

Royal Borough of Kingston-upon-Thames

Older people's physical activity rapid needs assessment

April 2024

Produced by Kingston-upon-Thames Council Public Health

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Executive Summary

Background

- People aged 65 years and over account for 14.5% (24,328) of Kingston's population. This is greater than the percentage for London (11.9%) but lower than that for England (18.4%). The number of residents aged 65 and over is set to increase by 50% (equating to an additional 12,000 people) by 2040.
- In Kingston, in 2021-2022, 26.3% of residents aged 65 or over were physically inactive (spending less than 30 minutes per week doing physical activities such as walking, gardening, cycling or exercise), whereas only 14.4% of residents aged 16-64 were inactive. This compares favourably with the activity data for England overall, which shows that 36.1% of people aged 65 and over are inactive versus 22.4% of those aged 16-64.
- Being physically active has multiple benefits for morbidity and mortality outcomes, as well as for maintaining mobility and functional independence in older age. The gains are especially significant for those currently doing the lowest levels of activity.
- This needs assessment has taken place in the context of Kingston Council committing to becoming an "Age Friendly Borough".
- A health needs assessment methodology has been followed, with epidemiological, comparative and qualitative components. Qualitative data was gathered using focus groups, with a sample being chosen to represent different localities in the borough, different ethnicities and different age and physical ability profiles. Stakeholder data was gathered using short interviews.
- The CMO Physical Activity Guidelines 2019 outlined that people aged 50-64 are advised to do at least 150 minutes of moderately vigorous physical activity (MVPA) per week, and 2 sessions of strength building activities to remain in good health and maintain their functional abilities. People aged 65 and over are advised differentially depending on their abilities.
- Kingston's older men and women have a higher healthy life expectancy than London and England overall, however for Kingston's older male residents this is decreasing, falling closer to the average. The top five causes of death in Kingston are ischaemic heart disease, lower respiratory infections, Alzheimer's disease and other dementias, stroke and Chronic Obstructive Pulmonary Disease (COPD). The top five conditions for morbidity in older adults are the same, except that diabetes mellitus is in the top five instead of stroke.
- Kingston is relatively equal compared to London and England, however inequalities in life expectancy are increasing for both men and women. Residents in the least deprived areas of the borough are expected to live 4-6 years longer than their counterparts in the most deprived areas. In Kingston, ward level inequalities are reflected in the prevalence of the five most prevalent long term conditions (hypertension, musculoskeletal disorders, cardiovascular disease, cancer, diabetes). For diabetes, Alexandra and Norbiton have the highest levels (36%), with the lowest levels seen in adjacent wards in north-west Kingston (~26%). When combining all the top five conditions, Canbury has the lowest aggregate prevalence, Tolworth and Hook Rise the highest (old ward boundaries used). Disease prevalence also varies depending on ethnicity for some conditions; prevalence of diabetes is up to 3.5 times higher in Asian communities compared to White and the prevalence of hypertension is up to 50% more in Asian or Black communities compared to White communities.

- Nationally, people in lower socio-economic groups and those with particular ethnicities (Black, Asian and “other”) are less likely to be physically active. There is insufficient survey data for Kingston to be able to compare physical activity by characteristics such as ethnicity and deprivation status.

Mapping physical activity opportunities, against need

- A mapping exercise took place to identify existing physical activity assets or potentially useful assets, such as free or pay-as-you-go classes for over-50s; council leisure facilities; facilities that could potentially be used by over-50s such as school swimming pools; for-profit leisure facilities and clubs; other membership-only assets such as bowling clubs; and council parks and green spaces.
- Mapping demonstrated that there is a clustering of affordable classes and facilities in particular wards, notably in Canbury, Kingston Town and Malden Village. The areas with highest need in terms of deprivation index and health outcomes (Alexandra, Norbiton, Old Malden, Surbiton Hill, Tolworth, Hook and Chessington North and Berrylands) do not have a good physical activity services offer.

Focus Groups

- Eight focus groups, with participants from age 50 upwards, were held in different locations, using existing community group meetings as an opportunity to have informal conversations with older residents about their physical activity habits and barriers and facilitators to being active.
- Many older residents said they’d like to be more active, but identified some barriers:
 - lack of access to affordable exercise classes of a suitable level in their neighbourhood;
 - finding out about what is being offered, with many over-70s relying on physical communication channels, such as word-of-mouth, library notice boards and local newsletters and those who used websites (such as Connected Kingston) not being about to find all the information they needed;
 - physical activity in parks, particularly in colder months (muddy underfoot) and lack of facilities, including , with a lack of facilities. toilets and benches. In spite of this, walking was the most popular activity, with some older people walking several miles a day in spite of disabilities.

Recommendations

Recommendations were made on the basis of national guidance, local data and qualitative findings. These have been grouped into:

1. Reviewing provision of evidence-based physical activity classes for older people according to need;
2. Trialling a programme of accessible guided walks, using the borough’s green spaces and community volunteers;
3. Reviewing age-friendliness of the borough’s green spaces;
4. Reviewing the age-friendliness of the public realm including walking routes, high streets and other public spaces;
5. Promoting volunteering opportunities that encourage physical activity; and
6. Promoting and advertising existing physical activity services in formats accessible to all older people.

Introduction

We know that as you get older, you're far more likely to become inactive. Sport England research shows that 42 per cent of people aged 55 and over are inactive compared to 29 per cent of the adult population¹. This can be for a range of reasons and not necessarily directly connected to age and physical ability. It can be work, greater family and caring commitments and even social attitudes and stereotypes about the 'right time' in life to start getting active.

32% of Kingston-upon-Thames' population are over 50 years old, and of Kingston's projected population growth of 8% over 20 years (GLA projections) - most will be in the over 65s population which is set to rise by more than 50% (equivalent to another 12,000 additional residents).

Of adults in Kingston over 65, 26.3% are physically inactive (less than 30 minutes of physical activity per week), 12.7% are fairly active (31-149 minutes of activity per week) and 61% are active (150 minutes of activity per week)². This compares favourably with the data for England, which shows that nationally 36.1% of people aged 65 and over are inactive, 12.2% fairly active and 51.8% are active.

There is strong evidence that being physically active is good for health throughout our lives and has distinct benefits for maintaining mobility and functional independence in older age. Evidence shows that regular physical activity benefits all causes of mortality, reduces stroke and heart disease risk, hypertension, diabetes, 8 different cancers, depression, and improves cognitive function, quality of life, aids weight loss and promotes good sleep in adults of all ages. For older adults, physical activity also reduces risk of falls and frailty and improves physical function³ and it provides opportunities for social interaction; a sense of control over, and responsibility for one's own health and well-being; and managing or coping with disease symptoms and functional limitations. The gains are especially significant for those currently doing the lowest levels of activity (fewer than 30 minutes per week), as the improvements in health per additional minute of physical activity will be proportionately greater.

Therefore, with this population standing to gain the most from increasing their physical activity levels even by small increments, and having the lowest levels of activity compared to other age groups, it's vital to focus on the physical activity needs of older people, and to ensure that they are addressed in line with what we know from data, best practice and local consultation.

This needs assessment on physical activity in older people has taken place in the context of Kingston Council committing to becoming an "Age Friendly Borough", aligned to the ambitions of the Age Friendly Communities Network⁴, and those of the WHO Age Friendly

¹ <https://activelives.sportengland.org/Home/AdultData>

² <https://activelives.sportengland.org/Home/AdultData>

³ 2018 Physical Activity Guidelines Advisory Committee. 2018. Physical Activity Guidelines Advisory Committee Scientific Report. Washington, DC: U.S. Department of Health and Human Services; 2018

⁴ <https://ageing-better.org.uk/uk-network-age-friendly-communities>

Cities Network ⁵. The ambition to increase physical activity cuts across several of the WHO Age Friendly Cities domains (including social participation and outdoor spaces and buildings). Kingston's commitment to these aims was outlined in the most recent Annual Director of Public Health Report ⁶.

In 2023 an Age Friendly survey was carried out in Kingston with 400 older residents that looked at 'How Age Friendly is Kingston-upon-Thames?'. The survey touched on physical activity levels- 71% of respondents said they would like to be more physically active, with the most common barriers to activity being lack of time (36%), cost (30%) and not having the energy (27%). This research aims to build on the findings of that survey report⁷ and identify some practical recommendations to reduce barriers to physical activity amongst older adults in Kingston.

In 2021, the Kingston Public Health Team undertook a small pilot to consider behavioural science research to help inform communication methods for engaging with targeted populations. For the pilot, the study focused on the South Asian community in Kingston, due to a prevalence in this community of asthma, diabetes and hypertension. It is important to note that this was a small pilot study, carried out with 15 individuals completing a survey and 13 being part of focus group discussions. This study identified some barriers in relation to physical activity, including lack of women only or tailored exercise classes, lack of opportunity/time due to childcare or work responsibilities, lack of awareness of exercise recommendations, cost and safety (not going outside when it was dark, travelling by car).

There is a lack of consensus about what is meant by an "ageing" or "older" population. The WHO Age Friendly Cities framework references people over the age of 60 and the UN defines an older person as someone over 60, whilst the UK's Centre For Ageing Better talks about those over the age of 50. As the process of ageing well can be said to start in middle age, and this is a time in life when many people start to become less active, this needs assessment has considered the needs of people over 50, with the community engagement component including anyone aged 50 and over.

