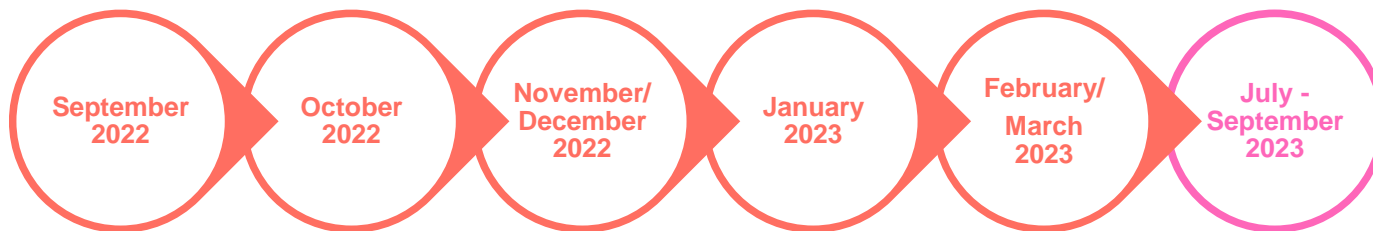South West London Integrated Care System

South West London Integrated Care Partnership Needs Analysis and Strategy Preparation.

This phase of the process looks to understand the needs across SWL, prior to defining the future ICP priorities and eventual strategy.

South West
London
Integrated
Care System

September 2022

October 2022

November/ December 2022

January 2023

February/ March 2023

July - September 2023

Collation of existing work

- Convene needs assessment group
- Collate existing work and undertake additional analysis
- Focused stakeholder engagement
- Develop prioritisation framework

Present work to the ICP in October

- Undertake wider stakeholder analysis
- Refine analysis
- Triangulate feedback and complete needs analysis
- Consider prioritisation of need

Prepare ICP strategy discussion document

- Complete initial prioritisation process
- Present to the ICP in November
- Publish ICP strategy discussion document

Wider stakeholder engagement

- Engage with partner organisations and wider stakeholders
- Refine priorities
- Review ICP governance to support delivery and produce workstream delivery plans
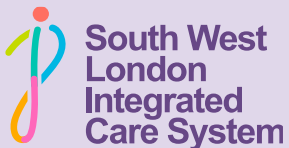
Define strategic priorities

- Complete prioritisation process
- Complete delivery planning
- Determine reporting programme to enable oversight from the ICP

Publish integrated care strategy in September

- Mobilise delivery plans and reporting programme

This needs assessment collates analysis undertaken to date as part of a first phase in a longer programme of work to determining strategic priorities.

South West London Integrated Care System

Data sources considered to date

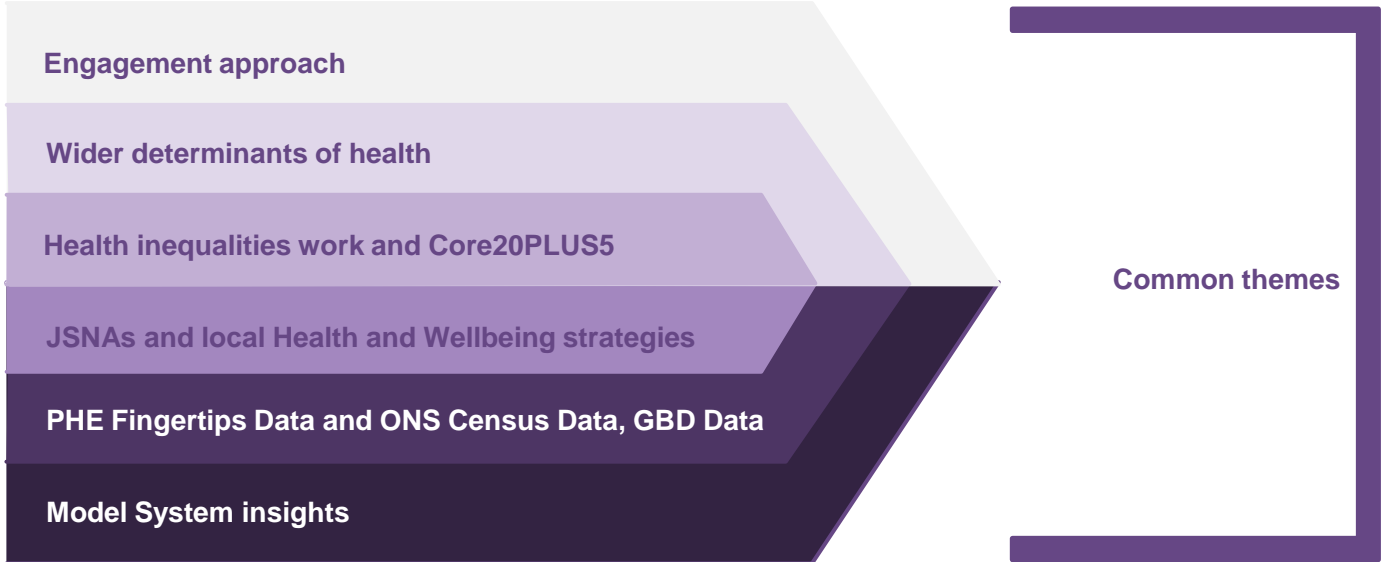| Core documents	Health inequalities	Additional sources	Undiagnosed need	Neighbourhood level	Inclusion health
✓	✓	✓	✓	✓	✓
JSNAs Local health and care plans HWB strategies	Work already ongoing in SWL Core20PLUS5	PHE Fingertips ONS Census ONS Health Index SWL Health Insights	A potential area for further analysis	A potential area for further analysis	A potential area for further analysis

This phase of the work does:
- ✓ Collate existing sources and adding supplementary analysis to help identify potential areas where system-wide interventions would be the most effective
- ✓ Use the life course approach to categorise the needs analysis
- ✓ Set out potential criteria by which to prioritise areas of need
- ✓ Intend to align with other local and national priorities and guidance.

This phase of the work does not:
- x Replace or supersede work that is underway in other areas
- x Include wider views, which will be incorporated through engagement taking place in the next phase of work.
- x Result in a final document. Regular review and update will be required and updated data taken into account.
- x Define the strategic priorities for the SWL ICP

We have reviewed and collated data from a number of sources, looking for common themes between Places.

Engagement approach

Wider determinants of health

Health inequalities work and Core20PLUS5

JSNAs and local Health and Wellbeing strategies

PHE Fingertips Data and ONS Census Data, GBD Data

Model System insights

Common themes

Rapid mapping exercise

Common priorities across SWL places are as follows:

Start Well
- Mental health
- Obesity
- SEN, disabilities and children looked after
- Early Years – CYP transition physical health

Live Well
- LTC (including diabetes, CVD, respiratory)
- Mental health
- Prevention (including healthy lifestyle)

Age Well
- Healthy ageing
- Loneliness and social isolation

Cross cutting themes: Health inequalities, Prevention and early intervention, Healthy places, Integrated Services, Support carers

Core20PLUS5 approach

SWL EDI and Health Inequalities Board priorities
- Health Inequalities strategy
- Delivery of anti-racism framework
- Learning disabilities equalities
- Elective recovery - equalities plan
- Outcomes dashboard
- Improved data coding
- Anchor Institutions and Strengthening Communities
- Levelling Up
- Diverse senior leadership

Source: Vhenekayi Nyambayo

Core20PLUS5.

South West London Integrated Care System

In partnership with South West London Health & Care Partnership

Core20
(339k population)

Remaining80
(1.35m population)

NHS

Age
35|38 Median
64|70 Healthy Life Expectancy
82|84 Life Expectancy

Ethnicity
16%|14% Asian — 2 in 10 are in C20
24%|7% Black — 4.5 in 10 are in C20
12%|11% Other — 2 in 10 are in C20
48%|68% White — 1.5 in 10 are in C20

Borough
50% of C20 population are **Croydon** residents.
40% of **Croydon** residents are in C20

In contrast, only **4%** of residents in **Richmond** and **2%** in **Kingston** are in C20

Long-Term Conditions
29.5% have a Long-term Condition
28.6% have a Long-term Condition

Core20PLUS5.

South West London Integrated Care System

In partnership with
Health & Care Partnership South West London

Where are our Core20 population of 340k located?

NHS

Main features of population:

Population Density
Lower — Higher

RICHMOND

WANDSWORTH

MERTON

CROYDON

KINGSTON

SUTTON

● **Ham, Petersham and Richmond Riverside** (2K) Older population. Significant White British population.

● **Beverley** (2K) More school and young working aged population. More of the Asian & Mixed ethnicities.

● **Berrylands** (2K) More young working age population. More of the Arab/Middle Eastern ethnicities.

● **Sutton Central** (6K) Significant school aged population. Deprivation in housing, income & environment. Significantly more South Asian & Chinese ethnicities.

● **St Helier & Wandle Valley** (14K) More school & retirement aged population. Significantly more White British and Eastern European ethnicities.

● **Queenstown** (9K) Young adult to working age population (15-44). Significantly more Black & Chinese ethnicities. Barriers to housing and living environments

● **Latchmere** (14K) Younger working age population. More Black ethnicities. Barriers to housing

● **East Merton** (29K) Deprivation in housing and environment. Significant school aged and older working age (44-64) population. Ethnically diverse.

● **Croydon North** (89K) School and working aged population. Significantly more Black & Asian ethnicities. Barriers to housing.

● **Addington** (24k) High school aged population. Very high deprivation driven by income, employment, education and barriers to housing. Significantly White British and Black African

● **Fairfield** (21k) Young adult to working age (15-44), adversity in living environment, housing & crime. Significant Indian ethnicities.

Opportunity for change KEY: ● High ● Medium ● Low

South West London Integrated Care System

Core20 Conditions

NHS

In partnership with
Health & Care Partnership

Maternity
An average Core20 mother is:

2.5 years younger. Average age: **38**

0.9 BMI points higher[1]. Average BMI: **26.3**
(overweight range 25 – 29.9)

x2 more likely to be currently smoking[1].
8% compared to 4% in Remaining 80

✓ No significant adversity for mothers booked
into Continuity of Carer pathway[2]

Obesity (37,336 patients in Core20)
An average Core20 individual is:

43% more likely to be Obese

1 BMI points higher. Average BMI: **36**

42% more likely to be diagnosed with a LTC

3 years younger. Average age: **50**

x1.6 more likely to be Black than Asian (where Asian is
lowest) and White 49% more likely to be Obese
compared to R80

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[1] sourced from latest GP records, not at time of delivery
[2] sourced from MSDS (deliveries between April 2019 and September 2021)

South West London Integrated Care System

The distribution of health risk behaviour.

South West London Integrated Care System
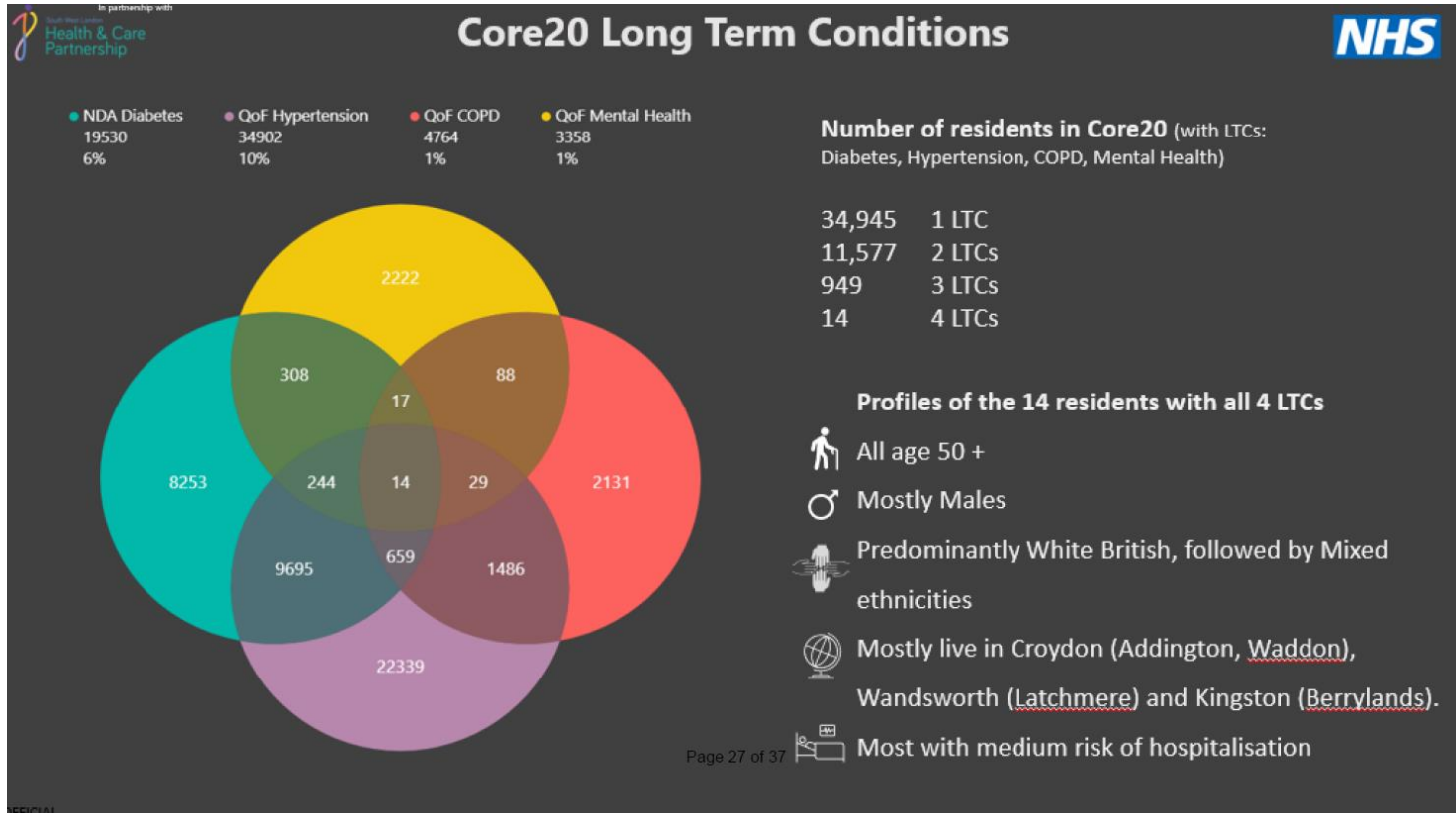
Top causes of DALYs

Croydon
1. Ischaemic heart disease
2. Type 2 Diabetes
3. COPD
4. Lung cancer
5. Low back pain

Sutton
1. Ischaemic heart disease
2. Type 2 Diabetes
3. Lung cancer
4. COPD
5. Low back pain

Kingston
1. Ischaemic heart disease
2. Type 2 Diabetes
3. Lung cancer
4. COPD
5. Low back pain

Merton
1. Ischaemic heart disease
2. Type 2 Diabetes
3. COPD
4. Lung cancer
5. Low back pain

Richmond
1. Ischaemic heart disease
2. Type 2 Diabetes
3. COPD
4. Lung cancer
5. Low back pain

Wandsworth
1. Ischaemic heart disease
2. Type 2 Diabetes
3. Low back pain
4. COPD
5. Lung cancer

The top causes of DALYs per 100,000 in each of the 6 Places.
1. Ischaemic heart disease
2. Type 2 Diabetes
3. COPD
4. Lung cancer
5. Low back pain

The top risk factors for DALYs per 100,000 are the same in all 6 Places, although the rank varies between.
1. Smoking
2. High BMI
3. High fasting blood glucose
4. High systolic blood pressure
5. Alcohol use

Croydon
1. Smoking
2. High fasting blood glucose
3. High BMI
4. High systolic blood pressure
5. Alcohol use

Sutton
1. Smoking
2. High fasting blood glucose
3. High BMI
4. High systolic blood pressure
5. Alcohol use

Kingston
1. Smoking
2. High BMI
3. High fasting blood glucose
4. High systolic blood pressure
5. Alcohol use

Merton
1. Smoking
2. High BMI
3. High fasting blood glucose
4. High systolic blood pressure
5. Alcohol use

Richmond
1. Smoking
2. High BMI
3. High fasting blood glucose
4. Alcohol use
5. High systolic blood pressure

Wandsworth
1. Smoking
2. High BMI
3. High fasting blood glucose
4. Alcohol use
5. High systolic blood pressure

Mortality statistics from the 2021 Census (all ages) show the conditions resulting in the highest numbers of deaths in South West London.

South West London Integrated Care System

Croydon	Kingston	Merton	Richmond	Sutton	Wandsworth	London
Cancer 23.3%	Cancer 25.5%	Cancer 23.0%	Cancer 28.0%	Cancer 24.8%	Cancer 24.4%	Cancer 23.5%
COVID-19 16.0%	*COVID-19 13.8%*	*COVID-19 15.3%*	*COVID-19 12.0%*	*COVID-19 15.9%*	*COVID-19 16.3%*	*COVID-19 16.7%*
Dementia and Alzheimer's Disease 10.5%	Dementia and Alzheimer's Disease 9.8%	Dementia and Alzheimer's Disease 10.4%	Dementia and Alzheimer's Disease 10.7%	Dementia and Alzheimer's Disease 10.0%	Dementia and Alzheimer's Disease 9.3%	Ischaemic Heart Disease 9.5%
Ischaemic Heart Diseases 8.7%	Ischaemic Heart Diseases 8.5%	Ischaemic Heart Diseases 8.1%	Ischaemic Heart Diseases 8.2%	Ischaemic Heart Diseases 8.1%	Ischaemic Heart Diseases 7.5%	Dementia and Alzheimer's Disease 8.8%
Cerebrovascular Diseases 4.4%	Cerebrovascular Diseases 4.9%	Cerebrovascular Diseases 4.5%	Cerebrovascular Diseases 5.3%	Chronic lower respiratory diseases 4.7%	Chronic lower respiratory diseases 4.3%	Cerebrovascular Diseases 4.6%
Chronic lower respiratory disease 3.9%	Influenza and pneumonia 4.0%	Chronic lower respiratory disease 3.5%	Chronic lower respiratory disease 3.0%	Cerebrovascular Diseases 3.7%	Cerebrovascular Diseases 4.2%	Chronic lower respiratory diseases 3.9%

Source: Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

Model System Insights – Better Health metrics, COVID-19 recovery insights and patient experience metrics.

Admissions for people aged 75-84 with a stay of 21+ days per 100,000 age-sex weighted population

2,533 highest quartile

System median 2,106

Admissions for people aged 85+ with a stay of 21+ days per 100,000 age-sex weighted population

6,106 second highest quartile

System median 4,854

Percentage of all patients with suspected cancer seen within 2 weeks of an urgent GP referral

84.3%

National target 93%

Percentage of breast cancer detected at stage 1 or 2

84.2% lowest quartile

System median 85.9

Percentage of cases following an urgent GP referral who received first treatment within 62 days

70.3%
National target 85%

Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis and decision to treat

93.5%

National target 96%

Seasonal flu vaccine percentage of at risk age 6 months to under 65

41.8% lowest quartile

System median 44.5%

Percentage of people age 65+ who have received the pneumococcal (PPV) vaccine

64.6% lowest quartile

System median 69.4%

Percentage of uptake of seasonal flu vaccine for people age 65+

66.4% lowest quartile

System median 73%

Average number of pre-operative outpatient appointments attended per patient within a year before a simple cataract procedure

2.0

Benchmark value 1.5

Difference in number of Elective Admissions Compared to pre-COVID

36% Croydon
36% Royal Marsden
9% Kingston
-9% Epsom & St Helier
-18% St George's

Additional weekly activity required to reach pre-COVID baseline is

1,460 additional weekly admissions

Patient experience of GP services in South West London is worse now than it was in 2020 and 2021 but is better than the average for England

Patient experience of hospital care was worse than average for England in Croydon, Kingston and St George's and better than average for England in Epsom and St Helier

CGC Maternity survey Croydon Health Services NHS Trust performed worse than expected across all questions relating to experience of labour and birth (deterioration since 2018)

- Frailty
- Cancer
- Respiratory
- Pathway improvement
- COVID-19 recovery
- Patient experience

Source: https://model.nhs.uk/home

The ONS Health Index is an experimental statistic to measure a broad definition of health, in a way that can be tracked over time and compared between different areas.

Figure 1: Healthy Lives shows improvement while other areas of health remain stable

Headline health indicators, England, 2019

Worse health	Health in 2015	Better health

	Health Index	100.1	Indicators
	Healthy People	99.5	
	Difficulties in daily life	98.6	
	Mental health	97.9	
	Mortality	101.5	
	Personal well-being	99.6	
	Physical health conditions	100.2	
	Healthy Lives	101.1	
	Behavioural risk factors	100.1	
	Children and young people	106.0	
	Physiological risk factors	98.7	
	Protective measures	99.7	
	Healthy Places	99.6	
	Access to green space	100.0	
	Access to services	100.1	
	Crime	96.0	
	Economic and working conditions	101.9	
	Living conditions	100.1	

Source: Office for National Statistics – Health Index for England

The Health Index uses a broad definition of health, including:
- Health outcomes,
- Health-related behaviours and personal circumstances,
- Wider drivers of health that relate to the places where people live.

The index provides a single value for health that can show how health changes over time. It can also be broken down to focus on specific topics to show what is driving these changes.

Elements of health are divided into three domains for the Health Index, each corresponding to one of these three categories:
- **Healthy People** – health outcomes, ensuring representation of the population as a whole.
- **Healthy Lives** – health-related behaviours and personal circumstances.
- **Healthy Places** – wider drivers of health that relate to the places people live, such as air pollution.

The Health Index has been scaled to a base of 100 for England, with a base year of 2015. Values higher than 100 indicate better health than England in 2015, and values below 100 indicate worse health.

The current Health Index is based on 2019 data. Health Index 2020 is due to be published later this month and will be reviewed.

2015 Health Index analysis for SWL Places highlights some areas that all 6 Places are performing well in, or are weaker in.

South West London Integrated Care System

		C	K	M	R	S	W
1	**Children and Young People** – early years development, pupil absences/attainment, teenage pregnancy, young people in education/employment/apprenticeships	3	1	2	1	1	3
2	**Access to services -** distance to GP services, distance to pharmacies, distance to sports or leisure facilities, and internet access	1	4	3	6	2	2
3	**Mortality -** avoidable mortality, infant mortality, and life expectancy	5	2	4	2	3	5
4	**Difficulties in daily life -** disability and frailty	2	8	1	7	9	1
5	**Physiological risk factors -** hypertension, low birth weight, overweight and obesity in adults and children	12	3	7	3	7	6
6	**Behavioural risk factors -** alcohol and drug misuse, healthy eating, physical activity, sedentary behaviour, and smoking	10	5	11	5	8	4
7	**Mental Health** – children's social/emotional/mental health, prevalence, self harm, suicides	6	9	6	10	6	8
8	**Access to green space -** private outdoor space and public green space.	7	10	8	8	4	11
9	**Economic and working conditions -** child poverty, housing affordability, job-related training, unemployment, and workplace safety.	9	6	12	4	11	7
10	**Physical health conditions -** cancer, cardiovascular/respiratory/MSK conditions, dementia, diabetes, kidney disease	11	7	9	9	5	9
11	**Personal wellbeing -** belief that activities in life are worthwhile, feelings of anxiety, happiness, and life satisfaction	4	14	5	11	13	12
12	**Crime** – low level crime, personal crime	8	11	10	12	10	10
13	**Living conditions -** air pollution, household overcrowding, noise complaints, road safety, and rough sleeping	13	12	13	14	14	13
14	**Protective measures -** sexual health, vaccine coverage, and cancer screening	14	13	14	13	12	14

Source: Health Index methods and development: 2015 to 2019 - Office for National Statistics (ons.gov.uk)

Indicators are ranked from best scores to worst. South West London has low index values for Living Conditions and Protective Measures.

South West London Integrated Care System

1. **Children and Young People** – early years development, pupil absences/attainment, teenage pregnancy, young people in education/employment/apprenticeships

2. **Access to services -** distance to GP services, distance to pharmacies, distance to sports or leisure facilities, and internet access

3. **Mortality -** avoidable mortality, infant mortality, and life expectancy

4. **Difficulties in daily life -** disability and frailty

5. **Physiological risk factors -** hypertension, low birth weight, overweight and obesity in adults and children

6. **Behavioural risk factors -** alcohol and drug misuse, healthy eating, physical activity, sedentary behaviour, and smoking

7. **Mental Health** – children's social/emotional/mental health, prevalence, self harm, suicides

8. **Access to green space -** private outdoor space and public green space.

9. **Economic and working conditions -** child poverty, housing affordability, job-related training, unemployment, and workplace safety.

10. **Physical health conditions -** cancer, cardiovascular/respiratory/MSK conditions, dementia, diabetes, kidney disease

11. **Personal wellbeing -** belief that activities in life are worthwhile, feelings of anxiety, happiness, and life satisfaction

12. **Crime** – low level crime, personal crime

13. **Living conditions -** air pollution, household overcrowding, noise complaints, road safety, and rough sleeping

14. **Protective measures -** sexual health, vaccine coverage, and cancer screening

Living Conditions in South West London
- Air pollution is higher than the national average.
- Affordability of home ownership has worsened since 2002.
- Household overcrowding is worse than it is nationally.

Protective Measures in South West London
- New STI diagnoses in London are double that of the rest of England. In South West London, new diagnoses are higher than the national average but lower than the London average (apart from in Wandsworth).
- Childhood immunisation uptake is declining and is consistently below the 95% recommended coverage levels.
- Breast cancer screening uptake is below the national average and the proportion of breast cancers detected at stage 1 or 2 is in the lowest quartile compared to peer systems.
- Cancer is the leading cause of mortality in South West London. Deaths under 75 due to malignant neoplasm are above the London and national average.

Areas where SWL is a significant outlier: 2019 PHE Local Authority Health Profiles, 2021 Child Health Profiles, and Model System Insights.

South West London Integrated Care System

Prevention

- **Vaccinations coverage of Dtap/IPV/Hib at age 2** years is significantly lower than the recommended 95% in Croydon, Kingston, Merton, and Wandsworth and approaching the recommended level in Richmond and Sutton.
- **Seasonal flu vaccine percentage of at risk age 6 months to under 65 and people age 65+** is in the lowest quartile
- **Percentage of people age 65+ who have received the pneumococcal (PPV) vaccine** is in the lowest quartile

Diagnosis

- **Diabetes diagnosis rate** is significantly lower than the regional and national average in Croydon, Richmond, and Wandsworth
- **New STI diagnosis rate (exc chlamydia <25)** is significantly higher than the national average in Croydon, Kingston, Merton and Richmond and higher than both the regional and national average in Wandsworth.
- **Percentage of breast cancer detected at stage 1 or 2**

Treatment

- **Percentage of all patients with suspected cancer seen within 2 weeks of an urgent GP referral** is below national target
- **Percentage of cases following an urgent GP referral who received first treatment within 62 days** is below national target
- **Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis and decision to treat** is below national target

Activity

- **A&E attendances by children age 0-4** are significantly higher than the national average in Croydon, Richmond, Sutton, and Wandsworth.
- **Admissions for people aged 75-84 and 85+ with a stay of 21+ days** are in the highest and 2nd highest quartiles respectively compared to peers
- **Hospital admission rate due to violent crime crime** is significantly higher than the regional and national average in Croydon, Merton, and Sutton.

Overarching common themes are emerging.

01 Mental Health
- Admissions for self harm are higher than the national and regional average
- Prevalence of depression varies significantly within Places, an average of 12.7% difference between the GP practice with the highest and lowest prevalence.

02 Healthy lifestyles
- Smoking, alcohol, high BMI, high fasting blood glucose, and hypertension are the leading causes of DALYs in SWL.
- Overweight and obesity rates almost double between Reception and Year 6 and then again to adulthood in all 6 Places.

03 Long term conditions
- Ischaemic heart disease, cerebrovascular disease, COPD, diabetes, and MSK conditions are the top contributors to DALYs and mortality in SWL.

04 Cancer, screening and vaccinations
- Cancer screening uptake is below regional and national average, and deaths under 75 due to malignant neoplasm are above the London and national average in 5 of the 6 Places. Cancer is the number 1 cause of mortality in South West London.

05 Supporting carers and recognising unmet need
- Further analysis or modelling may be required to identify unmet need as often people in these vulnerable groups are not accessing healthcare and so are not reflected in the data available.

Population and demographic trends.

Population snapshot

1.5m

SW London Population

6 boroughs. 4 acute providers. 3 mental health trusts. 3 community providers. NHS Cancer pathway providers.

7%

Population Growth

On average, the population in South West London is growing in line with regional and national averages. Richmond and Kingston have had smaller population increases of 4.4% and 5.5% respectively. Croydon's population has grown by 7.5%, Merton's by 7.8%, and Wandsworth's by 6.7%. Sutton has seen the 7th largest population increase in London between 2011 and 2021 at 10.5%.

80.7♂ 84.6 ♀

Life Expectancy

A key national policy is to increase healthy life expectancy by at least 5 years by 2035. On average, females live longer than males, but females spend longer in poor health than males. Females in Richmond live on average 10 years longer than female in in London.

South West London Integrated Care System

Resident population
Now 1.5 million
By 2031 1.55 million

NHS budget
£4.7 billion

Places
6 London boroughs

Total area
296² km

Life expectancy at birth
Richmond
Average years 86.3 82.6
Healthy years 68.1 71.4

Croydon
Average years 83.9 80.4
Healthy years 62.6 64.4
Range

Under 16 | Over 65
Now 13%
21%
By 2039 17%

Black, Asian and minority ethnic
35%

Long-term conditions
21%

Average years 84
Healthy years 65

Average years 81
Healthy years 66

Workforce
Social care 36,000
NHS 34,000

Primary care networks
39

GP Practices
180+*

Acute and community providers
7

Mental health providers
2

Population snapshot

South West London Integrated Care System

You have selected a population of **1,737,960** against a comparison of **1,737,960**

Population Density by Ward

Lower — Higher

Age Band

- % Population
- % Comparison Population

Age bands: 0-4, 05-14, 15-44, 45-64, 65-74, 75-84, 85+
(0% to 40%)

Ethnicity (where given)

- % Population
- % Comparison Population

ASIAN, BLACK, MIXED, OTHER, WHITE
(0% to 50%)

Gender

- % Population
- % Comparison Population

Female, Male
(0% to 40%)
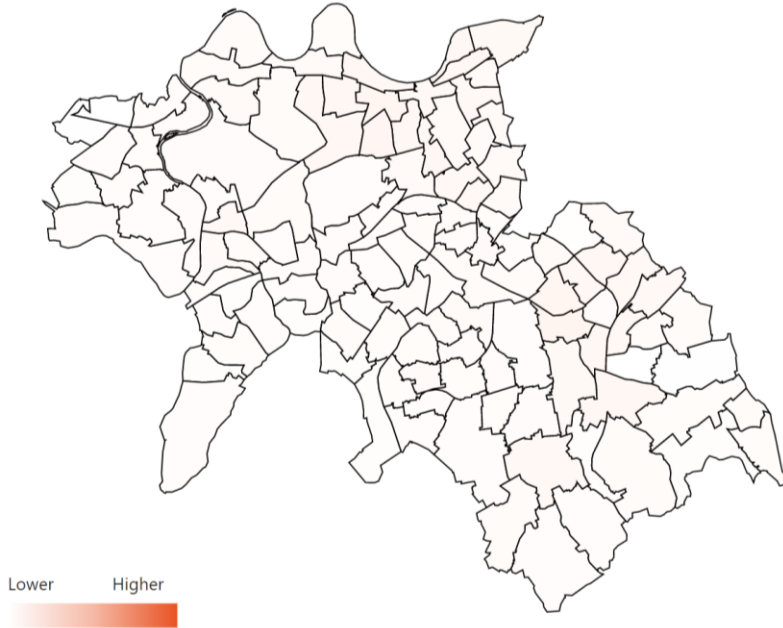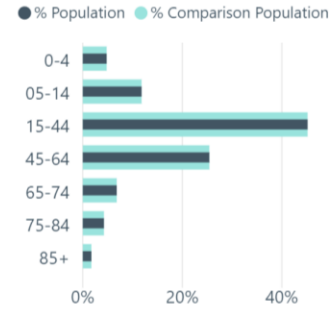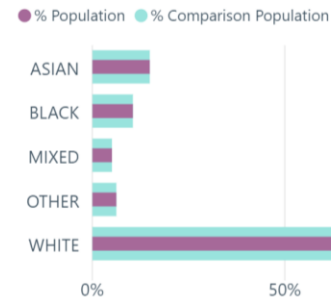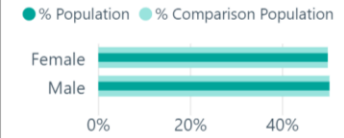
Deprivation (1 is most depr...)

