

Joint Strategic Needs Assessment 2022

Section 4: Health conditions and mortality



4 Health Conditions and Mortality

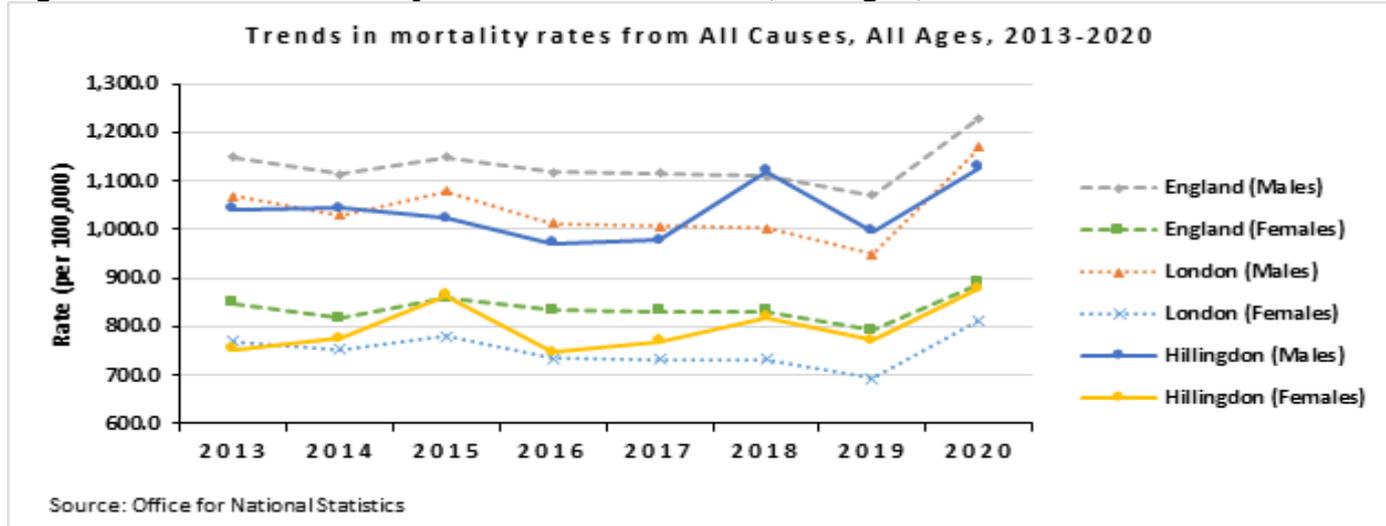
Health outcomes projections

- 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

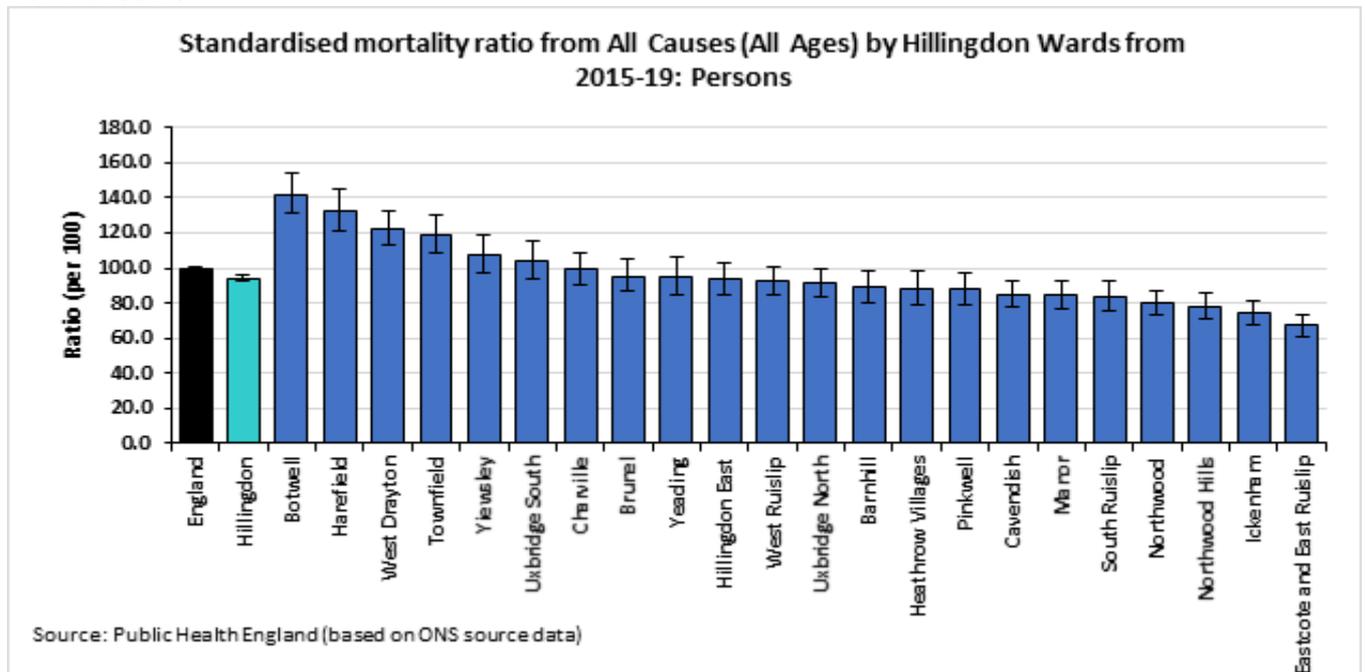
There are differences in mortality rate from all causes, for all ages by gender. Overall, males have a higher mortality rate than females in all areas. The mortality rate for males in Hillingdon in 2020 was similar to the London average but lower than the England average. However, the rate for females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

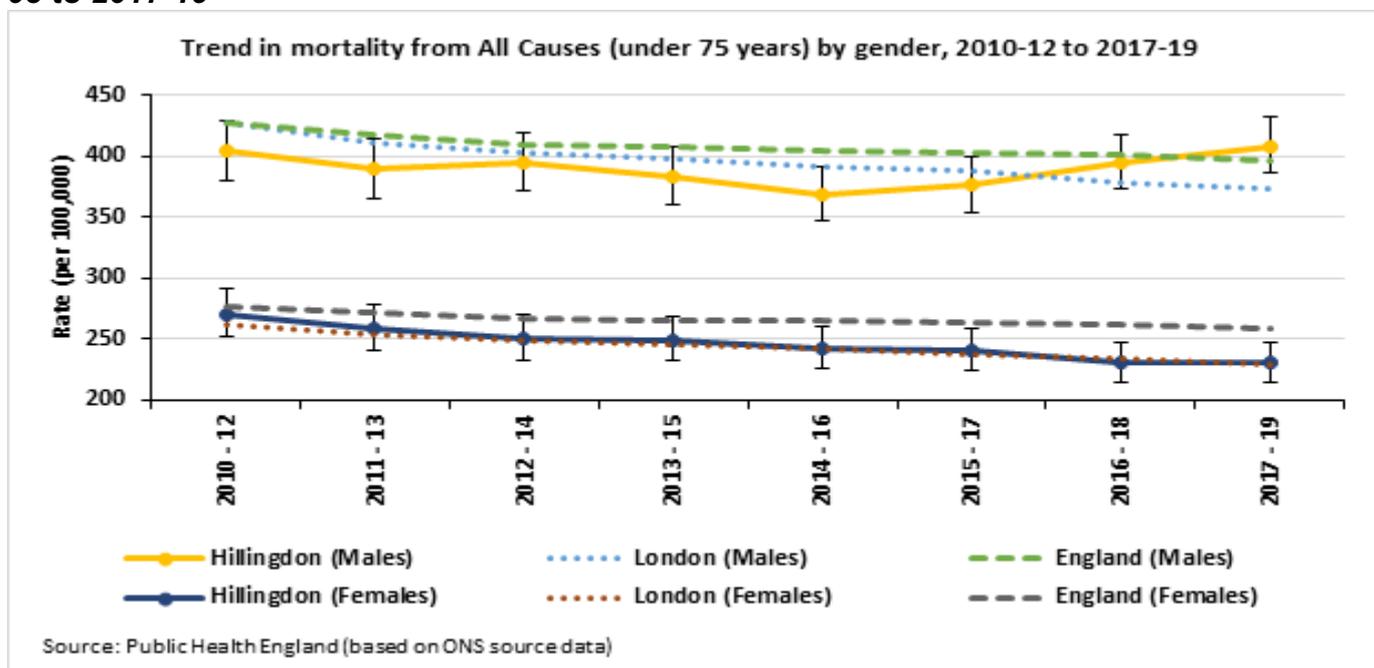


Early (Premature) Mortality

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).

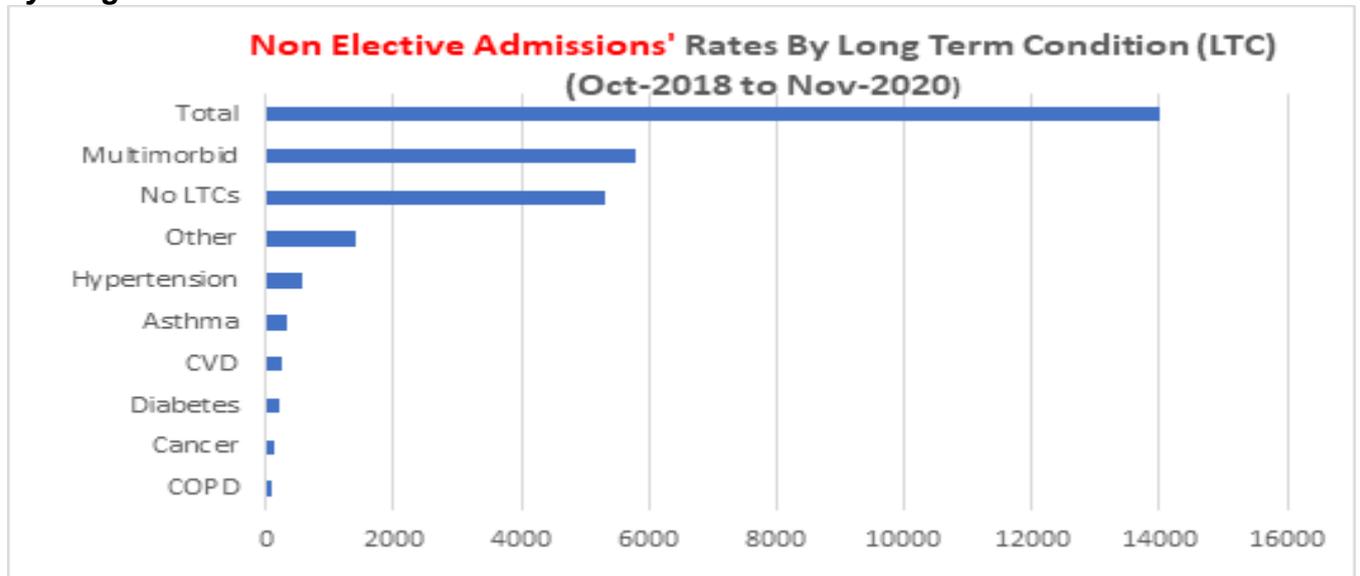
Overall, there has been a decline in premature mortality from all causes from the 2010-12 baseline to 2017-19 with the exception of males in Hillingdon. The mortality rates in males in Hillingdon was lowest in 2014-16 (369) and has increased gradually reaching the highest in 2017-19 (409). In 2017-19, 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



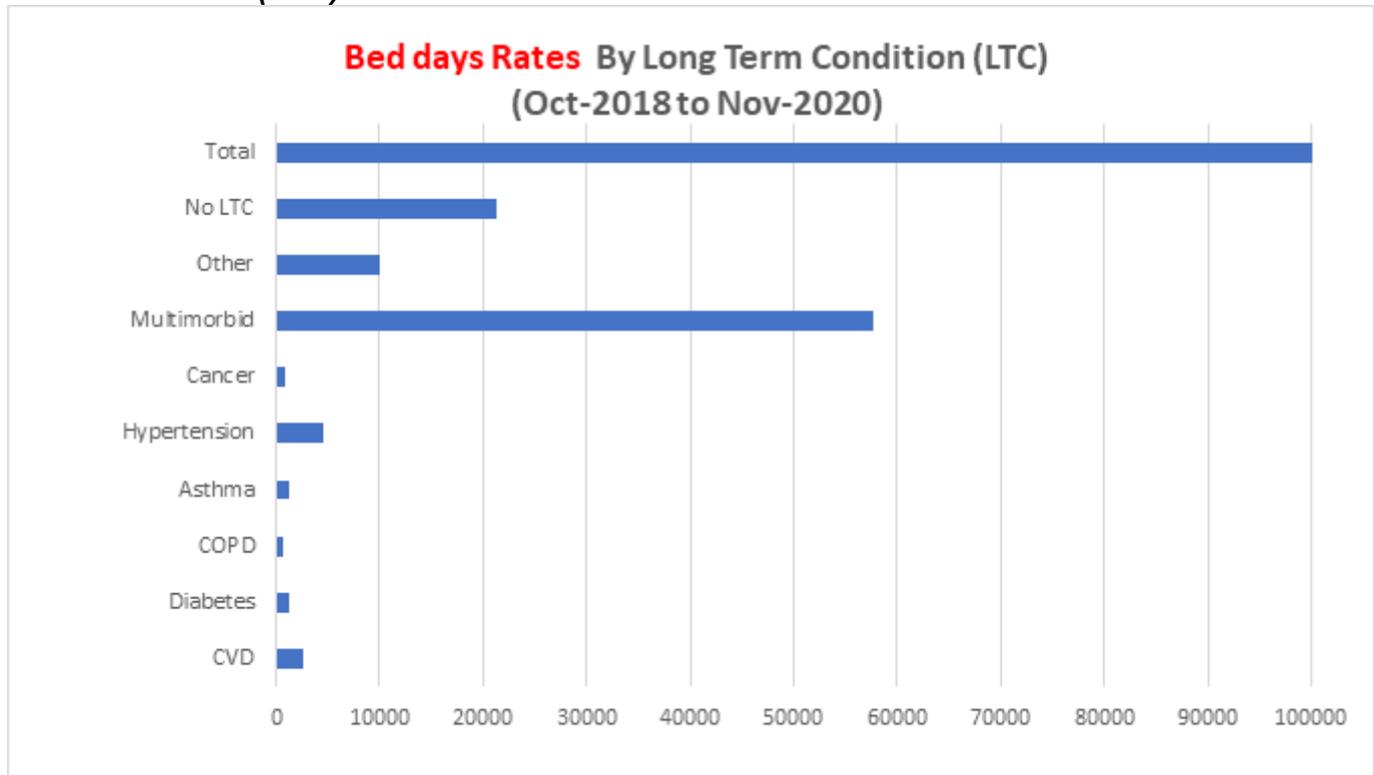
Hospital Admissions

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



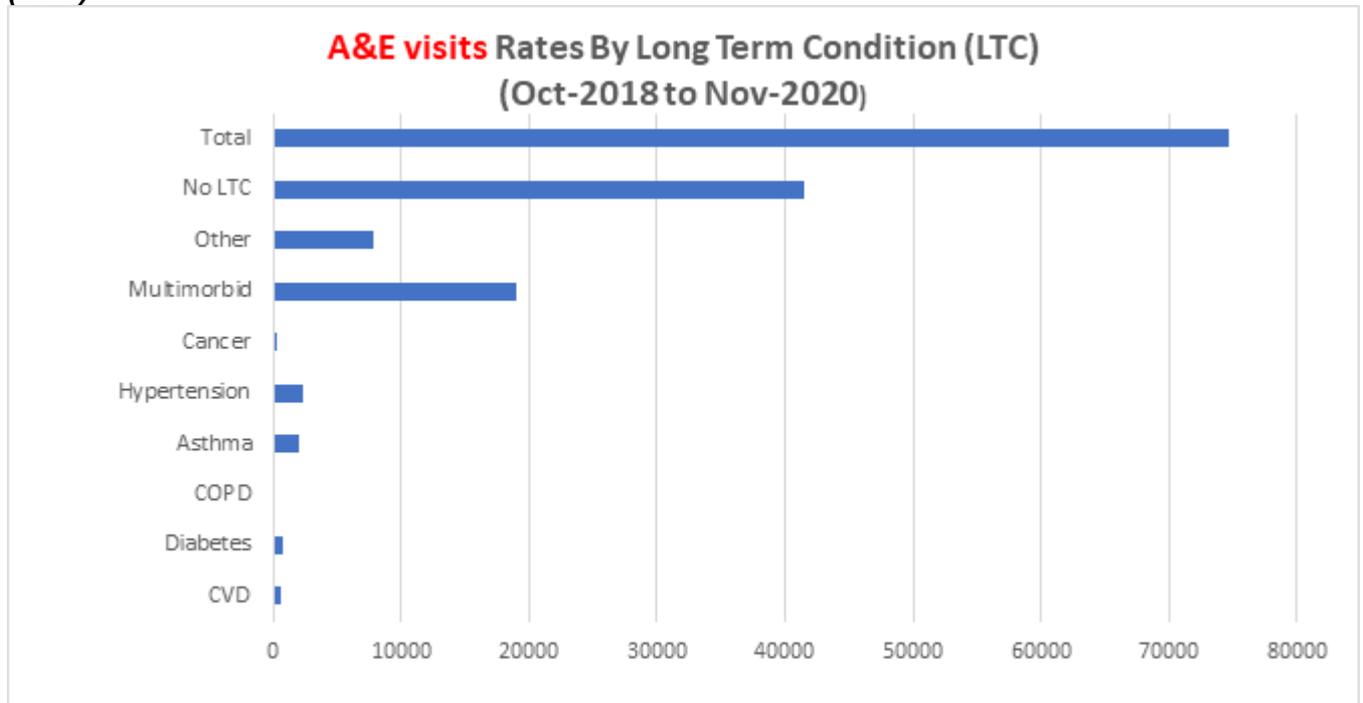
62% of non-elective hospital admissions are for patients with Long Term Conditions.

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

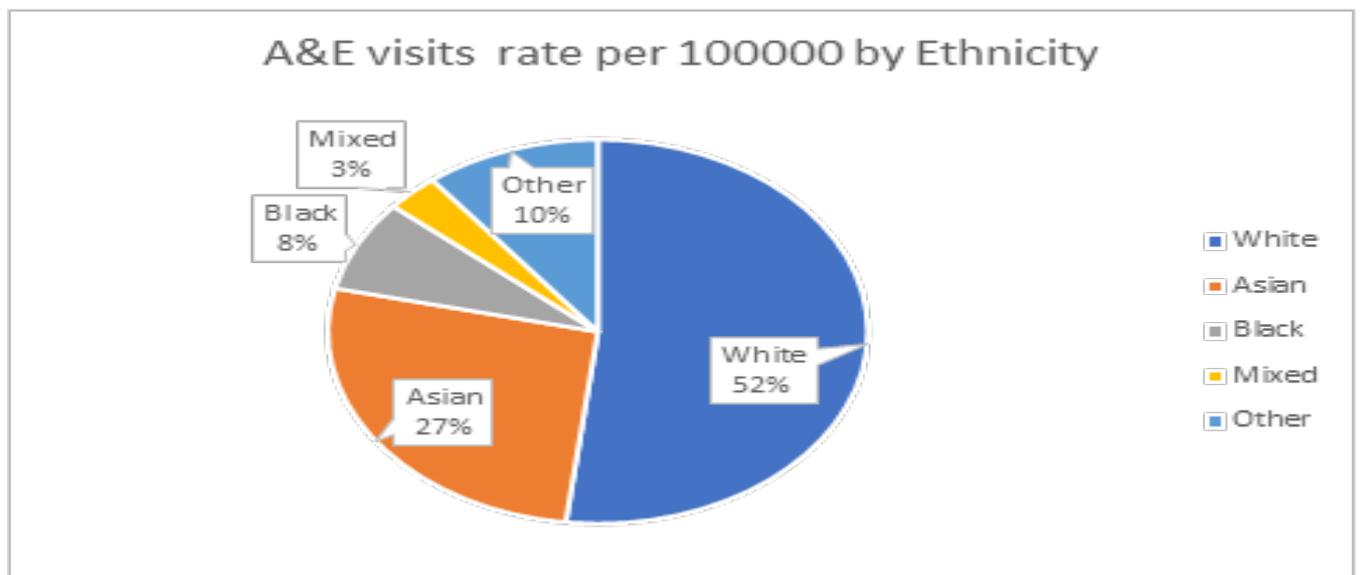


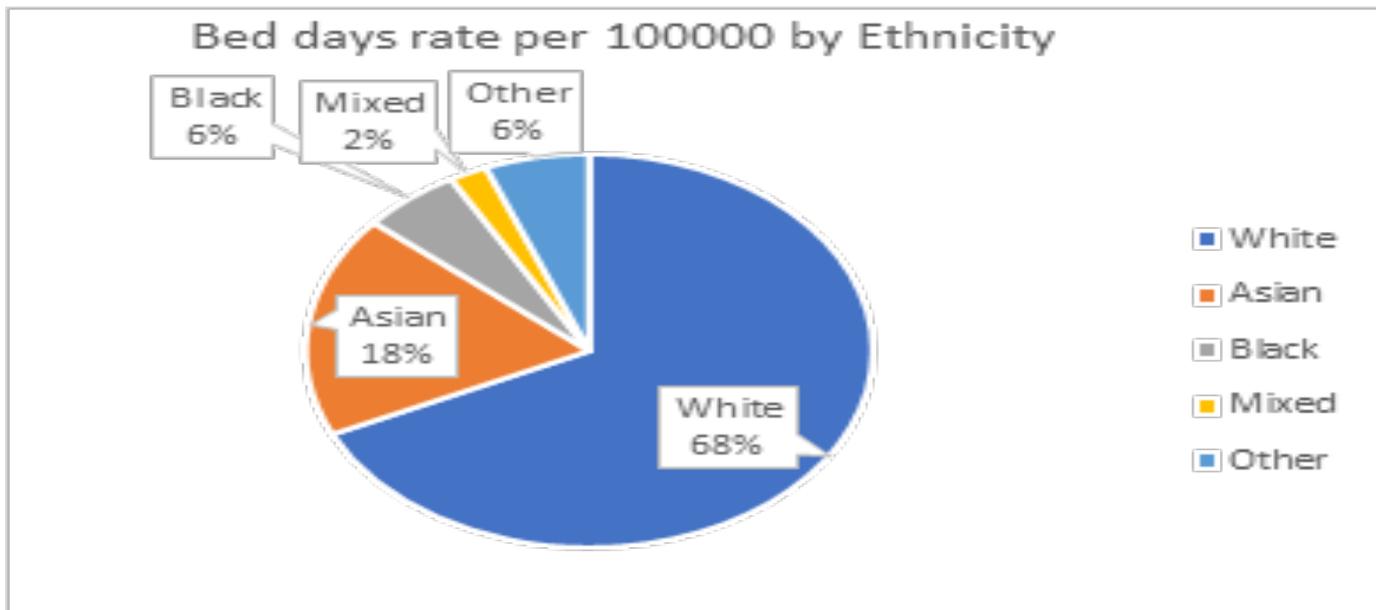
79% of bed days are patients with Long Term Conditions.

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



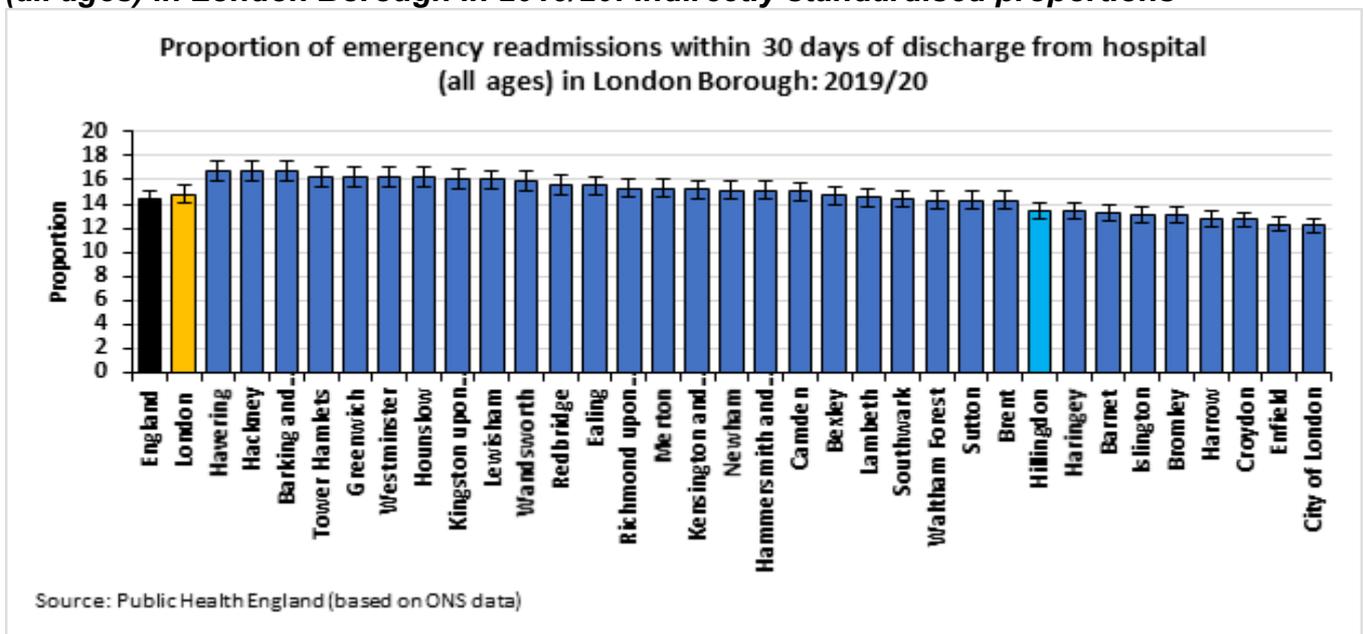
44% of A&E visits are from patients with Long Term Conditions





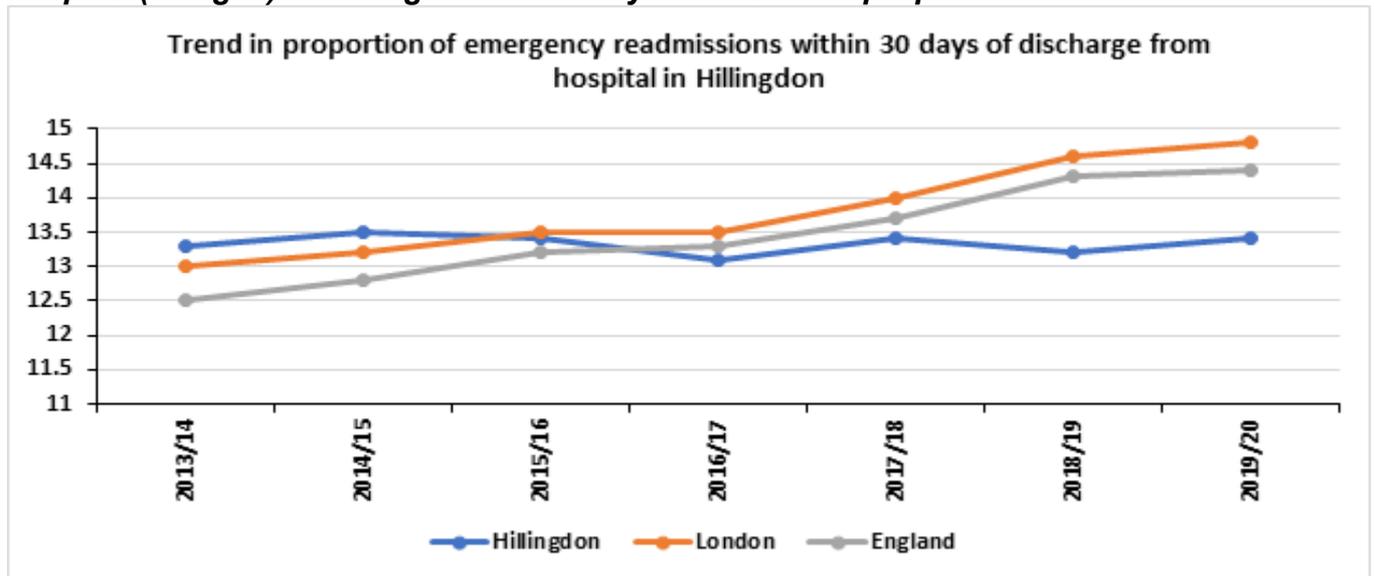
The proportion of emergency readmissions within 30 days of hospital discharge was lower in Hillingdon than in London and England in 2019/20.

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



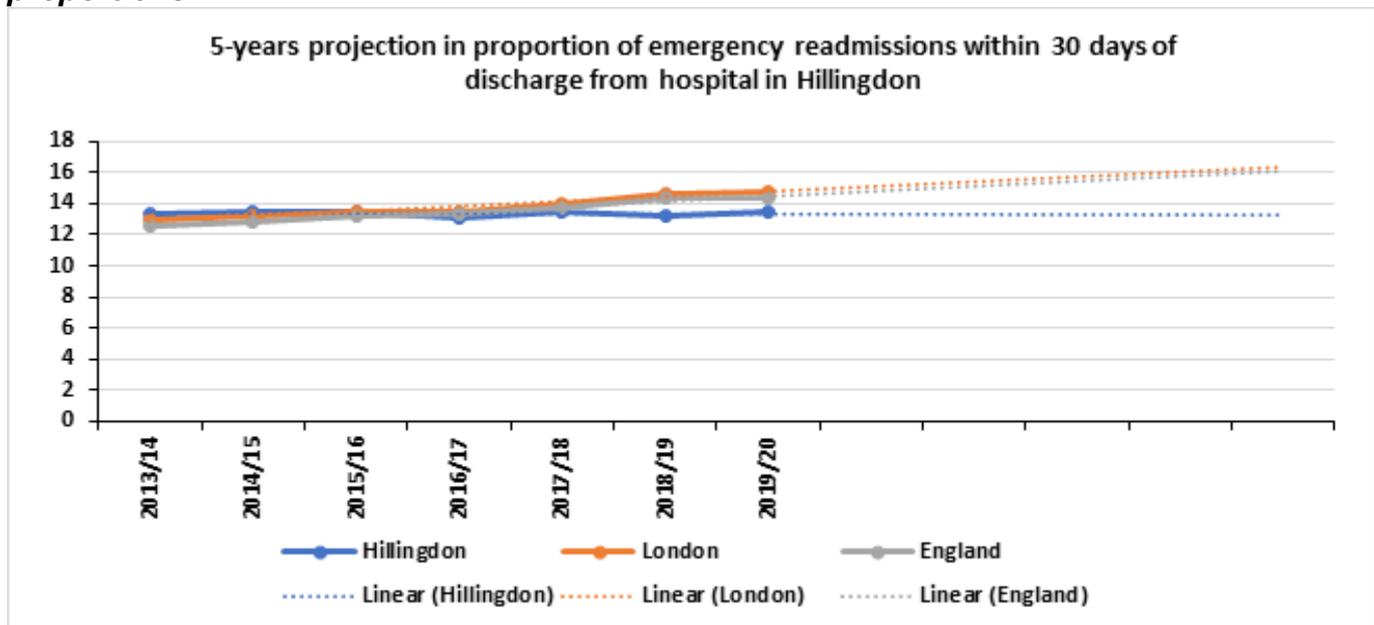
The proportion of hospital readmission in Hillingdon declined in 2016/17 and 2018/19. However, it increased in 2019/20.

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.

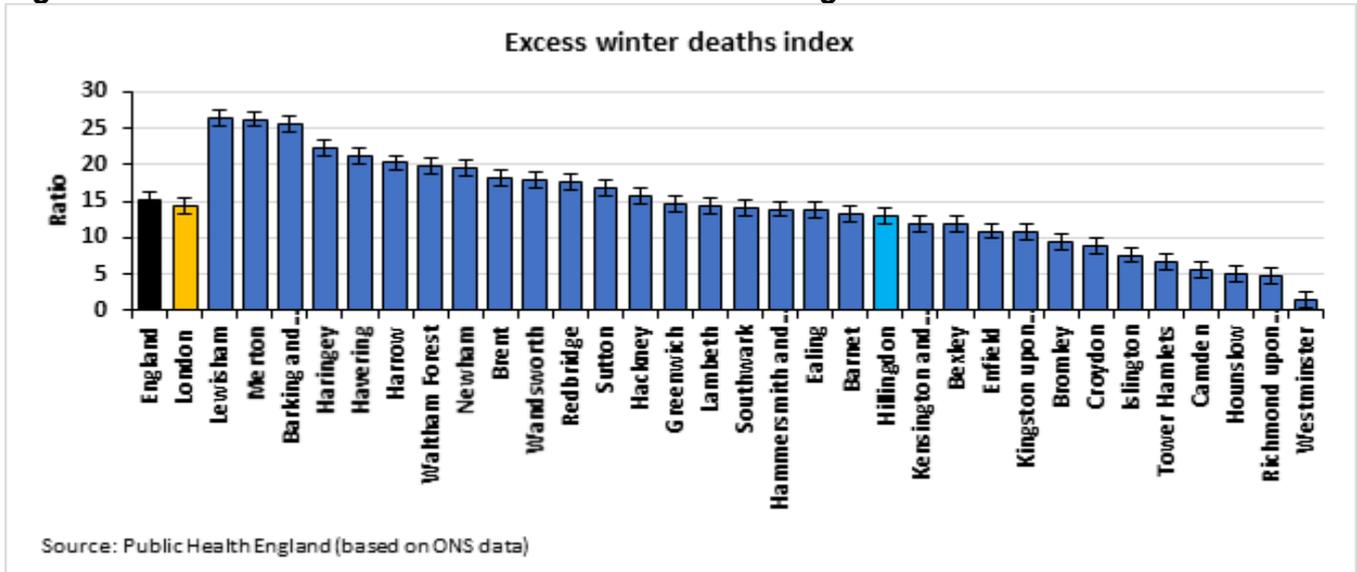
Figure 9 5-years projection in emergency readmissions within 30 days of discharge from hospital (all ages) in Hillingdon: Indirectly standardised proportions



Excess winter deaths

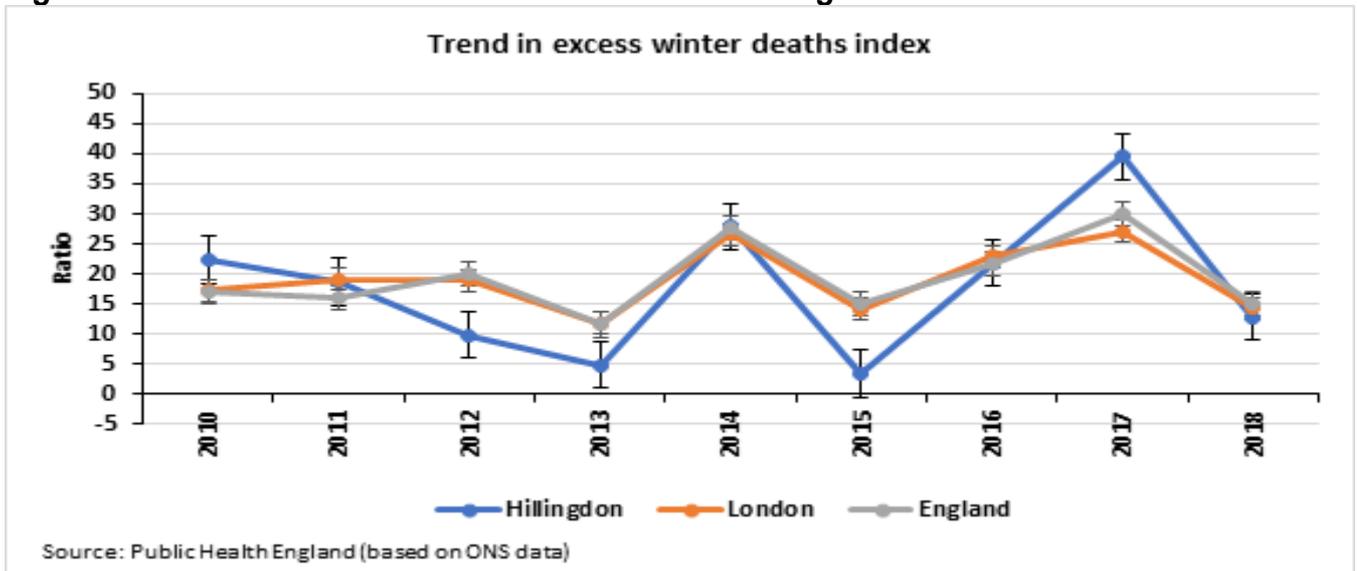
The ratio of excess winter deaths in Hillingdon in 2018/29 was lower than in London and England.

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



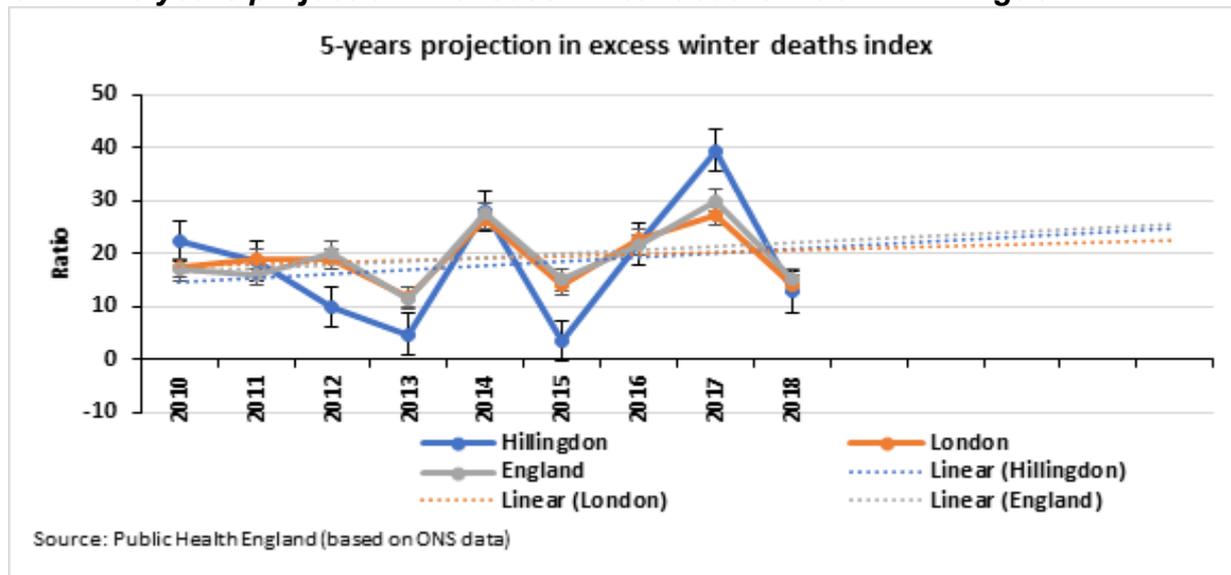
The ratio of excess winter deaths in Hillingdon decreased substantially in 2015 and increased exponentially in 2017.

