

# Ageing Well in Kingston

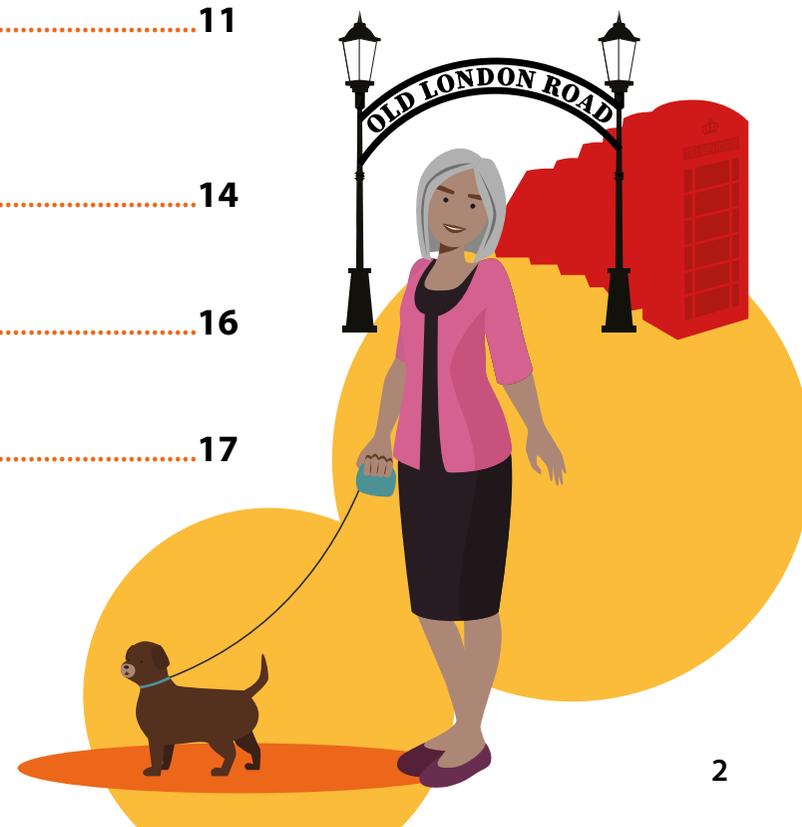
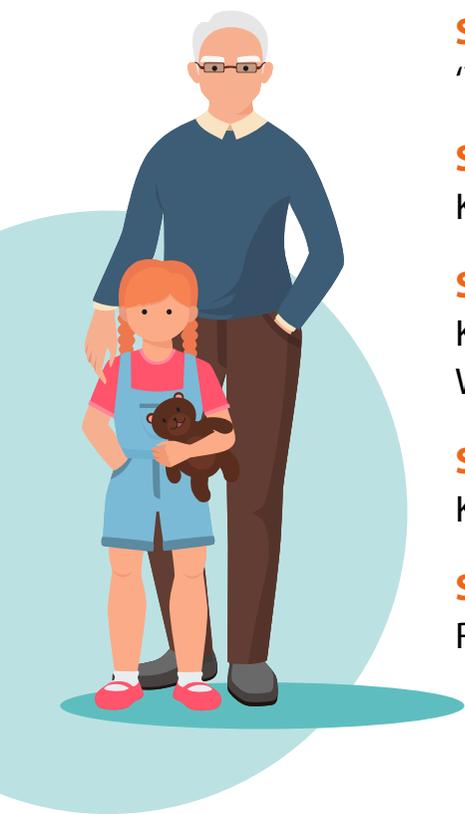


THE ROYAL BOROUGH OF  
**KINGSTON**  
UPON THAMES

Director of Public Health Report 2023



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## FOREWORD

The Annual Report 2023 of Kingston's Director of Public Health clearly sets out how we plan to take forward enhanced efforts to increase the years that Kingston residents enjoy in good health. The report outlines that while most people have good health in Kingston into old age, there is more to do for all, and much more to do for residents in our most deprived communities. We want our residents to have a healthy older age for as long as possible, and be able to contribute to and enjoy all that Kingston has to offer. The new Age Friendly approach is a commitment in our Council Plan 2023-2027 and this report will support taking forward this ambition.

I commend this report and look forward to supporting this critical work as we go forward.

**Cllr Sabah Hamed**

Portfolio Holder for Public Health



Our senior residents make up one of the fastest growing groups in the borough, bringing a wealth of experience and skills to our communities. We want to help ensure that these residents can be as healthy as possible for as long as possible and continue to make valuable contributions to Kingston and their local communities. In this report, I outline the population projections, current health trends and where there is more still to do. The data shows that in order to have a healthy older age, a healthy lifestyle and access and uptake of health services in earlier adulthood is critical. Data for Kingston shows that not everyone is currently on course for a healthy older age – and that in some parts of the borough more people experience poor health before retirement age. In this report, I call for a renewed push on supporting health in adulthood and older age through all our available means. By taking forward the new Kingston Age Friendly Approach, we want to hear from our senior residents as we develop services and plans, to ensure that these reflect local needs. I commend this report to you, which will also be my last as Director of Public Health for Kingston, as I step down after 18 years of public service in the borough. I would like to take this opportunity to thank everyone I've worked with during this time who has contributed to improving the health and wellbeing of the residents of Kingston. As my wonderful predecessor Dr Jonathan Hildebrand, to whom I pay tribute, would have said: "Live Long and Prosper".

**Iona Lidington**

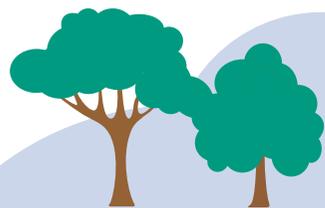
Director of Public Health



## INTRODUCTION

Our borough is home to 24,900<sup>1</sup> people aged 65 and over, and in 20 years' time, Kingston will likely be home to around 37,000<sup>2</sup> people in this age group. Our senior residents bring much to our borough - and our borough has much to offer its residents as a place to grow older. While most of our older residents report themselves to be in 'good or very good' health up to their early 80s (Census 2021<sup>3</sup>), we cannot be complacent. Our data shows we are at a critical point. For men in Kingston, Healthy Life Expectancy at 65 years has decreased nearly year-on-year for the last 10 years. For women, there has

been a small improvement over this time, although the picture is mixed. At the same time, our new Census 2021 data and GLA projections show that our biggest growth area will be in this age group over the next two decades. Alongside this, we can see that some of our residents do not reach 65 years in good health at all. A concerted effort is needed to extend time in good health for all of our residents – with a particular focus on those where poor health starts early. Let's make 2024 the year for us to pull together to increase time in good health and make Kingston a truly Age Friendly borough.



