

Adult Social Care & Health

Data overview: South West INT
February 2025

Prepared by Rachael Andrews, Becky Manvell and Gillian Hodt

Southwest Neighbourhood profile

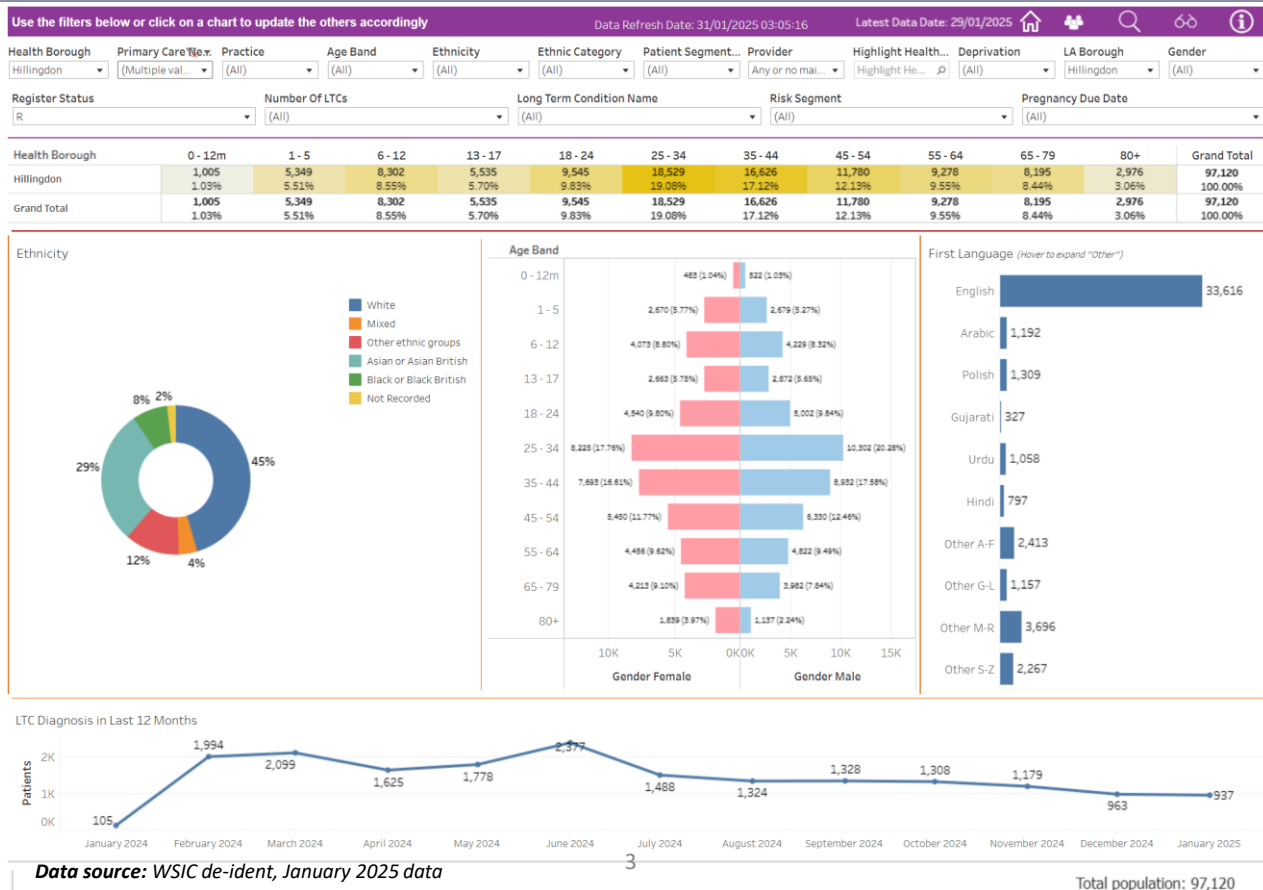
The Southwest Neighbourhood covers 2 PCNs, Colne Union & Synergy, which are situated in the Southwest of Hillingdon Borough, with Colne Union PCN covering some of the Heathrow Airport area. Colne Union has 5 GP practices and Synergy has 4.

General Registered population data:

- To date the total registered population within the Southwest Neighbourhood is: **96,387**
- Colne Union PCN has a registered population of **49,977** and Synergy has a registered population of **46,410**, the equates to **28%** of the total Hillingdon Borough registered population.
- There are **76,309 (79%)** of the Southwest Neighbourhood who are Adult (18+) and **20,078 (21%)** who are children (<18)
- The Male\Female split across the Southwest is **52% vs 48%**

PCN	Adult population (18+)	Child population (<17)	Total	% of Hillingdon population
Colne Union	38,081	11,896	49,977	15%
Synergy	38,228	8,182	46,410	14%
Total	76,309	20,078	96,387	28%

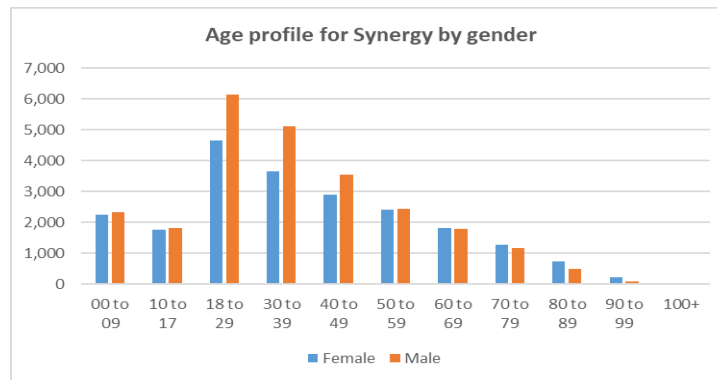
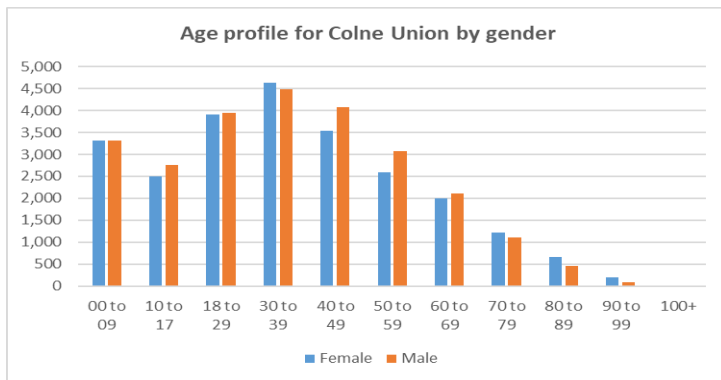
South West Neighbourhood Profile - Overview



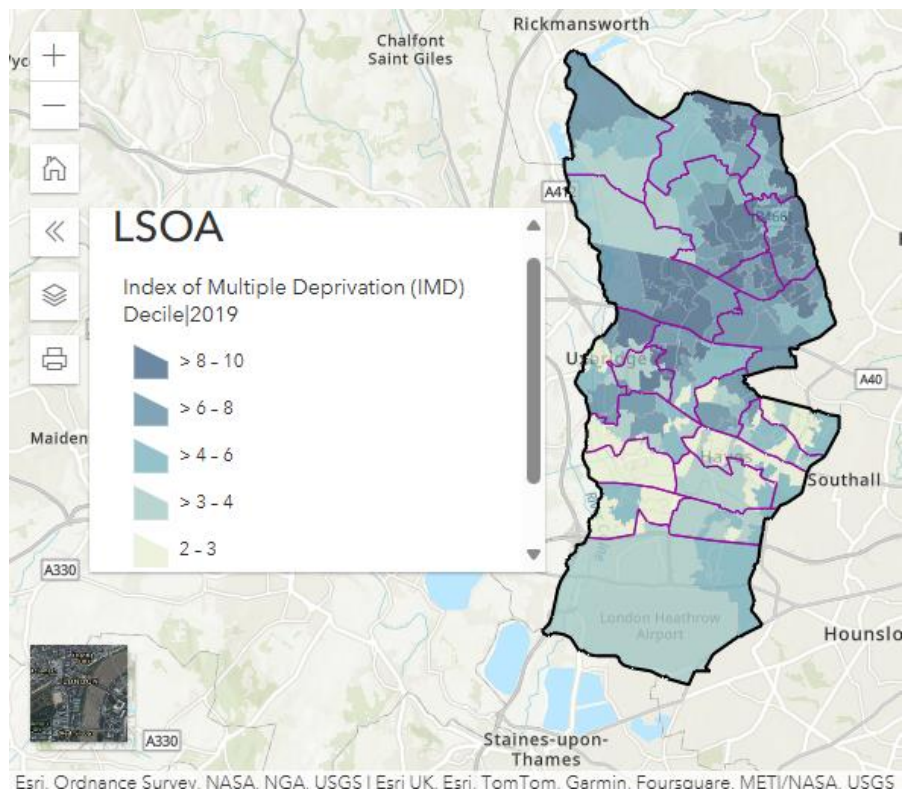
Southwest Neighbourhood profile - Age

Age population profile:

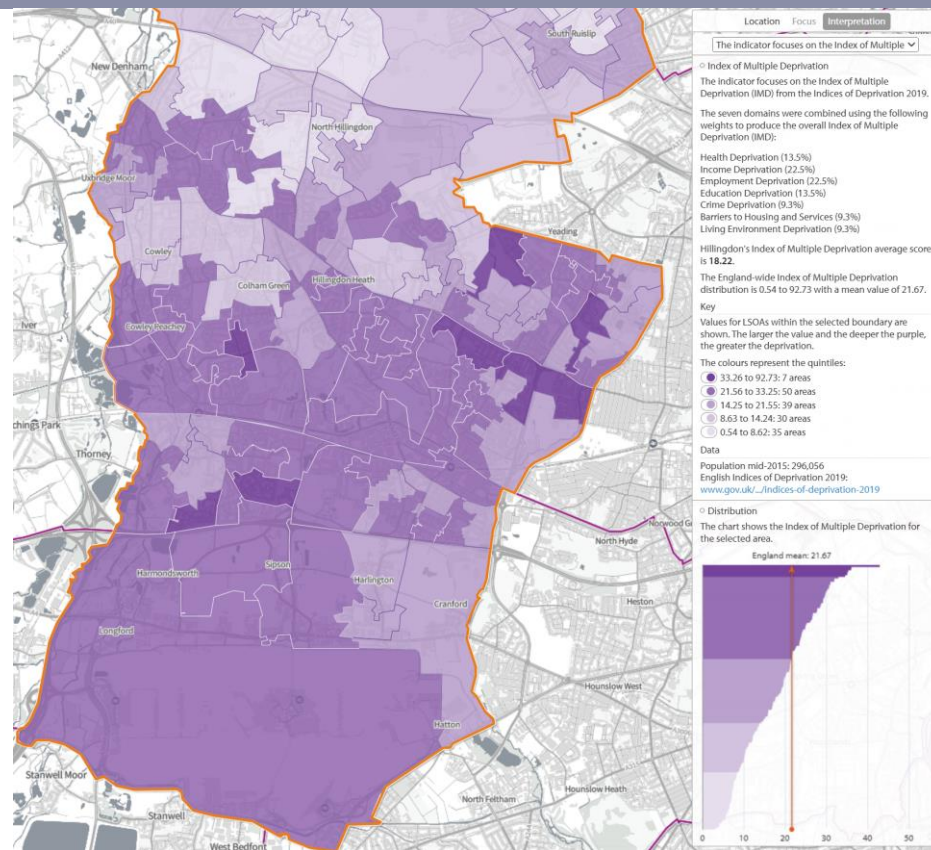
- Within the Southwest Neighbourhood **24%** of Colne Union's registered population are under the age of 18 with the majority in the 0-9 years age bracket. **18%** of Synergy's registered population are under the age of 18.
- **74%** of the registered Southwest population fall within the working age bracket (defined as a resident aged between 18-74)
- **5%** of the registered population are age 75+
- The highest number of males registered to Colne Union are within the ages of 30-39, this is also the case for females.
- The highest number of males registered to Synergy are within the ages of 18-29, this is also the case for females although followed closely by the 30-39 age bracket.



South West Neighbourhood profile - Deprivation



Data source: [Hillingdon Data Hub – Deprivation – Map](#) – accessed 14/2/25



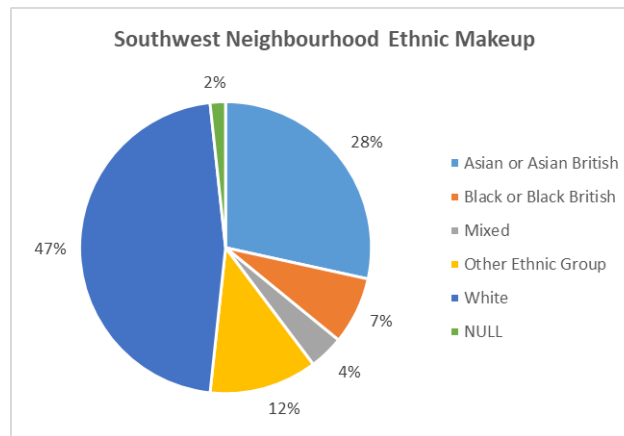
Data source: [SHAPE Place • Deprivation •](#) – accessed 25/2/25

Southwest Neighbourhood profile - Ethnicity

Ethnic population profile:

- 47% of the Southwest Neighbourhood registered population identified themselves as White, 28% Asian or Asian British and 12% Other Ethnic Group.
- The 2 highest recorded ethnic groups within Colne Union and Synergy are White closely followed by Asian or Asian British

Ethnic Category	Population	%
Asian or Asian British	27,408	28%
Black or Black British	7,195	7%
Mixed	3,696	4%
Other Ethnic Group	11,527	12%
White	44,906	47%
NULL	1,643	2%
Total	96,375	



Southwest Neighbourhood profile - Segmentation

Population Segmentation:

- **65%** of the Southwest registered population are in the category of 'Mostly Healthy' when segmenting the population based on the WSIC population segmentation criteria
- **21%** of Adults within the Southwest are living with one or more Long Term Conditions with **9%** of Older People living with one or more Long Term Conditions. The Southwest has 1% of children living with one Long Term Condition
- Colne Union has **228 patients per 1,000** living with one or more LTC's compared to Synergy who has **187 patients per 1,000** living with one or more LTC's
- Of the Adults and Older People living with one or more LTC's **5,576 (20%)** have had 1 or more A&E attendances within the last 12 months compared to the Healthy Adults and Older People **3,308 (7%)** have had 1 or more A&E attendances within the last 12 months

Patient categories – South West INT

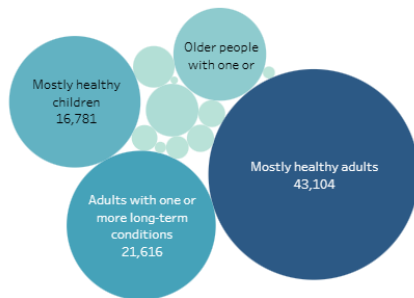
Use the filters below or click on a chart to update the others accordingly

Data Refresh Date: 31/01/2025 03:05:16 Latest Data Date: 29/01/2025

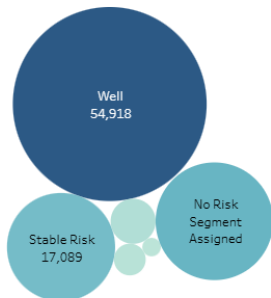
Health Borough: Hillingdon Primary Care Net...: (Multiple values) Practice: (All) Age Band: (All) Ethnicity: (All) Ethnic Category D...: (All) Patient Segment: (All) Provider: Any or no main ... Deprivation: (All) Gender: (All) Distinct count of P...: [Color scale]

Register Status: R Number of LTCs: (All) Long Term Condition Name: (All) Risk Segment: (All) Pregnancy due Date: (All)

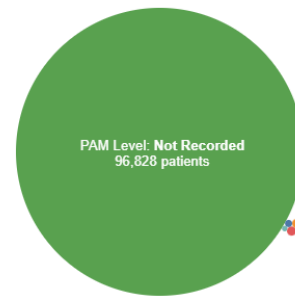
Patient Segments



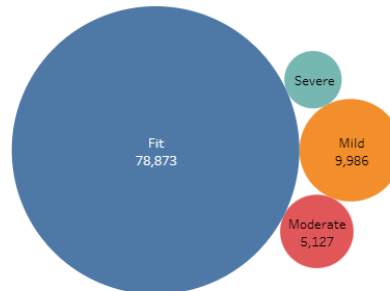
Risk Segment



PAM Levels



eFI Category



Watch lists – South West INT

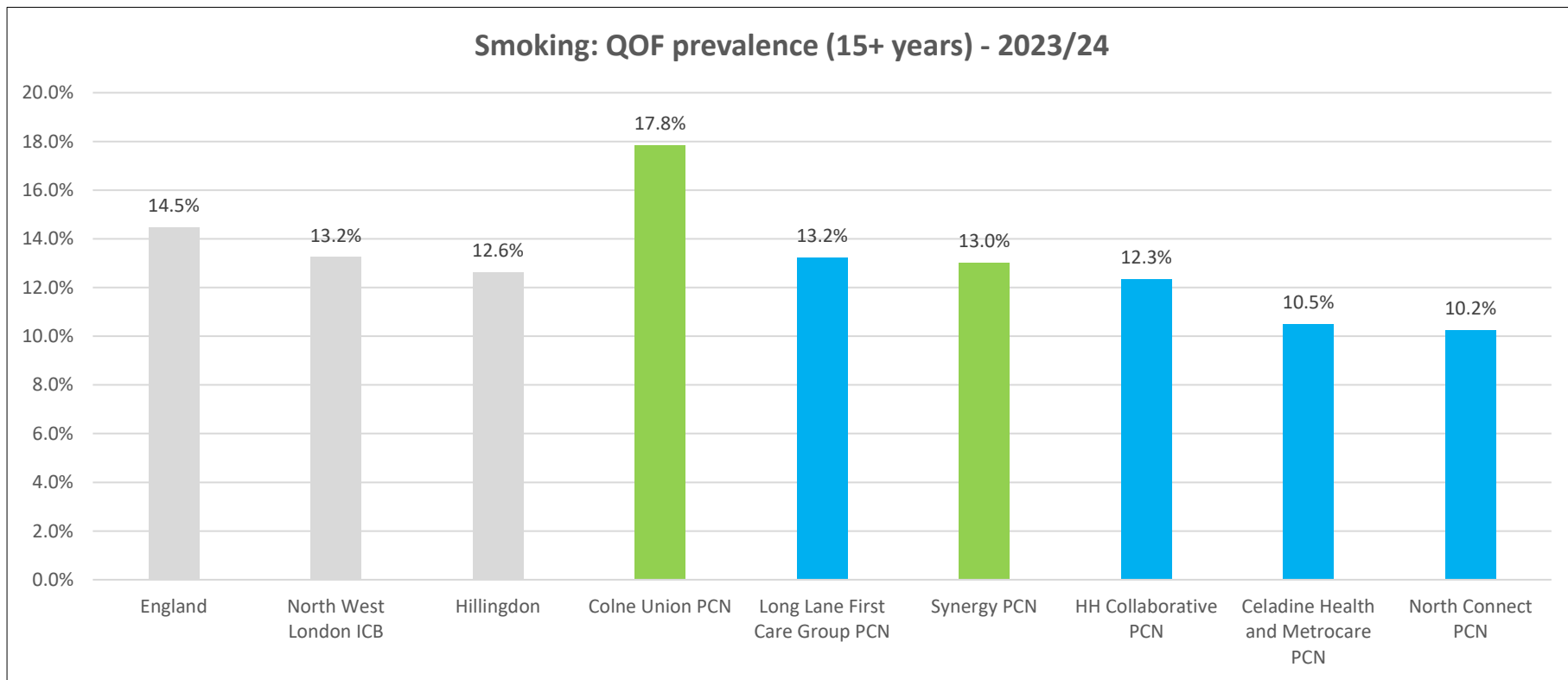


Data source: WSIC de-ident, January 2025

South West Hillingdon INT Priorities

- Hypertension optimisation
- Diabetes
- Frailty & elderly
- Carers
- CYP Mental Health

