

# Public Perspectives on Healthy Living in Richmond

## Background Research Summary



## Contents

Introduction	2
Richmond Demographics	2
Age	2
Ethnicity	3
Life expectancy	3
The Lifestyle and wellbeing needs	5
Alcohol	5
National picture	5
Local picture	5
Physical activity	6
National picture	6
Local Picture	6
Physical Activity Levels in Richmond 2018/19	6
Obesity and weight loss	7
National picture	7
Local picture	7
Smoking	7
National picture	7
Local picture	8
Vulnerable Groups	9
People with Physical Disabilities and Long Term Health Conditions	9
Inequalities within Richmond	10
People with Learning Disability	11
National picture	11
Local picture	11
Estimated numbers of Richmond Residents with a learning disability, 2008	11
People with Mental Health needs	12
National Picture	12
Local Picture	12
Carers	13
Age and gender distribution of carers in the London Borough of Richmond Upon Thames by number of hours of unpaid care (estimated).	13
Percentage of people providing care by ethnicity in Richmond Upon Thames by number of hours of unpaid care (estimated).	14
Carers' health and wellbeing	15
Thinking about how much time you have to look after yourself - in terms of getting enough sleep or eating well - which statement best describes your current situation?	15

## Introduction

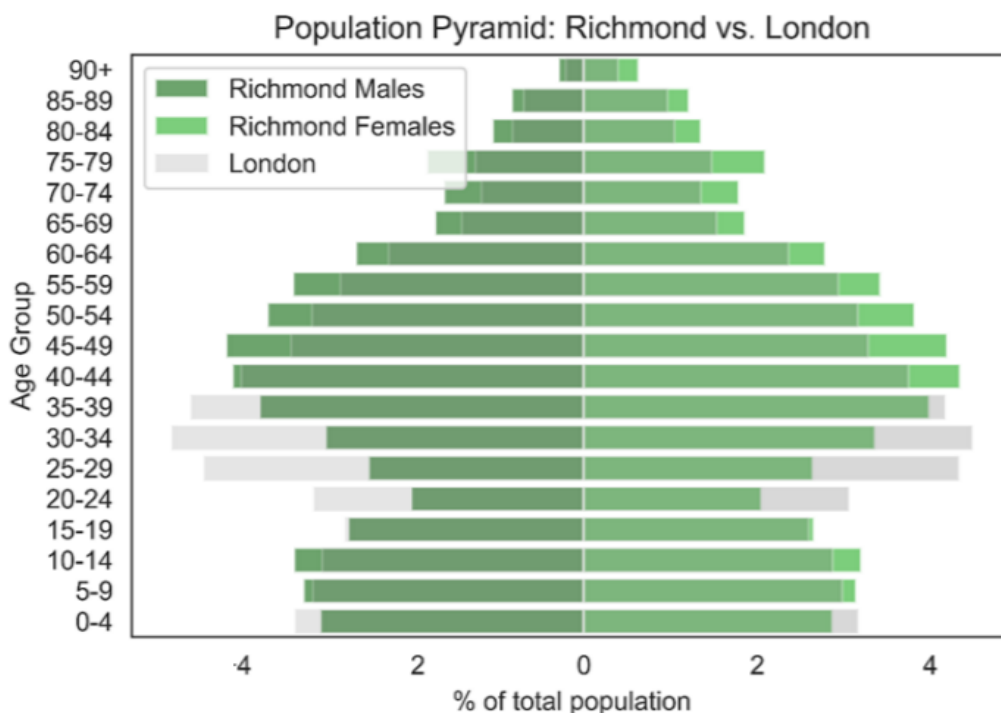
People’s ability to adopt healthy behaviours is strongly shaped by the circumstances in which they live. That includes the education and support they receive in their early years, **the resources they have to buy healthy food, the shops in their local communities, and whether there are green spaces and safe streets to be physically active in.** There are also strong commercial factors at play, including the relative expense and availability of healthy and unhealthy foods, alcohol, and tobacco, and the ways in which they are advertised and promoted. **These ‘wider determinants of health’ act both directly and indirectly, through complex causal systems, to influence how populations and individuals are exposed to different risk factors** ([The Health foundation, 2022](#)).

Our work seeks to understand those circumstances for our most deprived populations and to identify through co-production how they can be addressed at a locality level, for people at risk of ill health and at Place level.

