

# Camden Neighbourhoods Data deep dive

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Public Health Intelligence, Health & Wellbeing  
North Central London ICB

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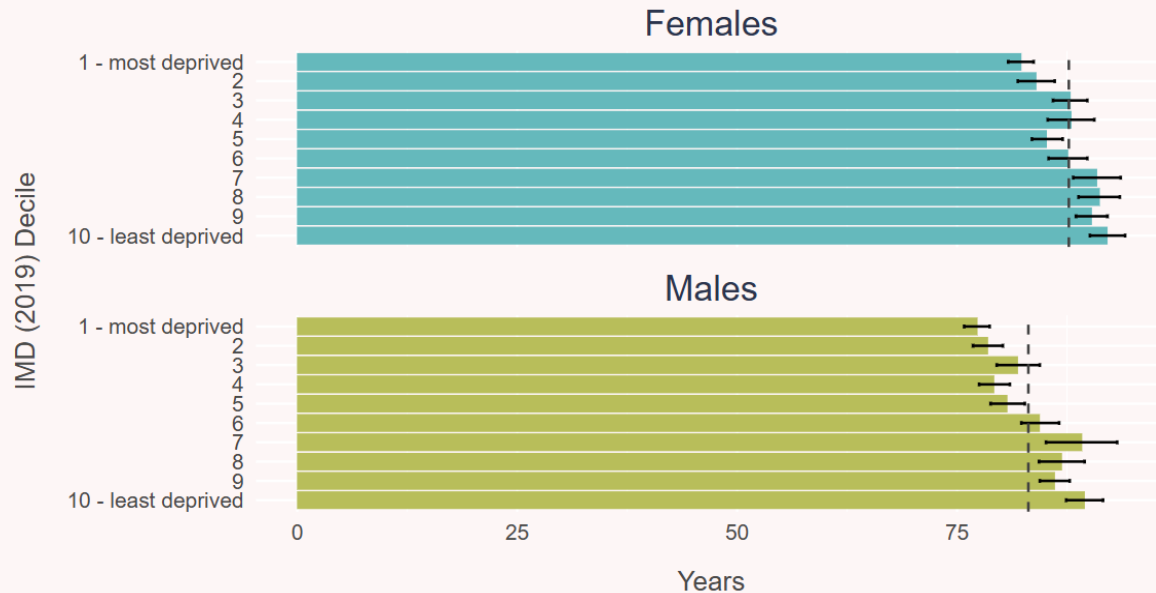
# Camden Overview

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# Life Expectancy Gap in Camden

Life expectancy at birth by deprivation decile in Camden, 2018-20



-- Camden average

Source: OHID

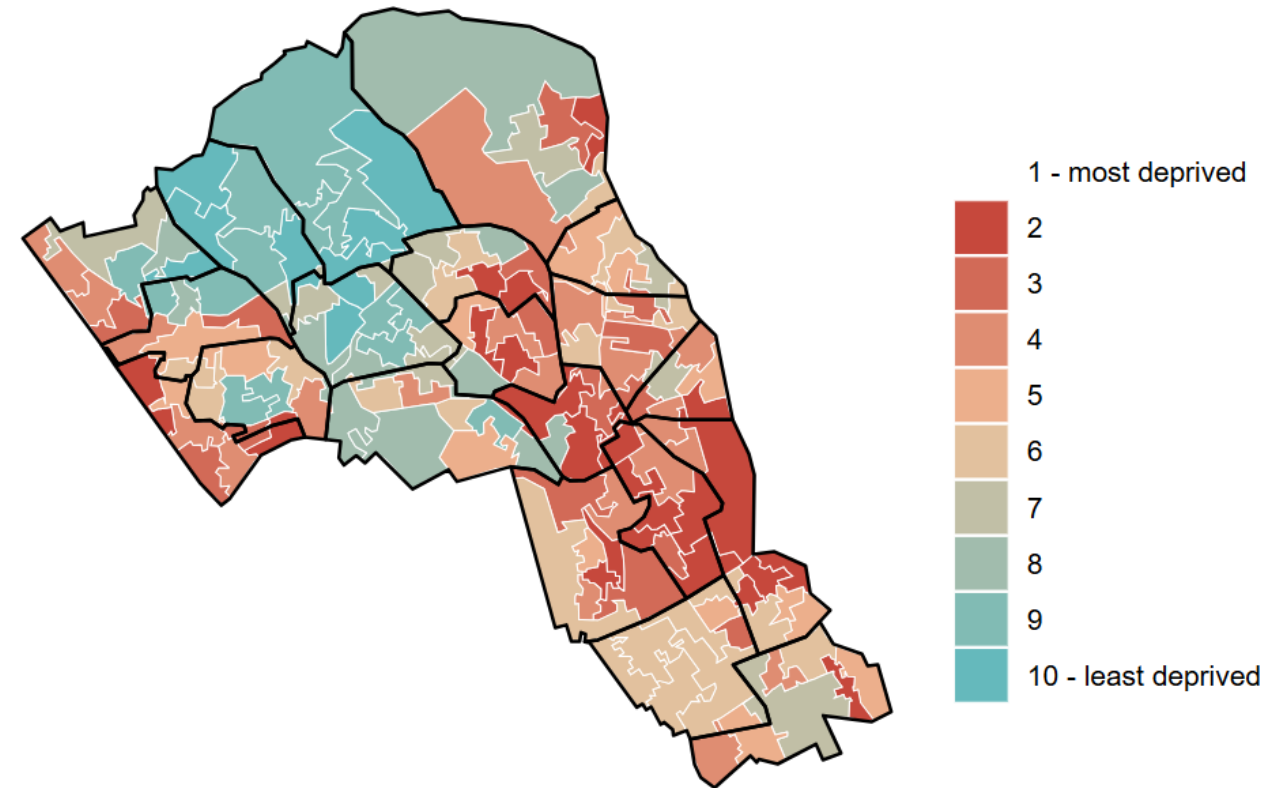
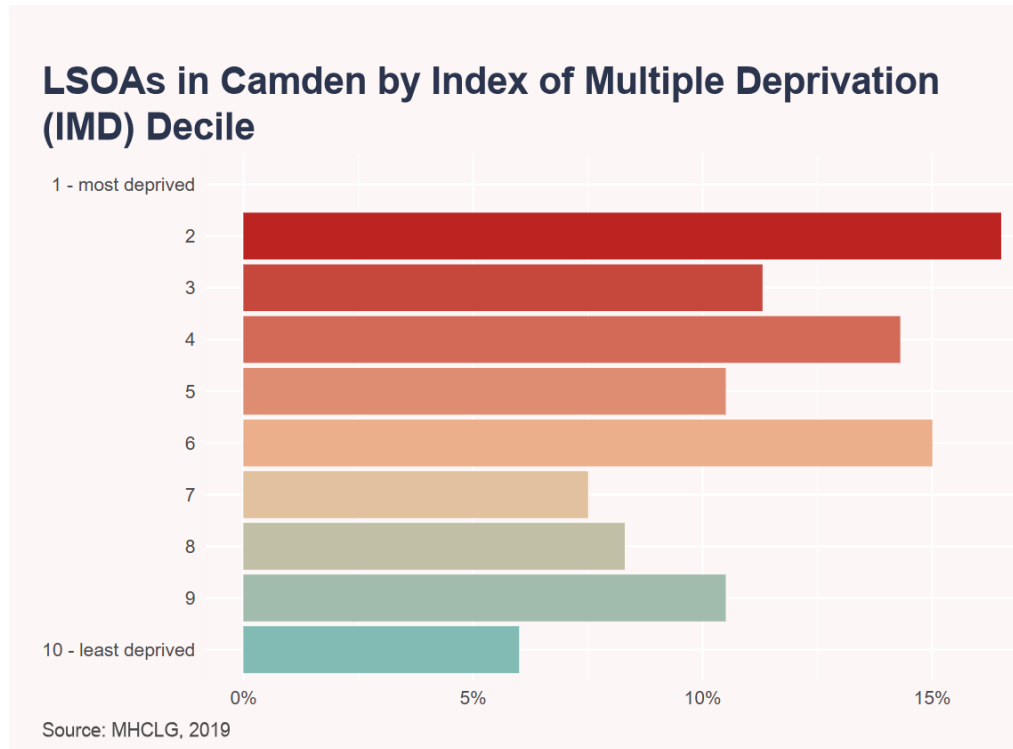
Breakdown of the life expectancy gap between the most and least deprived quintiles of Camden by cause of death, 2020-21



Source: OHID

There is a wide life expectancy gap in Camden between the most deprived and most affluent areas, in both men and women (left). The gap in life expectancy can be broken down by cause of death (right). For example, while the latest data is impacted by COVID-19, eradicating the gap in life expectancy from circulatory conditions would increase the life expectancy of the most deprived females in Camden by 1.6 years and for males by 2.6 years.

# Deprivation in Camden



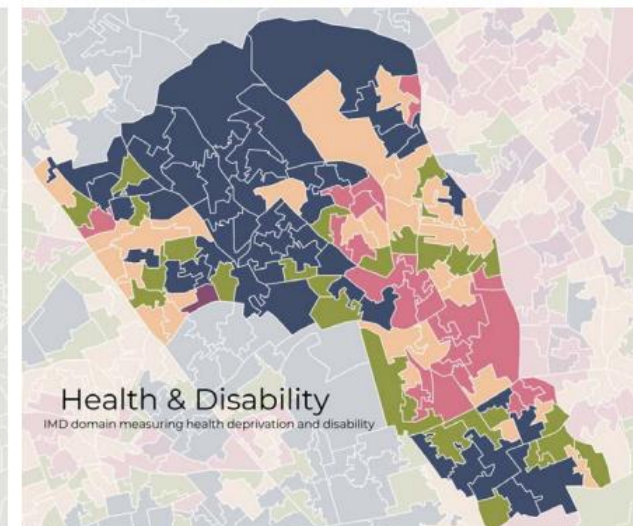
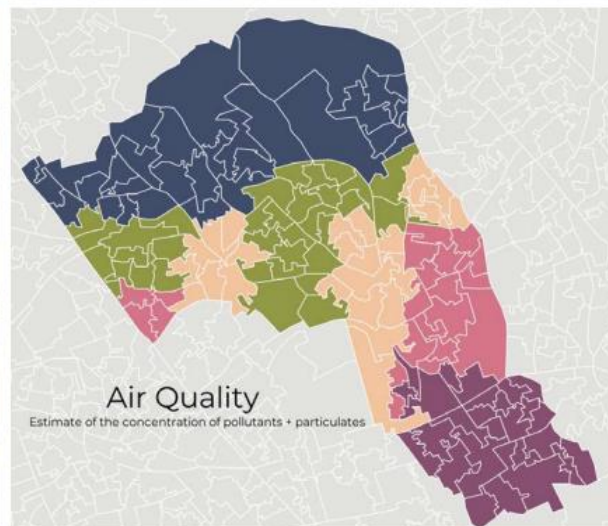
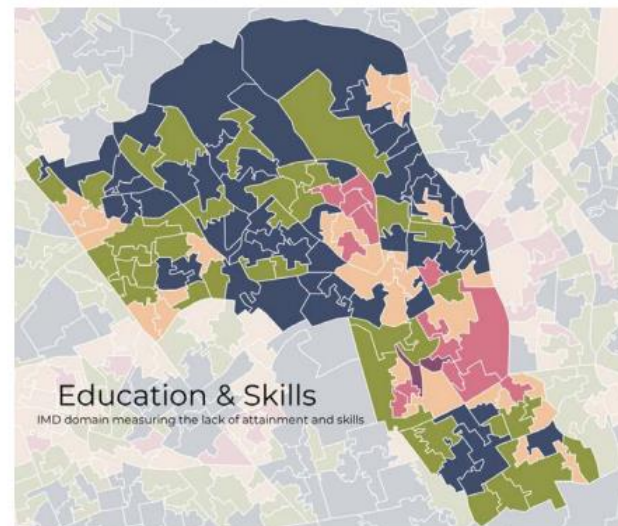
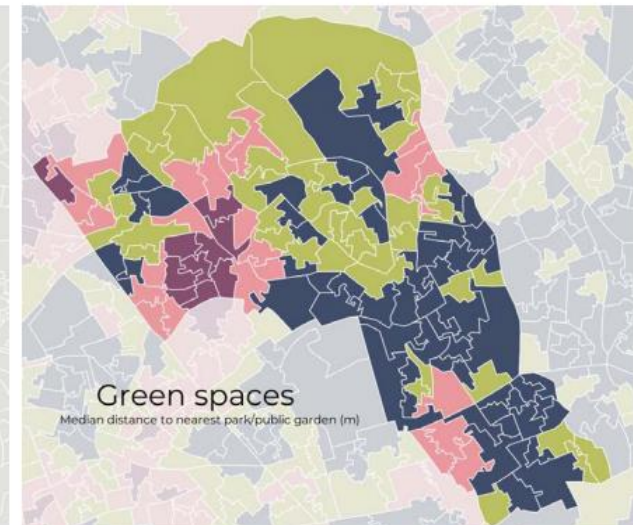
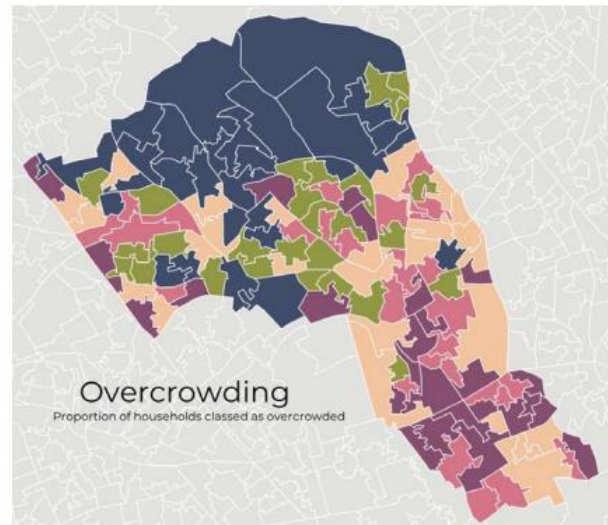
Source: MHCLG (2019), ONS

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation in England, encompassing 7 domains (income, employment, education, health, crime, barriers to services and living environment). 2019 is the most recent release with an update expected in late 2025. Areas of deprivation are generally higher in the Eastern and Central parts of the borough, however, it is noteworthy that all five neighbourhoods have areas of deprivation.

Source: Deprivation profile <https://jsna.camden.gov.uk/reports/deprivation/>

# Wider Determinants of Health

■ Quintile 1 - Worse 20% ■ Quintile 2 ■ Quintile 3 ■ Quintile 4 ■ Quintile 5 - Best 20%



# Population Segmentation - NCL Model (In Development)



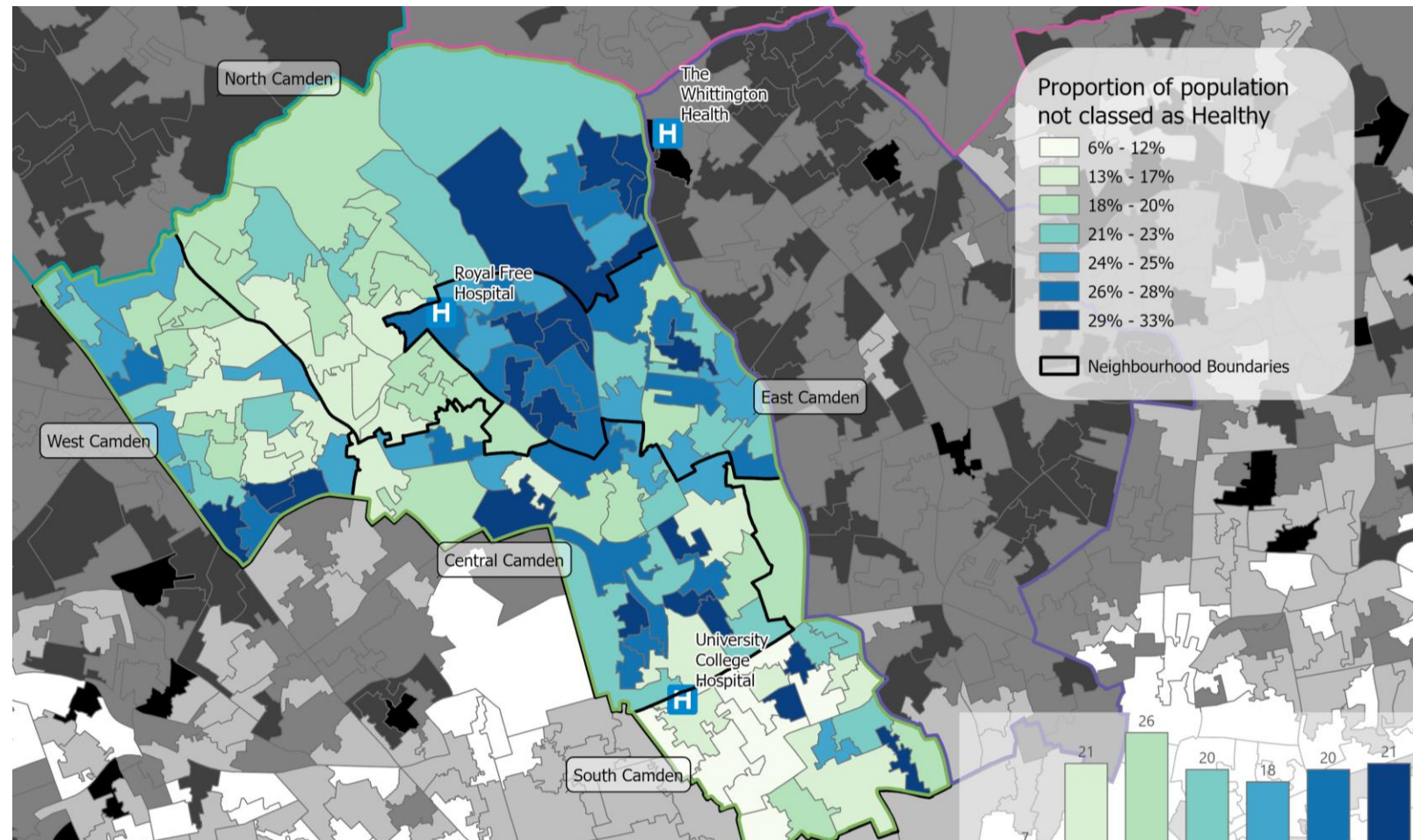
**X** **RISK 'MULTIPLIERS'**  
'In crisis'  
Homeless  
High Deprivation  
Environmental Factors (eg air pollution)  
Social Services involvement  
At future risk of adverse event (e.g. falls)\*  
"rising risk" / "risk of progression"  
Patient activation

**>** **REPORTING DIMENSIONS**  
Gender, Age Band, Ethnicity  
Borough, PCN, Ward, Neighbourhood  
Condition, Complexity  
Cost, Utilisation

Approaches to segment the NCL population are in development. The above **6 segments** have been developed as a **pilot to demonstrate potential use cases, using available data**—primarily patient demographics, acute care activity, and the LTC LCS dataset, which only includes adults (18+), the sample covers **one-sixth of the NCL population (240k)**, and focuses on circulatory and respiratory conditions.

# Population Segmentation 'Not Healthy'

For the five neighbourhoods, the population classed as 'not healthy' (segments 2 to 6) ranges from 12% to 31%



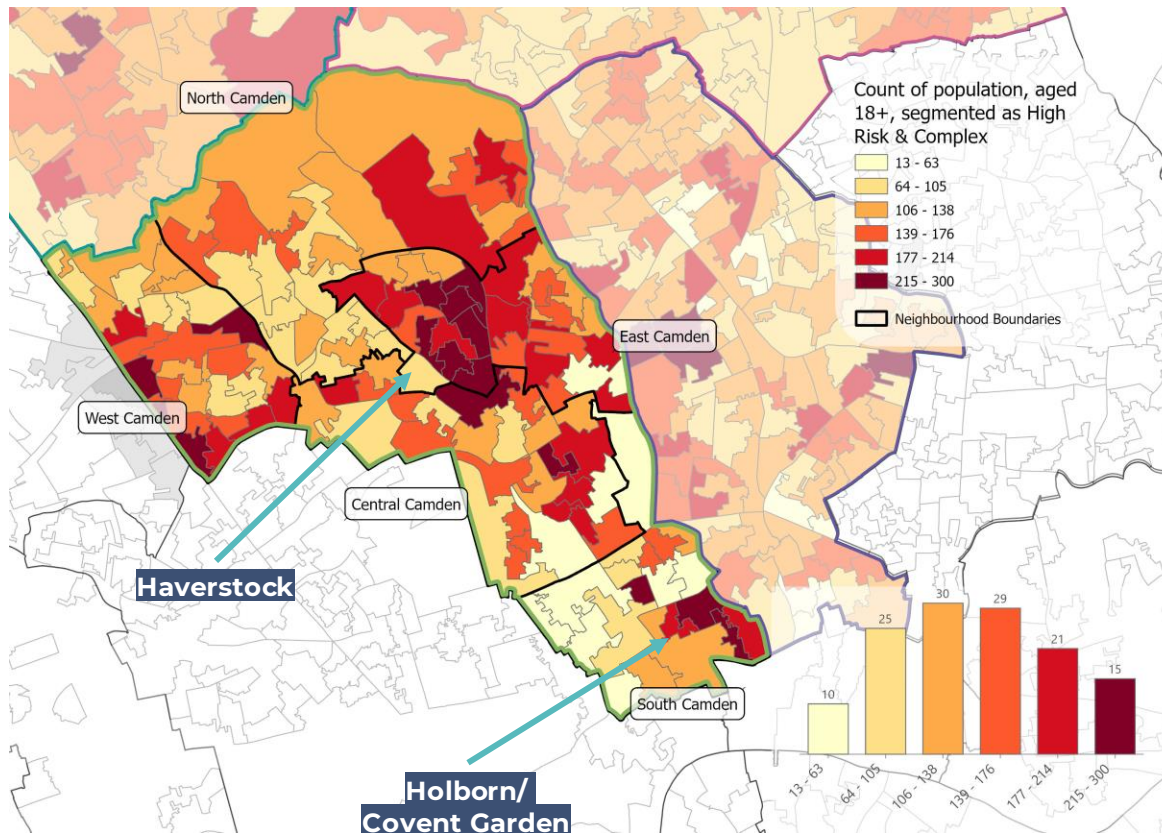
Source: EMIS Apr 2024 Snapshot

# Long term conditions – high risk & complex

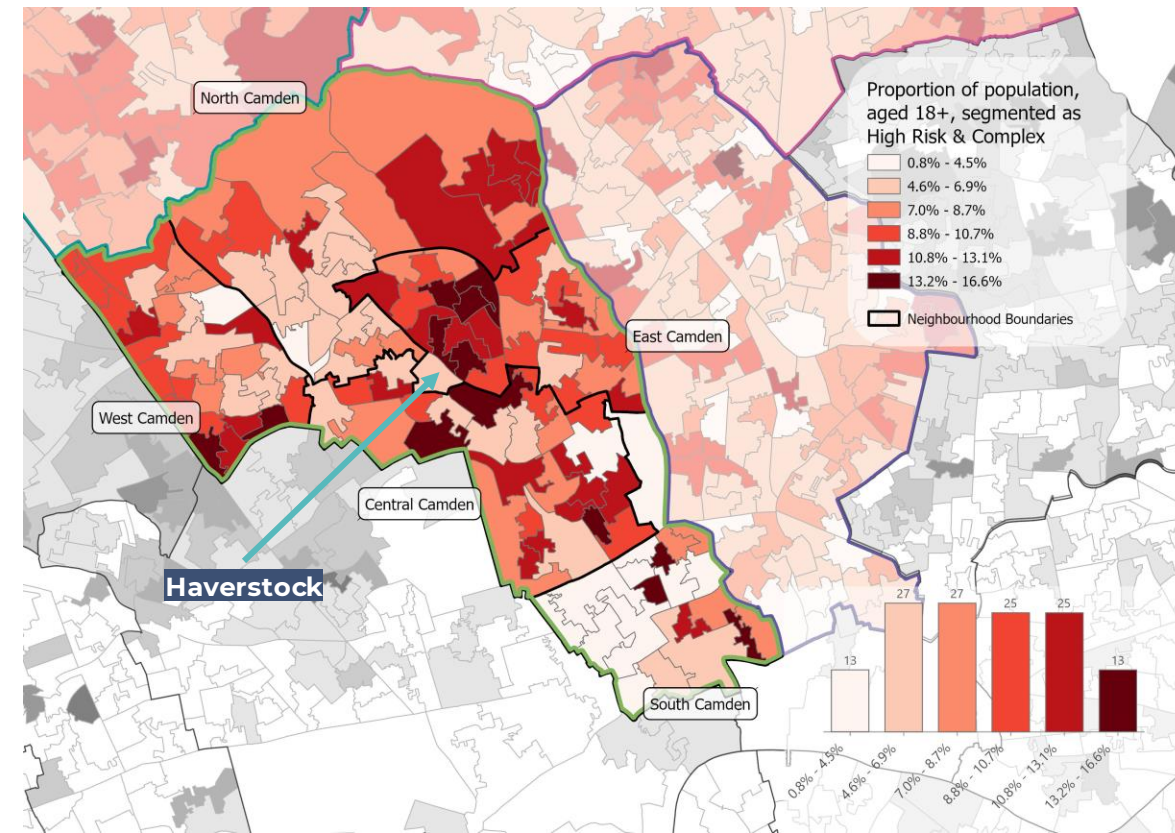
The below maps show patients classified as 'High risk' and 'Complex' based on the LTC LCS dataset. Conditions and Definitions [link](#). There are high rates in the East Camden Neighbourhood (Haverstock area)

Note: this only includes adults (18+), the sample of LTC LCS Dataset only **covers one-sixth of the NCL population (240k) and focuses on circulatory and respiratory conditions** during the 2024/25 financial year and this **may not represent** the whole population, and further analysis will be carried out.

