

Health & Wellbeing Board Supplementary Agenda



2. Minutes of the Previous Meeting (Pages 3 - 8)

To approve the minutes of the meeting held on Wednesday 18 October 2023 as an accurate record.

11. Croydon Joint Local Health and Wellbeing Strategy Refresh: progress update and next steps (Pages 9 - 90)

This report provides updates to the refresh, summarising insights from the joint Health and Wellbeing Board and Health and Care Board workshop.

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Public Document Pack Agenda Item 2

Health & Wellbeing Board

Meeting of the Health and Wellbeing Board held on Tuesday 21 March 2023 at 2:10pm in Town Hall, Council Chambers

MINUTES

Present: Councillor Yvette Hopley (Chair)
Councillor Margaret Bird (Vice Chair)
Councillor Tamar Barrett

Rachel Flowers, Director of Public Health - Non-voting
Annette McPartland, Corporate Director Adult Social Care & Health (DASS)
Hilary Williams (South London and Maudsley NHS Foundation Trust)
Mathew Kershaw (Chief Executive and Place Based Leader for Health)
Yemisi Gibbons (Croydon University Hospital, Chair Croydon University Hospital, Chair)
Edwina Morris (Chair of Healthwatch, Croydon)
Steve Phaure (Croydon Voluntary Action)

Also

Present: Councillor Amy Foster
Councillor Janet Campbell
Shelley Prince (Head of Commissioning and Procurement CYP&E);
Hana Ally (Principal Public Health Analyst)
Jack Bedeman (Public Health Consultant)
Gordon Kay (Healthwatch Croydon Manager)
Rachel Flagg (Joint Director of Transformation and Commissioning, South West London Integrated Care Board (Croydon) and Croydon Health Services NHS Trust)
Benjamin Jolly (Addington Station Commander, London Fire Brigade)

Apologies: Councillor Maria Gatland
Yusuf Osman (Service User Representative)

PART A

38/23 **Disclosure of Interests**

There were no disclosures at this meeting.

39/23 **Urgent Business (if any)**

There was none.

40/23 **Public Questions**

There was one public question received from Councillor Michael Neal:

Constituents that I meet often highlight the fact that it is difficult to obtain Health services for example GP Surgeries, appointments at Hospitals etc, they believe this is due to the many new builds around our District Centres and in particular in our Town Centre / East Croydon area in which there are several hundred new residents.

My question was around data, do you have data determining where new Health Services should be placed? And how do we mitigate that demand to ensure Health Services are spread evenly in the Borough.

In response to the question, Matthew Kerswell addressed that Croydon was a growing borough and in the planning of that growth health did receive dispensation in that the budget was based on population size, and so the bigger the population the bigger the allocation of the budget. There was further investment required for Croydon and progress had been made in some areas for this request. Further, the Board were to continue to identify the needs which helped start conversations to ensure the needs were addressed; this included influencing and persuading, to ensure the borough received the resources required.

41/23 **Healthwatch Croydon Annual Report 2021-2022**

The Health and Wellbeing Board considered the Healthwatch Croydon Annual Report 2021-2022 report, which summarised the work undertaken by Healthwatch Croydon between 1st April 2021 and 31st March 2022. It also set out the priorities and plans for work in 2022-2023 as identified at the beginning of that year.

The Board received an overview from the Healthwatch Croydon Manager, Gordon Kay, who highlighted three of the themes covered in the year:

- Urgent and Emergency Care: Healthwatch Croydon were to provide patient and resident insight on the choice of pathways and their experience of using urgent and emergency care. This survey was undertaken in July 2021 where 1038 completed responses were received. Recommendations included fully integrating pharmacies and GP Hubs into the pathway and support with positive communication; Define NHS111 as the single reliable point of access to direct care to other services; and Understanding services from a user perspective.
- Experienced of Non-English speakers in accessing services: a Croydon version of the Healthwatch England's wider report "Lost for Words" was recently published and was shared with local stakeholders to consider their current services and how they may improve service to those who do not speak English.

- Dentistry: There was a report of Croydon resident's experiences of accessing and using NHS dental services in 2021, which followed the survey that took place between January and June 2021, and had received 150 responses. The recommendations and follow ups included that access needed to be less variable; to undertake a local needs assessment as commissioning has not been reviewed since 2006; to understand the perception of the regular dentist; to prioritise urgent need with regular dentist over check-ups; to provide better information to manage expectations; to communicate costs better and engage with patients

The Chair welcomed the report and the recommendations highlighted within the presentation. It was important for work to be supported.

In response to queries raised by the Board, the Healthwatch Croydon Manager, Gordon Kay clarified the following:

- In relation to the consideration of dentistry and whether the pandemic had an impact, the Board heard that the timing of the survey was not part of the pandemic. The challenges had existed prior, and though not unique Croydon were the most affected due to the commissioning requirements. Rachel Flowers also highlighted the inequalities within the dentistry. Matthew Kershaw highlighted a change within the responsibility of dentistry which currently sat with NHS England would be delegated down to an ICS level focus for dentistry to benefit the services for Croydon.

The Board welcomed the emergency care project which heard the voices of patients of the services provided, to better outcomes which would make a difference to patients.

The Chair thanked the officers for all their work.

The Board **RESOLVED**:

To note the Annual Report of the work of Healthwatch Croydon in 2021-2022, which was attached as an Appendix to this report.

42/23 **Health and Wellbeing Board Annual Report 2021-2022**

The Health and Wellbeing Board considered the Health and Wellbeing Board Annual Report 2021-2022 report, which provided an opportunity to celebrate all the hard work that had been achieved over the past year by everyone in the Croydon Borough right across the health and social care system, as well as looking ahead to some of the opportunities for the coming year.

The Chair thanked the officers for their hard work over the municipal year.

The Board **RESOLVED**: To

- 1.1. Report to Full Council the outcome of the Board's monitoring of the delivery plans in fulfilment of the Health and Wellbeing Strategy as part of its annual report; and
- 1.2. Note the contents of the Annual report in the Appendices Report.

43/23 **Update on Croydon's JSNA**

The Health and Wellbeing Board considered the Update of Croydon's Joint Strategic Needs Assessment (JSNA) report, which was a collection of information relating to the health and wellbeing needs of our population. The report was an update of content that had been added to the JSNA since the topic last came to the Health & Wellbeing Board in October 2021 and a summary of the challenges faced.

The Board received a presentation from the Principal Public Health Analyst, Hana Ally, highlighting the challenges and current view.

The Chair thanked officers involved with this work and acknowledged the challenges and communication outlined in the presentation which required further review and accurate information.

The Director of Public Health, Rachel Flowers, added that a lot of work had been undertaken in Public Health and more improvement was to include more partnership work. The narrative within the data was also important to provide and interpret its meaning.

In response to queries raised by the Board, the Director of Public Health, Rachel Flowers, clarified the following:

- In relation to what further work was required for the joint partnership, and whether the JSNA fit and supported the forward plan and other consistent messages and themes, the Board heard that the challenges included for better multi-agency work in partnership to provide all information in one place. The Head of Commissioning and Procurement CYP&E, Shelley Prince, added that the JSNA was welcomed within their service which was used to utilise information to inform evidence-based commissioning. With a number of strategies refreshed locally the JSNA was the opportunity to feed into the areas, additionally in the way it was engaged, shared and communicated with communities.

The Chair highlighted that there was a lot of initiatives where partners needed to join and support the residents needs and aspirations for better services; this included conversations of taking ownership and resourcing. Additionally, the Chair noted a lot of change was taking place, which hoped for better outcomes and understanding to the residents.

The Board **RESOLVED**:

1.1. To approve the update to JSNA content

To note the challenges and, if deemed necessary by the Board, discuss how to overcome these

44/23 **Croydon Health and Wellbeing Strategy Refresh**

The Health and Wellbeing Board considered the Croydon Health and Wellbeing Strategy Refresh report, which was published in 2019 with the vision: “Croydon would be a healthy and caring borough where good health was the default not the exception and those that experience the worst health improved their health the fastest.” The report provided a review and refresh of the Strategy and proposed an approach through which this could be achieved in 2023.

The Board received an overview from the Consultant in Public Health, Jack Bedeman who highlighted shared that the key rationale was that the health and care system were all relevant to the strategy. This followed the Covid 19 pandemic which had highlighted health inequalities and health crisis in cost of living, also the wider health issues including mental health and wellbeing.

The Board welcomed the new joint strategy where services would be able to connect together to add value. There was thought in finding ways to engage with the local community partnership and build into the work and development undertaken to reflect the needs of the community.

The Board **RESOLVED**:

To agree on the process for the review and refresh of the Health and Wellbeing Strategy to cover the years 2024-2029.

45/23 **South West London Integrated Care Partnership Strategy and Joint Forward Plan**

The Health and Wellbeing Board considered the South West London Integrated Care Partnership Strategy and joint Forward Plan report, which South West London were required to produce two plans, a system-wide plan ‘the Integrated Care Partnership Strategy’ and an NHS plan ‘the Joint Forward Plan (JFP)’.

The Board received an overview from the Joint Director of Transformation and Commissioning, South West London Integrated Care Board (Croydon) and Croydon Health Services NHS Trust, Rachel Flagg, who highlighted that the first part of the plan, the Integrated Care Partnership Strategy, had been discussed at One Croydon Health and Care Board. Some of the discussions

included reducing health inequalities. The second part of the plan was the Joint Forward Plan that described how Integrated Care Boards and their partner NHS trusts intended to meet the health needs of their population through arranging or providing NHS services. It would include delivery plans for the integrated care strategy and align with joint local health and wellbeing strategies. The plan was for the priorities of the health and wellbeing to be reflected in the joint forward plan of the NHS.

The Chair noted that there were a lot of strategies which should be based on the public needs, and suggested that all the priorities within the streams would need to align to see where the synergy was.

The Board discussed ideas to the development of the strategies, how it collaborated and delivered with other strategies with other partners.