## Richmond Demographics

### Age

Richmond is similar to the London average across most ages with slightly higher numbers of 5-14 year olds, roughly equal numbers of 15-19 year olds, significantly lower numbers of 20-40 year olds, and higher numbers of 40-85+ year olds.



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

In terms of life stages, Richmond has:

- relatively high numbers of families with school age children
- relatively high numbers of empty nesters
- relatively high numbers of older adults (particularly older people living alone)
- lower numbers of younger working age adults than the national average.

## Ethnicity

Richmond has a larger population of white people than the London average and lower numbers of people from Mixed, Asian and Black backgrounds.

**Ethnicity breakdown, numbers and percentage, 2019, Richmond, Outer London and London.**

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

Source: GLA Housing-led ethnic group projections

The Black and minority ethnic communities are in some cases quite small which presents challenges to targeting groups based on ethnicity within Richmond. There are significant differences in the % of people from Black, Asian and minority backgrounds living across Richmond which vary between 48% - 6% depending on area (LC2101EW).

Given the variation across LSOA areas, we will include consideration of ethnicity within our locality planning.

## Life expectancy

In the most deprived areas of Richmond compared to the least deprived areas, physical inactivity and sedentary behaviour are one of a complex set of contributing factors behind lower life expectancy.

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

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

Source: ONS via PHE Fingertips Public Health Outcomes Framework

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

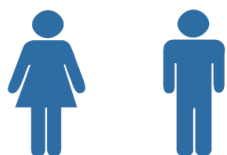
## The Lifestyle and wellbeing needs

### Alcohol

#### National picture



57% of people aged 16 and over drink alcohol



61.9% of men and 52.4% of women consume alcohol in an average week



consumption is highest among those aged 45 to 64



managerial and professional occupations, and the highest earners consume more than their peers

#### Local picture

Alcohol is a major factor in the health of Richmond's population.

More than 1 in 3 residents drink more than 14 units a week have the 7th highest level of alcohol consumption in London and it is above the average for England.

Measure	England average	London ranking	Richmond average
Rate of admissions for alcohol-related conditions for residents aged 40 to 64	798.7 per 100,000	5 <sup>th</sup> Lowest	496.8 per 100,000
Rate of alcohol-related mortality	37.8 per 100,000	1 <sup>st</sup> Lowest	21.5 per 100,000
Volume of pure alcohol sold through the off-trade	5.5 l/adult	7 <sup>th</sup> Highest	5.8 l/adult
Rate of admissions for alcohol-related conditions in residents aged under 40	186.8 per 100,000	6 <sup>th</sup> Highest	124.4 per 100,000 (2019/20 was 5.7% higher than 2016/17)
Rate of alcohol-related road traffic accidents	26.5 per 1000	4 <sup>th</sup> Highest	19.8 per 1,000 population

There is a significant inequality in alcohol related harm across age groups: there have been 4.9 admissions for the over 40s (5th lowest in London) vs 19.8 admissions for under 40s (6th highest in London) per 1,000 people in Richmond.

There is further evidence to suggest that there is a link between sexuality and alcohol consumption, with heterosexual people drinking less than their LGBTQ+ peers.

## Physical activity

### National picture

Findings from [Active Lives May 2020/21](#) report show that in England, 'Mixed' (68%), 'White' and 'White Other' (63%) adults continue to have the highest activity levels (+150 mins/week), while 'Asian' (excluding Chinese - 48%), 'Black' (52%) and those with other ethnic origins (53%) are the least likely to be active. There are also significant differences in activity levels between the least deprived (71%) and most deprived (52%) socioeconomic groups. Our approach of looking targeting the areas of highest deprivation, diversity and lowest health outcomes is likely to be an appropriate way of targeting those residents with lower activity levels and higher barriers.

People with disabilities or long-term conditions are, according to PHE, twice as likely not to be active enough. Many currently inactive people with long-term conditions know that they should do more physical activity but face barriers in doing so ([Britain Thinks on behalf of the Richmond Group of Charities, funded by Sport England, 2016](#)). Reasons for not being active enough included: pain, fatigue and low mood. These are all internal issues that are challenging to overcome.

### Local Picture



73.4% of people living in Richmond exercise for 150+mins/week



64.5% of people living London exercise for 150+mins/week



63.3% of people living England exercise for 150+mins/week

Adult obesity has declined in Richmond, perhaps linked to high physical activity levels. The trend in physically active adults and people walking or cycling to work is decreasing however.