Smoking Prevalence

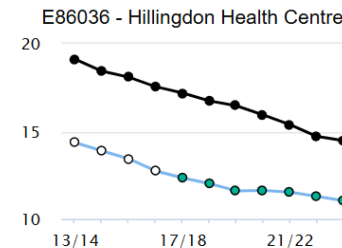
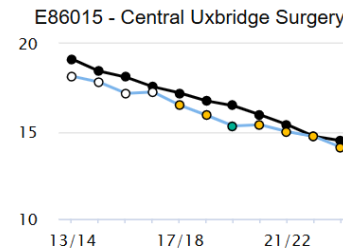
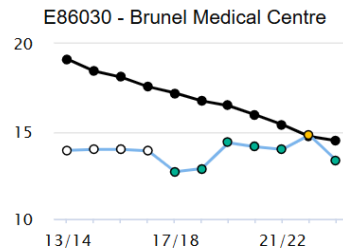
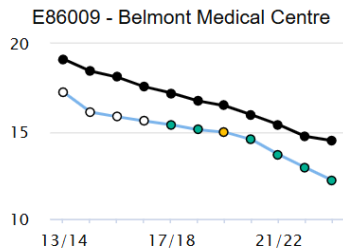
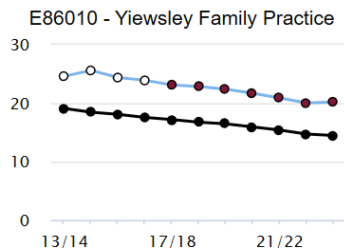
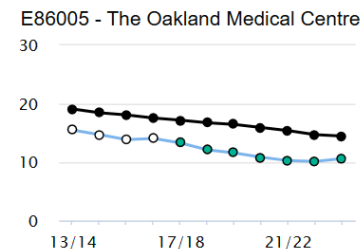
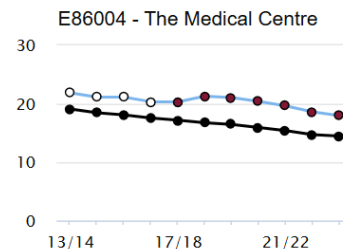
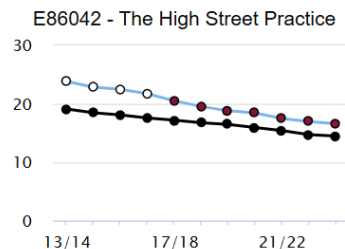
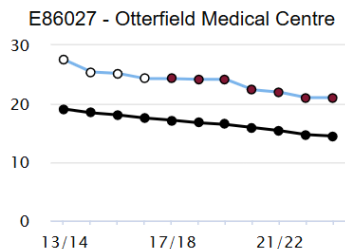


Data Source: DHSC Fingertips Public Health Profiles: data for 2023/24 last accessed 10/2/2025

Smoking Prevalence

Smoking: QOF prevalence (15+ yrs)

Proportion - %



Data Source: DHSC Fingertips Public Health Profiles, last accessed 25/2/2025

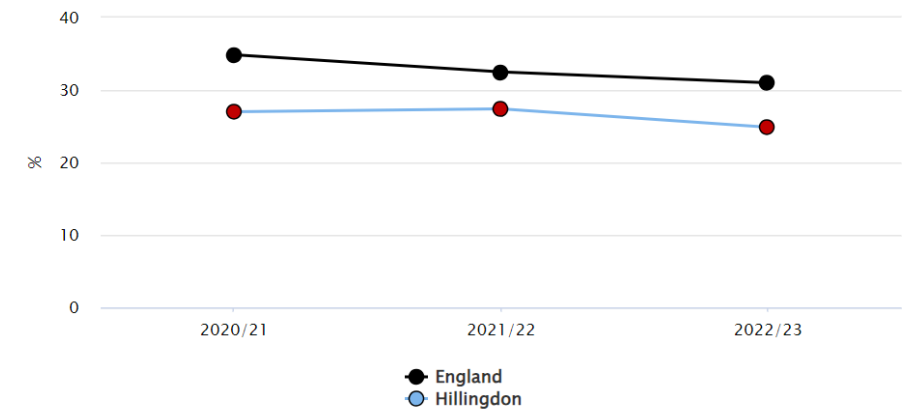
Lifestyle data – healthy diets

C15 - Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations (new method)

Proportion - %

[Show confidence intervals](#) [Show 99.8% CI values](#)

[More options](#)



Data source: Fingertips, accessed October 2024

Recent trend: Could not be calculated

Period	Hillingdon					England
		Count	Value	95% Lower CI	95% Upper CI	
2020/21	●	-	27.0%	23.0%	31.2%	34.9%
2021/22	●	-	27.4%	23.3%	31.6%	32.5%
2022/23	●	-	24.9%	20.9%	29.0%	31.0%

Source: OHID, based on Sport England data

[Indicator Definitions and Supporting Information](#)

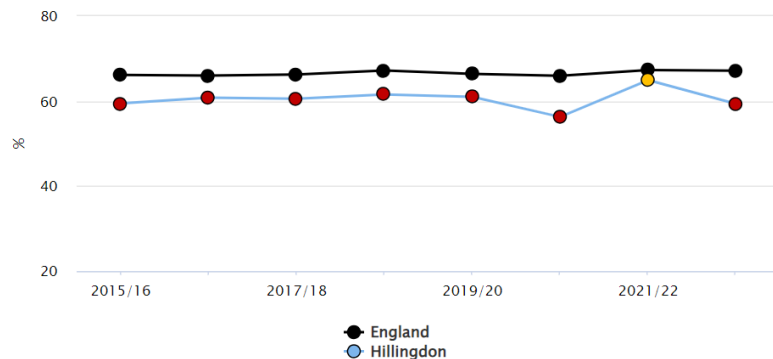
Percentage of physically active adults (19+ yrs)

Proportion - %

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[More options](#)



Recent trend: Could not be calculated

Period	Hillingdon					England
	Count	Value	95% Lower CI	95% Upper CI		
2015/16	-	59.4%	55.1%	63.8%		66.1%
2016/17	-	60.8%	56.4%	65.2%		66.0%
2017/18	-	60.6%	56.3%	64.8%		66.3%
2018/19	-	61.6%	57.2%	65.7%		67.2%
2019/20	-	61.0%	56.5%	65.3%		66.4%
2020/21	-	56.3%	51.7%	60.9%		65.9%
2021/22	-	64.9%	60.6%	69.2%		67.3%
2022/23	-	59.4%	54.9%	63.7%		67.1%

Source: OHID, based on Sport England data

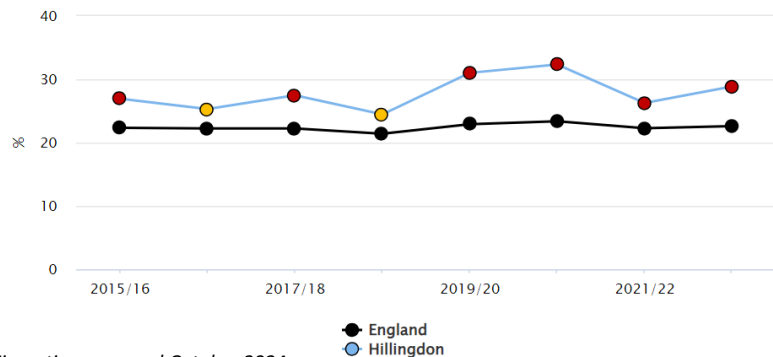
Percentage of physically inactive adults (19+ yrs)

Proportion - %

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[More options](#)



Recent trend: Could not be calculated

Period	Hillingdon					England
	Count	Value	95% Lower CI	95% Upper CI		
2015/16	-	26.9%	22.9%	30.9%		22.3%
2016/17	-	25.3%	21.5%	29.2%		22.2%
2017/18	-	27.5%	23.6%	31.5%		22.2%
2018/19	-	24.5%	20.7%	28.3%		21.4%
2019/20	-	31.0%	26.8%	35.1%		22.9%
2020/21	-	32.3%	28.1%	36.6%		23.4%
2021/22	-	26.3%	22.3%	30.2%		22.3%
2022/23	-	28.9%	24.9%	33.1%		22.6%

Source: OHID, based on Sport England data

Lifestyle data – physical activity (CYP)

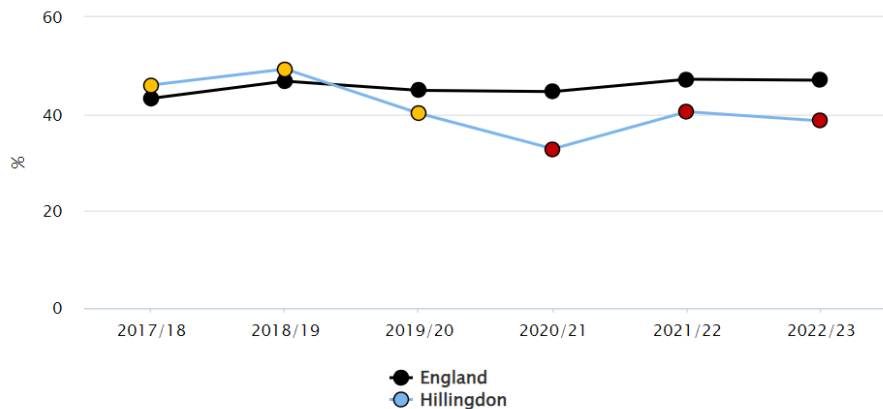
C10 - Percentage of physically active children and young people

Proportion - %

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[More options](#)



Data source: Fingertips, accessed October 2024

Recent trend: Could not be calculated

Period	Hillingdon					England
	Count	Value	95% Lower CI	95% Upper CI		
2017/18	🟡	-	46.0%	41.7%	50.4%	43.3%
2018/19	🟡	-	49.3%	44.1%	54.6%	46.8%
2019/20	🟡	-	40.2%	33.1%	47.6%	44.9%
2020/21	🔴	-	32.8%	24.4%	42.6%	44.6%
2021/22	🔴	-	40.5%	35.8%	45.4%	47.2%
2022/23	🔴	-	38.6%	33.4%	44.1%	47.0%

Source: OHID, based on Sport England data

[Indicator Definitions and Supporting Information](#)

Obesity & Excess Weight Data

This section aims to look at Obesity and Excess Weight in the current registered patients in the Borough of Hillingdon. The latest BMI values within the patients GP record has been used to identify if the registered Adult population are classed as Obese or have Excess Weight, the following scores have been used:

- Obesity in the white ethnic groups is classed as a BMI value of ≥ 30
- Obesity in the BAME ethnic groups is classed as BMI value of ≥ 27.5
- Excess Weight in the white ethnic groups is classed as a BMI value of between 25 and 29.99
- Excess Weight in the BAME ethnic groups is classed as a BMI value of ?

It has been noted in the Hillingdon Health & Wellbeing Strategy 2022-2025 that 65% of adults within the Borough of Hillingdon are classified as overweight or obese and physical activity remains low within this group.

Obesity & Excess Weight – what is the data telling us?

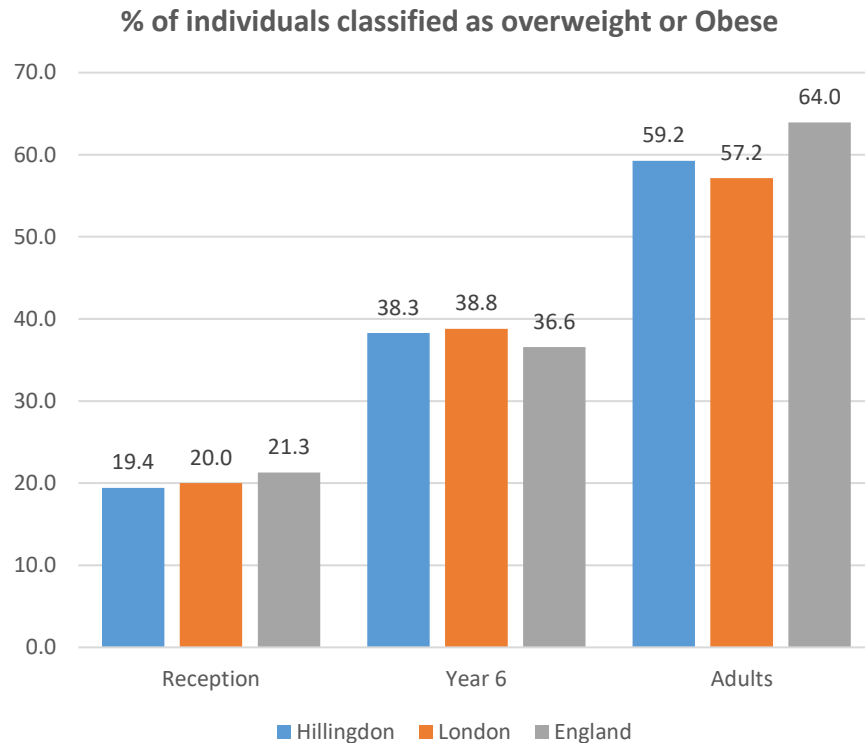
- Looking at the most recent WSIC data (May 24) overall there are 52,859 adults who are classed as Obese within Hillingdon, which equates to 20% of the Hillingdon adult registered population – this is based on the BMI value being ≥ 30 and not taking into account Ethnicity.
- Looking further into the data there are 75,111 adults who are classed as having Excess Weight within Hillingdon, this equates to 28% of the total adult registered population – this is based on the BMI value being between 25 and 29.99 and not taking into account Ethnicity.
- The current NWL prevalence for obesity is 15% and the prevalence for Excess Weight is 25% therefore making Hillingdon an Outlier within North West London. It is worth noting that Hillingdon has the highest prevalence of all the NWL Boroughs

Borough	Adult 18+ population	Obesity Latest (based on BMI value)	Obesity Latest Prevalence	Excess Weight	Excess Weight Prevalence	Weighted per 1,000 Obesity	Weighted per 1,000 Excess Weight
Brent	417,349	67,356	16%	105,029	25%	161	252
Ealing	370,159	64,680	17%	103,849	28%	175	281
Hounslow	274,224	50,132	18%	76,495	28%	183	279
H&F	299,721	32,714	11%	62,680	21%	109	209
Harrow	233,003	40,100	17%	65,252	28%	172	280
Hillingdon	265,891	52,859	20%	75,111	28%	199	282
West London	241,857	28,051	12%	53,572	22%	116	222
Central London	245,178	23,098	9%	46,830	19%	94	191
Total	2,347,382	358,990	15%	588,818	25%	153	251

The data is showing that there are 199 people per 1,000 who are obese in Hillingdon compared to the NWL total of 153 per 1,000. The data also shows that there are 282 people per 1,000 who are classed as having Excess Weight.

As you can see from the high level data, Hillingdon is the highest within NWL for both Obesity & Excess Weight.

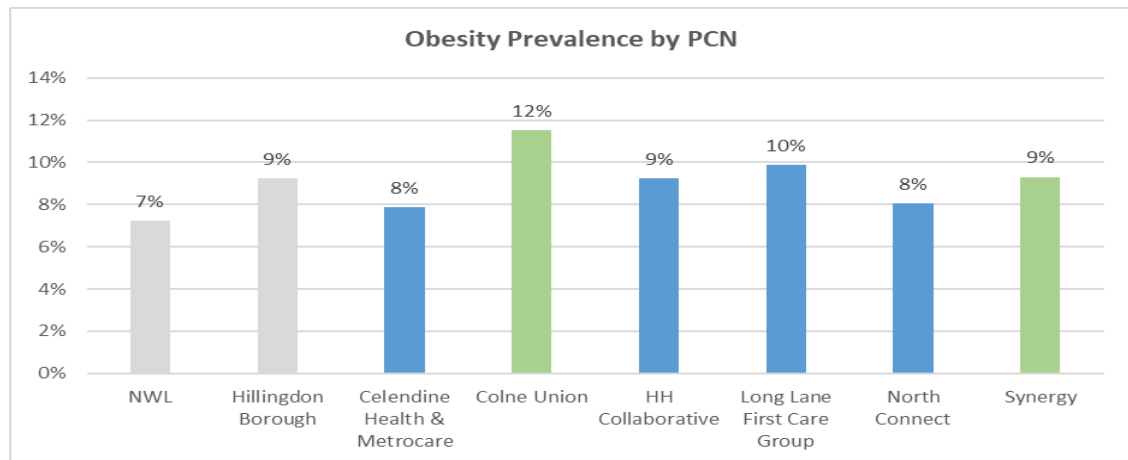
Obesity Prevalence - children & adults



	Reception	Year 6	Adults
Hillingdon	19.4	38.3	59.2
London	20.0	38.8	57.2
England	21.3	36.6	64.0

Data source: Obesity profile, Fingertips 2022/23 data

Southwest Neighbourhood – Obesity Prevalence by PCN



Data Source: WSIC de-Ident, Jul 2024 data

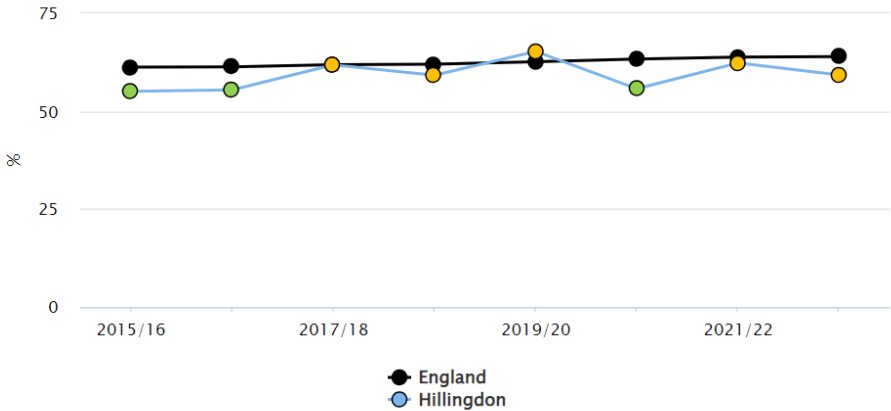
The prevalence of Obesity is the highest within Colne Union PCN, higher than the NWL and Hillingdon Borough average, a deeper dive is required here

Overweight (including obesity) prevalence in adults (18+ yrs)

