

# Your Health: Croydon Edition



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# Introduction



Welcome to the 2012-13 Croydon Annual Public Health Report. The aim of this year's report is to draw attention to the many ways people in Croydon can look after their own health and wellbeing, and reduce the risk of future problems.

Everyone will agree that prevention is better than cure. Turning good intentions into action is never easy, particularly when just making ends meet is a struggle for many. So this report includes inspirational stories from Croydon residents who have made a difference to their health, to show what can be done.

There are steps to take at all ages, not just for ourselves but also for our families and loved ones. Our children can get the best possible start in life by being breastfed and getting their vaccinations on time (pages 6 and 7). As adults we can take regular physical exercise, quit smoking and drink less alcohol (pages 21, 24, 26). If we are older and have a long term condition such as diabetes, we can learn about self-management (page 38).

The more that people in Croydon can do to look after their own health, the less strain there will be on our health services. This is particularly important in the present economic climate, and will mean that more care and attention can be given to those who need it most. The way in which we use our NHS when we do need it is also important. Pharmacists in particular can give useful advice on medicines and more (page 22).

This is my first report as Director of Public Health for Croydon. Almost all the hard work has been done by others, mostly before I even arrived in Croydon! I am grateful to all contributors who are named throughout the report and in particular to the Production Team listed on the back cover.

Please let me know what you think of the report, either by email to [mike.robinson@croydon.gov.uk](mailto:mike.robinson@croydon.gov.uk) or by post to Public Health Croydon, Department of adult services, health and housing, Taberner House, Park Lane, Croydon CR9 2BA.

*MB Robinson*

**Mike Robinson**  
**Director of Public Health**

P.S. Regular readers of public health annual reports may be thinking "where have all the statistics gone?". They are now to be found in the Joint Strategic Needs Assessment and associated documents, which are regularly updated. Visit the Croydon Observatory website: [www.croydonobservatory.org](http://www.croydonobservatory.org)

# Introduction



As the portfolio holder for Adult Social Care and Health as well as chair of the new statutory Health & Wellbeing Board, I am really pleased to be providing an introduction to this Annual Report from the Director of Public Health.

Public Health came home to Croydon Council on 1st April 2013 when local authorities took over responsibility for the public health of residents in their boroughs. This represents a welcome opportunity for us in Croydon as we work across teams with our new public health colleagues to make the most of our opportunities in planning, managing the local environment, housing, schools and education and children's services in order to improve both health and wellbeing.

These include commissioning stop smoking services and sexual health services, overseeing the provision of immunisations for children and older people, and ensuring that Public Health England continues to improve uptake of cancer and other screening services in our borough. We are already working in partnership with the Clinical Commissioning Group who from the 1st April have taken responsibility for commissioning health services as well as the voluntary sector and local residents to tackle many of the issues raised in this report. I would like to take the opportunity to recognise the contribution of the Children and Families Partnership (Be Healthy and

Early Intervention Family Support Sub-groups) in delivering Public Health outcomes for children and young people in Croydon. We will continue with the Croydon Healthy Schools initiative, supporting schools with their work on healthy eating, reducing risk taking behaviour and tackling bullying. The physical activity team promotes health walks and cycling in the borough, increasing active transport which both reduces pollution and improves individual health.

The Healthy Living Hub in Croydon central library is available to provide walk-in advice on health. We are tackling poor housing and homelessness issues in the borough, recognising as this report points out, the important impact of good housing on health. We continue to work to improve mental health and to support those with dementia and their carers.

Much health improvement activity is already underway within the Council. We aim to build on our strengths and take full advantage of our new public health responsibilities.

*Margaret Mead*

**Councillor Margaret Mead  
Cabinet Member - Adult Services and Health**

# Maintaining Your Health

## Making Croydon healthier...

**As GPs and clinical leaders in the local NHS we recognise the importance of preventing ill health and keeping the people of Croydon well. Whilst it is really important to talk to your GP or practice nurse when you have concerns, we can all take steps to keep ourselves well.**

Smoking, eating fast food too often, regularly drinking too much and sitting on the sofa watching TV every night all take their toll on our health. These are habits and behaviours that build up over time and we are not always aware of the long term damage poor habits can do. Try to make a change in your daily routine - go for a walk in your local park or get off the bus a stop early – these are small changes and they don't cost anything, but over time they could really help. Good mental health is just as important as good physical health – stresses can build up sometimes and it's important to have someone to talk to. Thinking about health is even more important when we have responsibilities for our families – as adults we have huge influence over the long term health of our children – from not smoking during pregnancy and in the house when children are present, to what we eat as a family and making children feel safe and loved.

Take advantage of screening that you are offered by your GP practice and if you are offered a health check, that is a good way to check your cardiovascular health – your heart, blood pressure and cholesterol – and to help you manage your weight. Ensure that you discuss vaccinations with your practice nurse and make sure your children are immunised against infectious diseases – these diseases are still with us and still cause harm.

If you have been diagnosed with a chronic disease – diabetes, or chronic lung disease, heart failure or

high blood pressure – then make sure you attend your check ups, ask for advice on your medications, take your medications as prescribed and ask your practice nurse or GP for more information if you have questions. Good self-care, or self-management as it's also known, can put you back in control of your own life – and although we are always happy to see you, you are probably happier when you don't have to see us so often!

GPs are now playing a greater role in how the health service is run, so we see both the patient in front of us as well as the broader health of the whole population of Croydon. Our aim as local NHS leaders is to ensure that the health of the people of Croydon keeps improving and that we all live longer, happier and healthier lives.



**Dr. Tony Brzezicki,  
GP, Chair, NHS  
Croydon CCG**



**Dr. Agnelo Fernandes,  
GP, Assistant Clinical  
Chair, NHS Croydon  
CCG**

Croydon Clinical Commissioning Group (CCG) is a group of all the GPs (61 practices) in Croydon with the responsibility and the budget to plan and buy health services on behalf of the people of Croydon.

# Childhood Vaccinations:

protecting your child from serious illnesses



One of the most important things that a parent can do for their child is to make sure that they have all their routine childhood vaccinations. It is the most effective way of keeping them protected against infectious diseases. Ideally children should have their vaccinations at the right age to protect them as early as possible and minimise the risk of infection.

Full immunisation is only achieved when the child has had a full course of the vaccine. The target set by the Department of Health is for 95% of children to be vaccinated. Whilst about 90% of babies in Croydon are vaccinated, many children do not get their full course of vaccinations including their pre-school booster which is given from three and a half years of age. This leaves the child without full protection at a time when they are starting school and mixing closely with other children.

To improve uptake of childhood immunisations Croydon has joined a London-wide birthday card scheme called 'Celebrate and Protect'. Birthday cards are sent out from the family's GP at three ages: shortly following birth and at the baby's first and fourth birthdays, as a way of reminding parents to make an appointment to have their baby or child immunised. The scheme will commence from February 2013 and will be on-going until April 2014.

## When should your baby or child be vaccinated?

A baby's first vaccinations are normally given at the age of two months and continue at the recommended intervals until school age. Your practice nurse or GP will give you details of what each injection protects against and when your baby or child should receive them. You can also find details of the recommended timetable at <http://www.nhs.uk/planners/vaccinations/pages/vaccinesforkidshub.aspx>

For further information or advice, please speak to your GP, practice nurse or health visitor, or log on to the Department of Health immunisation (vaccination) website <http://www.nhs.uk/conditions/vaccinations/Pages/childhood-vaccination-schedule.aspx>

Remember, a child who has not had the full course of vaccinations is not fully protected from the disease.

**Alison Miller**  
Head of Infant and Maternal Public Health

# Breastfeeding



## **Breastfeeding is a major contributor to public health and has an important role to play in reducing health inequalities.**

Breastfeeding has many positive benefits, helping to protect the health of mothers and infants and reduce the risk of childhood and adult diseases in later life. Breast milk is the natural first food for babies providing all the nutritional needs for the first six months of life, but despite this breastfeeding rates in the United Kingdom remain low.

Whilst many mothers start breastfeeding their baby, many give up in the early days and weeks after birth. Evidence suggests that a large proportion of women who stop breastfeeding in the early weeks would have continued for longer if they had been given more support.

In Croydon 86% of mothers initiated breastfeeding but by the time the baby is six to eight weeks old, the number of babies being breastfed had decreased to 66%

A range of local breastfeeding initiatives with different approaches have been set up to encourage and support continued breastfeeding, with peer support programmes in New Addington, Fieldway and Waddon as well as Baby Cafés® in five locations across the borough.

An essential part of increasing breastfeeding in Croydon is the commitment of Croydon Health Services to achieving UNICEF Baby Friendly Accreditation. This year both Croydon University Hospital and community services have achieved Stage 1. This staged approach of assessment ensures a high standard of care with infant feeding for pregnant women and new mothers and babies with the aim that Croydon mothers receive effective information, support and encouragement needed to start and continue breastfeeding.

## **Peer Support Programme**

Breastfeeding peer support is recognised as an effective way to increase the number of women who choose to breastfeed and to help them to continue breastfeeding for as long as they wish. Breastfeeding peer supporters are mothers who have breastfed their babies and who have had training on breastfeeding and the support of mothers. Peer support is highly valued by breastfeeding mothers; in the early days after the birth of their baby, many mums find it really useful to be able to ask questions and discuss any problems they may have about breastfeeding with a peer supporter.

**Carole from the “mum-to-mum” breastfeeding support group** said “I was desperate to feed the first time and was devastated when I couldn’t. I remember sitting and crying for the whole night because I could not breastfeed and I felt as though I had done something wrong.

Whereas this time I have had support and I know I can do it...I am thrilled – I have done eight weeks so far, I am absolutely thrilled”

For more information on references and statistics, please contact the author.



## **Baby Cafés® in Croydon**

These drop-ins offer a bridge between a clinic and a café where support with, and information about breastfeeding is available in a relaxed and informal setting reaching out to mums from all parts of the community. These cafés allow breastfeeding women to meet and help each other, share experiences and have the opportunity to discuss all aspects of breastfeeding, parenting, working and family life.

An added bonus is that pregnant women and new mothers can get to see babies of all ages and can observe how life with a new born baby differs very much from the life of a three month old. Baby Cafés® can also provide information and encouragement to anyone who is supporting a breastfeeding mother. A baby café in Croydon is open each day of the week (Monday to Friday) and held in a children’s centre.

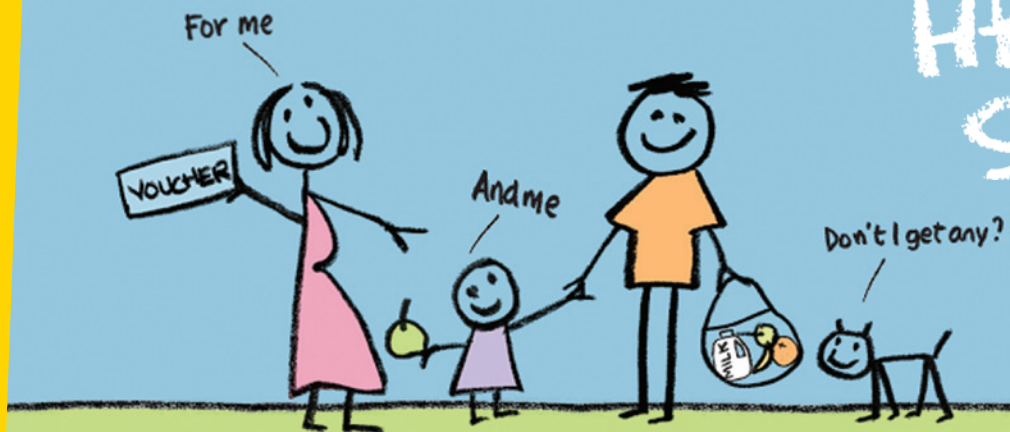
**For more information about Breastfeeding Support in Croydon visit:**

**[http://www.croydonhealthservices.nhs.uk/services/Breastfeeding\\_support](http://www.croydonhealthservices.nhs.uk/services/Breastfeeding_support)**



**Dawn Cox, Public Health Improvement Principal**

# HEALTHY START



## Healthy Start

**Healthy Start is a great way to give families the very best nutritional start in life by making healthy eating more affordable and providing essential vitamins needed by pregnant women, new mothers and babies and children up to four years of age.**

Good nutrition, supported by breastfeeding is key to a child's healthy development.

Provided by the Department of Health, Healthy Start vouchers can be spent on milk, fruit, vegetables and infant formula milk at local shops

and supermarkets, and Healthy Start coupons can be exchanged for free vitamins.

Entitlement for Healthy Start is based on family income, and benefits received, but pregnant women under 18 years of age, regardless of income can apply.

The Department of Health has told us that even though many families have applied and are using their vouchers, very few pregnant women and families are using the vitamin coupons.

In Croydon, midwives, health visitors and GPs are encouraging more pregnant women and families to apply for the scheme and to use the coupons to obtain their free vitamins.