### Physical Activity Levels in Richmond 2018/19

Physical Activity Levels			
Activity Level (November 2018/19) <sup>130</sup>	Richmond	London	England
Physically Active (150+ minutes per week)	73.4%	64.5%	63.3%
Fairly Active (30-149 minutes per week)	9.7%	11.7%	12.2%
Inactive (<30 minutes per week)	16.9%	23.0%	24.3%

(JSNA, 2021 p:53)

Women, older adults, and people with disabilities and mental health difficulties demonstrate lower levels of participation. Only 28% of residents use outdoor space (despite green spaces making up 40% of the total area of the borough) for exercise or health reasons. The national picture suggests then we would expect to see less physical activity amongst minority ethnicity groups and people living in our more deprived areas in Richmond.

## Obesity and weight loss

### National picture

28.0% of adults in England are obese and a further 36.2% are overweight, making a total of 64.2% who are either overweight or obese. It is more common among men than women and in the ages 65–74. In the most deprived areas in England, prevalence of excess weight is 9 percent higher than the least deprived areas. In addition, among people with disabilities, excess weight is 10 percentage points higher than among those without disabilities ([JSNA, 2021](#)).

### Local picture

Obesity is relatively low in Richmond compared to London, however this can seem falsely reassuring as more than half of the adult population are classified as overweight or obese. Harm from obesity is currently low but with rates quadrupling between 2013/14 and 2019/20 this will increase over time.

Measure	England average	London ranking	Richmond average
Percentage of adults (aged 18+) classified as overweight or obese	62.8%	11 <sup>th</sup> Lowest	51.9%
Rate of hospital admissions directly attributable to obesity	19.7	1 <sup>st</sup> Lowest	14.0 per 100,000 population
Rate of admissions where obesity was recorded anywhere in the diagnostic fields	n/a	2 <sup>nd</sup> Lowest	895.0 per 100,000 population (+422.2% from 2013/14)

(Created using data collected from [JSNA, 2021](#))

There is no specific weight loss offer in Richmond, only sporadic private sector diet, exercise and sports clubs, professional sport club led activities and the NHS offer.

## Smoking

### National picture

In the UK, in 2019, 14.1% of people aged 18 years and above smoked cigarettes with higher rates among men (15.9%) than women (12.5%). Those aged 25 to 34 years are the highest proportion of current smokers. Socioeconomic status seems to influence smoking rates; around 1 in 4 people in routine and manual occupations smoke, this is around 2.5 times higher than people in managerial and professional occupations. In addition, those with a degree have the lowest proportion of current smokers (7.3%), which is around a quarter of the proportion among those with no qualifications (29.1%). In terms of self-perceived health, smokers are also less likely to report having very good health and more likely to report having very bad health, when compared with those who have never smoked.



## Local picture

While smoking may be perceived as a relatively small issue in Richmond, many current/former smokers require care in later life as a result of smoking-related illnesses. Each year this costs society in Richmond an additional £1.2m. There are a significant number of older people suffering from smoking attributable illnesses whose needs remain unmet by formal care. If all such individuals were instead to receive formal social care, it would cost the system a potential further £27.9m.



