
JSNA
Joint Strategic Needs Assessment
PEOPLE
Authored by: JSNA COLLABORATORS
NOVEMBER 2021
LONDON BOROUGH OF
RICHMOND UPON THAMES

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People

COVID-19 Impact on the JSNA Report

The COVID-19 pandemic in 2020 has had multiple and wide ranging impacts on the population. It has increased and expanded the role of both statutory and voluntary sector organisations, and other community led services. The Pandemic has created a whole new set of challenges for carers, hospitals, GPs and care homes, leaving in its wake health and social care service backlogs, establishment and management of a new and significant vaccination programme. The impacts span the life course and wide-ranging issues from political, economic, social, technology, lifestyle and health.

The pandemic has highlighted more starkly, issues such as health and social inequalities and deprivation, anxiety and mental ill-health, and many others. The JSNA health outcomes and wider determinants data presented in this JSNA generally predate the pandemic and could be expected to deteriorate in areas such as life expectancy, mortality and morbidity rates. Mortality from COVID-19 has had an unequal impact on different population sub-groups and exacerbated health inequalities; however, this will not be fully reflected in this JSNA as the data is not yet available at a local level.

It remains important to monitor pre-Covid time trends to understand the baseline from which to measure the local effects of Covid on key statistics. The Protect Well chapter has more detailed COVID health outcomes and impact. It is expected that the first post-COVID information will be available in the next 12 months as we continue to monitor the available information.

1. Overview

Richmond is located in South West London and is one of the most affluent London boroughs. It is the second smallest borough within London and is home to an estimated 200,705 residents.

Richmond boasts the longest stretch of the River Thames which runs for over 10 miles through the borough, linking Hampton Court Palace, Richmond Town centre and Kew Gardens with London. There are over 100 parks which take up a great deal of the borough and include Richmond Park, Bushy Park, Kew Gardens and Hampton Court Park.

By 2029, the borough's population will rise to 213,582 with the biggest increase seen within the 80+ year old age group.

- Of the projected population increase, 56% will happen in 5 wards – Mortlake and Barnes Common, Whitton, St Margaret's and North Twickenham, North Richmond and East Sheen.
- Richmond's population median age falls within the mid-range of the country with an age of around 40.7 years (London=35.1) with the highest proportion of population aged 40+ years in London.
- The largest increase in numbers, will be among those aged 55+ years
- The largest percentage increase will be in the population aged 80–84 years which will grow by 59%.
- BME population will stay relatively similar, around 16%, and will see a projected 66% rise in the number of those aged 65 and over.

The largest ethnic group in Richmond are those identifying as White British. Almost 1 in 6 identify as Black, Asian and Minority Ethnic (BAME), a lower proportion than is seen in London and outer London. BAME population is younger with a higher proportion of children and fewer seniors. Richmond's children's population is 21% BAME vs. 16% BAME in the overall population.

During the last 10 years, 150,169 people moved into the Borough from other areas of the UK. 152,833 moved out (net=-2664), a further 20,773 international migrants moved out and 23,778 people moved in (3,005). During the same time period there were 30,223 births and 12,979 deaths for a net natural change of +17,244. Population increase was driven by Richmond having the second highest rate of natural change (more births than deaths) in London, and net positive international migration.

Overall, the international migration into Richmond has been decreasing. The highest number of non-UK born population locally was born in Ireland (n=3,295), South Africa (n=2,671), US (n=2,621), India (n=2,412), Germany (n=2,335) and Australia (n=2,125). In recent years, working-age international arrivals have tended to be European with the highest number of National Insurance Numbers (NINos) registered to adult non-UK during 2018/19, were to Italians (n=196), Romanians (n=150), Spanish (n=122) and Turkish (n=115). Non-UK born residents make up 15% of the population.

As the population is older, the majority of residents are married or in civil partnerships, and compared to London, there are slightly fewer households that have any children. Almost 1 in 3 residents live alone and almost half of Richmond residents own their property with a mortgage and 1 in 3 own their property outright. The median

house price in the borough is £650,000, 6th highest in London and the average weekly earnings of a full-time working resident is £820.20 per week, second highest in London and third highest in England.

Fertility is dropping across UK and the developed world, and this trend has been seen locally in recent years. Over 60% of the children born in Richmond are born to UK born mothers (60.2% in Richmond, in comparison with a 43% in London and 71% in England and Wales[1])

Richmond has one of the most highly educated populations in the country with 1 in 3 residents are educated to a degree level or above. Pupils attending schools in Richmond achieve above and beyond the London and England average in terms of educational attainment.

Employment rates in the borough exceeded that of London and England at 79%. Residents are much more likely to be managers, professionals and in technical jobs (72.5%) compared to London. 58.1% work part-time, are self-employed or work in the private sector.

Richmond has remained within the least deprived 1st quartile of London local authorities, ranking 1st out of 33 in 2019, similar to 2015, with higher ranking (33rd) being the most deprived. Richmond has no areas that are among the 10% most deprived in the country. Richmond ranks amongst the least deprived boroughs in London for five of the seven deprivation domains (Income; Employment; Education, Skills & Training; Barriers to Housing & Services and Education).

Richmond performs well compared to other London boroughs for most indicators such low pay with a poverty rate of 15%, the lowest in London. Only 1 in 10 employed residents earn less than the London Living wage and those working full-time earned £43,118 in 2019. This was higher than the England average of £30,667, as well as the London and Inner London earnings of £38,992 and £42,667 respectively.

In November 2018, 0.5% of the borough residents were claiming income support which was lower than the London and national average. 2,137 households claimed universal credit with the majority being single adult households with no dependent children. Of those individuals claiming universal credit, 0.7% were in employment and 1.2% were not in employment. Richmond ranked 4th lowest borough in London for those claiming child benefit and the borough ranked 4th lowest in London for fuel poverty.

New-born male babies in Richmond are expected to live up to 82.6 years and female babies 86.3 years, an increase of 4 years in both since 2001–03. Richmond residents are living longer than ever before, and the borough's figures have continued being higher than the London and England averages. Healthy life expectancy is 71.9 years among males and 69.7 years among females. In recent years, healthy life expectancy, that is life without serious illness, has decreased among females and increased among males.

In Richmond and nationally, life expectancy is lower in areas of higher deprivation within the borough. Males in the least deprived areas of the borough live 6.5 years longer and females 2.6 years longer than their counterparts in the most deprived areas of the borough.

[1] London Datastore. Births by Mother's Country of Birth in London. 2019

Locally there were 1,151 premature deaths with cardiovascular, cancer and heart disease[2] as leading the causes. Preventable and premature deaths, deaths before 75 years, have dropped in Richmond over the past two decades but there is considerable room for improvement.

The majority of the local population in Richmond report leading happy, satisfied and worthwhile lives, better than the London average, however, there is a subset who reported low happiness, satisfaction, and high anxiety scores.

[Please note data sources and details in relevant sections below]

2. Demography

2.1 Population Size and Density

Richmond is home to an estimated 200,705 residents and is the second smallest borough within Outer London. By 2029, the borough's population will rise to 213,582 with the largest increase seen within the 80+ year old residents. Out of the 32 London Boroughs, Richmond has the fourth smallest projected population in 2019 at 200,753 and the second smallest within Outer London.[3]

In 2019, the borough's population density was 3,496 per square kilometre which was lower than both the London average of 5,792 population per square kilometre and the Outer London average of 4,331 population per square kilometre. The Richmond ward with the greatest population density was Whitton, at 6,393 population per square kilometre, while the lowest was within the ward of Ham, Petersham & Richmond Riverside with a population density of 1,173.[4]

Further detailed characteristics of Richmond's population can be explored within the population section of DataRich.Info

Note on population: We recommend using Greater London Authority (GLA) projections and population estimates. These are based on ONS estimates and projected new housing developments. Updates estimates and projections can be found on DataRich.Info or on the GLA Datastore

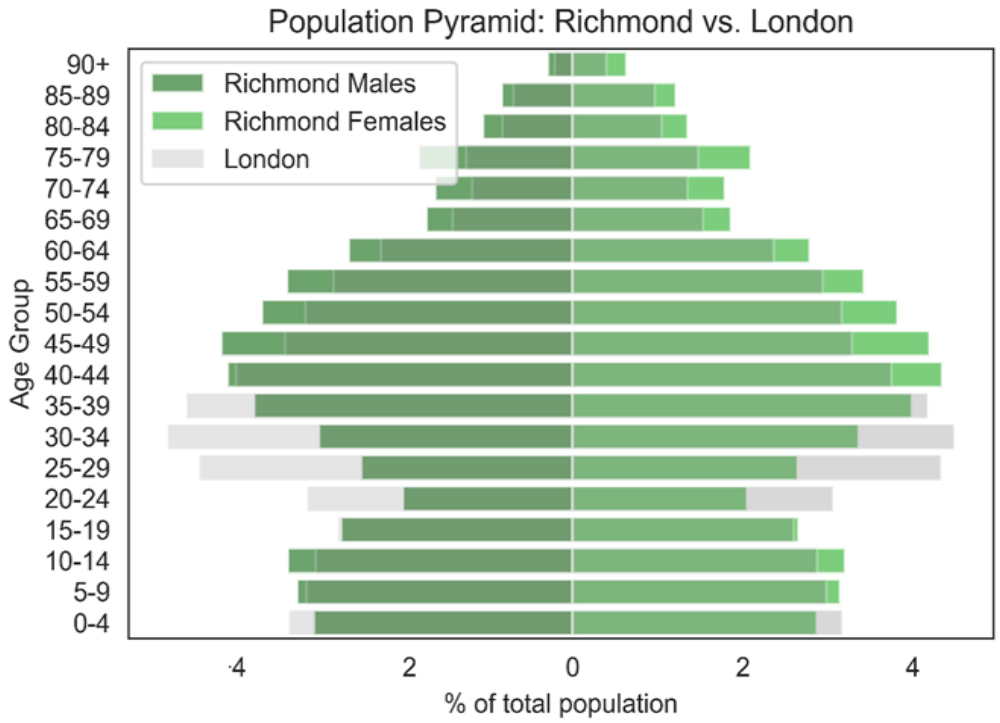
2.2 Population Projections

The GLA population projections suggest that Richmond's population will continue to grow but at a lower rate compared to other London Boroughs. Within 10 years' time the population is predicted to increase by 6.4% from 200,705 in 2019 to 213,582 in 2029 compared to projected population increase of 10.0% in Outer London and 9.4% in London 2029.

[2] Mortality Profile. PHE Fingertips
[3] GLA. Housing-led population projection (2016-based). 2016. Data used: 2016
[4] London Data Store, Land Area and Population Density,2001–2050. Data used: 2019

Similar to the trend in England and London, the population in Richmond is getting older, with the biggest growth in the 80+ age group. As shown in **Figure 1**, the proportion of Richmond's population in all age groups above 40 is substantially higher than the London average; this is in contrast to people aged 20–39 – they constitute a much smaller proportion of Richmond's population than could be expected from the average London-wide figures. The proportion of children in Richmond is similar to the London average.

Figure 1: Population pyramid by quinary age group for year 2021 - Richmond vs. London



Source: 2016-based Demographic projection, housing-led model, GLA

Note on population: We recommend using Greater London Authority (GLA) projections and population estimates. These are based on ONS estimates and projected new housing developments. Updates estimates and projections can be found on DATARICH.INFO or on the GLA DATASTORE.

As shown in **Figure 2**, over the next 10 years:

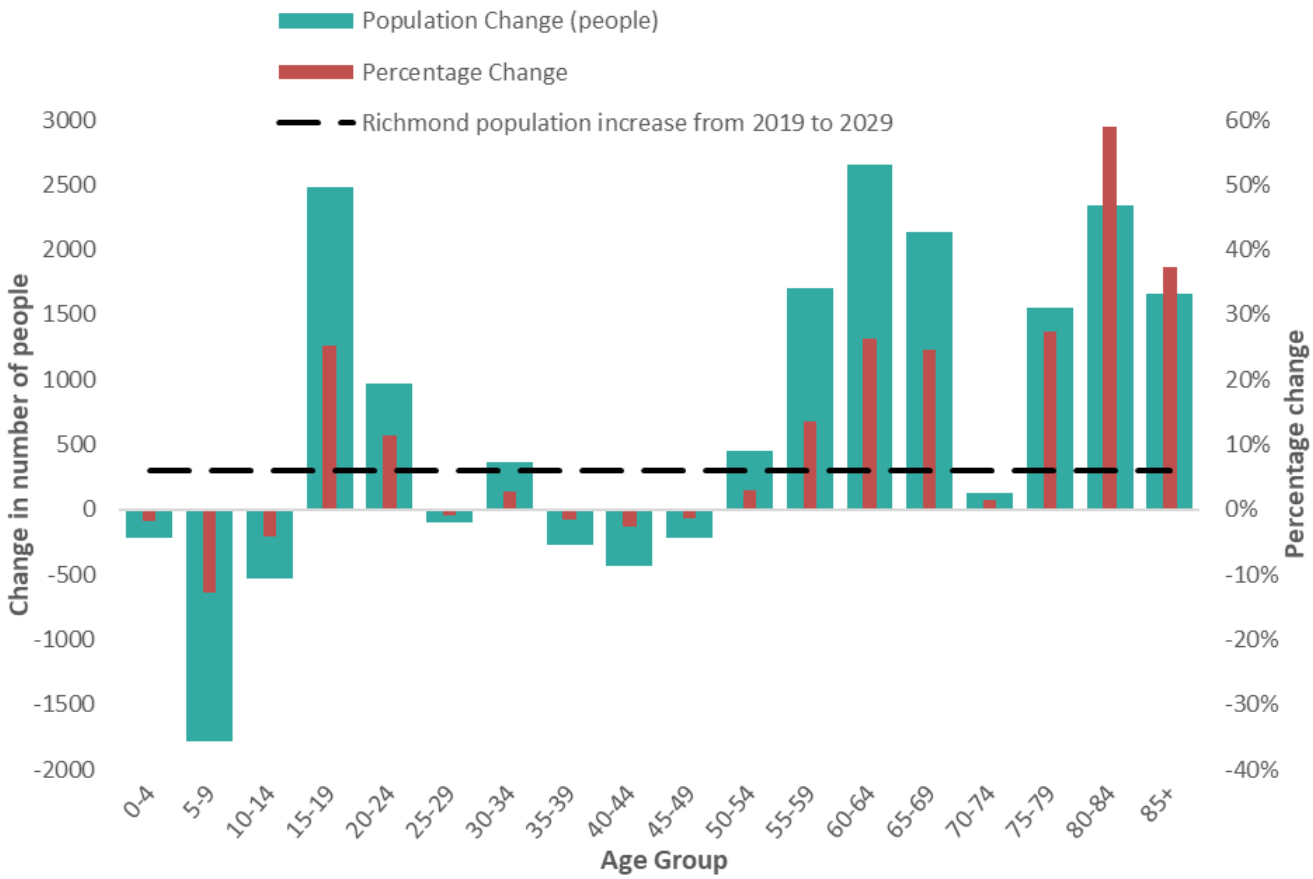
Children and Young People: 0–19 year olds are projected to largely stay the same, with a small decrease of 0.1% by 2029 (from 49,341 in 2019 to 49,290 in 2029); there will be a decrease in the population of 0–14 year olds. This is different from both Outer London and London, where 0–19 years olds are projected to rise by 7% and 6%, respectively.

Young Adults: The 20–39 age group also shows little change, where the projected increase is 2% (from 49,614 in 2019 to 50,578 in 2029). This increase is equal to that of Outer London and London.

Middle Age: A 3% rise is projected for the 40–59 age group by 2029 (from 60,482 in 2019 to 61,988 in 2029). Lower than both Outer London (10%) and London (11%) respectively.

Older Adults: The biggest increase is seen within the older age groups with a 20% rise in 60–79 year olds by 2029 (from 32,851 in 2019 to 39,312 in 2029) and a 48% rise in 80+ year olds (from 8,412 in 2019 to 12,406 in 2029). This is a larger increase than both Outer London and London, 33% and 34% respectively.

Figure 2: Projected population change, numbers and percentage change, by age groups, 2019–29, Richmond.

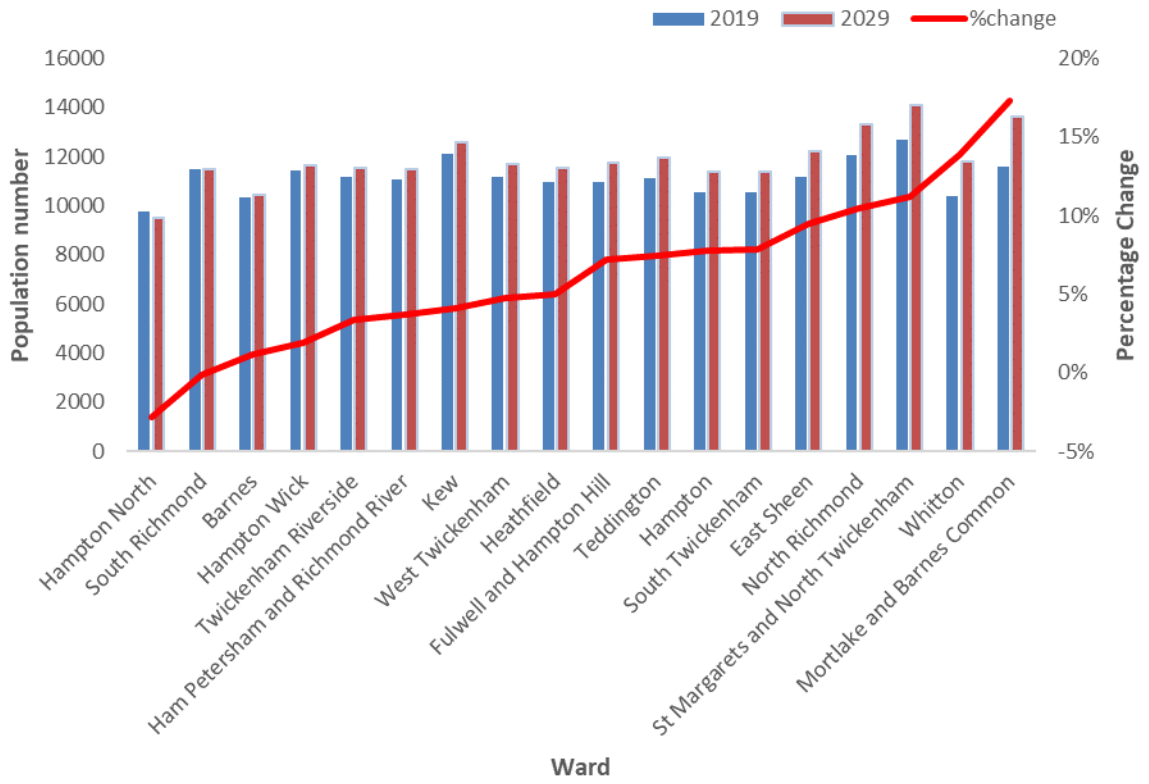


Source: 2016-based Demographic projection, housing-led model, GLA

With respect to population increases at ward level:

- The greatest projected population increase is expected in the Mortlake and Barnes Common ward, where the population increases by 17% by the year 2029 from 11,611 to 13,621.
- Hampton North is projected to decrease by 3% from 9,770 in 2019 to 9,497 in 2029, the only ward projected to see a decrease.
- Most wards (72%) are projected to have a less than 10% change in population between 2019 and 2029.
- Of the 12,874 projected increase in population, over half (56%) will happen in five wards; 15% will happen in Mortlake and Barnes Common, 11% will happen in both Whitton and St Margaret's and North Twickenham, 10% will happen in North Richmond and 8% will happen in East Sheen (see **Figure 3** for details).

Figure 3: Projected population change by ward, number and percentage change, 2019, 2029, Richmond.



Note on population: We recommend using Greater London Authority (GLA) projections and population estimates. These are based on ONS estimates and projected new housing developments. Updates estimates and projections can be found on DATARICH.INFO or on the GLA DATASTORE.

2.3 Sex

The borough's population is made up of 51% females and 49% males that are projected to increase by 6% and 7%, respectively, by 2029.[5]

The proportion of women and men are roughly equal across the life-course age-bands until later in life, as women experience longer life expectancy than men. By the time people are aged 85 years and over, there are more than twice as many women as men. There are estimated to be more females living alone in Richmond in 2019 than males and these numbers are projected to increase by 2029. Between 2016–18, there was less inequality in life expectancy (how much life expectancy varies with deprivation) amongst women at 2.6 years, compared to that experienced in men, 6.5 years.

[5] DataRich. Population Slicer. 2017. Data used: 2019-2029

Sexual Orientation and Gender Identity

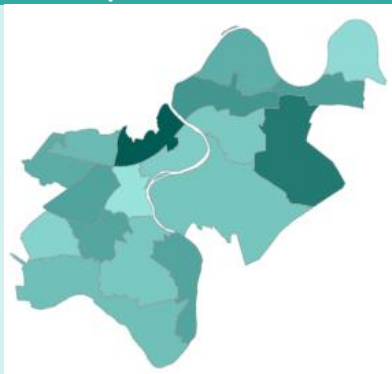
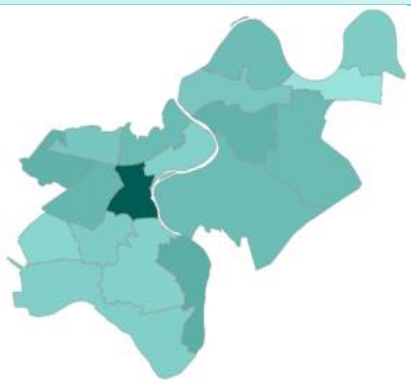
Results from the annual population survey that took place between 2013–15, estimated that there were approx. 3000 lesbian, gay and bi people living in Richmond which makes up 1.8% of the borough's population. According to the LGBT in Britain - Home and Communities Report, only half of lesbian, gay and bisexual people and half of trans people feel able to open up about their sexual orientation or gender identity to everyone in their family. There is limited data on gender identity currently, this needs to be borne in mind when developing new services and conducting Equality Impact Assessments so that relevant data is collected, and any needs addressed.

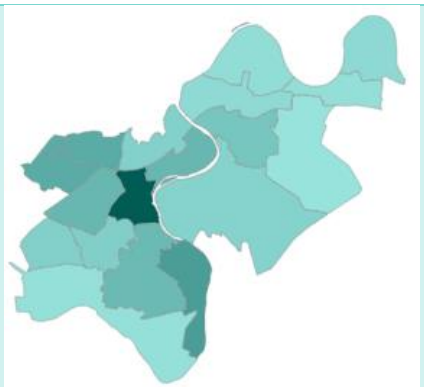
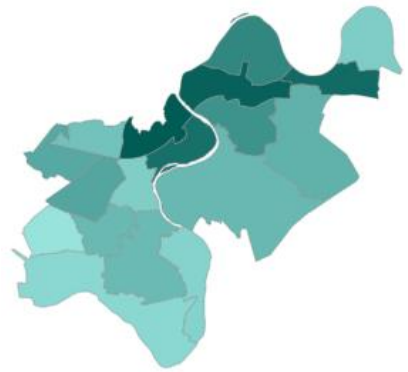
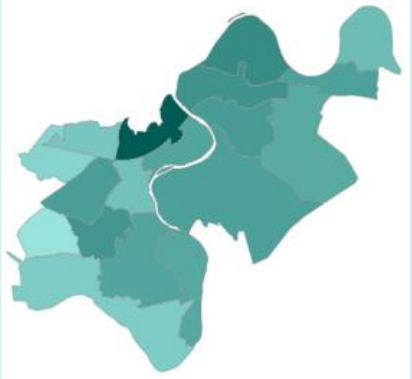
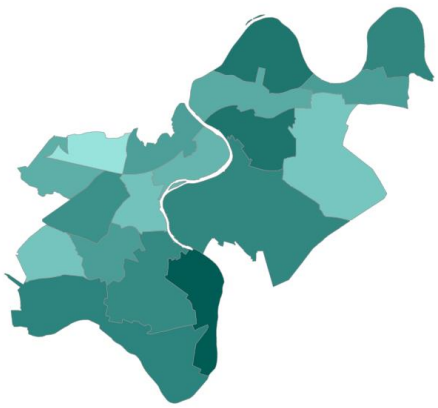
2.4 Age Structure

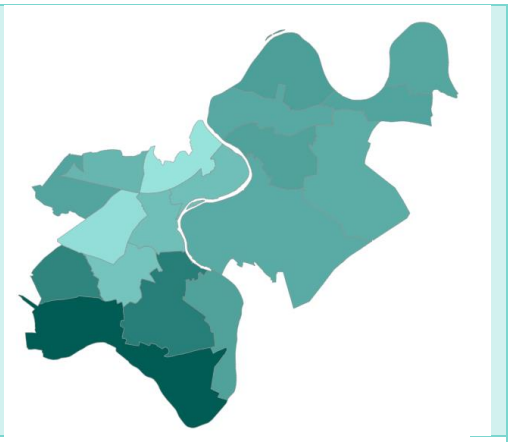
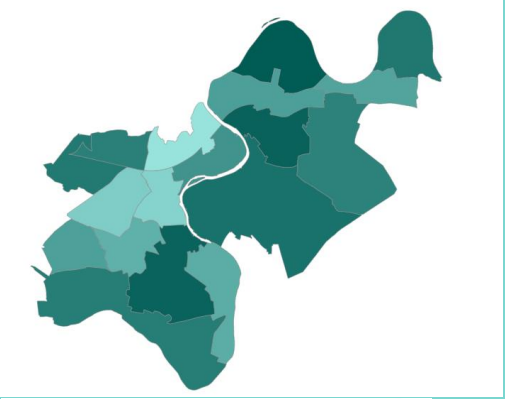
Richmond's populations median age is 40.7 years, similar to the median age for England but much higher than the London figure of 35.1. Richmond also has the highest proportion of population aged 40+ years in London.

The maps in **Table 1** show the distribution of age groups across wards within the borough. 19% of Richmond's population is under 14 years of age, with the greatest proportion found in the ward of St Margarets and North Twickenham. St Margarets ward also has the highest proportion of 25–39 year olds and 40–49 year olds. The ward with the greatest proportion of 15–19 year old's is South Twickenham, which also has the highest proportion of 20–24 year olds. Hampton Wick ward has the highest proportion of 50–64 year olds . 16% of the borough's population are aged 65+ and Hampton ward has the highest proportion of 65–74 year olds, while Kew ward has the highest proportion of 75–84 and 85+ year olds.

Table 1: A summary of age group in years with Heat map, 2019, Richmond wards.

Age group (years)	Heat map
Under 14 • **6% of the borough's population is made up of children aged under 5** • **13% are made up of 5 to 14-year olds.** • **Greatest numbers can be seen within the wards of St Margaret's and North Twickenham, East Sheen, North Richmond, and West Twickenham.**	
15–19-year olds • **5% of the borough is made up of 15–19-year olds.** • **Greatest numbers can be seen within the wards of South Twickenham, Hampton Wick and Heathfield.**	

20–24-year olds • **The population declines at this age group.** • **Make up 4% of the borough's population** • **South Twickenham, Hampton Wick and Whitton have the greatest numbers.**	
25–39-year olds • **Make up 20% of the population.** • **Broken down by 25–29 (5%), 30–34 (7%), and 35–39 (8%).** • **St Margaret's and North Twickenham, North Richmond and Mortlake and Barnes Common have the greatest numbers.**	
40–49-year-olds • **17% are made up of this age group.** • **St Margaret's and North Twickenham, Kew and North Richmond have the greatest numbers.**	
50–64 years • **19% of the borough is made up of the population aged 50–64 years** • **Highest proportion seen within the wards of Hampton Wick, South Richmond and Kew**	

65–74 • **9% of the borough is made up of the population aged 65–74 years** • **Highest proportion is seen within the wards of Hampton, Teddington and Hampton North**	
75–84 • **5% of the borough is made up of the population aged 75–84 years** • **Highest proportion is seen within the wards of Kew, South Richmond and Teddington.**	
85+ • **2% of the borough is made up of the population aged 85+** • **Highest proportion is seen within the wards of Kew, Hampton and Ham, Petersham and Richmond Riverside.**	

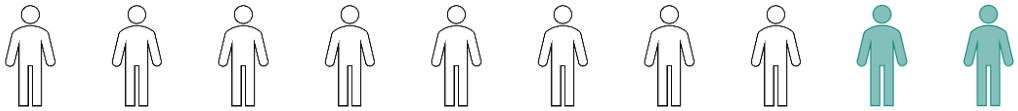
Source: DataRich, Population Explorer.
Scale: Colour scale ranges from light (lower values) to dark values).
©GLA 2018-based population projections©Greater London Authority 2020.

2.5 Ethnicity

Detailed breakdown of ethnic groups by age, gender, ward and LSOA, and projections up to 2050 can be found on DataRich.

The largest ethnic group in Richmond are those identifying as White British. Almost 1 in 6 identify as Black, Asian and Minority Ethnic (BAME), a lower proportion than is seen in London and outer London. BAME population is younger with a higher proportion of children and fewer older people. Richmond's children's population is 21% BAME vs. 16% BAME in the overall population.

