

Authored by: JSNA COLLABORATORS
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Table of Contents

Overview

Table of Contents.....	2
COVID-19 Impact on the JSNA Report	4
Introduction	5
Concept of Need	5
Content	5
Data Included in the JSNA.....	6
People and Place.....	6
Deprivation	10
Sociodemographic Characteristics of Richmond	12
Local Business and Employers	12
Life Expectancy and Mortality	13
Life Expectancy at Birth.....	13
Healthy Life Expectancy at Birth	14
Life Expectancy at 65	14
Drivers of Inequality in Life Expectancy	15
Mortality	17
Leading Causes of Deaths in Richmond	17
Premature Mortality (Under 75 Mortality).....	17
Preventable Mortality	18
Start Well	19
Conception, Pregnancy and Birth	19
School.....	20
Vaccination.....	21
Mental Health	22
Health Behaviours.....	23
Live Well.....	23
Lifestyle	23
Obesity, Healthy Eating and Physical Activity	23
Alcohol	24
Smoking.....	25

Richmond – JSNA Overview

Diabetes	26
NHS Health Checks.....	26
Cardiovascular Disease	26
Heart conditions.....	27
Stroke	27
Sexual Health	28
Sexually transmitted infections (STIs).....	28
Abortion	29
Contraception	29
Mental Health, Self-Harm and Suicide.....	29
Drugs	30
Premature Mortality and Preventable Mortality.....	30
Premature Mortality	30
Main Causes of Morbidity and Mortality.....	31
Cancer and Cancer Screening	37
Patients on Disease Registers	38
Musculoskeletal Conditions	38
Learning Disability.....	38
Age Well	39
Dementia.....	39
Hospital Admissions and Mortality in Dementia	39
Vaccination.....	39
Abdominal Aortic Aneurysm Screening	40
Sight Loss.....	40
Winter Deaths.....	41
Falls and Hip Fractures.....	41
Disease, Mortality and End of Life Care.....	42
Diseases.....	42
End of Life Care	42
Place of Death	43
Key Causes of Morbidity and Mortality	43
Acknowledgments.....	47

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.

Introduction

Joint Strategic Needs Assessments (JSNAs) analyse the health needs of populations to inform and guide the commissioning of health, well-being, and social care services within local authority geographic areas. The JSNA should guide decisions around where to invest or reduce spending. It will identify and provide understanding of current and future health and wellbeing needs of the population. This is then used to inform the priority setting for the Joint Health and Well-being Strategy and provides an evidence base for future service planning and commissioning. This JSNA will be informed by findings from various relevant Health Needs Assessments (HNAs).

In-depth HNAs may be required in addition to this overarching JSNA when a local area is redesigning care pathways so that correct decisions are made for that population. Stevens and Raftery ¹ describe three approaches to HNAs:

- **Epidemiological:** this approach considers the epidemiology of the condition, current service provision, and the effectiveness and cost-effectiveness of interventions and services
- **Comparative:** this approach compares service provision between different populations. Large variations in service use may be influenced by a number of factors, and not just differing needs
- **Corporate:** this approach is based on eliciting the views of stakeholders - which may include professionals, patients, and service-users, the public and politicians - on what services are needed. Elements of the corporate approach (i.e. community engagement and user involvement) are important in informing local policy

In practical terms, HNA often incorporates elements of all three of the above approaches.

Concept of Need

Need is an important concept. It is used in the planning and management of health and care services including health improvement, resource allocation, and equity. However, need has many aspects.

Bradshaw ² defines four ways in which need is perceived:

- Normative need, based on professional judgement (such as the need for medical treatment)
- Felt need, which comprises individual's perceptions of variations from normal health
- Expressed need, which can be the vocalisation of need or how people use services
- Comparative need, based on judgements by professionals as to the relative needs of different group

From a population health perspective need relates to the capacity to benefit and that we can do something about. In our JSNA, need is assumed to exist when there is an effective and acceptable intervention, or the potential for health gain.

Content

The JSNA 2020 in depth sections have been decided based on priorities in 2019-2022 Health and Care plans, areas of poorer health and social outcomes or that affect many people, health inequalities, local intelligence from collaborators on the SNA Strategic group.

Richmond – JSNA Overview

The JSNA is structured across the life course:

- **Start Well**
- **Live Well**
- **Age Well**

Other sections cover **People, Place, Vulnerable Groups and Community Voice**.

This 2020/21 JSNA provides a refresh by looking at:

- Overarching health (e.g. life expectancy)
- The wider determinants of health (e.g. education, SEND, employment, housing, deprivation, environment)
- Health improvement (e.g. smoking, physical activity, sexual health, substance misuse)
- Health protection (e.g. COVID-19, air quality)
- Healthcare and premature mortality (e.g. NHS Health checks, long term conditions etc.)

Data Included in the JSNA

There are numerous sources of population data available, however both JSNAs will use the [GLA Housing Led Projection data](#) (denominator file), with rates presented as either per 10,000 or per 100,000. Data should be presented for the last 5 years, from 2014-2019, with whichever years are available. Population projections from the GLA, for wards and borough, are available up to 2050.

What we already have:

<https://www.datarich.info/>

[DataRich](#) houses the previous JSNA for the borough of Richmond. There is an interactive tool available on [DataRich](#) that provides information on population and equalities data. [DataRich](#) also include data on community safety, economy and employment, environment, housing etc. There are [videos and how to guides available](#) to help new users. Under [links and resources](#), you will find links to various other health, social care and local government data sources.

There are a number of tools that allow need and outcomes to be easily obtained. The site contains a vast range of 2011 Census data alongside data from a variety of other sources including the Office for National Statistics, NHS Digital, HM Revenue & Customs, Police Data, Ministry of Housing, Communities & Local Government and many more.

People and Place

The People and Place chapters of the JSNA provide an introduction, at a population level, to the sociodemographic characteristics of Richmond. The chapters cover all age ranges from birth to death at a macro level, providing an overview of the wider determinants of health for the residents of the borough.

Richmond – JSNA Overview

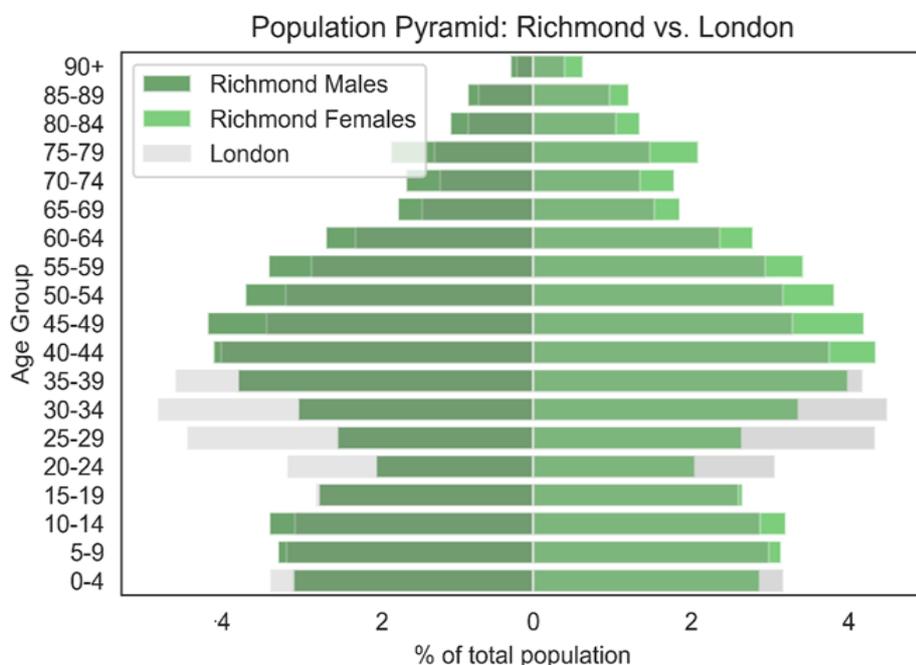
Richmond upon Thames is an Outer London Borough composed of eighteen wards that cover an area of 22.2 square miles - 57% of this area is made up by over 100 parks and open spaces.¹ A number of these are synonymous with the plentiful heritage sites and attractions that the borough offers such as Kew Gardens, Hampton Court Palace, Richmond Park and Bushy Park. Richmond also has 21 miles of river front and is the only borough where residents live on both sides of the river.

The borough has five larger town centres: Richmond, Twickenham, East Sheen, Teddington and Whitton, as well as several local centres including Barnes, Kew, St Margaret's and Hampton Village. These centres host between 10 and 15km of high street offering a variety of retail outlets and eateries.²

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

The population in Richmond is getting older (similarly to the trend in England and London), with the largest growth in the 80+ age group. As shown below, 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.

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



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

¹ [Greenspace Information for Greater London \(GiGL\)](#) Richmond upon Thames Data, 2019.

² [Ordnance Survey](#). OS Maps Britain's High Streets. 2019.

³ [GLA](#). Housing-led population projection (2016-based). 2016. Data used: 2016

Richmond – JSNA Overview

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

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.

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

As an Outer London borough, Richmond residents tend to access personal vehicles more than the London average. Despite this, fewer kilometres are being travelled by cars on Richmond roads and the borough has more active commuters than elsewhere in Outer London. This has had the effect of on air quality/emissions over time and improving physical health.

Air quality is a London wide issue with 6.2% of Richmond's mortality being attributed to air pollution; this is higher than England but lower than London. Since 2010, the borough has seen a decrease in emission of CO₂, NO_x and other pollutants. The largest sources of pollution locally were road transport, construction, and industrial and domestic health and power.

Richmond is one of the safest London boroughs. London has seen four consecutive years of crime increase and this is also the case in Richmond. This increase has been driven by rises in violent and vehicle crime. However, within the last year the borough saw a decrease in the number of offences

⁴ [London Data Store](#), Land Area and Population Density, 2001–2050. Data used: 2019

Richmond – JSNA Overview

apart from robbery which saw an increase of 35%. Personal robbery increased by 25% in 2017/18 from previous year and victimisation of the elderly increased with Richmond town centre being a prominent location.

The majority of Richmond’s residents own their property with a mortgage and 1 in 3 own their property outright. The median house price was the highest in outer London and the borough ranked 6th highest across London with median house price being £650,000- higher than the London and England.

The rate of homelessness in the borough was lower than the London rate but similar to England. Rough sleeping numbers in the borough increased from previous year to 128 rough sleepers. The borough with three-fifths being of UK national.

The borough has a range of health care assets

- Primary Care: There are 48 pharmacies and 31 GP practices, including 5 health centres, in Richmond. 92% of the borough’s population have access to GP by 15 minutes of walking or public transport. There are also 33 dental services and 28 optician services.
- Care homes - There are 43 residential and nursing care homes in the borough.

Map of Richmond Wards



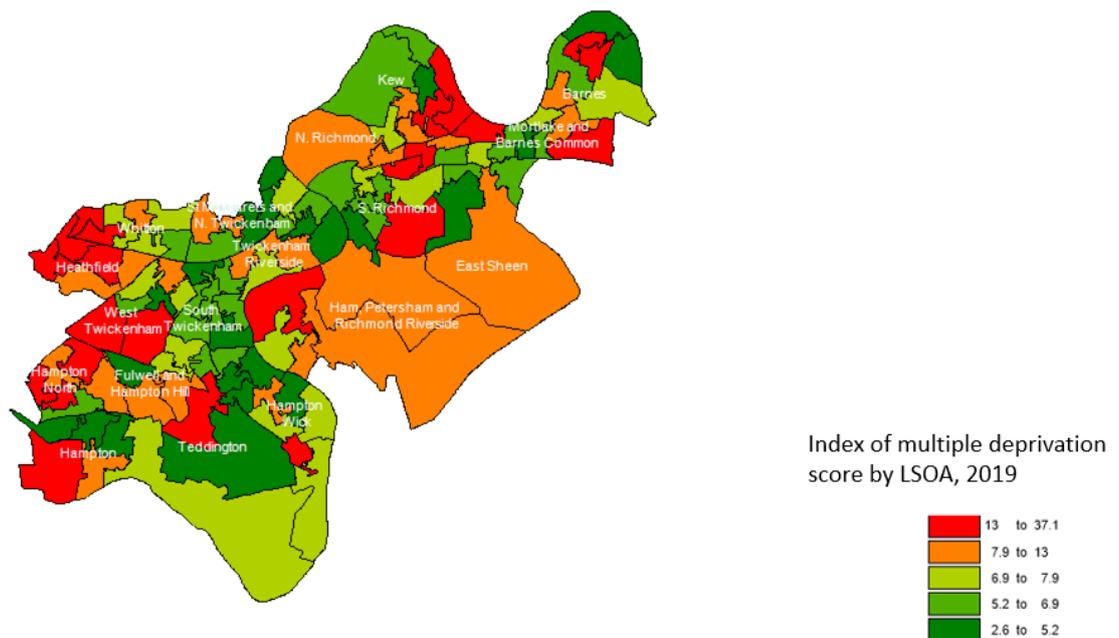
Deprivation

The Index of Multiple Deprivation 2019 provide a set of relative measures of deprivation for small areas (LSOAs) across England. An LSOA of rank 1 is the most deprived in England and an LSOA of rank 32,844 is the least deprived. Using these rankings, we can group LSOAs into quintiles of deprivation (1 being the most deprived and 5 the least). More information on deprivation in Richmond, including heatmaps and area reports can be found on the [DataRich website](#).⁵

The borough ranks within the least deprived third of LAs nationally for five of the seven deprivation domains (Barriers to Housing & Services; Education, Skills & Training; Employment; Health Deprivation & Disability; Income). Amongst these, Richmond has become relatively less deprived in the Barriers to Housing & Services domain, ranking 242/317 in 2019 compared to 190/326 in 2015. Like 2015, Richmond is the least deprived LA in England in terms of Education, Skills & Training, securing the highest rank of 317 in 2019.

