Kingston JSNA 2023 Themed Sections: Geographies

Introduction

In the data reviewed for this JSNA, we have looked at the 'Top 5' causes of ill health, mortality, Long Term Conditions, hospitalisations and others. We have also considered the new self-reported data from residents from Census 2021. This census shows that most people in Kingston report that they have good health. As a borough as a whole, on many measures Kingston has better levels of health and some health-related indicators than other parts of London. However, we know that within the borough this is not the case for all, as evidenced by the gap in how long people live between the most and least deprived areas. In the JSNA we have looked to see if we can identify those groups who do not have good health and any particular features. In our analysis we have identified some particular population groups where need is higher than others, and this is covered in other sections. In this section, we are looking at whether geography tells us anything about health in Kingston. Having reviewed the Kingston data, some clear geographical patterns emerge about where need is particularly high.

Box 1: How Geographies are described

Neighbourhoods: The Royal Borough of Kingston upon Thames (RBK) is is the smallest Outer London borough, both in terms of its population and its geographical size[1]. Kingston's population density, however, is in the middle of the Outer London boroughs, and broadly similar to its neighbours'. Kingston is divided into 19 electoral wards, which are grouped into **four neighbourhood areas** (see figure 1) for administrative purposes. Ward boundaries were changed prior to the 2022 local elections, previously Kingston had been split into 16 wards[2].

MSOAs and LSOAs: Kingston is also divided into statistical areas by the Office for National Statistics (ONS). The main ONS geographies of note are LSOAs (Lower Layer Super Output Areas, a small area containing around 1,500 inhabitants) of which Kingston has 99, and MSOAs (Middle Layer Super Output Areas, a collection of adjacent LSOAs with around 12,000 inhabitants) of which Kingston has 20.

PCN 'geographies': Kingston's population is served by 20 GP practices (see figure 2 - N.B. one practice is located outside of Kingston, geographically in Merton, near the New Malden boundary), which are associated in five Primary Care Networks (PCNs):

- Canbury, Churchill, Orchard, Berrylands PCN (shortened to 'CCOB' for brevity)
- Chessington and Surbiton PCN (Chessington)
- Kingston PCN (Kingston)
- New Malden & Worcester Park PCN (NMWP)
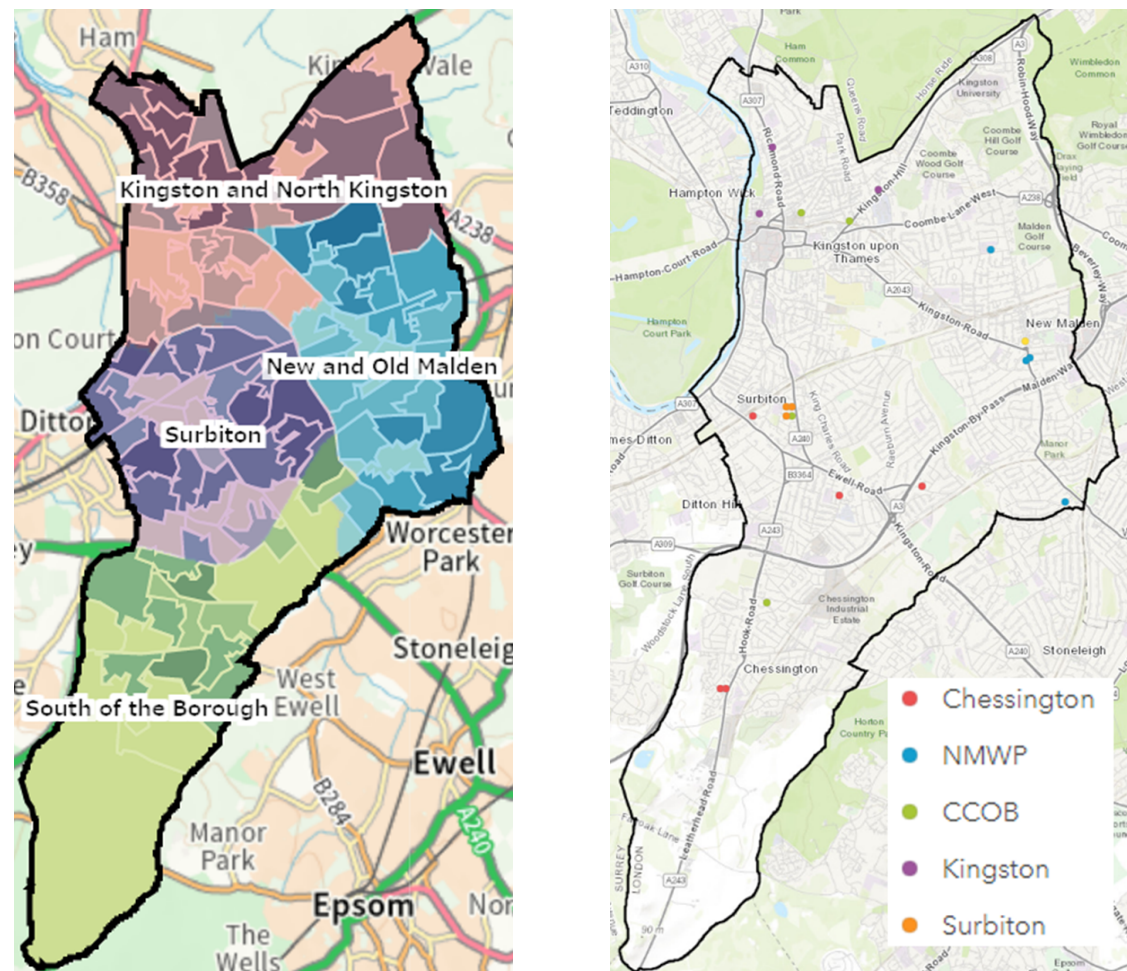- Surbiton Health Centre PCN (Surbiton)

