

# Kingston upon Thames: Focus on Demographics, November 2019 (Statistical Annex to APhR 2019)

The Royal Borough of Kingston upon Thames in South West London has the 3rd smallest population of any borough in London after City of London and Kensington and Chelsea. It's the seventh smallest borough in terms of geographical area.

Within this document Greater London Authority (GLA) population growth projections have been preferred over Office for National Statistics (ONS).<sup>1</sup>

The projections in this document have not taken account of the impact of Britain's planned exit from the European Union. Kingston has a large number of migrants registering from EU countries utilising freedom of movement laws, with 8 of the top 10 National Insurance registration countries of origin being within the EU.

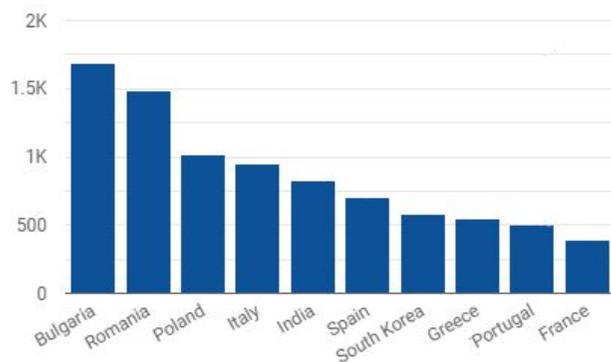


Figure 1: Kingston NI Registrations by Country of Origin (Top 10) 2014-2019  
Source: GLA & DWP

<sup>1</sup> The GLA utilises ONS data to calculate population change over time using predicted births, deaths, net migration but also adds housing development information. The GLA had better accuracy at estimating Kingston's population prior to the last census.

## Population size

The GLA estimates 180,600 people live in Kingston.<sup>2</sup> Of these, 22% are children/young people (0 to 17 years old), 64.2% are people of working age (18 to 64 years old) and 13.8% are aged 65 or over. Like much of London, in contrast to England, Kingston has a young population with a median age of 36 years (England has a median age of around 40<sup>3</sup>).

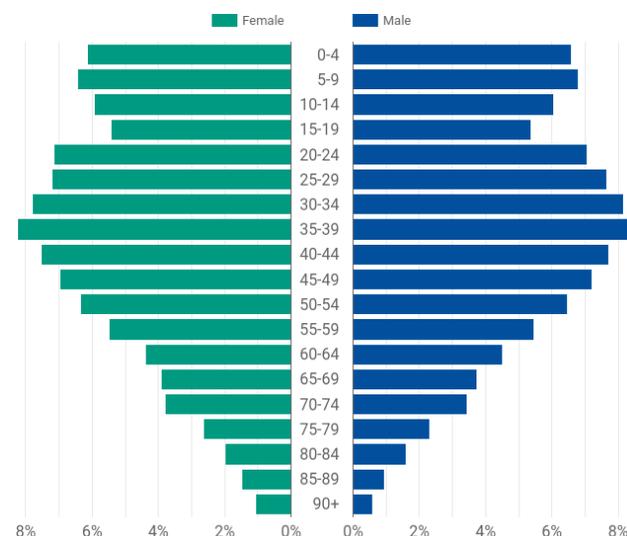


Figure 2: Kingston's population pyramid  
Source: GLA 2019 Housing Led Projections

213,161 people are registered with Kingston GPs.<sup>4</sup> Of these 1.8% (3,805) are aged 85 and above.

<sup>2</sup> GLA Population Projections Housing led (2018)

<http://bit.ly/34HTfbM>

<sup>3</sup> ONS MidYear Estimates Report 2018 <http://bit.ly/2Nsb3BW>

<sup>4</sup> NHS Digital Patients Registered At a GP Practice, April 2019

<http://bit.ly/36KP29g>

## Population growth in next 10 years

The GLA has projected Kingston's population to reach 200,100 by 2029; an increase of nearly 11% over ten years from 2019.<sup>5</sup> This will not be uniform across all age groups. The biggest growth is expected in the 80+ age groups and then the 15-19s age group.