Compared to London and Outer London, Richmond has much higher proportion of White British population.



More than 8 out of every 10 Richmond residents were White (British, Irish or other) (**Table 2**). Over two thirds of the local population were White British (66.3%), a much larger proportion than both Outer London (41.9%) and London (39%). 16% of the residents were from BAME groups, a much lower proportion than Outer London (43.5%) and London (43.3%).

Table 2: Ethnicity breakdown, numbers and percentage, 2019, Richmond, Outer London and London.

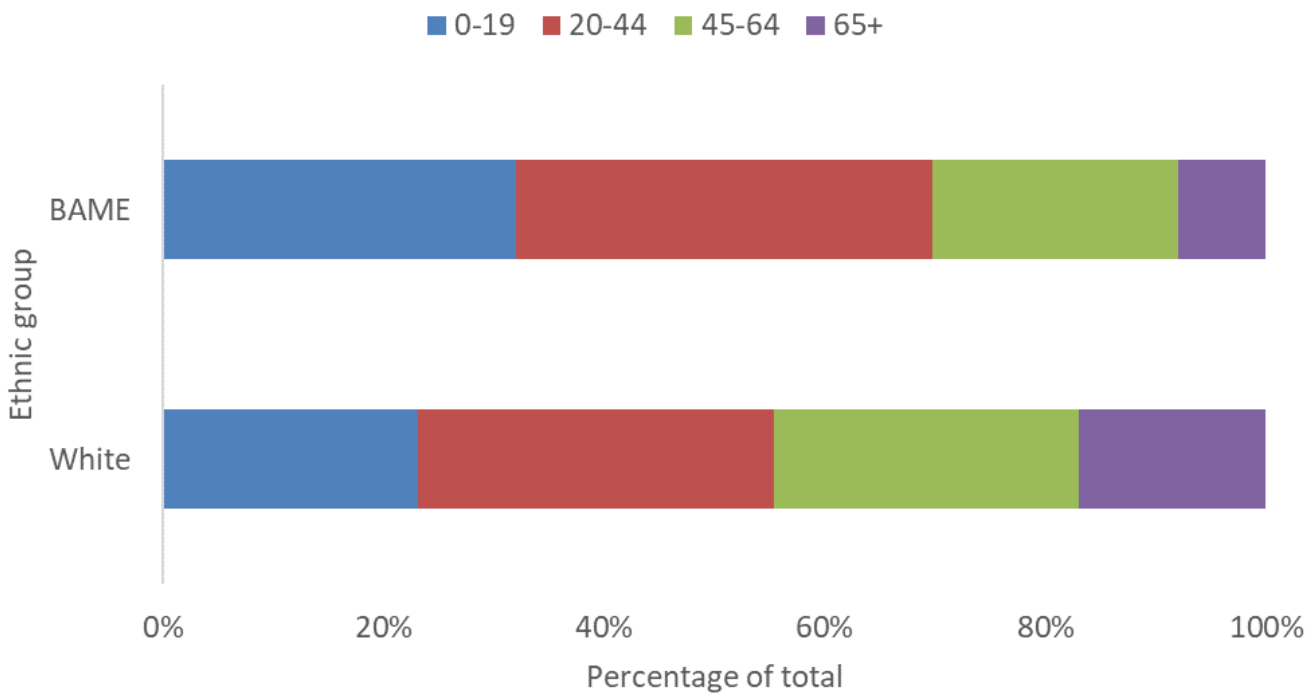
Ethnicity	Richmond n	Richmond %	Outer London %	London %
White	168,551	84.0	56.5	56.6
White British	133,075	66.3	41.9	39
White Irish	5,741	2.9	1.8	2
White Other	297,35	14.8	12.7	15.6
BAME	32,151	16.0	43.5	43.3
Black Caribbean	1,091	0.5	3.4	3.8
Black African	1,939	1.0	6.8	7.2
Pakistani	1,767	0.9	3.8	3
Indian	6,084	3.0	10.0	7.1
Other BAME	21,270	10.6	20.7	22.2
Total	**200,702**	**100**	**100**	**100**

Source: GLA Housing-led ethnic group projections

Compared to the BAME population in Richmond, the White population in Richmond is evenly spread across all the age groups. The largest proportion of the White population is in the 20–44 age group (32%). The largest proportion of the BAME population is in the 0–19 and 20–44 age groups, with a much smaller proportion aged 65 and over compared to the white population (**Figure 4**).

In 2019, there were 2,556 BAME people aged 65 years or older (8%) in Richmond. By 2029, this number is predicted to increase to 4,240, an increase of 66%.

Figure 4: Percentage of White and BAME population within each Age Group, 2017, Richmond

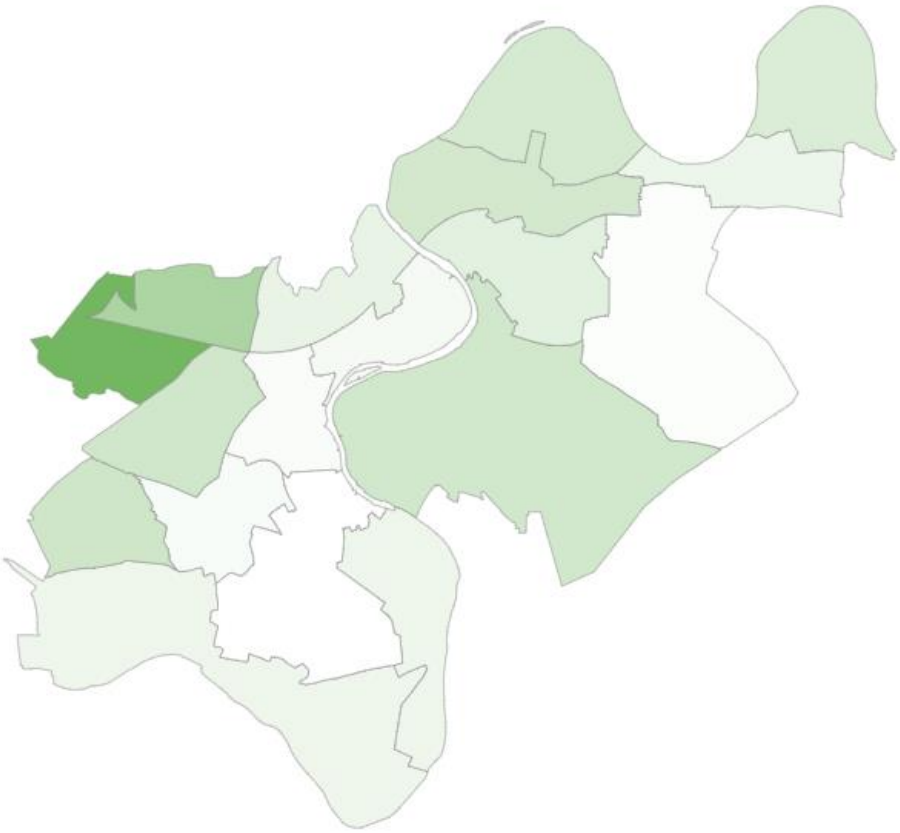


Source: 2016-based Round of Demographic Projections. GLA Housing-led ethnic group projections

BAME Population by Ward

Richmond is one of the least diverse local authorities in London with 16% of its population from non-white ethnic groups. Heathfield ward has the highest proportion of residents from BAME ethnic group at 30% (compared to the 14% for the borough), while Whitton is second highest at 21.5%. St Margaret's and North Twickenham wards have the greatest proportion of the White/White British ethnic group at 88% (**Figure 5**).

Figure 5: Ward map showing distribution of BAME ethnic group across the Borough, 2011.



Detailed breakdown at Ward level and lower can be found on DataRich.
Scale: Colour scale ranges from light (lower values) to darker values(higher values).

Projected increase in BAME Population

The GLA population projections suggest that Richmond's BAME population will increase by 13.6% by 2029, this is faster than the overall 6.4% increase (**Table 3**). The largest increase will be Asian ethnic group (17.2%) and the 'other' ethnic group (14%). The overall proportion of BAME groups in Richmond's population will increase from 8.5% in 2019 to 9.4% in 2029.

Table 3: Projected population increase by ethnicity, numbers and percentage change, 2019–29, Richmond.

Ethnicity	2019 n (%)	2029 n (%)	% Change 2029 vs 2019
White	168,551 (84.7)	177,062 (83.7)	5%
Asian	17,054 (8.5)	19,991 (9.4)	17.2%
Black	3,358 (1.7)	3,804 (1.8)	13.3%
Mixed/Multiple ethnic group	8,608 (4.0)	8530 (4.0)	5.7%
Other	3,671 (1.8)	4,186 (2.0)	14.0%
Total	**200,702**	**213,573**	**6.4%**

Source: GLA Housing-led ethnic group projections

2.6 Non-UK Born Population

Around a quarter of the local residents in Richmond were born outside the UK, a lower proportion than London but higher than England (**Table 4**). Among those born outside the UK, just over 30% were born in the European Union. During 2018, over 80% of Richmond's population were UK nationals,[6] indicating that many non-UK born residents have obtained nationality.

A substantial proportion of migrants to Richmond are long-term migrants. In 2018, the Borough's long-term migrant residents, those arriving from 1970–2009, made up 15% of the population compared to 11% for those arriving after 2010. In terms of recent arrivals, Richmond ranked 25 out of 32 in London.[7]

Table 4: Nationality status and place of birth, number and percentage, 2018, Richmond, London and England

	Richmond n(%)	London %	England %
Non-UK National	34,000 (17.3)	22.2	9.9
Place of Birth – Non-UK Born	51,000 (25.9)	36.4	9.9
European Union	16,000 (8.1)	11.5	5.9
Non-EU European	3,000 (1.5)	2.0	0.3
Middle and East Central Asia	4,000 (2.0)	1.7	0.3
East Asia	2,000 (1.0)	1.3	0.3
South Asia	2,000 (1.0)	7.4	1.2
South East Asia	1,000 (0.5)	1.0	0.3
Sub Saharan Africa	6,000 (3.0)	5.8	0.7
North Africa	1,000 (0.5)	0.6	0.1
North America	4,000 (2.0)	1.1	0.3
Central and South America	6,000 (3.0)	3.0	0.3
Oceania	5,000 (2.5)	0.9	0.2
Decade of arrival			
2010 onwards	17,000 (11.6)	11.5	5.1
1970–2009	30,000 (15.2)	21.4	8.6

Source: GLA and ONS data via DataRich.info ; year of arrival GLA Data Store

According to the 2011 census, the highest number of non-UK born population came from Ireland (n=3,295), South Africa (n=2,671), United States (n=2,621), India (n=2,412), Germany (n=2,335) and Australia (n=2,125).[8] Wards with the highest proportion of population born outside the UK were South Richmond, Barnes, Ham, Petersham and Richmond Riverside, and Kew, where 30% or more of the population were born outside the UK.

Detailed breakdown of population by country of birth at Ward and borough level is available on GLA's London Data Store.

[6] DataRich. Population. 2018. Data used: 2018
[7] London Data Store. Migrants to the United Kingdom by Decade of Arrival, 2004-2018. Data used: 2018
[8] London Data Store. Country of Birth Ward Tools (2011 Census). 2011. Data used: 2011

2.7 Gypsies and Travellers Population

At the last UK census (2011), 95 respondents in Richmond reported their ethnicity as 'White: Gypsy or Irish Traveller', amounting to 0.1% of the Borough's population. This matched the 2011 country-wide 'White: Gypsy or Irish Traveller' proportionate population (0.1%).

The Government Count of Gypsies and Travellers occurs twice annually, including both authorised and unauthorised sites. The information is supplied by local authorities, with the most recently published count taking place in January 2020 [9]. See **Table 5** below.

Table 5: Count of traveller caravans in Richmond, 2016 – 2020

	No. dwellings on authorised sites (with planning permission)	No. dwellings on unauthorised sites (without planning permission)
Jan-16	13	0
Jul-16	13	0
Jan-17	12	0
Jul-17	12	0
Jan-18	12	0
Jul-18	12	0
Jan-19	12	0
Jul-19	12	0
Jan-20	12	0

Source: Ministry of Housing, Communities & Local Government. 2020

2.8 Language and English Proficiency

The vast majority of those living in the Richmond Borough are UK born (73.6%), a rate that is higher than both Outer London (66.1%) and London (63.5).[10] As a result, English Proficiency is high.[11]

According to the 2011 Census:

- 89.6% of Richmond residents (3+ years of age) had English as their main language (London=77.9, England=92.0%).
- Only 1% of Richmond residents stated they cannot speak English well or at all (Inner London=3.8%; London=4.1%).[12]
- After English, the most common languages were Spanish (0.7%), French (0.7%), Portuguese (0.4%) and Arabic (0.4%).

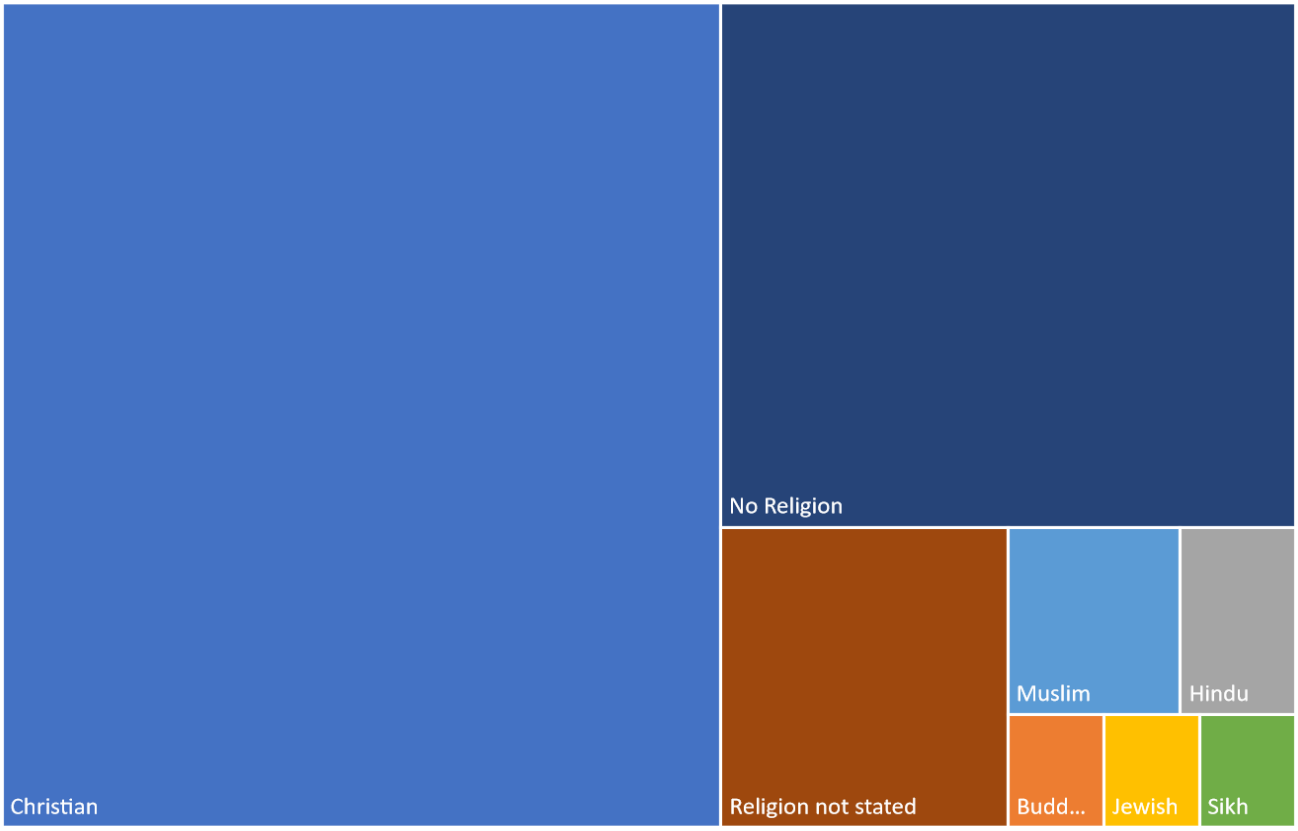
[9] Ministry of Housing, Communities & Local Government. Traveller caravan count: January 2020. 2020.
[10] ONS. Population of the UK by Country of birth and nationality. 2018. Date used: 2018
[11] DataRich. Population - Main languages. 2011. Date used: 2011
[12] ONS. Proficiency in English, local authorities in England and Wales (Table QS205EW). 2011. Date used: 2011

2.9 Religion

The 2011 census showed that 55% of Richmond's population were of Christian faith. Muslim faith was the second most popular religion at 3%. 28% of residents stated having no religion. **Figure 6** shows a treemap chart breakdown of the different religions in 2011.

Detailed breakdown, based on 2011 census, at Ward and LSAO level, age and gender can be found on DataRich.

Figure 6: Religion breakdown in Richmond, 2011



Source: Nomis, 2011 census.

Estimates from the ONS Annual Population Survey[13] (**Table 6**) shows that over half (51.3%) of the Richmond population in 2018 identify as Christian. This has fallen since 2008 (69.5%) but remains higher than the London average (44.5%). The population that identifies as not having a religion increased from 2008 (20.9%) to 2018 (35.8%). This follows a similar trend to London where 18% identified as not having a religion in 2008 and this increased to 29.4% in 2018. Additionally, the percentage of those that identify as Muslim in Richmond has decreased significantly from 6.4% in 2008 to 3.6% in 2018.

[13] London Data Store. Population by Religion, Borough. 2006-2018. Data used: 2018

Table 6: Religious identity, numbers and percentage, 2008 and 2018, Richmond and London.

Religious Identity	2008 n (%)	2018 n (%)	London 2018 %
Christians	125,200 (69.5)	99,200 (51.3)	44.5
Muslim	11,500 (6.4)	7,000 (3.6)	14.2
No religion	37,600 (20.9)	69,200 (35.8)	29.4

Note: Data not available for all religions, suppressed by data provider due to small numbers at Borough level by data provider.

Source: ONS Annual Population Survey via London Data Store

According to the older 2011 Census data, which provides a more detailed picture

- The most common religion for those living in Richmond was Christianity (55.2%), followed by Muslim (3.3%) and Hinduism (1.63%).[14]
- 28.5% stated that they did not have a religion, higher than both London (21%) and England (25%). A bigger percentage of males living in the borough stated they did not have a religion (15.6%) compared to females (12.8%).
- The Christian population was highest in Kew, Mortlake and Barnes Common and East Sheen. Compared to other wards, a much higher proportion of the Muslim population resided in Heathfield.

2.10 Marriage and Civil Partnership

Detailed breakdown, based on 2011 census, at Ward and LSAO level, age and gender can be found on DataRich.

Marriage and civil partnership are both defined by reference to the legal definitions. It includes a person (or persons) who is (are) married or is (are) a civil partner (or civil partners).

In Richmond, according to 2011 census, just under half of the population are married (47.3%), this is similar to England (46.6%). A smaller proportion of the population are single (36.7%), which differs to London where a larger proportion of the population are single (44.1%) compared to married (39.8%).[15]

The 2011 census did not contain a specific question regarding sexual orientation. However, the survey found that 665 people living in Richmond are in a same-sex civil partnership. This makes up 0.4% of the Richmond population, which is equal to London (0.4%) but higher than England (0.2%). A larger proportion of males living in the borough are in a civil partnership (0.33%), compared to females (0.12%). Twickenham Riverside contains the highest rate of same-sex Civil Partnerships at 10.23% of people living in that ward.[16]

[14] DataRich. Population Slicer – Religion. 2011. Data used: 2011
[15] DataRich. Equalities. 2011. Data used: 2011.
[16] DataRich. Population Slicer – Marriage/Civil Partnership. 2011. Data used: 2011.

2.11 LGBTQ Population

Over the last five years, the proportion of the UK population identifying as lesbian, gay or bisexual (LGB) has increased from 1.5% in 2012 to 2.0% in 2017. [17] Between 2013–2015, results from the Annual Population Survey estimated that there were 3,000 lesbian, gay and bi people living in Richmond. This makes up 1.8% of the population, which is a lower percentage to London (2.6%). A larger proportion of people in Richmond - 5% (7,000) selected 'don't know', 'refuse to say' or 'other.' [18]

Trans data at local level is difficult to find. In July 2017, the government launched a nationwide LGBT survey. 108,100 people aged 16 or over living in the UK who self-identified as LGBT or intersex responded. Thirteen percent of these respondents identified as trans. Younger trans respondents were more likely than older respondents to identify as non-binary. For example, 57% of trans respondents under 35 identified as non-binary compared with 36% of those aged 35 or over[19].

The proportion of the UK population identifying as lesbian, gay or bisexual (LGB) has increased from 1.5% in 2012 to 2.0% in 2017. Between 2013–2015, results from the Annual Population Survey estimated that there were 3,000 lesbian, gay and bi people living in Richmond. This makes up 1.8% of the population, which is a lower percentage to London (2.6%). A larger proportion of people in Richmond - 5% (7,000) selected 'don't know', 'refuse to say' or 'other.'

2.12 Conception and Birth Rate

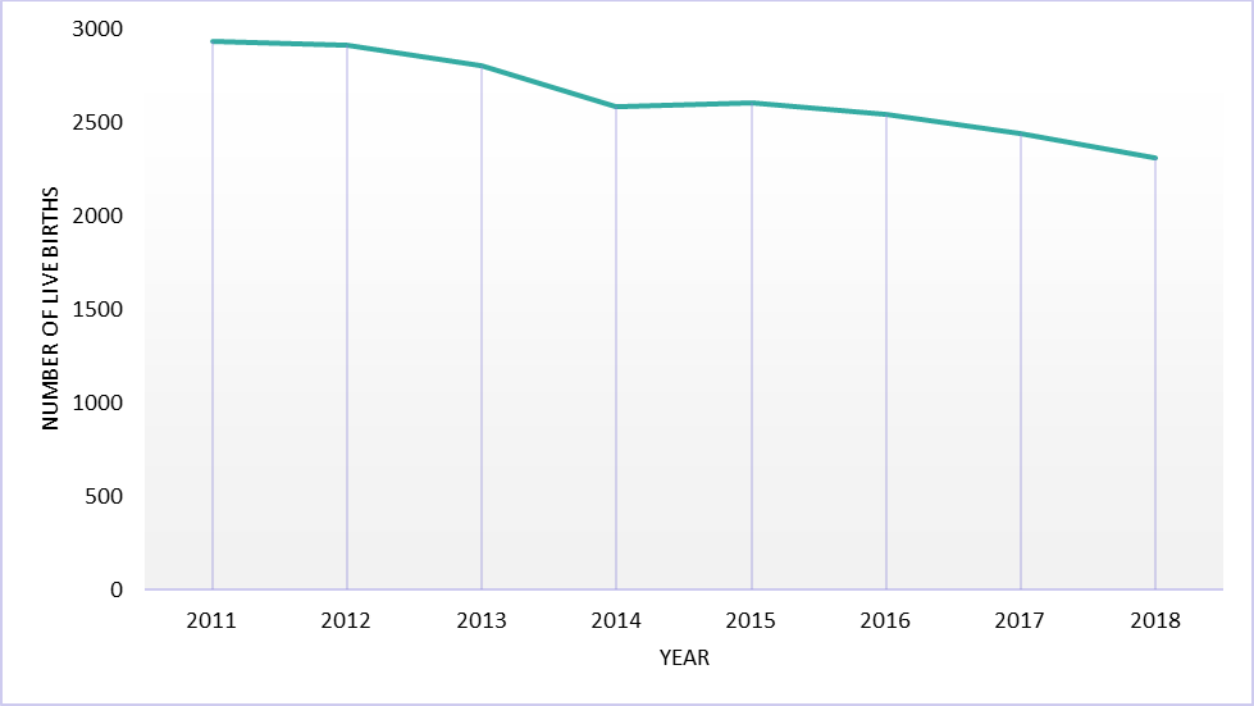
The number of children born in Richmond is decreasing (**Figure 7**) and is projected to further decrease by 2029.[20] Over 60% of the children born in Richmond are born to UK born mothers (60.2%). This is higher than the rate for Outer London (43.3%) but lower than the rate for England (70.9%).[21]

More women are having home births in Richmond compared to Outer London and England. In 2017, 2.6% of births took place at home, compared to 1.4% in Outer London and 2.1% in England.[22]

In 2017, the percentage of live births in Richmond born outside of a marriage or civil partnership was 28.7% of all live births in Richmond, lower compared to Outer London (36%) and England (47.6%).

[17] Office for National Statistics, Sexual Orientation, UK. 2017
[18] Office for National Statistics, Sexual identity by local authority. 2013-2015
[19] Gov.uk, The National LGBT survey: research report.
[20] ONS. Population projections incorporating births, deaths, and migration for regions and local authorities: Table 5. 2016. Data used: 2018-2029
[21] ONS. Parents country of birth. 2018. Data used: 2018
[22] ONS. Birth Characteristics. 2017. Date used: 2018

Figure 7: Number of live births, 2011–18, Richmond.



Source: Office of National statistics, Live Births [23]

2.13 Household Composition

According to the 2011 census, around one-fifth (32.6%; 26,008) of households were made up of one person living alone (**Table 7**). Looking at adults aged 65 and over, the rate is twice as high – 67.9% are living alone (n=9,434). In this age group, the rate was lower than London (68.6%) but higher than the England average of 59.6%.[24] Of this group, the largest number live in South Richmond (n=693) and Ham, Petersham and Richmond River (n=686) respectively. The smallest number (n=385) live in St Margarets and North Twickenham. [25]

Lone-parent households with children (dependent and non-dependent) make up 7.8% of all households in Richmond, a lower proportion than London (12.7%) and England (10.6%). The rate of families married or in a same-sex civil partnership is higher in Richmond (35.7%) compared to both London (28.1%) and England (33.2%). Of the married or civil partnership couples, the biggest proportion (55.2%, n= 15,747) have dependent children, with fewer families made up of children that are all non-dependant (12.4%, n= 3,532).

In Richmond, the largest proportion of cohabiting couples with no children live in in South Richmond (9.2%, n=517). The lowest proportion of such households live in Heathfield (2.2%, n=127).

[23] Data.London. Births and Fertility Rates, Borough. 1996-2018. Data used: 2011:2018
[24] DataRich. Population, Household composition| Richmond upon Thames, 2011. Data used: 2011
[25] London Data Store. 2011 Census Households Families. Data used: 2014.

Table 7. Household Composition, number and percentage of total households, 2011, Richmond, Outer London and London.

Household Composition	Richmond n (%)	Outer London n (%)	London n (%)
Lone parent family – dependent or independent children	*6,264 (7.8%)*	*242,716 (12.8%)*	*413,464 (12.7%)*
Couple* - no children	*14,872 (18.7%)*	*255,339 (13.4%)*	449,554 (13.8%)
Couple – dependent children	*18,156 (22.7%)*	*393,103 (20.7%)*	581,814 (17.8%)
Couple – independent children	3,762 *(4.7%)*	*126,651 (6.7%)*	180,234 (5.5%)
Households with children (any type)	*29,792 (37.3%)*	*854,722 (44.9%)*	1,312,267 (40.2%)
One-person household	*26,008 (33%)*	*541,224 (28.5%)*	1,030,558 (31.6%)
One-person households 65+	*9,434 (11.8%)*	*200,424 (10.5%)*	*312,022 (9.6%)*

** cohabiting couple or Married or same-sex civil partnership couple*

Source: NOMIS Census 2011 via DataRich. Please note the total does not add to 100% due to overlapping groupings.

The ONS household model takes GLA population projections and converts them to households for London Boroughs. The results found that there are an estimated 83,603 households in Richmond in 2019, with an average household size of 2.334. The number of households is set to increase in ten years rising to an estimated 92,060 in 2029. However, the size of the household is set to reduce to 2.268 in 2029.[26]

The majority of those living in one-person households in Richmond are over 50 years old (making up 71% of these households). In 2019, the largest age group living in these household types are those aged 70–74 (1,541 households). The smallest age-group living alone in Richmond in 2019 are aged 20–24 (235 households). Looking at projections for 2019, the biggest increase of one-person households will be in the age-group 80–84, rising 49% in 2029 (1,819 households).

There are more females living alone in Richmond in 2019 than males (9,712 compared to 7,061). These numbers are set to increase by 2029 at a rate of 14% for female households and 12% for male households (**Table 8**).

