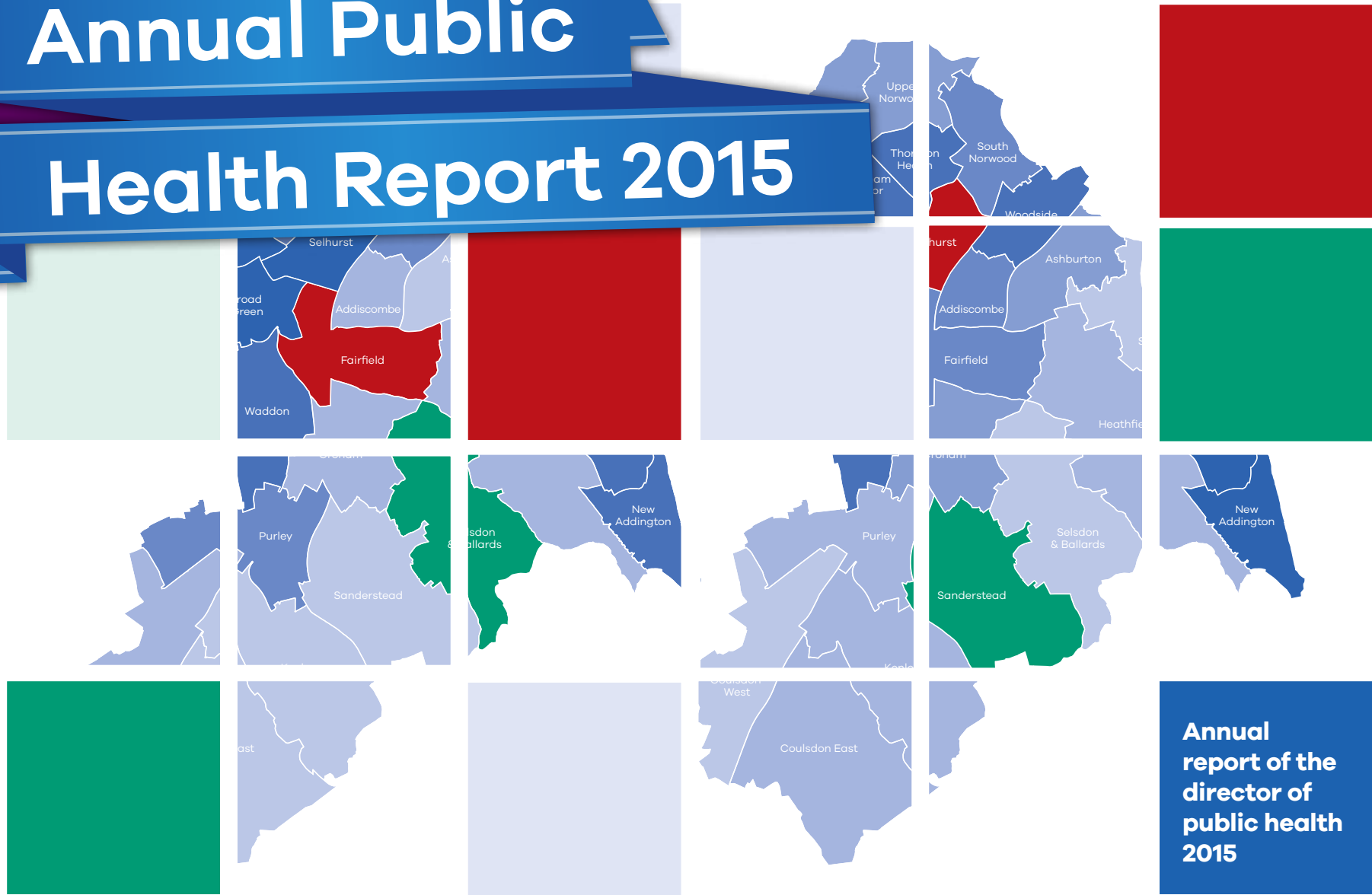
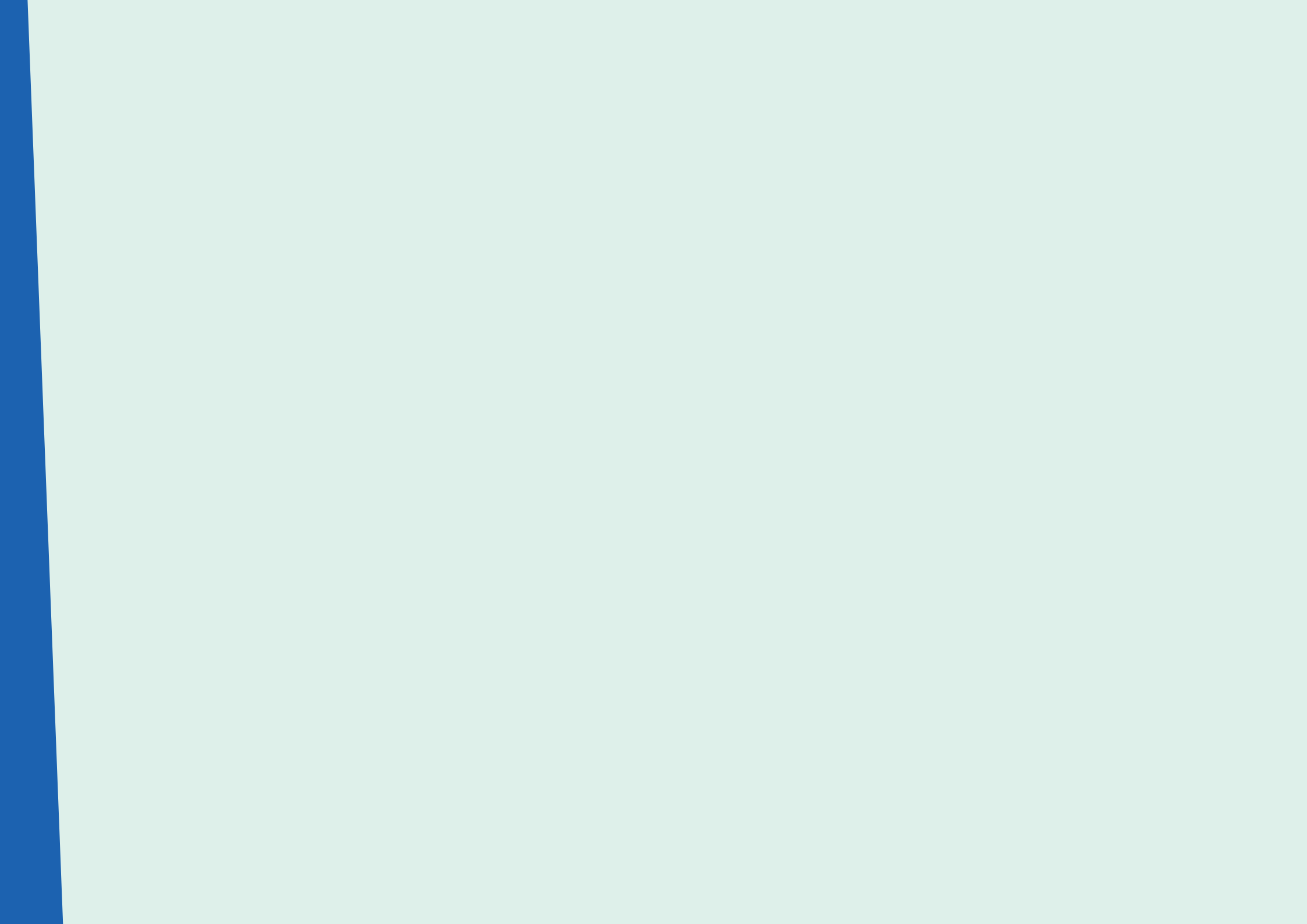


Annual Public

Health Report 2015



Annual
report of the
director of
public health
2015



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Walking, cycling, jogging, playing football or going to the gym and local exercise classes, no matter how fast or how gently you want to go, every bit of exercise we do can help to improve our health and how well we are feeling.

We know that many of our residents of all ages and abilities are taking care of themselves by eating nutritious healthy food, drinking ample amounts of water, using the free health services available right here in the borough, and visiting our parks and open spaces.

People aged between 40 and 74 are taking advantage of the NHS Health Check service offered by some GPs, pharmacies and outreach services in Croydon. This service can detect the early signs of heart disease, diabetes, high blood pressure, dementia or having a stroke; and getting treatment early will help you to better manage these conditions.

Increasing numbers of people are getting support from the stop-smoking services to help them to quit often life-long addictions. Our walking programmes are well attended, and visitors to the Healthy Living Hub, based in the library on Katharine Street, can get advice from health experts, such as Macmillan Cancer Support and Diabetes UK, as well take part in fun chair-based exercise classes, use the exercise bike or have a go at table tennis. People are also visiting our drug, alcohol and sexual health services for vital information and support.

However, we are under no illusion that more work needs to be done to improve the physical and mental health and well-being of even more of our residents. As you will see on the pages of this report, health inequalities remain across the borough. Childhood and adult obesity levels need to be addressed, poverty is more prevalent in the north and east of Croydon, and so are ill-health and poor life chances. One in five adults smokes, and this habit can severely impact on a person's income. Our residents' life expectancy is lowest in Selhurst but higher in Sanderstead.

These are deep-rooted and complex issues to manage, and we also face the challenge of tackling this with limited resources. In addition, we must continue to work on alleviating the external factors that impact on people's daily life which can determine how well they are feeling, such as whether they are employed, their level of household income, housing conditions or homelessness, and the cleanliness and noise-levels in their community. They are all causes and results of poverty and deprivation, and inequality of opportunity in areas such as employment and education.

Programmes like Croydon Heart Town, our five-year partnership with the British Heart Foundation, are helping our residents to take steps to beat chronic heart disease. Croydon's Food Flagship Borough status and other partnership projects we are undertaking with our residents, local communities, stakeholders and health professionals are the driving force behind Croydon's future health ambitions.

We are committed to eliminating the inequalities in health, and their cause, which are outlined in this year's Annual Public Health Report. The bottom line is about ensuring fairness for all communities, people and places and helping all our residents to live longer, healthier lives through positive lifestyle choices.



Councillor Tony Newman
Leader,
Croydon Council

FOREWORD FROM THE DIRECTOR OF PUBLIC HEALTH

I am pleased to present my third annual report on health in Croydon. I hope it will further encourage more of our residents to take advantage of the enormous range of activity that help and support them to take responsibility to improve their health and well-being.

The aim of this year's report is to return to a more traditional presentation of key facts and statistics about local health issues. The 10 topics that have been chosen aim to show the importance of health and the potential for improvement across the whole life course.

There is information about what the council and its partners are doing to continue to improve the health of people living and working here, as well as improving the environment for visitors to the local area. Over the coming months, the Greater London Authority's funding for the Food Flagship Borough project with the council will boost our work to improve health, cooking skills and food standards through school-based and community projects.

We also wanted to clearly demonstrate that Croydon, like many other places, still has a great number of health inequalities. One of the key aims of public health within the council is to work with partners and residents themselves to address this, and this report has a number of suggestions of ways in which this work can be extended to further reduce existing problems.

We are already using the ring-fenced public health grant in new ways to tackle the health consequences of poor housing, inequalities in access to work and exploring solutions to maintain the independence of older people. For example, a six-week course – 'First Steps into Work', is being piloted for lone parents in Croydon; we support alcohol and drug awareness education in schools and colleges; and target the causes of social isolation and loneliness through befriending services, lunch clubs and other activities. Further details about what we are doing can be found on the pages of this report.

Some of these health problems are difficult and long-standing, which require a wide array of contributions and ideas if we are to make the best

possible impact on our residents' lives. It is important to me personally that the widest possible range of stakeholders, including everyone who lives and works in Croydon, is able to take part in this process.

I hope that the way this report has been designed will enable this. The use of infographics is intended to make it easier to digest what is happening locally. We realise that this does mean there is some loss of detail, such as references to sources, but this information is available on request and will be published on the council website in due course.

I also wish to join with the leader of the council in promoting fair treatment for all. We would like the Opportunity and Fairness Commission, and all who have an interest in Croydon, to consider these inequalities and how we can work together in new ways to address them.

As we face a period of continued austerity for public services, the potential benefits from joint working have rarely been greater.

FEEDBACK

I would encourage you all to contribute your ideas on improving health and well-being across the borough, as well as how this report can be developed in the future, either through contacting me directly at APHR2015@croydon.gov.uk, or by speaking to your local councillor.

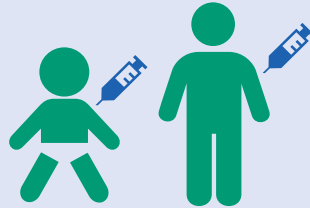
A list of acknowledgements is shown at the end of the report.



Mike Robinson
Director of public
health, Croydon
Council

EVERY CHILD needs to complete a **full immunisation schedule** to protect them from preventable infectious diseases... however, not every child does

MMR is one of the immunisations in the programme and consists of two jabs, at age one and before starting school, protecting against **MEASLES, MUMPS** and **RUBELLA**

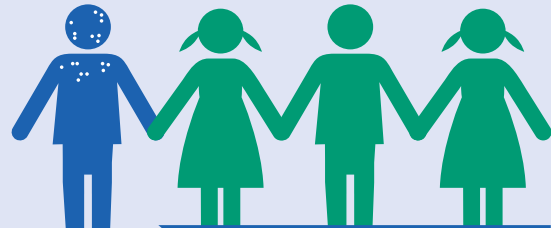


IN CROYDON



MMR BY AGE 2 IN CROYDON

Uptake of MMR.

