Health Inequalities in Croydon

Director of Public Health Report 2022

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Contents

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.

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

INCIDENCE OF ALL CANCERS

2015-19

1.2 x higher

standardised incidence ratio

DEATHS

2016-20

2.3 x higher

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

LONG-TERM UNEMPLOYMENT- RATE

2021-22

2.6 x higher

per 1,000 working age population

RECEPTION: PREVALENCE OF OBESITY

2017/18 - 19/20

2.9 x higher

(including severe obesity), 3-years data combined

LOW BIRTH WEIGHT OF LIVE BABIES

2016-20

1.3 x higher

(five year pooled)

EMERGENCY HOSPITAL ADMISSIONS

2016/17 - 20/21

1.3 x higher

for injuries in under 5 years old, crude rate

YEAR 6: PREVALENCE OF OBESITY

2017/18 - 19/20

2.1 x higher

(including severe obesity), 3-years data combined

EMERGENCY HOSPITAL ADMISSIONS

2017/18 - 19/20

1.6 x higher

for injuries in 15 to 24 years old, crude rate

For more details, please see the Further Details section

Chapter 1: Introduction

The causes of ill health are complex and numerous. Some of these we are born with, but most are the result of our economic and social circumstances and the impact these have on our health behaviours. The environment in which we live, socialise, study and work can make it easier or more difficult to maintain our health.

The factors that impact on our health begin before birth and build throughout our lives. In this report, I will present current local data on health inequalities (where possible), and outline how Croydon compares to the rest of London and England in some cases. I will not provide reasons for why different health inequalities occur in Croydon but will discuss the different factors that can impact on our health and cause health inequalities. I will demonstrate this by comparing the lives of our two fictional characters – Morgan and Taylor – and see how their circumstances and environment impact on their health outcomes. I will look at what we can all do to protect them at each stage of their lives.

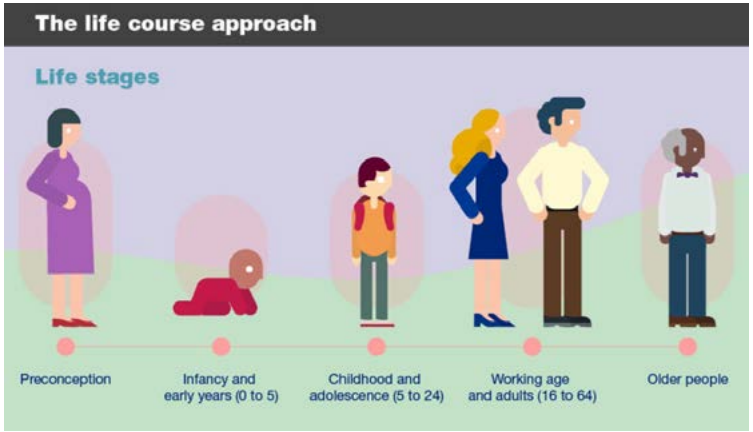
Croydon is a diverse borough culturally, ethnically and economically. Croydon has areas of affluence and prosperity where health outcomes are better than the average for England and several areas of the borough which are among the most deprived in England. The difference in life expectancy at birth between the most affluent and the most deprived areas in Croydon is 5.8 years for men and 6.2 years for women. This is what we call health inequalities.

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).



Source: Health matters: Prevention - a life course approach - GOV.UK (www.gov.uk)

What is life expectancy?

Life expectancy at birth is defined as how long a newborn can expect to live if current death rates do not change.

Explainer: Life Course Approach

A life course approach considers the critical stages or transitions in life where large differences can be made in promoting or restoring health and wellbeing.

Health inequalities are understood by looking at 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.

Research has shown that healthcare itself only contributes to between <15% and <25% of our health, with socio economic and environmental determinants contributing between 45% and 65%. (The King's Fund, 2013)

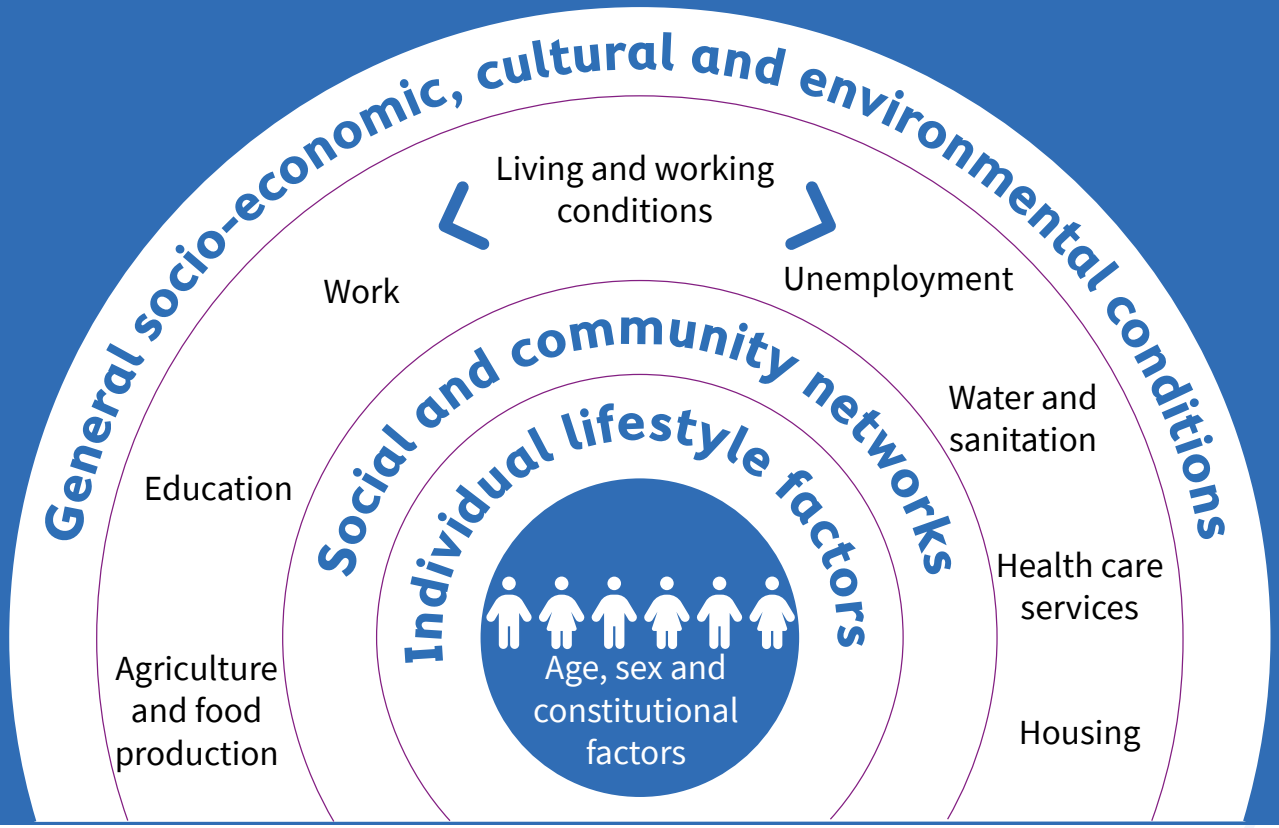


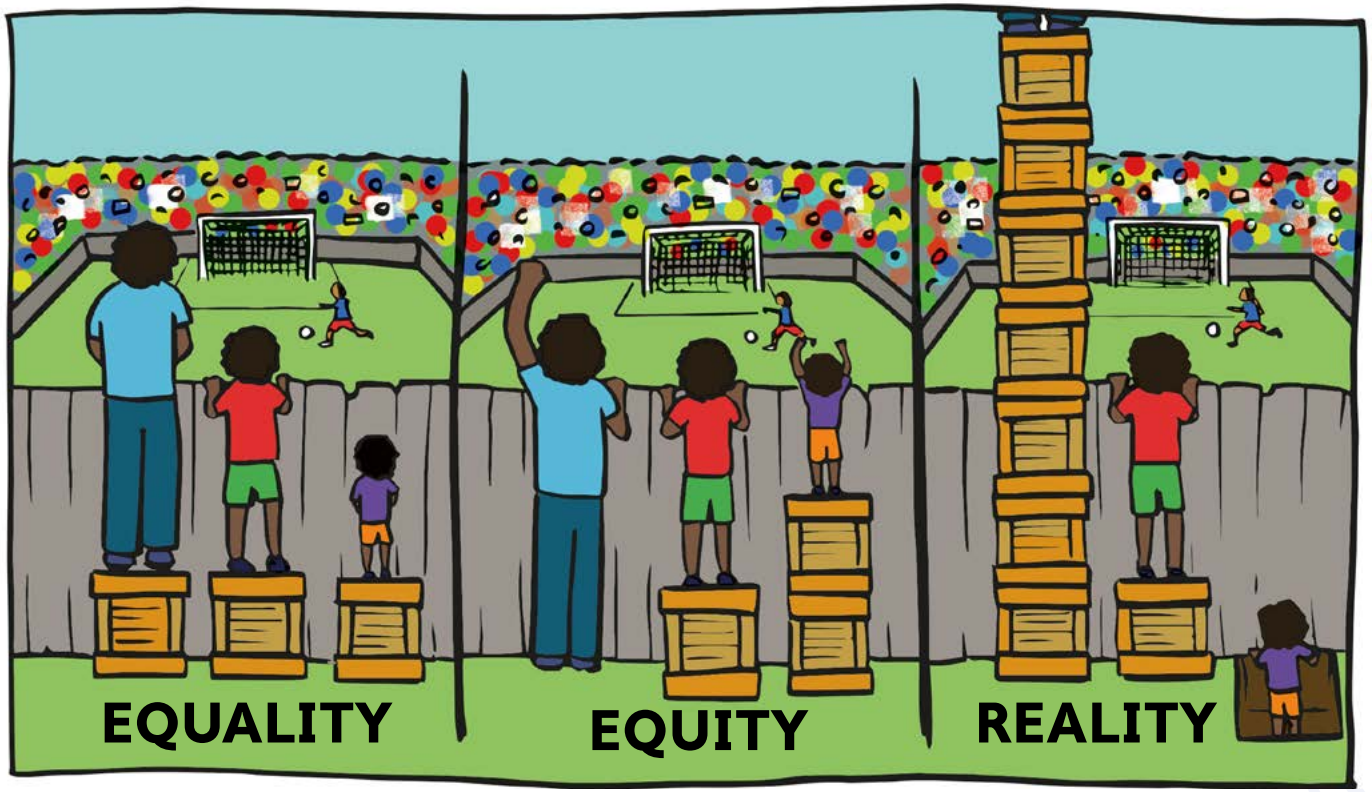
Figure 1: Source: Dahlgren, G. and Whitehead, M. (1993) Tackling Inequalities in Health

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.

"The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances"

Paula Dressel, Race Matters Institute

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)



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 enviroments, and health care.

- Robert Wood Johnson Foundation

Figure 2: John Hopkins Alliance for a Better World

Health Inequalities are Increasing

Michael Marmot in his 2010 report, *Fair Society Healthy Lives* (Marmot M. , 2010), stated that 'health inequalities are not inevitable and can be significantly reduced…' and set out clear policy objectives to reduce them. Sadly, findings from the 2020 *Marmot Review 10 Years on* (Marmot, Allen, Boyce, Goldblatt, & Morrison, 2020) indicate that health inequalities are increasing. Increases in life expectancy in the most deprived areas are stalling and, in some cases, decreasing, whilst in more affluent areas they continue to increase.

What is more concerning is the fact that this report was written prior to key global events including the COVID-19 pandemic, the fuel crisis and the surge in the cost of living. Evidence shows that COVID-19 affected people unequally, with older people, people living in the poorest areas, and Black and ethnic minority communities more likely to die from COVID-19 than other groups (Word Health Organization, 2021).

COVID-19 on top of years of austerity has left us ill-equipped to cope with the additional economic pressures which will inevitably impact negatively and disproportionately on the physical and psychological health of our poorest communities.

People living in the most deprived wards in the borough usually have worse health outcomes than those living in the least deprived wards. With stark differences in household income across the borough, Croydon had health inequalities that existed long before the COVID-19 pandemic and the recent economic crisis. I am beginning to see in the data as well as in conversations with local people and the community and voluntary sector, how health inequalities are worsening. For example, 1 in 4 children are living with obesity by the end of primary school, up from 1 in 5 before the pandemic (LGA, 2022); 1 in 3 adults with mental health problems report their conditions have worsened since 2020 (LGA, 2022); and waiting lists for elective care in the most deprived fifth of areas have grown by 55 per cent, compared to 36 per cent in the least deprived areas (The King's Fund, 2021).

Action is Needed Nationally and Locally

Michael Marmot set out in his 2010 report and re-emphasised in his 2020 report the importance of 5 policy objectives to address the social gradient in health outcomes. These are as fundamental today as they were in 2010 and form core principles for local and national action on health inequalities.

Nationally, the CORE20PLUS5 approach has been designed to support Integrated Care Systems target actions to reduce health inequalities at both a national and system level. This approach defines a target population cohort (the most deprived 20% of the population plus key population groups like people with learning disabilities and protected characteristic groups (the 'Core20PLUS') and identifies five clinical areas for focus (maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension).

Locally, the 2022-2024 refresh of the Croydon Health and Care Plan has included *tackling inequalities* as one of its four new aims. Health inequalities is also a central aspect of the work of the South West London Integrated Care Partnership.

Marmot 5 Policy Objectives to Address Health Inequalities (Marmot M. , 2010)

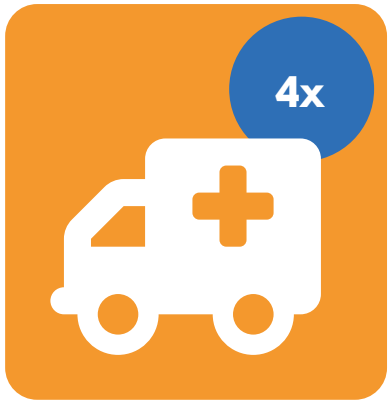
- Giving every child the best start in life
- Enabling all people to maximise their capabilities and have control over their lives
- Ensuring a healthy standard of living for all
- Creating fair employment and good work for all
- Creating and developing healthy and sustainable places and communities.

How People Experienced the COVID-19 Pandemic Differently

It's been clear from the early stages of the COVID-19 pandemic that some groups are more affected than others.

People living in the poorest areas are at higher risk of death from COVID-19

People in the most affluent areas are **50% less likely** to die of COVID-19 than those in the poorest areas.



Black and minority ethnic communities are more affected by COVID-19

People of black ethnicity are **4 times as likely** to die from COVID-19 compared to people of white ethnicity.

Disabled people have been hit particularly hard

Disabled people have experienced death rates **2 to 3 times higher** than non-disabled people.

Young people are most likely to lose employment

1 in 3 18-24 year-olds have been furloughed or lost their job - **twice the rate** of working-age adults.

Health and social care workers have an increased risk of adverse mental health outcomes

4 in 5 social care workers in Scotland reported their work during COVID-19 negatively impacted their mental health.

The COVID-19 impact inquiry is exploring the different ways the pandemic, and the national response to it, are affecting health and health inequalities in the UK.

Find out more at **health.org.uk/covid-19-impact-inquiry**

Figure 3. Source: *The Same Pandemic, Unequal Impacts, The Health Foundation (2020)* (9)

Across the Life Course

Almost all of us experience health inequalities or the effects of them at some point during our lives. A life course approach allows us to understand the factors impacting our health throughout our lives that can be controlled or changed in order to maintain good health. However, to do this requires coordinated and sustained action at local level by all the statutory organisations such as the Council, the NHS, the police, the community and voluntary sector, the private and business community, the education community and the resident community to address these factors to improve the health of those experiencing the worst health outcomes fastest.

This report will discuss inequalities in health and wellbeing outcomes across the life course in broadly 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+)**

At the start of each chapter there is an infographic showing some key health outcomes and how Croydon compares to the rest of London. Dotted throughout this report, you will also find 'explainers'; these provide a guide to the different methods and public health terminology used to describe the health of the population.

How do we measure Health Inequalities?

Explainer: What is the Index of Multiple Deprivation?

Information from the seven measures of deprivation called the indices of deprivation are combined to form an overall measure of deprivation called the Index of Multiple Deprivation (IMD).

The seven domains of the IMD with their respective weights are:

- **Income Deprivation (22.5%)**
- **Employment Deprivation (22.5%)**
- **Education, Skills and Training Deprivation (13.5%)**
- **Health Deprivation and Disability (13.5%)**
- **Crime (9.3%)**
- **Barriers to Housing and Services (9.3%)**
- **Living Environment Deprivation (9.3%)**

The indices rank every neighbourhood in England from 1 (most deprived area) to 32,844 (least deprived area). Deciles are calculated by ranking the 32,844 neighbourhoods in England from most deprived to least deprived and dividing them into 10 equal groups.

These range from the most deprived 10% of neighbourhoods nationally to the least deprived 10% of neighbourhoods nationally.

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

There are 7 domains of deprivation, which combine to create the Index of Multiple Deprivation *(IMD2019)*

Income
(22.5%)

Measures the proportion of the population experiencing deprivation relating to low income

Supplementary Indices

Income Deprivation Affecting Children Index (IDACI) measures the population of all children aged 0 to 15 living in income deprived families

Income Deprivation Affecting Older People Index (IDAOPI) measures the population of those aged 60+ who experience income deprivation

Employment
(22.5%)

Measures the proportion of the working age population in an area involuntarily excluded from the labour market

Education
(13.5%)

Measures the lack of attainment and skills in the local population

Health
(13.5%)

Measures the risk of premature death and the impairment of quality of life through poor physical or mental health

Crime
(9.3%)

Measures the risk of personal and material victimisation at local level

Barriers to Housing & Services
(9.3%)

Measures the physical and financial accessibility of housing and local services

Living Environment
(9.3%)

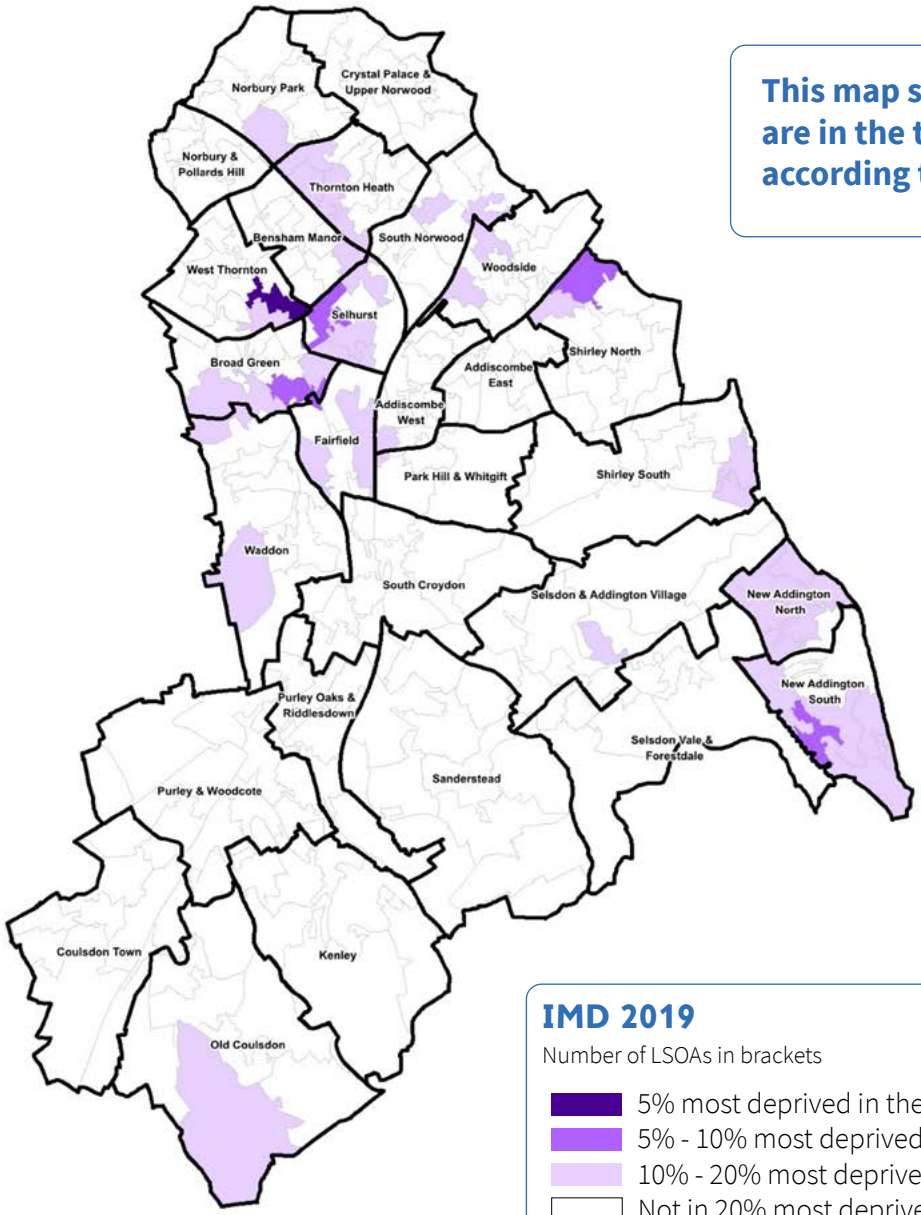
Measures the quality of both the 'indoor' and 'outdoor' local environment

Explainer: Measuring Inequalities with the Slope Index

Slope index of inequality- is a measure (number) used to describe the difference in life expectancy between the most and least deprived sections of the local population. A larger number indicates a bigger gap in life expectancy within the local population and greater inequalities.

Figure 4: The English Indices of Deprivation (Ministry of Housing, Communities and Local Government, 2019)

Indices of Deprivation 2019
Croydon Lower Super Output Areas (LSOAs)

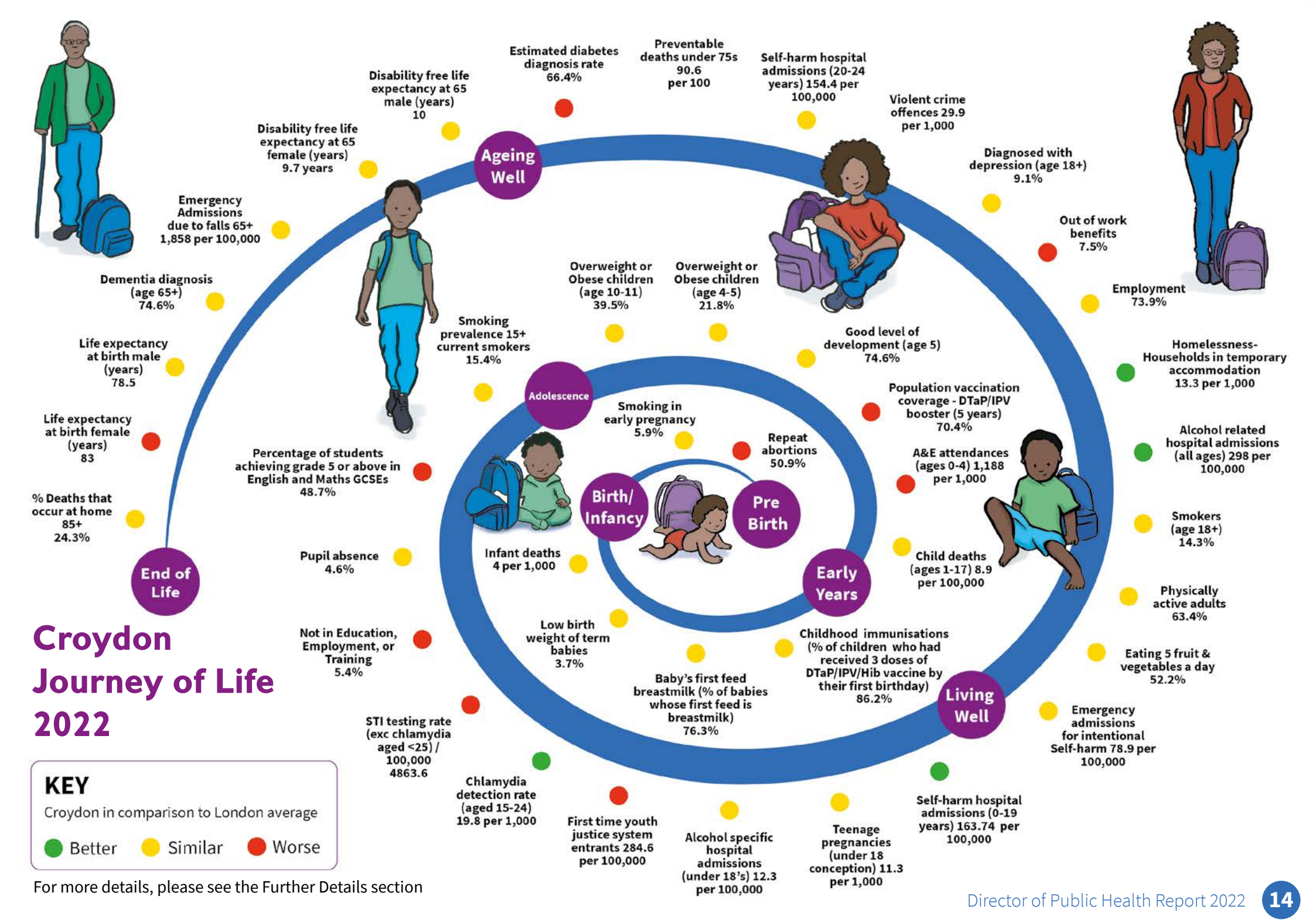


This map shows the areas of Croydon that are in the top 20% most deprived areas according to the Indices of Deprivation.

