

# Public Document Pack

## Health & Wellbeing Board

To:

Councillor Yvette Hopley (Chair)

Councillor Margaret Bird (Vice-Chair)

Annette McPartland, Interim Corporate Director Adult Social Care & Health (DASS)

Rachel Flowers, Director of Public Health - Non-voting

Edwina Morris, Healthwatch

Hilary Williams, South London and Maudsley NHS Foundation Trust

Yemisi Gibbons, Croydon Health Services NHS Trust - non voting

Steve Phaure, Croydon Voluntary Action - Non Voting

Matthew Kershaw, NHS Croydon Clinical Commissioning Group (CCG)

Debbie Jones, Corporate Director for Children, Young People and Education

A meeting of the **Health & Wellbeing Board** will be held on **Wednesday, 17 April 2024** at **2.00 pm** in **Council Chamber, Town Hall, Katharine Street, Croydon CR0 1NX**

Katherine Kerswell  
Chief Executive  
London Borough of Croydon  
Bernard Weatherill House  
8 Mint Walk, Croydon CR0 1EA

Klaudia Petecka  
Democratic Services and Governance Officer  
[www.croydon.gov.uk/meetings](http://www.croydon.gov.uk/meetings)  
9 April 2024

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### AGENDA – PART A

**1. Apologies for Absence**

To receive any apologies for absence from any members of the Committee.

**2. Minutes of the Previous Meeting (Pages 5 - 6)**

To approve the minutes of the meeting held on 19 March 2024 as an accurate record.

**3. Disclosure of Interests**

Members are invited to declare any disclosable pecuniary interests (DPIs) and other registrable and non-registrable interests they may

have in relation to any items(s) of business on today's agenda.

**4. Urgent Business (if any)**

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

a) **South West London Integrated Care Board**

The Chair was asked to feed into the contribution of South West London NHS Integrated Care Board to the implementation of the Joint Local Health and Wellbeing Strategy. This item is to discuss the response with the Board Members.

**5. Public Questions**

Public Questions should be submitted before 12 noon on the 12 April to [democratic.services@croydon.gov.uk](mailto:democratic.services@croydon.gov.uk). Any questions should relate to items listed on the agenda. 15 minutes will be allocated at the meeting for all Public Questions that are being considered.

**6. Healthwatch Croydon Annual Report 2022-23 (Pages 7 - 62)**

The Annual Report summarises the work undertaken by Healthwatch Croydon between 1st April 2022 and 31st March 2023. It also sets out the plans for work in 2023-2024 as identified early in the financial year.

For the reasons set out in the report, the Health and Wellbeing Board is recommended:

- to note Healthwatch Croydon's Annual Report for the financial year 2022-23, which provides a summary of the work undertaken by the organisation during the year.

**7. Health and Wellbeing Board Annual Report (Pages 63 - 82)**

This report summarises the work undertaken by Croydon Health and Wellbeing Board from 1 January 2023 to 31 December 2023 and sets out some priorities for work in 2024.

The report details the statutory duties and functions of the Board alongside the strategic priorities set out in the Health and Wellbeing Strategy.

This report recommends that the Health and Wellbeing Board:

- Note the contents of this report.

- Report to Full Council the outcome of the Board's monitoring of the delivery plans in fulfilment of the Joint Local Health and Wellbeing Strategy as part of its annual report.

**8. Croydon Health and Wellbeing Survey for School-Age Children and Young People (2022/23) (Pages 83 - 122)**

This report updates the Health and Wellbeing Board on the Croydon Health and Wellbeing Survey for school-aged children and young people (2022/23).

For the reasons set out in the report, the Health and Wellbeing Board is recommended:

- to note the full report of the results from the 2022/23 survey and discuss:
  - o priority areas for action among Health and Wellbeing Board partners
  - o opportunities to share the report among stakeholders.
- to note the progress update provided within this report, and endorse the approach being taken.

**9. Croydon Joint Local Health and Wellbeing Strategy Refresh: progress update and next steps (Pages 123 - 268)**

The Health and Wellbeing Board have agreed to refresh the current strategy in March 2023, and a six-week public consultation took place between 15 January 2024 and 26 February 2024.

This report summarises the insights and feedback received from the consultation, presents the final draft of the Joint Local Health and Wellbeing Strategy (JLHWS) for sign off, and provides an overview of next steps for delivering the strategy.

The Health and Wellbeing Board is recommended to:

- Note insights and feedback received from the six-week

consultation,

- Approve the final JLHWS as presented in Appendix 3,
- Agree on the next steps on delivering the strategy.

**10. Health and Wellbeing Board - Forward Plan**

To receive a verbal update and discuss the Board's Forward Plan.

**11. Better Care Fund 2023/24 Quarter 3 Report (Pages 269 - 276)**

To ensure that both national and local governance is completed correctly, the Health and Wellbeing Board is asked to sign off the Better Care Fund Quarter 3 Submission for 23-24 for Croydon to NHS England.

**12. Exclusion of the Press and Public**

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder of a meeting:

“That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended.”



## Health & Wellbeing Board

Meeting of held on Tuesday, 19 March 2024 at 2.00 pm in Council Chamber, Town Hall,  
Katharine Street, Croydon CR0 1NX

### MINUTES

**Present:** Councillor Yvette Hopley (Chair);  
Councillor Margaret Bird (Vice-Chair);  
Councillor Janet Campbell  
Councillor Humayun Kabir  
Annette McPartland, Corporate Director Adult Social Care & Health (DASS)  
Rachel Flowers, Director of Public Health - Non-voting  
Edwina Morris, Healthwatch

**Also Present:** Jack Bedeman, Public Health Consultant

**Apologies:** Councillor Tamar Barrett, Councillor Joseph Lee, Hilary Williams, Yemisi Gibbons, Steve Phaure, Matthew Kershaw and Debbie Jones

### PART A

1/24 **Disclosure of Interests**

There were no disclosures at this meeting.

2/24 **Urgent Business (if any)**

There was none.

3/24 **Public Questions**

There were none.

4/24 **Proposed Changes to the Constitution relating to the Health and Wellbeing Board**

The Health & Wellbeing Board considered a report containing proposed changes to the Council's Constitution relating to the Board.

The report was introduced by Jack Bedeman, Public Health Consultant, who summarised the key changes, development process and rationale for the proposed amendments. It was highlighted that:

- The Local Government Association supported the review of the Board, and it agreed that it would be sensible to review the relevant parts of the Constitution, specifically the terms of reference. Also, the Council's legal team supported the review.
- The Constitution's review involved reviewing the terms of reference against the relevant legal acts to ensure that they correctly reflect the purpose of those acts. For instance, the Health and Social Care Act was amended in 2020, and considerable changes were made to the Integrated Care Boards.
- The main substantive changes were to update the Board's membership. The proposed changes also clarify the role of the Executive Team of the Board.
- Amendments were proposed to reflect the partnership character of the Board. For instance, the quorum accounts for statutory officers.

The Chair and other Board members welcomed the report and the proposed changes to the Council's Constitution.

The Board RESOLVED:

To consider and note the proposed changes to the Council's Constitution regarding the Health & Wellbeing Board.

5/24

**Exclusion of the Press and Public**

It was not necessary to exclude the press and public from any portion of this meeting.

The meeting ended at 2.30 pm

**Signed:**

**Date:**

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# Agenda Item 6

## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	<b>HEALTH AND WELLBEING BOARD</b>	
<b>DATE OF DECISION</b>	<b>WEDNESDAY 17 APRIL 2024</b>	
<b>REPORT TITLE:</b>	<b>Healthwatch Croydon Annual Report 2022-23: Together we're making health and social care better</b>	
<b>LEAD OFFICER:</b>	<b>EDWINA MORRIS, CHAIR, HEALTHWATCH CROYDON</b> <a href="mailto:edwina.morris@healthwatchcroydon.co.uk">edwina.morris@healthwatchcroydon.co.uk</a> 07855 452171 <b>GORDON KAY, MANAGER, HEALTHWATCH CROYDON</b> <a href="mailto:gordon.kay@healthwatchcroydon.co.uk">gordon.kay@healthwatchcroydon.co.uk</a> 07485 393580	
<b>LEAD MEMBER:</b>	<b>COUNCILLOR YVETTE HOPLEY, CHAIR OF HEALTH AND WELLBEING BOARD, AND LEAD COUNCILLOR FOR ADULT SOCIAL CARE AND HEALTH</b>	
<b>KEY DECISION?</b>	<b>No</b>	REASON: N/A
<b>CONTAINS EXEMPT INFORMATION?</b>	<b>NO</b>	Public
<b>WARDS AFFECTED:</b>	<b>All</b>	

### 1. SUMMARY OF REPORT

- The Annual Report summarises the work undertaken by Healthwatch Croydon between 1st April 2022 and 31st March 2023. It also sets out the plans for work in 2023-2024 as identified early in the financial year.

### 2 RECOMMENDATIONS

For the reasons set out in the report [and the presentation], the Health and Wellbeing Board is recommended:

- to note Healthwatch Croydon's Annual Report for the financial year 2022-23, which provides a summary of the work undertaken by the organisation during the year. The report is attached as an Appendix to this report.

### **3. REASONS FOR RECOMMENDATIONS**

- 3.1. Local Healthwatch organisations are required under the Health and Social Care Act 2012 to produce an Annual Report by 30th June each year, and to present the report to the relevant Health and Wellbeing Board.

### **4. BACKGROUND AND DETAILS**

- 4.1. Healthwatch Croydon works to get the best out of local health and social care services by ensuring the people who use health and care services can influence the way they are delivered. From improving services today to helping shape better ones for tomorrow, we listen to local people's views and experiences and then influence decision-making.
- 4.2. During the financial year 2022-2023 Help & Care, a charity based on the South coast, held the contract for the delivery of Healthwatch services in Croydon. Help & Care are one of the largest providers of Healthwatch services in England and have been involved in patient and public involvement in health for more than 20 years. During the latter part of 2022-2023 Croydon Council recommissioned the local Healthwatch service, resulting in the contract being awarded to Public Voice, a Community Interest Company based in Haringey as from 1st July 2023, and the Healthwatch Croydon staff group transferred to Public Voice in accordance with the TUPE regulations.
- 4.3. The work outlined in this Annual Report was undertaken whilst Help & Care was the contract holder.
- 4.4. Healthwatch has several legal functions, under the Health and Social Care Act, 2012. These are:
  - a) Gathering views and understanding the experiences of patients and the public;
  - b) Making people's views known and acting as a credible voice at strategic meetings;
  - c) Supporting the involvement of people in the commissioning, provision and scrutiny of services;
  - d) Recommending investigation or review of services via Healthwatch England or Care Quality Commission;
  - e) Signposting for access to services and support for making informed choices;
  - f) Making the experiences of people known to Healthwatch England and other local Healthwatch organisations.
- 4.5. We have prepared a short presentation summarising the key activities undertaken during 2022-2023 as described in the Annual Report.

## **5. ALTERNATIVE OPTIONS CONSIDERED**

- 5.1. Not applicable.

## **6. CONSULTATION**

- 6.1. Healthwatch Croydon listens to local people's views and experiences of health and social care services and works to get the best out of local services by ensuring that the people who use those services can influence decision making and the way that services are delivered.
- 6.2. The Annual Report summarises the work undertaken by Healthwatch Croydon during 2022-2023 which includes seeking the views of local residents about a number of health and social care services and presenting those views, along with findings and recommendations for changes and improvements in services to those people with responsibility for commissioning and/or providing those services.

## **7. CONTRIBUTION TO COUNCIL PRIORITIES**

- 7.1. The work of Healthwatch Croydon, as summarised in the Annual Report, contributes to the delivery of the five priority outcomes in the Mayor's Business Plan (2022-26), and in particular outcome 5, "people can lead healthier and independent lives for longer."
- 7.2. Healthwatch Croydon works with partner agencies, including those within the One Croydon Alliance, and VCS organisations, to ensure that the voices of local residents contribute to the promotion of people's independence, health and wellbeing and help to keep vulnerable adults safe. This is done through projects that are undertaken with reports written and presented to decision makers, the gathering and reporting of insight, and influencing and representation at various local Boards and Committees.
- 7.3. In addition, Healthwatch Croydon works closely with health and care services and VCS organisations to improve local residents' health and reduce health inequalities. Particular attention is paid to ensuring that the voices of marginalised communities and hard to reach groups are heard and conveyed to local leaders and decision makers, so that their needs are taken into account in the design and operation of local services.
- 7.4. Healthwatch Croydon also provides information and signposting to local residents about health and social care services, both online and via telephone, and enables Croydon residents to participate in community life.

## **8. IMPLICATIONS**

### **8.1. FINANCIAL IMPLICATIONS**

- 8.1.1. There are no direct financial implications as a result of this report. Any future financial impact will be fully considered as part of subsequent reports as they arise.
- 8.1.2. Comments approved by Lesley Shields, Head of Finance for Assistant Chief Executive and Resources on behalf of the Director of Finance. 05/4/24

### **8.2. LEGAL IMPLICATIONS**

- 8.2.1. The Council has a statutory responsibility to commission an independent Healthwatch service for the Borough.
- 8.2.2. Under Section 227 (Local Healthwatch organisation: annual reports) of the Local Government and Public Involvement in Health Act 2007 local Healthwatch organisations are required to prepare for each financial year a report in relation to the activities of the organisation under the contractual arrangements with the Council.
- 8.2.3. Such reports must include details of amounts spent by the organisation and its contractors in the year concerned, details of what those amounts were spent on, and such matters as the Secretary of State may direct.
- 8.2.4. Such reports must be prepared by 30th June after the end of the financial year concerned. A copy of such reports must be sent to the local authority, and to the overview and scrutiny committee of the local authority.
- 8.2.5. Comments approved by the Head of Social Care & Education Law on behalf of the Director of Legal Services and Monitoring Officer. (Date 12th April 2024.)

### **8.3. EQUALITIES IMPLICATIONS**

- 8.3.1. The Council has a statutory duty to comply with the provisions set out in Section 149, Equality Act 2010. The Council must therefore have due regard to:
  - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
  - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 8.3.2. The protected characteristics defined by law are race and ethnicity, disability, sex, gender reassignment, age, sexual orientation, pregnancy and maternity, religion or belief, marriage and Civil Partnership.

8.3.3. Healthwatch Croydon has regard to health inequalities throughout its work and will continue to seek out and amplify the voices of people who experience the greatest health inequalities including people with protected characteristics.

8.3.4. Comments approved by Ken Orlukwu (Senior Equalities Officer) on behalf of Helen Reeves, Head of Strategy & Policy - 26/03/2024

## **9. APPENDICES**

9.1 Appendix 1. - Together we're making health and social care better: Healthwatch Croydon Annual Report 2022-2023

## **10. BACKGROUND DOCUMENTS**

Not applicable.

## **11. URGENCY**

Not applicable.

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# Together

**we're making health  
and social care better**

Healthwatch Croydon  
Annual Report 2022-23



# About us

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## Healthwatch Croydon is your local health and social care champion.

We make sure NHS and social care leaders, and decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



### Our vision

A world where we can all get the health and care we need.



### Our mission

To make sure people's experiences help make health and care better.



### Our values are:

- **Listening** to people and making sure their voices are heard.
- **Including** everyone in the conversation – especially those who don't always have their voice heard.
- **Analysing** different people's experiences to learn how to improve care.
- **Acting** on feedback and driving change.
- **Partnering** with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

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**"In the last ten years, the health and social care landscape has changed dramatically, but the dedication of local Healthwatch hasn't. Your local Healthwatch has worked tirelessly to make sure the views of local people are heard, and NHS and social care leaders use your feedback to make care better."**

**Louise Ansari, Healthwatch National Director**



# Meet our team and board

Healthwatch Croydon is delivered by four members of staff and supported by a local leadership board comprised of Croydon residents and others with a commitment to the borough.

## Our team



(Left to right in photograph)

Jeet Sandhu, Communications Lead  
Gordon Kay, Healthwatch Croydon Manager  
Robyn Bone, Volunteer and Partnerships Lead  
Yinka Faponnle, Engagement Lead

## Our local leadership board

Edwina Morris (Chair)  
Martin Faiers  
Olusina Adeniyi  
Pat Knight  
Michael Lawal (resigned 18 January 2023)  
Anantha Ramaswamy

**healthwatch**  
Croydon

## Healthwatch Croydon and Help & Care

Help & Care held the contract for Healthwatch service for Croydon, which is commissioned by Croydon Council. Local leadership board members have been selected through an open recruitment process and are Croydon residents or those with a commitment to the borough. They bring a wide experience and knowledge of health and care services. Emma Leatherbarrow as Director of Partnerships at Help & Care was a member of the board until July 2022. Her successor, Kathryn Loughnan, joined the board in September 2022. Gordon Kay is the operational manager and also attends the board.

**help & care**

# Message from our Chair

Like many organisations, Healthwatch Croydon found 2022/23 to be a year of transition from living a relatively isolated existence communicating mainly online due to the continuing threat of contracting Covid, to reconnecting in person with old friends and colleagues and meeting new people.

During the year we welcomed the opportunity to restart our face-to-face outreach sessions and focus groups, to actually meet local residents (especially those people who are seldom listened to) to find out about their experience of local health and care services, and to let local leaders know which services people thought well of and which needed to improve.

However, working through Covid lockdowns had shown us that we could still communicate with many Croydon residents through our website and social media, and so during the year we launched several online surveys, such as for the Urgent and Emergency Care Transformation project (page 16) and the Young



*E. Morris*

**Edwina Morris**  
**Healthwatch Croydon**  
**Chair**

People's Mental Health survey (page 21), and online focus groups including meeting with representatives from the Tamil community who did not speak English (page 16) and people with experience of using the London Ambulance Service (page 20).

Working in Croydon, which benefits from a diverse population, we won funding to host a Healthwatch England Inclusion Ambassador and during 2022 we welcomed Sally Andrews to the team who assessed diversity within our organisation and the wider Croydon community and then shared her insight with another Healthwatch in the East of England to help them with their diversity planning. (page 12).



**Working in Croydon, which benefits from a diverse population, we won funding to host a Healthwatch England Inclusion Ambassador initiative and during 2022 we welcomed Sally Andrews to the team.**

# Message from our Chair

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We also continued to work with our volunteers, who contributed a great deal to our work during the year (as described in pages 29–30), such as their diligent work in analysing GP websites (see page 17). Of course, the effort put in to undertake all this work would be wasted if it failed to influence local health and care leaders in understanding the benefit of listening to the views of people who use their services, and in making the improvements that have been identified as required through local people’s experience and opinions.

When deciding which project areas to focus on, our local leadership board (LLB) and staff team look into who would be interested in the subsequent report and how to influence local decision makers. We do this partly through our published reports and partly through attendance at key health and social care meetings, where we can raise these issues and speak directly to the decision makers. Our contribution to the development of a new dementia Strategy (page 18) and analysis of patients’ experience of the MyCare patient portal (page 19) are examples of this.

During 2022/23 we also worked closely with the other local Healthwatch organisations in SW London and the SWL Integrated Care System (ICS) to agree how Healthwatch can meaningfully participate in decision making at the SW London level. This resulted in the ICS funding an additional post to represent Healthwatch and report to the ICS on the key issues identified by patients across South West London (page 22).

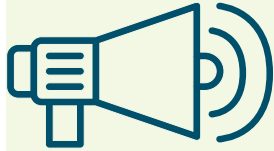
We also said goodbye to a number of people during the year. In June Emma Leatherbarrow (Help and Care Director of Partnerships) left, with her successor Kathryn Loughnan joining in September. Michael Lawal, one of our LLB members, resigned in January 2023, and our volunteer lead, Robyn Bone left in March to take up another post in the voluntary sector.

I would like to take this opportunity to thank all of them for their hard work and commitment to Healthwatch Croydon, and similarly to thank all the staff and volunteers who continue to help us to represent local people’s views to those with responsibility for improving local services.



# Our year in review

## Reaching out



**860 people**

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**75 people**

came to us for clear advice and information about topics such as mental health and the cost of living crisis.

## Making a difference to care

We shared **8 reports** about the improvements people would like to see to health and social care services.



Our most popular report was **Urgent and Emergency Care** which presented the customer journey and experiences of over 1000 Croydon residents and helped decision-makers allocate new GP Hubs and support further transformation.

## Health and care that works for you



We're lucky to have **20** outstanding volunteers who gave up **953 hours equal to 25.7 full days** to make care better for our community.

We're funded by our local authority. In 2022-23 we received **£149,411**

This was 1.5% less than the previous year

Up until 31 March 2023, we employed

**4 staff**

who help us carry out our work.



# How we've made a difference this year

Spring



We continued discussions and undertook further analysis of our 1000 responses to our urgent and emergency care survey to inform plans (see 15).



We hosted a year-long Healthwatch England Diversity Ambassadorship to take learning from Croydon to others (see page 12).

Summer



We assessed over 45 GP websites across 25 aspects including information, ease and accessibility to support GP transformation work (see page 17).



We shared school pupils' views on mental health and services with commissioners and later found a second school for a comparative study (see page 21).

Autumn



Shared insight from people with dementia, their carers, friends and family to support development of the new Croydon dementia strategy (see page 18).



We interviewed 15 Pakistani and Bangladeshi residents about their views on COVID and flu vaccines for NHS England (see page 25).

Winter



Combined insight from survey, outreach and a focus group on views about the London Ambulance Service to inform their new strategy (see page 20).




Gained insight from 230 from Croydon University Hospital outpatients about an online patient portal to improve awareness and access (see page 19).



# What our stakeholders say


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While independent of all health and social care services, we work closely with our stakeholders to provide insight that can impact change based on what you tell us as Croydon residents. Here are some comments from stakeholders:




Healthwatch Croydon have been working really hard alongside the Local Dental Committees this year in the face of an ever more challenging dental landscape. A big thank you to Gordon at Healthwatch Croydon and the other South West London Healthwatch for all the support in pushing the needs of patients forwards in trying to help reduce dental access issues and highlighting the issues currently facing patients within South West London, especially amongst children. The oral health of the community feeds into other systemic conditions and Healthwatch have been great at recognising this. They see the value in NHS dental services and understand the benefits to patients and also the wider NHS network. We truly value their support and hope we can continue to work together to ensure patient needs remain at the forefront and ultimately to improve dental health outcomes for all.

Ritesh Gajree, Director South West London Local Dental Committee Croydon



One of my priorities is that the people of Croydon lead healthier and independent lives for longer. We need to fulfil all our statutory responsibilities and ensure that our residents are supported; and those at risk of abuse or neglect are safe. The work that Healthwatch Croydon does is key to this, bringing the voices and experiences of our residents who access health and care in Croydon to the forefront of our operational, transformational and commissioning work. Their Chair, is also a key member of my Adult Social Care and Health Improvement Board.

The elected Mayor of Croydon, Mayor Perry, pledged that Croydon would gain Dementia Friendly status, which the Croydon Dementia Action Alliance has recently achieved. Key to this is the new Dementia Strategy; for which Healthwatch Croydon delivered a review of residents' experience on the dementia services pathways. As an integrated health and care system one of our current focuses is ensuring that people are safely and swiftly discharged from hospital. Healthwatch Croydon are creating an insight report that will be invaluable to the development of this pathway. I look forward to seeing the results once finalised and continuing the strong working relationship with Healthwatch Croydon.



Annette McPartland, Corporate Director Adult Social Care and Health, Croydon Council

# What our stakeholders say

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"The research undertaken by the staff and trained volunteers of Healthwatch Croydon has given the Health & Social Care Sub-Committee a better understanding of the patient experience of health services in Croydon. Their reports are essential reading for anyone interested in local health services and invaluable for the Sub-Committee in regards to its role in holding local health partners to account."

Sean Fitzsimons, Chair of Croydon Health and Social Care Scrutiny Committee 2019-23



"As a critical friend Healthwatch Croydon are an essential partner helping be a voice of our patients and the people in our care. Throughout the year, we have welcomed the feedback from Healthwatch Croydon surveying our patients on the new MyCare online portal, which aims to give people greater control of their care. They have also gathered insight from 1,000 people who have used our urgent and emergency care to help shape our services, and helped voice the opinions, views and wants of patients whose first language is not English as we strive to make our care is more accessible to all. We look forward to continuing our work with Healthwatch in the year ahead to guide the decision we make and make sure our patients and local community are heard."

Matthew Kershaw, Croydon Health Services NHS Trust Chief Executive and Place Based Leader for Health



# 10 years of improving care

This year marks a special milestone for Healthwatch. Over the last ten years, people have shared their experiences, good and bad, to help improve health and social care. A big thank you to all our Healthwatch Heroes that have stepped up and inspired change. Here are a few of our highlights:

## How have we made care better, together?

### Black and Minority Ethnic Wellbeing (2019)



Our insight presented views about wellbeing from these communities to support the development of a dedicated centre. This report is still being used to plan and develop services for this community.

### Young People's Mental Health (2020)



Working with Croydon College T-level students, we coproduced a report which they designed, analysed and presented to stakeholders on. Future work in this area developed as a result of these findings as presented on p.21.

### NHS dentistry (2021)



Working with the local dental committee we raised the profile of issues of patient access and how commissioning affects supply. Conversations with with South West London NHS Integrated Care Board commissioners are continuing as a result.



### GP Registration (2019)

Our insight profiled good practice of GPs registration from three surgeries which the other surgeries could aspire to achieve and built strong relationships between GPs and Healthwatch for future working.



### Care Homes and COVID (2021)

In response to COVID we conducted insight into the impact on care homes gaining views from patients, friends and family and staff. The findings helped shaped Croydon Council's strategy.

You can read all these reports and more at [www.healthwatchcroydon.co.uk/learn-more/our-reports/](http://www.healthwatchcroydon.co.uk/learn-more/our-reports/)







# Sally Andrews

## Healthcare Hero

Introducing Sally Andrews, the Healthwatch Hero and Healthwatch England Inclusion Ambassador hosted by Healthwatch Croydon. Throughout the Inclusion Ambassadors project, Sally played a crucial role in promoting diversity, inclusion, and engagement within the local Healthwatch network. As a dedicated volunteer, she brought her invaluable insights and experiences to the table, ensuring that people from protected and inclusion health groups had a voice in shaping the future of health and social care services.

Sally's impact was truly transformative. She actively supported three Healthwatch teams in reviewing their inclusion practices, focusing on inclusive volunteering. Through her guidance, Healthwatch Croydon successfully recruited individuals from diverse backgrounds, including young volunteers and individuals facing health inequalities. The result was a volunteer team and board that better reflected the population they served, leading to more inclusive decision-making processes and a broader range of voices being heard.

In April 2022, Healthwatch Croydon worked alongside four other healthwatch's to recruit inclusion ambassadors to improve diversity and inclusion within the healthwatch network. This video details the experience of the inclusion ambassadors.



## Scan the QR code to watch the video>>>

After the completion of the pilot project, Sally and her fellow Inclusion Ambassadors participated in a video where they shared their experiences and insights gained throughout the initiative. This video became a testament to the positive outcomes achieved by the project, showcasing the significant strides made in increasing diversity and inclusion within the Healthwatch network.

Sally Andrews exemplifies the spirit of a Healthwatch Hero and Inclusion Ambassador, championing the cause of inclusivity and making a lasting impact on the community. Her dedication and passion have set the stage for future endeavors, inspiring others to follow in her footsteps and continue the journey toward a more diverse and inclusive healthcare system.





# Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feed this back to services and help them improve.

# Informing Urgent and Emergency Care Transformation

Urgent and emergency care service planning is being influenced by patient insight due to feedback from Healthwatch Croydon, the local champion for health and social care.

In 2021, we received responses from over 1,000 Croydon residents on their experiences of Croydon University's Accident and Emergency Department, as well as examining the patient journey. Healthwatch asked questions around which services patients had accessed prior to A&E, questions around their understanding of various terms across primary and secondary care as well as their experiences of other healthcare touch points such as the 111 service, GP Hubs and Ambulances to name a few.

## Findings

Our findings achieved widespread media attention as a result of responses received:

- Many patients did use the NHS's 111 service and or called their GP as their first choice and were also able to access the right service more quickly compared to those who had accessed the GP Hubs or pharmacy services.
- They found a higher proportion of those using urgent care services were those with certain sets of illnesses.
- Overall satisfaction was rated at 62% but this rating varied when our data was segmented into ages, gender, ethnicity and disabilities from between 50% and 75% respectively.

## What difference will this make?

- This insight has been presented at the Urgent and Emergency Care Transformation Board set up to redesign the pathways in line with patient demand and expectations.
- A focus on making NHS111 a reliable first step which allows booking to other services has been influenced in recommissioning of this service.
- Further developments are being put together by the Croydon Urgent Care Alliance to transform all aspects of the service and Healthwatch has had continued discussions with those designing the services.

"The Croydon Urgent Care team have found the survey and subsequent analysis very useful in understanding patients' experiences and pathways in the Croydon Urgent Care system. We learnt that patients who contacted their GP or 111 had a lower number of touchpoints before they were treated."

**Paul Cooper, from Urgent & Emergency Care at NHS South West London Integrated Care Board**

You can read all these reports and more at [www.healthwatchcroydon.co.uk/learn-more/our-reports/](http://www.healthwatchcroydon.co.uk/learn-more/our-reports/)



# Improving access for those who do not speak English

NHS England implemented the Accessible Information standard in 2016 to ensure people with a disability, impairment or sensory loss could communicate effectively with providers.

Healthwatch Croydon received funding from Healthwatch England in October 2022. We carried out structured interviews – all through an interpreter – with French African, Latin Spanish, and Ukrainian speakers and held a focus group with a Tamil community. We also interviewed some professionals who work across a range of healthcare settings as well as an interpreter.

Our local intelligence was fed back to Healthwatch England who produced this evidence from local Healthwatch findings Briefing ([healthwatch.co.uk](https://healthwatch.co.uk)).

## Findings

Our findings are as following :



- French African patients did not understand the doctor, even with the interpreter.
- Latin Spanish patients had difficulties following up a medical and they feel impotent, as they cannot communicate properly.
- GP receptionists and GP at Croydon surgery said Google translate is used for booking, unless staff happens to speak relevant second language.

## What difference will this make?

This contributed to Healthwatch England's wider report Healthwatch England Lost for Words of which Croydon residents shown below are cited. We now share this with local stakeholders so they can consider their current services and how they might be improved for those who do not speak English easily.



"Interpreting services are already there and are very good for the people like me who don't speak English. Yes, usually they ask me if I need an interpreter, but I make an effort so that I can do this by myself through my dictionary. So, I use my dictionary."

**Comment from respondent**

You can read all these reports and more at [www.healthwatchcroydon.co.uk/learn-more/our-reports/](https://www.healthwatchcroydon.co.uk/learn-more/our-reports/)





# Supporting better GP websites

Healthwatch Croydon embarked on a mission to explore and evaluate the digital landscape of GP websites in Croydon. Our goal was to ensure that every resident of our community can access healthcare services seamlessly and enjoy a positive patient experience. This report shares our findings, recommendations, and valuable insights gathered from patients, GPs, and the community.

## Findings

- **Embracing Safe Surgeries:** We urge all GP practices in Croydon to become safe surgeries, minimising health barriers for vulnerable groups, including asylum seekers, refugees, and the homeless population.
- **Streamlined Registration:** We recommend the use of the standardized GSI registration form across GP practices to ensure clarity and consistency, simplifying the registration process for all patients.
- **Emphasising Interpreting Services:** It is crucial to promote the availability of interpreting services for non-English speakers, facilitating effective communication and fostering understanding in healthcare interactions.
- **Collaborative Approach to PPGs:** We encourage GP practices to actively engage with their PPGs or seek collaboration with community organisations to ensure the patient voice is heard in shaping services. This includes reviewing complaints processes and refining the tone and wording to create a constructive and supportive environment.



## What difference will this make?

- Facilitating access to healthcare services through improved website accessibility.
- Empowering individuals by advocating for inclusive registration processes.
- Enhancing patient experience by providing recommendations for user-friendly websites.
- Driving positive change through collaboration with GPs.
- Championing accessibility, empowerment, and collaboration for better healthcare outcomes.

“We are currently in the process of changing our website provider and have just received a demo of the new site. Our staff will go through your list of requirements very carefully to make sure we meet all requirements before the new site goes live. Thank you for your input.”

**London Road, Medical Practice**

You can read all these reports and more at [www.healthwatchcroydon.co.uk/learn-more/our-reports/](http://www.healthwatchcroydon.co.uk/learn-more/our-reports/)



# Providing insight for a new dementia strategy

In May 2022, Healthwatch Croydon partnered with the Alzheimer's Society to conduct an insightful investigation into the utilisation of dementia pathway services. The aim was to gather valuable input to shape Croydon's new dementia strategy. Through three online surveys, we sought feedback from individuals diagnosed with dementia, their caregivers, and their friends and family. By aligning the questions, we were able to compare experiences across different groups. While the Alzheimer's Society facilitated survey recruitment, Healthwatch Croydon took responsibility for data analysis and presentation.

## Findings



The survey responses provided a comprehensive understanding of various aspects of the dementia pathway, including diagnosis, information and support, GP follow-up appointments. Key findings included the variability in diagnosis times, the need for better information on legal and financial entitlements, improved communication on support services, and the importance of greater awareness of GP follow-up appointments. Issues around diagnosis, advanced care planning, reassessment of dementia and care needs, and discussions of support and care needs for carers also surfaced.

## What difference will this make?

In order to create a dementia-friendly environment, greater understanding, education, and training are essential. Improved quality of care, effective communication during hospitalisation, and adequate support during transitions are crucial for individuals with dementia. Additionally, provisions should be made for appropriate housing options that prioritise independence and choice, while care homes should focus on person-centred care and staff training. Overall, our project aimed to gather valuable insights from those directly affected by dementia and their support networks. By highlighting the challenges and proposing recommendations, we strive to contribute to the development of an inclusive and supportive dementia strategy for Croydon.

Analysed and presented data to the Croydon Dementia Action Alliance (CDAA) and the Dementia and CDAA Steering Group. As a result, this has helped define key aspects of the Croydon Dementia Strategy due to be published later this year.



**"They just told me it's dementia. They didn't tell me any more than this. I had a form to fill in an assessment form from Croydon Council. I had to do some research myself on some cost issues."**

**Person affected by dementia**

You can read all these reports and more at [www.healthwatchcroydon.co.uk/learn-more/our-reports/](http://www.healthwatchcroydon.co.uk/learn-more/our-reports/)



# Assessing patient experience of MyCare patient portal

## Croydon Health Services NHS Trust Enhances MyCare Online patient Access Based on Patient Feedback.

In February 2023 a face-to-face engagement was held with 230 participants to gather their views on the MyCare portal. The survey revealed valuable insights into patient user experience and identified barriers that hinder the use of the online portal.

Based on the collected data, Croydon Health Services NHS Trust is committed to improving the My Care Online Patient Access service to address patient concerns and enhance user satisfaction. The survey focused on outpatients from Trauma and Orthopaedics, Gynaecology, Cardiology, and the Main Outpatients departments at Croydon University Hospital.

## Findings



- Only 27% (63 patients) of the surveyed participants were aware of MyCare Online Patient Access. 55% (17 patients) found MyCare extremely useful, and 32% (10 patients) found it very useful.
- Reasons for not using MyCare included already having alternative apps with similar functionality, existing access to other portals, and concerns about necessity. Some patients felt their devices were too old, while others preferred the current text-based system.
- Privacy concerns, perceived complexity, and issues with software were also mentioned as barriers.

## What difference will this make?

We suggested to create more awareness, provide a user-friendly guide and test the service quality. As a result, Croydon Health Services NHS has already made improvements to the service such as linking it to the NHS app and are planning to communicate the MyCare service offering with Croydon patients in a more effective manner.



"I go to several hospital that has several set up. And do the same thing I am on several apps i.e., NHS app ,MY app, Dot post, patients no best app."

### Comment from Respondent

You can read all these reports and more at [www.healthwatchcroydon.co.uk/learn-more/our-reports/](http://www.healthwatchcroydon.co.uk/learn-more/our-reports/)



# Providing insight for London Ambulance Service's strategy

In November 2022, the London Ambulance Service (LAS) commissioned Healthwatch Croydon to undertake patient insight in Croydon.

We ran one in-person focus group on 17 January 2023 where four people shared their views over two hours. We also ran a survey through December 2022 and January 2023 to help gain insight to answer questions and gained 26 responses. In response to the questions asked by LAS, we also drew from other insight we had already gathered.

Many service users feel that LAS has the resources to do what it needs to do. Service users understand that some of the challenges are due to demand, and issues with transferring patients into hospital caused by discharge challenges at other locations.

## Findings:



- Caring staff were mentioned frequently with many service users commending a great service and excellent patient care.
- It was noted that LAS staff dealt well with a range of ages from young to old, respecting patient wishes.
- For many service users, LAS has a good reputation and shows professionalism, and is well-loved and respected by patients.

## What difference will this make?

LAS is providing a good service to service users and is highly regarded. However, there are a number of challenges in delivering services, as a first-response provider. Reliance on many other factors to succeed such as patient knowledge and perception as well as pressures from other parts of the urgent and emergency care pathway. This insight along with that from other London Healthwatch, is being analysed for a final strategy to be published later this year.



One service user said that the ambulances had been great in responding within minutes to their sick baby. Others also recognised their quick response in dealing with an unexpected additional patient who approached the vehicle needing emergency assistance due to a stabbing.

**Comment, from a service user**

You can read all these reports and more at [www.healthwatchcroydon.co.uk/learn-more/our-reports/](http://www.healthwatchcroydon.co.uk/learn-more/our-reports/)



# Raising issues about young peoples' mental health

The Young People Mental Health project aimed to gather insights and understand the mental health experiences of young individuals in Croydon. The project was conducted through online surveys in two different schools within the area. The first survey took place between March and May 2022, with 257 responses collected. The second survey occurred in January 2023, involving 220 responses from a different school in the south of Croydon.

## Findings:

- The project recognised the significance of signposting and found that there is a need for more targeted information about mental health support specifically tailored to young people in Croydon. The results indicated that students are not fully aware of the available professional mental health services, often seeking help through the school or relying on their friends and family. To address this, the project recommended the implementation of informative workshops and the creation of safe spaces where students can openly express their feelings and reduce the stigma associated with mental health.
- The role of friends and family as a significant source of support. The project recommended exploring ways to directly support friends and family members or establish collaborative efforts with schools to ensure adequate assistance is provided. Furthermore, the project found that young people showed a preference for face-to-face interactions when seeking support, as opposed to online sources like Kooth. This insight underscores the importance of establishing trustworthy relationships and fostering a sense of trust between young individuals and their support networks.



## What difference will this make?

Highlighted the importance of stress management tools and resources, such as mindfulness practices and online materials, to help young people effectively cope with academic pressures and coursework-related stress. This has been presented to the Emotional Wellbeing & Mental Health Partnership Board who lead in developing new services.



**"It was hard to speak up about certain issues. because it is hard to tell people how u actually feel and not lie to make them think u r ok "**

**"Because school was not going well. They put a lot of pressure on us for tests and i felt like i wasn't going to do well. Some of my friends made me feel like this as well."**

**School pupils**

You can read all these reports and more at [www.healthwatchcroydon.co.uk/learn-Page/03-reports/](http://www.healthwatchcroydon.co.uk/learn-Page/03-reports/)



# Ensuring communities are heard in regional decisions

## Collaboration between SW London Healthwatch

This year we strengthened our collaboration between South West London Healthwatch (Croydon, Merton, Sutton, Richmond, Kingston and Wandsworth) to make sure communities across South West London are heard in the planning and running of services at Integrated Care System (ICS level). In late 2022, we recruited an Executive Officer and established a Joint Working Group to facilitate and support greater collaboration between us and with the new South West London ICS. This wouldn't have been possible without funding from the ICS and our joint efforts to make sure the arrangements maintain our independence.

### What difference has this made?

Local people who shared their experiences with us directly influenced the ambitions of the ICS because over 100 reports across the six boroughs informed the Integrated Care Strategy and the Joint Forward Plan. Healthwatch Croydon was mentioned 51 times in the insight report, from our report 'Croydon residents' experiences of Living with Long COVID to 'Croydon residents' experiences of accessing and using NHS dental services in 2021' and 'Impact of Covid-19 on the mental health of Croydon residents'.

As the system develops actions to take, we continue to ensure what you've told us is considered. In May 2023 we contributed to a conference that planned actions to tackle the priorities in the strategies.

We provide insights to inform strategies. We convened local dentistry committee leads and the ICS lead for dentistry to share knowledge about issues local people face and prepare for the move to local dentistry decision making. We are encouraging people to share their views [here](#).



"South West London Integrated Care System (ICS) values Healthwatch insights that are informing our health and social care priorities, ensuring services meet the needs of our diverse people and communities.

Since November 2022 we have worked in partnership with a new South West London Healthwatch Executive Officer. They attend many of our ICS meetings to ensure decisions impacting on people's lives are guided by our communities' needs, concerns, and aspirations.

We look forward to our continued partnership with our South West London Healthwatch. By working hand in hand, we ensure that the local communities and carer voice are not only heard, but genuinely valued and acted upon, making a transformative difference in the lives of local people."

Charlotte Gawne, Executive Director of Stakeholder, Partnership Engagement and Communications; Kate Wignall, Health of Patient and Public Engagement



# Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

## Asylum seekers experiences of health and wellbeing

We interviewed four people and received comment from a fifth asylum seeker in November 2022 (find out more on page 28)



It was brought to our attention at our Annual Meeting in November that asylum seekers living in a temporary hostel were experiencing negative physical and mental health due to their situation and where they also lived. We were able to respond quickly through our community connections and report to the December Croydon Health Inclusion Steering Group. As a result, we recruited an asylum seeker volunteer ambassador to keep us in contact with this community.

## Health and social care leaders directly met residents

At our Annual Meeting, we asked Croydon resident what matters to them and what improvements they wanted to see as well as ask questions to key health and social care leaders.



Matthew Kershaw, Croydon's Health leader, Annette McPartland, Director of Adult Social Services at Croydon Council, Sarah Burns Head of Communities at Croydon Voluntary Action and Louise Ansari, Healthwatch England National Director discussed issues with residents and fielded questions in our half-hour long question time.

## Supporting the transformation of hospital discharge

Croydon is one of six areas to be a hospital discharge Frontrunner which is looking at transforming the patient experience



We undertook telephone interviews with patients who have been discharged just a few days earlier to understand their experience of hospital discharge. This feedback will help redesign the service and ensure it is more patient-centred.



# Hearing from all communities

Over the past year we have worked hard to make sure, we hear from everyone within our local area. We consider it important to reach out to the communities we hear from less frequently, to gather their feedback and make sure their voice is heard and services meet their needs.

## This year we have reached different communities by:

- Speaking to Bangladeshi and Pakistani people about their views of the Covid and flu vaccines.
- Interviewing asylum seekers living in temporary accommodation, on low income with little access to a wider range of food and no access to employment.
- We have been raising the profile of access to NHS dentistry with the ICS as this affects those on lower incomes more.



# Sharing Pakistani and Bangladeshi voices about the COVID vaccine with NHS England

Healthwatch Croydon received funding by NHS England to understand the views of Pakistani and Bangladeshi communities in Croydon and Camden concerning Covid and Flu vaccinations. These communities have had historical lower uptakes for both Covid and Flu vaccines as well as other vaccination programme. The aim of this research is to hear their views on vaccination, and specifically Covid and Flu and understand the approach to learning and interpreting communications about vaccine, who may influence decision making and a range of other aspects to help inform the NHS team. This will support NHS England in their work in vaccine equalities team leading vaccine deployment in specific communities. Following discussion, Healthwatch Croydon agreed to undertake 15 interviews with members of the Pakistani and Bangladeshi communities in August and September 2022.

## What we found out

Eleven of the 15 interviewed said they had taken the Covid vaccine, but only six had taken the Flu vaccine.



Most had taken the childhood vaccinations or ones needed for travel because it was expected, insisted upon, or required for travel.

Most would not want to have both Covid and Flu injections on the same day due to a risk of feeling worse.

## What difference will this make?

We made recommendations directly to NHS England who acknowledged the findings and will consider this in their future roll out of vaccines in these communities.

- For more evidence for the benefits of having a yearly Flu vaccination needs to be communicated.
- Create authentic cases studies to reflect the personal situations of respondents who help define their response.
- People like to feel they make their own decisions.



**I think for any vaccination it should be voluntary, obviously with full information given, well it should be voluntary, not forced upon you. I think if it's forced upon you, you're more likely to rebel against it."**

**Pakistani respondent**

You can read all these reports and more at [www.healthwatchcroydon.co.uk/learn-more/our-reports/](http://www.healthwatchcroydon.co.uk/learn-more/our-reports/)



# Raising awareness of asylum seekers experiences in Croydon

The Asylum Seeker Project, gathered valuable insights into well-being experiences of asylum seekers in Croydon. The project focused on key areas such as access to information, access to services, ease of access, and barriers. Through interviews with four individuals, including two males and two females, the project shed light on the challenges faced by asylum seekers in Croydon.

## What we found out

The findings highlighted several critical issues faced by asylum seekers. Mental health support emerged as a pressing need, as individuals expressed struggles and low emotional well-being. Limited access to appropriate housing posed significant challenges, impacting mental health and overall well-being. The eligibility criteria for job opportunities often restricted asylum seekers to limited options.



Access to services was hindered by administrative complexities, such as multiple NHS numbers assigned by different healthcare providers, causing confusion and potential delays in accessing essential care. Additionally, access to opticians and mental health services was identified as areas requiring improvement. Participants also reported difficulties in obtaining supporting letters from GPs, accessing dermatology services, and receiving necessary talking therapy. Lack of proper medical attention for underlying conditions, like liver problems, was a shared concern among asylum seekers.

## What difference will this make?

Based on the findings, several recommendations and next steps have been proposed. It is crucial to conduct further research to determine the full impact of these experiences among asylum seekers. To address housing challenges, the project suggests extending the duration of stop-gap accommodation to 12-24 months. Institutionalization and the lack of freedom and choice within the system were identified as factors exacerbating mental health issues, emphasizing the need for extra support and a duty of care. Improvements in assessments, coordination between health and social care services, and the inclusion of health visiting, and link working are recommended to ensure a holistic approach to support asylum seekers' well-being. Empowering asylum seekers with knowledge of the healthcare system and addressing fears of reprisals can enhance their health advocacy. The establishment of an asylum-seeking ambassador program and the creation of a stronger evidence base were identified as crucial steps to drive positive change.



**I still haven't had the services I need. I have tried to navigate, and door closed. No follow up, no action. To access another service I needed GP support, they would not support me with a letter. This was two months ago. I am trying to do something and be ok by myself. Asylum seeker, placed in Croydon**

You can read all these reports and more at [www.healthwatchcroydon.co.uk/learn-more/our-reports/](http://www.healthwatchcroydon.co.uk/learn-more/our-reports/)





# Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we've helped people by:

- Providing up to date information people can trust
- Helping people access the services they need
- Helping people access NHS dentistry
- Supporting people to look after their health during the cost of living crisis.

## Supporting a mother after her son's suicide

Our Hub team receive a number of calls from people who have had the most difficult circumstances. They give them the time to tell the story so they can best support them. It is usually a complex situation and the average call we receive is 27 minutes long.

A mother who has lost her son by suicide in December. She had visited GP in November and taken a typed letter from her son as saw GP 'as mentor' often for family issues. Caller felt GP was dismissive and she wants to complain. English is not first language of caller. She has husband and family support. Caller shared how she feels GP could have prevented this outcome and that she feels very guilty for not being able to prevent it, sometimes leading to feeling like she can't go on. Caller does not want to call Samaritans.

Caller was pleased to be told of specific support for families bereaved by suicide though. Caller says if only her GP had signposted, outcome may have been prevented. Wants information regarding complaints too, so offered to send email as follow up and to include support information within email.

## Helping a husband get the care he needs for his wife

Sometimes there does not seem a place for people to go. Our Hub Team can help them with practical advice as well as where to get advocacy so their story can be heard..

Spoke with the partner on the phone who was signposted to us from the NHSE website. Partner called on behalf of his wife who suffers from mental health and bipolar. Partner said that he has spoken to a private psychiatrist regarding his wife's mental health, and they advised that she needs to be seen asap. The wife has tried to contact her local GP (Friends Medical Road Practice) regarding her mental health and feels that the GP is not taking her seriously. The wife feels like she is not getting anywhere with her GP practice and would like to know who she can speak to if she needs to write a complaint.

We suggested she might want to speak to Advocacy for all who may be able to help with her complaint. I also suggested the following organisations: - Mind - Bipolar UK - NHS website - Advocacy for all.

Partner suggested he might look for another GP for his wife as he is not happy with the current GP she attends. I made partner aware that people are finding it extremely difficult to register with another GP currently. I suggested he might want to look at the NHS website to see if there are any available.





# Our volunteers

We're supported by a team of amazing volunteers who are at the heart of what we do. Thanks to their efforts in the community, we're able to understand what is working and what needs improving.

## This year our volunteers:

- Visited hospital and other community locations to promote their local Healthwatch and what we have to offer
- Collected experiences and supported their communities to share their views.
- Carried out enter and view visits to local services to help them improve
- Reviewed GP website to assess accessibility.
- Analysed data.

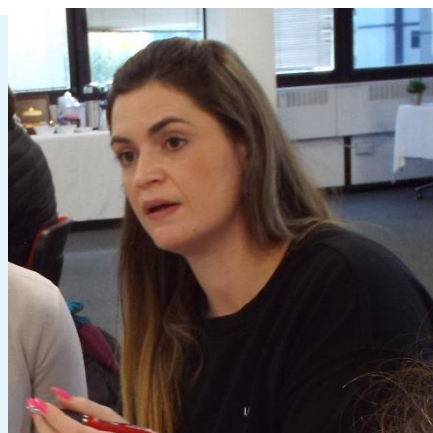
## Michael says

"I have been a Healthwatch Croydon Volunteer for seven years. It has empowered me and, in turn, I can empower others. Having learned about the health service and its administration as I gather local intelligence I can signpost. It's a two way thing. I get involved with all aspects of the work, mostly online at the moment but we did get out and listen to residents".



## Jade says

"Being part of the Healthwatch Croydon team has empowered me to build on what I know and learn new things. I have found a fresh enthusiasm and motivation for the future. As well as continuing with Healthwatch I am applying for other community-based roles where I can add value and really be of service."



## Letting our volunteers grow

Sally Andrews started two years ago as a student on the Foundation degree in Health and Social Care at University College Croydon. She returned in her second year and as a result was the ideal candidate for the Inclusion Ambassador funding that we won from Healthwatch Croydon. Sally presented on this at our Annual Meeting.



### Do you feel inspired?

We are always on the lookout for new volunteers, so please get in touch today.



[www.healthwatchcroydon.co.uk](http://www.healthwatchcroydon.co.uk)



0300 012 0235



[info@healthwatchcroydon.co.uk](mailto:info@healthwatchcroydon.co.uk)

# Finance and future priorities

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

## Our income and expenditure

Income		Expenditure	
Annual grant from Croydon Council	£149,411	Expenditure on pay	£150,432
Additional income	£11,000	Non-pay expenditure	£30,000
		Office and management fee	£22,500
<b>Total income</b>	<b>£160,411</b>	<b>Total expenditure</b>	<b>£202,932</b>

Additional income is broken down by:

- **£3,000** funding received from NHS England Pakistani and Bangladeshi views on Covid and Flu vaccines.
- **£5,000** funding received from the London Ambulance Service to gain views to inform their strategy.
- **£3,000** funding received from Healthwatch Sutton on behalf of the South West London Integrated Care Board to cover additional work in this area.

## Next steps

The Healthwatch Croydon service has been recommissioned following an open commissioning process led by the Croydon Council Procurement Team. As of 1 July 2023, the service will be hosted by Public Voice.

Team members have agreed to transfer to Public Voice and some board members have also decided to work with the new organisation. They all will begin the process on defining a new plan for 2023-24. This will be published on our website later in the summer of 2023.

## Top three priorities for 2023-24

These will be confirmed following a planning process as outlined above.





# Statutory statements

Healthwatch Croydon, 24 George Street, Croydon CR0 1PB

Contract holder as of 31 March 2023: Help and Care, A49, Aerodrome Studios, Airfield Way, Christchurch, Dorset, BH23 3TS

Healthwatch Croydon is commissioned by Croydon Council.

Healthwatch Croydon uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.



# The way we work

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## Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Croydon board consists of six members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local communities. Through 2022/23 the board met 11 times and made decisions on approving every piece of work we undertook that year based on using a matrix of questions to ensure relevancy and impact. We ensure wider public involvement in deciding our work priorities. We look at the comments we receive from general outreach and calls to our Healthwatch Croydon Hub.

## Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2022/23 we have been available by phone, by email, provided a webform on our website, attended a range of virtual meetings of community groups and fora, provided our own virtual activities and engaged with the public through social media, as well as some outreach sessions when it was safe to do so. We also ran a 'What matters to you?' and 'What could be improved?' session within our Annual Meeting which will help define themes for the year ahead.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, speaking to those from Pakistani and Bangladeshi communities about their views towards vaccines and in particular the COVID and flu vaccines.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on our website and promote and share it across the community.

## Responses to recommendations

We had no providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to Healthwatch England Committee, so no resulting reviews or investigations.

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## Taking people's experiences to decision makers

We ensure that people who can make decisions about services hear about the insight and experiences that have been shared with us. In our local authority area for example we take information to Croydon Council, Croydon Health and Wellbeing Board, Croydon Health and Care Board, and Croydon's Health and Social Care Scrutiny Committee. We also take insight and experiences to decision makers in South West London ICS (see page 22 for more detail). We also share our data with Healthwatch England to help address health and care issues at a national level.

## Enter and view

This year, we made no Enter and View visits but were able to monitor the quality of care homes through participation in the Croydon Safeguarding Adults Board and Care Homes Strategy Board.

## Healthwatch representatives

Healthwatch Croydon is represented on the Croydon Health and Wellbeing Board by Edwina Morris, Chair of Healthwatch Croydon. During 2022/23 our representative has effectively carried out this role by ensuring that the published Pharmaceutical Needs Assessment gave due regard to the views of local residents, contributing to discussions about the implications for the role of the Health and Wellbeing Board of the development of the ICS, reviewing the proposals in the Adult Social Care Discharge Fund Plan to ensure that issues raised with Healthwatch Croydon by local residents were addressed, presenting the 2021/22 Healthwatch Croydon Annual Report, reviewing the SWL ICP strategy and Joint forward plan and the proposed process for refreshing the Health and Well-being Strategy."

Gordon Kay, Healthwatch Croydon Manager is co-opted as a member of the Health and Social Care Scrutiny Committee and presents reports at each meeting where relevant. Healthwatch Croydon is represented on the South West London Integrated Care System by Alyssa Chase-Vilchez, South West London Healthwatch Executive Officer, who attends the Integrated Care Partnership, Integrated Care Board and other key boards and groups and liaises with the six local Healthwatch organisations.

## 2022–2023 Outcomes

<b>Project/ activity</b>	<b>Changes made to services</b>
Urgent and Emergency Care	Our insight helped redesign the service including the introduction of a new GP Hub in the north of the borough and closer working between NHS111 and local GPs
Access to services for those who cannot speak English	This project contributed to a larger piece of work completed by Healthwatch England but has also been fed back to Croydon University Hospital and local Primary Care services to explore their translation and interpretation provision.

## 2022–2023 Outcomes continued

Project/ activity	Changes made to services
Experiences of Dementia Pathway	Feedback from patients, carers and friends and family influenced and were included in the Dementia Strategy 2022–25 which is due to be released in the summer. All health and social care organisations will look to adhere to this strategy.
Mystery shop of GP websites	Each of the 45 GPs got a specific report and advice on what they needed to work on to improve their website. We have received much feedback and thanks. We also coordinated our work with similar work taking place within the NHS to complement the work they were undertaking from a compliance position.
Patient knowledge and experience of the MyCare Patient Portal at Croydon University Hospital	Changes to the service were made within weeks of the data being shared including linking it to the NHS app. There are further commitments to communicating the service better and supporting patients in using it with a user guide.
London Ambulance Service strategy letter	Having won funding from LAS to provide insight to help define their strategy they have acknowledged the contribution we have made and are using this along with 18 other London Healthwatch to define their strategy which they will present to Healthwatch England London Network in the autumn of 2023.
Young people’s mental health	We have already shared data with two schools surveyed and also with the Emotional Wellbeing & Mental Health Partnership Board who have acknowledged the importance of family in friends in supporting young people with their mental health.
Pakistani and Bangladeshi views on the COVID and flu vaccines	Funded by NHS England, we fed back findings from detailed interviews which were used to help define the future vaccination rollout strategy with these communities.
Asylum seekers health and wellbeing	We shared our insight with the Health Inclusion Steering Group and recruited an Asylum Seekers volunteer ambassador. We will continue to focus on this with the insight we have received.



Healthwatch Croydon

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HealthwatchCR0

## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	<b>HEALTH AND WELLBEING BOARD</b>	
<b>DATE OF DECISION</b>	<b>WEDNESDAY 17 APRIL 2024</b>	
<b>REPORT TITLE:</b>	<b>Healthwatch Croydon Annual Report 2022-23: Together we're making health and social care better</b>	
<b>LEAD OFFICER:</b>	<b>EDWINA MORRIS, CHAIR, HEALTHWATCH CROYDON</b> <a href="mailto:edwina.morris@healthwatchcroydon.co.uk">edwina.morris@healthwatchcroydon.co.uk</a> 07855 452171 <b>GORDON KAY, MANAGER, HEALTHWATCH CROYDON</b> <a href="mailto:gordon.kay@healthwatchcroydon.co.uk">gordon.kay@healthwatchcroydon.co.uk</a> 07485 393580	
<b>LEAD MEMBER:</b>	<b>COUNCILLOR YVETTE HOPLEY, CHAIR OF HEALTH AND WELLBEING BOARD, AND LEAD COUNCILLOR FOR ADULT SOCIAL CARE AND HEALTH</b>	
<b>KEY DECISION?</b> [Insert Ref. Number if a Key Decision]  <i>Guidance: A Key Decision reference number will be allocated upon submission of a forward plan entry to Democratic Services.</i>	<b>No</b>	REASON: N/A
<b>CONTAINS EXEMPT INFORMATION?</b>	<b>NO</b>	Public
<b>WARDS AFFECTED:</b>	<b>All</b>	

## **1. SUMMARY OF REPORT**

1. The Annual Report summarises the work undertaken by Healthwatch Croydon between 1st April 2022 and 31st March 2023. It also sets out the plans for work in 2023-2024 as identified early in the financial year.

## **2 RECOMMENDATIONS**

For the reasons set out in the report [and the presentation], the Health and Wellbeing Board is recommended:

1. to note Healthwatch Croydon's Annual Report for the financial year 2022-23, which provides a summary of the work undertaken by the organisation during the year. The report is attached as an Appendix to this report.

## **3. REASONS FOR RECOMMENDATIONS**

- 3.1. Local Healthwatch organisations are required under the Health and Social Care Act 2012 to produce an Annual Report by 30th June each year, and to present the report to the relevant Health and Wellbeing Board.

## **4. BACKGROUND AND DETAILS**

- 4.1. Healthwatch Croydon works to get the best out of local health and social care services by ensuring the people who use health and care services can influence the way they are delivered. From improving services today to helping shape better ones for tomorrow, we listen to local people's views and experiences and then influence decision-making.
- 4.2. During the financial year 2022-2023 Help & Care, a charity based on the South coast, held the contract for the delivery of Healthwatch services in Croydon. Help & Care are one of the largest providers of Healthwatch services in England and have been involved in patient and public involvement in health for more than 20 years. During the latter part of 2022-2023 Croydon Council recommissioned the local Healthwatch service, resulting in the contract being awarded to Public Voice, a Community Interest Company based in Haringey as from 1st July 2023, and the Healthwatch Croydon staff group transferred to Public Voice in accordance with the TUPE regulations.
- 4.3. The work outlined in this Annual Report was undertaken whilst Help & Care was the contract holder.



- 4.4. Healthwatch has several legal functions, under the Health and Social Care Act, 2012. These are:
- a) Gathering views and understanding the experiences of patients and the public;
  - b) Making people's views known and acting as a credible voice at strategic meetings;
  - c) Supporting the involvement of people in the commissioning, provision and scrutiny of services;
  - d) Recommending investigation or review of services via Healthwatch England or Care Quality Commission;
  - e) Signposting for access to services and support for making informed choices;
  - f) Making the experiences of people known to Healthwatch England and other local Healthwatches.
- 4.5. We have prepared a short presentation summarising the key activities undertaken during 2022-2023 as described in the Annual Report.

## **5. ALTERNATIVE OPTIONS CONSIDERED**

- 5.1. Not applicable.

## **6. CONSULTATION**

- 6.1. Healthwatch Croydon listens to local people's views and experiences of health and social care services and works to get the best out of local services by ensuring that the people who use those services can influence decision making and the way that services are delivered.
- 6.2. The Annual Report summarises the work undertaken by Healthwatch Croydon during 2022-2023 which includes seeking the views of local residents about a number of health and social care services and presenting those views, along with findings and recommendations for changes and improvements in services to those people with responsibility for commissioning and/or providing those services.

## **7. CONTRIBUTION TO COUNCIL PRIORITIES**

- 7.1. The work of Healthwatch Croydon, as summarised in the Annual Report, contributes to the delivery of the five priority outcomes in the Mayor's Business Plan (2022-26), and in particular outcome 5, "people can lead healthier and independent lives for longer."

- 7.2. Healthwatch Croydon works with partner agencies, including those within the One Croydon Alliance, and VCS organisations, to ensure that the voices of local residents contribute to the promotion of people's independence, health and wellbeing and help to keep vulnerable adults safe. This is done through projects that are undertaken with reports written and presented to decision makers, the gathering and reporting of insight, and influencing and representation at various local Boards and Committees.
- 7.3. In addition, Healthwatch Croydon works closely with health and care services and VCS organisations to improve local residents' health and reduce health inequalities. Particular attention is paid to ensuring that the voices of marginalised communities and hard to reach groups are heard and conveyed to local leaders and decision makers, so that their needs are taken into account in the design and operation of local services.
- 7.4. Healthwatch Croydon also provides information and signposting to local residents about health and social care services, both online and via telephone, and enables Croydon residents to participate in community life.

## **8.IMPLICATIONS**

### **8.1. FINANCIAL IMPLICATIONS**

- 8.1.1. There are no direct financial implications as a result of this report. Any future financial impact will be fully considered as part of subsequent reports as they arise.
- 8.1.2. Comments approved by Lesley Shields, Head of Finance for Assistant Chief Executive and Resources on behalf of the Director of Finance. 05/4/24

### **8.2. LEGAL IMPLICATIONS**

- 8.2.1. The Council has a statutory responsibility to commission an independent Healthwatch service for the Borough. Under Section 227 (Local Healthwatch organisation: annual reports) of the Local Government and Public Involvement in Health Act 2007 local Healthwatch organisations are required to prepare for each financial year a report in relation to the activities of the organisation under the contractual arrangements with the Council. Such reports must include details of amounts spent by the organisation and its contractors in the year concerned, details of what those amounts were spent on, and such matters as the Secretary of State may direct. Such reports must be prepared by 30th June after the end of the financial year concerned. A copy of such reports must be sent to the local authority, and to the overview and scrutiny committee of the local authority.
- 8.2.2. Comments approved by the Head of [XXX] on behalf of the Director of Legal Services and Monitoring Officer. (Date DD/MM/YYYY)

### **8.3. EQUALITIES IMPLICATIONS**

- 8.3.1. The Council has a statutory duty to comply with the provisions set out in Section 149, Equality Act 2010. The Council must therefore have due regard to:
- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.
  - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
  - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 8.3.2. The protected characteristics defined by law are race and ethnicity, disability, sex, gender reassignment, age, sexual orientation, pregnancy and maternity, religion or belief, marriage and Civil Partnership.
- 8.3.3. Healthwatch Croydon has regard to health inequalities throughout its work and will continue to seek out and amplify the voices of people who experience the greatest health inequalities including people with protected characteristics.
- 8.3.4. Comments approved by Ken Orlukwu (Senior Equalities Officer) on behalf of Helen Reeves, Head of Strategy & Policy - 26/03/2024

## **9. APPENDICES**

- 9.1** A Together we're making health and social care better: Healthwatch Croydon Annual Report 2022-2023

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# Healthwatch Croydon Annual Report

Croydon Health and Wellbeing Board

17 April 2024

# Our year in numbers

1 April 2022 to 31 March 2023 (under Help & Care)

## Reaching out



**860 people**

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

**75 people**

came to us for clear advice and information about topics such as mental health and the cost of living crisis.

## Making a difference to care

We shared **8 reports**

about the improvements people would like to see to health and social care services.



Our most popular report was **Urgent and Emergency**

**Care** which presented the customer journey and experiences of over 1000 Croydon residents and helped decision-makers allocate new GP Hubs and support further transformation.

## Health and care that works for you



We're lucky to have **20** outstanding volunteers who gave up

**953 hours equal to 25.7 full days**

to make care better for our community.

We're funded by our local authority. In 2022-23 we received

**£149,411**

This was 1.5% less than the previous year

Up until 31 March 2023, we employed

**4 staff**

who help us carry out our work.



# Our reports

**Informing Urgent and Emergency Care Transformation:** Over 1000 patient responses informed changes to services including focusing on making NHS111 a reliable first step and ensuring a closer integration between primary care and other urgent and emergency care services, particularly at Croydon University Hospital.

**Improving access for those who do not speak English:** We interviewed French African, Latin American, Ukrainian, Tamil residents about their experience in accessing services. This contributed to Healthwatch England's wider report *Cost for Words*. We also worked with local stakeholders to find out ways to reduce gaps in support particularly around translation and interpretation.

**Supporting better GP websites:** We reviewed all 54 GP websites across over 20 measures and shared these with each GP as well at South West London ICS to make improvements in access due to improved website accessibility as well as empowering individuals to register with their GP.

# Our reports

**Providing insight for a new dementia strategy;** Working with the Alzheimer's Society, we spoke to those with dementia, their carers, and their family and friends. We found that there was a need for greater understanding, education and training, as well as support to enable those with dementia to see Croydon as more dementia-friendly. This, with other patient insight gathered, helped underpin the new Croydon Dementia strategy, published in 2023.

**Assessing patient experience of MyCare patient portal:** We heard from Croydon University Hospital outpatients about the new portal and fed back insight to improve communication and usage including linking this to the NHS app and providing community training.

**Raising awareness of asylum seekers experiences in Croydon:** We gathered valuable insights into well-being experiences of asylum seekers in Croydon. The project focused on key areas such as access to information, access to services, ease of access, and barriers. Through interviews the project shed light on the challenges faced by asylum seekers in Croydon which was shared with the Croydon Health Inclusion Steering Group.

# Our reports

**Providing insight for London Ambulance Service's strategy:** We collated views on Croydon resident's views on LAS as part of a cross-London insight project to help redefine LAS strategy. Senior leadership at LAS recognised our contribution this project at the strategy launch in September 2023.

**Raising issues about young peoples' mental health:** We heard from 470 Croydon secondary school children about their mental health needs and use of services, including the focus on supporting friends and family and schools. We shared this with commissioners and understand this aligns with similar recent research taking place about young people.

**Ensuring communities are heard in regional decisions:** We have worked with our colleague in Healthwatch across South West London to support the development of an independent Executive Lead who represents Healthwatch at ICS level and also coordinates joint working. Together with our colleagues we have produced over 100 reports that were used to help define the ICS strategy. We have also championed dentistry across the region and also worked on some shared insight work together around barriers to virtual wards.

# Healthwatch hero: Sally Andrews

As a Healthwatch England Inclusion Ambassador, Sally played a crucial role in promoting diversity, inclusion, and engagement within the local Healthwatch network.

A dedicated volunteer, she brought her invaluable insights and experiences to the table, ensuring that people from protected and inclusion health groups had a voice in shaping the future of health and social care services.

Sally's impact was truly transformative. She actively supported three Healthwatch teams in reviewing their inclusion practices, focusing on inclusive volunteering. Through her guidance, Healthwatch Croydon successfully recruited individuals from diverse backgrounds, including young volunteers and individuals facing health inequalities.



# Questions





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# Agenda Item 7

## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	Health and Wellbeing Board	
<b>DATE OF DECISION</b>	17 April 2024	
<b>REPORT TITLE:</b>	Health and Wellbeing Board Annual Report	
<b>CORPORATE DIRECTOR / DIRECTOR:</b>	Rachel Flowers, Director of Public Health	
<b>LEAD OFFICER:</b>	Jack Bedeman, Consultant in Public Health Email: <a href="mailto:jack.bedeman@croydon.gov.uk">jack.bedeman@croydon.gov.uk</a> Telephone: 22616	
<b>LEAD MEMBER:</b>	Councillor Yvette Hopley, Cabinet Member for Health and Adult Social Care	
<b>DECISION TAKER:</b>	Councillor Yvette Hopley, Cabinet Member for Health and Adult Social Care	
<b>AUTHORITY TO TAKE DECISION:</b>	Constitution of the London Borough of Croydon - Part 4.L It is a function of the Health and Wellbeing board to encourage, for the purpose of advancing the health and wellbeing of people in Croydon, persons who arrange for the provision of any health or social care services in Croydon, to work in an integrated manner and the Summit and its outcome arose from that.	
<b>KEY DECISION?</b> [Insert Ref. Number if a Key Decision]  <i>Guidance: A Key Decision reference number will be allocated upon submission of a forward plan entry to Democratic Services.</i>	No	N/A
<b>CONTAINS EXEMPT INFORMATION?</b>  <i>(* See guidance)</i>	No	Public
<b>WARDS AFFECTED:</b>	All	

## **1 SUMMARY OF REPORT**

- 1.1 This report summarises the work undertaken by Croydon Health and Wellbeing Board from 1 January 2023 to 31 December 2023 and sets out some priorities for work in 2024.
- 1.2 The report details the statutory duties and functions of the Board alongside the strategic priorities set out in the Health and Wellbeing Strategy.
- 1.3 During the reporting period, the Board held four formal meetings and an additional two informal workshops.
- 1.4 Notable work of the Board during this period includes working to ensure greater integration and partnership working at place and system-levels, particularly in relation to influencing the newly established Integrated Care Systems, and reviewing and refreshing the Joint Local Health and Wellbeing Strategy. Details of these activities, alongside others are presented in the main report found in Appendix I.

## **2 RECOMMENDATIONS**

This report recommends that the Health and Wellbeing Board:

- 2.1 Note the contents of this report.
- 2.2 Report to Full Council the outcome of the Board's monitoring of the delivery plans in fulfilment of the Joint Local Health and Wellbeing Strategy as part of its annual report.

## **3 REASONS FOR RECOMMENDATIONS**

- 3.1 In accordance to Part 4A Council Procedure Rules, s 3.45 highlights, the Annual reports shall be received at the Annual Council meeting.

