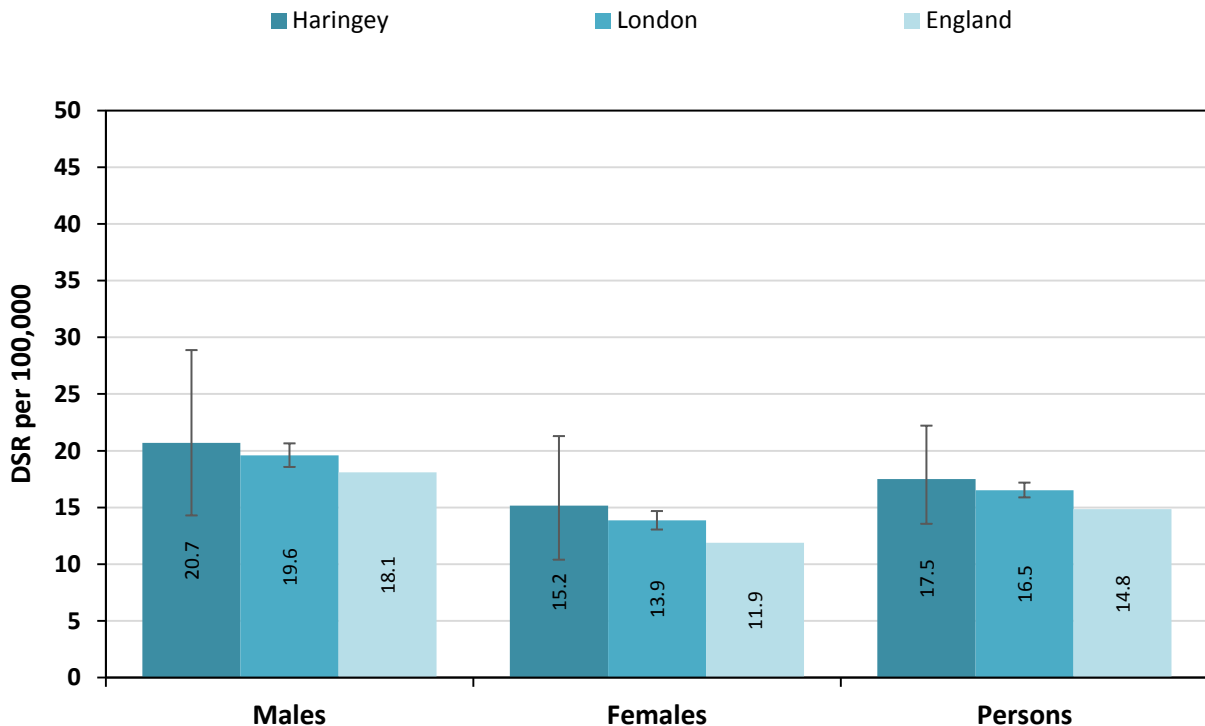


Source: HES, Health and Social Care Information Centre, ONS, DCLG

Revascularisation rates for persons who live in the most deprived areas of Haringey are 1.8 times greater than those who live in the least deprived areas. In England and London they are 1.6 and 1.5 times greater respectively.

Cardiac procedures

Valve procedure rates (DSRs), 2010/11-2011/12



Source: HES, Health and Social Care Information Centre, ONS

Valve procedure rates in Haringey were 17.5 per 100,000 in 2010/11-2011/12, higher than the network average (16.5) and higher than England (14.8).

Cardiac procedures

Heart Transplants by SHA, 2011/12

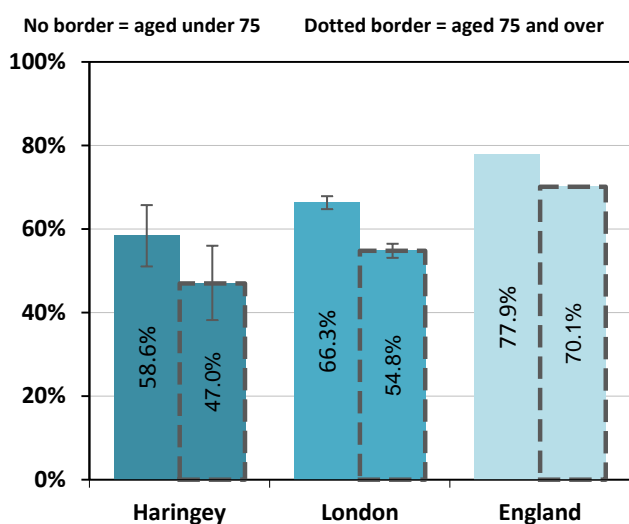
Strategic Health Authority	Rate per million population
West Midlands	3.8
North East	3.4
East Midlands	2.7
North West	2.7
East Of England	2.2
South West	1.9
South Central	1.7
South East Coast	1.6
Yorkshire and The Humber	1.1
London	1.1

