We are Croydon:

A changing population

Just BE CROYDON

Annual report of the director of public health 2017

Croydon Heart Town

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FOREWORD:
TONY NEWMAN, LEADER OF THE COUNCIL

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.

INTRODUCTION:
RACHEL FLOWERS, DIRECTOR OF PUBLIC HEALTH

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.

SUMMARY:

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 derpived 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.

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.

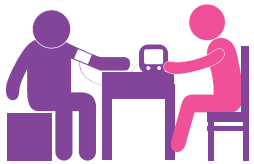
POPULATION DATA – A VARIETY OF SOURCES:

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



show people who are 'registered' with a GP in an area (the registered population)

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;

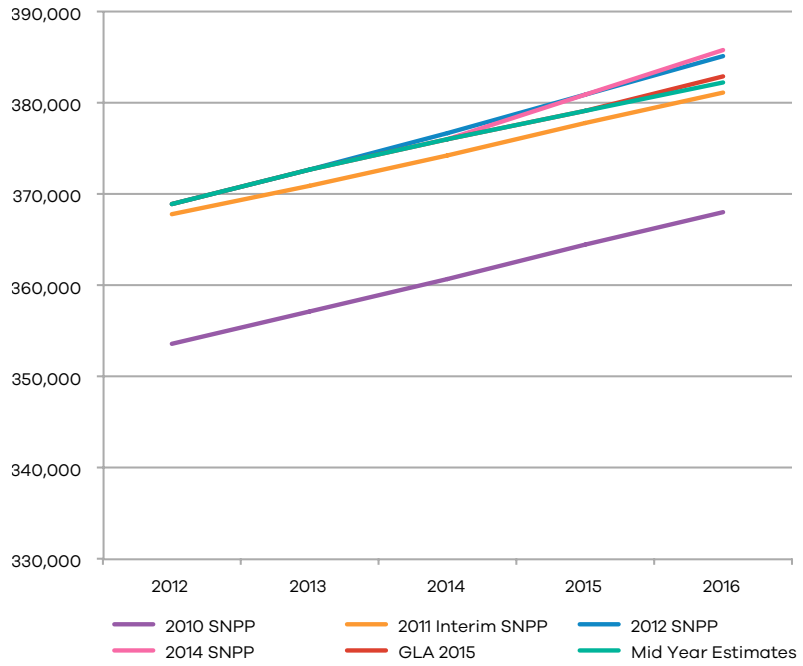
CURRENT CROYDON POPULATION ESTIMATES. THESE ARE ALL PUBLISHED STATISTICS ORDERED BY SIZE, BUT WHICH WOULD YOU USE?

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.

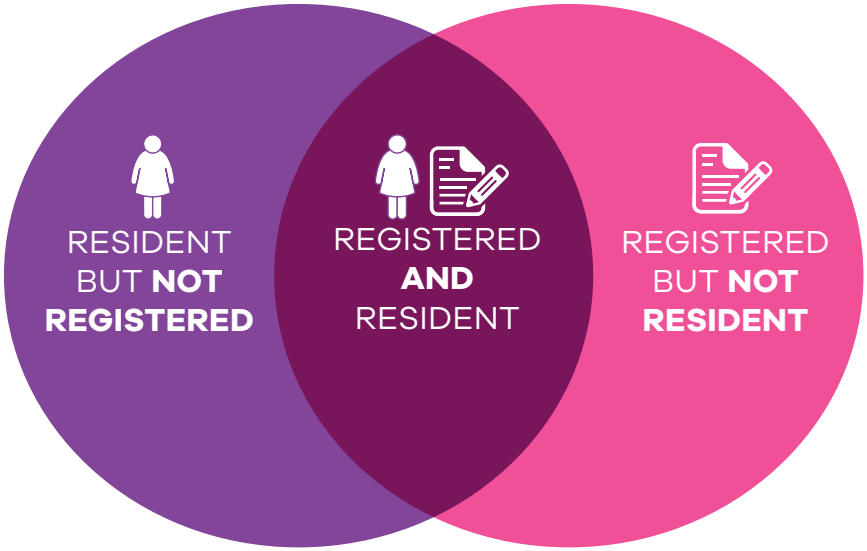
CROYDON POPULATION PROJECTION/ESTIMATE COMPARISON



Source: 2016 Mid year estimates, ONS. 2014 Sub national population projections, ONS. 2015 Round SHLAA based projections, GLA

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.



The size of the shapes do not represent proportions or size of population in each category.

Despite variations and differences, each data source has its significance and provides valuable insight for resource planning and allocation.

In **2016** there were

382,300 people in Croydon

This is the 2nd highest in London

Source: 2016, Mid Year Population Estimates, ONS

By **2031** there will be

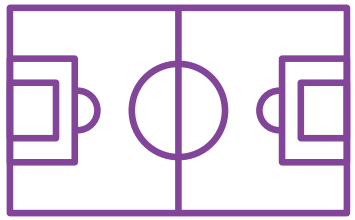
434,448 people in Croydon

a 12% increase in the next 15 years

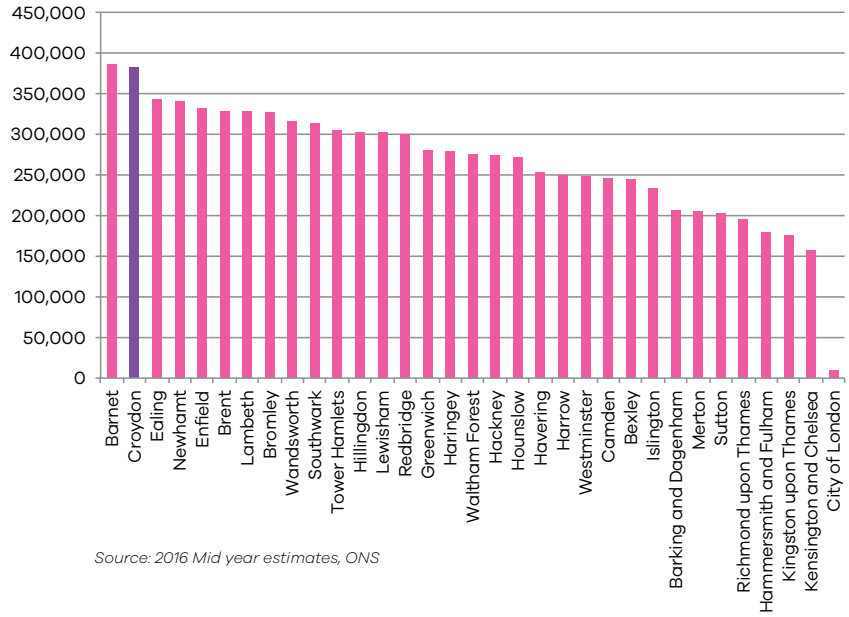
Source: 2015 Round SHLAA based projections, GLA

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.

2x
the size of Crystal Palace football stadium



TOTAL POPULATION FOR LONDON BOROUGHS, 2016



Source: 2016 Mid year estimates, ONS

Changes in population size are subject to a number of influences over time. Some take a few years, some take decades.

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[1]

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

SOCIAL ATTITUDES TO FERTILITY AND REPRODUCTION[2]

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

OUTBREAKS OF DISEASE[3]

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

R.I.P.

HEALTHCARE AVAILABILITY AND DEVELOPMENTS LIKE VACCINATIONS[4]

In **2015/16**
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

RATES OF MIGRATION[5]

Net migration (people entering and leaving) for Croydon in the last few years was in the low hundreds

AND MANY OTHERS LIKE

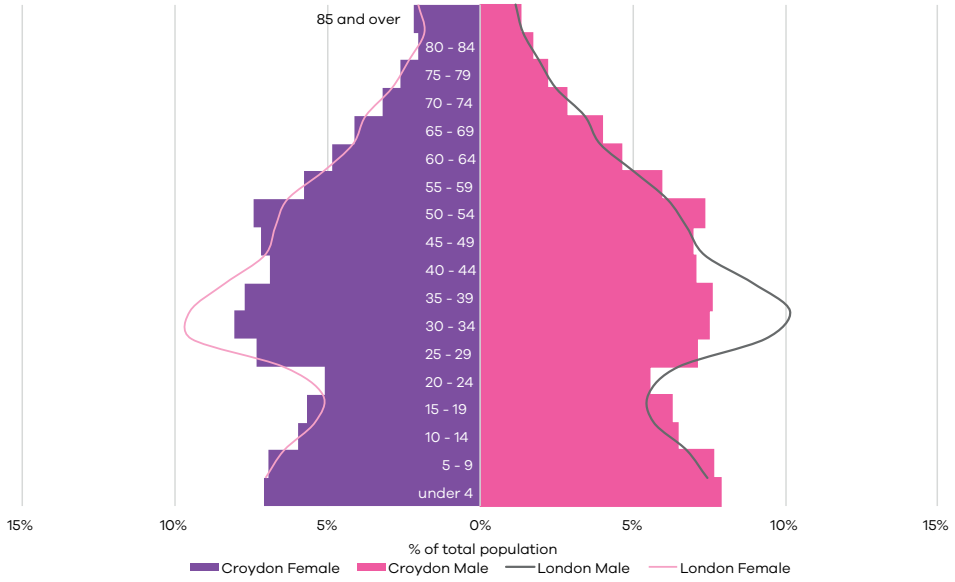
- **SUSTAINABILITY IN TERMS OF FOOD AND NUTRITION,**
- **WAR**
- **PUBLIC HYGIENE AND SANITATION**
- **ECONOMIC POLICY**

Age:

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

CROYDON POPULATION PYRAMID



Source: 2016, Mid Year Population Estimates, ONS

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 percetange 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[6]

Croydon's fertility rate is

4th highest in London

has increased by 3.8%

between 2011 and 2015

In **2016** Croydon had the

highest number of 0-17 year olds in London

and is projected to remain the highest when projected to the year 2025.