Proportion - %

Show confidence intervals Show 99.8% CI values

More options



Data source: Fingertips, accessed October 2024

Recent trend: Could not be calculated

Period	Hillingdon					England
		Count	Value	95% Lower CI	95% Upper CI	
2015/16	🟢	-	55.1%	50.1%	59.8%	61.2%
2016/17	🟢	-	55.5%	50.7%	60.3%	61.3%
2017/18	🟡	-	61.8%	56.9%	66.6%	61.9%
2018/19	🟡	-	59.2%	54.5%	64.1%	62.0%
2019/20	🟡	-	65.3%	60.6%	70.0%	62.6%
2020/21	🟢	-	55.7%	50.8%	60.7%	63.3%
2021/22	🟡	-	62.3%	57.4%	67.2%	63.8%
2022/23	🟡	-	59.2%	54.3%	64.3%	64.0%

Source: OHID, based on Sport England data

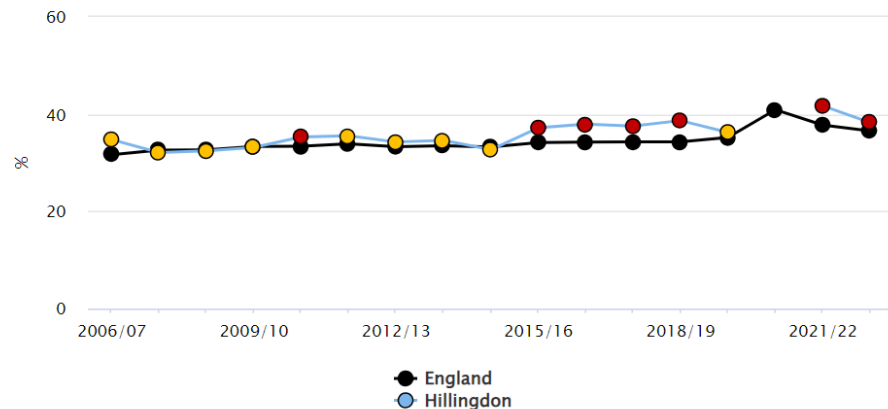
C09b - Year 6 prevalence of overweight (including obesity)_(10-11 yrs)

Proportion - %

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[More options](#)



Data source: Fingertips, accessed October 2024

Recent trend: ➡ No significant change

Period	Hillingdon					England
	Count	Value	95% Lower CI	95% Upper CI		
2006/07	40	34.8%	28.0%	45.5%		31.7%
2007/08	850	32.1%	30.4%	34.0%		32.6%
2008/09	915	32.4%	30.7%	34.1%		32.6%
2009/10	940	33.2%	31.4%	34.8%		33.4%
2010/11	1,015	35.3%	33.6%	37.1%		33.4%
2011/12	1,020	35.5%	33.8%	37.3%		33.9%
2012/13	970	34.3%	32.6%	36.1%		33.3%
2013/14	1,075	34.6%	33.0%	36.3%		33.5%
2014/15	1,005	32.7%	31.0%	34.3%		33.2%
2015/16	1,225	37.2%	35.6%	38.9%		34.2%
2016/17	1,280	37.9%	36.4%	39.6%		34.2%
2017/18	1,315	37.6%	36.0%	39.2%		34.3%
2018/19	1,460	38.7%	37.1%	40.2%		34.3%
2019/20	725	36.3%*	34.2%	38.4%		35.2%
2020/21	-	*	-	-		40.9%
2021/22	1,575	41.7%	40.1%	43.3%		37.8%
2022/23	1,455	38.3%	36.8%	39.9%		36.6%

Source: NHS England, National Child Measurement Programme

Obesity & Excess Weight – data by Ethnicity

- Obesity & Excess Weight differs when looking at the data by Ethnicity as different BMI values are used to identify the registered population within these categories. The prevalence within the white ethnic group for obesity is 24% and Excess Weight is 29%

Ethnic Category: White

Borough	Adult 18+ population	Obesity Latest	Obesity Latest Prevalence	Excess Weight	Excess Weight Prevalence
Hillingdon	118,830	28,346	24%	34,785	29%

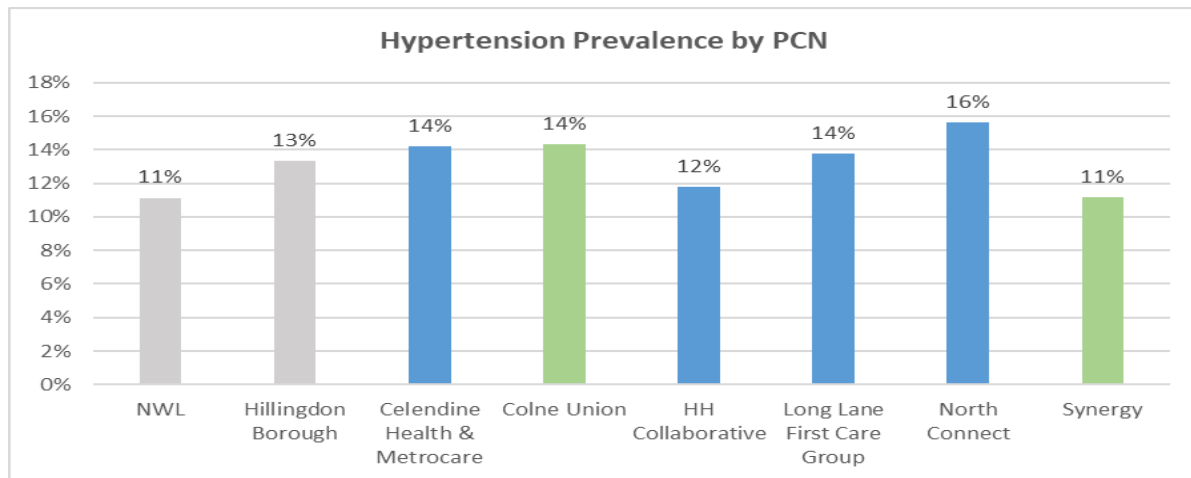
- Within the White ethnic group **Colne Union, HH Collaborative & Long Lane PCNs** have the highest number of registered patients per 1,000 with Obesity and **Celandine & Metrocare** and **North Connect** have the highest number for Excess Weight.

PCN	List Size	Obesity Latest	Weighted per 1,000	Excess Weight	Weighted per 1,000
Celandine Health & Metrocare	32,192	6,883	214	10,088	313
Colne Union	19,471	5,342	274	5,629	289
HH Collaborative	16,865	4,410	261	4,480	266
Long Lane First Care Group	10,685	3,049	285	2,969	278
Noth Connect	21,944	4,687	214	6,652	303
Synergy	17,673	3,975	225	4,967	281
Total	118,830	28,346	239	34,785	293

Excess Weight Data – what is the data telling us?

- We looked at the prevalence for certain Long Term Conditions for the cohort group and the data indicated the following:
 - Hypertension prevalence within this group is 29% overall, with 4 of the PCN's being 30% or above
 - Depression prevalence within this group is 17% overall, with Colne Union being at 20%
 - Anxiety prevalence within this group is 16% overall, with Colne Union being at 18%
 - Diabetes prevalence within this group is 17% overall, with Long Lane and HH Collaborative being at 19%
 - CHD prevalence within this group is 5% overall, compared to the Hillingdon average of 3% and NLW average of 2.5%
- The data is showing that the above conditions are more prevalent in the obese cohort of the population. It may also be useful to take a look at the overweight population for a more preventative view?
- 7% of this cohort are recorded as smokers and they mainly sit within the 40 – 59 age group and 13% being recorded as Ex-smokers. It would be useful to look further at the lifestyle characteristics

Southwest Neighbourhood – Hypertension Prevalence by PCN



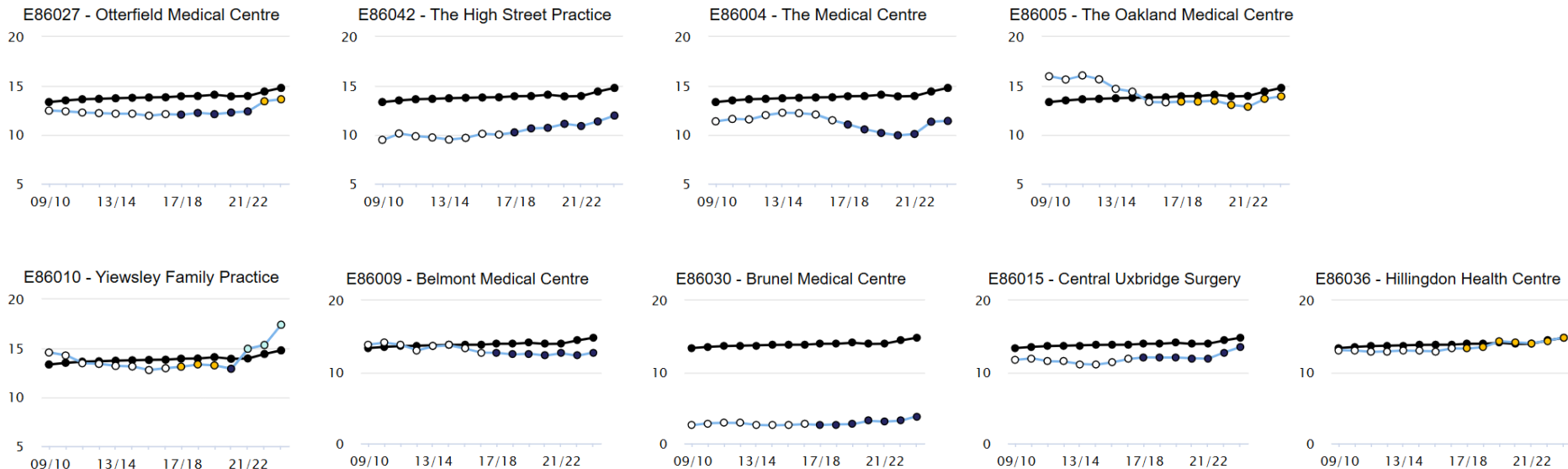
Data Source: WSIC de-Ident, Jul 2024 data

The prevalence of Hypertension for Hillingdon Borough is currently 13%, Synergy PCN is the lowest within the Borough at 11%. The Hypertension programme within the Borough is undertaking work to increase the prevalence throughout the Borough and ensure populations are correctly diagnosed and receive treatment.

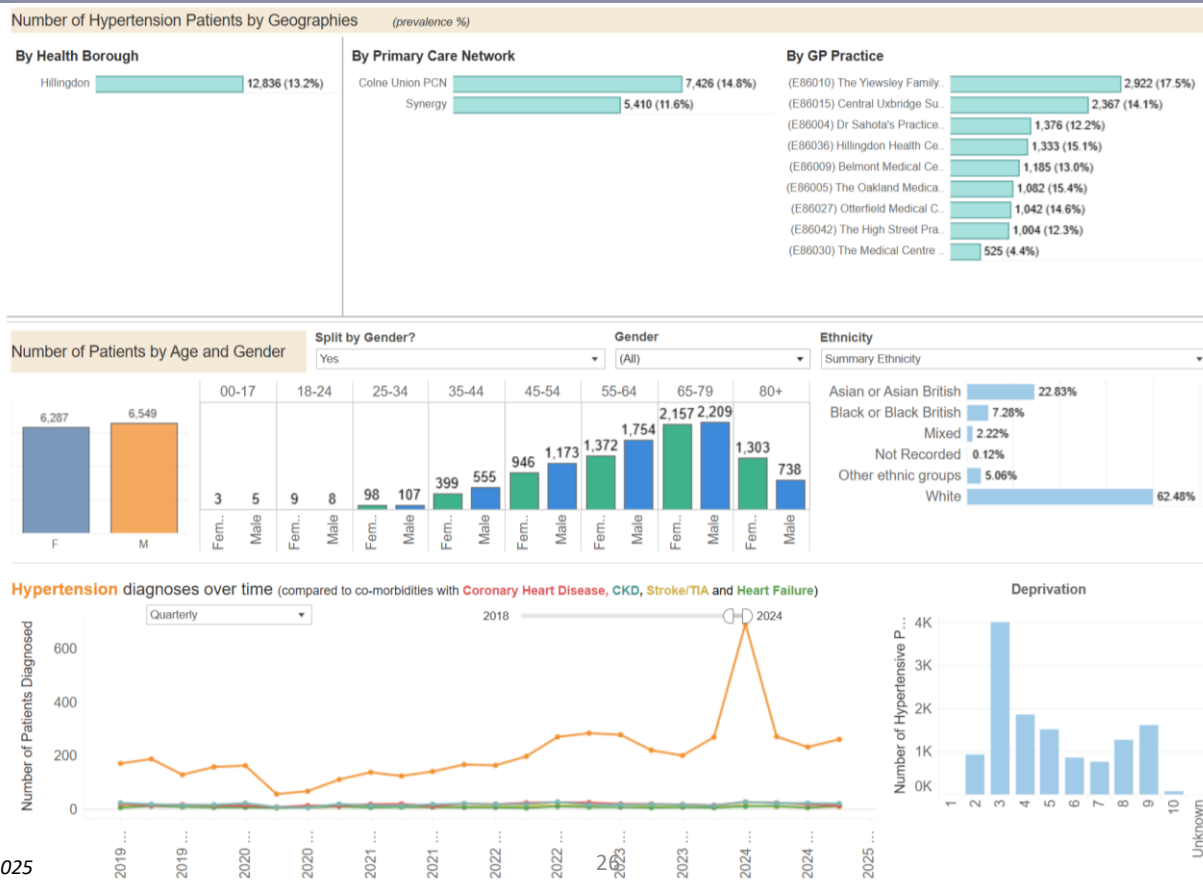
Hypertension prevalence trends, by GP practice

[Hypertension: QOF prevalence](#)

Proportion - %



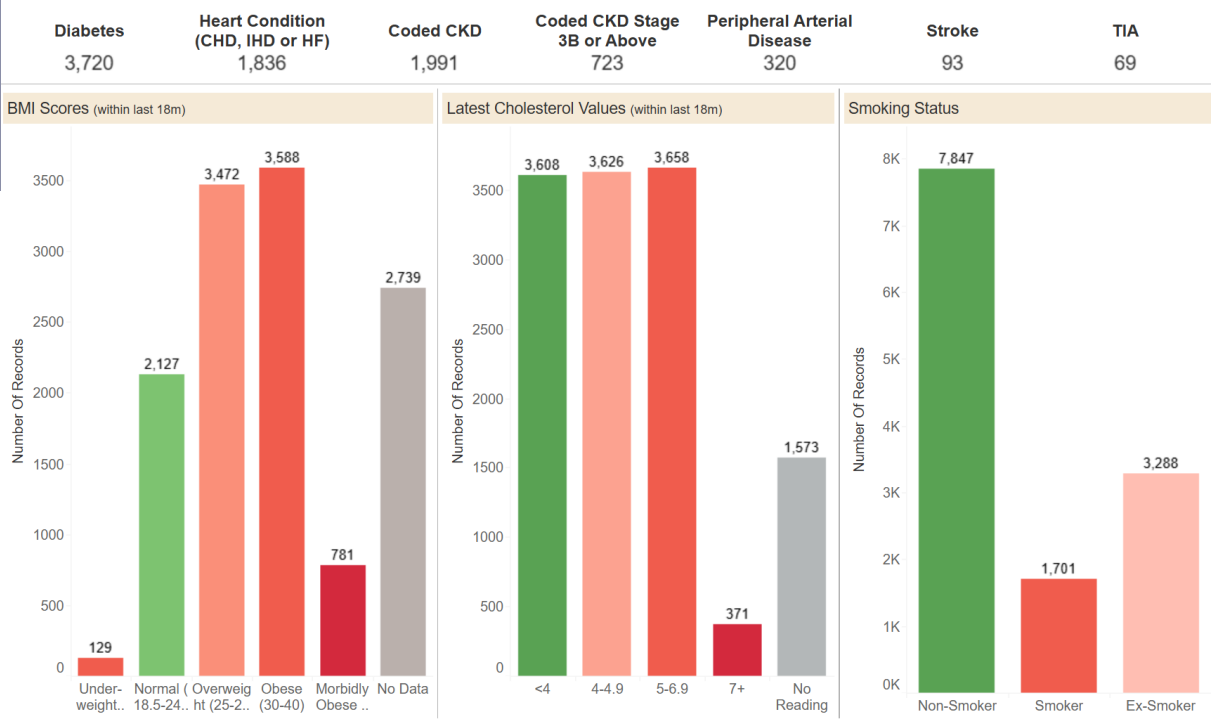
Hypertension – overview



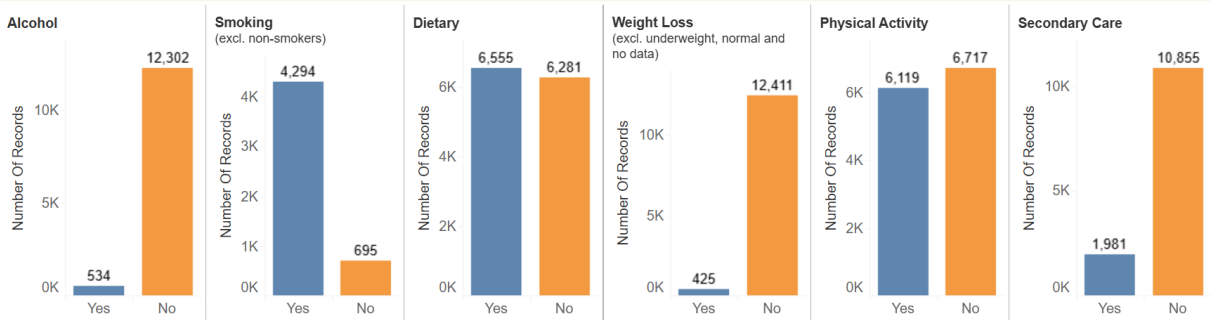
Hypertension – co-morbidities



Hypertension – lifestyle

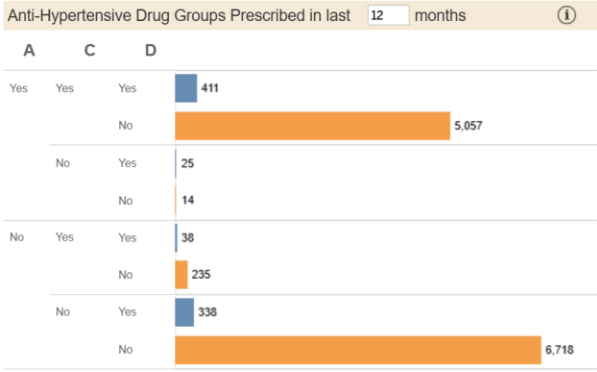
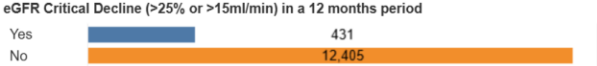
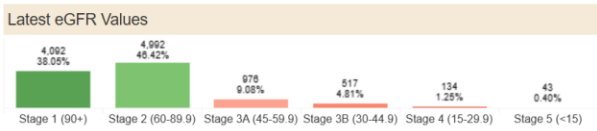
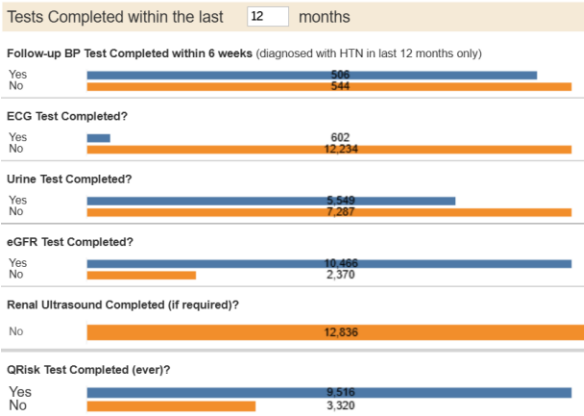
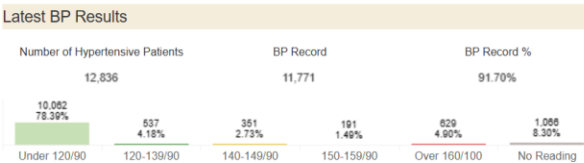
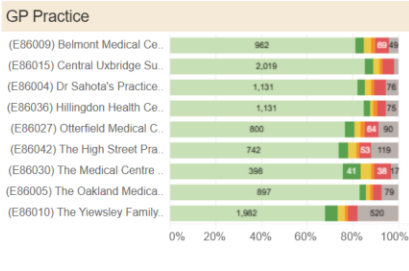
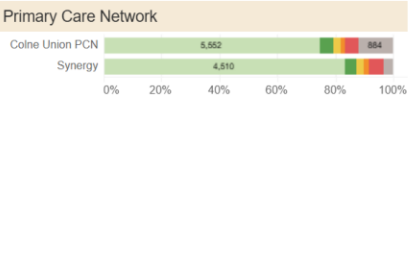
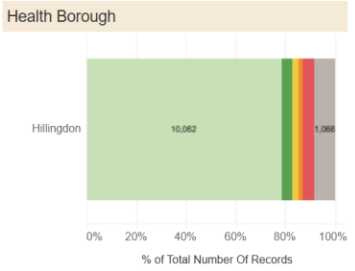
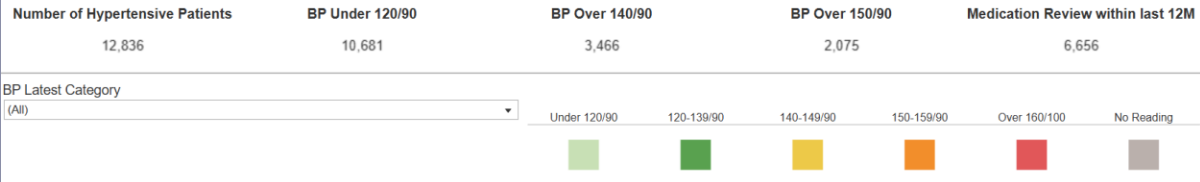