The rate of heart transplantation varies from 1.1 per million in London to 3.8 per million in the West Midlands. This data is not available at a geography lower than strategic health authority.

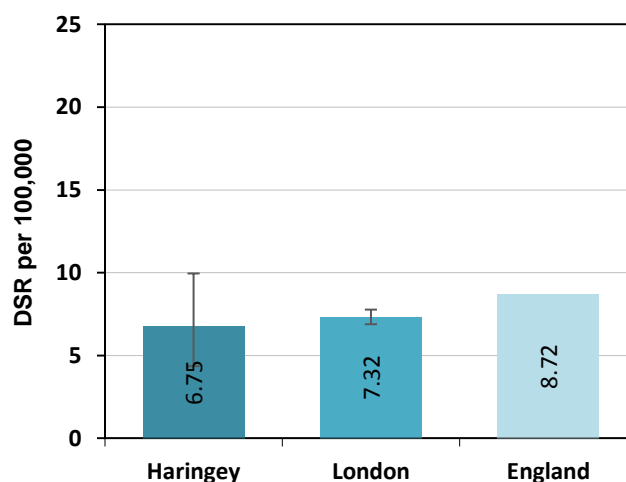
Source: UK Blood & Transplant

Stroke management

Percentage of hospital stroke patients discharged to home or usual place of residence, 2011/12



Rate of carotid endarterectomy procedures (DSR's), 2010/11-2011/12



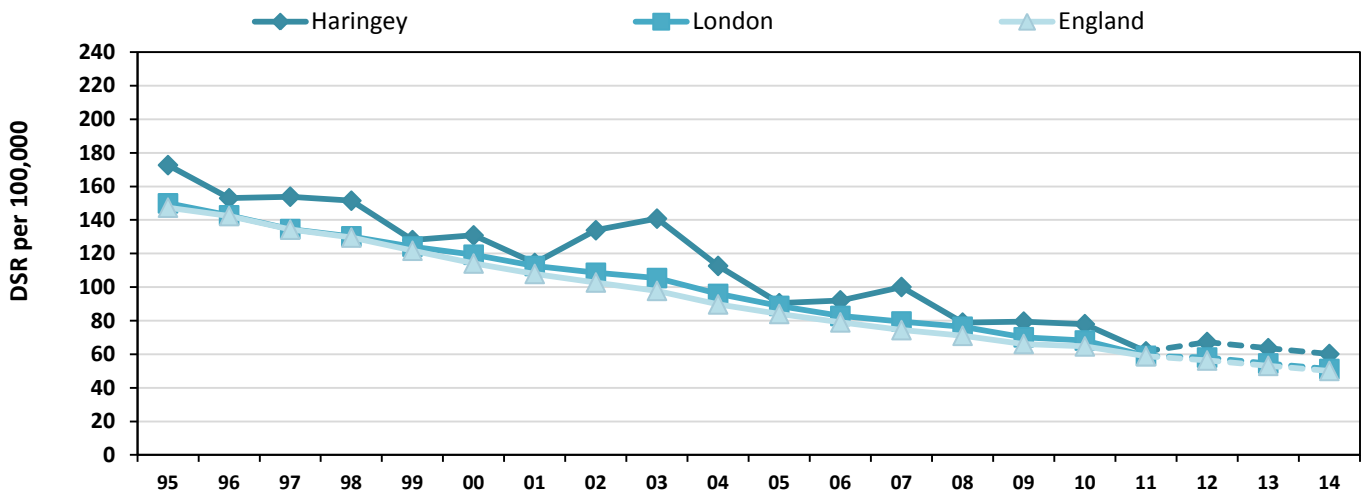
Source: HES, Health and Social Care Information Centre, ONS

The proportion of patients under the age of 75 discharged to home or usual place of residence in Haringey is 58.6%, which is lower than London (66.3%) and significantly lower than England (77.9%). 47.0% of patients aged 75 or over are discharged to home, which is lower than London (54.8%) and England (70.1%).

