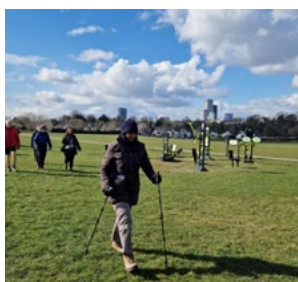


Health is everyone's business

2025/26





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I would also like to thank our partners across Croydon for providing the case studies that helped shape this report and inform our recommendations.

- **The Croydon Food and Healthy Weight Partnership:** Croydon Food and Healthy Weight Partnership
- **Best Start in Life Family Hubs Programme :** Education and learning team
- **Ethnicity and Mental Health Improvement Programme (EMHIP):** EMHIP team
- **Rough sleeping:** Homelessness prevention and accommodation team
- **Domestic abuse:** Culture & community safety team
- **Trading standards – illicit tobacco and vapes:** Trading standards team
- **Croydon reablement service:** Adult social care team



Foreword

By Executive Mayor of Croydon, Jason Perry.

I am proud to introduce this year's Annual Director of Public Health Report for Croydon, which focuses on the principle of Health in All Policies.

This approach recognises that our health is shaped not only by any clinical care we receive, but also by the decisions made across every sector; including housing, education, transport, employment and the environment. Every policy has the potential to influence the well-being of our residents and it is everyone's responsibility to ensure those influences are positive.

Croydon is a vibrant borough with many strengths and assets, including one of the strongest voluntary, community and faith sectors. However, we know that health inequalities persist and have been deepened by recent global events such as the pandemic and challenges around the cost of living. Tackling these inequalities requires action from more than the health sector alone; it demands collaboration across the Council, the NHS, businesses and our voluntary, community and faith organisations.

By embedding health considerations into all our policies and decisions, we can create fairer opportunities for everyone to live longer, healthier lives.

This independent report reminds us that improving health is not just about treating illness, but about creating conditions where people can thrive, including safe housing, good jobs, clean air, access to green spaces and strong social connections.

I want to thank all partners for their dedication to making Croydon a healthier, fairer borough. I encourage everyone to read this report and taking this approach, together, we can ensure that health is at the heart of every decision we make.



Jason Perry
Executive Mayor
of Croydon

Foreword

By Director of Public Health Croydon, Ruth Hutchinson.

I am delighted to present Croydon's Annual Director of Public Health Report for 2025/26: health is everyone's business.

This year's report focuses on the principle of Health in All Policies (HiAP) – an approach that aims to incorporate health considerations into policy-making across sectors.

Croydon is a borough of diversity and opportunity, but we continue to face health inequalities. People living in our most deprived areas experience significantly shorter lives and spend more years in poor health compared to those who live in the least deprived areas.

Collaboration between the Council, the NHS, the voluntary, community and faith sector, businesses and the community is necessary in order to overcome these inequalities.

This report highlights the factors that shape health outcomes and demonstrates how Croydon can continue to systematically apply HiAP principles in practice.

The recommendations are a roadmap for scaling up this approach, ensuring health becomes a core consideration in every decision we make.

By adopting a systematic framework, strengthening partnerships and using the levers available to us as a local authority, we can make health truly everyone's business. I invite all partners to join us in this shared ambition. Together, we can create a healthier, fairer Croydon for all.



Ruth Hutchinson
Director of Public Health

Health is everyone's business

The building blocks of health

Health is everyone's business. It is shaped not only by our genetics or the quality of clinical care we receive, but also by wider determinants - the social, economic and environmental (both natural and built) factors that influence our lives.

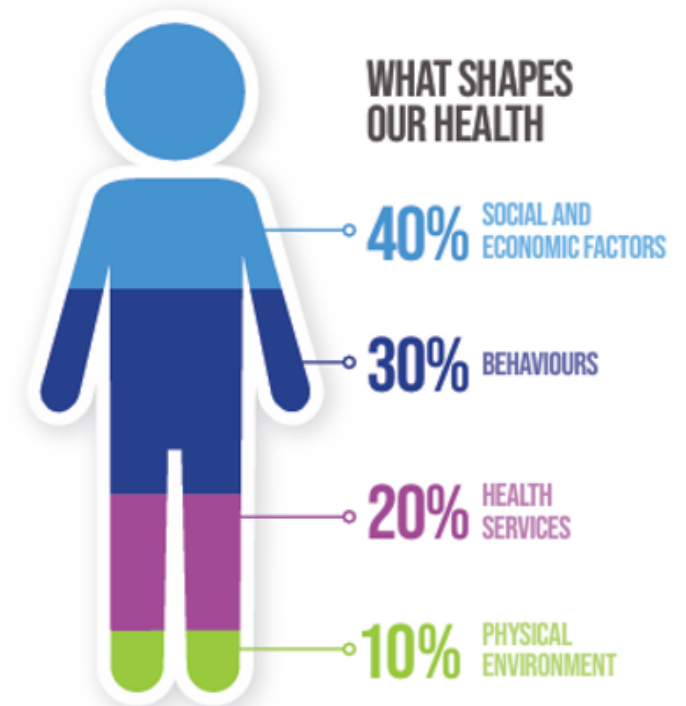
These 'building blocks of health' include the places we live, work and study, as well as the networks and resources we can access and how easily we can maintain a healthy lifestyle. They are often described as the 'causes of the causes' behind our health outcomes and inequalities.^{1,2}

Social networks play a crucial role in promoting health and wellbeing by providing emotional support, sharing valuable health information and fostering a sense of belonging. Strong social connections can reduce stress, improve mental health and even lower the risk of chronic diseases by encouraging healthy behaviours, such as exercise and balanced nutrition.

Economics has a profound influence on health at both individual and population levels and vice versa. Economics includes economic development and access to resources, such as the creation of jobs, access to training and education, benefits (e.g. income) and health and safety.

Our natural environment - where we live, work and go to school - has a significant impact on our health. It includes air quality, water, access to green spaces and waste. These components and more are what build 'healthy places', contributing to the state of health for those within them.

The built environment plays an important role in our physical and mental wellbeing. Physical spaces can expose people to toxins and influence lifestyles contributing to ill health (e.g. diabetes, asthma, or cardiovascular disease). Through considering health while shaping and designing our cities, towns and suburbs, we can improve the wellbeing of those living there.



(Adapted from The King's Fund, 2013)

Health is everyone's business

The building blocks of health

To create healthy thriving communities, we must strengthen the building blocks that underpin the health and wellbeing of our residents.