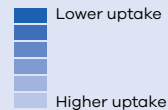


IS NOT RECEIVING THE MMR INJECTION

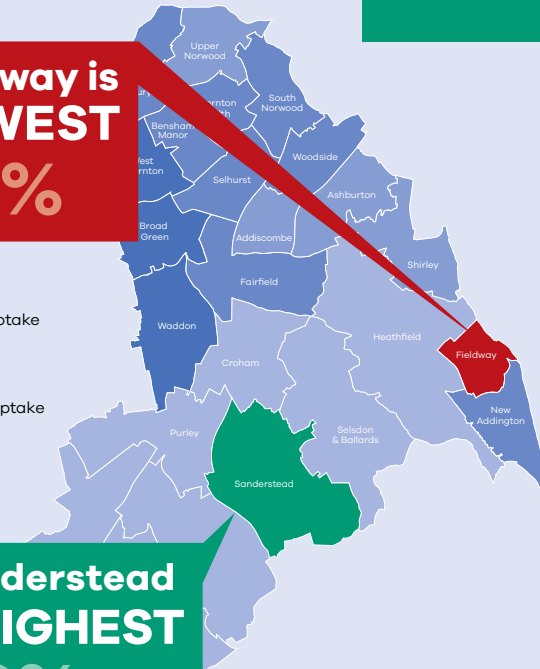
HOW DOES IT WORK?

- V** Vaccine contains safe weaker versions of live measles, mumps and rubella viruses.
- I** It triggers the body to produce antibodies against these viruses.
- P** Providing protection – if your child comes in contact with one of the diseases their immune system immediately recognises it and produces antibodies to fight it.

Fieldway is LOWEST
80%



Sanderstead is HIGHEST
93%



WHY DOES IT MATTER?



MEASLES, MUMPS AND RUBELLA ARE HIGHLY INFECTIOUS DISEASES AND CAN KILL

THEY CAN ALSO CAUSE COMPLICATIONS...



Meningitis



Miscarriage



Swelling of the brain



Deafness in newborns

WHO IS MORE LIKELY TO MISS MMR?



CHILDREN FROM LARGE FAMILIES

CHILDREN FROM LONE-PARENT FAMILIES

CHILDREN OF TEENAGE MOTHERS

TO PROTECT ANY COMMUNITY FROM THESE INFECTIONS,



95% COVERAGE OF IMMUNISATIONS IS NEEDED

IN CROYDON, COVERAGE IS **88%** IN 2-YEAR-OLDS AND ONLY **74%** IN 5-YEAR-OLDS

Coverage is increasing steadily. However, at current rates it will be

2035 before Croydon hits **95%** for the second dose of MMR

WHAT ARE CROYDON COUNCIL AND ITS PARTNERS DOING TO INCREASE CHILDHOOD IMMUNISATIONS?

NHS



The NHS commissions all national immunisation programmes. NHS England decides the best way to ensure this happens. Locally, GPs offer the service and the director of public health has a duty to ensure that the children of Croydon have the protection they need against infectious diseases like measles, mumps and rubella.

WHAT CAN GP SURGERIES DO TO INCREASE IMMUNISATIONS?



NHS England has found that the most successful GPs in Croydon had:

- ‘champions’ for immunisations in their practice;
- strong leadership;
- systems in place to make sure that children did not fall through the net and so were more likely to get all their immunisations.

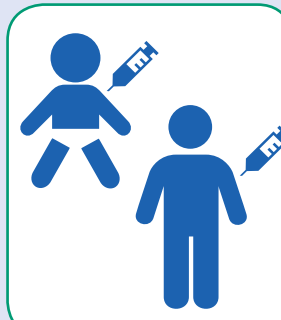
HERD IMMUNITY



To ensure the population is protected, enough children need to be vaccinated to make it hard for a disease to pass between people who are not vaccinated. This is called “herd immunity”.

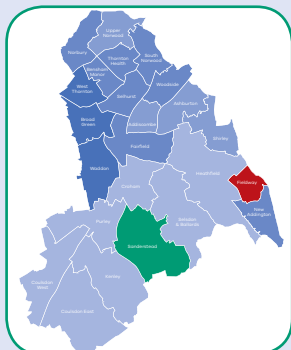
NHS England aims to achieve herd immunity level through 95% of children being vaccinated, as recommended by the World Health Organisation.

CROYDON'S FIVE-YEAR PLAN FOR IMMUNISATIONS



- NHS England visit those Croydon GPs who are doing less well.
- Sharing the best ideas should lead to an increase in children being immunised.
- There will be a focus on making sure that the more vulnerable, such as those children who are ‘looked after’, get their jabs on time.

IMPROVING THE IMMUNISATIONS PROGRAMME IN CROYDON



In Croydon, the number of children vaccinated was not making enough progress. As such, NHS England were asked to report to the Croydon health, social care and housing scrutiny sub-committee.

NHS England has since been working with Croydon GPs to improve the accuracy of immunisation data. It has also been visiting practices to learn why some practices immunise more children than others.

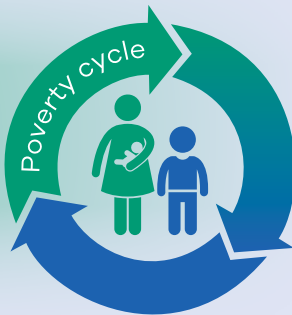
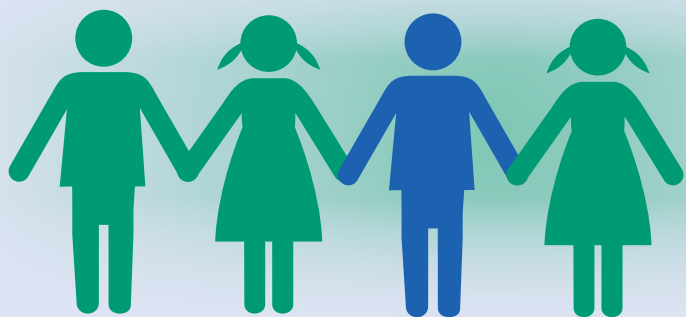
WORKING TOGETHER



Many different people have a role in helping to protect Croydon’s children from infectious diseases. These include not just traditional health professionals but early-years staff and in the future, maybe council housing officers, working to ensure parents and carers have the right information about immunisations and are registered with GPs.

CHILD POVERTY

In Croydon **1 IN 4** (17,700) children live in **POVERTY**



Children born into poverty are **4 TIMES** more likely to be poor as adults than children of affluent parents.

WHAT CAUSES FAMILIES TO LIVE IN POVERTY?

ASPIRATIONS AND RESILIENCE



COST OF LIVING

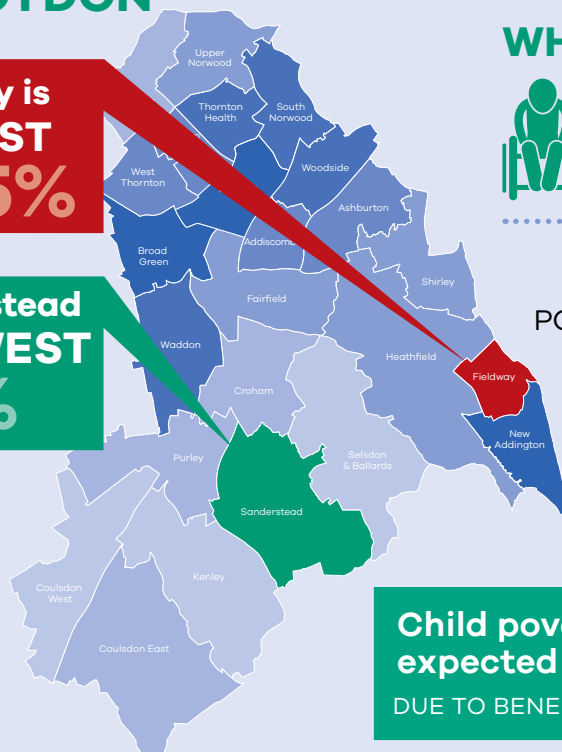
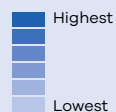
LOW WAGES AND UNEMPLOYMENT

NATIONAL AND LOCAL POLICY

CHILD POVERTY IN CROYDON

Fieldway is **HIGHEST** **39.5%**

Sanderstead is **LOWEST** **7.5%**



WHY DOES IT MATTER?

<p>Children IN poverty</p> <p>MORE LIKELY TO</p>	<p>Be low birth weight</p>	<p>Be obese</p>	<p>Have mental health problems</p>
<p>Have health problems</p>	<p>Smoke, drink and take drugs</p>	<p>Be breastfed</p> <p>LESS LIKELY TO</p>	<p>Achieve 5 A-C grades</p>

WHO IS AT RISK OF POVERTY?



Lone-parent families, families with a disabled person, ethnic minority families, children in care, those with a parent in prison, those with special needs, those born to teenage mothers

CHILD POVERTY COSTS CROYDON'S ECONOMY **£171 MILLION**

87m
Services dealing with the consequences of child poverty

50m
Lost earnings to individuals

34m
Benefits and lost tax revenue

Child poverty is expected to rise to **27%** in Croydon in the next four years
DUE TO BENEFIT RATES NOT KEEPING PACE WITH GROWTH IN INCOME

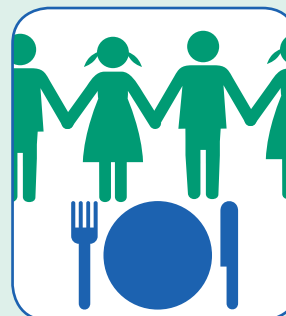
REDUCING BARRIERS TO EMPLOYMENT



Work is often the most sustainable route out of poverty.

- An online training resource to Croydon residents has been established.
- A job brokerage service has been created. Working with Job Centre Plus, Croydon and John Ruskin colleges provide employers with three job-ready applicants for each vacancy, to take advantage of jobs created in Croydon's regeneration and commercial developments.
- A 'Welfare Gateway' has been developed, bringing together existing welfare arrangements to promote independence through an aligned financial, training/work and housing support offer. Budgeting advice to these residents saw an average saving of £21 per week, per household.

SUPPORT TO YOUNG PEOPLE



- Arrangements are in place to develop a young persons-led child poverty strategy.
- Since September 2014, all reception-aged, Year 1 and Year 2 pupils have been entitled to a free school meal, as part of the Universal Infant Free School Meal initiative.

SUPPORT TO LONE-PARENTS



A local survey of lone parents showed that this group faces barriers to employment in terms of lack of jobs, lack of flexible and affordable child care support, lack of skills, training and work experience, and problems completing job applications and attending interviews.

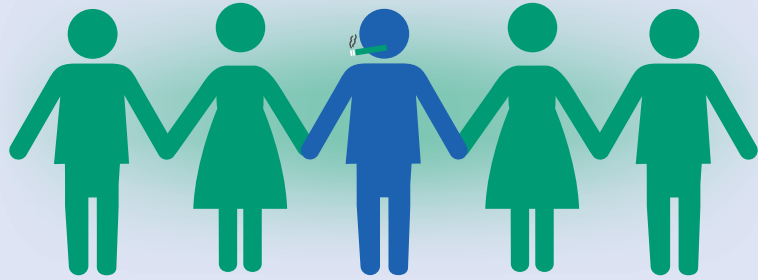
- A six-week course, "First Steps into Work", for lone parents is being piloted. Run by Croydon Adult Learning & Training, Citizen's Advice Bureau and Woodlands Children's Centre, it aims to break down barriers to employment.
- Strategies are being developed to increase the opportunities for flexible working.

HEALTHY START



- Improvement in the availability of Healthy Start vitamins for pregnant and breastfeeding women, and infants and children under four years in low income families and at a higher risk of having low vitamin D stores.
- Healthy Start vitamins are now available in Croydon health centres, Woodlands Children's Centre and Cotelands in John Ruskin College.
- Going forward, provision of Healthy Start Vitamins in all Children Centres in Croydon.

In Croydon **1 IN 5** (58,000) adults **SMOKES**



TWO THIRDS OF PEOPLE START SMOKING BEFORE THEIR 18TH BIRTHDAY



WHY DOES IT MATTER?

Someone dies from smoking every day in Croydon



Smokers die **10 YEARS EARLY**, from diseases such as cancer, heart disease and lung disease

SMOKERS EXPERIENCE MORE:



Facial wrinkles



Impotence and infertility



Asthma and breathing problems



Pregnancy complications, miscarriages and early menopause



THERE ARE MORE THAN **7,000** CHEMICALS IN CIGARETTE SMOKE

FACT

WHO SMOKES?