- % Population
- % Comparison Population

Deprivation: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10
(0% to 10%)
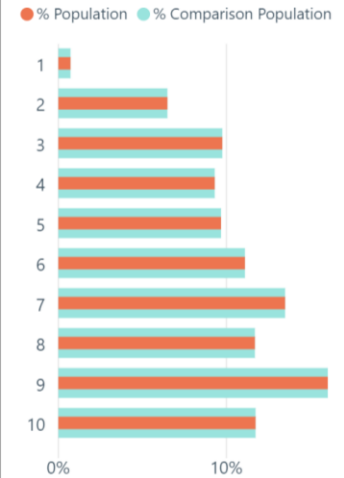
Population change

The population in each of the 6 Places is growing. Population change between 2011-2021 was 7.5% in Croydon, 5% in Kingston, 7.8%in Merton, 4.4% in Richmond,10.2% in Sutton, and 6.7% in Wandsworth. Croydon and Wandsworth populations are growing faster than the average for England (6.6%) and Merton and Sutton populations are growing faster than the average for both London (7.7%) and England.

Internal migration in South West London in 2020 was much higher than the national and regional averages.

Area	Inflow	Outflow
Croydon	5.88%	6.26%
Kingston	6.52%	7.27%
Merton	7.82%	8.63%
Richmond	6.55%	7.06%
Sutton	5.36%	5.25%
Wandsworth	10.08%	11.00%
London	2.43%	3.56%
England	0.16%	0.20%

Source: How the population changed where you live, Census 2021 - ONS

Population change

Population Change 2011-2021

Kingston: 160100 (2011), 184739 (2033)
Richmond: 187000 (2011), 204932 (2033)
Sutton: 190100 (2011), 215219 (2033)
Merton: 199700 (2011), 207524 (2033)
Wandsworth: 307000 (2011), 348855 (2033)
Croydon: 363400 (2011), 397527 (2033)

— Kingston — Richmond — Sutton — Merton — Wandsworth — Croydon
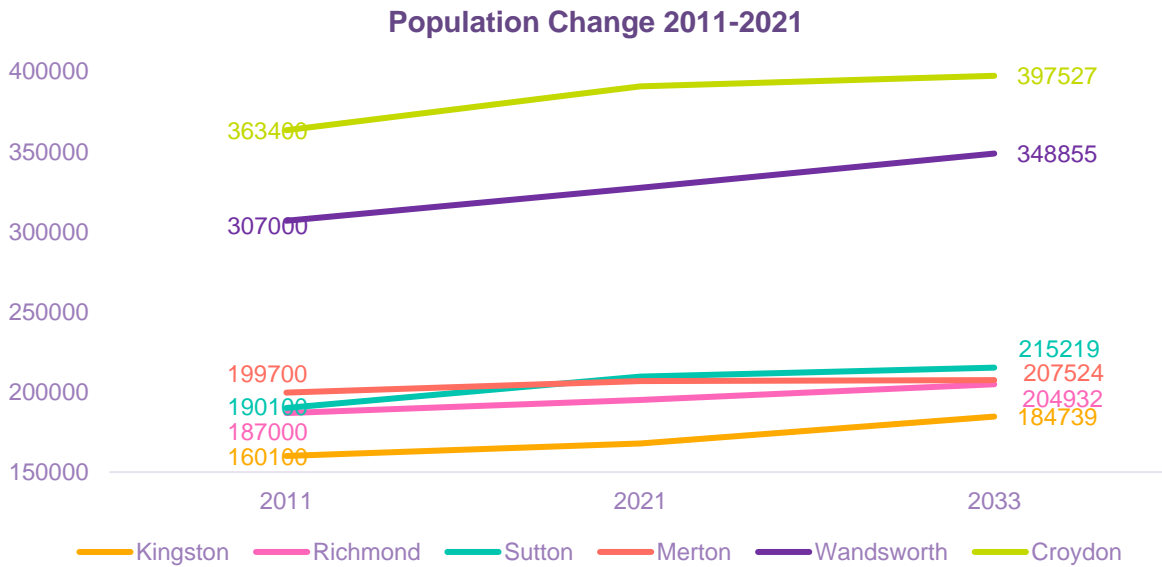
Age distribution
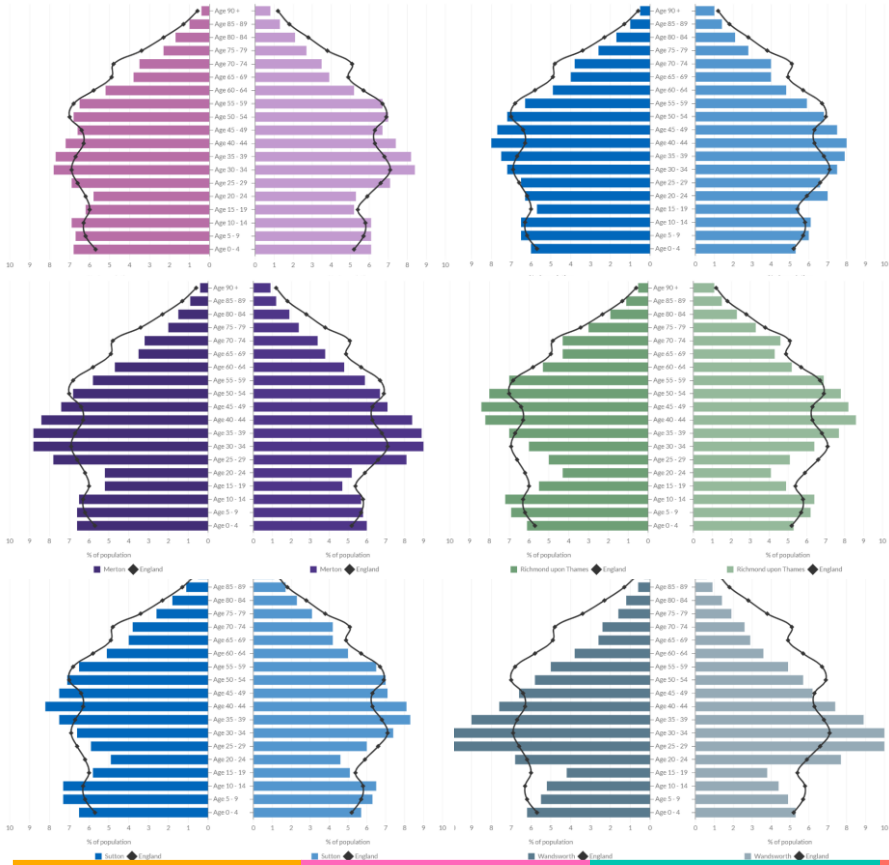
South West London has more working age adults when compared to the average for London and England.

Merton and Wandsworth have a younger population compared to London.

Population by broad age groups in 2021:

Area	Age 0-14	Age 15-64	Age 65+
Croydon	19%	67%	14%
Kingston	18%	67%	14%
Merton	19%	69%	13%
Richmond	19%	65%	16%
Sutton	20%	65%	15%
Wandsworth	16%	75%	10%
London	18.1%	70%	11.9%
England	17.4%	64.2%	18.4%

Source: How the population changed where you live, Census 2021 - ONS

Population change by age group

Croydon

Age	Change
90 +	24%
85 to 89	19%
80 to 84	13%
75 to 79	9%
70 to 74	31%
65 to 69	22%
60 to 64	19%
55 to 59	37%
50 to 54	17%
45 to 49	-9%
40 to 44	6%
35 to 39	17%
30 to 34	10%
25 to 29	-1%
20 to 24	-8%
15 to 19	-5%
10 to 14	10%
5 to 9	8%
0 to 4	-10%

Kingston

Age	Change
90 +	8%
85 to 89	-11%
80 to 84	6%
75 to 79	20%
70 to 74	45%
65 to 69	18%
60 to 64	3%
55 to 59	28%
50 to 54	22%
45 to 49	14%
40 to 44	11%
35 to 39	-3%
30 to 34	-8%
25 to 29	-11%
20 to 24	-17%
15 to 19	-5%
10 to 14	24%
5 to 9	17%
0 to 4	-12%

Merton

Age	Change
90 +	19%
85 to 89	5%
80 to 84	8%
75 to 79	6%
70 to 74	29%
65 to 69	24%
60 to 64	16%
55 to 59	35%
50 to 54	28%
45 to 49	10%
40 to 44	17%
35 to 39	10%
30 to 34	-8%
25 to 29	-13%
20 to 24	-10%
15 to 19	3%
10 to 14	26%
5 to 9	17%
0 to 4	-9%

Richmond

Age	Change
90 +	11%
85 to 89	
80 to 84	11%
75 to 79	37%
70 to 74	55%
65 to 69	13%
60 to 64	2%
55 to 59	35%
50 to 54	30%
45 to 49	11%
40 to 44	3%
35 to 39	-18%
30 to 34	-24%
25 to 29	-21%
20 to 24	-10%
15 to 19	11%
10 to 14	34%
5 to 9	15%
0 to 4	-21%

Sutton

Age	Change
90 +	25%
85 to 89	10%
80 to 84	5%
75 to 79	10%
70 to 74	35%
65 to 69	14%
60 to 64	2%
55 to 59	35%
50 to 54	20%
45 to 49	2%
40 to 44	11%
35 to 39	13%
30 to 34	3%
25 to 29	-5%
20 to 24	-7%
15 to 19	-2%
10 to 14	23%
5 to 9	29%
0 to 4	

Wandsworth

Age	Change
90 +	12%
85 to 89	6%
80 to 84	15%
75 to 79	11%
70 to 74	23%
65 to 69	18%
60 to 64	14%
55 to 59	43%
50 to 54	33%
45 to 49	15%
40 to 44	9%
35 to 39	-1%
30 to 34	-8%
25 to 29	1%
20 to 24	
15 to 19	6%
10 to 14	25%
5 to 9	16%
0 to 4	-14%

Across South West London there has been an increase in the number of over 65s which will have implications for health and social care planning in that there is an increasing number of potential service users. The older population are more likely to have a long term condition.

Sutton has seen a 16.8% increase in its young population (age 0-15 years) where the other 5 Places have seen increases of less than 10%.

Croydon, Kingston, Merton, Sutton and Wandsworth have all seen increases of 1.7-7% in their working age (15 to 64 years) population where Richmond has seen a small decrease in this age group.
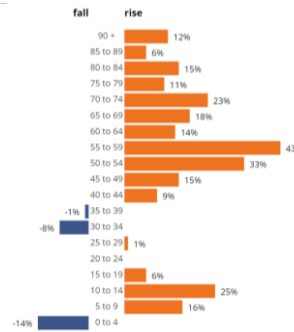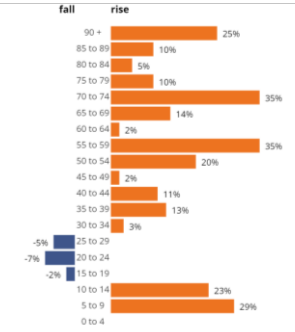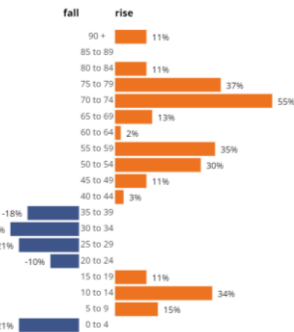
Population density 2021 Census

Croydon — 32

Kingston — 32

Merton — 41

Richmond — 24

Sutton — 34
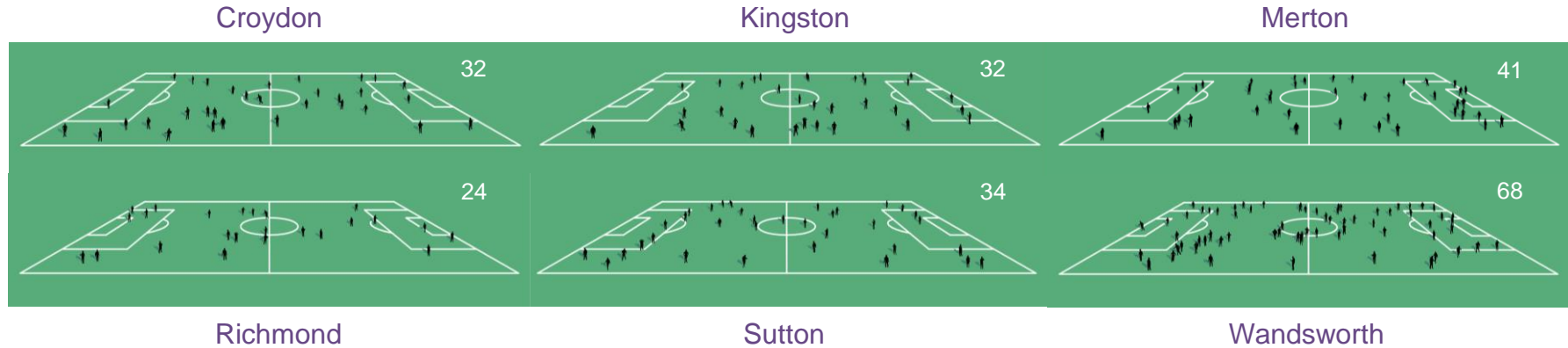
Wandsworth — 68

Population density in London is significantly higher than all other English Regions at 5,600 persons per km2. The next most densely populated Metro Mayer region is the West Midlands at 3,200 persons per km2.

As of 2021, Wandsworth is the 10th most densely populated local authority area in London. Wandsworth is nearly 3 times more densely populated than Richmond, and more than 2 times more densely populated than Croydon, Kingston, and Sutton. Merton is the 15th least densely populated of London's 33 local authority areas, Sutton 11th least, Croydon is the largest London borough in terms of population size, but it is the 10th least densely populated, Kingston 9th least, Richmond 5th least.

Ethnicity 2021

South West London Integrated Care System

Population by Ethnic Group

Legend:
- Other
- Black/African/Caribbean/Black British
- Asian/Asian British
- Mixed/Multiple
- All Other White
- White British
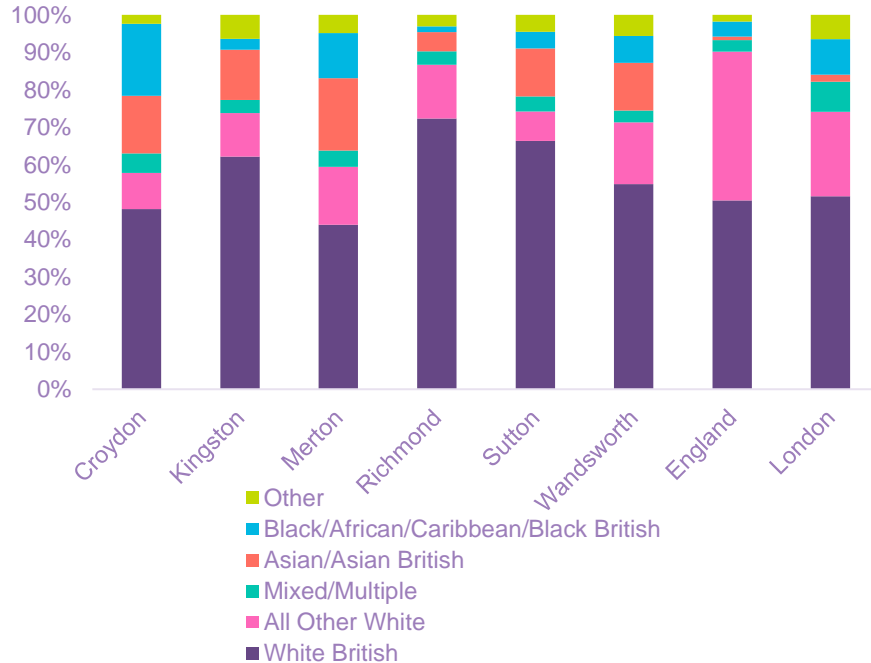
London is the most ethnically diverse region in England, where 46.2% of residents identify as belonging to Asian, Black, Mixed, or Other ethnic groups. Of all regions, London has the smallest percentage of people who identify as British. There is variation between Places. Ethnic diversity from **most diverse to least diverse** Local Authority in London:
12th Croydon
19th Sutton
22nd Merton
29th Kingston
30th Wandsworth
32nd Richmond

Core20 populations in each Place
Croydon: Indian, Black, Asian, and White British communities (Asylum seekers also a priority group)
Kingston: Asian, Mixed, Arab/Middle Eastern communities (Korean, Tamil, and Black/African communities also a priority group)
Merton: Ethnically diverse
Richmond: White British community
Sutton: South Asian, Chinese, White British, and Eastern European communities
Wandsworth: Black and Chinese communities

Life Expectancy

Life expectancy at birth (3 year range, 2018-2020)

■ Males ■ Females

London ♀ 84.3
England ♀ 83.1

London ♂ 80.3
England ♂ 79.4

Croydon: 79.7, 83.7
Kingston: 81.7, 85.2
Merton: 80.3, 84.1
Richmond: 82.2, 86.4
Sutton: 80.3, 84
Wandsworth: 80, 84.3

Healthy life expectancy at birth (3 year range, 2018-2020)

Croydon: 63.2
Kingston: 69.4
Merton: 66.6
Richmond: 70.2
Sutton: 66.3
Wandsworth: 65.4

London 63.8
England 63.1
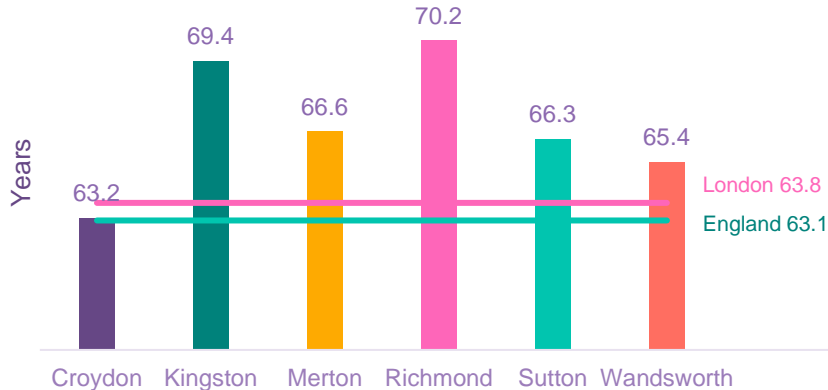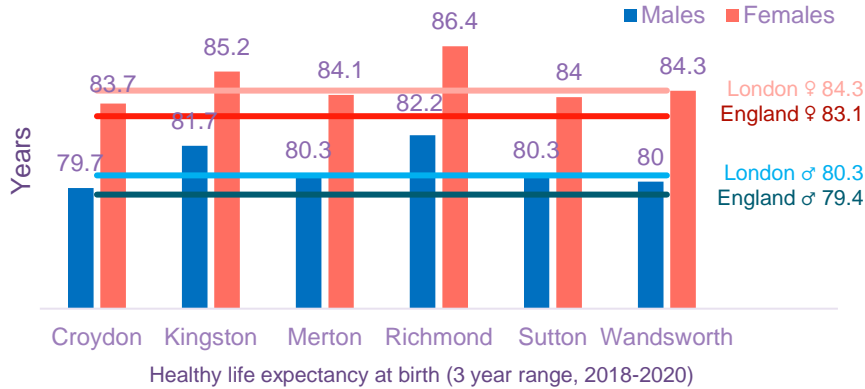
Life expectancy at birth is above both the regional and national average in all 6 places, with the exception of Wandsworth where life expectancy for males is 4 months shorter than the average for London.

However there is notable variation between Places – men in Richmond are expected to live 2.5 years longer than men in Croydon. Women in Richmond live on average 2.7 years longer than women in Croydon.

Following nearly 20 years of improvement, **life expectancy fell by almost 3 years in Merton from 2019-2020, by around 2 years in Croydon, Sutton and Wandsworth and by less than 1 year in Kingston and Richmond.** 2021 data is pending.

Healthy life expectancy is above the regional and national average in all Places apart from Croydon, where healthy life expectancy is slightly shorter than the average for London. While females live longer than males, there is little difference in healthy life expectancy meaning they spend longer in poor health than males. A key national policy is to improve healthy life expectancy by at least 5 years by 2035.

Variation in Life Expectancy

	Males	Females
England	9.7	7.9
London	7.5	5.4
Croydon	9.2	6.5
Wandsworth	5.9	5.8
Kingston	6.6	5.7
Merton	7.7	5.0
Sutton	4.6	4.3
Richmond	5.3	1.2

There is greater variation in life expectancy between the **most** and **least** deprived deciles of the population for men than there is for women.

Inequality in life expectancy for males is **worse** in Croydon and Merton compared to the rest of London.

Inequality is **worse** for women in Croydon, Kingston, and Wandsworth compared to the rest of London.

Nationally, in 2018 to 2020, males living in the **most** deprived areas were living 9.7 years fewer than males living in the **least** deprived areas. Females living in the **most** deprived areas were living 7.9 years fewer than females in the **least** deprived areas.

Both sexes have seen statistically significant increases in the inequality in life expectancy at birth since 2015 to 2017.

Source: Public health profiles - OHID (phe.org.uk)

Deprivation overview

South West London Integrated Care System

Index of Multiple Deprivation Scores 2019

Bar chart values:
- Croydon: 22.5
- Kingston: 11.4
- Merton: 14.6
- Richmond: 9.4
- Sutton: 14
- Wandsworth: 16.6

— London Average 21.8   — England Average 21.7
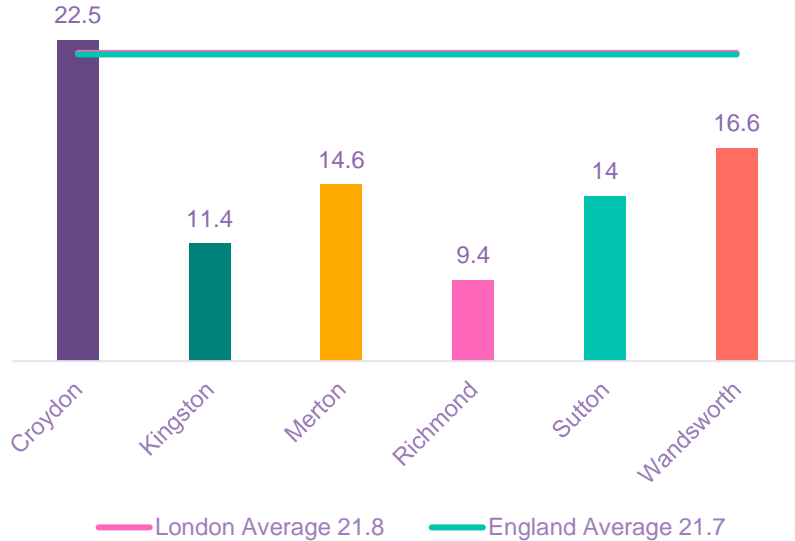
The index of multiple deprivation is a measure of relative levels of deprivation in 32,844 LSOAs in England. People may be considered to be living in *poverty* if they lack financial resources to meet their needs, whereas people may be considered *deprived* if they lack any kind of resources, not just income. Those living in the most deprived areas face the worst healthcare inequalities relating to healthcare access, experience, and outcomes.

The average IMD score for South West London is 14.8 which is lower than the average for both London and England, however there is significant variation between Places. Since IMD 2015, Croydon has become relatively more deprived particularly under the 2 deprivation domains relating to Barriers to housing and services and Crime.

Most Deprived | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Least deprived

Croydon (5)
Wandsworth, Sutton (8)
Merton (9)
Kingston, Richmond (10)
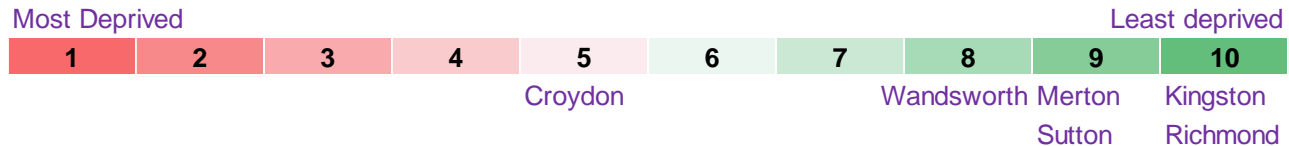
Deprivation overview

Fig 1. South West London's Core20 population density by ward
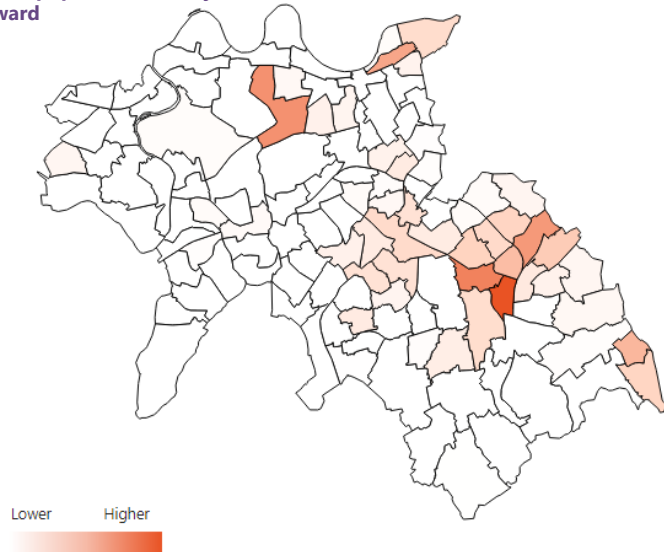
Lower   Higher

The average IMD score for **South West London is 14.8** which is lower than the average for both London and England, however there is significant variation between Places, ranging from 22.5 in Croydon to 9.4 in Richmond.

The Core20 population in South West London are slightly younger than the Remaining80 and are disproportionately from Black ethnic backgrounds and living in Croydon. 50% of the Core20 population are in Croydon (equating to 40% of Croydon's population) compared to 4% in Richmond and 2% in Kingston.

The Core20 population are more likely to have depression, diabetes, COPD, mental health conditions, epilepsy, and learning disabilities.

Core20 priority areas have been identified within each Place:
Croydon: Croydon North, Addington, Fairfield
Kingston: Beverley, Berrylands
Merton: East Merton
Richmond: Ham, Petersham, Richmond Riverside
Sutton: Roundshaw, St Helier, and Central Sutton
Wandsworth: Latchmere and Queenstown, Roehampton and Winstanley Estates

South West London's Core20 are more likely to have an illness or comorbidity, and are more frail than the Remaining80.

Core20 ● Remaining80 ●

Fig 1. Long Term Conditions of patients in SWL

QoF Hypertension
QoF Depression
QoF Asthma
QoF Diabetes
QoF CHD
QoF CKD (Stage 3-5)
QoF COPD
QoF Mental Health
QoF Epilepsy
QoF Osteoperosis
QoF Atrial Fibrillation
QoF Stroke
QoF Learning Disabilities
QoF Heart Failure
QoF Rheumatoid Arthritis
QoF Dementia
QoF CKD (Stage 1-2)
QoF PAD
QoF Cancer
QoF Hypertension (Stage 1)

0%   20%   40%
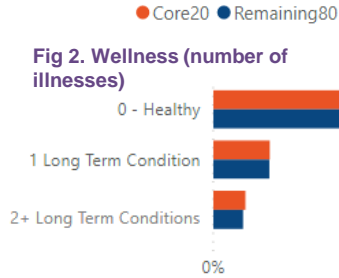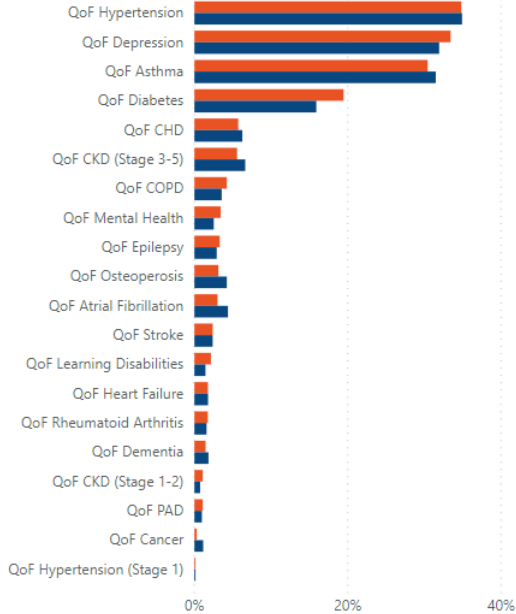
Fig 2. Wellness (number of illnesses)
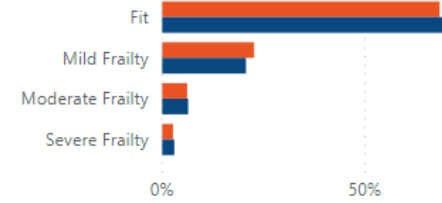
0 - Healthy
1 Long Term Condition
2+ Long Term Conditions

0%   50%

Fig 3. Frailty – EFI risk

Fit
Mild Frailty
Moderate Frailty
Severe Frailty

0%   50%

Figure 1:

Our Core20 are more likely to have:

- Depression
- Diabetes
- COPD
- Mental Health conditions
- Epilepsy
- Learning disabilities

Figure 2 and 3:

Our Core20 are more likely to have 2 or more long term conditions and are mildly frail.

We need to be aware that whilst percentage variance is small, when applied across an entire population, this equates to large variation in individuals.