Figure 11 Trend in excess winter death index in Hillingdon



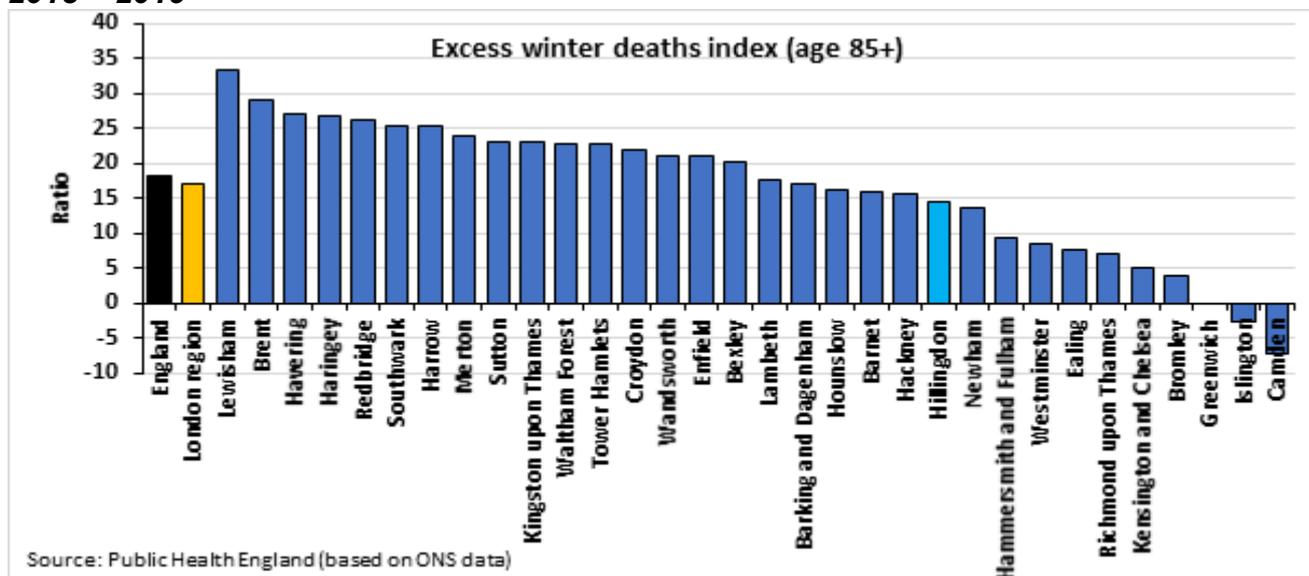
The ratio of excess winter deaths index is projected to increase steadily in the next five years in Hillingdon.

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



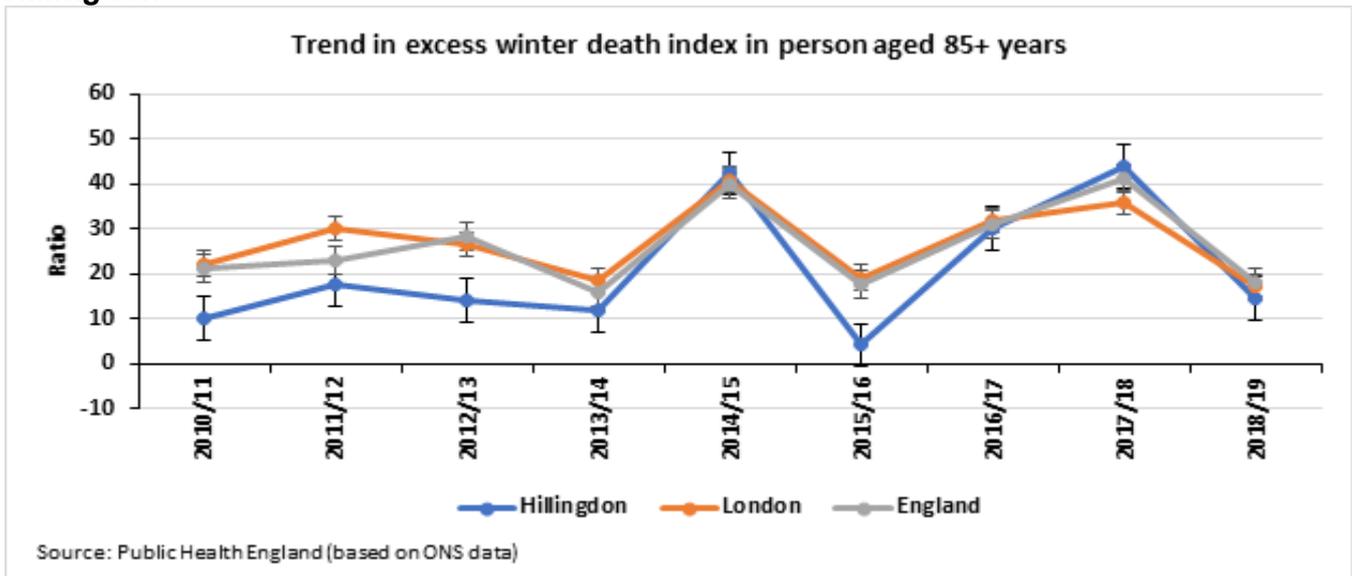
The ratio of excess winter deaths index among persons aged over 80 years was lower in Hillingdon than in London and England in 2018/19.

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



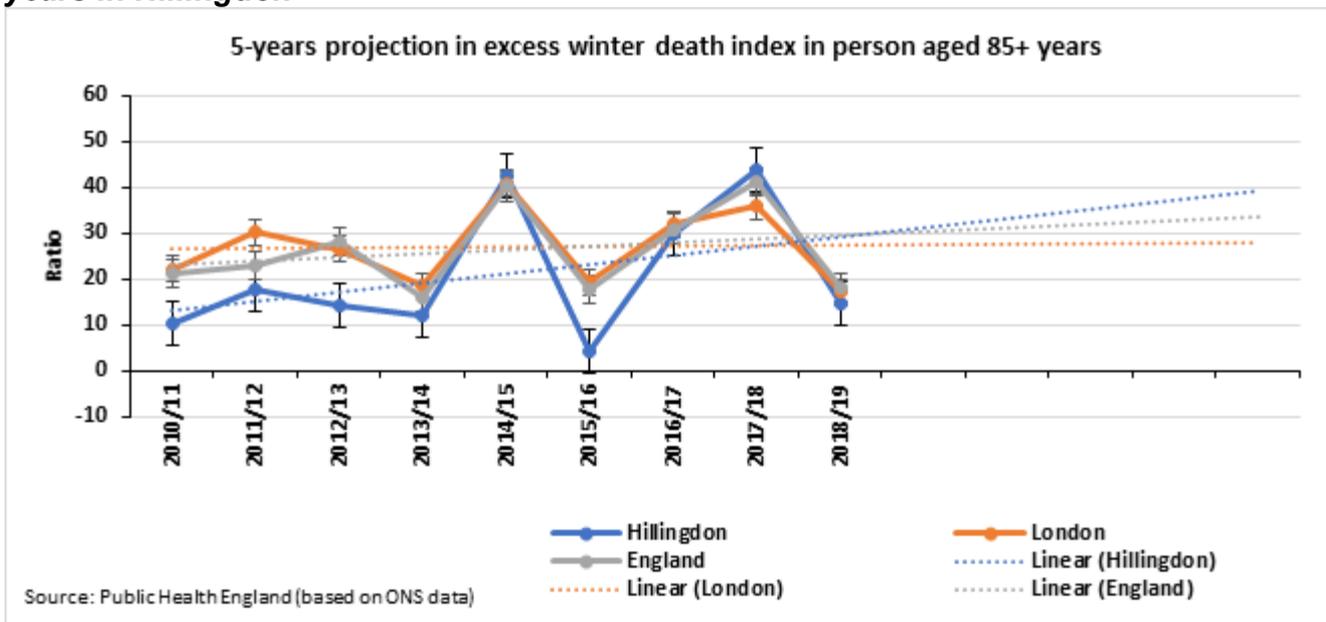
The ratio of excess winter death rates among persons aged 85+ years in Hillingdon declined in 2015/16 and decreased again in 2018/19.

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.

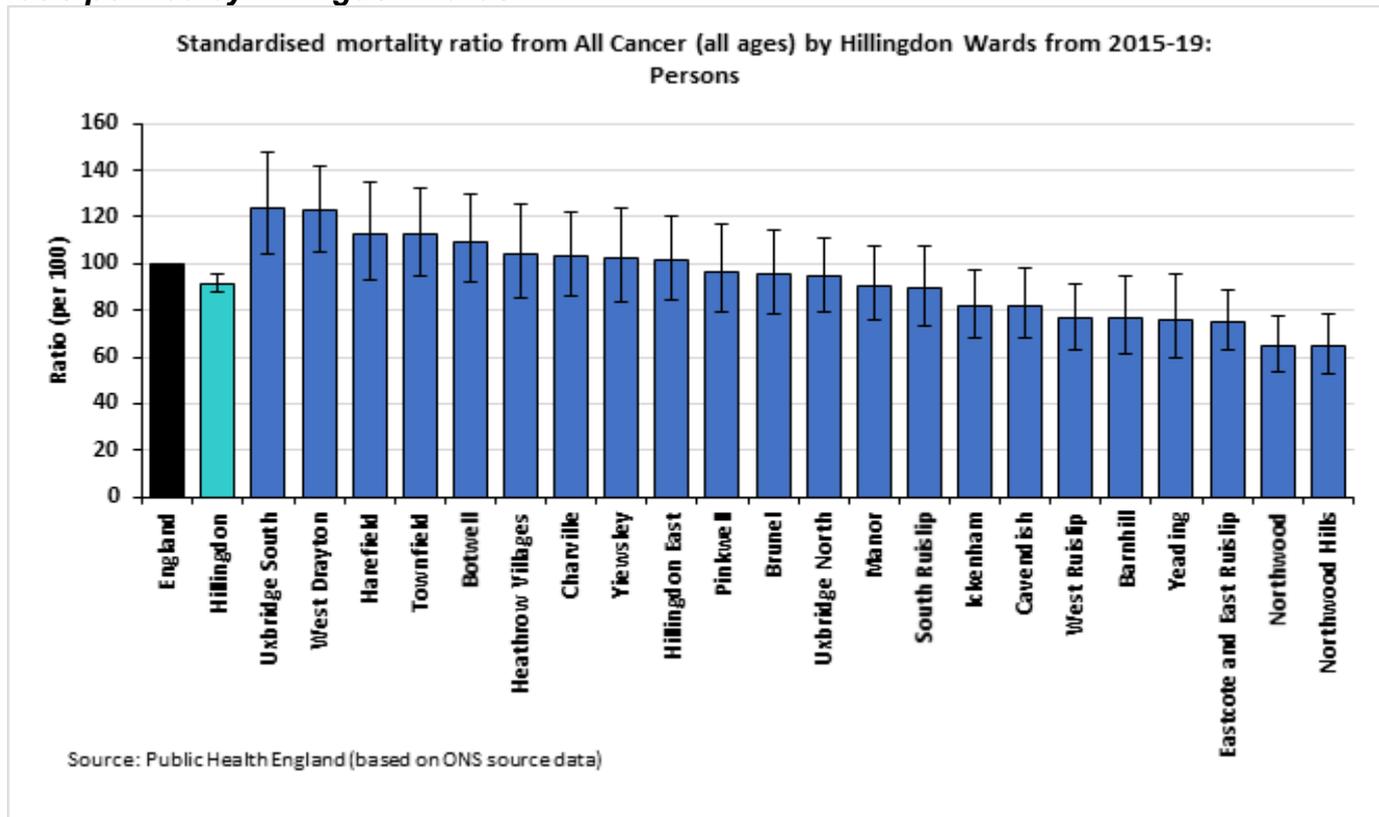
Figure 15 Five-years projection in excess winter death index ratio among persons aged 85+ years in Hillingdon



Cancers

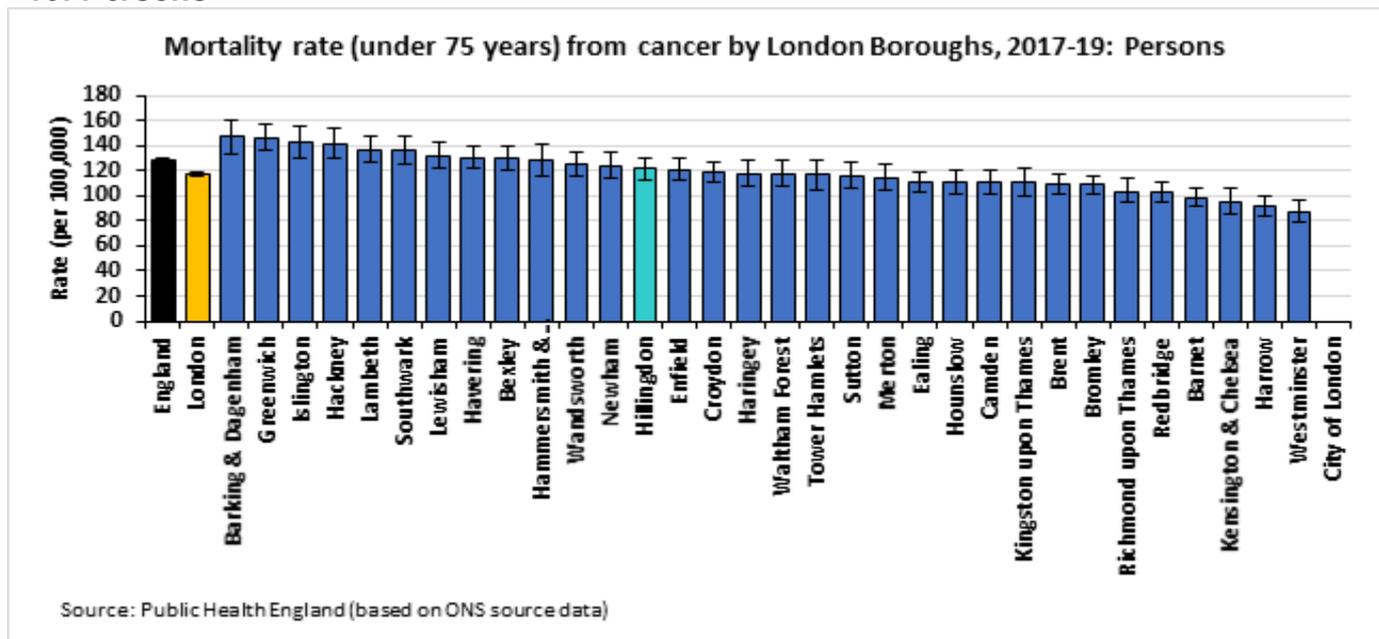
The standardised mortality ratio due to all cancer for all ages in Hillingdon (92 per 100) remains lower than England. Within wards, Uxbridge South, West Drayton, Harefield, Townfield, and Botwell have higher death ratios than the Hillingdon average.

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



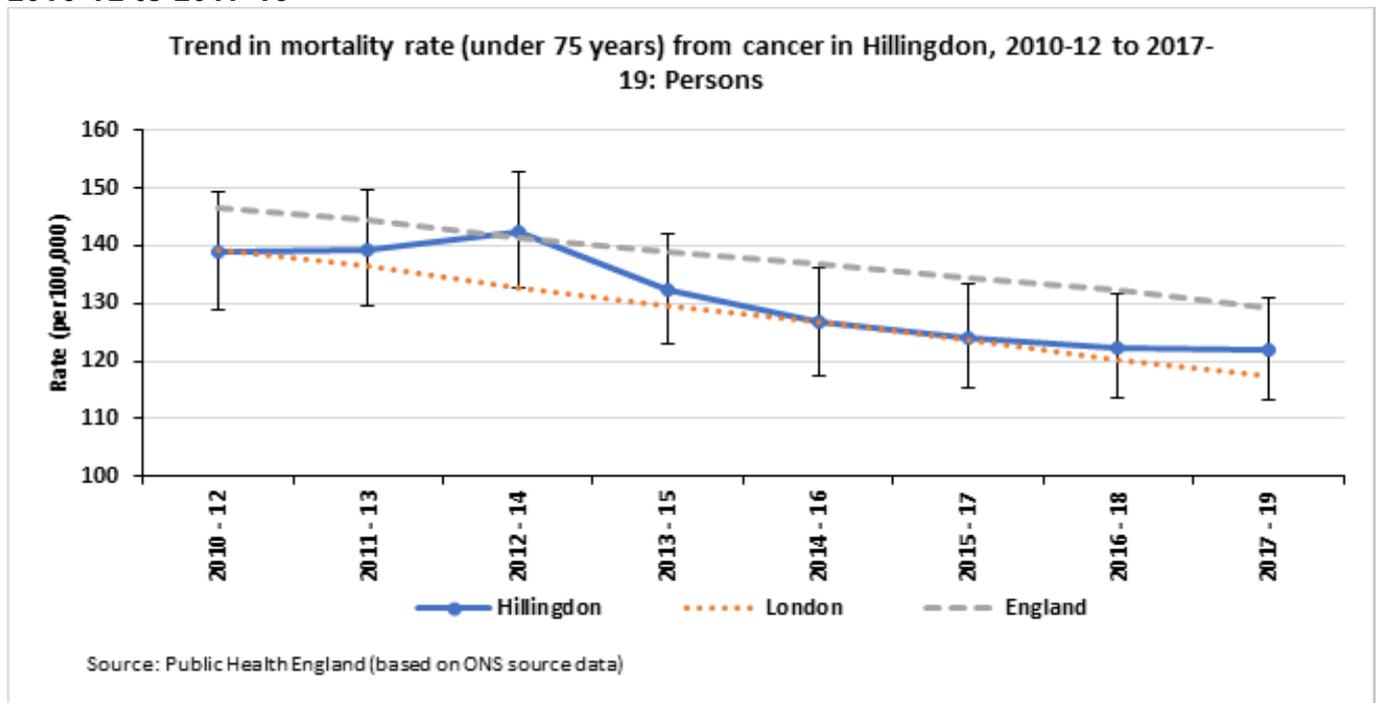
The rate of early deaths due to cancer in Hillingdon remained similar to the London and England averages for 2017-19.

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



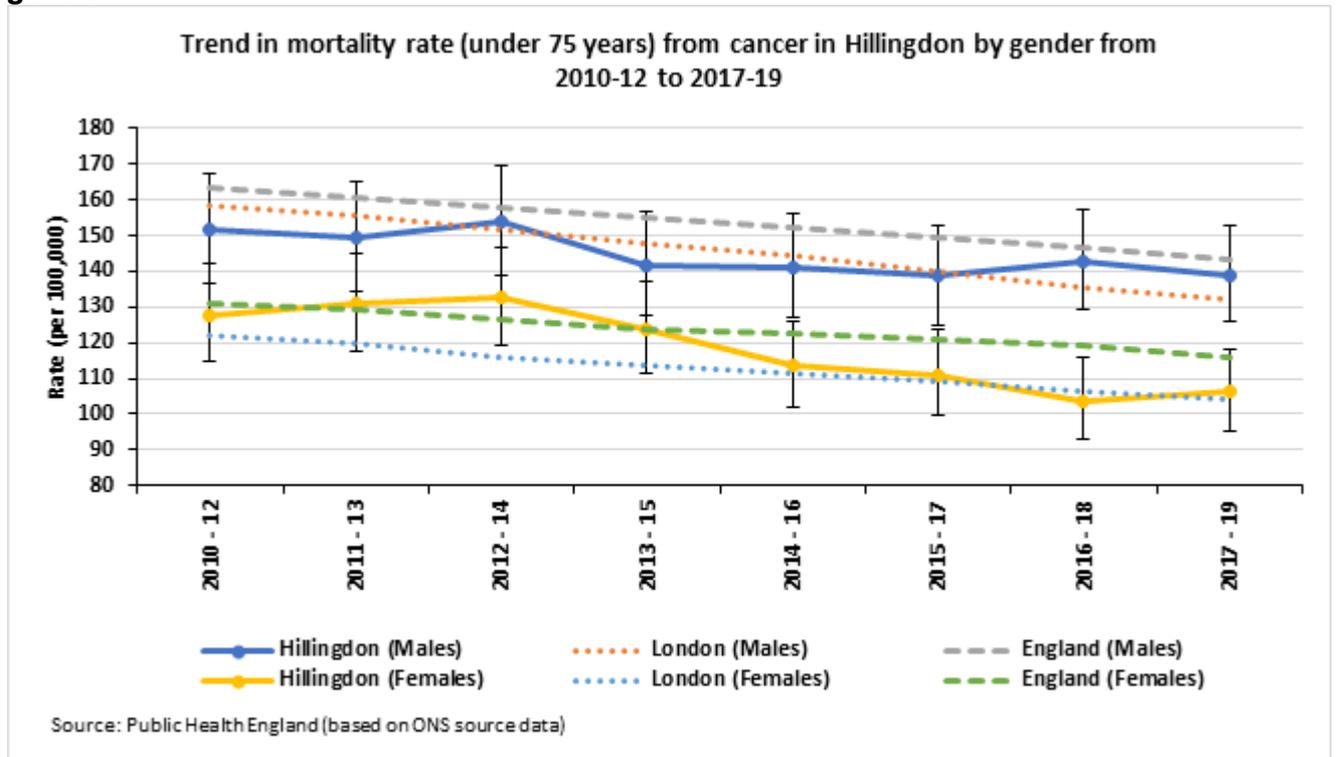
Overall, the trend of early mortality rate due to cancer in Hillingdon is declining (with the exception in 2012-14 where the rate was highest of all time) in line with London and England.

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



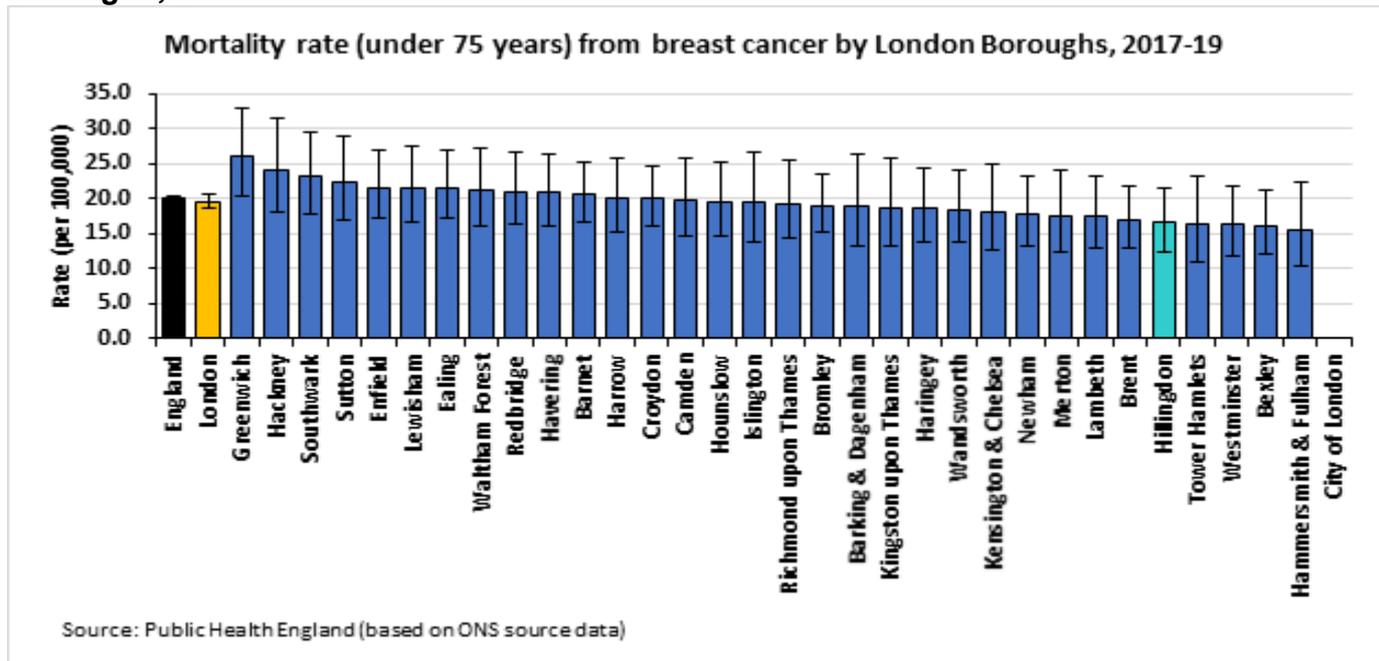
The rate of cancer early deaths for men (138.8 per 100,00) is higher than the London rate, but for women (106.1 per 100,000) the rate is now similar to London but lower than the national average.

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



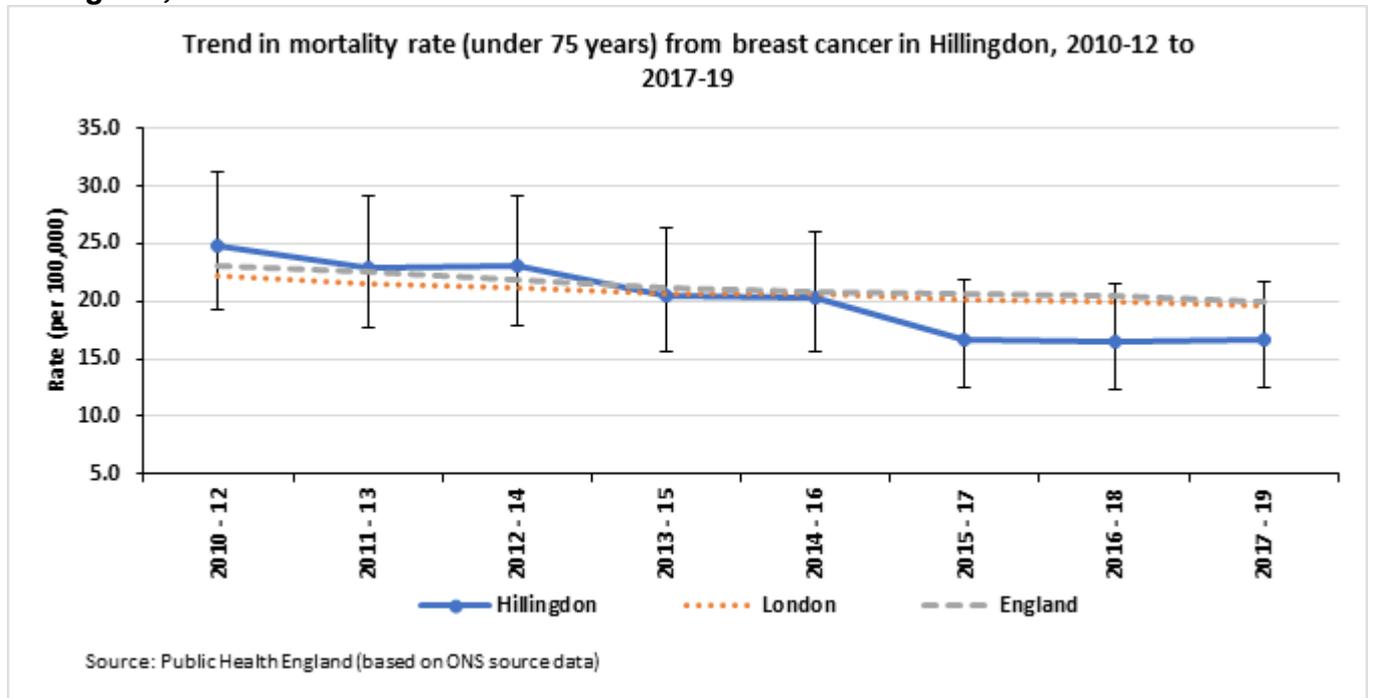
The early mortality rate from breast cancer in Hillingdon (16.6 per 100,000) is lower compared to the London and England averages for 2017–19.

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



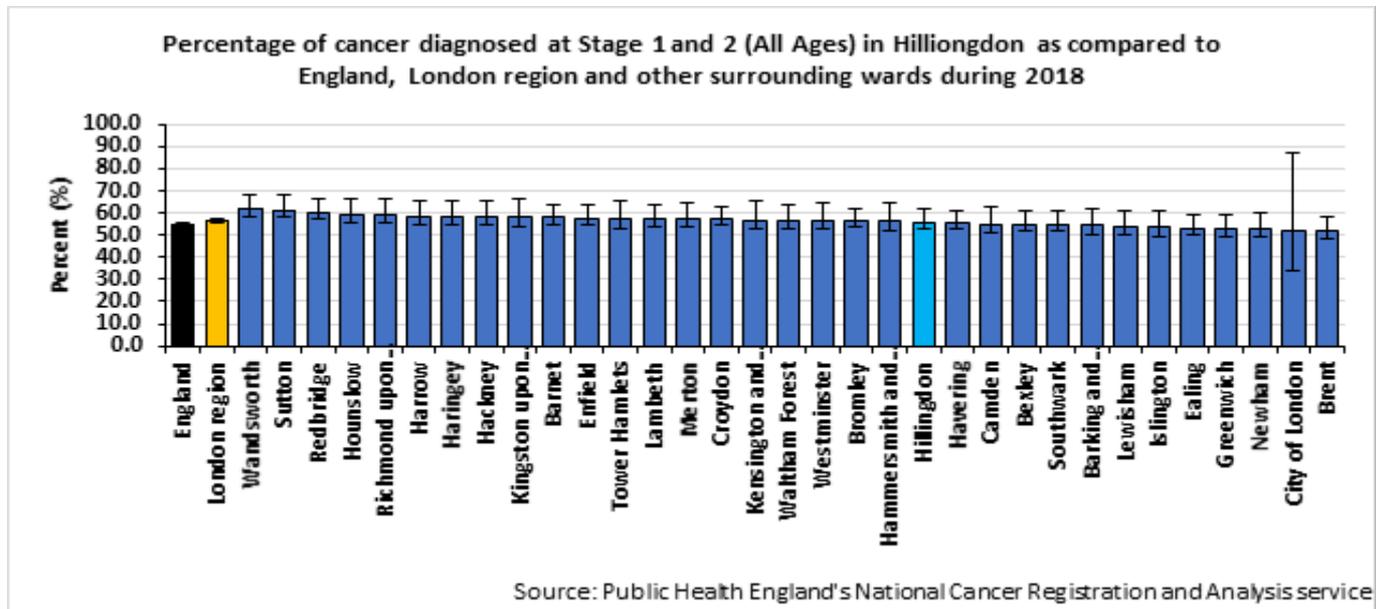
The trend in early mortality rate from breast cancer in Hillingdon shows that the rate has continued to decline but remained stable from 2015-17.

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.

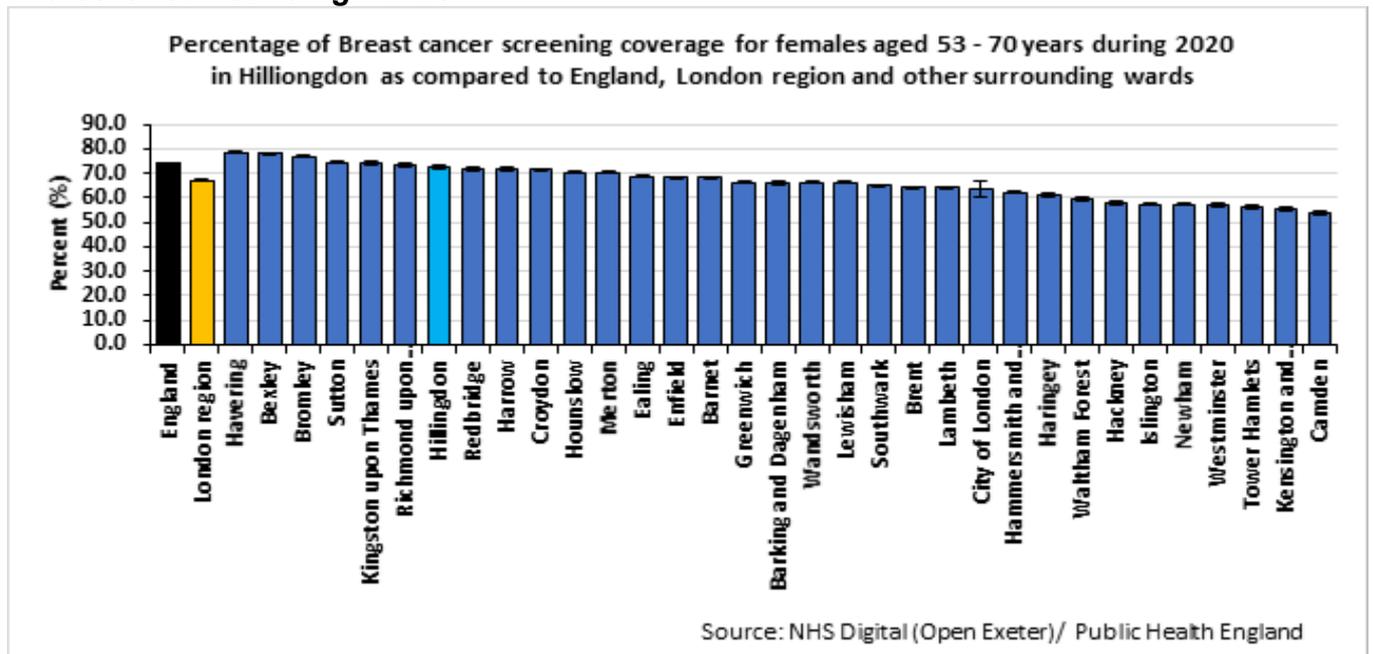
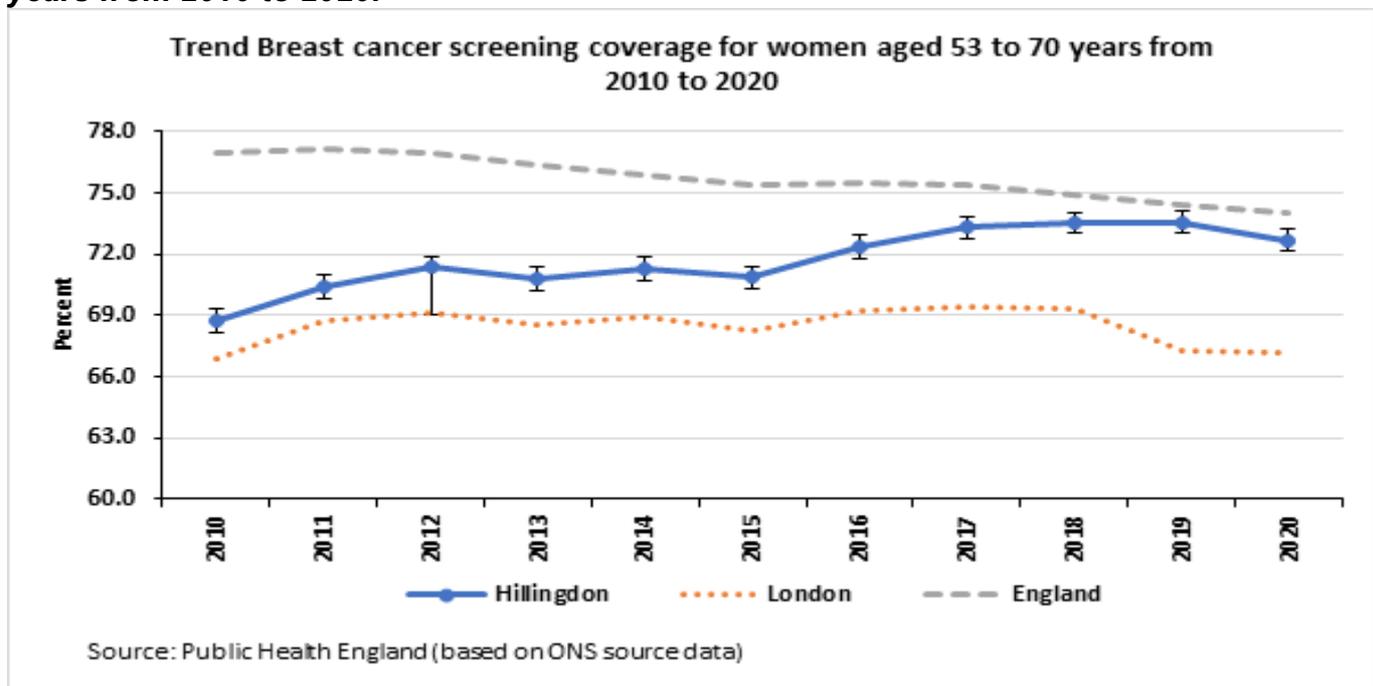


Figure 24. Trend in Breast cancer screening coverage for women aged 53 to 70 years from 2010 to 2020.



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.

