Cambridge Road Estate: A Health and Wellbeing Analysis

July 2021[1]

Kingston Hospital NHS
NHS Foundation Trust

CRE
CAMBRIDGE ROAD ESTATE

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Contents

Acknowledgements

Authors

Report writing team: Alistair Carr[1,2], Georgia Whitlow[1,2], Nina Burich[3], John Lindsley[3], Iona Lidington[3]

Affiliations: [1]Kingston Hospital NHS Foundation Trust, [2]Health Education England, [3]Royal Borough of Kingston upon Thames Council

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AC and GW, lead authors of this report, were employed by Kingston Hospital NHS Foundation Trust and Health Education England from August 2020 to August 2021 as Population Health Fellows. This is a role that allows doctors in training to combine clinical work with the opportunity to do a community-based project, with a population health focus, that aims to improve the health of the local community and provide learning and leadership opportunities for junior doctors. Doing this project under the guidance of Kingston Council's Public Health and CRE Regeneration teams, in particular, Iona Lidington and Nina Burich, has been a privilege and wonderful learning opportunity for us which we are immensely grateful to have had.

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Photo credits: Guy Bell for Kingston Council

Executive Summary

- This health and wellbeing analysis was conducted primarily by Population Health Fellows (AC and GW), employed by Kingston Hospital NHS Foundation Trust and Health Education England, but on behalf of and working closely with Kingston Council's Public Health and Regeneration teams, to understand and make recommendations about how to most effectively improve health and wellbeing for people living on the Cambridge Road Estate.
- The Cambridge Road Estate is a housing estate in Kingston that is at the beginning of a 10–15 year regeneration programme.
- It is in the 20% of most deprived neighbourhoods in England and is the most deprived neighbourhood in Kingston.
- Child poverty is a significant issue on the Estate with over a third of children living in low-income families.
- It is an ethnically diverse community with a higher proportion of working-age adults and children compared with the rest of Kingston.
- Crime rates are higher on the Estate than the Kingston and England averages with rates of anti-social behaviour, violence and sexual offences and drug abuse being particularly high.
- The health of residents on the Estate is much poorer than the rest of Kingston and this translates into a lower total and healthy life expectancy.
- The poor health and lower life expectancy experienced by people on the Estate is not caused by a single issue but a wide variety of long-term health conditions, disease risk factors such as obesity and smoking, and the wider determinants of health (the social, economic and physical conditions present on the Estate) that have a cumulative effect on health and wellbeing over the course of people's lives.
- Survey results found that levels of personal wellbeing were lower when compared with the Kingston averages according to the 2019/20 ONS Annual Wellbeing Survey.
- Levels of community kindness were also found to be lower on the Estate when compared with the London and England averages from the 2018 Carnegie Foundation Report.
- Difficulty with booking a GP appointment is the biggest challenge residents experience in accessing healthcare from their GP practice.
- Residents' top priorities for improving their health and wellbeing are reducing crime and anti-social behaviour, improving mental health, having more support with

long-term health conditions, having improved Estate facilities, and having help with increasing their levels of physical activity and exercise.

- Key suggested priorities to improve the health and wellbeing of people that live on the Estate are: (1) making it easier to book a GP appointment; (2) developing a mental health strategy; (3) reducing crime and anti-social behaviour; (4) developing a strategy to help reduce drug abuse on the Estate; (5) improving Estate services and cleanliness; and (6) help residents with managing their long-term health conditions.

Chapter 1 **Introduction**

1.1 Background and overview of the Cambridge Road Estate

Figure 1.1 Map of Kingston showing the Cambridge Road Estate in blue

Source: Doogal.co.uk

The Cambridge Road Estate is a housing estate in Kingston upon Thames, where people experience high levels of socio-economic deprivation and low levels of health and wellbeing. It is amongst the 20% most deprived areas in England and the single most deprived neighbourhood in Kingston. People that live on the Estate, on average, live shorter lives compared with people that live elsewhere in Kingston and a higher proportion of their lives are spent in poorer health.

A strong link exists between deprivation and health because factors that influence poor health cluster in areas of deprivation [1]. Efforts to improve health in Kingston and reduce health inequalities are likely to see the largest benefits if they are targeted in areas with the greatest need. The high level of deprivation experienced by people on the Estate highlights it as a priority area for these efforts.

Kingston Council, in partnership with Countryside Properties, has proposed to regenerate the Estate which will bring significant improvements, including the building of high-quality homes, cycle paths, green areas and community facilities to the Estate. Preparation for the regeneration is underway, with the first phase of demolitions due to commence in 2022. In its entirety, the regeneration is scheduled to take 10–15 years to complete, in five phases. In addition to the physical regeneration, there will be opportunities to improve the quality of life for residents through the Social Value Programme such as training, employment and a new community centre. The forthcoming social value strategy has identified significant inequalities in income, employment, education, housing and health on the Estate compared with Kingston.

1.2 Methods

This health and wellbeing analysis had the overall aim of (1) systematically understanding the health and wellbeing issues faced by the residents of the Estate, and (2) using that information to plan how to most effectively improve health and wellbeing on the Estate. It consisted of five main steps, as outlined in Table 1.

Table 1 Five steps of the health and wellbeing analysis

1. Understand the Estate's social demographics and wider determinants of health. 2. Understand the state of health on the Estate. 3. Understand the health and wellbeing priorities from the perspective of residents. 4. Select priority areas that would have the greatest impact on health and wellbeing based on steps 1–3. 5. Feedback to stakeholders to discuss action plans on how to improve health and wellbeing.

Initially, publicly available data from Kingston Council, Public Health England (PHE) and the Office for National Statistics (ONS) relating to the Estate was collated to provide an overview of the demographic, social and physical environment of the area. This was carried out with regards to the wider determinants of health. These are the conditions in which you are born, grow, live, work, and age. Systematic differences in the wider determinants of health between different areas result in different populations experiencing inequalities in health [1].

Secondly, health-specific information was collected and analysed. This came mostly from an analysis of primary care data and an analysis of hospital data. The aim of this was to provide a quantitative understanding of the scale of different long-term conditions and risk factors on the Estate.

Thirdly, a residents' survey was carried out. This aimed to help understand health and wellbeing from the perspective of the residents to provide an understanding about which issues were most important to them. This was important as the success of any intervention needs to have the support of the population [2]. It had the secondary aim of engaging residents in a dialogue about health and wellbeing, and providing additional information about the state of health and wellbeing on the Estate. In parallel to the resident's survey, a survey was sent to healthcare providers to elicit their views and experiences concerning the health of people on the Estate.

Fourthly, suggested priority areas were selected based on an understanding of the information gathered from the first three steps. This was carried out by AC and GW by considering the scale of the issue on the Estate, the importance of the issues to the residents, and the potential impact that improvement in these issues could have on health and wellbeing.

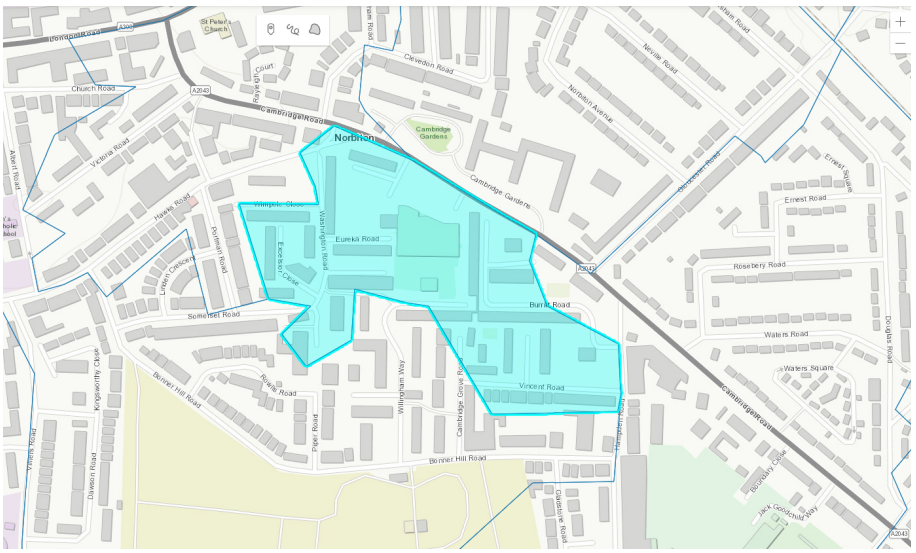
Lastly, this information was presented to and discussed with stakeholders. This aimed to help stakeholders understand how to most effectively improve health and wellbeing, to receive feedback on the suggested priorities from step four, and to develop a joint action

plan for how stakeholders could work collaboratively, with residents, to improve health and wellbeing for the area.

1.3 Sources of data

Information relating to the Cambridge Road Estate is collected at different geographical levels. The smallest area of the Cambridge Road Estate that statistics are collected for is its Lower-layer Super Output Area (LSOA) (E01002969: Kingston upon Thames 005B). The Cambridge Road Estate LSOA covers a population of 1,901 people and is shown in blue on the map below (Fig. 1.2). The Middle-layer Super Output Areas (MSOA) is a larger geographical area, which for the Cambridge Road Estate (E02000602: Kingston upon Thames 005, Kingston East and Norbiton West) has a population of 11,888. The electoral ward is a third geographical area that statistics are collected for. The Estate is in the electoral ward of Norbiton, which has a population of 11,732.

Figure 1.2 Map of the Cambridge Road Estate Lower-layer Super Output Area (LSOA)



Source: data-communities.opendata.arcgis.com

Different types of information are collected at different geographical levels, with a wider variety of statistics collected and calculated for the larger geographical areas. Therefore, a mixture of all three areas will be included in this report. Although data collected at the MSOA and electoral ward level contain information from areas other than the Cambridge Road Estate, the larger populations in these areas mean we can be more confident of the conclusions drawn from this information.

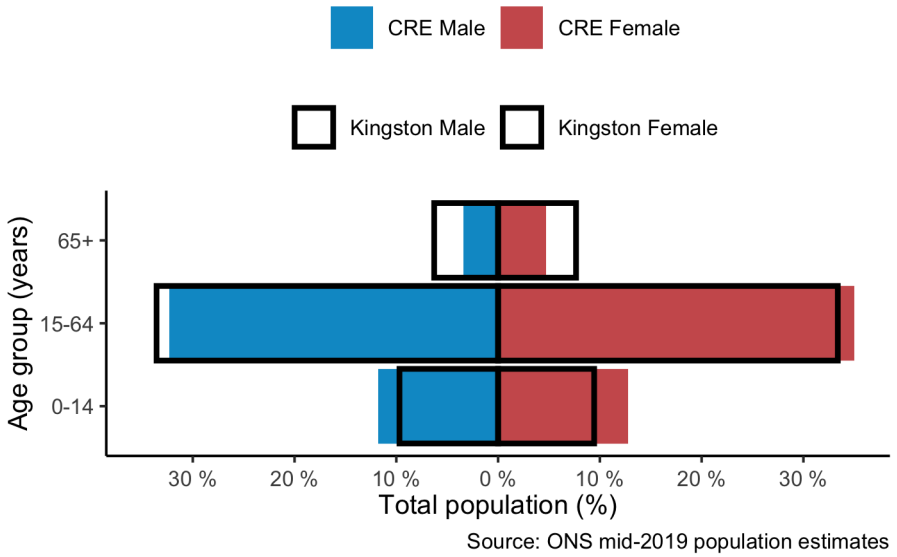
Information about the LSOA of the Estate was obtained from Kingston Council (data.kingston.gov.uk). Health information about the MSOA or electoral ward of the Estate

was obtained from PHE Local Health (fingertips.phe.org.uk/profile/local-health). Unless otherwise stated, population sizes are derived from ONS mid-2019 population estimates.

Chapter 2 **Who lives in the Cambridge Road Estate and what wider influences on health are present within the community?**

2.1 Population size and age

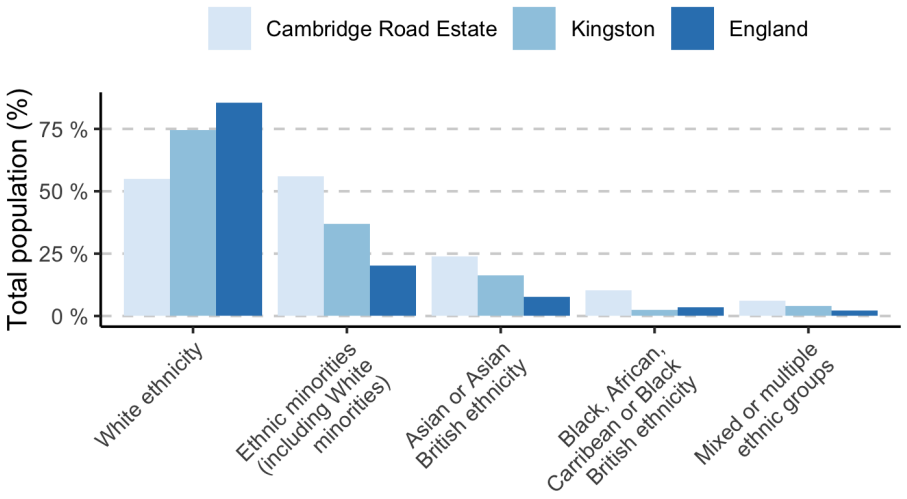
Figure 2.1 Age and sex composition of the Cambridge Road Estate compared with Kingston



The Cambridge Road Estate is home to 1,901 people and Kingston to 177,507. Men make up 47.5% of the population of the Estate and women 52.5%. Figure 2.1 shows the age structure of the Estate compared with Kingston. It shows that the Estate has a younger population than Kingston; containing a higher proportion of young people aged 0–14 years and a fewer proportion of older adults aged 65 years and above. Although older adults form a smaller proportion of the population on the Estate compared to the rest of Kingston, the Greater London Authority predict that over the next 15 years Kingston's population aged 65 years and over will increase at a faster rate than younger age groups [3].

