

For General Release

REPORT TO:	CABINET, 18 October 2017
SUBJECT:	Annual Report of the Director of Public Health 2017
LEAD OFFICER:	Rachel Flowers, Director of Public Health Barbara Peacock, Executive Director of People
CABINET MEMBER:	Cllr Louisa Woodley, Cabinet Member for Families, Health and Social Care
WARDS:	ALL
POLICY CONTEXT It is a statutory requirement for the Director of Public Health to produce an Annual Report and for the Council to publish this (section 73B(5) of the National Health Service Act 2006). This year's report focuses on Demographic Change and Challenges in Croydon. The issues highlighted in this report will underpin the successful deliver of all objectives of both Croydon's Community Strategy as well as Croydon's Corporate Plan.	
FINANCIAL IMPACT There are no direct financial implications of this report	
FORWARD PLAN KEY DECISION REFERENCE NO: This is not a key executive decision	

The Leader of the Council has delegated to the Cabinet the power to make the decisions set out in the recommendations below

RECOMMENDATIONS

The Cabinet is asked to note the information and recommendations outlined in the draft of the Annual Director of Public Health Report due to be published by December 2017 (Appendix 1) and arrange for publication thereof under the provisions of the National Health Service Act 2006, as amended.

2. EXECUTIVE SUMMARY

- 2.1 The report presents population changes and challenges in Croydon over the next 10-15 year period. It also attempts to illustrate the conundrum of differences in the various population data sources and stresses the importance of understanding these differences particularly in choosing appropriately for service planning and resource allocation. It highlights the importance of

selecting the most appropriate indicators, for needs based resources allocation formulae without which there is little scope to eliminate often avoidable health and socio-economic inequalities.

- 2.2 The report also recognises and discusses that certain individuals and groups are more vulnerable than others and are therefore likely to be particularly at risk. It highlights for three age ranges along the life course; key issues and population changes that require particular attention in order to achieve fairness in outcomes. It presents this information in the context of population change for the respective age groups.
- 2.3 Therefore in summary, the 2017 Director of Public Health Report focuses on Demographic changes and challenges and is presented in 3 sections;
 - A. Changes in Croydon overall
 - B. Changes in key geographical localities of Croydon and
 - C. Changes in key population sub-groups across the life course
- 2.4 The information presented in this report is intended to bring about discussions regarding the way resources are allocated, local services are planned and commissioned taking local populations (current and future) into account.
- 2.5 The 2017 Director of Public Health Report is an appendix to this report.

3. DETAIL

3.1 Background

Public Health is the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society. It includes working to reduce inequalities in society.

Fundamental to both is the knowledge and understanding of populations. The intelligence generated is critical to how services are planned and resources are allocated, whether they are health care services, local authority services including social care, children's services, street cleansing, housing services welfare services, public safety, regeneration or other statutory services that contribute to the health and wellbeing to the people Croydon for example, the Police, Fire and Rescue.

3.2 Report Focus

- 3.1 Overall, in 2016 there were 382,3000 people in Croydon, the second largest population in London. By 2031, there will be 434,448 people in Croydon, an increase of 12% in the next 15 years.
- 3.2 Absolute increase alone however, would not tell us how the local population is changing. Creating population profiles for specific age bands, community groups or small geographies helps to inform the targeting of services to specific characteristics of local communities.
 - 3.2.1 Age: Geographically in Croydon, we appear to have a population age gradient across the borough from north to south. Croydon currently has

the largest younger ages population, 3rd largest working age population and 3rd largest older ages population in London.

3.2.2 Ethnicity: Currently, Croydon has 50.7% Black, Asian and Minority Ethnic (BAME) population. By 2025 this is predicted to be 55.6%. Younger ages are more diverse.

3.2.3 Population Mobility: Croydon's net migration figures are in the 100s. However population turnover per year reaches figures over 20,000. One third of all London's unaccompanied asylum seeking children (UASC) are in Croydon, making us the borough with highest numbers of UASC.

3.2.4 Deprivation: Overall, Croydon has become more deprived. 10,261 people in Croydon live in areas considered to be within the 10% most deprived in the whole country. Two small areas (Lower super output areas) have become significantly more deprived since 2010. These areas are within the wards of West Thornton and Fieldway.

3.2.5 Key Geographical Localities: If we expect, most planned developments in the Growth Zone to be completed by 2031, around the same time, population in the Fairfield ward would have increased by 71.6% its current size, the 12th highest ward population increase across all of London's wards

3.2.6 Stages across the life course:

a) Younger Ages: highest number of 0-17 year olds in London. Ages 10-14 and 15-19 are showing the largest increases (2016-25).

Events during pregnancy and early childhood lay the foundations for our physical, emotional and socio-economical resilience in adulthood and later years. It is a crucial time for services to engage parents and young children. National social return on investment studies showed returns of between £1.37 and £9.20 for every £1 invested

For some children however, life is more complex and inequalities can begin at a very early stage, holding back development and access to opportunities. In the worst cases, health outcomes are amongst the worst in the 'developed countries'.

b) Working Ages: 3rd highest number of 18-64 year olds in London. Ages 55-59 and 60-64 are showing the greatest increases (2016-25).

The health and wellbeing of our working age population often has impacts far beyond the individuals themselves. Families, children, workplaces, business and communities are all impacted.

Plans for a flourishing working age population cannot look in isolation at the population 'in work and well', and must include support for those with health or social problems to stay in work as well as supporting those who have not yet found work or become workless to return to work

- c) Older Ages: 3rd highest number of people 65 year and over in London. Ages 75-79 and 85+ are showing the greatest increases (2016-2025)
Older adults and carers of older adults are not just consumers of health and social care services but also important contributors to society and local communities and have a wealth of experience to offer.

It is important that we facilitate this section of Croydon's population to continue to make a contribution to their own health and wellbeing, to society and to live lives to their full potential

4. CONSULTATION

- 4.2 Feedback will be requested from readers of the 2017 Director of Public Health report.

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 5.1 There are no direct financial implications arising from this report.

Approved by: Lisa Taylor – Director of Finance, Investment and Risk and Deputy S151 Office

6. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

- 6.1 There are no additional legal considerations arising directly as a result of recommendations in this report.

Approved for and on behalf of Jacqueline Harris-Baker, Director of Law and Monitoring Officer

7. HUMAN RESOURCES IMPACT

- 7.1 There are no direct Human Resources implications arising from this report. However, the content of this report are likely to have an impact on the future development of Council services, which may have HR implications. Where that is the case, the Council's existing policies and procedures must be observed and HR advice sought at an early stage.

Approved by: Debbie Calliste, Head of HR (People Department), on behalf of the Director of Human Resources

8. EQUALITIES IMPACT

- 8.1 An equalities impact assessment was not conducted due to the nature of the report.

9. ENVIRONMENTAL IMPACT

9.1 Not applicable

10. CRIME AND DISORDER REDUCTION IMPACT

10.1 None

11. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

11.1 To enable communication of the 2017 Annual Director of Public Health Report.

12. OPTIONS CONSIDERED AND REJECTED

12.1 Not applicable

CONTACT OFFICER: Rachel Flowers, Director of Public Health, Extn: 65596

BACKGROUND PAPERS - LOCAL GOVERNMENT ACT 1972: none

Appendix 1: Draft Annual Director of Public Health Report 2017