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[7]. But compared to England this is smaller.

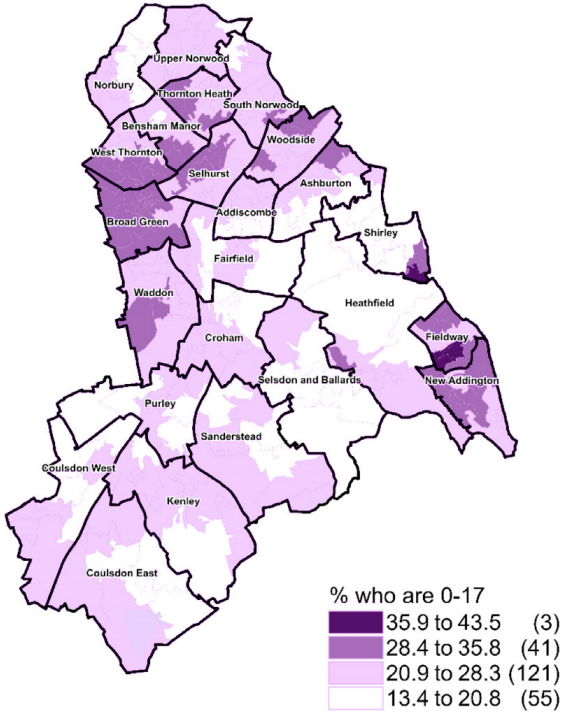
Locally, demand for maternity, including ante-natal, neo-natal and children's services, as well as health and social care, nursing and residential services for older adults will be influenced by population need and numbers in these broad life stages.

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

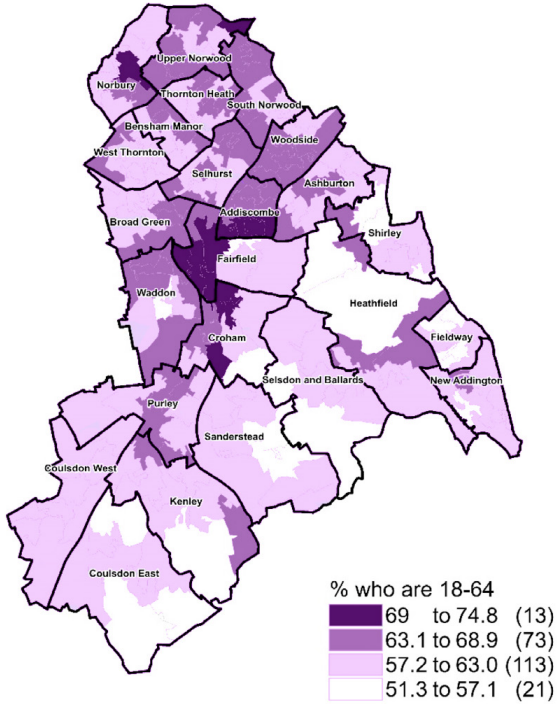
% OF POPULATION WHO ARE 0-17, CROYDON 2015



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

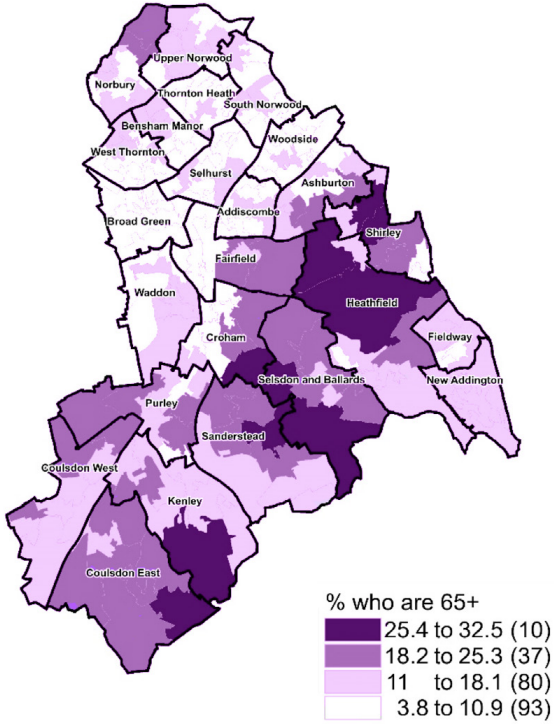
% OF POPULATION WHO ARE 18-64, CROYDON 2015



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



All maps source: 2016 Mid year estimates, ONS

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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

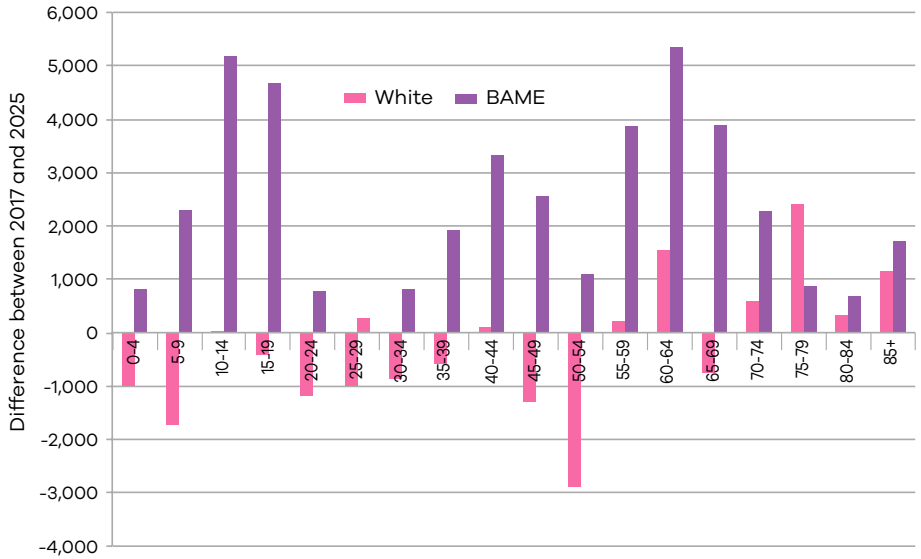
44.4% White **55.6%** BAME*

Source: 2015 Round SHLAA based projections, GLA

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

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



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

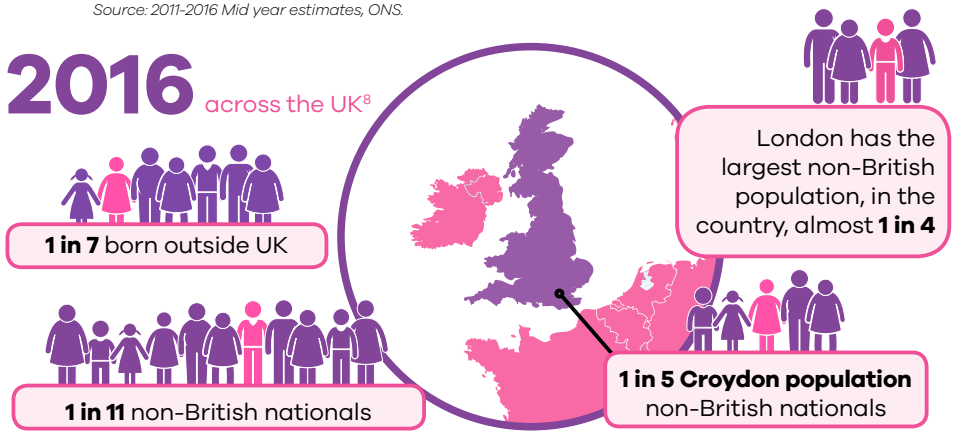
The effects of population movement:

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.