## Numbers



## Rates



# Segmentation data – cost estimates (prototype)

We developed the population segmentation groups as a **pilot to demonstrate potential use cases**, using available data—primarily patient demographics, acute care activity, and the LTC LCS dataset, which only includes adults (18+), the sample **covers one-sixth of the NCL population (240k)**, and **focuses on circulatory and respiratory conditions**. Costs in this model reflect acute care activity (inpatient, outpatient, and A&E) during the 2024/25 financial year.

		Age Band	Central Camden	East Camden	North Camden	South Camden	West Camden	Camden Average	NCL Average
Healthy	Everyone else								
		18-44	£160	£210	£170	£100	£170	£160	£220
		45-64	£220	£250	£170	£270	£190	£210	£230
		65-74	£500	£560	£360	£460	£450	£460	£440
		75 plus	£570	£700	£490	£590	£730	£600	£540
		18+	£190	£240	£190	£130	£190	£190	£240
Healthy At Risk	<b>Note: This will undercount until we get primary care data</b> <b>or 3 or more A&amp;E attends in year # frequent A&amp;E attenders</b> <b>or On hypertension or asthma register only (well controlled - ie no other known risk factors)</b>	18-44	£1,170	£1,000	£870	£1,150	£1,020	£1,050	£1,120
		45-64	£700	£780	£540	£620	£560	£650	£740
		65-74	£920	£770	£560	£1,080	£910	£800	£710
		75 plus	£940	£1,390	£1,130	£930	£800	£1,090	£940
		18+	£980	£930	£720	£970	£840	£890	£910
Single Illness	Polypharmacy column = true (5 prescriptions per month over activity period) <b>or Mental Health (IAPT or MHMDS)</b> <b>or One LTC (excluding hypertension / asthma) currently used LTCs count in LTC LCS – need to develop this further to include eg Cancer - use factlifetimecondition</b>	18-44	£940	£890	£990	£980	£880	£930	£940
		45-64	£1,160	£1,170	£910	£1,210	£1,060	£1,110	£1,050
		65-74	£1,800	£1,640	£1,730	£1,350	£1,450	£1,630	£1,540
		75 plus	£2,610	£2,960	£2,000	£2,560	£2,370	£2,450	£2,240
		18+	£1,140	£1,140	£1,160	£1,120	£1,040	£1,120	£1,120
Lower Complexity	1 LTC and polypharmacy <b>or 2-3 LTCs</b> <b>or LTC LCS Risk Group = Medium</b>	18-44	£900	£830	£810	£1,260	£810	£900	£950
		45-64	£890	£820	£620	£1,090	£620	£790	£810
		65-74	£1,000	£1,250	£900	£900	£770	£980	£980
		75 plus	£1,460	£1,690	£1,080	£1,700	£1,000	£1,330	£1,330
		18+	£1,000	£1,040	£840	£1,170	£750	£940	£960
Higher Complexity	2+ LTCs and polypharmacy <b>or 4+ LTCs</b> <b>or LTC LCS risk group = High Risk / HR &amp; Complex</b>	18-44	£1,320	£1,670	£1,210	£1,260	£1,870	£1,510	£1,540
		45-64	£1,890	£1,880	£1,860	£1,720	£1,740	£1,830	£1,730
		65-74	£2,630	£2,510	£1,860	£2,680	£2,430	£2,440	£2,200
		75 plus	£3,400	£3,750	£3,060	£3,000	£3,230	£3,330	£3,000
		18+	£2,450	£2,600	£2,380	£2,280	£2,420	£2,450	£2,260
End of Life	<b>Note: This will undercount until we get primary care data</b> Palliative Care (acute diagnosis) Cancer (acute diagnosis) - end of life diagnoses (C77-C79)	18-44	£13,800	£11,780	£13,470	£38,630	£8,380	£15,530	£15,460
		45-64	£18,600	£13,380	£11,540	£15,870	£11,810	£13,980	£12,290
		65-74	£15,700	£12,550	£7,720	£17,270	£14,780	£13,630	£12,470
		75 plus	£12,650	£12,740	£12,450	£12,110	£13,880	£12,850	£12,290
		18+	£15,990	£12,880	£11,170	£17,430	£12,880	£13,700	£12,590

# Benchmarking - Camden compared to NCL

Indicator	Period	NCL	Camden
Healthy segment	April 2024 Snapshot	70.5%	76.5%
Healthy at Risk segment	April 2024 Snapshot	4.4%	3.55%
Single LTC segment	April 2024 Snapshot	8.1%	7.38%
Low Complexity segment	April 2024 Snapshot	6.5%	5.59%
High Complexity segment	April 2024 Snapshot	10.5%	8.6%
End of Life segment	April 2024 Snapshot	0.237%	0.216%
Language % Not English	2nd May 25 Snapshot	20.1%	20%
Ethnicity is not 'White British' or 'Unknown'	27th June 25 Snapshot	65.3%	67.1%
Aged 65+	26th June 25 Snapshot	12%	10.4%
Aged 75+	26th June 25 Snapshot	5.46%	4.78%
Homeless	8th May 25 Snapshot	117 Rate per 100,000	300 Rate per 100,000
Births	Jan - Dec 24	81.3 Rate per 10,000	60.3 Rate per 10,000
Deaths	Jan - Dec 24	42.3 Rate per 10,000	32.7 Rate per 10,000

Indicator	Period	NCL	Camden
In most deprived quintile	8th May 25 Snapshot	21.1%	16.6%
Alcohol Dependency	2nd May 25 Snapshot	2.33%	2.8%
Current Smokers	2nd May 25 Snapshot	14.9%	13.2%
Obese	2nd May 25 Snapshot	19.1%	14%

**Compared to NCL, Camden has a greater proportion in the 'Healthy' segment, and higher rates of alcohol dependency and homelessness.**

For rows where the comparison column retains its grey background, the statistical significance of the difference between its value and the values in other cells within the same row has been assessed. The colours must be interpreted as follows:

= Significantly worse | Statistically similar | Significantly better  



 = Significantly lower | Statistically similar | Significantly higher

For rows where the comparison column has a different background colour, the gradients should be interpreted as follows:

= Worst to Best within each row (continuum)

# Benchmarking - Camden compared to NCL

Indicator	Period	NCL	Camden
GP appointments (inc. DNA)	2nd May 25 Snapshot	4.03 Average	3.96 Average
Unique patients on RTT waiting list	27th Apr 25 snapshot	91.1 Rate per 1,000	81.4 Rate per 1,000
RTT waiting list	27th Apr 25 snapshot	114 Rate per 1,000	97.7 Rate per 1,000
Social care users	2023/24	21.1 Rate per 1,000	12 Rate per 1,000
Mental health service contacts	2024/25	21,200 Rate per 100,000	26,100 Rate per 100,000
GP Referral	2024/25	313 Rate per 1,000	298 Rate per 1,000
Community service contacts	2024/25	812 Rate per 1,000	785 Rate per 1,000
Non-elective admissions	2024/25	43.4 Rate per 1,000	34.9 Rate per 1,000
A&E attendances	2024/25	232 Rate per 1,000	236 Rate per 1,000

**Compared to NCL, Camden has lower waiting lists, higher mental health service contacts, higher A&E attendances, lower readmissions and avoidable admissions, better BP control, lower childhood immunisation rates, and lower early cancer diagnosis**

Indicator	Period	NCL	Camden
Early cancer diagnosis	2023	62.6%	60.2%
Children fully vaccinated by age 5	2nd May 25 Snapshot	56.9%	54.8%
Blood pressure out of range (25+)	2nd May 25 Snapshot	5.11%	4.2%
Readmission (unique patients)	2024/25	548 Rate per 100,000	454 Rate per 100,000
Readmissions	2024/25	753 Rate per 100,000	621 Rate per 100,000
Avoidable admissions	2024/25	432 Rate per 100,000	372 Rate per 100,000

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# Neighbourhoods – patient residence vs practice location

Whilst most patients are registered to GP practices within the neighbourhood they live in, other patients are registered in other neighbourhoods, or outside Camden, or even outside NCL. For example, in the South Neighbourhood only 47% of registered patients reside in the neighbourhood and 30% live outside of NCL. In considering the data in this pack is important to consider the distinction between the GP-registered and resident populations in each neighbourhood.

		GP registered population (based on location of practice)							Total residents registered to Camden GPs	Total residents registered to any GP	Camden Resident Registered to Non-NCL GP
		Central	East	North	South	West	Other NCL	Non-NCL			
Population based on patient residence	Central	38,297	9,722	1,389	6,413	626	854	6,654	56,447	63,955	10%
	East	5,177	38,065	13,087	2,127	552	3,545	2,036	59,008	64,589	3%
	North	6,912	7,082	28,385	316	4,420	2,887	1,626	47,115	51,628	3%
	South	2,858	501	107	44,013	127	4,956	9,033	47,606	61,595	15%
	West	8,062	361	1,411	463	44,447	854	8,034	54,744	63,632	13%
	Other NCL	2,913	5,838	2,384	13,058	5,262			29,455		
	Non-NCL	4,194	1,404	1,356	27,877	22,142			56,973		
Total Camden GP Registered		68,413	62,973	48,119	94,267	77,576					
% Same Neighbourhood		56%	60%	59%	47%	57%					
% Same Borough		90%	88%	92%	57%	65%					
% not resident in NCL		6%	2%	3%	30%	29%					
		351,348		305,399							
		55%									
		75%									
		16%									

# Neighbourhood Profiles

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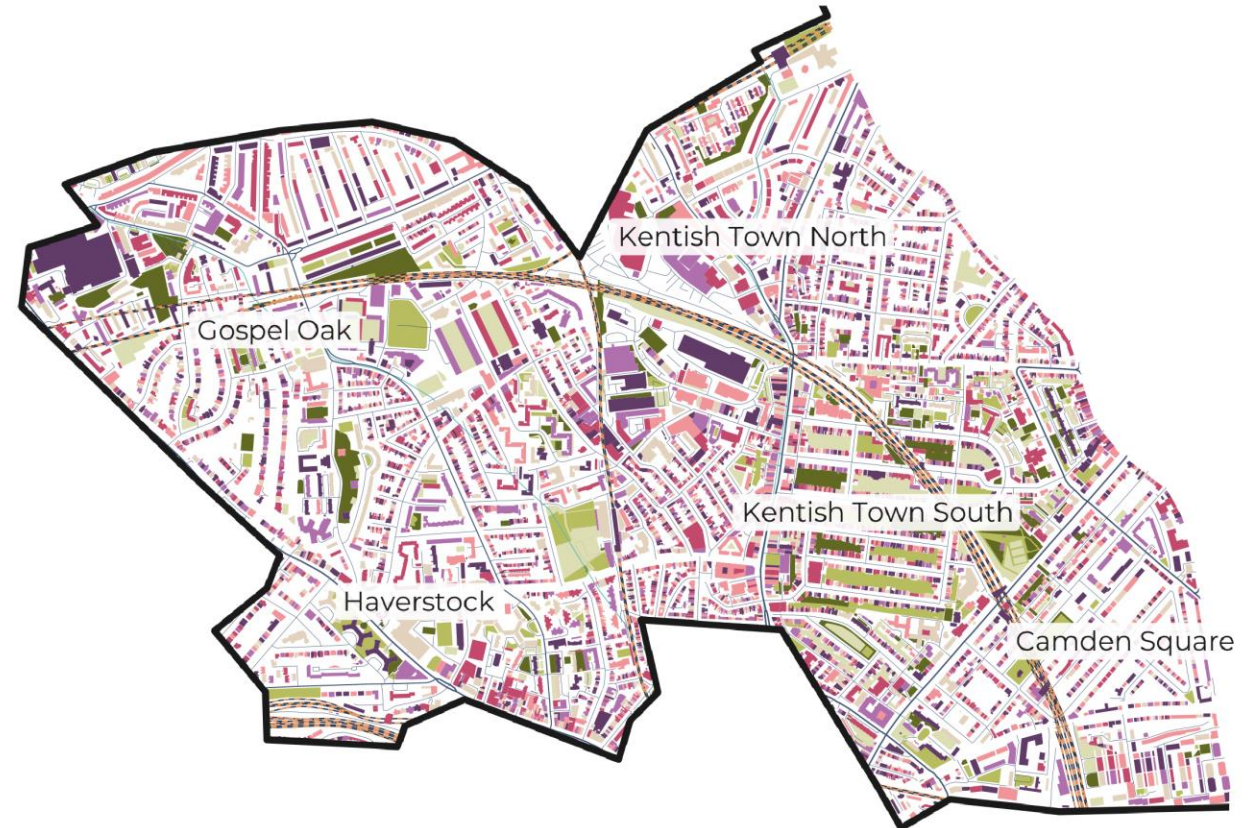


# East Camden

- *Gospel Oak*
- *Haverstock*
- *Kentish Town*
- *Camden Square*

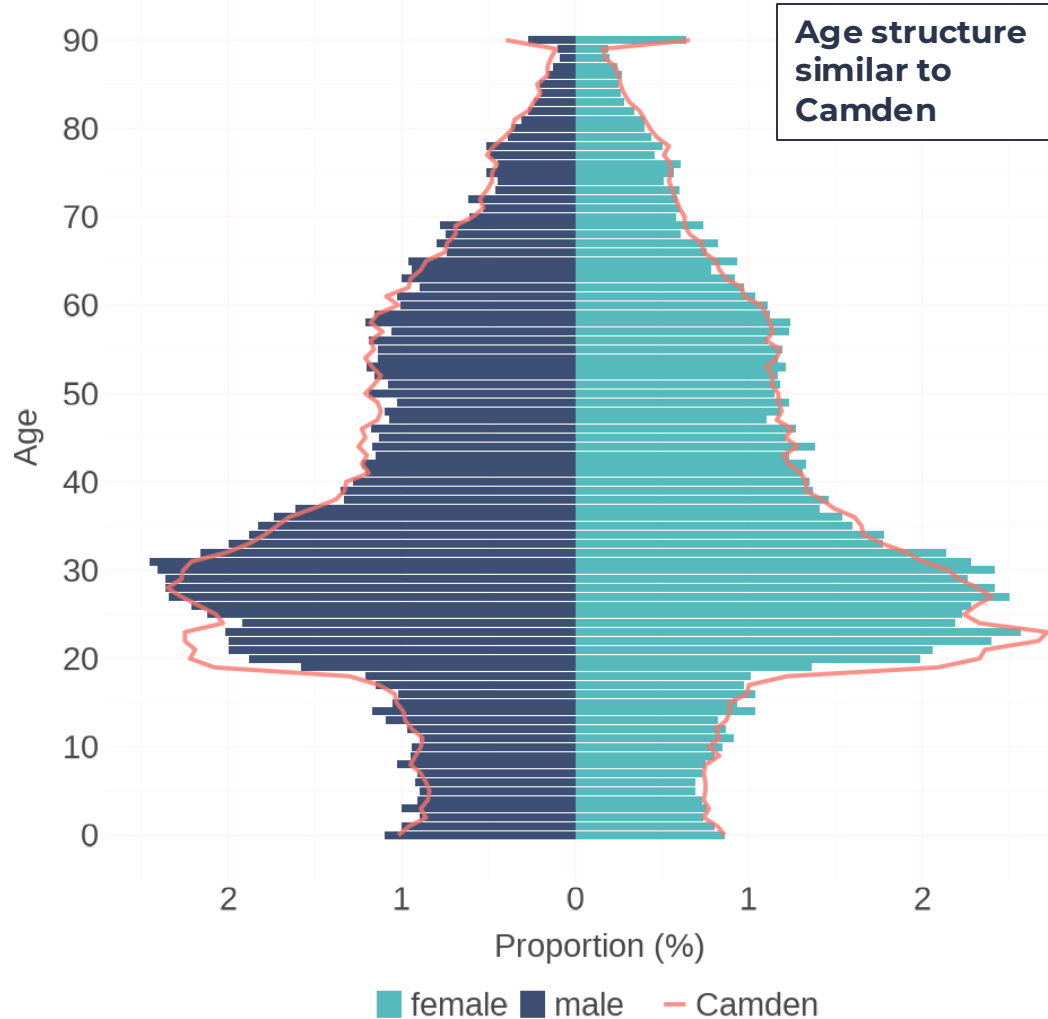
# About East Camden

East Camden, encompassing the wards **Gospel Oak, Haverstock, Kentish Town North and South** and **Camden Square**, is a diverse and dynamic part of the borough with historically working-class roots and **a strong sense of community**. The area grew as a hub of skilled labour and social housing with pockets of Victorian and Edwardian terraces mixed with post-war **social housing estates**, particularly in Gospel Oak and parts of Kentish Town. The area faces clear challenges: **housing quality and overcrowding** are major issues and economic inequality is pronounced with many residents experiencing **poverty, health disparities** and **high care needs**. Furthermore, **rising property values** risk displacing lower-income households, reshaping the demographic landscape. However East Camden is also home to **long-established communities**, vibrant independent businesses and a **tradition of activism and civic engagement**. High streets like **Kentish Town Road** serve as commercial and cultural gathering points and sites of **visible urban change**.

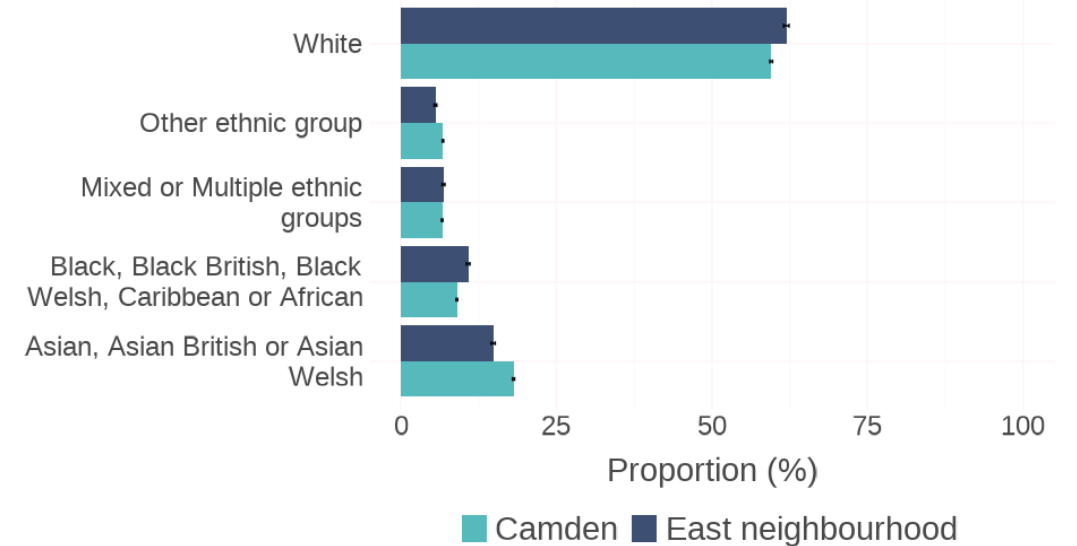


# East | Demography

Population estimate 2025: East neighbourhood



Ethnicity: East neighbourhood



Source: ONS 2021

## Most common 5 narrow ethnic groups (other than White British)

- White: **Other White** (17.6%)
- Black, Black British, Black Welsh, Caribbean or African: **African** (8.1%)
- Asian, Asian British or Asian Welsh: **Bangladeshi** (7.8%)
- Other ethnic group: **Any other ethnic group** (4.2%)
- White: **Irish** (3.1%)

# East | Wider determinants and health

## Wider determinant indicators

Neighbourhood	Wards	IMD 2019 (5 = Most deprived)	Limited English proficiency %	Living alone age 66+ %	Economic inactivity %	Overcrowded housing %	Disability in households %	Disability %	Unpaid care %	Crime rate Per 1,000 population
East	Camden Square	4	3.0	24	34	21	30	17	7.5	106
	Gospel Oak	3	2.7	29	36	22	33	18	8.6	109
	Haverstock	4	3.7	31	37	22	34	18	8.3	96
	Kentish Town North	2	1.7	21	28	18	26	16	7.7	101
	Kentish Town South	4	3.2	27	37	22	32	17	7.9	122

## Health indicators

Neighbourhood	Wards	Overweight Reception %	Overweight Year 6 %	Obesity %	Alcohol %	Smoking %	Bad General Health %	Depression %	Hypertension %	Asthma %
East	Camden Square	33	26	15	3.6	17	5.4	13	9.0	4.2
	Gospel Oak	20	39	18	4.2	17	6.8	13	12	4.7
	Haverstock	24	47	18	3.8	19	6.1	14	11	5.0
	Kentish Town North	7.5	33	14	4.3	18	5.2	11	10	4.5
	Kentish Town South	24	39	15	3.7	17	5.9	11	8.8	4.0

Figures colour coded from lowest need (lightest) to highest need (darkest), based on Camden quintiles for each indicator



Source: [Annual Public Health Report 2025](#)

# East | Summary health and wellbeing



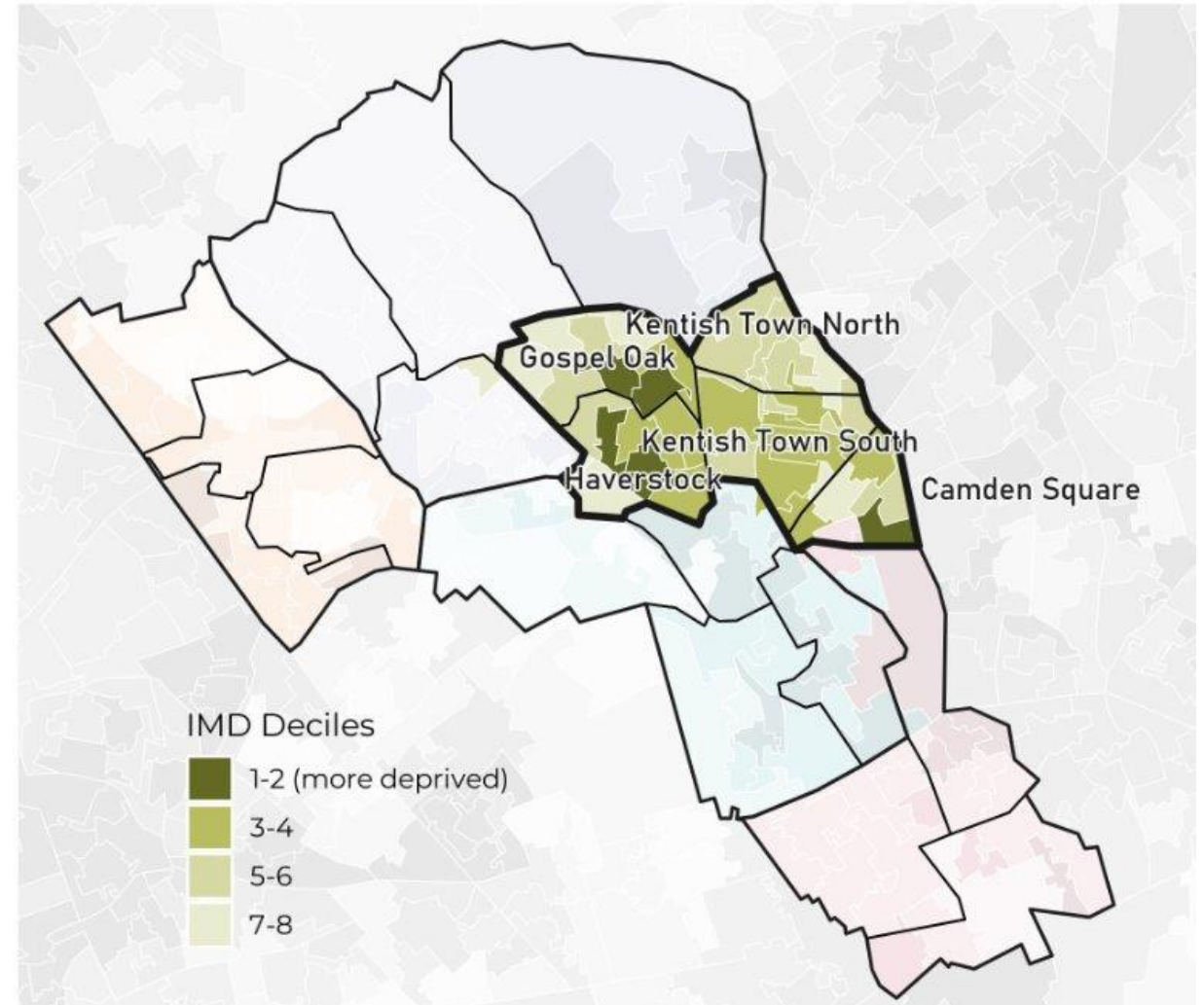
The East neighbourhood demonstrates **poorer health outcomes** across a wide range of health indicators, including childhood and adult obesity, alcohol dependence, smoking prevalence, and prevalence of long-term conditions like hypertension, depression and asthma.