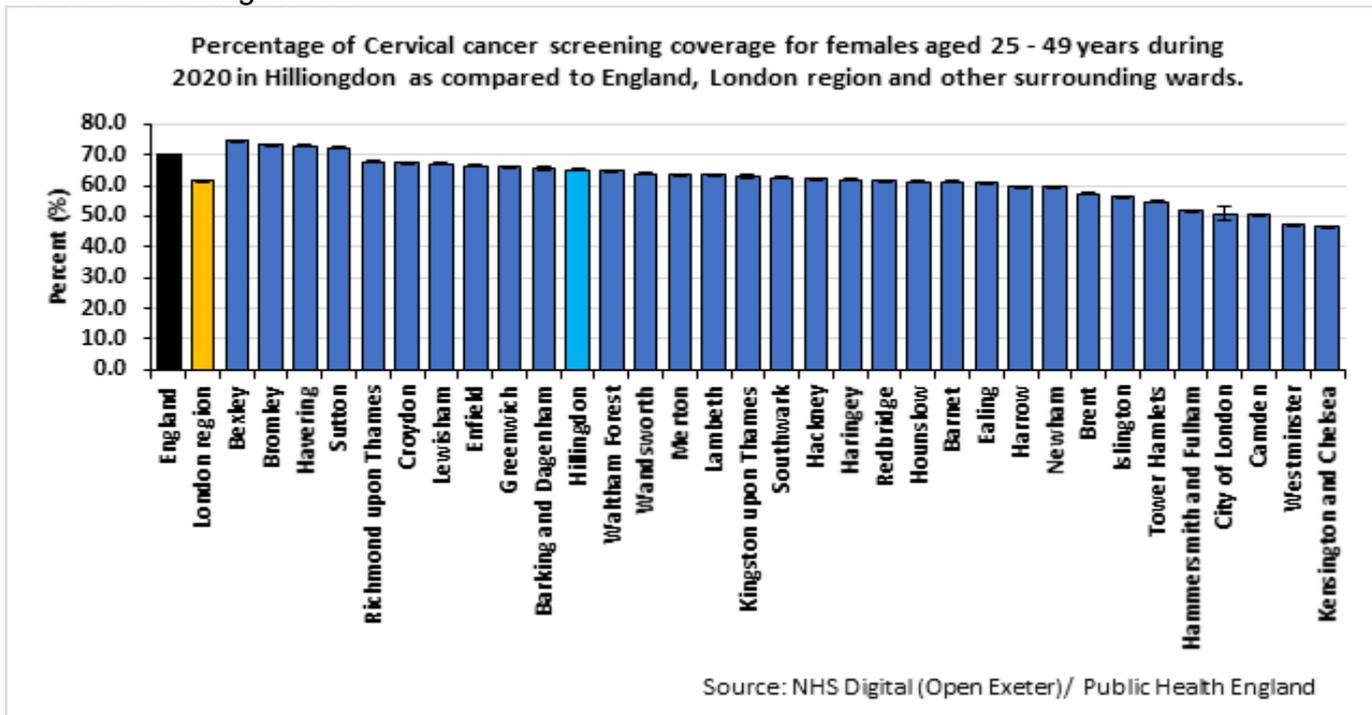
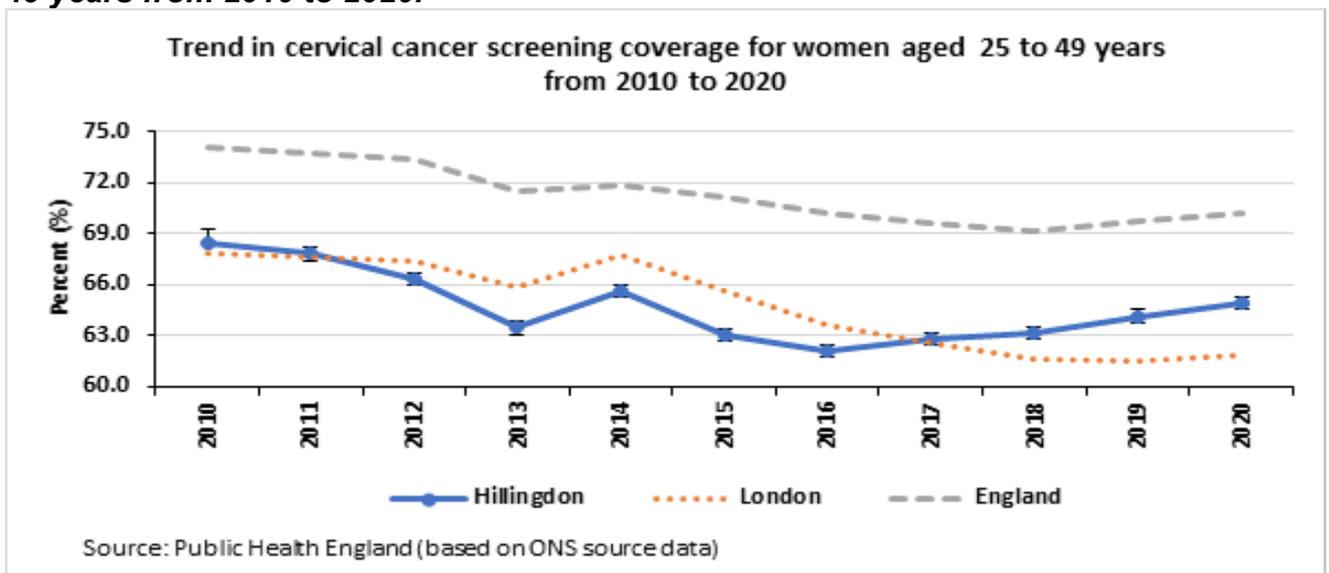
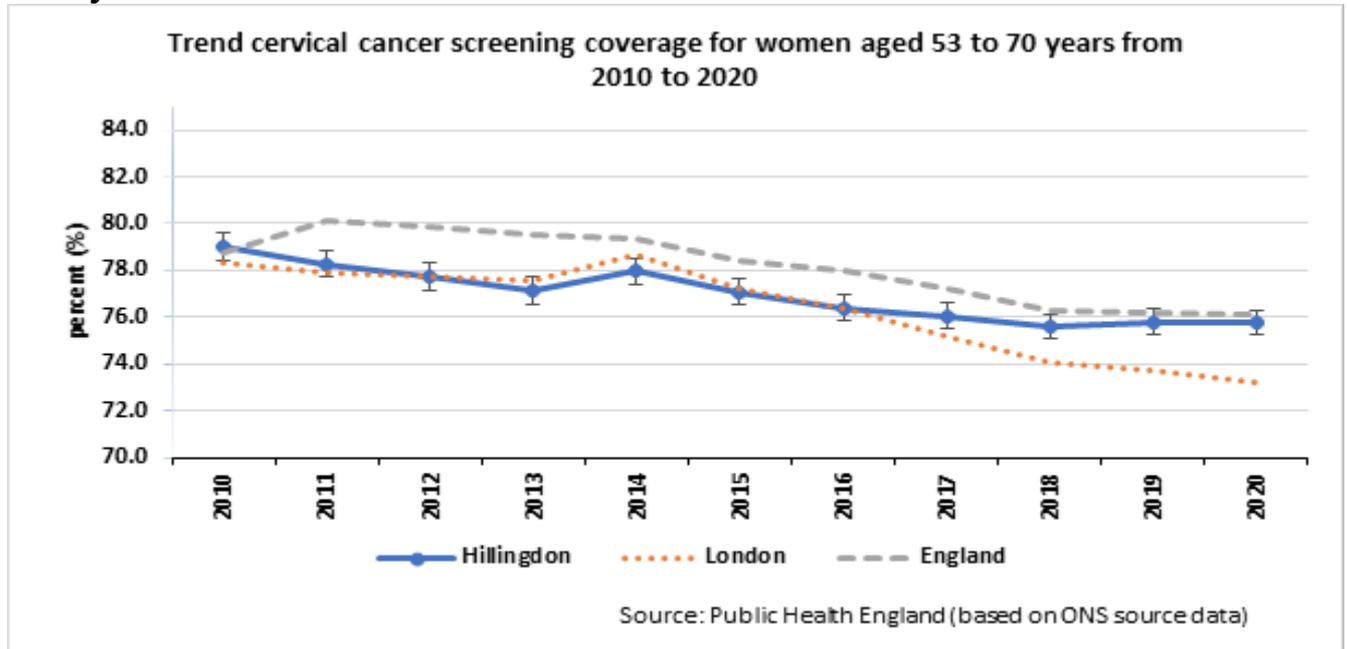


Figure 25. Trend in cervical cancer screening coverage for women aged 25 to 49 years from 2010 to 2020.



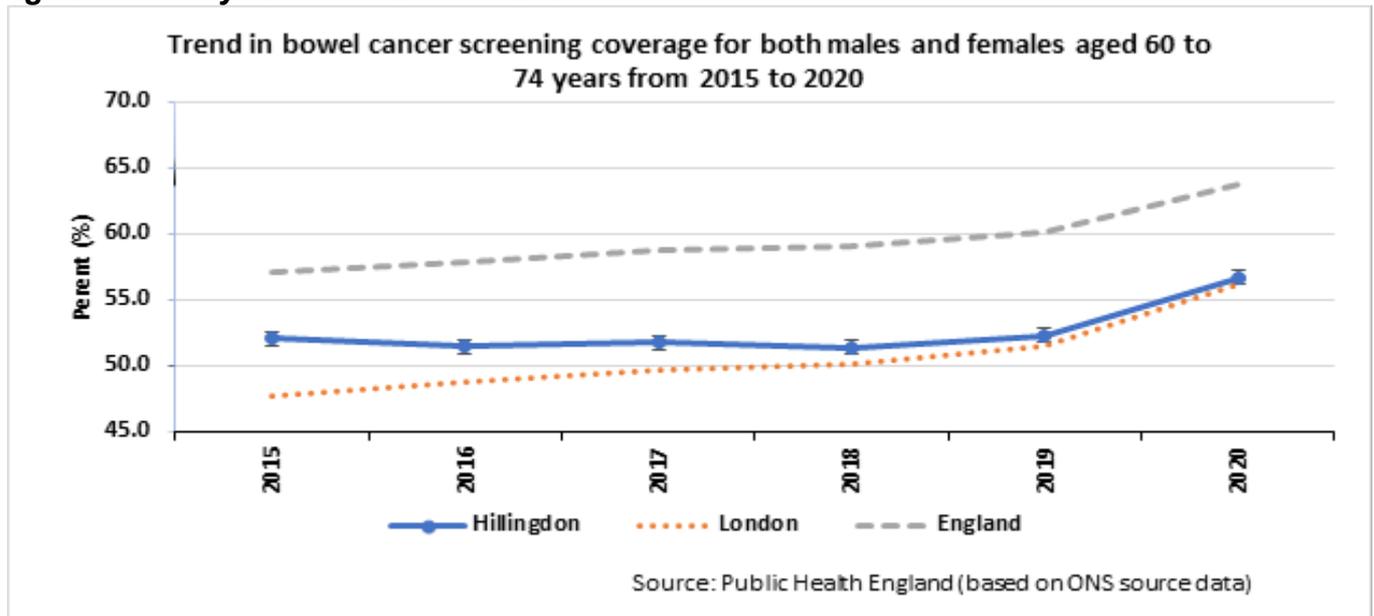
The trend in cervical cancer screening coverage for women aged 50 to 74 years seems almost similar to England in 2020. It was 76.1% for England and 75.8% for Hillingdon in 2020.

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

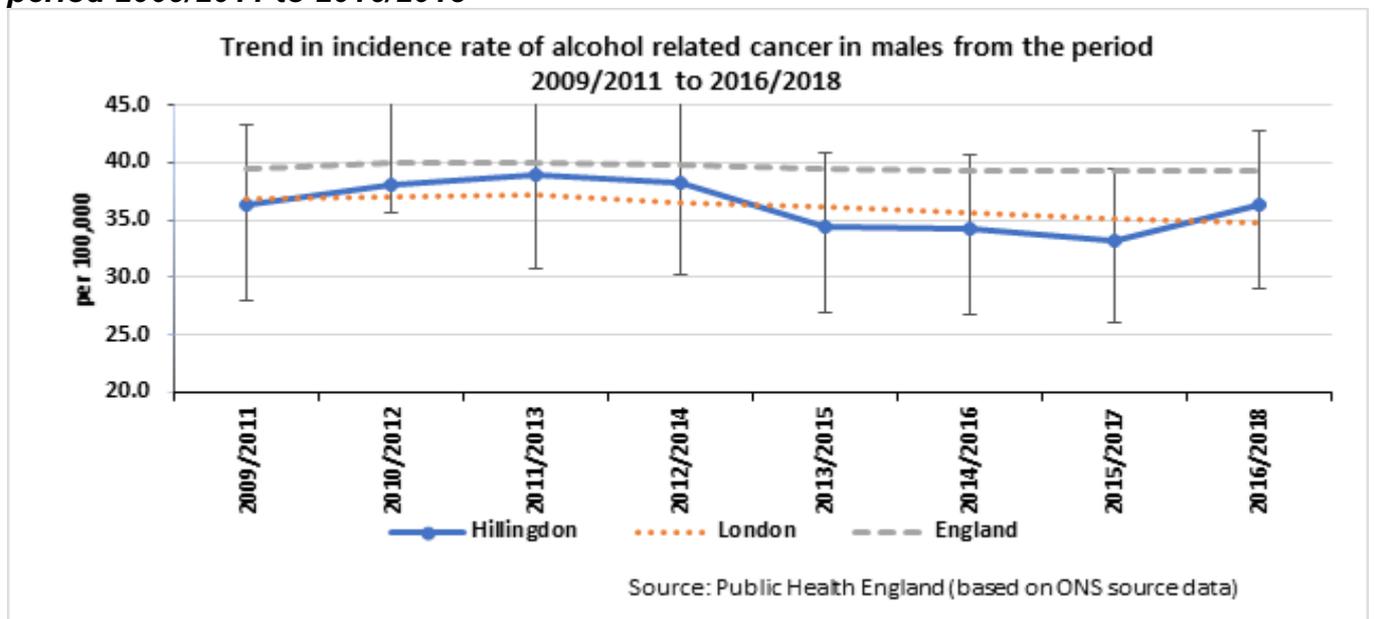
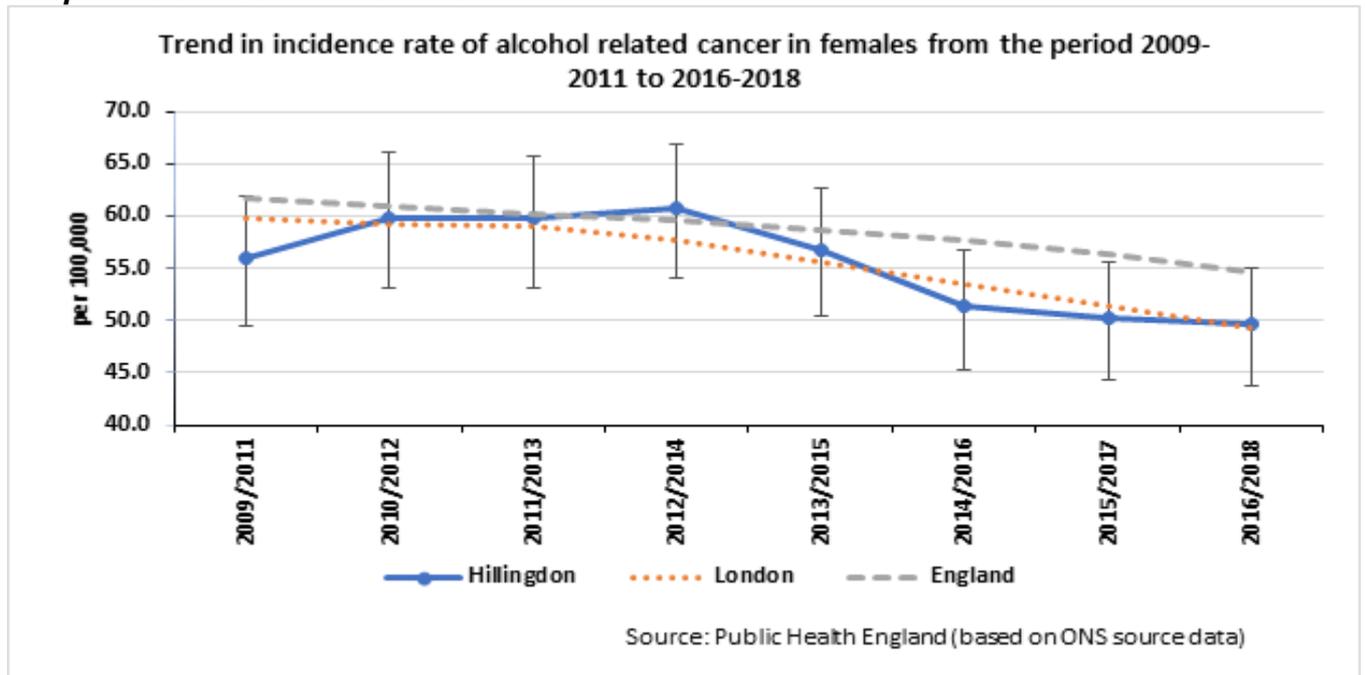


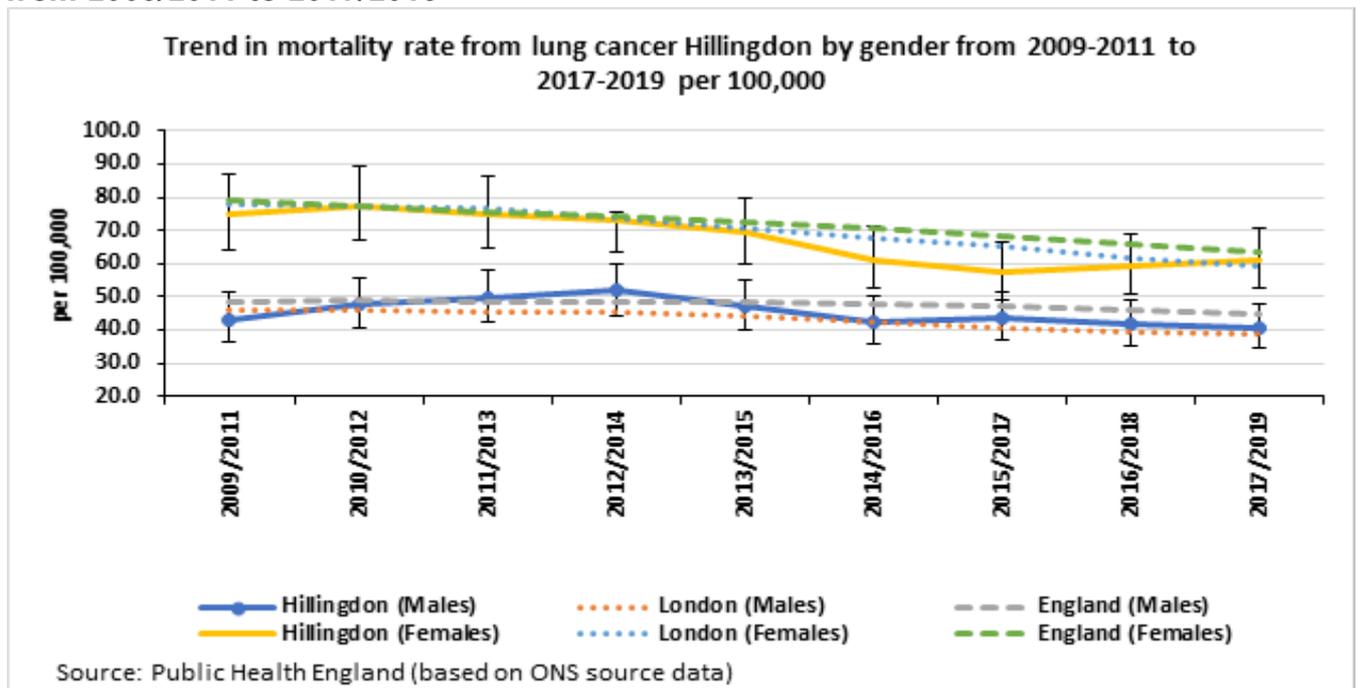
Figure 29 . Trend in incidence rate of alcohol related cancer in females from the period 2009/2011 to 2016/2018



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.

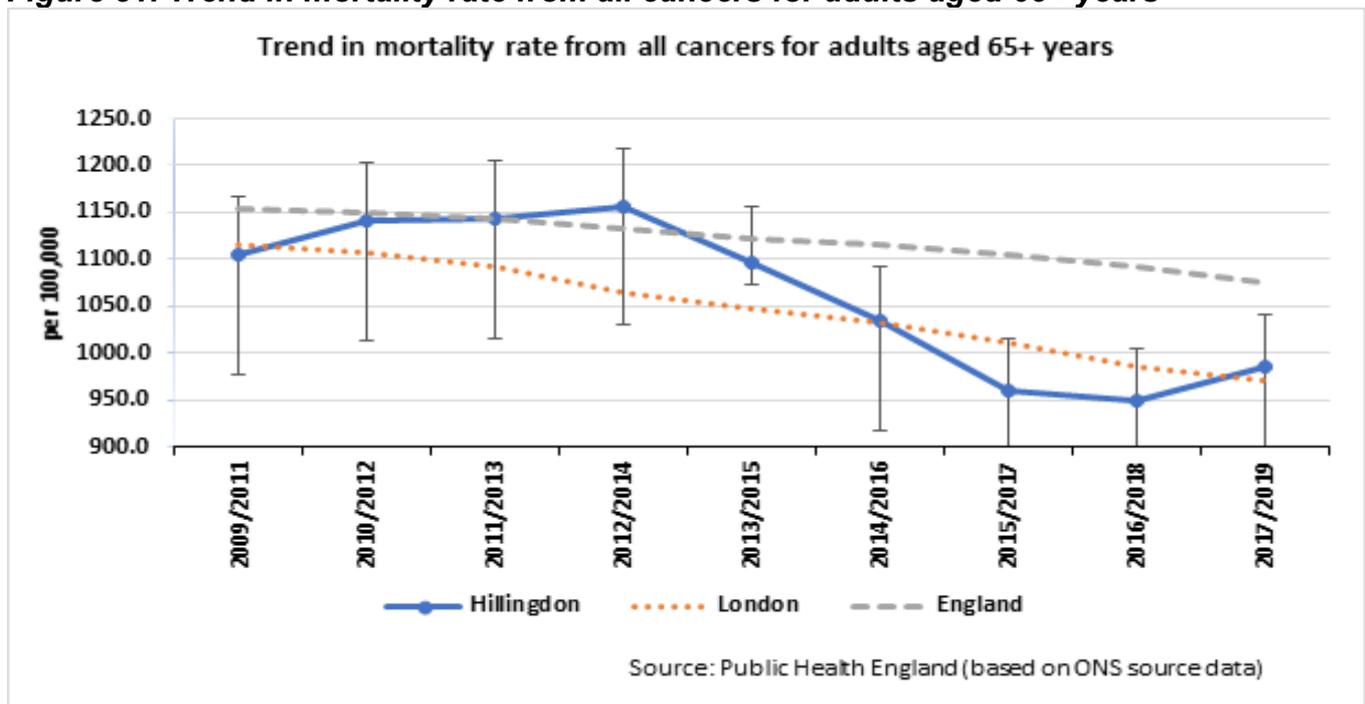
Figure 30. Trend in mortality rate from lung cancer in Hillingdon by gender from 2009/2011 to 2017/2019



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.

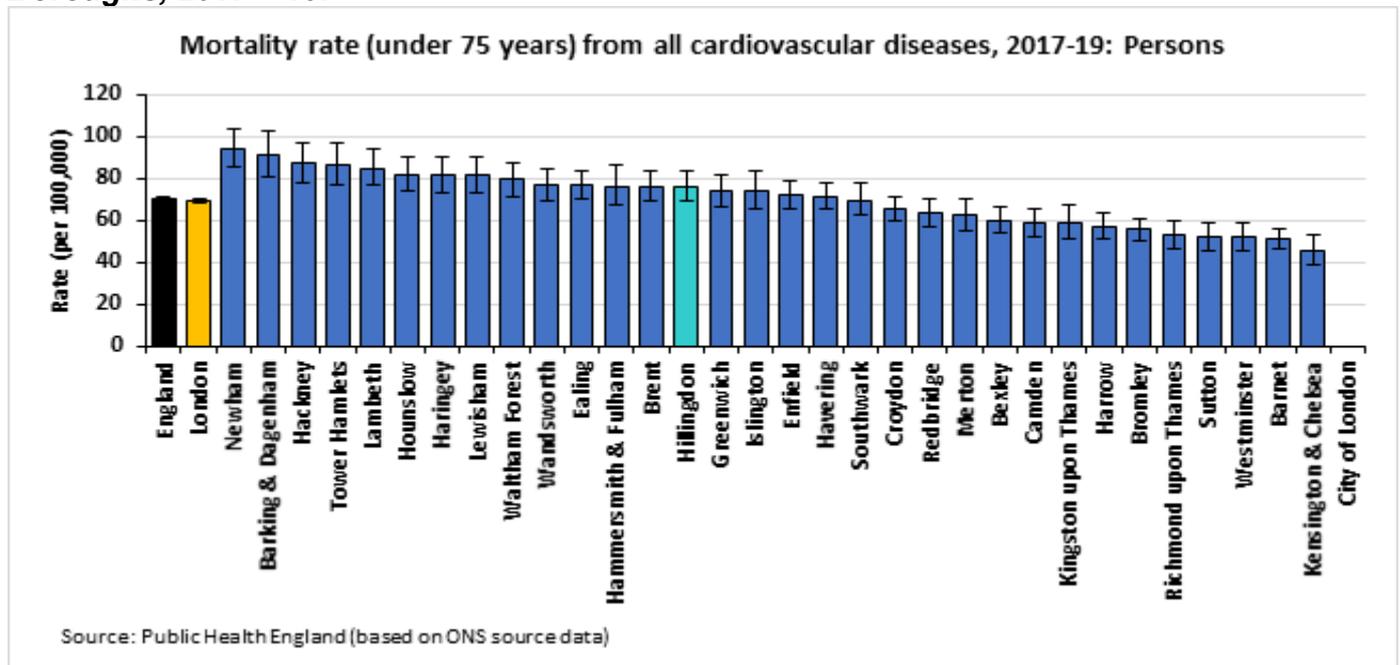
Figure 31. Trend in mortality rate from all cancers for adults aged 65+ years



Cardiovascular disease

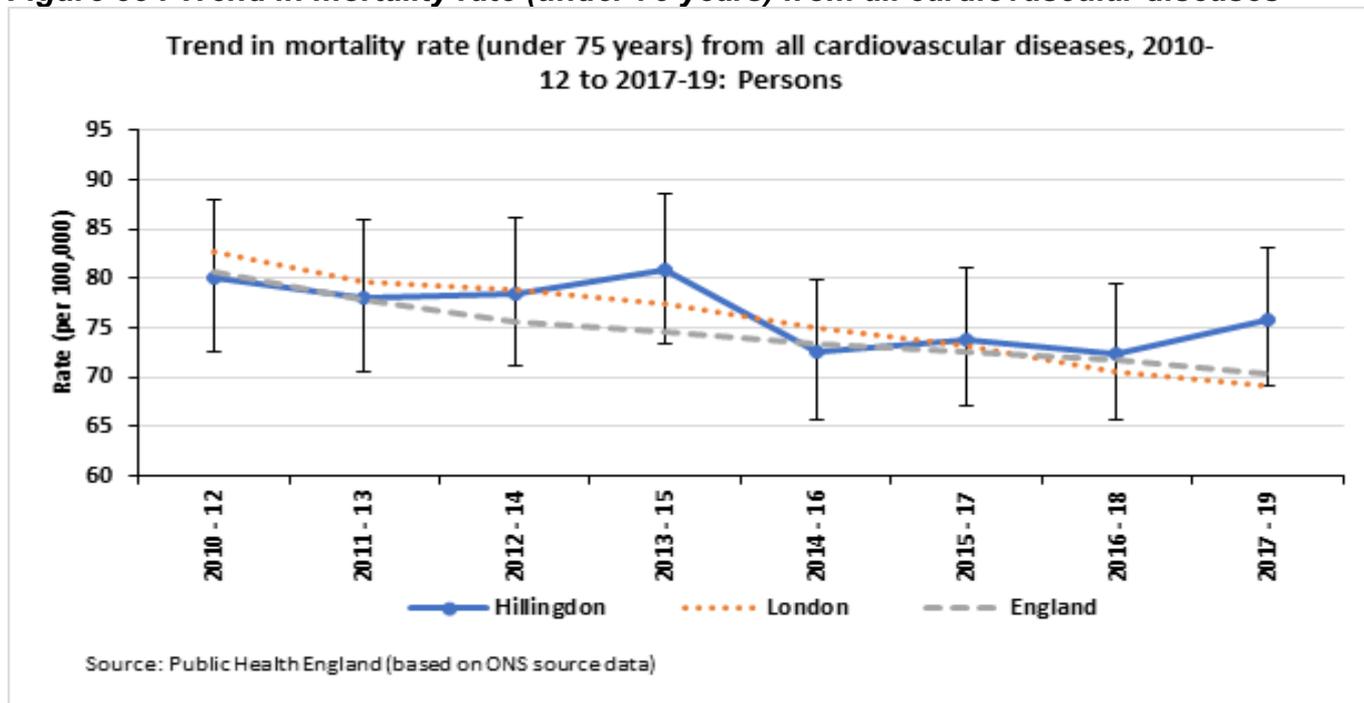
Premature mortality rates due to cardiovascular disease was higher in Hillingdon (76 per 100,000 deaths) compared to London (69 per 100,000) and England (70 per 100,000) between 2017-19.

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



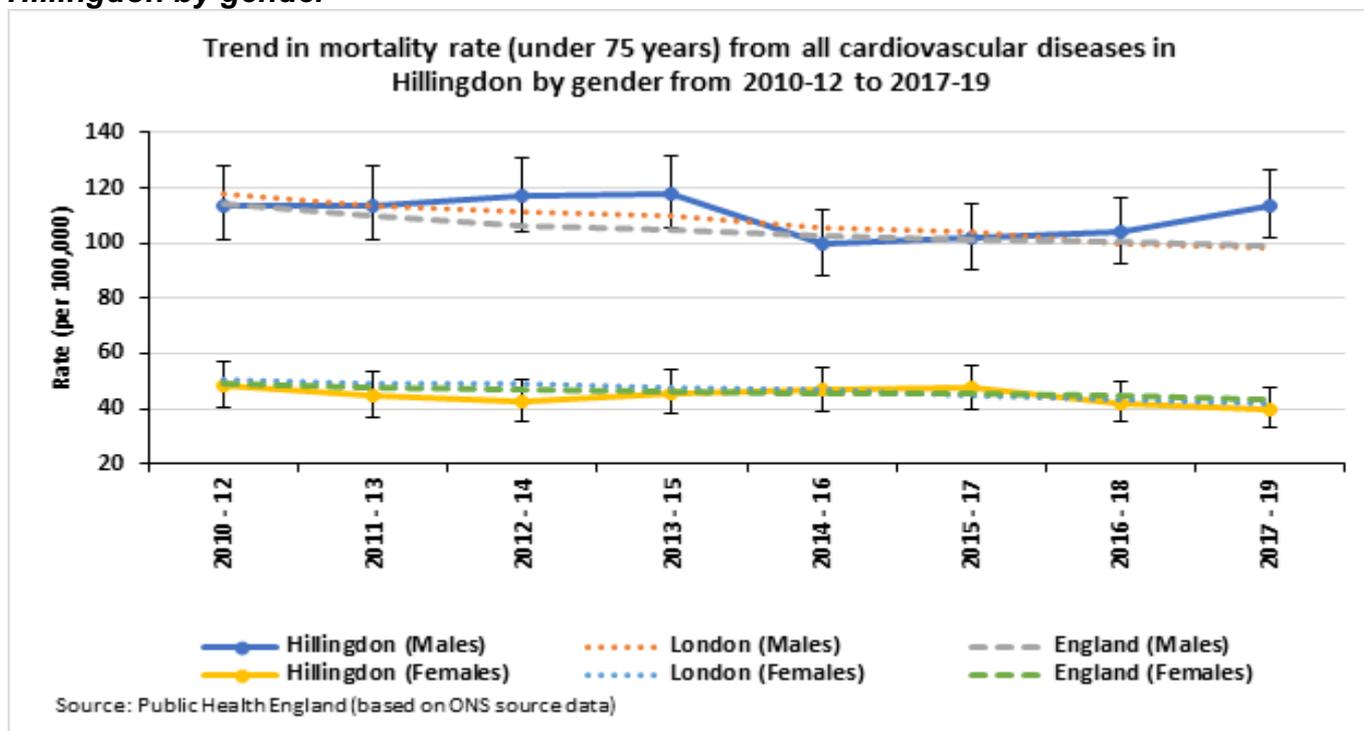
Early deaths due to cardiovascular disease (CVD) were highest during 2013-15 but declined in Hillingdon until 2016-18, after which they started to increase. Unlike Hillingdon, the death rate continues to decline in London and England. In 2017-19, Hillingdon rates were 76 per 100,000, higher than London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

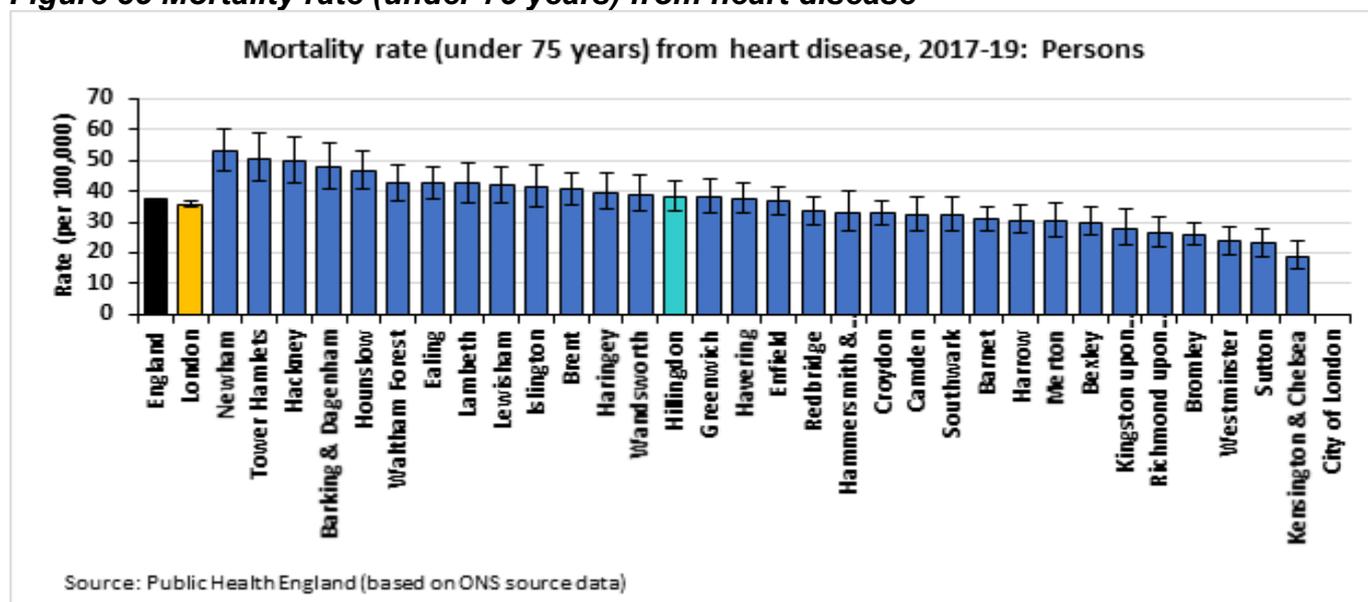
Figure 34. Trend in mortality rate (under 75 years) from all cardiovascular diseases in Hillingdon by gender



Heart Disease

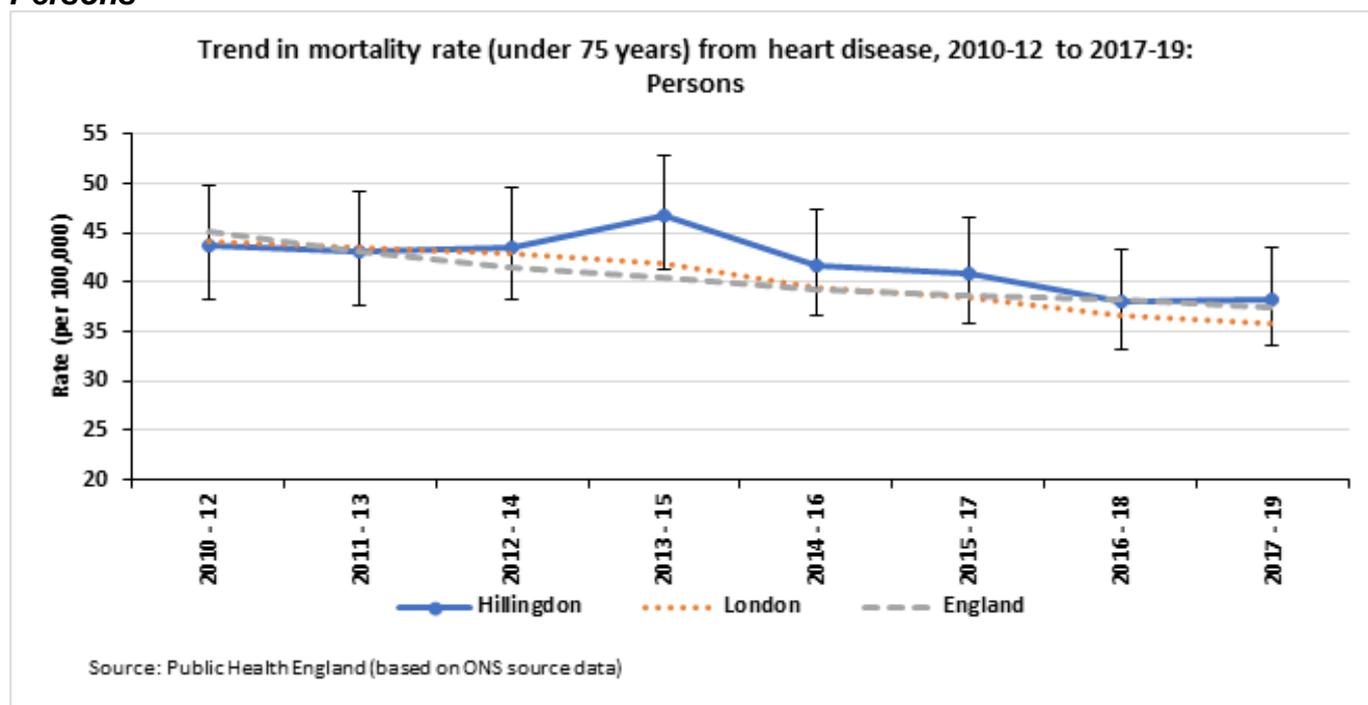
In 2017-19, the premature mortality rate from heart disease in Hillingdon was 38 per 100,000 people, which is similar to the London and England averages.