IMD 2019

Number of LSOAs in brackets

5% most deprived in the country	(1)
5% - 10% most deprived	(4)
10% - 20% most deprived	(34)
Not in 20% most deprived	(181)



Croydon Journey of Life 2022

For more details, please see the Further Details section

Chapter 2: Starting Well (ages 0-5)

Similar - Compared to London

Worse - Compared to London

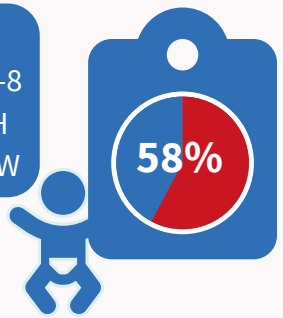
Worse - Compared to national target

LIFE EXPECTANCY AT BIRTH (MALES)

78.5 years

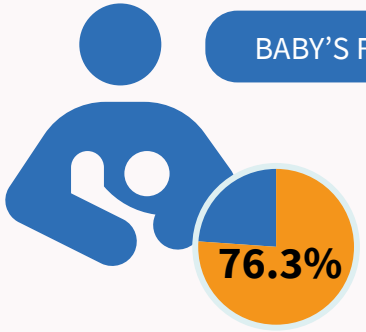
2020. OHID Fingertips Public Health Data

INFANTS RECEIVING A 6-8 WEEK HEALTH VISITOR REVIEW



2021/22. OHID Fingertips Public Health Data

BABY'S FIRST FEED BREASTMILK



% of babies whose first feed is breastmilk

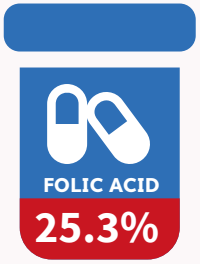
2018/19. OHID Fingertips Public Health Data

LIFE EXPECTANCY AT BIRTH (FEMALES)

83 years

2020. OHID Fingertips Public Health Data

FOLIC ACID

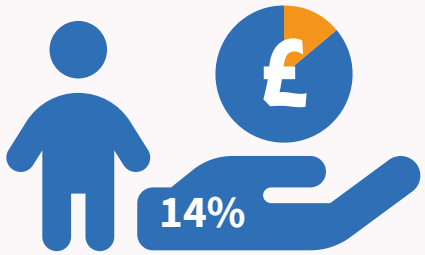


% of pregnant women who started taking folic acid supplements prior to pregnancy

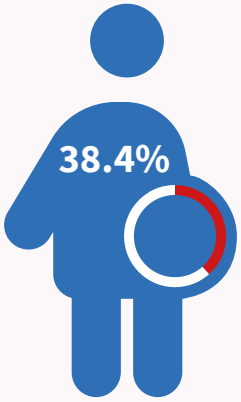
2018/19. OHID Fingertips Public Health Data

CHILDREN AGED 0-5 LIVING IN RELATIVE POVERTY

2020/21. DWP Children in low income families



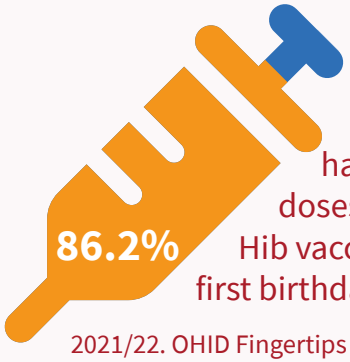
EARLY ACCESS TO MATERNITY CARE



% of pregnant women who have their booking-in appointment with a midwife within 10 completed weeks of their pregnancy

2018/19. OHID Fingertips Public Health Data

CHILDHOOD IMMUNISATIONS



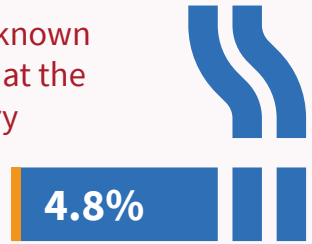
% of children who had received 3 doses of DTaP/IPV/ Hib vaccine by their first birthday

2021/22. OHID Fingertips Public Health Data

SMOKING AT TIME OF DELIVERY

% of mothers known to be smokers at the time of delivery

2020/21. OHID Fingertips Public Health Data



For more details, please see the Further Details section

Chapter 2: Starting Well (ages 0-5)

The impact of health inequalities on a child's ability to lead a happy and healthy life begins even before they are born. Children who experience inequalities, for example, through where they live, the family they are born into and their wider social environment have poorer health outcomes. Family poverty and inequality restrict the options families have available to them and can lead to less healthy behaviours due to poor living conditions and the stress of making ends meet.

The first 1000 days of a child's life are the most vital two years, where a positive experience can allow children to thrive but where they are also most vulnerable to negative influences. Without early intervention, the impacts of these negative events can be life-long.

Pregnancy and the early years are the most opportune times to put in place interventions to disrupt inequalities. **Every Croydon child deserves the best start in life** and in this chapter, I am going to consider the importance of identifying and addressing health inequalities from before a child is born and into early life, considering the important roles parents, families and local communities play in ensuring that every Croydon child is given the best chance to succeed.

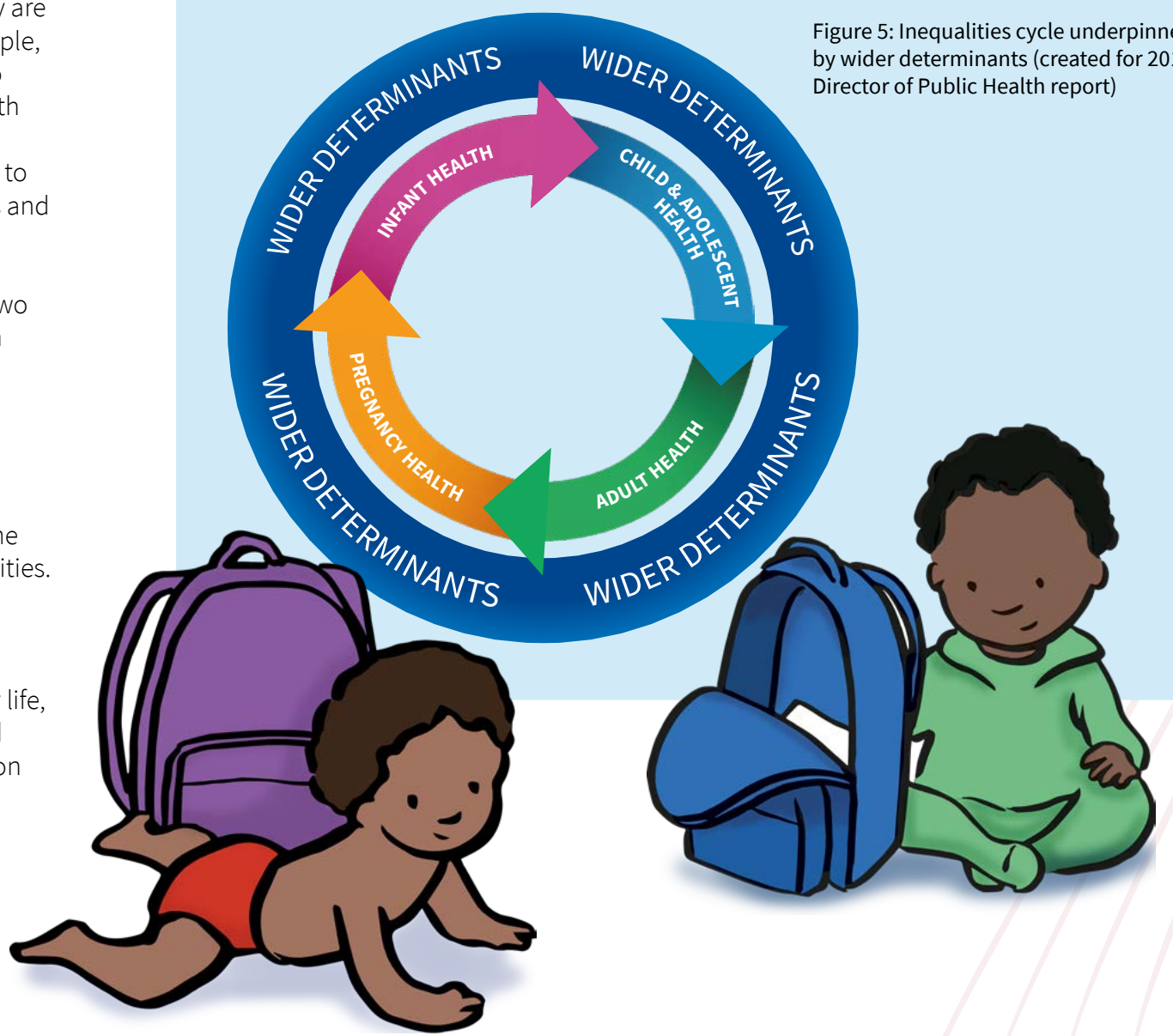


Figure 5: Inequalities cycle underpinned by wider determinants (created for 2018 Director of Public Health report)

Protecting Croydon's Unborn Children

The health of a newborn baby is influenced by many factors, with poor health outcomes linked to many risks that are preventable.

Low birth weight is associated with development problems in childhood and poorer health in later life. Factors that can influence the weight of a baby include smoking in pregnancy, pregnancy health and nutrition, and a mother's age (PHE, 2018). Compared to London, a higher proportion of all babies born in Croydon (pre-term and full-term) have a low birth weight (OHID, 2020).

Excess weight in pregnancy is related to maternal death, miscarriage, still birth and neonatal death (NHS , 2020). Research indicates that women from Black ethnic groups and women living in deprived communities are more likely to enter pregnancy at an unhealthy weight (PHE, 2020).

Good nutrition during pregnancy is important; pregnant women need more folic acid and other nutrients to ensure their baby is healthy. In addition, early and regular access to quality pre-natal care is a vital part of supporting a healthy pregnancy for both the mother and the unborn child. Compared to London, Croydon has lower rates of early access to maternity care and folic acid supplements before pregnancy (OHID, 2019).

Action is needed to support the health of all mothers and would be mothers before, during and after pregnancy to mitigate the inequalities that Croydon's children will face if maternal health is not addressed. Opportunities to improve health behaviours before and between pregnancies need to be maximised through all contact with health and social care professionals. Quality and inclusive pre-conception and maternity services that are personalised to support the whole person can empower mothers to make informed choices about their pregnancy and the type of care they will require.

Inequalities in Pregnancy Outcomes

Outcomes for women in pregnancy and birth are not equal and gaps in mortality rates between women living in different areas, of different ages and women from different ethnic groups remain (Knight, et al., 2020).

There are inequalities in pregnancy outcomes associated with socioeconomic status and ethnicity (Jardine, et al., 2021). The largest inequalities are in women from Black, Asian and Mixed ethnic groups and their babies, and women living in the least deprived areas (NHS, 2021).

Worryingly, there continue to be racial disparities in maternity care and in maternal health. The FivexMore Black maternity experience report (Peter & Wheeler, 2022) highlighted the racial inequalities in pregnancy outcomes and the urgent work needed to mitigate this health disparity.

Black, Asian, and Mixed ethnicity women are significantly more likely to die in pregnancy (from the prenatal period to 6 weeks after the birth) than their White counterparts (Knight, et al., 2020).

Explainer: What is a Rate?

Rates describe how often an event occurs in a defined population over a specified period of time. For example, the number of lung cancer diagnoses per 1000 men in Croydon in 2021.

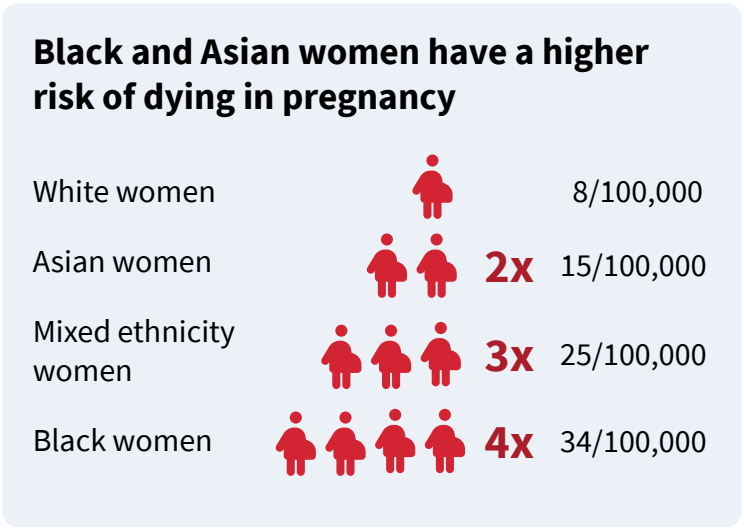


Figure 6: Risk of Dying in Pregnancy (Knight et al., 2020)

Perinatal mental health issues are problems that occur during pregnancy or in the first year following the birth of a child. It can affect new and expectant mothers and covers a wide range of conditions (NHS, n.d.). Poor mental health during the perinatal period can have immediate and lasting effects for parents and children. It can impact on many aspects of life including relationships, employment, and education (Chew-Graham, 2008).

Early Childhood Trauma

Children living in poverty or areas of deprivation are more likely to be exposed to 'Adverse Childhood Experiences' (ACEs). ACEs are early experiences that are associated with an increased risk of poorer health and other problems in later life including mental ill health. The negative effects of ACEs can then be amplified by deprivation.

Adverse experiences include:

- Living in a home where there is domestic violence
- Living with a parent with a mental health condition
- Being a victim of neglect – physical or emotional
- Parental relationship breakdown
- Homelessness

Evidence shows 13% of children in the most deprived areas experience four or more ACEs compared to just over 4% in the least deprived group indicating the need to address socioeconomic inequalities (Bellis M. H., 2015).

Children in Temporary Accommodation

Homeless children, particularly those under five years old, are more vulnerable to common childhood illnesses, missing key developmental milestones, and behavioural and emotional difficulties (UCL, 2021). In March 2022, there were 1,988 households in Croydon in temporary accommodation:

- 1,423 of the households had dependent children
- 2,710 of Croydon's children were living in temporary accommodation
- 259 households with children lived in nightly paid accommodation (DLUHC & MHCLG, 2022).

COVID-19 and the Early Years

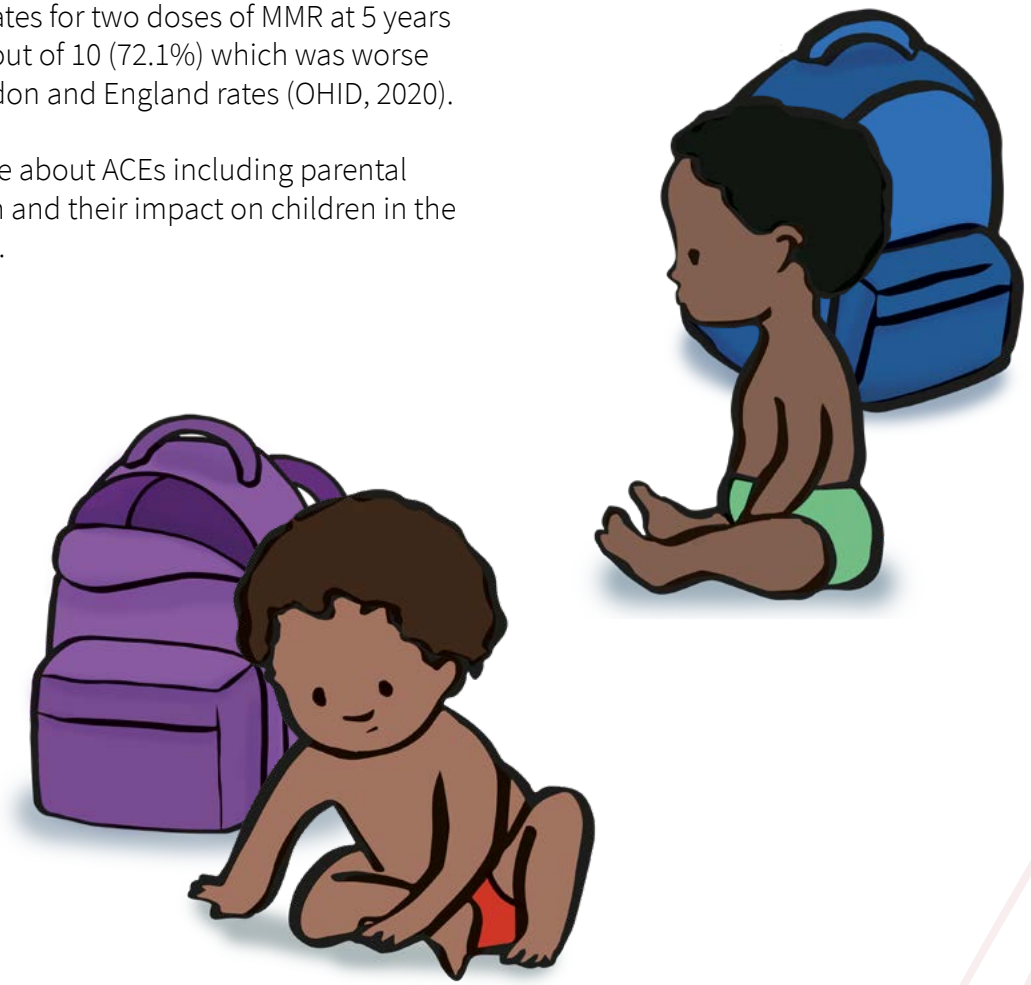
The COVID-19 pandemic has widened health inequalities and, in some cases, led to an increase in childhood adversity and trauma, such as, through the increase in domestic violence. The rate of domestic abuse incidents and offences per 1,000 population has been increasing in Croydon, year on year, and Croydon has the fifth highest rate in London with a rate of 21.3 per 1000 population for the 12 months to 31st March 2022 (MOPAC, Accessed Sept 2022).

The COVID-19 pandemic has added to the challenges already faced by many families and children in Croydon, particularly during the early years and beyond. In my 2021 annual report, I highlighted the 'worsening of inequalities both nationally and within Croydon on babies born during the coronavirus pandemic.

During the pandemic, health and wellbeing in early years was impacted by the partial closure of early years settings, the reduction in health visiting services, and children from disadvantaged backgrounds having less access to resources, learning and play space (PHE London, 2021).

Uptake of routine vaccinations was significantly impacted during the pandemic as some families were unaware that they should continue to vaccinate their children, and had difficulty accessing appointments (Stanford, Davie, & Mulcahy, 2021). In Croydon, patterns for all childhood vaccinations indicate that uptake is the lowest in our most deprived areas. In 2021/22 vaccination rates for two doses of MMR at 5 years of age was 7 out of 10 (72.1%) which was worse than the London and England rates (OHID, 2020).

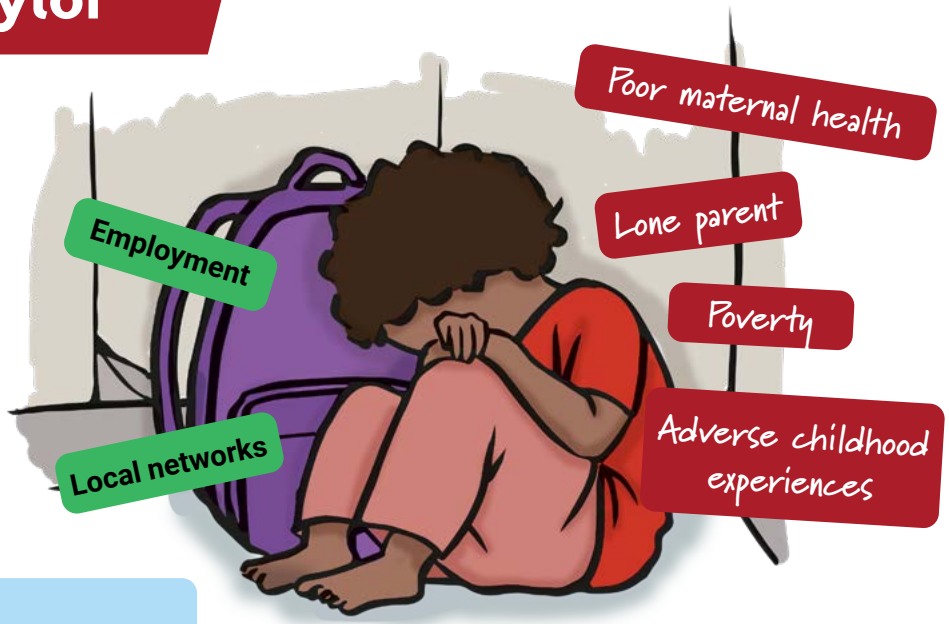
I will talk more about ACEs including parental mental health and their impact on children in the next chapters.



Morgan and Taylor

Explainer: Absolute Poverty

Absolute poverty is where household income is below a necessary level to meet basic living needs (food, shelter, housing).



Morgan was born in a deprived area of the borough. Morgan and their mother live in private rented accommodation. Morgan's mother found it hard to maintain a healthy diet during pregnancy due to difficulties in being able to afford and access healthy food.

Morgan's mum is in full time employment and her family live nearby and help with childcare.

Morgan lives in a household that is classed as being in absolute poverty and Morgan has been exposed to adverse childhood experiences including domestic violence, parental separation, and physical neglect.

Narrowing the gap:

- Early diagnosis and treatment of mental health problems
- Tailored maternity services to level of need and to ensure inclusion
- Access to healthy start vitamins
- Family budgeting support
- Brief interventions and behavioural support before, during and after pregnancy for smoking, healthy weight and alcohol
- Infant feeding advice and support
- Access to parenting skills support
- Access to free childcare

Taylor was born in an affluent area of the borough. Their parents are both in work in middle income occupations. They own their home. Taylor attends nursery 3 days a week. The family do not have relatives living nearby but have a good community network.

Taylor's mother has poor mental health following her pregnancy.

Croydon's Early Years Strategy

In Croydon, we recognise that a coordinated approach is needed to ensure that all our children have the best start in life. To achieve a comprehensive early years approach, Croydon has adopted a new Early Years Strategy.

Croydon's vision for the early years is that:

'All children achieve the best possible development, health, wellbeing and education outcomes from before pregnancy to the end of reception and for children to feel safe, secure and loved'

The strategy recognises that this vision is only achievable if we work in partnership with families, carers and each other to identify and respond swiftly to emerging needs and provide integrated, targeted support.

The strategy acknowledges the complexity of the environment for children, their families and everyone who works in the Early Years and is captured in Figure 7. It is recognised that if families struggle to access information and navigate services, they will be become disengaged, and this will lead to delays in receiving help when needed. We need to push for continued and significant improvement in the coordination and continuity of early years support and services between health, early help, and education.

'Experiences early in life are closely associated with better performance at school, better social and emotional development, improved work outcomes, higher income and better lifelong health, including longer life expectancy'

(Marmot, Allen, Boyce, Goldblatt, & Morrison, 2020).

The Early Years Strategy sets the strategic framework for delivering Croydon's vision for its youngest residents over the next three or four years in collaboration with parents and carers, and the Early Years Partnership.

Figure 7: The Complexity of the Early Years Environment

SPOTLIGHT

Programmes addressing health before pregnancy (preconception) and antenatal care need to ensure that they both target the entire population and ensure that women from specific minority ethnic groups that are at high risk of adverse pregnancy outcomes are also targeted. Two active programmes in Croydon that were established to address maternity care and early years health include the Maternity Voices Partnership and the Family Nurse Partnership.

Croydon Maternity Voices Partnership

Croydon Maternity Voices Partnership (MVP) is a team of local women, men, midwives, doctors, health visitors, commissioners and other care professionals working together to review and contribute to the development and improvement of local maternity care. Women and their partners are encouraged to join the MVP and help shape the future of maternity services in Croydon. They can be involved in the bi-monthly MVP meetings, small break-off groups or provide information by completing the 'Walk the Patch' questionnaire.

Involvement helps the MVP to set and achieve goals and support women's expectations. The MVP also acknowledges the importance of making connections with communities who are seldom heard from and work will continue to engage communities and increase the diversity of the MVP through the designated engagement worker.

1. Include the children, mothers, fathers, carers, grandparents, voice in everything we do
2. Provide healthy and safe environments for all children in Croydon to thrive, feel safe and grow into confident young people
3. Actively reduce the risk of education, health and wellbeing inequalities developing in the early years and beyond
4. Recognise and address the individual needs of children and families. For example, needs deriving from poverty (food, fuel, and digital); English as an additional language; Looked After or looking after status; special educational needs and disabilities (parent or child); refugee or asylum seeker status; membership of a minority group; living in temporary or inadequate accommodation
5. Provide easy access to physical and virtual services which work together, value families' strengths and provide support at the right time and in the right place
6. Prepare parents and carers for parenthood and help them to develop and sustain a strong bond with their children
7. Prepare families to access high quality childcare and ensure all children are supported in childcare, early years and education settings
8. Support the emotional health and wellbeing of parents, carers and children
9. Support the physical wellbeing of children and reduce childhood obesity by promoting healthy eating and physical activity
10. Protect children from hidden harm and serious disease, through information sharing.

Figure 8: Croydon Early Years Strategy Objectives

Family Nurse Partnership - FNP

The Family Nurse Partnership (FNP) is a bespoke programme specifically for young first-time mothers (aged under 19 years at last menstrual period and for identified parents 19 to 25) and fathers. It is an evidence based, preventive, early intervention programme and in 2021 around 130 Croydon young families were supported by it.