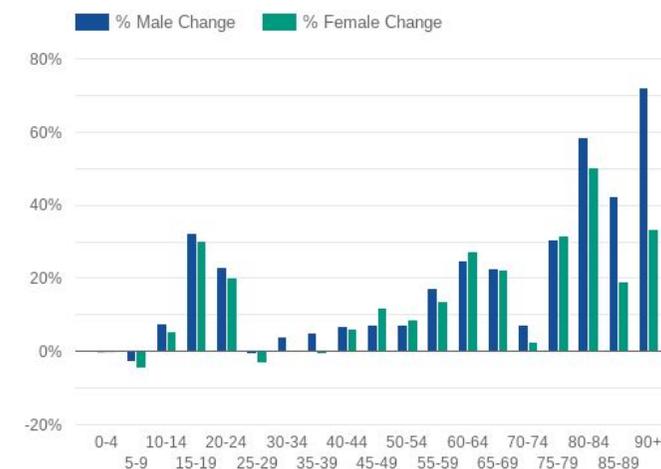


Figure 2: Projected growth in different age groups over 10 years (2019 - 2029)

Source: 2017-Housing led Projections, © GLA

There is a small projected drop of those in the under 9 age groups (both genders) and the female 25-39 age group. The relative drop in the 0-9s can be seen in fertility rate data<sup>6</sup> which shows a decline in birth rates over the last 5 years, although it should be noted the 10 year trend is still slightly upwards.

<sup>5</sup> GLA Population Projections Housing led (2018)

<http://bit.ly/34HTfbM>

<sup>6</sup> GLA General Fertility Rate 2018 <http://bit.ly/2WUJv8w>

# Kingston upon Thames: Focus on Demographics, November 2019 (Statistical Annex to APhR 2019)

Recent ONS internal migration data shows that women between 20 and 29 are the most likely to leave Kingston.<sup>7</sup> The demographic shift may be affected by the cost of living and affordability of housing in Kingston which makes it difficult for young parents to afford to live in the borough.<sup>8</sup>

## Ethnicity

Just over two thirds (68%) of Kingston residents are white. Almost one-third (33%) are from black, Asian and minority ethnic (BAME) communities, comprising Asian ethnicity 21%, mixed ethnicity 5%, black ethnicity 3% and Arab 2% and other ethnic groups 1% (2019).<sup>9</sup>

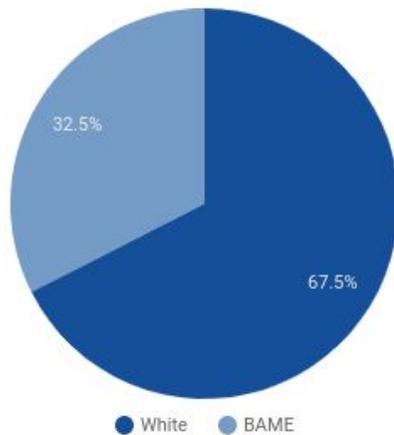


Figure 3: Ethnicity in Kingston (2019)

Source: 2016-based Demographic Projections, © GLA

The BAME population in Kingston is projected to increase to 38% over the next decade (from 2019 to 2029), with the greatest increase in the Asian ethnic group.

41% of children and young people aged 19 years and under are from BAME groups and this cohort is projected to increase to 46% by 2029. 16% of people aged 65 and above are from BAME groups and this is projected to increase to 23% by 2029.

Between 2017-18, 2,700 adult overseas nationals entered Kingston. The largest number of migrants were from Bulgaria, Romania and Poland<sup>10</sup>. In the ONS 2011 Census, there were 95 people identifying as “White: Gypsy or Irish Traveller” in the borough on Census day.

## Deprivation

Although the majority of Kingston is not deprived, some pockets of deprivation do exist. There is one Kingston ‘Lower Super Output Area’ (LSOA, a small geographical area containing about 1,500 people, used in Census data calculations)<sup>11</sup> which falls within the most deprived 20% of all areas in England, and 4 which fall within the most deprived 40% (includes the 1 above). There are also very affluent areas in the

borough: 38 of the 98 LSOAs in Kingston are in the least deprived 20% nationally.<sup>12</sup>

Overall, Kingston is considered to be an affluent borough.