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



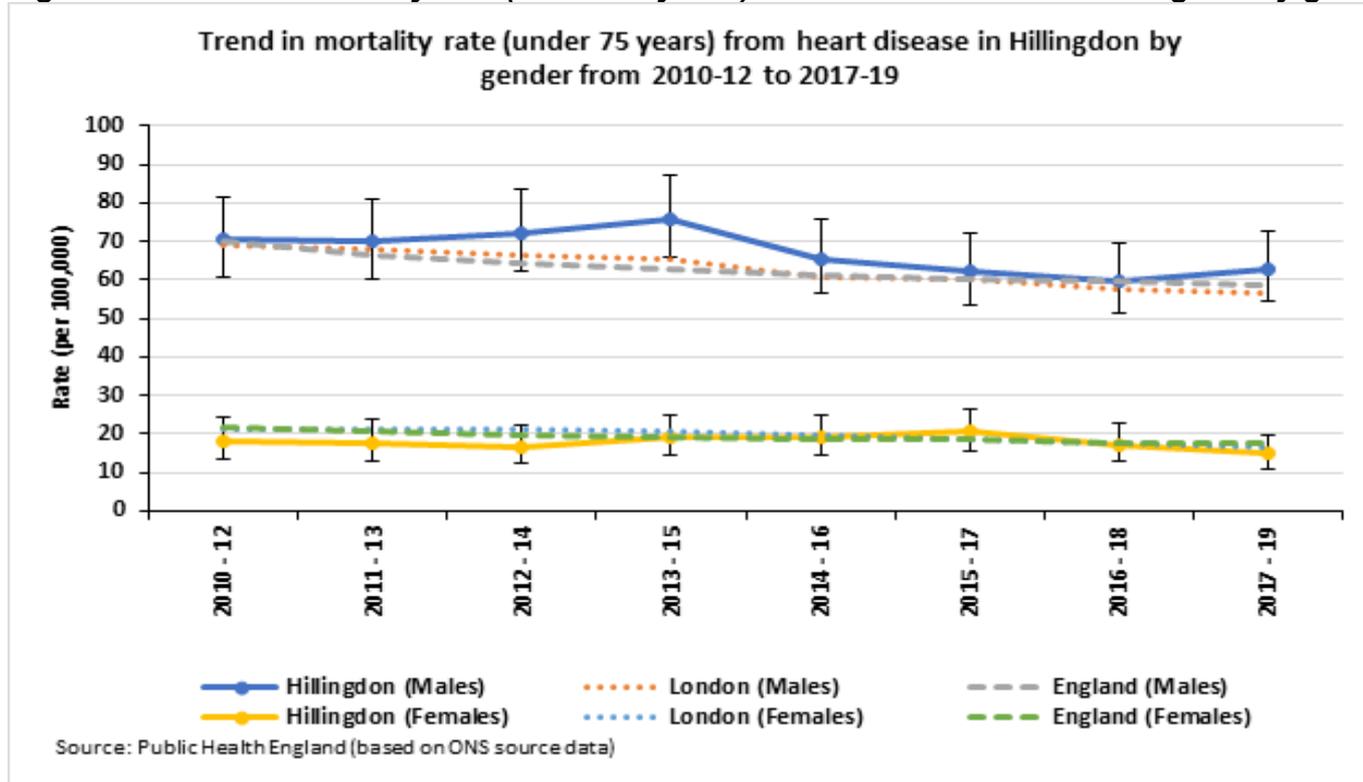
There was an overall downward trend in the early mortality rate from heart disease in Hillingdon in line with the London and England averages, with the exception of 2013-15 where it was the highest. In 2017-19 the mortality rate of Hillingdon was 38 per 100,000 people, similar to London (36 per 100,000)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

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



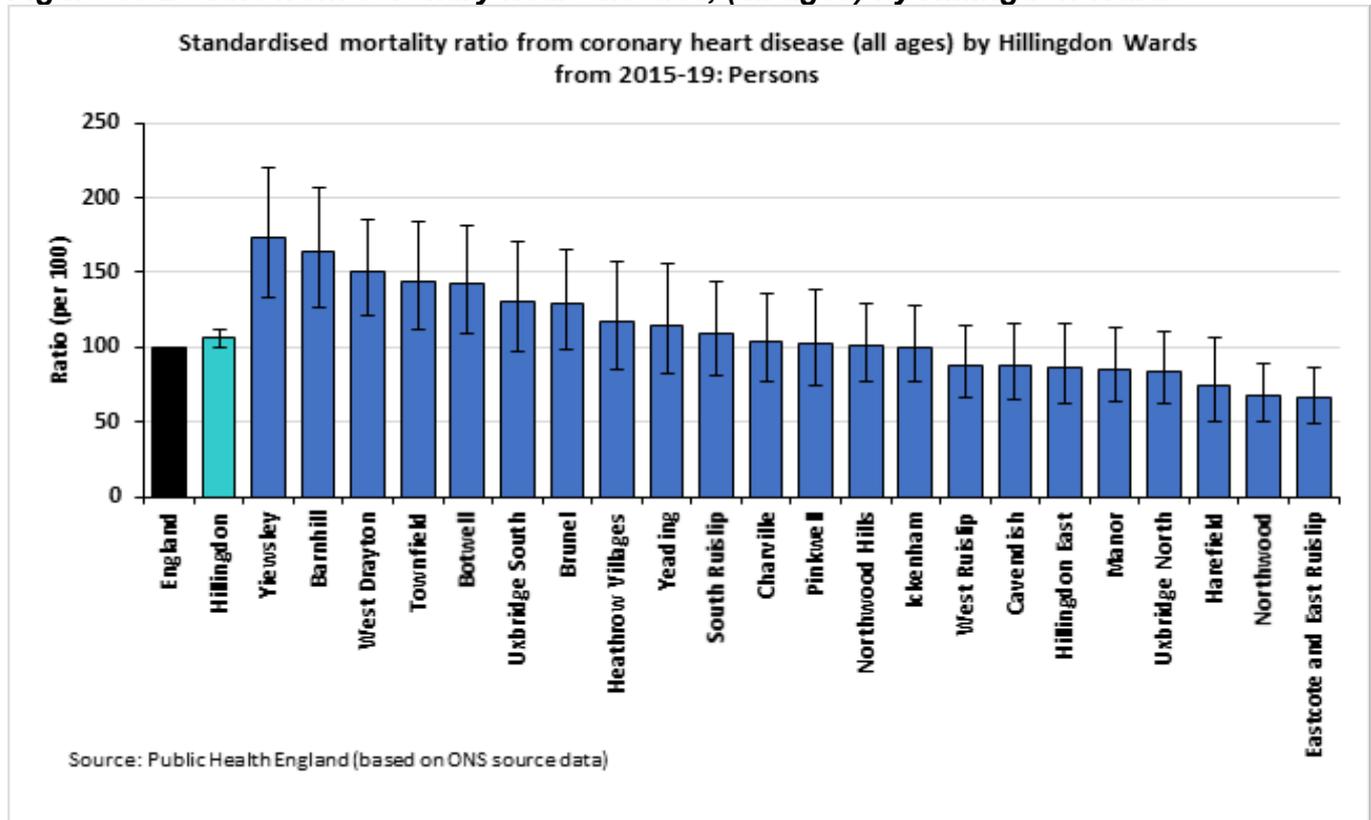
Heart disease early death rates are more than four times higher for males than for females in Hillingdon and this difference has increased in recent years.

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.

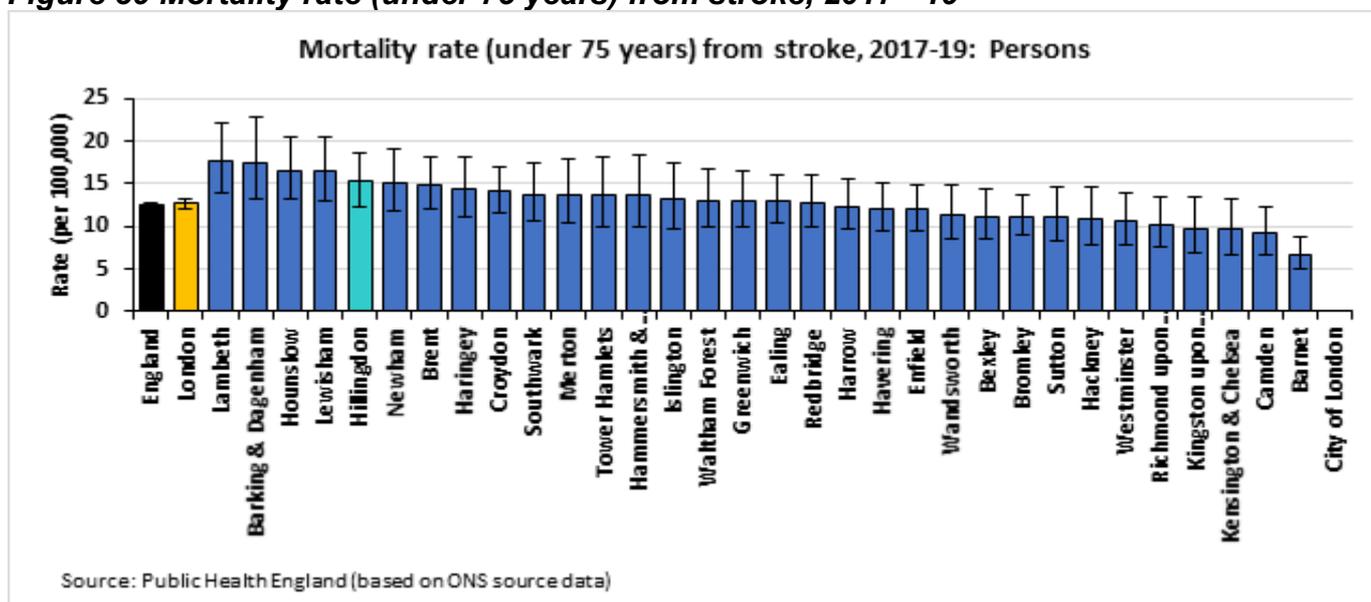
Figure 38 Deaths from coronary heart disease, (all ages) by Hillingdon Wards



Cerebrovascular Disease (CVA) – Stroke

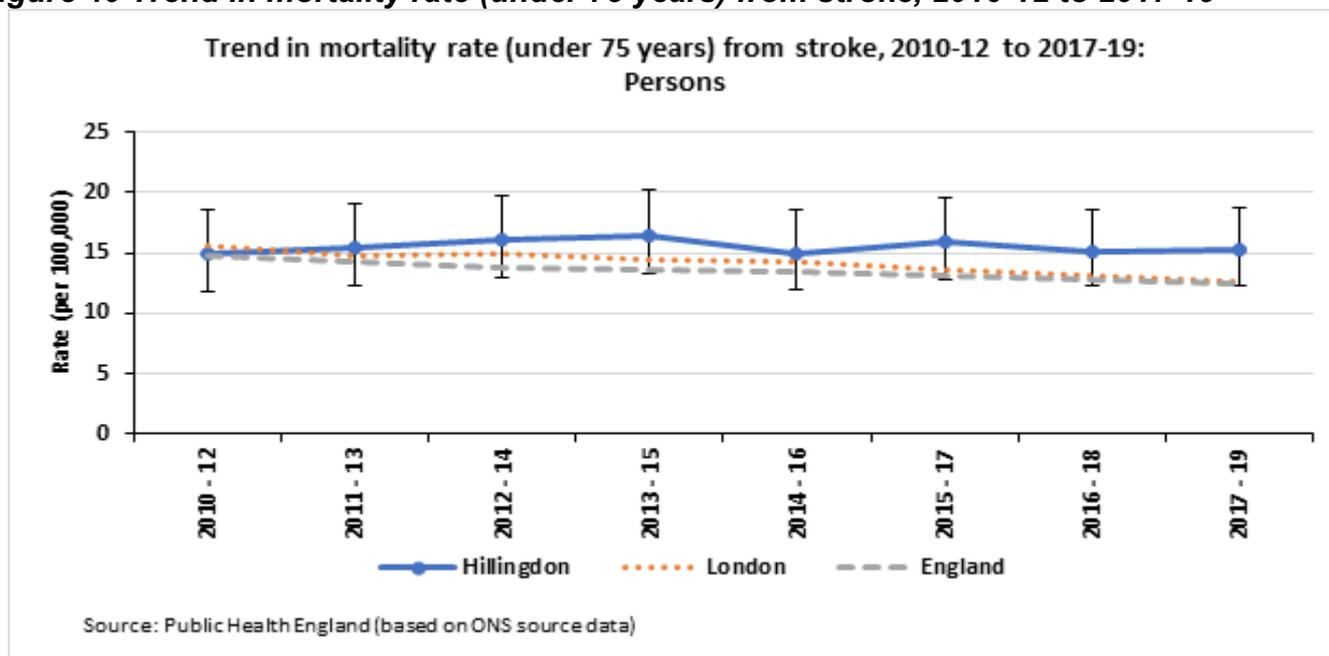
The early death rate from stroke in Hillingdon (15 per 100,000) is similar to the London (13 per 100,000) and England averages (12 per 100,000) from 2017-19.

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



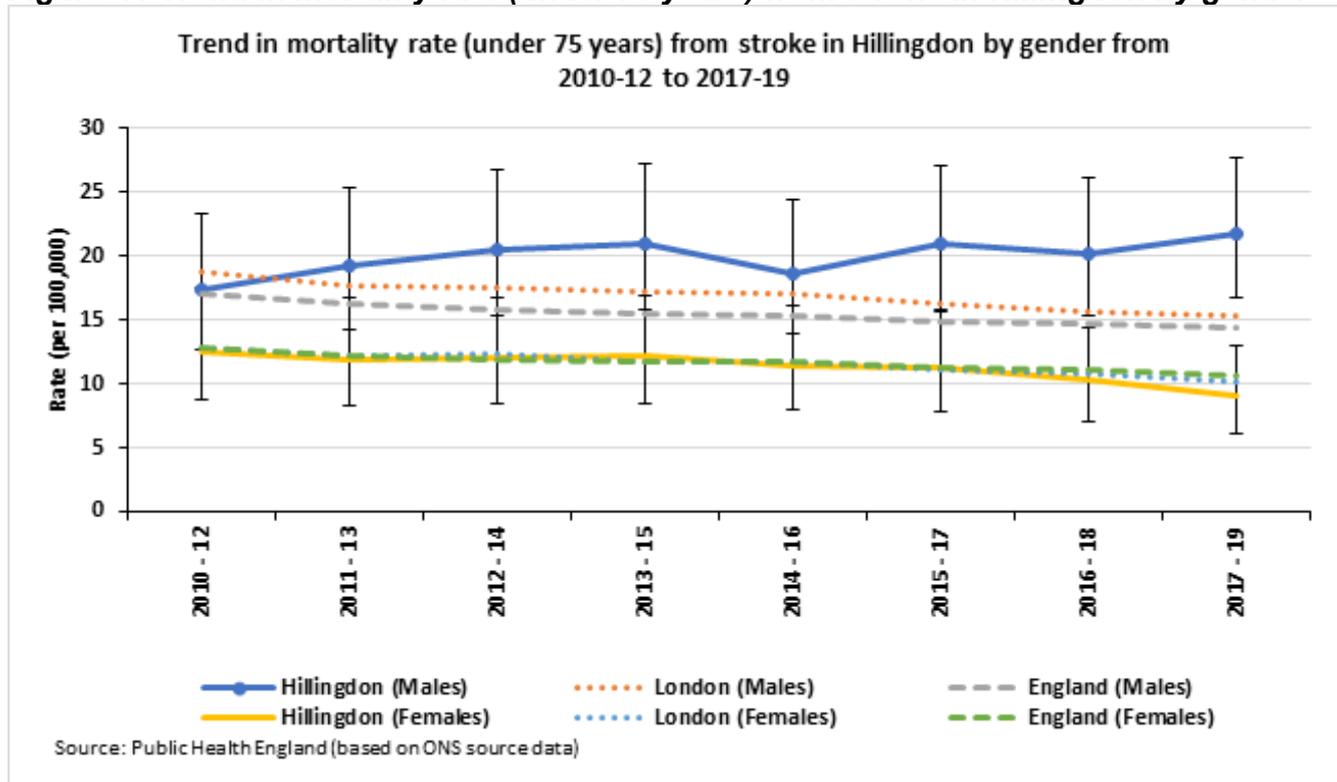
The early death rate due to stroke is fairly stable in Hillingdon unlike in London and England where the rates continue to decline slowly.

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



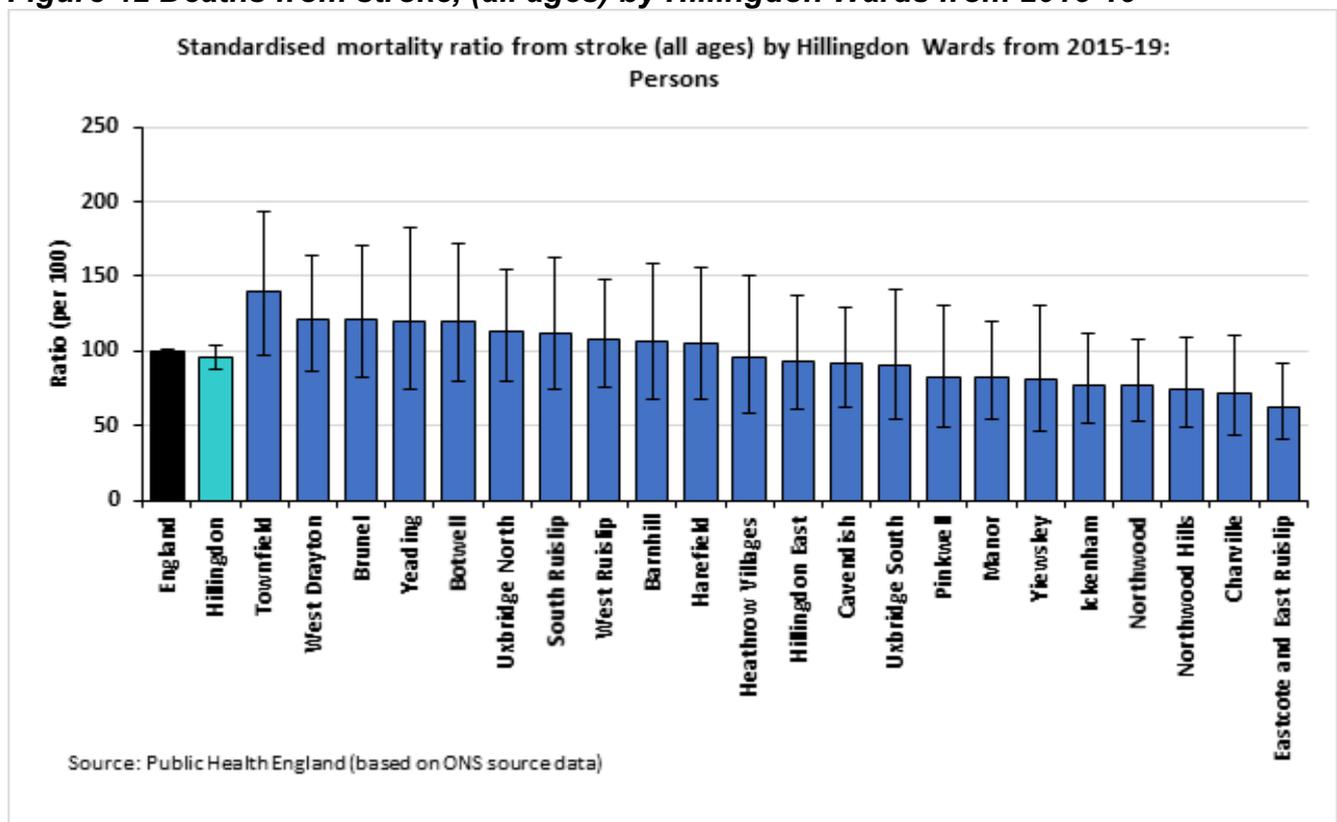
The early death rate due to stroke (22 per 100,000) in males remains over twice that for females (9 per 100,000 people) and has increased more in recent years in Hillingdon. The mortality rate in male is also higher in Hillingdon and continues to rise compared to London and England where cases are falling.

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).

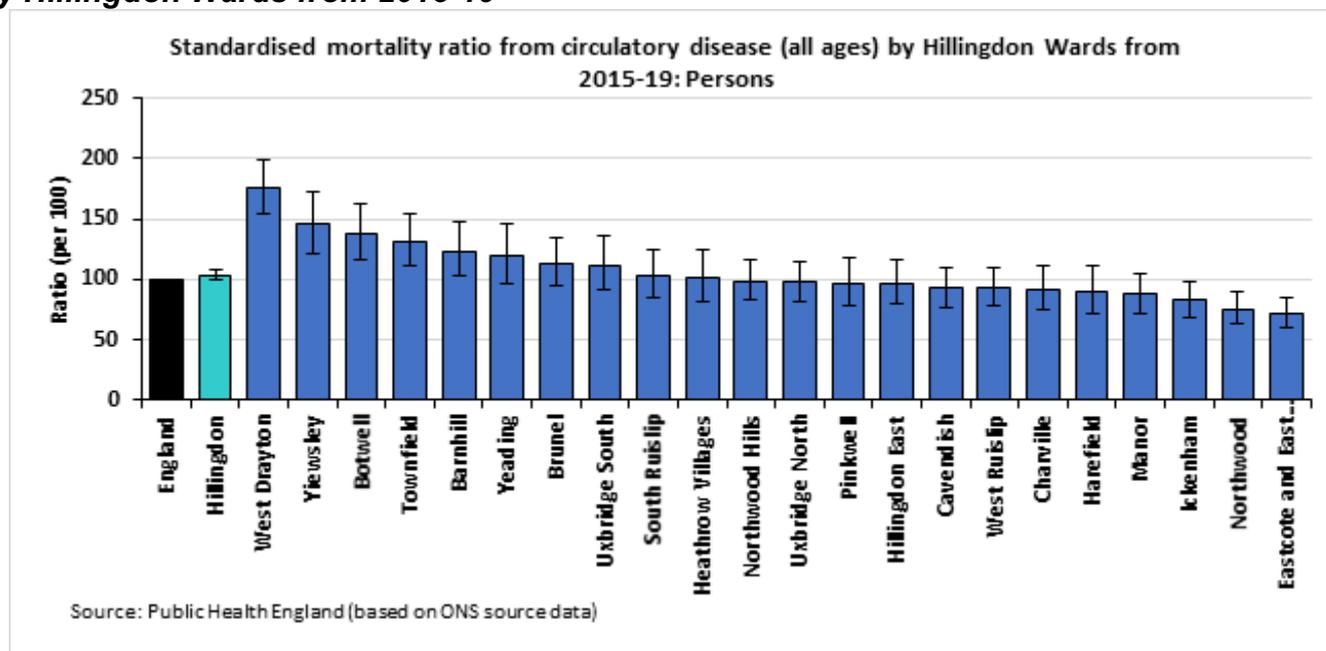
Figure 42 Deaths from stroke, (all ages) by Hillingdon Wards from 2015-19



Circulatory disease

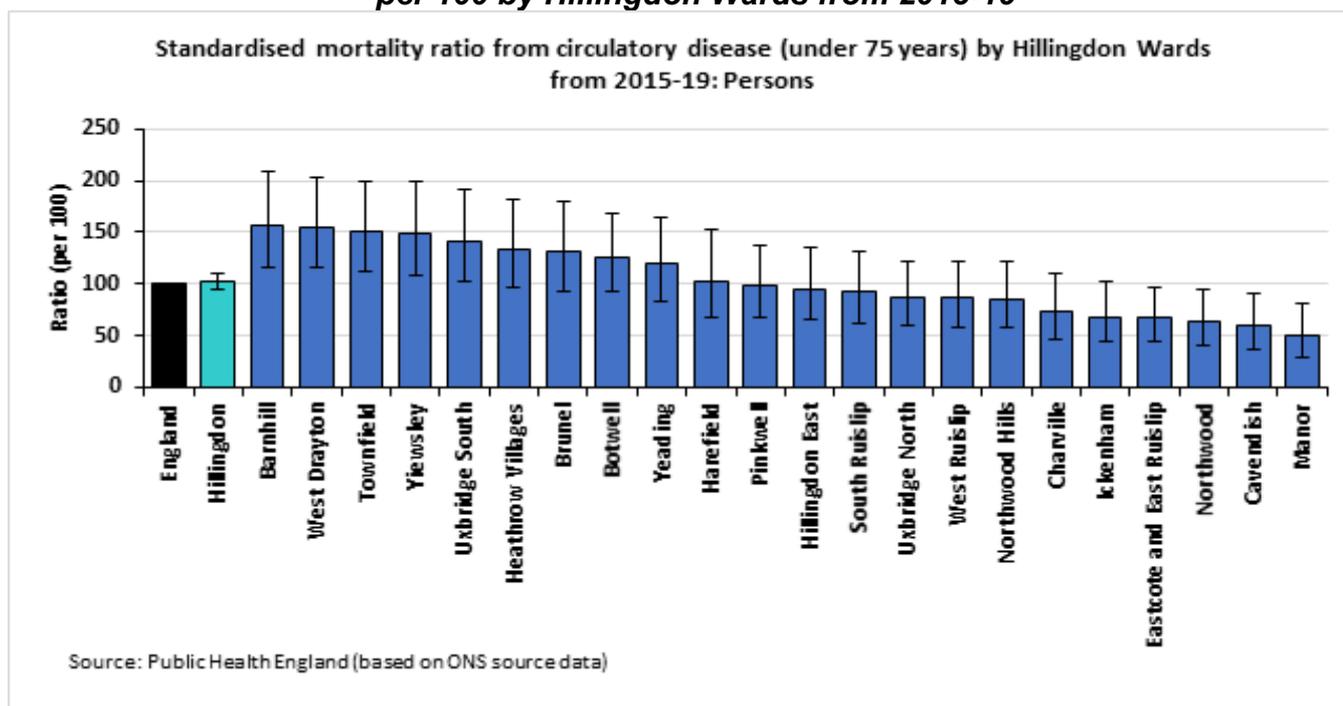
The standardised mortality ratio for all ages from circulatory disease in Hillingdon (104 per 100) is similar to England. Within wards, West Drayton, Yiewsley, Botwell, and Townfield have higher ratio than the Hillingdon average.

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.

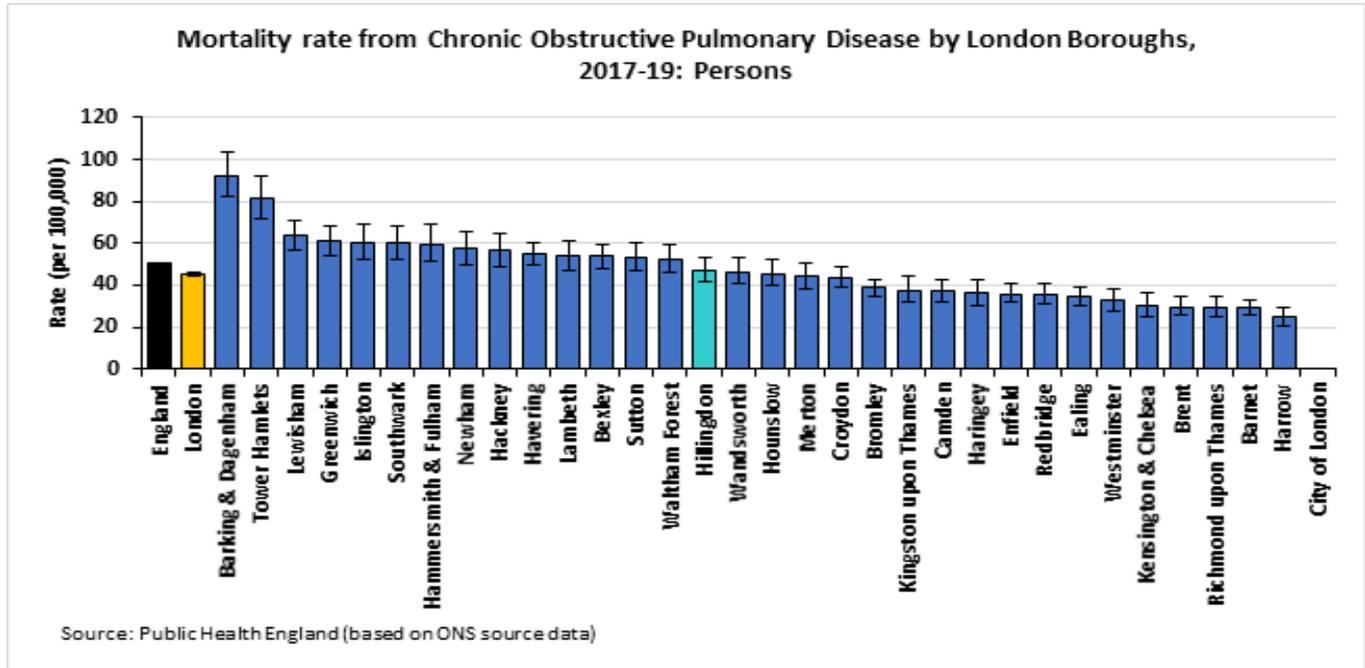
Figure 44 Deaths from circulatory disease, (under 75 years), standardised mortality ratio per 100 by Hillingdon Wards from 2015-19



Chronic Obstructive Pulmonary Disease

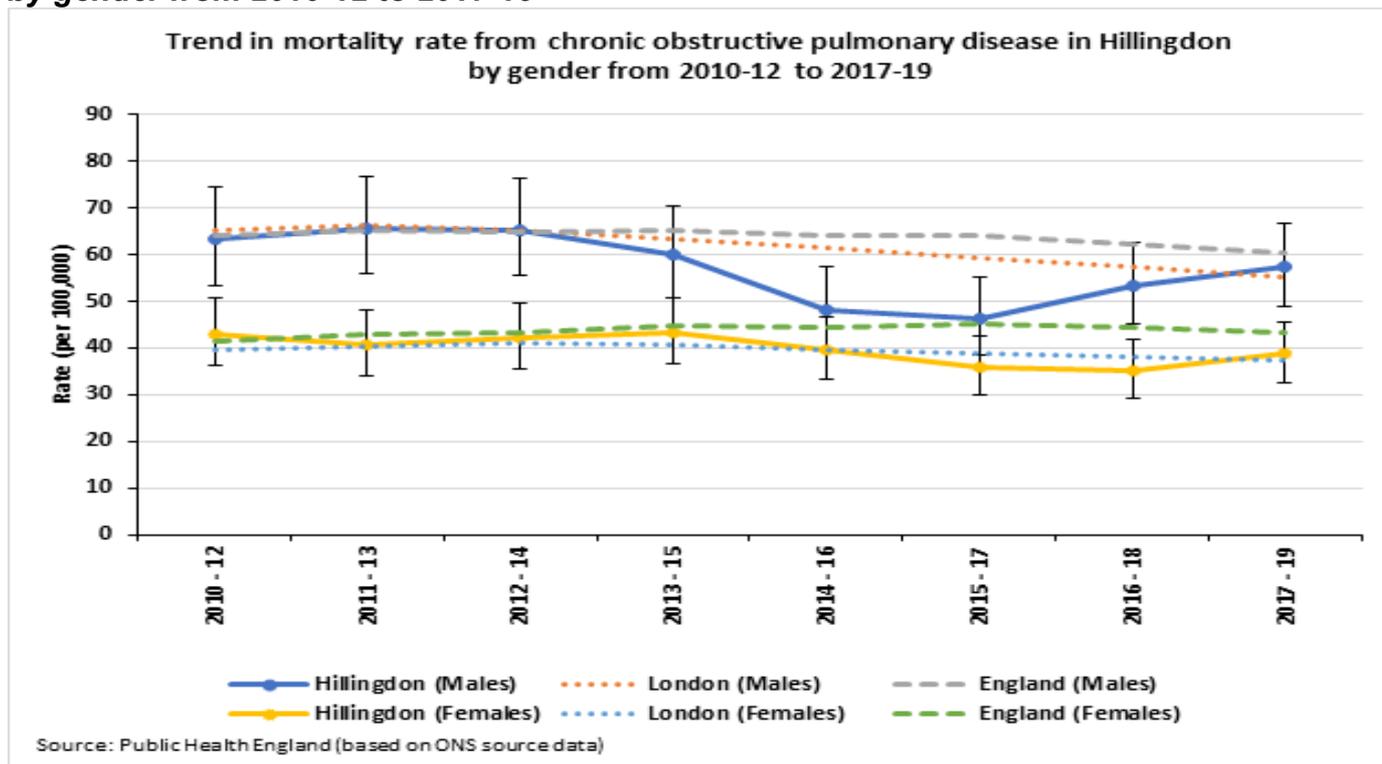
Mortality by COPD was higher in Hillingdon than in London but lower than in England. Between 2017 and 2019, the rate was 47 per 100,000 in Hillingdon, higher than the London average of 45 per 100,000 people.

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.

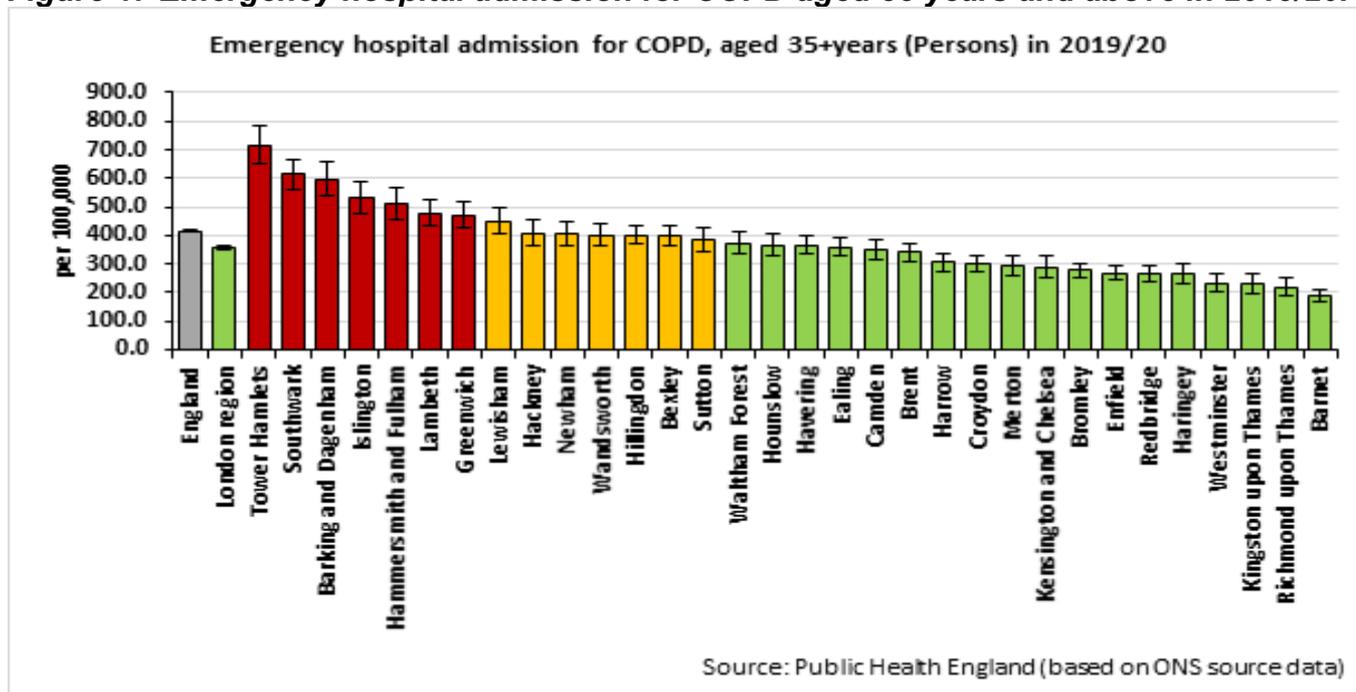
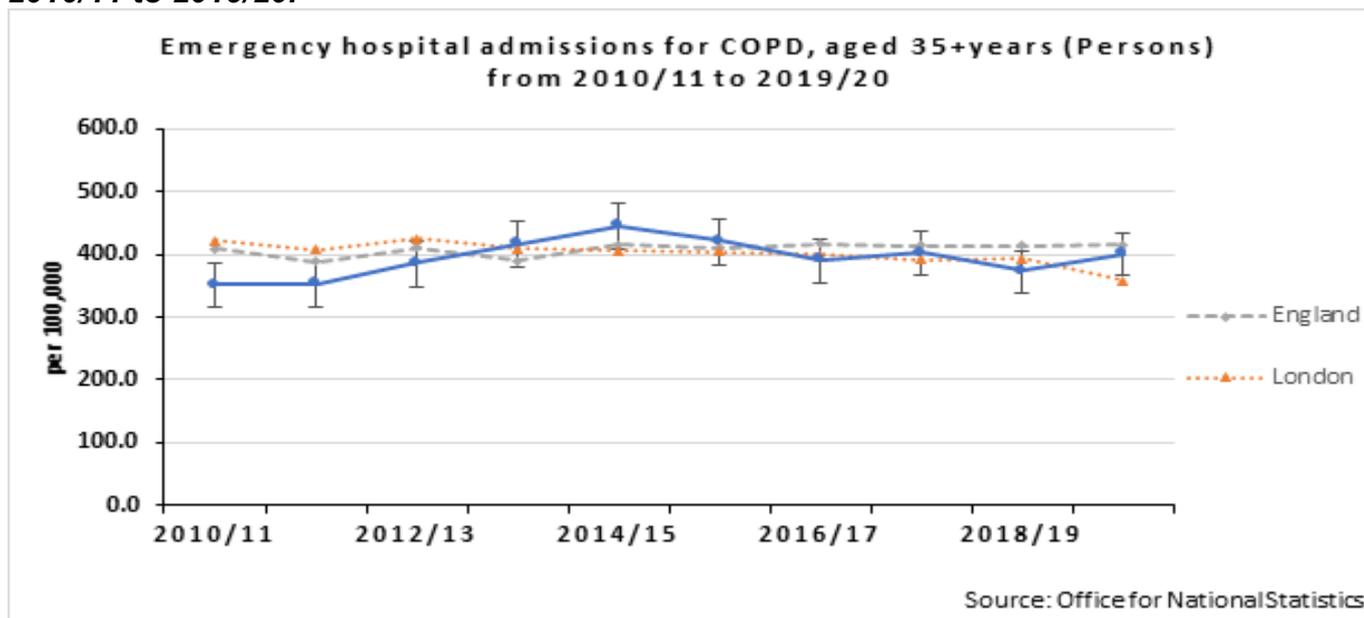


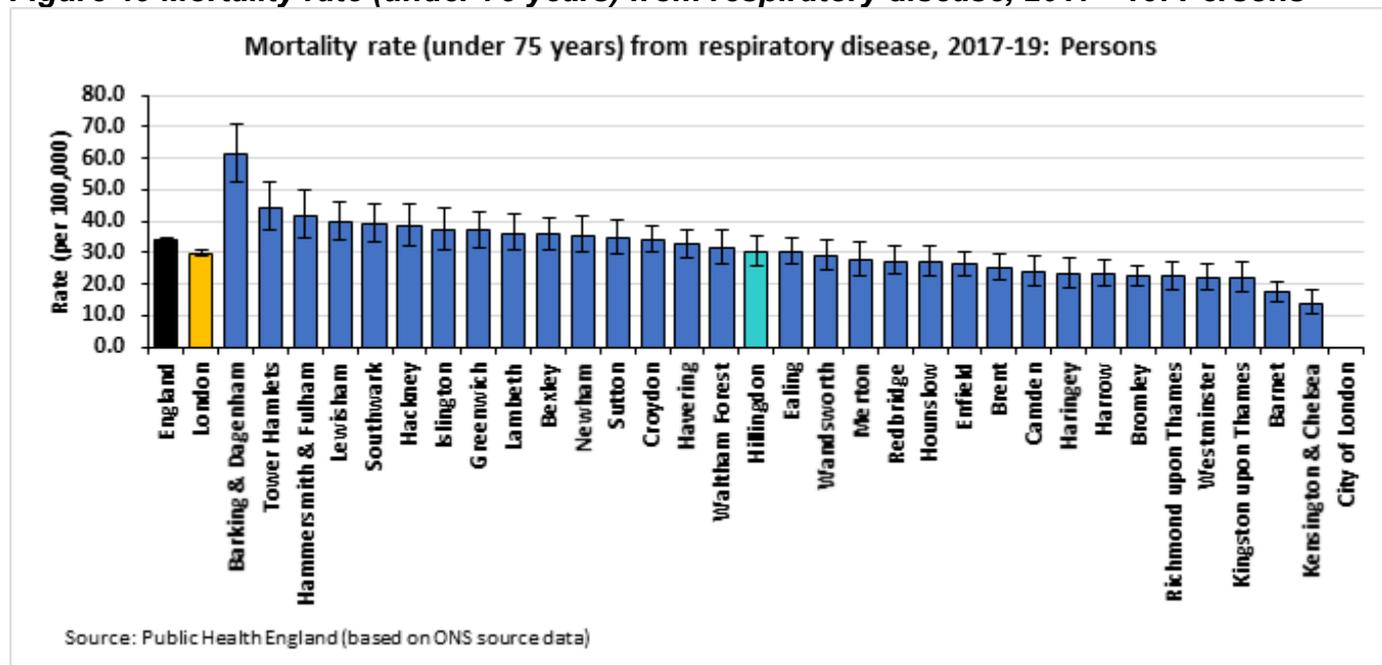
Figure 48 Trend in emergency hospital admission for COPD aged 35 years and above from 2010/11 to 2019/20.