## **4 BACKGROUND AND DETAILS**

- 4.1 In accordance to Part 4A Council Procedure Rules, s 3.45 highlights, the Annual reports shall be received at the Annual Council meeting.
- 4.2 This report summarises the work undertaken by Croydon Health and Wellbeing Board from 1 January 2023 to 31 December 2023. It sets out the statutory duties and functions of the Board alongside the priorities set out in the Health and Wellbeing Strategy.
- 4.3 During the reporting period, the Board held four formal meetings and an additional two informal workshops.
- 4.4 Please refer to the full report included in Appendix I for details.

## **5 ALTERNATIVE OPTIONS CONSIDERED**

- 5.1 Not applicable.

## **6 CONSULTATION**

6.1 Not applicable.

## 7. CONTRIBUTION TO COUNCIL PRIORITIES

7.1 The work covered in this report supports the delivery of a number of key council priorities, including the following outcomes in Mayor's Business Plan (2022-26)

- Outcome 5. People can lead healthier and independent lives for longer
  - Priority 1. Work with partners and the VCFS to promote independence, health and wellbeing and keep vulnerable adults safe.
  - Priority 2. Work closely with health services and the VCFS to improve resident health and reduce health inequalities.
  - Priority 3. Foster a sense of community and civic life.

7.2 This work also has crosscutting links with several other outcomes in the Mayor's Business plan, including:

- Outcome 3. Children and young people in Croydon have the chance to thrive, learn and fulfil their potential
- Outcome 4. Croydon is a cleaner, safer and healthier place, a borough we are proud to call home.

## 8. IMPLICATIONS

### 8.1 FINANCIAL IMPLICATIONS

8.1.1 There are no direct financial implications as a result of this report.

8.1.2 Comments approved by Lesley Shields, Head of Finance for Assistant Chief Executive and Resources on behalf of the Director of Finance. 05/04/24

### 8.2 LEGAL IMPLICATIONS

8.2.1 In accordance to Part 4A Council Procedure Rules, s 3.45 highlights, the Annual reports shall be received at the Annual Council meeting.

### 8.3 EQUALITIES IMPLICATIONS

8.3.1 The Council has a statutory duty to comply with the provisions set out in the Sec 149 Equality Act 2010. The Council must therefore have due regard to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

- 8.3.2** The council is a pilot organisation on the Chief Executive London Councils Tackling Racial Injustice Programme. The programme requires each local authority to understand, acknowledge and support racial trauma as an issue affecting the Global Majority in workplaces.
- 8.3.3** This report provides a summary of the work of the Health and Wellbeing Board in 2023. While there are no direct Equalities implications arising from this report, the work of the Health and Wellbeing board crosses all equality/protected characteristics, since it places improving health and wellbeing and reducing inequalities in these outcomes at its core. The work of the Board during this period is expected to have positive impact on all protected characteristics. For example, the Equality Analysis of the draft Joint Local Health and Wellbeing Strategy produced during this period is anticipated to positively impact all protected characteristics. At the time of this assessment no negative impacts were identified. Please refer to the Equality analysis form of the draft strategy for details.
- 8.3.4** Comments approved by Ken Orlukwu (Senior Equalities Officer), on behalf of Helen Reeves, Head of Strategy & Policy - 03/04/2024.

## **9. APPENDICES**

### **Appendix 1. HWBB Annual Report 2023**

## **10. REPORT AUTHORS**

1. Dr Shifa Sarica, Public Health Principal
2. Dr Jack Bedeman, Consultant in Public Health

**Croydon Health and Wellbeing Board  
Annual Report  
January-December 2023**



# Health and Wellbeing Board Annual Report 2023

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## Foreword of Chair

I am pleased to present the annual report as Chair of the Health and Wellbeing Board, covering the period between 1 January 2023 and 31 December 2023. This report presents a review of the Board's activities, providing an opportunity for reflection on our accomplishments and a strategic look ahead.

The year 2023 continued to bring about substantial changes in our health and social care system. Over the past 12 months, the newly established Integrated Care Systems evolved, with the Board working hard to establish strong working relationships with partners at place and system levels. This reflects our commitment to working with our partners to ensure effective integration of health and social care, ensuring that our work can make a meaningful difference to the health and wellbeing of our local people. During the past year, we played a pivotal role in shaping the South West London Integrated Care Partnership Strategy and the associated Forward Plan, amplifying Croydon's voice at the system level.

At place level, we continued to forge new partnerships, strengthening our multi-agency working to deliver the Joint Local Health and Wellbeing Strategy. At the same time, in collaboration with the Local Government Association, we dedicated time to Board development, ensuring collective agreement on priorities and adapting working strategies to navigate the changing environment.

Reflecting on the changes in the health and care system and ways of working at place and system levels, we agreed to refresh our Joint Local Health and Wellbeing Strategy to uphold its relevance, effectiveness and responsiveness to the evolving health needs and inequalities in Croydon.

The recent conclusion of the consultation for the draft strategy in February 2024 marks a significant milestone in this regard. In the coming year, I look forward to working with the Board to finalise and operationalise the strategy, unifying our collective efforts towards improving health and reducing inequalities in Croydon.



**Councillor Yvette Hopley**  
**Chair of the Croydon Health and Wellbeing Board**

## Introduction

### About this annual report

This annual report for Croydon Health and Wellbeing Board describes the work the Board was involved in during the calendar year 2023 covering activities between January 2023 and December 2023.

### Croydon Health and Wellbeing Board

Croydon's Health and Wellbeing Board (HWB) was established with the introduction of the Health and Social Care Act 2012, becoming operational on 1 April 2013. It is made up of representatives from the local authority, the NHS, Healthwatch Croydon, Croydon's Voluntary and Community Sector, and other key stakeholders across the health and care system.

Membership of the Board includes:

- London Borough of Croydon (6 Councillors of which there are 3 Majority, and 3 Minority group members)
- Director of Public Health
- Corporate Director Adult Social Care & Health (DASS & Caldicott Guardian)
- Corporate Director Children, Young People & Education (DCS & Caldicott Guardian)
- Service Director for Croydon (South London and Maudsley NHS Foundation Trust)
- Chairman of Croydon Health Services
- Croydon Voluntary Action Chief Executive
- Place Based Leader for Health, Croydon, NHS South West London Integrated Care Board
- Chief Executive of Healthwatch Croydon

As mandated by the Health and Social Care Act 2012, the Health and Wellbeing Board plays a central role in enabling integrated working across the health and social care sector to improve the health and wellbeing and tackle health inequalities in Croydon. It works to:

- provide a strong focus on establishing a sense of place,
- instil a mechanism for joint working and improving the wellbeing of their local population,
- set strategic direction to improve health and wellbeing.

To this end, the Board undertakes the following functions, as noted in 4L of the Council's Constitution:

1. To encourage, for the purpose of advancing the health and wellbeing of people in Croydon, persons who arrange for the provision of any health or social care services in Croydon to work in an integrated manner.
2. To provide such advice, assistance or other support as appropriate for the purpose of encouraging partnership arrangements under section 75 of the National Health Service Act 2006 between the Council and NHS bodies in

- connection with the provision of health and social care services.
3. To encourage persons who arrange for the provision of health-related services (i.e. services which are not health or social care services but which may have an effect on the health of individuals) to work closely with the Board and with persons providing health and social care services.
  4. To exercise the functions of the Council and its partner Integrated Care Board (ICB) in preparing a Joint Strategic Needs Assessment under Section 116 of the Local Government and Public Involvement in Health Act 2007 and a joint local health and wellbeing strategy under section 116A of that Act.
  5. To give the Council the opinion of the Board on whether the Council is discharging its duty to have regard to the joint strategic needs assessment, joint local health and wellbeing strategy and the integrated care strategy prepared by the Integrated Care Partnership under section 116ZB of the Local Government and Public Involvement in Health Act 2007 in discharging the Council's functions.
  6. To exercise such other Council functions which are delegated to the Board under the Constitution.

### **The Joint Local Health and Wellbeing Strategy**

As part of its statutory duties, the Health and Wellbeing Board produces a Joint Local Health and Wellbeing Strategy (previously known as the Health and Wellbeing Strategy) which sets the long-term vision and strategic priority areas for collective action.

During the period covered in this annual report, the strategic priorities of the Board were:

Priority 1 – A better start in life

Priority 2 – Strong, engaged, inclusive and well-connected communities

Priority 3 – Housing and the environment enable all people of Croydon to be healthy

Priority 4 – Mental wellbeing and good mental health are seen as a driver of health

Priority 5 – A strong local economy with quality, local jobs

Priority 6 – Get more people more active, more often

Priority 7 – A stronger focus on prevention

Priority 8 – The right people, in the right place, at the right time

### **Structure of the report**

This report uses the strategic priorities above to cover the work of the Board between January and December 2023. Where work spans across priorities, this is clearly noted. The report concludes with a discussion of what's next for the Board in 2024.

## **Review of work between January and December 2023**

### **Board meetings between January and December 2023**

Between January and December 2023, the Board held a total of four formal meetings:

1. 18 January 2023
2. 21 March 2023
3. 28 June 2023
4. 18 October 2023

The Board held two informal workshops in addition to these meetings:

1. A Board Development Workshop in collaboration with the Local Government Association on 16 June 2023, and
2. A joint workshop with the Health and Care Board on 25 October 2023 to review and refresh the Joint Local Health and Wellbeing Strategy.

### **Following up on Croydon Mental Health Summit 2022 (priorities 2, 4, 6, 8)**

The Board continued to develop from insights and learnings received from the Mental Health Summit 2022 held earlier on 18<sup>th</sup> November 2022. Feedback from the Summit highlighted the importance of prioritising mental health, highlighting the disproportionate negative impact and needs in minoritised ethnic communities and the importance of whole-systems partnership working to promote good mental health and wellbeing and prevent ill mental health. These insights informed the review and refresh of the Joint Local Health and Wellbeing Strategy for 2024-2029.

### **South West London Integrated Care Partnership Strategy and the Joint Forward Plan (all priorities)**

South West London Integrated Care System was required to produce two plans:

1. South West London Integrated Care Partnership Strategy (SWL ICPS): this is a system-wide plan setting the strategic direction for health and care services across the six boroughs in SWL. It is informed by local views, local JSNAs and the joint local health and wellbeing strategies (JLHWS) of the individual local authorities within SWL.
2. South West London Joint Forward Plan (SWL JFP): this is a 5-year delivery plan describing how ICBs their partner NHS trusts intend to meet the health needs of their population through arranging or providing NHS services. It will include delivery plans for the integrated care strategy and will align with local JLHWSs.

To fulfil functions around promoting and encouraging integration across the health and care system and ensuring Croydon's health and wellbeing needs are adequately considered at the system level, the Health and Wellbeing Board closely worked with SWL.

Earlier in the year, the Board received an overview from the Joint Director of Transformation and Commissioning, South West London Integrated Care Board

(Croydon) and Croydon Health Services NHS Trust around the plans and process for developing both plans. During this update, the Board discussed ideas to the development of the strategies, how it collaborated and delivered with other strategies with other partners.

Later on in the year, the Board received updates from the two plans, hearing about progress and discussing links between place- and system-level priorities. To keep close communication and partnership with SWL, the Board requested an update report in 2024.

### **South West London Mental Health Strategic Plan (priorities 2, 4, 6, 8)**

The Board received updates from the SWL ICS Mental health Strategy, including the year 1 delivery plan, which aimed to provide the future direction for mental health transformational work across the six boroughs in SWL.

The strategy focussed on four themes: prevention and early support, focus on bio-psycho-social model, inequalities, and timely access. Two key areas for delivery improvements were selected for the first year:

- Going further and faster for CYP making improvements around support available for CYP and families whilst waiting, support available in schools and transitions to adult or wider services.
- Embedding community transformation for adults with SMI.

A further four areas were selected to enable work across the system:

- Ensuring our governance structures are in place to support delivery.
- Completing a detailed strategic review of mental health investment to date and the outcomes delivered from this to form the basis of a longer term model aimed at allocating resources based on need.
- Agreeing approaches to outcomes measurement and evaluation (including setting targets for delivery with people with lived experience and understanding our baseline data) and reviewing public mental health work to identify future initiatives for deployment in SWL.
- Confirming mental health leadership and resourcing is in place.

The Board requested to receive progress updates on this work.

### **Croydon Dementia Strategic Plan (priorities 4, 8)**

The Board received and provided support to the integrated, partnership Dementia Strategic Plan in Croydon. This plan was developed by the Dementia and Older Adults Steering Group of Croydon Dementia Action Alliance, which was re-established in 2022 through the Mental Health Transformation Programme. With close links with Mayor's Business Plan, Adult Social Care and Health Strategy and the Croydon health and Care Plan, Croydon Dementia Strategic Plan aims to direct shared resources across health and care, enabling best impact on the wellbeing and independence of people living with dementia. The strategy was reviewed and signed off by the Mental Health Programme Board, Croydon Health and Care Board and received approval of the Mayor in Cabinet. Strategic ownership is with the Croydon



Health and Care Board, where delivery of the actions will be through the Croydon Mental Health Programme Board.

### **Better Care Fund (all priorities)**

The Better Care Fund (BCF) is one of the Government's national vehicles for driving health and social care integration. It requires Place Based NHS ICB's and local government to agree a joint plan, owned by the Health and Wellbeing Board. These plans enable using pooled funds to support integration, governed by an agreement under section 75 of the NHS Act (2006).

In Croydon, the Better Care Fund is delivered through the One Croydon Alliance. The Alliance is a health and care partnership created from a shared ambition to use Outcomes Based Commissioning and Population Health Management approaches to improve the lives of people in Croydon. The Partners in this Alliance are Croydon Council, South West London ICB (Croydon Place), Croydon Health Service NHS Trust, The Croydon GP Collaborative, South London and Maudsley NHS Foundation Trust; and voluntary sector partners including Age UK Croydon.

The Board received three updates on BCF in 2023. Through these updates, the Board:

1. signed off the BCF Year End submission for 2022/23 to NHS England,
2. signed off the 2023-25 Better Care Fund planning submission to NHS England, and
3. noted a letter from NHS England that the BCF had approved nationally, confirming that the council was on track to meet its obligations in relation to the Section 75 agreement.

### **Children's Cancer Services (priorities 1, 8)**

The Board considered the public consultation on proposals for the future location of very specialist cancer treatment services for children in London and South East Regions. The two options for the location of the future Principal Treatment Centre were:

- Evelina London Children's Hospital in Lambeth, south east London, run by Guy's and St Thomas' NHS Foundation Trust
- St George's Hospital, in Tooting, south west London, run by St George's University Hospitals NHS Foundation Trust.

The Board recognised that this was something that needed timely local discussion but that that the appropriate body for this would be within the scrutiny processes. Therefore, the Board recommended to the Joint Scrutiny Committee to review the local impact of the proposals.

### **Adult Social Care Discharge Fund update (priority 2, 7, 8)**

The board received an update on the Adult Social Care Discharge Fund, which was enabled using pooled budgets to support integration, under section 75 of the NHS Act (2006). Through this fund, Croydon received £2.687 million, split into £1.5 million pounds from the NHS and £1.16 million pounds from the local authority. The funding

was to be used on activities that reduced flow pressure on hospitals by enabling discharge to appropriate settings. This was not to be used to prevent admissions. Funding was also to be streamed into the Better Care Fund.

Through this fund, Croydon provided twenty-six schemes. The projects put forward would be monitored fortnightly to address the spending. The service was on track on their second return having completed and signed off their first return in spending.

### **Pharmaceutical Needs Assessment Update (priorities 5, 7, 8)**

The Health and Wellbeing Board has a statutory duty to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). The PNA reports on the present and future needs for pharmaceutical services in Croydon and is used to inform the planning and commissioning of pharmaceutical services and to support the decision-making process in relation to new applications of change of premises of pharmacies. The PNA also seeks to identify gaps in current services or improvements that could be made in future pharmaceutical provision.

The Board was notified of the closure of three pharmacies due to Sainsbury's removing Lloyd Pharmacy from its stores across the country. Following discussions, the Board agreed that producing a new PNA for this purpose would be disproportionate and recommended the publication of a supplementary statement to reflect this change.

### **Croydon Family Hubs (priorities 1, 8)**

Croydon is one of 75 LAs eligible for to receive a share of the Family Hubs transformation funding (£81.75m total) alongside funding to support the delivery of a 'Start for Life' offer (£220m) for pre-birth to 2 years, including parenting and home learning provision for preschool children and families, parent infant relationship support, perinatal mental health support, infant feeding and the establishment of Parent Carer Panels alongside the publication of a 'Start for Life' offer. A formal funding application was submitted to the DFE on 31<sup>st</sup> October 2022 and a Memorandum of Understanding was received on 10<sup>th</sup> January 2023.

The Board received an overview from the Director of Education and the Interim Early Help Transformation Lead around the Family Hub Model. This delivery model provides a "front door" to universal services for all families with very young children and providing a gateway to services for older children, young people (up to 25 with SEND) and their families.

### **Healthwatch Croydon Annual Report 2021-22 (all priorities)**

Under the Health and Social Care Act 2012, the local Healthwatch organisations are required to produce and present an annual report to the relevant Health and Wellbeing Board. The Board received the annual report from Healthwatch Croydon, summarising the work undertaken between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022 and noting the priorities for the upcoming year.

During this period, Healthwatch Croydon heard from 1,722 people during 2021/22 about their experiences of health and social care, publishing nine reports that focussed on: response to COVID-19, long COVID, urgent care pathway and GP experience, dentistry, focus groups and interviewed with seldom heard communities, supporting the evaluation of the personal independence coordinator service, national impact on language barriers and providing advice and information to residents.

In 2022-2023 Healthwatch Croydon will focus on the following projects: Working with local schools to ask 11 to 16 year olds about mental health needs and service experience to provide insight for commissioners; assessing GP websites to see if they meet patient expectations and provide consistent and relevant information, particularly around registration; asking those with dementia, and those who care for them, about their experience of services to help develop a new Croydon Dementia Strategy; hearing from patients their experience of discharge from hospital and how they are being supported to recover to help improve this key service; finding people with health inequalities who are usually seldom listened to and asking them about their experiences then raising the profile of their needs to inform service responses.

### **Croydon University Hospital Update on Improvement Plan following CQC rating (priority 8)**

The Board received an update on improvement action taken by Croydon Health Services (CHS) following the last two CQC inspections, focusing on the inspection of the Urgent and Emergency Service in 2020 & the inspection of Maternity Services in 2022.

The last comprehensive CQC inspection of Croydon Health Services (CHS) took place in October 2019 and the report was published in February 2020. This inspection rated the trust as requires improvement in all CQC domains. In response to this rating, the trust developed an action plan to address areas for improvement. This action plan has since been merged to “business as usual”. In October 2020, the CQC returned and undertook an unannounced focused inspection of the Urgent and Emergency service. This inspection did not rate the service or the trust. The trust’s CQC rating remained the same. In December 2022, the CQC inspected CHS’ Maternity services. This inspection was a short notice announced inspection; it was undertaken as part of the CQC’s National Maternity Inspection Programme. Following this Inspection, CQC rated CHS’ Maternity Services as “GOOD”.

CHS commissioned an external review of the mental health service provision in the Emergency department. The external review made 27 recommendations. The action plan to address the recommendations have since been completed. Following completion of improvement actions, the trust applied for removal of the mentioned conditions and this application was accepted by the CQC and conditions were removed in July 2023.

### **Joint Strategic Needs Assessment (all priorities)**

The Joint Strategic Needs Assessment is “a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve the health and wellbeing outcomes and reduce

inequalities.” The Local Health and Wellbeing Boards have a statutory duty (2007 Local Government and Public Involvement in Health Act, 2012 Health and Social Care Act) to:

- Produce a JSNA,
- Produce a Joint Health and Wellbeing Strategy (JHWBS) informed by
- the JSNA, and
- Ensure local authority (LA), Integrated Care Boards (ICB; formerly Clinical Commissioning Groups) and NHS England commissioners take the JSNA into account for planning and redesigning health and care services.

Croydon’s JSNA is published digitally at <https://www.croydonobservatory.org/jsna/> and provides a first port-of-call for understanding the state of health and wellbeing alongside relevant gaps and needs in Croydon. The current JSNA is structured as themed sections covering the following:

- **Population overview:** focusses on Croydon’s overall population and their general health and wellbeing
- **Population groups:** provides data and intelligence on specific populations, covering specific localities, various demographic groups and vulnerable population groups.
- **Wider determinants:** focusses on factors that shape health and wellbeing including education, environment, housing and employment.
- **Healthy behaviours:** focuses on individual actions impacting health and wellbeing, ranging from physical activity, sexual health, oral health, smoking, and alcohol and substance use.
- **Health conditions:** focuses on specific diagnosed conditions, including mental health, self-harm and suicide prevention and the Pharmaceutical needs Assessment.

In March 2023, the Board received updates on the content of the JSNA since October 2021, which included:

- Quarterly updates to the Croydon key dataset,
- Biannual updates to Croydon borough profile,
- Annual data profile updates on specific topics including life expectancy, personal wellbeing, child obesity, housing affordability, recorded crime, sexual health profile, diagnosed conditions, suicide,
- Updates to detailed profiles, including the Pharmaceutical Needs Assessment completed in October 2022.

Through this discussion, the board reaffirmed the importance of taking a system-wide, multi-agency partnership to creating and using the JSNA. The Board also identified opportunities where the JSNA could inform upcoming strategies, including the refresh to the Joint Local Health and Wellbeing Strategy.

### **Health and Wellbeing Board Development (priority 8)**

In recent years, the health and care system in Croydon, like many other places have seen important changes. One of these key changes in the health and care system is

the implementation of the Health and Care Act 2022 and the subsequent creation of Integrated Care Systems.

To navigate these shifts and ensure that the Board can continue to effectively promote and encourage integration across the health and care system, the Board continued to build on the board development activities planned in the previous year. As part of this work, the Board held a development workshop on 16 June 2023 in partnership with the Local Government. During this workshop, the Board assessed its functioning, reflecting on successes and areas for improvement. This workshop also focussed on the evolving role of the Health and Wellbeing Board within the Integrated Care System context, establishing board consensus on the distinctive roles the Board played at both local place and system levels.

This ongoing commitment to board development ensures the Board remains agile and responsive, strategically positioning itself to effectively contribute to the evolving healthcare landscape in Croydon and the broader South West London Integrated Care System.

### **Reviewing and refreshing the Joint Local Health and Wellbeing Strategy for 2024-2029 (all priorities)**

The Board undertook several activities throughout 2023 to review and refresh the Joint Local Health and Wellbeing Strategy for 2024, ensuring it stays responsive to evolving health and wellbeing needs in Croydon as well as the changing health and care system.

The draft strategy was informed by:

- Data end evidence, through Croydon's JSNA
- Local views and insight through:
  - The community engagements in the Borough since 2018, incorporating input from more than 100 local community engagement events hearing from over 3,700 voices.
  - Community Plans of the six Local Community Partnerships across the borough,
  - Healthwatch Croydon Pre-Consultation engagement session in November 2023.
- Joint Health and Wellbeing Board and Health and Care Board prioritisation workshop. To refine the focus for the next five years, the Health and Wellbeing Board and the Health and Care Board collaborated in a joint workshop in November 2023, resulting in the five draft priority areas outlined in this consultation pack. These priorities were carefully chosen based on:
  - Data and evidence from the Joint Strategic Needs Assessment.
  - Alignment with key strategies including the Mayor's Business Plan and the South West London Integrated Care Partnership Strategy.
  - Input from community events in the Borough and the Community Plans of six Local Community Partnerships.
  - How much positive impact each priority can make on individuals and communities.

A six-week public consultation was launched in January 2024, and the board will finalise and publish the strategy in 2024.

## Next steps

This annual report summarised the work of Croydon Health and Wellbeing Board in 2023. It provided an overview of the work the Board was involved in across strategic priority areas and meeting its statutory requirements. Through this work, the Board focussed on taking a multiagency, partnership approach to improve the health and wellbeing and reduce inequalities in Croydon.

As the changes in the health and care landscape continue to take shape, the Board will continue to work with partners at local and system levels to play a key role in promoting the health and of Croydon's people. Alongside discharging its functions and statutory duties, the priority areas of work for the Health and Wellbeing Board in 2024 include:

- Finalising, publishing and operationalising the refreshed Joint Local Health and Wellbeing Strategy for 2024-2029,
- Further developing the Board to sustain a strong partnership approach to promoting and encouraging integration across the health and care system and ensuring Croydon's health and wellbeing needs are adequately considered at place and system levels, and
- Supporting, responding to and building on the recommendations from a series of LGA Peer Review challenges including an [Adult Social Care Peer Challenge](#), [Public Health Peer Challenge](#) and [Corporate Peer Challenge](#).

Through this work, the Health and Wellbeing Board will continue its focus on partnership working and collaboration to tackle inequalities and improve health and wellbeing in Croydon.



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# LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	Health and Wellbeing Board	
<b>DATE OF DECISION</b>	17 April 2024	
<b>REPORT TITLE:</b>	Health and Wellbeing Board Annual Report	
<b>CORPORATE DIRECTOR / DIRECTOR:</b>	Rachel Flowers, Director of Public Health	
<b>LEAD OFFICER:</b>	Jack Bedeman, Consultant in Public Health Email: <a href="mailto:jack.bedeman@croydon.gov.uk">jack.bedeman@croydon.gov.uk</a> Telephone: 22616	
<b>LEAD MEMBER:</b>	Councillor Yvette Hopley, Cabinet Member for Health and Adult Social Care	
<b>DECISION TAKER:</b>	Councillor Yvette Hopley, Cabinet Member for Health and Adult Social Care	
<b>AUTHORITY TO TAKE DECISION:</b>	Constitution of the London Borough of Croydon - Part 4.L It is a function of the Health and Wellbeing board to encourage, for the purpose of advancing the health and wellbeing of people in Croydon, persons who arrange for the provision of any health or social care services in Croydon, to work in an integrated manner and the Summit and its outcome arose from that.	
<b>KEY DECISION?</b> [Insert Ref. Number if a Key Decision]  <i>Guidance: A Key Decision reference number will be allocated upon submission of a forward plan entry to Democratic Services.</i>	No	N/A
<b>CONTAINS EXEMPT INFORMATION?</b>  <i>(* See guidance)</i>	No	Public
<b>WARDS AFFECTED:</b>	All	

## 7.1 LEGAL IMPLICATIONS

- 7.1.1** In accordance with Part 4A Council Procedure Rules, s 3.45 highlights, the Health and Wellbeing Board are required to report to Council the outcome of the Board's monitoring of the delivery plans in fulfilment of the Health and Wellbeing Strategy as part of its annual report.
- 7.1.2** Comments approved by the Head of Social Care & Education Law on behalf of the Director of Legal Services and Monitoring Officer. (Date 11<sup>th</sup> April 2024)

## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	<b>Health &amp; Wellbeing Board</b>	
<b>DATE OF DECISION</b>	<b>17.04.2024</b>	
<b>REPORT TITLE:</b>	<b>Croydon Health and Wellbeing Survey for School-Age Children and Young People (2022/23)</b>	
<b>CORPORATE DIRECTOR / DIRECTOR:</b>	<b>Rachel Flowers, Director of Public Health</b>	
<b>LEAD OFFICER:</b>	<b>Ahimza Nagasivam, Consultant in Public Health, Email: <a href="mailto:ahimza.nagasivam@croydon.gov.uk">ahimza.nagasivam@croydon.gov.uk</a></b>	
<b>LEAD MEMBER:</b>	<b>Councillor Hopley, Cabinet Member for Health &amp; Social Care</b>	
<b>DECISION TAKER:</b>	<b>Health and Wellbeing Board</b>	
<b>AUTHORITY TO TAKE DECISION:</b>	<b>Constitution of the London Borough of Croydon - Part 4.L It is a function of the Health and Wellbeing board to encourage, for the purpose of advancing the health and wellbeing of people in Croydon, persons who arrange for the provision of any health or social care services in Croydon.</b>	
<b>KEY DECISION?</b>	<b>No</b>	N/A
<b>CONTAINS EXEMPT INFORMATION?</b>	<b>NO</b>	Public
<b>WARDS AFFECTED:</b>	<b>All</b>	

### 1 SUMMARY OF REPORT

- 1.1** This report updates the Health and Wellbeing Board on the Croydon Health and Wellbeing Survey for school-aged children and young people (2022/23). The survey was funded by the Contain Outbreak Management Fund (COMF) from the Department of Health and Social Care, in relation to the COVID-19 pandemic recovery. This survey is the first of six to run over the next decade. This is the first time that Croydon has committed to collecting data over a ten-year period to monitor trends in children and young people’s health and wellbeing.
- 1.2** The results from the survey have been written up and presented in the report appended to this paper. This report provides all interested parties with a clear picture of the health

and wellbeing of Croydon students who participated in the survey. This report has been published on the Croydon Council website and provides the borough with a baseline assessment of needs against which the results from future iterations of the survey can be compared.

- 1.3** This paper presents the Health and Wellbeing Board with a summary of the work undertaken to administer the survey and disseminate the survey results, of the proposed programme of work that will take place in 2024/25 to respond the results of this survey, and preparations for the delivery of the second survey in October 2024.

## **2 RECOMMENDATIONS**

For the reasons set out in the report [and its appendices], the Health and Wellbeing Board is recommended:

- 2.1** to note the full report of the results from the 2022/23 survey and discuss:
- 2.1.1 priority areas for action among Health and Wellbeing Board partners
  - 2.1.2 opportunities to share the report among stakeholders.
- 2.2** to note the progress update provided within this report, and endorse the approach being taken.

## **3 REASONS FOR RECOMMENDATIONS**

- 3.1** The data obtained from the survey provides the Health and Wellbeing Board with information to consider what children and young people think about their own health and wellbeing and can support discussions about ways to best meet the Health and Wellbeing Strategy's Priority 1 – A better start in life.
- 3.2** The survey provides population-level insight into children's and young people's health and wellbeing issues. The Director of Public Health has a statutory role to protect the health of the residents of Croydon; this survey supports the discharging of this duty. Further, the COVID-19 pandemic has disproportionately affected deprived groups and some Global Majority populations. It is vital that we start to understand how the consequences of the pandemic are affecting children's health and wellbeing, to prevent further growth of inequalities.
- 3.3** The survey will be used to further understand the mental health and wellbeing of children and young people, identify where additional support is required and monitor progress against the key issues over time. Furthermore, this survey will find out how children and young people in Croydon behave and what they really feel about a range of health-related issues. The information from the surveys can be used by Health and Wellbeing Board members to tailor and target support and inform future priorities and strategies related to children and young people's health and wellbeing.

## **4 BACKGROUND AND DETAILS**

- 4.1 The health of our children is of fundamental importance. Understanding children and young people’s health and wellbeing needs will help Croydon’s services appropriately target resources so that support is provided at the earliest point and in the right place. If children’s health and wellbeing needs are not addressed as early as possible there is a risk of longer health consequences and reduced learning outcomes. There is overwhelming evidence that earlier intervention is better value for money.
- 4.2 A 2014 review (PHE, 2014) on the relationship between health and wellbeing and attainment stated that: ‘The health and wellbeing of children and young people contributes to their ability to benefit from good quality teaching and to achieve their full academic potential. .... The CMO highlighted that: “promoting physical and mental health in schools creates a virtuous circle reinforcing children’s attainment and achievement that in turn improves their wellbeing, enabling children to thrive and achieve their full potential.”
- 4.3 There is considerable national evidence about the impact of COVID-19 on children’s health. PHE stated in April 2021: Whilst most children and young people (CYP) with COVID-19 rarely have severe illness, the longer-term impact on education, mental wellbeing, health service provision and poverty is profound and has exposed the fragile circumstances that many children live in’.
- 4.4 A NHS digital report based on a national survey was published 30<sup>th</sup> September 2021 (NHS Digital, 2021) found:
- **Probable mental disorder:** Rates of probable mental disorder increased between 2017 and 2021; in 6- to 16-year-olds from one in nine (11.6%) to one in six (17.4%), and in 17- to 19-year-olds from one in ten (10.1%) to one in six (17.4%).
  - **Change in mental health:** 39.2% of those aged 6 to 16 years in 2021 had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among those aged 17 to 23 years in 2021, 52.5% experienced deterioration, and 15.2% experienced improvement.
  - **Eating problems:** The proportion of children and young people with possible eating problems increased between 2017 and 2021, from 6.7% to 13.0% in 11- to 16-year-olds and from 44.6% to 58.2% in 17- to 19-year-olds.
  - **Sleep problems:** In 2021, problems with sleep on three or more nights of the previous seven affected over a quarter (28.7%) of 6- to 10-year-olds, over a third (38.4%) of 11- to 16-year-olds, and over half (57.1%) of 17- to 23-year-olds. Across all age groups figures were much higher in those with a probable mental disorder (59.5%, 74.2%, 86.7% respectively).
- 4.5 An April 2021 PHE report (PHE, 2021) highlighted a range of other impacts of the pandemic on children and young people:
- Opportunities for physical activity reduced due to school closures disrupting the daily routine of children e.g. walking to school, loss of PE lessons, cancelled sports clubs and playgrounds being cordoned off
  - A survey of 14–19-year-olds in July 2020 found that 40% were snacking more
  - Children have had long periods with limited access to routine dental care and preventative advice due to COVID-19, leading to long waiting lists. Untreated tooth decay can result in sleepless nights, difficulty concentrating on schoolwork and stress for parents.



**4.6** Croydon has had no local equivalent data for informing its understanding of children and young people's health and wellbeing. The survey was developed to obtain both better information about the current impact of the pandemic and over time to track the pandemic's longer-term impacts on children's health and wellbeing.

#### **4.7** Methodology

An anonymous online survey was conducted by Insight Now and Croydon Council's public health team aimed at Croydon students across school years 4, 6, 8, 10 and 12. Data was collected between November 2022 and January 2023. The survey questions covered a range of topics that affect the lives of children and adolescents in the borough. These included diet, exercise, mental health, relationships, family life and overall wellbeing. For students in years 8, 10 and 12, there were also questions about their sexual health, relationships, self-harm and their use of drugs and alcohol.

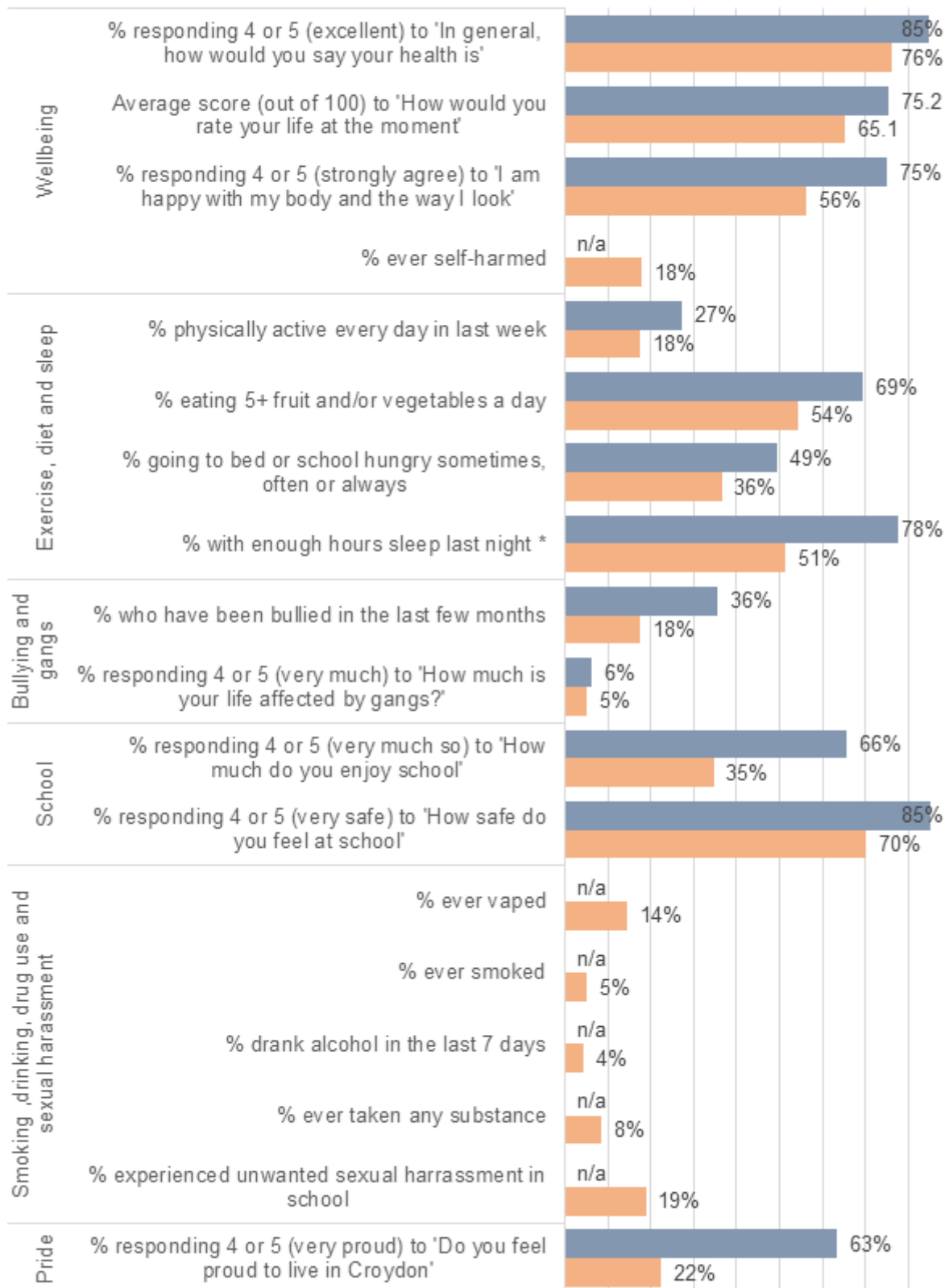
#### **4.8** Results

A total of 4,116 pupils in the appropriate school years completed the survey (18% of the eligible pupil population). 58 schools with students in the eligible years had one or more students submit a survey response, with varying degrees of uptake within each school (43% of all eligible schools in Croydon).

**4.9** Almost three quarters of responses came from children in years 4 and 6 - this represents a significant skew in the results. However, in both state-funded primary schools and secondary schools, responses were received across all eligible ages, sexes, and ethnic groups, meaning the sample is broadly representative of the student population in Croydon.

**4.10** A summary figure of key findings is shown below, with results shown separately for primary school-aged and secondary school-aged students. Where primary school-aged students results show 'n/a' (not applicable), this is because those questions were not age-appropriate for primary school-aged students, and so were only asked to those in Years 8, 10 and 12:

■ Primary school-aged students    ■ Secondary school-aged students



\* (8+ hours for primary school aged students, 8-11 hours for secondary school aged students)

**4.11** Some results cannot easily be represented in the summary table above, including the top self-reported worries. The top worry of children and young people across all year groups was knife crime, followed by terrorism. Primary school-aged children then reported worrying most frequently about wars, bullying and gangs, whilst secondary school-aged students reported worrying most frequently about gangs, wars, and schoolwork/ exams.

**4.12** It is important to note that this survey contains self-reported information and views from students in Croydon. Further work is required to fully understand some of the results and how questions have been interpreted and answered. Response rates to each question varied, from under 50% to over 90%. There may be several reasons why students chose not to answer certain questions – including being unclear about what the question was asking, fear of reporting, lack of interest, and/or survey fatigue – and it is hoped that discussions with students, using focus groups, about why they did or did not answer specific questions can be explored in the next phase of this work.

**4.13** Additional key findings are presented within the comprehensive results report appended to this paper. The purpose for producing a written report was to provide all stakeholders with a clear overview of the results, and to formally present and analyse the findings. It was important to provide narrative around the data to explain what the data can and cannot tell us, what the nuances and limitations in the data are, and where further exploration is needed to better understand specific findings. The report compares Croydon’s dataset against similar national / regional surveys that have been undertaken with similar aged pupils, to contextualise the findings. The Health and Wellbeing Board is asked to review this report and discuss opportunities to promote the findings amongst their networks.

**4.14** Next Steps

A programme of work is being led by Public Health following the publication of the results of the survey.

**4.15 Individual Information Packs for Schools:**

**Distribution:** Schools have received tailored information packs.

**Support:** Education Advisors for Health & Wellbeing, along with the council’s public health team, are assisting schools in interpreting data and planning activities to address priority improvement areas. Insight Now, the commissioned partner for this work, has developed an online data dashboard for schools to access their results along with a portal for resources to support schools take forward improvement activities. This online portal will be a “live” space, populated in line with schools’ feedback and proactive decisions from Education, public health and other Council departments.

**4.16 Programme of Engagement with Students and School Staff:**

**Purpose:** Understand survey responses particularly areas highlighted strongly in the report.

**Action:** Initiate an engagement programme with students and staff to co-design the next survey, review question structure, and identify priority issues. A series of focus groups are in development to explore results in more details with students, with delivery before June 2024.

#### **4.17 Ongoing Analyses and Reports:**

**Timeline:** Over the next year.

**Content:** Conducting thorough analyses with a focus on health and wellbeing themes. A series of "in focus" reports will be published during 2024, addressing detailed findings and significant inequalities. These will primarily be of value to Council staff and strategic stakeholders focused on improving the health and wellbeing of children and young people in the borough.

#### **4.18 Next Survey (2024):**

**Timing:** Scheduled for the autumn school term in 2024 (October-December).

**Action:** Collaboration with schools to enhance survey uptake, particularly among secondary school-aged students, as well as in special, independent, and home school settings.

4.19 The following activities have also been initiated by Education colleagues, in collaboration with Public Health, since the results of the survey have been published:

#### **4.20 Establishment of Professionals Wellbeing Forum:**

**Purpose:** Facilitate collaboration among education professionals.

**Action:** The forum provides essential training, support, networks, and shared resources dedicated to enhancing the wellbeing support for schools in the region.

#### **4.21 Borough Wide Focus on Wellbeing**

**Action:** In addition to other areas mentioned, promote 'Wellbeing Day', first Wednesday in May/ borough wide programme of wellbeing activities and awareness done across educational establishments.

#### **4.22 Subsidised Support in Schools:**

**Objective:** Deliver subsidised training and resources focusing on sex and relationships, consent, and gender-based violence within schools.

#### **4.23 Subsidised Membership of the PSHE Association:**

**Target:** Secondary schools in Croydon.

**Action:** Offer subsidised membership to the PSHE Association to promote comprehensive Personal, Social, Health, and Economic (PSHE) education.

#### **4.24 Annual Professionals Wellbeing Conference:**

**Objective:** Integrate holistic wellbeing practices into education environments.

**Frequency:** An annual conference to address and promote wellbeing strategies, share learning and develop practice, to be held on 24<sup>th</sup> April 2024.

#### **4.25 Croydon Education Partnership Involvement:**

**Action:** The Croydon Education Partnership have had the report presented to them and have voted to make this a priority area of delivery.

**Next Steps:** Collaboratively develop a comprehensive strategy for further support through the partnership.

- 4.26 The long-term ambition is to track the results of the survey over the next 10-year period, to understand how students' health and wellbeing in Croydon changes, and where they may need additional support.

## **5 ALTERNATIVE OPTIONS CONSIDERED**

- 5.26 Recommendations are for noting only.

## **6 CONSULTATION**

- 6.1 The health and wellbeing survey was developed in partnership with schools and was piloted within schools before being rolled out, to test viability, appropriateness and acceptability among children and young people, and school staff.
- 6.2 School head teachers, and wellbeing leads, have been presented with the results of the survey and been given opportunities to discuss the findings and areas of priority action.
- 6.3 Croydon Education Partnership, Croydon's CYP Emotional Health and Wellbeing Board, Croydon Council's Strategic Education Advisory team, CYP safeguarding teams, CYP commissioning leads, and CYPE DMT/ ACE DMT have been presented with the findings of the survey.

## **7. CONTRIBUTION TO COUNCIL PRIORITIES**

- 7.1 The data obtained from the survey provides the Health and Wellbeing Board with information to consider what children and young people think about their own health and wellbeing and can support discussions about ways to best meet the Health and Wellbeing Strategy's Priority 1 – A better start in life.
- 7.2 The survey provides population-level insight into children's and young people's health and wellbeing issues. The Director of Public Health has a statutory role to protect the health of the residents of Croydon; this survey supports the discharging of this duty.
- 7.3 Through directly engaging with children and young people, and utilising the findings from the survey, this programme of work supports the Mayor's Business Plan (2022-26) to achieve better outcomes for children and young people, ensuring that they have the chance to thrive, learn and fulfil their potential, and that they feel safe living in the borough.

## **8. IMPLICATIONS**

### **8.1 FINANCIAL IMPLICATIONS**

8.1.1 There are no direct financial implications arising from this noting report. Any subsequent actions arising, in response to issues raised by the survey results, that have financial implications would need to have funding sources identified by the Council and/or partner organisations prior to implementation.

8.1.2 Comments approved by Allister Bannin, Director of Finance (Deputy s151 Officer), 08/04/2024.

## **8.2 LEGAL IMPLICATIONS**

8.2.1 There are no legal implications arising from this report.

8.2.2 Comments approved by the Head of Social Care & Education Law on behalf of the Director of Legal Services and Monitoring Officer. (Date 2<sup>nd</sup> April 2024)

## **8.3 EQUALITIES IMPLICATIONS**

8.3.1 Under the Public Sector Equality Duty of the Equality Act 2010, decision makers must evidence consideration of any potential impacts of proposals on groups who share the protected characteristics, before decisions are taken. This includes any decisions relating to how authorities act as employers; how they develop, evaluate and review policies; how they design, deliver and evaluate services, and also how they commission and procure services from others.

8.3.2 Section 149 of the Act requires public bodies to have due regard to the need to:  
eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act.  
advance equality of opportunity between people who share a protected characteristic and people who do not share it; and  
foster good relations between people who share a protected characteristic and people who do not share it.

8.3.3 The survey was offered to all schools in Croydon and was co-designed and piloted with schools to ensure it was accessible to children and young people.

8.3.4 The survey asked participants to complete questions related to their demographics so it would be possible to understand if there were any equalities implications related to the survey sample. This data was analysed by the Public Health Analyst involved in the work. the results were compared to the comparable data on Croydon's children and young people to understand how representative the results from the survey were.



- 8.3.5 Almost three quarters of responses came from years 4 and 6– this represents a significant skew in the results. However, in both state-funded primary schools and secondary schools, children and young people from all ages, sexes and ethnic groups completed the survey. A priority action within the current work programme is to increase uptake in older school years for the second survey in October 2024.
- 8.3.6 There were results indicating inequalities among genders, ethnicities and ages of the children and young people asked. Croydon Council public health team is currently producing a series of “in focus” report packs to look at the data broken down by these domains to identify and explore any significant inequalities in the results with leading stakeholders for each theme of the survey that is analysed.
- 8.3.7 An equalities impact assessment will be undertaken before the second survey is launched in October 2024, which will identify equality implications for all characteristics.

Comments approved by Felisha Dussard on behalf of Helen Reeves Head of Strategy & Policy 21/03/2024

#### **8.4 HR implications**

- 8.4.1 There are no immediate HR implications arising from this report. The council continues to put plans and actions in place via the People and Cultural Transformation Strategy to ensure employee wellbeing and working experience is improved as much as possible, as it is recognised in turn, a healthy and engaged workforce will be better placed to serve our residents effectively, including the borough’s children.

Comments approved by: Dean Shoesmith, Chief People Officer, 8 April 2024

### **OTHER IMPLICATIONS**

#### ***DATA PROTECTION IMPLICATIONS***

The survey was conducted anonymously so no individual child or young person can be identified in the work. No personal data has been collected or processed in this work.

Schools received individualised report packs with results for the children and young people in their school provided there were more than 10 completed surveys from students in that setting.

## **7. APPENDICES**

### **7.1 *Appendix 1. Results from the Health & Wellbeing Survey***

RESULTS FROM THE  
**HEALTH &  
WELLBEING  
SURVEY**

FOR SCHOOL-AGED CHILDREN AND  
YOUNG PEOPLE IN CROYDON (2022/23)

This report gives a high-level summary of the findings from the first Health and Wellbeing Survey for school-aged children and young people in Croydon (2022/23).



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RESULTS FROM THE

# HEALTH & WELLBEING SURVEY

FOR SCHOOL-AGED CHILDREN AND YOUNG PEOPLE IN CROYDON (2022/23)

This report gives a high-level summary of the findings from the first Health and Wellbeing Survey for school-aged children and young people in Croydon (2022/23).





# FOREWORD FROM RACHEL FLOWERS

CROYDON'S DIRECTOR OF PUBLIC HEALTH



**I am very pleased to be able to present the findings from the first Health and Wellbeing Survey for school-aged children and young people.**

As Director of Public Health, I have witnessed first-hand the impact of the COVID-19 pandemic on the health and wellbeing of our residents, especially children and young people.

The national evidence revealing how COVID-19 has impacted children and young people's lives is a cause for serious concern, and as such I am interested to find out what matters to them with regard to their health and wellbeing, as this information will help us to plan for the future. The survey was undertaken during 2022 / 2023 via an in-depth online questionnaire, and we have committed to repeating the survey every two years over the next decade. This will give us a valuable and unique long-term view of young people's wellbeing in Croydon.

The data from the survey has some limitations, and requires careful interpretation, nevertheless it provides invaluable insights which will help policy makers, frontline staff, parents and carers, and young people to have focused, localised conversations about health and wellbeing. This report provides context and assessment of the survey results, and will be a helpful resource to anyone who is interested in understanding more about young people's health and wellbeing following the pandemic.

I am extremely grateful to all the children and young people who took the time to share their views, and to the teachers and educators who supported them, and I am hopeful that the information shared will help shape provision for children and young people for the better.

I encourage people to share this report and to have conversations about how to address its key findings. Collective, concerted efforts will be required by us all, to make a positive difference to the young people in Croydon who are experiencing challenges with their health and wellbeing at this time.

I look forward to working with many of you on this programme over the coming decade.

*Rachel Flowers*

Rachel Flowers  
**Director of Public Health**



# FOREWORD FROM MAYOR JASON PERRY

EXECUTIVE MAYOR OF CROYDON



**This report provides vital insight into the health and wellbeing of children and young people in Croydon.**

My Business Plan (2022-26) clearly sets out my intentions to achieve better outcomes for children and young people, ensuring that they have the chance to thrive, learn and fulfill their potential, and that they feel safe living in the borough.

I want to personally thank everyone who took time to take part in this survey. It is important that we find out directly from children and young people how they are feeling and coping with challenges.

These findings will help us to better understand and support them and will be used to help us plan and shape our services in the future.

Clearly, much needs to be done as we continue our work to improve the health and wellbeing of children and young people in Croydon.

Local agencies – schools, the council, health and care partners, faith leaders and the voluntary sector – will now come together to consider these survey results and prioritise actions in response.

I look forward to seeing the improvements that are generated by this work.

*J Perry*

Jason Perry  
**Executive Mayor of Croydon**

# EXECUTIVE SUMMARY

## This report gives a high-level summary of the findings from the first Health and Wellbeing Survey for school-aged children and young people in Croydon (2022/23).

The survey was funded by the Contain Outbreak Management Fund (COMF) from the Department of Health and Social Care, in relation to the COVID-19 pandemic recovery.

This is the first time that Croydon has committed to collecting data over a ten-year period to monitor trends in children and young people's health and wellbeing.

### Methodology

An anonymous online survey was conducted by Insight Now and Croydon Council's public health team aimed at Croydon children and young people across school years 4, 6, 8, 10 and 12. Data was collected between November 2022 and January 2023.

The survey questions covered a range of topics that affect the lives of children and adolescents in the borough. These included diet, exercise, mental health, relationships, family life and overall wellbeing. For young people in years 8, 10 and 12, there were also questions asked about their sexual health, relationships, self-harm and their use of drugs and alcohol.



### Results

A total of 4,116 children and young people in the appropriate school years completed the survey (18% of the eligible school-aged population). 58 schools with students in the eligible years had one or more students submit a survey response, (43% of all eligible schools in Croydon) with varying degrees of uptake within each school.

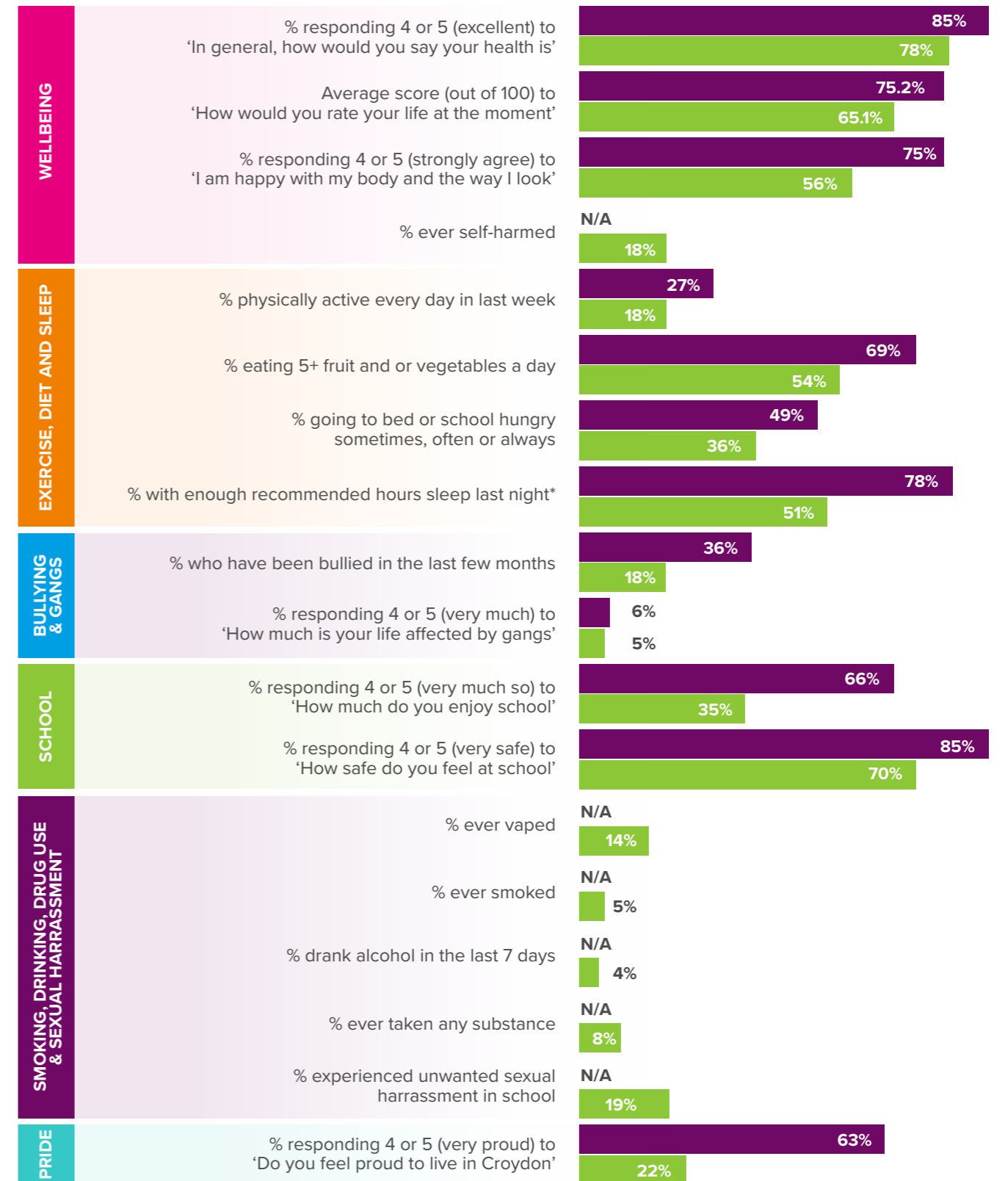
Almost three quarters of responses came from Year 4 and 6 students - this represents a significant skew in the results. However, in both state-funded primary schools and secondary schools, responses were received across all eligible ages, sexes, and ethnic groups, meaning the results provide representative insights into health and wellbeing issues for children and young people in Croydon.

A summary of key findings is shown in figure 1 on page 7, with results shown separately for primary school-aged and secondary school-aged students. Where primary school-aged students results show 'n/a' (not applicable), this is because those questions were not age-appropriate for primary school-aged children, and so were only asked to those in Years 8, 10 and 12.

Some results cannot easily be represented in the summary table, including the top self-reported worries of children and young people. The top worry of children and young people across all year groups was knife crime, followed by terrorism. Primary school-aged students then reported worrying most frequently about wars, bullying and gangs, whilst secondary school-aged students reported worrying most frequently about gangs, wars, and schoolwork/ exams.

## EXECUTIVE SUMMARY CONTINUED...

Figure 1: Summary of headline results ■ Primary school-aged students ■ Secondary school-aged students



\*8+hours for primary school aged students, 8-11 hours for secondary school aged students.

## Cautionary Notes

This survey contains self-reported information and views from school-aged children and young people in Croydon. Further work is required to fully understand some of the results and how questions have been interpreted and answered.

Response rates to each question varied, from under 50% to over 90%. There may be several reasons why children and young people chose not to answer certain questions – including being unclear about what the question was asking, fear of reporting, lack of interest, survey fatigue – and it is hoped that discussions with children and young people about why they did or did not answer specific questions can be explored in the next phase of this work.

## Next Steps

A programme of work is being delivered in 2023/24 following the publication of the results of the survey.

- A programme of engagement with children, young people and school staff colleagues has begun, to help understand the answers given to several of the questions (including, but not limited to, the series of questions on gangs (with a focus on understanding how children and young people define a “gang”); and to co-design the next survey (reviewing the number of questions; identifying priority issues)
- Schools have received individual information packs containing results for their own students compared to the rest of Croydon. Schools are being supported by the Education Advisors for Health & Wellbeing, and the council’s public health team, to interpret their data packs and plan activities to address priority improvement areas.
- A series of further analyses will be conducted over the next year by the public health team. There will be a rolling programme of “in focus” reports developed during the 2023/24 academic year that will each consider themes within the survey and analyse the findings in each area in detail, looking at any significant inequalities.
- The next survey is scheduled to take place in the autumn school term in 2024 (October-December 2024). The public health team will be working with schools to increase uptake of the survey, particularly among secondary school-aged students, and in special, independent, and home school settings.

The long-term ambition is to track the results of the survey over the next 10-year period, to understand how children and young peoples’ health and wellbeing in Croydon changes, and where they may need additional support.

## Acknowledgements

We thank schools and children and young people for their active participation in this important survey. We look forward to working together on this programme of work over the coming decade.

# INTRODUCTION

This report gives a high-level summary of key findings from the first Health and Wellbeing Survey for school-aged children and young people in Croydon (2022/23).

The survey is an anonymous online survey conducted by Insight Now and Croydon Council aimed at Croydon’s children and young people across school years 4, 6, 8, 10 and 12. This is the first time that Croydon has committed to collecting data over a 10-year period to monitor trends in children and young people’s health and wellbeing.

This survey was commissioned following the height of the COVID-19 pandemic. Research into the impact of the pandemic on children and young people found that lockdown measures had significant impacts, including:

• Despite most children coping well with the pandemic, various groups including girls and young women, older young people (16- to 24-year-olds), disadvantaged children and young people, and those with SEND, reported more difficulties with mental health and wellbeing<sup>1</sup>

• Data showed that the pandemic impacted on many people’s relationships, financial situations, and their physical and mental health. This placed many families under increased pressure<sup>2</sup>

• Some forms of child abuse may have increased during this time<sup>3</sup>

• Some children may have experienced a sustained loss of play and regular peer interaction. Younger (primary) age groups were at highest risk of loss of peer interaction<sup>4</sup>

• 300,000 additional children were driven into poverty<sup>5</sup>

• Levels of physical activity were likely to be lower because of remote schooling<sup>6</sup>

• From 25th March - 20th June 2020 all non-urgent dental care was stopped and deferred, meaning that many children and young people were not able to access routine dental care<sup>7</sup>

• Patient access to health services for HIV, STIs and viral hepatitis, was disrupted<sup>8</sup>

The national evidence was, and continues to be, concerning. It was important for the Council to understand how COVID-19 had impacted on the health and wellbeing of children and young people in Croydon. As such, the public health team developed a comprehensive, evidence-based health and wellbeing survey to explore this directly with school-aged children and young people.

This report summarises its key findings. Wherever comparable evidence was available to benchmark the results and provide context to the Croydon data, this has also been presented.



# METHODOLOGY

The survey was conducted on a sample of children and young people from a range of schools across Croydon. All schools were eligible to take part in the survey if they had students in the school years being surveyed (Years 4, 6, 8, 10 and 12).



The survey was completed by children and young people between November 2022 and January 2023. They completed the survey electronically, and responses were anonymous. Each school was sent a link to the survey site, and most survey responses were completed in classrooms.

Teachers were asked to be on-hand while students completed the survey, and during the exercise, they were given guidance on where to seek help for any health or wellbeing worries.

Questions looked at assorted topics that affect the lives of children and young people in the borough. These included diet, exercise, mental health, relationships, family life and overall wellbeing. For secondary schools there were also questions about their sexual health, relationships, self-harm and the use of drugs and alcohol. Questions for all year groups were age-appropriate, based on validated questions used in other research projects around the UK, and were developed in consultation with local professionals and piloted with schools.

The data obtained from the children and young people who participated in the survey was analysed by Insight Now and the Croydon Council public health team. Individualised school reports were produced for each school where there were more than 10 full survey responses. These were sent directly to schools, with information about how to interpret the data included at the start of the pack. This report provides the aggregated borough-level findings, for schools, the public, and wider stakeholders, who are interested in understanding more about the health and wellbeing of children and young people in Croydon.

<sup>1</sup> OHID (2022). COVID-19 mental health and wellbeing surveillance report. Chapter 4: Children and Young People. <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people>

<sup>2</sup> Scottish Government (2020). COVID-19: Children, young people and families October 2020 Evidence Summary. <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2020/11/report-covid-19-children-young-people-families-october-2020-evidence-summary/documents/covid-19-children-young-people-families-october-2020-evidence-summary/covid-19-children-young-people-families-october-2020-evidence-summary/govscot%3Adocument/covid-19-children-young-people-families-october-2020-evidence-summary.pdf>

<sup>3</sup> NSPCC (2022). The impact of coronavirus (COVID-19): statistics briefing. <https://learning.nspcc.org.uk/research-resources/statistics-briefings/covid>

<sup>4</sup> Scottish Government (2020). COVID-19: Children, young people and families October 2020 Evidence Summary. <https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2020/11/report-covid-19-children-young-people-families-october-2020-evidence-summary/documents/covid-19-children-young-people-families-october-2020-evidence-summary/covid-19-children-young-people-families-october-2020-evidence-summary/govscot%3Adocument/covid-19-children-young-people-families-october-2020-evidence-summary.pdf>

<sup>5</sup> PHE London (2021). Wider impact of COVID-19 on children and young people. <http://croydonlcsb.org.uk/wp-content/uploads/2021/05/Wider-impact-CYP-12-Apr-21.pdf>

<sup>6</sup> SPI-M and DfE (2020) Benefits of remaining in education: Evidence and considerations. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/935192/spi-b-dfe-benefits-remaining-education-s0861-041120.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/935192/spi-b-dfe-benefits-remaining-education-s0861-041120.pdf)

<sup>7</sup> NHS England (2020) Letters, updates, and additional guidance for dental teams. <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Urgent-dental-care-letter-28-May.pdf>

<sup>8</sup> PHE (2020) The impact of the COVID-19 pandemic on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England. <https://www.gov.uk/government/publications/covid-19-impact-on-stis-hiv-and-viral-hepatitis>

# SURVEY SAMPLE

## Response Rate

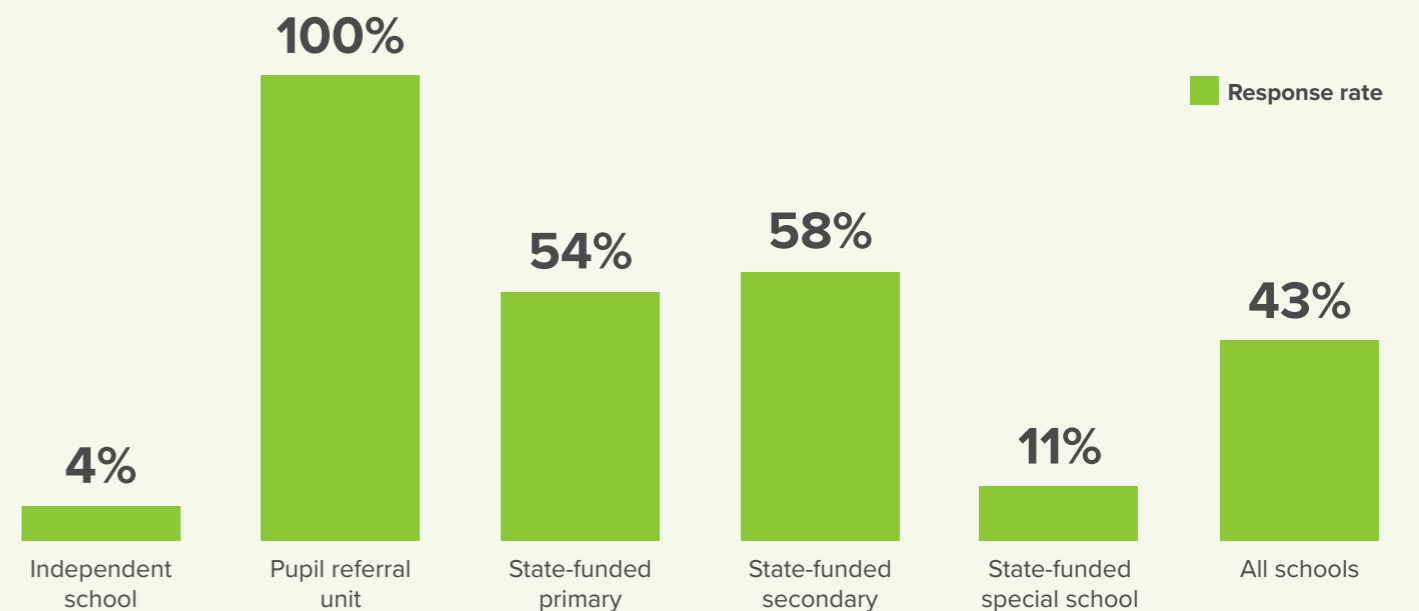
A total of 4,116 children and young people in the appropriate school years completed the survey (18% of all eligible school-aged children and young people)<sup>9</sup>. 58 schools with students in the eligible years had one or more students submit a survey response, with varying degrees of uptake within each school (43% of all eligible schools in Croydon).

43 schools with primary school-aged students participated (42 state-funded primary schools; 1 independent school) and 15 schools with secondary school-aged students took part (13 state-funded secondary schools; 1 PRU (Pupil Referral Unit), and 1 state-funded special school). A small number of children and young people who are home-schooled also completed the survey<sup>10</sup>.

The proportion of sign-ups by school types is shown in Figure 2 below:



**Figure 2:**  
Proportion of school sign-ups (by school type)



<sup>9</sup> Eligible school and student uptake based on all schools with students in Years 4, 6, 8, 10 and 12 as reported by DfE for the 2020/21 academic year. <https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics/2020-21>

<sup>10</sup> Invitation to participate in the survey was extended to independent schools, special schools, and home-school organisations.





## SURVEY SAMPLE CONTINUED...

THE DATA OBTAINED FROM THE STUDENTS WHO PARTICIPATED IN THE SURVEY WERE ANALYSED BY INSIGHT NOW AND THE CROYDON COUNCIL PUBLIC HEALTH TEAM

### Sample Characteristics and Weighting

Almost three quarters of responses came from years 4 and 6 - this represents a significant skew in the results.

However, in both state-funded primary schools and secondary schools, children and young people from all ages, sexes and ethnic groups completed the survey, meaning the sample is broadly representative of the student population in Croydon as a whole<sup>11</sup>.

Overall, the schools that did have one or more students submit a survey response were spread across the borough.

Figure 3: Total respondents by year group (number)

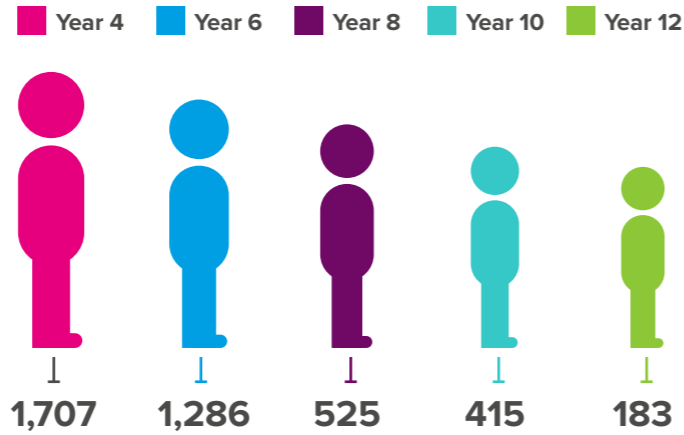


Figure 5: Is English the language usually spoken at home?

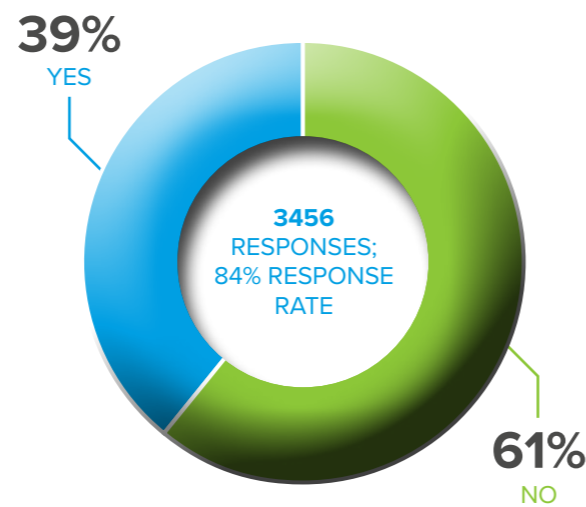
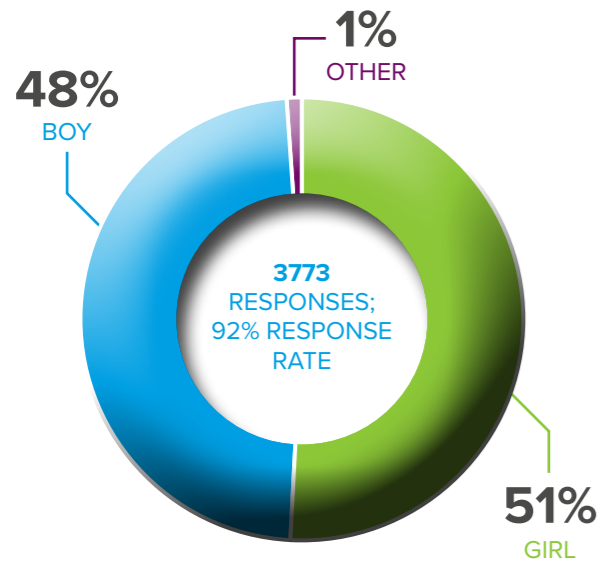


Figure 4: How do you identify your gender?