Source: South West London Core20 Story. Authors: SWL Analytics Team, Jamie Jong, Joshua Pang, Shereen Aloysius

South West London's Core20 are more likely to have an illness or comorbidity, are frailer and vary in likelihood to be admitted

Fig 1. Risk of admission profile of our Core20

Ethnicity / Deprivation / Risk of Admission Score for: **20% Most Deprived**

TIP: The higher the risk score, the greater the chance of being admitted. The size of the circles correlates to the size of the cohort. Vertical gaps between the circles potentially means greater inequalities between the ethnic groups.
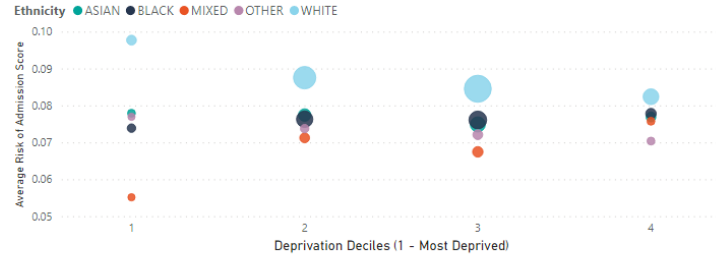
Figure 1: Our Core20 are more likely to be admitted, the more deprived they are, particularly for our White population.

Fig 2. Risk of admission profile of our Remaining20

Ethnicity / Deprivation / Risk of Admission Score for: **80% Least Deprived**

TIP: The higher the risk score, the greater the chance of being admitted. The size of the circles correlates to the size of the cohort. Vertical gaps between the circles potentially means greater inequalities between the ethnic groups.
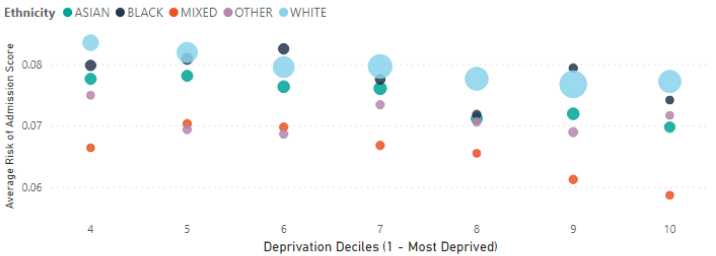
Figure 2: As we move across to our Remaining80, likelihood of admission decreases in an almost straight line. Ethnicity plays a large part in variation, mostly driven by age, as our older population are predominantly white.

Wider determinants of health and wellbeing.

South West London Integrated Care System

Most experts agree that the wider determinants of health have a bigger impact than health care in ensuring a healthy population.
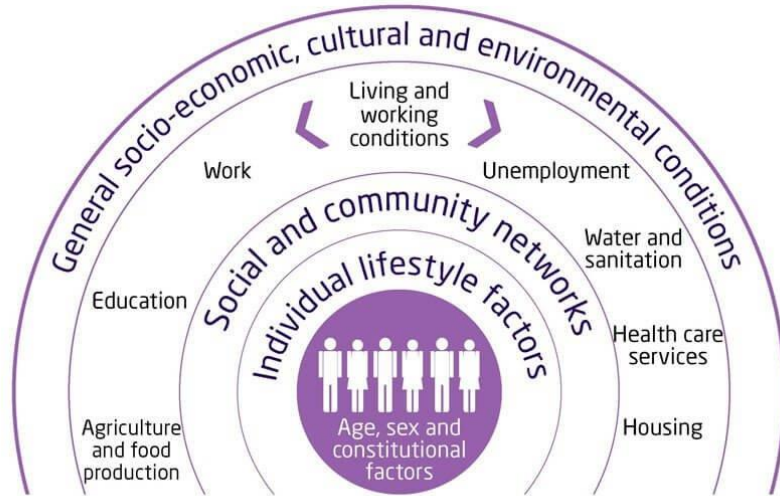
Figure 1: Dahlgren, G. and Whitehead, M. (1993) Tackling inequalities in health: what can we learn from what has been tried?

It is estimated that the wider determinants of health impact between 45-60% of population health outcomes, with the remaining impact from heath and care provision and genetic factors.

- **Economic hardship is highly correlated with poor health**
  The current downturn – the deepest since the Great Depression – threatens individual and family wellbeing, especially for the unemployed and those experiencing wage and benefit cuts.

- **Increased levels of education are strongly and significantly related to improved health.**

- **Work-related illness is decreasing, particularly among people with manual occupations.**

- **Improved housing conditions and greater access to green spaces should have a positive impact on health.**

- **Climate change is predicted to have both positive and negative implications for health in England.**

Source: Broader determinants of health | The King's Fund (kingsfund.org.uk)

Built and natural environment

South West London Integrated Care System

Air pollution: fine particulate matter. Concentration of total PM2.5 2020

Croy...	Kings...	Merton	Rich...	Sutton	Wan...
9.3	9.1	9.7	9.1	9.2	9.9

London average 9.6

England average 7.5
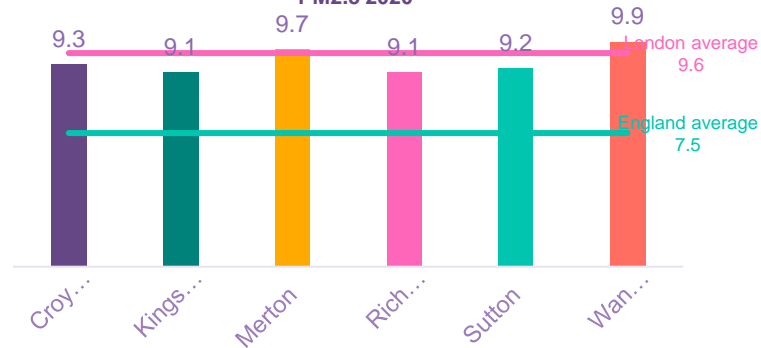
Proportion of overcrowded households 2021 Census

Croydon	Kingston	Merton	Richmond	Sutton	Wandsworth
9.9%	6.0%	9.4%	5.0%	5.5%	9.0%

London average 11.6%

England average 4.8%
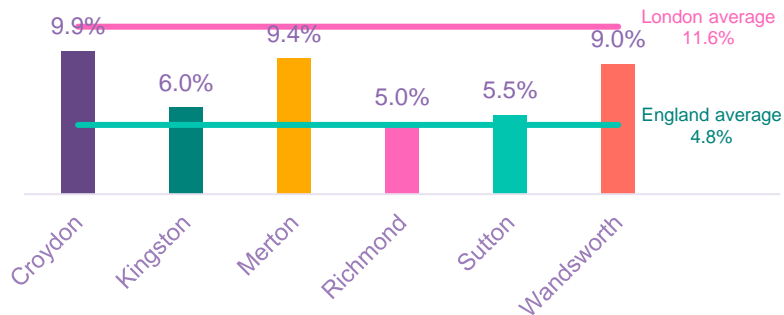
Air quality is a central feature of the environment. Exposure to fine particulate matter (PM2.5) increases mortality risk, particularly from heart and lung conditions.

- **Air pollution in South West London is higher than the national average** but lower than the regional average for London.

Housing is affordability influences where people live and work and affects the quality of housing, poverty, community cohesion, and time spent commuting.

- **Affordability of home ownership in South West London has worsened** since 2002.
- **Household overcrowding is worse in South West London than it is nationally** (although there is significant variation between Places).

There is strong evidence to suggest that green spaces have a beneficial impact on physical and mental wellbeing.

- **Access to private and public green space was one of the lower scoring indicators in the ONS health index.**
- In 2016, **the proportion of residents using outdoor space for exercise was lower than the regional and national average**.

Built and natural environment

Ratio of median house price to median gross annual residence-based earnings (A higher ratio indicates that on average, it is less affordable for a resident to purchase a house in their local authority district)

	Value
Croydon	11.4
Kingston	13.4
Merton	16
Richmond	16.6
Sutton	11.9
Wandsworth	14.7

London average
England average

Housing is affordability influences where people live and work and affects the quality of housing, poverty, community cohesion, and time spent commuting.
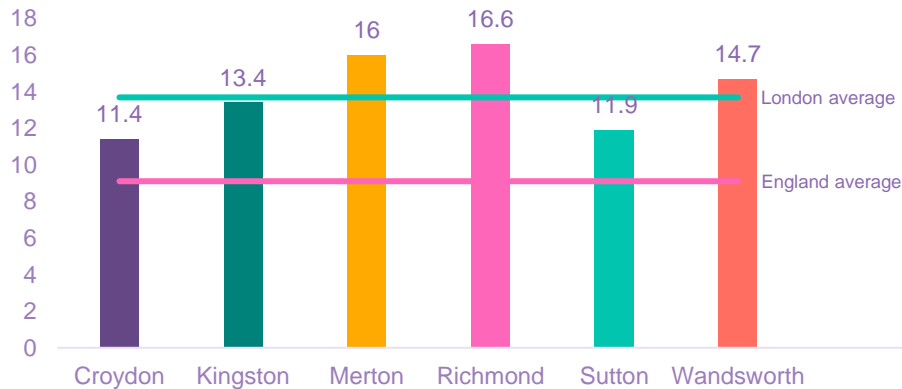
- **Affordability of home ownership in South West London has worsened** since 2002.
- **Household overcrowding is worse in South West London than it is nationally** (although there is significant variation between Places).

Source: Public health profiles - OHID (phe.org.uk)

Air Quality

Fraction of mortality attributable to particulate air pollution 2021

6.0% 6.2% 6.3% 6.2% 6.0% 6.6%

London average
England average

Croydon Kingston Merton Richmond Sutton Wandsworth

Air pollution: fine particulate matter 2020

Concentration of total PM2.5

11
10
9
8
7
6
5
4

9.3 9.1 9.7 9.1 9.2 9.9

London average
9.6

England average
7.5

Croydon Kingston Merton Richmond Sutton Wandsworth
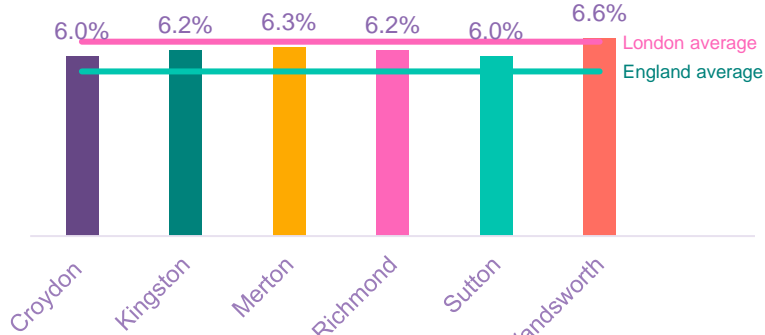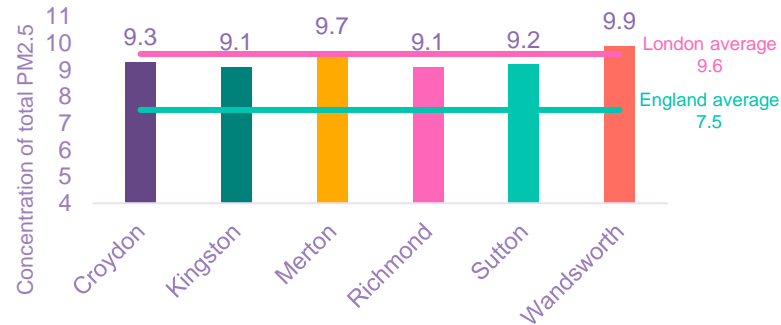
Poor air quality is a significant public health issue. There is strong evidence that air pollution causes the development of coronary heart disease, stroke, respiratory disease, and lung cancer, exacerbates asthma and has a contributory role in mortality (Air Pollution Evidence Review – PHE, 2019 https://www.gov.uk/government/publications/improving-outdoor-air-quality-and-health-review-of-interventions).

Although air pollution can be harmful to everyone, it particularly affects people living in polluted areas, those who are exposed to higher levels of air pollution in their day-to-day lives, and those who are more susceptible to health problems caused by air pollution, widening health inequalities (https://www.gov.uk/government/publications/health-matters-air-pollution).

All 6 Places are more polluted than the average for England. Only Wandsworth and Merton have higher than average pollution for London.

Source: Public health profiles - OHID (phe.org.uk)

Built and natural environment

2021/22 Homelessness: Households in temporary accommodation as a proportion of all households

Crude rate per 1,000

Croydon	12.9
Kingston	12.3
Merton	2.8
Richmond	3.5
Sutton	10.1
Wandsworth	19.4

London average

England average
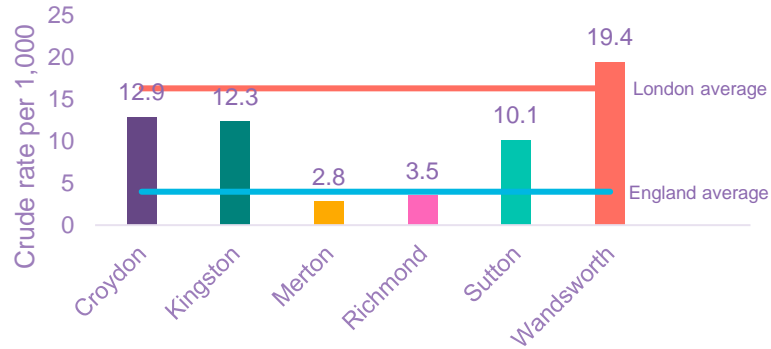
2021/22 Homelessness: households owed a duty under the Homelessness Reduction Act

Crude rate per 1,000

London average

England average

Croydon, Kingston, Merton, Richmo…, Sutton, Wands…
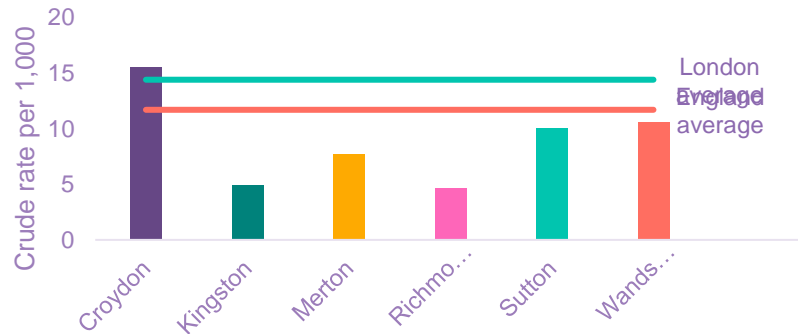
Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health.
Homelessness is associated with poor health, education and social outcomes, particularly for children.

South West London has fewer households in temporary accommodation or who are owed a duty under the Homelessness Reduction Act when compared nationally.

Source: Public health profiles - OHID (phe.org.uk)

Work and income

2022 Average weekly pay (gross) full time workers

Borough	Pay
Croydon	£760.70
Kingston	£797.20
Merton	£713.20
Richmond	£835.80
Sutton	£696.80
Wandsworth	£942.60

London average

(bar values: Croydon 37.5, Kingston 37.4, Merton 37.5, Richmond 37.5, Sutton 37.0, Wandsworth 37.5)
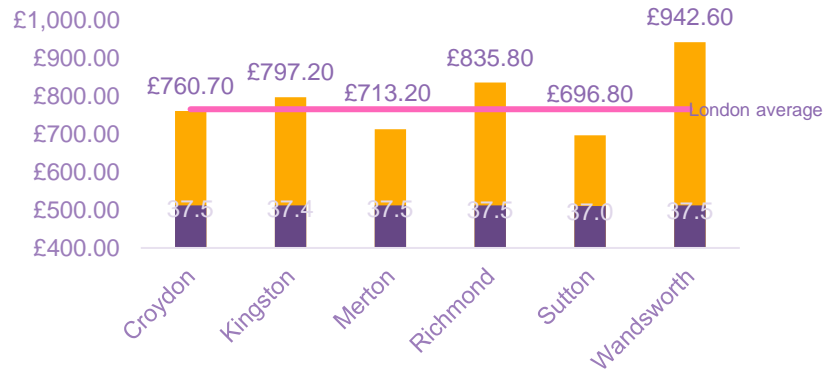
Percentage of children in relative low income families 2020/21

Borough	Percentage
Croydon	15.6
Kingston	8.8
Merton	14.4
Richmond	6.2
Sutton	11.7
Wandsworth	11.8

England average 18.5
London average 16.6
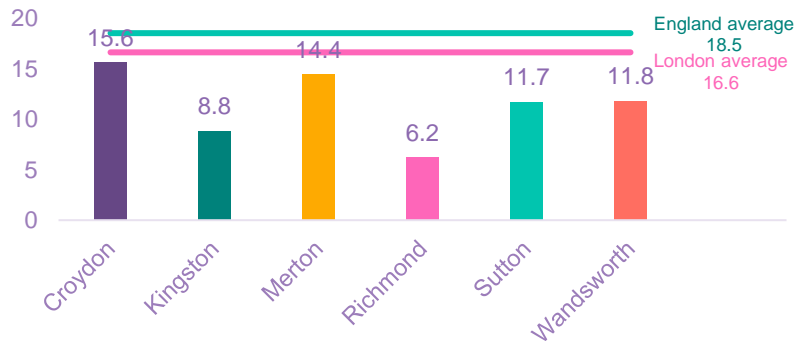
A basic level of financial resources is required for good health, but evidence suggests that there is a much more graded association: the more money people have the better their health.

- People living in Wandsworth have the 4th and Richmond the 7th highest median full-time gross weekly pay in the UK. However inflation has been rising faster than average weekly pay in South West London for several years.
- **In 2022 15.11% of resident's jobs in South West London pay below the London Living Wage** of £11.95 per hour (ranging from 9.7% in Wandsworth to 20% in Merton).
- In 2020/21 **1 in 8 children in South West London lived in low income families**. This was the same as in 2016.
- **10% of households in 2020 were in fuel poverty**. Average household energy bills have risen from £764pa in 2021 to approximately £3500pa.

Sources: Public health profiles - OHID (phe.org.uk)
income-health-poverty_JRF.pdf
Low pay in London boroughs | London's Poverty Profile data on poverty and inequality | Trust for London

Average weekly wages

2022 Estimate of employee jobs paying below the London Living Wage of £11.95
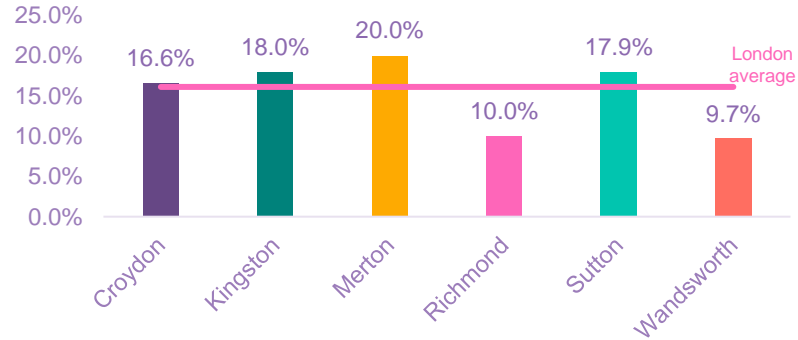
Percentage of people earning below the London living wage (£10.85)
24.4% Croydon
15.7% Kingston
23.6% Merton
16.7% Richmond
33.5% Sutton
22.2% Wandsworth

2021 data shows that in Croydon and Kingston, nearly twice as many women earn less than the living wage as men. In Sutton 2% more men than women earn less than the living wage.

Source: Dataset Selection - Query - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

Unemployment

2021/22 Economic activity rate for persons aged 16-64

- Croydon: 77.3%
- Kingston: 85.3%
- Merton: 81.1%
- Richmond: 79.2%
- Sutton: 81.8%
- Wandsworth: 88.2%
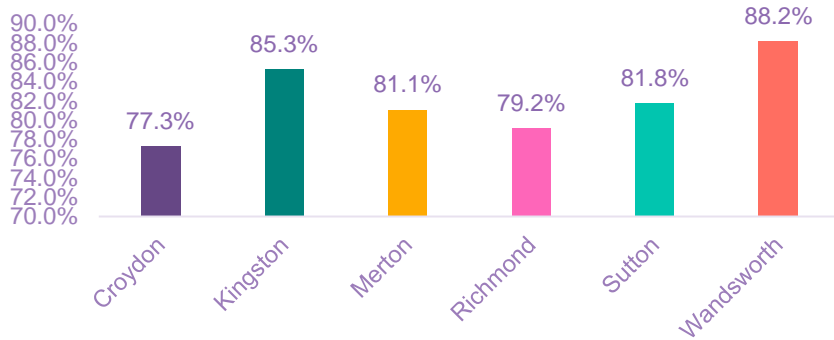
January 2023 Unemployment (percentage of the working age population claiming out of work benefit)

- Croydon: 5.4%
- Kingston: 2.6%
- Merton: 3.7%
- Richmond: 2.3%
- Sutton: 2.8%
- Wandsworth: 3.2%
- England average
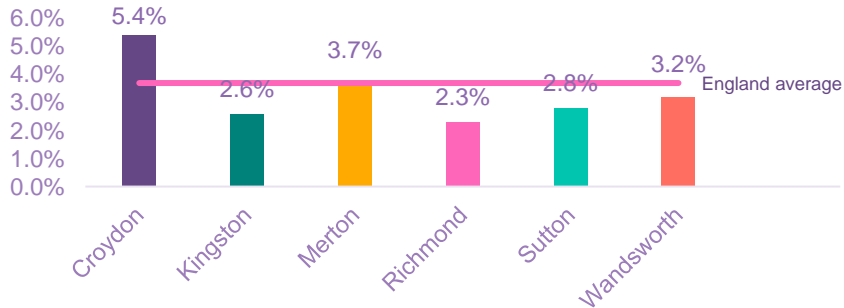
Unemployment in South West London is below the national and regional average.

The number of people claiming out of work benefits in January 2023 is still nearly 40% higher than pre-pandemic. This is slightly better than the average for London but worse than national rates.

There is strong evidence to suggest that work is generally good for physical and mental health and well-being, taking into account the nature and quality of work and its social context and that worklessness is associated with poorer physical and mental health.

The economically inactive population should not be considered as a homogenous group, but on average do have poorer health on a variety of measures, mainly because ill health/disability is a major cause of inactivity.

Cost of living

Cost of Living Vulnerability Index (2022) For All London Boroughs (excl City)

Y-axis labels: 1,800 / 1,600 / 1,400 / 1,200 / 1,000 / 800 / 600 / 400 / 200 / 0

London

X-axis categories: Barking and Dagenham, Brent, Haringey, Waltham Forest, Hackney, Tower Hamlets, Harrow, Southwark, Lambeth, Hammersmith and Fulham, Ealing, Westminster, Barnet, Wandsworth, Bexley, Richmond upon Thames
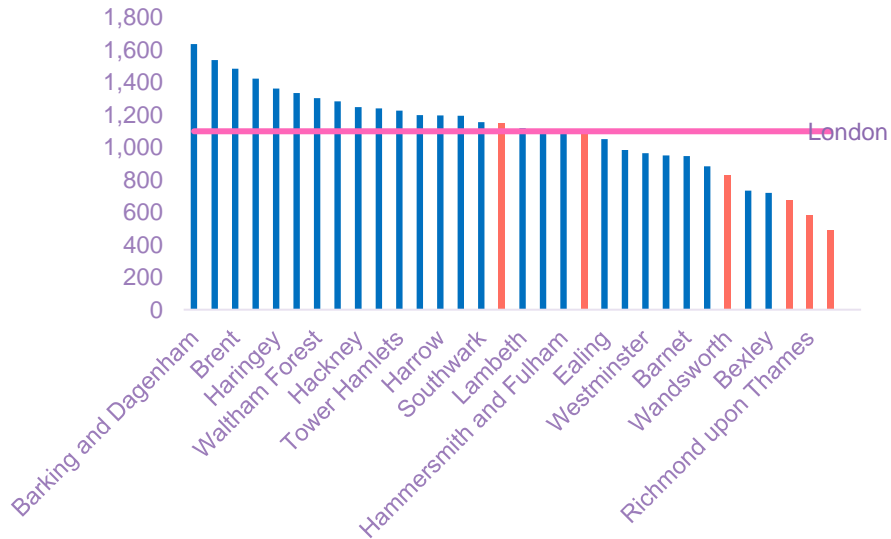
Cost of Living Vulnerability Index - This is the Cost of Living Vulnerability total, which is a sum of poverty-based vulnerability and work-based vulnerability indicators for each local authority. A higher score indicates an area's relative risk of more people being pulled into poverty, and the relative risk of those who were already hard up being pushed into destitution.

The Centre for Progressive Policy (CPP) index is based on six separate rankings for local authorities in England:
Fuel Poverty - Department for Business, Energy & Industrial Strategy
Food Insecurity - The University of Sheffield: Adult food insecurity
Child Poverty - Loughborough University: Local indicators of child poverty after housing costs
Claimant Count - Office for National Statistics
Economic Inactivity - Office for National Statistics
Low Pay - The Health Foundation: Proportion of low-paid jobs

Source: Cost of Living Vulnerability Index in Croydon | LG Inform (local.gov.uk)

Deprivation and vulnerable groups

The average IMD score for **South West London is 16.0** which is lower than the average for both London and England, however there is significant variation between Places, ranging from 22.5 in Croydon to 9.4 in Richmond.

The Core20 population in South West London are **slightly younger** than the Remaining80 and are disproportionately from **Black ethnic backgrounds** and living in **Croydon**.

Fig 1. South West London's Core20 population density by ward

Lower   Higher
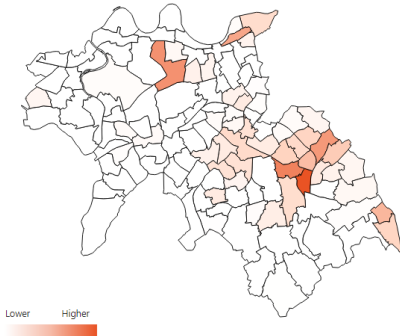
Households in temporary accommodation per 1,000

Lower   Mid   Higher
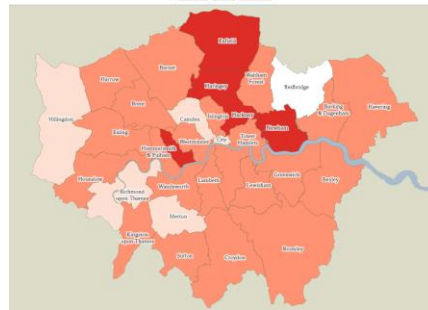
Fig 2. Households in temporary accommodation

Community life, social connections and having a voice in local decisions are all factors that have a vital contribution to make to health and wellbeing.

- **People in South West London reported feeling lonely during the pandemic more than the national average.**
- Violent offences, sexual offences, and domestic abuse incidents and crimes are increasing in all 6 Places.

Inclusion health groups take account of people who are considered more vulnerable. This includes people who are
1. Homeless 2. Gypsies and Travellers 3. Roma 4. Sex workers 5. Vulnerable migrants

- **The rate of households in temporary accommodation in South West London is more than double the national average**, but lower than the average for London.
- The number of households being provided with a statutory service by local housing authorities is below the national and regional average (apart from in Croydon where it is above both).

South West London is the most ethnically diverse part of London. **8.1% of the population in London identify as Gypsy or Traveller.**

Source: South West London Core20 Story. Authors: SWL Analytics Team, Jamie Jong, Joshua Pang, Shereen Aloysius

Crime

2019 Crime deprivation score

Croydon, Kingston, Merton, Richmond, Sutton, Wandsworth
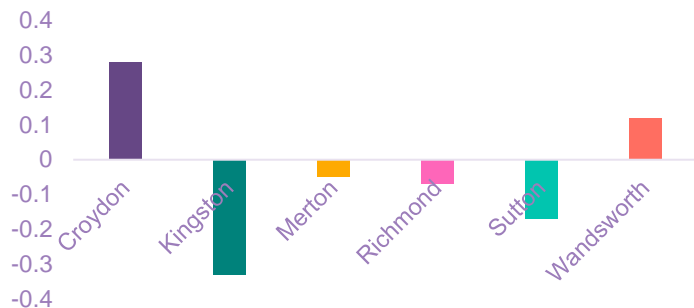
Domestic abuse-related incidents and crimes

Crude rate per 1,000

	2017/18	2018/19	2019/20	2020/21
South West London	31.8	32.9	33.3	35.2
England	25.5	27.8	28.6	30.3

— South West London   — England
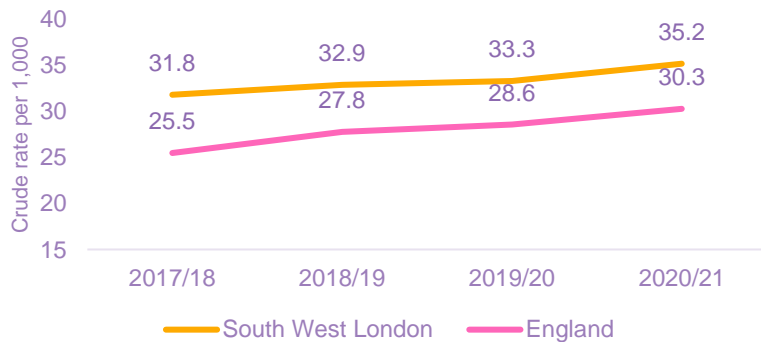
Crime affects physical and mental health in many ways. Violence against people is the most direct link, while the psychological effects of experiencing crime, whether violent or not, can also have far reaching consequences. Furthermore, the economic cost of crime to both individuals and public services may reduce resources available for health improvement. Perpetrators of crime are also more likely to have worse health across a range of conditions than the general population.

The crime deprivation score is derived from the aggregate crime indicators in the English Indices of Deprivation 2019. A higher score means that an area is more deprived. Crime deprivation scores have improved since 2015.

The indicators that contribute to the score are:
- Violence: The rate of violence per 1,000 at-risk population
- Burglary: The rate of burglary per 1,000 at-risk properties
- Theft: The rate of theft per 1,000 at-risk population
- Criminal Damage: The rate of criminal damage per 1,000 at-risk population

Violent offences, sexual offences, and domestic abuse incidents and crimes are increasing in all 6 Places.

Source: Public health profiles - OHID (phe.org.uk)

Education

Educational attainment is strongly linked with health behaviours and outcomes. Better-educated individuals are less likely to suffer from long term diseases, to report themselves in poor health, or to suffer from mental conditions such as depression or anxiety. Education provides knowledge and capabilities that contribute to mental, physical, and social wellbeing. Educational qualifications are also a determinant of an individual's labour market position, which in turn influences income, housing and other material resources associated with health.

Following the COVID-19 pandemic, we have seen a 4.8% decrease in school readiness. The proportion of young people not in education, employment, or training has improved.

