

Joint Strategic Needs Assessment 2022



HILLINGDON
LONDON

www.hillingdon.gov.uk

1 JSNA - Introduction

The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNA).

The aim of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages, identifying those groups where health and care needs are not being met and those which are experiencing comparatively different outcomes.

Hillingdon JSNA is an ongoing process which is used to determine what actions Hillingdon Council, Hillingdon NHS and our partners need to take to prioritise and address health and social care needs, improve health outcomes and reduce health inequalities. The JSNA pulls together local needs assessments, strategies, and plans which can be found at www.hillingdon.gov.uk/jsna.

This section provides a short summary of the main findings from the 2022 Hillingdon Joint Strategic Needs Assessment.

It includes:

- An introduction to Hillingdon
- One-page summaries for the JSNA overall and for young people, for working age adults and for older people

Hillingdon

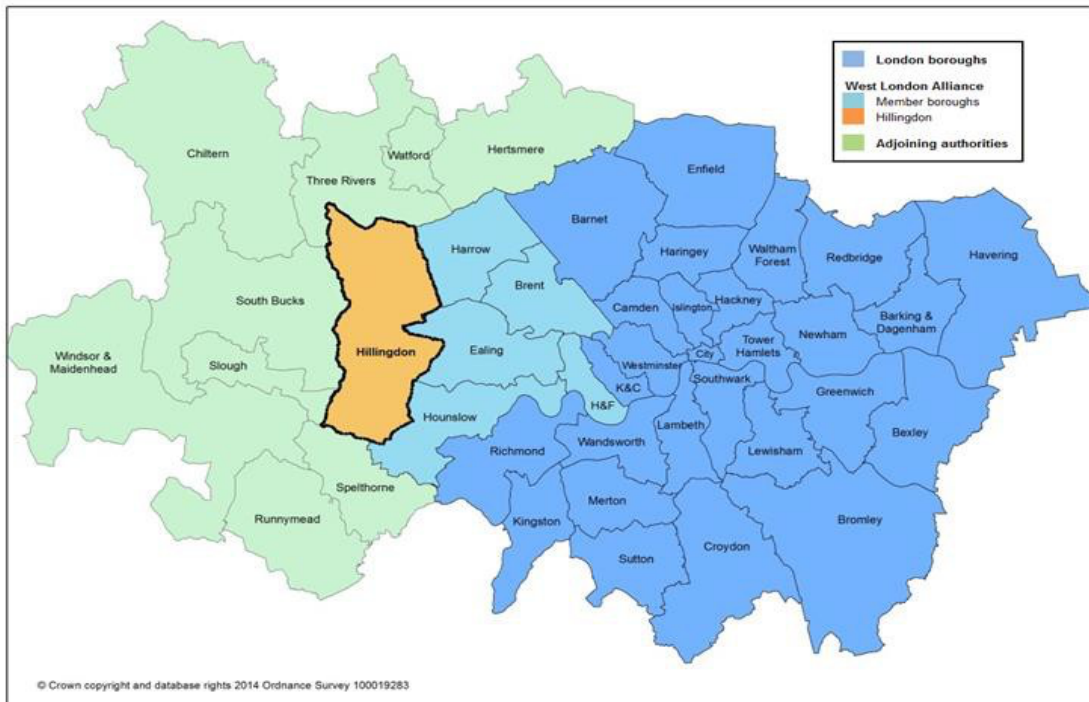
Hillingdon is the second largest of London's 32 boroughs covering an area of 42 square miles over half of which is a mosaic of countryside including canals, rivers, parks and woodland, interspersed with historic towns and villages. It shares borders with Hertfordshire, Buckinghamshire, Surrey, Hounslow, Ealing, and Harrow.

The far south of Hillingdon is dominated by Heathrow Airport and the transportation infrastructure and hospitality services which support it. The Hayes area together with Yiewsley and West Drayton are more urban in nature. Uxbridge provides a metropolitan shopping centre and Tube line terminus and is home to Brunel University. RAF Northolt lies to the north of the A40 and is the oldest RAF station, dating back to 1915.

The population is diverse and growing and people are living longer. It includes more affluent areas (within the top 20% nationally) as well as areas of deprivation (within the lowest 20% nationally).

Hillingdon enjoys many characteristics that makes taking a joint approach to meeting the health and wellbeing needs of our population less of a challenge than for some other areas. We have a single local authority, one acute hospital trust with two sites in the borough, a GP confederation that includes 43 of the borough's 45 practices, a

single community health and community mental health provider and an established consortium of the five larger third sector organisations in the borough.



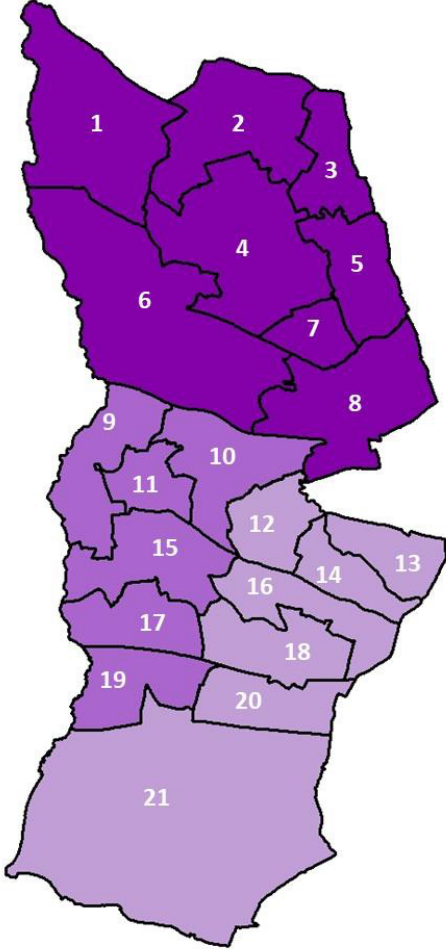
The borough is well served by a network of tube and rail links, especially into central London. Crossing through Hillingdon are the Grand Union canal, the M4 motorway, the A40, the A4020 and the Great Western Railway. Three London Underground lines (Piccadilly, Metropolitan and Central lines) start and end in the Borough. In the south, Heathrow Airport occupies 1,227 hectares of land. Crossrail is expected to open the Elizabeth line in 2022.

Hillingdon electoral wards (May 2022)

Wards in Hillingdon changed in May 2022 following the outcome of a review by the Local Government Boundary Commission. The following maps show ward structures from May 2022.

Localities described in the JSNA are **North Hillingdon** in the north of the Borough, **Uxbridge and West Drayton** in the central part of the Borough, and **Hayes and Harlington** in the south.

North Hillingdon consists of eight wards, Uxbridge and West Drayton consists of six wards and Hayes and Harlington consists of seven wards.

<p>North Hillingdon</p> <p>1 Harefield Village</p> <p>2 Northwood</p> <p>3 Northwood Hills</p> <p>4 Ruislip</p> <p>5 Eastcote</p> <p>6 Ickenham and South Harefield</p> <p>7 Ruislip Manor</p> <p>8 South Ruislip</p>	
<p>Uxbridge and West Drayton</p> <p>9 Uxbridge</p> <p>10 Hillingdon East</p> <p>11 Hillingdon West</p> <p>15 Colham and Cowley</p> <p>17 Yiewsley</p> <p>19 West Drayton</p>	
<p>Hayes and Harlington</p> <p>12 Charville</p> <p>13 Yeading</p> <p>14 Belmore</p> <p>16 Wood End</p> <p>18 Hayes Town</p> <p>20 Pinkwell</p> <p>21 Heathrow Villages</p>	

2 JSNA - Summary

Health and wellbeing overall

- Overall, people in Hillingdon are relatively healthy in comparison to England as a whole.
- The average life expectancy for both men and women in Hillingdon is higher than the average for England and is on a par with the London averages. Women in Hillingdon have a life expectancy at birth of 84 years, men can expect to live for 80.4 years.
- As well as longevity, the number of years people live healthy lives without the onset of disease is important. Men in Hillingdon have a healthy life expectancy at birth of 62 years, slightly below the England average of 63 years. Women in Hillingdon have a healthy life expectancy at birth of 60 years, below the England average of 64 years.
- Poor air quality increases the incidence of acute asthma and Chronic Obstructive Pulmonary Disease (COPD) and contributes to the onset of heart disease and cancer. Respiratory disease is the third highest cause of death in Hillingdon. Nitrogen dioxide levels caused by road traffic continue to be above recommended levels.
- The main causes of death in Hillingdon were cancer (neoplasms), circulatory diseases, COVID-19, and respiratory diseases. The main cause of death in Hillingdon was cancer (Neoplasm) which accounts for 23% of all deaths in 2020 (25% in males and 21% in females) and circulatory diseases which also caused 23% of all deaths (23% in males and 22% in females).
- COVID-19 has been a significant cause of deaths over the two years from March 2020. In the period 27/03/2020 to 25/12/2020 there were 373 deaths recorded with COVID-19 mentioned on the death certificate. In 2021 from 01/01/2021 to 31/12/2021 455 deaths were recorded. With more people taking up vaccinations the first 3 months of 2022 saw the figure reduced to 35 deaths.

Children and young people

- The percentage of low birth-weight babies in 2020 was higher at 4% than the averages for London and England.
- In 2019/20, there were 11,671 children under 16 living in low-income families in Hillingdon. The proportion of 17% of children is below London and England proportions of 18% and 19%.
- Around 14% of children in Hillingdon had special educational needs in 2018.
- In 2018/19, 74.7% of Hillingdon Reception Year pupils achieved a Good Level of Development, based upon children attaining at least the expected level in the three prime areas of Communication and Language, Physical Development and Personal, Social and Emotional Development along with the specific areas of Mathematics and Literacy. This represented an improvement over the previous year.
- In 2020 75% of Hillingdon pupils achieved a pass (Grades 9-4) in English and Maths. 55% achieved a strong pass (9-5).
- Hillingdon performs well in respect of minimising absence and encouraging attendance across schools. Average daily attendance in the 2020 autumn term was 84.7%, and 85.6% in the 2021 summer term.
- 2021 saw a slight increase in the number of young people on the Virtual Schools roll who were reported NEET (out of education or training for more than 1 calendar month) throughout the academic year.
- Hillingdon's rate of Looked after children is currently 50 per 100,000 – this is higher than both statistical neighbours and England. This is also double the rate the borough had in 2020-21. This growth is due to the recent spike in arrivals of unaccompanied asylum seeker children. Of the 185 looked after children who entered the system in the last 6 months - 128 were unaccompanied asylum seeker children.
- % care leavers in employment – Hillingdon has historically done well in ensuring that looked after children are able to access employment, education or training opportunities for children leaving care. In 202/21 and looking at the 17-18 year old cohort, 71% of care leavers were EET – higher than the England average and the average for statistical neighbours. For the 19-21 age group this figure was 56% - again higher than national and statistical neighbours.

- Hospital admissions for self-harm in children have increased in recent years for England. In Hillingdon, 85 young people aged between 10-19 were admitted to hospital following self-harm during 2020/21.
- Teenage pregnancies have decreased steadily in Hillingdon over recent years. The most recent figure for 2019 was 2.4 per 1000 births, compared to a rate of 8.2 per 1000 in 2010.
- The proportion of babies whose first feed is breast milk is lower in Hillingdon than the London average but is similar to the average for England.
- The proportion of females smoking in early pregnancy in Hillingdon (6.92) was higher than London (6.03) but lower than England's proportion (12.76) in 2018/19.
- Admission episodes for alcohol-specific conditions under 18s for both male and female are lower in Hillingdon compared to England
- 1 in 5 children in Hillingdon are measured as overweight or obese when they start school. By Year 6, 1 in 3 children is overweight or obese.
- Population immunisation coverage has improved across a number of areas in 2020/21 (latest data) relative to previous years. Thus whether Flu for 2-3 year olds, MMR, PCV or Hib/MenC – rates of coverage have steadily increased. However, despite this progress – Hillingdon, like the rest of London, performs less well when it comes to vaccine coverage – with rates of coverage below the national average and below CIPFA neighbours.
- A third of children aged 5 in Hillingdon have visually obvious dental decay. This is worse than the averages for London and England.
- According to the Active Lives Survey, around 1 in 3 children and young people are not meeting daily physical activity guidelines. This is worse than the estimates for London and England.

Working age adults

- 80% of Hillingdon residents aged 16-64 were defined as economically active in 2020/21. 74% were in employment.
- Gross weekly earnings in Hillingdon in 2021 averaged £698 per week, which was higher than the Great Britain average but slightly below London as a whole. The average full-time gross weekly pay for men was higher than that for women - £755 compared to £658.
- The 'claimant count' – a measure of the number of people claiming benefit because they are unemployed – rose steeply during the pandemic. In Mar 2020 the claimant count for Hillingdon was 4,835. This rose to 15,000 in Feb 2021 and had fallen to 9,060 by Feb 2022.
- 65% of adults in Hillingdon were classified as overweight or obese in 2019/20.
- Based on the Active Lives Adult Survey carried out by Sport England, 61% of adults were described as physical active in 2019/20, while 31% were classed as physically inactive.

Older people

- 14% of Hillingdon's population (43,800 people) were aged 65 or over in 2022.
- Hillingdon's population is younger overall compared to England. As people live longer, the population is ageing. In 2020, 64.5% of our population were aged 16-64. By 2030, this will fall to 64.1%. The proportion of people aged 65 or over will rise from 13.6% to 16.4% over the same period. The proportion of people aged 85 or over will rise from 2% to 2.4%.
- The average number of deaths per year in the period 2018-20 in Hillingdon is 2,050 (excluding COVID deaths in 2020). Circulatory diseases and cancers are the two major causes of death in Hillingdon. Deaths as a result of circulatory diseases accounted for an annual average of 537 deaths (26.3%) in the 3-year period 2018-20. Deaths from all cancers accounted for an annual average of 545 deaths (26.7%) in the same period.

An annual average of 282 deaths (13.8%) was as a result of respiratory diseases. The remaining 681 deaths (33.3% of total) were as a result of other causes; excluded from these 3-year averages are the COVID deaths that occurred in 2020 (a total of 388).

- The numbers of people aged 65 or over, 65-79 and over 80 who are admitted to hospital following a fall is lower in Hillingdon compared to London and England. Hip fractures are also lower on average.
- The percentage of people offered reablement services following a stay in hospital (1.7% in 2020/21) is lower than the figure for London (4.3%) and England (3.1%).
- Survey evidence shows that the percentage of users of adult social care services aged 65 or over who have as much social contact as they would like is low in Hillingdon, at 36.9% (2019/20).
- The proportion of permanent admissions to residential and nursing care homes for people aged 65 or over is higher than that for London or England.
- The prevalence of dementia and the rate of diagnosis are comparable to London and England.

3 JSNA - Population

Hillingdon Population Characteristics

- The population of Hillingdon in 2020 was 309,000
- There were about 3,000 more males (156,000) than females (153,000) in 2020.
- The population of individuals aged 25 to 29 years decreased from 2018 to 2020 and those 40 to 44 years increased from 2018 to 2019.
- Homelessness, particularly households owed a duty under the Homelessness Reduction act, households in temporary accommodation, and households with dependent children owed a duty under the Homelessness Reduction act is worse in Hillingdon compared to England and London in 2019/20.
- The six-year trend shows that the number and percentage of children living in low-income families is overall upward, with this issue worsening not just in Hillingdon, but also in London and nationally.
- Townfield and Yeading have the highest percentage of children (under 16 years old) in low-income families.
- Townfield is the most deprived ward in Hillingdon in 2019 compared to the other wards.
- The level of development of children at the end of reception is higher in Hillingdon (74.7%) as compared to England (71.8%) in 2018/2019.
- Children with free school meal status achieving a good level of development at the end of reception is higher in Hillingdon (63.7%) as compared to England (56.5%) for this period.
- In England, approximately 77.3% of adults with a learning disability are living in stable and appropriate accommodation whereas this was exceeded in Hillingdon at 80.2%, indicating improved safety and reduced risk of social exclusion.
- According to data in 2019/2020, about 62% of the adults that registered on the GP learning disability register in Hillingdon are receiving long-term support from local authorities which was around 50% for England for the period.
- Overall, the Total Fertility Rate in Hillingdon in 2019 is 1.85 children per woman, down from 1.95 in 2013, and higher than the England and London average of 1.66 and 1.60 respectively.

- The prevalence of current adult smokers (18+ years) was lower in Hillingdon (11.8) compared to London (12.9) and England (13.9).
- Smoking prevalence in early pregnancy in Hillingdon (6.92%) was higher than London (6.03%) but lower than England's proportion (12.76%) in 2018/19.
- The proportion of current adult smokers in routine and manual occupations in Hillingdon decreased from 33.6% in 2018 to 15.9 % in 2019.
- Screening coverage for Breast, Cervical and Bowel cancers are lower in Hillingdon as compared to England for the year 2020. Breast cancer screening – 72.7% for Hillingdon and 74.1% for England. Cervical cancer screening – 64.9% for Hillingdon and 70.2% for England (Figure 199). Bowel cancer screening – 56.7% for Hillingdon and 63.8% for England. The trend in incidence rate of alcohol related cancer in females in Hillingdon has shown a decline from 2012 to 2018.

Mortality and Life expectancy

- Life Expectancy at birth for both males (80.2 years) and females (84 years) in 2017/2019 in Hillingdon is higher than England (79.8 years and 83.4 years respectively) for those years, however, healthy life expectancy at birth for both males (61.6 years) and females (60.1 years) is lower as compared to England (63.2 years for males and 63.5 years for females) for those years.
- Age-standardised mortality rates have declined until 2019 but increased from 2020 which is largely because of deaths due to COVID-19.
- The main cause of death in Hillingdon is cancer (Neoplasm) which accounts for 23% of all deaths in 2020 (25% in males and 21% in females) and circulatory diseases which also caused 23% of all deaths (23% in males and 22% in females). Hillingdon followed the same pattern as London and England, where these two causes of death contributed to over 45% of deaths.
- Overall, there has been a decline in premature mortality from all causes from the 2010-12 baseline to 2017-19 with the exception of males in Hillingdon.
- The trend of the early mortality rate due to cancer in Hillingdon is declining in line with London and England.

Health outcomes projections

- The proportion of persons with dementia (all ages) is projected to increase by about 0.3% in 2024/25.
- The proportion of physically inactive adults in Hillingdon is estimated to increase from 31% in 2019/20 to 34% in 2024/25.
- The prevalence of obesity in Reception (10.4%), Year 6 (21.3%), and adults (18+ years old) (65.3%) is higher in Hillingdon than London and England in 2019/20,

and it is projected to increase to 24.5% in Year 6 and 76.6% in adults by 2024/25.

- The rate of violence offences per 1000 population in Hillingdon is estimated to increase by 2024/25, from 23.9 in 2019/20 to 28.9 in 2024/25.
- The rate of sexual offences (crude rate) in all persons per 1,000 population in Hillingdon is projected to increase to 2.02 in 2024/25 from 1.42 in 2019/2020.
- The ratio of excess winter deaths index in Hillingdon is estimated to increase from 12.8 in 2018 to 31.6 in 2025.
- The proportion of type II diabetes among ethnic minorities in Hillingdon is projected to increase from 52.12% in 2018/19 to 65.15% in 2024/25.

Inequalities

- The highest levels of children in low-income families are in Townfield, Yeading, Pinkwell, Heathrow Villages, Barnhill, Botwell, and Charville in South Hillingdon, and Yiewsley.
- The highest levels of income deprivation are in Townfield, Botwell, Yeading, Barnhill, Pinkwell in South Hillingdon, and Yiewsley and West Drayton in the Centre of Hillingdon.
- More births took place in Botwell, Townfield, Pinkwell, Yeading, and Barnhill in South Hillingdon and West Drayton and Yiewsley in Centre Hillingdon compared to other wards.
- The mortality rate for males in Hillingdon in 2020 is similar to the London average but lower than the England average. However, the mortality rate for females in Hillingdon is higher than the London average and similar to the England average.
- Botwell, Harefield, West Drayton, and Townfield are the wards with high all causes mortality rates compared to the national average.
- The indirectly standardised premature mortality ratio in wards such as Townfield, Uxbridge South, West Drayton, Botwell, and Yiewsley are worse than the England average.
- Male Cardiovascular diseases early death rates are higher than the England and London averages whereas female rates are now similar to the England and London averages.
- Heart disease early death rates are more than four times higher for males than for females in Hillingdon and this difference has increased in recent years.

- The standardised mortality ratio for all ages from coronary heart disease shows rates in Yiewsley Barnhill, West Drayton, Townfield, and Botwell remains higher than the Hillingdon average.
- Early death rate from stroke for men living in Hillingdon (22 per 100,000) is over twice the rate for women in Hillingdon (9 per 100,000) and has increased more in recent years. The mortality rate in males under 75 years is also higher in Hillingdon and continues to rise compared to London and England where cases are falling.
- Within wards, West Drayton, Yiewsley, Botwell, and Townfield have a higher standardised mortality ratio for all ages from circulatory disease than the Hillingdon average.
- Barnhill, West Drayton, Townfield, and Yiewsley have a higher standardised premature mortality ratio from circulatory disease than the Hillingdon average.
- Uxbridge South, West Drayton, Harefield, Townfield, and Botwell have a higher standardised mortality ratio for all ages from cancer than Hillingdon average.
- The standardised mortality ratio from respiratory diseases for all ages is higher in Botwell, Harefield, and Townfield than the Hillingdon averages from 2015-19.
- Early mortality rate from liver disease in Hillingdon shows that the rate has increased gradually since 2015 and is similar to that of ten years ago (20.0 per 100,000).
- In Hillingdon rates for early death from liver disease in 2017-19 are almost three times higher in men than in women.
- Between March 2020 and April 2021, the mortality rate from COVID-19 in Hillingdon is 261 per 100,000 which was higher than London (248 per 100,000) and nationally (182 per 100,000).
- The early mortality rate for males in Hillingdon (18.3 per 100,000) from injuries is more than twice that of females (6.7 per 100,000) but has fallen in recent years.

Population estimates

Population estimates are the starting point to inform decisions regarding the provision of services such as education, housing, transport and health. Any overarching appraisal of need and subsequent commissioning of services will consider the change in the size of the population living locally.

The most widely used population projections are the Sub-National Population Projections (SNPP) from the Office of National Statistics (ONS). These projections are available by single year of age, by sex for Local Authorities from mid-2018 to mid-2043. There are other sources of population data available (these are the latest release):

Hillingdon population	Year	Population estimate, 2020
Sub-National Population Projections (SNPP)	2020	309,310
Greater London Authority (GLA) 2016 Housing Led Projection Age Range	2018	316,300
GP registered population (NHS Digital)*	2020 (Apr)	325,000
ONS, total Electors (aged 18+)	2018 (Dec)	198,938
Greater London Authority, total daytime population (including tourists)	2014	357,000

The current population of 309,300 is estimated to increase by 2.2% (6,720) over the next 5 years (ONS Sub-National Population Projections, 2018-based).

Like all local authorities in England and Wales, Hillingdon's population projections were retrospectively revised in 2018 and along with 39% of LAs show a decrease in expected growth. In the 2014 data release, our population was expected to be 323,000 in 2020; the current population is 4.2% lower than what was predicted.

The current population is split into the following age bands:

Age	2020 estimate	%
0-4	21,541	7.0
5-9	22,334	7.2
10-14	19,946	6.4
15-19	18,023	5.8
20-24	20,346	6.6
25-29	22,072	7.1
30-34	23,675	7.7
35-39	24,216	7.8
40-44	22,763	7.4
45-49	19,995	6.5
50-54	19,426	6.3
55-59	18,027	5.8
60-64	14,824	4.8
65-69	11,500	3.7
70-74	10,625	3.4
75-79	7,635	2.5
80-84	6,220	2.0
85+	6,142	2.0
Total	309,310	100%

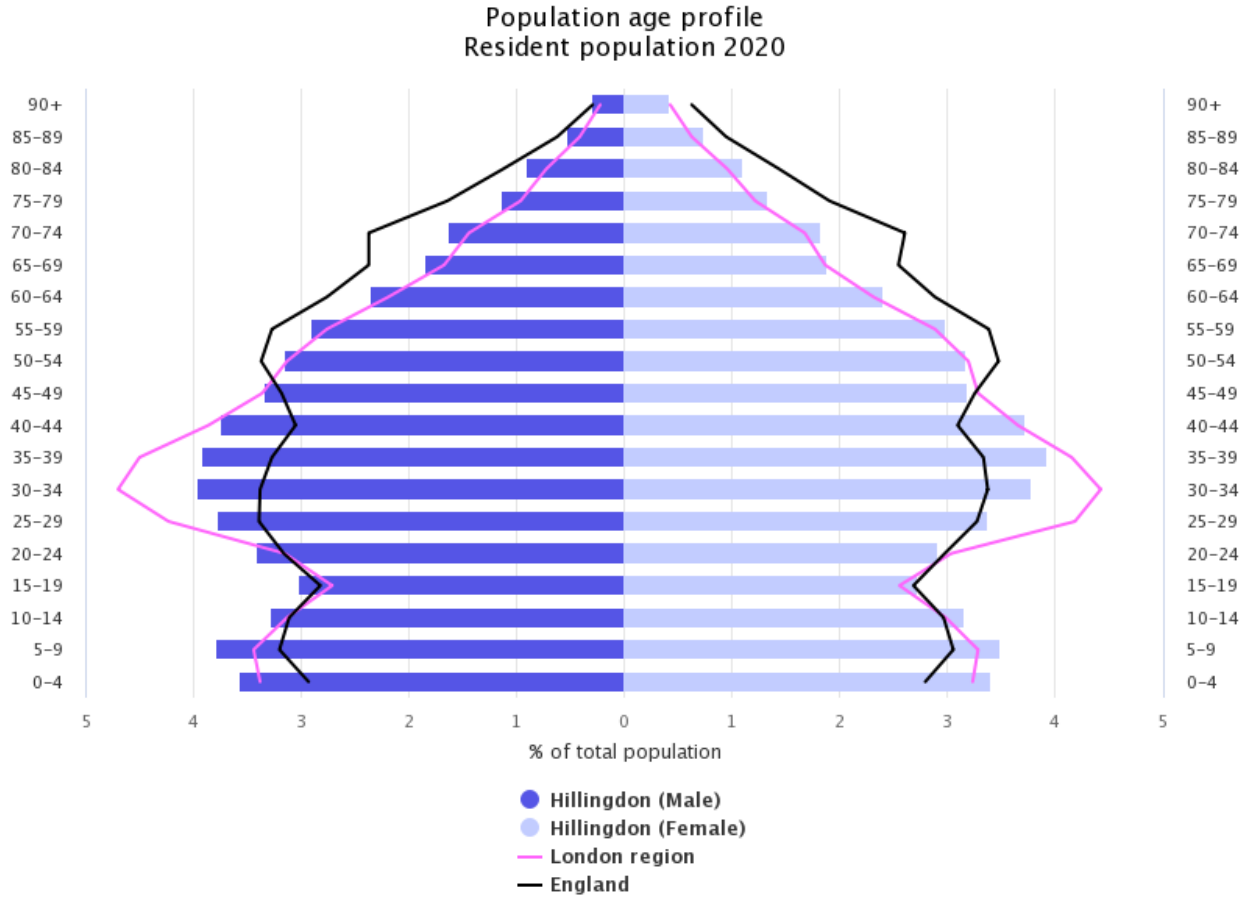


Figure 2. Population profile by age group and by gender in Hillingdon compared to London and England. Data source: PHE.

In terms of wards, Botwell (22,650) was the most populated in 2020 followed by West Drayton (19,050). The least populated area was Harefield (7,950).

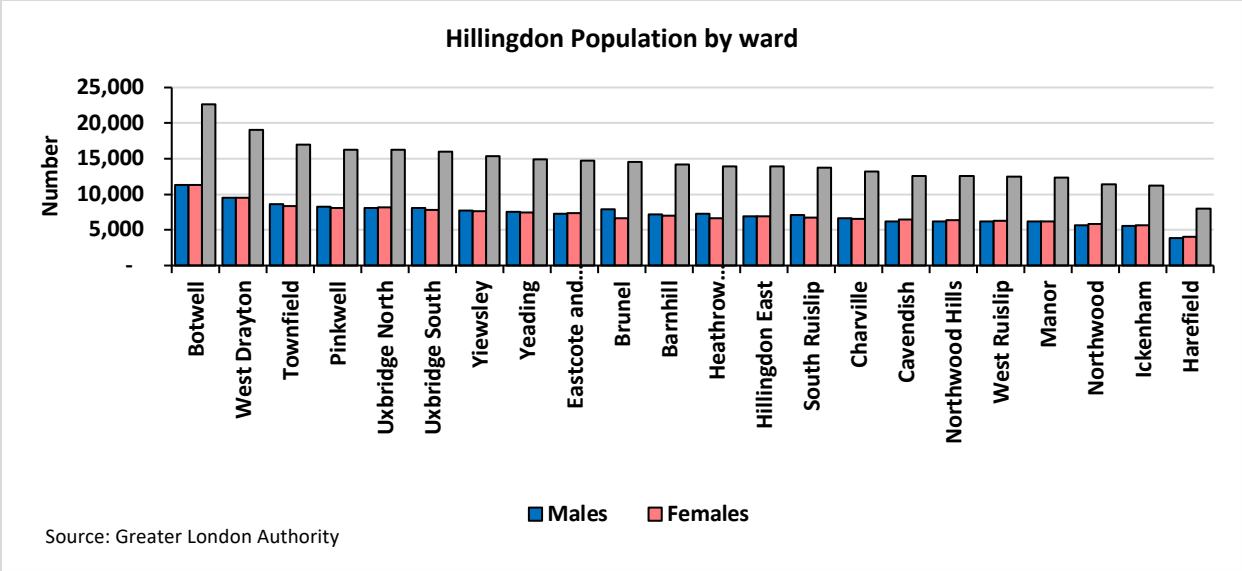


Figure 1. Hillingdon's population by wards

GP registered population

The GP registered population is estimated at 355,000 (Nov 2021); the difference between this and the usual population is that some will be non-Hillingdon residents registered at a GP within the borough (and some of our residents would be registered with GPs outside of Hillingdon).

Age Distribution

The population of individuals aged 25 to 29 years decreased from 2018 to 2020 and those 40 to 44 years increased from 2018 to 2020 in Hillingdon.

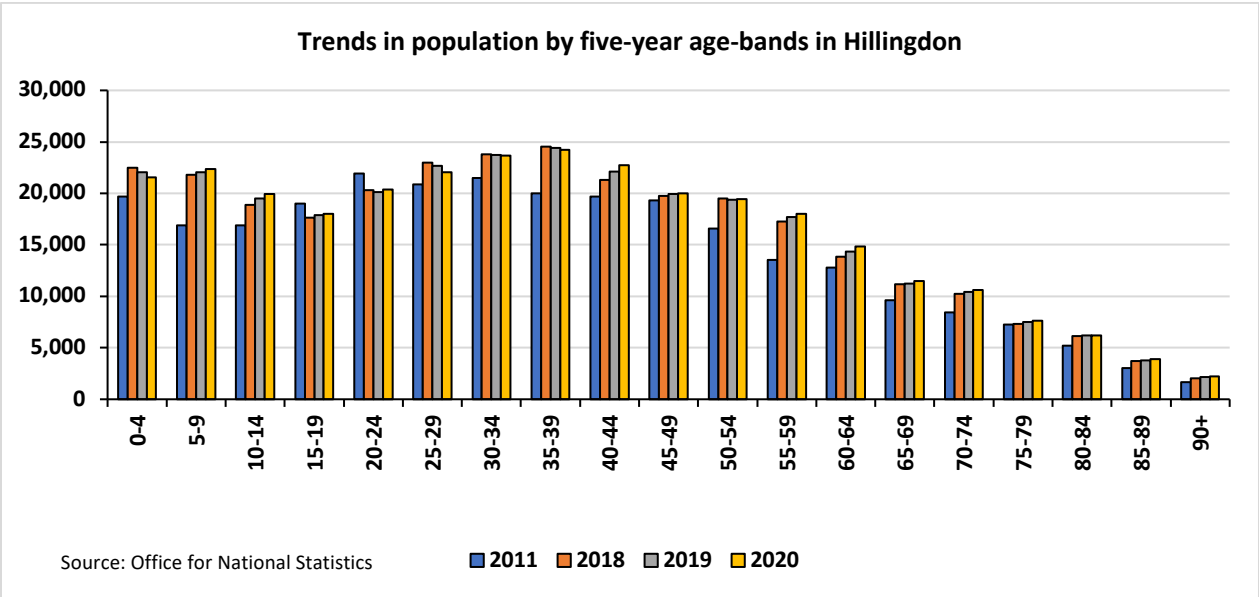


Figure 2. Trends in population by five-year age-bands

The population of individuals aged 55 to 90+ years is estimated to increase by 2040 while those aged 10 to 14 years, 35-39 years, 40-44 years, and 45-49 years are projected to decline by 2040.

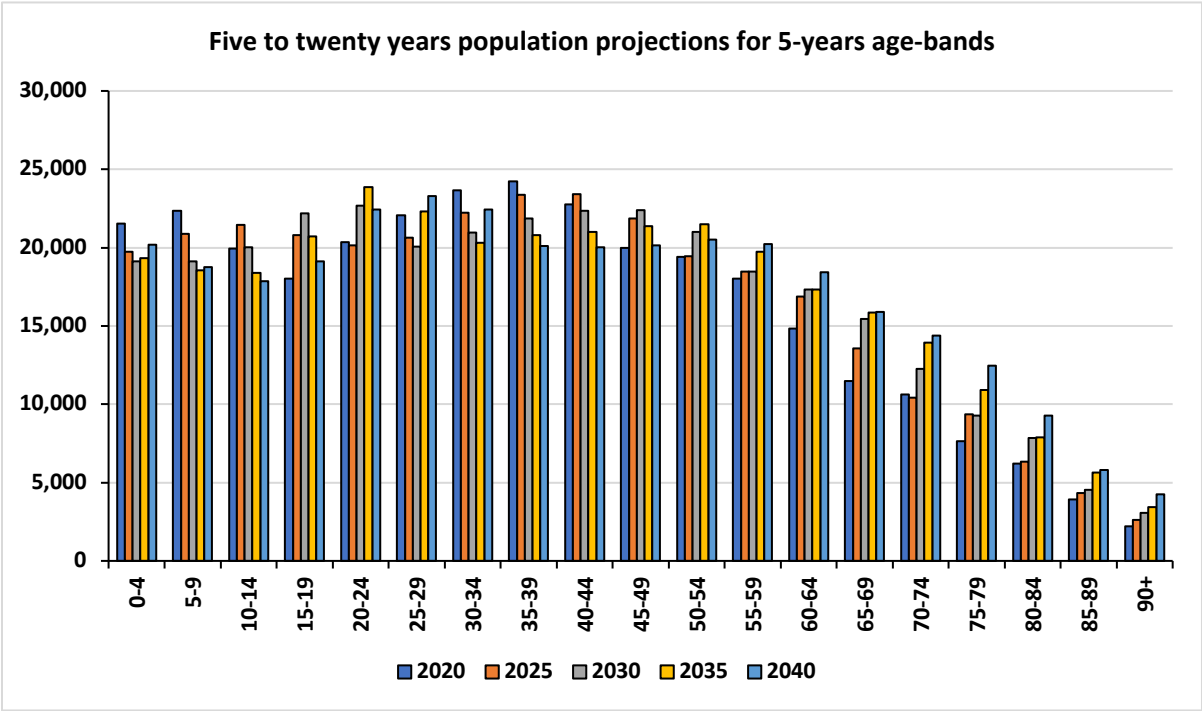


Figure 3. Five to twenty years population projections for 5-years age-band. Data source: ONS

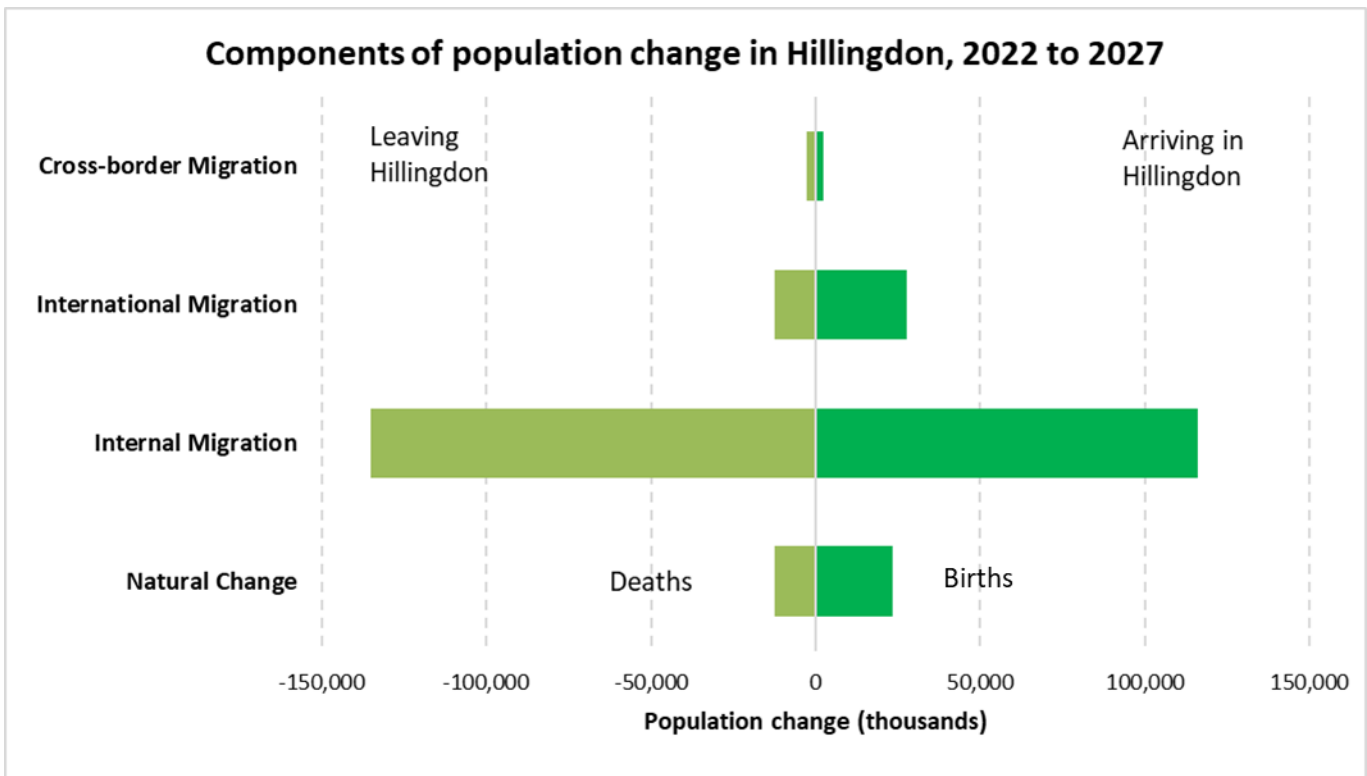
Hillingdon age breakdown, 2022:

Age Band	Hillingdon Persons	Hillingdon % population	London % population	England % population
Age 0-3	16,279	5.2%	5.0%	4.4%
Age 4-18	62,571	20.0%	18.6%	18.1%
Age 19-64	190,020	60.8%	63.8%	58.6%
Age 65-74	22,518	7.2%	6.7%	9.7%
Age 75+	21,282	6.8%	5.9%	9.2%

Hillingdon has a lower proportion of the population aged under 65 compared to London, but a higher proportion compared to England. Hillingdon has higher proportions of the population aged 65+ compared to London, but lower proportions than England.

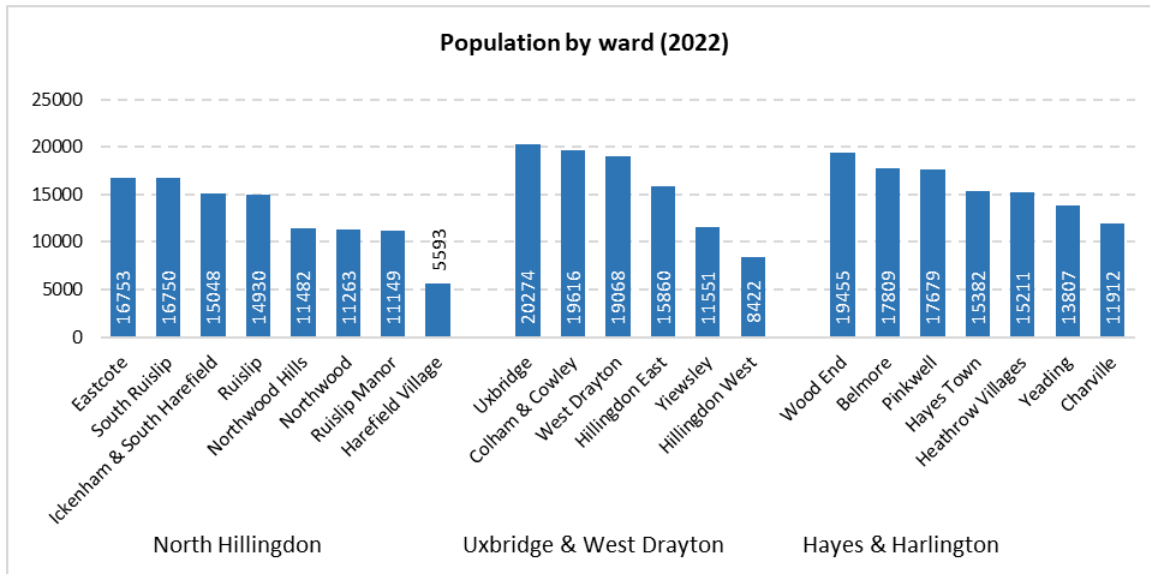
Population projections

The population increase in Hillingdon between 2022 and 2027 is expected to be 5,037 or 1.6%. The corresponding 5-year increase in London is 1.8% and in England is 2.2%.



Population by ward

In the new ward structures from May 2022, 36% of Hillingdon residents are living in Hayes & Harlington, 33.3% living in North Hillingdon and 30.7% living in Uxbridge & West Drayton.



Births and birth projections

In Hillingdon, there are more live births than deaths resulting in an increase in the population due to natural change. Over a last six-year period (2013 to 2019) there were a total of 30,279 births and 13,623 deaths, resulting in a population increase of 16,656 people. The number of births in Hillingdon gradually increased from the year 2013 onward, reaching a peak of 4,508 births in 2016. Since then, births in Hillingdon have fallen gradually with the lowest number recorded in 2018 with 4,075 live births.

Overall, the Total Fertility Rate in Hillingdon in 2019 was 1.85 children per woman, down from 1.95 in 2013, and higher than the England and London average of 1.66 and 1.60, respectively.

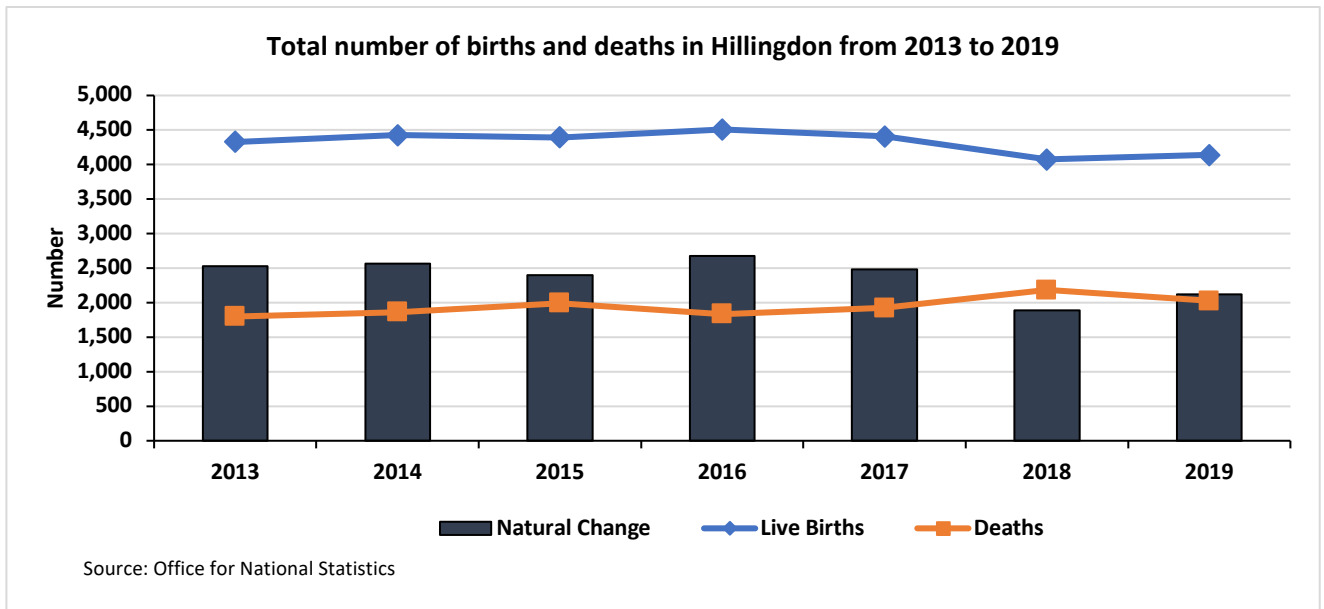


Figure 4. Total number of births and deaths in Hillingdon from 2013 to 2019

More births took place in Botwell, Townfield, Pinkwell, Yeading, and Barnhill in South Hillingdon and West Drayton and Yiewsley in Centre Hillingdon compared to other wards.

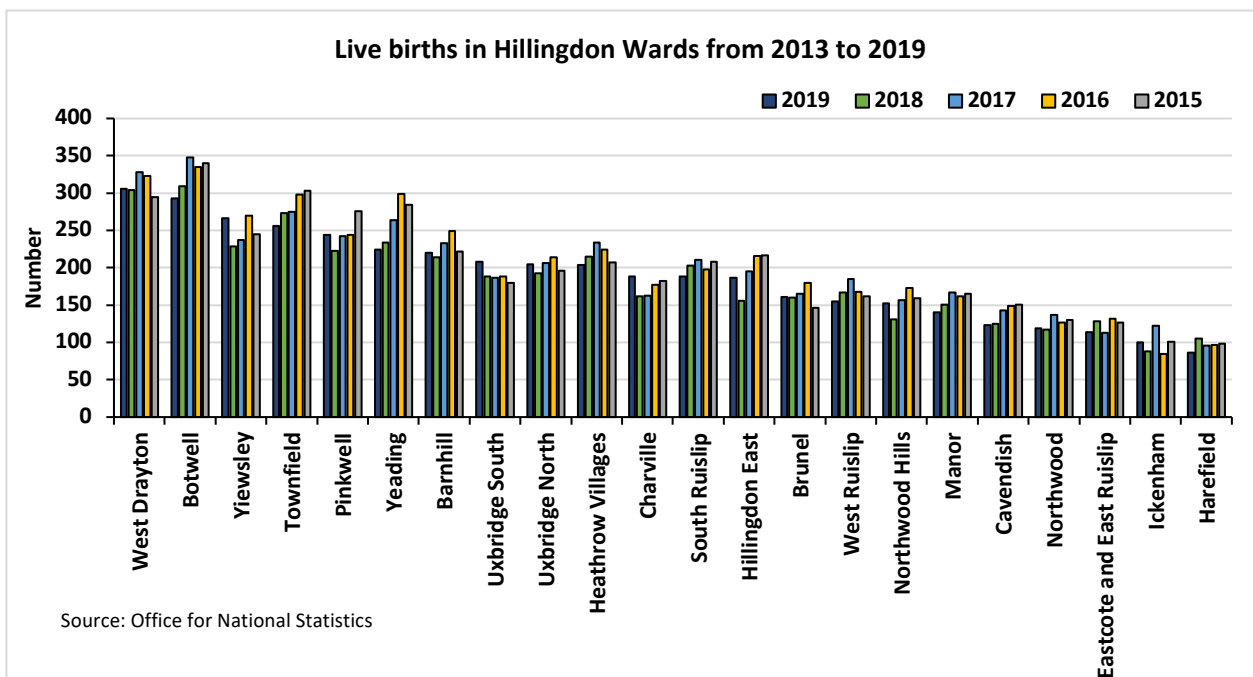
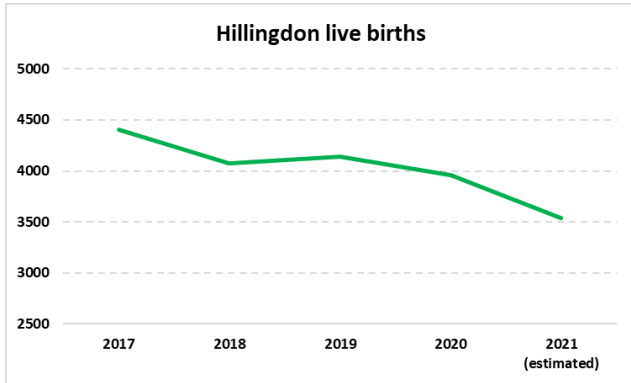
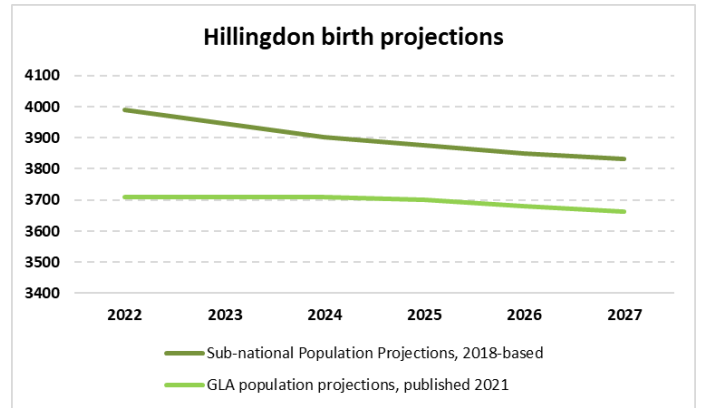


Figure 5. Live births in Hillingdon Wards from 2013 to 2019.

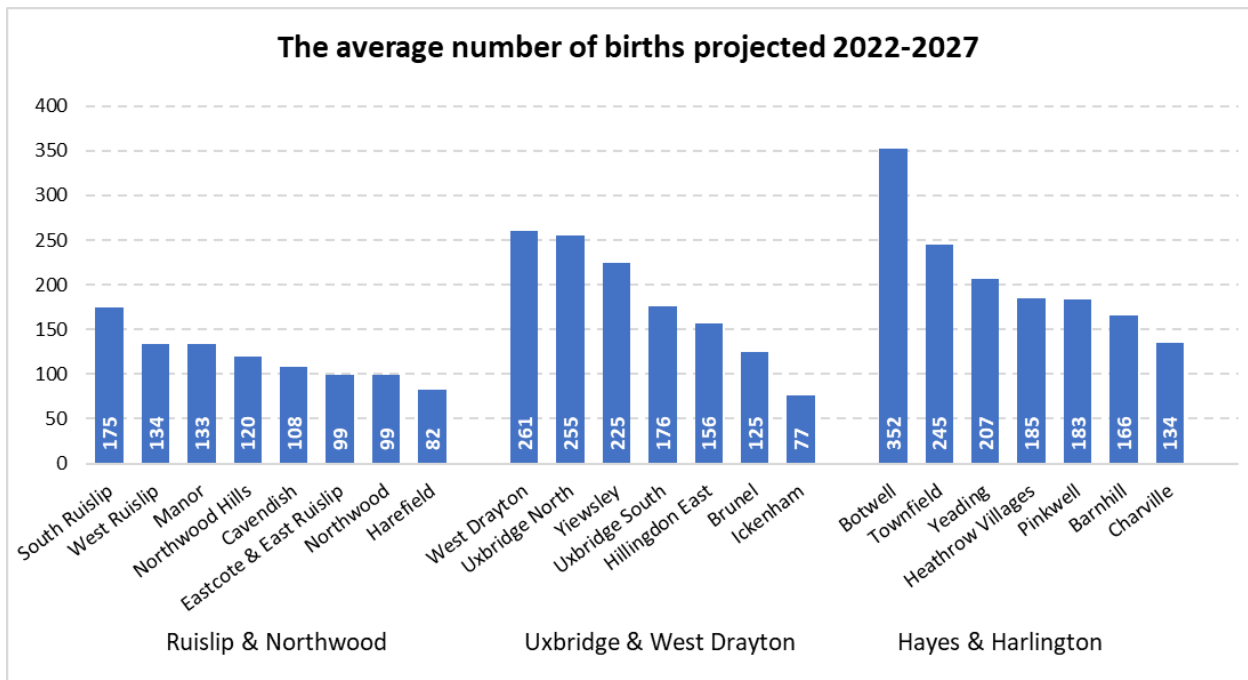
There were 3,958 live births in 2020; this figure has decreased since 2018 and is predicted to decrease further with an average of 3,880 births per annum over the next 5 years.



Source: ONS Birth Summary Tables, England & Wales



Ickenham has the lowest number of births expected per annum in the five years up until 2027. Wards with the highest projections of births are in the south of the borough.

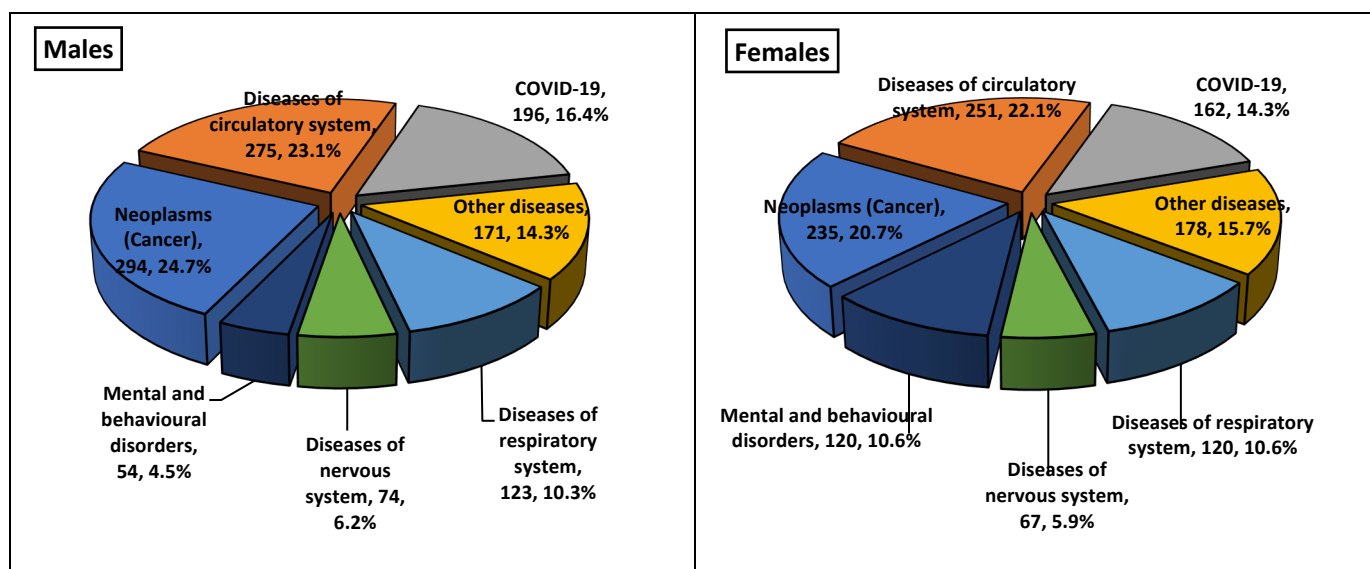


Causes of death

In 2020, the major causes of death in Hillingdon were cancer (neoplasms), circulatory diseases, COVID-19, and respiratory diseases. The main cause of death in Hillingdon was cancer (Neoplasm) which accounts for 23% of all deaths in 2020 (25% in males and 21% in females) and circulatory diseases which also caused 23% of all deaths (23% in males and 22% in females). Hillingdon followed the same pattern as London and England, where these two causes of death contributed to over 45% of deaths.

Neoplasms were the highest killer in males while circulatory diseases were the highest killers in females.

Figure 6. Causes of death (for all ages) in Hillingdon, 2020



Data Source: ONS Mortality Statistics

Life Expectancy

Life expectancy at birth is the average number of years that a newborn child could expect to live if he or she pass through life subject to the age-specific mortality rates of a given period. Healthy life expectancy at birth is the estimate of the average number of years newborn child will live in a state of good general health if mortality levels at each age, and the level of good health at each age, remain constant in the future.

Healthy life expectancy at birth for males in Hillingdon in 2017-2019 is lower (61.6 years) compared to England (63.2 years).

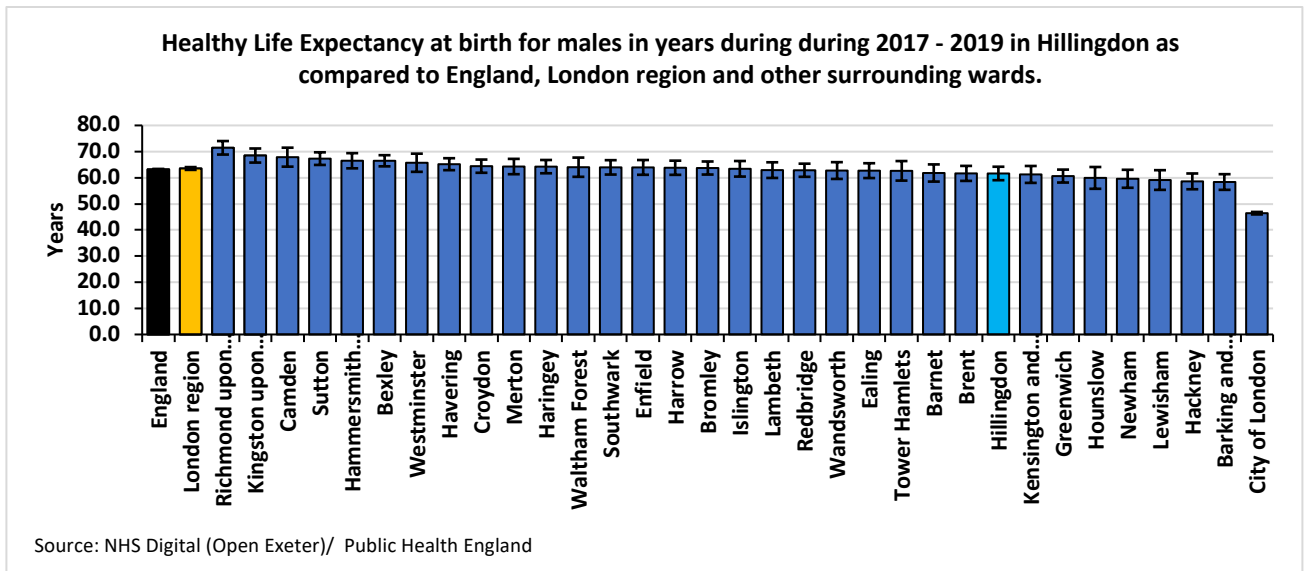


Figure 7. Healthy life expectancy at birth for male in 2017-2019

Healthy life expectancy for females in 2017-2019 was lower (60.1%) in Hillingdon as compared to England (63.5%).

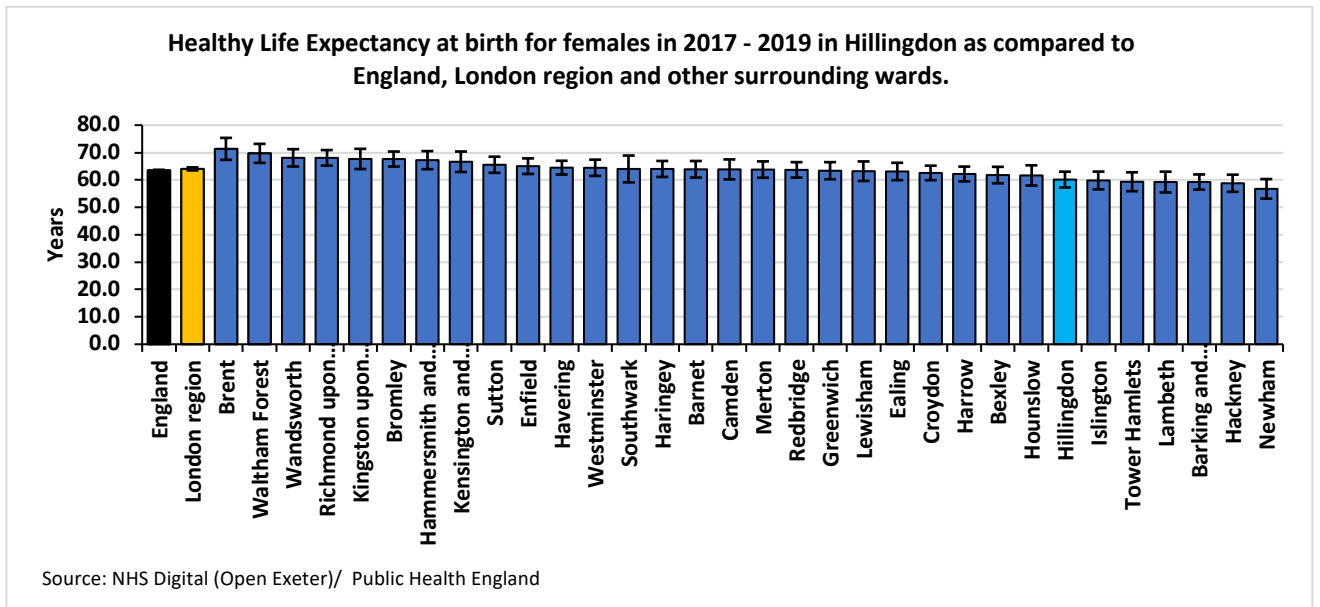


Figure 8. Healthy Life Expectancy at birth for female in 2017-2019 in Hillingdon as compared to England and other London wards.

Life Expectancy at birth for males in 2017-2019 in Hillingdon was 80.2 years which was slightly higher than England (79.8 years).

The trend in life expectancy at birth for males from 2009/2011 to 2017/2019 in Hillingdon shows it has slightly increased from 2009 to 2017 and doing better compared to the England average.

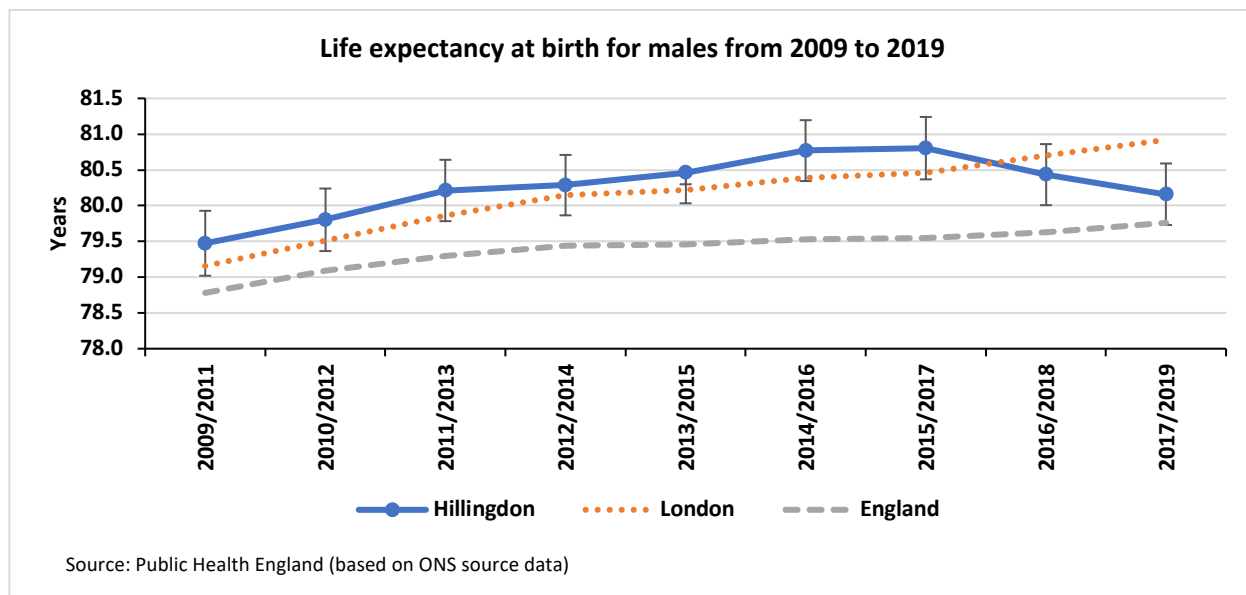


Figure 9. Life expectancy at birth for males from 2009 to 2019 in England, London and Hillingdon.

Life expectancy at birth for females is increasing from 2009 to 2019 in Hillingdon and doing better than England. It was 81.3 years in 2007 and in 2019 it was 84 years for Hillingdon.

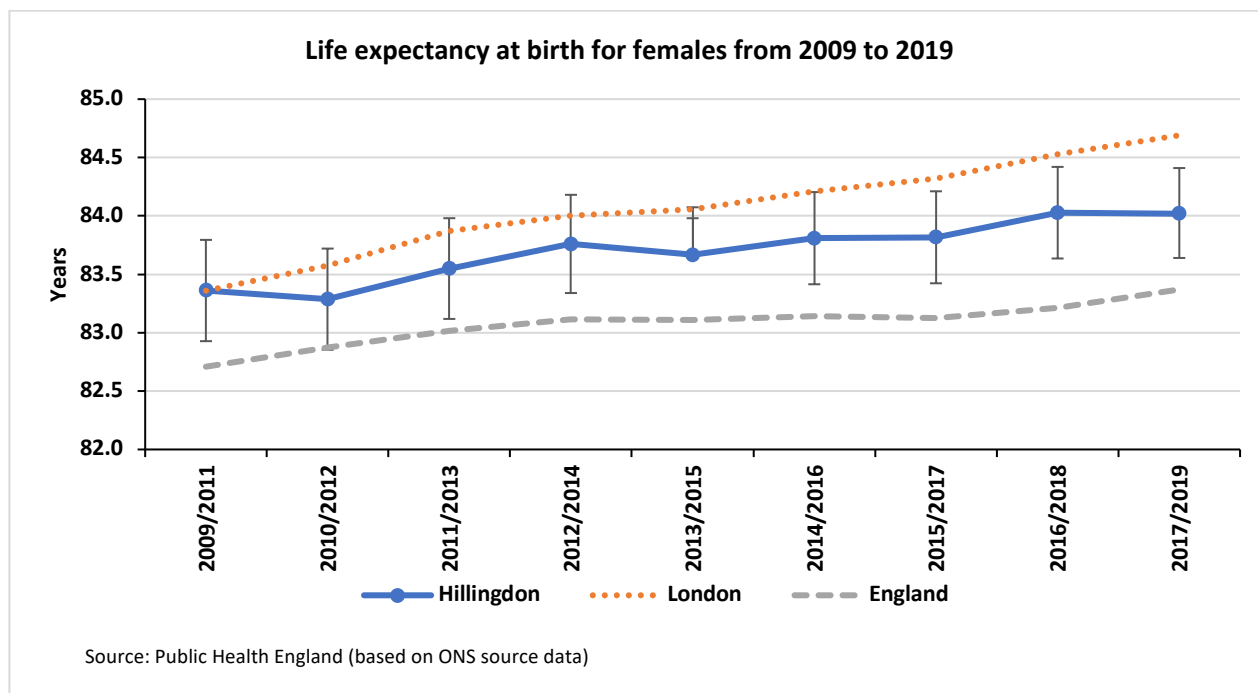


Figure 10. Life expectancy at birth for females from 2009 to 2019 in Hillingdon, England and London

Ethnicity

London is the most ethnically diverse area in the country, with 40.2% of residents identified as belonging to either the Asian, Black, Mixed or Other ethnic group.

The most recent figures available are from the 2011 Census.

Ethnicity	Number	Percentage
White - British	129,365	41.7
White - Irish	5,989	1.9
Other White	25,654	8.3
BAME	148,919	48.0
White and Black Caribbean	3,481	1.1
White and Black African	2,299	0.7
White and Asian	4,754	1.5
Other Mixed	4,479	1.4
Indian	50,034	16.1
Pakistani	12,613	4.1
Bangladeshi	3,604	1.2
Chinese	4,454	1.4
Other Asian	23,734	7.7
Black African	15,640	5.0
Black Caribbean	5,726	1.8
Other Black	5,757	1.9
Arab	4,753	1.5
Any other ethnic groups	7,593	2.4

Source GLA

4 Health Conditions and Mortality

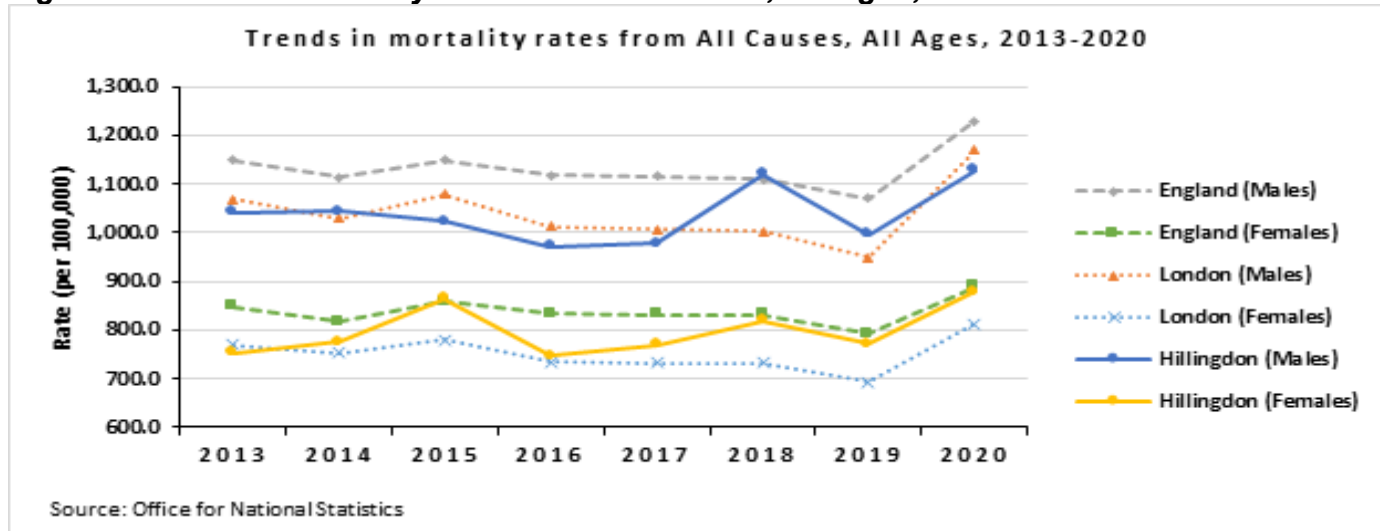
Health outcomes projections

- The proportion of persons with dementia (all ages) is projected to increase by about 0.3% in 2024/25 (Figure 126)
- The proportion of physically inactive adults in Hillingdon is estimated to increase from 31% in 2019/20 to 34% in 2024/25 (Figure 143).
- The prevalence of obesity in Reception (10.4%), Year 6 (21.3%), and adults (18+ years old) (65.3%) is higher in Hillingdon than London and England in 2019/20, and it is projected to increase to 24.5% in Year 6 and 76.6% in adults by 2024/25 (Figure 144-148)
- The rate of violence offences per 1000 population in Hillingdon is estimated to increase by 2024/25, from 23.9 in 2019/20 to 28.9 in 2024/25 (Figure 157).
- The rate of sexual offences (crude rate) in all persons per 1,000 population in Hillingdon is projected to increase to 2.02 in 2024/25 from 1.42 in 2019/2020 (Figure 160).
- The ratio of excess winter deaths index in Hillingdon is estimated to increase from 12.8 in 2018 to 31.6 in 2025 (Figure 164).
- The proportion of type II diabetes among ethnic minorities in Hillingdon is projected to increase from 52.12% in 2018/19 to 65.15% in 2024/25 (Figure 189)

All Causes All Ages Mortality

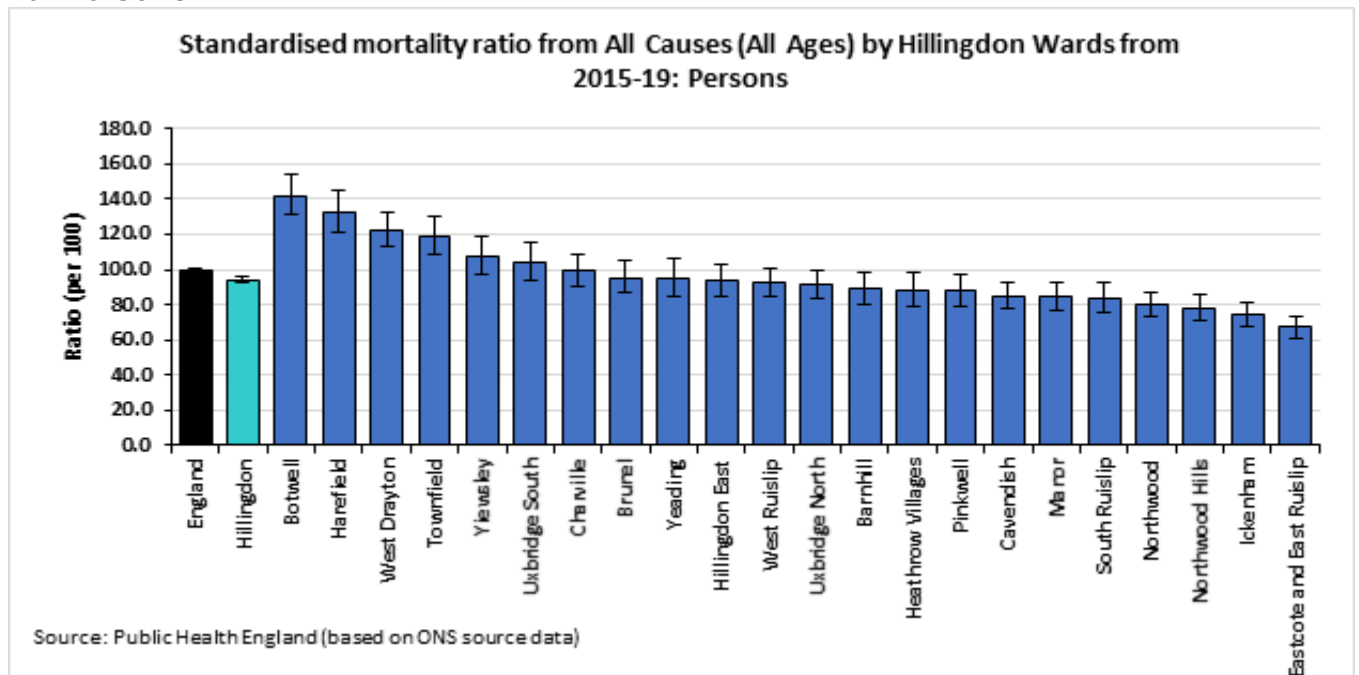
There are differences in mortality rate from all causes, for all ages by gender. Overall, males have a higher mortality rate than females in all areas. The mortality rate for males in Hillingdon in 2020 was similar to the London average but lower than the England average. However, the rate for females in Hillingdon was higher than the London and similar to the England average.

Figure 1 Trends in mortality rates from All Causes, All Ages, 2013-2020



All causes mortality for all ages varies by wards in Hillingdon. Botwell, Harefield, West Drayton, and Townfield are the wards with higher mortality rates compared to national average in 2015-19.

Figure 2 Mortality from All Causes (All Ages) by Hillingdon Wards from 2015-19: Persons

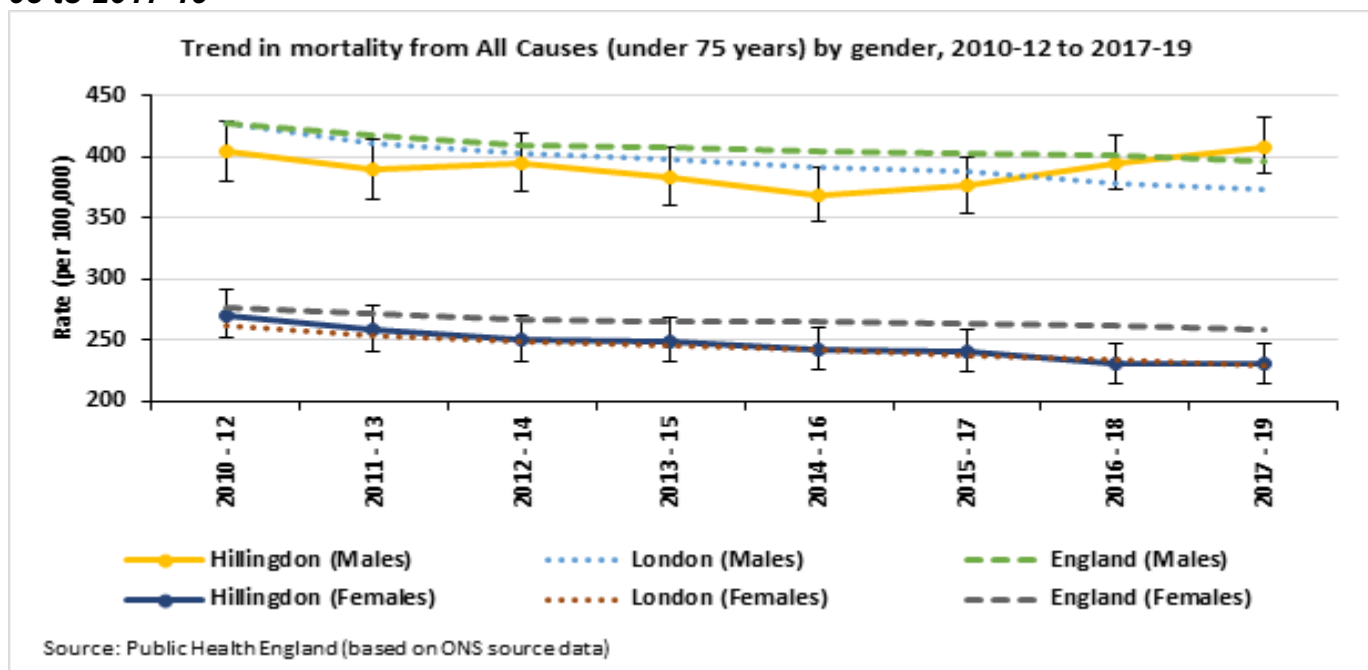


Early (Premature) Mortality

The directly standardised mortality rate from all causes for people under 75 years for Hillingdon was 318 per 100, 000 population in 2017-19 which was not different from the England (326 per 100, 000 population) but higher than London averages (299 per 100, 000 population).