Young parents are supported by specially trained family nurses who provide intense one-to-one support from before 16 weeks of pregnancy until their child is two or they are ready to leave the programme.

The core objectives of the FNP are to:

- Improve the outcomes of pregnancy by helping young women improve their antenatal health and the health of their unborn baby
- Improve children's subsequent health and development by helping parents to provide consistent, competent care for their children
- Improve women's life course by planning subsequent pregnancies, finishing their education and finding employment.

By focusing on their strengths, FNP enables young parents to:

- Develop good relationships with and understand the child's needs
- Make choices that will give their child the best possible start in life
- Believe in themselves and their ability to succeed
- Mirror the positive relationship they have with their family nurse with others (FNP, 2022).

More information and Mother's stories can be found at fnp.nhs.uk.

Recommendations

- 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

Chapter 3: Developing Well (ages 6-11)

Better - Compared to London

Similar - Compared to London

Worse - Compared to London

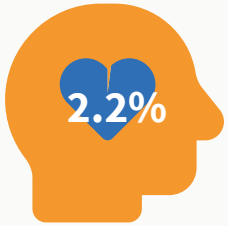
Worse - Compared to national target

CHILDHOOD OBESITY

% of children in reception year measured as obese

2019/20. OHID Fingertips Public Health Data

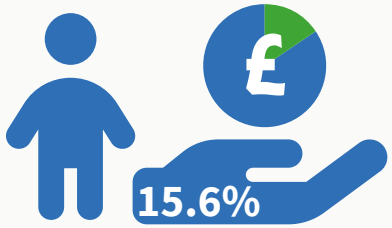
SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS



% of school pupils of primary school age with social, emotional and mental health needs

2021. OHID Fingertips Public Health Data

CHILDREN AGED 5-11 LIVING IN RELATIVE POVERTY



2020/21. DWP Children in low income families

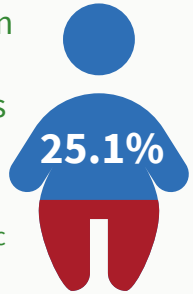
CHILDHOOD IMMUNISATIONS

% of children who had received their DTAP / IPV booster by their fifth birthday

2021/22. OHID Fingertips Public Health Data

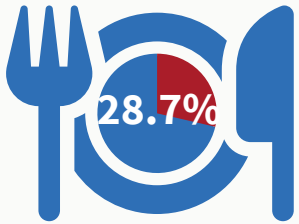
CHILDHOOD OBESITY

% of children in year 6 measured as obese



2019/20. OHID Fingertips Public Health Data

FREE SCHOOL MEALS



% of children in state-funded primary schools eligible for free school meals

2021-22. DfE School Pupils and their Characteristics

CHILDREN IN TEMPORARY ACCOMMODATION

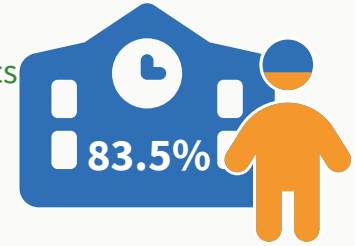
(per 1,000 households)

rate of households in temporary accommodation with children

31 March 2022. DLUHC statutory homelessness tables

SCHOOL READINESS IN YEAR 1

% of children achieving the expected level in the phonics screening check in year 1



2018/19. OHID Fingertips Public Health Data

DENTAL ACCESS

% of children aged 5-11 who have accessed an NHS dentist

2021/22. NHS Digital Dental Statistics

For more details, please see the Further Details section

Chapter 3: Developing Well in Childhood (ages 6-11)

Starting school is an exciting time for children with many opportunities to have fun, learn, make new friends and to explore the wider world.

It is also a period of life where further inequalities begin to emerge in, for example, educational attainment and child physical health and wellbeing which may be confounded by poverty and parental mental health. In this chapter, I explore the experiences of different primary school aged children and how they impact on inequalities.

Child emotional wellbeing and the issues that can impact it will be explored through the chapter, as will the impact of COVID-19 and the cost of living crisis.

Child Poverty

We cannot ignore the effect growing up in poverty has on children including on their education, food, housing, social environment and ultimately their health. (RCPCH, 2020). Children in the UK millennium cohort study who were born into poverty had significantly lower school test scores at ages 3, 5 and 7 years compared to more affluent children (NHS Scotland, 2018).

In childhood, poverty is associated with worse outcomes in infant death, low birthweight, excess weight, asthma, tooth decay and accidental death (The Health Foundation, 2022). Data consistently show that poverty and inequality impact a child's whole life, affecting their education, housing and social environment and in turn impacting their health outcomes (RCPCH , 2020).

Age groups (years)	Relative Poverty %
0-5	14.0%
5-11	15.6%
11-15	17.6%
0-15	*15.6%*

Table 1 Croydon Children in Relative Poverty (2020/21).
Source: Department of Work and Pension. Children in Low Income families: local area statistics 2014-2021

Even before the pandemic, around 17% of Croydon children (0-15 years) were living in relative poverty (DWP, 2020). We can also estimate childhood poverty using the number eligible for Free School Meals. In the 2021 /2022 academic year, 29% of pupils in Croydon were known to be eligible for free school meals which equates to 16,720 children (DfE, 2020). This was an increase of 1000 from the previous year.

Poverty increased during the pandemic, and the cost of living crisis is driving more people into a situation where they cannot afford to meet the basic needs of their family. Hardship is not an issue that only affects those who are unemployed. We know that 75% of children growing up in poverty live in a household where at least one person works (CAPG, 2022).

There are significant differences in child poverty levels across the borough. 7% of 5 to 11 year olds in Sanderstead ward live in a low income household compared to 26% in New Addington North ward.

Explainer: Relative Poverty

Relative poverty is when households receive 60% less than average household income in their country in that year. Relatively poor households do have some money but still not enough money to afford anything above the basics.

Estimated proportion of Croydon children aged 5-11 living in relative poverty

Department for Work and Pensions, 2020/21 ONS mid-year estimates, 2020

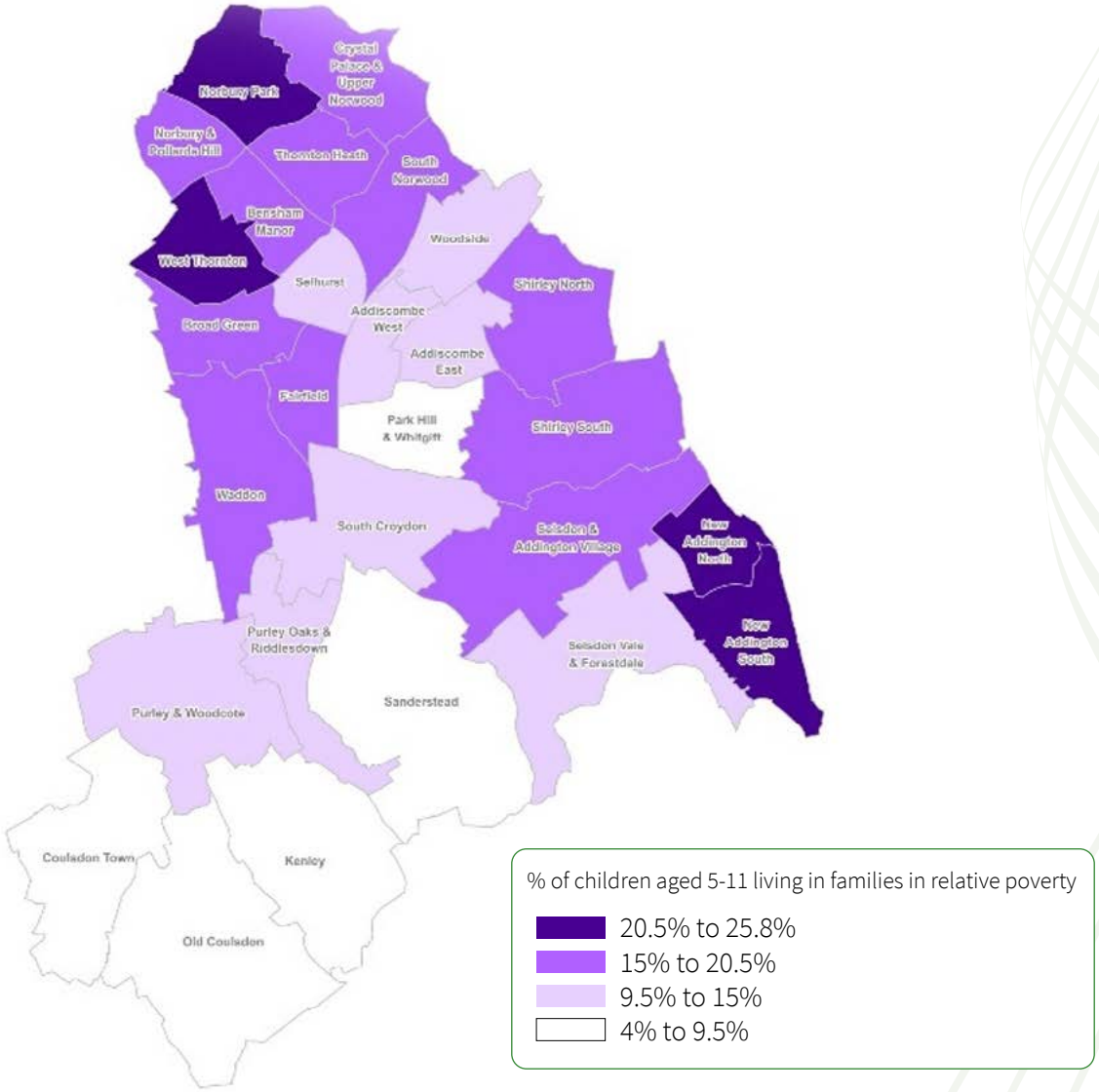


Figure 9: Children living in Relative Poverty in Croydon

Compared to the national average relative poverty rate of 18.5%, children from the following groups are much more likely to be living in relative poverty:

- 49% of children in lone-parent families (IFS, 2022).
- 46% of children from Black and minority ethnic groups (CAPG, 2022).
- 47% of children living in families with 3 or more children (CAPG, 2022).
- 37% children in families where someone is disabled (IFS, 2022).

Focus: Learning and Development

I am focusing on learning and education in this report because of their importance for our lives – a good education provides the foundations for our health, our jobs, and our social connections (The Health Foundation, 2019). Good skills development can help lift people out of poverty. I also want us to think about this because inequalities in learning outcomes start from a young age.

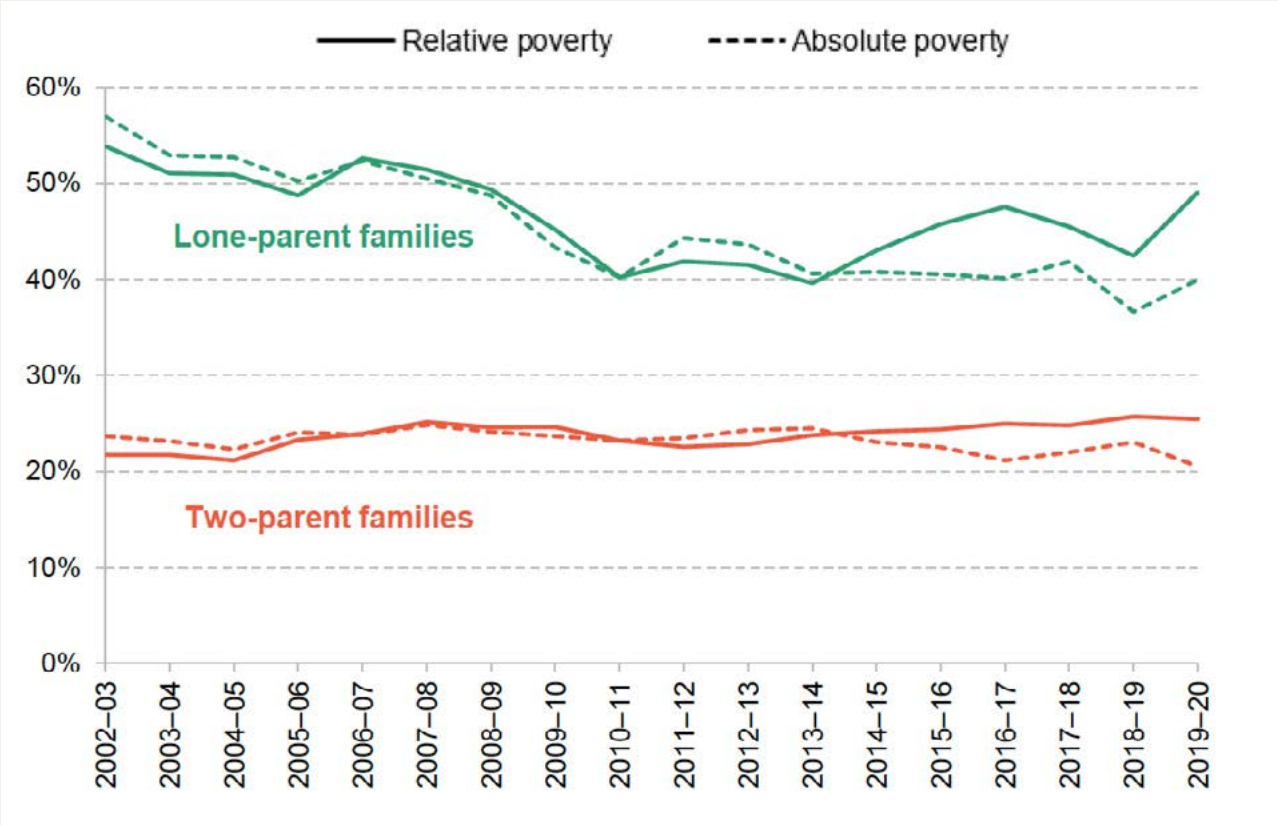


Figure 10: Percentages of lone parent and two parent families experiencing relative and absolute poverty (IFS, 2022)

Children do not always start school equally 'ready to learn' (PHE, 2015) and neither do they leave primary school achieving the same levels in Maths and English. All children are different and let's celebrate this diversity; however we need to be mindful of any potential inequalities in learning and attainment.

N.B. Publications relating to attainment data for 2020 and 2021 were canceled as a result of the COVID-19 pandemic and so the following data is representative of how inequalities were before the pandemic.

1,200 of the **4,700** children ending reception (aged 4-5) in July 2019, **did not** achieve a good level of development (25%) (DfE, 2020). (N.B. Figures are rounded to the nearest 5)

Of the **1,200** children who did not achieve a good level of development:

- 62% (735) were boys, compared to the 50% of the year group which were boys
- 23% (280) were eligible for Free School Meals (FSM), compared to the 17% of the year group who were eligible
- 27% (320) had a special educational need (SEN), compared to 9% of the year group
- 39% (465) did not have English as a first language, compared to 36% in the year group who did not have English as a first language.

The Relationship between Health and Income

Better Health

- allows people to gain and sustain employment
- can reduce the costs people face from ill-health
- allows people to have more options, such as a more active life.

Higher Income

- means people face fewer stresses
- allows people to meet more of their needs
- can be spent on health-promoting assets, such as better-quality housing or food.

Figure 11: How do our education and skills influence our health. Source: The Health Foundation © 2020

The achievement gaps grew through primary school with 41% of the children in one school in the borough reaching the required level at Key Stage 2 (aged 10-11) compared to 90% at another. Figure 12 shows the differences in achievement of the expected standards for different groups of Croydon pupils (DfE, 2019).

What is worrying about this information is that despite the hard work and dedication of our borough's schools, some children are starting their secondary school journey at a disadvantage - affected by where they live, their early life experiences, how much money their family has and the health of their parents. Together, we can do much more to reduce this attainment gap.

COVID-19 had a real impact on children's learning. While there is now some evidence that the situation is improving, the Department for Education reported in July 2022 (DfE, 2022) that:

- Some reception children are not as ready for Year 1 as they would usually be
- Year 6 pupils have had less experience in the foundation subjects because of the pandemic
- Leaders and staff identified pupils with Special Educational Needs and Disabilities (SEND) as being hardest hit by the pandemic

A recent report found that the impact of COVID-19 on learning has been greater in areas of high deprivation (DfE, 2022). This gap has added to the six month gap which already existed prior to the pandemic between children from deprived backgrounds and those from affluent backgrounds (EEF, 2022) (DfE, 2022).

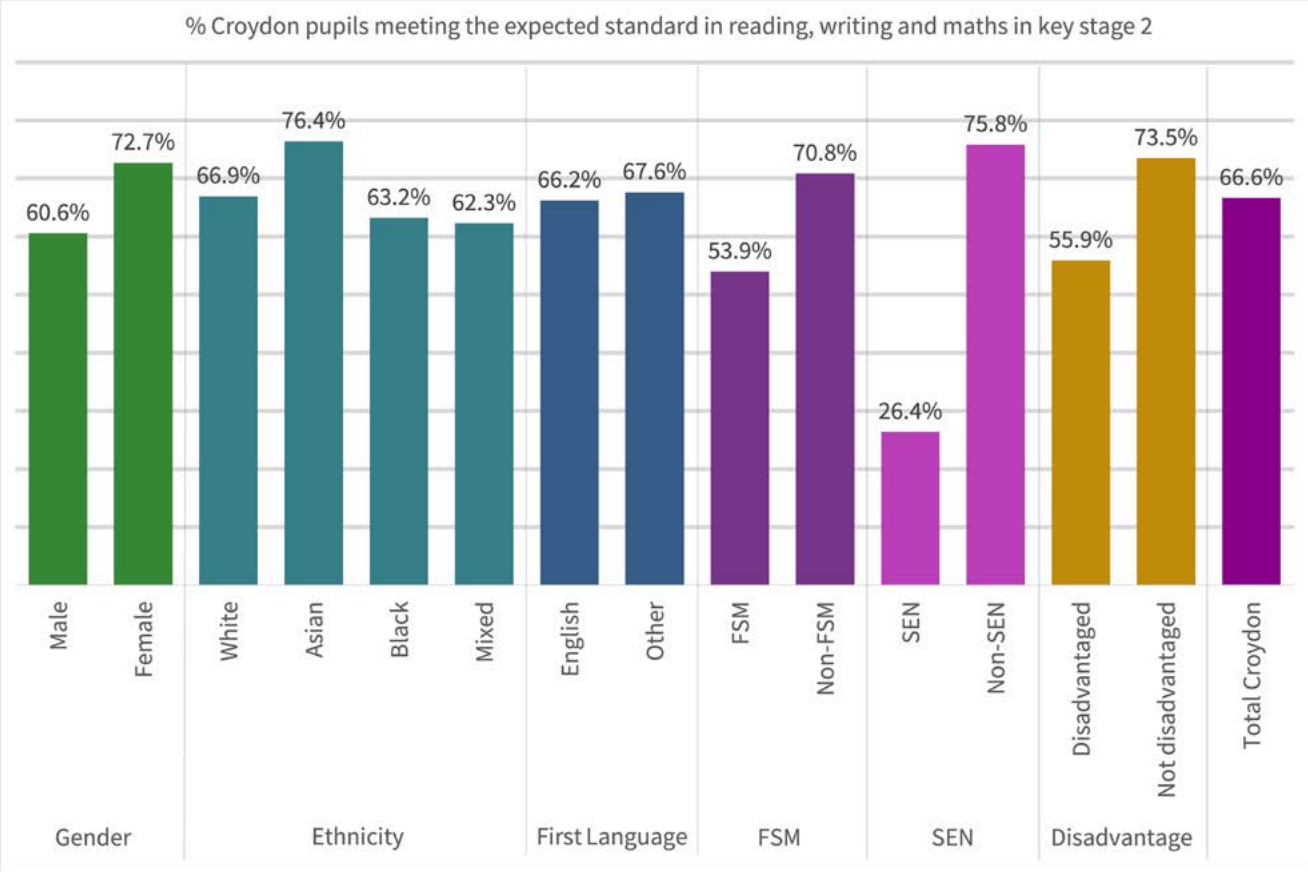


Figure 12: Croydon pupils meeting expected levels of reading, writing and maths in 2019. Source: DfE 2019

Levelling Out Readiness for School

The nationally-funded two, three and four year old nursery places programme is designed to help children's development in all areas including supporting school readiness.

Croydon has a good variety of childcare providers who provide funded places including nurseries, childminders, pre schools and maintained nurseries and school nurseries. Information about childcare in Croydon can be found on Family Space Croydon. https://www.familyspacecroydon.co.uk/

A survey asking for parents' feedback about early years childcare has recently been undertaken (closed 14th September, 2022). The results will be used to inform providers about the issues that are important to parents and will help partners understand why some parents are not taking up the funded nursery place offer. The results of the survey will soon be available on the Family Space and other platforms.

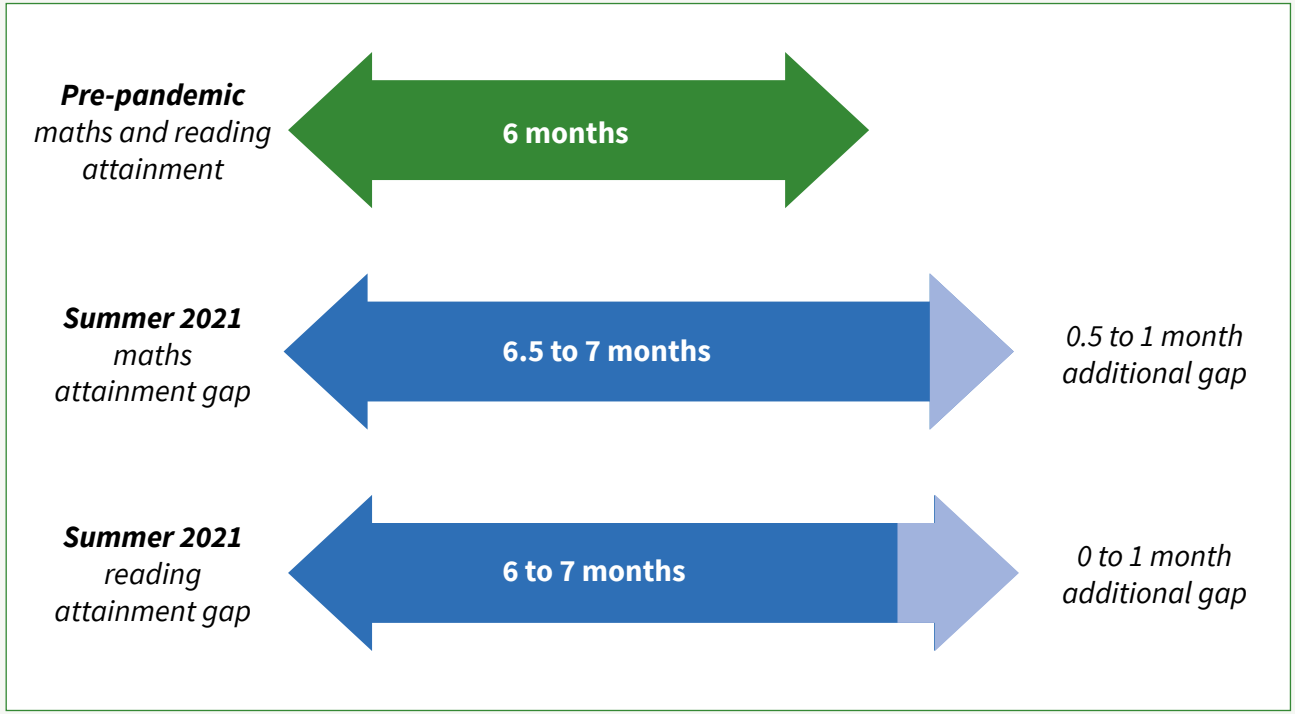


Figure 13: Impact of Covid on Existing Attainment Gaps in Year 2 over time (EEF, 2022)

Children's Physical Health and Wellbeing

Children's physical health can affect how they feel about themselves, how happy they are at school and their future health as teenagers and adults. Poor physical health can lead to the development of health inequalities. A specific physical health issue with long lasting implications for health and wellbeing is obesity.

Obese children are much more likely to be obese adults (RCPCH, 2020) and obesity increases the possibility of developing health conditions in childhood and later life including:

- Type 2 diabetes
- Heart disease
- Stroke
- High blood pressure
- and some cancers (RCPCH, 2020) (NHS Digital, 2019).

Children with obesity are also more likely to have mental health and wellbeing problems and are four times more likely to experience problems at school, including doing less well and missing school (Hruby & Hu, 2015) (The King's Fund, 2021) (RCPCH, 2022) (Sahoo K, 2015).

Children's obesity levels increased significantly during the COVID-19 pandemic (OHID, 2022); a direct result of less physical activity and difficult food access. (NHS Digital, 2021)

It is very concerning that children from families with low incomes, some ethnic groups, some areas of the borough and those with SEND are more likely to be obese and therefore at higher risk of long-term health and wellbeing conditions (OHID, 2022).

The percentage of Croydon children who are obese in year 6 is:

- 27.9% in the most deprived areas of the borough compared to 14.7% in the least deprived
- 30% in Black children compared to 20.2% in White children (OHID, 2022)

Tackling the obesity epidemic is complex. A whole systems approach is needed that for example, makes healthy food affordable and accessible; ensures public places are safe and their design promotes active travel and exercise; and limits the visibility and promotion of unhealthy foods. Croydon's Food and Healthy Weight Partnership comprises a wealth of partners who actively advocate for a physical environment that promotes a healthy weight and access to affordable and healthy foods.