The Board **RESOLVED**:

- 1.1. To note the development of the Integrated Care Partnership Strategy for South West London and the process for agreeing the Croydon place response to the draft.
- 1.2. To provide input to the development of the draft NHS Joint Forward Plan for SWL in terms of the Croydon Health and Wellbeing Strategy priorities that should be reflected.
- 1.3. To receive a further update on the development of the NHS Joint Forward Plan when it had been drafted.

46/23 **Exclusion of the Press and Public**

This was not required.

The meeting ended at 3.44 pm

Signed:

Date:

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LONDON BOROUGH OF CROYDON

REPORT:	Health and Wellbeing Board	
DATE OF DECISION	24 January 2024	
REPORT TITLE:	Croydon's Joint Local Health and Wellbeing Strategy Refresh: progress update and next steps	
CORPORATE DIRECTOR / DIRECTOR:	Rachel Flowers, Director of Public Health	
LEAD OFFICER:	Dr Jack Bedeman, Consultant in Public Health Email: jack.bedeman@croydon.gov.uk Telephone: 22616	
LEAD MEMBER:	Councillor Yvette Hopley	
DECISION TAKER:	Health and Wellbeing Board	
AUTHORITY TO TAKE DECISION:	Constitution of the London Borough of Croydon - Part 4.L It is a function of the Health and Wellbeing board to encourage, for the purpose of advancing the health and wellbeing of people in Croydon, persons who arrange for the provision of any health or social care services in Croydon.	
KEY DECISION? [Insert Ref. Number if a Key Decision] <i>Guidance: A Key Decision reference number will be allocated upon submission of a forward plan entry to Democratic Services.</i>	No	N/A
CONTAINS EXEMPT INFORMATION? <i>(* See guidance)</i>	No	Public
WARDS AFFECTED:	All	

1 SUMMARY OF REPORT

- 1.1 The Health and Wellbeing Board have agreed to refresh the current strategy in March 2023.
- 1.2 This report provides updates to the refresh, summarising insights from the joint Health and Wellbeing Board and Health and Care Board workshop, presenting the consultation pack and next steps.

2 RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

- 2.1 To note progress with the Joint Local Health and Wellbeing Strategy (JLHWS) Refresh, including insights from the joint Health and Wellbeing Board and Health and Care Board workshop and the draft JLHWS for consultation.
- 2.2 Agree the next steps in collating and responding to the feedback from the consultation and finalising the strategy.

3 REASONS FOR RECOMMENDATIONS

- 3.1 There is a statutory requirement for the Health and Wellbeing Board to produce a 'Joint Local Health and Wellbeing Strategy' (JLHWS) to improve the health and wellbeing of the local community and reduce inequalities across the life course.
- 3.2 With the implementation of the Health and Care Act 2022, Health and Wellbeing Boards continue to be responsible for the development of the JLHWS. However, the Act notes that the Boards 'must now have regard to the integrated care strategy when preparing their joint local health and wellbeing strategies in addition to having regard to the NHS Mandate.'¹
- 3.3 The Health and Wellbeing Board is currently refreshing the JLHWS for 2024-2029. This process includes a formal consultation period scheduled for 15 January-26 February 2024.

4 BACKGROUND AND DETAILS

- 4.1 Croydon Health and Wellbeing Board (HWB) has a statutory duty to develop the JLHWS. This strategy aims to improve the health and wellbeing of people the local community and reduce inequalities across the life course.
- 4.2 The HWB agreed to review and refresh the JLHWS in March 2023 and received progress updates in October 2023.

¹ More information is available at

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1099832/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf.

4.3 In November 2023, the HWB and the Health and Care Board held a joint workshop to review and revise the vision, guiding principles and priority areas of focus for 2024-2029. This was informed by:

- Data and evidence from the Joint Strategic Needs Assessment,
- Alignment with key strategies including the Mayor’s Business Plan and the South West London Integrated Care Partnership Strategy,
- Input from community events in the Borough and the Community Plans of six Local Community Partnerships.
- How much positive impact each priority can make on individuals and communities.

A summary of this workshop is included in Appendix I.

4.4 Insights from the joint workshop were used to develop the draft vision, guiding principles and priority areas of focus for the revised strategy. These were then shared and discussed at the Healthwatch Community Engagement event in November 2023. Insights from the Healthwatch Community Engagement event are presented in a separate Board report.

4.5 A consultation pack was developed based on feedback and insights from the above two events. Collaborating with the council’s Consultation team and Communications and Engagement colleagues, a consultation was launched on 15 January 2024. This consultation will run until 26 February 2024. For the draft vision, guiding principles and priority areas of focus for 2024-2029, please see supporting material titled ‘Consultation pack-draft JLHWS 2024-2029-V1.0.pdf.’

4.6 The following table shows indicative timelines for the remaining phases for the review and refresh.

Task	Description	Date
Public consultation period	Formal public consultation	15 January-26 February 2024
Final draft ready for review and agreement	Final draft prepared incorporating feedback from the public consultation.	March 2024
Review and agreement by HWB Board	Final draft reviewed and approved by the Health and Wellbeing Board	March-April 2024
Review and agreement by full Council	Strategy reviewed by Full Council.	May 2024
Publication of updated Strategy	New Strategy published.	Expected June 2024

5 ALTERNATIVE OPTIONS CONSIDERED

5.1 The responsible local authority and its partner integrated care boards need not prepare a new joint local health and wellbeing strategy if, having considered the integrated care

strategy, they consider that the existing joint local health and wellbeing strategy is sufficient.

6 CONSULTATION

- 6.1** The Health and Wellbeing Board has taken a partnership approach to refreshing the Joint Local Health and Wellbeing Strategy. This report presents the public consultation process for the draft Strategy.

7. CONTRIBUTION TO COUNCIL PRIORITIES

- 7.1** Croydon Health and Wellbeing Strategy supports the delivery of a number of key council priorities, including the following outcomes in Mayor's Business Plan (2022-26)
- Outcome 5. People can lead healthier and independent lives for longer
 - Priority 1. Work with partners and the VCFS to promote independence, health and wellbeing and keep vulnerable adults safe.
 - Priority 2. Work closely with health services and the VCFS to improve resident health and reduce health inequalities.
 - Priority 3. Foster a sense of community and civic life.
- 7.2** The Strategy will also have crosscutting links with several other outcomes in the Mayor's Business plan, including:
- Outcome 3. Children and young people in Croydon have the chance to thrive, learn and fulfil their potential
 - Outcome 4. Croydon is a cleaner, safer and healthier place, a borough we are proud to call home.

8. IMPLICATIONS

8.1 FINANCIAL IMPLICATIONS

- 8.1.1** There are no direct financial implications as a result of this report. Any future financial impact will be fully considered as part of subsequent reports as they arise.

Comments approved by Lesley Shields, Head of Finance for Assistant Chief Executive and Resources on behalf of the Director of Finance. 04/01/24

8.2 LEGAL IMPLICATIONS

- 8.2.1** The establishment, composition and functions of the Health and Wellbeing Board are set out in the Health and Social Care Act 2012, sections 194-196. Section 196(1) provides that the functions of a local authority and its partner integrated care boards under section 116 and 116A of the Local Government and Public Involvement in Health Act 2007 (the 2007 Act) are to be exercised by the Health and Wellbeing Board established by the local authority.

- 8.2.2** Section 116A of the 2007 Act, provides that where the responsible local authority and each of its partner integrated care boards receive an integrated care strategy, they must prepare a strategy (“a joint local health and wellbeing strategy”) setting out how the assessed needs in relation to the responsible local authority’s area are to be met by the exercise of functions of—
- (a) the responsible local authority,
 - (b) its partner integrated care boards, or
 - (c) NHS England.
- 8.2.3** The responsible local authority and its partner integrated care boards need not prepare a new joint local health and wellbeing strategy if, having considered the integrated care strategy, they consider that the existing joint local health and wellbeing strategy is sufficient.
- 8.2.4** In preparing a strategy under this section, the responsible local authority and each of its partner integrated care boards must, in particular, consider the extent to which the assessed needs could be met more effectively by the making of arrangements under section 75 of the National Health Service Act 2006 (rather than in any other way). In addition, the responsible local authority and each of its partner integrated care boards must have regard to the integrated care strategy prepared under section 116ZB, of the 2007 Act, the mandate published by the Secretary of State under section 13A of the National Health Service Act 2006, and any guidance issued by the Secretary of State. In this regard the current statutory guidance is the Department of Health guidance “Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies”. There is also published non-statutory guidance “Health and Wellbeing Boards- guidance” dated 22 November 2022 which is of relevance.
- 8.2.5** In preparing a strategy under this section, the responsible local authority and each of its partner integrated care boards must—(a) involve the Local Healthwatch organisation for the area of the responsible local authority, and (b) involve the people who live or work in that area.
- 8.2.6** The responsible local authority must publish each strategy prepared by it under this section. Paragraph 3.5 of the Statutory Guidance referred to above, provides “Health and wellbeing boards will need to decide for themselves when to update or refresh JSNAs and JHWSs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time. They do not need to be undertaken from scratch every year; however boards will need to assure themselves that their evidence-based priorities are up to date to inform the relevant local commissioning plans. To be transparent and enable wide participation, boards should be clear with their partners and the community what their timing cycles are and when outputs will be published”.
- 8.2.7** The Health and Wellbeing Board continues to be responsible for the development of joint strategic needs assessments under Section 116 of the 2007 Act and joint local health and wellbeing strategies.

Approved by: Sandra Herbert, Head of Litigation & Corporate Law, on behalf of the Director of Legal Services and Monitoring Officer (04/01/2024).

8.3 EQUALITIES IMPLICATIONS

- 8.3.1** The Council has a statutory duty to comply with the provisions set out in the Sec 149 Equality Act 2010. The Council must therefore have due regard to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act.
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 8.3.2** The Health and Wellbeing Strategy crosses all equality/protected characteristics, since it places improving health and wellbeing and reducing inequalities in these outcomes at its core. The refresh of the strategy will aim to benefit all equality and protected characteristics among Croydon residents.
- 8.3.3** There are a number of Health and wellbeing challenges which may impact particular characteristics such as instances of mental health illness in males, LGBT+ community, racial trauma in the Global Majority and the over representation of the Global Majority in mental health institutions.
- 8.3.4** The council is a pilot organisation on the Chief Executive London Councils Tackling Racial Injustice Programme. The programme requires each local authority to understand, acknowledge and support racial trauma as an issue affecting the Global Majority in workplaces.
- 8.3.5** An equality impact assessment has been carried out in December 2023. The assessment identified positive impacts for all protected characteristics. At the time of the assessment, no negative impacts were identified. This assessment will be revisited prior to finalising the strategy in 2024. Please see Appendix 3 titled '**Equality analysis form-Draft JLHWS-V1.0**' for details.