Map of Index of Multiple Deprivation by Lower Super Output Area (LSOA) and Ward, 2019

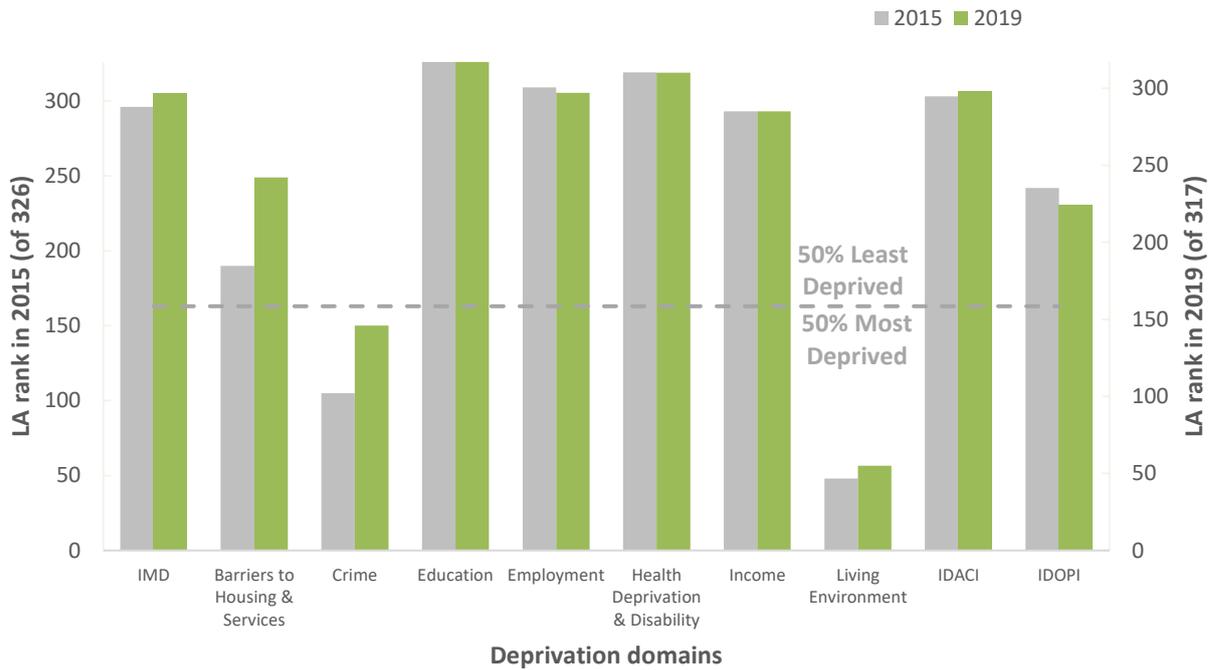
Index of Multiple Deprivation by LSOA



Source: [English Indices of Multiple Deprivation](#), 2019

⁵ [DataRich](#). Deprivation reports. 2019. Data used: 2019.

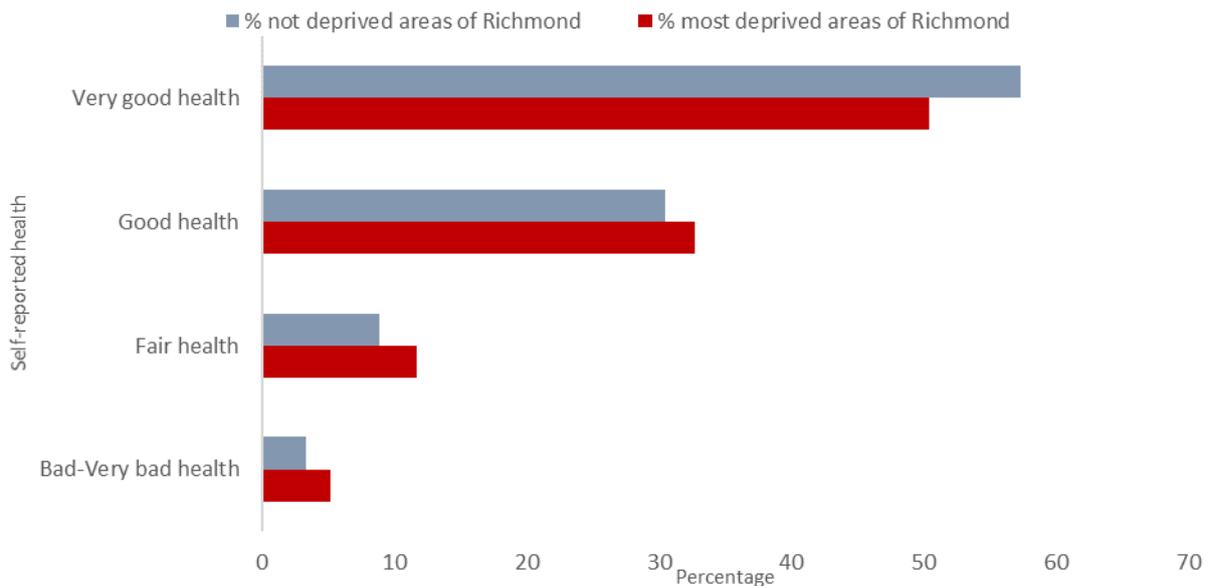
Richmond rank against other local authorities in England for IMD, 2015–2019



Source: Index of Multiple Deprivation via Gov.uk, 2015-2019

Health conditions are poorer in the top quintile for deprivation in Richmond. 5.2% of people living in the most deprived areas of the borough have bad or very bad health. This is compared to 3.3% in all other areas of Richmond. In addition, 50% living in these areas consider themselves to have very good health. This is lower than the remaining population in Richmond 57.3%.

Self-reported health by deprived and not deprived areas of Richmond, 2011



Source: Custom area report via DataWand

Sociodemographic Characteristics of Richmond

London Output Areas Classifications are based on 60 variables from the 2011 census and help to summarise the sociodemographic characteristics of an area. Compared to London, Richmond has a notably lower proportion of areas classified as High Density & High Rise Flats, Urban Elites and City Vibe. The borough also has notably lower proportions of Settled Asians and Multi-Ethnic Suburbs compared to Outer London. Across these groups, there are several similarities that are disparate to Richmond's key characteristics including a younger age structure (including more school-age children and students), a large representation of BME groups and a higher population density. Where City Vibe and Urban Elites do exist, these tend to be in the east of the borough, in the Richmond wards, Kew and Barnes. There is also a cluster of Settled Asians and Multi-Ethnic Suburbs in Heathfield and Whitton.

Three most common population segments in Richmond, based on London Output Area Classification

London Life-Cycle: Predominantly white ethnic composition with households covering the full family life-cycle (fewer households with students or dependent children compared to London). Residents are highly qualified, employment rates are high and employment is concentrated in technical, scientific, finance, insurance and real-estate industries. 69% (267) of London Life-Cycle OAs (or 43% of the total 615 OAs) fall within the 'City Enclaves' subcategory, defined as having a younger age structure and evidence of residents from pre-2001 EU states.

London Life-Cycle defines much of the borough, particularly the internal areas (less prominent in outer wards).

Ageing City Fringe: Many residents aged over 45 and many above state pension age. High levels of marriage and established white residents very much in evidence. Relative to London, representation of ethnic minorities and EU migrants is low. Levels of qualifications are low, as might be expected for these age cohort. Levels of unemployment are very low.

The Ageing City Fringe is most prominent in the outskirts of Richmond, namely in East Sheen, Whitton, Heathfield, Hampton North and Hampton.

Intermediate Lifestyles: Predominantly in later stages of life-cycle, white and born in the UK with few dependent children. Employment is average for London and tends to be in intermediate occupations. Levels of highest qualifications are below the average.

Intermediate Lifestyles are scattered throughout the borough with no clear geographical pattern.

Local Business and Employers

In 2018, Richmond was home to 15,115 local business units; of which 93.1% were micro (employing less than 10 employees) and 0.3% are large companies (employing over 250 employees). Of those enterprises that formed in 2012, 44% survived up to 5 years.

Additional information on local business and employers can be found on [DataRich](#).

- By industry, the largest number of enterprises in Richmond were Professional, Scientific and technical (n=4,040; 30.1%), Information and communication (n=2,270; 16.9%) and business administration and support services (n= 1,285; 9.6%).

Gross value added is a measure of the increase in the value of the economy due to the production of goods and services. The borough's total GVA in 2017 was £6,123 million. The largest industry group was real estate which contributed £2,048 million to the total GVA. Apprenticeships are paid jobs that incorporate on-and off-the-job training leading to nationally recognised qualifications. They can earn as they learn and gain practical skills in the workplace. Apprenticeships achieved refers to the number of apprenticeships successfully completed. In 2017-18, 32% of Richmond's apprenticeships were achieved in business, administration and law, 20% were achieved in health, public services and care and 20% in retail and commercial enterprise.

Life Expectancy and Mortality

In general, people in Richmond live longer than the national and London averages. Females in the borough live 3.4 years longer than males, but a recent decline in healthy life expectancy means that women spend longer in poor health than previously and spend longer in poor health than men.

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.

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.

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 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.

Females: In 2017-19, life expectancy in females in the borough was 86.3 years which was 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.

Healthy Life Expectancy at Birth

Healthy life expectancy (HLE) 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. The trend in male life expectancy at birth steadily increases, whilst female HLE trend is decreasing. For both sexes HLE in 2017–19 has decreased from the previous year.

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. Locally, healthy life expectancy has been consistently high, although men are living 3.1 years longer in good health than they were in 2009–11.

Females: In 2017–19, healthy life expectancy at birth in females in the borough was 68.1 years which was higher than the England average of 63.5 years and the London average of 64.0 years.

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 which was higher than the England average of 19.0 years and the London average of 19.7 years. Locally there was an increase over the years with men surviving 2.3 years longer at age 65 than they were in 2001–03.

Females: In 2017–19, female life expectancy at 65 years was 23.6 which was higher than the England average of 21.3 years and the London average of 22.3 years. Locally there was an increase over the years with females surviving 3.7 years longer at age 65 than they were in 2001–03.

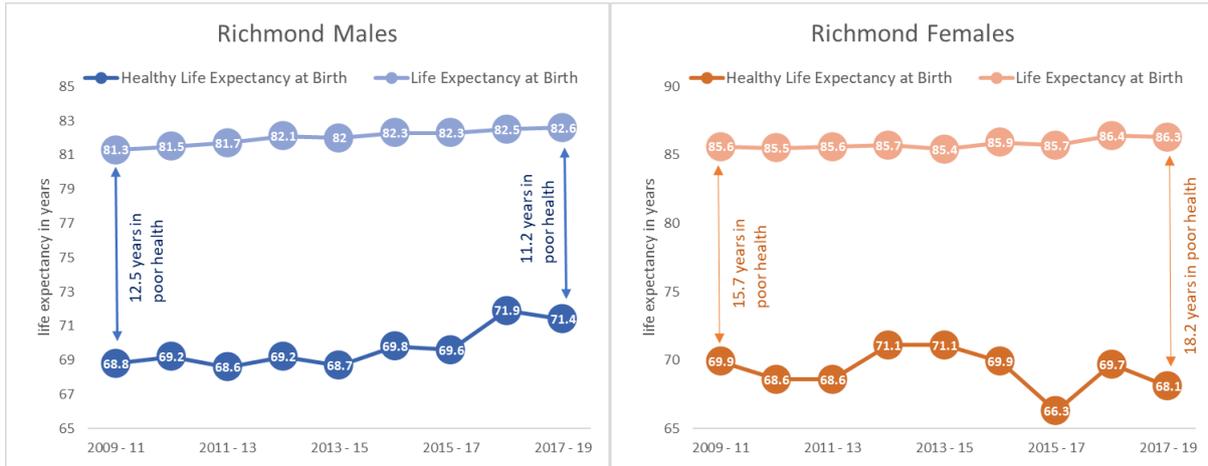
Life expectancy 2017–19 in Richmond, London and England.