Reception: Trends by BMI category

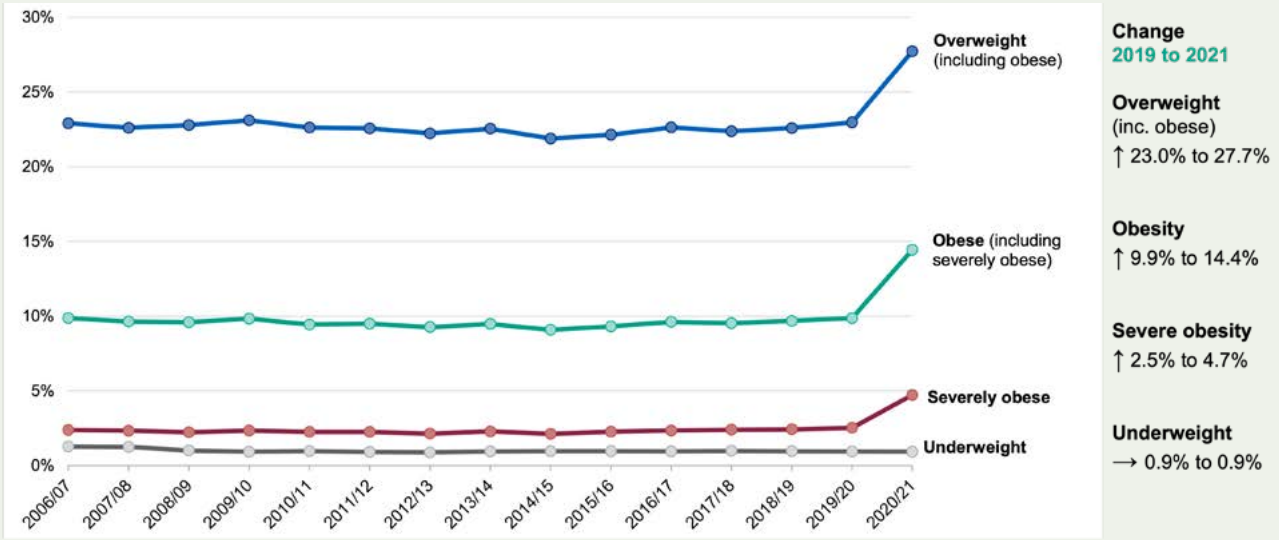


Figure 14: Impact of covid on national rates of child obesity. Source: Office for Health Improvement and Disparities

In this chapter, we have identified some of the issues children face and how these are not experienced equally. These are not the only areas where we can see differences; children who have a parent with mental illness can be affected in many ways.

What happens if parents are struggling with their wellbeing?

1 in every 3 children in the UK have a parent with poor mental health and the COVID-19 pandemic increased levels of parental anxiety, stress and depression (OHID, 2021). The current cost of living crisis is having a similar effect (Goddard, 2022).

This means an estimated **12,500** of the **37,700** children aged 5 to 11 living in Croydon have a parent with poor mental health.

Some parents are more at risk of developing a mental health problem which could have consequences for their children. These include parents:

- on housing benefit (35.1% compared to 14.9%)
- who are unemployed or have a poor quality work environment
- living in households in the lowest 20% income bracket

These parents are two to three times more likely to develop mental health problems than those in the highest income bracket (Mental Health Foundation, 2022)

It is important that those working with and for children understand and recognise how this may impact on them; for example, they are three times more likely to develop a mental health condition themselves – this excludes the number for whom there is a genetic risk. Children with parents who experience poor mental health need support to develop the resilience and understanding to manage their situation (Pro-Bono Economics, 2022).

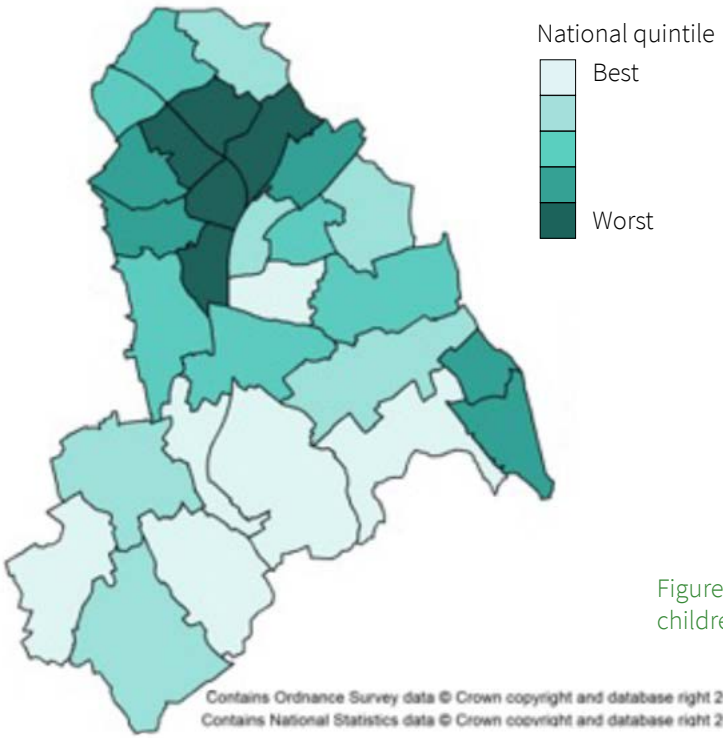


Figure 15: Obesity in year 6 children across the borough

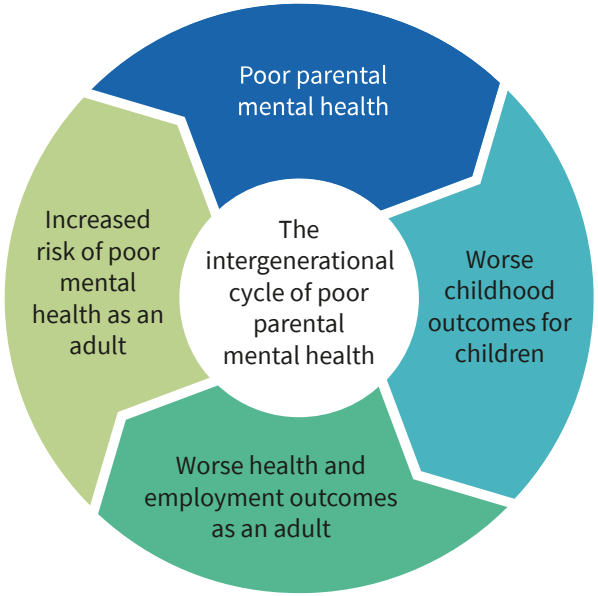


Figure 16: The intergenerational cycle of poor parental mental health
Source: Pro Bono Economics 2022

Morgan and Taylor

Morgan and Taylor are now 10 years old.

Morgan began school not achieving a good level of development in reading and writing but doing so in maths. Morgan has free school meals and goes to a breakfast club which means access to nutritious food at least twice a day. Morgan's mum is still struggling to make ends meet and finds it difficult to provide a healthy evening meal and is unable to afford out of school activities for Morgan. Morgan was classed as overweight in reception.

Narrowing the gap:

- Access to family healthy weight support
- Improvements in early years provision such as children's centres and school nursing services
- National funding for the provision of free breakfast clubs and holiday activities clubs
- Commitment to provision of healthy food in school
- Restrictions on fast food shops particularly near schools
- School streets to limit traffic near schools

Taylor entered school achieving a good level of development in maths, reading and writing. Taylor's parents pay for martial arts lessons twice a week at a local gym and they go to the seaside for holidays a couple of times a year. Taylor's mum still has an issue with her mental health and is having counselling for anxiety.

1 in 3 children in the UK have a parent with poor mental health.
That's

4 million

children

Children with parents who have a mental health condition are

3 times

more likely to develop a mental health condition themselves

Source: Pro Bono Economics 2022

SPOTLIGHT

Food Security

We saw earlier that many Croydon children are living in poverty. One of the key risks for families and children living in poverty is 'food insecurity'. There are children aged 5-11 in Croydon living in families / households where there is a high likelihood that:

- there is not enough to eat or not enough good food to eat
- they have to go to school without breakfast
- there is not enough money for the fuel to cook food
- their accommodation has no cooking facilities
- they go hungry during the school holidays.

A regular and balanced diet is vital for children's physical health and to help them learn at school (OHID, 2018). Even if children are not hungry, anxiety about where the next meal is coming from can affect them (Gallegos D, 2021). Food-insecure households with not enough money for food are also likely to have very high levels of stress and anxiety (UK Parliament, 2021).

Lack of time, money and suitable cooking facilities can lead to eating too much cheap, high energy, highly processed foods (UK Parliament, 2021). Children who are experiencing food insecurity:

- have an increased risk of growing up to be obese adults
- are at an increased risk of dental decay (UK Parliament, 2021).

What is being done to support families experiencing food insecurity?

Thousands of Croydon children aged 5 to 16 eligible for and claiming free school meals are able to sign up for **free activity clubs** with healthy meals over six weeks of the school holidays (LBC, 2022). All programmes provide:

- free, nutritious and tasty food
- fun physical activity sessions
- a wide range of other exciting activities to suit different ages and personalities
- opportunities to learn more about food and nutrition for children and their families

18 schools in the borough now receive weekly supplies of food from FareShare. This means any family attending these schools can buy food at very low prices at school when they are struggling financially.

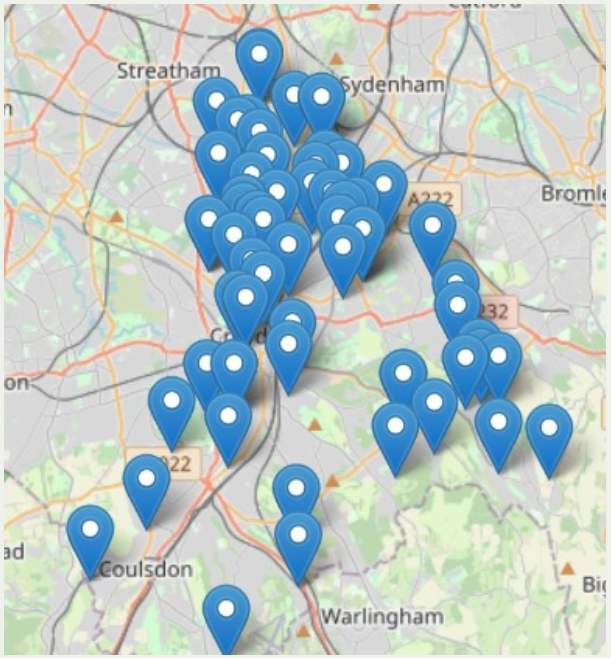


Figure 17: Locations of holiday food and fun programmes summer holidays 2022

All children in reception, year 1 and year 2 are entitled to free school meals. In Years 3 to 6 there are eligibility criteria. Not every child entitled to free school meals takes up the offer. With the cost of living crisis having a significant impact, it is really important that people take up this offer. Taking up free school meals also enables families to access the free holiday food and fun (HAF) programme.

Breakfast Improvement Programme

The school Breakfast Improvement Programme started in October 2021. The programme was developed in response to schools' identification of families struggling to feed themselves or to provide good food for their children before school. The need had increased through the pandemic with more schools finding pupils hungry in the morning.

The key objectives of the programme were to:

- reduce the impact of food poverty on local children and schools
- improve access to good healthy food and physical activity before school, in turn, impacting positively on attendance, punctuality, readiness to learn, health and wellbeing

Successful schools each received support to implement their project, with full guidance and advice on improving their menus and free breakfast. Information was collected to evidence impact of the programme through an end of programme staff survey, menu checking at the start and end of the programme plus photos of changes and qualitative data collected across the academic year.

The programme has provided free healthy food each day to 2016 pupils who were not previously receiving this food or breakfast provision.
Data from the programme showed that:

- 87% of schools reported the project having a direct positive impact on parental engagement in school
- 87% of schools reported the project had a direct impact on increasing punctuality levels and/or attendance in target pupils
- 95% of schools reported the programme having a noticeable impact on pupil readiness to learn
- 95% of schools reported the programme leading to increased levels of physical activity before school

Additional benefits (beyond the food and physical activity provided) were reported by every school involved. Staff reported being surprised by the scale of the impact that the programme had on attendance, punctuality, behaviour, readiness to learn and parental engagement.

Examples of impact on attendance/ punctuality:

Primary school A - Punctuality for target children at start of the year was below 80%. Offering breakfast has increased it to 88%.

Secondary school B - 4 students late consistently. Punctuality improved to 100% on time for all 4 pupils with introduction of new breakfast sports club.

Secondary school C - For the target group, autumn term attendance was 83%. By the end of the spring term this had increased to 95%. Punctuality for the same group in autumn was 5.5% lates with a reduction to 2.96% lates by end of spring.

Figure 18: Schools participating in the school breakfast programme

Recommendations

- Work as a partnership including the voluntary and faith sectors to create a Croydon 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

Chapter 4: Developing Well (ages 12-25)

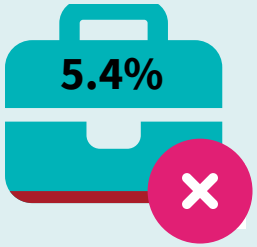
Better - Compared to London

Similar - Compared to London

Worse - Compared to London

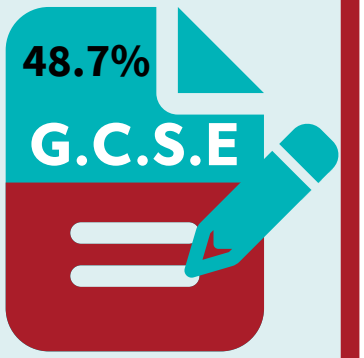
Worse - Compared to national target

CHILDREN NOT IN EDUCATION, EMPLOYMENT OR TRAINING



2020. OHID Fingertips Public Health Data

PERCENTAGE OF STUDENTS ACHIEVING GRADE 5 OR ABOVE IN ENGLISH AND MATHS GCSES



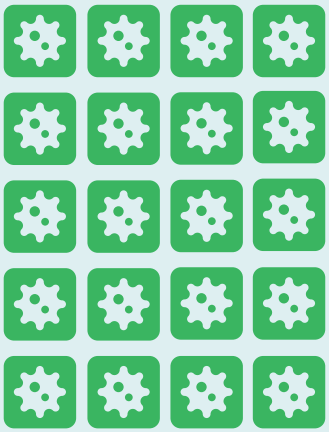
2021/22. DfE Key Stage 4 performance

CHLAMYDIA

19.8 (per 1,000)

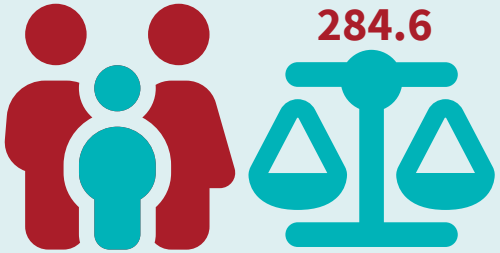
rate of those aged 15-24 who were detected with chlamydia per 1,000

2021. OHID Fingertips Public Health Data



FIRST TIME YOUTH JUSTICE SYSTEM ENTRANTS

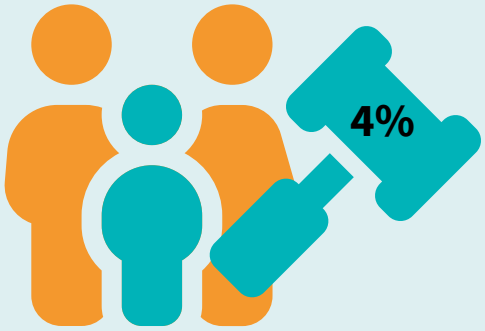
per 100,000 (aged 10-17)



2021. OHID Fingertips Public Health Data

YOUTH OFFENDING - CHILDREN WHO ARE LOOKED AFTER

% of CLA in care for 12+ months aged 10-17 offending



2020/21. DfE Children Looked After statistics

DENTAL ACCESS

% of children aged 11-17 who have accessed an NHS dentist

2021/22. NHS Digital Dental Statistics

For more details, please see the Further Details section

Developing Well (ages 12-25)

Better - Compared to London

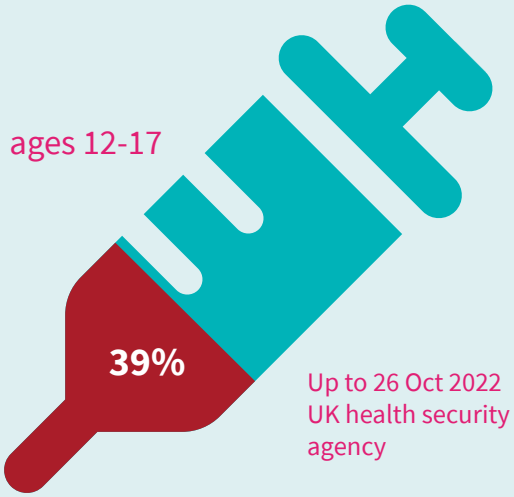
Similar - Compared to London

Worse - Compared to London

Worse - Compared to national target

FIRST COVID-19 VACCINE DOSE UPTAKE

ages 12-17



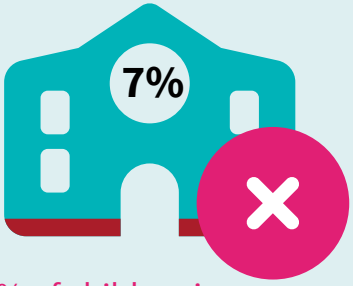
Up to 26 Oct 2022 UK health security agency

SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS

% of school pupils of secondary school age with social, emotional and mental health needs

2021. OHID Fingertips Public Health Data

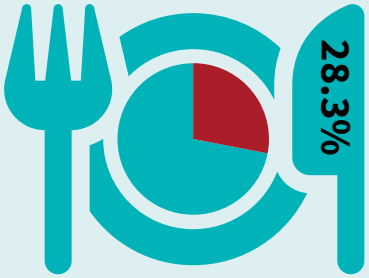
EXCLUSIONS



% of children in state-funded secondary schools who have been suspended

2020/21. DfE pupil absence statistics.

FREE SCHOOL MEALS



% of children in state-funded secondary schools eligible for free school meals

2021-22. DfE School Pupils and their Characteristics

PHYSICALLY ACTIVE CHILDREN AND YOUNG PEOPLE

% of children aged 5-16 that meet the UK Chief Medical Officers' recommendations for physical activity

2020/21. OHID Fingertips Public Health Data

44.9%

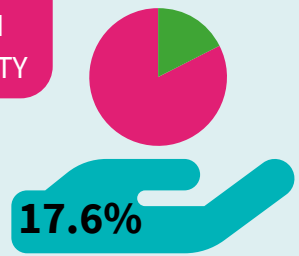
TEENAGE PREGNANCY

11.3 (per 1,000)

Conception rate of women under the age of 18 per 1,000 women

2020. OHID Fingertips Public Health Data

CHILDREN AGED 11-15 LIVING IN RELATIVE POVERTY



2020/21. DWP Children in low income families

For more details, please see the Further Details section

Chapter 4: Developing Well in Adolescence (ages 12-18)

Starting secondary school is a major milestone for children and the following years are a time of opportunity and growth educationally, physically, emotionally and socially. This life-stage encompasses adolescence and early adulthood and can represent the transition into work, parenthood and to independence.

In this chapter, I focus on some of the issues that can impact on young people's development. The inequalities gap between young people who are thriving and those who are not continues to widen, and health and attainment in this life-stage is an important predictor of future health outcomes. During this phase, developing skills, building resilience, supporting mental wellbeing, adopting positive health behaviours and generating independence are vital protective ingredients to bridge the inequalities gap. I explore this gap looking at differences in mental health and wellbeing, attainment levels, school absence, physical health, teenage pregnancy, transitions, adverse childhood experiences and high risk behaviours.

The Importance of Good Physical Health

When children and young people are not physically healthy, this affects their ability to learn, thrive and develop (LGA, 2016).

During this life-stage, many habits and behaviours that impact on long term health outcomes are formed. Being active has multiple benefits for children and young people including maintaining a healthy weight, positive mental health and wellbeing and improved heart and respiratory health.

In 2020-2021, 44.6% of children and young people aged 5 to 15 in England reported meeting the recommended level of **60 minutes of activity** per day compared to 47% before the pandemic (Sport England, 2021). Activity levels are not equal across different groups. Black children (36%) and those from less affluent families (39%) have lower activity levels.

Dental (oral) health is an incredibly important aspect of good physical health but not widely talked about. Children living in deprived communities, particularly those with disabilities, have poorer oral health (LGA, 2016). In England, hospital tooth extractions due to dental caries were significantly higher in the most deprived IMD quintile with a clear deprivation slope (see figure 19). Good oral health can contribute to school readiness and the prevention of school absence. Poor oral health can affect children and young people's ability to sleep, eat, play and socialise with other children.

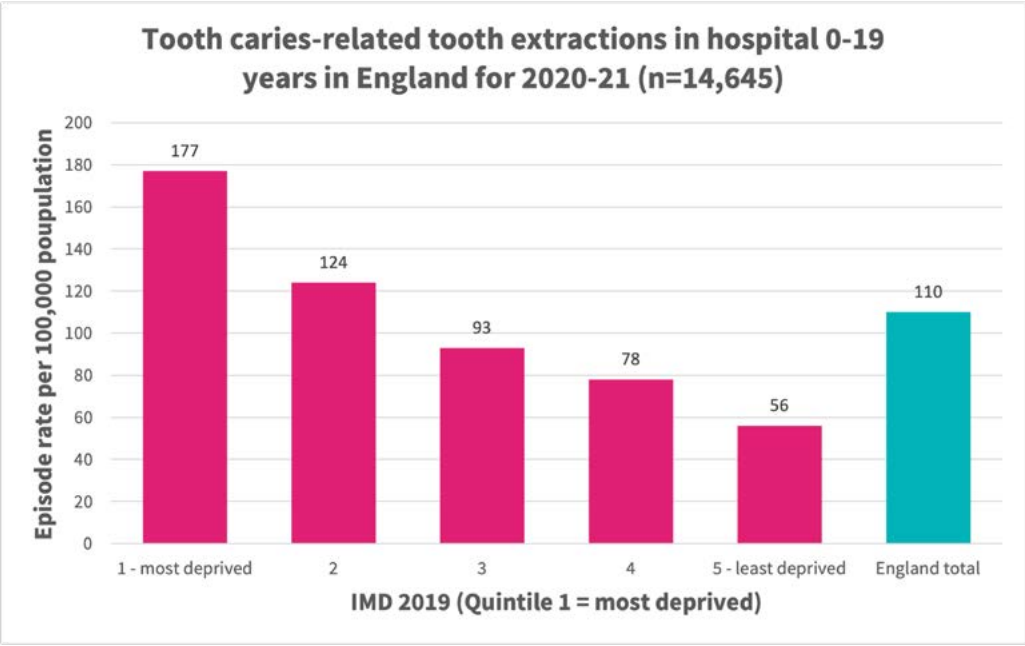


Figure 19: Hospital Extractions in England Among 0-19 Year Olds by Deprivation Quintile, 2020-2021. Source: Office for Health Improvement and Disparities

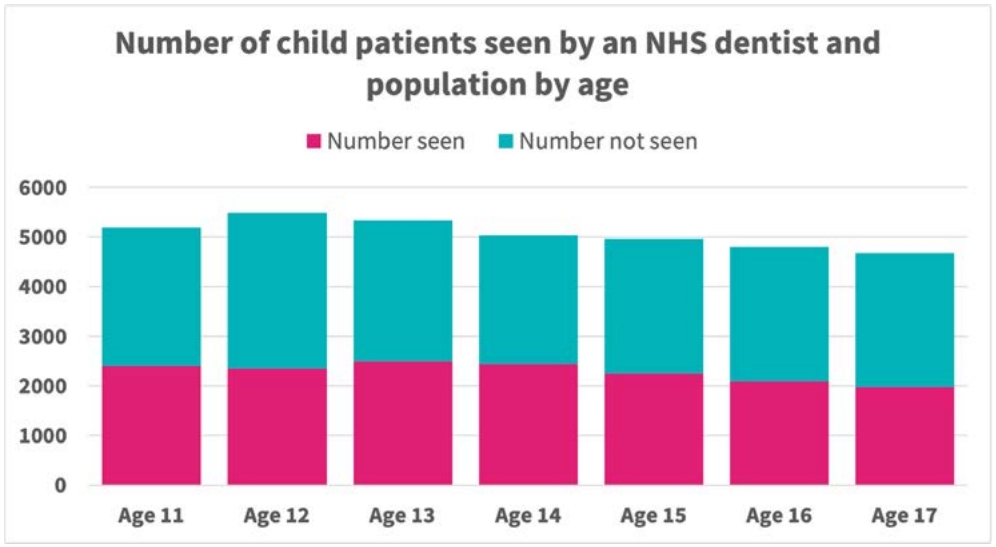


Figure 20: Percentage of Croydon children aged 11 to 17 accessing the dentist by age compared to England (NHS Digital, 2022)

Frequent visits to the dentist are key to good dental health and the dentist is free for children under 18. More than half of children and young people in Croydon are not seeing the dentist which is less than across England (NHS Digital, 2022). The COVID-19 pandemic also had a big impact on visit numbers although these are now increasing again (NHS Digital, 2022).