Indicator	England Average	Croydon	Kingston	Merton	Richmond	Sutton	Wandsworth
2021/22 School readiness - percentage of children achieving a good level of development at the end of reception	65.2%	67.4%	71.5%	69.0%	74.4%	70.2%	71.8%
2018/19 School readiness – percentage of children **with free school meal** status achieving a good level of development at the end of reception	56.5%	65.6%	55.8%	62.3%	58.2%	56.5%	60.0%
2014/15 Educational attainment - % of all children achieving 5 or more GCSEs	61.3%	58.3%	74.6%	69.2%	73.4%	64.4%	64.4%
2014/15 Educational attainment - % of children with free school meals status achieving 5A*-C GCSEs, including English and Maths	33.3%	41.5%	35.8%	43.8%	35.0%	40.4%	44.0%
2021 16-17 year olds not in education, employment or training (NEET)	4.7%	4.9%	2.2%	2.1%	2.3%	3.9%	3.8%

Education

2021/22 School readiness - percentage of children achieving a good level of development at the end of reception

Croydon	67%
Kingston	72%
Merton	69%
Richmond	74%
Sutton	70%
Wandsworth	72%

London average
England average

2021 16-17 year olds not in education, employment or training (NEET)

Croydon	4.9%
Kingston	2.2%
Merton	2.1%
Richmond	2.3%
Sutton	3.9%
Wandsworth	3.8%

England average
London average
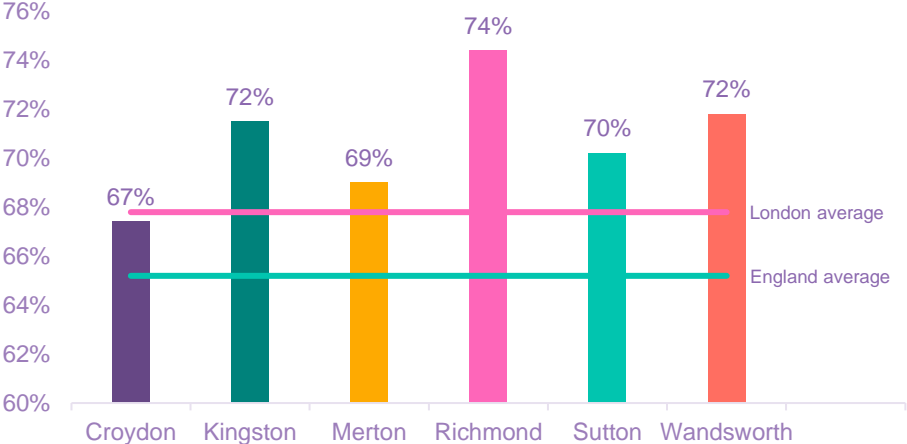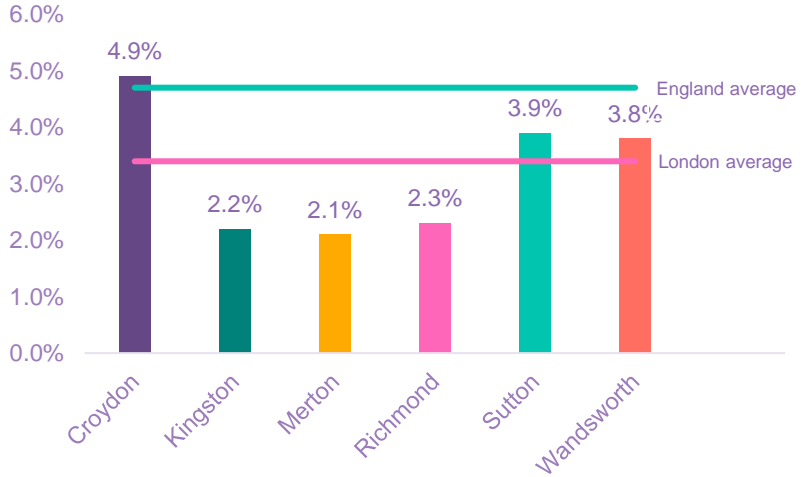
Source: Public health profiles - OHID (phe.org.uk)

Social connectedness

Loneliness rates during the COVID-19 pandemic 2020/2021

% of people who report feeling lonely often/always or some of the time

Authority	Value
Croydon	28.16
Kingston	30.77
Merton	27.71
Richmond	27.10
Sutton	27.38
Wandsworth	31.05

London average 28.60%

England average 26.76%
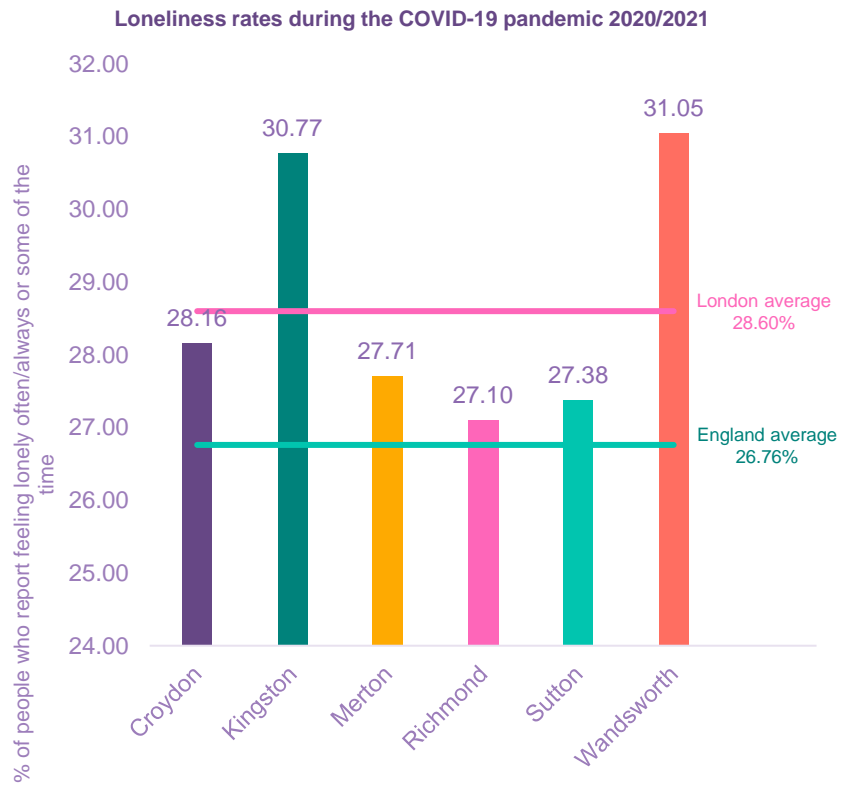
There is clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family.

This measure will draw on self-reported levels of social contact as an indicator of social isolation for both users of social care and carers.

Social connections matter directly to our health. Individuals who report feelings of loneliness are more likely to have health problems later in their life. Most studies of the link between loneliness and health find that both objective solitude (e.g. living alone) and subjective loneliness (e.g. frequent self-reported feelings of loneliness) are correlated with higher morbidity (i.e. dementia) and higher mortality.

During the COVID-19 pandemic, on average more people in South West London reported feeling lonely often/always or some of the time than the average for London and England.

Source: Loneliness rates and well-being indicators by local authority - Office for National Statistics (ons.gov.uk)

Unpaid carers

2021 Census – Percentage of the population providing unpaid care

Chart: % of population providing unpaid care

- Croydon: 7.9
- Kingston: 7.3
- Merton: 7
- Richmond: 8.1
- Sutton: 8.1
- Wandsworth: 5.7

England average
London average
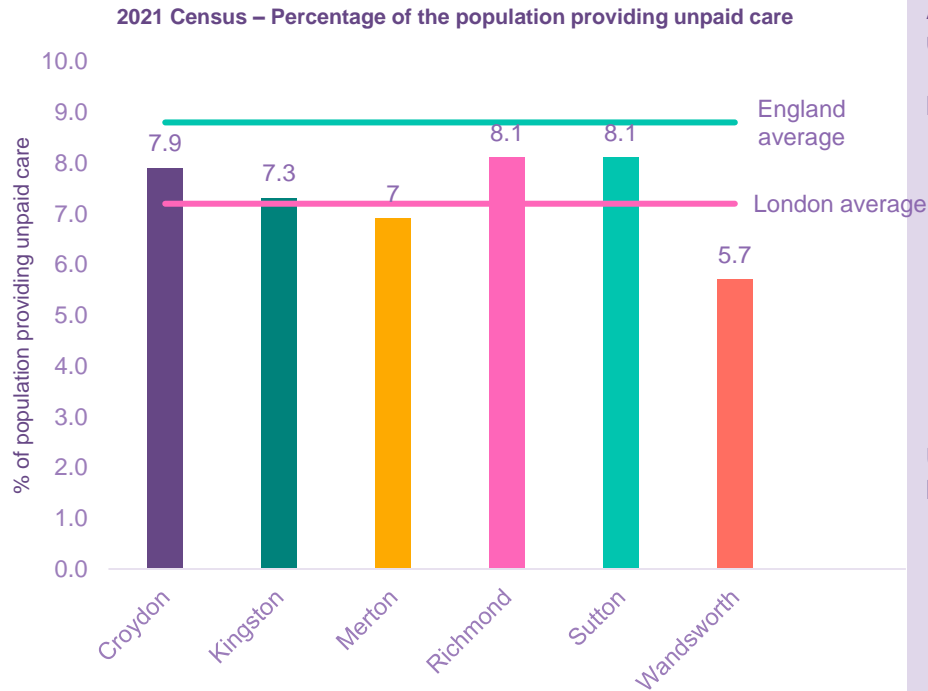
An average of 7.13% of people in South West London provide unpaid care, according to the 2021 Census.

National data suggests that
- Unpaid care increased at a faster pace than population growth between 2001 and 2011.
- An aging population with longer life expectancy and long term conditions means more care provided for longer.
- Health professionals only identify 1 in 10 carers
- There is increasing prevalence of "sandwich carers" – those who are simultaneously providing care to young children at the sae time as older relatives, or people with multiply caring responsibilities.

Unpaid carers are more than 2 times more likely to have poor health.
- Around 1/3rd of carers have as much social contact as they would like.
- 64% of carers report a lack of practical support.
- Caring can have a negative impact on the carer's physical and mental health, and that caring can adversely affect education and employment.

Health risk behaviour.

The distribution of health risk behaviour

The total burden of disease attributable to causes and health risk behaviours has reduced by approximately 15,000 DALYs per 100,000 people in the last 30 years, however progress slowed significantly around 2010 and has now started to increase. This same pattern is true of all 6 Places in South West London ICS.

Greater London, Both sexes, All ages

Environmental
Behavioral
Metabolic

Greater London, Both sexes, All ages

HIV/AIDS & STIs
Respiratory infections & TB
Enteric infections
NTDs & malaria
Other infectious
Maternal & neonatal
Nutritional deficiencies
Neoplasms
Cardiovascular diseases
Chronic respiratory
Digestive diseases
Neurological disorders
Mental disorders
Substance use
Diabetes & CKD
Skin diseases
Sense organ diseases
Musculoskeletal disorders
Other non-communicable
Transport injuries
Unintentional inj
Self-harm & violence

Source: Global Burden of Disease Visualisations: Compare (thelancet.com)

The distribution of health risk behaviour

South West
London
Integrated
Care System

Greater London
Both sexes, All ages, DALYs per 100,000

2009 rank	2019 rank
1 Ischemic heart disease	1 Low back pain
2 Low back pain	2 Ischemic heart disease
3 COPD	3 COPD
4 Lung cancer	4 Diabetes type 2
5 Diabetes type 2	5 Lung cancer
6 Migraine	6 Major depression
7 Major depression	7 Migraine
8 Falls	8 Falls
9 Lower respiratory infect	9 Neck pain
10 Other musculoskeletal	10 Other musculoskeletal

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

Greater London
Both sexes, All ages, DALYs per 100,000

2009 rank	2019 rank
1 Smoking	1 Smoking
2 High body-mass index	2 High body-mass index
3 High fasting plasma glucose	3 High fasting plasma glucose
4 High systolic blood pressure	4 High systolic blood pressure
5 Alcohol use	5 Alcohol use
6 High LDL cholesterol	6 High LDL cholesterol
7 Drug use	7 Drug use
8 Ambient particulate matter pollution	8 Ambient particulate matter pollution
9 Low temperature	9 Low temperature
10 Low birth weight	10 Diet low in whole grains

Metabolic risks
Environmental/occupational risks
Behavioral risks

The global burden of disease (GBD) study assesses mortality and disability from diseases, injuries, and risk factors. There has been a change in the top causes of DALYs per 100,000 in the 10 years from 2009-2019 and the top causes differ between Places.

Risk factors for DALYs have remained largely the same in the same 10 year period.

The distribution of health risk behaviour

Rank	London	Croydon	Sutton	Kingston	Merton	Richmond	Wandsworth
1	Smoking	Smoking					
2	High BMI	High fasting blood glucose		High BMI			
3	High fasting blood glucose	High BMI		High fasting blood glucose			
4	High BP	High systolic blood pressure				Alcohol use	
5	Alcohol	Alcohol use				High systolic blood pressure	

The top 5 risk factors for **DALYs** per 100,000 is the same in all 6 Places, although the rank varies between.
1. Smoking
2. High BMI
3. High fasting blood glucose
4. High systolic blood pressure
5. Alcohol use

Source: Global Burden of Disease Visualisations: Compare (thelancet.com)

Smoking

2021 Smoking prevalence in Adults age 18+

% of current smokers

- Croydon: 14.3, 31.6
- Kingston: 12.9, 28.7
- Merton: 14.5, 23.3
- Richmond: 10.9, 23.1
- Sutton: 13.9, 27.1
- Wandsworth: 13.6, 20.9

England prevalence 26.3%
London prevalence 26.0%
London prevalence 15.0%
England prevalence 14.4%

■ Adults 18+ ■ Adults 18+ with long term mental health condition
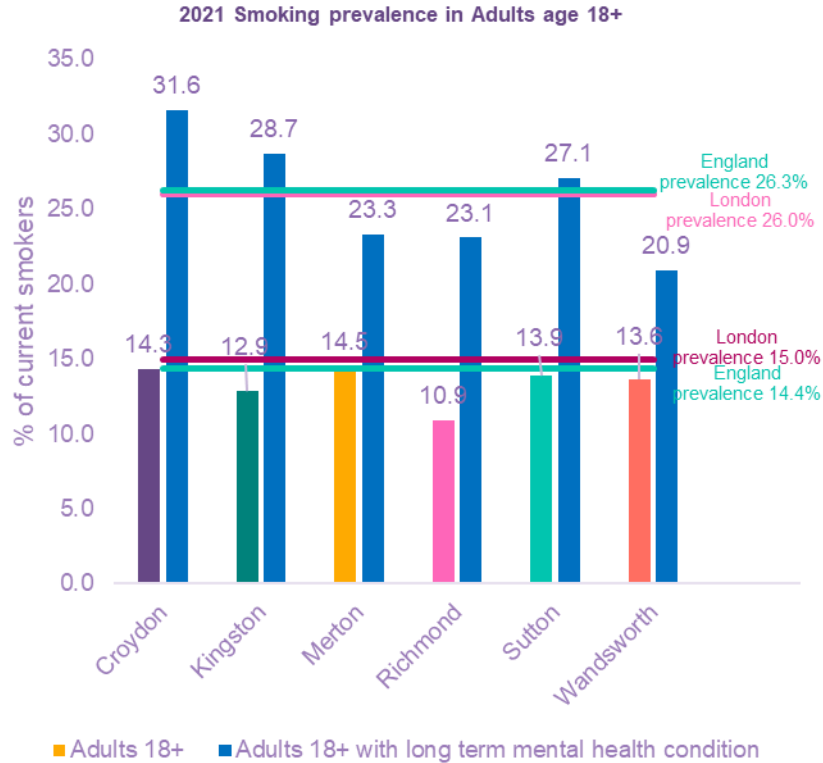
Smoking prevalence in over 18s in South West London is 12.8%, ranging from 10.9% in Richmond to 14.5% in Merton.
It is below the average for London in all 6 Places and below the average for England in all Places apart from Merton.

Smoking prevalence in patients with long term mental health conditions is approximately double that of patients without. Prevalence is below the regional and national average in Merton, Richmond and Wandsworth but above average in Croydon, Kingston, and Sutton.

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Smoking is a modifiable behavioural risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

Source: Public health profiles - OHID (phe.org.uk)
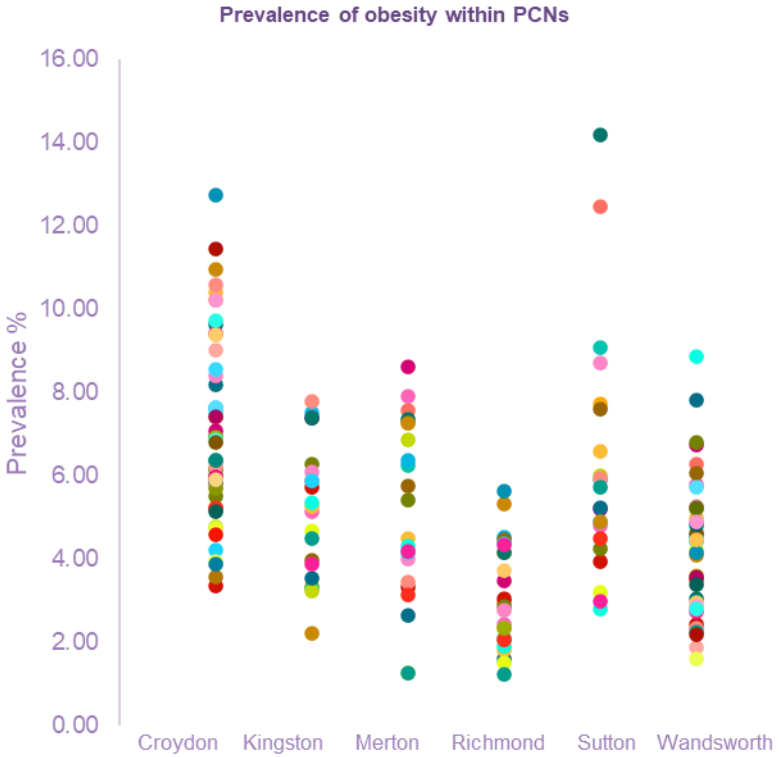
Obesity

2021/22 Obesity prevalence
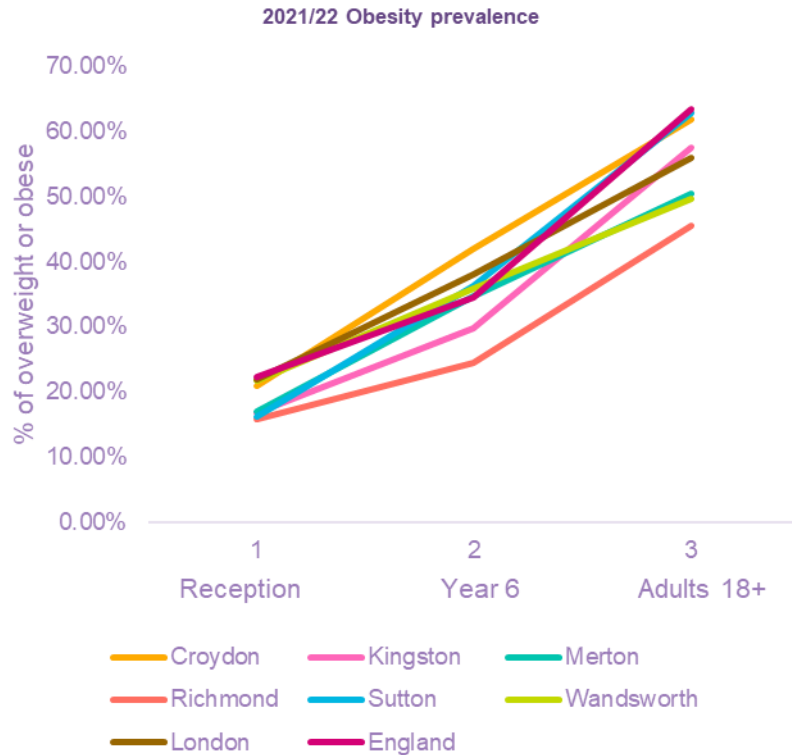
Hospital admissions either directly attributable to obesity, where obesity is a factor or for bariatric surgery are increasing in all 6 Places, although are still below the average levels for London and England.

The percentage of people with obesity almost doubles between Reception and Year 6 and then again from year 6 to adulthood.

	Reception	Year 6	Adults
Croydon	20.9%	41.9%	61.8%
Kingston	16.8%	29.8%	57.6%
Merton	17.1%	34.8%	50.4%
Richmond	15.8%	24.5%	45.5%
Sutton	16.2%	36.3%	62.8%
Wandsworth	21.7%	35.9%	49.7%
London	21.9%	38.0%	56.0%
England	22.3%	34.6%	63.5%

Source: Public health profiles - OHID (phe.org.uk)

Obesity

Prevalence of obesity within PCNs

Prevalence of obesity varies significantly within Places. The prevalence within one PCN ranges from 2.98% to 14.19%.
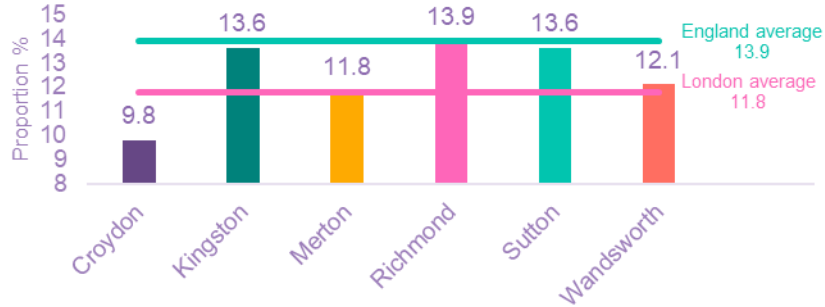
One average, in 2019/20 57.9% of adults in South West London ate the recommended '5-a-day' on a usual day. This ranges from 52.5% in Croydon to 64.4% in Richmond. The national average is 55.4% and the average for London is 55.8%.

The prevalence of obesity is a major public health challenge for the United Kingdom. In England, for example, in 2016 26% of adults were obese.

There is a substantive evidence base on the epidemiology of obesity and its association with poor clinical outcomes. In addition to the obvious associated disease burden such as inactivity, degenerative joint disease, lower employment and mood disorders, obesity is also a major contributory factor for some of the commonest causes of death and disability in developed economies, most notably greater rates of diabetes mellitus and accelerated onset of cardiovascular disease. Obesity has therefore become a major health issue for the United Kingdom.

Source: Quality and Outcomes Framework (QOF) - NHS Digital

Physical activity

2014/15 Percentage physically active for at least 1 hour per day, 7 days a week at age 15

Croydon 9.8, Kingston 13.6, Merton 11.8, Richmond 13.9, Sutton 13.6, Wandsworth 12.1

England average 13.9
London average 11.8

2020/2021 Physically inactive adults

Croydon 24.1, Kingston 21.9, Merton 20.2, Richmond 17.6, Sutton 28.6, Wandsworth 16.3

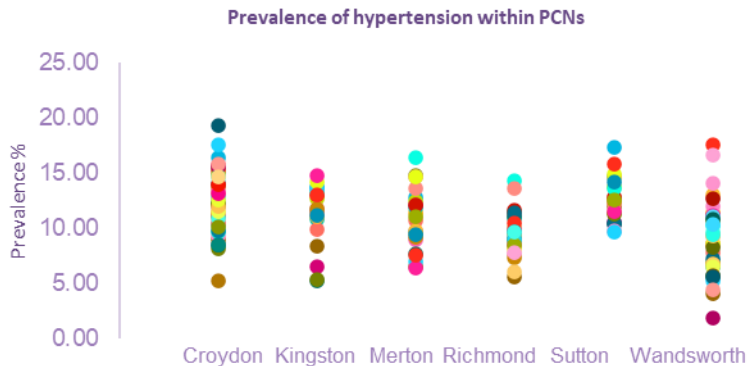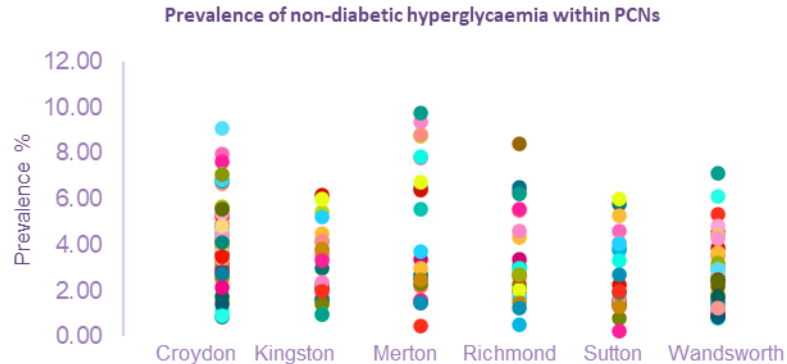London average 24.3
England average 23.4
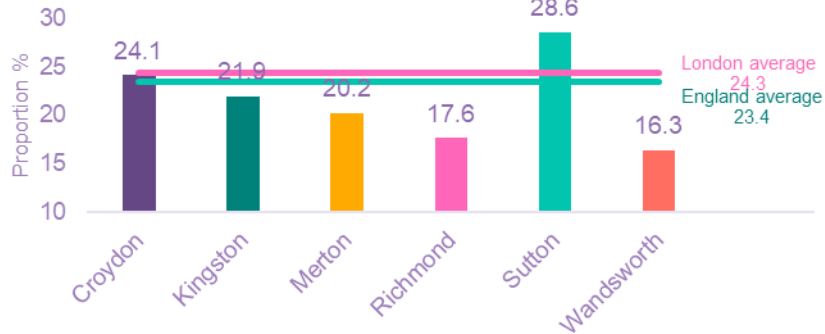
The proportion of 15 year olds who were physically active for at least 1 hour a day, every day in 2014/15 was higher than the regional average but lower than the national average. The proportion of physically inactive adults in 2020/21 was better than the regional and national average.

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.

The CMO currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two (MVPA), in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity or frequency.

Source: Public health profiles - OHID (phe.org.uk)

Non-Diabetic Hyperglycaemia and Hypertension

South West London Integrated Care System

Prevalence of non-diabetic hyperglycaemia within PCNs

Prevalence of hypertension within PCNs

5. High fasting blood glucose Prevalence of non-diabetic hyperglycaemia varies more within than between Places. Prevalence in Merton ranges from 0.45% in one GP practice to 9.77 in another. NDH, also known as pre-diabetes or impaired glucose regulation, refers to raised blood glucose levels (HbA1c values between 6.0-6.4%, equivalent to 42-47 mmol/mol), but not in the diabetic range (HbA1c >= 6.5%, equivalent to 48 mmol/mol). People with NDH are at increased risk of developing Type 2 diabetes or other cardiovascular conditions. Regular monitoring of people with NDH is important, as it may prevent progression to Type 2 diabetes.

Prevalence of **Hypertension** in South West London is 10.64% on average, ranging from 9.62% in Richmond to 12.63% in Croydon. Overall, prevalence of hypertension is below the national average in all 6 Places. Prevalence is higher in Black ethnic group and increases from age 40.

There is more variation within Places. The GP practices with the highest prevalence are all higher than the average for South West London.

Hypertension is a serious medical condition and can increase the risk of heart, brain, kidney and other diseases. It is a major cause of premature death worldwide.

Source: QOF Microsoft Power BI

Alcohol - adults

2020/2021 Admission episodes for alcohol related conditions

Admission episodes per 100,000

- Croydon: 1229
- Kingston: 1500
- Merton: 1399
- Richmond: 1239
- Sutton: 1171
- Wandsworth: 1510

England average 1500
London average 1418

2020 Alcohol-related mortality

Directly standardised ate per 100,000

- Croydon: 31.3
- Kingston: 27.9
- Merton: 40.4
- Richmond: 21.5
- Sutton: 36.6
- Wandsworth: 29.5

England average 37.8
London average 32.2
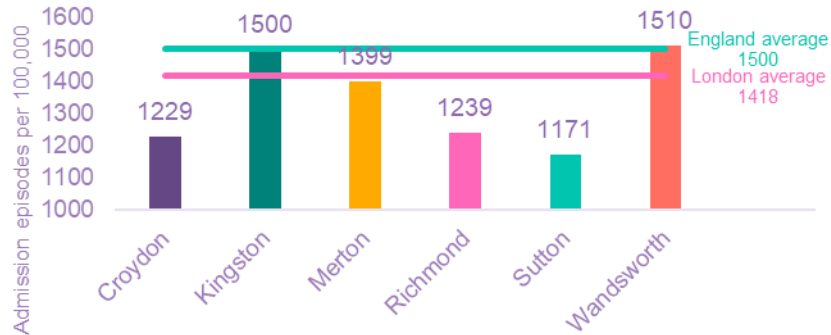
Alcohol related mortality is below the average for London and England in Croydon, Kingston, Richmond and Wandsworth. It is below the national average but above the London average in Sutton and above both the regional and national average in Merton.

Kingston and Wandsworth both have higher than average for London admission episodes for alcohol related conditions.

In children and young people, approximately double the national average and triple the regional average number of 15 year olds have been drunk in the last 4 weeks and the proportion of 15 year olds who have ever had an alcoholic drink is higher than average for London, particularly in Kingston, Richmond, and Sutton.
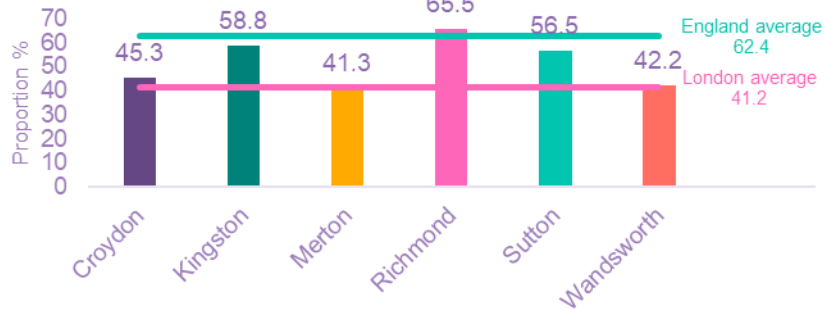
Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.
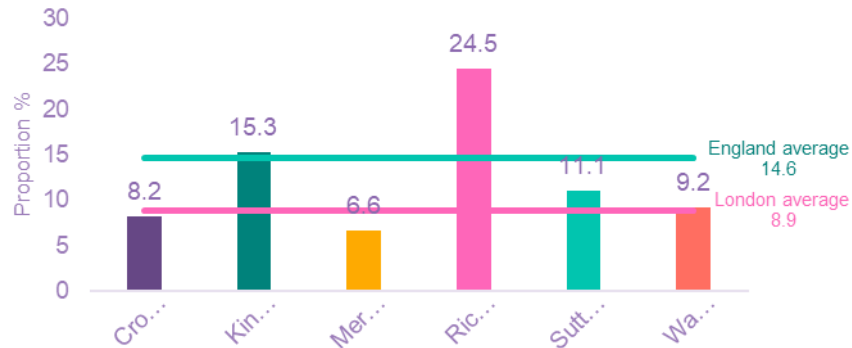
Source: Public health profiles - OHID (phe.org.uk)
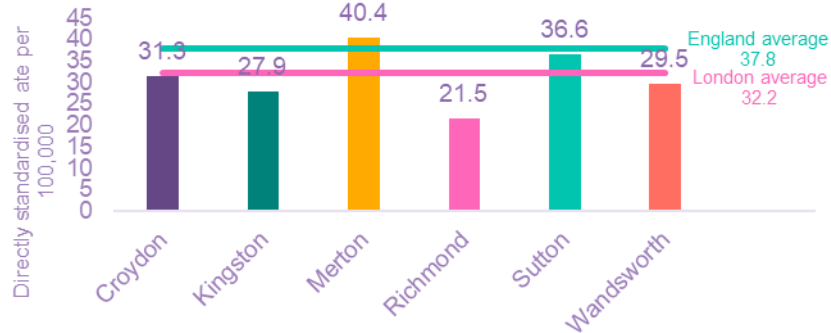
Alcohol – children and young people

2014/15 Percentage who have ever had an alcoholic drink at age 15

Croydon 45.3, Kingston 58.8, Merton 41.3, Richmond 65.5, Sutton 56.5, Wandsworth 42.2

England average 62.4
London average 41.2

2014/15 Percentage who have been drunk in the last 4 weeks at age 15

Cro... 8.2, Kin... 15.3, Mer... 6.6, Ric... 24.5, Sutt... 11.1, Wa... 9.2

England average 14.6
London average 8.9

More than half of all children in South West London have had an alcoholic drink at age 15.

