Annual report of the director of public health 2017

We are Croydon:
A changing population
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I’m pleased to be introducing the 2017 Annual Public Health Report. This is the second report from Rachel Flowers, our Director for Public Health. This report tells us about the health and wellbeing of Croydon residents. It’s about real people, real lives and real issues that as a community we need to understand and improve.

We are delivering major positive change for Croydon – new homes, new jobs and new opportunities. Health is an important part of realising these opportunities.

Croydon residents make Croydon the exciting, young and ever-changing borough it is today. We are one of the biggest boroughs in London by population and have growing and welcoming communities. And with over 100 languages spoken, Croydon’s diversity is something we celebrate.

The more we understand about the health of our borough, the more we can help bring about positive and sustainable change. It’s challenging that Croydon, like many parts of London, has some stark health inequalities. You can see male life expectancy decrease by 10 years between the areas of Selsdon and Ballards to Selhurst – communities just a 30 minute bus journey apart. It’s clear we need to take action.

I hope this report provides an opportunity for us to think, challenge and improve health outcomes in Croydon now and into the future.
I’ve been working in Croydon since February 2016 and what's clear is that most people outside the borough just don’t understand it.

Did you know that if Croydon were a city it would be the 8th largest in the UK, ahead of Wakefield and Coventry? We are, in all but name, a City on the edge of a Global City, with a large and growing population of increasingly complex needs.

So my second Director of Public Health report will be setting out the Demographic Changes and Challenges for Croydon.

In particular, this report will highlight the high level population changes and challenges in:

1. Croydon overall
2. key geographical localities of Croydon, and
3. key sub-groups

Public Health is the art and science of preventing disease, prolonging life, and promoting health through the organized efforts of society. An essential part for me is that, it includes working to reduce inequalities in health and society as a whole.

Fundamental to achieving this is the knowledge and understanding of populations. Demographics is the study of populations and involves, collecting data on population characteristics such as age, sex, ethnicity, income, employment, state of health etc.

The intelligence that is generated is critical to how services are planned and resources are allocated. These may be health care or local authority services, street cleaning, housing, or welfare services, public safety, regeneration, or services of other agencies including the Police, Fire and Rescue.

Whilst understanding changes and future challenges is essential to good planning, sometimes events take place that cannot be predicted and where we need to respond rapidly and compassionately.

On 9th November 2016, a tram incident happened in Sandilands which killed many, injured many more and impacted on the local community, all of Croydon and beyond. We are still feeling the impact. My thoughts are with those families who lost loved ones, and the many who were injured, physically or emotionally. I just want to acknowledge the work and dedication of every person involved in any part of this tragedy. Thank you.
This report presents the population changes and challenges in Croydon over the next 10-15 year period. It highlights changes to the population in:

1. Croydon overall
2. Key geographical localities of Croydon, and
3. Key population sub-groups

The report raises the issue 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 also highlights the issue of needs based formulae to conduct such planning and the inherent dependence on selecting the most appropriate need indicators, without which there is little scope to eliminate often avoidable health and socio-economic inequalities.

It 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 that require particular attention in order to achieve fairness in outcomes.

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.

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.

**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 (0-17), 2nd largest working age population (18-64) and 3rd largest older ages population (65 and over) in London.

**Ethnicity:** Currently, 50.7% of Croydon's population (all ages) are Black, Asian and Minority Ethnic (BAME) groups. By 2025 this is predicted to be 55.6%. Younger age groups are more diverse.

**Population Mobility:** Croydon’s net migration figures are in the low hundreds. 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.

**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.

**Key Geographical Localities:** If we expect, most planned developments in the Town Centre 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.
SUMMARY:

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 to 2025).

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: We have the 2nd highest number of 18-64 year olds in London. Ages 55-59 and 60-64 are showing the greatest increases (2016 to 2025).

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: We have the 3rd highest number of people aged 65 and over in London. Ages 75-79 and 85+ are showing the greatest increases (2016 to 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.

Concluding remarks:

The information presented in this report is intended to bring about discussions regarding the way local services are planned and commissioned taking local populations (current and future) into account. It is a tool we hope will find use amongst policy makers, services, and residents alike.
The three main sources of population data in the UK are:

- Office for National Statistics
- Greater London Authority (GLA) for London boroughs only
- General Practice Patient Registers

Whilst there is no set recommendation about which source of data is preferred, it is important to understand the differences between the datasets produced by these sources and the factors behind such differences. Some of these can be very large.

These differences are important when choosing appropriate data for service planning and resource allocation.

A general challenge with any dataset is its timely availability; how up-to-date the data are and how quickly it can become out-dated. A second challenge is selecting datasets which provide the most appropriate data for your project, service or analysis.

For example:

**Current Croydon Population Estimates. These are all published statistics ordered by size, but which would you use?**

- 382,304 - 2016 Mid year estimates, ONS
- 383,488 - 2015 Round SHLAA based projections, GLA
- 383,378 - 2011 Census, ONS
- 386,670 - 2014 Sub national population projections, ONS
- 401,627 - 2016 GP Population Register, GLA
Not only does this apply to current service planning, it also holds significance when planning for the future.