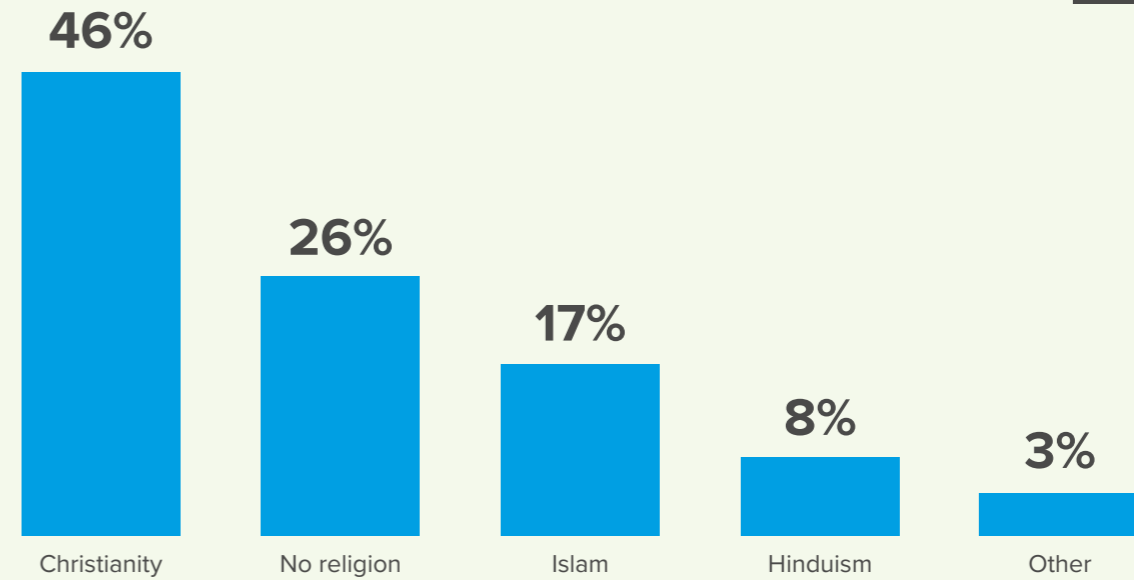
<sup>11</sup> Students who completed the survey also came from a variety of school settings - i.e. from single-sex and mixed-sex schools; from areas of higher deprivation and lower deprivation, and from faith schools and non-faith schools.



## SURVEY SAMPLE CONTINUED...

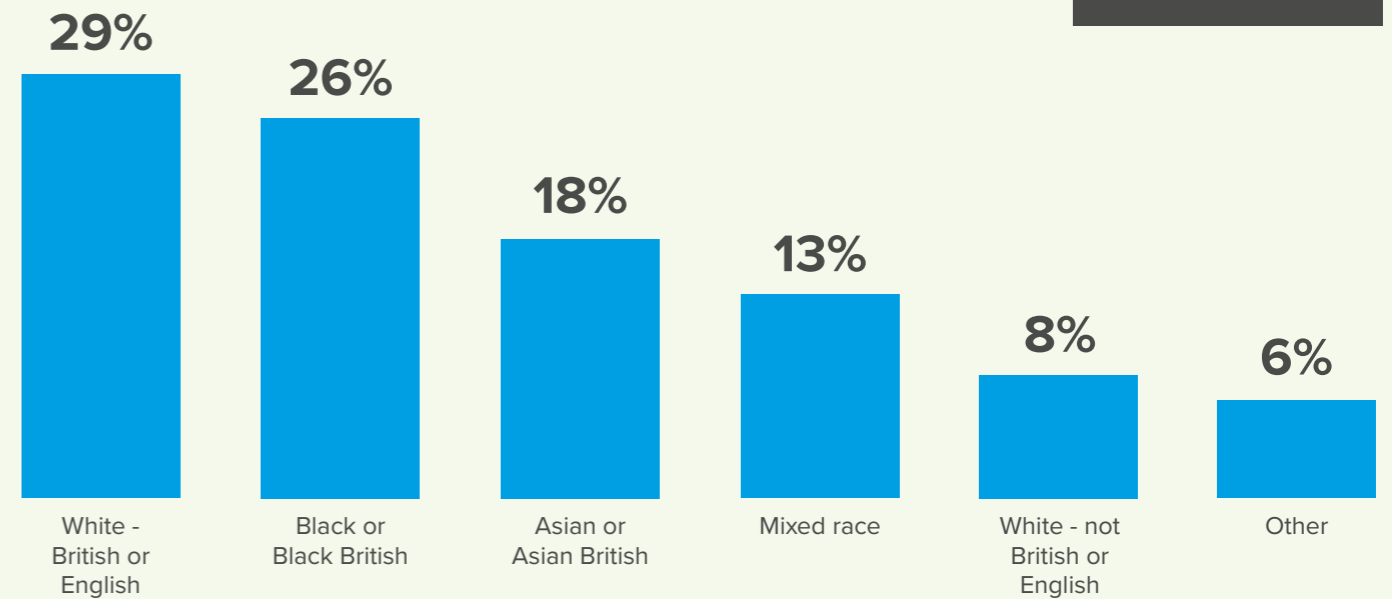
OVERALL, THE SCHOOLS THAT HAD ONE OR MORE STUDENTS SUBMIT A SURVEY RESPONSE WERE SPREAD ACROSS THE BOROUGH

Figure 6: Do you have a religion which you follow?



3639 RESPONSES; 88% RESPONSE RATE

Figure 7: Which one of these best describes your background or race?



3517 RESPONSES; 85% RESPONSE RATE





## KEY FINDINGS GENERAL HEALTH CONTINUED...

130  
QUESTIONS

ASKED OF PRIMARY  
SCHOOL-AGED  
STUDENTS

220  
QUESTIONS

ASKED OF SECONDARY  
SCHOOL-AGED  
STUDENTS

Children and young people were also asked about whether they received extra help at school, and what type of help that was:

### Do you get extra help with any of these things at school?

- Moving around including walking and running
- Using your hands for writing or to pick things up
- Seeing and using your eyes
- Hearing and using your ears
- Using sign language
- Using braille
- Speaking
- Breathing
- Reading or writing
- Using numbers
- How you feel
- How you behave
- Other
- I don't get extra help with any of these things

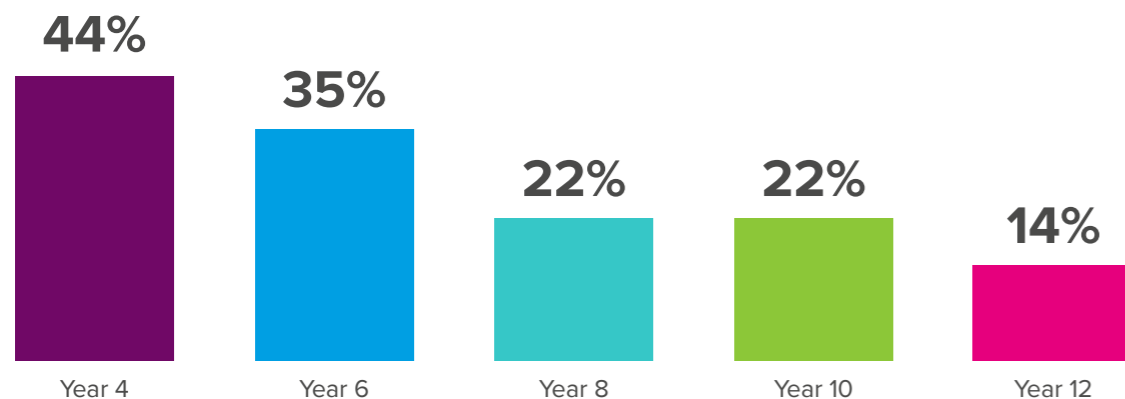
Primary school-aged students received more additional help at school than secondary school-aged students, with those in Year 4 receiving the most.

There was no significant difference between Years 8, 10 and 12 results. The amount of additional help reported by Year 4 students was higher than among those in Year 6. Year 6 students reported higher levels of additional help than secondary years.



Figure 9:  
Percentage of students who receive additional help at school

Year 4 (aged 8-9) Year 6 (aged 10-11) Year 8 (aged 12-13)  
Year 10 (aged 14-15) Year 12 (aged 16-17)



3,709 RESPONSES;  
90% RESPONSE RATE

## KEY FINDINGS GENERAL HEALTH CONTINUED...

14%  
IN TOTAL

SAID THEY HAD  
A LONG-TERM ILLNESS

58%  
OF WHICH

SAW A DOCTOR FOR  
THEIR ILLNESS

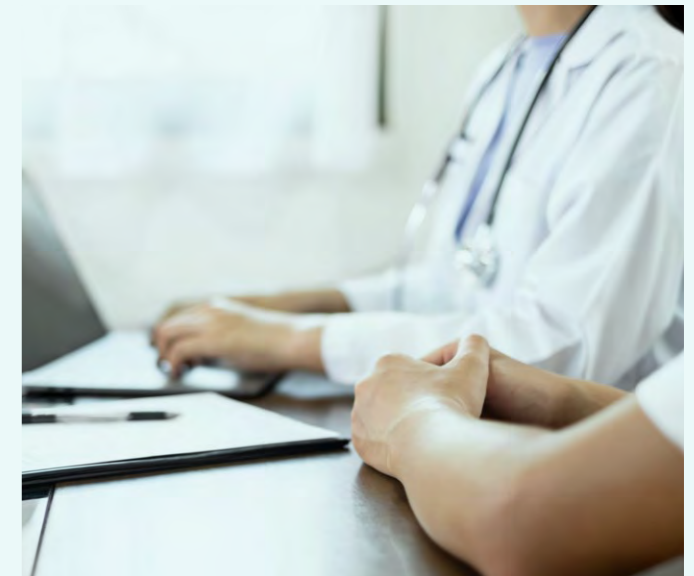
Children and young people were also asked about having a long-term illness:

### Do you have a long-term illness, like diabetes, asthma, arthritis, allergy, epilepsy, sickle cell disease?

- Yes
- Yes but know the name
- No
- I don't know
- I prefer not to say

### Do you see a Doctor about this?

- Yes
- No
- I prefer not to say

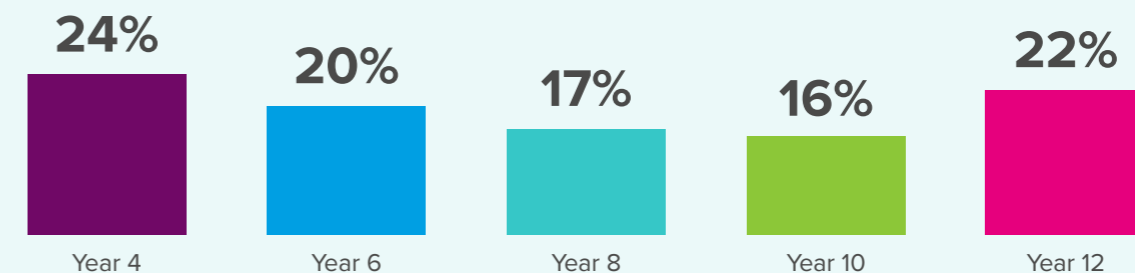


In total, 14% of students said they had a long-term illness; 58% of which saw a doctor about this. Differences between year groups were small, though Year 4 results were significantly higher than (not for) students in Year 8 or Year 10.

By comparison, 16% of students surveyed in the Department for Education's LSYPE2 study (2016)<sup>14</sup> had an illness or disability; 50% of which reported that this illness or disability affected school. The WHO's Survey of 11-, 13- and 15-year-olds in England<sup>15</sup> found that 23% said they had a long-term condition or disability, i.e., a slightly smaller proportion of students in Croydon reported a long-term illness.

Figure 10:  
Percentage of students with a long-term illness

Year 4 (aged 8-9) Year 6 (aged 10-11) Year 8 (aged 12-13)  
Year 10 (aged 14-15) Year 12 (aged 16-17)



3,025 RESPONSES;  
73% RESPONSE RATE

<sup>14</sup> Department for Education (July 2016). Longitudinal Study of Young People in England cohort 2: health and wellbeing at wave 2. Ages 14-15. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/599871/LSYPE2\\_w2-research\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/599871/LSYPE2_w2-research_report.pdf)

<sup>15</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

## KEY FINDINGS SLEEP

### 2. SLEEP

Children aged 6 to 12 years are recommended to get between 9 to 12 hours sleep within a 24-hour period. Teenagers aged 13 to 18 years are recommended to get between 8 to 10 hours<sup>16</sup>. Sleep is critical for healthy child development. It affects happiness, alertness and attention, cognitive performance, mood, resiliency, vocabulary acquisition, and learning and memory<sup>17</sup>.

Children and young people were asked about the number of hours of sleep they had on the previous night before completing the survey, and about problems in getting to sleep and/or staying asleep in the week prior to completing the survey:

#### How many hours sleep did you have last night?

- 3 hours or less
- 4 to 5 hours
- 6 to 7 hours
- 8 to 9 hours
- 10 to 11 hours
- 12 or more hours
- Don't know / prefer not to say

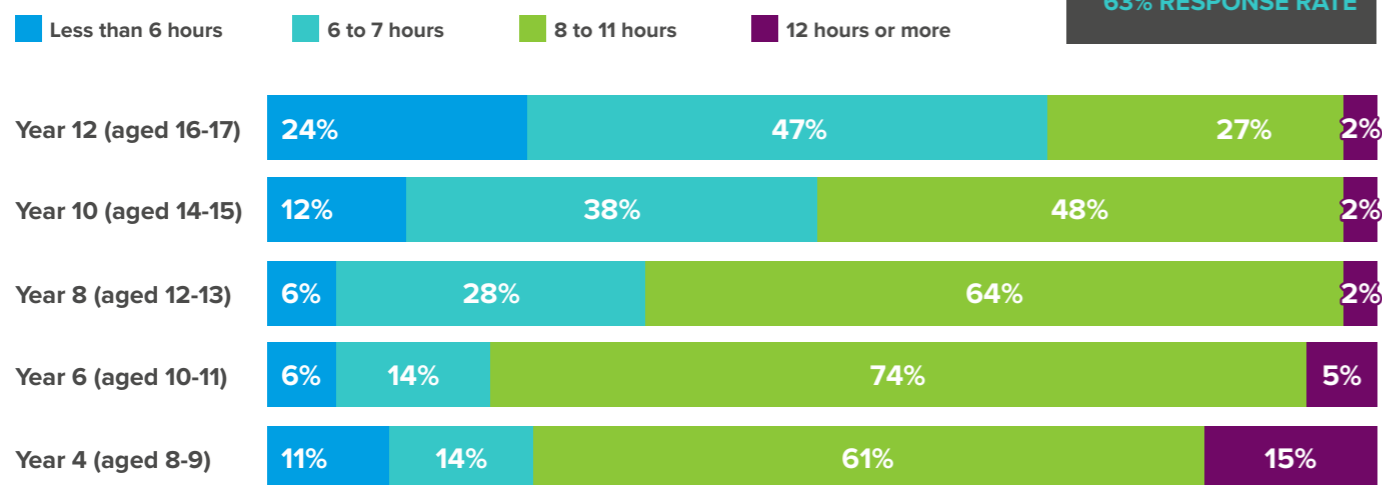
Almost a quarter of Year 12 students reported having less than six hours sleep the night before completing the survey. Students were significantly less likely to get the recommended hours of sleep as they age (apart from students in Year 6 who reported similar hours of sleep to those in Year 4).

For analysis purposes, to show the proportion who achieved the recommended hours of sleep, '8+ hours' for students in years 4 and 6 and '8-11 hours' for students in years 8, 10 and 12 have been used. This is because cut-off points and ages were unable to precisely match those from the recommendations.

Looking at benchmarked data, nationally, 32% of Year 10 students reported normally getting less than eight hours sleep on a school night<sup>18</sup>. In Croydon, a much higher proportion of Year 10 students reported less than 8 hours sleep (50%).

This could be because the Croydon survey asked children and young people to report about their sleep pattern for one night, not a 'normal' night.

Figure 11: Number of reported hours of sleep in the night prior to completing the survey



2,608 RESPONSES;  
63% RESPONSE RATE

<sup>16</sup> Sleep Foundation (2023). How much sleep do we really need? <https://www.sleepfoundation.org/how-sleep-works/how-much-sleep-do-we-really-need>

<sup>17</sup> Sleep Foundation (2023). Children and Sleep. <https://www.sleepfoundation.org/children-and-sleep>

<sup>18</sup> Department for Education (July 2016). Longitudinal Study of Young People in England cohort 2: health and wellbeing at wave 2. Ages 14-15. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/599871/LSYPE2\\_w2-research\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/599871/LSYPE2_w2-research_report.pdf)

## KEY FINDINGS SLEEP CONTINUED...

## YEAR 4

STUDENTS REPORTED SIGNIFICANTLY MORE PROBLEMS THAN YEARS 6 AND 8 IN TERMS OF GETTING TO SLEEP

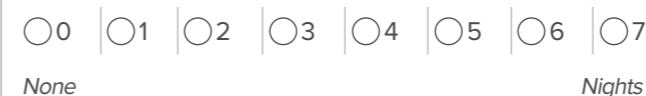
Children and young people were also asked about difficulties they had getting to sleep, and/or staying asleep, in the 7 days before they completed the survey:

#### On how many nights in the past 7 days have you had any of the following problems with sleep?

##### Problems getting to sleep:



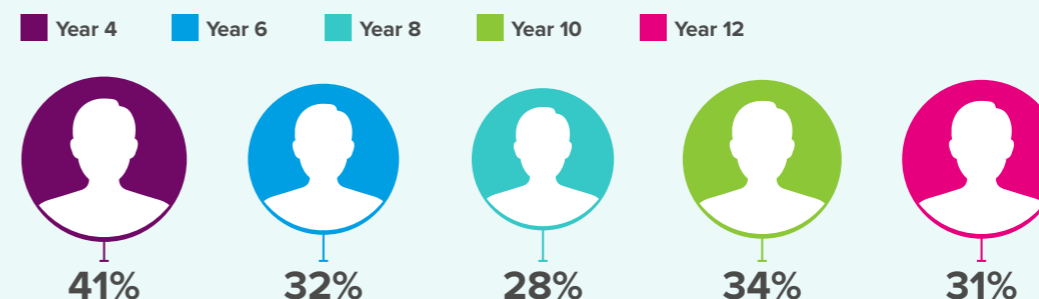
##### Problems with staying asleep:



Primary school-aged students reported more problems getting to sleep / staying asleep than secondary school-aged students. Year 4 students reported significantly more problems than Years 6 and 8 in terms of getting to sleep. There were no other significant differences. Year 4 students also reported significantly more problems than all other years with staying asleep (there were no other significant differences by year group).

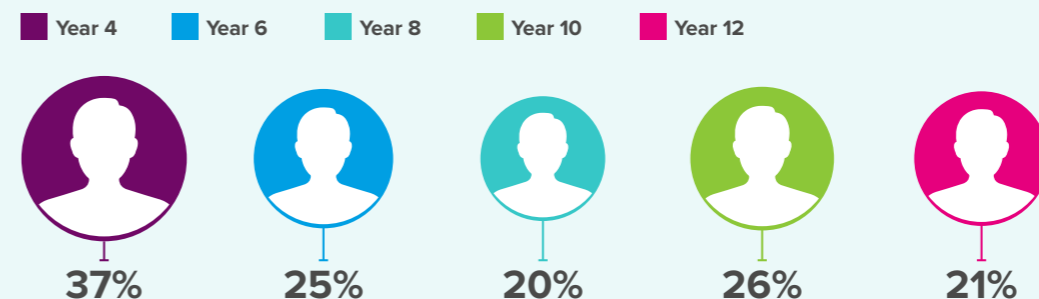
Results from a comparable survey sample found that 34% of 7- to 16-year-olds experienced sleep problems three or more times in the past week<sup>19</sup>. Comparatively, Croydon showed a similar proportion of children and young people experiencing sleep problems on three or more nights (36% getting to sleep; 29% staying asleep).

Figure 12: Percentage of students reporting problems getting to sleep on 3 or more nights in the week prior to completing the survey



3,049 RESPONSES;  
74% RESPONSE RATE

Figure 13: Percentage of students reporting problems staying asleep on 3 or more nights in the week prior to completing the survey



2,998 RESPONSES;  
73% RESPONSE RATE



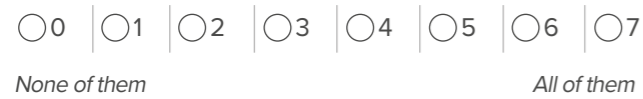
## KEY FINDINGS PHYSICAL ACTIVITY

### 3. PHYSICAL ACTIVITY

Participation in physical activity is important for healthy growth and development. It can reduce the risk of chronic conditions (for example, obesity) and improve general health and wellbeing<sup>20</sup>. Children and young people aged 5 to 18 should aim for an average of at least 60 minutes physical activity per day across the week<sup>21</sup>.

Children and young people were asked about how many days (out of the previous 7 days before completing the survey) they had completed at least 1 hour of physical activity:

Over the past 7 days, on how many days were you physically active for at least 1 hour (i.e 60 minutes)?



27% of primary school-aged students met the recommendation for at least one hour of physical activity every day. This fell to 18% in Year 8 and Year 10 students and to 13% in Year 12 students.

Figure 14: Percentage of students reporting problems getting to sleep on 3 or more nights in the week prior to completing the survey

Year 4 Year 6 Year 8 Year 10 Year 12



<sup>19</sup> NHS Digital (2022). Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey. Ages 7-24. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey>

<sup>20</sup> NICE (2019). Physical activity for children and young people. Public health guideline [PH17]. <https://www.nice.org.uk/guidance/ph17/chapter/public-health-need-and-practice>

<sup>21</sup> DHSC (2020). Physical activity guidelines: UK Chief Medical Officers' report. <https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report>

**27%**  
PRIMARY SCHOOL-AGED STUDENTS  
MET THE RECOMMENDATION FOR AT LEAST ONE HOUR OF PHYSICAL ACTIVITY EVERY DAY

## KEY FINDINGS DIET

### 4. DIET

Children and young people were asked a variety of questions about their eating habits to establish how healthy their diets were. Children and young people should eat at least 5 portions of a variety of fruit and vegetables every day<sup>23</sup>. Evidence shows there are significant health benefits to consuming at least 5 portions of fruit and vegetables every day, including a lower risk of serious health problems, such as heart disease, stroke, and some types of cancer<sup>24</sup>.

Children and young people were asked how many portions of fruit and vegetables they usually consumed each day, ranging from '0' portions, to 'more than 5':

How many portions of fruit and vegetables do you usually eat each day?

FRUIT



VEGETABLES



69% of primary school-aged students met the recommendation of eating five or more portions of fruit and/or vegetables per day. This fell to 56% in Year 8 and Year 10 students, and to 45% in Year 12 students.

There were no statistical differences between individual years in primary / secondary school, but primary school years reported significantly higher rates of fruit/vegetable consumption than secondary school students. There were no differences between boys and girls in either primary or secondary school ages.



<sup>22</sup> Sport England (2021/22). Active Lives Survey. Ages 5-15. <https://www.sportengland.org/research-and-data/data/active-lives>

<sup>23</sup> PHE (2018). The Eatwell Guide. <https://www.gov.uk/government/publications/the-eatwell-guide>

<sup>24</sup> NHS.uk (2022). Why 5 A Day? <https://www.nhs.uk/live-well/eat-well/5-a-day/why-5-a-day/>



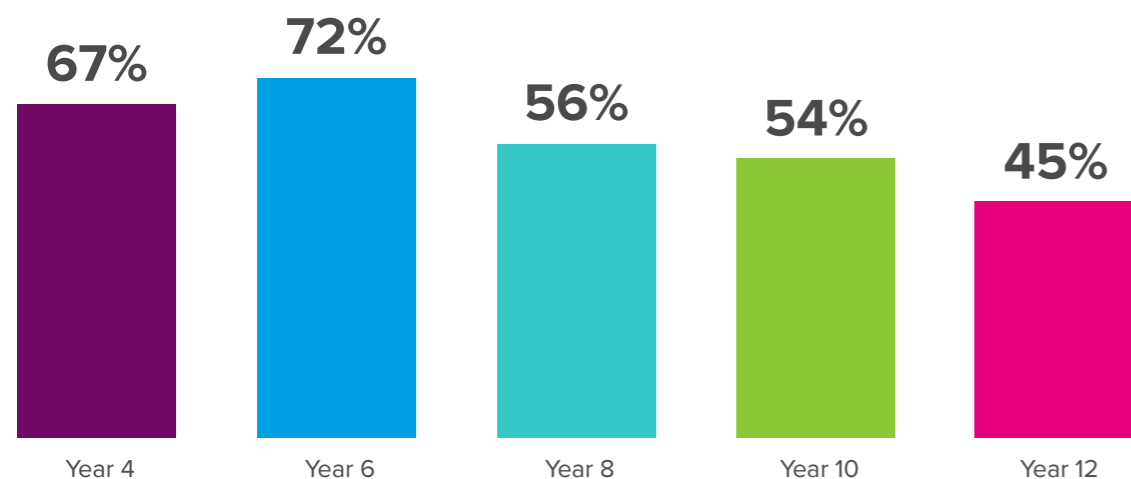
## KEY FINDINGS DIET CONTINUED...

**44%**  
SECONDARY SCHOOLS IN ENGLAND  
MET THE 5-A-DAY FRUIT AND VEGETABLE  
CONSUMPTION GUIDELINES

**Figure 15:**  
Percentage of students eating five or more portions of fruit and/or vegetables per day

Year 4 (aged 8-9) Year 6 (aged 10-11) Year 8 (aged 12-13)  
Year 10 (aged 14-15) Year 12 (aged 16-17)

3,132 RESPONSES;  
76% RESPONSE RATE



A WHO survey of secondary school-aged students in England found that 44% met 5-a-day fruit and vegetable consumption guidelines.

This figure decreased with age (51% of 11-year-olds, 41% of 13-year-olds, 34% of 15-year-olds)<sup>25</sup>. Compared to these figures, higher percentages of students in Croydon are meeting 5-a-day guidelines.



<sup>25</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

## KEY FINDINGS DENTAL HYGIENE

**82%**  
ALL STUDENTS MET THE  
RECOMMENDATION OF BRUSHING  
THEIR TEETH AT LEAST TWICE A DAY.

### 5. DENTAL HYGIENE

Children and young people were also asked about dental hygiene. Tooth decay is highly preventable but remains a significant public health problem. Children and young people aged 7 and over should brush their teeth at least twice a day for about two minutes with fluoride toothpaste to prevent tooth decay<sup>26</sup>.

It has been found that children are more at risk of tooth decay if they eat a poor diet, brush their teeth less than twice per day with fluoride toothpaste, and/or are from deprived backgrounds<sup>27</sup>.

Children and young people were asked to report the number of times they usually brushed their teeth each day:

**How many times do you usually brush your teeth a day?**

- More than twice a day
- Twice a day
- Once a day
- Less than once a day
- Never
- I am not sure

82% of all students met the recommendation of brushing their teeth at least twice a day. There were no statistical differences found between any years. However, boys of secondary school age were significantly less likely to brush their teeth twice a day than girls.

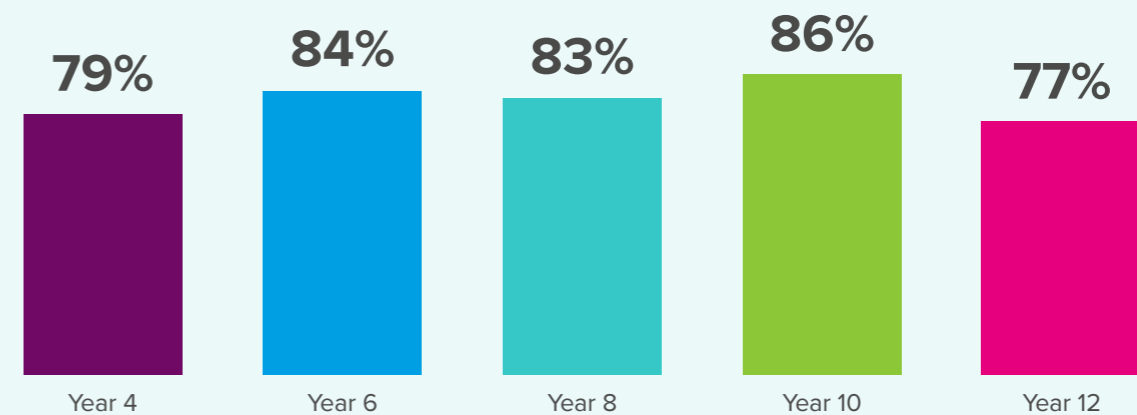
The My Health My School survey in Leeds (2020/21) found that 72% students of similar ages to those surveyed in Croydon reported brushing their teeth twice or more a day, i.e., more children and young people in Croydon reported meeting the recommendation for teeth brushing frequency<sup>28</sup>.



**Figure 16:**  
Percentage of students who brush their teeth at least twice a day

Year 4 (aged 8-9) Year 6 (aged 10-11) Year 8 (aged 12-13)  
Year 10 (aged 14-15) Year 12 (aged 16-17)

3,067 RESPONSES;  
75% RESPONSE RATE



<sup>26</sup> NHS.uk (2022). Children's teeth. <https://www.nhs.uk/live-well/healthy-teeth-and-gums/taking-care-of-childrens-teeth/>

<sup>27</sup> PHE (2017). Health matters: child dental health. <https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health>

<sup>28</sup> Leeds City Council (2021). My Health, My School Survey Leeds Headline Report, Key Findings 2020-21. [https://www.myhealthmyschoolsurvey.org.uk/uploads/optimadmin/document/document/16/2021105\\_Final\\_Headline\\_Report\\_2020-21\\_V1.pdf](https://www.myhealthmyschoolsurvey.org.uk/uploads/optimadmin/document/document/16/2021105_Final_Headline_Report_2020-21_V1.pdf)



## KEY FINDINGS EATING ENOUGH

IN SECONDARY SCHOOL AGES, GIRLS WERE LESS LIKELY TO EAT BREAKFAST EVERY DAY THAN BOYS

### 6. EATING ENOUGH

Good nutrition is important for healthy development. Some of the benefits of healthy eating include stable energy, strong bones and teeth, improved mental health, maintaining healthy weight, and preventing chronic diseases<sup>29</sup>. However, many children and young people are not able to eat a healthy, balanced diet.

This may, in part, be due to not being able to afford enough healthy, nutritious food to eat. According to government data from 2020, 92% of households in the UK regarded themselves as food secure<sup>30</sup>. 8% regarded themselves as food insecure. Food insecurity is more likely among the young and old, those with a disability, and from an ethnic minority group<sup>31</sup>.

Children and young people were asked several questions that were designed to understand how much access to, and utilisation of, healthy nutritious foods they had. These included the following:

**How often do you usually have breakfast on school days (more than a glass of milk or fruit juice)?**

- Every day
- Three or four days
- One or more days
- I never have breakfast on school days
- Prefer not to say

**Sometimes children and young people go to school or bed hungry. How often does this happen to you?**

- Never
- Sometimes
- Often
- Always
- Prefer not to say



Three quarters of primary school-aged students reported having breakfast every school day compared to half of secondary school-aged students. In secondary school ages, girls were less likely to eat breakfast every day than boys.

In those who reported having breakfast every day, there was no statistical difference in results between secondary school years and primary school years, although primary school students reported significantly higher rates of usually eating breakfast on school days than secondary school-aged students.

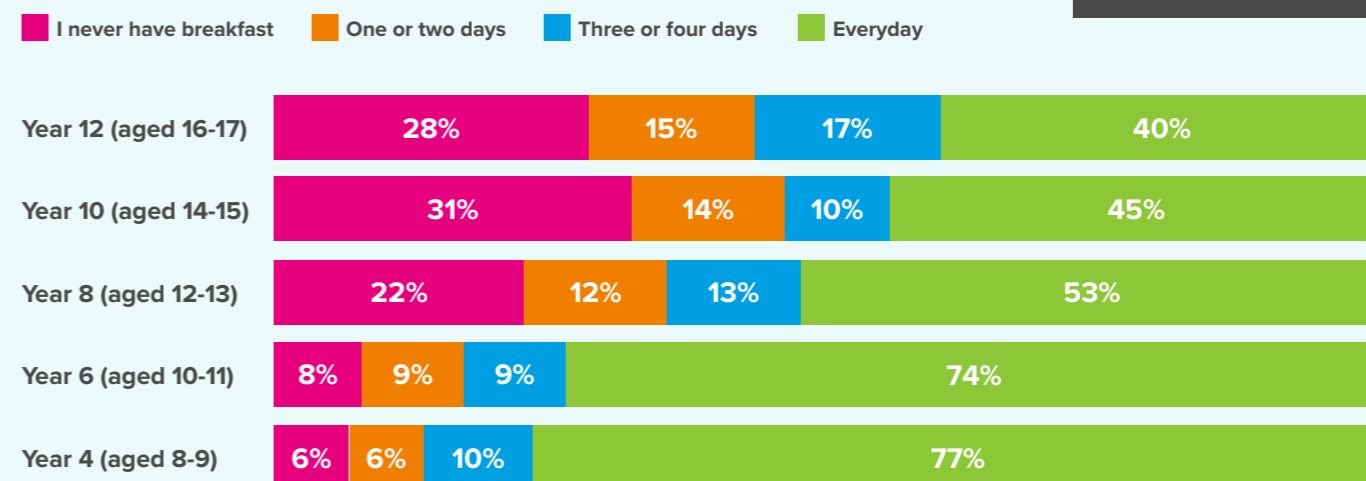
## KEY FINDINGS EATING ENOUGH CONTINUED...

56%

OF YEAR 4 STUDENTS SAID THEY SOMETIMES, OFTEN, OR ALWAYS GO TO SCHOOL OR BED HUNGRY

**Figure 17:**  
Percentage of students reporting how often they ate breakfast on school days, by year group

3,084 RESPONSES;  
75% RESPONSE RATE



Benchmarking this data, the Scotland Health and Wellbeing Census in Schools 2021-2022 (with results for children from Year 4 -Year 13) found 56.9% had breakfast on weekdays (more than a glass of milk or fruit juice)<sup>32</sup>. The WHO Survey (2018) among 11-, 13- and 15-year-old students in England found that 63% reported eating breakfast every day i.e., a smaller proportion of students who completed the Croydon survey reported eating breakfast every day. Younger adolescents and boys were more likely to report doing so, ranging from 77% in 11-year-old boys to 48% of 15-year-old girls<sup>33</sup>. Both trends were also found within the Croydon dataset.



Students were also asked how often they went to school or bed hungry. 56% of Year 4 students said they sometimes, often, or always go to school or bed hungry. Year 4 students were significantly more likely to go to bed/school hungry than all other years.

Year 6 students were significantly more likely than Year 8 students to report going to bed/school hungry, but all other years were similar.

<sup>29</sup> Nationwide Children's Hospital (2023). The Importance of Good Nutrition for Kids. <https://www.nationwidechildrens.org/family-resources-education/700childrens/2021/03/importance-good-nutrition-kids>

<sup>30</sup> DEFRA (2021). United Kingdom Food Security Report 2021: Theme 4: Food Security at Household Level. <https://www.gov.uk/government/statistics/united-kingdom-food-security-report-2021/united-kingdom-food-security-report-2021-theme-4-food-security-at-household-level#united-kingdom-food-security-report-2021-theme4-indicator-4-1-4>

<sup>31</sup> *ibid*

<sup>32</sup> Scotland Experimental Statistics (2023). Health and Wellbeing Census 2021/22. <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.gov.scot%2Fbinaries%2Fcontent%2Fdocuments%2Fgovscot%2Fpublications%2Fstatistics%2F2023%2F02%2Fhealth-and-wellbeing-census-scotland-2021-22%2Fdocuments%2Fkey-findings%2Fgovscot%253Adocument%2FHWB%252BCEnsus%252B2021-22%252B-%252Bpublication%252B-%252B2023%252B-%252Bkey%252Bfindings.docx&wdOrigin=BROWSELINK>

<sup>33</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

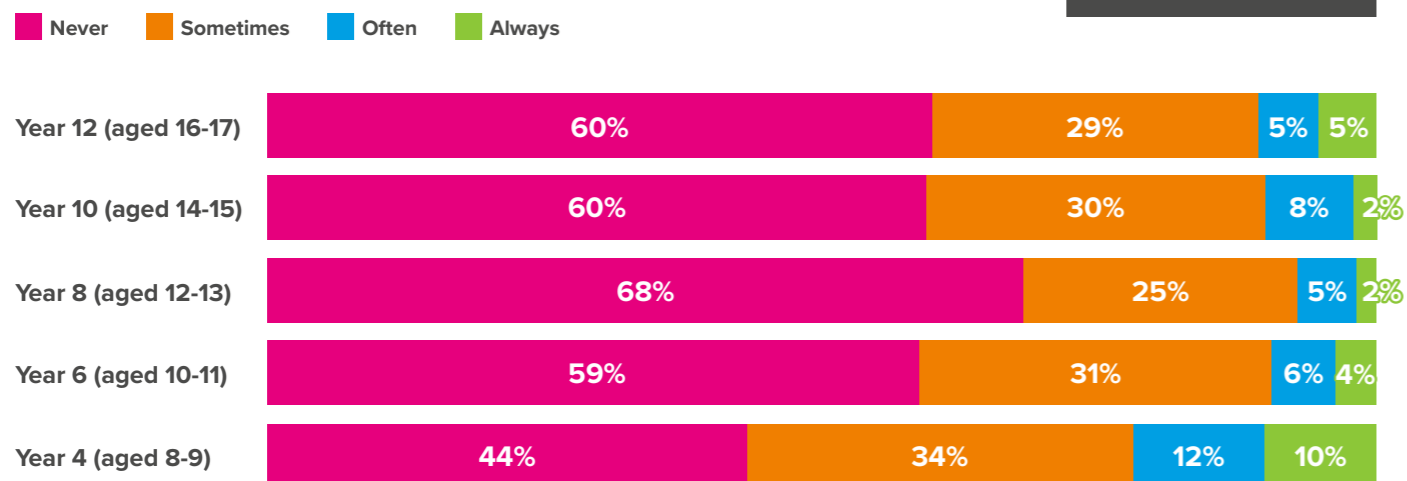


## KEY FINDINGS EATING ENOUGH CONTINUED...

### Year 4

STUDENTS WERE SIGNIFICANTLY MORE LIKELY TO GO TO BED/SCHOOL HUNGRY THAN ALL OTHER YEARS

**Figure 18:**  
Percentage of students reporting how often they went to school or bed hungry, by year group



Comparatively, the Scotland Health and Wellbeing Census in Schools 2021-2022 (with results for children from Year 4 -Year 13) found that 62.1% never went to school hungry, but there was not comparable data on numbers reporting going to bed hungry. Despite this, it is important to investigate what the data reported by children and young people in Croydon mean<sup>34</sup>. There are a number of possible explanations for the results, including living in food poverty, and hunger owing to growth and development. Further work will be conducted with children and young people in Croydon to explore these results further.

<sup>34</sup> Scotland Experimental Statistics (2023). Health and Wellbeing Census 2021/22. <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.gov.scot%2Fbinaries%2Fcontent%2Fdocuments%2Fgovscot%2Fpublications%2Fstatistics%2F2023%2F02%2Fhealth-and-wellbeing-census-scotland-2021-22%2Fdocuments%2Fkey-findings%2Fkey-findings%2Fgovscot%253Adocument%2FHWB%252BCensus%252B2021-22%252B-%252Bpublication%252B-%252B2023%252B-%252Bkey%252Bfindings.docx&wdOrigin=BROWSELINK>

## KEY FINDINGS SMOKING, DRINKING AND DRUGS

# 86%

OF THE STUDENTS WHO DID COMPLETE THE QUESTION, MORE THAN FOUR IN EVERY FIVE SAID THEY HAD NEVER VAPED

### 7. SMOKING, DRINKING AND DRUGS (SECONDARY SCHOOL-AGED STUDENTS ONLY)

#### 7.1 SMOKING AND VAPING BEHAVIOURS

In the UK, vapes (e-cigarettes) can be legally sold to people aged 18 or over. The government has encouraged adult smokers to switch to vapes as the evidence shows vaping is substantially less damaging to health than smoking. Vapes should not be used by children and young people; vaping is not risk-free, particularly for people who have never smoked<sup>35</sup>.

The survey asked the following questions to secondary school-aged students only:

##### Which statement describes you best about smoking e-cigarettes/vaping?

- I have never vaped
- I have tried vaping once or twice
- I vape occasionally but not every day
- I vape one or more times a day
- I used to vape, but don't now

##### Which statement describes you best about smoking (traditional) cigarettes?

- I have never smoked a cigarette
- I have tried smoking once or twice
- I smoke occasionally but not every day
- I smoke one or more times a day
- I used to smoke, but don't now



Of the students who did complete the question, more than four in every five (86%) said they had never vaped, and more than nine in every ten (94%) said that they had never smoked. Statistically, students in Years 10 and 12 were more likely to have ever vaped compared to those in Year 8, and students in Year 12 were more likely to have ever smoked compared to those in Year 8.

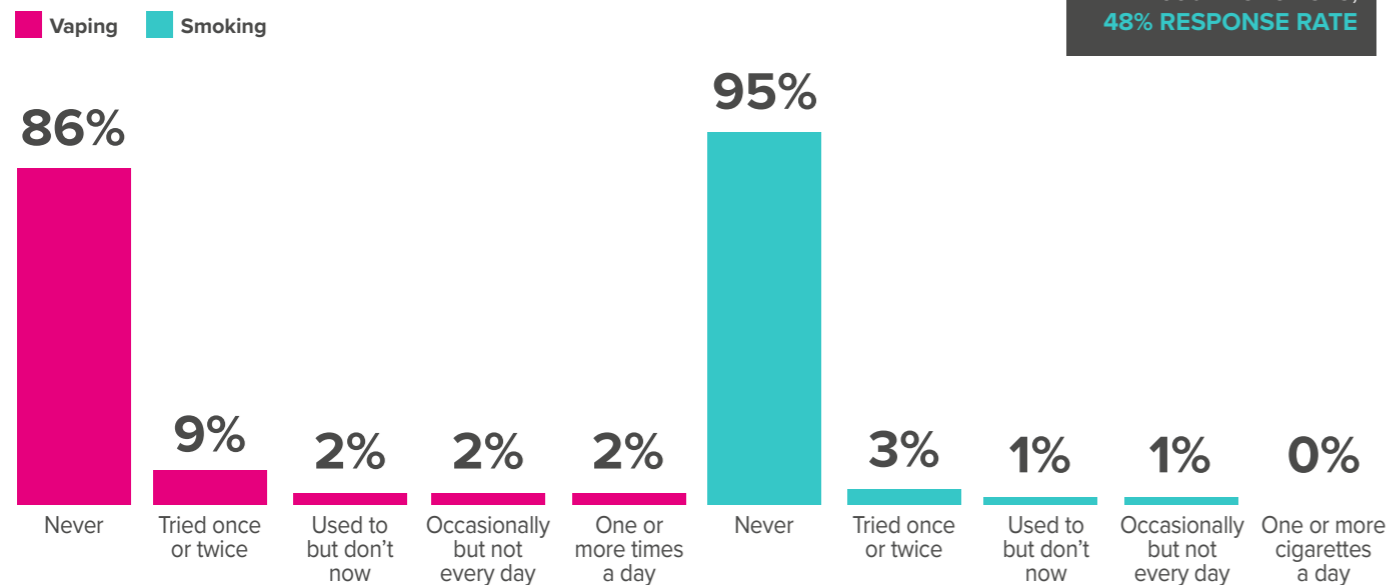
<sup>35</sup> Nicotine vaping in England: 2022 evidence update main findings - GOV.UK ([www.gov.uk](http://www.gov.uk))



## KEY FINDINGS SMOKING, DRINKING AND DRUGS CONTINUED...

**86%**  
OF STUDENTS  
HAD NEVER TRIED  
E-CIGARETTES

**Figure 19:**  
Frequency of vaping and smoking among secondary school-aged students



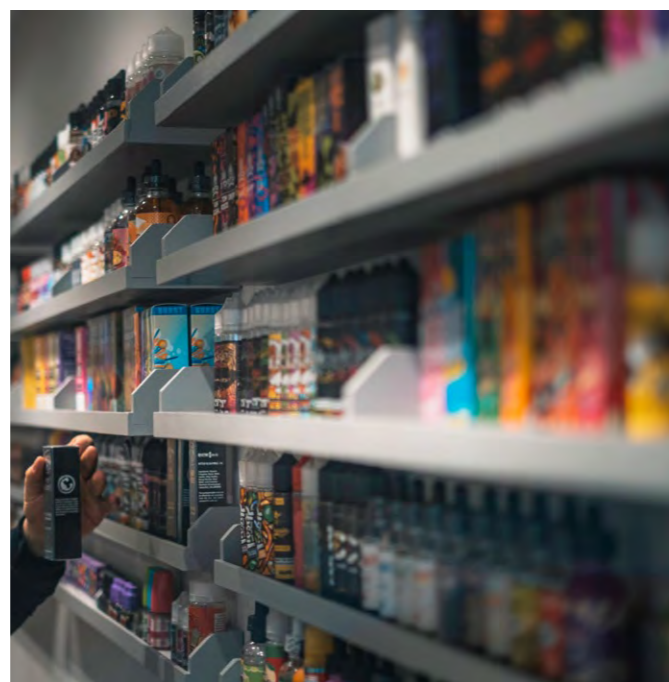
580 RESPONSES;  
48% RESPONSE RATE

Comparatively, the proportion of Croydon students saying that they have never vaped or smoked was higher than the proportions reported across England in the Smoking Drinking and Drug Use among Young People survey from 2021<sup>36</sup>. This survey reported that 78% of young people had never tried e-cigarettes and 88% had never tried smoking. Like the national survey, older students were generally more likely to report vaping and smoking.

Further, the latest data from the ASH-Youth 2022 survey of 11- to 18-year-olds in England showed that:

- smoking prevalence (including occasional and regular smoking) was 6% in 2022, compared with 4.1% in 2021 and 6.7% in 2020.
- vaping prevalence (including occasional and regular vaping) was 8.6% in 2022, compared with 4% in 2021 and 4.8% in 2020

These statistics are very similar to those found in the Croydon survey.



<sup>36</sup> NHS Digital (2021). Smoking, Drinking and Drug Use among Young People in England. Ages 11-15. <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021>

<sup>37</sup> OHID (2022). Nicotine vaping in England: 2022 evidence update main findings. <https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update/nicotine-vaping-in-england-2022-evidence-update-main-findings>

## KEY FINDINGS SMOKING, DRINKING AND DRUGS CONTINUED...

YEAR 12 STUDENTS WERE SIGNIFICANTLY MORE LIKELY TO REPORT HAVING TRIED ALCOHOL OR SUBSTANCES THAN BOTH YEAR 8 AND YEAR 10

### 7.2 DRINKING ALCOHOL AND TAKING DRUGS

Many young people experiment with alcohol, but the latest statistics show that most 11–15-year-olds in England have never tried it<sup>38</sup>. The UK Chief Medical Officer's (CMO) recommendation is that childhood is alcohol-free. The CMO also suggests that if children do drink alcohol, they shouldn't do so until they are at least 15 years of age<sup>39</sup>.

The impacts of alcohol use in young people are wide ranging. Alcohol use can negatively impact on educational performance, and relationships with other people. Young people aged between 15 and 17 years are more likely to 'binge drink' (drinking multiple drinks in a row), which may increase their risk of engaging in other risky health behaviours such as unsafe/ unplanned sexual activity, antisocial and criminal behaviour, and/or self-harm and thoughts of suicide.



Regular alcohol consumption from a young age can also increase the risk of later alcohol misuse/ abuse; high consumption of alcohol in adulthood is linked to many adult diseases including cancer and cirrhosis<sup>40</sup>.

Substance misuse is also one of the most common risks to a young person's health and development. Evidence has shown short- and long-term risks to young people's health and wellbeing associated with the use of legal and illegal drugs. These risks change depending on the type of drug taken<sup>41</sup>. Frequent cannabis use in young people, for example, has been linked to depression, anxiety and even psychosis<sup>42</sup>.

Children and young people were asked the following questions about drinking alcohol and taking drugs. Please note that the whole list of options related to drug use has not been included here. Please refer to the full survey which can be found in the Appendix of this report.

#### Have you drunk any alcohol in the last 7 days?

- Yes
- No
- Prefer not to say

#### Have you ever taken any of these drugs?

- Cocaine
- Ecstasy
- Benzos

(see appendix for full list of options)

Among those who responded, it was found that drinking alcohol and taking drugs increased with age. Year 12 students were significantly more likely to report having tried alcohol or substances than both Year 8 and Year 10. Year 8 and Year 10 results were statistically similar to each other. Cannabis was the most common substance students reported to have ever taken.



<sup>38</sup> NHS Digital (2021). Smoking, Drinking and Drug Use among Young People in England. Ages 11-15. <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021>

<sup>39</sup> Drinkaware.co.uk (2022). Teenage drinking. <https://www.drinkaware.co.uk/advice/underage-drinking/teenage-drinking/>

<sup>40</sup> Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. <https://stateofchildhealth.rcpch.ac.uk/evidence/health-behaviours/alcohol-drug-use-young-people/>

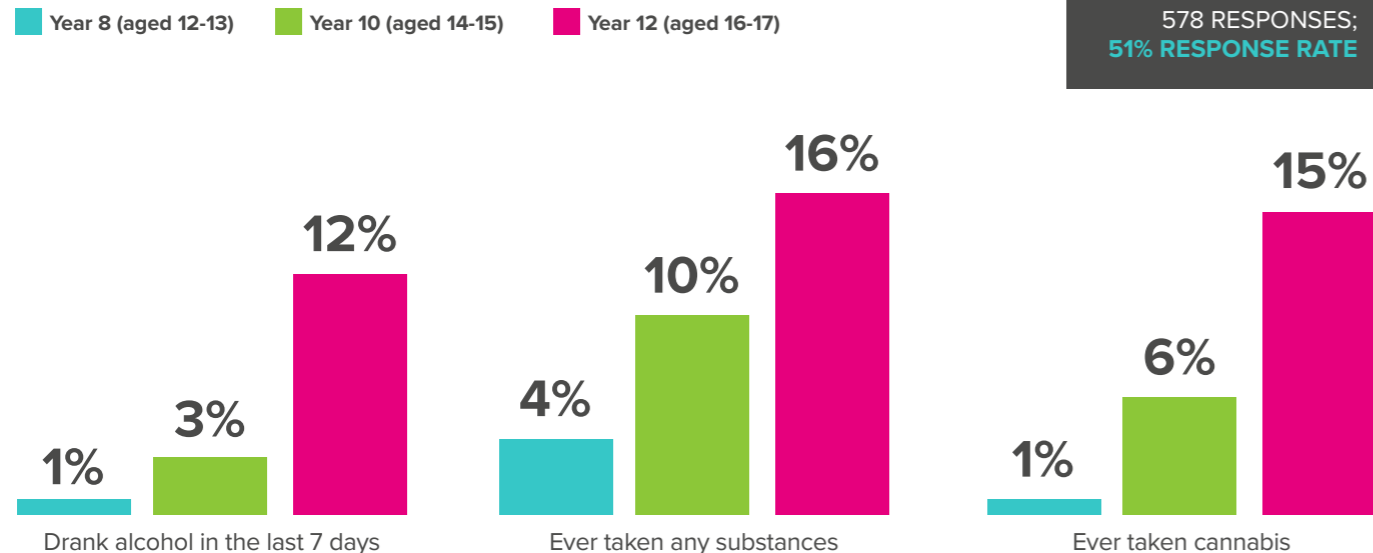
<sup>41</sup> NHS Digital (2021). Smoking, Drinking and Drug Use among Young People in England. Ages 11-15. <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021>

<sup>42</sup> Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. <https://stateofchildhealth.rcpch.ac.uk/evidence/health-behaviours/alcohol-drug-use-young-people/>

## KEY FINDINGS SMOKING, DRINKING AND DRUGS CONTINUED...

**16%**  
YEAR 12 STUDENTS  
REPORTED EVER  
TAKING SUBSTANCES

**Figure 20:**  
Percentage of secondary school-aged students reporting drinking alcohol (in the 7 days prior to completing the survey); ever trying any substance; ever taking cannabis



SMOKING  
582 RESPONSES;  
52% RESPONSE RATE

DRUGS  
578 RESPONSES;  
51% RESPONSE RATE

Benchmarking the results on drinking alcohol, research has found that 9% of 11-15 years olds reported drinking alcohol in the last 7 days. This increased with age (NHS, 2021)<sup>43</sup>. Comparatively, a smaller proportion of students in Croydon reported drinking in the last week (4%). Proportions also decreased with age.

Benchmarking the results on drug taking, research has found that 18% of 11-15-year-olds reported ever taking drugs; this proportion increased with age. 7% had ever taken cannabis<sup>44</sup>. In comparison, a lower proportion of Croydon students reported ever taking drugs (8%). Proportions also increased with age. A similar proportion reported ever trying cannabis (6%).



<sup>43</sup> NHS Digital (2021). Smoking, Drinking and Drug Use among Young People in England. Ages 11-15. <https://digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2021>

<sup>44</sup> ibid

## KEY FINDINGS LIFE SATISFACTION

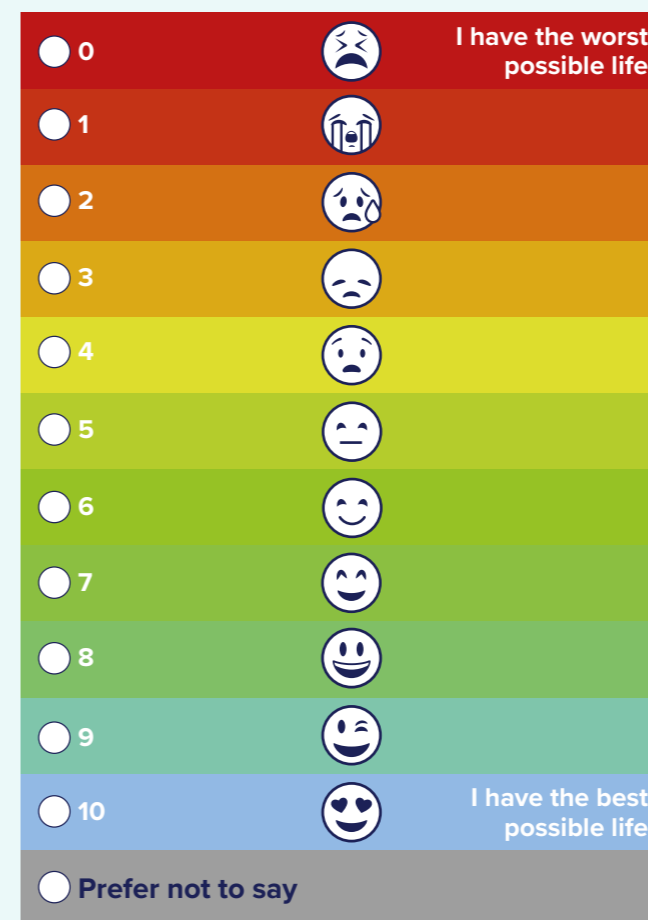
**75%**  
OF 11-, 13- AND 15-YEAR-OLD  
STUDENTS IN ENGLAND RATED THEIR  
LIFE SATISFACTION AS 7 OR HIGHER  
BASED ON THE WHO SURVEY (2018)

### 8. LIFE SATISFACTION

Higher life satisfaction has been linked to better psychological functioning, better social relationships, academic success, increased healthy behaviours, and many school-related outcomes including academic efficacy and competence<sup>45</sup>. Recent research into life satisfaction in adolescence found that, among 15-24-year-olds, life satisfaction declines more rapidly than at any other age, across most regions of the world<sup>46</sup>.

Children and young people were asked the following question in the survey relating to life satisfaction:

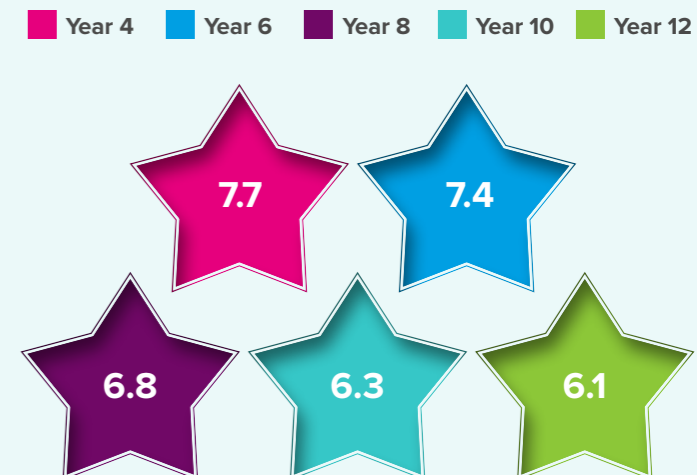
On scale of 0-10, how would you rate your life at the moment?



Younger students were more likely to report higher scores when asked to rate how their life is at the moment. The average rating was 7.6 out of 10 for primary school-aged students and 6.4 for secondary school-aged students.

**Figure 21:**  
Average score of students asked to rate their life at the moment (out of ten), by year group

3,082 RESPONSES;  
75% RESPONSE RATE



The WHO Survey (2018) completed by 11-, 13- and 15-year-old students in England found that 75% rated their life satisfaction as 7 or higher, indicating high life satisfaction (or thriving)<sup>47</sup>, compared to in Croydon where the score was on average 1 point lower (6 out of 10). The Sport England Active Lives Survey (2021-22) completed by students aged 5-16 (Years 1-11) reported a mean score of 6.8 out of 10 for responses to the question 'How satisfied are you with life nowadays?'<sup>48</sup> i.e., a similar overall score to Croydon's primary and secondary school-aged students.

<sup>45</sup> Proctor, Carmel & Linley, P. (2014). Life Satisfaction in Youth. [https://www.researchgate.net/publication/263919600\\_Life\\_Satisfaction\\_in\\_Youth](https://www.researchgate.net/publication/263919600_Life_Satisfaction_in_Youth)

<sup>46</sup> Handa, S., Pereira, A. & Holmqvist, G. (2023). The Rapid Decline of Happiness: Exploring Life Satisfaction among Young People across the World. Applied Research Quality Life 18, 1549-1579. <https://doi.org/10.1007/s11482-023-10153-4>

<sup>47</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

<sup>48</sup> Sport England (2021/22). Active Lives Survey. Ages 5-15. <https://www.sportengland.org/research-and-data/data/active-lives>



## KEY FINDINGS BODY IMAGE

POOR BODY IMAGE HAS BEEN LINKED TO REDUCED PHYSICAL ACTIVITY AND HEALTHY EATING, INCREASED RISK-TAKING BEHAVIOURS SUCH AS SMOKING AND DRUG USE, AND POOR MENTAL HEALTH INCLUDING DEPRESSION AND ANXIETY<sup>50</sup>

### 9. BODY IMAGE

Body image is a significant concern for young people. Research has found that 16–25-year-olds rate 'body image' as the third largest issue causing harm to young people, after lack of employment opportunities and failure to achieve academically<sup>49</sup>. Poor body image has been linked to reduced physical activity and healthy eating, increased risk-taking behaviours such as smoking and drug use, and poor mental health including depression and anxiety<sup>50</sup>.

Children and young people were asked the following question in the survey relating to body image:

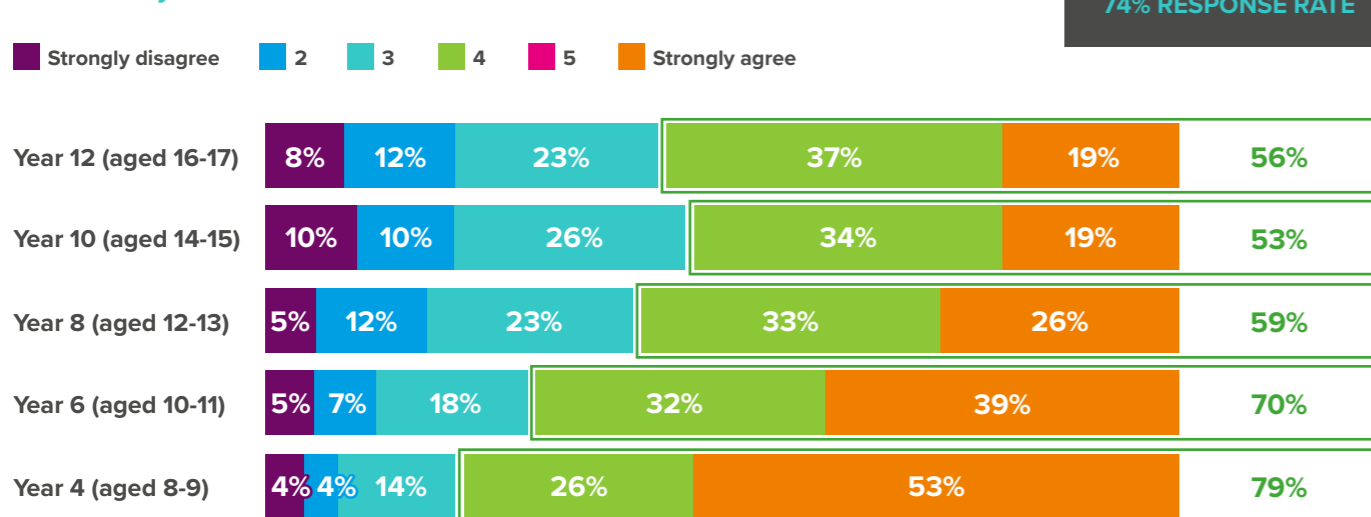
**How much do you agree with this sentence?**  
**I am happy with the way I look**

Strongly disagree Strongly agree

Three quarters of primary school-aged students were happy with their body and the way they looked; this was evenly split across boys and girls. This fell to 56% of all secondary school-aged students and is lower in girls than boys in this age group. Years 8, 10 and 12 reported similar results to one another. Year 4 scores were significantly higher than Year 6 scores, which in turn were higher than secondary ages.

In comparison, the WHO's Survey for England (2018) completed by 11-, 13- and 15-year-old students found that 60% participants reported their body was "about the right size". Younger adolescents were more likely to say their body was "about the right size": 66% of 11-year-olds, 65% of 13-year-olds and 55% of 15-year-olds. This age difference was present more for girls – the likelihood of believing your body is the "right size" decreased with age in girls, and across all age groups, 15-year-old girls were less likely to report their body to be the right size. Whilst the questions asked to students in the WHO survey were not the same as in Croydon, the trends are similar i.e., that girls reported lower body satisfaction, and that this became even more prevalent with age.

**Figure 22:**  
Students' views about the statement "I am happy with my body and the way I look"



<sup>49</sup> Mental Health Foundation (2019). Body image in childhood. <https://www.mentalhealth.org.uk/explore-mental-health/articles/body-image-report-executive-summary/body-image-childhood>

<sup>50</sup> ibid

## KEY FINDINGS WORRIES

ANXIETY CAN AFFECT SCHOOL ATTENDANCE, SCHOOL PERFORMANCE, AND SOCIAL INTERACTIONS, LEADING TO SOCIAL WITHDRAWAL, ISOLATION, AND LONELINESS

### 10. WORRIES

The WHO states that anxiety disorders (including panic and/or excessive worry) are most prevalent among adolescents, with older adolescents more likely to experience anxiety disorders than younger adolescents. Globally, approximately 3.6% of 10–14-year-olds, and 4.6% of 15–19-year-olds experience anxiety disorders. Anxiety can affect school attendance, school performance, and social interactions, leading to social withdrawal, isolation, and loneliness<sup>51</sup>.

Children and young people were asked the following question about their worries. Please note that the whole list of options related to worries has not been included here. This can be found in the Appendix of this report.

#### How do you feel about the things in this list?

For each one please choose an image which best shows how you felt about it. If you do not know just click don't know. 1 means you are 'Not worried' and 5 means you are 'Very worried'.

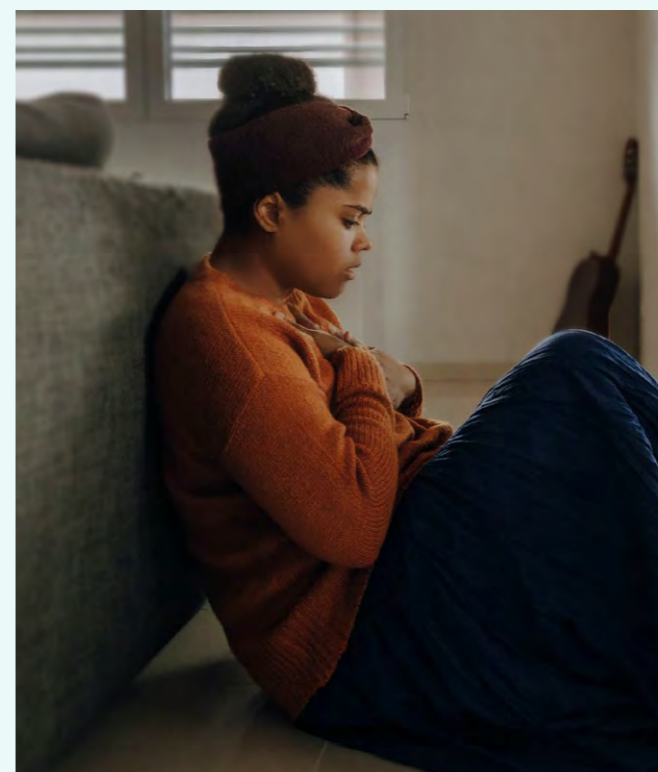
Options included, 'wars', 'gangs', 'your friends'.

They were also asked about who they would feel comfortable speaking to about these worries:

#### Who would you be most happy speaking to about something worrying you, or asking for help with an issue?

Please select up to 3.

- My Mum
- My Dad
- A grandparent / my grandparents
- An older brother or sister
- Another relative
- My carer
- A school counsellor or nurse
- Another adult at school
- My sports coach
- A youth worker
- Doctor
- Faith leader
- I prefer to talk to my friends
- Other (please specify)
- I don't have anyone to talk to



#### CHILDLINE

- One to one counsellor chat
- Information and advice on things like bullying, abuse and relationships
- A message board where you can share your experience with others
- A dedicated helpline open 24 hours a day

#### CONTACT INFORMATION

0800 1111 - 24hr helpline  
[www.childline.org.uk](http://www.childline.org.uk)

<sup>51</sup> WHO (2021). Mental Health of Adolescents. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

## KEY FINDINGS WORRIES CONTINUED...

YEAR 4 STUDENTS LEVELS OF LACKING SOMEONE THEY'D BE HAPPY TO TALK TO WAS LOWER THAN YEAR 8 STUDENT LEVELS. ALL OTHERS WERE STATISTICALLY SIMILAR

The top worry of students across all year groups was knife crime, followed by terrorism. Primary school-aged students then reported worrying most frequently about wars, bullying and gangs, whilst secondary school-aged students reported worrying most frequently about gangs, wars, and schoolwork/ exams.

Most students felt they had someone they would be happy speaking to about their worries / issues (96%). In terms of not having anyone to talk to, Years 4 and 6 were significantly less likely to report this than Years 10 and 12 students. Year 4 levels of lacking someone they'd be happy to talk to was also lower than Year 8 levels. All others were statistically similar.

**Figure 23:** Top five areas students in each year group responded 'worried' or 'very worried' about when asked how they felt about certain items

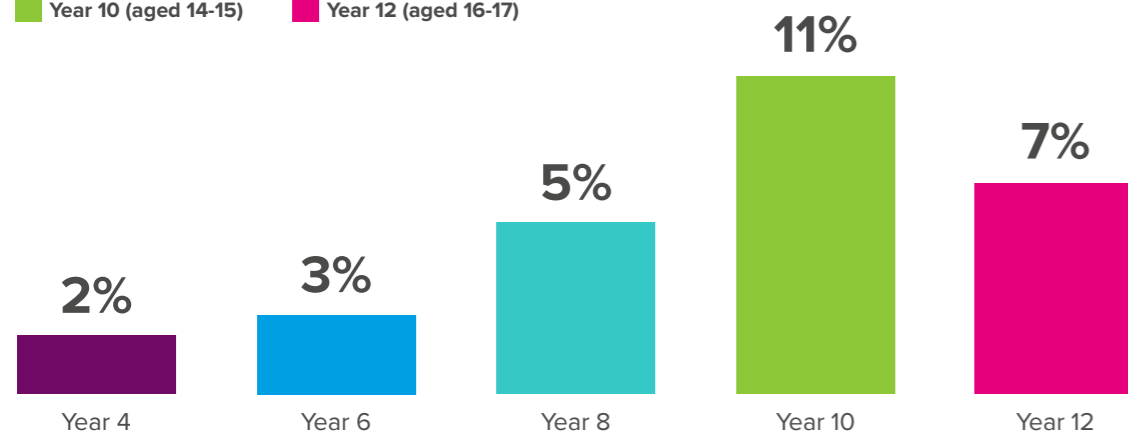
■ Year 4 ■ Year 6 ■ Year 8 ■ Year 10 ■ Year 12



3,414 RESPONSES;  
83% RESPONSE RATE

**Figure 24:** Percentage of students who said they don't have anyone to talk to when asked "Who would you be most happy speaking to about something worrying you, or asking for help with an issue?"

■ Year 4 (aged 8-9) ■ Year 6 (aged 10-11) ■ Year 8 (aged 12-13)  
■ Year 10 (aged 14-15) ■ Year 12 (aged 16-17)



3,342 RESPONSES;  
81% RESPONSE RATE

## KEY FINDINGS FEELINGS OF SAFETY

**77%**  
OF STUDENTS  
REPORTED FEELING  
SAFE AT SCHOOL

**70%**  
OF STUDENTS  
REPORTED FEELING  
SAFE IN THE AREA  
THEY LIVE

### 11. FEELINGS OF SAFETY

Recent qualitative evidence of children's perspectives on their well-being and what makes a happy life for a child found that children described feeling safe as an essential component of their happiness. This related to feeling safe at home, in their neighbourhoods, at school and online, and to having safe places to meet friends<sup>52</sup>.

Students were asked how safe they felt travelling to and from school, when they were at school, and in the area they live:

How safe do you feel...

When travelling to and from school?