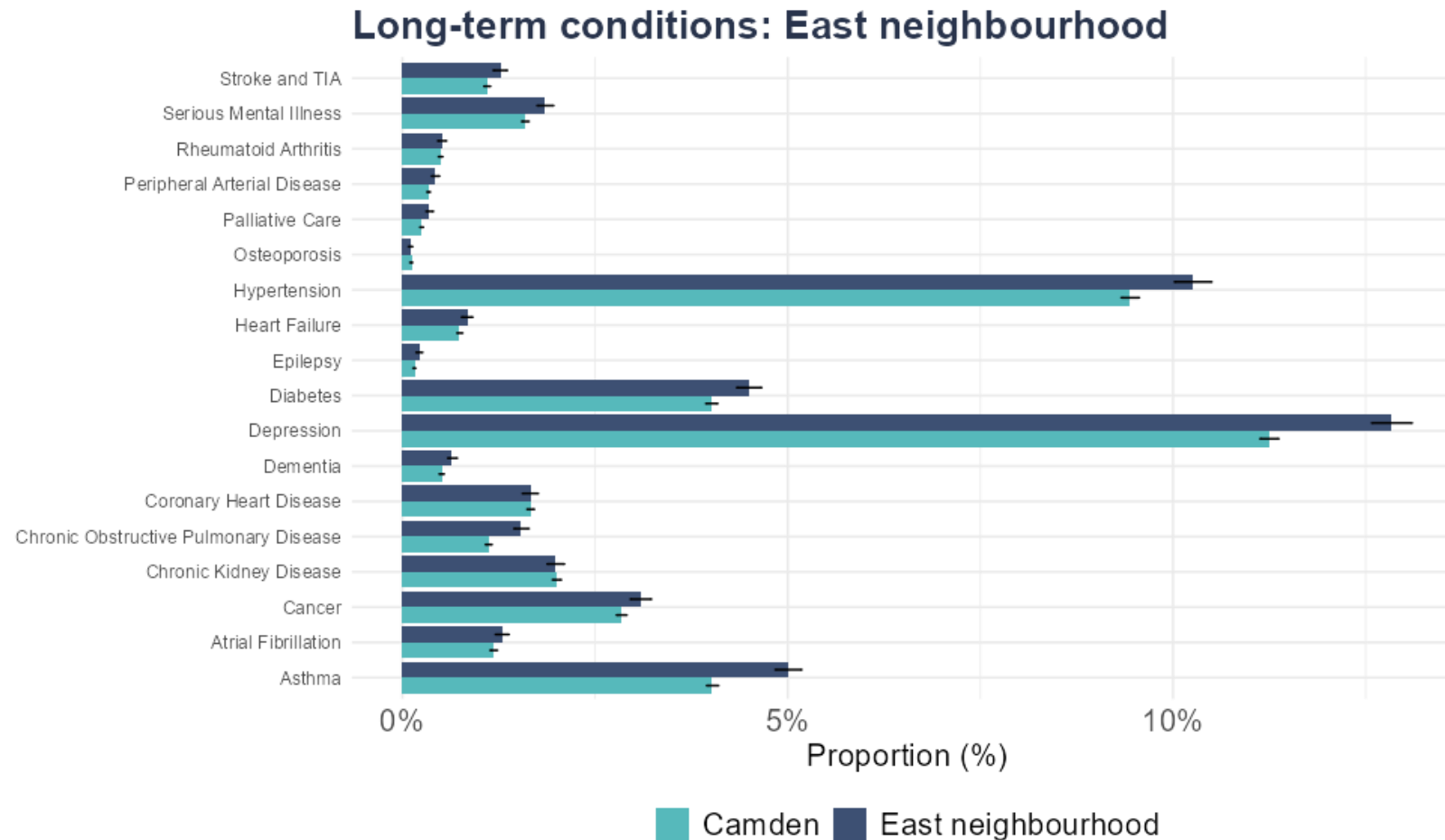
There are also **high levels of disability**, and perhaps related to this, a **high proportion of unpaid carers** as well.



The neighbourhood is **ethnically diverse** with sizable Bangladeshi and Black African populations.



# East | Long term conditions



Source: HealtheIntent

East Camden has higher diagnosed prevalence of **depression and serious mental illness**, as well as **hypertension, diabetes, cancer and asthma**, than the Camden average.

## Potentially avoidable emergency admissions

The most common conditions associated with potentially avoidable unplanned admissions in 2023/24 were:

- **Cardiovascular:** 130 admissions
- **Respiratory:** 115 admissions
- **Diabetes:** 30 admissions
- **Neurological:** 30 admissions
- **All causes:** 320 potentially avoidable admissions

Methodology: [CCG OIS 2.6](#)

# East | Benchmarking

Indicator	Period	Camden	East	NCL
Healthy segment	April 2024 Snapshot	76.5%	70.1%	70.5%
Healthy at Risk segment	April 2024 Snapshot	3.55%	4.08%	4.4%
Single LTC segment	April 2024 Snapshot	7.38%	8.85%	8.1%
Low Complexity segment	April 2024 Snapshot	5.59%	6.31%	6.5%
High Complexity segment	April 2024 Snapshot	8.6%	10.3%	10.5%
End of Life segment	April 2024 Snapshot	0.216%	0.27%	0.237%
Language % Not English	2nd May 25 Snapshot	20%	17%	20.1%
Ethnicity is not 'White British' or 'Unknown'	27th June 25 Snapshot	67.1%	61.8%	65.3%
Aged 65+	26th June 25 Snapshot	10.4%	10.7%	12%
Aged 75+	26th June 25 Snapshot	4.78%	4.82%	5.46%
Homeless	8th May 25 Snapshot	300 Rate per 100,000	137 Rate per 100,000	117 Rate per 100,000
Births	Jan - Dec 24	60.3 Rate per 10,000	68.7 Rate per 10,000	81.3 Rate per 10,000
Deaths	Jan - Dec 24	32.7 Rate per 10,000	44.4 Rate per 10,000	42.3 Rate per 10,000

Indicator	Period	Camden	East	NCL
In most deprived quintile	8th May 25 Snapshot	16.6%	15%	21.1%
Alcohol Dependency	2nd May 25 Snapshot	2.8%	3%	2.33%
Current Smokers	2nd May 25 Snapshot	13.2%	16%	14.9%
Obese	2nd May 25 Snapshot	14%	16%	19.1%

**Higher need segments are more prevalent in the East despite a smaller older population. Smoking, obesity and alcohol dependency are high.**

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# East | Benchmarking

Indicator	Period	Camden	East	NCL
GP appointments (inc. DNA)	2nd May 25 Snapshot	3.96 Average	4.37 Average	4.03 Average
Unique patients on RTT waiting list	27th Apr 25 snapshot	81.4 Rate per 1,000	102 Rate per 1,000	91.1 Rate per 1,000
RTT waiting list	27th Apr 25 snapshot	97.7 Rate per 1,000	126 Rate per 1,000	114 Rate per 1,000
Social care users	2023/24	12 Rate per 1,000	17.6 Rate per 1,000	21.1 Rate per 1,000
Mental health service contacts	2024/25	26,100 Rate per 100,000	35,900 Rate per 100,000	21,200 Rate per 100,000
GP Referral	2024/25	298 Rate per 1,000	370 Rate per 1,000	313 Rate per 1,000
Community service contacts	2024/25	785 Rate per 1,000	1,080 Rate per 1,000	812 Rate per 1,000
Non-elective admissions	2024/25	34.9 Rate per 1,000	45.6 Rate per 1,000	43.4 Rate per 1,000
A&E attendances	2024/25	236 Rate per 1,000	302 Rate per 1,000	232 Rate per 1,000

**Usage of services is higher across the board as are waiting lists. Outcomes tend to be poorer with higher avoidable admissions, readmissions, lower vaccination uptake, early cancer diagnosis, and BP out of range.**

Indicator	Period	Camden	East	NCL
Early cancer diagnosis	2023	60.2%	60%	62.6%
Children fully vaccinated by age 5	2nd May 25 Snapshot	54.8%	54%	56.9%
Blood pressure out of range (25+)	2nd May 25 Snapshot	4.2%	5%	5.11%
Readmission (unique patients)	2024/25	454 Rate per 100,000	554 Rate per 100,000	548 Rate per 100,000
Readmissions	2024/25	621 Rate per 100,000	771 Rate per 100,000	753 Rate per 100,000
Avoidable admissions	2024/25	372 Rate per	551 Rate per 100,000	432 Rate per 100,000

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# East | Healthcare data summary

Healthcare data for patients resident in the East neighbourhood (registered to any GP practice in NCL):

## Long Term Conditions

- 18% of long term condition cohort (18+) are in a risk group
- Higher diagnosed prevalence of **depression, serious mental illness, hypertension, diabetes, cancer and asthma** compared to Camden

## Segmentation

- Segmentation – 70% “healthy” – lower than Camden (*similar to NCL*)
- **High rates in all non-“healthy” segments** compared to Camden
- **Overall segmentation model shows highest level of need** in Camden

## Risk Factors

- **High obesity (16% obese/severely obese)** compared to Camden (*lower than NCL*)
- **High smoking (16% are current smokers)** compared to Camden
- **High alcohol dependency (3%)** compared to Camden
- **Low homeless relative** to Camden (*slightly higher than NCL*)

## Service Utilisation

- **High rates of GP appointments** compared to Camden
- **High Referral To Treatment (RTT) waiting list** compared to Camden
- **High social care contacts** compared to Camden (*lower than NCL*)
- **High mental health service contacts** compared to Camden
- **High GP referral rate** compared to Camden
- **High community service contacts** compared to Camden
- **High non-elective admissions** compared to Camden
- **High A&E attendances** compared to Camden

## Outcomes

- **High readmission rate** compared to Camden
- **High avoidable admission rate** compared to Camden
- **Higher blood pressure** out of range (age 25+) than Camden
- **Lower early cancer diagnosis** (60%) than Camden
- **Lower child vaccination uptake** (54% by age 5) than Camden

# East | Segmentation – cost estimates (prototype)

	Patient Split %						Total
	Healthy	Healthy At Risk	Single Illness	Lower Complexity	Higher Complexity	End of Life	
18-44	51%	2%	5%	1%	<1%	<1%	60%
45-64	16%	1%	3%	3%	4%	<1%	27%
65-74	2%	<1%	<1%	1%	2%	<1%	7%
75 plus	<1%	<1%	<1%	<1%	3%	<1%	6%
18+	70%	4%	9%	6%	10%	<1%	100%

Cost per Patient *							Average
Healthy	Healthy At Risk	Single Illness	Lower Complexity	Higher Complexity	End of Life		
£210	£1,000	£890	£830	£1,670	£11,780		£370
£250	£780	£1,170	£820	£1,880	£13,380		£760
£560	£770	£1,640	£1,250	£2,510	£12,550		£1,640
£700	£1,390	£2,960	£1,690	£3,750	£12,740		£2,670
£240	£930	£1,140	£1,040	£2,600	£12,880		£720

Average	75%	3%	7%	5%	8%	<1%
NCL Average	70%	4%	8%	6%	11%	<1%

£190	£890	£1,120	£940	£2,450	£13,700	£480
£240	£910	£1,120	£960	£2,260	£12,590	£630

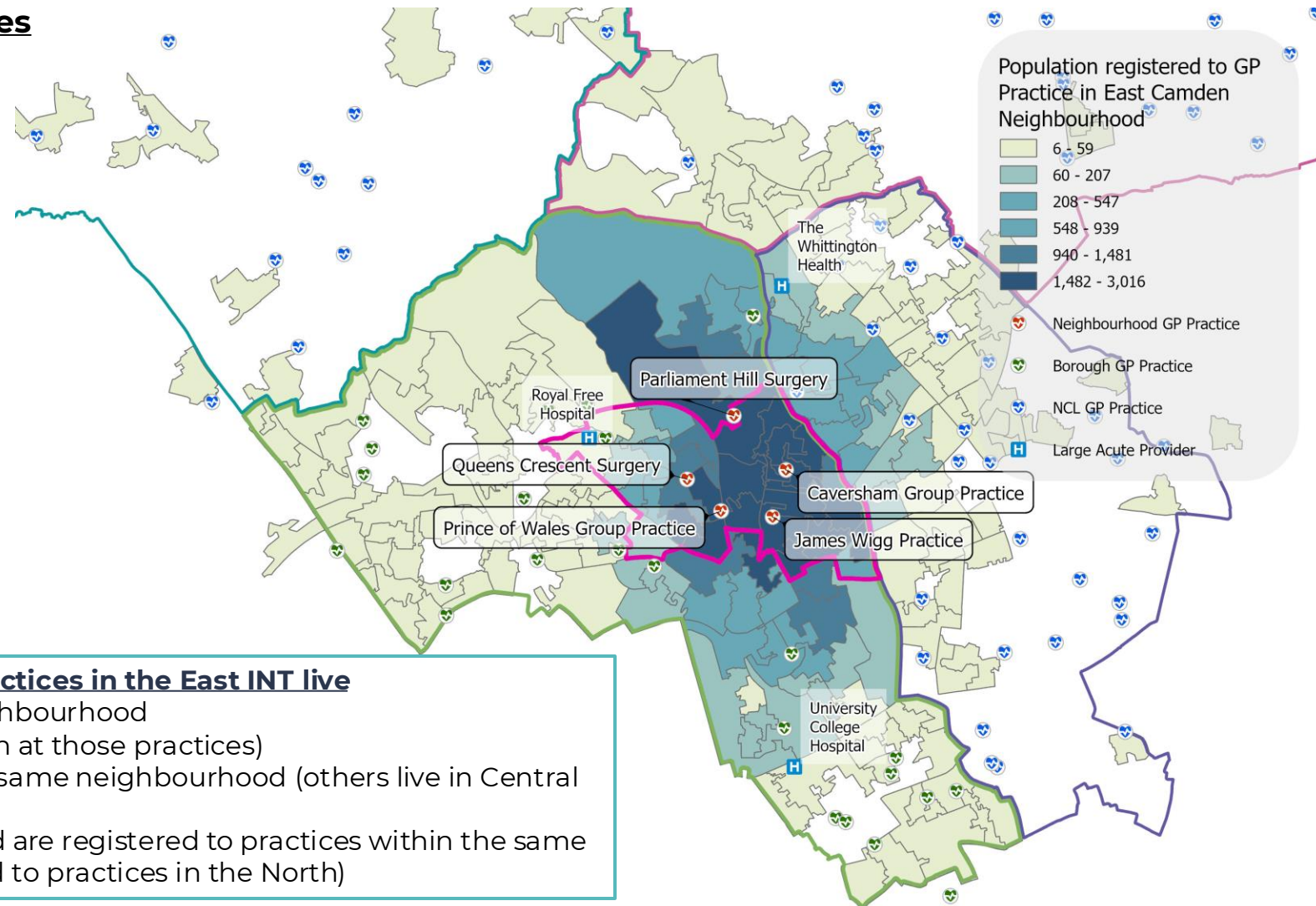
\*Rounded to the nearest £10.

**Note:** We developed the population segmentation groups as a **pilot to demonstrate potential use cases**, using available data—primarily patient demographics, acute care activity, and the LTC LCS dataset, which only includes adults (18+), the sample **covers one-sixth of the NCL population (240k), and focuses on circulatory and respiratory conditions**. Costs in this model reflect acute care activity (inpatient, outpatient, and A&E) during the 2024/25 financial year. Refer to [slide](#) for definitions.

# East | Resident vs GP registered population

## Patients registered to East GP Practices

	Patients registered to East GP practices	
Central	9,722	15%
East	<b>38,065</b>	<b>60%</b>
North	7,082	11%
South	501	1%
West	361	1%
Other NCL	5,838	9%
Non-NCL	1,404	2%
<b>Total</b>	<b>62,973</b>	<b>100%</b>



### Map of where patients registered to GP practices in the East INT live

- 64,589 resident population in the East neighbourhood
- 5 GP practices (62,973 registered population at those practices)
- 60% of those registered are resident in the same neighbourhood (others live in Central & North Camden & North Islington)
- 59% of residents in the East neighbourhood are registered to practices within the same neighbourhood (of note, 20% are registered to practices in the North)

# East | Stocktake summary

## ***Snapshot of existing neighbourhood-based activity taking shape in the East (as of Spring 2025)***

*The East/ Kentish Town has the most developed approach to neighbourhood working in Camden. An 'integrator role' was created in 2023, and has helped shape the programme and progress towards a co-located INT, bringing together the community health and social work teams in the Kentish Town Health Centre and James Wigg Group Practice. Henry Langford from Camden Council has been supporting the development of shared conversations, and the beginnings of shared work around cases staff members perceive as 'difficult' and around shared referral pathways. The work has taken an OD (organisational development) rather than PHM (population health management) approach so far, trialling small innovations led by staff members to build relationships and trust.*

*On the same patch, there is also work going on to bring housing, estates and communities' staff together, solving real life problems residents might have, in a similarly relational way. 'There is also work going on, bringing community groups and activists into an ongoing dialogue under the umbrella of Kentish Town Connects, including some emerging work on loneliness, and the 'River of Hope' initiative, based at the Caversham Group Practice.*

*An evaluation framework has been developed with stakeholders, and support from public health (and was discussed with CICE). It orders outcomes into initial, and more longer term ones, and elevates workforce outcomes to early important indicators that the INT is having a positive impact on ways of working.*

*In 'Working Together' Sessions, East INT staff bring challenges they are facing or complex cases for discussion and support and solutions from the group. Common themes emerging from those sessions include people with hoarding behaviour, people experiencing social isolation, loneliness and loss, and those in mental distress who may be unwilling to engage with services.*

# North Camden

- *Frognal*
- *Hampstead Town*
- *Highgate*
- *Belsize*

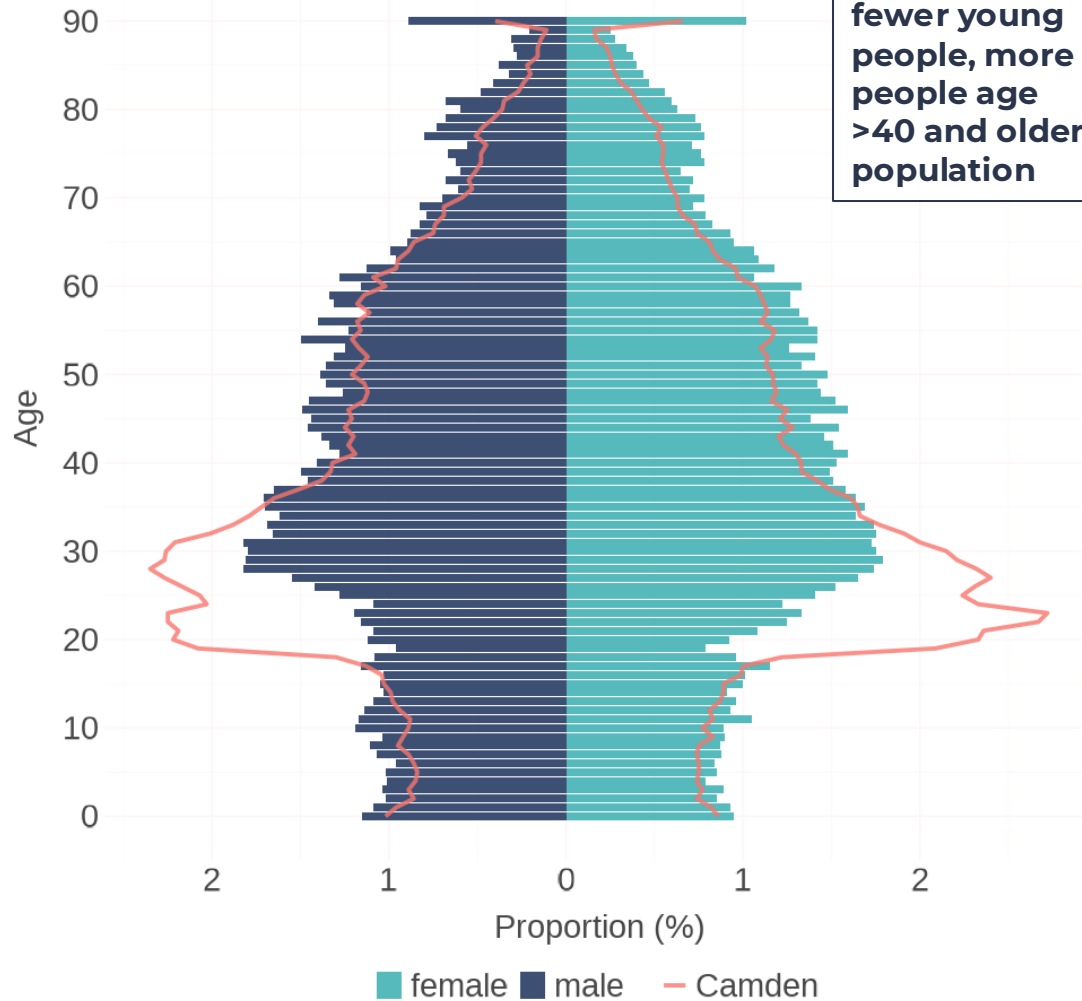
# About North Camden

North Camden, covering the wards of **Frognal**, **Hampstead Town**, **Highgate** and **Belsize**, is one of London's historically **affluent** and picturesque areas, known for its village character, literary and artistic associations and **abundant green space**. The area is defined by its leafy streets, elegant **period housing** and access to **Hampstead Heath**, one of London's largest and most cherished green spaces, with strong **conservation protections**. The area remains culturally rich, with a **strong local identity** and tradition of civic engagement. Economically, North Camden is **predominantly residential**, with a highly **skilled and well-educated** population. There are **high property values** and high streets are lined with cafes and independent boutiques rather than large scale commercial developments. The area has an **ageing population** with **growing health and care needs**, and high numbers of **elderly individuals living alone**. Despite being an area of affluence there are pockets with higher needs particularly within **Highgate**. Tensions continue between approaches to development and conservation.