By adopting a whole systems approach, we can influence these determinants and reduce the negative health impacts they create. One effective way to achieve this is through a Health in All Policies (HiAP) approach, ensuring that every decision across sectors considers its impact on health.³

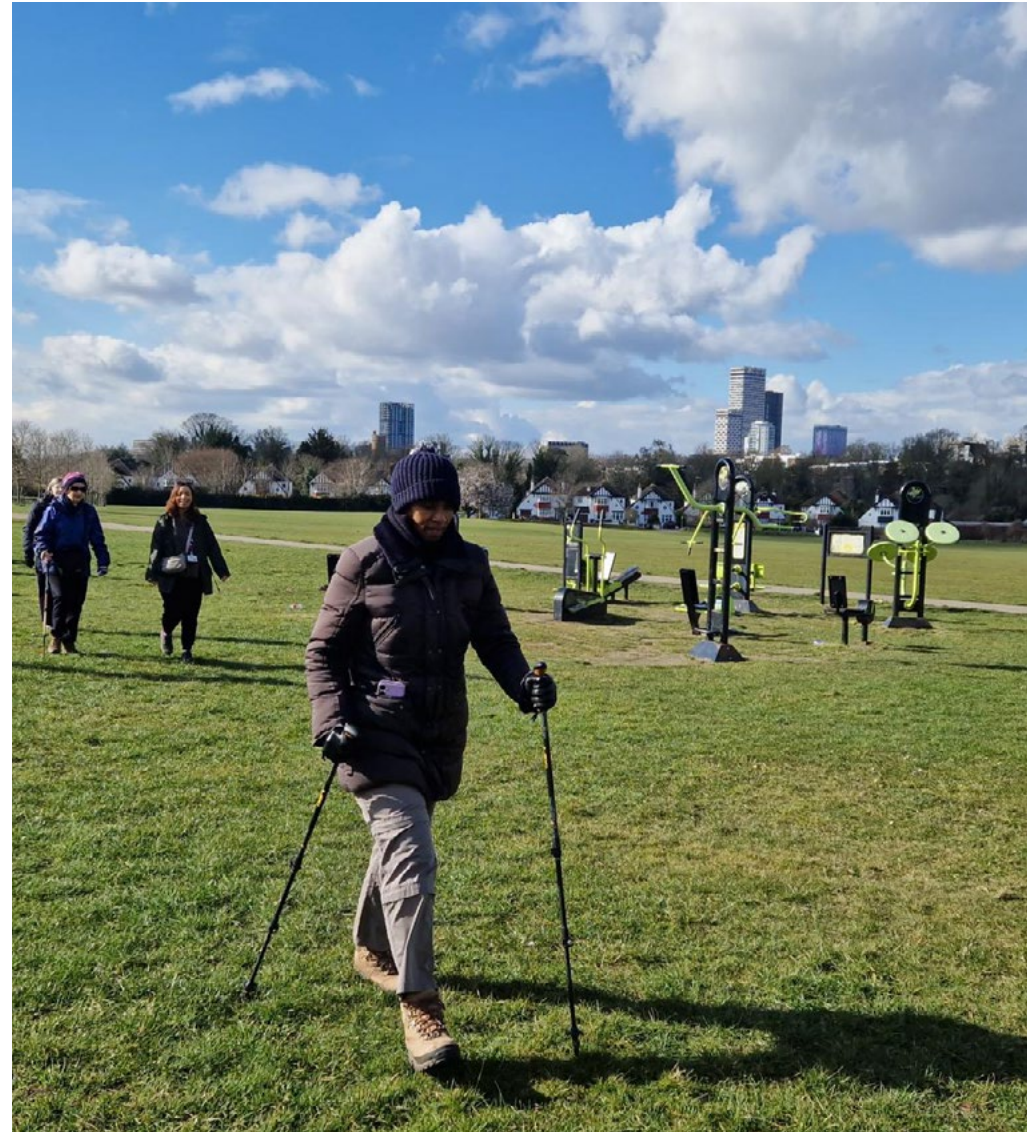


What is Health in All Policies (HiAP)?

HiAP is a well-established evidence-based approach rooted in collaboration and partnership working. It aims to improve the health of all people by embedding health considerations into policy-making.⁴

It does so through recognising that the challenges we face are complex and shaped by the wider determinants of health, and that these challenges cannot be addressed in silos. HiAP brings a health perspective into decisions across sectors, encouraging collaboration and minimising unintended harm, with the aim of improving overall health and reducing inequalities.

The goal of HiAP is to ensure decision-makers understand the health, equity and sustainability impacts of policies throughout their development process. It looks at the way in which decisions are made, how these decisions affect health and how better health helps all sectors reach their objectives. For HiAP to work well, all partners have to play a part.



What is Health in All Policies (HiAP)?

Why is it important?

HiAP is about tackling the factors that shape health as these significantly alter health outcomes. We face issues such as persisting health inequalities and an ageing population living longer and in poorer health.

This creates an unsustainable strain on health systems and society, making it harder to achieve a healthier, fairer Croydon for everyone. These complex problems raise significant challenges. Addressing them requires innovative solutions, new approaches to policy and dismantling traditional siloed ways of working in local authorities and across the system.

This approach aligns with the Croydon Joint Local Health and Wellbeing Strategy 2024-2029. This strategy centres on tackling health inequalities, prioritising prevention across the life course and joined up working between the Council, NHS, and voluntary, community and faith sectors to deliver coordinated care and shared solutions that enhance health and wellbeing collectively.

Through embedding a HiAP approach, it is possible to increase collaboration across sectors, enhance systemwide efficiencies and improve outcomes for residents.



Why investing in prevention matters

Prevention is central to the HiAP approach. There are four types of prevention: primordial, primary, secondary and tertiary.

- **Primordial prevention** is taking steps to stop risk factors from emerging in the first place.
- **Primary prevention** aims to reduce risk factors for poor health and promote healthy behaviours, such as vaccinations, health education and safe environments.
- **Secondary prevention** focuses on early detection and prompt treatment to stop or delay illness progressing, using tools like screening programmes and regular health checks.
- **Tertiary prevention** works on reducing impact and complications of established conditions. It aims to improve quality of life through rehabilitation, ongoing treatment and support services. Together, these approaches form a comprehensive strategy to protect and improve health across the lifespan.⁵

In Croydon, more people are living longer, a positive achievement worth celebrating. However, many are spending these extra years in poor health,⁶ which increases pressure on services and deepens existing inequalities. To respond to this challenge effectively, we must move beyond reactive models of care and embrace preventative strategies that address the wider determinants of health.



Why investing in prevention matters

Prevention is central to the HiAP approach. There are four types of prevention: primordial, primary, secondary and tertiary.

The HiAP approach provides a framework for collaboration, prioritises prevention as a core element and takes prevention further by embedding health and equity considerations into every decision. Tackling today's social and environmental challenges requires collaboration across local government and the wider system.

Investing in prevention is not only vital for improving health outcomes but also a cost effective strategy that reduces long-term demand on health and social care services. In 2021, it was estimated that health inequalities cost taxpayers £68 billion from extra healthcare costs, lost productivity, lost tax revenue and benefit payments.¹⁰

Decisions about housing, transport, jobs, leisure and food systems aren't just policy decisions - they shape the long-term health and wellbeing of entire communities, especially those most vulnerable.^{7,8} By focusing on those most at risk, we can also make health fairer for everyone.^{5,9}

Evidence shows that public health interventions deliver significant returns: for every £5 billion invested, an estimated £11 billion is generated, with potential to increase this to £22 billion. Investing in prevention is cost saving. It improves health outcomes, increases economic productivity, helps systems remain sustainable and promotes equity.¹¹



Croydon health and wellbeing context

Embedding a HiAP approach is vital for Croydon. We are one of London's most diverse boroughs with more than 100 languages spoken and a broad background of heritages.

We are rich in culture, which is celebrated throughout the year at events like Croydon Mela and Pridefest. We have talent in Croydon - often showcased through the artistic expertise at the Brit School.