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

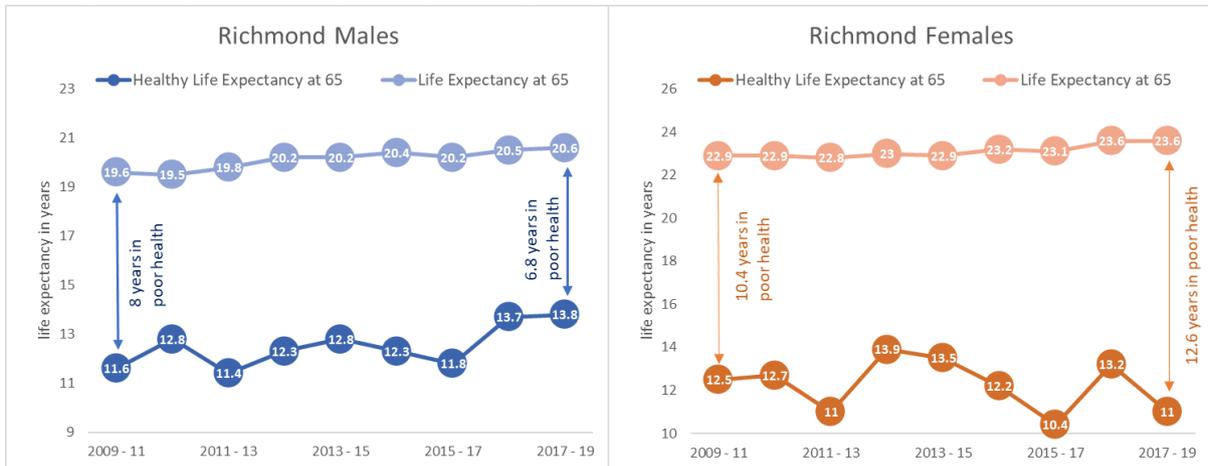
Richmond – JSNA Overview

Life expectancy and healthy life expectancy at birth in Richmond, 2009/11–2017/19



Source: ONS via PHE Fingertips Public Health Outcomes Framework

Life expectancy and healthy life expectancy at age 65 in Richmond, 2009/11–2017/19



Source: ONS via PHE Fingertips Public Health Outcomes Framework

Drivers of Inequality in Life Expectancy

[PHE's Segment Tool](#)⁶ 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 decile in Richmond (as per the English Indices of Deprivation) is used to observe inequality in life expectancy.

In 2017–19, a male living in the most deprived decile of the borough was expected to live 6.3 years shorter than his counterpart living in the least deprived. Among females the gap was smaller with those living in the most deprived quintile expected to live 1.5 years fewer than their counterpart living in the least deprived quintile of the borough.

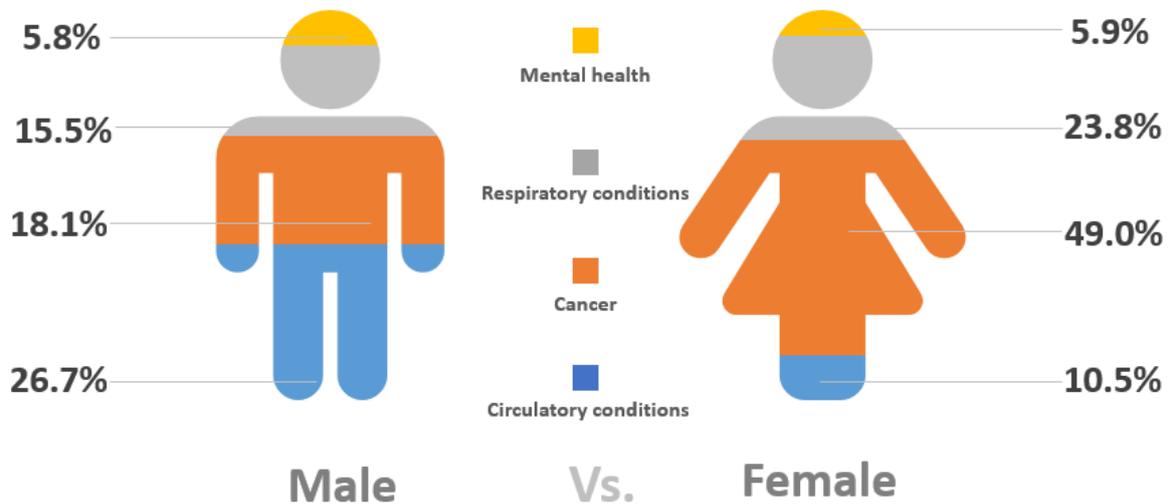
⁶ [Public Health England](#), Segment Tool. 2015-2017

Richmond – JSNA Overview

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 (43.9% or 3.2 years), whilst males aged 80+ contribute 26.3% (or 1.9 years) and 40–59 year olds contribute 23.9% (or 1.8 years). In females, the 60–79 age group disproportionately drives the inequality gap in life expectancy (68.8% or 2.7 years), with females aged 40–59 making the second largest contribution (21.0% or 0.8 years).

There is also 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).

Key differences of the life expectancy gap between the most and least deprived quintile in men and women in Richmond, by top causes of deaths, 2015–17



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

Mortality

Leading Causes of Deaths in Richmond

Top 5 causes of death in 2019 by age group – males and females					
Age group	1st	2nd	3rd	4th	5th
<5	Neonatal disorders	Congenital defects	Lower respiratory infections	Endo/metabolic/ blood/ immune	SIDS (sudden infant death syndrome)
5–14	Brain cancer	Congenital defects	Other malignant neoplasms	Road injuries	Endo/metabolic/ blood/ immune
15–49	Self-harm	Drug use disorders	Cirrhosis	Breast cancer	Ischaemic heart disease
50–69	Ischaemic heart disease	Lung cancer	Breast cancer	Colorectal cancer	Cirrhosis
70+	Ischaemic heart disease	Alzheimer's disease	Lower respiratory infections	Stroke	COPD

Key:

Non-communicable diseases
Communicable, maternal, neonatal, and nutritional diseases
Injuries

Source: [Global Burden of Disease](#). 2019

Premature Mortality (Under 75 Mortality)

There were 1,176 deaths among those aged under 75 during the 2017–19 period in Richmond, at 245 deaths per 100,000 people, this is a lower rate than both London and England. With a gradually decreasing trend, there are now 142 fewer premature deaths in the borough than in 2001–03. Locally, the largest contributors to premature mortality were Cancer (42%), Cardiovascular Disease (21%) and Respiratory Disease (9%).

Across Richmond's [Mortality Profile](#), the premature mortality rate was generally significantly less in Richmond compared to London and England. 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 and 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 year olds receiving an NHS Health Check is significantly worse than both London and England.

People with Serious Mental Health Illness, such as Bipolar and Schizophrenia, are at an increased risk of premature mortality. In Richmond, the extent to which adults with a Serious Mental Health Illness die prematurely compared to adults in the general population is 197% higher. 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.

Following a reduction in the number of suicides in Richmond between 2010–12 and 2012–14, there has been a recent increase to 2010–12 levels with 46 deaths from suicide, highest annual number in the last two decades.

Under 75 (premature) mortality counts and rate per 100,000 residents aged under 75, 2017–19

	Richmond - n	Richmond - rate	London - rate	England - rate
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

Source: [PHE Fingertips: Mortality Profile](#)

Preventable Mortality

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, compared to 10.7 per 100,000 in females).

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.

Start Well

0–17 year olds

The Start Well Chapter covers ages 0–17 of the Richmond population. It provides an in-depth overview from conception through to 17 year olds. Data for this Chapter was extracted from PHE – Child and Maternal Health.

Conception, Pregnancy and Birth

Fertility rate in Richmond is similar to London and England and is declining. Teenage conceptions have slightly increased, 2018 saw 32 under 18-year olds becoming pregnant. 1 in 45 women smoked at the time of delivery in Richmond, and LARC was more likely to be chosen by those aged over 25 years.

- In 2019, Richmond's **fertility rate** of 58.3/1000 (n=2,181) is similar to the London and England averages of 58.9/1000 and 57.7/1,000 respectively, and the trend has shown a decline since 2010.
- In 2018 **teenage pregnancy rate**, (10.2/1000) is lower than the London (13.9/1000) and England (16.7/1000) averages with 32 under 18-year-old girls becoming pregnant in 2018. 63% (n= 20) of these **conceptions led to an abortion** which was higher than the England average of 53%.
- Over a quarter of England **abortions in under 25-year olds** are repeat abortions; in 2019, the proportion of under 25 repeat abortions in the borough was 34.4% (n=65), which was higher than the London and England rates of 30.7% and 27.7% respectively.
- Compared with singletons, babies from multiple births have much higher rates of stillbirth, neonatal mortality, infant mortality, preterm birth, low birth weight and subsequent developmental problems. Rates of multiple birth are influenced by differences in the proportions of older women giving birth. In 2018, there were 46 (20.3/1,000) **multiple births** in Richmond; the rate was higher than the London and England averages of 17.2/1000 and 15.4/1000 respectively. The borough rate has decreased since 2017.
- Those under 25-year were less likely to **choose Long Acting Reversible Contraception (LARC)**, compared with over 25s. In 2019, 24.9% (n=285) of under 25s in Richmond chose LARC, compared to 48.6% (n=615) of over 25s, with the latter being lower than the than the London and England averages.
- **Smoking in pregnancy** increases the risk of miscarriage, low birth weight, stillbirth and premature birth. In 2019/20, 3.2% of women (n=56) smoked at the time of delivery in the borough which was an increase from previous year's rate of 2.2%. Richmond was lower than the London and England averages of 4.8% and 10.4% respectively.

Richmond – JSNA Overview

Richmond babies get a similar or better start to life than babies in London or England. The borough performs better in terms of low birth weight babies and breastfeeding initiation. The under 18 birth rate was the lowest compared to the other London boroughs. Births to mothers aged under 20 has been increasing. Around 1 in 7 births were to mothers from black and minority ethnic groups, similar to the BAME proportion in the general population.

- In 2018 **under 18s birth rate** (age 15–17 years) in the borough was 1.9/1000 (n=6) which was a 60% decrease from 2015. In 2017, there were 29 **births to mothers aged under 20** (1.2%), an increase from 1.3/1000 in previous year.
- **Premature birth (less than 37 weeks gestation)**, which is linked to smoking during pregnancy, was also lower in the borough at 77.6/1000 in 2016–18 (n= 568), in comparison with a the England average of 81.2/1000 and the London average of 79.2/1000. Premature birth rate in Richmond has been increasing in the last decade – by more than 22% since 2006–08. This contrasts with the quite stable London’s rate over the same time period.
- **The percentage of low birth (under 2500g) weight of term babies** in 2019 at 2.65% (n=53), was lower than England and London, and 7th lowest across the London boroughs. The **percentage of very low birth weight of all babies** (under 1500g) was 0.79% (n=18) which was lower than London and England’s proportion.
- Between 2016–18 Richmond’s **stillbirth rate** (foetal deaths occurring after 24 weeks of gestation) reached 3.3/1000 (n=23) and the borough ranked 3rd lowest across London. Risk factors associated with this are maternal obesity, ethnicity, smoking, pre-existing diabetes and a history of mental health problems. The boroughs’ **infant mortality rate** (infant deaths under 1 year of age) has been declining until 2016–18 the rate in the borough was 1.5/1,000 (n=11); in 2017–19 the rate has increased to 2.2/1,000 with 15 infant deaths in the borough. Richmond’s rate remains the lowest in London and significantly lower than the England average.
- In 2016/17, the percentage of **deliveries to mothers from black and minority ethnic (BAME) groups** was 17.8% (n=340), which was lower than the London and England averages of 40.4% and 20.3% respectively.
- Increases in **breastfeeding** are expected to reduce illness in young children, have health benefits for the infant and the mother and result in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants. Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity. The latest available data for Richmond was for 2014/15 as more recent information could not be published due to data quality issues. In 2014/15, 91.1% (n=2,403) mothers initiated breast feeding in the first 48 hours after delivery in Richmond. This value was higher than the London and England averages of 86.1% and 74.3% respectively.

School

In 2018, 1 in 13 pupils in Richmond were eligible for and claiming free school meals, with 1 in 2 achieving a good level of development at the end of reception year. Obesity rate doubles between reception (4.7%) and year 6 (11.1%). 1 in 8 pupils had special educational needs (SEND), which was lower than

the London and England rates and compared to the London boroughs Richmond was the 5th lowest rate. Rates of children with Autism known to schools has seen an increase nationally across the years and in Richmond there were 432 children with Autism.