### Vitamin coupons can now be exchanged at the following centres in Croydon:

Crystal Centre	47 St James Road, Croydon CR0 2UR	020 8274 6850	Mon to Fri 8.30 am – 5.00pm
Croydon Community Health Services	12-18 Lennard Road, Croydon CR9 2RS	020 8274 6300	Mon to Fri 8.30 am – 5.00pm
Norbury Health Centre	2b Pollards Hill North, London SW16 4NL	020 8714 2900	Mon to Fri 8.30 am – 5.00pm
Parkway Health Centre	Parkway, Croydon CR0 0JA	020 8714 2950	Mon to Fri 8.30 am – 5.00pm
Purley Community Health Clinic	62 Whytecliffe Road North, Purley CR8 2AR	020 8714 2750	Mon to Fri 8.30 am – 5.00pm
Rainbow Health Centre	141 Brigstock Road, Thornton Heath CR7 7JN	020 8251 9280	Mon to Fri 8.30 am – 5.00pm
Sanderstead Clinic	40 Rectory Park, South Croydon CR2 9JN	020 8714 2560	Mon to Fri 8.30 am – 5.00pm
Shirley Clinic	135 Shirley Road, Croydon CR0 7LR	020 8714 2800	Mon to Fri 8.30 am – 5.00pm
Thornton Heath Health Centre	61a Gillett Road, Thornton Heath CR7 8RL	020 8714 2700	Mon to Fri 8.30 am – 5.00pm
Woodside Health Centre	3 Enmore Road, London SE25 5NS	020 8274 6900	Mon to Fri 8.30 am – 5.00pm

For more information about the scheme and where to exchange the vouchers and coupons, visit the Healthy Start website [www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)



**Dawn Cox, Public Health Improvement Principal**



# Helping New Parents in Croydon: the Family Nurse Partnership (FNP)

## Antonia's story

**Antonia was going to college studying business studies, living with her mum and sisters, when she became pregnant at 19.**

"When I first found out that I was pregnant both my partner and I were scared and nervous, though we knew we wanted to keep our baby. I was about 10 weeks pregnant when I decided to enrol on the Family Nurse Partnership (FNP) programme as I felt this would help me and my partner, during the pregnancy to learn how to care for our baby.

Up until my baby was born my family nurse visited me regularly. During this time I learnt about communication and relationships as well as looking after myself and my unborn baby.

During my pregnancy and after the birth I continued to attend college and successfully passed my course this summer. When Alicia was born I breast fed her totally for the first five weeks and then introduced formula feeds. I am still breastfeeding and giving formula feeds five months on.

My family nurse has helped me learn a lot about caring for Alicia - how to understand her needs, speak and play with her, and about her development. I have also learnt about weaning and what home cooked foods I will be able to give instead of using shop bought baby food. I have a good understanding of the importance of developing a good attachment with my baby and I feel that this is what we have.

I did find it tiring in the first few months but my family nurse helped me get my baby into a good routine and she now sleeps about seven hours at night. When she is awake she is a very playful baby and only cries occasionally. All my family and friends think that my baby is wonderful and she is surrounded by a lot of love.

I continue to see my Family Nurse every two weeks and can ring her if needed between these times. My family nurse is my safety net, there to help me if needed.

I am excited about my future and seeing my baby grow up. My partner and I became engaged last October and next year I start university.

Family nurses do not tell you what to do, but help you make good decisions about your baby, your life and how to be a great mum."



## The Facts: Changing the world – one baby at a time

The family nurse programme offers an intensive home visiting programme to first-time mothers aged under 19; visiting throughout pregnancy and until their babies reach two years of age.

Specially trained family nurses build supportive relationships with families and guide first-time teenage parents so that they adopt healthier lifestyles for themselves, provide good care for their babies, and make plans for their futures.

The programme has been running in the USA for over thirty years and since 2007 in England. Studies have shown families on the programme have healthier pregnancies, children have improved health and development and families are more able to achieve a better life for themselves.

The Family Nurse Partnership team in Croydon is in its third year and currently supports 106 families. Because it is part of a national programme, the team keeps a record of how things are going. Already the programme is showing positive results, such as higher numbers of mothers breastfeeding and fewer low birth-weight babies, compared to similar aged mums not on the programme.

Most of the children are reaching their developmental milestones and often beyond.

**Elaine Trainor, Public Health Lead  
Community Nursing, Public Health Croydon**

# Social and Emotional Wellbeing -

## Children and Young People

### Responding with new and different services

Coping with all that life throws at you can be hard for families. For some families their problems can also cause problems for the community around them such as anti-social behaviour, crime and housing issues.

For the child living in one of these families, missing school, problems with behaviour and getting mixed up with crime are bigger risks to them than other children and young people.

The Family Resilience Programme (FRP) run by Croydon Council supports and help such families to find new ways to cope with their situation, for example -

- Helping a child to stop feeling angry and hitting out because of the memories of witnessing domestic violence at home.
- Supporting parents to establish routines and boundaries at home with their children, giving them confidence to parent differently and seeing the changes such as getting the children to school on time.
- Building trusting relationships with families which help them to feel more able to work with services being offered, keeping appointments and signing up to achieving changes because they can see the future benefits for their family.

The Family Resilience Programme is only one of the new services on offer; the importance of identifying children's needs early to give them the best life chances has led to new services being developed for children and young people in Croydon.

### The N family's story

The N family consists of mum, step-dad and three children ranging from toddler to teens. The family were referred to the programme because of concerns for the safety of fifteen year old T, the eldest child; she would often run away from home, skip or show up late for school. T was feeling negative about her rekindled relationship with her real father who had a violent history. She didn't get on well with her step-dad who found it difficult to deal with T's behaviour at home and his own past anger. The middle child D had a reflux problem causing choking and struggled with her social skills at school. The youngest Z had speech and language delay and was not attending nursery.

#### How the Family Resilience Programme supported this family?

The FRP worker supported T with one to one time together and going with her to counselling where she could work out her feelings about her real dad. Support was given to the parents to help them establish new routines and boundaries at home and contact made with T's school for closer working. Links made with the Speech therapists meant D's difficulties and Z's speech and language delay could be dealt with.

#### What has been gained?

Relationships within the family have improved and T and her step-dad are attending a local family project together. Morning and evening routines at home are improving and mum is challenging T when she doesn't stick to the limits.

T's attendance at school has improved.

#### What the family says about the programme?

'We would really like to thank you all for all the support and kindness given to our family. We would like to say a really big thank you to our key worker who we think is fantastic! We really appreciate your help in making us a happy family again'.



## In Croydon: the facts

Social and emotional development are essential foundations for health.

It promotes the building of positive attitudes to relationships, encourages lifelong learning, as well as progress in key skills such as reading and writing.

- The best start for all children in the first years of life is to feel loved, safe and secure: these early experiences are crucial for the healthy development of the brain.

1 in 10 women experience post-natal depression after child bearing (Warner et al 1996) which can make bonding with their baby a struggle.

A mother's on-going depression can contribute to their child having emotional, behavioural and social problems in later life (Jacobsen, 1999).

- Childhood behavioural problems have been shown to be predictors for mental health problems, involvement in crime and violence, substance misuse and unsafe sex.
- 10% of all children experience mental health problems (ONS 2005) which is the equivalent of 8,920 of Croydon's children.
- Croydon has a high child population. 26.9% are between 0-19 years; more than London or England (Croydon Child Health Profile 2012).
- Children in poor households are three times as likely to have mental health problems as children in well-off households (Meltzer et al 2000).
- 1 in 4 (27%) of children are living in poverty in Croydon which is higher than for England (22%). This means that 22,000 Croydon children are living in poor households (HM 2009).

## What can we do about social and emotional well-being?

### Identify, understand and support.

Children and Family Services need to work together effectively **to identify early** those children who are at risk of developing or showing signs of social and emotional difficulties and behavioural problems. Families can then be offered the right service to meet the needs of their child.

Ante-natal and post-natal services need to work together effectively **to identify early** those mothers whose emotional well-being may be at risk so they can be provided with the right mental health services to meet their needs.

**Elaine Trainor, Public Health Lead  
Community Nursing, Public Health Croydon**

# Dental Health

**Dental decay and other problems in the mouth are a result of the how we look after our mouth and the lifestyles that we live. Many people think of the dentist as filling teeth and treating dental pain and fixing dental problems. These days we know much more about what causes most dental problems, which means the focus of dental care is on prevention of problems and reducing the causes of dental disease. Dental care in Croydon is aimed at improving oral health, improving access to services and preventing oral diseases.**



## Dental Services in Croydon

NHS Dental services are provided by dental teams in high street dental practices and hospitals offering a wide range of services including.

### Primary care

There are 52 high street dental practices in Croydon providing routine dental treatment for all sections of the population who want NHS dental treatment.

Special Care Dental Services provide routine dental care for members of the community who have special needs. General anaesthesia service is provided in Croydon University Hospital for a limited number of child and adult patients, who fall within specific clinical criteria.

Specialist led Orthodontic and Intermediate Minor Oral Surgery care services are available to Croydon residents on referral.

### Secondary care

Oral Surgery, Orthodontics and advanced Restorative care are provided by consultant led hospital based teams for more complex cases. The majority of Croydon residents are treated in Croydon University Hospital others travel to nearby hospitals.

### Public Health

Oral health promotion programmes, screening of children in special schools and epidemiological activity is provided by the Special Care Dental Services.

## Oral Health in Croydon

The average level of decay measured in children in Croydon is lower than that in children in London and nationally. Whilst the average disease experience of children (decayed missing or filled teeth) at five and eleven years old (when they have more adult teeth) is lower than for both London and England, about one in four of five year olds and one in ten of eleven year olds have untreated decayed teeth present in their mouths.

There are considerable oral health differences across the borough. In some areas children have much greater amounts of untreated decay present in their mouths than others, with more decay in children's teeth in the North of Croydon than in the South.

Across Croydon there has been variation in the percentage of people who have been to a high street NHS dentist with more people in the Southwest and Northeast of Croydon visiting a dentist. There is very good availability of dental services for people in Croydon but uptake is relatively poor. In July 2010, just over half of Croydon people had accessed an NHS dentist in the past 24 months.

**Dental services are available for all Croydon residents. If you wish to find out more information about finding a dentist in Croydon, contact PALS on 020 8401 3210 or alternatively online at [www.nhs.uk](http://www.nhs.uk)**



**Eunan O'Neill, SpR Dental Public Health**

# Croydon Healthy Schools Programme

## Background

**The Croydon Healthy Schools scheme builds on the previous National Healthy Schools Standard, and aims to improve the physical and emotional health & wellbeing of children and young people in Croydon.**

Schools seeking to achieve the Croydon Healthy Schools award are required to address the 'Be Healthy' priorities identified by the Croydon Children & Families Partnership. These are:

- Reducing childhood obesity
- Reducing risk taking behaviour (and in particular, drug use and teenage pregnancy)
- Improving the emotional health & wellbeing of pupils, including reducing all aspects of bullying

The scheme was launched in January 2012 and is open to all schools, regardless of the type or age-range of their pupils. The first cohort of 39 schools achieved the Croydon Healthy Schools award in June and were presented with their certificates at a special award ceremony. Of the schools, 30 were primary, and 9 secondary, but maintained schools, academies, special schools and pupil referral units were all represented.

Schools are encouraged to address the priorities in ways that are suitable for the age group of their pupils and the communities they serve. Some examples of how they are choosing to do this follow.



## Reducing Childhood Obesity

- Ensuring that the school lunches and other food (ie breakfast clubs) provided by the school meets recognised nutritional standards.
- Increasing the opportunities for physical activity, ie developing active playtime, curriculum time for physical education, encouraging children and families to change the way they travel to and from school, Walk to School initiatives, Bikeability, after school sports clubs, parent/child fitness clubs.
- Developing practical skills, ie cooking clubs, gardening/growing food in school, encouraging children and parents to participate in cookery classes.

## Reducing Risk Taking Behaviour

- Ensuring that drug education is part of the school curriculum. This includes understanding the risks associated with prescription medications, the safe use of alcohol and the health risks associated with illegal drugs.
- Ensuring that relationship education is covered in the school curriculum. This includes exploring what makes positive respectful relationships with family, friends and others, understanding puberty, body development and life cycles, and recognising risk/keeping safe.

## Improving Emotional Health & Wellbeing including anti-bullying

- Ensure emotional health & wellbeing forms part of the curriculum and helps to improve pupils' self-esteem, resilience and relationships with others.
- Developing anti-bullying strategies as part of a whole school approach.
- Developing systems to support pupils, ie school counsellors, health drop-ins, providing appropriate referrals for vulnerable children and families, peer support programmes, such as buddying and mentoring schemes, friendship benches and playground squabble busters.



### Healthy cooking at school

Three years ago Woodcote High School in Croydon had no classroom for food technology. The arrival of new teachers highlighted the lack of cooking facilities and how few pupils were engaged in practical cooking activities in the school.