People most likely to smoke are those:

WITH A PARENT WHO SMOKES



3X

IN ROUTINE/MANUAL OCCUPATIONS



2X

WITH DEPRESSION

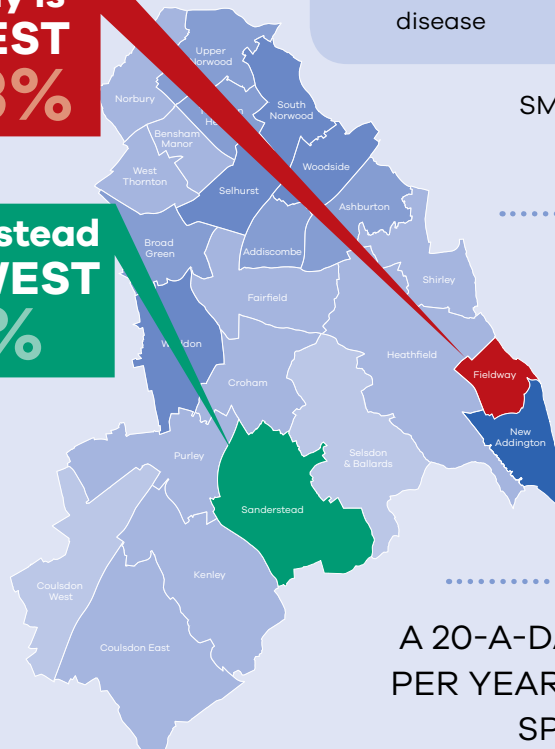
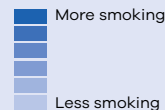


2X

SMOKING IN CROYDON

Fieldway is HIGHEST 29.3%

Sanderstead is LOWEST 11.2%



SMOKING IS HIGHEST IN THE MOST DEPRIVED WARDS

SMOKING IS THE NUMBER-ONE CAUSE OF HEALTH INEQUALITIES

#1

EACH YEAR SMOKING COSTS CROYDON'S ECONOMY

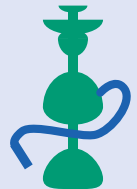
£82 MILLION



In the most deprived households, more than 10% of disposable income goes on tobacco



E-cigarette use is growing. There is very little evidence about the safety of these products.



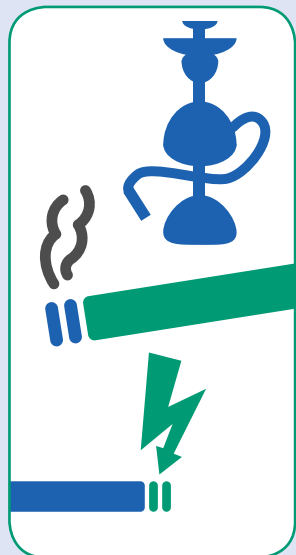
Shisha smokers inhale as much smoke in a single session as smoking 56 cigarettes

Did you know?

Illegal/smuggled tobacco has been reported to contain human faeces, mould and dead flies... production is often not regulated.

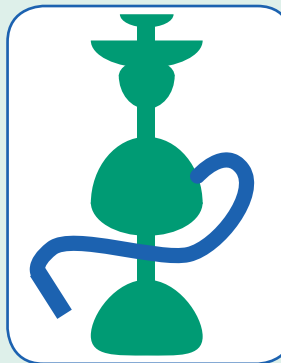
A 20-A-DAY SMOKER SPENDS ON AVERAGE **£2,900** PER YEAR. SOMEONE SMOKING FROM AGE 14 TO 50 WILL SPEND MORE THAN **£100,000** ON TOBACCO

STOPPING SMOKING



- Smoking is the biggest single cause of health inequalities. Quitting smoking is the most important action smokers can take to improve their health.
- For most smokers, quitting is extremely difficult. Fewer than 5% of unaided quit attempts last for 12 months.
- Smoking-cessation services are one of the most cost-effective health interventions we have. Croydon's evidence-based stop-smoking services have helped nearly 18,000 people quit smoking since 2001, preventing an estimated 890 deaths. In the past year alone, Croydon provided support for between four and 12 weeks for 2,200 local people who successfully quit smoking.
- People who use our stop-smoking services and nicotine replacement therapy are four times more likely to succeed in quitting than without medication and behavioural support.
- Croydon currently offers medication that is completely free to all and supports service-users to quit for up to twelve weeks.
- Croydon is developing its stop smoking services in order to offer more tailored services for populations of particular concern; for example: pregnant women, young people, those with severe mental health issues and people with debilitating long-term conditions.

TOBACCO REGULATION



- The council is taking a range of measures to tackle shisha (waterpipe smoking), illicit tobacco and e-cigarettes. These include developing a comprehensive plan with public health, trading standards, environmental health, voluntary agencies, GPs, schools and businesses. The plan will provide clear communication, firm regulation and tough enforcement to help eliminate the risks from tobacco and 'novel' smoked products.
- Public health also works with trading standards to educate local businesses and their staff on the harms of underage sales. There are plans to involve local school children in delivering this innovative work.

CAMPAIGNS AND PREVENTION

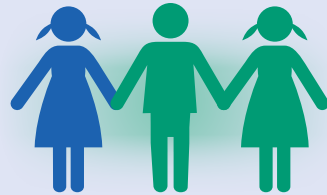


- Through campaigns such as Stoptober and National No Smoking Day, Croydon promotes a smokefree borough to help reduce both smoking prevalence and passive smoking, including smoking in homes where children are present.
- Through the Healthy Schools programme, Croydon works to implement whole school policies on tobacco, featuring in-school provision for smoking education and access to help and support for pupils, staff and families.
- A programme of tobacco training events is delivered throughout the year to equip local professionals from the NHS, community pharmacies, teachers, statutory and voluntary services to offer advice, guidance and support to smokers who want to quit.

In Croydon **1 IN 6** (52,000) adults drink at **RISKY LEVELS**



1 IN 3 secondary **SCHOOL CHILDREN** have drunk alcohol



1 IN 9 (34,000) adults **BINGE DRINK**

WHY DOES IT MATTER?

ALCOHOL IS

LINKED TO:



Almost half of all violent crime is related to alcohol

FACT

The most deprived are 3-5 times more likely to die of an alcohol-specific cause



The third biggest lifestyle risk factor for illness and death



An important cause of health inequalities



Liver disease



Heart disease



Poor mental health



Cancer

WHO MISUSES ALCOHOL?

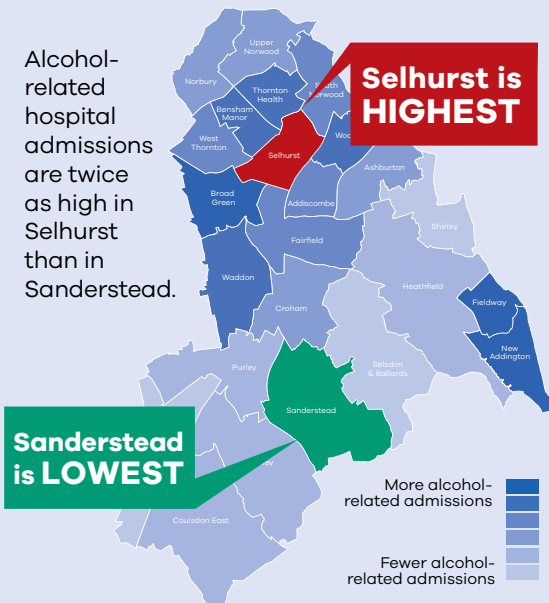
MEN	2X	PEOPLE WITH MENTAL HEALTH DISORDERS	5.5X
PEOPLE LIVING IN A DEPRIVED AREA	2.5X	WOMEN SUFFERING DOMESTIC ABUSE	15X
CHILDREN OF PROBLEM DRINKER	4X		

OTHER RISK FACTORS:

- People who are homeless
- People on probation
- Young offenders
- Looked-after children

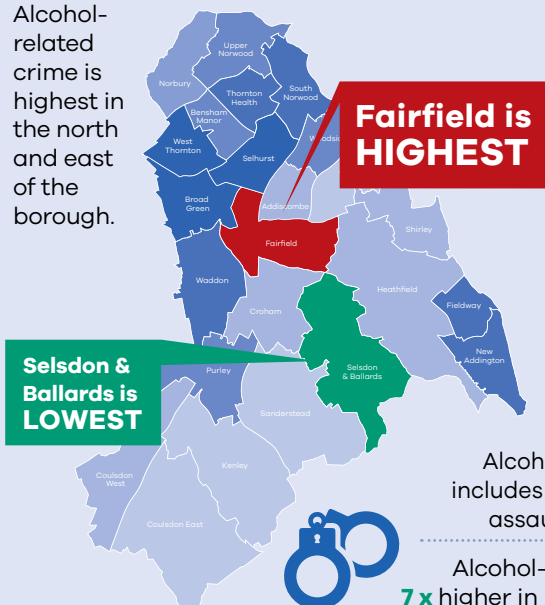
ALCOHOL-RELATED HOSPITAL ADMISSIONS

Alcohol-related hospital admissions are twice as high in Selhurst than in Sanderstead.



ALCOHOL-RELATED CRIME

Alcohol-related crime is highest in the north and east of the borough.



Fairfield is HIGHEST

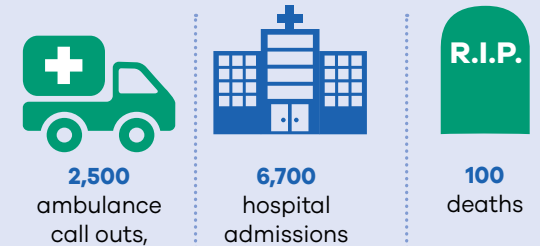
Selsdon & Ballards is LOWEST

HOSPITAL USE

Nationally, alcohol-related hospital admission rates have more than doubled in the past 12 years.

Nationally, 40% of weekend attendances are caused by alcohol.

EACH YEAR IN CROYDON ALCOHOL ACCOUNTS FOR AROUND:



EACH YEAR ALCOHOL COSTS THE ECONOMY IN CROYDON £144 MILLION



£72 MILLION spent on crime related to alcohol

£48 MILLION of lost productivity due to alcohol

£24 MILLION of NHS costs

Alcohol-related crime includes violence, sexual assault and burglary.

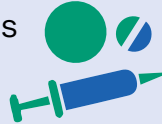
Alcohol-related crime is **7x** higher in Fairfield than in Selsdon and Ballards.

DRUGS

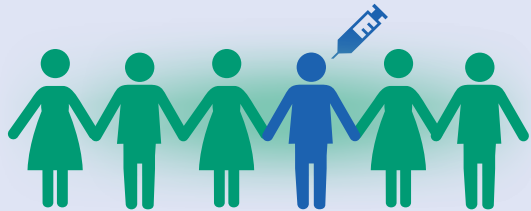


NATIONALLY, 1 IN 11 adults and **1 IN 5** 16 to 24-year-olds have used an illegal drug in the past year, most commonly cannabis

At least **1 IN 25** adults and **1 IN 14** 16 to 24-year-olds use **CLUB DRUGS** such as ecstasy, ketamine and legal highs. Some club drug users are injecting



IN CROYDON 1 IN 125 (1,914 adults) uses **OPIATES** (such as heroin) or **CRACK**

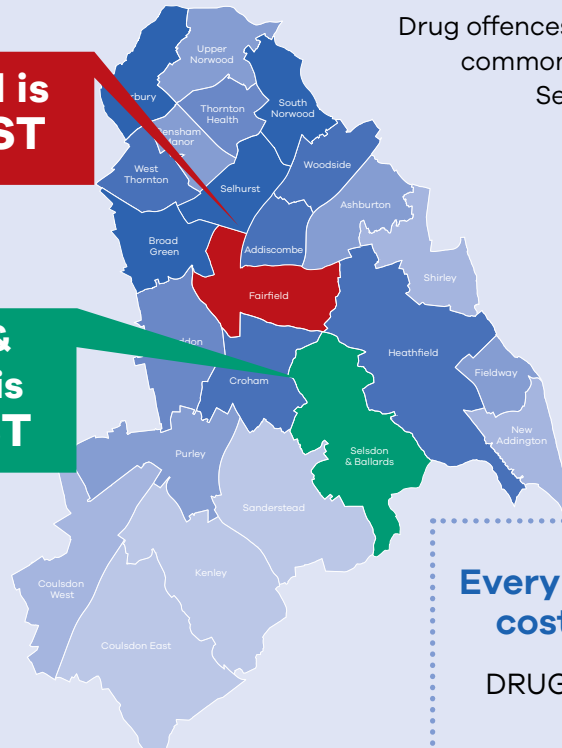


1 IN 6 people who use opiates or crack are **INJECTING DRUGS**

DRUG OFFENCES IN CROYDON

Fairfield is HIGHEST

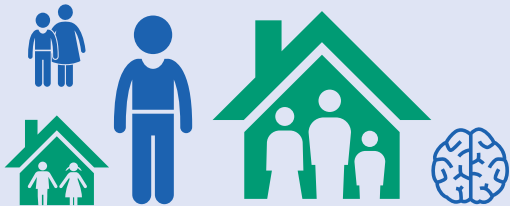
Selsdon & Ballards is LOWEST



WHO USES DRUGS IN CROYDON?

MEN 2X

PEOPLE LIVING IN DEPRIVED AREAS 2X



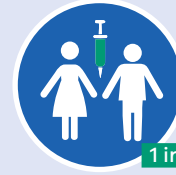
OTHER RISK FACTORS:

Parental drug use, childhood abuse, being in care, mental health problems.