Richmond has the lowest level of smoking overall in London



There is a socioeconomic inequality in smoking levels in Richmond



Richmond has the 4th highest smoking level in London for manual workers

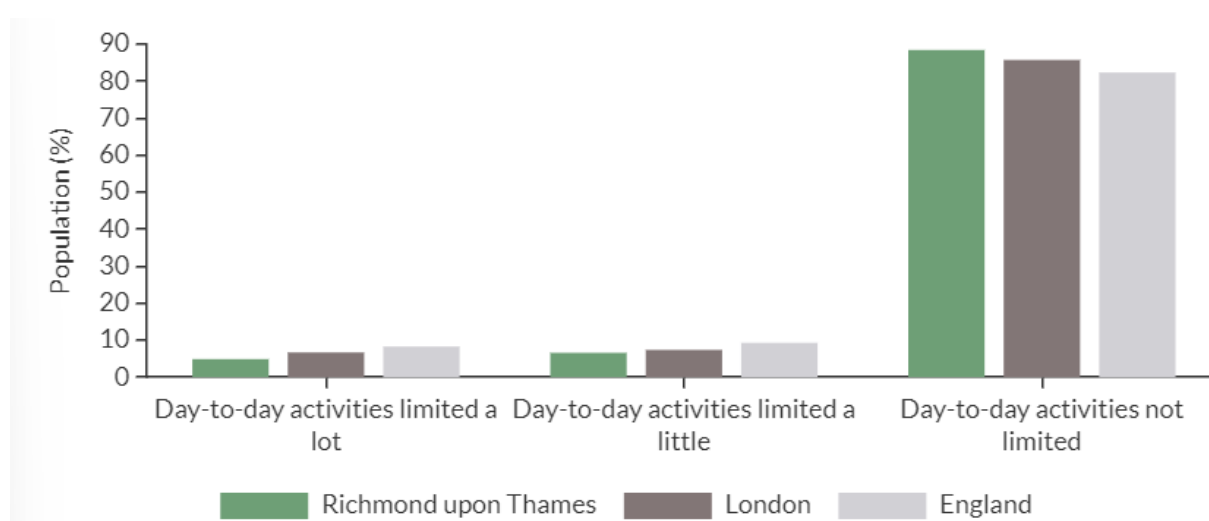
Measure	England Average	London ranking	Richmond average
Smoking prevalence in adults	14.1%	1 <sup>st</sup> lowest	10.5%
Smoking attributable mortality rate	202.1 per 100,00	2 <sup>nd</sup> lowest	113.2 per 100,000
Rate of smoking attributable admissions	1397.4 per 100,00	2 <sup>nd</sup> lowest	754.6 per 100,000
Smoking prevalence in adults with a long term mental health condition	25.8%	3 <sup>rd</sup> lowest	17.9%
Smoking rate in early pregnancy	12.6%	5 <sup>th</sup> lowest	3.5%
Rate of smoking among mothers at time of delivery	9.6%	13 <sup>th</sup> highest	4.8% (+5.3% vs -29.6% for England' from 2010/11)
Smoking prevalence in adults in routine and manual occupations	23.1%	4 <sup>th</sup> highest	29.0%

There is a smoking cessation offer in Richmond which appears to have some presence online. It is unclear whether this is sufficiently targeted to the groups that most require it however.

## Vulnerable Groups

### People with Physical Disabilities and Long Term Health Conditions

According to the ONS Census, in 2011 there were 21,447 people living in Richmond (11.5% of the total population) whose ability to do day-to-day tasks was limited by a long term condition or illness – lower than both the England average (17.6%) and the London average (14.1%) ([ONS Census 2011 OS303EW](#)). These numbers are expected to increase by about 9% over the next 30 years ([JSNA Vulnerable Groups 2021:18](#)).



Source: ONS Census 2011

	Richmond Count	Richmond %	London Count	London %	England Count	England %
Day-to-day activities limited a lot (2011)	9137	4.9	551664	6.7	4405394	8.3
Day-to-day activities limited a little (2011)	12310	6.6	605501	7.4	4947192	9.3
Day-to-day activities limited	21447	11.5	1157165	14.1	9352586	17.6
Day-to-day activities not limited (2011)	165543	88.5	7016776	85.8	43659870	82.4

([Datarich Health and Social Care Report](#))

### Inequalities within Richmond

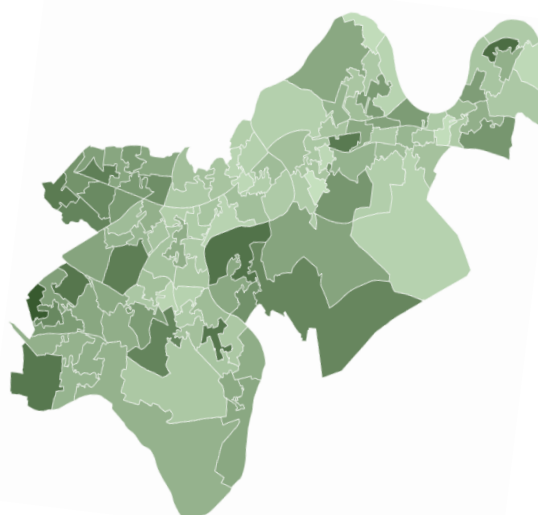
Despite low levels of physical disabilities and long term health conditions in the general population, within Richmond there are small areas (Lower Layer Super Output Areas – LSOAs) with rates higher than both England and London where 20% of the population is limited in its day-to-day activities ([ONS Census 2011 OS303EW](#)). Being based on diagnosed conditions, prevalence rates may underestimate the actual levels in the population ([JSNA Vulnerable Groups 2021:13](#)).