Home to  
**24,900**  
people  
aged **65** and over.



In 20 years' time,  
Kingston will likely be home to  
**37,000** people in this age group.

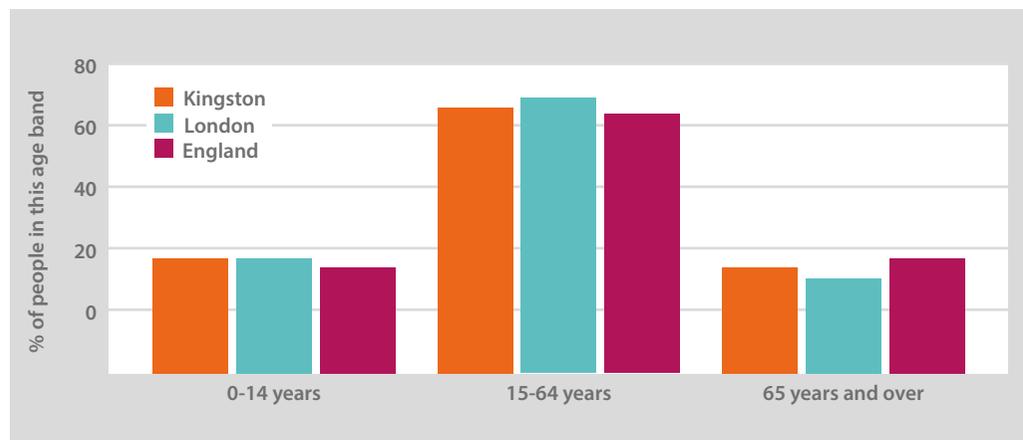
# SECTION 1

## Our Older Residents in Numbers

### Current situation

Across the globe populations are ageing, with people living longer lives and birth rates decreasing in many countries. The 2021 census reported over 11 million older residents<sup>4</sup> (in this section defined as aged 65 years and over, unless stated otherwise) in England and Wales, which is close to one in five people (18.6%). On Census Day 2021, Kingston's older population numbered 24,300, which was 14.5% of its population, around one in seven residents.

Census 2021 demographics - by broad age band, Kingston, London and England

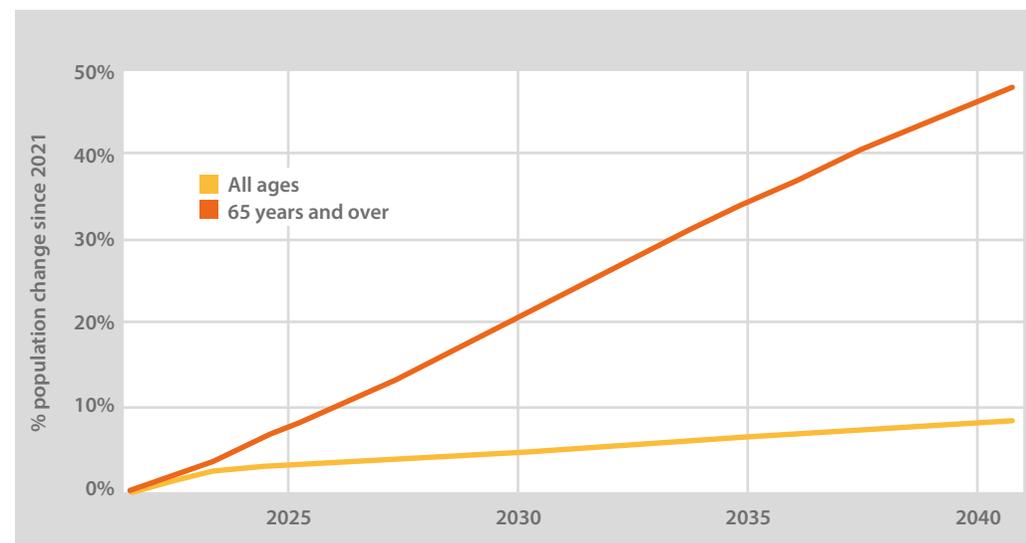


London is by far the youngest region in England, with less than 12% of residents aged 65 years and over. Every other region in the country has a higher proportion of older residents than the national average of 18.4%. Kingston is a relatively old borough for London, the seventh-oldest in the capital and third in south-west London (after Richmond and Sutton).

### Changes over time

Using the 2011<sup>5</sup> and 2021<sup>6</sup> Census data, and projections for the next two decades<sup>7,8</sup>, the proportion of the population that is 65 years and over is due to rise significantly. GLA projections estimate Kingston's overall population will grow by **8%** over the next 20 years, assuming future housing delivery will be similar to recent levels. However, almost all of this growth will be in the 65 years and over population, set to rise by **almost 50%**, incorporating **an extra 12,000** older residents. This means that the total number of residents aged 65 and over will likely increase from 24,300 people in 2021 to about 37,000 people aged 65 and over in 2041.

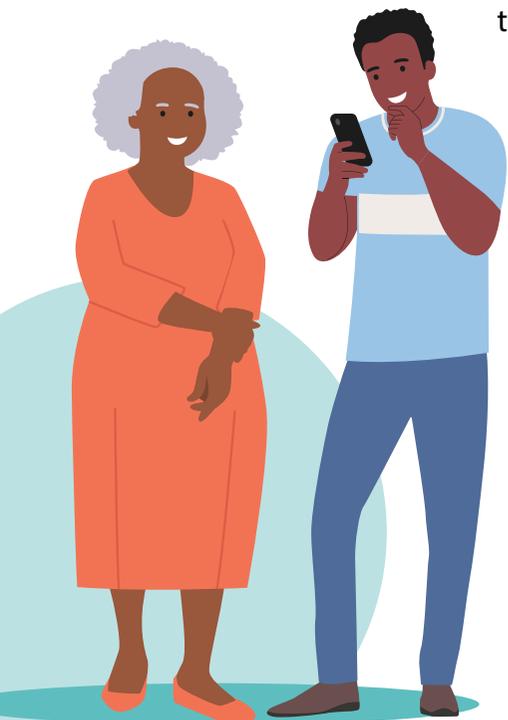
All age, and 65 years and over, projected % population change, Kingston 2021 - 2041<sup>9</sup>