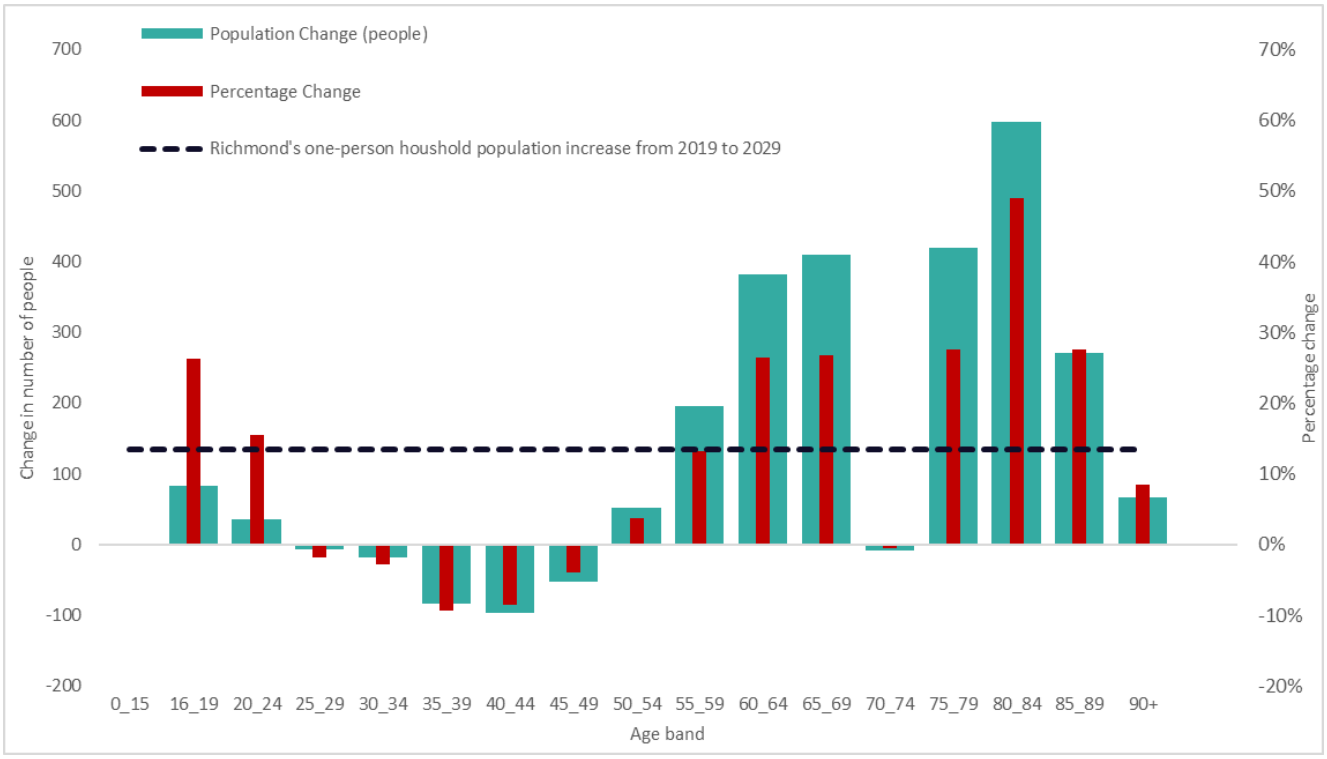
Table 8: One person households, male, female, number and percentage, 2019, 2029, Richmond.

Household type	2019 n (%)	2029 n (%)
One person households: Male	7,061 (42%)	7,926 (42%)
One person households: Female	9,712 (58%)	11,098 (58%)
One person households: total	16,774	19,024

Source: NOMIS Census 2011 via DataRich

[26] GLA. Central trend ONS household projection (2018-based). 2011–2041. Data used: 2019-2029

Figure 8: Projected population change in one person households, number and age groups, 2019–2029, Richmond.



Source: 2016-based Demographic projection, housing-led model, GLA

2.14 Self-reported Happiness, Satisfaction and Well-being

The Annual Population Survey (APS) ask residents questions on life satisfaction, how worthwhile people feel, whether people were happy yesterday, and how anxious people were yesterday. Respondents gave a score of 0 to 10 where 0 is "not at all" and 10 is "completely".

Overall, the local population report leading happy, satisfied and worthwhile lives that are equal to, or slightly higher than the London average (**Table 9**). The 2018/19 estimates showed that Richmond resident's satisfaction, worthwhileness and happiness have increased since 2011/12. However, the average anxiety score remains the same and is higher than the London average for the same year.

Table 9: Average personal well-being scores, life satisfaction, happiness, worthwhileness and anxiety, 2011–12, 2018–19, Richmond and London.

	Richmond Score 2011/12	Richmond Score 2018/19	London Score 2018/19
How satisfied are you with your life nowadays?	7.5	7.7	7.6
What extent do you feel the things you do in your life are worthwhile?	7.7	7.8	7.8
How happy did you feel yesterday?	7.2	7.5	7.5
How anxious did you feel yesterday?	3.3	3.3	3.1

Source: Annual Population Survey (ONS) [27]. Scores are out of 10.

2.15 Voluntary Sector and Volunteering

Richmond upon Thames has a thriving and vibrant voluntary sector with over 800 local voluntary organisations providing services and activities.

In Richmond, the percentage of people reporting volunteering in the latest available reporting period dropped to 28% (2013/14–2015/16) compared to 49% (2010/11–2012/13). In London, the percentage has remained steady around 25%.[28]

3. Population Change

The natural change in population is made up of births minus deaths and is the largest component of population increase. In 2018, there were 2,376 births and 1,209 deaths in Richmond. Over the past 10 years there have been 30,223 births and 12,979 deaths, leading to an overall increase of 17,244.

Over the past 10 years, population increase was driven by Richmond having the second highest rate of natural change (more births than deaths) in London. Over the next 10 years, net natural change will continue with further contribution from migration from other parts of London and the UK to new housing developments.

3.1 Migration

The second biggest component effecting the population change in Richmond is international migration. Over 10 years, this has created an overall increase of 3,005 people, with 23,778 International Migrants moving in and 20,773 people moving out. In 2018 there was a greater inflow of international migrants than outflow (an overall increase of 832). This is a trend that has been consistent throughout the ten-year period, with the exception of the years 2009 and 2012 (net migration was -21 and -406 respectively). Overall, the international migration into Richmond has been decreasing.

[27] ONS. Personal well-being estimates. 2011–2019. Data used: 2011/2, 2018/19
[28] London Data Store. Volunteering Work Among Adults , 2008-2016. Data used: 2016

Internal Migration: The third biggest component effecting this change is internal migration (residential moves between local authorities) with a net change of -2,664 over 10 years. In the ten-year period 150,169 moved into the borough and 152,833 moved out. In 2018, the number of Internal migrations into Richmond (residential moving between different local authorities) was 14,806, and the number of outflows was 15,588. The greatest number of moves into the borough was seen from the boroughs of Hounslow (n= 1,610), Richmond (n= 1,128), Kingston Upon Thames (n= 704) and Hammersmith and Fulham (n= 613)[29]. The greatest number of moves out of the borough was to Hounslow (n= 1,262), Kingston Upon Thames (n= 893) and Elmbridge (n= 673).

3.2 Other Causes for Population Change

This describes estimated net effect of changes to special populations during the twelve months to mid-year. Special populations comprise prisoner, armed forces and their overseas based dependent populations. This includes estimated population change not attributed to a specific cause in the twelve months to mid-year and small adjustments necessary to account for issues such as minor LA boundary changes and large postcode areas that overlap LA boundaries. These cases account for a change of -3,102 from 2008–2018.

Over the past 10 years, population increase was driven by Richmond having the second highest rate of natural change (more births than deaths) in London, and net positive international migration. Over the next 10 years, net natural change will continue with further contribution from migration of other parts of London and the UK to new housing developments.

3.3 New Arrivals GP Registration

In 2018, there were 3,058 new GP registrations locally for individuals whose previous address was outside UK, this was lower than 2014–2017 when registration averaged around 3,200. New registrations are not an ideal indicator of migration but are useful in terms of planning GP services. The borough ranked 28 out of 33 in terms of highest GP registrations in London.[30]

Please note people can register with a GP that is not in their own Borough and these registrations also include those who may be British but lived outside UK for more than three months.

3.4 National Insurance Numbers Issued to Overseas Nationals

National insurance number registrations indicate the nationality of adult international migrants into Richmond. In the year to June 2019, the number of national insurance number (NINos) allocations to adult overseas nationals entering Richmond was 2,454, a 16% increase from the June 2018 figure of 2,113. 56% were allocated to EU nationals, 10% to other European nationals, 15% were Asian, and 19% were from the rest of the world. This indicates that working-age migrants now are more likely to be EU nationals. During the financial year 2018/19, there were 2,160 national insurance numbers registered to overseas nationals.[31]

[29] Office of National Statistics, Internal Migration: Matrices of moves by local authority. Year ending June 2018. Data used: 2018

[30] London Data Store. Migration Indicators: New Migrant GP Registrations,2001–2018. Data used: 2014-2018.

[31] Department for Work and Pensions, National Insurance number allocation, 2018-2019. Data used: 2018–2019

The highest number of NINos registered to adult non-UK nationals in Richmond, during 2018/19, were Italian 9% (n=196), 7% Romanian (n=150), 6% Spanish (n=122) and 5% Turkish (n=115)[32] residents.

4. Life Expectancy and Mortality

4.1 Life Expectancy and Healthy Life Expectancy

Life expectancy shows us the estimated length of life a person would expect to live based on contemporary mortality rates. It is an estimate of the average number of years a newborn baby would survive if he/she experienced the age-specific mortality rates for that area in a defined time period. New-born male babies in Richmond can expect to live, on average, up to 82.5 years and females for 86.3 years, an increase of 4 years in both since 2001–03. Richmond residents are living longer than ever before, and the borough has continued being higher than the London and England averages.

In general, people in Richmond live longer than the national and London averages. Females in the borough live 3.8 years longer than males, but a decline in healthy life expectancy (average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health) in females between 2013–15 and 2015–17 means that women spend longer in poor health than previously and spend longer in poor health than men.

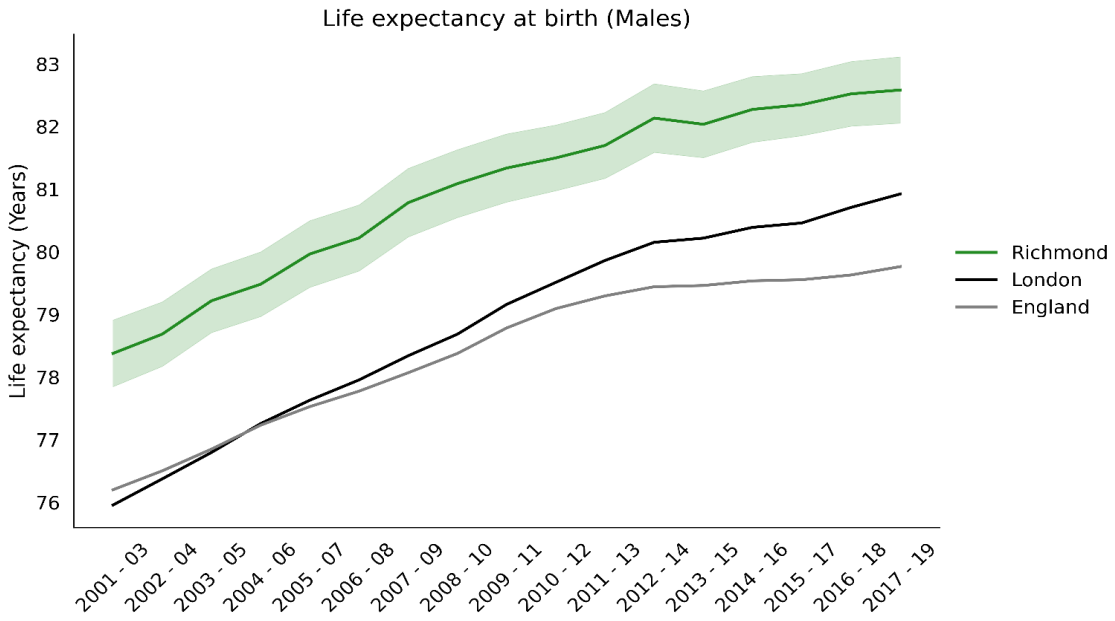
Life Expectancy at Birth

Life expectancy at birth provides us with information on the estimated length of life a newborn baby would survive if he/she experienced the age-specific mortality rates for that area and time period throughout his/her life.

Males: In 2017–19, life expectancy at birth in males in Richmond was 82.6 years which was significantly higher than the England average of 79.8 years and the London average of 80.9 years. Locally, life expectancy has steadily increased in males and they are living 4.2 years longer than they were in 2001–03. **Figure 9** compares the time trend data for Richmond, London and England.

[32] London Data Store. National Insurance Number Registrations of Overseas Nationals, Borough, MSOA. 2002/03 to 2018/19. Data used 2018/19

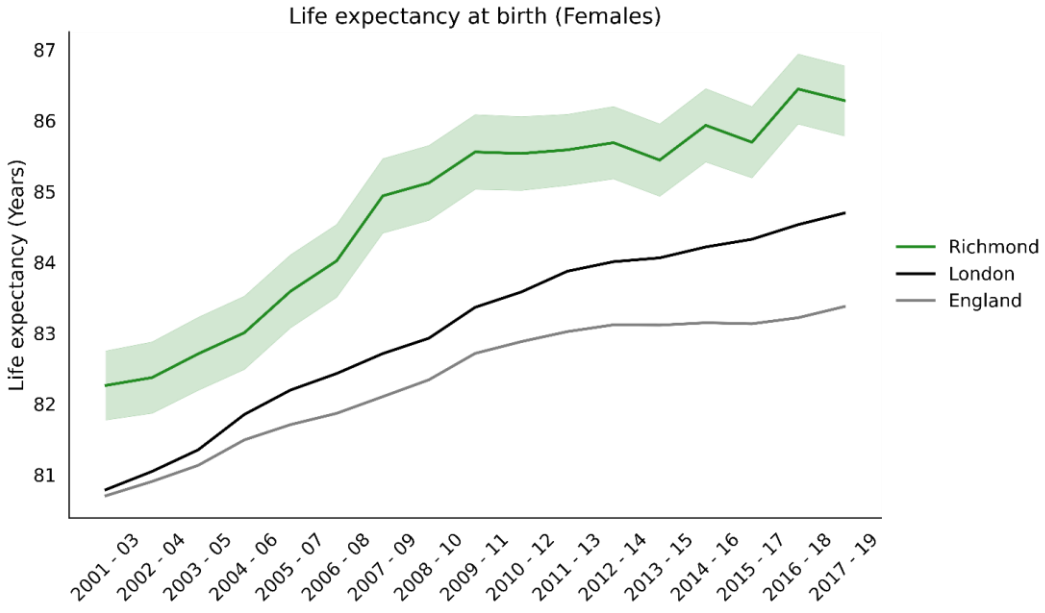
Figure 9: Male life expectancy at birth, 2001–2019



**- green ribbon shows 95% confidence interval around Richmond's indicator values*
Source: PHE Public Health Outcomes Framework

Females: In 2017–19, life expectancy in females in the borough was 86.3 years which was 4th highest in London and significantly higher than the England average of 83.4 and the London average of 84.7 years. Locally, life expectancy has steadily increased in females and they are living 4 years longer than they were in 2001–03. **Figure 10** compares life expectancy trends in Richmond, London and England.

Figure 10: Female life expectancy at birth, 2001 – 2019



**- green ribbon shows 95% confidence interval around Richmond's indicator values*
Source: PHE Public Health Outcomes Framework

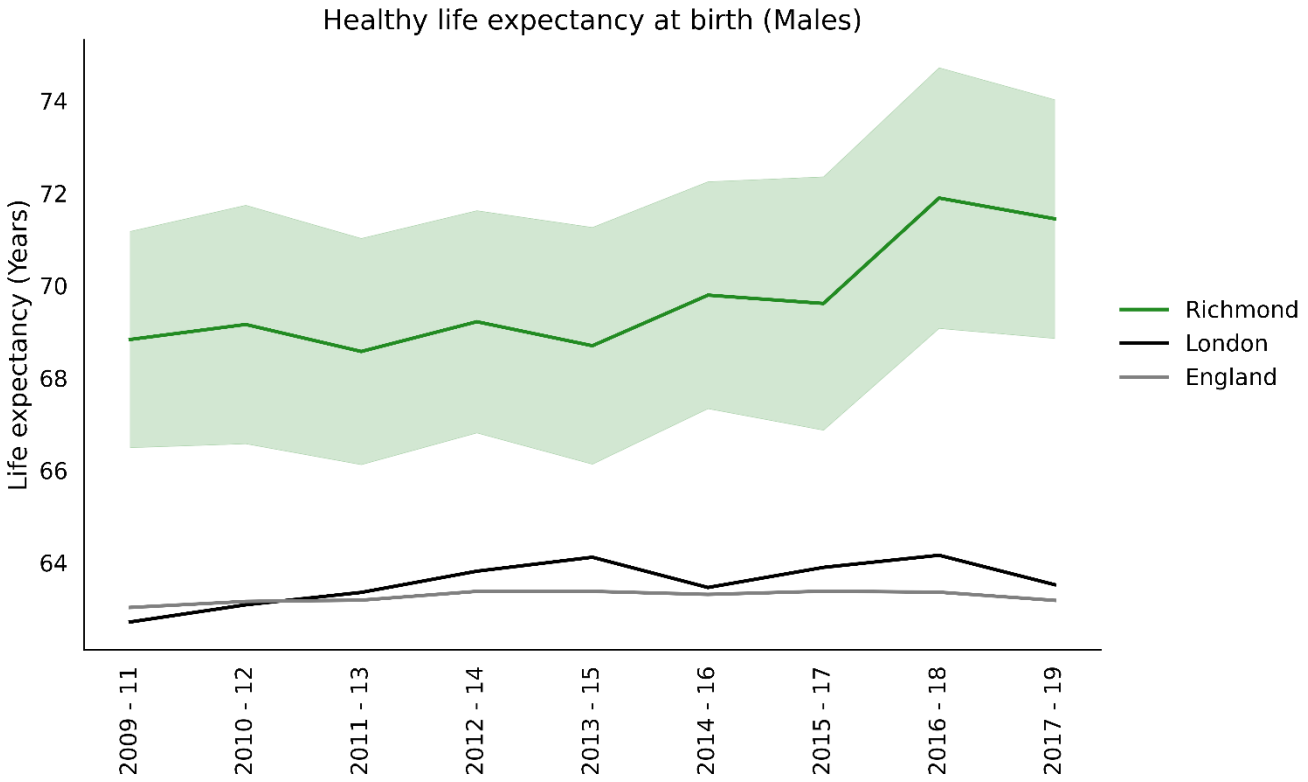
Healthy Life Expectancy

Healthy life expectancy is the number of years that a person is expected to continue to live in a healthy condition (rather than with a disability or in poor health).

Healthy life expectancy in Richmond is 71.4 years among males and 68.1 years among females. In recent years, healthy life expectancy, that is life without serious illness, has decreased among females and increased among males.

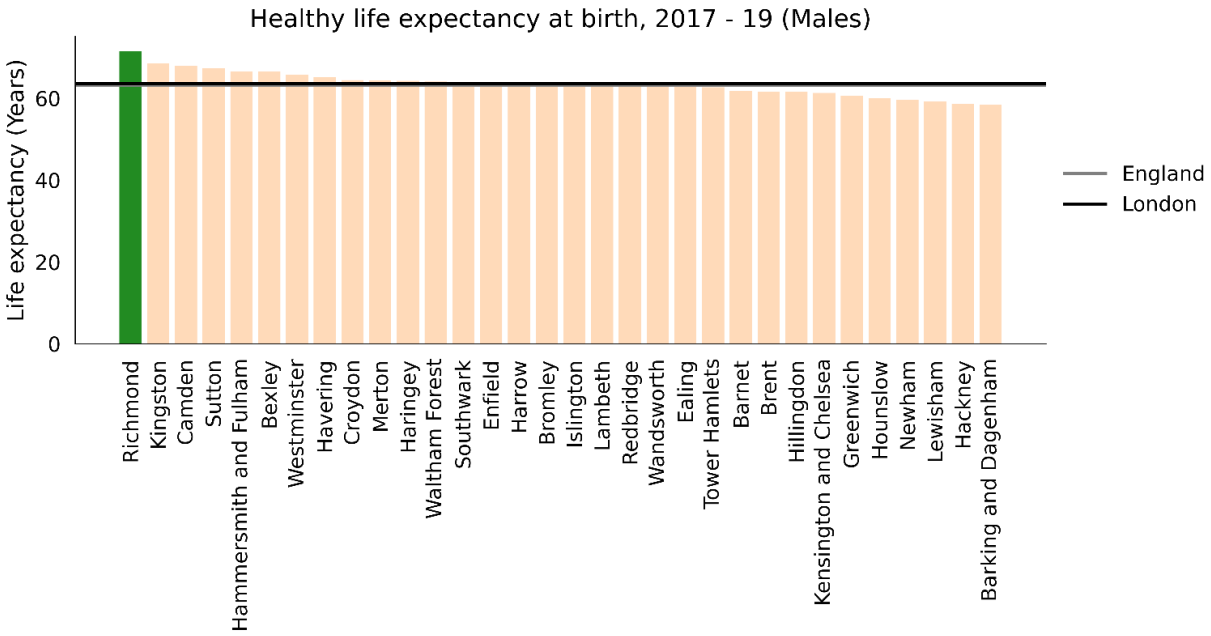
Males: In 2017–19, healthy life expectancy at birth in males in Richmond was 71.4 years which was higher than the England average of 63.2 years and the London average of 63.5 years (**Figure 11**). Richmond has the highest male healthy life expectancy in London (**Figure 12**). The latest Borough figure for 2017–19 was also 3.8% higher than in 2009–11, in comparison with a 0.2% increase in England's rate in the equivalent time period.

Figure 11: Male healthy life expectancy, 2009–2019



**- green ribbon shows 95% confidence interval around Richmond's indicator values*
Source: PHE Public Health Outcomes Framework

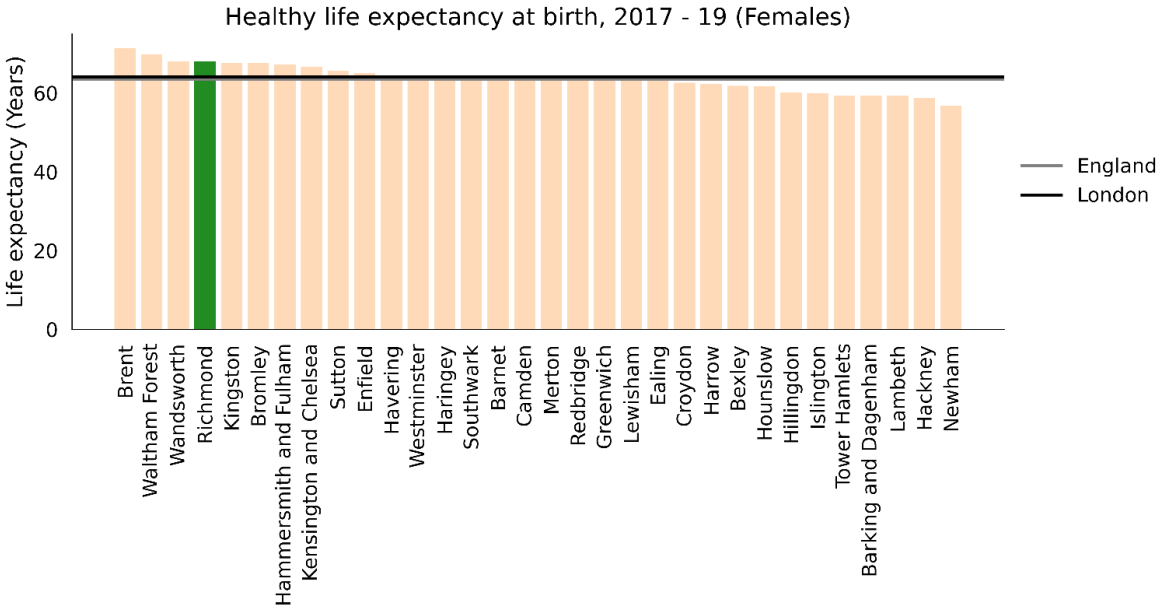
Figure 12: Male healthy life expectancy by London local authority, 2016–18



Source: PHE Public Health Outcomes Framework

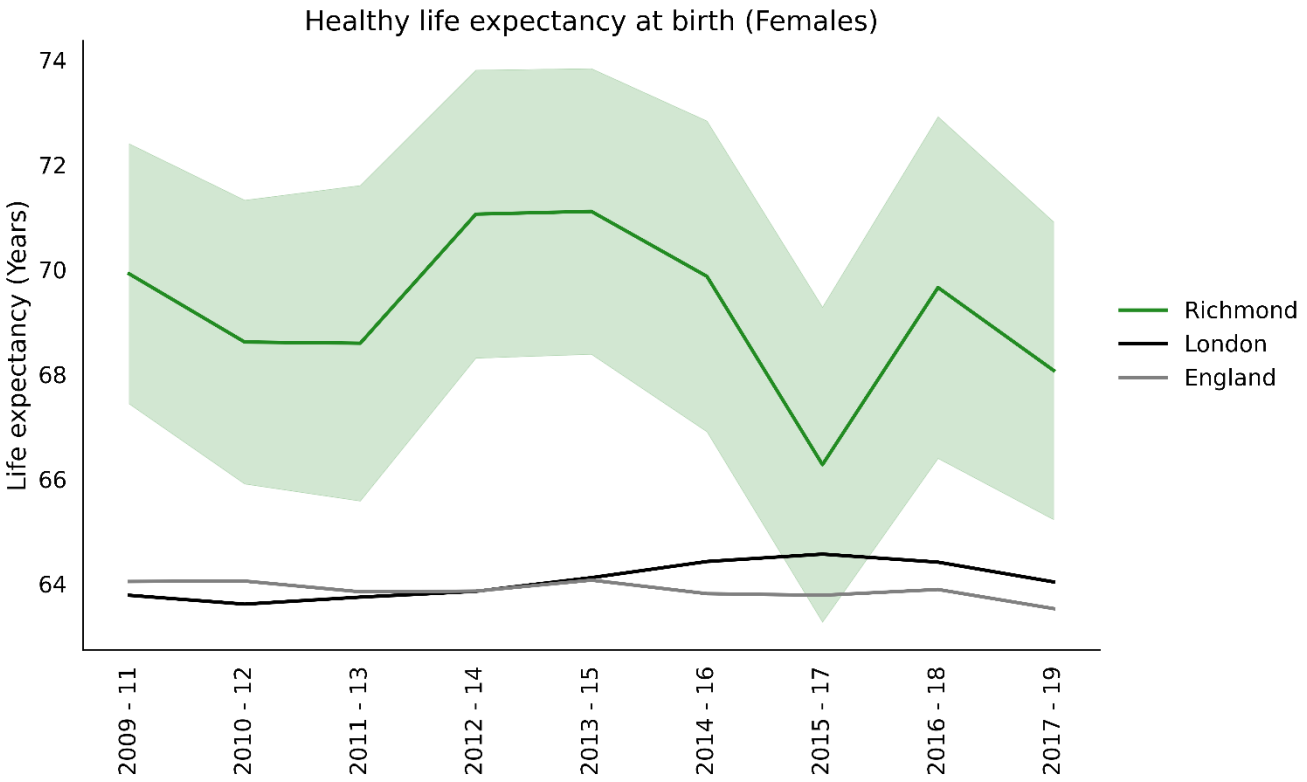
Females: In 2017–19, Richmond's healthy life expectancy at birth was 68.1 years, which is the 4th highest rate in London (**Figure 13**), 7.2% higher than the England average and 6.3% higher than the London average. The latest Borough figure for 2017–19 was also 2.6% lower than in 2009–11, in comparison with a 0.8% decrease in England's rate in the equivalent time period (**Figure 14**). Since 2015–17 females have been living fewer years in good health than men, although they tend to live longer in terms of general life expectancy at birth.

Figure 13: Female healthy life expectancy by London local authority, 2016–18



Source: PHE Public Health Outcomes Framework

Figure 14: Female healthy life expectancy, 2009–2018



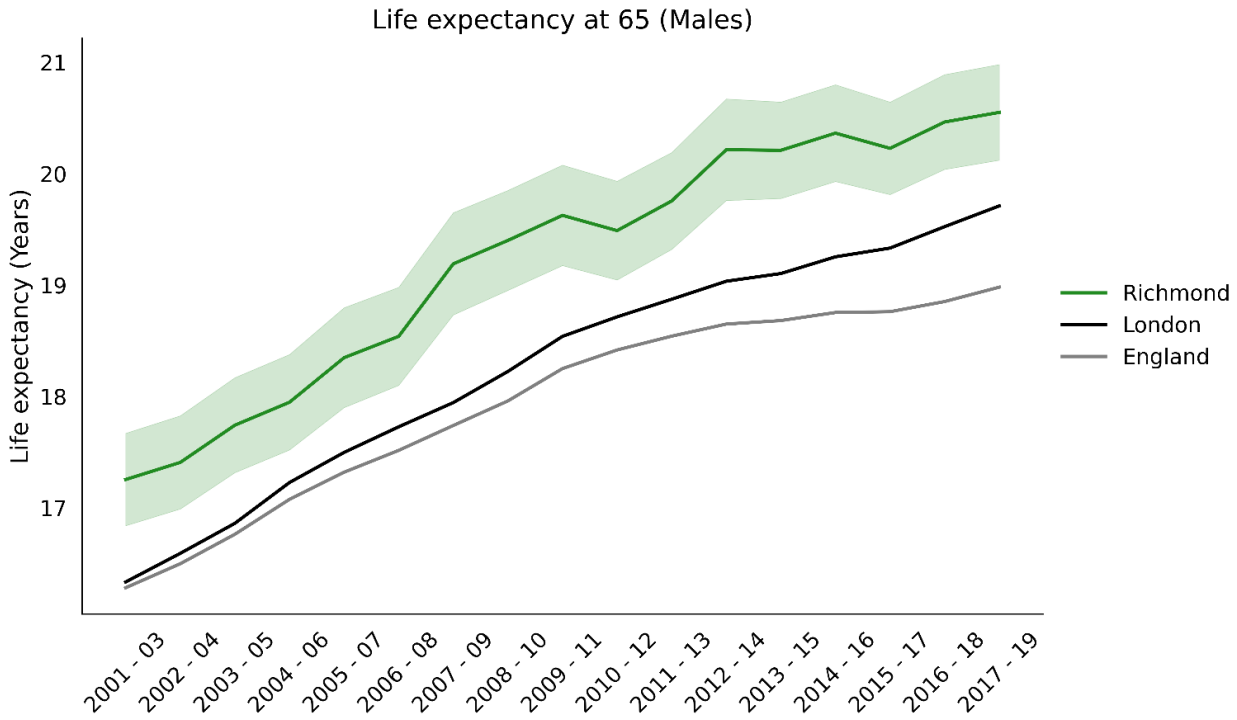
**- green ribbon shows 95% confidence interval around Richmond's indicator values*
Source: PHE Public Health Outcomes Framework

Life Expectancy at 65

Life expectancy at 65 is an estimate of the average number of years at age 65 a person would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life after that age.