The school decided to address this, with a particular emphasis on increasing the numbers of pupils engaged in practical healthy cooking. It established an after-school cooking club and engaged groups it was considered would benefit most from being more actively involved in cooking,

and included those who were overweight or obese and pupils on the autistic spectrum.

The school consulted with the pupil parliament and their opinions were fed up to the senior leadership team who approved the changes. As a result of this work, the school erected new buildings that were purpose-built for the food technology suite. They also developed a new programme for Food Technology combined with teaching cookery skills so that pupils would be able to cook at home.

Woodcote High was part of the first batch of schools to receive the Croydon Healthy Schools award.

**Daniel Davis, Improvement Officer:  
Health & Wellbeing (Schools and Colleges),  
Croydon Council**

# Healthy Weight

## (Nutrition and Activity)

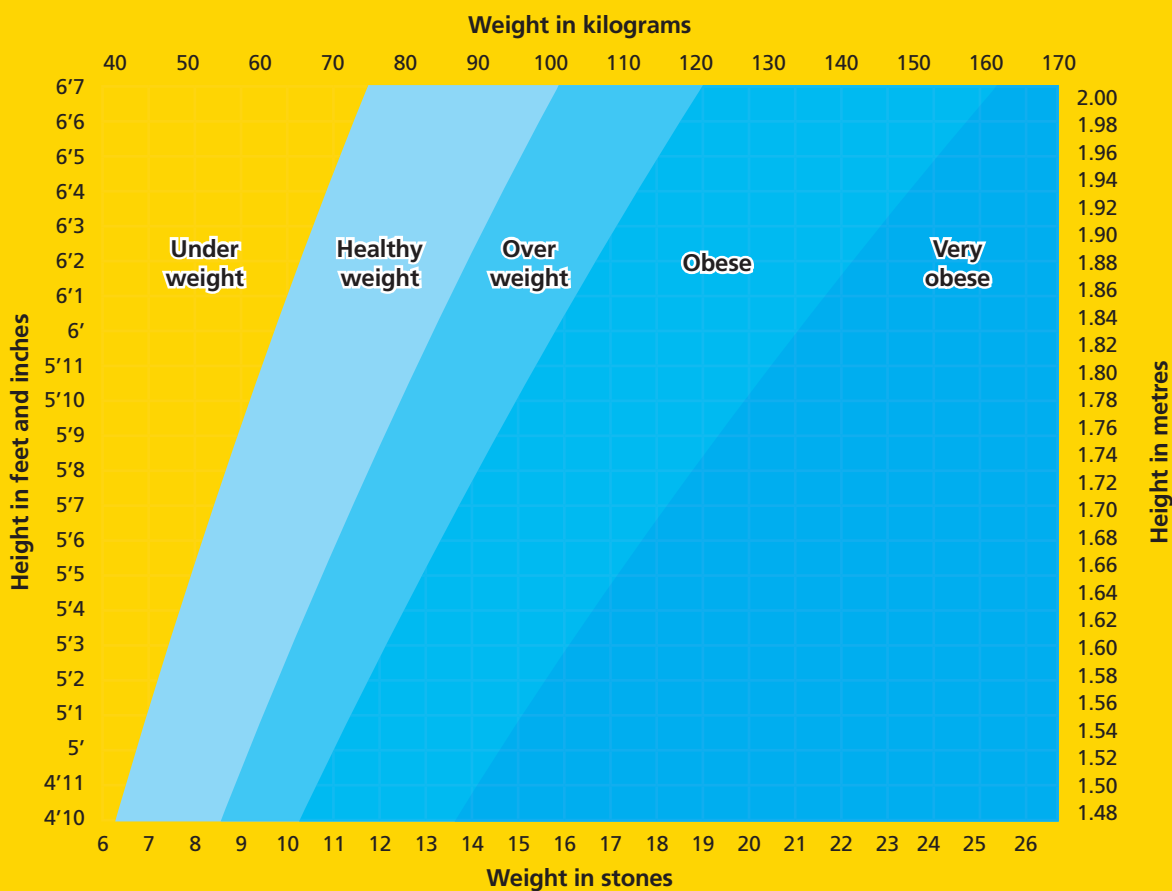
**A combination of factors determines our weight, and that's why it's difficult to set an exact ideal weight that applies to everyone. It's important to remember there's a range of healthy body weights. Aiming to keep within this means an end to aspiring to one magic weight you think you should be.**

Many people have a distorted perception of what constitutes a healthy body weight. We're surrounded by images of celebrities, many of whom are underweight. Comparing yourself with these images isn't helpful. But comparing yourself to friends and family isn't that useful either, because as obesity becomes more common our perception of 'average' weight may in fact be too heavy.

It's important to make an objective assessment of your size. And looking at yourself in the mirror isn't a good way to assess whether you're a healthy weight.

### Body Mass Index

You can check your body size using the body mass index.



The calculation is based on comparing a person's weight with their body height. It applies equally to men and women.

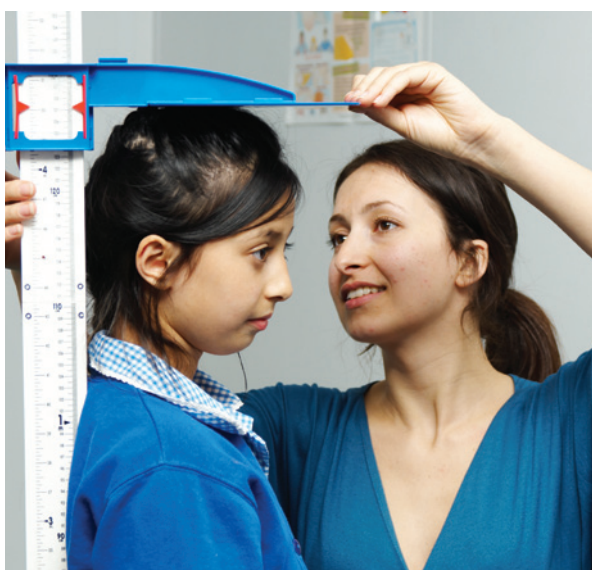
## What the issues are in Croydon

Around one in four of all adults in Croydon is obese, and by the age of 45 over 60% are overweight or obese. If you are from a less affluent neighbourhood you are more likely be overweight or obese. Some black and minority ethnic groups are at high risk of becoming overweight or obese, which in turn further increases their risk of developing long term conditions such as diabetes. Being overweight or obese, especially for women, significantly increases the risk of developing cancer, heart disease, and

Type 2 diabetes. Overall, it is estimated that more than 850 people in Croydon died during the last five years because of their obesity (Healthy Weight Healthy Lives, JSNA 2009).

Obesity increases the risk type 2 diabetes which is normally a disease seen in later life in adults. However, increasingly children in their teens are presenting with type 2 diabetes as a consequence of being obese. There are also psychological effects leading to low self-esteem.

Weight is a tough issue. Most people know how important it is to keep weight in check yet struggle to do so. And it's understandable in today's world where calorie-packed food comes fast and easy.



## Children's Healthy Weight

In Croydon's schools children have their weight and height measured at Reception Year (4-5yrs) and Year 6 (10-11yrs) as part of the government's National Child Measurement Programme (NCMP) by the school nursing team. At Reception Year one in five children are overweight or obese; and at Year 6 one in three children are overweight or obese (2011/2012 school year). Croydon's numbers for overweight and obese children are higher than the English average.

Parents of children measured in Reception Year and Year 6 are sent a letter from the school nurses to advise them whether their child is underweight, healthy weight, overweight or very overweight. If you're concerned about your child's weight there is a wealth of information available on the Change4Life website -

[www.nhs.uk/Change4Life](http://www.nhs.uk/Change4Life) which includes tips on getting active and choosing healthier foods.

We plan to respond to the demand for a child healthy weight management service by putting in place a local self-referral programme by Autumn 2013.

## Make changes for a healthy weight

The health benefits of staying at a healthy weight are well worth the effort. In addition to lowering the risk of heart disease, stroke, diabetes, and high blood pressure, keeping weight in check can also lower the risk of many different cancers, including breast, colon, kidney, pancreas, and oesophagus.

The best way to lose weight is to make changes to diet and physical activity that result in a steady rate of weight loss. Because most people put on a pound or two every year, the first, and easiest, goal should be to stop any more weight gain, which has big health benefits itself. After that, getting weight down to a healthy level should be the next step. Quick weight control tips? Get active, choose smaller portions, and eat more s-l-o-w-l-y.

For advice and tips around healthy eating and physical activity pop into the **Croydon Healthy Living Hub** in the Central Library on Katharine Street next to the Town Hall. Telephone **020 8253 1009**. Email [healthy.living@croydon.gov.uk](mailto:healthy.living@croydon.gov.uk) See the website for opening times: [www.croydon.gov.uk/healthsocial/healthadvice/healthy-living-hub](http://www.croydon.gov.uk/healthsocial/healthadvice/healthy-living-hub)

**Anna Kitt, Health Improvement Principal,  
Public Health Croydon**





# Physical Activity

**Regular physical activity is a key way of improving health that lowers the risk of many diseases such as type 2 diabetes, certain cancers and heart disease. Evidence demonstrates that regular physical activity aids weight loss and helps control weight. The winning combination of diet and physical activity is the most effective way to help lose weight and to make permanent changes.**

## How much should you do?

The government recommends that adults should aim for 150 minutes of physical activity at a moderate intensity, throughout each week. Moderate intensity means you should be working hard enough to get your heart beating faster than normal and you should be able to talk but you can't sing the words to your favourite song! You can break the 150 minutes up into 30 minutes, 5 times a week, or break it down even further to 10 minute bouts here and there.

## Types of activities you can do?

- Dancing
- Taking the stairs
- Cycling
- Football
- Swimming
- Mowing the lawn

Walking is a great form of physical activity. Its free and you don't need any special skills or expensive kit, just some comfortable shoes...so why not walk it?

## What are we doing to help you?

The Sport and Physical Activity team aim to improve the health of Croydon residents, through increasing participation in physical activity. A variety of different healthy initiatives and range of activities take place in your borough. You can join one of the free health walks and get to explore the parks in your borough or why not try one of the outdoor gyms? If the great outdoors isn't for you then you can have a go at one of the physical activity classes or learn to cycle for free! The team also run the exercise referral scheme which is for people who would benefit from increasing their physical activity levels to address problems with their health.

## How active is Croydon?

- Around 20% of Croydon men and 16% of Croydon women are taking sufficient physical activity (2011 data).
- Younger people aged 16 - 34 are the most active, with only around 11% of people aged 55+ sufficiently active.
- People with a limiting illness or disability are much less likely to exercise regularly.

Also a structured and comprehensive programme of sports is offered to all young people aged 5-18 years, including disabled young people.

To find out more see the latest Get Up & Go! physical activity guide, produced every six months and is packed with a variety of physical activity opportunities. Pop into your local library, GP surgery or the Healthy Living Hub (see page 20) on Katharine Street in Croydon to pick up a copy!

## Healthy Hero - Adam Bennett, 43



### What was the key turning point that made you want to change your lifestyle?

'Due to depression and other issues I had wasted a large portion of my life. I decided I didn't want to die fat and that I wanted to take control of my life and start living it!'

### What activities do you do?

'I cycle a fair bit, weather permitting. Use the gym 2-3 times a week. Attend circuit training. I have just started up Salsa dancing again. And just today took part in my first Zumba class.'

### Did you ever feel like you wanted to give up?

'Constantly! Or at least at first it was constantly. I could barely move at my largest, now I can do an hour of cardio and know I could do another hour afterwards!'

### Final Thought?

'I have done all of this by myself, no cheating, no gastric band and no skin ops, just sheer determination and a lot of effort. I'm not quite there yet but I know I look good and I am proud of what I have achieved!'

**Ashley Gordon, Physical Activity  
Development Officer, Croydon Council**

# Contraception



There are currently 15 types of contraception available in England, all of which can stop a woman from getting pregnant when she has sex. Condoms and the contraceptive pill are the most commonly used, but a long acting reversible contraception (LARC) method, such as the contraceptive implant, injection or IUCD (also known as the coil), can give a woman and her partner confidence that their contraception is taken care of, without having to think about it every day. LARC methods are proven to be over 99% effective, and are available for free to all women from their GP or from the Contraceptive and Sexual Health (CASH) service on Edridge Road.

In Croydon, the number of pregnancies among women aged under 18 are dropping each year. In 2010, there were only 262 pregnancies among 15 - 17 year olds, which is 29.3% lower than when records started in 1998. There were also only 45 pregnancies among 13 -15 year olds; 26 fewer than in 2009. However, seven areas in Croydon – Fieldway, New Addington, Selhurst, South Norwood, Thornton Heath, Upper Norwood and Woodside – are still listed in the top 20% of areas in England that have the highest number of pregnancies amongst 15 - 17 year olds. This means it is really important for young people to know about which types of contraception are available and to get advice on which one works best for them, so they can protect themselves from having unwanted pregnancies.