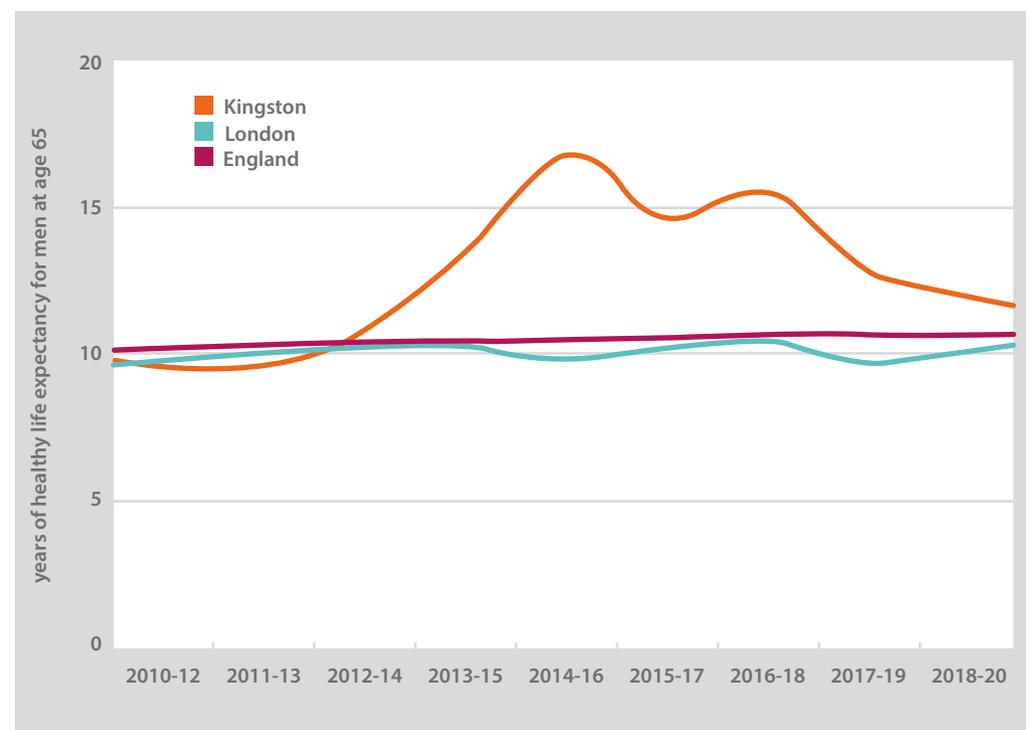
## SECTION 2 'Young Old' and 'Old Old'

What do most people want in terms of life and health? It is likely that most people would want to spend their older years in the best health possible - to be able to enjoy all that life offers. And, indeed, in Kingston most people report being in at least 'good health' up to the age of 84 years. Yet - Kingston can be doing more. Underlying data shows that Kingston has had a decade of a reversal in Healthy Life Expectancy at the age of 65 years and older for men. In other words, instead of increasing the longer, healthy retirement or continued working period, men in Kingston are, year-on-year, having shorter time in good health after 65 years than before. In 2014-16,

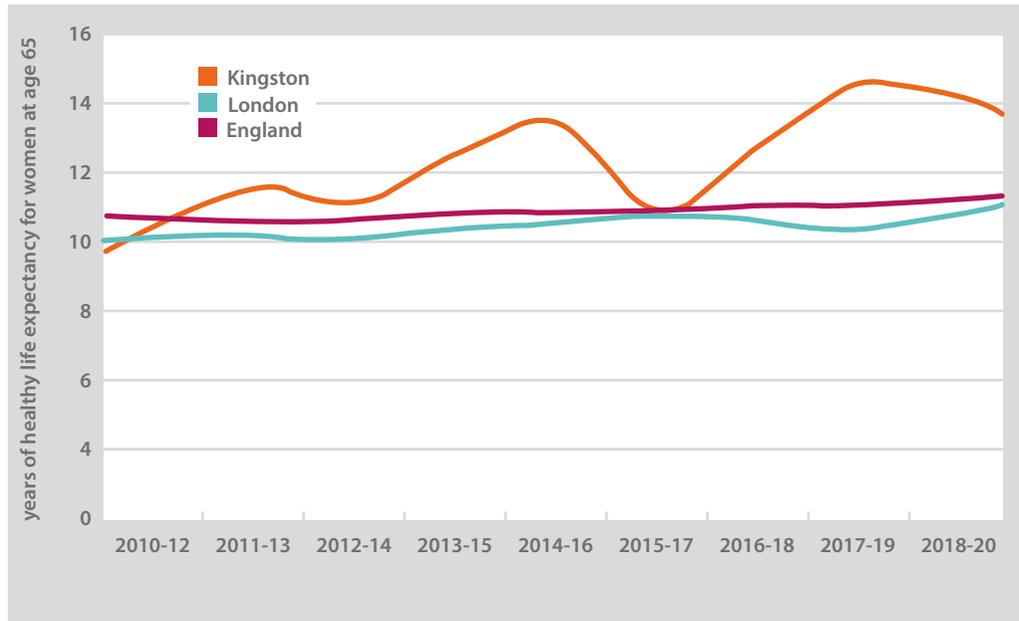
Kingston's men could, on average, expect to spend 16 out of their 20 retirement or continued working years (post 65) in good health, but by 2018-20 this was only 12 out of 20 years. There is a more mixed picture for women. For women, there is a small overall improvement with some ups and downs over the last decade. There is no consistent improvement in healthy life expectancy at 65 years. For life expectancy at birth for men and women, there is a largely flat picture from 2012/14 to 2020/22, which also includes the COVID-19 pandemic period 2020-22<sup>10</sup>.