Croydon has one of the most vibrant voluntary, community, culture and faith sectors in the UK which is actively supported by the strong and longstanding One Croydon Alliance. The One Croydon Alliance is part of the National Neighbourhood Health Implementation Programme,¹² and is proud to be working to bring care closer to our communities.

The borough is one of the greenest with 127 parks¹³ and open spaces to enjoy, 51 of which are locally listed historic parks and gardens.¹⁴

We have spaces for creative activity and events in our arts centres including Stanley Arts, Turf Projects, Fairfield Halls and its resident companies Talawa Theatre Company and London Mozart Players.

There is a lot of great work happening in Croydon. However, we need to work together to maximise these opportunities and address the challenges we face to ensure the optimum health and wellbeing of our residents.



Croydon health and wellbeing context

Healthy life expectancy and years lived in poor health | 2021-2023*



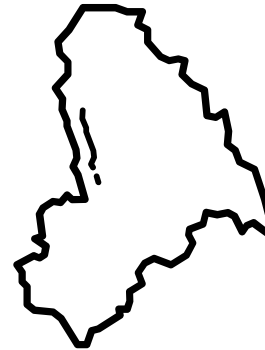
LIFE EXPECTANCY 84.0 YEARS

FEMALE	62.0	22.0
MALE	61.9	17.5

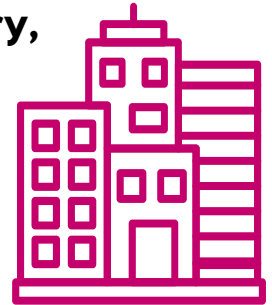
LIFE EXPECTANCY 79.4 YEARS

100+
LANGUAGES
SPOKEN

making us one of
London's most diverse
boroughs

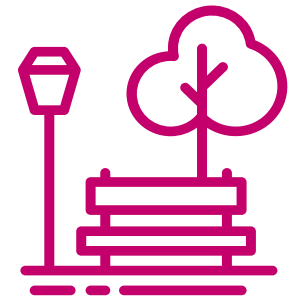


**A strong voluntary,
community and
faith sector**



127
PARKS AND
OPEN SPACES

51 of which are
locally listed historic
parks and gardens



Croydon health and wellbeing context

Croydon is one the largest London boroughs by population, with an estimated population of 409,342 as of June 2024. Life expectancy at birth is 79.4 for males and 84 years for females. There is a 4.7-year gap between genders, representing the 9th highest gender gap in London.¹⁵

Healthy life expectancy estimates the number of years lived in ‘good’ or ‘very good’ health. Croydon’s healthy life expectancy for males is 61.9 and 62 years for females.¹⁶ The gap between life expectancy and healthy life expectancy indicates years lived in poor health. For males in Croydon, there is a gap of 17.5 years, where 22% of their lives are spent in poor health. The number of years lived in poor health increases to 22 years and 26% for females.

Life expectancy in Croydon isn’t the same for everyone. People living in the least deprived parts of the borough tend to live much longer than those in the most deprived areas.

This difference is captured by a measure called the slope index of inequality, which expresses the difference as a single number.

- For women, those in the least deprived areas live about 6.4 years longer than those in the most deprived.
- For men the gap is even wider, with those in the least deprived areas living about 10.3 years longer than those in the most deprived. This is the fourth largest gap in London.

409,342

CROYDON RESIDENTS

as of June 2024, placing Croydon among London’s largest boroughs



22%

OF MALES

lives spent in ill health

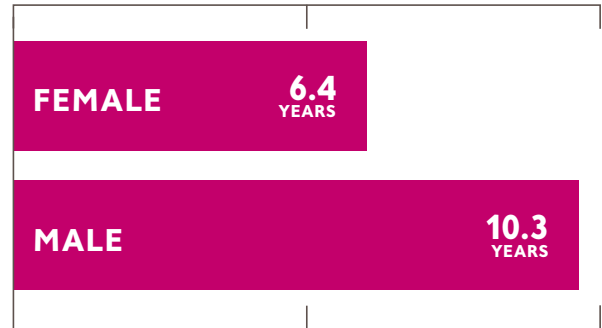
26%

OF FEMALES

lives spent in ill health

Life expectancy gap and the slope index of inequality by deprivation | 2021-2023*

Inequalities in life expectancy by deprivation within Croydon (slope index of inequality)



HiAP through the Croydon lens

This is an ideal time to strengthen our HiAP approach in Croydon. While this work isn't new, and efforts have long been made to embed health considerations into strategies and everyday practice, it is now more important than ever.

Strategic transformation is underway in Croydon that prioritises prevention, cross-sector collaboration and community-centred services. This includes:

Croydon's Health and Wellbeing Strategy for 2024-2029

This strategy recognises that health outcomes vary widely across the borough and is committed to closing these gaps. Working alongside local partners and communities, the strategy focuses on prevention, mental health, family support and healthy ageing.

Practical steps include improving access to essential services, expanding community-based services and listening to residents to shape solutions that meet local needs. By embedding health in all decisions and prioritising those most at risk, Croydon aims to create a healthier, fairer future for everyone.

One Croydon Alliance

As a network of anchor organisations*, One Croydon partners are rooted in the borough. They actively leverage their roles and assets to improve local health and wellbeing, reduce inequalities and strengthen the community.

* Large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve.

National Neighbourhood Health Implementation Programme

Croydon has been selected as one of the 43 Neighbourhood Health Pilot areas, bringing a new model of care to the borough.

The initiative will centre around GP practices, supported by multidisciplinary neighbourhood teams that include community nurses, hospital doctors, social care workers, pharmacists, dentists, optometrists, paramedics, social prescribers, local government bodies and voluntary sector partners.

This collaborative model aims to deliver more integrated, community-focused care, bringing clinical services directly into local neighbourhoods to improve access, promote prevention and more effectively address complex health and social care needs.

The following case studies illustrate how HiAP principles are being applied in Croydon. Each example demonstrates health integration in decision-making, cross-sector collaboration and a focus on prevention. These initiatives, spanning the entire life course, highlight how HiAP is embedded in local workstreams to improve health outcomes and reduce inequalities.



Case Studies



01

Croydon Food and Healthy Weight Partnership



02

Best Start in Life Family Hubs Programme



03

Ethnicity Mental Health and Improvement Programme (EMHIP)



04

Rough sleeping



05

Domestic abuse



06

Trading standards - illicit tobacco and vapes



07

Croydon reablement service

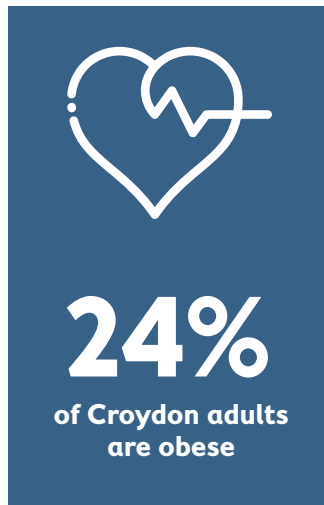
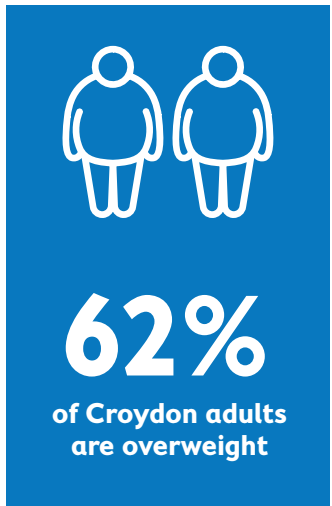
01

Croydon Food and Healthy Weight Partnership

Why this work matters?