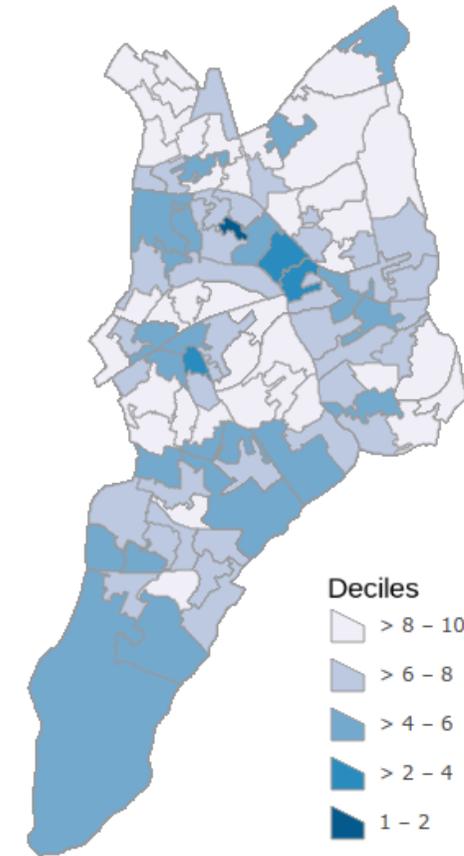


Figure 4: Deprivation Deciles in Kingston LSOAs

(IMD 2019) Rank **Darker areas are more deprived**

Source: English Indices of Multiple Deprivation, 2019

<sup>7</sup>ONS Internal migration: by local authority and region, five-year age group and sex (YE 2018) <http://bit.ly/32ssTt4>

<sup>8</sup>Land Registry House Price Data GLA 2017 <http://bit.ly/2JXjQtF>

<sup>9</sup>GLA 2016-based Round of Demographic Projections <http://bit.ly/34HTfbM>

<sup>10</sup>GLA London Borough Profiles and Atlas <http://bit.ly/2NQG8hT>

<sup>11</sup> ‘Lower Layer Super Output Areas’ or LSOAs 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.

<sup>12</sup> Gov.uk. (2019). English indices of deprivation 2019 <http://bit.ly/2K3VFtr>

# Kingston upon Thames: Focus on Demographics, November 2019 (Statistical Annex to APHR 2019)

The 2019 Index of Multiple Deprivation (IMD) suggests that LSOAs in Kingston are less deprived since 2015. However, pockets of deprivation still exist, and the 'Barriers to Housing' domain<sup>13</sup>, which measures the physical and financial accessibility of housing and local services available nearby, has 62% of Kingston in the bottom 40%.

## Births

There were 2,025 live births to Kingston residents in 2018, increasing the 'Total Fertility Rate'<sup>14</sup> to 1.50 children per woman. In 2017 just below 20% of births in Kingston were to foreign born parents (both parents). 33% of births were to a couple with one parent born outside the UK (53% in total had one or more parent born abroad [that is the 20% + the 33% noted above])<sup>15</sup>.

There were seven stillbirths in 2018.<sup>16</sup>

In 2016 women between 30-34 have the highest fertility rate in Kingston. Women aged 40 years and

above also have a higher fertility rate than those aged 18 and under.<sup>17</sup>

The under 18 conception rate<sup>18</sup> for Kingston (8.6 per 1,000) in 2017 was significantly lower than the England (17.8 per 1,000) average.

Smoking status at the time of delivery for 2018/19 in Kingston was 3.4%, under half the English rate (10.8%) and slightly better than the rate in London (4.8%)<sup>19</sup>.

## 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 2015-17 was 84.8 years (83.1 years for England) and 81.4 years for men (79.6 years for England).<sup>20</sup> 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 lived in "Very good" or "Good" general health based on data on how individuals evaluate their health. In Kingston men spend 67.2 years in good health and women 67.1 years. The gap between healthy life expectancy and life expectancy in Kingston for men is 14.2 years and for women 17.7 years. Whilst this is considerably less than the national average (16.2 years and 19.3 years for men and women respectively), Kingston residents still

spend a considerable number of their older years in poor health, potentially needing additional care and support. The most recent data also shows a rise in disability affected life years for both men and women in Kingston.