- The percentage of **pupils known to be eligible for and claiming free school meals** has shown a declining trend since 2014 and reached 7.7% (n=2,104) in 2018. This rate was lower than the London and England averages of 15.6% and 13.5% respectively and the borough ranked 2nd lowest across London. The **percentage of children with free school meal status achieving a good level of development at the end of reception** has been declining between 2015/16 (60.7%) and 2017/18 (57.7%). 2018/19 proportion of 58.2% has increased slightly from the previous year. The latest Borough figure is higher than the England average of 56.5% but much lower than the London average of 64.1%. The borough ranked 4th lowest across London.
- In 2018/19, 80.6% (n=2,006) of children **achieved a good level of development at the end of reception**. The borough was significantly higher than the London and England averages. This is in start contrast to the relatively low proportion of children on free school meals achieving a good level of development in reception.
- In 2019/20 the **prevalence of obesity (including severe obesity) amongst reception pupils** was 4.7% (n=70) and the borough was significantly lower than the London and England averages. Between 2015/16-2017/18 Whitton ward⁷ (more deprived) had the highest rate of obese reception year pupils at 10.3% and the lowest was within the ward of Twickenham Riverside (affluent ward) with a rate of 2.2%.
- The **prevalence of obesity (including severe obesity) amongst year 6 pupils** was 11.1% (n=175) in 2019/20; the borough's prevalence was significantly lower than the London and England averages. Between 2015/16–2017/18 Heathfield² ward (most deprived) had the highest rate of obese year 6 children at 22%, while the lowest was within the ward of Twickenham Riverside at 6.8%.
- In 2018 11.7% (n=3,183) of the borough's school **pupils had special educational needs** which was lower than the London and England averages of 14.4%. Compared against the London boroughs, Richmond ranked the 5th lowest across London.
- The proportion of **children in 2020 with moderate learning difficulties known to schools** in the borough was 12.7/1000 (n=358) which was significantly lower than the London and England averages. The proportion of **children with severe learning difficulties** was 0.7/1,000 (n=22). The proportion of **children with autism known to schools** shows an increasing trend over the years, and the borough rate reached 18.9/1000 (n=533) in 2020 which was a 159% increase from the 2015 value of 7.3/1000. Richmond's 2020 rate was lower than the London average of 20.4 but – for the first time – it was higher than the England average value of 18/1000.

Vaccination

Historically and currently, Richmond has been performing lower than the national average across all immunisation programmes. The borough faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility (affects data collection and accuracy), increasing population, increasing fiscal pressures and demands on health services, a decreasing vaccinating

⁷ Local Health. Prevalence of obesity in reception and year 6 pupils. 3-year average 2015/16-2017/18.

workforce and increase in vaccination hesitancy. Vaccination coverage for 1 dose of MMR and 2 doses of MMR in 5-year olds were lower than the benchmark goal of 95% as well as the London average. Vaccination coverage for Hib/MenC booster in 2 year olds and 5 year olds were both below the benchmark goal of 95% as well as the London average⁸.

- Population **vaccination coverage for 1 dose of MMR in 5-year olds** in 2019/20 was 91% (n=2,695), higher than the London average of 89.8% but lower the England average of 94.5%; the trend of the borough is decreasing. **MMR for 2doses in 5-year olds** was 76.6% (n=2,267) which was significantly lower than the England average (86.8%) and slightly below the London average of 76.9%.
- **Vaccination coverage for Hib/MenC booster in 2-year olds** has been increasing since 2016/17 and in 2019/2 the borough's rate reached 93.3% (n=2,331), which was lower than the benchmark goal of 95%. Similarly, **Hib/Men C booster vaccination coverage in 5-year olds** was increasing in the same time period but continues to be below the benchmark goal with a rate of 87% (n= 2,173) in 2019/20.
- **PCV booster vaccination coverage** in 2019/20 was also lower than the benchmark goal with a rate of 87.1% (n=2,177).

Mental Health

Emotional and mental health of children and young people is a key concern. There are an estimated 4,600 children aged 5–19 years old with a diagnosable mental health disorder. Bullying amongst 15 year olds is a concern with the borough having the highest rate across London.

- The proportion of **school pupils with social, emotional and mental health needs** was 2.13% (n=602) in 2020. The borough was lower than the London and England averages. The rate was 2.97% (higher than the England average of 2.67%) among secondary school aged and 1.65% among primary school aged children (significantly lower than England and London averages).
- The *Mental Health of children and young people in England*⁹ report states that 1 in 8 children have a **diagnosable mental health disorder** – that is roughly 3 children in every classroom. It is estimated that Richmond has 4,600 children aged 5–19 years old with a mental health disorder.
- The percentage of 15-year olds in the borough who were **bullied in the past couple of months**¹⁰ was higher than the London average of 50%. The borough rate in 2014/15 was 55.2% and was ranked highest across London.

⁸ Historically and currently, London performs lower than national (England) averages across all immunisation programmes. The challenges that London faces (which are the same challenges Richmond faces) in attaining high coverage and uptake vaccination rates is due to the high population mobility (this affects data collection and accuracy), increasing population (London's birth rate has increased resulting in a growing 0-5 population which puts pressure on existing resources such as GP Practices), increasing fiscal pressures and demands on health services and a decreasing vaccinating workforce.

⁹ [NHS Digital](#). Mental health of children and young people in England. 2017. Based on 12.8% of 5 to 19 year olds being identified as having a diagnosable mental health condition.

¹⁰ [PHE](#). Response from the What about YOUth Survey. Percentage who were bullied in the last couple of months

Health Behaviours

Approximately 1 in 15 fifteen-year olds in Richmond reported themselves as being regular smokers with Fullwell and Hampton Hill, East Sheen and South Twickenham having the highest rates. 1 in 5 fifteen-year olds have reportedly tried cannabis. 1 in 7 fifteen-year olds are physically active for at least 1 hour /day with around 1 in 2 consuming 5 or more portions of fruit and vegetable a day. 1 in 6 five-year olds experience tooth decay in the borough.

- The **percentage of 15-year olds in the borough who reported themselves as being regular smokers** in the WAY survey in 2014/15 was 6.7% which was higher than the London average and the highest London borough out of 32. Fullwell and Hampton hill, East Sheen and South Twickenham wards had the highest percentage of regular smokers at 7.6% each. The lowest rate was seen within Heathfield, at 4.5%¹¹ [Local health].
- The **percentage of 15-year olds who have ever tried cannabis** was higher in Richmond, at 18.6%, compared to the London and England averages of 10.9% and 10.7% respectively in 2014/15.
- Locally, in 2014/15, among 15 years olds 24.5% had been **drunk in last 4 weeks**, 8.6% were **regular drinkers** and 65.5% had **ever had an alcohol drink**. These were all higher than the London and England averages.

Live Well

18–64 year olds

The Live Well Chapter covers ages 18–64 of the Richmond population. It provides an in-depth overview from of the Richmond population from early adulthood to before the average retirement age.

Lifestyle

Obesity, Healthy Eating and Physical Activity

Adult obesity has declined in Richmond which could be a result of local adults being more physically active than elsewhere, however the trend in proportion of physically active adults and people walking or cycling to work has been decreasing. Adults meeting the recommended 5-a day for fruit and vegetables was higher locally than the London and England averages.

- The **percentage of adults (aged 18+) classified as overweight or obese** in Richmond was 51.7% in 2019/20. This was a 3.2% decrease from previous year's value, and the borough was lower than the London and England averages of 55.7% and 62.8% respectively.
- In 2019/20 the **rate of finished admission episodes with a primary diagnosis of obesity** in Richmond was 14/100,000¹² which was lower than the London and England values. The rate of admissions has been increasing in the last two years.
- Local adults are more physically active compared to London and England. The **percentage of physically active adults 19+ years**, doing at least 150+ minutes moderate intensity minutes

¹¹ [Local Health](#). Smoking prevalence at age 15, regular smokers (modelled prevalence). 2014

¹² Statistics on obesity, physical activity and diet- England. [NHS digital](#).

Richmond – JSNA Overview

physical activity per week, was 73.9% in 2019/20 locally, which was significantly higher than the London and England averages; and the **percentage of physically inactive** (engaging in less than 30 minutes of physical activity per week) adults has consistently been lower than the London and England averages throughout the years with the proportion of adults being 17.1% in 2019/20.

- In 2018/19 the **percentage of adults (aged 16+) walking for travel at least 3 days per week** was 35.5%, which was lower than previous year's but higher than the England and London values. The **percentage cycling for travel at least 3 days per week** in 2018/19 was 8.0% which was also lower than in previous year and higher than England and London.
- In 2017/18 the **proportion of the population (aged 16+) meeting the recommended '5-a-day' of fruit and vegetable** on a 'usual day' was higher than the London and England averages at 64.4%. Richmond was the highest borough in London.

Alcohol

Alcohol consumption is high locally. Richmond had the seventh highest rate of litres of alcohol sold per adult through the off-trade in London, with wine sales being the most popular. 1 in 3 adults in Richmond drink over 14 units of alcohol a week which is higher than London and England and there were an estimated 1400 dependent drinkers in the borough. Alcohol continues to be a key contributor to hospital visits with 3,500 hospital visits in 2018/19 attributed to alcohol related conditions and 950 due to alcohol specific conditions. Locally 59 people died from alcohol related conditions in 2018.

Alcohol Consumption

- Richmond **adults consume on average 5.8L of alcohol from off-licenses** and 2011/14 data showed that 1 in 5 (18.8%) local adults binge drank on their heaviest drinking days, almost 1 in 3 (35.1%) drank more than 14 units a week and less than one in 10 did not drink (8.9%). These levels were some of the highest in London. While this data is old, it showed that local drinking levels were higher, likely due to a large young adult population.
- An estimated 0.95% of local adults were **dependent drinkers**, that would be 1,417 individuals based on 2019 population estimates.
- The total number of **individuals who received treatment at a specialist alcohol misuse service** in 2017/18 was 227. Richmond ranked 7th lowest compared against the London boroughs.
- **Successful completion of alcohol treatment** was at 45.5% in 2019, which was higher than the London and England averages and the 9th highest across London.

Alcohol Related Morbidity and Mortality

- **Admission episodes for alcohol-related unintentional injuries (narrow)** in 2018/19 was 145.4/100,000 (n=263) and has been consistently increasing by more than 35% over the last 5 years. The borough's latest rate has almost equalled the rates of London and England, 148.1 and 152.5 per 100,000, respectively. Admission episodes were almost 3 times higher in males at 219/100,000 compared to females 83/100,000.
- In 2018/19 **admission episodes for intentional self-poisoning by an exposure to alcohol (narrow)** was significantly higher in Richmond, 28.2/100,000 (n=53), compared to the London average, 16.8/100,000. The borough ranked 3rd highest across London and has reduced slightly from previous year.

Richmond – JSNA Overview

- In 2018/19, alcohol was a contributing cause in 3,500 **alcohol-related conditions** (1,989 per 100,000 population). The rate has been consistently increasing in the last 10 years; by 70% since 2008/09, in comparison with a 59% increase in London's rate and 44% increase in England's rate over the same time period. Males' rates are twice as high as females' rate.
- In 2018/19 there were 949 **alcohol-specific conditions** in Richmond (525 per 100,000) – the rate has also been steadily increasing over the last 10 years, by more 23% - in comparison with a 4.9% and 9.6% increases in London and England during the same time period.
- During 2018/19, residents had 1,702 **alcohol related cardiovascular admissions** and 185 **alcohol related cancers**. The age group with highest rate of admissions was over 65 years olds; males had more admissions than females.

Smoking

Smoking prevalence has increased in the borough, with generally higher rates of smoking were seen in males and those in routine and manual occupations. 1 in 4 adults with long term mental health conditions and 1 in 4 adults with Anxiety and Depression in the borough smoke. Nationally, smoking prevalence is highest amongst Gypsies and travellers as well as white and black Caribbean's and Chinese ethnic groups.

Smoking attributable deaths from Heart Disease, Stroke, and Lung Cancer all showed a reduction from previous year. COPD mortality rates also showed a declining trend since 2013–15.

477 smokers set a quite date and 307 successfully quit at 4 weeks.

Smokers

- In 2019, there were 12,172 smokers aged 18 and over in Richmond (**current smokers-Annual Population Survey**), 8% of the adult population – an increase of 35.6% from 5.9% prevalence calculated from 2018 survey data. Although the prevalence has increased in the latest year, it remains the lowest in London and significantly lower than the London and England averages of 12.9% and 13.9%, respectively. Smoking prevalence was higher in males compared to females as well as in those carrying out routine and manual occupations.
- **Smoking in adults with a long-term mental health condition** in 2019/20 the borough rate was 17.9% - a decrease from the previous year's figure of 24.7%, the 3rd lowest rate in London.
- In 2019/20, there were 22,493 **patients aged 15+ recorded as smokers on Richmond's GP registers** which was the lowest rate since 2013/14. The borough rate was significantly lower than the London and England rates and ranked lowest across London.

Mortality from Smoking

- Smoking remains the biggest single cause of preventable mortality and morbidity in the world and accounts for 1 in 6 of all deaths in England. In 2016–18, 461 deaths in the borough was **attributable to smoking** in adults aged over 35 years. The numbers have been declining over the years and the borough rate (160.2 per 100,000 population) was the 2nd lowest in London, 27% lower than London average and 36% lower than the England average. Nationally, smoking attributable mortality was higher in populations living in the more deprived deciles of the country.
- Between 2016–18, smoking contributed towards 190 **deaths from lung cancer**, 142 **deaths from chronic obstructive pulmonary heart disease**, 38 **deaths from heart disease** and 18 **deaths from oral cancer**.