Although the PCNs do not have 'catchment areas' as such, there is some overlap with residence location, with the patients of Kingston, Surbiton, NMWP and Chessington PCNs mainly coming from their respective neighbourhoods. CCOB PCN's practices are more spread through the borough.

---

[1] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021

[2] Please note: non-Census healthcare data was only available for old ward geographies (pre-2022).

Figure 1 - Kingston Neighbourhood map, Figure 2 Kingston's GP practices and PCNs

Census 2021 and health geographies:

Census 2021 data shows residents of the Kingston and North Kingston neighbourhood to be generally younger, healthier, less disabled and more ethnically diverse than other parts of the borough. The South of the Borough neighbourhood has, overall, older, unhealthier, more disabled and least diverse residents. It also has the greatest average levels of household deprivation of any neighbourhood[3].

Geographical patterns of health

As a borough as a whole, the data reviewed shows that the health of people in Kingston is generally better than the England average. There are, however, small geographical areas within the borough that have worse health outcomes than London or England overall.

***Poor Health Hot Spots: Cambridge Road Estate and Alpha Road**[4]:* In terms of the most acute levels of health need within the borough, residents of the Cambridge Road Estate (CRE) and to some extent, the Alpha Road estate LSOAs (which are the two most deprived

---

[3] ONS, Census 2021, https://www.ons.gov.uk/datasets/TS011/editions/2021/versions/4

[4] Cambridge Road Estate is in MSOA 5 and the Alpha Road Estate is in MSOA 13

LSOAs in Kingston - approximately 3,000 residents in these two LSOA areas overall)[5] have the poorest self-rated health and the highest levels of disability in Kingston[6]. 6-7% of residents in these areas rate their health as bad or very bad, double the average for the borough. Almost a quarter (23%) of Alpha Road residents, and 19% of CRE residents, consider themselves to have a disability as defined under the 2010 Equality Act[7], well above the 13% average for Kingston.

The JSNA data reviewed showed these two areas, in particular the Cambridge Road Estate ('CRE') and to a lesser extent, the Alpha Road ('AR') area, were particular 'poor health hot spots' within the ward level data in terms of:
- asthma and other respiratory conditions children 0-4 years for CRE (slide 108)
- diabetes in the 70+ (CRE)
- cancer in the 70 + (AR)
- child hospitalisation rates for 0-4 year olds (CRE, AR)
- dental caries hospitalisation 5-19 years (CRE), alcohol attributable admissions, all ages (CRE)
- emergency hospital admissions for coronary heart disease, all ages, 2016 - 2017 to 2020 - 2021 (CRE)
- in national top 20% worst nationally, emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) 2016 - 2017 to 2020 - 2021 (CRE)
- Deaths from coronary heart disease, all ages, Indirectly standardised ratio, 2016 to 2020 (CRE)
- Hospital admissions for alcohol attributable conditions (Broad definition), 2016 - 2017 to 2020 - 2021 (SAR) (CRE)
- colorectal cancer, 2015 to 2019 (SIR, all ages) (CRE)

In 2021 a CRE health needs assessment[8] was undertaken, which identified a number of long term conditions with a significantly higher prevalence on the estate than in comparable areas in south-west London. COPD, chronic kidney disease (CKD), diabetes and hypertension were all found to be 1.5-2 times as prevalent as would be expected, given the CRE residents' age, sex and deprivation profile. The primary behavioural risk factors identified on the CRE were smoking and obesity, which were present more than expected in the area. Such health behaviours are associated with increased deprivation so it is likely that similar risks are also present in the Alpha Road area.