Interventions Offered (advice or referral) within the last months



Data source: WSIC de-ident, January 2025

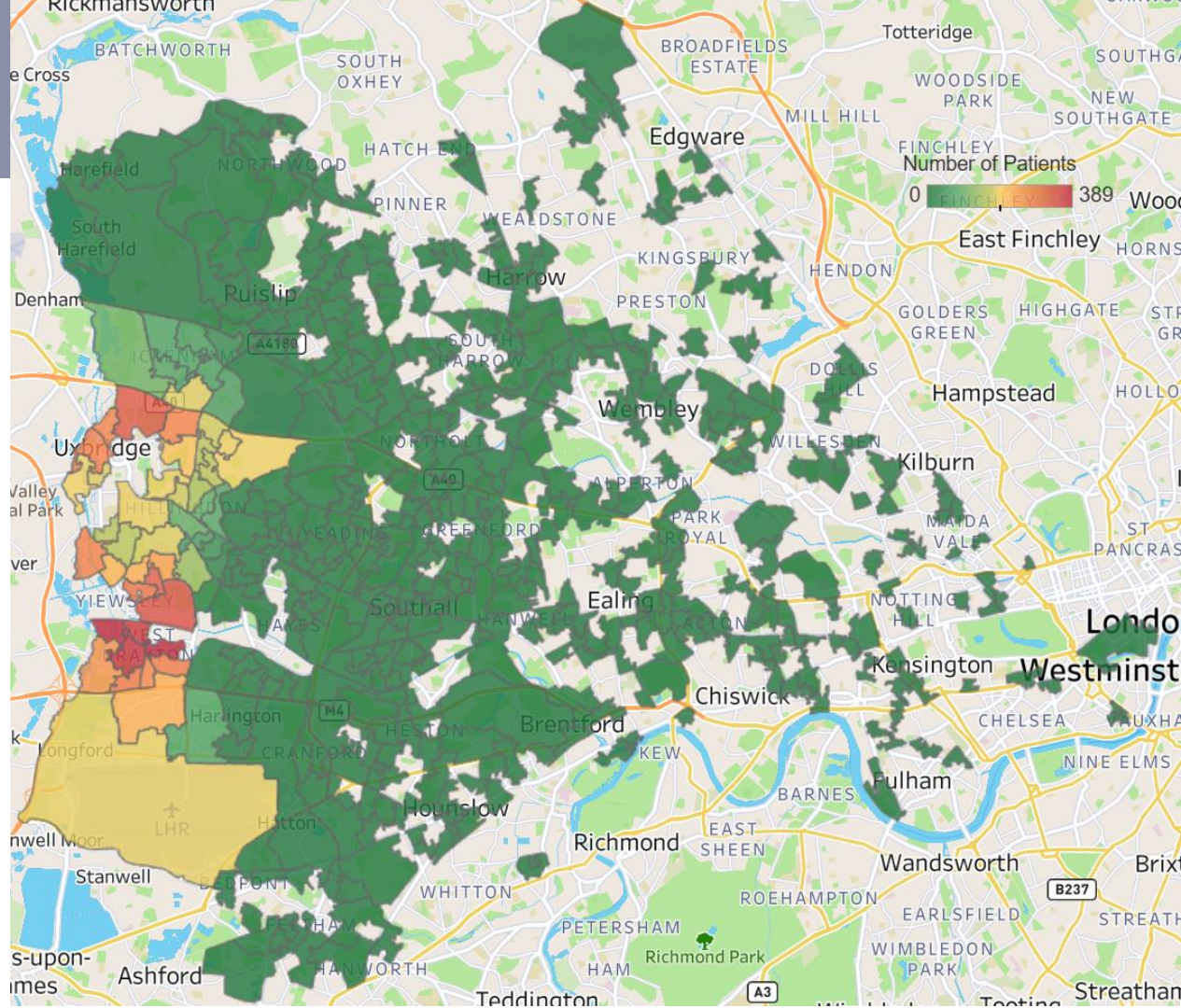
Hypertension – clinical overview



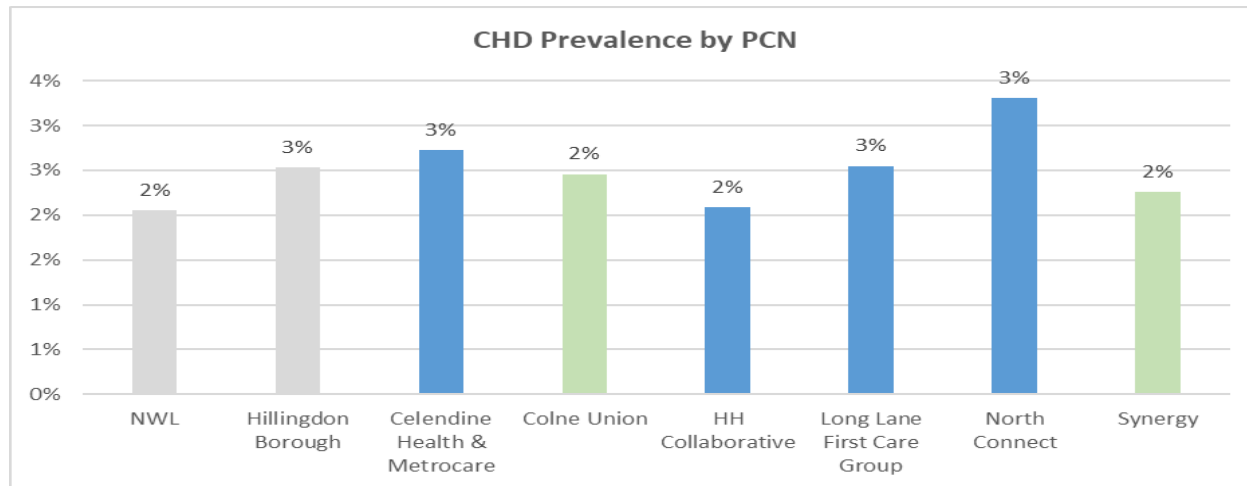
Hypertension — prescriptions



Hypertension – map



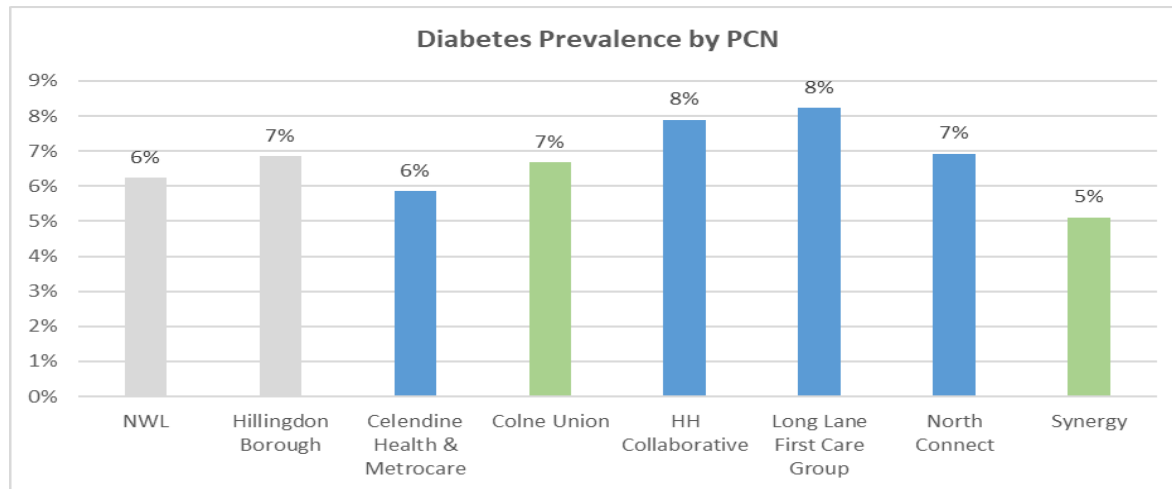
Southwest Neighbourhood – CHD Prevalence by PCN



Data Source: WSIC de-Ident, Jul 2024 data

The prevalence of CHD is lower than Hillingdon Borough for Colne Union & Synergy but the same as NWL

Southwest Neighbourhood – Diabetes Prevalence by PCN



Data Source: WSIC de-Ident, Jul 2024 data

The prevalence of Diabetes within the Hillingdon Borough is 7%. Synergy is lower than the Borough average and Colne Union is equal to the Borough average.

Diabetes – overview

Use the filters below or click on a chart to update the others accordingly

Data Refresh Date: 03/02/2025 13:26:13

Latest Data Date: 30/01/2025



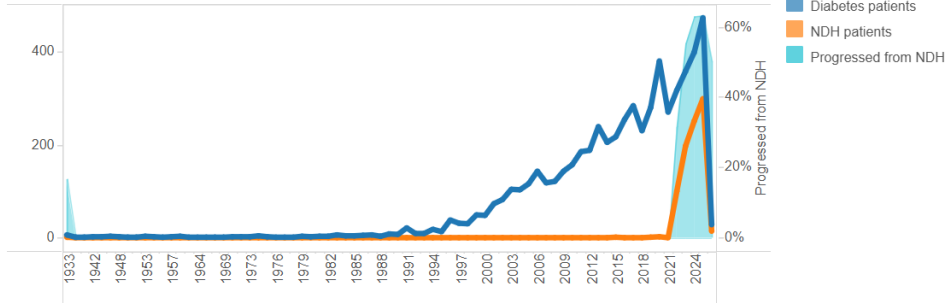
Health Borough: Primary Care Network: Practice: Age Band: Deprivation: Ethnicity: Patient Segment: Provider:

Diabetes Diagnosis Date

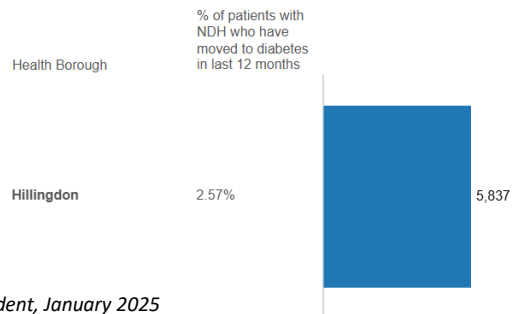
Total Diabetes patients

	Diagnosed +2 years	Diagnosed <2 years	Grand Total
Type 1	153	12	165
Type 2	4,129	791	4,920
Autosomal dominant	1		1
LADA	1		1
NOS	36	2	38
Remission	26	3	29
Other	585	92	677
Grand Total	4,931	900	5,831

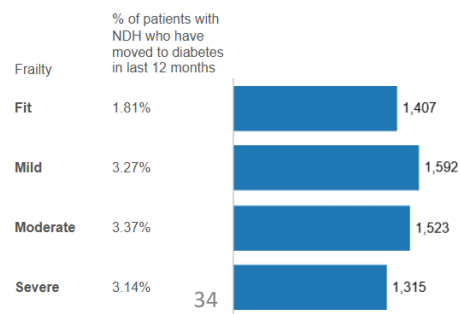
First date of diagnosis



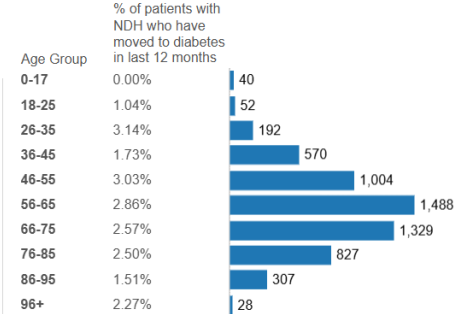
Diabetes population by Healthcare Organisation



Diabetes Population by Electronic Frailty Index



Diabetes Population by Age Group

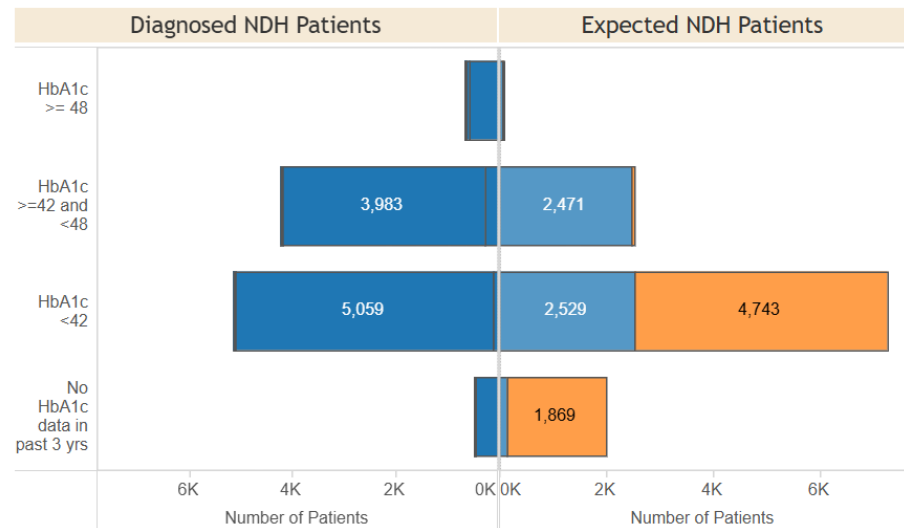


Diabetes – expected undiagnosed cases

Non-Diabetic Hyperglycaemia		
NDH patients	Expected NDH	Actual vs Expected NDH
9,600	11,934	80.4%

Compare diagnosed NDH population to...

Population at risk of NDH (risk score > 5.6)

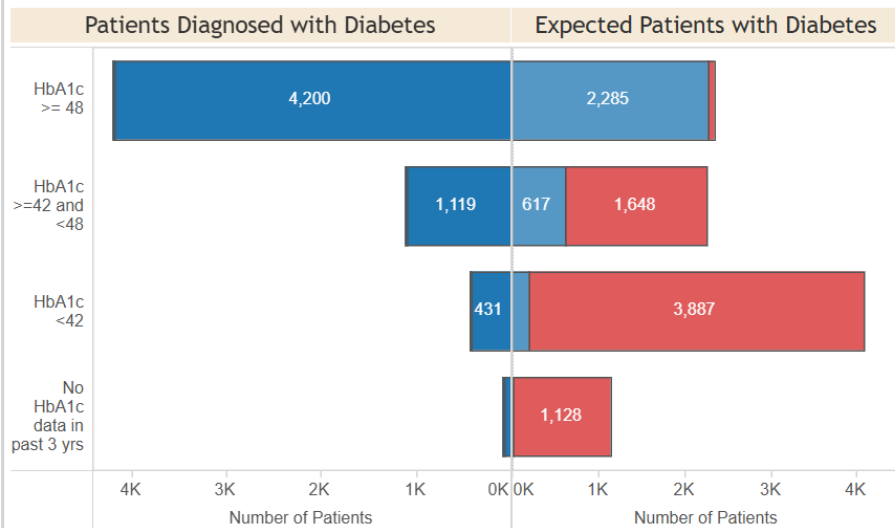


Expected NDH Patients without NDH diagnosis
Expected NDH Patients with NDH diagnosis

Diabetes		
Diagnosed diabetes population	Predicted diabetes population	Actual vs Expected Diabetes
5,831	9,839	59.3%

Risk Threshold (Diabetes)

6.05



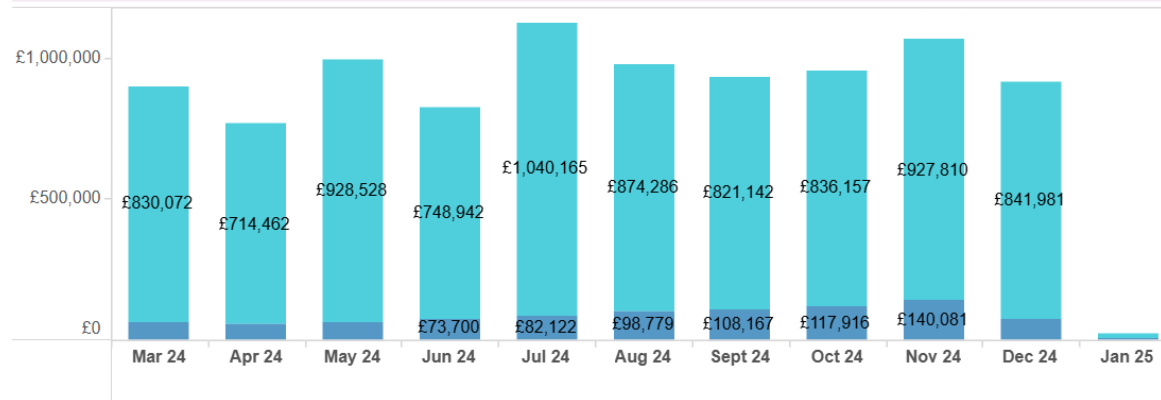
Expected and undiagnosed Diabetes Patients
Expected and diagnosed Diabetes Patients

