



# Foreword by Mayor Jason Perry

After the dramatic health and social impact of Covid-19, this independent report on the health of the people of Croydon from our Director of Public Health is important reading.

The report captures both in words and pictures the evidence-based reality of the inequalities that people experience in our borough and the disproportionate impact those inequalities can have on our residents' lives. It also sets out the significant and often life changing work being undertaken by the community, the Council, and the NHS to improve life chances and improve health in Croydon.

While it presents clear challenges for our community, this user friendly report will enhance our understanding of the health and equality issues facing the people of Croydon.

Directors of Public Health have been producing independent reports on the health of our population for over 150 years. Given the scale of change resulting from the pandemic, this year's report is an important and timely reminder of the challenges we continue to face as a community, many of which were exacerbated or laid bare by Covid-19.

The report's findings reinforce what I regularly hear from residents around the challenges of inequality and the need for the Council, NHS, voluntary sector and other partners to continue to focus on tackling the structural causes of inequality and supporting the most vulnerable in our communities.

Having an independent view on the health of Croydon is vitally important and helps to inform decisions on where the public sector should focus its resources, both people and monies, to ensure we are reducing inequalities and targeting scarce resources in an informed and fair way.



# Foreword by Rachel Flowers

In my sixth annual report as Director of Public Health for Croydon, I aim to describe the circumstances and events that people experience across their lives that impact on their health outcomes. I will highlight how these influences impact people unequally and how these inequalities might be reduced.

The last few years have been challenging for all of us with the impacts of the Covid-19 pandemic being felt around the world and will continue to have an impact globally for many years to come. Indeed, many of these lasting impacts we can see, hear, or experience within different geographies and communities of Croydon including:

- People being driven into poverty
- Children's education being disrupted with broad social impacts for young people; these impacts have been much greater for poorer children
- Poorer mental health, increasingly more for already disadvantaged and marginalised groups
- Food security has decreased disproportionately for some more than others

Not everyone has the same life chances and same opportunities. While we are trying to recover from the economic and social damage caused by the pandemic, the inequalities that existed within the borough prior to the emergence of Covid-19 have increased, and in the last decade there has been a significant growth in health inequalities.

The war in Ukraine and the current cost of living crisis are the latest challenges that are fanning the flames of inequality. The impact of increasing food, clothing, fuel, and energy costs on many people in our communities, driving inflation to its highest level in 40 years, has left many across the country, including Croydon residents, struggling to meet their basic living needs.

To get to this level of inequalities took many years and evidence shows that there are no quick fixes to the problems that I will highlight, however, it is not all hopeless. We can start closing this gap by identifying and tackling these issues at a local level using a collaborative approach and joint engagement from all partners and communities in Croydon. Of course, we are not starting from scratch. There is already a lot of good work already happening in many of our communities to address some of these issues; many of these projects will be highlighted in this report.