The rate of carotid endarterectomies performed per 100,000 for Haringey is 6.7, which is significantly lower than London (7.3) and England (8.7). London is significantly lower than England.

CVD early mortality trend

All CVD mortality rates (DSRs) in persons under 75 yrs: 1995 to 2011 (predicted to 2014)

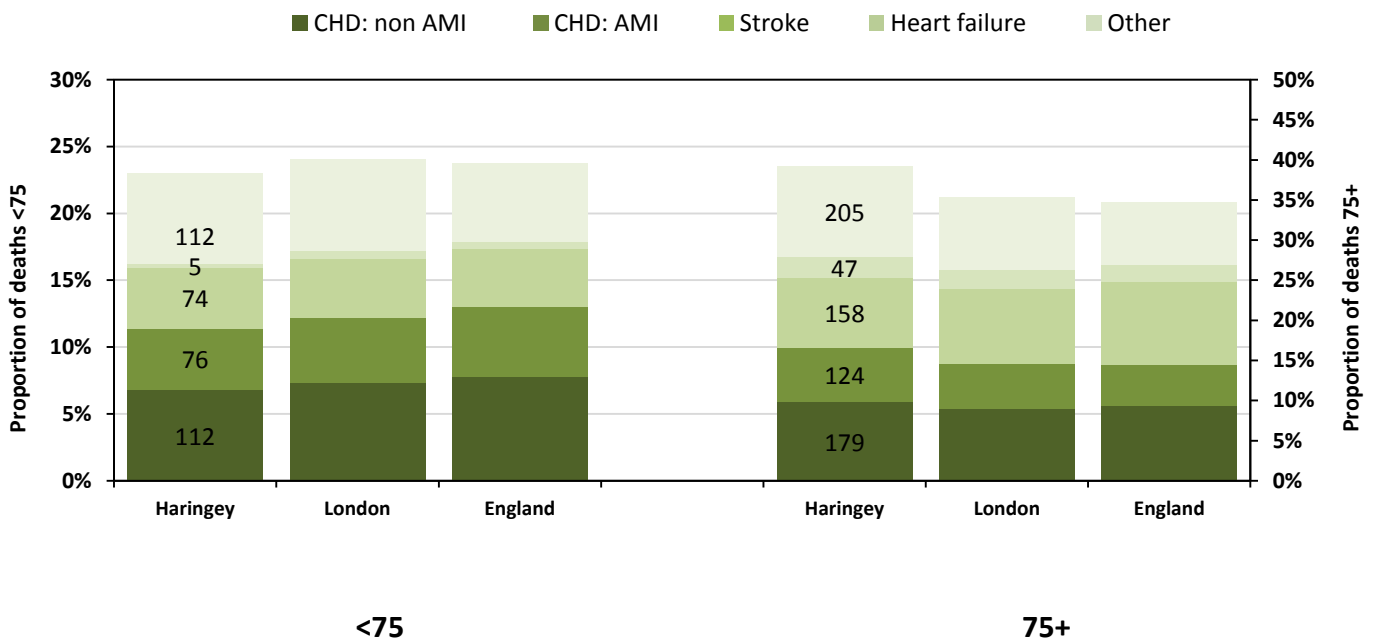


Source: Health and Social Care Information Centre, PHO annual deaths extract, ONS

The Public Health Outcomes Framework has an objective of reducing the numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities. One of the key indicators for this objective is early mortality from CVD. In 2014 the early CVD mortality rate in Haringey for persons under 75 yrs is predicted to be 60.1, which would be a 10 year decrease of 46.6% (from 2004). The early CVD mortality rate for England is predicted to be 50.1, a 10 year decrease of 44.2% and the London rate is predicted to be 51.2, a 10 year decrease of 46.6%.