2.2 Ethnicity, language and religion

Figure 2.2 Ethnicity on the Cambridge Road Estate compared with Kingston and England



Source: ONS 2011 census

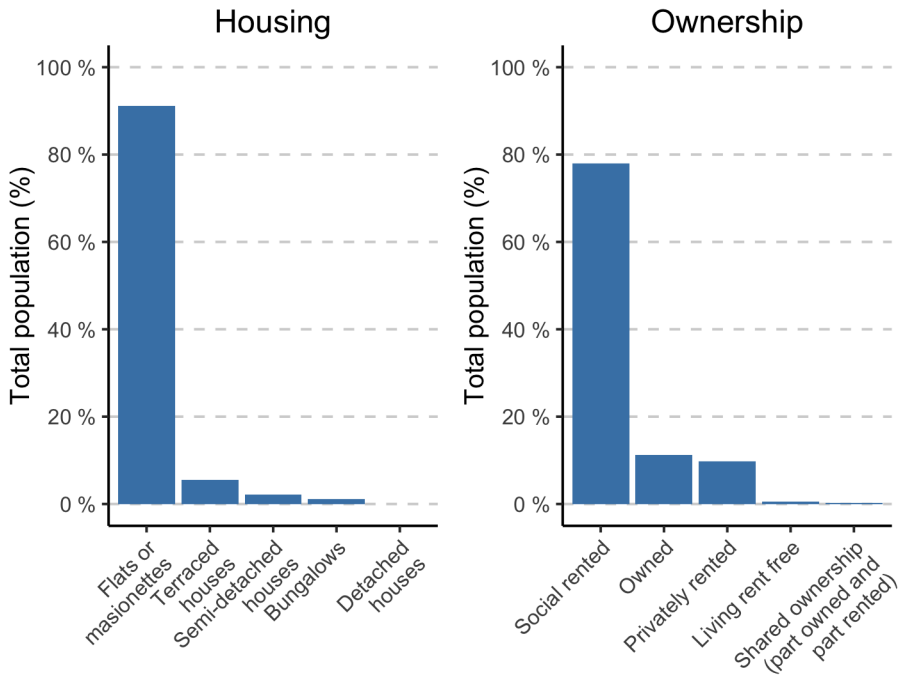
The Cambridge Road Estate is an ethnically diverse area. According to the 2011 ONS census, ethnic minorities (including White minorities), account for 56.1% of people living on the Estate, compared with only 36.9% in Kingston and 20.2% in England.

According to the 2017 Housing Needs Survey, English is the first language of 66% of people on the Estate compared with 83.6% of people in Kingston and 92% of people in England. Although a large proportion of households on the Estate do not speak English as a first language, only 6% of households required translation services. The most common languages spoken other than English on the Estate are Polish, Tamil, Arabic, Pashto, Persian/Farsi and Portuguese.

In terms of religion, according to the 2011 ONS census, 45.9% of residents on the Estate identify as Christian, 10.3% as Muslim and 26% as having no religion.

2.3 Housing and tenure

Figure 2.3 Different types of housing (left) and types of homeownership and tenancy (right) on the Cambridge Road Estate



Source: 2019 Valuation Office Agency

Source: ONS 2011 census

There are 832 homes on the Estate [4]. Of these, according to the 2019 Valuation Office Agency, 91.2% are flats or maisonettes (see Fig. 2.3, above). The largest concentration of social housing in Kingston can be found on the Estate. According to the 2011 ONS census, 78% of properties on the Estate are social rented and 76.5% are social rented from Kingston Council. In comparison, in Kingston, the majority of residents (64%) own their property and only 12% of properties are social rented.

In the Estate's electoral ward of Norbiton, 48.6% of older people aged 65 years and over live alone, according to the 2011 ONS census. This is the highest rate in Kingston and significantly above the Kingston average of 33.2%.

The Estate regeneration plans involve building 2,170 new homes. These homes will be a mixture of flats, maisonettes and houses. The regenerated Estate will provide at least 114 additional council homes to what is currently present. It is important to note that the regeneration will bring a higher concentration of non-socially rented tenures and therefore initiatives will need to be mindful of this.

2.4 Deprivation

According to the 2019 English Index of Multiple Deprivation (IMD), Kingston upon Thames is amongst the 20% least deprived local authority areas in England and the third least deprived in London. The IMD rank is produced by combining information from seven domains to produce an overall measure of relative deprivation [5]. Although Kingston is an affluent area overall, deprivation is an important issue on the Estate. Compared to the rest of Kingston, the Cambridge Road Estate LSOA is ranked as the single most deprived neighbourhood in the Borough. Table 1 shows the breakdown of the domains used to produce the IMD for the Cambridge Road Estate compared with Kingston and England. It shows that the Estate LSOA is ranked as the lowest in Kingston in four of the seven domains: income deprivation; employment deprivation; education, skills and training; and health deprivation and disability.

Table 2 Index of Multiple Deprivation (IMD) Domains for the Cambridge Road Estate compared with Kingston and England

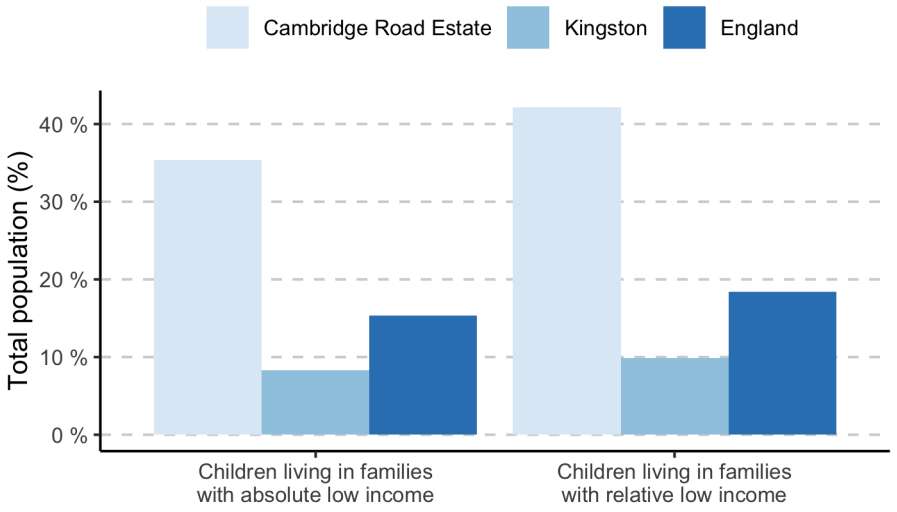
IMD Domain	Kingston rank*	Kingston decile	England rank*	England decile
Income Deprivation	1	Most deprived	2,177	Amongst 10% most deprived
Employment Deprivation	1	Most deprived	3,443	Amongst 20% most deprived
Education, Skills and Training	1	Most deprived	6,459	Amongst 20% most deprived
Health Deprivation and Disability	1	Most deprived	6,900	Amongst 30% most deprived
Crime	23	Amongst 30% most deprived	18,011	Amongst 50% least deprived
Barriers to Housing and Services	5	Amongst 10% most deprived	4,559	Amongst 20% most deprived
Living Environment Deprivation	63	Amongst 40% least deprived	14,652	Amongst 50% most deprived

*1 = most deprived LSOA, total LSOAs in Kingston = 98, total LSOAs in England = 32,844

Not only is deprivation a problem in relative terms compared with Kingston, but also in comparison with the whole of England. Amongst all the neighbourhoods in England, the overall IMD rank for the Estate is amongst the 20% most deprived.

According to 2018–19 data from the Department for Work and Pensions (DWP) and the Office of National Statistics (ONS), the percentage of children living in families with low income and relative low income is very high, at 35.4% and 42.2%, respectively (see Fig. 2.6, below). Low income is defined as 60% of the median income in 2010-11 after adjusting for inflation, and low income as 60% of the median income in the year the data was collected. Both these figures are around four-fold higher than the Kingston average.

Figure 2.4 Child poverty on the Estate compared with Kingston and England



Source: ONS/DWP analysis of 2018-19 data

On the Estate, 35% of children are eligible for the pupil premium. The pupil premium is additional funding for publicly funded schools in England to raise the attainment of disadvantaged pupils of all abilities and to close the gaps between them and their peers. The pupil premium eligibility criteria are displayed below in Table 3.

Table 3 Eligibility criteria for the pupil premium

1. Income support
2. Income-based Jobseeker's Allowance
3. Income-based Employment and Support Allowance
4. Support as a result of the Immigration and Asylum Act 1999
5. Pension Credit
6. Child Tax Credit
7. Working Tax Credit
8. Universal Credit (if a household is earning less than £7,400 per year)

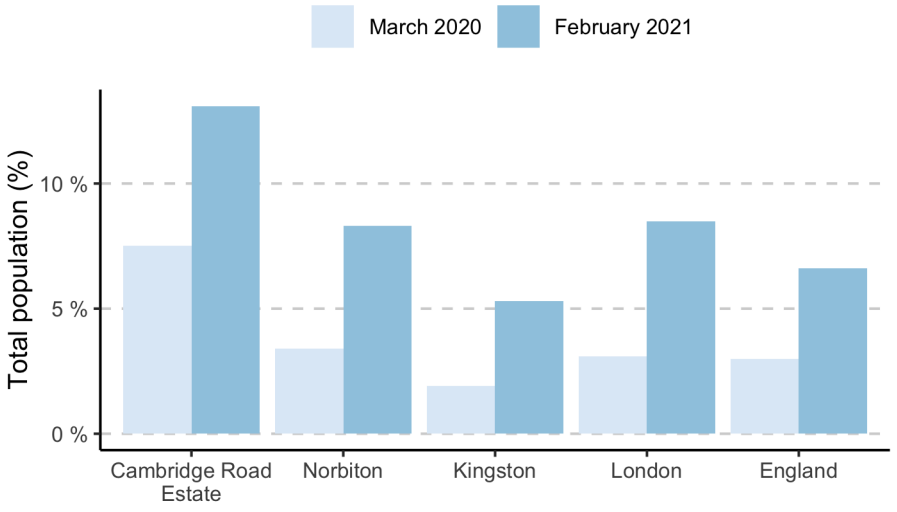
2.5 Employment

According to the 2011 ONS census, in total, 48.8% of people on the Estate are in some form of employment (either: full-time, 28.2%; part-time, 15.2%; or self-employed, 5.4%). This is lower than the total percentage of people in some form of employment in Kingston (64.5%). The most common occupation groups worked by people that live on the Estate are categorised as 'Elementary', 'Sales and customer service', and 'Caring, leisure and other service'. As would be expected, given the younger age profile of the Estate compared with Kingston, a higher percentage of people on the Estate are full-time students (6.4% vs. 5.3%) and a lower percentage retired (8.3% vs. 9.4%), compared with Kingston.

The 2011 ONS census found that unemployment levels on the Estate are around double the Kingston average (7.6% vs. 3.2%). Of those on the Estate that are unemployed, 3.1% are classified as long-term unemployed and 1.6% as having never worked.

Figure 2.5, below, shows the Job Seekers Allowance (JSA) claimant rate in March 2020 and February 2021 on the Estate and other areas. It shows the JSA claimant rate on the Estate to be significantly higher than all other areas graphed, including the rest of Norbiton and Kingston, at both time points. It also shows a large increase in the claimant rate on the Estate and elsewhere between March 2020 and February 2021, likely due to COVID-19 associated restrictions. On the Estate, the JSA claimant rate increased from 7.5% to 13.1% between these dates.