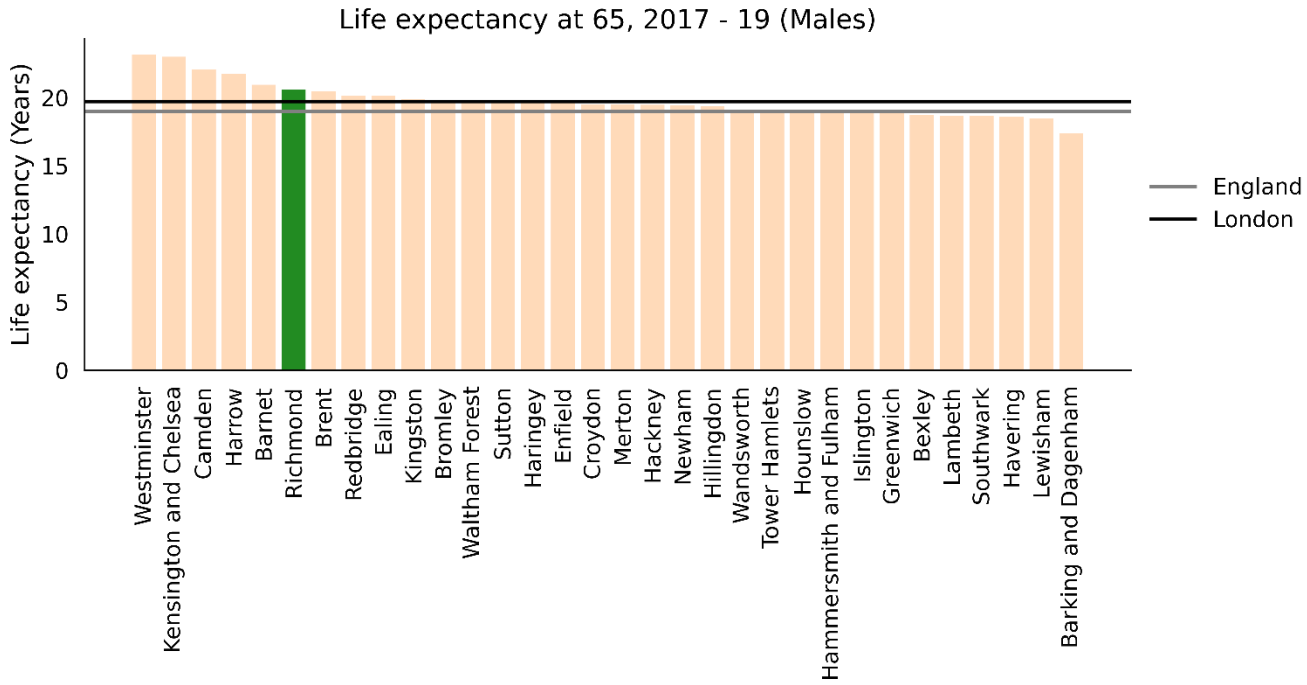
Males: In 2017–19, male life expectancy at 65 was 20.6 years, 6th highest in London and significantly higher than the England average of 19 years and the London average of 19.7 years (**Figure 15** and **Figure 16**). Locally there has been a consistent increase over the years with men surviving 3.3 years longer at age 65 than they were in 2001–03.

Figure 15: Male life expectancy at 65, 2001–2019



**- green ribbon shows 95% confidence interval around Richmond's indicator values*
Source: PHE Public Health Outcomes Framework

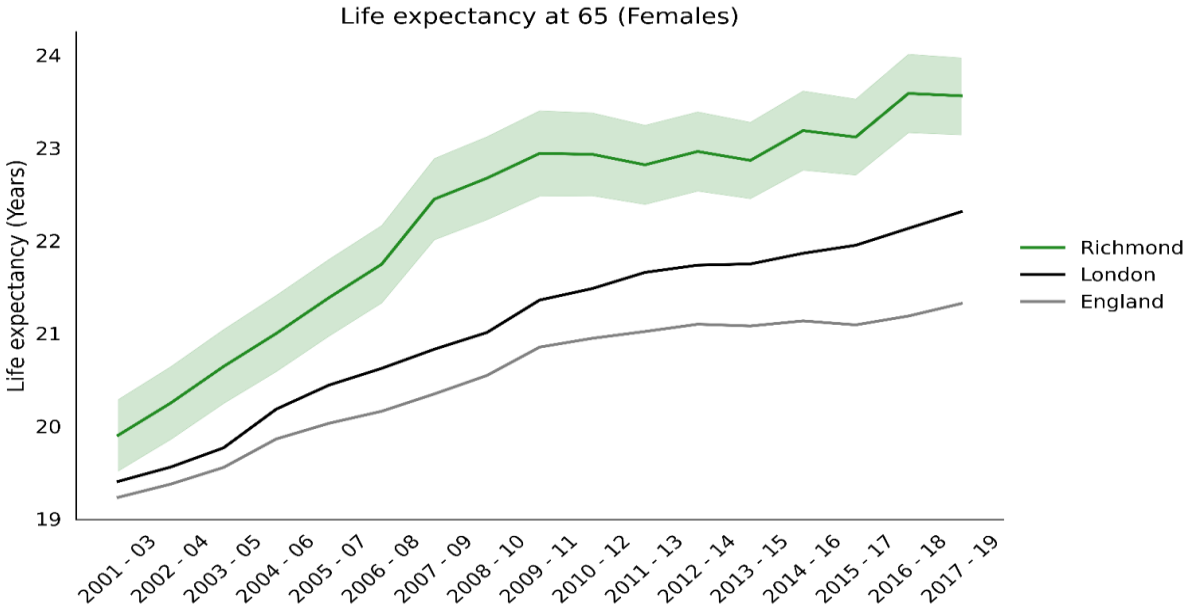
Figure 16: Male life expectancy at 65 by local authority, 2017–19



Source: PHE Public Health Outcomes Framework

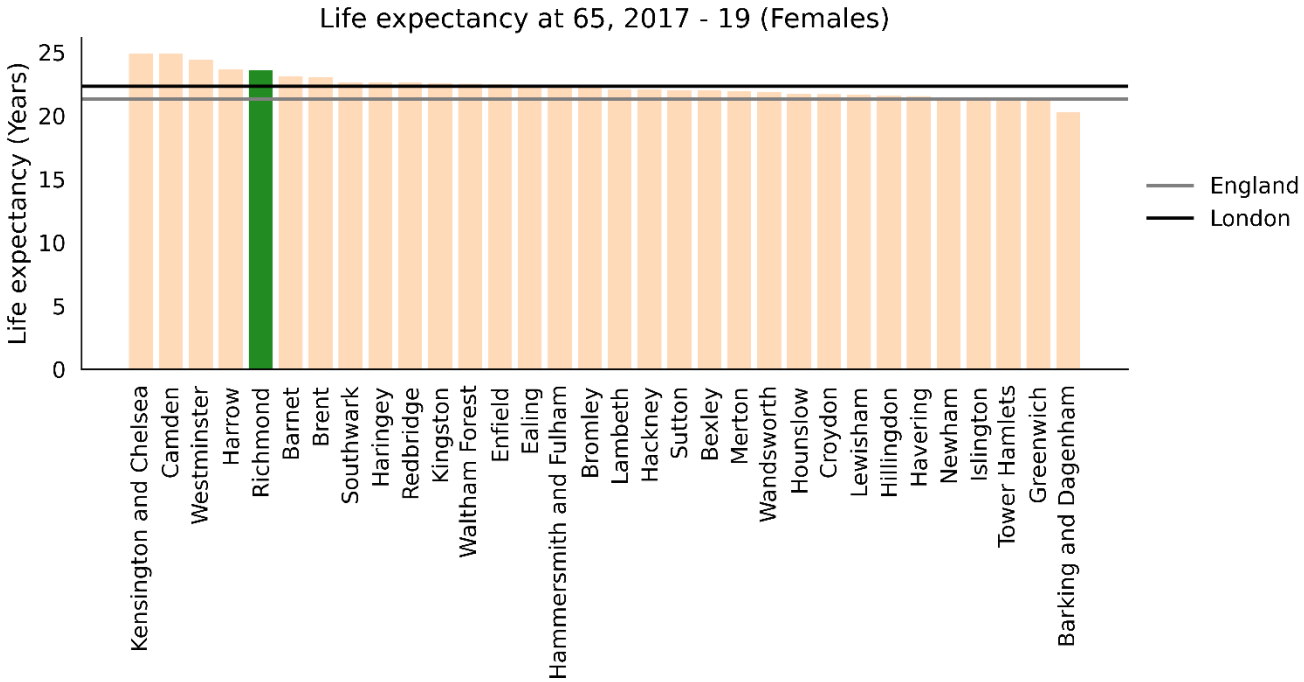
Females: In 2017–19, female life expectancy at 65 years was 23.6 - 5th highest in London and significantly higher than the England average of 21.3 years and the London average of 22.3 years (**Figure 17** and **Figure 18**). Locally there has been a consistent increase over the years with females surviving 3.7 years longer at age 65 than they were in 2001–03.

Figure 17: Female life expectancy at 65, 2001 – 2019



**- green ribbon shows 95% confidence interval around Richmond's indicator values*
Source: PHE Public Health Outcomes Framework

Figure 18: Female life expectancy at 65 by local authority, 2017–19

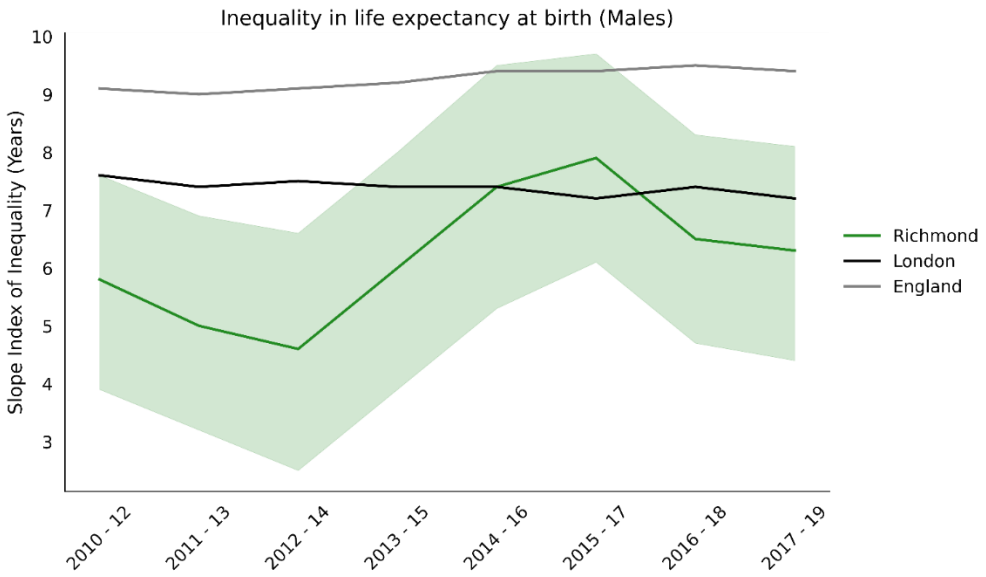


Source: PHE Public Health Outcomes Framework

Inequalities in Life Expectancy

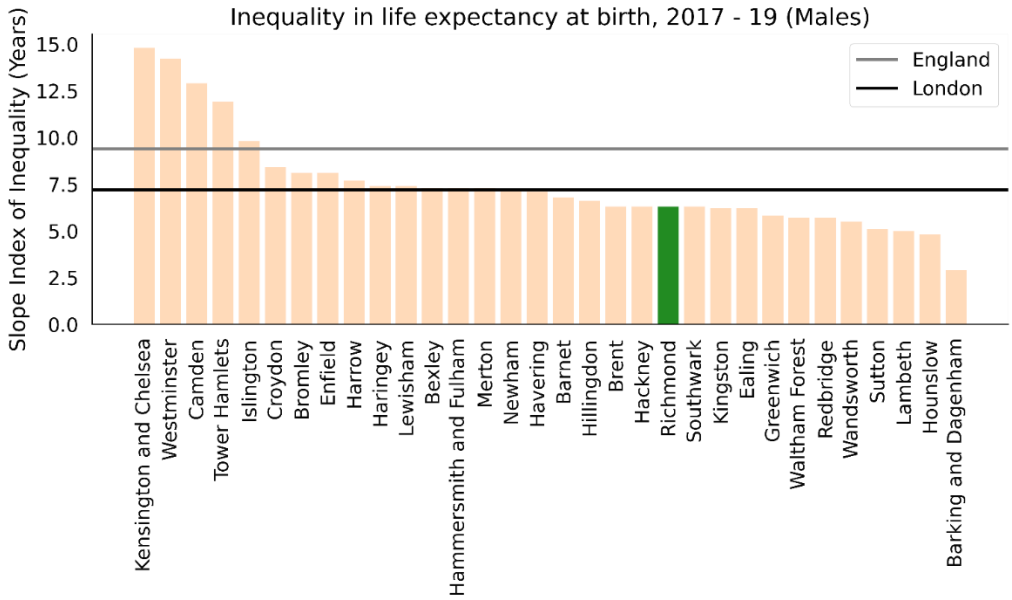
In Richmond and nationally, life expectancy is lower in areas of higher deprivation. Based on the latest data from 2017–19 males in the least deprived areas of the borough live 6.5 years longer and females live 1.5 years longer than their counterparts in the most deprived areas of the borough (**Figure 19** - **Figure 22**). The inequalities in female life expectancy are substantially lower than in any other London local authority; for men the figure is 12th lowest in London.

Figure 19: Difference in male life expectancy years between the least and most deprived areas, 2010 – 2019



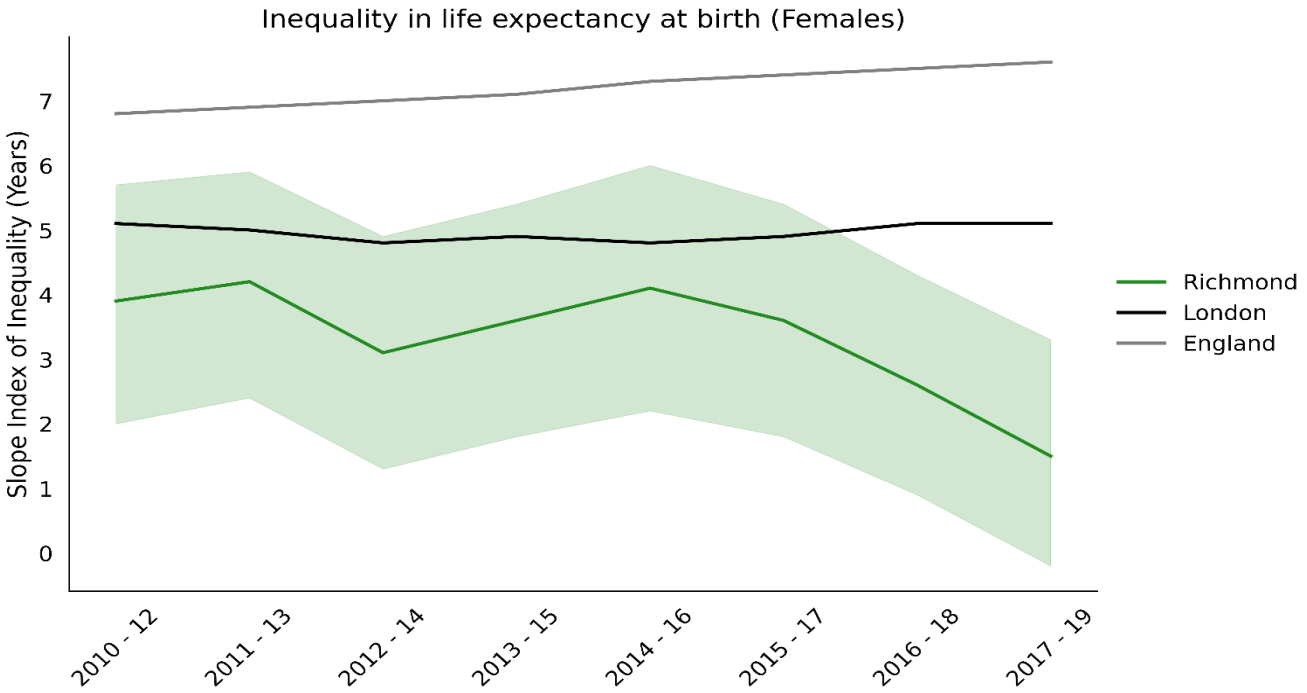
**- green ribbon shows 95% confidence interval around Richmond's indicator values*
Source: PHE Public Health Outcomes Framework

Figure 20: Inequality in male life expectancy by local authority, 2017–19



Source: PHE Public Health Outcomes Framework

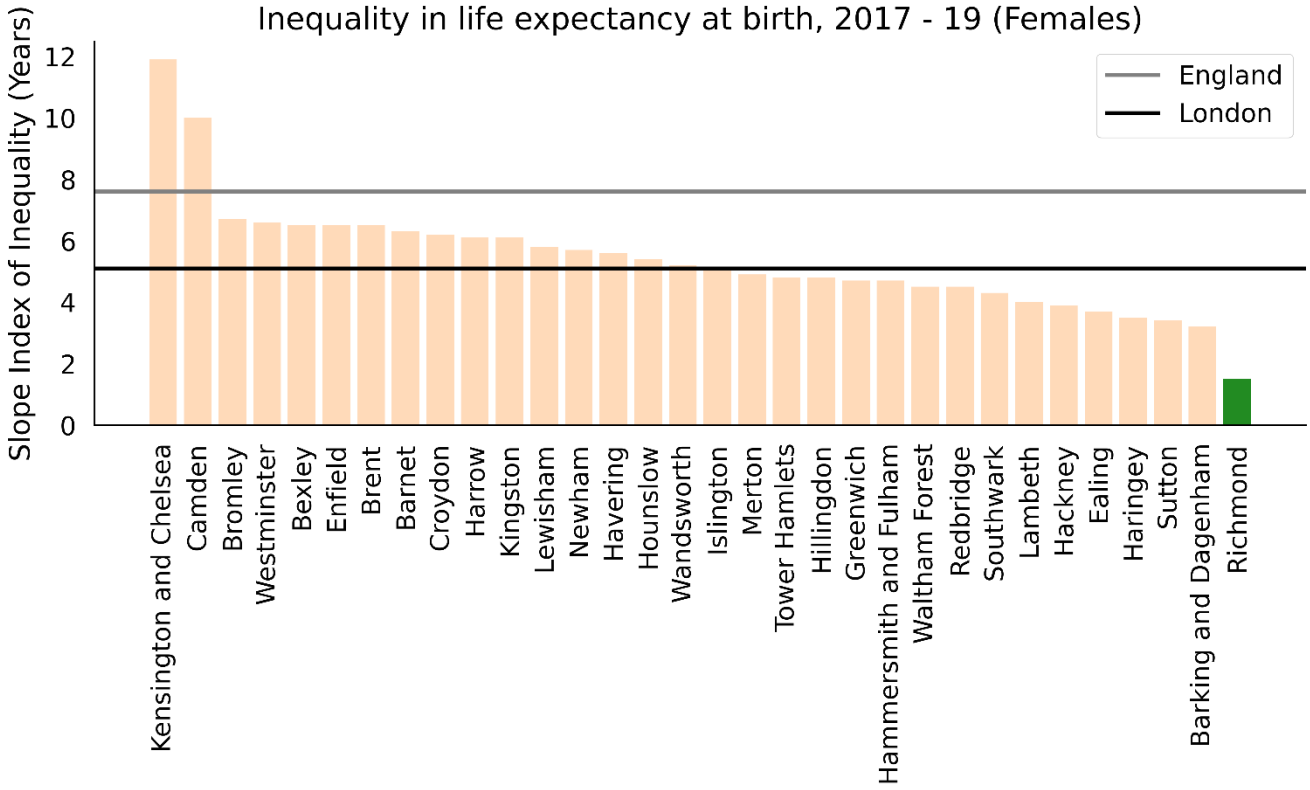
Figure 21: Difference in female life expectancy years between the least and most deprived areas, 2010 – 2019



**- green ribbon shows 95% confidence interval around Richmond's indicator values*

Source: PHE Public Health Outcomes Framework

Figure 22: Inequality in female life expectancy by local authority, 2017–19



Source: PHE Public Health Outcomes Framework

Variations in life expectancy across the borough are driven by inequalities between more deprived and less deprived areas. These are most evident in the 60 to 79 age group and are mainly driven by cancer, circulatory disease in men and respiratory conditions in women.

PHE's Segment Tool[33] provides information on the causes of death and age groups that are driving inequalities in life expectancy. If the causes of death that contribute most to the gap in life expectancy are targeted, then inequalities should be reduced. The life expectancy gap between the most deprived quintile and least deprived quintile in Richmond (as per the English Indices of Deprivation - see Deprivation) is used to observe inequality in life expectancy.

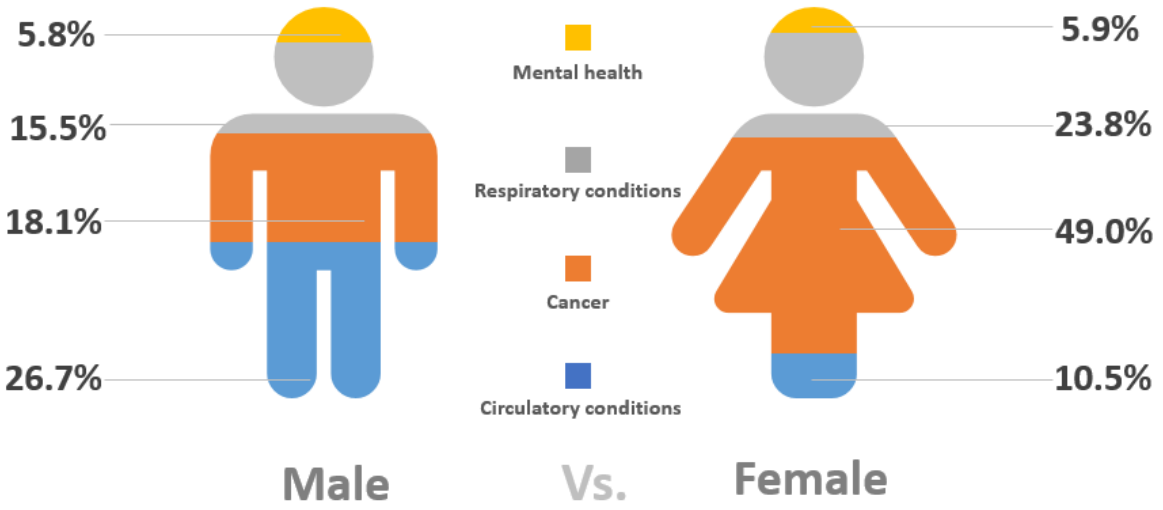
In 2015–17, a male living in the most deprived quintile of the borough was expected to live to 78.8 years, while his counterpart living in the least deprived quintile would expect to live 7.2 years longer (86.0 years). Among females the gap was slightly smaller with those living in the most deprived quintile expected to live to 83.7 years, 3.8 years fewer than her counterpart living in the least deprived quintile of the borough (87.5 years).

The contribution to this gap is not evenly distributed by age. In males, the 60–79 age group is the main driver of inequality in life expectancy contributing to 43.9% (3.2 years), whilst males aged 80+ contribute 26.3% (1.9 years) and 40–59 year olds contribute 23.9% (1.8 years). In females, the 60–79 age group disproportionately drives the inequality gap in life expectancy contributing 68.8% (2.7 years), with females aged 40–59 making the second largest contribution (21.0% or 0.8 years).

Figure 23 shows the variation in the causes of death that drive inequality in life expectancy. In males, circulatory conditions and cancer are the biggest contributors to the life expectancy gap, responsible for 26.7% (or 1.9 years) and 18.1% (or 1.3 years) respectively. In females, cancer is attributable for half (49.0% or 2.0 years) of the life expectancy gap, followed by respiratory conditions (23.8% or 1.0 year).

[33] Public Health England, Segment Tool. 2015-2017

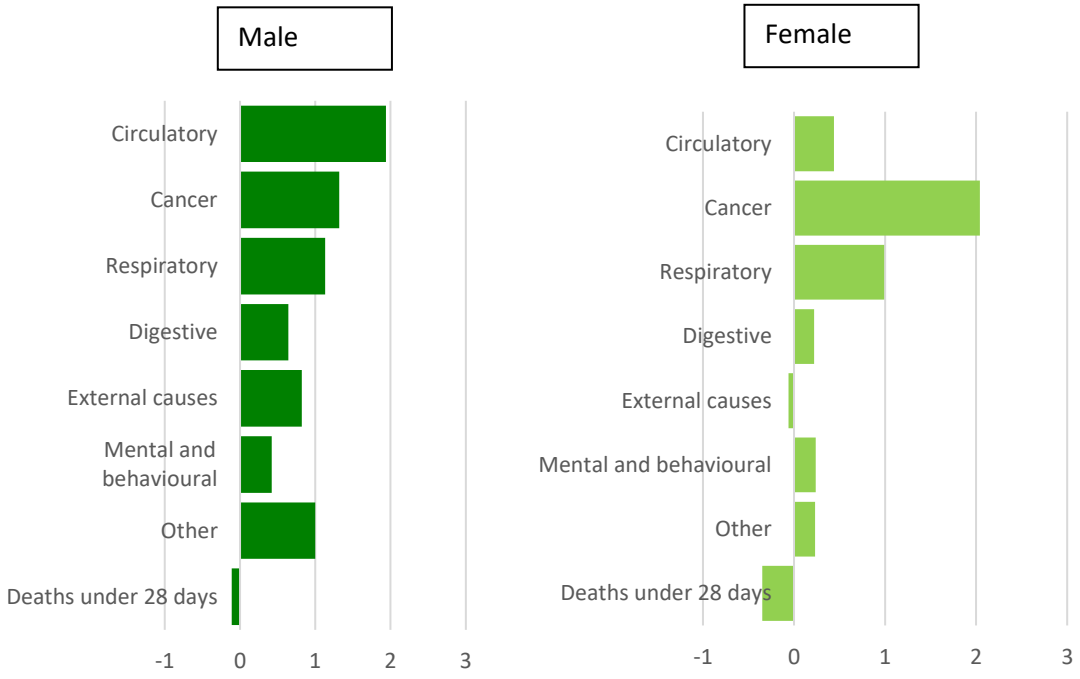
Figure 23: Key differences of the life expectancy gap by top causes of death between the most and least deprived quintile in men and women, percentage, 2015–17, Richmond.



Note only main causes are included in the figure above. Deaths under 28 days, digestive, external and other causes of death are not included.

Figure 24 shows causes of death that contribute the most to the gap in life expectancy between the most and least deprived quintiles in the borough. In males, the biggest contribution to the gap in life expectancy is circulatory disease and cancer, while in females it is cancer and respiratory disease.

Figure 24: Life expectancy gap and cause of death between the most deprived quintile and least deprived quintile, years of life, 2015–17, Richmond.