MIGRATION INFLOWS AND OUTFLOWS IN CROYDON, 2011-2016

Source: 2011-2016 Mid year estimates, ONS.

2016 across the UK[8]



Source: 2011 Census, ONS

Ethnicity is different from country of birth or nationality.

CROYDON NET MIGRATION[9]

During 2015 - 2016

total in

-

total out

=

-195

Source: 2016 Mid year estimates, ONS

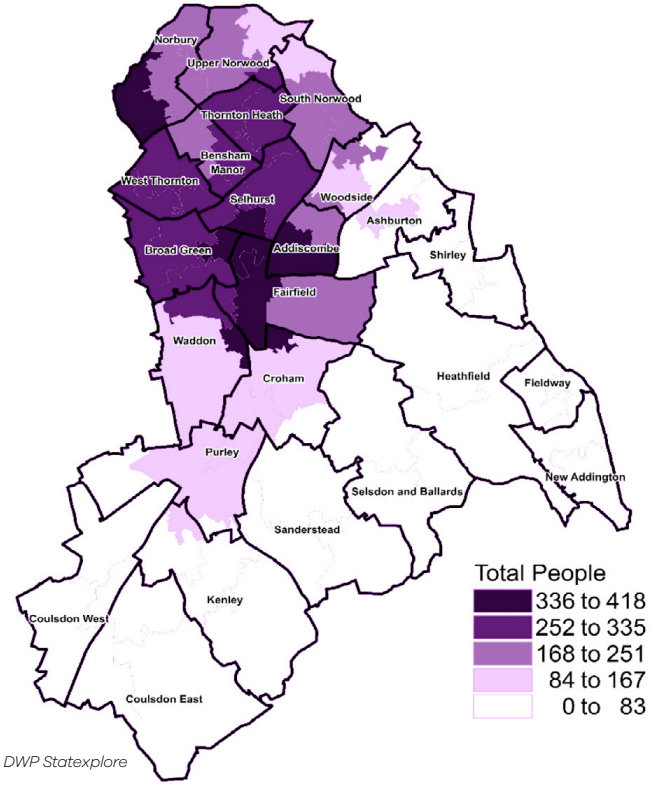
Although the **net migration** (used to calculate population projection) figure for Croydon **is only in the low hundreds, the turnover of people coming into and leaving** the borough reaches figures of roughly **25,000 per year**. The size of this turnover has been increasing over the last few years. 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[10] 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.

PEOPLE WHO REGISTERED FOR NATIONAL INSURANCE NUMBER (NINO) IN CROYDON WHOSE PREVIOUS ADDRESS WAS OVERSEAS (2016/17)



Source: 2016/17, DWP Statexplore

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

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

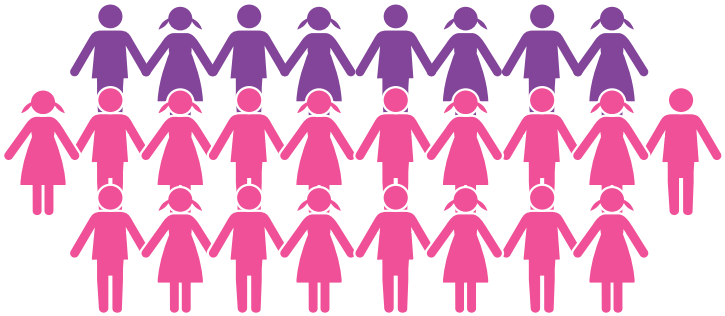
As a borough, we have the **largest number of Unaccompanied Assylum Seeking Children (UASC) in London** (430 in Croydon and only 1,440 in London all together).[11]

Roughly

1 in 3 of all London's

unaccompanied asylum seeking children (UASC)

are in Croydon



the Council have parental responsibility for them.

Source: 2015/16, looked after children statistics, www.gov.uk

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

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Socio-economic profile and deprivation:

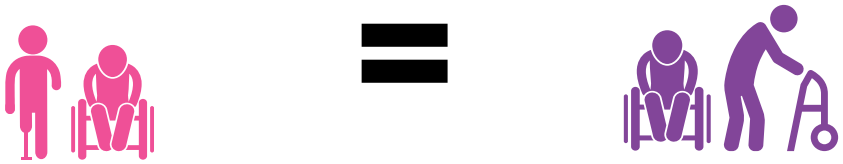
Health, disability and life expectancy are linked with deprivation.

for example

if you are a
35-39 YEAR OLD
male in the
POOREST SECTIONS OF SOCIETY
you are

JUST AS LIKELY TO HAVE A DISABILITY[12]

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

2011 Census, ONS

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 (Selhurts Ward)

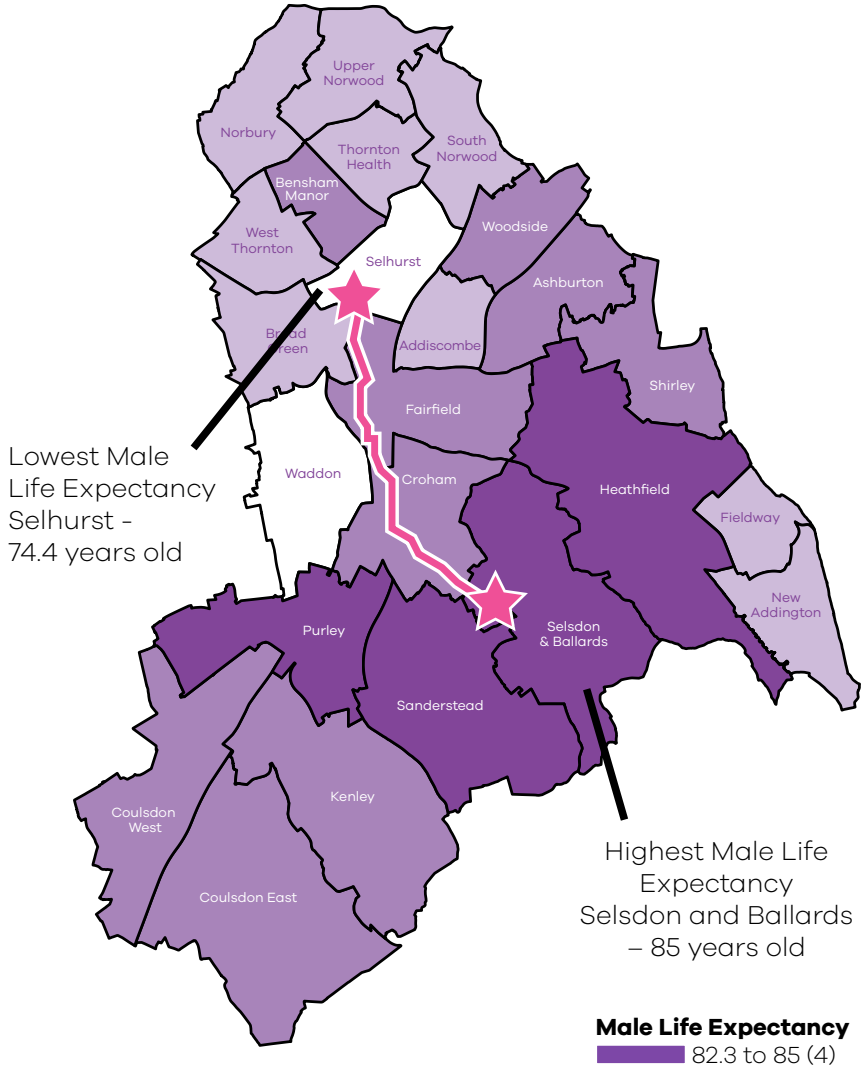
11 mins — Walk to Whitgift Centre

15 mins — 412 Bus to Arkwright Road

4 mins — Walk to Moir Close, South Croydon

Finish ..... CR2 0LQ (Selsdon and Ballards Ward)