1 in 8 15 year olds have been drunk in the last 4 weeks. This ranges from 1 in 16 in Merton to 1 in 4 in Richmond.

Nationally, the rate of hospital admissions of children and young people for conditions wholly related to alcohol is decreasing. This is not the case in SWL, where there is no significant trend. The admission rate in the latest period is better than the England average.

Previous research has highlighted the fact that young people who start drinking alcohol at an early age tend to drink more frequently and more in total than those who start drinking later in their life; as a result, they are more likely to develop alcohol problems in adolescence and adulthood . As a result, in 2009 The Chief Medical Officer for England issued guidance that young people under 15 should not drink alcohol at all.

Source: Public health profiles - OHID (phe.org.uk)

Health and care needs and trends – Health Index.

Health index data

South West London Integrated Care System

Local Authority / Place	Health Index Score	National rank out of 307
Croydon	98.8	211th
Kingston	104.3	93rd
Merton	104.0	98th
Richmond	108.0	21st
Sutton	102.3	135th
Wandsworth	101.6	147th

The Office for National Statistics (ONS) developed the Health Index to track how various health indicators are changing across the country. All scores are relative to a 2015 baseline score of 100. A score of above 100 means health is better than England's health in 2015 and lower than 100 is worse.

Health in Croydon is in the bottom 40% for England.

Health in Sutton and Wandsworth is close to the national average for England.

Health in Richmond is in the top 10% for England. Health in Kingston and Merton is in the top 40% for England.

All 6 Places have particularly low scores for health relating to protective measures (sexual health, vaccine coverage, and cancer screening) and living conditions (air pollution, household overcrowding, noise complaints, road safety, and rough sleeping).

Health Index Data - Croydon

Health in England in 2015
100
2019 value
Distribution of local authority values in 2020
2020 value

90   100   110

- Difficulties in daily life
- Physical health conditions
- Mental health
- Access to services
- Crime
- Mortality
- Economic and working conditions
- Personal well-being
- Living conditions
- Physiological risk factors
- Behavioural risk factors
- Access to green space
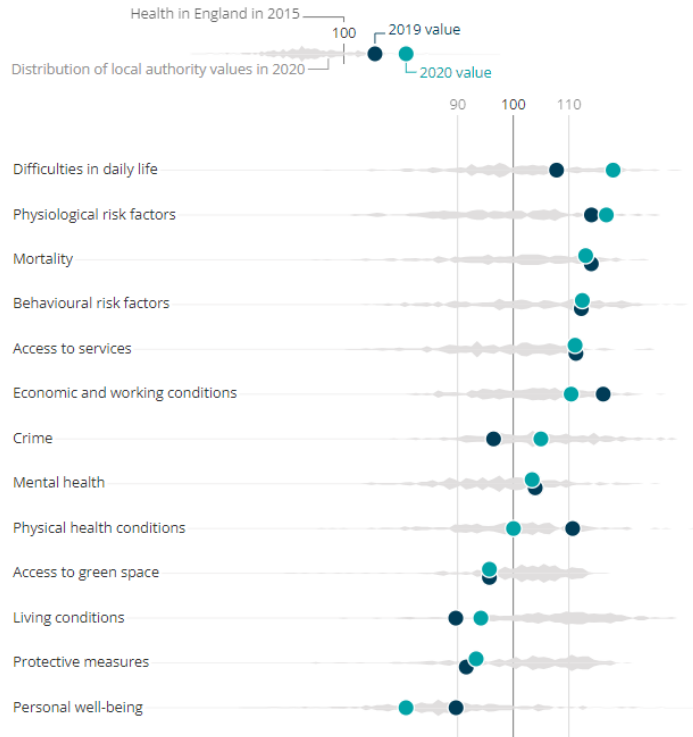- Protective measures

Croydon's health index score decreased slightly in 2020.

Croydon's best score across all subdomains is 117.1 for health relating to "difficulties in daily life".
"Difficulties in daily life" looks at disability and frailty.
"Frailty" measures hospital admissions as a result of a hip fracture in those aged 65 years and over. Figures may have been affected by higher mortality rates in frailer people during the pandemic, or people being less exposed to injury while less active and staying at home.
The second highest scoring subdomain is "physical health conditions", while Croydon's worst score is for "protective measures".

Key headlines:
- Score for physical health has improved driven by a decrease in respiratory and cardiovascular conditions.
- Score for mental health is better than the national average.
- Score for access to services is better than the national average.

Source: How health has changed in your local area - Office for National Statistics (ons.gov.uk)

Health Index Data - Kingston

Health in England in 2015 — 100 — 2019 value
Distribution of local authority values in 2020 — 2020 value

90   100   110

- Difficulties in daily life
- Physiological risk factors
- Mortality
- Behavioural risk factors
- Access to services
- Economic and working conditions
- Crime
- Mental health
- Physical health conditions
- Access to green space
- Living conditions
- Protective measures
- Personal well-being

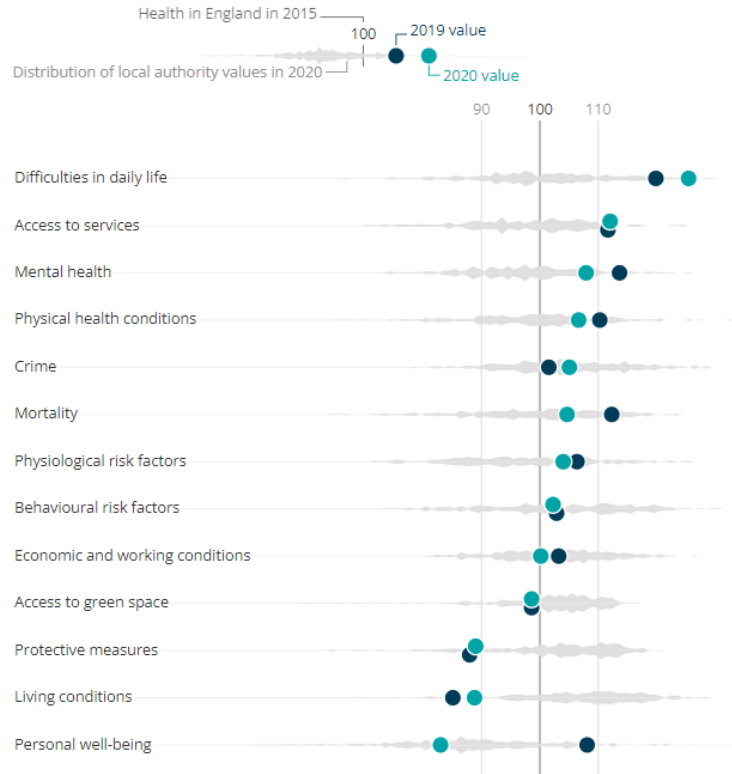Kingston's health index score increased slightly in 2020.

Kingston's highest score is for difficulties in daily life (disability and frailty).
Kingston's lowest score is for life satisfaction.

Key headlines:
- Score for physiological risk factors is better than the national average.
- Score for mortality has improved between 2015 and 2020.
- Score for behavioural risk factors has improved considerably since 2015.

Health Index Data - Merton
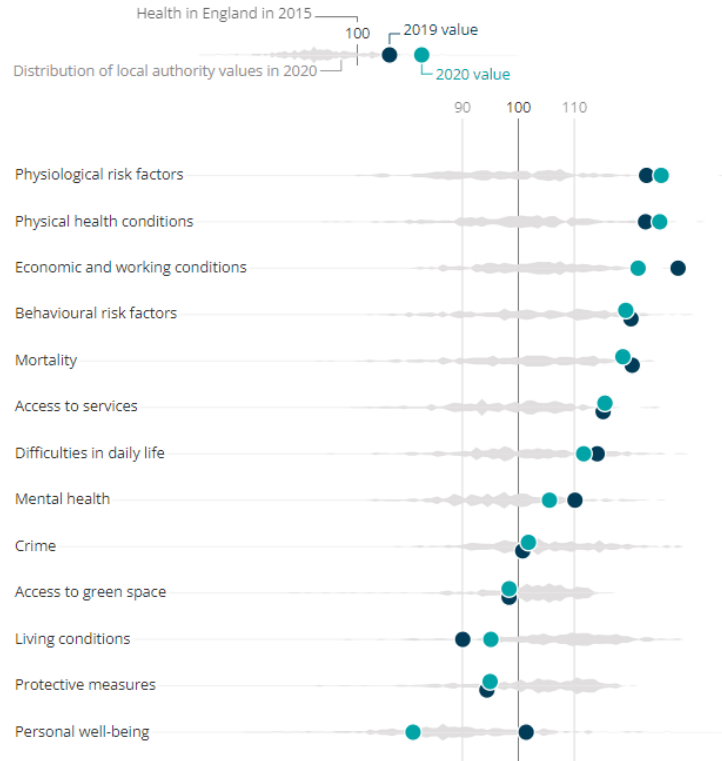

Merton's health index score decreased in 2020.

Merton's highest score is for difficulties in daily life (disability and frailty).
The lowest score is for feelings of anxiety and life satisfaction.

Key headlines:
- Score for access to services is better than the national average.
- Score for mental health worsened between 2015 and 2020.
- Score for physical health conditions worsened between 2015 and 2020.

Health Index Data - Richmond

South West London Integrated Care System

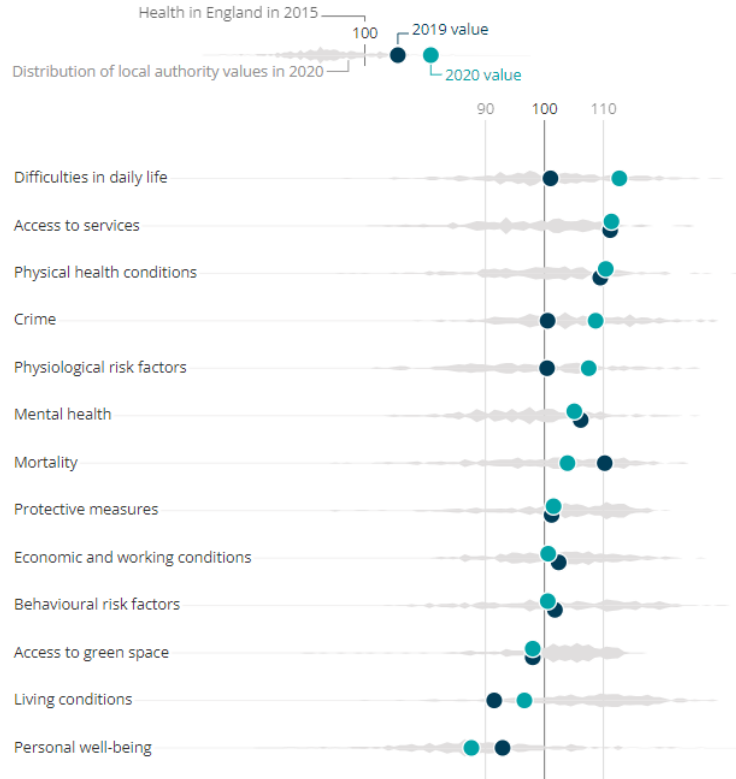Richmond's health index score decreased in 2020.

Richmond's highest score is for physiological risk factors.
Physiological risk factors looks at hypertension, low birth weight, overweight and obesity in adults, and overweight and obesity in children.
The lowest score is for activities in life being worthwhile and feelings of anxiety.

Key headlines:
- Score for health relating to physical health conditions is better than the score for England as a whole.
- Richmond has London's highest score for health relating to economic and working conditions.
- Score for health relating to behavioural risk factors is better than the national average.

Health Index Data - Sutton

Sutton's health index score increased in 2020.

The highest score was for difficulties in daily life.
Sutton's lowest indicator score is for workplace safety.

Key headlines:
- Score for access to services is better than the national average.
- Score for health relating to physical health conditions is better than the score for England as a whole.
- Sutton saw England's second greatest improvement in health relating to "crime" in the five years between 2015 and 2020.
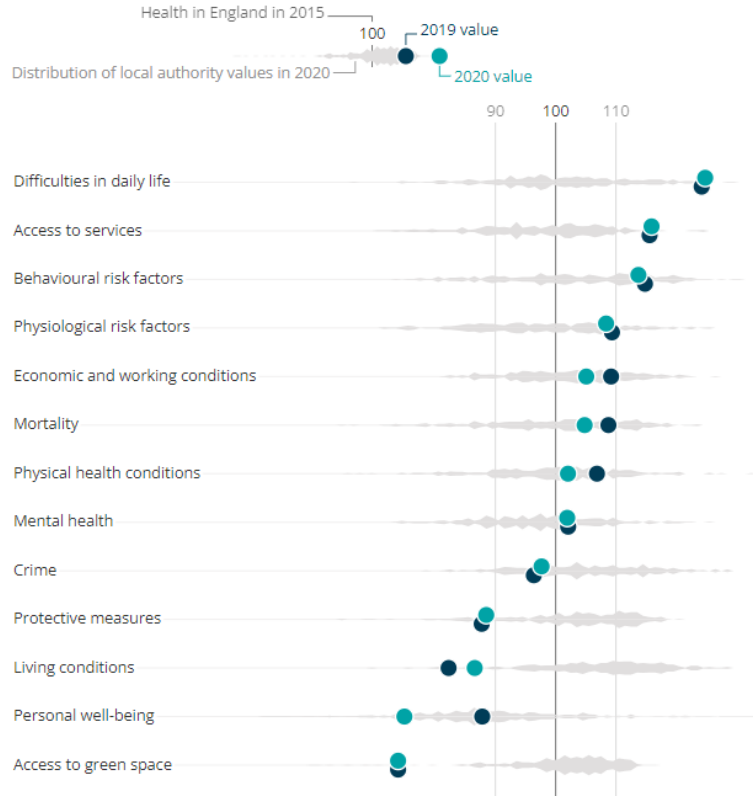
Health Index Data – Wandsworth

Wandsworth's health index score decreased in 2020.

The highest score was for difficulties in daily life.
Wandsworth's lowest indicator score is for private outdoor space.

Key headlines:
- Score for access to services is better than the national average.
- Score for behavioural risk factors is better than the national average.
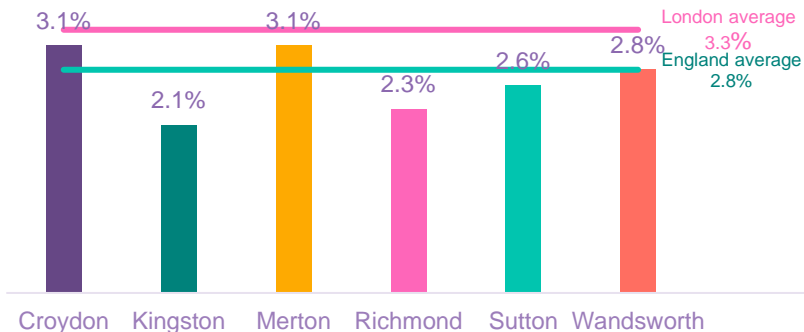- Score for physiological risk factors is better than the national average.

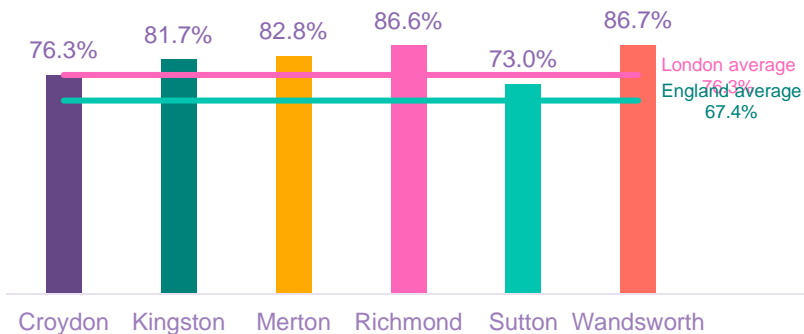# Health and care needs and trends – Birth.

Birth weight and first feeding

2021 Proportion of babies with low birth weight at term

- Croydon: 3.1%
- Kingston: 2.1%
- Merton: 3.1%
- Richmond: 2.3%
- Sutton: 2.6%
- Wandsworth: 2.8%
- London average: 3.3%
- England average: 2.8%

2018/19 Percentage of babies whose first feed is breastmilk

- Croydon: 76.3%
- Kingston: 81.7%
- Merton: 82.8%
- Richmond: 86.6%
- Sutton: 73.0%
- Wandsworth: 86.7%
- London average: 76.3%
- England average: 67.4%

In 2021 there were **18,254 live births** in South West London. Apart from Croydon, all Places perform better than or equal to the national and regional average in terms of babies born at term with low birth weight.
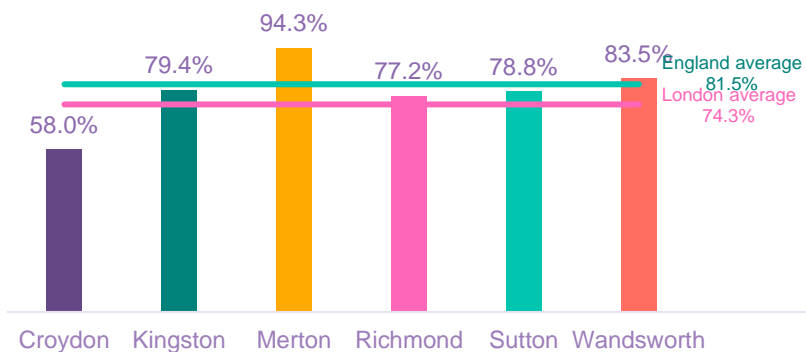
Low birthweight is an enduring aspect of childhood morbidity, a major factor in infant mortality and has serious consequences for health in later life (NICE). There are social inequalities in low birthweight in England and Wales and these inequalities are likely to affect childhood and adult health inequalities in the future.

All 6 Places perform better in terms of breastfeeding initiation than the national average, and better than or equal to the regional average in all Places apart form Sutton.

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. There is evidence that not breastfeeding is linked to an increased risk of gastrointestinal and respiratory tract infections. There is growing evidence that not breastfeeding might increase the risk of obesity later in life. Breastfeeding is associated with improved maternal health: lower risk of breast cancer and endometriosis, and greater postpartum weight loss and lower body mass index (BMI) in the longer term.

Source: Public health profiles - OHID (phe.org.uk)

Engagement with services

South West London Integrated Care System

2021/22 Proportion of infants receiving a 6 to 8 week review

Croydon 58.0%
Kingston 79.4%
Merton 94.3%
Richmond 77.2%
Sutton 78.8%
Wandsworth 83.5%
England average 81.5%
London average 74.3%

Proportion of infants receiving a 12 month review

Croydon 31.6%
Kingston 62.6%
Merton 68.4%
Richmond 82.0%
Sutton 65.1%
Wandsworth 79.6%
England average 76.1%
London average 67.6%
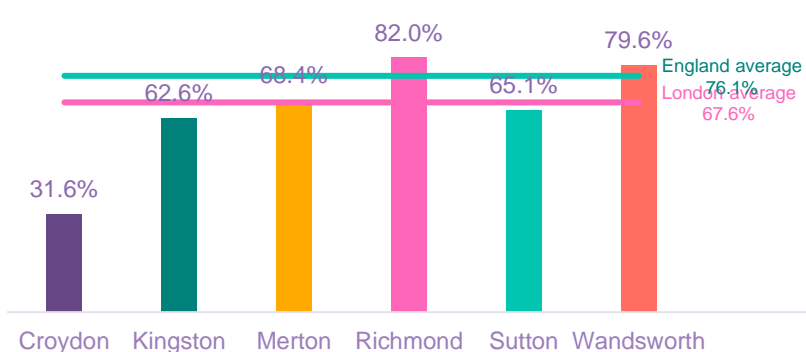
The proportion of infants receiving a 6 to 8 week review is mixed. It has fallen in some boroughs and increased in others. The 6 to 8 week review is an opportunity for support with breastfeeding if required, and allows an assessment of the mother's mental health, as well as reinforcing the discussions and messages from the new birth visit. It is an opportunity to ensure the mother has had a six-week postnatal check, and that the infant has received the infant physical examination, as well as a reminder of the importance of the vaccinations that take place in the first few months. Any difficulties the mother has had in receiving benefits she is entitled to can be discussed and support offered.

Proportion of infants receiving a 12 month review is lower than at 6-8 weeks and lower than the national average in 4 out of 6 Places. It has been falling in all Places apart from Wandsworth since 2018/19. All children should receive a review by a health visitor led team shortly before they turn one year. This allows for assessment of the baby's physical, emotional and social needs in the context of their family, including predictive risk factors, and provides an opportunity for both parents to talk about any concerns that they may have about their baby's health, as well as a reminder of the importance of the vaccinations at around one year. It also allows monitoring of the baby's growth, and discussions on weaning, oral health and home safety.

Source: Public health profiles - OHID (phe.org.uk)

Health and care needs and trends – Early years and school age.

Childhood immunisations age 1
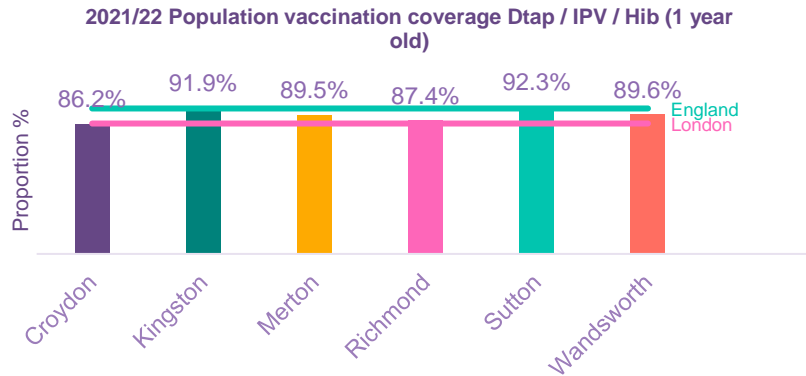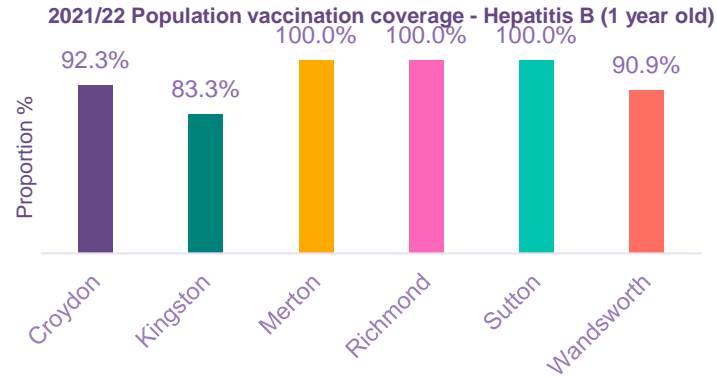
2021/22 Population vaccination coverage - Hepatitis B (1 year old)

Croydon 92.3%
Kingston 83.3%
Merton 100.0%
Richmond 100.0%
Sutton 100.0%
Wandsworth 90.9%

(Proportion %)

2021/22 Population vaccination coverage Dtap / IPV / Hib (1 year old)

Croydon 86.2%
Kingston 91.9%
Merton 89.5%
Richmond 87.4%
Sutton 92.3%
Wandsworth 89.6%

England
London

(Proportion %)

Childhood immunisation coverage is consistently below the recommended 95% levels for population protection against communicable diseases. Over the last 10 years, uptake has been declining. Previous evidence shows that highlighting vaccination programmes encourages improvements in uptake levels.

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

Since April 2000 it has been recommended that all pregnant women in England and Wales should be offered testing for hepatitis B through screening for HBsAg, and that all babies of HBsAg seropositive women should be immunised.

The combined DTaP/IPV/Hib is the first in a course of vaccines offered to babies to protect them against diphtheria, pertussis (whooping cough), tetanus, Haemophilus influenzae type b (an important cause of childhood meningitis and pneumonia) and polio (IPV is inactivated polio vaccine).

Source: Public health profiles - OHID (phe.org.uk)

Childhood immunisations age 1

South West London Integrated Care System

2021/22 Population vaccination coverage MenB (1 year)

85.4% 90.4% 88.3% 87.0% 91.5% 88.6%

Proportion %

England
London

Croydon Kingston Merton Richmond Sutton Wandsworth

2021/22 Population vaccination coverage Rotavirus (1 year)

84.1% 90.3% 88.1% 85.9% 92.4% 87.8%

Proportion %

England
London

Croydon Kingston Merton Richmond Sutton Wandsworth

Childhood immunisation coverage is consistently below the recommended 95% levels for population protection against communicable diseases. Over the last 10 years, uptake has been declining. Previous evidence shows that highlighting vaccination programmes encourages improvements in uptake levels.
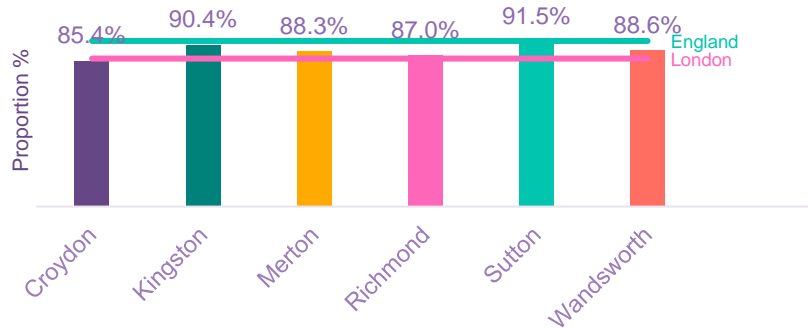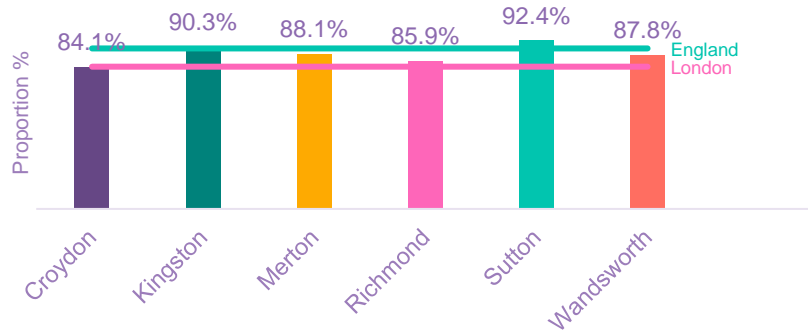
Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease.

The MenB vaccine protects against invasive meningococcal disease capsule group B most commonly presenting as either septicaemia or meningitis, or a combination of both. The vaccine was introduced into the routine childhood immunisation programme in September 2015 for babies at 8 and 16 weeks of age with a booster dose afther the first birthday.

The rotavirus vaccine protects against gastroenteritis. The vaccine was introduced into the routine childhood immunisation programme in 2013 for babies at 8 and 12 weeks of age.

Source: Public health profiles - OHID (phe.org.uk)

Childhood immunisations age 2

South West London Integrated Care System

2021/22 Population vaccination coverage HepB (2 years)

Croydon	Kingston	Merton	Richmond	Sutton	Wandsworth
92.5%	100.0%	88.9%	75.0%	83.3%	100.0%

Proportion %

2021/22 Population vaccination coverage Dtap / IPV / Hib (2 years)

Croydon	Kingston	Merton	Richmond	Sutton	Wandsworth
87.7%	91.2%	89.8%	92.2%	93.0%	89.9%

England
London

Proportion %

Childhood immunisation coverage is consistently below the recommended 95% levels for population protection against communicable diseases. Over the last 10 years, uptake has been declining.
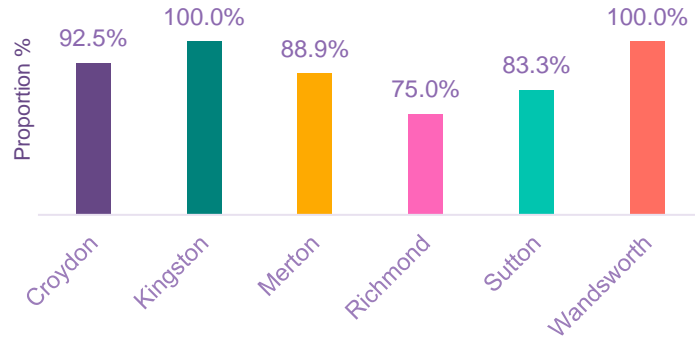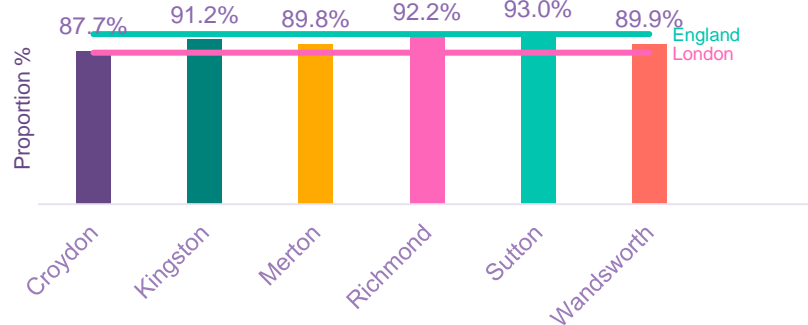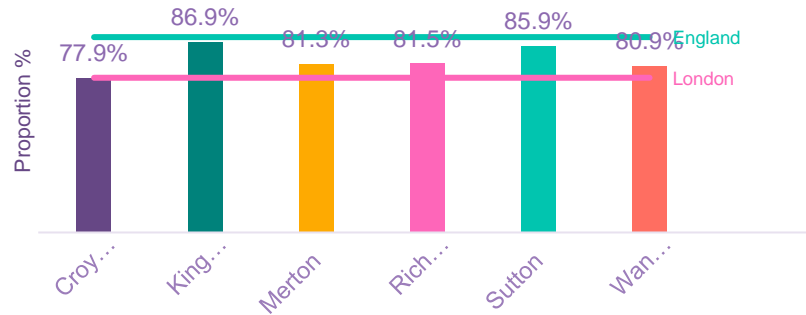
Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

Infants born to hepatitis B virus (HBV) infected mothers are at high risk of acquiring HBV infection themselves. Babies born to infected mothers are given a dose of the hepatitis B vaccine after they are born. This is followed by another two doses (with a month in between each) and a booster dose 24 months later. Around 20% of people with chronic hepatitis B will go on to develop scarring of the liver (cirrhosis), which can take 20 years to develop, and around 1 in 10 people with cirrhosis will develop liver cancer.
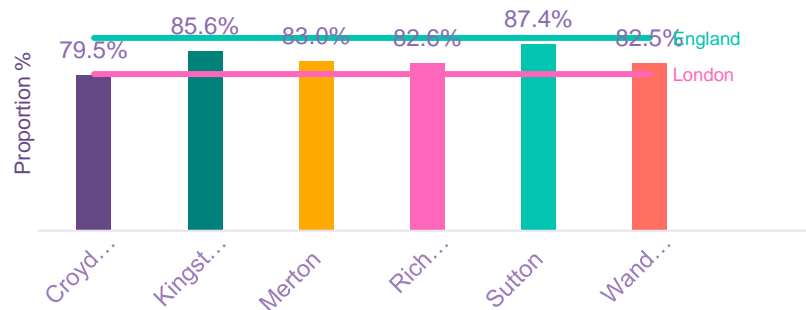
The combined DTaP/IPV/Hib is the first in a course of vaccines offered to babies to protect them against diphtheria, pertussis (whooping cough), tetanus, Haemophilus influenzae type b (an important cause of childhood meningitis and pneumonia) and polio (IPV is inactivated polio vaccine).