Aims

- To identify priority interventions that could be supported by the Council in order to help older people stay active and prevent physical and mental ill health
- To consider ways of making existing services and opportunities more age friendly, and to consider what "activation" is needed
- To contribute to a longer-term Age Friendly physical activity strategy

⁵ <https://extranet.who.int/agefriendlyworld/age-friendly-cities-framework/>

⁶ https://data.kingston.gov.uk/wp-content/uploads/2024/03/Kingston-Annual-Public-Health-Report-2023-RBK-Ageing-Well_Health-Report-Accessible.pdf

⁷ <https://www.kingston.gov.uk/downloads/download/821/age-friendly-engagement-in-kingston---community-research-report---january-2024>

Objectives

- Use a needs assessment methodology to meet the above aims, within the constraints set by a 2-month time period for gathering data (February-March 2024)
- Focus efforts for data collection on localities and groups known to have the highest need and poorest current service provision
- Consult as widely as possible, within Kingston's public health team, across the council and with partners in the voluntary and private sector as well as with communities.
- Produce a needs assessment report with a succinct set of recommendations
- Identify areas for further investigation

Methodology

1. Epidemiology
 - a) Key population health indicators (life expectancy, mortality and morbidity) were summarised, where possible looking at variation by locality, ethnicity, age group, deprivation and gender.
 - b) Physical activity metrics for Kingston were summarised
2. Qualitative research
 - a) Focus groups with community groups of older people
 - b) Interviews with service providers and stakeholders
3. Comparative needs assessment
 - a) Review of national guidelines and policy on physical activity in older people; and for those with special needs such as falls prevention
 - b) Search for best practice examples
4. Identification of assets
 - a) Ward-by-ward mapping of services, venues and facilities provided by statutory, voluntary and private sectors, obtained by consultation with colleagues, service users and service providers as well as online information

Comparative needs assessment

Policy, Strategy and Guidance

The most comprehensive and up-to-date national guidelines on physical activity are the 4 nations' chief medical officers' physical activity guidelines, which were updated in 2019. A scoping review of new evidence is due to be published in 2024, and the next full complete revision is due in 2029. The guidelines contain a comprehensive section on older adults (age 65+), and this is summarised here, along with guidelines for the 50-64 age group (which is the same as for all adults under 65).

There is more specific NICE guidance on aspects of physical exercise, including on "Physical Activity and the Environment" (2018)⁸, "Physical Activity: Walking and Cycling"(2012)⁹ and "Physical Activity: Exercise Referral Schemes"(2014)¹⁰.

Chief Medical Officers' Physical Activity Guidelines (2019)¹¹

Adults aged 50-64

In the Chief Medical Officers' Physical Activity Guidelines adults aged 50-64 fall into the 19-64 years age bracket and are directed to:

- aim to be physically active most days;
- do muscle strengthening exercises at least 2 times per week (the activities chosen should ideally use major muscle groups in both the upper and lower body and be repeated until the muscles feel temporarily 'tired out'/unable to repeat the exercise until rested for a short period);
- accumulate 150 minutes (2 1/2 hours) per week of moderate intensity activity (MVPA), such as brisk walking or cycling; or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity.
- Building muscle strength has equal importance to achieving 150 minutes of moderately vigorous physical activity, especially at the upper end of the 19-64 years age band.

Adults aged 65+

Older adults aged 65+ are directed to:

- engage in daily physical activity;
- undertake activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two days a week (which could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness);

⁸ <https://www.nice.org.uk/guidance/ng90>

⁹ <https://www.nice.org.uk/guidance/ph41>

¹⁰ <https://www.nice.org.uk/guidance/ph54>

¹¹ UK Chief Medical Officers' Physical Activity Guidelines (2019). Accessed at <https://assets.publishing.service.gov.uk/media/5d839543ed915d52428dc134/uk-chief-medical-officers-physical-activity-guidelines.pdf>

- accumulate 150 minutes (two and a half hours) of moderate intensity aerobic activity, building up gradually from current levels.
- Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits.
- Weight-bearing activities which create an impact through the body help to maintain bone health.
- Alternative ways of recording exercise, such as using pedometers or step counters, may be helpful to some older adults in tracking progress towards the moderate intensity activity (MVPA) guidelines.
- Evidence suggests that 30 minutes of daily MVPA accumulated in addition to habitual daily activities in healthy older adults is equivalent to taking approximately 7,000 to 10,000 steps per day.

Activities which strengthen balance, flexibility and strength are particularly important for over 65s as they help maintain physical function, reduce the risk of falls, and help people feel more confident and able to meet the MVPA guidelines. For over 65s these activities can be incorporated into sessions that also involve MVPA. Evidence-based strength and balance exercise programmes reduce falls rate and risk, are cost-effective, increase confidence, and can increase habitual moderate physical activity towards meeting the guidelines. They can be group or home-based, and strength and balance activities can be embedded within everyday activities.

There is no minimum amount of physical activity required to achieve some health benefits. Specific targets below the recommended levels – such as aiming to do at least 10 minutes at a time – can be effective as a behavioural goal for people starting from low levels of activity (including disabled adults and those with long-term conditions), and as a step on the journey towards meeting the recommended levels set out in the UK CMOs' guidelines. Small bouts (i.e. of fewer than 10 minutes) accumulated over the day and week will also provide benefits.

Growing evidence supports the importance of light intensity activity to health, a message that is particularly important to communicate to those who are currently inactive and/or frailer. This can be a means of breaking up prolonged periods of sedentary time, and of building up gradually to the recommended weekly amount of MVPA.

These physical activity guidelines provide specific suggestions on how these recommendations can be achieved by over 65s with different activity levels:

Active Older Adults

“Active older adults are those who are already active through daily walking, an active job, and/or who engage in regular recreational or sporting activity. For many, this may just involve aerobic activity such as brisk walking, whereas significant additional benefits can be achieved from incorporating activities to improve strength, balance and flexibility. Undertaking a programme of activity at least twice per week that includes resistance activities (lifting weights, using resistance bands or other equipment to provide resistance, etc.), some impact activities (running, jumping, skipping etc.), and balance activities (standing on one leg, backwards walking, activities that involve 3-dimensional movement etc.) would provide these benefits. A mix of sporting activities, Tai Chi, dance and

aqua-aerobics, for example, would contribute to both the aerobic and the strength and balance guidelines.”

Older people ‘in transition’

“Older people in transition describes people whose function is declining due to low levels of activity and too much sedentary time, who may have lost muscle strength and/or be overweight but otherwise remain reasonably healthy. ‘Walk and rest for a minute’ may be a useful strategy for adults in this age group to manage fatigue, particularly while building up gradually towards the guideline level for moderate-intensity activity. The inclusion of strength and balance activities may be particularly useful to increase confidence and stability. Sit-to-stands, stair climbing, and home-based strength and balance exercises can all contribute to stability. They can also build the confidence to move safely on to activities that improve aerobic activity, such as brisk walking and exercise classes to improve strength and balance.”

Frailer older adults

“Frailer older adults are those who are identified as being frail or have very low physical or cognitive function, perhaps because of chronic disease such as arthritis, dementia or advanced old age itself. Any increase in the volume and frequency of light activities, and any reduction in sedentary behaviour, is a place to start and contributes towards health. For this group, more strenuous activities are less likely to be feasible. A programme of activities could focus instead on reducing sedentary behaviour and engaging in regular sit-to-stand exercise and short walks, stair climbing, embedding strength and balance activities into everyday life tasks, and increasing the duration of walking, rather than concentrating on intensity”.

The Centre for Ageing Better report ‘Keep on moving: Understanding physical inactivity among 50-70 year olds, September 2021’¹² found that:

1. Everyone knows that they should take part in physical activity, but whether they feel able to do so is intertwined with the complexities of their lives.
2. Maintaining independence rather than living longer is a key motivator to become more physically active: most participants emphasised the potential to improve their quality of life as they age.
3. Preventing poor health in the future was a key motivator for many participants. The influence of negative role models was often mentioned in relation to this; for example, ‘I do yoga so I don’t end up like X’.
4. Many participants had a limited view of what constitutes physical activity and were not aware that everyday activities such as shopping or gardening are an important part of being physically active. Few participants considered the importance of strength and balance training or mixed intensity activities.

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<https://ageing-better.org.uk/sites/default/files/2021-09/Keep-on-moving-understanding-physical-inactivity.pdf>

5. Common life events – such as becoming a carer, being diagnosed with a long term health condition, and retirement – were triggers preventing participants from being physically active. They could also therefore be triggers for interventions.
6. Whether participants identified as ‘sporty’, ‘inactive’ or even ‘lazy’ influenced how they perceived potential motivators and barriers. Taking this into account may prove fruitful in identifying strategies to help individuals overcome these barriers.
7. Family and peer support are very important motivators to maintaining physical activity. The social element of exercise is also a key driver for many – providing a sense of accountability and enjoyment.
8. Retirement did not affect different participants’ physical activity in the same way. For some, having more time in retirement led to increased activity levels.

The Centre for Better Ageing report recommended that at a local level there is a need to consider all place-based opportunities for physical activity to meet people’s preferences and abilities, including encouraging active travel and designing walkable streets. They also recommend that the gym and leisure sector improve their offer for people approaching later life (Ukactive, 2021)¹³ by creating an inclusive and welcoming environment for people of all ages and ensuring staff are trained to support people with long term health conditions.

National policy

Broader considerations for increasing physical activity in all age groups are summarised in the PHE framework “Everybody active, every day”(2014)¹⁴ which aims to “to support all sectors to embed physical activity into the fabric of daily life and make it an easy, cost-effective and ‘normal’ choice in every community in England.”

Sport England’s national 10-year strategy for sport and physical activity “Uniting the Movement” (<https://www.sportengland.org/about-us/uniting-movement>) focuses on pandemic recovery, connecting communities, positive experiences for children and young people, connecting with health and wellbeing, and active environments.

We are Undefeatable is a national campaign supported by Sports England and a number of health and social care charities that helps people living with a long term condition such as cancer, heart disease and Parkinson’s disease, to stay active (<https://www.sportengland.org/funds-and-campaigns/we-are-undefeatable>).

Sport England provides a number of behavioural theory-based tools and resources to guide the design and delivery of programmes aimed at tackling inactivity in all age groups (https://www.sportengland.org/research-and-data/research/inactive-people?section=tool_and_resources).

