

Kingston Story 2018



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Start Well

42,100 under
20 year
olds **live in Kingston**

*almost a
quarter of the
population*



53.7% school age
children
are from **Black, Asian and
Minority Ethnic groups**

*compared with
73% in London and
31% in England*



1 in 3 children speak English as an
additional language



12.3% children
age 0-15
live in **income-deprived
households**

*London 24.4%,
England 19.9%*



57.6% The average **Attainment 8
score** per pupil for Kingston

*which is higher than
London (49.8%) and
England (44.3%)
averages (2017/18)*



3.3% of 16 to 17 year olds are
**not in employment,
education or training**

*lower than
London 5.3%,
England 6.0%*



2,735 children
have
**special educational
needs (SEN)** in
Kingston's state schools

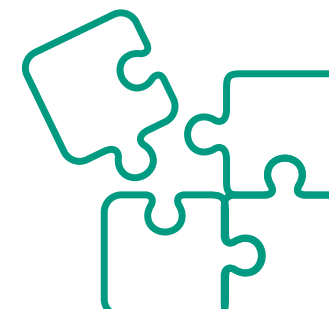


68% More than
two thirds of
children with SEN are **boys**



46.3% of all
SEN
pupils have **autism
spectrum disorder**

*which is much
higher than 30.5%
seen nationally*



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481 children at Kingston schools have a **learning disability**



387 of all school children have **autism**

that is 1 in 75 children, similar to the proportion seen across England



115 children are looked after by **Kingston Council**

in 2018



Many Kingston **young carers** feel like they are missing a childhood, and the majority sometimes or always feel stressed, anxious, isolated and lonely, tired, upset, down, sad, and angry because of their caring responsibilities



6.5% of babies are born with a **low birth weight**

better than London 7.6% and England 7.3%



83% of children have **received 2 doses of MMR vaccine** at or before age 5 years

which is well below the 95% recommended levels



1 in 5 (**22.9%**) children have **decayed, missing, or filled teeth** by the age of five



7th highest rate in London of children aged 5-9 who have had a **tooth removed under general anaesthetic** in hospital



15.0% of 4 to 5 year olds are **overweight** (including obese)
Obesity can lead to poor health throughout childhood and adulthood



29.1% of 10 to 11 year olds are **overweight** (including obese)

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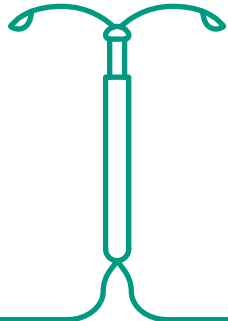
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14.2% Kingston has low rates of young women under-25 choosing **long acting reversible contraception**, which is a very reliable method



2nd lowest number of **teenage (under-18) conceptions** in London

and has been declining since 1998



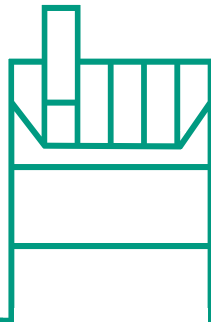
6.8% of 15 year olds **drink alcohol regularly**

higher than London 3.1% and England 6.2%



4.5% of 15 year olds **smoke regularly**

higher than London 3.4% and lower than England 5.5%

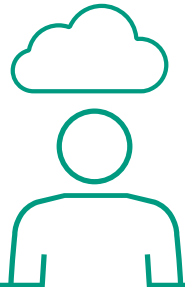


4.5% of 15 year olds reported **cannabis use** in the last month

similar to London 5% and England 4.6%

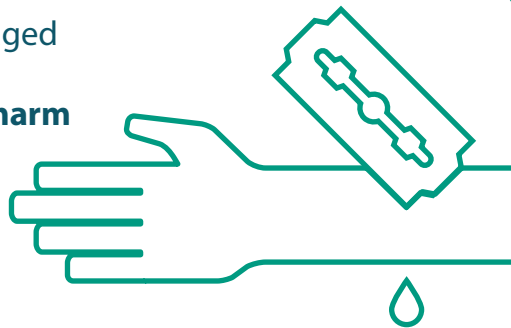


65% of girls and **55%** of boys have **low self-esteem** scores



1 in 200 children aged 15-19 are admitted to hospital due to **self-harm**

Kingston rates are higher than London but lower than England



Lower hospital admission rates for **asthma** in children and young people under 19 years compared to London and England



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Live Well



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114,417

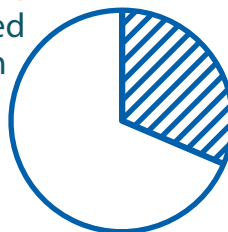
people aged **18-64 years**

65% of the
population



31.6%

of working aged
adults are from
**Black, Asian
and Minority
Ethnic** groups



6% of households are
overcrowded



Half The proportion
of social

housing in the
borough is
approximately
half that
in London



Up 57.3%

The number of **diesel cars
and vans registered** in
the area rose by 57.3%
between 2009
and 2016



2nd lowest crime
rate out of 32

London boroughs. However,
the overall increase in sexual
offences was
greater (at 13%)
than that across
London (9%)



More than 1 in 7

people of working age
(25-64 year olds)
are providing 50
or more hours
of **unpaid care**
a week



49% of carers say they do
not have as much
social contact as they would like

*Carers score lower for their reported
quality of life, for satisfaction with
social services, and adult carers
receiving assessments compared
to London and England*



3,233 adults have

a **learning
disability**
of some
type



1,385

adults are
predicted to
have **autism**



9.4%

of eligible
adults received
an **NHS Health
Check** in
2017/18



Half

of all adults
aged 18+ are
**overweight
or obese**



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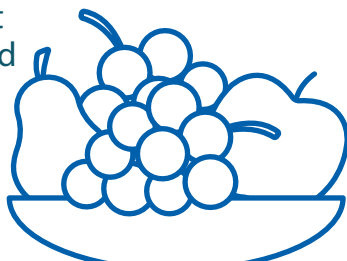
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Live Well

41% of adults eat at least **five portions** of fruit and vegetables a day.

This is significantly higher than across London and England



2 out of 3

adults report being **physically active**

This is a higher rate than London and England



13.8%

of Kingston adults over 18 years are **smokers**

This is similar to London and England



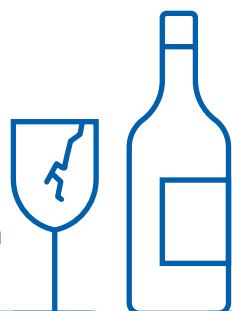
3.7% of women **smoke while pregnant**

which is better than London (4.9%) and England (10.7%) rates. (2016/17)



2nd

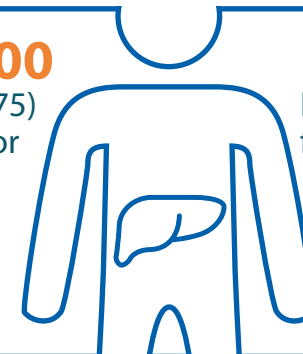
lowest rate of hospital stays due to **alcohol-related harm** in London



9.9 in 100,000

Early deaths (under 75) from **liver disease** for women

This is similar to England (3 year average 2014-2016)



19.6 in 100,000

Early deaths (under 75) from **liver disease** for men

4.77 in 1,000

people are misusing **opiate and crack drugs** in Kingston

fewer than in England (8.57/1,000)



3rd lowest **new**

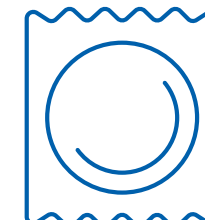
HIV diagnosis rate and the 5th lowest late HIV diagnosis rate in London



990 in 100,000

Rate of new **sexually transmitted infections**

higher than the national average, but lower than London



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14.5 in 1,000

The **abortion rate** in Kingston in females aged 15-44

lower than London and England



12.4%

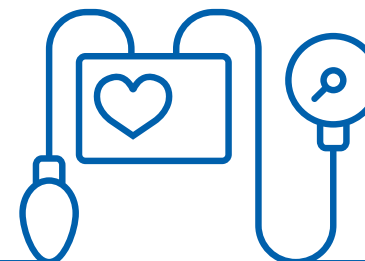
people reported that day-to-day **activities are limited**