Source: Public health profiles - OHID (phe.org.uk)

Childhood immunisations age 2

South West London Integrated Care System

2021/22 Population vaccination coverage MenB (2 years)

Proportion %

77.9%
86.9%
81.3%
81.5%
85.9%
80.9% England
London

Croy… King… Merton Rich… Sutton Wan…

2021/22 Population vaccination coverage Hib / MenC (2 years)

Proportion %

79.5%
85.6%
83.0%
82.6%
87.4%
82.5% England
London

Croyd… Kingst… Merton Rich… Sutton Wand…

Childhood immunisation coverage is consistently below the recommended 95% levels for population protection against communicable diseases. Over the last 10 years, uptake has been declining. Previous evidence shows that highlighting vaccination programmes encourages improvements in uptake levels.
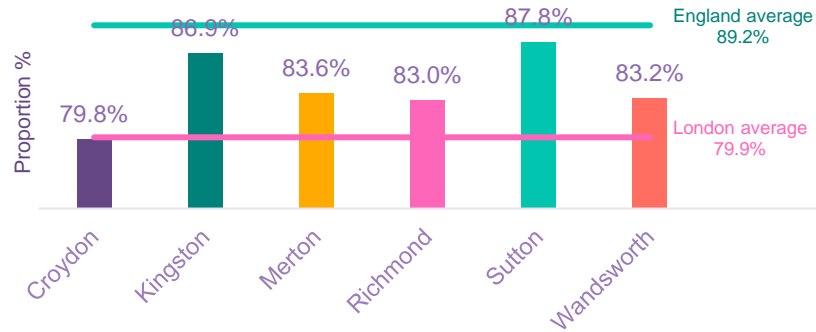
Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease.

The MenB vaccine is given to all children under two years old as part of the childhood vaccination programme. It vaccine protects against invasive meningococcal disease capsule group B most commonly presenting as either septicaemia or meningitis, or a combination of both. The vaccine was introduced into the routine childhood immunisation programme in September 2015 for babies at 8 and 16 weeks of age, with a booster dose after the first birthday.
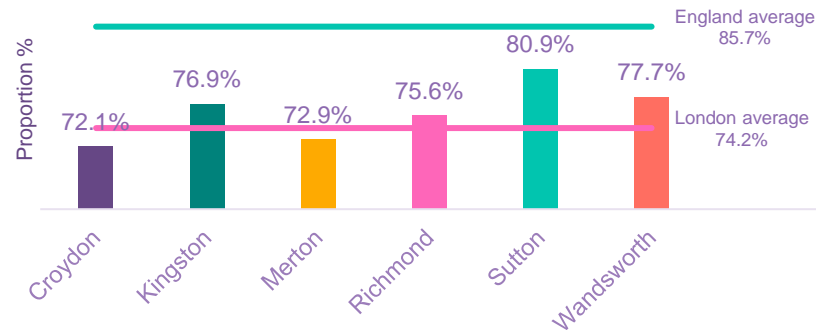
The Hib / MenC booster increases the protection a child gets from the first course of Hib vaccine when they are 8, 12 and 16 weeks old, and the MenC vaccine when they are 12 and 16 weeks. This boosted immunity lasts into adulthood.

Childhood immunisations MMR

2021/22 Population vaccination coverage MMR (1 dose at age 2)

- Croydon: 79.8%
- Kingston: 86.9%
- Merton: 83.6%
- Richmond: 83.0%
- Sutton: 87.8%
- Wandsworth: 83.2%
- England average 89.2%
- London average 79.9%

Population vaccination coverage MMR (2 doses at age 5)

- Croydon: 72.1%
- Kingston: 76.9%
- Merton: 72.9%
- Richmond: 75.6%
- Sutton: 80.9%
- Wandsworth: 77.7%
- England average 85.7%
- London average 74.2%

Childhood immunisation coverage is consistently below the recommended 95% levels for population protection against communicable diseases. Over the last 10 years, uptake has been declining. Previous evidence shows that highlighting vaccination programmes encourages improvements in uptake levels.

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.
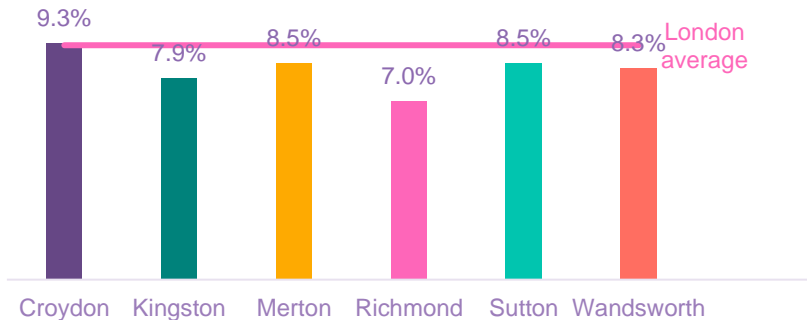
The first MMR vaccine is given to children as part of the routine vaccination schedule, usually within a month of their first birthday. They'll then have a booster dose before starting school, which is usually between three and five years of age.

Source: Public health profiles - OHID (phe.org.uk)

Reproductive health

2020 Conception rate of under 18s and births to mothers under 18 have been falling and are below the national average in all 6 Places.

Place	Conception rate <18s per 1,000	Regional	National	Births to mothers <18 per 1,000	Regional	National	LARC prescribed per 1,000	Regional	National	Abortion rate age 15-44 per 1,000	Regional	National
Croydon	11.3			3.8			29.4			27.3	21.5	18.9
Kingston	5.7			0.3			40.1			15.4		
Merton	7.1			1.3			29.9			19.1		
Richmond	5.7	9.8	13.0	0.3	2.5	3.8	37.0	27.0	34.6	15.5		
Sutton	7.1			1.1			25.9			19.9		
Wandsworth	12.0			2.9			35.3			16.2		

Source: SPLASH Croydon 2021-01-27 (phe.org.uk)

Mental health – Children and Young People

2015 Prevalence of mental health disorders in GP registered population age 5-16

- Croydon: 9.3%
- Kingston: 7.9%
- Merton: 8.5%
- Richmond: 7.0%
- Sutton: 8.5%
- Wandsworth: 8.3%

London average

2020/21 Hospital admissions per 100,000 for mental health conditions (0-17 years)

- Croydon: 21
- Kingston: 99.9
- Merton: 73.3
- Richmond: 120.1
- Sutton: 40.5
- Wandsworth: 69.3
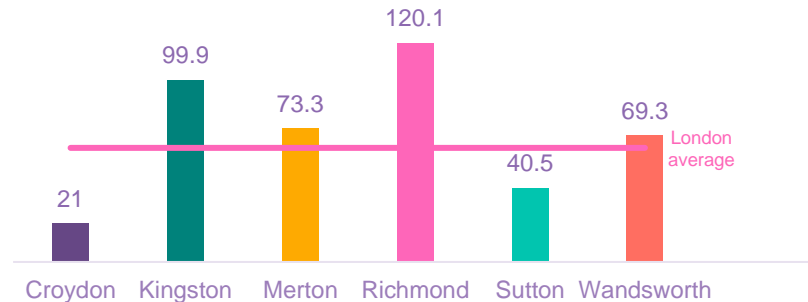
London average

2020/21 Hospital admissions per 100,000 for self-harm (10-24 years)

- Croydon: 169.3
- Kingston: 517.9
- Merton: 242.4
- Richmond: 367.8
- Sutton: 304.1
- Wandsworth: 259.7
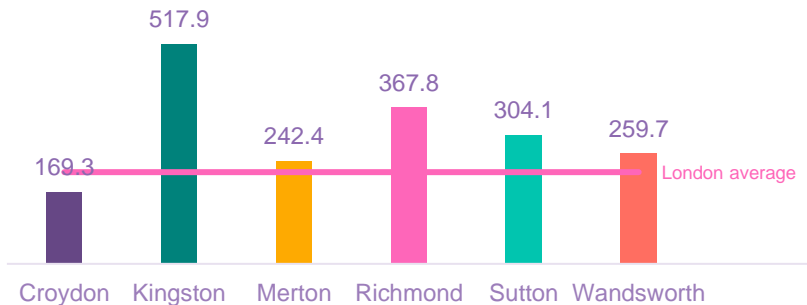
London average

In 2021, there were higher than the average for London hospital admissions for mental health conditions in children and young people age 0-17 in Kingston, Merton, Richmond, and Wandsworth. Admission rate in Richmond was nearly double the regional average.

In Croydon, the rate of admissions for mental health conditions and the rate of self harm is better than the national average.

Source: Toolkit | London Mental Health (nhsbenchmarking.nhs.uk)

Oral health

	% of population examined	% with any decay experience	% of children with 1 or more obvious untreated dentally decayed teeth
London	3%	12.6%	11.8%
England	3%	10.7%	9.6%
Croydon	1%	**14.9% ↑↑**	**14.9% ↑↑**
Kingston	11%	7.5%	6.7%
Merton	7%	**11.0% ↑↑**	**10.2% ↑**
Richmond	5%	4.5%	4.5%
Sutton	6%	8.2%	8.2%
Wandsworth	3%	9.6%	9.0%

The oral health survey of 3-year-old children during the 2019 to 2020 school year suggests that dental decay is less prevalent in South West London compared to the whole of London and England.

65% of dentists in London are unable to accept new child patients.
40.7% of children in South West London received NHS dental care in the 12 months preceding the end of June 2022. This compares to 46.2% nationally.

In South West London, the rate of hospital admissions of children aged 0-5 years for dental caries is 278.0 per 100,000, higher than the national average of 220.8 per 100,000.

Dental caries (tooth decay) and periodontal (gum) disease are the most common dental pathologies in the UK. Tooth decay has become less common over the past two decades, but is still a significant health and social problem. It results in destruction of the crowns of teeth and frequently leads to pain and infection. Dental disease is more common in deprived areas, compared to affluent, communities. The indicator is a good direct measure of dental health and an indirect, proxy measure of child health and diet.
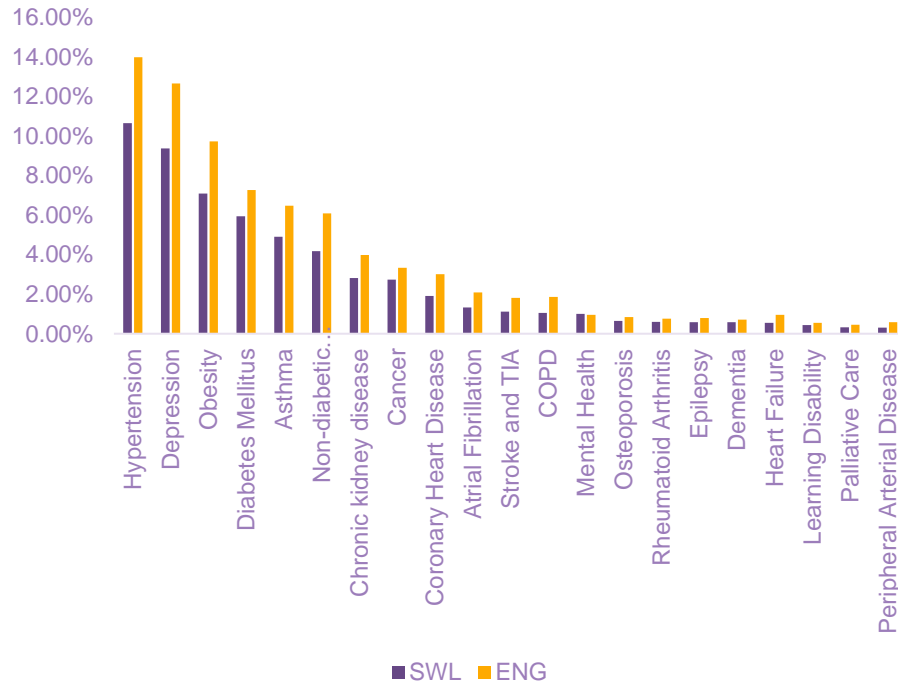
Source: Oral health - GOV.UK (www.gov.uk)

Health and care needs and trends – Working age.

QOF Disease prevalence: National comparison

Prevalence percentage per QOF indicator group 2021/22

Chart categories: Hypertension, Depression, Obesity, Diabetes Mellitus, Asthma, Non-diabetic..., Chronic kidney disease, Cancer, Coronary Heart Disease, Atrial Fibrillation, Stroke and TIA, COPD, Mental Health, Osteoporosis, Rheumatoid Arthritis, Epilepsy, Dementia, Heart Failure, Learning Disability, Palliative Care, Peripheral Arterial Disease
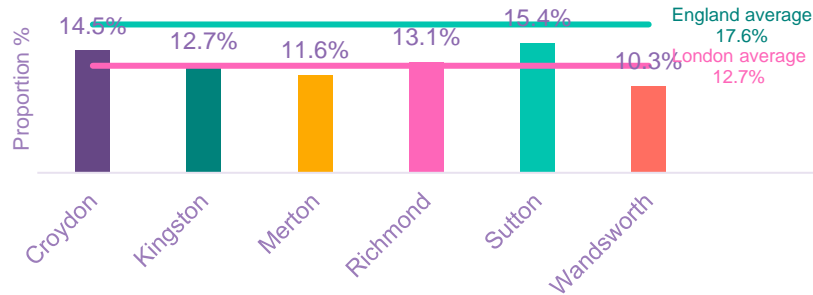
Legend: ■ SWL ■ ENG

Disease prevalence appears lower than national levels in South West London as a whole. The exception is prevalence of mental health conditions, with prevalence of 0.99% in South West London compared to 0.95% in England.

There is evidence that there is significant under-diagnosis in the local area. PHE Fingertips data suggests that the diabetes diagnosis rate is nearly 10% lower than the national rate at 69.5%, ranging from 55.5% in Richmond to 83.2% in Sutton. The national diagnosis rate is 78.0% and the London rate is 71.4%.

Source: QOF Microsoft Power BI

Low back pain and Ischaemic heart disease

South West London Integrated Care System

2022 Percentage reporting a long term musculoskeletal (MSK) problem

England average 17.6%
London average 12.7%

- Croydon: 14.5%
- Kingston: 12.7%
- Merton: 11.6%
- Richmond: 13.1%
- Sutton: 15.4%
- Wandsworth: 10.3%

Low back pain was a top contributor to DALYs in Kingston, Merton, Richmond, Sutton, and Wandsworth. Prevalence of musculoskeletal problems in 2020/21 was lower than the national and regional average, but with variation between Places.

Musculoskeletal 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.

**Prevalence of Coronary Heart Disease within PCNs**

Ischaemic heart disease was the 2nd most common cause of DALYs and the 3rd leading cause of mortality in South West London in 2020/21 (excluding COVID-19 deaths).

Coronary heart disease (CHD) is the single most common cause of premature death in the UK. The research evidence relating to the management of CHD is well established and if implemented can reduce the risk of death from CHD and improve the quality of life for patients.

Nightingale House removed – 20.63%

Source: QOF Microsoft Power BI

COPD and Diabetes

Prevalence of COPD
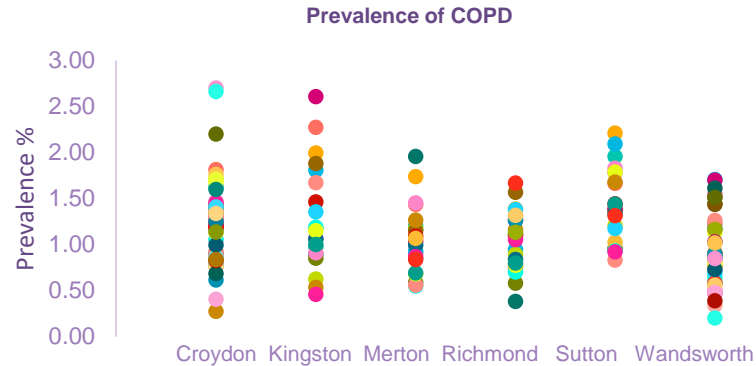
COPD was the 3rd most common cause of DALYs and chronic lower respiratory disease was a top 5 leading cause of mortality in South West London in 2020/21 (excluding COVID-19 deaths). The COPD population in South West London is older (74% are 65+), from White ethnic background (86%) and have more comorbidities than the general population. Patients with COPD have higher use of services than the rest of the population. Diagnosis has been falling since Spring 2020.

Nightingale House removed – 5.56%

Prevalence of diabetes within PCNs
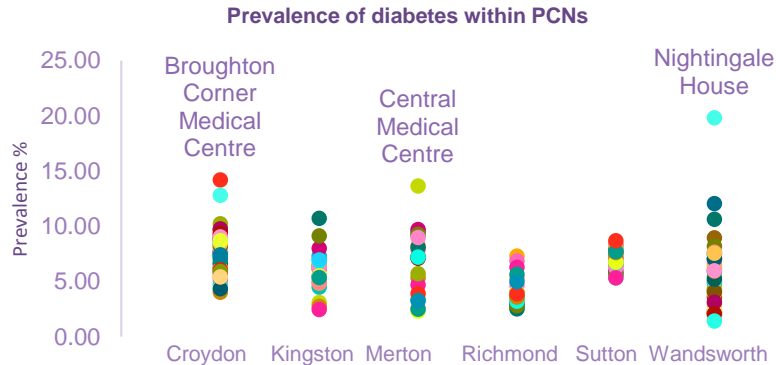
Diabetes Mellitus was the 4th most common causes of DALYs in South West London. Non-diabetic hyperglycaemia, (also known as pre-diabetes - people with NDH are at increased risk of developing Type 2 diabetes or other cardiovascular conditions) was a top risk behaviour for DALYs.

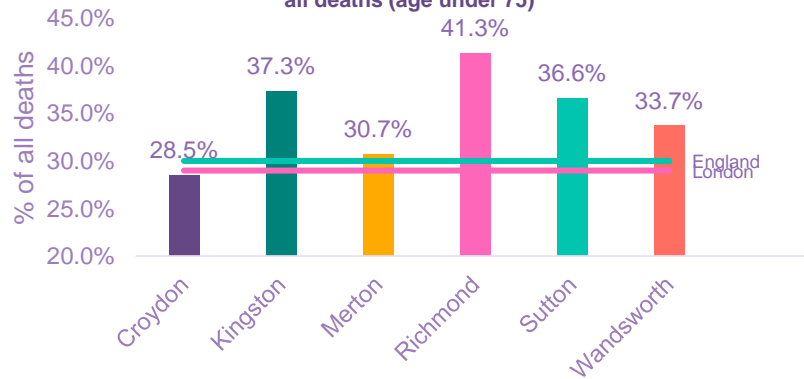Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. Effective control and monitoring can reduce mortality and morbidity. Much of the management and monitoring of diabetic patients, particularly patients with Type 2 diabetes is undertaken by the GP and members of the primary care team.

Source: QOF Microsoft Power BI

Cancer

Prevalence of cancer within PCNs

Prevalence %

Croydon Kingston Merton Richmond Sutton Wandsworth

2021 Mortality statistics: deaths from malignant neoplasm as % of all deaths (age under 75)

% of all deaths

28.5% 37.3% 30.7% 41.3% 36.6% 33.7%

England
London

Croydon Kingston Merton Richmond Sutton Wandsworth

Cancer was the leading cause of mortality in South West London in 2020/21 (excluding COVID-19 deaths). Deaths under 75 due to cancer were higher than the London and national average in all Places apart from Croydon. Patients with cancer are more likely to be from White ethnic background, age 50+, and resident in the top 40% least deprived areas.

Death in the under 75 age group due to malignant neoplasm were above the regional and national average in 2021.

Nightingale House removed – 15.87%

Cancer screening: Cervical

South West London Integrated Care System

2021/22 Cancer screening coverage: cervical cancer (age 25-49)

70.0%
65.8%
62.3%
61.2%   61.1%   61.2%

England
London

Croydon   Kingston   Merton   Richmond   Sutton   Wandsworth

2021/22 Cancer screening coverage: cervical cancer (50-64)

74.3%   74.2%
       71.0%   70.3%   72.1%
                                  68.7%

England
London

Croydon   Kingston   Merton   Richmond   Sutton   Wandsworth
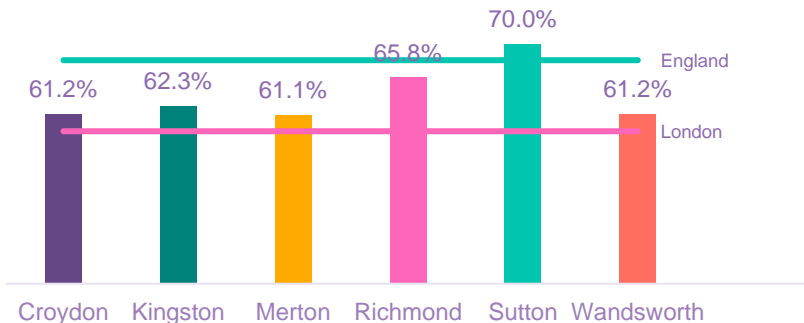
Cervical screening uptake

Cervical cancer screening uptake is below the national average in all 6 Places. Uptake has been declining since 2010.

Cervical cancer screening uptake is higher in the 50-64 age group than the 25-49 age group, where in 5 of the 6 Places it is below the national average.

Deaths under 75 due to malignant neoplasm are above the London and national average in 5 of the 6 Places.

Cervical screening supports detection of cell abnormalities that may become cancer and is estimated to save 4,500 lives in England each year. Improvements in coverage would mean more cervical cancer is prevented or detected at earlier, more treatable stages.

Source: Public health profiles - OHID (phe.org.uk)

Cerebrovascular disease and Asthma

South West London Integrated Care System

Prevalence of Stroke and TIA within PCNs

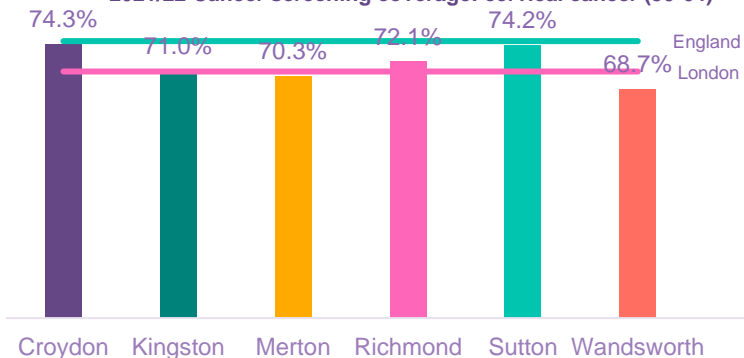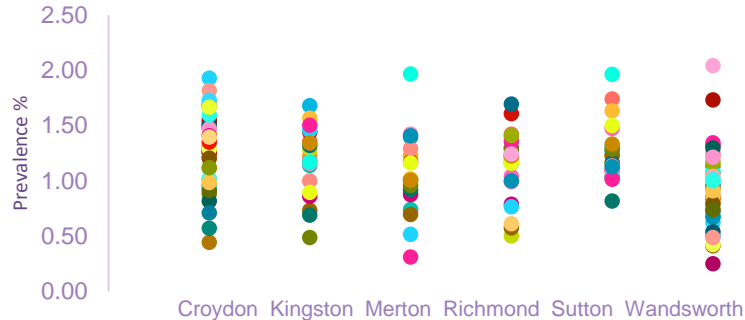**Cerebrovascular disease** was a top 5 leading cause of mortality in South West London in 2020/21 (excluding COVID-19 deaths). Stroke is the third most common cause of death in the developed world. One quarter of stroke deaths occur under the age of 65 years. There is evidence that appropriate diagnosis and management can improve outcomes.

Nightingale House removed – 20.63%

Prevalence of asthma within PCNs
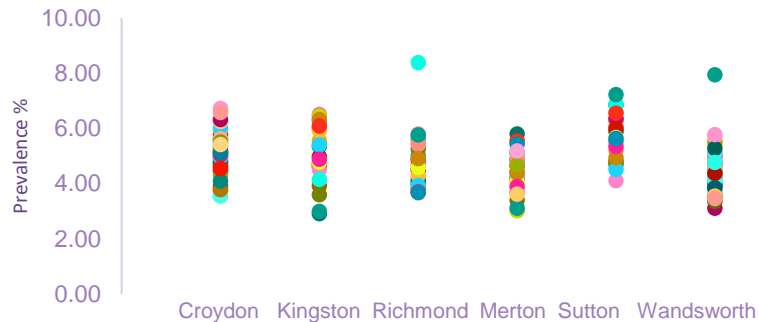
Asthma is a common condition which responds well to appropriate management and which is principally managed in primary care. Asthma is caused by swelling (inflammation) of the breathing tubes that carry air in and out of the lungs. This makes the tubes highly sensitive, so they temporarily narrow.
It may happen randomly or after exposure to a trigger.
Common asthma triggers include allergies (to house dust mites, animal fur or pollen, for example), smoke, pollution and cold air, exercise and infections like colds or flu.

Source: QOF Microsoft Power BI

Mental Health - Adults

Prevalence of depression

Prevalence %

20.00
15.00
10.00
5.00
0.00

Croydon Kingston Merton Richmond Sutton
Wandsworth

Prevalence of serious mental illness

Prevalence %

3.00
2.50
2.00
1.50
1.00
0.50
0.00

Croydon Kingston Merton Richmond Sutton
Wandsworth
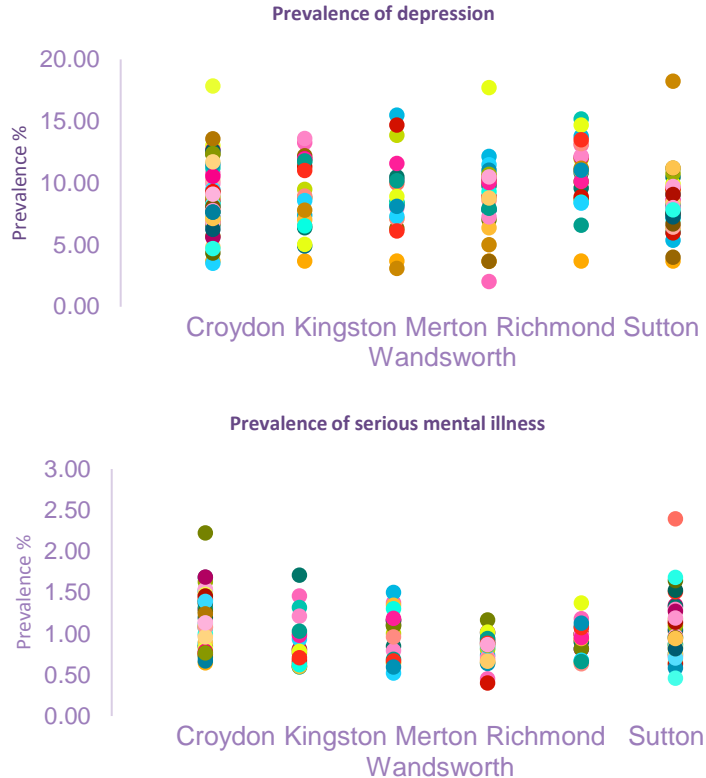
Patients who reported in the 2018/19 GP patient survey that they have a long term mental health condition was close to the regional average in Kingston, Sutton and Wandsworth and below average in Croydon, Richmond, and Merton. Patients with depression on the GP register in South West London was close to the London average, however prevalence varies significantly within Places.

All 6 Places had lower than London average total admissions in 2016/17. Similarly to CYP Mental health – admissions for intentional self harm were higher than the London average in all Places apart from Croydon and significantly higher in Kingston and Richmond.

White residents represent a disproportionately high amount of activity in access and pathways.

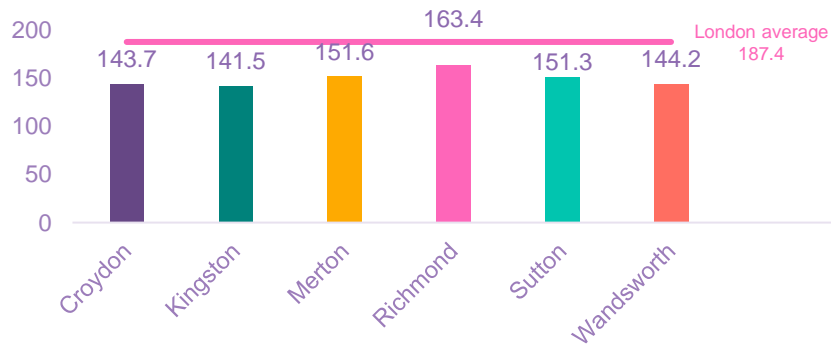# Mental health – Adults

2021/22 Total Adult MH hospital admissions by provider

- SLAM: 3266
- SWLSTG: 1776
- OXLEAS: 1695
- London average: 2217
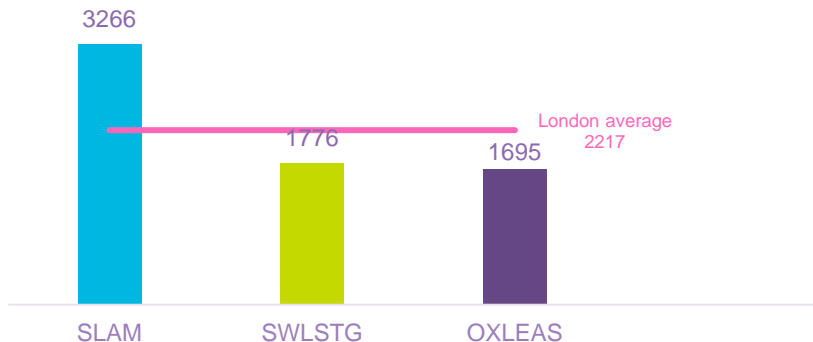
2016/17 Total admissions per 100,000 weighted population

- Croydon: 143.7
- Kingston: 141.5
- Merton: 151.6
- Richmond: 163.4
- Sutton: 151.3
- Wandsworth: 144.2
- London average: 187.4

In 2016/17, total mental health admissions to inpatient care were below the London average.

