

For General Release

REPORT TO:	CABINET 13 July 2015
AGENDA ITEM:	12
SUBJECT:	Annual Public Health Report 2015
LEAD OFFICER:	Dr Mike Robinson, Director of Public Health
CABINET MEMBER:	Cllr Louise Woodley, Cabinet Member for Families, Health and Social Care
WARDS:	All
CORPORATE PRIORITY/POLICY CONTEXT: It is a statutory requirement of the Director of Public Health to produce an Annual Report and for the council to publish this. It was agreed that this year's report should focus on geographical inequalities for major public health issues between different parts of Croydon, with a view to inform the work of the Croydon Opportunities and Fairness Commission, as well as the overall public health approach of the council and its partners. The report is relevant to a number of Ambitious for Croydon outcomes, in particular <ul style="list-style-type: none">• To help families be healthy and resilient and able to maximise their life chances and independence• To help people from all communities live longer, healthier lives through positive lifestyle choices• To drive fairness for all communities, people and places	
FINANCIAL IMPACT There are no financial implications of this report	
KEY DECISION REFERENCE NO.: This is not a key decision	

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

RECOMMENDATIONS

The Cabinet is asked to approve publication of this draft of the Annual Public Health Report for 2015 (Appendix 1).

2. EXECUTIVE SUMMARY

2.1 The 2015 Annual Public Health Report (APHR) focuses on geographical inequalities for major public health issues between different parts of Croydon, with a view to inform the work of the Opportunities and Fairness Commission (the Commission). The topics have been selected using a life course approach, as both positive and negative influences on health accumulate from conception onwards.

2.2 The main section of the report is a series of infographics. These are designed to present key facts about each topic in a bold and user-friendly manner which will engage a wide range of stakeholders including residents themselves. Each section also includes information on what the council and its partners are already doing to address the inequalities that are described

2.3 The final section of the report explores what further steps can be taken, in three broad areas:

- Integration of the use of ring-fenced public health funds with other sources of funding, guided by measurement of the return of investment
- Re-design of public health services
- New ways of partnership working between public health, other council departments and residents themselves

2.4 The 2015 APHR is an appendix to this report.

3. DETAIL OF REPORT

3.1 Background

The last two Annual Reports have adopted a case study approach focused on what residents can do themselves to improve and maintain health and how council and partners' services can support this

Whilst these reports gave a wealth of positive examples, it was felt that a more orthodox focus on overall population health would be appropriate this year and would be useful to inform the work of the Commission

3.2 Specific issues considered

The major public health issues that were selected and some key points about each that have been included in the report are summarised below.

Table 1: Summary of public health issues included in 2015 APHR

SECTION THEME	Main Inequalities Described and current actions to address
1a. Childhood Immunisations – main inequalities	<ul style="list-style-type: none">• The report focuses on immunisations for measles, mumps and rubella. In Croydon, 1 in 8 children are not receiving an MMR injection at age 2 and 1 in 4 at age 5.• To protect a community from diseases like measles, mumps and rubella, which can cause serious problems or even kill, 95% coverage of immunisations is needed, but Croydon is below this. Immunisations rates are however increasing in Croydon