Contribution of CVD deaths to overall mortality

CVD deaths as a proportion of all deaths under, <75 and 75+, 2009-11



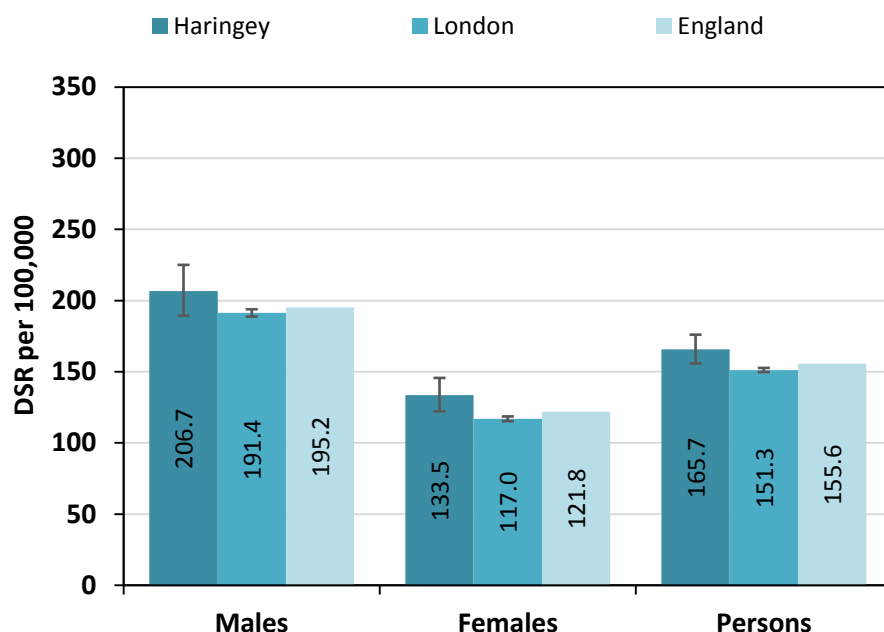
Source: Health and Social Care Information Centre, PHO annual deaths extract, ONS

In Haringey the percentage of cardiovascular deaths as a proportion of all deaths was 23.0% for people aged under 75 years and 39.2% for people aged 75 and above. This is lower than England for under 75s (23.8%) and higher than England for those aged 75 and over (34.7%).

CHD makes up the biggest proportion of total deaths (within CVD) for both males and females, 15.6% (5.7% AMI and 10% non AMI) and 12.6% (5.9% AMI and 6.7% non AMI) respectively in Haringey. For males, 6% of deaths are due to stroke and 1% are due to heart failure. For females, 7.5% of deaths are due to stroke and 2% are due to heart failure.

CVD mortality rates

CVD mortality rates (DSR's) by gender for all ages, 2009-11



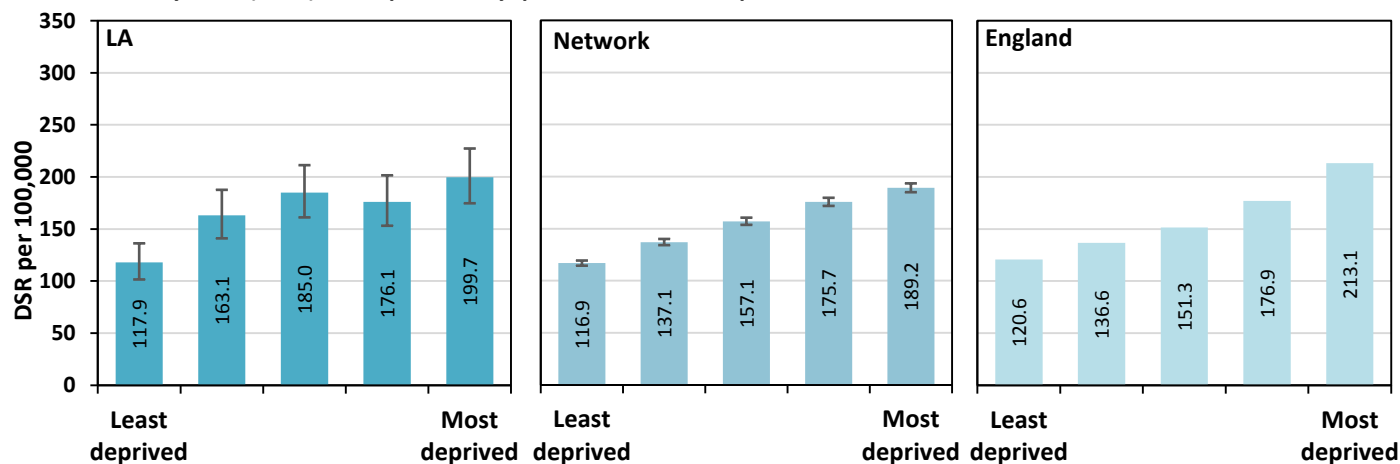
The 2009-11 CVD mortality rate in Haringey for all persons was 165.7 per 100,000. This is higher than England (155.6) and significantly higher than London (151.3).