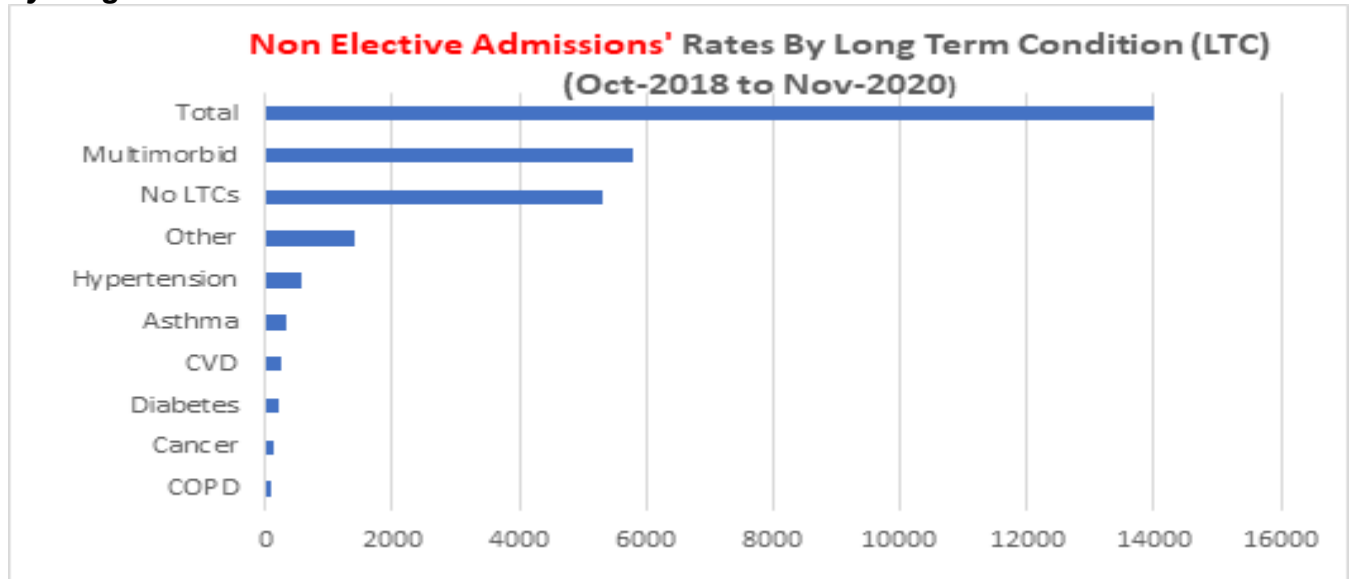
Overall, there has been a decline in premature mortality from all causes from the 2010-12 baseline to 2017-19 with the exception of males in Hillingdon. The mortality rates in males in Hillingdon was lowest in 2014-16 (369) and has increased gradually reaching the highest in 2017-19 (409). In 2017-19, the mortality rate of males in Hillingdon was similar to the national average but higher than the London average. However, the mortality rate of females in Hillingdon (230 per 100,000 population) was similar to the London average (230) but better than the England average (258).

Figure 3 Trend in mortality from All Causes (under 75 years) by gender, 2001-03 to 2017-19



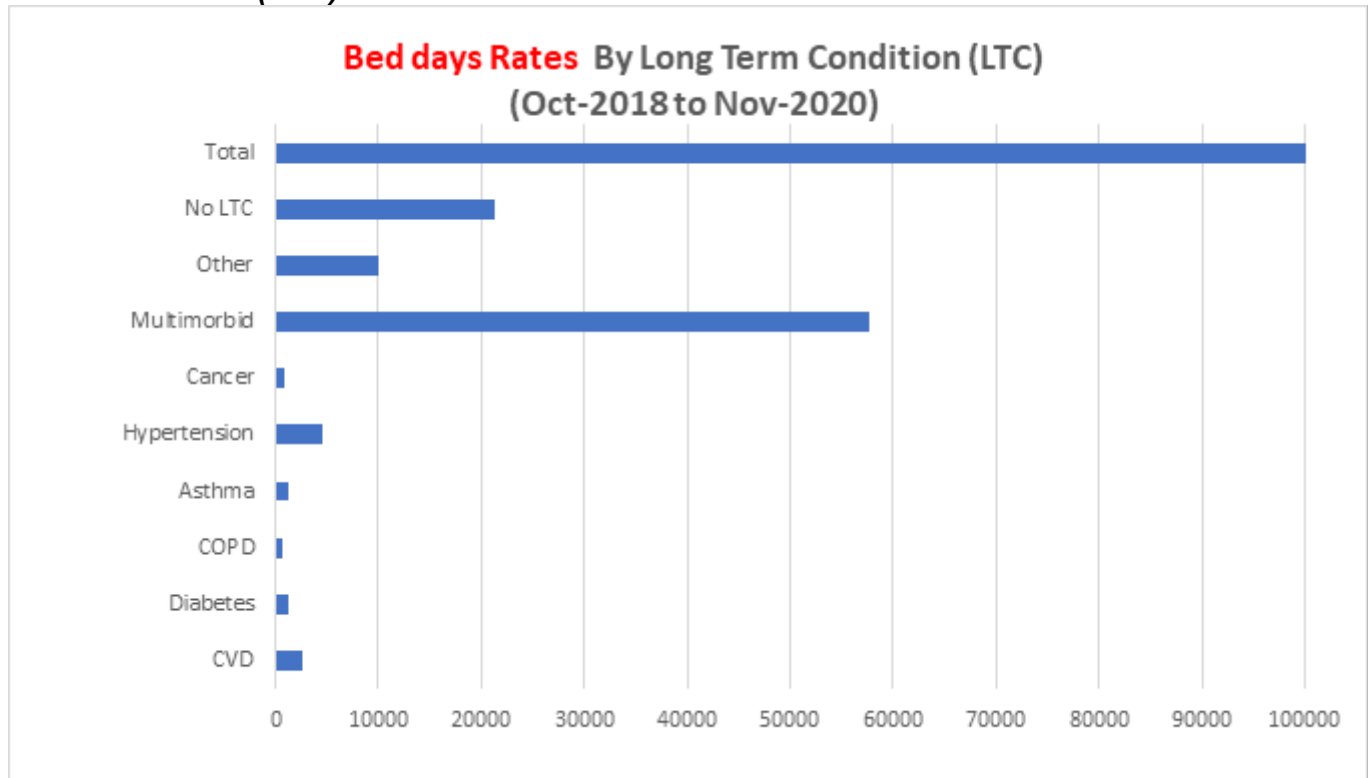
Hospital Admissions

Figure 4 Distribution of rates per 100000 of non-elective hospital admissions by long term conditions



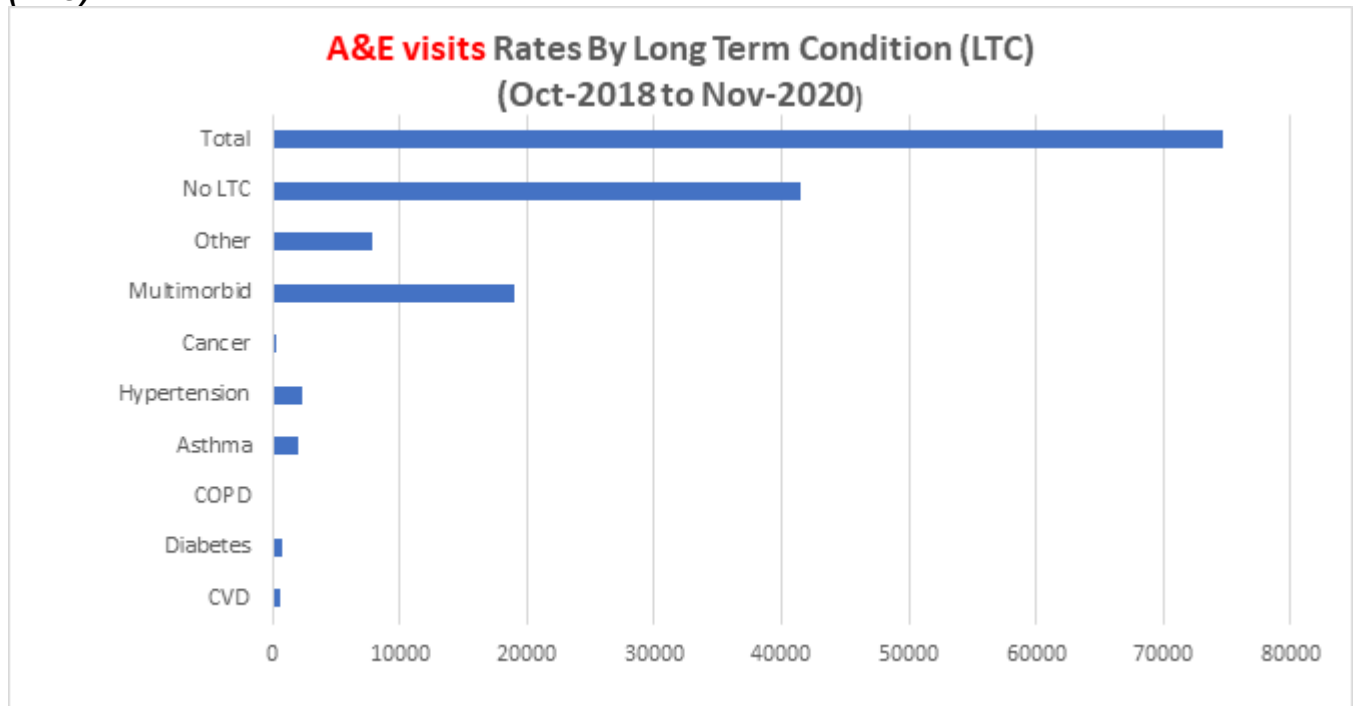
62% of non-elective hospital admissions are for patients with Long Term Conditions.

Figure 5 Distribution of rates per 100000 of Bed days at the hospital by long term conditions (LTC)

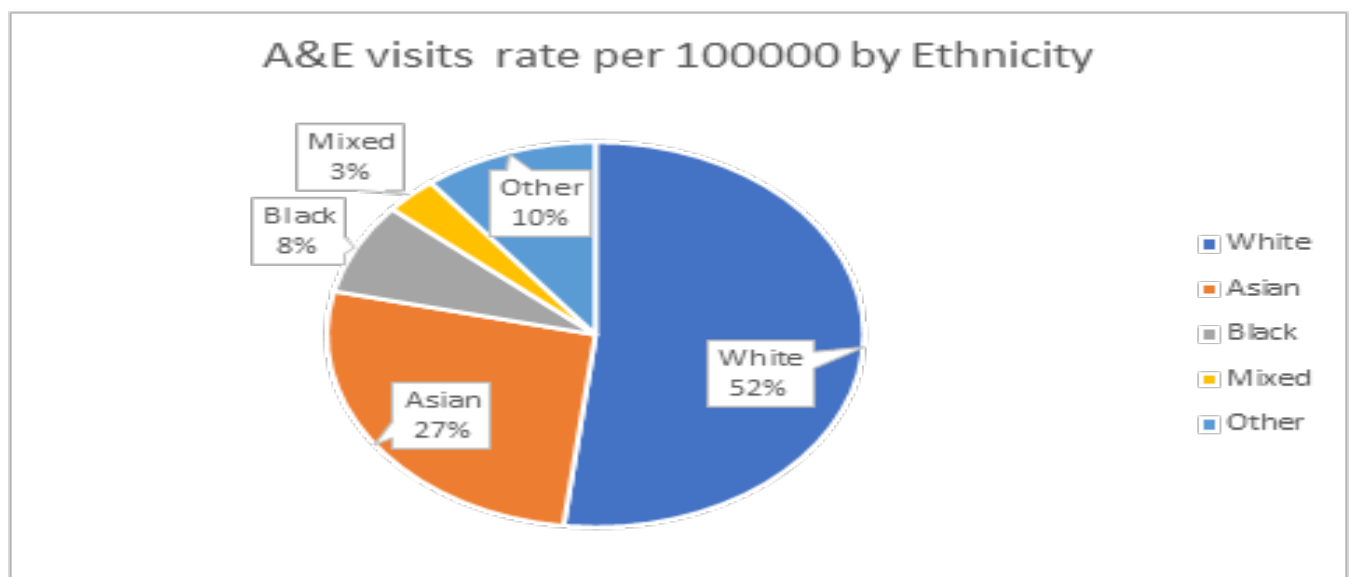


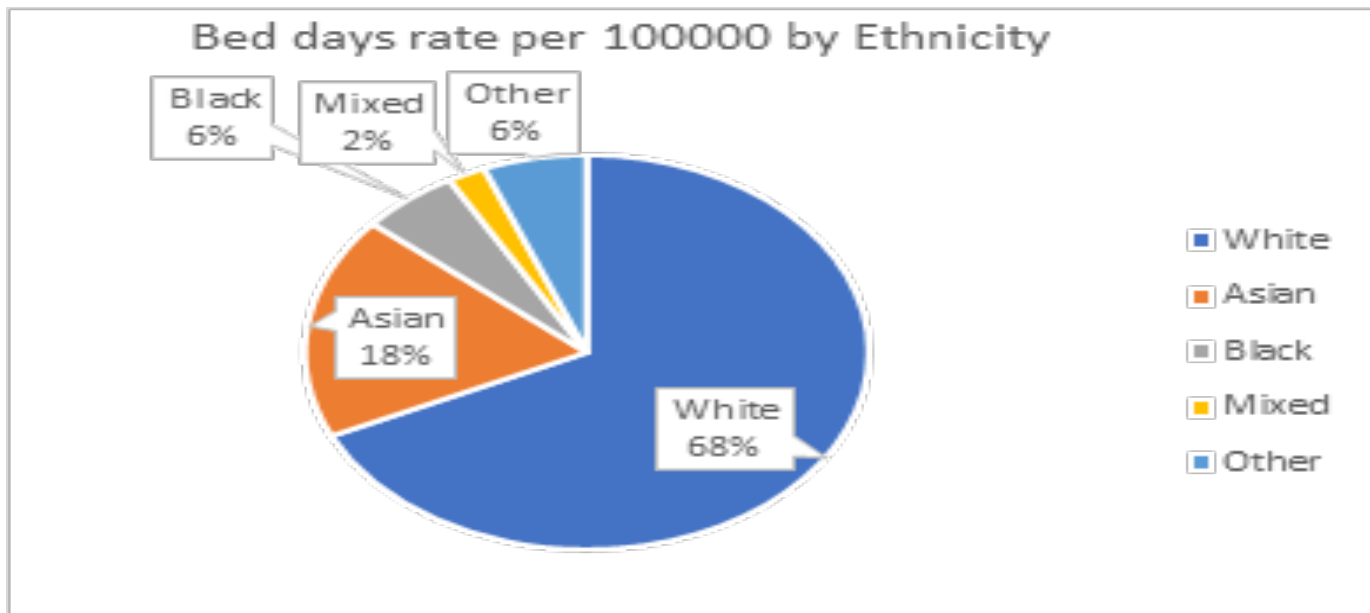
79% of bed days are patients with Long Term Conditions.

Figure 6 Distribution of rates per 100000 of A&E visits by long term conditions (LTC)



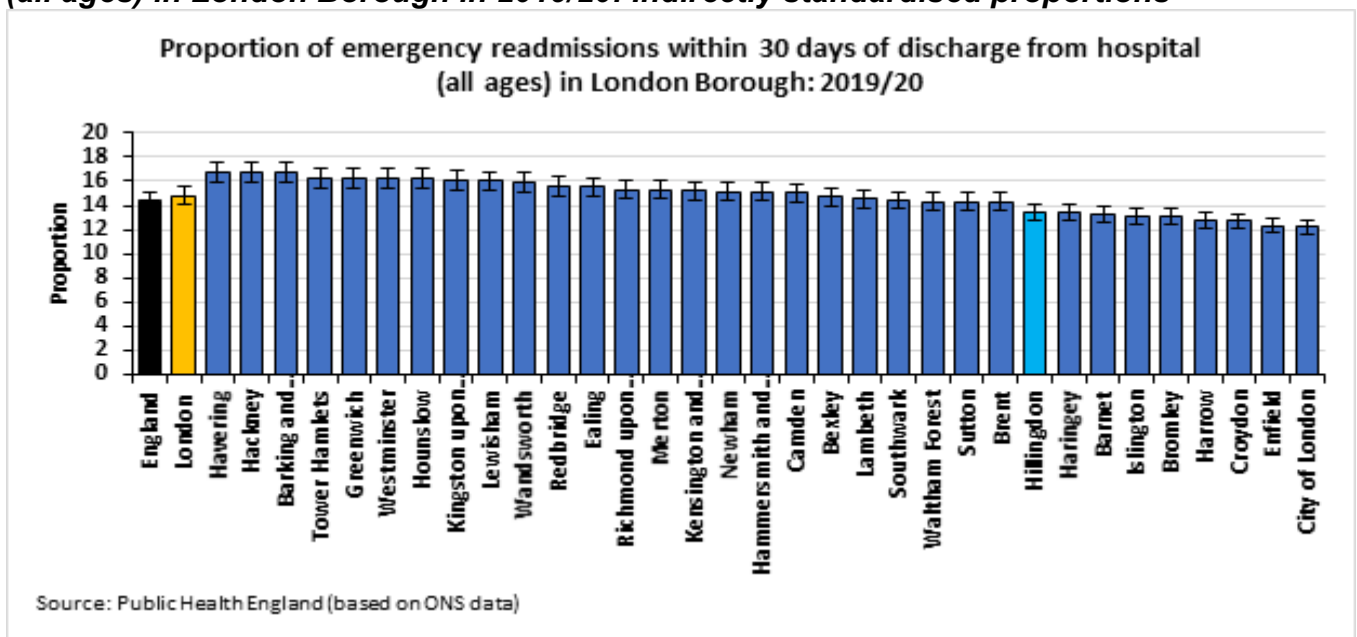
44% of A&E visits are from patients with Long Term Conditions





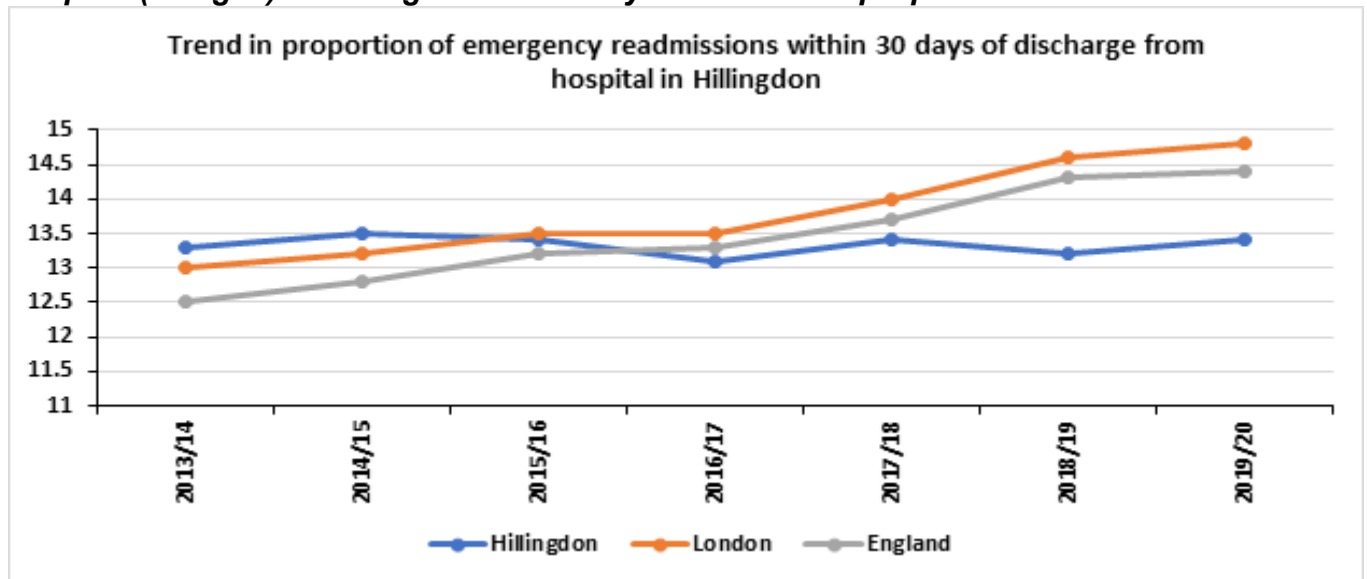
The proportion of emergency readmissions within 30 days of hospital discharge was lower in Hillingdon than in London and England in 2019/20.

Figure 7 Emergency readmissions within 30 days of discharge from hospital (all ages) in London Borough in 2019/20: Indirectly standardised proportions



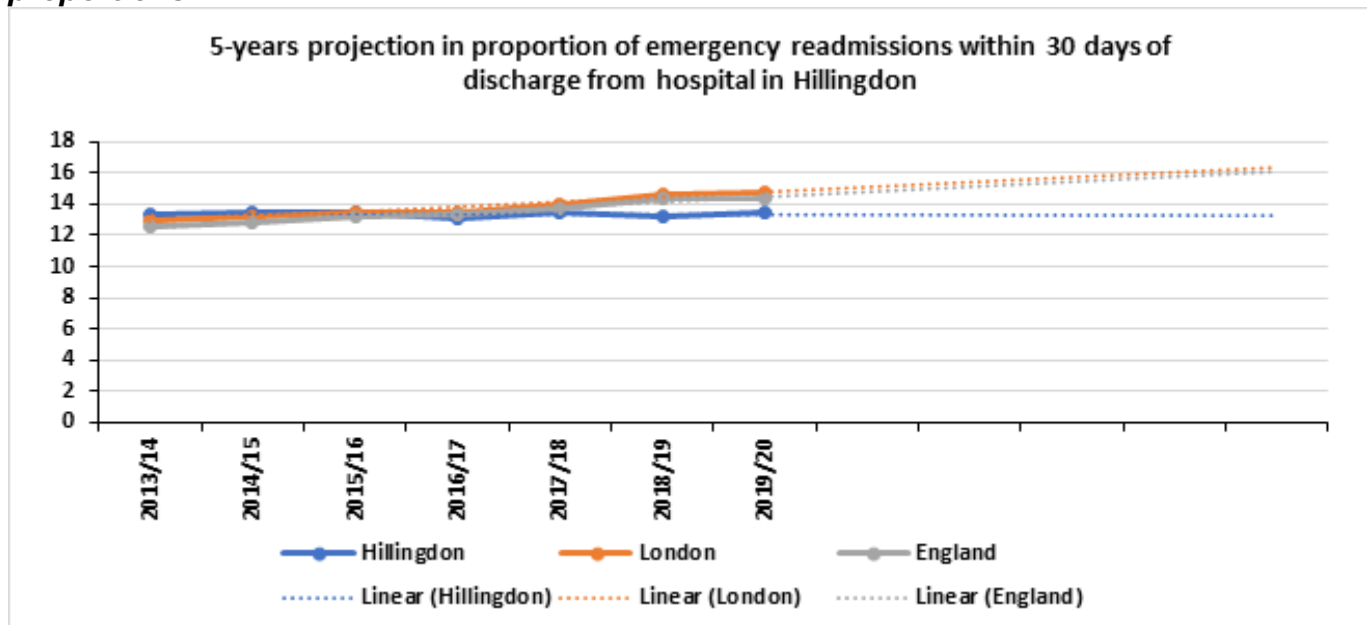
The proportion of hospital readmission in Hillingdon declined in 2016/17 and 2018/19. However, it increased in 2019/20.

Figure 8 Trend in emergency readmissions within 30 days of discharge from hospital (all ages) in Hillingdon: Indirectly standardised proportions



The hospital readmission proportion is projected to remain almost the same in the next 5 years in Hillingdon.

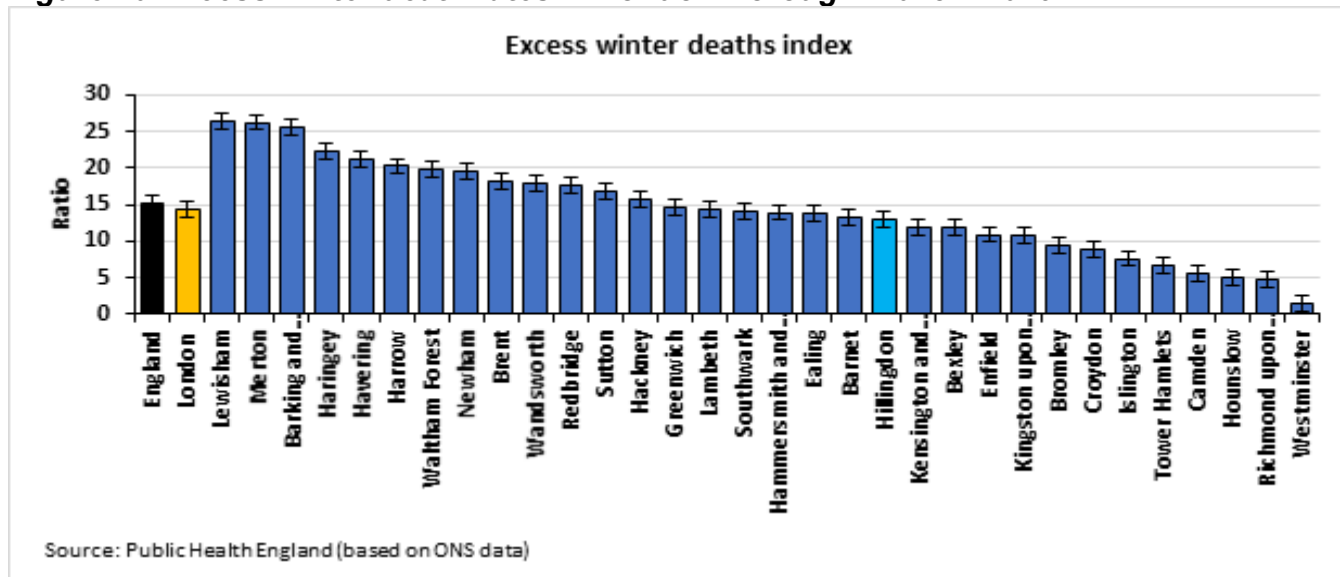
Figure 9 5-years projection in emergency readmissions within 30 days of discharge from hospital (all ages) in Hillingdon: Indirectly standardised proportions



Excess winter deaths

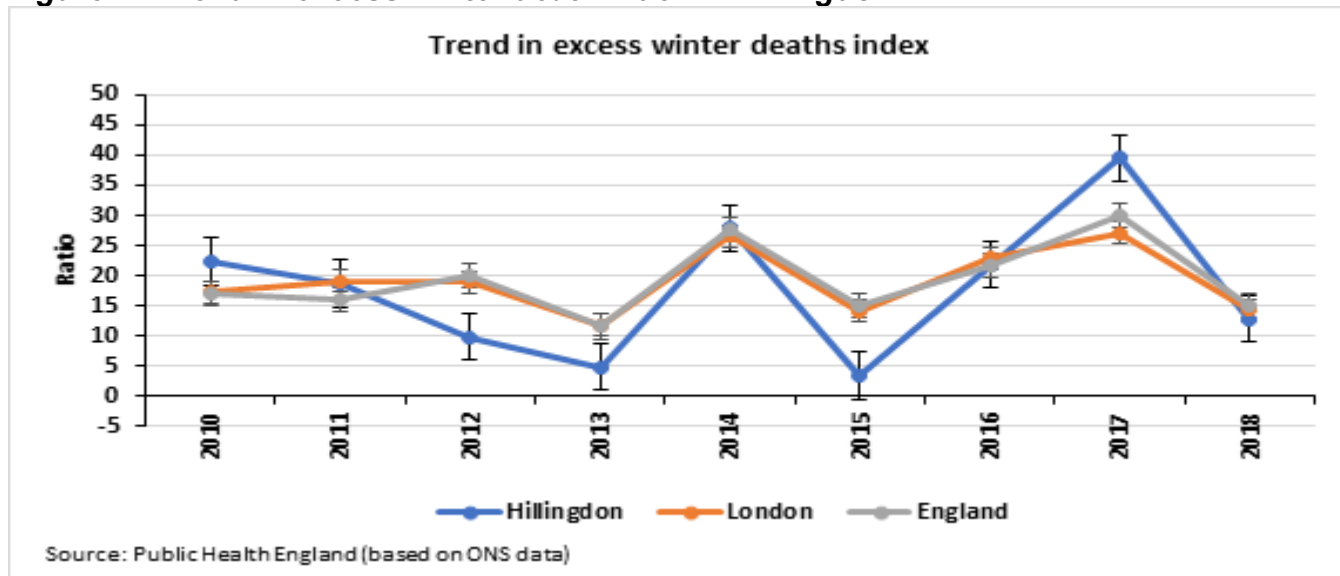
The ratio of excess winter deaths in Hillingdon in 2018/29 was lower than in London and England.

Figure 10 Excess winter death rates in London Borough: 2018 – 2019



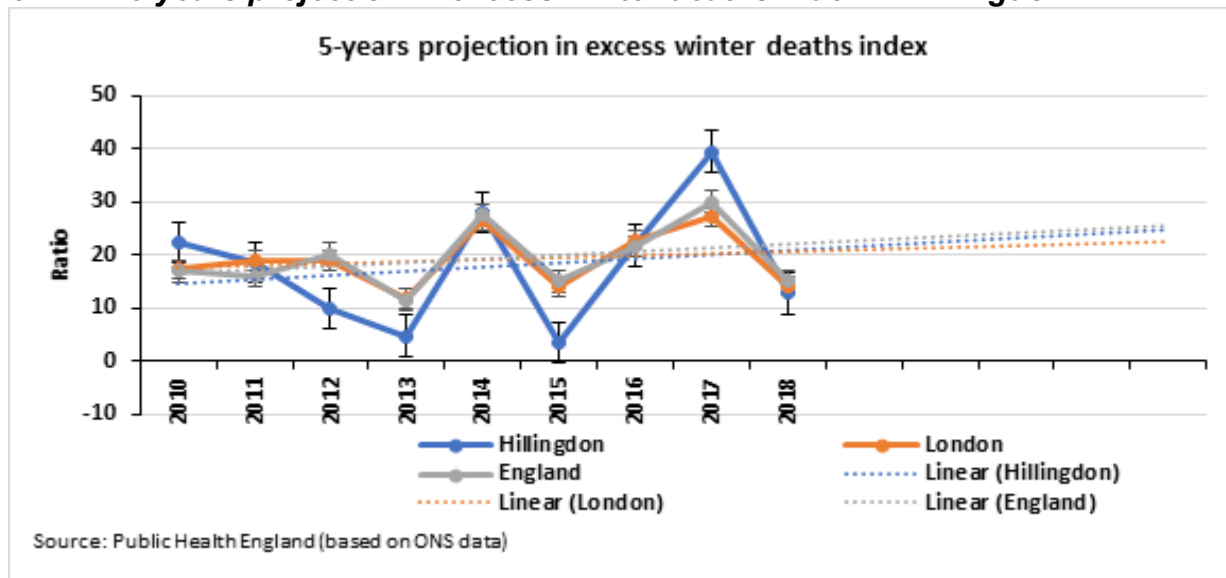
The ratio of excess winter deaths in Hillingdon decreased substantially in 2015 and increased exponentially in 2017.

Figure 11 Trend in excess winter death index in Hillingdon



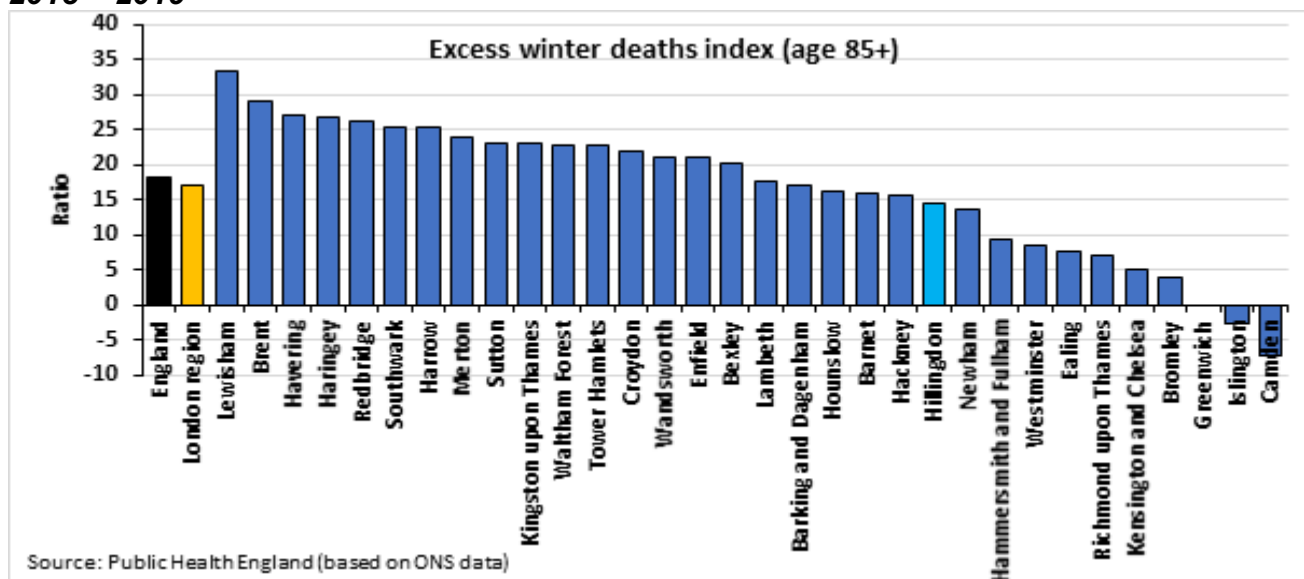
The ratio of excess winter deaths index is projected to increase steadily in the next five years in Hillingdon.

Figure 12 Five-years projection in excess winter deaths index in Hillingdon



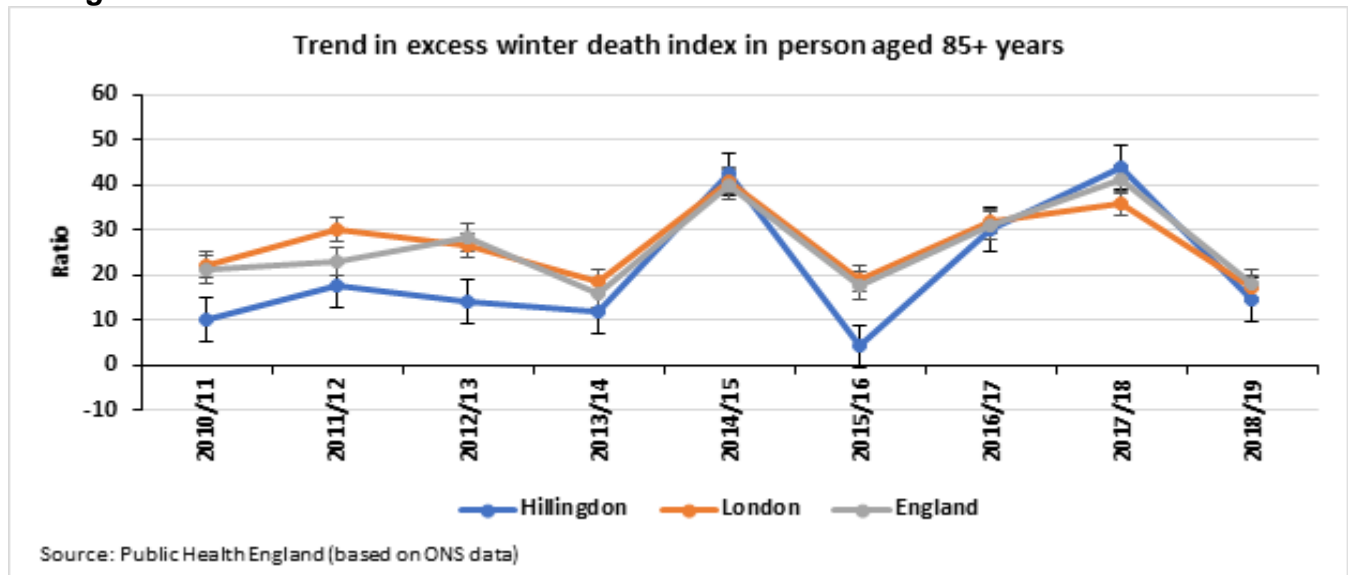
The ratio of excess winter deaths index among persons aged over 80 years was lower in Hillingdon than in London and England in 2018/19.

Figure 13 Excess winter death index rates in person aged 85+ years in London Borough: 2018 – 2019



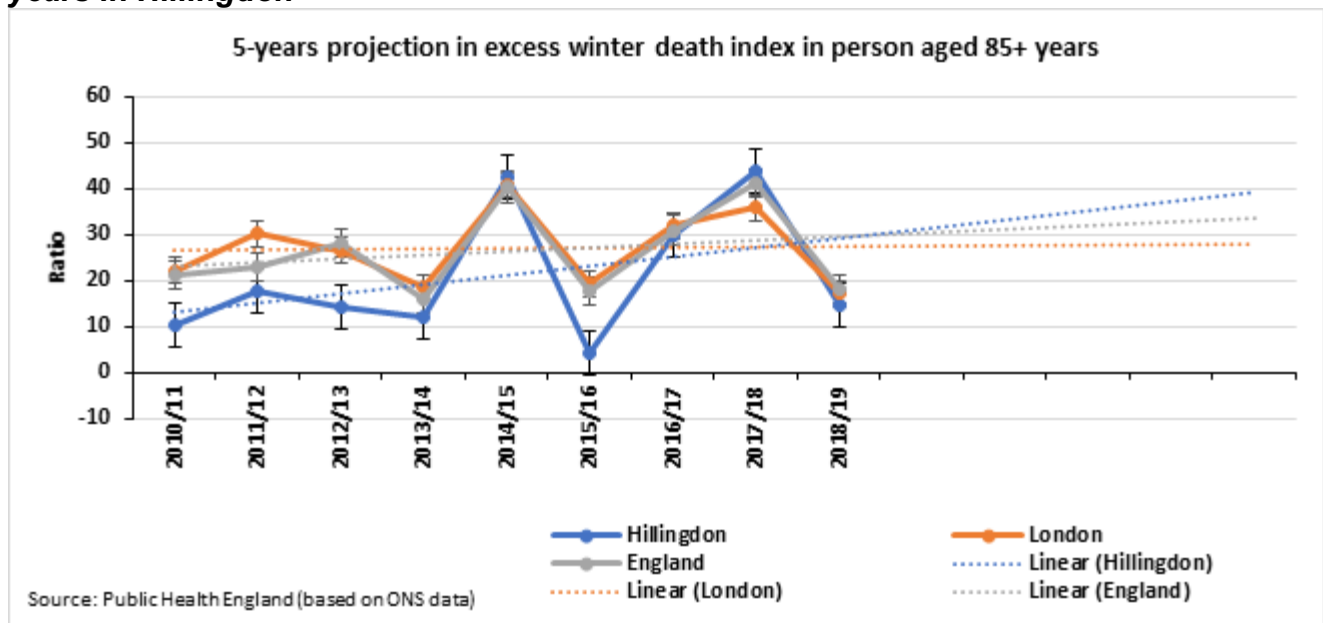
The ratio of excess winter death rates among persons aged 85+ years in Hillingdon declined in 2015/16 and decreased again in 2018/19.

Figure 14 Trend in excess winter death index ratio among persons aged 85+ years in Hillingdon



The excess winter death ratio among persons aged 85+ is projected to increase over the next 5 years.

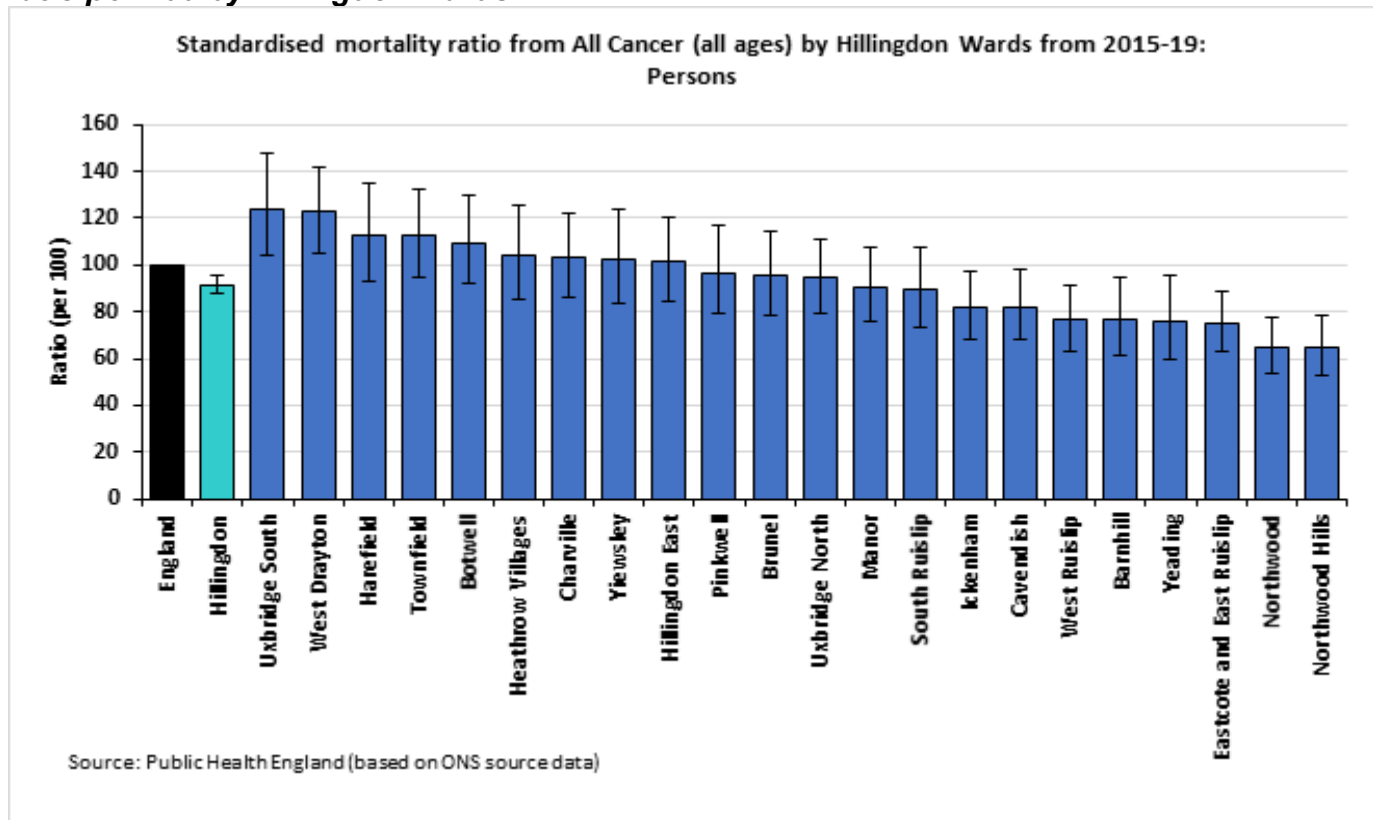
Figure 15 Five-years projection in excess winter death index ratio among persons aged 85+ years in Hillingdon



Cancers

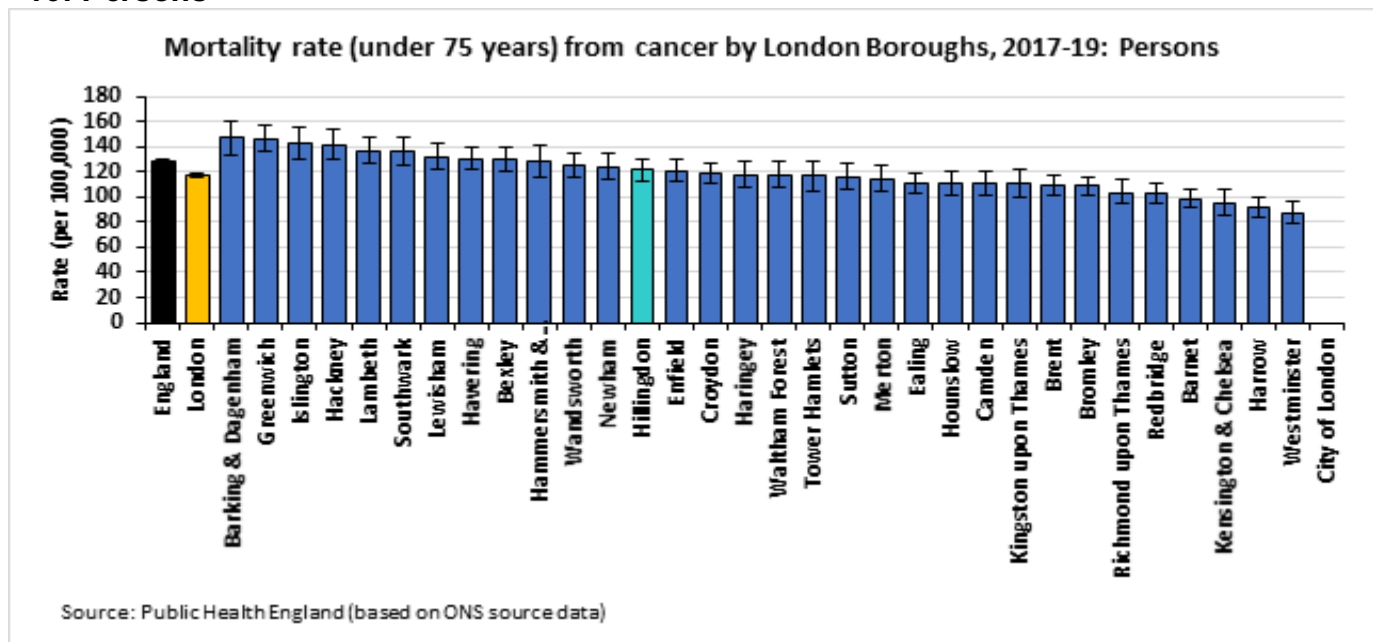
The standardised mortality ratio due to all cancer for all ages in Hillingdon (92 per 100) remains lower than England. Within wards, Uxbridge South, West Drayton, Harefield, Townfield, and Botwell have higher death ratios than the Hillingdon average.

Figure 16 *Figure 94. Deaths from all cancer, (all ages), standardised mortality ratio per 100 by Hillingdon wards*



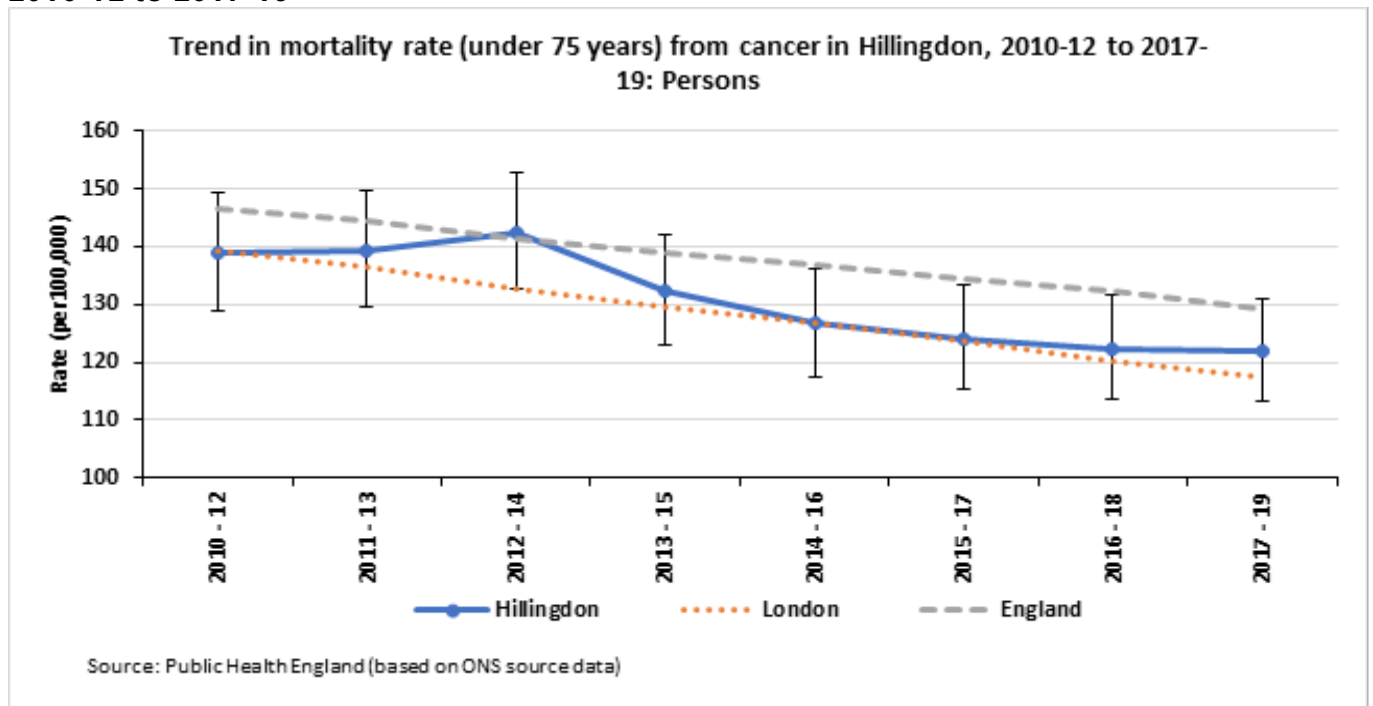
The rate of early deaths due to cancer in Hillingdon remained similar to the London and England averages for 2017-19.

Figure 17 Mortality rate (under 75 years) from cancer by London Boroughs, 2017 - 19: Persons



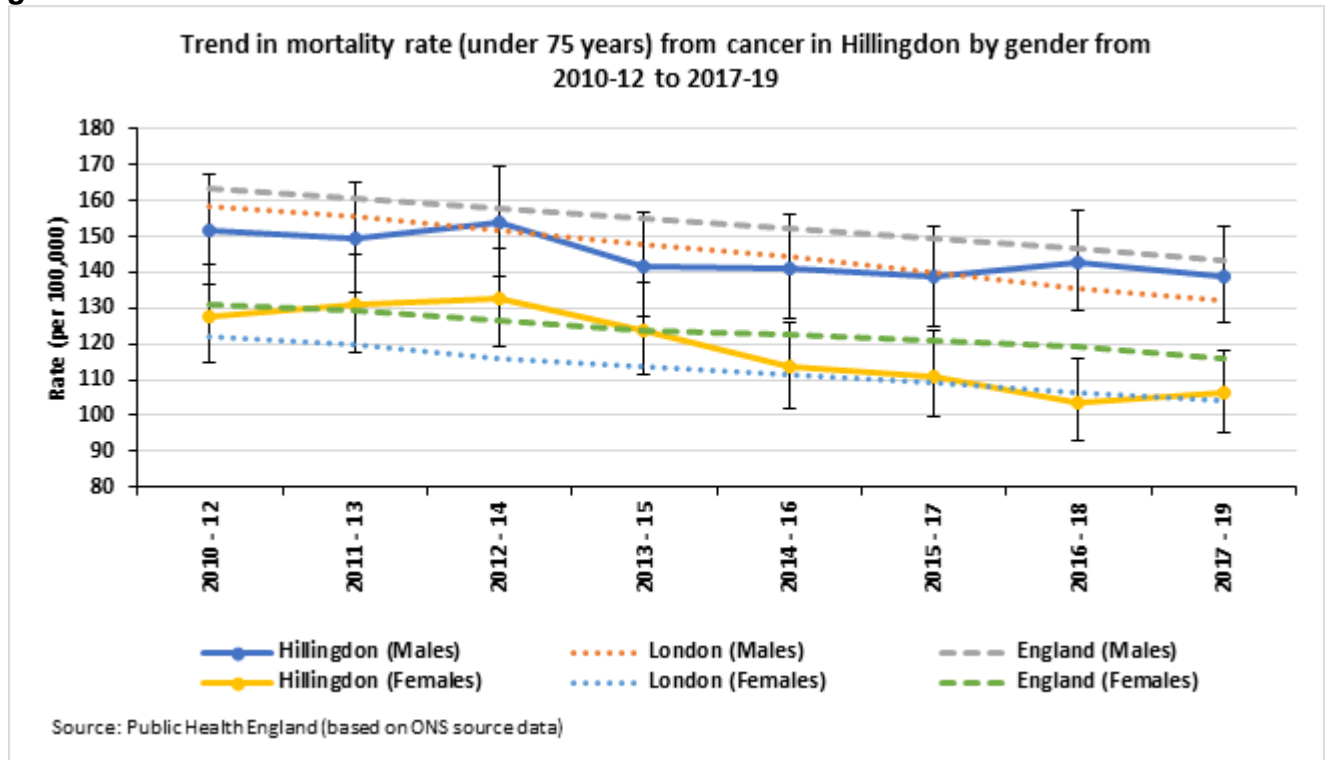
Overall, the trend of early mortality rate due to cancer in Hillingdon is declining (with the exception in 2012-14 where the rate was highest of all time) in line with London and England.

Figure 18. Trend in mortality rate (under 75 years) from cancer in Hillingdon, 2010-12 to 2017-19



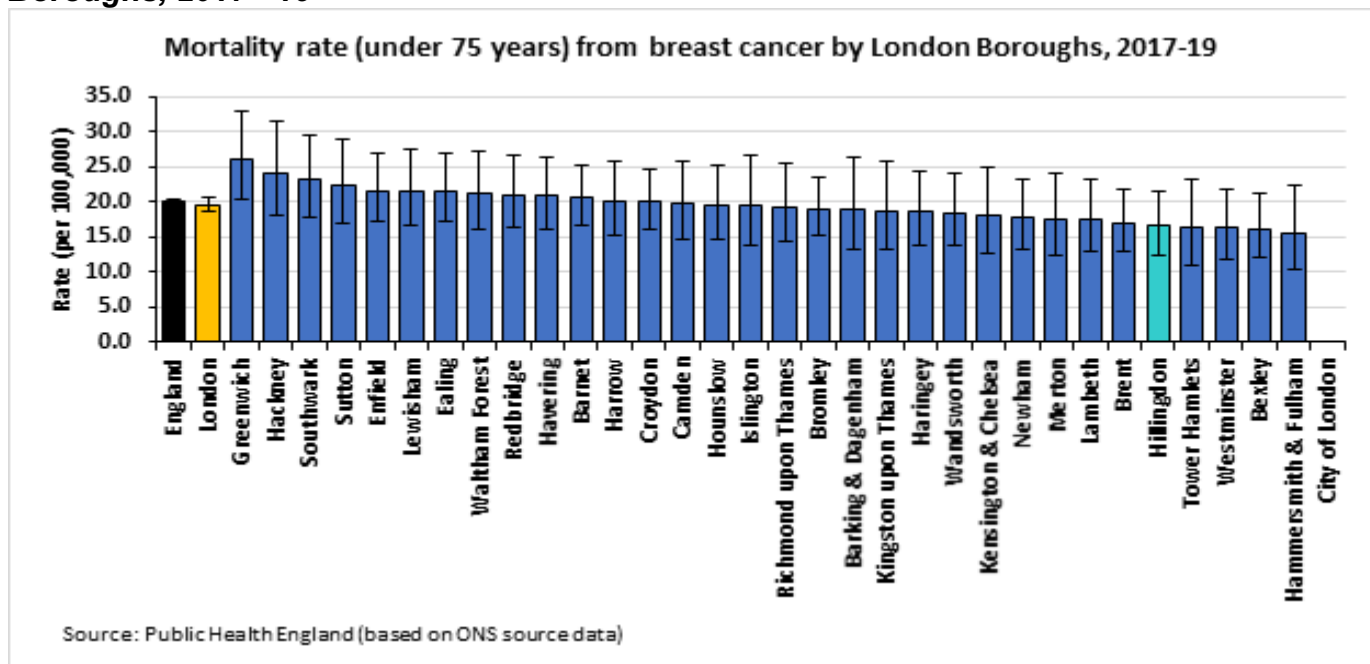
The rate of cancer early deaths for men (138.8 per 100,00) is higher than the London rate, but for women (106.1 per 100,000) the rate is now similar to London but lower than the national average.

Figure 19. Trend in mortality rate (under 75 years) from cancer in Hillingdon by gender



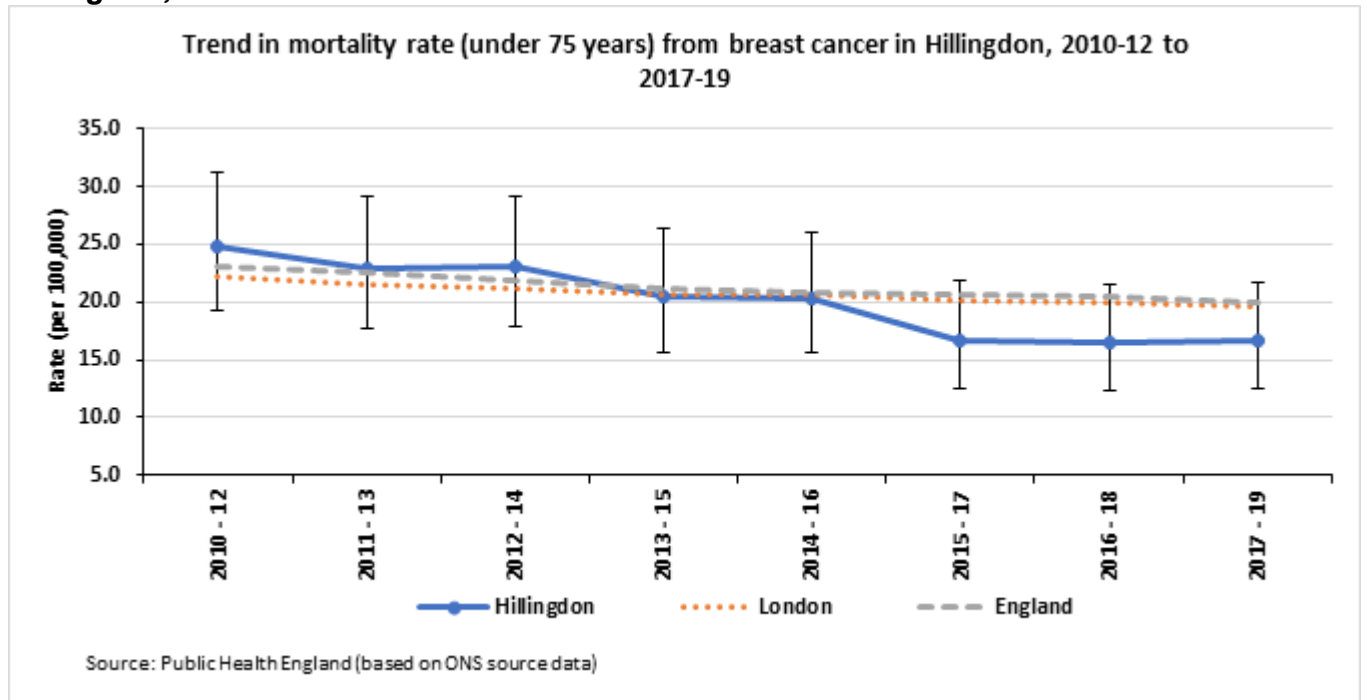
The early mortality rate from breast cancer in Hillingdon (16.6 per 100,000) is lower compared to the London and England averages for 2017–19.

Figure 20. Mortality rate (under 75 years) from breast cancer by London Boroughs, 2017 - 19



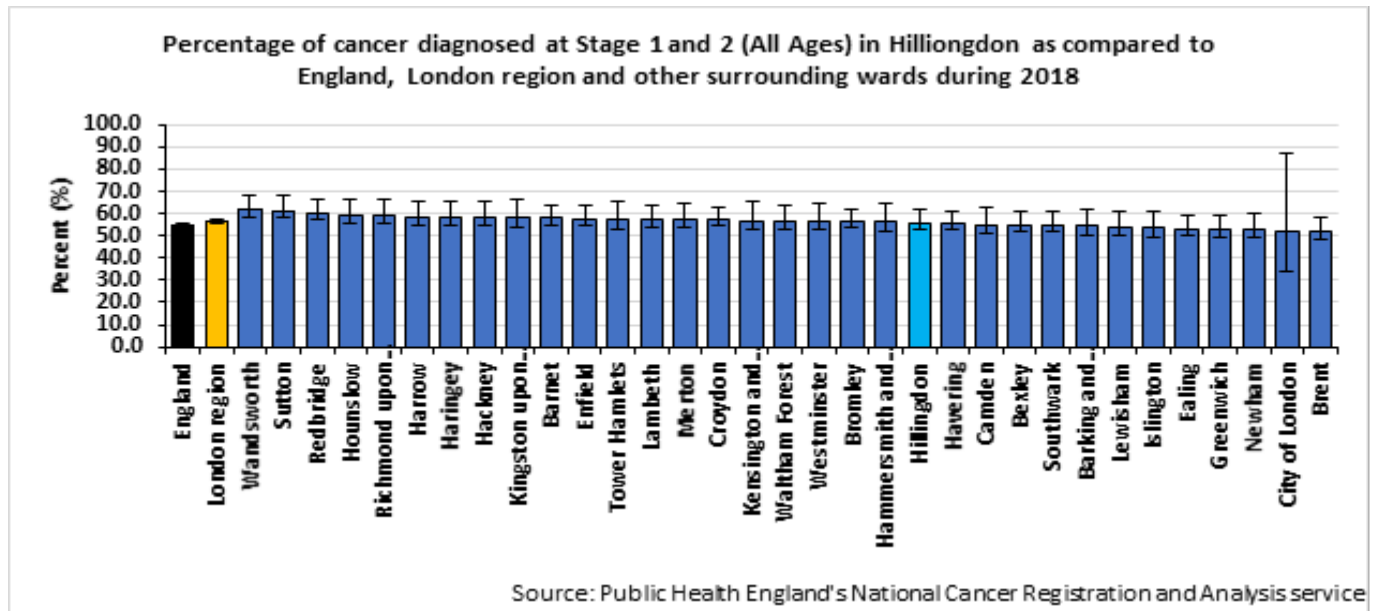
The trend in early mortality rate from breast cancer in Hillingdon shows that the rate has continued to decline but remained stable from 2015-17.

Figure 21 Trend in mortality rate (under 75 years) from breast cancer in Hillingdon, 2010-12 to 2017-19



The proportion of cancer diagnosed at stage 1 and 2 for all ages in Hillingdon is somewhat similar to that diagnosed in England and London.

Figure 22 Percentage of cancer diagnosed at Stage 1 and 2 (All Ages) in Hillingdon as compared to England, London region and other surrounding wards during 2018.



Breast cancer screening coverage

The trend in breast cancer screening coverage in Hillingdon appears lower than in England, however it is gradually increasing over time. By the year 2020, the coverage was 74.1% for England and 72.7% for Hillingdon.

Figure 23. Percentage of Breast cancer screening coverage for females aged 53-70years during 2020 in Hillingdon as compared to England, London region and other surrounding wards.

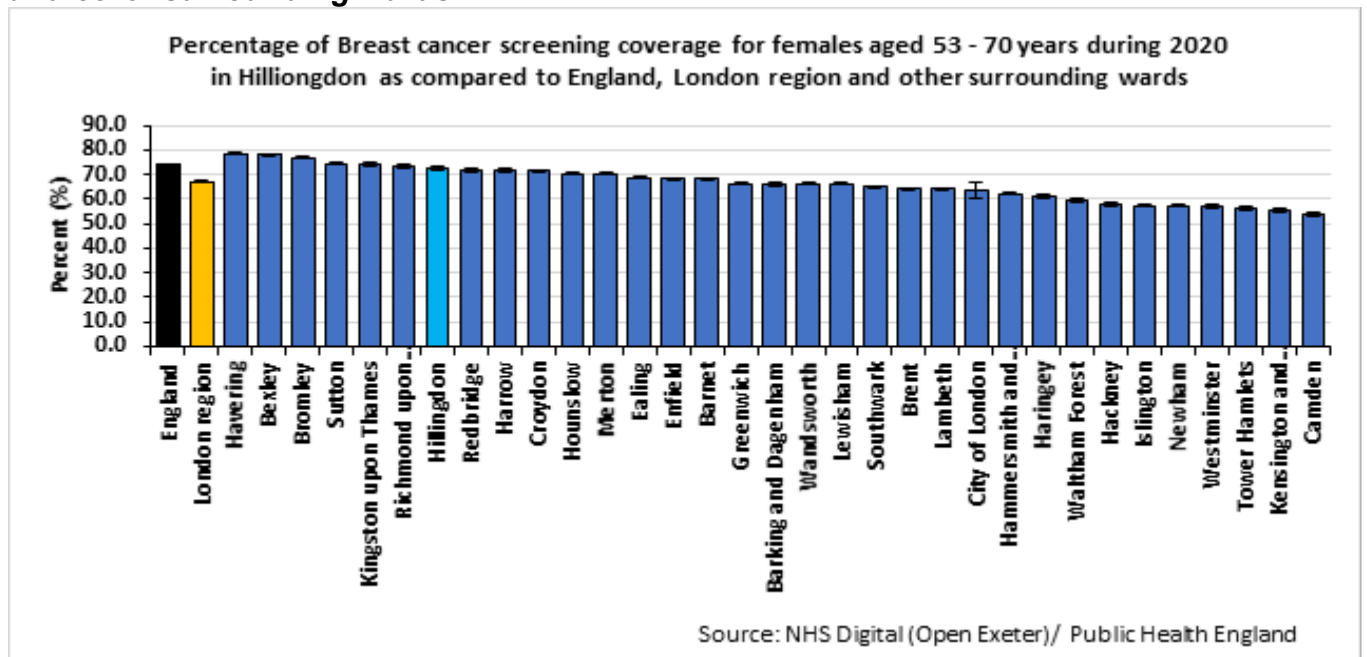
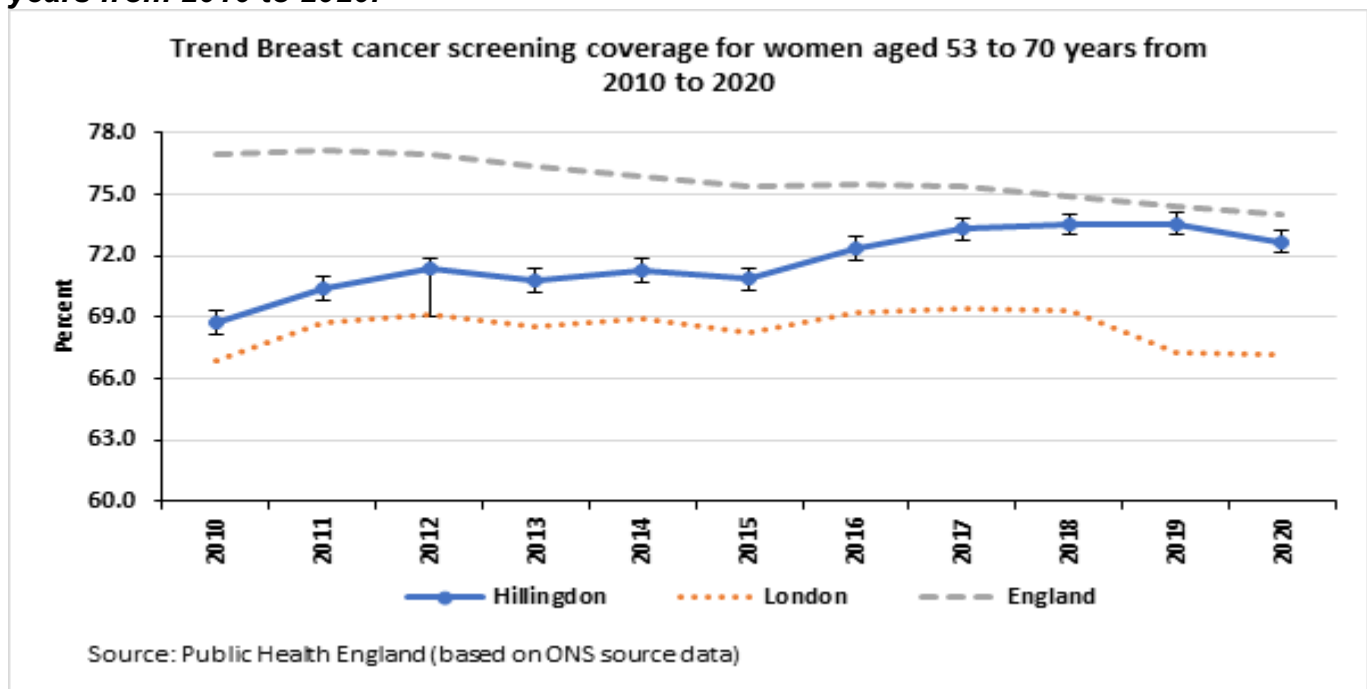


Figure 24. Trend in Breast cancer screening coverage for women aged 53 to 70 years from 2010 to 2020.



Cervical cancer screening coverage

Cervical cancer screening coverage in Hillingdon is lower than in England. The recent coverage in 2020 was 70.2% for England and 64.9% for Hillingdon.

Figure 55 Percentage of Cervical cancer screening coverage for females aged 25 – 49 years during 2020 in Hillingdon as compared to England, London region and other surrounding wards.

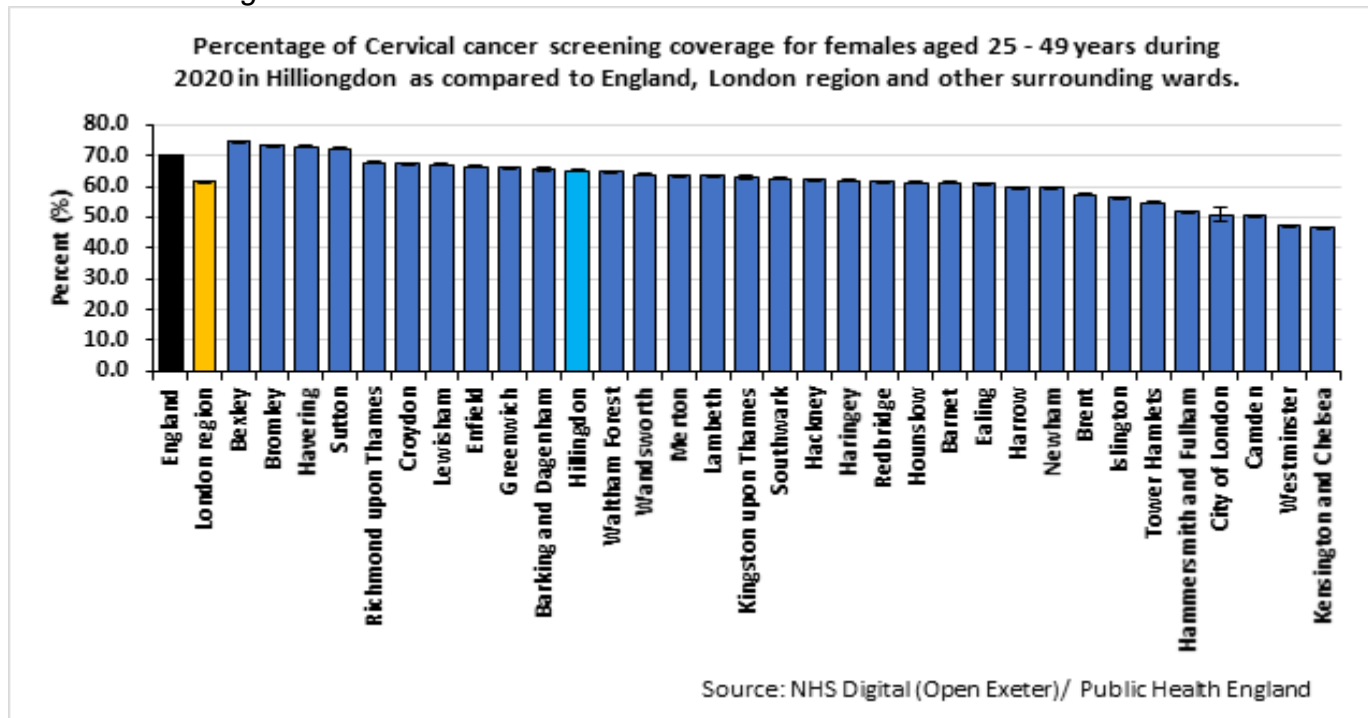
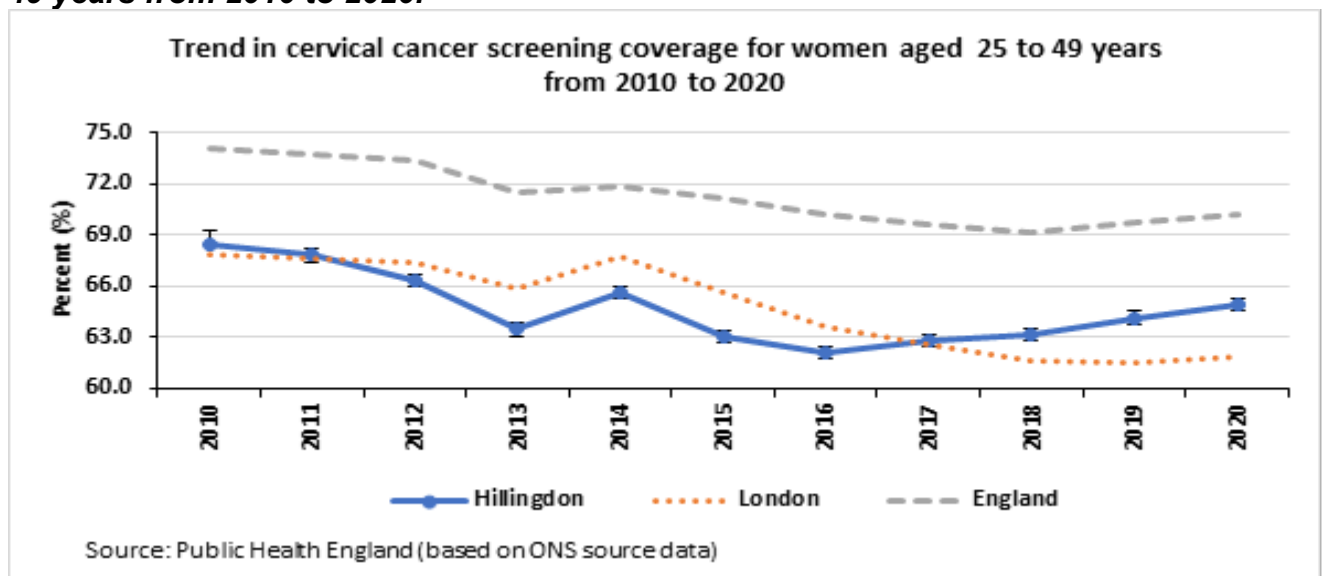
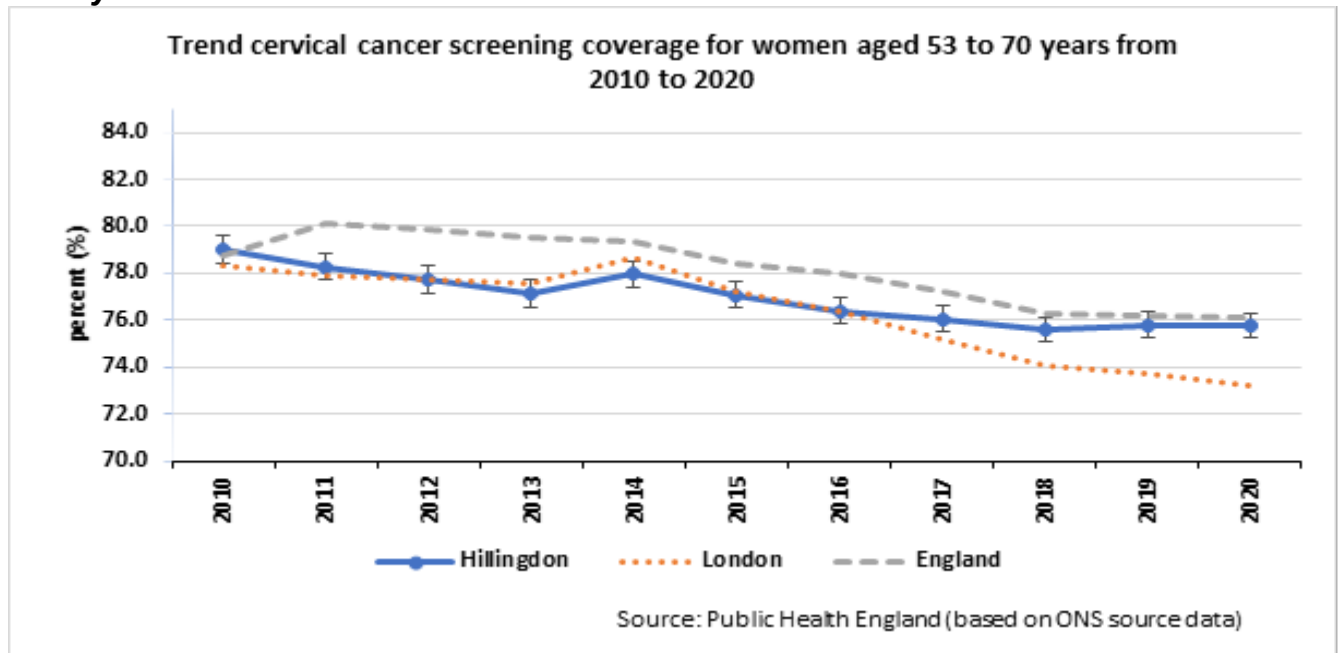


Figure 25. Trend in cervical cancer screening coverage for women aged 25 to 49 years from 2010 to 2020.



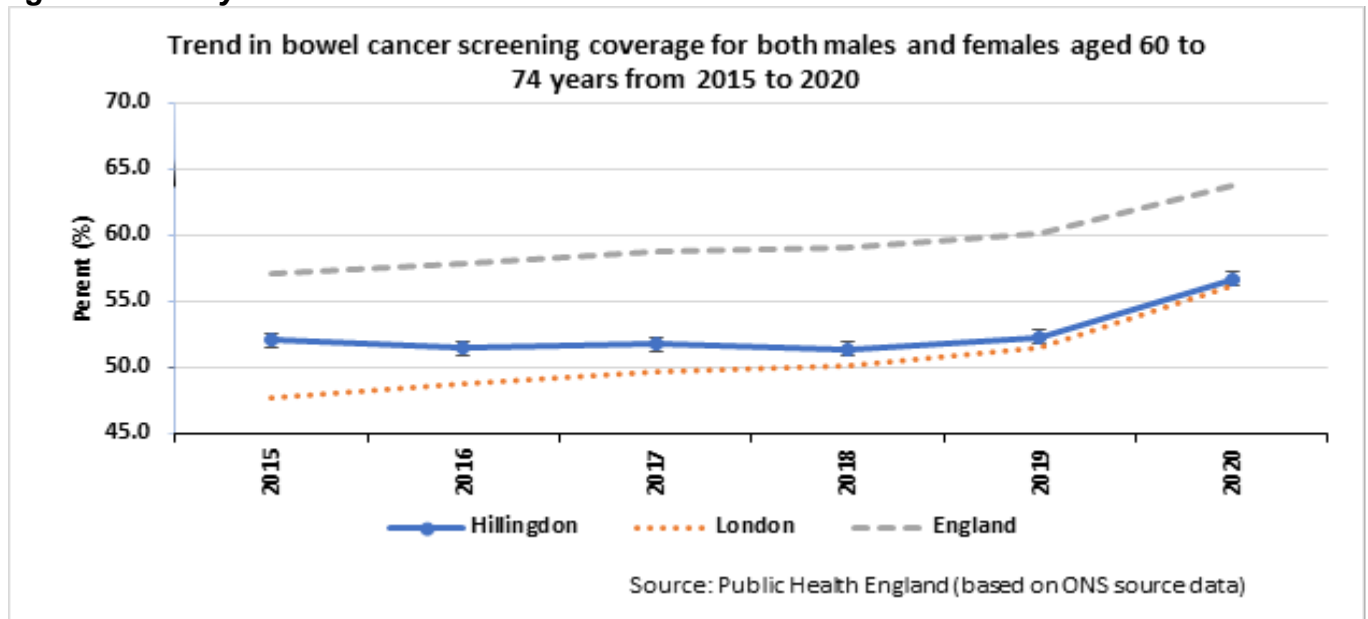
The trend in cervical cancer screening coverage for women aged 50 to 74 years seems almost similar to England in 2020. It was 76.1% for England and 75.8% for Hillingdon in 2020.

Figure 26. Trend in the cervical cancer screening coverage for women aged 50 to 74 years from 2010 to 2020.



Bowel cancer screening coverage for Hillingdon looks worse as compared to England, however it is improving by the years. In the year 2020 it was 56.7% for Hillingdon and 63.8% for England whereas it was 52.1% for Hillingdon and 57.1% for England in 2015.

Figure 27. Trend in bowel cancer screening coverage for both men and women aged 60 to 74 years from 2015 to 2020.



The trend in the incidence rate of alcohol-related cancer in males for Hillingdon is consistent between 2009 and 2018, however the trend has decreased for females.