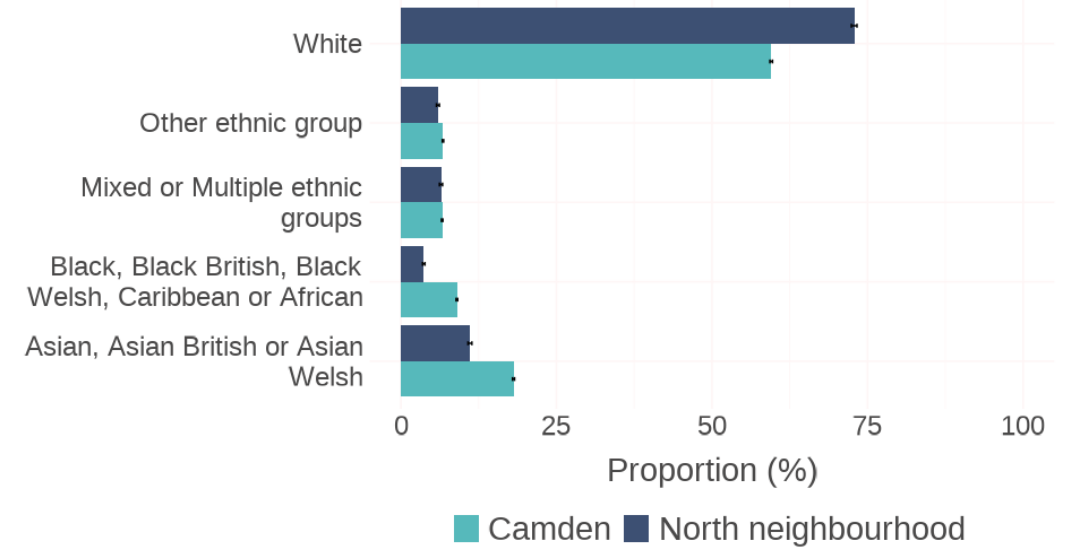


# North | Demography

Population estimate 2025: North neighbourhood



Ethnicity: North neighbourhood



Source: ONS 2021

## Most common 5 narrow ethnic groups (other than White British)

- White: **Other White** (26.7%)
- Other ethnic group: **Any other ethnic group** (4.9%)
- Asian, Asian British or Asian Welsh: **Indian** (3.7%)
- Asian, Asian British or Asian Welsh: **Other Asian** (3.2%)
- Black, Black British, Black Welsh, Caribbean or African: **African** (2.5%)

# North | Wider determinants and health

## Wider determinant indicators

Neighbourhood	Wards	IMD 2019 (5 = Most deprived)	Limited English proficiency %	Living alone age 66+ %	Economic inactivity %	Overcrowded housing %	Disability in households %	Disability %	Unpaid care %	Crime rate Per 1,000 population
North	Belsize	1	1.4	27	28	19	18	10	5.5	74
	Frognal	1	2.0	35	35	10	20	10	6.3	65
	Hampstead Town	1	0.9	38	33	10	21	11	7	103
	Highgate	3	1.3	40	38	13	32	17	9	106

## Health indicators

Neighbourhood	Wards	Overweight Reception %	Overweight Year 6 %	Obesity %	Alcohol %	Smoking %	Bad General Health %	Depression %	Hypertension %	Asthma %
North	Belsize	18	31	10	2.3	12	2.7	8.6	8.0	2.7
	Frognal	10	18	11	1.9	10	2.4	7.6	10	2.7
	Hampstead Town	11	16	9.1	2.5	10	2.5	8.9	11	3.0
	Highgate	18	23	16	6.2	17	5.6	14	13	5.0

Figures colour coded from lowest need (lightest) to highest need (darkest) based on Camden quintiles for each indicator



Source: [Annual Public Health Report 2025](#)

# North | Summary health and wellbeing



The North neighbourhood has **the lowest levels of ill health** across a wide range of outcomes and the **highest levels of affluence** of Camden's neighbourhoods.

All wards follow this trend apart from **Highgate, which has high levels of alcohol dependence, depression, hypertension and asthma** – demonstrating a pocket of need and highlighting the importance of granular data analysis.



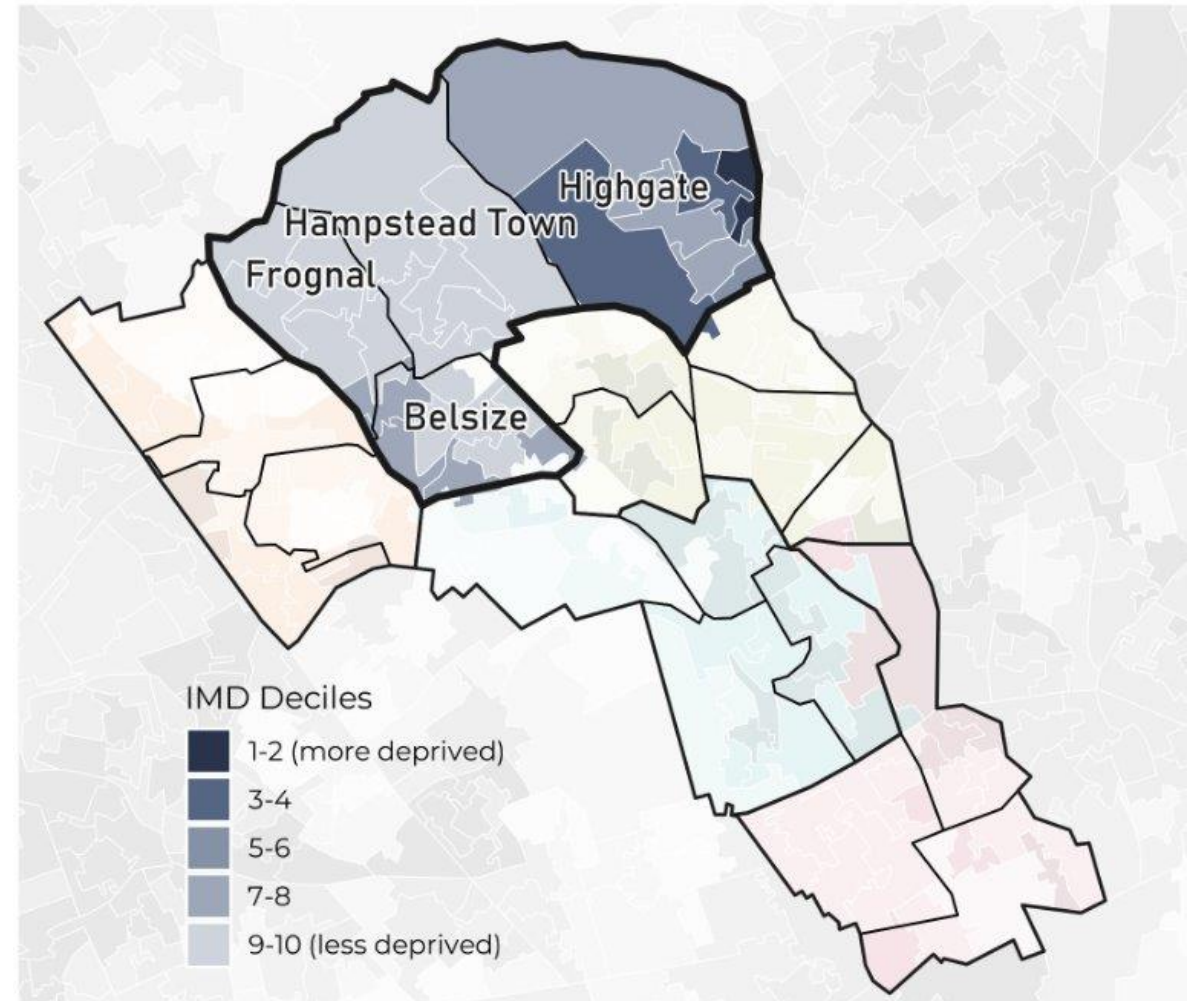
The North of the borough also has **better air quality** and relatively **good access to green space**.

>66

There are, however, higher numbers of residents over age 66 who live alone, which can contribute to **social isolation, and higher prevalence of hypertension**, again reflective of the age demographic.

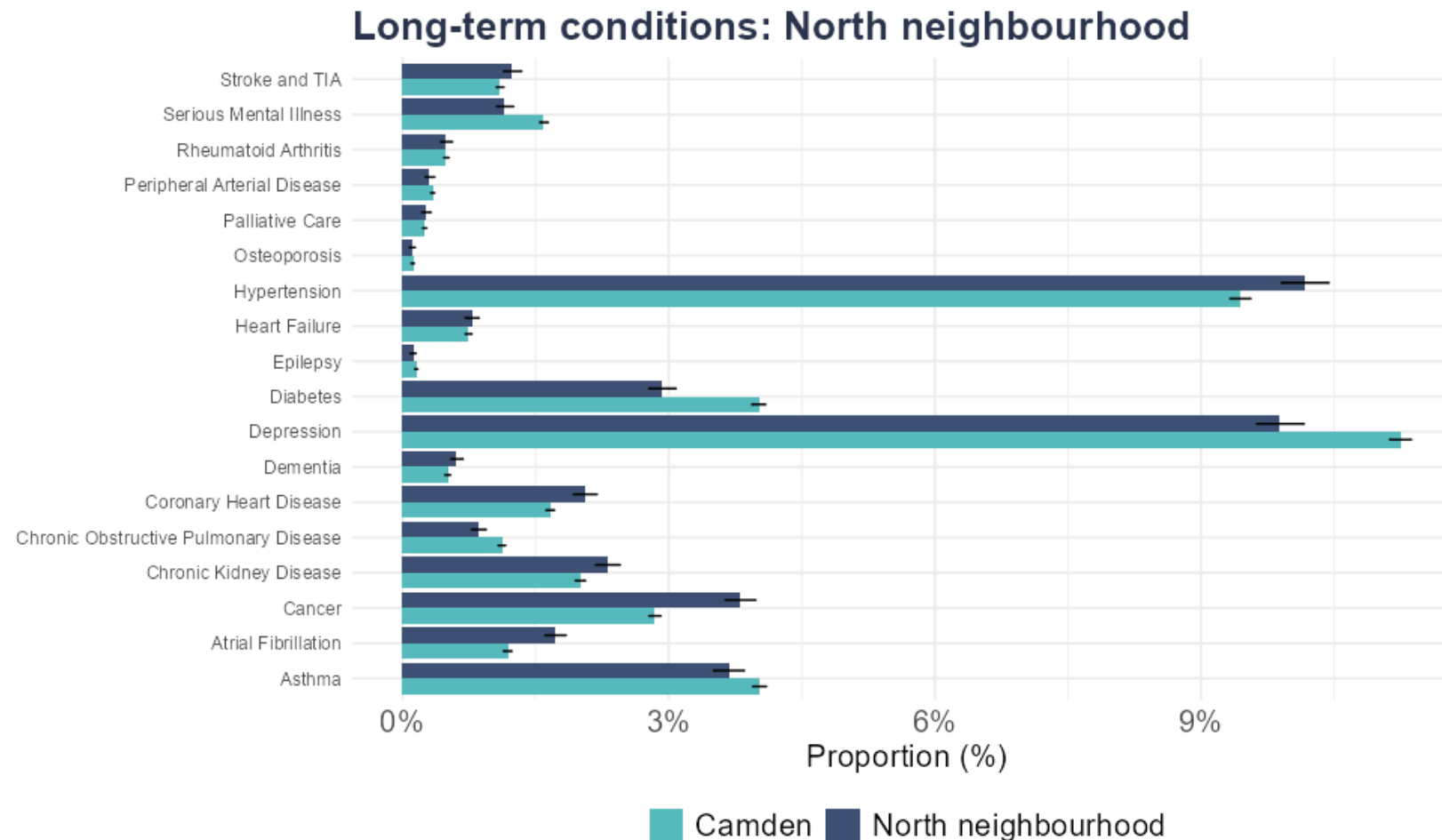


**Life expectancy is generally higher**, and despite the older age demographic, there are **lower levels of disability and unpaid care**.



Source: [Annual Public Health Report 2025](#)

# North | Long term conditions



Source: HealtheIntent

North Camden has higher diagnosed prevalence of **hypertension, heart disease, stroke, AF, chronic kidney disease, and cancer**, than the Camden average.

## Potentially avoidable emergency admissions

The most common conditions associated with potentially avoidable unplanned admissions in 2023/24 were:

- **Cardiovascular:** 60 admissions
- **Respiratory:** 50 admissions
- **Diabetes:** 25 admissions
- **Neurological:** 15 admissions
- **All causes:** 200 potentially avoidable admissions

Methodology: [CCG OIS 2.6](#)

# North | Benchmarking

Indicator	Period	Camden	North	NCL
Healthy segment	April 2024 Snapshot	76.5%	74.8%	70.5%
Healthy at Risk segment	April 2024 Snapshot	3.55%	4.04%	4.4%
Single LTC segment	April 2024 Snapshot	7.38%	6.57%	8.1%
Low Complexity segment	April 2024 Snapshot	5.59%	6.18%	6.5%
High Complexity segment	April 2024 Snapshot	8.6%	8.17%	10.5%
End of Life segment	April 2024 Snapshot	0.216%	0.24%	0.237%
Language % Not English	2nd May 25 Snapshot	20%	14%	20.1%
Ethnicity is not 'White British' or 'Unknown'	27th June 25 Snapshot	67.1%	58%	65.3%
Aged 65+	26th June 25 Snapshot	10.4%	14.5%	12%
Aged 75+	26th June 25 Snapshot	4.78%	7.36%	5.46%
Homeless	8th May 25 Snapshot	300 Rate per 100,000	98.3 Rate per 100,000	117 Rate per 100,000
Births	Jan - Dec 24	60.3 Rate per 10,000	76.9 Rate per 10,000	81.3 Rate per 10,000
Deaths	Jan - Dec 24	32.7 Rate per 10,000	39.3 Rate per 10,000	42.3 Rate per 10,000

Indicator	Period	Camden	North	NCL
In most deprived quintile	8th May 25 Snapshot	16.6%	3%	21.1%
Alcohol Dependency	2nd May 25 Snapshot	2.8%	3%	2.33%
Current Smokers	2nd May 25 Snapshot	13.2%	10%	14.9%
Obese	2nd May 25 Snapshot	14%	11%	19.1%

**Higher proportion of older adults. Low levels of deprivation and behavioural risk factors are generally low.**

For rows where the comparison column retains its grey background, the statistical significance of the difference between its value and the values in other cells within the same row has been assessed. The colours must be interpreted as follows:

■ ■ ■ = Significantly worse | Statistically similar | Significantly better  
■ ■ ■ = Significantly lower | Statistically similar | Significantly higher

For rows where the comparison column has a different background colour, the gradients should be interpreted as follows:

■ ■ ■ ■ = Worst to Best within each row (continuum)

# North | Benchmarking

Indicator	Period	Camden	North	NCL
GP appointments (inc. DNA)	2nd May 25 Snapshot	3.96 Average	3.83 Average	4.03 Average
Unique patients on RTT waiting list	27th Apr 25 snapshot	81.4 Rate per 1,000	83.9 Rate per 1,000	91.1 Rate per 1,000
RTT waiting list	27th Apr 25 snapshot	97.7 Rate per 1,000	103 Rate per 1,000	114 Rate per 1,000
Social care users	2023/24	12 Rate per 1,000	9.49 Rate per 1,000	21.1 Rate per 1,000
Mental health service contacts	2024/25	26,100 Rate per 100,000	22,400 Rate per 100,000	21,200 Rate per 100,000
GP Referral	2024/25	298 Rate per 1,000	302 Rate per 1,000	313 Rate per 1,000
Community service contacts	2024/25	785 Rate per 1,000	706 Rate per 1,000	812 Rate per 1,000
Non-elective admissions	2024/25	34.9 Rate per 1,000	35.4 Rate per 1,000	43.4 Rate per 1,000
A&E attendances	2024/25	236 Rate per 1,000	213 Rate per 1,000	232 Rate per 1,000

**Usage of services is similar or lower than average though waiting lists (RTT) are higher. Outcomes are generally better, though fewer cancers are diagnosed early.**

Indicator	Period	Camden	North	NCL
Early cancer diagnosis	2023	60.2%	57%	62.6%
Children fully vaccinated by age 5	2nd May 25 Snapshot	54.8%	56%	56.9%
Blood pressure out of range (25+)	2nd May 25 Snapshot	4.2%	4%	5.11%
Readmission (unique patients)	2024/25	454 Rate per 100,000	426 Rate per 100,000	548 Rate per 100,000
Readmissions	2024/25	621 Rate per 100,000	544 Rate per 100,000	753 Rate per 100,000
Avoidable admissions	2024/25	372 Rate per 100,000	279 Rate per 100,000	432 Rate per 100,000

For rows where the comparison column retains its grey background, the statistical significance of the difference between its value and the values in other cells within the same row has been assessed. The colours must be interpreted as follows:

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# North | Healthcare data summary

Healthcare data for patients resident in the North neighbourhood (registered to any GP practice in NCL):

## Long Term Conditions

- 14% of long term condition cohort (18+) are in a risk group
- Higher diagnosed prevalence of **hypertension, heart disease, stroke, AF, chronic kidney disease**, and **cancer** compared to Camden

## Segmentation

- Segmentation – 75% “healthy” – lower than Camden (*higher than NCL*)
- **High rates in “healthy at risk” and “low complexity” segments** compared to Camden

## Risk Factors

- **Low deprivation** (3% in most deprived quintile) compared to Camden (17%)
- **Low smoking** (10%) compared to Camden (13%)
- **Low obesity** (11% obese/severely obese) compared to Camden (14%)
- **Low homeless rate** relative to Camden

## Service Utilisation

- **High Referral To Treatment (RTT) waiting list** compared to Camden (*lower than NCL*)
- **Low A&E attendances** compared to Camden
- Lower rates of GP appointments compared to Camden
- Lower social care contacts
- Lower mental health service contacts (*higher than NCL*)
- Lower community service contacts compared to Camden

## Outcomes

- **Low early cancer diagnosis (57%)** compared to Camden
- Higher childhood vaccination uptake (56% by age 5) than Camden
- Lower readmission rate than Camden
- Lower avoidable admission rate than Camden

# North | Segmentation – cost estimates (prototype)

	Patient Split %						Total
	Healthy	Healthy At Risk	Single Illness	Lower Complexity	Higher Complexity	End of Life	
18-44	44%	1%	3%	<1%	<1%	<1%	49%
45-64	25%	2%	2%	2%	2%	<1%	33%
65-74	4%	<1%	<1%	1%	2%	<1%	9%
75 plus	2%	<1%	<1%	2%	4%	<1%	9%
18+	75%	4%	7%	6%	8%	<1%	100%

Average	75%	3%	7%	5%	8%	<1%
NCL Average	70%	4%	8%	6%	11%	<1%

Cost per Patient *						
Healthy	Healthy At Risk	Single Illness	Lower Complexity	Higher Complexity	End of Life	Average
£170	£870	£990	£810	£1,210	£13,470	£290
£170	£540	£910	£620	£1,860	£11,540	£480
£360	£560	£1,730	£900	£1,860	£7,720	£1,010
£490	£1,130	£2,000	£1,080	£3,060	£12,450	£2,230
£190	£720	£1,160	£840	£2,380	£11,170	£560

£190	£890	£1,120	£940	£2,450	£13,700	£480
£240	£910	£1,120	£960	£2,260	£12,590	£630

\*Rounded to the nearest £10.

**Note:** We developed the population segmentation groups as a **pilot to demonstrate potential use cases**, using available data—primarily patient demographics, acute care activity, and the LTC LCS dataset, which only includes adults (18+), the sample **covers one-sixth of the population (240k), and focuses on circulatory and respiratory conditions**. Costs in this model reflect acute care activity (inpatient, outpatient, and A&E) during the 2024/25 financial year. Refer to [slide](#) for definitions.