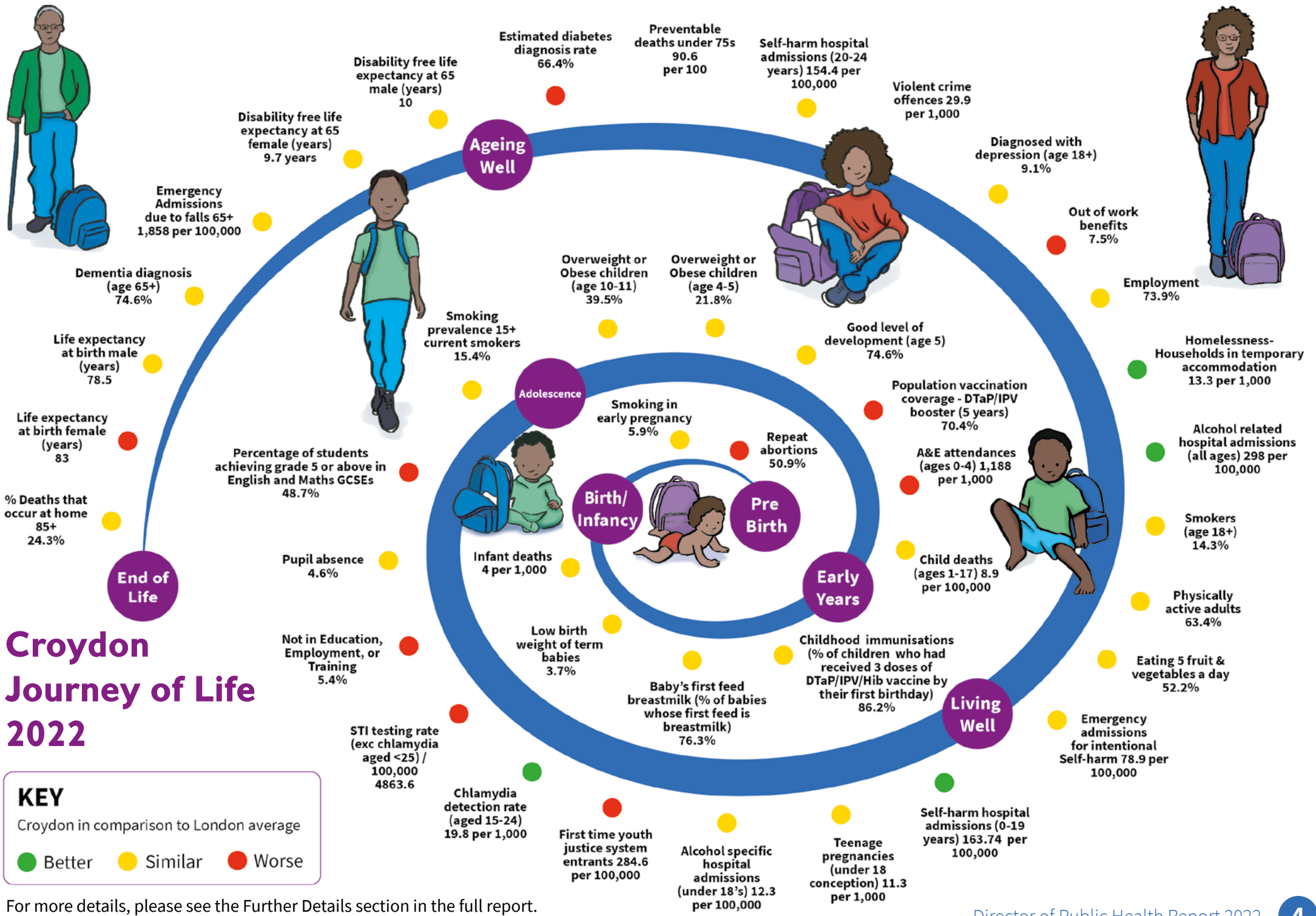
It is only together that we can identify the inequalities in our borough and support work to address them. Working together we can improve health and reduce inequalities by building a sustainable, healthy, and flourishing Croydon for everyone.



# Croydon Journey of Life 2022

**KEY**  
 Croydon in comparison to London average  
 ● Better ● Similar ● Worse

For more details, please see the Further Details section in the full report.



# Introduction

**The causes of ill health are complex and numerous. Some of these causes are genetic but most are the result of economic and social circumstances and the impact these have on health behaviours.**

The factors that impact on health begin before birth and build throughout people's lives. The environments people live, socialise, study and work can make it easier or more difficult to maintain their health. Not everyone has the same life chances and same opportunities.

The COVID-19 pandemic and the cost-of-living crisis are severely impacting on the inequalities that already exist in the borough. Some of the lasting impacts within communities in Croydon include:

- People being driven into poverty
- Children's education been disrupted with broad social impacts for young people
- Poorer mental health, increasingly more for already disadvantaged and marginalised groups
- Food insecurity disproportionately affecting some rather than others

The report discusses inequalities in health and wellbeing outcomes across the life course in the following stages:

- Starting well (ages 0-5)
- Developing well (ages 6-11)
- Developing well (ages 12-18)
- Living and working well (ages 18-64)
- Ageing well (ages 65+)

The report also discusses what is already happening in the borough to address health inequalities and what we can collectively do to continue to reduce them.

## What are Health Inequalities?

Health inequalities are **avoidable, unfair and systematic differences** in health between different groups of people (The King's Fund, 2022).

Health inequalities can involve differences in:

- health, for example, how long a person lives and whether they have illness and disease
- access to care, for example, availability of a given service to support their health
- quality and experience of care, for example, levels of patient satisfaction
- behavioural risks to health, for example, smoking or alcohol use

- wider determinants of health, for example, quality of housing or employment (The King's Fund, 2022).