DANGERS OF INJECTING DRUGS



OF PEOPLE WHO INJECT DRUGS



Share needles/syringes **1 in 7**



Living with hepatitis C **2 in 5**



Living with HIV **1 in 100**

Drug offences are **23** times more common in Fairfield than in Selsdon and Ballards.

DRUGS ARE BAD FOR HEALTH



Drug use can damage the lungs, circulatory system, liver, bones



Cannabis, and club drugs are strongly linked to psychosis and schizophrenia



Mortality is **10X** higher among heroin users than in the general population

Deaths involving club drugs and some prescription medicines are rising

DRUG USERS MAY COMMIT CRIME TO FUND DRUG USE



IN CROYDON THERE ARE **2000** DRUG OFFENCES PER YEAR

3 OUT OF 4 DRUG OFFENCES RELATE TO POSSESSION OF CANNABIS

AT LEAST **1 IN 2 PRISONERS** USE DRUGS



Every year drug addiction costs Croydon a total of **£96.8M**

DRUG OFFENCES, SUCH AS **POSSESSION** OR **SUPPLY**, ARE CONCENTRATED IN AREAS OF DISADVANTAGE

ALCOHOL AND DRUG PROBLEMS?

PREVENTION



Preventing harm from alcohol and drug misuse is complex. Organisations across health, social care, enforcement, education and the voluntary and community sector work in partnership to tackle the harms from alcohol and drugs.

Croydon supports the delivery of universal and targeted health education and promotion in schools and colleges which can delay the age at which young people start to drink and help prevent young people experimenting with drugs. Our Healthy Schools Programme, local websites and locally commissioned services such as Turning Point and Croydon Talkbus give children and young people accurate information about drugs and alcohol, and teach them the skills and confidence to manage peer pressure and resist drug and alcohol use.

For adults and young people, campaigns such as Dry January and Alcohol Awareness, help to raise awareness and offer advice about sensible drinking. Our drug and alcohol treatment provider, Turning Point, delivers specialised training for professionals in alcohol and drug awareness. Croydon initiatives such as Best Start and the Think Family agenda increase resilience in parents and children, and help children to achieve better outcomes.

ALCOHOL SPECIFIC PREVENTION



Reducing the availability of alcohol can reduce inequalities. Croydon has introduced a voluntary ban on high-strength, low-cost beers and ciders, which was adopted by licensed premises in the town centre.

The public health team has led a borough-wide alcohol partnership with three priorities:

- Extending Croydon's alcohol Identification and Brief Advice (IBA) programme across pharmacies, general practice, A&E and the voluntary sector. Services are encouraged to target people living in deprived areas.
- Launching a website that delivers messages about safe drinking, offers advice and helps people get extra support
www.croydon.gov.uk/supporting-sensible-drinking-in-croydon
- Developing an accident and emergency data-sharing initiative to prevent alcohol-related violence, together with Croydon University Hospital and the Safer Croydon Partnership.

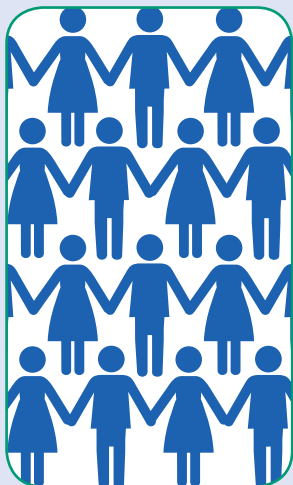
DRUG-SPECIFIC PREVENTION



Through the National Crime Agency and local policing, there are widespread efforts to reduce the supply of drugs, including new psychoactive substances or "legal highs". While much of this takes place at an international level, local policing is vital and includes reducing the cultivation of cannabis and tackling drug dealing.

ALCOHOL AND DRUG PROBLEMS? - CONTINUED

DIAGNOSIS



Locally, early intervention with young people with emerging problematic substance misuse issues (typically cannabis and alcohol misuse) is a priority. Specialist services aim to support these young people to be drug-free at the end of their treatment.

The vast majority of adults and young people drinking at risky levels can be identified and supported through the alcohol identification and Brief Advice programme. A smaller number are dependent on alcohol and require specialist treatment. For adults, specialist services are usually accessed by self-referral or visiting a GP.

Some people who misuse alcohol or drugs are identified through the criminal justice system. They can enter treatment voluntarily, as part of a community sentence, when in prison or when leaving prison on probation. Persistent and problematic offenders who misuse drugs or alcohol are supported within the Integrated Offender Management programme.

MANAGEMENT



Specialist treatment is provided by the Croydon Recovery Network operated by Turning Point. It is recovery orientated, aiming to help people become free from dependence on drugs and alcohol by providing a network of services. Each person has a recovery plan tailored to the needs of themselves and their families.

Treatment is delivered in a variety of settings such as the Family Justice Centre, hostels, GP surgeries, A&E and voluntary sector, aiming to reach vulnerable groups.

We also have more than 20 mutual aid groups across the borough that help people to support each other.

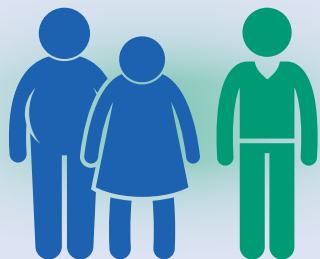
PREVENTING COMPLICATIONS OF DRUG USE



Hepatitis B and C screening, treatment and hepatitis B vaccination are available to people who are injecting drug users. Around 15 local pharmacies provide needle-exchange services to prevent transmission of blood-borne viruses and give safer injecting information.

HEALTHY WEIGHT

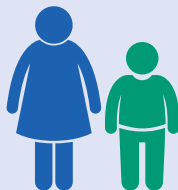
In Croydon **2 IN 3** adults (181,000) are **OVERWEIGHT** or **OBESSE**



2 IN 5 10 to 11-year-olds (1,300) are overweight or obese in Croydon



Weight problems usually start in childhood. The prevalence of obesity **DOUBLES** between ages 4–5 years and 10–11 years. **HALF** of parents do not recognise their children are overweight or obese. **97%** of obese or overweight children have overweight parents.



WHY DOES OBESITY AND OVERWEIGHT MATTER?

OBESITY CAN LEAD TO STIGMA, BULLYING, LOW SELF ESTEEM AND HARMS HEALTH AND IS ASSOCIATED WITH:



Depression and anxiety



Osteoarthritis and back pain



Fertility problems



Stroke



Heart and liver disease



Type 2 diabetes

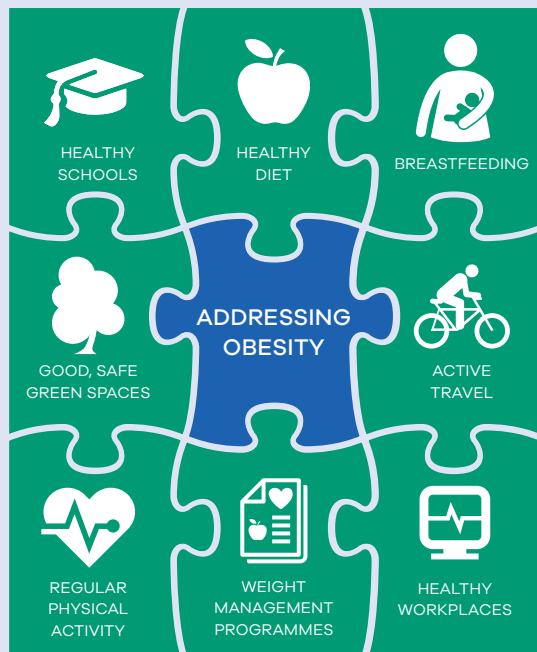


Asthma and sleep apnoea



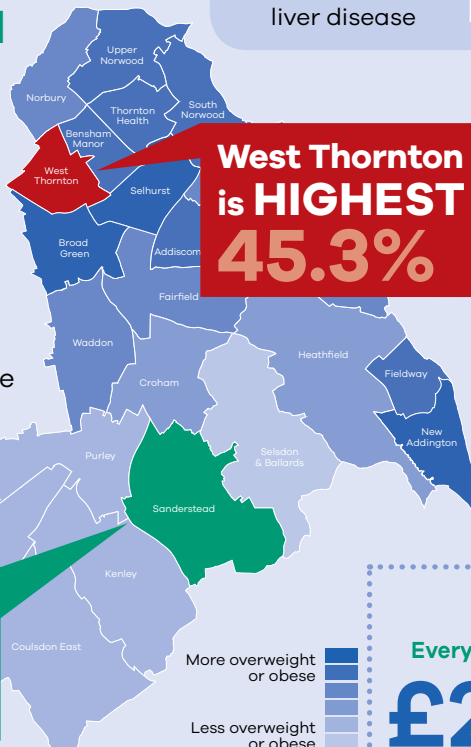
Cancer

OBESITY IS COMPLEX



OBESITY IN CHILDREN AGED 10-11 YEARS

People living in poorer areas are more than twice as likely to be overweight as people living in more prosperous areas.



WHO IS MOST LIKELY TO HAVE WEIGHT PROBLEMS?



Weight problems are more common in certain black and minority ethnic groups, and people with a disability.

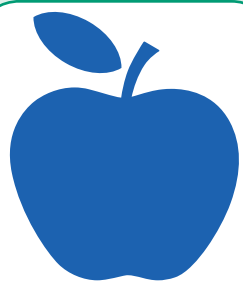


With Croydon becoming increasingly deprived, we would expect obesity levels to rise and the inequality gap to widen.

Obesity has huge costs to society **£190M**
 Every year, obesity costs the Croydon economy **£2.5M** OF THIS IS SPENT ON SOCIAL CARE

WHAT ARE CROYDON COUNCIL AND ITS PARTNERS DOING TO PROMOTE HEALTHY WEIGHT?

HEALTHIER EATING



Croydon is a Food Flagship Borough aiming to transform food culture through school food projects, community gardening initiatives and healthier food businesses. Phunkyfoods targets early years and primary school children, via healthy lifestyle curriculum activities and resources, to prevent obesity and related health problems. Eatwell Croydon encourages shops, cafes and take-aways to use healthier cooking methods and to offer healthy food choices; 20 food outlets have signed up so far. Breastfed children have less risk of obesity. Croydon Health Services are working towards stage 3 'baby friendly' accreditation, with hospitals, community services and children centres working together to support breastfeeding.

MORE PHYSICAL ACTIVITY



A Croydon Challenge project is encouraging local people to make full use of their local parks and open spaces through encouraging and supporting more self-organised sports and cultural events. There is also the opportunity to get local people to take increased responsibility for managing their parks and open spaces.

Croydon Council encourages physically active staff by developing active travel schemes, providing showers and cycle racks, and creating new opportunities for staff to be physically active.

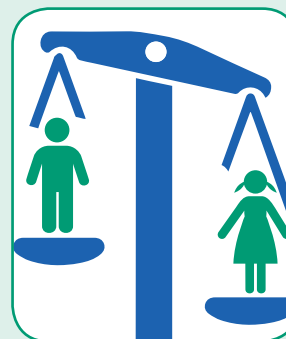
The sports and physical activity team provides a MI Change programme, which is a personal health and fitness programme to support Croydon residents to become more physically active.

INDIVIDUAL WEIGHT MANAGEMENT



The Alive n' Kicking child weight management project helps overweight children and their families. Weight Watchers provides adult weight loss programmes based on a balanced, healthy diet, plus promotion of physical activity.

SCHOOL WEIGHT AND HEIGHT MONITORING



The National Child Measurement Programme assesses school pupils' weight and height. Parents receive their child's results and are encouraged to take positive action; so far, one-third plan to do so.

DIABETES

In Croydon an estimated **1 IN 13** people has diabetes



AROUND **19,900** PEOPLE HAVE BEEN DIAGNOSED



AN ADDITIONAL **6,400** DON'T KNOW THEY HAVE IT

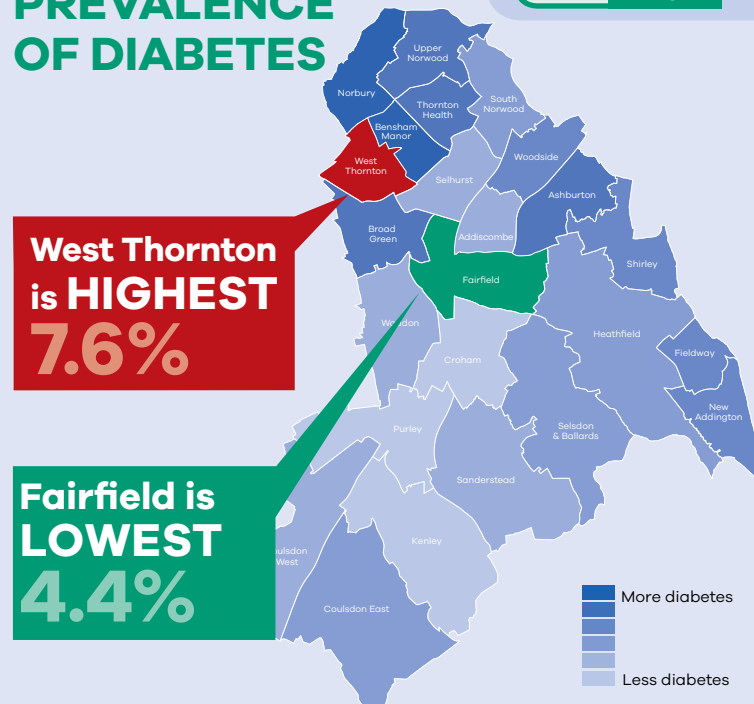
COST FOR CROYDON £123.7 MILLION

£51M COST TO NHS

- 20% is related to diabetes treatment
- 80% is related to management of complications

£72.7M cost to wider society, including informal care, social care and lost productivity costs

PREVALENCE OF DIABETES



WHY DOES IT MATTER?