For example, the chart below shows various sources of population data and demonstrates how according to each the population is estimated to grow. Note that the ONS Sub-National Population Projections (SNPP) data released in 2010 under-represents the population as estimated by the other datasets. It is possible therefore, that services planned based on the 2010 SNPP estimates may have under-estimated size and/or need.

In the case of population size taken from GP patient registers for an area, often these are overestimates of the population in that area. This is because they,

- don’t include those who are not registered with a local GP (the unregistered population), even if they are resident in that area.
- can however, include individuals who may have moved out of the area, but were not removed from the patient list.

Despite variations and differences, each data source has its significance and provides valuable insight for resource planning and allocation.
Changes in population size are subject to a number of influences over time. Some take a few years, some take decades.

In 2016 there were 382,300 people in Croydon. This is the 2nd highest in London.

By 2031 there will be 434,448 people in Croydon, a 12% increase in the next 15 years.

This is an increase of roughly twice the capacity of Crystal Palace football stadium. And yes, our population is slightly smaller than that of Barnet in this year’s report. In another year, it might be larger than Brent’s population.

TOTAL POPULATION FOR LONDON BOROUGHS, 2016

Source: 2016 Mid year estimates, ONS
WE ARE CROYDON: A CHANGING POPULATION

Director of Public Health Report 2017

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**Factors Affecting Population Change:**

Some of these global influencing factors are presented below with examples of the situation in Croydon.

**Natural Fertility and Birth Rates**

In 2016, there were 5,884 live births in Croydon.

General Fertility Rate (GFR) 73.7 live births per 1,000 women aged 15-44.

4th highest GFR in London and has increased from 71.0 in 2011.

In 2015, 58.1% of births in Croydon were to mothers who are over 30.

7th lowest rate in London. This has increased from just 50.6% in 2009.

**Social Attitudes to Fertility and Reproduction**

In 2015, 75.3% of eligible children received two doses of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday.

5th lowest rate in London. This is similar to the 75.1% rate in 2010/11.

**Outbreaks of Disease**

Between 2013 and 2015:
- 113 deaths from infectious diseases
- 13.6 per 100,000 people
- 10th highest rate in London

This has increased from a rate of 10.2 in 2009-11.

**Healthcare Availability and Developments like Vaccinations**

In 2015/16:
- Net migration (people entering and leaving) for Croydon in the last few years was in the low hundreds.

**Rates of Migration**

AND MANY OTHERS LIKE

- Sustainability in terms of food and nutrition,
- War
- Public hygiene and sanitation
- Economic policy
Looking only at the absolute increase in population size, would not tell us the patterns of change locally. For this we create 'Population Profiles'. These may describe changes by age groups, community groups or geographically and can help services to be targeted to the specific characteristics of local population groups.

Let’s look first at the age profile for Croydon.

This population pyramid shows the percentage of Croydon's population in each 5-year age group. The line on the chart represents London's population.

For example;
8% of Croydon's males are aged under 4 years. This is 7% for Croydon's females aged under 4 years.

The middle of the pyramid represents the working age population. A notable difference is the gap between Croydon and London in the 25-44 age group. This shows Croydon has a smaller percentage of its population that is of working age when compared to London overall.
The age structure of the population as shown in the population pyramid above has an overwhelming influence on health and social care service needs. Some resource allocation calculations therefore account for this using a technique called 'age-weighting'.

The ages which entail the highest level of health and social care involvement are:

**NEONATAL AND INFANCY**

where advances in hygiene and immunisation have greatly reduced deaths in children

**FERTILE YEARS FOR WOMEN, INCLUDING PREGNANCY**

Croydon's fertility rate is 4th highest in London has increased by 3.8% between 2011 and 2015

**OLD AGE**

when multiple pathologies are common and the likelihood of an additional illness or condition arising increases with age and healing tends to be slower,

As of 2015/16 4,277 clients aged 65 and over received long-term support in Croydon

Similarly, comparing absolute numbers across London, Croydon has the 3rd highest number of people aged 65 and over and this is expected to remain 3rd highest when projected to 2025

Compared to London, a greater proportion of our population is aged 65 and over. But compared to England this is smaller.

Locally, demand for maternity, including ante-natal, neo-natal and children's services, as well as health and social care, nursing and residential services for older adults will be influenced by population need and numbers in these broad life stages.
Geographically in Croydon, we appear to have a population age gradient across the borough from north to south. Therefore in addition to size of services, location is also important and affects our ability to deliver services in a targeted and timely manner.

**0-17 YEARS OLD**

**2016:** 94,434 (24.7%)
Highest number in London
Source: 2016 Mid year estimates, ONS

**2025:** 102,074 (24.5%)
Highest number in London
Source: 2015 Round SHLAA based projections, GLA

**% OF POPULATION WHO ARE 0-17, CROYDON 2015**

**18-64 YEARS OLD**

**2016:** 237,663 (62.2%)
3rd highest number in London
Source: 2016 Mid year estimates, ONS

**2025:** 252,046 (60.6%)
4th highest number in London
Source: 2015 Round SHLAA based projections, GLA

**% OF POPULATION WHO ARE 18-64, CROYDON 2015**

**AGED 65+**

**2016:** 50,206 (13.1%)
3rd highest number in London
Source: 2016 Mid year estimates, ONS

**2025:** 61,859 (14.9%)
3rd highest number in London
Source: 2015 Round SHLAA based projections, GLA

**% OF POPULATION WHO ARE 65+, CROYDON 2015**

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Ethnicity:

A further aspect of population structure and change is **ethnicity**.