Local strategies

¹³ Ukactive, (2021), Life in our years. Available at: <https://www.ukactive.com/reports/life-in-our-years/>

¹⁴

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf

- *Kingston's 2023-2027 Strategic Plan*¹⁵ made a commitment to Kingston becoming more Age Friendly; as a consequence the borough became part of the Centre for Better Ageing's UK network of Age Friendly Communities.¹⁶
- The *2023 Active Kingston Framework*¹⁷ combines Kingston's Indoor Leisure Strategy, the Outdoor Facilities Strategy, and the Physical Activity Strategy.
- Kingston's Healthy Weight Strategy, 2024- 2027¹⁸ builds upon the existing work of RBK and its partners to continue to work towards creating a borough wide environment that makes healthier choices easier for everyone.
- The *2024-2034 Green Spaces Strategy*¹⁹ aims to assist in ensuring that the benefits which can be derived from green spaces are maximised, including health and wellbeing benefits, in particular, opportunities for all age groups to be physically active.
- The (emerging) *Kingston Local Plan 2019-2041*²⁰ sets out a vision for the borough, including ambitions for active travel such as cycling infrastructure.

Good practice examples

- Age UK's "One Step at a Time" research programme²¹ investigated how to motivate older people to stay active, for example how older people respond to different types of messaging about activity (generally people responded better to messages about independence, rather than about symptoms; lighter activities felt more achievable; and activities had to be fun and social)
- "Fit as a Fiddle"²² was an evidence-based UK programme that championed physical activity, healthy eating and mental wellbeing for older people. Activities included aqua circuits, dancing and tai chi.
- Age UK is funding a trial Walking Tennis programme²³ at eight sites across the UK.
- Barnsley has a Walking Football Club²⁴ which was set up by Wombwell Main FC and has an open door policy for anyone over 50. The walking football club is thriving, provides social connection, and takes part in friendly matches.
- Tameside developed the "Couch to Out and About" benches and walking project²⁵. The project is designed to increase the walkability of the area, but also to encourage

¹⁵ <https://www.kingston.gov.uk/councilplan>

¹⁶ <https://ageing-better.org.uk/uk-network-age-friendly-communities>

¹⁷

https://www.kingstonletstalk.co.uk/leisure/active-kingston/user_uploads/active-kingston-framework-2023.pdf

¹⁸ <https://www.kingston.gov.uk/downloads/file/2825/healthy-weight-strategy>

¹⁹ to assist in ensuring that the benefits which can be derived from green spaces are maximised

²⁰

https://www.kingstonletstalk.co.uk/planning/first-draft-local-plan/supporting_documents/Kingstons_first_draft_Local_Plan.pdf

²¹

<https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/research-report-2019--one-step-at-a-time.pdf>

²²

https://www.ageuk.org.uk/globalassets/age-uk/documents/services/reports/fit_as_a_fiddle_evaluation_report.pdf

²³ <https://www.ageuk.org.uk/our-impact/programmes/improve-physical-activity/walking-tennis/>

²⁴ <https://ageing-better.org.uk/stories/age-friendly-barnsleys-walking-football>

²⁵ <https://ageing-better.org.uk/stories/couch-to-out-and-about-age-friendly-walking-greater-manchester>

residents to be more active and social in their local community. The project utilises the infrastructure that already exists in terms of parks, the canal, river and town centre but connects them all in a more practical and suitable way. The routes vary in length and difficulty with the idea people can build up their activity over time. The routes also incorporate other modes of transport if people only want to walk part of the way. Rest stops have been placed along the routes in the hope of encouraging more people to give the walks a go. The benches are also 'Talking Benches' that prompt people to have a chat and be social while they rest their feet.

- Age Friendly Nottingham set up a Take a Seat campaign, to make it easier for older people or people with disabilities, when out and about in public places, to find a place to sit down and rest²⁶
- Age Friendly Ireland promotes the use of walkability audits²⁷, similar to the Healthy Streets concept, whereby local community groups or councils use a checklist to score streets on walkability factors, such as evenness of pavements, opportunities for crossing busy roads, street clutter, presence of benches and shade etc.

²⁶

<https://www.nottinghamshire.gov.uk/care/health-and-wellbeing/take-a-seat/what-is-take-a-seat#:~:text=Older%20people%2C%20people%20with%20a,down%20and%20a%20warm%20welcome.>

²⁷ <https://agefriendlyireland.ie/age-friendly-resources/>

Epidemiological needs assessment

Demographics, life expectancy, morbidity and inequality data

Key data describing Kingston's demographics and significant summary statistics relating to healthy life expectancy, prevalence of disability, most common causes of death and morbidity (by borough and PCNs), prevalence of common long-term conditions, and inequalities in life expectancy and common conditions (overall, by gender, and by ward) can be found in Kingston's latest Joint Strategic Needs Assessment (2023)²⁸.

The headlines from the data are as follows:

- People aged 65 years and over account for 14.5% (24,328) of Kingston's population. This is greater than the percentage for London (11.9%) but lower than that for England (18.4%).
- The number of residents aged 65 and over is set to increase by 50% (equating to an additional 12,000 people) by 2040.
- Kingston's older men and women have a higher healthy life expectancy than London and England overall, however for Kingston's older male residents this is decreasing, falling closer to the average.
- The top five causes of death in Kingston are ischaemic heart disease, lower respiratory infections, Alzheimer's disease and other dementias, stroke and COPD. The top five conditions for morbidity in older adults are the same, except that diabetes mellitus is in the top five instead of stroke.
- Kingston is relatively equal compared to London and England, however inequalities in life expectancy are increasing for both men and women, with residents in the least deprived areas of the borough expected to live 4-6 years longer than counterparts in the most deprived areas.
- There are ward-level inequalities in the prevalence of the five most prevalent long term conditions (LTCs) (hypertension, musculoskeletal disorders, cardiovascular disease, cancer, diabetes) in Kingston. For diabetes, Alexandra and Norbiton have the highest levels (36% of older residents), with the lowest levels seen in adjacent wards in the north-west of Kingston (~26%). When combining all the top five conditions, Canbury has the lowest aggregate prevalence, Tolworth and Hook Rise the highest (old ward boundaries were used).
- Disease prevalence also varies depending on ethnicity for some conditions. Data from Kingston's five Primary Care Networks shows that the prevalence of diabetes is up to 3.5 times higher in people with Asian ethnicity than in those with White ethnicity, and the prevalence of hypertension is up to 50% more in those with Asian or Black ethnicity than those with White ethnicity.

²⁸ Joint Strategic Needs Assessment 2023; <https://data.kingston.gov.uk/needs-assessments/>

Physical activity levels

National data

Physical activity levels decrease with age, with the sharpest decline in the 75+ group.

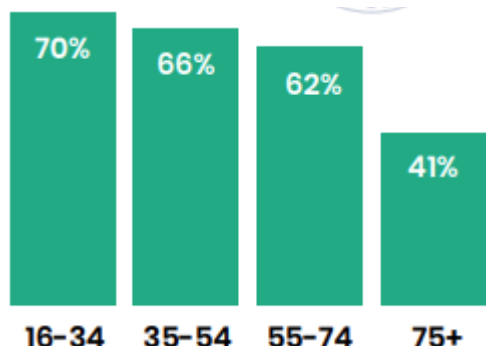


Figure: Percentage of respondents saying they are physically active (150+ minutes per week) per age band (Source: Active Lives survey²⁹)

However, the trend for physical activity levels in older adults is an increase over the past years, although this increase had stalled during the pandemic.

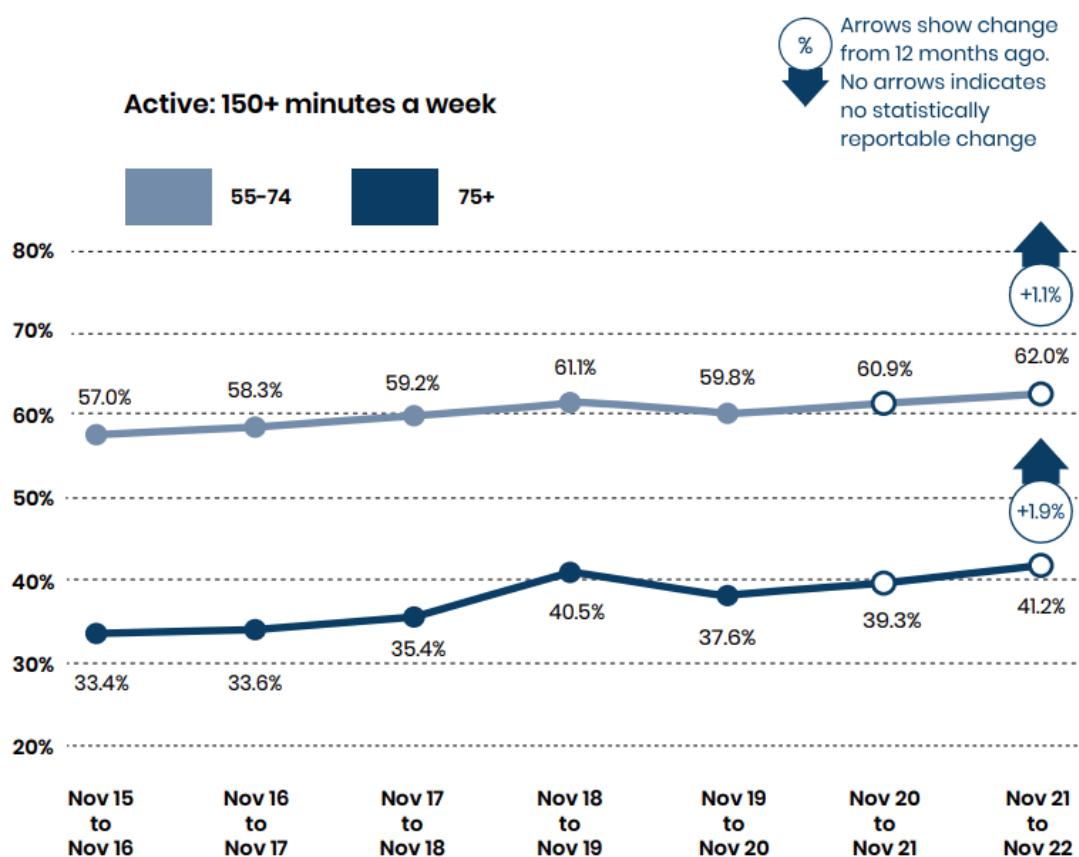


Figure: Percentage of older adults aged 55-74 and 75+ in England saying they are physically active (150 minutes+ per week), 2015-2022 (Source: Sport England Active Lives Survey³⁰)

²⁹ https://www.sportengland.org/research-and-data/data/active-lives?section=access_the_reports

³⁰ https://www.sportengland.org/research-and-data/data/active-lives?section=access_the_reports

Physical activity levels are lower in those from lower socioeconomic groups, and also vary depending on ethnicity.