Comments approved by Denise McCausland the Equalities Programme Manager. (Date 08/01/2024).

9. APPENDICES

Appendix I. Summary of joint Health and Wellbeing Board and Health and Care Board workshop

Appendix 2a. Consultation pack-draft JLHWS 2024-2029-V1.0.pdf

Appendix 2b. JSNA Summary-November 2023.pdf.

Appendix 3. Equality analysis form-Draft JLHWS-V1.0.docx

10. REPORT AUTHORS

1. Dr Shifa Sarica, Public Health Principal
2. Dr Jack Bedeman, Consultant in Public Health

Refreshing Croydon’s Joint Local Health and Wellbeing Strategy for 2024-2029: Health and Wellbeing Board and Health and Care Board Joint Workshop

A summary report

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1. Introduction and overview

As part of the Review and Refresh of Croydon's Joint Local Health and Wellbeing Strategy for 2024-2029, Croydon's Health and Wellbeing Board and the Health and Care Board held a joint workshop on 9th November 2023. The workshop focussed on refreshing the vision, principles and priority areas of focus for 2024-2029.

Discussions were informed by insights from Croydon's Joint Strategic Needs Assessment; evolving local, regional and national strategies, insights from community engagement events and local community partnerships, and the outcomes of a previous Health and Wellbeing Board development workshop conducted in partnership with the Local Government Association in June 2023.

This report first summarises the key insights from this strategic workshop and then proposes a draft vision, principles and priority areas based on the key discussions held during the workshop. In conjunction with Healthwatch Croydon, a public engagement workshop is scheduled for 29th November to seek feedback on these prior to the planned public consultation in January 2024.

2. Agenda and attendees

The workshop was open to all Health and Wellbeing Board and Health and Care Board members. A total of 25 people attended the workshop. The agenda and a list of attendees is found in Appendix I.

3. Reflections on the vision

The vision for the Joint Local Health and Wellbeing Strategy sets the Health and Wellbeing Board's long-term aspirations regarding Croydon's health and wellbeing. Anchored in shared values across the partnership, this statement acts as a compass, guiding collective efforts across the Borough.

In the first section of the workshop, attendees reviewed the vision of the current strategy (2019-2023)¹ and discussed how this could be revised for 2024-2029. When reviewing the current strategy, the participants reflected on the following areas:

- Initial thoughts and impressions of the current vision statement
- Whether the current statement is clear and easily understood by all stakeholders
- Whether it is necessary to update the vision to ensure it remains relevant, impactful and inspiring for all.

Overall, participants felt that the current vision statement (2019-2023) broadly covered health and wellbeing aspirations in Croydon. However, there was a general agreement that the vision needed to be revised for 2024-2029.

¹ The vision of the current strategy (2019-2023) is as follows: "Croydon will be a healthy and caring borough where good health is the default not the exception and those that experience the worst health improve their health the fastest."

Feedback highlighted several key considerations for revision:

- **Clarity and accessibility of language:** Participants felt a clear and accessible vision statement was key for the success of the refreshed strategy, noting that having a more concise and specific vision statement would help. Participants felt that the revised vision should be clear and use plain language that is easily understood by all stakeholders, including those within the health and care system, Voluntary, Community and Faith Sector and our communities.
- **Succinct and personal language:** Overall, participants felt that the language of the vision should be revised to be succinct. The revised vision should use non-management language and incorporate personal pronouns for increased relatability.
- **Strengths-based, motivational and developed with the local people:** Some suggested that the revised vision should be framed in a strengths-based and motivational manner, aligning with the unique needs and strengths of Croydon's residents. Participants highlighted the importance of developing the vision based on what our communities have already told us what they would like to achieve, for example through local community plans. The importance of checking the vision with local communities was also emphasised.
- **Accountability and actionability:** Feedback emphasised the need for a vision that is not only aspirational but also actionable, holding stakeholders accountable for its realisation.
- **Emphasising partnership working for good health and wellbeing and highlighting a focus on inequalities:** Participants discussed that the revised vision should be grounded in a commitment to *working together* to achieve good health and wellbeing and to reduce health inequalities. Suggestions included stating how achieving the vision will positively impact the lives of individuals and communities.
- **Inclusivity and alignment:** Lastly, suggestions were made to ensure the revised vision reflected the diversity and unique needs of Croydon's population, with a call for a more inclusive and strengths-based approach. Additionally, participants stressed the importance of aligning the vision with broader initiatives and partnerships in the area. This was seen as a useful way to positioning the vision as a driving force for other key strategies, ensuring a strong alignment with place- and system-level initiatives.

4. Reflections on guiding principles

The vision of the Joint Local Health and Wellbeing Strategy is underpinned by principles that guide how the Health and Wellbeing Board works with partners across Croydon and South West London, including the implementation of the Joint Local

Health and Wellbeing Strategy. In the second section of the workshop, participants reviewed the guiding principles included in the current strategy (2019-2023).²

Overall, participants felt that the current principles still hold and provide a good starting point for the refreshed strategy for 2024-2029. However, there was a general agreement that existing principles needed to be revised and additional ones need to be added to reflect the changes in Croydon's health and wellbeing landscape over the past five years and to ensure that the Health and Wellbeing Board could achieve its long-term vision.

Below is specific feedback on each priority, including priorities suggested for addition.

Current principals:

- 1. Reducing inequalities:** Participants agreed that reducing inequalities should remain as a core principle for 2024-2029. Several participants suggested that this principle needs to be further defined to ensure that inequalities 'in what' is considered, including racial and gender inequalities.
- 2. Focusing on prevention:** There was a general agreement that this principle should continue to underpin the vision for 2024-2029. However, suggestions were made to revise the wording to make the definition of 'prevention' clear (for example, to support people to stay well and healthy and prevent ill health) and to ensure there is a clear focus on prevention across the life course.
- 3. Increased integration:** Integration was also seen as a key principle for 2024-2029. However, several participants highlighted that this principle should be revised to highlight the importance of aligned partnership instead, focusing on aligned and effective partnership working between health and care services and local communities, including the Voluntary, Community and Faith Sector.

Suggestions for additional principles:

- 4. Co-production and co-design with communities:** participants highlighted the importance of co-producing and co-designing health and wellbeing strategies and initiatives with communities. Examples of good practice were shared, including Community Planning Partnerships and local Community Plans.
- 5. Evidence-based approach (including oversight and monitoring):** participants highlighted the importance of evidence-based decision making in ensuring effective and efficient use of resources and evidencing impact.

5. Reflections on priority areas of focus

The final session of the workshop focused on revising priority areas of focus for 2024-2029. This session built on insights from the Health and Wellbeing Board

² The current Health and Wellbeing Strategy (2019-2023) has three guiding principles: Reducing inequalities, Focusing on prevention, Increased integration.

Development workshop held earlier in June 2023. In this previous workshop, members had affirmed the relevance of the current priorities (2019-2023). However, members had agreed that having fewer and more specific priorities for 2024-2029 would enable effective action planning, delivery and monitoring of outcomes, ensuring maximum impact.

To guide the identification of strategic priorities for 2024-2029, participants were asked to work in groups to undertake a prioritisation exercise. In this group exercise, participants were asked to review the priorities in the current strategy (2019-2023),³ to identify priorities for addition or removal, and where applicable, to suggest revised wording to enhance clarity or effectiveness for 2024-2029.

Participants were asked to consider the following when discussing priority areas:

- Alignment with data and evidence (Joint Strategic Needs Assessment)
- Alignment with Mayor's Business Plan and South West London Integrated Care Partnership Strategy
- Alignment with feedback from community engagement events in the Borough and Community Plans of six Local Community Partnerships.
- Potential for positive impact on individuals and communities

The feedback received from the groups regarding the strategic priorities for 2024-2029 indicated general agreement on retaining several existing priorities while refining their focus:

- "Priority 1. A better start" in life garnered support across tables with suggestions to include various life stages and emphasise education and employment opportunities.
- Priority 3. Housing and the environment enable all people of Croydon to be healthy: while participants generally agreed to retain this priority, suggestions were made to broaden this priority and include 'safety aspect'. Some also suggested that this priority could be expanded to include issues around cost-of-living considerations and allow residents to "eat, sleep and have heat."
- Priority 4. Mental wellbeing and good mental health as a driver of health: There was a general agreement that mental health and wellbeing are now seen as a driver of health in the borough and the updated strategy should be bolder in this priority. Suggestions were made to revise the wording on this priority to focus on support and incorporate aspects of physical health.

³ The priority areas in the current strategy (2019-2023) include:

Priority 1. A better start in life.

Priority 2. Strong, engaged, inclusive and well-connected communities.

Priority 3. Housing and the environment enable all people of Croydon to be healthy.

Priority 4. Mental wellbeing and good mental health are seen as a driver of health.

Priority 5. A strong local economy with quality local jobs.

Priority 6. Get more people more active, more often.

Priority 7. A stronger focus on prevention

Priority 8. The right people, in the right place, at the right time.

There was a general agreement that the following priorities in the current strategy (2019-2023) could work as enablers or guiding principles for the revised strategy for 2024-2029:

- Priority 2. Strong, Engaged, Inclusive, and Well-Connected Communities
- Priority 7. A stronger focus on prevention
- Priority 8. The right people, in the right place, at the right time

Lastly, the following priorities received mixed feedback:

- Priority 5. A strong local economy with quality local jobs: while one group suggested that this priority is retained for 2024-2029, other groups placed a higher priority on other areas for 2024-2029.
- Priority 6. Get more people more active, more often: Some participants suggested that this could be retained as a priority, while others believed this priority could be incorporated into other priorities, such as “Priority 4. Mental wellbeing and good mental health are seen as a driver of health” or “Priority 7. A stronger focus on prevention”

Participants also made suggestions for new priority areas emphasising individual and community empowerment to enable people to live safe, healthy and independent lives for as long as possible as well as addressing cost of living and equitable access to health and care services. Ensuring evidence-based approaches, including evidence-based commissioning and implementing robust monitoring mechanisms were also highlighted.