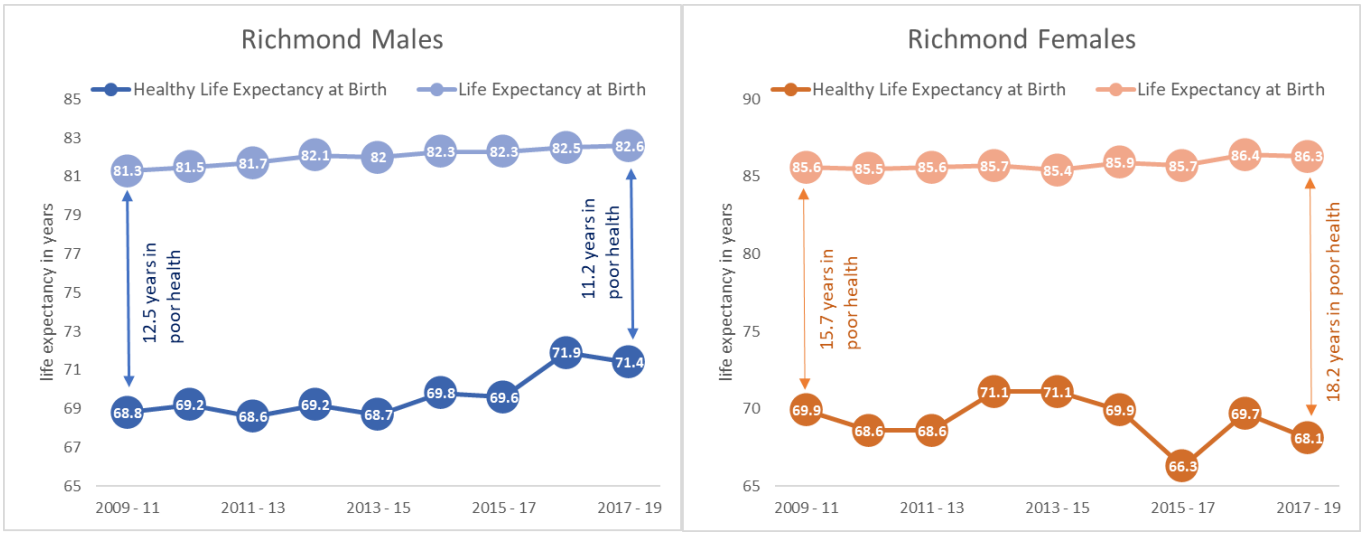


Source: Public Health England. Segment Tool. 2015–17

Comparison of Life Expectancy and Healthy Life Expectancy

Figure 25 below shows that male life expectancy increased by 1.4 years between 2009–11 and 2017–19, and healthy life expectancy increased by 2.6 years. Healthy life expectancy has increased by more years than life expectancy showing that males are spending more years in good health. However, the opposite can be seen in females. Female life expectancy increased by 0.7 years between 2009–11 and 2017–19, while healthy life expectancy decreased by 1.8 years. This shows that females had an increase in the number of years spent in poor health.

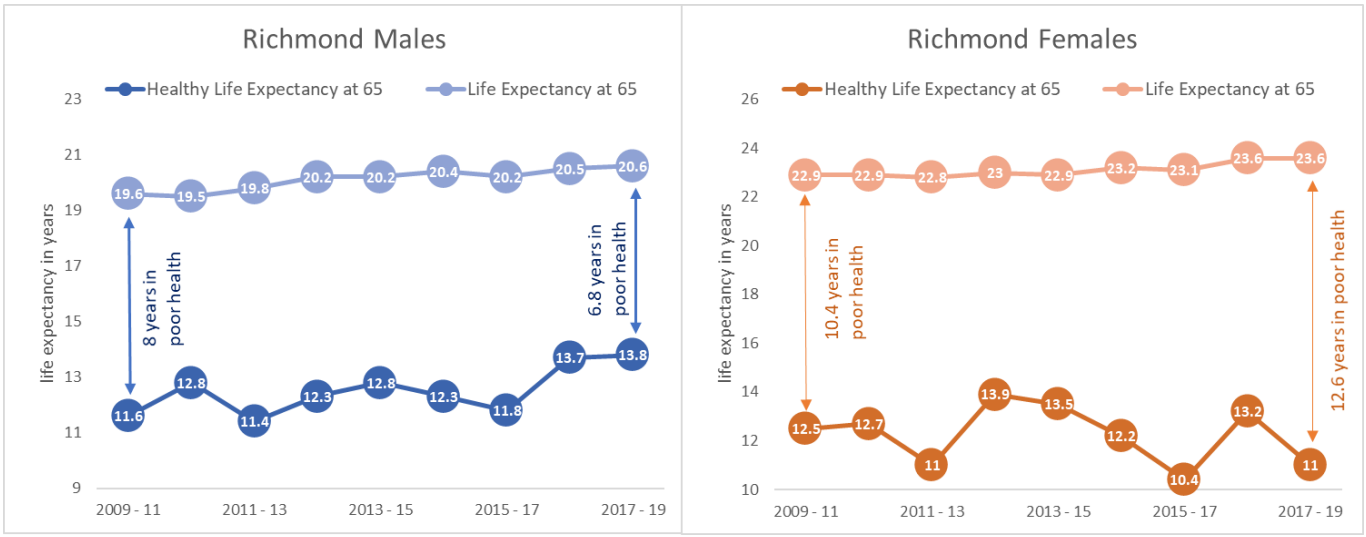
Figure 25: Life expectancy and healthy life expectancy at birth, 2011–2019



Source: ONS via PHE Fingertips Public Health Outcomes Framework

Figure 26 below shows that male life expectancy at 65 increased by 1 year between 2009–11 and 2017–19, and healthy life expectancy at 65 increased by 2.2 years. Healthy life expectancy has increased by more years than life expectancy showing that males aged 65 and over are spending more years in good health. However, the opposite can be seen in females. Female life expectancy increased by 0.7 years between 2009–11 and 2017–19, while healthy life expectancy decreased by 1.5 years. This shows that females aged 65 and over had an increase in the number of years spent in poor health.

Figure 26: Life expectancy and healthy life expectancy at age 65, 2011–2019



Source: ONS via PHE Fingertips Public Health Outcomes Framework

Table 10 summarises the latest available information on key life expectancy indicators for Richmond and benchmarks them against London and England figures. The most striking difference appears to be in female inequality in life expectancy at birth – there is little variation in the expected length of life for females in different areas of the borough.

Table 10: Life Expectancy (LE) indicators, Richmond, London and England, 2017–19

Life Expectancy Indicator	Richmond	London	England
LE at birth – males	82.6	80.9	79.8
LE at birth – females	86.3	84.7	83.4
Healthy LE at birth – males	71.4	63.5	63.2
Healthy LE at birth – females	68.1	64.0	63.5
LE at age 65 – males	20.6	19.7	19.0
LE at age 65 – females	23.6	22.3	21.3
Healthy LE at age 65 – males	13.8	9.7	10.6
Healthy LE at age 65 – females	11.0	10.4	11.1
LE Gap most and least deprived areas– male	6.3	7.2	9.4
LE Gap most and least deprived areas – female	1.5	5.1	7.6

Source: ONS via PHE Fingertips Public Health Outcomes Framework

4.2 Mortality

Leading Causes of Death

The Global Burden of Disease (GBD) [34] study was used to assess the rates of leading causes of deaths in Richmond. The study describes mortality and morbidity from major diseases, injuries and risk factors to health at global, national and regional levels. Examining trends from 1990 to the present and making comparisons across populations enables us to understand the changing health challenges facing people across the world.

Figure 27 expresses the leading causes of deaths in the borough by age band in 2017. Top causes of death are ischaemic heart disease, Alzheimer's, lower respiratory infections, stroke and tracheal, bronchus, and lung cancer. Injuries, including self-harm are major cause of death among those under 40 and heart disease is the main cause of premature mortality (death before 75).

[34] The Institute for Health Metrics and Evaluation (IHME): GBD Compare, 2020

Figure 27: Leading causes of death by age group, rate per 100,000 population, 2017, Richmond.

Age	1st	2nd	3rd	4th	5th
All Ages	Ischaemic heart disease (79.30/100,000 population)	Alzheimer's disease and other dementias (75.74/100,000 population)	Lower respiratory infections (39.91/100,000 population)	Stroke (37.92/100,000 population)	Tracheal, bronchus, and lung cancer (37.41/100,000 population)
1–19 years	Congenital birth defect (6.07/100,000 population)	Road Injuries (5.66/100,000 population)	Brain and nervous system cancer (3.62/100,000 population)	Self-harm (3.50/100,000 population)	Leukaemia (2.82/100,000 population)
20–39 years	Self-harm (28.80/100,000 population)	Drug use disorders (22.59/100,000 population)	Road injuries (13.63/100,000 population)	Alcohol Use disorders (6.10/100,000 population)	Cirrhosis and other chronic liver diseases (5.07/100,000 population)
40–54 years	Ischaemic heart disease (50.91/100,000 population)	Breast cancer (36.98/100,000 population)	Cirrhosis and other chronic liver diseases (36.20/100,000 population)	Tracheal, bronchus and lung cancer (31.40/100,000 population)	Self-harm (29.80/100,000 population)
55–74 years	Ischaemic heart disease (434.82/100,000 population)	Tracheal, bronchus and lung cancer (379.32/100,000 population)	Chronic obstructive pulmonary disease (206.24/100,000 population)	Colon and rectum cancer (156.31/100,000 population)	Stroke (138.54/100,000 population)
75+ years	Alzheimer's disease and other dementias (10326.62/100,000 population)	Ischaemic Heart Disease (6463.79/100,000 population)	Lower respiratory infections (4703.58/100,000 population)	Stroke (3737.33/100,000 population)	Chronic obstructive pulmonary disease (2837.93/100,000 population)
Premature mortality	Ischaemic heart disease (568.92/100,000 population)	Tracheal, bronchus, and lung cancer (449.30/100,000 population)	Chronic obstructive pulmonary disease (252.43/100,000 population)	Colon and rectum cancer (197.44/100,000 population)	Stroke (195.07/100,000 population)

Key:

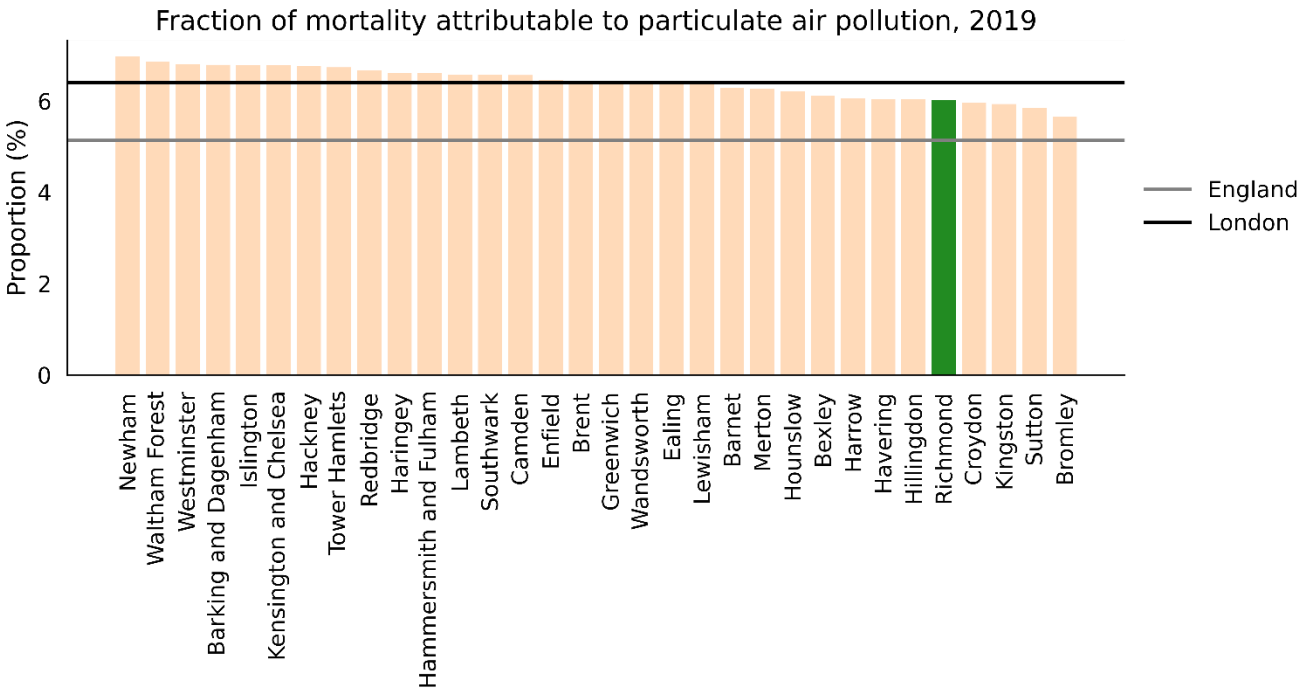
External
Cancer
Circulatory
Respiratory
Other

Source: Global Burden of Disease, 2017

Fraction of Mortality Attributable to Particulate Air Pollution

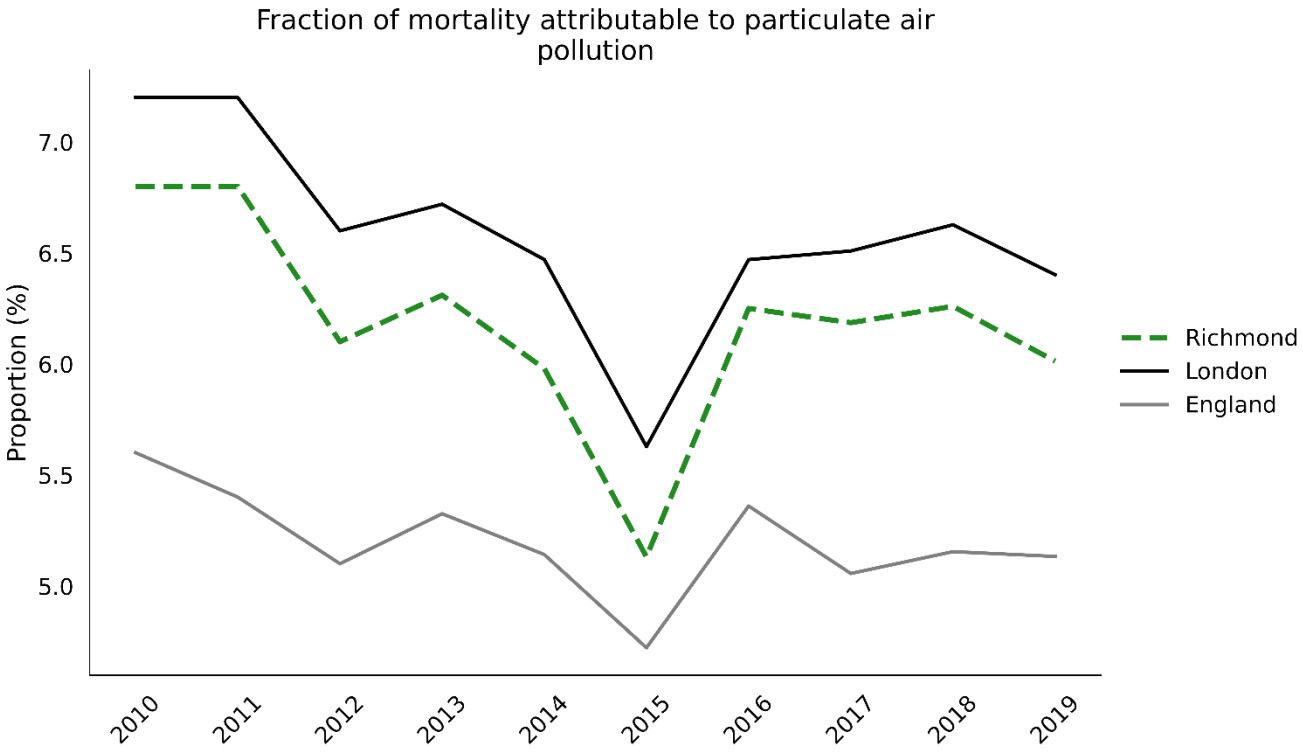
In 2019 Richmond's latest proportion of mortality attributable to air pollution was 6.1% (5th lowest in London, **Figure 28**), which was higher than the England average but lower than the London average. The latest Borough figure was also 11.6% lower from year 2010, in comparison with an 8.3% decrease in England's rate in the equivalent time period (**Figure 29**).

Figure 28: Proportion of mortality attributable to particulate air pollution by local authority, 2019



Source: PHE Public Health Outcomes Framework

Figure 29: Proportion of mortality attributable to particulate air pollution, 2010–2019

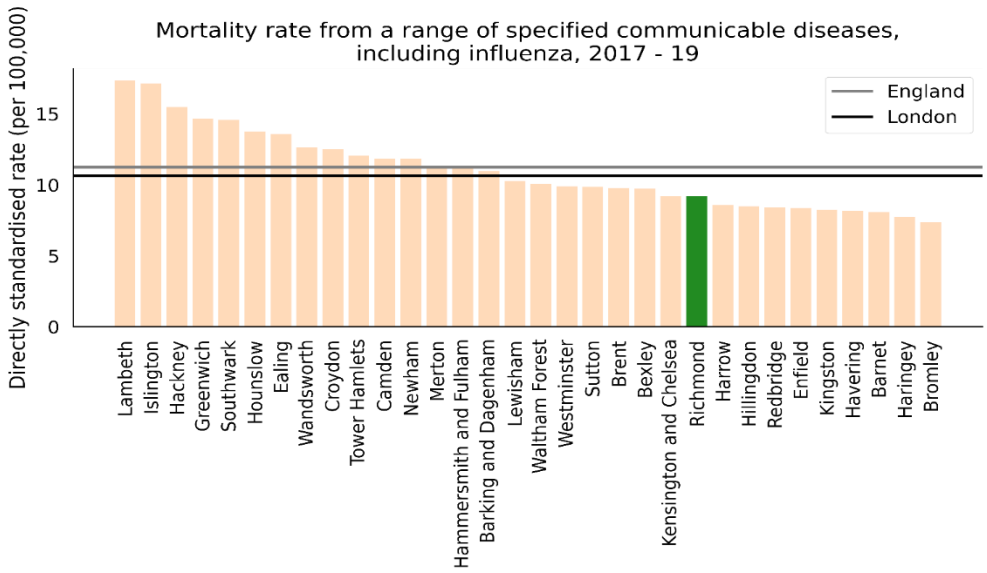


Source: PHE Public Health Outcomes Framework

Mortality from Communicable Diseases, including Influenza

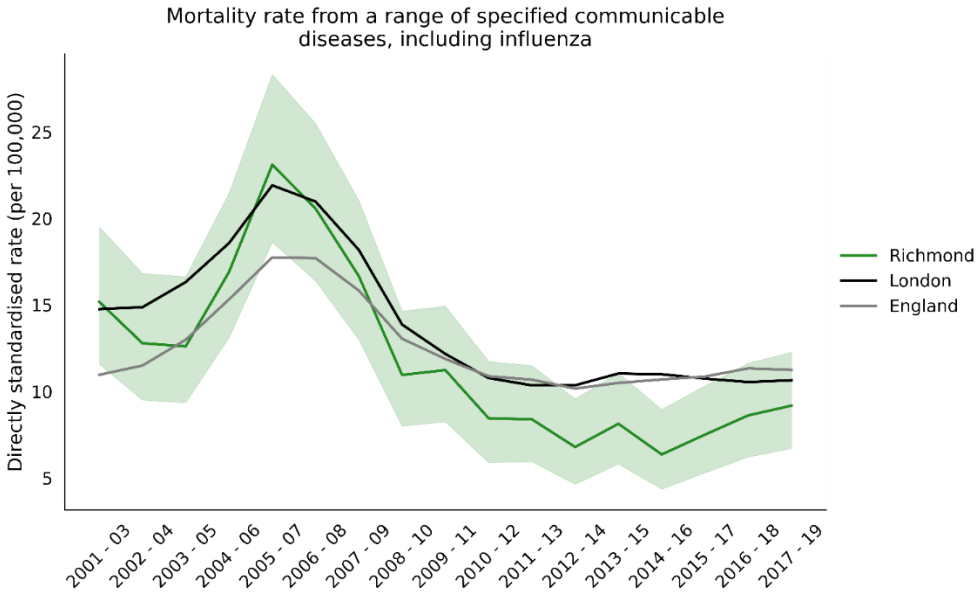
Richmond's latest rate of mortality from communicable disease was 9.2 per 100,000 population (9th lowest in London, **Figure 30**) , which was 18.4% lower than the England average and 13.8% lower than the London average. The latest Borough figure was also 39.6% lower from year 2001–03, in comparison with a 2.6% increase in England's rate in the equivalent time period. Similar to London and England, the rate of mortality from communicable disease in the borough has stopped reducing in 2012–14 and slowly started to increase (**Figure 31**).

Figure 30: Mortality from communicable diseases by local authority, 2017–19



Source: PHE Public Health Outcomes Framework

Figure 31: Mortality from communicable diseases, 2001–2019

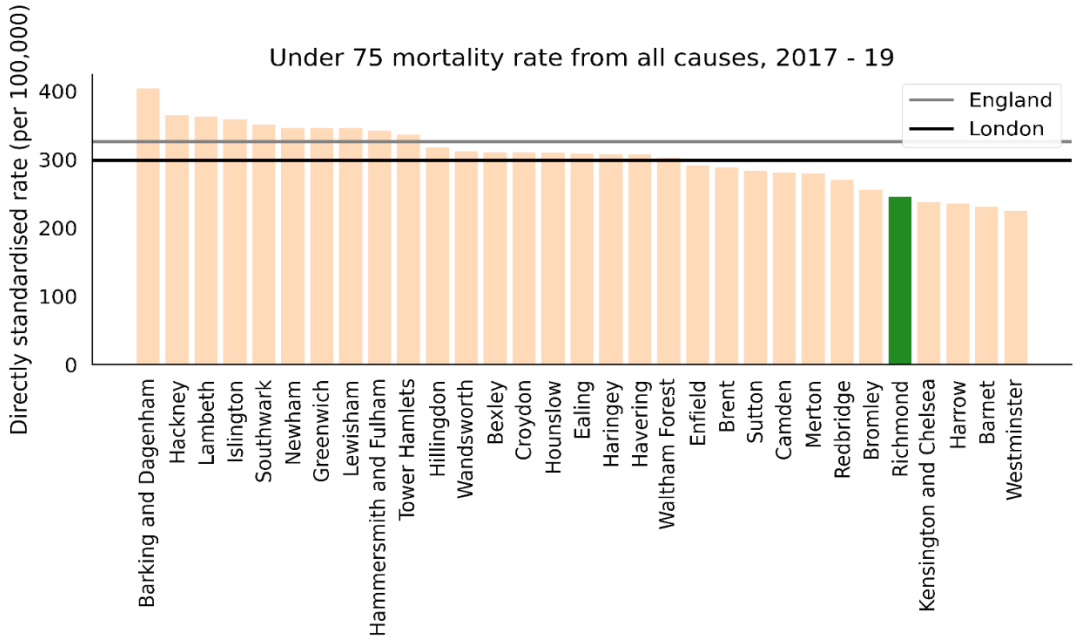


**- green ribbon shows 95% confidence interval around Richmond's indicator values*
Source: PHE Public Health Outcomes Framework

Premature Mortality (Under 75 mortality)

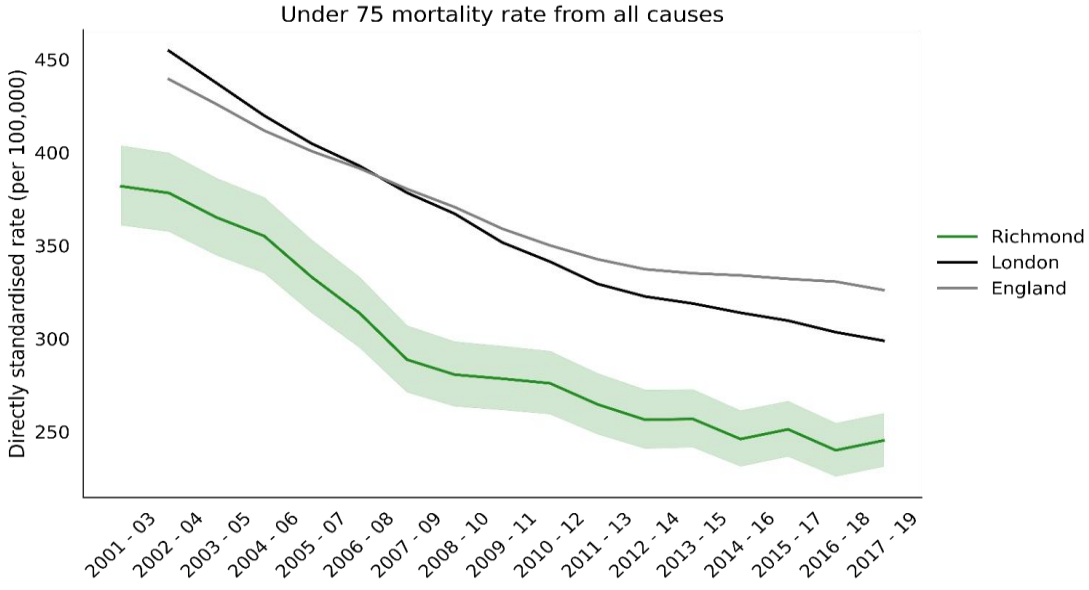
Locally there were 1,176 premature deaths with cardiovascular disease and cancer as the leading causes. The rate of premature deaths in Richmond is the 5th lowest in London (**Figure 32**). Preventable and premature deaths, deaths before 75 years, have dropped in Richmond over the past two decades but there is the need to continue to reduce premature deaths (**Figure 33**).

Figure 32: Premature mortality by local authority, 2017–19



Source: PHE Public Health Outcomes Framework

Figure 33: Premature mortality, 2001–2019



**- green ribbon shows 95% confidence interval around Richmond's indicator values*
Source: PHE Public Health Outcomes Framework

Despite Richmond performing significantly better than the national and regional averages for nearly all causes of premature mortality in men, rates are still higher amongst males in the borough compared to females. There are several causes of premature mortality in women where the Richmond rate is similar to (not better than) regional and national rates. Incidentally, the proportion of people screened for these conditions and undergoing NHS Health Checks in the borough is relatively poor compared to the national average. Males and females are similarly affected by the major causes of preventable mortality in Richmond, although cardiovascular disease is disproportionate among men.

Richmond has a lower rate of deaths among those aged under 75 than both London and England (Table 11) at 245 deaths per 100,000 population people (2015–17). With a gradually decreasing trend, there are now 167 fewer premature deaths in the borough than in 2001–03. Locally, the largest contributors to premature mortality were cancer (44%), cardiovascular disease (20%) and heart disease (11%).

Across Richmond Mortality Profile, the premature mortality rate was generally significantly lower in Richmond across most indicators, compared to London and England (**Table 11**). However, there were certain causes where the borough rate was not significantly better than the regional and national average, these were colorectal cancer in both males and females as well as heart disease, stroke, breast cancer, liver disease and injuries in females. Incidentally, breast and bowel cancer screening in Richmond is significantly worse than the national average and the proportion of eligible 40–74 years olds receiving an NHS Health Check is also significantly worse than both London and England.

Table 11: Premature mortality, all causes Male and Female and premature mortality from breast cancer, number and rate, 2017–19, Richmond, London and England.

	Richmond - n	Richmond - rate per 100,000 population	London - rate per 100,000 population	England - rate per 100,000 population
Under 75 mortality – all causes	1,176	245	299	326
Under 75 mortality – all causes (Male)	707	308	373	397
Under 75 mortality – all causes (Female)	469	187	230	258
Under 75 mortality from breast cancer	50	19.3	19.6	20.0

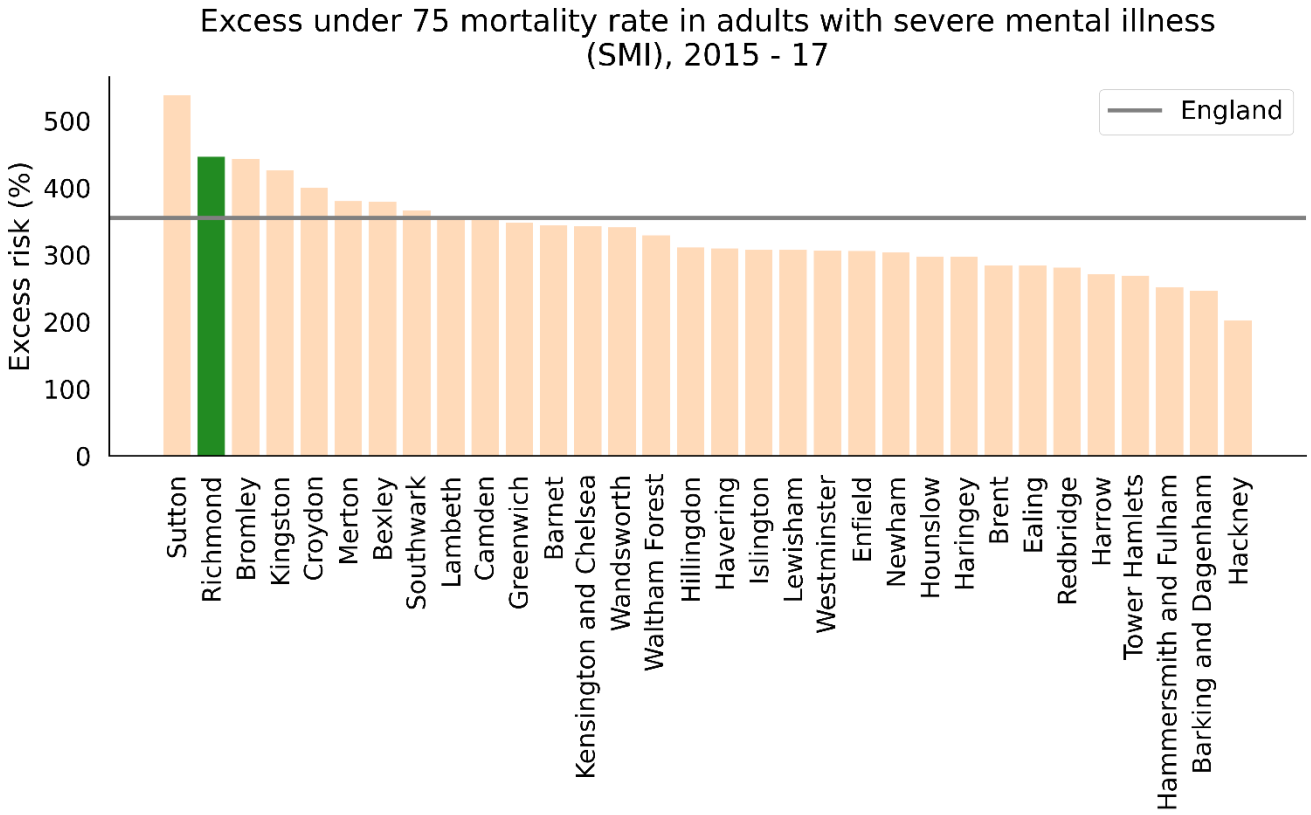
Source: PHE Fingertips: Mortality Profile

Excess Mortality in Adults with Mental Health Illness

People with serious mental health illnesses, such as bipolar and schizophrenia, are at an increased risk of premature mortality. In Richmond, the extent to which adults with a serious mental illness die prematurely compared to adults in the general population is 446% higher (2nd highest risk of excess deaths in London) – in comparison with the national average of 355% higher (**Figure 34**). Nationally, most of these deaths are due to

cardiovascular disease and cancer. These findings in part reflect the higher rates of smoking, alcohol use and substance use among those with serious mental health illness[35].