This is lower than the rates for London and England



10.3%

(20,758 people) have been diagnosed with **hypertension**



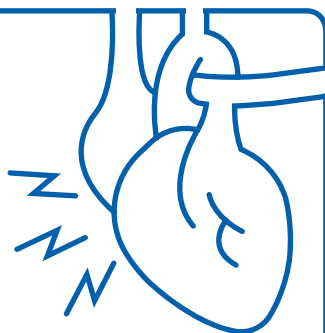
18.9%

(37,632 people) are predicted to have **hypertension**

this means that 8.6% (16,874 people) remain undiagnosed

2.1% (4,176 people) are known to have **Coronary Heart Disease**

lower than England at 3.2%



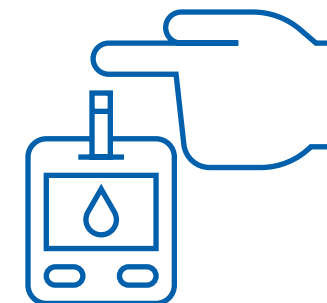
1,367

people with **undiagnosed atrial fibrillation** in Kingston



5.1% people aged 17 years or older have **diagnosed diabetes**

but its estimated that in total 6.6% of adults have diabetes, so some people remain undiagnosed



Breast, bowel, and cervical **cancer screening rates** are lower than England, although Kingston has the 5th highest rate of cancer diagnosed at an early stage in London



1 in 4

people are affected by a **mental illness** each year



Up to 25,000

people registered with Kingston GPs will have **depression and/or anxiety** at any point in time



4th lowest

suicide rate in London between 2014 and 2016, but the number of suicides appear to have risen since then



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Age Well

23,494

people **aged 65 and over**

*2,118 are aged 85 to 89
1,427 are aged over 90*



27% predicted growth in the **number of people aged 65 years and over**, between 2011 and 2026

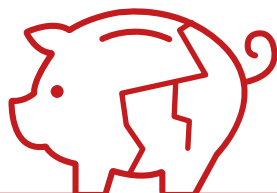


2,518

(more than 1 in 8) older people are **providing care**



2,984 (more than 1 in 8) older people **live in poverty**



799 people aged 65 and over are **living in a care home** with or without nursing

This number is projected to increase by 78.3% to 1,425 by 2035



8,707 people aged 65 years and over **live alone**

This will increase by more than 50% to 13,665 by 2035



66.2% of people aged 65 and over had their **flu vaccination** in 2017/18

which is similar to London but lower than England.



4,737 older people say their activities are **severely limited**



468 emergency hospital admissions were **due to falls** in 2016/17 in Kingston for people aged 65 and over



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Age Well

9,960

people aged 65 and over have a **long term condition** in 2015

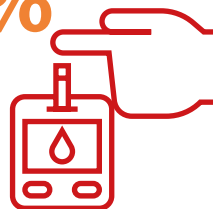
68.3%

High blood pressure



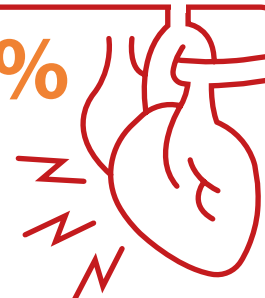
24.0%

diabetes



15.9%

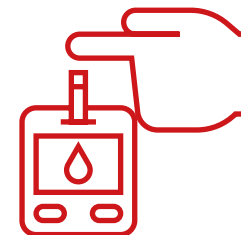
coronary heart disease



are the **3 most common conditions** in those aged 64 and over

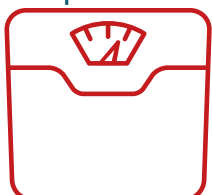
1 in 8

people aged over 65 have **Type 1 or 2 diabetes**



More than 1 in 4

people aged 65 and over are **obese**. This is expected to rise by 18% between 2017 and 2025



The proportion of older people who received **reablement or rehabilitation services** after discharge from hospital has been significantly lower than England and London



2 in 5 people aged 65+ (9,807

people) are **unable to manage at least one domestic task** on their own



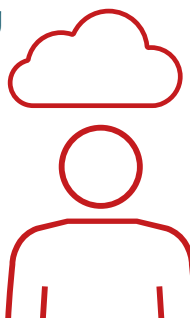
1 in 14 older adults are predicted to **have dementia**. The dementia diagnosis rate is 61.5% (June, 2018)

This is 2nd lowest diagnosis rate in London

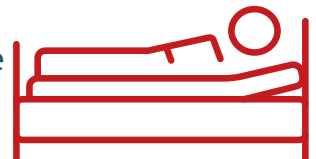


1 in 5 older people living in the community and 2 in 5 living in care homes are affected by **depression**

but it is often overlooked when planning services

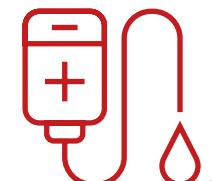


Kingston's rate of total **delayed transfers of care** for those aged 18+ has improved since 2016/17 with averages of 416 days delayed per month in 2016/17, 254 days delayed per month in 2017/18, and 199 days delayed per month (average April to August 2018)



0.14% GP registered patients are on the **palliative care register**

which is lower than London (0.24%) and England (0.37%)



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Start Well

Our early lives, from pregnancy through childhood and adolescence, have an impact on our health and wellbeing that persists into adulthood.

Children and Young People Population Size, Births, Ethnicity and Language

There are 42,100 under 20 year olds in Kingston, which is almost a quarter of the population¹. The proportion of Kingston's population who are under 20 year olds (25.2%) is slightly higher than London (24.8%) and England (23.8%).

There were 2,204 live births in Kingston in 2016, and the number of births has been stable for the past few years. Around 50% of births in Kingston were to non-British born parents².

Since 2012, Kingston's Infant Mortality Rates³ have been similar to the England average. However, between 2014 and 2016, the Infant Mortality Rate for Kingston was 4.7 per 1,000 live births. This equates to 32 deaths and is the third highest rate in London after Tower Hamlets (69 deaths, 5.0 per 1000) and Hackney (66 deaths, 4.9 per 1000).

53.7% of school age children are from Black, Asian and Minority Ethnic groups (compared with 73% in London and 31% in England).

One in three (34%) children speak English as an additional language. At least 155 first languages other than English are spoken by local school children. The top five are Tamil (4.3% of pupils), Urdu (3.1%), Korean (2.5%), Arabic (2.4%), and Polish (2.1%)⁴.

Wider Determinants of Health in Children

Poverty

Child poverty may lead to premature mortality and poor health in adulthood^{5,6}.

3,860 (12.3%) children age 0-15 live in income deprived households which is low compared to London (24.4%) and England (19.9%)⁷. However certain parts of Kingston have higher levels of child poverty, particularly Norbiton and Berrylands.



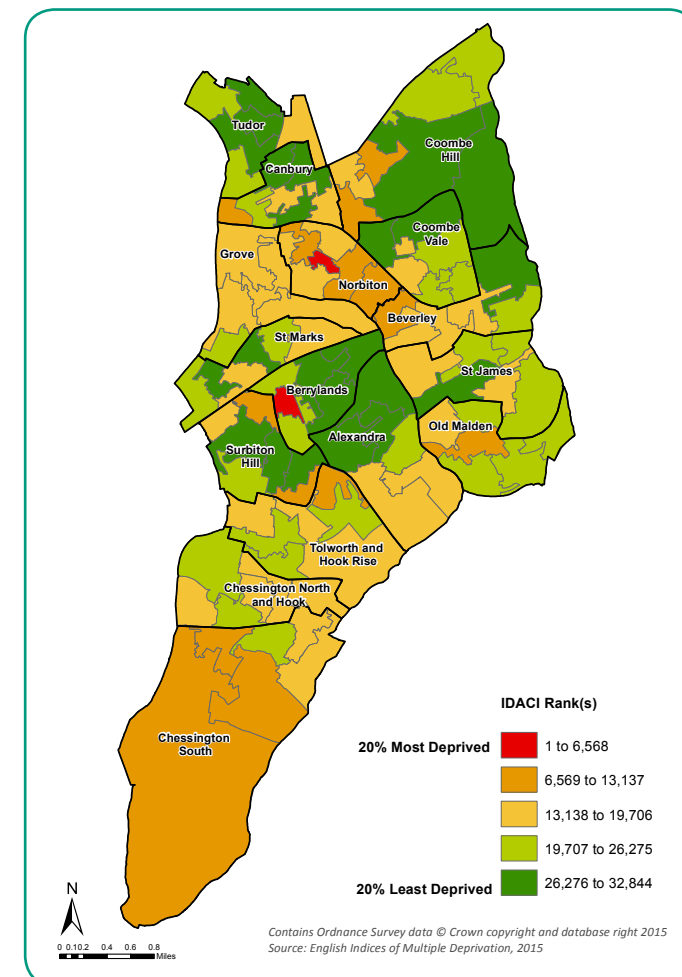
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Income deprivation affecting Children Index (IDACI) in Kingston, 2015



Source: English Indices of Multiple Deprivation 2015, Department of Communities and Local Government.

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Start Well

Education

See *Children and Young People Needs Assessment*
<https://data.kingston.gov.uk/jsna/>

Good educational attainment is linked to better physical and mental health, as well as income, employment and quality of life.