Furthermore, the health-related local improvements identified in the CRE health needs assessment resident survey were 'to improve and support residents to manage their long-term conditions' and 'support with mental health', 'reducing crime and anti-social behaviour', having improved Estate facilities, and having help with increasing their levels of physical activity and exercise. When CRE residents were asked to select their top three changes that if made on the Estate or to local services would be most helpful to improve their health and wellbeing, having more help with managing a long-term condition was the top response. Of the individual diseases asked about, help with managing diabetes, high blood pressure and cancer were the most highly cited responses.

Older people and geographies:
Looking at the older people's geographical data reviewed in the JSNA, a slightly different picture emerges. Kingston has around 7,000 households each with a single occupant aged

---

[5] MHCLG, Indices of Deprivation, https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

[6] ONS, Census 2021, https://census.gov.uk/census-2021-results/phase-one-topic-summaries/health-disability-and-unpaid-care

[7] The EqualityAct defines an individual as disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal day-to-day activities

[8] Kingston hospital NHS foundation trust / RBK Public Health,
https://www.cambridgeroadestate.com/assets/pdf/CRE_HNA_final_(Nov_2021).pdf

66 years or over, which is one in ten of all households in the borough[9]. The South of the Borough neighbourhood has the highest proportion of such households, at 11.4%. Almost 2,500 older residents in poor health or with a life-limiting disability live on their own in Kingston. Surbiton neighbourhood has the highest number of these residents, at over 750.

Kingston is above the London average for falls in people aged 65 years and over requiring admission to hospital (in 2021/22)[10], with 580 such admissions occurring that year. Falls are more common in women than men, for every three falls involving men in Kingston, there are four in women, which is a similar proportion to nationally.

As part of the 2019 Indices of Deprivation (IMD)[11], a separate ranking of 'Income Deprivation Affecting Older People' (IDAOPI) was created. This measure ranked Kingston at 161 out of 317 local authorities, towards the middle of the national rankings. Considering that for income overall, Kingston is the 236th least deprived local authority, older residents face considerably more financial deprivation than younger Kingstonians.

At a more local level, the IDAOPI index shows that five of Kingston's 99 small areas (LSOAs) are in the bottom 20% of small areas nationally for income deprivation in older people, with two LSOAs (areas largely corresponding to the Cambridge Road Estate and Alpha Road) in the bottom 5% of the national rankings.

Primary Care Networks and 'geographies':

Morbidity and hospitalisation
- Obesity levels in the Chessington PCN are the highest in the borough for both men and women, with one in six Chessington women being obese

- The prevalence of depressive disorders is high in the Surbiton PCN's patients (twice as high as Kingston) and much higher in women. The prevalence is high in adult (15-64 yrs) and older adult (65+ yrs) ages, across all ethnic groups

Wards and Hospitalisations:

- Norbiton and Berrylands wards have the highest levels of alcohol-related hospitalisations in the borough for the data reviewed, and higher than the national average, given the age and sex profile of the areas. These two wards are also the highest for ischaemic heart disease hospitalisations

- Kingston has high levels of colorectal cancer overall for the data reviewed, given its demographics, with Berrylands having the highest incidence of all wards, 50% higher than the England average given its age profile

Wards and types of mortality

- Deaths from coronary disease - St James ward (as was) has the highest rate overall, with Norbiton in second place, both are more than 20% greater than would be expected for their demographic profile
- Kingston has a low rate of deaths from strokes, however Coombe Hill ward has the highest rate in the borough by far, almost 20% higher than the second place ward
- Deaths from digestive cancers are significantly higher in CCOB PCN than other areas in both men and women aged 15-64, however overall numbers are low

---

[9] ONS, Census 2021, Table TS003 - household composition: https://www.nomisweb.co.uk/datasets/c2021ts003
[10] OHID fingertips, https://fingertips.phe.org.uk/search/falls#page/3/gid/1938133252/pat/6/
[11] MHCLG, https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

Wider determinants

Health self rating and deprivation: Ratings of good health are lower in geographically more deprived areas.