Figure 28. Trend in incidence rate of alcohol-related cancer in males from the period 2009/2011 to 2016/2018

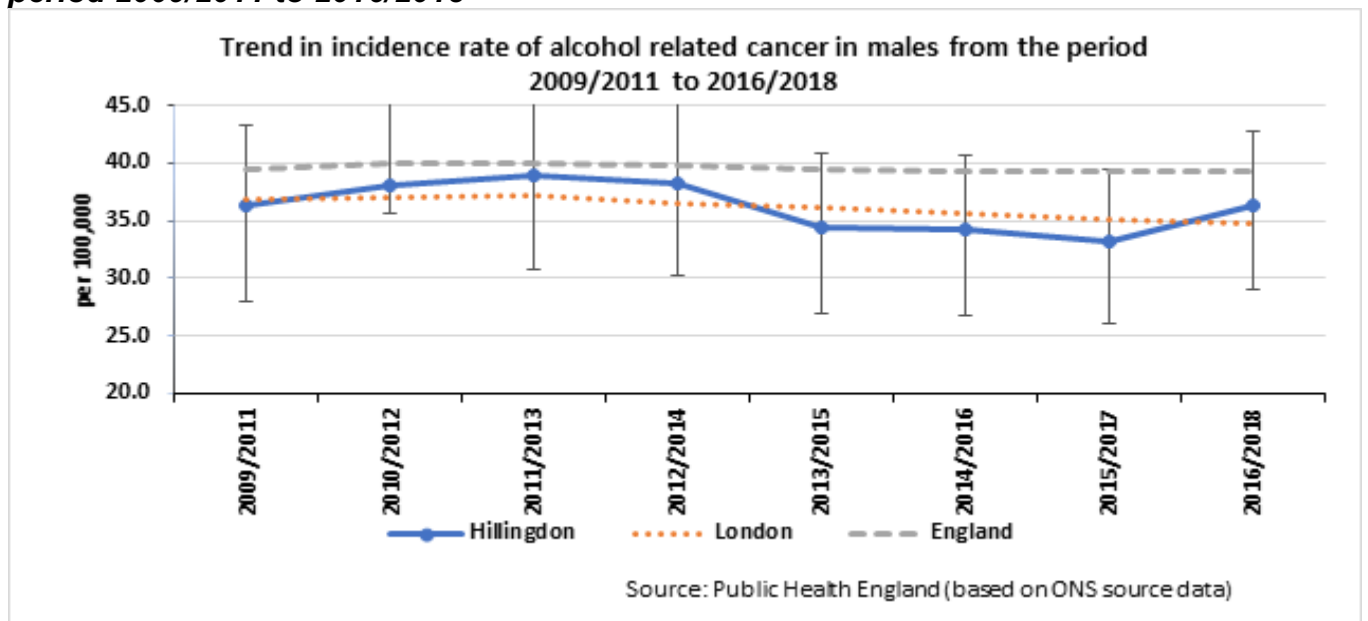
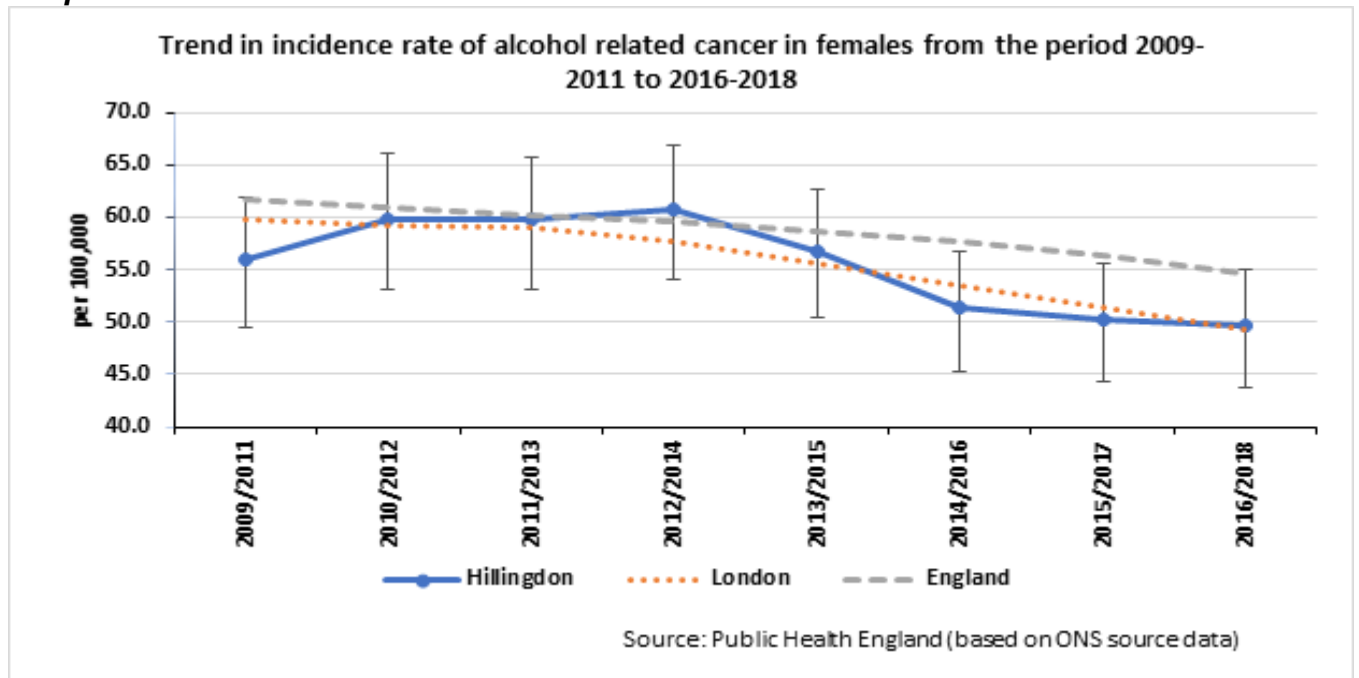


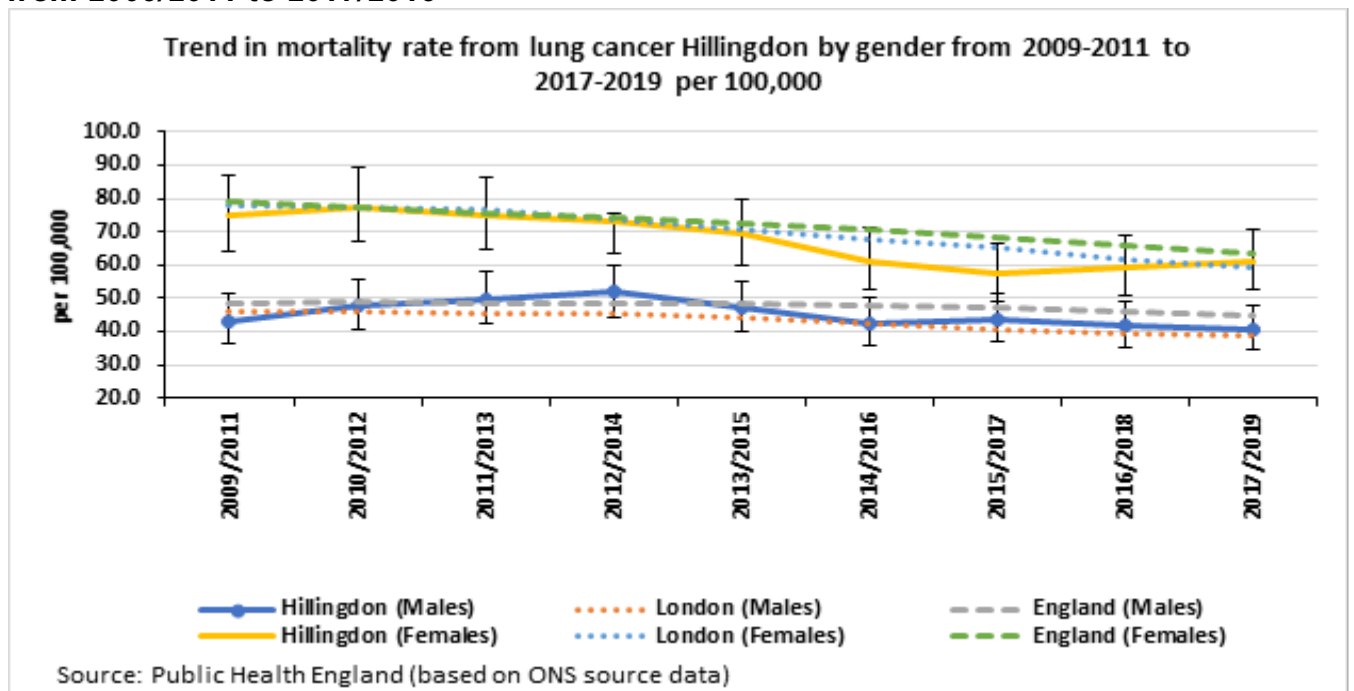
Figure 29 . Trend in incidence rate of alcohol related cancer in females from the period 2009/2011 to 2016/2018



Lung Cancer

The trend in mortality rate from lung cancer for males was decreasing over the period of 2009 to 2019. It was 75 per 100,000 in 2009/2011 and 61 per 100,000 in 2017/29. For females, it was 43 per 100,000 in 2009/11 and 41 per 100,000 in 2017/19. The mortality rate from lung cancer for males is higher than females in Hillingdon.

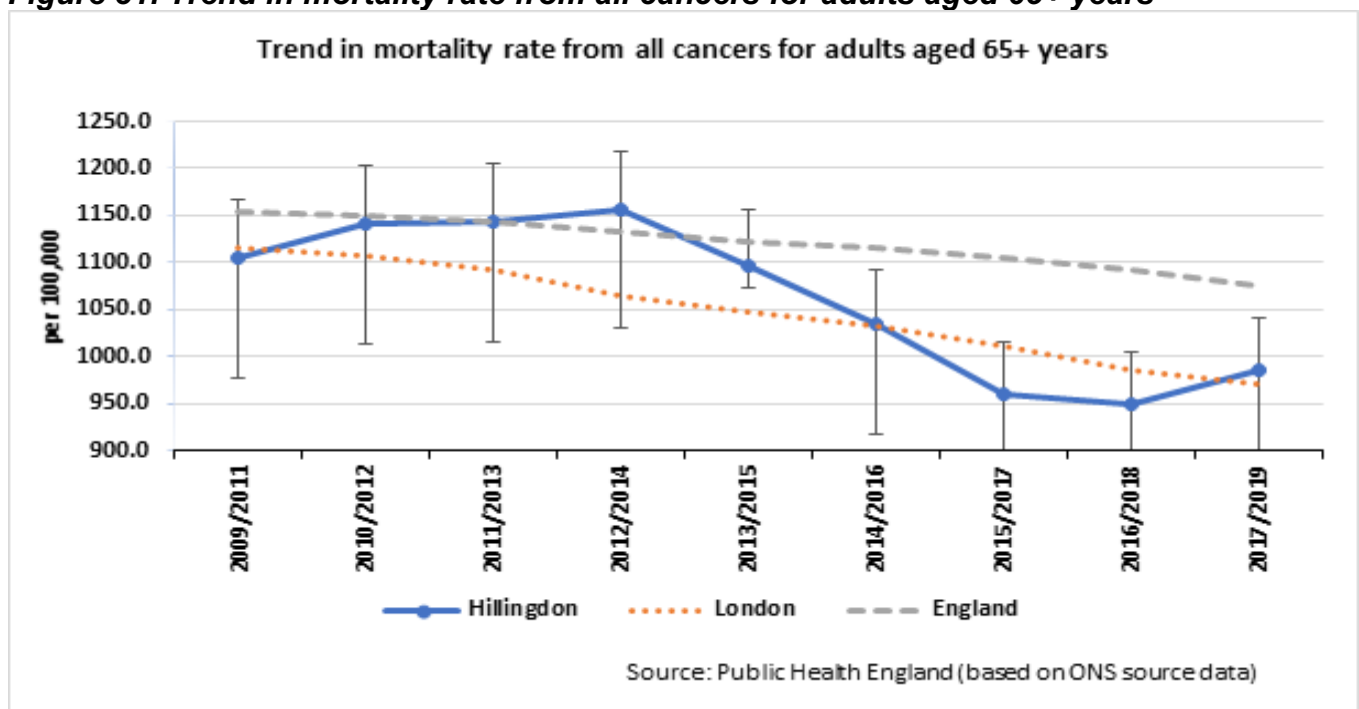
Figure 30. Trend in mortality rate from lung cancer in Hillingdon by gender from 2009/2011 to 2017/2019



All cancers

The trend in mortality rate from all cancers for adults aged 65 years and older seems decreasing in Hillingdon so as in England and London. It was 1115 per 100,000 in 2009/2011 and 985 per 100,000 in 2017/2019 for Hillingdon.

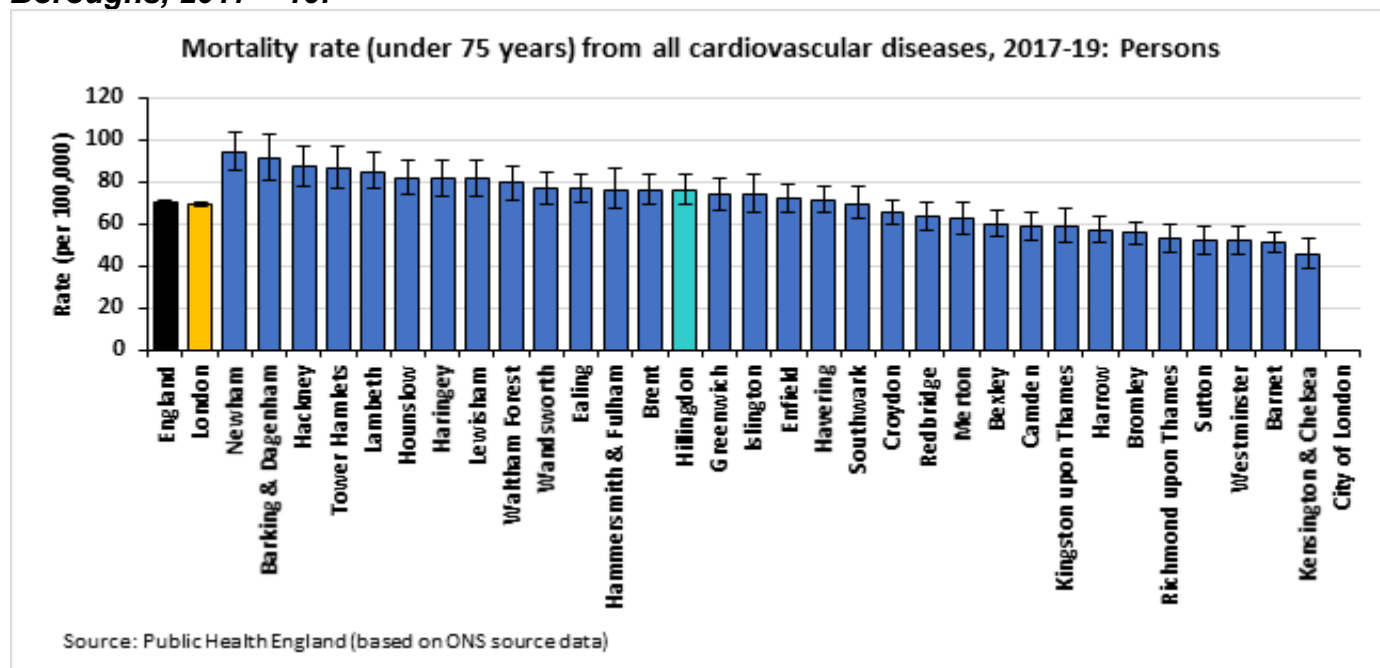
Figure 31. Trend in mortality rate from all cancers for adults aged 65+ years



Cardiovascular disease

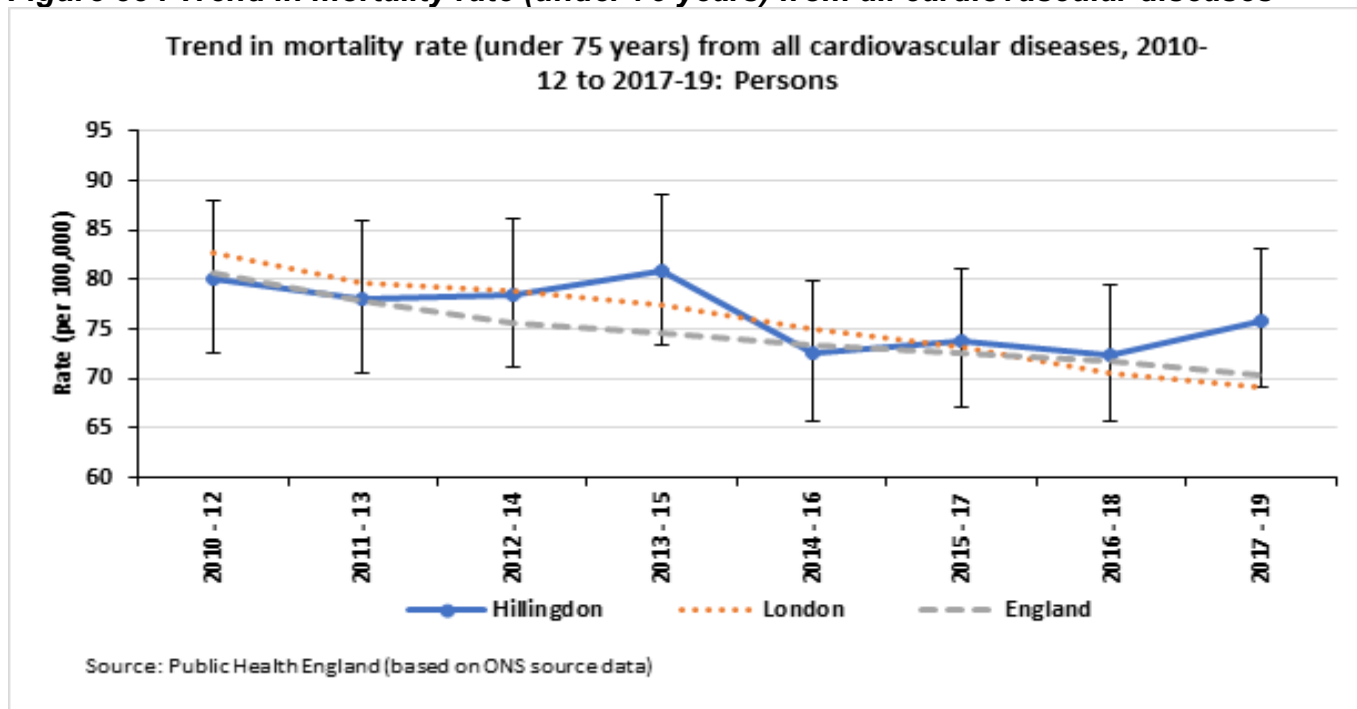
Premature mortality rates due to cardiovascular disease was higher in Hillingdon (76 per 100,000 deaths) compared to London (69 per 100,000) and England (70 per 100,000) between 2017-19.

Figure 32. Mortality rate (under 75 years) from all cardiovascular disease by London Boroughs, 2017 – 19.



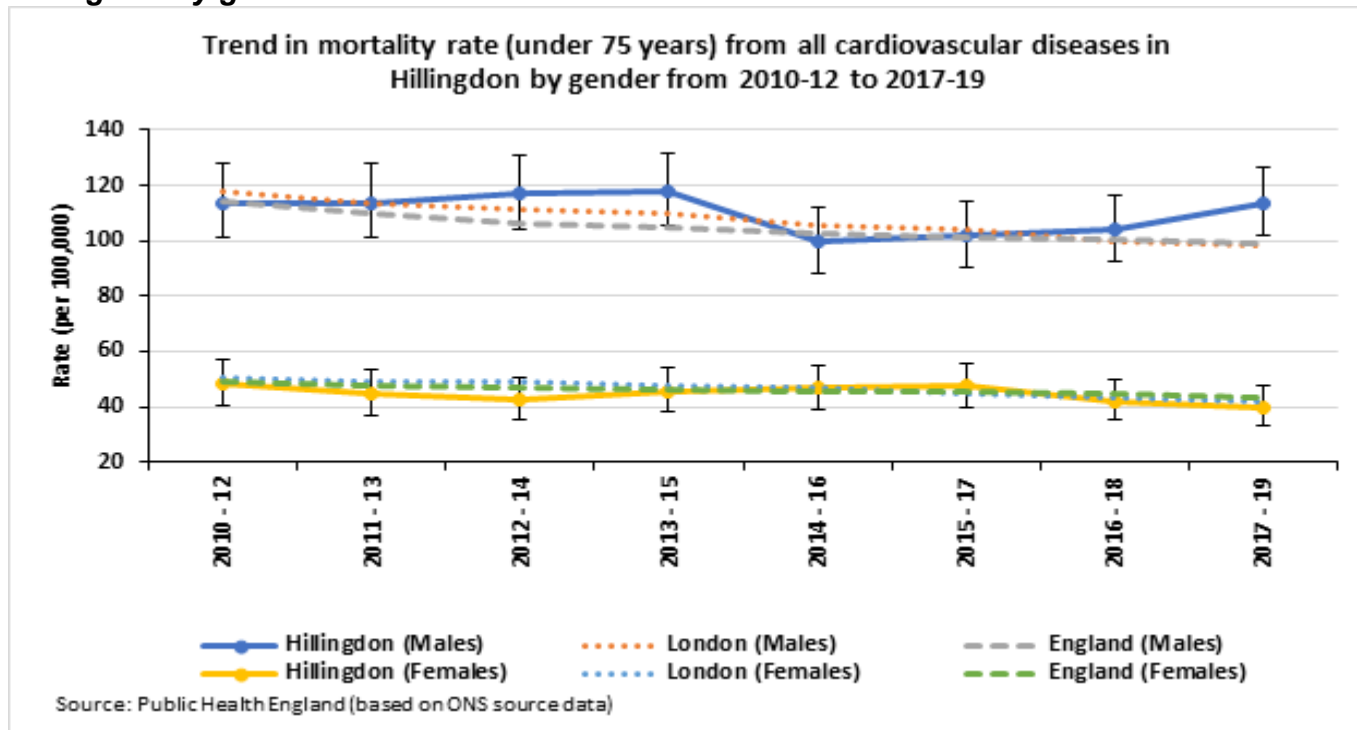
Early deaths due to cardiovascular disease (CVD) were highest during 2013-15 but declined in Hillingdon until 2016-18, after which they started to increase. Unlike Hillingdon, the death rate continues to decline in London and England. In 2017-19, Hillingdon rates were 76 per 100,000, higher than London (69 per 100,000) and England (70 per 100,000).

Figure 33 . Trend in mortality rate (under 75 years) from all cardiovascular diseases



The Hillingdon male CVD early death rate (114 per 100,000) remains over twice that for females (40 per 100,000) and has increased in recent years. Male rates are higher than the England and London averages whereas female rates are now similar to the England and London averages.

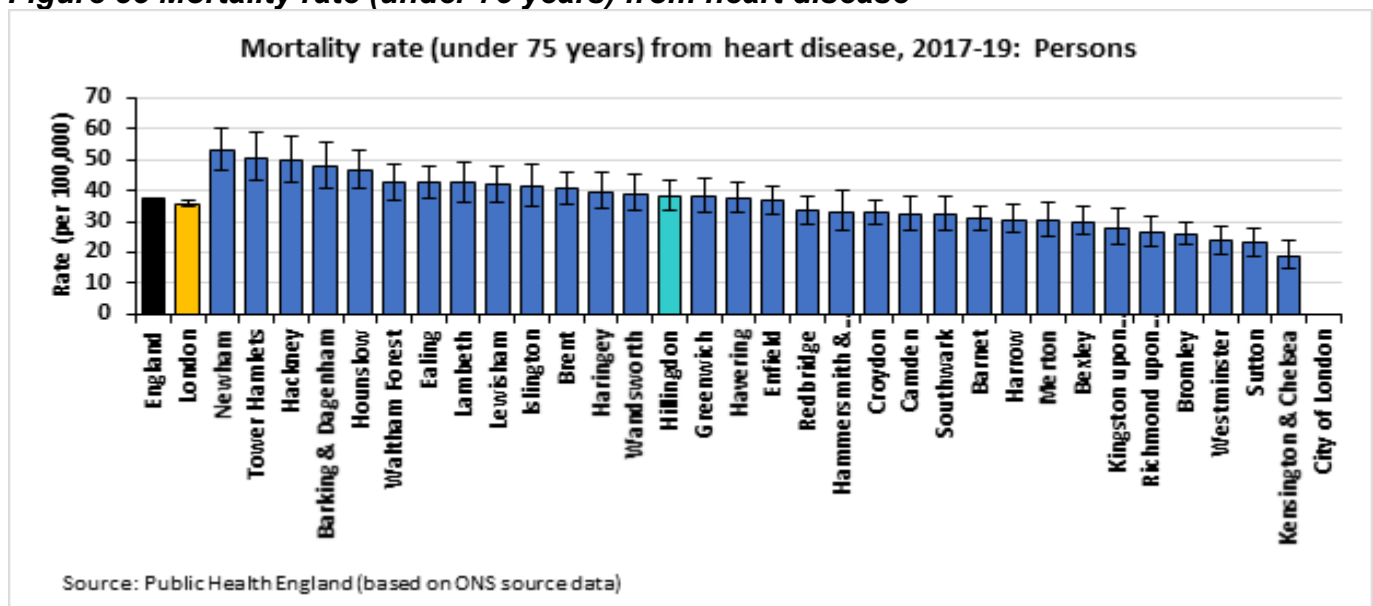
Figure 34. Trend in mortality rate (under 75 years) from all cardiovascular diseases in Hillingdon by gender



Heart Disease

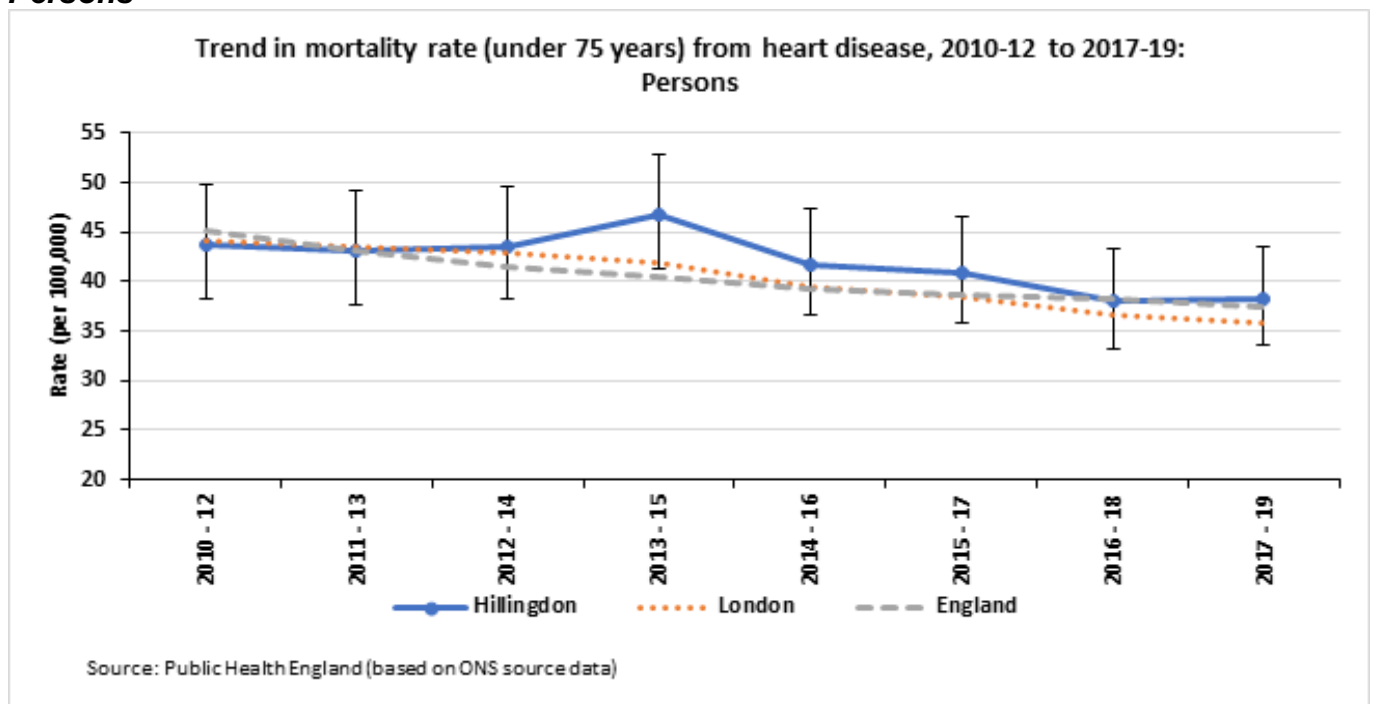
In 2017-19, the premature mortality rate from heart disease in Hillingdon was 38 per 100,000 people, which is similar to the London and England averages.

Figure 35 Mortality rate (under 75 years) from heart disease



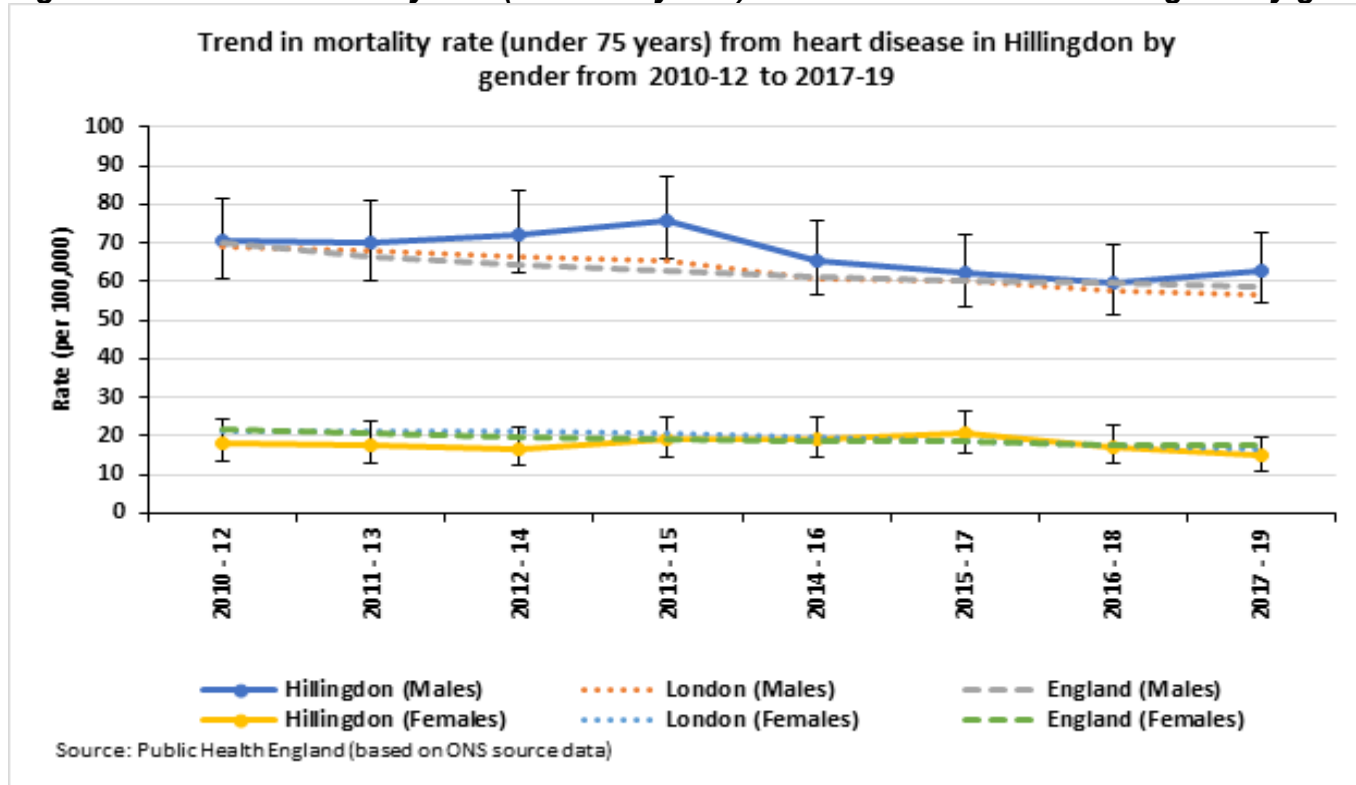
There was an overall downward trend in the early mortality rate from heart disease in Hillingdon in line with the London and England averages, with the exception of 2013-15 where it was the highest. In 2017-19 the mortality rate of Hillingdon was 38 per 100,000 people, similar to London (36 per 100,000) and England (37 per 100,000).

Figure 36 Trend in mortality rate (under 75 years) from heart disease, 2010-12 to 2017-19: Persons



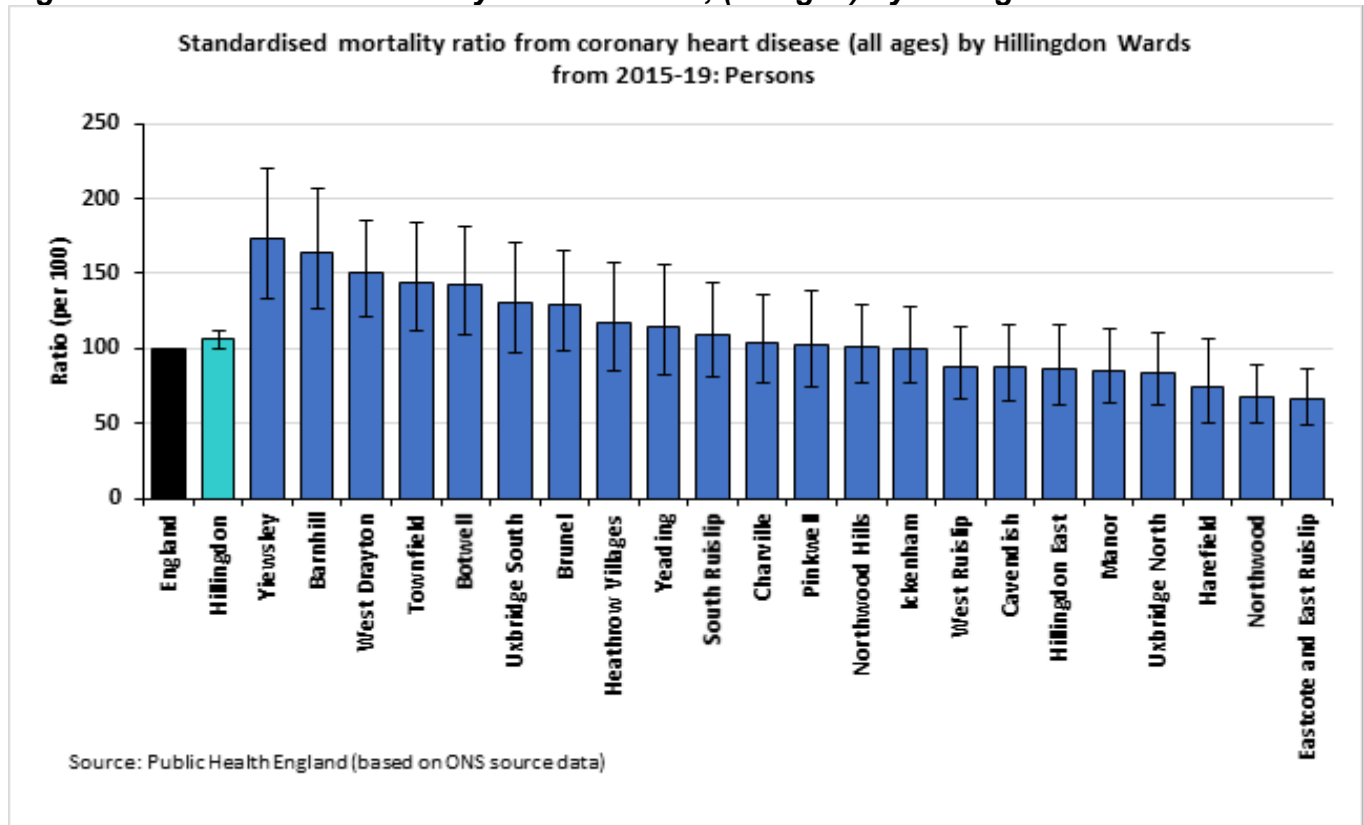
Heart disease early death rates are more than four times higher for males than for females in Hillingdon and this difference has increased in recent years.

Figure 37 Trend in mortality rate (under 75 years) from heart disease in Hillingdon by gender



The standardised mortality ratio for all ages from coronary heart disease shows rates in Yiewsley Barnhill, West Drayton, Townfield, and Botwell remain higher than the Hillingdon average.

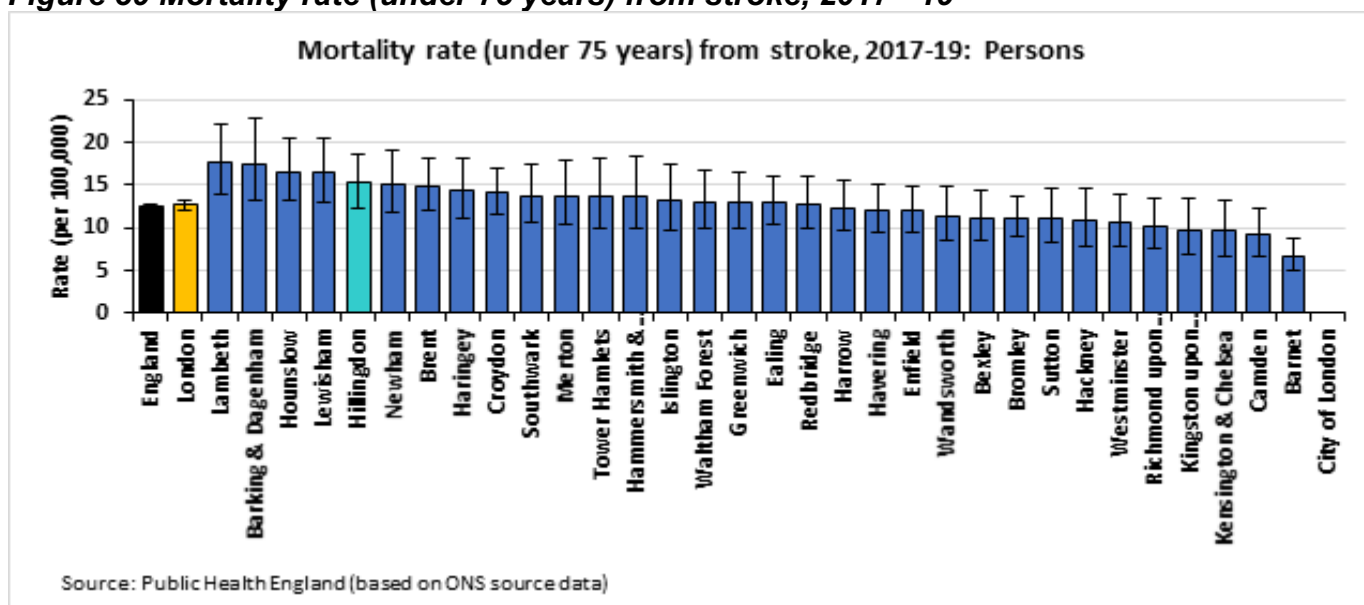
Figure 38 Deaths from coronary heart disease, (all ages) by Hillingdon Wards



Cerebrovascular Disease (CVA) – Stroke

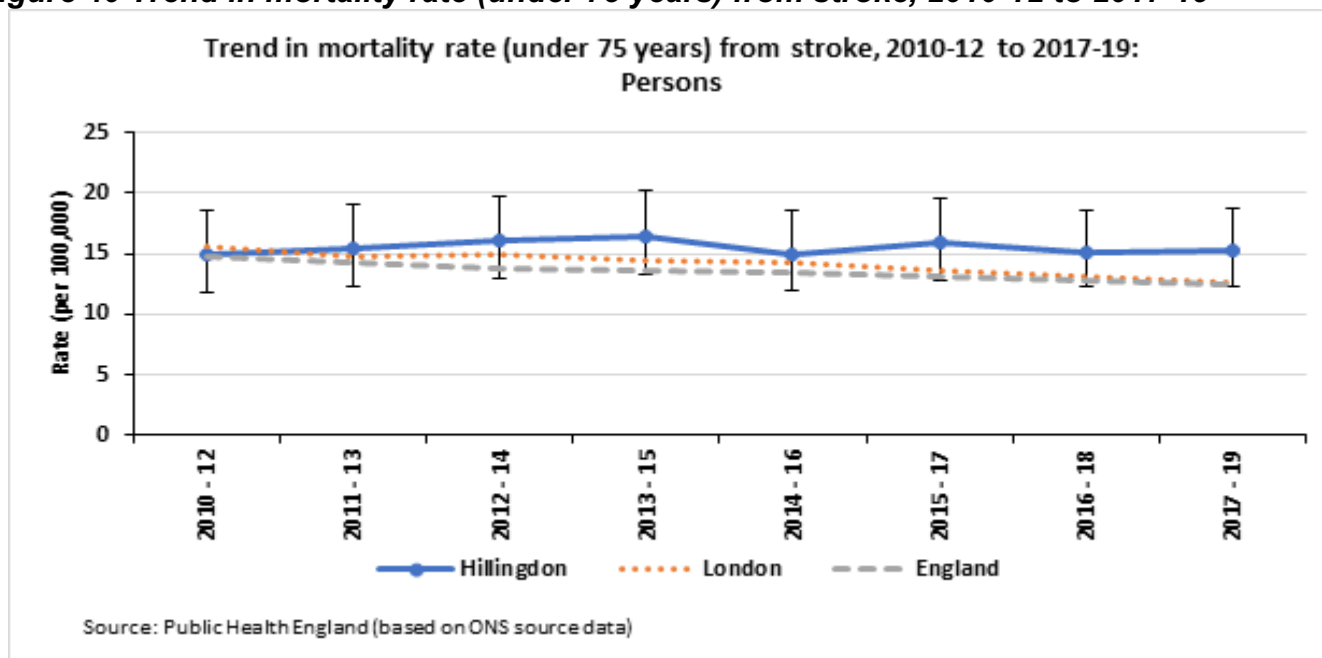
The early death rate from stroke in Hillingdon (15 per 100,000) is similar to the London (13 per 100,000) and England averages (12 per 100,000) from 2017-19.

Figure 39 Mortality rate (under 75 years) from stroke, 2017 - 19



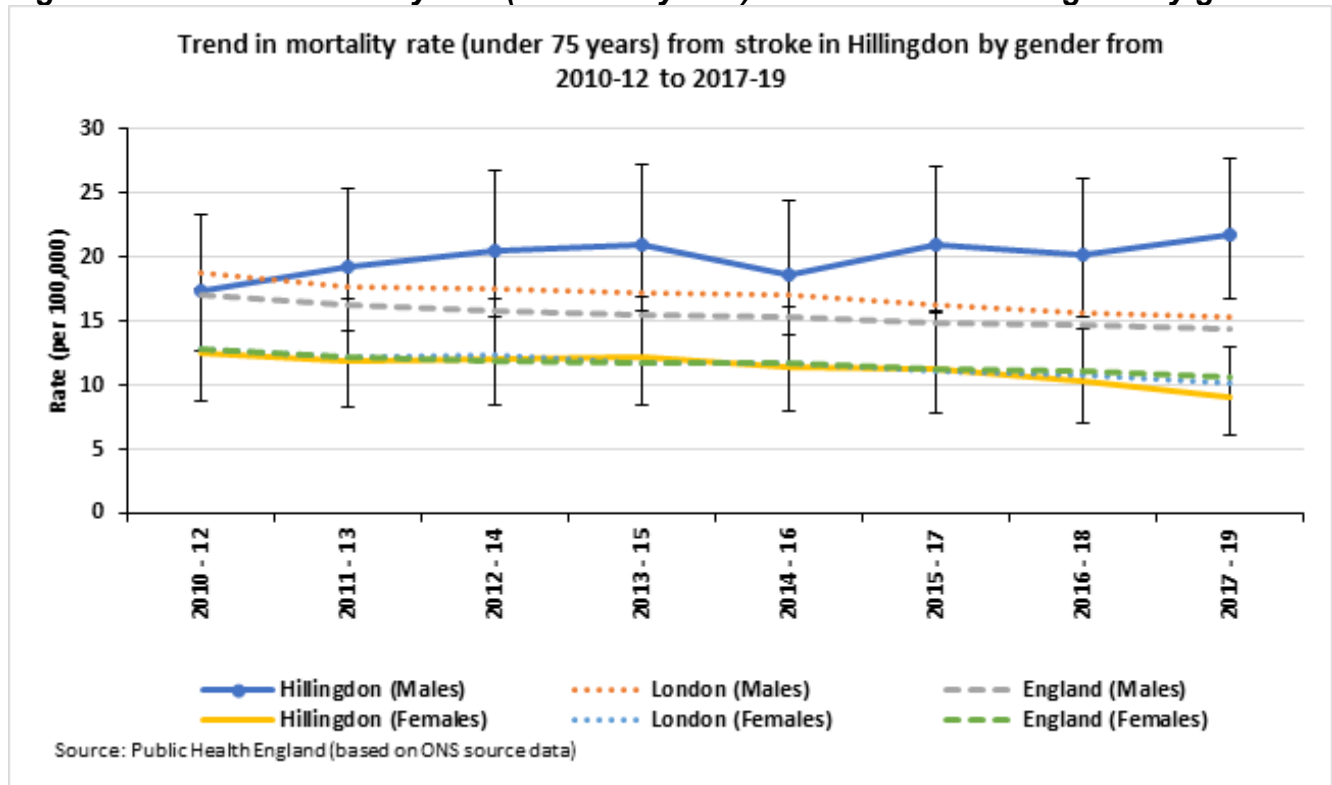
The early death rate due to stroke is fairly stable in Hillingdon unlike in London and England where the rates continue to decline slowly.

Figure 40 Trend in mortality rate (under 75 years) from stroke, 2010-12 to 2017-19



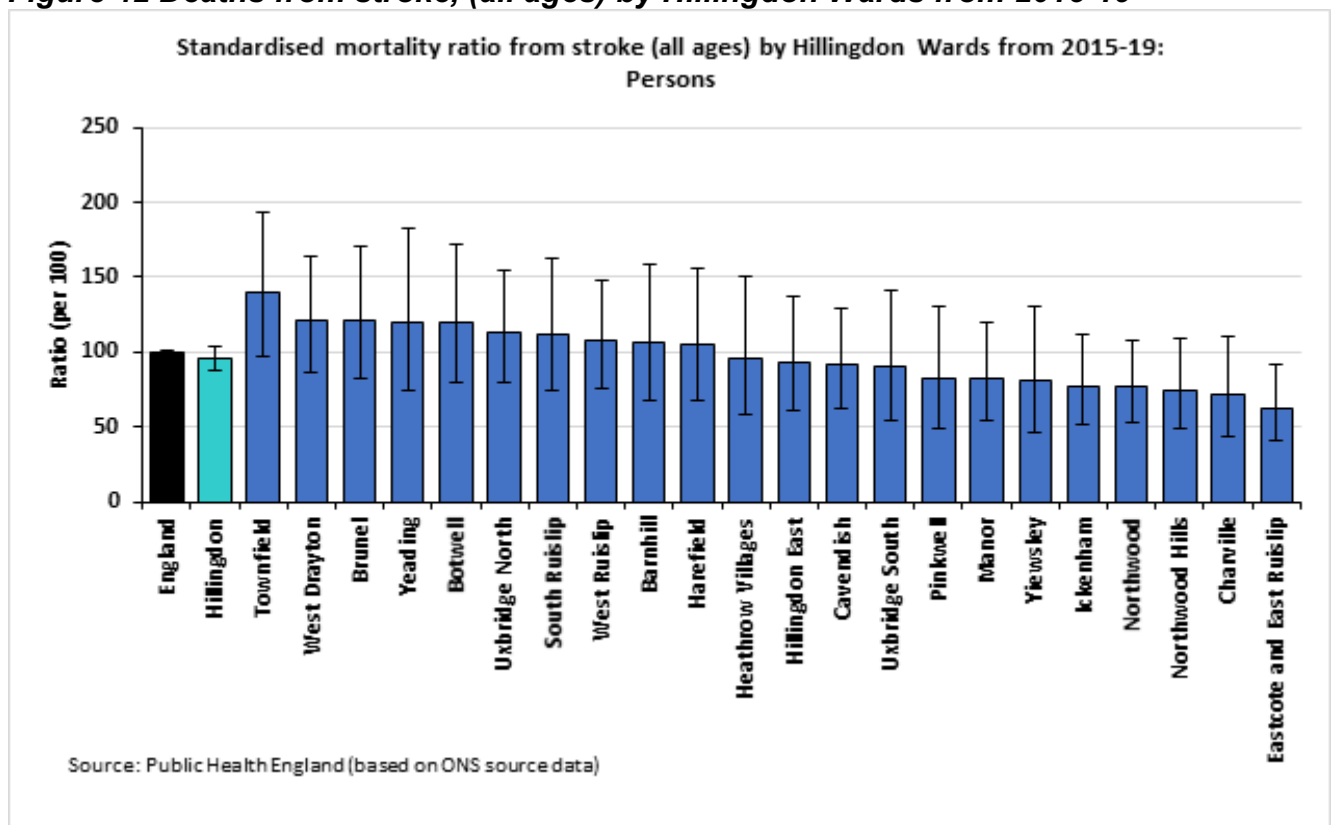
The early death rate due to stroke (22 per 100,000) in males remains over twice that for females (9 per 100,000 people) and has increased more in recent years in Hillingdon. The mortality rate in male is also higher in Hillingdon and continues to rise compared to London and England where cases are falling.

Figure 41 Trend in mortality rate (under 75 years) from stroke in Hillingdon by gender



The standardised mortality ratio for all ages from stroke is higher in Townfield (139 per 100) than the Hillingdon average (95 per 100).

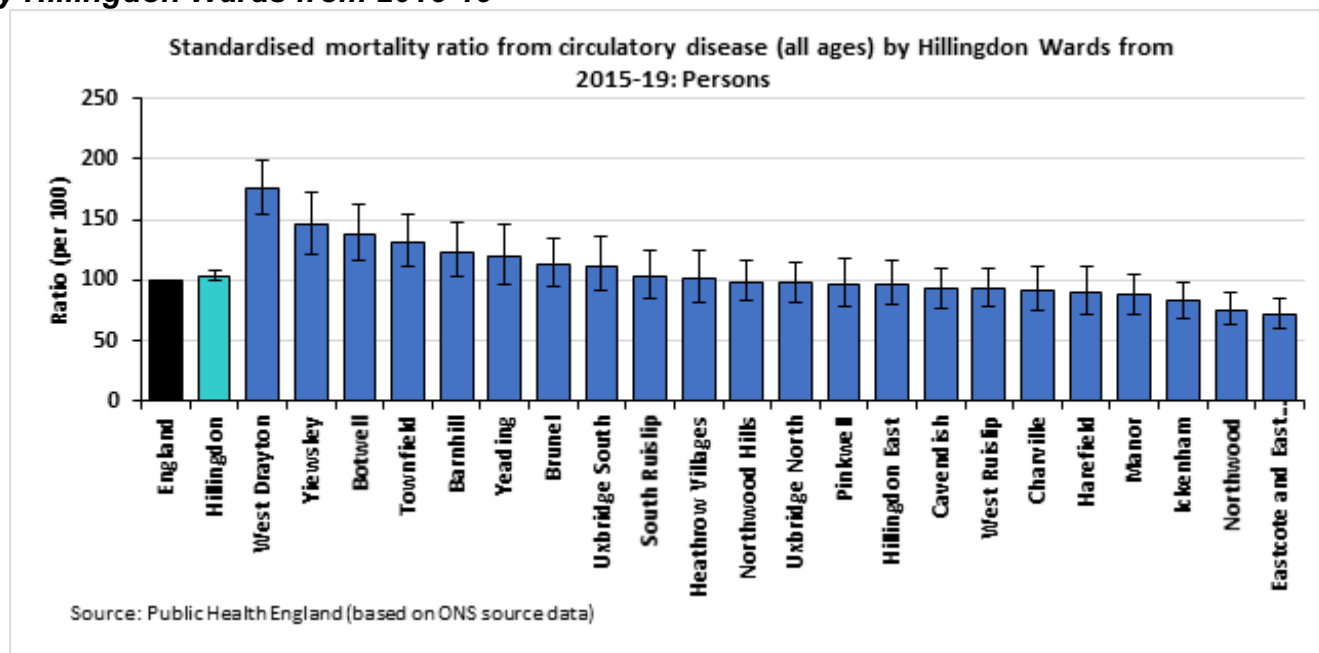
Figure 42 Deaths from stroke, (all ages) by Hillingdon Wards from 2015-19



Circulatory disease

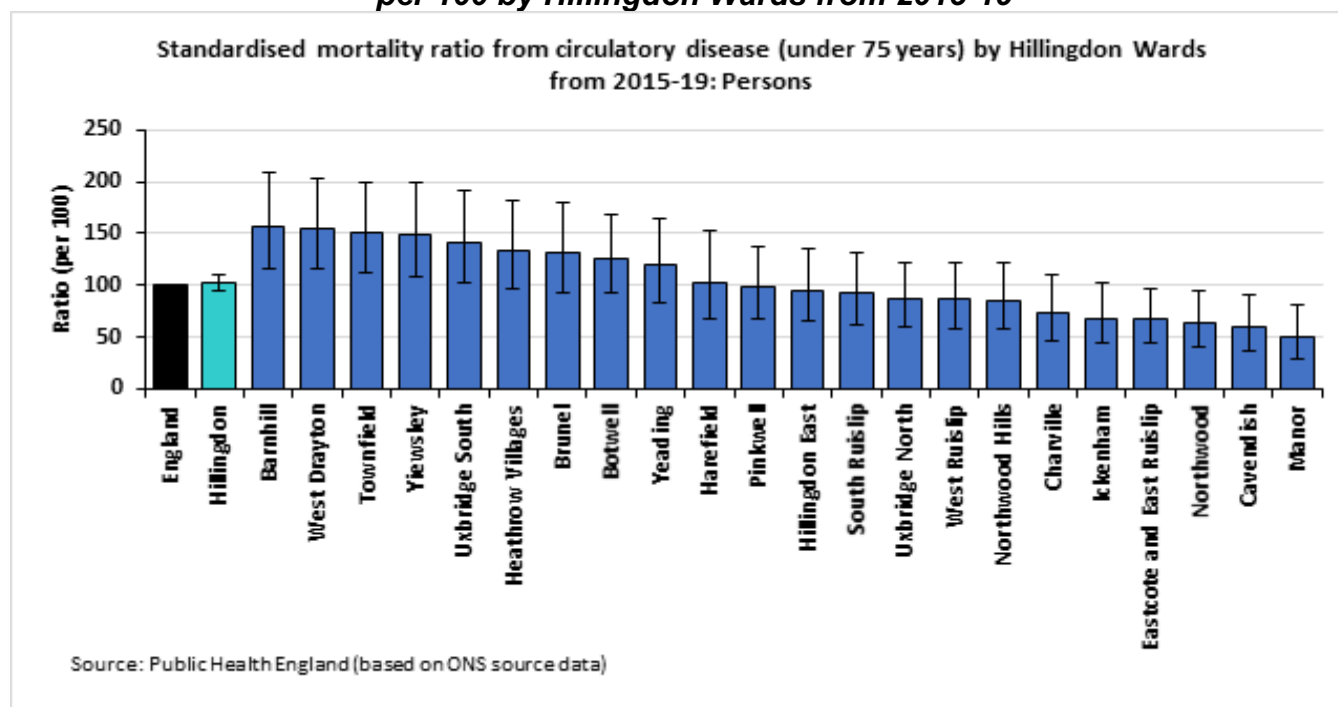
The standardised mortality ratio for all ages from circulatory disease in Hillingdon (104 per 100) is similar to England. Within wards, West Drayton, Yiewsley, Botwell, and Townfield have higher ratio than the Hillingdon average.

Figure 43 Deaths from circulatory disease, (all ages), standardised mortality ratio per 100 by Hillingdon Wards from 2015-19



The standardised premature mortality ratio from circulatory disease in Hillingdon (103 per 100) is similar to England. Within wards, Barnhill, West Drayton, Townfield, and Yiewsley have higher rates than the Hillingdon average.

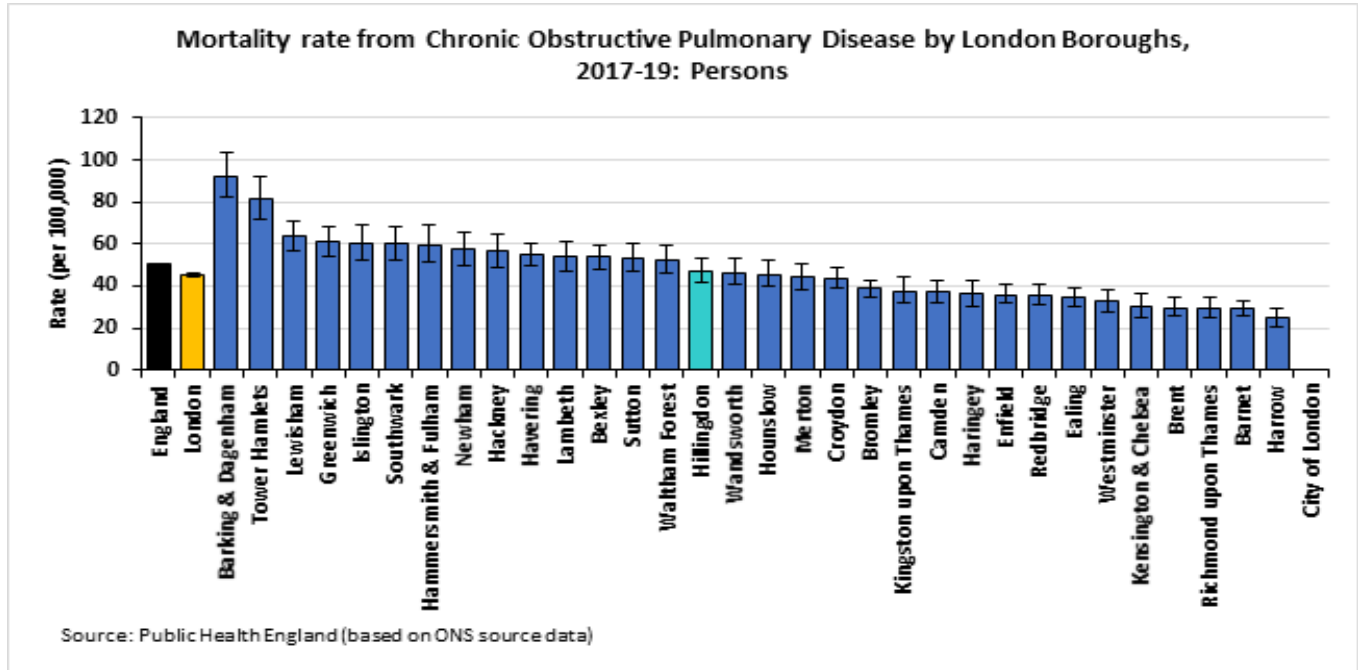
Figure 44 Deaths from circulatory disease, (under 75 years), standardised mortality ratio per 100 by Hillingdon Wards from 2015-19



Chronic Obstructive Pulmonary Disease

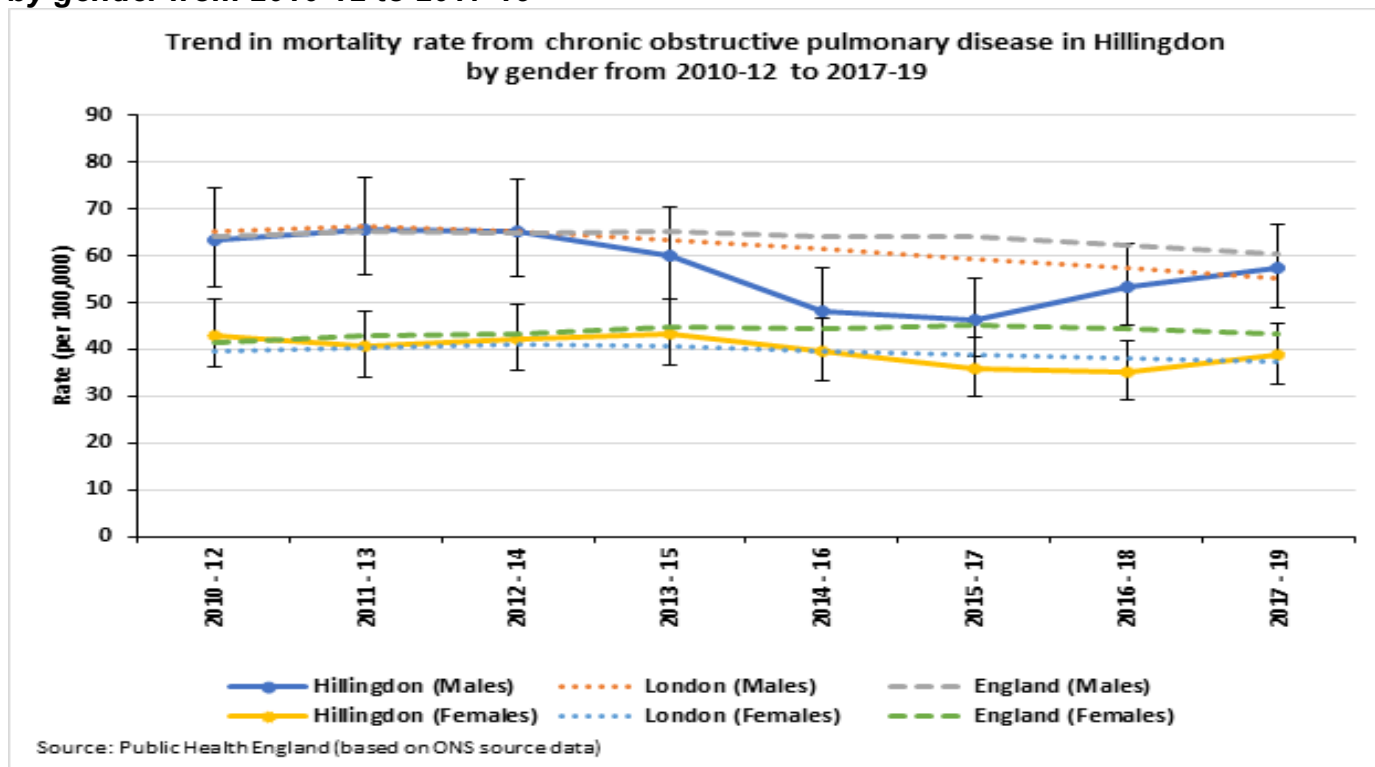
Mortality by COPD was higher in Hillingdon than in London but lower than in England. Between 2017 and 2019, the rate was 47 per 100,000 in Hillingdon, higher than the London average of 45 per 100,000 people.

Figure 45 Mortality rate from Chronic Obstructive Pulmonary Disease by London Boroughs, 2017 – 19.



A trend line indicates that mortality rates among males in Hillingdon increased slightly until 2012-14 and reduced over the years until 2015-17 and again increased since then. From 2013-15 until 2016-18, mortality was lowest than the London and national averages. However, in 2017, the rate was 57 per 100,000 which is higher than the London average of 55 per 100,000. The rate among females have always remained lower in Hillingdon in line with London and national averages.

Figure 46 Trend in mortality rate from chronic obstructive pulmonary disease in Hillingdon by gender from 2010-12 to 2017-19



COPD is usually prevalent in adults over the age of 35. As many as 3 million people suffer from COPD in the UK, of which only around a third of cases have been diagnosed. COPD is a serious lung disease for which smoking is the biggest preventable risk factor.

For Hillingdon, the emergency hospital admission due to COPD is somewhat similar to England and London. The trend for Hillingdon shows it is slightly increasing since 2010/11 (352 per 100,000) to 2019/20 (401 per 100,000).

Figure 47 Emergency hospital admission for COPD aged 35 years and above in 2019/20.

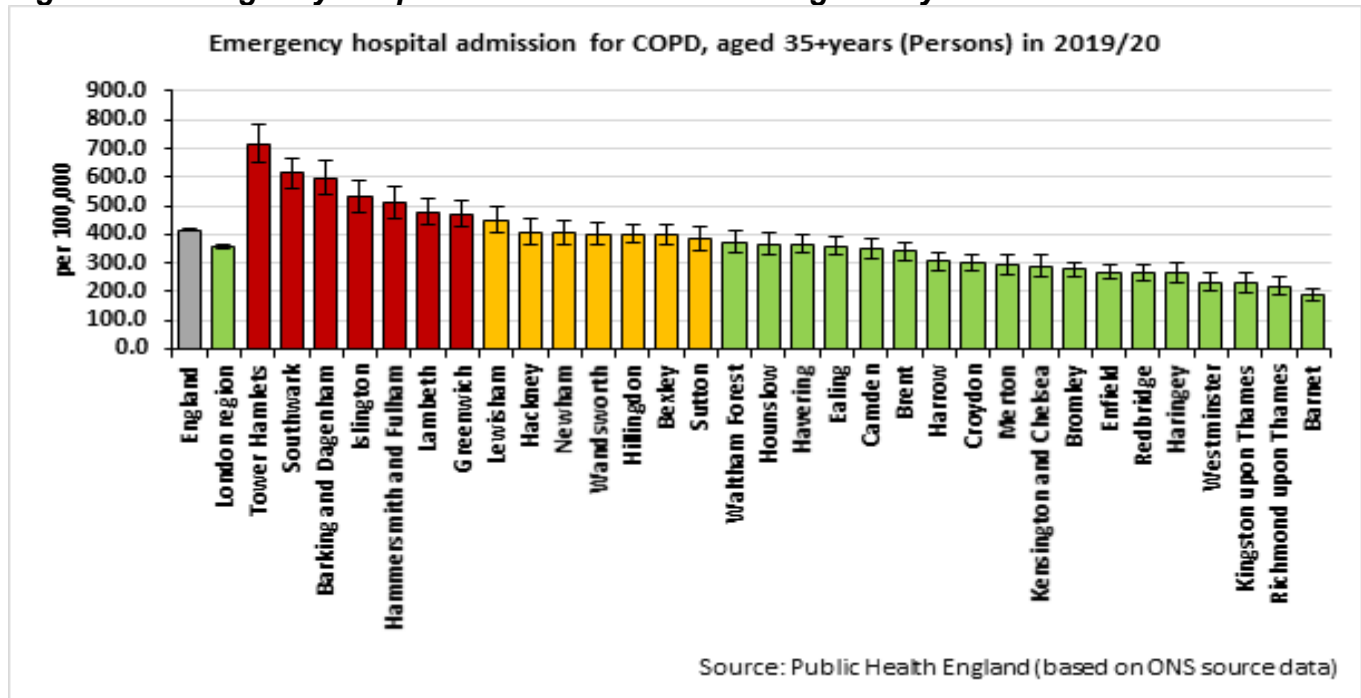
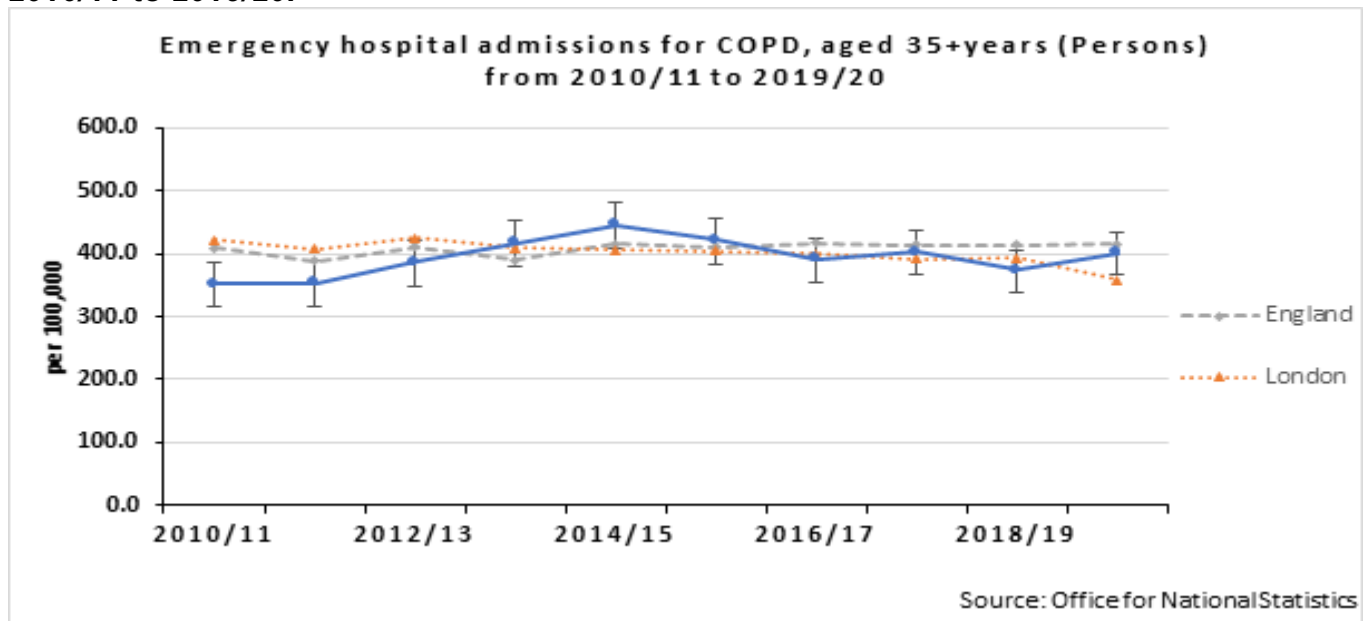


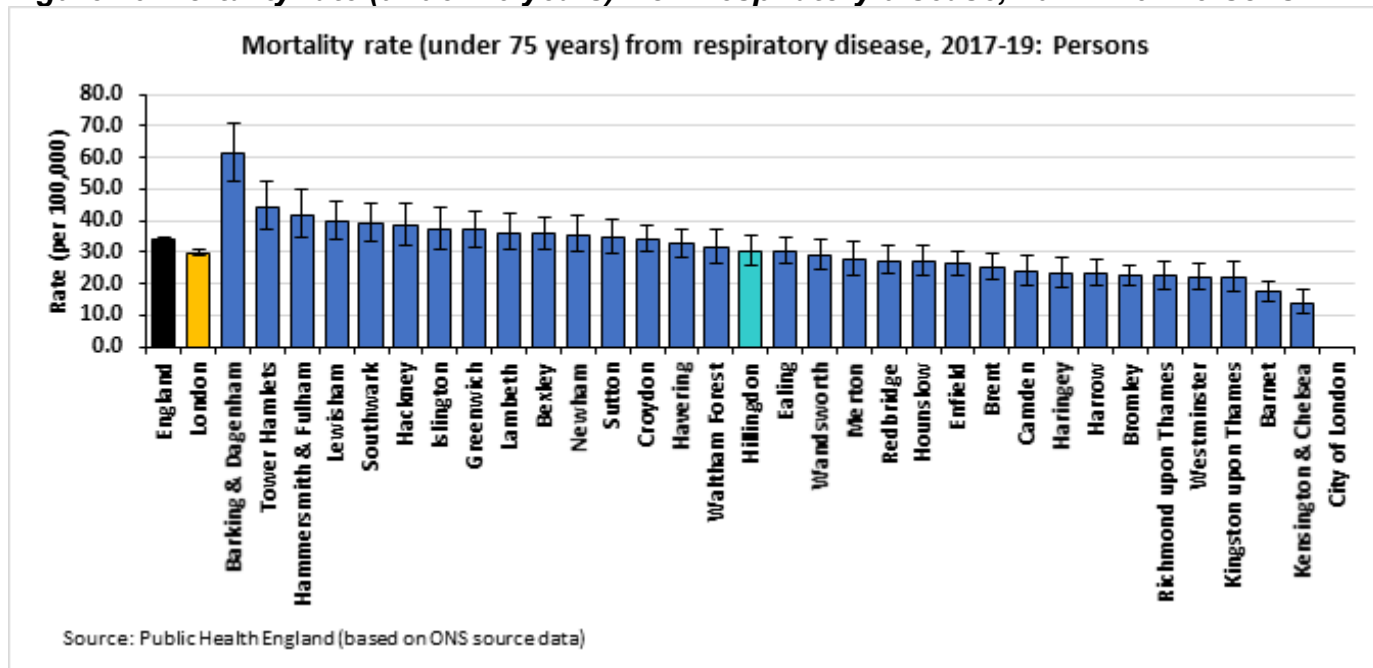
Figure 48 Trend in emergency hospital admission for COPD aged 35 years and above from 2010/11 to 2019/20.



Respiratory disease

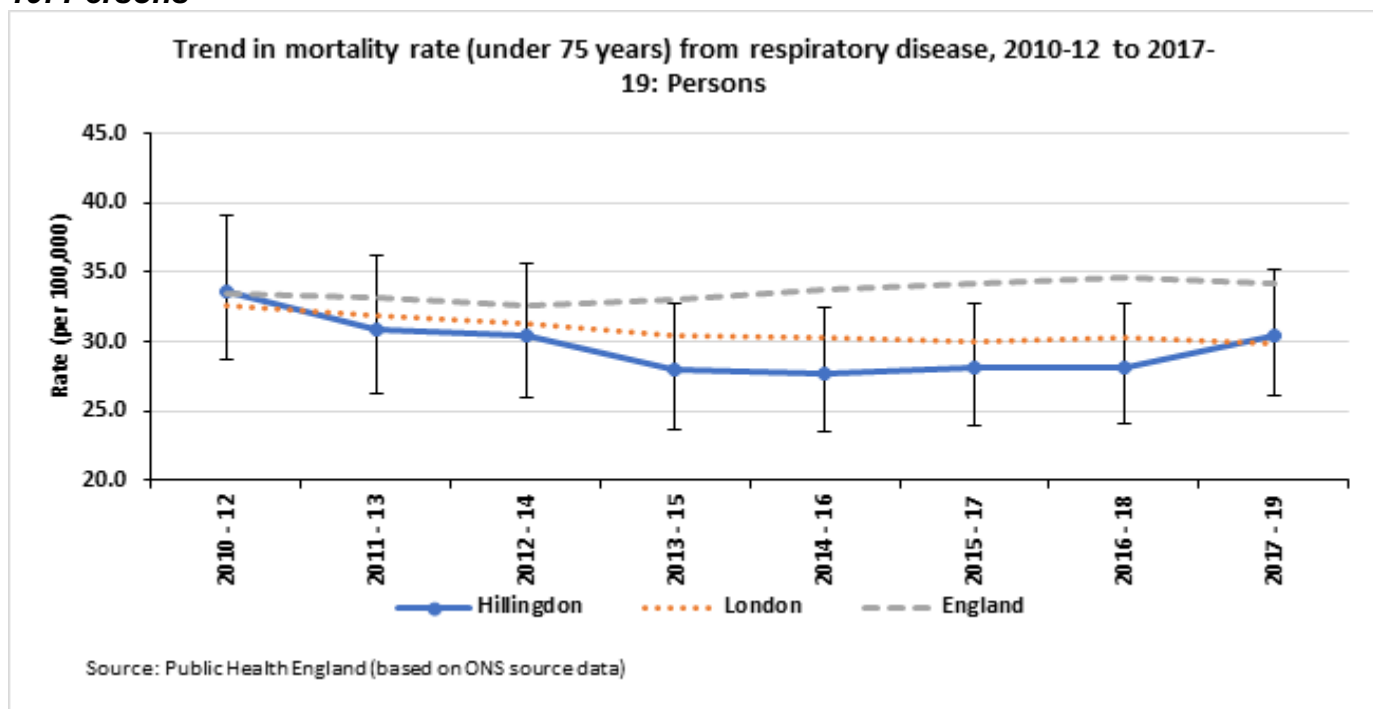
In Hillingdon, early death rates from respiratory disease (30.4 per 100,000) are similar to the London (29.9 per 100,000) and England averages (34.2 per 100,000).

Figure 49 Mortality rate (under 75 years) from respiratory disease, 2017 - 19: Persons



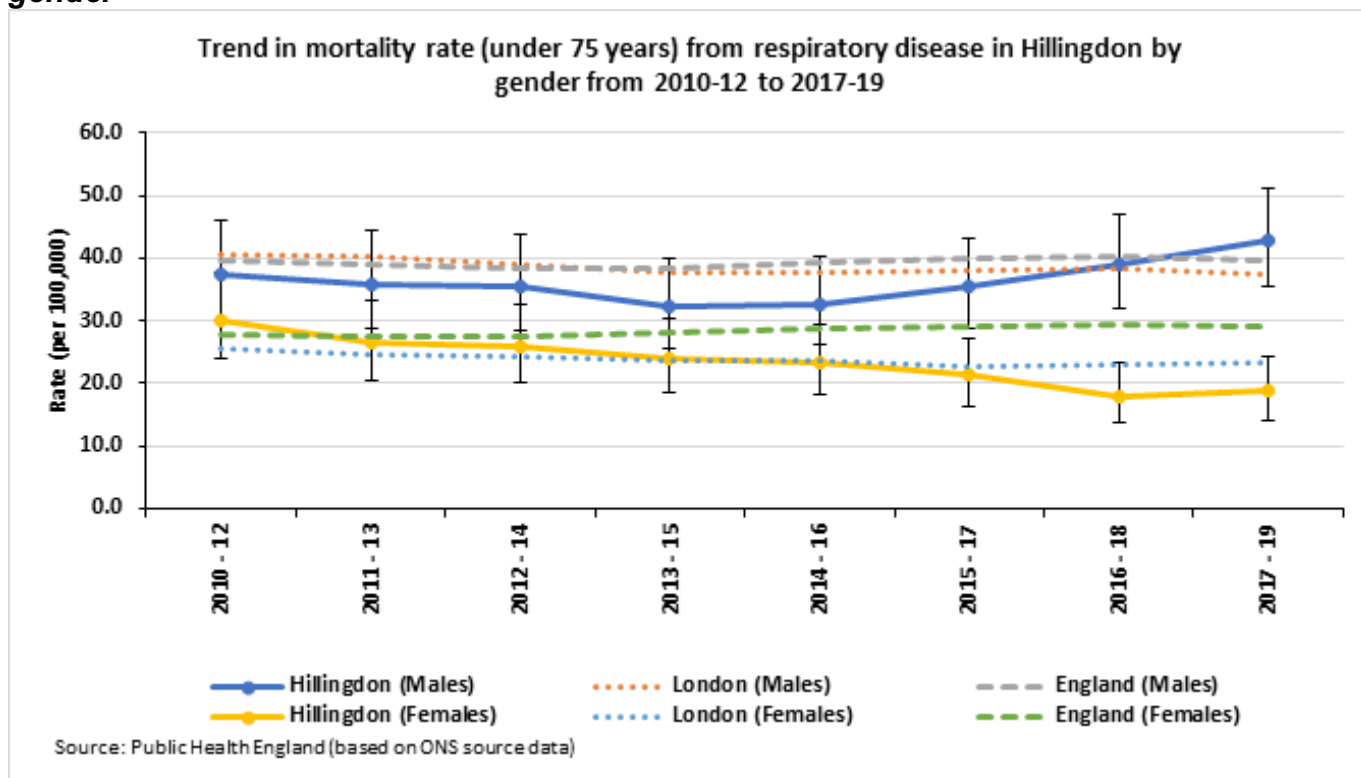
The early death rates from respiratory disease in Hillingdon declined until 2013-15 and since then is gradually increasing.