<p>1b. Childhood Immunisations – current actions</p>	<ul style="list-style-type: none"> • Croydon GPs are working closely with NHS England to improve progress. Their plan to achieve this is overseen by the Croydon Health, Social Care and Housing Scrutiny Sub-Committee. • Sharing the learning from GP practices who are achieving higher immunisation levels, improving data collection systems and more focus on immunisation uptake for vulnerable children such as those looked after are some of the ways going forward. • Supporting parents and carers to make informed choices about immunisations requires others to work together to ensure this. Health Professionals, Early year's staff and other council workers in contact with families all have a role to play.
<p>2a. Child Poverty – main inequalities</p>	<ul style="list-style-type: none"> • In Croydon, 1 in four children live in poverty and children born into poverty are four times more likely to be poor as adults than children of affluent parents. • Child poverty is much higher in the north and east of the borough and is more common in certain families such as lone parent families • Poverty can affect every area of a child's development - social, educational and personal as well as affecting their health. Children living in poverty are more likely to leave school with fewer qualifications which translates into lower earnings over the course of their working life. • Child poverty can lead to a cycle where poverty is repeated from generation to generation. It is expected to rise by around 27% in the next four years
<p>2b. Child Poverty – current actions</p>	<ul style="list-style-type: none"> • Croydon Council and its partners are working to support lone parents to access work, develop strategies to increase opportunities for flexible working, and develop a young person's led child poverty strategy. A Welfare Gateway has been developed to combine existing welfare arrangements to support financial independence. Access to Healthy Start Vitamins for at pregnant women, new mothers and children under 4 years will be improved.
<p>3a. Smoking – main inequalities</p>	<ul style="list-style-type: none"> • Children start smoking, not adults. Two thirds of smokers start before their 18th birthday. • Smoking prevalence has fallen amongst the general population but not amongst those with mental health problems, where smoking rates remain extremely high. • Smoking causes half the difference in life-expectancy inequality. • Illicit tobacco, which can be even more harmful than tobacco that is legally sold, is favoured by children and

	<p>the poorest in society because it is cheaper and age restriction legislation is not a barrier. Some illicit tobacco has been found to contain contaminants such as asbestos and excrement.</p>
3b. Smoking – current actions	<ul style="list-style-type: none"> • The council offers free and proven stop smoking services for all residents and is working closely with partners, such as Trading Standards, Healthy Schools and the Safety Team, to tackle broader tobacco control issues such as children and young people’s prevention, shisha and illicit tobacco.
4a. Alcohol and drugs – main inequalities	<p>Alcohol</p> <ul style="list-style-type: none"> • Alcohol problems are common. An estimated one in six adults drink at risky levels and one in nine binge drink. • Excessive alcohol consumption is bad for health and for communities: almost half of violent crime is alcohol related and alcohol is the third biggest lifestyle risk factor for illness and death, • Alcohol related hospital admissions and alcohol related crime are highest in the North and the East of the borough • Some people are more likely to drink at risky levels and more likely to suffer harm, including people with mental health problems, those who are homeless and children of people who are problem drinkers. <p>Drugs</p> <ul style="list-style-type: none"> • One in 11 adults and 1 in 5 young people have tried an illegal drug, most commonly Cannabis. • Vulnerable groups are most at risk, for example: people with mental health issues, a history of abuse and being in care • Drug use affects health and health behaviours, is linked to lung and heart problem and can increase the risk of psychosis. Those who inject have greater health problems and are at higher risk of infections from sharing needles. • Drug users may commit crime to support their drug taking, with Fairfield, in the town centre, having the highest rate of drug offences.
4b. Alcohol and drugs – current actions	<p>Alcohol</p> <ul style="list-style-type: none"> • Croydon’s alcohol harm reduction partnership is working to deliver on three priorities: brief interventions for those who drink at risky levels; raising awareness through a Croydon website and coordinated campaigns; and preventing alcohol related violence through data sharing between Croydon’s hospital and the Safer Croydon Partnership.