Diabetes – finance

Total spend on patients with Diabetes

	Diagnosed <2 years	Diagnosed +2 years	Grand Total
Type 1	£10,618	£250,388	£261,006
Type 2	£730,970	£6,786,701	£7,517,671
Autosomal dominant		£17	£17
LADA		£1,243	£1,243
NOS	£2,277	£151,206	£153,483
Remission	£2,870	£52,556	£55,427
Other	£131,958	£1,339,154	£1,471,111
Grand Total	£878,692	£8,581,265	£9,459,958

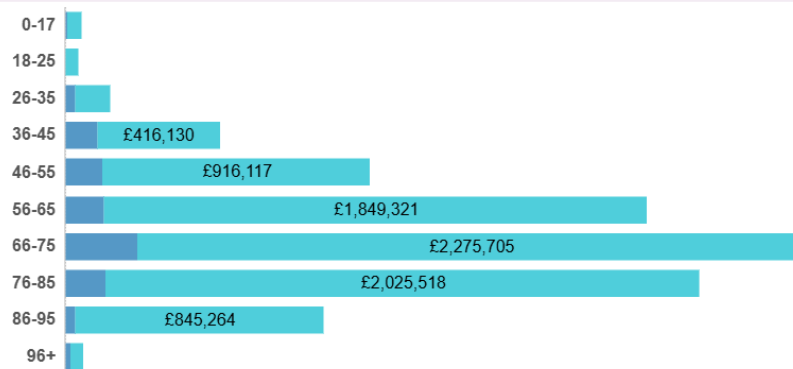
Total spend per month on patients with Diabetes



Spend by Healthcare Organisation



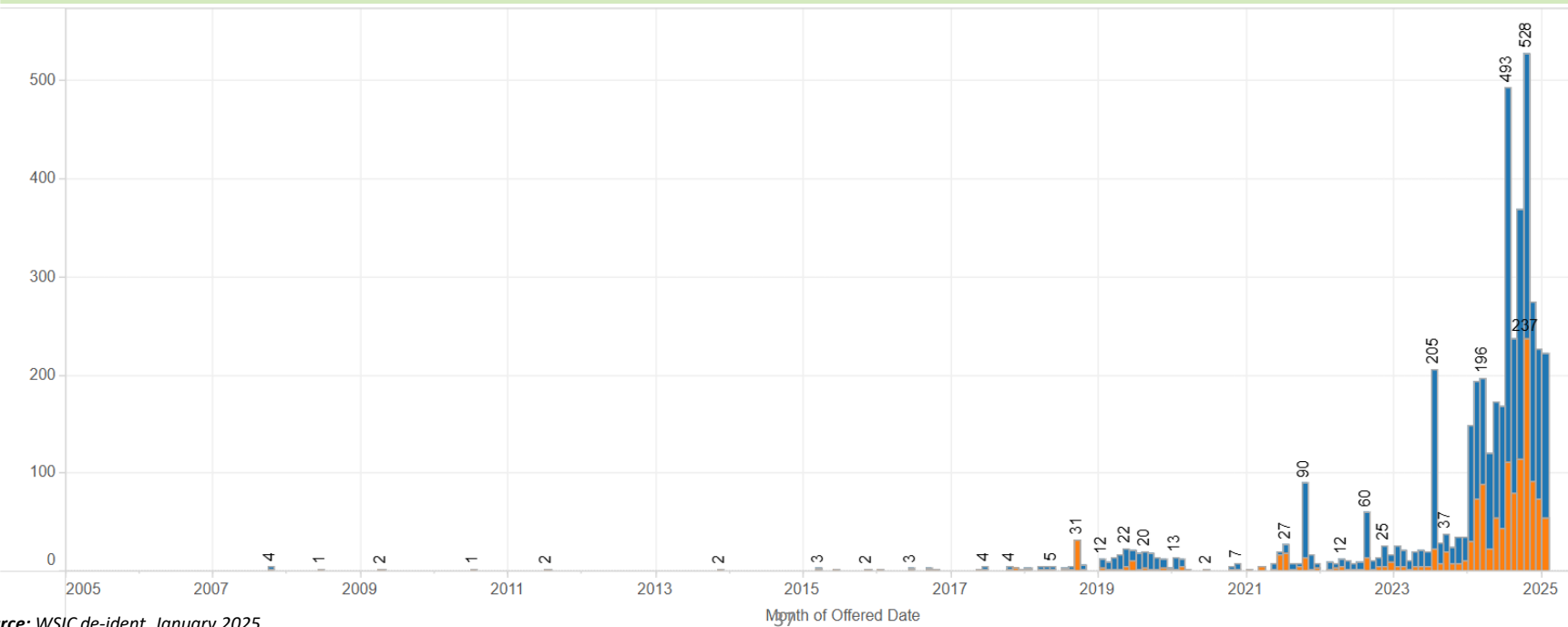
Spend by Age Group



Diabetes – structured education

Patients being Offered Structured Education	Patients who have completed Structured Education	Ratio of Completed to Offered
4,635	1,393	35.16%

Diabetes patients offered and completed structured education



Data source: WSIC de-ident, January 2025

Diabetes – smoking cessation

Diabetes patients smoking 2 years ago

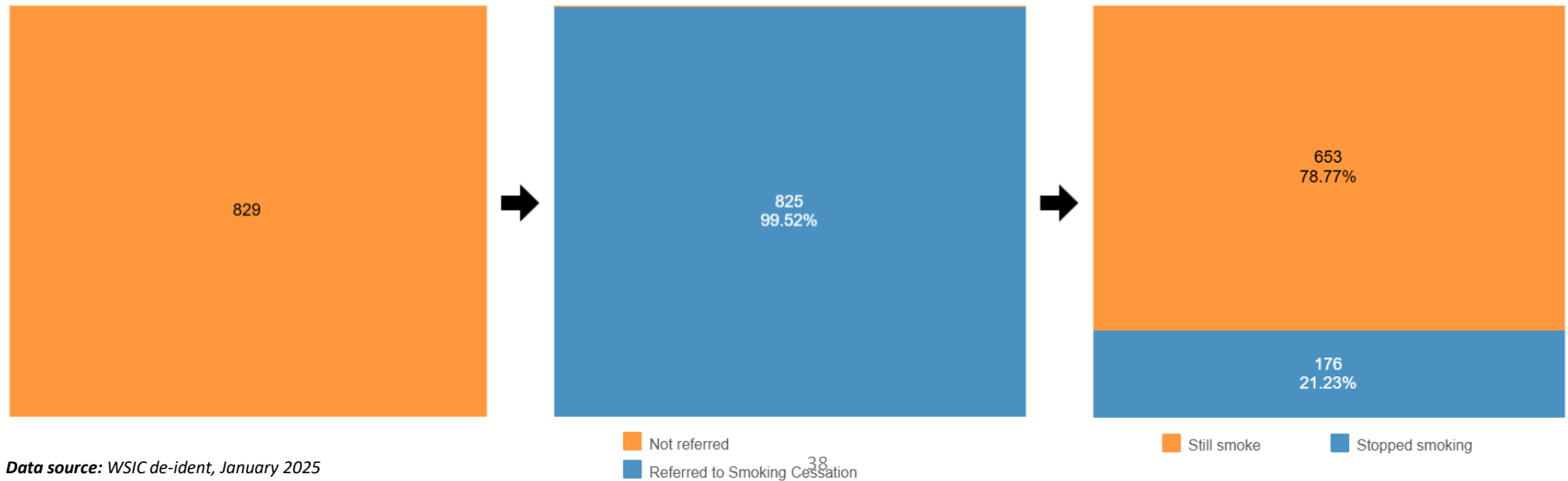
	Diagnosed <2 ..	Diagnosed +2 ..
Type 1		27
Type 2	119	583
Autosomal dominant		1
NOS		4
Remission		1
Other	13	81

Patients referred to Smoking Cessation

	Diagnosed <2 ..	Diagnosed +2 ..
Type 1		27
Type 2	119	580
Autosomal dominant		1
NOS		4
Remission		1
Other	13	80

Patients successfully stopped smoking

	Diagnosed <2 years	Diagnosed +2 years
Type 1		3
Type 2	34	122
Other	5	12



Diabetes – complications

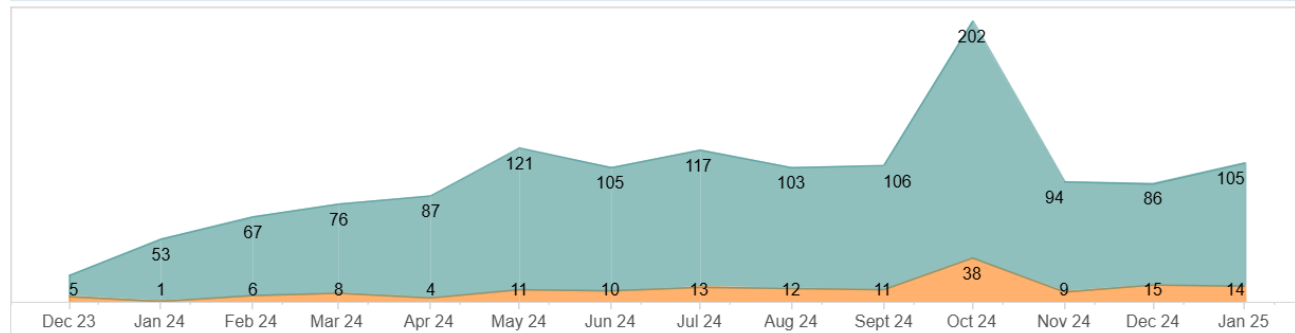
Total population

	Diagnosed <2 years	Diagnosed +2 years	Grand Total
Type 1	1	35	36
Type 2	107	867	974
Autosomal dominant			
NOS	1	27	28
Remission		4	4
Other	48	408	456
Grand Total	157	1,341	1,498

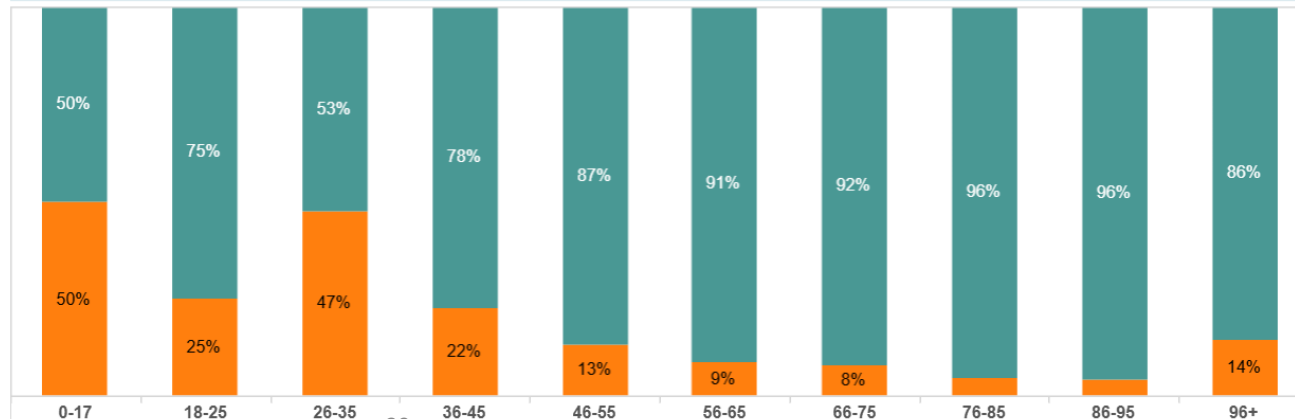
Diabetes patients with complications

Retinopathy	933
Diabetic Nephropathy	184
Diabetic Foot Disease	88
Angina	84
Neuropathy	74
Heart Failure	28
Stroke and Transient Ischaemic Attack	26
Coronary Heart Disease	25
Peripheral Arterial Disease	20
Myocardial Infarction	19
TIA	17

Diabetes patients based on last date of complication recorded



Percentage of patients with complications by Age Group



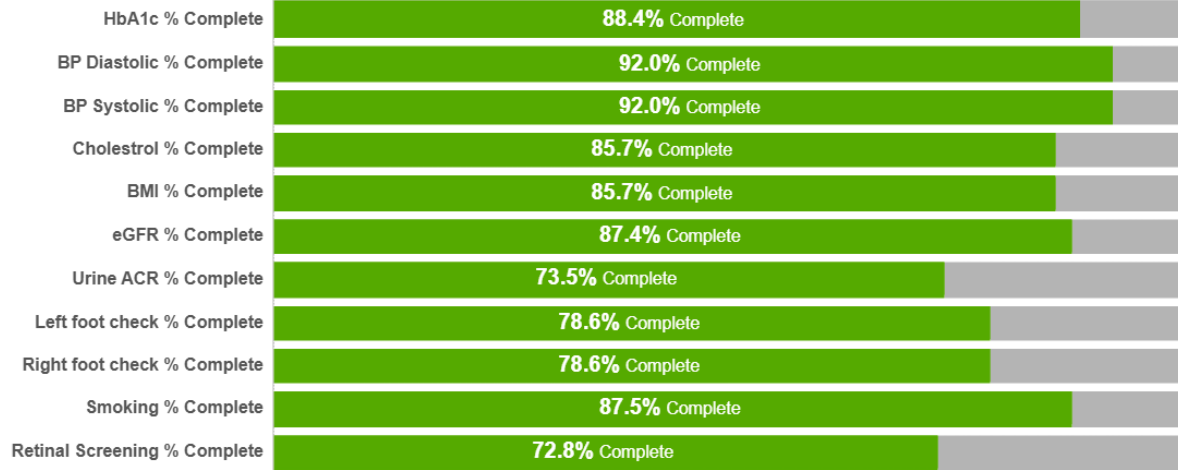
Diabetes – 9 key care processes (overview)

2,934 Diabetes patients (**50.3%**) had 9 key care processes completed in the last 12 month(s)

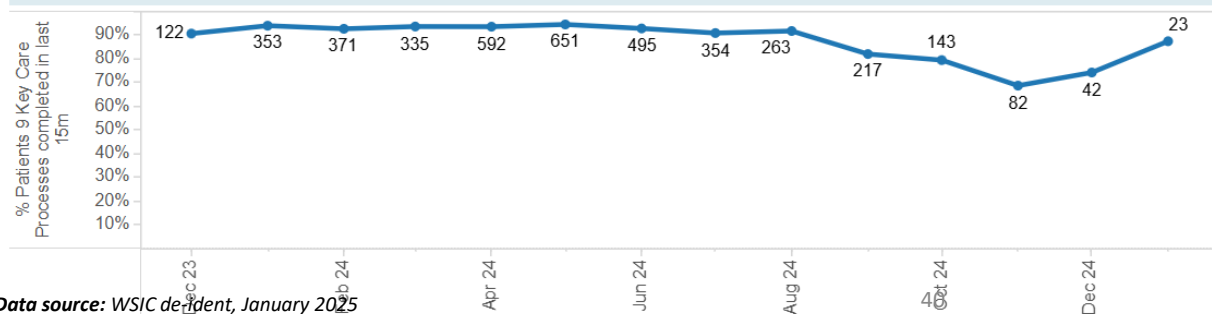
Total population

	Diagnosed <2 years	Diagnosed +2 years	Grand Total
Type 1	12	153	165
Type 2	791	4,134	4,925
Autosomal dominant		1	1
LADA		1	1
NOS	2	36	38
Remission	3	27	30
Other	92	585	677
Grand Total	900	4,937	5,837

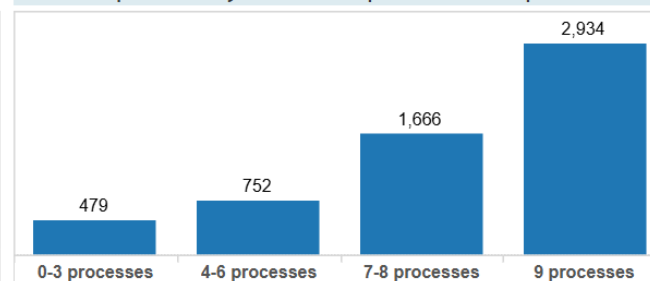
Percentage completion of Key Care Processes (in last 12m)



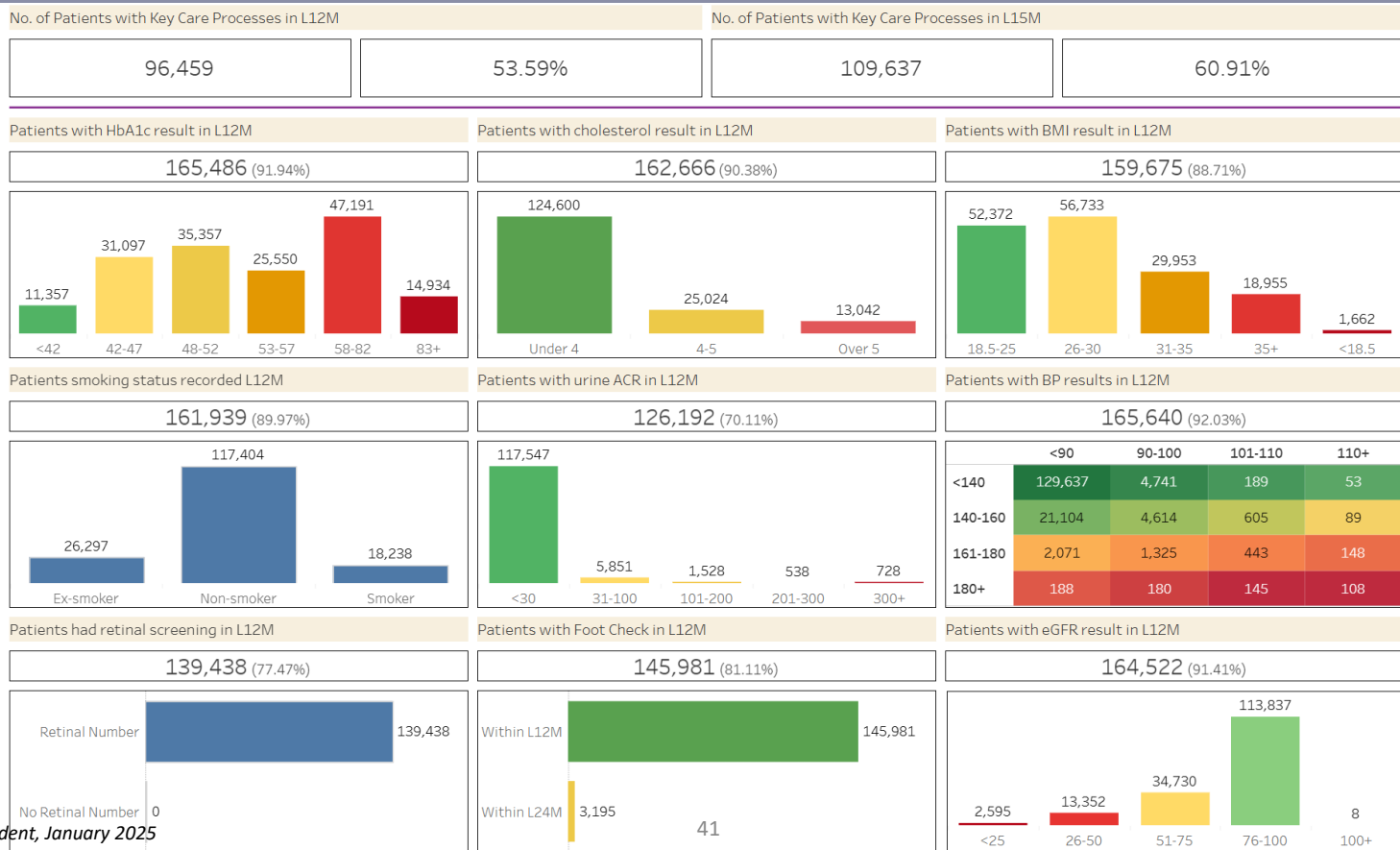
Care Processes Trend



Diabetes patients by number of processes complete



Diabetes – 9 key care processes (breakdown)