Figure 50 Trend in mortality rate (under 75 years) from respiratory disease, 2010-12 to 2017-19: Persons



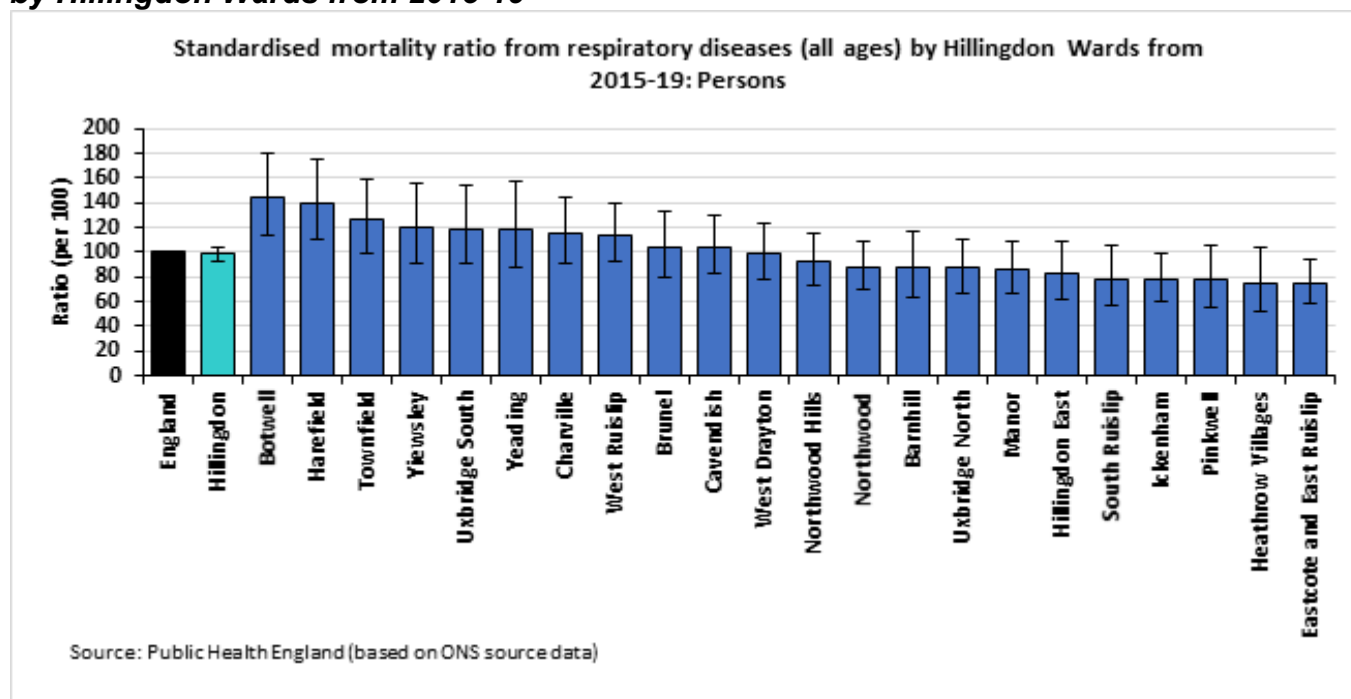
The early death rates due to respiratory disease are similar in Hillingdon, London and England for men. However, for women the rate is lower in Hillingdon than nationally. Rates for men appear to be rising, while for women the recent fall in rates appears to have flattened. In 2017-19, the early death rates for men (42.8 per 100,000) is more than twice the rates of women (18.8 per 100,000).

Figure 51 Trend in mortality rate (under 75 years) from respiratory disease in Hillingdon by gender



Within wards, the standardised mortality ratio from respiratory diseases for all ages was higher in Botwell, Harefield, and Townfield than the Hillingdon average from 2015-19.

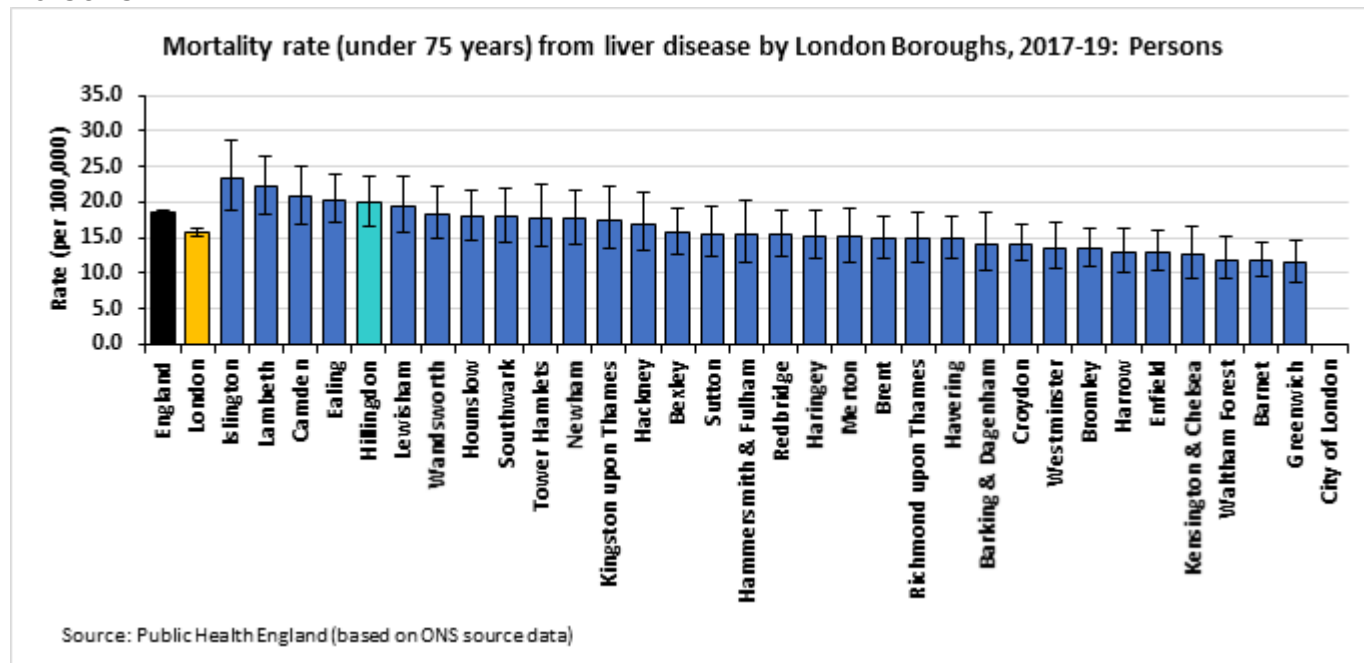
Figure 52 Deaths from respiratory diseases, (all ages), standardised mortality ratio per 100 by Hillingdon Wards from 2015-19



Liver disease

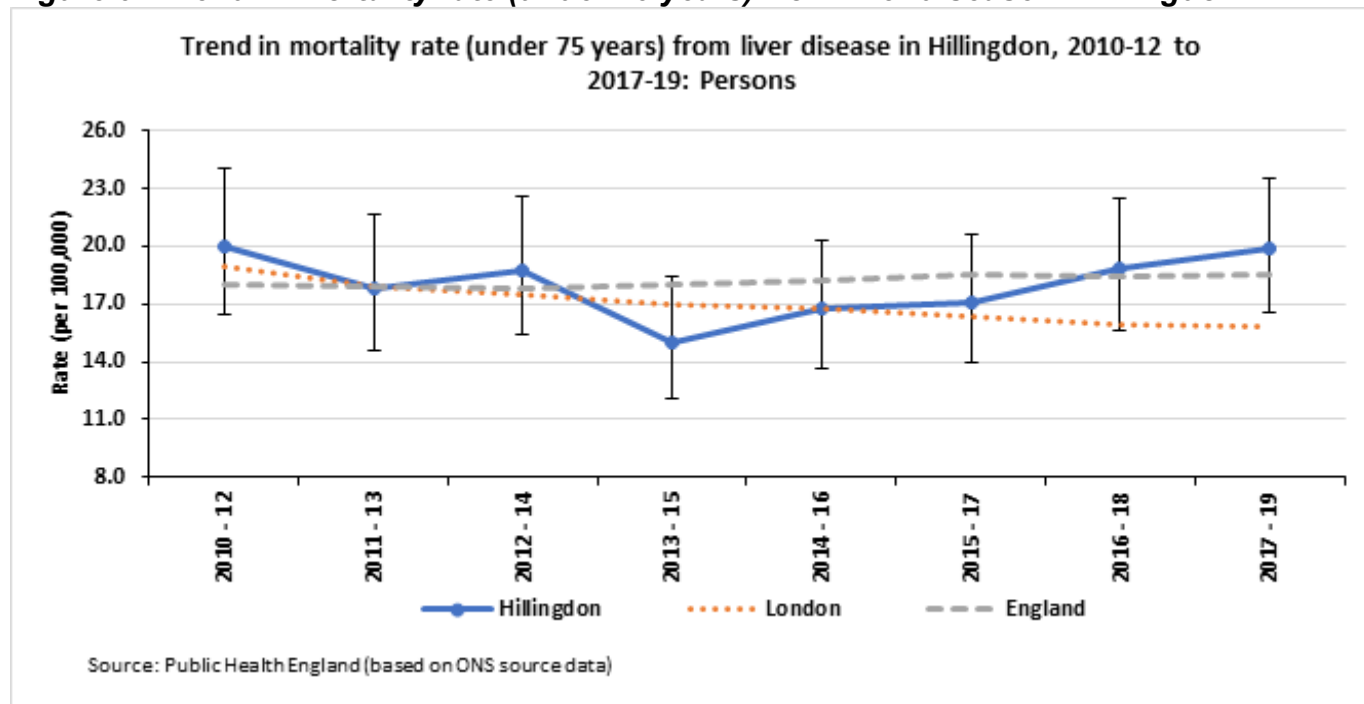
The rate of early death from liver disease in Hillingdon (19.9 per 100,000) is similar to the England average (18.5 per 100,000) but worse than the London average (15.9 per 100,000).

Figure 53 Mortality rate (under 75 years) from liver disease by London Boroughs, 2017 - 19: Persons



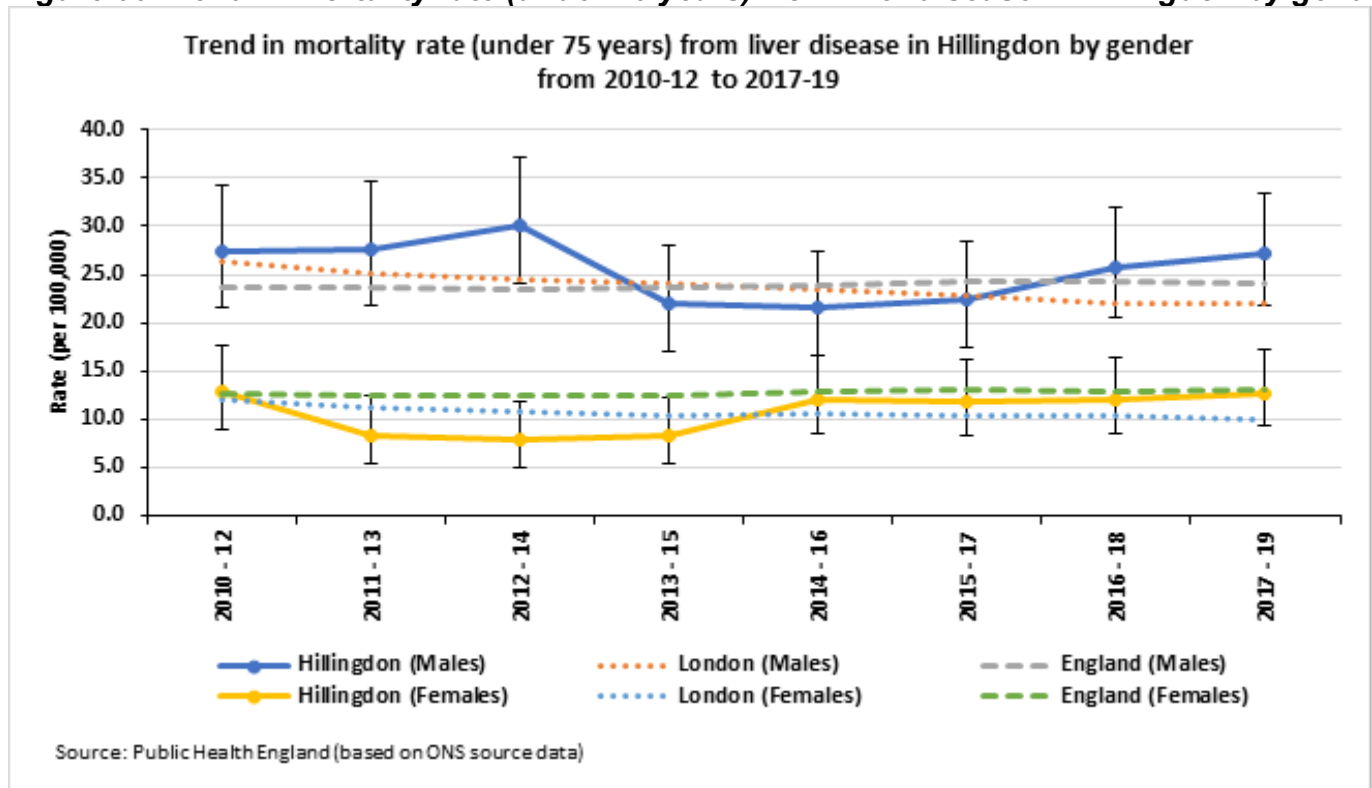
The overall trend in early mortality rate from liver disease in Hillingdon shows that the rate decreased until 2013-15 and since then has increased gradually. The rate in 2017-19 (19.9 per 100,000) was similar to ten years ago in 2010-2012 (20.0 per 100,000).

Figure 54 Trend in mortality rate (under 75 years) from liver disease in Hillingdon



In Hillingdon rates for early death from liver disease in 2017-19 are almost three times higher in men than in women. The rate for males (27.2 per 100,000) is higher than the London and national averages. Likewise, the rate for females (12.8 per 100,000) is broadly similar to the national average but higher than the London average.

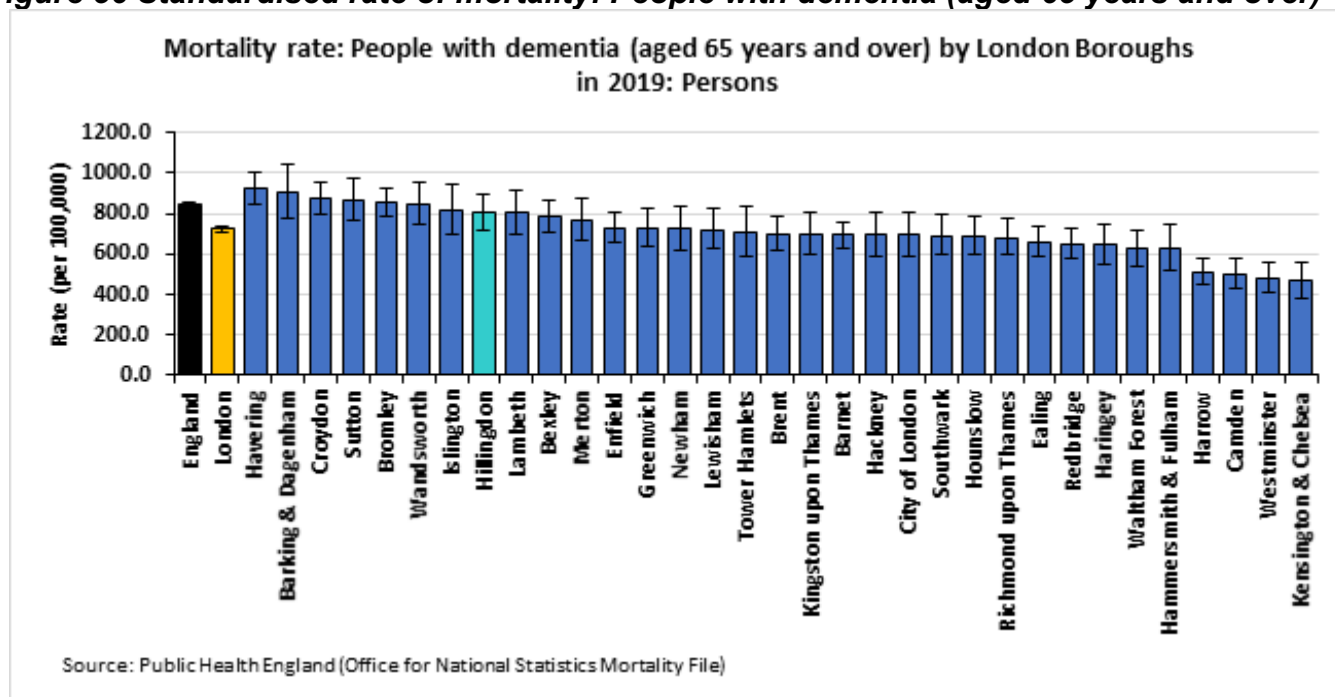
Figure 55 Trend in mortality rate (under 75 years) from liver disease in Hillingdon by gender



Dementia

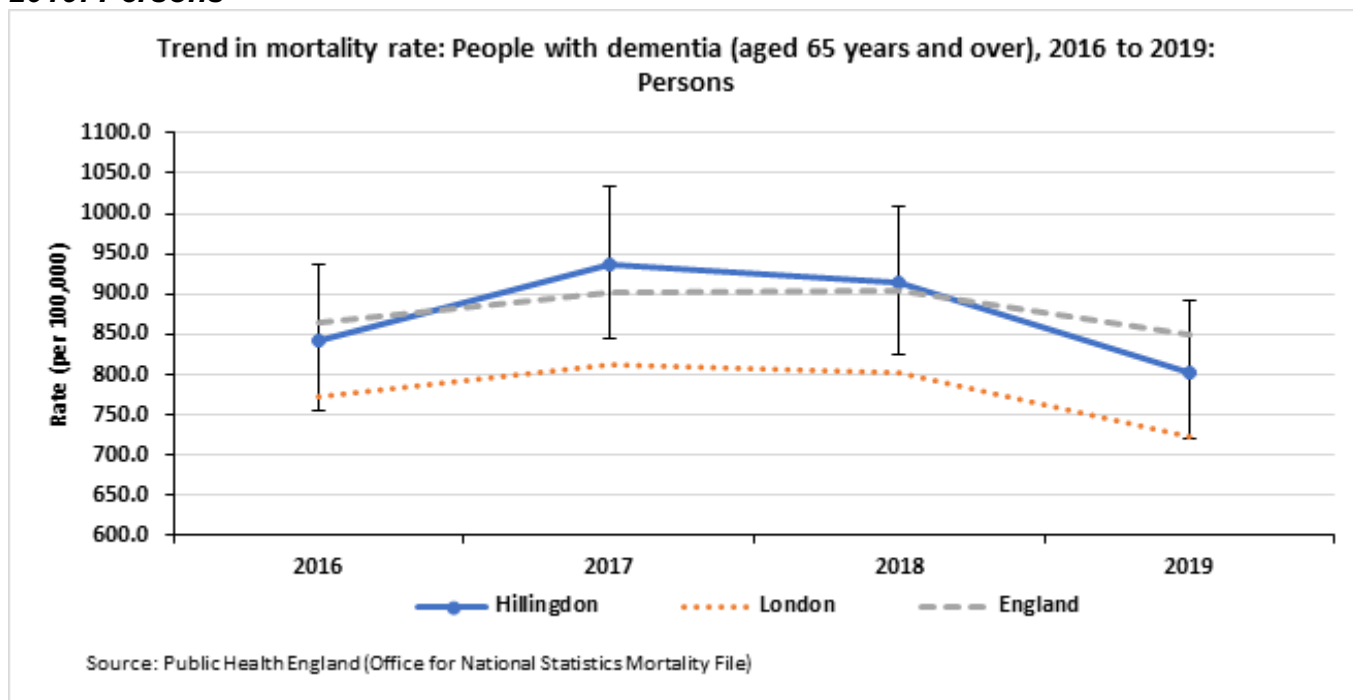
The rate of mortality of those with a recorded mention of dementia in Hillingdon in people over the age of 65 is 803 per 100,000 people which is similar to the London rate of 723 per 100,000 and England rate of 849 per 100,000 people.

Figure 56 Standardised rate of mortality: People with dementia (aged 65 years and over)



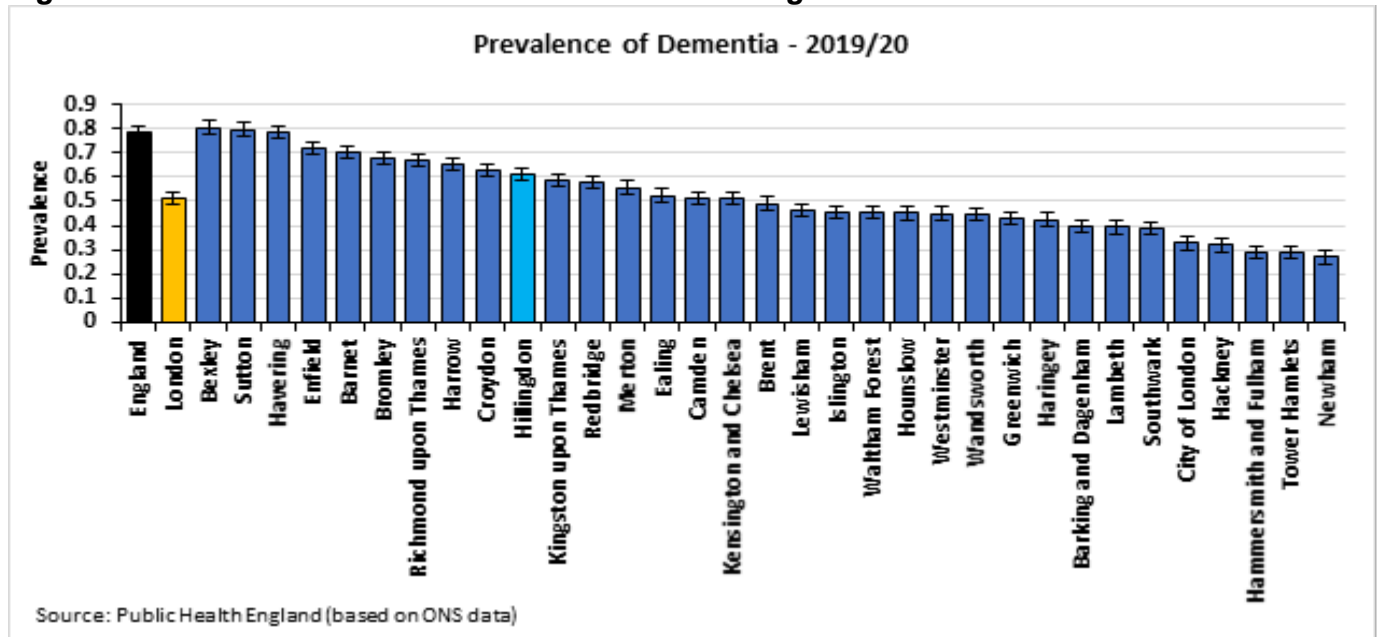
The mortality rate in people with dementia in Hillingdon follows the similar downward trend of London and England.

Figure 57 Trend in mortality rate: People with dementia (aged 65 years and over), 2016 to 2019: Persons



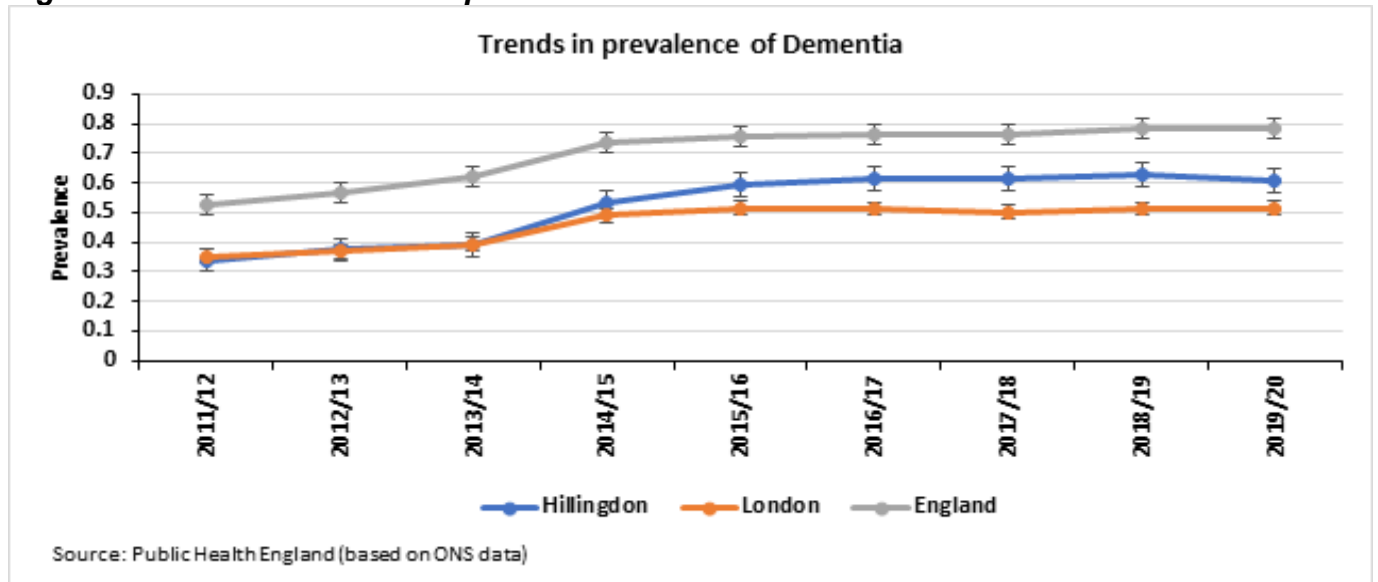
The proportion of persons with dementia in Hillingdon (0.60) was lower than England (0.78) but higher than London's proportion (0.51) in 2019/20.

Figure 58 Prevalence of Dementia in London Borough in 2019/20



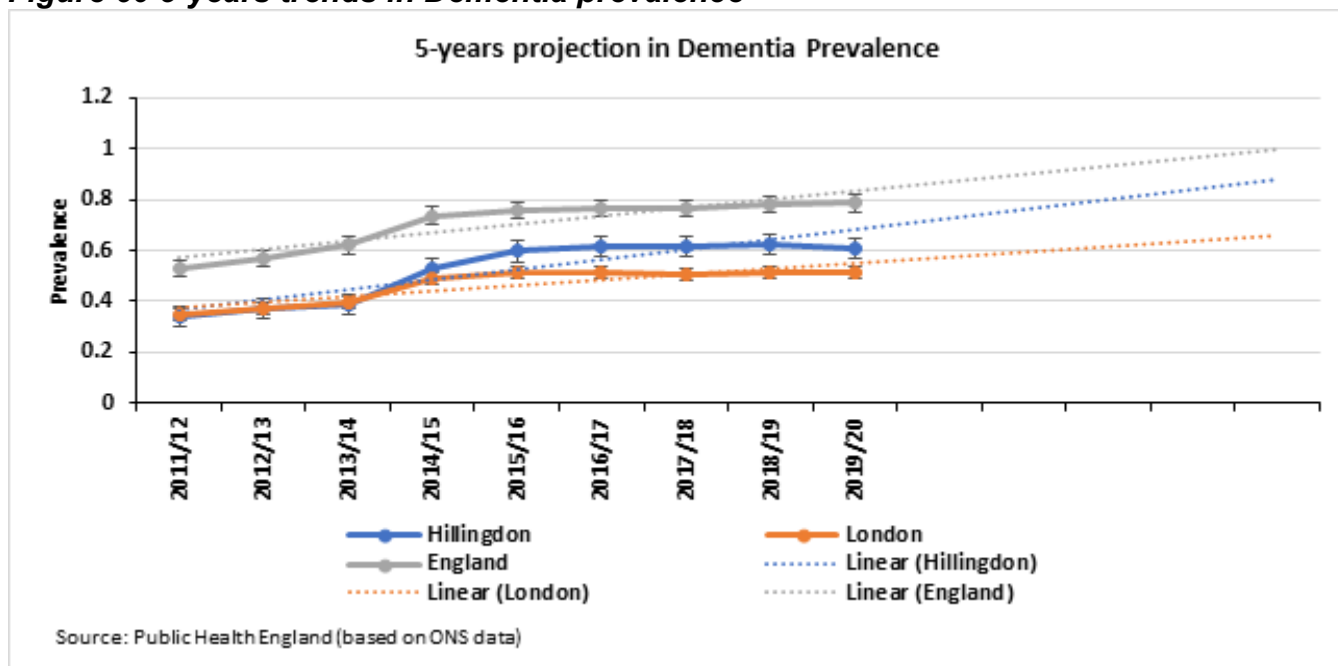
The prevalence of dementia (%) in Hillingdon increased in 2014/2015, with a sustained increase in 2015/16 and a small decline in 2019/20.

Figure 59 Trends in Dementia prevalence



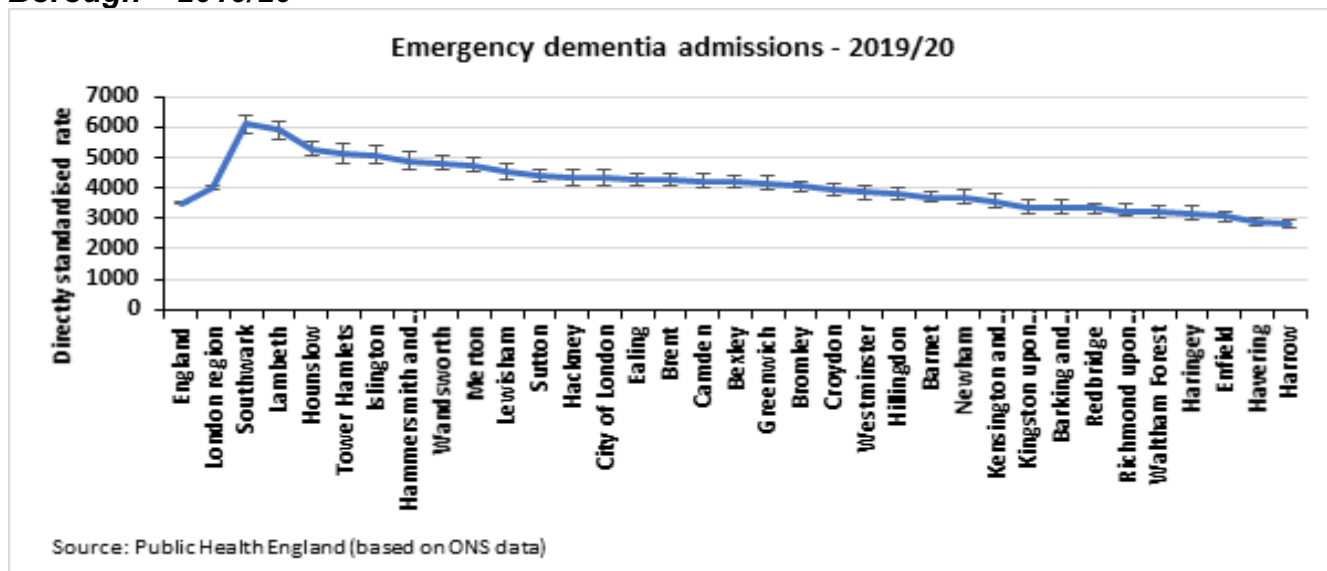
The Dementia prevalence (%) in Hillingdon is estimated to increase over the next 5 years.

Figure 60 5-years trends in Dementia prevalence



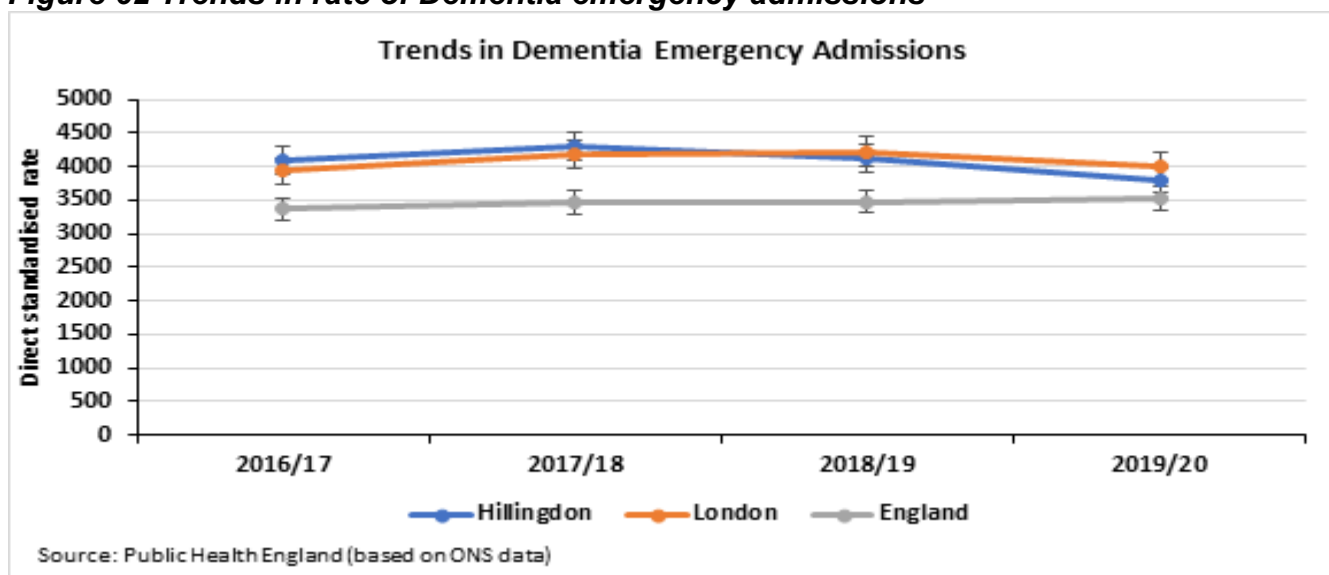
The rate of dementia emergency admissions was better in Hillingdon than in London but worse than in England.

Figure 61 Direct Standardised rate of emergency admissions for Dementia in London Borough – 2019/20



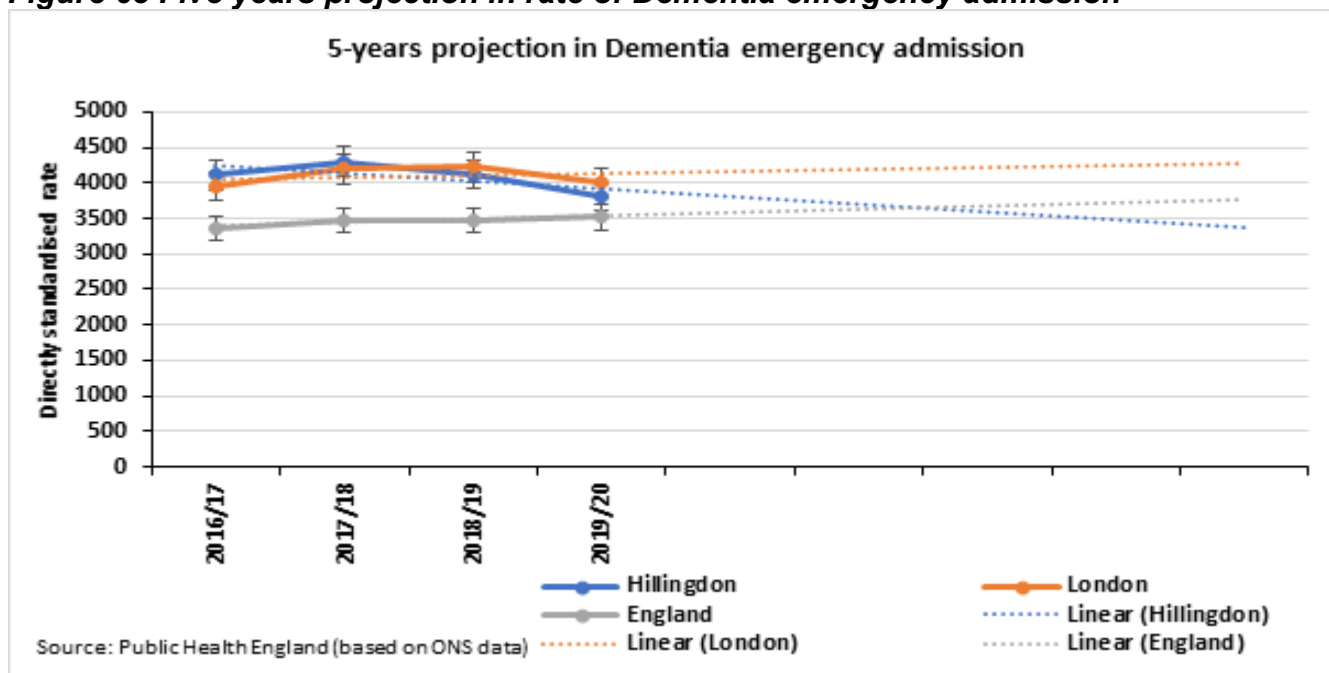
Emergency admissions for dementia have reduced since 2017/18.

Figure 62 Trends in rate of Dementia emergency admissions



The emergency admission rate for dementia is projected to decrease in the next 5 years.

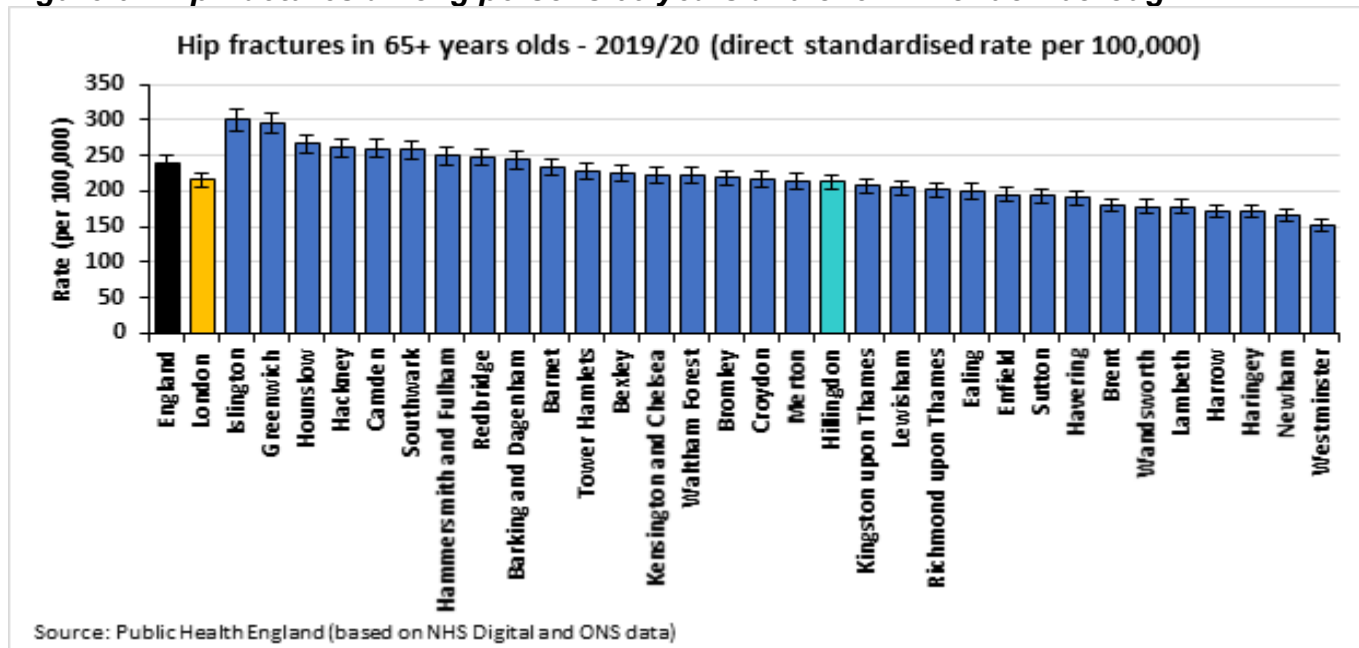
Figure 63 Five years projection in rate of Dementia emergency admission



Hip Fractures

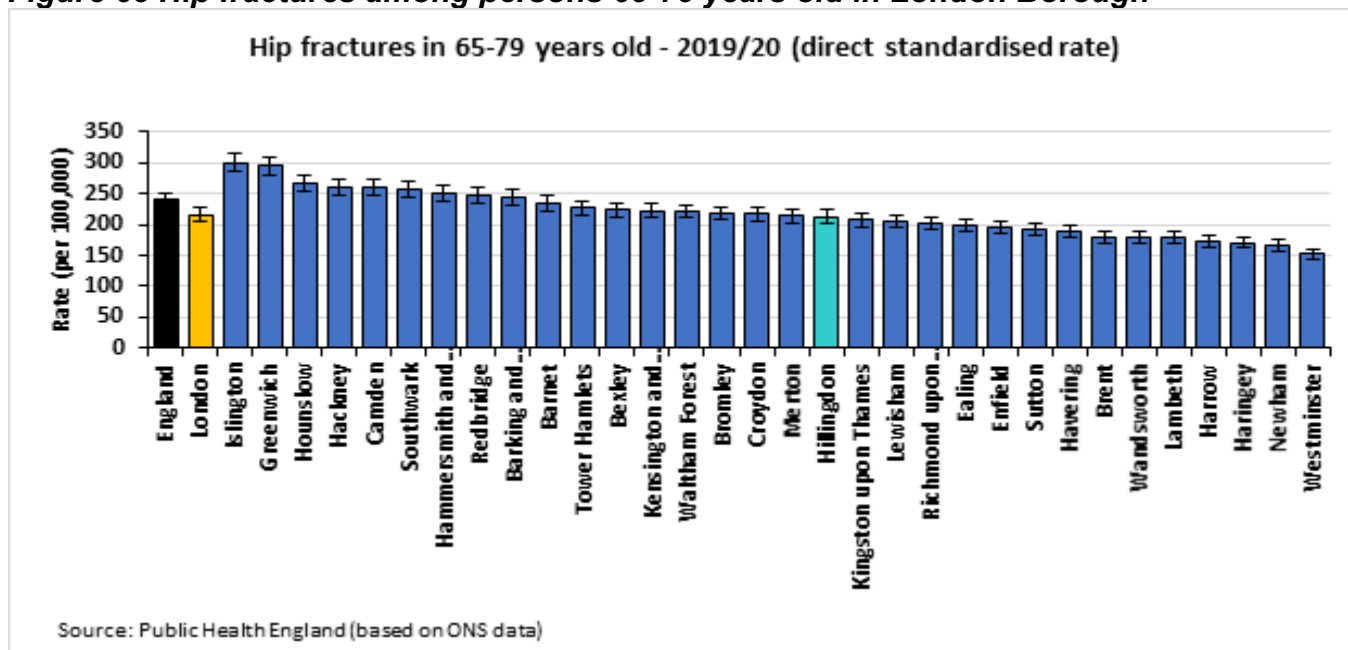
The rate of hip fractures among persons aged 65 years and overs in Hillingdon was lower than England and London’s rate.

Figure 64 Hip fractures among persons 65 years and over in London borough



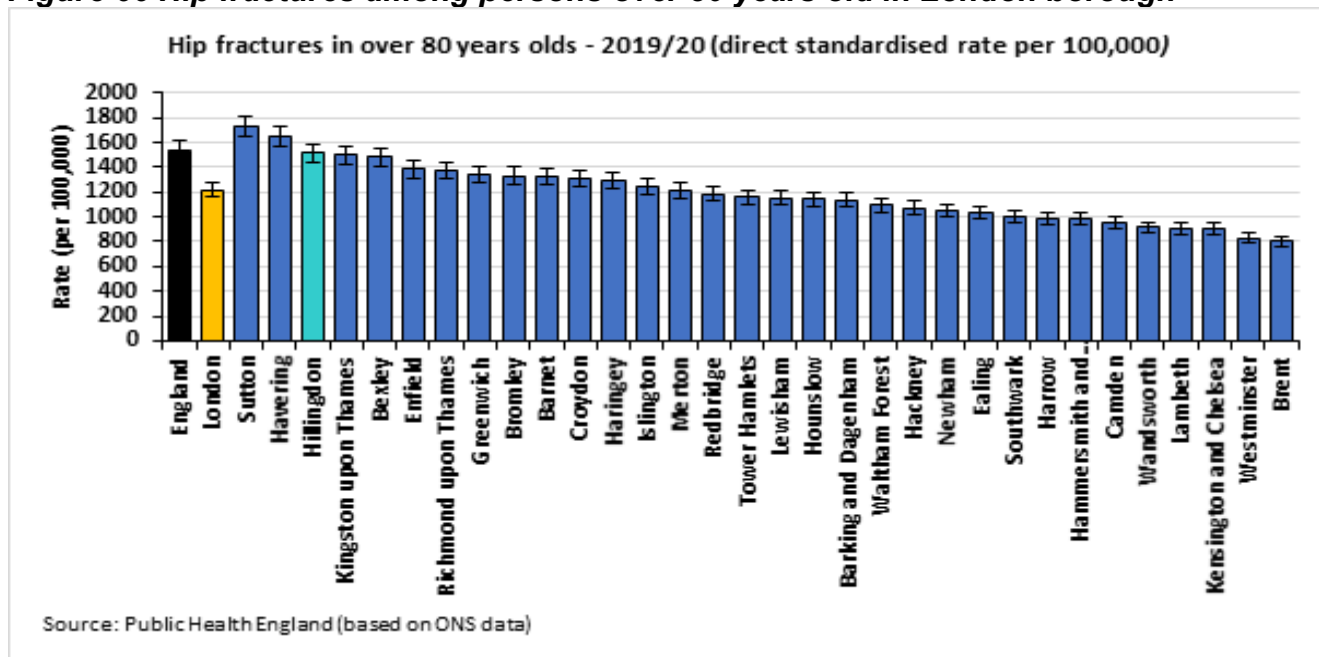
The rate of hip fractures among 65 -79 years olds in Hillingdon was lower than England but comparable to London’s rate.

Figure 65 Hip fractures among persons 65-75 years old in London Borough



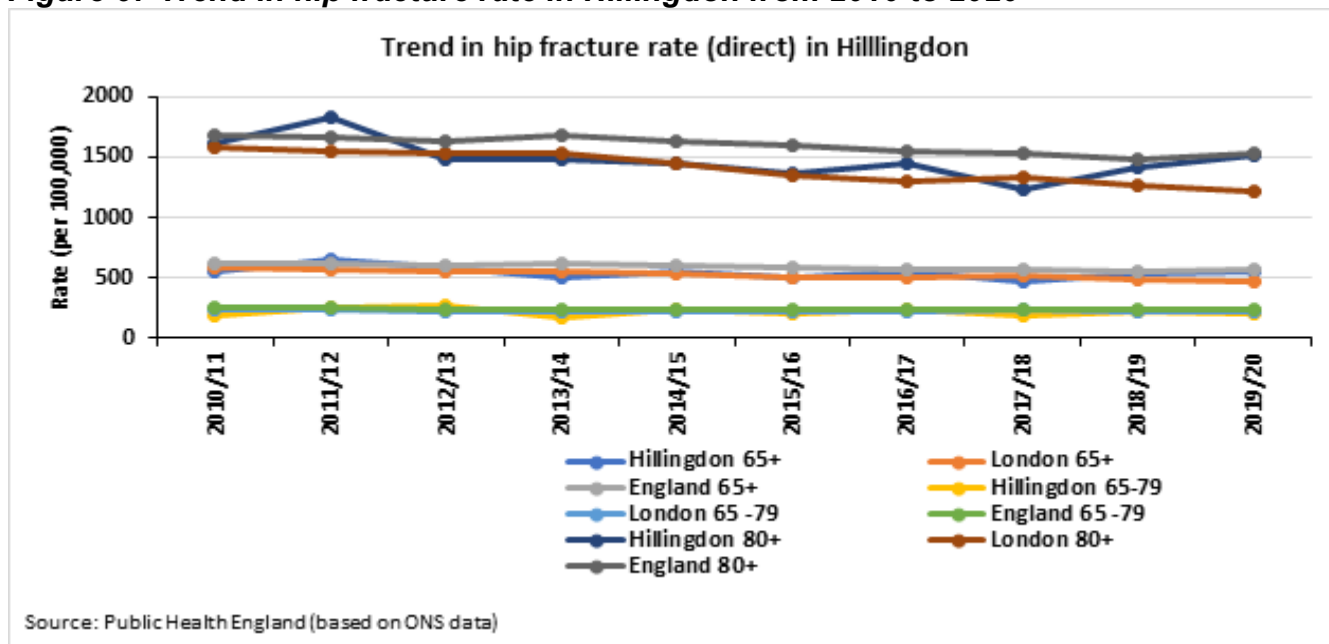
The hip fractures rate in Hillingdon among 80 years olds was lower than England but higher than London’s rate.

Figure 66 Hip fractures among persons over 80 years old in London borough



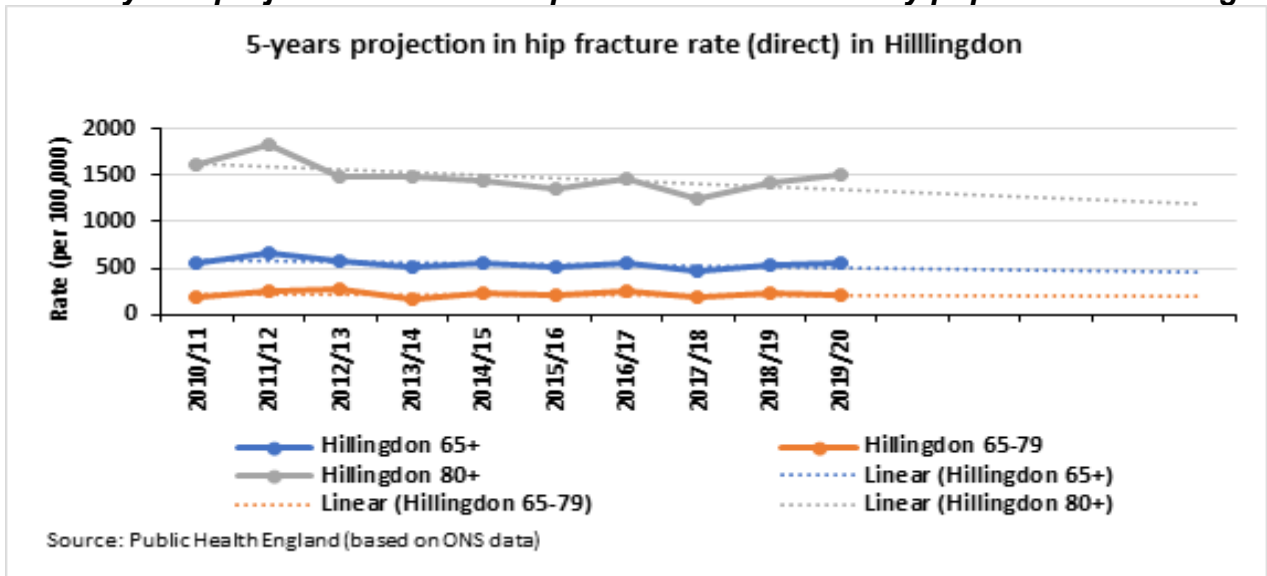
Hip fracture rates among persons aged over 80 years in Hillingdon increased appreciably from 2017 to 2020. The rate among persons aged 65+ and 65-79 years has remained almost the same from 2010 to 2020.

Figure 67 Trend in hip fracture rate in Hillingdon from 2010 to 2020



The rate is expected to decrease in the next five years among all persons aged over 65 years.

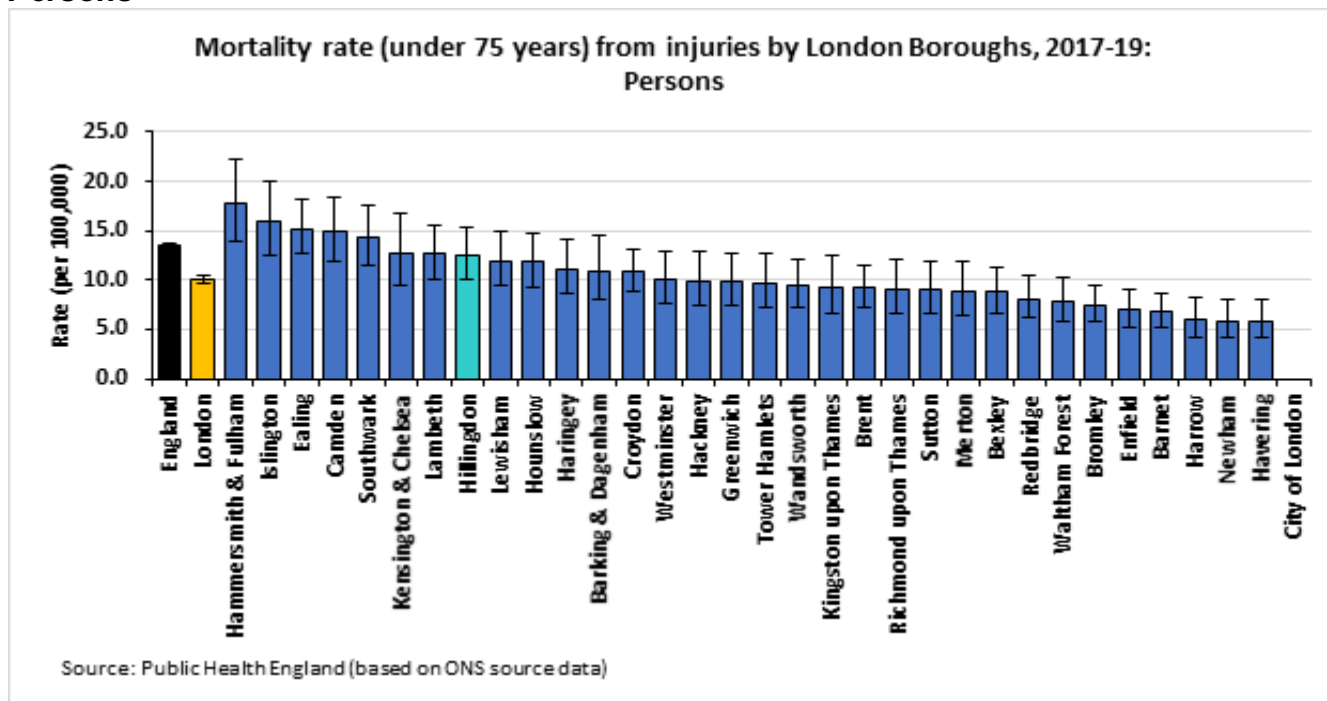
Figure 68 5-years projection in rate of hip fractures in the elderly population in Hillingdon



Injuries

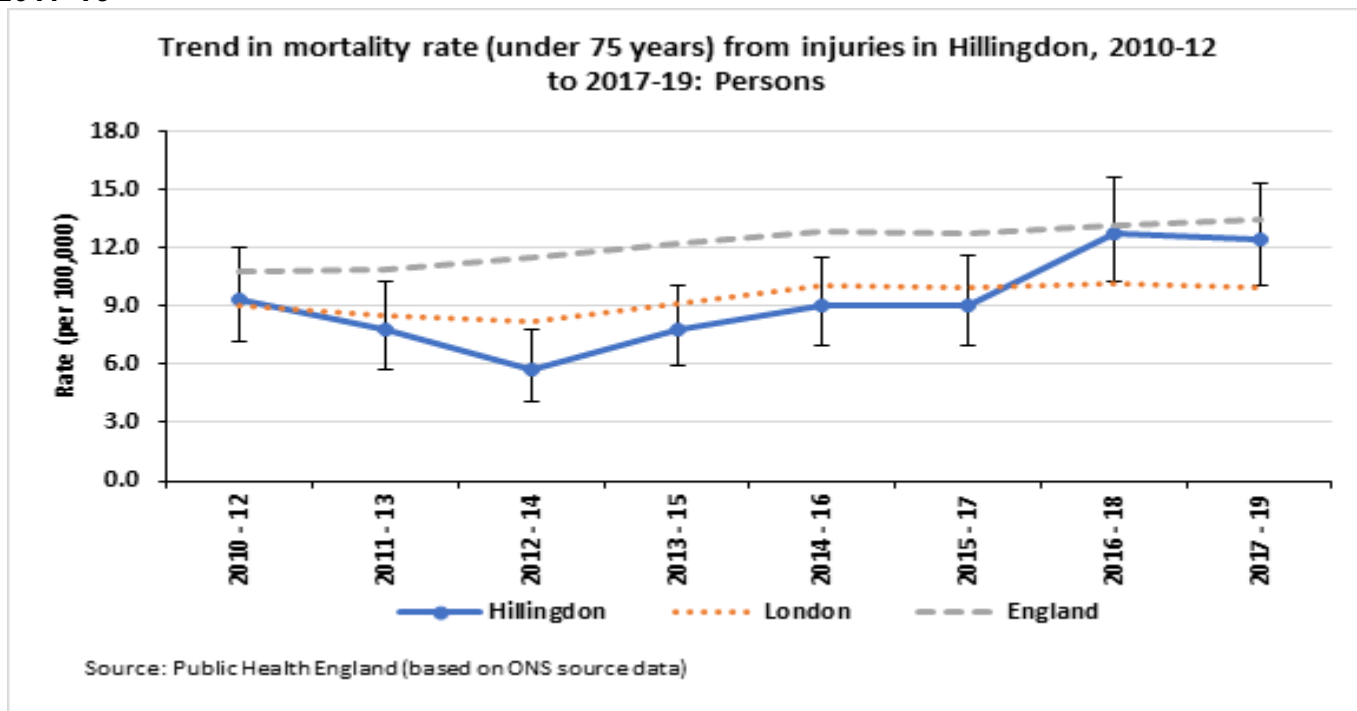
The early mortality rate from injuries in Hillingdon was 12.5 per 100,000 people which is similar to the England rate of 13.5 per 100,000 people but higher than the London rate of 10.0 per 100,000 people.

Figure 69 Mortality rate (under 75 years) from injuries by London Boroughs, 2017 - 19: Persons



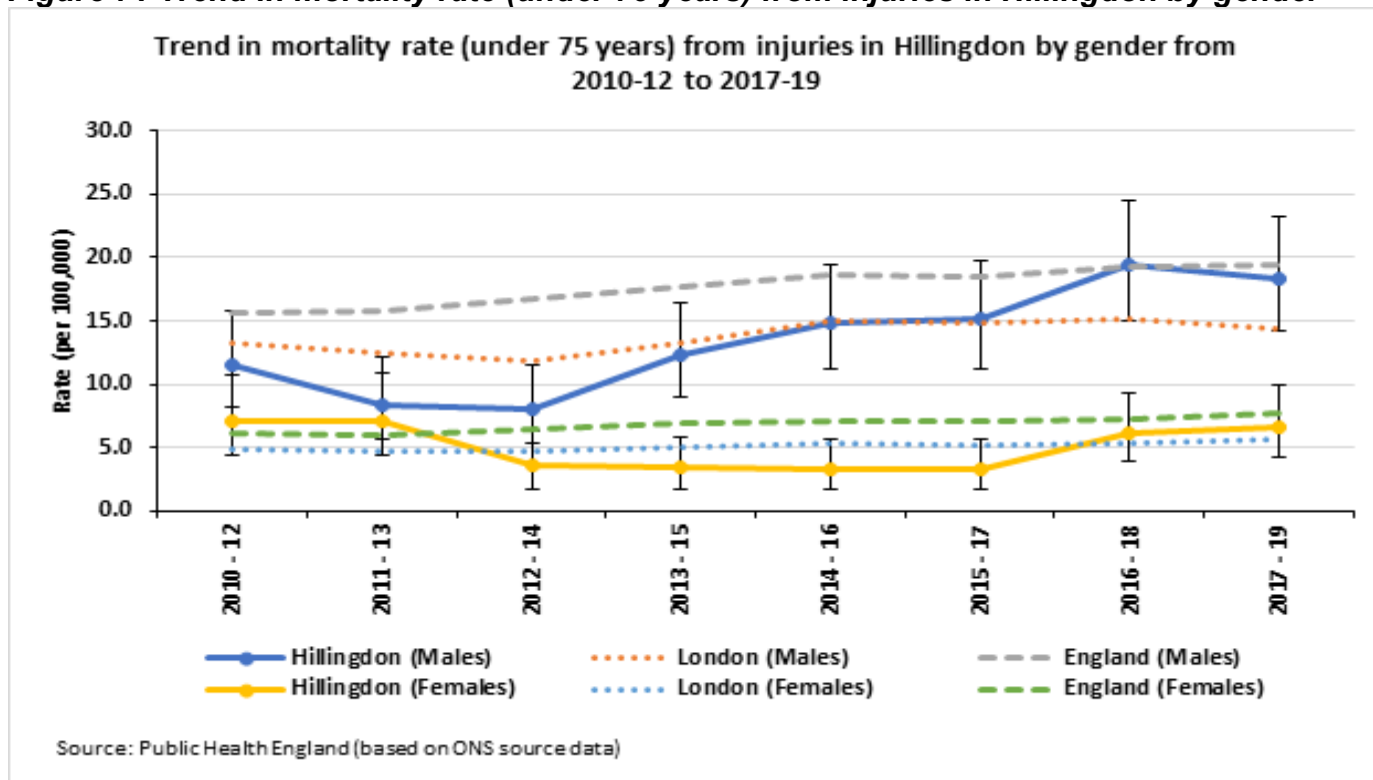
Between 2010 and 2019, the early mortality rate from injuries was lowest in 2012-14 at 5.8 per 100,000 people. Since then, the rate has increased reaching the highest at 13.2 per 100,000 in 2016-18.

Figure 70 Trend in mortality rate (under 75 years) from injuries in Hillingdon, 2010-12 to 2017-19



The early mortality rate for males in Hillingdon (18.3 per 100,000) from injuries is more than twice that of females (6.7 per 100,000) but has fallen more in recent years. Both rates for males and females are similar to national averages.

Figure 71 Trend in mortality rate (under 75 years) from injuries in Hillingdon by gender

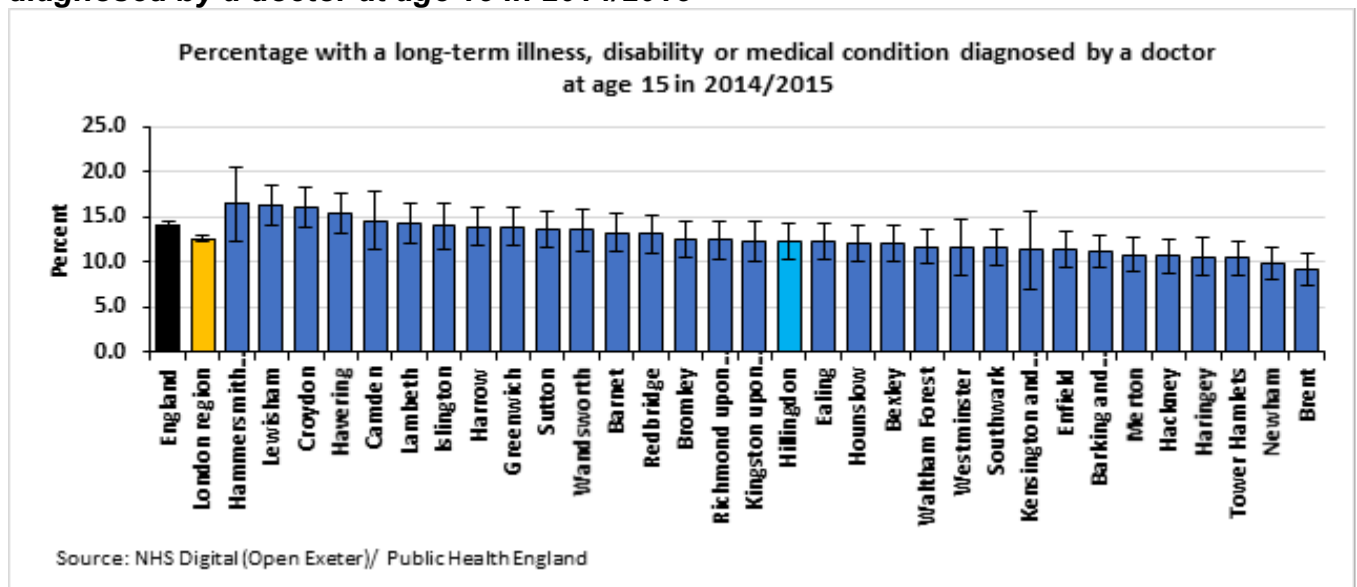


Disability

Poor health in childhood and adolescence can have an impact on overall life chances, with certain unhealthy behaviours having medium to long-term impacts on health. Therefore, young people's general health is an area of concern for local authorities and government.

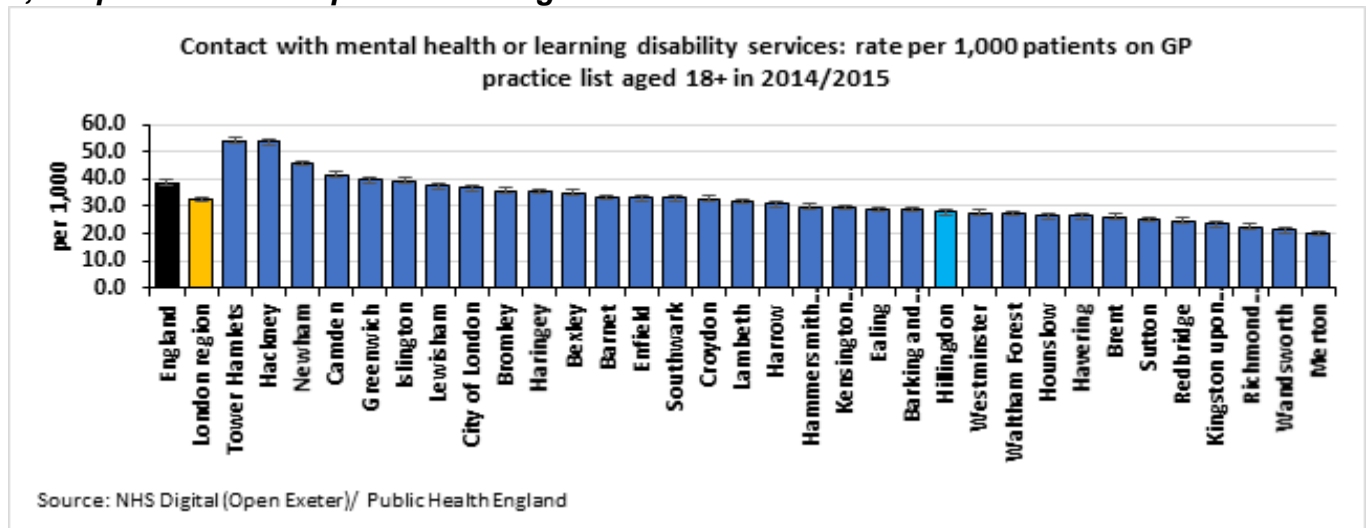
We do not have recent data on the percentage of children at age 15 who were diagnosed with long term illness, disability or medical conditions; however in 2014/2015, there were about 12% children at age 15 diagnosed with such conditions, which was lower than for England (14%).

Figure 72 Percentage with a long-term illness, disability or medical condition diagnosed by a doctor at age 15 in 2014/2015



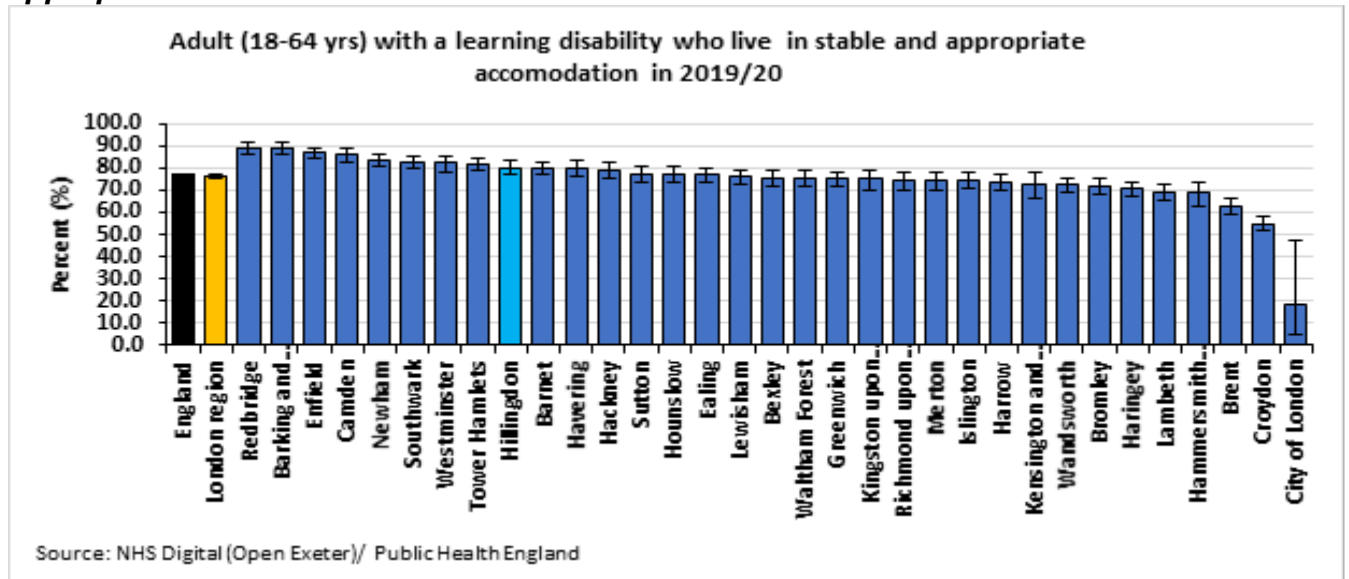
Similarly, the number of patients registered at a GP practice that are in contact with mental health or learning disability services was 38.7 per 1,000 for England and 28 per 1,000 for Hillingdon in 2014/2015.

Figure 73 Contact with mental health or learning disability services: rate per 1,000 patients on GP practice list aged 18+ in 2014/2015



This indicator is intended to improve outcomes for adults with a learning disability in settled accommodation by improving their safety and reducing their risk of social exclusion. This data shows that 77.3% of adults with a learning disability were living in stable and appropriate accommodation in 2019/20 in England and for Hillingdon it was 80.2%, doing better than England.

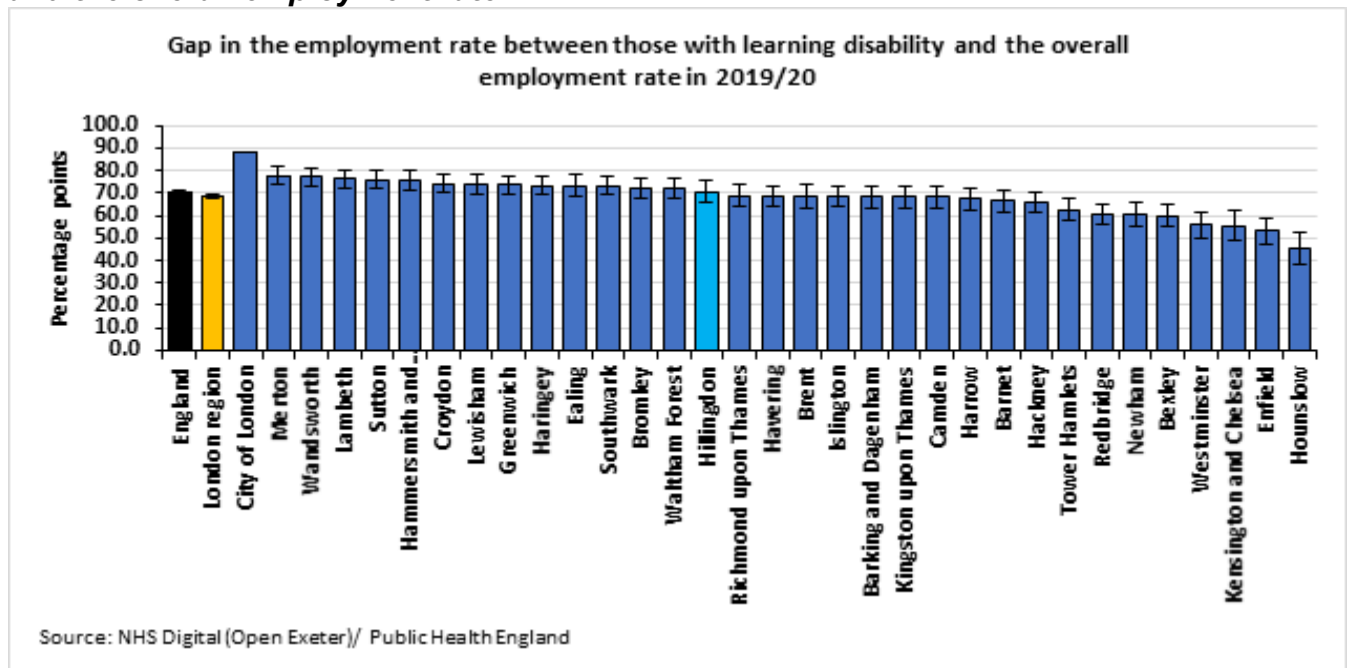
Figure 74 Adult (18-64 yrs.) with a learning disability who live in a stable and appropriate accommodation.



This indicator provides a good indication of the impact limiting long-term illness has on employment among those in the 'working well' life stage. According to data from 2019/20 the percentage point gap between the percentage of working age learning

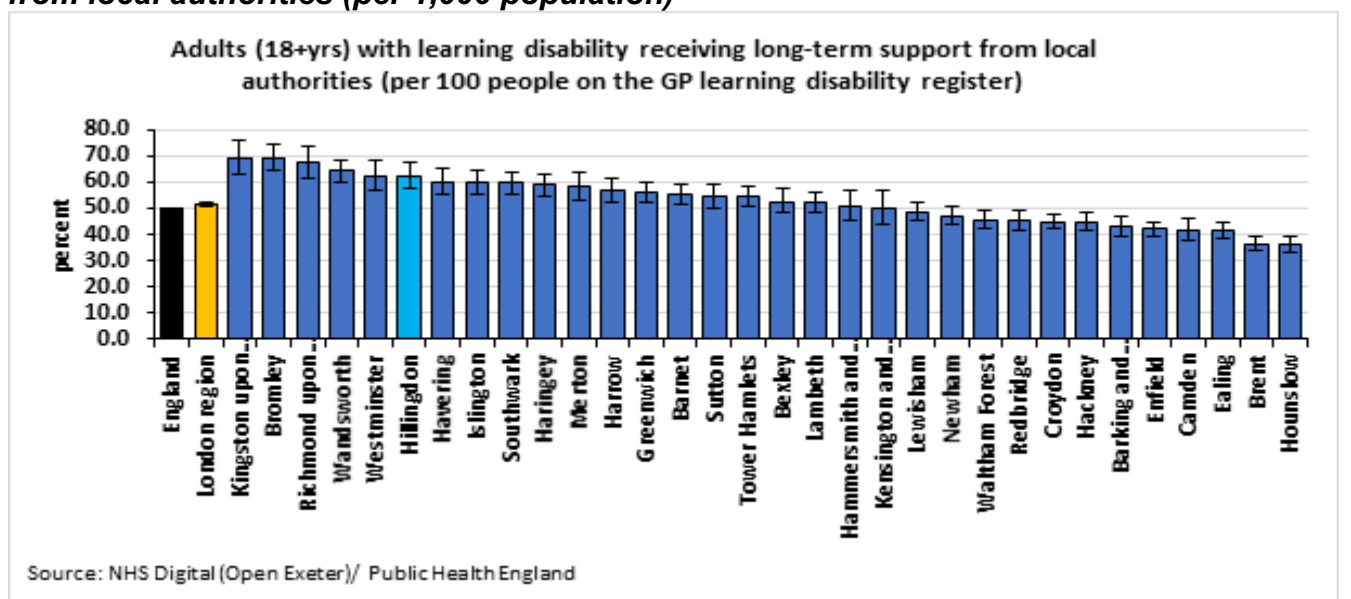
disabled adults in paid employment and overall employment rate was 70% for Hillingdon which was similar to that of England.

Figure 75 Gap in the employment rate between those with learning disability and the overall employment rate



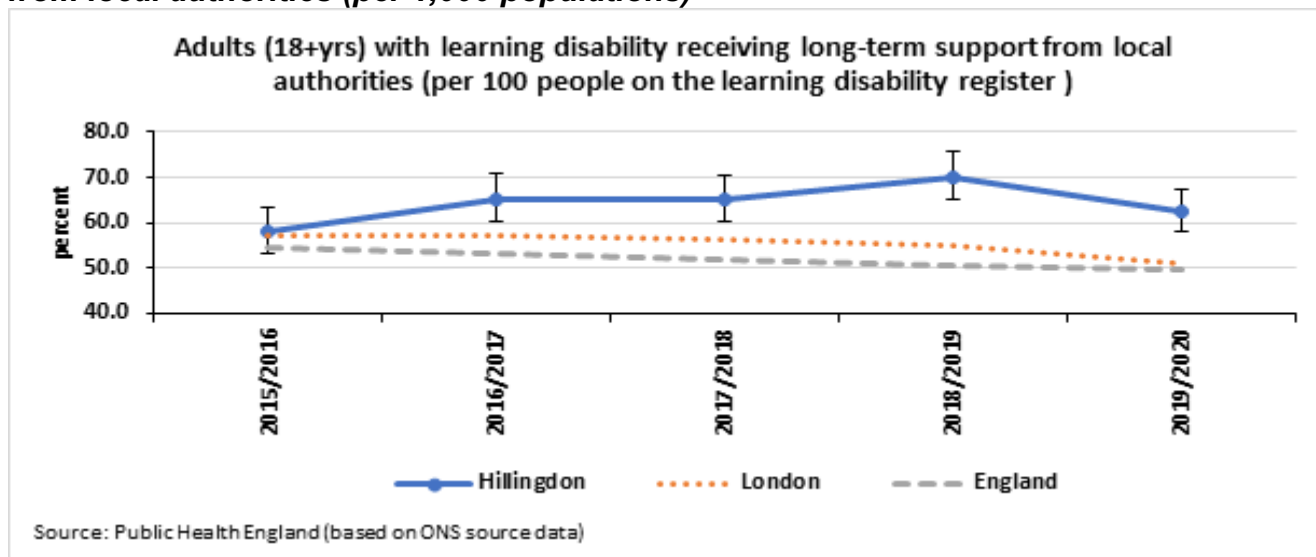
According to data in 2019/20, about 62% of the adults that registered on the GP learning disability register in Hillingdon were receiving long-term support from local authorities whereas this was approximately 50% for England.