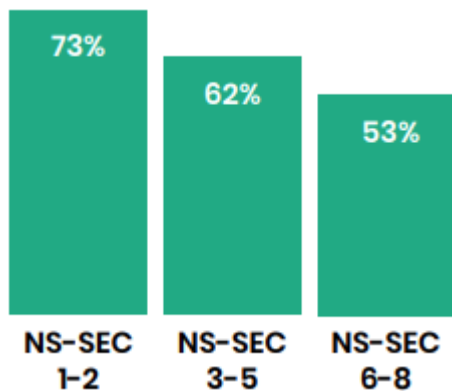


Figure: Percentage of respondents in England saying they are physically active (150 minutes+ per week), 2021-2022 by SE group (Source: Sport England Active Lives Survey ³¹)

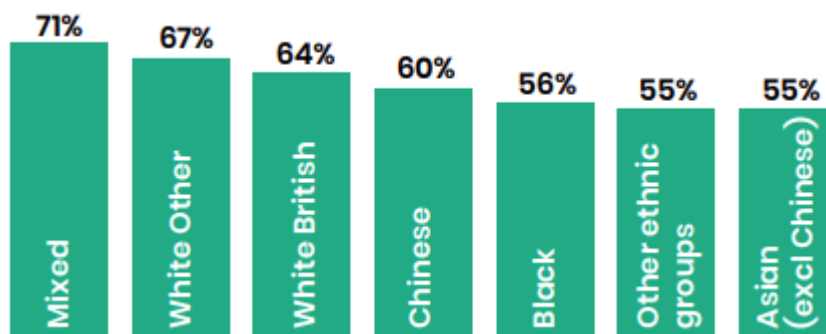


Figure: Percentage of respondents in England saying they are physically active, by ethnicity, 2021-2022 (Source: Sport England Active Lives Survey ³²)

Kingston data

People aged 65+ in Kingston are significantly more likely to be inactive than younger residents. Kingston does relatively well on this indicator compared to the outer-London average. There is insufficient data on smaller age bands available at the local authority level to be able to break this down into 10 year groupings of older adults.

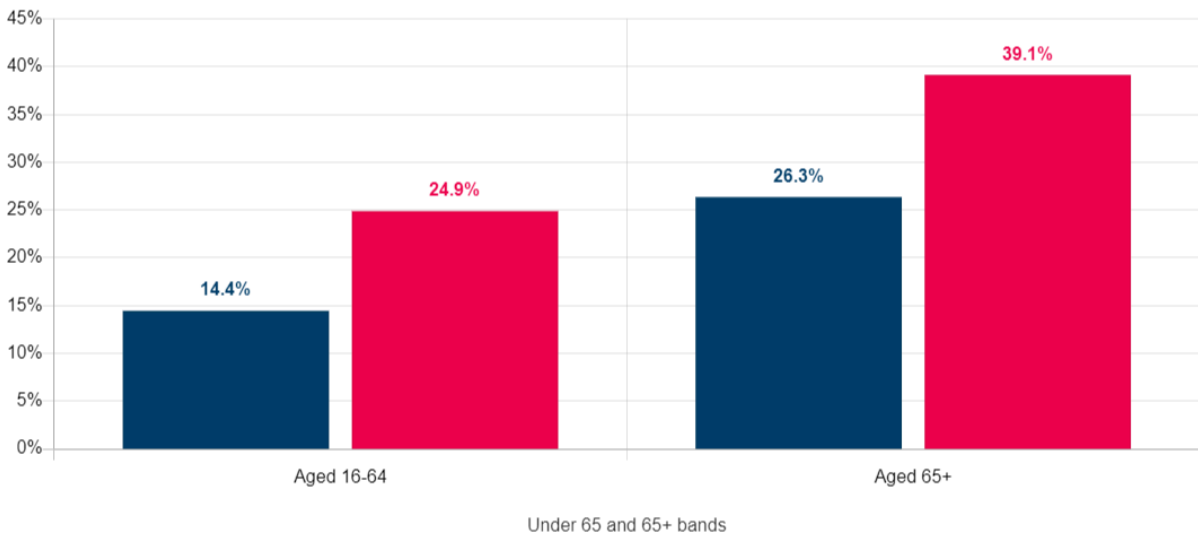
³¹ https://www.sportengland.org/research-and-data/data/active-lives?section=access_the_reports

³² https://www.sportengland.org/research-and-data/data/active-lives?section=access_the_reports

Levels of activity (Main - 3 categories): Inactive: less than 30 minutes a week

Age

Nov 21-22



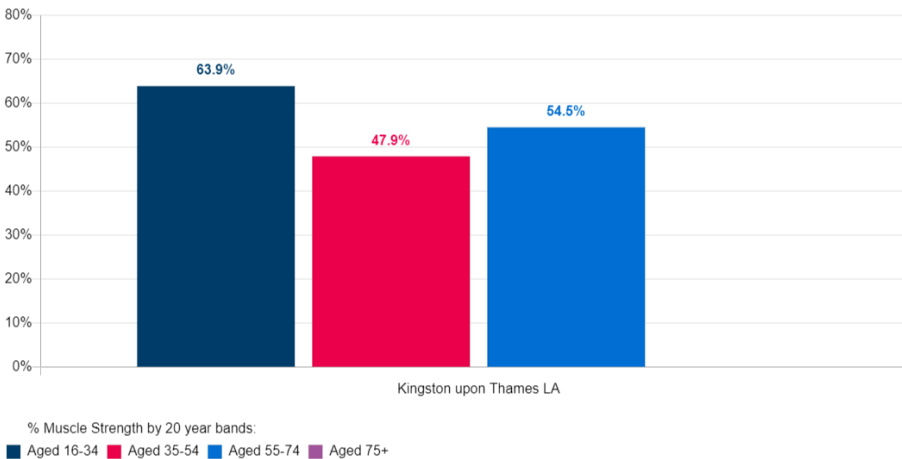
% Levels of activity (Main - 3 categories) by Where:

■ Kingston upon Thames LA ■ Outer London

Figure: Percentage of 16-64 and 65+ year olds in Kingston versus outer London saying they are inactive (less than 30 minutes per week) (Source: activelives.sportengland.org)

Active Lives data showed that residents aged 55-74 were as likely (54.5%) as those aged 35-54 (47.9%) to have met the CMO guidance of at least 2 sessions per week of muscle strengthening exercise. There was insufficient data for the 75+ age group to be able to derive a summary statistic.

Muscle Strength : 2+ sessions per week
Local Authority and County Council - Age
Nov 21-22



% Muscle Strength by 20 year bands:

■ Aged 16-34 ■ Aged 35-54 ■ Aged 55-74 ■ Aged 75+

Figure: Percentage of respondents in 20 year age bands meeting the CMO guidelines of 2+ sessions per week of muscle strengthening activity, 2021-2022, Kingston upon Thames. Data insufficient for 75+ age group (Source: Active Lives survey)

Since the pandemic, the gender difference in physical inactivity appears to have widened in Kingston, with females (of all ages) more likely to be inactive.

Levels of activity (Main - 3 categories) - Kingston upon Thames LA - Gender
Inactive: less than 30 minutes a week

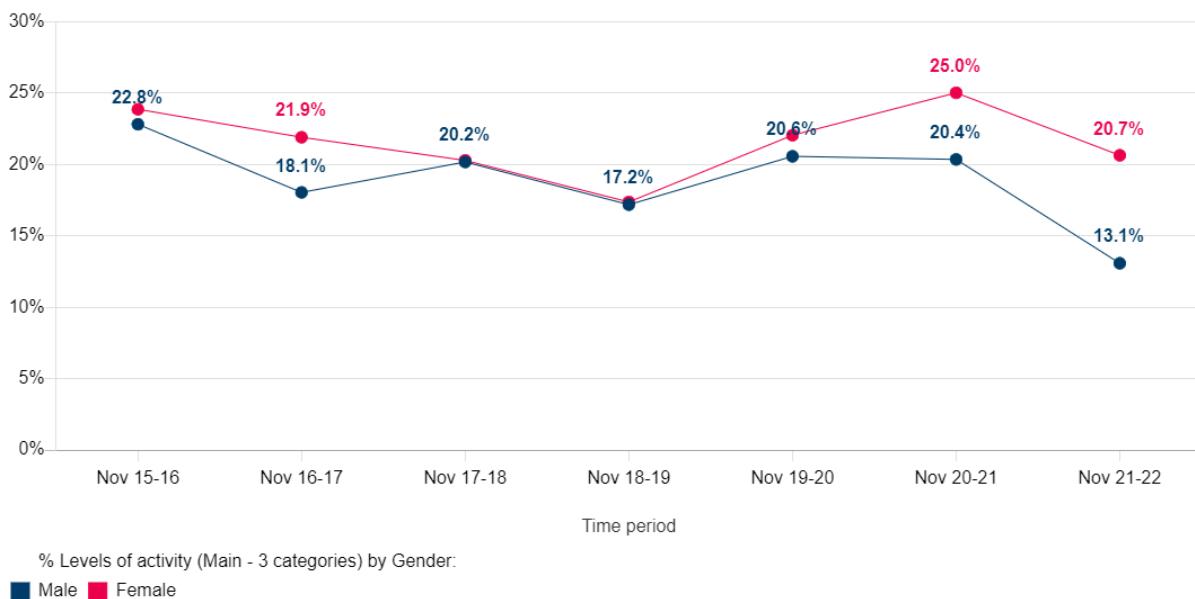


Figure: Physical inactivity by gender, 2015-2022, Kingston-upon-Thames (Source: activelives.sportengland.org)

There is insufficient data at a local level on ethnicity, IMD, work status, long-term conditions and disability in the Active Lives survey to be able to explore the impact of these variables on physical activity levels in older people in Kingston.