There are 8 LSOAs within Richmond that stand above the England Average for levels of physical and health conditions. These areas have approximately 3 times higher levels of disability than the least deprived areas of the borough.

LSOA	% with Day-to Day activities limited
Richmond upon Thames 020E	20.7%
Richmond upon Thames 001G	18.6%
Richmond upon Thames 017B	17.9%
Richmond upon Thames 022C	17.6%
Richmond upon Thames 020B	17.6%
Borough average	11.0%
Richmond upon Thames 006B	6.8%
Richmond upon Thames 001F	6.6%
Richmond upon Thames 002D	6.3%
Richmond upon Thames 003G	6.3%
Richmond upon Thames 008D	5.9%

([ONS census 2011 table LC3101EWIS](#))

People with disabilities and long term illnesses may face physical and social barriers in accessing services in the community, including health and wellbeing services ([JSNA Vulnerable Groups 2021: 15](#)). Disabled people - including those with physical, sensory, and learning disabilities, as well as those with long term mental health issues - are twice as likely to be inactive in comparison with non-disabled people ([PHE 2018: 5](#)). The JSNA states that due to the small numbers of this cohort it is difficult to create a coordinated Richmond strategy to overcome these obstacles but they are considered on a case-by-case level ([JSNA Vulnerable Groups 2021: 15](#)).



## People with Learning Disability

### National picture

On average females with a learning disability live for 18 years less than the general population, and males with a learning disability for 14 years less. Certain health conditions have been found to be more prevalent amongst people with a learning disability. For example, epilepsy is 25.2 times more prevalent, and severe mental health conditions are 8.4 times more prevalent than in people without a learning disability. There is also an overall lower rate of attendance for health checks such as smear tests: only 31% of women have had smear tests compared to 73.2% of the general population. An estimated 38% of people with a learning disability died from an avoidable cause, compared to 9% in a comparable population.

Adults with learning disabilities may not have the support, equipment and skills to prepare healthy nutritious meals or financial resources to buy healthy food. Therefore, adults with learning disabilities are more likely to be overweight or obese and have diet related illness such as type 2 diabetes.

### Local picture

The number of people in Richmond on the GP Learning Disability register is relatively low compared to the number of people with Learning Disabilities receiving social care and compared to the South West London and London average. The number of older adults living with learning disabilities is expected to significantly over the coming years.

Despite people with learning disabilities facing significant lost years of life and challenges with addressing the lifestyle factors that lead to this, there is no particular officer for people with learning disabilities to enable them to address any of their lifestyle risks (JSNA, 2021).

Estimated numbers of Richmond Residents with a learning disability, 2008

	2020	2030	2040	2050	% increase
<b>18-64 All LD</b>	3,007	3,107	3,152	3,171	4%
<b>65+ All LD</b>	663	734	830	921	65%
<b>18-64 Severe or moderate</b>	692	714	725	729	4%
<b>65+ Severe or moderate</b>	89	97	109	121	56%

(JSNA, 2021)

Estimated numbers of Richmond Residents with a learning disability, 2008

	Receiving support from social care services per people on GP register	GP register, per 10,000 population	Social care services, per 10,000 population
<b>London</b>	56%	49	28
<b>South West London (6-Borough)</b>	60%	53	32
<b>Richmond on Thames</b>	79%	39	31

(JSNA, 2021)

## People with Mental Health needs

### National Picture

Mental health is a known cause of premature death, due to misattribution of symptoms or reduced participation in healthy lifestyle behaviours ([JSNA Age Well 2021: 109](#)). People with serious mental illnesses (excluding dementia) die on average 20 years earlier than the rest of the population.

Nationally excess under 75 mortality rates in adults with severe mental illness are likely to be due to cardiovascular disease and cancer, in connection with the higher rates of substance, alcohol, and tobacco use in this group ([JSNA People: 46](#)). Smoking is generally the single largest contributor to a reduced life expectancy (10 to 20 years) among people with mental health illnesses ([JSNA Live Well Lifestyle: 18](#)). Additionally, people with severe mental illnesses such as schizophrenia, psychosis, bipolar, depression and anxiety are at double the risk of developing type 2 diabetes ([JSNA Live Well Long Term Conditions 2021:35](#)).