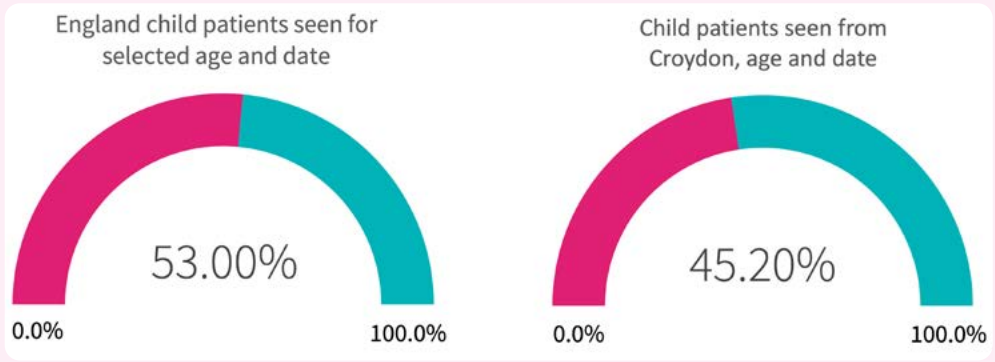


Figure 21: Trends in Croydon Children Accessing the Dentist (NHS Digital, 2022)

Sexual Health

Another element of good physical health is good and safe sexual health and relationships, including the use of contraception. If contraception is not used or not used well, there is the possibility of sexually transmitted infections and pregnancy.

As across England as a whole, the number of Croydon teenagers becoming pregnant has been rapidly decreasing since 2009. The COVID-19 pandemic and lockdowns contributed to a large drop in teenage conceptions, with the quarterly figures dropping from 31 conceptions at the end of 2019 to 11 in the summer of 2020.

However, we are seeing the data rising again to close to 2019 levels (OHID, 2020).

While the numbers of teenagers becoming pregnant is not large, it is an important issue because young people already experiencing inequalities and challenges are more likely to become pregnant including those who are eligible for free school meals, those with a history of persistent absence from school, those who have experienced ACEs and looked after children (PHE, 2018).

Difficulties in young people's lives such as poor family relationships, low self-esteem and unhappiness at school also put them at greater risk of teenage pregnancy. Evidence clearly shows that having children at a young age can damage young women's health and well-being and severely limit their education and career prospects (Nuffield Trust, 2022).

For example, teenagers who have babies:

- are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after birth
- have 60% higher rates of infant mortality
- have an increased risk of their baby having a low birthweight
- are at increased risk of living in poverty

Young fathers also experience inequalities; they are more likely to have poor mental and physical health and to have experienced some ACEs such as physical and sexual abuse (PHE, 2019).

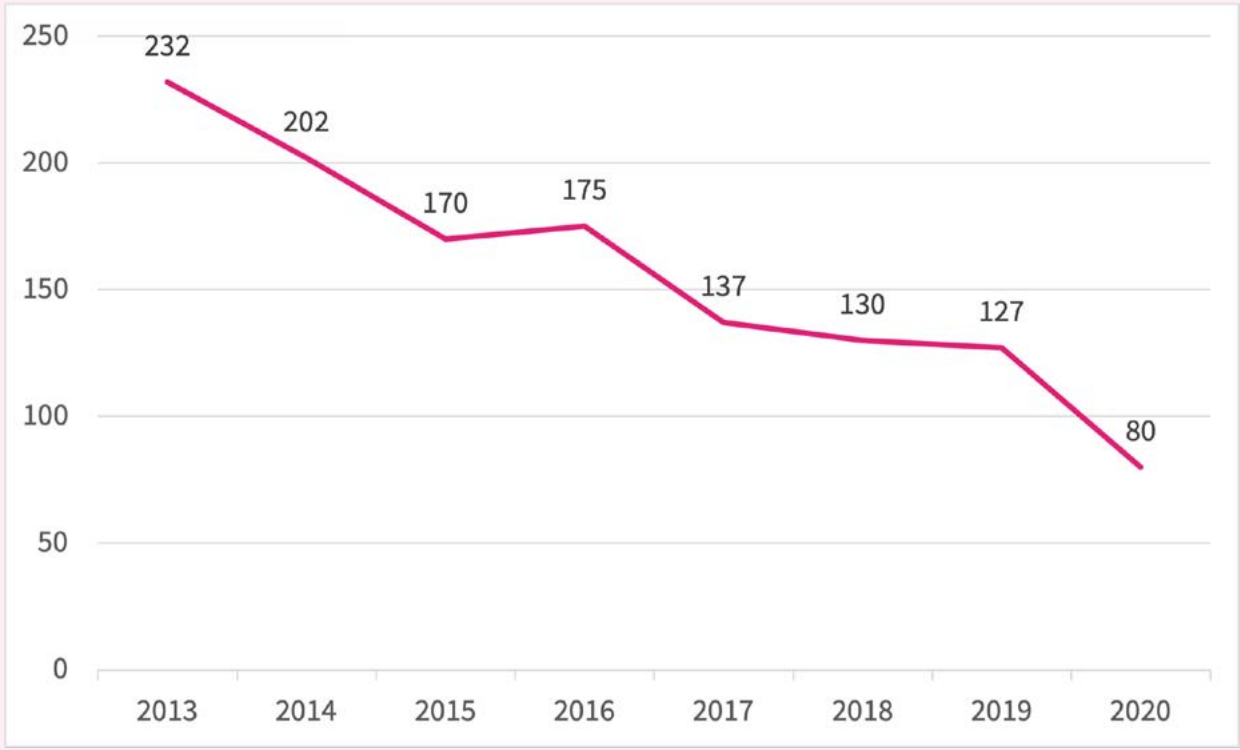


Figure 22: Number of teenage conceptions in Croydon over time. Source: OHID 2020

Children and Young People's Mental and Emotional Health and Wellbeing

I have already reflected on the potential impact of two issues - parental mental health and poverty on children and young people's mental health and wellbeing - but there are many others, such as homelessness and having a long-term physical illness (Mental Health Foundation, 2021). We need to recognise these potential issues so pre-emptive measures are put in place to reduce the risk of inequalities developing or developing further (NICE, 2022).

Pupils with higher levels of emotional, behavioural, social, and school wellbeing are likely to achieve better in school, are more engaged in school and have less persistent absence (PHE, 2014) (UCL, 2019) (DfE, 2012).

Children and young people's mental health and wellbeing was particularly impacted during the lock down stages of the pandemic (DfE, 2022). National surveys have shown that:

- between 2017 and 2021, the proportion of 6 to 16 year olds with a probable mental health issue increased from 11.6% to 17.4% (Newlove-Delgado, et al., 2021)
- for Croydon this means that there are likely to be approximately **10,000** 6 to 16 year olds with a probable mental health and wellbeing issue

Setting the Foundations for Employment and Further Study

As in primary school, some children and young people progress better in secondary school than others and this can affect all areas of their future lives.

The Progress 8 score at the end of KS4 / Year 11 shows whether a child has done better or worse than expected over the last five years compared to a similar cohort (DfE, 2016). A negative score means that a child has done less well than expected. Boys, Black children, Special Educational Needs (SEN) children, children whose first language is English and children eligible for free school meals in Croydon progress less well than expected over the five years to GCSE.

The Impact of not Engaging with School

Missing school or not engaging with school are factors that can limit young people's progress (DfE, 2016), increasing the possibility of high risk behaviours and the development of educational inequalities (DWP, 2017).

There are many reasons why children and young people miss school including sickness and caring for a family member or mental health issues (Newlove-Delgado, et al., 2021).

Each child / young person's absence reasons need to be understood on an individual basis if we are to make a difference. The children most likely to be persistently absent from school are:

- those eligible for Free School Meals (FSM) 25% compared to 12%
- children with Special Educational Needs (SEN) 26% compared to 14%
- White and Mixed ethnic group children 18% and 20% compared to 13% of Black and Asian children
- children in the older year groups

The other categories of young people who miss school are those who are suspended or excluded. This is much more likely to happen to some groups. In Croydon in 2021:

- 47% (1820) of all suspensions were of Black pupils whereas 31% of secondary school pupils are Black
- 11% of Black children were suspended compared to 4% of white pupils
- 72% (2916) of all suspensions were boys; 10% of boys were suspended compared to 4% of girls
- 41% (1596) of all suspensions were young people eligible for Free School Meals (FSM) compared to the 23% of pupils who are eligible for FSM
- 12% of young people on FSM were suspended compared to 6% of young people not on FSM

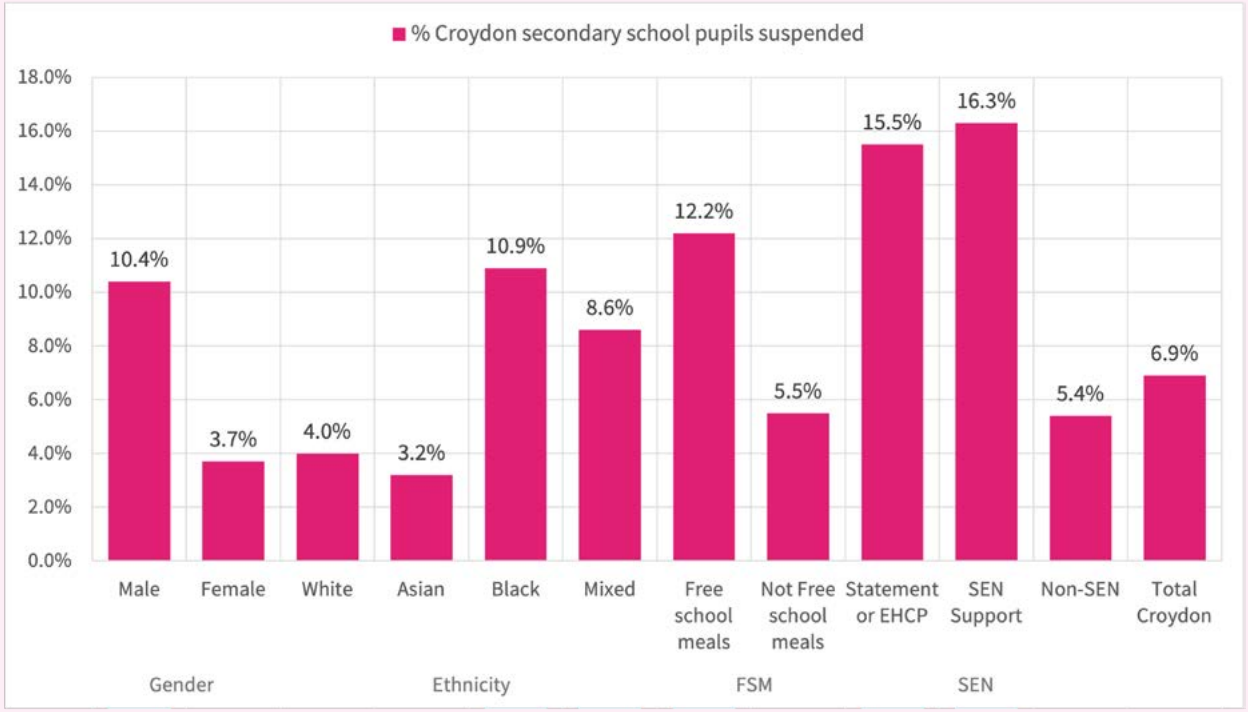


Figure 23: Percentage of Croydon secondary school pupils who are suspended. Source: DfE 2021

- 40% (1546) of all suspensions were for SEN pupils compared to the 15.5% of SEN in the school population
- 32% of SEN young people were suspended compared to 5% non-SEN children who had been suspended
- 50% of the 26 young people permanently excluded were black compared to 31% of Black children in the secondary school population (DfE, 2021)

Moving on Towards Further Education, Employment and Adulthood

An estimated 10.4% of all people aged 16 to 24 years in the UK were Not in Education, Employment or Training (NEET) in the period of January to March 2022. (ONS, 2022)

Young people with disabilities and those without qualifications have a much higher risk of being NEET. Nationally, 28% of people who are disabled and 24% of those without qualifications are NEET (Powell, 2021).

Not being in education, training or employment between the ages of 16 and 24 has long term consequences. Scottish data showed that of the young people who had been NEET:

- more than 20% had no qualifications 10 years later, compared with only 4% of non-NEETS
- were almost three times more likely to be unemployed or economically inactive after 10 years
- were at 1.6 to 2.5 times higher risk of poor physical health after 10 and 20 years (The Scottish Government, 2015)

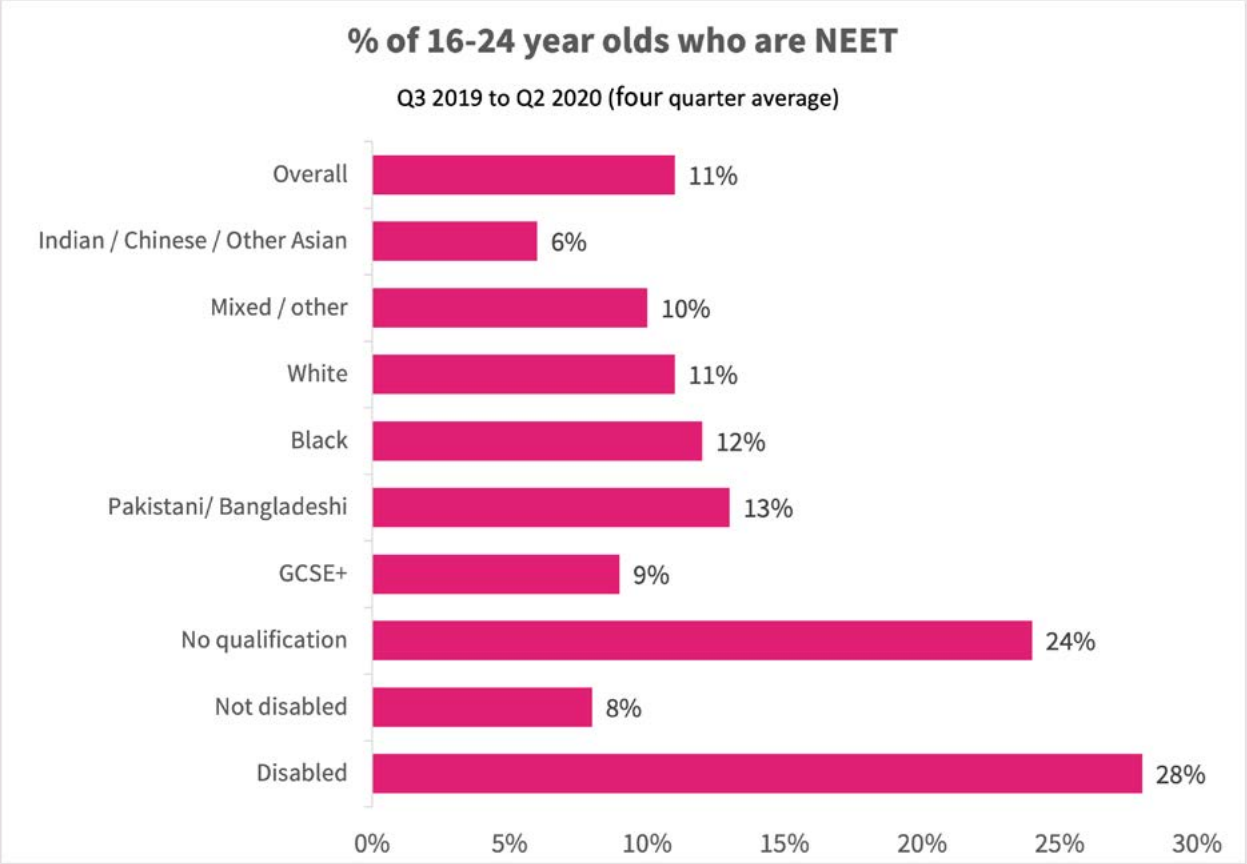


Figure 24: Percentage of 16 to 24 year olds who are NEET. Source: Powell, 2021

(The Scottish Government, 2015)
While employment levels dropped during the pandemic, the numbers of those in education rose (Powell, 2021).

- The employment rate for young people fell from 55% to 51%
- The proportion of young people in full-time education, but who are not in employment, increased from 30% to 35% (Powell, 2021)

Taking the 16 to 17 age group as an example, the latest Croydon data from 2020 showed that there were 5.4% (500) young people aged 16-17 not in education, employment or training (DfE, 2021).

Young people with Special Educational Needs (SEN); those receiving an Educational Health and Care Plan (EHCP), males and those who are White are over-represented in the NEET population in Croydon.

Another group that needs highlighting is children and young people leaving care. Only 42% of Croydon care leavers aged 19-21 were in education, employment or training compared to 56% for care leavers across London (LGA Research, 2022).

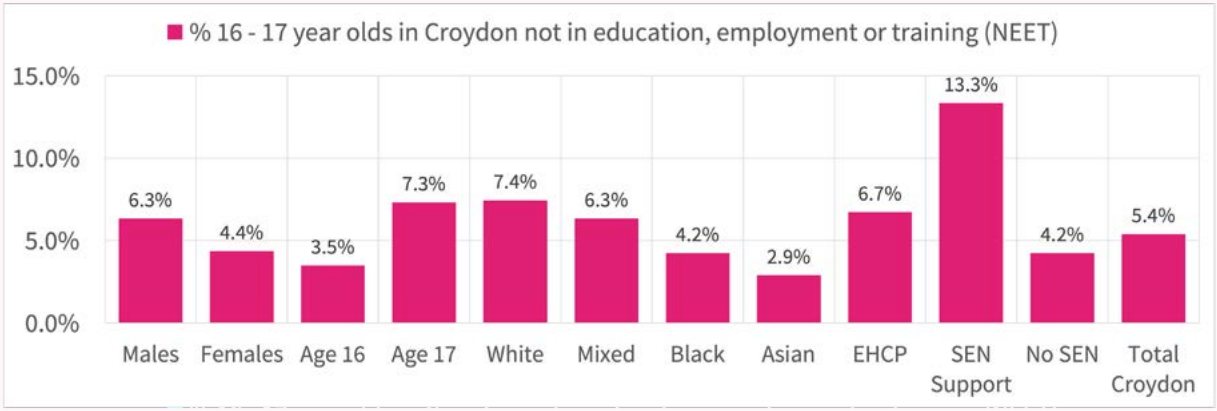


Figure 25: Percentage of 16 to 17 year olds who are NEET (DfE 2021)

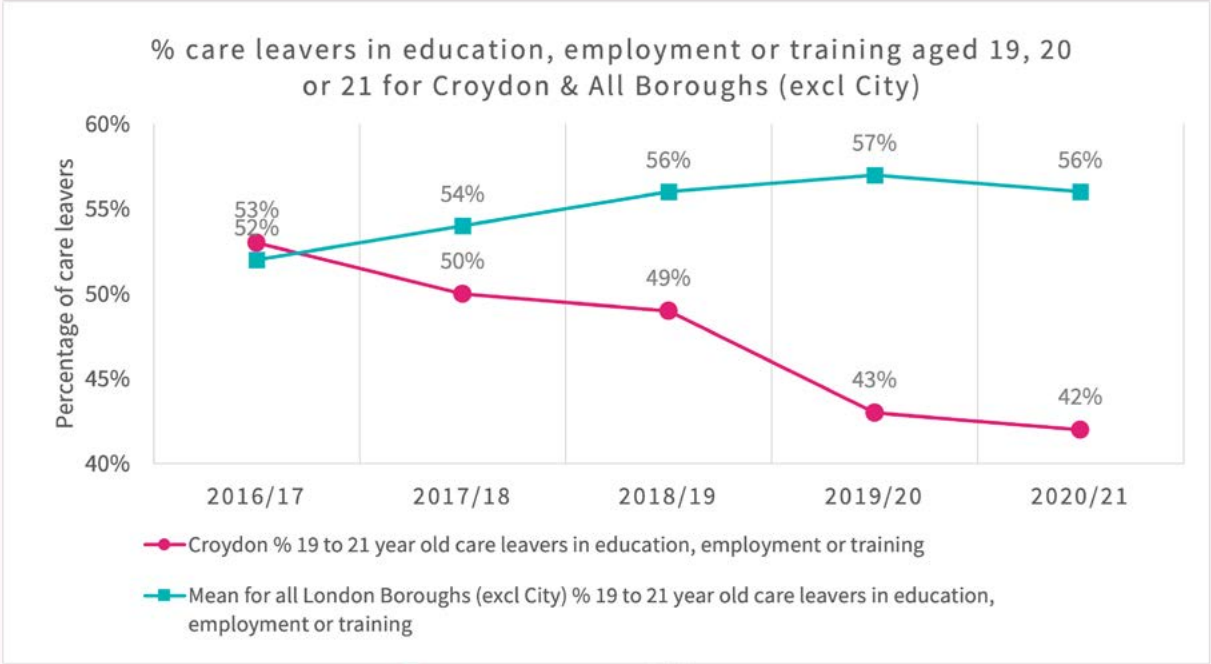


Figure 26: Percentage of care leavers in education, employment or training (LGA Research, 2022).

Morgan and Taylor

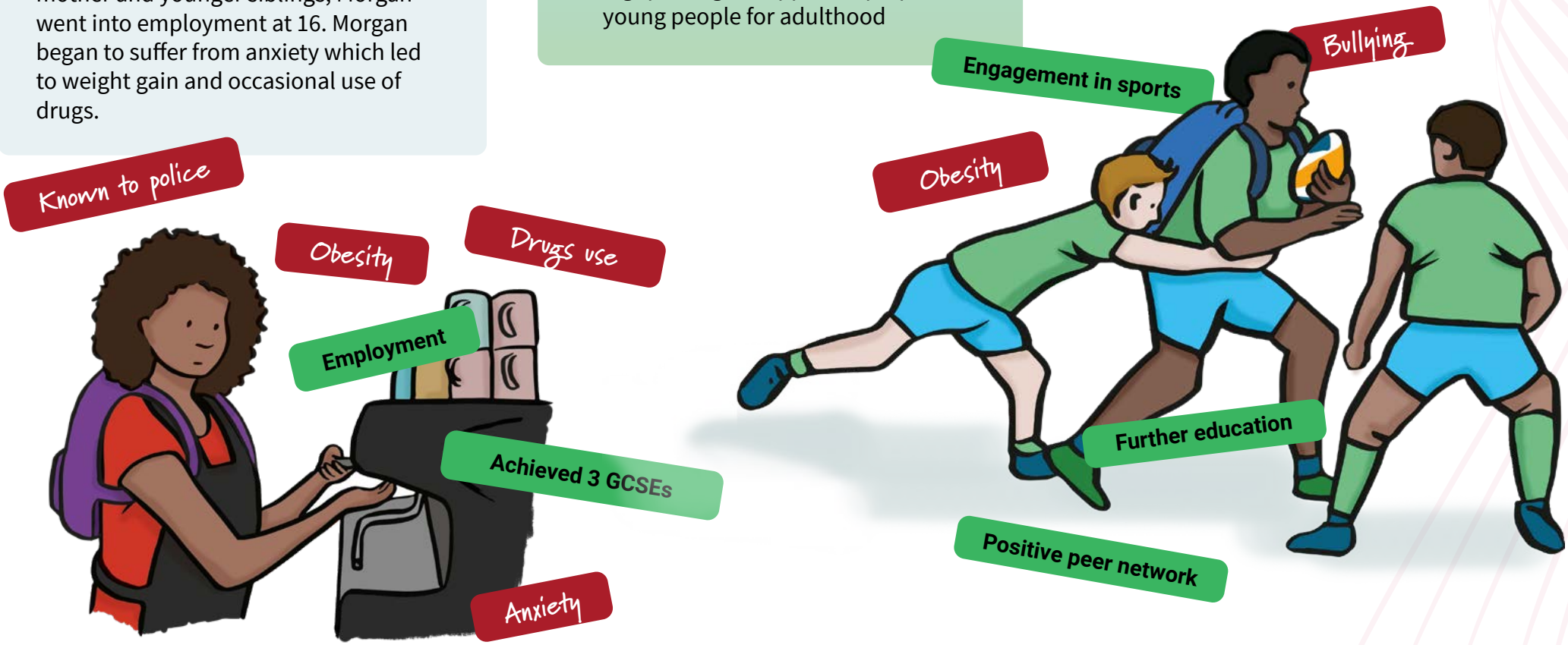
Morgan and Taylor are now 18 years old.

Morgan finished school with 3 GCSEs of Grade 5 and above. They were cautioned by the police following a violent altercation between Morgan and their friends and another group of young people. Driven by wanting to provide financial support to their mother and younger siblings, Morgan went into employment at 16. Morgan began to suffer from anxiety which led to weight gain and occasional use of drugs.

Narrowing the gap:

- Mentoring programmes for children who have had adverse childhood experiences
- Early identification and support for mental ill health
- Access to weight management support and leisure opportunities
- Whole school anti-bullying approach
- Signposting to support to prepare young people for adulthood

Taylor is now at university studying business management. They did not enjoy secondary school and were frequently bullied which impacted on their mental wellbeing. Taylor is overweight and has been advised by a GP to lose weight. At university, Taylor has engaged with the sports programme and has been learning to cook healthy meals with friends.



Focus - Vulnerable Young People

Adverse childhood experiences, other trauma and protective factors

Supportive home environments, positive school experiences and attachment to a trusted adult are three of the factors that help protect children and young people from high-risk behaviours (Lambeth Council, 2019).