**CROYDON HAS A DIVERSE POPULATION**

In 2017

- **49.3%** of Croydon are White* (includes ‘White British’, ‘Other White’ and ‘White Irish’)
- **50.7%** Black, Asian and Minority Ethnic (BAME)

**BY 2025 THIS WILL BE**

- **44.4%** White
- **55.6%** BAME*

**The younger population is more diverse than the older population in Croydon.** The figure below demonstrates how the ethnic profile for Croydon will change over the next 10 years across all age groups.

**PROJECTED CHANGE IN ETHNICITY BY AGE IN CROYDON, 2017-2025**

*For a break down of ethnic groups included within BAME please see page xx*

*Source: 015 Round Ethnic Group short term projections, GLA*
Croydon’s communities speak more than 100 different languages, other than English, and this does not include sign languages! As with other London boroughs, Croydon has a higher proportion of residents from black and minority ethnic backgrounds than the national average.

Often, language barriers get in the way of residents accessing the most appropriate services at the right time. This can result in patients not attending their appointments, residents not responding to notifications or letters, or having to make multiple attempts before arriving at the right service.

Information needs to be made available in formats accessible to the full spectrum of Croydon’s population, including very importantly, Braille and British Sign Language.

Source: Census 2011, ONS
The effects of population movement:

Population estimates and projections take into account migration data. This includes people moving into Croydon from other parts of the United Kingdom (UK) as well as from outside the UK.

Although the net migration (used to calculate population projection) figure for Croydon is only in the low hundreds, the turnover of people coming into and leaving the borough reaches figures of roughly 25,000 per year. The size of this turnover has been increasing over the last few years. Therefore whilst the overall population size isn’t affected, the size and profile of turnover has an impact for services planning and delivery.

Croydon's turnover is average for London but notably Croydon ranks after primarily inner-London boroughs.

Ethnicity is different from country of birth or nationality.

Source: 2017 Census, ONS

2016 across the UK:

1 in 7 born outside UK
1 in 11 non-British nationals
1 in 5 Croydon population non-British nationals

London has the largest non-British population, in the country, almost 1 in 4

Source: 2011-2016 Mid year estimates, ONS

Source: 2016 Mid year estimates, ONS

Source: 2011 Census, ONS

Although the net migration (used to calculate population projection) figure for Croydon is only in the low hundreds, the turnover of people coming into and leaving the borough reaches figures of roughly 25,000 per year. The size of this turnover has been increasing over the last few years. Therefore whilst the overall population size isn’t affected, the size and profile of turnover has an impact for services planning and delivery.

Croydon's turnover is average for London but notably Croydon ranks after primarily inner-London boroughs.
Data on National Insurance Number registrations also sheds some light on the population transiting or entering Croydon. For example, in 2016/17, 7,279 people registered for a National Insurance number in Croydon, whose previous address was overseas. This is the 13th lowest number in London and does not indicate how many continued to live in Croydon or for how long.

Having the Home Office based in Croydon also brings an added layer of complexity to our experience of population turnover compared with London.

As a borough, we have the largest number of Unaccompanied Asylum Seeking Children (UASC) in London (430 in Croydon and only 1,440 in London all together). Roughly 1 in 3 of all London’s unaccompanied asylum seeking children (UASC) are in Croydon.

The map shows there are clear hotspots of new international populations near East Croydon Station and in the north west of the borough.

It is important to note that migration data sources presented here, measure different things, and vary in their definitions and the geographies they cover. Therefore they cannot be directly compared with each other.
Health, disability and life expectancy are linked with deprivation. If you are a 35-39 year old male in the poorest sections of society you are just as likely to have a disability as a 60-64 year old male living in the most affluent parts of society. A similar gap, although slightly smaller, also exists for women.

Additionally, inequalities in life expectancy exist geographically. For example in Croydon, male life expectancy increases by 10.6 years along a 30 minute bus journey. Male Life Expectancy increases by 10.6 years during this 30 minute journey.

Start ............... CR0 2JT (Selhursts Ward)
11 mins Walk to Whitgift Centre
15 mins 412 Bus to Arkwright Road
4 mins Walk to Moir Close, South Croydon

Finish ............... CR2 0LQ (Selsdon and Ballards Ward)
Croydon is the 17th (out of 33) most deprived borough in London (IMD 2015 rank of average score). In 2010 it was 19th most deprived\(^\text{13}\).

The map below indicates areas in Croydon that are classed within the most deprived areas of the entire country.

**Indices of Deprivation 2-15 Croydon Lower Super Output Areas (LSOA)**

Broad Green, and New Addington are the most deprived wards in the borough. By 2025, the population in these wards is expected to increase by 8.8% and 6.8% respectively\(^\text{15}\).

The map shows that **10,261 people**\(^\text{14}\) live in areas across Croydon, considered to be within the **10% most deprived in the whole country** (the darkest 2 shades of purple on the map).