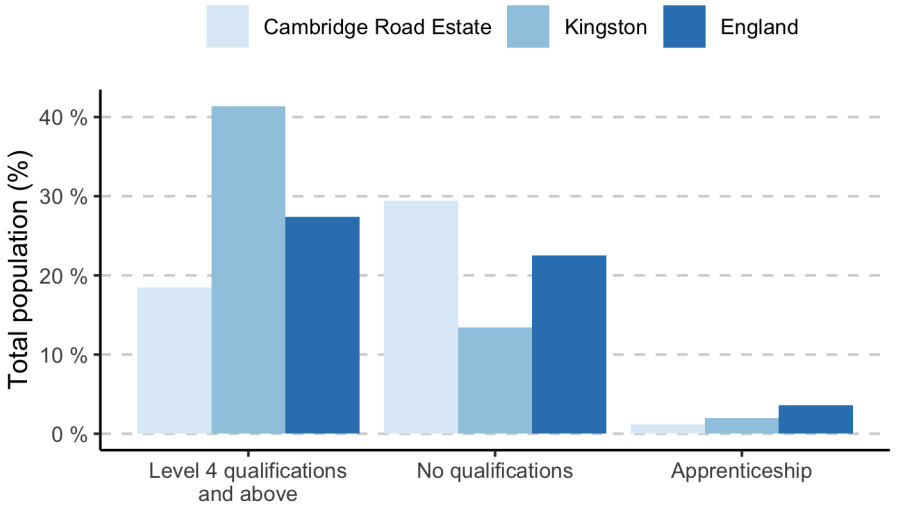
Figure 2.5 Job Seekers Allowance claimant rates between March 2020 and February 2021



Source: Department for Work and Pensions

2.6 Educational attainment

Figure 2.6 Educational attainment on the Estate compared with Kingston and England



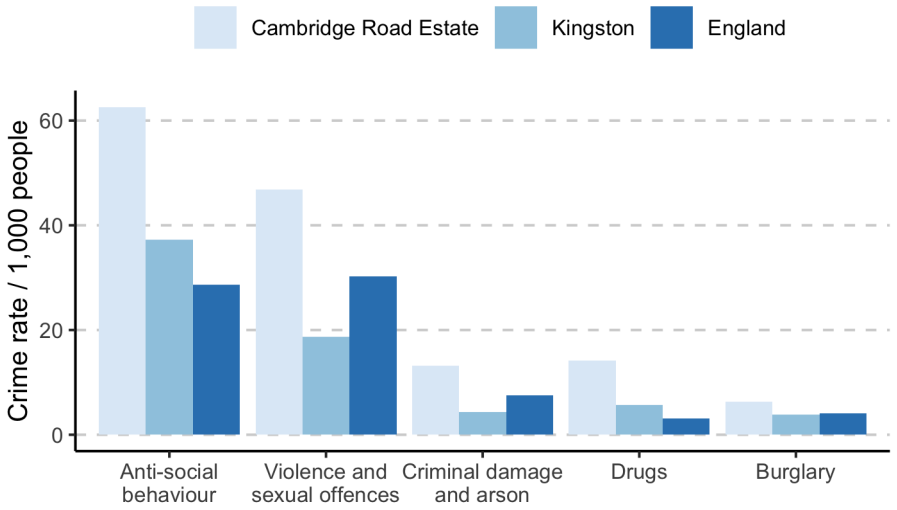
Source: ONS 2011 census

Educational attainment is lower on the Estate compared with the rest of Kingston (see Fig. 2.6, above). According to the 2011 ONS census, on the Estate 29.4% of people have no formal qualifications and only 18.5% have level 4 qualifications or above, compared with 13.4% and 41.4% in Kingston, respectively.

At the Norbiton electoral ward level, the age 5 child development rate is 56.7%, compared with 64.6% in Kingston and 60.4% in England. This is the percentage of children aged 5 with a good level of development. Norbiton is the electoral ward with the lowest rate of children reaching this milestone in Kingston.

2.7 Crime

Fig 2.7 Crime rates on the Estate compared with Kingston and England



Source: data.police.uk, May 2020 - April 2021

Crime rates on the Cambridge Road Estate are significantly higher than the Kingston and England average. According to 2021 police data, the most commonly reported crimes on the Estate are anti-social behaviour, violence and sexual offences and criminal damage and arson, drugs and burglary (see Fig. 2.7, above).

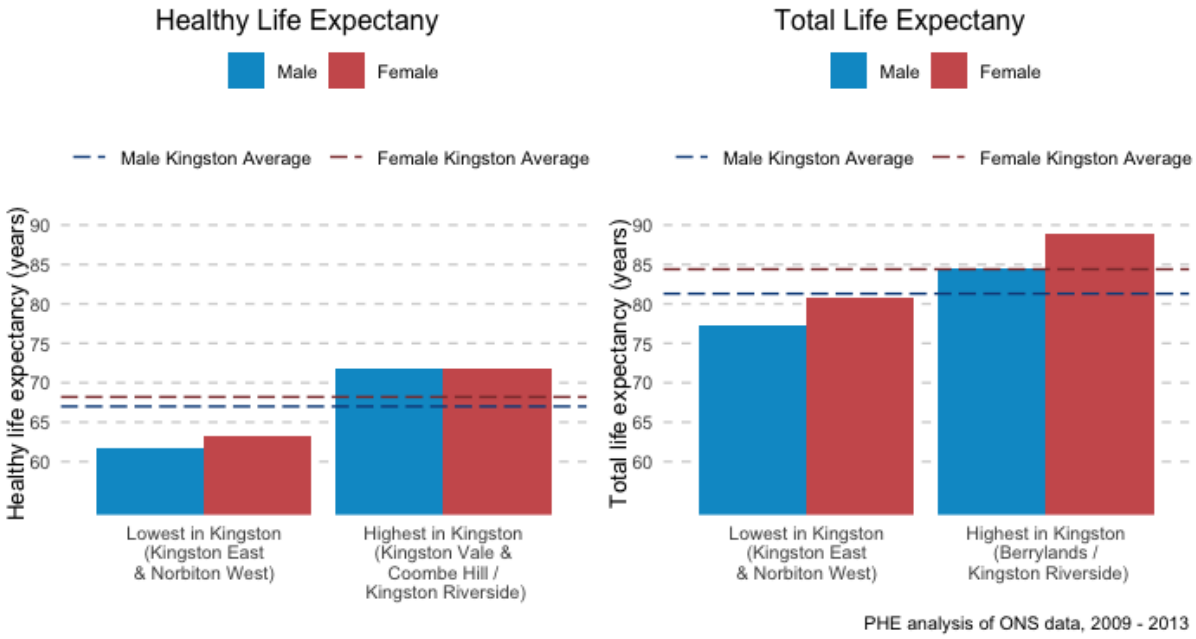
2.8 Chapter Summary

- The Cambridge Road Estate is an ethnically diverse population with a higher proportion of working-age adults and children compared with the rest of Kingston.
- The vast majority of residents live in flats in socially rented tenures.
- The Estate is in the top 20% of most deprived neighbourhoods in the country and is the most deprived neighbourhood in Kingston.
- Child poverty is a significant issue on the Estate with 35.4% of children living in low-income families; around four-fold higher than the Kingston average.
- Only 48.8% of residents are employed and occupations tend to be lower-skilled.
- 29.4% of residents have no formal qualifications, compared with 13.4% in the rest of Kingston.
- Crime rates are higher on the Estate than the Kingston and England averages. Anti-social behaviour, violence and sexual offences and drug abuse being particular issues.

Chapter 3 **What is the overall picture of the health of people that live on the Estate?**

3.1 Life expectancy

Figure 3.1 MSOAs with the highest and lowest healthy life expectancy (left) and total life expectancy (right) in Kingston



Life expectancy and healthy life expectancy data are available at the MSOA level (see Fig. 3.1, above). For the period 2009–2013, the Estate's MSOA (Kingston East & Norbiton West) had the lowest healthy life expectancy in Kingston at 61.6 years for men and 63.3 years for women. The average healthy life expectancy in Kingston was 67 years for men and 68.3 years for women. The highest healthy life expectancy in Kingston was 71.9 years for both men (in Kingston Vale & Coombe Hill MSOA) and women (in Kingston Riverside MSOA). Healthy life expectancy is the average number of years that an individual is expected to live in a state of self-assessed good or very good health.

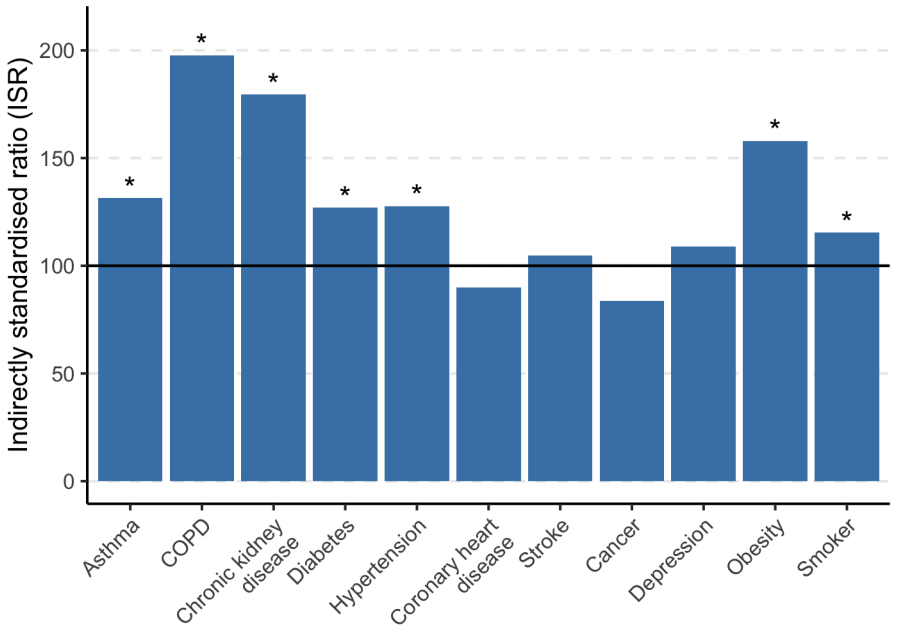
Total life expectancy in MSOAs across Kingston mirrors the trend seen in healthy life expectancy. The lowest, average, and highest life expectancy in Kingston is 77.3, 81.3 and 84.3 years for men, and 80.8, 84.4 and 88.9 years for women, respectively. Again, the MSOA with the lowest life expectancy is Kingston East & Norbiton West, whilst the MSOA with the highest male life expectancy is Berrylands and the highest female life expectancy is Kingston Riverside.

The difference in total life expectancy between the Estate's MSOA and the highest in Kingston is 7 years for men and 8.1 years for women, and the difference in healthy life expectancy is even greater at 10.3 years for men and 8.6 years for women. This means that not only do people in the MSOA of the Estate live shorter lives but a greater proportion of

those shorter lives are spent in poor health. Life expectancy data is not available at the LSOA level. If it were, it would likely show an even larger difference as the Estate is the most deprived area within the MSOA.

3.2 Long-term health conditions and risk factors

Figure 3.2 Prevalence of long-term conditions and risk factors on the Estate



*p < 0.05
Source: Sollis Clarity Population Health Analaytics Platform

Sollis Clarity is a population health analytics company that carried out an analysis of anonymised primary care level data (see Fig. 3.2, above). The observed number of long-term health conditions and risk factors present on the Cambridge Road Estate were compared with the number of expected long-term conditions and risk factors, based on disease and risk factor prevalence in the Estate's clinical commissioning group and after making adjustments for the age, sex and deprivation profile of the Estate. This information is displayed as an indirectly standardised ratio (ISR), where 100 represents the expected number of health conditions, after adjustment for age, sex, and deprivation, and a value higher than 100 indicates that the observed prevalence of the health condition or risk factor was higher than expected. Differences between the expected and observed ISR that were statistically significant are shown with an asterisk.

Five long-term health conditions were highlighted from this analysis as being highly prevalent on the Estate: asthma, chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), diabetes and high blood pressure (hypertension).

The absolute number of observed cases of coronary heart disease (n = 27), stroke (n = 15) and cancer (n = 29) on the Estate were low. Differences found in the numbers of expected

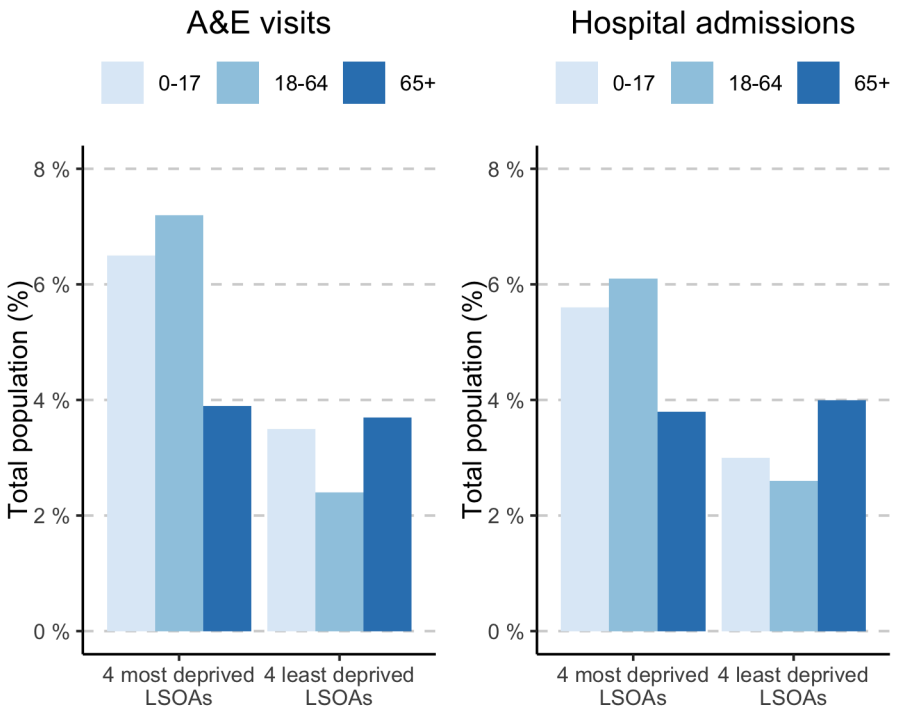
and observed cases of these diseases should therefore be treated with caution. Observed cases of depression (n = 166) were higher than the expected number (152), however, the difference did not reach the threshold of statistical significance.

In terms of behavioural risk factors, the analysis showed that observed cases of smoking and obesity were higher than what would be expected for the area. These figures are likely to be an understatement of the true figure as they rely on accurate GP coding.