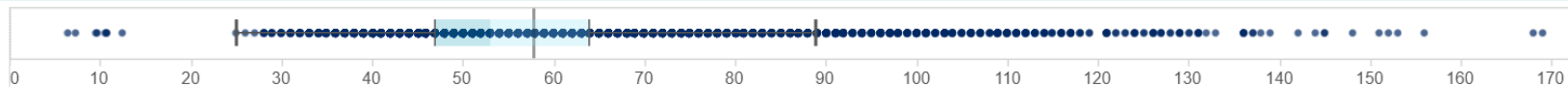


Diabetes – HbA1c distributions

HbA1c distribution across all Diabetes patients (axis range controlled by text input)

Only show marks below:

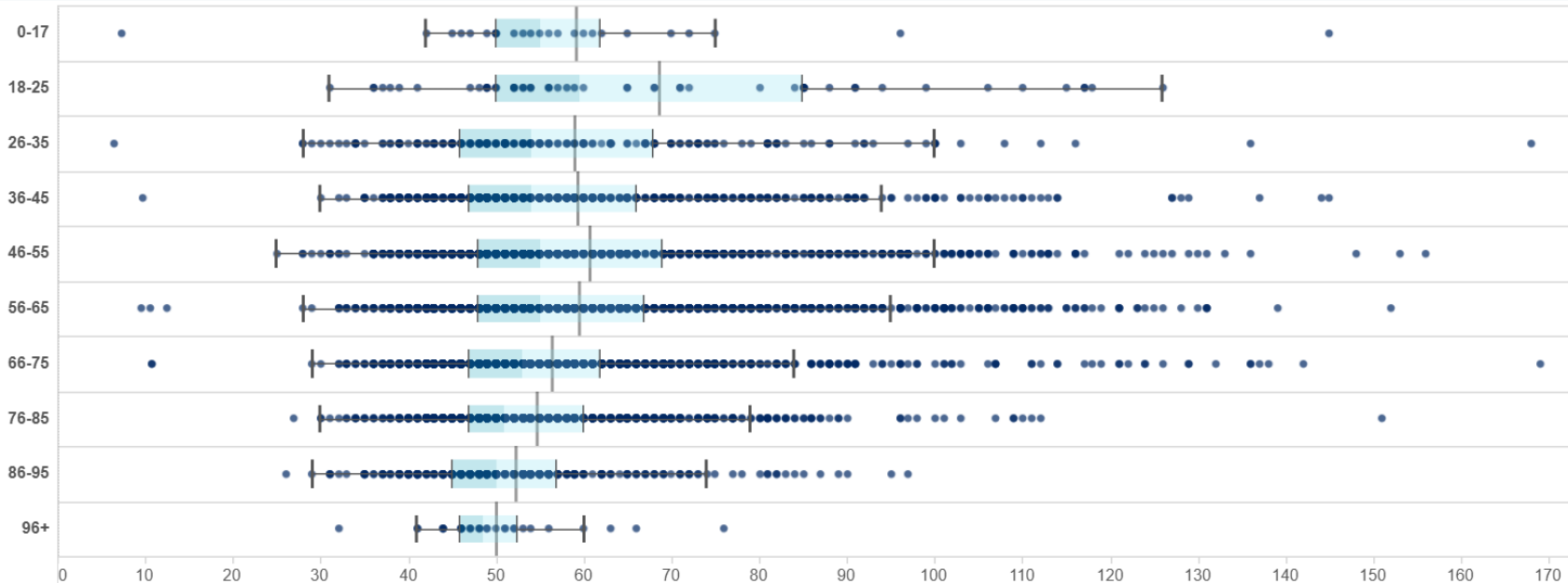
Mean



57.9

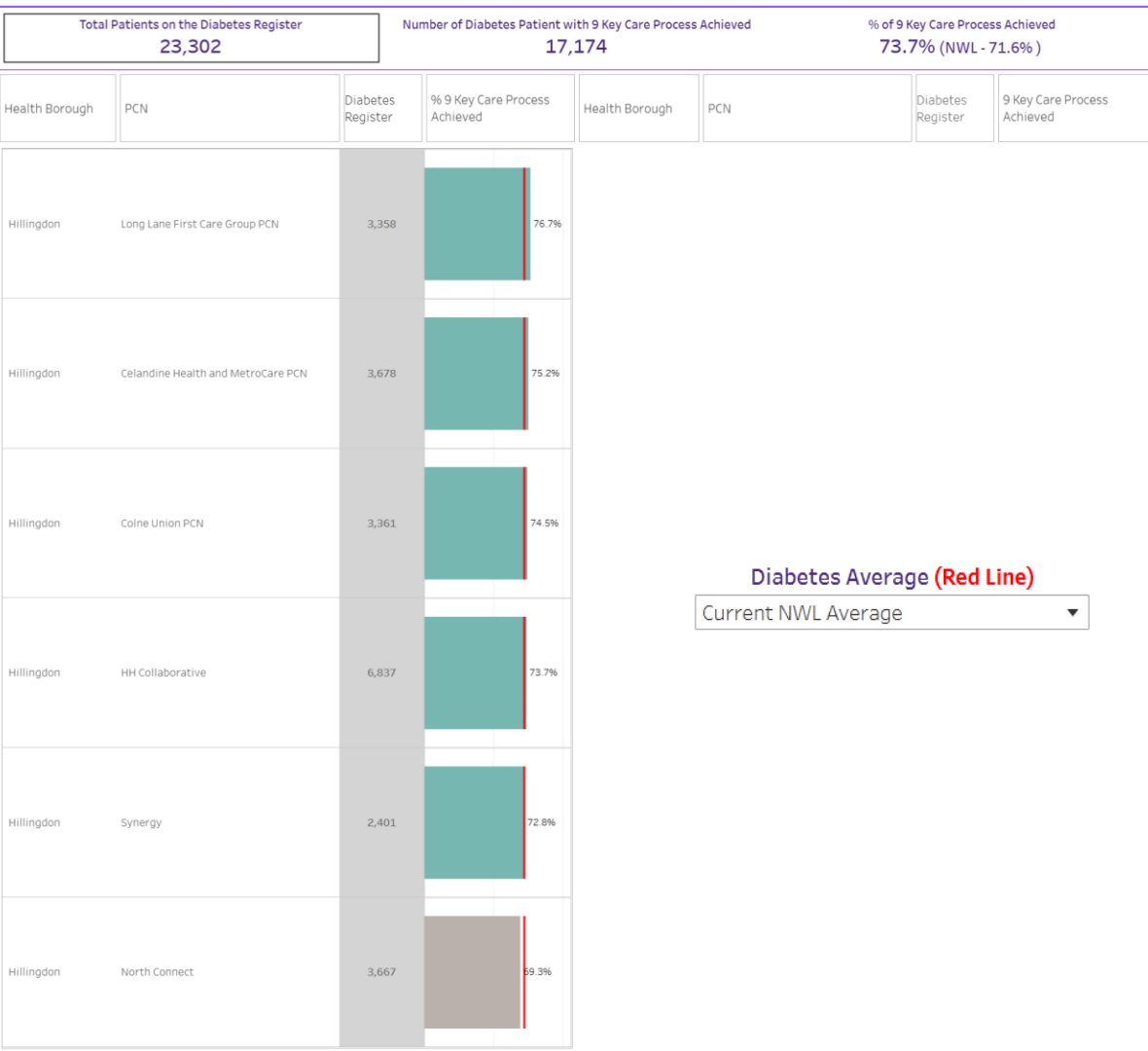
HbA1c distribution across Age Groups (axis range controlled by text input above)

Mean



50.1

Diabetes – 9KCP by PCN



Frailty

Non-Elective Admissions for 65+ yrs by Frailty Index (Last 12 Months) | SUS & GP

Overview of the acute patients of 65+ yrs in North West London

Select from the filters below to alter the view

Refresh Date: 1/22/2025 10:48:18 AM

Latest Data Date: 30/11/2024



Split By	Health Borough	Frailty Index	Age Band	Deprivation Decile	Ethnicity	Gender
Primary Care Network	Hillingdon	Severe	(All)	(All)	(All)	(All)

Frailty Population

7,997

Non-Elective Activity

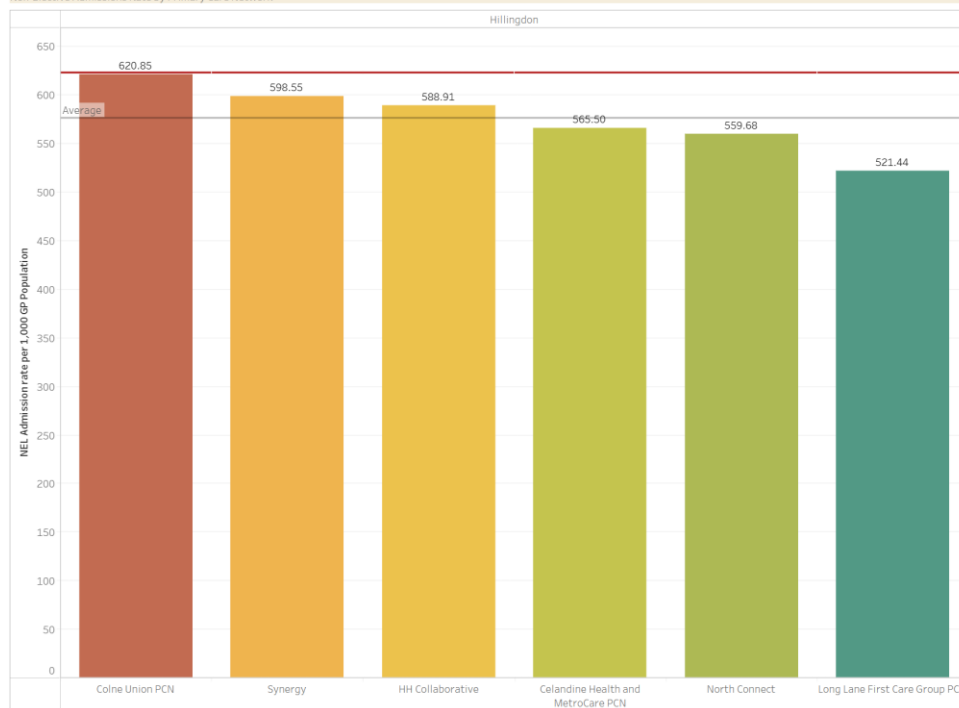
4,607

Non-Elective Activity Rate per 1,000

576.1 (NWL = 623.5)



Non-Elective Admissions Rate by Primary Care Network

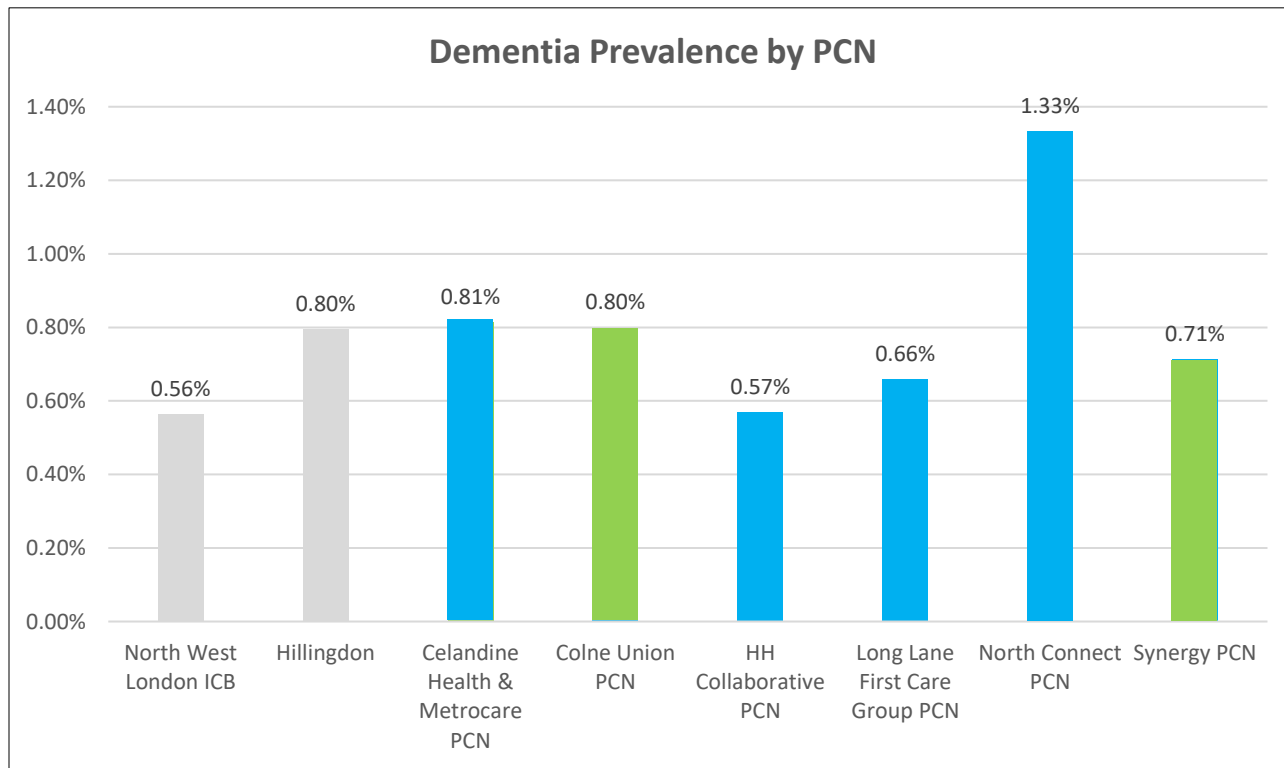


Rate 521.44 620.85 Grey Line = Average Red Line = NWL Rate

Note:

- NEL Admission rate per 1,000 GP Population (65+ yrs) for selected frailty index = (NEL Activity for patients of 65+ yrs with the selected frailty index / The GP Population of 65+ yrs with the selected frailty score) * 1000

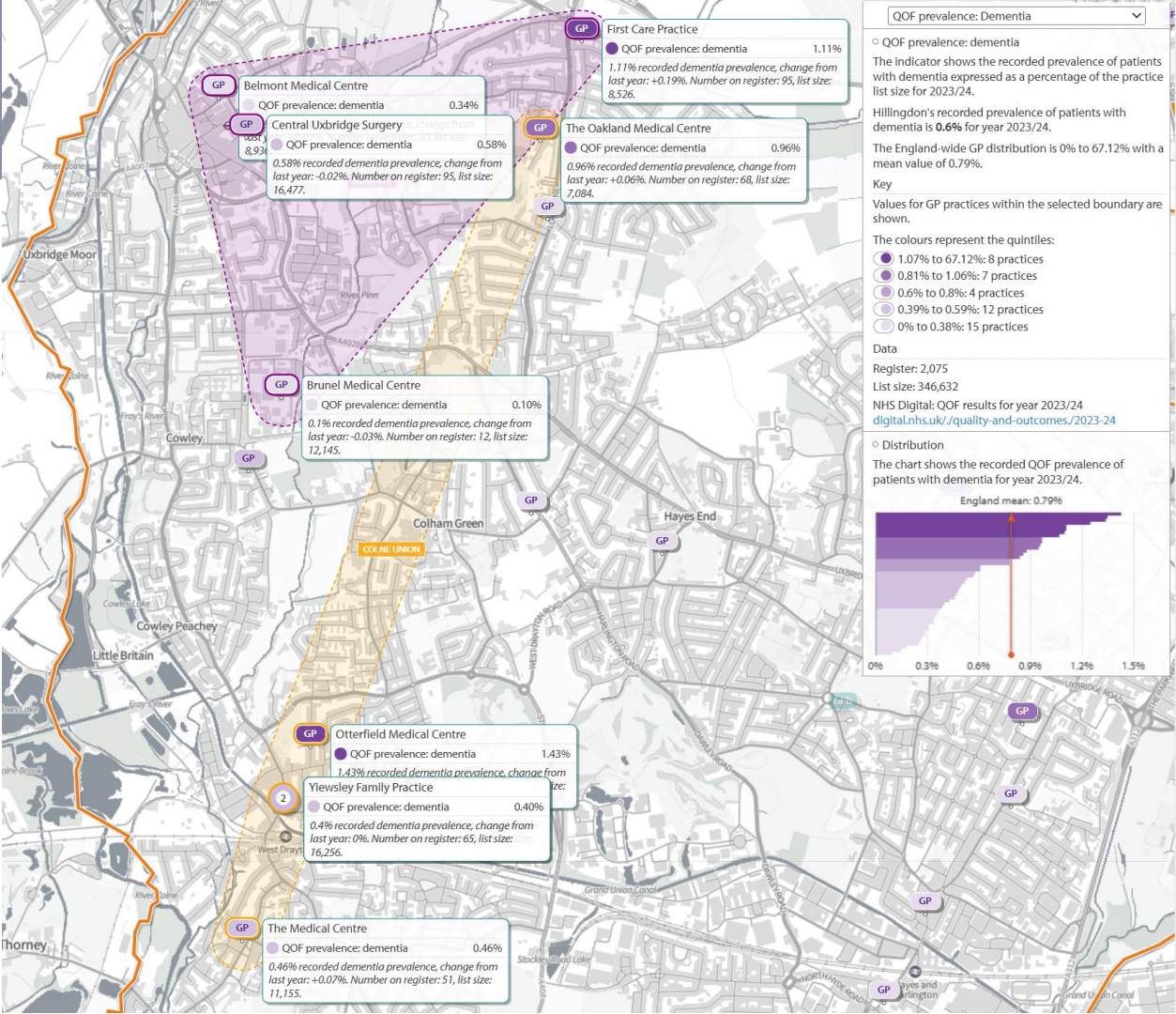
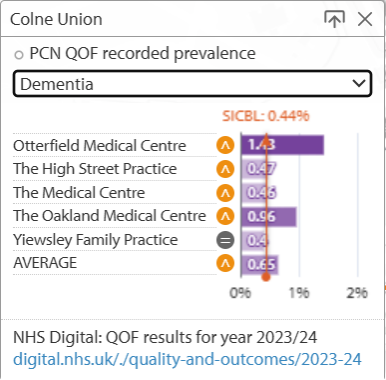
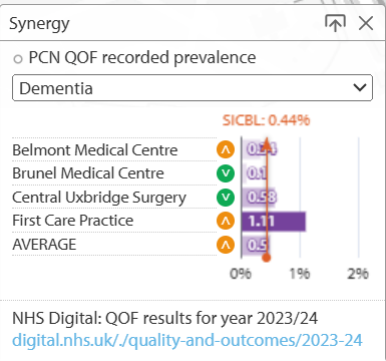
Dementia Prevalence



