

Kingston upon Thames: Focus on Demographics

The Royal Borough of Kingston upon Thames in South West London has the smallest population of any borough in London after Kensington and Chelsea and is the seventh smallest borough in terms of geographical area.

Population size

There are 176,107 people living in the borough according to the Office for National Statistics (ONS)¹. Of these, 21.7% are children/young people (0 to 17 years old), 65% are people of working age (18 to 64 years old) and 13.3% are aged 65 or over. Like much of London, when compared to England, Kingston has a young population with a median age of 36.2 years. Despite this young profile, there are a considerable number of residents living into their 90s and beyond.

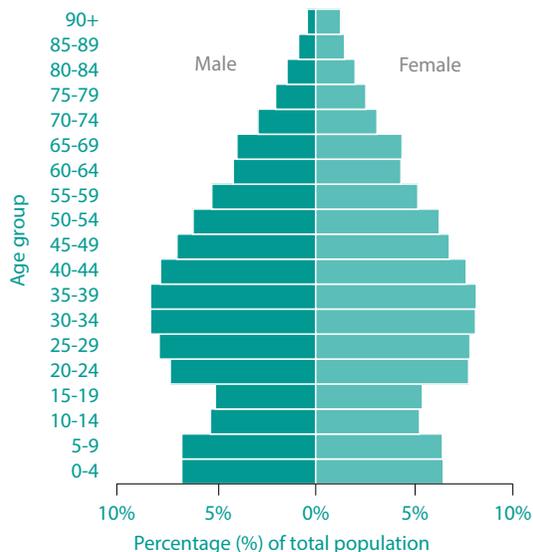


Figure 1: Kingston's population pyramid
Source: ONS 2016 mid-year estimates

There are 209,515 people registered with Kingston GPs².

The Greater London Authority (GLA)³ estimate of Kingston's population size is very slightly higher than ONS, at 176,140.

Population growth in the next 10 years

The GLA³ has projected Kingston's population to reach 194,030 by 2027; an increase of nearly 9% over ten years from 2017. This will not be uniform across all age groups. The biggest growth is expected in teenagers, older working age and retired populations.

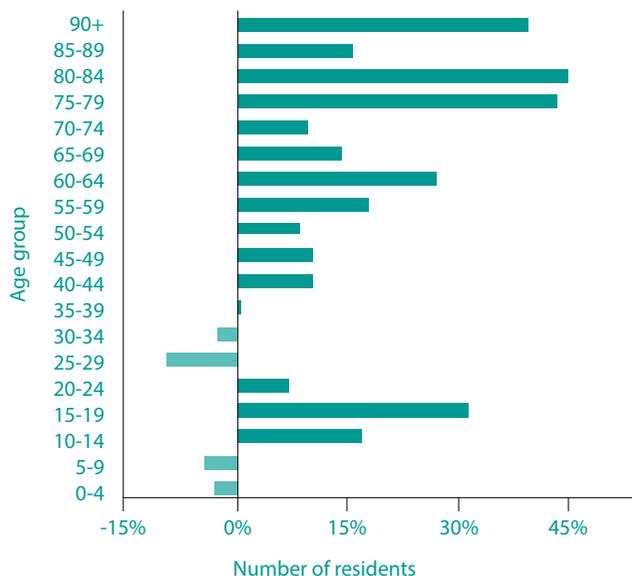


Figure 2: Percentage change in different age groups in next 10 years (2017 - 2027)
Source: 2016-based Demographic Projections, © GLA

The age group expanding fastest is expected to be those over 60 years, partly driven by people living into very old age.

The projected drop in the size of the young working age population (25-39 years) is partly a result of the current small teenage population being ten years older, but may also be affected by the cost of living and housing in Kingston which pushes early and mid-career professionals out of the borough.

GLA growth estimates have been included here rather than ONS. The GLA calculates population change over time based on predicted births, deaths, net migration and housing development information which are all important factors in London.

Ethnicity

Just over two thirds (69%) of Kingston residents are white. Almost one-third (31%) are from black, Asian and minority ethnic (BAME) communities, comprising Asian ethnicity 20%, mixed ethnicity 5%, black ethnicity 3.1%, Arab 2.1% and other ethnic groups 1.4% (2017)⁴.

The BAME population in Kingston is projected to increase to 36% over the next decade (from 2017 to 2027), with the greatest increase in the Asian ethnic group.

39% of children and young people aged 20 years and under are from BAME groups and this cohort is projected to increase to 44.7% by 2027. 15.2% of people aged 65 and above are from BAME groups and this is projected to increase to 21.4% by 2027.