Being of an unhealthy weight poses an increased risk of developing a number of health conditions such as diabetes, heart disease, stroke and certain cancers. Not only can these conditions cause premature death through illness, but they can also affect the quality of people's lives, impacting a range of issues from bone health to reproductive health, as well as day to day activities such as sleeping or moving. Tackling unhealthy weight is complex and requires a whole system approach.

The latest data available (2023/24) shows 62% of Croydon adults are overweight and 24% are obese, both of which are higher than the London averages (58% and 20% respectively).¹⁷ Overall, 24% of year six children in Croydon are obese, which is also slightly above the London average (23%).¹⁸



01

Croydon Food and Healthy Weight Partnership

What are we doing?

In an effort to address these issues, the Croydon Food and Healthy Weight Partnership (CFHWP) brings together more than 30 partners to promote healthy weight through a collaborative, whole system approach. The aim is to support all Croydon residents to achieve and maintain a healthy weight through equitable access to nutritious food and opportunities for physical activity. Its approach has expanded beyond weight management services to also include wider health areas, such as diet, physical activity and mental health.

The partnership provides strategic leadership and oversight in the development of the Croydon Healthy Food and Active Lives Strategy (2026-2029). It advances the progress and development of weight management interventions, such as:

- HENRY Early Years Family Health Behaviour Programme, which supports families with young children;
- tier two adult weight management services¹⁹
- physical activity initiatives, such as Holiday Activities and Food (HAF)
- a broader framework of activity that includes nutrition, food poverty responses and physical activity promotion.

The CFHWP also ensures health impacts are considered proactively in decisions about the built environment, food access, transport infrastructure and community development.

Who are the partners involved?

Partner organisations span multiple sectors, including the Council, with the Croydon public health team providing strategic coordination and commissioned services:

- Health, Exercise and Nutrition for the Really Young (HENRY)
- education partners, including school and early years settings promoting health and wellbeing
- voluntary, community and faith sector addressing food poverty and community engagement
- healthcare providers delivering weight management and family support services
- planning and trading standards embedding health in policy decisions.



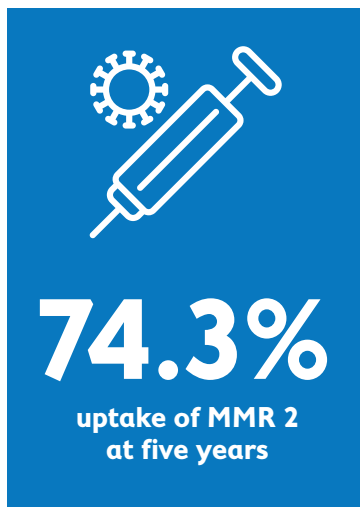
02

Best Start in Life Family Hubs Programme

Why this work matters?

Early years interventions lay the foundation for lifelong health, influencing outcomes well into adulthood. A healthy start also reduces the risk of illness later in life. From screening and infant feeding to childhood immunisations, these interventions work together to shape our future health.

In Croydon, outcomes for children are varied. While the infant mortality rate per 1,000 live births (2.6) is lower than London's (3.3) or England's (4.2), the rate of smoking at the time of delivery (3.9%)²⁰ is higher and childhood immunisation rates (uptake of MMR 2 at five years is 74.3%)²¹ are below the South-West London average.



What are we doing?

Croydon is one of 75 Local Authorities who received funding from the Department for Education (DfE) and Department for Health and Social Care (DHSC) to deliver a new Family Hubs programme in 2023. Family Hubs aims to support families with children aged 0-19 or up to 25 with SEND, with a focus specifically on supporting families with children aged 0-5. The new Best Start in Life Programme (previously Start for Life) builds on previous programmes such as Sure Start and Croydon's own Best Start programme which was rolled out in 2016 in response to the need to support families with young children to access information and services in their communities.

Best Start in Life Family Hubs bring together 24 services for families to easily access in a welcoming and unstigmatised way. Services are provided directly in physical Family Hubs, online in a virtual Family Hub and through outreach into the community.

Families can take part in activities in the hubs, receive information and services in the hubs and online. Services include midwifery and health visiting, alongside universal and targeted early years activities provided by Croydon Council teams and the voluntary, community and faith sector. Croydon's focus on maintaining the joint working between these services for families over the past decade has ensured a consistent approach to supporting families that has been strengthened through the Family Hubs programme.

The aim of Best Start in Life Family Hubs model is to ensure that every baby, child and young person has signposting to services which they can access to ensure their basic needs are met across all areas of development. This promotes physical, emotional, and social wellbeing of Croydon's children and young people. It gives parents and carers the knowledge and confidence to support their children to build the skills and emotional resilience they need to maximise life chances and reach their full potential.

02

Best Start in Life Family Hubs Programme

Whole Family support

Family Hub Navigators work in Family Hubs and across the community to signpost families to services and deliver both emotional and practical support to parents, carers, babies, children and young people. This approach helps identify needs within the family and home environment early, enabling timely intervention to equip families to give their children the best possible support with their physical, social and emotional development in their earliest years and beyond. By offering this support, families benefit from improved access to resources, strengthened relationships, reduced stress and increased confidence in parenting, creating a more stable and nurturing environment for children and young people to flourish.

Healthy infant development and parental wellbeing are built into all aspects of early years provision. Examples include singing and rhyme time groups such as Musical Bumps and Breathe Melodies help improve stress levels and mental wellbeing through a fun activity. Parents can connect with one another and be referred to other support services by practitioners.



02

Best Start in Life Family Hubs Programme

Stay and Play

Stay and Play are universal drop in services catering for children up to five years old that help to reduce isolation for carer and child, build bonds with other families and provide opportunities to talk with staff about wider concerns.

The council and our community partners offer a range of sessions focused on different ages and stages and needs of children to meet families' and children's requirements both in the Family Hubs and in community settings across the borough.

Community-based services include one to one, group and peer support. Initiatives such as South London and Maudsley Community Key Worker, HomeStart Croydon's perinatal mental health peer support programme, and PEEP are run in the community by Council teams working in partnership with VCFS.

Complementing these is a range of health services, encompassing universal services such as maternity and health visiting to more specialist services such as crisis support and coping skills groups via Time For Me.

The wider determinants of health are addressed through employment training and mentoring at My OutSpace, financial and legal support from Croydon Citizen's Advice and South West London Law Centre delivering in Family Hubs, and Healthy Start vouchers which enable a nutritious diet and support for families at risk of fuel poverty.

Support for infant feeding

Infant feeding is linked with an extensive list of health outcomes, including obesity and diabetes for both mother and child, blood pressure for the former and optimal brain development for the child.

Who are the partners involved?

Early years' provision is built on partnership working, with:

- health visitors
- midwives
- GPs working together with Family Hubs
- nurseries, schools and childminders
- Council early help, early years and SEND teams
- mental health services.