Unfortunately, by the time some children reach secondary school these sources of protection and resilience have broken down and the children and young people may also have experienced several Adverse Childhood Experiences (ACEs) or trauma such as abuse, domestic violence, neglect or homelessness.

A joint study with the World Health Organisation found that children who had experienced four or more ACEs compared with children who had experienced no ACES were:

- 8 times more likely to have committed a crime
- 10 times more likely to have problematic drug use
- 4 times more likely to become a teenage parent

Using national survey data, we estimate that approximately **3,360 of the 40,000** 11 to 18 year olds in Croydon will have experienced four or more ACEs and may be at higher risk of these behaviours (Bellis, Hughes, Leckenby, Perkins, & Lowey, 2014).

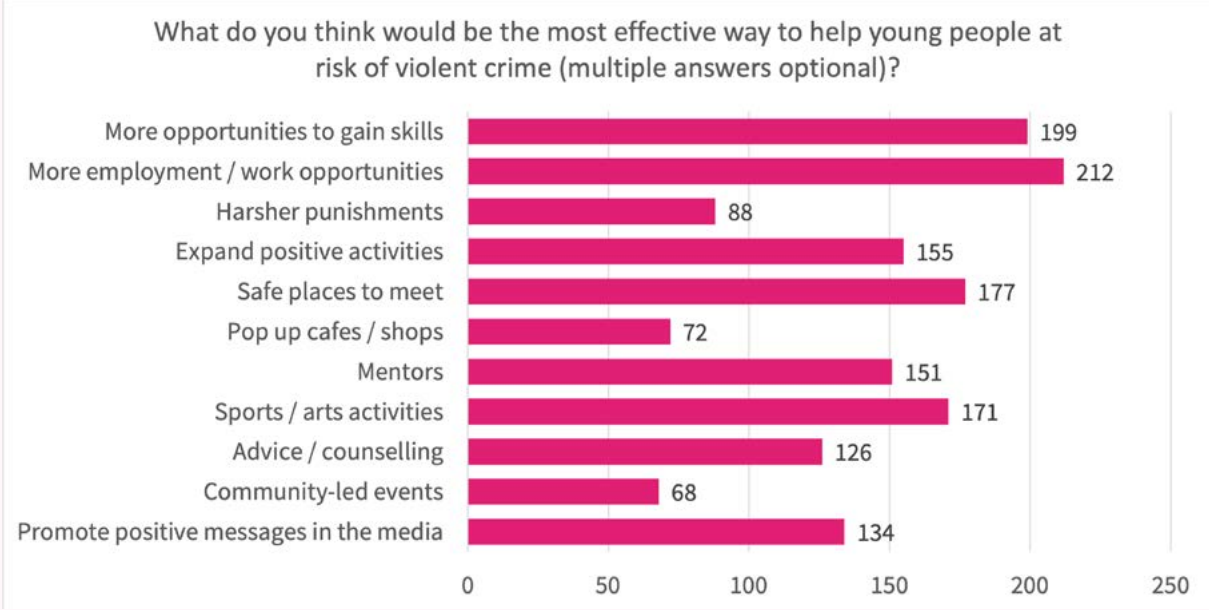


Figure 27: Croydon survey suggestions for helping young people at risk of violent crime

Evidence also shows there are situations in young people's lives other than ACEs that will make them more vulnerable to high risk behaviours. I have touched on the impact of poverty already; here I would like to reflect on the impact of discrimination, racism and intergenerational and cultural trauma.

For some people, the way they look, the colour of their skin, the way they worship, their sexual orientation, gender, disability or cultural history results in discrimination and this risks undermining their mental and physical health and wellbeing (Matheson, Foster, Bombay, McQuaid, & Anisman, 2019) (Polanco-Roman, Danies, & Anglin, 2016) (MIND, 2022). There is also evidence that it can lead to more risk-taking behaviours (Jamieson, Koslov, Nock, & Mendes, 2013).

Some people and communities may have regular negative experiences. These are often described as micro-aggressions:

"the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership."

(James-Bayly, 2022)

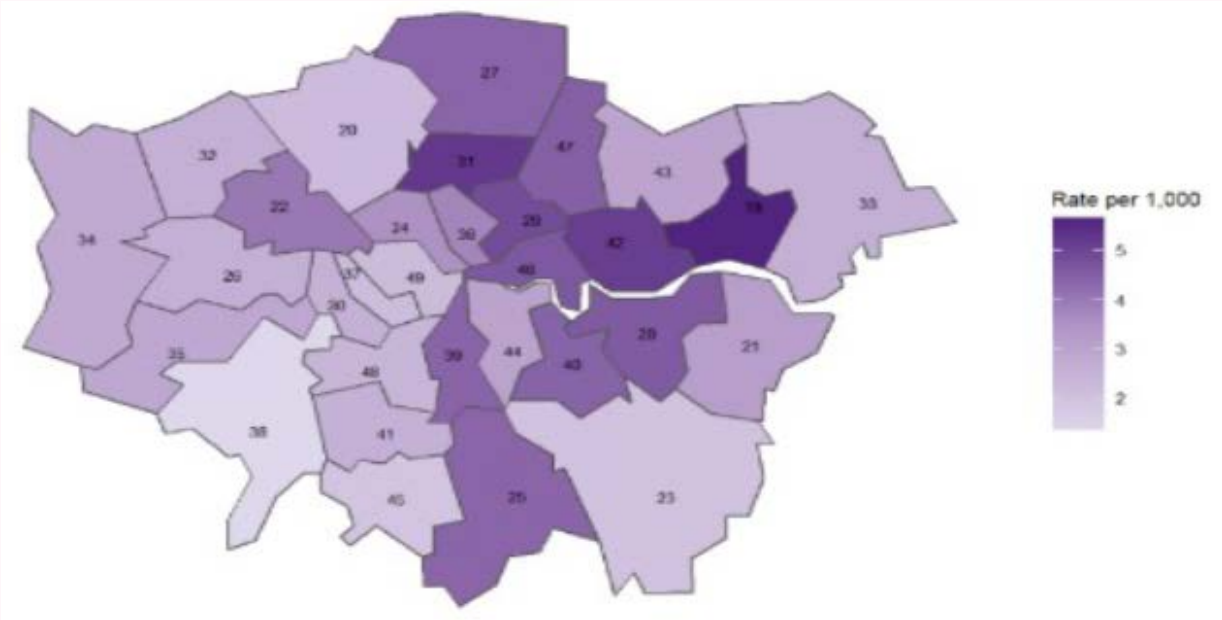


Figure 28: Number of children cautioned or sentenced per 1,000 of general 10-17 population. Source: Bespoke analysis of the Youth Justice Applications Framework (YJAF). Population is based on the ONS 2020 mid-year estimates.

We need to recognise the impact these intentional or unintentional microaggressions alone or in combination with other factors for example the 'adultification' of Black children (NSPCC, 2022), can have on children's and young people's health and behaviour. For some young people, the evidence suggests discrimination can increase the risk of violent behaviour (FRA, 2010) (Herda & McCarthy, 2018).

Young People in the Justice System

Croydon's rate of 10 to 17 year-olds entering the youth justice system for the first time is the 3rd highest in London – 117 young people in 2021 - which is the highest number of first time young offenders of all the London boroughs (Youth Justice Board for England and Wales, 2022).

Some young people are more likely to be cautioned or sentenced and it is absolutely vital that all services focus on the root causes of youth crime and understand what would make a difference for these young people.

Of the 180 Croydon young people cautioned or sentenced in 2020/21 (Youth Justice Board for England and Wales, 2022) :

- 45% were Black young people, when Black people represent only 31% of young people in Croydon
- 84% were male when males represent only 49% of young people in Croydon

Young people in Croydon were asked what measures they thought would help those at risk of violent crime. The top suggestions were:

- more employment and work opportunities
- more opportunities to develop skills
- more safe places for young people to hang out

Figure 29 (Lambeth Council, 2019) shows the range of risk factors for youth violence and when they are likely to play a role. Throughout this report, I have discussed how some children are much more likely to experience these risk factors than others, such as unemployment and poverty.

There are however protective factors that we can work with children and families to develop. These are shown in figure 30 and include:

- stable family structure
- good academic achievement
- low economic deprivation (Shrotri & Lambeth, 2019)

There are different programmes across the borough in place to help strengthen and bolster these protective factors.

Explainer: Risk Factors

Risk factors are things that increase the chance of developing a disease. For example, some risk factors for cancer are age, a family history of certain cancers, use of tobacco products, being exposed to radiation or certain chemicals, infection with certain viruses or bacteria, and certain genetic changes.

Explainer: Protective Factors

Protective factors are individual or environmental characteristics, conditions, or behaviours that reduce the effects of stressful life events.

RISK FACTORS	Early Years	Early School Years	Adolescence	Young Adulthood
Individual	**Male gender**			
	Traumatic Brain Injury			
	Perinatal trauma			
	Foetal exposure to alcohol / tobacco / drugs			
	Low intelligence			
	Conduct disorder **Hyperactivity** **Troublesome behaviour**			
	Aggression socio-emotional needs			
	High daring Low self-control			
	High psychopathic features Lack of guilt and empathy			
	Low self-esteem			
			Antisocial behaviour/delinquency	
			Positive attitude towards delinquency	
			Alcohol or drugs misuse	
			Unemployment	
Family	**Disrupted family life**			
	Teenage conception			
	Parental alcohol/substance misuse Parental mental health issues			
	Low emotional attachment or involvement with parents			

RISK FACTORS	Early Years	Early School Years	Adolescence	Young Adulthood
Family	**Childhood maltreatment** Family violence and abuse			
	4+ Adverse Childhood Experiences			
	Harsh or inconsistent discipline			
		Poor parental supervision		
	Family anti-social behaviour			
	Family unemployment Family poverty			
School		**Low academic achievement**		
		Low commitment to school **Frequent truancy**		
		Expulsion/suspension/exclusion from school		
Peer Groups		Peer rejection Bullying/victimisation		
		Delinquent peers		
			Gang membership	
Community		Neighbourhood disorganisation		
	Poverty Poor economic opportunities			
	Inequality			
	Exposure to drugs and illicit drugs markets			
		Access to alcohol		

Bold = *strong association with youth violence*
Black = *association with youth violence, not necessarily strong*
Pink = *strong association with youth violence and association with gang involvement*
Green = association with both youth violence and gang involvement

Figure 29: The established risk factors for youth violence by life course and ecological grouping (Lambeth Council, 2019)

PROTECTIVE FACTORS	
Individual	**Social/moral beliefs, intolerance for deviance** **Prosocial attitudes** **Low impulsivity** Highly developed social competencies and planning skills Above average intelligence Low ADHD symptoms Low emotional distress
Family	**Good family management, use of strategies of constructive coping** **Stable family structure** **Infrequent child-parent conflict** Close, supportive relationship with parents, ability to discuss problems, frequent shared activities Good parental supervision, presence and involvement Parental disapproval of aggressive behaviour Above average socio-economic status
School	**Good academic achievement** High educational aspirations, reaching higher education Commitment to school (an investment in school and in doing well at school) Exposure to school climates that are characterised by: • intensive supervision • clear behaviour rules • consistent negative reinforcement of aggression • engagement of parents and teachers
Peers	Social acceptance or popularity Close relationships with non-deviant peers Membership in peer groups engaging in conventional behaviour / do not condone antisocial behaviour Involvement in pro-social activities Involvement in religion and religious group
Community	**Low economic deprivation** Neighbourhood cohesion, interaction and support Nonviolent neighborhood

Figure 30: The known protective factors for youth violence by ecological grouping (Lambeth Council, 2019)

Current Programmes

Trauma Informed Training

Croydon has recognised how important it is that people living and working in the borough are able to recognise the signs and symptoms of trauma in children and young people and are able to deliver trauma informed signposting and or support. This was something I highlighted in my 2018 annual report.

The pillars of Croydon's trauma informed approach are show in figure 31 and include the recognition that trauma is everyone's business and that positive relationships are key to developing resilience and protection from the effects of traumatic experiences (Ashton, et al., 2021).

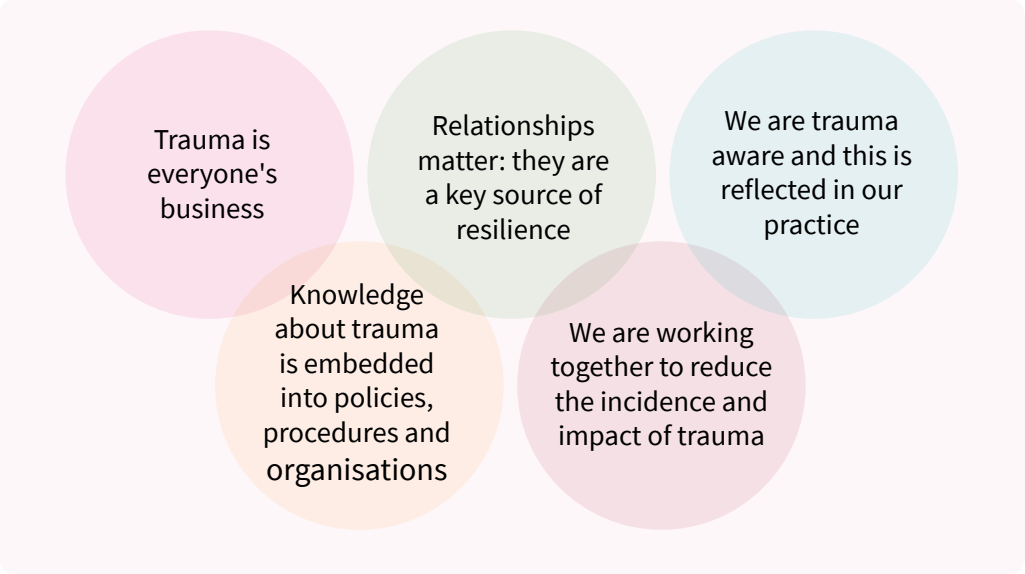


Figure 31: The pillars of Croydon's trauma informed borough guide (2019)

One aspect of Croydon's plan to become a trauma informed borough is the commissioning of a 600-place training course for people living and working in Croydon.

The aim of the training is to help people understand sources of trauma; how to recognise the signs and signpost for support.

100% of the 300 trainers to date would recommend the training after the third of three sessions.

Feedback from attendees includes:

"The best training I have attended for a very long time, Thanks to TFL for funding this vital training"

"Great training and should be rolled out for all companies"

"Absolutely amazing. The course has given me a lot more confidence in my role at school"

"Croydon doesn't get good publicity, but it made me feel proud, despite the difficulties the community has had, we can still grow"

Finding Out About Children and Young People's Health and Wellbeing Issues

During the pandemic, I was concerned that we would not get information about the health impacts (short, medium and long term) on children's health and so inspired by longitudinal studies, I am pleased to be able reinstate a Croydon school aged children survey. I reinstated it for a minimum of ten years- so that we will have a longitudinal study on the health and wellbeing of the young people of Croydon. Children in years 4, 6, 8, 10 and 12 currently have the opportunity to complete an anonymous health and wellbeing survey. The results of the survey will be used by schools, the Council and other partners to inform the way they work and support children and young people.

Future surveys will be run in 2024, 2026, 2028 and 2030 making it possible to measure progress over time.

This provides a great opportunity to better understand Croydon children and young people's health and wellbeing needs and issues.

The questions were tailored to different age groups. Areas covered included:

- what they worry about
- who they talk to if they have issues and concerns
- what they do to keep active
- when and if they eat breakfast
- how well they sleep
- the impact of COVID-19
- their emotional health and wellbeing
- food and drink

Recommendations

- 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 unconscious bias training within their organizations

Chapter 5: Living and Working Well

Better - Compared to London

Similar - Compared to London

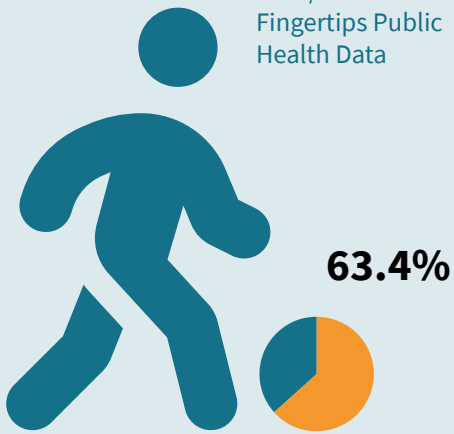
Worse - Compared to London

Worse - Compared to national target

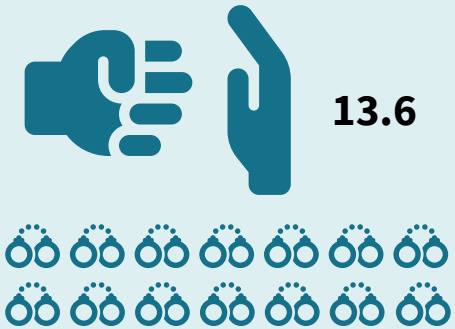
PHYSICALLY ACTIVE ADULTS

Percentage of physically active adults

2020/21 OHID Fingertips Public Health Data



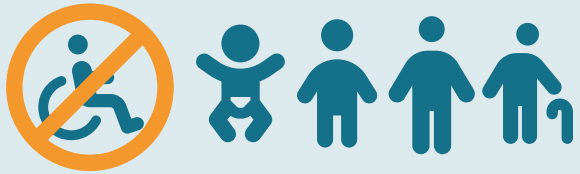
RATE OF DOMESTIC ABUSE OFFENSES PER 1,000



above average 6 of the last 7 months

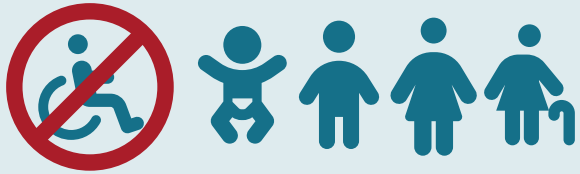
2020/21 Metropolitan Police Service

DISABILITY-FREE LIFE EXPECTANCY AT BIRTH (MALE)



2018 – 20 OHID Fingertips Public Health Data

DISABILITY-FREE LIFE EXPECTANCY AT BIRTH (FEMALE)



2018 – 20 OHID Fingertips Public Health Data

SELF-REPORTED WELLBEING - PEOPLE WITH A LOW HAPPINESS SCORE

2019/20 OHID Fingertips Public Health Data

SUICIDE RATE (FEMALE) per 100,000

2019 – 21 OHID Fingertips Public Health Data

SUICIDE RATE (MALE) per 100,000

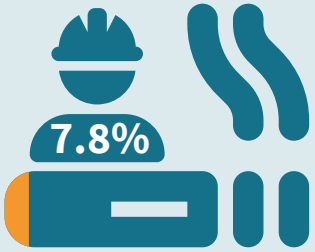
2019 – 21 OHID Fingertips Public Health Data

For more details, please see the Further Details section

Living and Working Well (ages 18-64 years)

Better - Compared to London
Similar - Compared to London
Worse - Compared to London
Worse - Compared to national target

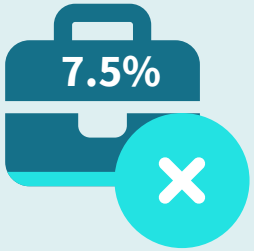
SMOKING PREVALENCE AMONG ADULTS AGED 18-64 IN ROUTINE AND MANUAL OCCUPATIONS (APS)



2020 definition

2020 OHID Fingertips Public Health Data

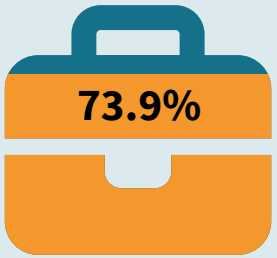
UNEMPLOYMENT



Percentage of the working age population claiming out of work benefit

2020/21 OHID Fingertips Public Health Data

EMPLOYMENT



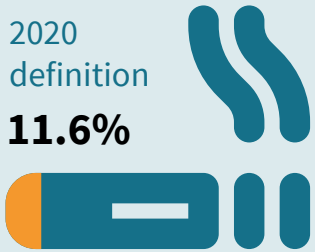
Percentage of people in employment (16-64 yrs)

2021/22 OHID Fingertips Public Health Data

SMOKING PREVALENCE IN ADULTS (18+) - CURRENT SMOKERS (APS)

2020 definition

11.6%



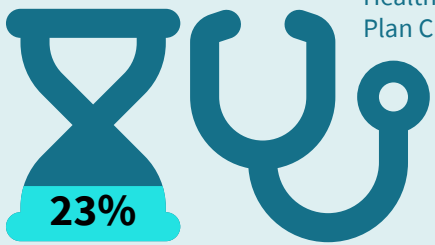
2020 OHID Fingertips Public Health Data

PERCENTAGE OF 2 DOSES OF COVID 19 VACCINATION

Up to 26 Oct 2022 UK Health Security Agency

PROPORTION THAT HAVE 2 OR MORE LONG TERM CONDITIONS

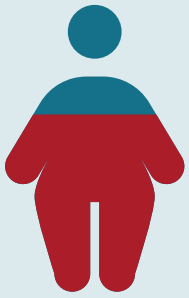
Health & Care Plan Croydon



PERCENTAGE OF ADULTS DRINKING OVER 14 UNITS OF ALCOHOL A WEEK

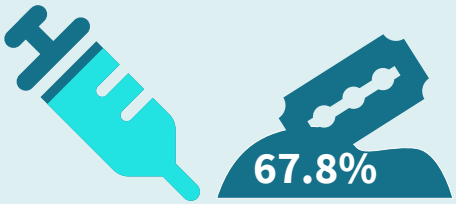
2015-18 OHID Fingertips Public Health Data

PERCENTAGE OF ADULTS (AGED 18+) CLASSIFIED AS OVER-WEIGHT OR OBESE



2020/21 OHID Fingertips Public Health Data

PROPORTION OF OPIATES AND/OR CRACK COCAINE USERS (I.E. OCU) NOT IN TREATMENT (%)



2020/21 OHID Fingertips Public Health Data

For more details, please see the Further Details section

Chapter 5: Living and Working Well (18-64 years)

Traumatic experiences and protective factors early in life can have an impact on quality of life in adulthood...

Adulthood can bring new and exciting opportunities for many; however, it can also be a challenging time because new factors can potentially influence the rest of one's life. This stage of life presents significant opportunities to build resilience for later life, to reinforce the early positive foundations of childhood or intervene early before behaviours or influences negatively impact health and wellbeing.

In this chapter, I am going to discuss the inequalities that can affect many working age residents and examine how adverse and protective factors from childhood can be compounded by new factors in adulthood.

Several factors can impact on many of our working age residents. These include:

- unemployment or difficulty accessing good employment
- new diagnoses of long-term conditions
- poor mental health
- unhealthy behaviours like drug/alcohol use or smoking

All these factors interact and compound previous inequalities and may have been worsened by the COVID-19 pandemic, which has had a significant impact on many of us and specifically on people of working age regardless of whether they are in education or employment.

Employment

For many, the workplace is where we spend most of our waking hours and this plays a vital role in our health. There is clear evidence that good and fair employment, and a good working environment are protective factors against poor mental and physical health (PHE, 2019).

Unemployment significantly increased in Croydon during the pandemic. During the financial year 2021/22, the percentage of those unemployed in Croydon remained higher than the national average with an estimated 13,300 people unemployed (6.4%) vs. 5.4% in London and 4.1% in Great Britain (NOMIS, 2021). For residents in employment, there is still a gender, ethnicity and disability pay gap and this needs to be addressed.

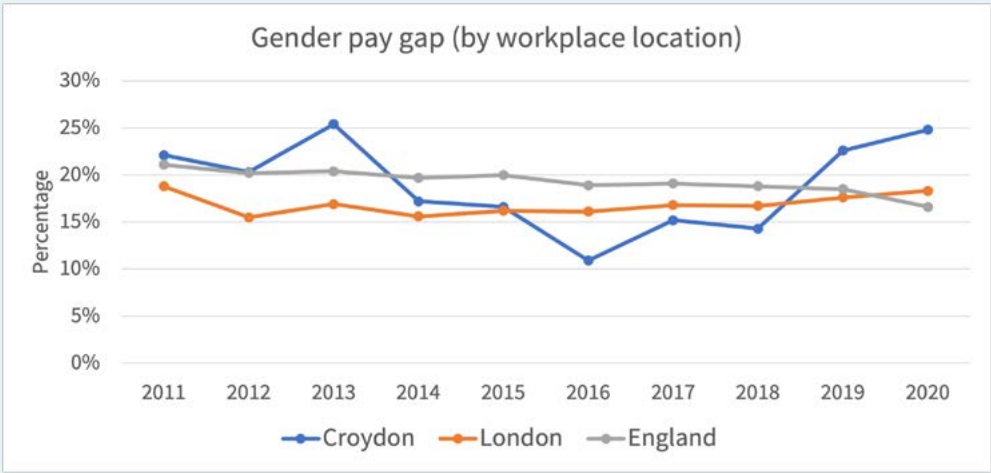


Figure 32: Gender pay gap (by workplace location). Source: *Annual Survey of Hours and Earnings (ASHE), Office for National Statistics*

The disability pay gap in London was 16.6% in 2019 and in 2016, Croydon had a larger proportion of benefits claimants from disabled residents compared to London and England (NOMIS, 2021).

People living with a disability, females, and those of Black minority ethnic communities in Croydon are likely to be disproportionally affected by the cost of living crisis.