PEOPLE WITH DIABETES ARE MORE LIKELY TO SUFFER FROM:



38%
OF MAJOR AMPUTATIONS ARE IN PEOPLE WITH DIABETES

FACT



Renal failure

3 x



Heart failure

2.5 x



14% of sight loss is in people with diabetes

14%



Stroke

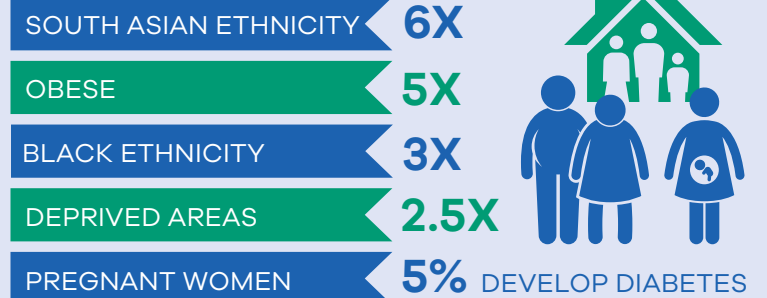
2 x



306
PEOPLE DIE EACH YEAR IN CROYDON BECAUSE OF DIABETES

FACT

WHO IS AT RISK FROM TYPE 2 DIABETES?



THERE ARE TWO TYPES OF DIABETES

TYPE 1 diabetics do not make enough insulin. This cannot be prevented



Most **TYPE 2** diabetes can be prevented.

ABOUT **90%** OF DIABETES IS TYPE 2

WHAT ARE CROYDON COUNCIL AND ITS PARTNERS DOING TO ADDRESS DIABETES?

PREVENTION



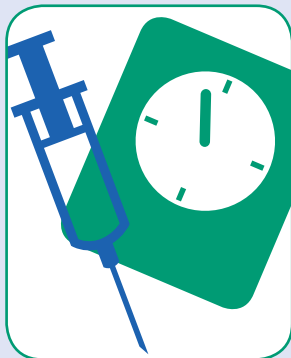
- Type 2 diabetes can be prevented through eating healthily and maintaining a healthy weight, particularly in childhood.
- A Joint Needs Assessment aimed at tackling obesity has enabled action across council departments and partner organisations.
- A new children's weight management service has been launched. In its first few months it has engaged with over 100 overweight 4 to 12-year-olds, particularly those who live in Croydon's most deprived areas.
- Croydon is a Food Flagship Borough, this includes establishment of a Community Gardening Project and a Community Food Centre.
- Simple exercise such as walking and cycling can help maintain a healthy weight.

MANAGEMENT



- Croydon Clinical Commissioning Group (CCG) commissions hospital and community services to treat and manage patients with diabetes.
- For most patients, their GP or practice nurse is able to provide them with high-quality care and can safely manage their condition.
- For more complex cases, there is a community service run by a consultant and six diabetic specialist nurses.
- Croydon University Hospital provides care for all acute diabetic conditions that cannot be managed safely in the community.
- The public health team produces annual GP profiles which show practices how they are performing in the management of diabetes compared to their peers and to local and national standards.

DIAGNOSIS



- An estimated 6,400 people in Croydon have diabetes but are not aware of their underlying condition.
- The NHS Health Checks programme identifies individuals aged 40-74 who are at risk of developing diabetes.
- Individuals who are overweight are directed to weight management services and are offered advice on diet, exercise and weight reduction.
- A simple blood test carried out during health checks can identify those who already have diabetes or are at high risk of developing it.
- Health checks are offered at 22 locations around Croydon and a community outreach service has been set up to target high-risk individuals especially in the north and west of the borough.

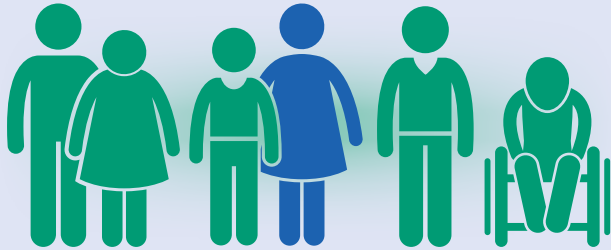
PREVENTING COMPLICATIONS



- Poorly controlled diabetes can cause complications which can be life threatening and have long-term effects on the eyes, heart, kidneys, nerves and feet.
- Croydon CCG commissions a patient education service, which enables patients to better manage their diabetes and prevent complications.
- Each month 2,000 patients are seen in a specialist eye screening service. Patients are either referred for treatment or, if well, are seen annually to continue to monitor for eye disease.

MENTAL HEALTH

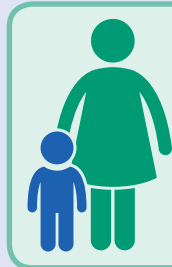
In Croydon **1 in 6** adults (67,000 people) has a mental health problem at any one time



Most common are **ANXIETY** and **DEPRESSION**



Half of all lifetime mental health problems begin by **AGE 14**

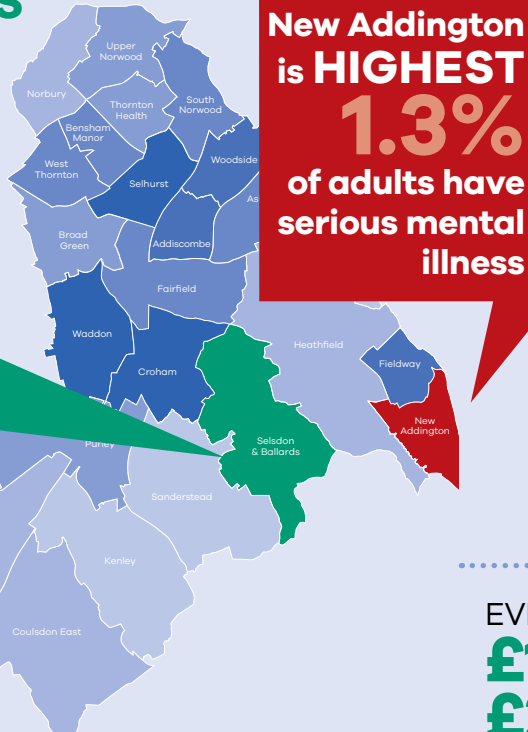


Parenting during the first few years of life is critical

1 in 95 adults (4,100 people) has a **SERIOUS MENTAL ILLNESS** such as schizophrenia or bipolar disorder

PEOPLE WITH SERIOUS MENTAL ILLNESS HAVE THE BIGGEST INEQUALITIES

More people with serious mental illness
Fewer people with serious mental illness



Selsdon and Ballards is LOWEST 0.4% of adults have serious mental illness

STRONG COMMUNITY RESILIENCE AND MENTAL WELL-BEING prevents illness, reduces risk factors and supports recovery



WHY DOES IT MATTER?

Poor mental health affects and is affected by every part of a person's life:

- physical health,
- health behaviours,
- education,
- employment,
- relationships,
- social inclusion,
- financial security,
- housing.

FACT



up to 4 x

Risk of smoking



3 x

Risk of alcohol dependency



25%

Serious housing problems



People with schizophrenia die 15-20 years earlier

WHO IS MOST AT RISK?

Psychosis is **7x** more common in those of African-Caribbean descent. People in debt have **3x** risk of mental disorder.

Depression and anxiety are:

- **4-10x** more common in those unemployed for more than 12 weeks
- **3x** more common in gypsies and travellers.

Mental health problems are:

- **3x** more common in children in households with lowest 20% of income.
- Emotional and conduct disorder is **4-5x** as common in children of those with poor parental mental health.



EVERY YEAR, THE COST TO CROYDON OF MENTAL HEALTH IS
£1.1BN (TOTAL ECONOMIC AND SOCIAL COST)
£290M (HEALTH AND SOCIAL SERVICES COST)

PREVENTION



Preventing mental illness is the most important way to improve mental health. Almost all Croydon Council services contribute to well-being, including parks and leisure, welfare advice, support for volunteering, education, and employment services.

Parenting programmes and early-years support increase resilience in parents and children and lay the foundations of life-long well-being. Physical activity and exercise such as walking and cycling can help improve mental health and well-being.

Healthy behaviours contribute greatly to mental well-being. Croydon Council and its partners' services support Croydon residents and workers to be physically active, eat well, maintain a healthy weight, drink alcohol sensibly and not smoke.

There are five actions that individuals can take to improve mental well-being: Connect; Be Active; Take Notice; Keep Learning; Give.

MANAGEMENT

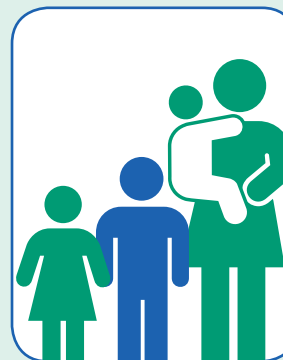


A recovery-focused approach is central to supporting people with serious mental illness.

Council and CCG commissioners are redesigning adult mental health services to provide: quicker GP access to specialists; improved community support; more management of crises outside hospitals.

Improving the physical health of people with mental health problems is a priority. There is now: better access to healthy behaviour change support; a medication-review service; and provision of appropriate physical health care to reduce health inequalities and early death in people with serious mental illness.

EARLY INTERVENTION

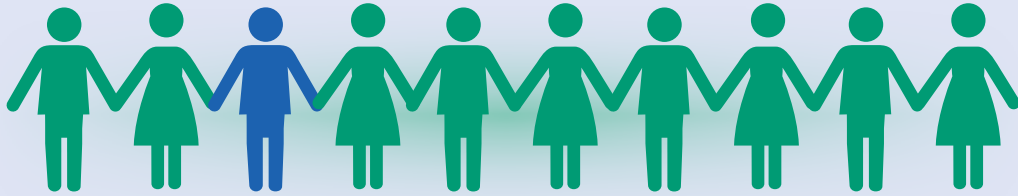


Early intervention is cost-effective and brings longer-lasting benefits. Local initiatives include:

- training people who work with children and young people to identify emerging problems and ensure they, and their families, have the right support;
- increasing links between voluntary sector and primary care to help people with mental health problems access more well-being services;
- new service supporting young people with (or at risk of) psychosis, including help for their families;
- increasing access to talking therapies and providing online support;
- increasing diagnosis of dementia, helping to improve people's care experience and reduce hospital and social care use.

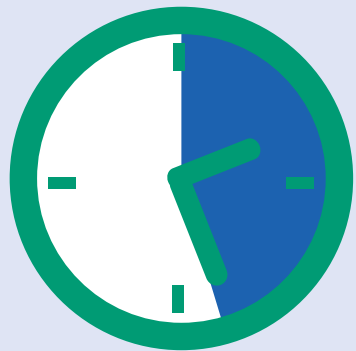
EMPLOYMENT AND HEALTH

In Croydon **1 IN 10** working age adults (**24,500** people) claims out-of-work benefits



Another **22,200** adults don't work and don't receive benefits

THE LONGER PEOPLE ARE UNEMPLOYED

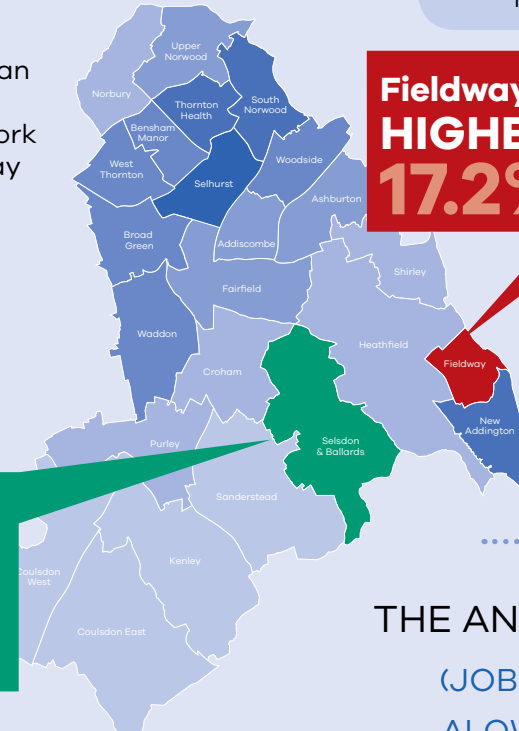


- the greater the impact on their health
- the less chance they have of re-employment

ADULTS CLAIMING OUT-OF-WORK BENEFITS

There are more than 4x as many adults claiming out-of-work benefits in Fieldway as in Selsdon and Ballards.