Lorraine Green-Thiagalingam is a nurse based at CASH who runs a service for young people identified at risk of poor sexual health. Lorraine helps young women in getting an effective method of contraception which is right for them. She tells us about her service and the benefit it provides:

***“I fit lots of implants with young people; this is my number one method of LARC”***

*“The service is aimed at clients up to 26 years old. They have to be Croydon residents, and I can go out into people’s homes, meet them in the community; wherever they feel comfortable.”*

*The reason my service works so well is because I’m able to offer a one-to-one service to young people that is really tailored to their needs. This means that I can go and meet them, we can have a good chat about the options, I can hopefully encourage them and support them in getting a good contraceptive method, and then I can also give support afterwards.*

*For example I fit lots of implants with young people; this is my number one method of LARC. It’s number one because it’s convenient, it’s easy, it lasts for 3 years, they don’t have to think about their contraception for 3 years, and they feel empowered and in control.”*

**Remember, contraceptive methods such as the contraceptive pill and LARC only protect you from getting pregnant; the only way to protect yourself against sexually transmitted infections is to always wear a condom.**

**Lea Siba, Health Improvement Principal – Sexual Health, Public Health Croydon**

**See page 19 for where to get more info on contraception**

# Repeat Abortion

In 2011, 50% of all abortions in Croydon were repeat abortions, meaning that half of all women having an abortion had already had one in the past. Many unwanted pregnancies can be avoided if people use an effective method of contraception, and there are a number of different types (see Contraception on Page 18), giving women and their partners the opportunity to decide what works best for them.

## C's Story

At 23 years old, C has had two abortions. Her first unwanted pregnancy happened when she was 16 years old, when she was using condoms, but not every time she had sex. C says she had received a bit of Sex & Relationship Education (SRE) at school, but not enough, so she didn't feel she had enough knowledge to have the confidence to make choices about her sexual health and contraception.

C's second unwanted pregnancy happened when she was 20 years old. This time she fell pregnant because, although she was on the contraceptive pill, she sometimes forgot to take it. C already had a young son by this point so, at first, she thought she could cope with having the baby because she knew what it was like to be a mum; however, she wasn't in a stable relationship, so she realised she would need far more support from her family than was available. She also wanted to go back into education and she didn't feel that would be possible if she continued with the pregnancy, so she decided to have a second abortion.

After her second abortion C received support through the Contraception and Sexual Health (CASH) service to help her find a type of contraception which works best for her.

*"Pills are not for me because it's easy to forget to take them. I love being on the injection as it's simple and effective."*

C has now used the contraceptive injection for 2 years which she likes because it's easy, she doesn't get any bleeding (which can be one of the side effects of being on the injection) and she feels in control. She regularly visits both her GP and the CASH service, and is also at college, so she feels she's getting her life together.

*"I would not want to have an abortion again. It's the worst feeling I've ever had."*

*"Long-acting methods of contraception are fantastic because they're very effective and give you control. Enjoy life now whilst you're young – there's plenty of time to have your babies."*

Now C is older, she says she realises that getting pregnant by accident isn't ideal because the emotional upset and turmoil are too great. Her advice to other women is:



**Remember, contraceptive methods such as the contraceptive pill and LARC only protect you from getting pregnant; the only way to protect yourself against sexually transmitted infections is to always wear a condom.**

For more information on different types of contraception, including long-acting reversible contraception (LARC), speak to your GP, or visit the CASH service based at the Edridge Road Community Health Centre, Edridge Road, contactable on **020 8714 2861**. Further information can be found at [www.croydonhealthservices.nhs.uk/services/sexual\\_health](http://www.croydonhealthservices.nhs.uk/services/sexual_health).

Lea Siba, Health Improvement Principal – Sexual Health, Public Health Croydon



# Healthy Living Hub

The healthy living hub is a great place to receive information about a healthy lifestyle. It offers a free NHS stop smoking service (one to one consultations) and free physical activity and healthy eating advice. It is a brilliant starting place to become healthier and pick up tips on many areas of health.

## What can you expect from the Hub?

We understand that booking appointments in advance is not always ideal; so you don't have to book to visit the hub or to see a stop smoking advisor - just pop in when it is convenient for you!

Come and speak to a hub advisor to receive friendly advice and support about becoming more active. You can pick up a free Get Up & Go! guide, which has a range of exciting activities from free health walks to exercise classes. You can even get active in the Hub by trying out our X Box Kinect or the Hub exercise bike - set yourself your own cycle challenge! You can also pop in and check your weight

on a weekly basis for free and also receive helpful information from a Hub advisor and set achievable goals.

The Hub receives regular visits from a variety of organisations ranging from Diabetes UK to Mind in Croydon. To find out more please come in and meet the Hub staff or give us a call!

**If you want to lose weight, quit smoking or become more active, the Healthy Living Hub is the place to go. And, even better, the service is free!**

### Opening Times

**Monday:** 11:00-18:00

**Tuesday-Thursday:** 11:00-17:00

Healthy Living Hub, Croydon Clocktower,  
Katharine Street

**020 8253 1009**

**CROYDON**  
www.croydon.gov.uk

# Active Travel - Cycling

Currently only 1% of trips in Croydon are made by bike. This is lower than the London average of 2%. The mayor's target is to increase cycling to 5% across London. Analysis of cycling in Croydon has determined that:

- A very large section of the population in Croydon has never cycled (63%).
- Regular cycling appears to be highest among the youngest age band (5-19).
- Cycling in Croydon is mainly used for very short trips with 65% of trips below 2km and 20% between 2km and 5km. This is a noticeably higher proportion of shorter trips than in London overall.
- The proportion of cyclists in Croydon making longer trips (over 8km/5 miles) is lower than that in London – 6% compared to 9%.
- The level of potential cycle trips is highest in outer London boroughs, highlighting the potential for cycling in Croydon (Cycling Star Alliance 2010).

Road transport in 2007 accounted for 21% of CO2 emissions in Croydon (this is consistent with the London average of 22%) and over half of this comes from private cars. Road transport is also a key source of local air pollutants, which have an impact on everyone living and working in Croydon, but mainly on the most vulnerable such as children, older people and those with heart and respiratory conditions.

Transport emissions in the UK are expected to continue rising, by 35% between 1990 and 2030. Transforming transport is therefore critical in achieving our emissions reduction targets.

## What we are doing to help

### School travel plans in Croydon

Transport contributes to around 40% of all carbon dioxide emissions in the UK. The twice daily school run makes a significant contribution to air pollution, congestion and ultimately climate change. An effective school travel plan (STP) puts forward a package of measures to improve safety and reduce car use. It is based on consultation with teachers, parents, pupils and governors and other local people and covers road safety and the benefits of walking, scooting, cycling or using public transport to get to and from school.

A total of 142 school travel plans have been approved in Croydon since 2005. In 2012 21 of those were recognised as meeting a quality assurance standard at the first or 'sustainable' level. During October 2012 Awards were presented

to the 18 Croydon schools who achieved higher quality standards for their travel work in the last academic year. This year the council is investing extra officer time to support even more schools to achieve STP Accreditation with Transport for London (TfL).

### How children travel to school in Croydon

According to TfL data, as of February 2010, Croydon had the highest number of children travelling to school by car among London boroughs. It also has some of the highest levels of travelling by bus and rail, but the lowest levels of walking and cycling.

The borough supports an extensive programme of road safety advice in schools, with Junior Road Safety Officers in most primary schools and a programme for transition – the important move from primary to secondary school when a child is often travelling routinely on their own for the first time.



**Cycle training is available from our Road Safety Team for school children and adults too. In 2012 we benefited from additional TfL grant to enable 6 primary and secondary schools to run Cycle Clubs. These provided out-of-hours activities that were more about just having fun, on top of the straightforward bikeability training enabling a child to cycle safely on the road.**

**Cycling Instructor cycle training service  
Tel: 0845 652 0421**

**Get a FREE 2-hour one-to-one cycling lesson If you live, work or study in Croydon. Availability subject to budget. Complete beginners welcome.**

**Book online at [www.cyclinginstructor.com](http://www.cyclinginstructor.com)**

**Peter McDonald, Travel & Transport Planning Officer, Croydon Council**

# Pharmacies:

## Maintaining Your Health

### Use your local pharmacy!

Many people are well aware of the services that pharmacists provide – the sale of over the counter medicines and the accurate and safe dispensing of prescriptions. In addition they offer advice that comes freely with every medicine sale (or enquiry) or prescription dispensed.

Although you don't expect to have to register with a pharmacy as you do with a doctor's surgery, there are some changes coming very soon to the supply of dispensed medicines that require pharmacists to obtain what is known as a nomination by their regular customers. This will enable them to receive your prescription electronically rather than you having to collect and present a green prescription form every time you need a drug prescribed by your GP. There is already one surgery in Croydon sending prescriptions this way to its local pharmacies as a trial run for a wider expansion of the electronic prescription service (EPS). However, for the time being, the traditional green FP10 forms are still in widespread use and you can rely on your local pharmacy to let you know when you are required to complete a nomination form.

### There are also many other ways you can use a pharmacy under the NHS

The most important one that everyone should know about is the Pharmacy First service. This allows any patient to access treatment from a pharmacy without the need to attend a GP's surgery. There are 29 minor illnesses included in this service ranging from head lice to athlete's foot and earache to haemorrhoids (piles). To find out more details, pick up a leaflet next time you visit your local pharmacy and ask a member of staff about the service. Those that are normally exempt from prescription charges, such as children, will receive any appropriate medicine supplied under the scheme completely free of charge.

Other services include the provision of emergency hormonal contraception (or morning after pill) to any female under 21 years of age and a free stop smoking service. Those that commit to a four week programme of support from a trained counsellor based at a pharmacy will receive free Nicotine replacement products to assist them with their quit attempt. Many succeed!

Pharmacists are playing a vital role as part of the overall plan to reduce waste and unnecessary costs in the NHS by offering patients a medicines use review. This service is essentially a means of keeping patients well informed about the prescriptions medicines they take (or are supposed to take!) and ensure that they get the best possible outcome from their prescribed drugs. To many of us, this sounds straightforward enough until you realise that approximately 50% of all patients who take medicines regularly to treat a long term condition such as diabetes do not actually take their medicines properly or as intended. It is estimated that of the £43 million worth of prescription medicines supplied to Croydon patients, £18 million worth are unused, wasted or handed back to pharmacies for disposal. This is a situation we need to do something about and fast!





## Did you know?

Pharmacists can look through all the medicines patients have in their possession and help them sort out those that should be taken, those that shouldn't and those that need to be handed back for disposal. The service is free to patients and paid for by the NHS. Patients should not worry that they may not have followed instructions properly and have fallen by the wayside on their treatment routines but they should ask for help in learning more about why they need to treat medicines with the respect and value they deserve. This sometimes means that, occasionally, the pharmacist recommends that a GP stops prescribing certain drugs. Some patients have beliefs about their drugs, and anxieties about side effects, that are often misplaced. In Croydon, the pharmacist can even come to your home and sort things out in private when you have time to spare. The main setting for such reviews is the pharmacy consultation room where you will be given the

privacy you need to discuss these issues openly and honestly. Whatever setting is right for you – home or in the pharmacy – is right for the pharmacist. More importantly, you may know of an elderly relative who appears to be confused about their medicines and demonstrates a lack of organisation about their doses and timings. If this is the case, let their pharmacist know – but first get your relative's permission!

*"Medicines are at the heart of why we exist and practice professionally – we take five years of university training to arrive at a Pharmacy near you – so use us and use us often. Remember – ask your pharmacist!"*

**Andrew McCoig MRPharmS,  
Chief Executive Officer, Croydon Local  
Pharmaceutical Committee**



# Smoking

**Almost a quarter of adults in Croydon smoke tobacco. Among the poorest communities this is nearer to a third. Smoking has decreased steadily since the 1950s when almost the entire UK male adult population smoked, as did nearly half of all female adults, but smoking remains by far the biggest cause of preventable death in England. It is costly to individuals, to the economy, and is the greatest single cause of health inequalities in society.**

Most smokers spend a lot of their money on their habit. The poorest smokers in Croydon spend up to 10% of their household income on tobacco. On average a person smoking 20 a day spends over £1,800 a year.

There is a strong link between adult smoking and the rate of children taking up smoking. More adults smoke among low-income groups and children from deprived backgrounds are much more likely to start smoking than those from affluent backgrounds. They also start smoking at an earlier age. Children living with smokers suffer because of secondhand smoke and are up to three times more likely to become smokers themselves.

Despite tobacco companies claims that children and young people are not targeted as consumers, two thirds of smokers start before their 18th birthday. That is before they are even of the minimum age to be able to buy tobacco products legally. Those who start smoking young are three times more likely to die of a smoking-related disease.