6. Proposed draft vision, guiding principles and priority areas of focus for 2024-2029

Based on the findings of this workshop, this section provides a proposed draft vision statement, guiding principles and priority areas of focus for 2024-2029 that could be used for further consultation.

Please note that these are not intended to be final, and the final strategy will be informed by further engagement events. A community engagement session is planned in collaboration with Healthwatch Croydon to seek feedback on these suggested draft vision statement, guiding principles and priority areas of focus. Feedback from this session will be incorporated into the consultation pack, scheduled to be launched in January 2024.

Proposed draft vision statement for 2024-2029

“In Croydon, we envision a future where every resident leads happy, fulfilling lives in safe, healthy and thriving communities. Through working together and focusing on our strengths, we actively tackle inequalities, ensuring this strategy serves as a catalyst for transformative community wellbeing.”

Proposed draft guiding principles for 2024-2029

Based on the above discussions, the following principles are proposed for the revised Strategy for 2024-2029 to guide how the Health and Wellbeing Board will

work in partnership across the health and care system and with the local community to deliver the strategy:

- 1. Tackling health inequalities:** work together to tackling inequalities so every resident has an equal opportunity to achieve and maintain good health and wellbeing and live happy and fulfilling lives. This principle highlights the commitment to create a healthy and safe environment that ensures equitable access, outcomes and opportunities for all residents regardless of their background.
- 2. Prevention across the life-course:** embrace a comprehensive preventative approach that spans the entire life course, including a specific focus on key transition points. This principle commits to holistic wellbeing by implementing strategies that promote prevention at every stage of life, ensuring a lifelong approach to health and wellbeing for all residents.
- 3. Integrated and aligned partnership working:** improving our health and wellbeing and tackling inequalities is everybody's business. This principle commits to working together cohesively and in alignment with a range of partners, ensuring a united approach to community health wellbeing in Croydon.
- 4. Community focus and co-production:** ensuring a community focus in all strategies and actions. This principle emphasises collaborative efforts with our community, ensuring that strategies, actions and initiatives are co-created, co-designed and aligned with the unique needs and aspirations of our local residents.
- 5. Evidence-informed decisions and actions:** Base strategic decisions and actions on robust evidence, incorporating data-driven insights to ensure that interventions and initiatives are effective, efficient, and aligned with the evolving needs of the community. Establish clear oversight and monitoring processes to ensure strategies and actions are making the intended impact.

Proposed draft priority areas for 2024-2029

The figure below suggests draft priority areas for 2024-2029.



7. Conclusion and next steps

This joint Health and Wellbeing Board and Health and Care Board workshop formed one of the many steps towards Croydon’s revised Joint Local Health and Wellbeing Strategy for 2024-2029.

Next steps include:

- **Community engagement session with Healthwatch Croydon:** Feedback gathered from this workshop informed the design and delivery of the community engagement session developed in collaboration with Healthwatch Croydon. This engagement session was held on 29th November 2023 as part of Healthwatch Croydon’s Annual Meeting. It sought community feedback on the refreshed strategy’s vision and priority areas of focus. Healthwatch Croydon will summarise the findings of this engagement workshop in a separate report.
- **Draft strategy for consultation:** Insights from both the joint Health and Wellbeing Board and Health and Care Board workshop and the Healthwatch Croydon community engagement session as well as previous activities to date will inform the draft strategy for consultation. This draft will focus on revised vision, principles and priority areas for 2024-29.
- **Public consultation and wider engagement:** A formal public consultation on the revised strategy is planned for January-February 2024. There will also be further opportunities to receive community feedback during this time.
- **Final draft of the strategy:** Final draft for the revised strategy, incorporating feedback from the public consultation, is expected to be presented to the Health and Wellbeing Board in March 2024.

8. Appendix I. Agenda and attendee list

Agenda

Item	Lead	Timing
1. Welcome and introductions	Cllr Hopley Mayor Perry	10:00-10:15
2. Overview of workshop aims and agenda	Cllr Hopley	10:15-10:25
3. Revising the vision and principles for the Joint Local Health and Wellbeing Strategy: Background presentation, Q&A and Mentimeter activities.	Jack Bedeman	10:25-11:00
4. 15-minute comfort break	-	11:00-11:15
5. Small group activity: prioritisation exercise	Shifa Sarica	11:15-12:15
6. 5-minute comfort break	-	12:15-12:20
7. Group presentation and discussion	Jack Bedeman	12:20-12:45
8. Summary of agreed priorities for the 2024-29 Strategy	Jack Bedeman	12:45-12:50
9. Next steps and closing remarks	Cllr Hopley	12:50-13:00

Attendees

Name	Job title	Organisation
Mayor Jason Perry	Mayor and co-chair of Health and Care Board (welcome and introduction only)	Croydon Council
Cllr Yvette Hopley	Chair of Health and Wellbeing Board	Croydon Council
Cllr Margaret Bird	Vice Chair of Health and Wellbeing Board	Croydon Council
Cllr Tamar Barrett	Health and Wellbeing Board Member	Croydon Council
Cllr Janet Campbell	Shadow Cabinet Member for Health and Adult Social Care, Health and Wellbeing Board Member	Croydon Council
Annette McPartland	Corporate Director Adult Social Care & Health (DASS)	Croydon Council
Debbie Jones	Corporate Director for Children, Young People and Education	Croydon Council
Matthew Kershaw	Chief Executive and Place Based Leader for Health	Croydon Health Services
Edwina Morris	Chair of Healthwatch Croydon	Healthwatch Croydon

Name	Job title	Organisation
Steve Phaure	Chief Executive Officer	Croydon Voluntary Action
Gordon Kay	Healthwatch Croydon Manager	Healthwatch Croydon
Jack Bedeman	Consultant in Public Health, Public Health Team	Croydon Council
Kerry Crichlow	Director Quality, Commissioning & Performance	Croydon Council
Laura Jenner	One Croydon Programme Manager	One Croydon, Croydon Council
Sue McVicker	Chief Executive Officer	Croydon Neighbourhood Care Association
Andrew Brown	Chief Executive	Croydon BME Forum
Biju Gill	Chief Executive Officer	Croydon GP Collaborative
Leroy Adamson-Parks	Director of IT & Digital Services	Croydon Health Services
Jonathan Northfield		South London and Maudsley NHS Foundation Trust
Shifa Sarica	Public Health Principal, Public Health Team	Croydon Council
Una O'Brien	Public Health Principal, Public Health Team	Croydon Council
Fatai Ogunlayi	Consultant in Public Health, Public Health Team	Croydon Council
Isabella Watson	National Management Trainee, Public Health Team	Croydon Council
Ashwin Venkatakrishnan	National Management Trainee	Croydon Council
Hannah Balzaretta	Interim Head of Improvement, Adult Social Care Policy & Improvement	Croydon Council
Paulette Lewis	Non-Executive Director	Croydon Health Services
Gus Heafield	Chief Financial Officer	South London and Maudsley NHS Foundation Trust

Draft Joint Local Health and Wellbeing Strategy (2024-2029)

Consultation pack

Foreword

As the chair of the Health and Wellbeing Board, I am delighted to launch the consultation for our Joint Local Health and Wellbeing Strategy for 2024-2029. This five-year strategy reflects our collective commitment to building a healthier, happier Croydon where everyone has an equal chance of achieving good health and wellbeing.

Croydon's Health and Wellbeing Board was established following the Health and Care Act 2012 as a statutory board of the Council. It brings together partners across the health, social care and voluntary and community sectors to work together to improve the health and wellbeing of our residents. The Joint Local Health and Wellbeing Strategy sets out how we will do this.

Much has changed since the publication of our last strategy. Croydon now stands as the most populous borough in London, with our health and social care sector facing substantial challenges. The COVID-19 pandemic has shone a light on, and at times widened, the health inequalities within our borough. The ongoing cost-of-living crisis continues to pose a challenge to the health and wellbeing of our residents.

Against the backdrop of these challenges, the Health and Care Act 2022 introduced Integrated Care Systems, where Croydon is now an integral part of the South West London Integrated Care System. This presents real opportunities for

integrated, partnership working at both Croydon- and South West London-level to make a meaningful difference in the lives of our residents. However, Croydon is unique—we have the largest population within South West London, with some of the most deprived areas and widest inequalities in our health outcomes.

Addressing these challenges, improving the health and wellbeing of our residents and tackling inequalities requires unified, collaborative efforts. This draft strategy sets out how Croydon's Health and Wellbeing Board will advocate for and enable joined-up working across health and social care and lead improvements in the health and wellbeing of our residents. It reaffirms our commitment to tackle inequalities and support our residents. In doing so, we aspire to make Croydon a healthier, happier and safer place for all.

Thank you for taking the time to review our draft Strategy and participate in this consultation. Your thoughts and feedback will help shape the final strategy which will be approved by the Council in 2024.



Councillor Yvette Hopley

Chair of the Croydon Health and Wellbeing Board

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Introduction to the consultation pack

This consultation pack introduces the draft vision, guiding principles and priority areas of focus for Croydon's Joint Local Health and Wellbeing Board for the next five years. The Joint Local Health and Wellbeing Strategy is our roadmap to create a healthier and happier Croydon, where everybody, regardless of their background has an equal opportunity to achieve good health and wellbeing.

Thank you for taking the time to review this pack. Your views are vital in shaping this strategy to meet the unique needs and challenges of our community.

Background

Croydon's Health and Wellbeing Board

Croydon's [Health and Wellbeing Board](#) is a statutory board of the Council made up of representatives from the local authority, the NHS, Healthwatch Croydon, our Voluntary and Community Sector, and other key stakeholders. The Board's mission is to ensure that everyone in Croydon, regardless of their background, has an equal opportunity to live a healthy and happy life.