**BROAD GREEN**

- **IMD 2015**
  - 5% most deprived in the country
  - 5%-10% most deprived in the country
  - 10%-20% most deprived in the country
  - Not in 20% most deprived in country

- **2017 PROJECTED POPULATION**
  - 21,344

- **2025 PROJECTED POPULATION**
  - 23,223

- **INCREASE**
  - 1,847 (8.8%) INCREASE

**NEW ADDINGTON**

- **IMD 2015**
  - 5% most deprived in the country
  - 5%-10% most deprived in the country
  - 10%-20% most deprived in the country
  - Not in 20% most deprived in country

- **2017 PROJECTED POPULATION**
  - 10,920

- **2025 PROJECTED POPULATION**
  - 11,667

- **INCREASE**
  - 747 (6.8%) INCREASE

Source: 2015 Indices of Deprivation, Department of Communities and Local Government

Source: 2015 Round ward based projections, GLA

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Spatial changes:
The north of Croydon is more densely populated than the south of the borough.

In 2011 on average, there were 42 people per hectare in Croydon.
In 2015 this has risen to 43.8.

The ward with the single most significant amount of projected change is Fairfield ward. It is expected to experience the greatest population increase over the next 10-15 years; far more than any of Croydon’s other 23 wards.
The **Croydon Growth Zone** is almost entirely encompassed within the **Fairfield ward** and includes a number of developments including housing, in and around the town centre as shown in the map below.

**PROJECTED HOUSING DEVELOPMENTS IN CROYDON (LOCAL PLAN)**

![Map of Croydon Growth Zone](image)

**POPULATION PROFILES:**

The Croydon Growth Zone is almost entirely encompassed within the Fairfield ward and includes a number of developments including housing, in and around the town centre as shown in the map below.

**PROJECTED HOUSING DEVELOPMENTS IN CROYDON (LOCAL PLAN)**

![Map of Croydon Growth Zone](image)

**36%** (61 out of 133) of all Croydon developments spanning the duration of the Local plan are within 500 meters of the **TOWN CENTRE**

In more immediate terms, **by 2021** there will be between **1,147** and **2,230** new households within **500 meters** of the **TOWN CENTRE**

**PROJECTED HOUSING DEVELOPMENTS IN GROWTH ZONE AREA BY 2021 (LOCAL PLAN)**

![Map of Croydon Growth Zone](image)

Population growth usually results in increasing levels of need.

**A role when planning for the future, is to consider not just future housing needs but also education provision, children and adult social care, health provision, crime and environmental impacts**

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The ward has a higher proportion than London and Croydon overall, of 25-39 year olds and 0-4 year olds; this could indicate a population of young families.

Currently the size of Fairfield ward’s population ranks 3rd of Croydon’s 24 wards.

If we expect, most planned developments 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.

from 20,657 to 35,438
an increase of 5 times the capacity of Fairfield Halls
"A key policy objective in most publicly financed health and social care systems is to allocate resources according to need."

Therefore the primary aim of any resource allocation calculation is not so much to guarantee that all needs are met, rather to ensure using demographic intelligence, that as far as possible, all sub-populations have equitable or fair access to these resources at the time of need.

The graph here shows how funding per head of population available to Croydon differs from other London Boroughs. However there are some interesting dynamics, for while Croydon ranks as average in relation to deprivation, it has the 2nd largest population in London:

The challenge for Croydon is, it is an outer London borough with inner London issues and a very large population. Although formulae can be used to systematically distribute resources, it is essential that the formulae are based on population need. The challenge with this, is then choosing the most appropriate indicators of need. Just like differences exist in population estimates, substantial differences in need also may exist between local areas or regions.

Without a formula that is sensitive to these differences in population size and need, there is little scope to eliminate the avoidable health and socio-economic inequalities that exist within and between populations.

Source: Croydon Council
Croydon’s Community Strategy is the overarching strategy for the entire borough and sets out the direction for the Local Strategic Partnership (LSP). It has 3 key objectives;

**VISION: ‘WE ARE CROYDON’**
By 2040 Croydon will be an enterprising, learning, caring, connected, creative and sustainable place

**Outcome 1 (Place)**
A GREAT PLACE TO LEARN, WORK AND LIVE

- **Priority 1** Deliver infrastructure for growth
- **Priority 2** Build new homes
- **Priority 3** Support the local economy to grow
- **Priority 4** Deliver a vibrant cultural offer
- **Priority 5** Secure a safe, clean and green borough

**Outcome 2: (People)**
A PLACE OF OPPORTUNITY FOR EVERYONE

- **Priority 1** Reduce poverty and deprivation
- **Priority 2** Support individuals and families with complex needs
- **Priority 3** Prevent homelessness
- **Priority 4** Deliver better education and the opportunity to reach full potential
- **Priority 5** Secure a good start in life, improved health outcomes and increased healthy life expectancy

**Outcome 3: (Community)**
A PLACE WITH A VIBRANT AND CONNECTED COMMUNITY AND VOLUNTARY SECTOR

- **Priority 1** Build cohesive and strong communities, connecting our residents, local groups and community organisations
- **Priority 2** Strengthen and mobilise our voluntary, community and social enterprise sector
And Croydon’s Corporate Plan sets out the Council’s own contribution to the Community Strategy and also has 3 key objectives to help achieve this;

1. Growth: growth promise
2. Independence: independence strategy
3. Liveability: liveability strategy

The diagram illustrates the objectives that have been translated from the Corporate Plan into the Ambitious for Croydon Performance Framework. The framework is used to monitor how well we are achieving against these objectives.

