

London Borough of Hillingdon: Health Needs, Inequalities and ICS Priorities

The Centre for Population Health
January 2026

Overview and Demographics

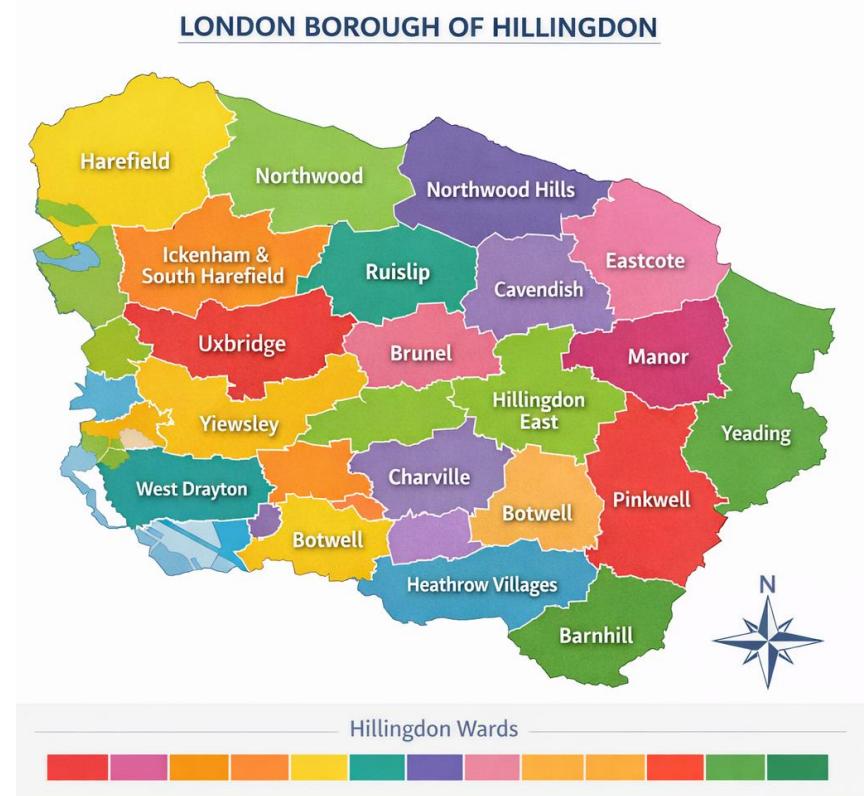
Hillingdon covers 42 square miles, second largest London borough by area, bordering Hertfordshire, Buckinghamshire, Surrey, Hounslow, Ealing, Harrow.

Key features: Heathrow Airport in south, urban areas like Hayes and Uxbridge, green spaces in north.

Westernmost borough in NW London, home to 306,000 residents (2021).

Geographically large and diverse: urban south (Hayes, Heathrow) vs rural north (Ruislip, Northwood).

Includes significant green belt land.



Population Characteristics

Ethnicity: 48% White, 52% BAME – including Indian, Pakistani, Somali, Polish, Afro-Caribbean communities.

Heathrow Airport contributes to a transient population and environmental challenges (noise, air pollution).

Median age in mid-30s; older population concentrated in the north.

Life Expectancy and Inequalities

Overall life expectancy 82 years (male 79–80, female 84).

Significant internal gap: Northwood men live 83+ years; Hayes areas 77 years.

Reflects socio-economic and environmental disparities.

Existing Inequalities

- Deprivation: Ranked 21st of 33 London boroughs; no LSOAs in top 10% deprived nationally, but south wards higher (e.g., Hayes, Yeading).
- Income: Lower child low-income rates than London/England; 15% children in relative low income (2022/23).
- Economic: 76.0% economically active (June 2024); higher female activity than London/England.
- Homelessness: Large increase in temporary accommodation; 86 rough sleepers (September 2024).
- Groups: Higher elderly in north, younger/diverse in south; veterans 4,831; travellers 472.
- Adult obesity prevalence is above the national average.
- Levels of physically active adults (aged 19+) are worse than the England average



Deprivation and Inequality Patterns

- 8–10% of population in England's most deprived quintile, mostly in southern wards (e.g., Yeading, Botwell).
- Higher COPD admissions in Hayes (>50% higher than Ruislip).
- Childhood obesity at Reception (Age 4–5): 21.3% of children are overweight or obese.
- Year 6 (Age 10–11): 37.7% of children are overweight or obese.
- Hayes schools >28% vs Northwood 12% (Year 6).
- These figures are higher than the England average, indicating a significant local challenge.



Chronic Diseases

High burden of cardiovascular disease (CVD), especially in the south.

Smoking rates higher than other NWL areas; diabetes prevalence 8%.

Targeted campaigns:
'Heathrow Healthy Hearts'
for airport staff and locals.

Maternal and Child Health

Infant mortality slightly above London average; over 50% of births to non-UK-born mothers.