As mandated by the Health and Social Care Act 2012, the Health and Wellbeing Board plays a central role in enabling integrated working across the health and social care sector to improve the health and wellbeing and tackle health inequalities in Croydon. To meet this goal, the Board has the following two core responsibilities:

(1) To assess the health and wellbeing needs of the local population in Croydon through what is known as the Joint Strategic Needs Assessment, and

(2) To produce a Joint Local Health and Wellbeing Strategy that jointly agrees the areas of focus for improving the health and wellbeing of the local population in Croydon.

The Joint Local Health and Wellbeing Strategy

The Joint Local Health and Wellbeing Strategy (JLHWS) sets out how the Health and Wellbeing Board will work together as a partnership, along with residents, to improve the health and wellbeing of our local communities. It is informed by local needs, as identified in the Joint Strategic Needs Assessment (JSNA), and the views of partners and our local communities.

Why are we revising the strategy?

Croydon's current JLHWS was published in 2019. Since then, the health and wellbeing and the health and care system in Croydon, like many other places, have seen important changes.

One of these key changes in the health and care system is the implementation of the Health and Care Act 2022 and the subsequent creation of Integrated Care Systems. Integrated Care Systems are partnerships of organisations that bring together local authorities, NHS organisations and other system partners to plan and deliver joined-up health and care services within a geographical area. Croydon is now a part of the South West London Integrated Care System, which is made up of a total of six local authorities. The other local

authorities in South West London Integrated Care System include Kingston, Merton, Richmond, Sutton and Wandsworth.

With the Health and Social Care Act 2022, Croydon’s Health and Wellbeing Board continues to be responsible for the creation of the JLHWS. However, there is now a need to coordinate the JLHWS and the Integrated Care Strategy so that initiatives within Croydon and South West London can have the greatest possible positive impact on our health and wellbeing.

In addition to these changes in the health and care system, the COVID-19 pandemic has shone a light on existing, and in some cases widening, health inequalities in Croydon. The cost-of-living crisis continues to pose significant challenges not only to the health and social care services but also to our health and wellbeing.

We are committed to keeping our strategy relevant, effective, and responsive to these changes. By reviewing and revising the JLHWS, we want to make sure it stays on track to address the evolving health needs and inequalities in Croydon.

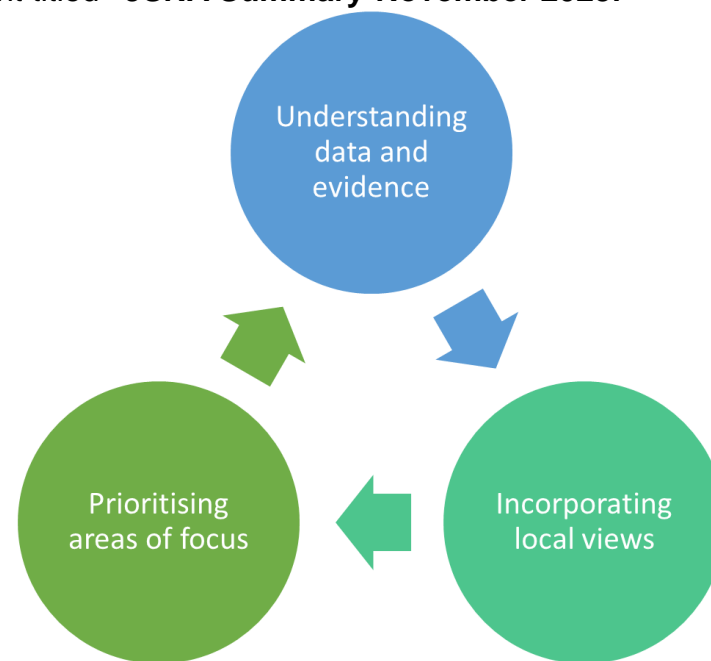
How was the draft JLHWS developed?

Understanding what data and evidence tells us

Our health is shaped by various factors, including the conditions in which we are born, grow, live, work and age. These wider conditions, including our housing, education and skills, work, economic opportunities, the healthcare we receive, our social and community networks and surroundings

form the building blocks of health. To create thriving communities, we need the right building blocks in place.

Our Joint Strategic Needs Assessment (JSNA), published at <https://www.croydonobservatory.org/jsna>, provides up-to-date data, intelligence and insights on our health and wellbeing alongside these building blocks. As a first step, we reviewed the JSNA to understand various health and wellbeing needs in Croydon. You can find a summary of this in the supporting document titled “**JSNA Summary-November 2023.**”



Incorporating local views

In Croydon, we believe improving our health and wellbeing is everybody’s business. To ensure the draft strategy reflected

the diverse needs and aspirations of our local residents and communities, we took the following steps:

- We reviewed insights gathered from community engagement activities in Croydon since 2018, incorporating input from more than 100 local community engagement events and hearing from more than 3,700 voices.
- Croydon boasts a vibrant community spirit and a longstanding tradition of partnership working with residents. A key example of this is the six Local Community Partnerships working across the borough, as part of the Healthy Communities Together Programme. Each Local Community Partnership has developed its own Community Plan, identifying priority themes for their neighbourhoods to improve health and wellbeing and tackle health inequalities. These priorities informed the draft strategy presented in this consultation pack.
- Lastly, in collaboration with Healthwatch Croydon, we undertook a community engagement session in November 2023. The insights and feedback gathered from this session were integrated into this consultation pack.

Prioritising areas of focus for the next five years

Our review highlighted various needs across our community, acknowledging the diverse challenges our local people face.

To refine our focus for the next five years, the Health and Wellbeing Board and the Health and Care Board collaborated in a joint workshop in November 2023, resulting in the five draft priority areas outlined in this consultation pack. These priorities were carefully chosen based on:

- Data and evidence from the Joint Strategic Needs Assessment.
- Alignment with key strategies including the Mayor's Business Plan and the South West London Integrated Care Partnership Strategy.
- Input from community events in the Borough and the Community Plans of six Local Community Partnerships.
- How much positive impact each priority can make on individuals and communities.

We shared and discussed these draft priority areas at the Healthwatch Community Engagement event in November 2023. It is important to note that the purpose of the Joint Local Health and Wellbeing Strategy is not about taking action on everything at once, but about setting a small number of strategic priorities for action, that will make a real impact on people's lives. While many areas did not make it to this consultation pack, this does not mean that we will not work to address them over the next five years.

The draft Strategy for 2024-2029:

Recognising our health and wellbeing as an asset

Our health and wellbeing is shaped by almost everything around us, such as our homes, access to education, quality of jobs and working conditions, strength of our social connections or whether we experience poverty and discrimination. These building blocks are often referred to as ‘wider determinants of health.’ Existing research shows that healthcare itself contributes to between **15-25%** of our health and wellbeing, while the wider determinants of health shape between **45-65%** of our health and wellbeing ([The King’s Fund, 2013](#)).

In Croydon, we know that our health and wellbeing is an invaluable asset. It is both vital for our individual wellbeing, enabling us to lead happy and fulfilling lives, and forms the basis for thriving communities. In 2021-22, just under **4 in 5** Croydon residents reported a good life satisfaction score ([Office for National Statistics, 2022](#)).

Understanding current challenges and tackling health inequalities

With a population of **390,719** Croydon stands as the largest borough in London. Our population includes a substantial number of both younger and older residents, with around **1 in 4** people **under 18 years** of age and **1 in 7** people **over 65 years** old. The borough’s population is projected to reach **408,271 by 2043**, with a smaller proportion of younger and larger proportion of older people, emphasising our changing population structure.

Croydon has a vibrant and diverse population. Around **52%** of the people in Croydon are from Black, Asian, and Minority Ethnic groups. Around **84%** of our residents speak English as their main language. After English, the most common main languages are South Asian languages (4.8%), Other European (EU) languages (4.7%), Portuguese (1.3%), Spanish (1.0%), and East Asian languages (0.8%).



Despite our diversity, not everyone in Croydon has the same opportunities to lead a healthy life. This is known as **health inequalities**, which are unfair and avoidable differences in health between different groups of people ([Kings Fund, 2022](#)).

The latest data shows that during 2018-2020, the average life expectancy in Croydon stood at **79.7 years** for men (19th in London), and **83.7 years** for women (25th in London). However, men residing in the most deprived areas in Croydon were expected to live **9.2 years** less than their counterparts living in the least deprived areas. Similarly, women in the most deprived areas were expected to live **6.5 years** less than those living in the least deprived areas.

“Health inequalities are unfair and avoidable differences in health between different groups of people.”

The COVID-19 pandemic has further increased these health inequalities within our borough. We know that the COVID-19 pandemic did not impact everyone equally: specific groups, particularly those with the lowest incomes and our Black, Asian and Minority ethnic communities have borne the brunt of its impact. Current economic challenges, such as the rising cost of living, place a growing strain to the lives of our residents, impacting their ability to meet basic needs and lead healthy and fulfilling lives.

These pressing challenges underscore our commitment to achieving a Croydon, where every resident, regardless of background, has equitable opportunities for a healthy and fulfilling life. At the heart of the JLHWS is the recognition that health and wellbeing is everybody’s business. By working together and using our resources efficiently, we can make a meaningful difference in the health and wellbeing of our residents.



Our vision

Our vision for health and wellbeing in Croydon sets out what we want to achieve in the long term.

In Croydon, everybody is enabled to lead a healthy, happy and fulfilling life supported by safe, healthy and thriving communities and neighbourhoods. We work together and build on our strengths to actively tackle inequalities and improve our health and wellbeing.

Our guiding principles

Our guiding principles will underpin our actions over the next five years.



1. Tackling health inequalities

We will aim to reduce, and where possible prevent, health inequalities. In addition to taking action to improve the health and wellbeing of everybody in Croydon, we will take action to:

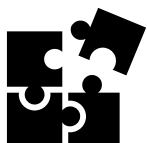
- Improve the health of the most disadvantaged groups, and
- Reduce the gap between the best and the worst off.