More out of work benefits
Less out of work benefits



Fieldway is HIGHEST 17.2%

Selsdon and Ballards is LOWEST 3.9%

WHY DOES IT MATTER?

UNEMPLOYMENT CAN LEAD TO POOR HEALTH, AND POOR HEALTH CAN LEAD TO UNEMPLOYMENT



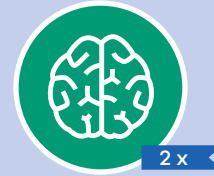
1.5 x

Greater risk of death



2 x

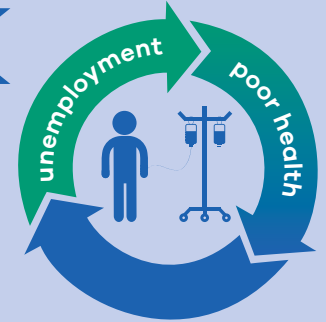
Risk of limiting long-term illness



2 x

Risk of mental illness

40% of unemployed young people have mental health problems

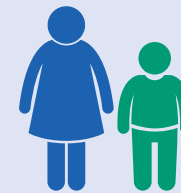


Unemployment can also lead to social isolation and exclusion, poor quality of life and low levels of general well-being



FACT

WHO IS MOST AT RISK?



Children of non-working parents



Those with poor skills and qualifications



Job-seekers who need flexible hours (ie, due to child care)



People aged 50 and over

THE ANNUAL COSTS FOR CROYDON ARE **£144.7M**

(JOB SEEKERS ALLOWANCE AND EMPLOYMENT AND SUPPORT ALLOWANCE PLUS ASSOCIATED HOUSING BENEFITS, PER YEAR)

WHAT ARE CROYDON COUNCIL AND ITS PARTNERS DOING TO ADDRESS UNEMPLOYMENT?

CREATING NEW JOBS IN CROYDON



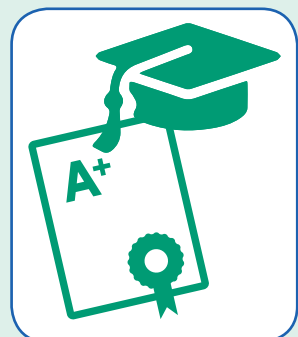
- Developing Croydon as an attractive place to live and work.
- Investing in housing and the wider infrastructure across Croydon.
- Attracting businesses to Croydon.
- Providing start-up schemes for local small businesses.

KEEPING PEOPLE IN WORK



- Supporting local businesses as employers.
- Providing skills development, training and support.
- Promoting a healthy working environment, including an awareness of the importance of good mental health and a healthy work-life balance.
- Supporting employers to provide flexible working.

HELPING PEOPLE TO APPLY FOR JOBS



- Improving the educational attainment of all young people in Croydon.
- Working with schools and colleges to help young people choose a career.
- Working closely with Croydon's Job Centres.
- Supporting apprenticeships in local businesses.
- Providing skills development, training and support to Croydon residents.

HELPING THE PEOPLE WHO NEED JOBS MOST



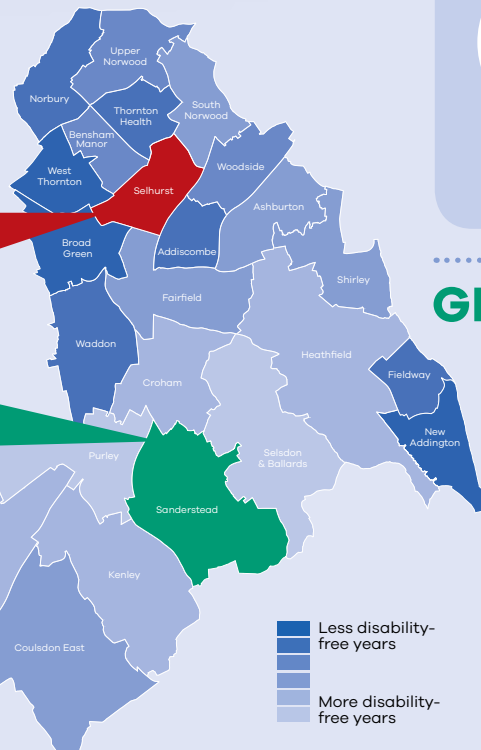
- Supporting people by tackling a number of their needs, such as employment, debt, housing and health, at the same time.
- Targeting specific groups such as young people, older people, and people out of work due to ill health or disability.
- We are creating a job brokerage service bringing together employment providers to create a single service that will help residents get the jobs created by regeneration and investment.
- Promoting equality and diversity.

MAINTAINING THE INDEPENDENCE OF OLDER PEOPLE

In Croydon, 1 in 8 people (47,500) is **OVER 65**



In Croydon's more prosperous areas, older people enjoy twice as many disability-free years than in the poorer areas.



Selhurst is LOWEST

At age 65, people can expect to live **6.6 YEARS** free from disability

Sanderstead is HIGHEST

At age 65, people can expect to live **12.1 YEARS** free from disability

EACH YEAR, **200 OLDER PEOPLE**

are permanently admitted to care homes in Croydon, and

1 IN 10 receives **SOCIAL CARE**



PEOPLE OVER 65 ARE MORE LIKELY TO EXPERIENCE



1 in 2

Limited daily activities



1 in 5

Bladder problems



1 in 7

Bad or very bad health



1 in 8

Sight loss



1 in 8

Providing unpaid care



1 in 10

2+ long-term health conditions



1 in 17

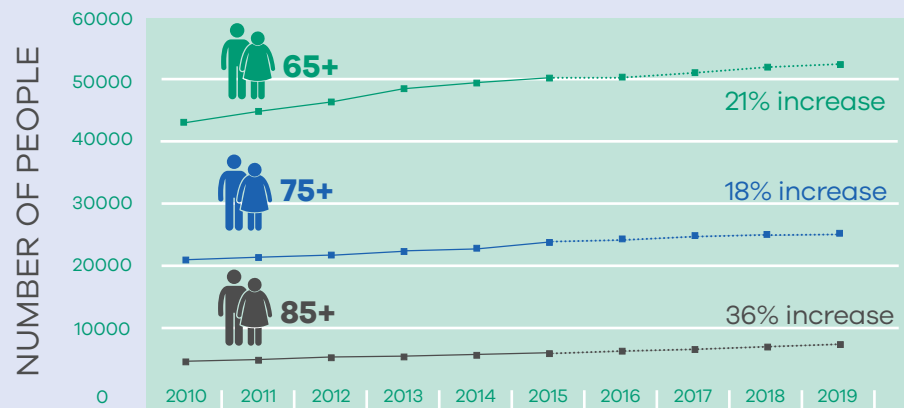
Loneliness always/often



1 in 50

Injury due to falls every year

GROWTH in the number of older adults in Croydon



The annual cost of social care for older people in Croydon is

£49.7 MILLION

The annual cost to the NHS of healthcare to older adults is

£191 MILLION

WHAT ARE CROYDON COUNCIL AND ITS PARTNERS DOING TO MAINTAIN

THE INDEPENDENCE OF OLDER ADULTS?

PROLONGING A HEALTHY LATER LIFE



- Although people are generally living longer, more are doing so with long-term conditions or disabilities that limit their daily activities.
- Most long-term conditions are preventable and people can work towards prolonging the number of years they can expect to remain healthy by adopting healthier lifestyles.
- Croydon Council commissions and provides a range of services to support people in staying healthy, including NHS Health Checks, stop-smoking support, weight management, leisure, sport and recreation.

SUPPORTING CARERS



- Older adults without a carer are more likely to be admitted to nursing or residential care. Helping older carers maintain their own health and well-being benefits both the carer and the person they care for.
- Support for carers is a priority in Croydon's joint health and well-being strategy.
- Croydon Carer Support Service is in contact with around 5,000 carers in Croydon and provides much-valued services including respite care, carer need assessments and sitting services.

INCREASING RESILIENCE AND INDEPENDENCE



- Croydon's joint health and well-being strategy aims to support people to be as resilient and independent as possible with a focus on prevention and early intervention.
- The NHS, council and voluntary sector have made a commitment to work together to improve outcomes for older people. This includes integrating a wide range of services through the Outcomes Based Commissioning Programme and increasing the proportion of care delivered in community settings.
- Croydon Council and Croydon Clinical Commissioning Group jointly commission a range of services to help older people maintain their independence, including benefits advice, extra care and support such as home care, continence services, reablement and early supported discharge from hospital, equipment and adaptations services, and direct payments to enable people to take control of their own care.
- Croydon Clinical Commissioning Group's Prevention, Self-care, Self-management and shared-decision strategy recommends the use of patient decision aids and assistive technology to support older adults and carers to maintain independence at home.

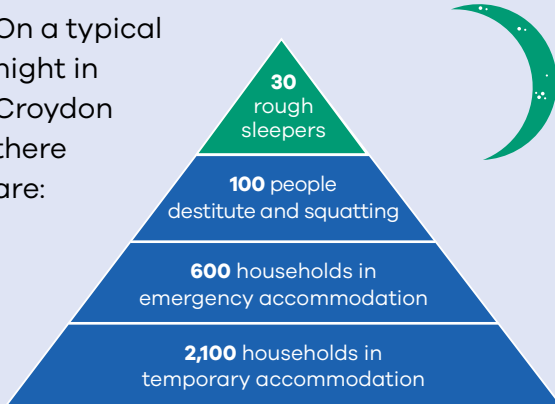
REDUCING SOCIAL ISOLATION AND LONELINESS



- Social isolation and loneliness are risk factors for poor health and well-being. Twice as many older adults than younger adults live alone and nearly 1 in 2 carers reported not having as much social contact as they wanted.
- Many organisations in Croydon provide services to help reduce social isolation and loneliness, including befriending, lunch clubs, trips and activities, tea dances, exercise classes, guided walks, study groups.

HOMELESSNESS AND OVERCROWDING

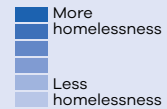
On a typical night in Croydon there are:



WHY DOES ROUGH SLEEPING MATTER? ROUGH SLEEPERS HAVE PARTICULARLY BAD HEALTH



HOMELESSNESS IN CROYDON

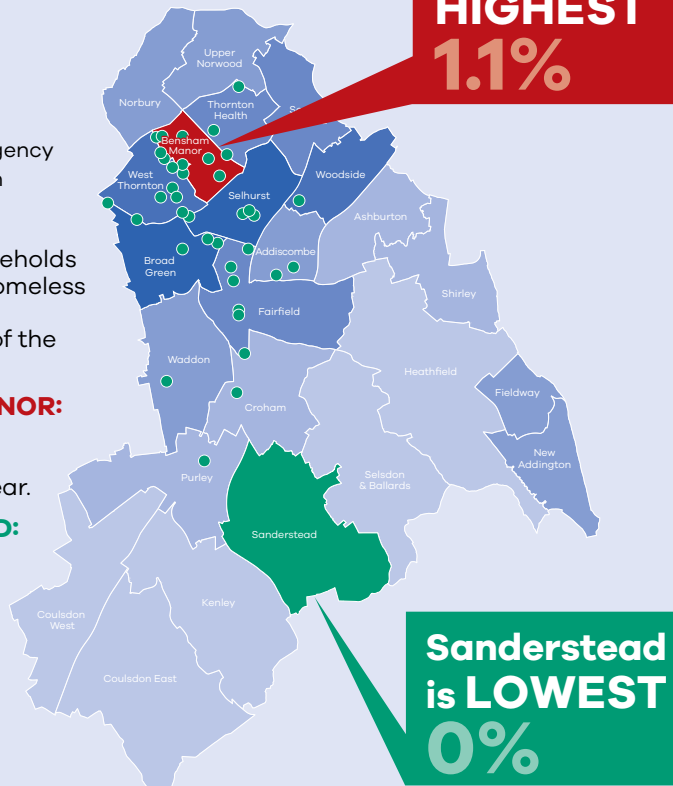


Homeless emergency accommodation

The rate of households presenting as homeless is highest in the north and east of the borough.

BENSHAM MANOR: 65 households accepted as homeless last year.

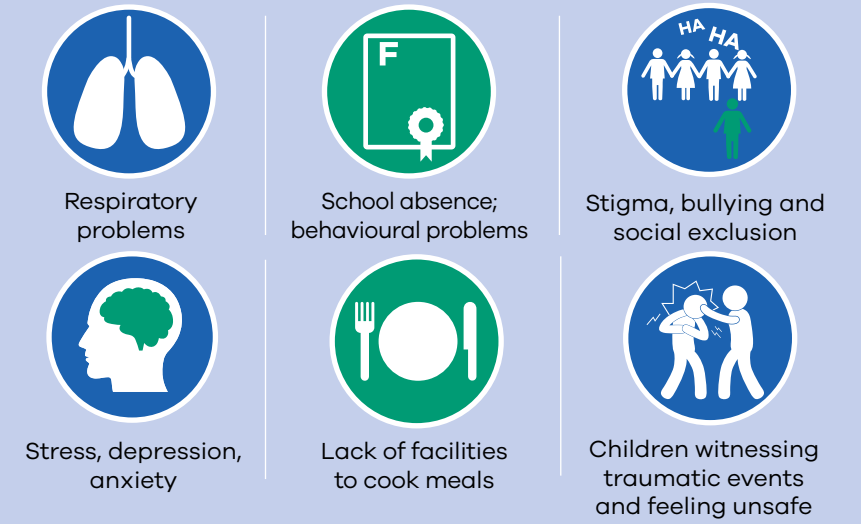
SANDERSTEAD: NO households accepted as homeless.