24,682 children attend early years, schools and sixth forms in Kingston⁸.

Kingston has a higher percentage of children achieving a good level of development at the end of Reception year aged 5 (75.9%) compared with London (73.0%) and England (70.7%). (2016/17)

The average Attainment 8 score per pupil for Kingston is 57.6% of pupils which is higher than London (49.8%) and England (44.3%) averages⁹. (2017/18)

Inequalities in educational outcomes persist in Kingston. Pupils on free school meals and Black pupils do less well at Key Stage 2 and Key Stage 4 assessments than other pupils.

Evidence suggests that the most important factor in educational attainment is families, rather than schools. Closer links between schools, the family and the local community are needed, particularly for children on free school meals and Black children⁵.

Not in Education, Employment or Training (NEET)

In 2016 3.3% of 16 to 17 year olds were not in employment, education or training (known as NEET) which is lower than London (5.3%) and England (6.0%)¹⁰.

In Kingston NEETs are more likely to be male (57%) and White (74%). 5% of children who are NEET are teenage mothers and 4% are supervised by the Youth Offending Team.

Specific Groups of Children

Special Educational Needs (SEN)

See *SEND JSNA* <https://data.kingston.gov.uk/jsna/>

2,735 children have special educational needs (SEN Support, Statements and EHC Plans) in Kingston's state school population¹¹. More than two thirds are boys (68%). Pupils with SEN are more likely to claim free school meals than those without SEN (18.9% compared to 6.8%).

The most common disability is autism spectrum disorders (46.3% of all SEN pupils) which is much higher than the proportion nationally (30.5%).

Learning Disabilities

See *Learning Disabilities JSNA* <https://data.kingston.gov.uk/jsna/>

People with learning disabilities are among the most vulnerable in a community with a wide range of support and access needs. Many people with learning disabilities have additional health problems, including physical disabilities and sensory impairments.

Children with disabilities or special needs are more likely to experience or live in poverty.

In 2017, Kingston schools have 481 children with learning disabilities¹² and 1 in 60 children under 18 in Kingston have a moderate, severe or profound and multiple learning disability. This equates to 16.6 children with learning disabilities known to schools per 1000 pupils and is lower than London's (24.7 per 1000) and England's (35.0 per 1000) rates.

Similar to the national picture for children with learning disabilities, Autism Spectrum Disorder (ASD) is the most common primary care need (60.7% of children with learning disabilities) in Kingston. Speech Language and Communication Needs are the second most common primary care need (57.1% of children with disabilities) in Kingston. (2016)

Autism Spectrum Disorders in children

See *Autism JSNA* <https://data.kingston.gov.uk/jsna/>

Autism Spectrum Disorder (ASD) is characterized by two main features: persistent difficulties in social interaction and communication, and the presence of stereotypic (rigid and repetitive) behaviours, resistance to change or restricted interests.

More than 1 in 100 of the UK population are on the autism spectrum. The rate is higher in men (2%) than in women (0.3%). About half of people with Autism Spectrum Disorder have a learning disability. People with ASD are also vulnerable to mental health problems such as anxiety and depression, particularly if faced with a lack of support.

In Kingston, there were 387 children with autism known to schools in 2017, equating to 13.3 children per 1,000¹³ or one in 75 children. This is similar to the proportion of children with autism known to schools in England (12.5 in 1,000).

Children (aged 10-17) known to the Youth Justice System

Kingston had 33 first time entrants into the youth justice system in 2017, which is a significantly lower rate than London, but similar to England average².

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Looked After Children (LAC)

Nationally, looked after children¹⁴ are four times more likely to have mental health difficulties than their peers¹⁵, less likely to attain high economic status, more likely to be homeless, and more likely to be in poor general health.

Kingston has 115 looked after children, which is a significantly lower rate than London and England (2018). This equates to one in 327 children being looked after, compared to one in 198 in London and one in 165 in England¹⁶. (2015/16 data)

Unaccompanied asylum seeking children become LAC when they first arrive in the country. In 2017, the number of unaccompanied asylum seeking children looked after in Kingston was 25.

Young Carers

See *Young Carers and Young Adult Carers JSNA*
<https://data.kingston.gov.uk/jsna/>

Young people with caring responsibilities are often hidden. Many families do not recognise their children as 'carers'¹⁷, some children do not recognise or identify with the role, and there can be a degree of reluctance, even anxiety, among families in disclosing caring responsibilities. There is an adverse impact of caring on health outcomes, social activity, educational engagement and employment opportunities for young carers^{18,19}. Young carers may miss school due to caring duties, are at risk of being bullied²⁰, are more likely to have a special educational need or disability²¹, over a third have a mental health problem²², and are more likely to report their general health as 'not good'²³.

The 2011 census shows 1,037 children and young people aged 0-24 and 251 0-15 year olds are providing unpaid

care in Kingston. However, there is likely to be many times this number^{24, 25, 26} which indicates that there are probably a large number of 'hidden' carers. In May 2018, there were 661 young carers (aged under 18) registered with Kingston Young Carers Project and 96 young adult carers (aged 18-24) registered with Kingston Carers Network.

Many Kingston young carers feel like they are missing a childhood, and the majority sometimes or always feel stressed, anxious, isolated and lonely, tired, upset, down, sad, and angry because of their caring responsibilities²⁷.

Adequate and reasonable steps need to be taken locally or nationally to meet the statutory duties of identifying and assessing young carers²⁷.

Health of Children and Young People

The health and wellbeing of children in Kingston is generally better than the England average.

Maternity

6.5% of babies are born with a low birth weight, which is better than both London (7.6%) and England (7.3%). (2016)

Breastfeeding

See *Breastfeeding JSNA* <https://data.kingston.gov.uk/jsna/>

In 2016/17, Kingston had higher rates of mothers breastfeeding their babies during the first 48 hours after delivery (88.7%) than England (74.5%). Breastfeeding protects against diarrhoea and common childhood illnesses such as pneumonia, and may also have longer-term health benefits, such as reducing the risk of obesity in childhood^{28, 29, 30}. Maternal benefits include reduced risk of breast and ovarian cancer and reduced risk of osteoporosis in later life^{31, 32, 33}.



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Newborn Screening

Every baby is offered antenatal and newborn screening tests for a range of conditions. Early treatment can improve their health, and prevent severe disability or even death.

In 2015/16, 99.8% of newborns received newborn blood spot screening (the 'heel prick test') and 99.3% received newborn hearing screening^{34, 35}. The rates for all other antenatal and newborn screening programmes are above 99%.

Immunisations Rates

See *Immunisations JSNA* <https://data.kingston.gov.uk/jsna/>

Immunisation rates for Kingston's children are higher than London's³⁶ but lower than England's.

In 2016/17, 83.0% of children received 2 doses of MMR vaccine at or before the age of five, and 89.5% of 5 year olds have had their Hib / Men C booster³⁵. Both these figures are well below the 95% recommended levels to protect the population from these diseases³⁶.

Tooth Decay

See *Oral Health JSNA* <https://data.kingston.gov.uk/jsna/>

Tooth decay, which is predominantly preventable, can result in pain, sleep loss, time off school and sometimes treatment under general anaesthetic.

Tooth decay in children has not significantly improved in the past 10 years in Kingston, whilst London as a whole has seen improving rates. 1 in 16 (6.2%) three year olds in Kingston has tooth decay experience (decayed, missing or filled teeth) rising to 1 in 5 (22.9%) by the age of five³⁷. (2012/13)

116 children aged five to nine year olds in Kingston had a tooth removed under general anaesthetic in hospital in

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2015/16. That is one in every one hundred children aged five to nine years old. Kingston has the 7th highest rate in London of children aged 5-9 who have had a tooth removed under general anaesthetic in hospital. This rate has been increasing since 2010/11.

Obesity, Physical Activity and Healthy Eating

See Obesity JSNA <https://data.kingston.gov.uk/jsna/>

Obesity in children can cause social and emotional problems and illnesses such as childhood diabetes. Obesity persisting into adulthood can lead to type 2 diabetes, cardiovascular disease, joint problems and poor general health.

4.8% of 4 to 5 year olds are obese and this rises to 15.4% by the time they reach 10 to 11 years. Despite this rise, the obesity rate at age 10-11 is the second lowest in London and has been significantly better than England in recent years. In 2016/17, 15.0% of 4 to 5 year olds are overweight (including obese) and this rises to 29.1% of 10 to 11 year olds³⁸.

Nearly two-thirds of 15 year olds eat five or more fruit and vegetables a day in Kingston, which is higher than London (56.2%) and England (52.4%)³⁸.