MALE LIFE EXPECTANCY 2010 - 2014



Source: 2010-2014, Male Life Expectancy, GLA

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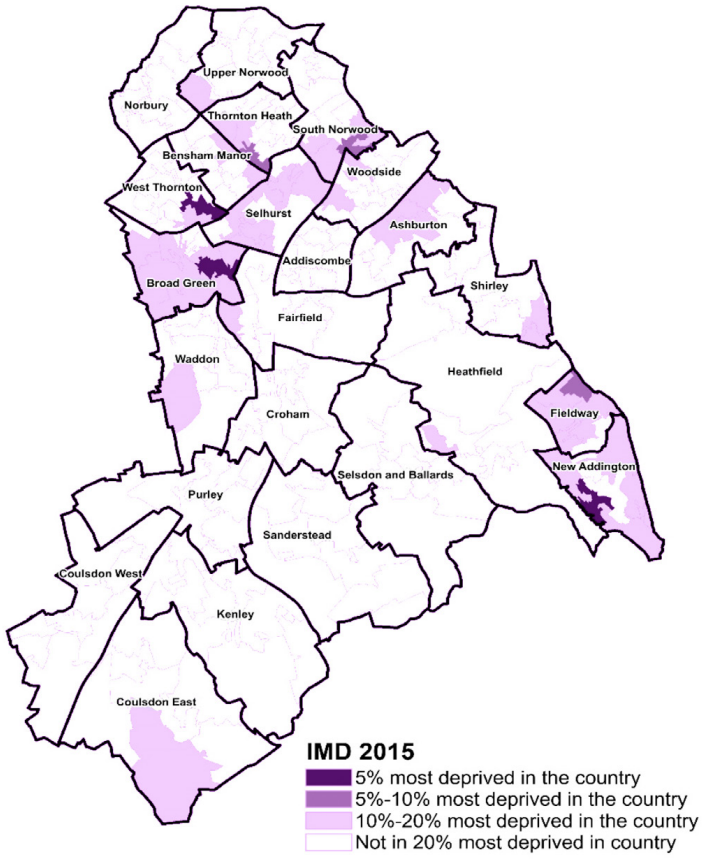
Croydon is the 17th (out of 33) most deprived borough in London (IMD 2015 rank of average score). In 2010 it was 19th most deprived[13].

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)

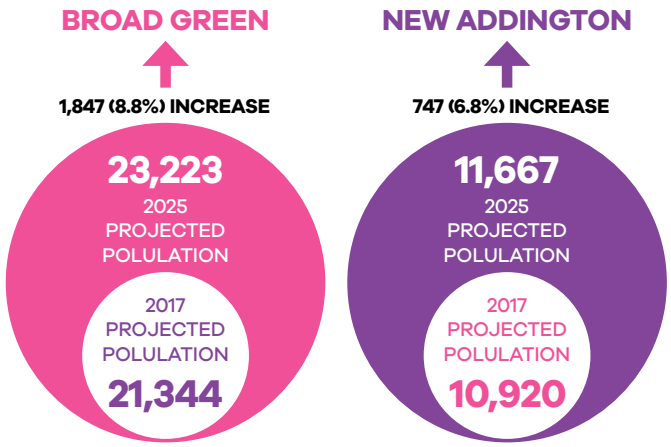


Source: 2015 Indices of Deprivation, Department od Communities and Local Government

The map shows that **10,261 people**[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)

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

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[15].



Source: 2015 Round ward based projections, GLA

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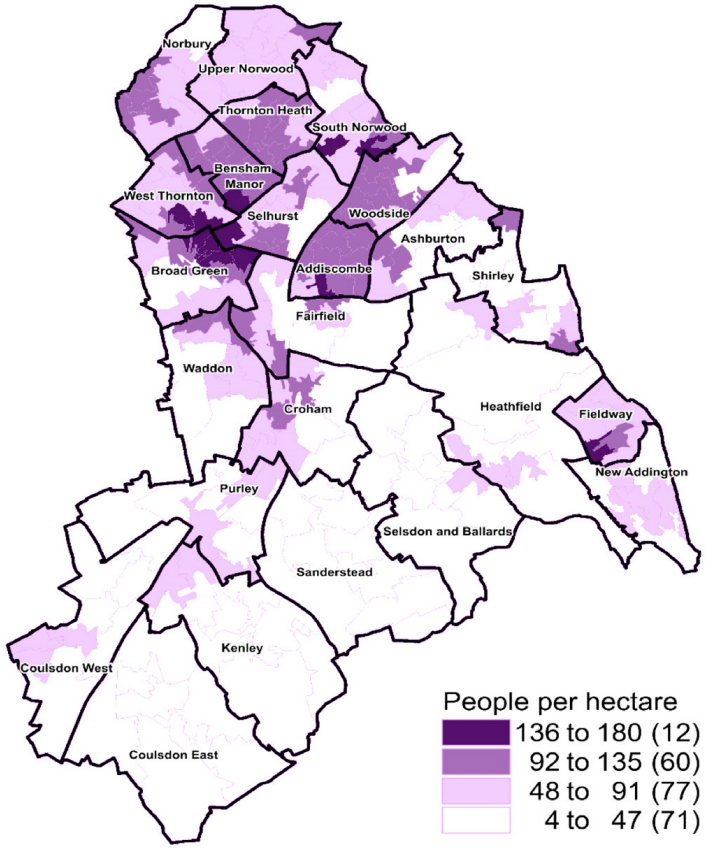
Spatial changes:

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**

POPULATION DENSITY IN CROYDON, 2015



Source: 2015 Mid year estimates, ONS

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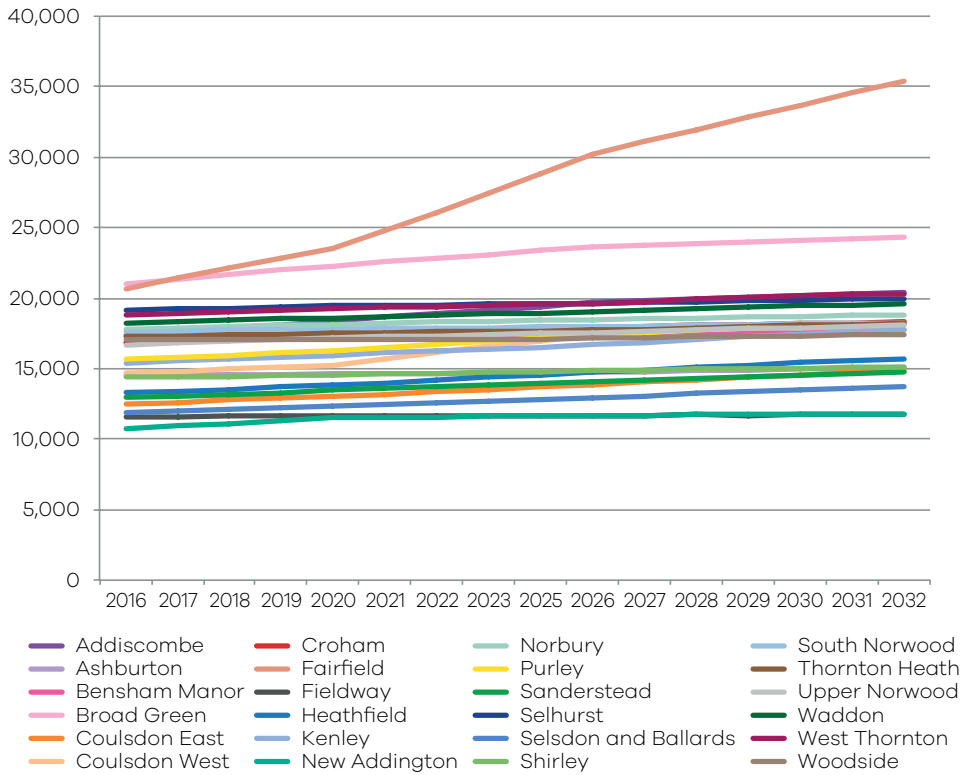
The ward with the single most significant amount of projected change is **Fairfield ward**. It is **expected to experience the greatest population increase over the next 10-15 years; far more than any of Croydon's other 23 wards**.