Health inequalities are understood by looking the following factors:

- specific individual characteristics, some of which you will be born with, for example, genes, sex, ethnicity, disability
- geography, for example urban vs rural
- socio-economic factors, for example, household income, work environment

The conditions in which people are born, grow, live, work and their access to resources are called the **wider determinants of health** (World Health Organization, 2021).

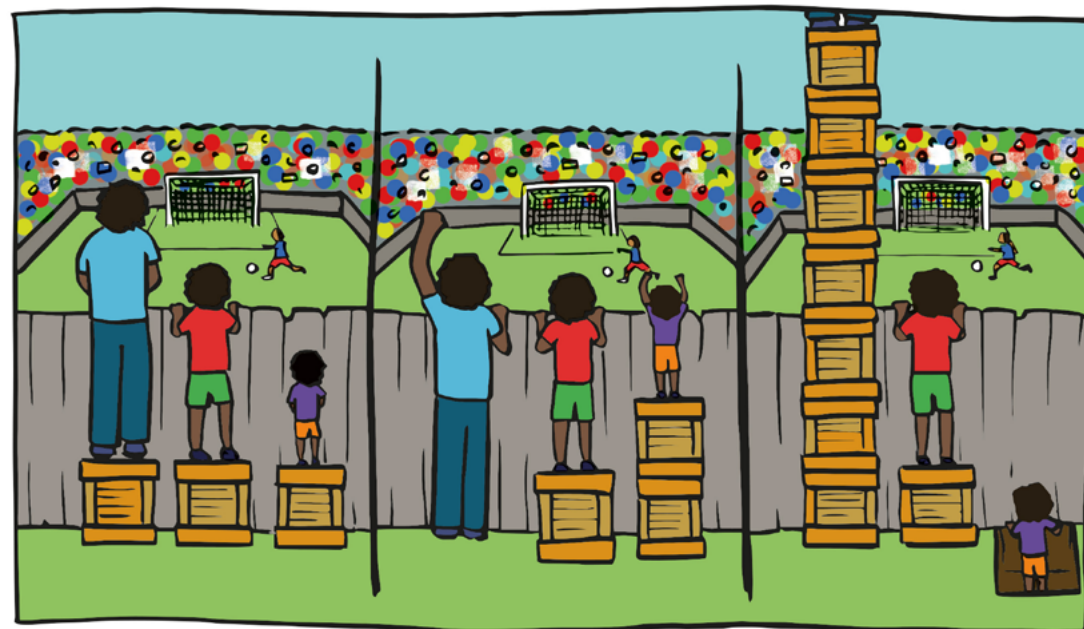
The wider determinants of health are significant drivers of health inequalities in society and are the factors that can be controlled to achieve health equity.

Achieving health equity means ensuring everyone has an opportunity to lead a healthy life, no matter where they live or who they are. This means we need to understand the causes of health inequality and provide services and support that are proportionate to the level of need in our communities.

Addressing health inequalities is not just about fairness and justice - it also makes sense financially. Health inequalities are estimated to result in economic losses of between £31-33 billion (Frontier Economics, 2010). These economic losses are a result of productivity losses, reduced tax revenue, higher welfare payment, increased demand on health and care services, increased treatment costs, illness, disability, and premature death. (Frontier Economics, 2010)

Some of the risk factors and protective factors people can experience through out their lives are highlighted in figure on page 7.