Kingston is the 7th highest in London for the proportion (13.6%) of 15 year olds who are physically active at least 7 days a week. London average is 11.8% and England has a similar proportion of 13.9%³⁸. (2016/17 data)

Smoking

See Smoking JSNA <https://data.kingston.gov.uk/jsna/>

There are marked inequalities in rates of smoking. Smoking rates are much higher within deprived communities and are twice as common amongst people with serious mental health problems, the unemployed and economically inactive (such as students or retired people).

Among children, illnesses caused by exposure to secondhand smoke leads to an estimated 300,000 general practice consultations and about 9,500 hospital admissions in the UK each year³⁹.

In 2017 92% of 11-15 year old pupils said that they have never smoked at all⁴⁰. However when it comes to smoking regularly, there is a substantially higher proportion of people aged 15 in Kingston (4.5%) compared to London (3.4%) but lower than England (5.5%) (2014/15)⁴¹.

Sexual Health

Sexual Health JSNA and Risky Behaviours JSNA
<https://data.kingston.gov.uk/jsna/>

In Kingston there is rising harm from risky sexual behaviour at a younger age, including access to sexual images through the internet and social media. This can be linked to mental health issues⁴².

Kingston has lower rates of women under-25 choosing long acting reversible contraception (14.2%), compared with London (19.2%) and England (20.6%)³⁸.

1,252 under 25 year olds received free emergency hormonal contraception from local pharmacies in 2016/17⁴³.

The number of teenage (under-18) conceptions is very small with only 296 recorded between 2010 and 2015. It is the second lowest in London and been declining since 1998³⁸.

Eight out of 10 (79.5%) under 18 conceptions led to abortion in 2015 in Kingston. This rate is increasing more quickly in Kingston than in London and England.

Chlamydia screening is recommended for all 15-24 year olds. The detection rate in 15-24 year olds of 1,681 per 100,000 in 2015 is below the Public Health England (PHE) recommendation⁴⁴.



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Alcohol and Substance Misuse

See Alcohol and Substance Misuse and Risky Behaviours JSNAs
<https://data.kingston.gov.uk/jsna/>

57% of 11-15 year old pupils say they have never tried drinking alcohol, 22% said they have had alcohol a few times, 15% said they only drink on special occasions, 5% said that they drink occasionally and 1% said that they drink alcohol at least once a week⁴⁵.

6.8% of 15 year olds drink alcohol regularly (higher than London 3.1% and England 6.2%)⁴⁶.

There are 8 hospital stays per year for alcohol-specific reasons in under-18 year olds⁴⁷. (2016/17). There is a downward trend in admission rates wholly related to alcohol, and the Kingston rate in the latest period is lower than the England average.

10.5% of 15 year olds have tried cannabis (similar to London 10.9% and England⁴⁸ 10.7%) with 4.5% reporting cannabis use in the last month (similar to London 5%).

1.3% of 15 year olds have taken drugs (excluding cannabis) in the last month (similar to London 1% and England 0.9%)⁴⁹.

27 young people (aged under 18) accessed young people's specialist substance misuse services in Kingston with 71% completing and leaving treatment in a planned way. The majority of young people accessing these services reported cannabis and/or alcohol use with a smaller proportion reporting the use of stimulants⁵⁰.

Drug use in young people is linked to poor mental health, risk of dependency, truancy, exclusion from school, homelessness, time in care, and serious or frequent offending.

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Start Well

Recent research shows there is rising harm from party drugs and increased access to drugs through the internet, often linked to emotional issues among the young people of Kingston⁵¹.

Between 2014/15 and 2016/17, the number of 15-24 year olds being admitted to hospital for drug misuse is comparatively low in Kingston (33.7 per 100,000), whereas London was 67.2 per 100,000 and England was 89.8 per 100,000³⁸.

Mental Health

See Mental Health JSNAs <https://data.kingston.gov.uk/jsna/>

Intervening effectively when children and adolescents are starting to develop mental health problems could prevent between a quarter and a half of adult mental illness. Nationally, up to half of all lifetime mental health problems start before the age of 14⁵².

Young people's mental health can be adversely affected by exam pressure⁵³, social media⁵⁴, parenting⁵⁵, loss or separation (divorce, going into care), life changes (birth of a sibling, changing schools) and traumatic events (abuse, domestic violence, bullying, accidents)⁵⁶.

In Kingston, 55% of boys and 65% of girls had low self-esteem scores⁵⁷.

81% of girls and 65% of boys worry 'often' or 'quite often' about aspects of their life⁵⁸. The top worry for both sexes is exams and tests. Boys worry most about school work, what others think, world events and violent crime. Girls worry about the way they look, their weight, what other people think, and school work⁵⁹.

Over 1,949 children aged 5-16 registered with Kingston GPs are estimated to have a diagnosable mental health problem (conduct disorder, anxiety depression, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, eating disorder) and numbers are rising (2015)⁶⁰. This means Kingston has the 2nd lowest estimated prevalence of Mental Health disorders in 5-16 year olds (7.9%) in London (9.3%) and is lower than England (9.2%)⁶¹.

In 2016/17, an average of 27 children aged under 15 were admitted to hospital for a mental health disorder (a diagnosable condition that significantly interferes with an individual's cognitive, emotional or social abilities, such as depression, anxiety, schizophrenia, or bipolar disorder). This equates to a rate of 70.7 in 100,000 children for Kingston. London's rate is 78.6 in 100,000 and England is 81.5 in 100,000^{62, 63}.

Self-harm

Self-harm in children has increased in recent years nationally and locally.

In 2016/17, there were 48 hospital admissions for self-harm in 15-19 year olds; that is one in every 200 children aged 15-19 self-harming severely enough to require admission. Kingston rates are higher than London but lower than England (2016/17)⁶¹. Nationally, levels of self-harm are higher among young women than among young men.

Visits to Accident and Emergency

In 2016/17, 417 out of every 1000 Kingston children (under 18s) have attended A&E, which is significantly worse than England (405/1000) but better than London (459/1000)⁶¹. This pattern has been present for several years.



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Injuries

In Kingston, children under 15 years old have similar rates of hospital admissions caused by unintentional and deliberate injuries than children in England but higher than in London⁶⁴.

Rate of Hospital Admissions caused by unintentional and deliberate Injuries in Children /10,000, (2016/17)

	Kingston	London	England
0 - 4 year olds	139.4	94.8	126.3
0 - 14 year olds	107.4	78.1	101.5

Source: Public Health England

Asthma and Respiratory Disease

The prevalence of asthma in children and young adults aged 20 and under registered with Kingston GPs is 3.3% (1542 children and young people)⁶⁵.

Kingston has lower rates of children and young people under 19 years old admitted to hospital for asthma (1.53/1000) compared with London (1.98/1000) and England (2.0/1000)⁶⁶.

Nevertheless, in 2017/18 respiratory conditions including asthma are the most common reason for emergency admissions to hospital (25.5% of all emergency admissions) and for elective admissions (12.8%)⁶⁷.

Deterioration of asthma and other respiratory diseases is usually preventable through good asthma management and can usually be managed in a primary care or non-hospital setting.

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The health and wellbeing of our working age population often impacts not just the individuals themselves, but also families, children, workplaces, business and communities. Promoting good health in this age group can prevent the development of long term conditions and disability in older age.

Adult Population Size and Ethnic Make-up

There are 114,417 people aged 18-64 years (65% of the population)⁶⁸.

31.6% of working aged adults are from Black, Asian and Minority Ethnic groups⁶⁹.

Wider Determinants of Health

Employment and Socio-economic Status

Compared with London and England, Kingston has higher proportions of students and of people with managerial, professional, and intermediate occupations.

4.0% of the economically active population (age 16+) are unemployed (2017/18). This is lower than both London (5.0%) and England (4.3%)⁷⁰.

In 2017, 11.3% of full-time employees living in Kingston were earning less than the living wage^{71, 72}.

Accommodation

Kingston has 65,198 properties (excluding communal establishments and student halls of residence) and 63,639 households living in them⁷³.

Overcrowded housing can lead to poorer health. Overcrowding in Kingston households is significantly worse (6%)⁷⁴ in comparison to the national average (4.8%) but lower than London (11.6%)⁷⁵.

64% of Kingston households own their property either outright or with a mortgage as at 2011.

Kingston has a relatively small proportion of social rented properties. The proportion of social housing in the borough is approximately half that in London.

In 2017/18, the median price paid for a house in Kingston was £485,000, close to 50% higher than 5 years earlier (£325,000 for the year ending March 2013)⁷⁶.

As of 2017 Kingston had a "Housing affordability ratio"⁷⁷ of 13.45 compared with 7.26 for England as a whole. This compared with Kensington and Chelsea at 24.42 with the highest ratio and Sutton at 11.37 with the lowest ratio in London^{78, 79}.

Homelessness is associated with severe poverty, adverse health, education and social outcomes.

In 2017/18, the Council accepted a full housing duty for 190 households⁸⁰.

