1. EXECUTIVE SUMMARY

1.1 The 2017 Director of Public Health’s Annual Report as signed off by Cabinet in October 2017, presents population changes and challenges in Croydon over the next 10-15 year period. It also attempts to illustrate the conundrum of differences in the various population data sources and stresses the importance of understanding these differences particularly in choosing appropriately for service planning and resource allocation. It highlights the importance of selecting the most appropriate indicators, for needs based resources allocation formulae without which there is little scope to eliminate often avoidable health and socio-economic inequalities.

1.2 The report also recognises and discusses that certain individuals and groups are more vulnerable than others and are therefore likely to be particularly at risk. It highlights for three age ranges along the life course; key issues and population changes that require particular attention in order to achieve fairness in outcomes. It is presents this information in the context of population change for the respective age groups.

1.3 Therefore in summary, the report focuses on Demographic changes and challenges and is presented in 3 sections;
   A. Changes in Croydon overall
   B. Changes in key geographical localities of Croydon and
   C. Changes in key population sub-groups across the life course

1.4 The information presented in this report is intended to bring about discussions regarding the way resources are allocated, local services are planned and
commissioned taking local populations (current and future) into account.

1.5 The 2017 Director of Public Health Report is an appendix to this report.

2. Director of Public Health’s Annual Report

2.1 Background

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

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

2.2 Report Focus

3.1 Overall, in 2016 there were 382,300 people in Croydon, the second largest population in London. By 2031, there will be 434,448 people in Croydon, an increase of 12% in the next 15 years.

3.2 Absolute increase alone however, would not tell us how the local population is changing. Creating population profiles for specific age bands, community groups or small geographies helps to inform the targeting of services to specific characteristics of local communities.

3.2.1 Age: Geographically in Croydon, we appear to have a population age gradient across the borough from north to south. Croydon currently has the largest younger ages population, 3rd largest working age population and 3rd largest older ages population in London.

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

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

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

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

3.2.6 Stages across the life course:

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

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

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

b) Working Ages: 3rd highest number of 18-64 year olds in London. Ages 55-59 and 60-64 are showing the greatest increases (2016-25). The health and wellbeing of our working age population often has impacts far beyond the individuals themselves. Families, children, workplaces, business and communities are all impacted.

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

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

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

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CONTACT OFFICER: Nerissa Santimano, Public Health Principal

APPENDICES: Appendix 1: Director of Public Health’s Annual Report

BACKGROUND DOCUMENTS: None