03

Ethnicity and Mental Health Improvement Programme (EMHIP)

Why this work matters?

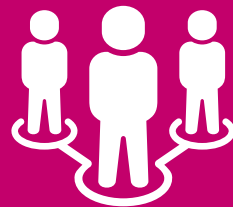
Mental ill-health impacts physical, psychological, emotional and social wellbeing.²² Global majority communities have historically faced health inequalities, enduring poorer access, experiences and outcomes in mental healthcare.²³

It is estimated that just under one in five people aged 16 or over in Croydon have a common mental health condition.²⁴ Global majority ethnicities comprise 48.6% of Improving Access to Psychological Therapies (IAPT) service users in Croydon.²⁵ Nearly 52% of the local population²⁶ and just over 60% of under-25s are from global majority' backgrounds,²⁷ both representing a higher proportion of the population when compared with London as a whole. Deprivation also plays a key role in health inequality and the borough's non-white population are more likely to live in more deprived areas.



52%

of the local population
are from global majority
backgrounds



60%

of under 25's are
from global majority
backgrounds



03

Ethnicity and Mental Health Improvement Programme (EMHIP)

What are we doing?

The Ethnicity and Mental Health Improvement Programme (EMHIP) aims to enhance access to mental health support for global majority communities. First launched in Croydon in 2023, EMHIP is centred on partnership working and community-led change.

The programme is based upon successful work in Wandsworth and interviews with service users, carers, GPs, local councillors, health partners, and voluntary, community and faith sector organisations.

The primary intervention of EMHIP is the mobile mental health and wellbeing hubs service. Intended to mitigate issues exacerbating poor mental health and improve outcomes for the global majority population, the hubs provide a drop in service for first-level support, including guidance, information and signposting.

Client needs include anxiety, depression, post-traumatic stress disorder (PTSD), psychosis and suicidal ideation, alongside socio economic issues linked to the wider determinants of health, such as employment, housing and poverty.

The hubs are hosted in community spaces to provide a safe and comfortable place for people to open up and discuss their challenges. Support workers are trained in mental health and wellbeing first aid.

They explore with hub users how socio economic and other factors can impact wellbeing, as well as assisting with practical steps to tackle issues clients are facing, for example helping them draft letters to housing providers. Support workers also conduct outreach in the local community, making referrals to and delivery of wellbeing, art therapy, cookery and songwriting workshops, encouraging creative exploration of feelings.

As of December 2024, the hubs had supported 213 clients across 172 sessions, 92% from global majority communities. Many of these service users experienced additional challenges with mental health and the wider determinants of health, including 23% citing emotional problems, and 52% having problems with housing or homelessness.

EMHIP has also trained community leaders in systemic family therapy, a type of psychotherapy focused on relationships within groups, so that community leaders can offer further support to those from global majority backgrounds.

Who are the partners involved?

Underpinning EMHIP is a community-led partnership, with the following organisations working together to deliver a comprehensive programme to service users:

- Croydon BME Forum
- Asian Resource Centre Croydon (ARCC)
- Wandsworth Community Empowerment Network (WCEN)
- South-West London ICB
- South London and Maudsley NHS Trust (SLaM)
- network of BME voluntary, faith and community groups.

Joint leadership from the BME Forum and ARCC means the programme can reach a broader section of the global majority community.

04

Rough sleeping

Why this work matters?

People who sleep rough face some of the most severe health and social inequalities. Their health is significantly worse than that of the general population, often including mental health challenges, substance use, a higher prevalence of infectious diseases such as HIV and hepatitis C, respiratory illnesses and long-term physical conditions such as diabetes and heart disease.

Rough sleepers are also at a much higher risk of premature death and death by suicide.²⁸

There is a combination of factors that contribute to these outcomes for rough sleepers, some of which include poor nutrition, barriers to accessing health and care, poor hygiene facilities, trauma, and drug and alcohol dependence.



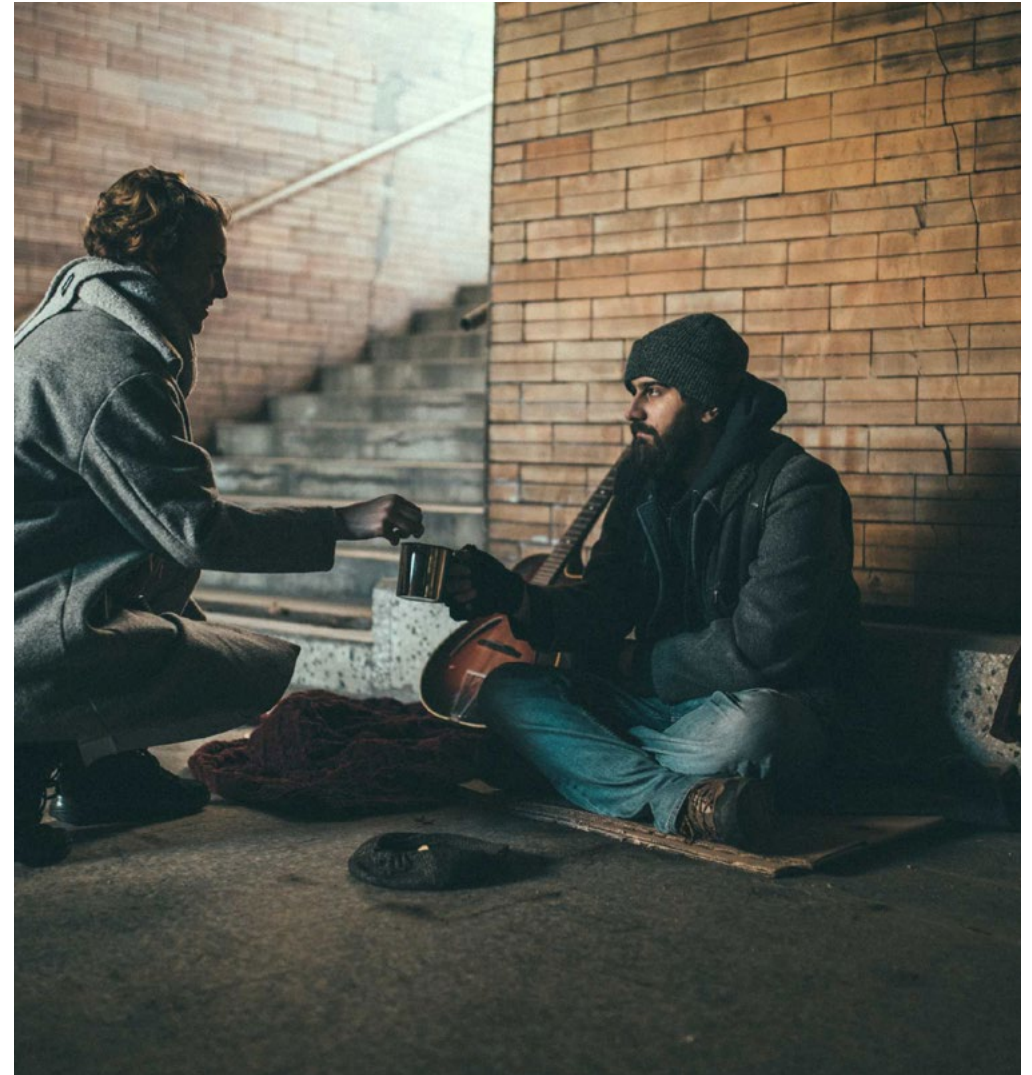
153

identified rough sleepers
between June - September 2025



78

of them were new
to rough sleeping



04

Rough sleeping

What are we doing?