In a climate where most local authorities are finding it increasingly challenging to prevent homelessness, given high rent levels and the impacts of Welfare Reform, Kingston Council was able to prevent homelessness for 597 households⁸¹.



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The number of households in temporary accommodation was 677 in 2016/17 and 709 in 2017/18⁸².

Between 2016 and 2017, the total number of rough sleepers rose from 23 to 27^{83, 84}.

Air Pollution

See Air Quality JSNA <https://data.kingston.gov.uk/jsna/>

Air pollution is one of the 20 leading risk factors for disease and contributed more than 2% of the annual disability-adjusted life years (DALYs) lost in the UK in the 2010 Global Burden of Disease comparative risk assessment⁸⁵.

The single greatest contributor to emissions in Kingston is road transport, which is responsible for 61% of particles called PM10, 72% of PM2.5⁸⁶ and 58% of nitrous oxide (NOx)⁸⁷ in the area.

The number of diesel cars and vans registered in the area increased from just over a fifth (21.5%) of all vehicles to just under a third (32.4%) of all vehicles between 2009 and 2016. Since diesel vehicles contribute more to NOx and particulate air pollution than other vehicle types, this sharp increase may be part of the explanation for increases in NOx reported during the last three years. Neighbouring boroughs also saw sharp increases in registration of diesel cars.

Kingston's air pollution levels and mortality rates attributable to fine particulate air pollution are between those for London and England.

Air Pollution (Annual concentration of human-made fine particulate matter at an area level Mean - µg/m3 (2016)

Kingston	London	England
10.8	11.4	9.3

Source: Public Health England

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Crime

See *Violence against Women and Girls JSNA*
<https://data.kingston.gov.uk/jsna/>

From September 2017 to August 2018 there were 12,012 offences in Kingston, the 2nd lowest in London (excluding the City of London). Taking into account the different population sizes of the boroughs, Kingston had the 6th lowest crime rate at 66.49 per 1,000 population⁸⁸.

From September 2017 to August 2018 the rate of domestic abuse offences in Kingston was 7.1 per 1,000 population (1,235 offences). This was the 3rd lowest rate out of all the London boroughs (excluding the City of London)⁸⁹. In Kingston it is estimated that 4,265 women and girls (aged 16 to 59) have been a victim of domestic abuse in the past year^{90, 91}.

The number of reported sexual offences in Kingston has increased by 13% (when comparing September 2017 to August 2018 to the same period a year before). This breaks down into 5% fewer rape cases and 27% more other sexual offences. The overall increase in sexual offences was greater than that across London (9%)⁹².

It is estimated that 83 girls born between 2005 and 2013 (2 – 11 years of age) were born to Kingston mothers who have undergone female genital mutilation (FGM). This is an average of 9 births per year. In addition it is estimated that 323 women in Kingston have been subjected to FGM⁹³.

Specific Populations

Lone Parents

Kingston has proportionally fewer households with lone parents and dependent children (5.6%) than London (8.5%) or England (7.1%)⁶⁶.

Carers

See *Carers JSNA* <https://data.kingston.gov.uk/jsna/>

Caring has an impact on the physical, emotional and economic wellbeing of the carer.

The majority of carers are of working age and the peak age for caring is 50-64. In Kingston, one in five (18.8%) people aged 50-64 are carers. This equates to 4,787 carers aged 50-64⁶⁶.

Nationally, carers providing 50 hours or more a week of care are more than twice as likely to be in bad health as non-carers. Men providing more than 50 hours of care per week are more likely to reduce their working hours than women, suggesting that women may either juggle substantial care commitments alongside work or leave work altogether^{94, 95, 96}. This is significant given the importance of 'meaningful activity' (such as employment) to maintaining an individual's positive mental health.

Nationally, half of working age carers live in a household where no-one is in paid work and almost 1 in 3 (30%) of carers had seen a drop of £20,000 or more a year in their household income as a result of caring.

More than one in seven people of working age (25-64 year olds) are providing more than 50 or more hours of unpaid caring a week in Kingston (with typically more women than men providing this care). This is a lower than London and England.

49% of adult carers say that they do not have as much social contact as they would like (2017/18)⁹⁷.

Compared with London and England, Kingston carers score lower for their reported quality of life, for their overall satisfaction with social services, and adult carers receiving assessments¹⁶.



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Adults with Learning Disabilities

Someone is said to have a learning disability if their IQ is less than 70.

In total, 3,233 adults have a learning disability of some type (2015). This is likely to increase by 7% by 2020 and by 20% by 2030⁹⁸.

51.4% or 279 people registered with learning disabilities in Kingston (who were eligible) had a health check in 2016/17. This is similar to the London and England rates.

Around a third of people who have learning disabilities also have autism.

Adults with Autism

See *Autism JSNA* <https://data.kingston.gov.uk/jsna/>

Overall, there are predicted to be 1,385 adults with autism in Kingston in 2017, increasing to 1,530 people by 2025, and 1,703 people by 2035. The most affected age groups are people aged 25-64.

Health in Adulthood

Screening

See *Cancers JSNA* <https://data.kingston.gov.uk/jsna/>

Kingston's breast cancer (71.9%), cervical cancer (68.3%), and bowel cancer (55.3%) screening rates are higher than London but lower than England's. (2016)

The 5-yearly NHS Health Check is a free check-up for 40-74 year olds that aims to help prevent heart disease, stroke, diabetes, and kidney disease. 9.4% of people received an NHS health check in 2017/18. This is similar to London's (9.6%) and higher than England's (8.3%) rates.

Uptake for diabetic retinopathy screening is 82% (2016/17)⁹⁹.

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Obesity and Overweight

See Obesity JSNA <https://data.kingston.gov.uk/jsna/>

Obese people are:

- at increased risk of certain cancers
- over 2.5 times more likely to develop high blood pressure
- 5 times more likely to develop type 2 diabetes.

53.4% of Kingston's adults are overweight or obese, which is comparable to London's rates (55.2%) and lower than England's rates (61.3%). In Kingston about half of all adults aged 18+ are overweight or obese (2016/17 data).

The Kingston Lifestyles Survey (2014) showed that 3.0% of adults were underweight.

Healthy Eating

Having a healthy and well-balanced diet can make a big difference to our long-term health.

At least five portions of fruit and vegetables a day is recommended to reduce the risk of deaths from diseases such as heart disease, stroke, and some cancers¹⁰⁰.

41% of adults in Kingston (aged 16+) are estimated to eat at least five portions of fruits and vegetable a day. This is significantly higher than across London and England¹⁰¹.

Out-of-home meals have been identified as an important factor contributing to rising levels of obesity. In 2014, Kingston had fewer fast food outlets per 100,000 population (80.0) than London (101.4) and England (88.2).

Physical Activity

See Physical Activity JSNA <https://data.kingston.gov.uk/jsna/>

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease compared to those who have a sedentary lifestyle. Physical activity can also reduce the risk of diabetes, obesity, osteoporosis and colon/breast cancer, improve mental health in people of all ages, and increase functional capacity in older people. The estimated direct cost of physical inactivity to the NHS across the UK is over £1.6 billion per year.

Two-thirds of adults in Kingston report being physically active^{102, 103}. This is a higher rate than London and England.

Smoking

Smoking tobacco continues to be the leading preventable cause of death in England. Smoking-related deaths are mainly due to cancers, chronic obstructive pulmonary disease (COPD), and heart disease and about half of all smokers die from these conditions. Smoking is the single biggest cause of inequality in death rates between the rich and the poor in the UK¹⁰⁴. Smoking is twice as common amongst people with serious mental health problems, the unemployed or people who are economically inactive such as students or retired people.

13.8% of Kingston adults over 18 year olds are smokers. This is similar to London (15.2%) and England (15.5%)¹⁰⁵.

A local Kingston lifestyle survey found over 1 in 7 people smoked (16.7%), with a marked difference between men and women (12.5% of the women and 21.3% of the men who took part in the survey identifying themselves as smokers).



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29.7% of the respondents were ex-smokers and 53.6% had never smoked.

3.7% of women smoke while pregnant, which is better than London (4.9%) and England (10.7%) rates. (2016/17 data)¹⁰⁶.

Alcohol

See Alcohol JSNA <https://data.kingston.gov.uk/jsna/>

Alcohol is England's second biggest cause of premature deaths after tobacco. Drinking alcohol above the recommended levels can have a severe impact on people's health¹⁰⁷. A problem with alcohol is a major reason for absenteeism at work, may lead to homelessness, and can have a negative impact on social networks, families, and children of affected parents¹⁰⁸.

Kingston (411/100,000) has the 2nd lowest rate of hospital stays due to alcohol-related harm in London (529/100,000) and a significantly lower rate than England (636/100,000).