Respiratory disease

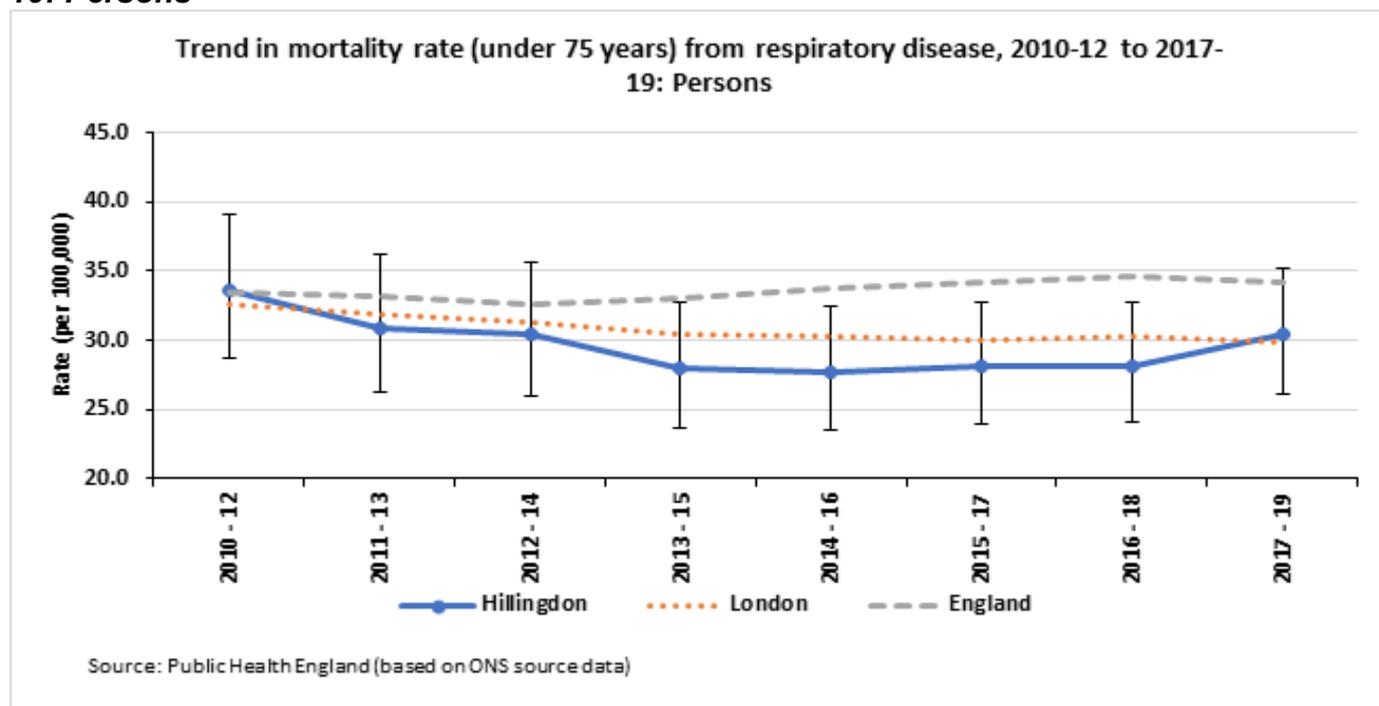
In Hillingdon, early death rates from respiratory disease (30.4 per 100,000) are similar to the London (29.9 per 100,000) and England averages (34.2 per 100,000).

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



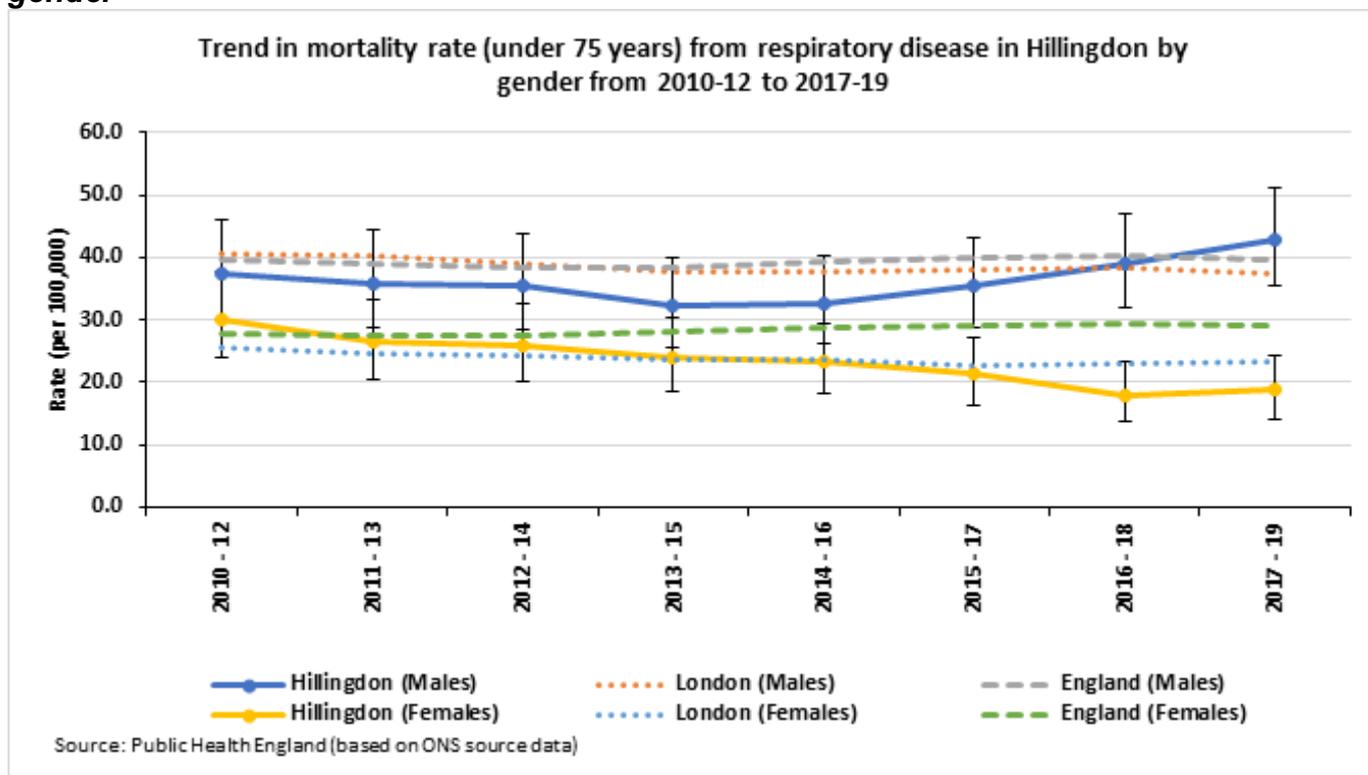
The early death rates from respiratory disease in Hillingdon declined until 2013-15 and since then is gradually increasing.

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



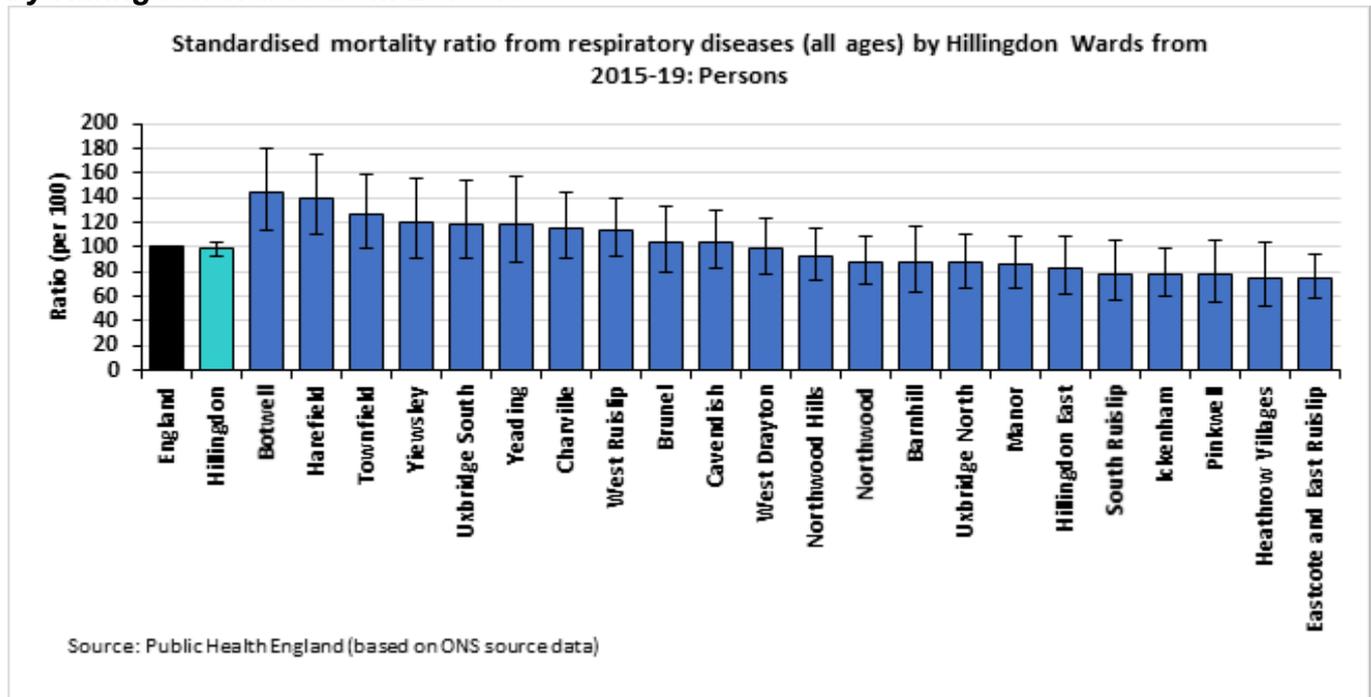
The early death rates due to respiratory disease are similar in Hillingdon, London and England for men. However, for women the rate is lower in Hillingdon than nationally. Rates for men appear to be rising, while for women the recent fall in rates appears to have flattened. In 2017-19, the early death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

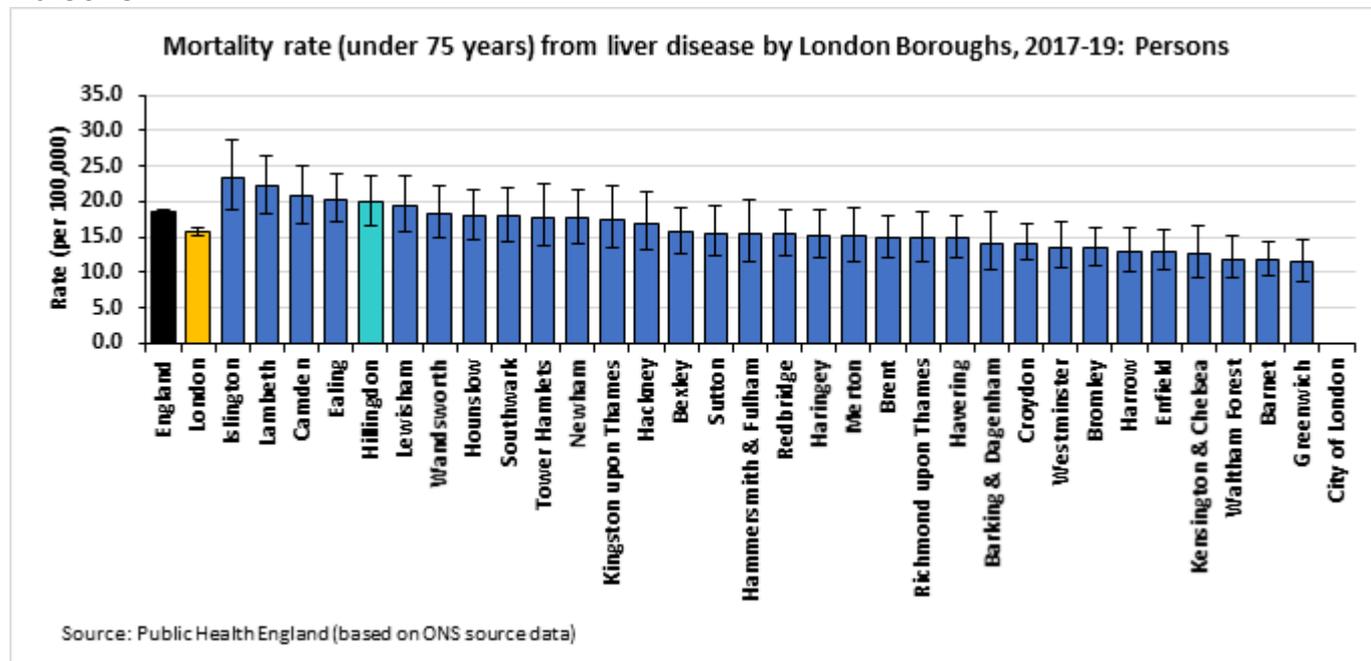
Figure 52 Deaths from respiratory diseases, (all ages), standardised mortality ratio per 100 by Hillingdon Wards from 2015-19



Liver disease

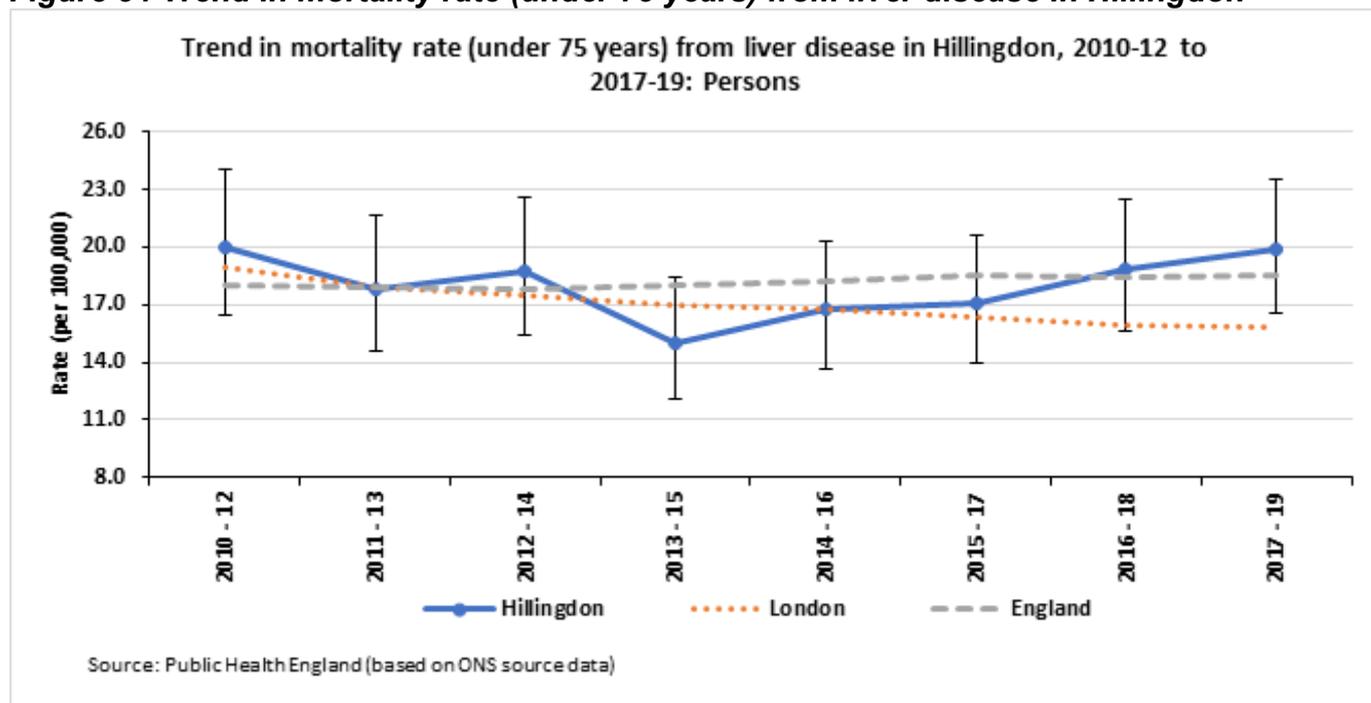
The rate of early death from liver disease in Hillingdon (19.9 per 100,000) is similar to the England average (18.5 per 100,000) but worse than the London average (15.9 per 100,000).

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



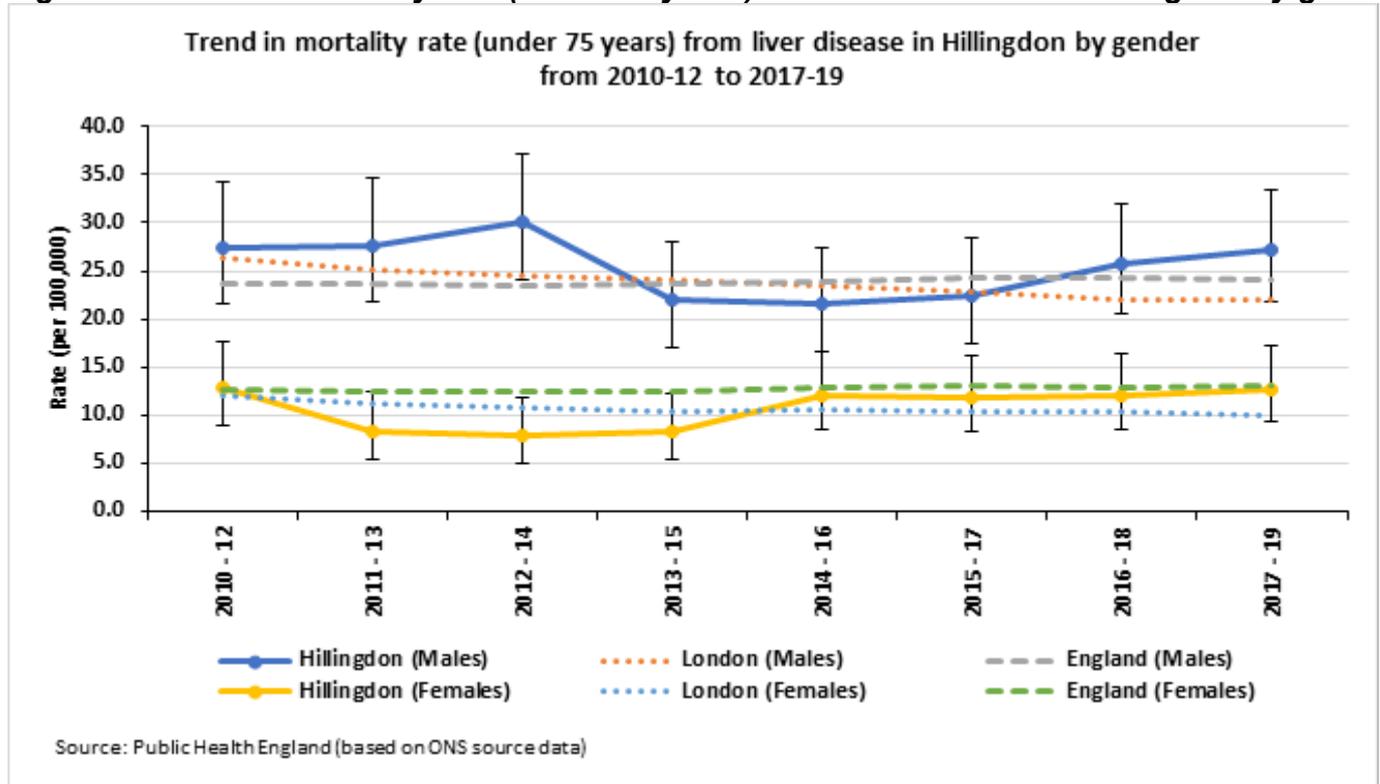
The overall trend in early mortality rate from liver disease in Hillingdon shows that the rate decreased until 2013-15 and since then has increased gradually. The rate in 2017-19 (19.9 per 100,000) was similar to ten years ago in 2010-2012 (20.0 per 100,000).

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.

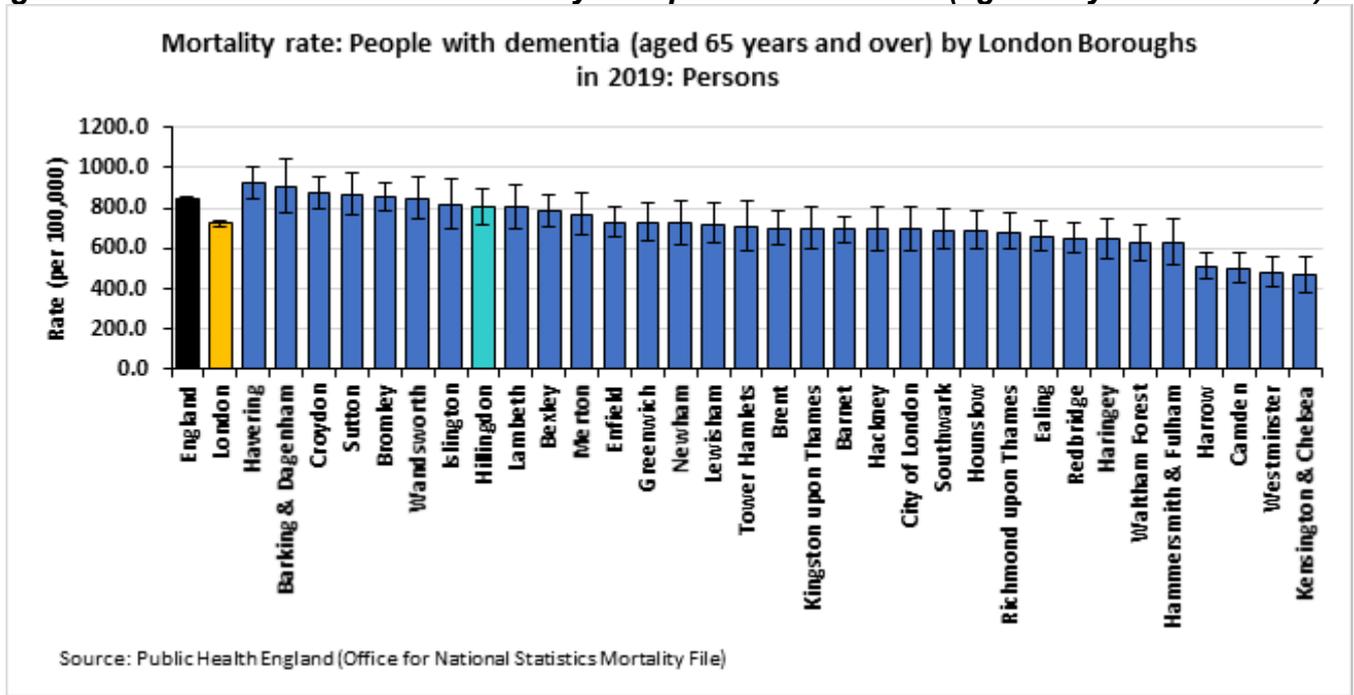
Figure 55 Trend in mortality rate (under 75 years) from liver disease in Hillingdon by gender



Dementia

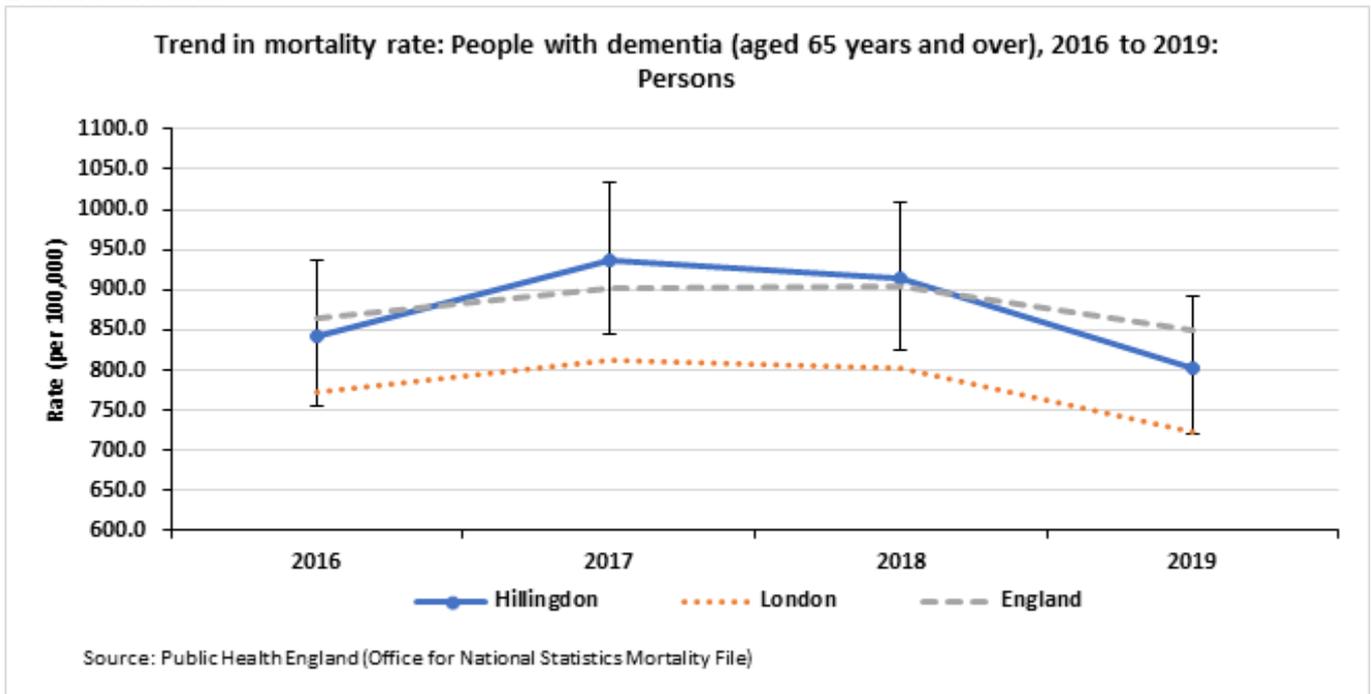
The rate of mortality of those with a recorded mention of dementia in Hillingdon in people over the age of 65 is 803 per 100,000 people which is similar to the London rate of 723 per 100,000 and England rate of 849 per 100,000 people.

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



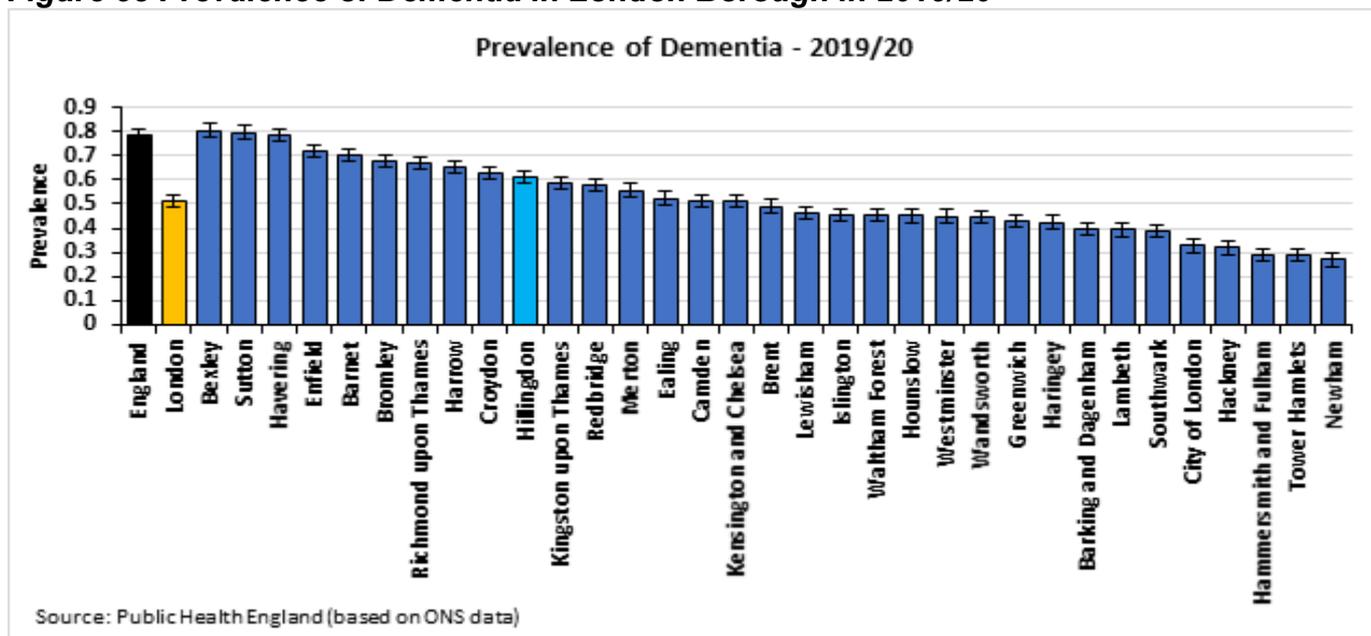
The mortality rate in people with dementia in Hillingdon follows the similar downward trend of London and England.

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



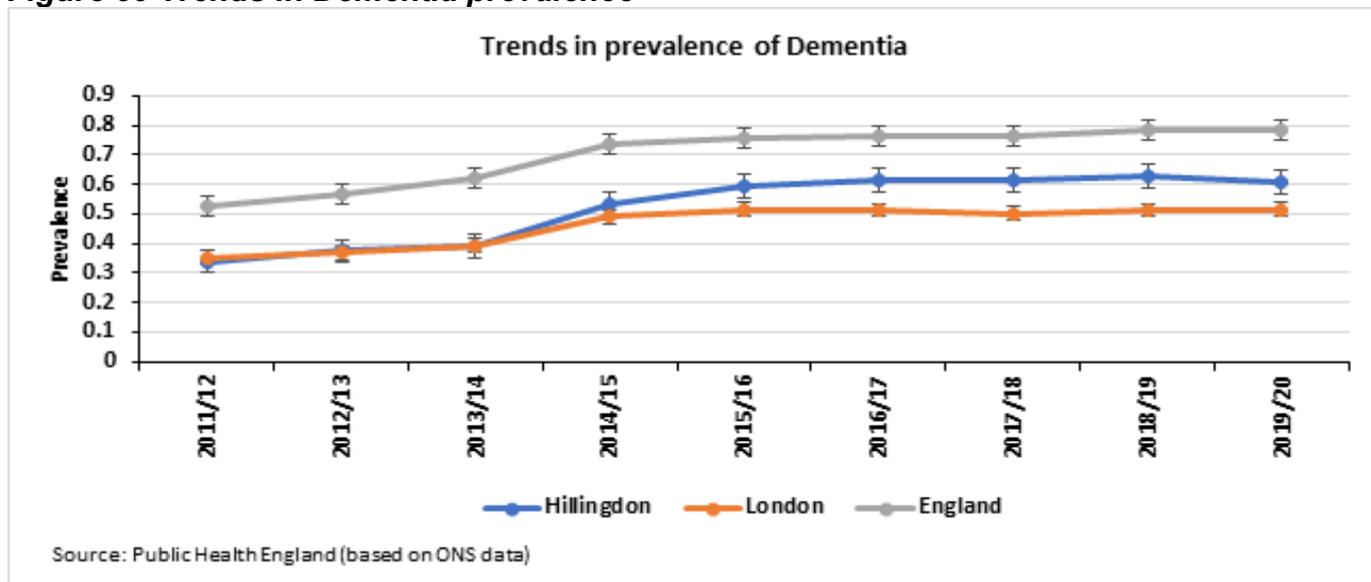
The proportion of persons with dementia in Hillingdon (0.60) was lower than England (0.78) but higher than London's proportion (0.51) in 2019/20.

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



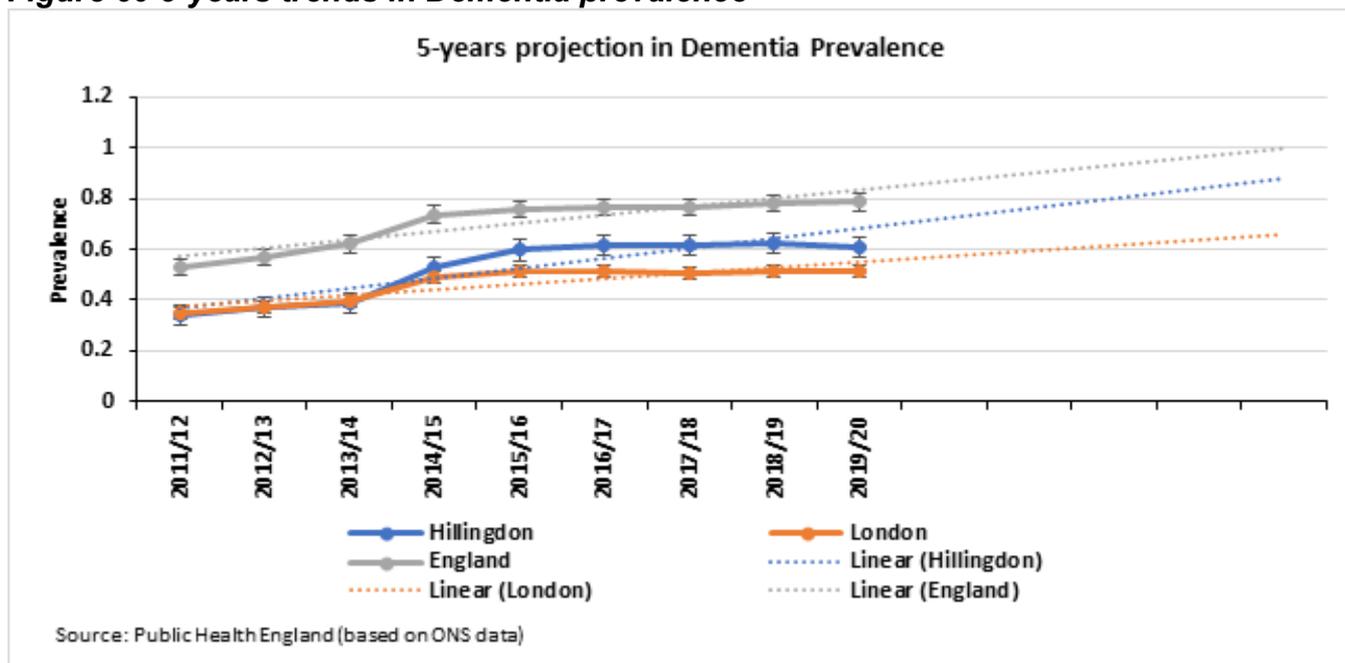
The prevalence of dementia (%) in Hillingdon increased in 2014/2015, with a sustained increase in 2015/16 and a small decline in 2019/20.