Asset mapping

A ward-level inventory of existing physical activity provision for over-50s, as well as a general description of leisure services for all ages was made by consulting colleagues in the Public Health Team, voluntary organisations, focus group participants and by cross-referencing against online information, for example, Connected Kingston. Services and activity classes are listed for each ward, by provider type. It should be noted that this piece of work was time limited and therefore more activities may have been found over a longer period (and over warmer months of the year). Green spaces for each ward are also listed (excepting very small spaces). Details of the resulting inventory are in appendix A.

Qualitative needs assessment

Older residents' focus groups

Focus groups were conducted with older residents in different localities to elicit their views on barriers and facilitators to becoming more physically active, and to find out what physical activities and services they would like to see promoted in the borough.

Sampling

Sampling was intended to capture residents with a range of demographic characteristics in terms of age band, ethnicity and gender, as well as geography (across the borough and targeting more deprived areas). Due to time constraints, community groups in the localities of interest were approached to ask whether focus groups could be held during or after an existing group meeting. Community groups were identified by asking colleagues in the Council's Public Health Team, the Communities Team and the Engagement team as well as colleagues in Healthwatch to nominate community groups. These were then contacted by email. Of 20 groups identified and 14 contacted, 8 focus group meetings took place, with a geographical distribution as per the map on page 22.

Process and analysis

A short introduction was made to the community group facilitators (usually, two members of the Public Health Team were present, one as facilitator and one as scribe), followed by an introduction to the focus group on the research project using a short script and explaining the rationale for the focus groups. Community group attendees were reassured that notes were being taken but no information that could identify individuals was being recorded, and they were informed that participation was voluntary. A framework of five questions was used, but group facilitators deviated from this to explore responses in more detail.

- Can you tell us about what physical activity you currently do/ enjoy doing? Where and when do you carry out physical activity? (indoors or outside, weekdays or weekends, informal or in a physical activity setting)
- Has the way in which you exercise changed over time? (*Understand reasons for any changes in physical activity levels or types of physical activity.*)
- What stops you from being physically active? *Optional extra question: if you were presented with a self-assessment test of your physical fitness, would your performance in the test motivate you to take up physical activity?*
- What (if anything) would need to change for you to be able to do the activities you would like to do? For example, this could include joining an activity class, spending time in the garden, walking in the park.
- If you were going to join any organised activities, would you be more likely to join if these were indoors or outdoors? And at time of day would you be most likely to attend? How would you find out about offers for classes? What physical activity would you like to do, or do more of?

Focus groups lasted 20-30 minutes. The main barrier to ease of communication during focus groups was acoustics in the venues used (multiple conversations going on in a room whilst the focus group was being held) and pre-existing hearing problems reported by participants. Conversations were recorded in writing by the facilitator acting as scribe at each venue. Typewritten manuscripts were then analysed by breaking the text into chunks, which were labelled with descriptive codes. Subsequently the codes were grouped into categories, and

the findings were reported grouped by category. The methodology was therefore akin to the first two stages of *constant comparison analysis*³³.

Focus group characteristics

Participants were not asked for their age as the format of the focus groups was very informal, so age ranges are estimates. Participants were asked whether they were Kingston residents and whether they lived locally to the venue.

- Approximately 90-100% of participants were female-exceptions being a Wellbeing Day at one venue(50% female) and two drop-in cafes (80% and 50% respectively)
- Approx 15% were aged 50-65 years, 80% 65-85 years, 5% over 85
- Approx 5% were not Kingston residents-they lived in Sutton and Surrey (Epsom)-the remainder had travelled from within the ward we visited or the next-door ward
- Focus groups ranged in size from 5 people to 12-dictated by expediency-in noisy cafes it was easier to have smaller groups.

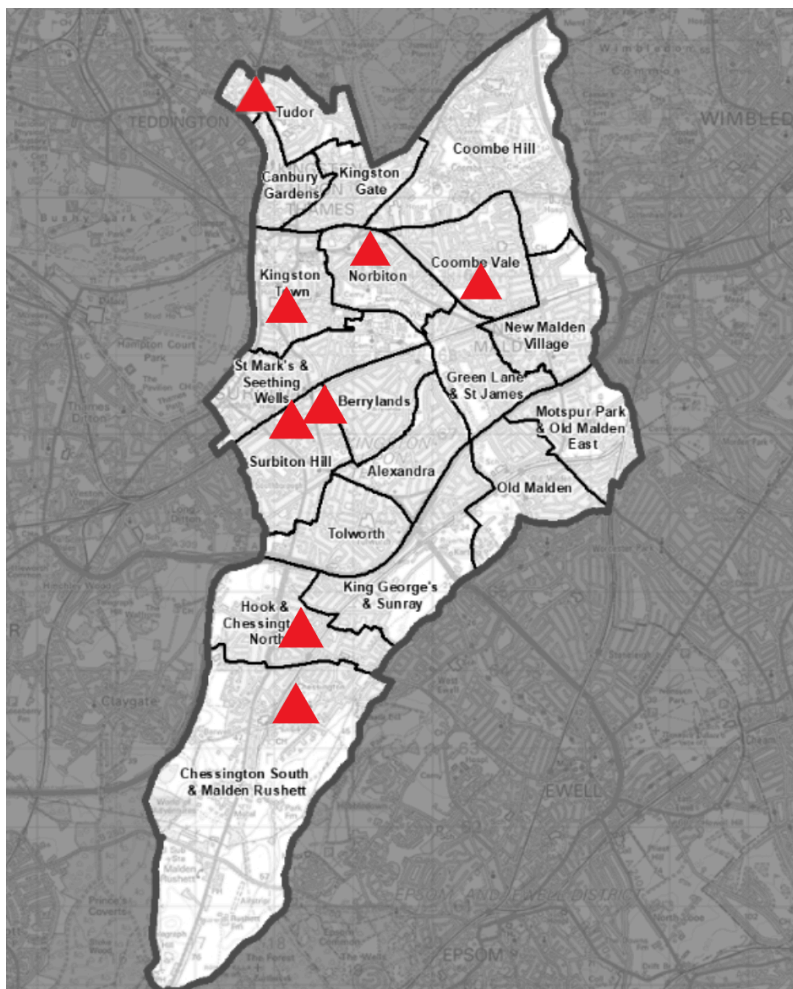


Figure: Location of focus group meetings held February-March 2024

³³ Onwuegbuzie, A. J., Dickinson, W. B., Leech, N. L., & Zoran, A. G. (2009). A Qualitative Framework for Collecting and Analyzing Data in Focus Group Research. *International Journal of Qualitative Methods*, 8(3), 1-21. <https://doi.org/10.1177/160940690900800301>

Focus group findings by response category

Current and past physical activity

The most common activities volunteered were individual, or engaged in with friends and family

- Walking was the top activity volunteered by participants
- Housework and gardening
- Walking in the local park-mostly this wasn't something participants volunteered-but when questioned they said they took their grandchildren in the warmer months
- Dancing in the sitting room

A minority of participants took part in organised activities:

- Dancing (Silverfit Bollywood class)
- Tai Chi @Hook Centre (private)
- Yoga class at Surbiton YMCA
- Balance class (St Andrew's Church, Surbiton)
- Medau class (Berrylands-rhythmic movement to music using hoops, balls and clubs)
- University of the 3rd age groups (croquet, cycling, table tennis, pilates, gardening, walking)
- Online fitness classes
- Outdoor Bowls Club (Supreme Bowls Club, New Malden)
- Volunteering (litter picking group in one of the social housing estates)
- Chair based exercise class (occasional, 15 minutes during older people's coffee morning)
- Kingston Carers Network classes (stretch and tone;resistance and core-either at Surbiton Rackets Club or online)

Barriers to physical activity participation

- Not attending classes due to not having a membership or able to attend regularly
- Travel to classes would be a barrier - a short bus journey would be the furthest they'd like to go
- Barriers to outdoors activity: in winter-dark, cold and wet; residents from one of the social housing estates said the estate was poorly lit up in the evenings; parks not adapted for those with limited mobility or wheelchair users (important if they are carers) and muddy in winter.
- Lack of confidence, especially for walking in parks alone
- Barriers to walking: broken pavements; lack of benches; top issue was lack of public toilets
- Classes not being adapted for older adults: physical difficulty level; acoustics (not being able to understand instructor)
- Equipment not being adapted for older adults: lacking strength for gym machines (indoor and outdoor gym); not sure how to use machines
- Not having easy access to a swimming pool
- Not having a safe place to store a bicycle (on one of the social housing estates)

Wishes and aspirations

- Most people requested communal activities, though there were a few people who said they wouldn't enjoy group classes
- Top request was for swimming pool access-for swimming and aquafit classes
- This was followed by request for led group walks-differential ability
- Most popular group exercise classes requested were dance, chair based exercise and any other type of gentle movement class
- A smaller number asked for yoga and pilates
- Gym sessions for older residents (with instructors)
- Residents on one of the social housing estates asked for more gardening activities (raised beds); benches around the estate and for a playground and exercise machines in the middle of the estate (instead of the ball court which isn't used)
- Cycling groups (on one of the social housing estates)

Practical issues

- Cost: One group asked for free classes; generally £3-£5 per class was considered affordable. Some PAYG charges at leisure centres were not affordable for participants
- Membership of leisure centres or fitness clubs wasn't affordable or practical for most people-they asked for flexibility in attendance. PAYG was universally preferred
- Booking online not an option for about 50% due to access to internet and IT literacy issues
- Transport an issue-majority of participants walk or take a bus to get around - classes need to be local
- Majority of participants found out about classes by word-of-mouth or from a flyer, local newsletter or library noticeboard
- People who looked for classes online said they found it difficult to find the information they were looking for. One participant mentioned Connected Kingston and said it was difficult to navigate as information wasn't in one place.
- Preferred time for classes was mornings (10-12). Evenings were not considered an option.