At the MSOA level, Public Health England analysis of health condition prevalence found that there are higher rates of childhood obesity in both reception (6.1% vs. 5.1%) and year six (19.9% vs. 16.0%) in the Estate's MSOA (Kingston East & Norbiton West) compared with the Kingston average.

3.3 A&E Attendances and Emergency Hospital Admissions

Figure 3.3 A&E visits (left) and emergency hospital admissions (right) to Kingston Hospital from the 4 most and 4 least deprived LSOAs by age group



Source: Kingston Hospital, April 2017 - March 2020

An analysis was carried out by Kingston Hospital Business Intelligence Team on Accident and Emergency Department (A&E) attendances and emergency hospital admissions from April 2017 to March 2020. The analysis compared the four least and the four most deprived LSOAs in Kingston, of which the Estate's LSOA is the most deprived. This analysis showed that a disproportionately high number of A&E visits were from people that lived in the more deprived LSOAs, with 6.3% of A&E attendances coming from people that lived in the four most deprived LSOAs compared with only 3% from people living in the least deprived.

Figure 3.3 shows a breakdown of A&E attendances by age and LSOA group. It shows that a similar percentage of A&E visits in the oldest age group (65 years and over) occurred between people living in the four least and four most deprived LSOAs (3.7% vs. 3.9%, respectively), but a significant difference between the percentage of A&E visits in the two younger age groups (0–17-year-olds and 18–64-year-olds). Amongst people aged 0–17 years, 6.5% of A&E visits were from people that live in the four most deprived LSOAs, compared with only 3.5% from people that live in the four least deprived. For people aged 18–64 years, 7.2% of A&E visits were from people living in the most deprived LSOAs compared with 2.4% of people from the least.

As well as overall A&E visits being disproportionately higher amongst people from the most deprived LSAOs, so were the number of A&E re-attenders (defined as re-attendance to A&E within 7 days). The Kingston Hospital data found that, overall, 21% of the total number of A&E attendances were from A&E re-attenders. People in the most deprived neighbourhoods constituted 7% of the reattenders and only 2.6% of the reattenders lived in the least deprived neighbourhoods.

Data obtained through Sollis Clarity platform analysis found that A&E visits for residents of the Estate were more expensive than expected, costing £51 per capita versus an expected sum of £38.

Mirroring the A&E attendance data, hospital admission data from the same analysis showed a similar pattern — that people who have emergency admissions to Kingston Hospital were disproportionately represented by people that lived in the most deprived neighbourhoods. As with the A&E data, the difference between the least and most deprived neighbours was largely seen in the population aged less than 65 years. This indicates that patients from the most deprived LSOAs may not be using A&E inappropriately as they are subsequently being admitted to hospital following their A&E attendance. This is likely to be a reflection of the poorer health and greater healthcare needs of people living in the most deprived neighbourhoods of Kingston.

People that live in the most deprived neighbourhoods and were admitted to Kingston Hospital as an emergency were found to be more likely to have a prolonged hospital stay, defined as longer than 20 days, compared with people from the least deprived neighbourhoods (4.5% vs. 2.4% respectively). It was also found that there were more in-hospital deaths for people that lived in the more deprived neighbourhoods (4.5% vs 3.6% from least deprived).

Supporting the information outlined above, from the hospital data about admission and A&E visits, Public Health England data showed that the Estate's MSOA had the highest rates in Kingston for hospital stays for alcohol-related harm; incidence of lung cancer; and emergency hospital admissions for coronary heart disease, heart attacks and COPD.

The hospital data analysis found there to be a higher number of maternity admissions in people aged under 20 years old in the most deprived postcodes (n = 34) compared with the least deprived (n = 0) over the period of data collection (2017–2020). This may represent the younger age profile of the Estate compared to Kingston and also possible differences in teenage pregnancy rates. LSOA-level data about teenage pregnancy rates on the Estate are not available. However, we know nationally that teenage pregnancy is more common in areas of deprivation and this is therefore likely also to be reflected on the Estate [6].

3.4 Causes of death

Public Health England data about causes of death is available at the electoral ward level. As would be expected, given the lower life expectancy, death rates are higher in Norbiton compared with the rest of Kingston. PHE data show that Norbiton has the highest standardised mortality ratio (SMR) in Kingston for: deaths from all causes, deaths from all cancer, death from all circulatory diseases, deaths from all coronary heart disease and deaths from strokes. Norbiton does not have the absolute highest SMR for deaths due to respiratory disease in Kingston, but it is statistically significantly higher than the Kingston average (152.0 per 100 vs. 89.3 per 100).

3.5 Chapter Summary

- The health of residents on the Estate is much poorer than the rest of Kingston and this translates into a much lower total and healthy life expectancy.
- There are many long-term health conditions and risk factors contributing to poor health and low life expectancy on the Estate such as chronic obstructive pulmonary disease, asthma, diabetes, chronic kidney disease, hypertension, smoking and obesity.
- Residents of working-age and children represent a high proportion of A&E attendances and emergency hospital admissions to Kingston Hospital.
- Residents admitted to hospital as an emergency had a more costly hospital stay, were more likely to have a prolonged admission and had higher inpatient mortality.
- Norbiton, the electoral ward that the Estate falls into, has the highest standardised mortality ratio in Kingston for deaths from all causes, deaths from all cancers, death from circulatory diseases and deaths from all coronary heart disease.

Chapter 4 **What do residents think is important for their health and wellbeing?**

4.1 Residents' survey

A residents' survey was carried out from March to April 2021. It aimed to understand the health and wellbeing priorities from the perspective of people that live on the Estate to aid with selecting priorities and to collect baseline health and wellbeing data before the Estate regeneration.

The survey and accompanying cover letter were posted to each household and consisted of 21 questions (see appendix). Residents could either complete and return an enclosed paper version of the survey or complete it online. No personally identifiable information was collected and the responses were anonymous. Data analysis was conducted by AC and GW. Free-text responses were thematically analysed into broad themes and sub-themes, where appropriate [7].

There were 169 survey respondents: 89 hand-written and 80 completed online. This represented a response rate of around 20% of households on the Estate. The survey answers consisted of a mixture of tick-box and free-text responses. Question completion rates were generally good for the tick-box responses and lower for free-text responses.

4.2 Respondent demographics

Demographic questions were asked about respondents' age, gender, ethnicity, housing block/street and housing tenure. The respondents were broadly representative of the population of the Estate, other than no one under the age of 18 years completing the survey (see Table 4, below).

In terms of Ethnicity, the largest groups were 'White: English / Welsh / Scottish / Northern Irish / British' (n = 57), 'Asian / Asian British: Any other Asian background' (n = 31) and 'White: Any other White background' (n = 17).

The majority of respondents (71%) were Kingston Council secure tenants and the second largest group had temporary home tenancy (11%, n = 19). Good responses were received from all geographical areas of the Estate. The largest number of respondents lived in Brinkley (n = 21), Childerly (n = 15), Madingley (n = 14) and Graveley (n = 12), which are the four tower blocks on CRE. The median length of time lived on the Estate by the respondents was 11 years (range: 3 weeks to 51 years).

Table 4 Characteristics of survey respondents compared with the total population of the Estate

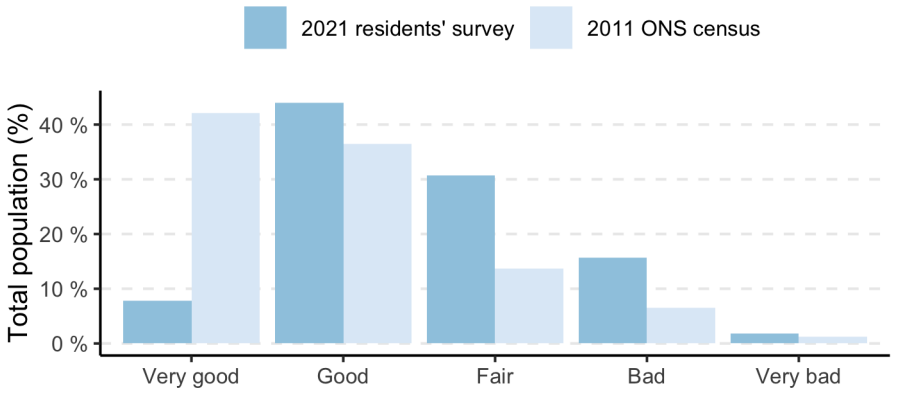
Characteristic	Survey respondents* (n = 169)	Cambridge Road Estate total population (N = 1,901)
Gender, n (%) Male Female	 67 (39.9%) 99 (58.9%)	 903 (47.5%) 998 (52.5%)
Age, n (%) 18 years and under 19 to 40 years 41 to 60 years More than 60 years	 0 (0%) 40 (23.7%) 79 (46.7%) 50 (29.6%)	 552 (29.0%) 697 (36.7%) 434 (22.8%) 218 (11.5%)
Ethnicity, n (%) White (including White minorities) Ethnic minorities** (excluding White minorities)	 75 (45.7%) 81 (49.4%)	 961 (55%) 787 (45.1%)
Housing tenure, n (%) Secure tenant (Kingston Council)	120 (71.0%)	578 (76.5%)

*Individual question responses: gender = 168, age = 169, ethnicity = 164, housing tenure = 169.

**Ethnic minority refers to any person that identifies as an ethnicity other than White British.

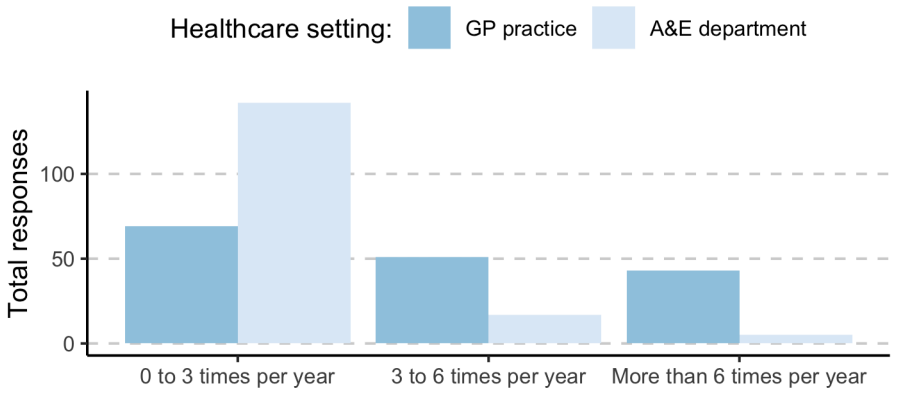
4.3 Health and wellbeing

Figure 4.1 Responses to 'How is your health in general' compared with the 2011 ONS census



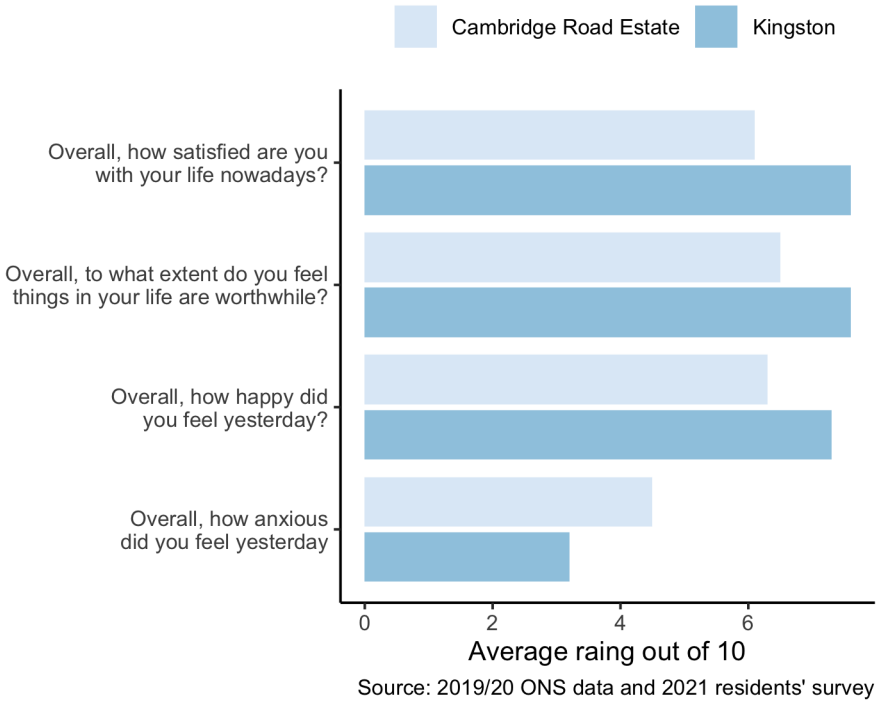
Respondents were asked ‘How is your health in general’, in keeping with the wording on the ONS census to allow for comparisons (Fig. 4.1). The majority of respondents to the residents’ survey rated their health as ‘good’ (44%) or ‘fair’ (30.7%). 15.7% rated their health as ‘bad’ and only 7.8% as ‘very good’. This is a significant worsening in self-perceived health compared to the Estate LSOA census results from 2011, where most respondents (42.1%) rated their health as ‘very good’. Self-perceived health is seen to be an accurate measure of overall health and is closely associated with mortality [8].

Figure 4.2 Response to ‘How often do you visit your GP practice?’ and ‘How often do you visit the hospital accident and emergency (A&E) department?’