Figure 76 Adult (18+ yrs.) with learning disability receiving long-term support from local authorities (per 1,000 population)



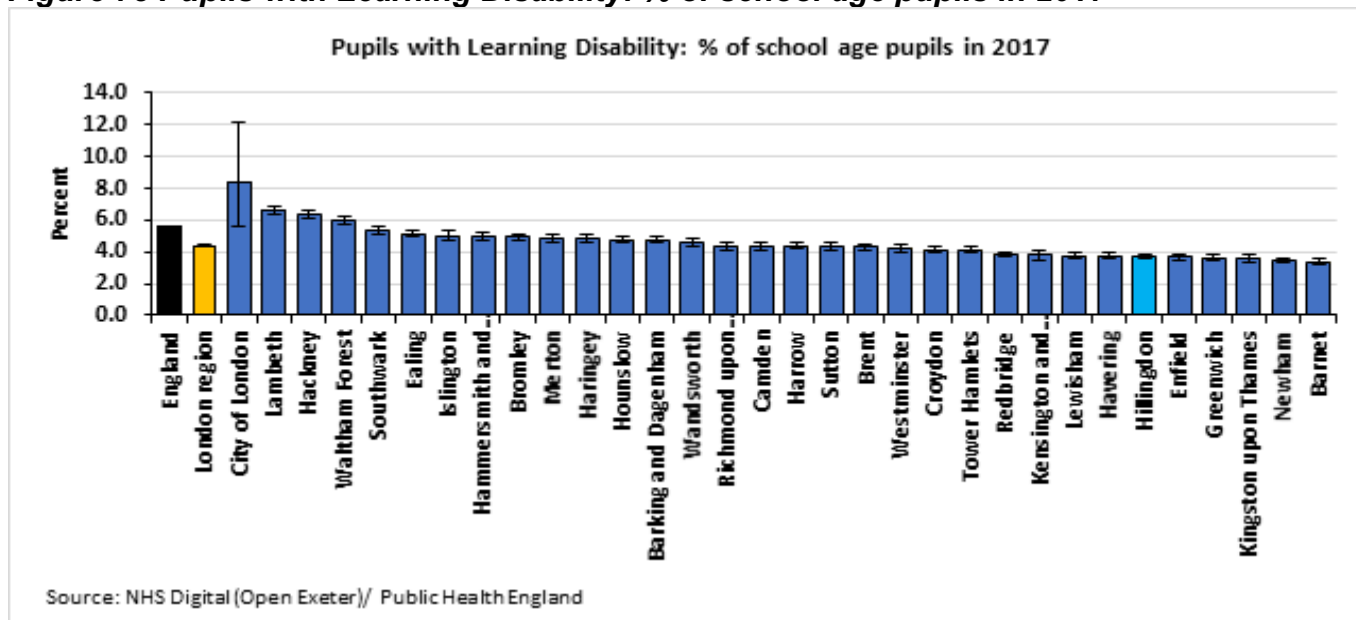
The trend in Hillingdon shows the number of adults with learning disability receiving long-term support from local authorities was increasing from 57% in 2015 to 62% in 2020; conversely, this number is decreasing for both London and England.

Figure 77 Adults (18+ yrs.) with learning disability receiving long-term support from local authorities (per 1,000 populations)



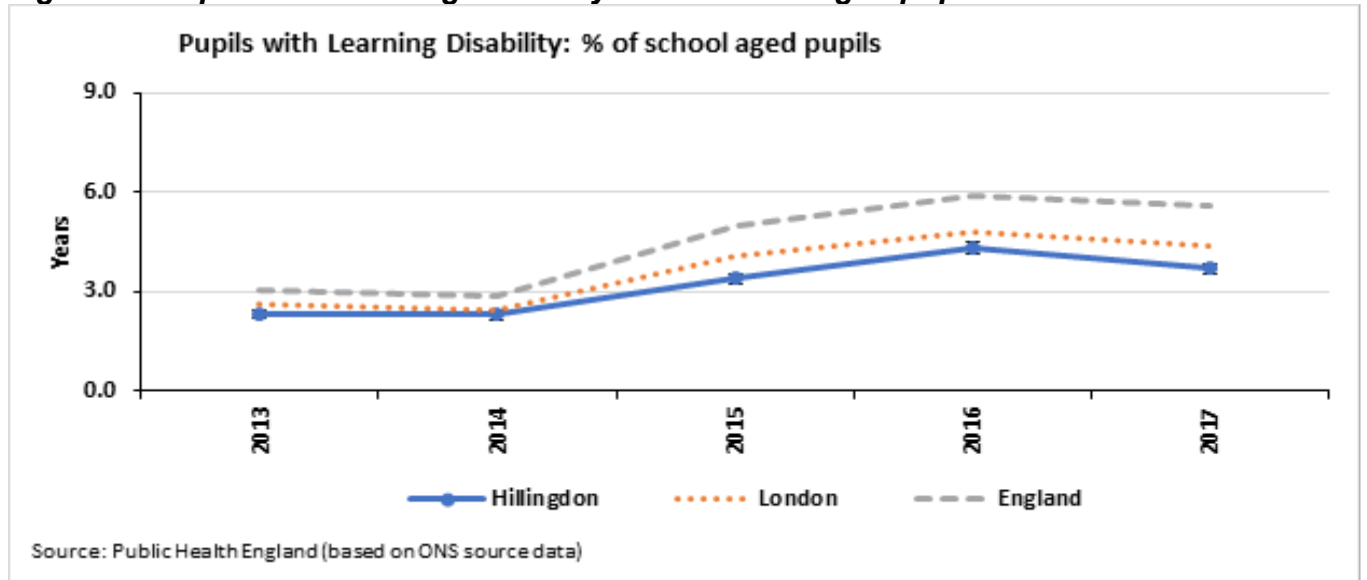
Around 4% of school age pupils in Hillingdon were identified as having a learning disability in 2017, and this was about 6% for England.

Figure 78 Pupils with Learning Disability: % of school age pupils in 2017



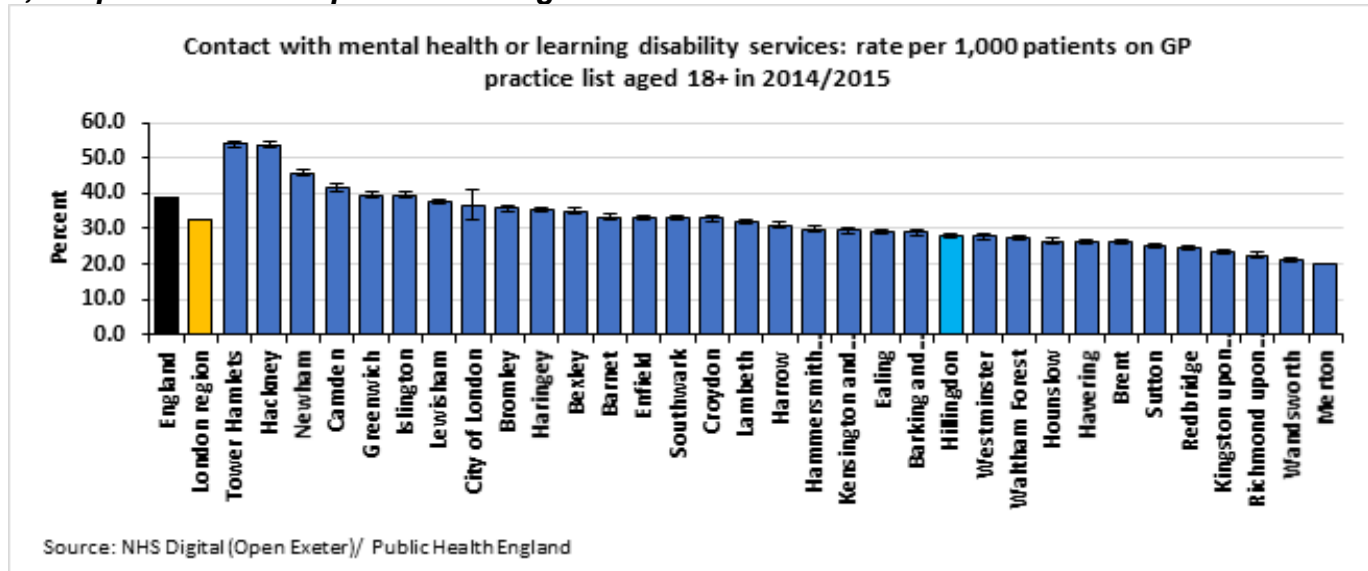
The trend shows that the pupils identified as learning disabled were increasing in Hillingdon since 2013 to 2017 which is in line with England and London.

Figure 79 Pupils with learning disability: % of school aged pupils



The number of patients registered at a GP practice that are in contact with mental health or learning disability services in Hillingdon was 28% for 2014/2015 and for England it was around 39% for that period.

Figure 80 Contact with mental health or learning disability services: rate per 1,000 patients on GP practice list aged 18+ in 2014/2015.



Mental Health conditions under 18 years

Hospital admission for mental health condition for those aged under 18 years is lower for Hillingdon as compared to England and London region. The trend has decreased between 2010/11 and 2019/20.

Figure 81 Hospital admissions for mental health conditions under 18 years for 2019/20.

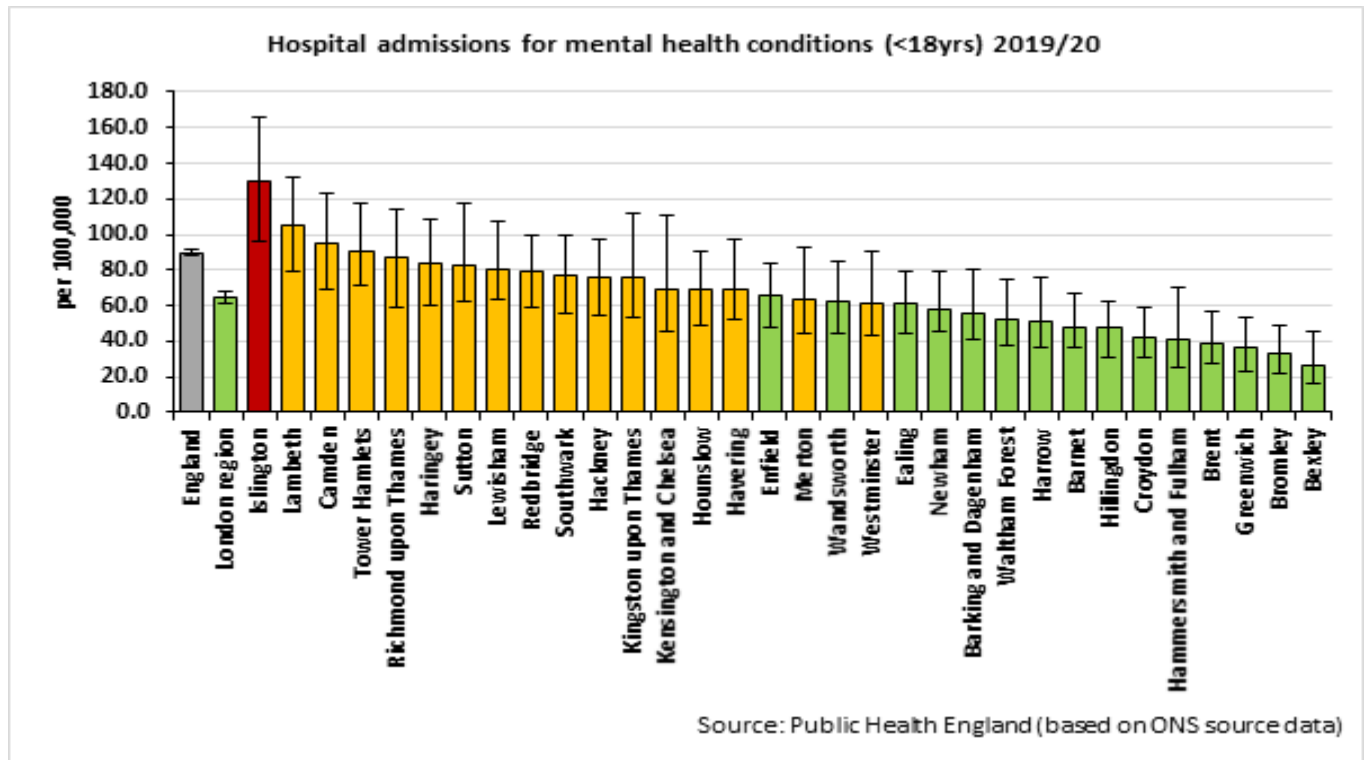
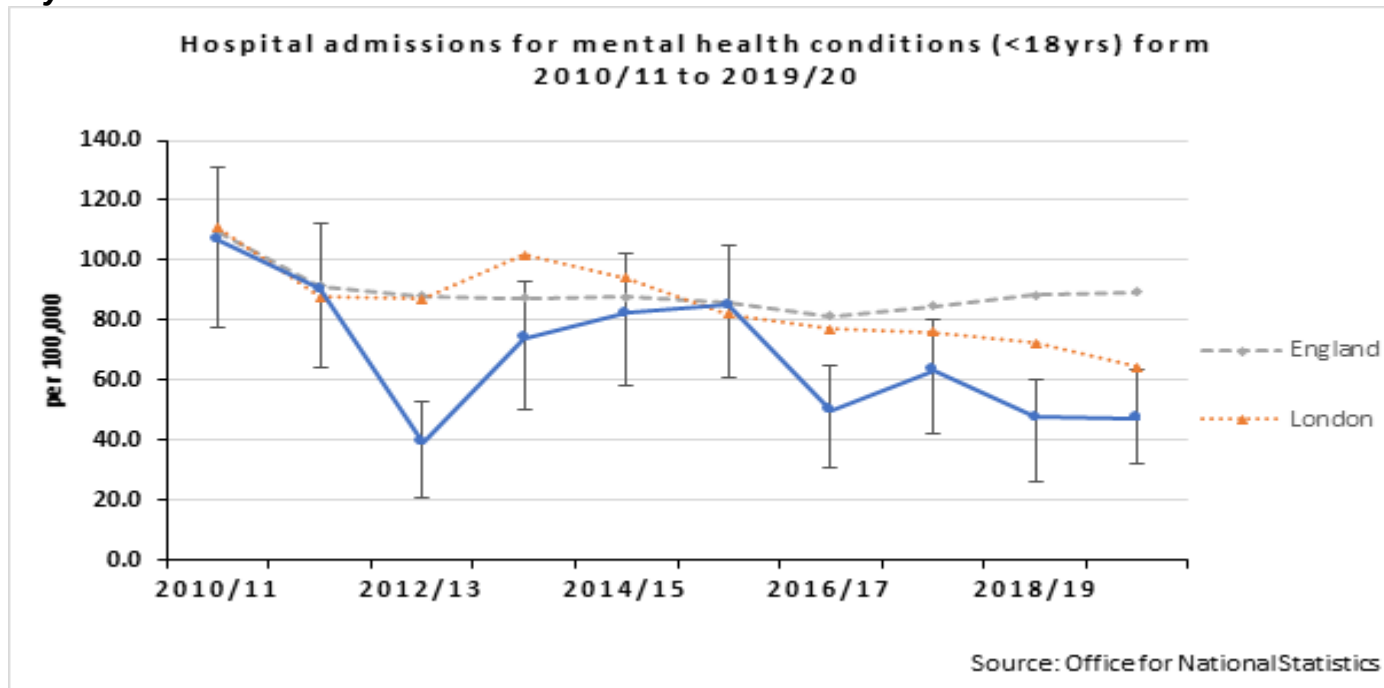


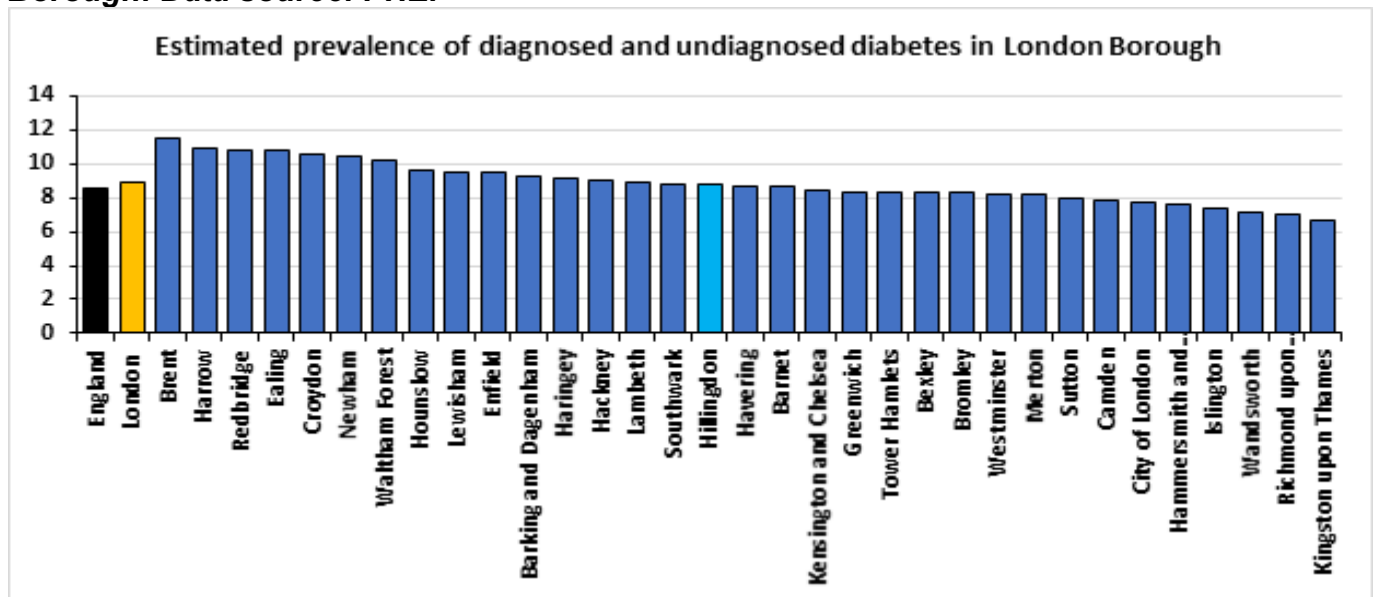
Figure 82 Trend in hospital admissions for mental health conditions under 18 years from 2010/11 to 2019/20.



Diabetes

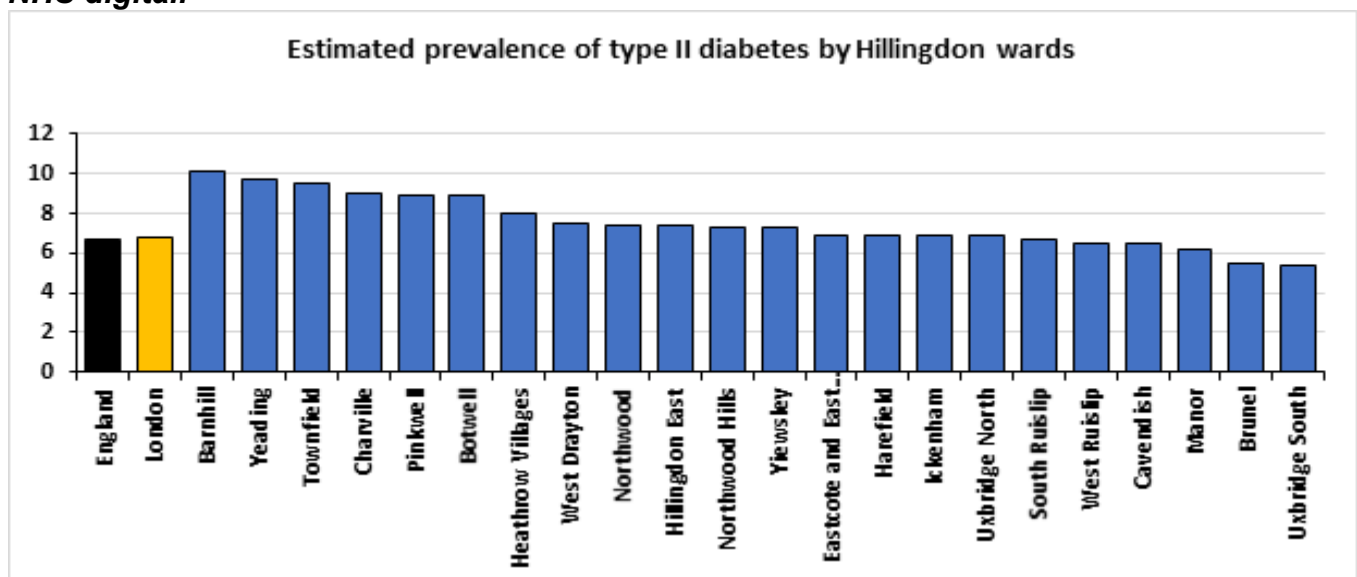
The prevalence of diagnosed and undiagnosed diabetes in Hillingdon was marginally lower than London's prevalence but higher than England's prevalence.

Figure 83 Estimated prevalence of diagnosed and undiagnosed diabetes in London Borough: Data source: PHE.



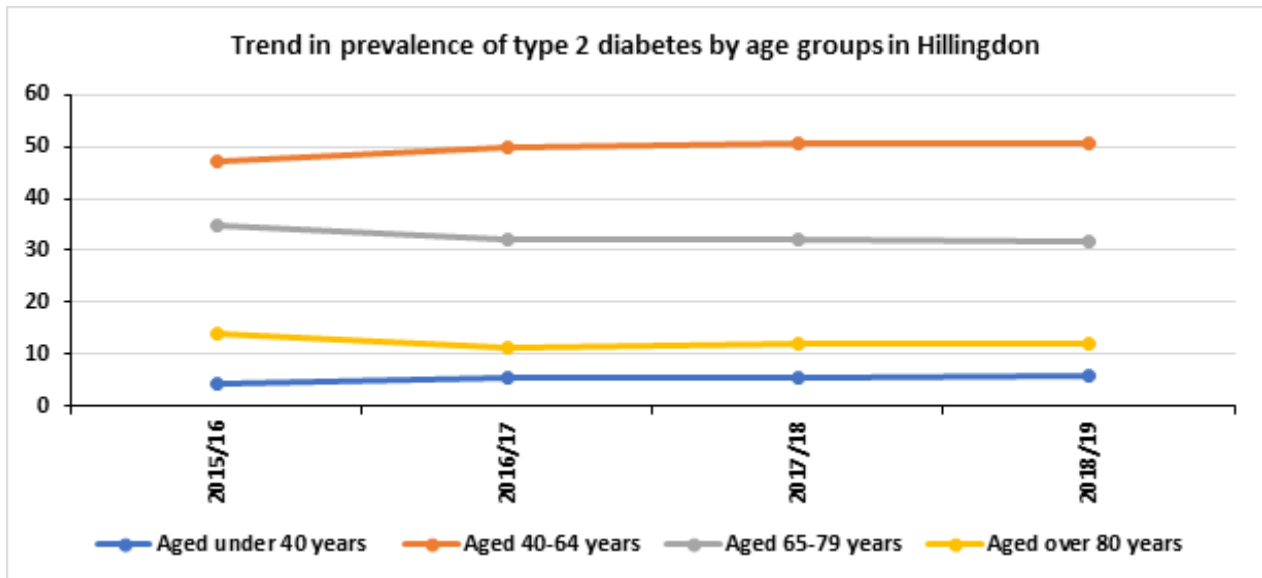
The prevalence of type II diabetes was worse in Barnhill but better in Brunel and Uxbridge South.

Figure 84 Prevalence of type II diabetes in all persons by wards in Hillingdon. Data source: NHS digital.



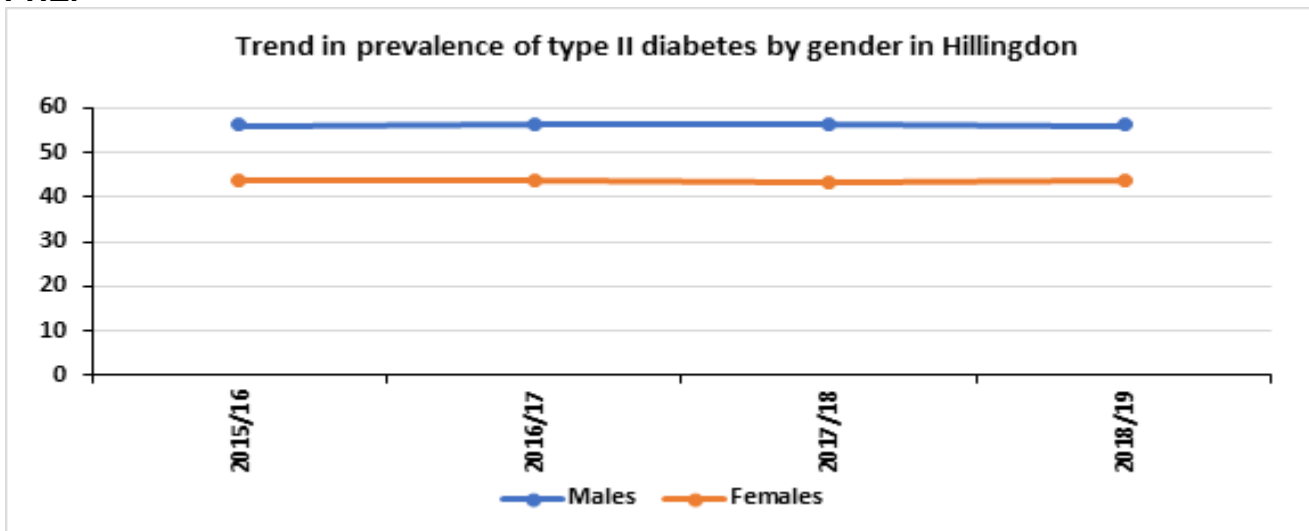
The prevalence of type II diabetes is higher among persons aged 40-64 years compared to other age groups in Hillingdon. The prevalence increased in 2016/17 and remained the same up to 2018/19 in those aged 40-64 years. For the other age groups, the prevalence has remained the same from 2016/17 to 2018/19.

Figure 85 Trends in type II diabetes prevalence in Hillingdon by age groups. Data source: PHE.



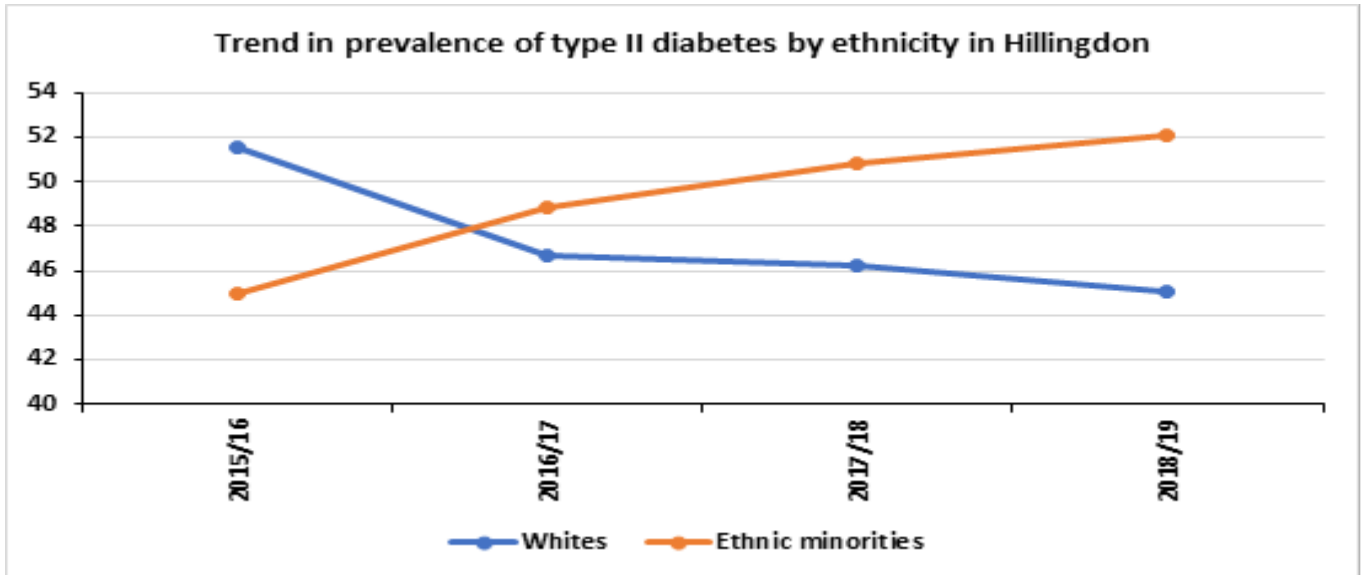
The prevalence of type II diabetes in Hillingdon was high in males than females from 2015/16 to 2018/19. The prevalence has remained almost the same for both males and females since 2015/16.

Figure 86 Trends in prevalence of type II diabetes by gender in Hillingdon. Data source: PHE.



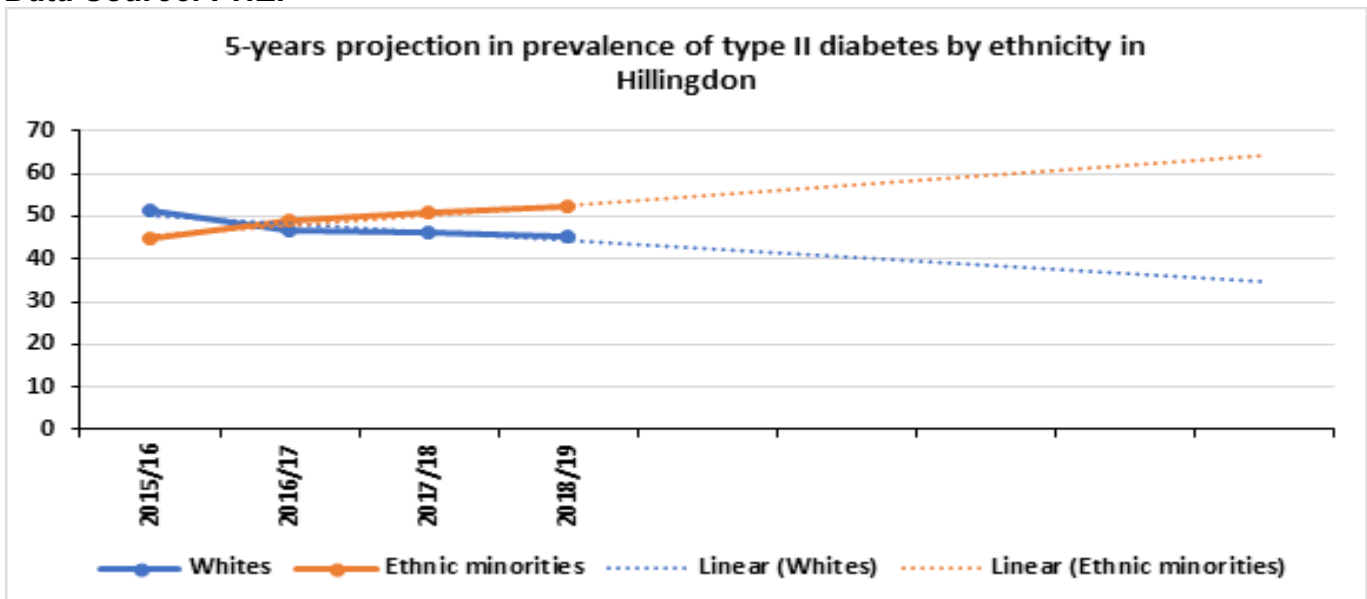
The prevalence of type II diabetes increased in ethnic minority groups in Hillingdon in 2016/17 and the increase remained through 2018/19. However, for white people in Hillingdon, the reverse of this trend was observed.

Figure 87 Trends in prevalence of type II diabetes by ethnicity in Hillingdon. Data source: PHE.



The prevalence of type II diabetes is projected to increase in ethnic minority groups and decrease substantially for white people in the next 5 years in Hillingdon.

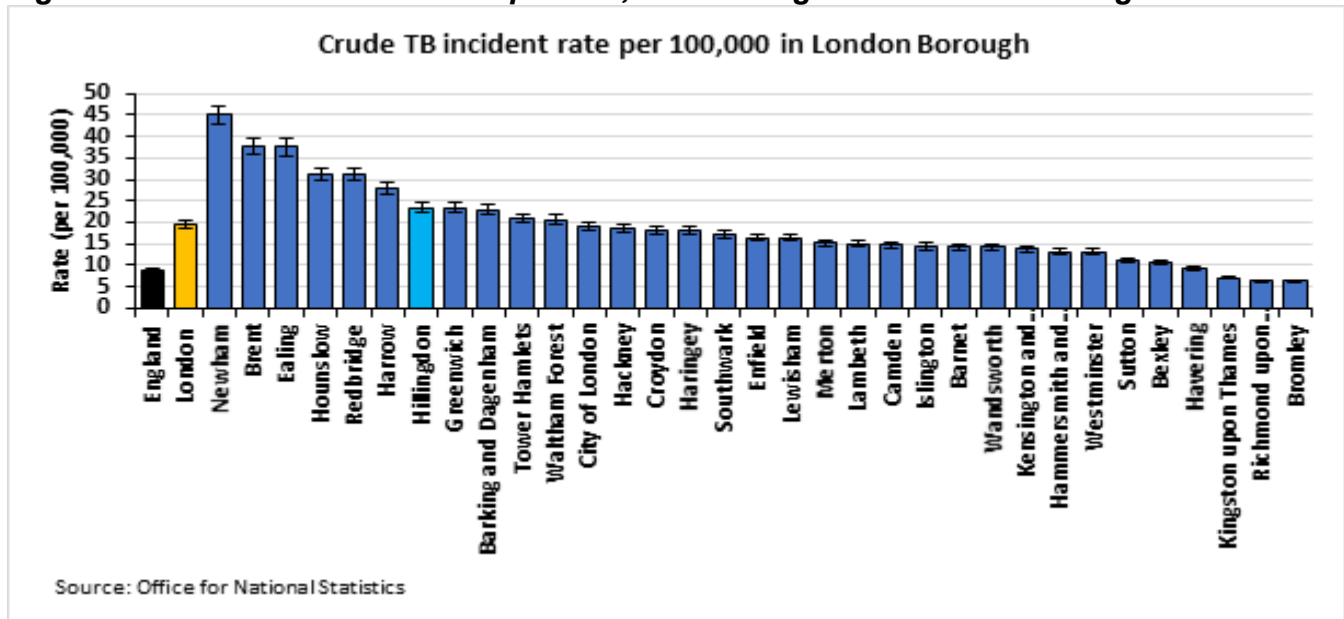
Figure 88 5-years projection in prevalence of type II diabetes by ethnicity in Hillingdon. Data Source: PHE.



TB Incidence

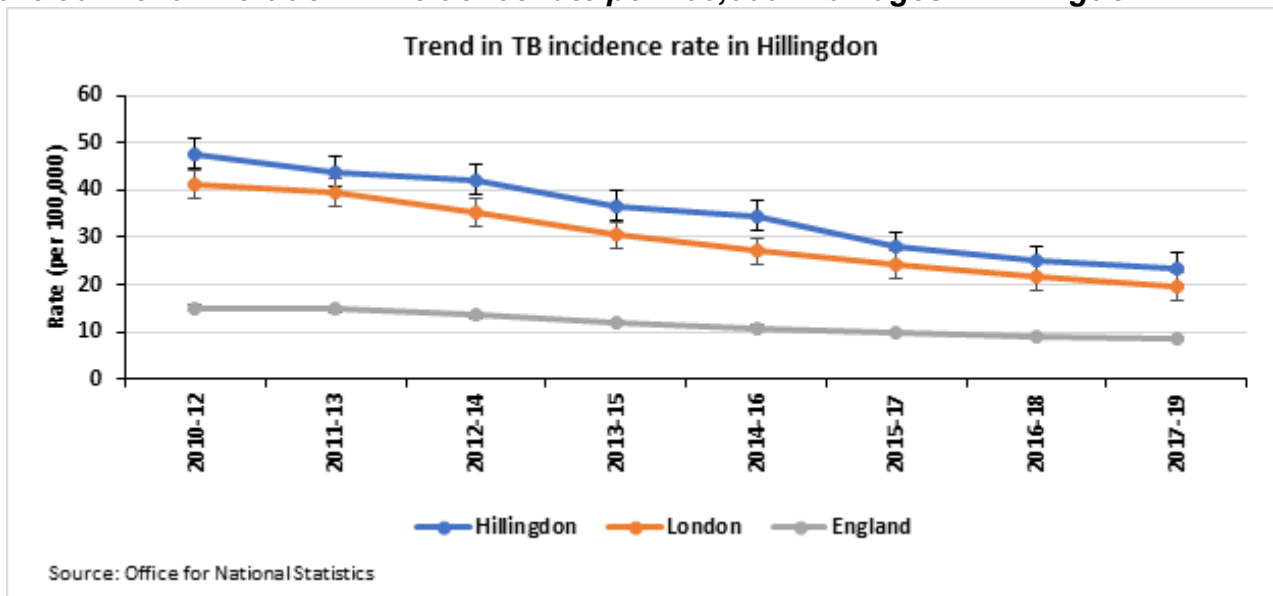
The incidence of TB in 2019/20 was worse in Hillingdon than in London and England.

Figure 89 Crude TB incident rate per 100,000 in all ages in London Borough: 2017-2019



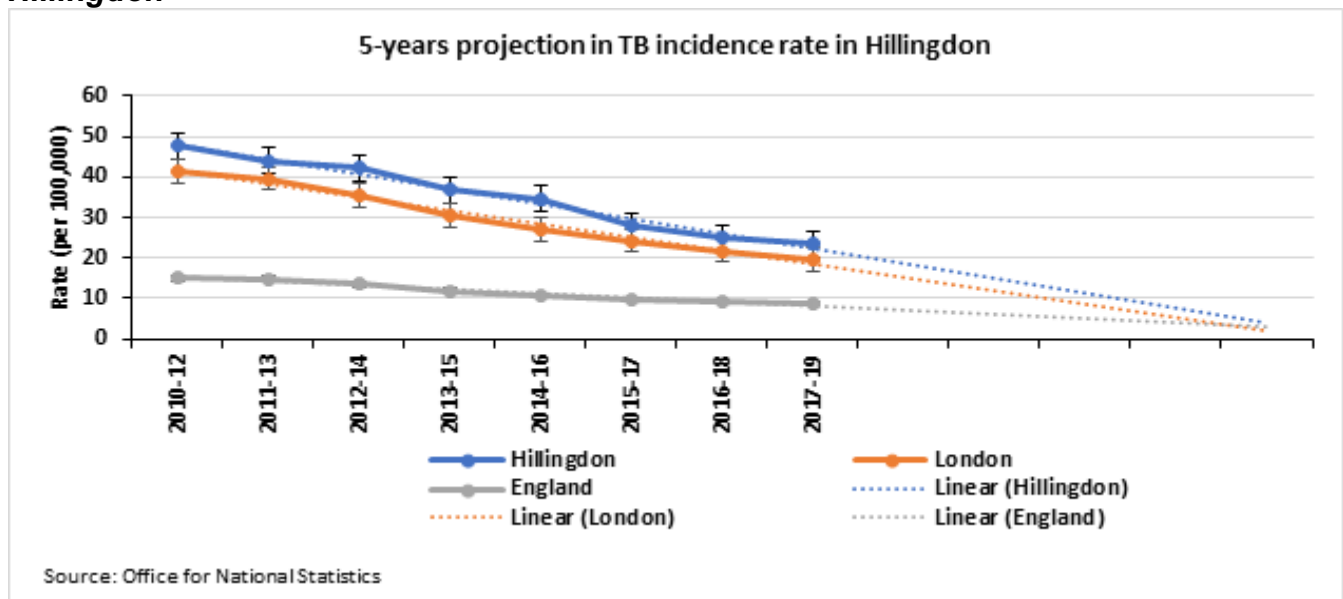
The TB incidence rate has decreased steadily from 2015 to 2019 in Hillingdon.

Figure 90 Trend in crude TB incidence rate per 100,000 in all ages in Hillingdon



The crude TB incidence rate in Hillingdon is estimated to decline over the next 5 years.

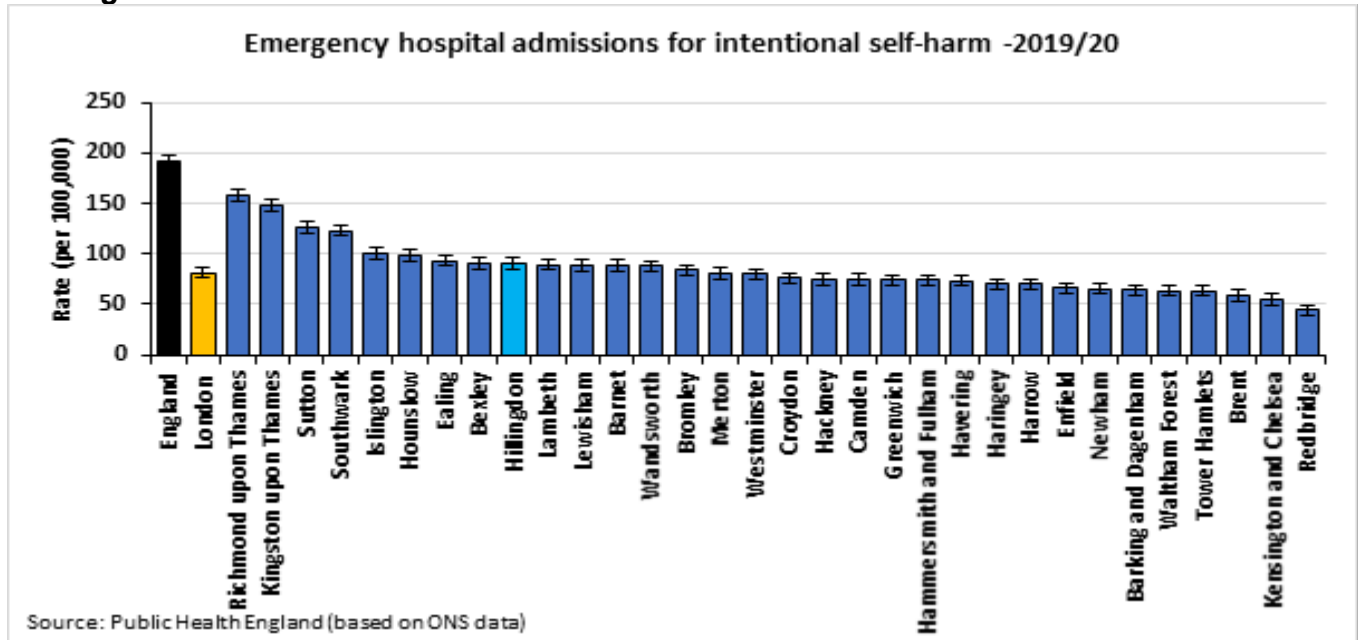
Figure 91 Five-years projection in TB incidence crude rate per 100,000 in all ages in Hillingdon



Intentional Self Harm - Emergency hospital admissions

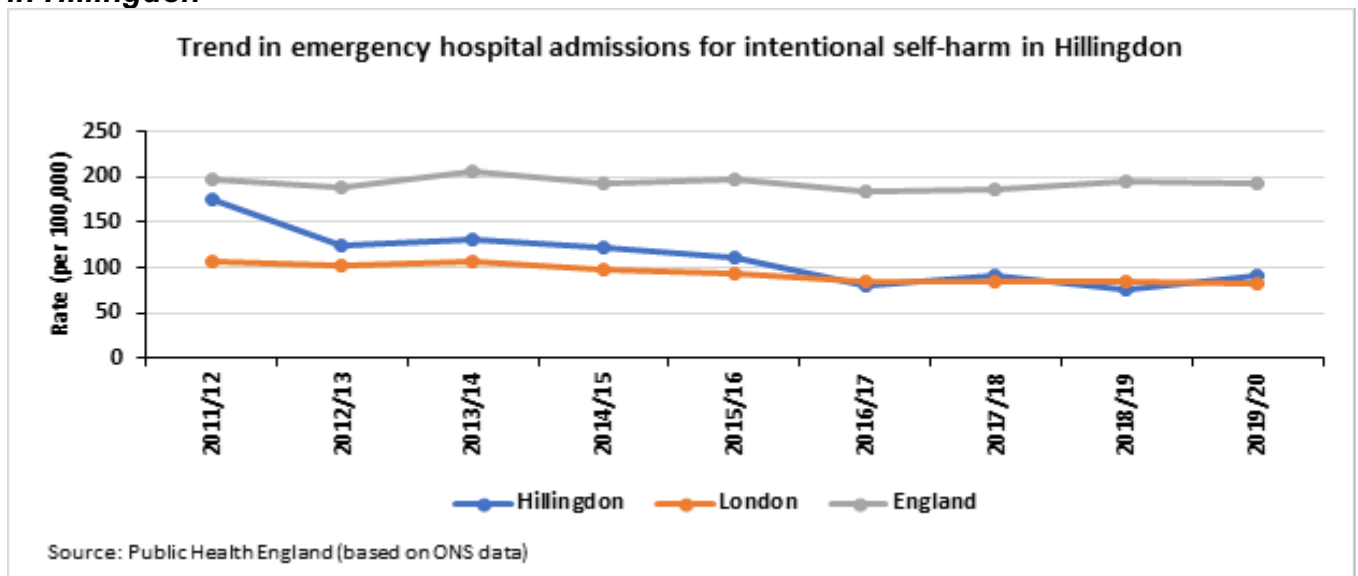
The directly standardised rate of emergency hospital admission for intentional self-harm in Hillingdon was lower than in London but higher than England's rate.

Figure 92 Emergency hospital admissions for intentional self-harm in all persons in London Borough: 2019/20



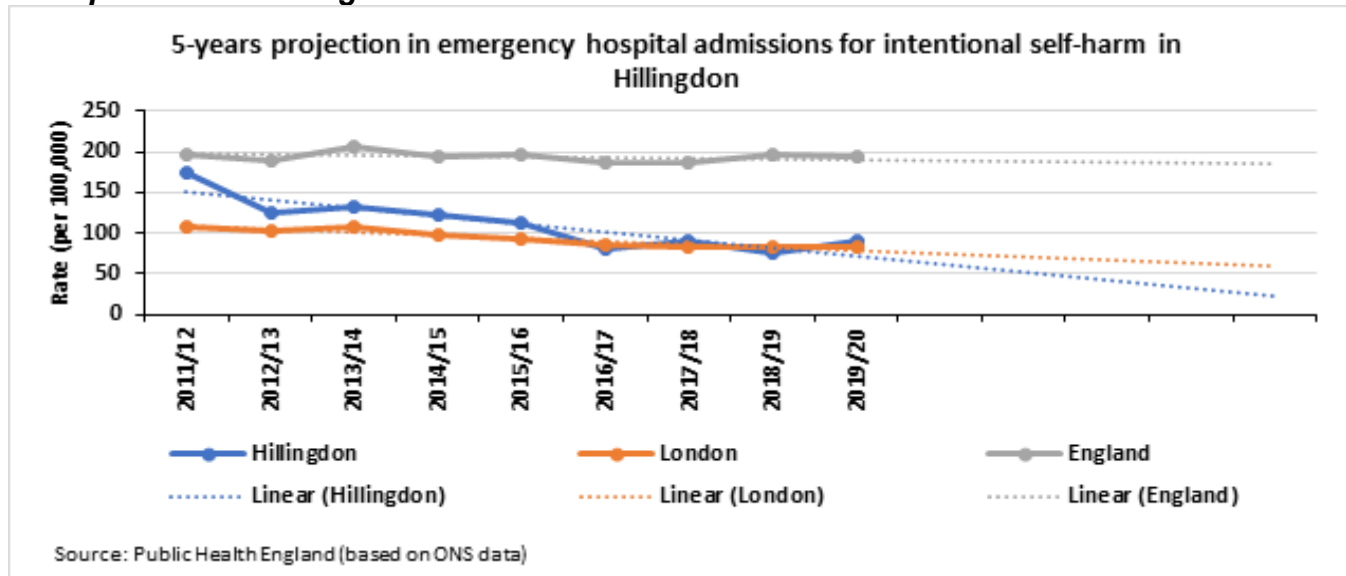
The emergency admission rate for intentional self-harm declined in 2018/19 and increased in 2019/20 in Hillingdon.

Figure 93 Trend in emergency hospital admissions for intentional self-harm in all persons in Hillingdon



The rate of emergency hospital admission for self-harm in Hillingdon is expected to decline in the next 5 years.

Figure 94 Five-years projection in emergency hospital admissions for intentional self-harm in all persons in Hillingdon



Suicide

Between 2018 and 2020 there were 82 deaths recorded as suicide following a coroner’s verdict, of which 58 were male and 24 were female.

Hillingdon’s suicide rate (9.5 per 100,000 people) is similar to the London (8.2 per 100,000) and England averages (10.1 per 100,000). Fluctuations in the rate can occur because there can be delays in recording coroner verdicts. For example, 1 death recorded as suicide in 2021 actually occurred in 2013.

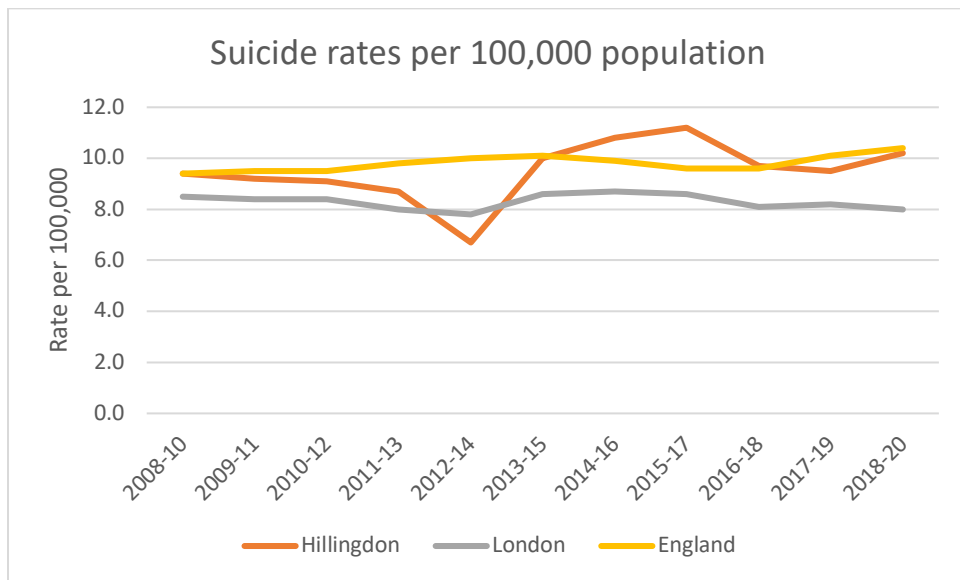
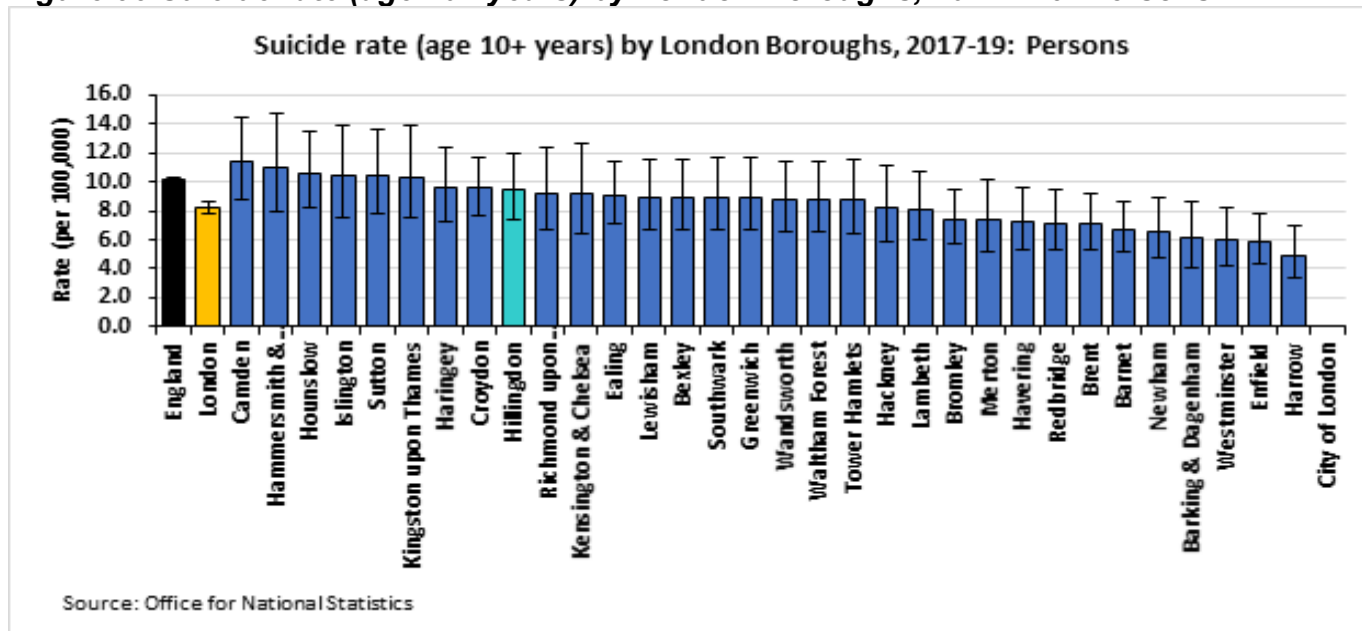
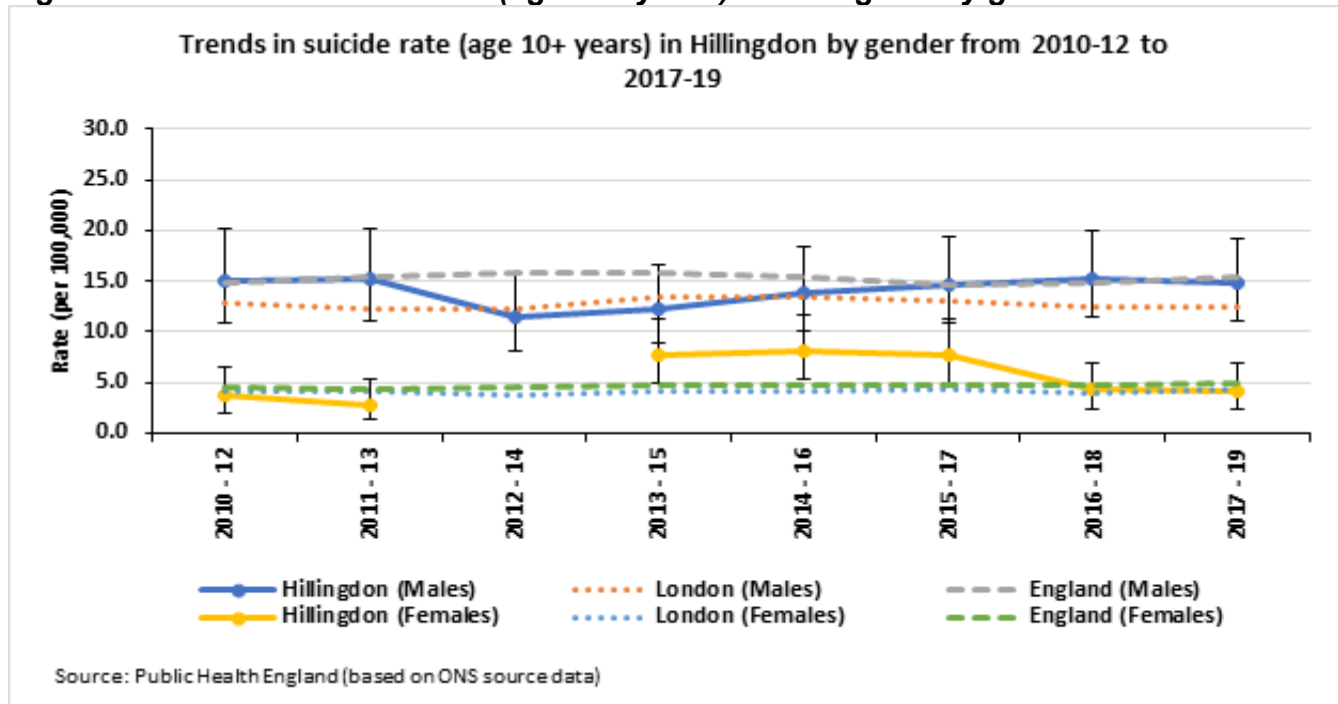


Figure 95 Suicide rate (age 10+ years) by London Boroughs, 2017 - 19: Persons



The suicide rate is higher among men compared to women, as is the case in London and nationally. In 2017-19, the male suicide rate in Hillingdon was 14.8 per 100,000 which was more than three times the female suicide rate of 4.2 per 100,000.

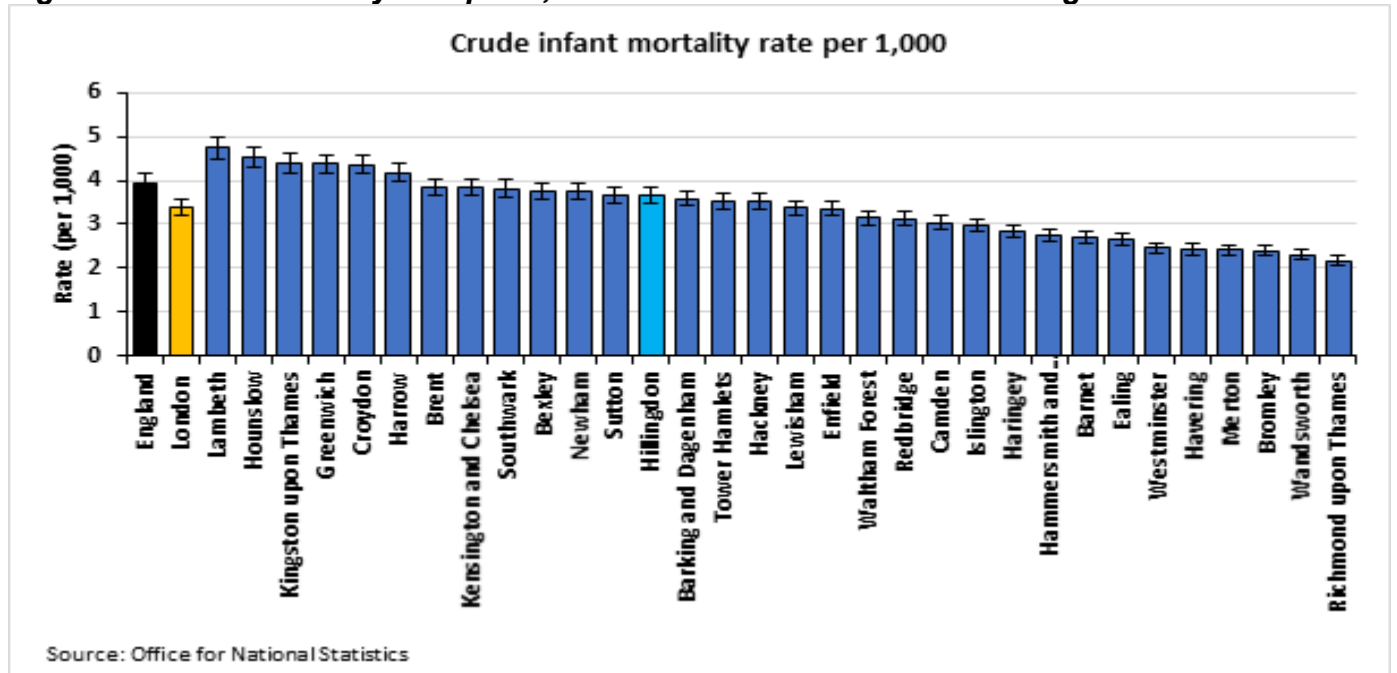
Figure 96 Trends in suicide rate (age 10+ years) in Hillingdon by gender



Infant Mortality

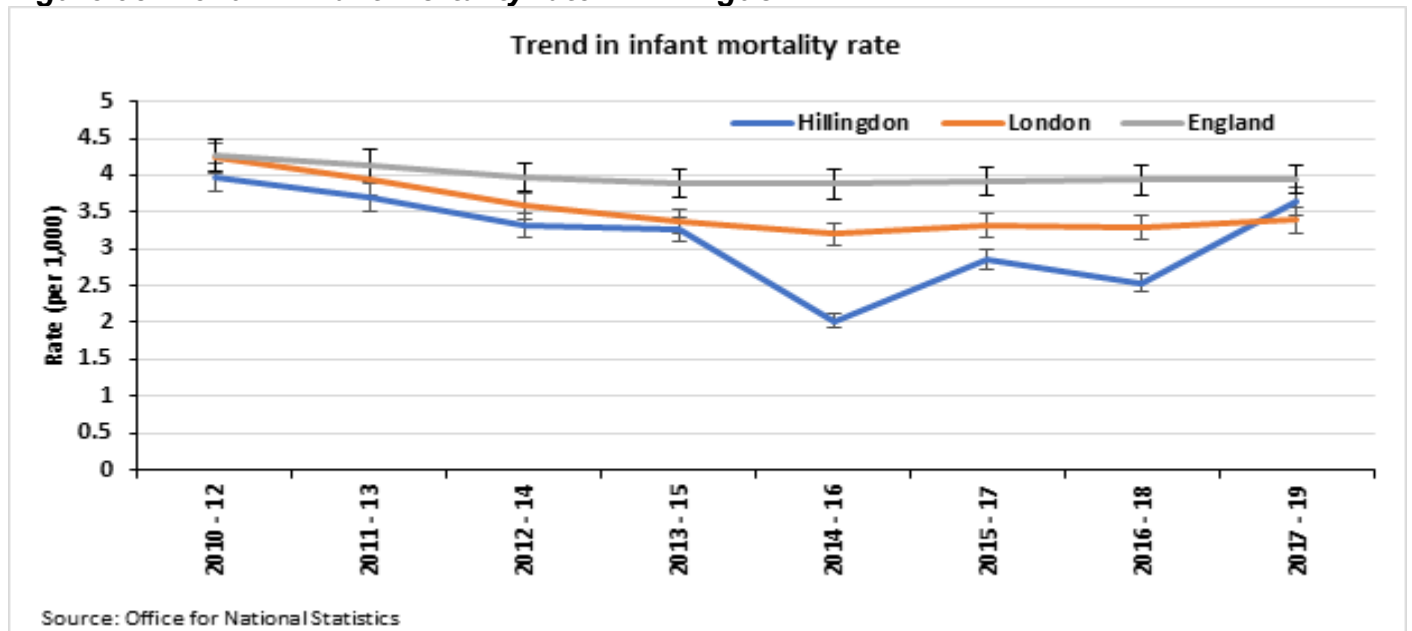
Crude infant mortality rate (below 1 year) in Hillingdon was higher than London's rate but lower than England's rate in 2017/18.

Figure 97 Infant mortality rate per 1,000 – crude rate in London Borough: 2017-2019



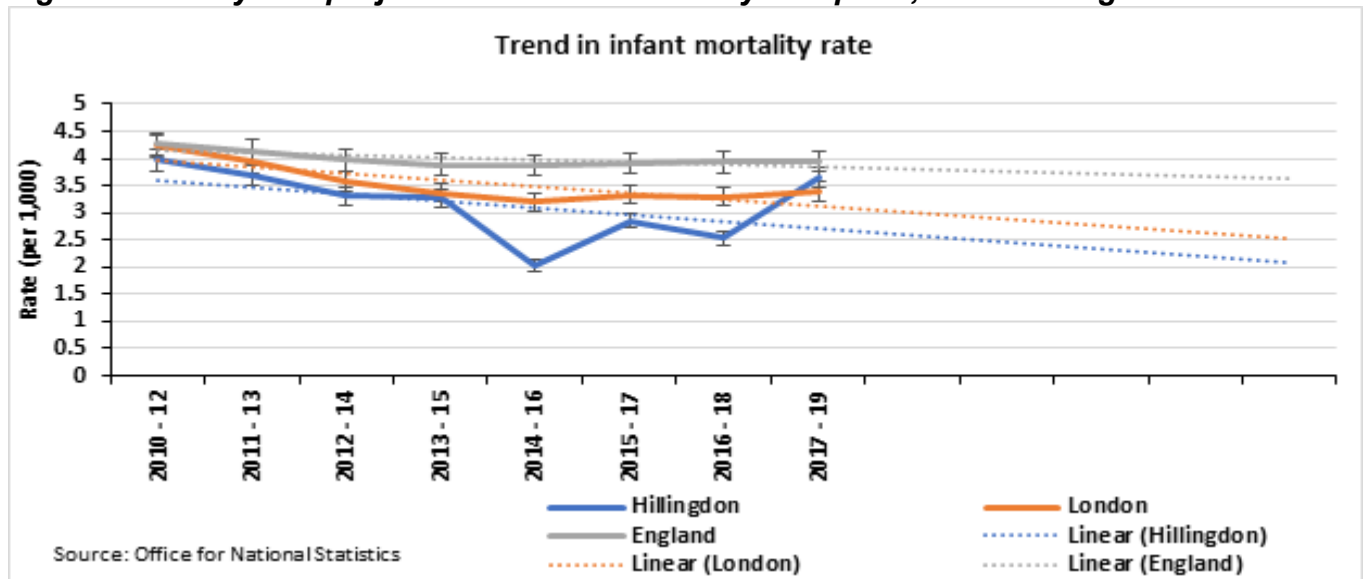
The rate declined sharply in 2014-16 and increased in 2015-17 and again in 2017-19.

Figure 98 Trend in Infant mortality rate in Hillingdon



The rate is estimated to decrease in the next 5 years.

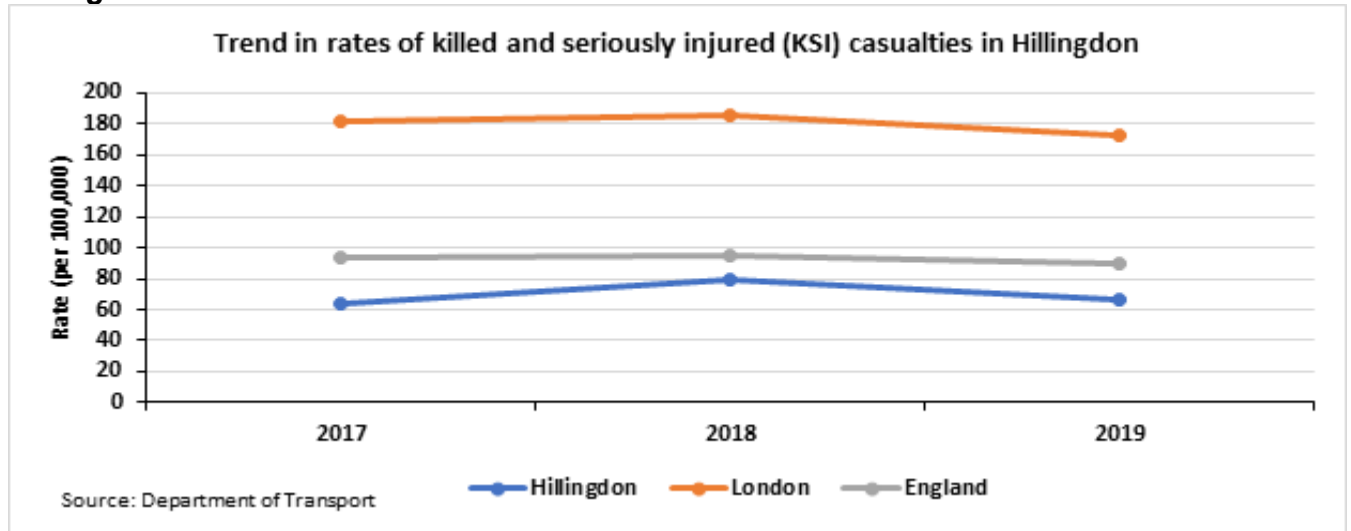
Figure 99 Five-years projection in infant mortality rate per 1,000 in Hillingdon



Road traffic injury

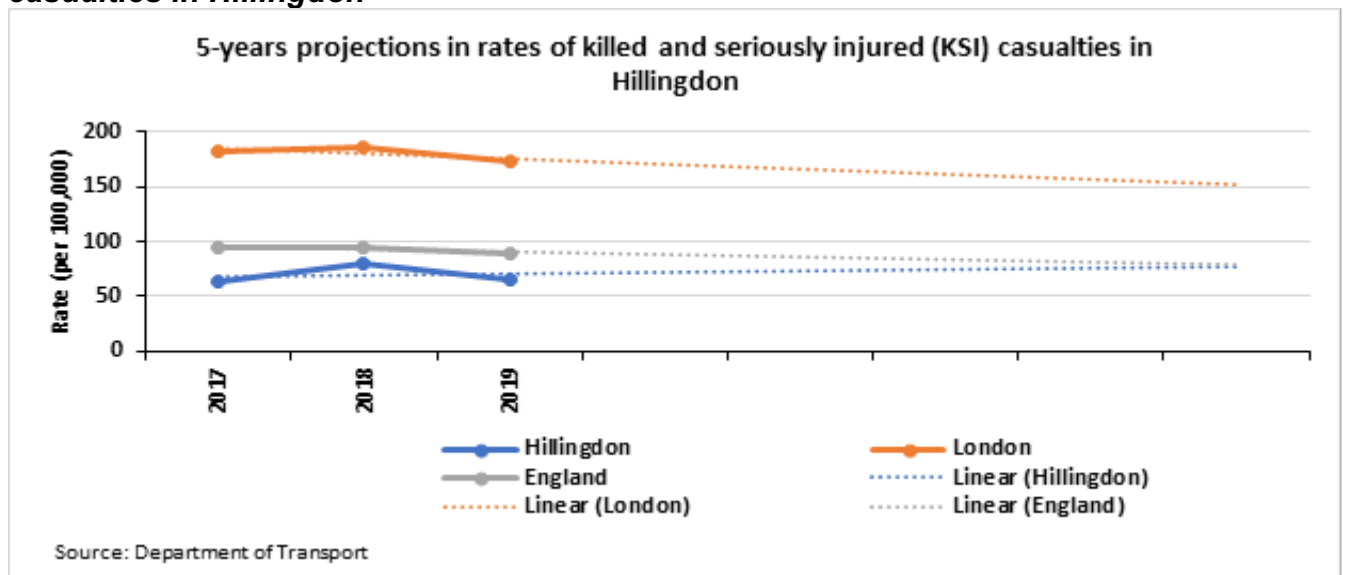
The crude rates of killed and seriously injured casualties in Hillingdon declined in 2019.

Figure 100 Trend in rates of killed and seriously injured (KSI) casualties in Hillingdon



The crude rate of KSI casualties is estimated to increase in the next 5 years.

Figure 101 5-years projection in rates of killed and seriously injured (KSI) casualties in Hillingdon

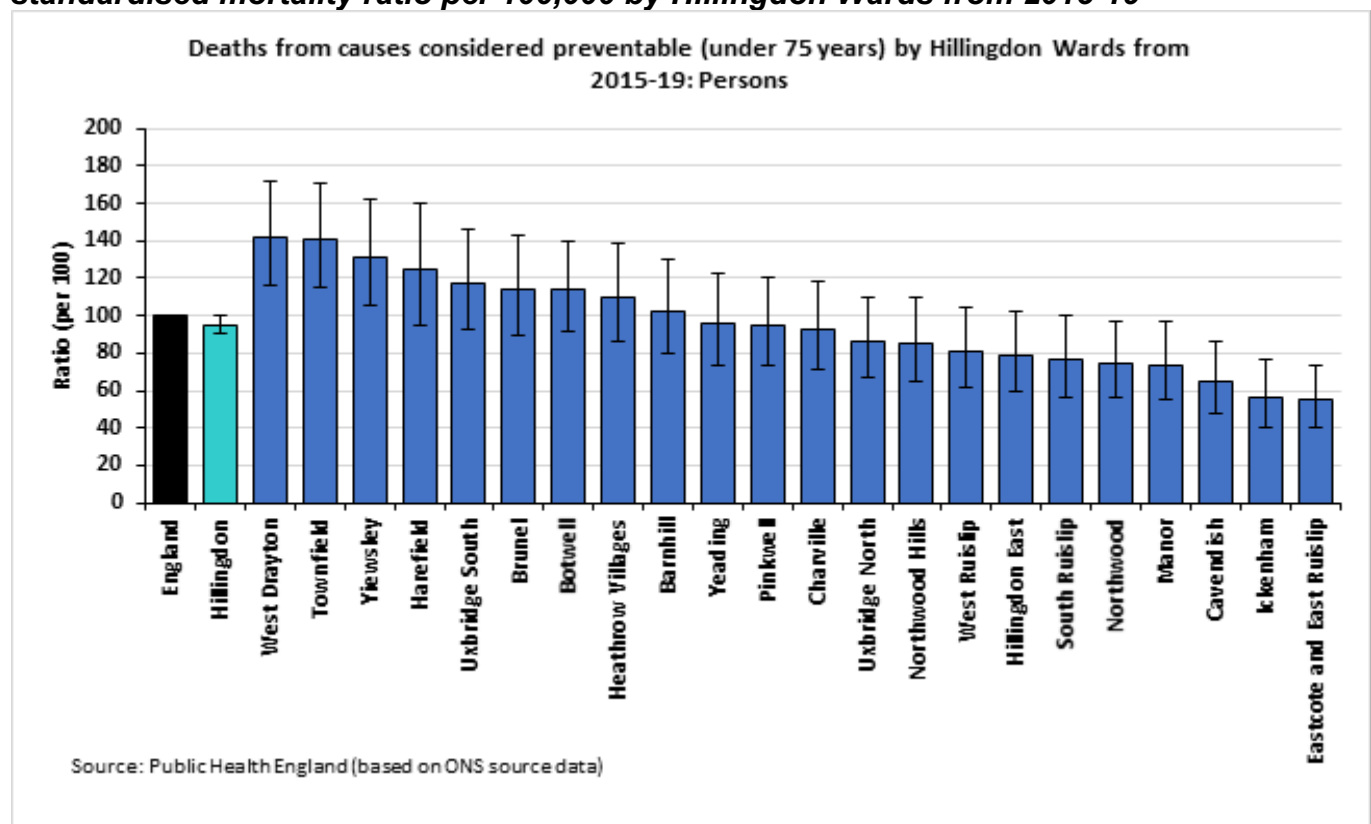


Preventable mortality

Public Health England defines preventable mortality as causes of death that could potentially be avoided by public health interventions. This includes Hepatitis C, HIV/AIDS, tuberculosis, some cancers, thyroid, influenza, rheumatic heart disease, injuries, intentional self-arm, assault, alcohol-related and drug-related deaths.

In Hillingdon, the premature preventable standardised mortality ratio of 95 per 100,000 people is similar to the England average.

Figure 102 Deaths from causes considered preventable, (under 75 years), standardised mortality ratio per 100,000 by Hillingdon Wards from 2015-19

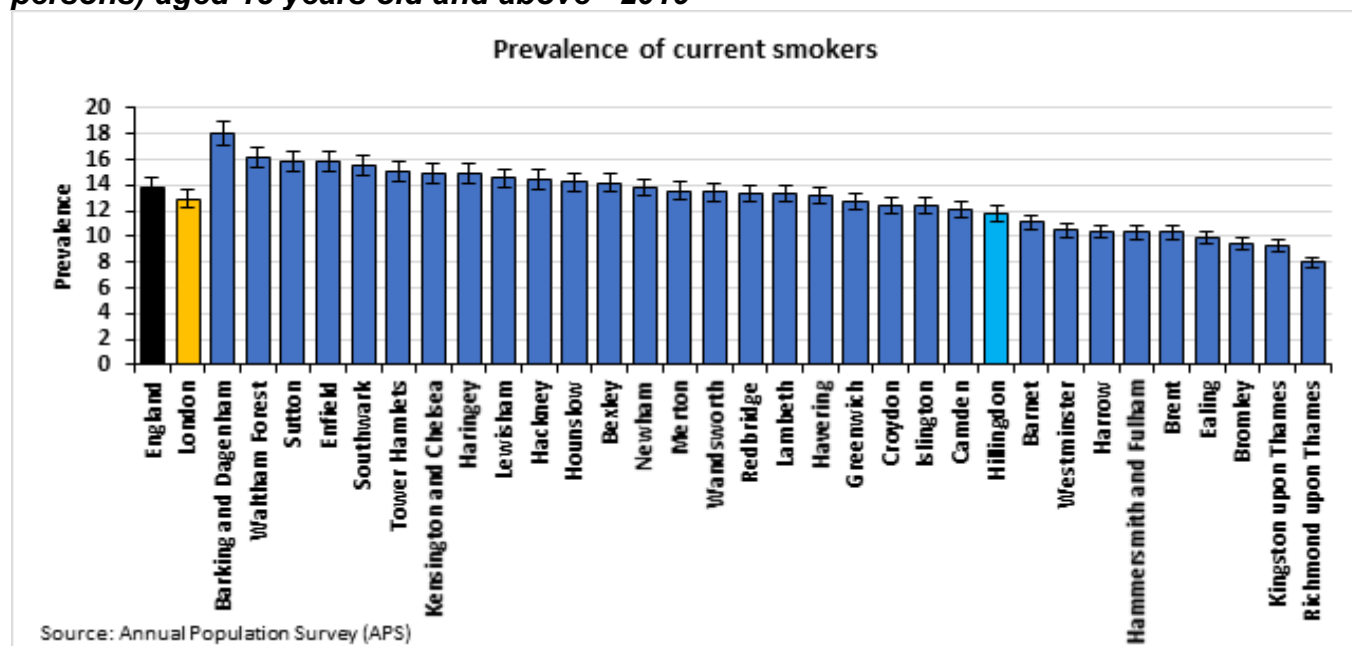


5 – Impact of behaviour on Health

Smoking

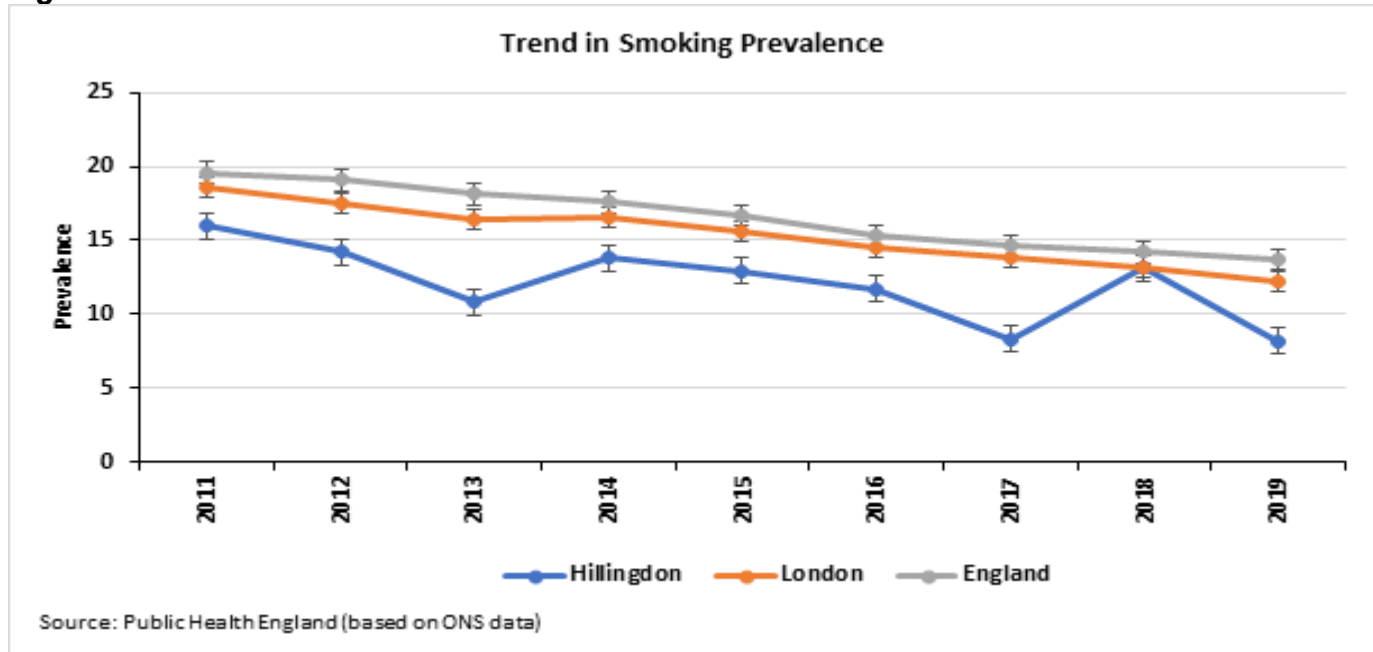
The prevalence of current adult (18 years and above) smokers was slightly lower in Hillingdon than in London and England in 2019.