○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5  
Not at all safe | Very safe

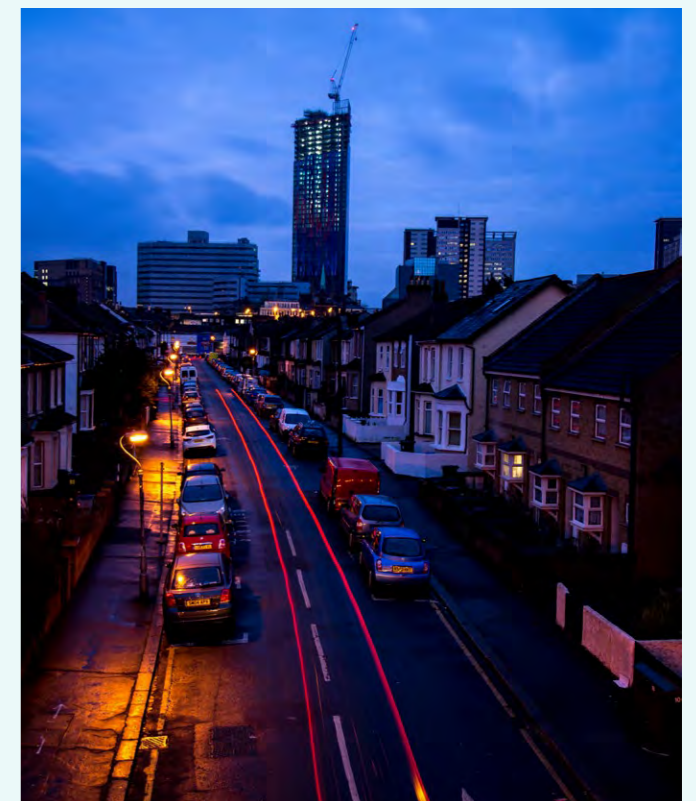
When you are at school?

○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5  
Not at all safe | Very safe

In the area where you live?

○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5  
Not at all safe | Very safe

Most students reported feeling safer at school (77%) than in the area where they live (70%). Perceptions of safety were highest in primary school students. In terms of statistical significance, Years 4 and 6 scores on feeling safe at school were significantly higher relating to Year 8 and Year 10 scores. On travelling to and from school, Years 4 and 6 had statistically higher scores (i.e. felt safer travelling) than Years 8, 10 and 12.



On feeling safe in the areas students live, Years 4, 6 and 8 scores were significantly higher than Year 10. Years 4 and 6 scores were also higher than Year 12 scores. The difference between feeling safe at school and feeling safe in the area where they live was significant in all students (not split by year group).

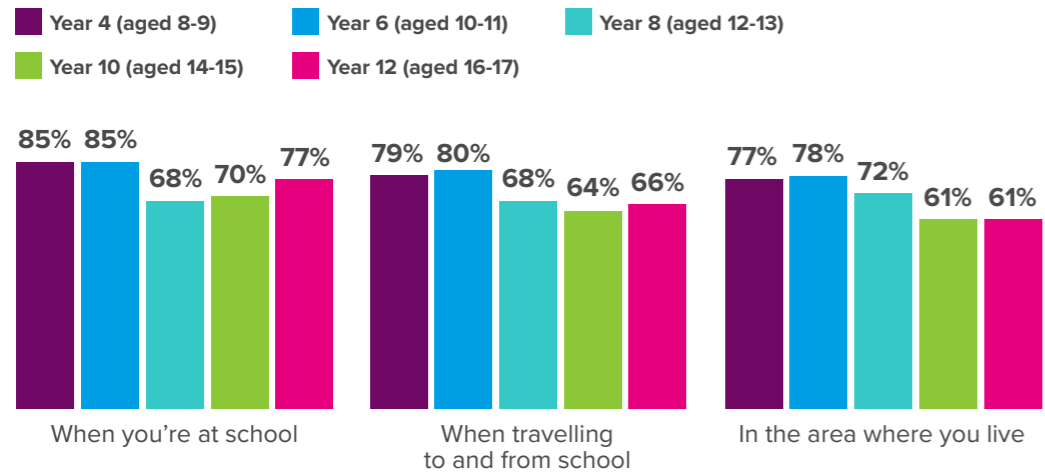
<sup>52</sup> ONS (2020). Children's views on well-being and what makes a happy life, UK: 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/childrensviewsonwellbeingandwhatmakesahappylifeuk2020/2020-10-02>



## KEY FINDINGS FEELINGS OF SAFETY CONTINUED...

UNLIKE BOTH OF SETS OF BENCHMARKED RESULTS, CROYDON STUDENTS FELT SAFER AT SCHOOL THAN THE AREA THEY LIVE IN.

**Figure 25:**  
Percentage of students who answered 4 or 5 (very safe) to "How safe do you feel..."



WHEN YOU'RE AT SCHOOL  
3,287 RESPONSES;  
80% RESPONSE RATE

WHEN TRAVELLING TO AND FROM SCHOOL  
3,316 RESPONSES;  
81% RESPONSE RATE

IN THE AREA WHERE YOU LIVE  
3,282 RESPONSES;  
80% RESPONSE RATE



Benchmarking this data, one study found that 67% of school-aged students felt safe at school, and that this figure decreased with age (74% of 11-year-olds, 62% of 13-year-olds, 65% of 15-year-olds); 77% of students felt safe in the area where they lived<sup>53</sup>. Comparatively more students of similar ages felt safe at school in Croydon (72%), with similar decline in these feelings of safety with age. A smaller proportion of secondary school-aged students in Croydon felt safe in the area where they live (65%).

Further research found that 82% of 11–16-year-olds felt safe at school, and that 83.8% felt safe in their local area<sup>54</sup>. Comparatively, a similar percentage of Croydon students felt safe at school, but they felt less safe in their local area. Unlike both of sets of benchmarked results, Croydon students felt safer at school than the area they live in.

<sup>53</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

<sup>54</sup> NHS Digital (2022). Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey. Ages 7-24. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey>

## KEY FINDINGS BULLYING



### 12. BULLYING

Research on the impact of bullying on both the mental and physical health of a young person is pervasive. There is a significant amount of research showing both the long- and short-term impacts of bullying. Children and young people who have experienced bullying are more likely to face barriers to learning, miss school, be excluded, retaliate, place strain on families/carers, self-harm and experience depression, and have impaired wellbeing<sup>55</sup>.

Children and young people were asked a series of questions about bullying, including the following about frequency, location, reporting of, and reasons for, bullying. Please note that the whole list of options related to bullying has not been included here. This can be found in the *Appendix* of this report.



Approximately one third of students who answered the survey reported having been bullied in the last few months. Younger students in Year 4 were more likely to have experienced and reported bullying in the last few months. School was the most common place for bullying to occur.

The prevalence of bullying among Year 8 students was statistically similar to that found in both Year 6 and Year 12. Further, the prevalence of bullying among Year 10 students was statistically similar to the level in Year 12. Otherwise, all differences in the prevalence of bullying by year group were significant.

#### Have you been bullied in the last couple of months...

##### At school

- YES
- NO
- Prefer not to say

##### At home?

- YES
- NO
- Prefer not to say

#### Have you ever told anyone about being bullied?

- YES - and it helped
- YES - but it didn't help
- YES - but I am not sure if it will help
- NO

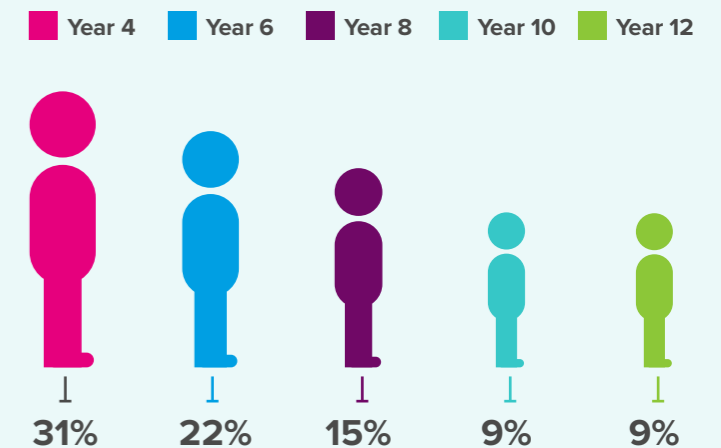
#### Why do you think you have been bullied?

Options included:

- How I look
- How I dress
- My family
- I am shy

**Figure 26:**  
% of students saying they had been bullied in the last couple of months

3,056 RESPONSES;  
74% RESPONSE RATE



<sup>55</sup> Anti-bullying alliance (2023). The impact of bullying. <https://anti-bullyingalliance.org.uk/tools-information/all-about-bullying/prevalence-and-impact-bullying/impact-bullying>

## KEY FINDINGS BULLYING CONTINUED...

IN TOTAL, A THIRD OF THOSE WHO HAD BEEN BULLIED BELIEVED IT TO BE BECAUSE OF HOW THEY LOOK

Primary and secondary school-aged students were just as likely to report bullying, though significantly more primary school-aged students reporting it had helped.

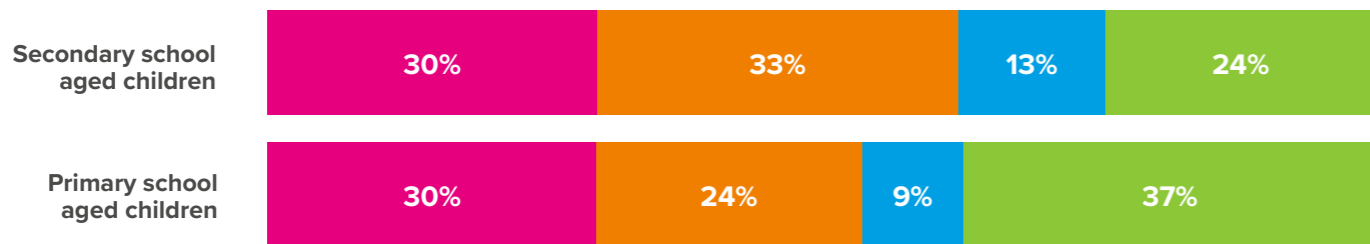
In total, a third of those who had been bullied believed it to be because of how they look.



**Figure 27:**  
For those who said they had been bullied, percentages of students who had told someone about it

919 RESPONSES;  
97% RESPONSE RATE

■ No ■ Yes - but didn't help ■ Yes - but I am not sure if it will help ■ Yes - and it helped



Comparatively, other surveys among students in England have found:

**36%** of students reported being bullied in the last couple of months (approximately 32% of 11-year-olds, 43% of 13-year-olds, 33% of 15-year-olds)<sup>56</sup>. By comparison, Croydon had lower percentages of students being bullied.

**36%** of Year 10 students reported being bullied in the last twelve months (excludes cyber bullying)<sup>57</sup>. Croydon also had lower levels of Year 10s reporting bullying, although this could be because of timescales considered (i.e., the last couple of months versus the entire year).



<sup>56</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

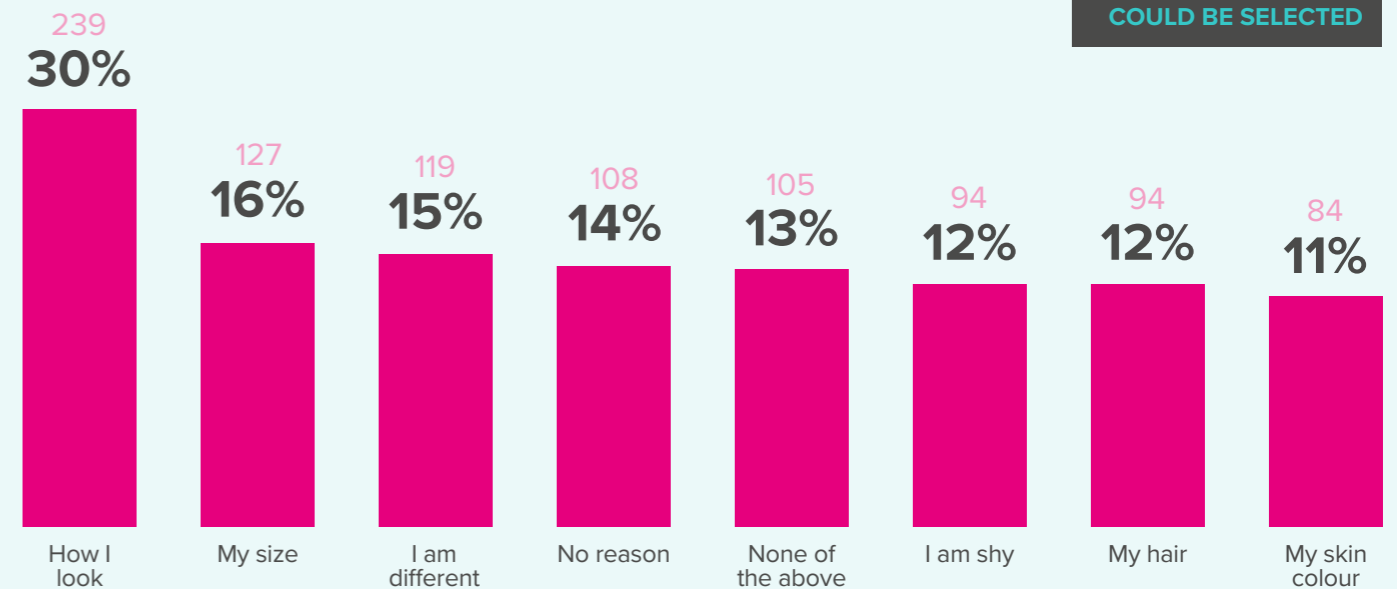
<sup>57</sup> Department for Education (July 2016). Longitudinal Study of Young People in England cohort 2: health and wellbeing at wave 2. Ages 14-15.

## KEY FINDINGS BULLYING CONTINUED...

SCHOOL WAS THE MOST COMMON PLACE FOR BULLYING TO OCCUR

**Figure 28:**  
Top eight perceived reasons for being bullied (primary school-aged students)

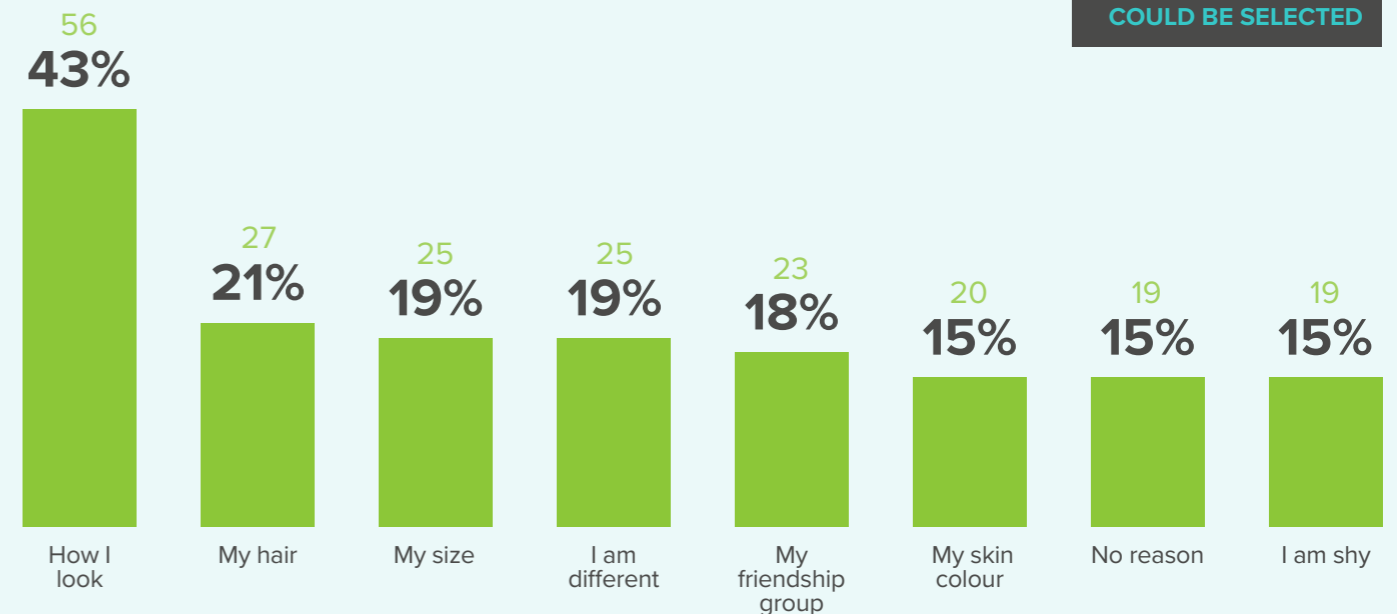
■ Primary school-aged children



970 RESPONSES;  
NOTE THAT  
MULTIPLE CHOICES  
COULD BE SELECTED

**Figure 29:**  
Top eight perceived reasons for being bullied (secondary school-aged students)

■ Secondary school-aged children



214 RESPONSES;  
NOTE THAT  
MULTIPLE CHOICES  
COULD BE SELECTED



## KEY FINDINGS DISCRIMINATION

**57%**  
OF STUDENTS SAID THEY HAD  
EVER BEEN PICKED ON OR  
DISCRIMINATED AGAINST

### 13. DISCRIMINATION (SECONDARY SCHOOL-AGED STUDENTS ONLY)

Young people who experience discrimination may experience a lower sense of well-being, reduced self-esteem, a disrupted sense of belonging, increased anxiety, depression, and stress, and/or reduced feelings of self-worth<sup>58</sup>. Discrimination can take several forms: direct discrimination (being treated worse than another person), indirect discrimination (being disadvantaged within systems, groups, organisations, policies), harassment (when someone makes you feel humiliated, offended, or degraded), and victimisation (being treated badly after reporting discrimination)<sup>59</sup>.

Children and young people were asked for reasons they thought they had experienced discrimination, and where this discrimination had taken place. They could choose multiple responses from a list of perceived reasons for discrimination, including skin colour, gender, activities and interests, and disability. Please note that the whole list of options related to perceived reasons for discrimination has not been included here. This can be found in the *Appendix* of this report.

**Do you feel you have ever been picked on or discriminated against because of your...**

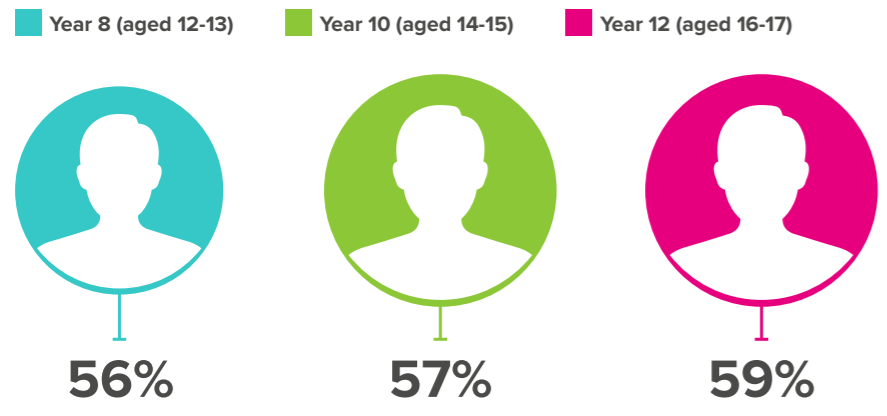
Options included:

Culture  Gender  Age

Of those who answered this section, 57% said they had ever been picked on or discriminated against. Just over half of those who said they had ever been picked on or discriminated against said that this discrimination most frequently occurred at school. There were no statistically significant differences in those who have ever been discriminated against, by age group.



**Figure 30:**  
Percentage of students saying they had ever been picked on or discriminated against



529 SECONDARY SCHOOL-AGED STUDENTS;  
47% RESPONSES RATE

<sup>58</sup> WH&Y AUSTRALIA (2020). Discrimination and the effects on young people's wellbeing. <https://www.why.org.au/news/Discrimination-and-the-effects-on-young-peoples-wellbeing>

<sup>59</sup> Equality and Human Rights Commission (2020). Your rights under the Equality Act 2010. <https://www.equalityhumanrights.com/en/advice-and-guidance/your-rights-under-equality-act-2010#:~:text=How%20can%20you%20be%20discriminated%20against%3F%201%20Direct,one.%20...%203%20Harassment%20...%204%20Victimisation%20>

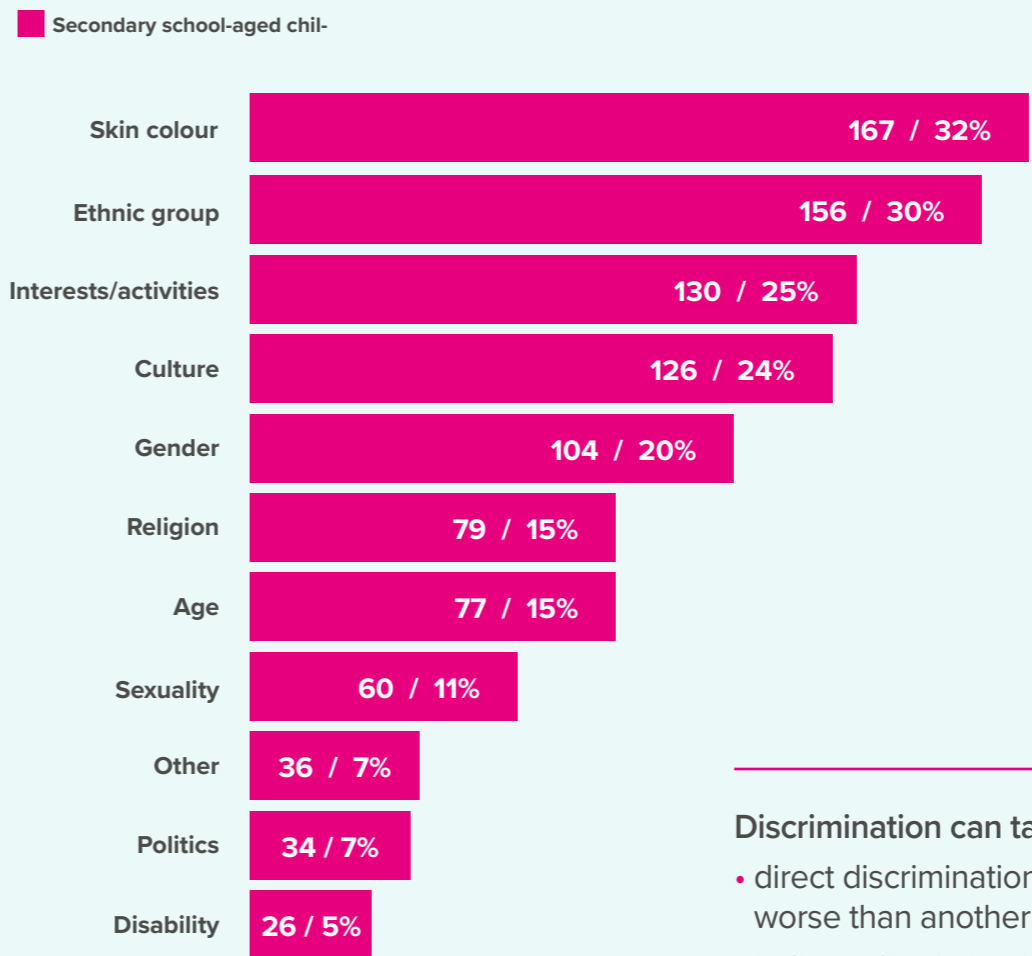
## KEY FINDINGS DISCRIMINATION CONTINUED...

**1 IN 4** STUDENTS CITED  
THEIR INTERESTS/  
ACTIVITIES AS THE  
PERCEIVED REASON FOR  
THE DISCRIMINATION  
THEY EXPERIENCED

Secondary school aged students were asked for reasons they thought they had experienced discrimination, and where this discrimination had taken place.

The most common perceived reasons for discrimination were skin colour (32%) and ethnic group (30%). 1 in 4 students cited their interests/activities as the perceived reason for the discrimination they experienced.

**Figure 31:**  
Top eight perceived reasons for being discriminated against (secondary school-aged students)



995 RESPONSES;  
NOTE THAT  
MULTIPLE CHOICES  
COULD BE SELECTED

- Discrimination can take several forms:**
- direct discrimination (being treated worse than another person)
  - indirect discrimination (being disadvantaged within systems, groups, organisations, policies)
  - harassment (when someone makes you feel humiliated, offended, or degraded),
  - victimisation (being treated badly after reporting discrimination).

## KEY FINDINGS RELATIONSHIPS AND SEX

### 14. RELATIONSHIPS AND SEX (SECONDARY SCHOOL-AGED STUDENTS ONLY)

Most sexual behaviours of children and young people are normal and healthy, and are shaped by their environment, experiences and what they see<sup>60</sup>. Children and young people are likely to become interested in relationships, sex and sexuality at slightly different ages to one another; however, as children get older, they express their sexual feelings in different ways<sup>61</sup>.

There is rising concern about the sexual activities and relationships of young people, owing largely to the rapid expansion of technology, which provides an opportunity for young people to reveal more information about themselves than they could historically. Bullying, dysfunctional relationships and relationship breakdown, and social pressure have been elevated by online platforms, whilst quality information, and clear social norms, are less present in digital spaces. There is also much easier access to adult/extreme material<sup>62</sup>.

Children and young people were asked about sexual harassment, pressure to take part in sexual activities, and receiving sexual messages (online):

#### Have you ever felt pressure to take part in a sexual activity, including sending sexual images online?

- NO
- YES - Once or twice
- YES - a few times
- YES - lots of times
- Prefer not to say



#### Have you ever experienced unwanted sexual harassment, such as inappropriate comments, name calling, or touching, in or out of school?

- |   |   |
|---|---|
| <b>In school</b>                        | <b>Outside of school</b>                |
| <input type="radio"/> Never             | <input type="radio"/> Never             |
| <input type="radio"/> Once or twice     | <input type="radio"/> Once or twice     |
| <input type="radio"/> A few times       | <input type="radio"/> A few times       |
| <input type="radio"/> Lots of times     | <input type="radio"/> Lots of times     |
| <input type="radio"/> Prefer not to say | <input type="radio"/> Prefer not to say |



#### Have you ever received messages containing sexual images or videos?

- NO
- YES - Once or twice
- YES - a few times
- YES - lots of times
- Not to sure

<sup>60</sup> NSPCC (2023). Sexual behaviour in children. <https://www.nspcc.org.uk/keeping-children-safe/sex-relationships/sexual-behaviour-children/>

<sup>61</sup> ibid

<sup>62</sup> IPPR (2014). Young people, sex and relationships: The new norms. <https://www.ippr.org/publications/young-people-sex-and-relationships-the-new-norms>

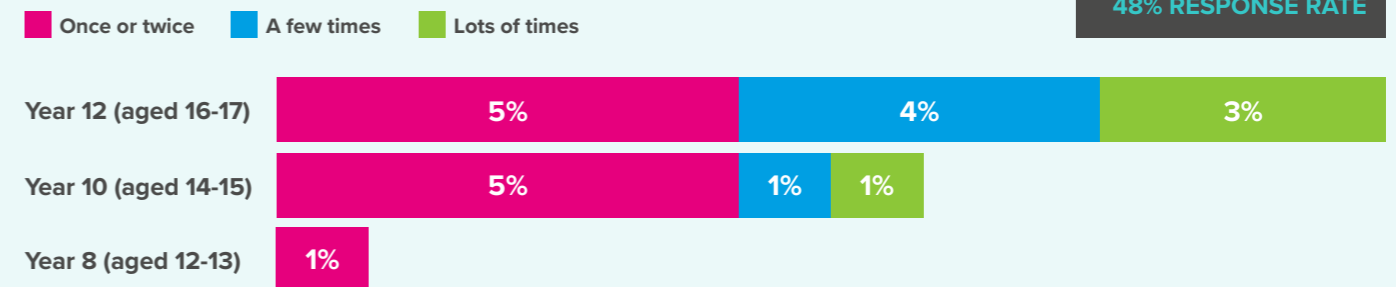
## KEY FINDINGS RELATIONSHIPS AND SEX CONTINUED...

**26%**  
OF YEAR 10 STUDENTS  
REPORTED EXPERIENCING  
UNWANTED SEXUAL  
HARASSMENT IN SCHOOL

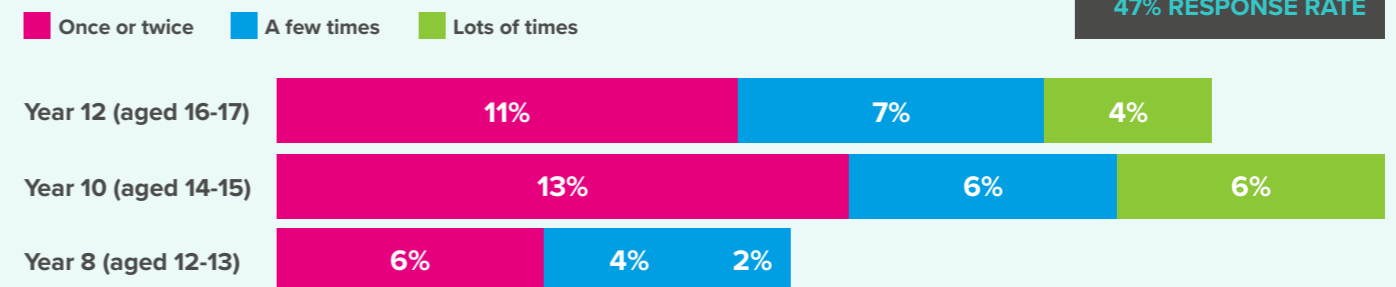
26% of Year 10 students reported experiencing unwanted sexual harassment in school. They were more likely to report unwanted sexual harassment than Year 8 or Year 12 students. The likelihood of students saying they had ever felt pressure to take part in sexual activity or received messages containing sexual images or videos increased with age.

11% of Year 12 students reported feeling pressure to take part in sexual activity (compared to 6% of Year 10 students and 2% of Year 8 students). 46% of Year 12 pupils reported receiving messages containing sexual images or videos (compared to 28% of Year 10 students and 15% of Year 8 students).

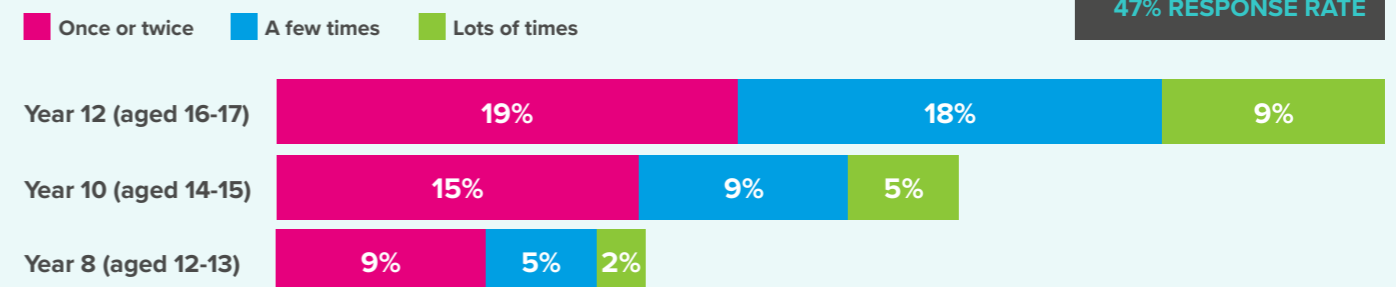
**Figure 32:**  
Students feeling pressure to take part in sexual activity



**Figure 33:**  
Students experiencing unwanted sexual harassment in school



**Figure 34:**  
Frequency students reported receiving sexual images





## KEY FINDINGS SELF-HARM

18%

ALMOST ONE IN FIVE SECONDARY SCHOOL-AGED STUDENTS WHO ANSWERED THIS QUESTION, SAID THEY HAD EVER HURT THEMSELVES ON PURPOSE

### 15. SELF-HARM (SECONDARY SCHOOL-AGED STUDENTS ONLY)

Self-harm is the act of emotionally or physically hurting yourself on purpose<sup>63</sup>. Self-harm is increasing in young people, especially young girls. Evidence suggests that self-harm and suicide increase at an unprecedented pace in mid to late adolescence, faster than at any other time across the life course. Self-harm is the strongest known predictor of death by suicide. Half of young people who die by suicide have a known prior episode of self-harm. Self-harm is also associated with significantly decreased life expectancy (up to 40 years of life lost to external causes)<sup>64</sup>.

Secondary school-aged students were asked if they had ever hurt themselves on purpose. Those who said that they had done so, were asked how often they self-harmed:

Have you ever hurt yourself on purpose (self-harmed)?

- YES  
 NO  
 Prefer not to say

How often have you self-harmed?

Please select the option that fits best:

- I have done it once  
 A few times a year  
 A few times a month  
 Several times a week  
 Once a week  
 Every day  
 Prefer not to say



Almost one in five secondary school-aged students who answered this question, said they had ever hurt themselves on purpose (18%). Almost half of these students who reported ever self-harming reported doing this more than once a month. There were no statistically significant differences by year group in those who had ever self-harmed.

<sup>63</sup> MIND.org.uk (2021). Coping with self-harm – for 11-18 year olds. <https://www.mind.org.uk/for-young-people/feelings-and-experiences/coping-with-self-harm/>

<sup>64</sup> British Psychological Society (2020). Understanding self-harm. <https://www.bps.org.uk/psychologist/understanding-self-harm>

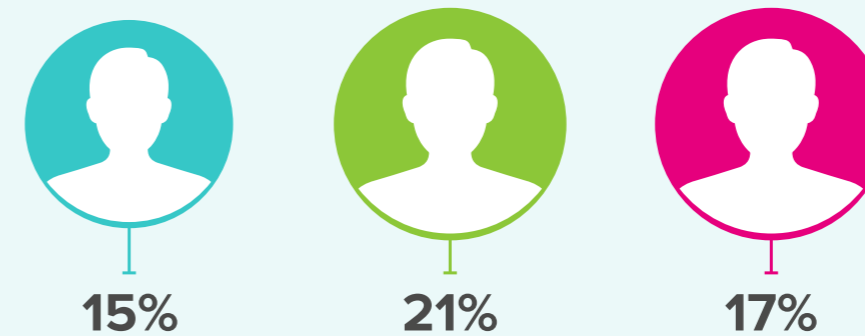
## KEY FINDINGS SELF-HARM CONTINUED...

7.3%

OF 11-16 YEARS IN ANOTHER SURVEY REPORTED TRYING TO HARM THEMSELVES AT ANY POINT IN THEIR LIFETIME

Figure 35:  
Percentage of students saying they had ever hurt themselves on purpose (self-harmed)

Year 8 (aged 12-13) Year 10 (aged 14-15) Year 12 (aged 16-17)



514 RESPONSES;  
46% RESPONSE RATE

Figure 36:  
Frequency of self-harm (among those who reported ever self-harming)



Comparing these results to those found in other surveys of secondary school-aged students, there is significant variability:

- One survey of secondary school students found that 25% aged 15 years+ stated they had ever self-harmed<sup>65</sup>. Comparatively, Croydon had a lower proportion of students stating that they have ever self-harmed (18%); however this could be because of the differences in ages considered.
- Another survey found that 7.3% of 11–16-year-olds reported trying to harm themselves at any point in their lifetime<sup>66</sup>, i.e., a higher proportion of students in Croydon reported they had ever self-harmed.

<sup>65</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

<sup>66</sup> NHS Digital (2022). Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey. Ages 7-24. <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2022-follow-up-to-the-2017-survey>



## KEY FINDINGS SCHOOL

**69%**  
YEAR 4 STUDENTS

REPORTED ENJOYING SCHOOL A LOT

**61%**  
YEAR 6 STUDENTS

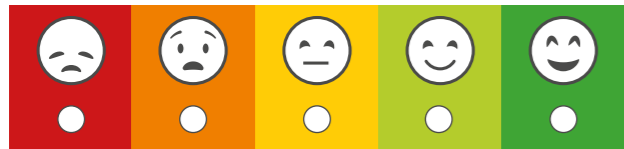
REPORTED A 4 OUT OF 5 OR 5 OUT OF 5 FOR HOW MUCH THEY LIKED SCHOOL

### 16. SCHOOL

“School liking” refers to students’ (generally) positive perceptions of, and feelings about, school. Liking school has been shown to be important in children’s adjustment to school, and has been linked to student engagement and educational achievement<sup>67</sup>.

Children and young people were asked how much they enjoyed school:

How much do you enjoy school?



Not at all

Very much so

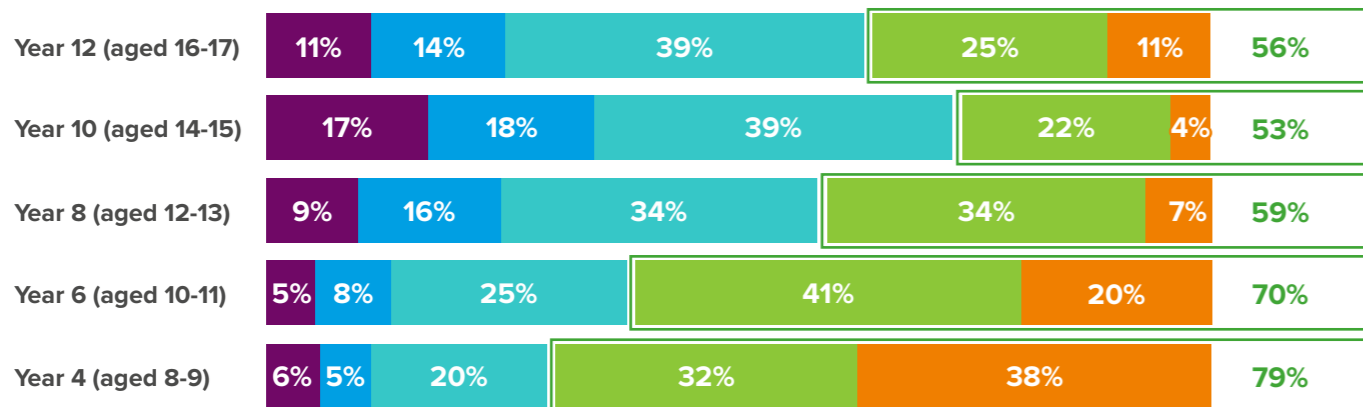
Younger students reported enjoying school the most, with 69% Year 4 students and 61% Year 6 students reporting a 4 out of 5 or 5 out of 5 for how much they liked it. Secondary school-aged students had significantly lower ratings than primary school-aged students, ranging from 41% rating their enjoyment of school at 4 out of 5 or 5 out of 5 in Year 8, to 26% providing the same rating in Year 10.

Students in Year 10 reported enjoying school the least. Year 10 and Year 12 results were similar (36% Year 12 students rated their enjoyment of school at 4 out of 5 or 5 out of 5), as were the results of Year 8 and Year 12, but all other results are significantly different from one another.

Figure 37: Self-reports of the extent that students enjoyed school

Not at all 2 3 4 5 Very much so

3,145 RESPONSES;  
76% RESPONSE RATE



<sup>67</sup> Graham LJ, Gillett-Swan J, Killingly C and Van Bergen P (2022) Does It Matter If Students (Dis)like School? Associations Between School Liking, Teacher and School Connectedness, and Exclusionary Discipline. *Frontiers in Psychology*. 13:825036. doi: 10.3389/fpsyg.2022.825036. Available: <https://www.frontiersin.org/articles/10.3389/fpsyg.2022.825036/full#:~:text=Liking%20for%20school%20has%20been%20found%20to%20play,%28Ladd%20et%20al.%2C%202000%3B%20Riglin%20et%20al.%2C%202013%29>

## KEY FINDINGS SCHOOL CONTINUED...

ALMOST HALF OF STUDENTS HAD MISSED AT LEAST ONE DAY OF SCHOOL IN THE MONTH PRIOR TO COMPLETING THE SURVEY. THE MAIN REASON FOR THIS WAS ILLNESS.

Comparing these results with another wellbeing survey among similar-aged students, the WHO found 23% of students reported liking school ‘a lot’, 47% ‘a bit’. Liking school a lot decreased with age – approximately 36% in those aged 11, 17% in those aged 13 and 10% in those aged 15<sup>68</sup>. Comparatively, Croydon had fewer students who like school “a lot” but this could be because the questions asked to students were different (students in Croydon were not asked to rate if they liked school ‘a lot’ or ‘a bit’, but instead were asked to select a value from a range from 0-5). In both studies, however, liking school decreased with age.

Children and young people were also asked if they had missed school recently, and the reasons for this. Please note that the whole list of options on reasons for missing school has not been included here. This can be found in the *Appendix* of this report.

How many days of school have you missed in the last month?

- None at all
- One day
- Two days
- Three to five days
- Five to ten days
- More than ten days

Why did you miss school?

You can select more than one reason.

[options included “I had COVID”; “my friends were not going to school”; “I had an accident”]



Almost half of students had missed at least one day of school in the month prior to completing the survey. The main reason for this was illness. In secondary school-aged students, other key reasons for missing school included anxiety / stress, and not wanting to go. In primary school-aged students, other key reasons included COVID-19 and holidays.



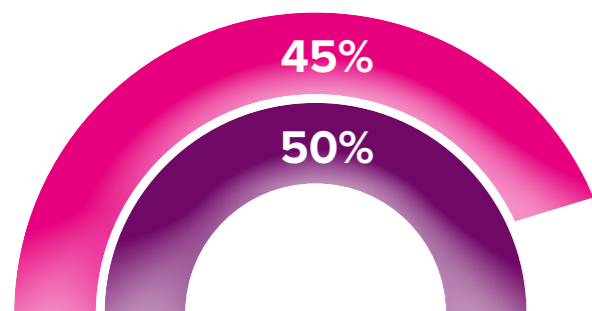
<sup>68</sup> WHO (2018). Health Behaviours in School Aged Children in England (HBSC) Study. Ages 11, 13 and 15. <https://hbscengland.org/wp-content/uploads/2020/01/HBSC-England-National-Report-2020.pdf>

## KEY FINDINGS SCHOOL CONTINUED...

**61%**  
YEAR 6 STUDENTS  
REPORTED A 4 OUT OF 5  
OR 5 OUT OF 5 FOR HOW  
MUCH THEY LIKED SCHOOL

**Figure 38:**  
% of students missing at least one day of school in the last month

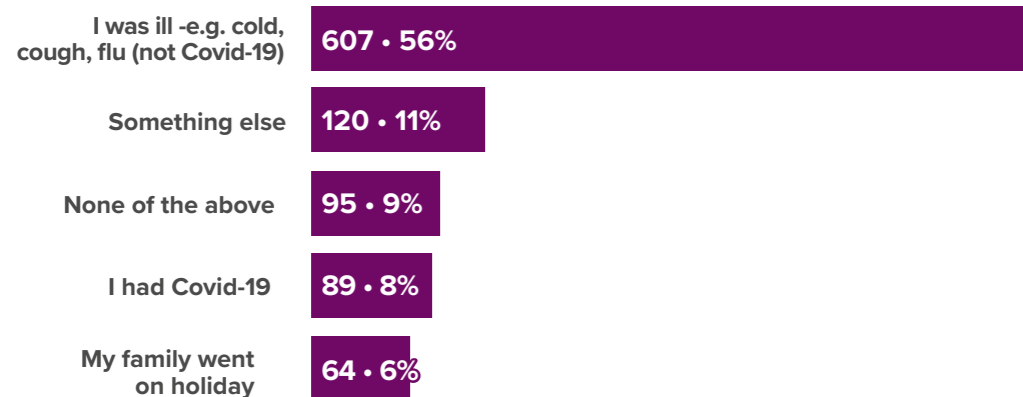
Secondary school-aged children Primary school-aged children



2,985 RESPONSES;  
**73% RESPONSE RATE**

**Figure 37:**  
Main reasons for missing school (primary school-aged students vs secondary school-aged students)

Primary school-aged students Secondary school-aged students



1,339 RESPONSES;  
**98% RESPONSE RATE**

## KEY FINDINGS GANGS

SOME GANG MEMBERSHIP HAS BEEN LINKED TO ILLEGAL ACTIVITY, PARTICULARLY IN ORGANISED CRIMINAL GANGS WHERE TRAFFICKING, DRUG DEALING, DRUG USE AND VIOLENT CRIME MAY FEATURE.<sup>70 71</sup>

### 17. GANGS

The word 'gang' means different things in different contexts. It is not illegal to be in a gang, and there are different types that are not necessarily criminal or dangerous. The government distinguishes between peer groups, street gangs and organised criminal gangs<sup>69</sup>. Peer groups refer to usually small, transient social groups who may or may not self-define as a 'gang', depending on the context. Street gangs refer to "groups of young people who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity."

Organised criminal gangs refer to "a group of individuals for whom involvement in crime is for personal gain (financial or otherwise)". For most crime is their 'occupation'. Some gang membership has been linked to illegal activity, particularly in organised criminal gangs where trafficking, drug dealing, drug use and violent crime may feature.<sup>70 71</sup>

**Children and young people were asked how much their lives were affected by gangs, and if they personally knew anyone who was a member of a gang:**

#### How much is your life affected by gangs?



#### With regards to gangs...

**Do you know anyone, personally, who is currently a member of a gang?**

- YES  
 NO  
 Prefer not to say



On average, around one in every twenty students said they felt their life was affected by gangs. The difference between Year 4 and Year 6 was significant regarding their life being affected by a gang, but otherwise the results were the same.



<sup>69</sup> NSPCC (2023). Criminal exploitation and gangs. <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/gangs-criminal-exploitation/>

<sup>70</sup> ibid

<sup>71</sup> Medina, J., Cebulla, A., Ross, A., Shute, A., & Aldridge, J. A. (2013). Children and Young People in Gangs: a Longitudinal Analysis Summary and Policy Implications. University of Manchester, Centre for Criminology and Criminal Justice. Available: [https://www.nuffieldfoundation.org/sites/default/files/files/Children\\_young\\_people\\_gangs.pdf](https://www.nuffieldfoundation.org/sites/default/files/files/Children_young_people_gangs.pdf)

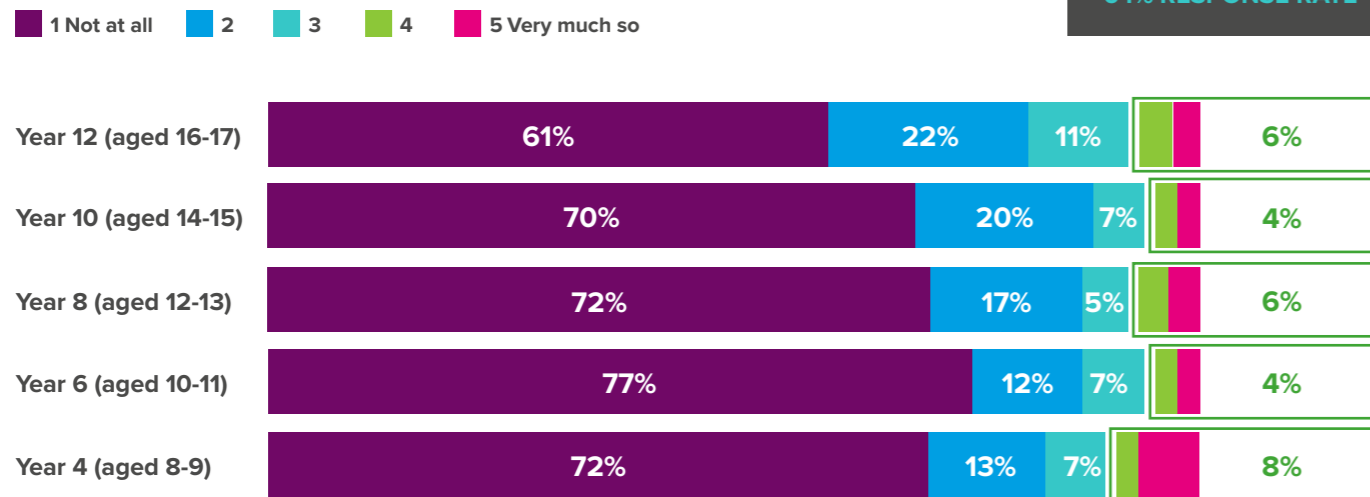


## KEY FINDINGS GANGS CONTINUED...

ON AVERAGE, AROUND ONE IN EVERY TWENTY STUDENTS SAID THEY FELT THEIR LIFE WAS AFFECTED BY GANGS

**Figure 40:**  
Extent to which students felt their life was affected by gangs

2,618 RESPONSES;  
64% RESPONSE RATE

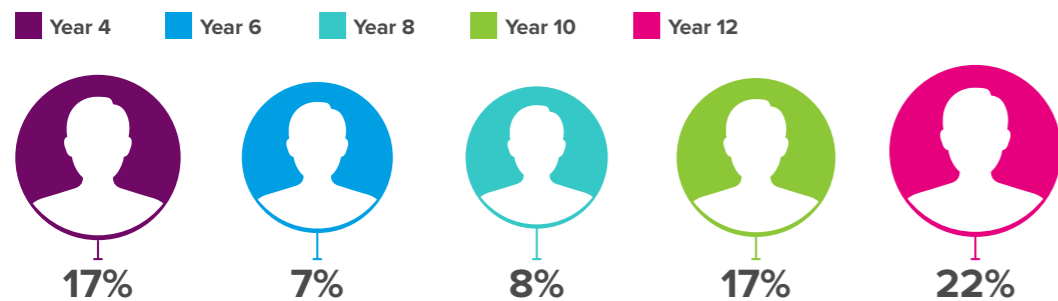


Just over one in ten students said they personally knew someone who was a member of a gang. Year 6 and Year 8 students were statistically less likely than the other three years to know someone who was a member of a gang. The results for Year 4, Year 10 and Year 12 were statistically similar to one another.



**Figure 41:**  
Percentage of students who knew someone personally who is currently a member of a gang

3,078 RESPONSES;  
75% RESPONSE RATE



## KEY FINDINGS GANGS CONTINUED...

ORGANISED CRIMINAL GANGS REFER TO "A GROUP OF INDIVIDUALS FOR WHOM INVOLVEMENT IN CRIME IS FOR PERSONAL GAIN (FINANCIAL OR OTHERWISE)"

Secondary school-aged students were also asked if they had ever felt pressured into carrying a weapon, and/or carrying drugs:

Have you ever been pressured into carrying a weapon?

- YES
- NO
- Prefer not to say

Have you ever been pressured into carrying drugs?

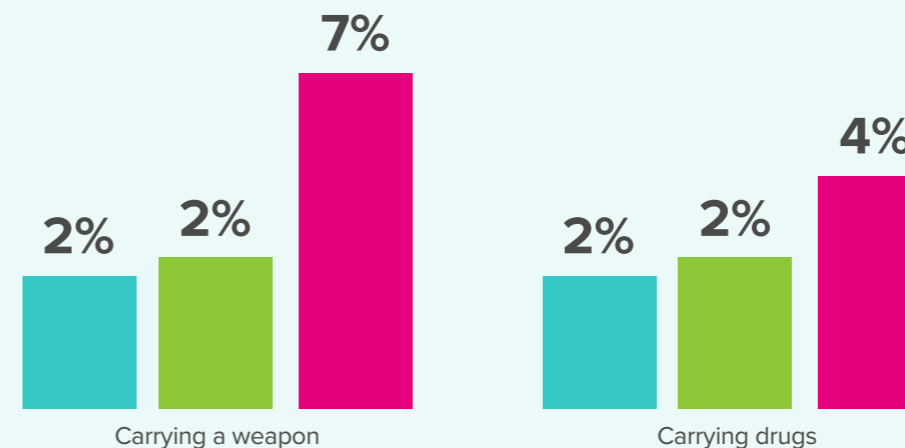
- YES
- NO
- Prefer not to say



**Figure 42:**  
Percentages of secondary school-aged students who have felt pressure to carry a weapon and/or drug

514 RESPONSES;  
46% RESPONSE RATE

Year 8 (aged 12-13) Year 10 (aged 14-15) Year 12 (aged 16-17)



Year 12 students were more likely to have felt pressure than other years to carry weapons (7%), and drugs (4%), though this finding is not statistically significant.



## KEY FINDINGS LIVING IN CROYDON

**61%**  
OF PRIMARY SCHOOL-AGED STUDENTS SAID  
THEY FEEL PROUD TO LIVE IN CROYDON

### 18. LIVING IN CROYDON

The Community Life Survey (England, 2017-2018) found that young people feel less connected to their neighbourhood than older adults, despite most young people having lived in their local area for all or most of their life<sup>72</sup>.

Children and young people were asked whether they felt proud to live in Croydon:

**Do you feel proud to live in Croydon?**

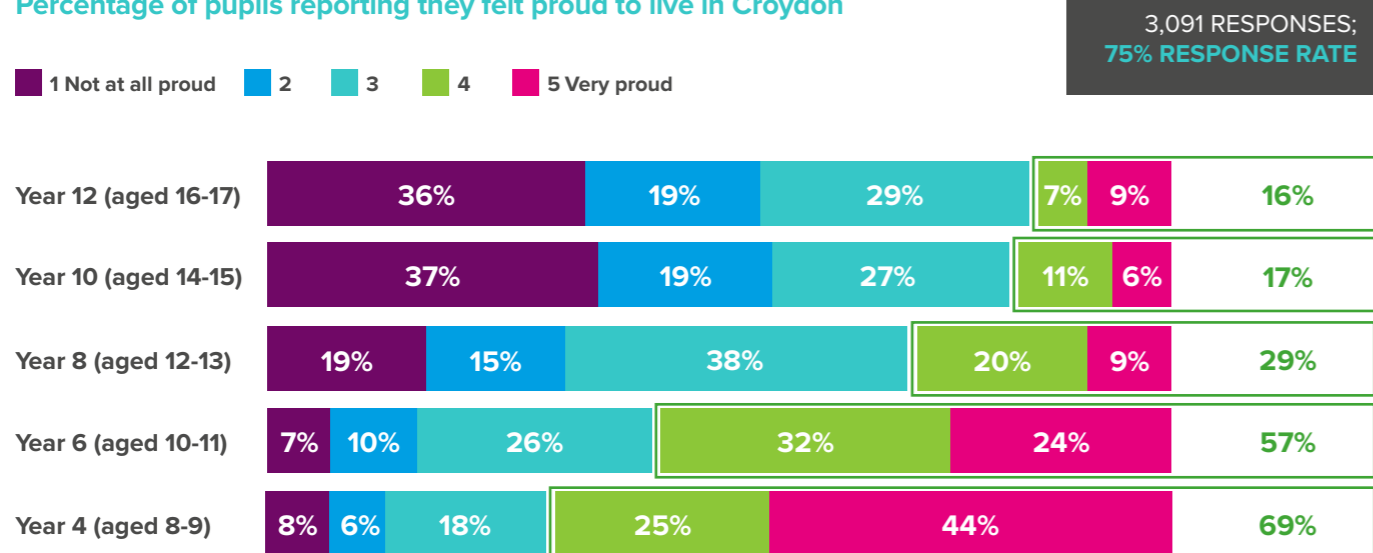
1 |  2 |  3 |  4 |  5

Not at all proud Very proud



63% of primary school-aged students said they felt proud to live in Croydon compared to 22% of secondary school-aged students. Year 10 and Year 12 results were statistically similar but results from all other year groups were significantly different from one another. It is worth noting that not all Croydon students live within Croydon.

**Figure 43:**  
Percentage of pupils reporting they felt proud to live in Croydon



<sup>72</sup> ONS (2019). Are young people detached from their neighbourhoods? <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/areyoungpeopledetachedfromtheirneighbourhoods/2019-07-24>

## KEY FINDINGS RESILIENCE

RESULTS IN CROYDON SHOWED THAT  
PRIMARY SCHOOL-AGED STUDENTS  
HAD STATISTICALLY HIGHER AVERAGE  
RESILIENCE SCORES (69.4) THAN SECONDARY  
SCHOOL-AGED STUDENTS (66.6).

### 19. RESILIENCE

The Resilience Research Centre suggests that “In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided in culturally meaningful ways<sup>73</sup>.”

The Marmot Review recognised the significant role schools have in building resilience, and recommended that, ‘schools, families and communities work in partnership to reduce the gradient in health, wellbeing and resilience of children and young people<sup>74</sup>. Higher resilience in young people has been linked to lower risky health behaviours, improved health and health behaviours; and higher academic results<sup>75</sup>.

Measuring resilience is not straightforward. A methodological review comparing 15 resilience measurement scales concluded there was no ‘gold standard’ in measurement tool<sup>76</sup>. The Child and Youth Resilience Measure (CYRM) is designed as a screening tool to explore the resources (individual, relational, communal, and cultural) available to individuals, that may bolster their resilience. The measure was designed as part of the International Resilience Project (IRP), of the Resilience Research Centre, in collaboration with 14 communities in 11 countries around the world.

There are 2 versions of the questionnaire - CHILD - Designed for ages 5-9 years old, and YOUTH - designed for ages 10-23 years old. There are 3 sub-scales within the measure: individual capabilities/resources; relationships with primary caregivers; and contextual factors that facilitate a sense of belonging. Respondents are asked to read a series of statements and select an answer from a rating scale from 1-5 for each statement/item that reflects the extent that the statement describes them. For example:

**Example statement/item:**  
“I have people to look up to”.

**Response options:** 1=not at all, 2=a little, 3=somewhat, 4=quite a bit, and 5=a lot

To calculate a total score, the mean scores are calculated within each of the 3 subscales of the questionnaire. The higher the score, the more resilience resources are present in that individual’s life and the more likely they are to do well under stress.

Results in Croydon showed that primary school-aged students had statistically higher average resilience scores (69.4) than secondary school-aged students (66.6). Year 6 students had a higher average resilience score than any other school year. Year 10 students had the lowest average resilience score though this is a statistically similar score to all other secondary school ages.



<sup>73</sup> Resilience Research Centre (2023). Child and Youth Resilience Measure & Adult Resilience Measure. <https://cyrm.resilienceresearch.org/>

<sup>74</sup> PHE (2014). Building children and young people’s resilience in schools. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/355766/Review2\\_Resilience\\_in\\_schools\\_health\\_inequalities.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/355766/Review2_Resilience_in_schools_health_inequalities.pdf)

<sup>75</sup> ibid

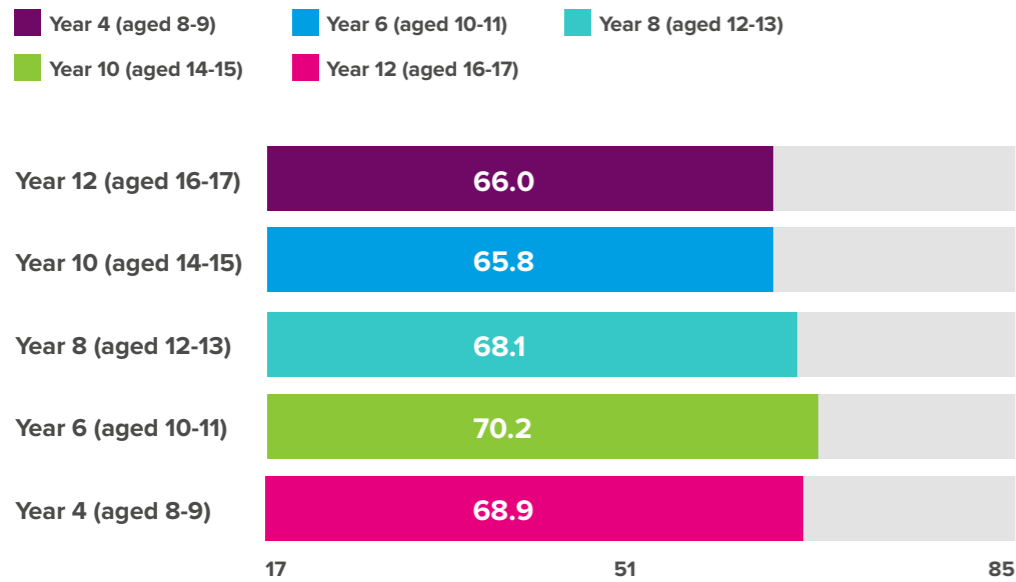
<sup>76</sup> ibid



## KEY FINDINGS RESILIENCE CONTINUED...

YEAR 6 STUDENTS HAD A HIGHER  
AVERAGE RESILIENCE SCORE  
THAN ANY OTHER SCHOOL YEAR

**Figure 44:**  
Average score (ranging from 17-85) on CYRM scale



2,245 PRIMARY  
SCHOOL-AGED  
RESPONSES;  
**75% RESPONSE RATE**

816 SECONDARY  
SCHOOL-AGED  
RESPONSES;  
**73% RESPONSE RATE**

In primary school  
ages, girls had a  
significantly higher  
average resilience  
score than boys. In  
secondary school  
ages, the difference  
between genders  
was not significant.

## NEXT STEPS

The findings from this report provide a solid foundation for further engagement with Croydon's students, to work in collaboration with them to improve their health and wellbeing.

A programme of work is being delivered following the publication of the results of the survey:

### Individual Information Packs for Schools:

**Distribution:** Schools have received tailored information packs.

**Support:** Education Advisors for Health & Wellbeing, along with the Council's public health team, are assisting schools in interpreting data and planning activities to address priority improvement areas.

### Ongoing Analyses and Reports:

**Timeline:** Over the next year.

**Content:** Conducting thorough analyses with a focus on health and wellbeing themes. A series of "in focus" reports will be completed during the 2023/24 academic year, addressing detailed findings and significant inequalities.

### Programme of Engagement with Students and School Staff:

**Purpose:** Understand survey responses particularly areas highlighted strongly in the report.

**Action:** Initiate an engagement programme with students and staff to co-design the next survey, review question structure, and identify priority issues.

### Next Survey (2024):

**Timing:** Scheduled for the autumn school term in 2024 (October-December).

**Action:** Collaboration with schools to enhance survey uptake, particularly among secondary school-aged students, as well as in special, independent, and home school settings.







## NEXT STEPS CONTINUED...

### Establishment of Professionals Wellbeing Forum:

**Purpose:** Facilitate collaboration among education professionals.

**Action:** The forum provides essential training, support, networks, and shared resources dedicated to enhancing the wellbeing support for schools in the region.

### Borough Wide Focus on Wellbeing

**Action:** In addition to other areas mentioned, promote 'Wellbeing Day', first Wednesday in May/ borough wide programme of wellbeing activities and awareness done across educational establishments.

### Subsidised Support in Schools:

**Objective:** Deliver subsidised training and resources focusing on sex and relationships, consent, and gender-based violence within schools.

### Subsidised Membership of the PSHE Association:

**Target:** Secondary schools in Croydon.

**Action:** Offer subsidised membership to the PSHE Association to promote comprehensive Personal, Social, Health, and Economic (PSHE) education.

### Annual Professionals Wellbeing Conference:

**Objective:** Integrate holistic wellbeing practices into education environments.

**Frequency:** An annual conference to address and promote wellbeing strategies, share learning and develop practice.

### Croydon Education Partnership Involvement:

**Action:** The Croydon Education Partnership have had the report presented to them and have voted to make this a priority area of delivery.

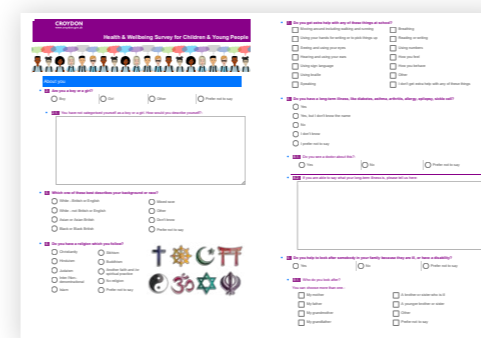
**Next Steps:** Collaboratively develop a comprehensive strategy for further support through the partnership.



**THE LONG-TERM AMBITION IS TO TRACK THE RESULTS OF THE SURVEY OVER THE NEXT 10-YEAR PERIOD, TO UNDERSTAND HOW THE HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE IN CROYDON CHANGES, AND WHERE THEY MAY NEED ADDITIONAL SUPPORT.**

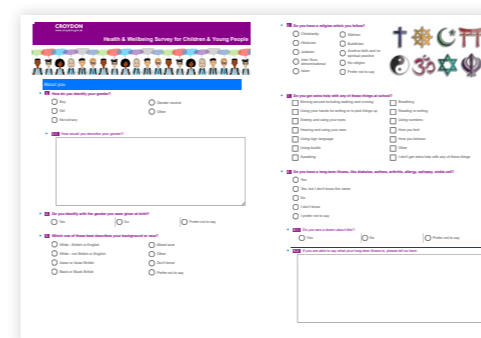


# APPENDICES



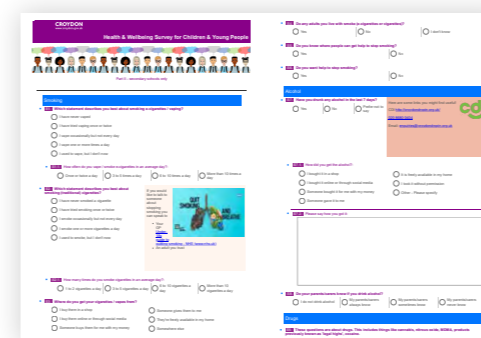
**Primary school survey**  
<https://www.croydonobservatory.org/wp-content/uploads/2023/09/Primary-Health-Wellbeing-Survey-for-Children-Young-People.pdf>

**CLICK TO DOWNLOAD**



**Secondary survey part one**  
<https://www.croydonobservatory.org/wp-content/uploads/2023/09/Secondary-pt.-1-Health-Wellbeing-Survey-for-Children-Young-People.pdf>

**CLICK TO DOWNLOAD**



**Secondary survey part two**  
<https://www.croydonobservatory.org/wp-content/uploads/2023/09/Secondary-pt.-2-Health-Wellbeing-Survey-for-Children-Young-People.pdf>

**CLICK TO DOWNLOAD**

■ RESULTS FROM THE  
**HEALTH &  
WELLBEING  
SURVEY**

FOR SCHOOL-AGED CHILDREN AND  
YOUNG PEOPLE IN CROYDON (2022/23)

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# Agenda Item 9

## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	Health and Wellbeing Board	
<b>DATE OF DECISION</b>	17 April 2024	
<b>REPORT TITLE:</b>	Croydon Joint Local Health and Wellbeing Strategy Refresh: progress update and next steps	
<b>CORPORATE DIRECTOR / DIRECTOR:</b>	Rachel Flowers, Director of Public Health	
<b>LEAD OFFICER:</b>	Dr Jack Bedeman, Consultant in Public Health Email: <a href="mailto:jack.bedeman@croydon.gov.uk">jack.bedeman@croydon.gov.uk</a> Telephone: 22616	
<b>LEAD MEMBER:</b>	Councillor Yvette Hopley	
<b>DECISION TAKER:</b>	Health and Wellbeing Board	
<b>AUTHORITY TO TAKE DECISION:</b>	Constitution of the London Borough of Croydon - Part 4.L It is a function of the Health and Wellbeing board to encourage, for the purpose of advancing the health and wellbeing of people in Croydon, persons who arrange for the provision of any health or social care services in Croydon.	
<b>KEY DECISION?</b> [Insert Ref. Number if a Key Decision]  <i>Guidance: A Key Decision reference number will be allocated upon submission of a forward plan entry to Democratic Services.</i>	No	N/A
<b>CONTAINS EXEMPT INFORMATION?</b>  <i>(* See guidance)</i>	No	Public
<b>WARDS AFFECTED:</b>	All	

## **1 SUMMARY OF REPORT**

- 1.1 The Health and Wellbeing Board have agreed to refresh the current strategy in March 2023, and a six-week public consultation took place between 15 January 2024 and 26 February 2024.
- 1.2 This report summarises the insights and feedback received from the consultation, presents the final draft of the Joint Local Health and Wellbeing Strategy (JLHWS) for sign off, and provides an overview of next steps for delivering the strategy.

## **2 RECOMMENDATIONS**

The Health and Wellbeing Board is recommended to:

- 2.1 Note insights and feedback received from the six-week consultation,
- 2.2 Approve the final JLHWS as presented in Appendix 3,
- 2.3 Agree on the next steps on delivering the strategy.

## **3 REASONS FOR RECOMMENDATIONS**

- 3.1 There is a statutory requirement for the Health and Wellbeing Board to produce a 'Joint Local Health and Wellbeing Strategy' (JLHWS) to improve the health and wellbeing of the local community and reduce inequalities across the life course.
- 3.2 With the implementation of the Health and Care Act 2022, Health and Wellbeing Boards continue to be responsible for the development of the JLHWS. However, the Act notes that the Boards 'must now have regard to the integrated care strategy when preparing their joint local health and wellbeing strategies in addition to having regard to the NHS Mandate.'<sup>1</sup>
- 3.3 The Health and Wellbeing Board ran a six-week public consultation on the draft JLHWS between 15 January 2024 and 26 February 2024.
- 3.4 This report presents the final draft of the JLHWS, incorporating insights gathered from the six-week public consultation, for sign off.

## **4 BACKGROUND AND DETAILS**

### **Strategy development**

- 4.1 Croydon Health and Wellbeing Board (HWB) has a statutory duty to develop the JLHWS. This strategy aims to improve the health and wellbeing of people the local community and reduce inequalities across the life course.
- 4.2 The HWB agreed to review and refresh the JLHWS in March 2023.

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<sup>1</sup> More information is available at

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1099832/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1099832/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf).



- 4.3** In November 2023, the HWB and the Health and Care Board held a joint workshop to review and revise the vision, guiding principles and priority areas of focus for 2024-2029. This was informed by:
- Data and evidence from the Joint Strategic Needs Assessment,
  - Alignment with key strategies including the Mayor’s Business Plan and the South West London Integrated Care Partnership Strategy,
  - Input from community events in the Borough since 2018 representing over 3,700 voices and more than 100 local community engagement events,
  - Local Community Plans of Croydon’s six Local Community Partnerships. These partnerships were set up as part of the Healthy Communities Together Programme. Each Local Community Plan identifies priority themes to improve health and wellbeing and tackle health inequalities.
  - The potential positive impact of each priority area could have on the health and wellbeing and health inequalities in Croydon.
- 4.4** Insights from the joint workshop were used to develop a draft vision, guiding principles and priority areas of focus for the revised strategy. These were then presented at a pre-consultation community engagement event delivered in partnership with Healthwatch Corydon in November 2023 for further community feedback.
- 4.5** The draft vision, guiding principles and priority areas of focus were further refined, and a consultation pack was produced. This pack included the draft JLHWS for 2024-2029 and a summary of Croydon’s JSNA.
- 4.6** Collaborating with the council’s Consultation team and Communications and Engagement colleagues, a six-week public consultation was launched on 15 January 2024. This consultation ran until 26 February 2024.

### **Summary of insights received from the public consultation**

- 4.7** During the six-week consultation period, local views were sought through two routes:
- 4.7.1 An online survey hosted on Croydon Council’s Get Involved Platform. This survey was open to everyone who lived, worked and studied in Croydon. Printed surveys were also provided to residents upon request.
  - 4.7.2 A series of in-person engagement sessions with local communities held in collaboration with Croydon BME Forum, Croydon Voluntary Action and Healthwatch Croydon. These events were as follows:
    - Croydon South-West Local Community Partnership Meeting, 8 February 2024
    - Croydon BME Forum Winter Wellbeing Event, 13 February 2024
    - Healthwatch Croydon Consultation Event, 19 February 2024
    - Croydon South-East Local Community Partnership Meeting, 22 February 2024

**4.8** Overall, a total of **185** people participated in the consultation. Of these **77** participated in the survey and **108** were reached through the in-person engagement sessions.