Practical issues relating to venues, communication and physical environment

- Venue issues: Hook Centre previously had an upstairs studio available for exercise classes. Now used by adult education but in theory could be booked as tables movable, however the new facilities contractor doesn't have a booking system.
- Temporary funding: Classes having temporary funding or facilities and closing down is demotivating e.g. Hestia Good Energy Club; gentle movement and pilates classes at Hook Centre
- Bowls clubs: There are four lawn bowls clubs around the borough-Malden Manor, Malden Lime Grove, Supreme (Woodys Lane) and Surbiton and one indoor bowls club (Kings Georges Field, Tolworth). They are not accessible for all as have yearly membership, and the most affordable (Supreme) is threatened with closure due to shrinking membership (mentioned specifically as bowls has been shown to have physical and mental health benefits for older adults)

- Equipment issues: Lack of cycle lockers in council housing (shared, unsecured corridors and walkways); removal of benches due to antisocial behaviour (near and in the Alpha Road Estate)
- Swimming pool: Kingfisher was popular with older residents as had shallow water which felt safe even to non-swimmers who enjoyed movement in water
- Notice boards: Hook Centre boards were a popular source of information however too crowded (checked by facilitator: they were very crowded-there were three boards and all were full)
- Toilets: were mentioned repeatedly in conversations as a barrier to leaving home. Lack of toilets was identified especially in Tolworth town centre but even in Kingston town centre.

Engagement with stakeholders

Colleagues in the Public Health Team were consulted for recommendations of groups and individuals to speak to in both the statutory and voluntary care and physical activity sector. Contact was made with a number of individuals and groups, and informal interviews and/or visits were held with four organisations. These organisations spanned Falls Prevention, Staywell (independent living charity), Healthwatch and Primary Care Social Prescribing. Unfortunately there are some gaps in this sample-notably Kingston Voluntary Action; Adult Social Care; Carers' Associations; the Interfaith Forum and services for adults with disabilities and dementia. Due to time constraints it was not possible to arrange interviews with these organisations and it should be noted that these comments are a very limited sample of professionals.

Comments and findings from the stakeholder interviews include the following:

- Universal interventions needed that benefit the wider population, as well as targeted interventions for small groups (need both). An example would be accessible toilets.
- Important to consider transport links for the worst connected parts of the borough e.g. South Chessington, where dependent on a single bus route.
- Parks often not accessible to carers with adult in a wheelchair
- Affordability likely to be issue for some groups
- For people at risk of falls, foot health and podiatry is crucial (but access is very poor).
- Falls prevention requires a combination of strength and balance exercises. Seated exercises are not sufficient.
- One Social prescriber felt that there were fewer classes available for her clients in the borough and that Richmond had better options.

Commentary and recommendations

Main conclusions from the different elements of the needs assessment include the following:

- **Volunteering.** Promoting and facilitating volunteering is an important way of getting older people involved in their communities and more active. There are already many volunteering opportunities in the borough that incorporate physical activity, such as Friends of Parks groups (maintenance and gardening, citizen science, walk leading,

event organisation); wildlife groups (e.g. RSPB. Wildlife Trust) and with other voluntary sector organisations including residents' associations.

Age Friendly ambassadors could have a role in promoting physical activity, acting as walk leaders, or helping people in their neighbourhood find opportunities for physical activity.

In the 2023 Age Friendly Survey, 35% of older people said they were already volunteering, and only 18% said they weren't volunteering but would be interested, with the remainder saying they would not be interested. We have an active voluntary sector in Kingston, it is therefore important that we link the Age Friendly Project with key stakeholder organisations to ensure opportunities are promoted to older residents.

- **Improving the age friendliness of parks.** Although a minority of participants in focus groups said they used their local park, the majority did not, at least not for most of the year. Parks were described as wet, muddy and unwelcoming, which is not surprising after a long and wet winter (interviews were held in February and March, with the weather still unseasonably inclement). Parks were also generally considered to have poor access for wheelchairs, so unsuitable for many carers. Some participants said they used the parks when their grandchildren were visiting. Lack of facilities (toilets) was also given as a reason for not visiting parks. Further engagement work with groups and individuals is planned as part of the borough's review of green spaces, when there will be a further opportunity to follow up this feedback from older residents.

As many older people like to visit parks with their grandchildren, there could be an opportunity to increase their use by creating **grandparent parks**. There are precedents for this from the US³⁴ and from Spain, where outdoor gym equipment adapted for older people and wheelchair users can be found adjacent to children's playgrounds³⁵. A recommendation would be to consider trialling a grandparent friendly park in a locality that is well used by families and older people e.g. Fishponds Park, Alexandra Recreation Ground, Beverley Park. Additionally, holding summer exercise courses, events or guided walks in parks would be a good way to introduce residents to parks they may not have been to before.

The presence of benches, toilets and shade, and ideally, a cafe, would also increase park use.

- **Improve the offer of Age Friendly classes and level out inequalities.** There is a large discrepancy between wards in the borough in terms of what classes are available to older people. The largest concentration of reasonably affordable (i.e. not in a profit-making gym) classes is in Canbury, Kingston Town and New Malden Village. In the classes identified, there were limited offers in Hook and Chessington North ; Kingston Gate, Coombe Hill, Coombe Vale, Norbiton (except for Tamil and

³⁴ <https://www.aarp.org/livable-communities/info-2014/grandparents-park-wichita-kansas.html>

³⁵ <https://mundodependencia.com/movilidad/deporte-y-rehabilitacion/parques-para-mayores/>

Korean older people), Green Lane and St James, Alexandra, Berrylands , Surbiton Hill , Old Malden, King George's and Sunray (Tolworth) and Motspur Park. Residents asked for classes to be provided locally (ideally walking distance, otherwise no more than a short bus journey away) and for them to be affordable (£3 was considered affordable by most, with some saying classes needed to be free).

Putting this against areas of highest needs in terms of morbidity and mortality shows that there are some areas which currently do worst on these metrics **and** have very little provision.

There should therefore be a **focus on providing affordable classes in Alexandra, Norbiton, Old Malden, Surbiton Hill, Tolworth, Hook and Chessington North and Berrylands as top priorities**. The next priority should be wards that currently have little provision but which do somewhat better on health outcomes, notably Green Lane and St James, Motspur Park and King George's (Hook) and Sunray (near Knollmead school, Tolworth). Coombe Hill and Chessington South (which have worse outcomes than the healthiest wards in the borough) should be prioritised next, followed by the remaining wards.

The top priority areas should include accessible provision for the two neighbourhoods of social housing in the borough (Cambridge Road Estate and Alpha Road Estate, with small pockets in the Kingsnympton Estate) which both lie in wards with the worst outcomes and the least provision. There had been some specific requests made during the engagement with residents, with the Cambridge Road Estate residents asking for walking football, guided walks and bicycle racks, and the Alpha Road Estate residents asking for facilities for community gardening (raised beds) and light exercise classes.

There should be a minimum offer, accessible for residents no matter where they live in the borough, that meets the requirements recommended by NICE, i.e. that **activities are adapted according to whether an older adult is active, "in transition" to being active, or frail**; that active older adults should have 150 minutes per week of MVPA including strength-building activities twice weekly; those in transition should aim for this at a lower intensity and for shorter periods, aiming to build up to more sustained activity; and for frail older adults the aim is to reduce sedentary time and incorporate strength and balance exercise into daily routines. It is therefore vital that classes or support are provided that meet the needs of all three ability groups. Activities should also appeal to older residents, and the focus group findings suggest that participants particularly valued classes that are sociable and have a fun element, such as dancing.

To reduce the cost of classes, low-cost or free venues should be explored, and the mapping section of this report lists such venues, where they were identified. More investigation is recommended across council teams/voluntary sector/ private leisure facilities to identify alternative venues or incentivised offers to reduce costs for classes and access.

Other sub-groups with poorer outcomes should be considered as we were not able to speak to certain ethnic groups eg. South Asian, Black. There is currently provision of a number of activity classes at the Milaap Centre for members of the elderly Tamil community in Kingston.

Another gap in community engagement was with people with physical disabilities including those with sight impairments. This should be followed up to ensure that there is access to physical activities for these groups.

- **Promote, support and provide guided walks in the borough.** Walking was one of the most popular activities mentioned by focus group respondents, and several people said they would like to see the offer of group walks or guided walks brought back (there had previously been an offer in the borough). Residents felt they should be of graded ability level, and easily accessible by public transport. This is a relatively low cost activity and therefore easier to implement or trial in locations that would introduce people to a range of green space destinations in the borough e.g. Canbury Gardens, Tolworth Court Farm, Berrylands Nature Reserve. Having a local guide as a walk leader would increase the interest, using either a volunteer or paid walk leader. . There are several programmes of guided walks in Richmond^{36 37 38} which could be used as a practice example. Following Tameside’s example (under Best Practice above), self-guided “benches and walking” routes could also be trialled through some of the borough’s green spaces.
- **Increase awareness and uptake of existing programmes.** Community engagement highlighted that many residents are not aware of activity offers from the council or other providers, especially those residents who do not use the internet. We heard that many older residents access this kind of information via their local library, by word-of-mouth or via local newsletters. Greater coverage could be achieved by better utilising the non-digital channels of information currently available such as library noticeboards (e.g. with an updated physical activity offer for the local area on a designated notice board), through other social meeting venues and in newsletters. GP surgeries could also play a role in displaying or sharing this information. There could be work with older users to improve the ease of navigation of the Connected Kingston website. More promotion could be done for incentives for older people, such as the Active Kingston card, which entitles older people to discounts on council leisure activities. Age Friendly ambassadors could be involved in some consultation on how information is shared, and even acting as “buddies” to support those with less confidence in accessing services.