To further understand health and healthcare use, respondents were asked how often they accessed healthcare either from the A&E department or their GP practice (see Fig. 4.2, above). Most respondents (n = 142) only visited the A&E department 0 to 3 times per year. In terms of visiting the GP practice, there was a roughly even split with 69 respondents visiting 0 to 3 times per year, 51 visiting 3 to 6 times per year and 43 more than 6 times per year. This healthcare usage information complements the self-reported health responses, supporting the conclusion that most respondents have moderate good health, with few people experiencing very good health, and a small but important minority experiencing poor health and high healthcare usage.

Figure 4.3 Personal wellbeing on the Estate compared with Kingston

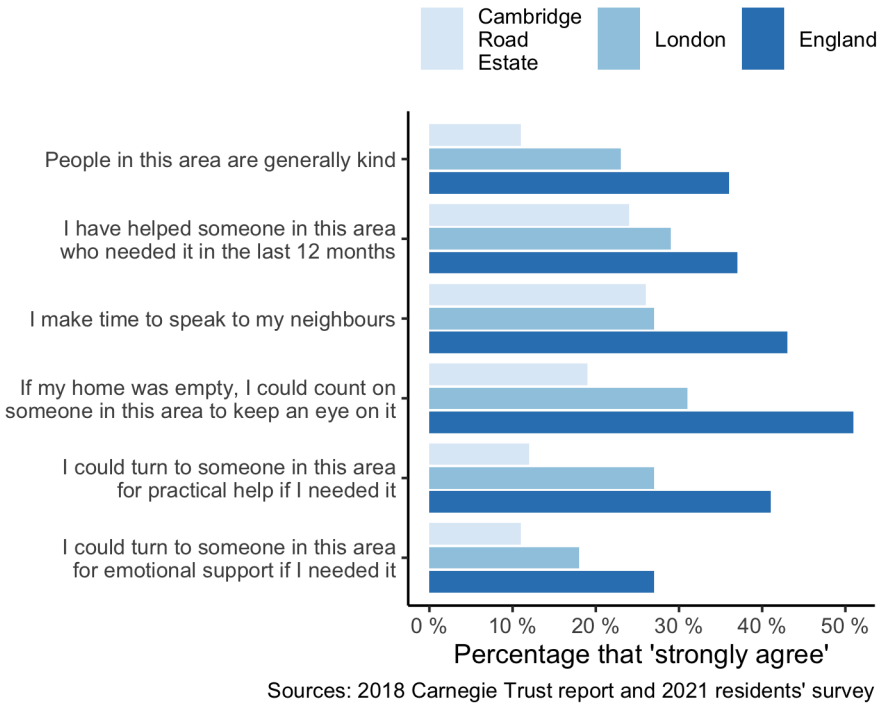


Respondents were also asked about their personal wellbeing (see Fig. 4.3, above). Respondents were asked to rate four wellbeing questions out of 10, in keeping with the wording of the annual ONS wellbeing survey. The average rating for each question was then compared with the 2019/20 Kingston average (ONS data available only at the local authority level). As can be seen from the graph, there were lower average ratings for personal wellbeing, and a higher average rating for anxiety, among the resident's survey responders compared with the rest of Kingston. There are likely multiple reasons why personal wellbeing and levels of anxiety are worse than the Kingston averages. It is important to mention that our survey was collected in April 2021 which was in the midst of the Covid-19 pandemic where health anxiety, job insecurity and social isolation was much more prevalent than 'pre-pandemic' times and all likely to have an impact on personal wellbeing and anxiety levels.

Related to personal wellbeing is community kindness. The level of kindness that people experience in day-to-day interactions is important for their own individual wellbeing, but also overall community strength and resilience. Respondents were asked to respond with 'strongly agree', 'tend to agree', 'tend to disagree', 'strongly disagree' or 'don't know' to six statements about community kindness (see Fig. 4.4, below). These questions were derived from a 2018 Carnegie Foundation report that asked the same questions to adults across England (total sample size = 1,253) [9]. Mirroring the personal wellbeing findings, a much lower percentage of respondents from the Estate responded with 'strongly agree' to each statement about community kindness, compared with the percentage responding with 'strongly agree' from London and England. Of note, the Carnegie Foundation study was conducted face-to-face and before the recent lockdown which may have changed peoples'

views about community kindness and explain some of the differences seen. Additionally, the London sample size in the Carnegie Report was low (n = 193).

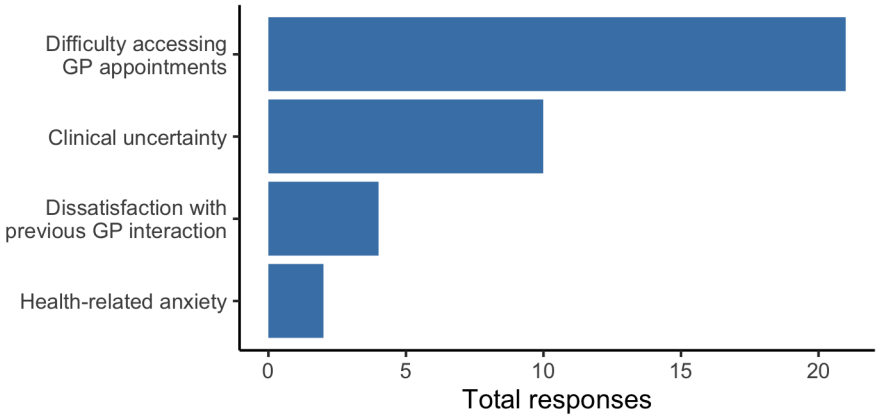
Figure 4.4 Community kindness on the Estate compared with London and England



Sources: 2018 Carnegie Trust report and 2021 residents' survey

4.4 Access to healthcare

Figure 4.5 Responses to why it was difficult to decide to go to A&E or GP practice



Building on the questions about the perceived health and wellbeing of the respondents, questions were asked about challenges to accessing healthcare. Respondents were asked 'Thinking about you and your household, have there been times when you have needed healthcare and it was difficult to know if you should visit the GP practice or the hospital A&E department?'. 57% answered 'no', 29% 'sometimes', and 14% 'yes'. For those that answered 'sometimes' or 'yes', a free-text response question was asked about why it was difficult to decide where to go (responses = 36) (see Fig. 4.5, previous page). These responses could be categorised into four themes: 'difficulty accessing GP appointments' (n = 21), 'clinical uncertainty' (n = 10), 'dissatisfaction with previous GP interaction' (n = 4) and 'health-related anxiety' (n = 2).

We then asked a question focusing on understanding the difficulties people experienced with accessing healthcare from the GP practice, rather than the difficulty with choosing between accessing healthcare from A&E or the GP practice, as in the previous question. The top responses to this tick-box question are shown below in Figure 4.6. Booking a GP appointment and related booking difficulties, such as difficulty getting a GP appointment at a time when respondents could attend, and having a long wait for a GP appointment, were the most common challenges that people faced in accessing healthcare from their GP practice. Perceived restrictions in accessing healthcare from the GP practice due to COVID-19 was another important difficulty that people experienced. Of note, although 'language barriers' was only selected by seven respondents, this response is important to consider as people with language barriers may have responded in lower numbers to the survey.

Figure 4.6 Top 10 responses to 'When you or someone in your household has needed healthcare from your GP practice, have any of the following made it difficult? Please tick all that apply.'

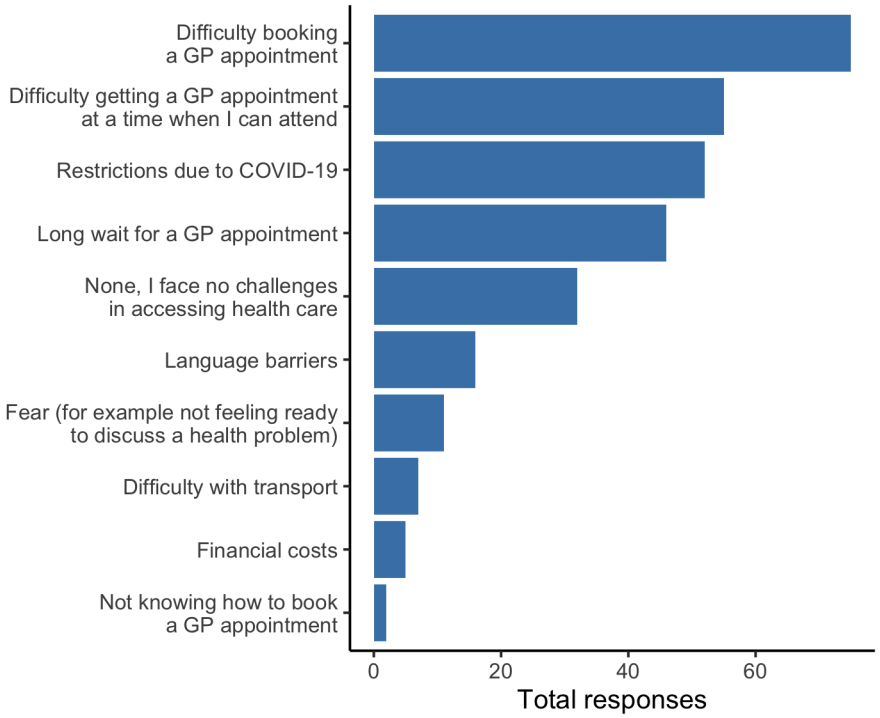
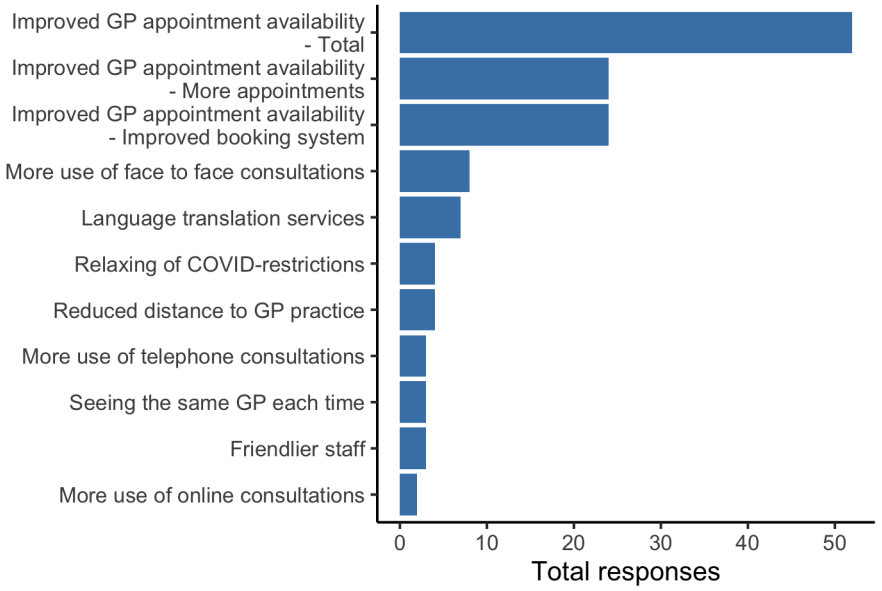


Figure 4.7 Free-text responses to 'What would make it easier for you or someone in your household to access healthcare from your GP practice?'

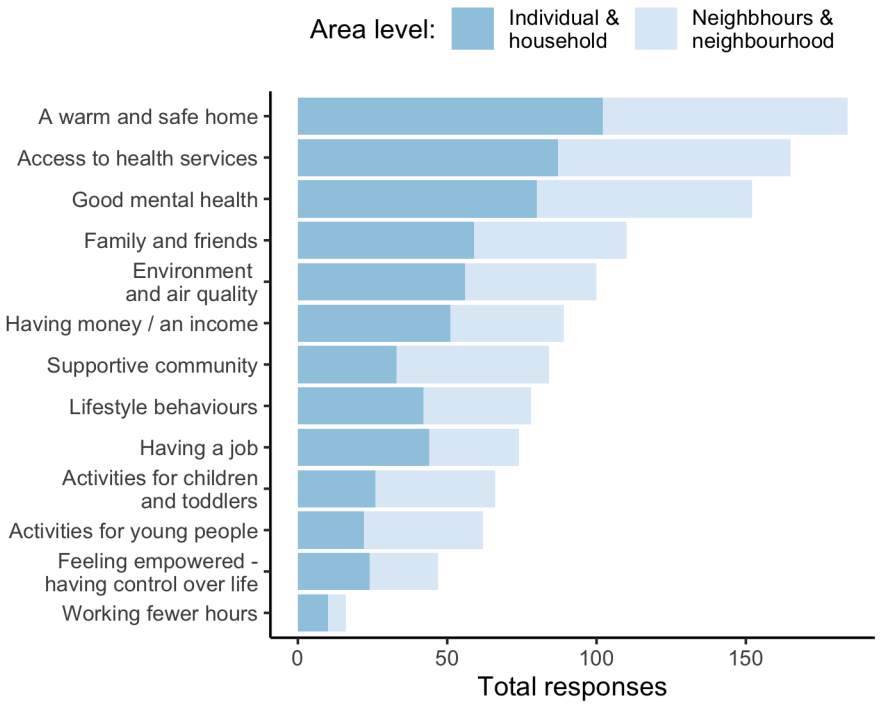


We then invited residents to suggest to us how to improve the challenges that they experienced in accessing healthcare from their GP practice (see Fig. 4.7, above). These answers were categorised into eight major themes and two sub-themes. Unsurprisingly, considering the challenges identified in the previous question about difficulty booking a GP appointment, the most suggested answers fitted into the theme of 'having improved GP appointment availability' (n= 52). This theme included the two sub-themes of 'having more appointments available' (n = 24) and 'having an improved booking system' (n = 24).