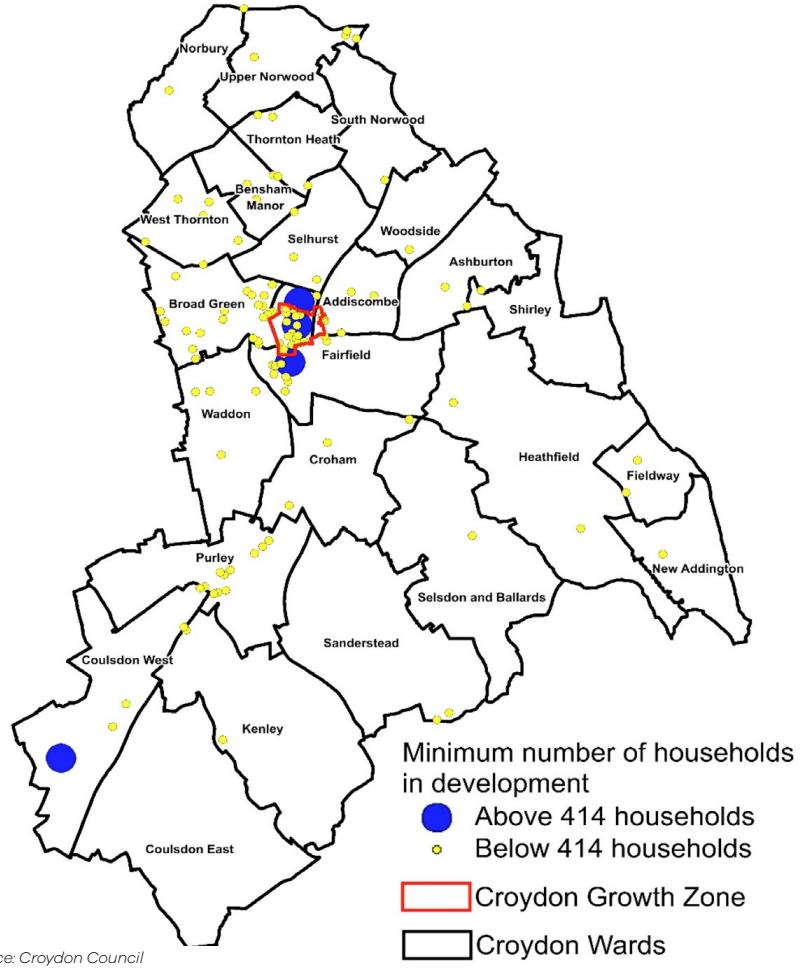
2015 ROUND WARD BASED PROJECTIONS, CROYDON WARDS 2011-2041



Source: 2015 Round ward based projections, GLA

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.

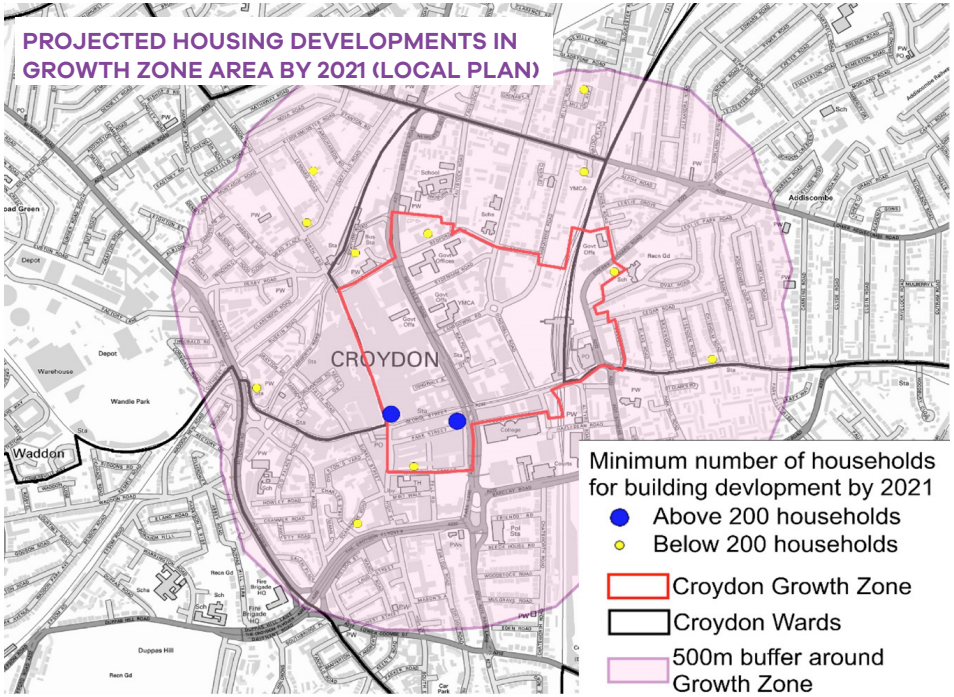
PROJECTED HOUSING DEVELOPMENTS IN CROYDON (LOCAL PLAN)



Source: Croydon Council

46% (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**



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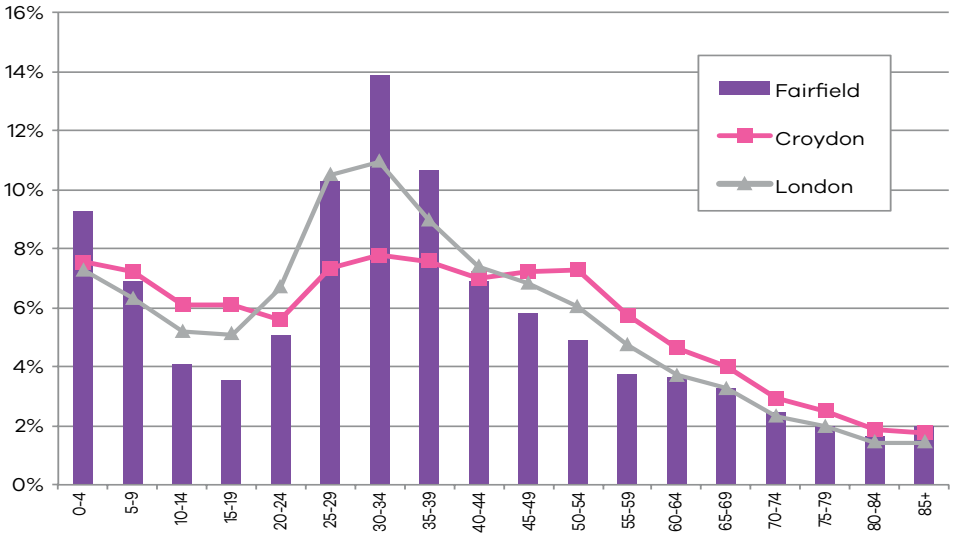
The ward has a higher proportion than London and Croydon overall, of 25-39 year olds and 0-4 year olds; this could indicate a population of young families.

5 YEAR AGE BREAKDOWNS, FAIRFELD, CROYDON AND LONDON 2015

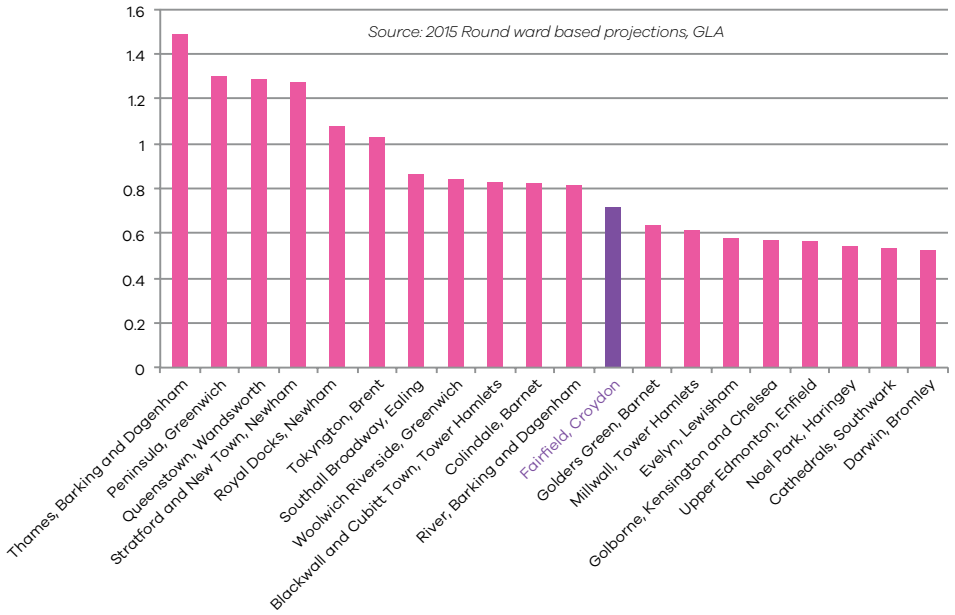


Source: 2011-2016 Mid year estimates, ONS.

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

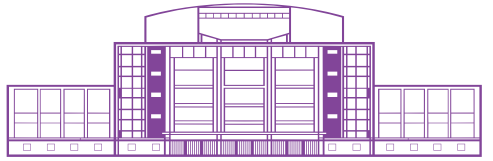
If we expect, most planned developments to be completed by 2031, around the same time, population in the Fairfield ward would have increased by 71.6% its current size, the **12th highest ward population increase across all of London's wards**.