**4.9** Respondents generally agreed with the proposed vision, guiding principles and priorities.

**4.10** In the consultation survey:

- **79%** agreed or strongly agreed with the vision, while **2%** somewhat disagreed or strongly disagreed.
- **82%** agreed or strongly agreed with the guiding principles, while **5%** somewhat disagreed. **No one** strongly disagreed.
- **91%** agreed or strongly agreed with Priority 1. Good mental health and wellbeing for all, while **4%** somewhat disagreed or strongly disagreed.
- **85%** agreed or strongly agreed with Priority 2. Cost of living: supporting our residents to sleep, eat and have heat, while **6%** somewhat disagreed or strongly disagreed.
- **86%** agreed or strongly agreed with Priority 3. Healthy, safe and well-connected neighbourhoods and communities, while **4%** somewhat disagreed or strongly disagreed.
- **87%** agreed or strongly agreed with Priority 4. Supporting our children, young people and families so that our children and young people can have the best start in life and the opportunities they need to reach their full potential. **4%** somewhat disagreed or strongly disagreed with this priority.
- **91%** agreed or strongly agreed with Priority 5. Supporting our older population to live healthy, independents and fulfilling lives, while **3%** strongly disagreed. No one somewhat disagreed with this priority.

**4.11** Similarly, there was positive feedback and agreement with the proposed vision, guiding principles and strategic priorities in the in-person engagement sessions. Emerging themes from these sessions included:

- Strong support for all proposed priority areas, and the importance of looking at health and wellbeing holistically and working together with local people to improve health and tackle inequalities.
- Suggested changes to some of the wording, including requests to add in further descriptive text, to ensure the strategy is accessible to and is understood by all.
- Inclusion of environmental considerations, particularly around climate emergency and sustainability.

- Importance of community focus, clear communication and having clear action plans to deliver the strategy. Importance of partnership working, including with our local communities, was also highlighted.

**4.12** A detailed report on the consultation findings is in **Appendix 1**.

### **Finalising the strategy using insights and feedback received from the public consultation**

**4.13** Insights and feedback received from the public consultation were used to finalise the strategy. Briefly, the following changes were made to the draft strategy presented in the consultation:

4.13.1 The vision statement was refined to better reflect Croydon's collective vision and ambitions for our health and wellbeing.

4.13.2 Wording of guiding principles was refined and further descriptive text was added to clarify what each principle stands for and what they would mean in practice.

4.13.3 Additional text added in to clarify that the strategy aims to collectively agree on the most important issues for the local community to make a meaningful difference to our health and wellbeing, rather than identifying all health and wellbeing needs. This means that actions in other areas, not included in the strategy, would not stop.

4.13.4 Importance of good mental health and wellbeing for all was further emphasised. The strategy now states that our mental health and wellbeing impacts nearly all aspects of our health and that we will place improving, protecting and promoting our mental health and wellbeing at the centre of all our actions.

4.13.5 Importance of championing the green agenda and tackling climate change is now included as part of Priority 3. Healthy, safe and well-connected neighbourhoods and communities.

4.13.6 Importance of health protection through a coordinated approach is now included in Priority 3. Healthy, safe and well-connected neighbourhoods and communities.

4.13.7 The importance of joining the dots so that strategies and action plans across the borough complement each other is now included under Delivering our strategy.

4.13.8 The commitment to developing shared implementation plans, and the importance of partnership and community focus when developing these plans is further strengthened under Delivering our strategy.

**4.14** A brief **You Said-We Did** report providing an outline of these changes is in **Appendix 2**.

## **Presenting the final JLHWS for 2024-2029**

**4.15** The final draft of the JLHWS is included in **Appendix 3. Final JLHWS- text**. A sample proof illustrating design work is in **Appendix 4. Final JLHWS - sample proof**.

**4.16** The Croydon's JLHWS for 2024-29 centres around the following vision statement, which sets out Croydon's collective ambitions for a healthier, happier and safer Borough:

**Everyone in Croydon has healthy, happy and fulling lives, supported by safe, healthy and thriving communities and neighbourhoods. Building on our strengths, we work together to protect and improve our health and wellbeing, ensuring those with the poorest health can improve their health the fastest.**

**4.17** To deliver this vision, during 2024-2029, the strategy identifies the following priority areas:

1. Good mental health and wellbeing for all
2. Supporting residents to 'sleep, eat and have heat'
3. Healthy, safe and well-connected neighbourhoods and communities
4. Supporting our children, young people and families so that our children and young people can have the best start in life and the opportunities they need to reach their full potential
5. Supporting our older population so they can live happier, healthier and independent lives for as long as possible

**4.18** When focusing on these areas, the Board's actions and decisions will be guided by the following principles:

1. Tackling health inequalities
2. Putting prevention first across all stages of life
3. Integrated partnership working
4. Working with our communities to develop shared solutions
5. Evidence-informed decisions and actions

## **Delivering the strategy – next steps**

**4.19** The JLHWS is not a standalone effort for improving the health and wellbeing and tackling inequalities in the borough. It is aligned with key initiatives such as the Mayor's Business Plan and the South West London Integrated Care Strategy.

**4.20** The strategy emphasises the need for effective, coordinated cross-sectoral action, making the best use of collective resources and creating conditions which support and generate good health by default.

**4.21** To do this, the strategy will be delivered through coordinated, partnership efforts of organisations represented on the Health and Wellbeing Board as well as others.



- 4.22** The Health and Wellbeing Board will provide leadership in addressing the priority areas set in the strategy. The Health and Care Board, and their affiliated groups and boards, will support the Health and Wellbeing Board in delivering the ambitions set out in this strategy.
- 4.23** Partnership subgroups will be convened for each priority area to co-produce action plans with measurable outcomes. The strategy recognises the interconnected nature of identified priority areas, and the importance for these subgroups to enable a cohesive approach, fostering collaboration across different areas to maximise impact.
- 4.24** Working with partnership subgroups for each priority area, the Board will also develop a Joint Outcomes and Monitoring Framework with key performance indicators to track progress towards our goals. Through this joint framework, the Board will remain responsive to Croydon's evolving needs, and adjust our strategy and action plans as necessary.
- 4.25** To mobilise the strategy, the next steps are to set up the partnership subgroups for the five priority areas as well as a partnership Knowledge and Intelligence Subgroup to develop the Outcomes and Monitoring Framework. This will be done under the leadership of the members of the Health and Wellbeing Board.

## **5 ALTERNATIVE OPTIONS CONSIDERED**

- 5.1** The responsible local authority and its partner integrated care boards need not prepare a new joint local health and wellbeing strategy if, having considered the integrated care strategy, they consider that the existing joint local health and wellbeing strategy is sufficient.

## **6 CONSULTATION**

- 6.1** The Health and Wellbeing Board has taken a partnership approach to refreshing the Joint Local Health and Wellbeing Strategy and a six-week consultation took place between 15 January 2024 and 26 February 2024. The final strategy incorporates the views and feedback received through this consultation.

## **7. CONTRIBUTION TO COUNCIL PRIORITIES**

- 7.1** Croydon Health and Wellbeing Strategy supports the delivery of a number of key council priorities, including the following outcomes in Mayor's Business Plan (2022-26)
- Outcome 5. People can lead healthier and independent lives for longer
    - Priority 1. Work with partners and the VCFS to promote independence, health and wellbeing and keep vulnerable adults safe.
    - Priority 2. Work closely with health services and the VCFS to improve resident health and reduce health inequalities.
    - Priority 3. Foster a sense of community and civic life.

- 7.2** The Strategy will also have crosscutting links with several other outcomes in the Mayor’s Business plan, including:
- Outcome 3. Children and young people in Croydon have the chance to thrive, learn and fulfil their potential
  - Outcome 4. Croydon is a cleaner, safer and healthier place, a borough we are proud to call home.

## **8. IMPLICATIONS**

### **8.1 FINANCIAL IMPLICATIONS**

- 8.1.1** There are no direct financial implications as a result of this report. Any future financial impact will be fully considered as part of subsequent reports as they arise.
- 8.1.2** Comments approved by Lesley Shields, Head of Finance for Assistant Chief Executive and Resources on behalf of the Director of Finance. 04/04/25

### **8.2 LEGAL IMPLICATIONS**

- 8.2.1** Under the Health and Social Care Act, 2022, an integrated care partnership must prepare a strategy (an “integrated care strategy”) setting out how the assessed needs in relation to its area are to be met by the exercise of functions of— (a) the integrated care board for its area, (b) NHS England, or (c) the responsible local authorities whose areas coincide with or fall wholly or partly within its area.
- 8.2.2** The responsible local authority and each of its partner integrated care boards, must prepare a strategy (“a joint local health and wellbeing strategy”) setting out how the assessed needs in relation to the responsible local authority’s area are to be met by the exercise of functions of— (a) the responsible local authority, (b) its partner integrated care boards, or (c) NHS England.
- 8.2.3** The establishment, composition and functions of the Health and Wellbeing Board are set out in the Health and Social Care Act 2012, sections 194-196. Section 196(1) provides that the functions of a local authority and its partner integrated care boards under section 116 and 116A of the Local Government and Public Involvement in Health Act 2007 (the 2007 Act) are to be exercised by the Health and Wellbeing Board established by the local authority.
- 8.2.4** Section 116A of the 2007 Act, provides that where the responsible local authority and each of its partner integrated care boards receive an integrated care strategy, they must prepare a strategy (“a joint local health and wellbeing strategy”) setting out how the assessed needs in relation to the responsible local authority’s area are to be met by the exercise of functions of—
- (a) the responsible local authority,
  - (b) its partner integrated care boards, or
  - (c) NHS England.
- 8.2.5** The responsible local authority and its partner integrated care boards need not prepare a new joint local health and wellbeing strategy if, having considered the integrated care strategy, they consider that the existing joint local health and

wellbeing strategy is sufficient.

- 8.2.6** In preparing a strategy under this section, the responsible local authority and each of its partner integrated care boards must, in particular, consider the extent to which the assessed needs could be met more effectively by the making of arrangements under section 75 of the National Health Service Act 2006 (rather than in any other way). In addition, the responsible local authority and each of its partner integrated care boards must have regard to the integrated care strategy prepared under section 116ZB, of the 2007 Act, the mandate published by the Secretary of State under section 13A of the National Health Service Act 2006, and any guidance issued by the Secretary of State. In this regard the current statutory guidance is the Department of Health guidance “Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies”. There is also published non-statutory guidance “Health and Wellbeing Boards- guidance” dated 22 November 2022 which is of relevance.
- 8.2.7** In preparing a strategy under this section, the responsible local authority and each of its partner integrated care boards must—(a)involve the Local Healthwatch organisation for the area of the responsible local authority, and (b)involve the people who live or work in that area.
- 8.2.8** The responsible local authority must publish each strategy prepared by it under this section.
- 8.2.9** Comments approved by the Head of Social Care & Education Law on behalf of the Director of Legal Services and Monitoring Officer. (Date 2nd April 2024)

### **8.3 EQUALITIES IMPLICATIONS**

- 8.3.1** The Council has a statutory duty to comply with the provisions set out in the Sec 149 Equality Act 2010. The Council must therefore have due regard to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.
  - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
  - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 8.3.2** The Health and Wellbeing Strategy crosses all equality/protected characteristics, since it places improving health and wellbeing and reducing inequalities in these outcomes at its core. The refresh of the strategy will aim to benefit all equality and protected characteristics among Croydon residents.
- 8.3.3** There are a number of Health and wellbeing challenges which may impact particular characteristics such as instances of mental health illness in males, LGBT+ community, racial trauma in the Global Majority and the over representation of the Global Majority in mental health institutions.
- 8.3.4** The council is a pilot organisation on the Chief Executive London Councils Tackling Racial Injustice Programme. The programme requires each local authority to understand, acknowledge and support racial trauma as an issue affecting the Global Majority in workplaces.

**8.3.5** An equality impact assessment has been carried out and no negative impacts were identified. The assessment will be revisited when developing action plans for each priority area. Please see Appendix 6 titled '**Equality analysis form – JLHWS**' for details.

## **9. APPENDICES**

**Appendix 1.** Consultation report

**Appendix 2.** You Said-We Did Report

**Appendix 3.** Final JLHWS – full text

**Appendix 4.** Final JLHWS – sample proof

**Appendix 5.** JSNA summary – November 2023

**Appendix 6.** Equality analysis form – JLHWS

## **10. REPORT AUTHORS**

1. Dr Shifa Sarica, Public Health Principal

2. Dr Jack Bedeman, Consultant in Public Health



# Draft Joint Local Health and Wellbeing Strategy: consultation findings

Public Health Team

March 2024

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# **Section 1. Introduction and summary of findings**

# 1.1 Introduction

## Joint Local Health and Wellbeing Strategy

The Joint Local Health and Wellbeing Strategy is developed by Croydon Health and Wellbeing Board.

Croydon's Health and Wellbeing Board is a statutory board of the Council made up of representatives from the local authority, the NHS, Healthwatch Croydon, our Voluntary and Community Sector, and other key stakeholders. The Board's mission is to ensure that everyone in Croydon has an equal opportunity to live a healthy and happy life.

The Joint Local Health and Wellbeing Strategy (JLHWS) sets out how the Health and Wellbeing Board will work together as a Partnership, along with residents, to improve the health and wellbeing of our local communities. It is informed by local needs, as identified in the Joint Strategic Needs Assessment (JSNA), and the views of partners and our local communities.

The Health and Wellbeing Board ran a six-week public consultation between 15 January 2024 and 26 February 2024 to seek community views on the draft Joint Local Health and Wellbeing Strategy. This draft strategy was informed by:

- Data, evidence and insights from Croydon's Joint Strategic Needs Assessment. This provides information on the state of health and wellbeing in Croydon;
- Local views. Local views were gathered through:
  - a review of insights from community engagement events since 2018, incorporating input from more than 100 community engagement events and hearing from more than 3,700 voices, and
  - reviewing Community Plans for Croydon's six Local Community Partnerships.

A summary of the draft Strategy included in the consultation is provided on the next page.

## 1.2 Draft strategy on a page

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Our vision describes what we want to achieve in the long term

Our guiding principles steer our decisions and actions

Our strategic priorities outline the areas we will focus our efforts on over the next 5 years to achieve our vision



## 1.3 Consultation methodology

During the six-week consultation period between 15 January 2024 and 26 February 2024, the Health and Wellbeing Board sought feedback on the draft JLHSW through two routes:

- An online survey hosted on Croydon Council's Get Involved Platform. This survey was open to everyone who lived, worked and studied in Croydon. Printed surveys were also provided to residents upon request. A total of **77** people responded to the survey. Of these, 73 were completed online and 4 were received via post.
- A series of four in-person engagement sessions with local communities. These engagement sessions were held in collaboration with Croydon Voluntary Action, Croydon BME Forum and Healthwatch Croydon. Collectively, these sessions involved a total of **108** residents.

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Both the consultation survey and the in-person engagement sessions aimed to gain specific feedback on the following aspects of the draft strategy:

- Proposed vision
- Proposed guiding principles
- Proposed strategic priority areas

## 1.4 Summary of findings

- Overall, a total of **185** people participated in the consultation. Of these **77** participated in the survey and **108** were reached through the in-person engagement sessions.
- Respondents generally agreed with the proposed vision, guiding principles and priorities. Overall, there was a low-level disagreement with these.
- In the consultation survey:
  - **79%** agreed or strongly agreed with the vision, while **2%** somewhat disagreed or strongly disagreed.
  - **82%** agreed or strongly agreed with the guiding principles, while **5%** somewhat disagreed. No one strongly disagreed.
  - **91%** agreed or strongly agreed with Priority 1. Good mental health and wellbeing for all, while **4%** somewhat disagreed or strongly disagreed.
  - **85%** agreed or strongly agreed with Priority 2. Cost of living: supporting our residents to sleep, eat and have heat, while **6%** somewhat disagreed or strongly disagreed.
  - **86%** agreed or strongly agreed with Priority 3. Healthy, safe and well-connected neighbourhoods and communities, while **4%** somewhat disagreed or strongly disagreed.
  - **87%** agreed or strongly agreed with Priority 4. Supporting our children, young people and families so that our children and young people can have the best start in life and the opportunities they need to reach their full potential. **4%** somewhat disagreed or strongly disagreed with this priority.
  - **91%** agreed or strongly agreed with Priority 5. Supporting our older population to live healthy, independents and fulfilling lives, while **3%** strongly disagreed. No one somewhat disagreed with this priority.

## 1.4 Summary of findings

- The following in-person engagement sessions were held in collaboration with Croydon Voluntary Action, Croydon BME Forum, and Healthwatch Croydon:
  - Local Community Partnership – Croydon South-West, 8 February 2024
  - Croydon BME Forum Winter Wellbeing Event , 13 February 2024
  - Healthwatch Croydon Consultation Event, 19 February 2024
  - Local Community Partnership – Croydon South-East, 22 February 2024

A total of **108** residents participated in these sessions.

During these sessions, residents were asked to provide their views on the proposed vision, guiding principles and strategic priorities.

Overall, there was positive feedback and agreement with the proposed vision, guiding principles and strategic priorities. Cross-cutting themes from these sessions included:

- Strong support for all proposed priority areas, and the importance of looking at health and wellbeing holistically and working together with local people to improve health and tackle inequalities.
- Suggested changes to some of the wording, including requests to add in further descriptive text, to ensure the strategy is accessible to and is understood by all.
- Inclusion of environmental considerations, particularly around climate emergency and sustainability.
- Importance of community focus, clear communication and having clear action plans to deliver the strategy. Importance of partnership working, including with our local communities, was also highlighted.

# Section 2. Survey results

2.1 Key points

2.2 Profile of respondents

2.3 Statistical analysis

2.4 Thematic analysis

## 2.1 Key points

### Survey structure

- The first part of the public consultation included a survey, inviting people who live, work or study in Croydon to provide their views on the proposed strategy.
- The survey included a total of 32 questions, and respondents had the flexibility to choose which questions to answer and were free to skip any as they deemed appropriate.
- The questions in the survey largely belonged to three categories:
  1. The first category of questions asked participants to indicate their level of agreement or disagreement with each of the proposed vision, guiding principles and strategic priorities. Response options included: "Strongly agree," "Agree," "Neither agree nor disagree," "Somewhat disagree," and "Strongly disagree."
  2. There were also several open-ended questions to allow participants to express if they felt anything was missing and/or needed to be amended or removed from the strategy.
  3. Lastly, respondents were asked to provide demographic information such as age, sex and place of residence. This information was collected to better understand the different groups and communities participating in the survey so that we could gain a deeper insight into the diverse perspectives contributing to the consultation.



## 2.1 Key points

### Survey results

#### Agreement with the proposed vision, guiding principles and priorities

- A total of **77** people responded to the survey. Of these, 73 were completed online and an additional 4 were received via post.
- Respondents generally agreed with the proposed vision, guiding principles and priorities. Briefly:
  - **79%** agreed or strongly agreed with the vision, while **2%** somewhat disagreed or strongly disagreed.
  - **82%** agreed or strongly agreed with the guiding principles, while **5%** somewhat disagreed. No one strongly disagreed.
  - **91%** agreed or strongly agreed with Priority 1. Good mental health and wellbeing for all, while **4%** somewhat disagreed or strongly disagreed.
  - **85%** agreed or strongly agreed with Priority 2. Cost of living: supporting our residents to sleep, eat and have heat, while **6%** somewhat disagreed or strongly disagreed.
  - **86%** agreed or strongly agreed with Priority 3. Healthy, safe and well-connected neighbourhoods and communities, while **4%** somewhat disagreed or strongly disagreed.

## 2.1 Key points

### Survey results

#### Agreement with the proposed vision, guiding principles and priorities (cont'd)

- **87%** agreed or strongly agreed with Priority 4. Supporting our children, young people and families so that our children and young people can have the best start in life and the opportunities they need to reach their full potential. **4%** somewhat disagreed or strongly disagreed with this priority.
- **91%** agreed or strongly agreed with Priority 5. Supporting our older population to live healthy, independents and fulfilling lives, while **3%** strongly disagreed. No one somewhat disagreed with this priority.

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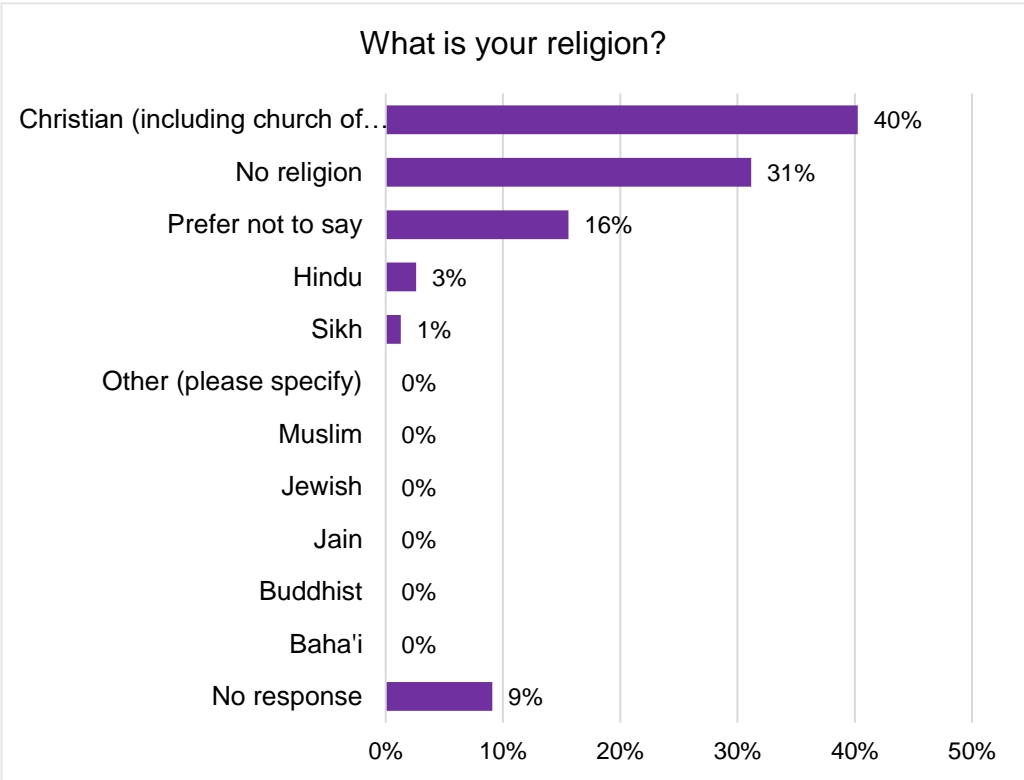
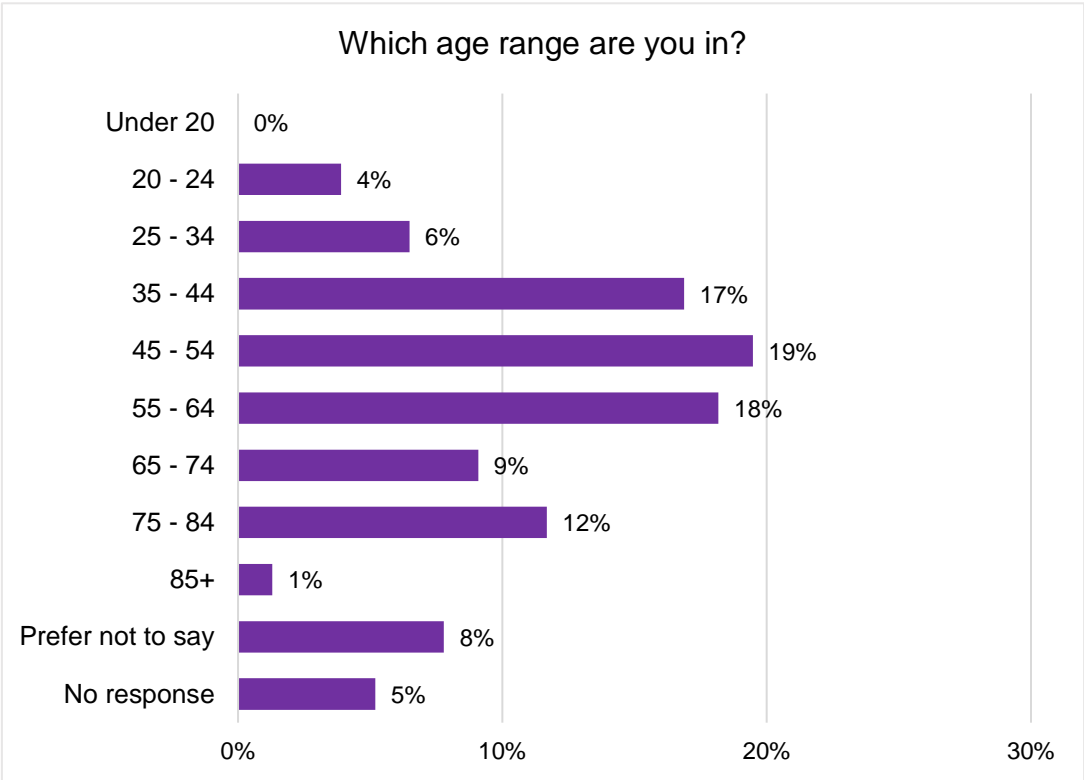
## 2.2 Statistical analysis

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## 2.2 Statistical analysis: Profile of Respondents

- 54% of respondents were between 35 and 65 years old. No respondents were under the age of 20.
- In terms of religion, Christianity was the most common (40%), followed by no religion (31%).

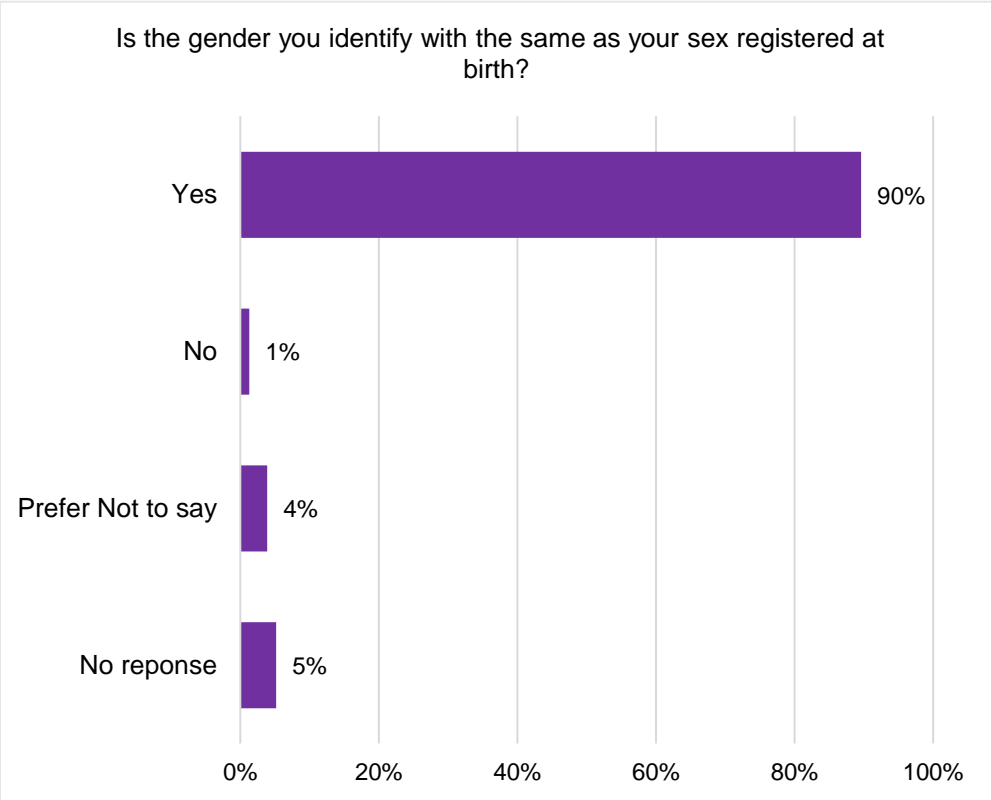
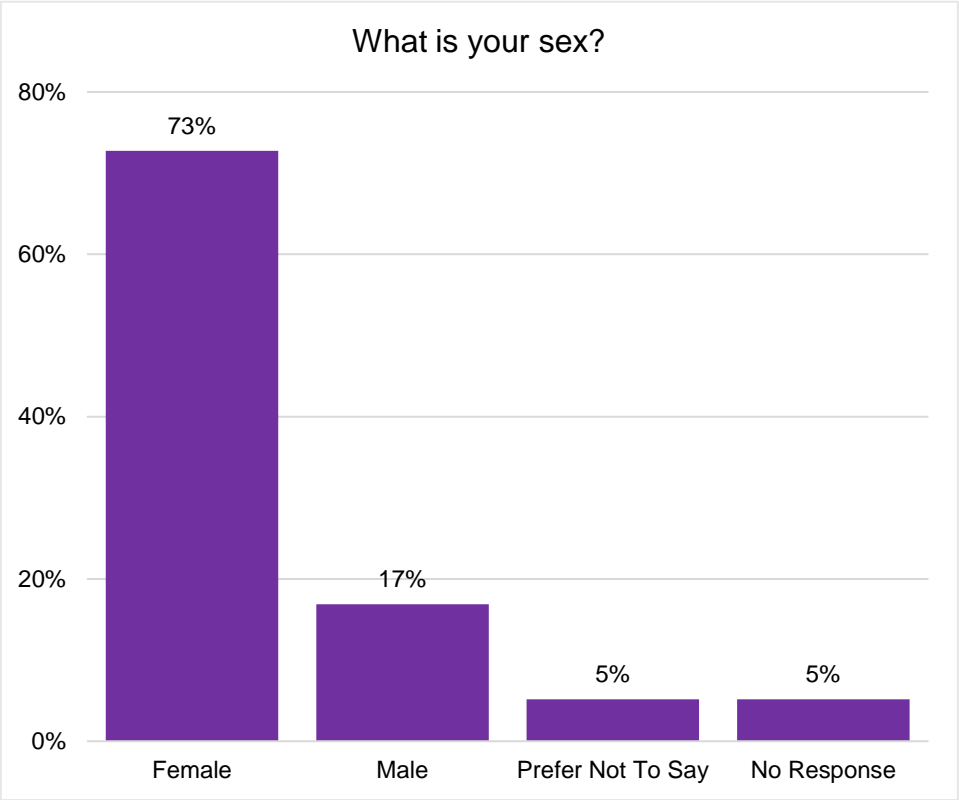
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## 2.2 Statistical analysis: Profile of Respondents

- Almost 3 out of 4 respondents (73%) were female.
- While 90% of the respondents identified with the same sex registered at birth, 1% did not.

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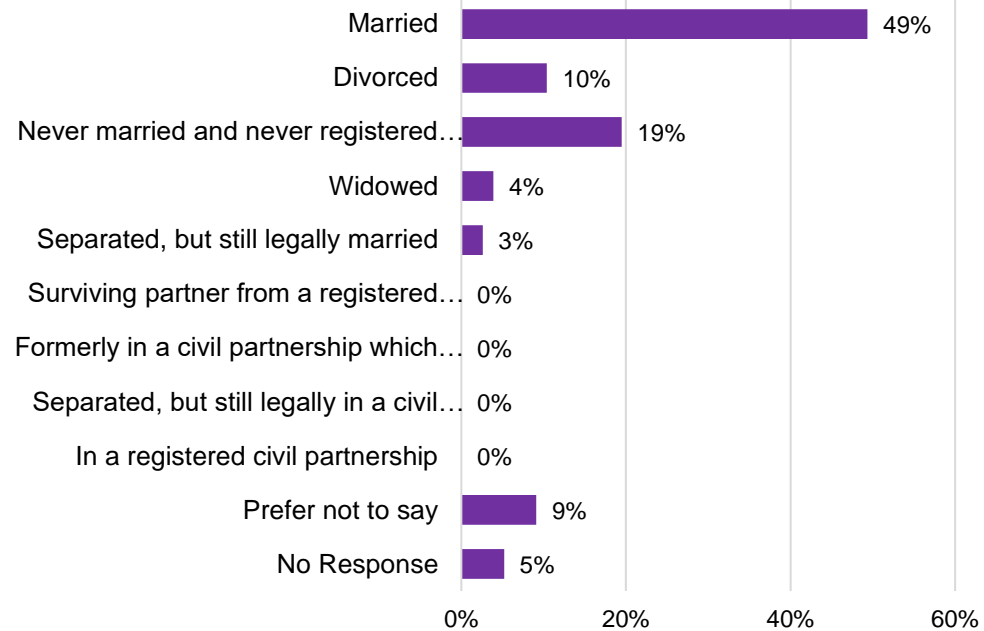




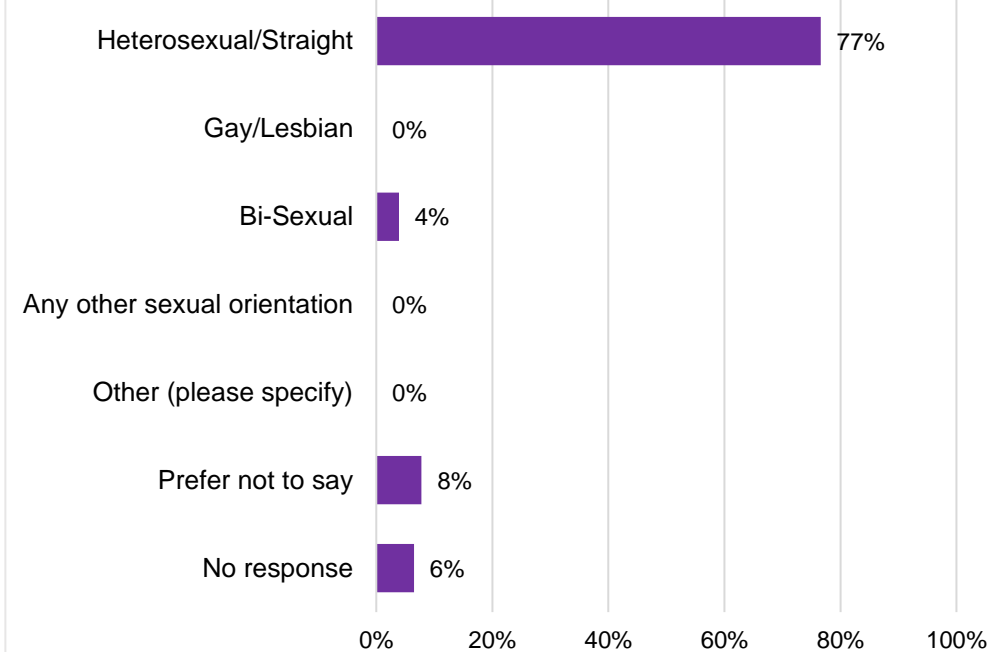
## 2.2 Statistical analysis: Profile of Respondents

- Almost half of respondents (49%) reported to be married and 19% had never been married
- 77% of respondents reported to be heterosexual/straight.

What is your legal marital or registered civil partnership status?

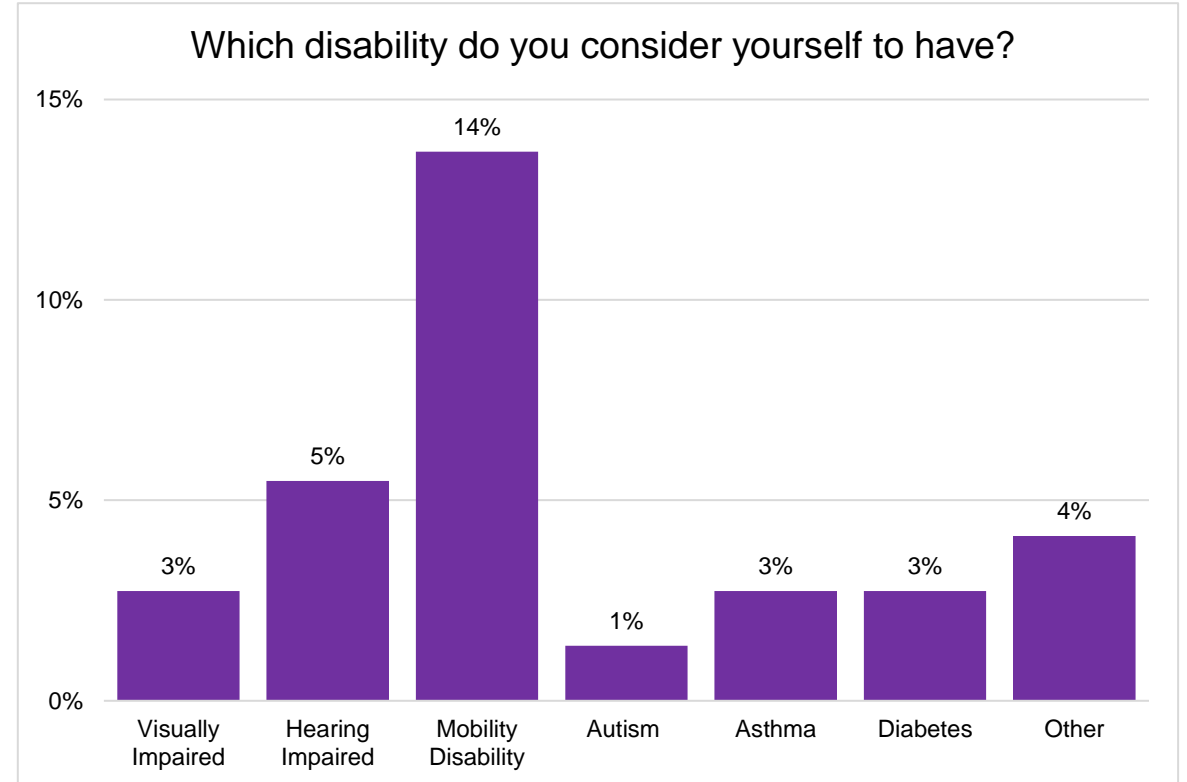
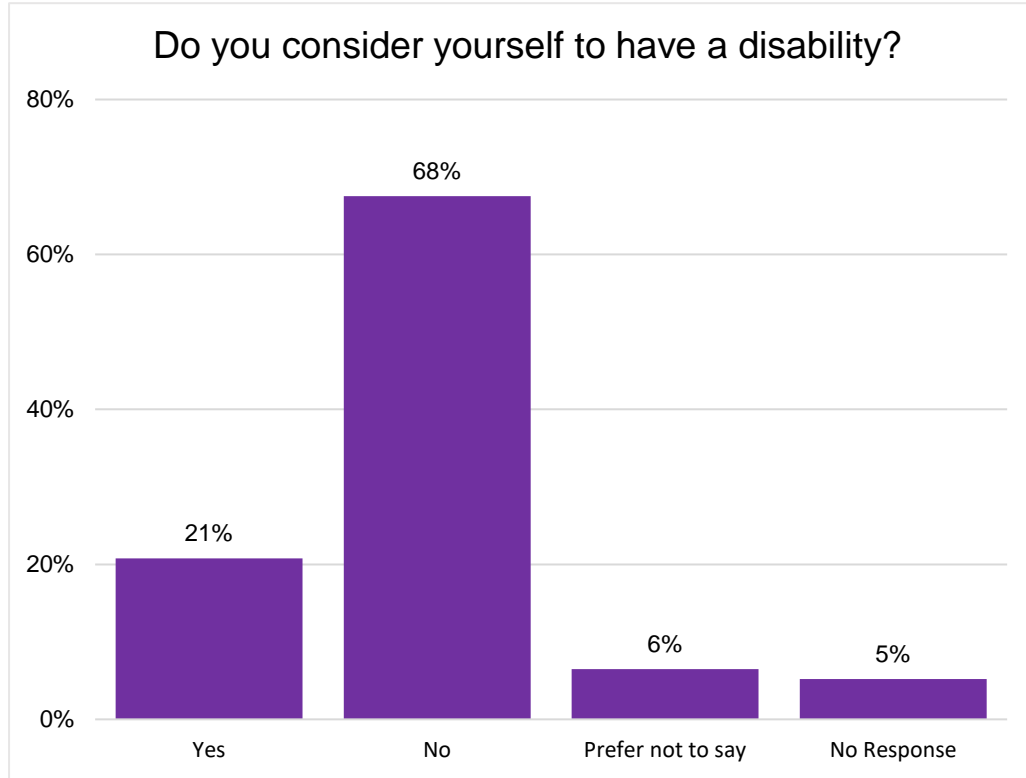


Which of the following best describes your sexual orientation?



## 2.2 Statistical analysis: Profile of Respondents

- Just over 1 in 5 respondents (21%) reported to have a disability. Disabilities related to mobility were the most common (14%) followed by hearing impairment (5%) and visual impairment (3%).

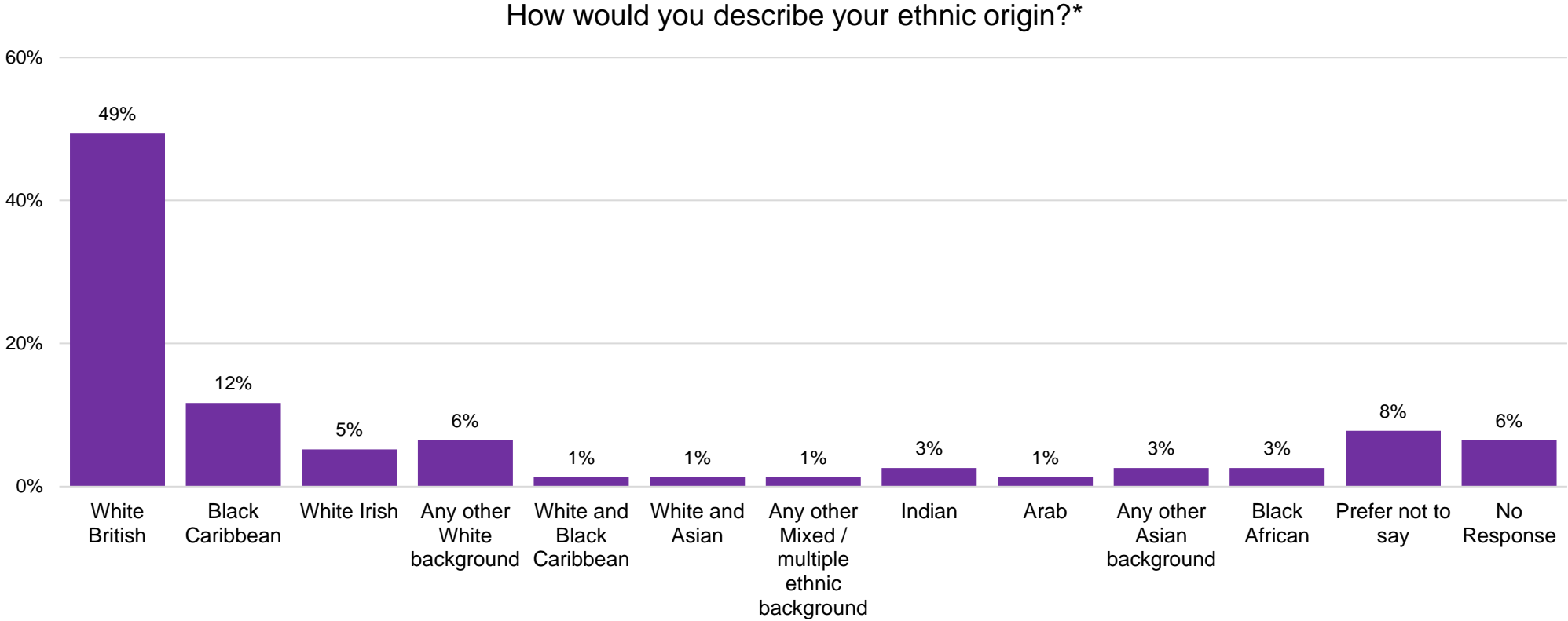


Total Respondents: 77

## 2.2 Statistical analysis: Profile of Respondents

- Almost half (49%) of respondents reported to be White British.

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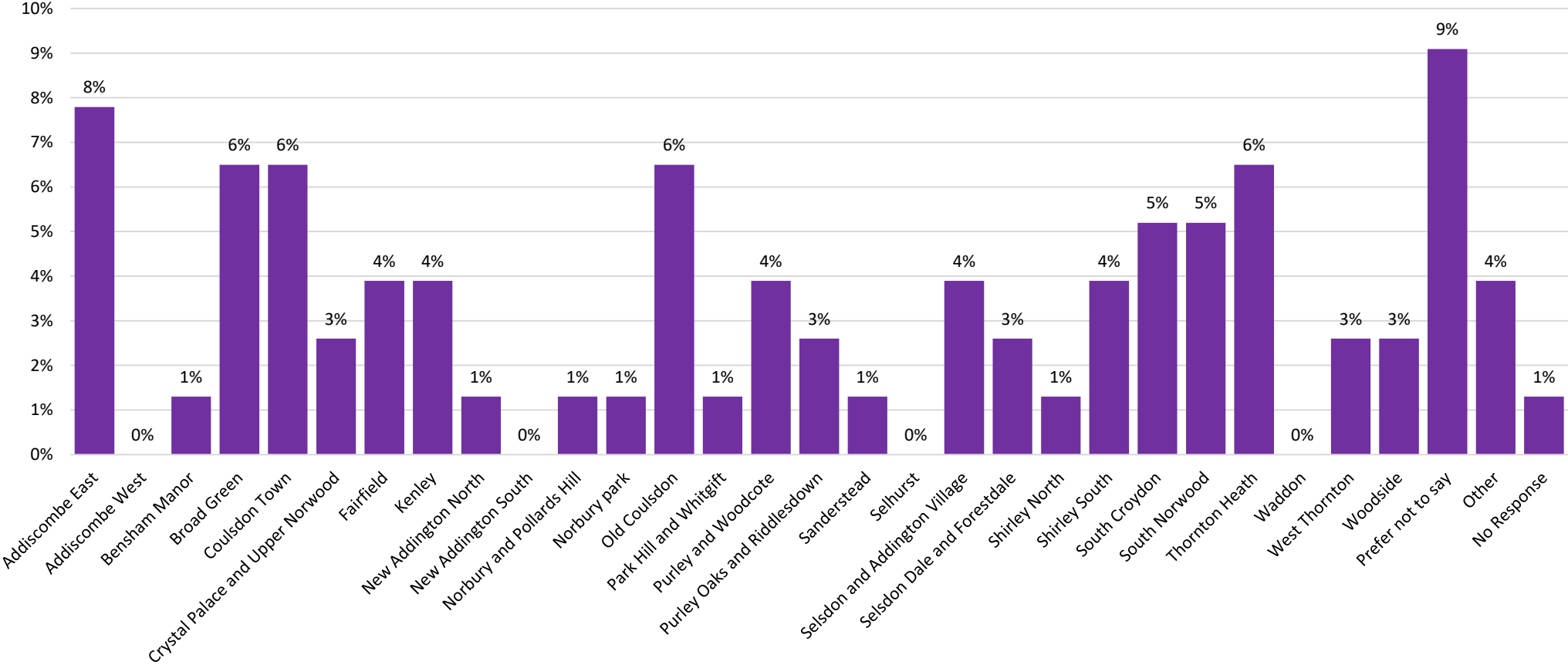


\*Only categories that received responses are shown in the graph.

## 2.2 Statistical analysis: Profile of Respondents

- Respondents lived in various wards. Addiscombe East (8%) was the most common ward, followed by Broad Green (6%), Coulsdon Town (6%), Old Coulsdon (6%), and Thornton Heath (6%).
- No respondents reported to live in Addiscombe West, New Addington South, Selhurst and Waddon.

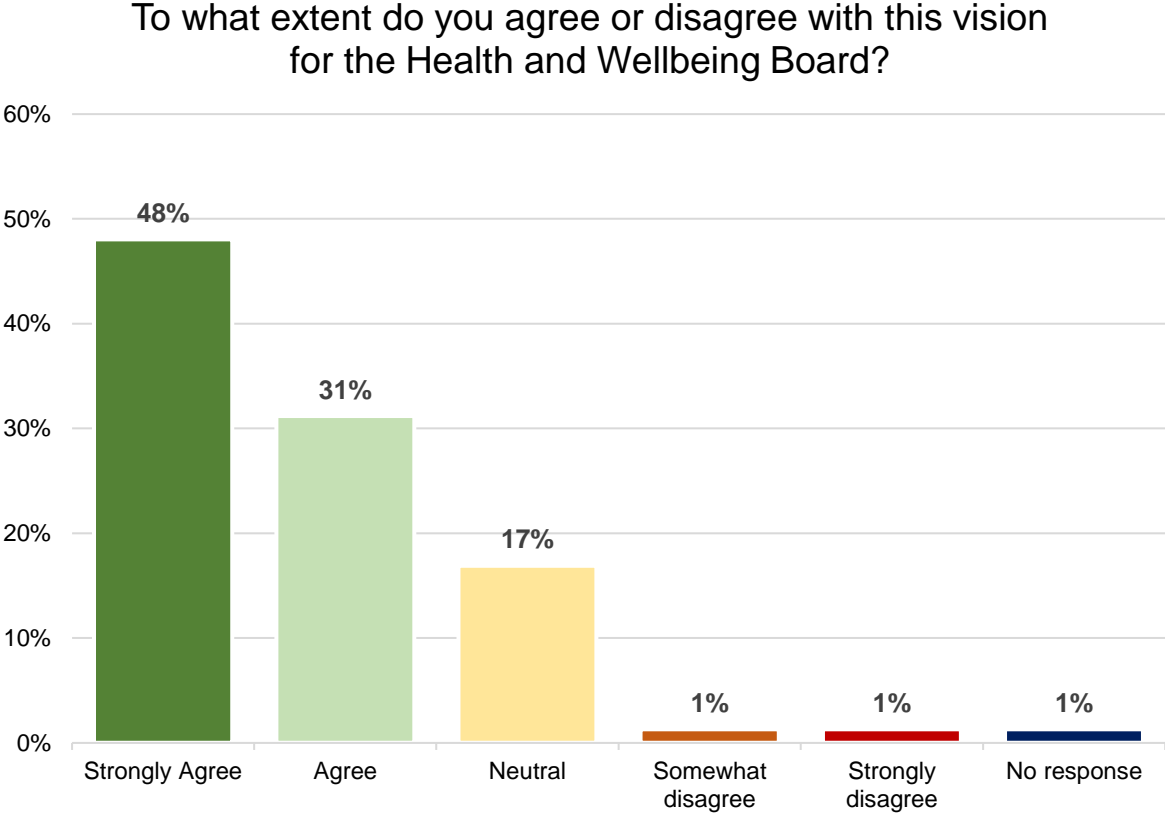
Which Croydon ward do you live in?



## 2.2 Statistical analysis: Vision

Respondents were asked to what extent they agreed or disagreed with the proposed vision:

- Eight out of ten (79%) respondents agreed or strongly agreed with the vision.
- However, 2% disagreed to some extent with the vision, while 17% were neutral.

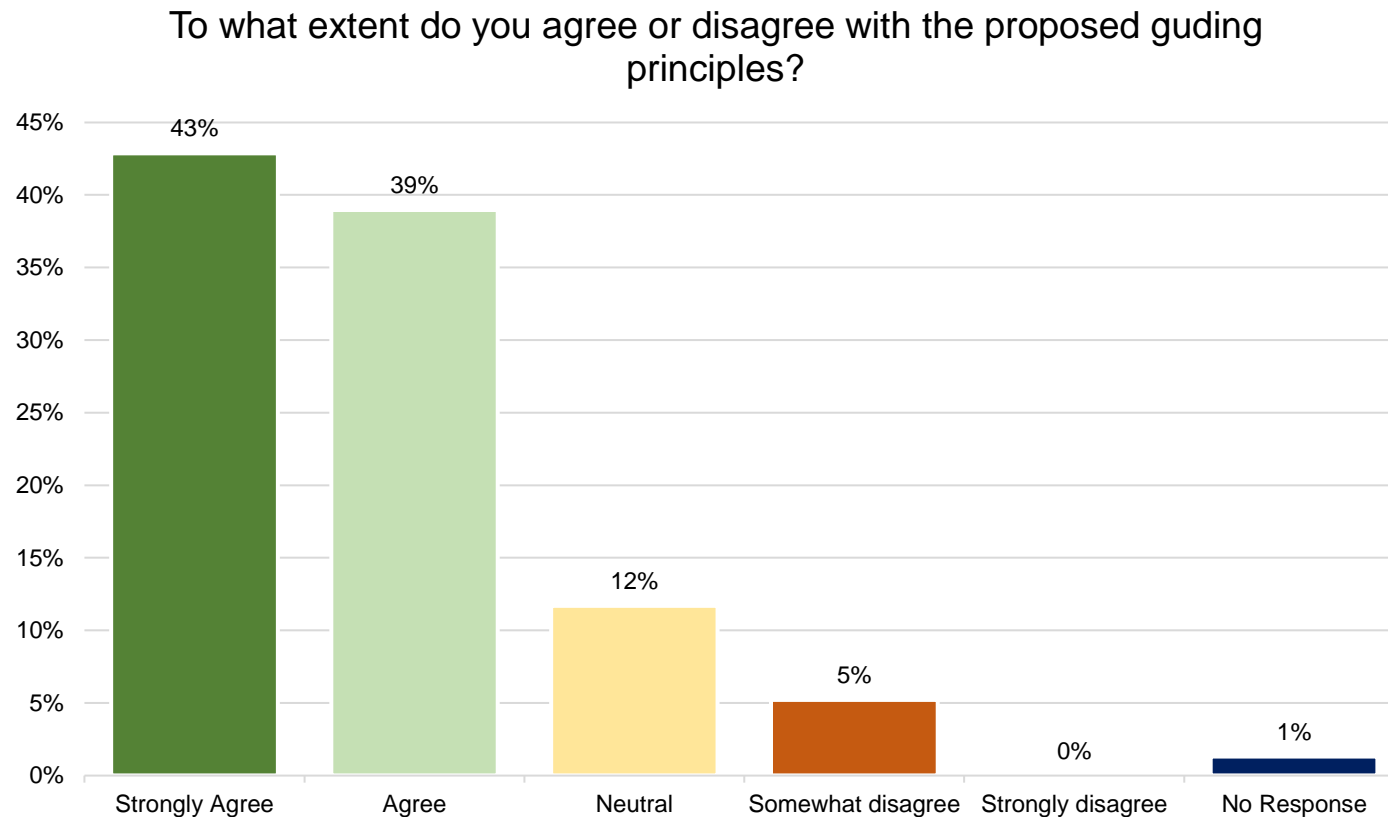




## 2.2 Statistical analysis: Guiding principles

Respondents were asked to what extent they agreed or disagreed with the proposed guiding principles.

- Eight out of ten (82%) respondents agreed or strongly agreed with the proposed guiding principles.
- However, 5% disagreed to some extent, while 12% were neutral.

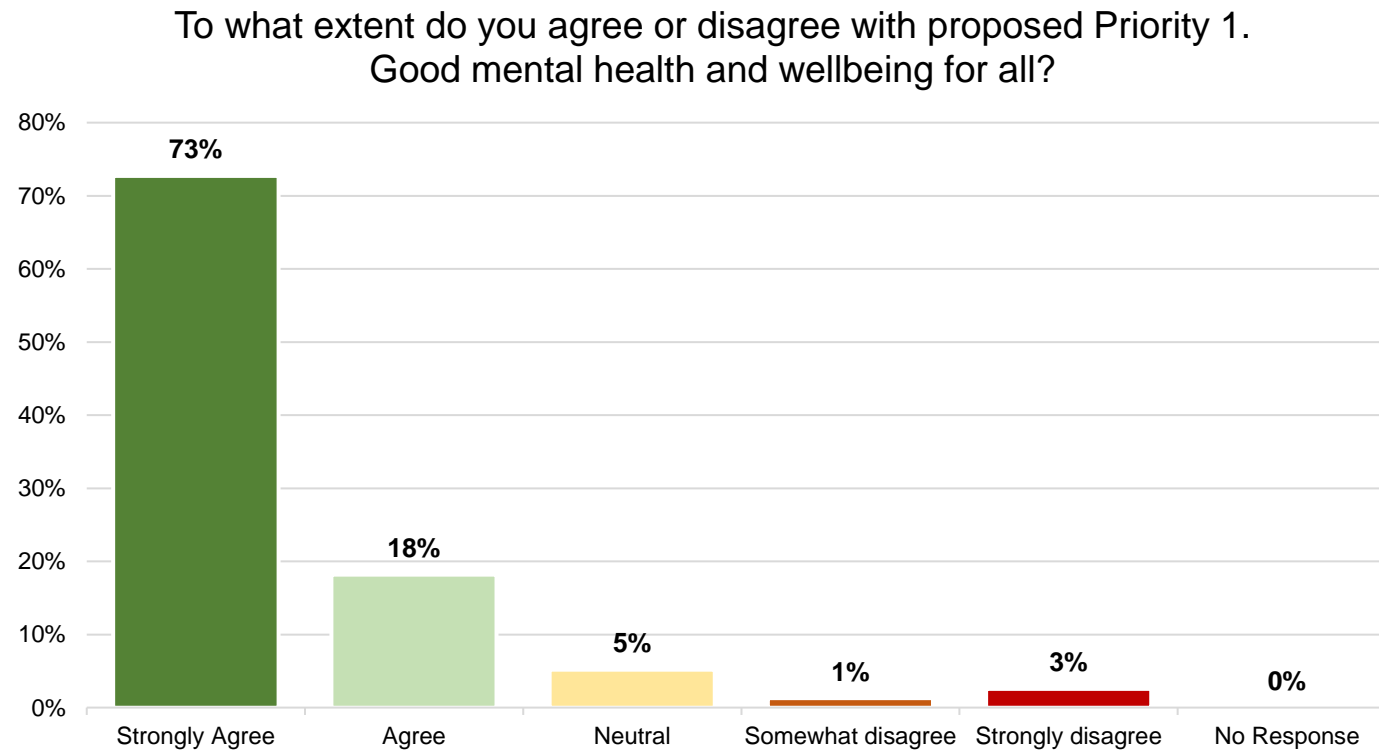


Total Respondents: 77; Percentages may not equal 100 due to rounding.

## 2.2 Statistical analysis: Priority 1. Good mental health and wellbeing for all

Respondents were asked to what extent they agreed or disagreed with each of the proposed priorities.

- Nine out of ten (91%) respondents agreed or strongly agreed with Priority 1. Good mental health and wellbeing for all.
- However, 4% disagreed to some extent, while 5% were neutral.



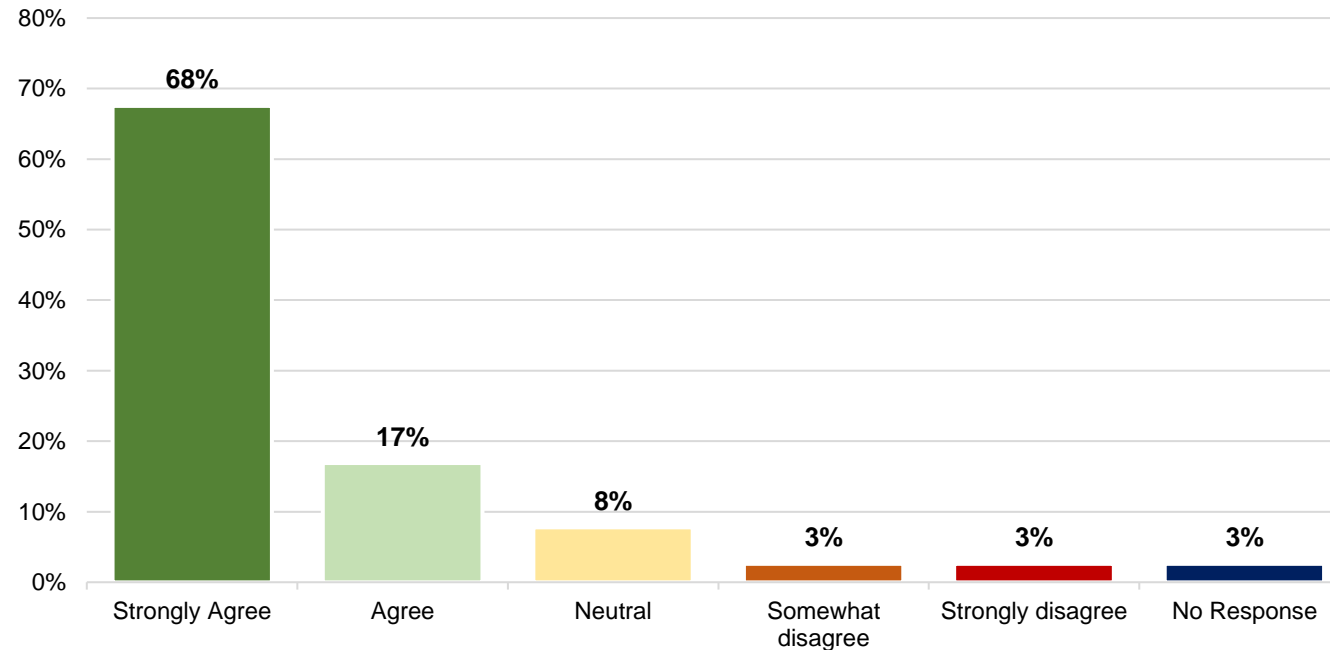
## 2.2 Statistical analysis:

### Priority 2. Cost of living: supporting our residents to sleep, eat and have heat

Respondents were asked to what extent they agreed or disagreed with each of the proposed priorities.

- 85% of respondents agreed or strongly agreed with proposed Priority 2. Cost of living: supporting our residents to sleep, eat and have heat.
- However, 6% disagreed to some extent, while 8% were neutral.

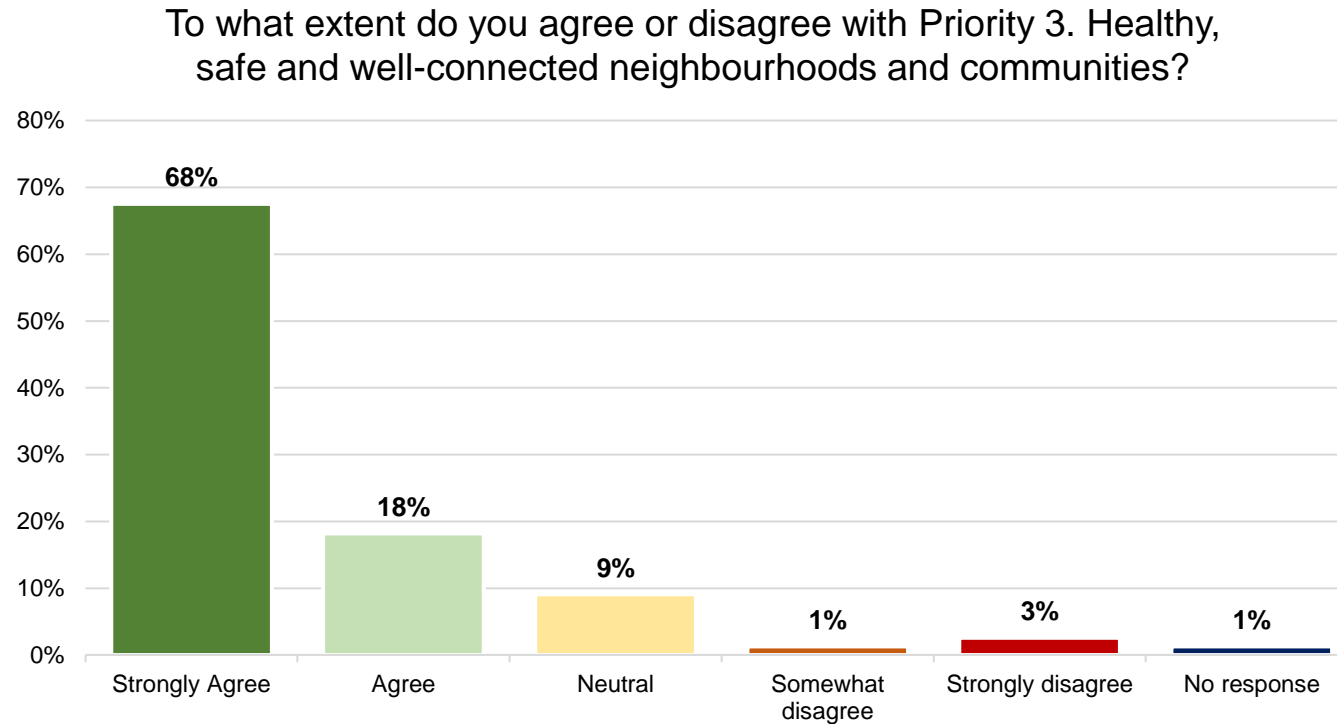
To what extent do you agree or disagree with proposed Priority 2.  
Cost of living: supporting our residents to sleep, eat and have  
heat?



## 2.2 Statistical analysis: Priority 3. Healthy, safe and well-connected neighbourhoods and communities

Respondents were asked to what extent they agreed or disagreed with each of the proposed priorities.

- 86% of respondents agreed or strongly agreed with proposed Priority 3. Healthy, safe and well-connected neighbourhoods and communities.
- However, 4% disagreed to some extent, while 9% were neutral.

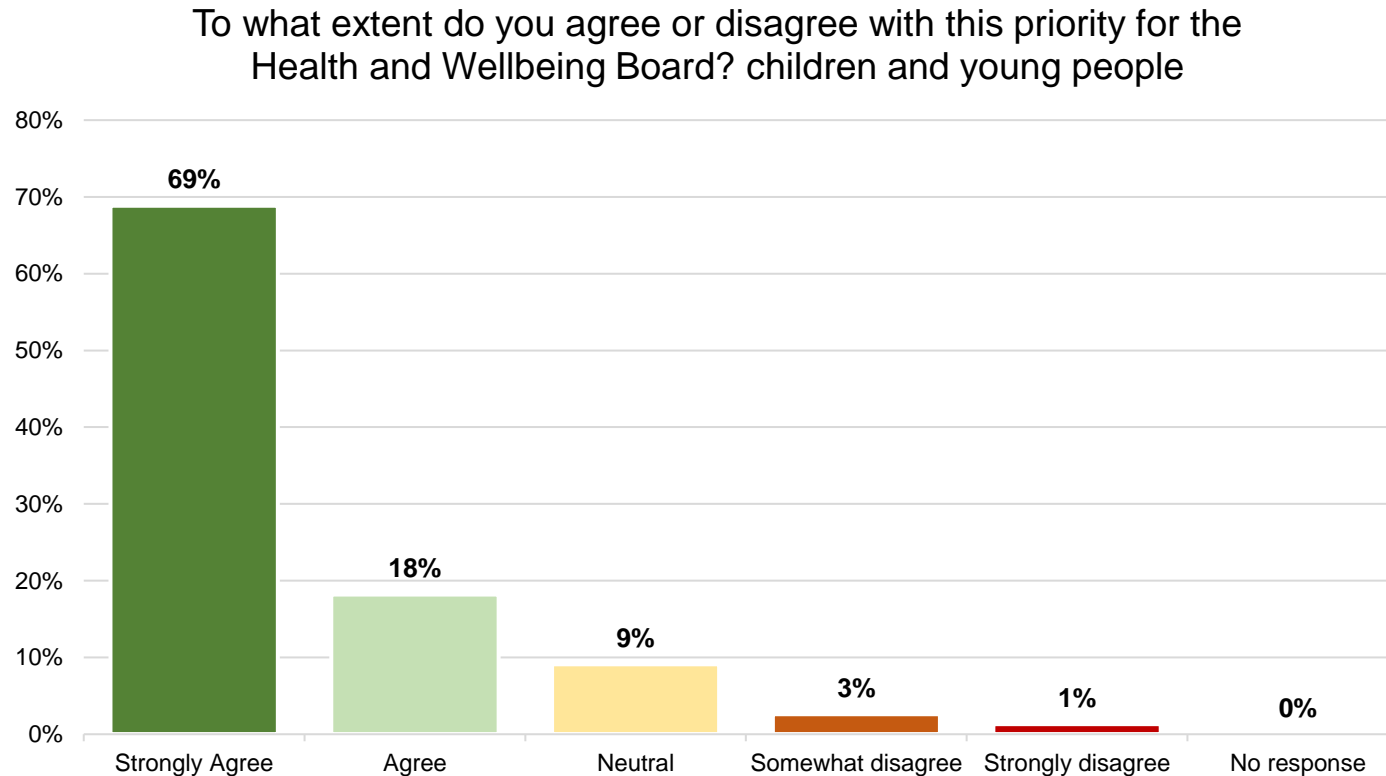


## 2.2 Statistical analysis:

### Priority 4. Supporting our children, young people and families so that our children and young people can have the best start in life and the opportunities they need to reach their full potential

Respondents were asked to what extent they agreed or disagreed with each of the proposed priorities.

- 87% of respondents agreed or strongly agreed with the proposed Priority 4. Supporting our children, young people and families.
- However, 4% disagreed to some extent, while 9% were neutral.



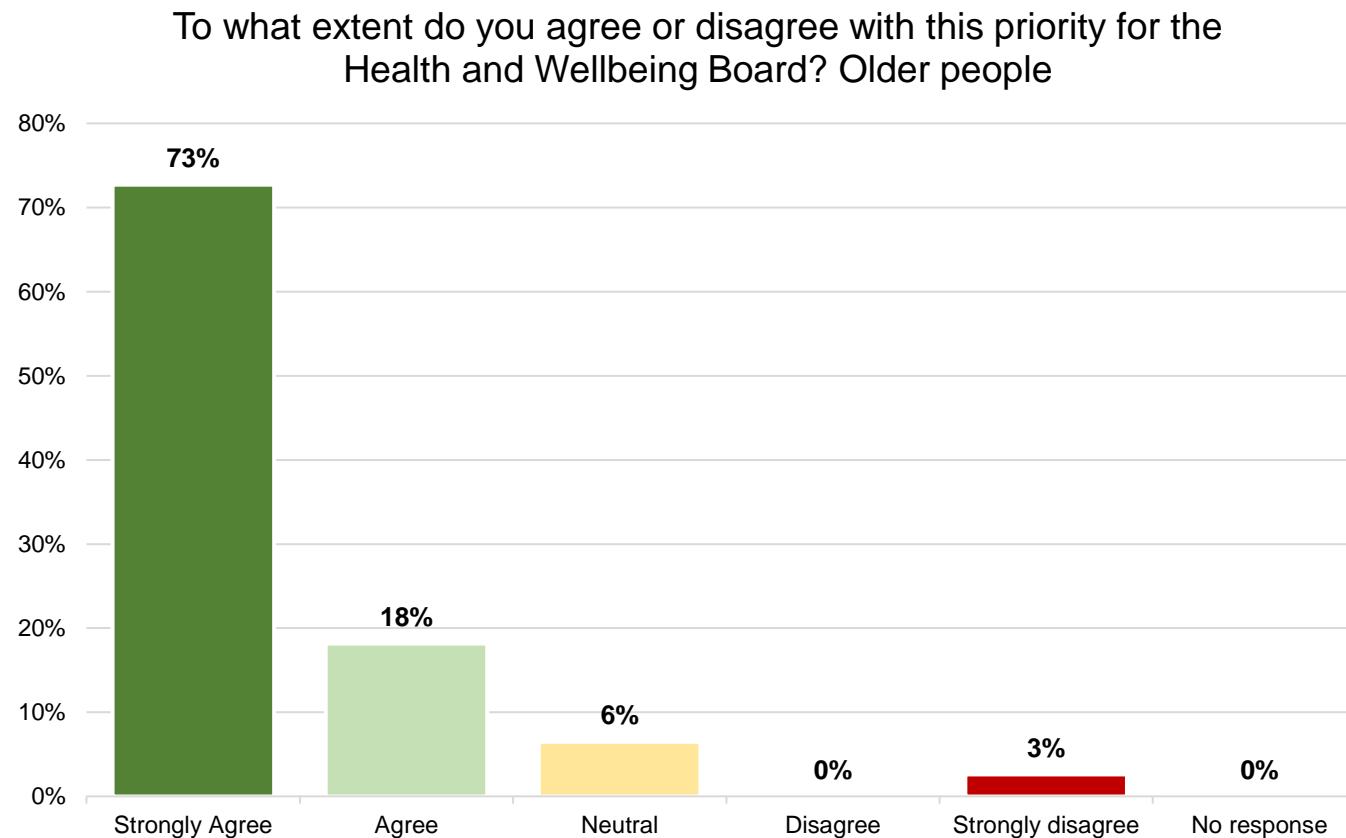


## 2.2 Statistical analysis:

### Priority 5. Supporting our older population to live healthy, independent and fulfilling lives

Respondents were asked to what extent they agreed or disagreed with each of the proposed priorities.