This includes building on our commitments stated in **Croydon's Equality Strategy** and our adoption of the borough-wide **Equalities Pledge** and **George Floyd Race Matters Pledge** to positively promote the equality of opportunity for individuals of all characteristics, with a specific focus on underserved groups such as minoritised ethnic groups, LGBTQ+ communities, refugees, asylum seekers, homeless people, and people with disabilities including those with communication impairments.



2. Prevention across the life course

We will take a prevention-first approach to prevent ill health from happening in the first place. We will embed principles of prevention across the life course, ensuring that our residents have the necessary tools and support, especially during key transition stages, to lead healthy and independent lives. We will aim to identify and tackle issues at the earliest possible opportunity to prevent them from getting worse.



3. Integrated partnership working

We will continue to improve integrated partnership working across health and social care at the local level, capitalising on the accomplishments of the One Croydon Alliance. We will actively engage in integrated partnership initiatives throughout South West London. We will endeavour to use our collective resources effectively, efficiently and sustainably, enabling our residents to find the right support, at the right time and at the right place.



4. Community focus and co-production

We are committed to taking a community-centric approach striving to shift more services to community settings, enabling community-led support to improve health and wellbeing. We will work in partnership with our residents and communities, recognising and building on their strengths.



5. Evidence-informed decisions and actions

We will base our strategic decisions and actions, including our commissioning, on the best available evidence. This principle ensures that our actions are effective, efficient, and aligned with the evolving needs of our communities. We will establish clear oversight and monitoring processes to assess the impact of our strategies and actions.

Draft priority 1: Good mental health and wellbeing for all

Mental health is a 'state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community' (World Health Organisation, 2022). In Croydon, we recognise that there is **no good health without good mental health** and **promoting and protecting good mental health is everybody's business**.

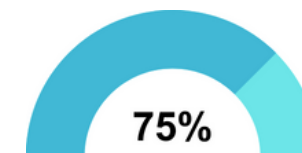
Our mental health is shaped by many factors, some of which start before the time we are born. While individual factors such as our genetics and health-related behaviours do impact our mental health, wider determinants of health such as our housing and work conditions, income, education, families, communities and neighbourhoods act as crucial foundations for our mental wellbeing. Our mental and physical health are connected. While physical health problems could increase our risk of developing mental health problems, mental health problems could put us in a higher risk of physical health issues.

Building on the success of the ongoing **Mental Health Transformation Programme**, which aims to deliver preventative and person-centred mental health care to our residents, we will continue to work to ensure our residents can get the help and support they need at the place and the time they need it.

We will continue to focus on promoting mental wellbeing, preventing mental health conditions, and preventing self-harm and suicide. Working as a whole system and across organisational boundaries, we will take action to ensure our residents have access to the tools they need to achieve and maintain good health and wellbeing throughout their lives. We will support the development of **Croydon's Multiagency Self-harm and Suicide Prevention Action Plan**, as well as supporting the development of **Croydon's Dementia Strategic Plan and Action Plan and Autism Strategy**. In line with the **South West London Mental Health Strategy**, we will work with our partners, to promote positive mental health promotion and prevent ill-mental health across our borough.



1 in 4 people expected to have a mental health problem at some point in their life.



Of mental health problems develop by the age of 24.

Around 56,852

adults over 16 years in Croydon could be currently experiencing a common mental health problem (estimates based on 2017 data).

Around 10,000

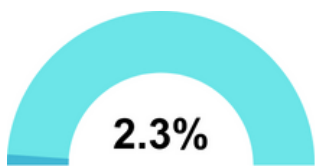
children and young people aged 6-16 years estimated to have a probable mental disorder in Croydon.

Draft priority 2: Cost of living: supporting our residents to ‘eat, sleep and have heat’

Access to quality housing, that is warm, secure and can support independent living, as well as adequate healthy food are important for our health and wellbeing. To effectively tackle health inequalities, we need to ensure all residents have access to affordable quality housing and healthy food.

Croydon has some of the most deprived areas in London and England. While the recent cost-of-living crisis has affected almost everyone in the UK, the rising prices have most severely impacted those on the lowest incomes. We have already heard from our residents that many on lower incomes are struggling to afford paying for food and energy bills with some having to choose between eating and heating. The lasting consequences of the rising cost of living have the potential to impact many generations and worsen health inequalities.

We will work across organisational boundaries to mitigate the impacts of the cost of living and where possible prevent people from slipping into poverty. To support our residents with challenges of cost of living, we will establish a multiagency **Cost of Living Action Group**. Through this group, we will bring together new and existing support available locally and nationally in one place to make it easier for our communities to access the support they need when they need it and where they need it. To do this, we will build upon existing partnerships and initiatives in the borough, including **Community Hubs** and the **Croydon Food and Healthy Weight Partnership**. Working with our partners and communities with lived experience of poverty, we will develop solutions that provide immediate emergency and welfare support while fostering resilience within our communities.



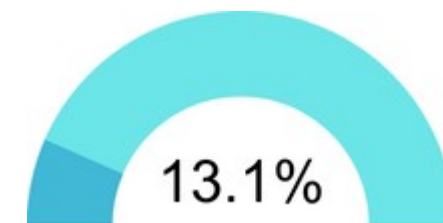
2.3%
Of small areas in Croydon are among the most 10% deprived areas in England.



Around **3 in 5** people living in the most deprived areas in Great Britain were buying less food in 2022 compared with 2021.



Around **1 in 3** children under 16 years experience poverty (Child poverty rates, 2021/22).



13.1%
21,165 households in Croydon were experiencing **fuel poverty** (2021).

Draft priority 3: Healthy, safe and well-connected neighbourhoods and communities

Our health and wellbeing is shaped by the places in which we live, play, work and socialise in addition to the relationships and resources we have in our communities. Recognising this, our strategy puts an important focus on cultivating healthy, safe and well-connected neighbourhoods and communities, where healthy choice becomes the easy choice.

We will work to make our neighbourhoods healthy and safe, where our residents can easily access affordable, healthy food and enjoy clean air. We would like our neighbourhoods to have increased opportunities for active travel and physical activity, to make it easier for our residents to attain and maintain healthier lifestyles.

Croydon boasts vibrant and diverse communities, and a strong Voluntary and Community Sector. We will build on our close relationships with our Voluntary and Community Sector and our local community to establish community-led initiatives that aim to foster a strong sense of belonging and help our communities thrive. We want to ensure our services are **culturally competent** and be a leader for South West London around establishing the use of an **anti-racism framework**. This includes building on our commitments stated in **Croydon's Equality Strategy** and our adoption of the borough-wide **Equalities Pledge** and **George Floyd Race Matters Pledge** to positively promote the equality of opportunity for individuals of all characteristics, with a specific focus on underserved groups such as minoritised ethnic groups, LGBTQ+ population, refugees, asylum seekers, homeless people, and people with disabilities including those with communication impairments.



Just over **3 in 5 (62.0%)** adults are overweight or obese (2021/22).



Just over **3 in 5 (61.9%)** physically active adults in Croydon (2021/22).



Just under **1 in 7 (13.5%)** adults over 18 are estimated to be smoking in Croydon.

40,437

Offences in Croydon in the rolling months to September 2022 (15th highest rate in London out of 32 boroughs).

Our **Healthy Communities Together Programme**, a partnership programme between the Voluntary and Community Sector, the NHS and Croydon Council works to improve health and wellbeing, reduce health inequalities and empower communities across our six localities.

Our **Community Hubs** offer holistic support to our communities, covering advice on housing, benefits and health checks. They see over 2,000 people each year and are a place for our residents to meet and connect with others.

Draft priority 4: Supporting our children, young people and families

Croydon has the largest population of children and young people in London. In 2021, **90,241** individuals in Croydon were under 18 years old, and just over a third (33.8%) of our households had dependent children. Detailed data on Croydon’s children, young people and families can be found at our [children, young people and families JSNA](#).



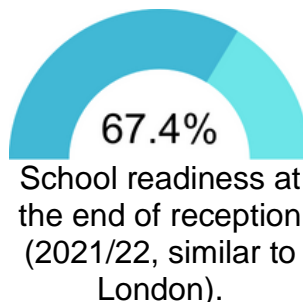
1 in 4 people in Croydon is under 18 years old.

Our first 1,001 days in life, covering the period from pregnancy to the age of 2, set the foundations for our lifelong health and wellbeing. Health inequalities that affect us throughout our lives can start before we are born. To tackle health inequalities and set the stage for a lasting healthy life, we need to prioritise our early years and ensure our babies get a good start in life. This involves providing parents and carers with access to high-quality, joined-up primary care, antenatal, maternity, children and family services.

We will support our parents, carers and families in their communities, addressing both health and social care needs, including any pregnancy concerns. We will promote the mental health and emotional wellbeing of parents and carers as well as all children and young people in Croydon. We will take a **whole-family approach** and take action from before and during pregnancy through to childbirth and throughout childhood to enable our children and young people to thrive in life and create a positive impact for generations to come. We will support the implementation of **Croydon’s Partnership Early Years Strategy**. Building on our **Family Hubs and Start for Life Transformation Programme**, we will work to ensure our families have access to the information and tools they need to support their babies and children, and to look after their own wellbeing.

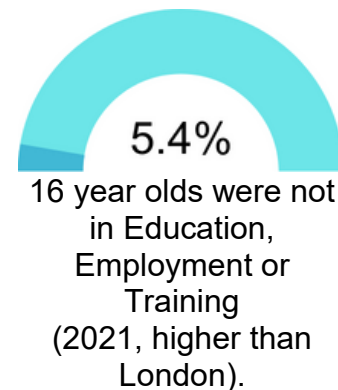
Childhood vaccination rates in Croydon **fall below** the 95% target levels.

310
Hospital admissions were recorded for dental caries among 0- to-5 year olds in Croydon between 2018-2021.



Just over **1 in 5** (22%) children in reception years (4-5 years old) were overweight or obese (2021/22, similar to London).

9,041
7-to-16 year olds estimated to have a probable mental disorder in Croydon (Mental Health of Children and Young People in England Survey).



Draft priority 5: Supporting our older population to live healthy, independent and fulfilling lives

By 2041, just over 1 in 5 people in Croydon are expected to be over 65 years old. Our older residents are more likely to experience complex, long-term health conditions, and are at increased risk of falls and frailty. They are also likely to experience mental health issues due to factors such as loneliness and social isolation.