% INCREASE IN POPULATION FOR TOP 20 WARDS IN LONDON (OUT OF 625 WARDS) BETWEEN 2016 AND 2031



from **20,657** to **35,438**

an increase of 5 times the capacity of Fairfield Halls

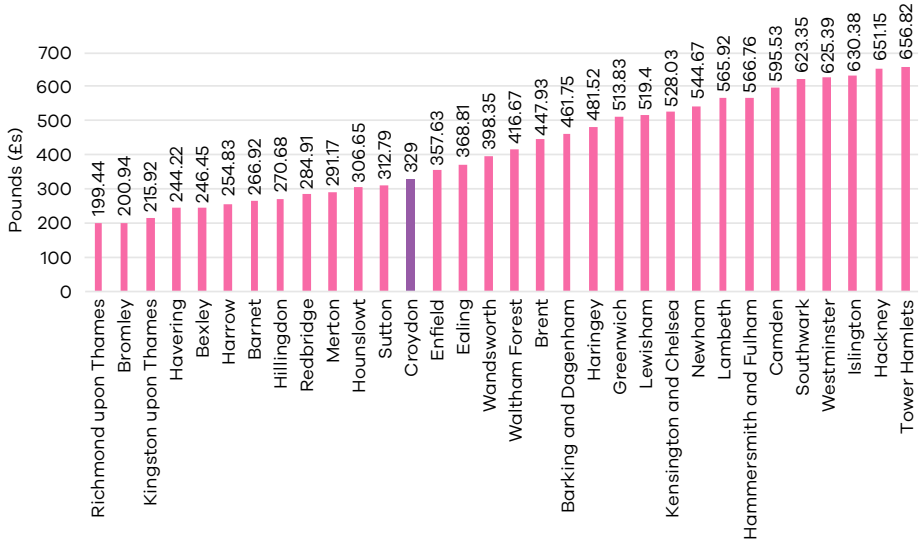


"A key policy objective in most publicly financed health and social care systems is to allocate resources according to need"

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[16].

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.

FUNDING PER HEAD OF POPULATION, LONDON BOROUGHS (BASED ON LOCAL AUTHORIES CORE SPENDING POWER PER POPULATION)



Source: Croydon Council

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 systematic 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.

POPULATION CHANGE; THE COMMUNITY STRATEGY AND CROYDON'S CORPORATE CONTRIBUTION

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

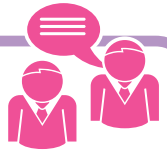
Priority 2
Support individuals and families with complex needs

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 VOUNTARY 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

POPULATION CHANGE, THE COMMUNITY STRATEGY AND THE CORPORATE PLAN:

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.

GROWTH	INDEPENDENCE	LIVEABILITY	ENABLING
To create a place where people and businesses want to be	To help families be healthy and resilient and able to maximise their life chances and independence	To create a place that communities are proud of and want to look after as their neighbourhood	To be innovative and enterprising in using available resources to chage lives for the better
To enable more local people to access a wider range of jobs	To help people from all communities live longer, healthier lives through positive lifestyle choices	To make parks and open spaces a cultural resource	To have the right people with the right skills in the right jobs
To grow a thriving and lively cultural offer which engages communities and supports regeneration	To protect children and vunerable adults from harm and exploitation	To create a place where people feel safe and are safe	To drive fairness for all communities, people and places
To enable people of all ages to reach their potential through access to quality schools and learning	To help families and individuals be more financially resilient and live affordable lives	To build a place that is easy and safe for all to get to and move around in	To be digital by design in meeting the needs of local people
To provide a decent, safe, and affordable home for every local resident who needs one	To prevent Domestic Abuse and Sexual Violence where possible, support victims and hold perpetrators to account	To improve wellbeing across all communities through sport and physical activity	To be open and transparent and put communities at the heart of decision making

EVERY CHILD DESERVES THE BEST START IN LIFE

National social return on investment[17]

FOR EVERY £1 INVESTED

£1.37 to £9.20 RETURN

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.

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;

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.

LONG-TERM CONDITIONS

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.

LOOKED AFTER CHILDREN

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.

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.

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.

CHANGE AND CHALLENGE ACROSS THE LIFE COURSE: YOUNGER AGES:

LOOKED AFTER CHILDREN

LOOKED AFTER CHILD

1 in 116
children aged under 18 in Croydon is a looked after child, the 3rd highest rate in London[18]. Includes young people in care and unaccompanied asylum seeking children (UASC).

UNACCOMPANIED ASSYLUM SEEKING CHILDREN

25 countries
Croydon is currently looking after children from 25 countries, large majority are boys aged 16-17[19].

Almost 1 in 2
of all looked after children in Croydon is an unaccompanied asylum seeking child[20].

No UASC in Croydon is currently being overseen by the Croydon Multi-Agency Sexual Panel due to risks not being identified[19].

YOUNG CARERS

1 in 33
of Croydon's 0-24 year olds are unpaid carers[21].

1 in 9
of young carers (0-24) in Croydon, provides full time care[22].

Time spent caring appears to impact young carers the most.

LONG-TERM CONDITIONS

OBESITY

1 in 10
of 4-5 year olds in Croydon are obese[23]. This more than doubles by the ages of 10-11

Almost 1 in 4
of 10-11 year olds in Croydon are obese[24].

ASTHMA

Hospital admissions for asthma among Croydon children aged 0-9 was worst in London[25].

MMR VACCINE

1 in 4
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[26].

SMOKING

2 in 3
of people overall, start smoking before their 18th birthday. It is the #1 cause of health inequalities[27].

ALCOHOL

1 in 3
secondary school children have drunk alcohol[28].

Children of a problem drinker are **4x** more likely to also misuse alcohol[29].

HOUSING

HOMES/ HOMELESSNESS

2 in 3
of young people visits (18-21) to the Croydon Drop in Zone in the 1st quarter of 17/18, were for housing/homelessness advice[30].

HOMELESSNESS

1 in 747
households headed by young people (16-24) in Croydon, were accepted as homeless[31].

MENTAL HEALTH

Anxiety and depression **3x** more common among children who have lived in temporary accomodation for more than a year[32].

MENTAL HEALTH

CHILDREN IN POVERTY

mental health problems **3x** more common in children in households with lowest 20% of income[33].

PARENTAL MENTAL HEALTH

emotional and conduct disorder is **4-5x** as common in children of those with poor parental mental health[34].

DISABILITIES

LEARNING

1 in 40
Children under under 18 in Croydon, has a moderate, severe or profound and multiple learning disability[35].

CHANGE AND CHALLENGE ACROSS THE LIFE COURSE:

YOUNGER AGES:

Croydon young people[36] are

aged 0-17 years

1 in 4

(24.7%)

aged 0-24 years

1 in 3

(32.2%)

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

0-17 YEAR OLDS

Ealing	Enfield	Newham	Barnett	Croydon
81,873	83,773	85,391	90,336	**94,435**

0-24 YEAR OLDS

Ealing	Enfield	Barnett	Newham	Croydon
107,651	111,574	120,971	121,176	**123,214**

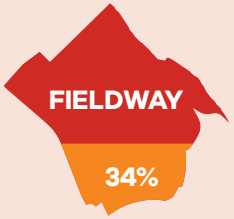
Proportionately compared to the other London boroughs, Croydon has the fifth highest proportion of their population aged 0-17 years and the eighth highest proportion aged 0-25 years[37].

1 in 30
or **3.3%**
or **3,090**
0-17
year olds

live in 6 of Croydon's (lower super output) areas considered to be in the 10% most deprived of the whole country.

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[38].

Fieldway ward has the highest proportion of young people[39]



aged 0-17 years

in 2016

0-17 YEAR OLDS

2 in 3
63.8%

BAME ethnic group

compared to over

1 in 4
26.1%

AGED 65+

by 2025

0-17 YEAR OLDS

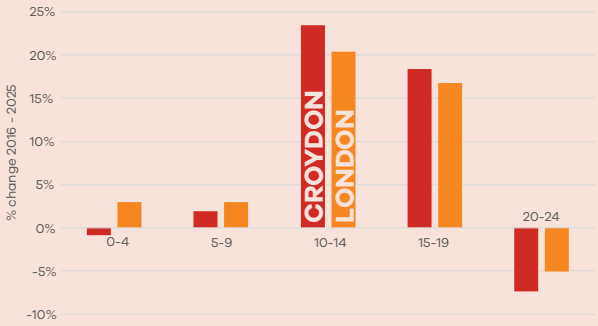
69.6%

BAME ethnic group[40]

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**[41].



CHANGE AND CHALLENGE ACROSS THE LIFE COURSE:

WORKING AGES:

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.

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.

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.

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:

HOUSING

HOMELESSNESS

2,285
Croydon residents, recorded homeless or in temporary housing[42].

ROUGH SLEEPERS (RS)

Almost 90%
in Croydon are aged between 18-55 years[43].

Croydon has seen a 22% increase (2014-2017), compared with 7% for London.

1 in 2
(44%) had spent time in care, prison as well as the armed forces (all 3)[45].

4 in 5
were male[44].

More than 1 in 2
rough sleepers have been without stable accommodation for longer than a year (60%)[46].

RS HEALTH

50%
been to A&E in last 6 months[47].