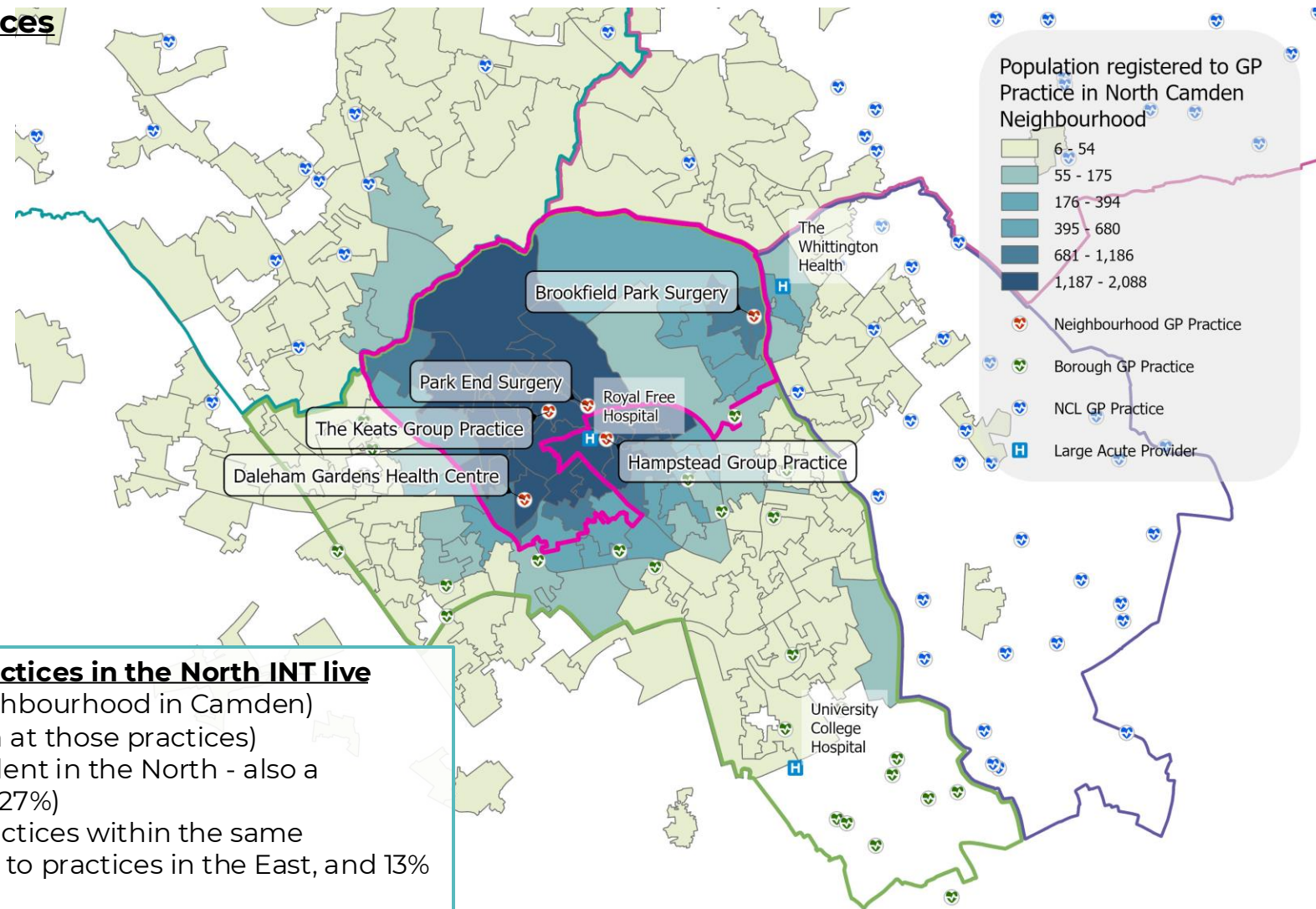
# North | Resident vs GP registered population

## Patients registered to North GP Practices

	Patients registered to North GP practices	
Central	1,389	3%
East	13,087	27%
North	<b>28,385</b>	<b>59%</b>
South	107	0%
West	1,411	3%
Other NCL	2,384	5%
Non-NCL	1,356	3%
<b>Total</b>	<b>48,119</b>	<b>100%</b>

### Map of where patients registered to GP practices in the North INT live

- 51,628 resident population in (smallest neighbourhood in Camden)
- 5 GP Practices (48,119 registered population at those practices)
- 59% of the registered patients are also resident in the North - also a significant proportion are in East Camden (27%)
- 55% of North residents are registered to practices within the same neighbourhood (of note, 14% are registered to practices in the East, and 13% are registered to practices in Central)



# North | Stocktake summary

## ***Snapshot of existing neighbourhood-based activity taking shape in the North (as of Spring 2025)***

*Hampstead Group Practice are leading integration work across two clinical pathways (heart failure and COPD) and around end of life. They are working with Marie Curie, and with consultants from the Royal Free on MDTs to make decisions about joined up proactive care plans for their most complex patients, which are then taken forward by an experienced Physician Associate, in conversations with the patients in question. The former is more community nursing based, the latter, more secondary care led. Both have benefited from the relationships and trust that have been built between different members of the care team, who now just contact each other about patients they need to discuss, without always having to loop through the GP or needing formal referrals. The practices in their PCN are also working through all their care home patients to ensure good ACPs are in place, again with the help of Marie Curie. Funding for these pieces of work has run out.*

*The ICB have also acquired the Roy Shaw building, with a view to bringing it to bear on the neighbourhood ambition in the North of the Borough. Given the ongoing work on community based end of life support, with Marie Curie, and the collaboration between the Hampstead Group Practice and the Royal Free on a number of LTCs, it might be possible to build a 'LTCs hub' out of this building.*

*The PCNs involved in this work are not coterminous with the neighbourhood footprints, which is something that would need some thinking through.*

# South

- *Bloomsbury*
- *Kings Cross*
- *Holborn and Covent Garden*

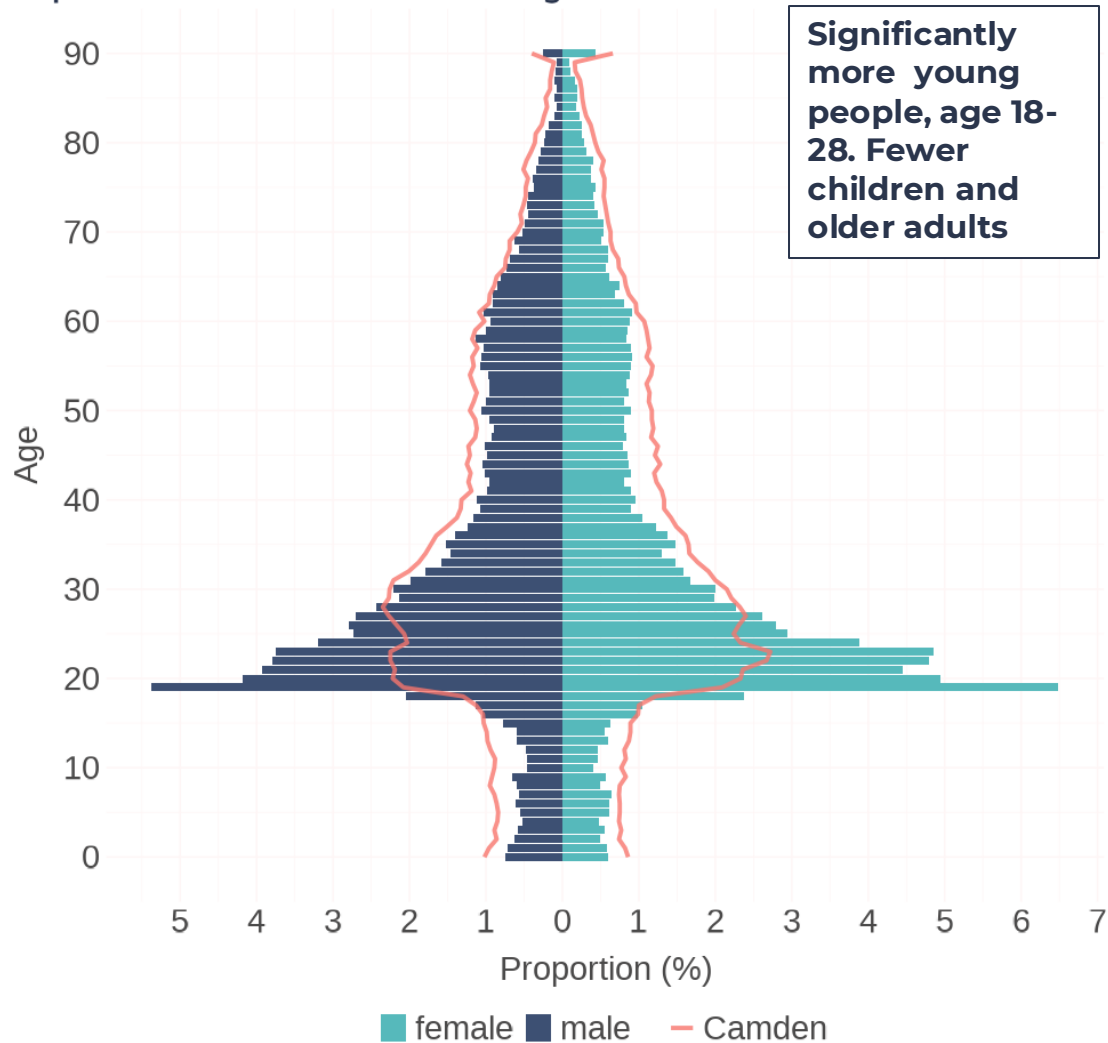
# About South Camden

Encompassing the wards of **Bloomsbury, Kings Cross, and Holborn and Covent Garden**, South Camden is a vibrant and historic part of central London, with a legacy of **academic and cultural prominence**. The area is known for its distinctive blend of historic architecture, green squares and modern **urban regeneration**, and as a major **transportation hub**. The Kings Cross area, once dominated by industry and decline, has undergone ambitious redevelopment, transforming it into a nucleus for the **tech, life sciences and creative industries**. World-renowned universities and hospitals exist alongside bustling retail and hospitality sectors. The area is **socially and economically diverse** with a high **daytime population** and a highly **transient** and international population, including high numbers of **students**. The area contains significant **social housing and disparities** between affluent newcomers and **longstanding communities**. It faces challenges relating to its dense urban environment, including **housing demand and affordability** and **air quality**.

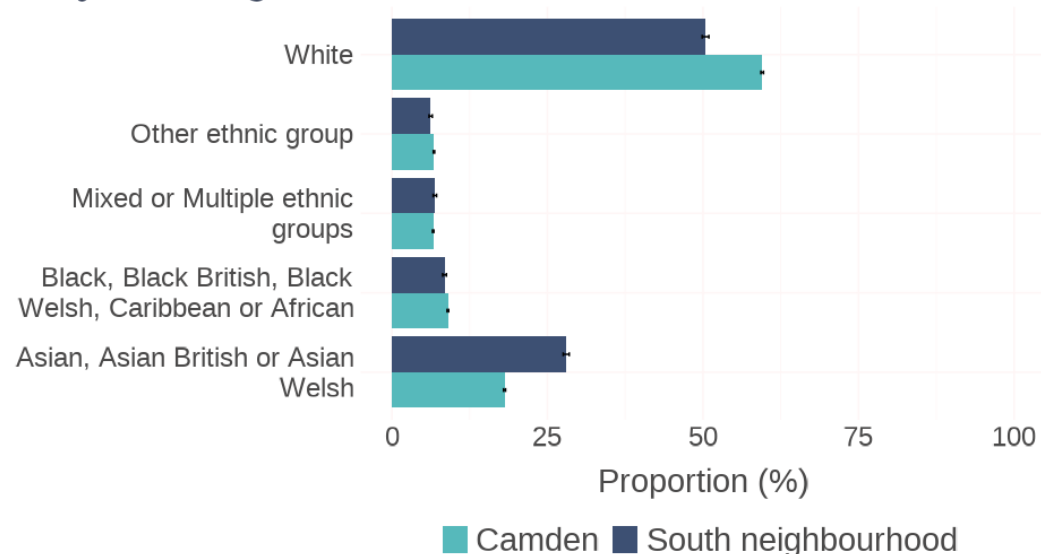


# South | Demography

Population estimate 2025: South neighbourhood



Ethnicity: South neighbourhood



Source: ONS 2021

## Most common 5 narrow ethnic groups (other than White British)

- White: **Other White** (20.1%)
- Asian, Asian British or Asian Welsh: **Bangladeshi** (10.5%)
- Asian, Asian British or Asian Welsh: **Chinese** (7.9%)
- Black, Black British, Black Welsh, Caribbean or African: **African** (6.4%)
- Asian, Asian British or Asian Welsh: **Other Asian** (4.7%)



North Central London  
Health and Care  
Integrated Care System



# South | Wider determinants and health

## Wider determinant indicators

Neighbourhood	Wards	IMD 2019 (5 = Most deprived)	Limited English proficiency %	Living alone age 66+ %	Economic inactivity %	Overcrowded housing %	Disability in households %	Disability %	Unpaid care %	Crime rate Per 1,000 population
South	Bloomsbury	3	3.0	22	51	26	26	16	6.4	532
	Holborn & Covent Garden	3	3.5	23	41	24	29	17	8.1	546
	King's Cross	4	4.4	20	48	25	29	16	6.8	257

## Health indicators

Neighbourhood	Wards	Overweight Reception %	Overweight Year 6 %	Obesity %	Alcohol %	Smoking %	Bad General Health %	Depression %	Hypertension %	Asthma %
South	Bloomsbury	16	45	8.5	1.9	10	4.6	8.4	5.5	2.1
	Holborn, Covent Garden	10	38	13	2.5	14	6.7	11	9.5	3.2
	King's Cross	25	25	12	1.9	12	5.1	10	6.6	2.8

Figures colour coded from lowest need (lightest) to highest need (darkest)  
Based on Camden quintiles for each indicator



Source: [Annual Public Health Report 2025](#)

# South | Summary health and wellbeing



The South neighbourhood has **high levels of economic inactivity**, which may be reflective of the large student population living in this part of the borough.



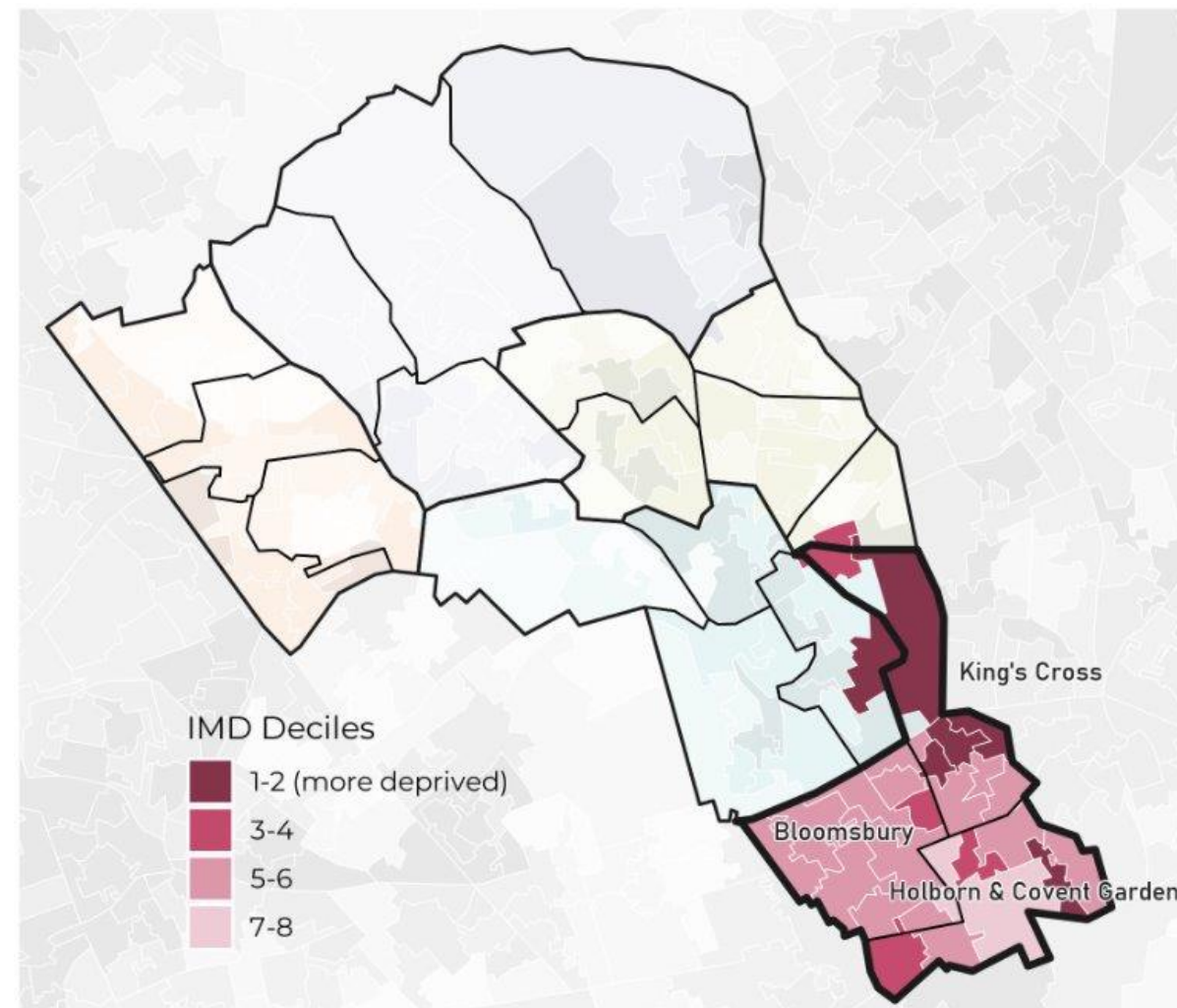
It also has relatively **high levels of overcrowded housing**. The South of the borough experiences the **highest exposure to air pollution**.



The South neighbourhood has the highest proportions of **households with children living in relative poverty**.

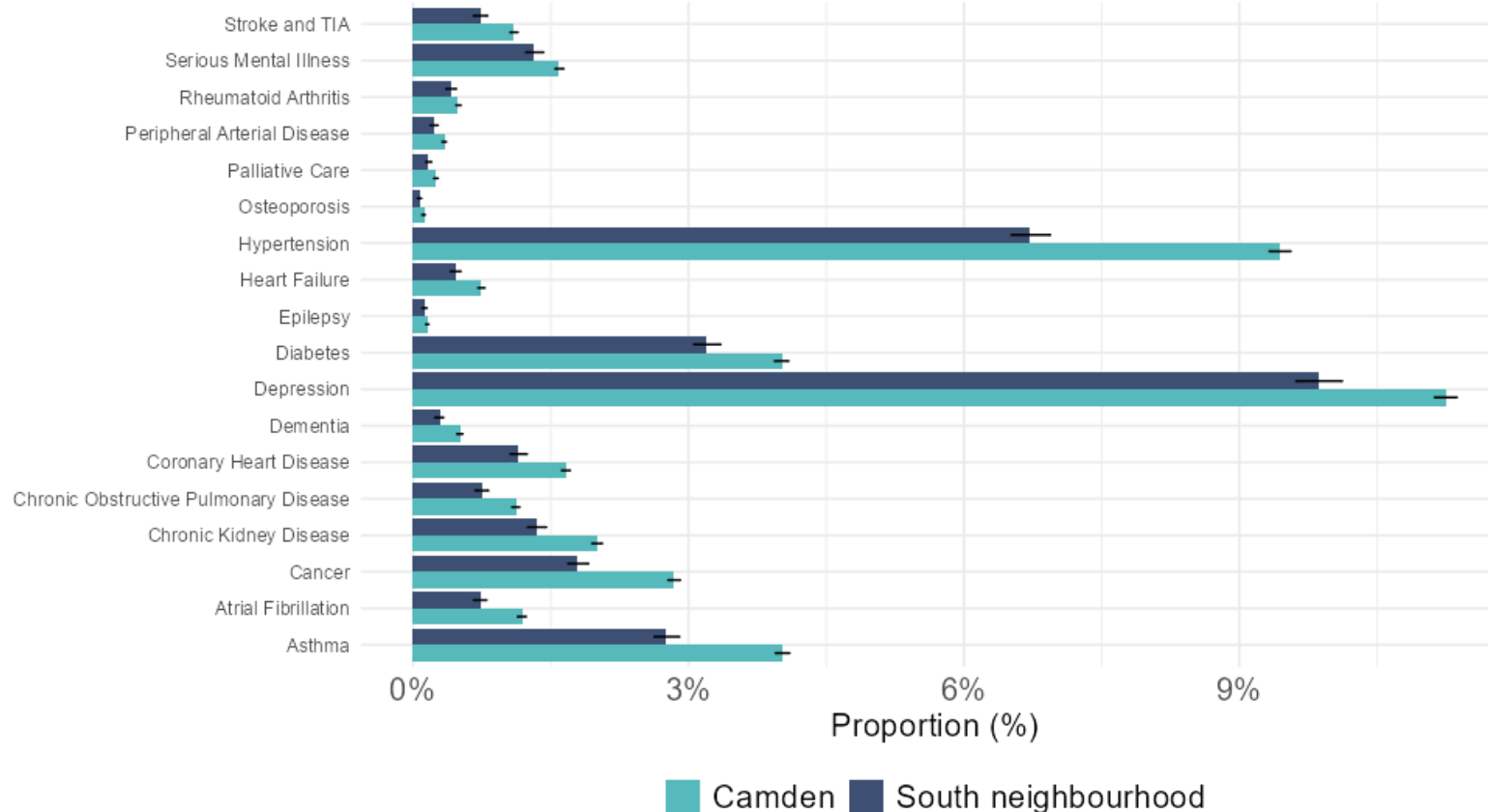


In addition to **large Bangladeshi populations** in Holborn & Covent Garden (14%) and Kings Cross (13%), there are **significant Chinese populations** in Bloomsbury (9.3%) and King's Cross (7.7%).



# South | Long term conditions

Long-term conditions: South neighbourhood



Source: HealthIntent

## Potentially avoidable emergency admissions

The most common conditions associated with potentially avoidable unplanned admissions in 2023/24 were:

- **Cardiovascular:** 70 admissions
- **Respiratory:** 70 admissions
- **Diabetes:** 25 admissions
- **Neurological:** 20 admissions
- **All causes:** 200 potentially avoidable admissions

Methodology: [CCG OIS 2.6](#)

South Camden has **lower diagnosed prevalence** of most long term conditions (reflective of the younger age demographic)

# South | Benchmarking

Indicator	Period	Camden	South	NCL
Healthy segment	April 2024 Snapshot	76.5%	82.4%	70.5%
Healthy at Risk segment	April 2024 Snapshot	3.55%	2.35%	4.4%
Single LTC segment	April 2024 Snapshot	7.38%	5.7%	8.1%
Low Complexity segment	April 2024 Snapshot	5.59%	3.59%	6.5%
High Complexity segment	April 2024 Snapshot	8.6%	5.81%	10.5%
End of Life segment	April 2024 Snapshot	0.216%	0.14%	0.237%
Language % Not English	2nd May 25 Snapshot	20%	24%	20.1%
Ethnicity is not 'White British' or 'Unknown'	27th June 25 Snapshot	67.1%	73.4%	65.3%
Aged 65+	26th June 25 Snapshot	10.4%	6.51%	12%
Aged 75+	26th June 25 Snapshot	4.78%	2.75%	5.46%
Homeless	8th May 25 Snapshot	300 Rate per 100,000	390 Rate per 100,000	117 Rate per 100,000
Births	Jan - Dec 24	60.3 Rate per 10,000	28.7 Rate per 10,000	81.3 Rate per 10,000
Deaths	Jan - Dec 24	32.7 Rate per 10,000	17.7 Rate per 10,000	42.3 Rate per 10,000

Indicator	Period	Camden	South	NCL
In most deprived quintile	8th May 25 Snapshot	16.6%	20%	21.1%
Alcohol Dependency	2nd May 25 Snapshot	2.8%	2%	2.33%
Current Smokers	2nd May 25 Snapshot	13.2%	11%	14.9%
Obese	2nd May 25 Snapshot	14%	11%	19.1%

**More live in the healthy segment which is related to having a younger population. Risk factors are generally lower than average. Homelessness is high and a high proportion live in deprived areas.**

For rows where the comparison column retains its grey background, the statistical significance of the difference between its value and the values in other cells within the same row has been assessed. The colours must be interpreted as follows:

= Significantly worse | Statistically similar | Significantly better  
 = Significantly lower | Statistically similar | Significantly higher

For rows where the comparison column has a different background colour, the gradients should be interpreted as follows:

= Worst to Best within each row (continuum)

# South | Benchmarking

Indicator	Period	Camden	South	NCL
GP appointments (inc. DNA)	2nd May 25 Snapshot	3.96 Average	3.42 Average	4.03 Average
Unique patients on RTT waiting list	27th Apr 25 snapshot	81.4 Rate per 1,000	57.3 Rate per 1,000	91.1 Rate per 1,000
RTT waiting list	27th Apr 25 snapshot	97.7 Rate per 1,000	68.1 Rate per 1,000	114 Rate per 1,000
Social care users	2023/24	12 Rate per 1,000	7.05 Rate per 1,000	21.1 Rate per 1,000
Mental health service contacts	2024/25	26,100 Rate per 100,000	19,000 Rate per 100,000	21,200 Rate per 100,000
GP Referral	2024/25	298 Rate per 1,000	207 Rate per 1,000	313 Rate per 1,000
Community service contacts	2024/25	785 Rate per 1,000	436 Rate per 1,000	812 Rate per 1,000
Non-elective admissions	2024/25	34.9 Rate per 1,000	22.6 Rate per 1,000	43.4 Rate per 1,000
A&E attendances	2024/25	236 Rate per 1,000	183 Rate per 1,000	232 Rate per 1,000

**Usage of services is lower than average including lower waiting lists.**  
**Outcomes are generally better though childhood vaccination uptake is significantly poorer than average.**

Indicator	Period	Camden	South	NCL
Early cancer diagnosis	2023	60.2%	67%	62.6%
Children fully vaccinated by age 5	2nd May 25 Snapshot	54.8%	52%	56.9%
Blood pressure out of range (25+)	2nd May 25 Snapshot	4.2%	3%	5.11%
Readmission (unique patients)	2024/25	454 Rate per 100,000	289 Rate per 100,000	548 Rate per 100,000
Readmissions	2024/25	621 Rate per 100,000	451 Rate per 100,000	753 Rate per 100,000
Avoidable admissions	2024/25	372 Rate per 100,000	203 Rate per 100,000	432 Rate per 100,000

For rows where the comparison column retains its grey background, the statistical significance of the difference between its value and the values in other cells within the same row has been assessed. The colours must be interpreted as follows:

■ ■ ■ = Significantly worse | Statistically similar | Significantly better  
■ ■ ■ = Significantly lower | Statistically similar | Significantly higher

For rows where the comparison column has a different background colour, the gradients should be interpreted as follows:

■ ■ ■ ■ = Worst to Best within each row (continuum)

# South | Healthcare data summary

Healthcare data for patients resident in the South neighbourhood (registered to any GP practice in NCL):

## Long Term Conditions

- Only 5% of long term condition cohort (18+) in a risk group
- **Lower diagnosed prevalence of most long term conditions** (reflective of the younger age demographic)

## Segmentation

- Segmentation – 82% “healthy” – higher than Camden (*higher than NCL*) but related to age profile
- Lower rates in all non-“healthy” segments compared to Camden

## Risk Factors

- **High deprivation** (20% in most deprived quintile - Kings X area) compared to Camden (*similar to NCL*)
- **Low obesity (11% obese/severely obese)** compared to Camden
- **Low smoking (11% are current smokers)** compared to Camden
- **Low alcohol dependency (2%)** compared to Camden
- **High pollution levels** compared to Camden (*highest in NCL*)
- **207 homeless patients** – significantly higher than Camden (2nd highest after central Camden)

## Service Utilisation

- **Low A&E attendances** compared to Camden
- **Low Referral To Treatment (RTT) waiting list** compared to Camden
- Lower rates of GP appointments than Camden
- Lower social care contacts than Camden
- Lower mental health service contacts than Camden
- Lower GP referrals than Camden
- Lower community service contacts than Camden
- Lower non-elective admissions than Camden

## Outcomes

- **Low childhood vaccination uptake (52% by age 5)** compared to Camden
- Higher early cancer diagnosis (67%) than Camden
- Lower blood pressure out of range (age 25+) than Camden
- Lower readmission rate than Camden
- Lower avoidable admission rate than Camden

# South | Segmentation – cost estimates (prototype)

	Patient Split %						Total
	Healthy	Healthy At Risk	Single Illness	Lower Complexity	Higher Complexity	End of Life	
18-44	71%	1%	4%	<1%	<1%	<1%	77%
45-64	10%	<1%	1%	2%	2%	<1%	16%
65-74	2%	<1%	<1%	<1%	1%	<1%	4%
75 plus	<1%	<1%	<1%	<1%	2%	<1%	3%
18+	82%	2%	6%	4%	6%	<1%	100%

Cost per Patient *							Average
Healthy	Healthy At Risk	Single Illness	Lower Complexity	Higher Complexity	End of Life		
£100	£1,150	£980	£1,260	£1,260	£38,630		£120
£270	£620	£1,210	£1,090	£1,720	£15,870		£610
£460	£1,080	£1,350	£900	£2,680	£17,270		£1,580
£590	£930	£2,560	£1,700	£3,000	£12,110		£2,170
£130	£970	£1,120	£1,170	£2,280	£17,430		£240

Average	75%	3%	7%	5%	8%	<1%
NCL Average	70%	4%	8%	6%	11%	<1%

£190	£890	£1,120	£940	£2,450	£13,700	£480
£240	£910	£1,120	£960	£2,260	£12,590	£630

\*Rounded to the nearest £10.