The gap in life expectancy in Kingston between those living in LSOAs in the most and least deprived deciles was 6.9 years for men and 4.7 years for women.

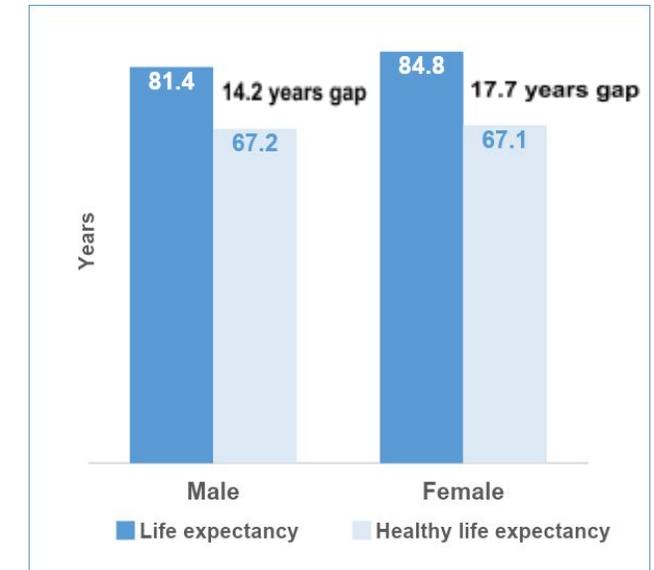


Figure 5: Life expectancy gap in Kingston (2015-17)

Source: Public Health England

## Infant mortality

Infant mortality is seen as a key measure of the population's health, with a long-established link with social and health inequalities.

<sup>13</sup> The premise of the Index of Multiple Deprivation (IMD) is that deprivation is multidimensional and can be experienced in relation to a number of distinct domains.

<sup>14</sup> 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.

<sup>15</sup> [Ons.gov.uk. \(2017\). Births by mothers' usual area of residence in the UK - Office for National Statistics. http://bit.ly/2NsgMYs](http://bit.ly/2CgIKhe)

<sup>16</sup> 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.

<sup>17</sup> ONS Births by Area of Usual Residence 2016

<http://bit.ly/2CgIKhe>

<sup>18</sup> Public Health England (2019). *Public Health Profiles (PH)*

<http://bit.ly/2K2hObs>

<sup>19</sup> *Ibid* <http://bit.ly/2K2hObs>

<sup>20</sup> *Ibid* <http://bit.ly/2K2hObs>

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The infant mortality rate (IMR), defined as the number of deaths per 1,000 live births of children under one year of age, in Kingston is similar to England with an average of 12 infants dying before age 1 each year (2017).<sup>21</sup> For 2015-2017, the IMR in Kingston (5.2 per 1000) was the highest in London.

Reducing infant mortality requires a combination of health interventions together with actions on the wider social determinants of health, and partnership between local authorities, health and the voluntary and community sector is important. These interventions must start before birth (antenatal) as emphasized by the Marmot Report (2015). The report stated that the key to reducing infant mortality is to give priority to the early years, including infant and maternal health.

## Deaths and their main causes

There were 1,118 deaths in Kingston in 2018.<sup>22</sup> The three leading causes of deaths in people of all ages in Kingston are: cancer (27.8%), diseases of the circulatory system and dementia (25.8%) and diseases of the respiratory system (12.4%).<sup>23</sup>

Deaths among those aged under 75 years, known as premature deaths, is an important public health indicator, with many of these deaths being preventable. In 2018, 30.4% of deaths were amongst those aged under 75. 44.7% of total cancer deaths in 2017 were amongst those under 75 years of age. Similarly, 22.1% of deaths due to circulatory disease

and 10.7% of deaths due to diseases of the respiratory system were in people aged under 75.<sup>24</sup> Data suggests 592 people died from preventable deaths between 2016-18 (144.2 per 100,000)<sup>25</sup>

The suicide rate in Kingston (8.1/100,000 population) was not significantly different to the England average (9.6/100,000 population) and London average (9.6/100,000 population) during 2016-18.<sup>26</sup>