Mental Health

We know that the people who face the greatest hardship in life and the most vulnerable people in society are also those at the greatest risk of having poor mental health (Centre for Mental Health, 2020).

Members of some groups like the LGBTQI+ community are more likely to have higher rates of common mental health problems and experience poorer mental health than their heterosexual peers (Centre for Mental Health, 2020). They are also at greater risk of self-harm and suicidal behaviour than their heterosexual peers (Mental Health Foundation, 2022).

We know that identifying as LGBTQI+ does not cause these problems; many people who identify as LGBTQI+ are more likely to face stigma, rejection, isolation, discrimination, homophobia, biphobia and transphobia.

There are significant inequalities between suicide rates in males and females. Nationally and locally in Croydon, middle-aged men are at the highest risk of suicide (Samaritans, 2022). While there is currently no strong evidence of a change in suicide rates due to COVID-19 (Samaritans, 2021), the pandemic has negatively impacted the economic drivers of suicide and there is a concern about the longer-term impact of the pandemic and associated economic impact (unemployment, loss of income) on mental health and suicide rates, given the well-recognised link between suicidal behaviours and economic hardship (Samaritans, 2021).

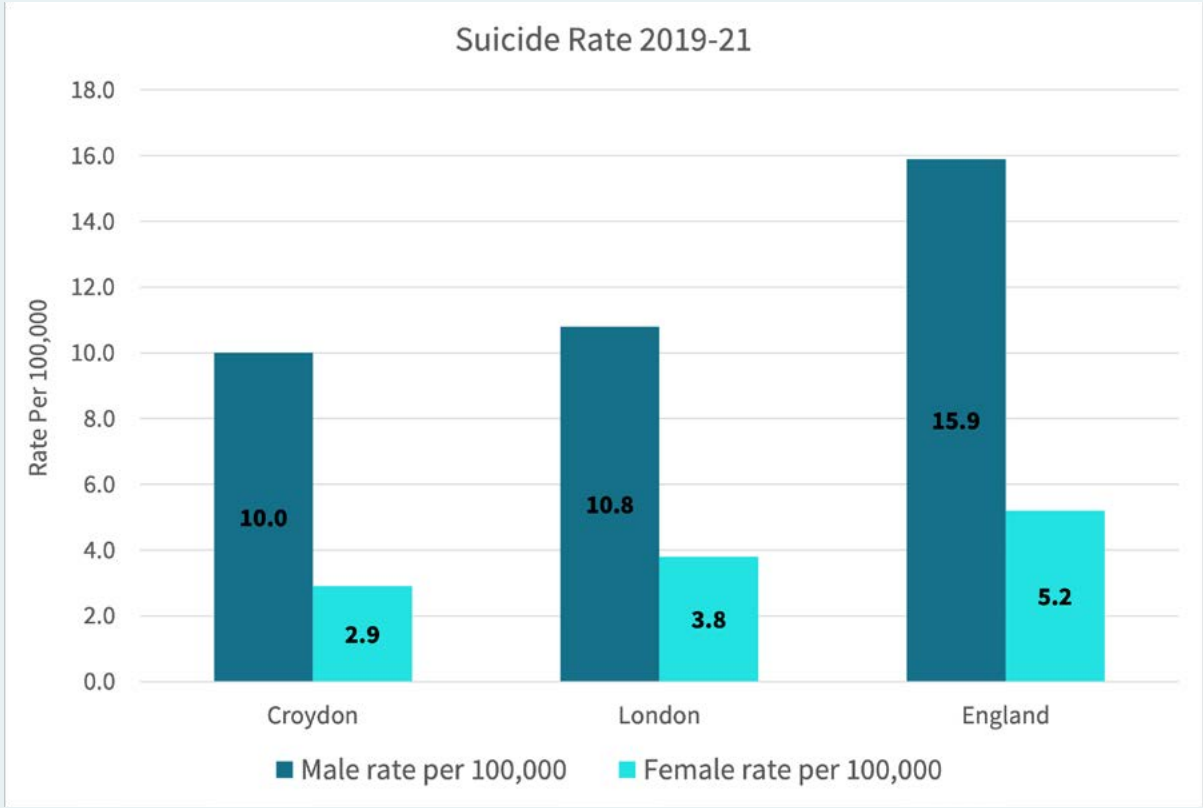


Figure 33: Suicide rate per 100,000 2019 - 2021. Source: *Office for National Statistics*

Mental health problems and substance misuse can sometimes occur together with substance misuse exacerbating or causing symptoms of poor mental health or poor mental health leading to substance misuse.

Long-Term Conditions and Behavioural Health

Half of all adults registered with a GP in Croydon report having a long-term condition. Long-term conditions (LTCs) have a significant impact on individuals and their families and on health and social care services (One Croydon, 2021).

In 2021/22, the gap in employment rate between those with a long-term health condition and the overall employment rate was 13 percentage points in Croydon which is similar to London (8.8) and England (9.9) (OHID, 2021).

Lifestyle risk factors such as smoking, excessive alcohol consumption, poor diet, and low levels of exercise can impact on the number of years an individual lives and specifically on the number of those years lived in good health.

There are inequalities in many behavioural risk factors among adults, with people in routine and manual occupations more likely to smoke compared with those in managerial and professional occupations.

There are also wide variations in smoking prevalence by sexual orientation (PHE, 2018).

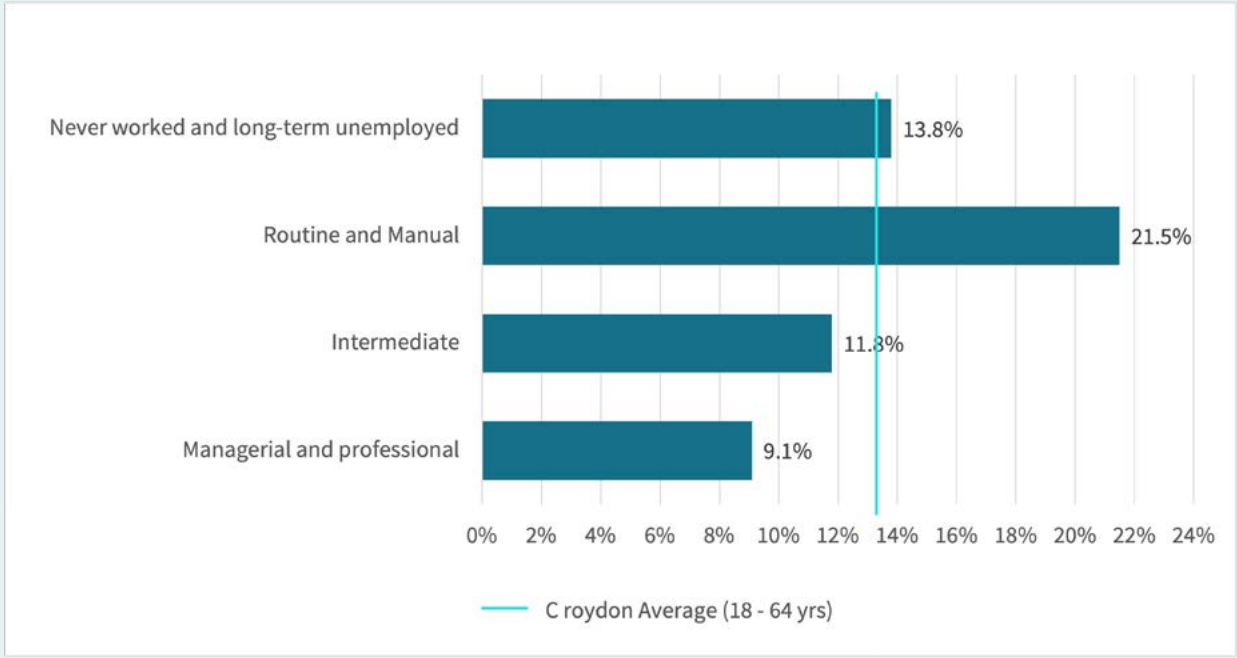


Figure 34: Smoking prevalence in Croydon Adults (18 - 64 years), 2019. Source: OHID, 2019

These behaviours are influenced by a complex interaction between a person's social, economic, and environmental circumstances such as education, housing, employment and social connections. These behaviours disproportionately impact particular groups such as those living in deprived areas, living with mental ill-health or living with existing long-term conditions (PHE, 2017). Furthermore, as outlined in earlier chapters, an adult who has experienced repeated childhood trauma is more likely to experience substance misuse, mental illness, and health problems (Center for Substance Abuse Treatment, 2014).

Domestic Violence

Domestic violence affects all aspects of life and can have lifelong impacts on mental and physical health. Domestic violence is associated with depression, anxiety, Post-Traumatic Stress Disorder (PTSD) and substance abuse (Trevillion, Oram, Feder, & Howard, 2012). A recent study has shown that women who are experiencing domestic abuse are nearly **three times** as likely to develop mental illness than those who are not (Chandan, et al., 2020).

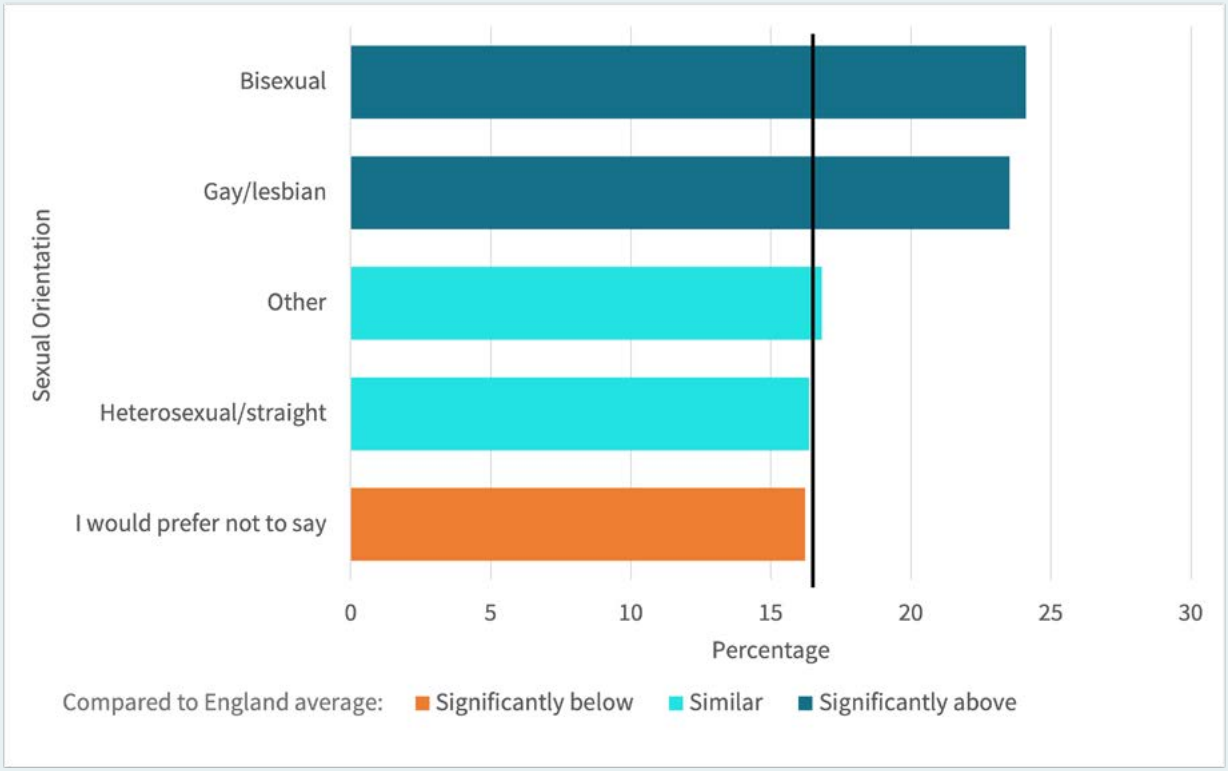


Figure 35: Smoking prevalence by sexual orientation, age 18+ years, England, 2016 . Source: PHE, 2018

Explainer: What is Prevalence?

Prevalence is the proportion (percentage) of a particular population found to be affected by a medical condition at a specific time. For example, the percentage of the Croydon population with HIV in March 2022.

Morgan and Taylor

Morgan and Taylor are now 40 years old.

Morgan spent a short time in prison for petty crime as a young adult. Morgan has had a number of jobs that pay minimum wage but has remained in employment. Morgan still occasionally uses drugs and alcohol.

Morgan is now obese and has recently been diagnosed with Type 2 diabetes. Morgan suffers from mental ill health and is a heavy smoker.

Narrowing the gap:

- Early diagnosis of long-term conditions
- Support for retraining to improve employment prospects
- Access to quality integrated health care to address mental and physical health
- Support for self-management to improve unhealthy lifestyle behaviours; smoking, excess alcohol use and poor diet/unhealthy weight
- Access to support to address substance misuse

Taylor has a university degree and a job as a mid-level manager with a pension. Taylor remains overweight and is a social drinker who occasionally abuses alcohol. They have a gym membership and regularly participates in classes and hobbies. Taylor also has a strong social circle and takes annual holidays.

Current Programmes

Mental Health First Aid Programme

Stigma remains around mental ill health and many people do not know how to support a friend, colleague or family member through challenges. Croydon Council has been offering free Mental Health First Aid (MHFA) training to people living and working in Croydon since 2020. We have also supported residents to become MHFA instructors so people across the community are able to deliver the training. The course teaches people how to identify, understand and help someone who may be experiencing a mental health issue. To date we have had over 700 residents join the course. A video clip about the programme can be viewed at this link: https://youtu.be/NwzFqHFyq2U

Men's Shed

The Men's Shed is a community-based initiative that tackles issues related to men's health and has been set up by Good Food Matters in New Addington. They offer a space for men to come together and engage in meaningful activities such as cooking, gardening, building and informal learning. Men's Sheds have been known to engage men who are less inclined to access health services especially mental health services. Users of Men's Sheds have also reported improved mental health and wellbeing.

NHS Health Checks

Everyone is at some risk of developing heart disease, stroke, diabetes, kidney disease and certain types of dementia. There are certain factors that put people at even greater risk:

- being overweight
- lack of physical activity
- smoking
- high blood pressure
- high cholesterol

A NHS health check aims to help you lower your risk of developing these common but often preventable diseases. Everyone between the ages of 40 and 74, may have a free NHS health check once every 5 years. The programme has been running in Croydon since 2011 in GP practices and pharmacies. Free NHS health checks | Croydon Council

Live Well

The Live Well service is an integrated healthy behaviour change programme that supports people to stop smoking, maintain a healthy weight, move more, drink less and improve wellbeing. It offers self-help information and resources via the universal website, and access to 12-weeks support for people who meet the eligibility criteria. https://www.croydon.gov.uk/live-well-croydon

Substance Misuse / Alcohol Licensing

There are an estimated 5,300 dependent drinkers and users of opiates and/or crack in Croydon (OHID, 2020). Almost 80% are not known to be utilising treatment.

Males have much higher rates of hospital admissions and mortality due to drugs and alcohol than females.

The latest data reports that 35 people died from drug abuse (between 2019-2021) with a rate of 3 per 100,000 (ONS, 2021). In 2020, a further 37 people died from alcohol-specific conditions, a rate of 10.6 per 100,000 which is similar to London and England. Mortality from drug misuse rates is lower than those seen across England and are similar to the rates in London (OHID, 2020).

There is a renewed focus on partnership working to address substance misuse via the Croydon Substance Misuse Partnership which aims to deliver on the national 10-year substance misuse strategy (DHSC, 2022). Through the Supplementary Substance Misuse Treatment and Recovery (SSMTR) grant, Croydon is reviewing and expanding the current substance misuse treatment provision. The key areas of focus are: system coordination and commissioning, enhancing harm reduction provision, increasing the quality and capacity of treatment services, and providing residential rehab and inpatient detox. The review and implementation of changes are due to take place between 2022 - 2025. In addition, our local treatment provider, Change Grow Live (CGL) provides support to residents dealing with drug and alcohol misuse.

SPOTLIGHT

Workforce Health and Wellbeing

There are 248,678 people in Croydon of working age (16-64) and 73.9% currently in employment in Croydon (Croydon Observatory, 2021).

This means we can make a real difference to the health of the Croydon population, if we focus on the health and wellbeing of the workforce.

For many of us, COVID-19 has changed how we work and where we work. It has highlighted the importance of workforce wellbeing and for many, the workplace has not returned to how it was before the pandemic. Sufficient pay, flexible work, job security, a culture supporting differences and representation of the community are key to good health and wellbeing. The review "Is work good for your health and wellbeing?" (2006) concluded that work was generally good for both physical and mental health and overall wellbeing (Waddell & Burton, 2006). Sir Michael Marmot later described the core components of 'good work' as illustrated in Figure 36 (Marmot M. , 2010).

1. Stable employment and minimum standards of employment protection
2. Element of individual control over work pattern, timescale, delivery
3. Appropriate balance of productivity and capacity
4. Fair salary reflecting level of productivity
5. Opportunities for skills development and learning
6. Prevention of social isolation, discrimination, or violence
7. Good communication between staff and senior management
8. Support for carers and those with family responsibility
9. Support for those with health issues and impairments to remain in, and return to, work
10. Support for individual employee wellbeing by meeting basic psychological needs of self-esteem, self-efficacy, sense of belonging and meaningfulness

Figure 36: Definition of 'Good work' taken from the Marmot Review

Not everybody has a good quality work environment which means the financial and health and wellbeing benefits of work are not maximised. For example:

1. Some people do not earn the London Living Wage
2. Some people in work have to claim Universal Credit because they do not earn enough
3. Some jobs do not have regular hours – zero hours contracts
4. People do not have the same access to opportunities for training or promotions
5. Workplaces are not inclusive

The London Good Work Standard (GWS) is a straightforward tool that businesses can use to ensure that more people of working age in Croydon will have fairer pay, better workplace wellbeing, opportunities to progress and equal respect (Mayor of London, 2022). Organisations able to meet the GWS criteria can apply for accreditation and recognition as leading employers.

The four pillars of the GWS are:

1. Fair pay and conditions
2. Workplace wellbeing
3. Skills and progression
4. Diversity and recruitment

To help business with their workplace wellbeing pillar, the Council, through its business support team, is ensuring that businesses across Croydon are aware of opportunities open to them such as mental health first aid training, trauma training and suicide awareness training; however, workforce health and wellbeing programmes will only be more beneficial and accessible to staff if they are embedded at the very core of business.

'Wellbeing initiatives often fall short of their potential because they stand alone, isolated from the everyday business. To gain real benefit, employee wellbeing priorities must be integrated throughout an organisation, embedded in its culture, leadership and people management' (CIPD, 2022).

This is why Croydon Council is developing a new **Workforce Health and Wellbeing Strategy**. It aims to guide the Council to create a safe, healthy and 'good work' environment which fosters a culture of positive wellbeing for all its employees so that they are best placed to serve you, our residents. With a workforce of around 3849 employees (not including school staff), 1282 of whom are also residents, the Council is one of the largest employers in the borough and thus has a real opportunity to shape the landscape and model a good working environment.

The Five Ways to Wellbeing

There are simple things we can do as part of our daily lives to improve our health and wellbeing. Evidence suggests that building the five actions below, (The Five Ways to Wellbeing) into our daily lives, at work and at home is important to improve wellbeing and can build resilience and lower the risk of developing mental health problems. (Aked, Marks, Cordon, & Thompson, 2008)

Figure 37: The five ways to wellbeing

What are the Five Ways to Wellbeing?

Connect – with the people around you, with family, friends and colleagues. Strengthening relationships with others and feeling close to and valued by others, including at work, is critical to boosting wellbeing.

Keep Learning – Try something new, rediscover an old interest or take on a new responsibility at work.

Be Active – Do what you can and enjoy what you do. Go for a walk or run, garden or play a game.

Give – Do something nice for a colleague or volunteer your time. Carrying out acts of kindness, whether small or large, can increase happiness, life satisfaction and general sense of wellbeing.

Take Notice – Paying more attention to the present moment, to thoughts and feelings and to the world around, boosts our wellbeing (Mental Health Foundation; Health Promotion Agency, 2020).

The Five Ways to Wellbeing will be embedded in the Council's new Workforce Health and Wellbeing strategy and the Council takes every opportunity to promote this approach as a way for people in Croydon to actively work on improving their wellbeing.

Croydon's Race and Equalities Pledges

The Council launched two pledges earlier this year; Croydon's Equalities pledge on 8th March and the George Floyd Race Matters pledge on 25th May. Theses pledges were created so local organisations and businesses can unite in reinforcing their commitment toward a fairer and more inclusive borough.

The Equalities pledge covers all protected characteristics including; disabilities, faith, gender, age and sexual orientation and contributes to ensuring that all residents are treated equally and fairly by others.

The George Floyd Race Matters pledge was designed in response to the calls for real change following the brutal murder of George Floyd in 2020 and in recognition of the unique lived experiences of residents and employees of African, Caribbean, and African Latin heritage, to tackle persistent structural and institutional racism in Croydon.

Both pledges were designed to create community ownership of Croydon's path to a more equal society and I encourage all organisations and employers operating in Croydon to adopt the pledges and to commit to enabling Croydon to become more inclusive, fairer, and safer for our residents, workers and visitors. Further information can be found on the Council website here Croydon Equalities Pledges | Croydon Council.

Recommendations

- **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 the 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.

Chapter 6: Ageing Well (ages 65+)

Better - Compared to London

Similar - Compared to London

Worse - Compared to London

Worse - Compared to national target

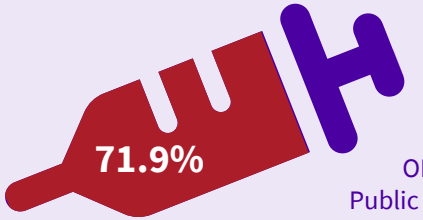
HEALTHY LIFE EXPECTANCY AT 65 YEARS (MALE)

2018 – 20 OHID Fingertips Public Health Data

EMERGENCY HOSPITAL ADMISSIONS DUE TO FALLS IN PEOPLE AGED 65 AND OVER PER 100,000

2020/21 OHID Fingertips Public Health Data

POPULATION VACCINATION COVERAGE - FLU (AGED 65+)

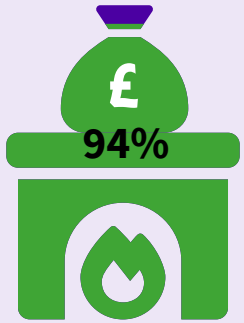


2021/22 OHID Fingertips Public Health Data

HEALTHY LIFE EXPECTANCY AT 65 YEARS (FEMALE)

2018 – 20 OHID Fingertips Public Health Data

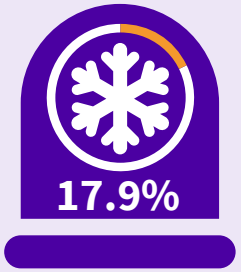
PERCENTAGE OF PEOPLE AGED 65+ RECEIVING WINTER FUEL PAYMENTS



2019/20 OHID Fingertips Public Health Data

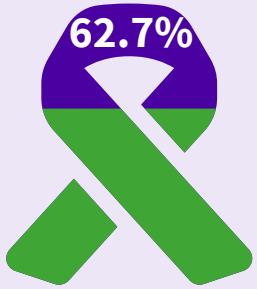
EXCESS WINTER DEATHS INDEX

The ratio of extra deaths that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.



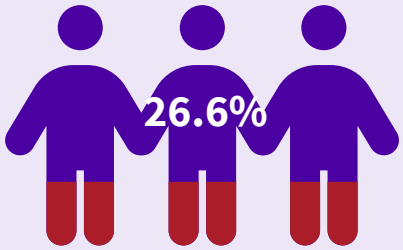
Aug 2019 - Jul 2020 OHID Fingertips Public Health Data

CANCER SCREENING COVERAGE: BOWEL CANCER



2021/22 OHID Fingertips Public Health Data

SOCIAL ISOLATION: PERCENTAGE OF ADULT CARERS WHO HAVE AS MUCH SOCIAL CONTACT AS THEY WOULD LIKE (65+ YRS)



2020/21 OHID Fingertips Public Health Data

CLIENTS RECEIVING LONG TERM SOCIAL CARE SUPPORT PER 100,000 65+

2021/22 NHS Digital

For more details, please see the Further Details section

Chapter 6: Ageing Well (ages 65 and over)

In this section, I will be talking about health and wellbeing in older age, considering health inequalities that have accumulated throughout the life course, and socio-economic circumstances in later life. I will consider the direct and indirect impacts of the COVID-19 pandemic and the cost of living crisis, and their potential to increase the gap in life expectancy, which is already 5.8 and 6.2 years between men and women living in the most and least deprived parts of the borough, respectively (OHID, 2019).

Ageing and Healthy Ageing

Ageing is characterised by a gradual decline in physical and mental capacity, and a growing risk of disease. Although we generally refer to older age as over 65, how we age, and the risk of disease, will vary from person to person and with inequalities, some people will experience the impact of ageing before 65. As illustrated by Morgan and Taylor's journey, ageing is influenced by factors we can and cannot change, such as biology, lifestyle, environment, and socio-economic factors. These factors accrue over time and reinforce and interact to create a virtuous or vicious cycle for those affected.

Healthy ageing is achieved by fostering healthy, safe, and socially inclusive lifestyles across the life course. For those over 65, healthy ageing is supported by active community and economic participation. The benefits of which can include:

- improved health and wellbeing
- increased independence and resilience to adversity
- the ability to be financially secure through work and to build resources
- engagement in social activities
- being socially connected with enhanced friendships and support
- enjoying life in good health

There are however factors that limit a person's ability to participate in healthy ageing.