Cost of Living data: highlights new geographical areas where households have been considered as 'at risk':
- The 'Kingston Road corridor' stretching from the east end of Kingston town centre to New Malden (including, but not limited to, the CRE)
- Alpha Road and surrounding area
- The south east to south of the borough (not just the Hook area of Chessington).

Deprivation and older age: there are specific demographics to consider for the Alpha Road Estate (21% of households consist of a single occupant aged 66 or over).

Deprivation and single parenthood: Cambridge Road Estate (27% of households are lone parent ones).

Deprivation and asthma: There seems to be a relationship between deprivation and respiratory conditions / asthma in young children, both in the south of the borough and the 'Kingston Road corridor'. It would be useful to consider whether any factors such as housing quality, housing being close to busier, higher polluting roads could also play a part. Data is not available at this time to understand this finding.

Geography and service provision

Population density: Population density is highest in the Royal Quarter development north of Kingston town centre, the Cambridge Road Estate (CRE) in Norbiton, and the Alpha Road area in Surbiton. At a neighbourhood level, the lowest population density in the borough is in the South of the Borough neighbourhood, which is 2-3 times less densely populated than each of the three other neighbourhoods.

Access to services and geography: Consideration could be given to accessibility of services in relation to need. For example, obesity levels are highest in Chessington. Kingston Public Health provides a free weight management service for 12 weeks through Slimming World by referral for 16 years and above. However, the nearest local gym for Get Active sessions is located in Tolworth - thus distance could be a barrier. Around one in six households in this neighbourhood do not have a car or van at home. This is also an area identified as having high cost of living pressures - so transport costs need to be factored into service provision locations. Learning may be drawn from the innovation over the COVID-19 pandemic - when services were brought as close as possible to residents e.g. through pop-ups and other local offerings.

Recommendations

- Prioritise an urgent focus on the key poor health 'hotspot' of the Cambridge Road Estate: Work with Cambridge Road Estate (CRE) residents and other local partners to address residents' top priorities for improving their health and wellbeing - reducing crime and anti-social behaviour, improving mental health, having more support with long-term health conditions (including cardiac health), having improved estate facilities, and having help with increasing their levels of physical activity and exercise. Consider similar work for Alpha Road estate.
- High levels of obesity in Chessington PCN and depressive disorders in Surbiton PCN are the two stand-out disparities in the PCN 'top 5' analysis. Further analysis on the

reasons behind these figures should be undertaken, and a review of current related services and uptake, with a view to enhance service provision.