4.5 Resident priorities for improving health and wellbeing

Residents were asked, in two separate tick-box response questions, to select their top three answers to 'which of the following areas do you think are most important for the health and wellbeing of (1) you and your household and (2) your neighbours and neighbourhood?'. This approach was taken to seek views from residents at both an individual household level, as well as their perception of the people that live around them. Figure 4.8 shows that the overall top three issues were 'a warm and safe home', 'access to health services', and 'good mental health'. Interestingly, 'lifestyle behaviours' and answers related to employment and income were viewed only as being of only moderate importance to the residents. There was no major disparity in the answers given when residents were asked to consider the same list of issues from the perspective of themselves and their household, and the perspective of their neighbours and neighbourhood.

Figure 4.8 Top three areas considered most important for health and wellbeing



A follow-up tick-box response question was then asked about the relative importance of different lifestyle behaviours to residents' health and wellbeing (see Fig. 4.9, below). The most important lifestyle behaviours to the residents were 'not doing enough exercise or physical activity', 'eating unhealthy foods' and 'too little or poor quality sleep'. Interestingly, cigarette smoking, alcohol consumption and use of illegal drugs were ranked as being of lower priority.

Figure 4.9 Responses to 'We are interested to know if you think any of the following lifestyle behaviours have an important effect on the health and wellbeing of you and your household. Please select the top three.'

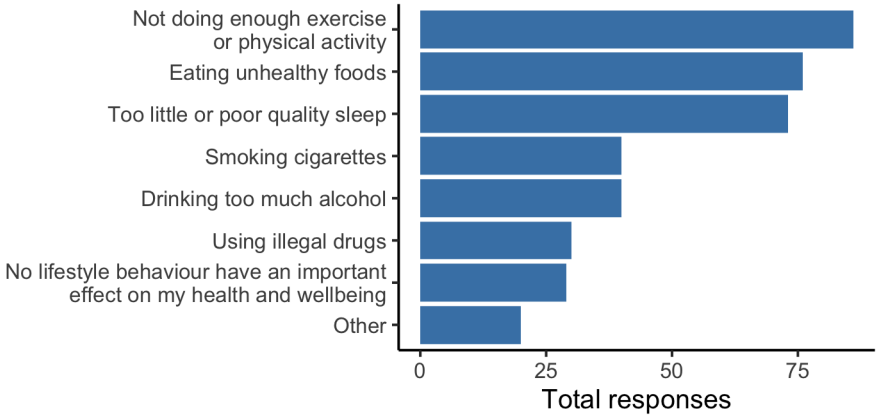
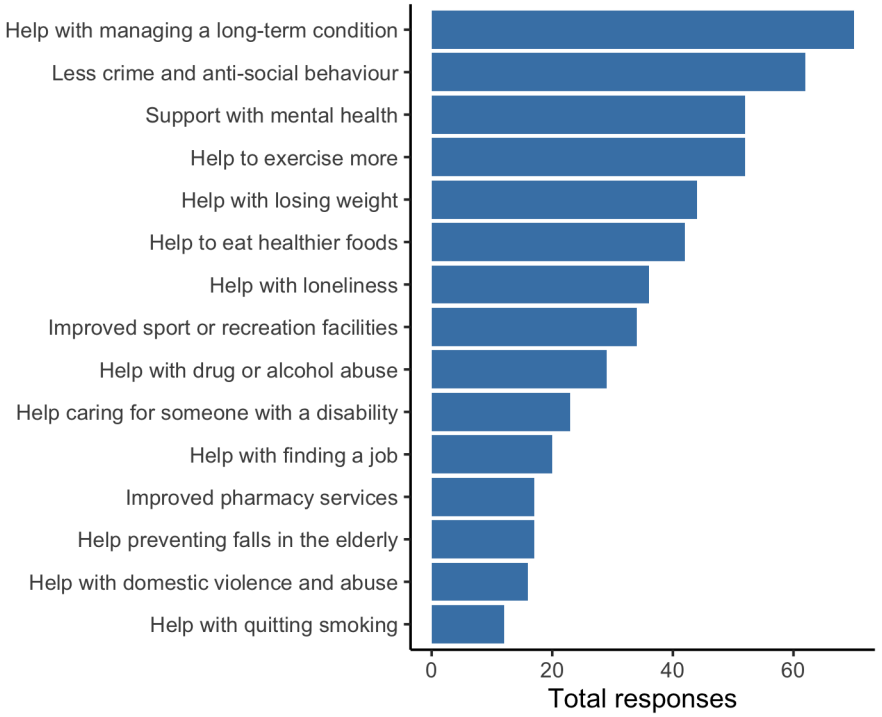


Figure 4.10 Top responses to 'If any changes could be made to the estate or local services, what do you think would be most helpful to improve the health and wellbeing of you or your household? Please select the top three.'



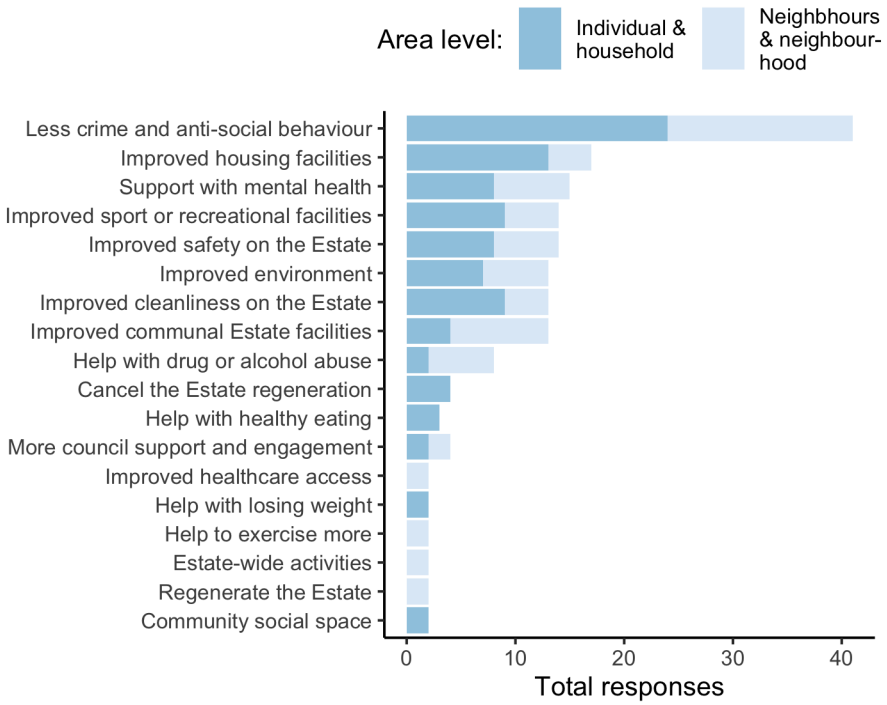
Building on the previous question about the perceived importance of different areas to resident's health and wellbeing, we then wanted to know, out of any change that could be made to the Estate or local services covering issues related to the social and physical environment of the Estate, healthcare conditions, healthcare access and health risk behaviours, what were the top changes that residents want to see that would be most helpful to improve their health and wellbeing. This question was asked twice, once asking for tick-box responses to identify their top three changes (see Fig. 4.10, above) and secondly asking for a free-text response to identify the single most important change that residents wanted to see (see Fig. 4.11, next page).

As can be seen in Figure 4.10, when asked about the top three changes, the top response was 'help with managing a long-term condition' (n = 70). This category was created by combining responses from six separate tick-box responses asking about 'help with living with and managing': 'cancer' (n = 12), 'chronic obstructive pulmonary disease' (n = 9), 'diabetes' (n = 20), 'heart disease' (n = 8), 'high blood pressure' (n = 16) and 'kidney disease' (n = 5). 'Less crime and anti-social behaviour' was the second most important change that the residents said they would like to see (n = 62), followed by support with mental health (n = 52) and help to exercise more (n = 52).

Figure 4.11 asked about the single most important change residents would like to see to improve their health and wellbeing. The answers were free-text responses that were categorised into broad themes. Interestingly, the answers given were a mixture of the

answers given in the previous tick-box response question, as expected, but also some new answers. The single biggest change that the residents said they would like to see, by a considerable margin, was ‘less crime and anti-social behaviour’. Other important themes identified were: ‘having improved housing facilities’, ‘support with mental health’ and ‘improved sport or recreational facilities’.There was no major difference seen when residents were asked to consider this question from the perspective of themselves and their household, and their neighbours and neighbourhood.

Fig. 4.11 Free-text responses to ‘Which one change to the Estate or local services do you think would be most important to help improve the health and wellbeing of your or your household or your neighbours and neighbourhood?’



A selection of resident responses to the above question that were analysed and categorised into the broad themes shown in Figure 4.11 can be seen below in Table 4 (displaying example quotes for the top eight responses). These quotes show the diversity of responses and how broad some of the themes were. They also illustrate the struggles experienced by the residents and the strength of feeling they had about these issues. The quotes in Table 5, in addition to showing the response answers, show some of the explanations given by the residents about why their initial response was chosen. The most powerful and moving quotes highlight the challenges of drug abuse on the Estate, of raising families in small and poor quality housing, and of living with lifts and other communal areas that are persistently broken and dirty.

Table 5 Responses and explanations to: ‘Which one change to the estate or local services do you think would be most important to help improve the health and wellbeing of you or your household or your neighbours and neighbourhood?’

Theme	Total responses	Resident quotes
Less crime and anti-social behaviour	41	"This was chosen because our building is always invaded by drug addicts and it doesn't feel safe to come out of your flat seeing some junkie who has passed out laying in the hallway. Due to the use of illegal drugs and alcohol. " "I have lived on this estate for 38 years it is not the same as it was you have gangs and I know they smoke drugs I can smell it in the lifts it is upsetting"
Improved housing facilities	17	"Because of mould my babies [are] getting breathing issues. And they struggle to sleep at night" "Because when the weather is cold I have to spend lots of money to keep warm and I am on ESA" "New home with garden for my kids (4 kids living in a two-bedroom flat for 8 years)"
Support with mental health	15	"As myself and my son both suffer from anxiety and I also have stress and depression it would be great if there was more help out there or information on how to get this type of help." "I feel that there is not much to do for people that find it hard and to communicate with others because of what they are going through because I go through it and I wish I had activities to do."
Improved sport or recreational facilities	14	"I'd like to exercise more but I don't have much time to go to the gym. It would help if there was a local place (not just an outdoor gym) where I could exercise." "People want a local one, not one a bus ride away and at a reasonable price (not like David Lloyd 70/80/90 pounds a month)"
Improved safety	14	"Safety on the estate such as more lighting and cleaner place" "Safe neighbourhood [and] playground facilities for children" "...secure shared entrances"
Improved environment	13	"Cleaner environment and less noise " "Cleaner and fresh air" "….students noise at night"
Improved cleanliness	13	"People urinate and even worse in stairwells that are open to anyone to enter." "Lots of dog mess on staircase and on the corridor floor" "The sanitation of others affects me as we have to share a balcony and walk paths. It's a bit embarrassing when I have guests and find graffiti on walls.. weed smelling all over the place and I have found piss in the elevator on several occasions. Not very relaxing to come back to."
Improved communal Estate facilities	13	"Fix the lifts" "I've got arthritis in both knees and it's a struggle and depression just fix it please" (in relation to fixing broken lifts) "Somewhere nice to sit out"

4.6 Chapter summary

- Residents mostly rate their health as good or fair, but an important minority perceive their health as poor and have high levels of GP attendance.
- There has been a significant worsening in self-perceived health over the last 10 years.
- Levels of personal wellbeing are lower on the Estate compared with Kingston.
- Levels of community kindness on the Estate are lower compared with London and England.
- Around 4 in 10 people on the Estate have found it difficult to decide between accessing healthcare from their GP practice and A&E, difficulty accessing a GP appointment was the biggest issue causing this.
- Difficulty with booking a GP appointment is the biggest challenge residents experience in accessing healthcare from their GP practice.
- Residents perceived having a warm and safe home, access to healthcare and good mental health as their top three most important priorities that have an impact on their health and wellbeing.
- Not doing enough physical activity or exercise is the most important lifestyle behaviour that residents feel has an important impact on their health and wellbeing.
- When asked to select the top three changes that residents would like to see to the Estate or local services to help improve health and wellbeing, the top responses were: help with managing a long-term health condition, less crime and anti-social behaviour, support with mental health and help to exercise more.
- When asked to provide a suggestion about the single most important change to the Estate to help improve their health and wellbeing, less crime and anti-social behaviour was the most important change suggested by a significant margin. Other top free-text response themes were: improved housing facilities, support with mental health, improved sport or recreational facilities, improved safety on the Estate, improved Estate cleanliness and improved Estate communal facilities.
- Quotes from the residents highlighted the importance of drug-related crime and anti-social behaviour, cleanliness of the Estate, and quality of Estate buildings (both their homes and communal facilities e.g. lifts and stairwells) to their health and wellbeing.