RS SAFETY

52%
attacked while sleeping rough. Homeless people have a 13x higher risk of experiencing violence[48].

RS SUBSTANCE MISUSE

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[49].

DISABILITIES

LEARNING

1 in 40
aged 18-64 predicted to have a learning disability[50].

PHYSICAL

1 in 44
aged 18-64 in Croydon, predicted to have a serious physical disability[51].

EMPLOYMENT

6%
of 18-64 year olds in Croydon, receiving long-term support from social services are in paid employment[52].

ACCOMODATION

1 in 3
of 18-64 year olds with a learning disability are in unstable accommodation[53].

DOMESTIC ABUSE AND SEXUAL VIOLENCE (DASV)

2 in 3
aged between 21 and 40[54].

MENTAL ILLNESS

1 in 6
new referrals to the Croydon DASV service also had mental ill-health[55].

ALCOHOL

women suffering domestic abuse are **15x** more likely to misuse alcohol[56].

LGBT

FINANCIAL HARDSHIP

1 in 3
in London, earn less than the London Living wage, even when professionally qualified[57].

WORKING AGE CARERS

WORKING CARERS

1 in 8
working age people (25-64) in Croydon, provide unpaid care[58].

TIME SPENT CARING

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[59].

EMPLOYED CARER HEALTH

2-3x more
full-time carers report 'Not Good' health, if also in full-time work[60].

LONG-TERM CONDITIONS

OBESITY

2 in 3 (62.2%)
adults in Croydon are overweight or obese (aged 18 and over)[61].

DIABETES

1 in 31
working age people (18-64) in Croydon, predicted to have diabetes. Expected to increase by 10% by 2025[62].

ENPLOYMENT AND ILLNESS

those unemployed are **2x** at risk of limiting long-term illnesses[63].

MENTAL HEALTH

1 in 6
adults has a common mental health problem at any one time[64].

1 in 95
adults has a serious mental health illness like schizophrenia or bipolar disorder[65].

Depression and anxiety are **4-10x** more common in those unemployed for more than 12 weeks[66].

WORKING AGES:

2 in 3 aged 18-64 years (62.2%)[67]

Croydon has the third largest 18-64 population in London.

18-64 YEAR OLDS

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

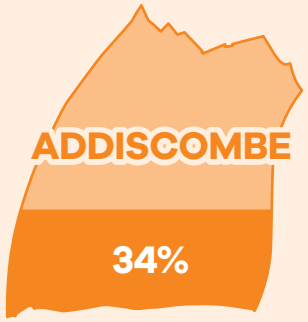
Proportionately compared to to the other London boroughs, Croydon has the ninth lowest proportion of their population aged 18-64 years[68].

~~nearly~~ **1 in 38** or **2.6%** or **6,204** **18-64** year olds

live in 6 of Croydon's (lower super output) areas considered to be in the 10% most deprived of the whole country.

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[69].

Addiscombe ward has the highest proportion of working age people[70].

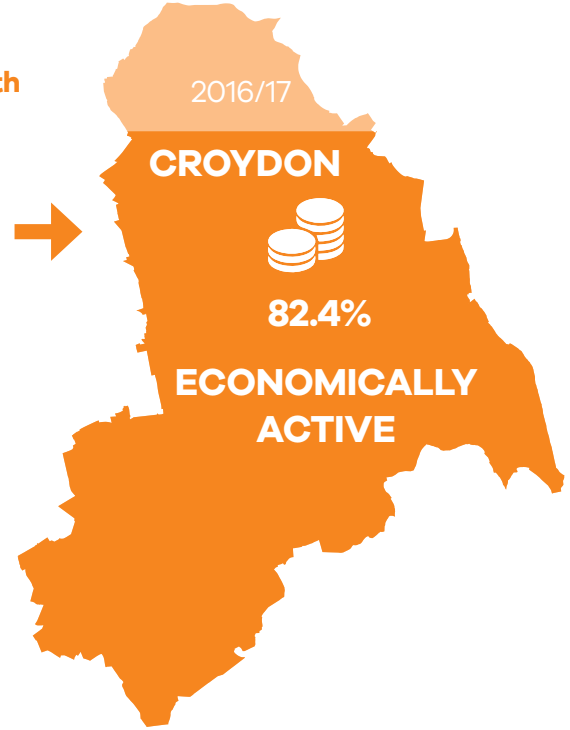


aged 18-64

in 2016 **18-64 YEAR OLDS** almost **half** **49%** **BAME ethnic group**

by 2025 **18-64 YEAR OLDS** over **half** **55%** **BAME ethnic group**[71]

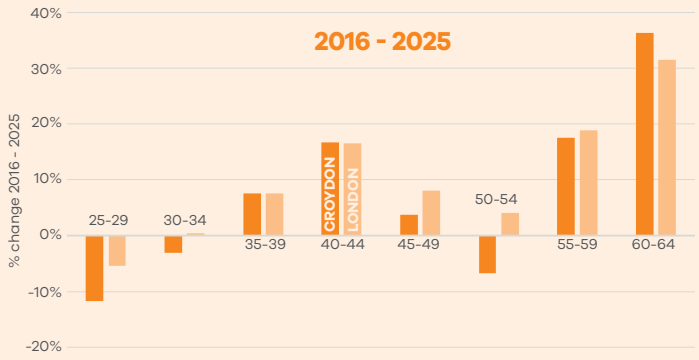
This is the **fifth highest % in London** and higher than the London average of 78.4% [73].



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%**).

55-59 and 60-64 age ranges show the **largest increase**[72].



CHANGE AND CHALLENGE ACROSS THE LIFE COURSE:

OLDER AGES:

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 iimpacts 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.

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.

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.

DISABILITIES

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

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.

CHANGE AND CHALLENGE ACROSS THE LIFE COURSE: OLDER AGES:

DISABILITIES

SOCIAL CARE

1 in 10
older adults received social care[81]

LONG TERM LIMITING CONDITION

1 in 4
older adults with a limiting long term illness whose day-to-day activities are limited **a little**[82].

1 in 4
older adults with a limiting long term illness whose day-to-day activities are limited **a lot**[83].

LEARNING DISABILITIES

is the most commonly reported reason for needing care as reported in the Croydon carers database[84].

1 in 47
older adults predicted to have a learning disability[85].

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[86].

LONG-TERM CONDITIONS

1 in 8
older adults are predicted to have diabetes[74].

1 in 10
older adults have 2 or more long-term health conditions[75].

HEALTH STATE

1 in 7
older adults are self-reportedly in bad or very bad health[76].

OBESITY

1 in 4
older adults are obese. Expected to increase by 22% by 2025[77].

STROKE

1 in 42
older adults predicted to have a longstanding health condition caused by a stroke. Expected to increase by 24% by 2025[78].

HOUSING

1 in 25
of Croydon's older adults live in households without central heating. Worse than England[79].

211
older adults per year, are permanently admitted to care homes in Croydon[80].

MENTAL HEALTH

SOCIAL ISOLATION

1 in 17
experience loneliness always or often[87].

DEPRESSION

1 in 11
older adults are predicted to have depression[88].

1 in 36
older adults are predicted to have severe depression[89].

DEMENTIA

1 in 14
older adults are predicted to have dementia[90]

OLDER CARERS

1 in 8
older adults are carers themselves[91].

1 in 3
older carers provide 'full-time care' (50 hours or more per week)[92].

HEALTH STATE

1 in 10
older carers are in very bad health[93].

SOCIAL ISOLATION

1 in 2
adult carers reported having as much social contact as they wanted[94].

CHANGE AND CHALLENGE ACROSS THE LIFE COURSE:

OLDER AGES:

1 in 7 aged 65+ (13.1%)[95]

Croydon has the third largest 65+ population in London.

AGED **65+**

- Croydon **50,206**
- Barnet **54,215**
- Bromley **57,344**

Proportionately compared to the 33 other London boroughs, Croydon has the eleventh highest proportion of their population aged over 65[96].

~~more than~~ **1 in 45** or **2.2%** or **1,070** aged **65+**

live in 6 of Croydon's (lower super output) areas considered to be in the 10% most deprived of the whole country.

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[97].