### Local Picture

According to estimates, in 2017 the prevalence rate of common mental disorders in the population aged 16 and over in Richmond was 13.2%; lower than the England average of 16.9% and the London average of 19.3 ([PHE Public Health Profiles; JSNA Live Well 2021: 70](#)). Rates of GP recorded prevalence of mental health illness were lower than England and London average in both 2019/20 and 2020/21 ([PHE Public Health Profiles; JSNA Live Well 2021: 67](#)). On the other hand, the JSNA highlights that in 2018/19 Richmond had high rates (higher than both England and London) of persons detained under the Mental Health Act ([JSNA Live Well 2021: 69](#), [PHE Public Health Profiles](#)).

Premature mortality for adults in Richmond with Serious Mental Illness is low overall (245 per 100,000). However, excess under 75 mortality rates due to cancer, cardiovascular disease, and respiratory disease in adults with severe mental illness in Richmond are all above England and London levels ([PHE Public Health Profiles](#)). Total numbers per 100,000 and the confidence in excess deaths however is low.

Excess under 75 mortality rate			
	Richmond value	London value	England value
due to cancer in adults with SMI	123.2%	119.6%	112.7%
due to cardiovascular diseases in adults with SMI	395.3%	318.8%	305.9%
due to respiratory disease in adults with SMI	697.6%	530.4%	520.0%
due to liver disease in adults with SMI	*	474.7%	541.1%

([PHE Public Health Profiles](#))

Smoking is generally the single largest contributor to a reduced life expectancy (10 to 20 years) among people with mental health illnesses; however, in 2019/20 in Richmond smoking prevalence in adults with a long term mental health condition was 17.9% – lower than both England (25.8%) and London (26.6%) averages, suggesting that other factors might determine the high excess under 75 mortality rates ([JSNA Live Well Lifestyle: 18](#); [PHE Public Health Profiles](#)).