The death rate in under 75 years olds from liver disease¹⁰⁹ for women is 9.9 in 100,000 and for men is 19.6 in 100,000. These rates are similar to London and England.

Drunk or disorderly behaviour is a problem for 39% of town centre residents, 26% in Malden and Coombe, 24% in Surbiton, and 19% in Chessington¹¹⁰.

Unlike in London, fewer people in Kingston abstain completely from drinking alcohol. The reason for this is unclear. Binge drinking does not differ much from the London and England rates. Nearly one in three people in Kingston drink more than the Chief Medical Officer's recommended limit of 14 units a week. This is slightly higher than London and England and, although not statistically significant, should be monitored over time.

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Drugs

See Substance Misuse JSNA <https://data.kingston.gov.uk/jsna/>

Drug and substance misuse are considered preventable. Fewer people are misusing drugs (opiate and crack) in Kingston (4.77/1,000) than in England (8.57/1,000).

“People using or dealing drugs” was a problem according to 15% of residents of Surbiton, 17% of residents in both Malden and Coombe and South of Borough, and for 22% in Kingston Town Neighbourhood¹¹¹.

Nearly half (47.1%) of non-opiates users completed drug treatment successfully (free of drug(s) of dependence) and did not then re-present to treatment again within 6 months, which is a higher rate than across England. Treatment completion is much harder to achieve in opiate users being only 7.4% in Kingston, which is similar to both London and England.

Sexual Health

See Sexual Health JSNA <https://data.kingston.gov.uk/jsna/>

HIV

Around a quarter of people with HIV in the UK are unaware of their infection¹¹². Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of HIV transmission. Kingston has lower rates of HIV testing uptake than London and England. Kingston has the 3rd lowest new HIV diagnosis rate and the 5th lowest late HIV diagnosis rate in London.

Sexually Transmitted Infections

Kingston's rate of new STIs (990/100,000) is higher than the national average (794/100,000), but is lower than London's (1547/100,000). Since 2012, Kingston has been significantly worse than England.

Contraception

Long-acting reversible contraception (LARC), i.e. intrauterine contraception and the contraceptive implant, remain the most effective forms of contraception to reduce the risk of unintended pregnancy.

Kingston is the 8th lowest in London for women over 25 choosing LARC for contraception in Sexual and Reproductive Health services, but the 2nd highest in London for women choosing LARC as a contraception in GP practices.

The abortion rate in Kingston (14.5/1000 females aged 15-44) is lower than London's (20.8/1000) and England's (16.7/1000) rates.

Long-Term Conditions

A long-term condition (LTC) is a condition that cannot, at present, be cured but is controlled by medicines and/or other therapies.

‘Limiting LTCs’ are any LTC, health problem, or disability which limits someone's daily activities or the work they can do¹¹³.

Compared with London and England, Kingston has a higher proportion of people who reported that day-to-day activities were not limited and a lower proportion who reported that their activities were limited a little or a lot¹¹⁴.

Cardiovascular Disease

See Cardiovascular Disease JSNA <https://data.kingston.gov.uk/jsna/>

Cardiovascular disease (CVD) is a leading cause of death and long term illness. The prevalence of CVD increases with age. Deprivation and social class are key risk factors for CVD mortality and as a result, CVD is the main contributor to the health inequalities between the most and least deprived communities.

Deaths amongst those aged under 75 are considered preventable. Kingston has the 7th lowest under 75s cardiovascular mortality rate in London and it is lower than London and England¹¹⁵.

Coronary Heart Disease (CHD)

In 2016/17 the reported prevalence of CHD in Kingston was 2.1% (4,176 people); lower than England (3.2%). CHD is the largest contributor to cardiovascular disease mortality (45%).

In the three year period 2014-2016, the premature mortality rate for coronary heart disease (CHD) in NHS Kingston CCG was 31.7 per 100,000 people¹¹⁶.

In 2016/17 the admission rate for CHD in NHS Kingston CCG was 519.4 per 100,000 (656 admissions). This is not significantly different from the England rate (515.8 per 100,000).

90.3% of patients with blocked coronary arteries during a heart attack received primary percutaneous coronary intervention (primary PCI¹¹⁷) treatment within 150 minutes from the time a call for help was made. Across England, this was 85.8%¹¹⁸.

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Hypertension

See Cardiovascular Disease JSNA <https://data.kingston.gov.uk/jsna/>

Hypertension (where blood pressure is 140/90 mmHg or higher) affects 1 in 4 adults nationally. It is the 3rd biggest risk factor for disease after tobacco smoking and poor diet. Hypertension increases the risk of heart failure, coronary artery disease, stroke, chronic kidney disease, peripheral arterial disease, and vascular dementia.

The reported prevalence of hypertension in Kingston during 2016/17 is 10.3% (20,758 people); lower than England (13.8%). The estimated expected prevalence per total population of hypertension in Kingston is 18.9%; lower than England (23.6%)^{119, 120}.

Stroke

See Cardiovascular Disease JSNA <https://data.kingston.gov.uk/jsna/>

Stroke is the third most common cause of death in the developed world. There are also gender inequalities with women being particularly at a high risk of stroke.

The prevalence of stroke in Kingston is 1% (all ages, 2016/17)¹²¹.

The percentage of patients with stroke or transient ischaemic attack (TIA) in Kingston CCG are less than the national average.

Mortality rates from stroke in people under 75 years is similar to the national average

In 2016/17 there were 2,098 people who have previously been diagnosed with a stroke in NHS Kingston CCG.

Premature mortality rates (under 75 years of age) for stroke in NHS Kingston CCG (12.0 / 100,000) were similar to England (13.4 / 100,000).

Atrial Fibrillation

The diagnosed prevalence of atrial fibrillation (AF) in this CCG is 1.2% and the estimated prevalence is 1.9%. There could be an additional 1,367 people with undiagnosed atrial fibrillation in Kingston CCG population. One-third of stroke patients admitted who had a history of atrial fibrillation were not prescribed anticoagulation: this is lower than the England rate (47.5%)¹²².

Diabetes

See Diabetes JSNA <https://data.kingston.gov.uk/jsna/>

8,162 (5.1%) people aged 17 years or older were diagnosed with diabetes in 2016/17. The total prevalence of people in Kingston with diabetes, diagnosed and undiagnosed, is estimated to be 6.6%¹²³. Kingston has similar rates to England of people with type 1 and 2 diabetes achieving blood glucose targets.

Mental Health

See Mental Health JSNAs <https://data.kingston.gov.uk/jsna/>

One in four people will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any one time. Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s. The quality and quantity of social relationships can affect people's mental and physical health and social disconnectedness and loneliness have been linked to early mortality^{124, 125, 126}.

21,000 adults in Kingston are estimated to be experiencing depression and anxiety and other common mental health problems (phobias, obsessive compulsive disorder and panic disorder) at any point in time. (2015/16 data)

The prevalence of serious mental health problems¹²⁷ (QOF¹²⁸ prevalence) in Kingston is significantly below the national average.

Self-harm has continued to rise in the UK over the past 20 years and those presenting at A&E are 66 times more likely to go on to die by suicide compared to the general population¹²⁹.

In 2016/17, Kingston had 76.8/100,000 emergency hospital admissions for intentional self-harm (2016/17); London's rate was 84.1/100,000 and England was 185.3/100,000.

On average there were 10 - 11 suicides reported in Kingston per year between 2014 and 2016 – giving Kingston residents the 4th lowest suicide rate in London, though this may be rising.

Kingston residents have fewer positive feelings about the future and about being relaxed, but are most positive about being able to make up their mind, thinking clearly, dealing with problems well and feeling useful¹³⁰.

Cancer

See Cancers JSNAs <https://data.kingston.gov.uk/jsna/>

The recorded prevalence of cancer in Kingston's General Practices was 2.1% in 2016/17, which is lower than England (2.6%) but higher than London (1.8%)¹³¹.

New cancers, known as the cancer incidence rate¹³² in NHS Kingston CCG (562.7 per 100,000) is lower than the English average (614.8 per 100,000). Since 2001 the cancer incidence

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rate in England has increased by 0.8% per year. The trend in NHS Kingston CCG is different from England with no change since 2001. Kingston has the 5th highest rate of cancer diagnosed at an early stage in London.

One year cancer survival for all cancers in NHS Kingston CCG (72.8%) is higher than the English average (70.4%)¹³³.

Rates of survival from breast, bowel, and lung cancers after one year in NHS Kingston CCG are similar to the English average¹³³.

The cancer mortality rate in NHS Kingston CCG (242.3 per 100,000) is lower than the English average (282.4 per 100,000). Since 2001 the cancer mortality rate in England has fallen by 1.0% per year. The trend in NHS Kingston CCG is similar to England with a decrease of 1.6% per year.