Our older residents have told us that to remain healthy and happy and live fulfilling lives:

- They would like to be able to self-care and live independently.
- They would like to have strong community connections and take part in physical and social activities, for example through dedicated physical exercise classes for older people or cultural celebrations.
- They would like to have accessible health and care services and have the information they need in a clear and understandable language.

We want to enable our older residents to stay physically and mentally well and maintain independence for as long as possible. We would like them to have long and fulfilling lives, be treated with dignity and respect, including at the end of their lives, focusing on both living well and dying well at the end of life.

To do this, we will support our residents with long-term conditions, helping them to manage their own conditions and improving the care they receive through **Croydon's Proactive and Preventative Care Model**. We will use innovative, data-driven methods, through our **Population Health Management Programme**, to identify and support residents to manage their frailty and prevent their frailty from deteriorating. We will continue to focus on frailty through our **ICN+ Programme** to ensure people who have been identified as frail are supported in a holistic way. We will support the delivery of **Croydon's Dementia Strategic Plan** and work with our partners to ensure Croydon progresses as a **dementia-friendly borough**. Building on our strong Voluntary and Community Sector, we will work with our older people, to **tackle loneliness and social isolation** and **increase opportunities for physical and social activities**.



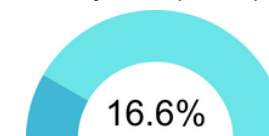
In 2021, **1 in 7** people in Croydon is over 65 years old.

1,908 per 100,000

emergency hospital admissions due to falls in people aged 65 and over (2021/22, better than England).

2,669

people aged 65 and older estimated to have dementia in Croydon (2023).



Adults (18+ years) who feel lonely at least some of the time (2019/2020, better than London).



Just over **1 in 3** (33.7%) adult social carers over 65+ years feel they have as much social contact as they would like (2021/22, similar to London).

Next steps:

Finalising the strategy

Your views will be incorporated into the final strategy scheduled to be published in 2024.

Delivering the strategy

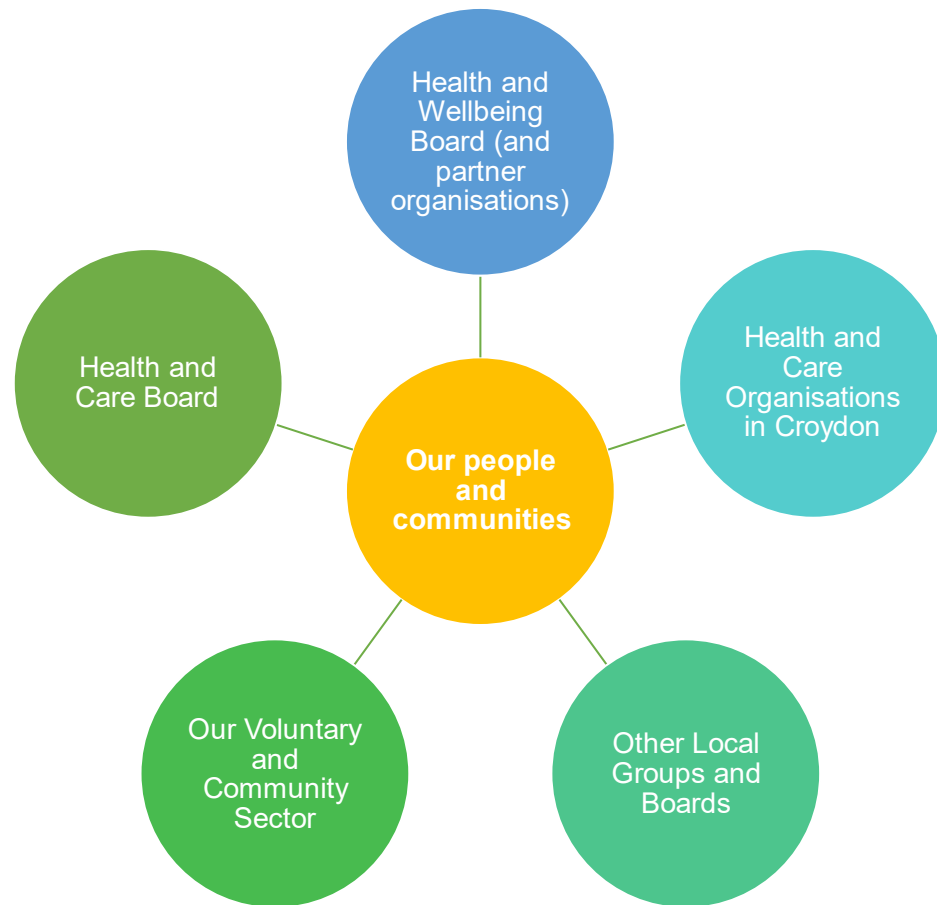
Our strategy is not a standalone effort for improving our health and wellbeing and tackling inequalities in the borough. It is aligned with key initiatives such as the [Mayor's Business Plan](#) and the [South West London Integrated Care Strategy](#).

The strategy will be delivered through coordinated, partnership efforts of organisations represented on the Health and Wellbeing Board as well as others. The Health and Wellbeing Board will provide leadership in addressing the priority areas set in the strategy. The Health and Care Board, and their affiliated groups and boards, will support the Health and Wellbeing Board in delivering the ambitions set out in this strategy.

We will set up partnership working groups for each priority area to co-produce action plans with measurable outcomes. We recognise that the priorities set in our strategy are interconnected and actions in one area can significantly impact others. Therefore, these working groups will ensure a cohesive approach, fostering collaboration across different areas to maximise our impact.

Monitoring success

We will develop an outcomes and monitoring framework with key performance indicators to track progress towards our goals. Through this monitoring framework, we will remain responsive to our communities' evolving needs, and adjust our strategy and action plans as necessary.



Draft Joint Local Health and Wellbeing Strategy (2024-2029) on a page

The draft Joint Health and Wellbeing Strategy sets out our shared vision for a healthier, happier and safer Croydon. Over the next five years, we will focus our collective efforts in five key areas to make meaningful strides towards this vision. Our guiding principles will steer every decision and action we take in these areas.



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The Health and Wellbeing Board, a statutory board of Croydon Council, is made up of the following partners:

CROYDON
www.croydon.gov.uk



Representing the Community and Voluntary Sector on the Board:



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Understanding our Health and Wellbeing: A summary of Croydon's Joint Strategic Needs Assessment

Public Health Team

November 2023

Note to the reader:

Please note that this pack summarises Croydon's JSNA as at November 2023. Readers should note that more up-to-date data may have been subsequently published and are advised to refer to the live digital JSNA at <https://www.croydonobservatory.org/jsna> for the latest information.

Contents

This summary slide pack presents an overview of the key insights from Croydon's Joint Strategic Needs Assessment.

Please refer to the main JSNA website at <https://www.croydonobservatory.org/jsna/> for detailed discussion of the topics summarised in this slide set.

The key topics covered in this slide pack are listed on the right-hand side.

- [Our population](#)
- [Understanding our health and wellbeing using a life course approach](#)
- [Croydon's Journey of Life \(2022\)](#)
- [Life expectancy at birth](#)
- [Life expectancy at birth: comparisons with London region \(2018-2020\)](#)
- [Health inequalities](#)
- [Spotlight on mental health and wellbeing](#)
- [Building blocks of our health and wellbeing](#)
- [Building blocks of our health and wellbeing: deprivation and poverty](#)
- [Building blocks of our health and wellbeing: housing](#)
- [Building blocks of our health and wellbeing: economy and employment](#)
- [Building blocks of our health and wellbeing: education, skills and qualifications](#)
- [Building blocks of our health and wellbeing: built and natural environment](#)
- [Building blocks of our health and wellbeing: community safety](#)
- [Further information](#)

Introduction

Croydon's Joint Strategic Needs Assessment

- As part of their statutory duties, Croydon's Health and Wellbeing Board produces the Joint Strategic Needs Assessment (JSNA).

- Since 2017, the JSNA is published online at <https://www.croydonobservatory.org/jsna/>.

Page 48 Providing up-to-date data, intelligence and insights on the health and wellbeing outcomes and factors affecting these outcomes, Croydon's digital JSNA provides a first port-of-call for understanding the state of health and wellbeing alongside relevant gaps and needs in Croydon.

- The digital JSNA is structured as themed sections covering the following:

- **Population overview:** focusses on Croydon's overall population and their general health and wellbeing

- **Population groups:** provides data and intelligence on specific populations, covering specific localities, various demographic groups and vulnerable population groups.

- **Wider determinants:** focusses on factors that shape health and wellbeing including education, environment, housing and employment.

- **Healthy behaviours:** focuses on individual actions impacting health and wellbeing, ranging from physical activity, sexual health, oral health, smoking, and alcohol and substance use.

- **Health conditions:** focuses on specific diagnosed conditions, including mental health, self-harm and suicide prevention and the Pharmaceutical needs Assessment.

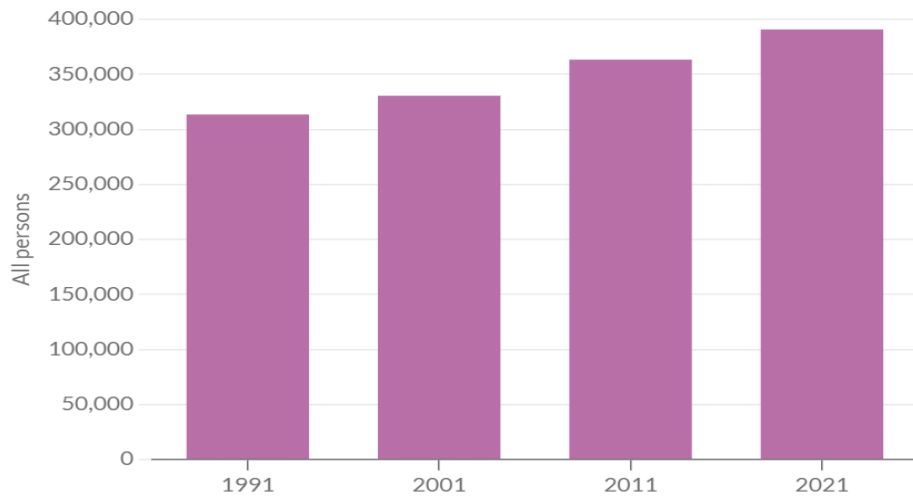
- This evidence summary offers a high-level view of the state of health and wellbeing in Croydon, as informed by the JSNA. For a detailed discussion of the topics covered here, please visit the live JSNA at <https://www.croydonobservatory.org/jsna/>.