Figure 34: Excess risk of premature mortality in adults with severe mental illness, 2015–17



Source: PHE Public Health Outcomes Framework

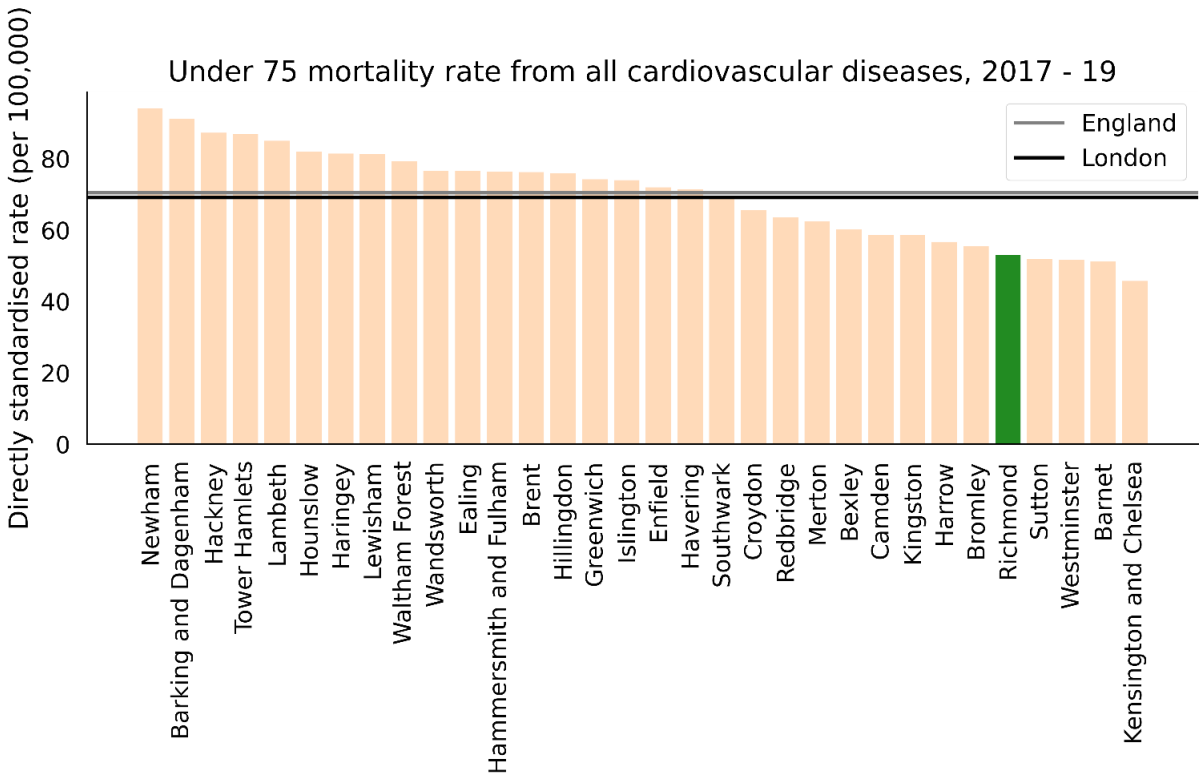
Under 75 Cardiovascular Deaths

Richmond's latest under 75 cardiovascular mortality rate was 53 per 100,000 population (5th lowest in London, **Figure 35**), which was 24.7% lower than the England average and 23.3% lower than the London average. The latest Borough figure was also 47.3% lower from year 2001–03, in comparison with a 48.9% decrease in England's rate in the equivalent time period. Most of the reduction in premature cardiovascular happened between 2001 and 2012 with the rate of decrease stagnating after 2012 (**Figure 36**).

Richmond's latest rate was 53.0, which was 24.7% lower than the England average and 23.3% lower than the London average. The latest Borough figure was also 47.3% lower from year 2001–03, in comparison with a 48.9% decrease in England's rate in the equivalent time period.

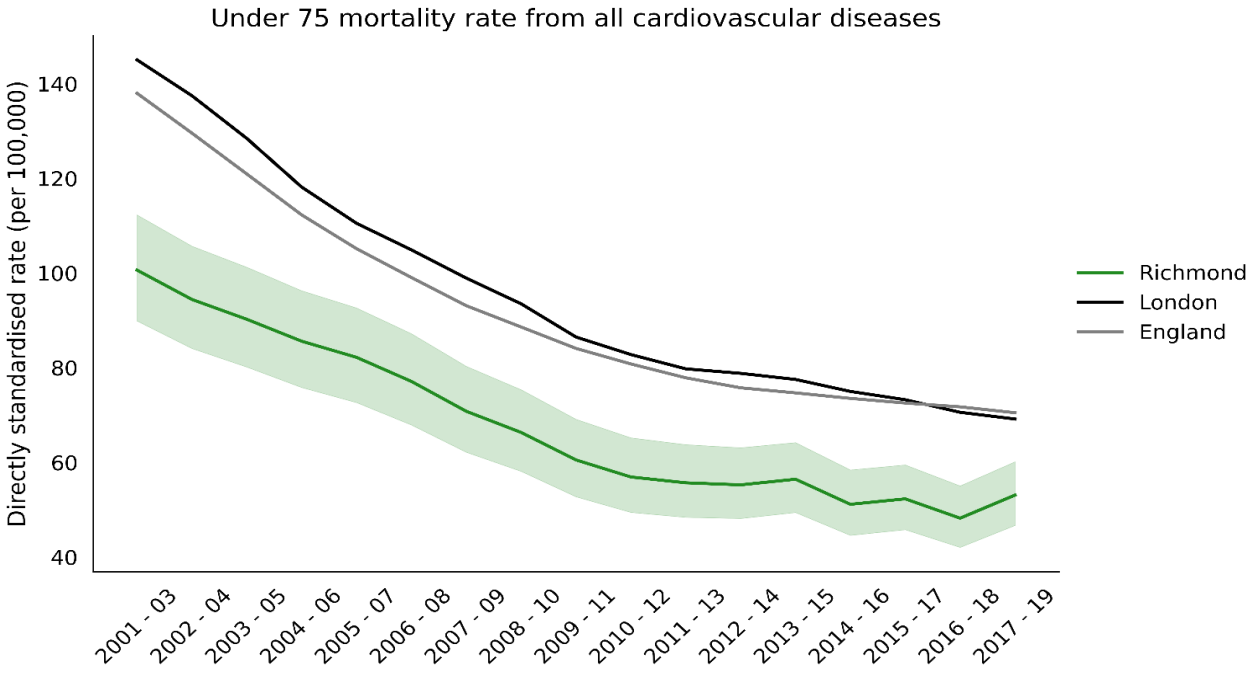
[35] De Hert M et al. Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. World Psychiatry. 2011;10(1):52–77

Figure 35: Under 75 cardiovascular mortality rates by local authority, 2017–19



Source: PHE Public Health Outcomes Framework

Figure 36: Under 75 cardiovascular mortality rates, 2001–2019



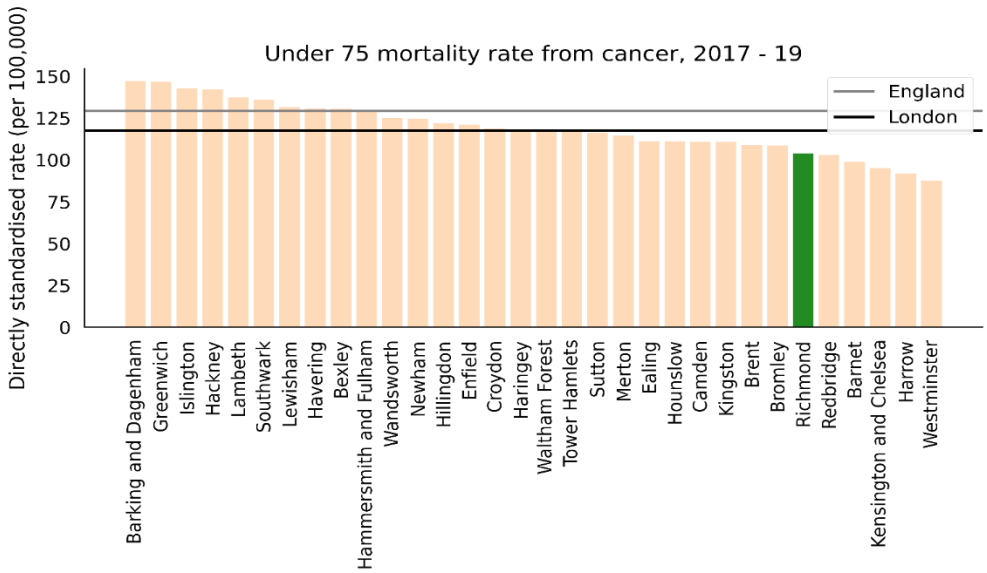
**- green ribbon shows 95% confidence interval around Richmond's indicator values*

Source: PHE Public Health Outcomes Framework

Under 75 Cancer Deaths

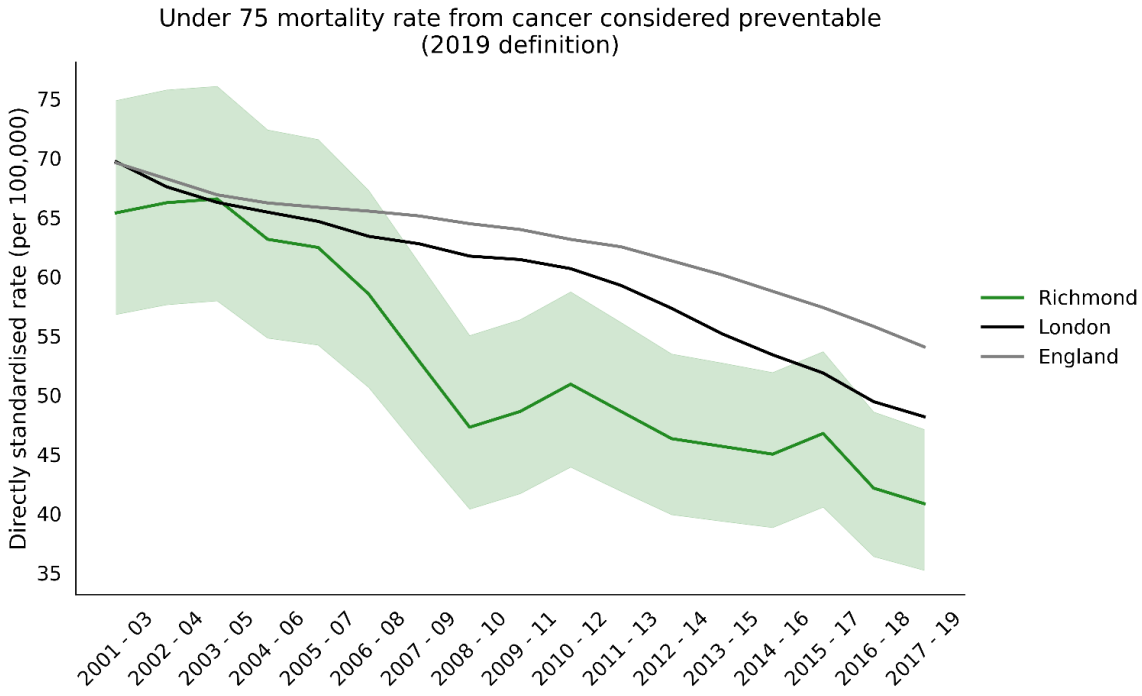
Richmond's latest under 75 cancer mortality rate was 40.8 per 100,000 population (6th lowest in London, **Figure 37**), which was 24.5% lower than the England average and 15.2% lower than the London average. The latest Borough figure was also 37.5% lower from year 2001–03, in comparison with a 22.3% decrease in England's rate in the equivalent time period (**Figure 38**).

Figure 37: Under 75 cancer mortality by local authority, 2017–19



Source: PHE Public Health Outcomes Framework

Figure 38: Under 75 cancer mortality, 2001–2019



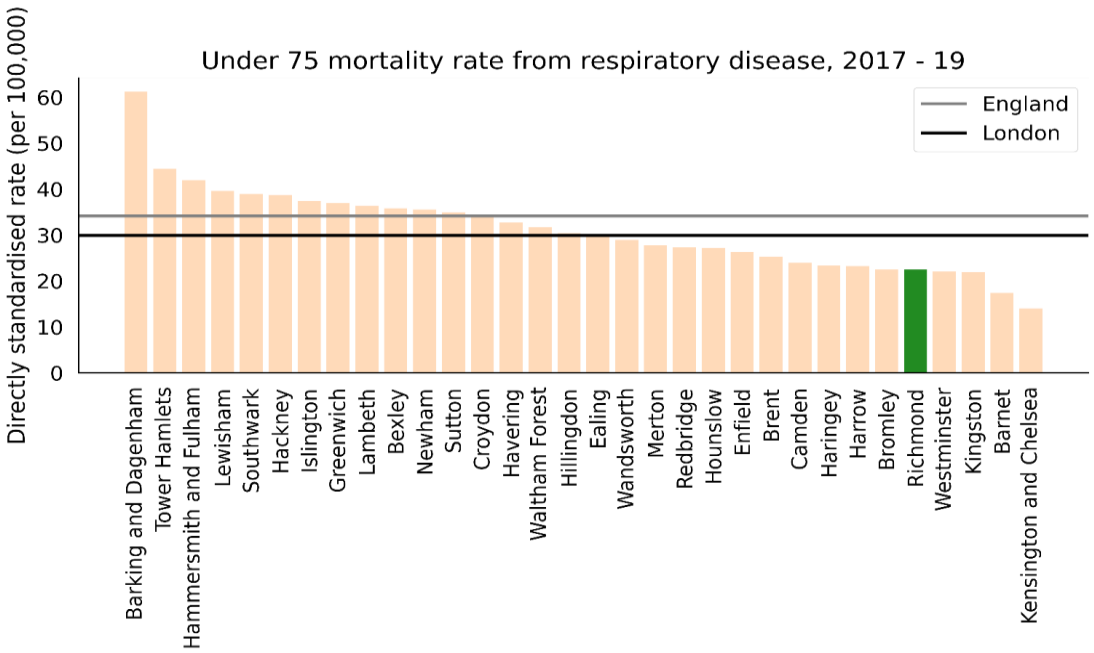
**- green ribbon shows 95% confidence interval around Richmond's indicator values*

Source: PHE Public Health Outcomes Framework

Under 75 Respiratory Deaths

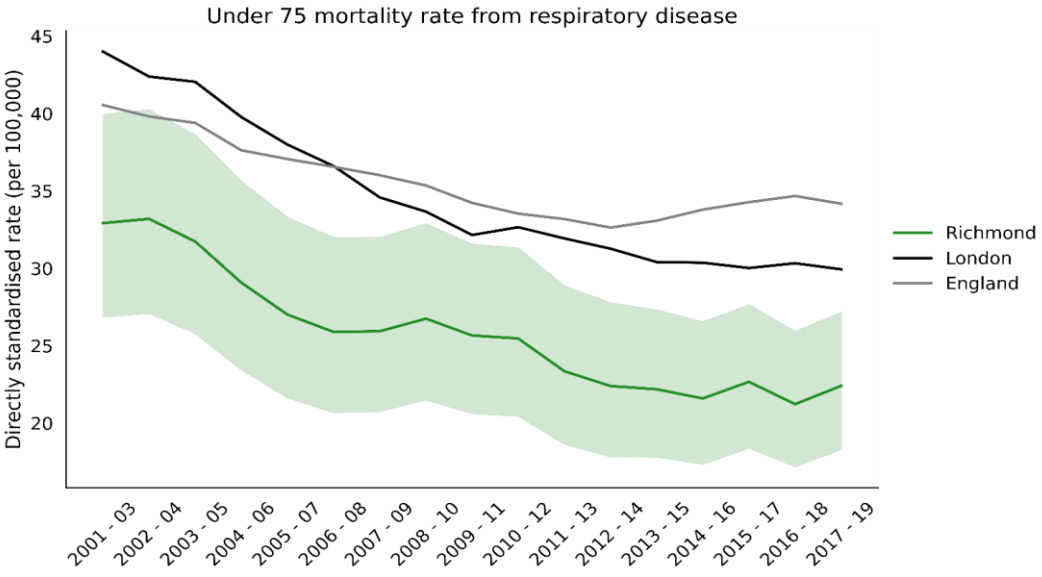
Richmond's latest rate was 28.9 per 100,000 population (5th lowest in London, **Figure 39**), which was 15.4% lower than the England average and 3.4% lower than the London average. The latest Borough figure was also 39.5% lower from year 2001–03, in comparison with a 15.7% decrease in England's rate in the equivalent time period. Respiratory disease mortality rates in under 75s had also stopped decreasing in the borough in the last years (since 2012–14), in line to what is observed in London. Nationally, premature respiratory deaths had started to increase in 2013–14 (**Figure 40**).

Figure 39: Under 75 respiratory disease mortality by local authority, 2017–19



Source: PHE Public Health Outcomes Framework

Figure 40: Under 75 respiratory disease mortality, 2001–2019



**- green ribbon shows 95% confidence interval around Richmond's indicator values*

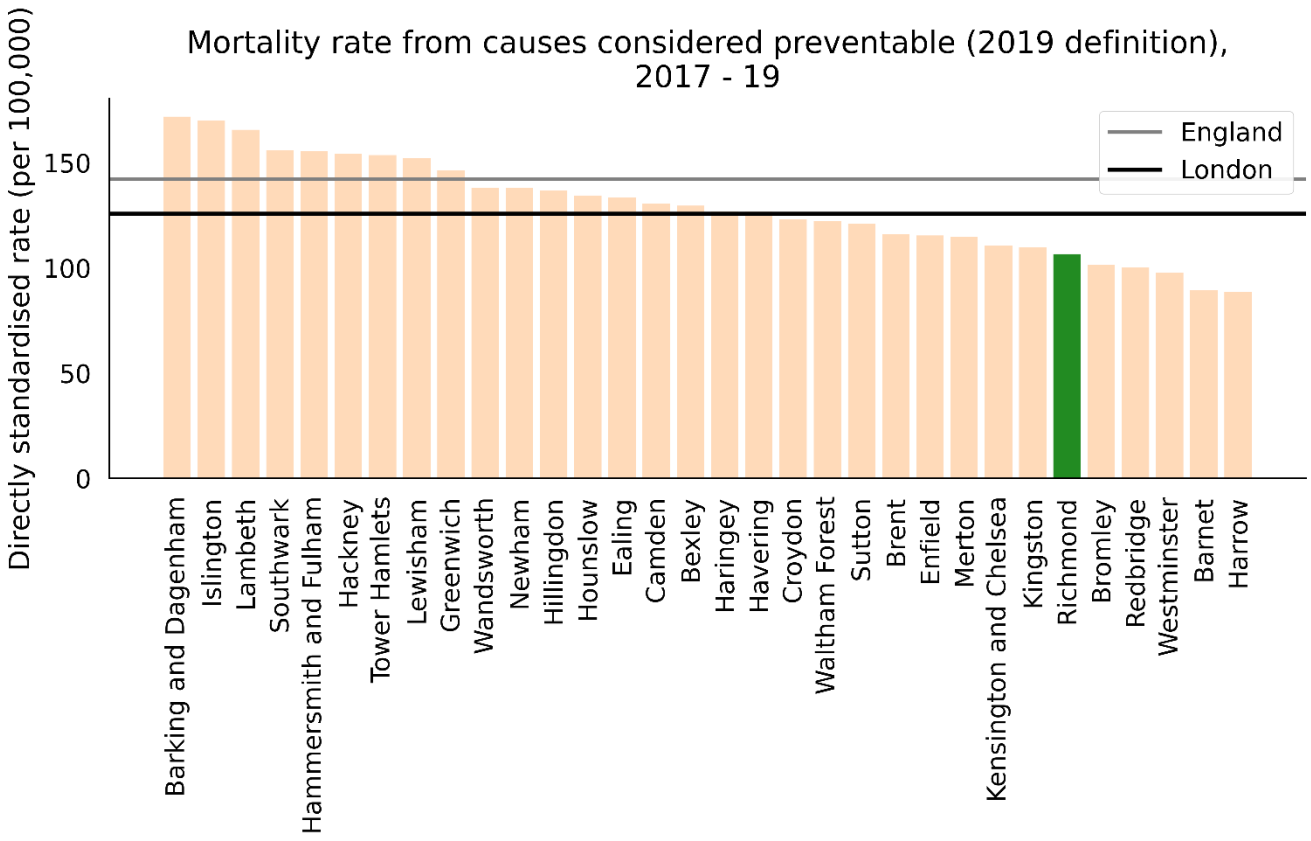
Source: PHE Public Health Outcomes Framework

Preventable Mortality

Preventable mortality describes causes of death which are considered preventable, these are causes where all or most deaths could potentially be prevented by public health interventions in the broadest sense.

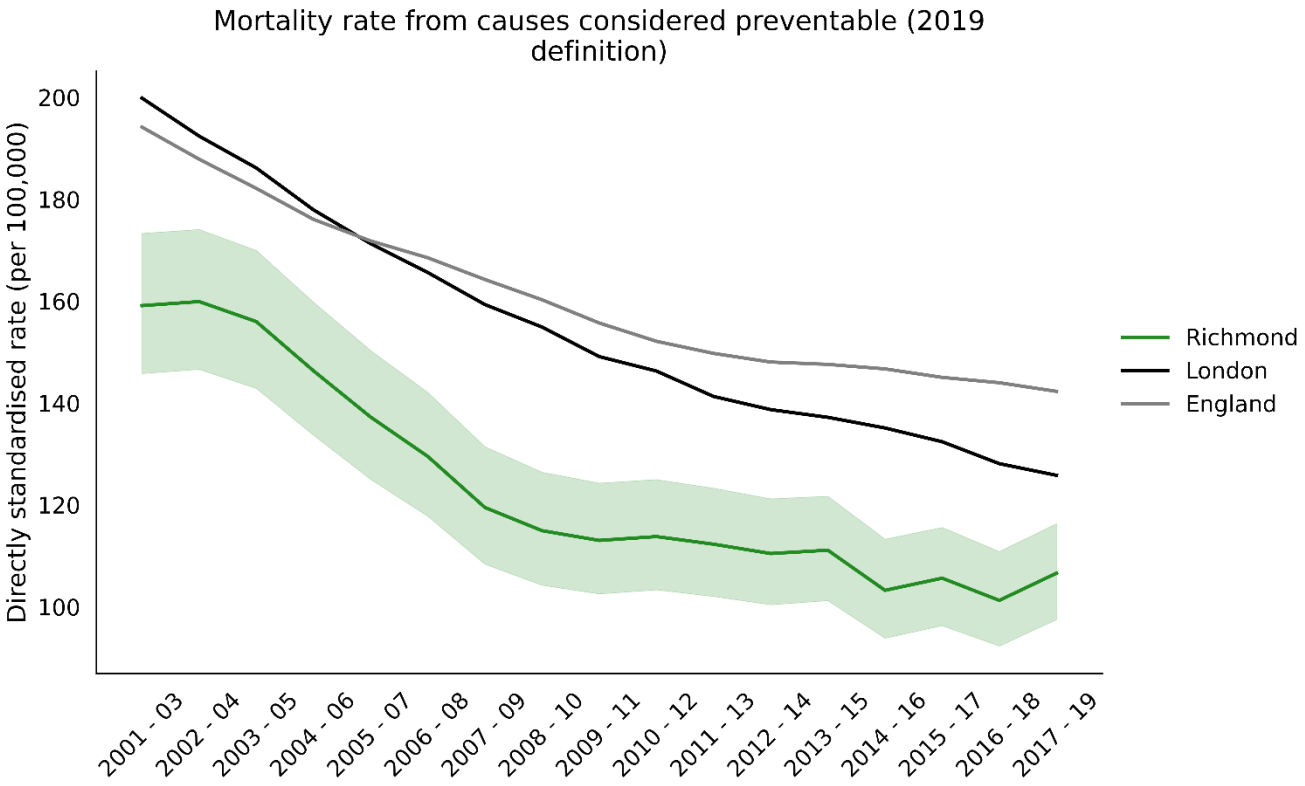
Richmond's 2017–19 preventable mortality rate was 106.6 per 100,000 population (n=510, 6th lowest rate in London, **Figure 41**) Richmond's latest rate was 106.6, which was 25.1% lower than the England average and 15.3% lower than the London average. The latest Borough figure was also 33.0% lower from year 2017–19, in comparison with a 26.7% decrease in England's rate in the equivalent time period (**Figure 42**). The borough's rate has stagnated at around 110/100,000 population in the last 4 reporting periods.

Figure 41: Preventable mortality by local authority, 2017–19



Source: PHE Public Health Outcomes Framework

Figure 42: Mortality from all preventable causes, 2001–2019



**- green ribbon shows 95% confidence interval around Richmond's indicator values*
Source: PHE Public Health Outcomes Framework

The highest number of preventable deaths in Richmond are due to preventable cancer deaths (n=190) and cardiovascular diseases (n=95). These conditions are affected by health behaviours such as smoking, diet and exercise. Nationally, smoking remains a major contributor to preventable and premature mortality, 461 deaths were attributed to smoking in Richmond in 2016–18, although this has declined from 625 in 2007–09. The risk of premature death in men is almost twice as high as in women (268 deaths in men vs. 149 female deaths); this is especially visible in cardiovascular disease premature mortality; men's rate was three times higher than women's rate (30.8 per 100,000 population, compared to 10.7 per 100,000 population in females, **Table 12**).