**Note:** We developed the population segmentation groups as a **pilot to demonstrate potential use cases**, using available data—primarily patient demographics, acute care activity, and the LTC LCS dataset, which only includes adults (18+), the sample **covers one-sixth of the population (240k)**, and **focuses on circulatory and respiratory conditions**. Costs in this model reflect acute care activity (inpatient, outpatient, and A&E) during the 2024/25 financial year. Refer to [slide](#) for definitions.

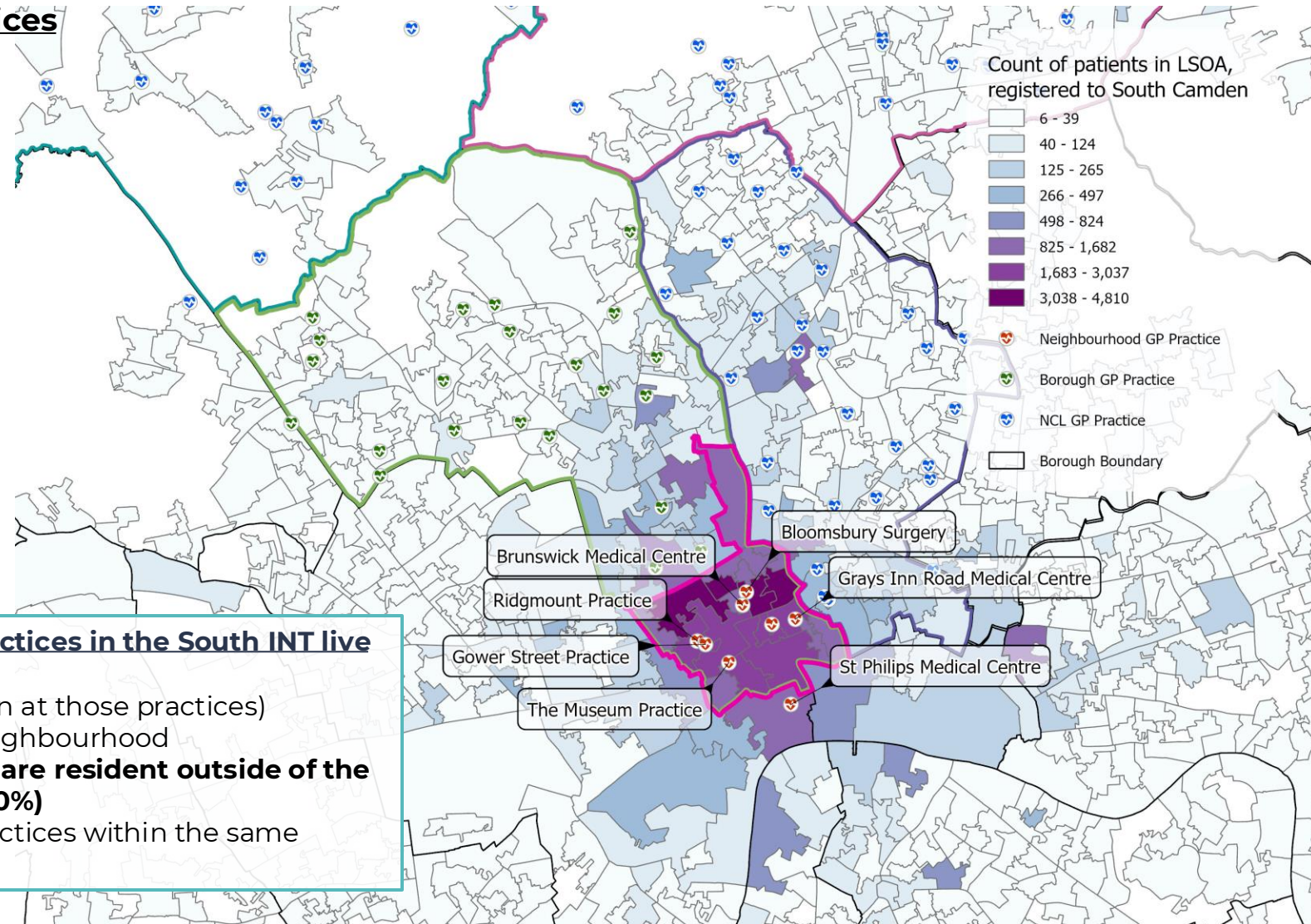
# South | Resident vs GP registered population

## Patients registered to South GP Practices

	Patients registered to South GP practices	
Central	6,413	7%
East	2,127	2%
North	316	0%
South	<b>44,013</b>	<b>47%</b>
West	463	0%
Other NCL	13,058	14%
Non-NCL	27,877	30%
<b>Total</b>	<b>94,267</b>	<b>100%</b>

### Map of where patients registered to GP practices in the South INT live

- 61,595 resident pop
- 7 GP Practices (94,267 registered population at those practices)
- 47% registered are resident in the same neighbourhood
- **High proportion of registered population are resident outside of the neighbourhood (23%) and outside NCL (30%)**
- 71% of South residents are registered to practices within the same neighbourhood



# South | Stocktake summary

## ***Snapshot of existing neighbourhood-based activity taking shape in the South (as of Spring 2025)***

*The South neighbourhood is dominated by one large PCN, with more than 80k patients (only two GP practices are outside of this PCN). The PCN has also set itself up as a GP federation, Camden Health Evolution, which is pooling all Additional Roles funding and creating at scale services for the patients it serves. Many of these services are integrated with other providers, including in the Camden Central neighbourhood, taking a population, rather than practice-based approach: A mental health integration project supported nurses working for NLFT to take health checks for people living with SMI into community centres, a prevention project is taking health and wellbeing advisors into community centres in Somerstown and Holborn. A multi disciplinary GP led anticipatory care team is working with over 100 housebound patients, reducing hospital admissions and admissions to the Camden virtual ward. There are also collaborations with UCLH on ear syringing and on rectal pathology, reducing referrals to specialist services by over 80%.*

*Provided funding, these services could be rolled out to the whole neighbourhood population, or even beyond (some services are currently being provided to Haringey patients); they could also be located in a community health centre (Hunter Street), rather than in GP practices.*

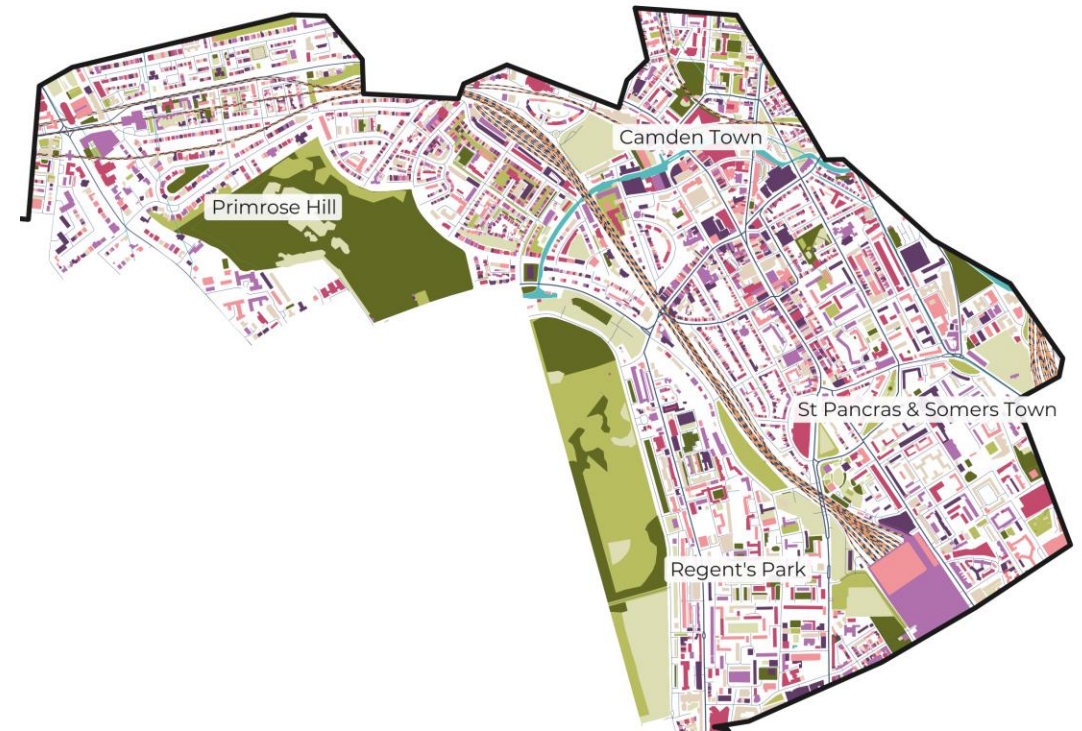
*All this activity could form a very plausible starting point for an INT with a strong primary care leadership ethos. Working outwards from some cohort specific and some general interventions would allow to bring more of the wider 'INT workforce' (community services, ASC, VCSE, hospital specialist) into more regular contact with each other, thus creating further opportunities for collaboration and partnership.*

# Central

- *Camden Town*
- *Primrose Hill*
- *Regent's Park*
- *St Pancras Somers Town*

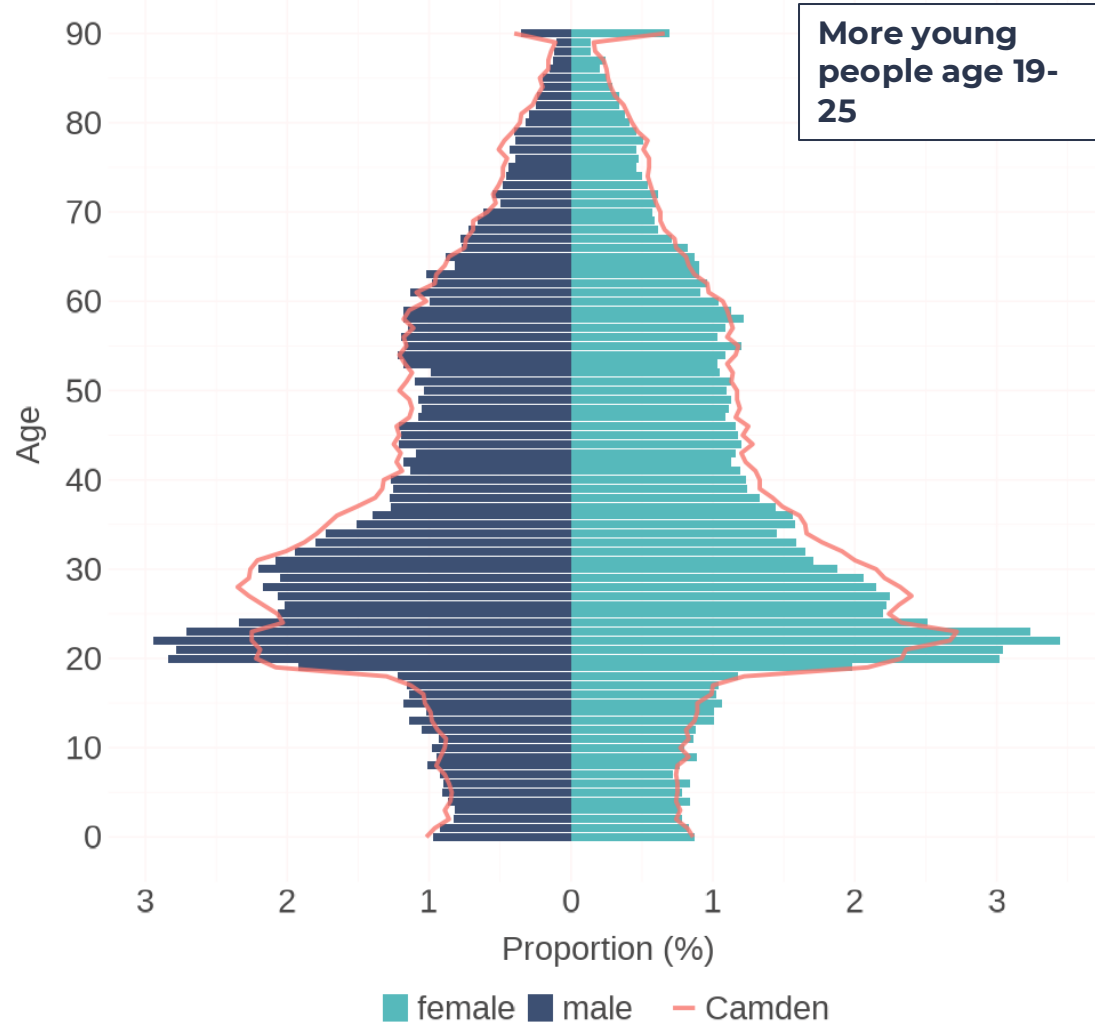
# About Central Camden

Central Camden - consisting of the wards **Camden Town, Primrose Hill, Regents Park** and **St Pancras & Somers Town** - is known for its **cultural energy, social contrasts and historic urban fabric**. **Camden Town** is the area's beating heart, globally recognised for its **alternative culture**, live music, **markets and street life**. **Primrose Hill** to the West offers a sharp contrast, an **affluent, leafy** area with elegant Victorian terraces. **Regents Park** adds a large expanse of urban green space and is home to longstanding institutions, while **St Pancras and Somers Town** reflects the area's historically working-class and multicultural history. It remains home to **strong local communities** and extensive **social housing**, though **regeneration** and biomedical campuses are reshaping the area. As a whole, Central Camden is marked by its **socioeconomic and ethnic diversity**, with tourist hotspots, vibrant street culture, areas of **deprivation** and **major institutions**. Well-connected by public transport and a **strong visitor economy**, it also **faces pressures** from inequality, housing demand and environmental concerns.

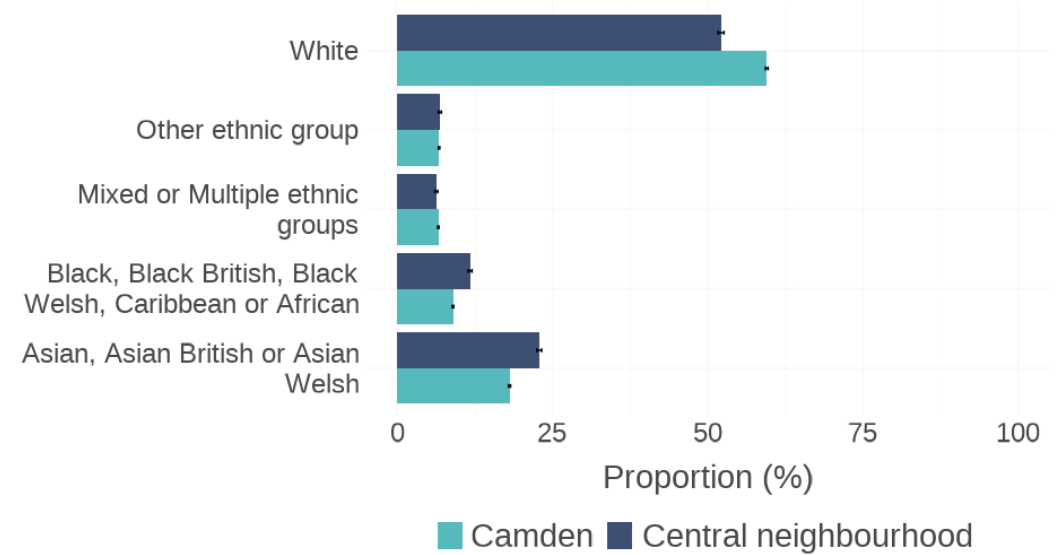


# Central | Demography

Population estimate 2025: Central neighbourhood



Ethnicity: Central neighbourhood



Source: ONS 2021

## Most common 5 narrow ethnic groups (other than White British)

- White: **Other White** (18.3%)
- Asian, Asian British or Asian Welsh: **Bangladeshi** (11.2%)
- Black, Black British, Black Welsh, Caribbean or African: **African** (9.2%)
- Other ethnic group: **Any other ethnic group** (4.6%)
- Asian, Asian British or Asian Welsh: **Other Asian** (4.6%)

# Central | Wider determinants and health

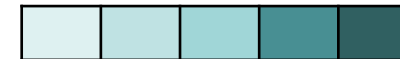
## Wider determinant indicators

Neighbourhood	Wards	IMD 2019 (5 = Most deprived)	Limited English proficiency %	Living alone age 66+ %	Economic inactivity %	Overcrowded housing %	Disability in households %	Disability %	Unpaid care %	Crime rate Per 1,000 population
Central	Camden Town	5	3.9	16	39	23	31	17	8.1	552
	Primrose Hill	1	2.5	37	37	18	24	13	7.1	86
	Regent's Park	5	4	24	43	28	31	16	7.6	199
	St Pancras Somers Town	5	4.3	24	47	29	37	19	8.1	142

## Health indicators

Neighbourhood	Wards	Overweight Reception %	Overweight Year 6 %	Obesity %	Alcohol %	Smoking %	Bad General Health %	Depression %	Hypertension %	Asthma %
Central	Camden Town	8.9	50	17	3.5	19	5.0	13	9.2	4.4
	Primrose Hill	15	40	13	3.4	13	4.4	9.3	10	3.4
	Regent's Park	15	39	17	2.3	16	5.5	11	9.4	4.1
	St Pancras, Somers Town	19	41	18	2.6	16	7.3	12	9.3	4.4

Figures colour coded from lowest need (lightest) to highest need (darkest)  
Based on Camden quintiles for each indicator



Source: [Annual Public Health Report 2025](#)

# Central | Summary health and wellbeing

The Central neighbourhood demonstrates **variability between wards**.



Camden Town and St Pancras and Somers Town, **areas with higher deprivation**, have high levels of crime, household overcrowding, disability, limited English proficiency, and experience **poorer health outcomes**.

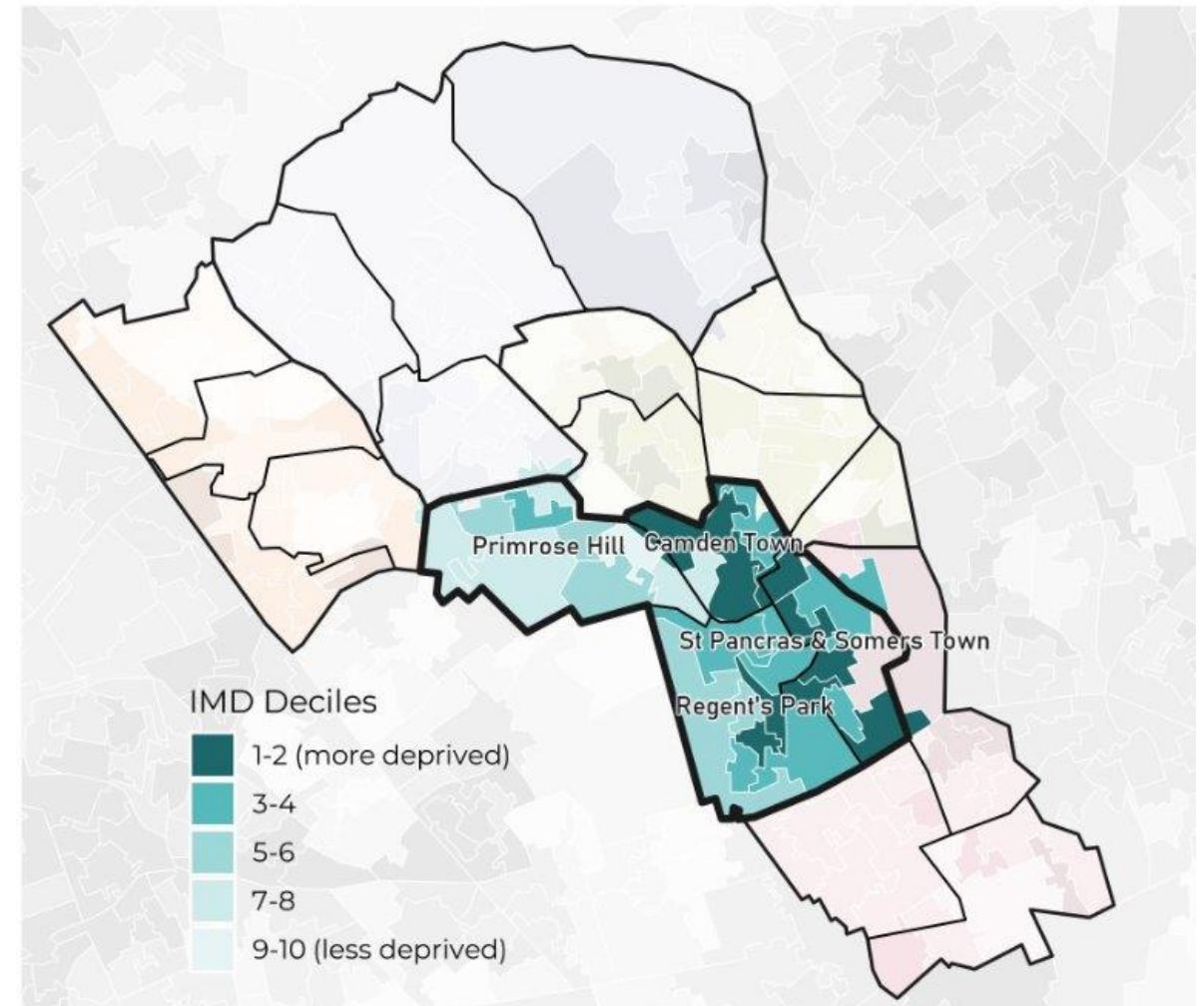
By comparison, Primrose Hill ward has **lower levels of deprivation** and experiences **better health outcomes** across a range of indicators.