**In Croydon in the 12 months of 2009-2010, 1560 hospital admissions were attributable to smoking. That is 16% higher than the London average and 10% higher than the England average.**

- On average a smoker loses 10 years of life.
- Smoking is the largest single preventable cause of cancer: around 90% of lung cancer and over one in four of all cancers are caused by tobacco use.
- Smoking is a major cause of heart disease and stroke with one in five deaths from cardiovascular disease being caused by smoking.
- Smoking is also responsible for a third of all deaths from respiratory disease.



## What we are doing to help?

The evidence for stop smoking services improving the health of the public is probably stronger than for any other intervention around lifestyle choice. Stop smoking services are cost effective and really work. Every pound invested in supporting people to stop smoking is recouped by the health service – and the wider economy – several times over.

## What are the benefits of quitting smoking for you?

If you smoke and you are thinking of quitting you should know that if you do:

- You will reduce your risk of illness, disability or death caused by cancer, heart disease or lung disease.
- You will protect the health of those around you by not exposing them to secondhand smoke.
- You will improve your breathing and general fitness.
- You will enjoy the taste of food more.
- You will save money - as much as several hundred pounds a month, if you're a heavy smoker.
- You will no longer smell of stale tobacco.

Evidence shows that you are four-times more likely to successfully quit if you use NHS services like ours with nicotine replacement therapy instead of going it alone with just your willpower.

## FREE local services for smokers

The NHS in Croydon provides two FREE services for local people, or those who work in the borough, to use when they want to quit smoking, The Croydon Health Services (CHS) Stop Smoking Service and Solutions 4 Health. Both services provide expert help and advice and access to free or discounted nicotine replacement products such as patches or gum, as well as help with other stop smoking medications. They provide clinics in a range of settings and can offer services through local pharmacies and many GP practices in the borough.

Both services welcome calls to help you access support or to simply find out more about the range of support options on offer.

### NHS Stop Smoking Service Tel: 0800 019 8570



Offering clinics around the borough, plus support through many local pharmacies and GP practices. Call to refer someone or to find out more or ask in your GP practice or local pharmacy.

### Solutions4Health Tel: 0800 634 9139

Offering services from their mobile clinic in Croydon High Street, New Addington Market, Surrey Street Market, Croydon Central Mosque and many workplaces in the area. Also now offering face-to-face support online at [www.smokefreelife.co.uk](http://www.smokefreelife.co.uk). Call to refer someone or to find out more.

For more information on smoking and quitting smoking see [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)

**Jimmy Burke, Health Improvement Commissioner - Addictive Behaviours, Public Health Croydon**



### Tina's Story:

*"I'm writing this email to you simply because I need to say that Chris & Surbhi are a fantastic duo. I went to my GP a while back about quitting and although they point you in the right direction, it was like being thrown in the ocean and told to swim to shore. Because I had failed so many times I gave up giving up. Until that is, I went to see Chris at New Addington market. It's taken me a year to get to the 'I'm not a smoker stage' but I've done it!*

*Knowing I've got the support, encouragement and understanding there to help has helped me no end. I've got a new lease of life. My two daughters are now being treated to more happy days out as a result of me stopping.*

*I can't thank these guys enough for being there, helping, never turning me away and giving up on me."*

**Miss Tina Maul**



Drinking alcohol is an important part of social life for many. The night-time economy with its pubs, bars and restaurants also contributes to the economic prosperity of the borough. But drinking alcohol can come with risks too. Excessive use of alcohol can cause and contribute to a variety of cancers, cardiovascular diseases and diseases of the liver. Alcohol can also make people reckless and impair their judgement, leading to accidents, fights and trouble with the police.

The government recommends that people should not regularly drink more than the daily unit guidelines of three to four units of alcohol for men (equivalent to a pint and a half of 4% beer) and two to three units of alcohol for women (equivalent to a 175 ml glass of wine). It is also important to have alcohol-free days every week. The way you drink is crucial too. It is safer to drink with food and to break up alcoholic drinks with soft drinks or water.

### How much do we drink?

It is estimated that 23% of adults in Croydon do not drink any alcohol at all. That means that 77% of adults do drink - around 200,000 people. Of those:

#### 76% drink at lower risk levels

Defined as consumption of less than 22 units of alcohol per week for males (22 units = about 10 pints of regular strength lager), and less than 15 units of alcohol per week for females (15 units = about 11 large gin and tonics).

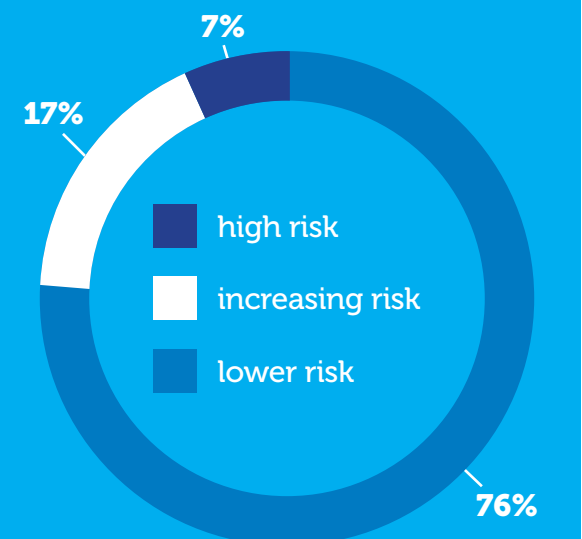
#### 17% drink at increasing risk levels

Defined as consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units of alcohol per week for females.

#### 7% drink at high risk levels

Defined as more than 50 units of alcohol per week for males (50 units = about five full bottles of red wine), and more than 35 units of alcohol per week for females (35 units = about 34 single whiskies).

**11.7% of adults** in Croydon engage in binge drinking. The government defines binge drinking as consumption of at least twice the daily recommended amount of alcohol in a single drinking session - that is, eight or more units for men and six or more units for women. Generally speaking, binge drinking is drinking with the intention of getting drunk. This is a particularly hazardous behaviour and binge drinking is associated with accidents, public order issues, arguments and even fights. This is because alcohol disinhibits people making them much more likely to do things they would not do when sober. With its concentration of nightlife it is not surprising that the town centre, Fairfield and Broad Green, should show the highest levels of binge drinking and assault.





## How can you keep your drinking healthy?

Remember that excessive alcohol consumption contributes to increased risks of many diseases including mental health problems. Most alcoholic drinks are high in calories too and can contribute to unwanted weight gain. Stick to the recommended daily unit guidelines of not more than three to four units of alcohol for men and two to three units of alcohol for women. Have days off and don't forget to enjoy soft drinks and water as an alternative to alcohol.

## How can you keep your drinking safe?

Alcohol is a factor in a lot of fights, violence and domestic assaults. It can also render people especially vulnerable, particularly young people. It pays to plan nights out with friends and stick together all evening so you can look after each other and watch each other's drinks to avoid spiking. Arranging transport home in advance is a good idea too.

Alcohol disinhibits our brains and so we can end up taking risks that we wouldn't normally. Drinking too much can end up in causing trouble with the police, and even sexual encounters that you might regret. This can lead to unwanted pregnancy and sexually transmitted infections.

## What are we doing about it?

Public Health funds services for those with serious or chronic alcohol problems through the local authority's Drug and Alcohol Action Team (DAAT), and it contributes to the provision of Healthy Schools programmes in schools providing preventative education and life-skills to children and young people, including education, on the dangers of alcohol and other drugs.

Since April of 2012 Croydon Public Health department shares a responsibility to examine license applications to prevent any adverse impact on the welfare of the public in line with specific licensing objectives.

In recent years the licensing of alcohol, entertainment and late-night-food has been subject to one piece of legislation, the Licensing Act 2003. Since the act,

the responsibility for administering applications and issuing licences for all these activities is down to local Councils. Prior to this, the Council issued licences for entertainment and late-night-food outlets and the Magistrate's Court issued alcohol licences and licenses for gambling establishments. The Licensing Act 2003 was meant to consolidate all licensing activity in one authority.

If a person or company holds a licence, under the Licensing Act 2003, they must operate that licence in a way that ensures that four licensing objectives are upheld and not compromised.

Those objectives are -

- the prevention of crime and disorder
- the prevention of public nuisance
- public safety
- the protection of children from harm

So, for example, if the premises are an off-licence, the license holder must ensure they don't sell alcohol to children. If it is a nightclub or pub, they must manage the premises so that there is no disorder or assaults and so that people do not have their property stolen. Similarly, if someone has a licence for a late-night-food takeaway, they must make sure their customers do not cause a nuisance, either by leaving litter or by making noise as they leave. This is a big responsibility for a licence holder. They must demonstrate that they are a responsible operator.

The Licensing Act 2003 attempts to provide a balance, allowing people to run a business and their customers to enjoy themselves, but also ensuring that licensed premises are run in such a way that customers are safe and people living or having a business nearby the premises are not adversely affected.

In total, there are currently over 1600 licences issued to premises in Croydon. In addition to its administrative role, the Council's licensing team also has an enforcement role, primarily in making sure that each licence is operated as per the conditions attached to it.

**For advice about drinking safely pop into the Croydon Healthy Living Hub in the Central Library on Katharine Street next to the Town Hall. Telephone 020 8253 1009. Email [healthy.living@croydon.gov.uk](mailto:healthy.living@croydon.gov.uk) See the website for opening times: [www.croydon.gov.uk/healthsocial/healthadvice/healthy-living-hub](http://www.croydon.gov.uk/healthsocial/healthadvice/healthy-living-hub)**



**A great personalised online drinking diary and unit calculator is available so you can track your own consumption and get hints and tips: [www.drinkaware.co.uk](http://www.drinkaware.co.uk)**

**Jimmy Burke, Health Improvement Commissioner - Addictive Behaviours, Public Health Croydon**

**Michael Goddard, Trading Standards and Licensing Manager, Croydon Council**

# Cancer Screening

The NHS Cancer Screening Programme (NHSCSP) is responsible for breast, bowel and cervical screening. It is nationally coordinated, with a call and recall system for all three programmes, with local areas organising their own screening initiatives.

## Breast: Did you know?

- Breast cancer is the most common cancer in the population
- Breast screening is a way of detecting breast cancer at a very early stage by taking an x-ray or mammogram, of each breast. It can detect small changes in breast tissue which are too small to be felt but could lead to cancer.
- Screening is free and is provided every three years to all women aged 50 and over. Women over 70 years are encouraged to make their own appointments at their local unit every three years
- Results are sent to the woman and her GP within two weeks
- If women are in between GPs or unregistered with a GP, they may not receive an appointment, so it is important to get registered as soon as possible.
- In the near future there are plans to lower the age of screening to include women aged 47 and upwards to 73
- In Croydon, the screening site is based at Impact House 2 Edridge Road, a walk in centre (WIC), by the flyover. The centre has wheelchair access and is easily reached by public transport, but you can attend for screening at any other breast screening location.

**Tip:** Make sure you are registered with a GP



**Tip:** Be breast aware be cancer smart!



## Jas's story

(from Croydon 'Get to Know Cancer Shop, an initiative which ran for six weeks from September to November 2012 in the centre of Croydon).

### Key messages

*"Stay aware, know your body, and act fast. I did, and it saved my life."*

*"Catching it early can save your life – and your family will thank you for that."*

*"I found it, I acted on it, and that saved my life."*

When Jas found a lump in her breast in spring 2008, she went straight to her GP. Having confirmed that there was a history of breast cancer in the family; Jas was referred to hospital where she was diagnosed with cancer. This process took less than two weeks.

The lump was removed and Jas also underwent courses of chemotherapy and radiotherapy, which were completed in January 2009. Jas is still taking medication, but four years since being diagnosed, she's living a full, happy, normal life. She's also closer than ever to her daughters, who helped her get through it.

During her treatment, the medical staff told Jas that her fast action in finding the lump and getting it treated had saved her life.

Jas has been in remission for over three years.

## Cervical: Did you know?

- All women between the ages of 25 and 64 are eligible for a free cervical screening every three or five years. You will receive an invitation letter from your GP.
- Cervical cancer is the second most common cancer of women under 35 years
- It is not a test for cancer but tries to prevent you getting cancer by testing cells from your cervix (the neck of the womb) to detect and treat early abnormalities.
- Results are sent back to the woman within around two weeks. If there is no abnormality/issues requiring follow up, the woman is recalled at the normal time.
- Some women may not think cervical screening applies to them as they are not married, are widowed or have a disability. This is not true. This is a universal service for well women regardless of culture, marital status or religion.

Questions about Bowel  
Cancer Screening?  
**Call the HELPLINE**  
**0800 707 60 60**

You can ring this number and request  
a screening if you are over 70

Pat Grey, Joint Cancer Screening Lead,  
Public Health Croydon

## Bowel: Did you know?

- Bowel cancer is the third most common cancer in the UK
- Screening aims to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective
- All men and women aged 60 to 69 are offered screening every two years
- The test is self-administered and you will receive your kit in the post. It is easy to do and is sent back by post, when completed. Your GP will receive a copy of your results
- Bowel cancer screening can also detect polyps (small fleshy lumps which form on the walls of the intestines or colon). These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing.
- In the near future, a simple one-off screening test called a flexible sigmoidoscopy (flexi-sig), which is a way of looking at the inside of the bowel, will be offered to all men and women nationally, when they reach the age of 55. This aims to detect bowel polyps and cancers early before any symptoms develop.