Bearing these in mind, the Director’s Public Health report this year presents, examples of key issues or local groups that may require particular attention in order to achieve fairness in outcomes.

The following pages are laid out to present the evidence in some key areas, followed by the overall demographic profile and change in that population age-group. This is done consistently for three broad age groups along the life course.
Poor management of long-term conditions like Asthma, Obesity or Diabetes in childhood can have lasting and severe health implications not only during childhood but also during later life. It is a crucial time for services to engage parents and young children. Investing in early years services can improve babies’ and children’s health outcomes.

Housing

Children from households in temporary accommodation are at greater risk of respiratory problems, stress anxiety and depression, behavioural problems, bullying and social exclusion as well as lack of a safe environment.

Disabilities

Children with disabilities or special needs are more likely to experience or live in poverty.

Young Carers

Provide unpaid care and assistance for family, friends or others. There are likely to be young carers at every school and college. Many struggle to juggle education and caring, causing pressure and stress.

Long-term Conditions

£1.37 to £9.20 RETURN

For every £1 invested

National social return on investment

Equity and Inclusion

Looking after Children

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’. Here are some examples of some of these health and wellbeing determinants;

Mental Health

Half of all mental health problems begin by age 14 years. Again, with delayed or no diagnosis and consequently inadequate treatment or management – significant numbers of children may grow into adulthood less resilient and ill-prepared to be able to flourish.

Being in care when young affects mental health in adulthood is linked with increased levels of antisocial behaviour, emotional instability, psychosis, increased risk of substance misuse and living in poverty. It is also associated with a higher risk of sexual exploitation. Unaccompanied asylum seeking children (UASC) leaving care may have specific difficulty in securing long-term tenure due to the uncertainty of their status in the UK – putting them at greater risk of homelessness.

Our earliest experiences start in the mother's womb and can shape a baby's brain development. Early months and years 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. Investing in early years services can improve babies’ and children’s health outcomes.

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Children with disabilities or special needs are more likely to experience or live in poverty.

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<table>
<thead>
<tr>
<th>Looked after Children</th>
<th>Long-term Conditions</th>
<th>Mental Health</th>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 in 116</strong> children aged under 18 in Croydon is a looked after child; the 3rd highest rate in London. Includes young people in care and unaccompanied asylum seeking children (UASC).</td>
<td><strong>1 in 10</strong> of 4-5 year olds in Croydon are obese. This more than doubles by the ages of 10-11.</td>
<td><strong>Almost 1 in 4</strong> of 10-11 year olds in Croydon are obese.</td>
<td><strong>1 in 3</strong> of children in Croydon are obese. <strong>3x</strong> more common in children in households with lowest 20% of income.</td>
</tr>
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<td><strong>25 countries</strong> Croydon is currently looking after children from 25 countries, large majority are boys aged 16-17.</td>
<td><strong>Almost 1 in 2</strong> of all looked after children in Croydon is an unaccompanied asylum seeking child.</td>
<td><strong>1 in 4</strong> of all looked after children in Croydon is an unaccompanied asylum seeking child.</td>
<td><strong>2 in 3</strong> of children in Croydon are disabled. <strong>3x</strong> more common among children who have lived in temporary accommodation for more than a year.</td>
</tr>
<tr>
<td><strong>1 in 116</strong> of Croydon’s 0-24 year olds are unpaid carers.</td>
<td><strong>1 in 9</strong> of young carers (0-24) in Croydon, provides full time care.</td>
<td><strong>Time spent caring appears to impact young carers the most.</strong></td>
<td><strong>1 in 40</strong> of all looked after children in Croydon is an unaccompanied asylum seeking child.</td>
</tr>
<tr>
<td><strong>1 in 9</strong> of young carers (0-24) in Croydon, provides full time care.</td>
<td><strong>1 in 3</strong> of children in Croydon have drunk alcohol. <strong>4x</strong> more likely to also misuse alcohol.</td>
<td><strong>1 in 3</strong> of eligible children in Croydon, have not received two doses of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday, the 6th lowest performance in London.</td>
<td><strong>1 in 40</strong> of all looked after children in Croydon is an unaccompanied asylum seeking child.</td>
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<td><strong>1 in 3</strong> of young carers (0-24) in Croydon, provides full time care.</td>
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</tr>
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</table>
Croydon young people are

- **1 in 4** aged 0-17 years (24.7%)
- **1 in 3** aged 0-24 years (32.2%)

All but two of these 6 areas have become more deprived since 2010, and two have become significantly more deprived. The two wards that contain these very deprived albeit small areas are West Thornton and Fieldway.

Fieldway ward has the highest proportion of young people in 2016

- **2 in 3** 0-17 year olds

Proportionately compared to the other London boroughs, Croydon has the fifth highest proportion of their population aged 0-17 years and the eighth highest proportion aged 0-25 years.

Croydon has the largest young person population in London (both 0-17 and 0-24).