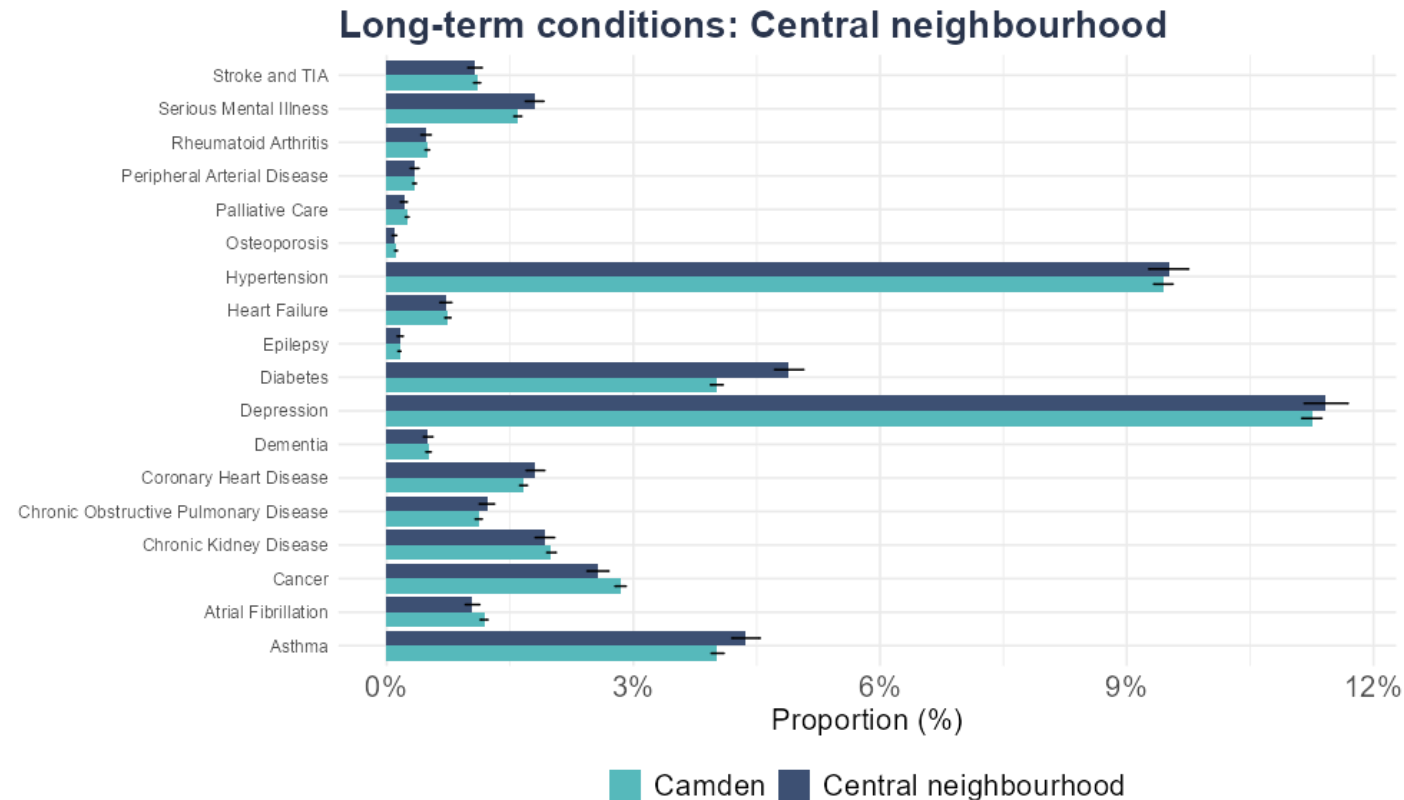
**Childhood obesity levels in Year 6 are high** across all wards in Central Camden, which may be reflective of lower access to healthy food.



St Pancras and Somers Town, Regents Park and Camden Town have **significant Bangladeshi populations** (9-17% of residents) and **Black African populations** (9.3-12%)



# Central | Long term conditions



Source: HealthIntent

## Potentially avoidable emergency admissions

The most common conditions associated with potentially avoidable unplanned admissions in 2023/24 were:

- **Cardiovascular:** 115 admissions
- **Respiratory:** 100 admissions
- **Neurological:** 25 admissions
- **Diabetes:** 20 admissions
- **All causes:** 275 potentially avoidable admissions

Methodology: [CCG OIS 2.6](#)

Central Camden has higher diagnosed prevalence of **diabetes , asthma and serious mental illness**, and lower prevalence of cancer, than the Camden average

# Central | Benchmarking

Indicator	Period	Camden	Central	NCL
Healthy segment	April 2024 Snapshot	76.5%	74.2%	70.5%
Healthy at Risk segment	April 2024 Snapshot	3.55%	3.4%	4.4%
Single LTC segment	April 2024 Snapshot	7.38%	7.55%	8.1%
Low Complexity segment	April 2024 Snapshot	5.59%	5.54%	6.5%
High Complexity segment	April 2024 Snapshot	8.6%	9.13%	10.5%
End of Life segment	April 2024 Snapshot	0.216%	0.19%	0.237%
Language % Not English	2nd May 25 Snapshot	20%	20%	20.1%
Ethnicity is not 'White British' or 'Unknown'	27th June 25 Snapshot	67.1%	70.7%	65.3%
Aged 65+	26th June 25 Snapshot	10.4%	9.7%	12%
Aged 75+	26th June 25 Snapshot	4.78%	4.19%	5.46%
Homeless	8th May 25 Snapshot	300 Rate per 100,000	696 Rate per 100,000	117 Rate per 100,000
Births	Jan - Dec 24	60.3 Rate per 10,000	58.3 Rate per 10,000	81.3 Rate per 10,000
Deaths	Jan - Dec 24	32.7 Rate per 10,000	29.4 Rate per 10,000	42.3 Rate per 10,000

Indicator	Period	Camden	Central	NCL
In most deprived quintile	8th May 25 Snapshot	16.6%	33%	21.1%
Alcohol Dependency	2nd May 25 Snapshot	2.8%	3%	2.33%
Current Smokers	2nd May 25 Snapshot	13.2%	14%	14.9%
Obese	2nd May 25 Snapshot	14%	15%	19.1%

**Homelessness and deprivation is very high, as are rates of alcohol dependency, smoking and obesity.**

For rows where the comparison column retains its grey background, the statistical significance of the difference between its value and the values in other cells within the same row has been assessed. The colours must be interpreted as follows:

= Significantly worse | Statistically similar | Significantly better  
= Significantly lower | Statistically similar | Significantly higher

For rows where the comparison column has a different background colour, the gradients should be interpreted as follows:

= Worst to Best within each row (continuum)

# Central | Benchmarking

Indicator	Period	Camden	Central	NCL
GP appointments (inc. DNA)	2nd May 25 Snapshot	3.96 Average	3.89 Average	4.03 Average
Unique patients on RTT waiting list	27th Apr 25 snapshot	81.4 Rate per 1,000	83.9 Rate per 1,000	91.1 Rate per 1,000
RTT waiting list	27th Apr 25 snapshot	97.7 Rate per 1,000	95.4 Rate per 1,000	114 Rate per 1,000
Social care users	2023/24	12 Rate per 1,000	12.7 Rate per 1,000	21.1 Rate per 1,000
Mental health service contacts	2024/25	26,100 Rate per 100,000	27,600 Rate per 100,000	21,200 Rate per 100,000
GP Referral	2024/25	298 Rate per 1,000	302 Rate per 1,000	313 Rate per 1,000
Community service contacts	2024/25	785 Rate per 1,000	866 Rate per 1,000	812 Rate per 1,000
Non-elective admissions	2024/25	34.9 Rate per 1,000	35.5 Rate per 1,000	43.4 Rate per 1,000
A&E attendances	2024/25	236 Rate per 1,000	280 Rate per 1,000	232 Rate per 1,000

**Usage of services is mixed with lower GP appointments but higher A&E attendances, mental health and community service contacts. Outcomes are generally worse apart from readmissions**

Indicator	Period	Camden	Central	NCL
Early cancer diagnosis	2023	60.2%	56%	62.6%
Children fully vaccinated by age 5	2nd May 25 Snapshot	54.8%	52%	56.9%
Blood pressure out of range (25+)	2nd May 25 Snapshot	4.2%	5%	5.11%
Readmission (unique patients)	2024/25	454 Rate per 100,000	483 Rate per 100,000	548 Rate per 100,000
Readmissions	2024/25	621 Rate per 100,000	633 Rate per 100,000	753 Rate per 100,000
Avoidable admissions	2024/25	372 Rate per 100,000	417 Rate per 100,000	432 Rate per 100,000

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# Central | Healthcare data summary

Healthcare data for patients resident in the Central neighbourhood (registered to any GP practice in NCL):

## Long Term Conditions

- 14% of long term condition cohort (18+) are in a risk group
- Higher diagnosed prevalence of **diabetes**, **asthma** and **serious mental illness** compared to Camden
- Lower prevalence of cancer compared to Camden

## Segmentation

- Segmentation – 74% “healthy” segment, slightly lower than Camden
- **High rate in “high complexity” segment** compared to Camden

## Risk Factors

- **33% in most deprived quintile** (highest in Camden) – concentrated in Somers Town area
- **High alcohol dependence (3%)** compared to Camden
- **High obesity (15% obese/severely obese)** compared to Camden (14%) (*lower than NCL*)
- **High smoking (14% are current smokers)** compared to Camden (13%) (*lower than NCL*)
- **Higher pollution** rate than Camden (*higher than NCL*)
- **Highest number and proportion of homeless in NCL** (402 resident; 667 registered) (CHIP Practice)

## Service Utilisation

- **High A&E attendances** compared to Camden
- **Higher Mental Health service contacts** than Camden
- **Higher community service contacts** than Camden
- Lower rates of GP appointments than Camden

## Outcomes

- **Low childhood vaccination uptake** (52% by age 5) compared to Camden
- **Low early cancer diagnosis** compared to Camden (*lowest in NCL*)
- **Higher avoidable admission rate** than Camden (*lower than NCL*)
- **Higher BP out of range** than Camden (*lower than NCL*)

# Central | Segmentation – cost estimates (prototype)

	Patient Split %						Total
	Healthy	Healthy At Risk	Single Illness	Lower Complexity	Higher Complexity	End of Life	
18-44	57%	2%	4%	1%	<1%	<1%	65%
45-64	15%	1%	2%	3%	3%	<1%	24%
65-74	2%	<1%	<1%	1%	2%	<1%	6%
75 plus	<1%	<1%	<1%	<1%	3%	<1%	5%
18+	74%	3%	8%	6%	9%	<1%	100%

Average	75%	3%	7%	5%	8%	<1%
NCL Average	70%	4%	8%	6%	11%	<1%

Cost per Patient *						
Healthy	Healthy At Risk	Single Illness	Lower Complexity	Higher Complexity	End of Life	Average
£160	£1,170	£940	£900	£1,320	£13,800	£300
£220	£700	£1,160	£890	£1,890	£18,600	£620
£500	£920	£1,800	£1,000	£2,630	£15,700	£1,410
£570	£940	£2,610	£1,460	£3,400	£12,650	£2,450
£190	£980	£1,140	£1,000	£2,450	£15,990	£560

£190	£890	£1,120	£940	£2,450	£13,700	£480
£240	£910	£1,120	£960	£2,260	£12,590	£630

\*Rounded to the nearest £10.

**Note:** We developed the population segmentation groups as a **pilot to demonstrate potential use cases**, using available data—primarily patient demographics, acute care activity, and the LTC LCS dataset, which only includes adults (18+), the sample **covers one-sixth of the population (240k)**, and **focuses on circulatory and respiratory conditions**. Costs in this model reflect acute care activity (inpatient, outpatient, and A&E) during the 2024/25 financial year. Refer to [slide](#) for definitions.

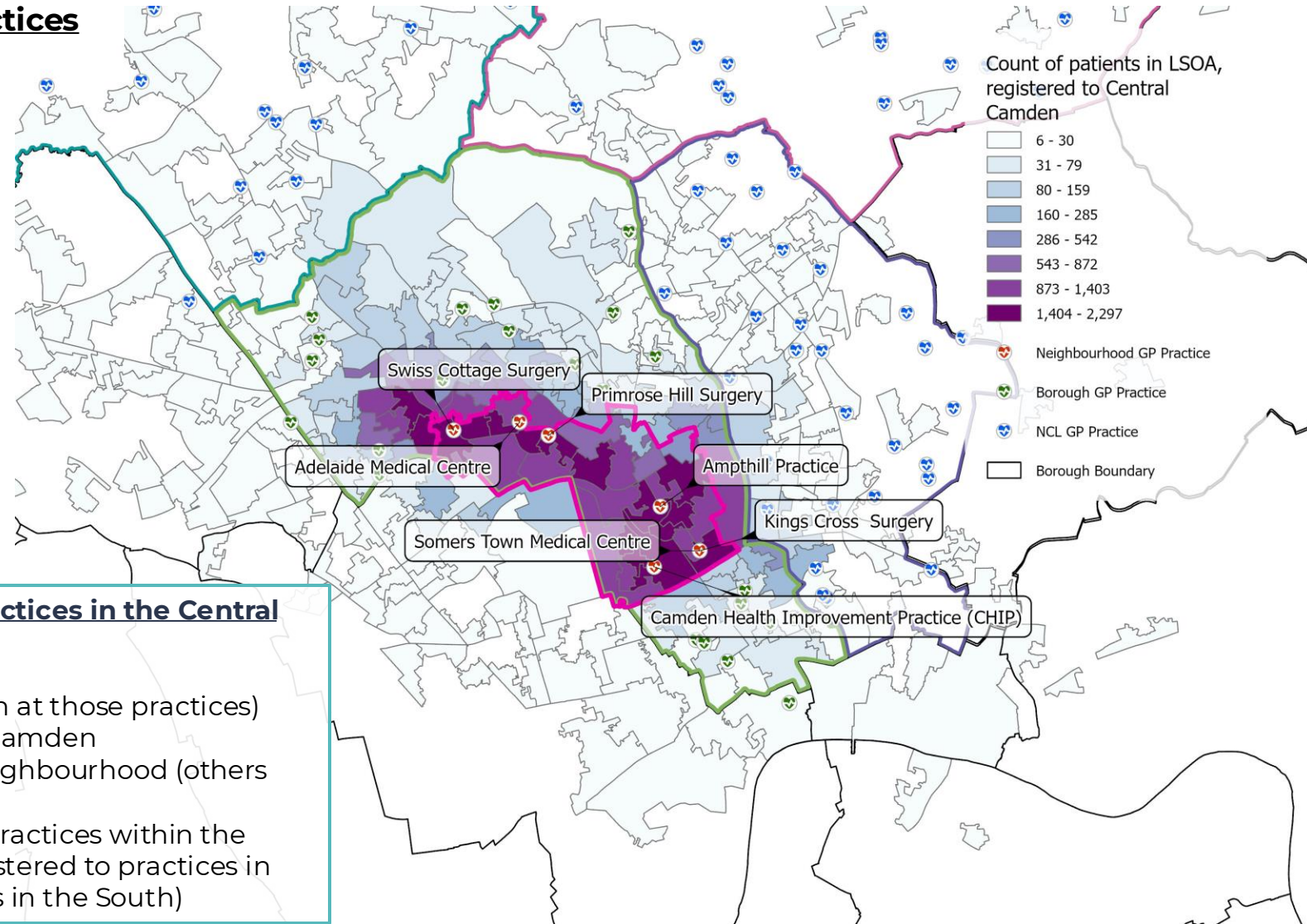
# Central | Resident vs GP registered population

## Patients registered to Central GP Practices

	Patients registered to Central GP practices	
<b>Central</b>	<b>38,297</b>	<b>56%</b>
<b>East</b>	5,177	8%
<b>North</b>	6,912	10%
<b>South</b>	2,858	4%
<b>West</b>	8,062	12%
<b>Other NCL</b>	2,913	4%
<b>Non-NCL</b>	4,194	6%
<b>Total</b>	<b>68,413</b>	<b>100%</b>

### Map of where patients registered to GP practices in the Central INT live

- 63,955 resident pop
- 7 GP Practices (68,413 registered population at those practices)
- High proportion resident in other parts of Camden
- 56% registered are resident in the same neighbourhood (others live in West, North and East Camden)
- 60% of Central residents are registered to practices within the same neighbourhood (of note, 15% are registered to practices in the East and 10% are registered to practices in the South)



# Central | Stocktake summary

## ***Snapshot of existing neighbourhood-based activity taking shape in Central (as of Spring 2025)***

*District nursing/ rehab staff from CNWL and adult social care staff from Camden have been allocated a neighbourhood, including the Central one. But there is little else to report so far on integration activity, including from PCNs. There is, as of yet, no GP clinical champion, and no obvious location for co-locating teams.*

*Some clinical cohort specific integration activity is happening in partnership with the Camden South based GP Federation. There is also a very active, busy community centre with three locations in this neighbourhood, the [\*Holborn Community Association\*](#). It supports over 2,200 people every year, with more than 30,000 contacts, across activities ranging from a day centre, social care, arts, early years, to physical activity.*

*It might be worth exploring whether an integration initiative across statutory teams and sectors could start from a community sector location, and with leadership provided from the community sector itself.*

# West

- *Fortune Green*
- *Kilburn*
- *South Hampstead*
- *West Hampstead*

# About West Camden

West Camden, covering the wards of **Fortune Green, West Hampstead, South Hampstead** and **Kilburn**, is characterised by areas of **affluence and deprivation** in close proximity. It has a strong **residential character** with Victorian and Edwardian housing mixed with post-war estates, creating a **patchwork of architectural styles and social backgrounds**. West and South Hampstead have seen significant **gentrification** over recent decades with rising property values, high end retail and café culture. **Kilburn** retains a more **urban, diverse** and historically working-class identity shaped by Irish, Afro-Caribbean and more recently migrant communities. It is one of the most **ethnically and socially diverse** parts of the borough. Challenges, particularly around Kilburn, include **deprivation, health inequalities and pressure on services**. Nevertheless, there is a strong sense of **community and local identity**, and overall West Camden retains a balance between **urban energy and residential calm** that continues to attract a wide mix of people.

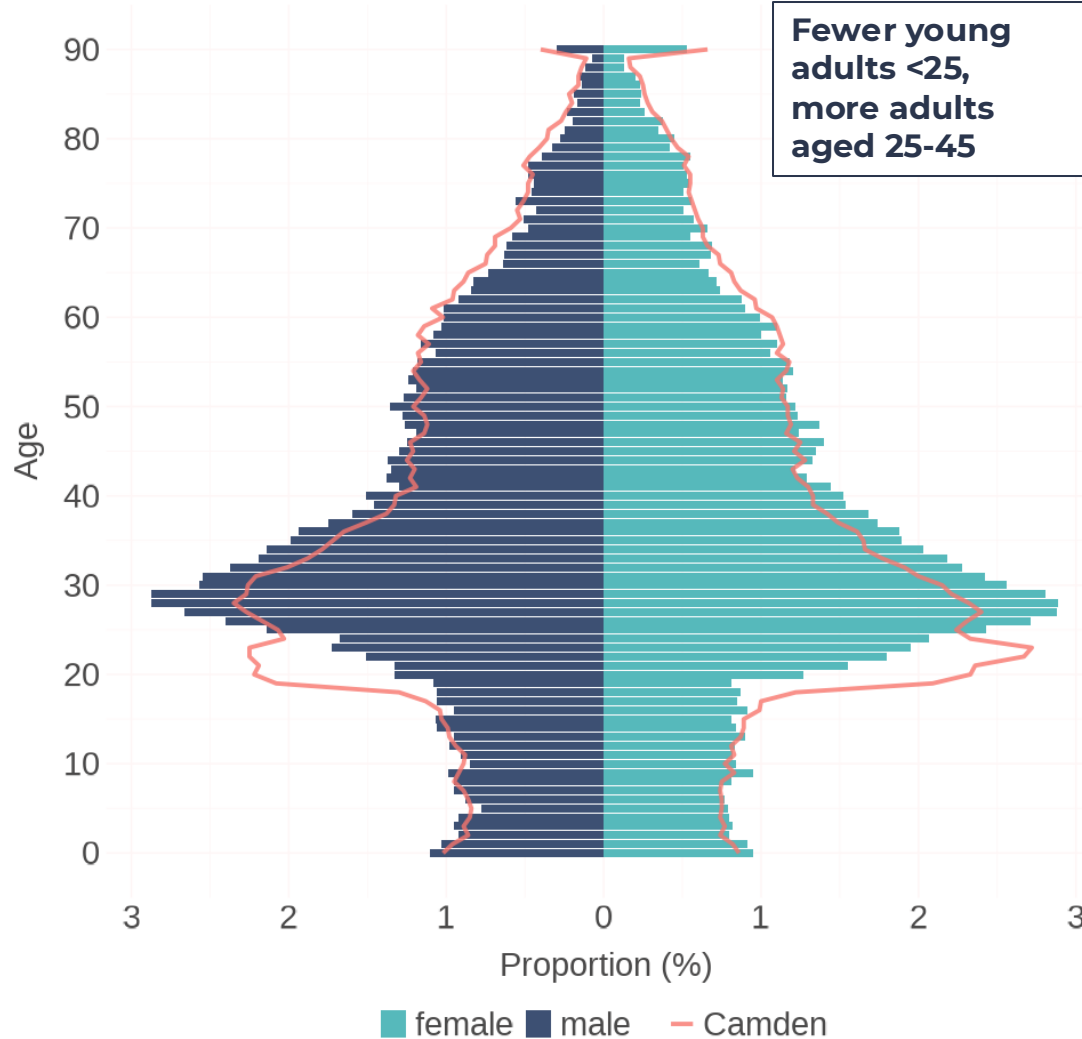


North Central London  
Health and Care  
Integrated Care System

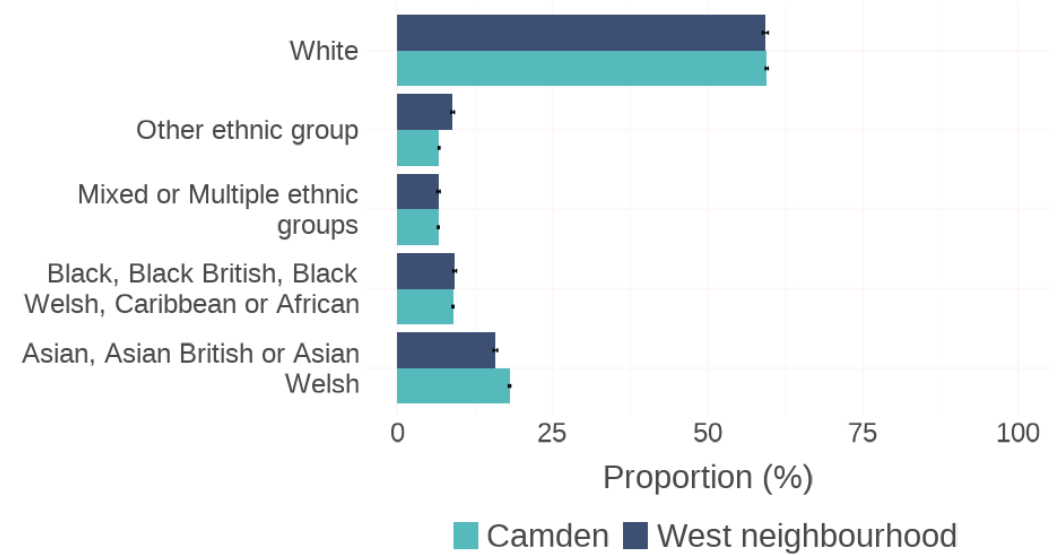


# West | Demography

Population estimate 2025: West neighbourhood



Ethnicity: West neighbourhood



Source: ONS 2021

## Most common 5 narrow ethnic groups (other than White British)

- White: **Other White** (23.4%)
- Black, Black British, Black Welsh, Caribbean or African: **African** (6.8%)
- Other ethnic group: **Any other ethnic group** (5.4%)
- Asian, Asian British or Asian Welsh: **Other Asian** (4.7%)
- Asian, Asian British or Asian Welsh: **Indian** (4.3%)

# West | Health and wider determinants

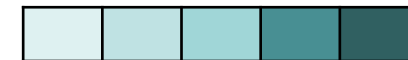
## Wider determinant indicators

Neighbourhood	Wards	IMD 2019 (5 = Most deprived)	Limited English proficiency %	Living alone age 66+ %	Economic inactivity %	Overcrowded housing %	Disability in households %	Disability %	Unpaid care %	Crime rate Per 1,000 population
West	Fortune Green	2	2.7	25	29	21	25	13	6.8	85
	Kilburn	5	4.9	31	38	30	31	17	7.4	170
	South Hampstead	2	2.5	24	30	20	23	12	6.3	90
	West Hampstead	2	2.8	21	28	22	24	14	6.2	129

## Health indicators

Neighbourhood	Wards	Overweight Reception %	Overweight Year 6 %	Obesity %	Alcohol %	Smoking %	Bad General Health %	Depression %	Hypertension %	Asthma %
West	Fortune Green	18	30	17	3.9	17	4.2	11	12	3.7
	Kilburn	25	47	21	4.2	20	6.5	13	12	4.2
	South Hampstead	Missing	Missing	15	3.1	15	3.5	10	10	3.7
	West Hampstead	20	28	16	4.2	18	4.8	13	11	3.7

Figures colour coded from lowest need (lightest) to highest need (darkest)  
Based on Camden quintiles for each indicator



Source: [Annual Public Health Report 2025](#)

# West | Summary health and wellbeing

The West neighbourhood demonstrates **variability in health outcomes** between wards, with areas of both affluence and deprivation.