In 2018 London Ambulance Service received a lower amount of calls relating to mental health in South West London compared to the rest of London. On average, there were 114.3 calls per 100,00 weighted population compared to an average of 127.7 in London.

There were also fewer London Ambulance Service incidents relating to mental health in 2018 – 69.2 per 100,000 weighted population compared to an average of 80.5 in London.

Source: Toolkit | London Mental Health (nhsbenchmarking.nhs.uk)

Sexual health

2021 New STI diagnoses (excl. chlamydia <25)

Rate per 100,000

- Croydon: 722
- Kingston: 476
- Merton: 697
- Richmond: 422
- Sutton: 297
- Wandsworth: 1358

London average
England average

2021 STI testing rate (excl chlamydia <25)

Crude rate per 100,000

- Croydon: 4863.6
- Kingston: 4008.6
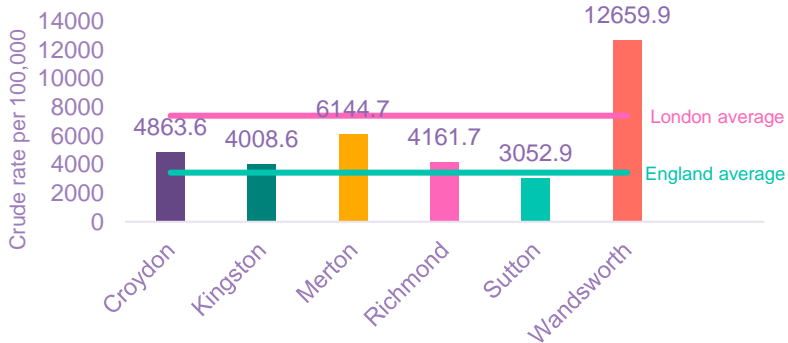- Merton: 6144.7
- Richmond: 4161.7
- Sutton: 3052.9
- Wandsworth: 12659.9

London average
England average
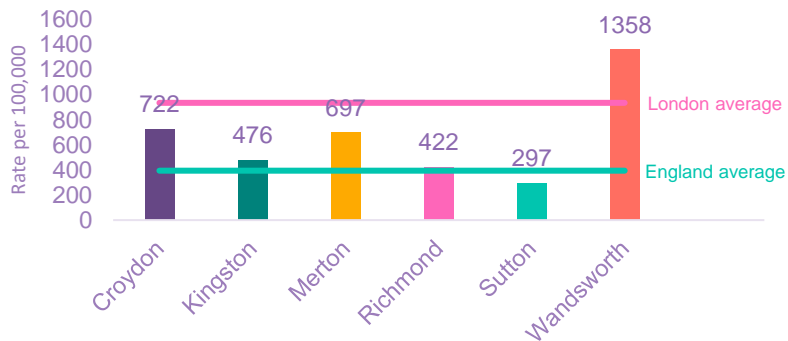
The rate of new transmitted STIs diagnosed among residents in Wandsworth was over 3x higher than the average for England. Wandsworth ranked 8th highest out of 149 upper tier local authorities and unitary authorities for new STI diagnoses.

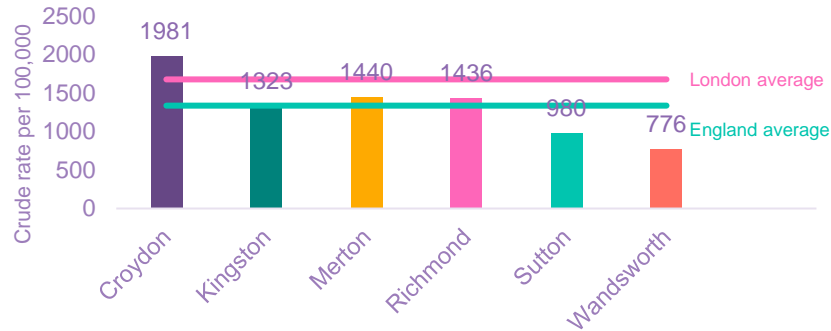In Croydon, the rate was nearly 70% higher than the average for England in 2020.

Diagnosis rates of STIs should be interpreted alongside the corresponding testing rate and positivity.
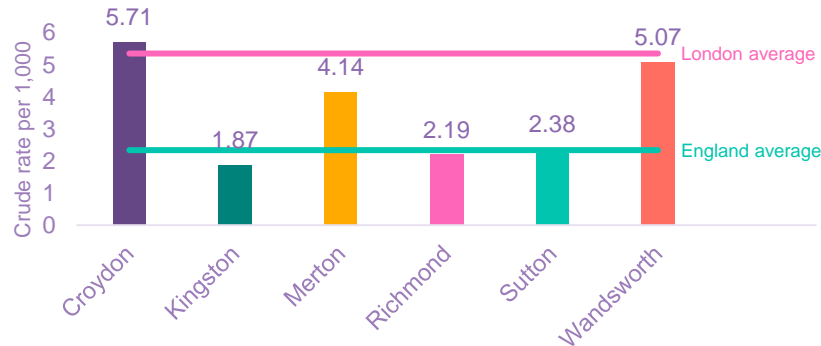
Nationally, new STI diagnoses are increasing. The impact of STIs remains greatest in young people aged 14 to 24 years, certain black ethnic groups, and gay, bisexual, and other men who have sex with men (GBMSM).

Sexual health

2021 Chlamydia detection rate (age 15-24)

Crude rate per 100,000

Croydon 1981, Kingston 1323, Merton 1440, Richmond 1436, Sutton 980, Wandsworth 776

London average, England average

2021 HIV diagnosed prevalence rate age 15-59

Crude rate per 1,000

Croydon 5.71, Kingston 1.87, Merton 4.14, Richmond 2.19, Sutton 2.38, Wandsworth 5.07

London average, England average

The average chlamydia detection rate in South West London was 1739.8 per 100,000 which is higher than the national average and lower than the regional average for London. PHE recommends a detection rate of at least 2,300 diagnoses per 100,000 to improve control of infection. The National Chlamydia Screening Programme (NCSP) promotes opportunistic screening to sexually active young people aged under 25 years.

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility.

HIV prevalence in people age 15-59 is more than double the national average in Croydon and Wandsworth.

The geographical distribution of people seen for HIV care and treatment is not uniform across or within regions in England. Knowledge of local diagnosed HIV prevalence and identification of local risk groups can be used to help direct resources for HIV prevention and treatment.

Source: Sexual and Reproductive Health Profiles - Data - OHID (phe.org.uk)

Sexual health

2021 Gonorrhoea diagnostic rate

Rate per 100,000

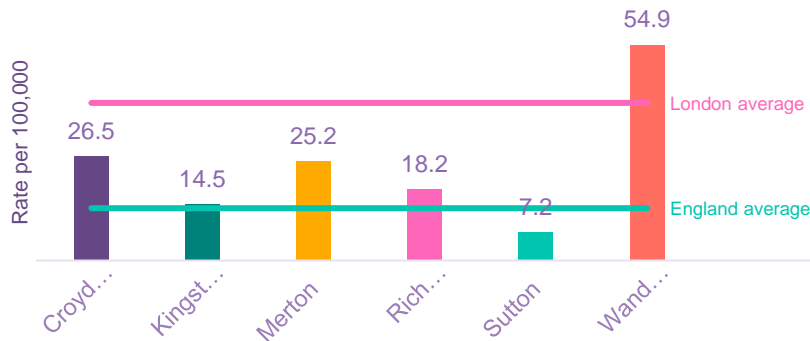| Croyd…	Kingst…	Merton	Rich…	Sutton	Wand…
164	76	178	83	52	372

London average 309

England average 101
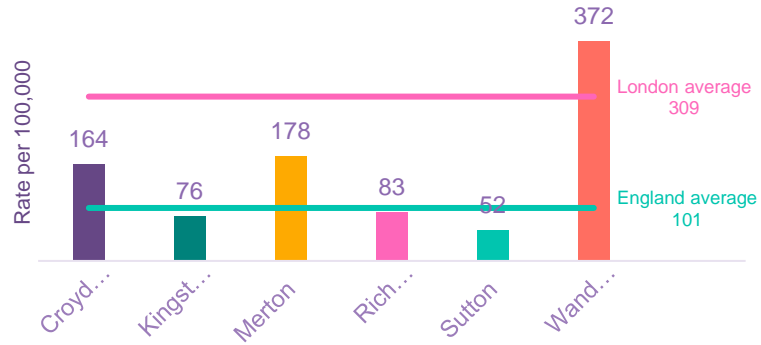
2021 Syphilis diagnostic rate

Rate per 100,000

Croyd…	Kingst…	Merton	Rich…	Sutton	Wand…
26.5	14.5	25.2	18.2	7.2	54.9

London average

England average

Markers for high levels of risky sexual sexually activity (diagnosis rate of gonorrhoea and syphilis) are nearly 3 times higher across London than the average for England, with Wandsworth scoring even higher.

Gonorrhoea causes avoidable sexual and reproductive ill-health. Gonorrhoea is used as a marker for rates of unsafe sexual activity. This is because the majority of cases are diagnosed in sexual health clinics, and consequently the number of cases may be a measure of access to sexually transmitted infection (STI) treatment. Infections with gonorrhoea are also more likely than chlamydia to result in symptoms.

Syphilis is an important public health issue in men who have sex with men (MSM) among whom incidence has increased over the past decade.

Oral health

76% of dentists in London are unable to accept new adult patients.

65% are not taking on new children.

Croydon, Kingston, Merton, and Sutton have higher than regional and national average hospital admissions for dental caries. Richmond and Wandsworth have higher than national average hospital admissions per 100,000.

	Active decay	Treatment need	Not seen a dentist in 2 years	Suffering any oral health impact fairly/very often
London	27.4%	67.5%	11.6%	21.7%
England	26.8%	70.5%	7.9%	17.7%
Croydon	**32.1% ↑↑**	65.9%	**16.9% ↑↑**	**24.6% ↑↑**
Kingston	18.1%	**80.0% ↑↑**	**13.9% ↑↑**	15.0%
Merton	21.7%	**72.5% ↑↑**	**15.1% ↑↑**	**24.3% ↑↑**
Richmond	19.0%	**75.4% ↑↑**	**9.8% ↑**	**19.7% ↑**
Sutton	10.0%	58.0%	**11.3% ↑**	**18.9% ↑**
Wandsworth	24.2%	**67.7% ↑↑**	**14.5% ↑↑**	**20.5% ↑**

Source: NDEP_for_England_OH_Survey_Adults_in_Practice_2018_Results.xlsx (live.com)

Health and care needs and trends – Older adults.

Prevalence of dementia

Prevalence of dementia

Roehampton Surgery

Prevalence %

Croydon Kingston Merton Richmond Sutton Wandsworth

2021/22 Waiting time for memory services

Waiting time (weeks)

London average

SLAM — 9
SWLSTG — 4
OXLEAS — 8
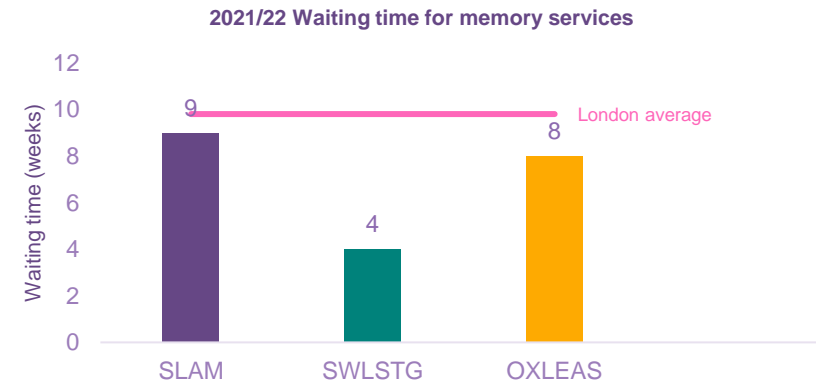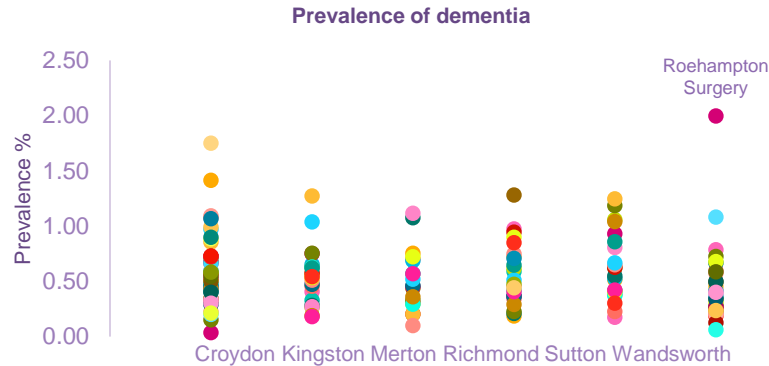
The dementia diagnosis rate in South West London was 70.3% in April 2022. This is higher than the London average of 66.7%.

The average waiting time for memory services in London has tripled since 2020/21. The waiting time in South West London is increasing at a slower rate, but has doubled at some providers in the same time period.
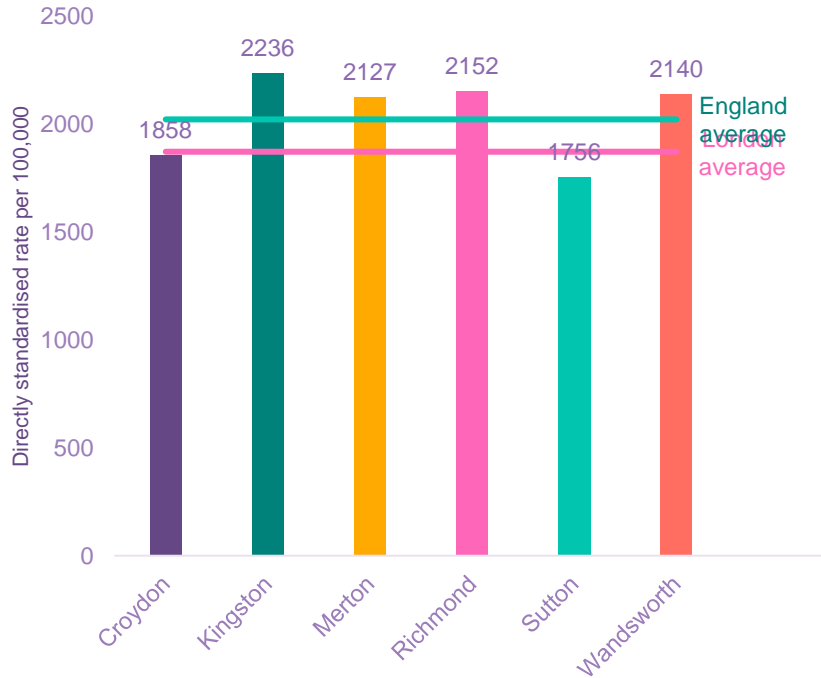
The Prime Minister's Challenge on Dementia, established in 2012 included a commitment to increase the number of people living with dementia who have a formal diagnosis. The rationale being that a timely diagnosis enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes.

This commitment was further supported by the NHS 2014-15 mandate which set a target of increasing the Estimated Dementia Diagnosis Rate by two-thirds by March 2015. This target was met in 2016 but diagnosis has since been significantly affected by Covid-19 which brought about significant changes in the delivery of health and care.

Removed – Nightingale House – 61.11%

Frailty – falls admissions

2020/21 Emergency admissions due to falls in people 65+

Chart: Directly standardised rate per 100,000

Area	Rate
Croydon	1858
Kingston	2236
Merton	2127
Richmond	2152
Sutton	1756
Wandsworth	2140

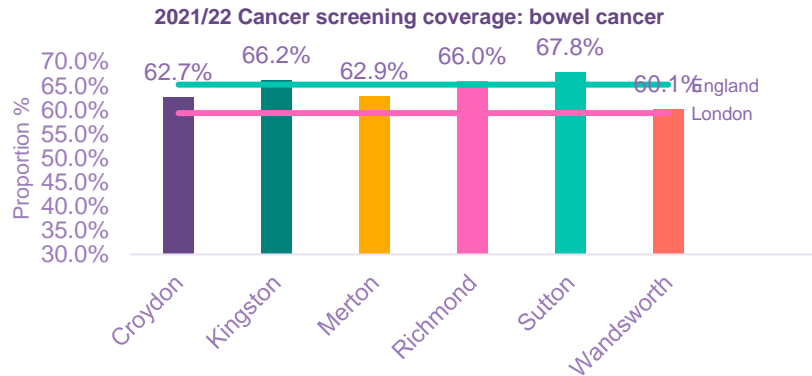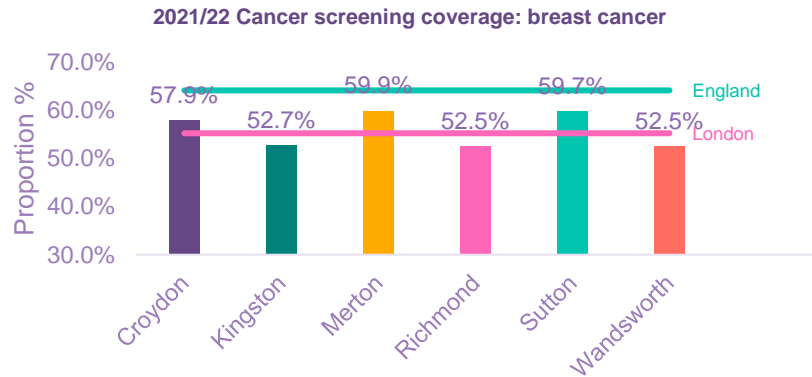England average / London average lines shown on chart.

In 2020/21, emergency admissions due to falls in South West London were higher than the regional and national average. Admissions for patients age 75-84 and 85+ with a stay of 21+ days are in the 2nd highest quartile compared to peers.

Nationally, falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care. The highest risk of falls is in those aged 65 and above and it is estimated that about 30% people aged 65 and above living at home and about 50% of people aged 80 and above living at home or in residential care will experience an episode of fall at least once a year.

Falls that result in injury can be very serious - approximately 1 in 20 older people living in the community experience a fracture or need hospitalisation after a fall. Falls and fractures in those aged 65 and above account for over 4 million bed days per year in England alone, at an estimated cost of £2 billion.

Cancer screening: Breast and Bowel

South West London Integrated Care System

2021/22 Cancer screening coverage: breast cancer

- Croydon: 57.9%
- Kingston: 52.7%
- Merton: 59.9%
- Richmond: 52.5%
- Sutton: 59.7%
- Wandsworth: 52.5%
- England
- London

Breast cancer screening uptake is lower now than it was in 2010/11. The percentage of breast cancers detected at stage 1 or 2 in South West London is in the lowest quartile compared to peer Systems.
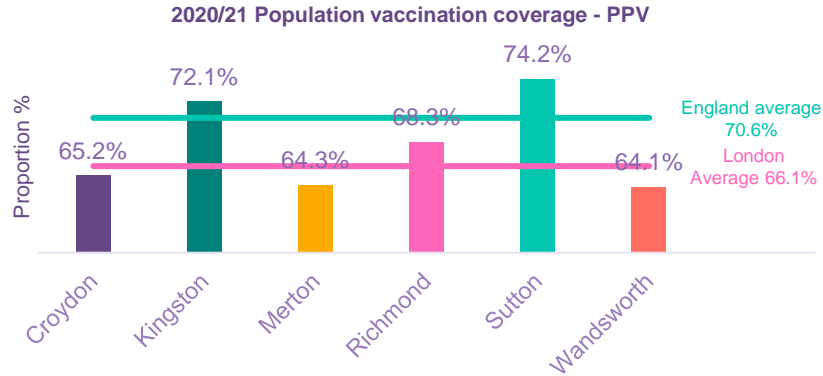
The under 75 mortality rate from breast cancer in South West London in 2017-2019 was 19.8 per 100,00. The national rate was 20.3 and the regional rate was 19.9.

Breast screening supports early detection of cancer and is estimated to save 1,400 lives in England each year. Improvements in coverage would mean more breast cancers are detected at earlier, more treatable stages.

2021/22 Cancer screening coverage: bowel cancer

- Croydon: 62.7%
- Kingston: 66.2%
- Merton: 62.9%
- Richmond: 66.0%
- Sutton: 67.8%
- Wandsworth: 60.1%
- England
- London

Bowel cancer screening coverage in South West London has increased since 2015/16 but is still below the national average of 65.2%. The national target is 60% uptake.

Bowel cancer screening supports early detection of cancer and polyps which are not cancers but may develop into cancers overtime. About one in 20 people in the UK will develop bowel cancer during their lifetime. Improvements in coverage would mean more bowel cancers are detected at earlier, more treatable stages, and more polyps are detected and removed, reducing the risk of bowel cancer developing.

Source: Public health profiles - OHID (phe.org.uk)

Vaccine uptake 65+

2020/21 Population vaccination coverage - PPV

Proportion %

- Croydon: 65.2%
- Kingston: 72.1%
- Merton: 64.3%
- Richmond: 68.3%
- Sutton: 74.2%
- Wandsworth: 64.1%

England average 70.6%

London Average 66.1%

2020/21 Population vaccination coverage - Flu age 65+

Proportion %

- Croydon: 71.9
- Kingston: 78.3
- Merton: 69.4
- Richmond: 76.8
- Sutton: 76.3
- Wandsworth: 69.8

England average 82.3%

London Average 70.8%

Uptake of both the PPV and annual flu vaccine was below the national average but slightly above the regional average for London.

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases.

Pneumococcal disease is a significant cause of morbidity and mortality. Certain groups are at risk for severe pneumococcal disease, these include young children, the elderly and people who are in clinical risk groups. Pneumococcal infections can be non-invasive such as bronchitis, otitis media or invasive such as septicaemia, pneumonia, meningitis.
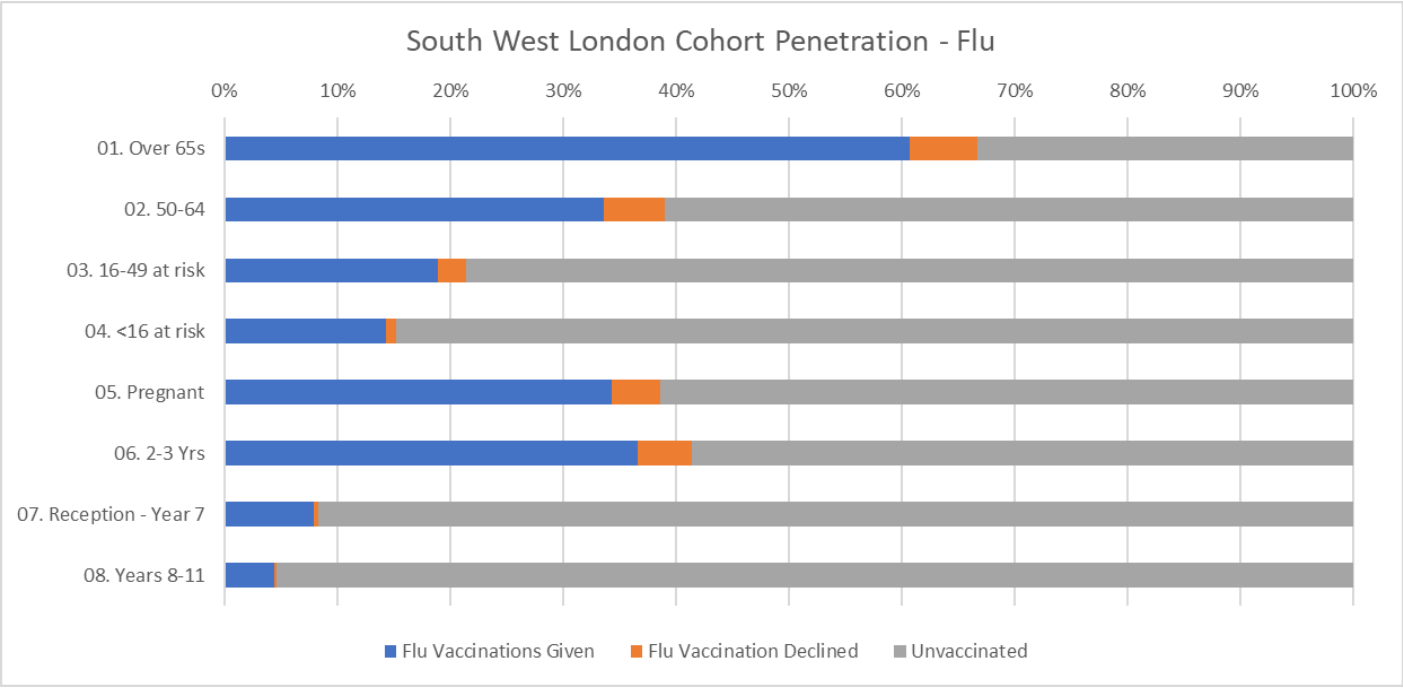
Cases of invasive pneumococcal infection usually peak in the winter during December and January. The PPV protects against 23 types of Streptococcus pneumoniae bacterium. It is thought that the PPV is around 50-70% effective at preventing more serious types of invasive pneumococcal infection.

Flu vaccines can prevent illness and hospital admissions among these groups of people. Increasing the uptake of flu vaccine among these high risk groups should also contribute to easing winter pressure on primary care services and hospital admissions.

Source: Public health profiles - OHID (phe.org.uk)
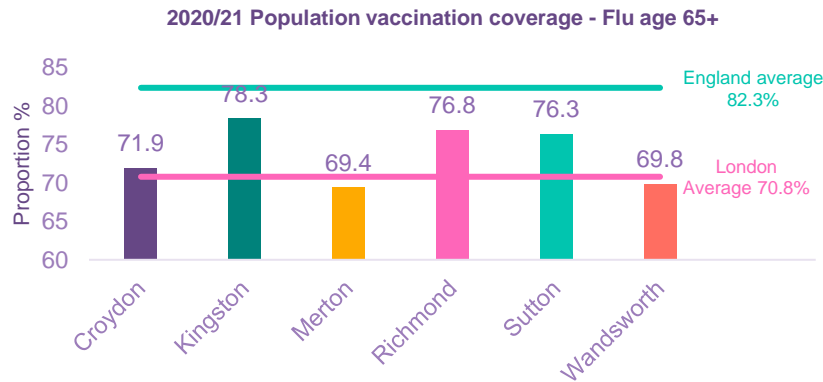
Flu Vaccination progress – at a glance

By 31st December 2021, Primary Care Data reported 320,945 Flu vaccines had been delivered in South West London.
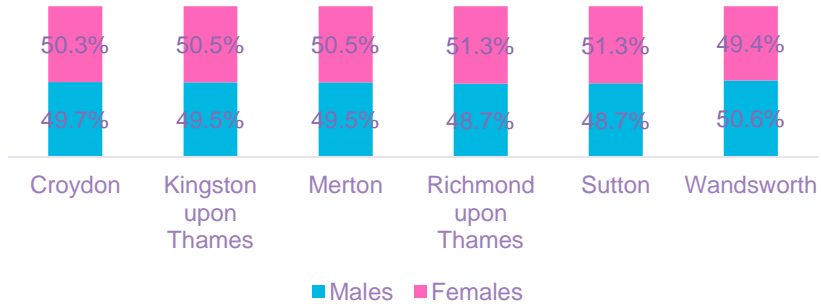

South West London Cohort Penetration - Flu

Legend: Flu Vaccinations Given · Flu Vaccination Declined · Unvaccinated

Impact of the COVID-19 pandemic.

COVID-19 Direct impact on SWL population

2019 COVID-19 Deaths by gender

	Croydon	Kingston upon Thames	Merton	Richmond upon Thames	Sutton	Wandsworth
Females	50.3%	50.5%	50.5%	51.3%	51.3%	49.4%
Males	49.7%	49.5%	49.5%	48.7%	48.7%	50.6%

■ Males ■ Females

In 2019, mortality from COVID-19 was slightly higher in women than in men. In 2020 and 2021 the opposite was true. COVID-19 remained the 2nd most common cause of mortality in South West London (and the London region as a whole).