WHY IS TEMPORARY ACCOMMODATION AN ISSUE?

IT IS LINKED TO **PHYSICAL** AND **MENTAL** HEALTH PROBLEMS AND CAN HAVE LONG-TERM IMPACTS ON CHILD DEVELOPMENT

Temporary accommodation is more common than rough sleeping. Although the health effects are less severe, living in temporary accommodation is also not good for health.



ANXIETY AND DEPRESSION ARE **3X** MORE COMMON AMONG CHILDREN WHO HAVE LIVED IN TEMPORARY ACCOMMODATION FOR MORE THAN A YEAR.

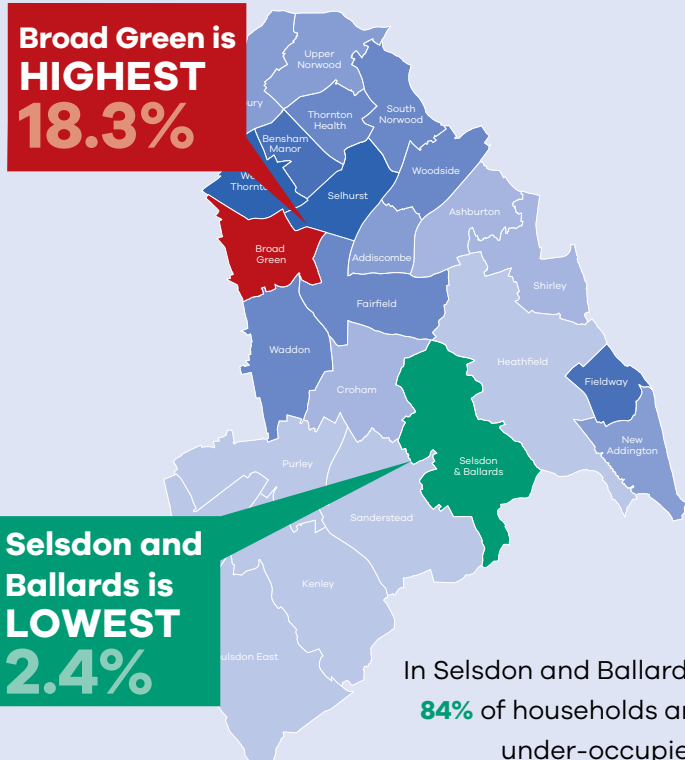
IN 2014/15, CROYDON IS FORECAST TO SPEND **£3.2M** ON EMERGENCY ACCOMMODATION, AND **£1.8M** ON LONGER-TERM TEMPORARY ACCOMMODATION

In Croydon **1 in 12** households (12,000 households) is overcrowded



1 in 72 (2,000 households) is very overcrowded

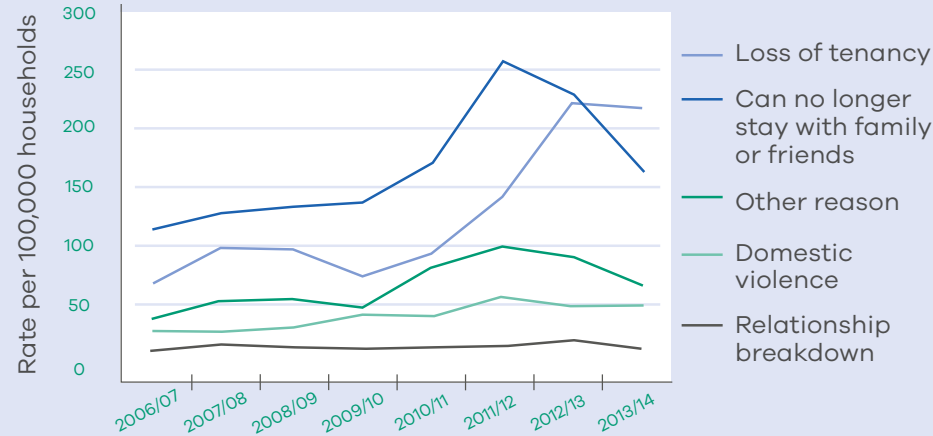
OVERCROWDED HOUSEHOLDS



In Selsdon and Ballards, **84%** of households are under-occupied

LOSS OF TENANCY IS NOW THE MAIN REASON FOR HOMELESSNESS IN CROYDON

Trend in newly accepted homeless households by cause



IF RECENT TRENDS CONTINUE, BY 2019:

50 PEOPLE will sleep rough each night and there will be

4,500

Croydon households living in temporary accommodation

CONCEALED FAMILIES ARE THOSE LIVING IN MULTI-FAMILY HOUSEHOLDS, IN ADDITION TO THE PRIMARY FAMILY.

There were **2,700** concealed families in Croydon in 2011

If trends continue, Croydon will have **3,700** concealed families by 2019



WHY DOES OVERCROWDING MATTER?

PEOPLE IN OVERCROWDED HOUSEHOLDS ARE MORE LIKELY TO HAVE:



Overcrowding means children sleeping in living rooms, dining rooms, and sharing bedrooms with parents



Meningitis

10 x



Respiratory problems



Sleep disturbance



Stress, depression and anxiety

Overcrowding can negatively affect child development and education



FACT

WHAT ARE CROYDON COUNCIL AND ITS PARTNERS DOING TO ADDRESS

HOMELESSNESS AND OVERCROWDING?

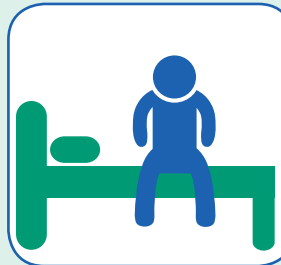
PREVENTING HOMELESSNESS



The council is developing a strategic, partnership approach to tackling homelessness, working together with stakeholders to publish a final plan by 2016. Projects to reduce households in temporary accommodation are progressing. Services to support households facing homelessness include independent housing advice, a domestic violence 'sanctuary service', and accommodation assistance for young people moving on from hostels or supported accommodation.

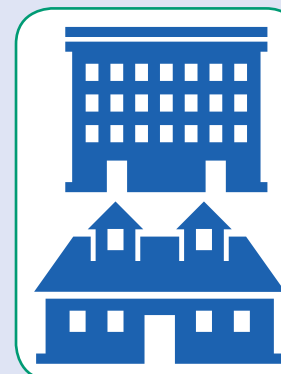
The council's new 'single gateway' service, developed with public health funding, will maximise homelessness prevention through comprehensive needs assessments and integrated, targeted responses. Interventions include: financial management training; affordable credit provision; digital service provision and enabling; Universal Credit preparation; and development of employment skills and opportunities to help Croydon residents secure better jobs. Over the next five years, 9,500 new homes will be built by the council and its partners' Croydon Promise scheme.

SUPPORTING THOSE IN TEMPORARY ACCOMMODATION



- The council will improve communication with homeless households and the availability of information.
- Health services and other support, including access to employment, will be better targeted to households living in temporary accommodation.
- The council will work with parents and schools to ensure children do not miss education when living in temporary accommodation and receive the appropriate support.

TACKLING OVERCROWDING THROUGH:



- Maximising social housing development via affordable housing policy.
- Engaging with housing associations.
- Converting properties into larger homes.
- Prioritising housing needs of under-occupying tenants (freeing up larger properties) and severely overcrowded households.
- Enabling overcrowded households to move into the private sector.

CROYDON ANNUAL PUBLIC HEALTH REPORT 2015 – WHAT'S NEXT?

The purpose of this section of the report is to reflect on the findings of the previous sections, and to propose how the council and its partners in the public health system should respond.

The earlier sections show that there are substantial health inequalities between the deprived and less-deprived parts of Croydon for each of the 10 major public health problems that have been reported on. The vision of public health is to improve and protect Croydon's health and well-being, improving the health of the poorest fastest.

The public health approach starts with needs assessment, which shows where and how we can improve local services to meet need and focus scarce resources. A series of needs assessments are carried out each year with the approval of the Health and Wellbeing Board. These are informed by the national evidence of what is known to work, and not work. The National Institute for Clinical and Health Excellence (Nice) regularly publishes guidance in an easily accessible form including information on cost-effective interventions by the NHS and local authorities, as well as interventions we should NOT be doing. Public health convenes a "Nice monitoring group" which reviews the guidance and its implementation within Croydon.

This should be the starting point for our work to reduce inequalities. In an ideal world, it would provide a "prescription" to the council and its partners as to what needs to be done.

There are challenges to this way of working. First, reduction of health inequalities between different parts of the borough is only one of the goals of the public health system. The council has a duty to improve health in overall terms as well, and to ensure continuing provision of mandatory services such as testing and treatment for sexually transmitted diseases.

Second, our resources are limited. While there is no reason the council cannot use its general funds as well as its ring-fenced public health grant to improve health and reduce inequalities, there are many competing demands on these resources.

Third, we live in a "complex adaptive system", which means that the unplanned consequences of any action are often greater and more significant than the predicted ones. The world around us is changing at a faster and faster pace, with more information sharing and connectivity spreading ideas and trends like never before, but greater uncertainty about which are the best ways forward.

What is the best way to proceed under these circumstances? There are three strands of activity which I recommend the council adopts.

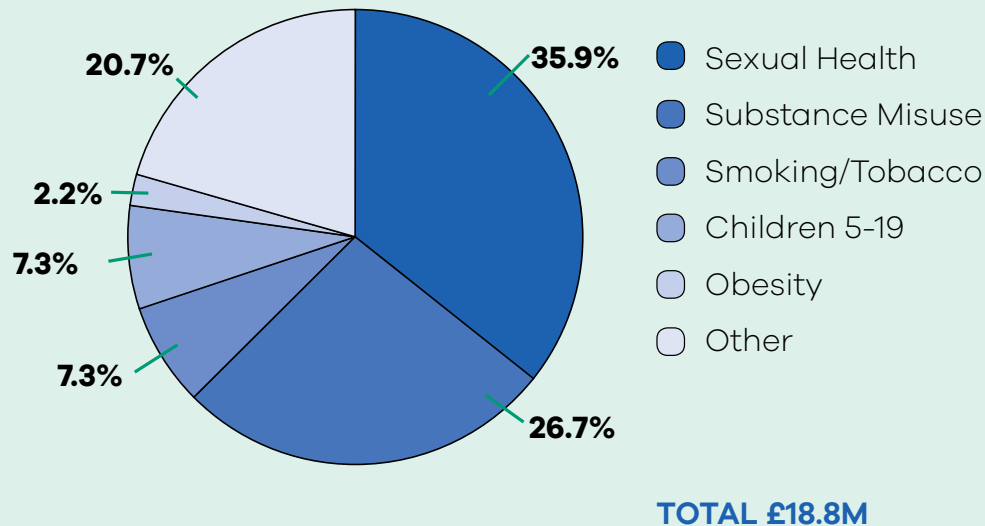
1. INTEGRATION OF THE USE OF RING-FENCED PUBLIC HEALTH FUNDS WITH OTHER SOURCES OF FUNDING, GUIDED BY MEASUREMENT OF THE RETURN OF INVESTMENT.

The causes of most of the inequalities illustrated in the previous sections are multi-factorial and deep rooted. For example, child poverty is caused by an imbalance between the cost of living and low wages and unemployment. No specific public health programme, however carefully targeted and managed, would be able to mitigate the consequences of this. What is necessary is for public health ideas, approaches (such as health impact assessment) and resources to be used in combination with other functions within the council and its partners, particularly parents and children themselves, to find new ways to address the fundamentals – for example skills, aspirations and resilience.

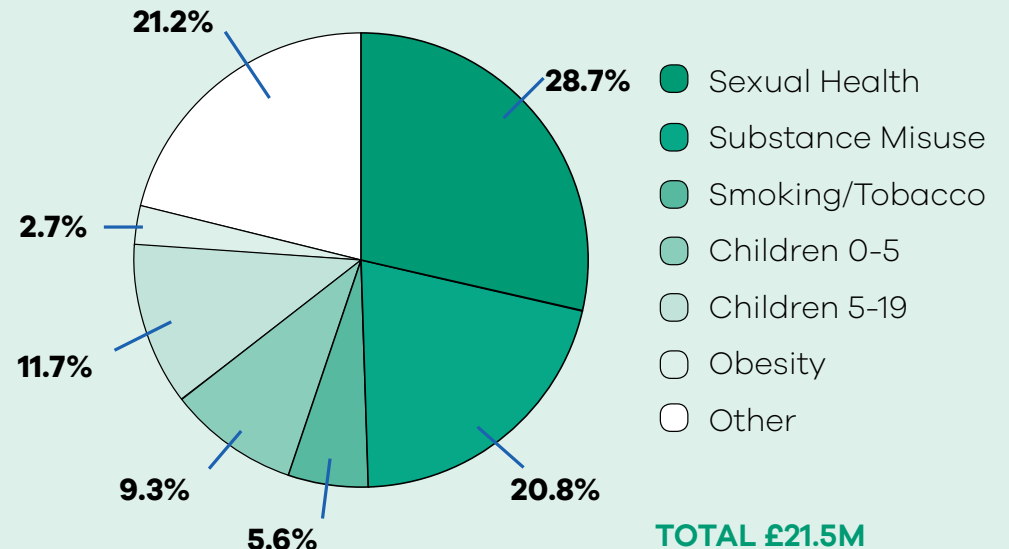
The council has already begun this strand of work, but not in a systematic way. Health impact assessments are not yet an accepted criteria for judging where spending would be made. The figures below illustrate how the ring-fenced public health grant was used in the last financial year (pie chart on the left), and how it is intended to be used in the forthcoming year (pie chart on the right).