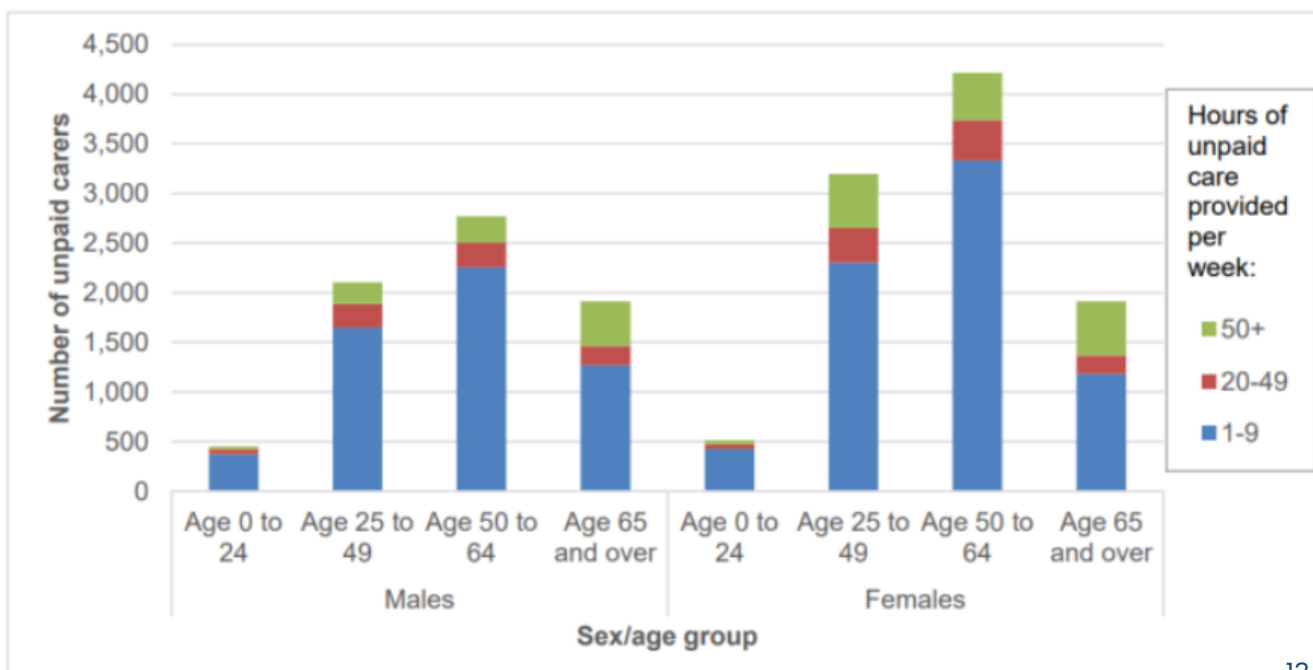
## Carers

According to the ONS Census in 2011 there were 15,725 people providing unpaid care in Richmond, 8.5% of the resident population. Based on this percentage, the JSNA estimates the presence of 18,000 carers in Richmond in 2020 ([JSNA Vulnerable Groups 2021: 37](#)). This percentage is very similar to London (8.5%) and SW London (8.4%) averages and lower than the England average (10.2%) ([Richmond Carers Strategy 2020: 9](#)). The actual number of unpaid carers is likely to be higher due to the pandemic – which is estimated to have increased the number of UK carers by 50% ([JSNA Vulnerable Groups 2021: 36](#)).

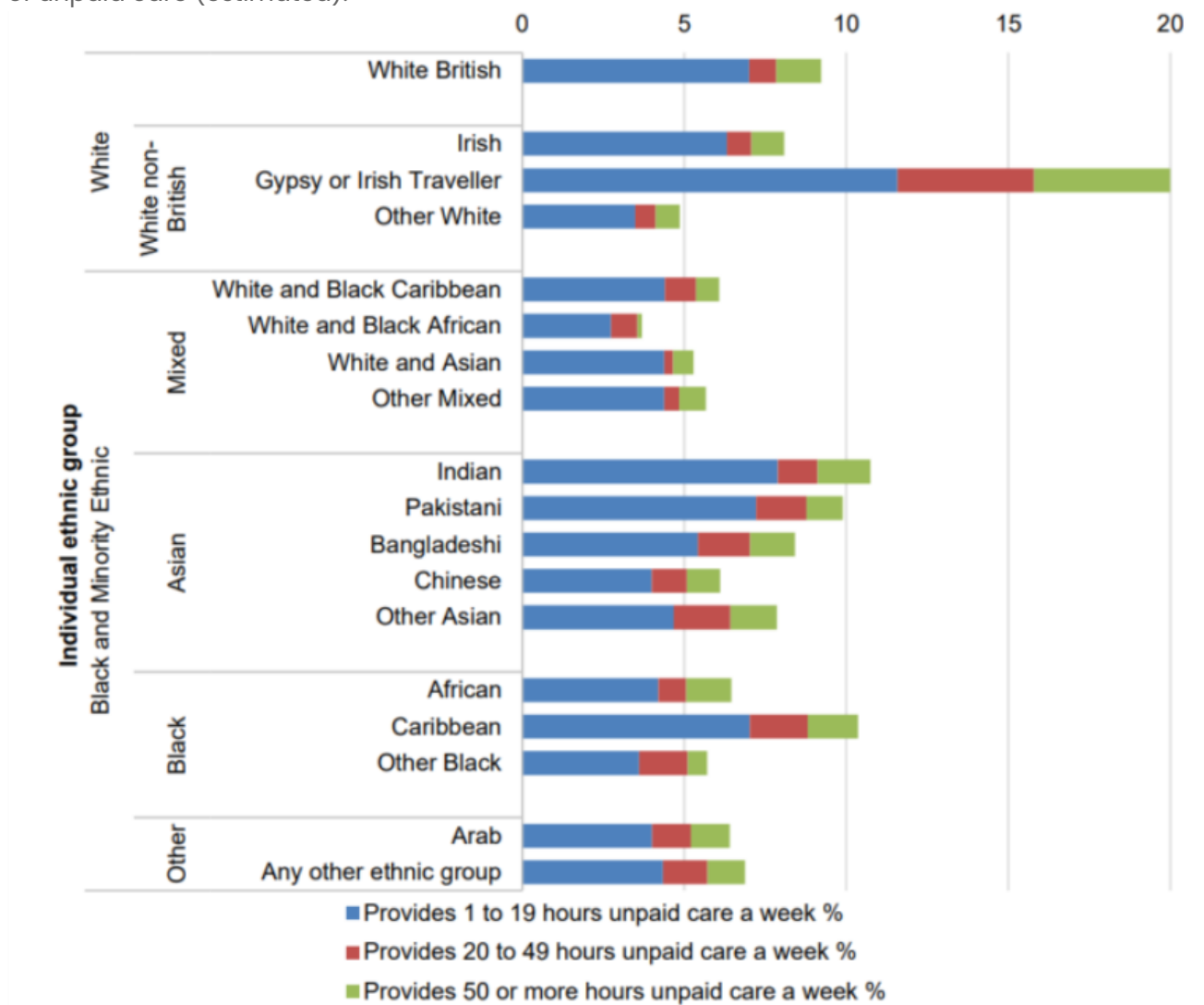
The limited number of carers recorded on GP registers (less than 1,000), of carers registered with Richmond Carers Hub Service (1,800 adult carers), and of carers assessments carried out by Richmond Council (less than 300) suggests that health and support services might not be aware of carers' responsibilities and needs ([Richmond Carers Strategy 2020: 9](#)). This also suggests a low level of engagement by carers with services available to them. Carers might face particular barriers to addressing their lifestyle factors as a result of services not meeting their particular needs.