Hospital Admissions

- **Smoking attributable hospital admissions rate** in Richmond was the 3rd lowest in London in 2018/19, 1,183/ 100,000 – lower than both London and England averages. The rate of decrease in smoking attributable admissions rate in the last decade in Richmond is twice as fast as in England. Again, hospital admissions nationally were higher in those living in more deprived areas.
- **The rate of emergency admissions for COPD**- an umbrella term for serious lung conditions that include chronic bronchitis and emphysema - reduced by 7% from previous year. The 2017/18 borough rate was 237/100,000 (n=227) which was lower than the London and England rates. Rates of admission were higher in males compared to females.
- **Lung cancer registration rate** - a direct measure of smoking-related harm – in 2016–18 was 60.6 per 100,000 population, 284 registrations in comparison with a 286 in 2015–17. Richmond's rate is the 3rd lowest in London.

Quitters

- The rate of **smokers setting a quit date** began to rise in 2017/18. In 2018/19, 477 (5,235/100,000) locals set a quit date which was similar to London and England. Similarly, **smokers that have successfully quit at 4 weeks** began to rise in 2017/18 and in 2018/19 there were 307 quitters in Richmond, which was higher than London and England.

Diabetes

- **Diabetes prevalence in Richmond patients aged 17+ years** in 2019/20 was 4.1% (n=7,720) which was lower than the London and England rates. The borough ranked the 2nd lowest across London. Diabetes prevalence in Richmond has been steadily rising over the last 10 years, with the latest prevalence rate being 20.7% higher than in 2009/10, compared to 31.2% increase in the England prevalence over the same time period.
- In 2018/19, 51.1% of Richmond's **patients with type 2 diabetes (n=2,950) received all 8 care processes** – the proportion is higher than the England and London averages and has been increasing for the last 3 years.

NHS Health Checks

- Between 2014/15–18/19, 41,174 (67.6%) of Richmond's **eligible population aged 40–74 were offered an NHS Health Check** – significantly lower proportion than the England and London averages of 87.7% and 93.6% respectively.
- Of those offered an NHS health check, 23,380 (38.4%) **received an NHS Health Check**. The trend for Richmond is declining with the latest borough proportion significantly lower than the averages for London and England.

Cardiovascular Disease

Patients aged over 15 years recorded as smokers in the borough was lower than the London rate. The borough was the 10th lowest in London for patients recorded to have Hypertension. Blood pressure recordings were poor and the borough ranked 3rd lowest in London.

Richmond – JSNA Overview

The borough ranked lowest in London for diabetic patients, and 4th lowest for patients with a record of heart failure. There was an increasing trend of patients recorded with atrial fibrillation.

- Risk factors associated with cardiovascular disease are smoking, Hypertension and blood pressure.
- In 2019/20, 9.7% (n=23,174) patients in Richmond were **recorded with Hypertension**. The borough rate was lower than the London and England average and ranked 10th lowest across London and decreasing.
- The percentage of **patients aged 45+ who have a record of blood pressure in the preceding 5 years** was 82.7% (n=78,000) in 2019/20, which was lower than the average percentage for London and England. There has been a declining trend in Richmond patients having a blood pressure recording and the latest Borough proportion is ranked 3rd lowest across London.

Heart conditions

- Coronary Heart Disease (CHD) is the single most common cause of premature death in the UK.
- In 2019/20, there were 4,547 (1.9%) patients registered with CHD in Richmond. The rate was lower than the London and England averages. In the same year, of the patients with coronary heart disease that are aged 80 and over, 87.4% (n=1,173) had **their last blood pressure reading (measured in the previous 12 months) as 150/90 mmHg or less** which was similar to the London and England averages.
- In 2017/18, there were 696 (430.5/100,000) **hospital admissions with a primary diagnosis of CHD** in Richmond. The borough rate was lower than the England average and ranked 9th lowest across London. There has been a declining trend in the borough since 2003/04.
- 442 of **patients on the practice disease registers were recorded to have heart failure**.
- 2019/20 and there were 235 **hospital admissions with a primary diagnosis of heart failure**. The latest Borough rate or 142/100,000 population has decreased from the previous year and is now the 3rd lowest rate in London.
- In 2018/19 there were 245 **deaths at home from heart failure** in Richmond which was significantly higher than the London and England averages. The borough ranked 5th highest across London.

Stroke

- In 2019/20, there were 2,790 (1.2%) of patients **recorded with stroke** on the GP practice disease registers in Richmond, which was higher than the London average but lower than the England average. The trend in prevalence for Richmond has been decreasing between the years 2013 and 2017 but started to rise again in the last two years.
- 3,476 (1.6%) of patients were recorded to have **atrial fibrillation** which was higher than the London average and the borough experienced an increasing trend in numbers since 2009/10.
- The rate of **all age stroke admissions** showed a declining trend in Richmond. The rate in 2019/20 was 174.3 per 100,000 population (n=295), which is the 9th lowest rate in London.
- In 2017–19, Richmond's **under 75 Stroke mortality rate** was 10.2 per 100,000 population (n=48), which is the 5th lowest rate in London.

Sexual Health

Sexually transmitted infections (STIs)

The rate of new STIs in Richmond was lower than the England average and the rate of STI testing was lower than the London averages. Of those tested for STIs, 1 in 50 tested positive for either syphilis, HIV, gonorrhoea and chlamydia. Rates of syphilis and gonorrhoea (a marker of high levels of risky sexual activity) have increased in the borough but the borough was lower than London. There were 287 new HIV diagnoses among people aged over 15 years and the borough ranked 4th lowest in London.

In 2019 there were 589 abortions in Richmond. 34.4% of abortions in females aged under 25 are repeat abortions, significantly higher proportion than the England average.

Almost 64% of females in Richmond prefer user-dependent methods of contraception while 50% prefer hormonal short-acting contraceptives.

- Overall, 1,541 (788/100,000) Richmond residents were diagnosed with **new sexually transmitted infections (STIs)** in 2018 which was lower than the England rate. In 2018, the **rate of STI testing (excluding chlamydia in under 25 year olds)** among those aged 15–64 years in sexual health services in Richmond was 22,883/100,000 (n= 28,929) which was lower than the London rate. Of those tested for STIs, 543 (1.98%) **tested positive for** syphilis, HIV, gonorrhoea and chlamydia, which was lower than the London average.
- Rates of sexually transmitted infections such as Syphilis and Gonorrhoea have increased in the borough, but the rates were still lower than London. In 2018, 35 people were diagnosed with **Syphilis** in Richmond and 214 were diagnosed with **gonorrhoea**. The diagnostic rates for both disease are increasing in Richmond.

Chlamydia

- **Chlamydia detection rate among the under 25-year olds** is a measure of chlamydia control activity aimed at reducing the incidence of chlamydia infection and interrupting transmission onto others. An increased detection rate is indicative of increased control activity.
- **Chlamydia detection rate in 15–24-year olds** increased by 18% in the borough to 1949/100,000 (n=342). This was below the benchmark goal (>2300). Detection rates in females, 2,402/100,000 was higher than males, 1,496 /100,000 and detection rates nationally were lowest within the least deprived deciles compared to the more deprived.

HIV

- In 2018, the number of people in the borough living with a **diagnosed HIV infection and accessing HIV care at NHS services** was 295 (2.5/1000 population). The borough ranked 4th lowest across London. In 2018, **HIV testing coverage** (number of persons tested for HIV) in the borough dropped by 6% in 2018 to 70.3% (n=4,564) which was higher than the England rate.
- In 2016–18, there was 50% of **HIV late diagnosis amongst heterosexual men** which was higher than the benchmark goal of 25%. The borough was similar to London and England. Similarly, **HIV late diagnosis in heterosexual women** was above the benchmark goal in Richmond at 66.7%. the borough performed poorly on repeat HIV testing in Men who have Sex with Men (MSM). In the 2018 the rate was 43.9% (n=261) which was lower than the London rate.

Abortion

- In 2019, 589 (15.7/1000 females) abortions took place in Richmond which was a 1.3% decrease from previous year. The borough rate was lower than the England rate and 2nd lowest across London. Within the under 25-year olds, there were 65 repeat abortions (34.4%, significantly higher proportion than the England average) and 33 abortions (17.5%) that occurred after a birth. 400 abortions occurred in women aged over 25 years.

Contraception

Long acting reversible contraceptives (LARC) prescribing increased and the borough ranked 3rd highest in London. LARC prescribing was higher in primary care services compared to SRH services. Women in Richmond preferred to use user-dependent methods of contraception rather than hormonal short-acting contraceptives or injections.

- The NICE guidelines advises that LARC methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD) are highly effective forms of contraception as they do not rely on daily compliance and are more cost effective than condoms and the pill. However, it is a priority to ensure that access to the full range of contraception is available to all.
- In 2019, the **total prescribed LARC rate excluding injections** rose by 10.6% from the previous year to 52.1/1000 (n=1,950). The rate was higher than the London and England averages with the borough ranking 3rd highest across London.
- In 2019, the rate of **LARC prescribed in primary care** was higher at 32.1/1000, compared to those **prescribed in other SRH services** at 19.9/1000.
- The **proportion of women choosing user-dependant methods at SRH services** (rely on daily compliance) was 57.1% in 2019 which was higher than the London and England values. The **percentage of women choosing hormonal short-acting contraceptives at SRH services** in 2019 was 44% (n=1,060) which was a 8.6% decrease from the previous year. The borough value was higher than the London and England averages.

Mental Health, Self-Harm and Suicide

Common mental health disorder rate was lower in the borough compared to the England. 7.3% of Richmond patients are affected by depression. 1,964 of patients in Richmond from mental health and 105, 10–24-year olds were admitted to hospital as a result of self-harm, higher than the London rate. 33 admissions to hospital were due to substance misuse in 15–24-year olds.

- In 2017, there were an estimated 20,430 (13.2%) of the borough's population aged 16 and over with a **common mental health disorder**, which was lower than the England average.
- In 2019/20 there were 13,669 (7.3%) **of patients aged 18+ with depression**, as recorded on the GP practice disease registers, lower than London and England averages. The number of patients with depression has been rising over the years in Richmond; in 2017/18 **1,551 patients with depression were recorded on the practice disease registers for the first time in the financial year.**

Richmond – JSNA Overview

- In 2017/18 there were 1,964 of patients in Richmond with **mental health** (patients with schizophrenia, bipolar affective disorder and other psychoses) as recorded on practice disease registers.
- In 2019/20, there were 295 **emergency hospital admissions for intentional self-harm**, the rate of 157.7/100,000 for Richmond was higher than London and ranked the highest across London but still significantly lower than the England average of 192.6 per 100,000 population.
- **Hospital admissions due to substance misuse** in 15–24 year olds increased by 24% raising the borough rate to 61.3/100,000 (n=33) which was similar to London.
- Number of **suicides** have been increasing in the borough since 2012–14 with the latest rate almost tripling the 2012–14 rate (15.1/100,000 in 2017–19 vs. 5.2/100,000 in 2012–14). Such rate of increase in is contrast to the stationary trends of England and London. In 2017–19 there were 46 suicides w of which 36 were males.

Drugs

- There were 15 **deaths from drug misuse** in 2016–18 in Richmond. Nationally, death rates were higher within the more deprived deciles and higher in males compared to females.
- In 2016/17 there was an estimated 623 (4.9/1000) **opiate and/or crack cocaine users** in the borough which was lower than the London rate .
- 398 locals received treatment at a specialist drug misuse service in 2017/18 and in 2017 the number of drug users of opiates that left drug treatment successfully was 20 (7.9%); similar to London and England. 49 (31%) non-opiate users successfully completed drug treatment, which was lower than the London average 39.2% and the borough ranked 4th lowest across London.

Premature Mortality and Preventable Mortality

Premature Mortality

Premature mortality rates have remained relatively static over the recent years with the rates of mortality higher in males compared to females. Premature death rates from cancer (with higher rates of death in breast cancer compared to colorectal cancer) and cardiovascular disease were higher compared to heart disease and stroke.

Premature mortality from diseases considered preventable in Richmond performed either better than or similarly to the London and England averages. The majority saw a decreasing or stationary trend with the exception of premature mortality from liver disease, where the borough saw an increasing rate from 2014–16 onwards.

- There was a steadily decreasing trend in **under 75 years mortality rates from all causes** since 2002–04; however the latest Richmond's figure for 2017–19 has increased from 240/100,000 in 2016–18 to 245/100,000 (n=1175) in 2017–19. The latest rate remains significantly lower than London and England averages.
- In 2017–19, the **rate of premature mortality from cardiovascular disease** was 48.2 per 100,000 population and has increased by 10% from the previous year. The rate was significantly lower than the averages for England and London.

Richmond – JSNA Overview

- **Premature mortality rate from breast cancer** was similar to London and England and in 2017–19 there were 50 (19.3/100,000) deaths in females. Whilst the overall trend for England is decreasing, the Richmond's rates are showing an increasing trend.
- **Premature mortality from colorectal cancer** was higher than England with the borough rate remained fairly constant over the years. In 2017–19, 59 (12.5/100,000) people aged under 75 died from Colorectal Cancer with rates higher in males.
- **Premature mortality from respiratory disease** has also seen the borough trend remain constant and was significantly lower than the London and England rates at 22.4/100,000 (n=104) in 2017–19.