Physical activity services and commissioners should consider the age friendliness of some booking and payments systems. For example, to make services accessible either do not require advance booking, or if they do, that this can be done over the

³⁶ <https://richmondwalks.co.uk/>

³⁷ <https://www.frp.org.uk/walks/>

³⁸

<https://www.ramblers.org.uk/go-walking/wellbeing-walks-groups/ramblers-wellbeing-walks-richmond-upon-thames>

phone as well as online, and that advance payment online is not required. On the day payment should be possible in cash or by card.

- **Improve the wider physical environment to encourage physical activity and active travel.** This includes pavements, high streets and other public spaces. A “Healthy Streets”^{39 40 41} approach, which is a system of policies and strategies to help people use cars less and walk, cycle and use public transport more, can be used to assess what particular barriers exist in a street environment to active travel so that these can be addressed systematically. This is of particular importance to older people as qualitative research in Kingston showed that they are less likely to use cars, and more likely to walk and use public transport. This approach has been used by a number of councils and involves a survey (which can be completed by untrained teams, using the Healthy Streets guidance) addressing 10 key indicators, some of which are particularly relevant to older street users (e.g. provision of shade and shelter, and having places to rest).

This recommendation should inform a longer-term strategy aiming to create a more age-friendly physical environment, though there could be some quick interventions in localities that have been highlighted as having particularly poor provision of facilities such as benches and shelter (Tolworth High Street was highlighted by some respondents).

Toilet provision was one of the top barriers to physical activity elicited from respondents. Although there is a national toilet map⁴² showing users places with public toilets, this website is not regularly updated, and the number of toilets mapped in Kingston is insufficient. A community toilet scheme such as the one in Richmond⁴³ could help meet this need. Businesses could be incentivised to allow access to their toilets and to display a sticker advertising this, and residents can use an online interactive map to identify locations, including toilets with disabled access.

To improve active travel amongst older residents, opportunities to improve confidence and safety with cycling should be promoted more amongst older residents. The Council cycle scheme and the accessible cycling with Wheels for All are examples of offers in Kingston that can be better utilised by older people.

³⁹ <https://content.tfl.gov.uk/healthy-streets-for-london.pdf>

⁴⁰ <https://content.tfl.gov.uk/guide-to-the-healthy-streets-indicators.pdf>

⁴¹ <https://www.healthystreets.com/>

⁴² <https://www.toiletmap.org.uk/>

⁴³ https://www.richmond.gov.uk/community_toilet_scheme

Appendix A: Asset Mapping

1. Tudor

a.Green spaces

- Thames path between Dysart Avenue and Hawker Centre
- Ham Lands (woodland; meadows)
- Latchmere Recreation Ground (soccer pitches, playground)

b.Voluntary sector and venues

- YMCA Hawker Centre (tennis courts, soccer pitches, exercise classes, gym with membership or PAYG options)
- Tudor Library (small meeting room)

c.Council sports facilities

d.School facilities

- Tiffin Girls' School: athletics field, tennis courts, sports hall, astroturf pitch
- Fernhill primary school: astroturf pitches
- Kingston Academy: grass football pitch, netball courts

e.Classes

- Hawker Centre classes targeting 50+: Gentle Exercise; Disability Line Dancing; Rehab Pilates; Zumba Gold; Senior Pilates; Chair Exercise; Chair Yoga (all Monday to Friday between 1000-1600). Cost for seniors between £7.50-£9. Standard membership £43/month)

f.Private facilities

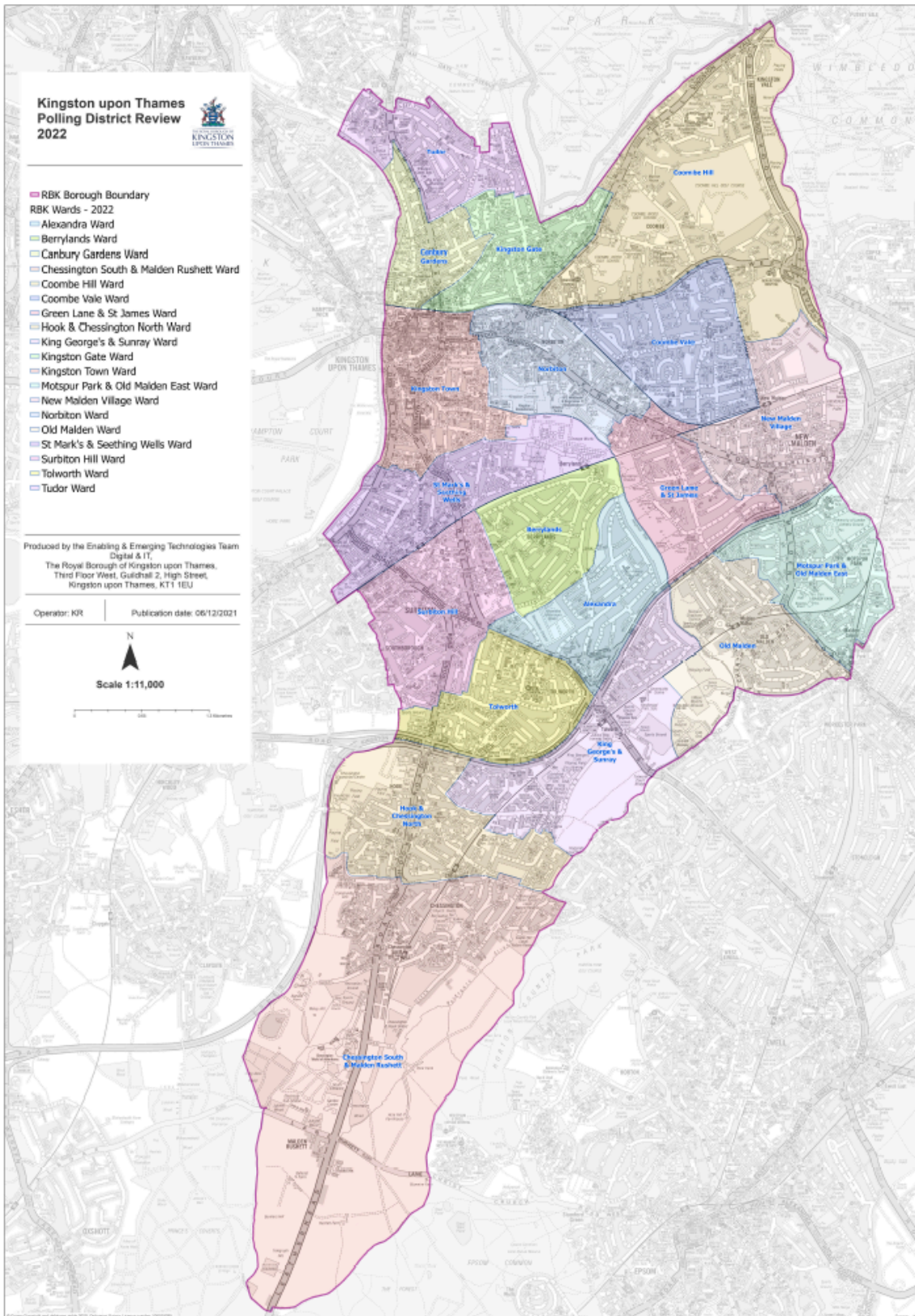


Figure: Ward map, Kingston-upon-Thames (Source: <https://www.kingston.gov.uk/downloads/download/428/kingston-council-new-ward-maps>)

2. Canbury Gardens

a. Green spaces

- Canbury Gardens (garden with riverside walk; benches; playground; outdoor gym; tennis courts; pavilion; cafe; bandstand); Friends Group

b. Voluntary sector and venues

- Volunteer gardening group in Canbury Gardens
- Canbury Pavilion (medium sized room for classes-managed by a Friends group)

c. Council sports facilities

Albany Outdoors: outdoor sports centre for ages 8+; classes for children, young people and adults, mostly water-based activities (SUP, sailing, kayaking)

d. School facilities

e. Classes

Silverfit: Nordic walking; ergometer training in Kingston Rowing Club (1st floor training room); yoga in Canbury Pavilion

f. Private facilities

- Kingston Riverside Club (covered tennis courts for members)
- Canbury Gardens Tennis Centre (lease council community hire tennis courts)
- Kingston Rowing Club (building leased from Council)
- Nuffield Gym, Sury Basin (gym, studios, swimming pool and learner pool)

3. Kingston Gate

a. Green spaces

- Elm Road Recreation Ground (football pitch, wooded amenity grassland)
- Access to Richmond Park via Kingston Gate
- Park Road Allotments

b. Voluntary sector and venues

Dinton Fields (held in the Achieving for Children portfolio, leased by Dinton Field Trust until 2031, managed by Kingstonian Youth/Dinton Fields Trust and Surrey FA)

c. Council sports facilities

d. School facilities

- Latchmere School: Swimming pool (shallow-0.9m deep, 15 metres long, 31 degrees)

e. Classes

f. Private facilities

4. Coombe Hill

a. Green spaces

- Coombe Wood Local Nature Reserve
- Access to Wimbledon Common (through sports fields beside A3)

b. Voluntary sector and venues

c. Council sports facilities

d. School facilities

- Coombe Hill Junior School: Outdoor swimming pool

e. Classes

f. Private facilities

- Coombe Hill Golf Club
- Coombe Wood Golf Club
- Malden Golf Club
- Coombe Wood tennis club
- Commons Extension playing fields (between A3 and Wimbledon Common-9 full sized grass football pitches)-**note these pitches are owned by Merton Council** but sit within Kingston Borough.