Asthma

4.7% of adults are diagnosed with asthma - that is 9,408 people registered with GPs. (QoF 2016/17)

Chronic Obstructive Pulmonary Disease (COPD)

COPD is a term used for a number of conditions where there is irreversible chronic airway obstruction. Nationally, COPD is also the second most common cause of emergency admissions to hospital. It primarily affects people over the age of 45 and is linked to social deprivation and smoking. Smoking is the most common cause of respiratory disease and is related to 86% of COPD deaths.

Mortality rates for respiratory disease in under 75 year olds, including those that are considered preventable, are significantly lower in Kingston (14.3 in 100,000) than London (16.5 in 100,000) and England (18.6 in 100,000).

Tuberculosis

Tuberculosis (TB) has re-emerged as a serious public health problem in the UK over the last two decades, with TB incidence rising above the European average. In 2013-15, Kingston had 14.1 new cases of TB per 100,000 people which was not significantly different from the English average but was lower than London¹³⁴.

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Age Well

Maintaining health into older age will increase people's chances of remaining independent and in control of their lives. Healthy lifestyles continue to be important, as well as staying socially connected and being able to manage long term conditions. Many older people also find themselves in a caring role. Health and social care provision needs to adapt as the population over the age of 65 continues to increase.

Older Adult Population Size and Ethnicity

- There are 23,494 people aged 65 and over, of whom 2,118 are aged 85 to 89 and 1,427 are aged over 90¹³⁵.
- 6,762 (4.32%) households in Kingston are recorded as being occupied by one person aged 65 years and above. This number is predicted to increase in proportion to the population as a whole¹³⁶.
- Between 2011 and 2026, the number of people aged 65 years and over in Kingston is projected to grow by 27%¹³⁶.
- There are 4,093 non-White British people aged over 65 in Kingston (2011)¹³⁵.
- Meeting the needs of an ageing population has considerable consequences for planning health and social care services.

Older Carers

See Carers JSNA <https://data.kingston.gov.uk/jsna/>

2,518 (more than one in eight) older people provide care in Kingston¹³⁵. Older carers tend to be frail themselves and health decreases with increasing hours of caring responsibility. Social isolation is common. The loss of a carer is likely to result in hospital admission or care home admission of the looked after individual. Supporting carers benefits both the carer and the person they care for.

Wider Determinants of Health in Older People

Poverty

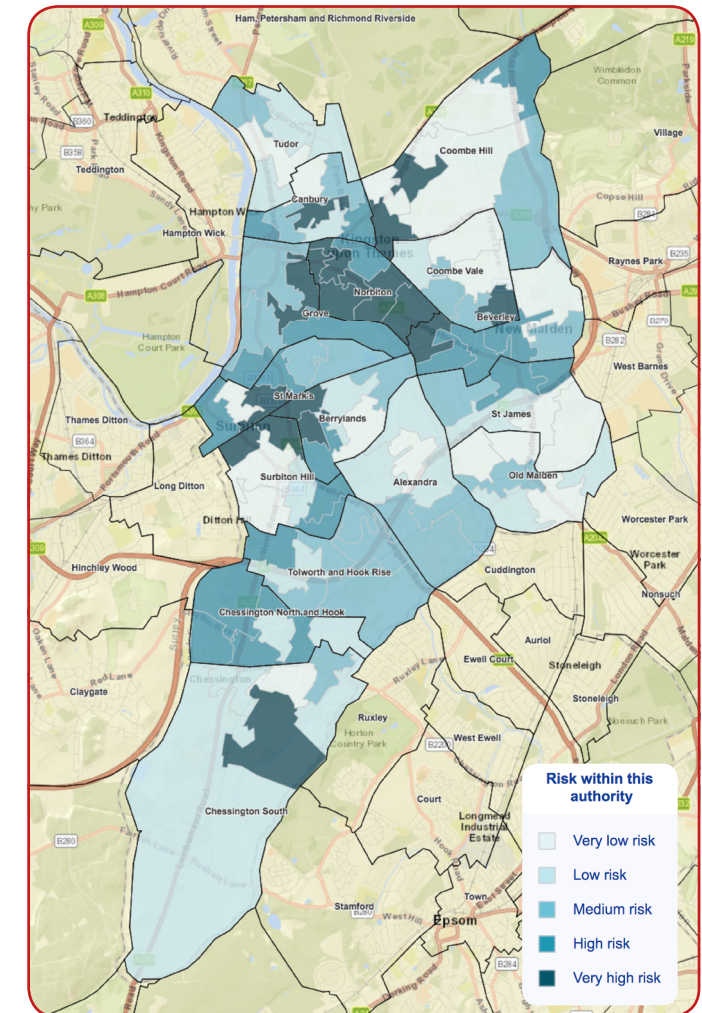
2,984 older people live in poverty in Kingston; that equates to more than one in eight older people¹³⁷. 12.7% of older people have a lower Income of Deprivation affecting Older People Index, compared with England (16.2%) (2015)¹³⁸.

Social Isolation and Loneliness

See Mental Health JSNAs <https://data.kingston.gov.uk/jsna/>

One of the highest risk factors for loneliness is older age¹³⁹. Widowed homeowners living alone with long term conditions are at particular risk^{140, 141}. Living alone increases the risk of loneliness. 8,707 people aged 65 years and over lived alone in Kingston in 2017¹⁴². This will increase by more than 50% to 13,665 by 2035. The majority of over 75 year olds living alone are women.

Map of Risk of Loneliness in 65+ Population in Kingston



Source: Age UK. Accessed 13th September 2018 at <http://data.ageuk.org.uk/loneliness-maps/england-2016/kingston%20upon%20thames/>

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Accommodation

Housing is a key determinant of health, and the need for suitable accessible accommodation and adapted properties increases with age. People generally prefer to stay in their own home rather than move into residential or nursing care¹⁴³.

There are 799 people aged 65 and over living in a care home with or without nursing care. This number is projected to increase by 78.3% to 1,425 by 2035¹⁴⁴ (2017).

The permanent admissions to residential and nursing care homes for Kingston's residents aged 65 and over is lower than the London and England average¹⁴⁵.

Fuel Poverty and Excess Winter Deaths

See Fuel Poverty JSNA <https://data.kingston.gov.uk/jsna/>

9.4% of households in Kingston experience fuel poverty¹⁴⁶, ¹⁴⁷. (2015)

98.2% of people aged 65 and above in Kingston receive Winter Fuel Payments. This compares with London at 96.6% and England at 96.7%.

Being unable to afford to sufficiently heat a home can lead to heart disease and respiratory diseases, and to excess deaths in winter that should be preventable. Recent data (2015/16) indicate that Kingston's excess winter death index¹⁴⁸ (17.4) is similar to the England figure (15.1)¹⁴². The excess winter death index in Kingston for people of all ages as well as those most vulnerable in the over 85s are similar to the national average.

Health in Older Age

Immunisation

See Immunisations JSNA <https://data.kingston.gov.uk/jsna/>

66.2% of people aged 65 and over had their flu vaccination in 2017/18, which is similar to London¹⁴⁹ but lower than England which is 72.6%¹⁵⁰.

Screening

Men in their 65th year are automatically invited for an ultrasound scan for Abdominal Aortic Aneurysm screening¹⁵¹.

77% of men aged 65 and over took up initial screening for AAA; this was similar to the London rate of 76% but significantly worse than the England rate (81%). (2016/17)

For all other screening programmes, see 'Live Well'.

Health Related Quality of Life for Older People

See Older People JSNA <https://data.kingston.gov.uk/jsna/>

Illness or disabilities can restrict a person's ability to take part in social activities. 4,737 older people have indicated that their activity is severely limited and a further 5,106 stated that they experience some limitation¹⁵². Historical trends demonstrate that in Kingston, around 41 people of pensionable age have been receiving Disability Living Allowance (DLA) per 1,000 pensionable age population¹⁵³. The values in Kingston have been significantly below the England average of around 81 per 1,000 pensionable age population (2011 to 2014).

The average health status score of older people in Kingston is significantly better than the London and England average¹⁵⁴.

Hip Fractures and Falls

Only one in three older people with a hip fracture return to their former levels of independence, whereas one in three ends up leaving their own home and moving to long-term care. 120 people had a hip fracture requiring emergency admission to hospital¹⁵⁵. In 2016/17, the rates in Kingston for over 64s are not significantly different to the England average¹⁴².

The risk of an accidental fall increases rapidly with age. Higher levels of falls are evident in people living alone, with existing medical conditions, and living in more deprived areas. Most falls occur within the home¹⁵⁶.

468 emergency hospital admissions were due to falls in 2016/17 in Kingston for people aged 65 and over which is the 7th lowest in London and is similar to England rates¹⁴².