The Council's outreach and rough sleeping teams connect those in need with suitable accommodation, oversee support plans for those leaving temporary accommodation and work on long-term solutions with partners. A Greater London Authority-funded rapid response team is also active every night looking for new rough sleepers. If possible, they'll be offered a place at one of London's rest centres. If not, or if a week has passed since first engagement, the local outreach team will then make contact.

The outreach team recently secured funding for a 'test and learn' initiative with the Centre for Homelessness Impact, which will embed a nurse within the outreach service. The team is not only reactive in supporting those sleeping rough in Croydon but also takes a proactive approach.

Through the Rough Sleeping Prevention and Recovery grant, the focus is on preventing long-term rough sleeping by helping individuals move into stable accommodation as quickly as possible after being identified as a new rough sleeper.

Many rough sleepers in Croydon have complex needs. The priority is to provide comprehensive, wraparound support, as housing alone is not enough to prevent a return to sleeping rough. Each individual with complex needs receives a health assessment and is signposted to services such as substance use, benefits advice, adult social care, and advocacy.

Recent data indicates that 90% of people newly sleeping rough in Croydon avoided spending a second night on the streets, the strongest performance among London boroughs with comparable levels of need.

Local interventions have also had an impact. The Drive for Change health bus offers people access to GP consultations, dental care, health checks, optician services, STI testing and needle exchange.

This is essential for individuals who face barriers to accessing healthcare, such as those sleeping rough.

Between January and June 2024, the bus supported 387 vulnerably housed, with 38% reporting an improvement in their health or quality of life. There was a 64% reduction in substance use.

Who are the partners involved?

Alongside the outreach teams and signposting routes stated:

- adult social care
- South London and Maudsley
- public health
- Change Grow Live
- advocacy services
- family justice service
- Crisis
- Hestia support.



05

Domestic abuse

Why this work matters?

Domestic abuse is a critical public health issue because it causes profound harm to physical, mental and social wellbeing.

The consequences extend beyond acute injuries. Survivors often experience chronic pain, anxiety, depression and post-traumatic stress disorder (PTSD). Children exposed to domestic abuse face developmental delays, emotional trauma and increased risk of future violence, perpetuating cycles of harm and inequality.

A 2023 report cited 7,584 annual cases of domestic abuse in Croydon, placing it first in volume and sixth in rate across all London boroughs. Of those, 1,940 involved physical harm.²⁹



7,584

annual cases of domestic
abuse in Croydon in 2023



1,940

cases involved
physical harm

What are we doing?

Work primarily focuses on supporting victims of domestic abuse, with additional interventions targeted at perpetrator behaviour. It's closely tied into initiatives aimed at tackling Violence Against Women and Girls (VAWG), including the annual 16 days of activism programme.

Independent Domestic Violence Advisors (IDVA) based in hospital provide training and care consultations for staff. IDVAs also undertake lengthy assessments with patients about their abuse, current situation and the journey ahead. Further discussions on needs follow, including about injuries and the wider determinants of health, for instance the need to move residence.

05

Domestic abuse

Domestic Abuse Protection Orders are being piloted. These go further than non-molestation orders by including tailored requirements, for example addressing substance use needs. These protection orders are voluntary but do represent a step forward in addressing complex issues.

Support to victims/survivors also includes training for staff based at key services on related topics, such as assessments at the family justice centre, hospitals and police stations. Victims/survivors are signposted to agencies, for example to secure support when attending a court hearing.

Support also involves ensuring victims/survivors don't experience additional difficulties from statutory services because of their abuse, for instance avoiding countermeasures from the antisocial behaviour team if reports of disruption were made as a result.



A 2020 evaluation of the Drive Project, which works with perpetrators to disrupt patterns of domestic abuse, showed it had worked with 170 high-harm perpetrators within its first two years.

By the end of year two, 694 multi-agency interventions had been made for the 96 open cases, a nearly sevenfold increase on year one. Just under half of these had received behavioural change support.

Who are the partners involved?

This work is delivered by multiple partners including:

- Croydon Council's community safety and children's services
- Police
- NHS
- voluntary, community and faith sector.

These partners form the Multi Agency Risk Assessment Conference (MARAC), and meet weekly to share information on the highest risk cases and create action plans.

Partners also link in through referrals to domestic abuse services and having IDVAs stationed on-site to do assessments.

School workshops also discuss healthy relationships, masculinity, misogyny, consent and sexual violence with students.

06

Trading Standards - illicit tobacco and vapes

Why this work matters?

Most vapes on the market contain nicotine, an addictive substance which is hard to quit. While the long-term effects of vaping are still unknown, short-term vaping can cause headaches, dizziness, a racing heart, vomiting, stomach cramps and weakness.³⁰

Vape use amongst children and young people has been causing concern around the nicotine addiction, mental health and other long-term unknown health impacts.

Illicit tobacco and vape sales have irrefutable links with organised crime activity; the products supplied by the gangs involved are untested, often unsafe and priced to attract the most disadvantaged in the community.

The popularity of disposable vapes has been a key driver for the rise in youth vaping. In June 2025, the Government brought in a ban on all single use vapes but the trading standards team has continued to see and to seize thousands for sale across the borough.

The illegal devices are readily available, cheap and easy to use, with flavours and designs that are appealing to younger people.

Many vapes seized have nicotine liquid content 10 times in excess of the permitted amount. In some cases, they have been found to contain high levels of heavy metals, such as lead, nickel and chromium that are potentially damaging to health. High levels of inhaled lead, for example, damages the central nervous system and disrupts brain development.

Nationally, youth vaping is increasing; 20% of 11–17-year olds have tried vaping, this is an estimated 1.1 million children, while 7% currently vape, an estimated 400,000 children. This figure doubled from 3% to 7% in 2021 to 2022 where it has remained since.³¹

What is illicit tobacco?

Illicit tobacco is a generic term relating to illegal tobacco products which are sold unlawfully. Prices are significantly cheaper, allowing those who may not be able to afford to smoke to maintain their habit and prevent attempts to quit. Sales are often made to children encouraging the uptake of smoking at an early age. Illegal tobacco includes genuine smuggled products, as well as counterfeit products and even tobacco items that are specifically made for the illegal UK market. These products don't carry health warnings, or adhere to packaging requirements, and have reduced or no Reduced Ignition Propensity (RIP), a safety feature which allows genuine cigarettes to self-extinguish if not continually smoked.

06

Trading Standards - illicit tobacco and vapes

What are we doing?

Trading standards regularly visit retailers throughout the borough to ensure that products sold are compliant. They tackle the availability of illicit tobacco and vapes through intelligence-led, unannounced visits to commercial premises, often working with specially trained tobacco detection dogs, taking a zero tolerance approach to illegal sales.

The team undertake test purchasing operations working with young people under controlled conditions to assess compliance with age restricted product laws.