- 91% of respondents agreed or strongly agreed with proposed Priority 5. Supporting our older population to live healthy, independent and fulfilling lives.
- However, 3% disagreed to some extent, while 6% were neutral.



Total Respondents: 77; Percentages may not equal 100 due to rounding.

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## **2.3 Thematic analysis of open-ended questions**

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## 2.3 Thematic analysis of open-ended questions

- The survey included open-ended questions to allow participants to provide suggestions and comments. This section analyses the findings from the following questions:
  - Are there specific elements of the proposed vision that you believe could be changed to better reflect Croydon's health and wellbeing needs and aims? Please provide your suggestions and say why.
  - Are there any additional principles you believe should be considered for inclusion in the Strategy? Please share your suggestions and say why.
  - Are there any gaps in the identified priority areas? What else should we include and why? Please describe.
  - Is there anything among the identified priorities that you believe should be reconsidered or removed? Please describe.

The survey also included questions seeking views on suggested actions to achieve individual priorities. These will be considered when partnership action plans are being developed to deliver the strategy.

## 2.3 Thematic analysis of open-ended questions: Vision

- A total of **38** open ended responses were received for the question “**Are there specific elements of the proposed vision that you believe could be changed to better reflect Croydon’s health and wellbeing needs and aims? Please provide your suggestions and say why.**”
- Overall, the responses provided support for the vision and highlighted priority areas respondents felt to be important to achieve this vision. Several comments also mentioned the vision being ambitious and suggested wording changes.

The priority of "healthy, safe and well-connected neighbourhoods and communities" is to be welcomed and supported.

Wellbeing is more than just providing support or therapy.

More links with leisure centres / teams is needed, as evidenced in the pandemic leisure centres are often at the heart of a community so can really support with their needs.

It's a good vision but very ambitious. I do wonder how long it would take to implement this.

I feel that the Health & Wellbeing strategy should reference sustainability / net zero, because failing to tackle emissions and pollution will fundamentally undermine the health and wellbeing goals of the strategy.

Support for young people and families in particular but I am extremely proud of all the aims outlined and I love to know these are the points being raised. It truly makes us as a community feel seen.

not sure about "everyone is enabled to lead" what does that mean in practice?

What does safe, healthy and thriving communities and neighbourhoods look like when it comes to utilising green spaces? Also community led should REALLY be that at a grassroots level...

I also wonder if "is enabled to" could be replaced by "can"

Working on Thornton Heath to make it a nicer area. I agree with increasing green spaces however I feel the proposed vision is not SMART enough

## 2.3 Thematic analysis of open-ended questions: Guiding principles

- A total of **32** people completed the open-ended question “**Are there any additional principles you believe should be considered for inclusion in the Strategy? Please share your suggestions and say why.**”
- Overall, the responses highlighted support for the proposed guiding principles. Emerging themes from responses included suggestions on amending the wording to make these more accessible and easily understood by everyone alongside suggestions around how some guiding principles could be implemented. Accountability and importance of having action plans were also suggested.

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No. I like them.

Again all very well but not clear enough on how you are going to do it and how much it will cost

They're very jargony and number 2 isn't clear - prevention of what? What's the 'life course'? Number 4 also sounds like a film with the use of 'co-production'. Better clarity is needed and less jargon for these guiding principles.

Well-funded services with long term objectives are a must.

Use local community groups and charities to help with preventative issues

It could say that the evidence-based decision and actions are using independent unbiased sources.

Providing support for those in need.

I am proud that all these issues have been acknowledged

It would be nice to specifically integrate and name gender equality.

I think there should be an additional principle, about creating the right environment for someone to be able to take control of their health, such as a warm home, being financially secure. An environment where someone in the right mindset to think about their longer-term health, rather than being so preoccupied with getting through the next day/week.



## 2.3 Thematic analysis of open-ended questions: Priority areas

- A total of **34** responses were received to the question: “**Are there any gaps in the identified priority areas? What else should we include and why? Please describe.**”
- Responses provided support for the current strategy but highlighted the importance of having sustainable resources and robust action plans. Additional areas suggested for inclusion were specific focus on supporting those with long-term health conditions, importance of youth groups and youth activities, and focus on sustainability and net zero.

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You should specifically mention women’s health in the local community

Prevention of long-term health conditions and supporting those with long-term health conditions to thrive

The priorities are good. However realistically are there enough resources - financial and people, to adequately deliver this

The plan is ambitious. We would like to see more detail of how the outcomes will be reached and via which channels

We need Youth groups and Youth activities in all areas of the borough and funding for community groups that are actually making a positive difference

Sustainability and Net Zero, because how healthy and well-fed will the borough and its people be if we can't meet these goals?

I am concerned there is a gap about climate change (both mitigation and adaptation), and I didn't see much mention about active travel and green spaces

## 2.3 Thematic analysis of open-ended questions: Priority areas

- 22 people responded to **“Is there anything among the identified priorities that you believe should be reconsidered or removed? Please describe.”**
- Community wellbeing and environmental sustainability were raised as important areas for inclusion in the strategy. Importance of implementing and evaluating the strategy, focusing on all parts of the life-course, not only children and older people, were highlighted.

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The massive focus on children or older people, with no support for people who don't fall into this bracket, due to not having kids, is not acceptable.

Providing clean and green communities that encourage feel good factor and happiness.

Including nature connection use of green spaces and supporting existing community led initiatives - don't reinvent the wheel!

Priority 5, besides 'monitoring', it should also include an evaluation at the end of 2029, i.e., the end of the strategy period.

# **Section 3. Findings from in-person engagement sessions**

### 3.1 In-person engagement sessions: background

- During the consultation period, in-person engagement events were held in collaboration with Croydon BME Forum, Croydon Voluntary Action and Healthwatch Croydon.
  - Local Community Partnership – Croydon South-West, 8 February 2024
  - Croydon BME Forum Winter Wellbeing Event , 13 February 2024
  - Healthwatch Croydon Consultation Event, 19 February 2024
  - Local Community Partnership – Croydon South-East, 22 February 2024

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Reaching a total of **108** residents, these sessions were structured to enable interactive conversations to seek feedback on the draft vision, guiding principles and strategic priorities. This section summarises the key themes identified across these four events under the following headings:

- Vision
- Guiding principles
- Strategic priorities

## 3.2 In-person engagement sessions: key themes

### Vision

The participants were asked to discuss the vision and provide suggestions for improvement. Key feedback received can be summarised across four themes:

1. **Positive feedback and agreement:** Generally positive feedback was received, with participants agreeing with the vision and expressing support for its tackling of inequalities.
2. **Ambition and implementation:** Participants appreciated the ambition of the vision, but suggested a solution-oriented, partnership approach when planning implementation.
3. **Community ownership and empowerment:** Feedback emphasised the importance of community ownership, confidence in skills and lived experiences, and ensuring equal opportunities for everyone.
4. **Communication and access:** There was a focus on improving communication and understanding the link between guiding principles and actions.

Realise your assets: people

No more silo working

Brilliant vision, but is everyone enabled with the same opportunities?

Does the vision go far enough to encourage people to take ownership themselves

Problem with wording tense—'will be enabled' not 'is enabled.'

The need for more ABCD/partnership approaches

Tackling inequalities is a priority for our society today-- agreed

In Croydon, we lead...together support...

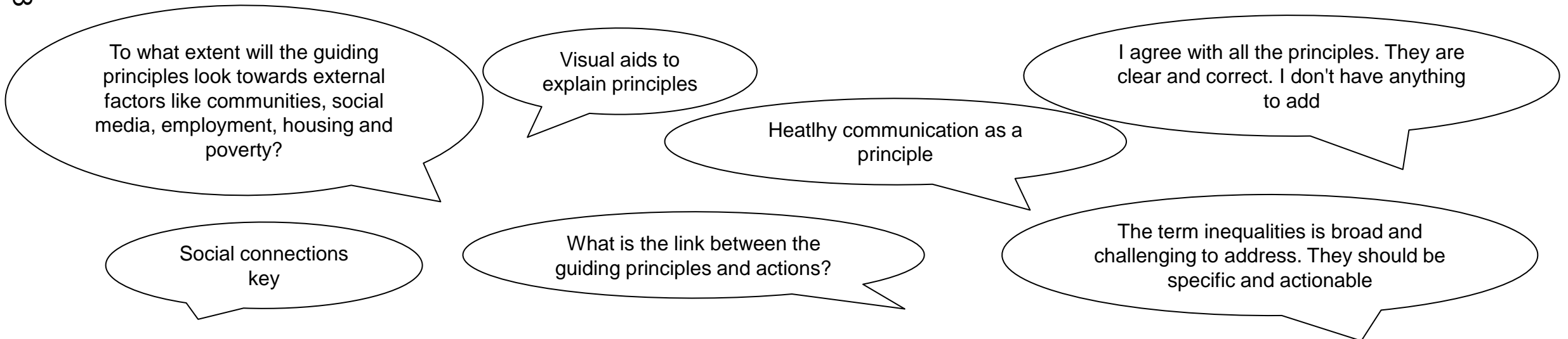


## 3.2 In-person engagement sessions: key themes

### Guiding principles

When participants were asked to consider the proposed guiding principles, there was a general agreement and support. However, participants suggested several areas the implementation of these principles could be strengthened:

1. **Clarity and understanding:** Participants suggested that the clarity of the guiding principles could be improved, for example through some changes in wording and the use of visual aids to clarify what the principles represented.
  2. **Importance of communication and social connections:** The importance of communication and social connections were also highlighted.
  3. **Evidence-informed decision making:** Participants suggested incorporating change stories and case studies into evidence-informed decision-making.
- Links with actions and focus on wider determinants of health:** Participants stressed the importance of specific and actionable measures to address broad challenges. They also wanted to see clear links between guiding principles and actions, and wider determinants of health



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## 3.2 In-person engagement sessions: key themes

### Strategic priorities

During the in-person engagement sessions, participants reviewed the proposed strategic priority areas and discussed whether these aligned with what they thought were priorities for their health and wellbeing.

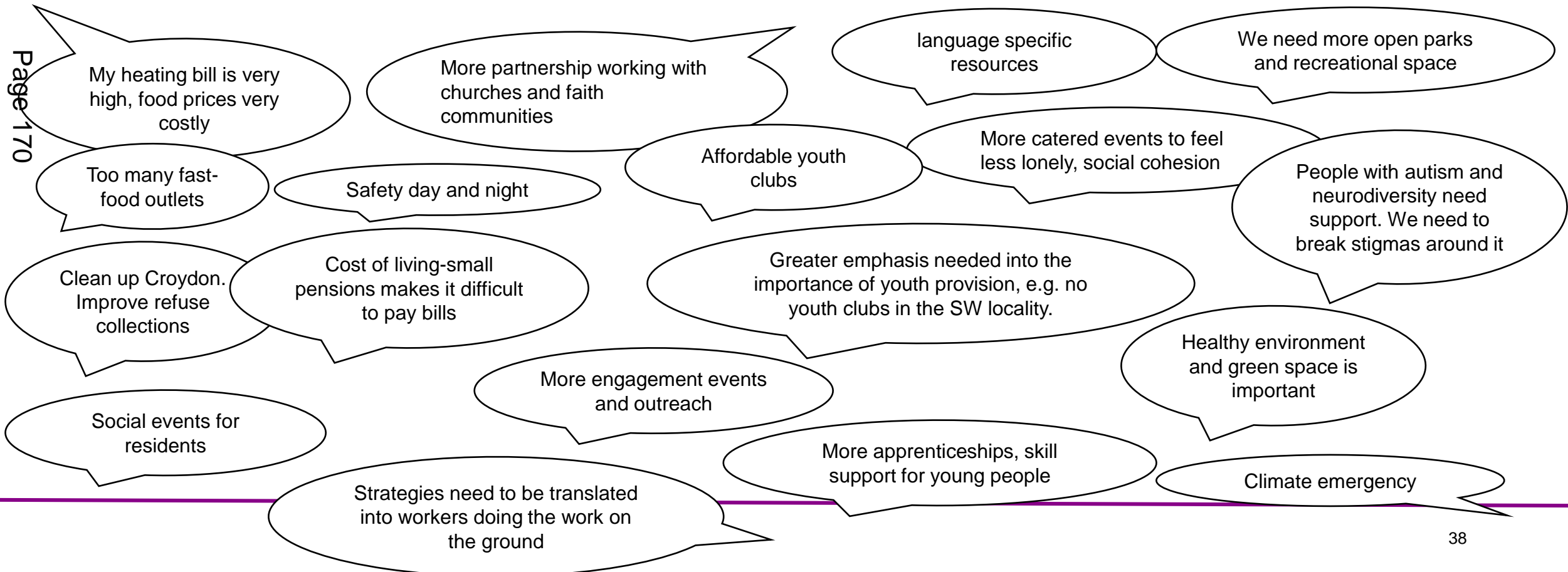
Generally, there was agreement with and support for the proposed priorities. Conversations mainly focused the following themes:

1. **Implementation and actionability:** Participants emphasised the importance of translating strategies into actionable initiatives on the ground. They highlighted the need for having clear action plans and alignment with other strategies in the borough.
2. **Addressing wider determinants of health:** There was a call for a holistic approach that considers factors such as communities, employment, housing, and poverty.
3. **Inclusivity and diversity:** The feedback highlighted the need for strategies to be inclusive and address specific inequalities. Participants stressed the importance of specific, actionable measures rather than the use of broad terms like "inequalities."
4. **Support for younger and older people:** Participants wanted to see more focus on children and youth in the strategy. They discussed the importance of having social hubs and activities for both the youth and the elderly.
5. **Educational initiatives:** Participants expressed a need for more educational initiatives, including health talks at schools and skill support for young people.
6. **Partnership working, community engagement and outreach:** The importance of partnership working, community engagement and outreach initiatives were also raised. Participants called for more information on local activities, and increased engagement events to enhance social connectedness and reduce isolation.
7. **Environmental concerns:** Environmental considerations, such as clean streets and green spaces, were highlighted as priorities.
8. **Safety concerns:** Participants stressed the importance of safety on their health and wellbeing. Participants called for actions to address anti-social behavior and create safe environments.

## 3.2 In-person engagement sessions: key themes

### Strategic priorities cont'd:

- 9. Access to health and social care:** Feedback also included addressing issues around access to healthcare, such as accessible and listening GPs, waiting times for A&E, and better communication and availability of language specific-resources.
- 10. Cost of living and financial challenges:** Participants pointed out financial challenges related to the high cost of living, including high heating bills and food prices.



## About Croydon's Joint Local Health and Wellbeing Strategy

Croydon's Health and Wellbeing Board brings together partners across the local authority, the NHS and Croydon's voluntary and community sectors to work together to improve the health and wellbeing of people in Croydon.

The Health and Wellbeing Board recently reviewed and refreshed the Joint Local Health and Wellbeing Strategy for 2024-2029. The strategy was informed by local data and evidence and public views. It sets out how the Health and Wellbeing Board will work together as a partnership, along with residents and communities, over the next five years to achieve a healthier and happier borough.

A six-week public consultation ran between 15 January and 26 February 2024 to seek local views on the proposed vision, priorities and guiding principles in the strategy. The consultation included an online survey, which was also available in print, and a series of in-person community engagement events. This 'You Said, We Did' report provides an overview of the changes to the draft strategy in response to the public consultation. A detailed report on the consultation's findings was also presented separately to the Health and Wellbeing Board on 17 April 2024, and can be accessed [here](#).

### We asked

Through a survey and four community engagement sessions, we asked for your views on the draft Joint Local Health and Wellbeing Strategy. Specifically, we asked for your views on:

- Our vision for health and wellbeing in Croydon
- Priority areas we want our collective efforts to focus on to deliver this vision
- Guiding principles that will guide our decisions and actions in the priority areas

### You said

We received a total of **185** responses to the consultation. Of these, **77** were received through the survey and **108** were through the in-person engagement sessions.

Overall, there was a high level of agreement and support for the proposed vision, priority areas and guiding principles.

In the consultation survey:

- **8 in 10 respondents agreed with the vision** (79% agreement, 48% strongly agreed and 31% agreed). 1 in 50 (2%) of the respondents disagreed with the vision (1% strongly disagreed, 1% somewhat disagreed).
- **Agreement with the proposed priority areas ranged between 85% and 91%**. The highest agreement (91%) was received for both *Priority 1. Good mental health and wellbeing for all* and *Priority 5. Supporting our older*

*population to live healthy, independents and fulfilling lives. The lowest agreement (85%) was for Priority 2. Cost of living: supporting our residents to sleep, eat and have heat.*

- **Disagreement with the proposed priorities ranged between 3% and 6%.** The lowest disagreement was for *Priority 5. Supporting our older population to live healthy, independent and fulfilling lives* (3%, 3% strongly disagreed and 0 disagreed). The highest level of disagreement was for *Priority 2. Cost of living: supporting our residents to sleep, eat and have heat* (6% disagreement, 3% disagreed, 3% strongly disagreed).
- **8 in 10 agreed with the proposed guiding principles** (82% agreement, 43% strongly agreed and 39% agreed). 1 in 20 (5%) somewhat disagreed with the principles while no one strongly disagreed.

## **We did**

We used your views and feedback to shape the final strategy. In line with your feedback, we made the following changes:

- Refined the wording of the vision statement to better reflect Croydon's collective vision and ambitions for our health and wellbeing.
- Refined the wording and added further descriptive text for guiding principles to clarify what each principle stands for and what they would mean in practice.
- Further highlighted that the strategy aims to collectively agree on the most important issues for the local community to make a meaningful difference to our health and wellbeing, rather than identifying all health and wellbeing needs. This means that actions in other areas, not included in the strategy, would not stop.
- Further emphasised the importance of good mental health and wellbeing for all, highlighting that our mental health and wellbeing impacts nearly all aspects of our health and that we will place improving, protecting and promoting our mental health and wellbeing at the centre of all our actions.
- Included the importance of championing the green agenda and tackling climate change as part of *Priority 3. Healthy, safe and well-connected neighbourhoods and communities*.
- Highlighted the importance of health protection through a coordinated approach in *Priority 3. Healthy, safe and well-connected neighbourhoods and communities*.
- Added in the importance of joining the dots so that strategies and action plans across the borough complement each other.
- Strengthened the commitment to developing shared implementation plans, emphasising the importance of partnership and community focus when developing these plans.



In addition to these changes, input from the consultation will inform the Joint Health and Wellbeing Outcomes Monitoring Framework as well as individual implementation plans for each area. The Joint Health and Wellbeing Outcomes Monitoring Framework will be developed in partnership with key stakeholders and have key performance indicators to track progress towards our goals.

For further information, please find [the full report of consultation findings](#) presented at the Health and Wellbeing Board meeting on 17 April 2024.

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# **Croydon Joint Local Health and Wellbeing Strategy 2024-2029**

*Creating a healthier and happier Croydon through improving and protecting health and tackling inequalities*

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## Foreword

As the chair of the Health and Wellbeing Board, it is my privilege to introduce Croydon's Joint Local Health and Wellbeing Strategy for 2024-2029. This five-year strategy reflects our collective commitment to building a healthier, happier Croydon where everyone has equitable access to good health and wellbeing.

We are launching this strategy at a time of significant changes in our health and social care landscape. The combined impacts of the COVID-19 pandemic and the ongoing cost-of-living crisis pose a challenge to our health and wellbeing. In addition, we have seen significant reforms to the organisation and delivery of our health and care services. With the introduction of the Health and Care Act 2022, Croydon is now a part of the South West London Integrated Care System. This presents real opportunities for joined-up partnership working at both Croydon- and South West London-level to make a meaningful difference in the lives of our residents.

Croydon has unique health and wellbeing needs within South West London. We stand as the most populous borough in London, with some of the most deprived areas and widest inequalities in our health outcomes. Croydon is home to half of the people living in the 20% most deprived areas in South West London. Within South West London, we have the lowest life expectancy and the lowest healthy life expectancy for both genders, as well as the widest gaps in life expectancy between our residents living in the least and most deprived areas.

Despite these challenges we have many strengths and assets. We are the most ethnically diverse borough in South West London, with one of the strongest Voluntary and Community Sectors. Our longstanding partnership working, exemplified by the One Croydon Alliance, positions us well to embrace new ways of working within the integrated care systems and rise to our health and wellbeing challenges.

To improve our health and tackle inequalities across all ages, we will continue taking a coordinated partnership approach, further driving joined-up care. This strategy sets out how Croydon's Health and Wellbeing Board will advocate for and enable this approach, leading improvements in the health and wellbeing of our residents. It reaffirms our commitment to tackling inequalities and supporting our resident of all ages.

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This strategy was developed in collaboration with key stakeholders, including our health and social care partners, voluntary and community sector organisations and community members. We extend our gratitude to everyone who contributed their time, expertise, and insights to shape this strategy, ensuring it truly reflects the needs and aspirations of our diverse community.



**Councillor Yvette Hopley**  
**Chair of the Croydon Health and Wellbeing Board**



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## Introduction to the Joint Local Health and Wellbeing Strategy

Croydon's Health and Wellbeing Board was established following the Health and Social Care Act 2012. It brings together partners across the health, social care and voluntary and community sectors to work together to improve the health and wellbeing and tackle health inequalities in Croydon.

This Joint Local Health and Wellbeing Strategy (JLHWS) sets out how the Health and Wellbeing Board will work together as a partnership, along with our residents, to improve the health and wellbeing of our local communities over the next five years. It presents our refreshed vision for our health and wellbeing, refining our collective focus for the next five years to achieve this vision. It also sets out guiding principles for how we will work to deliver these priorities.

We know that our health and wellbeing needs in Croydon are complex and multifaceted. This strategy does not aim to identify all our health needs or limit all the different areas we will continue work on to protect and improve our health and wellbeing over the next five years. Rather, it presents key priority areas we will focus our collaborative efforts on to make a real difference to our health and wellbeing.

This strategy was informed by **local needs**, identified through the Joint Strategic Needs Assessment (JSNA), and **the views of partners and our local communities**.

'The aim of a joint health and wellbeing strategy is to jointly agree what the most important issues are for the local community based on evidence in JSNAs, what can be done to address them, and what outcomes are intended to be achieved.'

(Department of Health, 2012)

### Understanding local needs through what data and evidence tells us

Our Joint Strategic Needs Assessment (JSNA), published at <https://www.croydonobservatory.org/jsna>, provides up-to-date data, intelligence and insights on our health and wellbeing.

### **Incorporating local views**

In Croydon, we believe improving our health and wellbeing is everybody's business. To ensure this strategy reflects the diverse needs and aspirations of our local residents and communities, we did the following:

- We reviewed insights gathered from community engagement activities in Croydon since 2018, incorporating input from more than **100 local community engagement events** and hearing from more than **3,700 voices**.
- We revisited **Local Community Plans** of Croydon's six Local Community Partnerships. These partnerships were set up as part of the Healthy Communities Together Programme. Each Local Community Plan identifies priority themes to improve health and wellbeing and tackle health inequalities.
- We ran a **six-week public consultation**, including a survey and a series of in-person engagement sessions to gain further feedback on the draft strategy, incorporating views from **185** residents.

## What makes us healthy?

**In Croydon, we know that our health and wellbeing is an invaluable asset.** It is both vital for our individual wellbeing, enabling us to lead happy and fulfilling lives, and forms the basis for thriving communities.

Our health is shaped by various factors, including the conditions in which we are born, grow, live, work and age. These wider conditions, including our housing, education and skills, work, economic opportunities, the healthcare we receive, our social and community networks and surroundings form the building blocks of health. To create thriving communities, we need the right building blocks in place.

Existing research shows that healthcare itself contributes to between **15-25%** of our health and wellbeing, while the wider determinants of health shape between **45-65%** of our health and wellbeing ([The King's Fund, 2013](#)).

In 2021-22, just under **4 in 5** Croydon residents reported a good life satisfaction score ([Office for National Statistics, 2022](#)).



## Understanding our health and wellbeing in Croydon

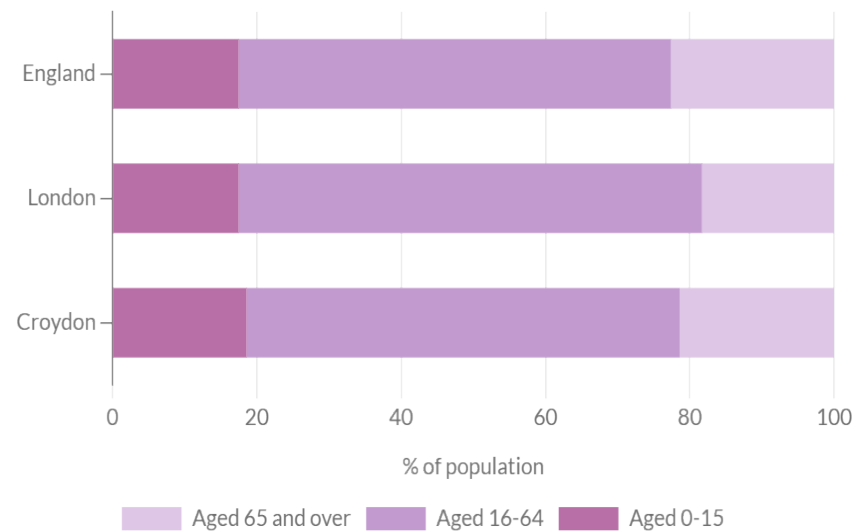
With a population of **390,719**, Croydon stands as the largest borough in London. Our population includes a substantial number of both younger and older residents: around **1 in 4** people in Croydon are **under 18 years** of age, while **1 in 7** are **over 65 years old**. The borough's population is projected to reach **408,271 by 2043**, with a smaller proportion of younger people and a larger proportion of older people, emphasising our changing population structure.

Croydon's population by age group, 2021.



Source: Office of National Statistics.

Population projections for Croydon, by broad age group, 2043:



Source: Office of National Statistics.



Croydon has a vibrant and diverse population. Around **52%** of the people in Croydon are from Black, Asian, and Minority Ethnic groups (making Croydon the 12<sup>th</sup> most ethnically diverse local authority in London). Around **84%** of our residents speak English as their main language. After English, the most common main languages are South Asian languages (4.8%), Other European (EU) languages (4.7%), Portuguese (1.3%), Spanish (1.0%), and East Asian languages (0.8%).

Ethnicity in Croydon (2021):

Ethnic group	Croydon	London	England
Asian, Asian British or Asian Welsh	68,487	1,817,640	5,426,392
<b>Asian, Asian British or Asian Welsh (%)</b>	<b>17.5</b>	<b>20.7</b>	<b>9.6</b>
Black, Black British, Black Welsh, Caribbean or African	88,441	1,188,370	2,381,724
<b>Black, Black British, Black Welsh, Caribbean or African (%)</b>	<b>22.6</b>	<b>13.5</b>	<b>4.2</b>
Mixed or Multiple ethnic groups	29,745	505,775	1,669,378
Mixed or Multiple ethnic groups (%)	7.6	5.7	3
White	188,985	4,731,172	45,783,401
<b>White (%)</b>	<b>48.4</b>	<b>53.8</b>	<b>81</b>
Other ethnic group	15,066	556,768	1,229,153
<b>Other ethnic group (%)</b>	<b>3.9</b>	<b>6.3</b>	<b>2.2</b>

Source: Office of National Statistics.

Despite our diversity, not everyone in Croydon has the same opportunities to lead a healthy life. These are known as **health inequalities**, which are unfair and avoidable differences in health between different groups of people ([Kings Fund, 2022](#)).

The latest data shows that during 2018-2020, the average life expectancy in Croydon stood at **79.7 years** for men (19<sup>th</sup> in London), and **83.7 years** for women (25<sup>th</sup> in London). However, men residing in the most deprived areas in Croydon were expected to live **9.2 years** less than their counterparts living in the least deprived areas (5<sup>th</sup> largest inequality gap in males in London). Similarly, women in the most deprived areas were expected to live **6.5 years** less than those living in the least deprived areas (7<sup>th</sup> largest inequality gap in females in London).

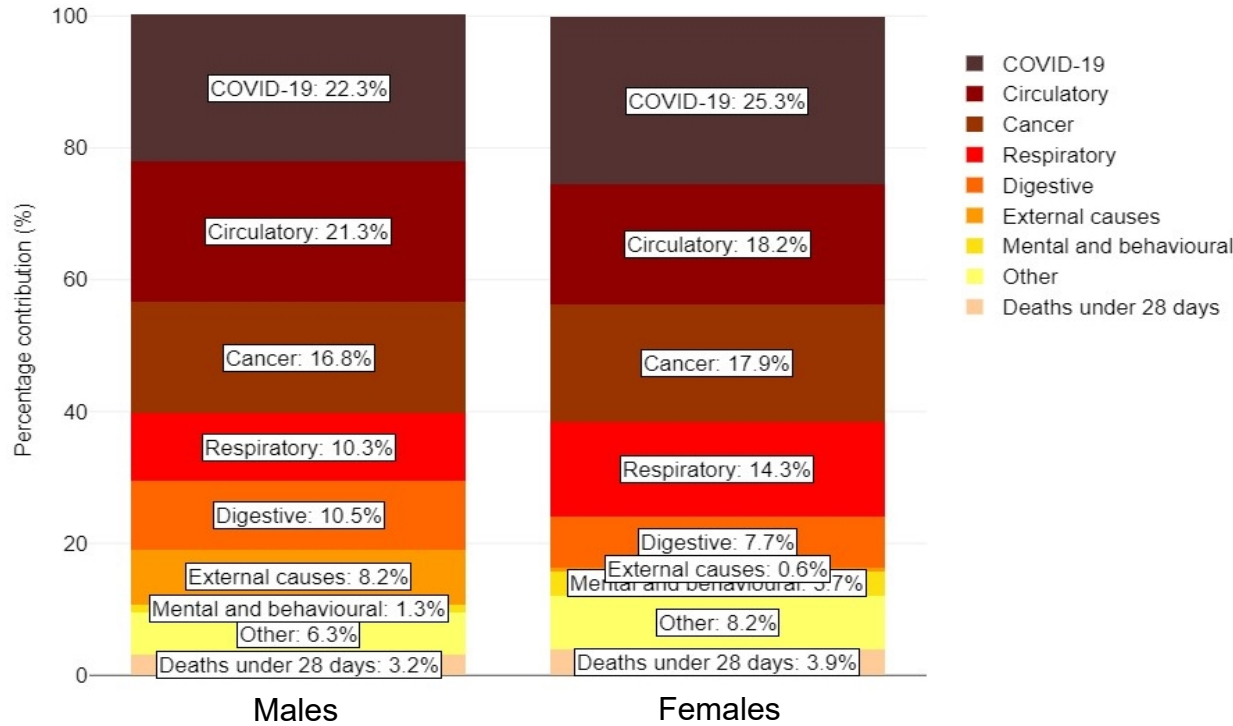
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*“Health inequalities are unfair and avoidable differences in health between different groups of people.”*

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In 2020-2021, the main causes of death that sustained the gap in life expectancy between the most deprived areas in both males and females was COVID-19, circulatory diseases, cancers and respiratory diseases.

Breakdown of the life expectancy gap between the most and the least deprived quintiles of Croydon by cause of death, 2020 to 2021



Healthy life expectancy, the number of years a person is expected to live in good or very good health, for males is **63.2 years** and for females is **62.4 years (2018-2020 data)**.

This means male residents are expected to spend, on average, a fifth of their lives in poor health, while female residents spend about a quarter in poor health.

Although circulatory diseases, cancers and respiratory diseases are major contributors to inequalities in life expectancy, many of these conditions are avoidable and preventable, for example, through adopting healthy behaviours such as stopping smoking, moderating alcohol use, and maintaining a healthy weight.

Source: PHE Segment tool

The COVID-19 pandemic has further increased these health inequalities within our borough. We know that the COVID-19 pandemic did not impact everyone equally: specific groups, particularly those with the lowest incomes and our Black, Asian and Minority ethnic communities have borne the brunt of its impact. Current economic challenges, such as the rising cost of living, place a growing strain on the lives of our residents, impacting their ability to meet basic needs and lead healthy and fulfilling lives.

These pressing challenges underscore our commitment to achieving a Croydon, where every resident has equitable opportunities for a healthy and fulfilling life. **At the heart of our strategy is the recognition that good health and wellbeing is a fundamental right, and protecting and improving our health and wellbeing is everybody's business. By working together and using our resources efficiently, we can all make a meaningful difference to our health and wellbeing.**

## Croydon's Joint Local Health and Wellbeing Strategy (2024-2029)

The Joint Health and Wellbeing Strategy sets out our shared vision for a healthier, happier and safer Croydon. Over the next five years, we will focus our collective efforts in five key areas to make meaningful strides towards this vision. Our guiding principles will steer every decision and action we take in these areas.

### Our vision for Croydon is that:

Everyone in Croydon has healthy, happy and fulfilling lives, supported by safe, healthy and thriving communities and neighbourhoods.

Building on our strengths, we work together to protect and improve our health and wellbeing, ensuring those with the poorest health can improve their health the fastest.

### To achieve this vision, during 2024-2029, we will focus on:

1. Good mental health and wellbeing for all
2. Supporting residents to 'sleep, eat and have heat'
3. Healthy, safe and well-connected neighbourhoods and communities
4. Supporting our children, young people and families so that our children and young people can have the best start in life and the opportunities they need to reach their full potential
5. Supporting our older population so they can live happier, healthier and independent lives for as long as possible

### Our actions and decisions will be guided by the following principles:

1. Tackling health inequalities
2. Putting prevention first across all stages of life
3. Integrated partnership working
4. Working with our communities to develop shared solutions
5. Evidence-informed decisions and actions

## Our vision

### Our vision and priorities

The vision for our health and wellbeing, developed collaboratively with our partners and residents, sets out what we want to achieve in Croydon in the long term.

Our vision states that:

**Everyone in Croydon has healthy, happy and fulling lives, supported by safe, healthy and thriving communities and neighbourhoods. Building on our strengths, we work together to protect and improve our health and wellbeing, ensuring those with the poorest health can improve their health the fastest.**

### Our priority areas for 2024-2029:

Priority 1: Good mental health and wellbeing for all

Priority 2: Cost of living: supporting our residents to 'eat, sleep and have heat'

Priority 3: Healthy, safe and well-connected neighbourhoods and communities

Priority 4: Supporting our children, young people and families

Priority 5: Supporting our older population to live healthy, independent and fulfilling lives

## Priority 1: Good mental health and wellbeing for all

Mental health is a 'state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community' (World Health Organisation, 2022). In Croydon, we recognise that there is **no good health without good mental health** and **promoting and protecting good mental health is everybody's business**.

Our mental health is shaped by many factors, some of which start before the time we are born. While individual factors such as our genetics and health-related behaviours do impact our mental health, wider determinants of health such as our housing and work conditions, income, education, families, communities and neighbourhoods act as crucial foundations for our mental wellbeing. Our mental and physical health are connected. While physical health problems could increase our risk of developing mental health problems, mental health problems could put us at a higher risk of physical health issues.

We know that mental health is both a driver and an outcome of health inequalities. **Recognising that our mental health and wellbeing impacts nearly all other aspects of our health, we will place improving, protecting and promoting our mental health and wellbeing at the centre of our actions.**

Building on the success of the ongoing **Mental Health Transformation Programme**, which aims to deliver preventative and person-centred mental health care to our residents, we will continue to work to ensure our residents can get the help and support they need at the place and time they need it.

We will continue to focus on promoting mental wellbeing, preventing mental health conditions, and preventing self-harm and suicide. Working as a whole system and across organisational boundaries, we will take action to ensure our residents have access to the tools they need to achieve and maintain good health and wellbeing throughout their lives. We will support the development of **Croydon's Multiagency Self-harm and Suicide Prevention Action Plan**, as well as supporting the development of **Croydon's Dementia Strategic Plan and associated Action Plan as well as Croydon's Autism Strategy**. In line with the **South West London**



**1 in 4** people are expected to have a mental health problem at some point in their life.



of mental health problems develop by the age of 24.

### **Around 56,852**

adults over 16 years in Croydon could be currently experiencing a common mental health problem (estimates based on 2017 data).

### **Around 10,000**

children and young people aged between 6 and 16 years are estimated to have a probable mental disorder in Croydon.



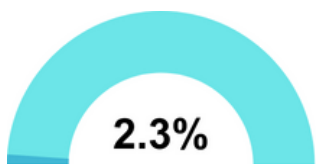
**Mental Health Strategy**, we will work with our partners, to promote positive mental health and prevent mental ill-health across our borough.

## Priority 2: Cost of living: supporting our residents to ‘eat, sleep and have heat’

Access to quality housing, that is warm, secure and can support independent living, as well as adequate healthy food are important for our health and wellbeing. To effectively tackle health inequalities, we need to ensure all residents have access to affordable quality housing and healthy food.

Croydon has some of the most deprived areas in London and England. While the recent cost-of-living crisis has affected almost everyone in the UK, the rising prices have most severely impacted those on the lowest incomes. We have already heard from our residents that many on lower incomes are struggling to afford paying for food and energy bills with some having to choose between eating and heating. The lasting consequences of the rising cost of living have the potential to impact many generations and worsen health inequalities.

We will work across organisational boundaries to mitigate the impacts of the cost of living and where possible prevent people from slipping into poverty. To support our residents with challenges of cost of living, we will establish a multiagency **Cost of Living Action Group**. Through this group, we will bring together new and existing support available locally and nationally in one place to make it easier for our communities to access the support they need when they need it and where they need it. To do this, we will build upon existing partnerships and initiatives in the borough, including **Community Hubs** and the **Croydon Food and Healthy Weight Partnership**. Working with our partners and communities with lived experience of poverty, we will develop solutions that provide immediate emergency and welfare support while fostering resilience within our communities.



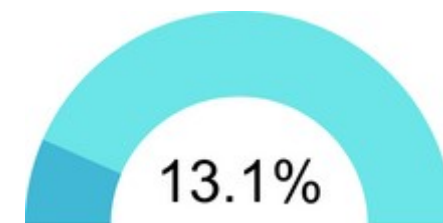
**2.3%**  
of small areas in Croydon are among the most 10% deprived areas in England.



Around **3 in 5** people living in the most deprived areas in Great Britain were buying less food in 2022 compared with 2021.



Around **1 in 3** children under 16 years of age lived in poverty (Child poverty rates, 2021/22).



**13.1%**  
**21,165 households** in Croydon were experiencing **fuel poverty** (2021).

### Priority 3: Healthy, safe and well-connected neighbourhoods and communities

Our health and wellbeing is shaped by the places in which we live, play, work and socialise in addition to the relationships and resources we have in our communities. Recognising this, our strategy puts an important focus on cultivating healthy, safe and well-connected neighbourhoods and communities, where healthy choice becomes the easy choice.

We will work to make our neighbourhoods healthy and safe, where our residents can easily access affordable, healthy food and enjoy clean air. We would like our neighbourhoods to have increased opportunities for active travel and physical activity, to make it easier for our residents to attain and maintain healthier lifestyles.

Climate change is a global health emergency. While it has negative impacts on all of us, we know that it disproportionately impacts disadvantaged groups, who already experience poor health, exacerbating health inequalities. Tackling climate change requires collective action. Recognising this, we will work with our partners at place and system levels to champion the green agenda, identifying actionable steps to reduce carbon emissions and tackle the climate emergency. We will work with our partners to embed and promote sustainability in our culture, especially in our planning, commissioning and procurement processes.

We will take a coordinated approach through place, system and regional partnerships to protect the health of Croydon's communities, covering infection, prevention and control, as well as addressing environmental hazards such as air quality and excess seasonal deaths. We will work with the Croydon Health Protection Forum, who will lead on this key agenda.

Croydon boasts vibrant and diverse communities, and a strong Voluntary and Community Sector. We will build on our close relationships with our Voluntary and Community Sector and our local community to establish community-led initiatives that aim to foster a strong sense of belonging and help our communities thrive. We want to ensure our services are **culturally competent** and to be a leader for South West London around establishing the use of an **anti-racism framework**. This includes building on our commitments stated in **Croydon's Equality Strategy** and our adoption of the borough-wide **Equalities Pledge** and **George Floyd Race Matters Pledge** to positively promote the equality of opportunity for individuals of all characteristics, with a specific focus on underserved groups such as



Just over **3 in 5 (62.0%)** adults were overweight or obese (2021/22).



Just over **3 in 5 (61.9%)** adults were physically active in Croydon (2021/22).




Just under **1 in 7 (13.5%)** adults over 18 years were estimated to be smoking in Croydon (2022).

**40,437**

criminal offences were recorded in Croydon in the rolling months to September 2022 (15<sup>th</sup> out of the 32 boroughs in London).

minoritised ethnic groups, LGBTQ+ population, refugees, asylum seekers, homeless people, and people with disabilities including those with communication impairments.



Our **Healthy Communities Together Programme**, a partnership programme between the Voluntary and Community Sector, the NHS and Croydon Council works to improve health and wellbeing, reduce health inequalities and empower communities across our six localities.

Our **Community Hubs** offer holistic support to our communities, covering advice on housing, benefits and health checks. They see over 2,000 people each year and are a place for our residents to meet and connect with others.

### Priority 4: Supporting our children, young people and families

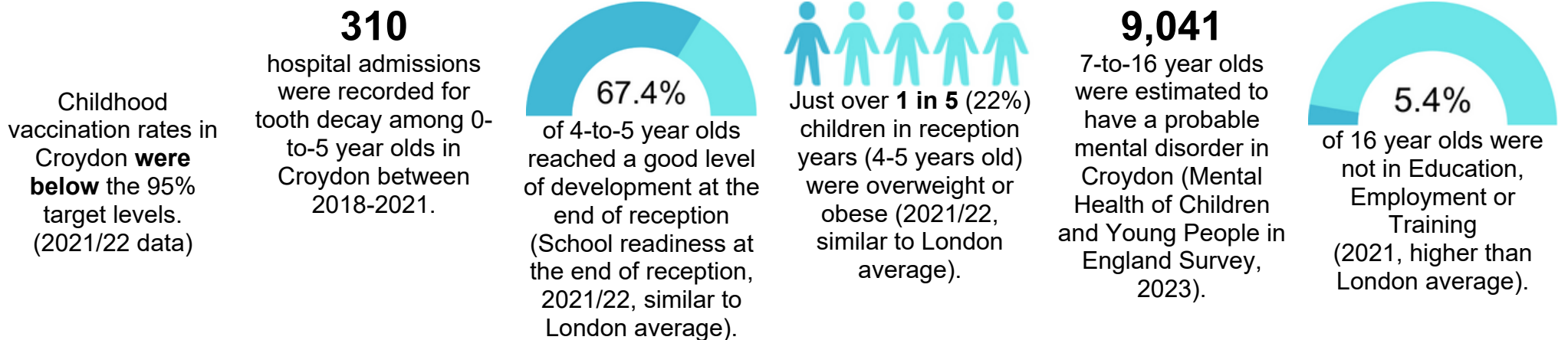
Croydon has the largest population of children and young people in London. In 2021, **90,241** individuals in Croydon were under 18 years old, and just over a third (33.8%) of our households had dependent children.



**1 in 4** people in Croydon were under 18 years old. (Census 2021)

Our first 1,001 days in life, covering the period from pregnancy to the age of 2, set the foundations for our lifelong health and wellbeing. Health inequalities that affect us throughout our lives can start before we are born. To tackle health inequalities and set the stage for a lasting healthy life, we need to prioritise our early years and ensure our babies get a good start in life. This involves providing parents and carers with access to high-quality, joined-up primary care, antenatal, maternity, children and family services.

We will support our parents, carers and families in their communities, addressing both health and social care needs, including any pregnancy concerns. We will promote the mental health and emotional wellbeing of parents and carers as well as all children and young people in Croydon. We will take a **whole-family approach** and take action from before and during pregnancy through to childbirth and throughout childhood to enable our children and young people to thrive in life and create a positive impact for generations to come. We will support the implementation of **Croydon’s Partnership Early Years Strategy**. Building on our **Family Hubs and Start for Life Transformation Programme**, we will work to ensure our families have access to the information and tools they need to support their babies and children, and to look after their own wellbeing.



## Priority 5: Supporting our older population to live healthy, independent and fulfilling lives

By 2041, just over 1 in 5 people in Croydon are expected to be over 65 years old. Our older residents are more likely to experience complex, long-term health conditions, and are at increased risk of falls and frailty. They are also likely to experience mental health issues due to factors such as loneliness and social isolation.

Our older residents have told us that to remain healthy and happy and live fulfilling lives:

- They would like to be able to self-care and live independently.
- They would like to have strong community connections and take part in physical and social activities, for example through dedicated physical exercise classes for older people or cultural celebrations.
- They would like to have accessible health and care services and have the information they need in a clear and understandable language.

We want to enable our older residents to stay physically and mentally well and maintain independence for as long as possible. We would like them to have long and fulfilling lives, be treated with dignity and respect, including at the end of their lives, focusing on both living well and dying well at the end of life.

To do this, we will support our residents with long-term conditions, helping them to manage their own conditions and improving the care they receive through **Croydon's Proactive and Preventative Care Model**. We will use innovative, data-driven methods, through our **Population Health Management Programme**, to identify and support residents to manage their frailty and prevent their frailty from progressing. We will continue to focus on frailty through our **ICN+ Programme** to ensure people who have been identified as frail are supported in a holistic way. We will support the delivery of **Croydon's Dementia Strategic Plan** and work with our partners to ensure Croydon progresses as a **dementia-friendly borough**. Building on our strong Voluntary and Community Sector, we will work with our older people, to **tackle loneliness and social isolation** and **increase opportunities for physical and social activities**.

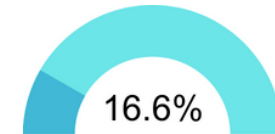


**1 in 7** people in Croydon were over 65 years old (Census 2021).

**1,908 per 100,000** emergency hospital admissions were due to falls in people aged 65 and over (2021/22, better than England average).

**2,669**

people aged 65 and older were estimated to have dementia in Croydon (2023).



**16.6%** of adults (18+ years) felt lonely at least some of the time (2019/2020, better than London average).



Just over **1 in 3** (33.7%) adult social carers over 65+ years felt they had as much social contact as they would like (2021/22, similar to London average).



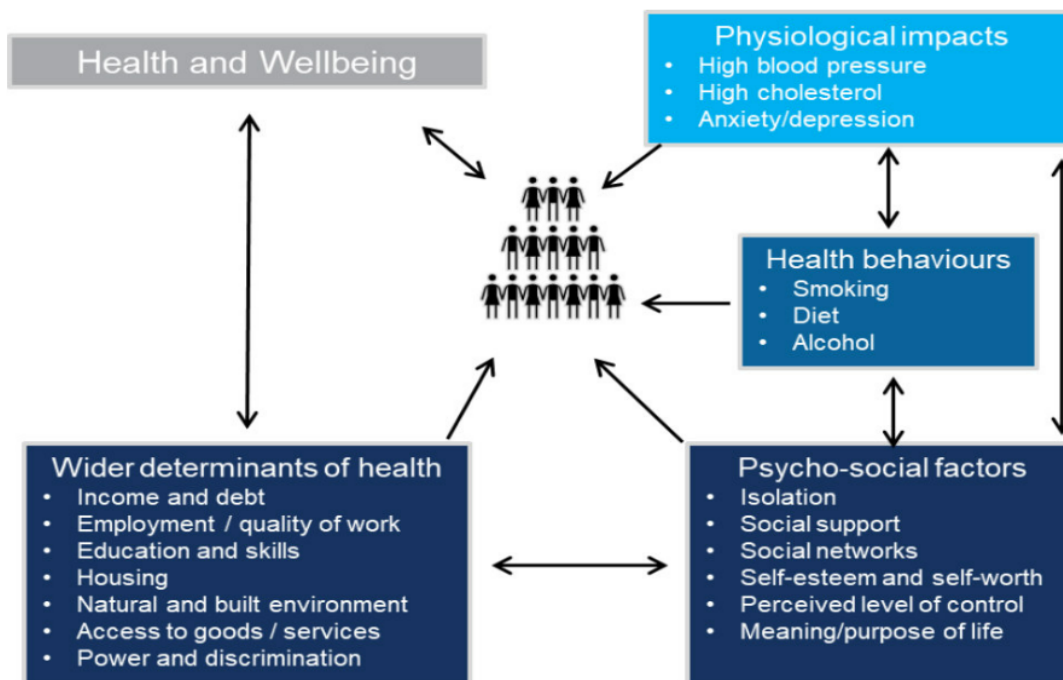
## Delivering our strategy

### Being steered by our guiding principles

Our guiding principles will underpin our actions and decisions over the next five years.

#### 1. Tackling health inequalities

Health inequalities are unfair and avoidable differences in health across the population and between different groups. These arise because not all of us have the right building blocks in place, reducing our opportunities for achieving good health and wellbeing.



Health inequalities between groups occur across at least four dimensions:

- **socio-economic status and deprivation**, for example, unemployed, low income or people living in deprived areas. This could include poor housing, poor education as well as unemployment.
- **protected characteristics**, for example, age, sex, race, sexual orientation, and disability.
- **vulnerable groups of society**, for example, vulnerable migrants; Gypsy, Roma and Travellers, as well as homeless people and sex workers.
- **geography**, for example, urban or rural areas.

We will take action to reduce, and where possible prevent, health inequalities so that everyone in Croydon can have the same opportunities to lead a healthy life regardless of where they live or who they are.

In addition to taking action to improve the health and wellbeing of everybody in Croydon, we will take action to:

- Improve the health of the most disadvantaged groups, and
- Reduce the gap between the best and the worst off.

This includes building on our commitments stated in **Croydon's Equality Strategy** and our adoption of the borough-wide **Equalities Pledge** and **George Floyd Race Matters Pledge** to positively promote the equality of opportunity for individuals of all characteristics, with a specific focus on underserved groups such as minoritised ethnic groups, LGBTQ+ communities, refugees, asylum seekers, homeless people, and people with disabilities including those with communication impairments.

## **2. Putting prevention first across all stages of life**

**We will take a prevention-first approach to prevent ill health from happening in the first place.**

When doing this, we will consider different levels of prevention and what we can do across all stages of life (also known as the life-course approach). We will embed principles of prevention across the life course, ensuring that our residents have the necessary tools and support, especially during key transition stages, to lead healthy and independent lives. We will aim to identify and tackle issues at the earliest possible opportunity to prevent them from getting worse.

## What is prevention?

Prevention is about keeping people healthy, avoiding risk of poor health, and stopping issues from becoming problems. It is key to promoting health and wellbeing and reducing inequalities.

There are three levels of prevention.

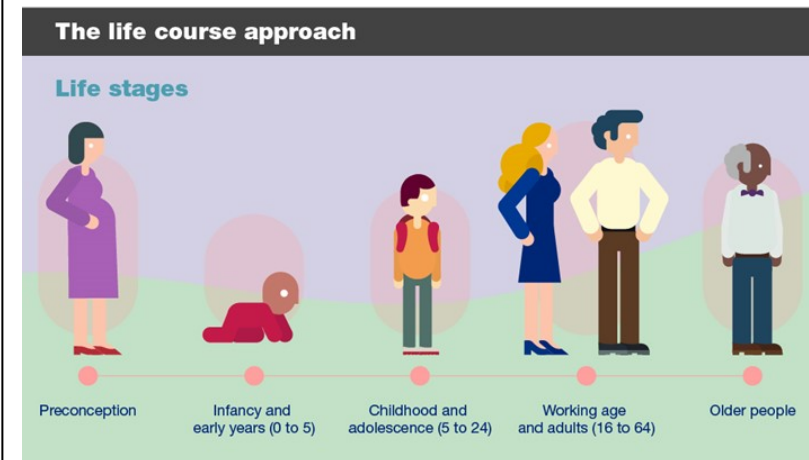
**Primary prevention** involves activity to reduce the risk that people will develop poor health. Examples of activities include designing lifestyle programmes to help people improve their diet or stop smoking or designing healthy built environments to encourage physical activity.

**Secondary prevention** involves targeted interventions for people who are at risk of, or in the early stages of developing illness, to stop, slow the progress of or reduce the impact of poor health on the individual. Examples of secondary prevention include health screening, such as NHS Health Checks.

**Tertiary prevention** includes interventions for people who already have a life-limiting illness or disability to help them reduce or manage the impact of their illness, improving their quality of life and independence. For example, community support for people with dementia or reablement or rehabilitation services to help people return to their homes after a period in hospital.

### 3. Integrated partnership working

## What is the life-course approach?



The life-course approach allows us to see every stage of our lives as connected not just to each other but also to the lives of those around us and the generations before and after us. Rather than focusing on specific health conditions during a specific life stage, this approach reminds us to consider both protective and risk factors for good health and wellbeing throughout our lives, ensuring that we are taking early action to:

- promote a good start in life,
- support our communities during key transition periods, and
- work together to create environments that support everyone's wellbeing, including that of current and future generations, so that everyone can live independent and fulfilling lives for as long as possible.

We will continue to improve integrated partnership working across health and social care at the local level, capitalising on the accomplishments of the One Croydon Alliance.

We will actively engage in integrated partnership initiatives throughout South West London. We will endeavour to use our collective resources effectively, efficiently and sustainably, enabling our residents to find the right support, at the right time and at the right place.

#### 4. Working with our communities to develop shared solutions



Our communities are our equal partners in achieving our vision. When delivering this strategy, we are committed to putting our communities at the heart of our actions and decisions.

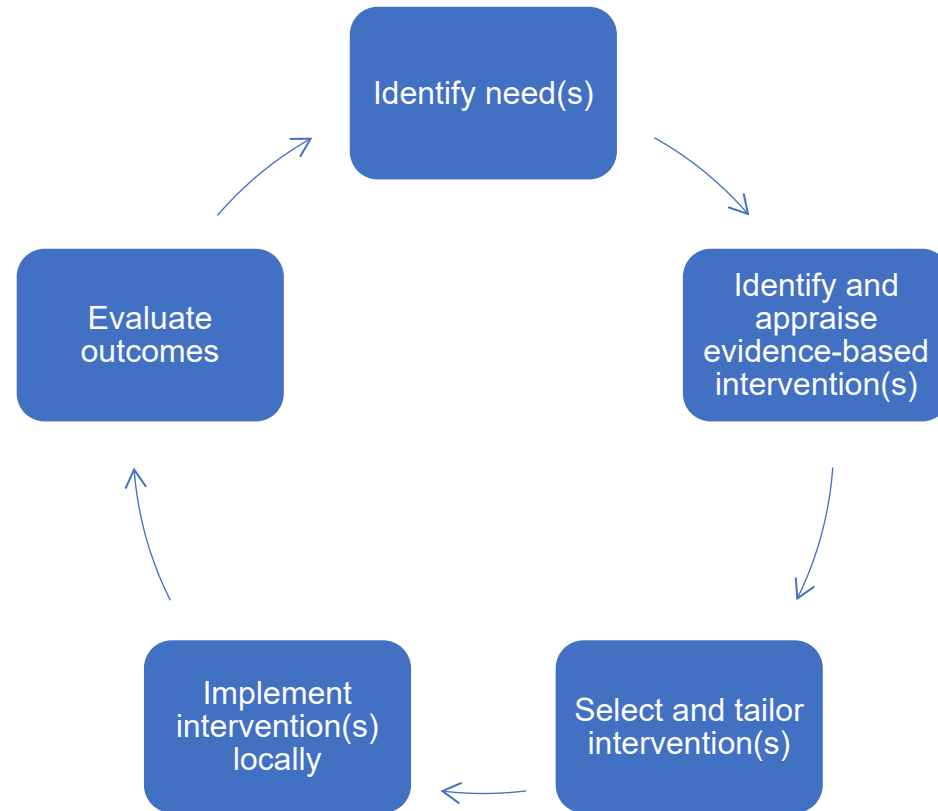
We will work in partnership with our residents and communities to develop shared solutions (also known as co-production).

We will contribute to healthy, resilient, connected and empowered communities through building on our communities' strengths.

### 5. Evidence-informed decisions and actions

We will base our strategic decisions and actions, including our commissioning, on the best available evidence.

This principle ensures that our actions are effective, efficient, sustainable and aligned with the evolving needs of our communities. We will establish clear oversight and monitoring processes to assess the impact of our strategies and actions.



## Joining the dots

Our strategy is not a standalone effort for improving our health and wellbeing and tackling inequalities in the borough. It is aligned with key initiatives such as the [Mayor's Business Plan](#) and the [South West London Integrated Care Strategy](#).

Improving our health and wellbeing and tackling inequalities is not something one organisation can do alone. We need effective, coordinated cross-sectoral action. We also know that improving our health and tackling inequalities need multifaceted interventions as virtually all our decisions and actions could impact our health and wellbeing. To help us join the dots, and enable effective, coordinated intersectoral action, we will adopt and champion a **Health in All Policies (HiAP)** approach. Through this approach, we will endeavour to make the best use of our collective resources and create conditions which support and generate good health by default.

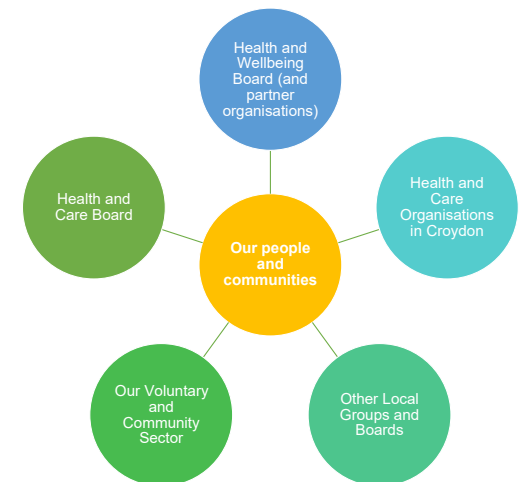
'Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors, policy and service areas, and addressing the wider determinants of health.'

[Public Health England](#)

## Working in partnership

**The strategy will be delivered through coordinated, partnership efforts of organisations represented on the Health and Wellbeing Board as well as others.** The Health and Wellbeing Board will provide leadership in addressing the priority areas set in the strategy. The Health and Care Board, and their affiliated groups and boards, will support the Health and Wellbeing Board in delivering the ambitions set out in this strategy.

**We will set up partnership subgroups for each priority area to co-produce action plans with measurable outcomes.** We recognise that the priorities set in our strategy are interconnected and actions in one area can significantly impact others. Therefore, these working groups will ensure a cohesive approach, fostering collaboration across different areas to maximise our impact.





## Measuring our success

Working with partnership subgroups for each priority area, we will develop a **Joint Outcomes and Monitoring Framework** with **key performance indicators** to track progress towards our goals. Through this monitoring framework, we will remain responsive to our communities' evolving needs, and adjust our strategy and action plans as necessary.

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The Health and Wellbeing Board, a statutory board of Croydon Council, is made up of the following partners:



Representing the Community and Voluntary Sector on the Board:



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# Croydon Joint Local Health and Wellbeing Strategy 2024-2029

Creating a healthier and happier Croydon through improving and protecting health and tackling inequalities

**CROYDON**  
[www.croydon.gov.uk](http://www.croydon.gov.uk)



# FOREWORD BY COUNCILLOR YVETTE HOPLEY

As the chair of the Health and Wellbeing Board, it is my privilege to introduce Croydon's Joint Local Health and Wellbeing Strategy for 2024-2029. This five-year strategy reflects our collective commitment to building a healthier, happier Croydon where everyone has equitable access to good health and wellbeing.

We are launching this strategy at a time of significant changes in our health and social care landscape. The combined impacts of the COVID-19 pandemic and the ongoing cost-of-living crisis pose a challenge to our health and wellbeing. In addition, we have seen significant reforms to the organisation and delivery of our health and care services. With the introduction of the Health and Care Act 2022, Croydon is now a part of the South West London Integrated Care System. This presents real opportunities for joined-up partnership working at both Croydon- and South West London-level to make a meaningful difference in the lives of our residents.

Croydon has unique health and wellbeing needs within South West London. We stand as the most populous borough in London, with some of the most deprived areas and widest inequalities in our health outcomes. Croydon is home to half of the people living in the 20% most deprived areas in South West London. Within South West London, we have the lowest life expectancy and the lowest healthy life expectancy for both genders, as well as the widest gaps in life expectancy between our residents living in the least and most deprived areas.

Despite these challenges we have many strengths and assets. We are the most ethnically diverse borough in South West London, with one of the strongest Voluntary and Community Sectors. Our longstanding partnership working, exemplified by the One Croydon Alliance, positions us well to embrace new ways of working within the integrated care systems and rise to our health and wellbeing challenges.

To improve our health and tackle inequalities across all ages, we will continue taking a coordinated partnership approach, further driving joined-up care. This strategy sets out how Croydon's Health and Wellbeing Board will advocate for and enable this approach, leading improvements in the health and wellbeing of our residents. It reaffirms our commitment to tackling inequalities and supporting our resident of all ages.



**Councillor Yvette Hopley**  
Chair of the Croydon Health and Wellbeing Board



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# INTRODUCTION TO THE JOINT LOCAL HEALTH AND WELLBEING STRATEGY

Croydon’s Health and Wellbeing Board was established following the Health and Social Care Act 2012. It brings together partners across the health, social care and voluntary and community sectors to work together to improve the health and wellbeing and tackle health inequalities in Croydon.

This Joint Local Health and Wellbeing Strategy (JLHWS) sets out how the Health and Wellbeing Board will work together as a partnership, along with residents, to improve the health and wellbeing of our local communities over the next five years.

It presents our refreshed vision for our health and wellbeing, refining our collective focus for the next five years to achieve this vision. It also sets out guiding principles for how we will work to deliver these priorities.

We know that our health and wellbeing needs in Croydon are complex and multifaceted. This strategy does not aim to identify all our health needs or limit all the different areas we will continue work on to protect and improve our health and wellbeing over the next five years. Rather, it presents key priority areas we will focus our collaborative efforts on to make a real difference to our health and wellbeing.



‘The aim of a joint health and wellbeing strategy is to jointly agree what the most important issues are for the local community based on evidence in JSNAs, what can be done to address them, and what outcomes are intended to be achieved.’  
(Department of Health, 2012)

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SAMPLE





## INTRODUCTION TO THE JOINT LOCAL HEALTH AND WELLBEING STRATEGY CONTINUED...

This strategy was informed by local needs, identified through the Joint Strategic Needs Assessment (JSNA), and the views of partners and our local communities.

### UNDERSTANDING LOCAL NEEDS THROUGH WHAT DATA AND EVIDENCE TELLS US

Our Joint Strategic Needs Assessment (JSNA), published at [www.croydonobservatory.org/jsna](http://www.croydonobservatory.org/jsna) provides up-to-date data, intelligence and insights on our health and wellbeing.

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### INCORPORATING LOCAL VIEWS

In Croydon, we believe improving our health and wellbeing is everybody's business. To ensure the strategy reflected the diverse needs and aspirations of our local residents and communities:

- We reviewed insights gathered from community engagement activities in Croydon since 2018, incorporating input from more than **100 local community engagement** events and hearing from more than **3,700 voices**.
- We revisited **Local Community Plans** of Croydon's six Local Community Partnership. These partnerships were set up as part of the Healthy Communities Together Programme. Each Local Community Plan identifies priority themes to improve health and wellbeing and tackle health inequalities.
- We ran a six-week public consultation, including a survey and a series of in-person engagement sessions to gain further feedback on the draft strategy, incorporating views from **185** residents.

“Lor aliquet expe lacis sit eveles aut volentis diam, aut autat acceptatquid quamusd andior simus qui assi volor.”



# WHAT MAKES US HEALTHY?

In Croydon, we know that our health and wellbeing is an invaluable asset. It is both vital for our individual wellbeing, enabling us to lead happy and fulfilling lives, and forms the basis for thriving communities.

Our health is shaped by various factors, including the conditions in which we are born, grow, live, work and age. These wider conditions, including our housing, education and skills, work, economic opportunities, the healthcare we receive, our social and community networks and surroundings form the building blocks of health. To create thriving communities, we need the right building blocks in place.

Existing research shows that healthcare itself contributes to between 15-25% of our health and wellbeing, while the wider determinants of health shape between 45-65% of our health and wellbeing (The King's Fund, 2013).

## WHAT SHAPES OUR HEALTH

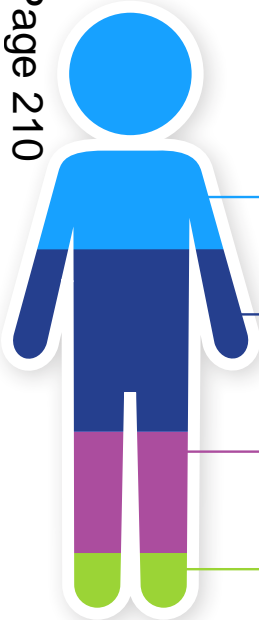
40% SOCIAL AND ECONOMIC FACTORS

30% HEALTH BEHAVIOURS

20% HEALTH SERVICES

10% PHYSICAL ENVIRONMENT

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IN 2021-22, JUST UNDER 4 IN 5 CROYDON RESIDENTS REPORTED A GOOD LIFE SATISFACTION SCORE

(Office for National Statistics, 2022)

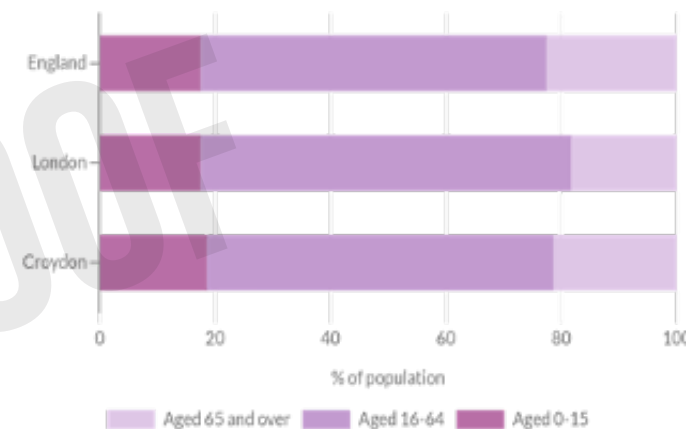


# UNDERSTANDING OUR HEALTH AND WELLBEING IN CROYDON



With a population of **390,719** Croydon stands as the largest borough in London. Our population includes a substantial number of both younger and older residents, with around **1 in 4** people under **18 years** of age and **1 in 7** people over **65 years** old. The borough's population is projected to reach **408,271** by 2043, with a smaller proportion of younger and larger proportion of older people, emphasising our changing population structure.

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## UNDERSTANDING OUR HEALTH AND WELLBEING IN CROYDON CONTINUED...

Croydon has a vibrant and diverse population. Around **52%** of the people in Croydon are from Black, Asian, and Minority Ethnic groups (making Croydon the 12th most ethnically diverse local authority in London). Around **84%** of our residents speak English as their main language. After English, the most common main languages are South Asian languages (4.8%), Other European (EU) languages (4.7%), Portuguese (1.3%), Spanish (1.0%), and East Asian languages (0.8%).

Despite our diversity, not everyone in Croydon has the same opportunities to lead a healthy life. This is known as health inequalities, which are unfair and avoidable differences in health between different groups of people (Kings Fund, 2022).

The latest data shows that during 2018-2020, the average life expectancy in Croydon stood at **79.7 years** for men (19th in London), and **83.7 years** for women (25th in London).

However, men residing in the most deprived areas in Croydon were expected to live **9.2 years** less than their counterparts living in the least deprived areas (5th largest inequality gap in males in London).

Similarly, women in the most deprived areas were expected to live **6.5 years** less than those living in the least deprived areas (7th largest inequality gap in females in London).

Ethnic Group	Croydon	London	England
Asian, Asian British or Asian Welsh	68,487	1,817,640	5,426,392
<b>Asian, Asian British or Asian Welsh (%)</b>	<b>17.5</b>	<b>20.7</b>	<b>9.6</b>
Black, Black British, Black Welsh, Caribbean or African (%)	88,441	1,188,370	2,381,724
<b>Black, Black British, Black Welsh, Caribbean or African (%)</b>	<b>22.6</b>	<b>13.5</b>	<b>4.2</b>
Mixed or Multiple ethnics groups	29,745	505,775	1,669,378
<b>Mixed or Multiple ethnics groups (%)</b>	<b>7.6</b>	<b>5.7</b>	<b>3</b>
White	188,985	4,731,172	45,783,401
<b>White (%)</b>	<b>48.4</b>	<b>53.8</b>	<b>81</b>
Other ethnic group	15,066	556,768	1,229,153
<b>Other ethnic group (%)</b>	<b>48.4</b>	<b>53.8</b>	<b>81</b>



**“Health inequalities are unfair and avoidable differences in health between different groups of people.”**







## UNDERSTANDING OUR HEALTH AND WELLBEING IN CROYDON CONTINUED...

In 2020-2021, the main causes of death that sustained the gap in life expectancy between the most deprived areas in both males and females was COVID-19, circulatory diseases, cancers and respiratory diseases.

Healthy life expectancy, the number of years a person is expected to live in good or very good health, for males is **63.2 years** and for females is **62.4 years** (2018-2020 data).



This means male residents are expected to spend, on average, a fifth of their lives in poor health, while female residents spend about a quarter in poor health.