Selsdon and Ballards ward has the highest proportion of older adults[98].

aged 65+

It is estimated in 2016 that 1 in 4 older adults (aged 65+) in Croydon were from a a BAME ethnic group (26.1%).

in 2016 AGED **65+** **1 in 4** **BAME ethnic group**

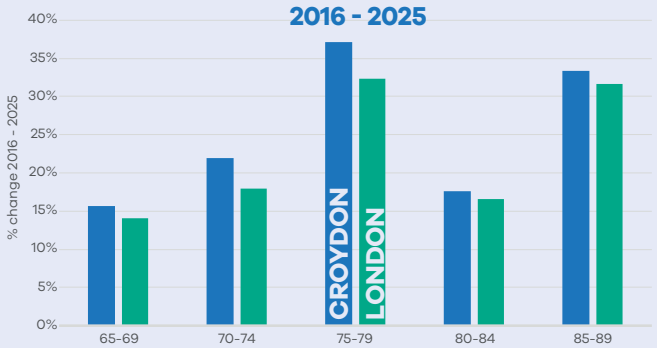
By 2025 it is expected that this will increase to 1 in 3 (35.5%)[99].

by 2025 AGED **65+** **1 in 3** **35.5%** **BAME ethnic group**

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**[100].



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

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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:
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People Department,
2nd floor Zone E,
Bernard Weatherill House,
8 Mint Walk,
Croydon, CR0 1EA

ONS 2011 Census – Ethnic Group (18)	GLA Ethnic Group (17)	GLA Ethnic Group (17)
White: English/Welsh/Scottish/Northern Irish/British	White British	White
White: Irish	White Irish	
White: Gypsy or Irish Traveller	Other White	
White: Other White		
Black/African/Caribbean/Black British: Caribbean	Black Caribbean	BAME
Black/African/Caribbean/Black British: African	Black African	
Black/African/Caribbean/Black British: Other Black	Other Black	
Mixed/multiple ethnic group: White and Black Caribbean	White & Black Caribbean	
Mixed/multiple ethnic group: White and Black African	White & Black African	
Asian/Asian British: Indian	Indian	
Asian/Asian British: Pakistani	Pakistani	
Asian/Asian British: Bangladeshi	Bangladeshi	
Asian/Asian British: Chinese	Chinese	
Mixed/multiple ethnic group: White and Asian	White & Asian	
Asian/Asian British: Other Asian	Other Asian	
Mixed/multiple ethnic group: Other Mixed	Other Mixed	
Other ethnic group: Arab	Arab	
Other ethnic group: Any other ethnic group	Other Ethnic Group	

REFERENCES:

1. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables
2. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsbyareaofusualresidenceofmotheruk
3. http://www.phoutcomes.info/search/communicable"http://www.phoutcomes.info/search/communicable#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000008/iid/92326/age/1/sex/4
4. http://www.phoutcomes.info/search/MMR"http://www.phoutcomes.info/search/MMR#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000008/iid/30311/age/34/sex/4
5. 2016 Mid year estimates, ONS
6. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables
7. 2016 Mid year estimates, ONS
8. http://visual.ons.gov.uk/migration-levels-what-do-you-know-about-your-area/
9. 2016 Mid year estimates, ONS
10. 2016/17, DWP Statexplore
11. 2015/16, looked after children statistics, www.gov.uk
12. 2011 Census, ONS
13. Indices of Deprivation, Department od Communities and Local Government
14. 2015 Indices of Deprivation, Department of Communities and Local Government
15. 2015 Round ward based projections, GLA
16. https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/summary-cfrg-5th-report.pdf
17. Blog – Health Matters: giving every child the best start in life. https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life
18. Public Health England Fingertips, 15/16 data applied to 2016 mid-year population estimates
19. Unaccompanied Asylum Seeking Children in Croydon, Children and Young People Scrutiny Committee Report, Sept 2016, Croydon Council
20. Croydon Children's Services Ofsted Report Sept 2017
21. https://www.nomisweb.co.uk/census/2011/LC3304EW/view/1946157265?rows=c_age&cols=c_carer
22. https://www.nomisweb.co.uk/census/2011/LC3304EW/view/1946157265?rows=c_age&cols=c_carer
23. Public Health England Fingertips, 15/16 data applied to 2016 mid-year population estimates
24. Public Health England Fingertips, 15/16 data applied to 2016 mid-year population estimates
25. Public Health England Fingertips, 14/15 data applied to 2016 mid-year population estimates
26. Public Health England Fingertips, 15/16 data applied to 2016 mid-year population estimates
27. Croydon Annual Public Health Report, 2015
28. Croydon Annual Public Health Report, 2015

29. Croydon Annual Public Health Report, 2015
30. Croydon Drop-In Zone Service Activity data 16/17
31. Public Health England, Child Health Profiles, 2015/16
32. Croydon Annual Public Health Report, 2015
33. Croydon Annual Public Health Report, 2015
34. Croydon Annual Public Health Report, 2015
35. Internal Presentation using Published data
36. ONS mid-year estimates (2016)
37. ONS mid-year estimates (2016)
38. GLA ward SHLAA capped AHS projections (2015)
39. ONS ward level mid-year estimates (2015)
40. GLA short-term ethnic group projections (2015)
41. GLA ward SHLAA capped AHS projections (2015)
42. Chain Report 2016/17. https://data.london.gov.uk/dataset/chain-reports
43. Chain Report 2016/17. https://data.london.gov.uk/dataset/chain-reports
44. Chain Report 2016/17. https://data.london.gov.uk/dataset/chain-reports
45. Chain Report 2016/17. https://data.london.gov.uk/dataset/chain-reports
46. Draft CR Zero 2020 survey data, Sept 2016
47. Draft CR Zero 2020 survey data, Sept 2016
48. Draft CR Zero 2020 survey data, Sept 2016
49. Chain Report 2016/17. https://data.london.gov.uk/dataset/chain-reports
50. Projecting Adult Needs and Service Information System
51. Projecting Adult Needs and Service Information System
52. Projecting Adult Needs and Service Information System
53. Projecting Adult Needs and Service Information System
54. Croydon's DASV Report April 2016 – March 2017
55. Croydon's DASV Report April 2016 – March 2017
56. Croydon Annual Public Health Report, 2015
57. https://www.trustforlondon.org.uk/wp-content/uploads/2016/07/Still-Out-There-1.pdf
58. https://www.nomisweb.co.uk/census/2011/LC3304EW/view/1946157265?rows=c_age&cols=c_carer
59. https://www.nomisweb.co.uk/census/2011/LC3304EW/view/1946157265?rows=c_age&cols=c_carer
60. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/fullstorytheendergapinunpaidcareprovisionisthereanimpactonhealthandeconomicposition/2013-05-16
61. Public Health England Fingertips, 2-2013-15 data applied to 2016 mid-year population estimates
62. Projecting Adult Needs and Service Information System
63. Croydon Annual Public Health Report, 2015
64. Croydon Annual Public Health Report, 2015
65. Croydon Annual Public Health Report, 2015
66. Croydon Annual Public Health Report, 2015

67. ONS mid-year estimates (2016)
68. ONS mid-year estimates (2016)
69. GLA ward SHLAA capped AHS projections (2015)
70. ONS ward level mid-year estimates (2015)
71. GLA short-term ethnic group projections (2015)
72. GLA ward SHLAA capped AHS projections (2015)
73. ONS annual population survey, from NOMIS
74. Projecting Older People Population Information System
75. Croydon Annual Public Health Report, 2015
76. Croydon Annual Public Health Report, 2015
77. Projecting Older People Population Information System
78. Projecting Older People Population Information System
79. Croydon JSNA, Older Adults (aged 65 years and over) and Carers of Older Adults: Maintaining Optimal Health and Supporting Independence in the Community
80. Croydon JSNA, Older Adults (aged 65 years and over) and Carers of Older Adults: Maintaining Optimal Health and Supporting Independence in the Community
81. Croydon Annual Public Health Report, 2015
82. Projecting Older People Population Information System
83. Projecting Older People Population Information System
84. Croydon JSNA, Older Adults (aged 65 years and over) and Carers of Older Adults: Maintaining Optimal Health and Supporting Independence in the Community
85. Projecting Older People Population Information System
86. Projecting Older People Population Information System
87. Croydon Annual Public Health Report, 2015
88. Projecting Older People Population Information System
89. Projecting Older People Population Information System
90. Projecting Older People Population Information System
91. https://www.nomisweb.co.uk/census/2011/LC3304EW/view/1946157265?rows=c_age&cols=c_carer
92. https://www.nomisweb.co.uk/census/2011/LC3304EW/view/1946157265?rows=c_age&cols=c_carer
93. Croydon JSNA, Older Adults (aged 65 years and over) and Carers of Older Adults: Maintaining Optimal Health and Supporting Independence in the Community
94. 93. Croydon JSNA, Older Adults (aged 65 years and over) and Carers of Older Adults: Maintaining Optimal Health and Supporting Independence in the Community
95. ONS mid-year estimates (2016)
96. ONS mid-year estimates (2016)
97. GLA ward SHLAA capped AHS projections (2015)
98. ONS ward level mid-year estimates (2015)
99. GLA short-term ethnic group projections (2015)
100. GLA ward SHLAA capped AHS projections (2015)

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