As well as their statutory responsibilities, the Croydon trading standards team take a proactive and preventative approach by delivering up to eight free of charge training sessions a year to small and medium sized retailers.

These training sessions inform businesses on how they can comply with the law, whilst helping them to understand their responsibilities regarding age-restricted products and illicit tobacco and vapes.

Working with the Croydon public health team in 2025, trading standards obtained a closure order for a Croydon retailer found to be repeatedly selling illicit tobacco and vapes. The order resulted in the premises being shut for the maximum three month period permitted. This was the first time a closure order had been used as enforcement action within Croydon.

A further four retail outlets have closed following close involvement and intervention with landlords of properties found to be supplying illicit tobacco.

Trading standards and the creative health team have delivered an innovative theatre project working with local secondary schools. A touring theatre production was organised for year nine pupils, which focused on life choices including discussions around age-restricted products such as vapes and cigarettes. Over 1000 pupils attended.



Who are the partners involved?

A broad range of partners have supported trading standards with their work combatting illegal or illicit vapes in Croydon including:

- Police
- licensing
- environmental health
- public health
- creative health team
- education.

If you would like to report the sale of illegal or illicit vapes in Croydon please contact: trading.standards@croydon.gov.uk

07

Croydon reablement service

Why this work matters?

We have a large and ageing population in Croydon. In 2023/24, 8.5% of adults aged over 65 received reablement/rehabilitation services after discharge from hospital - this is more than double the percentage for England (3%) and almost double for London (4.3%).³²

Reablement is a time-limited, intensive package of care that supports people to regain their confidence and independence enabling them to remain living at home after a hospital stay. It often delays or removes the need for ongoing care.

**8.5%**

of adults 65+ received
reablement services
in 2023/24

**237-
366**

referrals per
month, supporting
individuals at their
most vulnerable
between April-
October 2025

**143
RESIDENTS**

per month, down
from 220, were
supported for 4+
weeks between
May and October
2025



07

Croydon reablement service

What are we doing?

Croydon has a well-established reablement service which has been undergoing significant transformation and continues to evolve. The current service is a pilot and provides a week-long package of care following hospital discharge, with the option to extend this up to six weeks if required. It is person-centred and focuses on supporting individuals to regain independence through a 'do with' rather than 'do for' approach.

The service supports individuals at their most vulnerable, with referrals ranging from 237 to 366 per month between April and October 2025. The data shows the number of people starting new residential placements because they can't manage independently at home has dropped from 2.7 to 2 per week.

The amount of support residents need is dropping at a faster rate than before, from 5.1 fewer hours per week to 6.3.

The number of residents being supported for more than four weeks has also dropped from an average of 220 per month between September 2024 and March 2025 to 143 between May and October 2025.

This demonstrates the effectiveness of the pilot in supporting people by improving their wellbeing, keeping them at home and healthy for longer. It also reduces pressures on additional social care services such as domiciliary care, residential and nursing care and extra care, as well as health services through hospital readmissions.



Who are the partners involved?

The service involves collaboration between locality-based social care providers, acute hospitals and other inpatient care settings.

District nurses, hospital discharge navigators, social workers, therapists and consultant doctors may join panels to discuss cases.

Other services help to address gaps, whether community pharmacists providing medication, home agency service Staying Put identifying the need for home repairs, or the Red Cross providing food.

Staff also work closely with the rapid response team in case of sudden deteriorations in health and can refer to further services if helpful, for instance stop smoking support.

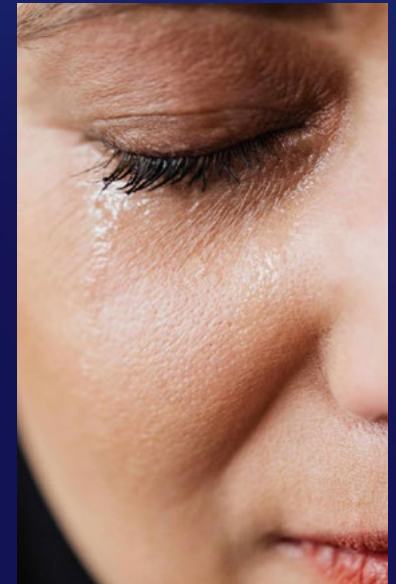
What next?

The case studies presented in this report demonstrate how HiAP principles are already being applied across Croydon to tackle complex health challenges and reduce inequalities.

From early years support and mental health initiatives to interventions for rough sleepers and community-led programmes, these examples show the value of embedding health considerations into decisions across sectors.

They highlight the importance of prevention, collaboration and addressing the wider determinants of health.

Building on these successes, the following recommendations set out how we can scale up this approach systematically through partnerships that make health everyone's business and ensure consistent, sustainable improvements in population health for Croydon.



Recommendations

1. Systematic approach

- Establish a formal Croydon Council Health in All Policies (HiAP) Framework to guide policy and service development across the council.

Create a single, Council-wide framework that sets expectations, responsibilities and processes for considering health and health inequalities at each stage of strategy, programme design and decision-making. This should also include how the impact will be assessed. This helps make health everyone's business by showing how every department influences the social determinants of health.

2. Operational enablers for HiAP

- Establish a central HiAP resource hub for the Council offering guidance, templates, tools, case studies and access to expert support.

While a strategic HiAP framework clarifies the ambition, delivering it requires clear, usable mechanisms. These tools should make it easy for services to recognise and address health impacts early in the development of strategies, programmes, commissioning decisions and business cases.

3. Systematic use of Council levers

- Strengthen the systematic use of the Council's policy and regulatory levers, including procurement, licensing, planning and commissioning, to improve health and reduce inequalities.

Croydon can make health everyone's business by embedding population health considerations into the levers the Council already controls. This includes using procurement to drive social value and healthier environments; applying licensing powers to mitigate harm; and working with planning and regeneration to shape healthy, safe and accessible places. Developing clear guidance and expectations for these levers will ensure they are used consistently, proportionately and transparently to improve the social determinants of health.

4. Capitalise on opportunities as anchor institutions

- Embed HiAP principles within the One Croydon Alliance and develop Croydon's role as an 'anchor system' for population health.

Align the Council, NHS, voluntary, community and faith sector and partners around shared commitments to using employment, procurement, estates and community engagement to improve local living conditions. This supports a whole system approach to reducing inequalities, as well as strengthening community health and wellbeing.

Conclusion

This report has shown that improving health outcomes and reducing inequalities cannot be achieved by the health sector alone. It requires a whole system approach that embeds health considerations into every decision we make.

The case studies presented demonstrate the power and impact of collaboration across sectors, from early years support and mental health initiatives to tackling rough sleeping and promoting healthy lifestyles. Each example reinforces the principle that health is shaped by the environments in which we live, work and learn.

Croydon is a borough of diversity, resilience and opportunity. By further embedding a HiAP approach, we can build on these strengths to create fairer conditions for all residents. This means prioritising prevention, addressing the wider determinants of health and utilising the levers available to us - planning, procurement, licensing and partnership working - to make health central to our collective ambitions.

The recommendations outlined provide a clear roadmap for embedding this approach both systematically and operationally.

We are calling on all partners across the Council, NHS, voluntary, community and faith sectors, businesses and residents to work together to make health a shared responsibility and make health everyone's business. By doing so, we can build a healthier, fairer and more sustainable future for Croydon, where everyone has the opportunity to thrive.