Drug misuse is a significant cause of premature mortality and there were 9 deaths in Kingston due to drug misuse during 2015-17.<sup>27</sup>

Smoking attributable mortality (180.9 per 100,000) in Kingston is significantly better than the regional and national average (2016-18).<sup>28</sup>

Motor vehicle accidents are a major cause of preventable deaths and morbidity: there were 117 deaths in Kingston during 2015-17, which is significantly lower than the London and England traffic accident rates.<sup>29</sup>

The mortality rate from influenza and other communicable diseases in 2015-17 in Kingston (8.9 per 100,000) was similar to England (10.9 per 100,000).<sup>30</sup>

Poor air quality is a significant public health issue. The fraction of annual all-cause adult mortality attributable

to anthropogenic (human-made) particulate air pollution (measured as fine particulate matter, PM<sub>2.5</sub>) in Kingston was 6.1% in 2017; lower than London (6.5%)<sup>31</sup>.

## Self-reported health

According to the 2011 Census, 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%.<sup>32</sup>

## Prevalence of main health conditions

Recorded illness in general practice can help to present a picture of the burden of ill health within the population.<sup>33</sup> 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 are the most commonly diagnosed conditions among people registered with Kingston GPs.

<sup>21</sup> Child and Maternal Health Public Health (PH) Profile <http://bit.ly/2qEWPVJ>

<sup>22</sup> Nomis - Official Labour Market Statistics <http://bit.ly/2KhOD4H>

<sup>23</sup> Ibid <http://bit.ly/2KhOD4H>

<sup>24</sup> Ibid <http://bit.ly/2KhOD4H>

<sup>25</sup> Preventable Deaths 2016-18 PH Profile <http://bit.ly/32wNsV4>

<sup>26</sup> Suicide Prevention, PH Profile <http://bit.ly/2PYQ1MZ>

<sup>27</sup> Drug Use, Public Health Profile <http://bit.ly/36N3my7>

<sup>28</sup> Local Tobacco Control PH Profile <http://bit.ly/2ro7cNL>

<sup>29</sup> Traffic Accidents, PH Profile <http://bit.ly/36JuP3y>

<sup>30</sup> Vaccination PH Profile <http://bit.ly/2CqKvH2>

<sup>31</sup> Air Quality, PH Profile <http://bit.ly/2K1UbQA>

<sup>32</sup> Ons.gov.uk. (2018). 2011 Census data - Office for National Statistics <http://bit.ly/34KLWjw>

<sup>33</sup> NHS Digital. (2018). Quality and Outcomes Framework, Achievement, prevalence and exceptions data - 2017-18, NHS Digital. <http://bit.ly/33tixu1>

# Kingston upon Thames: Focus on Demographics, November 2019 (Statistical Annex to APhR 2019)

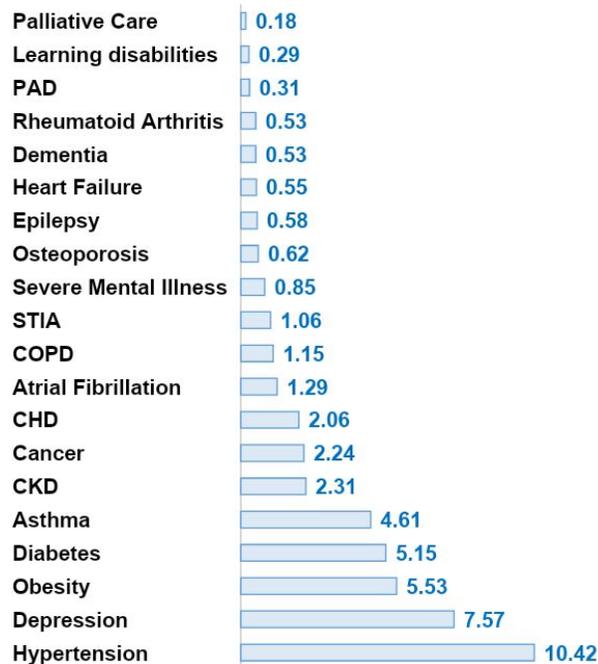


Figure 6: % Prevalence of Health Conditions (2017-18)  
Source: Quality and Outcomes Framework, NHS Digital<sup>34</sup>