Main Causes of Morbidity and Mortality

The Global Burden of Disease (GBD)¹³ provides modelled estimates of the burden of poor health and disability. The burden of disease analysis is a way to compare the impact of different diseases, conditions or injuries in a population and break it down by age group. For working age population two GBD age groups are available, 15–49 year olds and 50–69 year olds. The impact of disease on Richmond working age population can be divided into morbidity (living with a disease) and mortality (dying from a disease).

Morbidity in 15–49 year olds

The GBD provides modelled estimates of the burden that can be attributed to several risk factors. It uses years lived with disability (YLD) to attribute the burden of morbidity. YLD is a measure of morbidity that combines the prevalence of each disease with a rating of the severity of its symptoms (excluding death itself), to give an overall measure of the loss of quality of life.

In 2019, low back pain, depression, alcohol and drug use disorders, followed by headache disorders were the most common 5 causes of YLD in both Richmond and London males. In females, 3 of the top 5 causes are the same as in males (headache disorders, low back pain and depression); the remaining 2 top causes for females were gynaecological disorders and neck pain.

¹³ [Global Burden of Disease. 2019](#)

Conditions linked to the highest number of years of life lived with disability in males and females aged 15 – 49, Richmond and London, 2019

Top 5 conditions accounting for greatest burden of disease (YLD rate per 100,000 population, percentage of total YLD)						
Males and females aged 15–49						
Sex	Area name	1st	2nd	3rd	4th	5th
Males	Richmond	Low back pain (1083, 9.8%)	Depressive disorders (850, 7.7%)	Alcohol use disorders (837, 7.6%)	Drug use disorders (753, 6.9%)	Headache disorders (690, 6.2%)
	London	Low back pain (1034, 9.5%)	Depressive disorders (842, 7.7%)	Alcohol use disorders (827, 7.6%)	Drug use disorders (787, 7.3%)	Headache disorders (685, 6.2%)
Females	Richmond	Low back pain (1423, 10.2%)	Headache disorders (1413, 9.9%)	Gynaecological disorders (1250, 8.9%)	Depressive disorders (1168, 8.4%)	Neck pain (687, 4.9%)
	London	Gynaecological disorders (1417, 10.2%)	Headache disorders (1405, 9.9%)	Low back pain (1370, 9.9%)	Depressive disorders (1159, 8.4%)	Neck pain (645, 4.6%)

Key:

Non-communicable diseases

Source: [Global Burden of Disease](#). 2019

Morbidity in 50–69 year olds

In 2019, diabetes, low back pain, depression, osteoarthritis and hearing loss were the most common 5 causes of YLD in both Richmond and London males. In females, top 5 causes of YLD are the same as in males, except of hearing loss – in females the 5th most common cause of YLD are persistent headaches. For both, males and females, the order of top causes is the same in Richmond and London.

Conditions linked to the highest number of years of life lived with disability in males and females aged 50 – 69, Richmond and London, 2019

Top 5 conditions accounting for greatest burden of disease (YLD rate per 100,000 population, percentage of total YLD)						
Males and females aged 50–69						
Sex	Area name	1st	2nd	3rd	4th	5th
Males	Richmond	Low back pain (1825, 10.9%)	Diabetes (1665, 9.9%)	Depressive disorders (882, 5.3%)	Osteoarthritis (777, 4.6%)	Age-related hearing loss (760, 4.5%)
	London	Diabetes (1838, 10.7%)	Low back pain (1822, 10.6%)	Depressive disorders (880, 5.1%)	Osteoarthritis (761, 4.4%)	Age-related hearing loss (754, 4.4%)
Females	Richmond	Low back pain (2523, 13.2%)	Diabetes (1206, 6.3%)	Depressive disorders (1111, 5.8%)	Osteoarthritis (1077, 5.6%)	Headache disorders (1006, 5.2%)
	London	Low back pain (2515, 12.9%)	Diabetes (1324, 6.8%)	Depressive disorders (1109, 5.7%)	Osteoarthritis (1054, 5.4%)	Headache disorders (1006, 5.1%)

Key:

Non-communicable diseases

Source: [Global Burden of Disease](#), 2019

Mortality in 15–49 year olds

In 2019, self-harm/suicide was the leading cause of death in males aged 15–49 years, followed by drug use disorders, ischaemic heart disease, cirrhosis and road injuries . Top 5 causes of death in London were the same.

In Richmond’s females aged 15–49 years, breast cancer and self-harm/suicide were the most common causes of death, followed by cirrhosis, drug use and lung cancer. The order of top female causes of death in Richmond and London were also the same.

Cause of mortality ranked in males and females aged 15–49 in Richmond and London, 2019

	Cause of death, 2019				
	Males and females aged 15–49 (death rate per 100,000, percentage of total deaths)				
	1st	2nd	3rd	4th	5th
Richmond Males	Self-harm (8.9, 13.0%)	Drug use disorders (6.4, 9.4%)	Ischaemic Heart Disease (5.5, 8.1%)	Cirrhosis (5.4, 8.0%)	Road injuries (4.3, 6.4%)
London Males	Self-harm (10.8, 13.3%)	Drug use disorders (7.2, 8.8%)	Ischaemic Heart Disease (7.2, 8.8%)	Cirrhosis (6.0, 7.4%)	Road injuries (5.5, 6.7%)
Richmond Females	Breast Cancer (6.8, 15.1%)	Self-harm (3.4, 7.5%)	Cirrhosis (2.9, 6.5%)	Drug use disorders (2.7, 5.4%)	Lung Cancer (1.9, 4.3%)
London Females	Breast Cancer (6.7, 13.0%)	Self-harm (3.4, 7.1%)	Cirrhosis (2.9, 6.3%)	Drug use disorders (2.4, 5.1%)	Lung Cancer (2.0, 4.1%)

Key:

Non-communicable diseases
Injuries

Source: [Global Burden of Disease](#). 2019

Mortality in 50–69 year olds

In 2019, ischaemic heart disease was the leading cause of death in males aged 50–69 years in Richmond, followed by lung cancer, cirrhosis, COPD and colorectal cancer. Top 5 causes of death in London were the same and in the same order, except of the last two: COPD being the fourth most frequent cause in London and the fourth in Richmond; whilst colorectal cancer being the fifth most frequent cause in London but the fourth most common cause in Richmond.

In Richmond’s females aged 50–69 years, lung cancer and breast cancer were the most common causes of death, followed by ischaemic heart disease, COPD and colorectal cancer. The order of top 3 female causes of death in Richmond and London were also the same with colorectal cancer being the fourth most frequent cause of death in Richmond but the fifth most common cause in London.

Cause of mortality ranked in males and females aged 50–69 in Richmond and London, 2019

	Cause of death, 2019				
	Males and females aged 15–49 (death rate per 100,000, percentage of total deaths)				
	1st	2nd	3rd	4th	5th
Richmond Males	Ischaemic Heart Disease (77.5, 15.7%)	Lung Cancer (46.6, 9.4%)	Cirrhosis (27.1, 5.5%)	Colorectal Cancer (24.7, 5.0%)	COPD (22.4, 4.5%)
London Males	Ischaemic Heart Disease (126.6, 18.3%)	Lung Cancer (74.1, 10.7%)	Cirrhosis (37.0, 5.3%)	COPD (35.4, 5.1%)	Colorectal Cancer (31.5, 4.5%)
Richmond Females	Lung Cancer (51.5, 13.2%)	Breast Cancer (46.3, 11.9%)	Ischaemic Heart Disease (26.9, 6.9%)	Colorectal Cancer (19.8, 5.1%)	COPD (19.7, 5.1%)
London Females	Lung Cancer (56.0, 12.4%)	Breast Cancer (49.4, 10.9%)	Ischaemic Heart Disease (35.3, 7.8%)	COPD (25.6, 5.7%)	Colorectal Cancer (21.1, 4.7%)

Key:

Non-communicable diseases

Source: [Global Burden of Disease](#). 2019

Mortality risk factors in 15–49 year olds

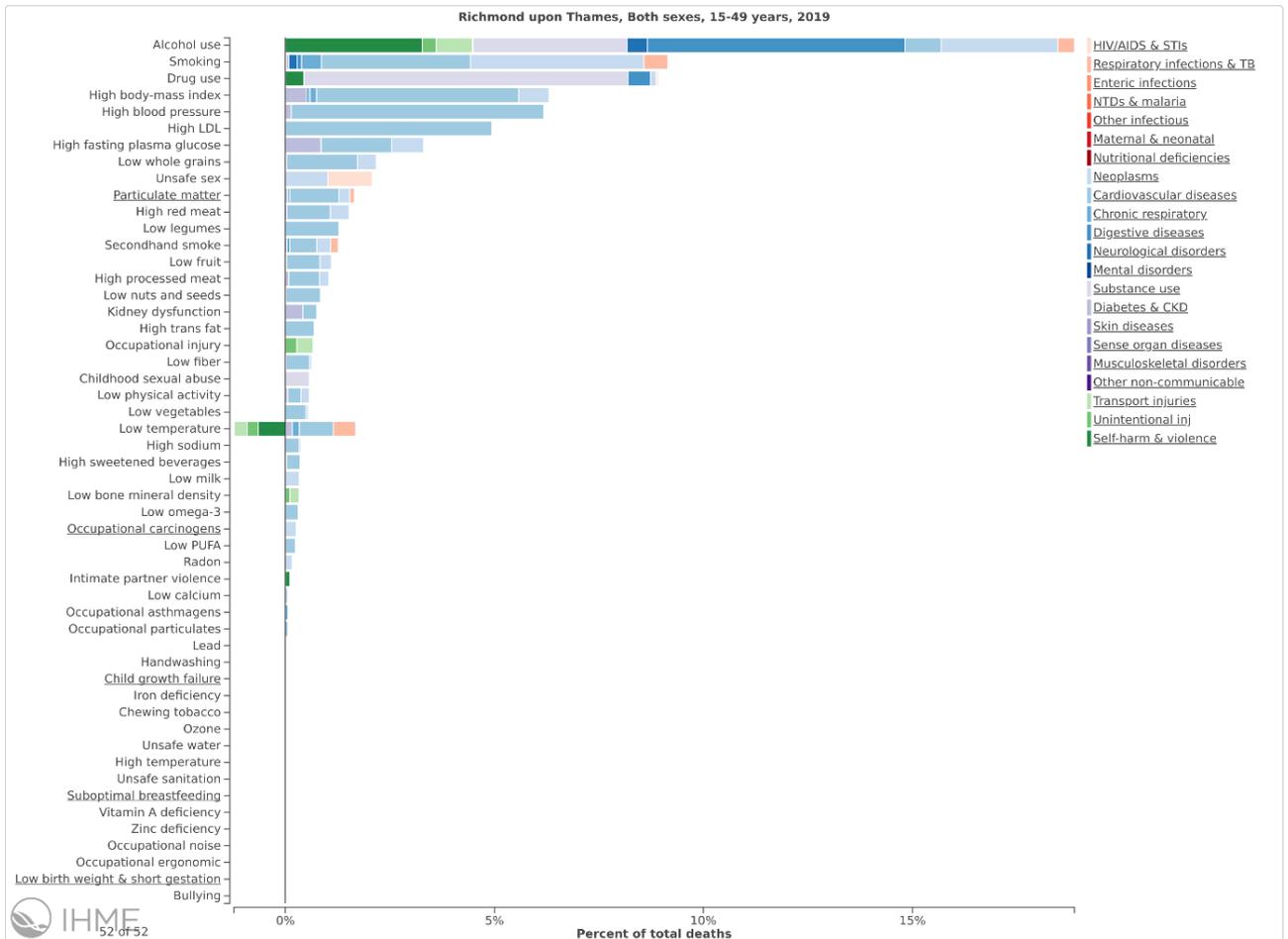
Causes of death in the population are influenced by a broad range of factors. Using the Global Burden of Disease, certain risk factors for disease can be ranked based on the proportion of deaths they are associated with. Risk factors are divided into 3 main groups: behavioural, metabolic and environmental.

The risk factors accounting for the highest proportion of deaths among those aged 15–49 years were alcohol use, tobacco use and drug use. Alcohol use was by far the most significant risk factor and contributed mainly to deaths from suicide/self-harm, neurological disorders and cancers.

Tobacco, active and passive smoking, contributed the deaths from cardiovascular disease and cancers.