Male CVD mortality rates in Haringey are significantly higher than female CVD mortality rates (206.7 and 133.5 respectively).

Source: PHO annual deaths extract, ONS

CVD by deprivation

All CVD mortality rates (DSRs) for all persons, by quintile of relative deprivation, 2009-11



Source: PHO annual deaths extract, ONS, DCLG

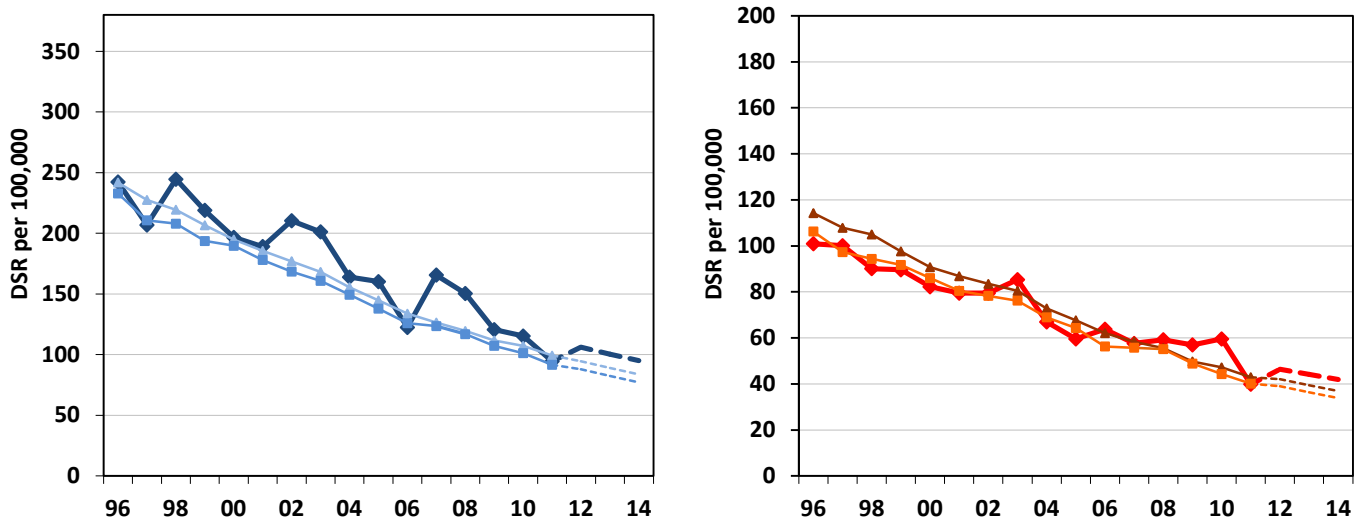
The mortality rate in 2009-11 for persons who live in the most deprived areas of Haringey was 199.7 per 100,000. This is 1.2 times greater than the overall mortality rate for Haringey and 1.7 times greater than the mortality rate for persons who live in the least deprived areas of Haringey.

In England the mortality rate for persons who live in the most deprived areas was 213.1, 1.4 times greater than the overall mortality rate for England and 1.8 times greater than the mortality rate for persons who are in the least deprived areas. In London the mortality rate for persons who live in the most deprived areas was 189.2, 1.3 times greater than the overall mortality rate and 1.6 times greater than the mortality rate for persons who live in the least deprived areas.