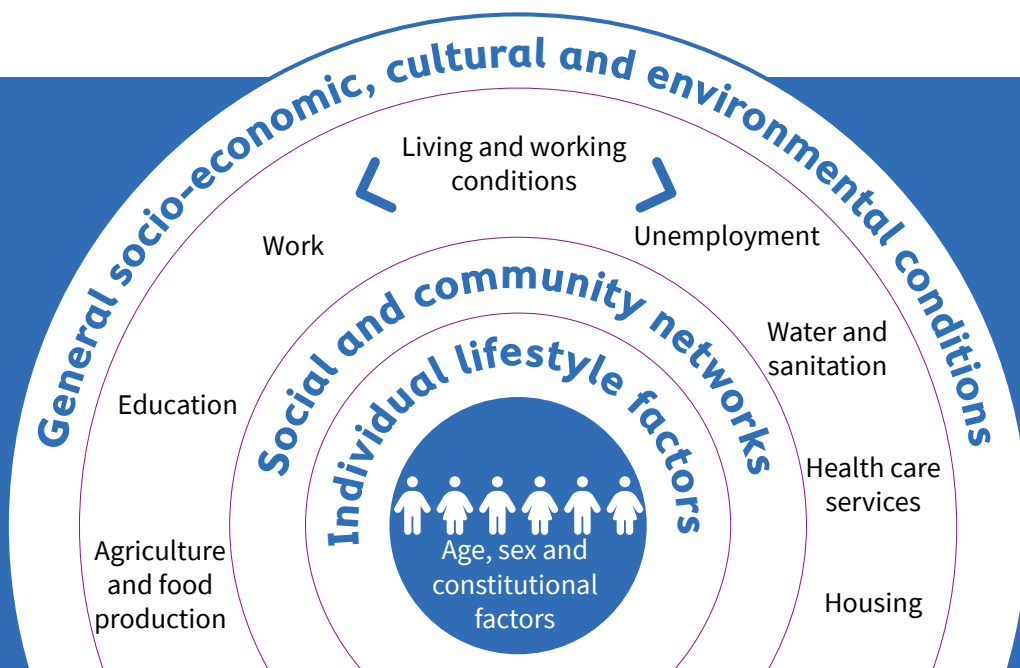
There are a number of local projects and programmes that are addressing some of the risk factors increasing health inequalities. These are highlighted in detail in the full report.



**EQUALITY**

**EQUITY**

**REALITY**



## WHAT IS HEALTH EQUITY?

Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or by other means of stratification.

-World Health Organisation

Health equity means that everyone has a fair and just opportunity to be healthier.

This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

- Robert Wood Johnson Foundation

The Wider Determinants of Health. Source: Dahlgren, G. and Whitehead, M. (1993) Tackling inequalities in health: what can we learn from what has been tried?

## Examples of Risk Factors and Protective Factors Across the Life Course

	Ages 0-5	Ages 6-11	Ages 12-18	Ages 18-64	Ages 65+
Risk Factors	<ul style="list-style-type: none"> <li>• Smoking in pregnancy</li> <li>• Maternal physical or mental ill health</li> <li>• Having a young/ lone parent</li> <li>• Poverty</li> <li>• Lack of or inadequate social networks</li> <li>• Adverse childhood experiences like abuse, neglect, witnessing drug or alcohol abuse or experiencing domestic violence</li> </ul>	<ul style="list-style-type: none"> <li>• Adverse childhood experiences</li> <li>• Poor educational attainment</li> <li>• Being overweight or obese</li> <li>• Stigma and discrimination</li> <li>• Living in temporary or inadequate accommodation</li> </ul>	<ul style="list-style-type: none"> <li>• Being not in employment, education or training (NEET)</li> <li>• Teenage pregnancy</li> <li>• Having a physical or learning disability</li> </ul>	<ul style="list-style-type: none"> <li>• New, young or lone parenthood</li> <li>• Becoming a carer (both young and old)</li> <li>• Unemployment</li> <li>• Substance misuse problems</li> <li>• Domestic abuse and violence</li> <li>• Homelessness</li> <li>• Recent migration</li> <li>• Physical or mental impairment or disability</li> <li>• Stigma and discrimination</li> </ul>	<ul style="list-style-type: none"> <li>• Retirement</li> <li>• Becoming a carer</li> <li>• Bereavement/ loss of a spouse or partner</li> </ul>
Protective Factors	<ul style="list-style-type: none"> <li>• Access to childcare</li> <li>• Community networks</li> <li>• Good parental employment</li> <li>• Good household income</li> </ul>	<ul style="list-style-type: none"> <li>• Access to free school meals and breakfast clubs</li> <li>• Access to leisure activities</li> <li>• Good level of attainment</li> </ul>	<ul style="list-style-type: none"> <li>• Positive peer network</li> <li>• Further education</li> </ul>	<ul style="list-style-type: none"> <li>• University degree</li> <li>• Good employment with a pension</li> <li>• Strong social circle</li> <li>• Early diagnosis of long-term conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Community networks</li> <li>• Low crime neighbourhood</li> <li>• Access to transport</li> <li>• Access to support at home</li> <li>• Workplace pension</li> </ul>

# Health Inequalities associated with Deprivation

The difference in health outcomes between the most deprived ward and least deprived ward in Croydon

## LIFE EXPECTANCY AT BIRTH



2016-20 (males)

**5.8 years difference**



2016-20 (females)