In 2015-16, 3,205 adult overseas nationals entered Kingston and the largest migrant populations were from Bulgaria, Romania and Poland⁵.

According to the ONS 2011 Census, there are 95 people identifying as “White: Gypsy or Irish Traveller” in the borough.

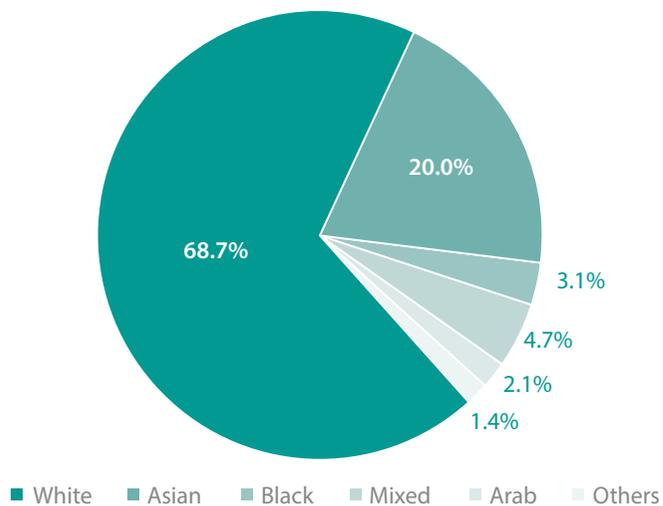


Figure 3: Ethnicity in Kingston (2017)
Source: 2016-based Demographic Projections, © GLA

Deprivation

Kingston as a whole is not a deprived borough, however there are pockets of significant deprivation. There is one Kingston Lower Super Output Area (LSOA)⁶ in the most deprived 20% of all areas in England, and six are in the most deprived 40%. There are also very affluent areas; 38 of the 98 LSOAs in Kingston are in the least deprived 20% nationally⁷. Overall, Kingston is considered to be an affluent borough despite inequalities across the area.

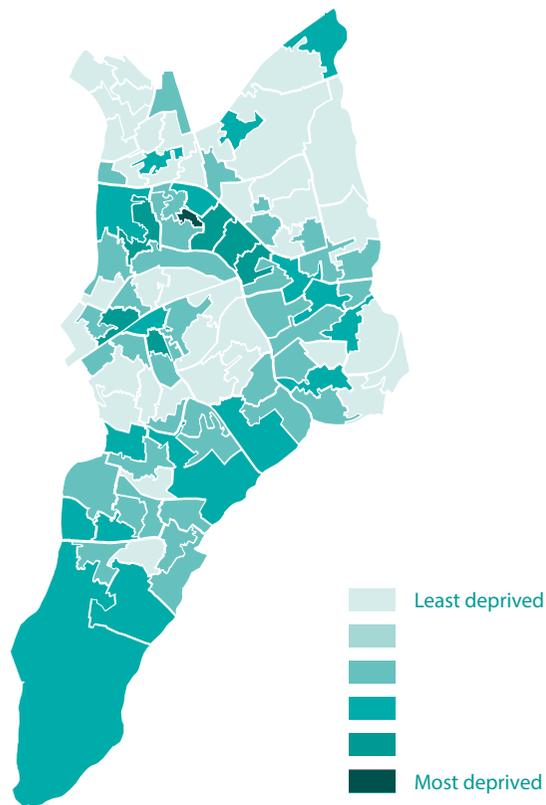


Figure 4: Deprivation in Kingston (IMD 2015 Rank)
Source: English Indices of Multiple Deprivation, 2015

Births

There were 2,204 live births to Kingston residents in 2016, reducing the total fertility rate⁸ to 1.55 children per woman. The highest birth rate was amongst women aged 30 to 34 years⁹. Around 50% of births in Kingston are to foreign born parents (one or both).

The percentage of children with low birth weight in Kingston in 2016 (6.5%) was less than London (7.6%) and England (7.3%) average.¹⁰ The still birth rate was 3.8 per 1,000 in 2014-16.^{10,11}

The under 18 conception rate^{12,13}, for Kingston in 2016 was significantly lower than the England average.

Life expectancy and healthy life expectancy

Life expectancy in Kingston, like the rest of England, has improved over recent years: life expectancy at birth for women during 2014-16 was 84.9 years (83.1 for England) and 81.7 years for men (79.5 for England)¹². This means that on average, women in Kingston live three years longer than men.