### Useful websites

Cervical screening programme:  
[www.cancerscreening.nhs.uk/cervical](http://www.cancerscreening.nhs.uk/cervical)

Bowel Cancer Screening Programme:  
[www.cancerscreening.nhs.uk/bowel](http://www.cancerscreening.nhs.uk/bowel)

### Useful numbers

SW London Breast Screening service:  
**020 8725 2723/4/5**

Bowel Cancer Screening Programme helpline:  
**0800 707 60 60**



**Tip:** Be aware of your body and see your doctor or nurse about any unusual changes



The NHS offers a national screening programme for three cancers:



Remember - The breast,  
bowel and cervical screening  
programme can detect  
abnormal changes before they  
progress to cancer



More people are likely to  
survive cancer if abnormal  
changes are found at an  
earlier stage



Furthermore, treatments are  
easier and have a higher rate  
of success.

# Supporting People with TB in Croydon

**Janet Camara works as part of a team at Croydon University Hospital (CUH) chest clinic to support people who have tuberculosis (TB). TB is not a very common problem in Croydon but it is a serious one, both to people who have the disease and for the people they live with. TB can affect many different parts of the body, but the most common symptom is chronic coughing, sometimes coughing up blood, and also night sweats, weight loss and fever. If you have any of these symptoms after two courses of antibiotics from your GP, please go to the walk in clinic, your GP or self-refer to the chest clinic.**

TB is a very common disease in much of the world, with about a third of the world's population infected (although not ill). As TB is more common in some countries than others, people from those countries, or people who visit those countries for a substantial period of time, are more at risk of developing the disease than others. Older people in the UK are also at increased risk, as their immune system weakens as they get older.

Janet does outreach work from the chest clinic to help people with TB take their medicines, and also to manage the other aspects of their life that impact on their ability to get better. This work often involves helping people with accommodation, to claim benefits and other social issues. People sometimes can't take the time off work to visit the chest clinic, so Janet will visit them. Janet and the team also do a lot of work with different communities in Croydon, speaking to people about the disease, how it can be treated and how important it is to get diagnosed early.

Janet says that it is essential people understand that TB is a curable disease. Sometimes people are frightened of treatment – they may have seen people with TB be very ill or die with the disease and are therefore scared. TB is a disease that has a lot of stigma in some communities – the team works with the utmost confidentiality when treating someone.

People who start taking their treatment often start to feel better very quickly. TB takes at least six months to cure and it is essential to complete the course of treatment – stopping treatment can create drug resistance. This leads to a much more complex and lengthy treatment, sometimes up to two years.



The team at the chest clinic is very approachable – it works alongside patients and around their lives to help people get better. Janet says that as people get better their confidence improves, as does their motivation to complete their treatment. There is huge satisfaction for the team at CUH seeing people get better. Remember – TB is curable!

**Dr Sara Corben, Consultant in Public Health,  
Public Health Croydon**



# Housing and Health

**Most of us know that our health is affected by our behaviour, such as whether we smoke and what we eat. However the sort of housing we live in is also important to health. The British Medical Association has said that 'multiple housing deprivation appears to pose a health risk that is of the same magnitude as smoking and, on average, greater than that posed by excessive alcohol consumption.'**

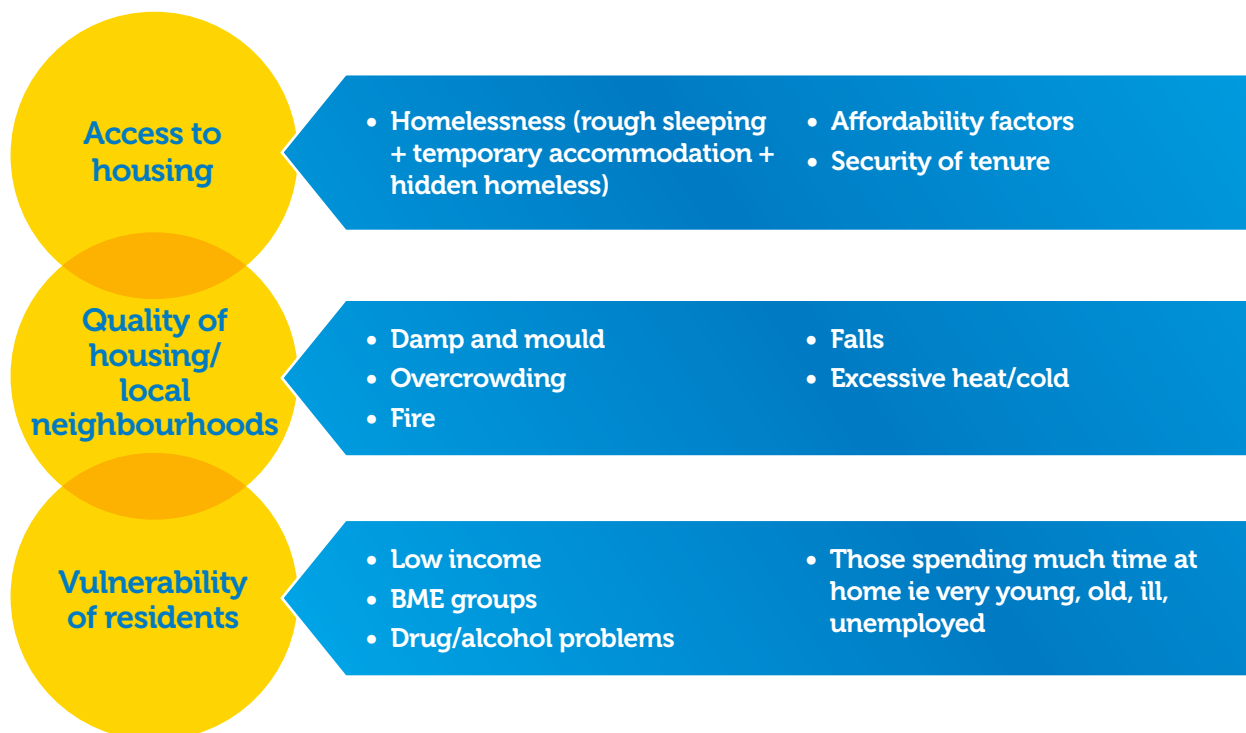
Housing was one of the very first issues to be addressed by public health advocates such as Edwin Chadwick in the early 19th century. Chadwick, John Snow and others highlighted the appalling living conditions of the poor and eventually state

intervention led to the provision of clean water, toilets in homes, and sewage systems. Whilst the more obvious threats to health from poor housing have been largely removed in this country, the link between housing and health remains.

## What are the main links between housing and health today?

There are three key aspects of housing that influence health: the initial access we have to housing in terms of affordability and security and whether we have access in the first place or are homeless, the quality of the housing and neighbourhoods we live in, and factors about ourselves and our vulnerability, i.e. our age, how much time we spend in the home and how much income we have.

## Main factors which influence health today



In turn, each has an impact on at least one of three aspects of health ie physical health, mental health, or social health.



(Adapted from Hacker J, Ormandy D, and Ambrose P, 'Social Determinants of Health – Housing: A UK Perspective' in Porter E and Coles L (2011) Policy and Strategy for Improving Health and Wellbeing. Learning matters.

### How does access to housing influence health today?

Access to housing is influenced by a range of factors such as government policy, economic conditions, local priority and planning law. There is a great deal of evidence that those who sleep rough or live in temporary accommodation are more likely to have poor health. (1) The relationship is complicated and two way: poor health can of course play its own part in causing homelessness in the first place. However, rough sleepers and hostel dwellers are much more likely to have physical and mental health problems than the rest of the population and die much earlier.

In Croydon it is estimated that 22 people sleep rough on any one night and this estimate has increased from 18 in 2011. Public agencies, including the police and the council, charities and voluntary organisations work together to provide accommodation and support to people sleeping rough in Croydon.

In terms of public health, many more people live in temporary accommodation than on the

streets. There is evidence that living in temporary accommodation (particularly bed and breakfast) has poor effects on children. It is linked to increased rates of accidents, infectious diseases, hyperactivity, poor nutrition, dental decay, low immunisation rates, and impaired development.

There has been an increase in homelessness in the UK over the past two years; in 2010 the number of households accepted as homeless increased for the first time since 2003. In Croydon the number of homeless households in temporary accommodation increased from 1267 in 2010, to 1478 in 2011, and to 1749 in 2012. The council is working with housing associations, accommodation agencies and private landlords to provide sufficient suitable accommodation for homeless households. They have also developed a supported housing services specifically for young single homeless people, called the STOP service, which is considered best practice.

All forms of homelessness also have an impact on social health – there is a strong association between homelessness and withdrawal from education, employment or training, and from social networks.



## How does the quality of housing and local neighbourhoods influence health today?

There is now a wealth of evidence of the impact that poor quality housing can have on health. At its extreme, poor quality housing can cause death, i.e. from electrical hazards, fires, falls or structural collapse. More common are physical health problems such as respiratory disease, which can be caused or exacerbated by damp and mould. Excessive cold is of particular importance to public health, since this is associated with deaths and illness from heart disease, stroke, respiratory disease and falls, and can also worsens symptoms of arthritis and increase recovery time, as well as lead to social isolation. Excessive cold is also linked to issues of access and affordability, as the cost of housing relative to income will influence how much money is available to maintain and heat homes.

Croydon has the largest private housing sector in London with 122,011 homes; 83% are owner-occupied and 17% private rented. While most of the borough's private housing is in good condition, a significant proportion is in poor condition; in contrast 100% of social housing in Croydon meets the decent homes standard. The latest information available from the Building Research Establishment in 2008 estimated that:

- 10% (11,397) of private housing is in disrepair
- 17% (20,086) of private housing has category 1 hazards under the HHSRS
- 24% (28,370) of private housing provides inadequate thermal comfort
- 6% (6,695) of private housing lack modern facilities
- 37% (42,973) of private housing fails the decent home standard
- The estimated cost of removing all private sector category 1 hazards is £227m<sup>1</sup>.

The council provides a range of services to assist homeowners and private tenants to improve the condition and energy efficiency of their homes. Assistance is provided in the form of advice and information, loan and grants. The **Staying Put service** helps homeowners tackle common repair works and adaptations.

Overcrowded homes are an issue which affects physical, mental and social health. Crowding is known to increase risks of infectious diseases such as meningitis and tuberculosis, impact on mental health, and be linked to premature mortality. Overcrowding is also linked to infant mortality, developmental delay and poor educational attainment. Overcrowding can also influence social health ie space to do homework, play safely, have friends to visit.

It is estimated there are around 2,000 households on the housing register in Croydon that are overcrowded according to the bedroom standard. The council's overcrowding reduction strategy 2010-14 sets out a range of key actions to reduce overcrowding in the borough. It includes ensuring new larger homes are built and planned, providing incentives for underoccupying social housing tenants to move and converting and extending suitable properties to provide larger homes.

The quality of the local neighbourhoods is also important to health: feeling unsafe has been found to increase the likelihood of poor health by 40%. Studies have also shown that neighbourhoods that are 'walkable' are associated not only with higher social capital but with lower levels of obesity.

## How does the vulnerability of residents influence health today?

Vulnerability to health problems associated with housing increases amongst those with a low income, those who spend a lot of time at home (ie the very young, the elderly, those ill or otherwise not healthy enough to go to work or school, and the unemployed, who may spend all day in and around the dwelling). Other potentially vulnerable groups include those with a drug or alcohol problem, minority ethnic groups ( who are ten times more likely to live in overcrowded homes) and women, who are more likely to be victims of domestic violence and in need of emergency housing than men and who may also be more susceptible to effects of damp than men.



**Jenny Hacker, Consultant In Public Health,  
Public Health Croydon**  
**David Morris, Housing Strategy Manager**

<sup>1</sup> HSSA 2011 CLG.



# Living with HIV

## HIV Rapid Testing in the Community: Working with faith groups

### HIV – The facts

- Over 1,100 Croydon residents access HIV care. Another estimated 300 have HIV but are unaware of it.
- Although there is currently no cure for HIV, there is very effective treatment. When adhered to, treatment reduces the amount of HIV (viral load) in an infected person to undetectable levels and this helps their immune system not to get damaged or, if already damaged, to strengthen it again. An infected person with an undetectable viral load runs a greatly reduced chance of onward transmission of HIV.
- Many people living with HIV and adhering to their treatment now have more or less the same life expectancy as people without HIV.
- All pregnant women are now offered the HIV test. An HIV positive pregnant woman on treatment who does not breastfeed the baby when born, has less than one per cent chance of passing on HIV to her baby.
- The only sure way of knowing one's HIV status is to have an HIV test, which is free and confidential.