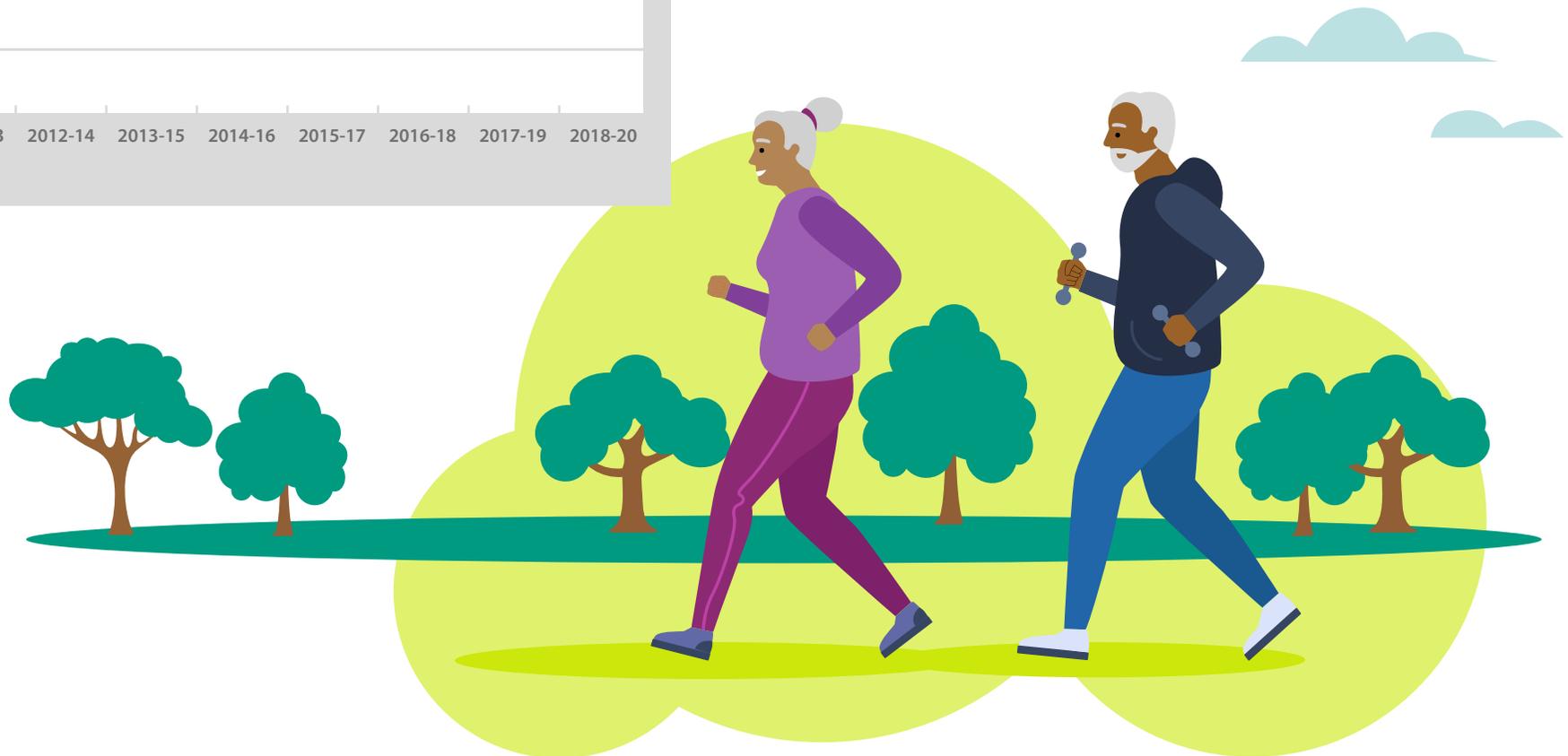
Healthy life expectancy at 65 (years, men), Kingston, London, England<sup>11</sup>



Healthy life expectancy at 65 (years, women), Kingston, London, England<sup>12</sup>



The implications of a downward or non improving trend in healthy life expectancy at age 65 years are serious. People will have less time to enjoy their continued work or retirement to the fullest extent and more people will require care and support at an earlier age. Numbers of residents in less good health for more years will increase if the trend is not reversed (as the actual number of people in the older age group increases)<sup>13</sup>. In the period of 'Living with COVID-19', there is an additional need for good health in older age as part of individual resilience in case of infection<sup>14</sup>.

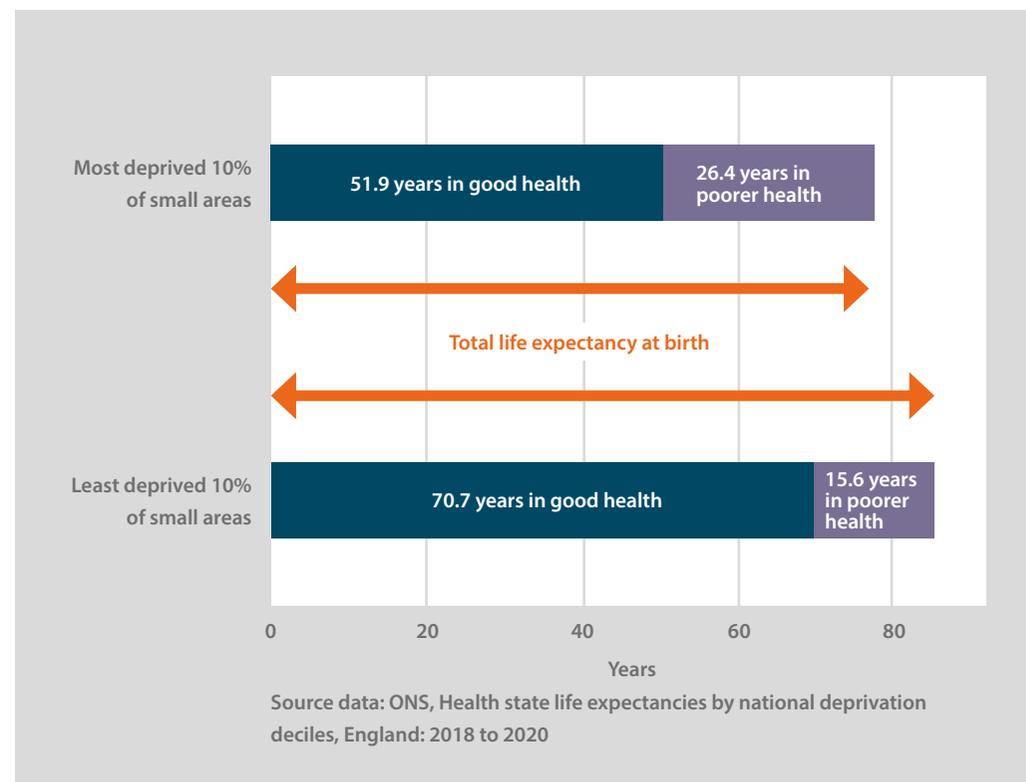


### Ageing Well

Camilla Cavendish, in her book *Extra Time*<sup>15</sup>, cites Japanese Professor Takao Suzuki, who has written extensively on ageing in Japan. Two categories of older people are described: 'Young-Old' is the term typically given to people aged 60 to 75 who are very active, healthy and productive, while 'Old-Old' describes people who are frailer and in need of support. We might use this concept to consider people with poorer health in older years as 'Old-Old' and those with good health in older years as 'Young-Old'. An aim for Kingston should be to increase both the number of people who are 'Young-Old' and the length of time individuals remain that way.