## 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 review<sup>35</sup>, published in

<sup>34</sup>CKD = Chronic Kidney Disease  
CHD = Coronary Heart Disease  
COPD = Chronic Obstructive Pulmonary Disorder  
PAD = Peripheral Arterial Disease  
STIA = Stroke and Transient Ischaemic Heart Attack

<sup>35</sup> Institute of Health Equity. (2010). *Fair Society Healthy Lives (The Marmot Review)* - Institute of Health Equity. <http://bit.ly/2NxBLJH>

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 households with a low income are much more likely to have poor health outcomes. 11.7% (3,380) of children in Kingston lived in low income families during 2016.<sup>36</sup> According to the 2011 Census, 3.6% (786) of young people aged 16-24 were providing at least one hour of unpaid care per week in Kingston, significantly below the England average (4.8%)

Unemployment is associated with an increased risk of ill health and mortality. The unemployment rate in Kingston (4.9%) is not significantly different to the England rate (4.2%) [Jan-Dec 2018].<sup>37</sup> There were 264 people aged 16-64 years claiming long term Jobseeker's allowance during the same period.<sup>38,39</sup>

Income is a factor associated with better health in older people. 12.7% of older people (3,680), aged 60 and above, in Kingston are living in income deprived households.<sup>40</sup>

<sup>36</sup> Child Poverty Public Health (PH) Profile <http://bit.ly/2Nr7vf4>

<sup>37</sup> PH Profile: Annual Population Survey: Nomis Labour Market Statistics <http://bit.ly/2NRHYz4>

<sup>38</sup> Unemployment and Deprivation PH Profile <http://bit.ly/2NRHYz4>

<sup>39</sup> Definition: Long term jobseeker allowance claimants are people claiming Jobseeker's Allowance (JSA) for >12 months

<sup>40</sup> Unemployment and Deprivation PH Profile <http://bit.ly/2NRHYz4>

9.3% of households in Kingston experienced fuel poverty in 2016.<sup>41</sup> Being unable to afford to sufficiently heat a home is linked to cardiovascular and respiratory illness, and sometimes to excess deaths in winter, that should be preventable. Recent data (2014/17) indicate that Kingston's excess winter death index<sup>42</sup> (25.0, n = 248 deaths) is statistically similar to the England figure (21.1).<sup>43</sup>

Overcrowded housing is associated with poorer health. According to the 2011 Census, around 6%, 3,680 households in Kingston are classified as overcrowded.<sup>44</sup> Overcrowding in Kingston households is significantly worse in comparison to the national average but significantly better in comparison to London (11.6%).<sup>45</sup>

Kingston has a high ratio of house prices to annual earnings, with median house prices being 12.7 times the median gross annual residence-based earnings in 2018.<sup>46</sup>

<sup>41</sup> The percentage of households in an area that experience fuel poverty based on the "Low income, high cost: *Department for Business, Energy and Industrial Strategy*."

<sup>42</sup> 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.

<sup>43</sup> Excess Winter Deaths PH Profile <http://bit.ly/2NTyPGc>

<sup>44</sup> 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.

<sup>45</sup> 2011 Census data - Office for National Statistics (KS403EW) <http://bit.ly/34KLWiw>

<sup>46</sup> Housing Affordability In England And Wales - Office For National Statistics Ons.gov.uk. (2018) <http://bit.ly/2NP87hQ>

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Social isolation and loneliness can have a detrimental effect on the health and wellbeing of older people. According to the 2011 Census, around 10.6% 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 average.<sup>47</sup> The Local Authority Annual Adult Social Care Survey in 2017/18 showed that only 44.9% of over 65 year olds (receiving local care) had as much social contact as they would like.<sup>48</sup>

## More information

**To accompany this fact sheet:** Comprehensive statistical tables can be downloaded from the Public Health England website ([www.phoutcomes.info](http://www.phoutcomes.info))

**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.

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<sup>47</sup> 2011 Census data - Office for National Statistics (DC1108)

<http://bit.ly/34KLWiw>

<sup>48</sup> Social Isolation, Public Health Profile <http://bit.ly/34MdJ35>