Figure 59 Trends in Dementia prevalence



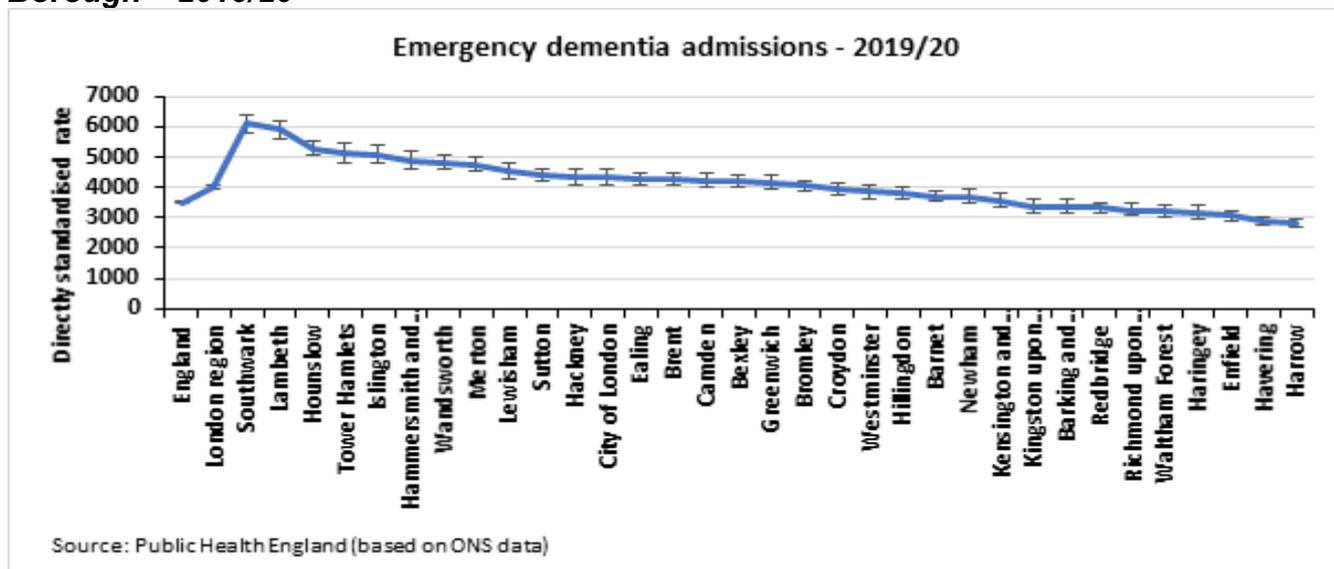
The Dementia prevalence (%) in Hillingdon is estimated to increase over the next 5 years.

Figure 60 5-years trends in Dementia prevalence



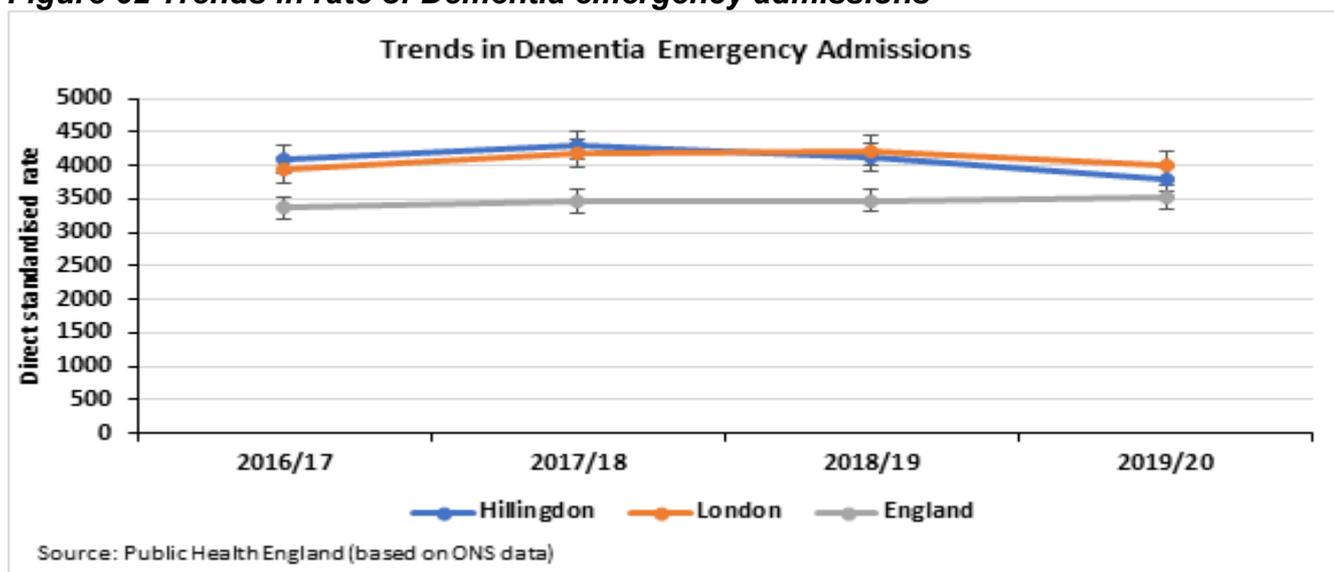
The rate of dementia emergency admissions was better in Hillingdon than in London but worse than in England.

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



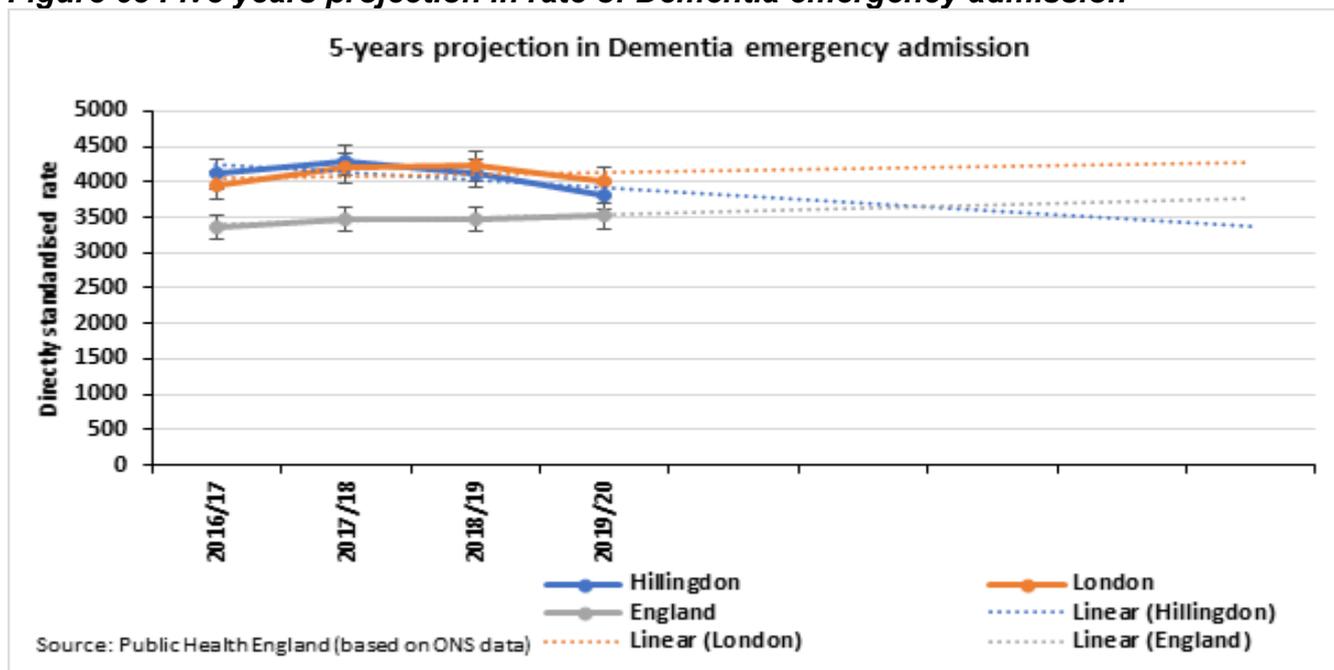
Emergency admissions for dementia have reduced since 2017/18.

Figure 62 Trends in rate of Dementia emergency admissions



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

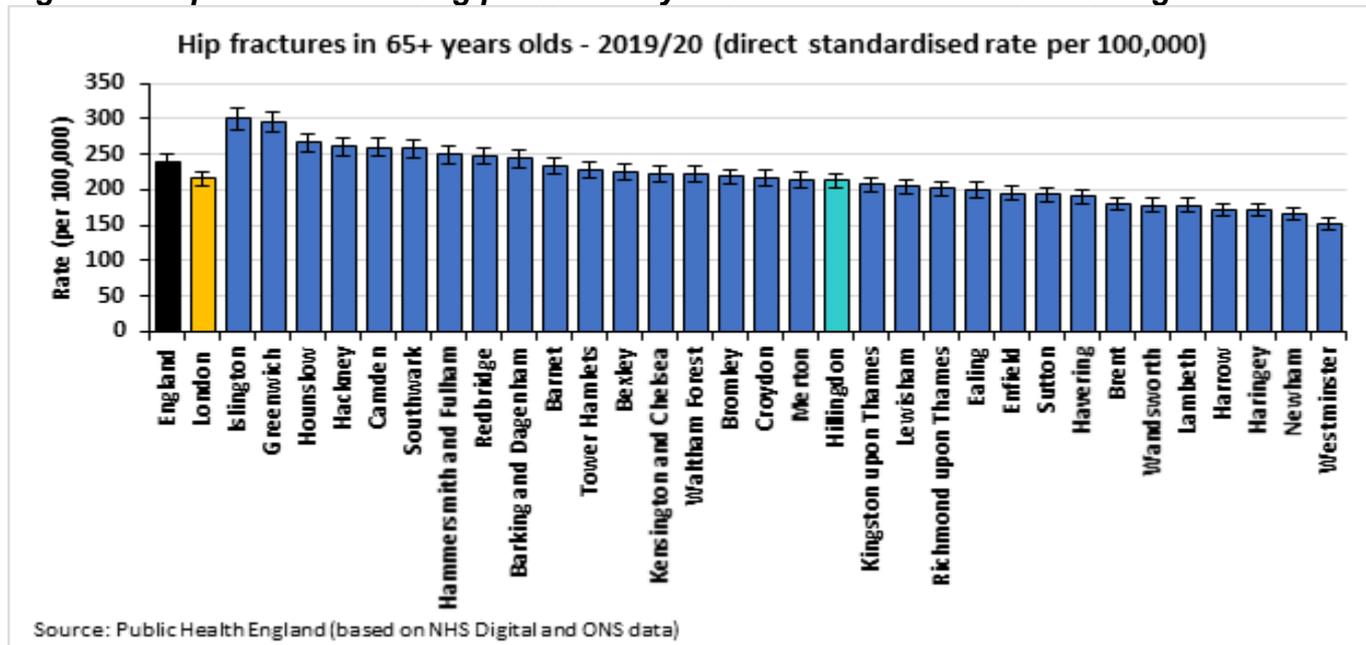
Figure 63 Five years projection in rate of Dementia emergency admission



Hip Fractures

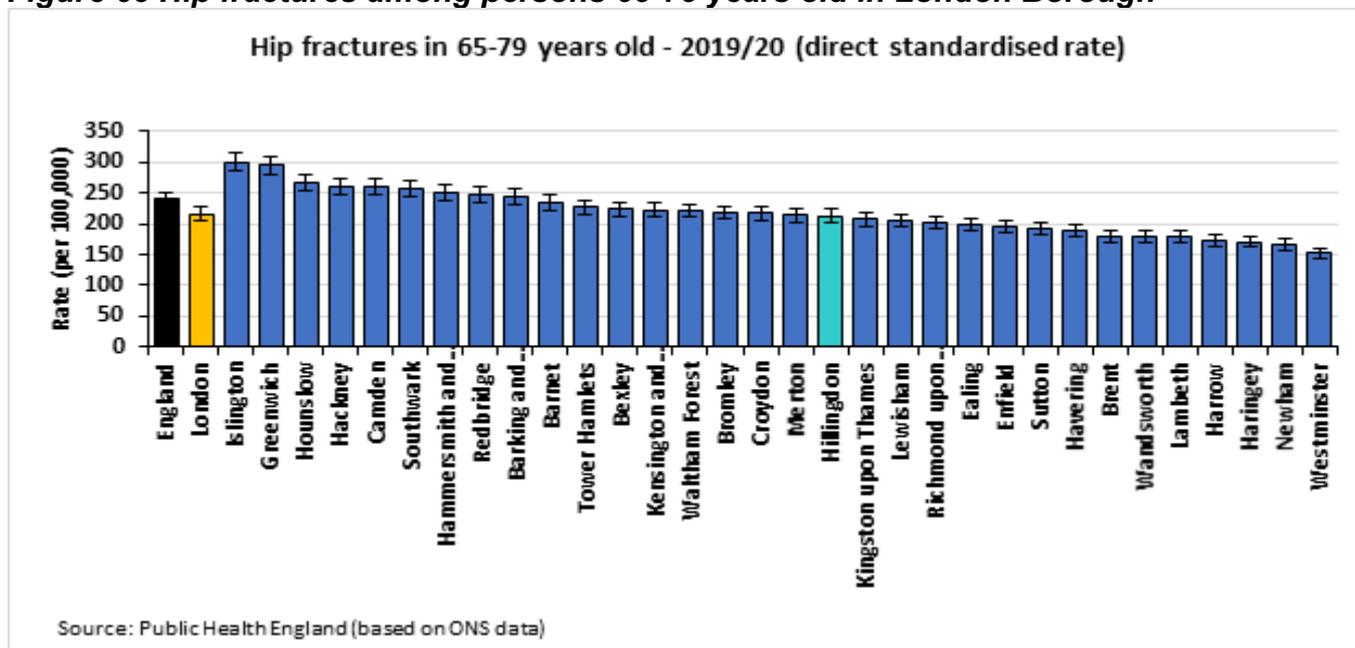
The rate of hip fractures among persons aged 65 years and overs in Hillingdon was lower than England and London’s rate.

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



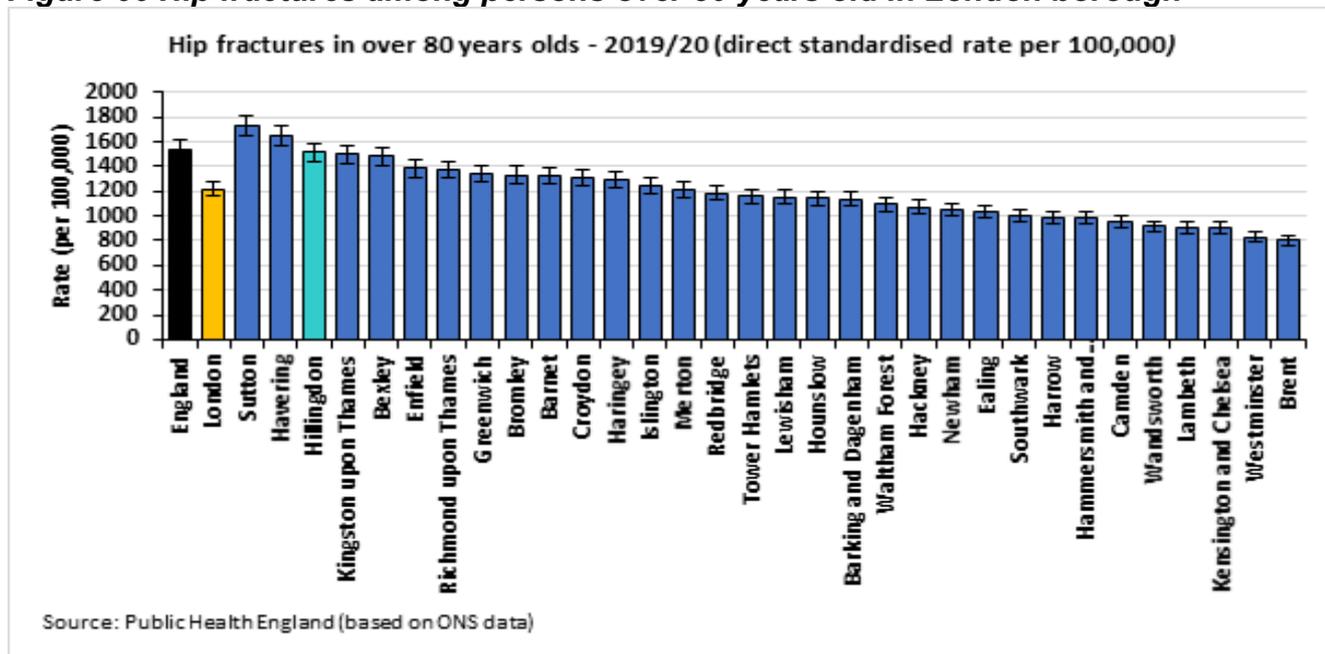
The rate of hip fractures among 65 -79 years olds in Hillingdon was lower than England but comparable to London’s rate.

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



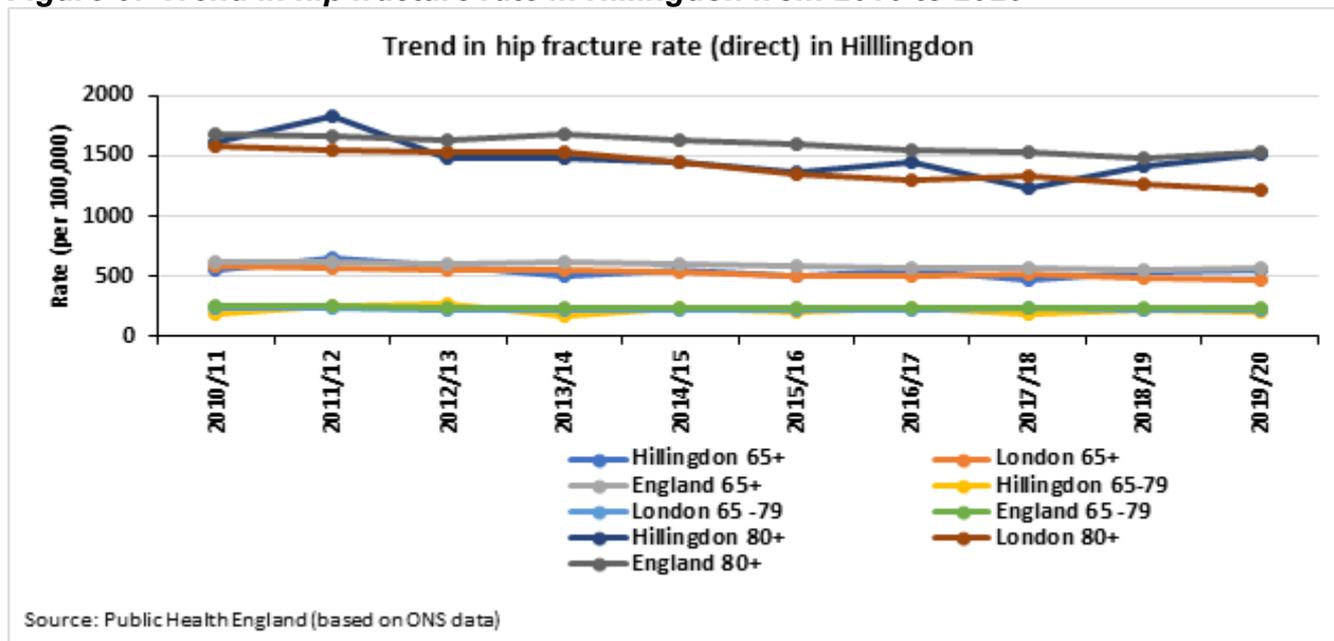
The hip fractures rate in Hillingdon among 80 years olds was lower than England but higher than London’s rate.

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



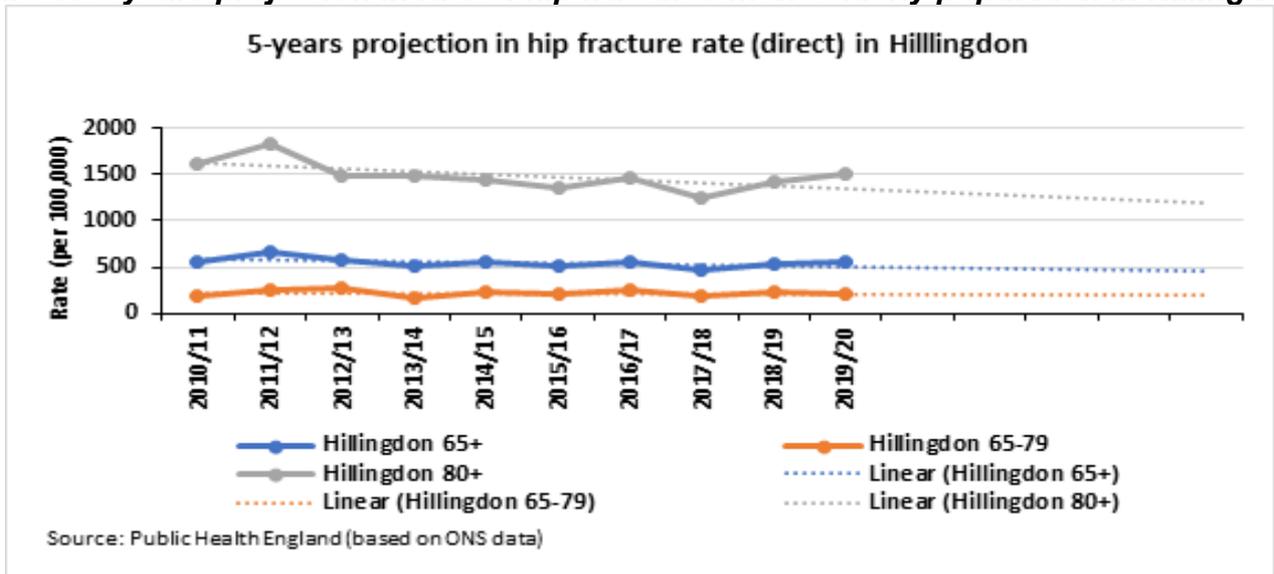
Hip fracture rates among persons aged over 80 years in Hillingdon increased appreciably from 2017 to 2020. The rate among persons aged 65+ and 65-79 years has remained almost the same from 2010 to 2020.

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.

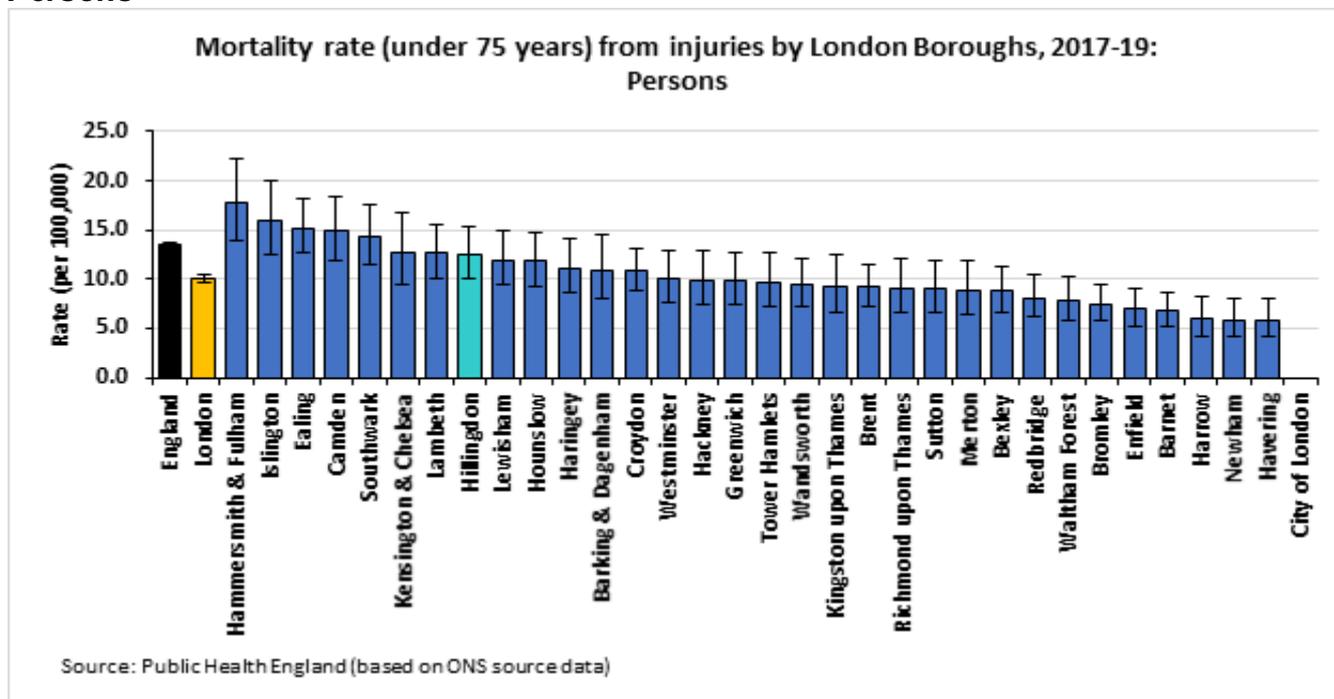
Figure 68 5-years projection in rate of hip fractures in the elderly population in Hillingdon



Injuries

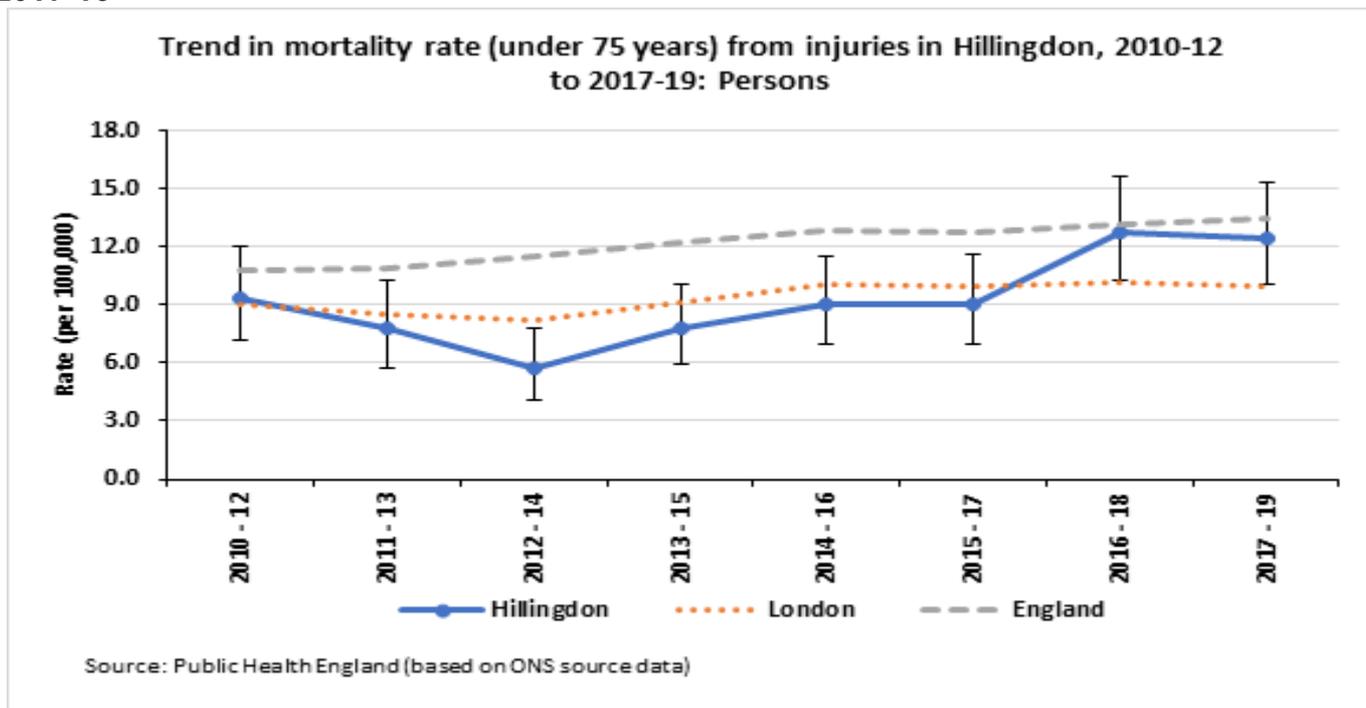
The early mortality rate from injuries in Hillingdon was 12.5 per 100,000 people which is similar to the England rate of 13.5 per 100,000 people but higher than the London rate of 10.0 per 100,000 people.

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



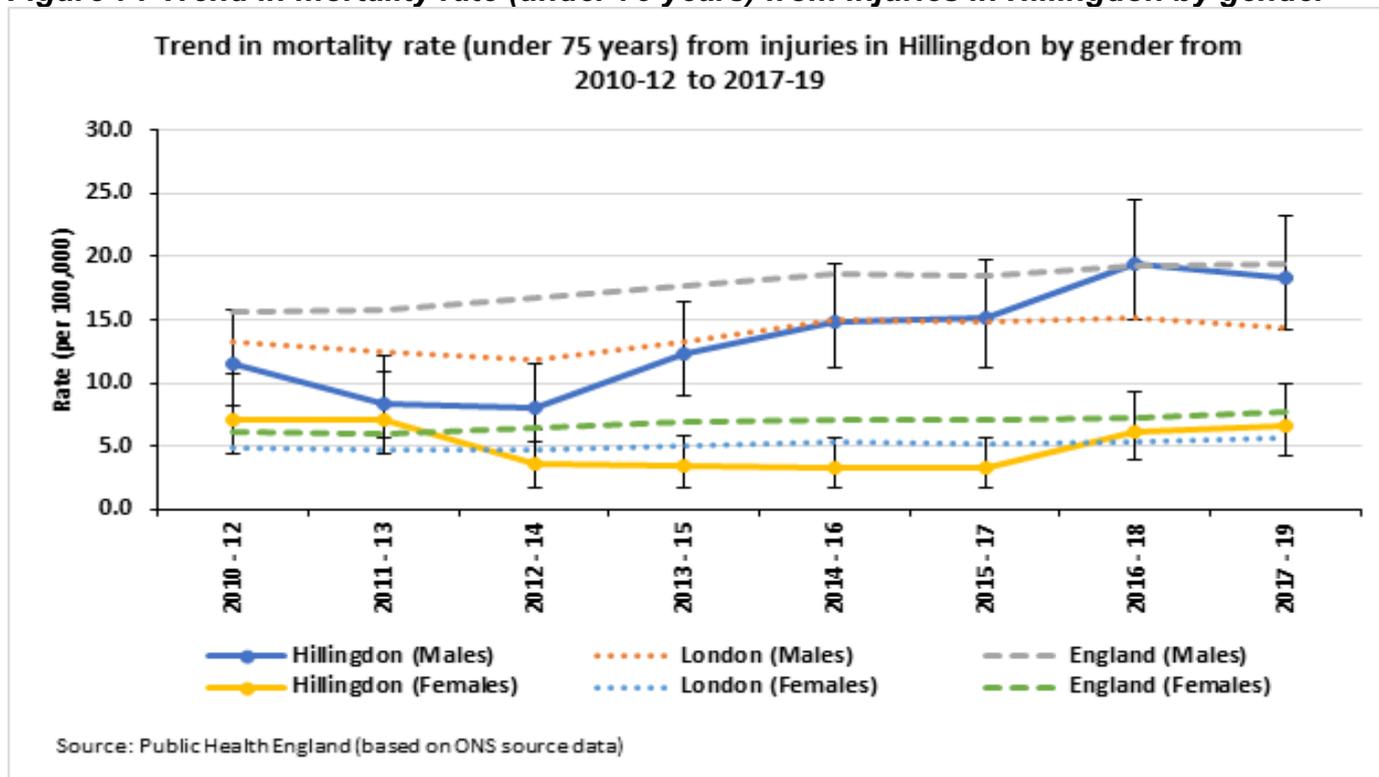
Between 2010 and 2019, the early mortality rate from injuries was lowest in 2012-14 at 5.8 per 100,000 people. Since then, the rate has increased reaching the highest at 13.2 per 100,000 in 2016-18.

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

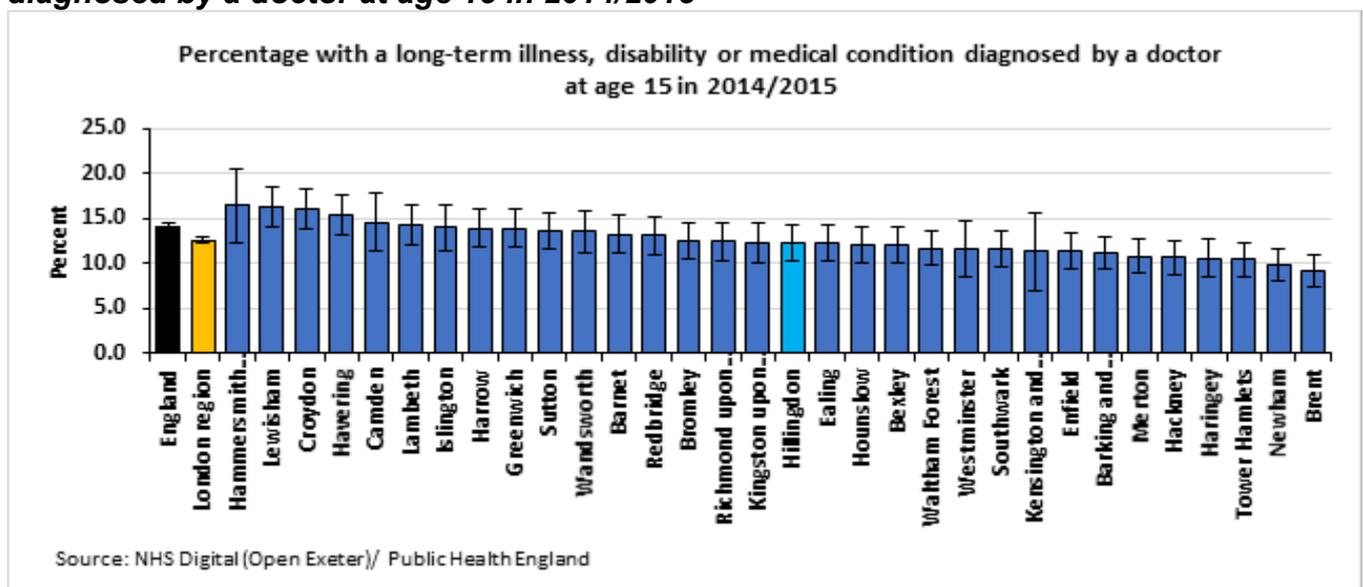


Disability

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.

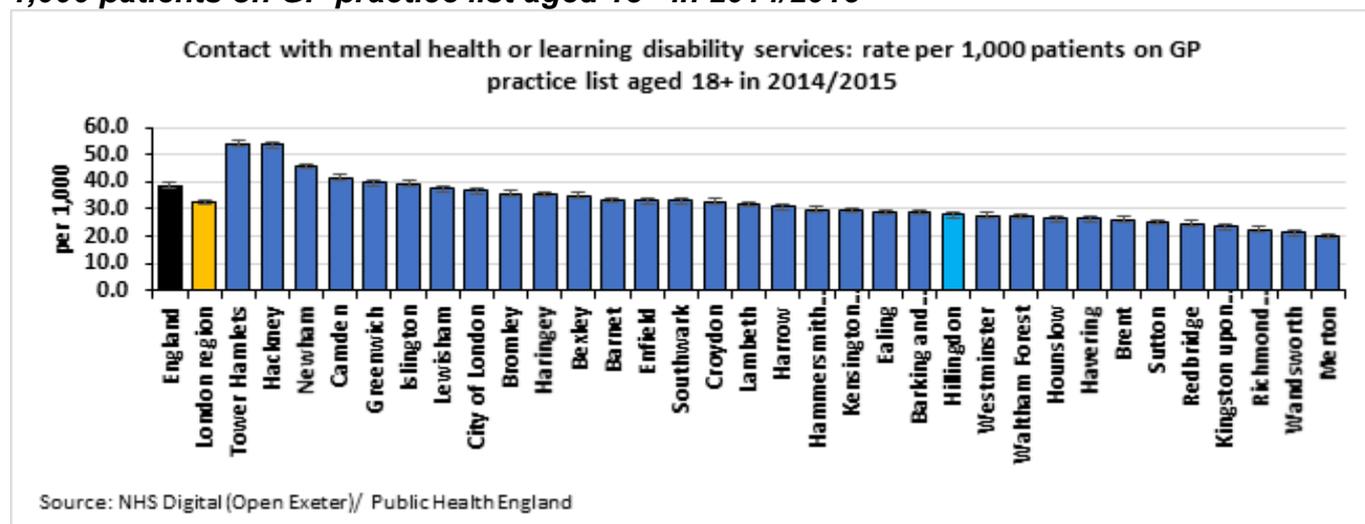
We do not have recent data on the percentage of children at age 15 who were diagnosed with long term illness, disability or medical conditions; however in 2014/2015, there were about 12% children at age 15 diagnosed with such conditions, which was lower than for England (14%).

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



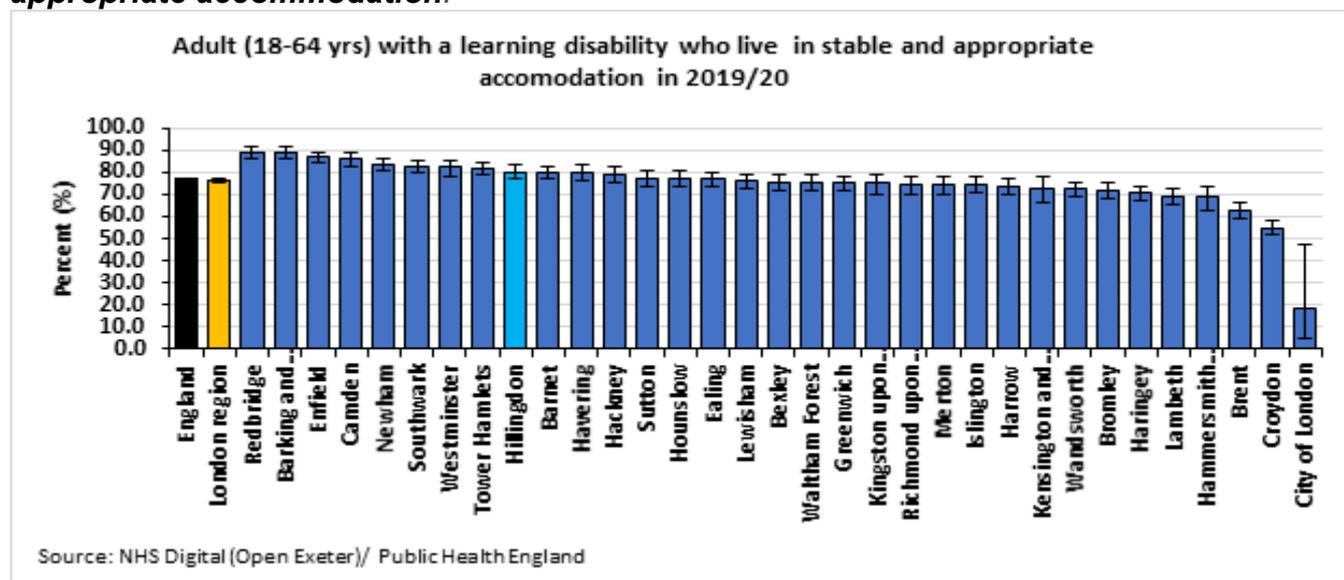
Similarly, the number of patients registered at a GP practice that are in contact with mental health or learning disability services was 38.7 per 1,000 for England and 28 per 1,000 for Hillingdon in 2014/2015.