Kingston has high rates of primary hip replacements and knee replacements compared to London; however Kingston has a lower rate of revision of hip replacements after surgery¹⁵⁷.

Physical Long Term Conditions

A long-term condition (LTC) is a condition that cannot be cured but is controlled by medicines and/or other therapies. LTCs are more common in older people. People with LTCs are 3 times more likely to have mental health problems than the general population.

9,960 people aged 65 and over are estimated to have an LTC in 2015¹⁵². 4,586 people of this age group with a LTC have day-to-day activities which are limited a lot (2017) and this is predicted to rise by 63% to 7,458 people by 2035¹⁵².

High blood pressure (68.3%), diabetes (24.0%), and coronary heart disease (15.9%) are the three most prevalent conditions in those aged 64 and over¹⁵⁸.

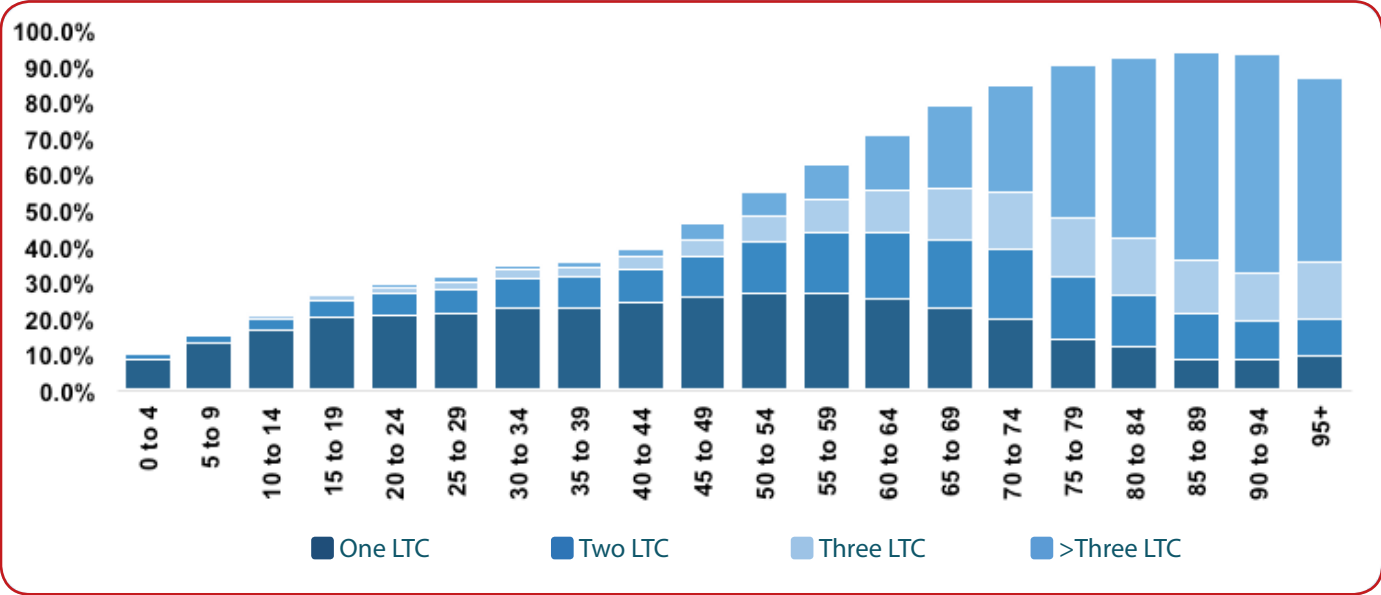
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Age Well

1 in 8 people aged over 65 have Type 1 or 2 diabetes. That equates to 2,985 people aged 65 in 2017 and this is predicted to rise to 4,059 people by 2030¹⁵².

More than one in four (26.5%) people aged 65 and over are obese (6,228 people). This is expected to rise by 18% between 2017 and 2025¹⁵².

Number of Long Term Conditions by Age Group in Kingston (2018)



Source: SOLLIS, 2018

Age increases the chances of having more than one long term condition. Around 70% of total health and social care spend in England (£7 out of every £10) is attributed to caring for people with LTCs¹⁵⁹.

In Kingston, one in every four people over 64 years old has two or more LTCs¹⁶⁰.

Increasing Independence

- More than 2 in 5 people aged 65 and over (9,807 people) are unable to manage at least one domestic task¹⁶¹ on their own.
- 1 in 3 people aged 65 and over (8,060 people) are unable to manage at least one self-care activity¹⁶² on their own.
- Approximately 1 in 5 people aged 65 and over (4,460 people) are unable to manage at least one mobility activity¹⁶³ on their own.

Delaying and reducing the need for care and support with earlier diagnosis, intervention and reablement delivered in the most appropriate setting is more cost-effective and means that older people and their carers are less dependent on intensive services and regain their independence.

The proportion of older people aged 65 and over who were still at home 91 days after discharge from hospital into reablement/rehabilitation services has remained steady, reaching 82% in 2013/14¹⁴². The values for Kingston are similar to England average but significantly lower than London.

The proportion of older people (aged 65 and over) who received reablement or rehabilitation services after discharge from hospital has remained relatively steady over time, averaging at around 2%. The values for Kingston have been significantly lower than the England and London averages.

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Learning Disabilities

See Learning Disabilities JSNA <https://data.kingston.gov.uk/jsna/>

100 people aged 64 and over have learning disabilities. Twice as many men than women have learning disabilities¹⁶⁴.

Autism Spectrum Disorders

See Autism JSNA <https://data.kingston.gov.uk/jsna/>

222 people aged 65 and over are estimated to have autism spectrum disorders in 2017, and this is expected to rise to 345 by 2035.

ASD is not as common in older members of the population, possibly due to features of ASD being better recognised and diagnosed more recently. Many adults find it difficult to obtain a diagnosis of ASD if the features of autism were not recognised in school.

Dementia

See Mental Health JSNA <https://data.kingston.gov.uk/jsna/>

1,064 people aged 65 and above are diagnosed with dementia in Kingston (June, 2018). The total number of people estimated to have dementia (diagnosed and undiagnosed) in Kingston is 1,729. This means that one in 14 older adults are predicted to have dementia¹⁶⁵. The dementia diagnosis rate for Kingston was 61.5% (June, 2018)¹⁶⁶. This is the 2nd lowest diagnosis rate in London.

Suicides

See Mental Health JSNA <https://data.kingston.gov.uk/jsna/>

Rates of suicide among over 64s in Kingston are not significantly different from the national or regional averages.

Depression and Anxiety in Older People

See Mental Health JSNA <https://data.kingston.gov.uk/jsna/>

Depression affects one in 5 older people living in the community and 2 in 5 living in care homes but it is often overlooked when planning services¹⁶⁷. This equates to 4,700 older people in Kingston affected by depression in the community and 9,400 affected by depression who are living in care homes.

Delayed Transfer of Care

See Older People JSNA <https://data.kingston.gov.uk/jsna/>

Delayed transfers of care (DTC) can occur when patients are being discharged home or to a residential or nursing home, a community hospital or hospice. Longer stays in hospital are associated with increased waiting times for NHS care, increased risk of infection, low mood, and reduced motivation, which can affect a patient's health after they've been discharged and increase their chances of readmission to hospital. For older patients, the negative effects of this delay are magnified.

Kingston's rate of total delayed transfers of care for those aged 18+ has improved since 2016/17 with averages of 416 days delayed per month in 2016/17, 254 days delayed per month in 2017/18 and 199 days delayed per month (2018/19)¹⁶⁸.

End of Life Care

See Older People JSNA <https://data.kingston.gov.uk/jsna/>

Good end of life care (EoLC) enables residents to have a dignified, controlled and peaceful end to their life. Kingston aims for people to live in the way they want to when they are approaching the end of their life so they can die with

dignity and with as little pain as possible. This is achieved by providing coordinated care and services to individuals and increasing resilience in the local community. In order to achieve a good outcome, the needs of the patient, carer and family should be identified and services provided to meet these needs.

A national survey showed that 57% of respondents preferred a home death¹⁶⁹.

For Kingston about half of deaths among those aged 65 and above happen in hospital. This proportion for Kingston is slightly higher than the national average but lower than the London average.

On an average-sized GP list about 1% will be coming towards the end of their life. Managing the last few months of life has become more complicated due to increasing life expectancy, complex needs and co-morbidities.

Placing patients on a palliative care register has been shown to lead to better coordinated care, by triggering specific support such as a multidisciplinary case review.

Kingston (0.14%) has a lower rate of GP registered patients on the palliative care register¹⁷⁰ compared to London (0.24%) and England (0.37%).

For Statistical Annexe related to the above data, see 'JSNA Story, Demography and Profiles' at <https://data.kingston.gov.uk/jsna/>

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