	<p>Drugs</p> <ul style="list-style-type: none"> • Croydon has commissioned a specialist service that works closely with the community, police, probation, courts and other partners to identify and provide treatment to drug users. Prevention and early intervention are key: Croydon and its partners are working to increase resilience, raise drug awareness and identify people with emerging problems in the community, particularly in young people.
5a. Healthy Weight – main inequalities	<ul style="list-style-type: none"> • Weight is a big problem in Croydon: 2 in 3 adults, and 2 in 5 10-11 year olds are overweight or obese and these figures are expected to rise given demographic change in Croydon • Overweight and obesity are big problems in terms of health, and come at great cost to society. They also affect people's lives and can lead to bullying and stigma. • Weight is however a complex issue to address as it is influenced by so many factors and requires strong partnership working • Weight problems are more common in the north and east of the Borough but are a problem across Croydon
5b. Healthy Weight – current actions	<ul style="list-style-type: none"> • Croydon and its partners are working to both support individuals and families to lose weight, and to help prevent weight problems by working to increase physical activity and encourage healthier eating, particularly via the Food Flagship programme
6a. Diabetes – main inequalities	<ul style="list-style-type: none"> • In Croydon, an estimated 1 in 13 people have diabetes. One in 4 people with diabetes do not know they have it • In Croydon, 306 people die each year of diabetes and many more have complications • Diabetes rates are highest in the north and east of the borough • The annual cost for Croydon is more than £123 million..
6b. Diabetes – current actions	<ul style="list-style-type: none"> • Croydon Council and its partners works to prevent diabetes through tackling obesity, increasing diagnosis of diabetes, through NHS health checks programme, managing diabetes and its complications in the community and in hospital, and preventing complications through patient education and targeted services, such as eye screening.
7a. Mental Health – main inequalities	<ul style="list-style-type: none"> • At any one time, 1 in 6 adults have a mental health condition, the most common of these being anxiety and depression. Anyone can develop mental health conditions but some groups have a greater likelihood • Mental health affects and is affected by almost every part of a person's life: physical health, education, health

	<p>behaviours, employment, housing, and relationships.</p> <ul style="list-style-type: none"> • Half of all lifetime mental health problems begin by age 14, and prevention during childhood and early identification are critical for safeguarding lifelong mental and physical wellbeing • Inequalities in mental health are increasing as Croydon becomes more deprived
7b. Mental Health – current actions	<ul style="list-style-type: none"> • Croydon is redesigning services so that there is a stronger emphasis on early intervention and prevention. Where possible, people are increasingly supported in primary care and in the community rather than going to hospital. Croydon and its partners are working to maximise opportunities to promote mental wellbeing and resilience across all services.
8a. Employment – main inequalities	<ul style="list-style-type: none"> • In Croydon, 1 in 10 working age adults claims out-of-work benefits • Unemployment can lead to poor health and poor health can lead to unemployment. The longer people are unemployed, the greater the impact on health and the less chance of re-employment • The annual cost of unemployment for Croydon is more than £140 million
8b. Employment – current actions	<ul style="list-style-type: none"> • Croydon Council and its partners are working to create new jobs in Croydon, help people apply for work, support the people most in need of work by tackling a number of problems simultaneously, and help people to stay in work. • One example is a new Job Brokerage service, bringing together employment providers to create a single service which will help residents get the jobs created by regeneration and investment.
9a. Homelessness and overcrowding – main inequalities	<p>Homelessness</p> <ul style="list-style-type: none"> • Rough sleeping can have extreme consequences for health for the relatively small numbers who sleep rough each night • Temporary accommodation affects much larger numbers and is also known to have a negative association with both physical and mental health • The council spends millions of pounds each year on emergency accommodation and temporary accommodation for homeless people <p>Overcrowding</p> <ul style="list-style-type: none"> • Overcrowding is a bigger problem in the north and east of the Borough • Overcrowded households are associated with worse physical and mental health