Healthy life expectancy is an estimate of the number of years spent without disabling conditions, and in Kingston men spend 69 years in good health and for women it is 69.7 years¹². The gap between healthy life expectancy and life expectancy in Kingston for men is 12.7 years and for women 15.2 years. Whilst this is considerably less than the national average (16.2 and 19.2 years respectively), Kingston residents still spend a considerable number of their older years in poor health, potentially needing additional care and support.

The gap in life expectancy in Kingston between those living in the most and least deprived deciles was 6.8 years for men and 5.7 years for women¹².

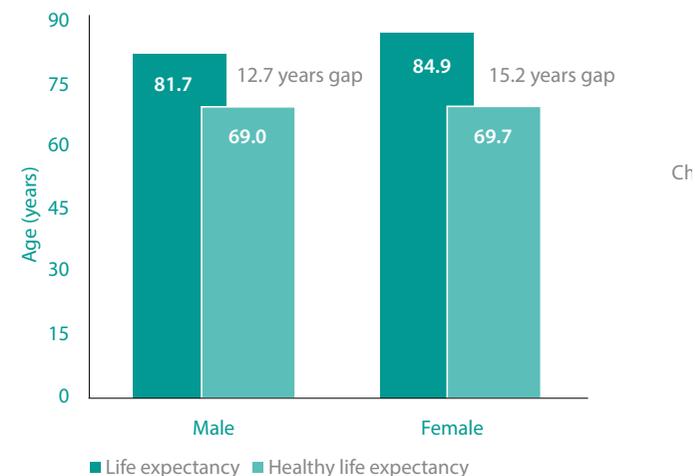


Figure 5: Life expectancy gap in Kingston (2014-16)
Source: Public Health England



Deaths and their main causes

There were 1,067 deaths (513 males and 554 females) in 2016¹⁴.

The three leading causes of deaths (in people of all ages) in Kingston are cancer (27%), diseases of the circulatory system (26%) and diseases of the respiratory system (15%).

Deaths among those aged under 75 years is an important public health indicator: many of these premature deaths are preventable. 46.7% of total cancer deaths in 2016 were amongst those under 75 years of age. Similarly, 23.7% of deaths due to circulatory disease and 19.2% of deaths due to diseases of respiratory system are in people aged under 75.

The suicide rate¹² in Kingston (7.0/100,000 population) was not significantly different to the England average (9.9/100,000 population) during 2014-16.

Drug misuse is a significant cause of premature mortality and there were 12 deaths in Kingston due to drug misuse¹² over three years from 2014 to 2016.

Smoking attributable mortality¹² in Kingston is significantly lower than the regional and national averages (2014 -16).

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity - there were 106 deaths in Kingston during 2014-16 which is significantly better than the England traffic accident rate¹².

The mortality rate from influenza and other infectious disease in Kingston was similar to England¹².

Self-reported health

A higher percentage of Kingston residents (86%) reported that they were in good or very good health compared to the London average (84%). The percentage of Kingston residents that stated that their day to day activities were limited a lot (5%) was less than the London average of 7%¹⁵.

Prevalence of main health conditions

Recorded illness¹⁶ in general practice can help to present a picture of the burden of ill health within the population. Prevalence estimates can be affected by diagnostic practice, data recording, symptoms of certain conditions being difficult to recognise, or patients not wishing to seek medical attention.

High blood pressure (hypertension), depression, asthma, obesity and diabetes were the most commonly diagnosed conditions among people registered with Kingston GPs.

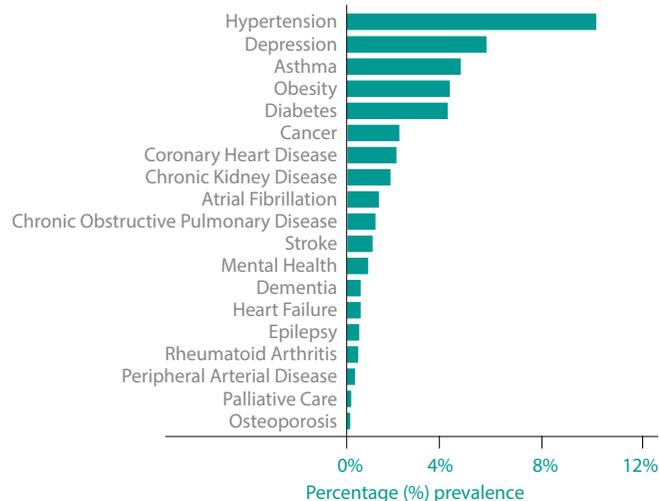


Figure 6: Prevalence of Health Conditions (Jan 2018)
Source: Practice Focus Report, QMS

Key wider determinants of health

Wider determinants are a diverse range of social, economic and environmental factors which impact on people's health. The Marmot review¹⁷, published in 2010, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes.