We have been testing out new ways to engage with local African communities about HIV awareness and education. Faith groups are one avenue of achieving this. Some have welcomed the opportunity to contribute to the good sexual health of their followers while feeling that they have not compromised their beliefs.



Among the local faith leaders who have embraced HIV awareness for a long time is Sheikh Abdulrahman Kalantan Yiga, one of the leaders of the Uganda Muslim Community in the UK. Their worship centre is in Pollards Hill, Mitcham.

The Sheikh says "Some of our people still fear testing for HIV just in case they are positive and, unfortunately, there are some who directly associate HIV infection with long illness, stigma, discrimination and death. Not everyone thinks like that but there is still a good number who are very fearful. When you mention testing, they ask "If I am still feeling well and healthy, why should I start looking for dangerous things in my system?"

"When Fred came to address the worshipers, most felt more comfortable with him because they trust him and feel he is one of them. Some were also relieved to learn that if they went for HIV testing they would not be quizzed about "other things" and that treatment for HIV would be free. Some people had been asking what would be the use of testing if, if diagnosed positive, some people would not qualify for free treatment and could not afford it? Others were saying that when you go there and they diagnose you with HIV / AIDS the next thing people hear is that you are very ill and soon you are dead! So many misconceptions! We can link HIV testing and treatment to our religion because Islam encourages believers to stay healthy. Unfortunately there are still many Muslims who do not want to hear about HIV education because they still associate it with immorality. Others say that "If I have or am to get HIV, there is nothing you can do by talking to me about it." When people are going for Haj to Mecca, we advise them to go for health checks before they travel because the Haj, while spiritually rewarding, can be physically demanding and one should be fit and healthy. So if you test for other conditions, why not test for HIV as well?"

When Fred introduced the team that did the testing, I was one of the first ones to go for the test. I had to lead by example. When Fred first mentioned the idea, I supported it but was doubtful that many people would go for it. We have been trying to encourage people to go for testing for a long time, but many people have been reluctant. But when the testing was brought to the mosque, people felt strength in numbers. Because everyone was testing, it was not as stigmatic as going to the hospital or clinic. People were even making jokes about it! I would encourage our members to test regularly, say every year."

**For a free and confidential HIV test, ask your GP or visit the Croydon Sexual Health Centre at Croydon University Hospital, London Road (020 8401 3002) where you can get a rapid HIV test with results within one minute. This rapid test is also available through the Croydon Fastest HIV Testing Service at Edridge Road Community Health Centre every Friday 2pm - 6pm. Croydon Fastest also runs a number of pop up clinics during the month, and if a community or faith based group prefers rapid testing to be brought nearer them, this can also be arranged - for further information contact THT Direct on 0808 802 1221 or [info@ttht.org.uk](mailto:info@ttht.org.uk). Remember, appropriate support and advice are given wherever you do your test.**



**Fred Semugera, HIV Lead – African Communities, Public Health Croydon**

# Mental Health and Wellbeing

## Tony has bipolar disorder, this is his story:

*"I was seven years old when I was first taken to see a 'special doctor' (which I now know must have been a psychiatrist) due to the way I was behaving. I was seeing things that weren't there, always losing my temper and getting into trouble at school. I think it started because a lot of bad things happened to me in my childhood. This went on until I was about 14 years old, then I was alright for a bit. I had some problems again in my early 20s - when my marriage broke up I became depressed. Then in my late 30s I got really ill. I could not work due to stress, so I was made redundant from a job I had had for nine years. I had a lot of financial problems and a young family, and the fact that I could not provide for them really bothered me. My second marriage broke up and I had to leave our home. My world was turned upside down. I lived in hostels and B&Bs for a while and then when I got a flat I had a lot of problems with neighbours. And I hated living on my own. The whole situation got on top of me and I went to pieces. I became very depressed and anxious and just came to a full stop. I could not get out of the chair or I stayed in bed all day. I was in a very dark place and for years afterwards I was not the same person."*

### **Then Tony started Boxercise which helped to turn things around for him:**

*"When I heard about the Boxercise I didn't think I'd be interested, but I went along with an open mind and I really enjoyed it. Duke makes it fun and because it's fun you want to stay involved and get the best out of it. I've lost 12 pounds in weight and I'm achieving more in life, my relationships have improved and I'm more positive about things now. I don't sit indoors dwelling on things like I used to, I get out every day and do things. I go swimming now too, and do more exercise and the exercise seems better to me than the medication in lifting my mood. It's improved my life and given me confidence and belief in myself - I'm feeling better than I have done for years. Recently, I ran the London 10K to raise money for Mind in Croydon as a way of thanking them for all the help they have given me over the years"*



**That was over a year ago and Tony now has not had any depression for the past 18 months. He eats a healthy diet, goes to the gym three times a week and on health walks run by Croydon Council twice a week. He says it is not just about the exercise but the people he meets. He has lost three stone in weight which has helped his diabetes and brought down his high cholesterol.**

### **Talking about his mental health problems now he says:**

*"Medication can help you but you have to work with it. You have to push yourself to do things; to get out and about and meet people. I am much more settled now. I have managed to put a lot of things behind me. I am married to a great wife, so have someone to share things with which makes a hell of a difference. And I am happy in my home."*

## Why is mental health and wellbeing important?

Our mental health and wellbeing affects almost every part of our life. It has an impact on our physical health, our ability to work, the relationships we have with our friends and family and our education. People with good mental health are less likely to smoke, drink too much alcohol, use illicit drugs or have risky sex. They tend to be more resilient and cope better with change, challenge and adversity.

## What affects mental health?

Our mental wellbeing is affected by our current circumstances such as our physical health, relationships, housing, employment, leisure activities, access to green space and income. But it is also affected by our past circumstances, particularly mental health in childhood.

## How many people have mental health problems?

Mental health problems are extremely common and can affect anyone. At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time. One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood. The commonest problems for children are conduct and emotional disorders, and for adults anxiety and depression. Approximately 1 in 100 adults have a more serious mental health disorder such as schizophrenia or bipolar disorder.

## Treating mental illness

The earlier mental illness is recognised and treated the better the chances of recovery. Yet we know that many people with mental illness, particularly those with common mental health problems, do not get diagnosed.

The main treatments for mental illness are medication and talking therapies, but it is important that attention is also paid to the social and cultural aspects of life, such as seeing friends and keeping up with interests.

In recent years the focus of recovery has extended from clinical recovery (eliminating symptoms, restoring social functioning, and in other ways 'getting back to normal') to 'personal recovery'. Personal recovery is defined as:

*" ..... a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness."*

Hence recovery is about having hope; having an identity apart from the mental illness; having meaning in life; and taking personal responsibility for one's own life. Supporting personal recovery involves moving away from a focus on treating illness and towards promoting wellbeing.

## Promoting mental wellbeing

Supporting recovery is not just the role of specialist providers. As the Government strategy *No Health without Mental health* states 'mental health is everybody's business.' Mental health is the foundation for wellbeing and effective functioning for an individual and for a community.

### Mental health is defined as:

... a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Taking action to improve mental health and wellbeing will contribute to a wide range of positive outcomes for individuals and communities as well as helping prevent mental illness. Studies have shown that communities - such as schools, workplaces or neighbourhoods - with high levels of mental health are more likely to support people with both acute and long term problems because they are more resilient.



## Looking after our mental health: 'The Five Ways to Wellbeing'

Research evidence shows that there are five simple actions we can all take to improve wellbeing in our everyday lives:

**Connect...**with the people around you: with family, friends, colleagues and neighbours; at home, work, school or in your local community. Building these connections will support and enrich you every day.

**Be active...**Go for a walk or run, step outside, cycle, play a game, garden, dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

**Take notice...**Be curious. Catch sight of the beautiful, remark on the unusual; notice the changing seasons; savour the moment, whether you are walking to work, eating lunch or talking

to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

**Keep learning...**Try something new. Rediscover an old interest. Sign up for that course; take on a different responsibility at work; fix a bike, learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

**Give...**Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time, join a community group. Look out, as well as in; seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Tony's story illustrates the importance of wellbeing in his personal recovery. Enrolling in Boxercise kick started it by providing him with the five ways to well-being: the opportunity to connect with other people; to be active; to be aware of the world around him; to learn something new; and to give to others through the new friendships he made.

## Getting help for mental health problems

Treatment for mental health problems is normally accessed through your GP who can prescribe medication and self-help guides, refer for psychological therapy, arrange an appointment with a psychiatrist or make a referral to the local community mental health team if necessary.



There are two directories where more information about services in Croydon can be found:



MIND in Croydon Mental Health Information Directory  
<http://directory.mindincroydon.org.uk/Pages/Subjects.aspx>

The Hear Us guide to Croydon's mental health and wellbeing services  
[www.hear-us.org/aboutus/TheGuide/The-Guide.html](http://www.hear-us.org/aboutus/TheGuide/The-Guide.html)

Croydon is currently looking in detail at mental health and wellbeing with a view to improving outcomes for local people. The findings of the Joint Strategic Needs Assessment will be published in 2013 on this website:  
[www.croydonobservatory.org/jsna/](http://www.croydonobservatory.org/jsna/)

Martina Pickin, Locum Consultant in Public Health, Public Health Croydon

# Diabetes

## Paul's Story

Paul Richmond, 58, lives in Shirley and works in IT. He was diagnosed with diabetes in June 2012.

*"When I received my diagnosis I was depressed for two or three days, but then I thought let's get on with it. My GP has been excellent and put me in contact with all the right services. I have had my eyes screened to make sure there isn't any damage, had my feet checked by a podiatrist, met up with a dietician to find out about making changes to the way I eat and am just finishing off my diabetes education course – X-PERT.*

*X-PERT makes you feel empowered, because once you have the knowledge about what is happening you feel able to do something about your diabetes and control it.*

*My advice to someone who has just been diagnosed is don't be scared, don't be depressed, there is a wealth of help and education out there to support you, it's a case of taking the opportunity and grabbing as much of it as you can."*



## Diabetes in Croydon

Diabetes develops when the body has problems using or producing the hormone insulin leading to high levels of glucose in the blood. The two main kinds are Type 1 diabetes and Type 2 diabetes with most people having Type 2. The number of people with diabetes in Croydon is rising rapidly, with around 1 in 20 of all patients registered with Croydon GPs having been diagnosed with the condition.

The action that would have the greatest impact on reducing the risk of developing the disease is people achieving and maintaining a healthy weight, by eating healthily and being physically active.

The signs and symptoms of diabetes are:

- Feeling very tired.
- Going to the toilet to urinate a lot
- Feeling very thirsty
- Losing weight
- Blurred vision
- Wounds healing slowly
- Itching around the genitals or getting thrush regularly

The signs and symptoms are usually very obvious with Type 1 diabetes, but with Type 2 diabetes they might not even be present.

If you think any of these signs and symptoms apply to you, ask your GP to test you for diabetes.

## Getting Tested

**If you are white and over 40 years old, or if you're black, Asian or from a minority ethnic group and over 25 years old and have one or more of the following risk factors, you should ask your GP for a test for diabetes:**

- a close family member already has diabetes
- you're overweight or your waist is 31.5 inches or over for women; 35 inches or over for Asian men and 37 inches or over for white and black men
- you have high blood pressure or you've had a heart attack or a stroke
- you're a woman with polycystic ovary syndrome and you are overweight
- you've been told you have pre-diabetes, impaired glucose tolerance or impaired fasting glycaemia
- you have serious mental health problems.

**Daniel MacIntyre, Health Improvement Principal, Public Health Croydon**

# NHS Health Checks

**Vascular disease** – heart disease, stroke, diabetes and kidney disease – is the leading cause of death in the UK. Collectively, these conditions affect the lives of more than four million people and kill 170,000 every year. However, although common, these conditions are often preventable.

## So what is being done?

Everyone in England between the ages of 40 and 74 who has not already been diagnosed with heart disease, stroke, diabetes or kidney disease will be invited for a free **NHS Health Check** once every five years. The check is to assess risk of developing these conditions, gain a clearer picture of a person's health and then take steps to maintain or improve health.

## What happens at the free NHS Health Check?

The check takes about 30 minutes and is based on straightforward questions and measurements such as age, family history, height, weight and blood pressure. There is also a simple blood test to measure cholesterol.

Results are given in the same appointment, along with personalised advice about how to lower risk and maintain a healthy lifestyle.

Depending on the result of the check, some people may be referred to their GP for follow up.

## Who is at risk?

We know that risk of developing heart disease, stroke, diabetes and kidney disease increases with age. There are also certain things that will put people at even greater risk:

- Being overweight
- Lack of exercise
- Smoking
- High blood pressure
- High cholesterol

The good news is that these conditions can often be prevented, or the onset delayed, even if there is a history of them in the family. So even if a person is feeling well, it's worth having a NHS Health Check early.