Area	Total registered patients	Number of patients with a dementia diagnosis
North West London ICB	2,848,040	16,047
Hillingdon	342,135	2,722
Celandine Health & Metrocare PCN	63,153	514
Colne Union PCN	50,318	402
HH Collaborative PCN	87,944	500
Long Lane First Care Group PCN	41,475	273
North Connect PCN	52,443	699
Synergy PCN	46,802	334

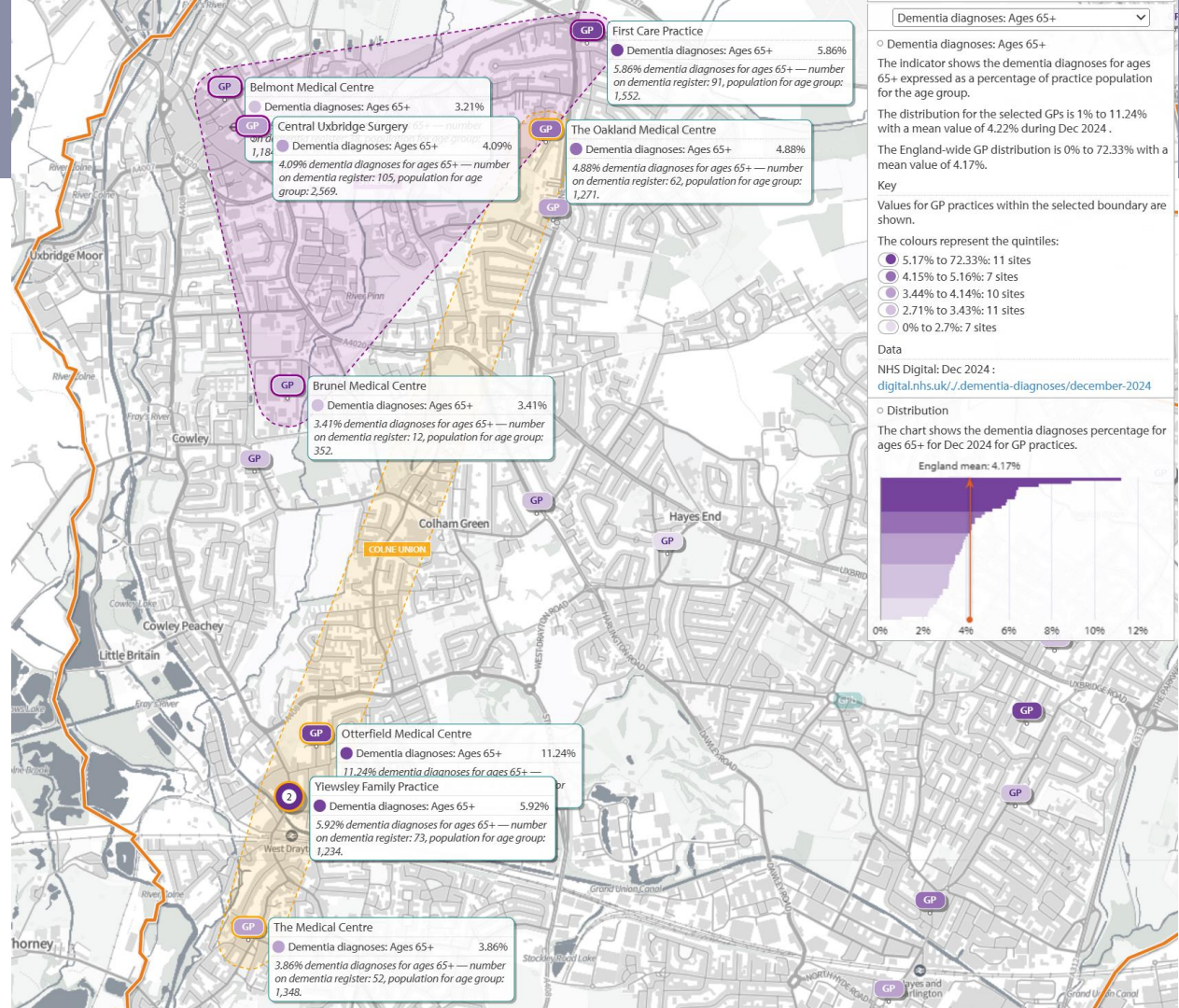
The Borough average for dementia prevalence is 0.80%. All Hillingdon PCNs have a dementia prevalence above the NWL average (0.56%).

Dementia prevalence by practice, all ages

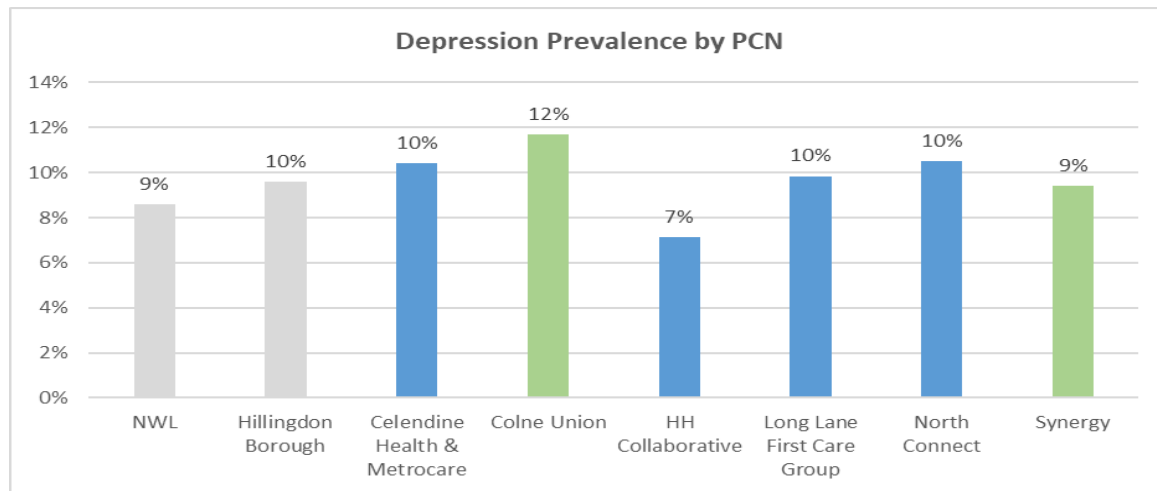


Dementia prevalence by practice, age 65+

Otterfield Medical Centre has the highest dementia prevalence in Hillingdon (all ages and 65+)



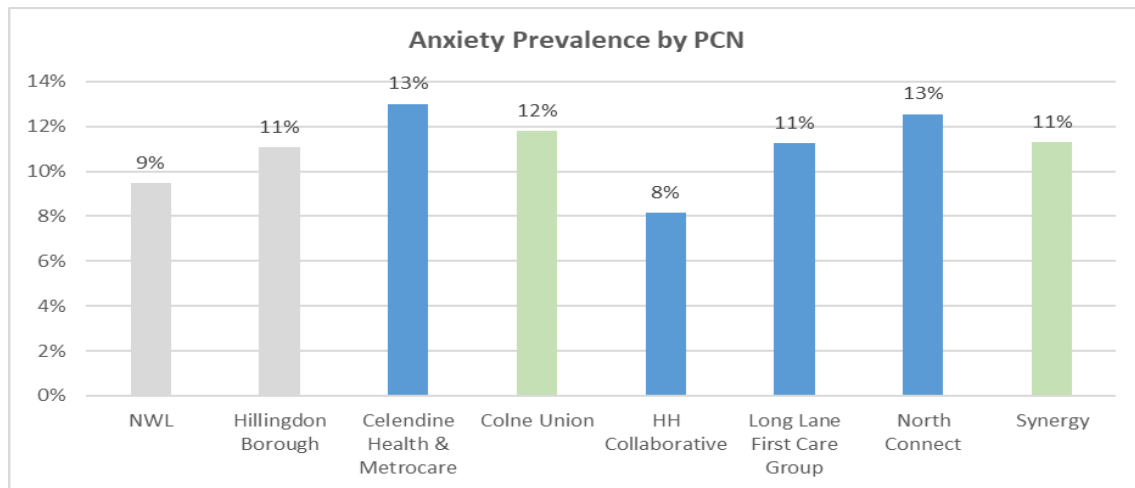
Southwest Neighbourhood – Depression Prevalence by PCN



Data Source: WSIC de-Ident, Jul 2024 data

The prevalence of Depression is the highest within Colne Union PCN, higher than the NWL and Hillingdon Borough average, Synergy is slightly lower than the Hillingdon Borough average

Southwest Neighbourhood – Anxiety Prevalence by PCN



Data Source: WSIC de-Ident, Jul 2024 data

The prevalence of Anxiety is higher than Hillingdon Borough and NWL for Colne Union although for Synergy it is the same as the Borough but higher than NWL

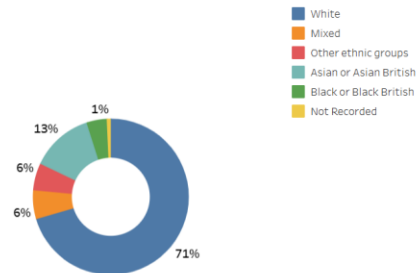
CYP Mental Health

Health Borough: Hillingdon |
 Primary Care Ne...: (Multiple val... |
 Practice: (All) |
 Age Band: (Multiple val... |
 Ethnicity: (All) |
 Ethnic Category: (All) |
 Patient Segment...: (All) |
 Provider: Any or no mai... |
 Highlight Health...: Highlight He... |
 Deprivation: (All) |
 LA Borough: Hillingdon |
 Gender: (All)

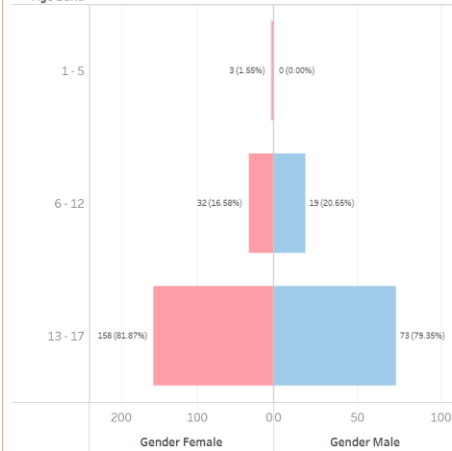
Register Status: R |
 Number Of LTCs: (All) |
 Long Term Condition Name: (Multiple values) |
 Risk Segment: (All) |
 Pregnancy Due Date: (All)

Health Borough	1 - 5	6 - 12	13 - 17	Grand Total
Hillingdon	3 1.05%	51 17.89%	231 81.05%	285 100.00%
Grand Total	3 1.05%	51 17.89%	231 81.05%	285 100.00%

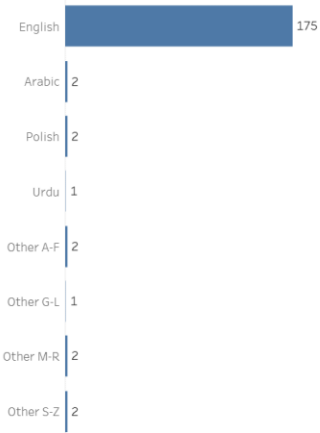
Ethnicity



Age Band



First Language (Hover to expand "Other")

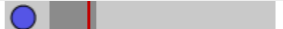


LTC Diagnosis in Last 12 Months



Prevalence = 1.4%

CYP Mental Health

Indicator	Period	Hillingdon			England				
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest	
Estimated number of children and young people with mental disorders – aged 5 to 17 	2017/18	–	-	6,048	-	-	-	-	
Percentage of looked after children whose emotional wellbeing is a cause for concern	2022/23	➡	33	38.0%	40.0%	59.0%		20.0%	
Hospital admissions as a result of self-harm (10-24 years)	2022/23	➡	105	174.5*	319.0	1,058.4		89.0	
Hospital admissions as a result of self-harm (10-14 yrs)	2022/23	➡	35	171.1*	251.2	730.3		38.6	
Hospital admissions as a result of self-harm (15-19 yrs)	2022/23	➡	45	240.0*	468.2	1,533.8		130.6	
Hospital admissions as a result of self-harm (20-24 yrs)	2022/23	➡	25	121.7*	244.4	1,122.5		40.7	
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Primary school age)	2022/23	⬆	-	1.7%	2.8%	4.8%		1.2%	
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age)	2022/23	➡	-	1.7%	3.5%	6.1%		1.7%	
School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)	2022/23	⬆	-	1.8%	3.3%	5.7%		1.6%	
School readiness: percentage of children achieving a good level of development at the end of Reception 	2022/23	–	2,659	68.7%	67.2%	58.5%		75.6%	
School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception 	2022/23	–	331	53.4%	51.6%	25.0%		70.1%	
Mean score of the 14 WEMWBS statements at age 15	2014/15	–	-	47.7	47.6	45.4		48.9	
Positive satisfaction with life among 15 year olds: % reporting positive life satisfaction 	2014/15	–	-	60.8%	63.8%	50.4%		70.4%	
Attended contacts with community and outpatient mental health services, per 100,000	2019/20	–	10,975	16,784	28,395	7,544		71,697	
New referrals to secondary mental health services, per 100,000 (<18 yrs)	2019/20	–	2,035	3,060	6,977	1,942		18,214	
Inpatient stays in secondary mental health services, per 100,000	2019/20	–	5	*	53	1,529		14	
Attended contacts with community and outpatient mental health services, per 100,000	2019/20	–	10,975	16,784	28,395	7,544		71,697	
New referrals to secondary mental health services, per 100,000 (<18 yrs)	2019/20	–	2,035	3,060	6,977	1,942		18,214	

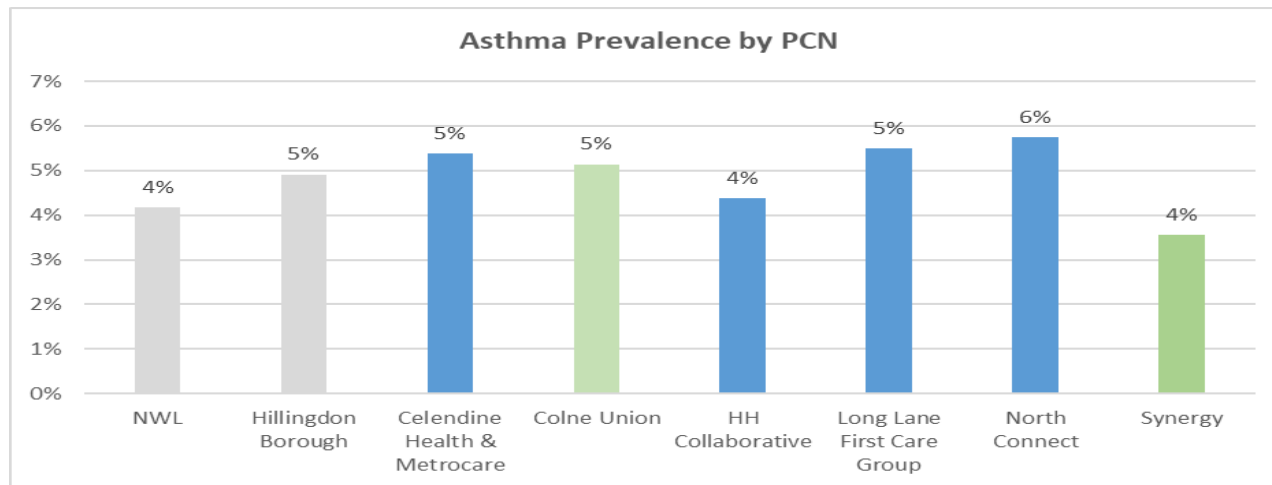
CYP Mental Health – primary prevention (adversity)

Indicator	Period	Hillingdon			England				
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest	
Children in low income families (all dependent children under 20)	2016	↓	11,510	16.3%	17.0%	32.5%		6.3%	
Free school meals: % eligible	2022/23	↑	11,526	21.6%	23.8%	43.0%		9.5%	
Repeat child protection cases: % of children who became subject of a child protection plan for a second or subsequent time	2018	→	104	18.7%	20.2%	30.6%		8.0%	
Children subject to a child protection plan with initial category of abuse: rate per 10,000 children aged under 18	2018	—	227	31.2	21.2	59.0		3.0	
Children subject to a child protection plan with initial category of neglect: rate per 10,000 children aged under 18	2018	—	146	20.1	21.8	63.8		4.4	
Children on child protection plans: Rate per 10,000 children <18	2020/21	→	287	38.4	41.4	9.3		171.1	
Children who started to be looked after due to abuse or neglect: rate per 10,000 children aged under 18	2018	—	133	18.3	16.4	60.5		4.4	
Children in need due to abuse or neglect: rate per 10,000 children aged under 18 years	2018	—	1,360	187.0	181.4	480.8		60.4	
Children who started to be looked after due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18	2017	—	116	16.1	9.3	34.2		0.9	
Children in need due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18	2017	—	786	109.1	93.8	255.8		13.9	
Family homelessness	2017/18	—	-	-	-	-		-	
Children in need due to parent disability or illness: rate per 10,000 children under 18	2018	—	49	6.7	8.8	70.4		0.7	
Unaccompanied Asylum Seeking Children looked after: count 	2018	—	70	70	4,480	-		-	

CYP Mental Health – primary prevention (vulnerability)

Indicator	Period	Hillingdon				England		
		Recent Trend	Count	Value	Value	Worst/ Lowest	Range	Best/ Highest
Children in care	2022/23	–	351	48	71	191		26
Children leaving care: rate per 10,000 children aged under 18	2017/18	➡	235	32.3	25.2	9.3		160.6
Children in need due to socially unacceptable behaviour: rate per 10,000 aged under 18	2018	–	92	12.6	6.9	63.0		0.4
Children in need due to child disability or illness: rate per 10,000 children aged under 18 years	2018	–	176	24.2	29.7	123.2		3.0
Percentage with 3 or more risky behaviours at age 15	2014/15	–	-	12.6%	15.9%	23.8%		3.2%
Fixed period exclusion due to persistent disruptive behaviour: rate per 100 school aged pupils	2016/17	⬆	392	0.8%	1.4%	11.1%		0.3%
Primary school fixed period exclusions: rate per 100 pupils	2016/17	➡	177	0.58%	1.37%	3.11%		0.22%
Secondary school fixed period exclusions: rate per 100 pupils	2016/17	⬆	1,559	7.7%	9.4%	55.2%		3.0%
Pupil absence	2022/23	⬆	1,118,578	7.4%	7.4%	9.1%		5.9%
Pupils with Learning Disability: % of school aged pupils	2017	⬆	1,911	3.7%	5.6%	10.3%		3.1%
Pupils with special educational needs (SEN): % of school pupils with special educational needs	2023/24	⬆	-	16.7%	18.4%	12.9%		23.8%
Percentage who were bullied in the past couple of months at age 15	2014/15	–	-	51.0%	55.0%	63.1%		42.6%
Percentage of regular drinkers at age 15	2014/15	–	-	4.1%	6.2%	12.3%		1.0%
Smoking prevalence at age 15 - current smokers (WAY survey)	2014/15	–	-	8.4%	8.2%	14.9%		3.4%
Percentage who have taken drugs (excluding cannabis) in the last month at age 15	2014/15	–	-	0.6%	0.9%	4.2%		0.1%
First time entrants to the youth justice system	2022	⬇	36	117.3	151.5	454.1		39.2
Percentage with a long-term illness, disability or medical condition diagnosed by a doctor at age 15	2014/15	–	-	12.2%	14.1%	18.6%		9.2%
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known	2022/23	➡	429	5.6%	5.2%	15.2%		0.9%