Figure 1 Figure 1 Smoking prevalence (%) of current adult smokers (all persons) aged 18 years old and above - 2019



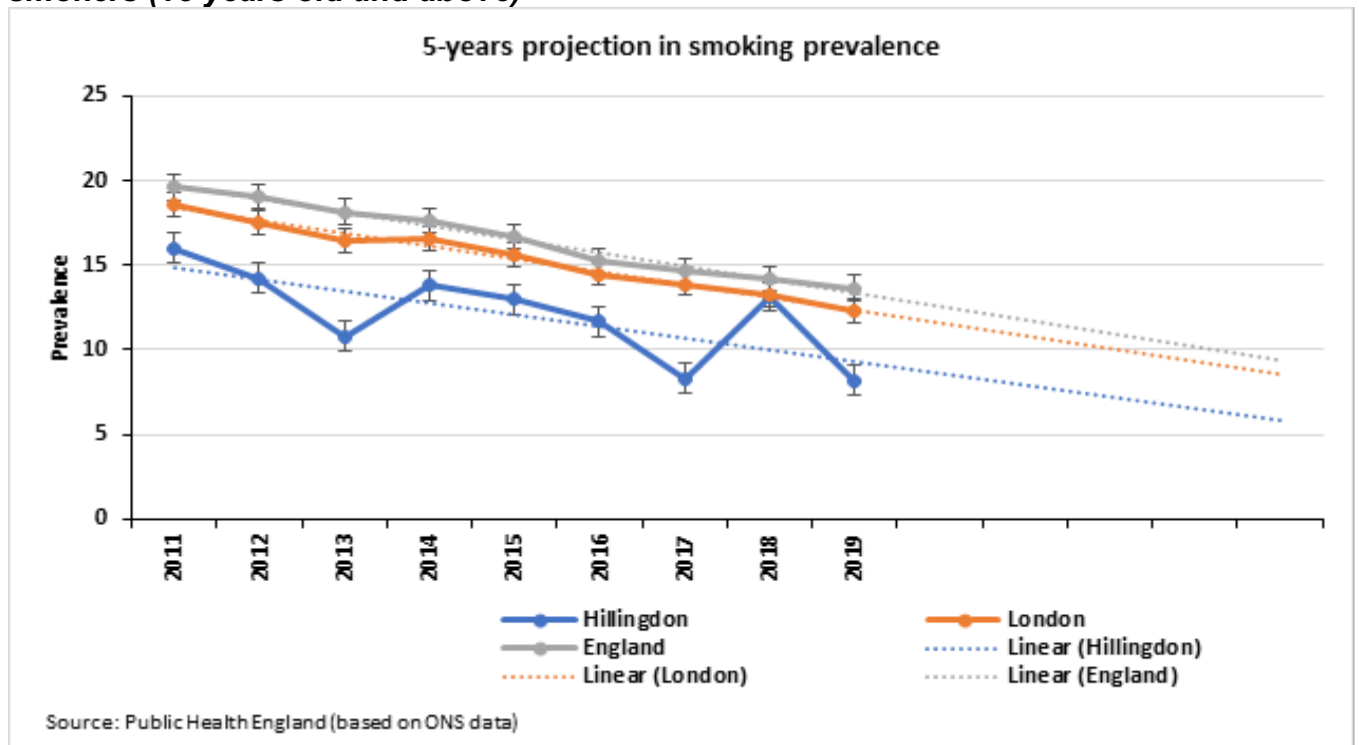
The prevalence declined steadily from 2014 to 2017 and increased in 2018.

Figure 2 Trend in current adult smokers



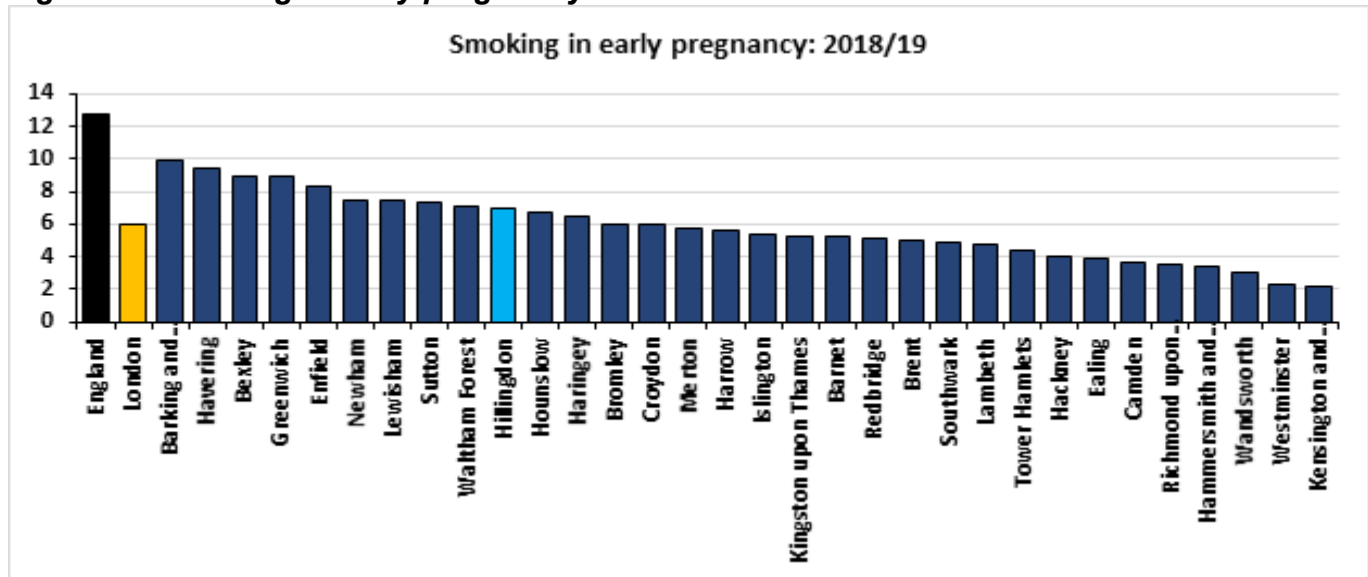
The prevalence of current adult smokers is projected to decline continuously over the next 5 years.

Figure 3 5-years projection in smoking prevalence among current adult smokers (18 years old and above)



The proportion of females smoking in early pregnancy in Hillingdon (6.92) was higher than London (6.03) but lower than England's proportion (12.76) in 2018/19.

Figure 4 . Smoking in early pregnancy: 2018/2019.



The proportion of smokers at the time of delivery was higher in Hillingdon than London values, and lower than England values in 2019/20.

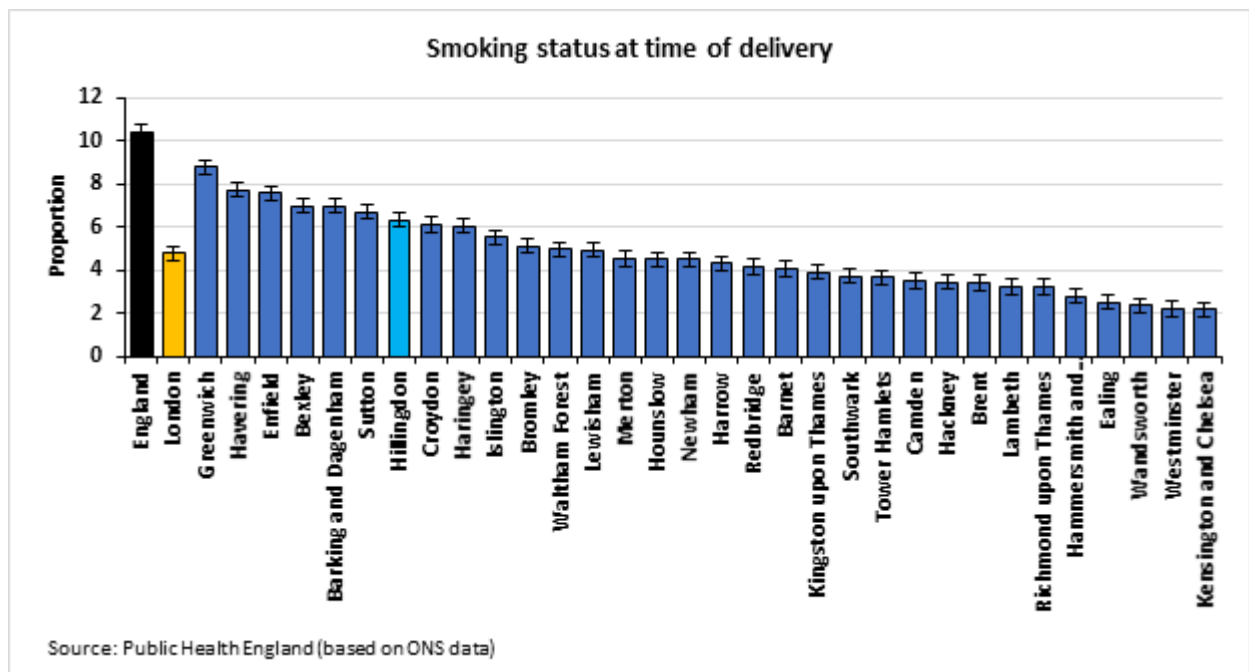
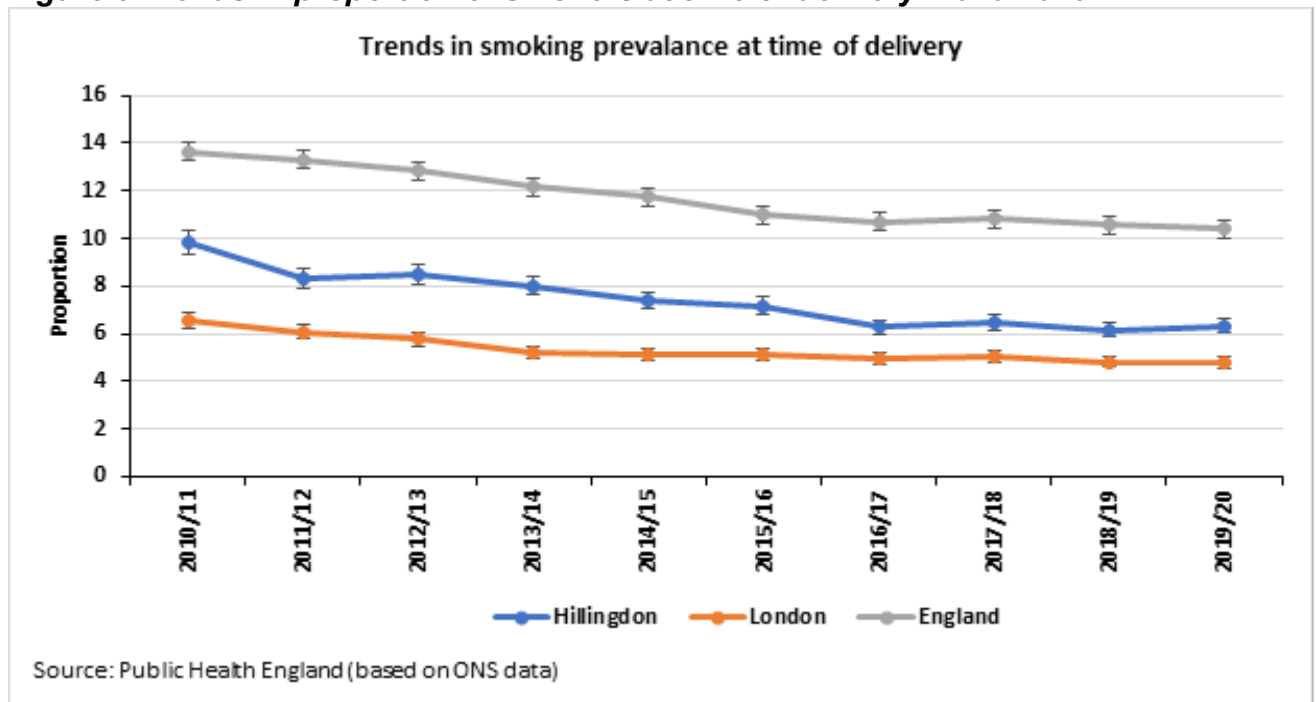


Figure 134. Proportion of smokers at time of delivery in London Borough: 2019/20

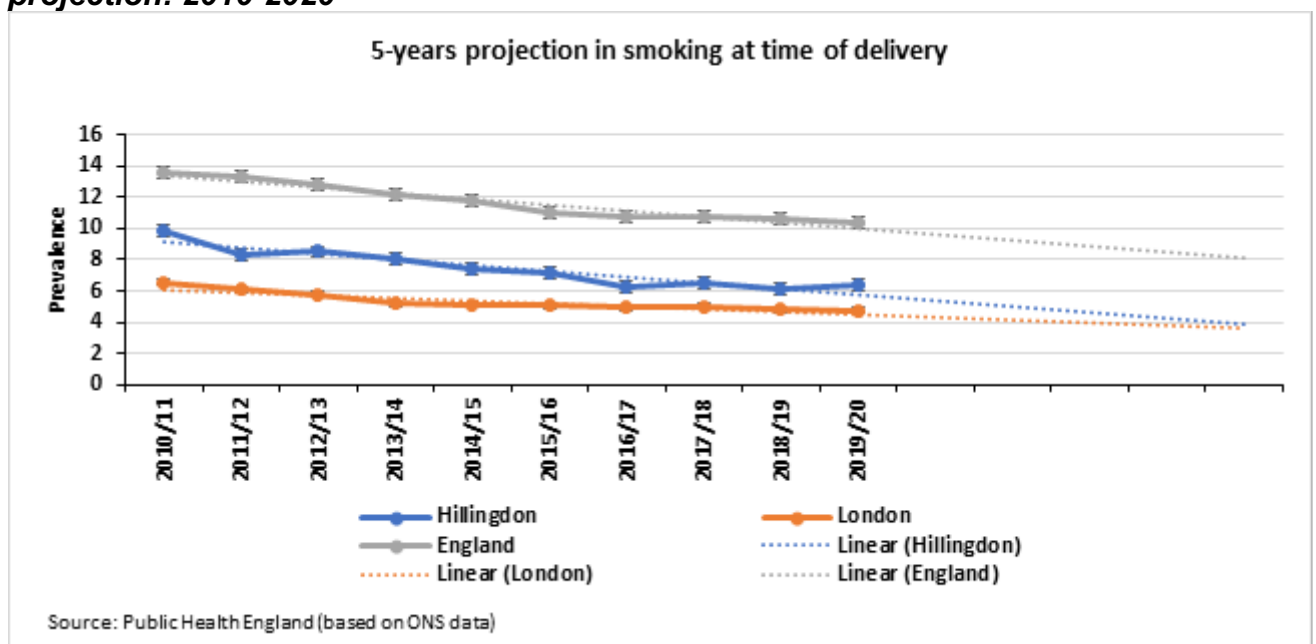
The proportion of smoking at time of delivery has decreased since 2010/11, but not steadily over the period

Figure 5 Trends in proportion of smokers at time of delivery: 2010-2020



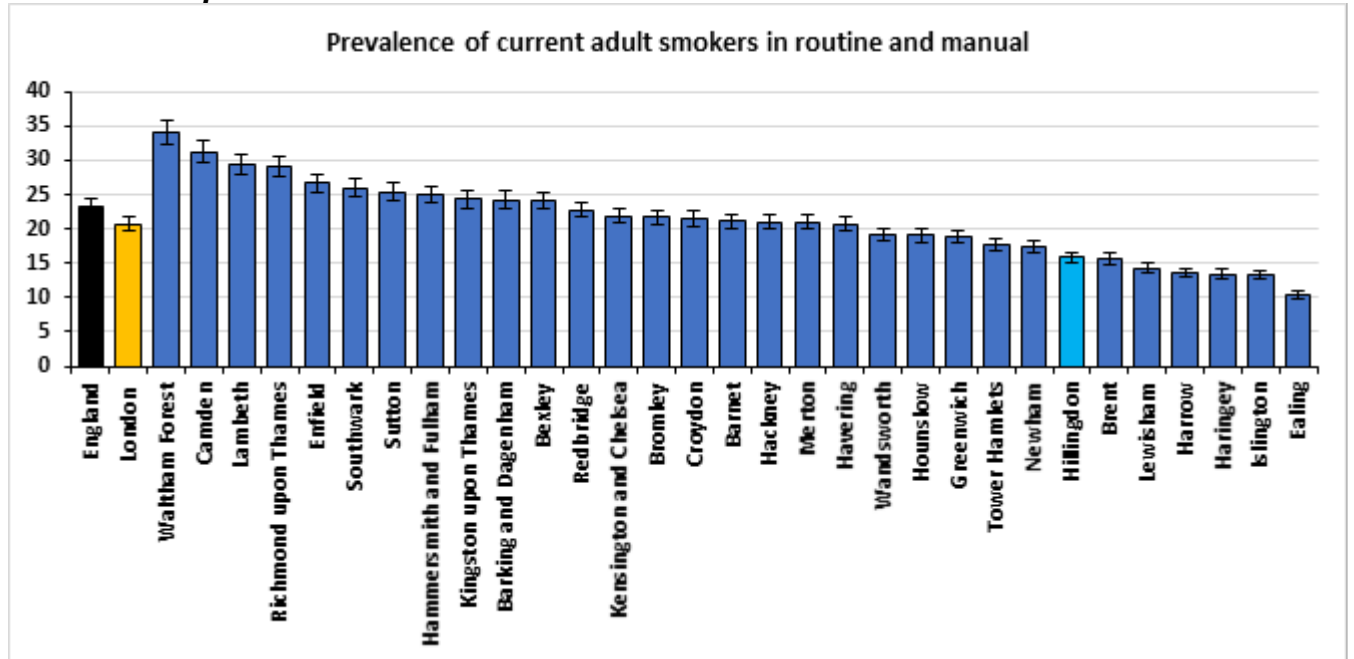
Smoking at time of delivery is projected to decline over the next 5 years.

Figure 6 Five years projection in proportion of smokers at time of delivery projection: 2010-2020



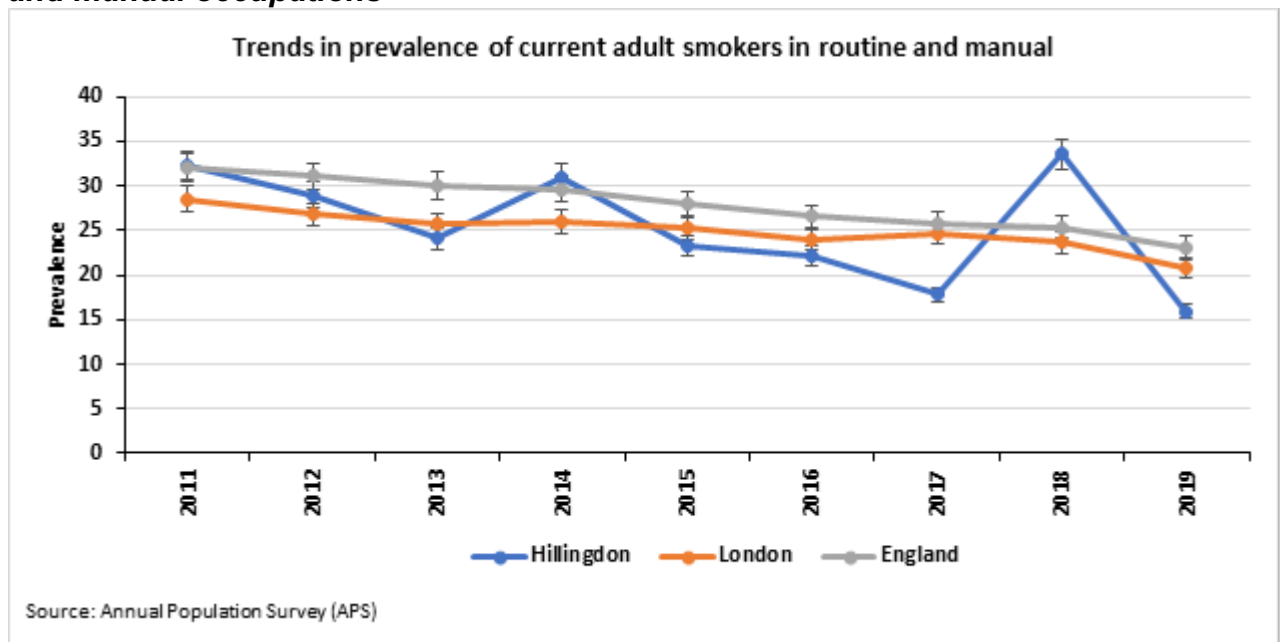
The proportion of current adult smokers in routine and manual occupations was lower in Hillingdon than in London and England in 2019.

Figure 7 Prevalence of current adult (18-64 years) smokers in routine and manual occupations



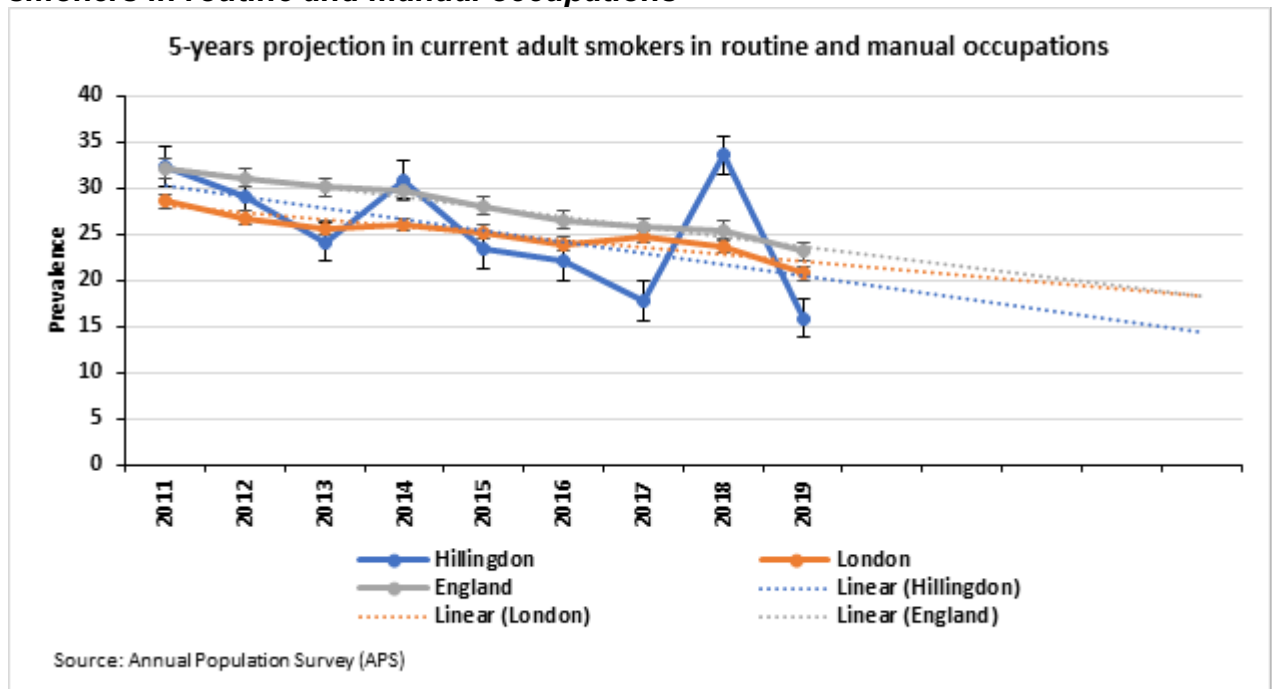
The proportion of smokers in routine and manual occupations increased in 2014 and 2018, with the values higher than England and London.

Figure 8 Trend in prevalence of current adult (18-64 years) smokers in routine and manual occupations



The proportion is expected to decrease in the next five years.

Figure 9 Five-years projection in prevalence of current adult (18-64 years) smokers in routine and manual occupations



Alcohol

Admission episodes for alcohol-specific conditions under 18s for both male and female is lower in Hillingdon as compared to England (18 per 100,000 vs 31 per 100,000). The trend in Hillingdon shows it is decreasing as well.

Figure 10 Admission episodes for alcohol-specific conditions under 18 years.

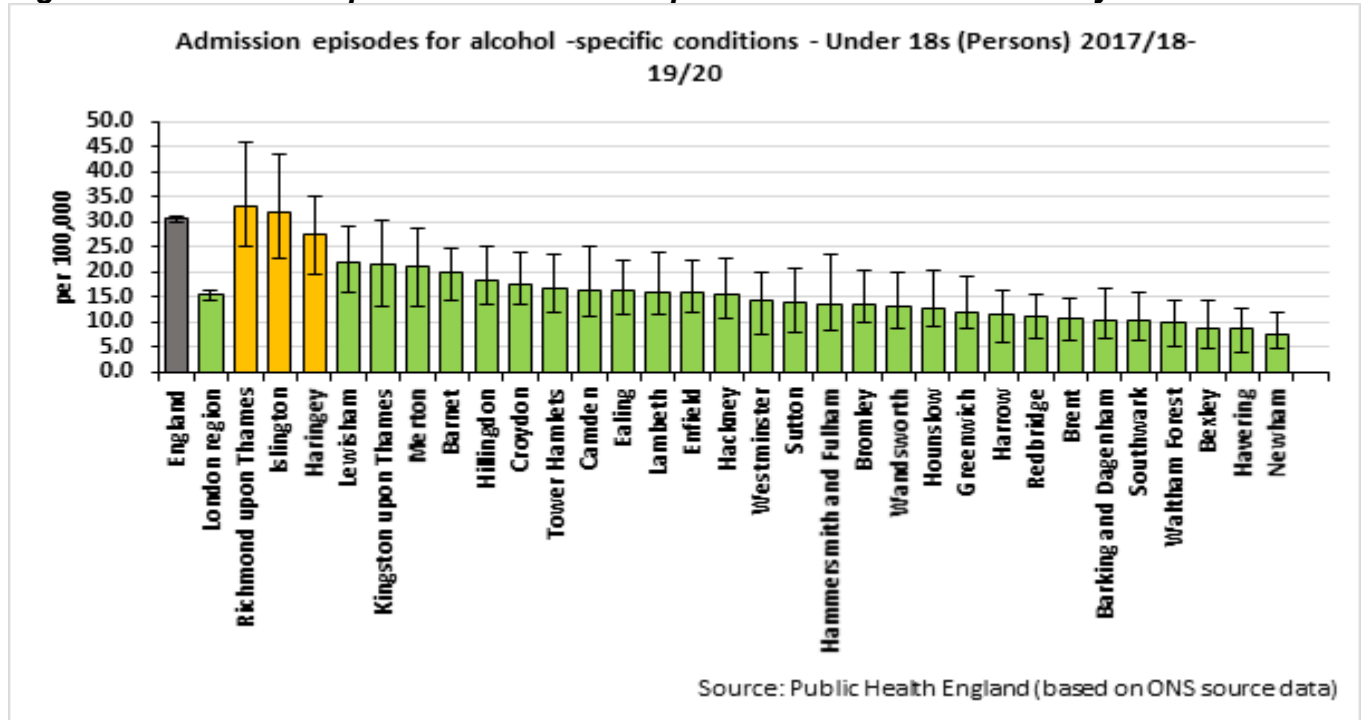
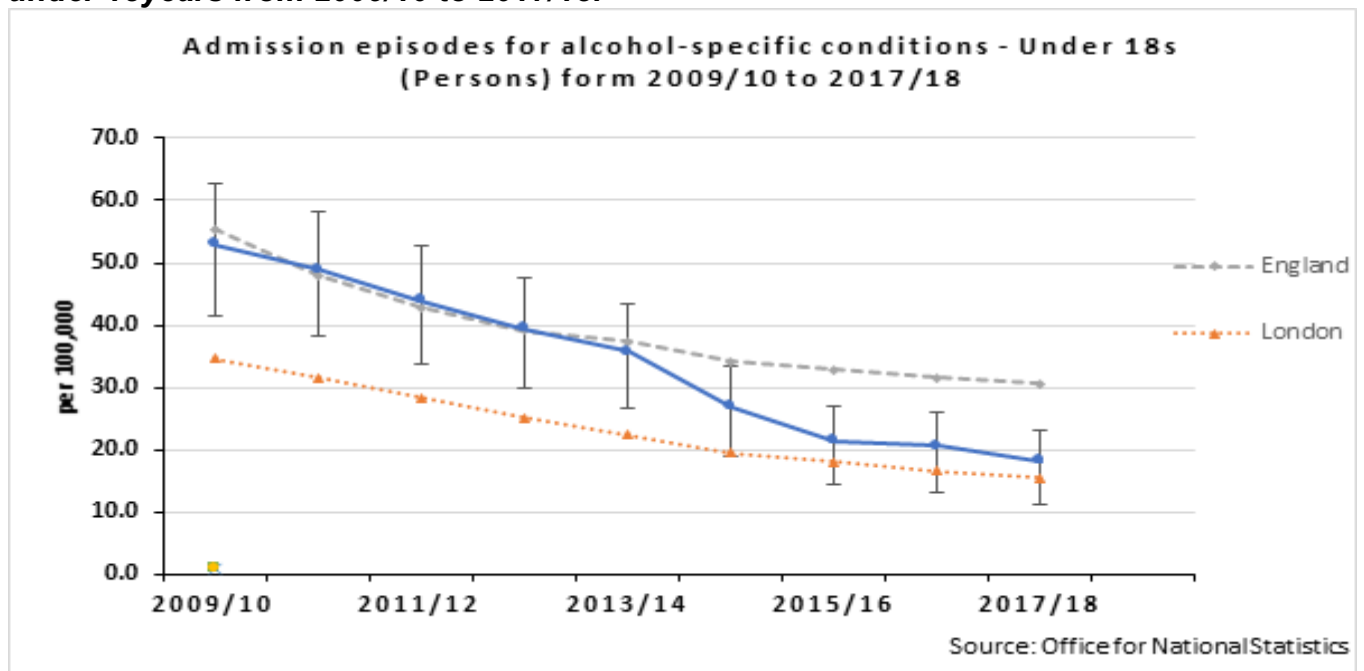


Figure 11 Trend in admission episodes for alcohol-specific conditions for under 18years from 2009/10 to 2017/18.



Alcohol specific conditions for males

The alcohol specific admission for males was somewhat similar for both Hillingdon and London during 2019/20.

The trend for Hillingdon shows it is rising since 2009/10. It was 744 per 100,000 in 2009/10 and 858 per 100,000 in 2019/20.

Figure 12 Admission episodes for alcohol-specific conditions for all ages males in 2019/20.

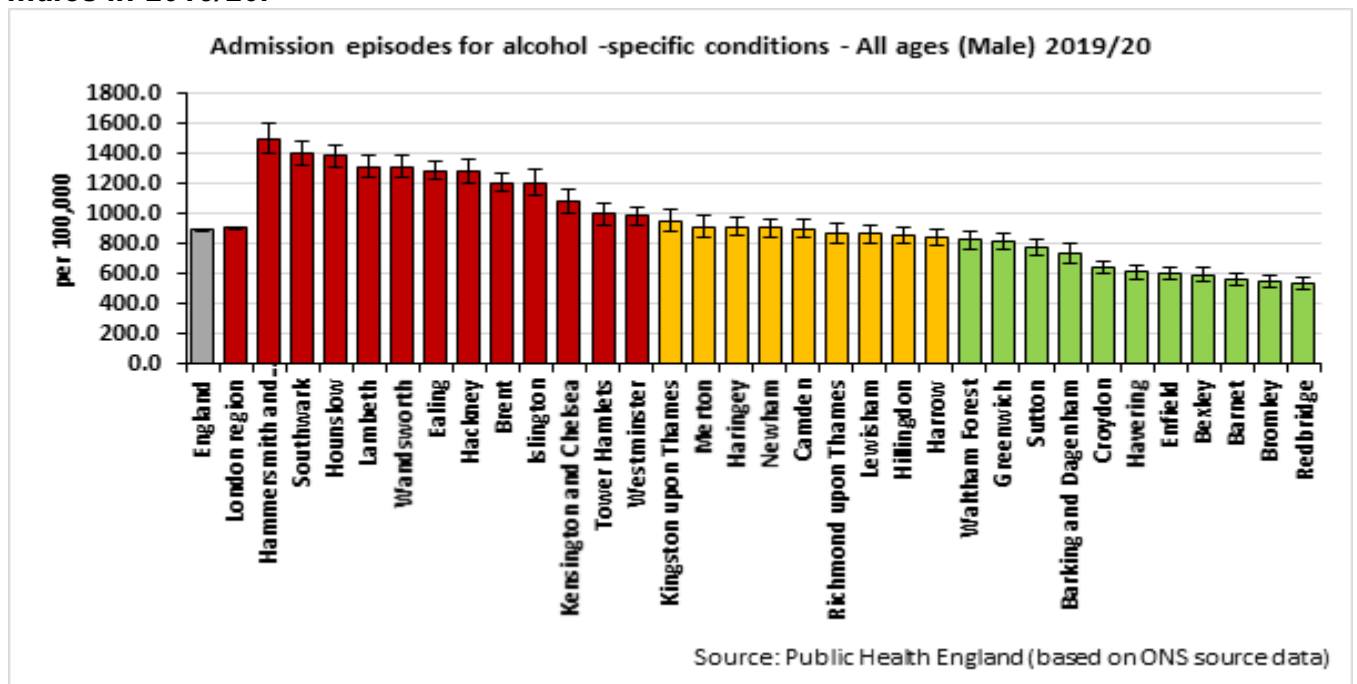
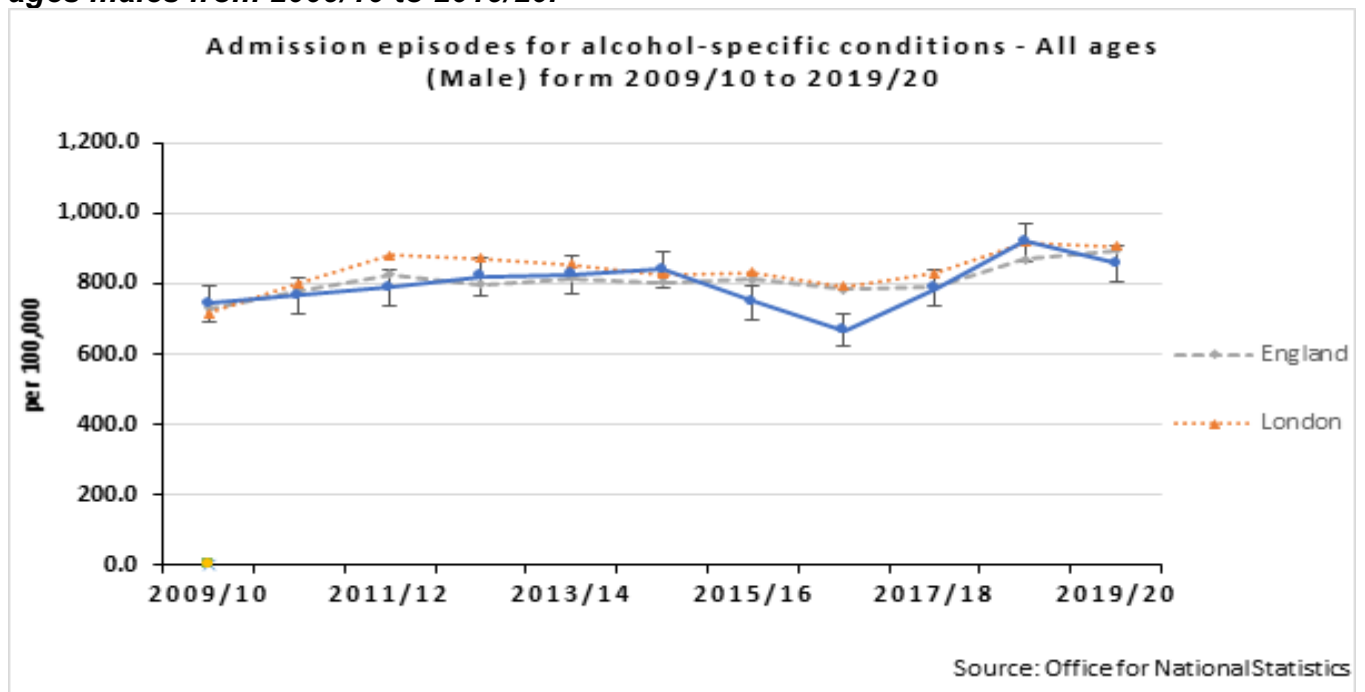


Figure 13 Trend in admission episodes for alcohol-specific conditions for all ages males from 2009/10 to 2019/20.



Alcohol specific conditions for females

Admission for alcohol specific conditions for female is lower than England in Hillingdon however it is higher than London region and it is in increasing trend since 2009/10 for Hillingdon.

Figure 14 Admission episodes for alcohol-specific conditions for all ages females for 2019/20.

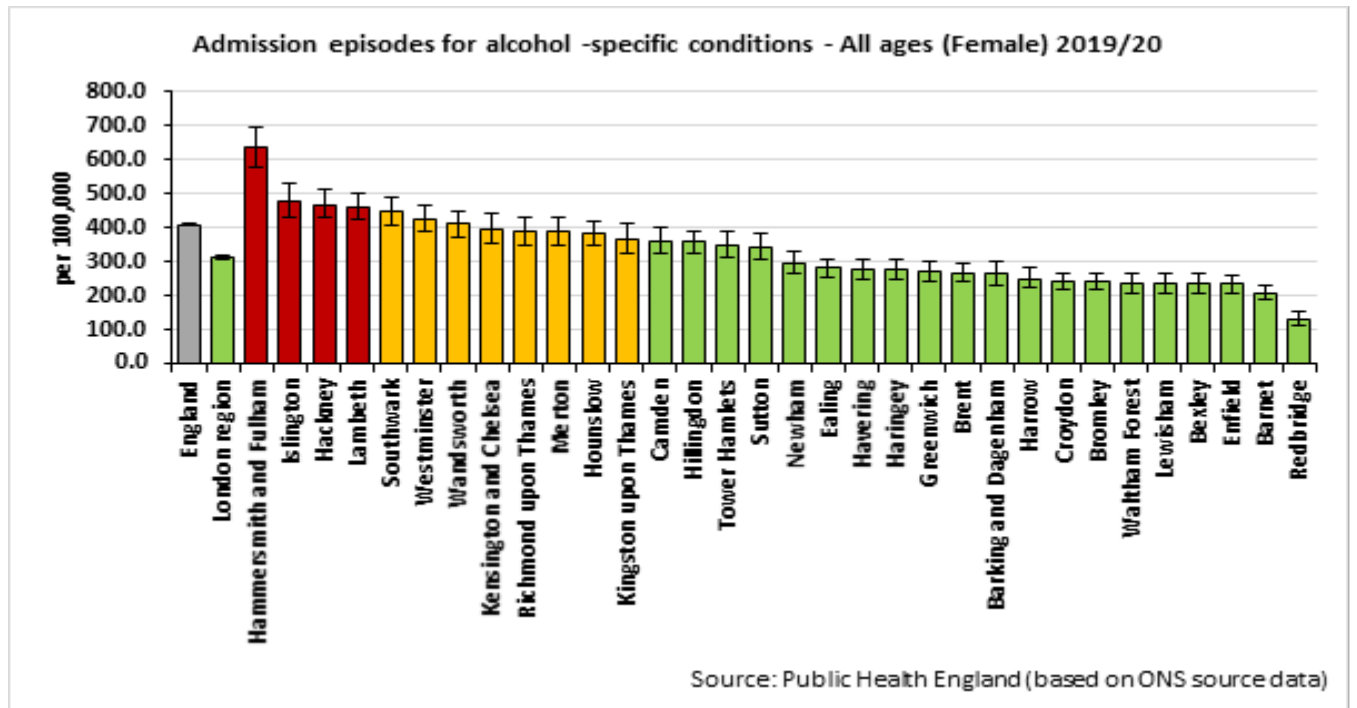
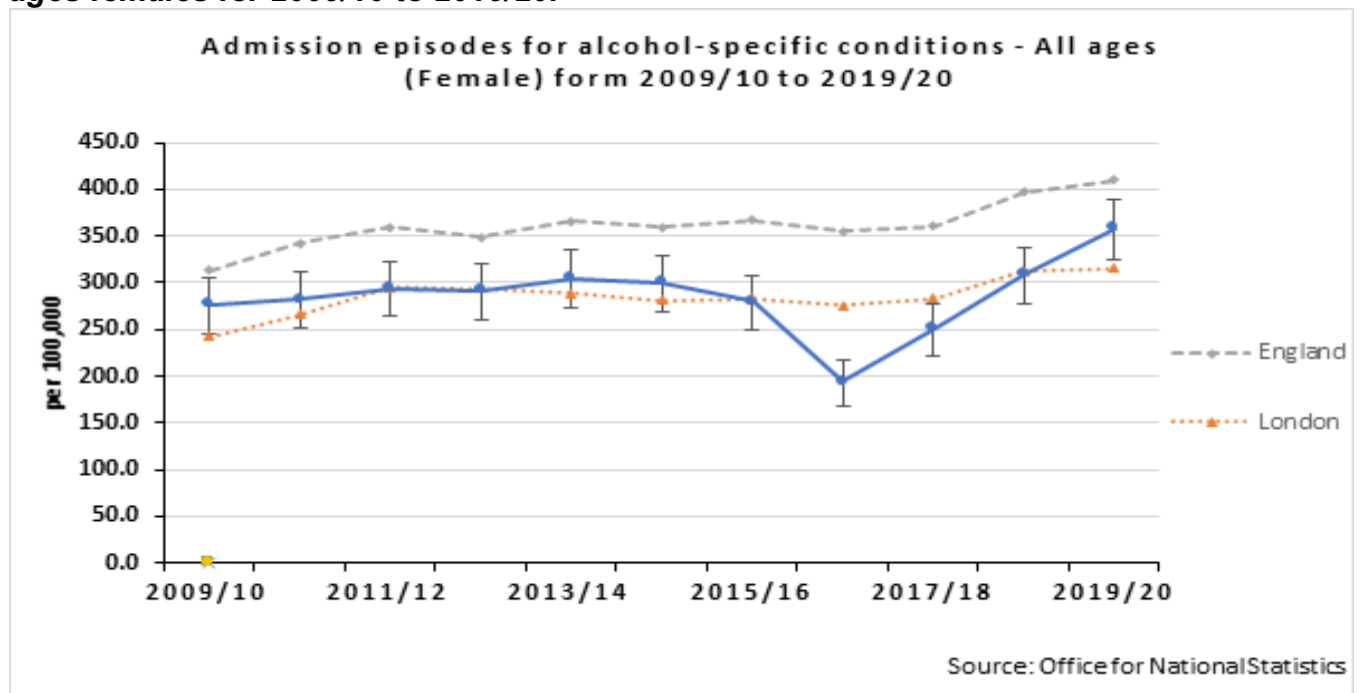


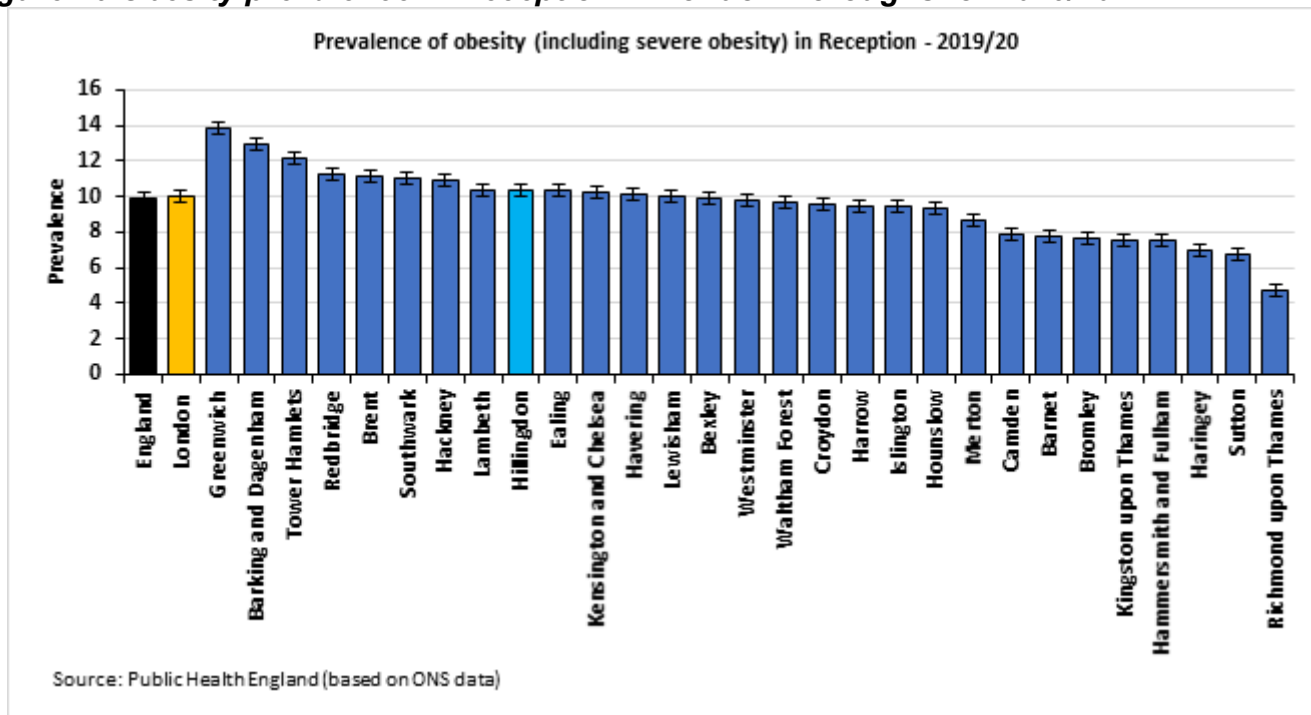
Figure 15 Trend in admission episodes for alcohol-specific conditions for all ages females for 2009/10 to 2019/20.



Obesity

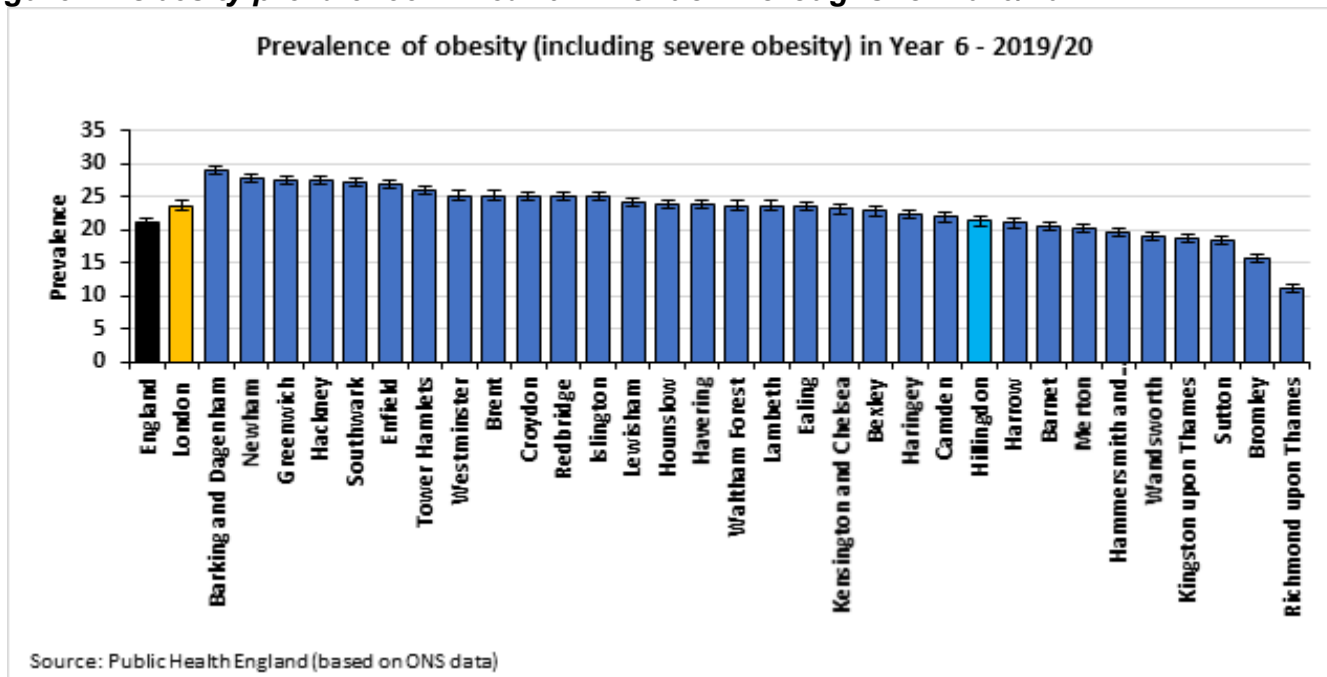
Obesity prevalence (proportion) in reception in 2019/20 in Hillingdon was higher than the England average.

Figure 16 Obesity prevalence in Reception in London Boroughs for 2019/20



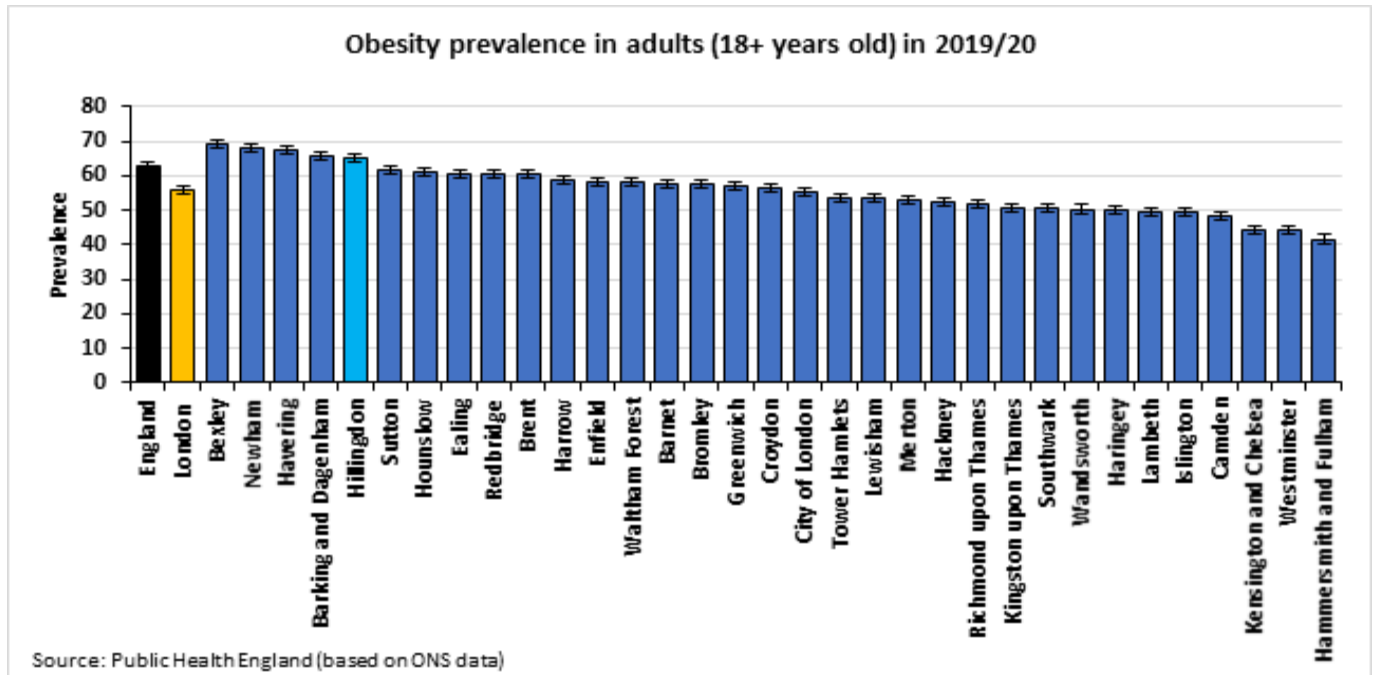
The prevalence of obesity in Year 6 was also higher in Hillingdon than the England average.

Figure 17 Obesity prevalence in Year 6 in London Boroughs for 2019/20



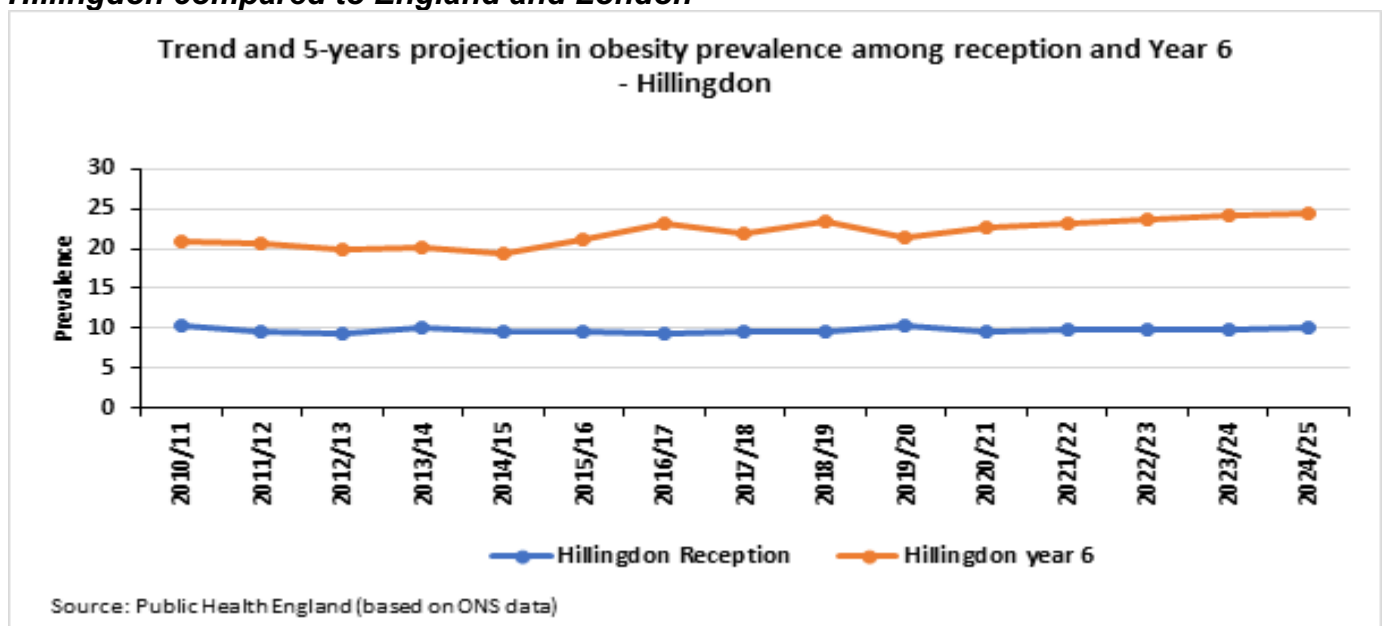
The proportion of adults overweight or obese in Hillingdon was higher than England and London values.

Figure 18 Obesity prevalence in adults aged 18 years and above in London Boroughs for 2019/20



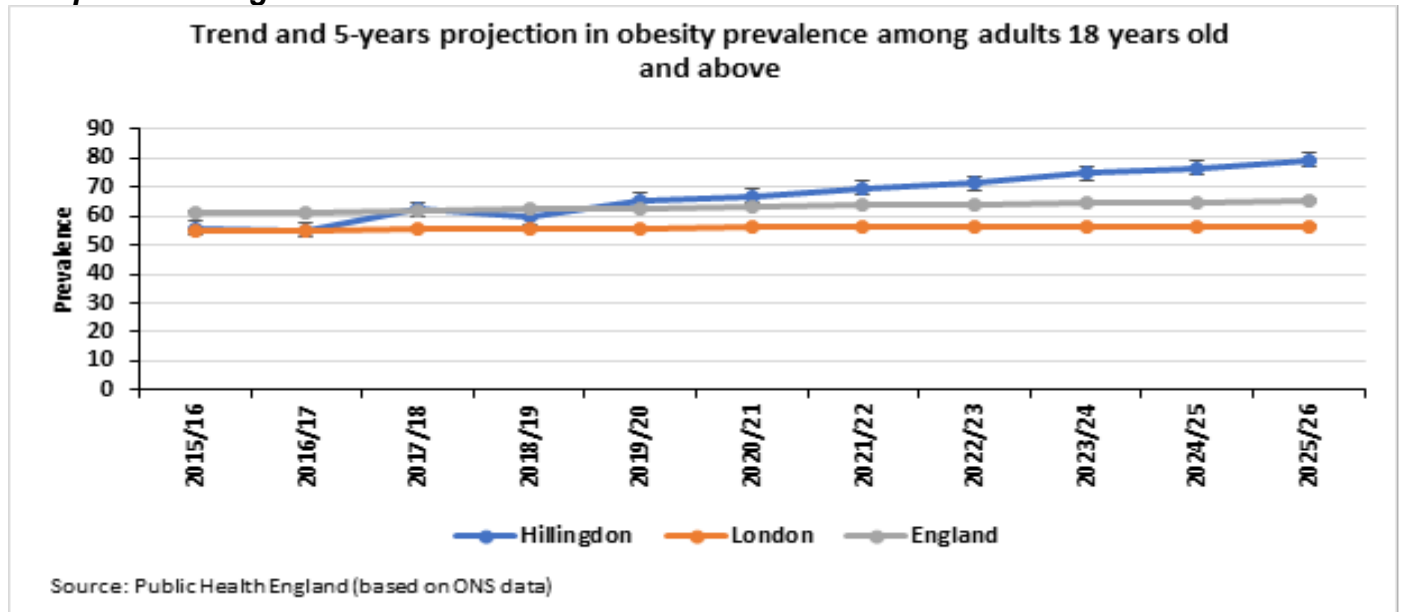
Obesity prevalence in Reception remained almost the same from 2010/11 to 2018/19 and increased slightly in 2019/20. It is, however, expected to reduce and remain the same from 2021 to 2024/25. For year 6, obesity prevalence showed a steady increase from 2015 to 2019, with a marginal drop in 2020 and is projected to increase over the next 5 years.

Figure 19 Trend and 5-years projection in obesity prevalence in reception and year 6 in Hillingdon compared to England and London



Among adults 18 years old and above, the obesity prevalence has increased since 2017, recording higher values than the London and England averages. This increase is expected to continue exponentially over the next 5 years.

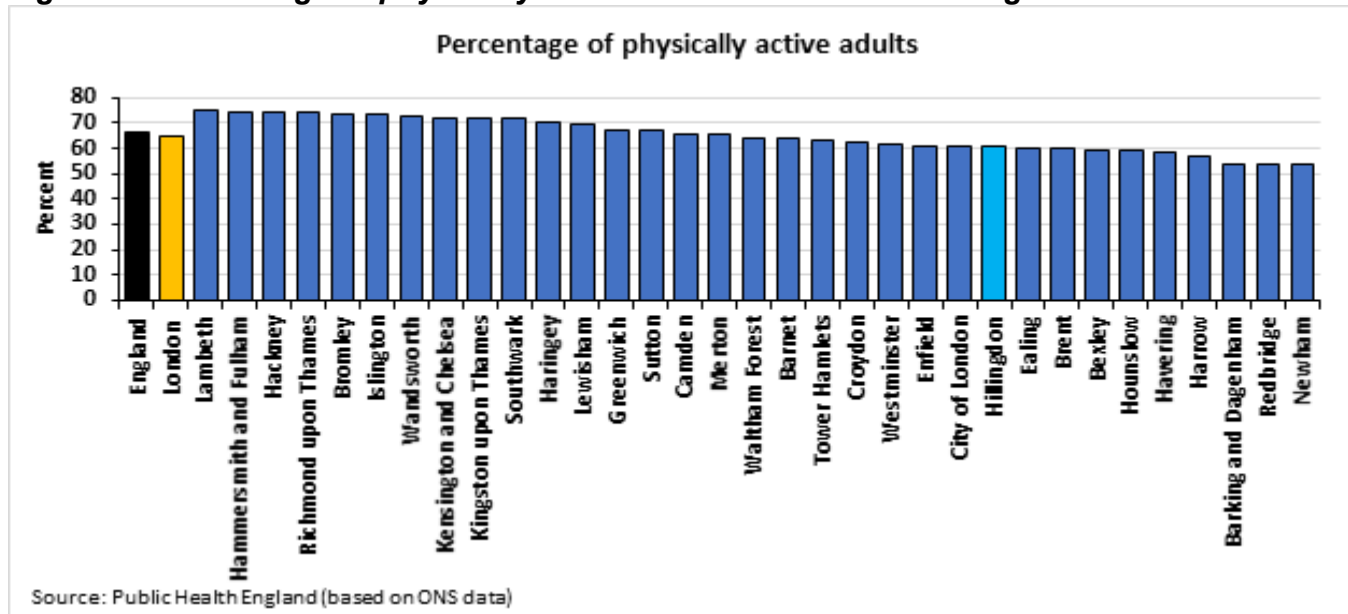
Figure 20 Five-years obesity trends in adults aged 18 years old and above in Hillingdon compared to England and London



Physical activity and inactivity

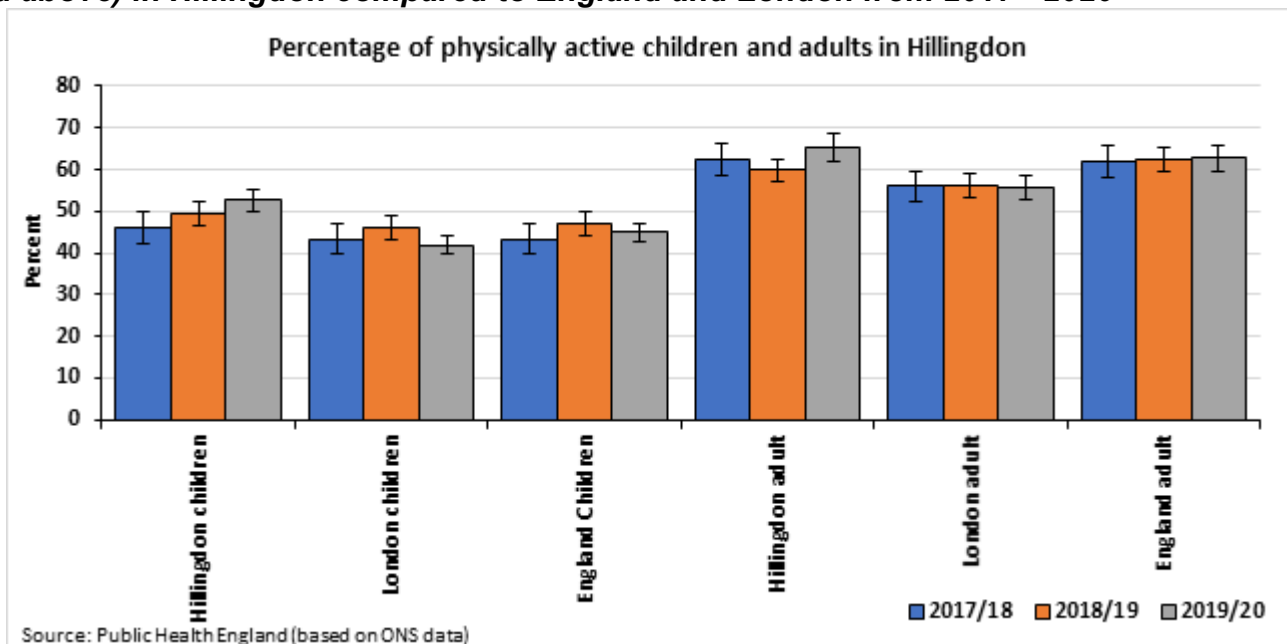
The percentage of physically active adults in Hillingdon was lower than in England and in London.

Figure 21 Percentage of physically active adults in London Borough: 2019/20



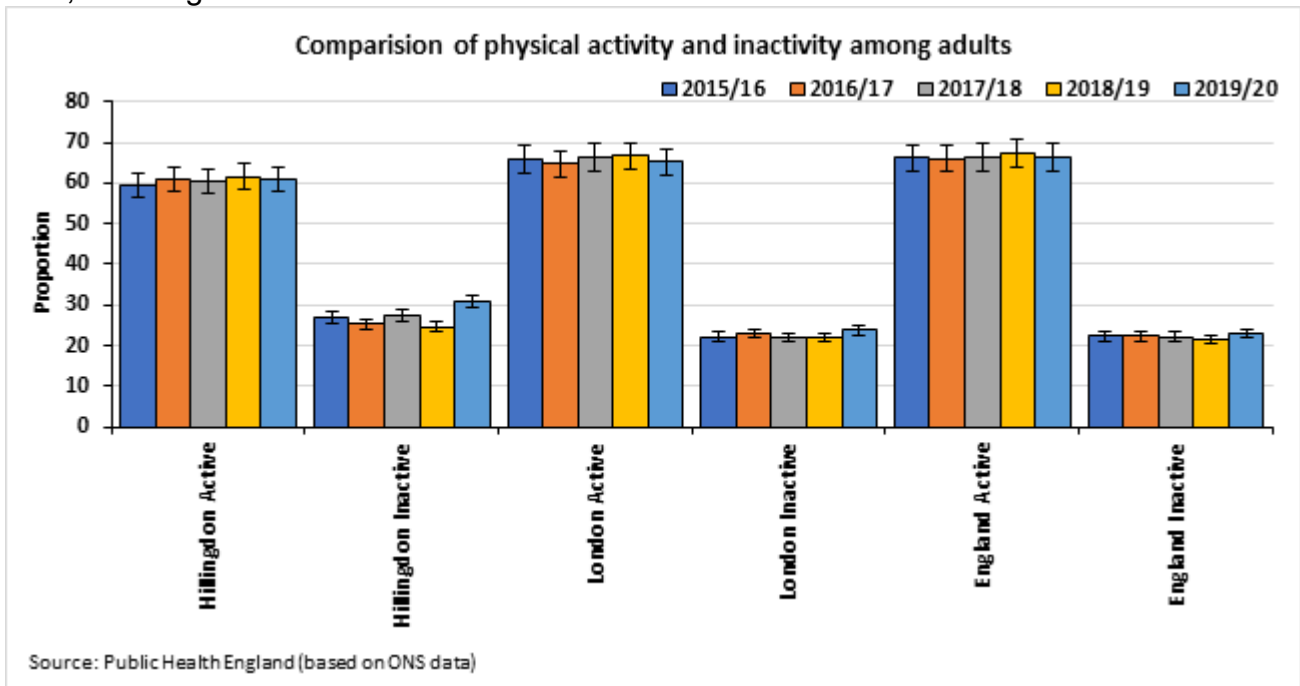
The percentage of physically active children and adults (15+ years) in Hillingdon in 2019/20 was higher than in London and in England

Figure 22 Percentage of physically active children (5-16 years old) and adults (19 years old and above) in Hillingdon compared to England and London from 2017 - 2020



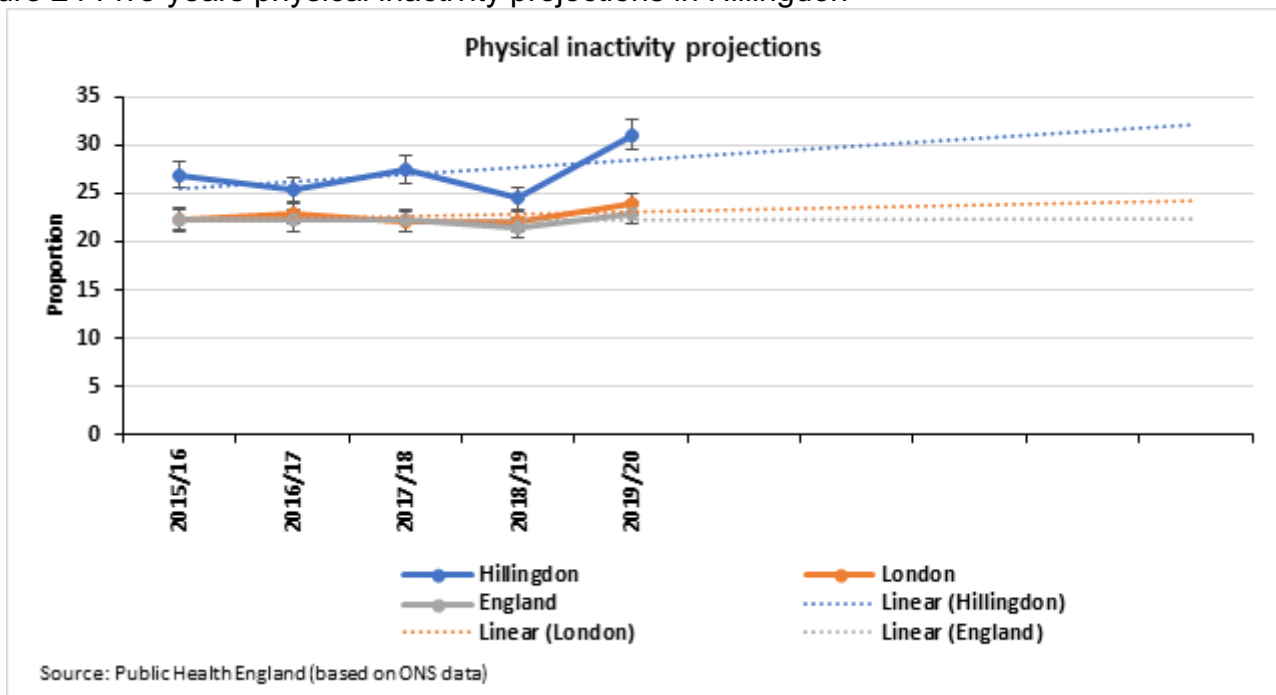
There are more physically active than inactive adults in Hillingdon; however, their proportion has been lower than England's proportion from 2016 to 2019.

Figure 23 Comparison of physically active and inactive adults (19+years old) in Hillingdon, London, and England in 2020



The proportion of physically inactive adults in Hillingdon is projected to increase over the next 5 years. That of London and England is also expected to increase, but at a lower rate than Hillingdon's.

Figure 24 Five-years physical inactivity projections in Hillingdon



Violent crime including sexual violence

The number of emergency hospital admissions for violence in Hillingdon seems similar to data from whole England and London region.

This indicator enables a focus on the interventions that are effective and evidence-based including a greater focus on prevention and treatment, which need to be considered alongside criminal justice measures for a balanced response to the issue.

The trend in Hillingdon also seems comparable to England and London during the timeline, however, if we compare to 2009 and 2017, it shows a decreasing trend in Hillingdon.

Figure 25 Hospital admissions for violence including sexual violence, persons, All ages for year 2017/18 - 19/20.

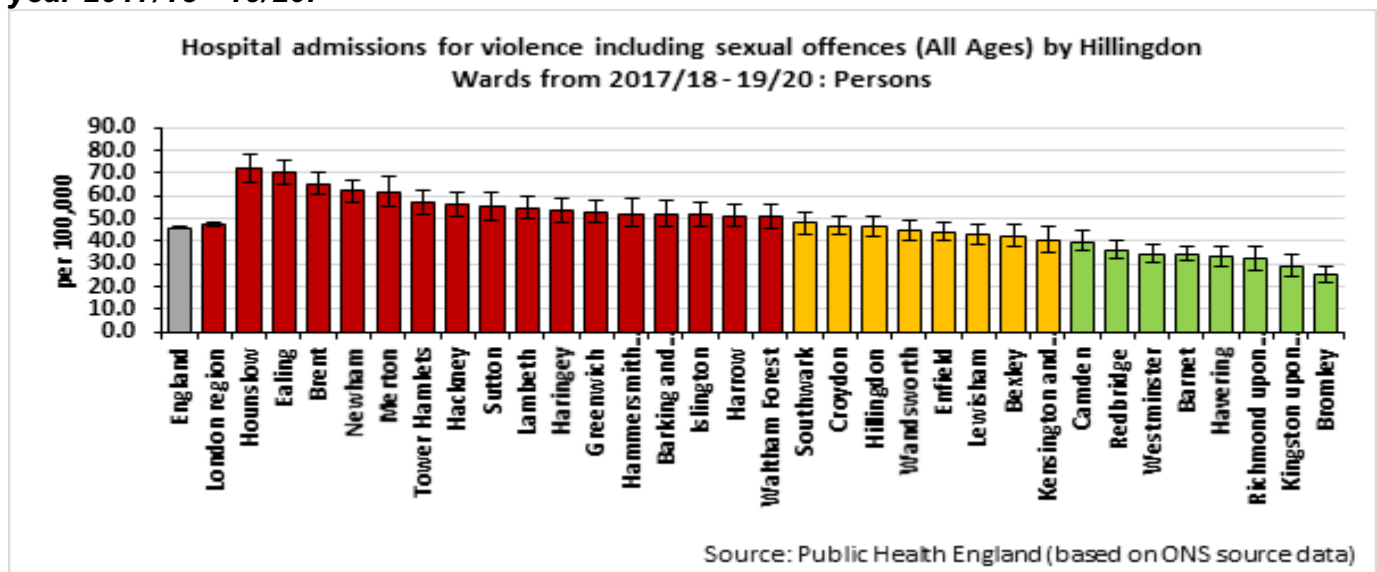
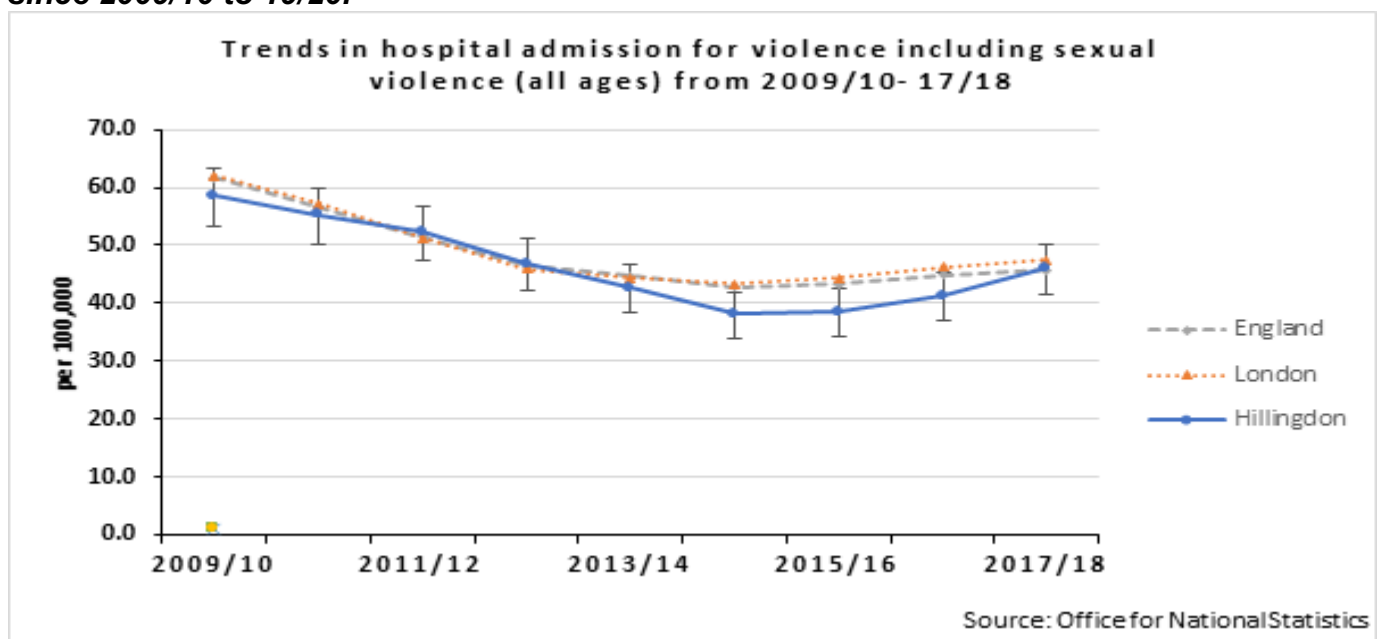


Figure 26 Trend in hospital admissions for violence (including sexual violence) for all ages since 2009/10 to 19/20.



Unintentional and deliberate injuries in Children aged 0-14 years

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s). The number in Hillingdon (70 per 100,000) seems smaller as compared to England (91 per 100,000) however it is higher if we look at the London hospital admissions (67 per 100,000).

The trend for Hillingdon since 2010 until 2019 shows a decreasing order for hospital admission caused by unintentional and deliberate injuries in children aged 0 -14 years. It was around 98 per 100,000 in 2010/11 and 70 per 100,000 in 2018/19 for Hillingdon.

Figure 27 Hospital admissions caused by unintentional and deliberate injuries in children aged 0 to 14 years in 2019/20.

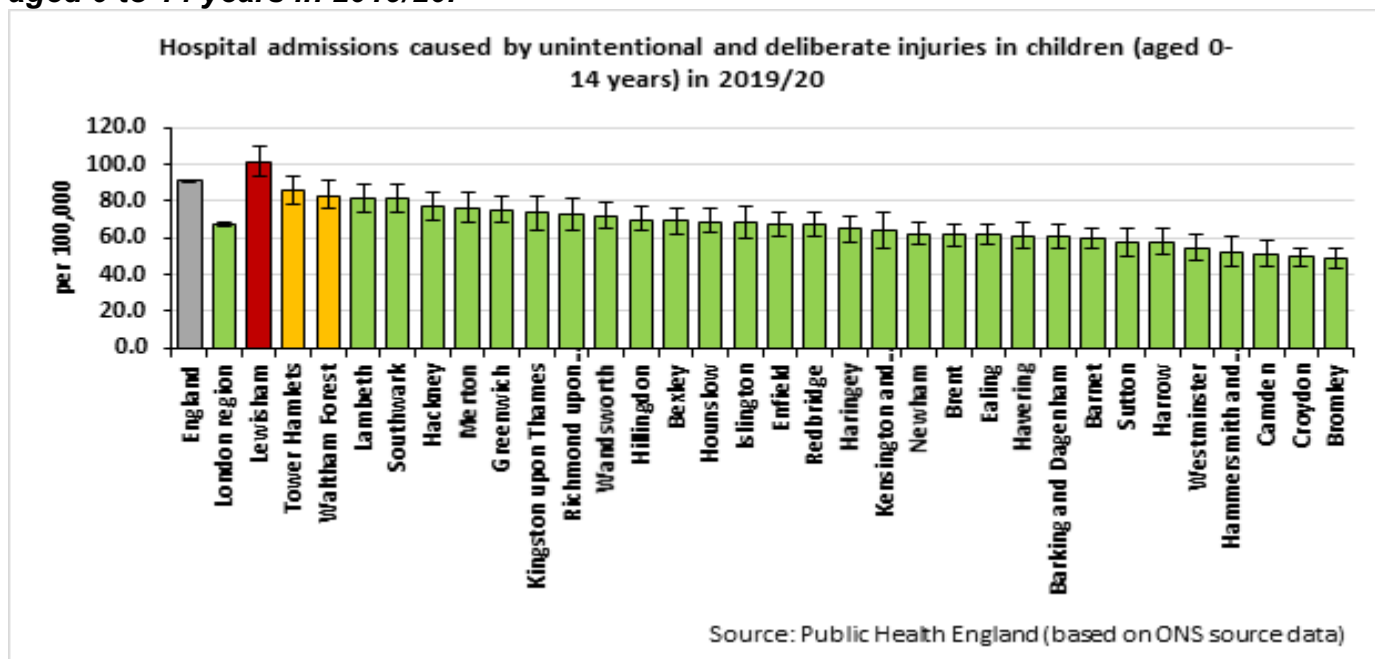
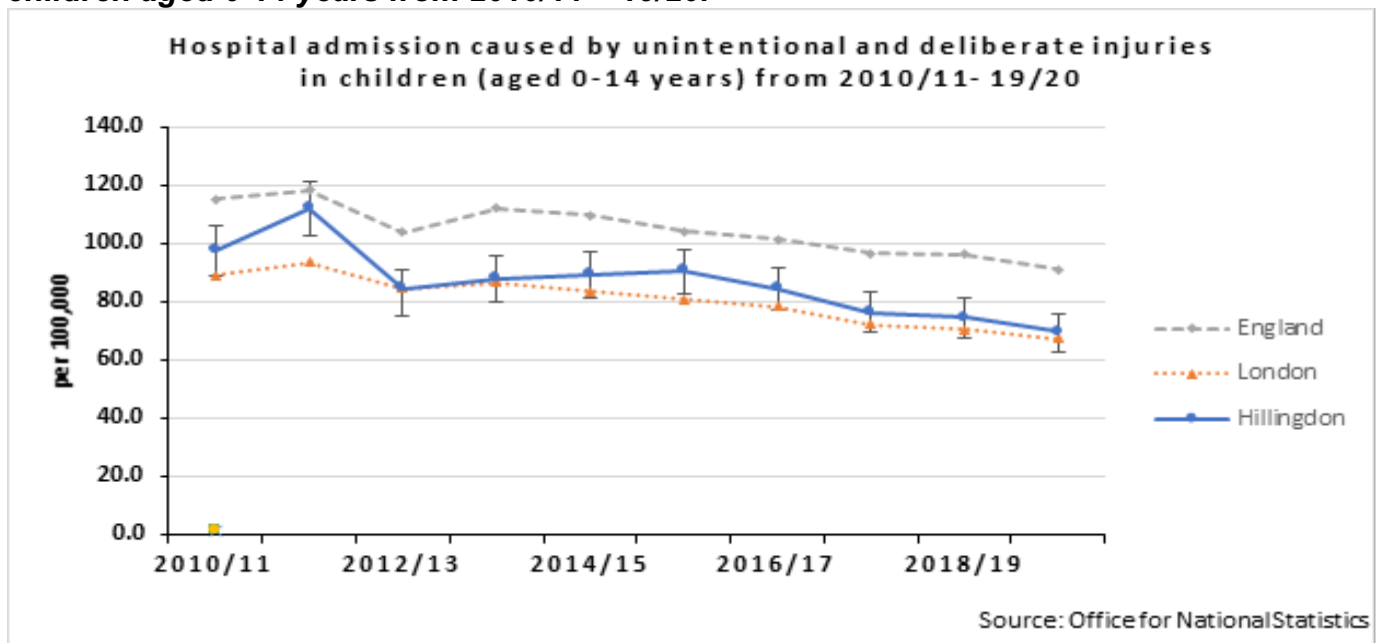


Figure 28 Trend in hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years from 2010/11 – 19/20.