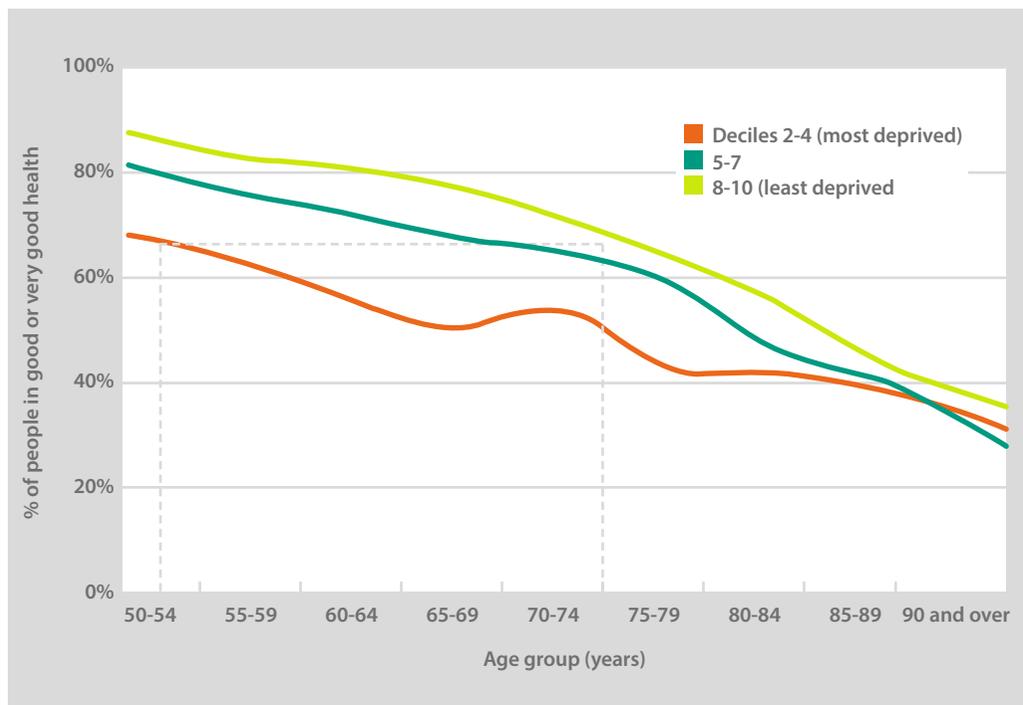
The Census 2021 data shows that, in Kingston and nationally, the time when people start to become at risk of being 'Old-Old' differs greatly by deprivation level (considered here when people stop reporting being in good or very good health). Shockingly, on a national level, many more people who live in the most deprived areas start to become at risk of being 'Old-Old' around 20 years earlier than those in the least deprived areas. People in more deprived areas have, at age 50 years as a group, the same level of years in good health as people aged 70 in the least deprived group as a whole. As the Kingston data shows, this picture is also found in Kingston. About 69% of people are in good health at age 50-54 in the most deprived parts of Kingston compared to 88% of the least deprived. At age 70-74, 54% of the most deprived are in good health compared to 71% of the least deprived.

*Inequality in life expectancy and healthy life expectancy at birth for females in the most and least deprived areas in England, 2018 to 2020 (taken from the CMO Annual Report 2023)*<sup>16</sup>



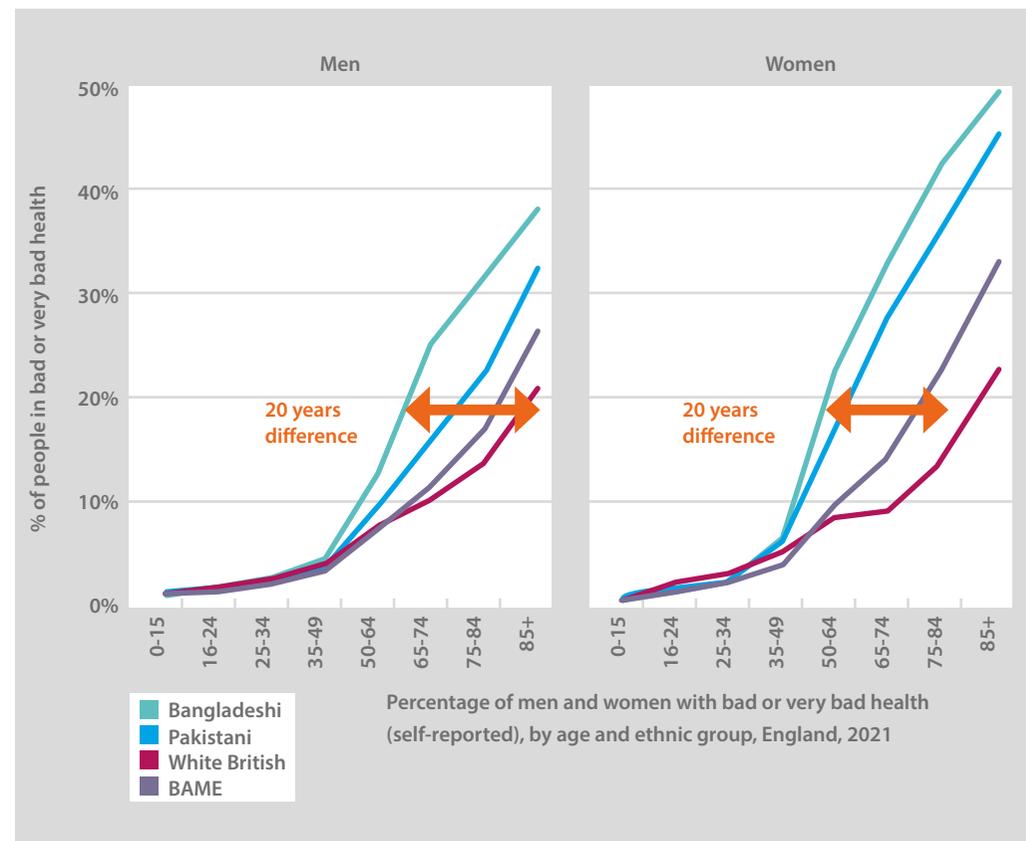
## Ageing Well in Kingston

Residents in good or very good health (%), by IMD deprivation decile, Kingston, Census 2021



Income and deprivation are not the only factors linked to when people start to become at risk of becoming 'Old-Old' earlier. National data from Census 2021, reported in the Centre for Ageing Better's 'The State of Ageing 2023-24' report<sup>17</sup>, shows that 'the health status of different ethnic groups begins to diverge at around 30 years of age. From that age on, the gap in health between ethnic minority and White majority groups gets gradually larger and so is particularly pronounced in later life. At any given age after 30, [at the national level], Pakistani and Bangladeshi people experience the highest rates of poor self-rated health; their rates of poor health are equivalent to those of White people who are at least 20 years older.'