Chapter 5 **What do healthcare professionals think?**

5.1 Healthcare professions' survey

A healthcare professional's (HCP) questionnaire was distributed to staff at Your Healthcare, Fairhill Medical Practice and Churchill Medical Practice. It aimed to understand, from the perspective of HCPs that had the experience of providing care for people that live on the Estate, what they viewed as the biggest challenges and most important issues related to improving health and wellbeing for the residents. Only four responses to the HCP survey were received, three from GPs and one from an Advanced Nurse Practitioner (ANP). All respondents were from Fairhill Medical Practice. Due to the low response rate, the conclusions that can be drawn from this survey are limited.

They were asked what they believe are the most important factors that have a negative impact on the health and wellbeing of residents who live on the Estate. A wide range of responses were received with deprivation, poor education and unemployment being the most common responses, with two responses each. Other responses received included social deprivation, lack of exercise facilities, crime, access to resources and crowded accommodation.

When asked which of these issues was the most important, the top three responses were social deprivation, deprivation and poverty.

Next, the HCPs were asked what they believe are the most important factors that have a positive impact on the health and wellbeing of people on the Estate. Responses received included proximity to the town centre, proximity to Richmond Park, good education, effective local services and access to healthcare.

When asked which of these issues was the most important, proximity to the town centre and good education were the top responses.

We then asked the HCPs what they thought were the most important barriers to being healthier for residents who live on the Estate. A wide range of responses were received with diet being the most common response with two responses. Other responses included exercise, deprivation, lack of access to health information, lack of access to tailored health services and education.

We asked the HCPs if they were aware of any previous schemes or interventions that had been tried to improve the health of residents on the Estate. The only response received related to a previous sessional GP surgery held at Hawks Road clinic.

Finally, we asked what changes to local services or interventions they thought would help people on the Estate be healthier. Responses included improved social facilities for young people and a nicer environment with safer communal areas.

Chapter 6 **Suggested priorities to improve health and wellbeing on the Estate**

Six suggested priorities were selected by AC and GW, balancing the perceived needs of the residents, the epidemiological information about disease rates and considering the wider determinants of health for the area, as outlined in the preceding chapters. When selecting priorities, the following factors were also taken into account [2]:

- Impact — what is the impact, in terms of size and severity, of the proposed health condition or health determinant factor on the health and wellbeing of the population?
- Changeability — how likely is it that the proposed health condition or health determinant factor can be improved?
- Acceptability — will a change in this health condition or health determinant factor be acceptable to the population?
- Resource feasibility — do the stakeholders have adequate resources required to achieve a change in the proposed health condition or health determinant factor?

The suggested priorities can be seen below in Table 5. Multiple suggested priorities have been proposed because, as outlined in the previous sections of this report, health and wellbeing on the Estate is poor not as a result of only one or two issues. Rather, it is because a wide variety of factors that negatively influence health and wellbeing are present on the Estate. A number of the suggested priorities are closely related to each other. Therefore, focusing on all of the suggested priorities simultaneously can produce synergistic effects. This is where improvements in one priority area result in beneficial spillover effects to other areas.

Table 5 Suggested priorities to improve health and wellbeing on the Estate

1. Improved GP booking system for Estate residents
2. Estate-wide mental health strategy
3. Reduce rates of crime and anti-social behaviour
4. Support for people that abuse drugs
5. Improved communal Estate facilities and cleanliness
6. Strategy to help with self-management of long-term health conditions

6.1 Improved GP booking system for Estate residents

Our analysis found that residents of the Estate have poorer health than the rest of Kingston, in terms of rates of long-term health conditions, disease risk factors, hospital attendance and admission rates, and life expectancy. Analysis of Kingston Hospital data showed that residents from the most deprived postcodes in Kingston were not using A&E ‘inappropriately’ because, although they visited A&E more frequently, this was mirrored by correspondingly higher rates of emergency hospital admissions and hospital mortality.

The residents' survey found that access to healthcare services was one of their biggest priority areas for health and wellbeing and that more than four in ten residents either all of the time or some of the time had found it difficult to know whether to access healthcare from their GP practice or A&E. The survey found that difficulty with accessing GP appointments was the biggest reason contributing to this uncertainty about where to access healthcare from. We also know that difficulty with accessing GP appointments was the biggest challenge to residents in accessing healthcare from their GP practice and that improvements in the GP booking system was suggested as the most important issue to residents to make it easier to access healthcare from their GP. Quotes from the residents highlighted the frustration and difficulty people experienced in navigating the current GP booking system, requiring residents to call on the day at 8 am sharp.

Access to timely GP appointments is a nationwide issue and we do not have comparison data to compare the situation on the Estate with the rest of Kingston or England. However, in addition to the greater health need on the Estate, there are poor educational attainment rates and likely lower levels of health literacy and ability to navigate healthcare systems. It, therefore, seems reasonable to us for GP practices to consider if the current universal appointment booking system that is applied equally to every patient regardless of where they live, and regardless also of health need and health literacy, is appropriate. This may be unintentionally contributing to health inequality for people living on the Estate by making it more difficult for some of the most unwell patients in Kingston to receive primary care appointments.

Additionally, the Estate's regeneration will increase the number of homes in the area and this may in turn put increased pressure on GP appointment availability and the associated booking system. It is also worth considering that some residents may be re-housed across Kingston as part of the regeneration, which may shift the spread of Cambridge Road Estate residents to different GP practices.

6.2 Estate-wide mental health strategy

Mental health is a broad term, defined by the World Health Organisation as 'a state of wellbeing in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and can make a contribution to his or her community.' The residents' survey found that levels of personal wellbeing on the Estate were low compared with the rest of Kingston, and rates of anxiety high. It also found that rates of kindness in the community, an influence on personal wellbeing, were low compared with London. Mental health was selected by residents as the third most important issue which they felt had an important impact on their health and wellbeing, and was the third most common response when residents were asked what the single most important change they would like to see to the Estate or local services to improve their health and wellbeing.

It is unclear from the survey what aspect of mental health residents most value and want support with. This could be something that is looked into in more detail in future work. The definition encompasses low self-confidence, loneliness and an ability to engage in society and cope with stress, through to clinical depression, anxiety and severe psychiatric illnesses. The primary care analysis found that rates of depression on the Estate were higher than in

the surrounding area, but that the difference was not statistically significant. This could suggest it is the sub-clinical aspects of mental health that are of particular importance to the residents, such as low self-confidence, loneliness and being able to actively engage in society. Alternatively, the primary care data may be an underestimate of the true prevalence of clinical depression and anxiety that is present in the community, especially in light of the economic and social upheaval caused by the recent COVID-19 associated lockdowns and restrictions. A broad strategy aimed at all elements of mental health, therefore, appears sensible. This could involve community champions, drop-in social groups and enhanced screening. The high priority placed on mental health by residents suggests these measures would have good uptake and be well received. As poor mental health can result in worsening physical health, it is envisaged that improving mental health would contribute to improved rates of long-term physical health conditions, and how well residents can self-manage their long-term physical health conditions, over the longer term.

6.3 Focus on reducing rates of crime and anti-social behaviour

Our analysis found that reported crime rates are higher on the Estate compared with the rest of Kingston, including anti-social behaviour. A clear conclusion that can be drawn from the resident's survey is that crime and anti-social behaviour is a highly important priority to the residents and this is, by a considerable margin, the single biggest change on the Estate that they would like to see which they believe would have a significant impact on their health and wellbeing. Quotes from residents highlight that a lot of the crime and anti-social behaviour is related to drug abuse and is highly upsetting for them to have to live with on the Estate. Focusing on reducing crime and anti-social behaviour would have an important impact on personal wellbeing, mental health, and community strength. Tackling this, however, is a challenging issue. This will require coordinated working with multiple stakeholders, including the police and community groups. Encouragingly, the Cambridge Road Estate Landlord Offer document, outlining the landlord commitments to residents as part of the regeneration, includes a commitment that "the new neighbourhood will be designed to reduce antisocial behaviour and crime".

6.4 Support for people that abuse drugs

Similar to the above point, crime and anti-social behaviour on the Estate appears to be particularly related to drug use, which residents report being highly visible and appears to have an outsized influence on their health and wellbeing. In addition to thinking about reducing crime and anti-social behaviour, it is therefore also important to offer enhanced support to people on the Estate that suffer from drug abuse. As well as drug abuse feeding in, either directly or indirectly, to the high rates of crime and anti-social behaviour, it also results in poor physical and mental health of the individuals that are abusing drugs. The survey results showed that using illegal drugs was not a lifestyle factor that the survey respondents felt had a major impact on their own health and wellbeing. This suggests that it is a small minority of people that suffer from drug abuse on the Estate, however as the effects of it are felt acutely across the whole population of the Estate, this makes it an

important area to focus attention on. A multi-disciplinary approach would be needed to tackle this issue involving local police, drug and addiction services and in-reach services in schools to educate teenagers of the risks involved with drug abuse.

6.5 Improved communal Estate facilities and cleanliness

When asked to select the top three areas that have an important impact on health and wellbeing, having a warm and safe home was the top response given by residents. This answer encompasses two points, the warmth of the home in relation to heating insulation and costs, and also the safety aspect. The safety aspect could be influenced by high crime rates, but also the physical security features of communal areas within housing blocks. Quotes show that residents do not feel these communal areas at present are secure, sometimes being used by people that abuse drugs. When asked about the single change to the Estate or local service residents think would have an important impact on their health and wellbeing, improved housing facilities was the answer with the second-highest total number of responses. Improved cleanliness of Estate facilities and improved communal Estate facilities were the joint sixth top responses. Thankfully, the quality of the homes on the Estate, including in relation to warmth, insulation, safety and security will be addressed in the forthcoming regeneration. Of equal importance though is to focus on improving the quality and cleanliness of communal Estate facilities, including the lifts, stairwells, seating areas and community centre. Quotes from residents showed, in particular, a deep dissatisfaction with recurrently broken lifts which were foul-smelling and often soiled with faeces and urine. Other quotes highlighted the difficulty in getting things fixed in a timely manner, a lack of outside seating areas and problems with dog mess.

6.6 Strategy to help with self-management of long-term health conditions

Our analysis showed that rates of long-term health conditions and risk factors for poor health were higher on the Estate compared with surrounding areas. The residents' survey confirmed that as well as being an important issue in quantitative terms, it was also seen as being a priority to the residents. Their self-rated health responses have decreased significantly compared with the census 10 years ago and when 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.

In an ageing society, the number of people living with multiple long-term health conditions will continue to increase. This requires people living with those health conditions to have an understanding about how to effectively look after themselves, with relation to those health conditions, and also the agency and self-confidence to then enact those changes. Previous research has shown that people that live in more socio-economically deprived areas find this more challenging than people that live in other areas [10]. Targeted screening for certain health conditions on the Estate could be effective at identifying people with these health conditions early and providing support for people to self-manage those conditions. This

support could also be provided by community groups, community champions and drop-in health clinics. Part of this support would involve trying to improve modifiable disease risk factors that individuals may have, such as being overweight or having low levels of physical activity. Encouragingly, residents selected having help to exercise more, help with losing weight and help to eat healthier foods as amongst the top six responses to the survey question asking about the top three changes to the Estate or local services that they think would be most helpful to improve their health and wellbeing.

Chapter 7 **Stakeholder feedback**

7.1 Stakeholder engagement and feedback

An overview of the work presented in this report, including the suggested priorities, was presented to various stakeholders in multiple online meetings from May to July 2021. The aims of these were to help stakeholders understand the health and wellbeing challenges experienced by people that live on the Estate to help inform the design of future initiatives. It served as a means to receive feedback on the suggested priorities, and through discussion, help generate momentum, focus and clear action points for how to make positive changes to improve health and wellbeing on the Estate.

To date, three stakeholder feedback presentations have taken place. The first was to team members of Kingston Council's regeneration team including their leads for rehousing, resident engagement and social value, design and delivery of the scheme including directors for the programme from Kingston Council and from Countryside Properties. Feedback from this discussion was that most of the findings of anti-social behaviour were sadly not new to people familiar with the Estate. There was general surprise that levels of community kindness were as low as the survey results suggested, as residents frequently report community strength and kindness as a positive aspect of the Estate. It was suggested perhaps the results could vary by different housing blocks and length of time living on the Estate. The point was raised that if 1,300 more homes were to be made on the Estate, would there be a corresponding increase in GP provision to provide the required healthcare access. A number of survey comments from residents suggested that crime and anti-social behaviour levels had recently increased, housing officers suggested this could be due to the recent decanting of some of the buildings and may get worse as more people are moved out in future phases of the redevelopment.

The second stakeholder feedback presentation was to the lead GP for each GP practice that serves the population of the Estate (Churchill Medical Practice and Fairhill Medical Practice), the Clinical Vice Chair for South West London CCG and GP Borough Lead for Kingston, a representative from Kingston Hospital, and a representative from Kingston Council's public health team. With regards to the data and conclusions about GP appointment availability, feedback from the GPs was that difficulty acquiring an appointment is a well known national challenge and that without comparison for other areas of Kingston, it was difficult to tell if this was a greater problem on the Estate than elsewhere. It was also suggested that screening programmes could be looked into as a potential strategy to address the health challenges identified around long-term health conditions. The interconnectedness of the health of the

residents and the social and physical environment in which they lived was highlighted, and the same point was made in the previous meeting about how GP capacity would be able to meet the increased demand caused by an increased population. Another comment highlighted how the work presented as part of this health and wellbeing analysis would complement and provide supporting evidence for other projects taking place across the borough.