<p>9b. Homelessness and overcrowding – current actions</p>	<p>Homelessness</p> <ul style="list-style-type: none"> • The Council is working in partnership to develop a homelessness strategy, undertaking projects to reduce number in temporary accommodation and developing a new single Gateway, with funding from Public Health to further prevent and reduce homelessness • It is also increasing its support to people in temporary accommodation by improving communication and targeting support <p>Overcrowding</p> <ul style="list-style-type: none"> • The Council is tackling overcrowding in a number of ways, including social housing, the affordable housing policy, engaging with housing associations, converting properties into larger homes, freeing up larger properties by prioritising for rehousing those who are underoccupying.
<p>10a. Older People – main inequalities</p>	<ul style="list-style-type: none"> • Older adults in more prosperous areas enjoy twice as many disability free life years than those in poorer areas • Older adults are more likely to suffer from long term conditions and one in two report being limited in their daily activities as a result. Most long term conditions are preventable but where someone has a long term condition, proactive management promotes greater independence
<p>10a. Older People – current actions</p>	<ul style="list-style-type: none"> • Croydon Council commissions and provides a wide range of services supporting people to stay healthy for longer and to maintain their independence • Croydon Council and the CCG are working together to increase care closer to home and to integrate services for older people through the Outcomes Based Commissioning Programme.

3.3 Next steps

Having highlighted some of the geographical health inequalities in the Borough, the final part of the report highlights the challenges facing public health in reducing these, namely:

- reducing health inequalities is only one of the tasks facing the local authority in terms of health, alongside improving health and ensuring the provision of mandatory services.
- limited resources and
- the complexity of the system and the ever changing world we live in.

The report recommends three strands of work:

- integration of the ring-fenced public health grant with other sources of funding
- redesign of public health services

- new ways of partnership working between Public Health, other council departments and residents.

For each of the above area, the report highlights potential next steps.

3.4 Evaluation

A short survey will be attached to the distribution list for the 2015 APHR for readers to provide feedback on the report and how it may be developed in future years.

A dedicated email account APHR2015@croydon.gov.uk has been set up and will remain open for the submission of further comments throughout the next 12 months

4. CONSULTATION

Clinical and the Council's Corporate Leadership Team have been involved. The main public engagement is expected to follow publication and through evaluation as described above

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 A summary of the Public Health grant funding for 2014/15 is shown in the following table:

	£'000
PH grant funding 2014/15	£18,825
Expenditure Incurred in 2014/15	(£17,857)
Grant funding carried forward	£968

The Public Health grant is ring-fenced and any under or overspend is carried forward to the following year. The actual expenditure incurred in 2014/15 was £17.857m as shown in the table above.

The original budget for 2015/16 is £21.548m. This may now be subject to change following the announcement on 4th June 2015 by the Chancellor of the Exchequer that the government is planning on removing £200m nationally from the public health funding for local authorities in 2015/16. This will have an impact on Croydon, but as yet the precise amount of the reduction for individual authorities is currently unknown.

Approved by: Lisa Taylor – Head of Finance and Deputy S151 Officer
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5.2 There are 2 main risks which follow on from the report.

1. The report highlights a large number of inequalities within Croydon which have been known about for some time and are difficult to manage. With the reduction in Public Health budget recently announced, the council and it's partners ability to deliver reduced inequalities may be impaired.

2. A focus on reducing inequalities may divert attention from other key public health goals such as protecting the population from environmental hazards and delivering high quality universal preventative services. This will be mitigated through the development of public health aspects of the Corporate Plan 2015-18, and the oversight of the Health and Wellbeing Board

6. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

- 6.1 The Solicitor to the Council comments that there are no direct legal implications arising from this report.

Approved by: Gabriel MacGregor, Head of Corporate Law on behalf of the Council Solicitor & Monitoring Officer

7. HUMAN RESOURCES IMPACT

- 7.1 There are no immediate HR considerations that arise from the recommendations of this report for HR staff.