- **Croydon**
  - 0-17 year olds: 94,435
  - 0-24 year olds: 123,214

Croydon has the largest young person population in London (both 0-17 and 0-24). Proportionately compared to the other London boroughs, Croydon has the fifth highest proportion of their population aged 0-17 years and the eighth highest proportion aged 0-25 years.

The rate of growth (2016-2025) in Croydon is 6.8% in the 0-24 age group, overall.

This is similar to London (6.5%).

10-14 and 15-19 age ranges show the largest increase.

BAME ethnic group compared to over

- **1 in 4** aged 0-17 years
- **2 in 3** aged 65+

The BAME ethnic group in Croydon is the fourth highest in London (both 0-17 and 0-24).

BAME ethnic group by 2025

- **69.6%** 0-17 year olds

The rate of growth (2016-2025) in Croydon is 6.8% in the 0-24 age group, overall.

This is similar to London (6.5%).

10-14 and 15-19 age ranges show the largest increase.

BAME ethnic group in Croydon is the fourth highest in London (both 0-17 and 0-24).
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. For many, work (paid or unpaid) is part of their identity and often underpins wellbeing, however a lot can get in the way of us purposefully engaging with society, community and business during our working ages.

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.

Examples of some determinants of working age health and wellbeing are:

**HOUSING**

Young adults are becoming the most likely group to live in poverty and to experience homelessness. The most common reasons for homelessness in younger adults are parental evictions, exclusion by friends and relatives and general relationship breakdown.

Growing numbers of females recorded as homeless in Croydon, (doubled in the last year). An identified gap in services for rough sleepers is the provision of “wet” accommodation – for individuals who are not able/prepared to reduce their alcohol use, but who need accommodation to address their vulnerabilities/health needs.

**LONG-TERM CONDITIONS**

The average age of retirement for someone with multiple sclerosis is 42 years. Over 45 per cent of people with asthma report going to work when ill, increasing the risk of prolonged sickness and affecting their ability to perform effectively.

People with heart failure lose an average of 17.2 days of work per year because of absenteeism caused by their condition. Lost earnings due to sickness-absence are currently estimated at £22 billion per year for the UK economy.

**LGBT**

The LGBT population face a general lack of services. Where services exist, they are often under represented. For example: Croydon Domestic Abuse and Sexual Violence Service recognises that LGBT clients are underrepresented in caseload data and more work is needed to support this group.

**WORKING AGE CARERS**

Providing 10 hours of unpaid care per week appears to be a threshold at which carers become at risk of losing income or employment. Ethnic minority carers are estimated to provide more unpaid care than the general population.

**MENTAL HEALTH**

Just 8 per cent of people with schizophrenia are in employment, despite evidence that up to 70 percent of people with severe mental illness express a desire to work.

**DOMESTIC ABUSE AND SEXUAL VIOLENCE (DASV)**

Service users typically tend to be female. Physical abuse is the 3rd most commonly reported type of abuse after emotional and verbal abuse. People experiencing DASV often have multiple vulnerabilities that add unique complexity service delivery.

**DISABILITIES**

More and more people with disabilities are likely to be employed now than ever before, however they are still significantly less likely to be employed when compared to non-disabled people.
### Change and Challenge Across the Life Course:

#### Working Ages:

<table>
<thead>
<tr>
<th>Housing</th>
<th>Rough Sleepers (RS)</th>
<th>Homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,285 Croydon residents, recorded homeless or in temporary housing</td>
<td>Croydon has seen a 22% increase (2014-2017), compared with 7% for London.</td>
<td></td>
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<tr>
<td>4 in 5 were male</td>
<td>Almost 90% in Croydon are aged between 18-55 years</td>
<td></td>
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<tr>
<td>Rough Sleepers (RS)</td>
<td>1 in 2 (44%) had spent time in care, prison as well as the armed forces (all 3)</td>
<td></td>
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<tr>
<td>RS Health</td>
<td>50% been to A&amp;E in last 6 months</td>
<td></td>
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<tr>
<td>RS Safety</td>
<td>52% attacked while sleeping rough</td>
<td></td>
</tr>
<tr>
<td>RS Substance Misuse</td>
<td>1 in 7 (14%) rough sleepers have substance misuse, as well as mental health needs. Croydon still has more counted rough sleepers needing extra support than the London average</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disabilities</th>
<th>Learning</th>
<th>1 in 40 aged 18-64 predicted to have a learning disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>1 in 44 aged 18-64 in Croydon, predicted to have a serious physical disability</td>
<td></td>
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<tr>
<td>Employment</td>
<td>6% of 18-64 year olds in Croydon, receiving long-term support from social services are in paid employment</td>
<td></td>
</tr>
<tr>
<td>Accommodation</td>
<td>1 in 3 of 18-64 year olds with a learning disability are in unstable accommodation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Domestic Abuse and Sexual Violence (DASV)</th>
<th>Mental Illness</th>
<th>2 in 3 aged between 21 and 40</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in 6 new referrals to the Croydon DASV service also had mental ill-health</td>
<td>Women suffering domestic abuse are 15x more likely to misuse alcohol</td>
<td></td>
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</table>