Strong GP engagement boosts immunisation rates, but herd immunity target not yet met.

Obesity: 1 in 4 Reception children overweight/obese; 4 in 10 by Year 6.

Mental Health

Adult mental health needs around average with youth referrals rising (especially anxiety).

Heathrow-related transience creates acute mental health needs.

Specialist Homeless Health team supports those in temporary accommodation.

Older Adults and Dementia

Large older population;
HHCP pioneered integrated
care for 65+.

Dementia diagnosis rate
70%; 30% potentially
undiagnosed.

Projected 71% increase in
65+ population by 2041.

ICS Priorities: Health Inequalities Focus

Targeted interventions
needed for deprived areas
(e.g., Hayes Health Initiative).

Ward-level data essential for
population health
management.

Focus on cancer screening,
lifestyle programmes,
housing issues.

ICS Priorities: Air Quality and Respiratory Health

Heathrow's impact requires cross-boundary air pollution mitigation.

Lung health checks piloted in Hayes (low-dose CT scans for smokers).

Aligns with ICS Priority 8: early detection.

ICS Priorities: Integrated Care and Neighbourhood Teams

HHCP model can expand to all complex patients, not just older adults.

Integrate mental health workers into GP teams in deprived areas.

Add clinical pharmacists and care coordinators to neighbourhood teams.

ICS Priorities: Maternity and Newborns

01

Ensure interpretation services and culturally tailored antenatal care.

02

Expand community link workers (e.g., Somali midwife model).

03

Adopt best practices from other boroughs to improve engagement.

ICS Priorities: Urgent and Emergency Care

Heathrow creates spikes in urgent care demand.

UTCs at Hillingdon Hospital and Mount Vernon help divert non-emergencies.

Promote 111 and pharmacy use, especially near airport and tourist zones.

ICS Priorities: Workforce and Estates

Hillingdon Hospital redevelopment underway.
Should include integrated care hubs.

Recruitment challenges in outer London.
Leverage the Brunel University pipeline.

ICS support needed for local training academies and estate planning.

Current Initiatives and Good Practice

HHCP Frailty
Assessment Service
reduces unnecessary
admissions.

Heathrow partnerships
fund air quality
monitors and staff
wellness.

DASH youth
programme reduces
teen pregnancy and
substance misuse.

Warm Homes scheme
tackles fuel poverty
and winter illness.

Dementia-Friendly
Communities in
Northwood and Ruislip
support inclusion.

Use Case 1 — Hillingdon Health and Care Partners (HHCP)

Integrated care partnership uniting NHS trust, ICB, GP Federation and council.

Frailty Assessment
Service diverts suitable older patients from A&E to community care.

Rapid-response multidisciplinary team reduces avoidable admissions and bed days.

Care Connection Teams deliver neighbourhood-based support for high-risk patients.

Demonstrated improvements in continuity of care, patient experience and independence.

Scalable model aligned with NHS Long Term Plan and ICS priorities on prevention and integration.

Use Case 2 — Heathrow Healthy Communities

Public health partnership between Hillingdon Council and Heathrow Airport Ltd.

Employee wellness programme provides health checks and lifestyle workshops.

Supports airport staff, many of whom live in high-need local communities.

Heathrow funds community health initiatives such as air quality monitoring.

School anti-idling campaigns reduce pollution exposure for children.

Strong example of leveraging local industry to improve population health.

Use Case 3 — School-based Health Promotion (DASH)

DASH places trained youth workers in secondary schools for health education.

Delivers interactive sessions on substance misuse and sexual health.

Provides a confidential drop-in clinic for young people needing further support.

Linked to lower under-18 alcohol-related hospital admissions in Hillingdon.

Teenage pregnancy rates remain among the lowest in London.

Combines education, accessibility and trust-building to support long-term wellbeing.

Use Case 4 — Warm Homes, Healthy People

Addresses fuel poverty (11% of households) through home insulation and heating support.

Offers repairs, energy advice and targeted help for low-income and elderly residents.

Works with health visitors and nurses to identify at-risk individuals.

Reduces winter-related illnesses and avoidable hospital admissions.

Evaluation shows improved wellbeing and fewer respiratory admissions.

Strong example of multi-agency prevention tackling wider determinants of health.

Use Case 5 — Locality Dementia-Friendly Communities

Creates inclusive environments in Northwood and Ruislip for people living with dementia.

Local businesses and community groups receive dementia-awareness training.

Enhances independence and reduces social isolation for affected residents.

Carers report reduced stress and improved confidence in community engagement.

Programme shows positive outcomes in customer experience and public awareness.

Scalable model aligned with ageing well strategies and ICS priorities on prevention.

Summary and Strategic Considerations

Bridge

Bridge the north–south divide in health outcomes.

Leverage

Leverage integrated care foundation to scale prevention.

Collaborate

Collaborate with ICS partners for data, funding, and innovation.

Focus on

Focus on localised, community-driven solutions.