References

1. Williams, E., Buck, D., Babalola, G. and Maguire, D. (2022). What Are Health Inequalities? [online] The King's Fund. Available at: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-are-health-inequalities>
2. Health in All Policies a manual for local government. (2026). [online] The Local Government Association. Available at: Health in all policies: a manual for local government | Local Government Association
3. Marshall, L. (2024). What builds good health? An introduction to the building blocks of health. the health foundation. [online] doi:<https://doi.org/10.37829/hf-2024-hl02>
4. Health in All Policies a manual for local government. (2026). [online] The Local Government Association. Available at: Health in all policies: a manual for local government | Local Government Association
5. Arnold, S. and Holden, J. (2025). What Is Prevention In Health? | The King's Fund. [online] The King's Fund. Available at: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/what-is-prevention-in-health>
6. Life Expectancy in Croydon Sources of Data. (n.d.). Available at: <https://www.croydonobservatory.org/wp-content/uploads/2025/08/Life-expectancy-in-Croydon-2001-23.pdf> [Accessed 16 Feb. 2026].
7. Scotland, P.H. (2025). Achieving Health in All Policies - Health Impact Assessment (HIA) - Health strategy and outcomes - Resources and tools - Public Health Scotland. [online] Publichealthscotland.scot. Available at: <https://publichealthscotland.scot/resources-and-tools/health-strategy-and-outcomes/health-impact-assessment-hia/achieving-health-in-all-policies/> [Accessed 16 Feb. 2026].
8. Scotland, P.H. (2024). What is prevention? - Public health approach to prevention - What we do and how we work - About us - Public Health Scotland. [online] Publichealthscotland.scot. Available at: <https://publichealthscotland.scot/about-us/what-we-do-and-how-we-work/public-health-approach-to-prevention/what-is-prevention>
10. Briggs, A. (2023). Making a stronger economic case for prevention. [online] The Health Foundation. Available at: <https://www.health.org.uk/features-and-opinion/blogs/making-a-stronger-economic-case-for-prevention>
11. Lally, C., Mutebi, N., Naulls, S., Mian, S. and Yohanna Sallberg (2025). Public health: inequalities and prevention. [online] POST. Available at: https://post.parliament.uk/public-health-inequalities-and-prevention/#_edn5 [Accessed 16 Feb. 2026].
12. Masters, R., Anwar, E., Collins, B., Cookson, R. and Capewell, S. (2017). Return on investment of public health interventions: a systematic review. *Journal of Epidemiology and Community Health*, [online] 71(8), pp.827–834. doi:<https://doi.org/10.1136/jech-2016-208141>
13. Join the conversation Croydon Talks Parks engagement -Summary report Background. (n.d.). Available at: https://www.croydon.gov.uk/sites/default/files/articles/downloads/Croydon_Talks_Parks_summary_report.pdf [Accessed 17 Feb. 2026].
14. Croydon Council. (2022). Locally listed historic parks and gardens. [online] Available at: <https://www.croydon.gov.uk/planning-and-regeneration/planning/planning-policy/conservation-and-heritage/locally-listed-historic-parks-and-gardens> [Accessed 17 Feb. 2026].
15. Fingertips. Local Authority Health Profiles - Data - OHID. [online] Available at: <https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/ati/301/are/E09000008>
16. ONS. (2024). Healthy life expectancy in England and Wales. [online] Ons.gov.uk. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/between2011to2013and2021to2023#regions-and-local-areas>
17. Fingertips (2026). Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care. [online] Phe.org.uk. Available at: <https://fingertips.phe.org.uk/profile/obesity-physical-activity-nutrition/data#page/1/gid/1938133368/pat/6/par/E12000007/ati/501/are/E09000008/yr/1/cid/4/tbm/1> [Accessed 17 Feb. 2026].
18. Fingertips (2025). Obesity, Physical Activity and Nutrition - Data | Fingertips | Department of Health and Social Care. [online] Phe.org.uk. Available at: <https://fingertips.phe.org.uk/profile/obesity-physical-activity-nutrition/data#page/1> .
19. Nice.org.uk. (2025). Terms used in this guideline | Overweight and obesity management | Guidance | NICE. [online] Available at: <https://www.nice.org.uk/guidance/ng246/chapter/terms-used-in-this-guideline>

References

20. Fingertips (2025). Local Authority Health Profiles - Data | Fingertips | Department of Health and Social Care. [online] Phe.org.uk. Available at: <https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/8000073/pat/6/par/E12000007/ati/301/are/E09000008/yr/3/cid/4/tbm/1>
21. Primary Care Data (2025). SWL Insights Dashboard.
22. Rethink Mental Illness (2025). How does mental illness affect daily life? [online] How does mental illness affect daily life? Available at: <https://www.rethink.org/news-and-stories/commonly-asked-mental-health-questions/how/how-does-mental-illness-affect-daily-life>
23. Bansal, N., Karlsen, S., Sashidharan, S.P., Cohen, R., Chew-Graham, C.A. and Malpass, A. (2022). Understanding Ethnic Inequalities in Mental Healthcare in the UK: a meta-ethnography. PLOS Medicine, [online] 19(12), pp.1–36. doi:<https://doi.org/10.1371/journal.pmed.1004139>
24. Fingertips (2025). Adult mental health and wellbeing - Data | Fingertips | Department of Health and Social Care. [online] Phe.org.uk. Available at: <https://fingertips.phe.org.uk/profile/adult-mental-health-wellbeing/data#page/1>
25. Meeting the Public Sector Equality Duty at South London and Maudsley Foundation Trust 2023/24 Croydon ethnicity information 2. (n.d.). Available at: <https://slam.nhs.uk/download/202324-croydon-ethnicity-information-finalpdf.pdf?ver=6434&doc=docm93jjm4n4244.pdf> [Accessed 17 Feb. 2026].
26. Office for National Statistics (ONS), released 29 November 2022, ONS website, Ethnic group dataset, Census 2021: <https://www.ons.gov.uk/datasets/TS021/editions/2021/versions/3>
27. Croydon Borough Profile. (2024). Available at: https://www.croydonobservatory.org/wp-content/uploads/2024/07/BOROUGH-PROFILE_June2024.pdf
28. Public Health England (2020). Health matters: rough sleeping. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/health-matters-rough-sleeping/health-matters-rough-sleeping>
29. Violence Reduction Network Strategic Assessment 2023. (n.d.). Available at: <https://croydon.moderngov.co.uk/documents/s54833/Appendix%201%20-%20Violence%20Reduction%20Network%20Draft%20Strategic%20Assessment.pdf>
30. Talk to Frank. Vapes | FRANK. [online] Available at: <https://www.talktofrank.com/drug/vapes#how-it-feels>
31. ASH (2024). Use of e-cigarettes among young people in Great Britain. [online] ASH. Available at: <https://ash.org.uk/resources/view/use-of-e-cigarettes-among-young-people-in-great-britain>
32. Croydon Joint Strategic Needs Assessment Key Dataset. 2025. Croydon Observatory – JSNA. [online] Available at: <https://www.croydonobservatory.org/jsna>

Health is **everyone's** business

Croydon's Director of Public Health
Annual Report

2025/26

Give us your feedback

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