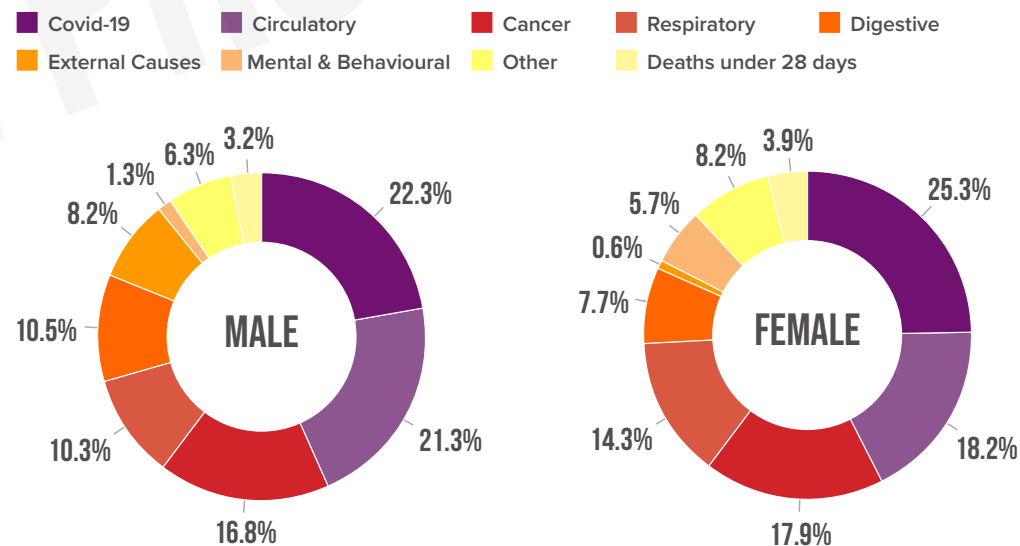
Although circulatory diseases, cancers and respiratory diseases are major contributors to inequalities in life expectancy, many of these conditions are avoidable and preventable, for example, through adopting healthy behaviours such as stopping smoking, moderating alcohol use and maintaining a healthy weight.

The COVID-19 pandemic has further increased these health inequalities within our borough. We know that the COVID-19 pandemic did not impact everyone equally: specific groups, particularly those with the lowest incomes and our Black, Asian and Minority ethnic communities have borne the brunt of its impact. Current economic challenges, such as the rising cost of living, place a growing strain to the lives of our residents, impacting their ability to meet basic needs and lead healthy and fulfilling lives.

These pressing challenges underscore our commitment to achieving a Croydon, where every resident has equitable opportunities for a healthy and fulfilling life. **At the heart of our strategy is the recognition that good health and wellbeing is a fundamental right,**

**and protecting and improving our health and wellbeing is everybody's business. By working together and using our resources efficiently, we can make all make a meaningful difference to our health and wellbeing.**

**Breakdown of the life expectancy gap between the most and the least deprived quintiles of Croydon by cause of death, 2020 to 2021**



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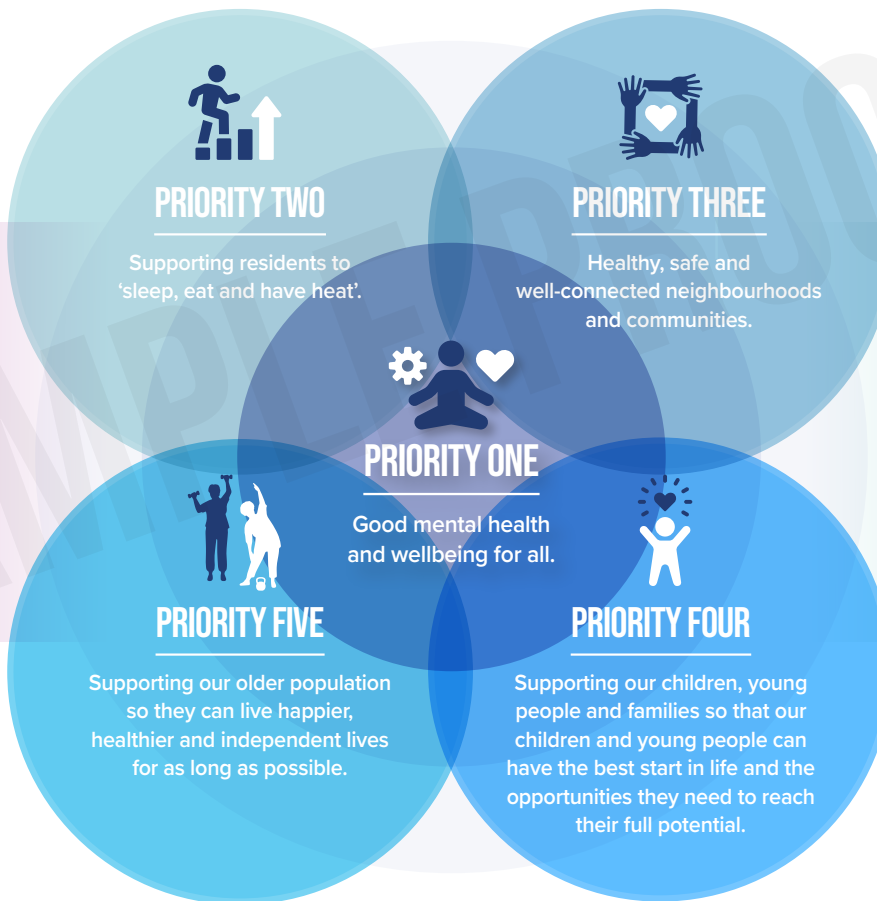


# CROYDON'S JOINT LOCAL HEALTH AND WELLBEING STRATEGY (2024-2029)

The Joint Health and Wellbeing Strategy sets out our shared vision for a healthier, happier and safer Croydon. Over the next five years, we will focus our collective efforts in five key areas to make meaningful strides towards this vision. Our guiding principles will steer every decision and action we take in these areas.

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## TO ACHIEVE THIS VISION, DURING 2024-2029, WE WILL FOCUS ON:



### OUR VISION FOR CROYDON IS THAT:

Everyone in Croydon has healthy, happy and fulfilling lives, supported by safe, healthy and thriving communities and neighbourhoods.

Building on our strengths, we work together to protect and improve our health and wellbeing, ensuring those with the poorest health can improve their health the fastest.

### OUR ACTIONS AND DECISIONS WILL BE GUIDED BY THE FOLLOWING PRINCIPLES:

1. Tackling health inequalities
2. Putting prevention first across all stages of life
3. Integrated partnership working
4. Working with our communities to develop shared solutions
5. Evidence-informed decisions and actions



# OUR VISION AND PRIORITIES

The vision for our health and wellbeing, developed collaboratively with our partners and residents, sets out what we want to achieve in Croydon in the long term.

## Our vision states that:

**Everyone in Croydon has healthy, happy and fulling lives, supported by safe, healthy and thriving communities and neighbourhoods. Building on our strengths, we work together to protect and improve our health and wellbeing, ensuring those with the poorest health can improve their health the fastest.**

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**PRIORTY ONE**

Good mental health and wellbeing for all

**PRIORTY TWO**

Cost of living: supporting our residents to 'eat, sleep and have heat'

**PRIORTY THREE**

Healthy, safe and well-connected neighbourhoods and communities

**PRIORTY FOUR**

Supporting our children, young people and families

**PRIORTY FIVE**

Supporting our older population to live healthy, independent and fulfilling lives





# PRIORITY ONE

## GOOD MENTAL HEALTH AND WELLBEING FOR ALL



Mental health is a 'state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community' (World Health Organisation, 2022).

In Croydon, we recognise that there is **no good health without good mental health and promoting and protecting good mental health is everybody's business.**



Our mental health is shaped by many factors, some of which start before the time we are born. While individual factors such as our genetics and health-related behaviours do impact our mental health, wider determinants of health such as our housing and work conditions, income, education, families, communities and neighbourhoods act as crucial foundations for our mental wellbeing.

Our mental and physical health are connected. While physical health problems could increase our risk of developing mental health problems, mental health problems could put us in a higher risk of physical health issues.

We know that mental health is both a driver and an outcome of health inequalities. **Recognising that our mental health and wellbeing impacts nearly all other aspects of our health, we will place improving, protecting and promoting our mental health and wellbeing at the centre of our actions.**

Building on the success of the ongoing **Mental Health Transformation Programme**, which aims to deliver preventative and person-centred mental health care to our residents, we will continue to work to ensure our residents can get the help and support they need at the place and the time they need it.

We will continue to focus on promoting mental wellbeing, preventing mental health conditions, and preventing self-harm and suicide. Working as a whole system and across organisational boundaries, we will take action to ensure our residents have access to the tools they need to achieve and maintain good health and wellbeing throughout their lives.

We will support the development of **Croydon's Multiagency Self-harm and Suicide Prevention Action Plan**, as well as supporting the development of **Croydon's Dementia Strategic Plan and associated Action Plan as well as Croydon's Autism Strategy**. In line with the **South West London Mental Health Strategy**, we will work with our partners, to promote positive mental health and prevent mental ill-health across our borough.



**1 IN 4 PEOPLE**

ARE EXPECTED TO HAVE A MENTAL HEALTH PROBLEM AT SOME POINT IN THEIR LIFE



**75%**  
OF MENTAL HEALTH PROBLEMS DEVELOP BY THE AGE OF 24

**AROUND 56,852**  
adults over 16 years in Croydon could be currently experiencing a common mental health problem (estimates based on 2017 data).

**AROUND 10,000**  
children and young people aged between 6 and 16 years are estimated to have a probable mental disorder in Croydon.



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# PRIORITY TWO

## COST OF LIVING: SUPPORTING OUR RESIDENTS TO 'EAT, SLEEP AND HAVE HEAT'



Access to quality housing, that is warm, secure and can support independent living, as well as adequate healthy food are important for our health and wellbeing.

To effectively tackle health inequalities, we need to ensure all residents have access to affordable quality housing and healthy food.

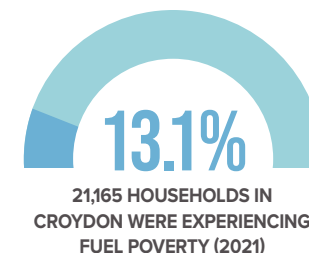
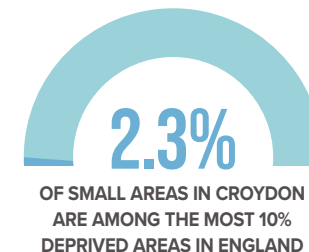
Croydon has some of the most deprived areas in London and England. While the recent cost-of-living crisis has affected almost everyone in the UK, the rising prices have most severely impacted those on the lowest incomes.

We have already heard from our residents that many on lower incomes are struggling to afford paying for food and energy bills with some having to choose between eating and heating. The lasting consequences of the rising cost of living have the potential to impact many generations and worsen health inequalities.

We will work across organisational boundaries to mitigate the impacts of the cost of living and where possible prevent people from slipping into poverty. To support our residents with challenges of cost of living, we will establish a multiagency **Cost of Living Action Group**.

Through this group, we will bring together new and existing support available locally and nationally in one place to make it easier for our communities to access the support they need when they need it and where they need it.

To do this, we will build upon existing partnerships and initiatives in the borough, including Community Hubs and the **Croydon Food and Healthy Weight Partnership**. Working with our partners and communities with lived experience of poverty, we will develop solutions that provide immediate emergency and welfare support while fostering resilience within our communities.



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# PRIORITY THREE

## HEALTHY, SAFE AND WELL-CONNECTED NEIGHBOURHOODS AND COMMUNITIES



Our health and wellbeing is shaped by the places in which we live, play, work and socialise in addition to the relationships and resources we have in our communities.

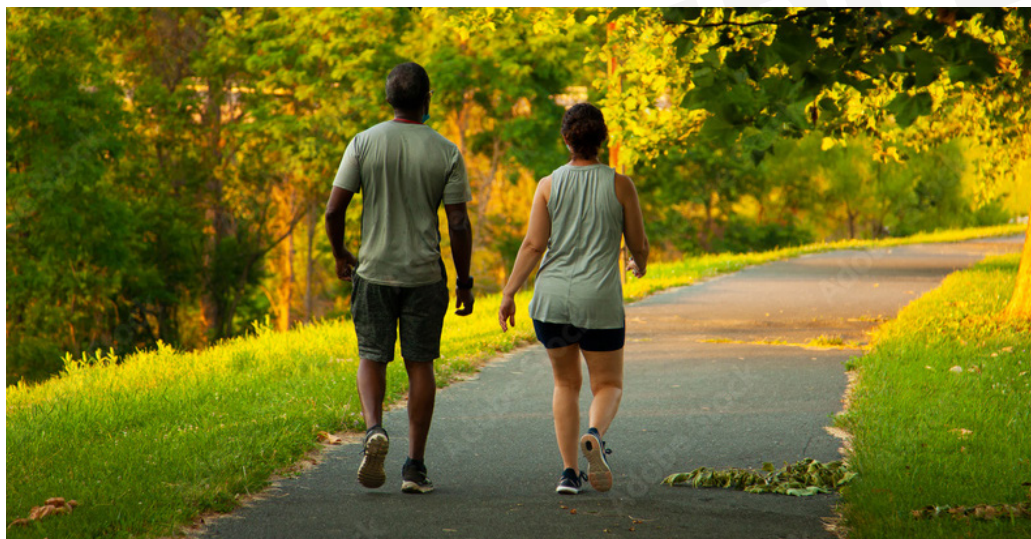
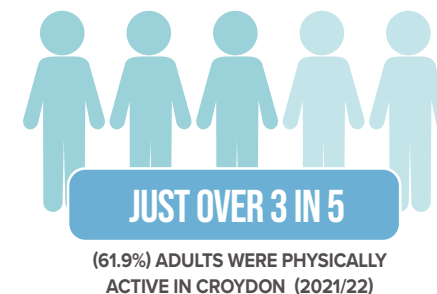
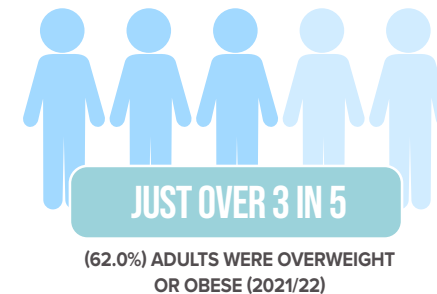
Recognising this, our strategy puts an important focus on cultivating healthy, safe and well-connected neighbourhoods and communities, where healthy choice becomes the easy choice. We will work to make our neighbourhoods healthy and safe, where our residents can easily access affordable, healthy food and enjoy clean air.

We would like our neighbourhoods to have increased opportunities for active travel and physical activity, to make it easier for our residents to attain and maintain healthier lifestyles.

Climate change is a global health emergency. While it has negative impacts on all of us, we know that it disproportionately impacts disadvantaged groups, who already experience poor health, exacerbating health inequalities. Tackling climate requires collective action.

Recognising this, we will work with our partners at place and system levels to champion the green agenda, identifying actionable steps to reduce carbon emissions and tackle climate emergency. We will work with our partners to embed and promote sustainability in our culture, especially in our planning, commissioning and procurement processes.

We will take a coordinated approach through place, system and regional partnerships to protect the health of Croydon's communities, covering infection prevention and control, as well as addressing environmental hazards such as air quality and excess seasonal deaths. We will work with the Croydon Health Protection Forum, who will lead on this key agenda.



“Lor aliquo expe laciis sit eveles aut volentis diam, aut autat acceptatquid quamusd andior simus qui assi dolor.”





# PRIORITY THREE

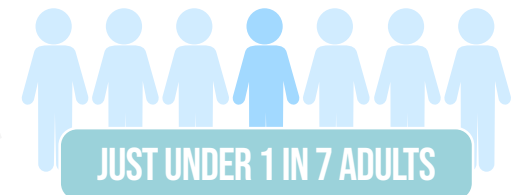
## HEALTHY, SAFE AND WELL-CONNECTED NEIGHBOURHOODS AND COMMUNITIES



Croydon boasts vibrant and diverse communities, and a strong Voluntary and Community Sector. We will build on our close relationships with our Voluntary and Community Sector and our local community to establish community-led initiatives that aim to foster a strong sense of belonging and help our communities thrive.

This includes building on our commitments stated in **Croydon's Equality Strategy** and our adoption of the borough-wide **Equalities Pledge** and **George Floyd Race Matters Pledge** to positively promote the equality of opportunity for individuals of all characteristics, with a specific focus on underserved groups such as minoritised ethnic groups, LGBTQ+ population, refugees, asylum seekers, homeless people, and people with disabilities including those with communication impairments.

Our **Healthy Communities Together Programme**, a partnership programme between the Voluntary and Community Sector, the NHS and Croydon Council works to improve health and wellbeing, reduce health inequalities and empower communities across our six localities.



**JUST UNDER 1 IN 7 (13.5%) ADULTS OVER 18 YEARS WERE ESTIMATED TO BE SMOKING IN CROYDON (2022)**

We want to ensure our services are **culturally competent** and be a leader for South West London around establishing the use of an **anti-racism framework**.

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Our **Community Hubs** offer holistic support to our communities, covering advice on housing, benefits and health checks. They see over 2,000 people each year and are a place for our residents to meet and connect with others.

**“Lor aliquo expe laciis sit eveles aut volentis diam, aut autat acceptat quid quamusd andior simus qui assi volor.”**



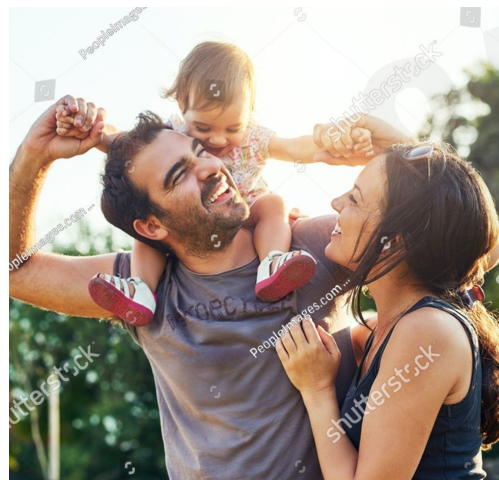
# PRIORITY FOUR

## SUPPORTING OUR CHILDREN, YOUNG PEOPLE AND FAMILIES



Croydon has the largest population of children and young people in London. In 2021, **90,241** individuals in Croydon were under 18 years old, and just over a third (33.8%) of our households had dependent children.

Our first 1,001 days in life, covering the period from pregnancy to the age of 2, set the foundations for our lifelong health and wellbeing. Health inequalities that affect us throughout our lives can start before we are born. To tackle health inequalities and set the stage for a lasting healthy life, we need to prioritise our early years and ensure our babies get a good start in life.



This involves providing parents and carers with access to high-quality, joined-up primary care, antenatal, maternity, children and family services.

We will support our parents, carers and families in their communities, addressing both health and social care needs, including any pregnancy concerns. We will promote the mental health and emotional wellbeing of parents and carers as well as all children and young people in Croydon.

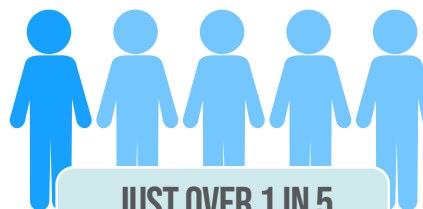
We will take a **whole-family approach** and take action from before and during pregnancy through to childbirth and throughout childhood to enable our children and young people to thrive in life and create a positive impact for generations to come.

We will support the implementation of **Croydon's Partnership Early Years Strategy**. Building on our **Family Hubs and Start for Life Transformation Programme**, we will work to ensure our families have access to the information and tools they need to support their babies and children, and to look after their own wellbeing.



**1 IN 4 PEOPLE**

IN CROYDON WERE UNDER 18 YEARS OLD (CENSUS 2021)



**JUST OVER 1 IN 5**

(22%) CHILDREN IN RECEPTION YEARS (4-5 YEARS OLD) WERE OVERWEIGHT OR OBESE (2021/22, SIMILAR TO LONDON AVERAGE).

**9,041**

7-to-16 year olds were estimated to have a probable mental disorder in Croydon (Mental Health of Children and Young People in England Survey, 2023)

**310**

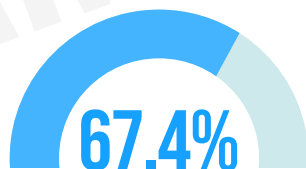
**HOSPITAL ADMISSIONS**

were recorded for tooth decay among 0-to-5 year olds in Croydon between 2018-2021.

Childhood vaccination rates in Croydon were below the

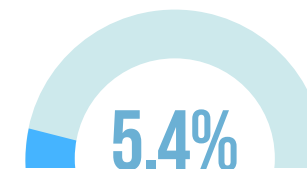
**95% TARGET LEVELS**

(2021/22 data)



**67.4%**

OF 4-TO-5 YEAR OLDS REACHED A GOOD LEVEL OF DEVELOPMENT AT THE END OF RECEPTION (SCHOOL READINESS AT THE END OF RECEPTION, 2021/22, SIMILAR TO LONDON AVERAGE).



**5.4%**

OF 16 YEAR OLDS WERE NOT IN EDUCATION, EMPLOYMENT OR TRAINING (2021, HIGHER THAN LONDON AVERAGE).



# PRIORITY FIVE

## SUPPORTING OUR OLDER POPULATION TO LIVE HEALTHY, INDEPENDENT AND FULFILLING LIVES

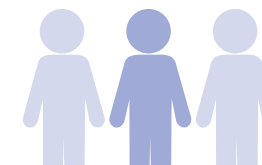


By 2041, just over 1 in 5 people in Croydon are expected to be over 65 years old. Our older residents are more likely to experience complex, long-term health conditions, and are at increased risk of falls and frailty. They are also likely to experience mental health issues due to factors such as loneliness and social isolation.

We want to enable our older residents to stay physically and mentally well and maintain independence for as long as possible. We would like them to have long and fulfilling lives, be treated with dignity and respect, including at the end of their lives, focusing on both living well and dying well at the end of life.

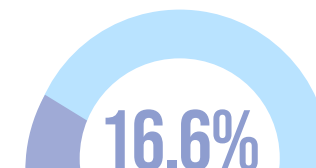
To do this, we will support our residents with long-term conditions, helping them to manage their own conditions and improving the care they receive through Croydon's Proactive and Preventative Care Model. We will use innovative, data-driven methods, through our Population Health Management Programme, to identify and support residents to manage their frailty and prevent their frailty from progressing. We will continue to focus on frailty through our ICN+ Programme to ensure people who have been identified as frail are supported in a holistic way.

We will support the delivery of Croydon's Dementia Strategic Plan and work with our partners to ensure Croydon progresses as a dementia-friendly borough. Building on our strong Voluntary and Community Sector, we will work with our older people, to tackle loneliness and social isolation and increase opportunities for physical and social activities.

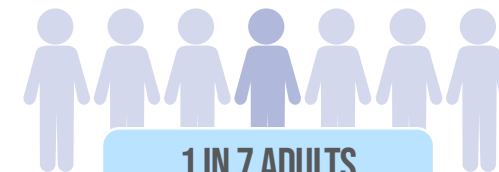


**1 IN 3 PEOPLE**

JUST OVER 1 IN 3 (33.7%) ADULT SOCIAL CARERS OVER 65+ YEARS FELT THEY HAD AS MUCH SOCIAL CONTACT AS THEY WOULD LIKE (2021/22, SIMILAR TO LONDON AVERAGE).



16.6%  
OF ADULTS (18+ YEARS) FELT LONELY AT LEAST SOME OF THE TIME (2019/2020, BETTER THAN LONDON AVERAGE).



**1 IN 7 ADULTS**

PEOPLE IN CROYDON WERE OVER 65 YEARS OLD (CENSUS 2021).

**1,908**  
PER 100,000  
emergency hospital admissions were due to falls in people aged 65 and over (2021/22, better than England average).

**2,669**  
people aged 65 and older were estimated to have dementia in Croydon (2023).



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# Understanding our Health and Wellbeing: A summary of Croydon's Joint Strategic Needs Assessment

Public Health Team

November 2023



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## Note to the reader:

Please note that this pack summarises Croydon's JSNA as at November 2023. Readers should note that more up-to-date data may have been subsequently published and are advised to refer to the live digital JSNA at <https://www.croydonobservatory.org/jsna> for the latest information.

# Contents

This summary slide pack presents an overview of the key insights from Croydon's Joint Strategic Needs Assessment.

Please refer to the main JSNA website at <https://www.croydonobservatory.org/jsna/> for detailed discussion of the topics summarised in this slide set.

The key topics covered in this slide pack are listed on the right-hand side.

- [Our population](#)
- [Understanding our health and wellbeing using a life course approach](#)
- [Croydon's Journey of Life \(2022\)](#)
- [Life expectancy at birth](#)
- [Life expectancy at birth: comparisons with London region \(2018-2020\)](#)
- [Health inequalities](#)
- [Spotlight on mental health and wellbeing](#)
- [Building blocks of our health and wellbeing](#)
- [Building blocks of our health and wellbeing: deprivation and poverty](#)
- [Building blocks of our health and wellbeing: housing](#)
- [Building blocks of our health and wellbeing: economy and employment](#)
- [Building blocks of our health and wellbeing: education, skills and qualifications](#)
- [Building blocks of our health and wellbeing: built and natural environment](#)
- [Building blocks of our health and wellbeing: community safety](#)
- [Further information](#)

# Introduction

## Croydon's Joint Strategic Needs Assessment

- As part of their statutory duties, Croydon's Health and Wellbeing Board produces the Joint Strategic Needs Assessment (JSNA).

- Since 2017, the JSNA is published online at <https://www.croydonobservatory.org/jsna/>.

Page 226  
• Providing up-to-date data, intelligence and insights on the health and wellbeing outcomes and factors affecting these outcomes, Croydon's digital JSNA provides a first port-of-call for understanding the state of health and wellbeing alongside relevant gaps and needs in Croydon.

- The digital JSNA is structured as themed sections covering the following:

- **Population overview:** focusses on Croydon's overall population and their general health and wellbeing

- **Population groups:** provides data and intelligence on specific populations, covering specific localities, various demographic groups and vulnerable population groups.

- **Wider determinants:** focusses on factors that shape health and wellbeing including education, environment, housing and employment.

- **Healthy behaviours:** focuses on individual actions impacting health and wellbeing, ranging from physical activity, sexual health, oral health, smoking, and alcohol and substance use.

- **Health conditions:** focuses on specific diagnosed conditions, including mental health, self-harm and suicide prevention and the Pharmaceutical needs Assessment.

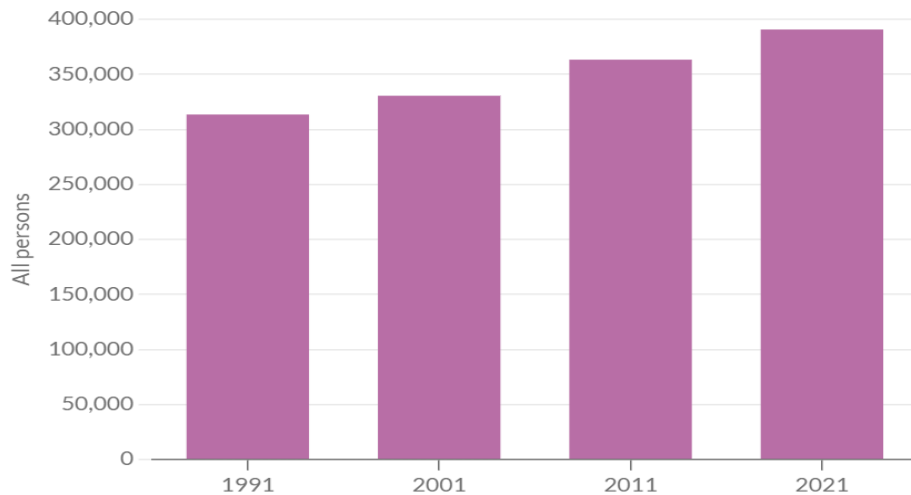
- This evidence summary offers a high-level view of the state of health and wellbeing in Croydon, as informed by the JSNA. For a detailed discussion of the topics covered here, please visit the live JSNA at <https://www.croydonobservatory.org/jsna/>.

# Our population: population estimates, projections and age groups

- With a population of **390,719** (Census 2021), Croydon is the largest and one of the most diverse boroughs in London. This section summarises key insights presented in the '[Population profile](#)' on Croydon Observatory.
- The 2021 Census estimated that Croydon's population grew by **7.5%** since 2011, while overall population of London grew by 7.7%. The figure below shows change in Croydon's population since 1991.
- **By 2043**, Croydon's population is projected to grow to **408,271**. The figure on the right-hand side illustrates population projections by age group in Croydon, London and England.

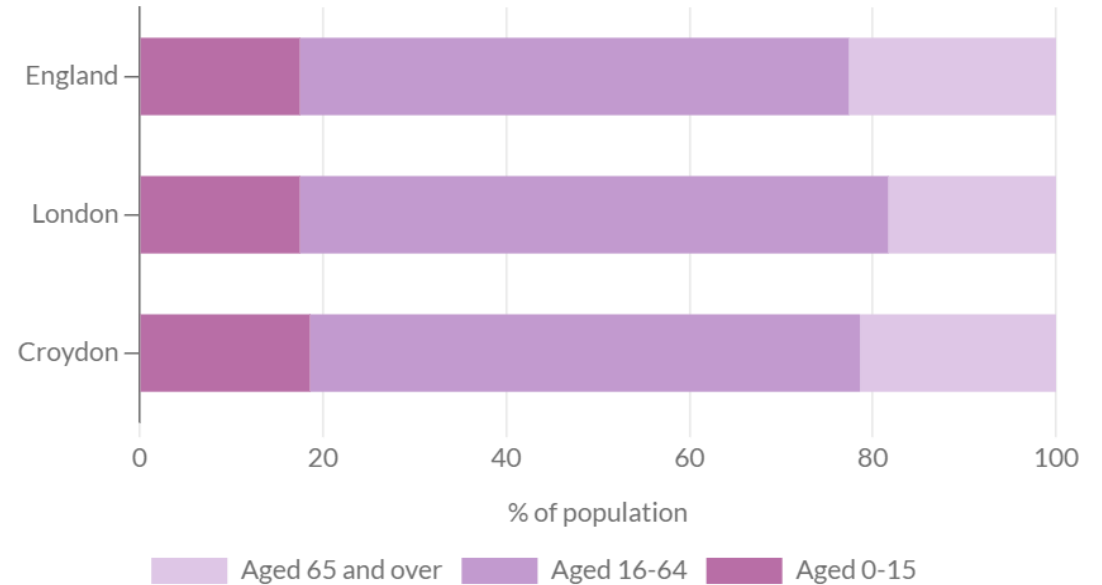
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Change in the population in Croydon from 1991 to 2021:



Source: Office of National Statistics.

Population projections for Croydon, by broad age group, 2043:



Source: Office of National Statistics.

- Croydon has a relatively large population of younger and older people.
  - Please see [page 5](#) for a breakdown of Croydon's population by age group in 2021 and [page 6](#) for the distribution of Croydon's population by age group.
  - According to Census 2021, about **1 in 4 people in** Croydon are under **18 years old**. This proportion is expected to reduce by 2041.
  - Around **1 in 7 people in** Croydon are over 65 years old. This proportion is expected to increase by 2043.

# Our population: age groups, ethnicity and languages

Croydon's population by age group, 2021.

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Source: Office of National Statistics.

- **Croydon has a diverse population:**

- Detailed information on various population groups in Croydon, including protected characteristics, can be found at <https://www.croydonobservatory.org/ons-census-2021-croydon-highlights-from-each-data-release/>. This section provides a snapshot on ethnicity and the most common main languages, only.
- About **52%** of the population are from Black, Asian and Minority Ethnic groups,
- Around **5 in 6 (84%)** of people speak English as their main language. After English, **South Asian (4.8%) languages, Other European (EU) language (4.7%), Portuguese (1.3%), Spanish (1.0%) and East Asian (0.8%)** are the most common main languages.

Ethnicity in Croydon (2021):

Ethnic group	Croydon	London	England
Asian, Asian British or Asian Welsh	68,487	1,817,640	5,426,392
<b>Asian, Asian British or Asian Welsh (%)</b>	<b>17.5</b>	<b>20.7</b>	<b>9.6</b>
Black, Black British, Black Welsh, Caribbean or African	88,441	1,188,370	2,381,724
<b>Black, Black British, Black Welsh, Caribbean or African (%)</b>	<b>22.6</b>	<b>13.5</b>	<b>4.2</b>
Mixed or Multiple ethnic groups	29,745	505,775	1,669,378
Mixed or Multiple ethnic groups (%)	7.6	5.7	3
White	188,985	4,731,172	45,783,401
<b>White (%)</b>	<b>48.4</b>	<b>53.8</b>	<b>81</b>
Other ethnic group	15,066	556,768	1,229,153
<b>Other ethnic group (%)</b>	<b>3.9</b>	<b>6.3</b>	<b>2.2</b>

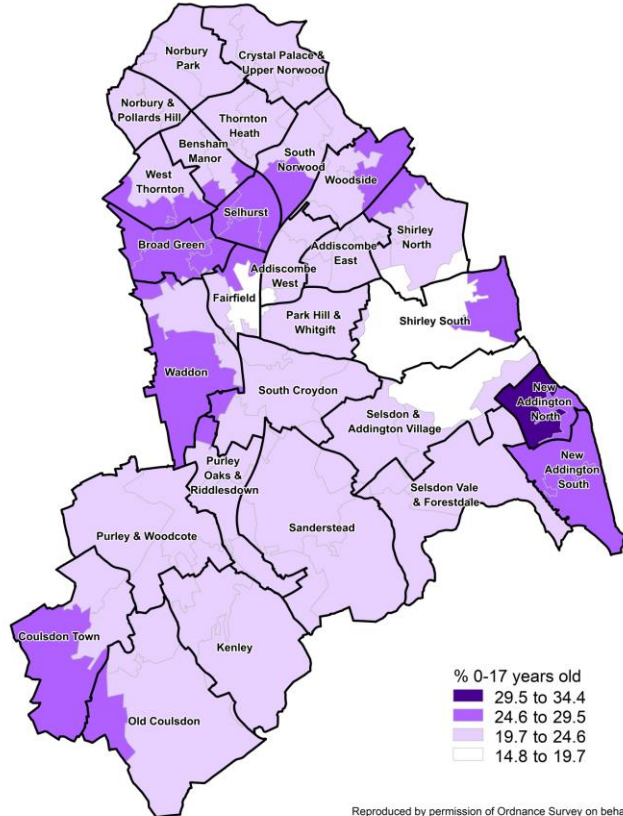
Source: Office of National Statistics.



# Our population: age group distribution across Croydon

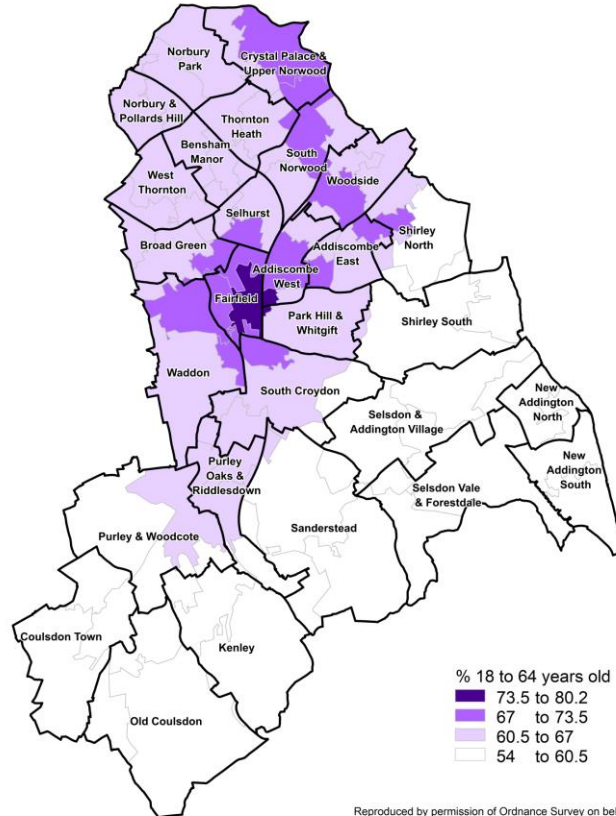
Age group distribution across Croydon, 0-17 years, 18-64 years and 65+ years:

**% of population who are  
0-17 years old  
2021 Census**



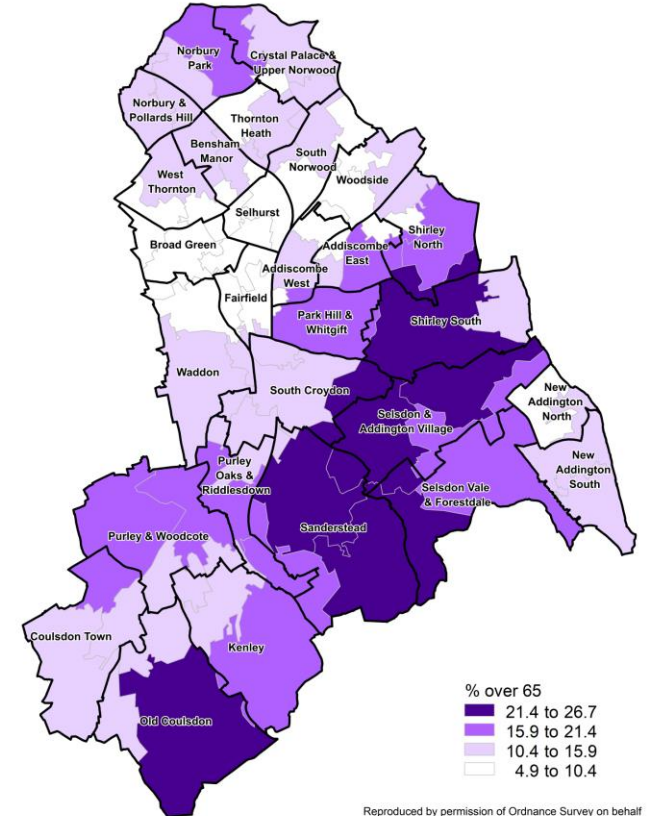
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**% of population who are  
18-64 years old  
2021 Census**



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**% of population who are  
65+ years old  
2021 Census**



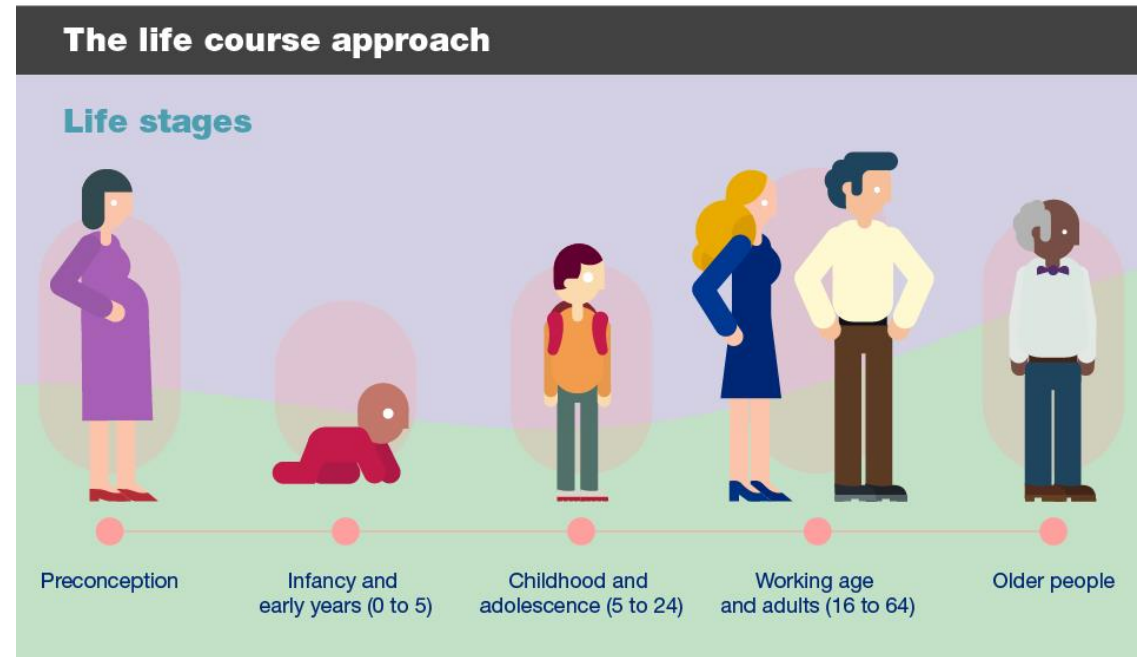
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Source: Office of National Statistics.

# Understanding our health and wellbeing using a life course approach

## What is the life-course approach?

- In Croydon, we understand that our health and wellbeing, including the length and quality of our lives as well as our satisfaction and happiness, are intricately shaped by various aspects of our lives, including our work, living conditions, educational opportunities and many other factors. Please see the section on [building blocks of health and wellbeing](#), often referred to as ‘the wider determinants of health,’ for further information on these factors.
- The life-course approach allows us to see every stage of our lives as connected not just to each other but also to the lives of those around us and the generations before and after us. Rather than focusing on specific health conditions during a specific life stage, this approach reminds us to consider both protective and risk factors for good health and wellbeing throughout our life-course, ensuring that we are taking early action to:
  - promote a good start in life,
  - support our communities during key transition periods, and
  - work together to create environments that support everyone’s wellbeing, including that of current and future generations, so that everyone can live independent and fulfilling lives for as long as possible.
- The figure on the right-hand side illustrates the key transition stages, that are considered critical stages during a person’s life, where large differences can be made in promoting or restoring health and wellbeing. The [next page](#) shows some positive and negative influences across the life course that could make a difference in our overall health and wellbeing.
- [Croydon’s Journey of Life](#), depicted on page 9, summarises the most recent data on our health and wellbeing using these key transition stages. Comparisons to London averages are also available in this slide.




Adapted from Health Matters: Prevention – a life course approach. Available from <https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach>

# Understanding our health and wellbeing using a life course approach

## Positive and negative influences across the life course


### Protective factors:

- having a healthy and balanced diet
- an environment that enables physical activity
- good educational attainment
- being in stable employment with a good income
- living in good quality housing
- having networks of support including friends and family



### Risk factors:

- smoking
- adverse childhood experiences
- crime and violence
- drug and alcohol misuse
- poor educational attainment
- poor mental health



Adapted from Health Matters: Prevention – a life course approach. Available from <https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach>



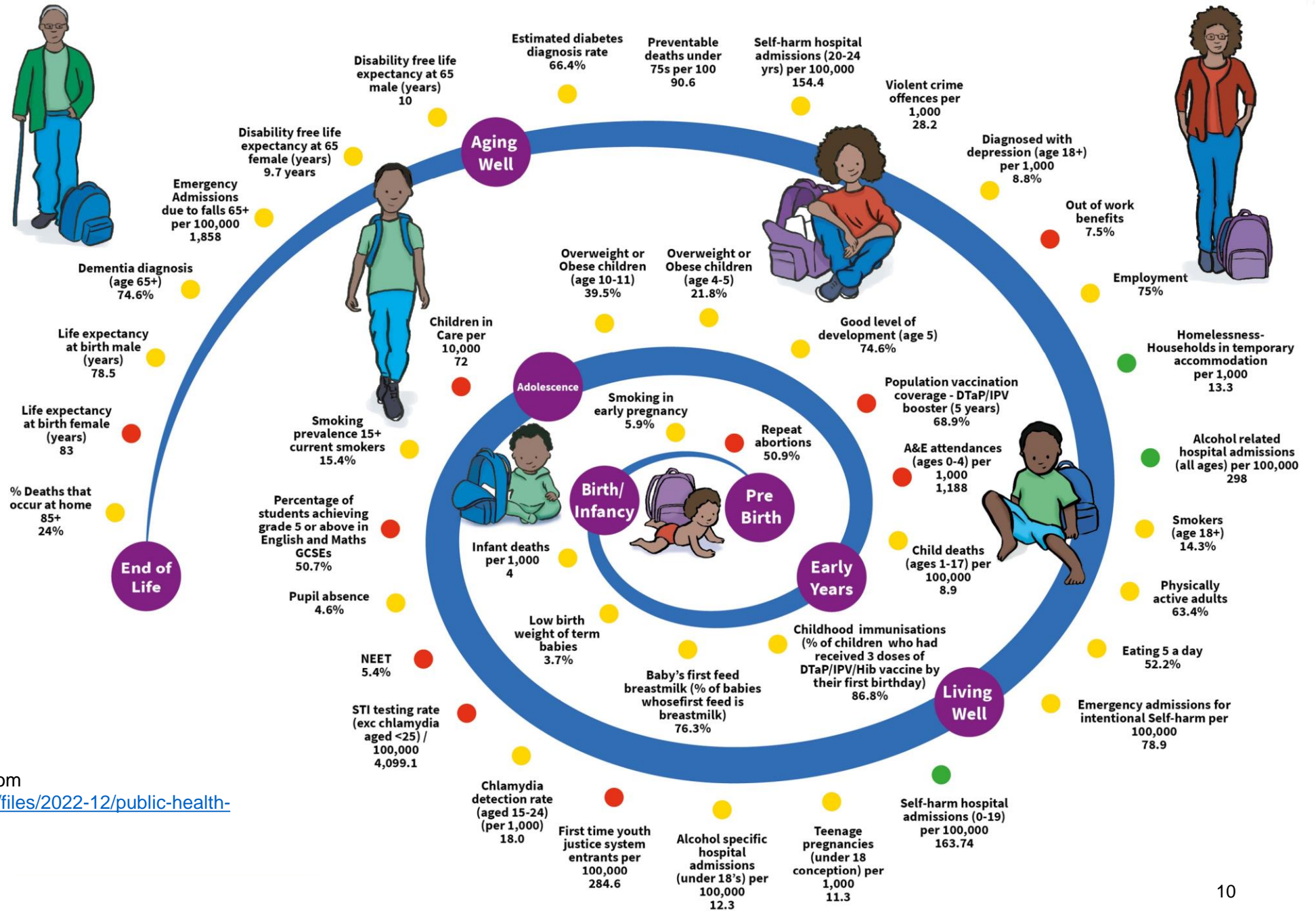
**KEY**

Croydon in comparison to London average

- Better
- Similar
- Worse

# Croydon's Journey of Life (2022)

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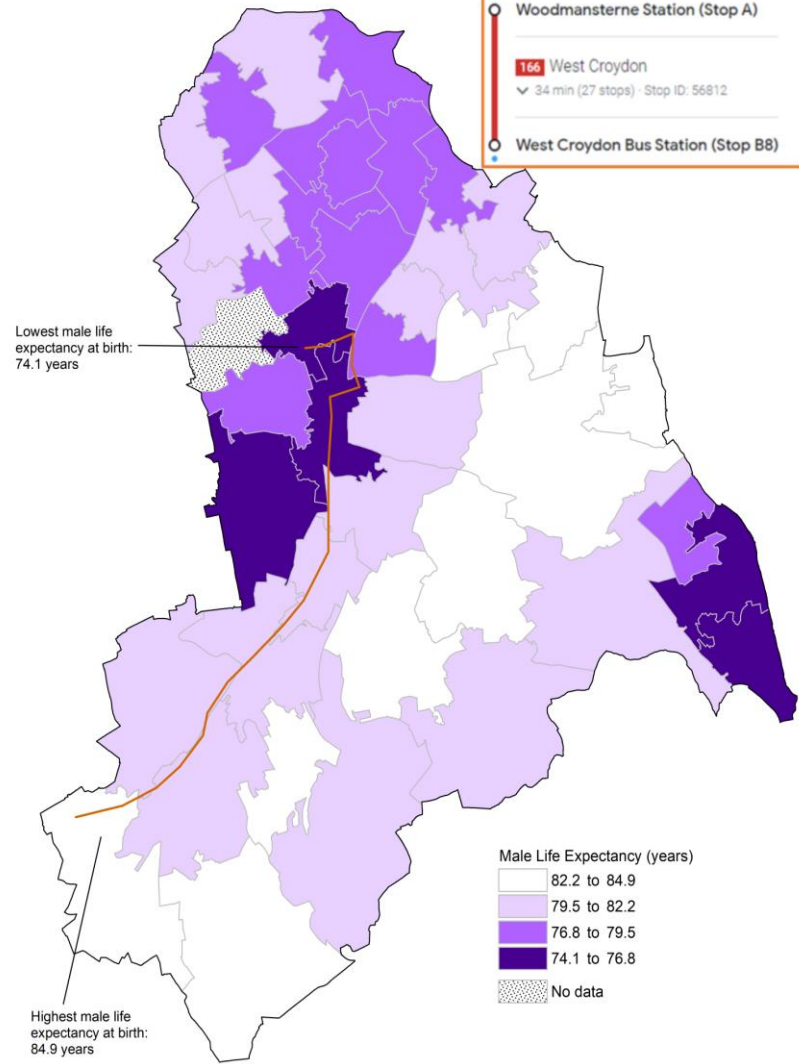
Adapted from ADPHR 2022. Available from <https://www.croydon.gov.uk/sites/default/files/2022-12/public-health-report-2022-full-report.pdf>

# Life expectancy at birth

- Life expectancy at birth is a statistical measure that estimates the average number of years a newborn born in a specific year and geography is expected to live if current death rates do not change.
- During **2018-2020**, the average life expectancy for males and females in Croydon were **79.7 years** and **83.7 years**, respectively.
- Life expectancy at birth for males and females varies across Croydon. Maps on the right-hand side shows life expectancy across Croydon for males and females for **2016-2020**. Darker colours correspond to lower life expectancy. White shades denote areas with the highest life expectancy.
- Between **2016-2020**, the lowest life expectancy at birth for males was **74.1 years** in Central West Croydon near Fairfield, Broad Green and Selhurst. The highest male life expectancy at birth was **84.9 years** in South West Croydon in Coulsdon Town.
- During the same time, lowest female life expectancy at birth was **78.5 years** in South East Croydon in New Addington South and the highest female life expectancy at birth was **87.9 years** in Central East Croydon in Shirley North.

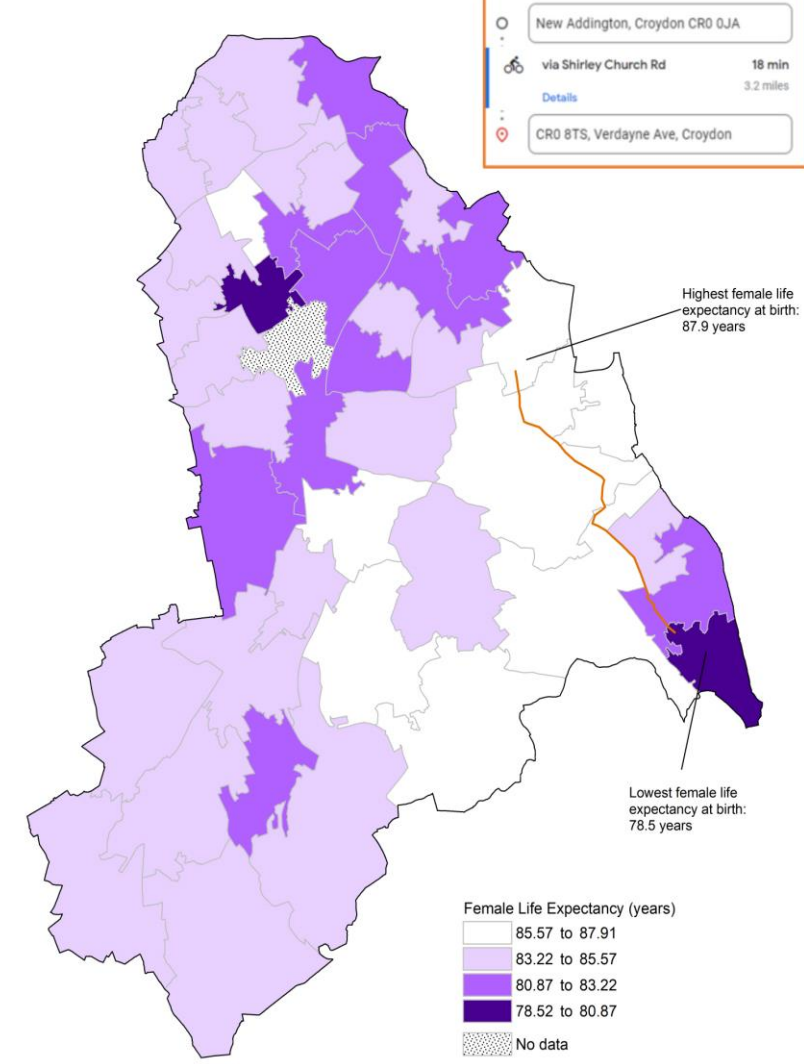
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Male life expectancy at birth, 2016-2020



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Female life expectancy at birth, 2016-2020

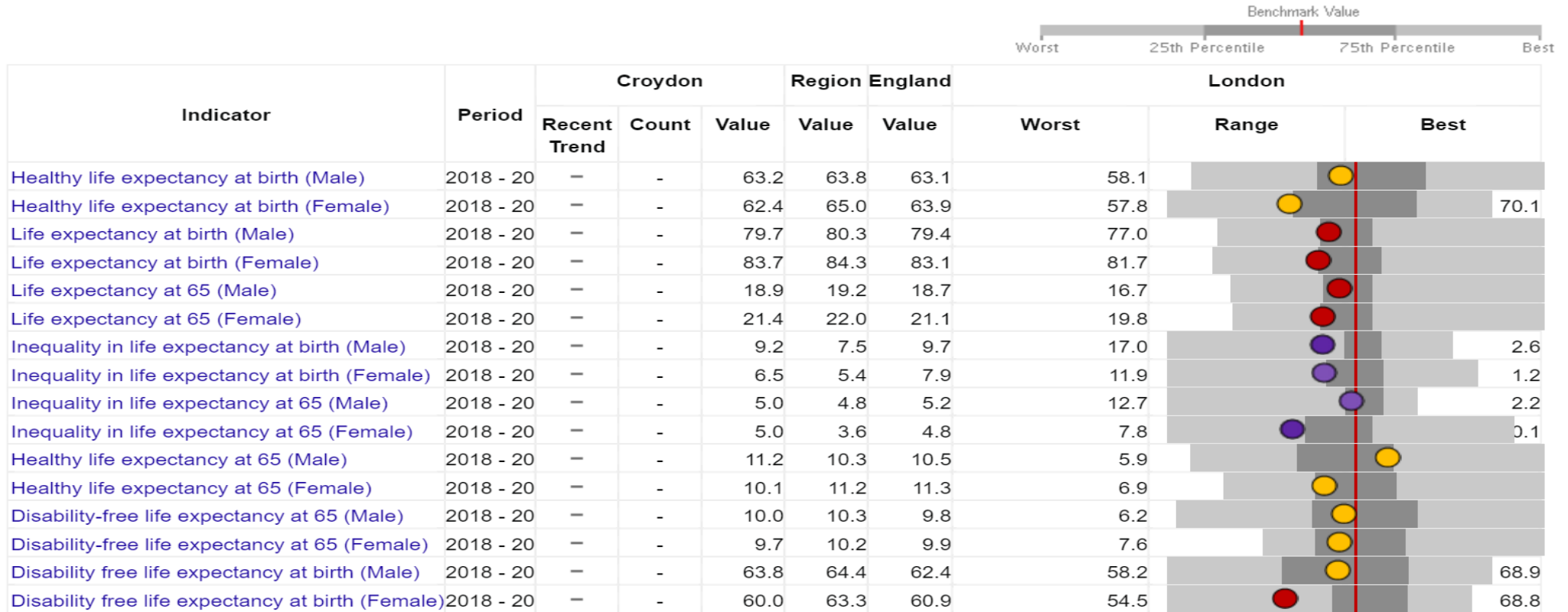


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# Life expectancy at birth: comparisons with London region (2018-2020)

● Better 95% 
 ● Similar 
 ● Worse 95% 
 ○ Not applicable 
 Quintiles: Best ○ ○ ○ ○ ○ Worst ○ Not applicable



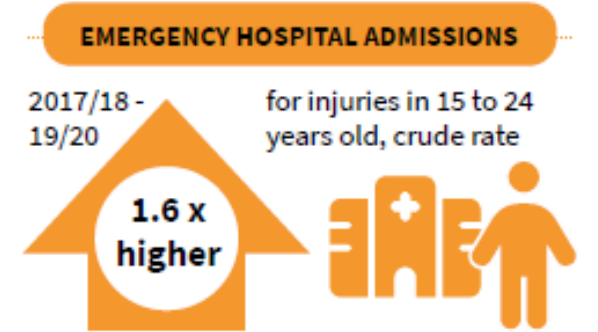
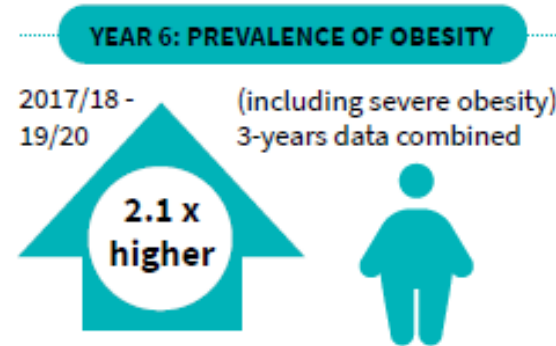
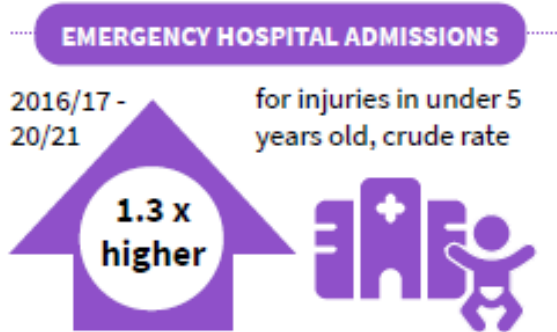
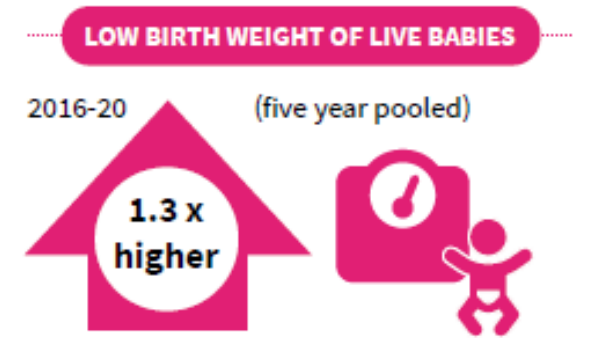
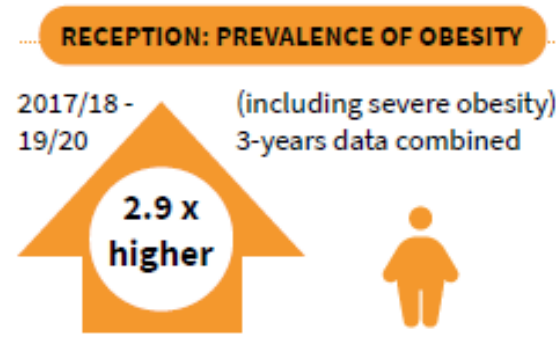
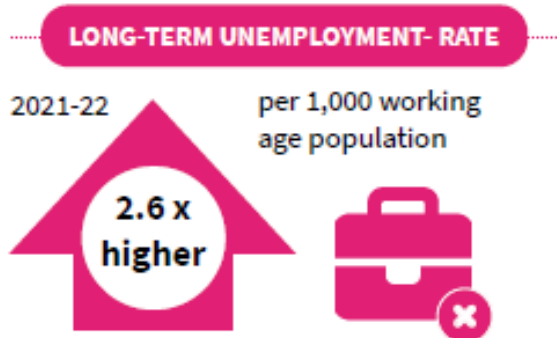
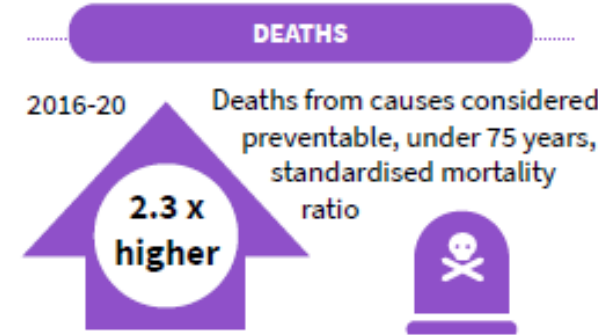
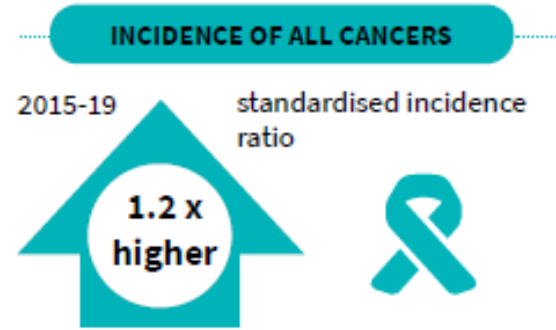
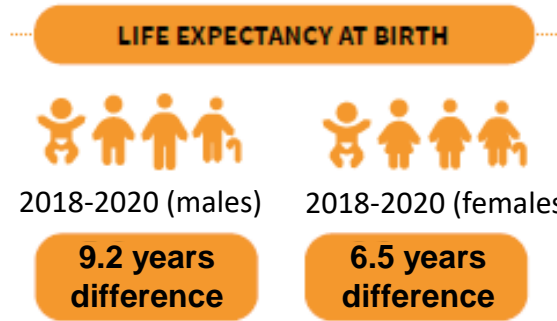
Source: Office of Health Improvement and Disparities

# Health inequalities

- Health inequalities are ‘**avoidable, unfair and systematic differences** in health between different groups of people.’ They can involve differences in:
  - health, for example, how long a person lives and whether they have illness and disease;
  - access to care, for example, availability of a given service to support their health;
  - quality and experience of care, for example, levels of patient satisfaction;
  - behavioural risks to health, for example, smoking or alcohol use,
  - wider determinants of health, for example, quality of housing or employment. ([The King’s Fund, 2022](#))
- Health inequalities exist in many forms. Therefore, when trying to identify them, it is important to consider:
  - What they concern (*Health inequalities in what?*). For example, health inequalities could involve differences in:
    - Health status (for example, life expectancy)
    - Access to care (for example, availability of services)
    - Quality and experience of care (for example, levels of patient satisfaction)
    - Behavioural risks to health (for example, smoking rates)
    - Wider determinants of health (for example, quality of housing)
  - Who is experiencing them (*Health inequalities between whom?*). For example, we can look at differences between different populations grouped by:
    - specific individual characteristics, some of which we are born with, for example, genes, sex, ethnicity and disability,
    - geography, for example urban vs rural populations,
    - wider socio-economic factors, for example, household income, work environment, and
    - social, economic or health-related vulnerabilities. For example, homeless individuals, refugees and asylum seekers. ([The King’s Fund, 2022](#))
- The [next page](#) summarises key health inequalities observed in Croydon based on deprivation as defined by Index of Multiple Deprivation. A detailed focus on health inequalities in Croydon can be found in the [2022 Annual Director of Public Health Report](#). More information on the Index of Multiple Deprivation is found in the [deprivation section](#).

# Health inequalities associated with deprivation as defined by Index of Multiple Deprivation 2019

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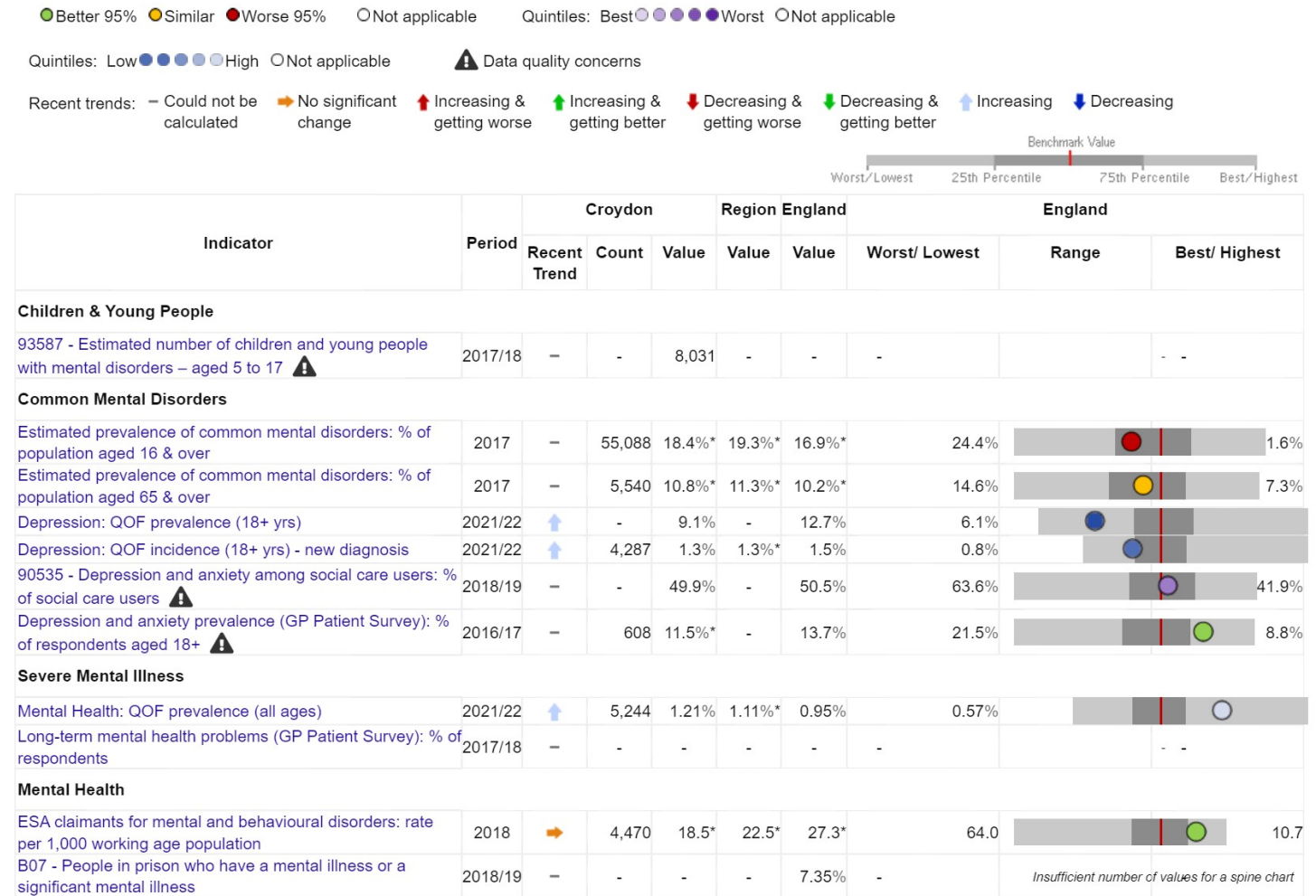
Adapted from ADPHR 2022.  
Available from <https://www.croydon.gov.uk/sites/default/files/2022-12/public-health-report-2022-full-report.pdf>

# Spotlight on Mental Health and Wellbeing

- Mental health is ‘a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.’ ([World Health Organization](#)).
- In Croydon, we see good mental health and wellbeing as a key pillar of our overall health and wellbeing. We also regard promoting and improving our mental health and wellbeing as everybody’s business.
- National surveys suggest that in 2021, **1 in 9** children and young people aged between 6 and 16 years had a probable mental health disorder in the UK ([Newlove-Delgado et al. 2021](#)). For Croydon, this would correspond to around **10,000** 6-to-16-year-olds with a probable mental health disorder.
- According to latest data, in 2017, **just under 1 in 5 people aged 16 or over** in Croydon experienced a common mental health condition. If this proportion still holds true, it would mean that approximately **56,852 adults in Croydon could be currently experiencing a common mental health problem**.
- The figure on the right-hand side provides a summary of the most recent data on our mental health and wellbeing.

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## Summary data on mental health and wellbeing



Source: Office of Health Improvement and Disparities

## Building blocks of our health and wellbeing

- Our health and wellbeing is shaped by almost every aspect of our lives—our homes, access to education, quality of jobs and working conditions, access to public transport and quality of our neighbourhoods, strength of our social connections or whether we experience poverty and discrimination. These building blocks are often referred to as ‘wider determinants of health.’
- While access to health and social care impacts our health and wellbeing, these building blocks have a far greater impact. Existing research shows that healthcare itself contributes to between 15-25% of our health and wellbeing, while the wider determinants of health shape between 45-65% of our health and wellbeing ([The King’s Fund, 2013](#)).
- This section presents insights on the following topics:
  - Deprivation and poverty
  - Housing
  - Economy and Employment
  - Education, skills and qualifications
  - Built and natural environment
  - Community Safety





# Building blocks of our health and wellbeing: deprivation and poverty

## Deprivation

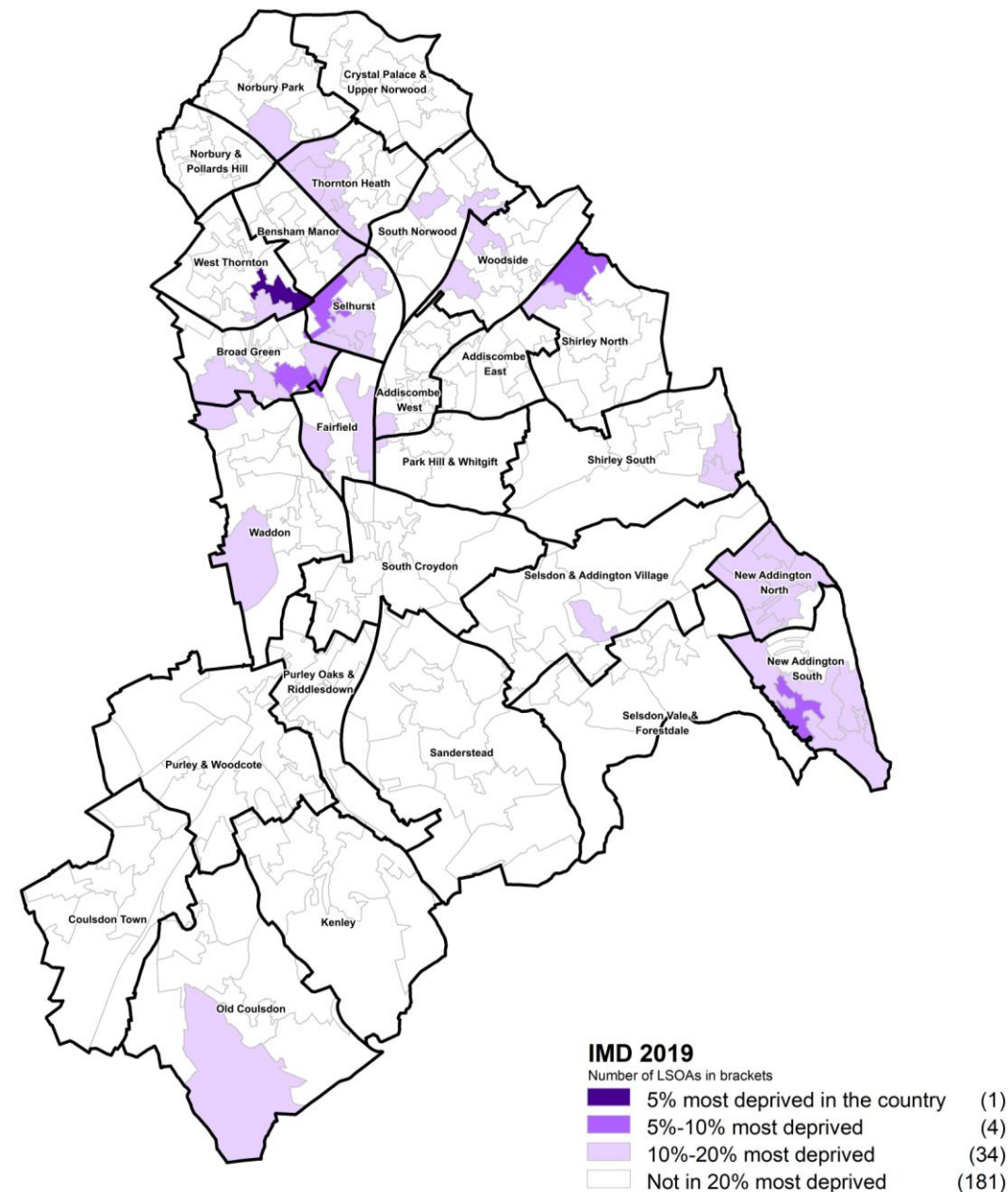
- The **Index of Multiple Deprivation (IMD)** 2019 is the official measure of relative deprivation for small areas (or neighbourhoods) in England.
- The following seven domains are considered when calculating the overall IMD score: income, employment; education, skills and training; health deprivation and disability, crime, barriers to housing and services, and living environment.
- The latest IMD, IMD 2019, shows that **2.3%** of the small areas (also known as Lower Super Output Areas) in Croydon are among **the most 10% deprived areas in England**.