Census 2021 data on self reported health and ethnicity (England) in: 'Health and Wellbeing | The State of Ageing 2023-24'<sup>18</sup>



The data on how residents rate their health, as well as other local and national data, shows that the risks to a healthy older age become apparent in middle age, and even earlier for our more deprived residents; and, based on national data, likely for some of our residents in certain ethnic groups. Overall, as a borough, we need to have a focus starting at this earlier age, to ensure that as we go forward, we turn around our current trends and start to have an increasing period of healthy older age.

The potential to stay well does not stop when older age starts. As examples from Japan<sup>19</sup> and other countries show, through a concerted effort at every older year of life - particularly on age appropriate physical activity - there is potential for more people to stay well and independent for longer.



## SECTION 3

# Keeping Healthier for Longer

Exercise, a healthy diet, refraining from smoking, and alcohol only in moderation (if consumed at all) remain the key pillars to healthy ageing<sup>20</sup><sup>21</sup>. Continuing to engage with others and participate in social life also have important benefits, both to an individual's health and to the wider community<sup>22</sup>. Older people can be especially vulnerable to loneliness and social isolation – which can severely impact health<sup>23</sup>.

From the healthcare side, the accessible offer and uptake of basic preventive measures including screening, vaccination and NHS Health Checks, are important interventions to keep people well and to detect and treat any issues of concern at the earliest possible stage<sup>24</sup>. It is critical that when hospital admissions are needed, there is a continued and coordinated focus on preventing “deconditioning” (reduced functional performance due to inactivity during hospitalisation) whilst supporting people back to health; and on maintaining as much independence as possible<sup>25</sup>.

Employment is a key determinant of health<sup>26</sup>. Therefore, maintaining good health throughout the life course is important in keeping people out of poverty in later years, particularly with the State Pension age rising to 67 years between 2026-2028<sup>27</sup>.

Our Kingston data shows that while Kingston is a borough with many of the healthiest residents, in a number of the areas listed above, there is more to do.

### Key Kingston resident risk factors for healthy ageing

- **The Top 5 risk factors** for ill health for adults aged 20-69 years in Kingston in 2019 according to the Global Burden of Disease (GBD) data<sup>28</sup> in descending order are **tobacco, high body mass index, alcohol use, high fasting plasma glucose** and **poor diet** (Kingston JSNA 2023<sup>29</sup>).
- **1 in 4 people** who work in jobs that are classified as ‘routine and manual’ smoke (in 2022), compared to 1 in 16 adults in Kingston overall<sup>30</sup>.
- **15% of adults** in Kingston were physically inactive in 2021/22<sup>31</sup>.
- The proportion of adults classified as overweight is increasing, with around **57.2%** of Kingston residents classed as overweight or obese<sup>32</sup>. GP records show that **23,020 adults** in the borough were recorded as being obese in 2023<sup>33</sup>.
- The risk factors for death in the **20-69 years** (premature mortality) were reviewed on the 2019 Global Burden of Mortality data for the Kingston population<sup>34</sup>. Alcohol is the second-highest risk factor for early death in Kingston, after tobacco; the condition of being overweight is the third-highest risk factor (Kingston JSNA 2023).

**57.2%** of Kingston  
adults classed as  
**overweight or obese**



### Uptake of preventive services:

While many Kingston residents make use of the preventive health offers, not all are benefiting from the services available. Furthermore, uptake of services sometimes varies by area and resident group. Some examples of where there is scope to increase uptake to improve healthy ageing include:

- **25%** of Kingston adults over 65 years **did not take up the offer of a flu vaccination** in 2022/23<sup>35</sup> and 35% of over 65s had not taken up the offer of a COVID-19 autumn booster vaccination up to 13/12/2023<sup>36</sup>.
- **28%** of over 65s in Kingston **did not receive the pneumococcal** vaccine in 2020/21 and over half of those eligible did not have the shingles vaccination in 21/22 (44% uptake<sup>37</sup>) - although noting that these years were in the COVID-19 pandemic period.
- **Breast cancer screening** coverage in 2022 in females **aged 50-71 years was 62%**<sup>38</sup>, which is below the 70% national target; bowel cancer screening coverage in 56-74 year olds was 68%<sup>39</sup>, and cervical cancer screening coverage for females aged 25-49 years and 50-64 years was 63% and 72%, respectively<sup>40</sup>. The national screening target for both cohorts is 80%.

**25%** of Kingston adults over 65 years did not take up the offer of a flu vaccination.



### A selection of health and related indicators related to older age

- People aged over 65 years in Kingston have a significantly **higher rate of hospital admissions for alcohol-related** reasons than London and England as a whole (2021/22)<sup>41</sup>, and for women aged 40-64 years, higher than London as a whole.
- In 2021/22, the rate of **emergency admissions** to hospital due to falls in people aged 65 years and over was **2,322/100,000**<sup>42</sup>, a significantly higher level than England as a whole, but similar to London.
- National data shows that smokers need care with everyday tasks **10 years earlier** than non smokers, on average - at age 63 years (before retirement age)<sup>43</sup>.
- Social isolation: In 2021/22, only **19% of adult carers** in Kingston reported they have as much social contact as they would like (18 yrs+)<sup>44</sup>, significantly lower than in England and London as a whole.
- The 2022 Kingston Mental Health Needs Assessment<sup>45</sup> highlighted that **41% of retired respondents** to Kingston's Wellbeing survey (May and July 2021)<sup>46</sup> felt that they weren't provided with sufficient advice and support to prepare them for retirement. They would like to have received information about: where to meet other local older people with similar interests (44%), voluntary organisations for older people (28%) and benefits available to older people (28%).