The major difference is the inclusion of expenditure on public health for children 0-5. This results from a transfer of responsibility for commissioning these services from the NHS to the council from 1 October 2015. Another important difference which does not show so clearly in these charts is an increase in the funds dedicated to reducing the ill health effects of poor and overcrowded housing, to increasing access to work, and to maintaining the independence of older people. In total in 2015/16, £2m will be spent in these three areas by parts of the council that have not previously been funded by public health.

PUBLIC HEALTH ACTUAL SPEND 2014/15 - HOW THE GRANT WAS SPENT



HOW THE GRANT WILL BE SPENT 2015-16



The choice to invest public health funding in these particular areas is based upon an analysis of which outcomes Croydon does not perform on as well as might be expected, and where there is judged to be potential for changing this situation over the next three-to-five years. The “community health profile” shown in Appendix 1 was used to generate this list.

The critical next step is to monitor actual process on the chosen outcomes, and to be prepared to stop this funding if progress is disappointing. To do this effectively, and to identify if there are other areas where the public health grant should be used differently, the council and its partners should seek to understand the return on investment in terms of improved public health outcomes, not just for its use of the ring-fenced public health grant, but also its general fund expenditure where this is related. This is work that the public health team will lead over the next year and progress on it should be reported in next year’s annual report.

2. REDESIGN OF PUBLIC HEALTH SERVICES

The main public health services that the council is responsible for are sexual health testing, treatment and contraception, drugs and alcohol misuse prevention and recovery, healthy weight promotion in both children and adults, NHS health checks and mental health promotion. Most of these services are largely unchanged from when they were inherited from the NHS in 2013. A redesign of all of these services is planned over the next few years, not only to target them better at those parts of the borough with the greatest needs, but also to make efficiency savings, to give residents themselves a greater say in how services are run, and to better integrate them with other new services being developed as part of the Croydon Challenge such as the People’s Gateway.

Some of this work has already started; for example, the redesign of the sexual health service provided by Croydon Health Services and greater provision in community locations. A plan for the review of all contracts funded by the public health grant has been developed and this will be delivered through the Contracts and Commissioning Board over the next 12 months.

3. NEW WAYS OF PARTNERSHIP WORKING BETWEEN PUBLIC HEALTH, OTHER COUNCIL DEPARTMENTS AND RESIDENTS THEMSELVES

One of the principles of a public health approach is to work in partnership, building on established relationships across the health economy and the wider public sector. In Croydon this includes all aspects of the NHS (the Clinical Commissioning Group, GPs and GP networks, Croydon Health Services Trust, and the local mental health trust) as well as the community and voluntary sector. When the consequences of particular actions are uncertain, a sensible way to make progress is to try out a whole series of small-scale experiments or innovations. Those that produce desirable results can be amplified, and those that do not can be discontinued. As long as we evaluate the process as we go, and are open and honest about success or failure, learning will take place about what works in Croydon. This approach can be applied to each of the three council themes of growth, independence and liveability.

Croydon residents have particular knowledge of what may work in their own communities and neighbourhoods. Croydon already has a tradition of “asset-based community development” and the council should extend and reinforce this. The role of the public health team is to work with those who wish to take action, to agree how the impact on health outcomes might be measured, by how and when.

Here are some suggestions about what might be tried, broken down into each of the preceding sections.

UNEMPLOYMENT:

- Publish maps on the distribution and trends for unemployment and long-term sickness absence.
- Develop the job brokerage service in Croydon with information on the health impact for priority groups and areas.
- Extend partnership work between Job Centre Plus and local GPs to improve management of long-term sickness absences, their consequences on health and available support to get back to work.

DIABETES:

- Incentivise GPs to test people from risk groups for diabetes.
- Target healthy weight programmes to wards with the highest levels of obesity and diabetes.
- Signpost opportunities to get more active in priority wards through billboards, posters and social media.

MAINTAINING INDEPENDENCE OF OLDER PEOPLE:

- Facilitate long-term financial planning for later life for the most vulnerable through the People Gateway programme.
- Expand free swimming for over 65s.
- Make tackling loneliness a core outcome for services for older adults.

HEALTHY WEIGHT

- Create a multi-sectorial food partnership to bring together stakeholders across the public, voluntary and private sectors.
- Via our innovative Food Flagship Borough programme, develop and deliver food projects such as the Community Food Learning centre in New Addington, that will work with schools to deliver healthy cooking lessons.
- Invest in food businesses that will aspire to provide sustainable and healthy food.
- Continue to invest in behaviour change interventions for inactive adults, alongside health walks in our green spaces and sport programmes for young people with and without disabilities.

HOMELESSNESS

- Develop housing professionals' understanding of the importance of health: create an e-learning package.
- Improve access to health services to those thousands of people living in temporary accommodation.
- Test new ways to update our understanding of the extent of overcrowding in the borough. The present information on overcrowding comes from the census which is updated only every 10 years.

CHILD POVERTY

- Continue to implement the Child Poverty Strategy, working in partnership with other organisations to reduce the impact of child poverty.
- Work with partners and local employers to promote flexible working practices.
- Increase support to lone parents to access training, work experience and support with job applications.
- Develop a young person's-led child-poverty strategy.
- Work with all children's centres in Croydon to improve uptake of Healthy Start vitamins.

CHILDHOOD IMMUNISATIONS

- Share the learning from those GP practices that are achieving higher immunisation levels.
- Improve data collection for vulnerable children such as those looked after.

MENTAL HEALTH

- Carry out mental well-being impact assessments on the council's independence, growth and liveability strategies.
- Develop Croydon's psychological therapy service to give a greater focus on early and prompt intervention.
- Expand social prescribing to address mental well-being, including recovery through education, reading, volunteering, etc.

TOBACCO

- Implement measures in the Local Government Declaration on Tobacco Control.
- Introduce a voluntary ban on smoking in and around its 52 children's playgrounds. This kind of voluntary scheme has received very broad public support across London.
- Partner with local schools and colleges to review and strengthen their smoke-free policies.
- Trading standards team to expand training to local businesses around young people, tobacco and alcohol through the council's 'Do You PASS' accreditation scheme.
- Publish firm guidance for local premises that offer shisha so that they are aware of legal requirements.

ALCOHOL AND DRUGS

- Extend the programme of Identification and Brief Advice (IBA) in general practice and the voluntary sector, particularly in the north and east of the borough.
- Challenge, in a more systematic way, alcohol licensing applications where there is evidence of harm.
- Make everyone aware of changing drug trends such as 'legal highs'.

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

Domain	Indicator	Local value		England average [†]		England Range		England Best
		Local No Per	Local value	Eng worst	Eng best	25th Percentile	75th Percentile	
Our communities	1 Deprivation	64,567	17.3	20.4	83.8			0.0
	2 Children in poverty (under 16s)	17,655	23.0	19.2	37.9			5.8
	3 Statutory homelessness	762	5.1	2.3	12.5			0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)†	2,113	56.8	56.8	35.4			79.9
	5 Violent crime (violence offences)	5,637	15.3	11.1	27.8			2.8
	6 Long-term unemployment	1,611	6.6	7.1	23.5			0.9
	7 Smoking status at time of delivery	387	7.3	12.0	27.5			1.9
Children's and young people's health	8 Breastfeeding initiation	n/a	-	73.9				9.4
	9 Obese children (Year 6)	838	22.8	19.1	27.1			11.2
Adults' health and lifestyle	10 Alcohol-specific hospital stays (under 18)†	25.0	27.3	40.1	105.8			7.6
	11 Under-18 conceptions	232	32.5	24.3	44.0			9.0
	12 Smoking prevalence	n/a	17.0	18.4	30.0			69.7
	13 Percentage of physically active adults	274	56.0	56.0	43.5			11.2
	14 Obese adults	n/a	24.3	23.0	35.2			45.9
	15 Excess weight in adults	533	62.1	63.8	75.9			4.8
	16 Incidence of malignant melanoma†	44.0	16.0	18.4	38.0			60.9
	17 Hospital stays for self-harm	673	171.9	203.2	682.7			366
	18 Hospital stays for alcohol-related harm†	1,786	527	645	1231			1.4
	19 Prevalence of opiate and/or crack use	1,914	7.8	8.4	25.0			3.4
	20 Recorded diabetes	19,888	6.5	6.2	9.0			0.0
Disease and poor health	21 Incidence of TB†	120.3	32.6	14.8	113.7			172
	22 New STI (exc Chlamydia aged under 25)	3,310	1341	832	3269			354
	23 Hip fractures in people aged 65 and over	271	524	580	838			3.9
	24 Excess winter deaths (three year)	113.8	15.0	17.4	34.3			83.0
	25 Life expectancy at birth (Male)	n/a	80.0	79.4	74.3			86.4
	26 Life expectancy at birth (Female)	n/a	83.5	83.1	80.0			1.1
	27 Infant mortality	23	4.0	4.0	7.6			167.4
	28 Smoking-related deaths	387	257.9	288.7	471.6			37.1
	29 Suicide rate	23	6.2	8.8				104.0
	30 Under-75 mortality rate: cardiovascular	193	80.1	78.2	137.0			7.8
Life expectancy and causes of death	31 Under-75 mortality rate: cancer	326	132.6	144.4	202.9			
	32 Killed and seriously injured on roads	96	25.9	39.7	119.6			

Indicator notes

- 1 % people in this area living in 20% most deprived areas in England, 2013 2 % children (under 16) in families receiving means-tested benefits & low income, 2012
- 2 Crude rate per 1,000 households, 2013/14 4 % key stage 4, 2013/14 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2013/14
- 3 Crude rate per 1,000 population aged 16-64, 2014 7 % of women who smoke at time of delivery, 2013/14 8 % of all mothers who breastfeed their babies in the first 48hrs after delivery, 2013/14 9 % school children in Year 6 (age 10-11), 2013/14 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2011/12 to 2013/14 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2013 12 % adults aged 18 and over who smoke, 2013
- 13 % adults achieving at least 150 mins physical activity per week, 2013 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2010-12 17 Directly age sex standardised rate per 100,000 population, 2013/14 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2013/14 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2011/12 20 % people on GP registers with a recorded diagnosis of diabetes 2013/14 21 Crude rate per 100,000 population, 2011-13, local number per year figure is the average count 22 All new STI diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population, 2013 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2013/14 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 01.08.10-31.07.13 25, 26 At birth, 2011-13 27 Rate per 1,000 live births, 2011-13 28 Directly age standardised rate per 100,000 population aged 35 and over, 2011-13 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2011-13 30 Directly age standardised rate per 100,000 population aged under 75, 2011-13 31 Directly age standardised rate per 100,000 population aged under 75, 2011-13 32 Rate per 100,000 population, 2011-13

† Indicator has had methodological changes so is not directly comparable with previously released values. ^ "Regional" refers to the former government regions.

More information is available at www.healthprofiles.info and <http://fingerprints.phse.org.uk/profile/health-profiles>

Please send any enquiries to healthprofiles@phe.gov.uk

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For a more detailed overview of health and wellbeing in Croydon, see also the Croydon JSNA Key Dataset (www.croydonobservatory.org/jsna)

SOURCES AND DEFINITIONS

This information can be obtained from www.croydon.gov.uk/aphr

Find out more about health outcomes in Croydon on these websites: Croydon Observatory - www.croydonobservatory.org and Public Health England - www.apho.org.uk

ACKNOWLEDGEMENTS

Credit for this report belongs much more to others than myself. I am particularly grateful to Jenny Hacker, Consultant in Public Health, who championed the use of infographics, researched their development, and managed overall production from inception to delivery; and to Marta Anders, who provided excellent project support. I would like to specially praise the data analysts in the public health team, Alicia Thornton, Lisa College and David Osborne for their work here. I wish also to make special mention of Louise Mercer and Kate Pozzo from the council design team CroydonDesign, for turning the vision into reality. Finally I wish to say thank you to each of the individual chapter leads and numerous other staff who have worked hard to deliver a high-quality report at a time of great change. These are: Bernadette Alves, Victoria Beard, Tony Bristow, Tracy Bruce, Jimmy Burke, Lisa College, Dawn Cox, Katie Cuming, Susan Grose, Shirley Johnstone, Anna Kitt, Lisa McCance, David Morris, Steve Morton, Kate Naish, Sarah Nicholls, Elaine Trainor, David Osborne, Jason Parsons, Matt Phelan, Partho Roy, Nerissa Santimano, Ellen Schwartz, Alicia Thornton, Neil Turney, Beata Tuskiewicz-Piekarski.