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The map on the right-hand side shows the areas in Croydon that are among the 20% most deprived areas in England. Darker shades correspond to higher deprivation.

- Detailed deprivation information, including information on individual deprivation domains, can be found at [https://www.croydonobservatory.org/deprivation/#/view-report/8b97d75c317745b3a6016fc0788469d1/\\_iaFirstFeature/G3](https://www.croydonobservatory.org/deprivation/#/view-report/8b97d75c317745b3a6016fc0788469d1/_iaFirstFeature/G3).

Indices of Deprivation (IMD) 2019 by Lower Super Output Areas:

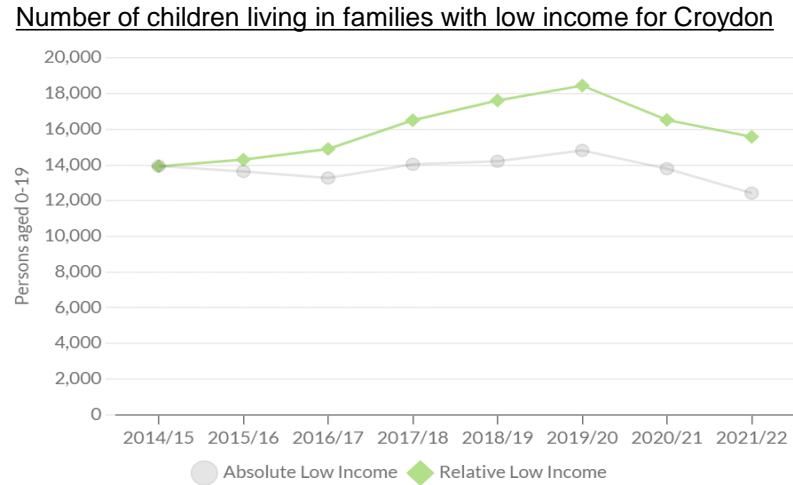


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# Building blocks of our health and wellbeing: deprivation and poverty

## Poverty

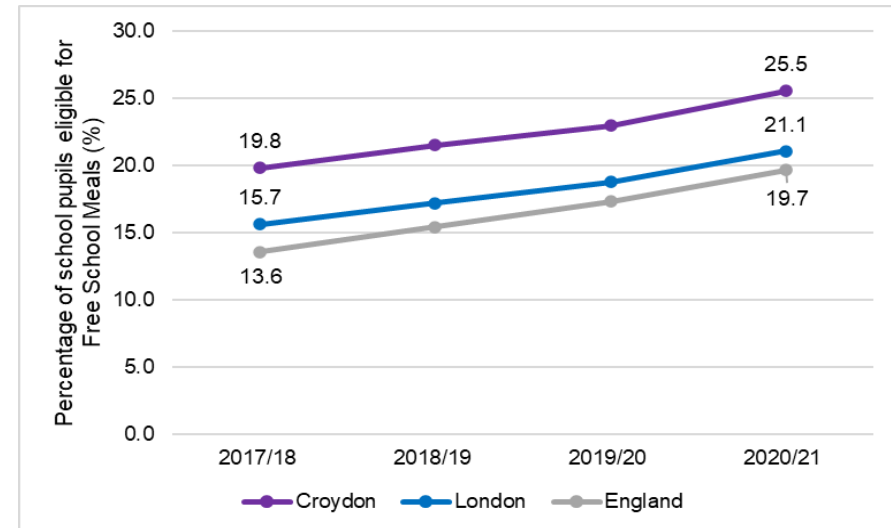
- Income is one of the key building blocks of our health and wellbeing. In 2020/21, **13,766** children in Croydon lived in families with **absolute low-income**. During the same year, **16,649** children in Croydon lived in families with **relative low income**.
- Both absolute and relative income measures are calculated before housing costs. Housing costs are an essential expense and many individuals and families in poverty struggle to pay rent or afford adequate housing. Therefore, indicators accounting for housing costs are important for better understanding poverty.



Source: Department of Work and Pensions

- In 2020/21, **child poverty rate** in Croydon, defined as the percentage aged 0-to-15 years who are living in households with below 60% median income after housing costs, was **32.1%**, down from 36.4% in the previous year. Croydon ranked **19<sup>th</sup> out of the 32** London Boroughs and the London average for the same period was 35.2%.
- The number and proportion of school pupils eligible for **Free School Meals** has been increasing in the recent years in Croydon. In 2020/21 Autumn term, **14,852 school pupils**, corresponding just above a quarter of Croydon's school pupils (**25.5%**), were eligible for Free School Meals. This was higher than the rate for London (21.1%) and England (19.7%).

Trends in percentage of school pupils eligible for Free School Meals in Croydon compared with those in London and England, 2017-2021



Source: Department for Education (2022)

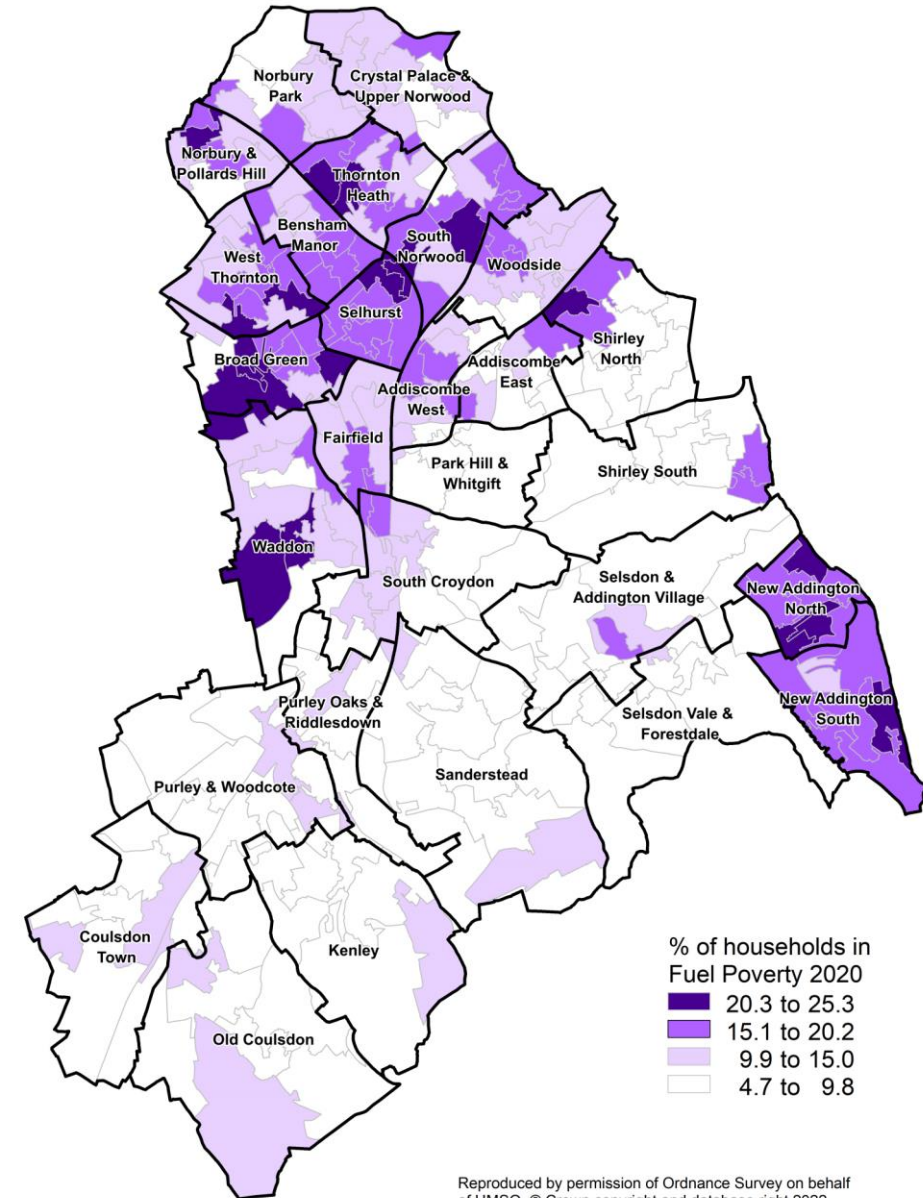
# Building blocks of our health and wellbeing: deprivation and poverty

## Fuel poverty

- A household is said to be fuel poor if it needs to spend more than 10 per cent of its income on fuel to maintain an adequate standard of warmth. This is usually defined as 21 degrees for the main living room and 18 degrees for other occupied rooms. Fuel poverty statistics are estimated using data from the English Housing Survey (EHS).
- Fuel poverty is measured based on required energy bills rather than actual spending. This ensures that households that have low energy bills simply because they actively limit their use of energy at home, for example by not heating their home, are not overlooked.
- According to latest data (2021), **21,165 households (13.1%)** in Croydon were experiencing **fuel poverty**. The map on the right hand-side shows the percentage of households in fuel poverty across Croydon.
- Please see the next slide for a summary of general housing considerations in Croydon, including fuel poverty.

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## Percentage of households in Fuel Poverty 2020



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# Building blocks of our health and wellbeing: housing

- The quality of our homes influence our health and wellbeing. For example, we know that poor quality homes, such as cold, damp, and mouldy homes can lead to respiratory problems and other health issues, including adverse impacts on our mental health.

- The figure on the right-hand side summarises data available around housing affordability, fuel poverty, winter mortality index in Croydon.

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- According to the 2011 Census, **3 in 5** of all Croydon 145,000 households were **owner occupied**, **1 in 5** were **private rented** and **juts under 1 in 5** were households living in social housing.

- Since 1997, housing affordability in Croydon, and elsewhere in London, has worsened overall. On average, people working in Croydon could expect to **pay almost eleven times their annual earnings** on purchasing a home within the borough in 2022. This is the third lowest ratio in London making Croydon **the third most affordable London borough to live and work in 2022**.

- Over the last 10 years (2010/2011 -2019/2020), Croydon has built **4,626** affordable housing units. According to the latest data on affordable housing completions (2019/2020) , Croydon has the **fifth highest number** of these completions in London. More information on housing is found at [https://www.croydonobservatory.org/housing/#/view-report/85fe651fd2af40e0bf133770aaa91687/\\_iaFirstFeature/G3](https://www.croydonobservatory.org/housing/#/view-report/85fe651fd2af40e0bf133770aaa91687/_iaFirstFeature/G3).

## Housing summary



Indicator	Period	Croydon		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
<b>Housing</b>									
Affordability of home ownership	2021	—	415,000	11.4	13.7	9.1	24.8		4.4
Fuel poverty (low income, low energy efficiency methodology)	2021	—	21,165	13.1%	11.9%	13.1%	23.2%		2%
Winter mortality index	Aug 2020 - Jul 2021	—	430	55.6%	61.3%	36.2%	104.8%		6.5%
Emergency hospital admissions due to falls in people aged 65 and over	2021/22	—	1,030	1,908	2,187	2,100	3,272		1,394
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	2020/21	—	-	32.0%	61.0%	58.0%	5.0%		86.0%
Adults with a learning disability who live in stable and appropriate accommodation	2021/22	↓	457	55.1%	77.5%	78.8%	34.4%		97.3%

Source: Office of Health Improvement and Disparities



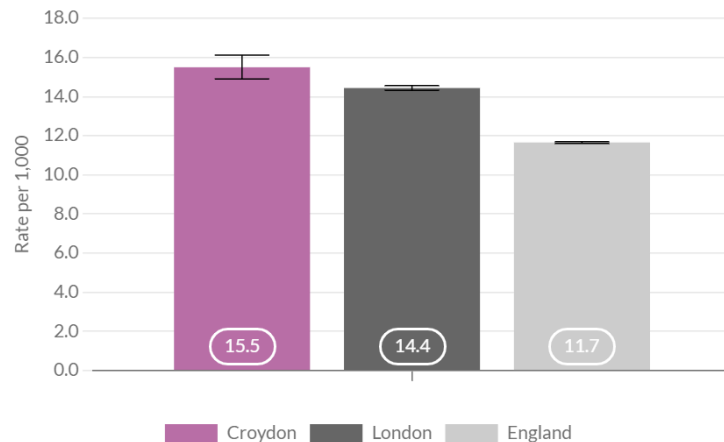
# Building blocks of our health and wellbeing: housing

## Homelessness

- Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health. The Homelessness Reduction Act (HRA) introduced new homelessness duties which meant significantly more households are being provided with a statutory service by local housing authorities than before the Act came into force.

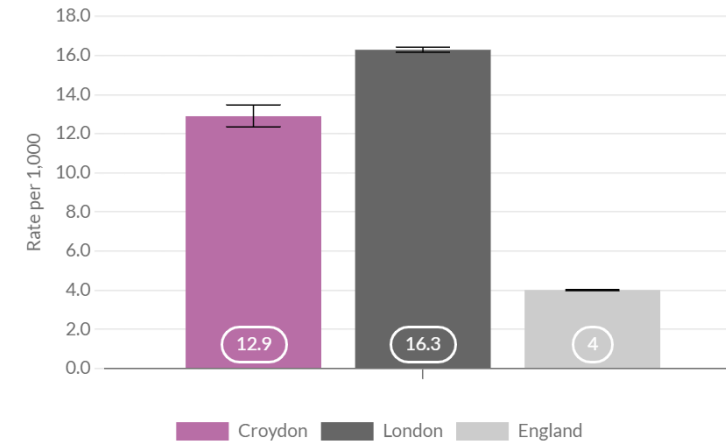
- According to the Department of Levelling up Housing & Communities, at the end of Quarter 3 of 2022 (July to September 2022), **466** households were owed a prevention (assessed as threatened with homelessness) or relief duty (assessed as homeless).
- During the same quarter, there were a total of **1,981** households in temporary accommodation in Croydon. Of these, **1,386** had dependent children and a total of **2,656** dependent children were affected.

Households owed a duty under the Homelessness Reduction Act (2021/22)



Source: Office for Health Improvement and Disparities

Households in temporary accommodation (2021/22)



Source: Office for Health Improvement and Disparities

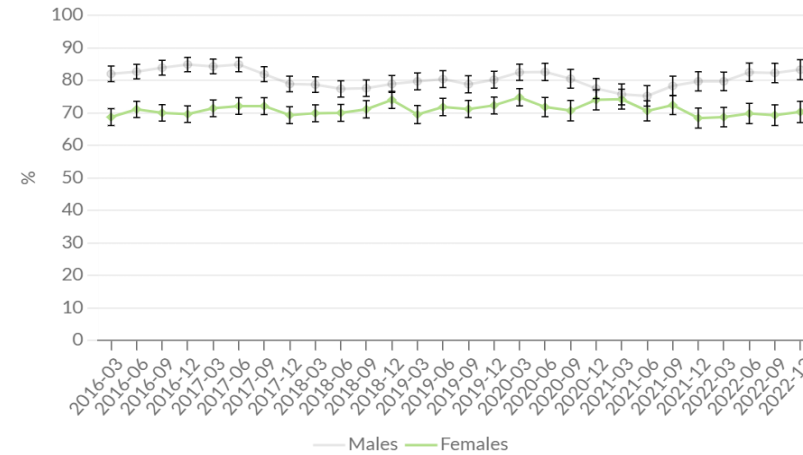


# Building blocks of our health and wellbeing: economy and employment

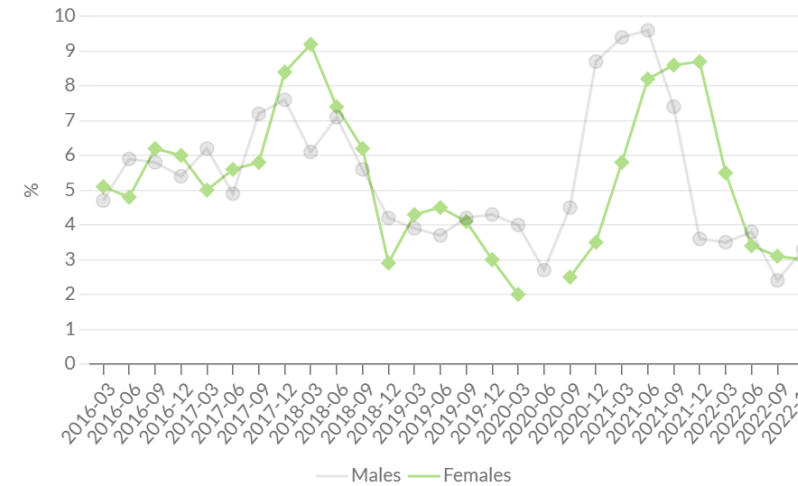
- Croydon is a major economic centre in London and a primary retail, leisure and cultural destination for the South East. It is also a major contributor of labour and skills to the London economy and is recognised in the London Plan as an important strategic location for business activity and transport infrastructure.
- Many factors play a part in the success of a local economy, including natural resources, a workforce with skills, quality of infrastructure, strong linkages with wider economies and successful distribution of wealth.
- In December 2022, overall **employment rate** in Croydon was **76.0%**. During the same time, males and females had a **similar unemployment rate** at around **3%**.
- During the same time, **the most common reasons for economic inactivity** was **family (28.5%)** followed by **being a student (25.8%)** and **long-term sickness (25.5%)**. Around **1 in 7** economically inactive people **wanted a job**.
- In August 2023, **14,630** people over the 16 years claimed out-of-work benefits.
- Universal Credit is a single payment for each household to help with living costs for those on a low income or out of work. In July 2023, a total of **20,171 working-aged men and 29,643 working-aged women** in Croydon claimed **universal credit**.
- For a detailed overview of economy and employment profile in Croydon, please see [https://www.croydonobservatory.org/economy-and-employment/#/view-report/9e93e3faae4c449084e459fcd86e88d0/\\_iaFirstFeature/G3](https://www.croydonobservatory.org/economy-and-employment/#/view-report/9e93e3faae4c449084e459fcd86e88d0/_iaFirstFeature/G3)

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Employment rate by gender (2016-2022)



Unemployment rate by gender (2016-2022)



Source: Annual Population Survey

## Building blocks of our health and wellbeing: education, skills and qualifications

- Education plays a critical role in shaping our health and wellbeing. It significantly influences our access to opportunities, resources and socioeconomic conditions. It empowers us with the knowledge and skills needed to make informed health-related decisions.
- The impact education can have on our health and wellbeing extends beyond individuals, influencing the wellbeing of our families and communities, creating lasting effects across generations.
- According to Census 2021, just over **1 in 5 people** in Croydon (**79,478 people**) were school children or full-time students.
- Census 2021 also included data on the highest level of qualification. Accordingly, just under **1 in 6 people** aged 16 years and over, did not have a qualification. Please see the table below for the highest level of qualification achieved by our population who was 16 or older at the time of Census 2021. Comparisons are available with London and England.
- The next slide in this section covers a snapshot of latest data round school readiness, average attainment 8 scores and GCSE achievement in Croydon pupils. It also provides information on school absence and percentage of 16-year-olds who are Not in Education, Employment or Training (including not known).

Highest level of qualification, aged 16 or over, Census 2021.

Highest level of qualification	Croydon	(%)	London	(%)	England	(%)
No qualifications	49,877	16.1%	1,151,250	16.2%	8,317,789	18.1%
Level 1 and entry level qualifications	28,370	9.1%	545,269	7.7%	4,456,198	9.7%
Level 2 qualifications	38,241	12.3%	707,518	10.0%	6,126,130	13.3%
Apprenticeship	11,786	3.8%	227,622	3.2%	2,446,935	5.3%
Level 3 qualifications	45,535	14.7%	937,875	13.2%	7,784,977	16.9%
Level 4 qualifications and above	127,342	41.0%	3,316,829	46.7%	15,606,458	33.9%
Other qualifications	9,246	3.0%	217,622	3.1%	1,268,468	2.8%
<b>Total: All usual residents aged 16 years and over</b>	<b>310,397</b>	<b>100.0%</b>	<b>7,103,985</b>	<b>100.0%</b>	<b>46,006,955</b>	<b>100.0%</b>

Source: Office of National Statistics

# Building blocks of our health and wellbeing: education, skills and qualifications

A summary of Education profile in Croydon.



Indicator	Period	Recent Trend	Croydon		Region England		England		
			Count	Value	Value	Value	Worst	Range	Best
School readiness: percentage of children achieving a good level of development at the end of Reception	2021/22	➔	3,108	67.4%	67.8%	65.2%	53.1%		83.4%
School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	2021/22	➔	536	56.7%	56.2%	49.1%	35.2%		83.4%
School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1	2021/22	➔	3,461	74.9%	78.2%	75.5%	62.6%		83.4%
School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1	2021/22	➔	866	65.7%	68.7%	62.0%	44.1%		83.4%
Average Attainment 8 score	2021/22	—	214,429	49.6	52.9*	48.7	39.2		83.4%
Average Attainment 8 score of children in care <span style="background-color: green; color: white; padding: 2px;">New data</span>	2021/22	—	1,003	22.3	22.0	20.3	9.8		83.4%
GCSE achieved 5A*-C including English & Maths with free school meal status	2014/15	—	260	41.5%	45.8%	33.3%	20.5%		83.4%
Pupil absence	2021/22	↑	1,195,297	7.0%	6.7%	7.6%	9.2%		83.4%
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known <span style="background-color: green; color: white; padding: 2px;">New data</span>	2021/22	↓	471	4.9%	3.4%	4.7%	14.7%		83.4%

Source: Office of Health Improvement and Disparities

# Building blocks of our health and wellbeing: built and natural environment

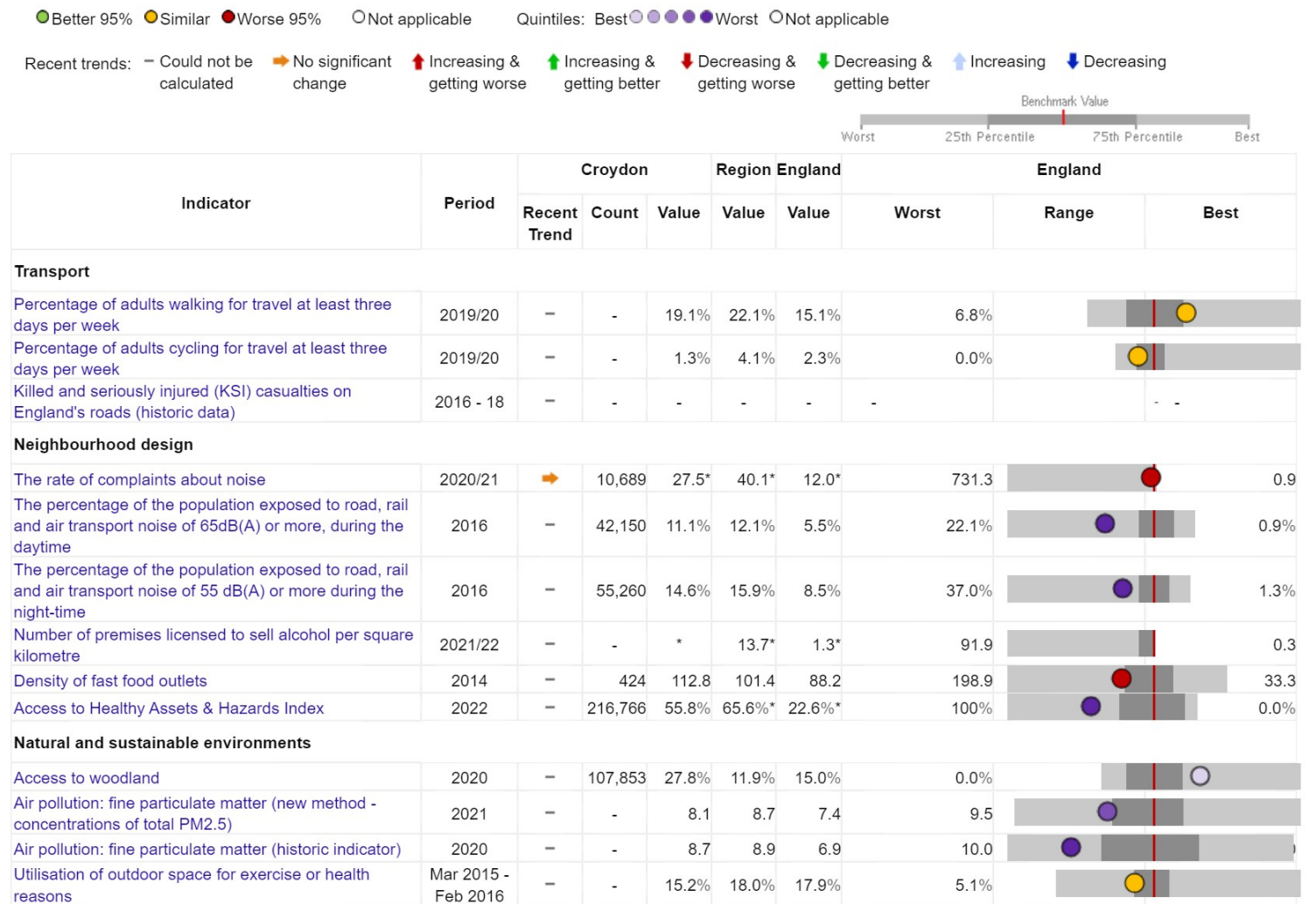
- The places and spaces we live, play, work and socialise play a pivotal role in shaping our physical and mental health and overall wellbeing.

- For example, access high quality green spaces could lower our stress levels, promote social activity and increase our daily physical activity, improving our physical and mental wellbeing. Similarly, safe, clean, healthy and well-connected neighbourhoods could cultivate a sense of belonging, feelings of security and safety, contributing to an overall sense of community and improved mental and emotional wellbeing. Conversely, environments characterised by pollution, noise and limited recreational areas could have adverse impacts on our physical and mental wellbeing. ([GCPH 2013](#))

The figure on the right-hand side summarises latest available data on Croydon's built natural environments including data on transport, neighbourhood design, and natural and sustainable environments.

- The most recent Environment Report for Croydon can be found at <https://www.croydonobservatory.org/environment/#/view-report/04f70e9e81d54d578c2ccdc0c5456e23/iaFirsFeature/G3>.

Summary data on transport, neighbourhood design, and natural and sustainable environments.



Source: Office of Health Improvement and Disparities

# Building blocks of our health and wellbeing: community safety

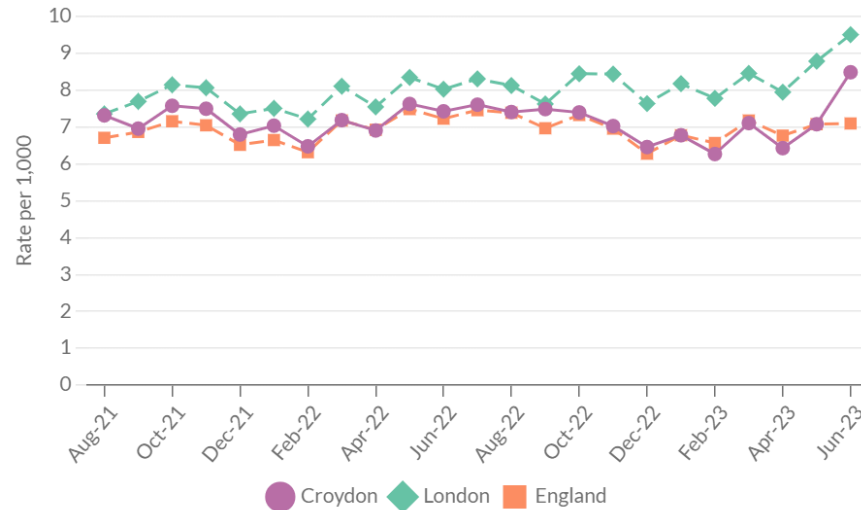
## Community safety

- Community safety plays a crucial role in shaping our health and wellbeing. Experiencing crime or fear of crime can adversely impact our mental and physical health. These impacts could be direct or indirect.
- For example, being a victim of crime could cause direct physical or mental harm, leading to poor health and wellbeing. Among some people, it could also lead to loss of confidence and isolation over time. Fear of crime impacts all of us and could erode our sense of freedom and personal safety, which could harm our health and wellbeing.

Feeling safe and secure in our environment is an important enabler for behaviours, such as outdoor physical activity or social activities, that contribute positively to our overall health and wellbeing.

- This section summarises key data on community safety. Between July 2022 and June 2023, a total of **33,089** crimes were reported in Croydon. The figures on the right-hand side compares crime rates between Croydon, London and England and provides a breakdown of crimes by type.
- A detailed profile of Croydon's Crime & Community Safety can be found at <https://www.croydonobservatory.org/crime-and-community-safety/#/view-report/48facb1714aa4261a67cbe7d59bfec28/iaFirstFeature/G3>.

All crime-monthly rates (July 2022-June 2023)



Crime by type (July 2022-June 2023)



Source: data.police.uk



## Further information

The links below cover various data and intelligence report included in Croydon's JSNA. The wider JSNA can be accessed at <https://www.croydonobservatory.org/jsna/>.

### Population overview

- [Croydon Key Dataset](#)
- [Croydon Borough Profile](#)
- [Estimates of Croydon population](#)
- [Life expectancy in Croydon](#)
- [Estimates of personal wellbeing in Croydon](#)
- [OHID – Public Health Outcomes Framework- summary for Croydon](#)

### Population groups

- [Children and Young People with Special Educational Needs and Disabilities](#)
- [Children Looked After Health Needs Assessment](#)
- [Children, young people and families in Croydon](#)
- [Children, young people and families in Croydon \(summary\)](#)
- [Health of Croydon's School-Aged Children](#)
- [OHID-Child and Maternal Health Reports for Croydon](#)
- [OHID- Fingertips Child Weight Profile](#)
- [OHID-Patterns and Trends in Child Obesity](#)

### Wider determinants

- [Housing affordability in Croydon](#)
- [OHID-Fingertips Wider Determinants Profile](#)
- [Intelligent London- Education and Learning of young people in Croydon](#)
- [Metropolitan Police-Crime data](#)
- [Mayor's Office for Policing and Crime- Crime and Violence data](#)

### Healthy behaviours

- [The Need for Specialist Drug and Alcohol Treatment in Croydon](#)
- [Improving Healthy Behaviours in Adults](#)
- [Sexual and Reproductive Health Needs Assessment](#)
- [Oral Health Needs Assessment](#)
- [OHID-Croydon Sexual Health Profile](#)
- [OHID-Fingertips Child Weight Profile](#)
- [OHID-Patterns and Trends in Child Obesity](#)

### Health conditions

- [Croydon Self-Harm and Suicide Prevention Needs Assessment](#)
- [Croydon Pharmaceutical Needs Assessment](#)
- [Croydon Pharmaceutical Needs Assessment- Supplementary Statement](#)
- [Perinatal Mental Health Review](#)
- [Diagnosed Conditions in Croydon GPs](#)
- [Registered suicides in Croydon](#)
- [OHID-Fingertips Mental Health and Wellbeing Profile](#)
- [OHID-Public Mental Health Dashboard](#)

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# Equality Analysis Form

# 1. Introduction

## 1.1 Purpose of Equality Analysis

The council has an important role in creating a fair society through the services we provide, the people we employ and the money we spend. Equality is integral to everything the council does. We are committed to making Croydon a stronger, fairer borough where no community or individual is held back.

Undertaking an Equality Analysis helps to determine whether a proposed change will have a positive, negative, or no impact on groups that share a protected characteristic. Conclusions drawn from Equality Analyses helps us to better understand the needs of all our communities, enable us to target services and budgets more effectively and also helps us to comply with the Equality Act 2010.

An equality analysis must be completed as early as possible during the planning stages of any proposed change to ensure information gained from the process is incorporated in any decisions made.

In practice, the term ‘**proposed change**’ broadly covers the following:-

- Policies, strategies and plans;
- Projects and programmes;
- Commissioning (including re-commissioning and de-commissioning);
- Service review;
- Budget allocation/analysis;
- Staff restructures (including outsourcing);
- Business transformation programmes;
- Organisational change programmes;
- Processes (for example thresholds, eligibility, entitlements, and access criteria).

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# 2. Proposed change

<b>Directorate</b>	<b>Assistant Chief Executive</b>
<b>Title of proposed change</b>	<b>Draft Joint Local Health and Wellbeing Strategy (2024-2029)</b>
<b>Name of Officer carrying out Equality Analysis</b>	<b>Shifa Sarica Jack Bedeman</b>

## 2.1 Purpose of proposed change (see 1.1 above for examples of proposed changes)

Briefly summarise the proposed change and why it is being considered/anticipated outcomes. What is meant to achieve and how is it seeking to achieve this? Please also state if it is an amendment to an existing arrangement or a new proposal.

### **What is the Joint Local Health and Wellbeing Strategy (JLHWS)?**

The Joint Local Health and Wellbeing Strategy (JLHWS) sets out how the Health and Wellbeing Board will work together as a partnership, along with residents, to improve the health and wellbeing of our local communities. It is informed by local needs, as identified in the [Joint Strategic Needs Assessment \(JSNA\)](#), and views of partners and our local communities.

### **Why are we revising the strategy for 2024-2029?**

Croydon's current JLHWS was published in 2019. Since then, the health and wellbeing and the health and care system in Croydon, like many other places, have seen important changes. One of these key changes in the health and care system is the implementation of the Health and Care Act 2022 and the subsequent creation of Integrated Care Systems. Integrated Care Systems are partnerships of organisations that bring together local authorities, NHS organisations and other system partners to plan and deliver joined-up health and care services within a geographical area. Croydon is now a part of the South West London Integrated Care System, which is made up of a total of six local authorities. The other local authorities in South West London Integrated Care System include Kingston, Merton, Richmond, Sutton and Wandsworth.

With the Health and Social Care Act 2022, Croydon's Health and Wellbeing Board continues to be responsible for the creation of Croydon's JLHWS. However, there is now a need to coordinate the JLHWS and the Integrated Care Strategy so that initiatives within Croydon and at the South West London system-level can have the greatest possible positive impact on our health and wellbeing. In addition to these recent reforms in the health and care system, the COVID-19 pandemic has shone a light on existing, and in some cases widening, health inequalities in Croydon. The cost-of-living crisis continues to pose significant challenges not only to the health and social care services but also to our health and wellbeing.

We are committed to keeping our strategy relevant, effective, and responsive to these changes. By reviewing and revising the JLHWS, we want to make sure it stays on track to address the evolving health needs and inequalities in Croydon.

### **PROPOSED CHANGES:**

#### **What is the vision for the draft JLHWS for 2024-2029?**

The overall vision of the draft JLHWS is to achieve a Croydon where "everybody is enabled to lead a healthy, happy and fulfilling life, supported by safe, healthy and thriving communities and neighbourhoods". We will work together and build on our strengths to actively tackle inequalities and improve our health and wellbeing.'

#### **What are the priority areas of focus in the draft JLHWS?**

1. Good mental health and wellbeing for all
2. Cost of living: supporting our residents to 'eat, sleep and have heat'
3. Healthy, safe and well-connected neighbourhoods and communities
4. Supporting our children, young people and families
5. Supporting our older population to live healthy, independent and fulfilling lives

#### **What will underpin our actions? What are our guiding principles?**

Our actions will be underpinned by the following guiding principles:

- 1- Tackling health inequalities: We will aim to reduce, and where possible prevent, health inequalities. In addition to taking action to improve the health and wellbeing of everybody in Croydon, we will take action to:



- Improve the health of the most disadvantaged groups, and
  - Reduce the gap between the best and the worst off.
- 2- Prevention across the life course: We will take a prevention-first approach to prevent ill health from happening in the first place. We will embed principles of prevention across the life course, ensuring that our residents have the necessary tools and support, especially during key transition stages, to lead healthy and independent lives. We will aim to identify and tackle issues at the earlier possible opportunity to prevent them from getting worse.
  - 3- Integrated partnership working: We will continue to improve integrated partnership working across health and social care at the local level, capitalising on the accomplishments of the One Croydon Alliance. We will actively engage in integrated partnership initiatives throughout South West London. We will endeavour to use our collective resources effectively, efficiently and sustainably, enabling our residents to find the right support, at the right time and at the right place.
  - 4- Community focus and co-production: We are committed to taking a community-centric approach striving to shift more services to community settings, enabling community-led support to improve health and wellbeing. We will work in partnership with our residents and communities, recognising and building on their strengths.
  - 5- Evidence-informed decisions and actions: We will base our strategic decisions and actions, including our commissioning, on the best available evidence. This principle ensures that our actions are effective, efficient, and aligned with the evolving needs of our communities. We will establish clear oversight and monitoring processes to assess the impact of our strategies and actions.

### 3. Impact of the proposed change

**Important Note:** It is necessary to determine how each of the protected groups could be impacted by the proposed change. Who benefits and how (and who, therefore doesn't and why?) Summarise any positive impacts or benefits, any negative impacts and any neutral impacts and the evidence you have taken into account to reach this conclusion. Be aware that there may be positive, negative and neutral impacts within each characteristic.


Where an impact is unknown, state so. If there is insufficient information or evidence to reach a decision you will need to gather appropriate quantitative and qualitative information from a range of sources e.g. Croydon Observatory a useful source of information such as Borough Strategies and Plans, Borough and Ward Profiles, Joint Strategic Health Needs Assessments <http://www.croydonobservatory.org/> Other sources include performance monitoring reports, complaints, survey data, audit reports, inspection reports, national research and feedback gained through engagement with service users, voluntary and community organisations and contractors.

#### 3.1 Deciding whether the potential impact is positive or negative

**Table 1 – Positive/Negative impact**

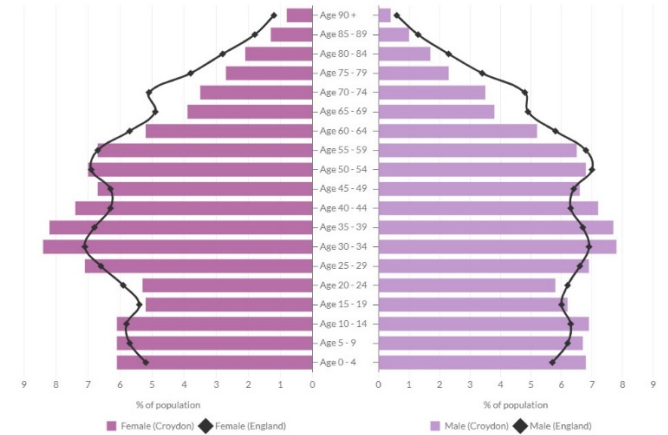
For each protected characteristic group show whether the impact of the proposed change on service users and/or staff is positive or negative by briefly outlining the nature of the impact in the appropriate column. . If it is decided that analysis is not relevant to some groups, this should be recorded and explained. In all circumstances you should list the source of the evidence used to make this judgement where possible.

Protected characteristic group(s)	Positive impact	Negative impact	Source of evidence

Age	<p>One of the guiding principles in the draft strategy is “<b>Prevention across the life course</b>: We will take a prevention-first approach to prevent ill health from happening in the first place. We will embed principles of prevention across the life course, ensuring that our residents have the necessary tools and support, especially during key transition stages, to lead healthy and independent lives. We will aim to identify and tackle issues at the earlier possible opportunity to prevent them from getting worse.” Focusing on the entire life course is anticipated to benefit people of all ages.</p> <p>Actions towards priority 4 (“Supporting our children, young people and families”) will specifically benefit <b>younger ages</b>, while actions towards Priority 5 (“Supporting our older population to live healthy, independent and fulfilling lives”) will benefit <b>older age groups</b>.</p> <p>While there isn’t a specific priority focusing on working-age adults, we expect actions in all priority areas, specifically the following to positively impact this group:</p> <ul style="list-style-type: none"> <li>• Priority 1: Good mental health and wellbeing for all</li> <li>• Priority 2: Supporting residents to ‘sleep, eat and have heat’</li> <li>• Priority 3: Healthy, safe and well-connected neighbourhoods and communities</li> <li>• Priority 4: Supporting our children, young people <b>and families</b> so that our children and young people can have the best start in life and the opportunities they need to reach their potential.</li> </ul>	<p>At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.</p>	<p><b>Census 2021</b></p> <ul style="list-style-type: none"> <li>• With a population of 390,719, Croydon is the largest borough in London by population. The figure below shows the population of Croydon, by broad age groups:</li> </ul>  <p>The infographic displays the population distribution for Croydon in 2021 across three age groups. The 'Age 15 - 64' group is the largest, representing 67% of the population. The 'Age 0-14' group represents 19%, and the 'Age 65+' group represents 14%. Each age group is visualized with a row of human icons, where the first few icons are colored to represent the percentage of the population in that group.</p> <table border="1"> <thead> <tr> <th>Age Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Age 0-14</td> <td>19%</td> </tr> <tr> <td>Age 15 - 64</td> <td>67%</td> </tr> <tr> <td>Age 65 +</td> <td>14%</td> </tr> </tbody> </table>	Age Group	Percentage	Age 0-14	19%	Age 15 - 64	67%	Age 65 +	14%
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Disability	<p>Actions across all priority areas are anticipated to have positive impacts for people with disability. Some anticipated positive impacts include the following:</p> <ul style="list-style-type: none"> <li>• Improved mental health and wellbeing for all, including a specific focus on people with learning disabilities</li> <li>• Improved general health and wellbeing outcomes in particularly low-income individuals through the specific focus on cost-of-living support</li> <li>• Improved physical, social, mental and emotional health through work on healthy, safe and well-connected neighbourhoods and communities</li> <li>• Improved support for children, young people and families, including those with Special Educational Needs and Disabilities.</li> <li>• Improved health and wellbeing outcomes for older people so they can live healthy, independent and fulfilling lives. Actions in this area will support our older residents to stay physically and mentally well and maintain independence as long as possible.</li> </ul>	<p>At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.</p>	<p><b>Census 2021</b></p> <ul style="list-style-type: none"> <li>• According to the 2021 Census, 54,825 individuals (15.8% of the population) in Croydon were disabled under the Equality Act. Of these, 31,136 had their day-to-day activities limited a little, and 23,716 had their day-to-day activities limited a lot.</li> <li>• While 72.4% of the households had no people disabled under the Equality Act in the household, 22.1% household had one person disabled under the Equality Act and 5.5% of the households had two or more people disabled in the household under the Equality Act.</li> </ul> <table border="1" data-bbox="1391 504 2085 756"> <thead> <tr> <th>Disability status by household</th> <th>Number of households</th> </tr> </thead> <tbody> <tr> <td>No people disabled under the Equality Act in household</td> <td>110,761</td> </tr> <tr> <td>1 person disabled under the Equality Act in household</td> <td>33,725</td> </tr> <tr> <td>2 or more people disabled under the Equality Act in household</td> <td>8,459</td> </tr> </tbody> </table>	Disability status by household	Number of households	No people disabled under the Equality Act in household	110,761	1 person disabled under the Equality Act in household	33,725	2 or more people disabled under the Equality Act in household	8,459
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Sex	<p>Actions across all priority areas are anticipated to have positive impacts for people of all sexes. For example, we anticipate positive impacts through:</p> <ul style="list-style-type: none"> <li>• Improved mental health outcomes in men and women through actions towards draft priority 1. Good mental health and wellbeing for all and draft priority 4. Supporting our children, young people and families</li> <li>• Prevention of domestic violence and violence against women, through actions towards draft priority 3:</li> </ul>	<p>At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.</p>	<p><b>Census 2021</b></p> <ul style="list-style-type: none"> <li>• Croydon's population is 51.9% female and 48.1% male (2021).</li> <li>• For age groups younger than 20, there is a slightly higher proportion of males than females. However, there is slightly a higher proportion of females than males in working-age and older age groups. A population pyramid showing percentage of population by 5-year age groups is provided below.</li> </ul>								

healthy, safe and well-connected neighbourhoods and communities



Gender Reassignment

Actions across all priority areas are anticipated to have positive impacts for all people, regardless of their gender.

At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.

**Census 2021:**

- In 2021, about 2,765 people in Croydon identified as a gender different from their sex registered at birth. A detailed breakdown is provided below.

Gender identity	Percentage (%)	Number of people
Gender identity the same as sex registered at birth	91.60	284,319
Gender identity different from sex registered at birth but no specific identity given	0.46	1,420
Trans woman	0.17	515
Trans man	0.18	558
Non-binary	0.05	165
All other gender identities	0.03	107
Not answered	7.51	23,314

Marriage or Civil Partnership

Actions across all priority areas are anticipated to have positive impacts for all people, regardless of their marriage or civil partnership status.

At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.

**Census 2021:**

- In 2021, Around 43% of Croydon residents were never married and never registered in a civil partnership, while around 42% were married or registered in a civil partnership. A detailed breakdown of legal partnership status is provided in the table below.

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Religion or belief	<p>Actions across all priority areas are anticipated to have positive impacts for all people, regardless of their religion or belief.</p>	<p>At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.</p>	<p><b>Census 2021:</b></p> <ul style="list-style-type: none"> <li>Around 49% of Croydon residents stated that they were Christian and 26% stated they had no religion. 7% did not state their religion.</li> </ul> <table border="1"> <thead> <tr> <th>Religion</th> <th>Number of people</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>190,880</td> <td>48.9</td> </tr> <tr> <td>Buddhist</td> <td>2,371</td> <td>0.6</td> </tr> <tr> <td>Hindu</td> <td>23,145</td> <td>5.9</td> </tr> <tr> <td>Jewish</td> <td>609</td> <td>0.2</td> </tr> <tr> <td>Muslim</td> <td>40,717</td> <td>10.4</td> </tr> <tr> <td>Sikh</td> <td>1,654</td> <td>0.4</td> </tr> <tr> <td>Other religion</td> <td>3,189</td> <td>0.8</td> </tr> </tbody> </table>	Religion	Number of people	Percentage (%)	Christian	190,880	48.9	Buddhist	2,371	0.6	Hindu	23,145	5.9	Jewish	609	0.2	Muslim	40,717	10.4	Sikh	1,654	0.4	Other religion	3,189	0.8
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Race	<p>The strategy puts a large emphasis on tackling health inequalities through improving the health of the most disadvantaged groups and reducing the gap between the best and the worst off. It also commits to taking a community centric approach, enabling community-led support to improve health and wellbeing. Guided by these principles, actions across all priority areas are anticipated to have positive impacts for all people.</p> <p>We anticipate positive impacts on our Global Majority groups through:</p>	<p>At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.</p>	<p><b>Census 2021:</b></p> <ul style="list-style-type: none"> <li>Around 52% of Croydon's population come from Global Majority groups.</li> </ul> <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Number of people</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Asian, Asian British or Asian Welsh</td> <td>68,487</td> <td></td> </tr> <tr> <td>Black, Black British, Black Welsh, Caribbean or African</td> <td>88,441</td> <td></td> </tr> <tr> <td>Mixed or Multiple ethnic groups</td> <td>29,745</td> <td></td> </tr> <tr> <td>White</td> <td>188,985</td> <td></td> </tr> <tr> <td>Other ethnic group</td> <td>15,066</td> <td></td> </tr> </tbody> </table>	Ethnicity	Number of people	Percentage (%)	Asian, Asian British or Asian Welsh	68,487		Black, Black British, Black Welsh, Caribbean or African	88,441		Mixed or Multiple ethnic groups	29,745		White	188,985		Other ethnic group	15,066							
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	<ul style="list-style-type: none"> <li>Promoting culturally competent health and care services</li> <li>Establishing the use of an anti-racism framework</li> <li>Targeted activities to improve the health and wellbeing outcomes of our Global Majority population.</li> </ul>		<ul style="list-style-type: none"> <li>Around 5 in 6 (84%) of people speak English as their main language. After English, South Asian (4.8%) languages, Other European (EU) language (4.7%), Portuguese (1.3%), Spanish (1.0%) and East Asian (0.8%) are the most common main languages.</li> </ul> <table border="1" data-bbox="1391 336 2132 743"> <thead> <tr> <th>Household language</th> <th>Count</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>All adults in household have English in England as a main language</td> <td>122,932</td> <td>80.4</td> </tr> <tr> <td>At least one but not all adults in household have English as a main language</td> <td>12,189</td> <td>8.0</td> </tr> <tr> <td>No adults in household, but at least one person aged 3 to 15 years, has English as a main language</td> <td>4,453</td> <td>2.9</td> </tr> <tr> <td>No people in household have English in England as a main language</td> <td>13,372</td> <td>8.7</td> </tr> </tbody> </table>	Household language	Count	Percentage (%)	All adults in household have English in England as a main language	122,932	80.4	At least one but not all adults in household have English as a main language	12,189	8.0	No adults in household, but at least one person aged 3 to 15 years, has English as a main language	4,453	2.9	No people in household have English in England as a main language	13,372	8.7												
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Sexual Orientation	<p>The overall vision of the draft JLHWS is to achieve a Croydon where “everybody is enabled to lead a healthy, happy and fulfilling life, supported by safe, healthy and thriving communities and neighbourhoods. We will work together and build on our strengths to actively tackle inequalities and improve our health and wellbeing.’</p> <p>Actions across all priority areas are anticipated to have positive impacts for all people, regardless of their sexual orientation. We anticipate specific mental health benefits to our LGBTQ+ population through targeted actions focusing on draft Priority 1. Good mental health and wellbeing for all.</p>	At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.	<p><b><u>Census 2021:</u></b></p> <ul style="list-style-type: none"> <li>According to the Census 2021, in March 2021, 3.1% of Croydon’s population, around 9,520 individuals, identified as lesbian, gay, bisexual and other non-straight identities including, pansexual, asexual, queer and other. A detailed breakdown of sexual orientation is provided below.</li> </ul> <table border="1" data-bbox="1391 1086 2000 1481"> <thead> <tr> <th>Sexual orientation</th> <th>Number of people</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Straight or Heterosexual</td> <td>272,523</td> <td>87.80</td> </tr> <tr> <td>Gay or Lesbian</td> <td>4,696</td> <td>1.51</td> </tr> <tr> <td>Bisexual</td> <td>3,661</td> <td>1.18</td> </tr> <tr> <td>Pansexual</td> <td>855</td> <td>0.28</td> </tr> <tr> <td>Asexual</td> <td>123</td> <td>0.04</td> </tr> <tr> <td>Queer</td> <td>97</td> <td>0.03</td> </tr> <tr> <td>All other sexual orientations</td> <td>98</td> <td>0.03</td> </tr> <tr> <td>Not answered</td> <td>28,344</td> <td>9.13</td> </tr> </tbody> </table>	Sexual orientation	Number of people	Percentage (%)	Straight or Heterosexual	272,523	87.80	Gay or Lesbian	4,696	1.51	Bisexual	3,661	1.18	Pansexual	855	0.28	Asexual	123	0.04	Queer	97	0.03	All other sexual orientations	98	0.03	Not answered	28,344	9.13
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Not answered	28,344	9.13																												

			<p><b><u>LGBTQI+ Youth and Mental Health: A Systematic Review of Qualitative Research</u></b></p> <ul style="list-style-type: none"> <li>• One in three lesbian, gay, bisexual, transgender, and queer (LGBTQ+) young people within the UK experience mental health difficulties, compared to one in eight young people within the general population</li> </ul>
Pregnancy or Maternity	<p>The overall vision of the draft JLHWS is to achieve a Croydon where “everybody is enabled to lead a healthy, happy and fulfilling life, supported by safe, healthy and thriving communities and neighbourhoods. We will work together and build on our strengths to actively tackle inequalities and improve our health and wellbeing.’</p> <p>Actions across all priority areas are anticipated to have positive impacts for all people. Specifically, actions towards draft priority 4. Supporting our children, young people and families are anticipated to have positive impacts on pregnant individuals. Some positive outcomes include:</p> <ul style="list-style-type: none"> <li>• Providing targeted interventions to high risk pregnant individuals, such as interventions aimed at: <ul style="list-style-type: none"> <li>• Helping individuals to stop smoking during pregnancy</li> <li>• Helping pregnant individuals to access healthy food and supplements during pregnancy</li> <li>• Improving New Birth Visit rates</li> <li>• Improving parental mental health</li> </ul> </li> </ul>	<p>At present, there is no evidence suggesting that the implementation of this draft strategy will negatively impact individuals within this protected group.</p>	<p><b><u>Children, young people and families in Croydon rapid needs assessment</u></b></p> <ul style="list-style-type: none"> <li>• The total number of births born to mothers resident in Croydon has been decreasing since 2016. In 2021, there were 5,001 live births, down from over 5,252 in 2020.</li> <li>• 44.7% of deliveries were to mothers from Black, Asian and Minority ethnic groups.</li> <li>• Under 16s conception rate in Croydon has been relatively stable in the recent years. In 2020, this rate was 1.7 per 1,000 which was similar to that in the wider London region and in England.</li> <li>• Under 18s conception rate in Croydon has been decreasing in the recent years. In 2020, the rate was 11.3 per 1,000, a rate similar to that in the wider London region and that in England.</li> <li>• The rate of births to teenage mothers have been relatively stable in Croydon. In 2021/22, 0.6% of all live births were to teenage mothers.</li> <li>• The percentage of mothers smoking at the time of delivery has been decreasing in Croydon. In 2021/22, there were a total of 210 (5.5%) mothers reported to have been smoking at the time of delivery. This rate is higher than that in London (4.5%) but lower than that in England (9.1%).</li> <li>• Latest data (2018/19) showed that Croydon rates of folic acid supplements before pregnancy (25.3%) and early access to maternity care (38.4%) were lower than that in the London region (28.5% and 47.8%, respectively).</li> <li>• During the same period (2018/19), 23.2% of women were reported to have obesity in early</li> </ul>

pregnancy. This was worse than the overall London value (17.8%) but similar to that in England (22.1%).

- Trends in low and very low birth weight of all babies, and low birth weight of term babies have been relatively steady in recent years. In 2020, 8.7% of all babies at low birth weight and 1.3% had very low birth rate. In the same year, 3.7% of all term babies had low birthweight. These figures have been generally similar to those in the wider London region except for low birth weight of all babies which is worse than that in London (8.7%vs 7.5%).
- During 2019-21, 85 stillbirths were reported in Croydon, equating to a rate of 5.4 per 1,000 births. This rate was higher than that in the London region (4.3 per 1,000) and England (3.9 per 1,000).
- In 2021/22, Baby First Feed was breast milk for 84.8% of babies in Croydon. This is lower than the London region average (87.7%), but higher than England average (71.7%).
- 85.8% of New Birth Visits were completed within 14 days by a health visitor. This was lower than that in the London region (87.8%) but higher than that in England (82.6%).
- The mental health of parents can have an impact on the current and future health and wellbeing of their children and shape their social and educational outcomes. National surveys and international meta-analyses suggest that up to 20% of women and 10% of men are estimated to have a mental illness during pregnancy and the year after birth. This would mean that up to 1,000 pregnant mothers and 500 fathers would have been expected to be affected by mental illness sometime during the perinatal period in Croydon in 2021.
- ONS Census 2021 identified a total of 152,947 households in Croydon, of which just over a third (51,709, 33.8%) were household types with

			dependent children. Of the households with dependent children, 29% were lone parent, single family households
--	--	--	---

**Important note:** You must act to eliminate any potential negative impact which, if it occurred would breach the Equality Act 2010. In some situations this could mean abandoning your proposed change as you may not be able to take action to mitigate all negative impacts.

When you act to reduce any negative impact or maximise any positive impact, you must ensure that this does not create a negative impact on service users and/or staff belonging to groups that share protected characteristics. **Please use table 4 to record actions that will be taken to remove or minimise any potential negative impact**

### 3.2 Additional information needed to determine impact of proposed change

**Table 2 – Additional information needed to determine impact of proposed change**

If you need to undertake further research and data gathering to help determine the likely impact of the proposed change, outline the information needed in this table. Please use the table below to describe any consultation with stakeholders and summarise how it has influenced the proposed change. Please attach evidence or provide link to appropriate data or reports:		
Additional information needed and or Consultation Findings	Information source	Date for completion

For guidance and support with consultation and engagement visit <https://intranet.croydon.gov.uk/working-croydon/communications/consultation-and-engagement/starting-engagement-or-consultation>

### 3.3 Impact scores

#### Example

If we are going to reduce parking provision in a particular location, officers will need to assess the equality impact as follows;

1. Determine the Likelihood of impact. You can do this by using the key in table 5 as a guide, for the purpose of this example, the likelihood of impact score is 2 (likely to impact)
2. Determine the Severity of impact. You can do this by using the key in table 5 as a guide, for the purpose of this example, the Severity of impact score is also 2 (likely to impact )
3. Calculate the equality impact score using table 4 below and the formula **Likelihood x Severity** and record it in table 5, for the purpose of this example - **Likelihood (2) x Severity (2) = 4**

Table 4 – Equality Impact Score

<b>Severity of Impact</b>	3	3	6	9
	2	2	4	6
	1	1	2	3
		1	2	3
	<b>Likelihood of Impact</b>			

#### Key

Risk Index	Risk Magnitude
6 – 9	High
3 – 5	Medium
1 – 3	Low



# Equality Analysis

Table 3 – Impact scores

Column 1	Column 2	Column 3	Column 4
PROTECTED GROUP	LIKELIHOOD OF IMPACT SCORE	SEVERITY OF IMPACT SCORE	EQUALITY IMPACT SCORE
	<p>Use the key below to <b>score</b> the <b>likelihood</b> of the proposed change impacting each of the protected groups, by inserting either 1, 2, or 3 against each protected group.</p> <p><b>1 = Unlikely to impact</b>  <b>2 = Likely to impact</b>  <b>3 = Certain to impact</b></p>	<p>Use the key below to <b>score</b> the <b>severity</b> of impact of the proposed change on each of the protected groups, by inserting either 1, 2, or 3 against each protected group.</p> <p><b>1 = Unlikely to impact</b>  <b>2 = Likely to impact</b>  <b>3 = Certain to impact</b></p>	<p>Calculate the <b>equality impact score</b> for each protected group by multiplying scores in column 2 by scores in column 3. Enter the results below against each protected group.</p> <p><b>Equality impact score = likelihood of impact score x severity of impact score.</b></p>
Age	3	1	3
Disability	3	1	3
Sex	3	1	3
Gender reassignment	3	1	3
Marriage / Civil Partnership	3	1	3
Race	3	1	3
Religion or belief	3	1	3
Sexual Orientation	3	1	3
Pregnancy or Maternity	3	1	3

# Equality Analysis

## 4. Statutory duties

### 4.1 Public Sector Duties

Tick the relevant box(es) to indicate whether the proposed change will adversely impact the Council's ability to meet any of the Public Sector Duties in the Equality Act 2010 set out below.

Advancing equality of opportunity between people who belong to protected groups

Eliminating unlawful discrimination, harassment and victimisation

Fostering good relations between people who belong to protected characteristic groups

**Important note:** If the proposed change adversely impacts the Council's ability to meet any of the Public Sector Duties set out above, mitigating actions must be outlined in the Action Plan in section 5 below.

## 5. Action Plan to mitigate negative impacts of proposed change

**Important note:** Describe what alternatives have been considered and/or what actions will be taken to remove or minimise any potential negative impact identified in Table 1. Attach evidence or provide link to appropriate data, reports, etc:

**Table 4 – Action Plan to mitigate negative impacts**

Complete this table to show any negative impacts identified for service users and/or staff from protected groups, and planned actions mitigate them.				
Protected characteristic	Negative impact	Mitigating action(s)	Action owner	Date for completion
Disability				
Race				
Sex (gender)				
Gender reassignment		N/A		
Sexual orientation				
Age				
Religion or belief				
Pregnancy or maternity				

## Equality Analysis

Marriage/civil partnership		
<b>6. Decision on the proposed change</b>		
Based on the information outlined in this Equality Analysis enter <b>X</b> in column 3 ( <b>Conclusion</b> ) alongside the relevant statement to show your conclusion.		
Decision	Definition	Conclusion - Mark 'X' below
No major change	Our analysis demonstrates that the policy is robust. The evidence shows no potential for discrimination and we have taken all opportunities to advance equality and foster good relations, subject to continuing monitoring and review. <b>If you reach this conclusion, state your reasons and briefly outline the evidence used to support your decision.</b>	<b>x</b>
Adjust the proposed change	We will take steps to lessen the impact of the proposed change should it adversely impact the Council's ability to meet any of the Public Sector Duties set out under section 4 above, remove barriers or better promote equality. We are going to take action to ensure these opportunities are realised. <b>If you reach this conclusion, you must outline the actions you will take in Action Plan in section 5 of the Equality Analysis form</b>	
Continue the proposed change	We will adopt or continue with the change, despite potential for adverse impact or opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through the change. However, we are not planning to implement them as we are satisfied that our project will not lead to unlawful discrimination and there are justifiable reasons to continue as planned. <b>If you reach this conclusion, you should clearly set out the justifications for doing this and it must be in line with the duty to have due regard and how you reached this decision.</b>	
Stop or amend the proposed change	Our change would have adverse effects on one or more protected groups that are not justified and cannot be mitigated. Our proposed change must be stopped or amended.	
Will this decision be considered at a scheduled meeting? e.g. Contracts and Commissioning Board (CCB) / Cabinet	Meeting title: Health and Wellbeing Board Date: 25 January 2024	

# Equality Analysis

## 7. Sign-Off

<b>Officers that must approve this decision</b>	
<b>Equalities Lead</b>	<b>Name:</b> _____ <b>Date:</b> _____ <b>Position:</b> _____
<b>Director</b>	<b>Name:</b> _____ <b>Date:</b> _____ <b>Position:</b> _____

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## LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	<b>HEALTH AND WELLBEING BOARD</b>	
<b>DATE OF DECISION</b>	<b>WEDNESDAY 17<sup>TH</sup> April 2024</b>	
<b>REPORT TITLE:</b>	<b>BETTER CARE FUND 2023 /24 QUARTER 3 REPORT</b>	
<b>CORPORATE DIRECTOR / DIRECTOR:</b>	<b>Annette McPartland</b> <b>Corporate Director</b> <b>Adult Social Care &amp; Health Directorate</b>  <b>Matthew Kershaw</b> <b>Chief Executive / Place Based Lead for Health</b> <b>Croydon Health Services NHS Trust</b>	
<b>LEAD OFFICER:</b>	<b>Daniele Serdoz, Deputy Director for Primary and Community care, SWL ICB (Croydon)</b> <b>Email: <a href="mailto:daniele.serdoz@swlondon.nhs.uk">daniele.serdoz@swlondon.nhs.uk</a></b> <b>Telephone: 020 3923 9524</b>	
<b>KEY DECISION?</b> [Insert Ref. Number if a Key Decision]  <i>Guidance: A Key Decision reference number will be allocated upon submission of a forward plan entry to Democratic Services.</i>	<b>NO</b>	<b>REASON:</b>  The Better Care Fund (BCF) is an annual grant and is one of the Government’s national vehicles for driving health and social care integration.  It requires the South West London Integrated Care Board (ICB) and Croydon Council to agree a joint plan on how the grant will be used, aligned to the BCF Policy Framework.  The plan enables use of pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006)
<b>CONTAINS EXEMPT INFORMATION?</b>  <i>(* See guidance)</i>	<b>NO</b>	Public

### 1. SUMMARY OF REPORT

- 1.1 To ensure that both national and local governance is completed correctly, the Health and Wellbeing Board is asked to sign off the Better Care Fund Quarter 3 Submission for 23-24 for Croydon to NHS England.

### 2. RECOMMENDATIONS

- 2.1** For the reasons set out in the report and its appendices, the Health and Wellbeing Board is recommended to sign off the BCF Quarterly submission for 2023/24 to NHS England.

### **3. REASONS FOR RECOMMENDATIONS**

- 3.1** Signing off the submission of the end of year report to NHS England sits within the legislative remit of the Health and Wellbeing Board. See section 5 of this report.

### **4. BACKGROUND AND DETAILS**

- 4.1** The Better Care Fund (BCF) is one of the Government's national vehicles for driving health and social care integration. It requires Place Based NHS ICB's and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These plans enable using pooled funds to support integration, governed by an agreement under section 75 of the NHS Act (2006).
- 4.2** In Croydon, the Better Care Fund is delivered through the One Croydon Alliance. The Alliance is a health and care partnership created from a shared ambition to use Outcomes Based Commissioning and Population Health Management approaches to improve the lives of people in Croydon.
- 4.3** The Partners in this Alliance are Croydon Council, South West London ICB (Croydon Place), Croydon Health Service NHS Trust, The Croydon GP Collaborative, South London and Maudsley NHS Foundation Trust; and voluntary sector partners including Age UK Croydon.
- 4.4** The quarterly report provides details on the progress at Quarter 3 against the previously agreed 23-25 Better Care Fund plan.

### **5. APPROVAL OF THE QUARTER 3 23-24 REPORT**

- 5.1** The submission deadline for the quarterly report was 9<sup>th</sup> February 2024. We were unable to sign-off the submission by the Board prior to submission due to timings of the meetings.
- 5.2** We were able to agree an interim sign off of the report by the Director of Adult Social Services (DASS) and the Place Based Lead for Health.

### **6. CONSULTATION**

- 6.2** The 23-24 Quarter 3 report was developed with input from the One Croydon Alliance partners and wider stakeholders in health and social care. The One Croydon Governance was used to agree and implement the schemes as planned.

## **7. REPORT SUMMARY**

- 7.1** Although the majority of the BCF schemes in 2023-25 were rolled over from 2022-23, the ethos has shifted toward building on the integration work that Croydon has implemented since 2017 to take into account:

- The increased emphasis on providing the right care in the right place at the right time and improving outcomes for people discharged from hospital via our Croydon LIFE service. Croydon is one of the national Frontrunner sites and the objectives of the programme to transform hospital discharges, align strongly with the BCF objectives;
- The embedding of a neighbourhood approach with our Integrated Care Network Plus (ICN+) model of care, working with PCNs to support Croydon people to maintain independence through a proactive and personalised care approach within each of the localities of the borough;
- The significant level of health inequalities experienced in Croydon as highlighted in the Core20+5 analysis and the need to refocus many of the programmes to address inequalities as well as meeting statutory requirements from the Equality Act.
- The additional BCF funding available to support hospital discharges, which has provided the opportunity to increase and align intermediate care capacity in the system in line with the demand and capacity model developed through BCF planning;
- The strengthening of the Croydon frailty and end of life model of care through increased BCF funding and better alignment to ICN+, with acute frailty care strongly joined up with frailty care in the community.

- 7.2** The BCF and One Croydon Programme are the strong foundations for integrated care in Croydon and help us deliver on our strategic commitments on the sustainability of Croydon's health and care services, delivering care where our population needs it and encouraging healthy lifestyles, as well as recognising the need within our transformational work to reduce avoidable hospital admissions and hospital length of stay.

- 7.3** **Croydon are meeting all of the BCF National conditions for the fund. These are:**

- NC1 - A jointly agreed plan between local health and social care commissioners and signed off by the health and wellbeing board

- NC2 - Plans to set out how the services the area commissions will support people to remain independent for longer and, where possible, support them to remain in their own home.
- NC3 - Plans to set out how services the area commissions will support people to receive the right care in the right place at the right time.
- NC4 - Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services.

#### 7.4 Additional findings from the report include:

- **Metrics** – Croydon is currently on track to meet 3/5 national metrics. These are:
  - **Residential Admissions** – Rate of permanent admissions to residential care per 100,000 population (65+) is within target.
  - **Reablement** – Despite discharge numbers still high for residents moving from hospital to Pathway 1 and the high acuity needs of these people, we are within target for this metric.
  - **Discharge to Normal Place of Residence** – Percentage of people who are discharge from acute Hospital to their normal place of residence hovers at 0.5% within target
- Croydon is currently not on track to meet the ambitious targets of the following metrics:
  - **Falls** – Data was not available to fully assess progress against this metric, however the number of emergency admissions due to falls is lower compared to previous years.
  - **Avoidable admissions** – Data was not available to fully assess this metric however local intelligence is suggesting we are not on track to meet this target. Although the number of avoidable admissions in Q3 was the lowest compared to previous years.

7.5 **Spend and Activity** – We are on track to spend the full allocation for 23-24.

## 8. IMPLICATIONS

### 8.1 LEGAL IMPLICATIONS

The BCF enables the allocation of grant funding between the Council and SWL ICB. The grant funding sits within the Care Act 2014 and within the 2023-25 BCF policy framework, which requires a signed section 75 agreement between the Council and SWL ICB.

### 8.2 EQUALITIES IMPLICATIONS

The report has no changes proposed that affect people, policies, facilities, or processes. An equality impact assessment therefore has not been carried out.

## **9 APPENDICES**

Appendix 1. Better Care Fund Croydon 2023-24 Q3

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## Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

### 1. Guidance for Quarter 3

#### Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:

- 1) To confirm the status of continued compliance against the requirements of the fund (BCF)
- 2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

#### Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

#### Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

#### Checklist ( 2. Cover )

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submitting to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) and copying in your Better Care Manager.

#### 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

#### 3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.

<https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

#### 4. Metrics

The BCF plan includes the following metrics:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the RCF planning process.

This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.

A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Hackney (due to a data breach issue) and Westmorland and Cumbria (due to a change in footprint).

## 5. Spend and Activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to the end of the third quarter (1 April to 31 December).

**The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:**

<b>Scheme Type</b>	<b>Units</b>
Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:

**-Actual expenditure to date in column I.** Enter the amount of spend from 1 April to 31 December on the scheme. This should be spend incurred up to the end of December, rather than actual payments made to providers.

**-Outputs delivered to date in column K.** Enter the number of outputs delivered from 1 April to 31 December. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.

**-Implementation issues in columns M and N.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column M and briefly describe the issue and planned actions to address the issue in column N. If you answer no in column M, you do not need to enter a narrative in column N.

More information can be found in the additional guidance document for tab 5, which is published alongside this template on the Better Care Exchange.