**A return to health after hospital admission or disease diagnosis:**

- **51%** of people **received their full nine diabetes key checks** on time - meaning that 49% of Kingston residents with diabetes did not take up these offers to stay well with diabetes (in 2022-23), a higher proportion than in south west London overall (47% didn't receive all nine care checks)<sup>47</sup>.
- **2% of people** aged 65 years and over **were offered reablement services following discharge** from hospital in 2020/21<sup>48</sup> (also noting that this was in the height of the COVID-19 pandemic).
- The rate of **emergency readmissions** (all ages) within 30 days of discharge from hospital in Kingston in 2020/21 **was 17%, increasing and significantly higher** than England as a whole since 2017/18<sup>49</sup>.



Only **19%** of adult carers report they have as much social contact as they would like, significantly lower than in England and London.

**On average, smokers** in England need care **when they are 63,** ten years sooner than non-smokers.



## SECTION 4

# Kingston – An Ambition to Be an Age Friendly Borough: Working Together to Enhance Healthy Ageing

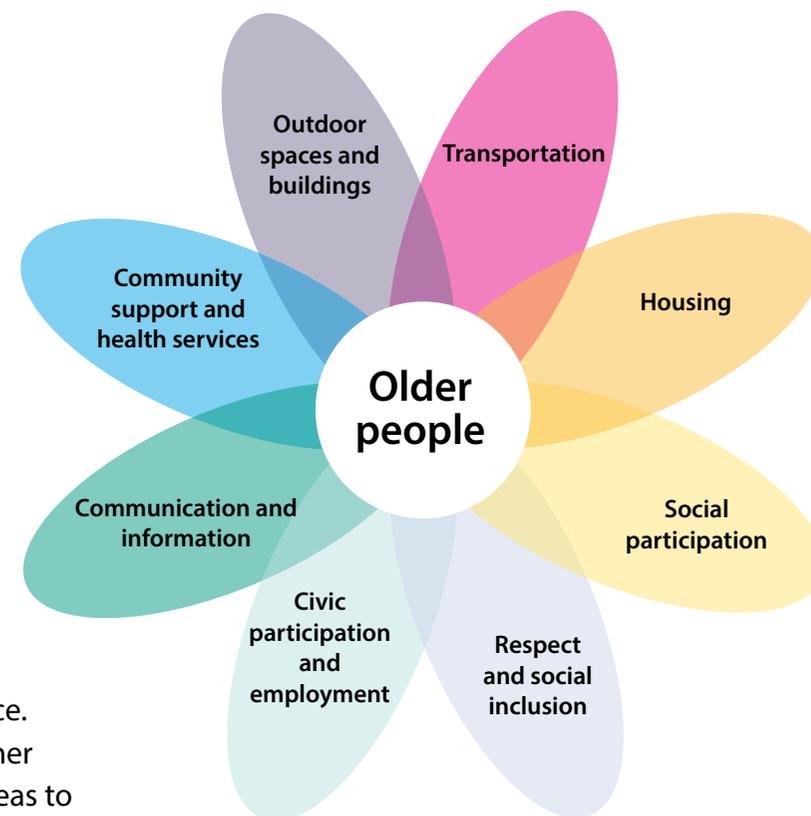
Kingston has set out the ambition to be an 'Age Friendly' borough in the new Kingston Council Plan 2023-2027<sup>50</sup>. Through the Age Friendly Communities approach, it is hoped that partners will join together to help Kingston be an even better borough to age well in - and key within this, take a focus on being in good health for longer.

Through the Age Friendly approach, the duties of local government can be brought into full effect to support healthy ageing. As the Chief Medical Officer noted in his 2023 Annual Report<sup>51</sup>, 'Central and local government (the State) have the principal responsibility for environmental factors which can delay or prevent the probability of early ageing (primary prevention). Making it easy and attractive for people to exercise throughout their lives is one of the most effective ways of maintaining independence into older age. Reducing smoking, air pollution and exposure to environments that promote obesity are other examples where the State has a major role to play in delaying or preventing ill health and disability over a lifetime and into older age.'

### What is the 'Age Friendly' concept?

The 'Age Friendly' concept, developed by the World Health Organisation (WHO) in 2007, is based on actions around eight areas of work ('domains') - from services to the environment (see graphic). The Eight Domains are the areas of the built and social environment which, when acted upon, can help to address barriers to ageing well. The scale and pace of improvements are determined by what is needed in a place. Age Friendly communities bring together partners representing these domain areas to work with each other and older people to make changes<sup>52</sup>. Age Friendly areas aim to allow people to age well in a place that is right for them, continue to develop personally, be connected, contribute to their community, and enjoy independence and good health<sup>53</sup>.

Going forward with the Age Friendly approach, Kingston will be part of a worldwide effort on healthy ageing – the UN Decade of Healthy Ageing (2021–2030) aims to give everyone the opportunity to 'add life to years', wherever they live<sup>54</sup>.



## Inclusive Kingston

Listening to the views of residents of all ages and ensuring that services and policies are fit for all ages are part of being an 'inclusive borough'. Taking an inclusive approach will help ensure that plans and services are fit for all ages of residents. The Equality Act 2010<sup>55</sup> introduced the public sector equality duty, which means that the council, and other public bodies, must consider how changes to policies and services impact those who use them and work for them. This sets out a number of 'protected characteristics' that are legally protected from discrimination, including age (a person belonging to a particular age or range of ages). The Equality Act 2010 includes provisions that ban age discrimination against adults in the provision of services and public functions.

Kingston has set out an ambitious strategy to work towards Kingston Council being truly inclusive, the [Inclusive Kingston Strategy](#). As part of this strategy, the council commits that equality, diversity and inclusion is at the heart of all Council activities. The Kingston Age Friendly ambition will be taken forwards under the auspices of the [Inclusive Kingston Strategy](#). As part of the Kingston Age Friendly Plans, Age Friendly Ambassadors will be recruited to help take forward this work to help ensure that our local services and offers support healthy ageing.



# SECTION 5 Key statistics

## Sex<sup>A</sup>

### Kingston's population

aged over 65 years is **54.5% female** compared to **51.3%** for the population aged under 65.

## Disability<sup>B</sup>

In residents aged 65 years and over, **32% (almost one third)** have a **daily-limiting disability**, compared to **10%** of people under 65.