**6.2 years difference**

## LONG-TERM UNEMPLOYMENT- RATE

2021-22

per 1,000 working age population

**2.6 x higher**



## EMERGENCY HOSPITAL ADMISSIONS

2016/17 - 20/21

for injuries in under 5 years old, crude rate

**1.3 x higher**



## INCIDENCE OF ALL CANCERS

2015-19

standardised incidence ratio

**1.2 x higher**



## RECEPTION: PREVALENCE OF OBESITY

2017/18 - 19/20

(including severe obesity), 3-years data combined

**2.9 x higher**



## YEAR 6: PREVALENCE OF OBESITY

2017/18 - 19/20

(including severe obesity), 3-years data combined

**2.1 x higher**



## DEATHS

2016-20

Deaths from causes considered preventable, under 75 years, standardised mortality ratio

**2.3 x higher**



## LOW BIRTH WEIGHT OF LIVE BABIES

2016-20

(five year pooled)

**1.3 x higher**



## EMERGENCY HOSPITAL ADMISSIONS

2017/18 - 19/20

for injuries in 15 to 24 years old, crude rate

**1.6 x higher**





# Concluding Statements

I am required to produce a report to highlight the state of the health of Croydon's population every year, to raise awareness and to provide data and information to enable evidence-based decision making.

It is heartening to see that recommendations I made in my 2018 Annual Public Health report - Early Experiences Last a Lifetime - The first 1000 days from conception to the age of 2- have translated into action and practice both for Croydon and wider including:

- A partnership review to identify and clarify pathways for women with mental health issues during and after pregnancy. These new pathways are now considered an example of national best practice
- A trauma training programme that not only trained up to 600 people but is also training trainers to further develop the training programme
- The development of Croydon's trauma informed training guide
- The observation and recommendation about pre-conception education is not only being picked up locally but also nationally

The intention of my report this year is also to inspire collective action. Health inequalities are increasing in Croydon, and my report has highlighted what some of the challenges are, what is already happening in the borough to address them and additional recommendations for what we can do at different levels to reduce them. This is not something that any one person or any one organisation can do; it is a collective approach that needs to be embedded into long term practice.

It is also my hope that as all Croydon statutory organisations work towards more data-driven decision making and embedding a quality improvement process within services, that this will enable the data and information in this report to be the basis for further analyses. Further analysis is required to understand why there are differences across various groups in the borough and will inform actions and changes to services and support to reduce them.

As mentioned throughout my report, it is encouraging to know that there are several projects and programmes across the borough that are addressing health inequalities.

However, there is still a lot more we can do, and it is my hope that we will all contribute in every way we can, professionally and in our communities, to work together to make Croydon the best place to live and work for everyone.

# Summary of Recommendations

## Starting Well (ages 0-5)

- Deliver and report on the outcomes from the implementation of the 2022-2025 Partnership Early Years Strategy's objectives and principles particularly those aimed at addressing inequalities in the early years.
- Ensure that the new national Best Start for Life funding delivers improved outcomes for children and families from 0 to 2 years.
- Co-produce an infant feeding strategy which leads to improved breastfeeding rates and reduces the risk of health inequalities.
- Develop a system wide approach to understand late booking for antenatal care and how we can increase early engagement with maternity services.
- Widen and strengthen engagement with parents and prospective parents about what they need from services.
- Develop a strategic approach to preconception care across all partners in line with the Early Years strategy objectives and principles.
- Work as a partnership to ensure eligible families are enrolled in the Healthy Start scheme.

## Developing Well in Childhood (ages 6-11)

- Work as a partnership including the voluntary and faith sectors to create Croydon's Family Hubs approach for all families and children from 0 to 18 and 25 years with SEND in Croydon, ensuring that families who need support most can access support in a place / way that suits them best.
- Review the support in place to help children whose parents have a mental illness; identify gaps and investigate possible service options.
- Report on the delivery, uptake (particularly from high risk groups), and outcomes of the Early Years and Key Stage 1 Family Healthy Behaviours Service that provides weight management support to children and families.
- Provide multi-disciplinary support for children who are obese by commissioning a Children's Tier 3 weight management service.
- All Croydon partners to work together and advocate for a long term, sustainable and strategic approach to poverty and food insecurity in the borough.
- Support measures to increase levels of physical activity including school streets, active travel, use of school premises after hours for physical activity, use of green spaces, walks and cycle rides through Croydon as part of Croydon Borough of Culture.
- Explore local powers to implement a junk food advertising ban in accordance with the Transport for London model.