Richmond – JSNA Overview

Attribution of deaths to risk factors broken down by broad cause of death in 15–49 year olds in Richmond, 2019



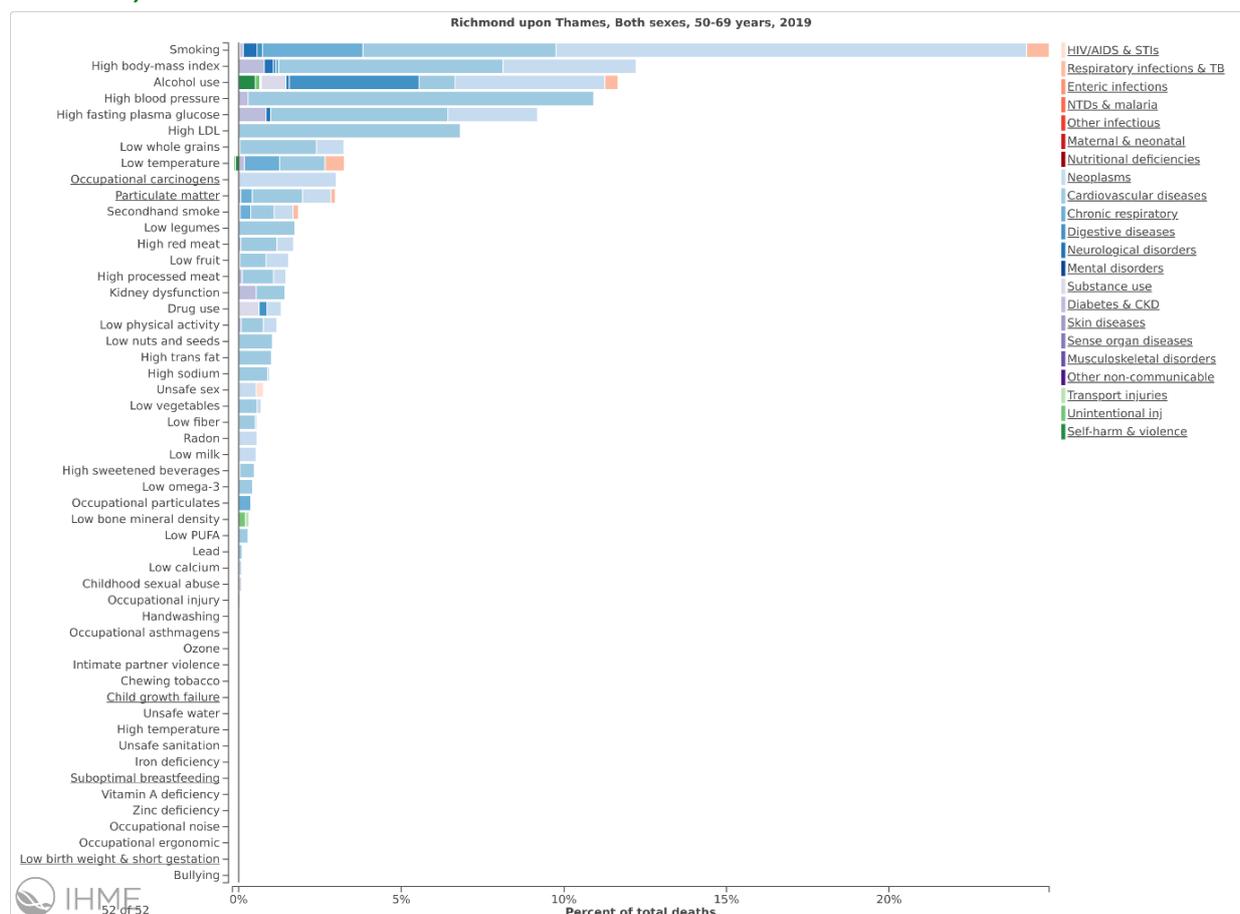
Source: [Global Burden of Disease. 2019](#)

Mortality risk factors in 50–69 year olds

The risk factors accounting for the highest proportion of deaths among those aged 50–69 years were tobacco use, high BMI and alcohol use.

Tobacco, active and passive smoking, contributed to the deaths from chronic respiratory disease, cardiovascular disease and cancers. High BMI contributed mainly to the CVD and cancer deaths. High alcohol use was mainly contributing to digestive disease and cancer deaths.

Attribution of deaths to risk factors broken down by broad cause of death in 50–69 year olds in Richmond, 2019



Source: [Global Burden of Disease, 2019](#)

Cancer and Cancer Screening

The borough recorded cancer prevalence was 2.7%, the 4th highest in London. Breast cancer coverage ranked 6th highest in London. Cervical and bowel cancer screening rates were also relatively high, 7th and 3rd highest in London, respectively. There 1020 emergency hospital admissions in patients with cancer.

- In 2018/19, Richmond's GP recorded cancer prevalence was 2.7% (n=5985), which is the 4th highest rate in London, 8.8% lower than the England average and 33.6% higher than the London average.
- In 2020, Richmond's breast cancer screening coverage in females aged 50–70 was 73.5%, which is the 6th highest rate in London, 0.7% lower than the England average and 9.4% higher than the London average. The latest Borough figure for 2020 was also 1.8% higher from 2010, in comparison with a 3.7% decrease in England's rate in the equivalent time period.
- In 2019/20, Richmond's proportion of females aged 25–64 attending cervical screening was 69.5%, which is the 7th highest rate in London, 3.8% lower than the England average and 6.5% higher than the London average.
- In 2020, Richmond's bowel cancer coverage in people aged 60–74 was 62.6% (n=17139), which is the 3rd highest rate in London, 1.9% lower than the England average and 11.5% higher than the London average.

Richmond – JSNA Overview

- In 2019/20, Richmond's crude rate of cancer emergency admissions was 458.6 per 100,000 population (n=1020), which is the 7th highest rate in London, 17.7% lower than the England average and 20.6% higher than the London average. The latest Borough figure for 2019/20 was also 23.2% higher from 2012/13, in comparison with a 5.3% increase in England's rate in the equivalent time period.

Patients on Disease Registers

Musculoskeletal Conditions

12.9% of patients in Richmond are affected by a long-term back or joint pain. Around 1 in 5 patients with MSK are also affected by Depression or Anxiety. 8.3% of Richmond population is affected by MSK and another long-term condition.

- In England, low back and neck pain was ranked as the top reason for years lived with disability. MSK conditions are known to impact quality of life by increased pain, limiting range of motion and impacting the ability to take part in daily life such as attending work. The percentage of people aged 18+ reporting an MSK condition, either long term back pain or long-term joint pain, has been decreasing for the last 2 years. The latest figure for Richmond was 12.9%, which is the 8th lowest rate in London , 37.4% lower than the England average and 11.3% lower than the London average. The latest Borough figure was also 14.5% lower than in 2018, in comparison with a 1.2% decrease in England's rate in the equivalent time period.
- 1 in 5 locals reporting a long term MSK problem also reported depression or anxiety. The borough rate was similar to England and ranked 5th lowest across London.
- People with a musculoskeletal condition are also likely to have another long-term condition. In 2020, Richmond's proportion of population reporting at least two long-term conditions, at least one of which is MSK related was 8.3%, which is the 8th lowest rate in London , 37.4% lower than the England average and 11.3% lower than the London average.

Learning Disability

The borough had a lower rate of patients recorded to have learning disabilities compared to England and ranked 5th lowest across London. The borough ranked 9th highest in London for adults with a Learning Disability receiving support from the local authority.

- 695 of adults aged over 18 in Richmond (0.3% of the adult populations) are diagnosed with learning disability. Richmond ranked 5th lowest in London for the recorded prevalence of learning disability.
- 475 (3.15/1,000) adults aged over 18 in Richmond with learning disability were getting long term support from local authorities. Richmond ranked 9th highest across London.

Age Well

65+ year olds

The Age Well Chapter covers those aged 65 and over of the Richmond population. It provides an in-depth overview including mental health in older people.

Dementia

1,479 of over 65-year olds in Richmond live with Dementia. 96.8% of residential care homes and nursing home beds that were suitable for people living with dementia were rated 'good' or 'outstanding'. Emergency hospital admissions for people with Dementia increased but Richmond was 3rd lowest in London. Morality rate in people with Dementia had also increased but the borough was ranked 7th lowest rate compared to other London boroughs. There were 8 suicides in people aged over 65 in Richmond.

In 2020, there were 1,412 (4.0%) over 65-year olds in Richmond with a recorded prevalence of dementia, a similar prevalence to the London and England averages of 4.2% and 4.0% respectively. The borough ranked 13th lowest in London.

The Prime Minister's Challenge on Dementia 2020 highlights the people with dementia should have access to safe and high-quality long-term care services. In England, there are currently 436,380 people with a diagnosis of dementia, and it is estimated that 70% may eventually require long-term residential care. Therefore, this information is required regarding the quality of residential care home and nursing home beds, specifically those suitable for persons with Dementia aged 65+. In 2018, the percentage of residential care home and nursing home beds suitable for a person with dementia which are rated as 'good' or 'outstanding' by the Care Quality Commission (CQC) in Richmond was 96.8% (n=568) higher than the London and England rates.

Hospital Admissions and Mortality in Dementia

In 2018/19 there were 1,065 (3,254 per 100,000 population aged 65+, DSR) **emergency hospital admissions for people with a mention of dementia**, which was a 12.3% decrease from previous year. The borough rate was significantly lower than England and London average and ranked 3rd lowest in London.

The rate of mortality in people aged 65+ with a mention of dementia in 2019 was 680/100,000 (n=227) in Richmond, a 12.4% increase from previous year. The borough's rate was significantly lower than London rate (722/100,000) and significantly lower than the England average of 849/100,000 and ranked 15th lowest across London.

Vaccination

Richmond vaccination coverages were all lower than the benchmark goals for flu, PPV and shingles.

Flu vaccine uptake in adults aged 65+ in 2019/20 in Richmond was 67.6% (n= 20,512), which was lower than the benchmark goal of 75%, slightly higher than the London average (66.2%) but significantly lower than the England average of 72.4%.

Richmond – JSNA Overview

Population vaccination coverage for **PPV (Pneumococcal Polysaccharide Vaccine)** in the borough in 2019/20 was 62.5% (n= 21,398) which was lower than the benchmark goal of 75%, significantly lower than the London (63.7%) and England averages. The PPV vaccination coverage in people aged 65+ has been showing a decreasing trend in Richmond since 2010/11, when the coverage was the highest (74.6%).

Shingles Vaccination coverage in 71-year olds in 2018/19 was 49.1% (n=951) which was lower than the benchmark goal of 60%, identical to the England average (49.1%) and higher than the London average of 46.0%.

Abdominal Aortic Aneurysm Screening

Abdominal aortic aneurysm screening has decreased substantially from previous year and was lower in Richmond compared to the London average.

Abdominal Aortic Aneurysm (AAA) Screening aims to reduce AAA related mortality among men aged 65 to 74. This indicator provides an opportunity to incentivise screening promotion and other local initiatives to increase coverage of AAA screening. Improvements in coverage would mean more AAAs are detected in a timely manner. In 2019/20, 552 (59.7%) males aged 65–74 years in Richmond were screened for AAA. This value has decreased from the previous year' coverage of 72.2% and is significantly lower than the England value of 76.1% and lower than the London average of 62.8%.

Sight Loss

Age-related muscular degeneration tripled in the borough and it ranked 11th highest in London. The numbers of over 65 year olds registered blind or partially sighted have declined from previous years.

Prevention of sight loss the rate of people will help people maintain independent lives as far as possible and reduce needs for social care support, which would be necessary if sight were lost permanently. Risk of sight loss is heavily influenced by health inequalities, including ethnicity, deprivation and age. Sight loss can increase the risk of depression, falls and hip fractures, loss of independence and living in poverty¹⁴.

In 2018/19, the rate of **Age-Related Macular Degeneration (AMD)** in Richmond was 107.3/100,000 (n=33). The borough rate was lower than the England average of 112.3/100,000 but higher than the London rate (88.9 per 100,000); Richmond's latest rate was ranked 6th highest in London.

70 (423/100,000) people aged 65–74 in Richmond were **registered blind or partially sighted** in 2016/17. This was lower than England and 5 people less than previous year. 300 (2,304/100,000) people aged over 75 years were **registered as blind or partially sighted** in 2016/17 which was lower than London and England and 180 people less than last year.

¹⁴ Royal National Institute of Blind People. [Sight loss: A public health priority](#)

Winter Deaths

29,310 Richmond residents aged over 65 received winter fuel payments. The borough rate was lower than the England rate. 12 excess winter deaths took place in Richmond.

The percentage of people aged 65+ **receiving Winter Fuel Payments** (payment to help older people meet the costs of heating their home in winter) was 93.4% (n=29,310) in 2019/20. The borough rate has shown a declining trend since 2011/12 and was significantly lower than the England rate of 94.1% but it was significantly higher than the London average of 90.0%; Richmond had 8th highest percentage of older adults receiving Winter Fuel Payments out of all London boroughs.

Richmond's latest (Aug 18 – Jul 19) **excess winter deaths of people aged 85 years** and over was 7.0%, the 6th lowest rate in London, which was 61.3% lower than the England average and 58.8% lower than London average. The latest Borough figure was also 60.1% lower from year Aug 2001–Jul 2002, in comparison with a 27.8% decrease in England's rate in the equivalent time period.