Unintentional and deliberate injuries in children aged 15-24 years

The hospital admission for the children of the age group 15 – 24 years in Hillingdon (97 per 100,000) is less as compared to England (132 per 100,000) in 2019/20.

The trend for Hillingdon is decreasing from 2010/11 to 2019/20. It was 150 per 100,000 in 2010/11 and 97 per 100,000 in 2018/19.

Figure 29 Fig 21: Hospital admission caused by unintentional and deliberate injuries in children aged 15-24 years in 2019/20.

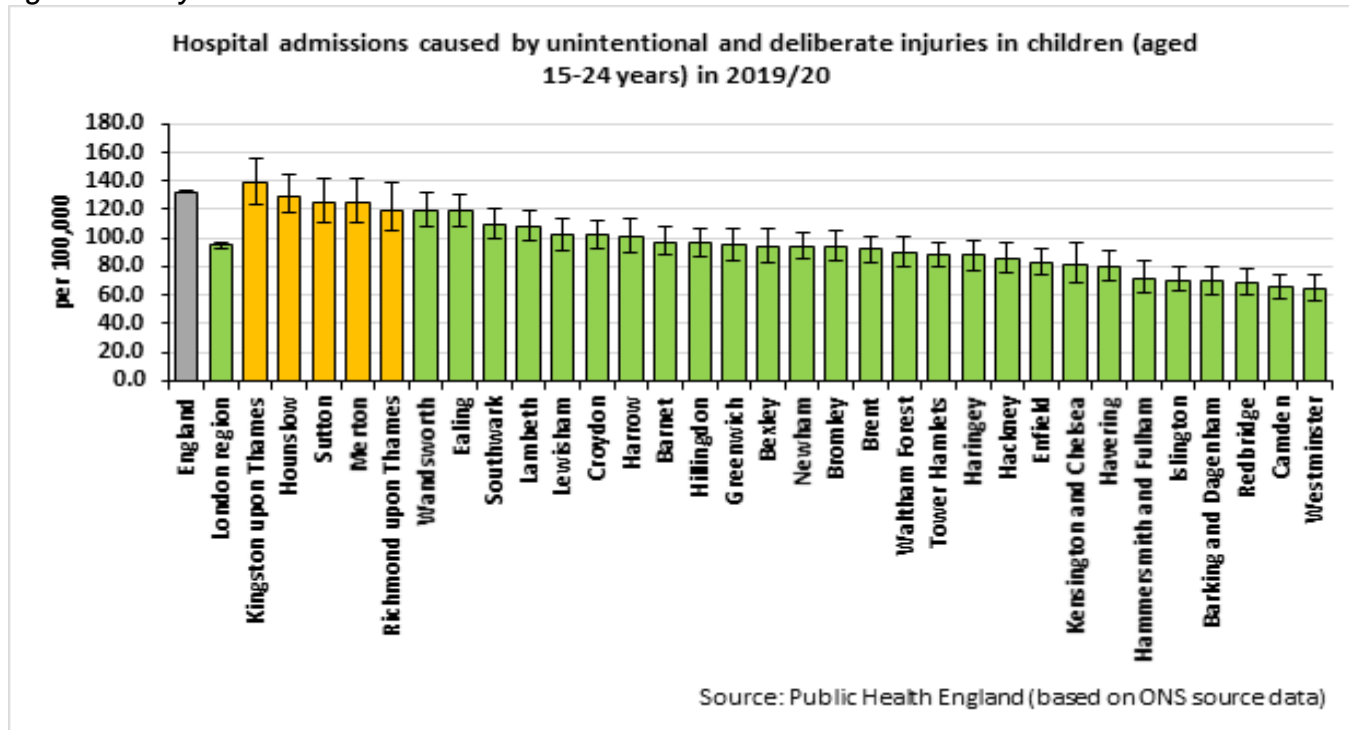
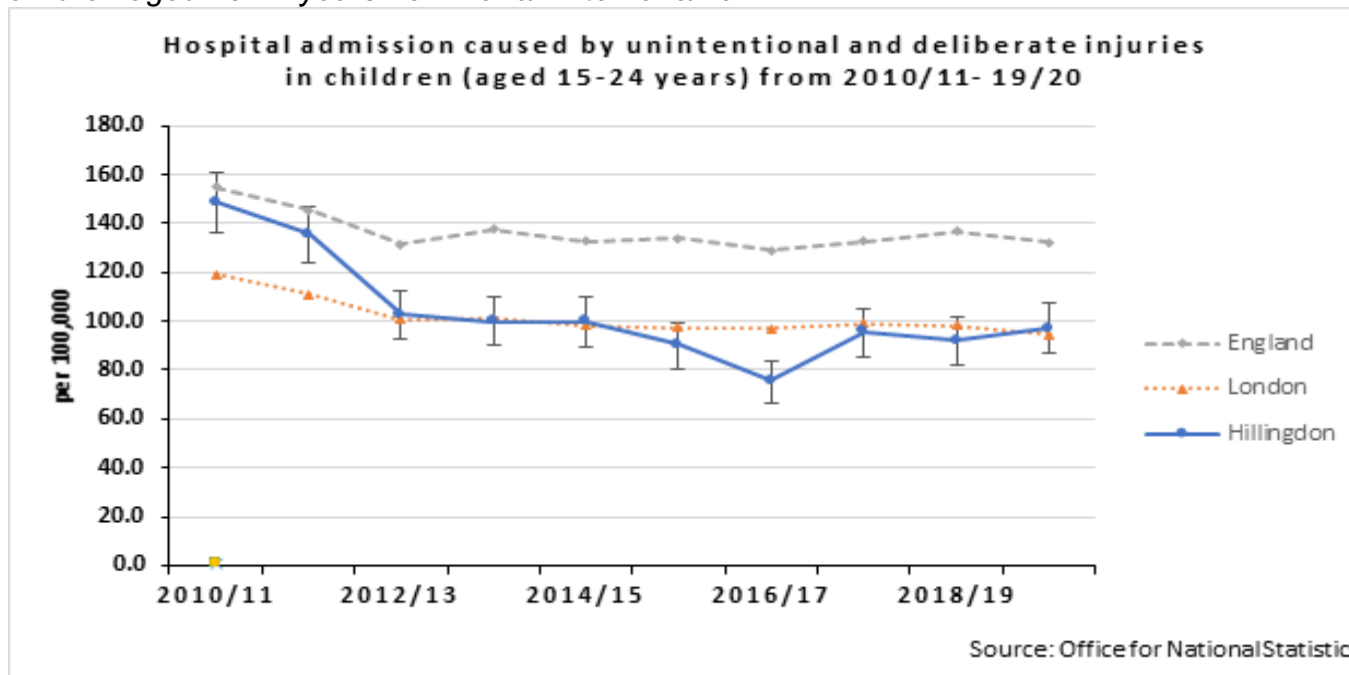


Figure 30 Fig 22: Trend in Hospital admission caused by unintentional and deliberate injuries in children aged 15-24 years from 2010/11 to 2019/20.



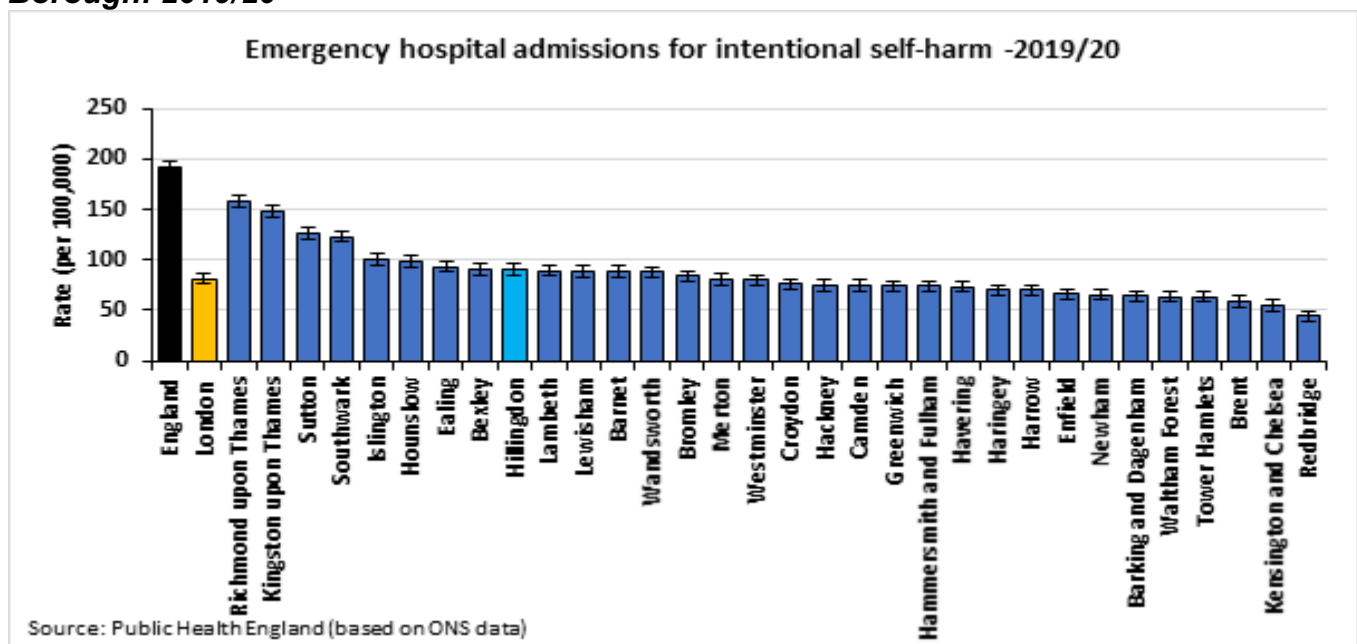
Intentional Self-Harm

It is important to look into the incidence of intentional self-harm requiring emergency admission to hospital in order to monitor the public health programmes aiming to reduce the risk of self-harm and to improve the provision of services.

The number in Hillingdon (91 per 100,000) was smaller as compared to England (193 per 100,000) in 2019/20. The trend also shows a decreasing order for Hillingdon since 2011/12. It was 175 per 100,00 in 2011/12 and 97 per 100,000 in 2019/20.

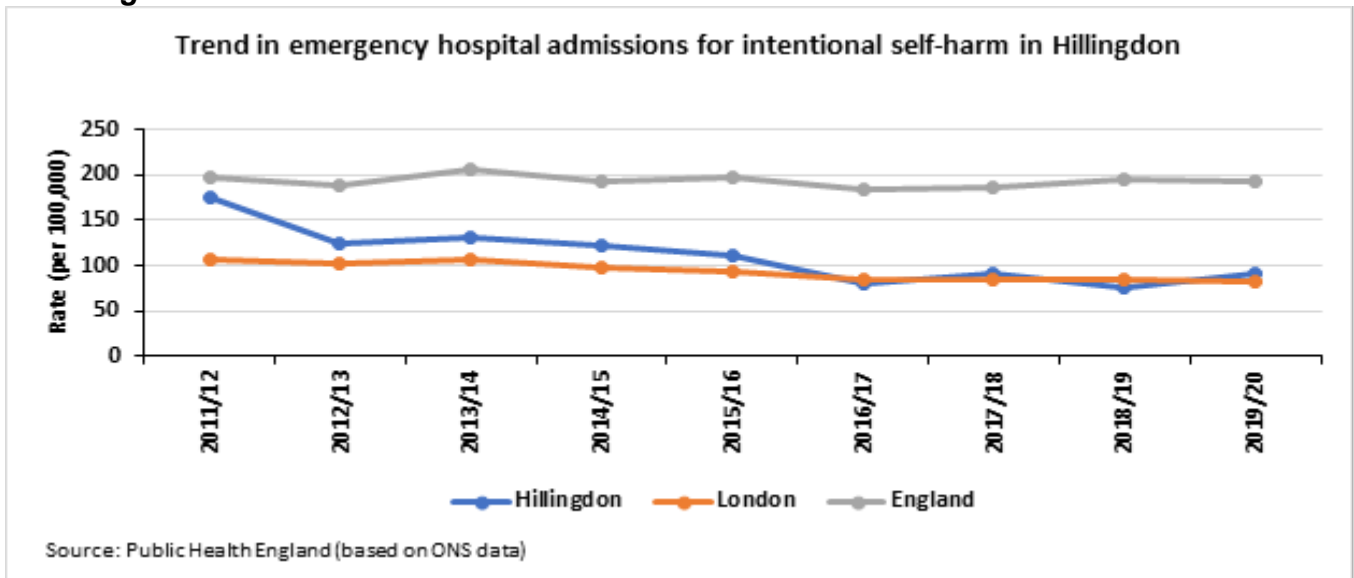
The directly standardised rate of emergency hospital admission for intentional self-harm in Hillingdon was lower than in London but higher than England's rate.

Figure 31 Emergency hospital admissions for intentional self-harm in all persons in London Borough: 2019/20



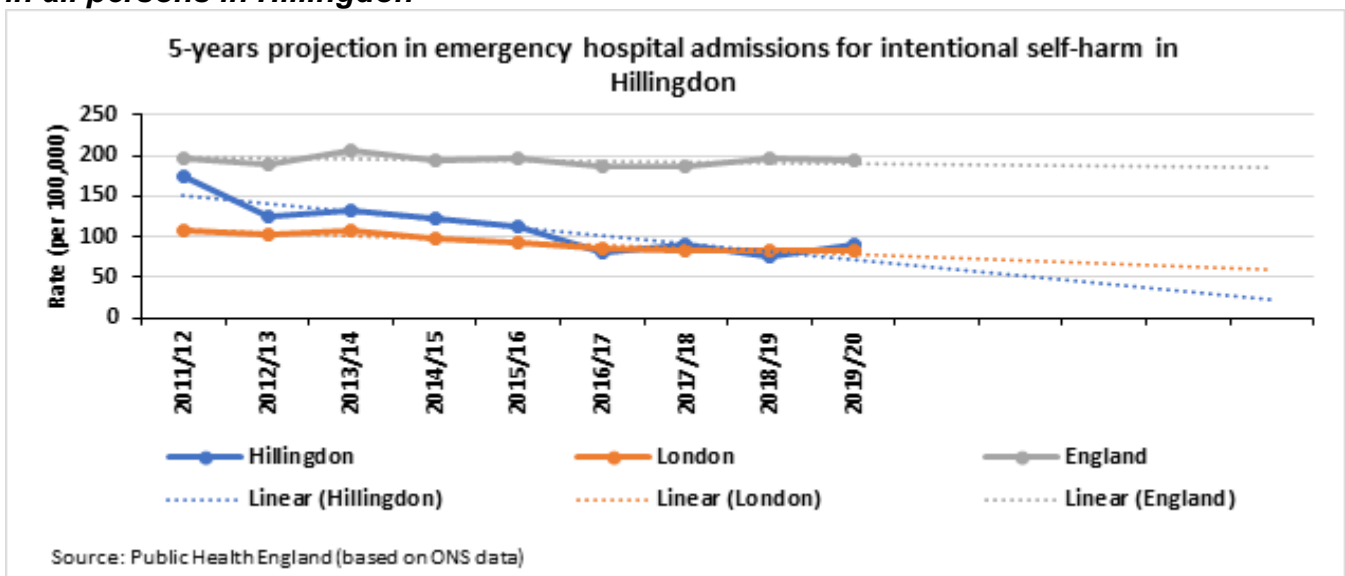
The emergency admission rate for intentional self-harm declined in 2018/19 and increased in 2019/20 in Hillingdon.

Figure 32 Trend in emergency hospital admissions for intentional self-harm in all persons in Hillingdon



The rate of emergency hospital admission for self-harm in Hillingdon is expected to decline in the next 5 years.

Figure 33 Five-years projection in emergency hospital admissions for intentional self-harm in all persons in Hillingdon



Self-harm in children

Hospital admissions for self-harm in children have increased in recent years for England and with links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment.

For Hillingdon, the statistics is lower as compared to England in 2019/20 but it is higher than London region.

The trend also shows that for Hillingdon it decreasing since 2011/12. It was 270 per 100,000 in 2011/12 and 203 per 100,000 in 2019/20.

Figure 34 Hospital admissions as a result of self-harm for 10 to 24 years in 2019/20.

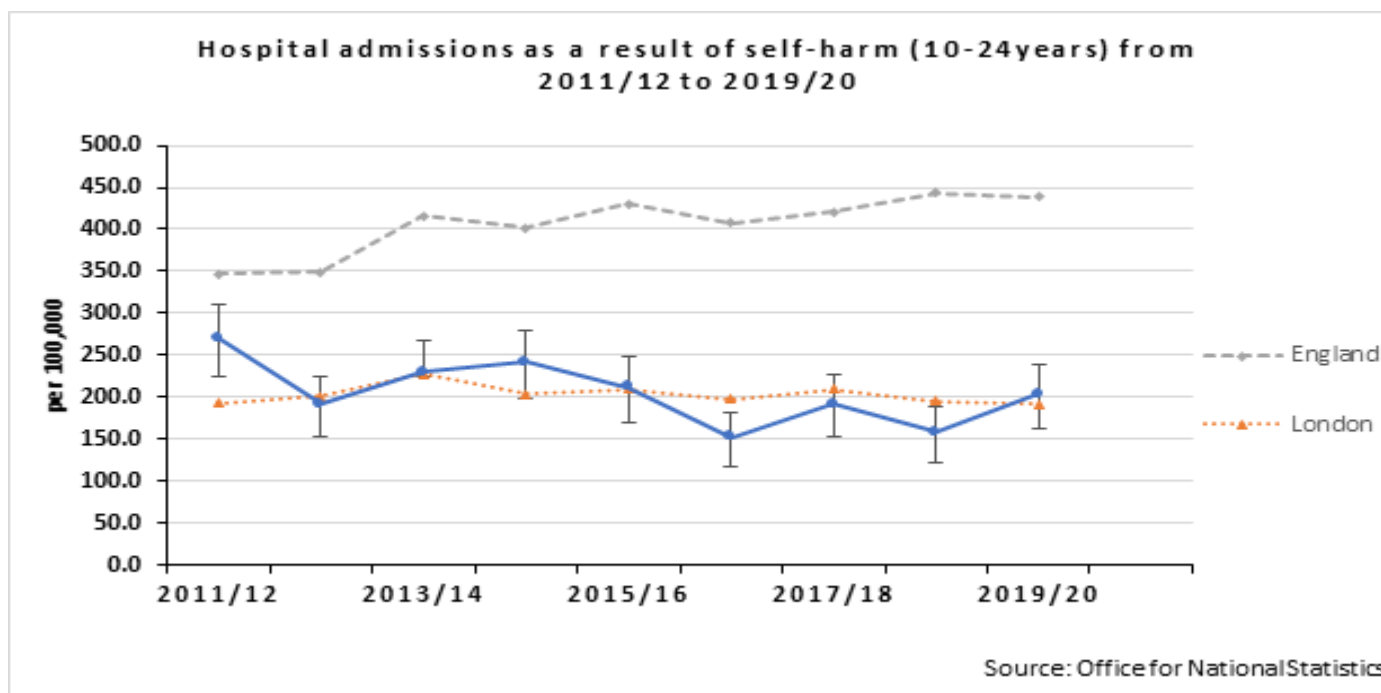
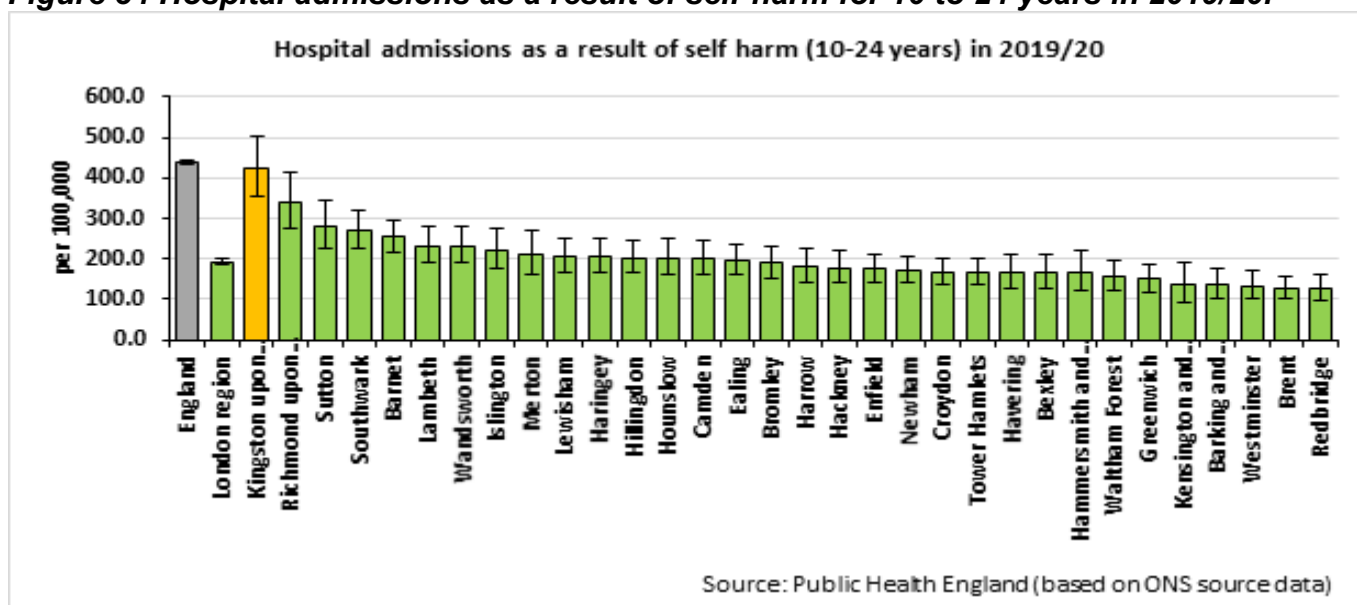


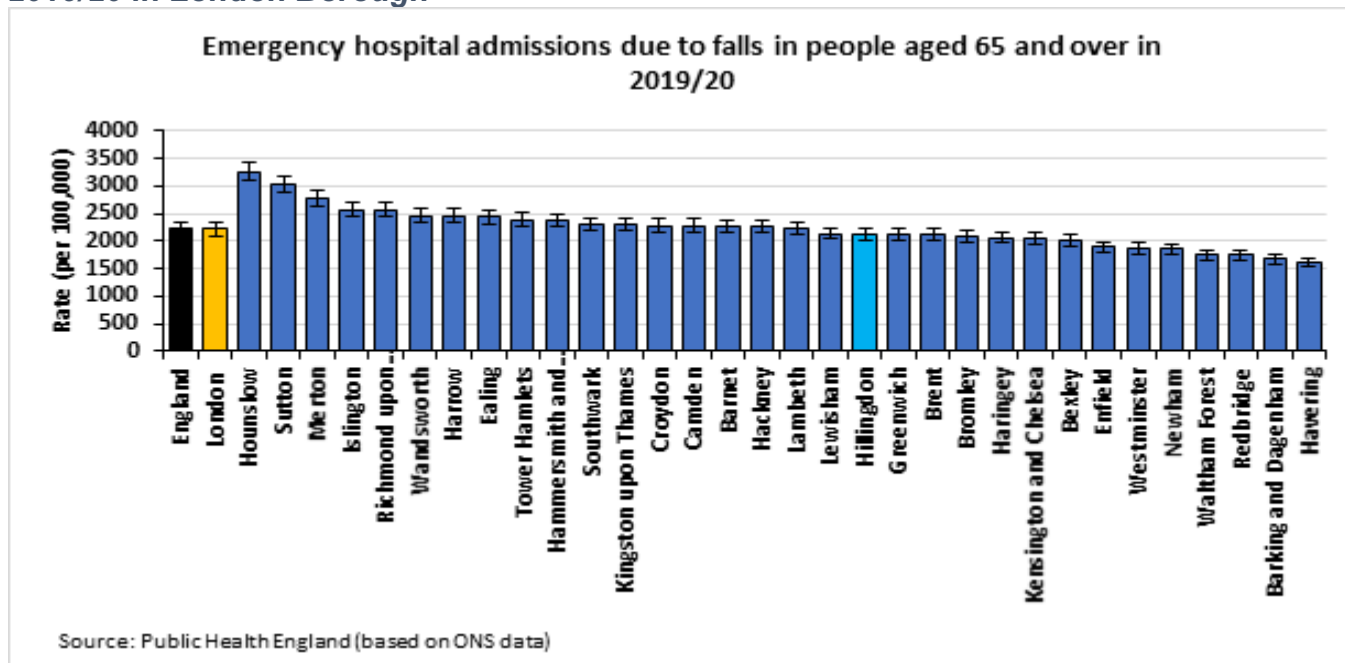
Fig 26: Trend in hospital admissions as a result of self-harm for 10 to 24 years from 2011/12 to 2019/20.

Emergency admissions due to falls

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, for example being a major reason why people move from their own home into long-term nursing or residential care.

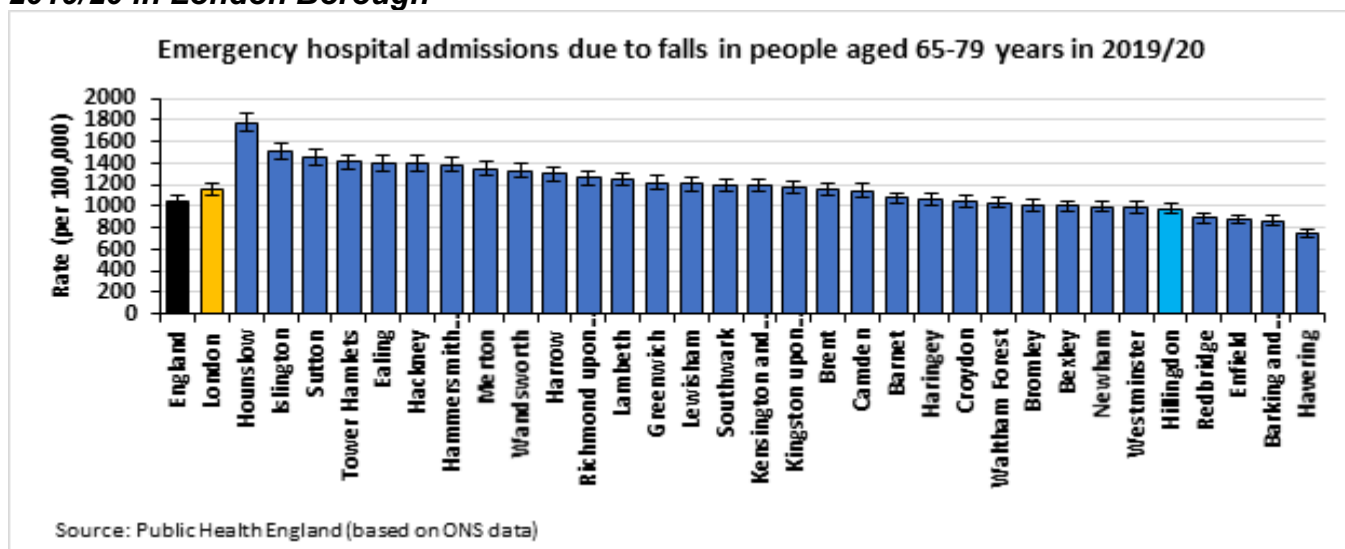
The rates of emergency hospital admissions due to falls in people aged 65 and over were lower in Hillingdon than in London and England in 2019/20.

Figure 35 Emergency hospital admissions due to falls in people aged 65 and over in 2019/20 in London Borough



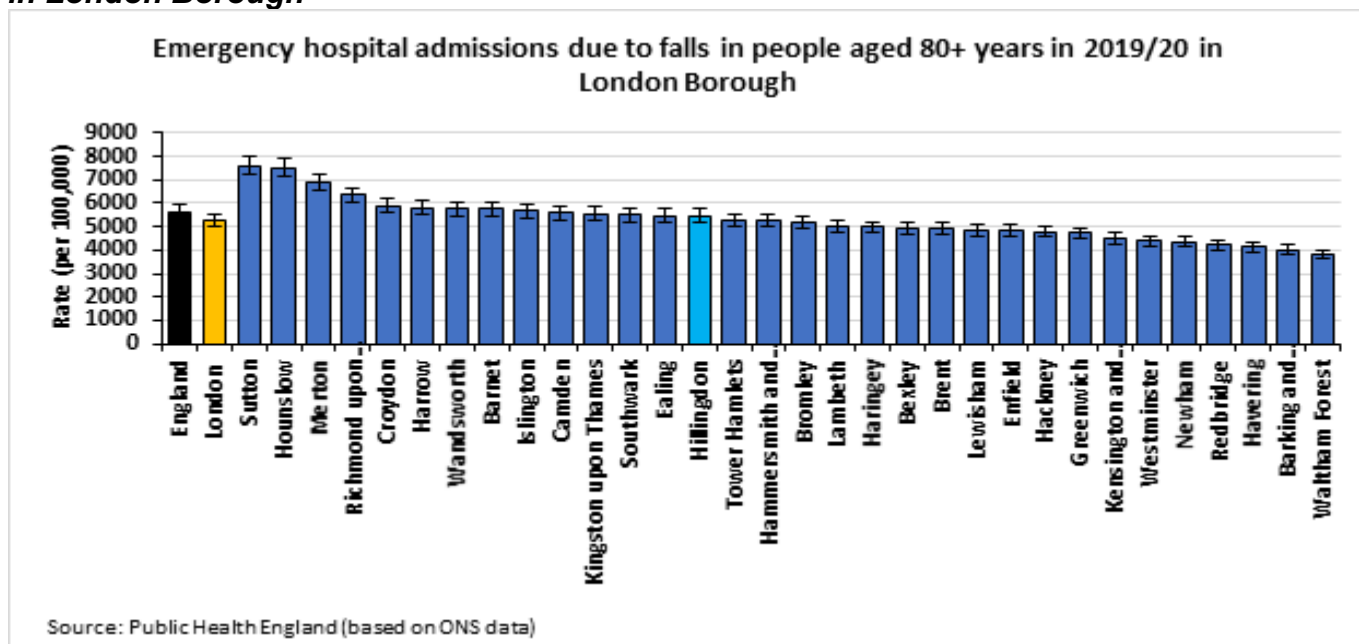
The emergency hospital admissions due to falls in people aged 65-79 years was better in Hillingdon than in London and England in 2019/20.

Figure 36 Emergency hospital admissions due to falls in people aged 65-79 years in 2019/20 in London Borough



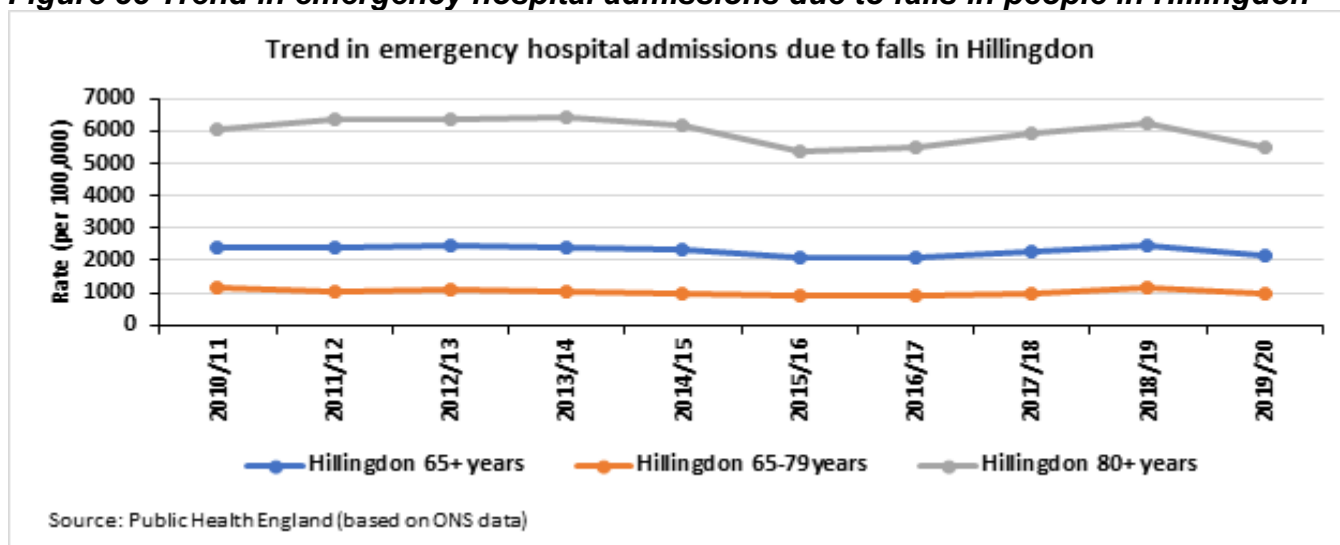
The emergency hospital admissions rate in Hillingdon for persons aged over 80 years in Hillingdon was higher than London but lower than England's rate in 2019/20.

Figure 37 Emergency hospital admissions due to falls in people aged 80+ years in 2019/20 in London Borough



The rate of emergency hospital admissions due to falls remained almost the same from 2010, except for 2018/19 when there was an increase in emergency admissions due to falls in persons aged 65+ years and those aged 65-79 years. For those aged 80+ years, the rate declined in 2015/16 and increased in 2018/19.

Figure 38 Trend in emergency hospital admissions due to falls in people in Hillingdon



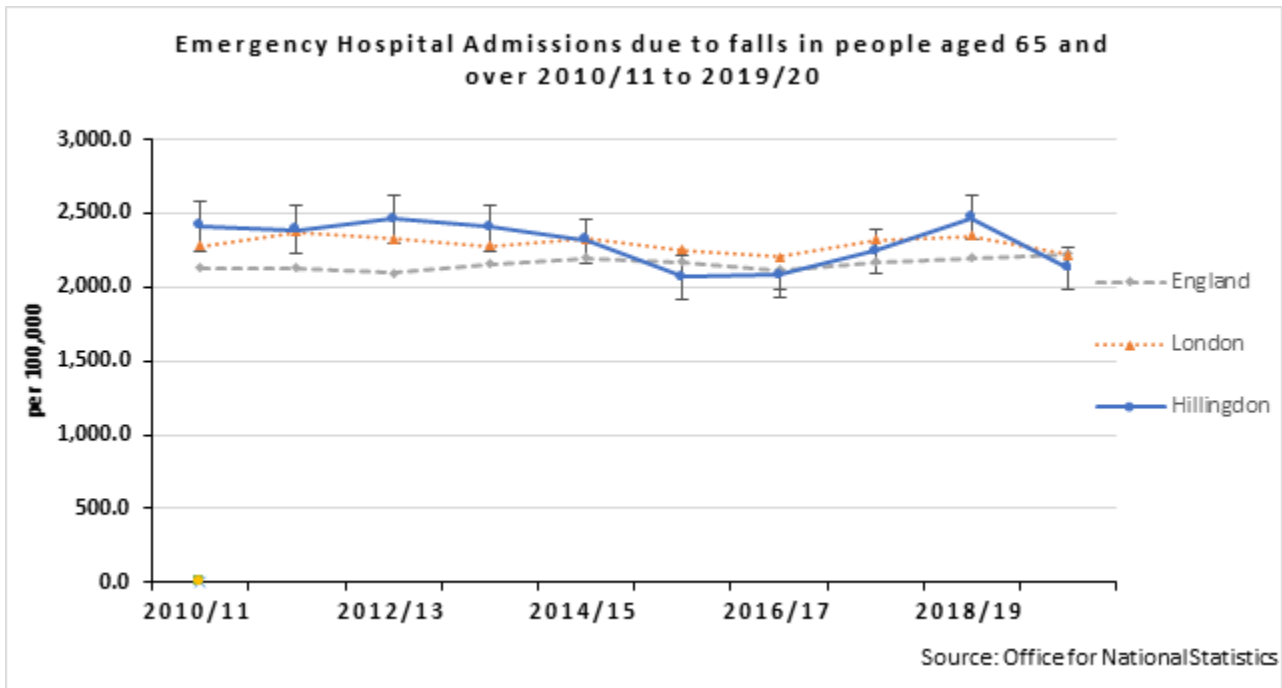


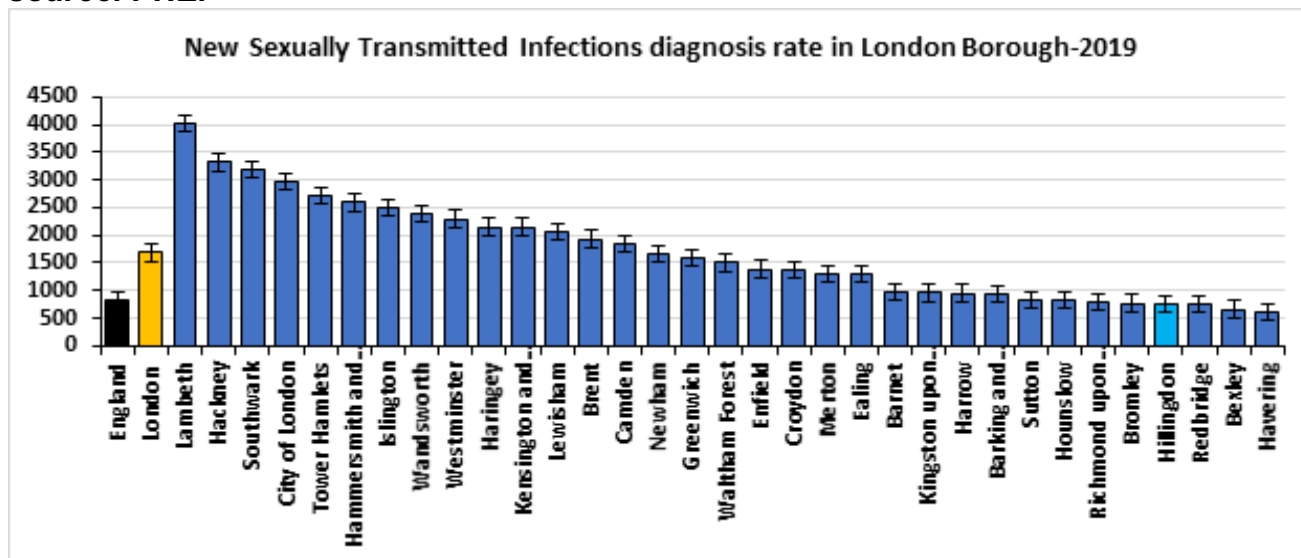
Fig 28: Trend in emergency hospital admissions due to falls in people aged 65 years and over from 2010/12 to 2019/20.

Sexual Health

New Sexually Transmitted Infections (STI) diagnosis rate in London Borough-2019: **crude rate per 100,000**

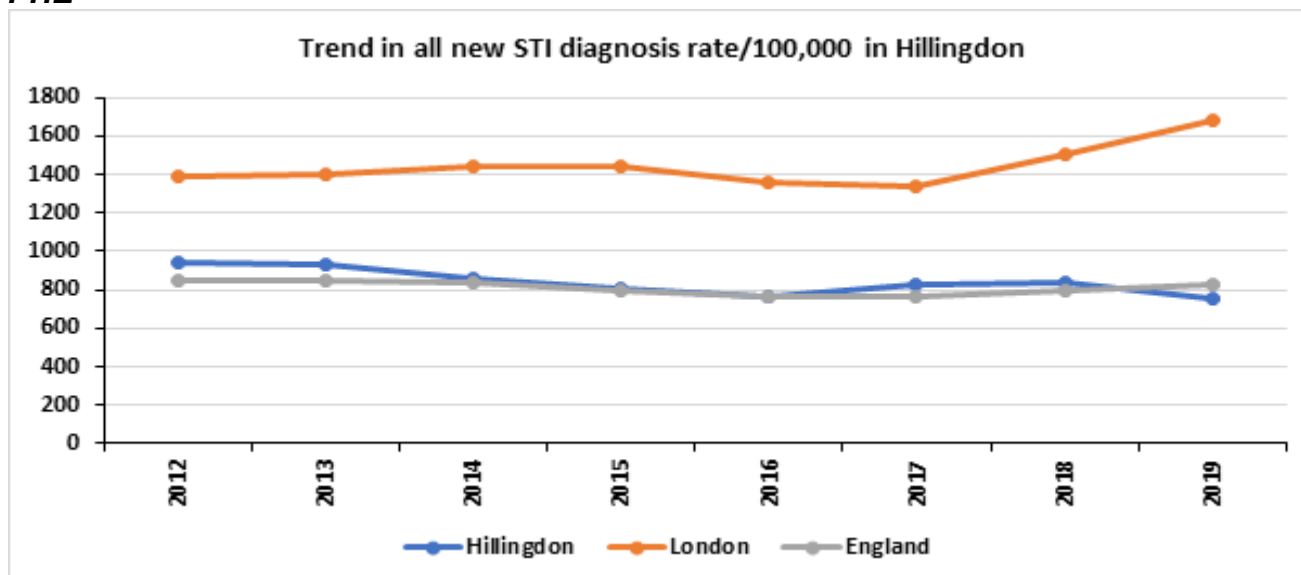
The rate of new diagnosis STI diagnosis was low in Hillingdon compared to London and England in 2019.

Figure 39 New STI diagnosis rate in London Borough-2019: crude rate per 100,000. Data source: PHE.



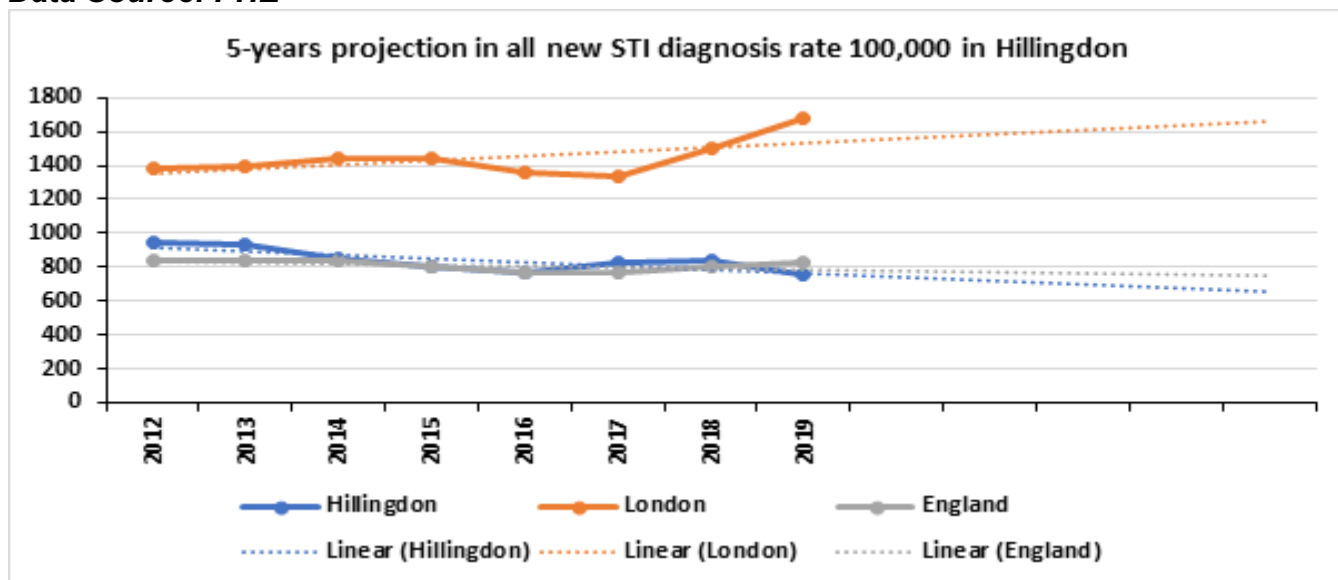
The rate of all new STI diagnosis in Hillingdon increased slightly in 2017 and 2018 and decreased in 2019.

Figure 40 Trend in new STI diagnosis rate in Hillingdon: crude rate/100,000. Data Source: PHE



The rate of new STI diagnosis in Hillingdon is projected to decrease slightly over the next 5 years.

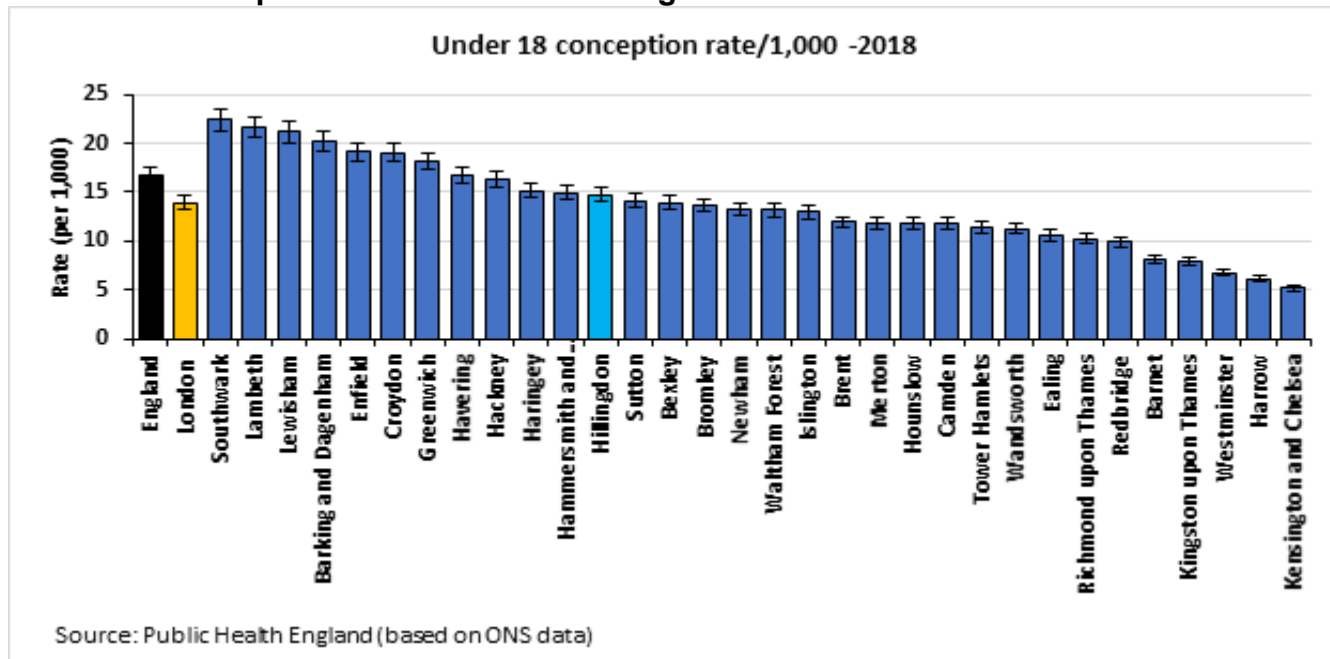
Figure 41 5-years projection in new STI diagnosis rate in Hillingdon: crude rate/100,000.
Data Source: PHE



Under 18s conception rates

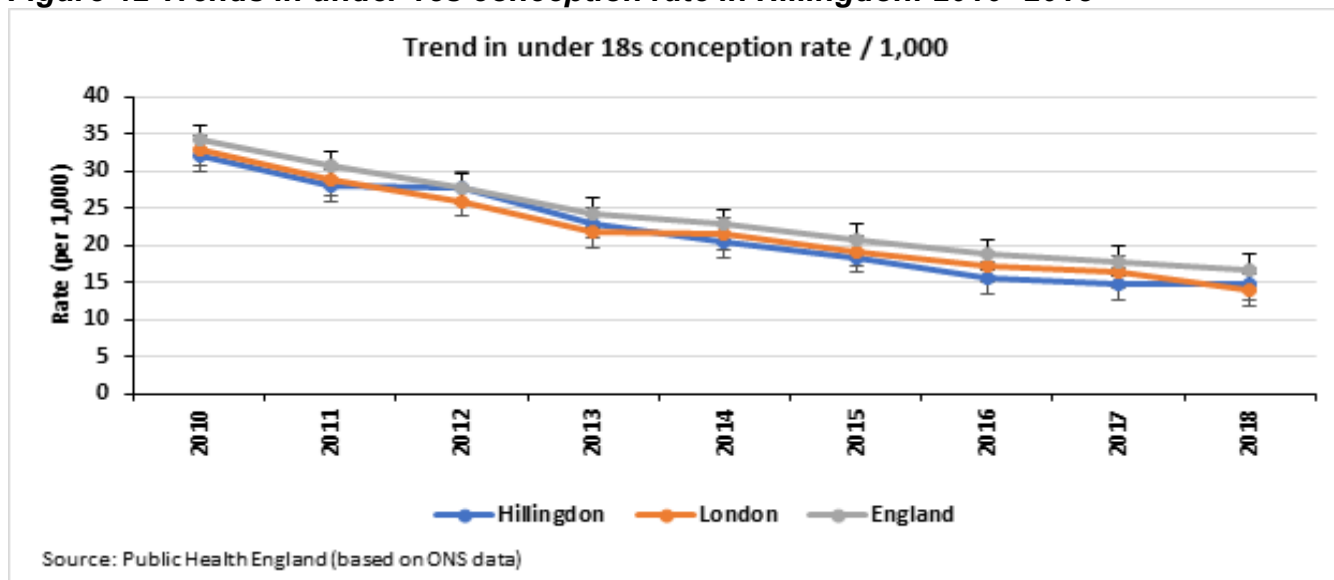
The under 18s conception rate in Hillingdon was higher than London's rate but lower than the national rate in 2018.

Under 18s conception rate – London Boroughs



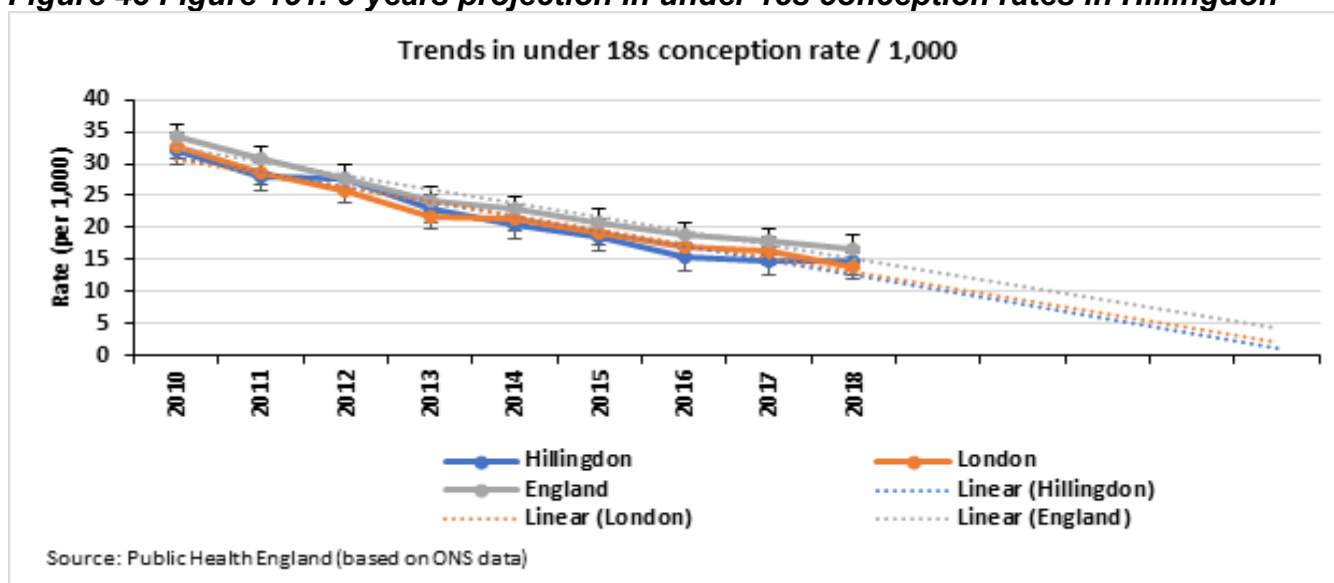
The under 18s conception rates have remained almost the same from 2016 to 2018 in Hillingdon.

Figure 42 Trends in under 18s conception rate in Hillingdon: 2010 -2018



The rate of conception in under 18s in Hillingdon is expected to decrease steadily in the next 5 years.

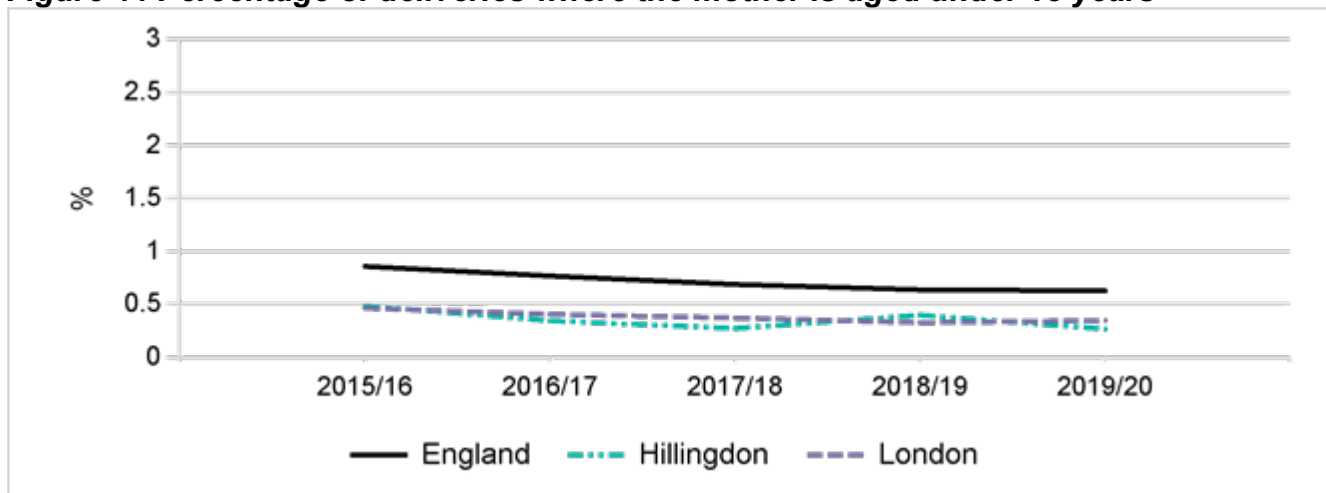
Figure 43 Figure 151. 5-years projection in under 18s conception rates in Hillingdon



Teenage parents

Pregnancy in under-18 year olds can lead to poor health and social outcomes for both the mother and child. Children born to teenage mothers are at greater risk of low educational attainment, emotional and behavioural problems, maltreatment or harm, and illness, accidents and injuries.

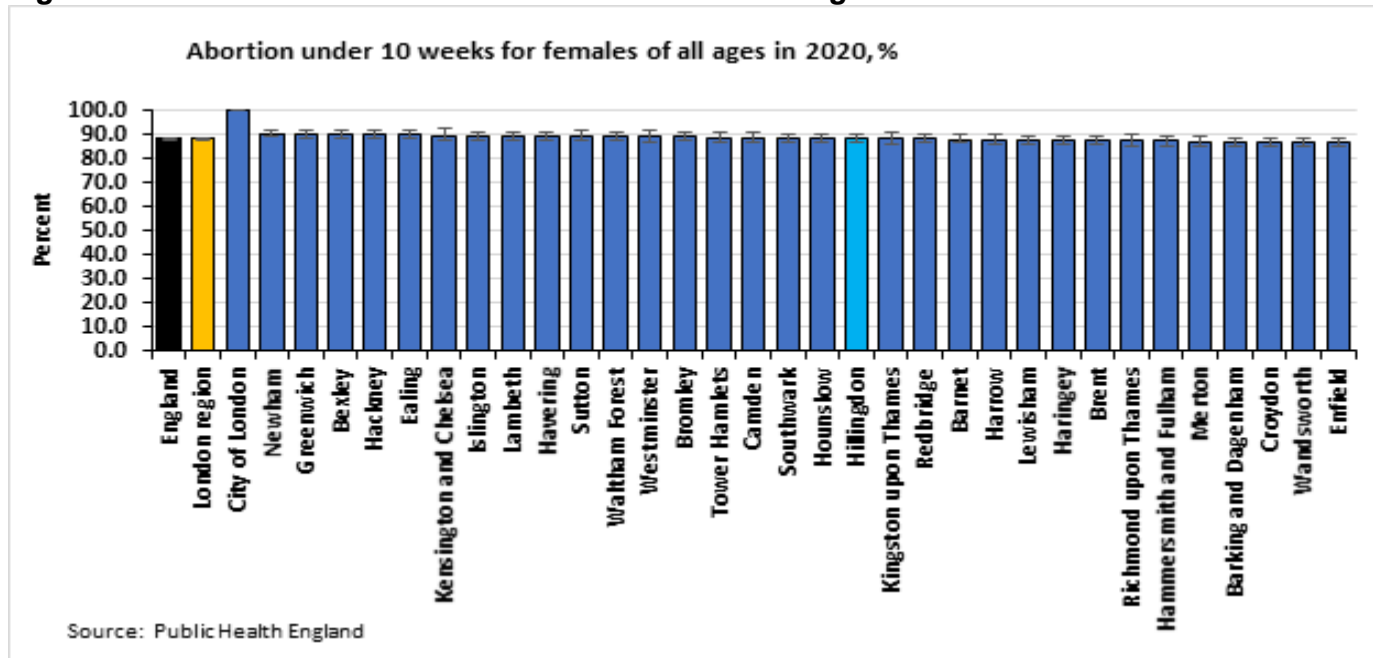
Figure 44 Percentage of deliveries where the mother is aged under 18 years



Abortions

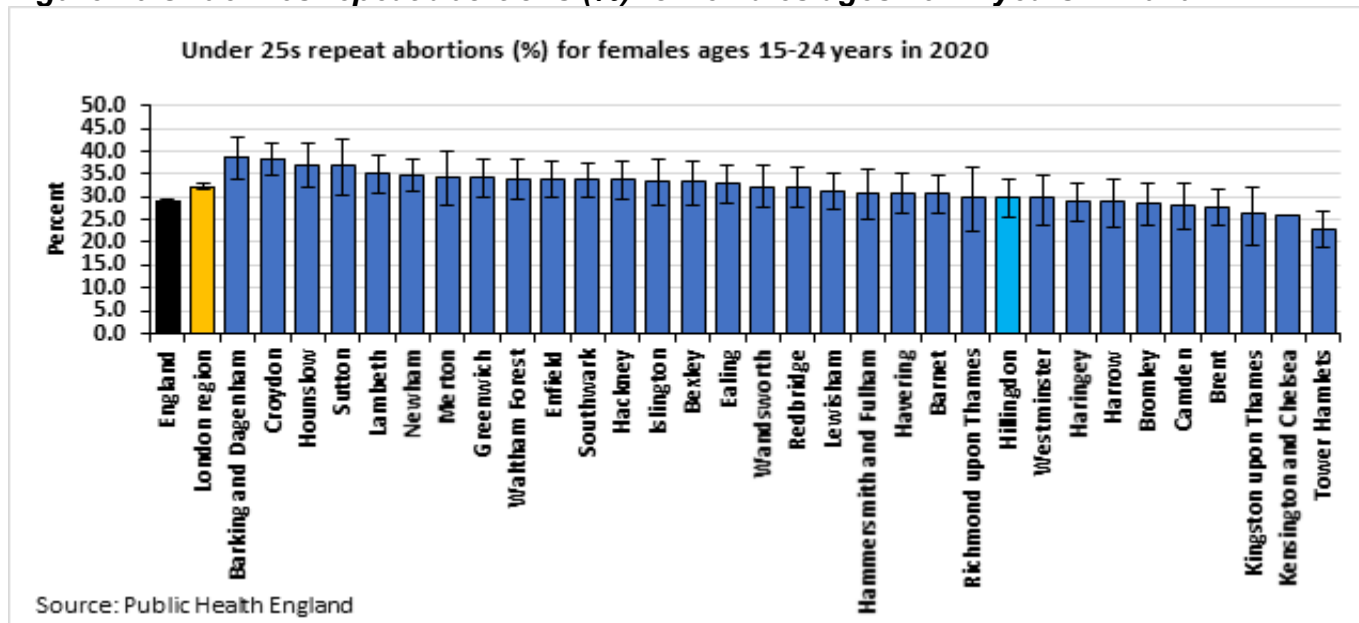
The earlier abortions are performed the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality. The abortion rates for England and Hillingdon are almost similar, 88% in 2020.

Figure 45 Abortion under 10 weeks for females of all ages in 2020.



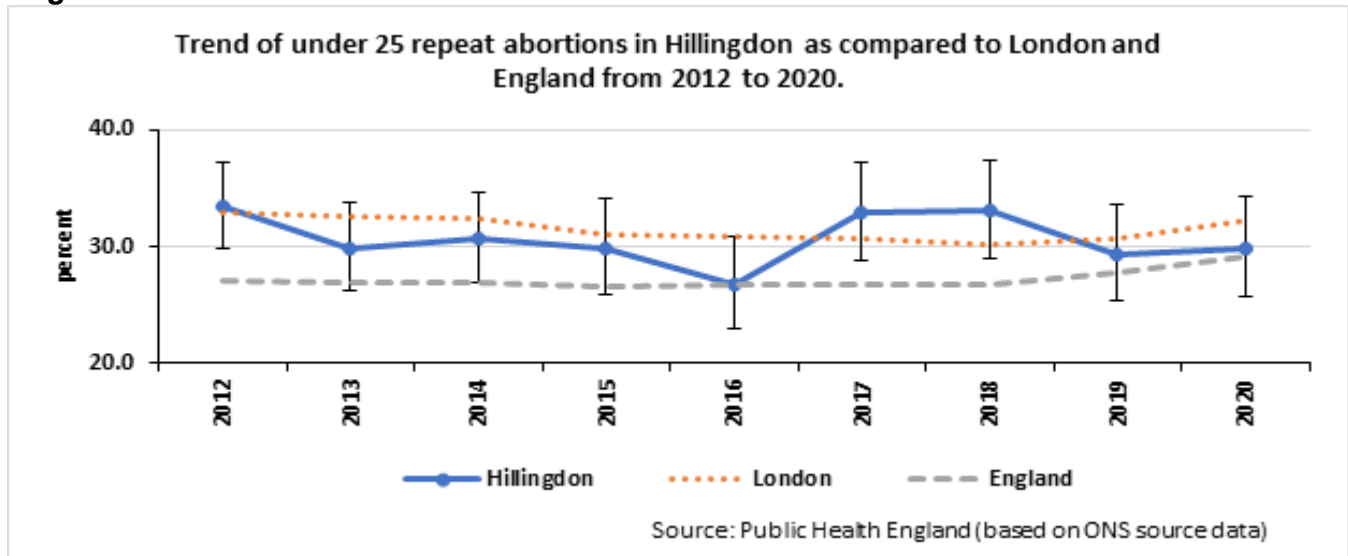
This is an indicator of lack of access to good quality contraception services and advice as well as problems with individual use of contraceptive method. Over a quarter of England abortions (29%) in this age group are repeat abortions. The proportion for Hillingdon was slightly higher (29.8%) as compared to England.

Figure 46 Under 25s repeat abortions (%) for females ages 15-24 years in 2020



The trend shows under 25 repeat abortions in Hillingdon is decreasing in Hillingdon, 33% in 2012 to 29.8% in 2020, however the trend was increasing for both London and England.

Figure 47 Trend of under 25 repeat abortions in Hillingdon as compared to London and England from 2012 to 2020.



Breastfeeding

Breastfeeding initiation in London Borough (Percentage of babies whose first feed is breastmilk) – 2016/17

The proportion of breastfeeding initiation was lower in Hillingdon than in London but higher than England's proportion.

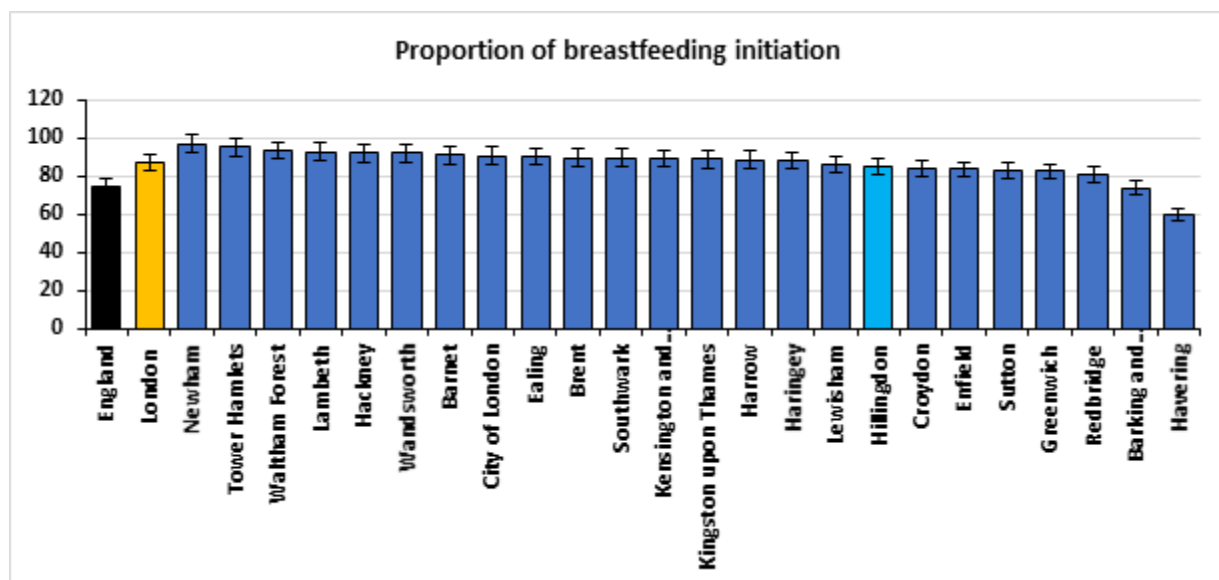


Figure 190. Breastfeeding initiation in London Borough: 2016/17. Data source: PHE.

The percentage of mothers who give their babies breast milk in the first 48 hours after delivery in Hillingdon has increased since 2010/11.

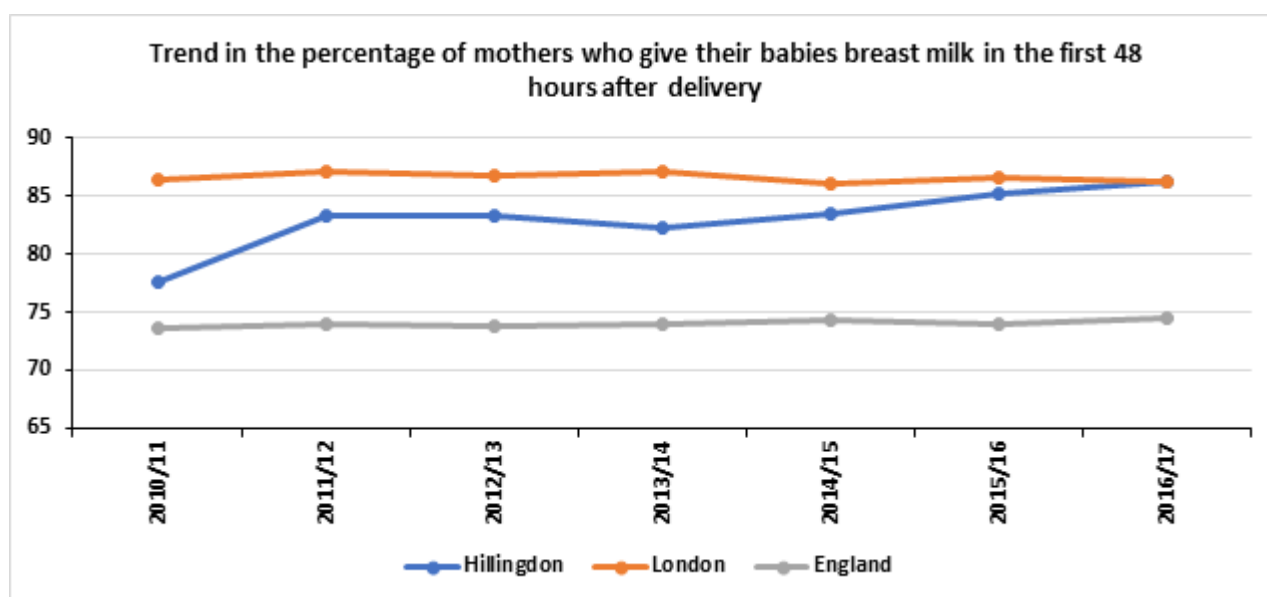


Figure 191. Trend in percentage of mothers who give their babies breast milk in the first 48 hours after delivery in Hillingdon. Data Source: PHE.

The percentage of mothers who give their babies breast milk in the first 48 hours after delivery is estimated to increase in the next 5 years.

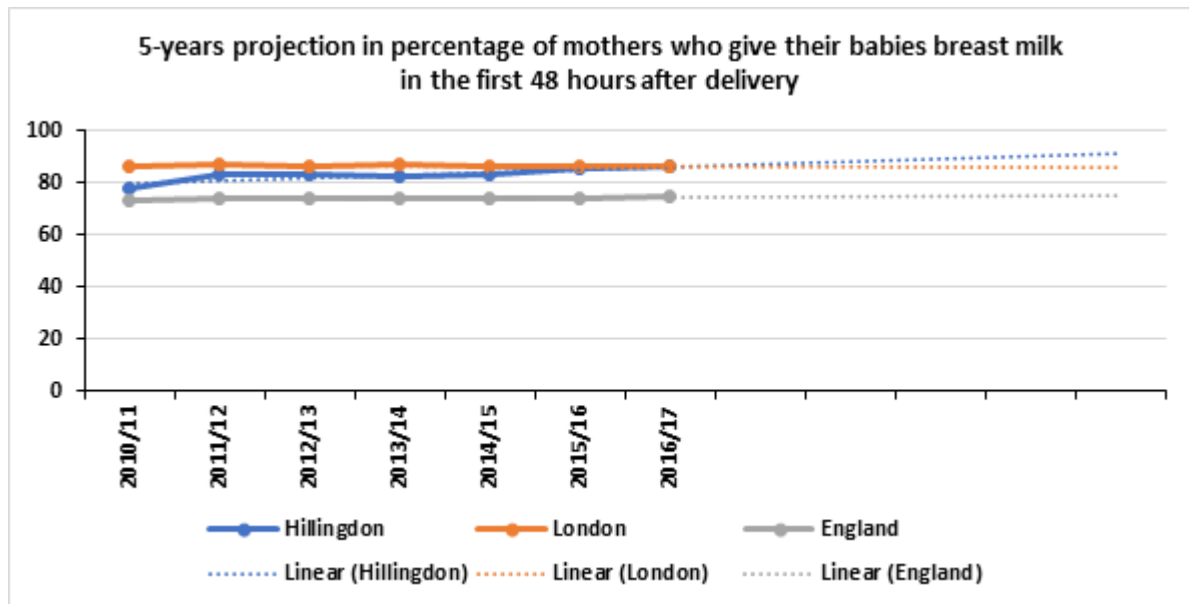


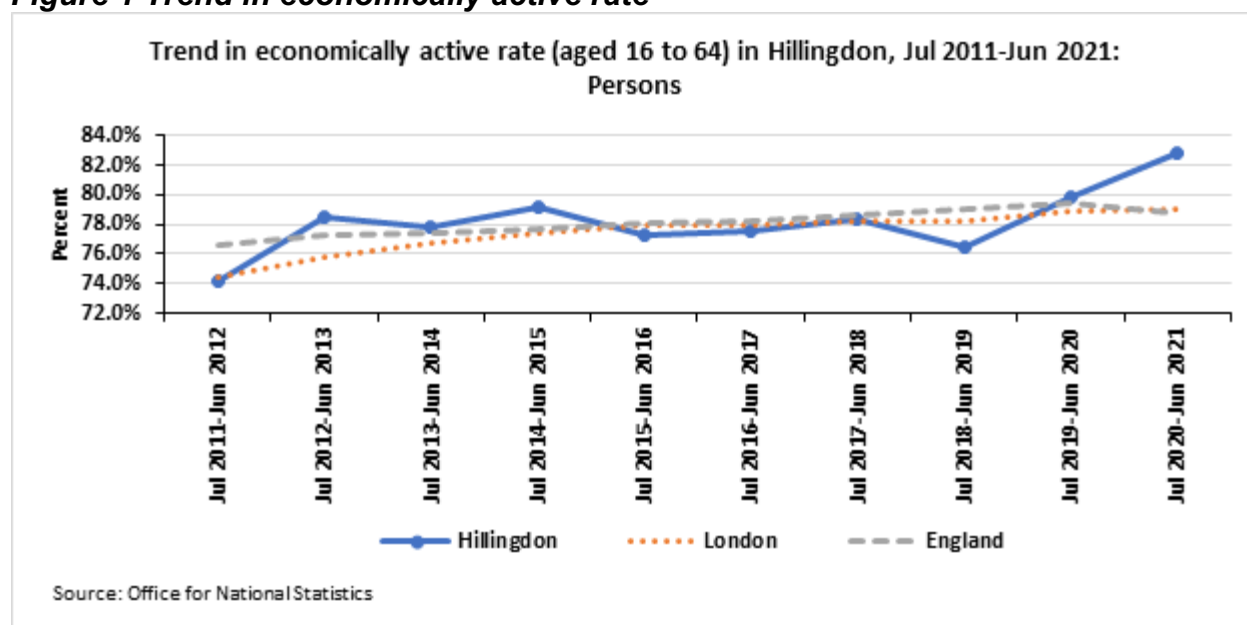
Figure 192. 5-years projection in percentage of mothers who give their babies breast milk in the first 48 hours after delivery in Hillingdon. Data Source: PHE.

6 Wider Determinants of Health

Income and Employment

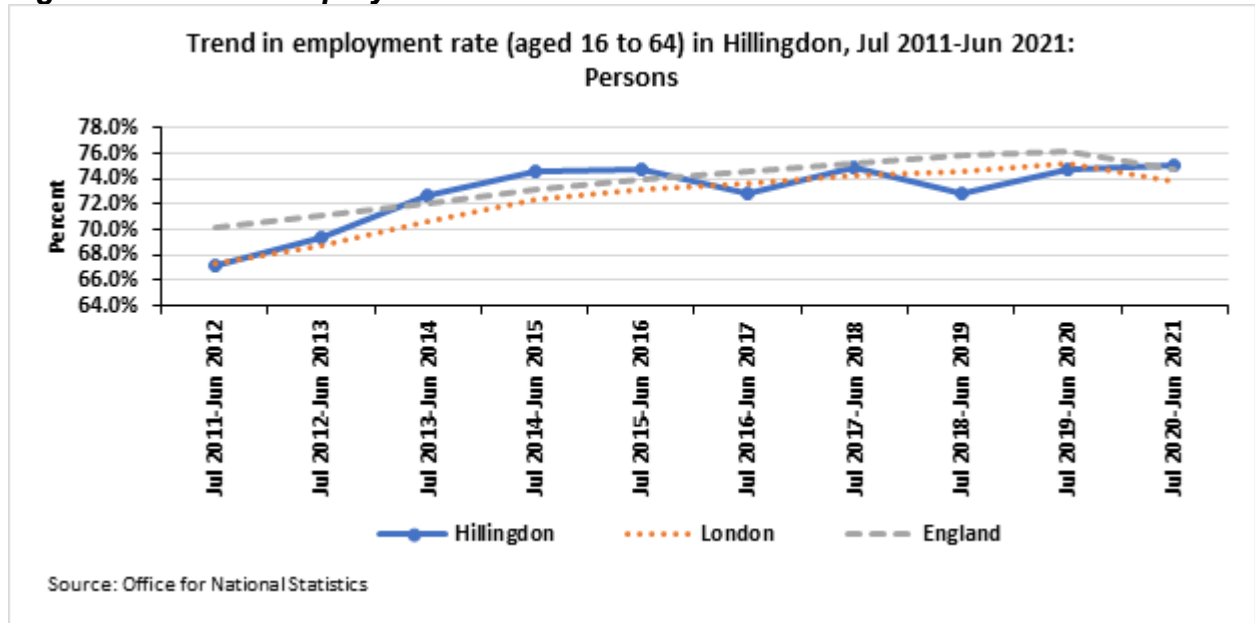
Between 2011 and 2021, the percentage of people aged 16 to 64 in Hillingdon who were economically active had increased from 74.1% in July 2011-June 2012 to 82.8% in July 2020-June 2021. The economically active rate has increased steeply from July 2018-June 2019 and was higher than London and England from June 2020.

Figure 1 Trend in economically active rate



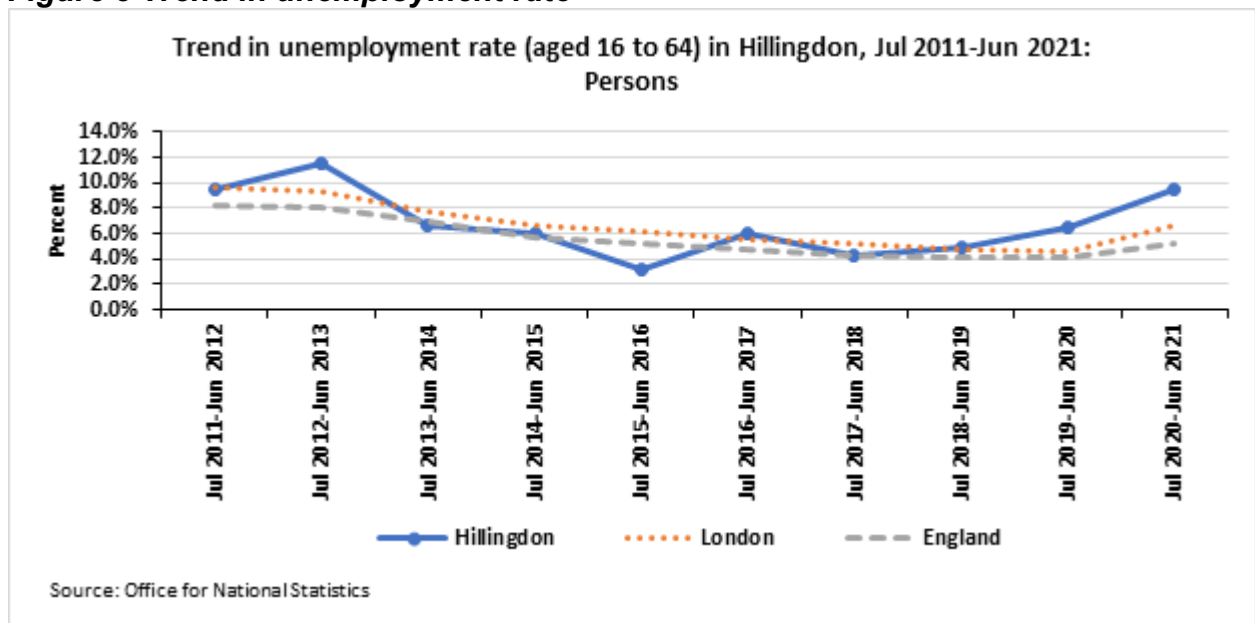
Of those who were economically active, the percentage of people in employment was similar in Hillingdon (75.0%), London (73.8%) and England (74.7%) between July 2020 and June 2021.