Morgan and Taylor

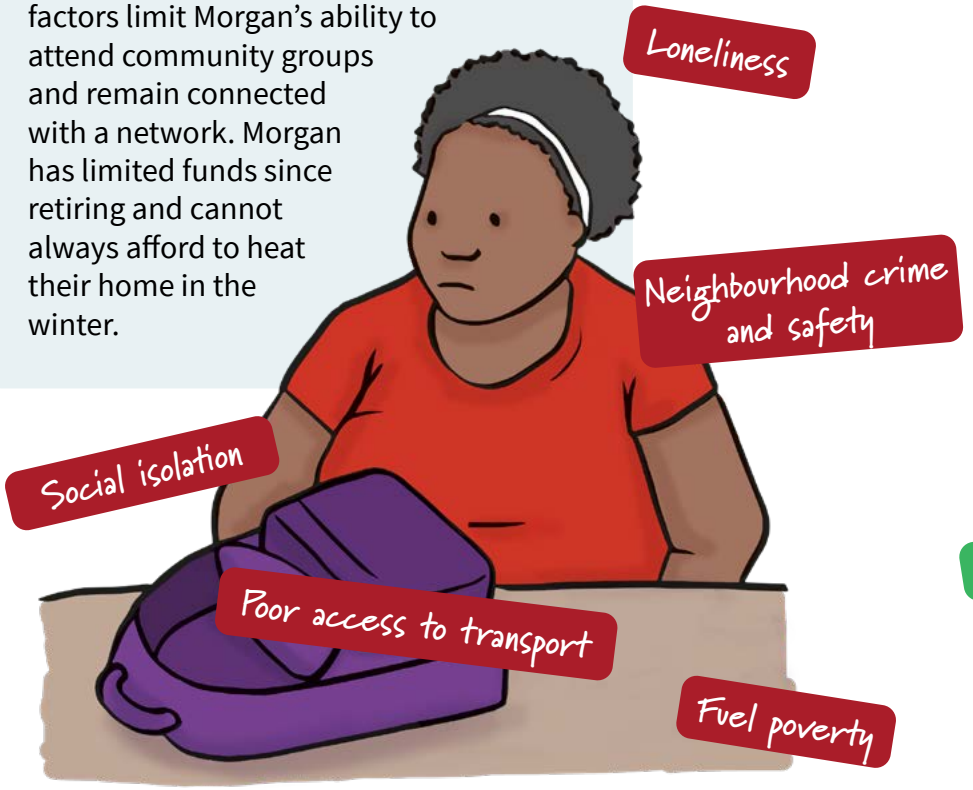
Morgan and Taylor are now 67 years old.

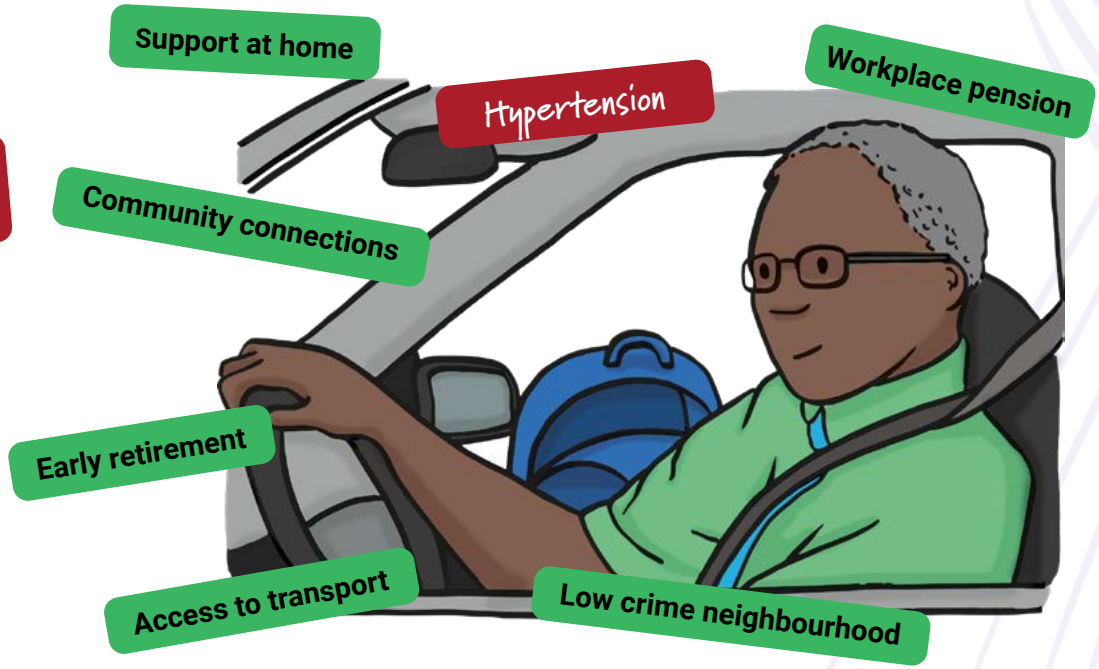
Morgan lives in an area with the highest crime rates in the borough and as a result, is not confident venturing out alone, especially in the winter on dark evenings. Morgan only has access to public transport and since the pandemic, has become anxious about the infection risk posed by using public transport and so does not go out often. These factors limit Morgan's ability to attend community groups and remain connected with a network. Morgan has limited funds since retiring and cannot always afford to heat their home in the winter.

Narrowing the gap:

- Increasing community connections
- Access to quality health and social care and uptake of vaccinations
- Increasing physical and mental activity
- Volunteering

Taylor retired early and has a workplace pension. Taylor lives in an area with some of the lowest crime rates in the borough. Although feeling a little vulnerable at this age, Taylor generally feels safe. Taylor owns a car and often drives to community events and benefits from the support received there. Taylor has recently been diagnosed with hypertension and has access to regular GP appointments. Taylor can pay for a cleaner and a gardener.





The Impact of Earlier Life Experiences on Old Age

In previous chapters, I have discussed the impacts of Adverse Childhood Experiences (ACEs) on a person's ability to prosper. All of us carry experiences of past traumas. For our residents aged over 65, they have the complexity of lives that may have been disrupted by the second world war, the Korean war, the Cuban missile crisis and the fear of nuclear war, the 1968 flu pandemic, growing up in the UK when abortion and homosexuality were illegal, and when racism, sexism, homophobia and other types of discrimination were embedded in everyday life. The diversity of our older residents also means that some have experienced traumas before settling in Croydon or even through the process of traumatic migration. Even after settling in their new country the process of assimilation can continue to be a source of trauma.

In the Living and Working Well chapter, I discussed differences in the quality of employment experienced by different groups. A person's finances in later life are mostly influenced by the type and time previously spent in employment, and the quality of their employer's pension scheme. These factors will mean there are unequal levels of financial security in our older residents, with some at greater risk of financial hardship during the current cost of living crisis.

Experiences in Sickness, Disease and Deaths

Older people carry the burden of ill-health, but that burden is not felt equally. In health, we measure disability using Disability Adjusted Life Years (DALYs).

For our older residents, the biggest drivers of DALYs are ischemic heart disease (IHD), chronic obstructive pulmonary disease (COPD), stroke, and Alzheimer's disease, which account for 10.6%, 7.6%, 6.1%, and 5.5% of all years spent living in disability respectively (GBD 2019 Diseases and Injuries Collaborators, 2020). If we look at contributing factors for disability in the older people in Croydon with IHD, we find that 44.8% of their time spent in disability is attributable to hypertension and 37% is attributable to diabetes (GBD 2019 Diseases and Injuries Collaborators, 2020).

Diabetes and hypertension often occur together; in Croydon, more than two-thirds (68%) of the elder diabetic population also have hypertension; 16% of these residents live in the most deprived areas of the borough compared to 12% who live in the least deprived areas (Local Sollis System, 2020). This shows us that risk factors for disability from IHD are more prevalent in some groups than others. We need to ensure that the health and wellbeing services offered to all residents are acceptable and accessible to avoid inequalities in risk becoming inequalities in outcomes.

Explainer: DALY

The Disability Adjusted Life Year (DALY) is a way of measuring and expressing how much disease affects the lives of the population. It is a number which describes how many years have been lost due to ill-health, disability or early death and is a useful way of comparing the overall health and life expectancy of different populations and countries.

It follows that the single biggest cause of death in our over 70's is IHD, accounting for 13.9% of all deaths. This is followed by lung cancer (10.6%), COPD (5.9%), and colorectal cancer (4.9%) (GBD 2019 Diseases and Injuries Collaborators, 2020). Again, the lifetime risk factors for these diseases are not equally distributed in our population. For example, smoking is more prevalent in areas of deprivation (ONS, 2018). In 2019, smoking caused 71% of lung cancer deaths, 36% of heart disease deaths, and 63% of COPD deaths in Croydon's over 70's (GBD 2019 Diseases and Injuries Collaborators, 2020). Similarly, people who have endured poor working conditions are more likely to have been exposed to occupational health hazards. In 2019, occupational exposures contributed to 23% of lung cancer deaths and 5.9% of COPD deaths in Croydon's over 70's (GBD 2019 Diseases and Injuries Collaborators, 2020).

Experiences in Access to Services

Over 50% of those over the age of 65 registered in general practice in Croydon have three or more chronic conditions. Figure 38 shows the prevalence of multiple chronic conditions in general practice in Croydon.

During the pandemic, in efforts to maintain routine health care, the use of technology-enabled care overtook in-person care. We have since seen a rapid expansion of technology use in health and social care services - including the NHS App, virtual wards and telephone consultations. Although the

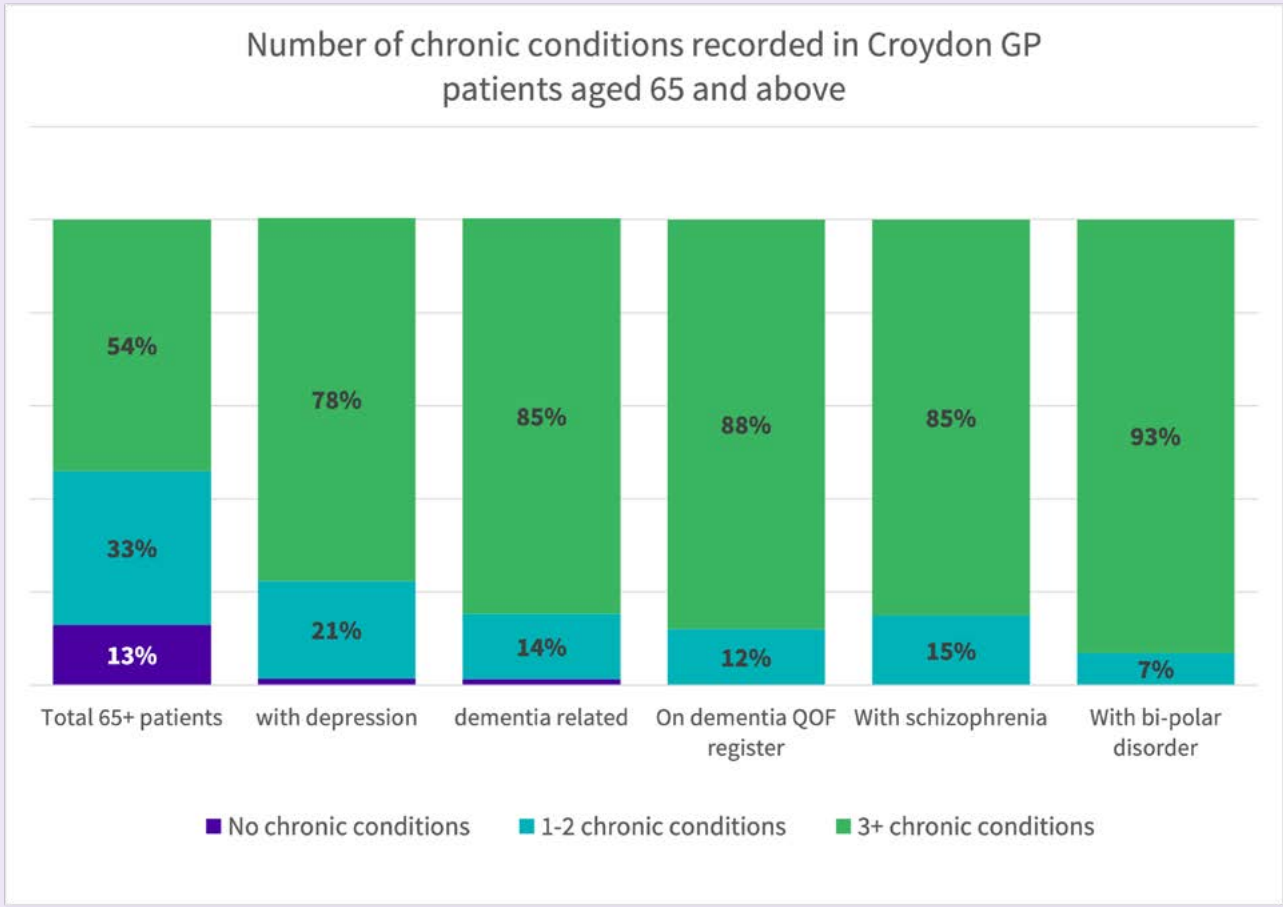


Figure 38: Number of chronic conditions recorded in Croydon GP patients aged 65 and above.
Source: *Local Sollis system*, accessed on 12 February 2020

Explainer: Attributable Risk

Attributable risk is the proportion of a disease in individuals that have been exposed to specific pathogen and can be attributed to an exposure.

pandemic enabled some older adults to gain new digital skills and enjoy the benefits of being online, for others, the digital divide has become more entrenched. This has led to social isolation, loneliness, social exclusion and poor access to services as an increasing number of everyday activities and services have moved online (OFCOM, 2022).

Those particularly at risk of digital exclusion include older people, the financially vulnerable, people living alone, and people impacted by a limiting condition e.g., hearing or vision impairment. This can result in older people (at the lower end of the social gradient, experiencing the poorest health) having difficulty accessing health services and social support.
During the pandemic, this was evident in NHS health checks, as illustrated in Figure 39 opposite. Whilst uptake rates have always been higher amongst those living in the least deprived areas of the borough, there was a clear widening of these differences because of the pandemic.

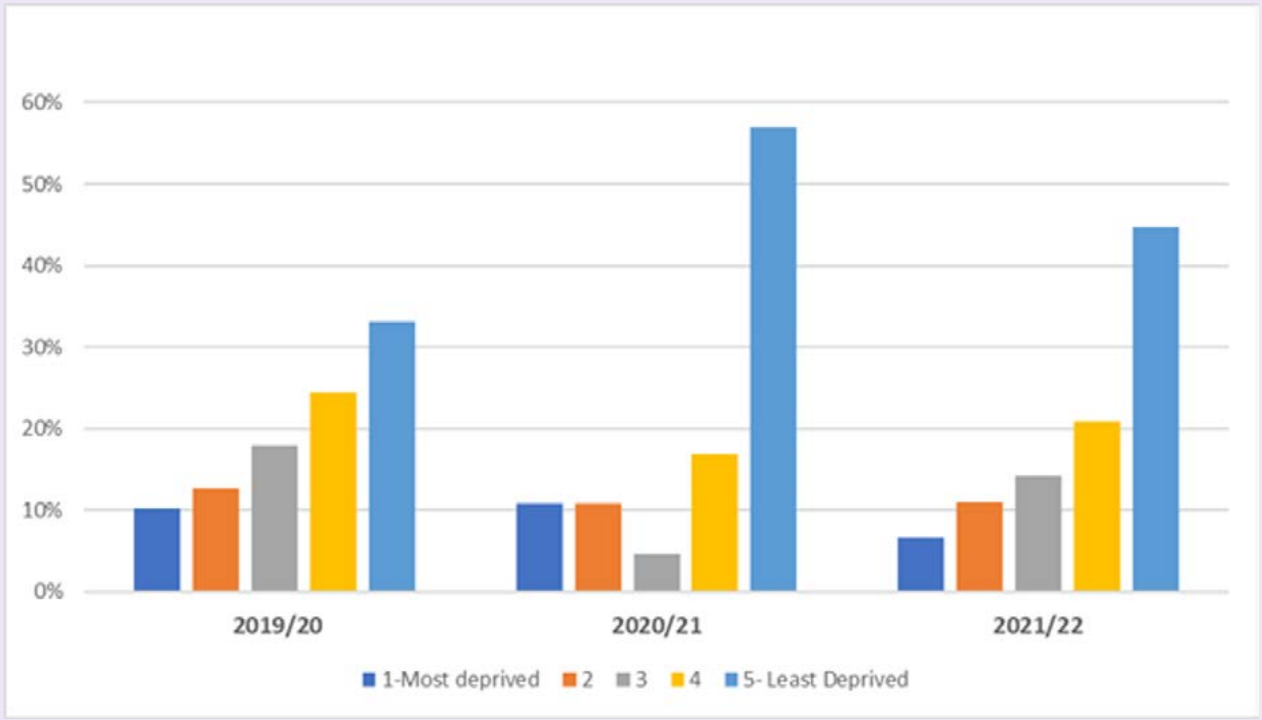


Figure 39: Percentage of NHS 65+ by national deprivation quintile. Source: *London Borough of Croydon NHS Health Checks data, accessed July 2022*

Cancer is a disease of age, with most new diagnoses occurring in those aged over 65 (Age UK, 2019). 4.8% of women over 70 have a diagnosis of breast cancer (GBD 2019 Diseases and Injuries Collaborators, 2020). Screening can help to find breast cancers early when they are too small to see or feel and are easier to treat. Overall, the breast screening programme finds cancer in around 9 out of every 1,000 women being screened (Cancer Research UK, 2020). Breast cancer screening rates have consistently been lower in Croydon compared to England and nationally. Uptake is lower in areas of social deprivation and in ethnic minority communities, particularly South Asian women. During the pandemic, screening coverage in Croydon decreased by 13% which is likely to widen inequalities in breast cancer outcomes (DHSC, 2022).

End of Life Care and Inequalities

For us all, death is inevitable. I want everyone in Croydon to have a good death. There are fundamental principles underlying this, including, knowing when death is coming and what to expect, and retaining control over what happens and where death occurs. There is a difference in the quality of end-of-life care received by different groups and the accessibility of end-of-life services. Specifically, there is low use of end-of-life care services amongst among Black and Asian groups. This was demonstrated locally in a recent end-of-life care pilot which evidenced disproportionately fewer referrals from residents of Afro-Caribbean, African and Asian heritage.

Current Programmes

You will read below some of the great examples of work in the borough to support people in Croydon to age well.

Personal Independence Co-ordinators (PICs)

with Age UK Croydon, are helping older residents (aged 50+) to stay well and enjoy a better quality of life. PICs work with individuals to set achievable health and wellbeing goals. The support can include weight-loss programmes, socialising, or practical help with transport so they can make trips into the local area. As part of a holistic approach, PICs meet with community nurses, GPs, pharmacists, and social workers to discuss the wellbeing of each person in their care.

Healthwatch Croydon's 2021 evaluation reported on the value of the PICs. Not only had 99.6% of clients achieved at least one of their wellbeing goals, 83% achieved all their goals, 98% of clients improved their wellbeing in the last year, and 100% stated that they would recommend the service.

As we come out of the pandemic, this service will be important for reducing social isolation, linking clients up with health/social care professionals, and picking up a hobby again that perhaps has been stopped.

The Dementia Support Service

offers day services to people with varying degrees of dementia. The service operates from two centres and aims to reduce social isolation, increase social engagement, provide person-centre care, and optimise health and wellbeing for those attending, as well as day respite for their family carers.

The centres provide Dementia Friends sessions to carers, students, and centre volunteers. Centre staff work closely with colleagues from Alzheimer's Society, clinical and social services, and with carers of those attending. Prior to the pandemic, the centre ran carers groups which included training for new carers, as well as quarterly open days. These groups resumed in October 2022. In the future, it is hoped that funding will enable weekend/outreach service provision.

Memory Tree Cafés including cafés in care homes

The Memory Tree Café in Croydon provides a safe place for people living with Dementia and their carers. Members of the Croydon community can meet with others that share similar experiences to themselves. During the COVID-19 pandemic, they kept in touch over the phone and then were able to set up regular meetings via Zoom with the help of the tech befriender volunteers. This allowed for digital inclusion. The Memory Tree Café has continued to offer both face-to-face and online provision which provides a more flexible and accessible service.

SPOTLIGHT

Appreciative Inquiry

Between March and August 2022, I commissioned a project to support a programme of strengths-based community development work focused on building resilience in communities that had been disproportionately affected by the COVID-19 pandemic.

The project used the method of appreciative inquiry, working with a community outreach group to help them identify what their strengths were and to understand and make plans to galvanise on these to support their community. The Waddon community outreach group consists of participants and volunteers predominantly aged in their 60s, 70s, and 80s. They offer hot lunch clubs, and monthly cooked breakfasts. During the inquiry, the following key strengths of the community group were identified by members:

Improved health & wellbeing

Attendees felt that the lunch club improved their emotional wellbeing, boosted their self-esteem, as well as their physical health through the provision of a nutritious meal.

The space is inclusive

Everyone is made to feel welcome regardless of background, disability, or any other factors.

Resilience throughout the pandemic

During lockdown, the group adapted and continued to be active. Members checked in on one another through their WhatsApp group, or phone calls for those without smartphones. Care packages were delivered to vulnerable members of the group containing food and knitted gifts to boost morale.

A hub for wider support and care

The weekly lunch club generally acts as an informal hub of support, beyond the immediate benefits of a cooked meal and socialising. During the team's time with the group, they observed: one woman in her 80s with mobility issues getting help to fix a fault in her mobility scooter; a couple of volunteers telephoning a local resident with multiple sclerosis who hadn't shown up as usual to the lunch to check on his well-being; and two women bringing grandchildren along to the group as part of childcare provision.

The project team also worked with the group to imagine and design their future. During this stage of the engagement, the following future visions and possibilities were outlined by members:

Increased engagement of the local neighbourhood

Members felt that the group had a huge amount to offer but that it wasn't reaching its full potential in the local community. People were keen to outline how important the group had been for them and others close to them and it was felt widely that there were more people in the local community who could benefit from attending the lunch club or other group events.

Overcoming stereotypes and misconceptions about the group

There was an awareness of the difficulty to represent the group as a non-religious community, and that this misconception about the nature of the group's activities was affecting the group's reach among local populations.

Utilising underused assets

The group expressed a desire for more of its assets to be used to their full potential by the local neighbourhood. This included physical assets, such as children's toys, computers, and physical space at the church centre, and human assets, such as personal skills and caring for one another.

As a result of the insights and reflections the group gained from participation in the appreciative inquiry, the Waddon community group decided to launch a parent-toddler playgroup. The idea emerged during a lunchtime workshop and plans to launch it kicked off shortly afterwards. The first play session for parents and toddlers was hosted on Monday 4th July and has grown from strength to strength. At the time of writing, the most recent session was attended by 8 children along with a parent or carer. The response from parents attending has been incredibly positive.

Recommendations

- More work is needed to understand the barriers to why Black, Asian and minority ethnic communities are 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 infiltrate communities of 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

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

or by post to:

Croydon Council,
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Bernard Weatherill House
Floor 2, Zone E
8 Mint Walk
Croydon, CR0 1EA

Further Details

Introduction

For the most up-to-date data on health inequalities associated with deprivation see https://fingertips.phe.org.uk/profile/local-health

For the most up-to-date data on the Croydon Journey of Life see https://fingertips.phe.org.uk/, https://explore-education-statistics.service.gov.uk/ and https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales

On the fingertips tool, to see full details of what the indicator is measuring and the methodology, go to Data view > Definitions.

Chapter 2: Starting Well (ages 0-5)

For the most up-to-date data for these indicators see https://fingertips.phe.org.uk/, https://explore-education-statistics.service.gov.uk/, https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics and https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

On the fingertips tool, to see full details of what the indicator is measuring and the methodology, go to Data view > Definitions.

Chapter 3: Developing Well (ages 6-11)

For the most up-to-date data for these indicators see https://fingertips.phe.org.uk/, https://explore-education-statistics.service.gov.uk/, https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics and https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

On the fingertips tool, to see full details of what the indicator is measuring and the methodology, go to Data view > Definitions.

Chapter 4: Developing Well (ages 12-18)

For the most up-to-date data see https://fingertips.phe.org.uk/, https://explore-education-statistics.service.gov.uk/, https://digital.nhs.uk/data-and-information/publications/statistical/nhs-dental-statistics and https://coronavirus.data.gov.uk/

On the fingertips tool, to see full details of what the indicator is measuring and the methodology, go to Data view > Definitions.

Chapter 5: Living and Working Well (ages 18-64)

For more the most up-to-date data see https://fingertips.phe.org.uk/, https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/data-and-statistics/domestic-and-sexual-violence-dashboard and https://coronavirus.data.gov.uk/

On the fingertips tool, to see full details of what the indicator is measuring and the methodology, go to Data view > Definitions.

Chapter 6: Ageing Well (ages 65 and over)

For the most up-to-date data see https://fingertips.phe.org.uk/ and https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-statistics-in-england/an-overview

On the fingertips tool, to see full details of what the indicator is measuring and the methodology, go to Data view > Definitions.

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