2020 COVID-19 Deaths by gender
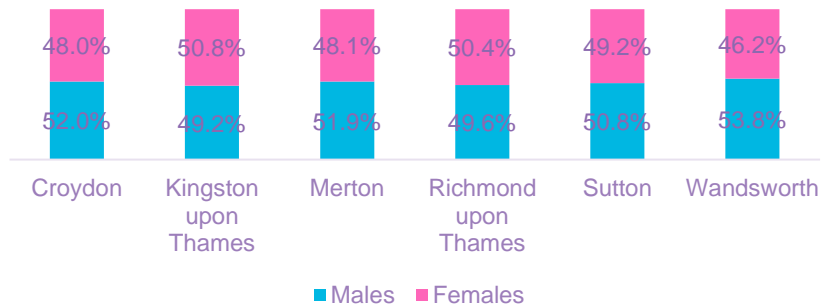
	Croydon	Kingston upon Thames	Merton	Richmond upon Thames	Sutton	Wandsworth
Females	48.0%	50.8%	48.1%	50.4%	49.2%	46.2%
Males	52.0%	49.2%	51.9%	49.6%	50.8%	53.8%

■ Males ■ Females

2021 COVID-19 Deaths by gender

	Croydon	Kingston upon Thames	Merton	Richmond upon Thames	Sutton	Wandsworth
Females	47.8%	49.9%	48.3%	50.6%	50.6%	48.6%
Males	52.2%	50.1%	51.7%	49.4%	49.4%	51.4%

■ Males ■ Females

Source: SWL Health Insights Nicholas Jones

COVID-19 Direct impact on SWL population

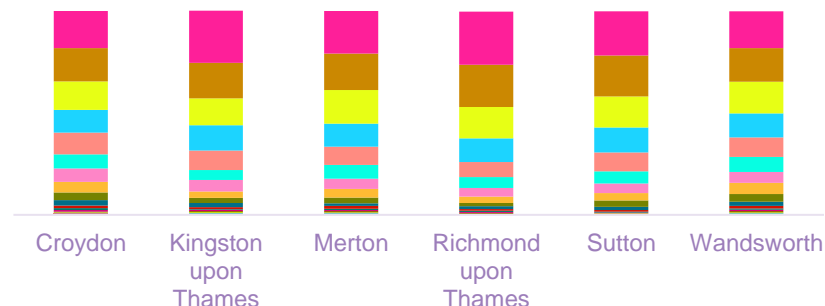**2019 COVID-19 Deaths by age**

There were more deaths in younger age groups in 2019 and 2021 than in 2020.
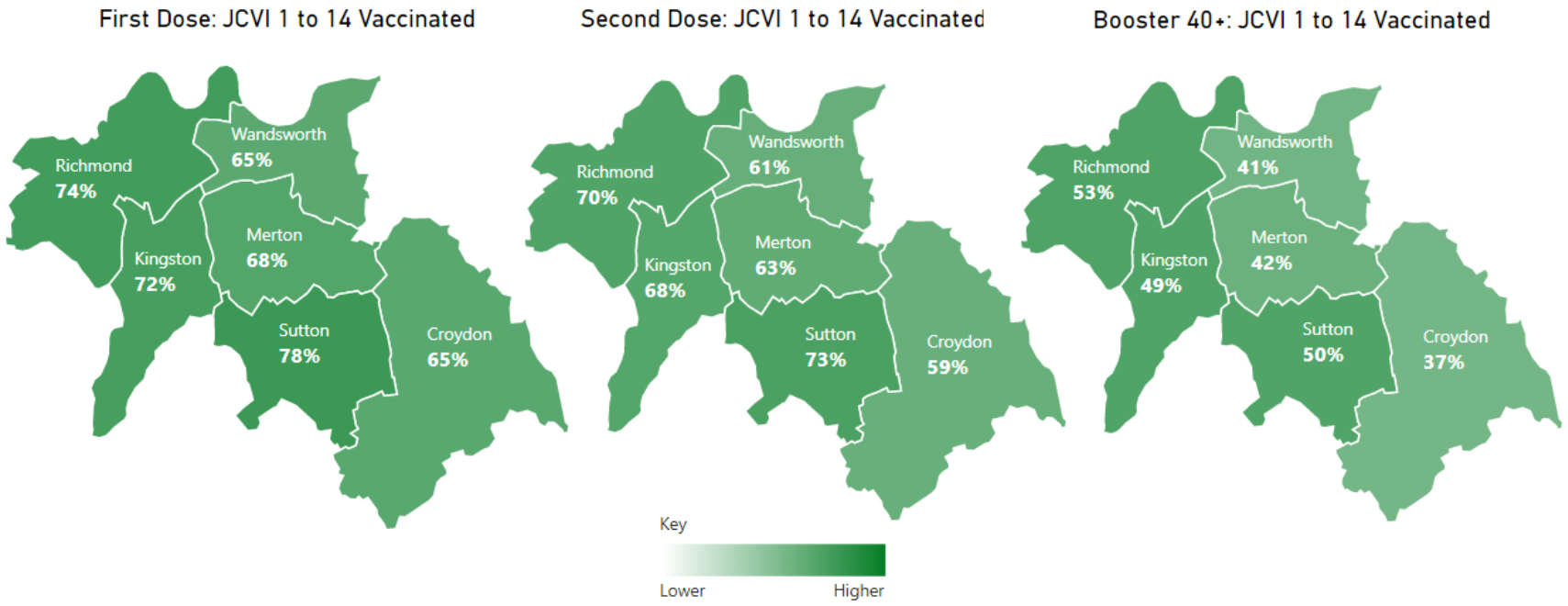
2020 COVID-19 Deaths by age

2021 COVID-19 Deaths by age

COVID-19 Vaccine uptake vs population density – First & Second Doses and Boosters

By January 2022, the vast majority of cohorts 1 to 14 across all of six boroughs had been offered vaccinations.

First Dose: JCVI 1 to 14 Vaccinated

Richmond 74%
Wandsworth 65%
Kingston 72%
Merton 68%
Sutton 78%
Croydon 65%

Second Dose: JCVI 1 to 14 Vaccinated

Richmond 70%
Wandsworth 61%
Kingston 68%
Merton 63%
Sutton 73%
Croydon 59%

Booster 40+: JCVI 1 to 14 Vaccinated

Richmond 53%
Wandsworth 41%
Kingston 49%
Merton 42%
Sutton 50%
Croydon 37%

Key

Lower — Higher

South West London – Inequalities correlation between deprivation and uptake – first Doses

Top 5 wards with the lowest vaccination uptake

Borough	Ward	% Vaccinated (First dose) ▲
Croydon	Selhurst	56.6%
Wandsworth	Roehampton and Putney Heath	56.7%
Croydon	Thornton Heath	57.3%
Wandsworth	Latchmere	58.1%
Croydon	Bensham Manor	58.5%

Top 5 wards with the highest vaccination uptake

| Borough	Ward	% Vaccinated (First dose) ▼
Sutton	Cheam	84.8%
Sutton	Nonsuch	84.2%
Croydon	Sanderstead	84.1%
Sutton	Carshalton South and Clockhouse	83.6%
Sutton	Stonecot	82.9%

Vaccination Cohort

02. 80+
03. 75-79
04a. 70-74
04b. Clinically Extremely Vulnerable
05. 65-69
06. 16-64 At Risk
07. 60-64
08. 55-59
09. 50-54
10. 40-49
11. 30-39
12. 18-29
13. 16-17
14. 12-15
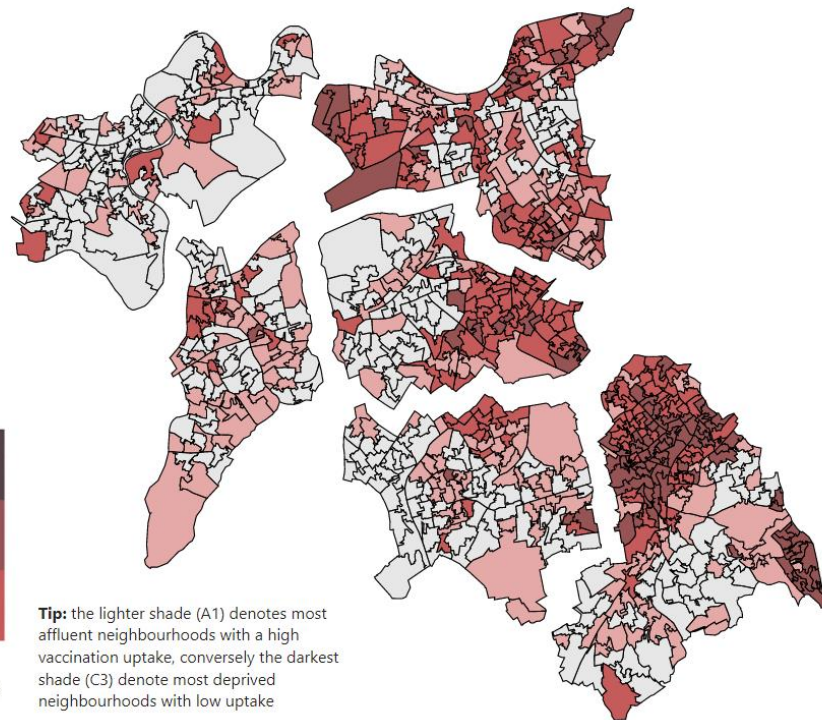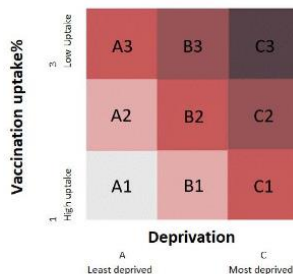
Tip: the lighter shade (A1) denotes most affluent neighbourhoods with a high vaccination uptake, conversely the darkest shade (C3) denote most deprived neighbourhoods with low uptake

Long term impact on demand
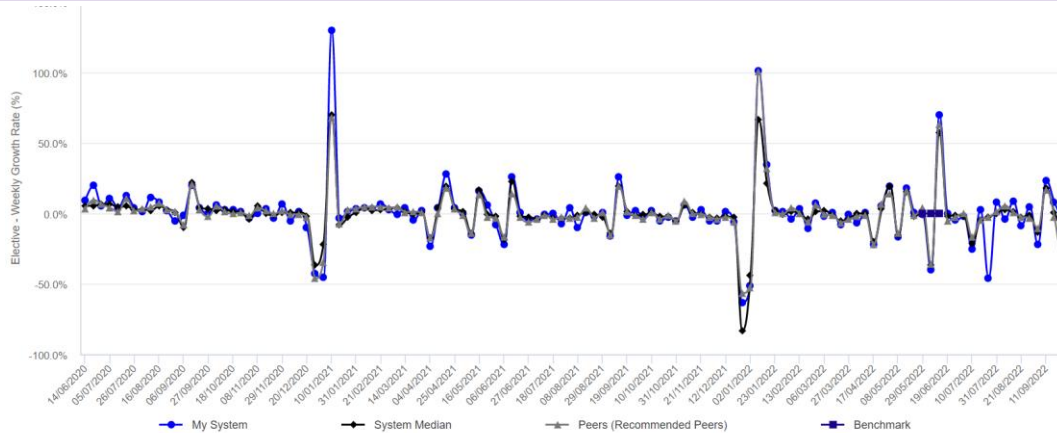
This metric shows the % growth rate in elective admissions between the current week and the previous week. The purpose of the data in this compartment is to see if activity / admissions are recovering following the first wave of COVID-19. We know that due to COVID-19 activity this financial year has been significantly lower in Q1 and Q2 in 2020/21 than the corresponding quarters in 2019/20. In September 2022, the elective weekly growth rate was -4.6% which is below the benchmark.
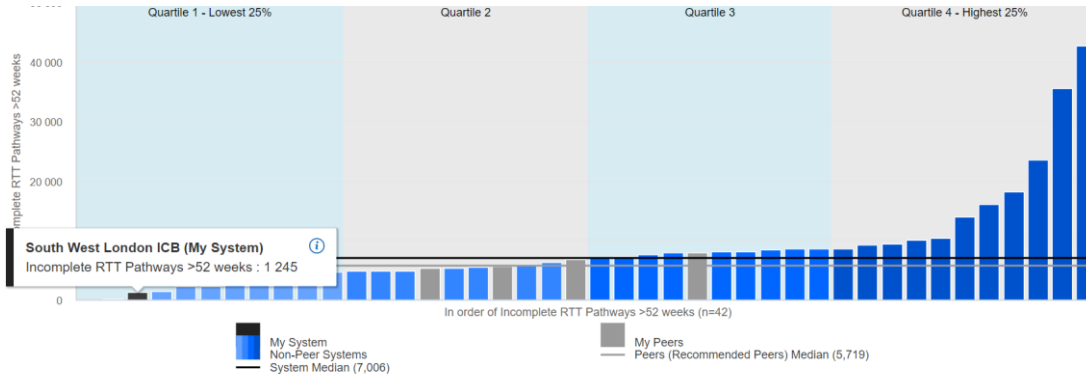
Number of Referral to Treatment (RTT) pathways with a waiting time longer than 52 weeks to start consultant-led non-emergency treatment, as at the end of each month. A higher figure indicates more patients are waiting more than 52 weeks to start treatment. The South West London ICB system value is 1,245 which is in the lowest quartile compared to peer systems.
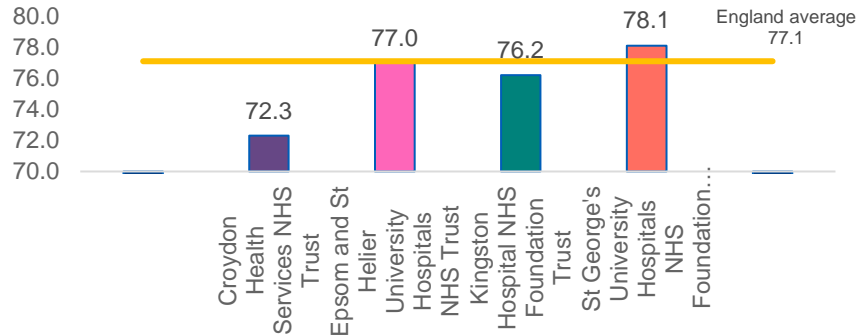
Source: View Covid Recovery - Model Health System

Patient Experience.

Patient Experience of Hospital Care and ED services

South West London Integrated Care System

2021 Patient Experience of Hospital Care

Croydon Health Services NHS Trust: 72.3
Epsom and St Helier University Hospitals NHS Trust: 77.0
Kingston Hospital NHS Foundation Trust: 76.2
St George's University Hospitals NHS Foundation...: 78.1

England average 77.1

2021 Patient Experience of ED Services

Croydon Health Services NHS Trust: 83.0
Epsom and St Helier University Hospitals NHS Trust: 84.0
Kingston Hospital NHS Foundation Trust: 82.0
St George's University Hospitals NHS Foundation Trust: 86.8

England average 82.5

There are 4 acute providers in South West London ICS.

Croydon Health Services NHS Trust, Epsom and St Helier University Hospitals NHS Foundation Trust, and Kingston Hospital NHS Foundation Trust scored below the indicator value of 77.1 for patient experience of hospital care.

St George's University Hospitals NHS Foundation Trust scored better than the indicator value for England.

All of the acute providers had higher patient satisfaction scores than the England indicator value for patient experience of ED services, apart from Kingston Hospital NHS Foundation Trust.
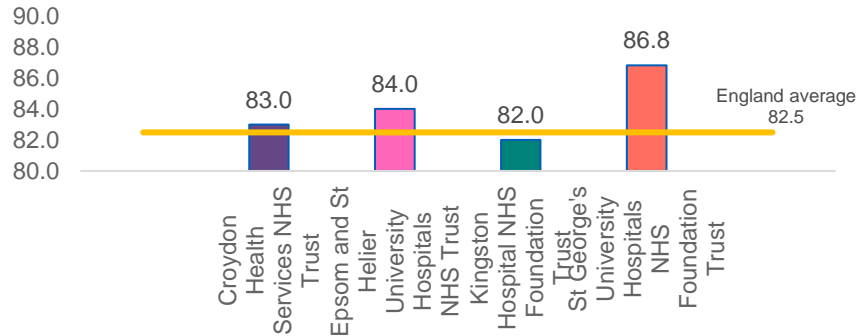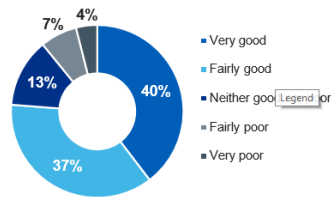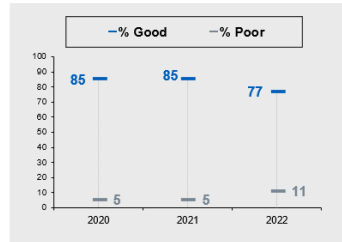
South West London ICS GP Patient Survey 2022

Q32. Overall, how would you describe your experience of your GP practice?

ICS result
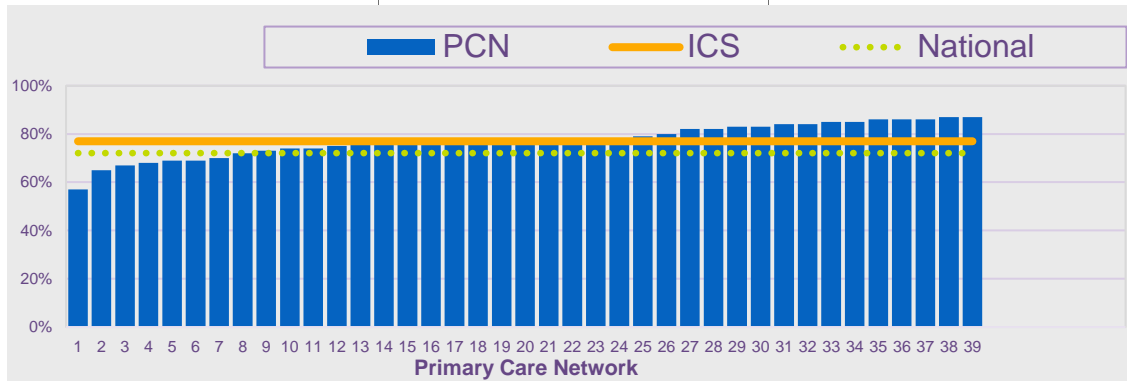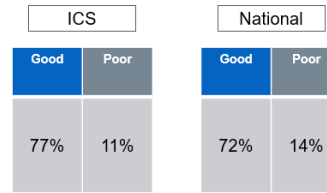
- Very good — 40%
- Fairly good — 37%
- Neither good nor... — 13%
- Fairly poor — 7%
- Very poor — 4%

ICS result over time

— % Good   — % Poor

	2020	2021	2022
% Good	85	85	77
% Poor	5	5	11

Comparison of results

ICS	
Good	Poor
77%	11%

National	
Good	Poor
72%	14%

Legend: PCN — ICS — National

(Bar chart: Primary Care Network, 39 PCNs, % from 0% to 100%)

77,183 questionnaires were sent out and 18,980 (25%) were returned.

Patient experience varies between Primary Care Networks. 32 out of 39 PCNs had a score equal to or better than the national average of 72%.

25 out of 39 PCNs had a score equal to or better than the ICS average of 77%.

The lowest scoring was Croydon Link PCN and the highest scoring was East Twickenham PCN.

Although patient satisfaction is better than the national average, it has been worsening with time. In 2020 and 2021, the average score for the ICS was 85%.

Source: https://www.england.nhs.uk/statistics/statistical-work-areas/gp-patient-survey/

CQC Patient Surveys

South West London Integrated Care System

2021	Most Negative (0/10)	Middle	Most Positive (10/10)	Overall CQC Rating
Maternity Survey				
Croydon Health Services NHS Trust — W	18	16	66	RI
Childrens Services				
The Royal Marsden NHS Foundation Trust — B	1	14	84	O
Croydon Health Services NHS Trust — W	8	16	78	RI
Community Mental Health				
South London and The Maudsley — B	17	22	61	G
Adult Inpatient Survey				
The Royal Marsden NHS Foundation Trust — MB	77	17	6	G
Croydon Health Services NHS Trust — W	59	28	14	RI

Croydon Health Services NHS Foundation Trust was one of 8 trusts flagged as "worse than expected" across 6 questions relating to patient experience of labour and birth in the CQC Maternity Survey 2021.

The Royal Marsden scored better than expected in the CQC Children and Young People's Survey 2020. Croydon Health Services NHS Foundation trust scored worse

Context: what do we know about people's concerns and priorities about health and care nationally and locally?

South West
London
Integrated
Care System

Analysis
September 2022

Public perceptions of
health and social care

What the new government should know
Luisa Buzzelli, Genevieve Cameron, Kate Duxbury, Tim Gardner,
Spencer Rutherford, Skeena Williamson, Hugh Alderwick

The
Health
Foundation

Ipsos

HF tracks the public's views on health and social care in the UK. 26 May and 1 June 2022, surveyed 2,068 people aged 16 years and older using a random probability online panel – the gold standard in survey research.

Nationally
- The public is deeply concerned about the impacts of rising costs of living on the nation's health and well-being.
- National analysis shows high levels of concern among the public about the standards of NHS and social care services.
- Perception that health and social care services are under extreme strain and improvements in life expectancy are stalling.
- Fewer than 1 in 5 people believe that nationally we are working effectively to improve physical activity (19%), improve diets (17%), reduce alcohol-related harm (16%) and reduce obesity (14%).
- Public's priorities for future policy:
  - reducing waiting times for services
  - expand and support the workforce for health and social care

People and communities: common themes from Place

South West London Integrated Care System

COST OF LIVING CRISIS

- Affecting people's mental health and ability to live a healthy lifestyle
- Concerns about feeding families and heating homes
- Higher risk of certain conditions and morbidities – putting extra pressure on NHS services – particularly mental health services

VOLUNTARY AND COMMUNITY SECTOR

- Important to hear from small & large organisations
- Broader representation is needed

PATIENT INFORMATION AND SERVICES COMMUNICATION

- Missing letters
- Lack of translated materials
- Not keeping patients informed about delays and changes to appointments

Snap-shot of current concerns and views from communities including input from:
- local outreach work
- insight reports – including from HW
- local surveys
- intelligence from VCS networks
- community and health champions
- discussed and reviewed by Place Comms and Engagement groups

People and communities

PRIMARY CARE

- Availability of appointments including face-to-face
- Variation in access across and within boroughs

REFERRALS, WAITING TIME AND SERVICE NAVIGATION

- Challenges getting timely referrals and long waiting times for mental health, children and young people's mental health and outpatient services.
- Patients left chasing updates and not being clear who to contact about their referral. How can we support and provide more information and updates for patients about status of their referral.

SUPPORT FOR CARERS

- Carers' voices need to be elevated

CONCERN THAT FEEDBACK IS NOT ALWAYS ACTED ON

- Concern around withdrawal of services/sites in some areas – for example, primary care and vaccine
- Perceptions that additional services engaged on, and not delivered
- Multiple engagement requests with tight timescales and low resources affect communities ability to be involved
- Priority for local people that we feedback re difference their feedback has made to the provision of services

Start Well Hypothesis.

Start Well – Children and Young People Key Indicators

Mental Health
- In 2015/16 the prevalence of mental health disorder in CYP was below the London average.
- In 2020/21 there were higher than regional and national average hospital admissions for 0-17 year olds.
- In 2021 there were 5,836 children in schools in South West London with social, emotional, and mental health needs

Healthy lifestyles
- Obesity approximately doubles between Reception and Year 6
- 10% more 15 year olds have had an alcoholic drink than the average for London and more 25 year old shave been drunk in the last 4 weeks than the average for London.
- Around 1 in 11 3 year olds in South West London have dental decay

Long Term Conditions
- 13.9% of school pupils in South West London has special educational needs in 2018.

Screening and vaccinations
- Childhood immunisation uptake is falling in South West London and is consistently below the 95% recommended coverage levels.
- Immunisation rates fall further between age 1 and age 2.
- There are inconsistencies with the proportion of infants receiving 6-8 week and 12 month checks but in most Places rates are falling.

Recognising unmet need
- In 2011 0.95% of children aged 0-15 in South West London were providing 1+ hours of unpaid care each week

Start Well – Children and Young People Hypothesis

Children and young people in South West London have a similar or better start in life compared to the average for England.

Mental Health
The number of children and young people in contact with mental health services in South West London is lower than the regional average, but admissions per 100,000 are higher than average. Hospital admissions could be reduced with strengthened community services.

Healthy lifestyles
Obesity approximately doubles between Reception and Year 6. Health outcomes could be improved with a greater emphasis on self-care and prevention. Focusing on diet, exercise, and healthy lifestyles. Commissioning of high volume, good quality screening services across primary care and sexual health services could increase sexual health screening rates and produce a reduction in STI prevalence.

Long Term Conditions
Self-care and prevention interventions in childhood could reduce future disease prevalence, such as diabetes, cardiovascular disease, and some cancers.

Screening and vaccinations
Childhood immunisation uptake is falling in South West London and is consistently below the 95% recommended coverage levels. Evidence has shown that highlighting vaccination programmes encourages improvements in uptake levels. Population health analytics (SWL Health Insights) can be used to identify cohorts who could benefit from targeted interventions.

Recognising unmet need
Population health analytics (SWL Health Insights) can be used to identify cohorts who could benefit from targeted interventions. There are ongoing programmes of work with identified vulnerable groups in each Place. Collating and reviewing this work could identify common themes which could benefit from intervention at a System level.

Live Well Hypothesis.

Live Well - Working age adults

Mental Health
- In 2020/21 adult admissions for intentional self harm were above the regional average.
- Prevalence of depression varies significantly within Places, an average of 12.7% difference between the GP practice with the highest and lowest prevalence.

Healthy lifestyles
- 55% of adults are overweight or obese.
- Prevalence of hypertension ranges from 1.85% in one GP surgery in Wandsworth to 19.36 in another GP practice in Croydon.
- New STI diagnoses in London are double that of the rest of England. In South West London, new diagnoses are higher than the national average but lower than the London average (apart from in Wandsworth).

Long Term Conditions
- Ischaemic heart disease and cerebrovascular disease are top causes of DALYs and mortality in South West London.
- COPD and smoking are top contributors to DALYs. The COPD population in South West London is older (74% are 65+), from White ethnic background (86%) and have more comorbidities than the general population.

Screening and vaccinations
- Breast cancer screening uptake is below the national average and the proportion of breast cancers detected at stage 1 or 2 is in the lowest quartile compared to peer systems.
- Cancer is the leading cause of mortality in South West London. Deaths under 75 due to malignant neoplasm are above the London and national average.

Recognising unmet need
- Unpaid care increased at a faster pace than population growth between 2001 and 2011.
- Health professionals only identify 1 in 10 carers

Live Well - Working age adults

Mental Health
Addressing the wider determinants of health which impact on mental health could reduce disease prevalence and admissions. The cost of living crisis and affordability of homes in South West London are of concern.

Healthy lifestyles
Approximately 50% of adults in South West London are obese. Health outcomes could be improved with a greater emphasis on self-care and prevention, focusing on diet, exercise, and healthy lifestyles. Commissioning of high volume, good quality screening services across primary care and sexual health services could increase sexual health screening rates and produce a reduction in STI prevalence.

Long Term Conditions
Prevention interventions could reduce prevalence of the main contributors to DALYs in South West London. Population health analytics (SWL Health Insights) can be used to identify cohorts who could benefit from targeted interventions.

Screening and vaccinations
Cancer screening uptake in marginalised groups such as those with a learning disability, the homeless, refugees and asylum seekers and those who speak English as a second language could be improved with pubic health initiatives. Population health analytics (SWL Health Insights) can be used to identify cohorts who could benefit from targeted interventions. Increased screening uptake and improved 2WW and time to first treatment to meet or exceed national targets could reduce premature mortality.

Recognising unmet need
Population health analytics (SWL Health Insights) can be used to identify cohorts who could benefit from targeted interventions. There are ongoing programmes of work with identified vulnerable groups in each Place. Collating and reviewing this work could identify common themes which could benefit from intervention at a System level.

Age Well Hypothesis.

Age Well - Older adults

Mental Health
- More people reported feeling lonely often/always/some of the time in 2021/22 than the national average.
- Dementia causes 1.3% more deaths in South West London compared to the rest of London.

Healthy lifestyles
- Obesity is becoming more prevalent in older adults.
- South West London has a large older population and females spend longer in poor health.

Long Term Conditions
- Admissions for patients age 75-84 and 85+ with a stay of 21+ days are in the 2nd highest quartile compared to peers.
- Following nearly 20 years of improvement, life expectancy fell by almost 3 years in Merton from 2019-2020, by around 2 years in Croydon, Sutton and Wandsworth and by less than 1 year in Kingston and Richmond. 2021 data is pending.

Screening and vaccinations
- Flu vaccine uptake in people aged 65+ is well below the average for England.
- PPV vaccine uptake in people age 65+ is below the national average.
- Chronic lower respiratory disease is a top 5 cause of mortality (excluding COVID-19) in South West London.

Recognising unmet need
- An aging population with longer life expectancy and more long term conditions means more care provided for longer.
- Around 1/3rd of carers have as much social contact as they would like.
- 64% of carers report a lack of practical support.

Age Well - Older adults

Mental Health
Addressing the wider determinants of health which impact on mental health could reduce disease prevalence and admissions. The cost of living crisis and affordability of homes in South West London are of concern. The population of South West London is aging, meaning more people are likely to have and be diagnosed with dementia.

Healthy lifestyles
Population health analytics (SWL Health Insights) can be used to identify cohorts who could benefit from targeted interventions. Prevention interventions such as for healthy diet and physical activity could prevent conditions such as diabetes, cardiovascular disease, and some cancers.

Long Term Conditions
Greater community and/or social care support could reduce admissions with a length of stay greater than 21 days for older adults. A key national policy is to improve healthy life expectancy by at least 5 years by 2035.

Screening and vaccinations
Evidence has shown that highlighting vaccination programmes encourages improvements in uptake levels. Cancer screening uptake in marginalised groups such as those with a learning disability, the homeless, refugees and asylum seekers and those who speak English as a second language could be improved with pubic health initiatives. Population health analytics (SWL Health Insights) can be used to identify cohorts who could benefit from targeted interventions.

Recognising unmet need
Population health analytics (SWL Health Insights) can be used to identify cohorts who could benefit from targeted interventions.
There are ongoing programmes of work with identified vulnerable groups in each Place. Collating and reviewing this work could identify common themes which could benefit from intervention at a System level.

Health Inequalities Hypothesis.

South West London priorities to tackle health inequalities have been agreed by the Health Inequalities Board in July 2022.

South West London Integrated Care System

1. Health Inequalities strategy, aligning with local and regional priorities.

2. Delivery of antiracism framework and action plan – aligned to NHS Observatory Race and Health Report.

3. Learning disabilities equalities.

4. Elective recovery – equalities plan.

5. Outcomes dashboard – metrics for measurement.

6. Improved data coding e.g. ethnicity, sexual orientation, gender identity etc.

7. Anchor Institutions and Strengthening Communities.

8. Levelling up initiative – to reduce poverty deprivation in collaborative with Local Authorities.

9. Improve rates of our Black and ethnic minority staff in senior leadership positions both clinical and non-clinical working with our HR/Workforce across the system.

Criteria for agreeing strategic priorities.

Integrated care strategy guidance sets out that the future strategy should explore health and care gaps and unwarranted variation across the population

South West London Integrated Care System

1 The Integrated care strategy should **develop evidence-based system-wide priorities** that will **improve the public's health and wellbeing and reduce disparities.**

2 It should not replace or supersede the joint local health and wellbeing strategies, which will continue to have a vital role at place.

3 The integrated care strategy is intended to meet the needs of **local people of all ages** identified in the relevant health and wellbeing boards' joint strategic needs assessments. These assessments relate to all health (physical and mental), and social care needs of the whole population.

4 Integrated care partnerships should use these assessments to **explore gaps in care, unwarranted variation, and disparities in health and care outcomes and experiences between parts of the population and understand opportunities where system wide action could be effective in improving these**, including addressing the wider determinants of health and wellbeing, and preventing ill-health and future care and support needs.

5 Integrated care partnerships should aim to go further, drawing on **additional intelligence such as assessments of local communities and needs developed by providers; the perspectives of local communities, and evidence from research and practice** to build on their understanding of health and care needs and further articulate how those needs can be met.

6 Some people, such as but not limited to unpaid carers, **those in inclusion health groups** and others who face social exclusion can be systematically missed in data sources that feed into assessments because, for example, they are not registered to receive health services, or they or others do not recognise that they have a health or care need

When considering how we may prioritise areas of need, it is worth considering a number of factors

South West London Integrated Care System

1   Need: Is there a significant or compelling need at South West London level and does this theme address any unmet need or inequity?

2   Prevention: Is there an opportunity to prevent ill health and encourage people to take responsibility for their own health?

3   Deliverability: Is this any existing programme of work we could accelerate in order to maximise impact on the population?

4   Strategic fit: Is there multiagency energy and commitment to proceed with this as a theme?

5   Productivity: Will this theme make better use of resources, or provide better or enhanced value?

End.