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<thead>
<tr>
<th>Alcohol</th>
<th>Financial Hardship</th>
<th>LGBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women suffering domestic abuse</td>
<td>1 in 3 in London, earn less than the London Living wage, even when professionally qualified</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Working Age Carers</th>
<th>Working Carers</th>
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<tbody>
<tr>
<td>1 in 8 working age people (25-64) in Croydon, provide unpaid care</td>
<td></td>
</tr>
<tr>
<td>More than 1 in 6 working aged carers (25-64) in Croydon, provides full-time care (50 hrs or more per week), typically more females than males</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Long-Term Conditions</th>
<th>Obesity</th>
<th>Employment and Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 in 3 (62.2%) adults in Croydon are overweight or obese (aged 18 and over)</td>
<td>Those unemployed are 2x at risk of limiting long-term illnesses</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Depression and anxiety are 4-10x more common in those unemployed for more than 12 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in 6 adults has a common mental health problem at any one time</td>
<td></td>
</tr>
<tr>
<td>1 in 95 adults has a serious mental health illness like schizophrenia or bipolar disorder</td>
<td></td>
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</tbody>
</table>
Croydon has the third largest 18-64 population in London. Proportionately compared to the other London boroughs, Croydon has the ninth lowest proportion of their population aged 18-64 years.

Addiscombe ward has the highest proportion of working age people. In 2016, almost half (49%) of the working age population were BAME ethnic group members. By 2025, this is expected to rise to half (55%).

The rate of growth (2016-2025) in Croydon is 5.6% in the 25-64 age group. This is a smaller proportionate increase than London (7.6%). The 55-59 and 60-64 age ranges show the largest increase.

Addiscombe, West Thornton, and Fieldway have become more deprived since 2010, and two have become significantly more deprived. The two wards that contain these very deprived albeit small areas are West Thornton and Fieldway.

West Thornton and Fieldway live in 6 of Croydon’s (lower super output) areas considered to be in the 10% most deprived of the whole country.

2 in 3
(62.2%) aged 18-64 years

Nearly 1 in 38 or 2.6% or 6,204 18-64 year olds

The 18-64 population in Croydon (62.2%) is the highest proportion in London, at 67%

237,663 Croydon
238,959 Lambeth
241,532 Barnet

Fieldway has the highest proportion of working age people. This is the fifth highest % in London and higher than the London average of 78.4%.

This is the highest % in London and higher than the London average of 78.4%
As the population over the age of 65 continues to increase, and becomes more diverse in its ethnic composition, health and social care provision for older adults and carers of older adults in Croydon needs to evolve. However, older adults and carers of older adults are not just consumers of health and social care services but also important contributors and have a wealth of experience to offer. It is important therefore 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.

**HOUSING**

Older adults, particularly those living alone and/or in larger family homes, those with disabilities and those with existing long-term conditions (physical or mental) are amongst those considered to be most vulnerable to fuel poverty and the impacts of cold, damp homes.

Croydon has the highest number of care homes in London. A large number of places are occupied by self-funders or out of borough placements. This can result in high demand for a few places for local authority funded eligible older adults who need nursing or residential care.

**MENTAL HEALTH**

Mental health has an impact on physical health and vice versa. As well as the typical life stressors common to all people, many older adults also experience limited mobility, chronic pain, frailty or other mental or physical problems. In addition, older people are more likely to experience events such as bereavement, a drop in socioeconomic status with retirement, or a disability. All of these factors can result in isolation, loss of independence, loneliness and psychological distress in older people.

**LONG-TERM CONDITIONS**

Long-term conditions are more common in older people and the age increases your chances of having more than one condition. In addition, most individual long-term conditions are more common in poorer sections of society, and are more severe in nature even when less common. There is estimated to be rising demand for prevention and management of multi-morbidity rather than of single disease.

**OLDER CARERS**

Older carers tend to be frail themselves and health decreases with increasing hours of caring responsibility. Social isolation is common. The loss of a carer is likely to result in hospital admission or care home admission of the looked after individual. Supporting carers benefits both the carer as well as the person they care for.

**DISABILITIES**

Disability develops earlier for people in the poorest sections of our society.

Projections for each of the groups within the life stages we have presented is not straightforward. We have presented the overall change in each age group as a whole. More work is required to model at a smaller level the projected population change in key cohorts.
OLD AGES:

<table>
<thead>
<tr>
<th>DISABILITIES</th>
<th>SOCIAL CARE 1 in 10 older adults received social care.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LONG TERM LIMITING CONDITION 1 in 4 older adults with a limiting long term illness whose day-to-day activities are limited a little.</td>
</tr>
<tr>
<td></td>
<td>LEARNING DISABILITIES 1 in 47 older adults predicted to have a learning disability.</td>
</tr>
<tr>
<td></td>
<td>VISUAL IMPAIRMENT 1 in 11 older adults predicted to have a moderate or severe visual impairment. Increases significantly with age and expected to increase by 24% to 2025.</td>
</tr>
</tbody>
</table>

LONG-TERM CONDITIONS

| 1 in 8                | older adults are predicted to have diabetes. |
| 1 in 10               | older adults have 2 or more long-term health conditions. |
| 1 in 7                | older adults are self-reportedly in bad or very bad health. |
| 1 in 4                | older adults are obese. Expected to increase by 22% by 2025. |
| 1 in 42               | older adults predicted to have a longstanding health condition caused by a stroke. Expected to increase by 24% by 2025. |