- Encourage local services in Surbiton to become Be Well hubs[12] and to become places for people to turn to when they feel their mental health is low or simply to feel more connected with their local community
- A further look into the South of the Borough could be beneficial, can any factors be established that might link in with residents' poorer health overall? Are there sufficient local services and facilities? Is distance or limited / lack of transport a barrier?
- Norbiton and Berrylands wards have the highest levels of several morbidities, risk factors, and causes of death in the borough. Furthermore the health-related local improvements identified in the CRE Health Needs Assessment resident survey were 'to improve and support residents to manage their long-term conditions' and 'support with mental health', 'reducing crime and anti-social behaviour', having improved Estate facilities, and having help with increasing their levels of physical activity and exercise. This data suggests there may be a need for targeted local services in these areas to reduce wider inequalities (e.g. targeted comms, pop up services etc), which should be considered.
- The difference in incidence of colorectal cancers is very broad at ward level, with some areas seeing 2.5 times as many cases as others, given resident age profiles. Kingston's screening uptake at borough level is increasing and one of the highest (better) in London. Where possible, it would be useful to review data to ensure that uptake is consistently high across the borough and, if any low uptake areas or groups, consider further work to encourage uptake.
- Are the higher incidence wards simply a result of more local screening, or could this be an area for promotion of preventative services around bowel health, healthy eating and / or screening? National data shows bowel cancer screening is lower in areas of higher deprivation.
- Target health promotion work with older people in those areas with the highest proportion of older residents in poor health or with a life-limiting disability including developing the offer of physical activity opportunities
- Review the existing falls prevention pathway and improve engagement of all relevant services in promotion of falls prevention services and advice.
- Undertake targeted health and wellbeing promotion with older people related to/ linked to Pension Credit, the Warm Homes Better Health scheme and other financial support, as well as promoting the new package of support to help over 50s jobseekers back into work[13] and the Age Friendly Employers' Pledge[14].
- Undertake a further cross topic and deep dive analysis (drawing together expertise across all sectors and partners) to bring health, poverty and deprivation data together to identify and target multi agency action and initiate new or enhanced support, where health outcomes are poor. The aim being to reduce the rising health inequality gap locally.
- Consider a further analysis of populations at particular exposure to climate related risks eg floods, heats
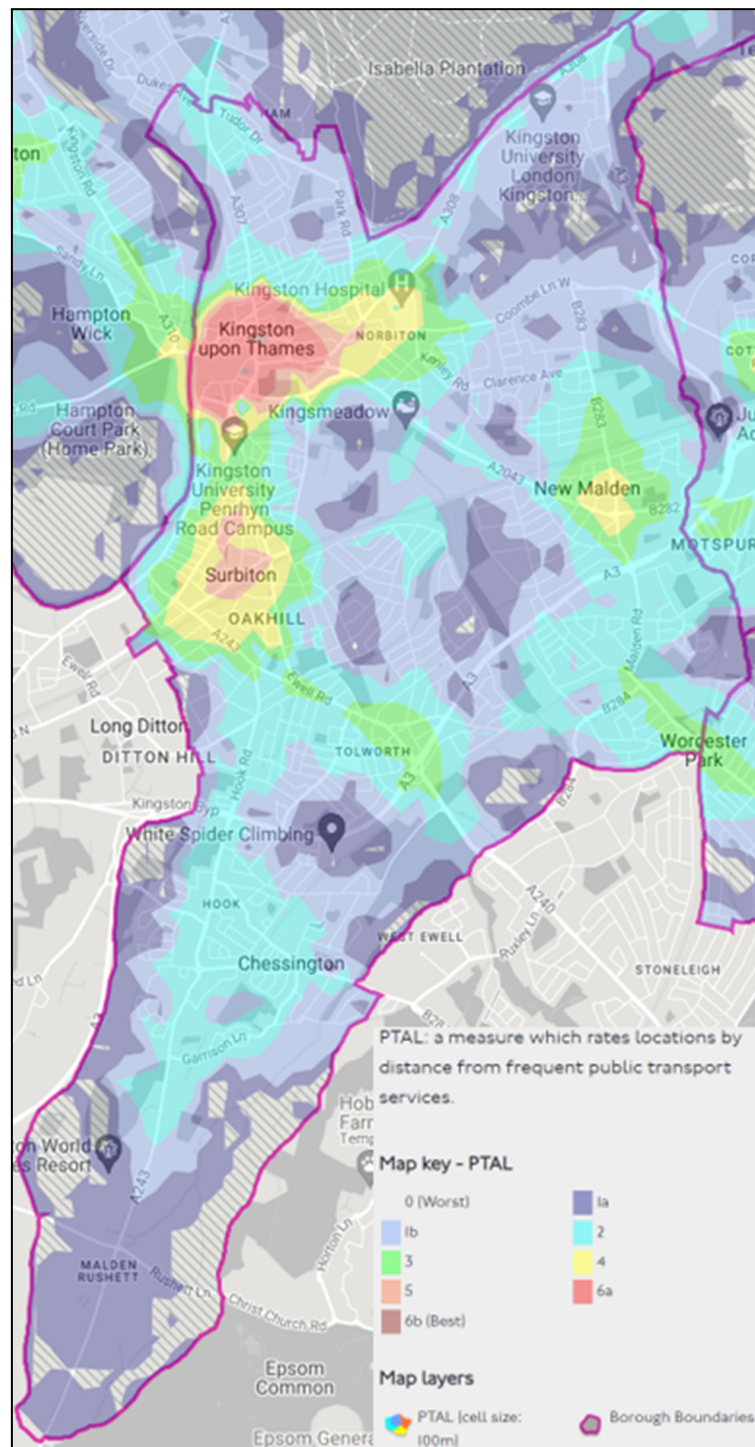
---

[12] *The South London Listens action plan includes establishing 120 'Be Well' hubs for people to turn to when they feel their mental health is low or simply to feel more connected with their local community.*

[13] https://www.gov.uk/government/news/new-package-of-support-to-help-over-50s-jobseekers-back-into-work

[14] https://ageing-better.org.uk/age-friendly-employer-pledge

Appendix 1: Kingston's PTAL map[15] showing public transport connectivity

The poorest-connected areas are in the far south of the borough, and also Coombe Hill
© TfL / Google maps

---

[15] https://tfl.gov.uk/info-for/urban-planning-and-construction/planning-with-webcat/webcat