## Household deprivation<sup>C</sup>

In Kingston, **two thirds of adults** 66 years and older living alone are in a deprived household. (Census 2021)

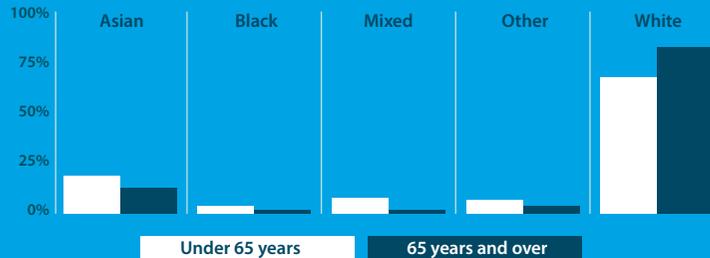
## Physical activity and weight

**61% of adults** aged 65 years and over in Kingston **are physically active.**<sup>D</sup>

**62% of adults** aged 65 years and over in Kingston who have had a measurement recorded in the past five years, **are overweight or obese.** (2024)<sup>E</sup>

## Ethnicity<sup>F</sup>

Population proportion by ethnic group (%), Kingston. 2021



## Loneliness<sup>G</sup>

**19.7% of adults in Kingston**

feel lonely '**always or often**' or '**some of the time**'. (2019/20)

**17.1% of adult carers** aged 65 years and over have as **much social contact** as they would like. (2021/22)

**37.6% of adult social care users**

have as **much social contact** as they would like. (2022/23)

## Household tenure and occupancy<sup>H</sup>

Around **14,500** households in the borough (almost one quarter of all households) are home to older people.

Of these nearly **7,000** older residents live alone.

**80%** of residents 65 years and over

**own their own home** almost **2,800** of residents older households are in **rented** accommodation.

Around **1,200** older people live alone in **socially-rented households** in Kingston, half of whom report **poor health** or a **daily-limiting disability.** (2021)

<sup>A</sup> RM032 - Ethnic group by sex by age - Nomis (accessed December 2023)

<sup>B</sup> RM073 - Disability by sex by age - Nomis (accessed December 2023)

<sup>C</sup> ONS, household deprivation, Household and resident characteristics, England and Wales: Census 2021 (accessed Jan 2024)

<sup>D</sup> <https://activelives.sportengland.org/Result?queryId=113865> (accessed February 2024)

<sup>E</sup> NHS south-west London ICB, Health Analytics dashboard, unpublished (accessed February 2024)

<sup>F</sup> RM032 - Ethnic group by sex by age - Nomis (accessed December 2023)

<sup>G</sup> <https://fingertips.phe.org.uk/profile/healthy-ageing/data#page/1/gid/1938133250/pat/6/par/E12000007/ati/402/are/E09000021/iid/93758/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

<sup>H</sup> RM046 - General health by tenure by age - Nomis (accessed December 2023)

## SECTION 6

# Recommendations

Ill health and disability in later life are not inevitable and our overall ambition is to increase years in good health for the residents of Kingston. In support of this, over the next four years, our aim is to become a truly Age Friendly Community by implementing the Age Friendly approach, informed by residents and 'Kingston Age Friendly Ambassadors'. This will also be within the framework of the carbon emission goals and activities set out in the Kingston Climate Action Plan <sup>56</sup>.

Within this, we will take forward the Chief Medical Officer's Annual Report 2023 recommendation to 'Focus where the need is greatest; including a focus on reducing the health inequality gap amongst older adults and mitigate against social inequality and the barriers to accessing healthy environments. This includes a focus on deprivation and demographic/equality groups, such as differences in healthy ageing by ethnicity' <sup>57</sup>.



### 1. Outdoor Space & buildings

- a. Support the delivery of the objectives set out in the Green Spaces strategy, to ensure Kingston's outdoor facilities are safe, accessible and comfortable for people of all ages, eg. ensure cool or warm spaces are available in periods of extreme temperature, promote physical activity and connectedness.
- b. Support efforts to improve walking route accessibility, promote social walking and exercise opportunities, and examine how benches, shaded areas (mitigation of heat island effects, greater tree/artificial shading) and accessible toilet facilities can reinforce an inclusive environment.



### 2. Transport

- a. Understand barriers to getting around the borough and accessing services. Work in partnership to provide solutions where possible.



### 3. Housing

- a. Look to intergenerational innovation from other areas, and explore ways to trial successful innovations in Kingston that support wellbeing through housing.
- b. Ensure future housing developments incorporate 'Age Friendly' considerations and are well connected to other parts of the borough.



### 4. Social Participation

- a. Promotion and development of accessible intergenerational work and initiatives.
- b. Ensure opportunities for social participation, including volunteering, are easy to access in a variety of ways, including for older residents.



## 5. Respect and Social Inclusion

- a. Work with local people to understand how welcome older people feel in local services, and advise services where accessibility can be improved.
- b. Celebrate the contributions of older people and carers to the community.
- c. Support our carers to have as much social contact as they would want.
- d. Consider ways to prevent social isolation of older people in extreme weather events.



## 6. Civic participation & Employment

- a. Encourage local employers to sign up to the [Age Friendly Employers](#) pledge with the Centre for Better Ageing.
- b. Encourage local employers to promote opportunities to remain physically and socially active in the community.



## 7. Communication and Information

- a. Run and promote campaigns that include positive images and messages about ageing and being active in the local community.
- b. Ensure Connected Kingston reflects Age Friendly suggestions and promote knowledge and use of this resource.



## 8. Community support and Health services

### Focus on active ageing by:

- a. Expanding and promoting age appropriate physical activity and wellbeing activities from adulthood through to older years, particularly for those in highest need.
- b. Ensuring that council commissioned leisure services and opportunities support affordable, accessible, age appropriate physical activity for older people. Consider trialling innovation used in other countries to support physical activity uptake.

### Focusing on mental wellbeing in older age by:

- c. Implementing the recommendations in the Better Mental Health Needs Assessment 2022<sup>58</sup> relating to the mental health of older people.
- d. Promoting Bereavement Support information through Connected Kingston<sup>59</sup>.

### Consider wider health protection and health improvement for adults and older people by:

- e. Working with partners on promoting and making vaccinations and screening easily accessible across the lifecourse.
- f. Promoting uptake of the NHS Health Check and strengthening links and referrals to local opportunities for improving health.
- g. Looking at opportunities to reduce inequalities in knowledge and access to nutritious meals and nutritional advice amongst older people.
- h. Exploring opportunities to offer brief advice training as well as more specialist alcohol support and advice in Kingston.
- i. Targeted engagement with adults and older people about stop smoking services and the impact of tobacco use, including promotion of oral health.
- j. Community Hub development and ensuring the needs of older people are represented and their needs met.

# References

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