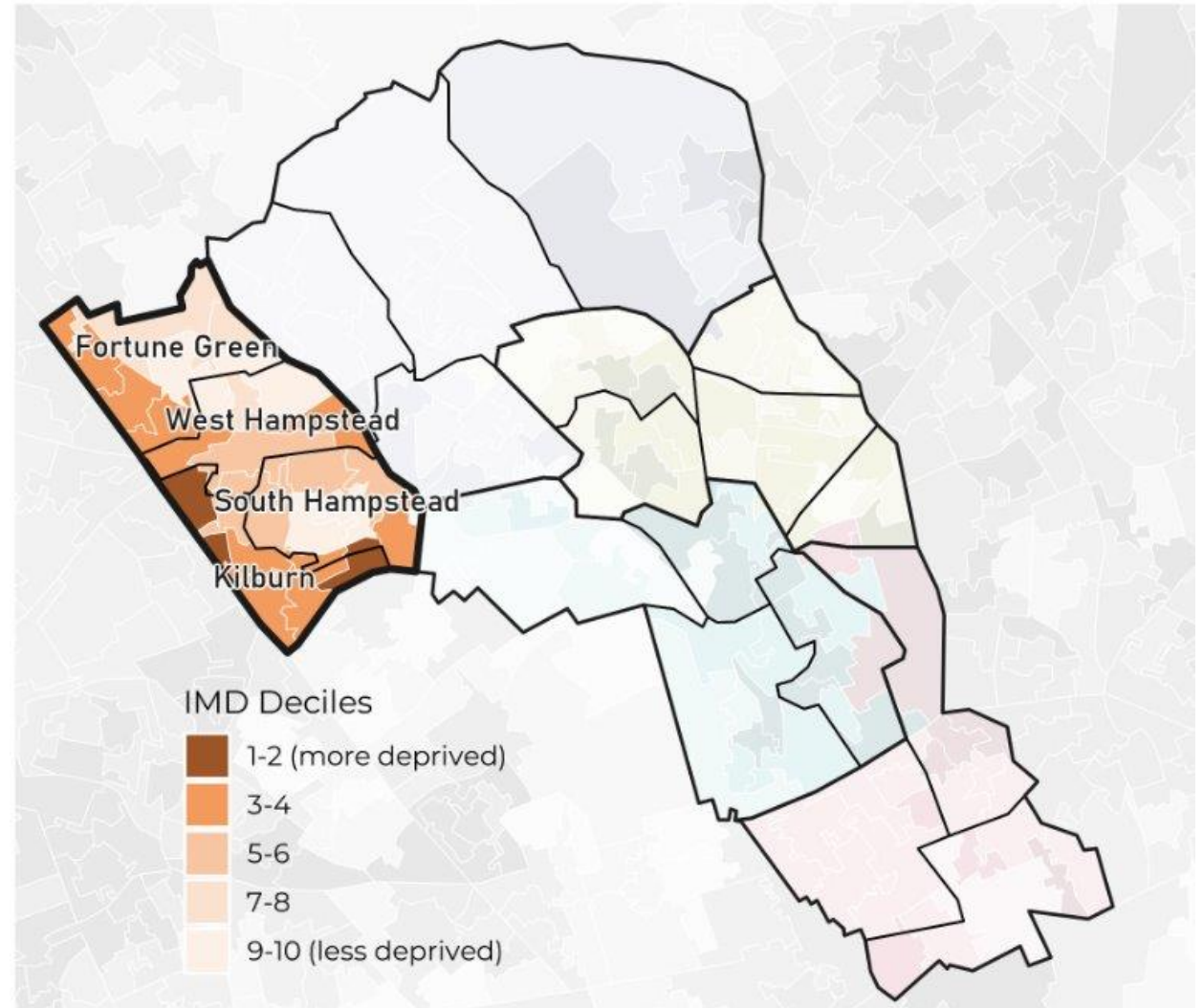
In comparison to other wards in the West neighbourhood (Fortune Green, South Hampstead and West Hampstead) **Kilburn ward stands out, demonstrating poorer health outcomes** across the range of indicators considered: childhood and adult obesity, alcohol dependence, smoking prevalence, and prevalence of long-term conditions.



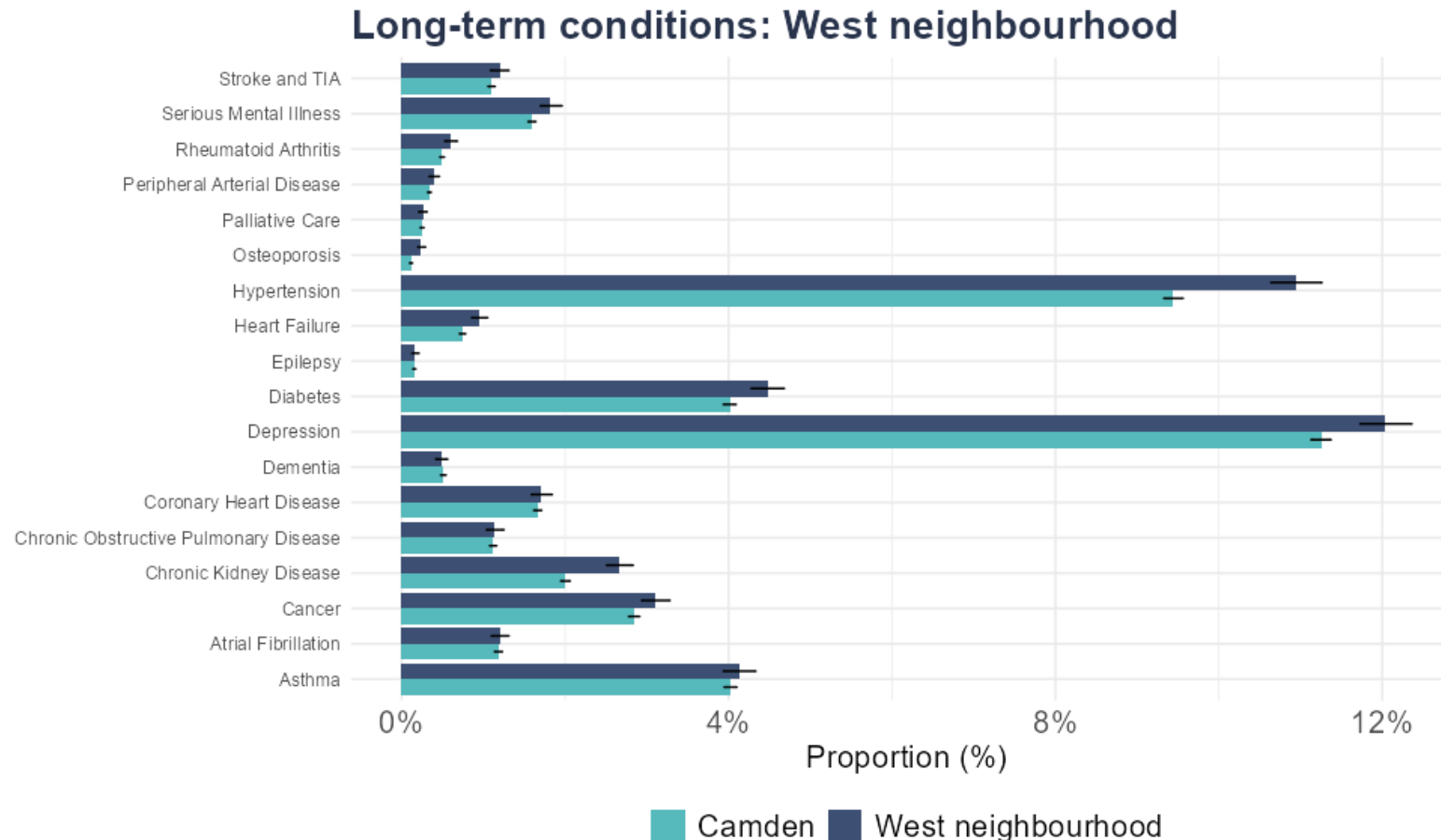
Kilburn also has **higher levels of economic inactivity, household overcrowding** and a high percentage of residents with limited English proficiency.



Kilburn ward is **ethnically diverse** and has significant Black African (10%) and Arab (6.7%) populations.



# West | Long term conditions



Source: HealthIntent

West Camden has higher diagnosed prevalence of **hypertension, depression, serious mental illness, diabetes, heart failure, chronic kidney disease, and cancer**, than the Camden average

## Potentially avoidable emergency admissions

The most common conditions associated with potentially avoidable unplanned admissions in 2023/24 were:

- **Cardiovascular:** 80 admissions
- **Respiratory:** 60 admissions
- **Diabetes:** 30 admissions
- **Neurological:** 20 admissions
- **All causes:** 210 potentially avoidable admissions

Methodology: [CCG OIS 2.6](#)

# West | Benchmarking

Indicator	Period	Camden	West	NCL
Healthy segment	April 2024 Snapshot	76.5%	74.9%	70.5%
Healthy at Risk segment	April 2024 Snapshot	3.55%	3.52%	4.4%
Single LTC segment	April 2024 Snapshot	7.38%	7.12%	8.1%
Low Complexity segment	April 2024 Snapshot	5.59%	5.67%	6.5%
High Complexity segment	April 2024 Snapshot	8.6%	8.59%	10.5%
End of Life segment	April 2024 Snapshot	0.216%	0.21%	0.237%
Language % Not English	2nd May 25 Snapshot	20%	25%	20.1%
Ethnicity is not 'White British' or 'Unknown'	27th June 25 Snapshot	67.1%	71.6%	65.3%
Aged 65+	26th June 25 Snapshot	10.4%	10.9%	12%
Aged 75+	26th June 25 Snapshot	4.78%	5.1%	5.46%
Homeless	8th May 25 Snapshot	300 Rate per 100,000	113 Rate per 100,000	117 Rate per 100,000
Births	Jan - Dec 24	60.3 Rate per 10,000	70.7 Rate per 10,000	81.3 Rate per 10,000
Deaths	Jan - Dec 24	32.7 Rate per 10,000	33.5 Rate per 10,000	42.3 Rate per 10,000

Indicator	Period	Camden	West	NCL
In most deprived quintile	8th May 25 Snapshot	16.6%	12%	21.1%
Alcohol Dependency	2nd May 25 Snapshot	2.8%	3%	2.33%
Current Smokers	2nd May 25 Snapshot	13.2%	15%	14.9%
Obese	2nd May 25 Snapshot	14%	17%	19.1%

**Needs segments similar to Camden average. Less people speak English as their first language. Smoking and obesity levels are high.**

For rows where the comparison column retains its grey background, the statistical significance of the difference between its value and the values in other cells within the same row has been assessed. The colours must be interpreted as follows:

= Significantly worse | Statistically similar | Significantly better  



 = Significantly lower | Statistically similar | Significantly higher

For rows where the comparison column has a different background colour, the gradients should be interpreted as follows:

= Worst to Best within each row (continuum)

**Note: West Hampstead Medical Centre – not submitted data to HealthIntent**

updated 04.08.25

# West | Benchmarking

Indicator	Period	Camden	West	NCL
GP appointments (inc. DNA)	2nd May 25 Snapshot	3.96 Average	4.31 Average	4.03 Average
Unique patients on RTT waiting list	27th Apr 25 snapshot	81.4 Rate per 1,000	78.7 Rate per 1,000	91.1 Rate per 1,000
RTT waiting list	27th Apr 25 snapshot	97.7 Rate per 1,000	95.7 Rate per 1,000	114 Rate per 1,000
Social care users	2023/24	12 Rate per 1,000	12.4 Rate per 1,000	21.1 Rate per 1,000
Mental health service contacts	2024/25	26,100 Rate per 100,000	24,400 Rate per 100,000	21,200 Rate per 100,000
GP Referral	2024/25	298 Rate per 1,000	303 Rate per 1,000	313 Rate per 1,000
Community service contacts	2024/25	785 Rate per 1,000	807 Rate per 1,000	812 Rate per 1,000
Non-elective admissions	2024/25	34.9 Rate per 1,000	35.1 Rate per 1,000	43.4 Rate per 1,000
A&E attendances	2024/25	236 Rate per 1,000	195 Rate per 1,000	232 Rate per 1,000

**Usage of services is mixed – higher GP and community service contacts and lower mental health contacts and A&E attendances. Outcomes are mixed – readmission rates are worse while vaccination uptake is better.**

Indicator	Period	Camden	West	NCL
Early cancer diagnosis	2023	60.2%	61%	62.6%
Children fully vaccinated by age 5	2nd May 25 Snapshot	54.8%	60%	56.9%
Blood pressure out of range (25+)	2nd May 25 Snapshot	4.2%	4%	5.11%
Readmission (unique patients)	2024/25	454 Rate per 100,000	504 Rate per 100,000	548 Rate per 100,000
Readmissions	2024/25	621 Rate per 100,000	682 Rate per 100,000	753 Rate per 100,000
Avoidable admissions	2024/25	372 Rate per 100,000	383 Rate per 100,000	432 Rate per 100,000

For rows where the comparison column retains its grey background, the statistical significance of the difference between its value and the values in other cells within the same row has been assessed. The colours must be interpreted as follows:

■ | ■ | ■ = Significantly worse | Statistically similar | Significantly better  
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**Note: West Hampstead Medical Centre – not submitted data to HealthIntent**

updated 04.08.25

# West | Healthcare data summary

Healthcare data for patients resident in the West neighbourhood (registered to any GP practice in NCL):

## LTC

- 14% of long term condition cohort (18+) are in a risk group
- Higher diagnosed prevalence of **hypertension, depression, serious mental illness, diabetes, heart failure, chronic kidney disease**, and **cancer** compared to Camden

## Segmentation

- Segmentation – 75% “healthy” – lower than Camden (*higher than NCL*)
- Rates in all non-“healthy” segments are similar to Camden

## Risk Factors

- **High smoking (15% are current smokers)** compared to Camden
- **High obesity (17% are obese/severely obese)** compared to Camden (*lower than NCL*)
- Low homeless rate compared to Camden

## Service Utilisation

- **High rates of GP appointments** compared to Camden
- **High community service contacts** compared to Camden
- **Low A&E attendances** compared to Camden
- **Lower Mental Health service** contacts than Camden (*higher than NCL*)

## Outcomes

- **Higher child vaccination uptake** (60% by age 5) than Camden
- **Lower early cancer diagnosis** (62%) than Camden
- **Higher readmission rate** than Camden (*lower than NCL*)

Note: West Hampstead Medical Centre – not submitted data to HealthIntent

updated 04.08.25

# West | Segmentation – cost estimates (prototype)

	Patient Split %						Total
	Healthy	Healthy At Risk	Single Illness	Lower Complexity	Higher Complexity	End of Life	
18-44	54%	2%	4%	1%	<1%	<1%	61%
45-64	18%	1%	2%	3%	3%	<1%	27%
65-74	2%	<1%	<1%	1%	2%	<1%	6%
75 plus	<1%	<1%	<1%	<1%	3%	<1%	5%
18+	75%	4%	7%	6%	9%	<1%	100%

Average	75%	3%	7%	5%	8%	<1%
NCL Average	70%	4%	8%	6%	11%	<1%

Cost per Patient *						
Healthy	Healthy At Risk	Single Illness	Lower Complexity	Higher Complexity	End of Life	Average
£170	£1,020	£880	£810	£1,870	£8,380	£300
£190	£560	£1,060	£620	£1,740	£11,810	£520
£450	£910	£1,450	£770	£2,430	£14,780	£1,340
£730	£800	£2,370	£1,000	£3,230	£13,880	£2,220
£190	£840	£1,040	£750	£2,420	£12,880	£520

£190	£890	£1,120	£940	£2,450	£13,700	£480
£240	£910	£1,120	£960	£2,260	£12,590	£630

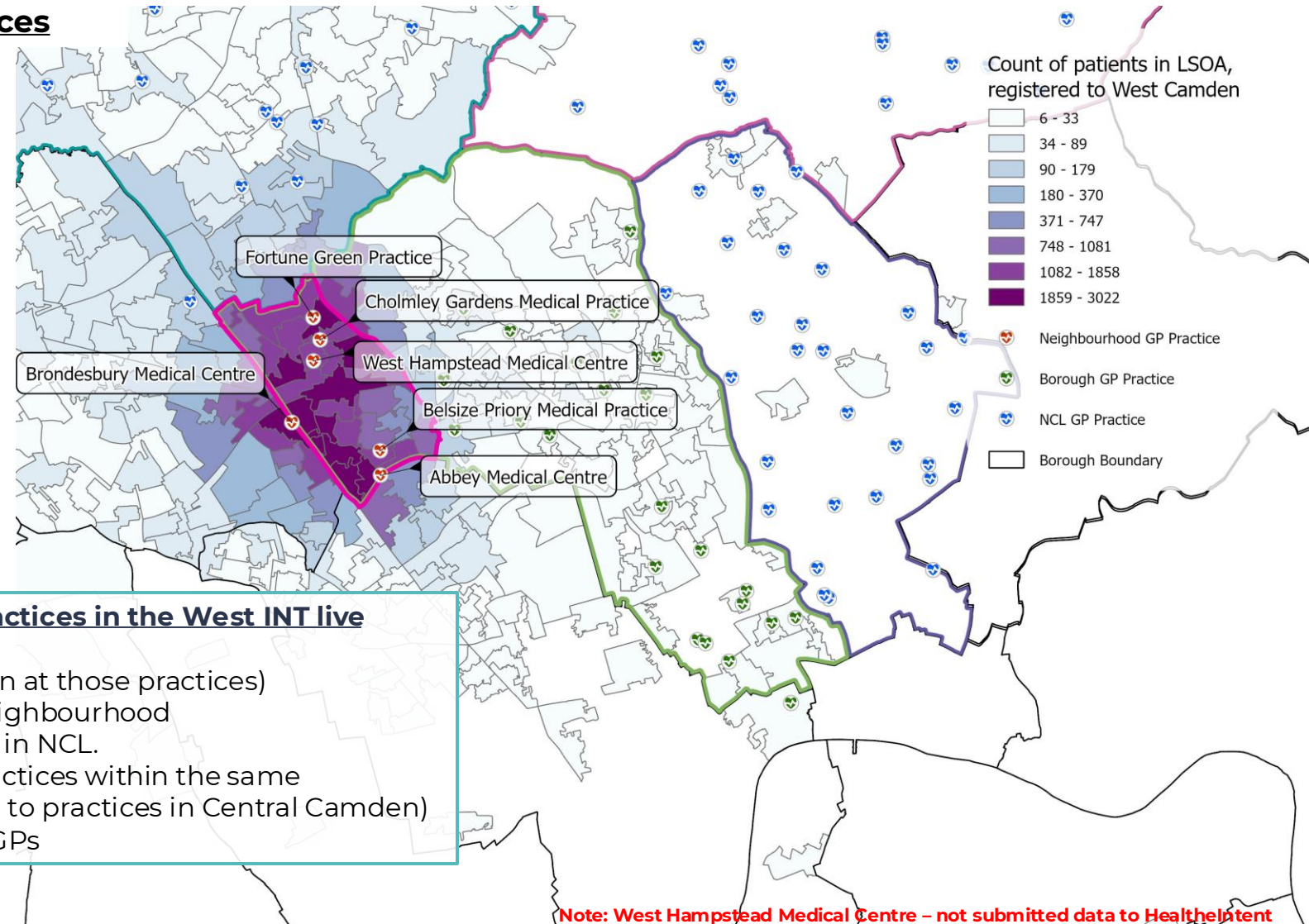
\*Rounded to the nearest £10.

**Note:** We developed the population segmentation groups as a **pilot to demonstrate potential use cases**, using available data—primarily patient demographics, acute care activity, and the LTC LCS dataset, which only includes adults (18+), the sample **covers one-sixth of the population (240k)**, and **focuses on circulatory and respiratory conditions**. Costs in this model reflect acute care activity (inpatient, outpatient, and A&E) during the 2024/25 financial year. Refer to [slide](#) for definitions.

# West | Resident vs GP registered population

## Patients registered to West GP Practices

	Patients registered to West GP practices	
Central	626	1%
East	552	1%
North	4,420	6%
South	127	0%
West	<b>44,447</b>	<b>57%</b>
Other NCL	5,262	7%
Non-NCL	22,142	29%
<b>Total</b>	<b>77,576</b>	<b>100%</b>



### Map of where patients registered to GP practices in the West INT live

- 63,632 resident population
- 6 GP practices (77,576 registered population at those practices)
- 57% registered are resident in the same neighbourhood
- 29% registered population are not resident in NCL.
- 70% of West residents are registered to practices within the same neighbourhood (of note, 13% are registered to practices in Central Camden)
- 13% of residents are not registered to NCL GPs

Note: West Hampstead Medical Centre – not submitted data to HealthIntent

updated 04.08.25

# West | Stocktake summary

## ***Snapshot of existing neighbourhood-based activity taking shape in the West (as of Spring 2025)***

CNWL has been running MDT meetings for children with complex needs for a long time – but take up from primary care or other referrers had dropped off. There was also a perception that it was in fact easier for primary care professionals to simply refer a patient for specialist paediatric services, rather than dedicate their own time to an MDT which didn't in effect connect them to wider support. Chaima Hale, Physician Associate, has been piloting turning these meetings into neighbourhood based MDT, starting in the West, in line with the frail/ complex adults MDTs, and supported by coordinators.

The idea was also to rotate these meetings around the existing family hubs, and to invite teams to work from there, or meet face to face, more regularly, thus creating the benefits of deeper relationships and a stronger network of support. There is a strong link between deprivation and childhood ill health, the wider, including non medical, support available in family hubs would therefore be useful to bring to the MDT way of working.

NCL funding for this work seems to be running out at the end of the year, so it is not clear whether this work can continue or be expanded.

Frances Baawua, the Clinical Director for CNWL is also based in the West, and is the Clinical GP champion for the West neighbourhood. She pointed out that their data shows the colocation of teams in the East has led to productivity gains for the district nursing workforce, with clearer relationships and easier referrals to other services being given as the main reason for the improvement. She is keen to see these benefits replicated, but unsure how they can be achieved without physical colocation of teams.

Note one practice (West Hampstead) does not submit data for direct care or analytics currently.