5. Kingston Town

a. Green spaces

- Fairfield Recreation Ground (outdoor gym equipment, cricket, football, toilets)

b. Voluntary sector and venues

- Staywell Bradbury Centre
- Kingston Methodist Church hall

c. Council sports facilities

d. School facilities

- Bedelsford School: accessible swimming pool

e. Classes

- Silverfit classes at United Reformed Church: Bollywood, Tai Chi (beginners and intermediate)

f. Private facilities

- David Lloyd gym, Rotunda (gym with swimming pool)
- More Energy Fitness Centre (gym affiliated with Kingston University but open to all)
- Kingston College Sports Hall and gym

6. Norbiton

a. Green spaces

- Kingston Road Recreation Ground

b. Voluntary sector and venues

- Queen Mary Hall, Cambridge Road Estate
- Milaap Centre (multicultural day centre, in King's Oak Centre, Dickerage Lane).
- Searchlight Community Centre - Managed and run by Kingston Mencap including small hall and outside space
- Kingston Rd Allotments
- Wheels for All adaptive cycling at Weir Archer Athletics ground
- Weir Archer Academy - Wheelchair Racing at Weir Archer Athletics Ground
- New Era Cafe at Weir Archer athletic ground on Mondays

c. Council/council-contracted sports facilities

- Weir Archer Athletics and Fitness Centre (Places for Leisure)
Gym, outdoor pitches, athletics track (£10 PAYG for gym)

d. School facilities

- Tiffin School Sports Centre: MUGA, sports hall, cricket nets, dance studio (available for hire Mon-Fri 1700-2100 and weekends)
- Outdoor gym equipment on Cambridge Road Estate green space

e. Classes

- Milaap centre runs Bollywood dancing, Zumba Gold, Yoga, Qi Gong. Used mostly by Tamil community
- Korean Senior Citizens Group holds dance classes at Kings Oak Centre for its members

- Wheels For All-weekly cycling session for people with disabilities, run at Weir Archer Leisure Centre
- Saturday morning Family Bootcamp at Fairfield Rec run by Our Parks (Public Health funded)

f.Private facilities

- Park Tennis at Kingston Road Rec (coaching; PAYG and membership)
- Two Kings Boxing Club located in Kingston Rd Recreation Ground

7. Coombe Vale

a.Green spaces

- Dickerage Lane Recreation Ground

b.Voluntary sector

- Dickerage youth and community centre

c.Council sports facilities

d.School facilities

e.Classes

f.Private facilities

- Malden Lime Grove Bowls Club (membership club)

8. St Mark's and Seething Wells

a.Green spaces

- The Wood and Richard Jefferies Bird Sanctuary
- Hogsmill Nature Reserve (managed by Thames Water)
- Claremont Crescent Gardens
- Victoria Recreation Ground (tennis courts)

b.Voluntary sector

- YMCA Surbiton: Gym; classes (PAYG and membership)

c.Council sports facilities

d.School facilities

e.Classes

- Classes at YMCA geared towards 50+: Fit4Life; Zumba Gold; Gentle Yoga

f.Private facilities

- Surbiton Nuffield Health (on boundary with Surrey) (gym with swimming pool)

9. Green Lane and St James

a.Green spaces

- Green Lane Recreation Ground (wooded amenity grass; playground)

b.Voluntary sector and venue

- Raleigh House Day Centre, Nelson Road (Staywell day centre, activities including light exercise)

c.Council sports facilities

d.School facilities

- LSE and King's College London sportsground (available for hire)

e.Classes

f.Private facilities

- Supreme Bowling Club (King's College Sports Ground, off Woodies Lane)-membership only club (age 18-80)

10. New Malden Village

a.Green spaces

- Beverley Park (recreation ground; gardens; toilets; playground)
- Blagdon Road Open Space
- Cromwell Avenue Open Space

b.Voluntary sector and venues

- New Malden Baptist Church (1a Westbury Road)-hosts food bank; social prescribers
- Bradbury Centre (Staywell day centre; activities include light activity sessions)

c.Council or council-contracted sports facilities

- Malden Centre (Places for Leisure)(gym, pool, studios)

d.School facilities

- Emanuel School (independent school) Blagdon Sports Ground

e.Classes

- Classes at Malden Centre targeting over 50s: Movement through menopause; Aquafit; Ladies Aquafit; 50+ Keep Fit; Diabetes Get Moving; Chair-based exercise
- Osteoarthritis Knee Class, (Better Bones Service, New Malden Library)
- Strength and Balance Class (Better Bones Service, New Malden Library)
- Spartan Swimming Club for the Physically Disabled; meet weekly at Malden Centre

f.Private facilities

- Malden Golf Course
- Beverley Park Lawn Tennis Club (annual membership fee)
- Fitness4Less (private fitness club with gym, classes and 15m swimming pool. Monthly membership £38)

11. Alexandra

a.Green spaces

- Berrylands Local Nature Reserve
- Elmbridge Meadows Local Nature Reserve
- Hogsmill Wood Local Nature Reserve
- Alexandra Recreation Ground

b.Voluntary sector

- Tolworth allotments (next to Alexandra Rec) managed by Glendale council contractors

c.Council sports facilities

- The Pavillion, Alexandra Rec, used by Junior Park run, leased from council by <https://londongymkhana.play-cricket.com/home>

d.School facilities

- Grand Avenue Primary School: small indoor swimming pool

e.Classes

f.Private facilities

- Surbiton Bowling Club
- Surbiton croquet club (in Alexandra rec) <http://www.surbitoncroquet.org.uk/>

12. Berrylands

a.Green spaces

- Berrylands Local Nature Reserve
- Rose Walk Local Nature Reserve

b.Voluntary sector

c.Council sports facilities

d.School facilities

e.Classes

- Kingston Carers' Network run "resistance and core" classes at Surbiton Racket and Tennis Club, for carers (also "stretch and tone" classes online)

f.Private facilities

- Surbiton Racket and Fitness Club (tennis courts, squash courts, gym)

13. Surbiton Hill

a.Green spaces

- Fishponds Park

b.Voluntary sector and venues

- Surbiton Hill Methodist Church (used by Alpha Road Estate residents' group)
- Surbiton New Life Baptist Church (used by Elderberries group)

c.Council sports facilities

d.School facilities

e.Classes

- Strength and balance class (Better Bones Service, Surbiton Methodist Church)

f.Private facilities

14. Motspur Park and Old Malden East

a.Green spaces

- Manor Park
- Malden Green

b. Voluntary sector

c. Council sports facilities

- Football and cricket pitches for hire at Manor Park Recreation Ground

d. School facilities

e. Classes

- “Moves Fitness” (private provider) Gold Yoga class, Shiraz Mirza Community Hall, Manor Park, Malden Road, KT3
- Centre for Community Development (<https://www.ccd.uk/contact-us/>)
Tamil Elders Group meet at Shiraz Mirza Community Centre and run some physical activity classes

f. Private facilities

- Malden Manor Bowls Club (membership club)
- New Malden Sports Club
https://www.newmaldenclub.co.uk/?utm_source=google&utm_medium=wix_google_business_profile&utm_campaign=6179316110871967911

15. Old Malden

a. Green spaces

- Southwood Open Space Local Nature Reserve
- Knollmead (park, playground)
- Six Acre Meadow (hay meadow, 70m boardwalk)
- The Hollows

b. Voluntary sector

c. Council sports facilities

d. School facilities

- Richard Challoner School Sports Centre (fitness centre is open to the community)

e. Classes

f. Private facilities

- The River Club (private gym with indoor/outdoor swimming pool)

16. King George's and Sunray

a.Green spaces

- King George's Field Recreation Ground (amenity grass areas; football pitches; playground)
- Tolworth Court Farm Fields Nature Reserve
- Tolworth Court Farm Moated Manor

b.Voluntary sector

- Sunray Community Centre

c.Council sports facilities

d.School facilities

e.Classes

f.Private facilities

- King George's Field Indoor Bowls Club (membership club)

17. Hook and Chessington North

a.Green spaces

- King Edward's Recreation Ground
- Bullwhips park
- Mount Road Open Space
- Chessington Hill Park

b.Voluntary sector

c.Council sports facilities

d.School facilities

e.Classes

- Tai Chi class (private provider held at Hook Library)

f.Private facilities

- Hook and Southborough Bowls Club (membership club)

18. Chessington South and Malden Rushett

a.Green spaces

- Jubilee Wood Local Nature Reserve (Malden Rushett)
- Bonesgate Open Space
- Castle Hill Local Nature Reserve
- Hogsmill Wood Local Nature Reserve
- Churchfield Recreation Ground
- RAF Chessington (playground with green space)
- Sir Francis Barker Recreation Ground
- Woodview green space (Malden Rushett)

b.Voluntary sector and venues

- King's Centre (community centre and church): activity classes for older adults
- Chessington Sports Centre dining room (large hall, used by Square One Cafe)
- St Mary's Centre (church hall and rooms available to hire)

c.Council sports facilities

- Chessington Sports Centre (council-run): gym; sports hall. £20/month or £5 PAYG.

d.School facilities

e.Classes

- At King's Centre: Badminton (£4/session); Short mat bowls; Table tennis; Pilates; Amblers Walking Club (twice a month)
- London Kettlebell Club-classes held at St Mary's Centre, Church Lane (£8 per session)
- Strength and Balance weekly classes at Chessington Sports centre aimed at older age groups (low cost)

f.Private facilities

19. Tolworth

- Lenelby Gardens (very small and the only park in this ward)

a.Green spaces

b.Voluntary sector

c.Council sports facilities

- Tolworth Recreation Centre (Places for Leisure): Gym

d.School facilities

e.Classes

- Classes at Tolworth Recreation Centre: Bodybalance; Meditation, Pilates; Legs,bums and tums; Strength and Balance (attended by over 50s)
- Osteoporosis class (Better Bones Service, held at St George's Church, Hamilton Avenue)
- Tolworth World of Dance (folk dance weekly class held at St George's Church Hall)

f.Private facilities