## Developing Well in Adolescence (ages 12-18)

- Work as a partnership and use data from across Education, Health, Early Help, Children's Social Care, police, and community and voluntary services to ensure that children and young people with multiple risk factors for vulnerability are identified early.
- Co-produce a plan of action with the Youth Council using the feedback from the school health and wellbeing survey focusing on reducing the inequalities highlighted in the survey.
- Use the learning from the Harris Invictus Superzone project to develop a template for use around other borough schools to improve the environments for children and young people in the 400 metres around their schools, starting with those schools in areas of deprivation.
- Evaluate the impact that Croydon's 2022 600 place trauma informed training programme has had on trauma informed practice across the borough with a view to writing a business case for increasing the number of training places.
- Encourage all partners including council, health and voluntary sector staff to adopt the Unconscious Bias training within their organizations.

## Living and Working Well (ages 18-64)

- Increase the number of businesses signed up to Mental Health First Aid Training. Ensure that small to medium Croydon businesses have access to the Mental Health First Aid training programme for their staff.
- Increase the number of businesses signed up to the Good Work Standard. Support the promotion of the Good Work Standard and increase uptake amongst Croydon workplaces.
- Further embed work to tackle drug and alcohol related substance misuse within Croydon and its partners. The additional funds from the Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant will allow additional capacity in the wider public health system to begin to tackle issues related to drug and alcohol misuse, such as clearer coordination of actions in the event of a drug and alcohol related death and improved data of people accessing treatment. All this will be directed via the formation of the Combatting Drugs Partnership Board and a newly formed SSMTR Grant related substance misuse team.
- Advocate for a Mental Health Day in borough workplaces. A mental health day allows employees to take a day to rest and do something positive for their emotional wellbeing. People who take a mental health day may look well on the outside, but their mental health may be suffering. Taking some time out may help prevent them from becoming unwell and allowing this to be taken can help remove the stigma around mental health.
- Continue to raise awareness and understanding of domestic abuse and violence in the community. Awareness and understanding of domestic abuse should be 'everyone's business'. Businesses and local services should support staff with training to ensure effective prevention, identification, and intervention.

- Encourage local businesses and voluntary sector organisations to embed and promote the *Five Ways to Wellbeing* in their workplaces and with service users. Evidence suggests that this approach is simple and can be a cost-effective way for business and organizations to support their staff and/or service users take care of their wellbeing.
- Encourage local businesses and voluntary sector organisations to adopt the Croydon Equalities Pledge. By adopting the pledge, organisations can reinforce the borough's commitment to treat everyone equally and fairly and will be making a public declaration to stand against inequalities.
- Encourage local businesses and voluntary sector organisations to adopt the George Floyd Race Matters Equalities Pledge. By adopting the pledge, organisations will be making a public declaration to stand against racism and discrimination. They will also be making a commitment to develop cultural awareness and challenge racist behaviour in their organisation.

## Ageing Well (ages 65 and over)

- More work is needed to understand the barriers that make Black, Asian and minority ethnic groups less likely to access palliative care services and develop policies and processes in response.
- Use the learning from COVID-19 to understand the community assets available to reduce isolation to widen the reach and to infiltrate communities with unmet need.
- Maximise the offer of hyper-local assets to address social isolation and loneliness, by helping people maintain relationships, develop new ones, and access services, which is critical to building resilience among our older at-risk groups.

## Acknowledgements

I would like to thank the project team; Helen Harrison, Carol Lewis, Hana Ally, Anita Brako and Gina Zelent for their overall leadership and development of this document. A report on the health of Croydon that translates what is a complex issue into an interesting read is not something easily done and reflects their professionalism and public health skills.

Many thanks to the rest of my fantastic public health team for their contributions to the various chapters of the report. There are also many other people who have contributed to this report along the way through their work, so a sincere thank you too.

Finally, a very special thank you to Nicole Lane, Senior Interaction Designer, for her amazing design work on this report.

### Give us your feedback.

Do let me know your comments on the report, either by emailing me at [rachel.flowers@croydon.gov.uk](mailto:rachel.flowers@croydon.gov.uk)

or by post to:

**Croydon Council,  
Public Health  
Assistant Chief Executive Directorate  
Bernard Weatherill House  
Floor 2, Zone E  
8 Mint Walk  
Croydon, CR0 1EA**