Approved by: Michael Pichamuthu, HRBP on behalf of Heather Daley, Director of Human Resources)

8. EQUALITIES IMPACT

- 8.1 The publication of the Annual Public Health Report supports the Council to fulfill its Statutory obligation (Public Sector Equality Duty) to publish information on the steps that it has taken in the exercise of its functions to advance equality of opportunity; foster good relations between people who share a “protected characteristic” and those who do not and take action to eliminate discrimination or disadvantage (inequality) in the provision of services.
- 8.2 The Annual Public Health report focuses on identifying geographical inequalities for major public health issues between different geographical areas of the borough and providing an overview of the actions that are or will be taken to reduce these inequalities.
- 8.3 This includes the need to clearly understand the impact of our Public Health programme on people / communities that share a protected characteristic and those that do not, in particular areas of health inequality where there are stark differences. These include equality and social inclusion issues such as:
 - **Child poverty** - Much higher in the north and east of the borough and is more common in certain families such as lone parent families, families with a disabled person, ethnic minority families, children in care, those with special needs and those born to teenage mothers.
 - **Lone parents** - A local survey of lone parents showed that this group face barriers to employment in terms of lack of jobs, lack of flexible and affordable

child support, lack of skills, training and work experience, and problems completing job applications and attending interviews.

- **Alcohol related hospital admissions and alcohol related crime** - These are highest in the North and the East of the borough. Groups most likely to misuse alcohol are men, women suffering domestic abuse, people with mental health disorders, people living in a deprived area.
- **Vulnerable groups are most at risk of trying illegal drugs** – These include people with mental health issues, a history of abuse and being in care. In Croydon drug use is more common among men and people living in deprived areas.
- **Obesity and weight problems** – These are more common in the North and East of the borough. They are also more common in certain BME groups and people with a disability.
- **Diabetes rates** – These are highest in the North and East of the borough. Groups most at risk of type 2 diabetes include those from a Black and South Asian community, pregnant women, people that are obese and those living in deprived areas.
- **Inequalities in mental health** –. Psychosis is 7 times more common in those of African-Caribbean descent. People in debt are 3 times at risk of a mental disorder. Depression and anxiety are 4-10 times more common in those unemployed for more than 12 weeks, 3 times more common in gypsies and travellers. Mental health problems are 3 times more common in children in households with lowest 20% of income.
- **Unemployment** - Groups most at risk on unemployment include children of non-working parents, those with poor skills and qualifications, job-seekers who need flexible hours (i.e. due to childcare) and people aged over 50.
- **Social isolation** – This is a key health risk factor for older adults as well as those with a disability, new migrant communities etc.
- **Immunisation** - Children from large and lone parent families are most likely to miss MME injections as are children from teenage mothers.
- **People over 65** - this group is more likely to experience limited daily activities, bladder problems, bad or very bad health, sight loss, long-term health conditions, loneliness, provide unpaid care and injury due to falls.
- **Rough sleepers** - More at risk of alcohol or drug related death, violence, suicide, fatal accidents, falls or injections.
- **Temporary accomodation** - Those living in temporary accommodation are more at risk of respiratory problems, stress, depression and anxiety, school absence, behavioural problems, stigma, bullying and social exclusion.
- **Over –crowded households** - People living in overcrowded households are

most likely to have meningitis, sleep disturbance, respiratory problems and stress, depression and, anxiety.

8.4 The equality needs analysis around health inequalities (both geographical and those related to specific protected characteristics) highlights the need to consider targeting resources on interventions and support for those geographical areas / equality communities:

- where there is the highest level of deprivation and the greatest need to “narrow the gap” to improve health, well-being and life chances.
- that are disproportionately impacted by poverty / inequality such as BME communities, people with a disability, younger people, older people etc.

The equality needs analysis will also inform the work of the Croydon Opportunities and Fairness Commission, as well as the overall public health approach of the council and its partners.

9. ENVIRONMENTAL IMPACT

9.1 Not applicable

10. CRIME AND DISORDER REDUCTION IMPACT

10.1 None

11. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

11.1 To enable communication of the 2015 Annual Public Health Report.

12. OPTIONS CONSIDERED AND REJECTED

12.1 Not applicable

CONTACT OFFICER: Mike Robinson, Director of Public Health

BACKGROUND PAPERS - LOCAL GOVERNMENT ACT 1972: none

Appendix: Draft Annual Public Health Report 2015