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.

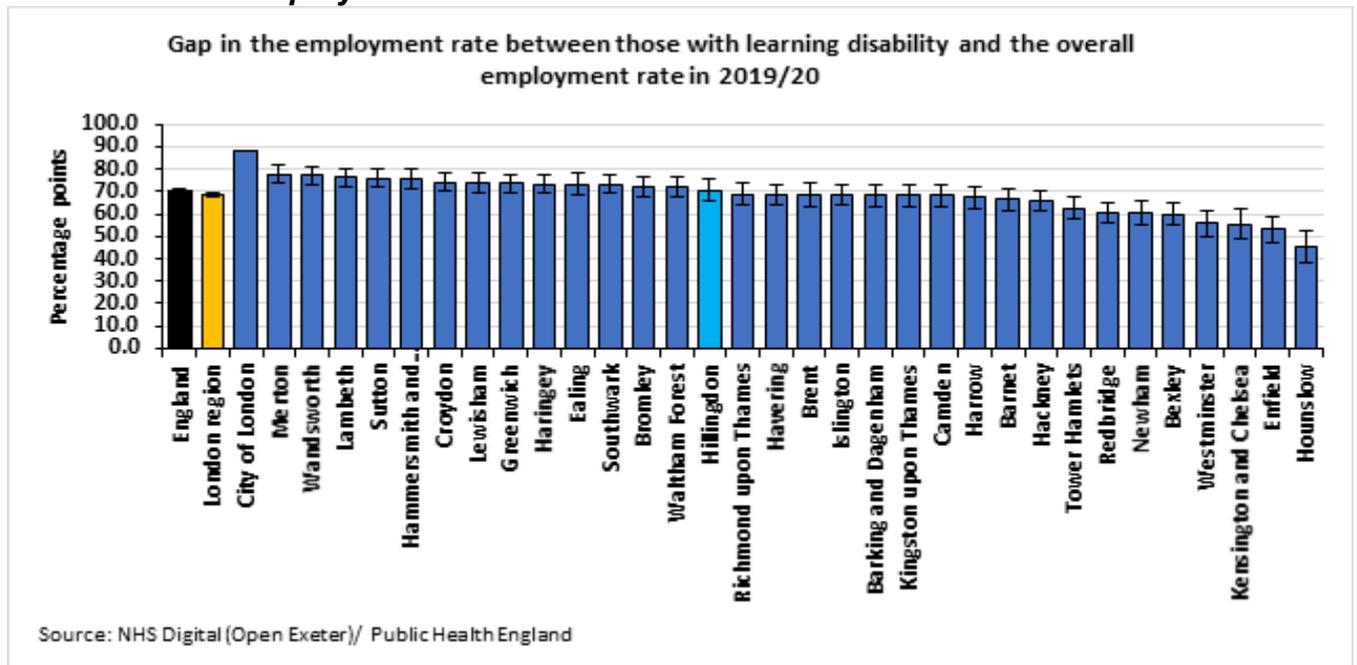
Figure 74 Adult (18-64 yrs.) with a learning disability who live in a stable and appropriate accommodation.



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

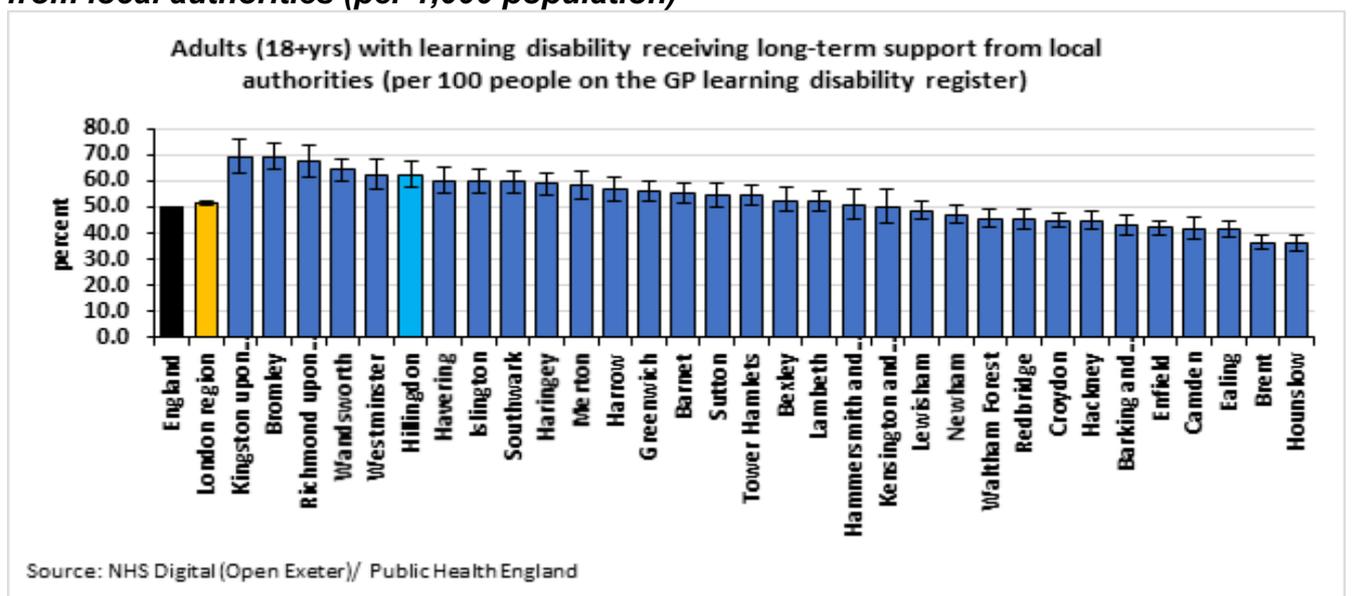
disabled adults in paid employment and overall employment rate was 70% for Hillingdon which was similar to that of England.

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



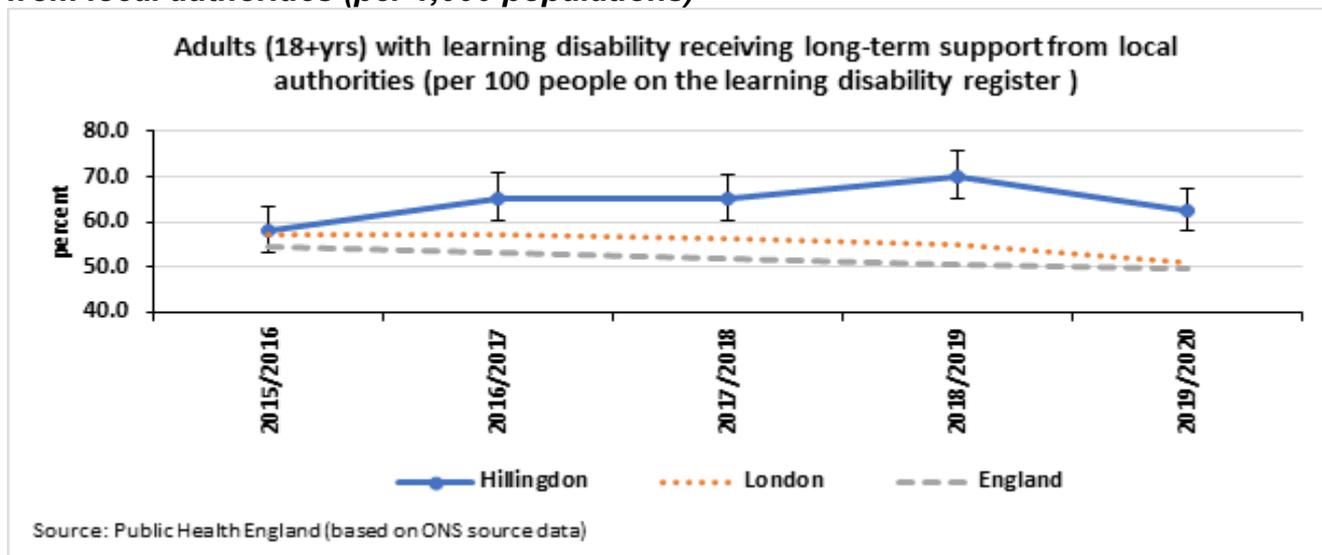
According to data in 2019/20, about 62% of the adults that registered on the GP learning disability register in Hillingdon were receiving long-term support from local authorities whereas this was approximately 50% for England.

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



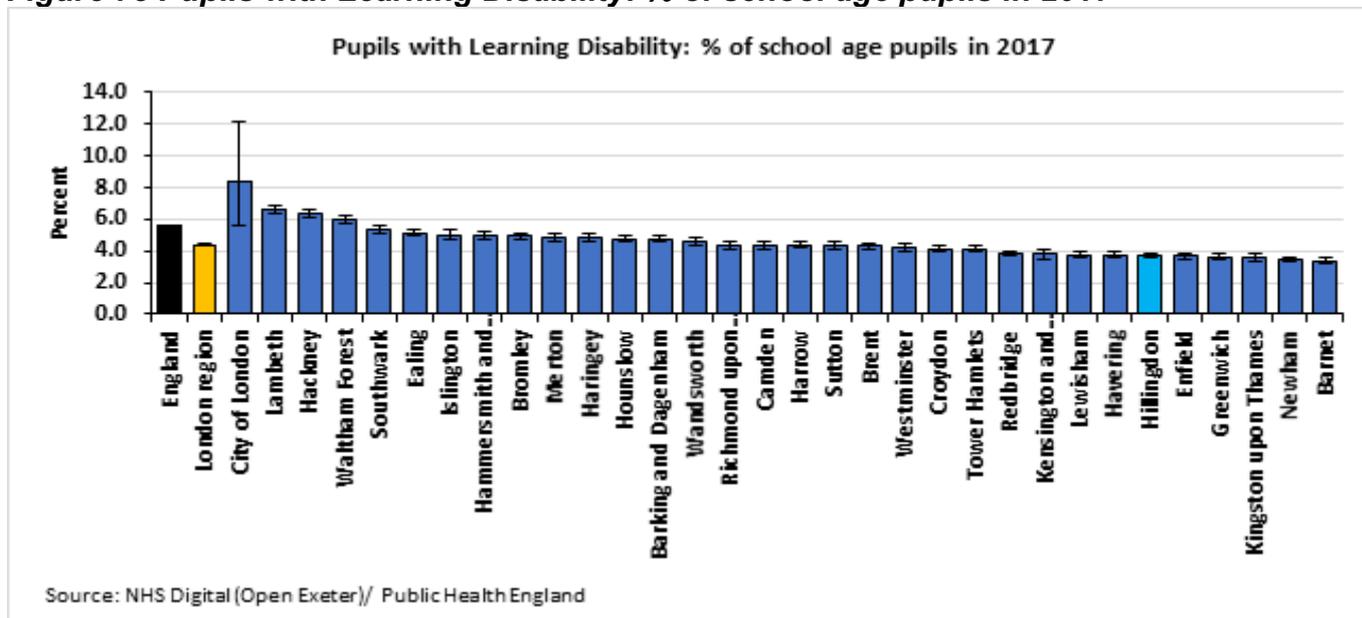
The trend in Hillingdon shows the number of adults with learning disability receiving long-term support from local authorities was increasing from 57% in 2015 to 62% in 2020; conversely, this number is decreasing for both London and England.

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



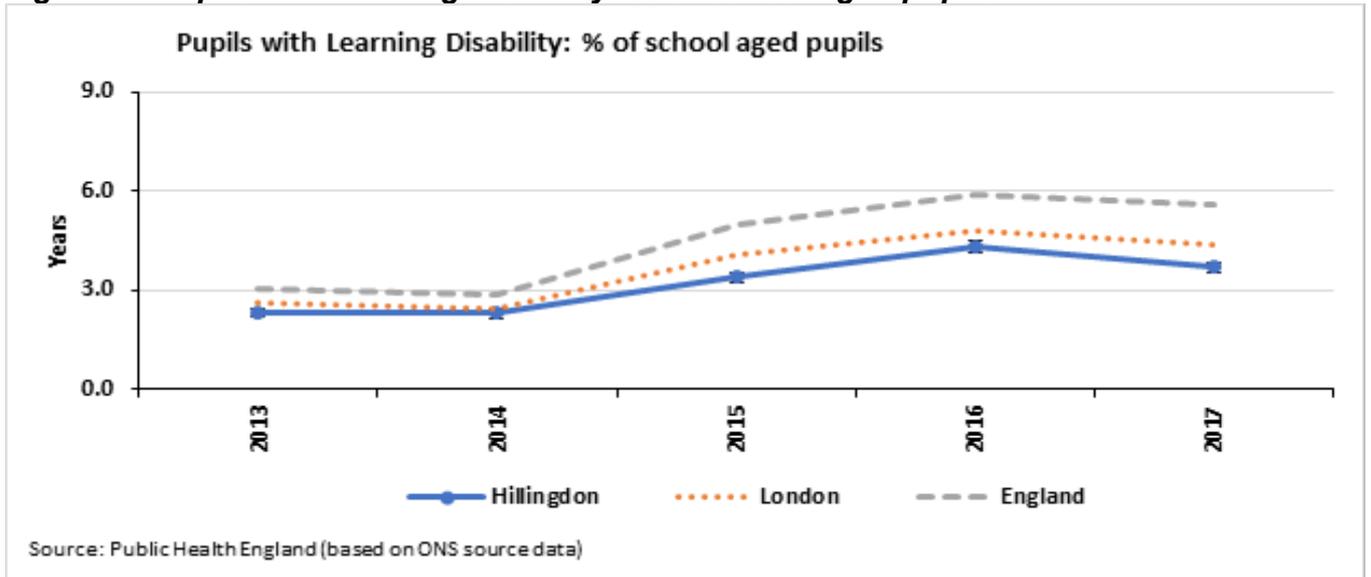
Around 4% of school age pupils in Hillingdon were identified as having a learning disability in 2017, and this was about 6% for England.

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



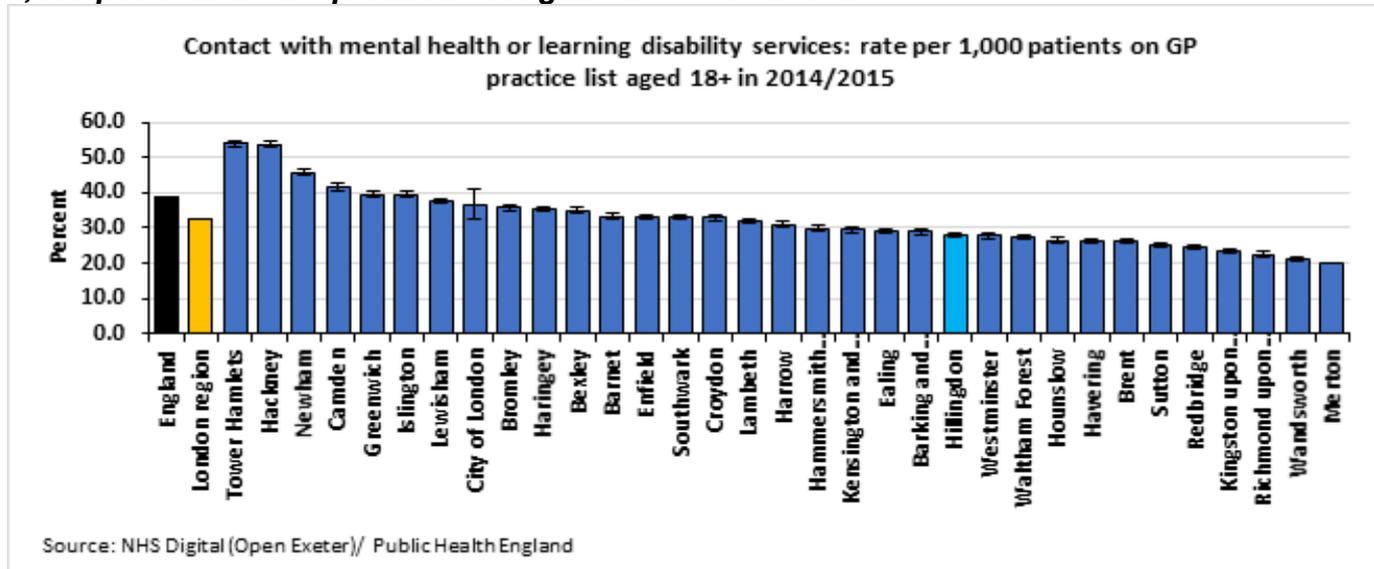
The trend shows that the pupils identified as learning disabled were increasing in Hillingdon since 2013 to 2017 which is in line with England and London.

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 18years for 2019/20.

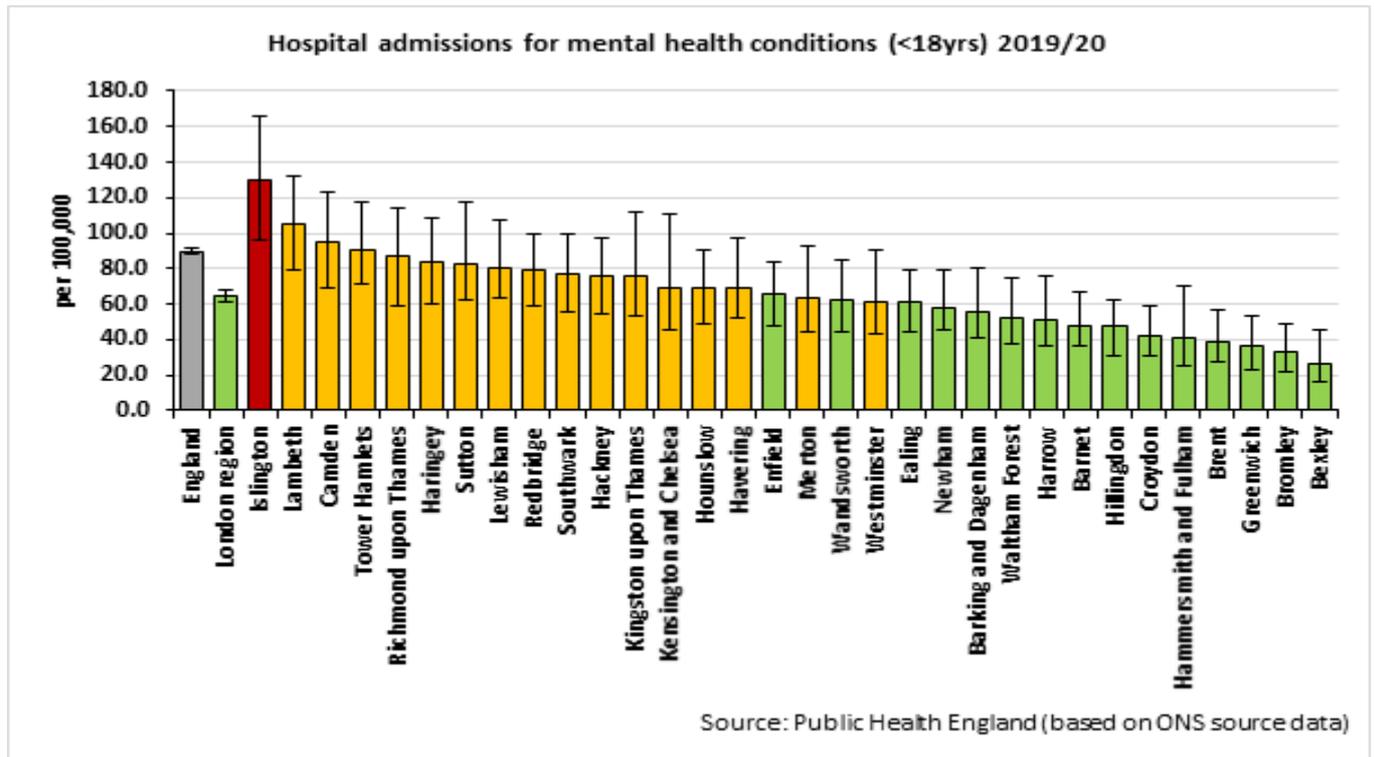
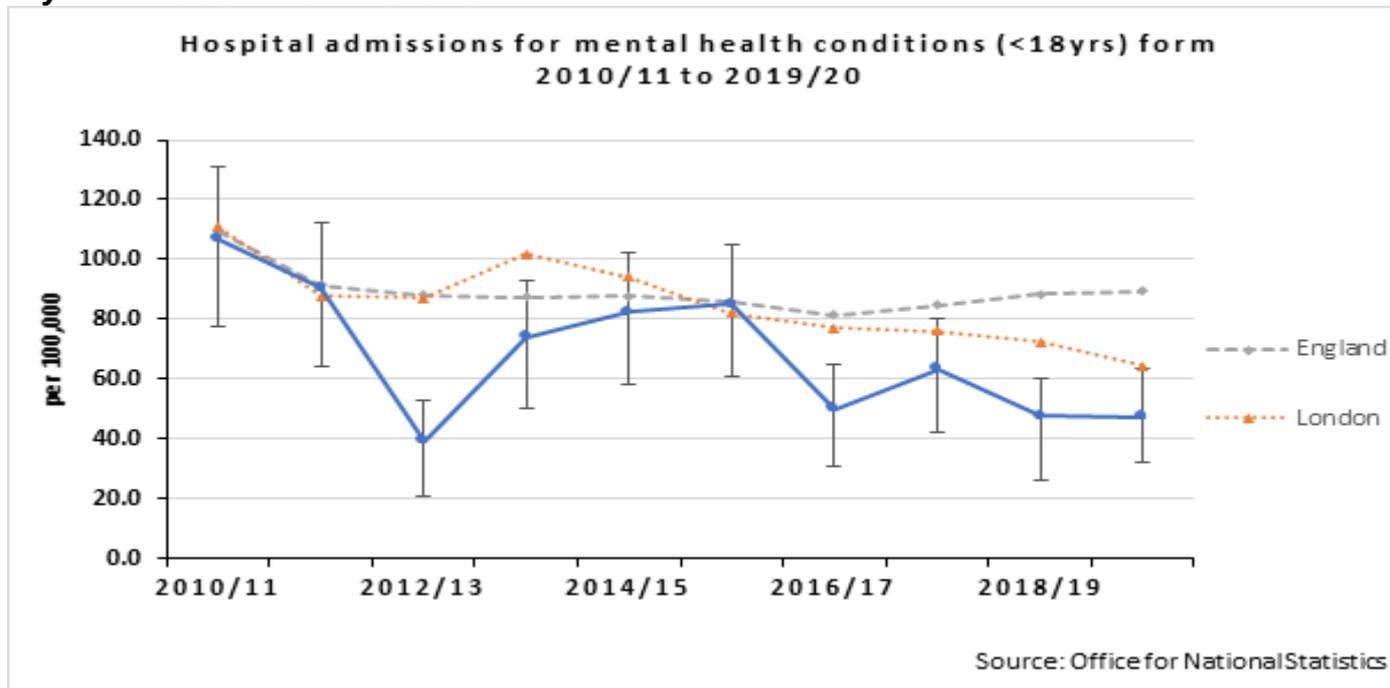


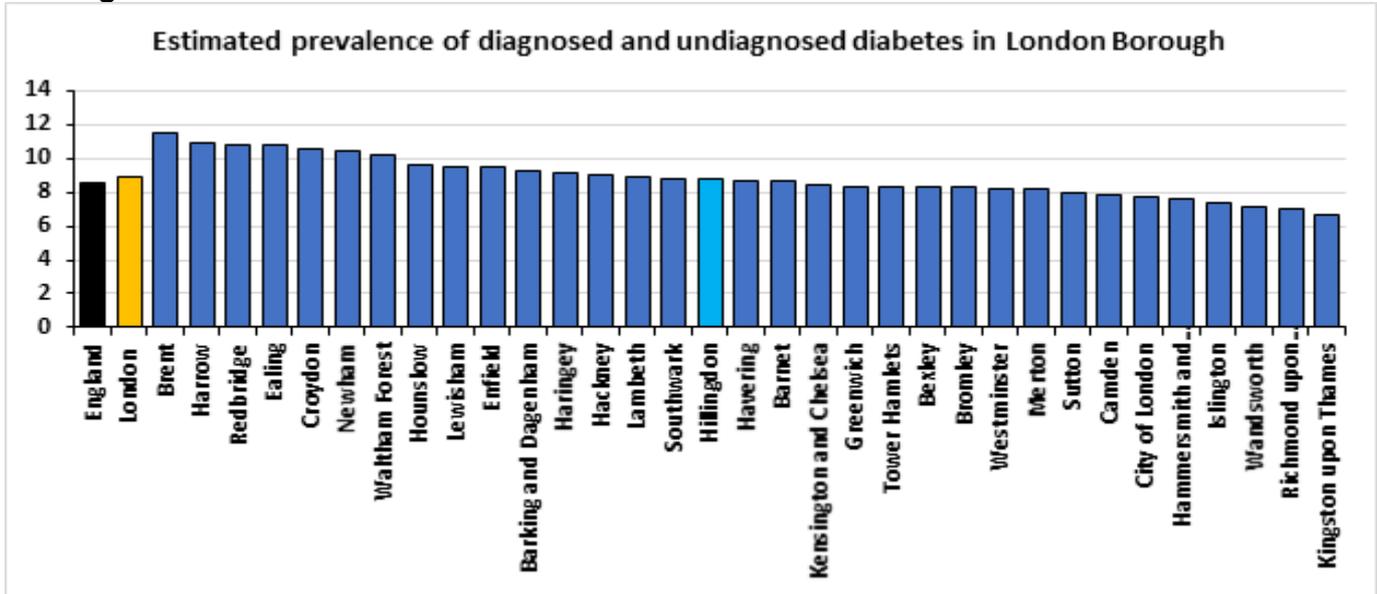
Figure 82 Trend in hospital admissions for mental health conditions under 18years from 2010/11 to 2019/20.



Diabetes

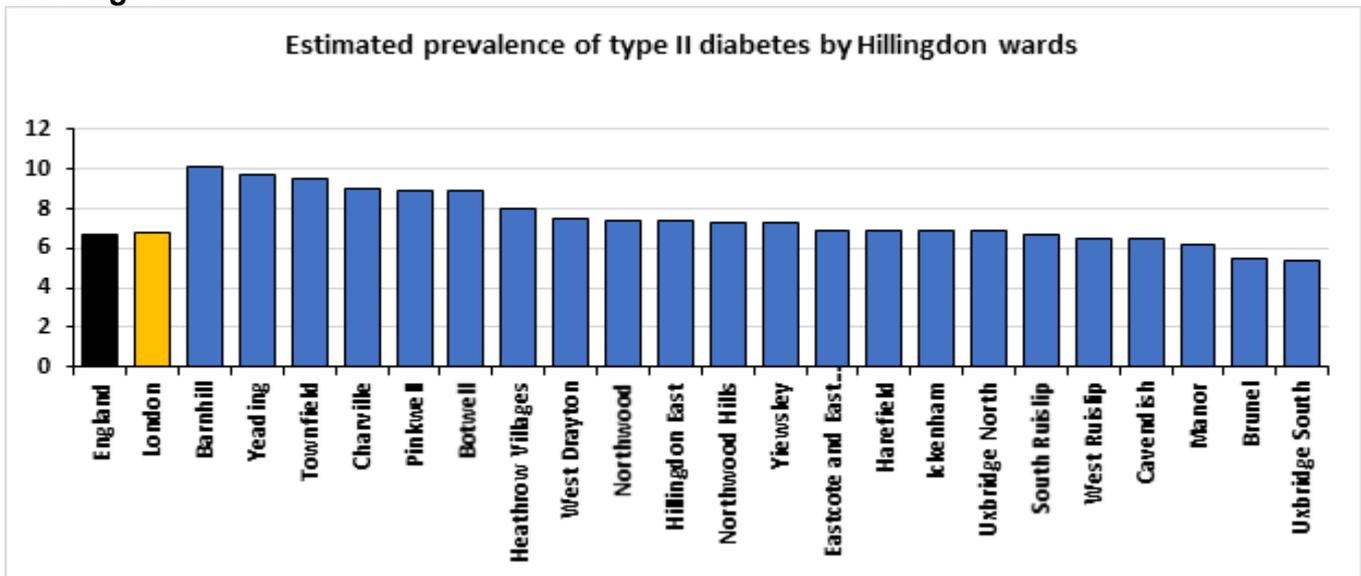
The prevalence of diagnosed and undiagnosed diabetes in Hillingdon was marginally lower than London’s prevalence but higher than England’s prevalence.

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



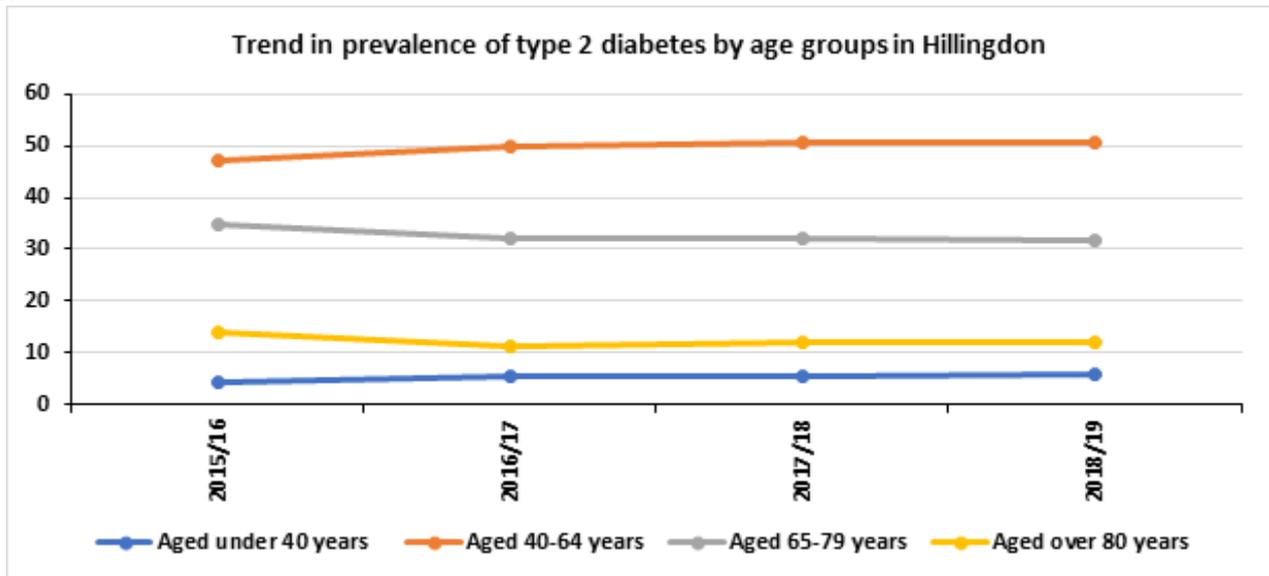
The prevalence of type II diabetes was worse in Barnhill but better in Brunel and Uxbridge South.

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



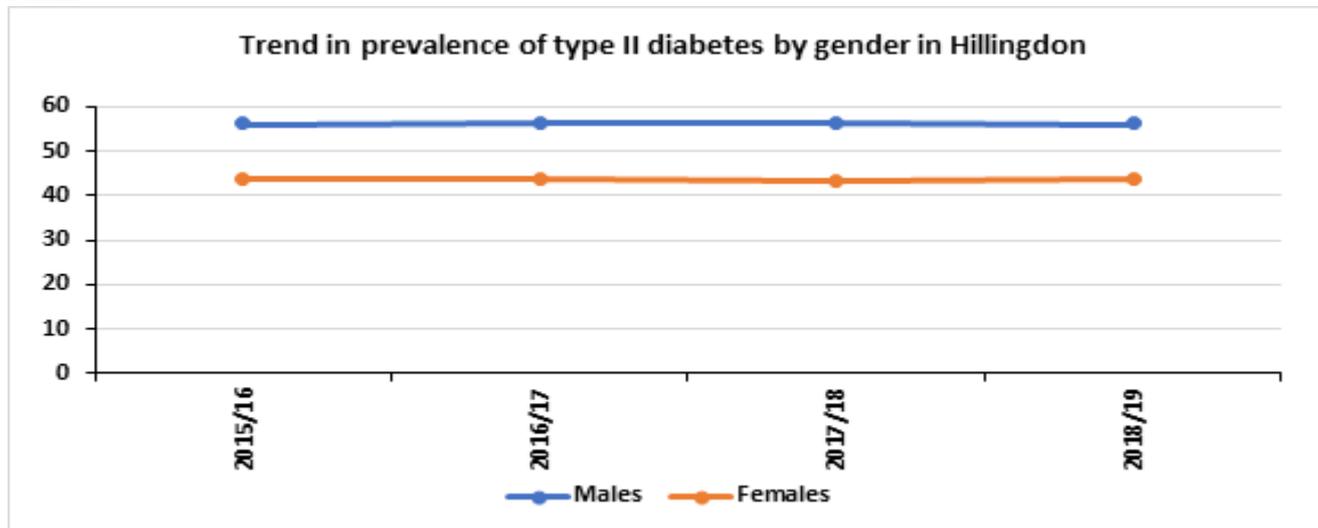
The prevalence of type II diabetes is higher among persons aged 40-64 years compared to other age groups in Hillingdon. The prevalence increased in 2016/17 and remained the same up to 2018/19 in those aged 40-64 years. For the other age groups, the prevalence has remained the same from 2016/17 to 2018/19.

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



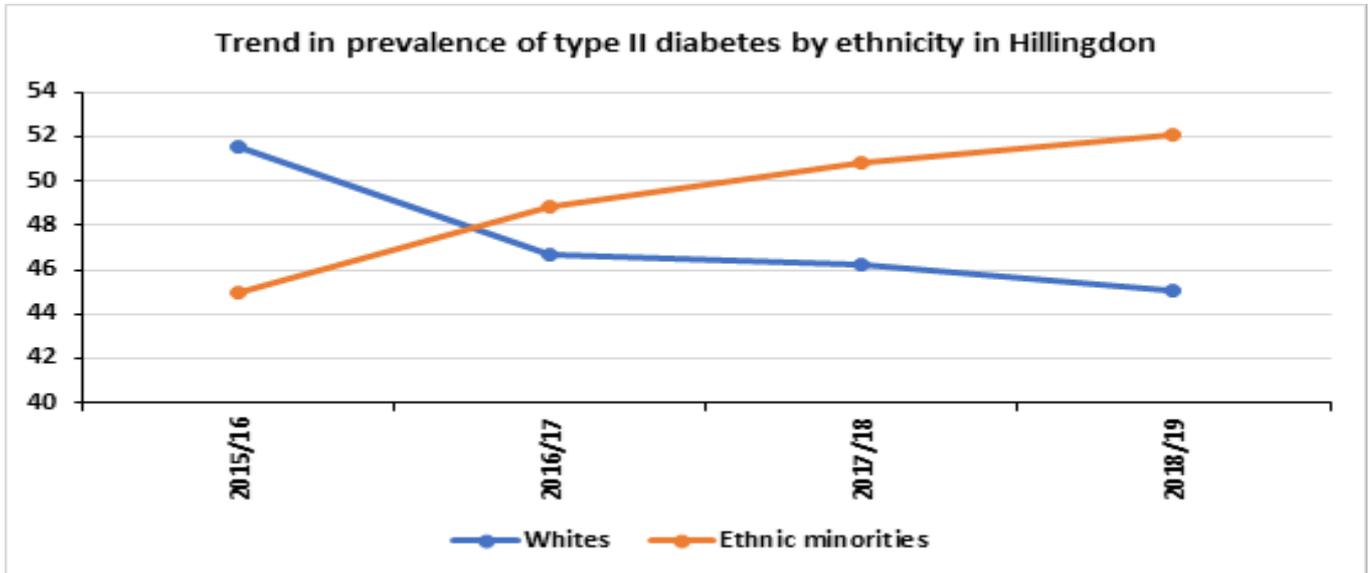
The prevalence of type II diabetes in Hillingdon was high in males than females from 2015/16 to 2018/19. The prevalence has remained almost the same for both males and females since 2015/16.

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



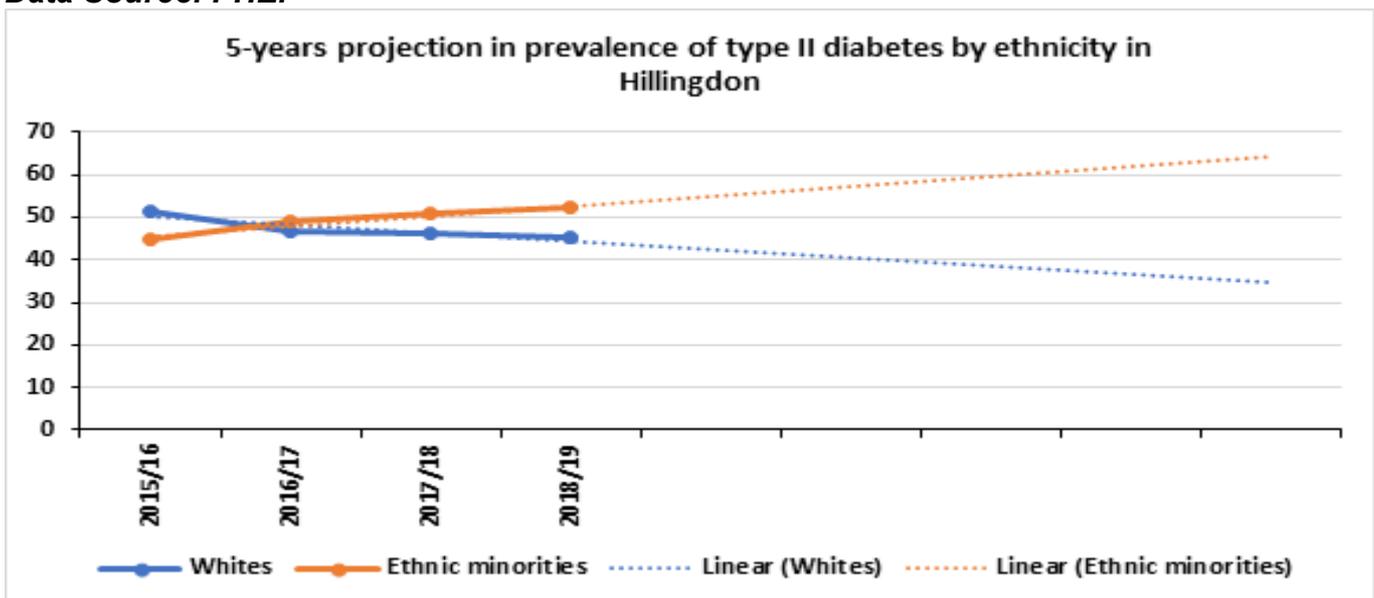
The prevalence of type II diabetes increased in ethnic minority groups in Hillingdon in 2016/17 and the increase remained through 2018/19. However, for white people in Hillingdon, the reverse of this trend was observed.