Falls and Hip Fractures

Emergency hospital admissions due to falls have increased and the borough rate was higher than England, 6th highest in London. There were a higher percentage increase in falls in the over 80 year olds. The borough had the 11th highest rate of hip fracture in over 65 year olds with the majority of fractures seen in the over 80 year olds.

Richmond's latest rate of **emergency admission due to falls in people aged 65+** was 2,567 per 100,000 (n=825, 5th highest rate in London), which was 15.5% higher than England average and 15.9% higher than London average. The latest Borough figure was also 35.6% higher from the baseline year (2010/11), in comparison with a 4.5% increase in England's rate in the equivalent time period. Richmond's rate has been steadily decreasing between 2012 and 2016; in 2017/18 it increased substantially and remains significantly higher than the averages for London and England ever since.

Hip fractures are a debilitating condition – only one in three affected people return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care. The average age of a person with hip fracture is about 83 years with about 73% of fractures occurring in women. In 2019/20 there were 165 (502/100,000) **hip fractures in people aged 65 and over** in Richmond, higher than the rate for London but lower than the England rate. Richmond ranked 10th highest across the London boroughs. Higher number of hip fractures were seen within those aged 80+ years, with 120 compared to those aged 65–79 years, with 45 hip fractures.

Disease, Mortality and End of Life Care

Diseases

Higher rates of type 1 and type 2 Diabetes were seen 65–79-year olds compared to over 80 year olds. In 2017–19 there were 816 deaths from cardiovascular disease in over 65 year olds and the borough ranked 4th lowest in London. Deaths from respiratory disease and cancer declined in Richmond and the borough rate was also significantly lower than London and England.

In 2017/18 there were 11.1% of 65 to 79-year olds in Richmond with **type 1 diabetes** and 1.5% of over 80-year olds with Type 1 Diabetes. These were both lower than England. 39.9% of 65 to 79-year olds and 16.4% of over 80 year olds had **type 2 diabetes**: both slightly higher than the England average.

Richmond's latest (2017-19) **cardiovascular mortality rate of people aged 65+** was 842.9/100,000 population (n=816, the 4th lowest rate in London, which was 19.3% lower than the England average and 15.2% lower than London average).

In 2017-19 Richmond's **respiratory mortality rate** of people aged 65+ was 420.1 per 100,000 population, the 5th lowest rate in London, which was 31.8% lower than the England average and 23.0% lower than London average. The latest Borough figure was also 48.8% lower from year 2001–03, in comparison with a 23.0% decrease in England's rate in the equivalent time period.

Richmond's latest (2017-19) **cancer mortality rate of people aged 65+** was 890.0 (n=828, 7th lowest rate in London, Figure 20), which was 17.2% lower than the England average and 8.2% lower than London average.

End of Life Care

The availability of Nursing Home and Care Home beds in Richmond were less than the England average. 2017/18 saw 99 admissions to Residential and Nursing Care homes, the borough rate was lower than London and England.

515 adult social care users were satisfied with Care and Support Services; however, the borough ranked 9th lowest in lowest.

In 2020, there were 3.4 **nursing home beds available** per 100 population in Richmond aged 75 and over. This was less than the London and England average of 4.2 and 4.7 respectively. The rate has been consistently decreasing since 2011.

In 2020, there were 6.7 **care home beds available** per 100 population aged 75 and over which was also lower than London and England at 7.2 and 9.6 respectively. The indicator has been decreasing in Richmond year on year since 2015.

In 2019/20 there were 124 **permanent admissions to residential and nursing care homes** in residents aged over 65 years. The rate of admissions was 392/100,000 and has been declining in the borough; it was lower than the England and London rates, 431/100,000 and 584/100,000 respectively.

Richmond – JSNA Overview

The percentage of **Adult Carers over 65 years who have as much social contact as they would like** (a measure drawn on self-reported levels of social contact as an indicator of social isolation for both users of social care and carers), in 2018/19 was 21.9% (n=15). The borough rate was significantly worse than the London and England rates of 34.3% and 34.5% respectively and ranked 6th lowest across London.

In 2019/20, 430 (46.8%) of **adult social care service users aged over 65 were satisfied with care and support services** in Richmond. This was higher than the London and England rates (40.1% and 43.4% respectively) and ranked 2nd highest in London.

Place of Death

There were 1038 deaths in over 65-year olds in 2018; with highest number of deaths seen in homes or care homes followed by hospitals.

In 2018 there were 1020 **deaths in over 65-year-olds** in Richmond, the highest being in the over 85-year olds at 512 deaths (11,478/100,000 population).

The rising trend in **percentage of people dying in their usual residence** (either their home or their care home), resulted in greater proportion of Richmond's residents dying at home or care home (46.1% vs. 45.3% of residents dying in hospitals). By comparison, the proportions in England have also reversed, 46.9% and 44.9% respectively. London's proportions are as follows: 39.9% died in their usual residence whilst 51.1% of Londoners died in hospitals.

Key Causes of Morbidity and Mortality

The global burden of disease (GBD) provides modelled estimates of the burden of poor health and disability. The burden of disease analysis is a way to compare the impact of different diseases, conditions or injuries on a population. The impact can be divided into morbidity (living with a disease) and mortality (dying from a disease).

The GBD also provides modelled estimates of the burden that can be attributed to several risk factors. It uses years lived with disability (YLD) to attribute the burden of morbidity.

YLD is a measure of morbidity that combines the prevalence of each disease with a rating of the severity of its symptoms (excluding death itself), to give an overall measure of the loss of quality of life.

Morbidity

Age related hearing loss, diabetes, COPD, followed by lower back pain and vision loss were the most common causes of YLD in Richmond's; these 5 conditions were responsible for 37% of all years of life in disability in residents aged 70+. For London males diabetes was causing the most YLD.

For females aged 70+ the top five causes for Richmond were hearing loss, lower back pain, diabetes, followed by vision loss and COPD; all responsible for 36% of all YLD. The top causes for London females were different: the order of top causes is different to Richmond, with lower back pain causing the largest number of YLD and falls replacing vision loss in the list of top 5 causes of disability.

Top 5 conditions responsible for highest number of years of life lived with disability at age 70+ in Richmond and London, 2019

Top 5 conditions accounting for greatest burden of disease (YLD rate per 100k, percentage of total YLD)						
Males and females aged 70+						
Sex	Area name	1st	2nd	3rd	4th	5th
Males	Richmond	Age-related hearing loss (2679, 9.99%)	Diabetes (2240, 8.35%)	COPD (1733, 6.56%)	Low back pain (1721, 6.44%)	Blindness and vision loss (1652, 6.17%)
	London	Diabetes (2782, 10.4%)	Age-related hearing loss (2178, 7.9%)	COPD (1992, 7.6%)	Low back pain (1886, 7.0%)	Falls (1332, 5.3%)
Females	Richmond	Age-related hearing loss (2654, 8.8%)	Low back pain (2346, 8.1%)	Diabetes (1971, 6.8%)	Blindness and vision loss (1883, 6.5%)	COPD (1697, 5.9%)
	London	Low back pain (2780, 9.7%)	Diabetes (2384, 8.3%)	Age-related hearing loss (2279, 7.9%)	Falls (1882, 6.9%)	COPD (1726, 6.1%)

Key:

Non-communicable diseases
Injuries

Source: [Global Burden of Disease](#). 2019

Mortality

In 2019, ischaemic heart disease was the leading cause of death in males aged over 70 years, followed by lower respiratory infections and COPD. Lung cancer was 5th most common cause in London, in Richmond, it was prostate cancer (6.8% of all deaths).

In females aged over 70 years, ischemic heart disease, Alzheimer's disease and lower respiratory infections were the leading causes of death in Richmond and in London; however Alzheimer's disease was the 2nd most frequent cause of deaths in Richmond – for London it was the 3rd most common cause of mortality.

Top 5 causes of mortality in males and females aged 70 and over, 2019

	Top 5 causes of death, 2019				
	Males and females aged 70+ (death rate per 100k, percentage of total YLD)				
	1st	2nd	3rd	4th	5th
Richmond Males	Ischaemic heart disease (673, 15.1%)	Lower respiratory infections (375, 8.4%)	COPD (319, 7.1%)	Alzheimer's disease (318, 7.1%)	Prostate cancer (306, 6.8%)
London Males	Ischaemic heart disease (912, 16.6%)	COPD (453, 8.2%)	Lower respiratory infections (444, 8.1%)	Stroke (384, 7.0%)	Lung cancer (362, 6.6%)
Richmond Females	Ischaemic heart disease (602, 12.7%)	Alzheimer's disease (521, 11.0%)	Lower respiratory infections (459, 9.7%)	Stroke (394, 8.3%)	COPD (297, 6.3%)
London Females	Ischaemic heart disease (664, 13.4%)	Lower respiratory infections (475, 9.6%)	Alzheimer's disease (473, 9.5%)	Stroke (447, 9.0%)	COPD (343, 6.9%)

Key:

Non-communicable diseases
Communicable, maternal, neonatal, and nutritional diseases

Source: [Global Burden of Disease](#), 2019

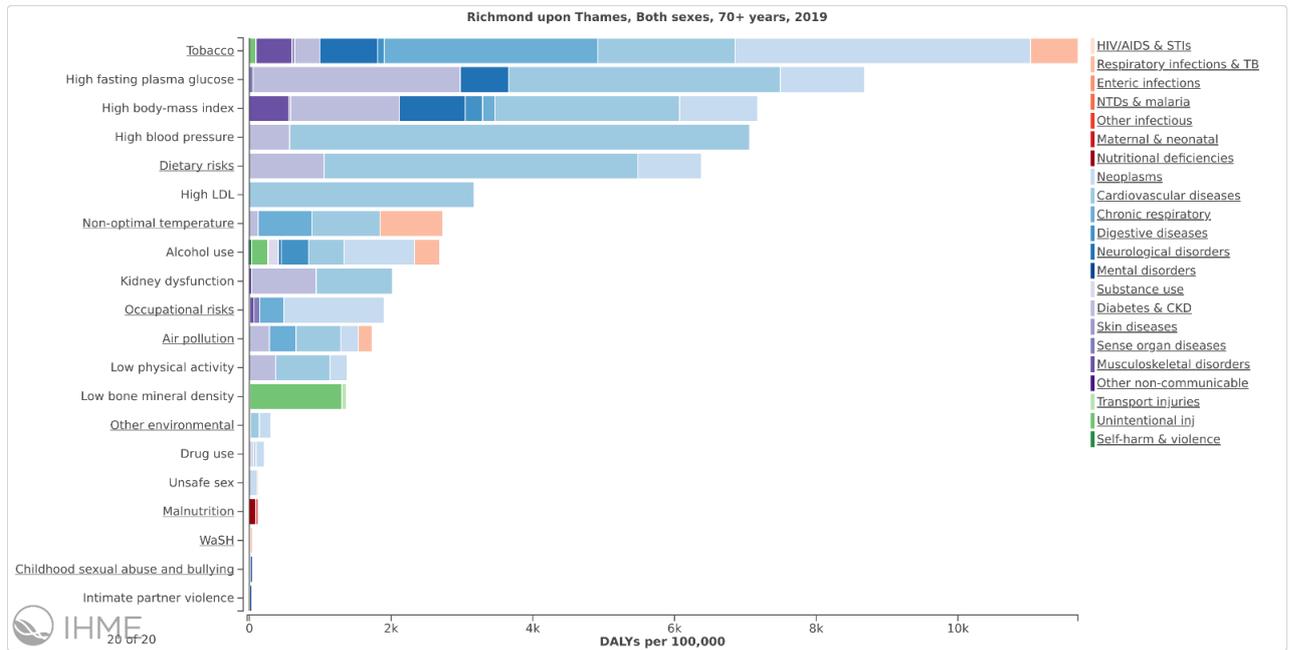
Risk Factors

The risk factors accounting for the highest proportion of deaths among those aged over 70 years was tobacco, high fasting plasma glucose, high body-mass index and blood pressure. Smoking accounted for deaths from five major causes: neoplasms, chronic respiratory diseases, cardiovascular diseases, respiratory diseases and respiratory infections.

High fasting plasma glucose accounted for deaths from two main causes, cardiovascular diseases (heart disease and stroke) and diabetes and kidney diseases. High body mass index contributed to cardiovascular, cancer, diabetes and kidney diseases. Dietary risks in this age group contributed to deaths predominantly from cardiovascular disease.

Richmond – JSNA Overview

Attribution of deaths to risk factors broken down by broad cause of death in over 70 year olds in Richmond, 2019



Source: [Global Burden of Disease, 2019](#)

Acknowledgments

The acknowledgments for specific areas of the JSNA are included at the end of the JSNA chapters.

Authors	Salman Klar Sally Bahri	Insight and Analytics Manager Intelligence Analyst
Contributors	JSNA Operational Group	
Governance	JSNA Strategic Group	
Reviewer	Dr Nike Arowobusoye Shannon Katiyo	Consultant in Public Health - Adults, Social Care and Health Care Director of Public Health
Image credits	A view of Twickenham Green in the morning November 2021	Lisa Wilson, Public Health, Richmond Council
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