## NHS Health Checks in Croydon

This year over 20,000 people in Croydon will be invited to have a free NHS Health Check. Within the next 5 years, all eligible people will be sent an invitation. We encourage people to book an appointment if they receive a letter. NHS Health Checks are currently undertaken in 14 pharmacies and 8 GP practices across the borough with a variety of appointment times offered.

# Get the jab - Get flu safe

Every year the seasonal flu vaccine is offered to the groups of people who are at risk of having their health seriously compromised if they were to catch flu. The groups who are offered the vaccine are

- people aged 65 years or over
- all pregnant women (including those women who become pregnant during the flu season)
- younger people under 65 (adults and children) with a serious medical condition such as
  - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis
  - chronic heart disease, such as heart failure
  - chronic kidney disease
  - chronic liver disease, such as hepatitis
  - chronic neurological conditions, such as Parkinson's disease or motor neurone disease
  - diabetes
  - problems with your spleen – for example, sickle cell disease, or if you have had your spleen removed
  - a weakened immune system due to conditions such as HIV and AIDS, or as a result of having treatment that suppresses the immune system, such as chemotherapy
- are living in a long-stay residential care home or other long-stay care facility (not including prisons, young offender institutions or university halls of residence)
- are in receipt of a carer's allowance, or you are the main carer for an elderly or disabled person whose welfare may be at risk if you fall ill
  - are a healthcare worker with direct patient contact or a social care worker



**The numbers of people taking up the offer of a flu jab has been declining over the last few years. It is really important that you get a flu jab if you are in a risk group.**



# NHS Abdominal Aortic Aneurysm Screening Programme for men aged 65 and over

## What is the Screening Programme?

A simple scan can tell if you have an abdominal aortic aneurysm. This is an enlargement of the main blood vessel in the abdomen and if left untreated it can be fatal.

## AAA screening in Croydon: the facts

If you are a man aged over 65 you have a higher risk of abdominal aortic aneurysm. This is why the NHS will be inviting all men for screening during the year they turn 65.

Research has demonstrated that offering men screening in their 65th year could reduce the rate of premature death from a ruptured abdominal aorta by up to 50 per cent.

CROYDON now has 5 locations for AAA screening.

## What can people do to reduce their chances of AAA?

Men are six times more likely to have this type of aneurysm than women. The chances of having an aneurysm increases with age. It is estimated that around 1 in 25 men aged between 65 and 74 in England have an abdominal aortic aneurysm. This is about 4% of men in this age group.

Your chances of having an abdominal aortic aneurysm can also increase if:

- You smoke
- You have high blood pressure
- Your brother, sister or parent has, or has had, an abdominal aortic aneurysm

## How do people get a screening if they want it?

If you are over 65 and have never been invited for AAA screening, you can ask for a scan by contacting your local screening unit on **0208 266 6261**

You can find information about the NHS AAA Screening Programme at **[aaa.screening.nhs.uk](http://aaa.screening.nhs.uk)**

You can speak to your GP.

## Case History

### KB has lived and worked in New Addington since 1979

*"I am very fit at 66 but often reflect back on when I wasn't! Especially my smoking habit in my 20's. I was pleased to do this scan - the whole procedure took less than 20 minutes and it encouraged me to continue with my swimming sessions and healthy lifestyle".*



# Dementia in Croydon

## Jim and Freda Humble



Freda is a retired senior teacher in Croydon who has been diabetic all her life. Her husband Jim, tells their story:

*"In early 2004 we noticed her first symptoms - an amusing confusion of words, for example, 'him instead of her' 'girl for boy' 'money for food' and an inability to accurately read nursery rhymes and stories for any one of our seven grandchildren.*

*She was diagnosed with dementia by the Croydon Memory Service a few months later. The family were shocked, however Freda's reaction was 'acute relief' because she had silently thought she must be going 'mad'. Her difficulty was now understandable. It had a name.*

*She immediately informed family, friends, neighbours and ex-colleagues. The Croydon Memory Service were magnificent. Every possible effort was made to help, inform and explain and we attended three separate innovative six week courses in Croydon.*

*Freda's tactic of informing everyone about her affliction removed considerable stress. It gave a wide range of friends and contacts an opportunity to talk about dementia without fear or stigma.*

*Freda has had dementia for eight years now – she can shop alone; pay bills; boil eggs; wash and launder; maintain security; keep a diary; manage insulin and pills; do the garden; control the TV zapper and enjoy the grandchildren. Some memory problems have started to arise but the most difficult issue is acute frustration about her inability to communicate as she would wish.*

*Dementia is a horrid situation but it can be managed reasonably well with access to high quality help, care and advice, plus the absolute understanding of family and friends.*

**Our advice for people in a similar situation is:**

- 1. Talk to friends and family openly about dementia as this relieves much guilt and stress*
- 2. Continue every possible task, job or activity even if there are some disasters and mistakes*
- 3. Maintain friendships and don't shrink from society - many do."*

## Dementia in Croydon: the facts

Dementia is common, expensive and growing. There are around 3,300 people with dementia in Croydon. Only two fifths (43%) of people estimated to have dementia have a diagnosis.

Dementia affects many brain functions such as memory and communication. It can be devastating, not only for the person with the condition, but their family and friends. Carers play a key role in maintaining independence. Symptoms get worse and are eventually severe. However, with the right support it is possible for people with dementia to live well.

Croydon's population is ageing. We estimate that over the next 15 years, there will be a 40% increase in the number of people with dementia (4,500 by 2025)

Croydon spends an estimated £80 million per year on dementia and this is expected to triple over the next 30 years. These costs include care home costs, care provided by families, social care and NHS costs.

One quarter to a third of people in hospital have dementia.

## What can we do to help people with dementia?

Ensure people get a diagnosis as early as possible. This can improve the quality of life for people with dementia, and help people to plan for their future.

Ask people with dementia and their carers what they think about services to ensure their needs are met and services are of high quality.

Support carers through assessments, reviews, provide regular respite, peer support to ensure their own needs are met.

Provide excellent information about services so that everyone knows how to access them. Make the information available to people with dementia, their family carers and people who provide care in the NHS, social care, voluntary and private sector.

Train hospital staff to have the skills to support people with dementia in hospital and when they leave hospital. "

**Bernadette Alves, Consultant in Public Health, Public Health Croydon**

# NICE – Patient’s Friend or Foe?

**The National Institute for Health and Clinical Excellence (NICE) provide independent, authoritative and evidence-based guidance in England on the most effective ways to prevent, diagnose and treat disease and ill health, reducing inequalities and variation. Their guidance helps to ensure that care is of the best possible quality and offers the best value for money.**

David Martin has been the patient representative on the Croydon NICE Sub-group for two years. He was until recently the Vice Chair of the Patient Assembly at Croydon Health Services. He has also been a patient member of two groups which produced NICE Clinical Guidelines. Here are his thoughts on why NICE guidance is important for patients and how he thinks we are doing with this in Croydon.

## **Why do you think NICE guidance is important for patients and public health in general?**

*The published guidance is about far more than just the medicines approval which attracts so much media attention. Fully and efficiently carried out, it would bring about substantial improvements in the safety and efficiency of healthcare treatments and in the overall experiences of patients. My work with the national groups has been satisfying because I know the guidance we produce will truly reflect the needs and priorities of patients.*

## **What value do you think you add, from a patient’s perspective, to the way we deal with NICE guidance in Croydon?**

*I am able to remind colleagues of the diversity of the Croydon population and the need to recognise this in the way guidance is put into practice. I am also able to ask the challenging questions to make sure that the professionals are held responsible for the quality of the service they deliver.*

## **You’ve been representing patients on the NICE subgroup for two years now. Can you give examples of things that have improved in this time?**

*In this time we’ve introduced measures to make sure we concentrate our discussions and actions on the topics that most affect Croydon. We have also*



*strengthened our actions to check that guidance is being used properly and is not just a ‘tick box’ process. We have become tougher in challenging the quality of work, for instance surveys and audits, to assess a service provided for patients.*

## **What improvements do you think we could make in the way we deal with NICE guidance in Croydon?**

*The role and range of NICE is due to increase with the health reforms and introduction of Clinical Commissioning Groups. There will be increased emphasis on publishing Quality Standards. This will inevitably increase the need for good supervision to make sure the guidance is used to its greatest effect. I think we need to monitor more closely the Primary Care and Local Authority areas, where the large number of locations providing healthcare services increases the difficulty.*

## **Is there anything else you want to say about NICE in Croydon?**

*Until I joined the monitoring sub-group, like most people I only knew of NICE in regard to medicines approvals. I now appreciate the much larger range of activities they are involved in. I believe NICE should do more to improve public knowledge of its work and how this affects the quality of their own healthcare experiences. It should also highlight the opportunities for patients, carers or their families to volunteer to take part in what NICE does. Public pressure, whilst inconvenient for the professionals, is a great means to bringing about improvement.*

**Tracy Steadman, Evidence Based Practice Lead, Public Health Croydon**



# Get the right treatment in Croydon

## What's the best choice for you?

<b>Can you treat yourself at home?</b>	For minor illnesses and injuries treat yourself at home with a well-stocked medicine cupboard and first aid materials.
<b>Do you need advice? Or have a minor ailment?</b>	Think ' <b>Pharmacy First</b> ' and visit your local pharmacy.
<b>Do you need advice fast but it's not emergency?</b>	Think ' <b>Talk before you walk</b> ' and call 111.
<b>Do you need to see a doctor?</b>	Call your local GP practice. If you need to see your GP out of hours call 111.
<b>Do you need urgent care without an appointment?</b>	Visit your nearest minor injuries unit, walk-in centre or urgent care centre.

## At the hospital

<b>If you need to be seen but it's not an emergency</b>	If your problem is not medically an 'emergency' you will be seen by health professionals in our <b>urgent care centre</b> .
<b>If you have a very serious or life threatening illness</b>	If you need emergency care fast you will be seen by health professionals in our <b>emergency department</b> .

## In Croydon, your nearest NHS walk-in services are listed below:

**Minor injuries unit**  
**Parkway Health Centre**  
 Parkway, Croydon CR0 0JA  
 020 8251 7225  
 open Monday–Friday 2pm–10pm  
 and Saturday–Sunday 12pm–10pm  
 365 days a year  
 patients will not be booked in after 9pm\*

**GP led health centre/walk-in**  
**Edridge Road Health Centre**  
 Edridge Road, Croydon CR9 1PJ  
 020 3040 0800  
 open 8am–8pm, 365 days a year

**Urgent care centres**  
**Croydon University Hospital**  
 530 London Road, Croydon CR7 7YE  
 020 8401 3000  
 open 24 hours, 365 days a year  
**Purley War Memorial Hospital**  
 856 Brighton Road, Purley CR8 2YL  
 020 8401 3238  
 open 8am–8pm, 365 days a year  
 patients will not be booked in after 7.30pm\*

\*This is to ensure patients receive a thorough assessment. If patients arrive after this time, staff will advise on alternative services.

For more information on your health:

## **NHS Choices**

**Web: [www.nhs.uk](http://www.nhs.uk)**

The online 'front door' to the NHS. All the information you need to make choices about your health.

## **NHS Direct**

**Tel: 0845 46 47 Web: [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)**

Health advice and reassurance, 24 hours a day, 365 days a year.

## **NHS 111**

**Tel: 111**

**You should use the NHS 111 service if:**

- you need medical help fast, but it's not a **999** emergency;
- you think you need to go to A&E or another NHS urgent care service;
- you don't know who to call for medical help or you don't have a GP to call; or
- you require health information or reassurance about what to do next.

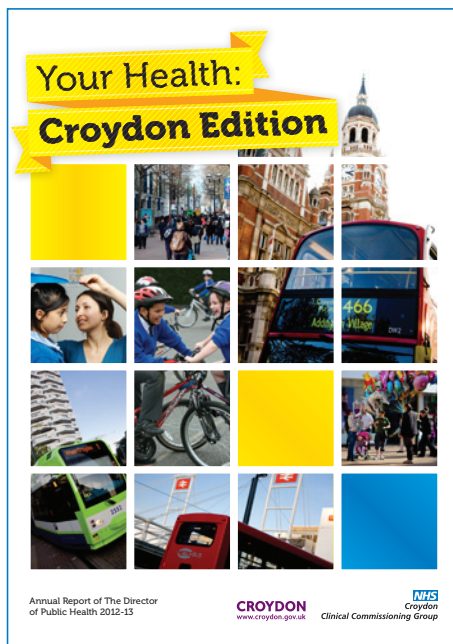
For less urgent health needs, you should still contact your GP or local pharmacist in the usual way.

For immediate, life-threatening emergencies, continue to call **999**.

## **Joint Strategic Needs Assessment (JSNA)**

For further statistical or reference information please visit [www.croydonobservatory.org](http://www.croydonobservatory.org)

**For further information on this report contact Public Health Croydon on [020 8274 6000](tel:02082746000).**



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