Trends in mortality rates

◆ Males Haringey
 ■ Males London
 ▲ Males England
 ◆ Females Haringey
 ■ Females London
 ▲ Females England

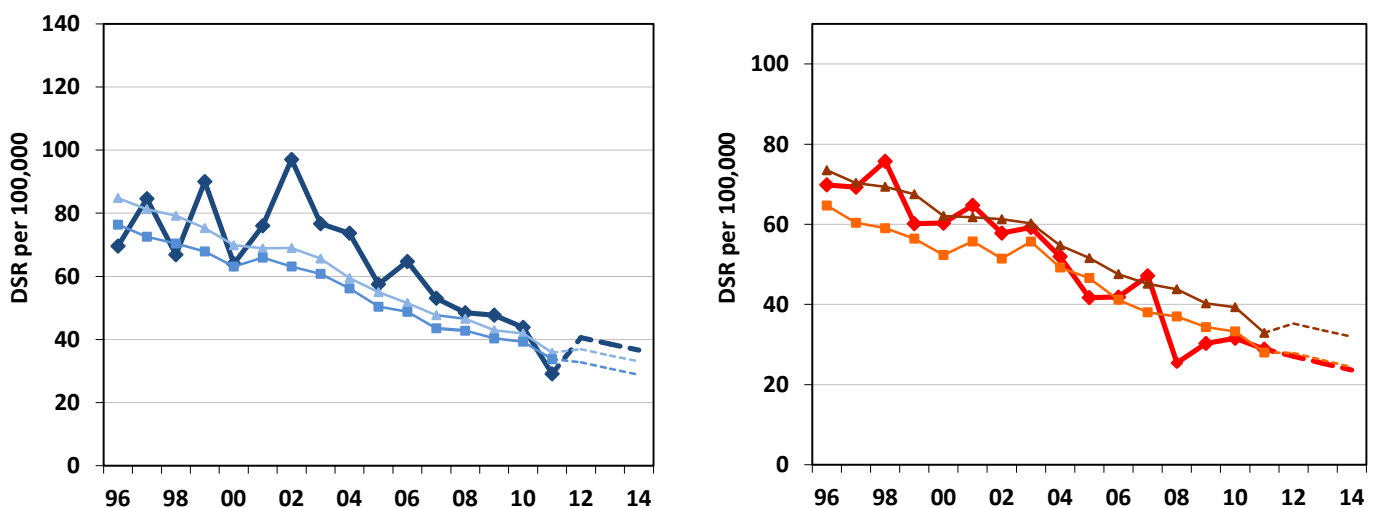
Trend in CHD mortality rates (DSRs), all ages, 1996-2011 (predicted to 2014)



Source: Health and Social Care Information Centre, PHO annual deaths extract, ONS

In 2014, the mortality rate for CHD in Haringey is predicted to be 95.0 for males and 41.9 for females, this is a 10 year decrease of 42.0% for males and 37.4% for females. In England, the mortality rate is predicted to decrease by 46.1% to 83.8 for males over the same 10 years and by 49.2% to 36.9 for females. The rates in London are predicted to decrease by 48.3% for males to 77.1 and by 50.8% to 33.9 for females.

Trend in cerebrovascular mortality rates (DSRs), all ages, 1996-2011 (predicted to 2014)



Source: Health and Social Care Information Centre, PHO annual deaths extract, ONS

In 2014, the mortality rate for cerebrovascular disease in Haringey is predicted to be 36.6 for males and 23.6 for females, this is a 10 year decrease of 50.3% for males and 54.5% for females. In England, the mortality rate is predicted to decrease by 44.4% to 33.1 for males over the same 10 years and by 41.7% to 31.9 for females. The rates in London are predicted to decrease by 48.8% for males to 28.8 and by 50.5% to 24.4 for females.

Note that due to mortality recording changes introduced for 2011 data, there will be some decreases in CVD numbers, particularly cerebrovascular disease between 2011 and previous years that are not accounted for in population outcomes, but coding rules.

This report has been compiled by

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With acknowledgements

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With special thanks to Yorkshire and Humber Public Health Observatory whose original work formed the basis for these reports.



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SEPHO will be part of Public Health England from April 2013

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