Table 12: Under 75 preventable mortality, directly standardised rates per 100,000 population, 2017–19

Sex	Cause of death	# of deaths	Richmond Rate	London rate	England rate
All persons	Cardiovascular disease	95	20.4	27.6	28.2
	Cancer	190	35.2	48.2	54.1
	Liver disease	69	14.3	14.1	16.4
	Respiratory disease	63	13.6	17.3	20.0
Males	Cardiovascular disease	69	30.8	40.7	40.8
	Cancer	115	52.1	64.6	68.7
	Liver disease	44	18.7	19.9	21.9
	Respiratory disease	40	18.2	21.6	22.5
Females	Cardiovascular disease	26	10.7	14.7	16.2
	Cancer	75	30.5	31.3	39.5
	Liver disease	25	10.3	8.5	11.2
	Respiratory disease	23	9.4	13.5	17.6

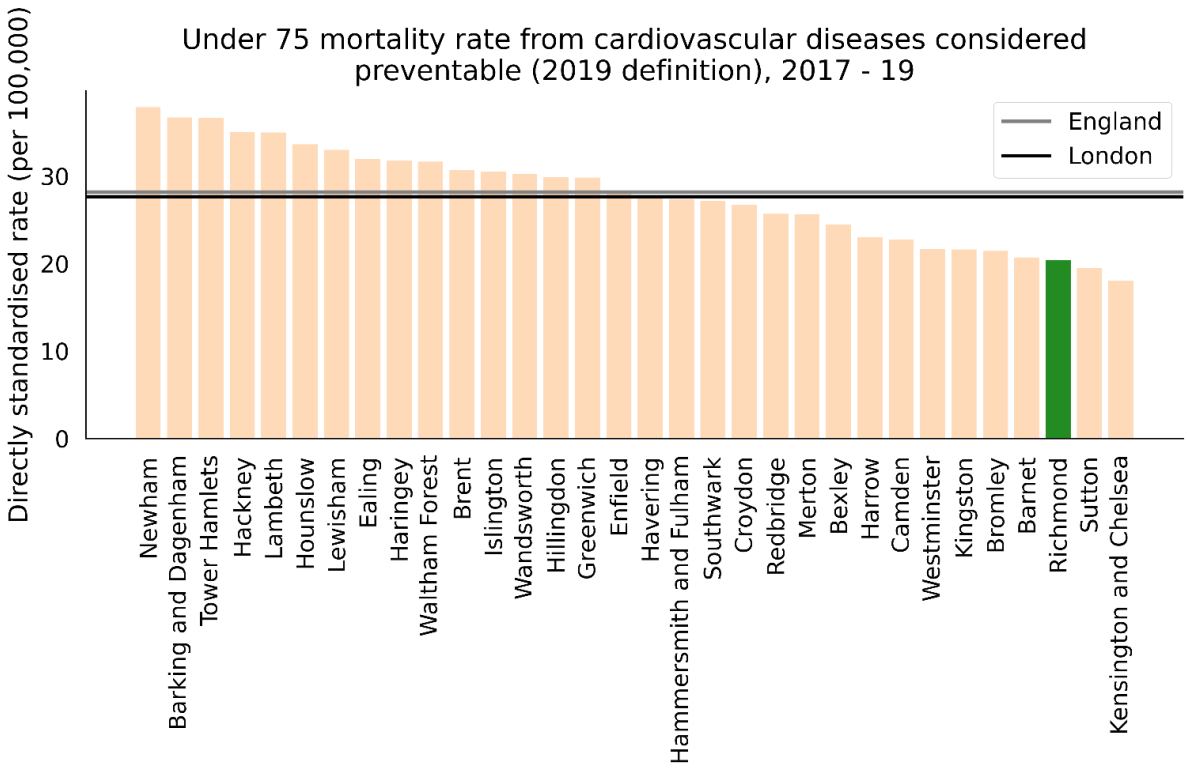
Source: PHE Public Health Outcomes Framework, 2021

All of the major preventable mortality causes in Richmond have seen a decline in numbers and rates of mortality since 2001–03; however, the rates of decline varied depending on the disease that caused the premature deaths. The figures below present combined male and female mortality rates from preventable causes broken down by the main disease category.

Preventable Cardiovascular Deaths

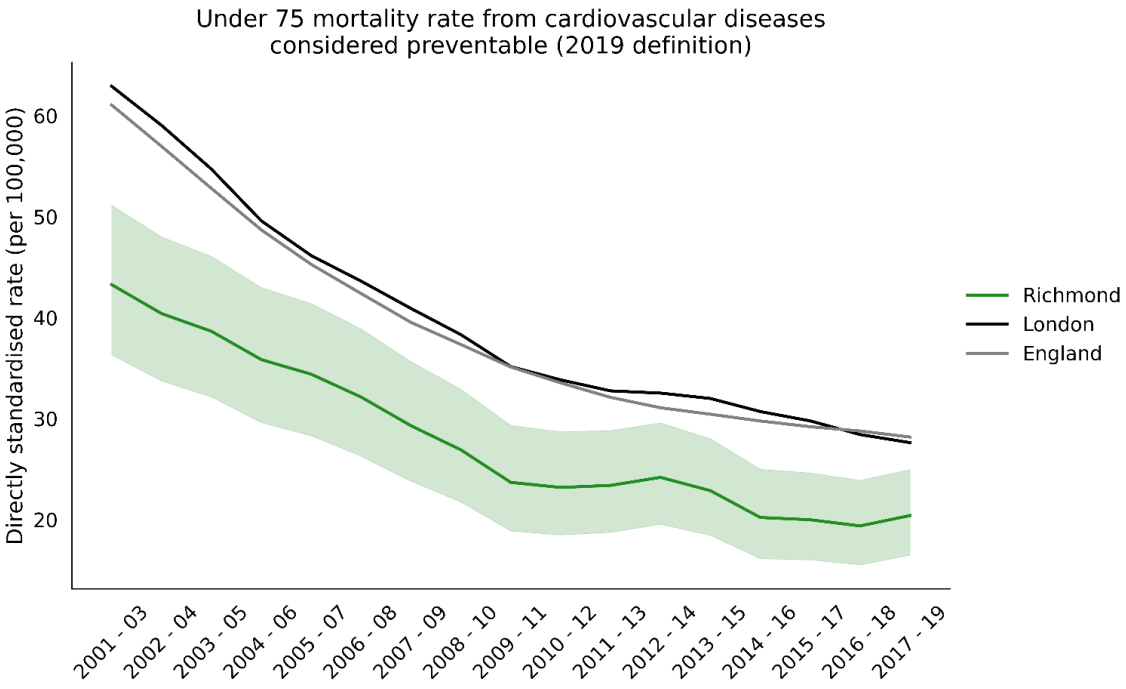
Richmond's latest rate of preventable cardiovascular mortality was 20.4 per 100,000 population (n=95, 3rd lowest in London, **Figure 43**), which was 27.6% lower than the England average and 26.1% lower than the London average. The latest Borough figure was also 52.8% lower from year 2017–19, in comparison with a 53.8% decrease in England's rate in the equivalent time period (**Figure 44**). The borough's rate has stagnated at around 20/100,000 population for the last 4 reporting periods.

Figure 43: Preventable mortality from cardiovascular disease by local authority, 2017–19



Source: PHE Public Health Outcomes Framework

Figure 44: Preventable mortality from cardiovascular disease, 2001–2019

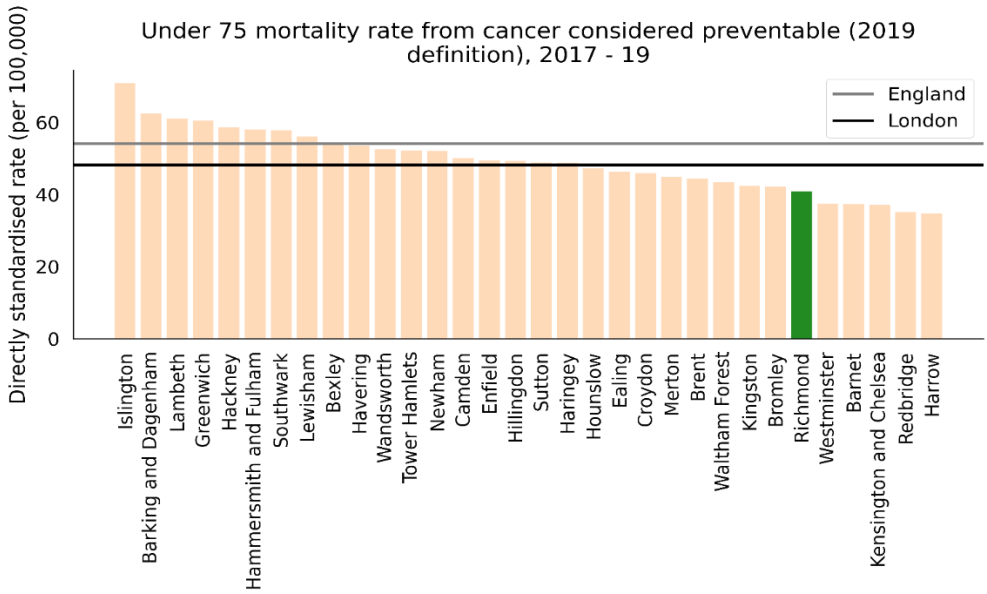


**- green ribbon shows 95% confidence interval around Richmond's indicator values*
Source: PHE Public Health Outcomes Framework

Preventable Cancer Deaths

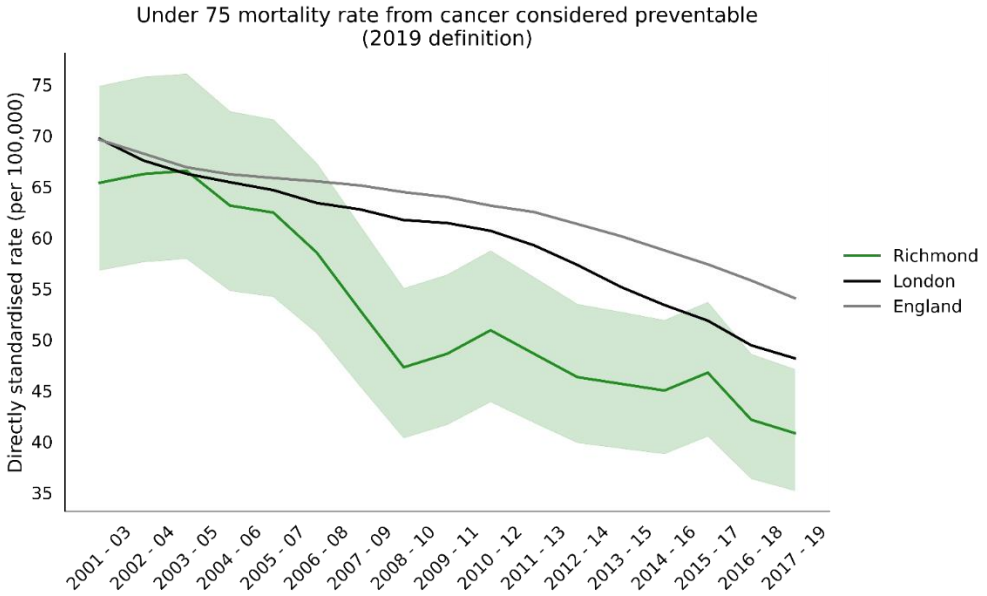
Richmond's 2017–19 preventable cancer mortality rate 40.8 (n=190, 6th lowest rate in London, **Figure 45**), which was 24.5% lower than the England average and 15.2% lower than the London average. The *latest Borough* figure was also 37.5% lower from year 2017–19, in comparison *with a* 22.3% decrease in England's rate in the equivalent time period (**Figure 46**).

Figure 45: Preventable mortality from cancer by local authority, 2017–19



Source: PHE Public Health Outcomes Framework

Figure 46: Preventable mortality from cancer, 2001–2019

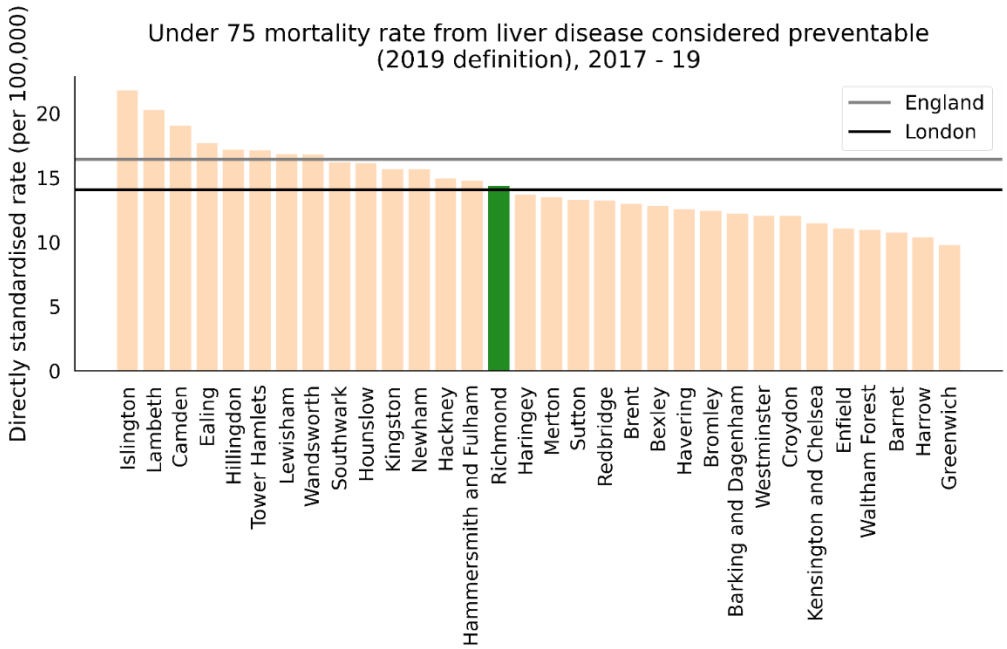


**- green ribbon shows 95% confidence interval around Richmond's indicator values*
Source: PHE Public Health Outcomes Framework

Preventable Liver Disease Deaths

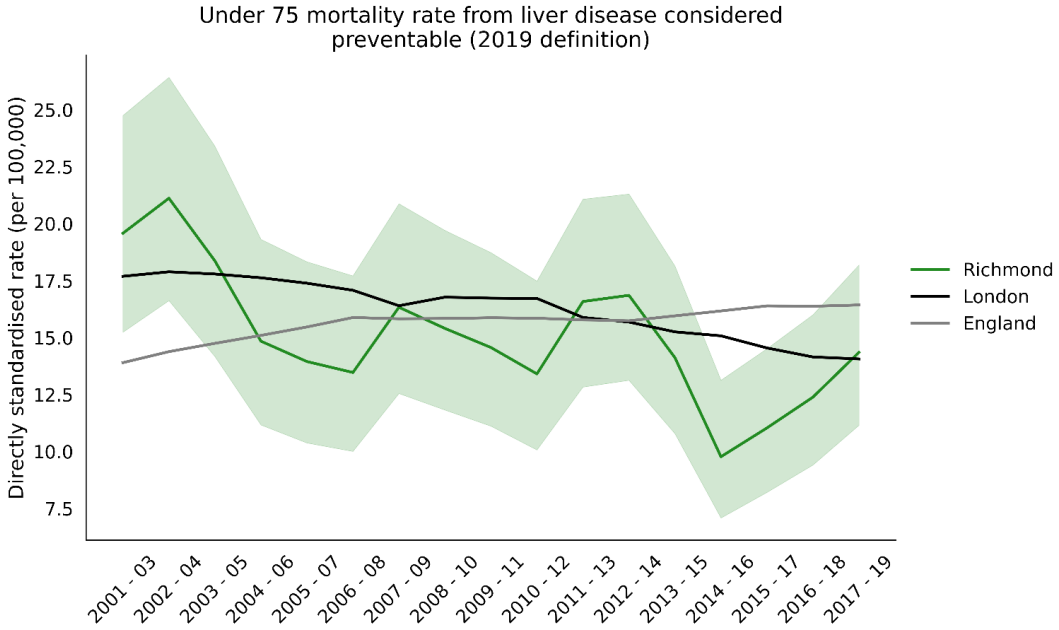
Richmond's 2017–19 preventable liver disease mortality rate was 14.3 per 100,000 (n=69), which is the 15th highest rate in London, **Figure 47,** which was 12.6% lower than the England average and 2.1% higher than the London average. The latest Borough figure for 2017–19 was also 26.7% lower than in 2001–03, in comparison with an 18.2% increase in England's rate in the equivalent time period (**Figure 48**). The rate has been rising for the last 3 years and in 2017–19 was slightly higher than the London average – for the first time in 7 years.

Figure 47: Preventable mortality from liver disease by local authority, 2017–19



Source: PHE Public Health Outcomes Framework

Figure 48: Preventable mortality from liver disease, 2001–2019



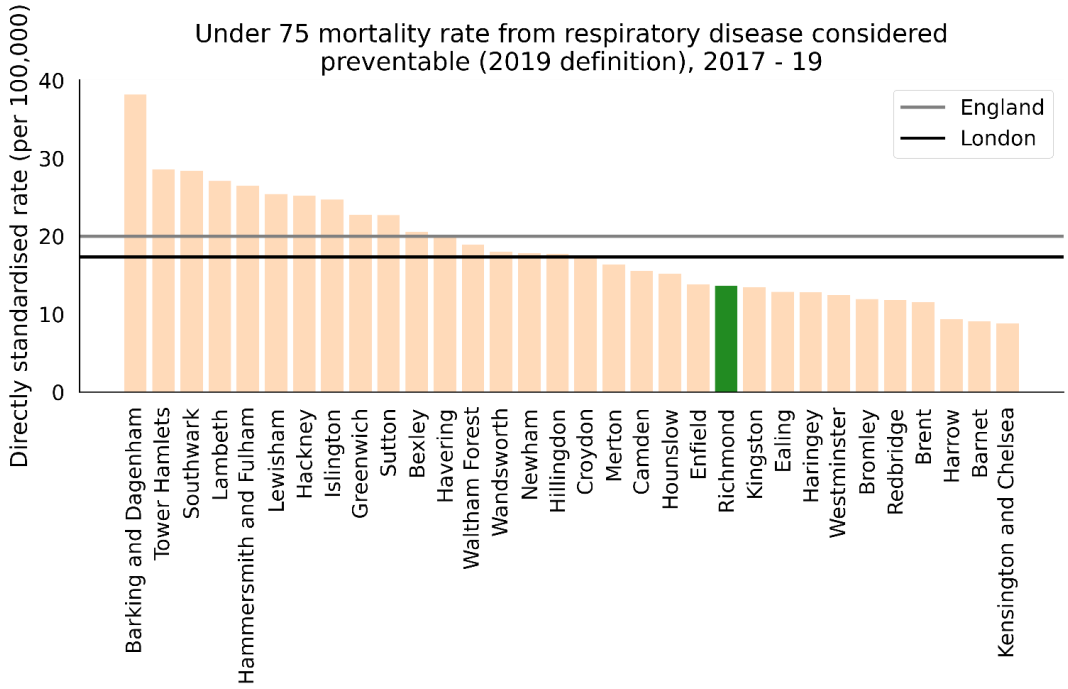
**- green ribbon shows 95% confidence interval around Richmond's indicator values*

Source: PHE Public Health Outcomes Framework

Preventable Respiratory Disease Deaths

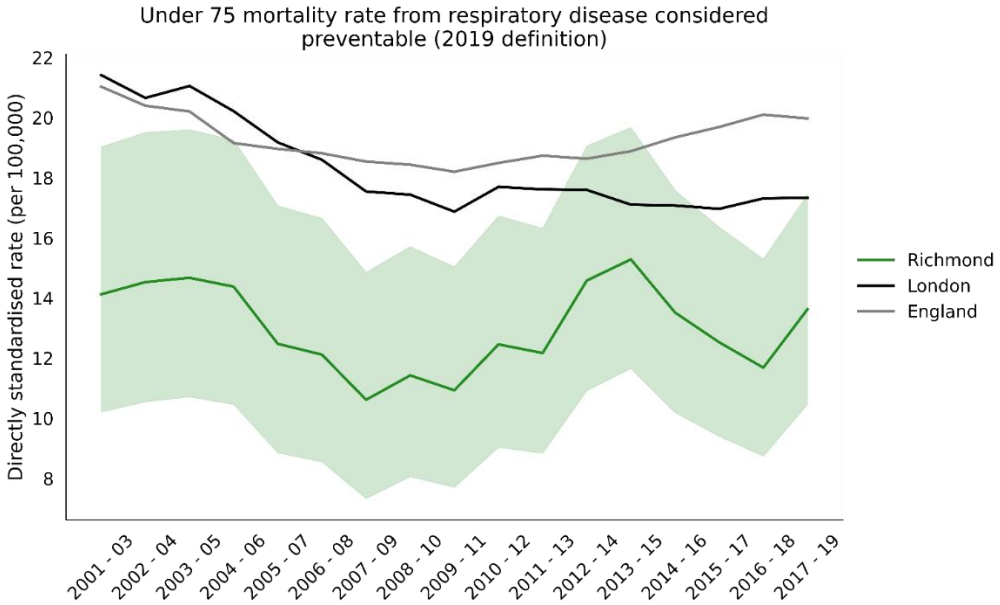
Richmond's latest (2017–19) rate of preventable respiratory mortality was 13.6 (n=63, 11th lowest rate in London, **Figure 49**), which was 31.8% lower than the England average and 21.4% lower than the London average. The latest Borough figure was also 3.5% lower from year 2017–19, in comparison to 5.0% decrease in England's rate in the equivalent time period (**Figure 50**). Throughout the last two decades Richmond's rate does not appear to be improving – oscillating at around 14/100,000 population.

Figure 49: Preventable mortality from respiratory disease by local authority, 2017–19



Source: PHE Public Health Outcomes Framework

Figure 50: Preventable mortality from respiratory disease, 2001–2019



**- green ribbon shows 95% confidence interval around Richmond's indicator values*

Source: PHE Public Health Outcomes Framework

5. Education and Employment

Richmond ranks amongst the least deprived boroughs in London for five of seven deprivation domains of the Index of Multiple Deprivation, IMD (Income; Employment; Education, Skills & Training; Barriers to Housing & Services and Education). In line with many other London boroughs, Richmond's Living Environment and Crime domain rankings were amongst its most poorly ranked IMD domains.

Richmond has one of the most highly educated populations in the country with 1 in 3 residents educated to a degree level or above. Pupils attending schools in Richmond achieve above and beyond the London and England average in terms of educational attainment.

Employment rate in the borough exceeded that of London and England at 79%. Residents are much more likely to be managers, professionals and in technical jobs (72.5%) compared to London (58.1%) working part-time, are self-employed or work in the private sector.

5.1 Education

Education in Children and Young People

Many Richmond pupils attend independent schools, the borough has the second largest independent school cohort in outer London and the fourth largest in London. Despite this, state-funded primary and secondary schools in Richmond are some of the largest importers of pupils in London, whilst local pupils are also more likely to stay in-borough to attend school.

More information on education can be found in Start Well chapter.

Education in Adults

Richmond has one of the most highly educated populations in London and England. Around two in every three residents educated to degree level or above, double the level in England (**Table 13**). Conversely, the proportion of the working-age population without a qualification is amongst the lowest rates both regionally and nationally, having decreased from 7.9% in 2008 to 3.4% in 2018. This higher level of educational attainment explains the higher levels of income and employment in the borough and why almost three quarters of the population work as managers, directors and in professional occupations.

Table 13: Educational attainment of adults aged 16–64 years, numbers and percentage, 2018, Richmond, London, England.

	Richmond (n)	Richmond (%)	London %	England %
Degree or equivalent and above	78,000	64.1	47.2	32.0
Higher education below degree level	5,600	4.6	6.4	7.7
GCE A level or equivalent	14,600	12.0	15.6	22.4
GCSE grades A-C or equivalent	12,200	10.0	13.9	21.4
Other qualifications (GCSE)	7,200	5.9	10.2	8.7
No qualifications (GCSE)	4,200	3.4	6.7	7.7

Source: ONS Annual Population Survey, December 2018 via DataRich[36]

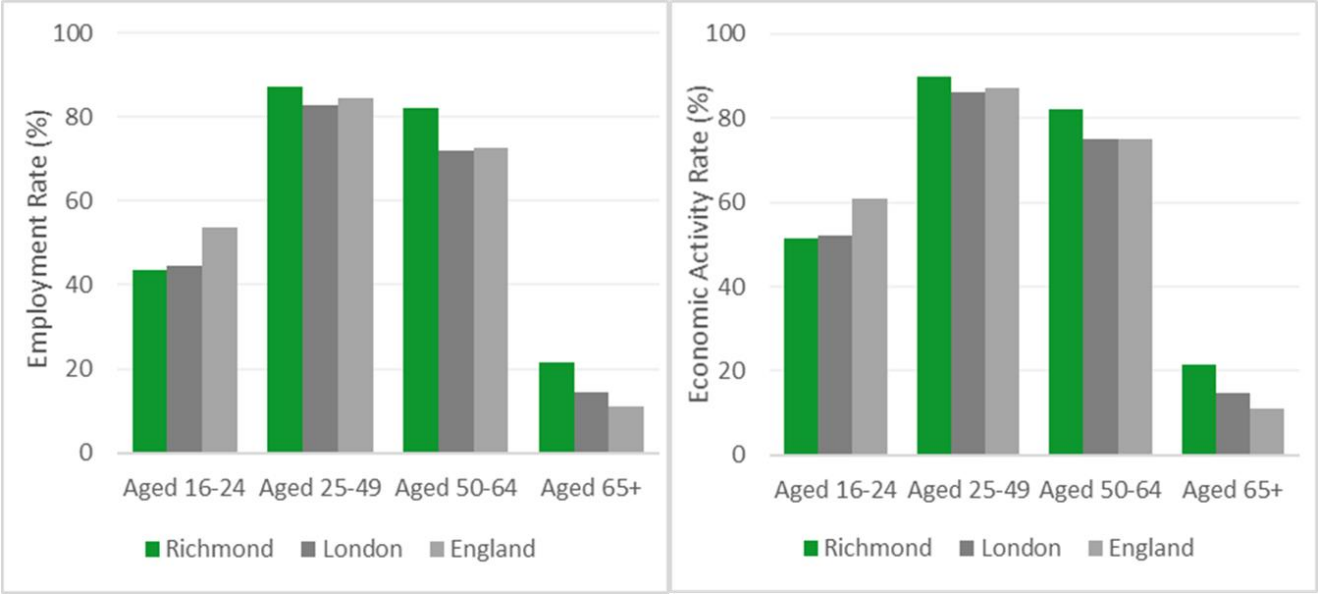
[36] DataRich Children and Young People – Qualifications, 2018

5.2 Employment

In Richmond, 101,400 (81.7%) of those aged 16 to 64 were economically active (able to/looking for work) in the twelve months to June 2019. This was above both the London (78.2%) and England (79.1%) economic activity rates. Over the same period, 98,100 (79.0%) of the working-age population were in employment, exceeding the regional (74.5%) and national (75.8%) employment rates.

Proportionally, the employment and economic activity rates are lower amongst females in the borough compared to males - this pattern is observed nationwide. Compared to London and England, there is a smaller proportion of 16 to 24-year olds that are economically active and/or employed in Richmond (**Figure 51**). This could be partly explained by a larger proportion of students in the borough - 40.8% of the economically inactive population are students, compared to 32.3% in London and 26.9% in England. Additionally, economic activity and employment amongst those aged 65+ is higher than the regional and national level.

Figure 51: Percentage of Employment and Economic activity by age group, Richmond, 2019



Source: Nomis web. Annual population survey, Economic activity rate and employment rate.

Occupation

Richmond residents are much more likely to be in managerial, professional and technical occupations (72.5%) compared to London (58.1%) and England (47.6%). Locally, there is a lower proportion of residents carrying out administrative, service, manufacturing and skilled trade occupations compared to the regional and national averages. Less than 5% are employed in elementary occupations.

ONS analysis found that 7.4% of jobs in England are at high risk of automation i.e. replacing tasks currently done by workers with technology which could include computer programs, algorithms or even robots. The risk of automation tends to be higher for lower skilled roles - the three occupations at highest risk are waiters/waitresses, shelf fillers and elementary sales occupations.[37] A relatively small proportion of Richmond

[37] ONS Which occupations are at higher risk of being automated? 2017

residents are in elementary, sales and customer service occupations (8.5%), therefore the risk of automation to the local population is relatively lower than regionally (13.8%) and nationally (17.3%).

5.3 Income and Poverty

Richmond is one of the most affluent areas in London, this is supported by the London Poverty Profile which ranks London boroughs on key poverty and inequality indicators. Richmond ranks relatively highly for most indicators, including Low Pay and Poverty. Only 11% of employed residents earn less than the London Living Wage - the joint lowest percentage in London. Additionally, the poverty rate (15%) is the lowest in London, as is the child poverty rate (14%).

However, Richmond is ranked as the worst borough in London for worklessness with a 0.6% increase in unemployment over three years - the highest rise of any borough whilst the London rate reduced by 2.1% over the same period.

Richmond is also amongst the 16 best ranking boroughs for GCSE attainment of disadvantaged pupils (with the largest attainment gap in London at 31 percentage points), income inequality, affordable housing delivery and infant mortality.[38]

Income

The Annual Survey of Hours and Earnings (ASHE) estimates that Richmond residents working full-time earned £43,118 in 2019. This is amongst the top five annual earnings in London and England.

The ASHE estimates that full-time working residents earn £820.20 per week which was the second highest weekly pay in London behind Kensington and Chelsea (£912.90) and the third highest weekly pay in England. Male residents working full-time earned a median weekly salary of £971.20 which was over £270 more per week compared to female residents (£700.30). The median gender pay gap (GPG) for full-time residents in Richmond was 29%, denoting that on average, women earn 29% less than men - the resident GPG was narrower in both London (8%) and England (10%). The GPG was also narrower for the Richmond workplace population (14%).[39] In 2012/13, the wards with the lowest median household income were Heathfield and Hampton North.[40]

Between 2007 and 2017, the median weekly income (in real terms, after adjusting for inflation) of all London workers dropped by 8.3%. However, those working in Richmond saw a larger decrease at 10.3%.[41] In 2018, an estimated 23% (15,000) of employees in Richmond were earning less than £10.20 per hour, which was considered the London Living Wage (LLW). Although this proportion is amongst the lowest half of London boroughs, since 2008 the proportion of people earning less than the LLW has increased from 15% (9,000).[42]

[38] Trust for London, London's Poverty Profile - Richmond
[39] ONS Earnings and hours worked, place of residence by local authority, 2019 provisional
[40] London Datastore Household Income Estimates for Small Areas 2012/13
[41] London Datastore Work Place based median earnings (Gross Weekly), by Full time and Gender (ONS) 2017
[42] London Datastore Employees earning below the London Living Wage (LLW). 2018.