Figure 2 Trend in employment rate



However, 9.5% of people were unemployed in Hillingdon which was higher than the London average of 6.6% and England average of 5.2% in the same period. The unemployment rate in Hillingdon has gradually increased from July 2017 onwards.

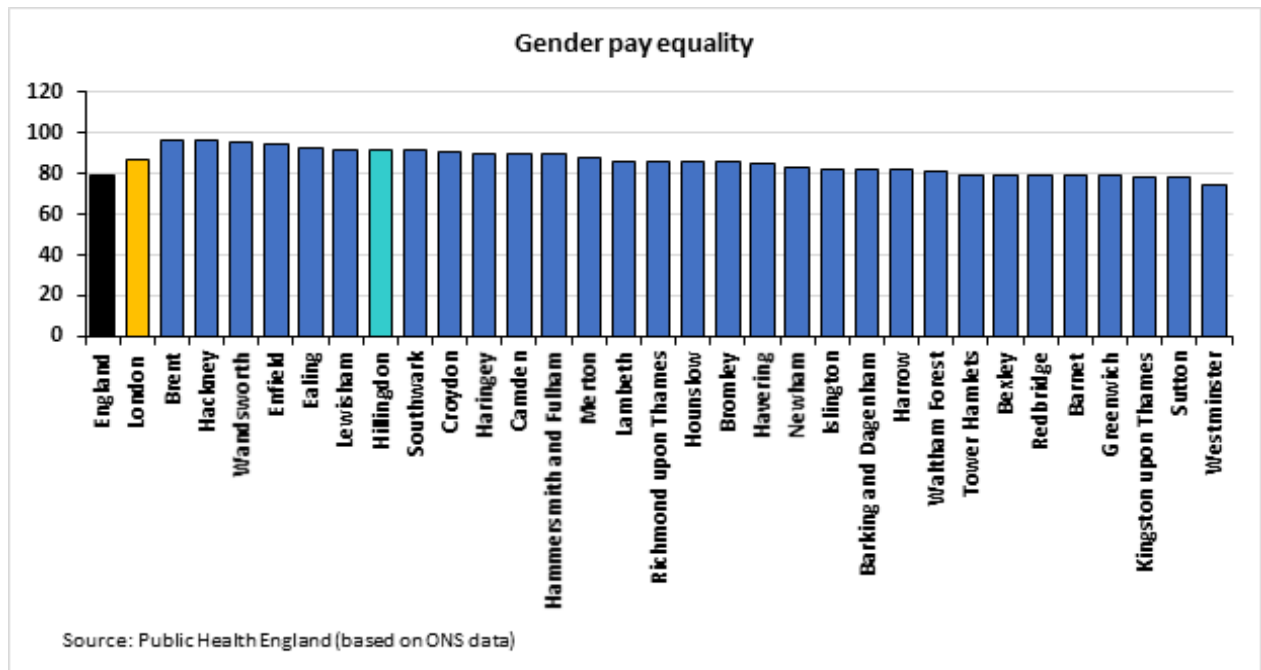
Figure 3 Trend in unemployment rate



Gender pay equality

The percentage of gender pay equality in 2015 was better in Hillingdon than England and London.

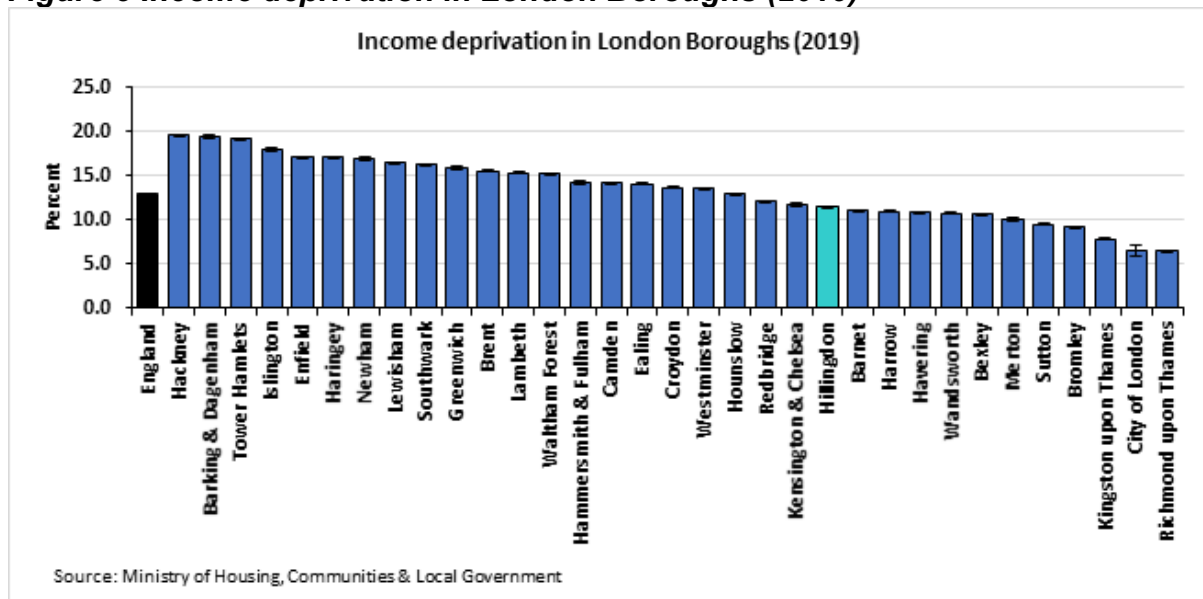
Figure 4 Percentage of gender pay equality in London Borough in 2015



Deprivation

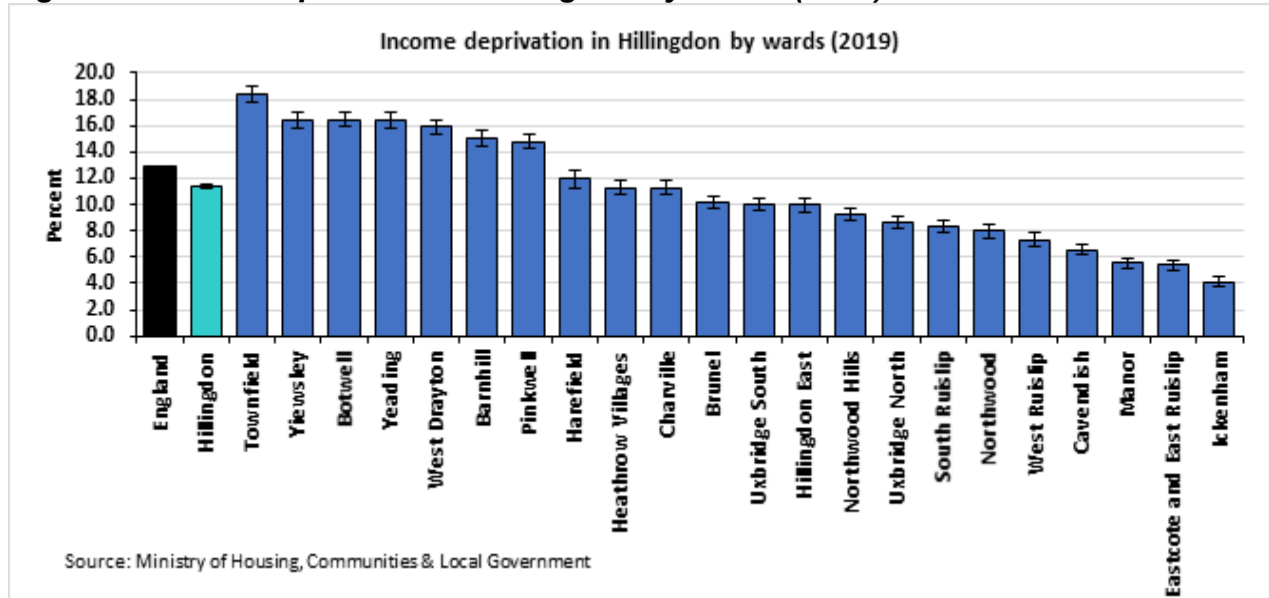
In Hillingdon, 11.4% of the population was income-deprived in 2019. Of the 316 local authorities in England (excluding the Isles of Scilly), Hillingdon is ranked 141st most income deprived.

Figure 5 Income deprivation in London Boroughs (2019)



By ward, the highest levels of income deprivation are in Townfield, Botwell, Yeading, Barnhill, Pinkwell in South Hillingdon, and Yiewsley and West Drayton in the Centre Hillingdon.

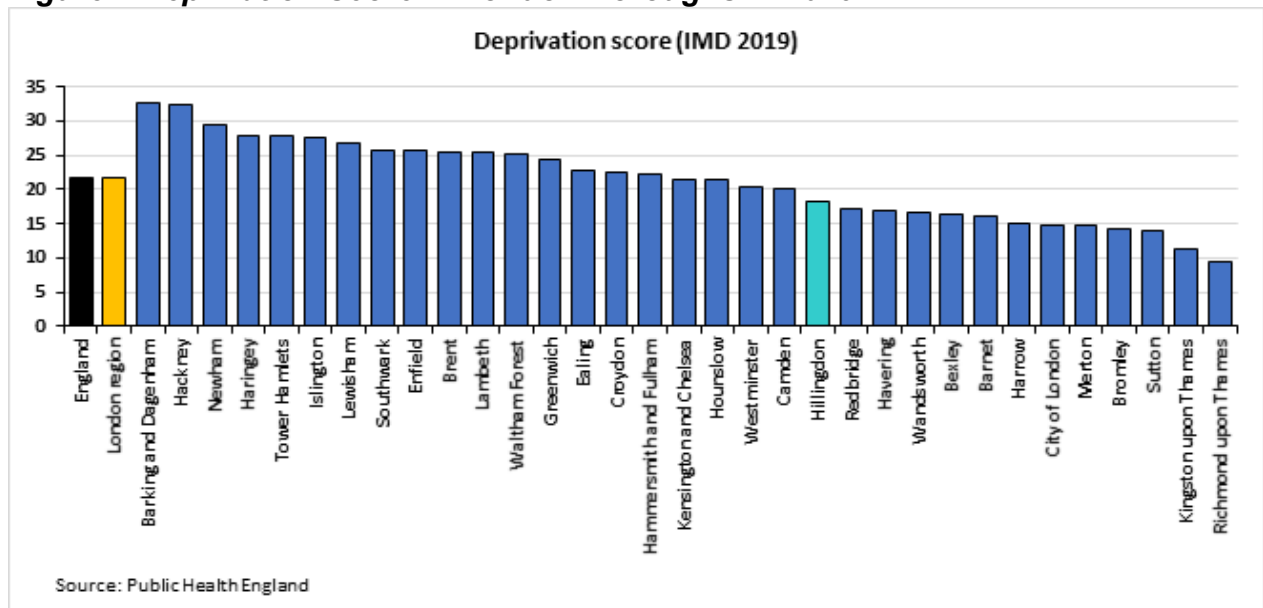
Figure 6 Income deprivation in Hillingdon by wards (2019)



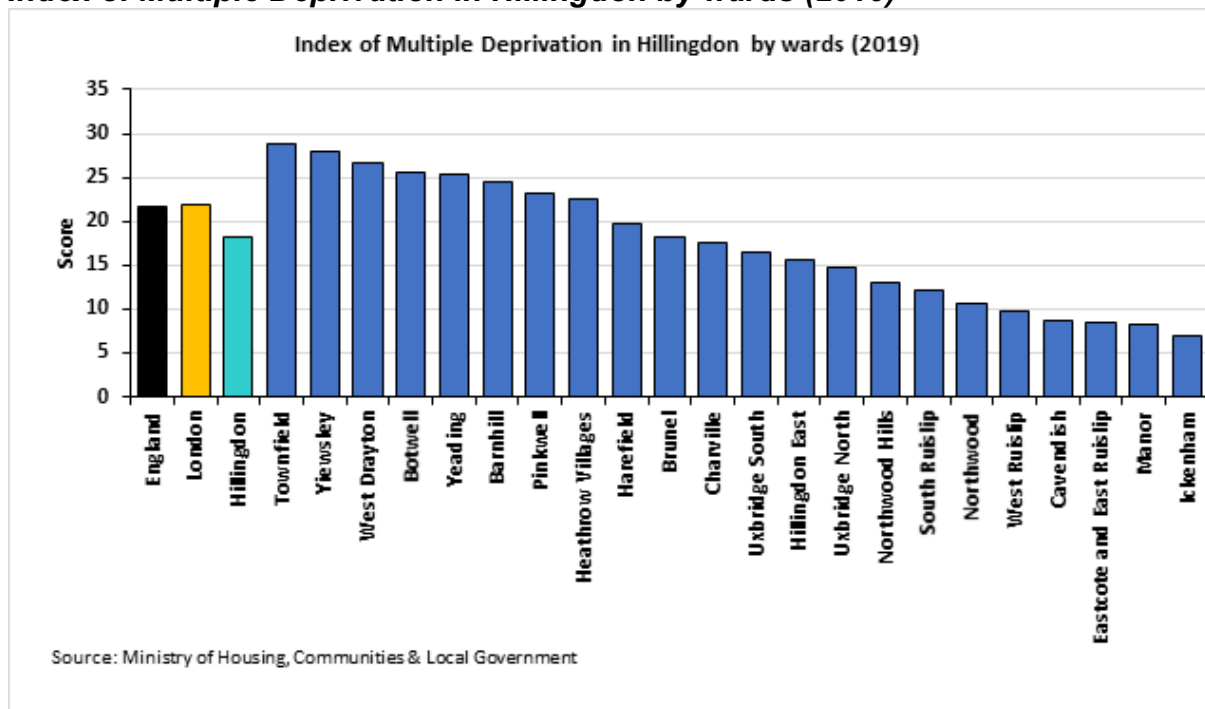
Index of Multiple Deprivation

Hillingdon was less deprived in 2019 compared to England and London.

Figure 7 Deprivation Score in London Boroughs in 2019



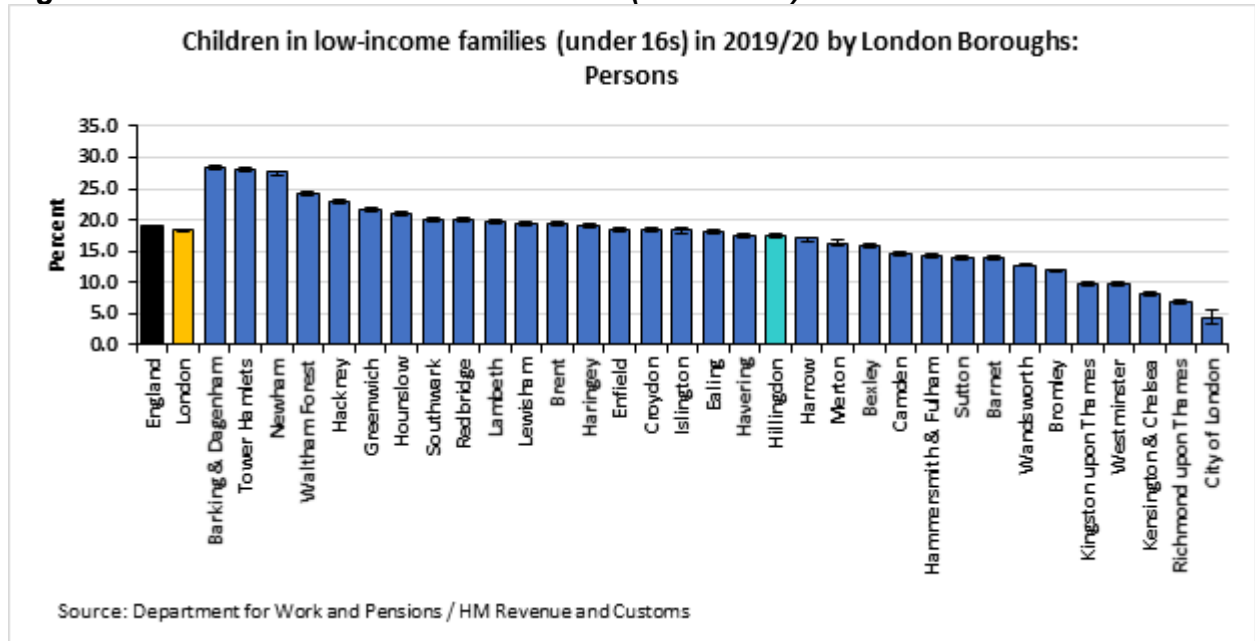
Index of Multiple Deprivation in Hillingdon by wards (2019)



Child Poverty

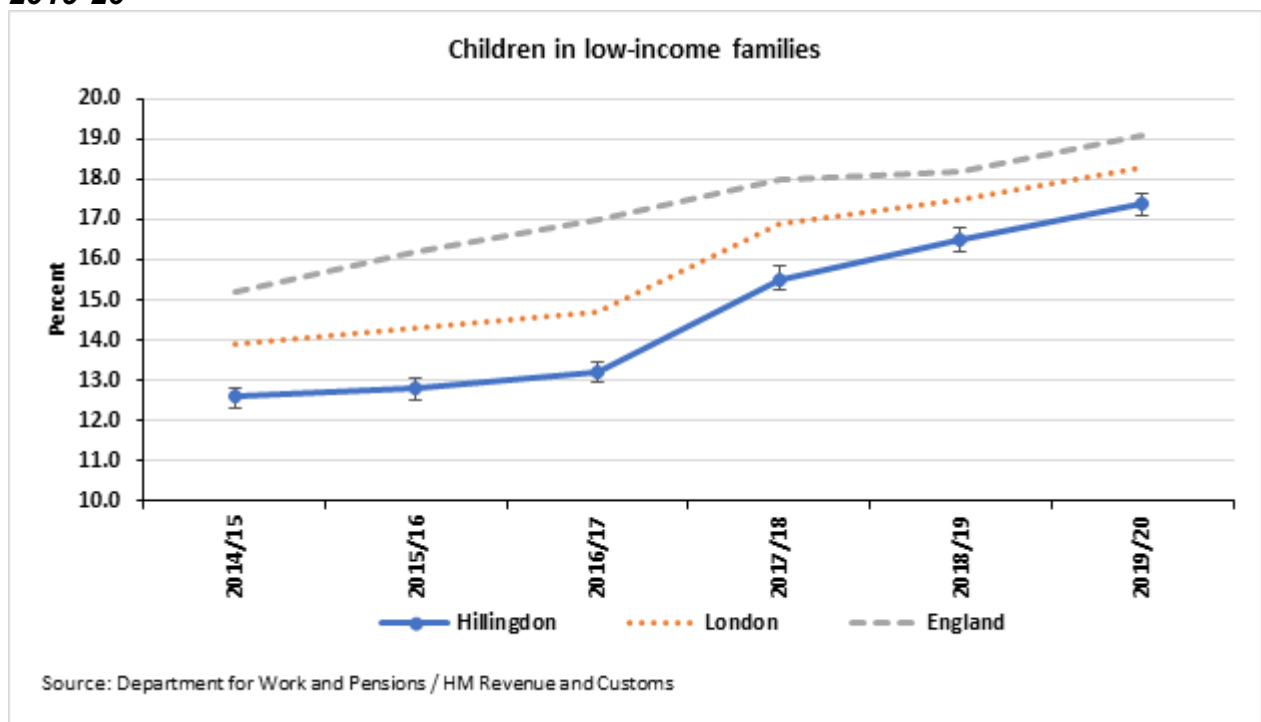
In 2019/20, there were 11,671 children under 16 in low-income families in Hillingdon; this is 17.4% of children, better than the London and England averages of 18.3% and 19.1%, respectively.

Figure 8 Children in low-income families (under 16s)



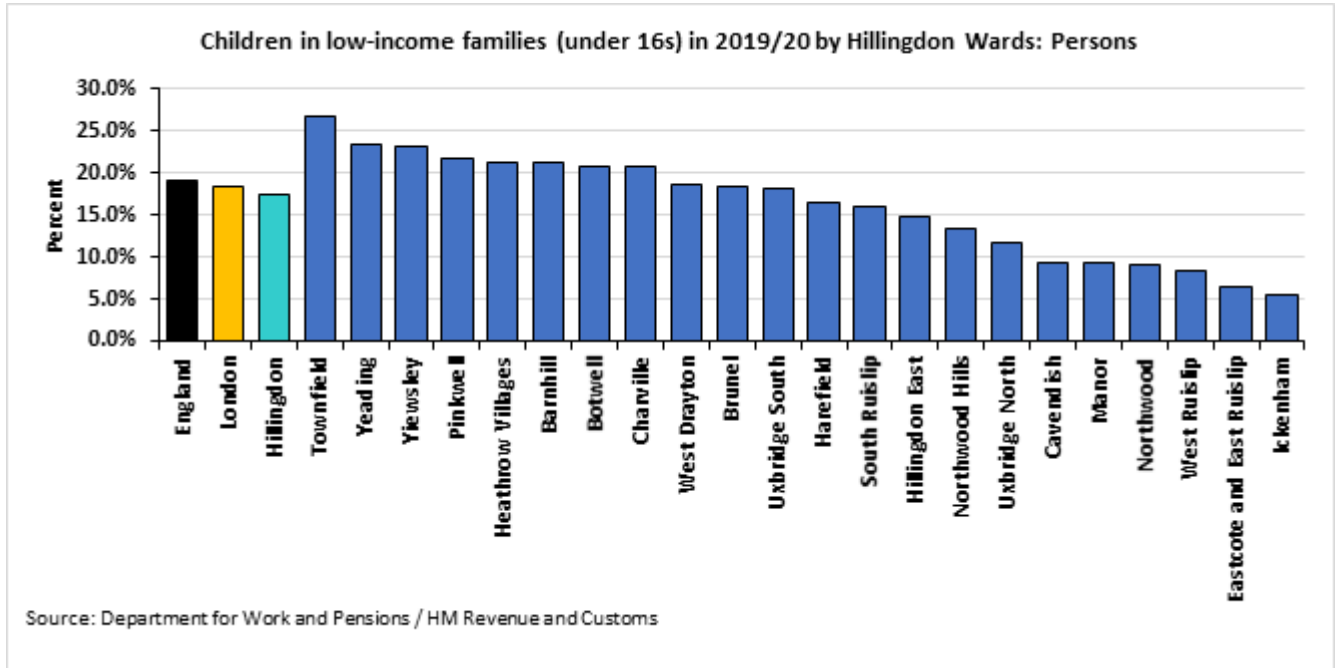
The six-year trend shows that the number and percentage of children living in low income families have an overall upward trend and this is getting worse in Hillingdon, London and nationally.

Figure 9 Trend of children in low-income families (under 16s) from 2014-15 to 2019-20



The greatest levels of child poverty are in Townfield, Yeading, Pinkwell, Heathrow Villages, Barnhill, Botwell, and Charville in South Hillingdon, and Yiewsley.

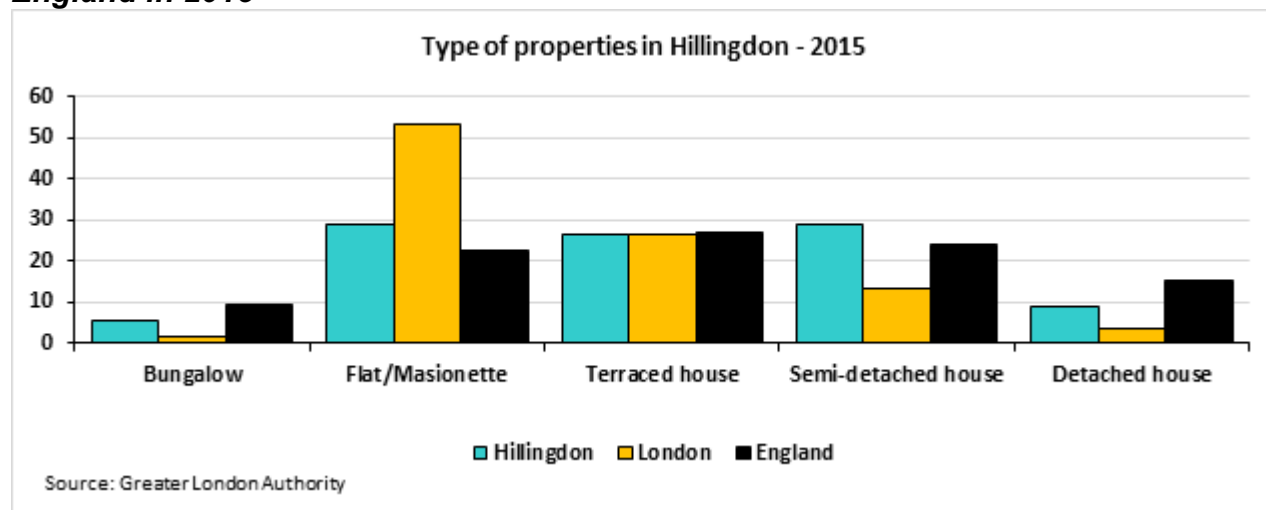
Figure 10 Children in low-income families (under 16s) in 2019/20 by Hillingdon Wards: Persons



Housing and Homelessness

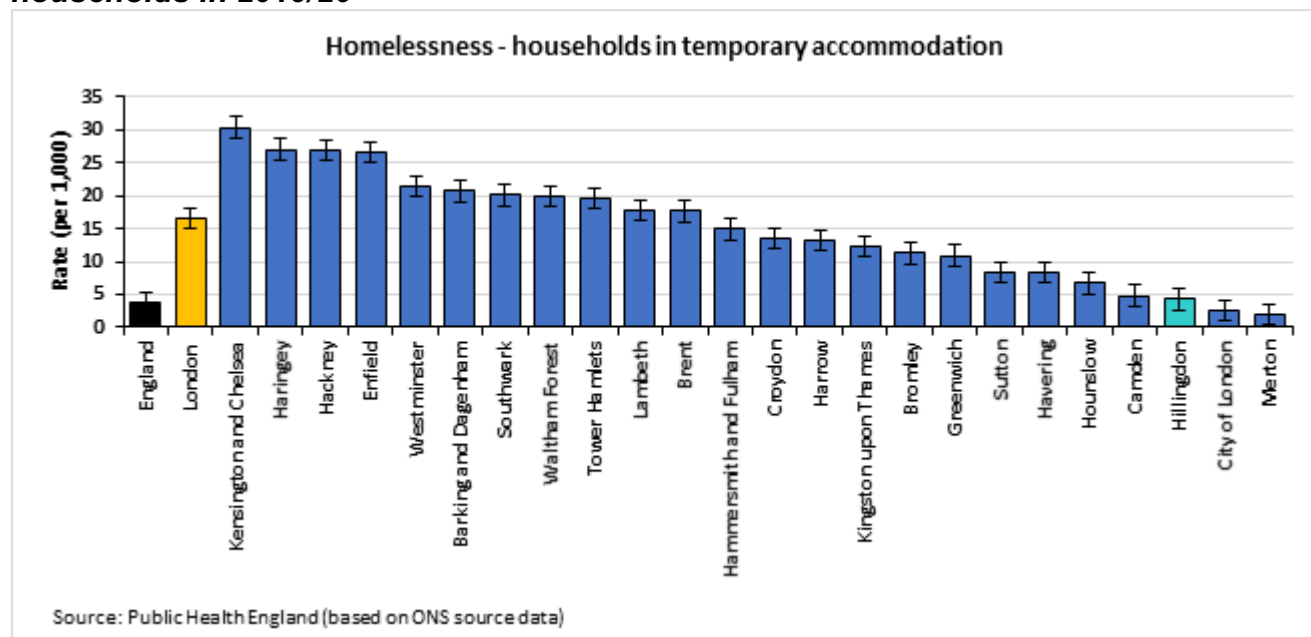
The percentage of semi-detached houses was higher in Hillingdon (29.04%) than England (24%) and London (13.3%). Also, the percentage of flat/maisonette was greater in Hillingdon (29.1) compared to England (22.4); but smaller than London (53.4). However, the percentage of terraced houses in Hillingdon (26.7) was comparable to both London (26.6) and England (26.8).

Figure 11 Types of properties (%) in Hillingdon compared to London and England in 2015



The rate of households in temporary accommodation per 1,000 households was better in Hillingdon than London but worse compared to England.

Figure 12 Households in temporary accommodation – crude rate per 1000 households in 2019/20



Statutory homelessness rate in Hillingdon is comparable to England but lower than London's rate.

Figure 13 Statutory homelessness rate per 1,000 households in 2017/2018

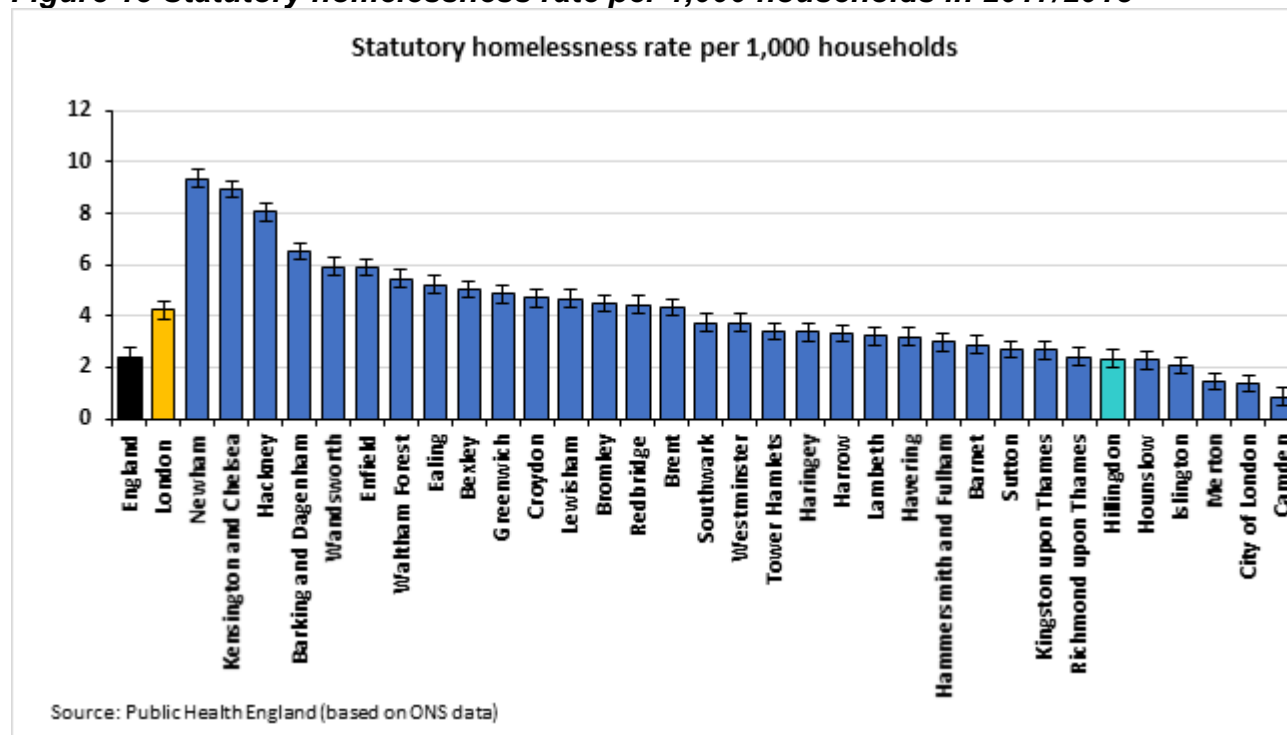


Table 4. Homelessness indicators in Hillingdon compared to London and England

Period	Homelessness indicators	Hillingdon	London	England	Compared to England	Compared to London
2019/20	Households owed a duty under the Homelessness Reduction Act	18.3616	15.26412	12.253	Worse	Worse
	Households in temporary accommodation	4.2506	16.50461	3.760492	Worse	Better
	Households with dependent children owed a duty under the Homelessness Reduction Act	22.2195	18.66118	14.94615	Worse	Worse
	Households owed a duty under the Homelessness Reduction Act (main	3.375	2.520499	2.584655	Worse	Worse

	applicant 16-24 yrs.)					
	Households owed a duty under the Homelessness Reduction Act (main applicant 55+ yrs.)	4.9968	5.571416	2.862496	Worse	Similar
2017/18	Statutory homelessness - Eligible homeless people not in priority need	0.422	0.977553	0.78545	Better	Better
	Statutory homelessness: rate per 1,000 households	2.321	4.238801	2.412179	Similar	Better
	Statutory homelessness - households in temporary accommodation	4.686	14.93438	3.404326	Worse	Better
	Family homelessness	1.9869	3.247557	1.746912	Similar	Better

Education

Level of Development

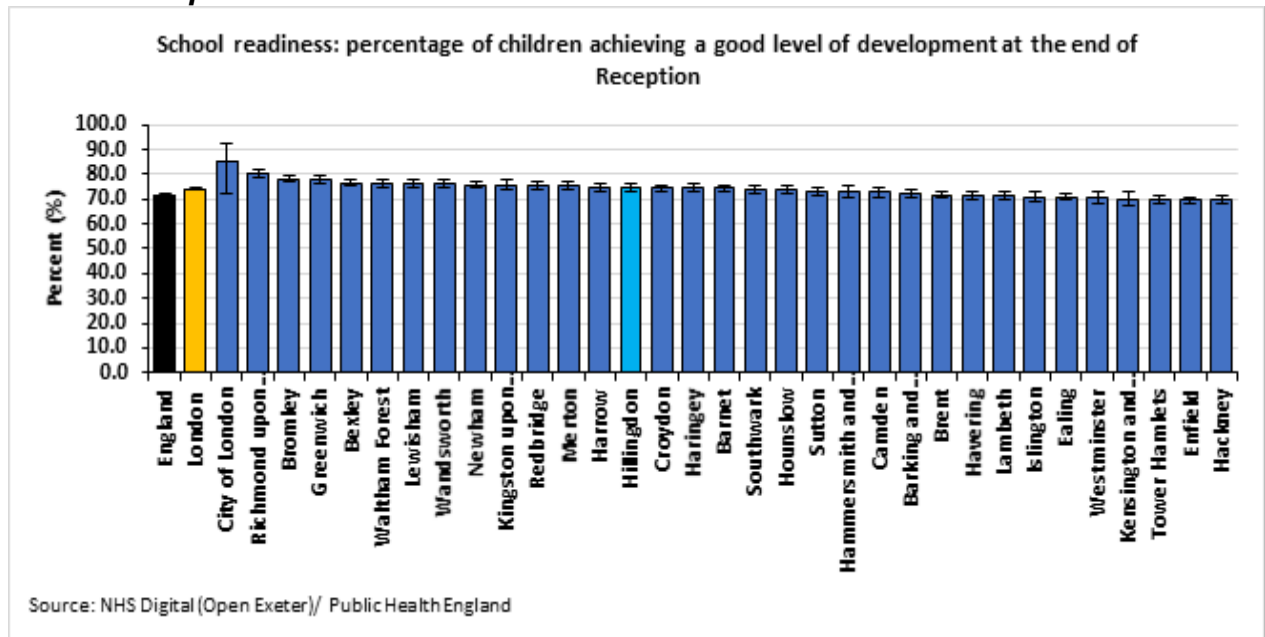
The Good Level of Development is the national benchmark for children at the end of their Reception year. It is based upon children attaining at least the expected level in the three prime areas of Communication and Language, Physical Development and Personal, Social and Emotional Development along with the Specific areas of Mathematics and Literacy.

- In 2018/19, 74.7% of Hillingdon Reception Year pupils achieved a Good Level of Development (GLD); this was above the national average of 71.8% and for the first time we have overtaken both all London and Outer London averages.
- Hillingdon ranked 3rd out of 11 statistical neighbours which is the same as 2017/18 rankings.
- Hillingdon ranked 14th (out of 33) London local authorities, which is an improvement on 2017/18 (18th)
- Hillingdon ranked 25th out of 153 national authorities, which is an improvement on 2017/18 (40th)
- Hillingdon has increased the GLD at a greater rate than both National and London rates.

Table: EYFSP (Early Years Foundation Stage Profile) 2017 to 2019				
Percentage of pupils attaining GLD				
	LBH	National	London All	London Outer
2017	73%	71%	73%	73%
2018	73.6%	71.5%	73.8%	73.8%
2019	74.7%	71.8%	74.1%	74.5%
Difference to 2018	+1.1	+0.3	+0.3%	+0.7%

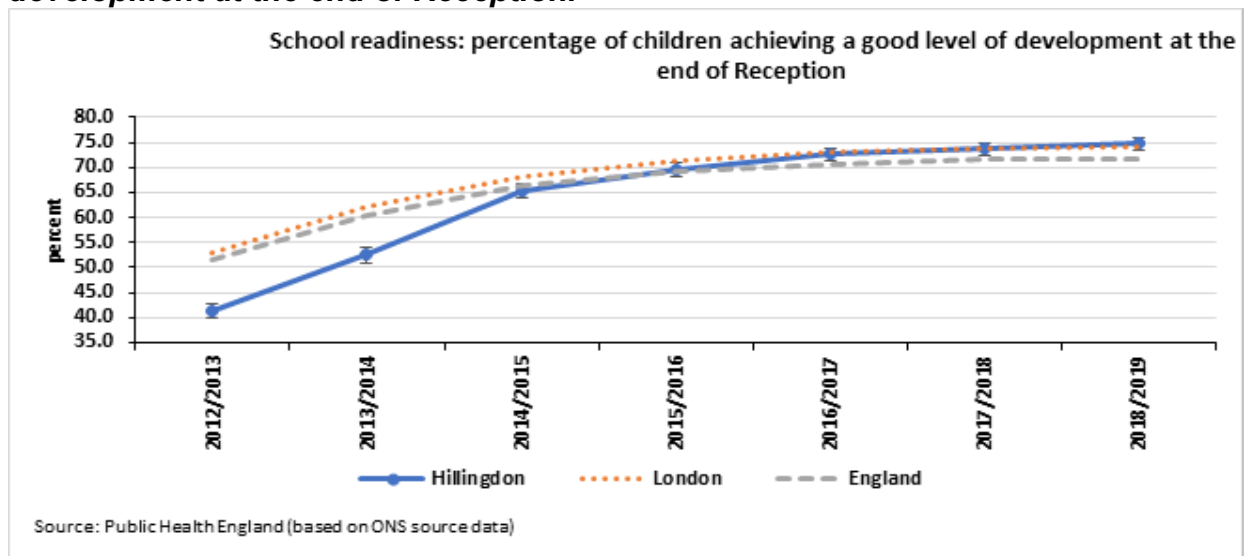
Source – EYFSP 2019_Tables_Revised_28112019 (DfE)

Figure 14 Percentage of children achieving a good level of development at the end of Reception



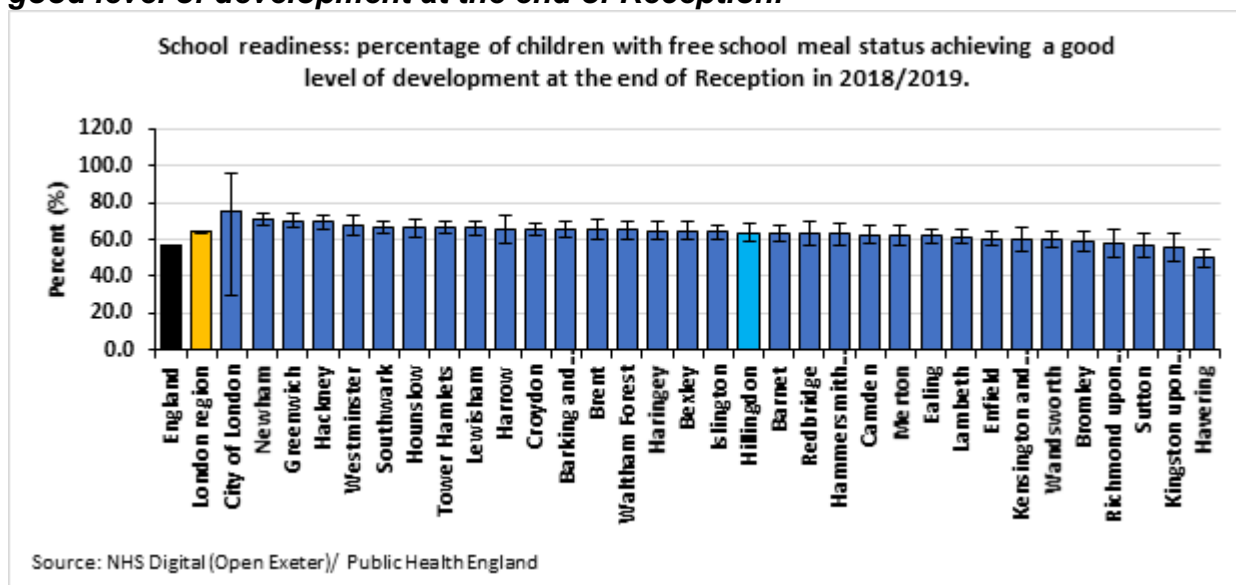
The trend from 2012/2013 to 2018/2019 shows that Hillingdon is continuously progressing in achieving a good level of development at the end of Reception which is in line with London and England.

Figure 15 Trend showing the percentage of children achieving a good level of development at the end of Reception.



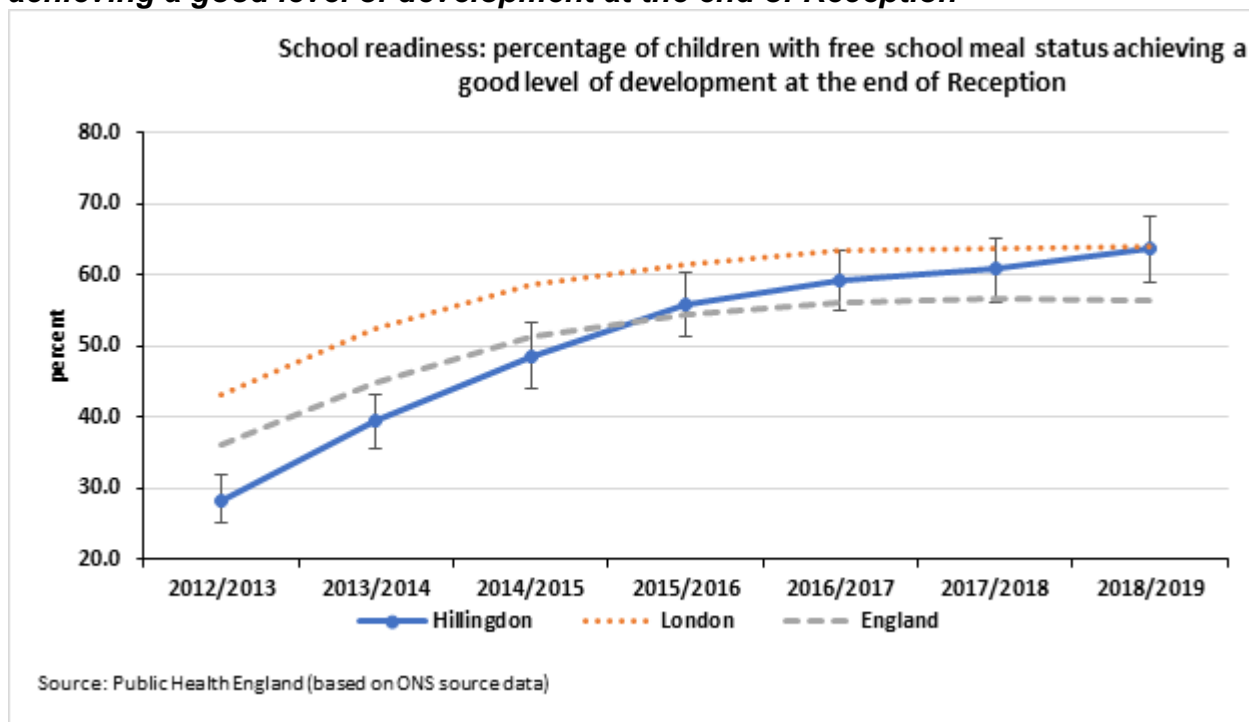
Children with free school meal status achieving a good level of development at the end of reception was higher in Hillingdon (63.7%) as compared to England (56.5%) in 2018/2019.

Figure 16 Percentage of children with free school meal status achieving a good level of development at the end of Reception.



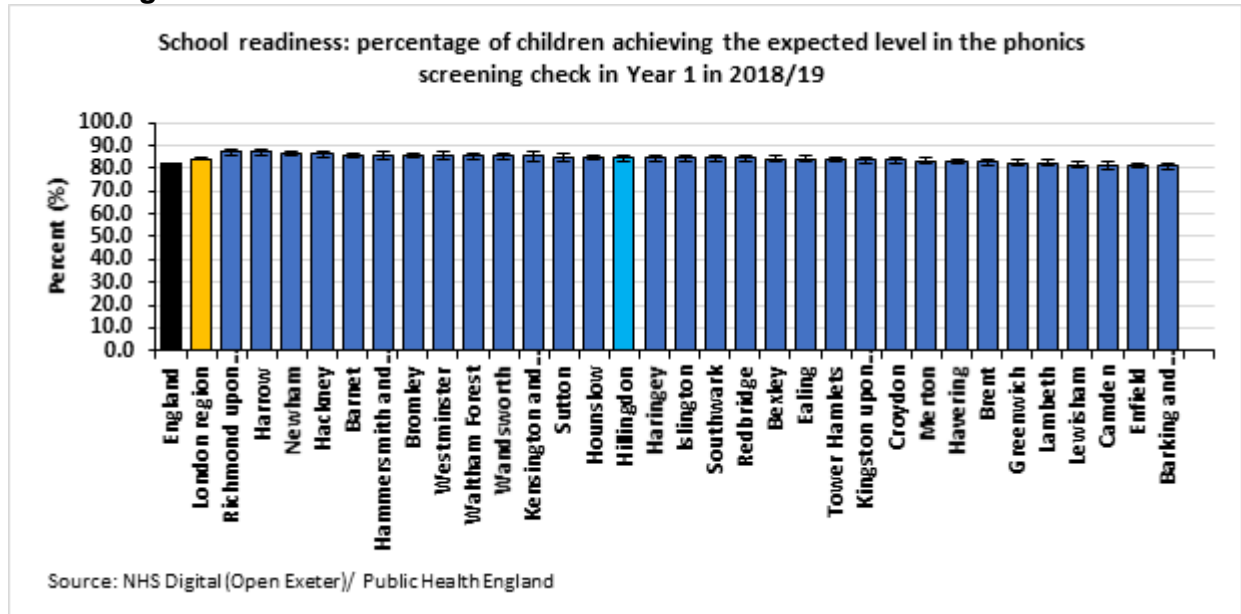
Children with free school meal status achieving a good level of development at the end of reception has increased from 28.3% during 2012 to 63.7% during 2019 in Hillingdon.

Figure 17 Trend in the percentage of children with free school meal status achieving a good level of development at the end of Reception



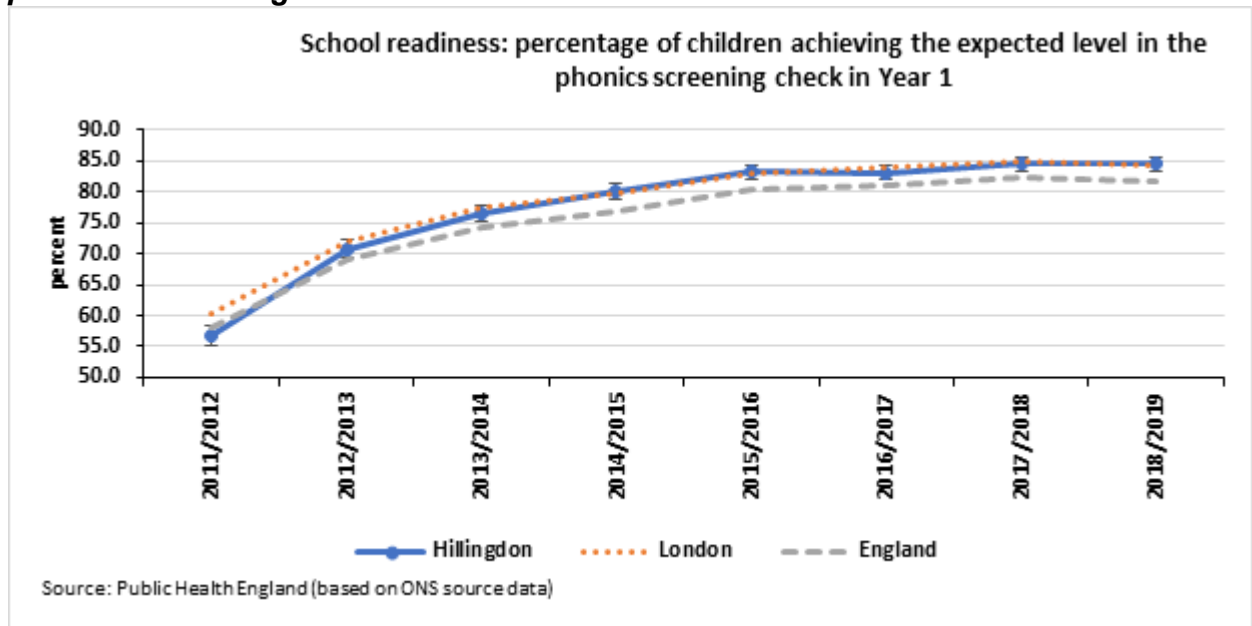
As compared to England (81.8%), more children in Hillingdon (84.5%) were achieving the expected level in the phonics screening check in Year 1 in 2018/2019.

Figure 18 percentage of children achieving the expected level in the phonics screening check in Year 1 in 2018/2019.



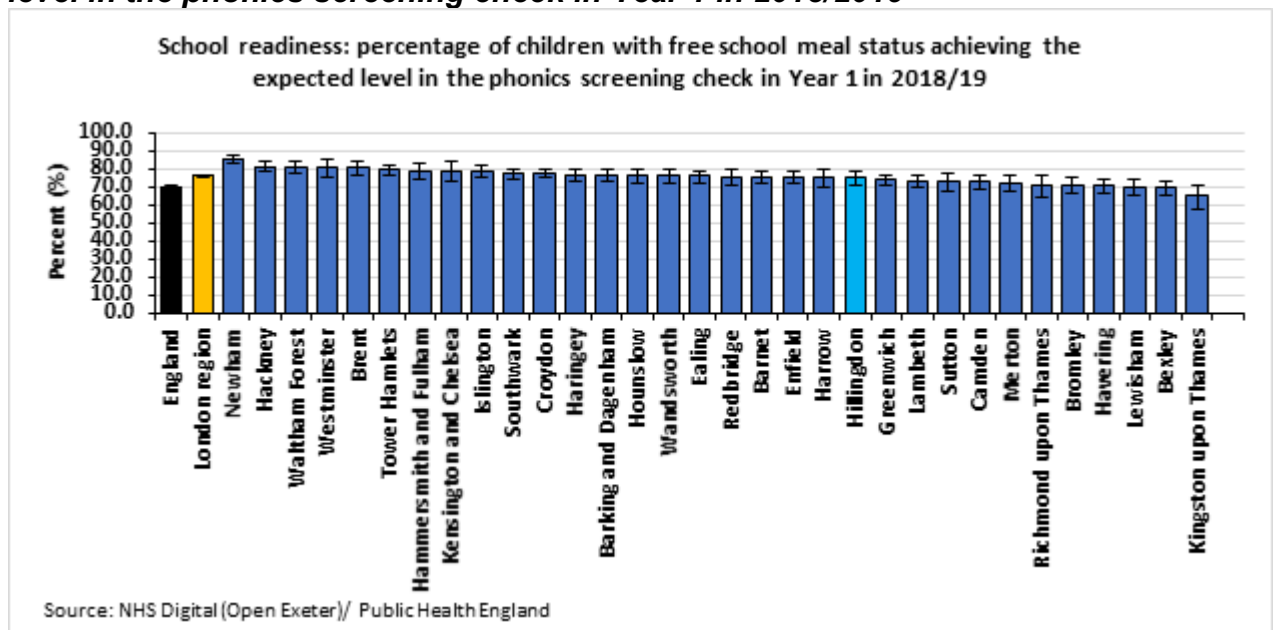
The proportion of children achieving the expected level in the phonics screening check in Year 1 has increased from 2011/2012 (56.9%) to 2018/2019 (84.9%) which is in line with England and London.

Figure 19 Trend in percentage of children achieving the expected level in the phonics screening check in Year 1.



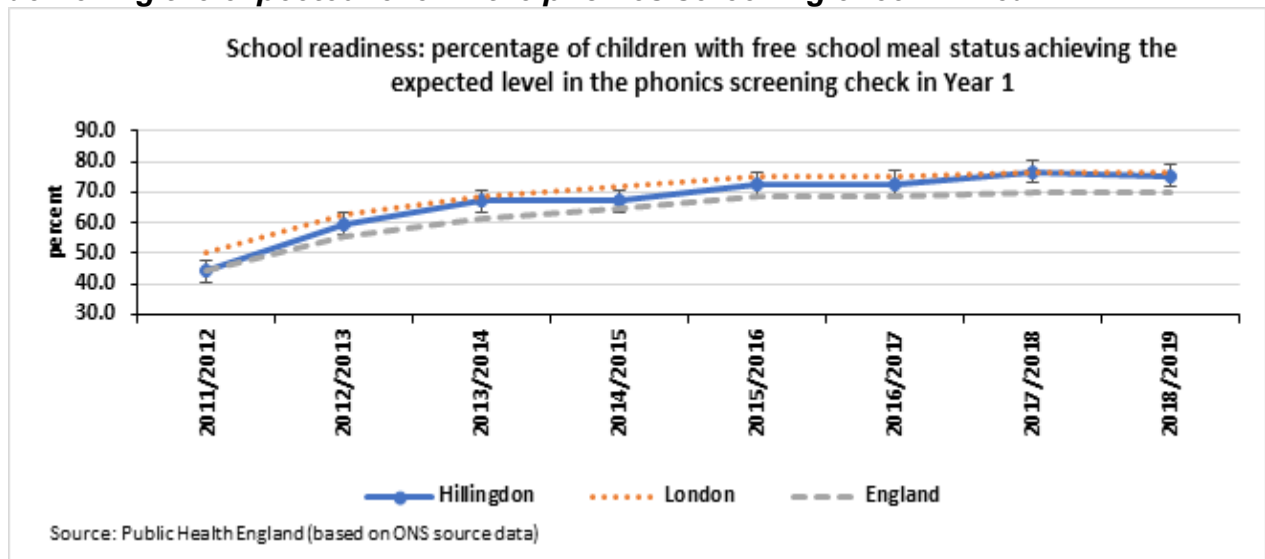
As compared to England, a higher proportion of children with free school meal status are achieving the expected level in the phonics screening check in Year 1 in 2018/2019 (70.1% vs 75.1%).

Figure 20 Percentage of children with free meal status achieving the expected level in the phonics screening check in Year 1 in 2018/2019



Based on the trend from 2011/2012 to 2018/2019, the percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1 is increasing and improving which is in line with England and London.

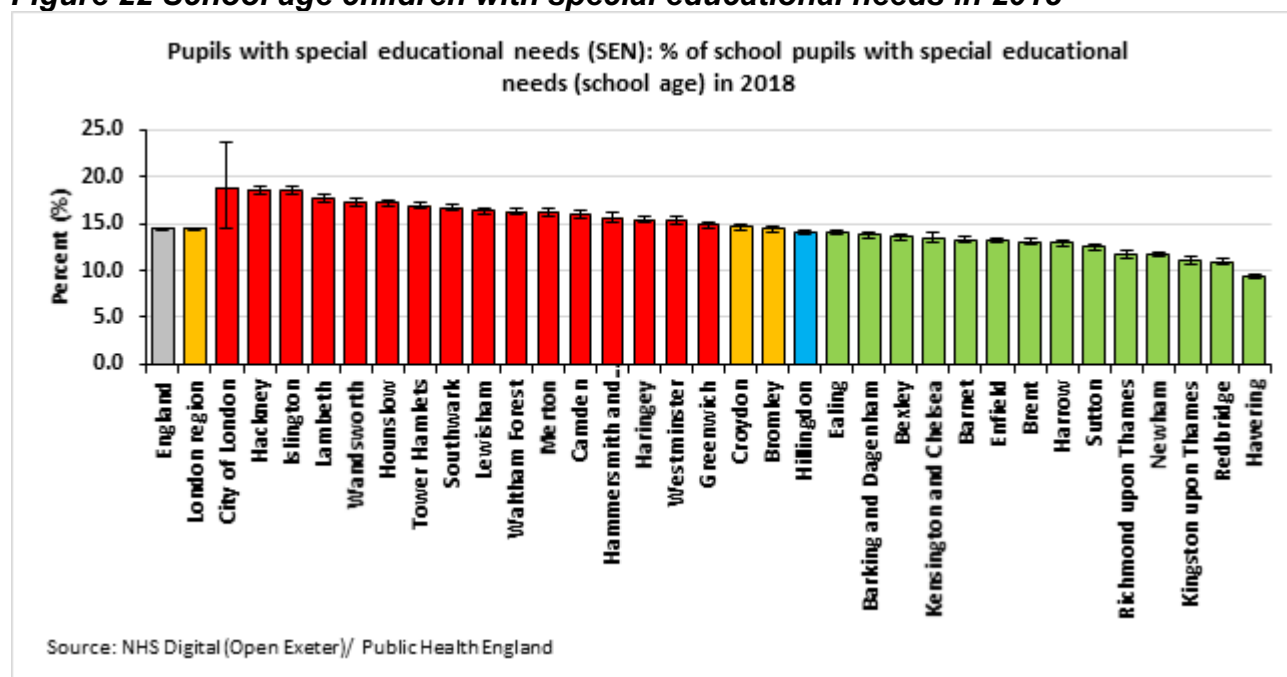
Figure 21 Trend in the percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1.



Special Educational Needs

The percentage of school age children with special educational needs in Hillingdon was similar to England (14%) in 2018.

Figure 22 School age children with special educational needs in 2018



GCSE Attainment

Due to the pandemic, exam results at both KS2 and KS4 have not been released. The figures below are the last nationally available data.

Key Stage 4	Hillingdon			National			London		
	%			%			%		
Subject	2018	2019	2020	2018	2019	2020	2018	2019	2020
New from 2017: 9 to 4 pass in English and Maths*	67 (+0.2)	68 (+1)	75.1	64.4 (+0.2)	64.9 (+0.5)	71.2	67.9 (-)	68.7 (+0.8)	75
NEW from 2017: 9 to 5 (strong) pass in English and Maths	47.7 (+2.4)	46.7 (-1)	55.1	43.5 (+0.6)	43.4 (-0.1)	49.9	48.7 (+0.5)	49 (+0.3)	55.4

New from 2017 = % EBacc 9-4 PASS	27.5 (+0.3)	27.3 (-0.2)	33.6	24.2 (+0.3)	25.1 (+0.9)	29.8	32.8 (+0.8)	33.8 (+1)	40.6
NEW from 2017 % EBacc 9-5 Strong pass	18.7 (-5.3)	19.7 (+1)	24.2	16.8 (- 4.6)	17.2 (+0.4)	21.3	23.4 (- 5.6)	24 (+0.6)	29.3
Average Progress 8 score	0.15 (+0.0 1)	0.11 (- 0.04)	N/A *	-0.02 (+0.01)	-0.03 (-0.01)	N/A*	0.02 (+0.01)	24 (+0.6)	N/A*
Average attainment 8 score per pupil	47.8 (+0.7)	47.7 (-0.1)	52.1	46.6 (+0.2)	46.8 (+0.2)	50.2	49.4 (+0.5)	49.7 (+0.3)	53.2

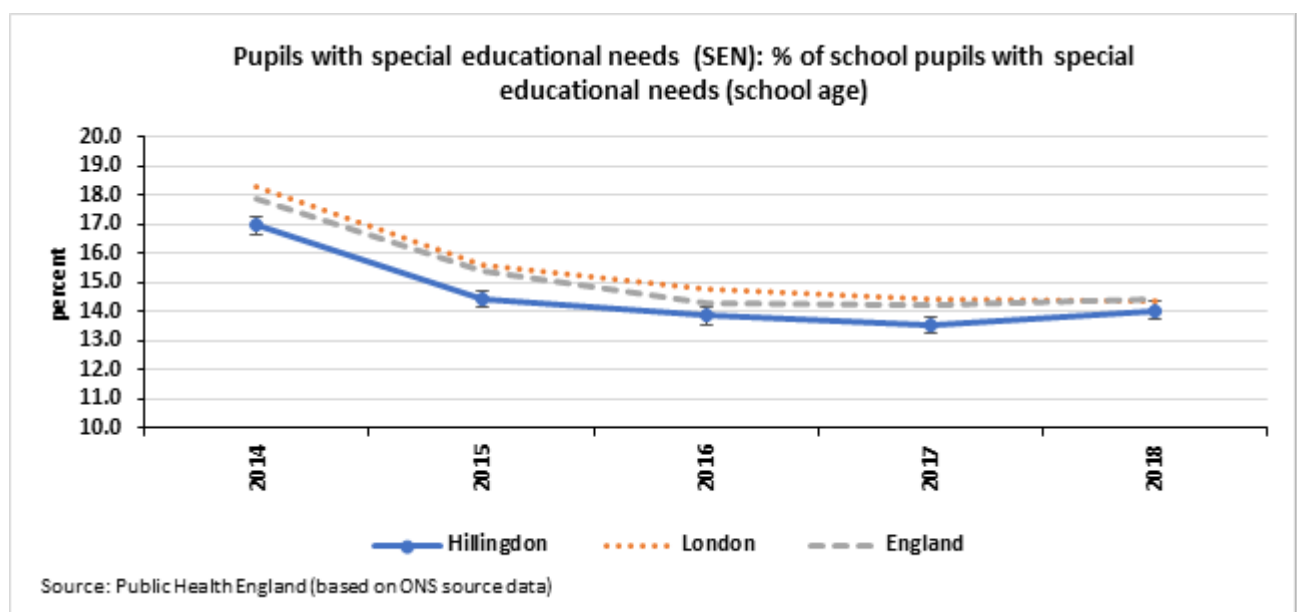


Figure 35. Trend of school age pupil with special educational needs from 2014 to 2018 in Hillingdon, London and England.

The percent of primary school age pupils with special educational needs in 2018 is almost similar in England and Hillingdon, 13.8% and 13.5%, respectively.

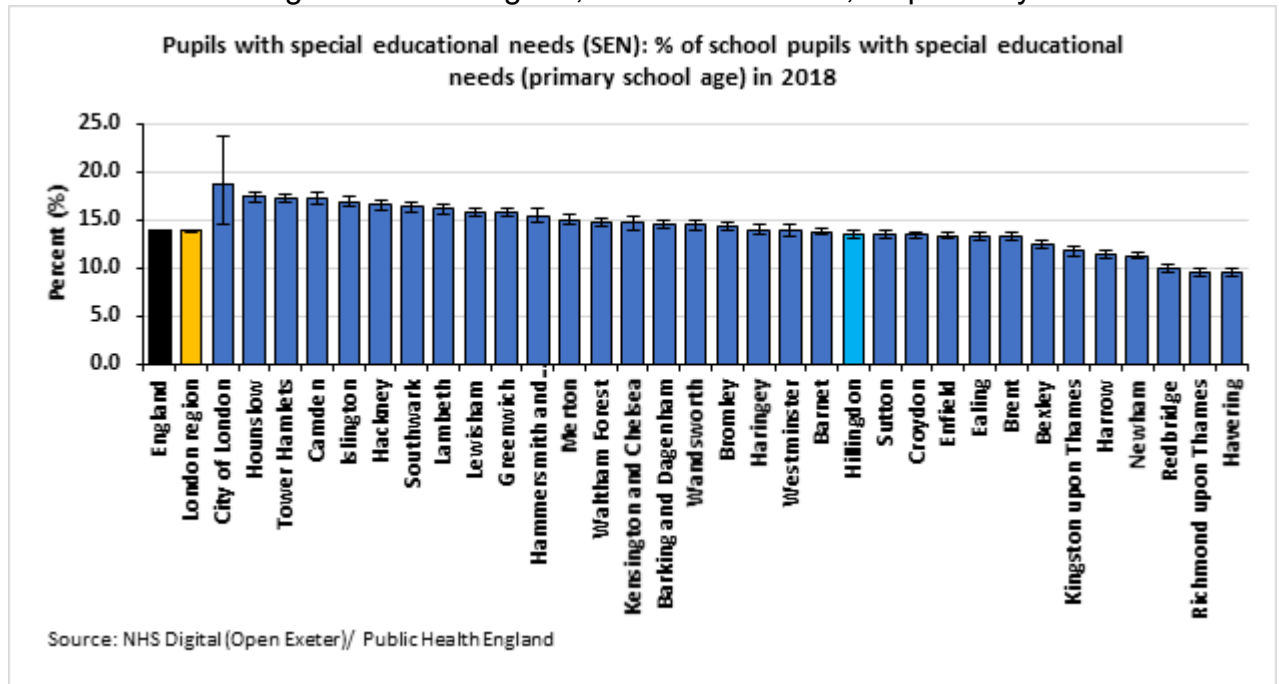


Figure 36. Primary school pupils with special education needs in 2018

The trend for primary school age pupils with special educational needs has decreased from 2014 to 2018 which is in line with England and London.

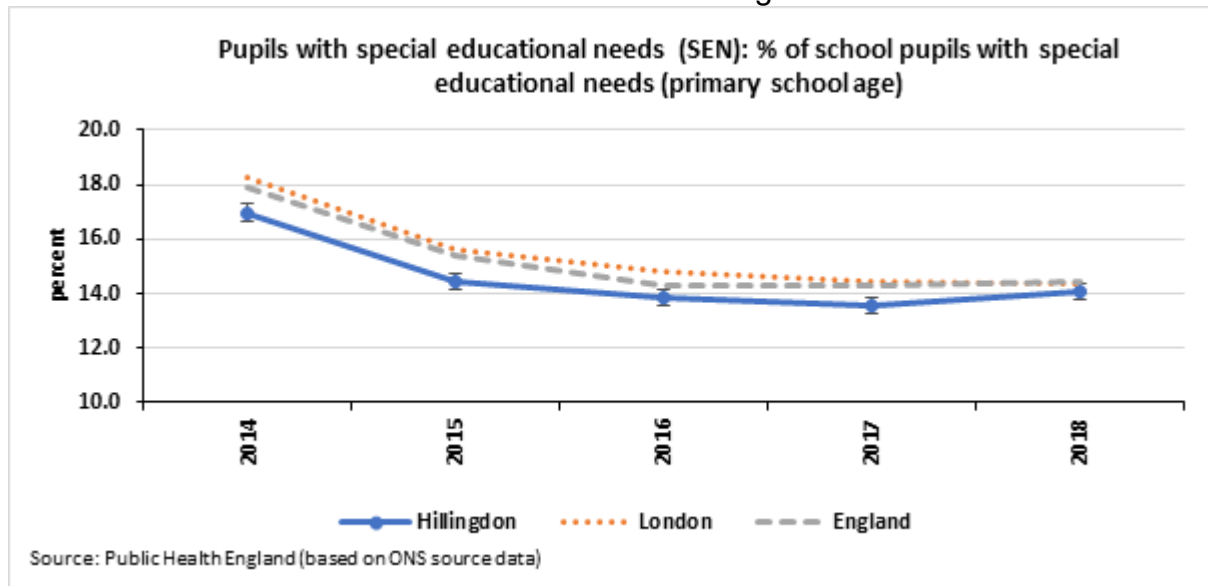


Figure 37. Trend of Primary school age pupils with special educational needs from 2014 to 2018

The percentage of secondary school age pupils with special educational needs are lower in Hillingdon (10.9%) than England (12.3%) in 2018.

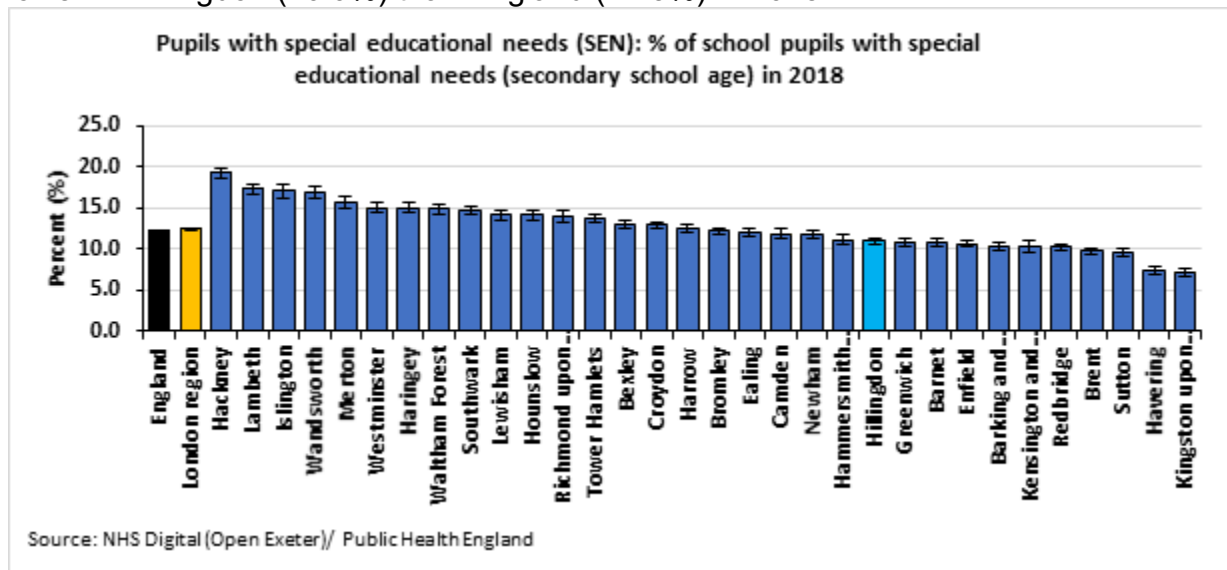


Figure 38. Secondary school age pupils with special educational needs in 2018

The 3-years trend shows the percent of secondary school pupils with special educational needs has decreased from 2016 to 2018.

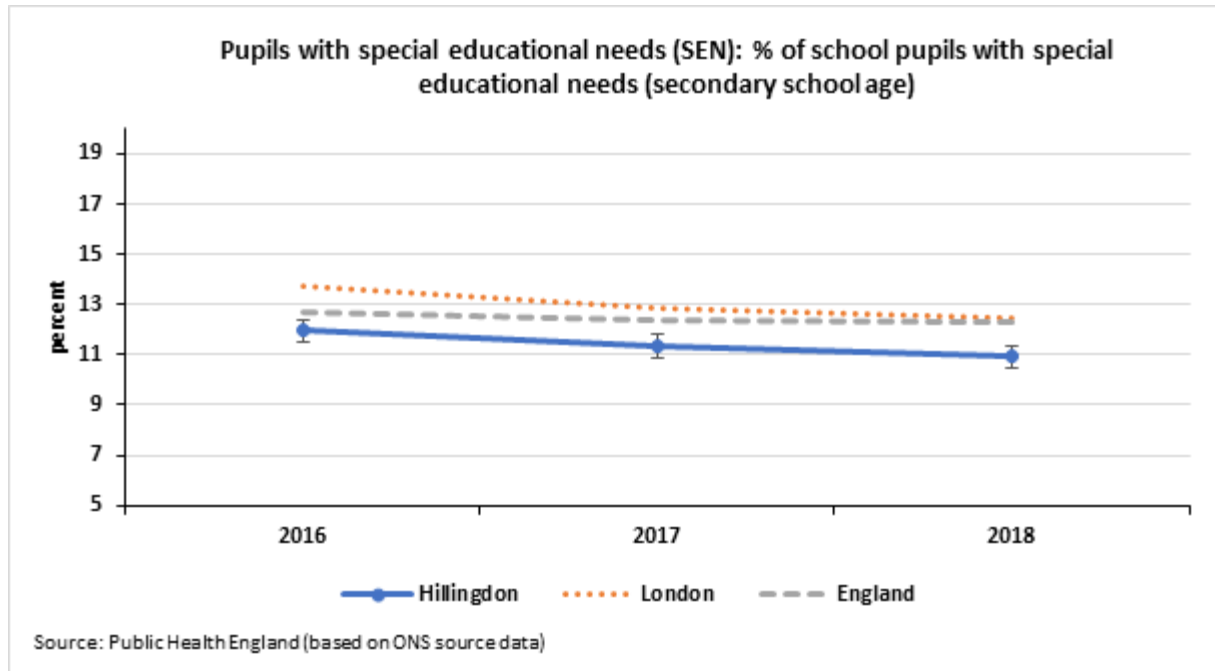


Figure 39. Trend of secondary school age pupils with special educational needs from 2016 to 2018

School attendance

It is worth noting that during the last academic year, attendance monitoring was based on schools self-reporting via the DfE Portal daily. The Participation Team contacted schools weekly to prompt engagement with this data capture, however not all schools did so consistently. The attendance data captured for this academic year is therefore not fully accurate and is based only on those schools self-reporting. It does however provide an average snapshot of attendance across the academic terms.

	Autumn Term 2020	Spring Term 2021	Summer Term 2021
Average daily attendance of all pupils in state schools	84.7%	76.1%	85.6%
Average daily attendance of pupils with an EHCP	81.3%	72.8%	87.7%
Average daily attendance of pupils with a social worker	77.4%	74.6%	84.7%

This data shows that attendance in the autumn and summer terms was consistent and in line with figures reported nationally. Whilst data for the Spring term was also in line with national figures, it is clear attendance was lower during this period across all cohorts. This is due to the second lockdown which came into force from 1st January 2021 until 7th March 2021. During this year, the Government disapplied the statutory enforcement element for school attendance from 1 September 2020 until 7 March 2021.

The following table provides an overview of overall absence for LBH relative to National.

Data Set 19 - Table: Attendance rates	Hillingdon		National	
	2019/2020	2020/2021	2019/2020	2020/2021
State funded schools absence -Primary	4.2	4.3	3.8	3.6
State funded schools absence - Secondary	8.0	5.6	7.3	5.4
State funded schools absence -overall	4.9	4.9	4.5	4.6
Persistent absentees* - Primary	10.7	9.5	13.2	11.8

Persistent absentees* - Secondary	15.6	13.0	15.2	14.4
Persistent absentees* - overall	12.9	11.2	13.2	11.8

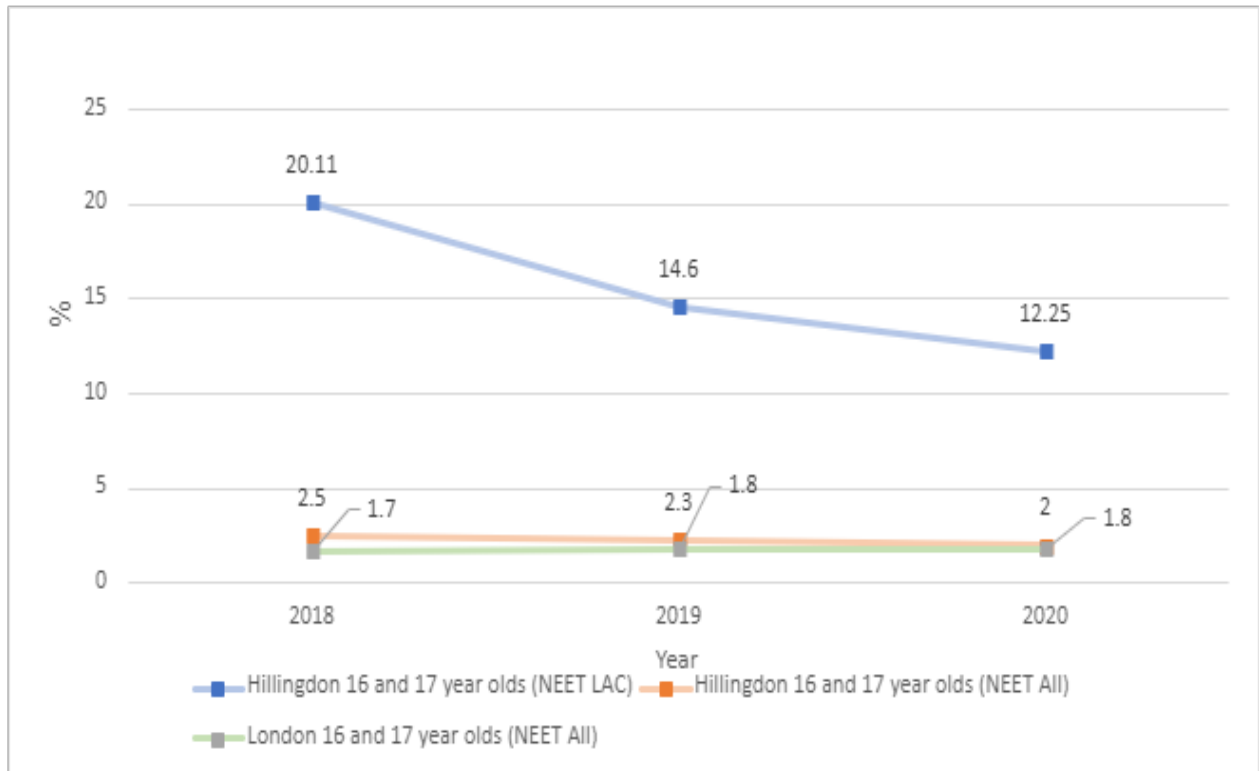
Children not in Education or Training (NEET)

2021 saw a slight increase in the number of young people on the Virtual School's roll who were reported NEET (out of education or training for more than 1 calendar month) throughout the academic year.

	2018-19	2019-20	2020-21
NEET Average %	14.6	12.04	12.3
Minimum %	9.9	9	8.6
Maximum %	23.4	15.8	17

Whilst the number of 16-17 NEET young people in Hillingdon remains in line with other London boroughs, the number of LAC in Hillingdon who are NEET is proportionally higher.

However, over the last three years there has been a significant improvement in the number of young people engaging with education or training, hence the NEET percentage is in general decline and moving closer to national outcomes.



- Proportion of young people who are NEET

Data Set 18a - Table:	Hillingdon		Regional (West London Partnership)		National (England)	
	July 2020	July 2021	July 2020	July 2021	July 2020	July 2021
NEET	2.4% (164)	1.6% (111)	1.70%	1.4%	3.3%	3.0%
Not Known	1.8% (123)	2% (138)	1.1%	1.1%	2.9%	2.3%
In Learning Level	96.3% (6763)	95.6% (6470)	96.8%	97.3%	91.7%	92.5%

Source - West London Partnership Figures July 2021

1. The 2020 Activity Survey EET figure is 95.9%. This is in line with the 2019 figure which is a considerable improvement on the 92.7% recorded in 2018.
2. September Guarantee statistics for 2021 were 96.8%, a 5.1% increase on 2020. This is a huge achievement considering the difficulties faced by schools, providers, officers and young people's heightened anxiety surrounding Covid.

3. NEET levels have remained consistently low and expected to come in below target (2.5%) at 1.6%.