The third stakeholder meeting was to Kingston Council's senior leadership team, including Kingston Council's Chief Executive, Executive Director for Adult Social Care & Health, and Executive Director for Place (who oversees housing and the regeneration scheme at CRE). Feedback from this meeting included a query about whether the mental health issues identified in the report represented a worsening of pre-existent mental health or new cases of poor mental health. This analysis was not able to determine that because no patient identifiable information was collected. The importance of feeding back these results to the residents was highlighted, as was the importance of continuing to make data-driven decisions in the future.

Stakeholder feedback meetings are continuing after the completion of this report, including to local ward councillors and the Community Board for CRE, which includes residents who helped to review and shape the survey.

Chapter 8 **Conclusions**

8.1 Conclusions and next steps

This report has taken a holistic approach to understand the health and wellbeing challenges experienced by people that live on the Cambridge Road Estate. Using this information, priorities have been selected and presented to stakeholders. We feel strongly that these priorities are evidence-based, take into account the views of the community, and if enacted will have a meaningful impact on improving health and wellbeing in the medium to longer-term for people that live on the Estate. The selected priorities were chosen in part because they are achievable with limited financial resources if stakeholders are able to work together in a collaborative and coordinated way. Although the priorities were selected based specifically on the health challenges identified as being most important on the Estate, it is reasonable to assume that the findings are generalisable to other populations in Kingston that experience high levels of socio-economic deprivation.

Unfortunately, due to a severe COVID-19 second wave peak from January to March, AC and GW had to turn their attention away from this analysis to temporarily work clinically on a full-time basis. This resulted in a delay in the survey being sent out to residents and unfortunately did not leave enough time for in-depth interviews of residents to be carried out. However, initial stakeholder feedback has been highly encouraging and further stakeholder engagement and community feedback are planned over the coming weeks and months. Kingston Council's public health team intend to take this momentum forwards by arranging working groups, and we are discussing with Kingston Hospital how it can help to inform their long-term strategy.

This high-level analysis considered the health and wellbeing of the whole population of the Cambridge Road Estate, which was a sensible first step, however analysing such a diverse population necessitated that the level of analysis that could be done and subsequent recommendations were in some places limited. A potential second step could be to conduct more in-depth interviews with people from more clearly defined population sub-groups, such as with people who have a mental health illness or people that abuse drugs.

Living on the Estate is challenging and many factors present in the physical and social make-up of the Estate have a negative impact on the health and wellbeing of people that live there. It doesn't have to be this way. Many of the factors that result in poor health and wellbeing, even if levels of socio-economic deprivation remain the same, can be addressed and the outcomes for residents can be improved. Our sincere hope is that in 10 years time the health and wellbeing of residents on the Estate will be better than it is now, and close to the Kingston average. Without concerted effort, even these modest goals may not be achieved.

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Appendix

Residents' Questionnaire

Cambridge Road Estate:
Gathering a picture of health and wellbeing on the Estate

This questionnaire asks you about your health and wellbeing and should take around 10 minutes to complete. By "health and wellbeing", we mean anything that has a positive or negative effect on your physical health, mental health, or ability to engage in day-to-day activities. Most of the questions have tick-box answers. If there are any questions you don't want to answer you can leave them blank and move on to the next. All responses will be made anonymous and will not be traced back to you.

Section 1: Please tell us a bit about yourself
Providing this information is optional but will help us with our analysis

1. How old are you?

   ▢ Under 18
   ▢ 19–40
   ▢ 41–60
   ▢ Over 60

2. What is your gender?

   ▢ Female
   ▢ Male
   ▢ Prefer not to say / other

3. What type of home tenancy or ownership do you have?

   ▢ Homeowner (freeholder/ leaseholder)
   ▢ Housing association
   ▢ Secure tenant (Kingston Council)
   ▢ Shared owner
   ▢ Temporary
   ▢ Private tenant
   ▢ Prefer not to say

4. Which block of flats or street do you live in?

5. How long have you lived on the Cambridge Road Estate?

6. What is your ethnic group? Choose one option that best describes your ethnic group or background

   ▢ White: English/ Welsh/ Scottish/ Northern Irish/ British
   ▢ White: Irish
   ▢ White: Gypsy, Traveller or Irish Traveller
   ▢ White: Any other White background
   ▢ Mixed/ Multiple ethnic groups: White and Black Caribbean
   ▢ Mixed/ Multiple ethnic groups: White and Black African
   ▢ Mixed/ Multiple ethnic groups: White and Asian
   ▢ Mixed/ Multiple ethnic groups: Any other Mixed/ Multiple ethnic background
   ▢ Asian/ Asian British: Indian
   ▢ Asian/ Asian British: Pakistani
   ▢ Asian/ Asian British: Bangladeshi
   ▢ Asian/ Asian British: Chinese
   ▢ Asian/ Asian British: Any other Asian background
   ▢ Black/ African/ Caribbean/ Black British: African
   ▢ Black/ African/ Caribbean/ Black British: Caribbean
   ▢ Black/ African/ Caribbean/ Black British: Any other Black/ African/ Caribbean background
   ▢ Arab
   ▢ Any other ethnic group
   ▢ Prefer not to say

7. How is your health in general?

   ▢ Very good
   ▢ Good
   ▢ Fair
   ▢ Bad
   ▢ Very bad

8. How often do you visit your GP practice?

   ▢ 0 to 3 times per year
   ▢ 3 to 6 times per year
   ▢ More than 6 times per year

9. How often do you visit the hospital accident and emergency (A&E) department?

   ▢ 0 to 3 times per year
   ▢ 3 to 6 times per year
   ▢ More than 6 times per year

10. Overall, how satisfied are you with your life nowadays?
    (0 = “not at all”, 10 = “completely”)

    ▢ 0 ▢ 1 ▢ 2 ▢ 3 ▢ 4 ▢ 5 ▢ 6 ▢ 7 ▢ 8 ▢ 9 ▢ 10

11. Overall, to what extent do you feel the things you do in your life are worthwhile?
    (0 = “not at all”, 10 = “completely”)

    ▢ 0 ▢ 1 ▢ 2 ▢ 3 ▢ 4 ▢ 5 ▢ 6 ▢ 7 ▢ 8 ▢ 9 ▢ 10

12. Overall, how happy did you feel yesterday?
    (0 = “not at all”, 10 = “completely”)

    ▢ 0 ▢ 1 ▢ 2 ▢ 3 ▢ 4 ▢ 5 ▢ 6 ▢ 7 ▢ 8 ▢ 9 ▢ 10

13. On a scale where 0 is “not anxious at all” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?
    (0 = “not at all”, 10 = “completely”)

    ▢ 0 ▢ 1 ▢ 2 ▢ 3 ▢ 4 ▢ 5 ▢ 6 ▢ 7 ▢ 8 ▢ 9 ▢ 10

Section 2: Access to healthcare

1. Thinking about you and your household, have there been times when you have needed healthcare and it was difficult to know if you should visit the GP practice or the hospital A&E department?

    ▢ Yes ▢ Sometimes ▢ No

2. If you have answered ‘yes’ or ‘sometimes’ to the previous question, please tell us why it was difficult for you to decide where to go.

3. When you or someone in your household has needed healthcare from your GP practice, have any of the following made it difficult? Please tick all that apply.

▢ Difficulty booking a GP appointment
▢ Difficulty getting a GP appointment at a time I can attend
▢ Cultural or religious beliefs
▢ Fear (for example not feeling ready to discuss a health problem)
▢ Financial costs
▢ Language barriers
▢ Long wait for a GP appointment
▢ Not being registered with a GP practice
▢ Not knowing how to book a GP appointment
▢ Restrictions due to COVID-19
▢ Transportation difficulties
▢ None, I face no challenges in accessing healthcare
▢ Other (please specify below):

4. What would make it easier for you or someone in your household to access healthcare from your GP practice?

Section 3: Improving health and wellbeing on the Estate

To help us understand how best to improve health and wellbeing on the Estate, we want to know what you feel are the most important areas to focus on. Some of these questions ask what you think is most important for **you and your household**, and some ask what you think is most important for your **neighbours and neighbourhood.**

1. Which of the following areas do you think are most important for the health and wellbeing of **you and your household**. Please select the top three.

▢ Access to health services
▢ Activities for children and toddlers
▢ Activities for young people
▢ A warm and safe home
▢ Environment and air quality
▢ Family and friends
▢ Feeling empowered - having control over life
▢ Good mental health
▢ Having a job
▢ Having money / an income
▢ Lifestyle behaviours (e.g. healthy eating, exercise, not smoking and drinking little or no alcohol)
▢ Supportive community
▢ Working fewer hours

2. Thinking about your **neighbours and neighbourhood**, do you think the answers would be different? Which of the following areas do you think are most important for the health and wellbeing of your **neighbours and neighbourhood.** Please select the top three.

▢ Access to health services
▢ Activities for children and toddlers
▢ Activities for young people
▢ A warm and safe home
▢ Environment and air quality
▢ Family and friends
▢ Feeling empowered - having control over life
▢ Good mental health
▢ Having a job
▢ Having money/ an income
▢ Lifestyle behaviours (e.g. healthy eating, exercise, not smoking and drinking little or no alcohol)
▢ Supportive community
▢ Working fewer hours

3. Some lifestyle behaviours can affect health and wellbeing. We are interested to know if you think any of the following lifestyle behaviours have an important affect on the health and wellbeing of **you and your household**. Please select the top three.

▢ Drinking too much alcohol
▢ Eating unhealthy foods
▢ Not doing enough exercise or physical activity
▢ Smoking cigarettes
▢ Too little or poor quality sleep
▢ Using illegal drugs
▢ No lifestyle behaviours have an important effect on my health and wellbeing
▢ Other (please specify below):

4. If any changes could be made to the estate or local services, what do you think would be most helpful to improve the health and wellbeing of **you or your household**? Please select the top three.

▢ Help to eat healthier foods
▢ Help to exercise more
▢ Help with domestic violence and abuse
▢ Help with drug or alcohol abuse
▢ Help with finding a job
▢ Help and support with caring for someone with a disability
▢ Help preventing falls in the elderly
▢ Help with living with and managing cancer
▢ Help with living with and managing chronic obstructive pulmonary disease (COPD)
▢ Help with living with and managing diabetes
▢ Help with living with and managing heart disease
▢ Help with living with and managing high blood pressure
▢ Help with living with and managing kidney disease
▢ Help with loneliness
▢ Help with losing weight
▢ Help with quitting smoking
▢ Less crime and anti-social behaviour
▢ Memory loss services
▢ Improved sport or recreation facilities
▢ Improved pharmacy services
▢ Pregnancy care
▢ Suicide prevention services
▢ Support with mental health (eg. stress, anxiety, depression)
▢ Volunteering opportunities
▢ None of these changes will have an important effect on my health and wellbeing
▢ Other (please specify below)

5. Which **one change** to the estate or local services do you think would be most important to help improve the health and wellbeing of **you or your household**?

6. Please tell us a bit about why you have suggested this change.

7. Thinking about your **neighbours and neighbourhood**, would you choose a different single change to the estate or local services? Please let us know what **one change** you think would be most important to help improve their health and wellbeing.

8. Please tell us a bit about why you have suggested this change.

9. Thinking about the estate, and not including family members or anyone you live with, to what extent do you agree or disagree with the following?

   a. In my experience, people in this area are generally kind

      ▢ Strongly agree
      ▢ Tend to agree
      ▢ Tend to disagree
      ▢ Strongly disagree
      ▢ Don't know

   b. I have helped someone in this area who needed it in the last 12 months

      ▢ Strongly agree
      ▢ Tend to agree
      ▢ Tend to disagree
      ▢ Strongly disagree
      ▢ Don't know

   c. I make time to speak with my neighbours

      ▢ Strongly agree
      ▢ Tend to agree
      ▢ Tend to disagree
      ▢ Strongly disagree
      ▢ Don't know

   d. If my home was empty, I could count on someone in this area to keep an eye on it

      ▢ Strongly agree
      ▢ Tend to agree
      ▢ Tend to disagree
      ▢ Strongly disagree
      ▢ Don't know

   e. I feel I could turn to someone in this area for practical help and advice if needed

      ▢ Strongly agree
      ▢ Tend to agree
      ▢ Tend to disagree
      ▢ Strongly disagree
      ▢ Don't know

   f. I feel I could turn to someone in this area for emotional support if needed

      ▢ Strongly agree
      ▢ Tend to agree
      ▢ Tend to disagree
      ▢ Strongly disagree
      ▢ Don't know

10. Is there anything else you would like to tell us? Please use this space to tell us about what works well for you and supports your health and wellbeing, as well as what doesn't.

Thank you very much for taking the time to complete this questionnaire. We hope to use the information it provides to plan how to make the Cambridge Road Estate a healthier place to live. If you want to ask us a question about the survey, please email us at khft.populationhealth@nhs.net or call 0800 304 7633.

Section 4: Invitation to participate in an interview

We are also looking for volunteers to speak to in more depth about the issues that affect health and wellbeing on the Estate. If you would be willing to have a conversation with us about this please provide an email address or phone number below that we may contact you on. Alternatively, you could send us your contact details by email at khft.populationhealth@nhs.net.

Thank you once again for your time and participation, it is much appreciated.