Income Support

Income support is intended to help people on low incomes. Eligible claimants are those who are:

- aged between 16 and pension qualifying age
- in receipt of no/low income and have little savings
- not working or working under 16 hours a week (and/or with a partner working under 24 hours a week) because they are unavailable for full-time employment (e.g. pregnant, lone parents, carers, sick or disabled)

Of those aged 16–64 in the borough, 0.5% (650) were claiming income support in November 2018. The rate has consistently fallen since August 2004 (3.1%) and is lower than the London (1.1%) and England (1.2%) averages[43].

Universal credit is a payment that helps with living costs. Those claiming are either on low income or out of work. During November 2018, 0.7% (835)[44] individuals aged 16–64 in employment were claiming universal credit, this was lower than the London average of 1.2%. 1.2% (1,539) not in employment were claiming universal credit, lower than the London average of 2%. Of the 2,137 households on universal credit, 58% (1,236) were single adult households with no dependent child while 29% (625) were single adult households with dependant(s). This is similar to the 'Universal Credit roll-Out 2018–19[45] briefing paper by the House of Commons which stated that, as of December 2017, around 75% of households in Great Britain on Universal credit are single adult households with no children. By November 2019, 3,705 households in Richmond were claiming Universal credit.

Child benefit is usually paid to those responsible for children (aged under 16). In 2018, 14,975 families in Richmond were receiving child benefit (4th lowest borough in London)- since 2012, this number has fallen by 37% from 23,880 families. A similar picture could be seen across London which also saw a 10% decline of families receiving child benefit between 2012 and 201946. The majority of families receiving child benefit had one child, 51% (7,680) and 38% (5,645) had two children. Across London, 52% of families receiving child benefit had one child and 37% had two children.

Child Poverty

End Child Poverty estimates that 8% of children in Richmond were living in poverty in 2017/18 (before taking housing costs into account), this was the smallest proportion of all London boroughs. Once housing costs are considered, a fifth (21%) of children in the borough are estimated to be living in poverty, the joint lowest proportion in London. Within the borough, Heathfield; Barnes; Hampton North; Mortlake and Barnes Common; and Ham, Petersham and Richmond Riverside are the wards with the highest proportion of children living in poverty (**Table 14**).

[43] London Datastore Income Support Claimants, 1999-2018. Data used: 2018
[44] Stat-Xplore Universal Credit
[45] Universal Credit roll-out:2018-19 – UK Parliament
[46] London Datastore Child Benefits, Borough. 2003-2018

Table 14: Child poverty before and after housing costs by ward, percentage, 2017–18, Richmond.

	Children in Poverty (%)	
Ward	Before Housing Costs	After Housing Costs
Heathfield	14.0%	29.4%
Barnes	10.9%	28.0%
Hampton North	10.5%	26.7%
Mortlake and Barnes Common	10.0%	24.9%
Ham, Petersham and Richmond Riverside	8.9%	25.3%
North Richmond	8.6%	23.2%
Hampton Wick	8.4%	23.1%
Whitton	8.0%	20.2%
Kew	7.8%	21.6%
West Twickenham	7.1%	17.9%
East Sheen	6.8%	18.2%
Twickenham Riverside	6.8%	18.1%
Fulwell and Hampton Hill	6.8%	17.3%
South Twickenham	6.6%	17.3%
South Richmond	6.3%	21.2%
St Margarets and North Twickenham	6.2%	15.9%
Teddington	6.1%	17.5%
Hampton	5.9%	16.7%

Source: End Child Poverty, Poverty in Your Area 2017/18 (2019) [47]

More information on child poverty indicators can be found in Start Well section.

Food Security

The Survey of Londoners estimates 13% of adults in Richmond to be living in low or very low food security, this means that they forgo a balanced diet, cut size the size of meals or skip meals because money is not available for the necessary food. Proportionately, fewer adults are food insecure compared to 19% in Outer London and 21% in London. [48]

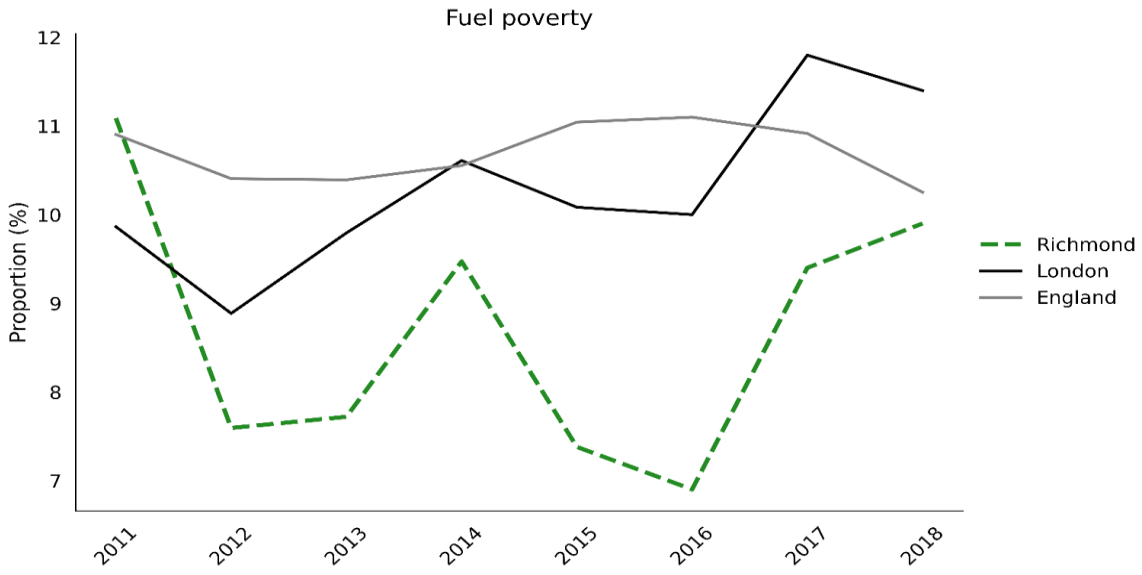
Fuel Poverty

Between 2011 and 2016, the proportion of households experiencing fuel poverty in Richmond declined from 11% (8,433 households) to 7% (5,770 households). However, between 2016 and 2018, in line with the London rate, there was a local increase to 9.9% (7,706) of households experiencing in fuel poverty (**Figure 52**). Compared against all 32 London boroughs, Richmond ranked as 7th lowest for fuel poverty (**Figure 53**). In England, 20% of ethnic minority households live in fuel poverty compared to 10% of households from white ethnic groups. Lone parents with dependent children experienced a higher rate of fuel poverty at 25% compared to couples with

[47] End Child Poverty. Poverty in your area.
[48] London Datastore Survey of Londoners 2019 Headline Findings: Food Security

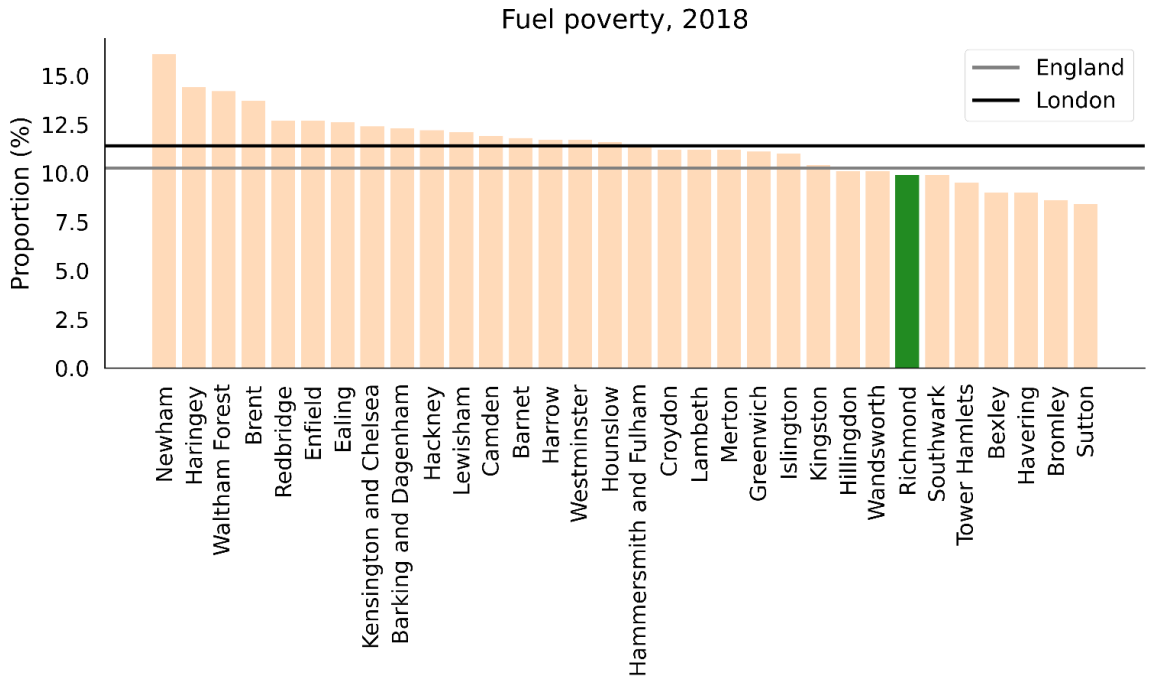
dependent children, 15%. A higher rate of fuel poverty was seen amongst those who were unemployed, 32%, compared to those in part-time work, 17%, and in full-time work, 8%.[49]

Figure 52: Percentage of households that experience fuel poverty, 2011–2018



Source: PHE Public Health Outcomes Framework

Figure 53: Percentage of households that experience fuel poverty by local authority, 2018



Source: PHE Public Health Outcomes Framework

[49] Public Health Outcome Framework. Fuel poverty. 2016

Unemployment

Richmond is estimated to have the lowest unemployment rate in London (3.5%) (not including City of London) in the 12 months to June 2019. In 2011, the wards with the highest unemployment rates were Heathfield (4.3%) and Ham, Petersham and Richmond Riverside (4.2%) while South Richmond had the lowest (1.9%). The borough also has the lowest claimant count in London in October 2019 with 2,165 (1.7%) people claiming out of work benefits (**Table 15**).

Whilst not working is the correct option for some residents, staying out of work can sometimes contribute to worsening health outcomes. A greater proportion of economically inactive individuals want a job in Richmond (28.5%) compared to London (20.7%) and Great Britain (20.7%).

Table 15: Economic Activity, job density ratio, percentages and numbers, 2017–2019 Richmond, London and England.

	Richmond	London	England
Job Density Ratio, 2017	0.86	1.02	0.87
Unemployment (model-based estimates, July 2018 - June 2019)	3.5% (3,800)	4.7%	4.1%
Percentage of People Aged 16–64 in Employment, July 2018 - June 2019	79.0% (98,100)	74.5%	75.8%
Out of Work Benefits Claimants, October 2019	1.7% (2,165)	3.0%	2.9%
Workless Households, 2018	7.4% (4,700)*	12.4%	13.9%
16–17 Year Olds NEET or Whose Activity is Not Known, Dec 18 - Feb 19	2.9% (80)	4.8%	5.5%

**estimates may be unreliable*
Source: London Data Store, 2017,2018, 2019.

6. Vulnerable Groups

6.1 Disabilities

A person has a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. The 2011 Census indicated that 11.5% (21,447) of the borough's population had long-term health conditions (some of which will be mental health conditions) or disabilities. This was lower than the London average of 14.2%. In 2018/19 there were an estimated 620 (0.3%) patients with learning disabilities recorded on Richmond practice disease registers.

In 2017, the proportion of primary, secondary and special school children identified as having a learning disability in the borough was 4.4% (1,164), which was similar to the London average and lower than the England average of 5.6%[50].

[50] Public Health England Fingertips.

6.2 Special Educational Needs and Disabilities(SEND)

A child or young person has SEND if they have a learning difficulty or disability which calls for special educational provision to be made for him/her. According to the 2019 school census, 12.4% of the pupil population (3,442) with SEND live or were educated in the borough. Of the 0–19 ward population, Hampton North ward had the highest percentage of pupils with SEND at 17.3% (203) followed by Heathfield ward, 16% (224).

As at March 2019, there were 1381 children and young people with Education Health and Care Plan (EHCP) in the borough; it is estimated that this number will increase to at least 1,596 in 2022. The largest proportion of children with EHCPs are in 9–11 year olds followed by 15–17 year olds, with higher proportions seen amongst boys than girls. Generally, there are more children with SEND support living in Richmond wards compared to those with an EHCP[51]. In 2018, 17.6% of Children Looked After had SEND support (but not an EHCP) compared with 29% nationally.

6.3 Violence against Women and Girls

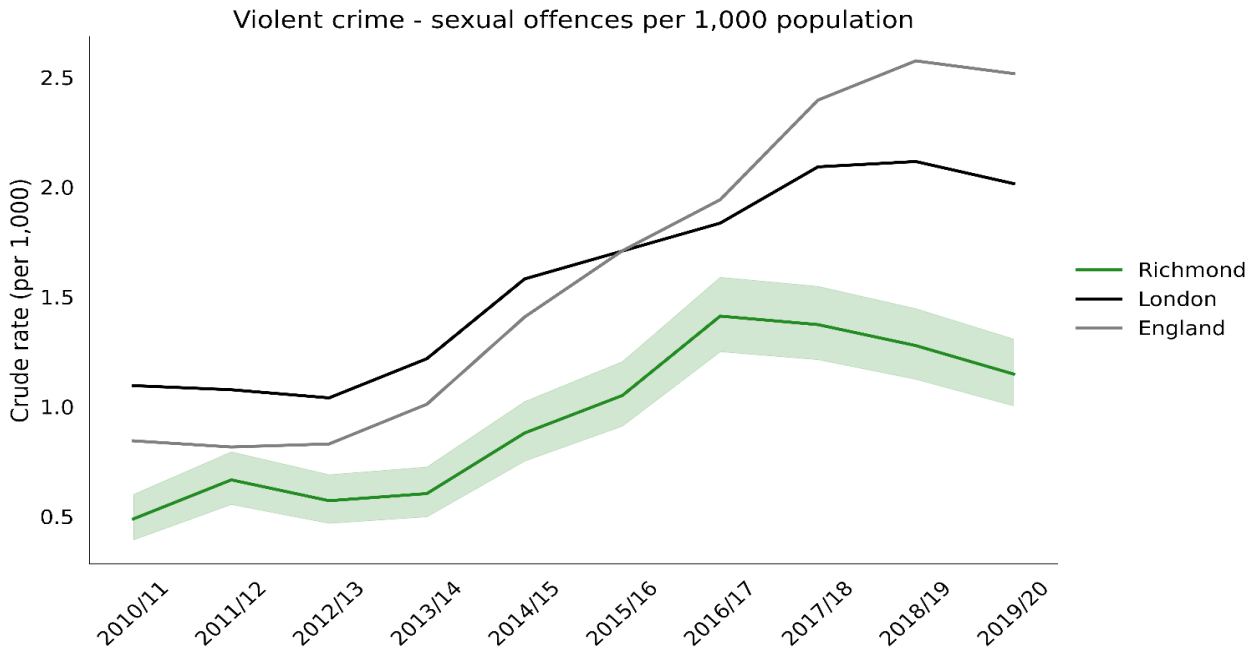
The long-term increasing trend in domestic abuse continued, with a 2.3% rise over 12 months. The overall increases are believed to be heavily influenced by an improvement in police recording practices and a change in victim reporting and this is supported by the crime survey for England and Wales which shows a gradual reduction in domestic abuse since March 2012.

232 (Multi Agency Risk Assessment Conference) MARAC cases were heard over the past 12 months, a 7% reduction on the previous 12-month period. 25% of cases involved a BME victim. Mental health and substance misuse were a common theme among victims and suspects. Performance outcomes for MARAC show large reductions in police involvement following an initial MARAC meeting.

Richmond saw the largest proportional reduction in sexual offences in London over the past 12 months and overall, the rate of reported offending in 2019/20 has improved to the lowest in London (**Figure 54** and **Figure 55**). 29% of incidents are classified as rape, with non-historic offences showing a reduction in victims under 18 and 65% reported as occurring between known parties. The remaining 71% of incidents are classified as other sexual offences.

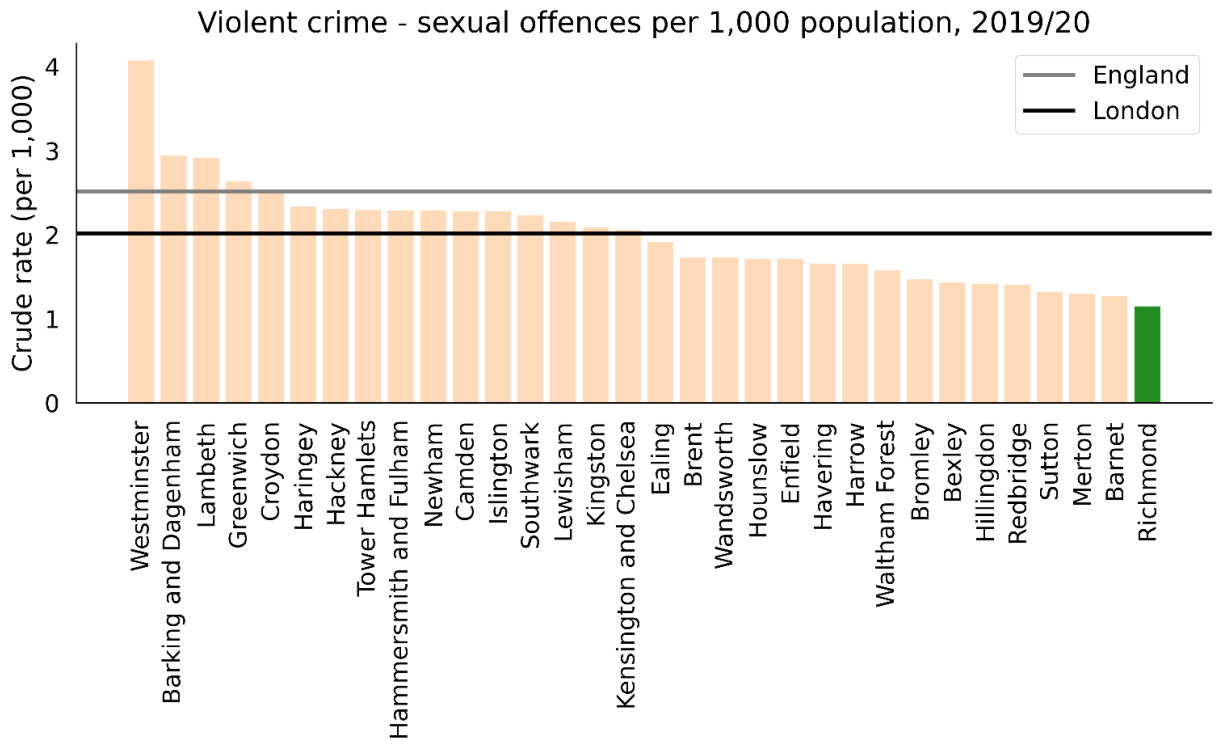
[51] Richmond's Children and Young People Needs Assessment.

Figure 54: Reported sexual offences per 1,000 population, 2010/11 – 2019/20



**- green ribbon shows 95% confidence interval around Richmond's indicator values*
Source: PHE Public Health Outcomes Framework

Figure 55: Reported sexual offences per 1,000 population by local authority, 2019/20



Source: PHE Public Health Outcomes Framework

6.4 Crime and Children and Young People

Over the last 12 months, there were minimal changes in the number of victims of crime aged 10–17 (n=691) but falls in the number of young suspect(s) (n=1,024) and young person(s) accused of crime (n=121). Nevertheless, young people, particularly those aged 10–17 remain disproportionally affected by crime in Richmond. For young victims, this is most evident within the crime types of violence, sexual offences and robbery. Young victims and suspects are most common for crimes occurring in the borough's main town centre wards.

More crime statistics related to children and young people can be found in Start Well chapter.

6.5 Homophobic Crime

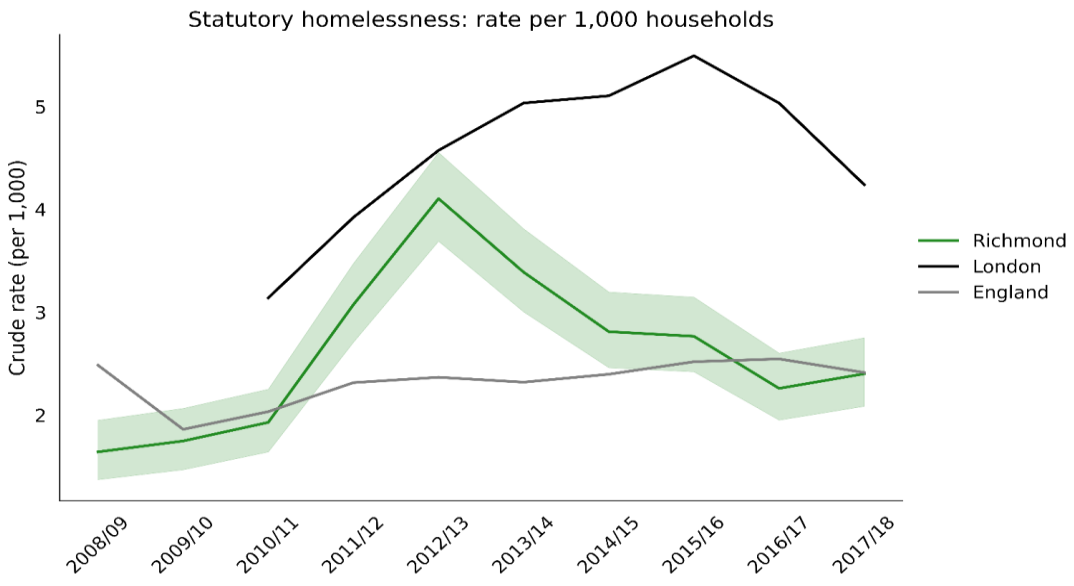
Locally, and regionally, there was an increase in reports of homophobic hate crime, which in Richmond increased to 39 vs. 17 reports the year before, returning to a similar level as that seen two years prior.

6.6 Homelessness and Rough Sleeping

Homelessness

The rate of homelessness in the borough has remained stable in the last 8 years, varying at around 3 per 1,000 households (**Figure 56**). In 2017/18, the rate of statutory homelessness (households who are eligible, unintentionally homeless and in priority need) within the borough was 2.4 per 1,000 (2nd lowest in London, **Figure 57**), which was significantly lower than the London average (4.2) but equal to the England average.[52]. The total number of homeless households in 2017/18 was 207.

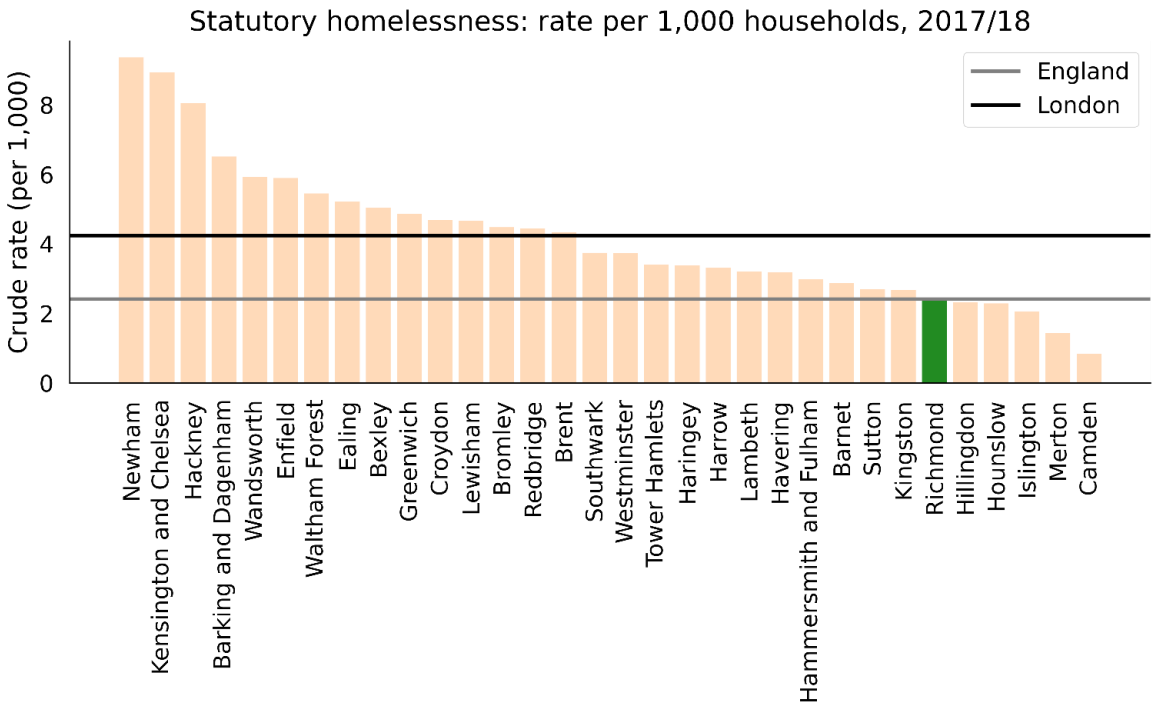
Figure 56: Statutory homeless households, 2010–2018



**- green ribbon shows 95% confidence interval around Richmond's indicator values*
Source: PHE Public Health Outcomes Framework

[52] DataRich. Deprivation report. 2019. Data used: 2019

Figure 57: Statutory homeless households by local authority, 2017/18



Source: PHE Public Health Outcomes Framework

The ONS has published experimental data on the number of deaths of homeless people in England and Wales, which estimates there were 726 deaths in 2018, up 22% on the previous year. The data also identifies that Richmond had 2 deaths in 2018, prior to that there had been no deaths identified since 2013 apart from one death that occurred during that year.[53]

Rough Sleeping

Rough sleeping counts and estimates are single night snapshots of the number of people sleeping rough in local authority areas. Local authorities decide whether to carry out a count or an estimate. They are encouraged to gain intelligence for street counts and estimates from local agencies such as outreach workers, the police, the voluntary sector and faith groups who have contact with rough sleeper on the street.

An annual report by GLA presents information about people seen rough sleeping by outreach teams in London. Information in this report is derived from the Combined Homelessness and Information Network (CHAIN), a multi-agency database recording information about rough sleepers and the wider street population in London.

Rough sleeping numbers in the borough increased from previous year to 128 rough sleepers in 2018/19. This increased by 21 people compared to 2017/18 (107 people seen rough sleeping that year).[54] Richmond ranks 26/32 comparing the total number of rough sleepers per borough in London. Increase in rough sleeping has been

[53] ONS. Deaths of homeless people in England and Wales: 2018. 2013-2018. Data used: 2017-2018
[54] London Data Store, Rough sleeping in London (CHAIN reports), 2014-2019, Data used: 2017-2019

seen across London and particularly in Inner London boroughs; London has seen rough sleeping increase by 141% since 2009/10.

Among the rough sleepers in 2018/19, 66% are UK nationals, 17% are from Central and Eastern European Countries and 7% are from other European Countries. 108 (84%) were males and 20 (16%) females. Out of those assessed for their support needs, 54% had alcohol support needs, 52% drugs and 52% mental health. 15% reported no alcohol, drugs or mental health support needs.

6.7 Safeguarding in the Elderly

Victimisation of the elderly has increased in Richmond over the past three years. Coupled with an ageing population, victimisation of the elderly could become a bigger future issue.

- Older people are not disproportionately affected in terms of overall crime, but are disproportionately victimised for some crime types, particularly burglary and fraud but also personal theft.
- Richmond town centre was the prominent location for crime against older people, but East Sheen demonstrated the greatest disproportionality, with elderly people being more likely to be victimised there than the general population. Theft in Richmond town centre and burglary in Kew have become some of the fastest growing crimes against the elderly over the past three years.
- Elderly people are more likely to encounter crime in or near to their homes, especially for violent crime. Older victims of crime are predominately affected at non-peak times for overall crime (i.e. weekdays rather than weekends).
- Elderly women and the 'oldest' elderly people were the most likely to be victims of scams such as fraud and distraction burglary. There were more 'vulnerable' female victims than male victims of crime over the past three years

Acronyms

ASHE	Annual Survey of Hours and Earnings
BAME	Black, Asian and Minority Ethnic Groups
GLA	Greater London Authority
GPG	Gender Pay Gap
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Querying
LLW	London Living Wage
NINos	National Insurance Numbers
ONS	Office of National Statistics
PHE	Public Health England
JSA	Job Seekers Allowance
PHOF	Public Health Outcomes Framework
MARAC	Multi Agency Risk Assessment Conference
IDAOPI	Income Deprivation Affecting People Index
APS	Annual Population Survey
GBD	Global Burden of Disease Study

Acknowledgments

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Image credits	Blooming chestnut trees on Twickenham Green Spring 2021	Lisa Wilson, Public Health, Richmond Council
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