The 2011 Census reveals that the ethnic composition of the unpaid carers' population is similar to the general population, although with a higher representation of White British carers. BAME groups are overrepresented in the under-24 year old carer population: 26% of young carers are from BAME groups in comparison with 13% of all carers ([Richmond Carers Strategy 2020: 9](#)).

Age and gender distribution of carers in the London Borough of Richmond Upon Thames by number of hours of unpaid care (estimated).



Percentage of people providing care by ethnicity in Richmond Upon Thames by number of hours of unpaid care (estimated).



([Richmond Carers Needs Assessment 2019](#))

There is a relationship between the percentage of unpaid carers and the level of deprivation of a certain area. Richmond is one of the most affluent areas of the country, and the least deprived borough of London. Nonetheless, the connection between deprivation and unpaid care remains one to be analysed in Richmond, whose territory includes LSOAs in the most deprived 30% in the country (within Hampton North, Ham, Petersham, Richmond Riverside and Heathfield) ([JSNA Vulnerable Groups 2021: 38](#)).

## Carers' health and wellbeing

Those providing 50 hours or more of unpaid care are more than twice as likely to describe their health as 'not good' than the general population (2.4 for men, 2.7 for women) ([JSNA Vulnerable Groups 2021: 34-35](#)). The State of Caring Report 2021 found that 69% of carers reported their physical health as 'not good' and 75% reported their mental health as 'not good'; 1 in 4 carers reported bad or very bad physical health and nearly 1 in 3 carers reported bad or very bad mental health ([Carers UK, 2021: 19](#)).

In Richmond 20% of carers describe their health as poor, in comparison with 11% of those who do not provide care. There is also a high prevalence of long-term health conditions among carers: 53.3% of carers aged 18-64 and 67.4% of carers aged 65 and over report having at least one long-term condition. Richmond's carers are more likely than carers in other South London Boroughs to have to see a GP for health issues related to their caring roles, and less likely to report that caring duties are not affecting their health. ([Richmond Carers Strategy 2020: 9](#))

A number of issues and challenges affect carers' health and wellbeing.

- Difficult financial situations (nationally 37% of carers describe their situation as 'struggling to make ends meet') lead some to cut back on essentials such as food and heating (47% of the above 37%). We lack accurate information regarding the financial situation of carers in Richmond and by consequence how it impacts their health and wellbeing ([Richmond Carers Strategy 2020: 13](#)).
- Caring duties might prevent carers from attending medical appointments or lead to delay them ([JSNA Vulnerable Groups 2021: 35](#)).
- Nutrition is an important issue: carers may neglect their diet, exposing themselves to the risk of diet-related illness ([JSNA Healthy Lifestyles 2021: 39](#)). Malnutrition might affect in turn the person receiving care, due to lack of nutritional advice or financial issues (ibid.). A survey found that 1 in 10 of Richmond carers have experienced loss of appetite as a result of their caring role and 16% were neglecting their diet or sleep ([JSNA Healthy Lifestyles 2021: 44](#)).

The State of Caring Report 2021 exposes the impact of the COVID-19 pandemic on carers: increasing hours, worse mental and physical health, increased anxiety, decreased life satisfaction ([Carers UK, 2021: 19](#)). Despite the lifting of restrictions, this is likely to have an enduring effect on carers. The scale of this impact in Richmond needs to be ascertained.

Thinking about how much time you have to look after yourself - in terms of getting enough sleep or eating well - which statement best describes your current situation?

	I look after myself	Sometimes I can't look after myself well enough	I feel I am neglecting myself	Total
Richmond	44.5	28.6	26.9	120
London	47.4	34.4	18.2	8,555
England	51.9	30.0	18.1	49,620

([Personal Social Services of Adult Carers in England 2019](#))