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.

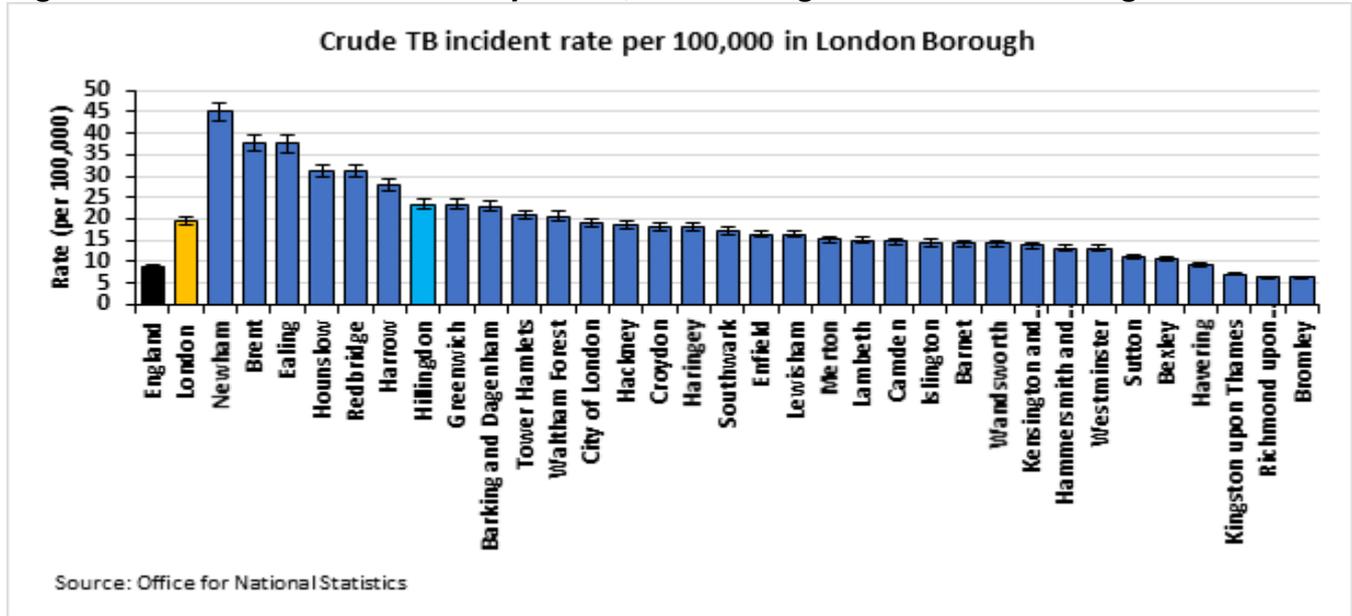
Figure 88 5-years projection in prevalence of type II diabetes by ethnicity in Hillingdon. Data Source: PHE.



TB Incidence

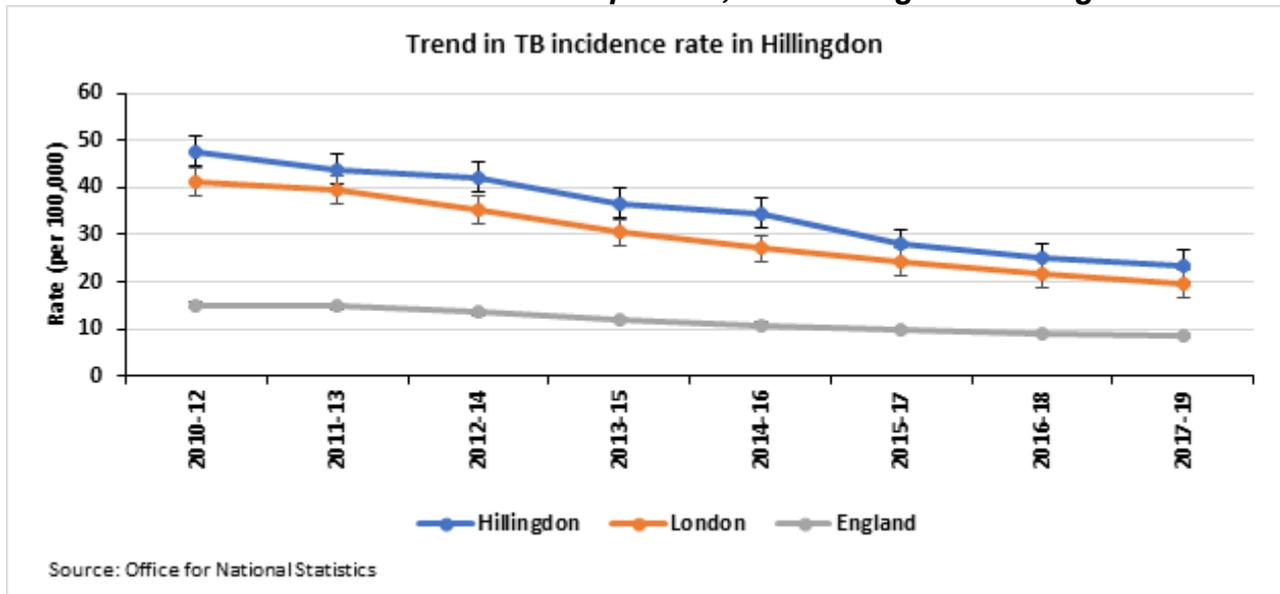
The incidence of TB in 2019/20 was worse in Hillingdon than in London and England.

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



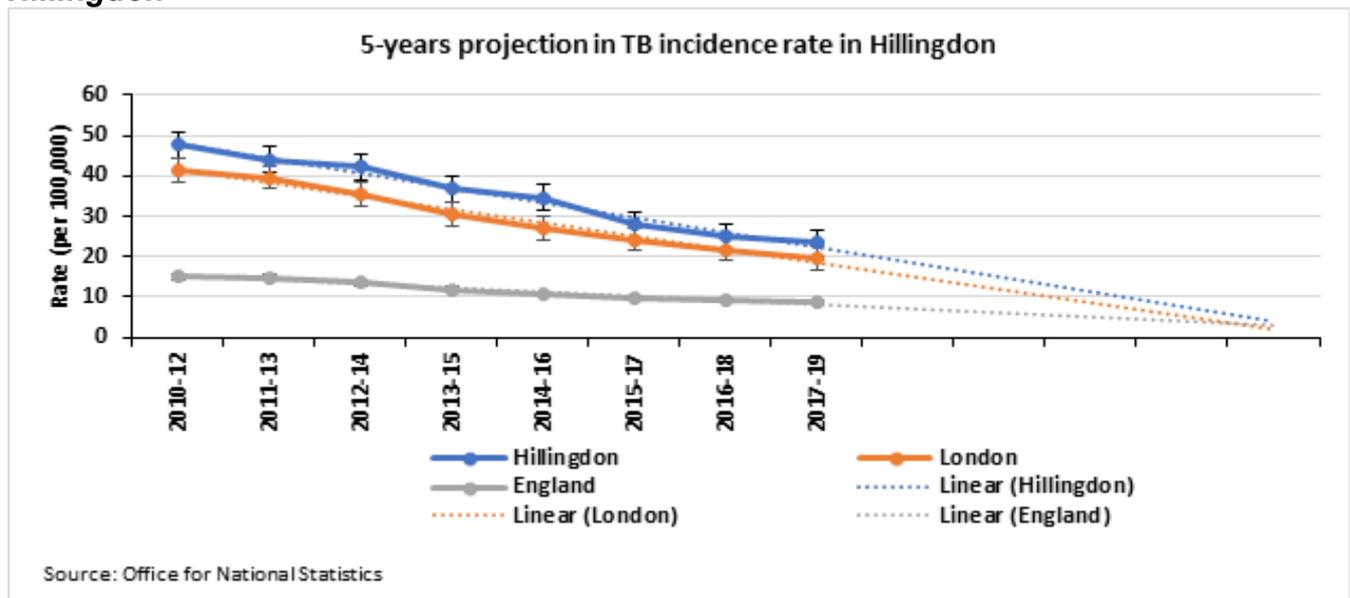
The TB incidence rate has decreased steadily from 2015 to 2019 in Hillingdon.

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.

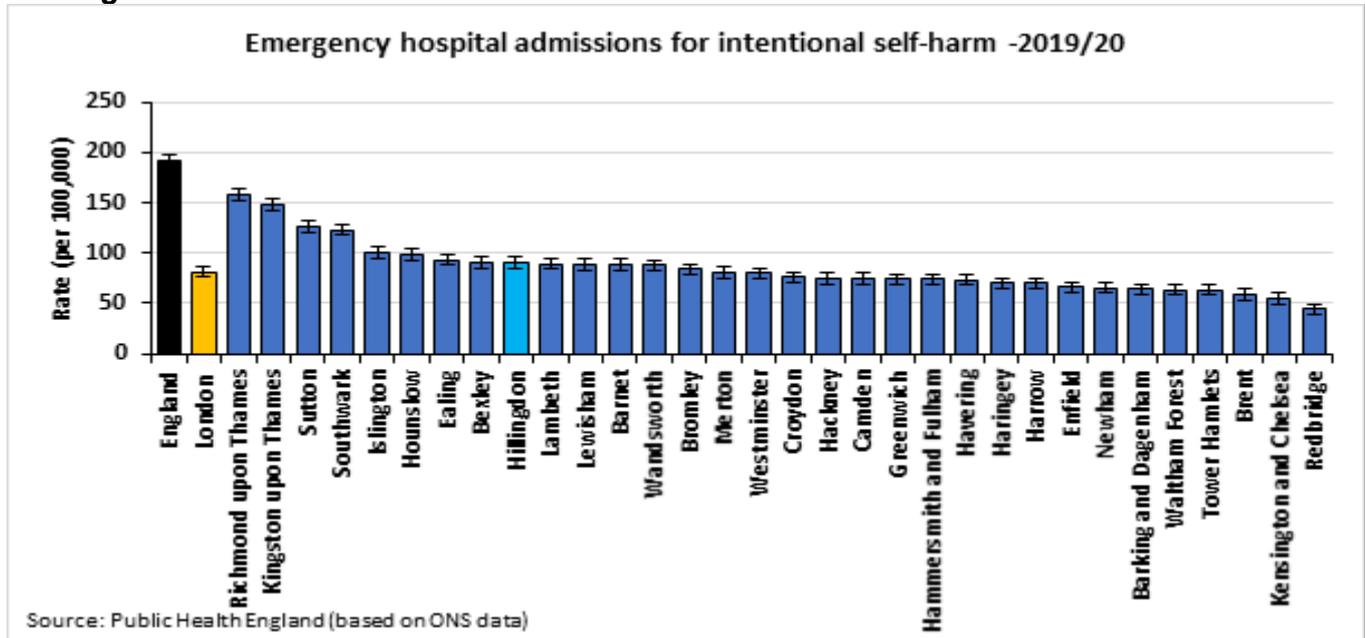
Figure 91 Five-years projection in TB incidence crude rate per 100,000 in all ages in Hillingdon



Intentional Self Harm - Emergency hospital admissions

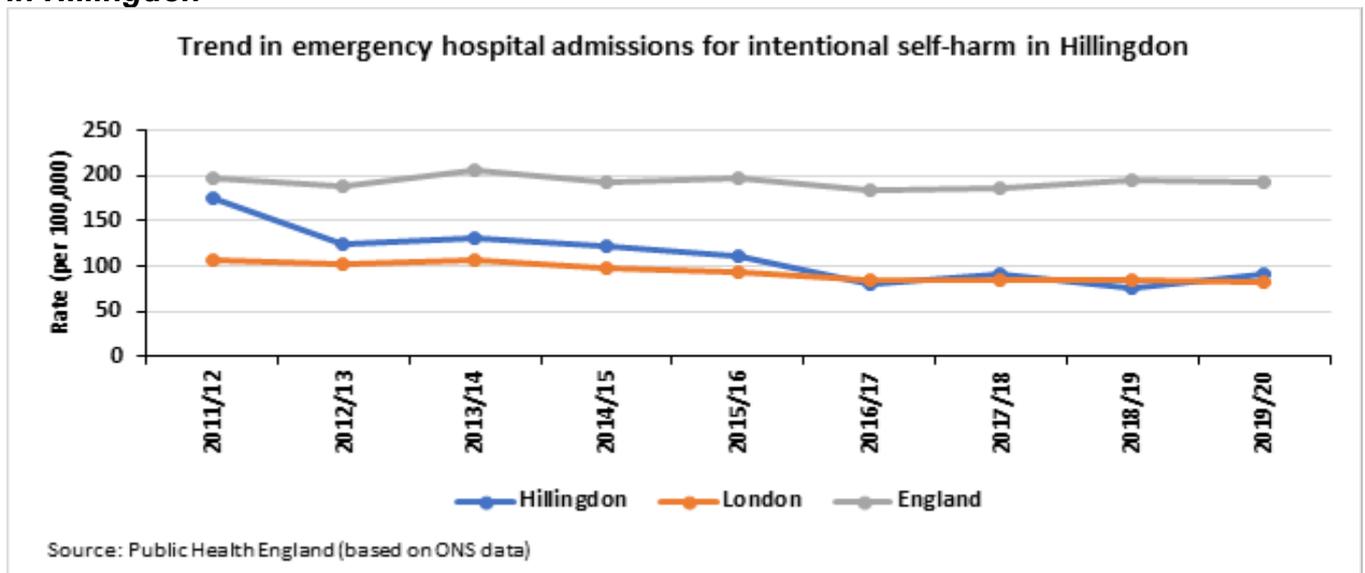
The directly standardised rate of emergency hospital admission for intentional self-harm in Hillingdon was lower than in London but higher than England's rate.

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



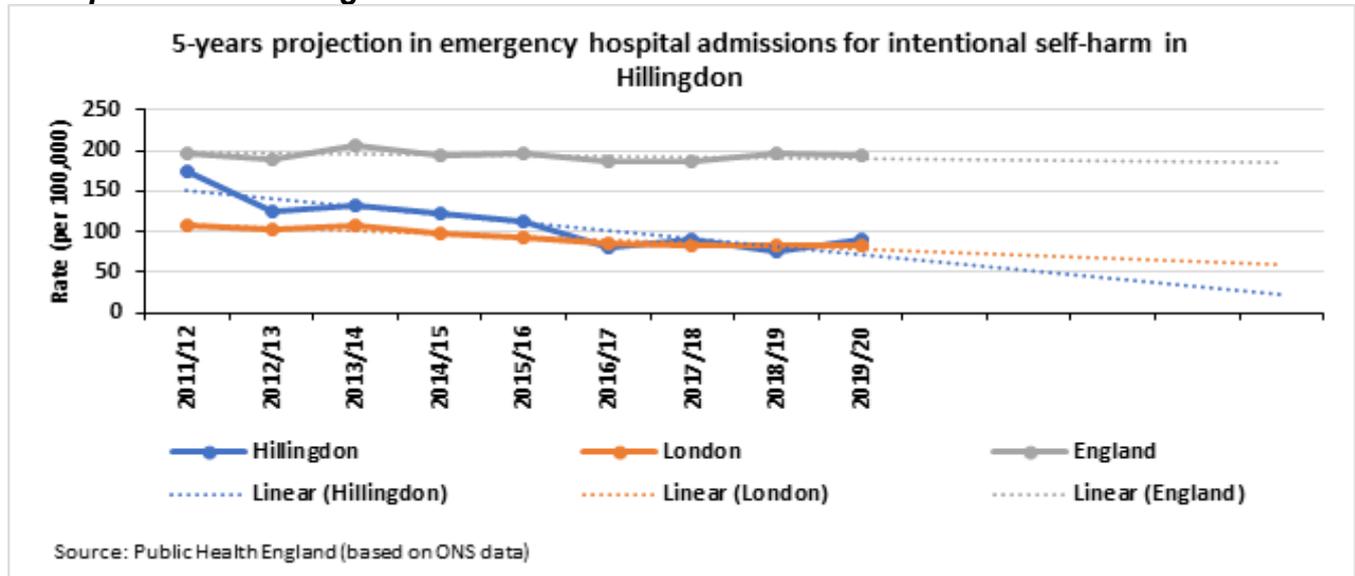
The emergency admission rate for intentional self-harm declined in 2018/19 and increased in 2019/20 in Hillingdon.

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.

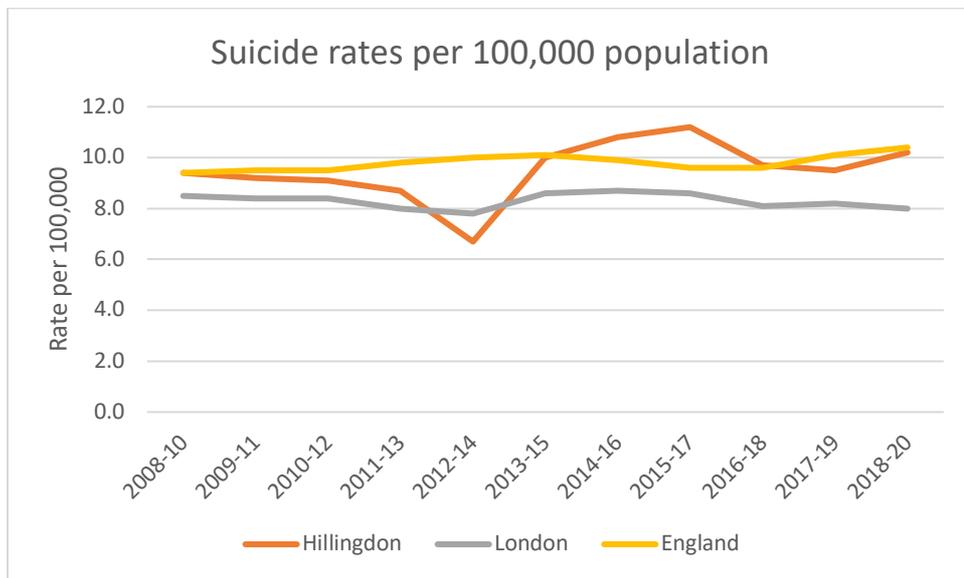
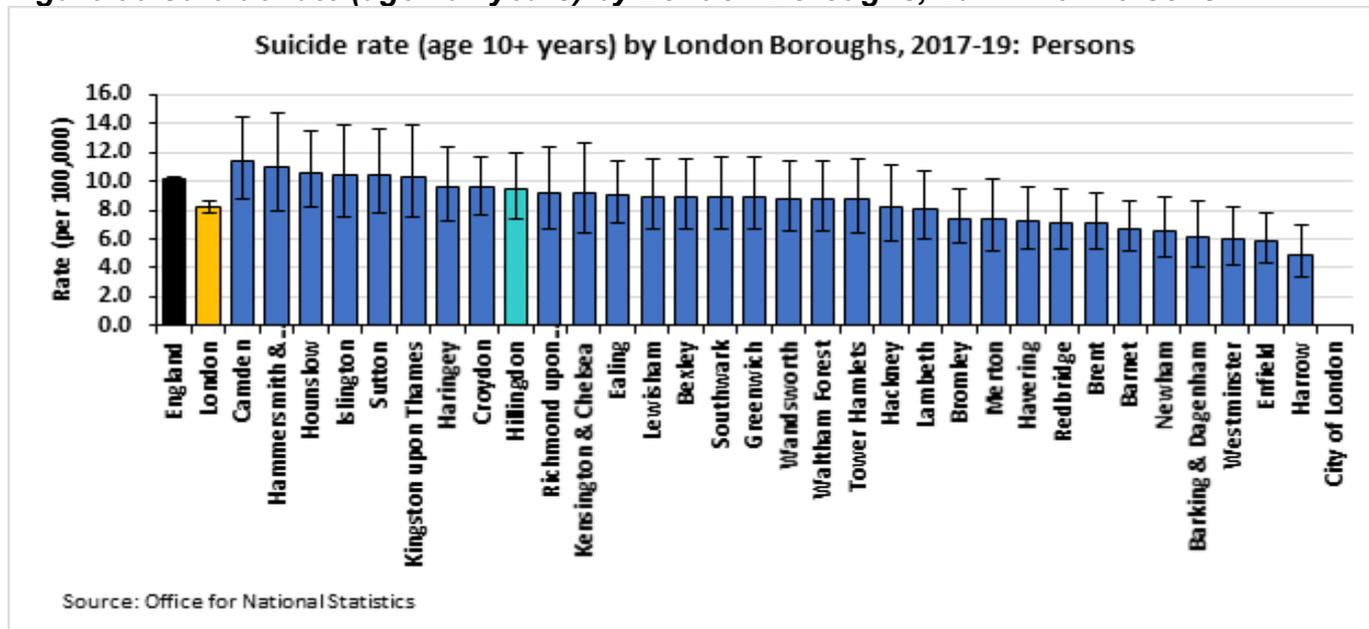
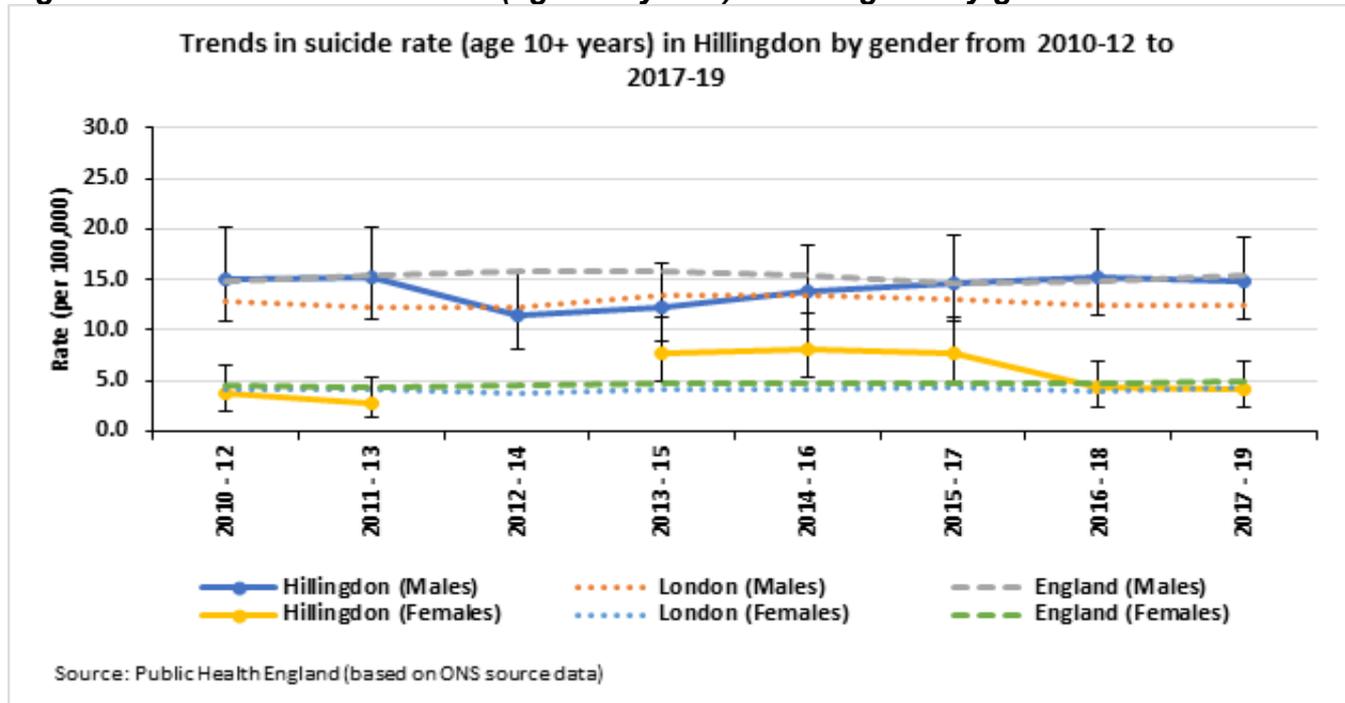


Figure 95 Suicide rate (age 10+ years) by London Boroughs, 2017 - 19: Persons



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.

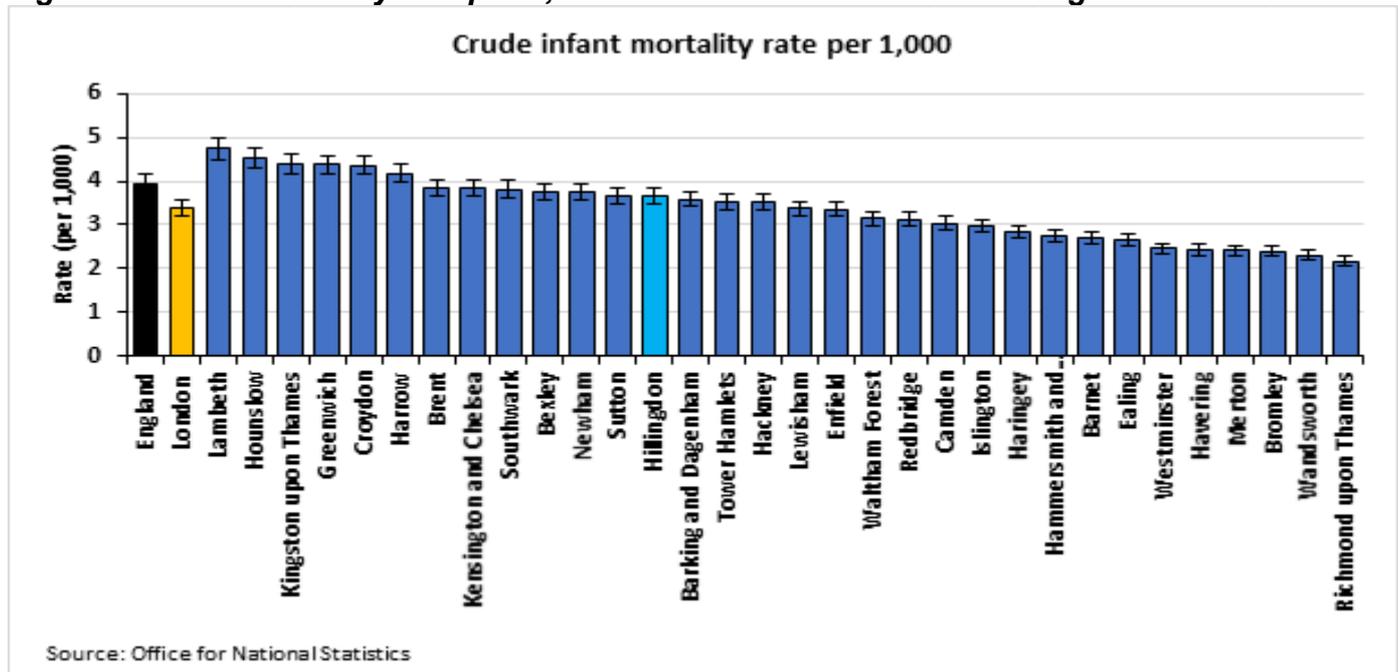
Figure 96 Trends in suicide rate (age 10+ years) in Hillingdon by gender



Infant Mortality

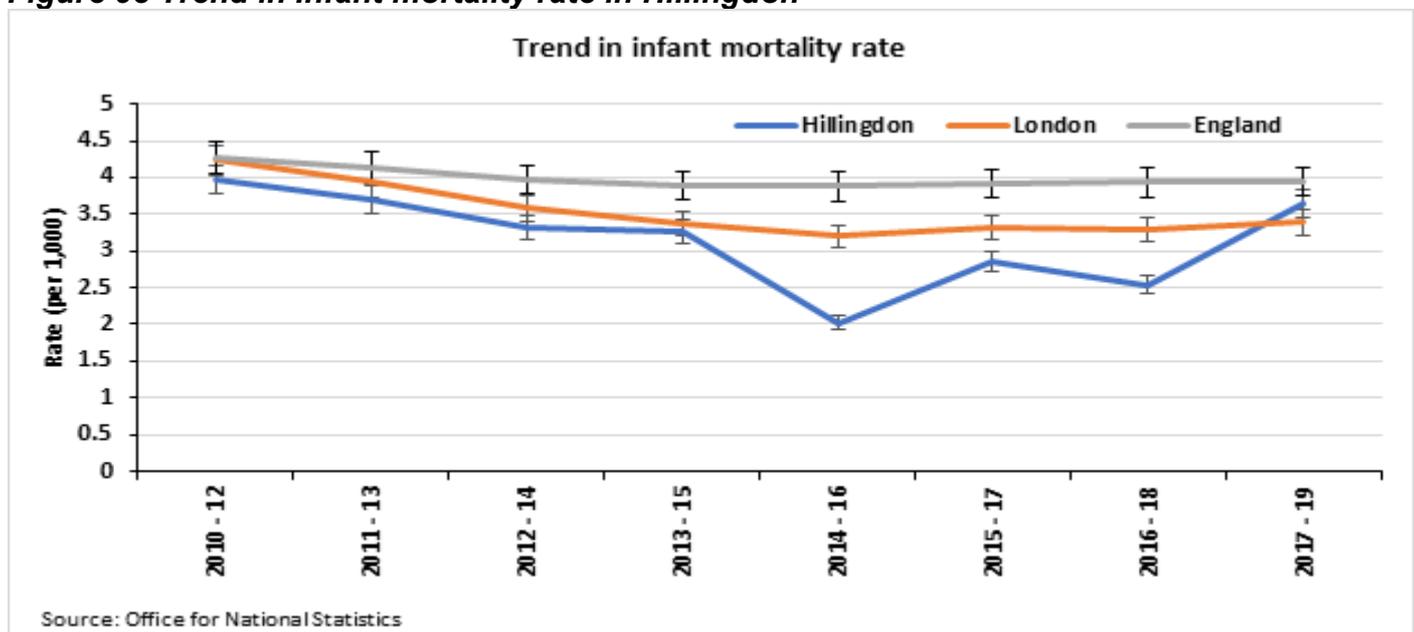
Crude infant mortality rate (below 1 year) in Hillingdon was higher than London's rate but lower than England's rate in 2017/18.

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



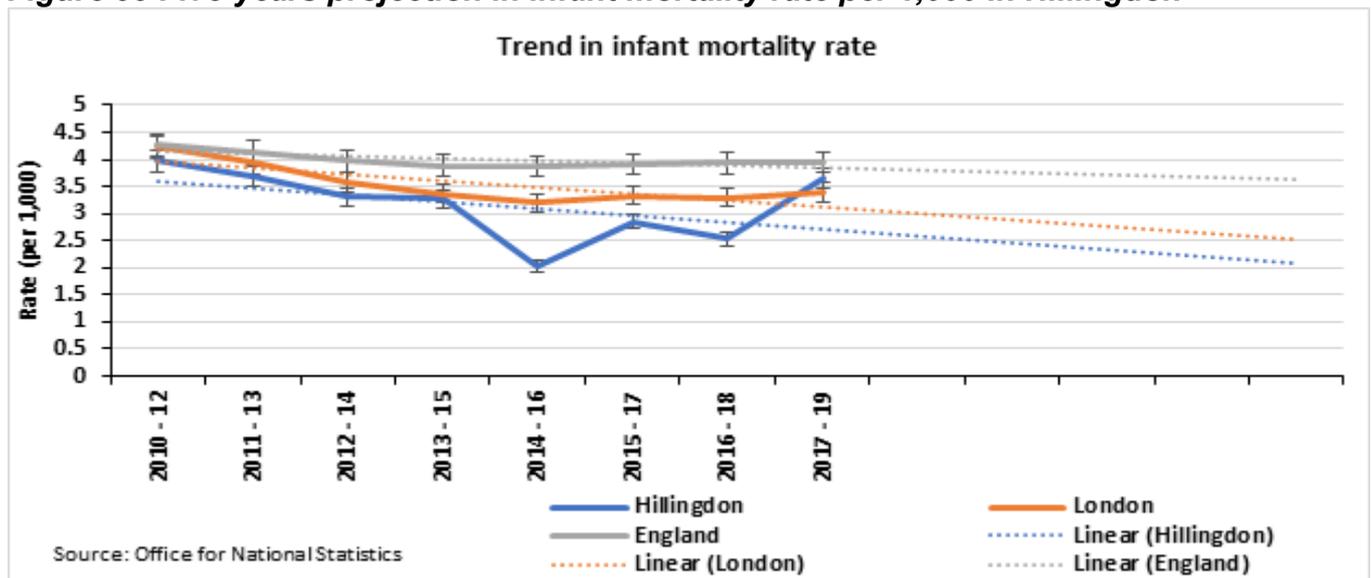
The rate declined sharply in 2014-16 and increased in 2015-17 and again in 2017-19.

Figure 98 Trend in Infant mortality rate in Hillingdon



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

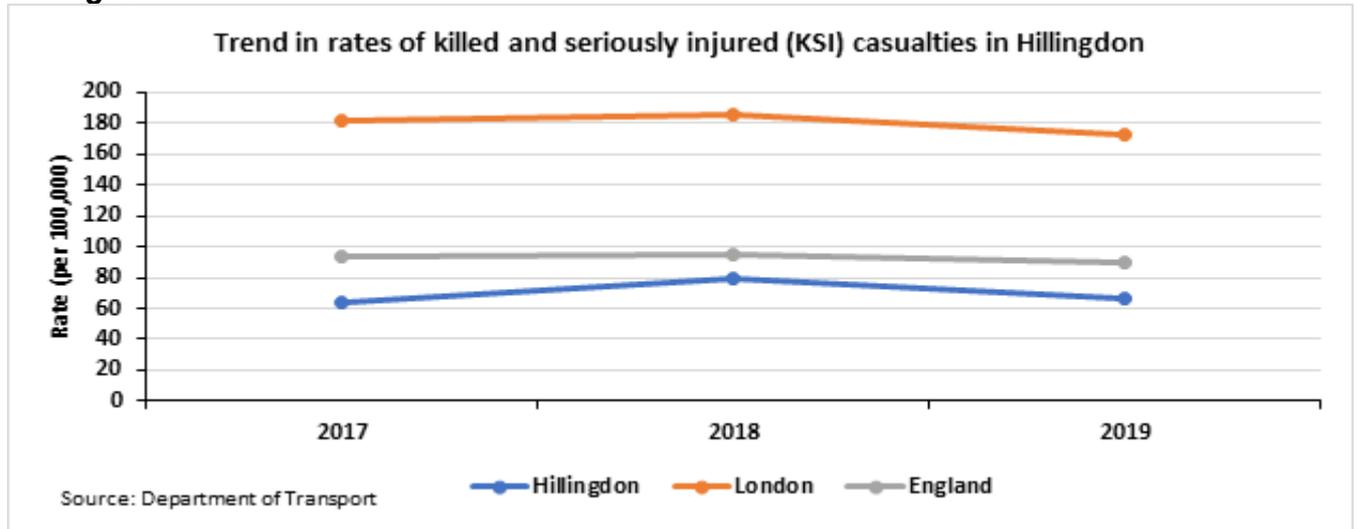
Figure 99 Five-years projection in infant mortality rate per 1,000 in Hillingdon



Road traffic injury

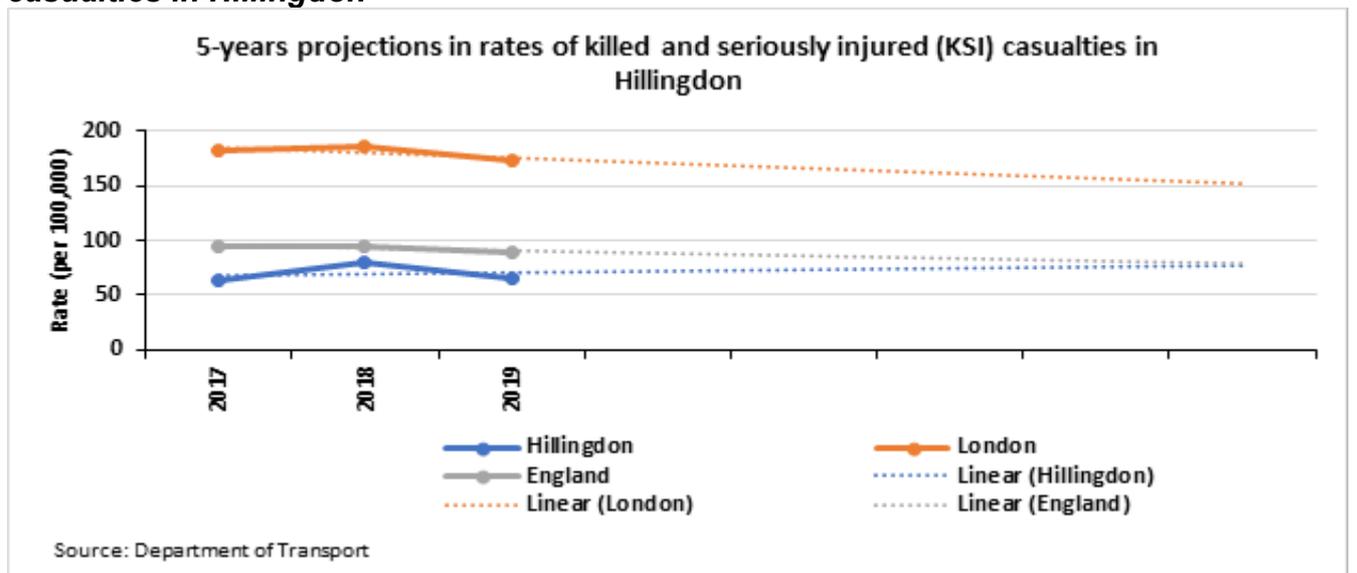
The crude rates of killed and seriously injured casualties in Hillingdon declined in 2019.

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