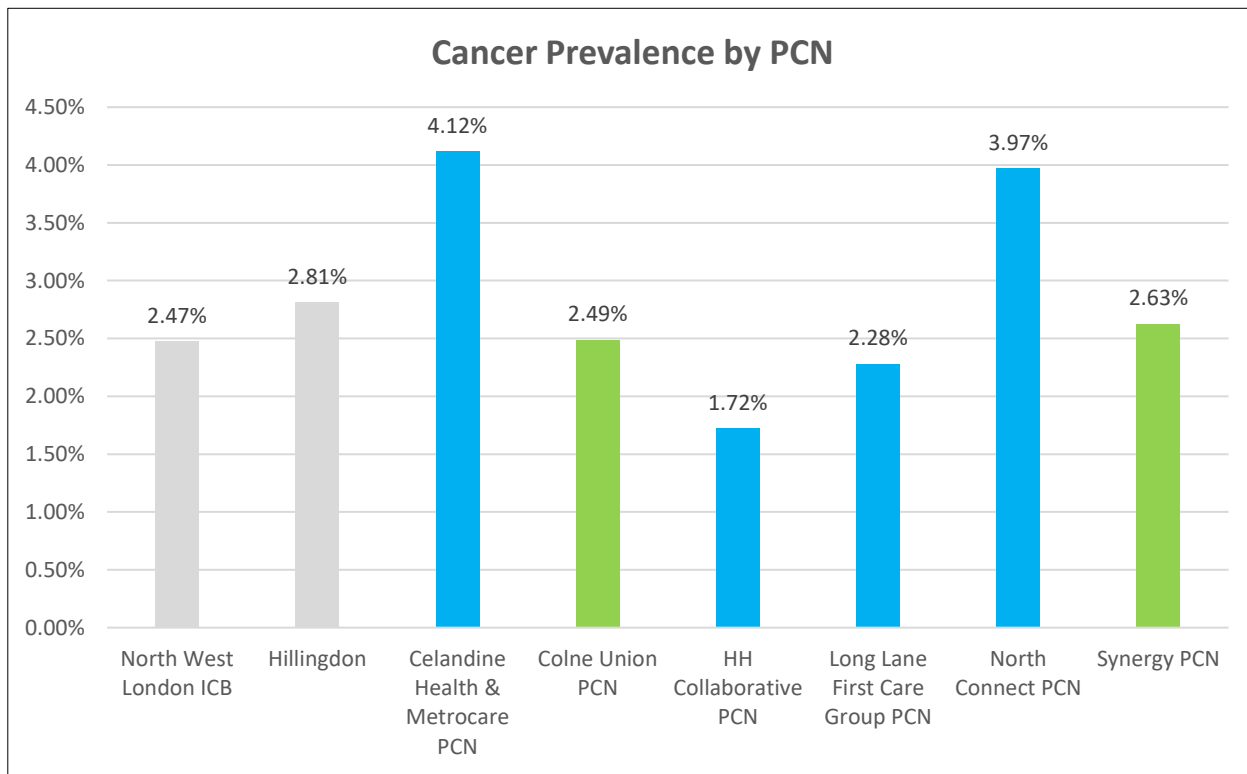
Southwest Neighbourhood – Asthma Prevalence by PCN



Data Source: WSIC de-Ident, Jul 2024 data

The prevalence of Asthma within Colne Union is 5%, which is the same as Hillingdon Borough but slightly lower than NWL.

Cancer Prevalence

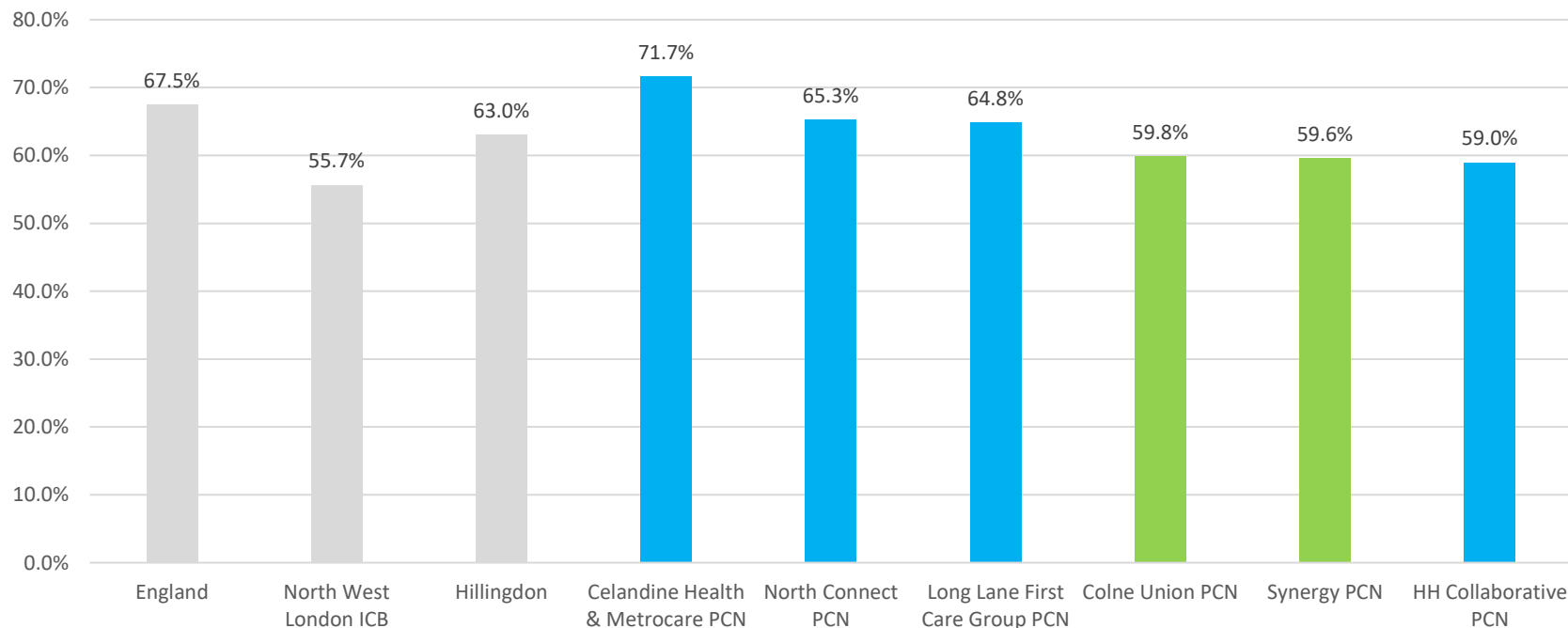


Area	Total registered patients	Number of patients with a cancer diagnosis
North West London ICB	2,848,040	70,458
Hillingdon	342,135	9,628
Celandine Health & Metrocare PCN	63,153	2,602
Colne Union PCN	50,318	1,252
HH Collaborative PCN	87,944	1,516
Long Lane First Care Group PCN	41,475	946
North Connect PCN	52,443	2,082
Synergy PCN	46,802	1,230

The cancer prevalence in South West Hillingdon is similar to the Hillingdon Borough (2.8%) and North West London (2.5%) averages.

Cervical Cancer Screening

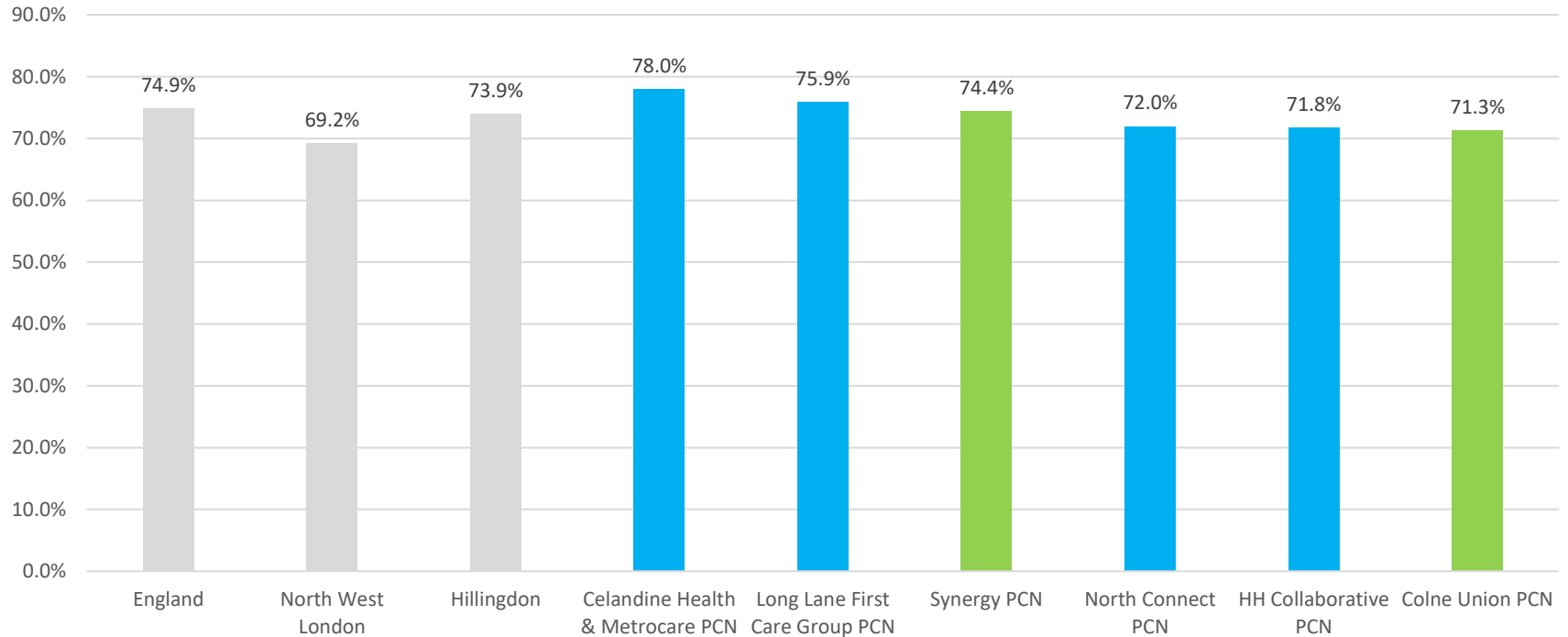
Cervical screening coverage: aged 25 to 49 years old - 2023/24



Data Source: DHSC Fingertips Public Health Profiles: data for 2023/24 last accessed 10/2/2025

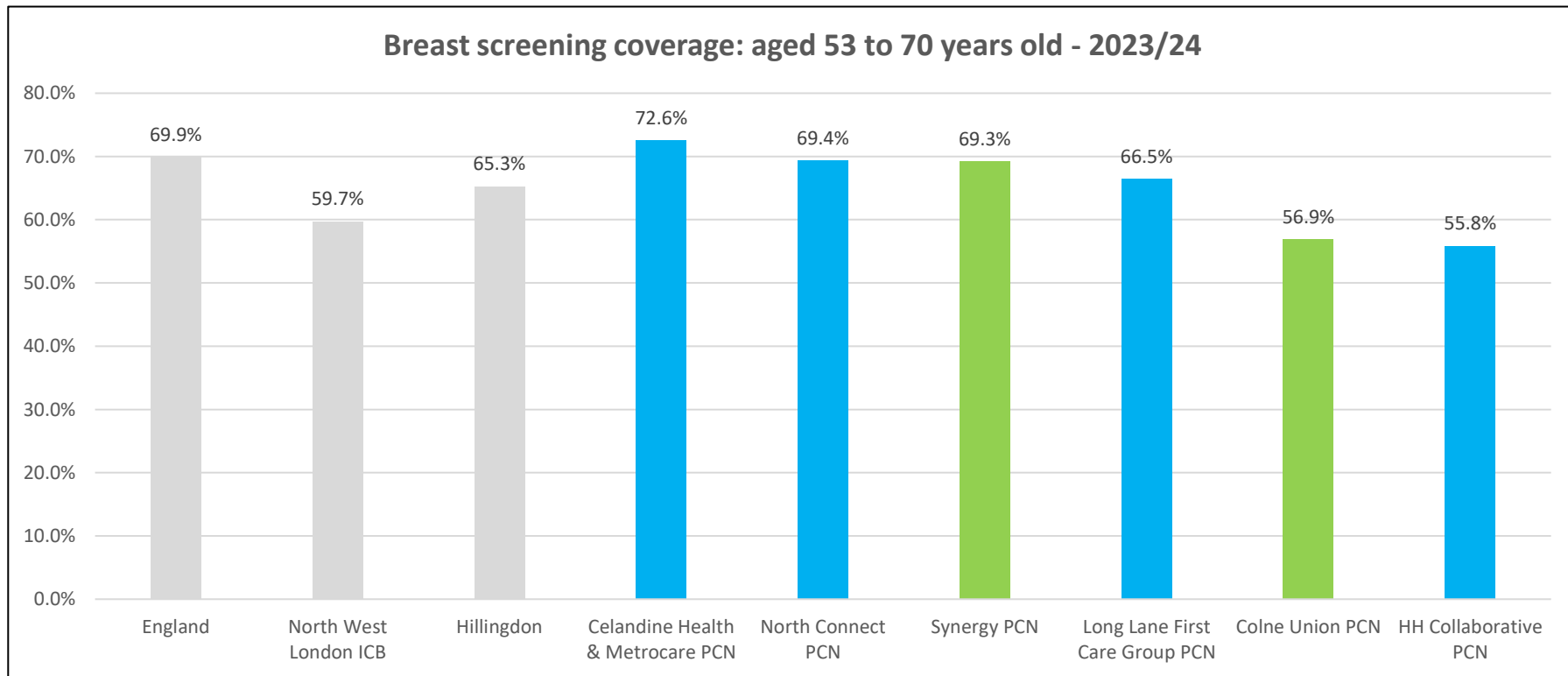
Cervical Cancer Screening

Cervical screening coverage: aged 50 to 64 years - 2023/24



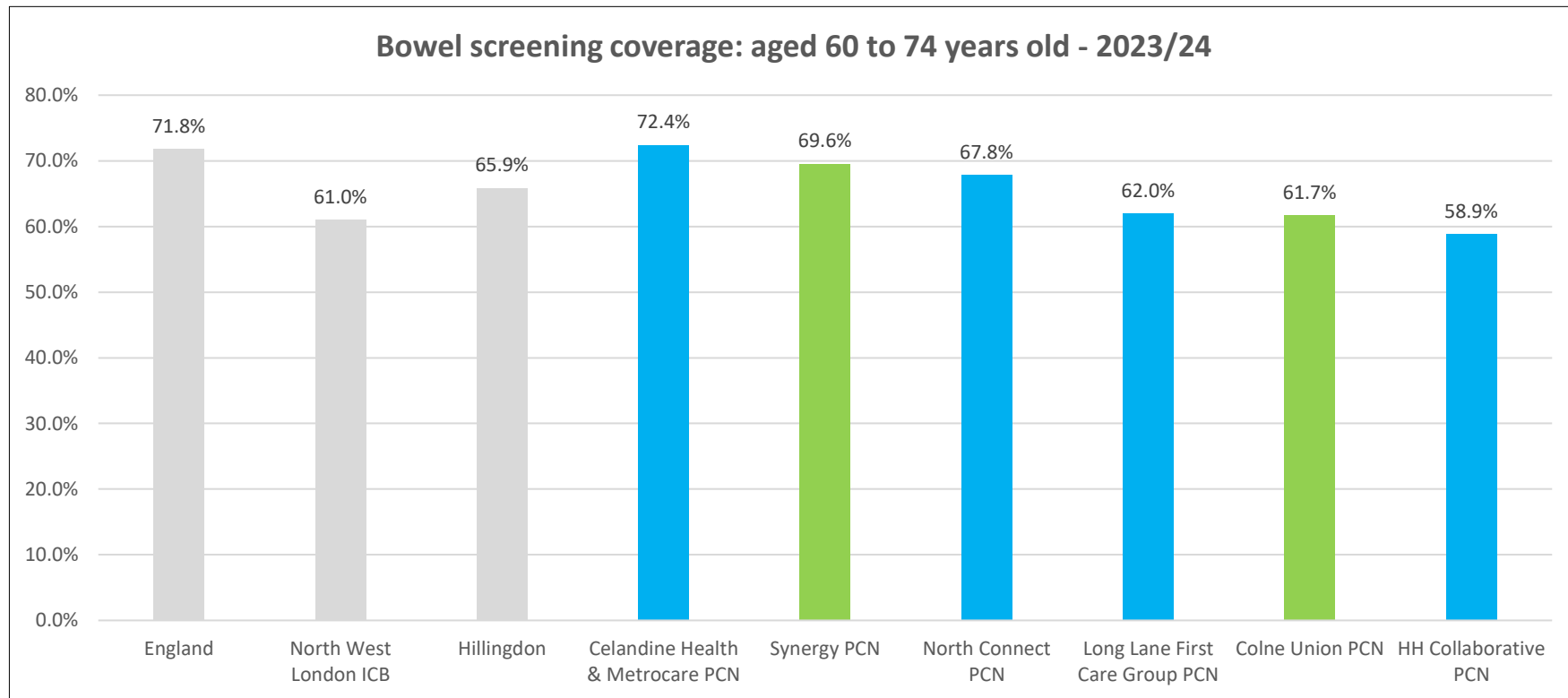
Data Source: DHSC Fingertips Public Health Profiles: data for 2023/24 last accessed 10/2/2025

Breast Cancer Screening



Data Source: DHSC Fingertips Public Health Profiles: data for 2023/24 last accessed 10/2/2025

Bowel Cancer Screening



Data Source: DHSC Fingertips Public Health Profiles: data for 2023/24 last accessed 10/2/2025

Other available data

- Trends over time (available for QOF data at practice level on Fingertips)
- Other cancer indicators:
 - Number of emergency admissions with cancer
 - Urgent suspected cancer referrals
 - Urgent suspected cancer referrals resulting in a diagnosis of cancer
 - Percentage of cancers diagnosed at stages 1 and 2
- Outcome data
- Activity data
- Some data (e.g. QOF) could be presented at INT level or practice level
- Some data could be broken down by age band, gender, ethnicity or deprivation

What would be useful?

Useful data sources

- WSIC (N.B. WSIC has two parts, which cannot be open alongside each other)
 - [Landing Page: Homepage - Tableau Server](#)
 - [Workbook: Borough Based Dashboard](#)
- [Hillingdon Data Hub – Welcome to the Hillingdon Data Hub](#) (borough, ward & LSOA level data)
- [SHAPE Place \(North INT\)](#)
- [Fingertips | Department of Health and Social Care](#)
- [CVDPREVENT](#) (PCN & practice level data)
- [Pharmaceutical Needs Assessment - Hillingdon Council](#)
- [Joint Strategic Needs Assessment - Hillingdon Council](#)