Child poverty is important because those living in poorer areas or in poor families are much more likely to have poor health. 13.9% of children in Kingston (4,705 dependent children under 20) lived in low income families during 2014¹². According to the ONS 2011 Census, 3.6% of young people aged 16-24 were providing at least one hour of unpaid care per week in Kingston.

Unemployment is associated with an increased risk of ill health and mortality. The unemployment rate in Kingston (4.4%) was not significantly different to the England rate (4.8%) during 2016¹². There were 240 people aged 16-64 years claiming long term Jobseeker's allowance.^{12,18}

Having an income is a factor associated with better health in older people. 12.7% of people aged 60 and over in Kingston are living in income deprived households (English Indices of Multiple Deprivation)^{7,12}.

9.4% of households in Kingston experience fuel poverty^{12,19}. Being unable to afford to sufficiently heat a home can lead to cardiovascular or respiratory illness, and sometimes to excess deaths in winter that should be preventable. Recent data (2015/16) indicate that Kingston's excess winter death index²⁰ (17.4) is similar to the England figure (15.1)¹².



Overcrowded housing can lead to poorer health. According to the ONS 2011 Census, around 6% of households in Kingston are classified as overcrowded²¹. Overcrowding in Kingston households is significantly worse in comparison to the national average¹².

Housing, in general, is not affordable. Kingston has a high ratio of house prices to annual earnings, with median house prices being 12.8 times the median gross annual residence-based earnings²².

Social isolation and loneliness have a detrimental effect on health and wellbeing. Older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income. According to the ONS 2011 Census, around 4% of all households in Kingston were occupied by a single person aged 65 or above. The percentage of older people living alone in Kingston is significantly below the national average¹². Living alone does not always lead to loneliness, but it is a commonly measured indicator and so is included here.

More information

To accompany this fact sheet: Comprehensive statistical tables can be downloaded from the key data section of the JSNA website <https://data.kingston.gov.uk/jsna/>

On health and wellbeing: Kingston JSNA (<https://data.kingston.gov.uk/jsna/>) examines in detail the health and wellbeing challenges that face the people of Kingston and makes recommendations to enable our residents to live healthier and more fulfilling lives.

Other data about Kingston: Visit the Kingston Data website at <https://data.kingston.gov.uk/>

References and explanatory notes

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4. 2016-based Demographic Projections, © GLA 2016-based, Demographic Projections, LONDON DATASTORE(Housing Led Ethnic Group Projection Model) [online], Available at: <https://data.london.gov.uk/dataset/projections/> [Accessed 8 May 2018].
5. London Borough Profiles and Atlas, © GLA LONDON DATASTORE [online] Available at: <https://data.london.gov.uk/dataset/london-borough-profiles> [Accessed 28 Feb. 2018].
6. Definition: Lower Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales. There are 98 LSOAs in Kingston. The average population of an LSOA in London in 2010 was 1,722.
7. Gov.uk. (2018). *English indices of deprivation 2015 - GOV.UK*. [online] Available at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015> [Accessed 28 Feb. 2018].
8. Definition: The Total Fertility Rate (TFR) is the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year in question throughout their childbearing lifespan.
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10. Public Health England (2018), *Pregnancy and birth* [online] Available at: <https://fingertips.phe.org.uk/child-health-pregnancy> [accessed 5 June 2018]
11. Definition: A stillbirth is a baby born after 24 or more weeks completed gestation and which did not, at any time, breathe or show signs of life.
12. (PHE) (2018). Public Health Profiles. [online] [Fingertips.phe.org.uk](https://fingertips.phe.org.uk). Available at: <https://fingertips.phe.org.uk/> [Accessed 28 Feb. 2018].
13. Definition: Rate of conceptions per 1,000 females aged 15-17
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18. Definition: Long term jobseeker allowance claimant are people claiming Jobseeker's Allowance (JSA) for >12 months
19. The percentage of households in an area that experience fuel poverty based on the "Low income, high cost" methodology. Data Source: *Department for Business, Energy and Industrial Strategy*
20. Definition: Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.
21. Definition: Number of households with bedroom occupancy rating of -1 or less, expressed as a percentage of all households. An occupancy rating of -1 implies that a household has one fewer bedrooms than the standard requirement.
22. Housing Affordability In England And Wales - Office For National Statistics Ons.gov.uk. (2018). *Housing affordability in England and Wales - Office for National Statistics*. [online] Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/housingaffordabilityinenglandandwales/1997to2016> [Accessed 29 May 2018].