HOUSING

| 1 in 25              | of Croydon’s older adults live in households without central heating. Worse than England. |
| 211                  | older adults per year, are permanently admitted to care homes in Croydon. |

MENTAL HEALTH

| 1 in 11              | older adults are predicted to have depression. |
| 1 in 36              | older adults are predicted to have severe depression. |
| 1 in 14              | older adults are predicted to have dementia. |

OLDER CARERS

| 1 in 8              | older adults are carers themselves. |
| 1 in 3              | older carers provide ‘full-time care’ (50 hours or more per week). |
| 1 in 10             | older carers are in very bad health. |

SOCIAL ISOLATION

| 1 in 17             | experience loneliness always or often. |
| 1 in 11             | older adults are predicted to have depression. |
| 1 in 36             | older adults are predicted to have severe depression. |

DEMENTIA

| 1 in 14             | older adults are predicted to have dementia. |

DEPRESSION

| 1 in 8              | older adults are carers themselves. |
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VISUAL IMPAIRMENT

| 1 in 11             | older adults predicted to have a moderate or severe visual impairment. Increases significantly with age and expected to increase by 24% to 2025. |

CHANGE AND CHALLENGE ACROSS THE LIFE COURSE:

OLDER AGES:

1 in 8 older adults are predicted to have diabetes.
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1 in 7 older adults are self-reportedly in bad or very bad health.
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1 in 42 older adults predicted to have a longstanding health condition caused by a stroke. Expected to increase by 24% by 2025.
1 in 25 of Croydon’s older adults live in households without central heating. Worse than England.
211 older adults per year, are permanently admitted to care homes in Croydon.
1 in 17 experience loneliness always or often.
1 in 11 older adults are predicted to have depression.
1 in 36 older adults are predicted to have severe depression.
1 in 14 older adults are predicted to have dementia.
1 in 8 older adults are carers themselves.
1 in 3 older carers provide ‘full-time care’ (50 hours or more per week).
1 in 10 older carers are in very bad health.
1 in 2 adult carers reported having as much social contact as they wanted.
Selsdon and Ballards ward has the highest proportion of older adults. It is estimated in 2016 that 1 in 4 older adults (aged 65+) in Croydon were from a BAME ethnic group (26.1%). By 2025 it is expected that this will increase to 1 in 3 (35.5%).

The rate of growth (2016-2025) in Croydon is 23.6% in the 65+ age group, overall. This is a larger proportionate increase than London (21.1%). 75-79 and 85+ age ranges show the largest increase.

All but two of these 6 areas have become more deprived since 2010, and two have become significantly more deprived. The two wards that contain these very deprived albeit small areas are West Thornton and Fieldway.

The proportion of older adults aged 65+ in Croydon is the third largest in London. Proportionately compared to the 33 other London boroughs, Croydon has the eleventh highest proportion of their population aged over 65.

The rate of growth (2016-2025) in London is 21.1% overall.
CONCLUDING STATEMENTS:

As I said at the beginning of my report Croydon seems to be misunderstood by many. They don’t see this wonderfully diverse borough with all its great opportunities and significant challenges.

I hope that my report can start to demonstrate that here we are an outer London borough with inner London borough challenges and it’s not just about the proportionality or percentages – after all, as I often say “100% of 4 is still only 4” it is about the considerable numbers of people who are impacted by poor health and those many things that can contribute to poor health and premature death.

Saying that this report is also designed to provide you with a range of memorable facts and figures about our borough. My hope is that you are able to use them to improve the health of the people of Croydon and, more importantly for me, reduce the inequalities that we still find here.

Rachel Flowers,
Director of Public Health
Many thanks to Nerissa Santimano, Public Health Principal for her overall leadership of the development of the report and to the project team;

Craig Ferguson, Principal Public Health Intelligence Analyst, Jack Bedeman, Consultant in Public Health, Mar Estupinan, Public Health Principal and Richard Eyre, Strategy Manager for Adults.

Thanks also go to the many contributors of this report, whether of content, feedback or moral support! It has most definitely been a team exercise and output.

A special thank you to Louise Summers, Principal Designer at the council’s design team, CroydonDesign for their amazing work on the report.

Finally, to anyone else I may have forgotten to name, a sincere thank you for your contribution.

Give us your feedback.

Do let me know your comments on the report, either by emailing me at rachel.flowers@croydon.gov.uk

or by post to:
Croydon Council,
Public Health Division,
People Department,
2nd floor Zone E,
Bernard Weatherill House,
8 Mint Walk,
Croydon, CR0 1EA
<table>
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<tr>
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<td>White British</td>
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<td>White: Irish</td>
<td>White Irish</td>
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<td>White: Gypsy or Irish Traveller</td>
<td>Other White</td>
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<td>White: Other White</td>
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<td>Black Caribbean</td>
<td>BAME</td>
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<td>White &amp; Black Caribbean</td>
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<td>Mixed/multiple ethnic group: White and Black African</td>
<td>White &amp; Black African</td>
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<td>White &amp; Asian</td>
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<td>Asian/Asian British: Other Asian</td>
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<td>Mixed/multiple ethnic group: Other Mixed</td>
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<td>Other ethnic group: Any other ethnic group</td>
<td>Other Ethnic Group</td>
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REFERENCES:
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