Our population: population estimates, projections and age groups

- With a population of **390,719** (Census 2021), Croydon is the largest and one of the most diverse boroughs in London. This section summarises key insights presented in the '[Population profile](#)' on Croydon Observatory.
- The 2021 Census estimated that Croydon's population grew by **7.5%** since 2011, while overall population of London grew by 7.7%. The figure below shows change in Croydon's population since 1991.
- **By 2043**, Croydon's population is projected to grow to **408,271**. The figure on the right-hand side illustrates population projections by age group in Croydon, London and England.

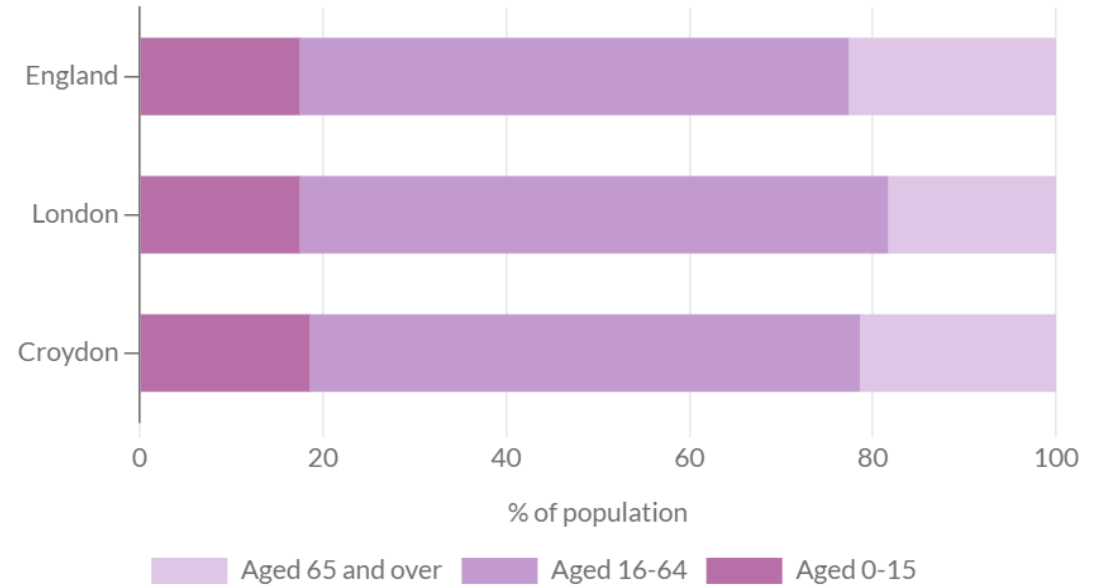
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Change in the population in Croydon from 1991 to 2021:



Source: Office of National Statistics.

Population projections for Croydon, by broad age group, 2043:



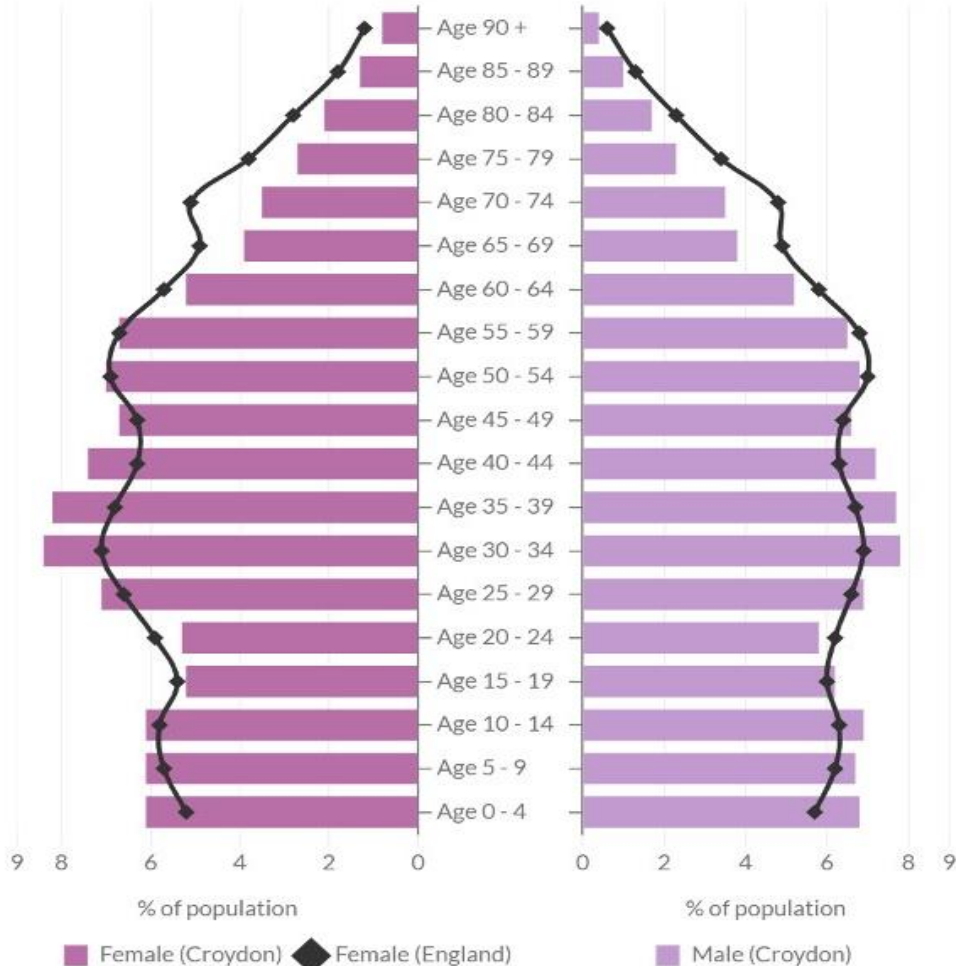
Source: Office of National Statistics.

- Croydon has a relatively large population of younger and older people.
 - Please see [page 5](#) for a breakdown of Croydon's population by age group in 2021 and [page 6](#) for the distribution of Croydon's population by age group.
 - According to Census 2021, about **1 in 4 people in** Croydon are under **18 years old**. This proportion is expected to reduce by 2041.
 - Around **1 in 7 people in** Croydon are over 65 years old. This proportion is expected to increase by 2043.

Our population: age groups, ethnicity and languages

Croydon's population by age group, 2021.

Page 50



Source: Office of National Statistics.

- **Croydon has a diverse population:**

- Detailed information on various population groups in Croydon, including protected characteristics, can be found at <https://www.croydonobservatory.org/ons-census-2021-croydon-highlights-from-each-data-release/>. This section provides a snapshot on ethnicity and the most common main languages, only.
- About **52%** of the population are from Black, Asian and Minority Ethnic groups,
- Around **5 in 6 (84%)** of people speak English as their main language. After English, **South Asian (4.8%) languages, Other European (EU) language (4.7%), Portuguese (1.3%), Spanish (1.0%) and East Asian (0.8%)** are the most common main languages.

Ethnicity in Croydon (2021):

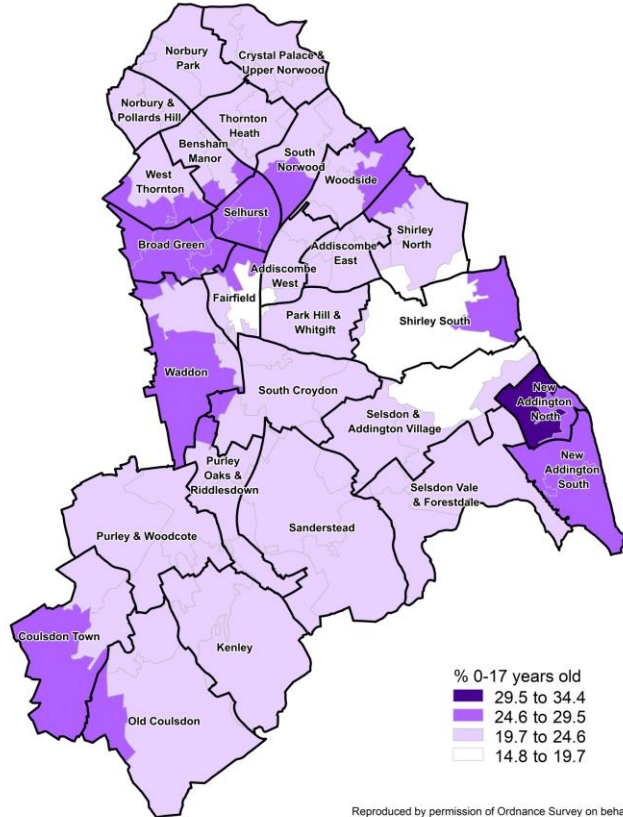
Ethnic group	Croydon	London	England
Asian, Asian British or Asian Welsh	68,487	1,817,640	5,426,392
Asian, Asian British or Asian Welsh (%)	17.5	20.7	9.6
Black, Black British, Black Welsh, Caribbean or African	88,441	1,188,370	2,381,724
Black, Black British, Black Welsh, Caribbean or African (%)	22.6	13.5	4.2
Mixed or Multiple ethnic groups	29,745	505,775	1,669,378
Mixed or Multiple ethnic groups (%)	7.6	5.7	3
White	188,985	4,731,172	45,783,401
White (%)	48.4	53.8	81
Other ethnic group	15,066	556,768	1,229,153
Other ethnic group (%)	3.9	6.3	2.2

Source: Office of National Statistics.

Our population: age group distribution across Croydon

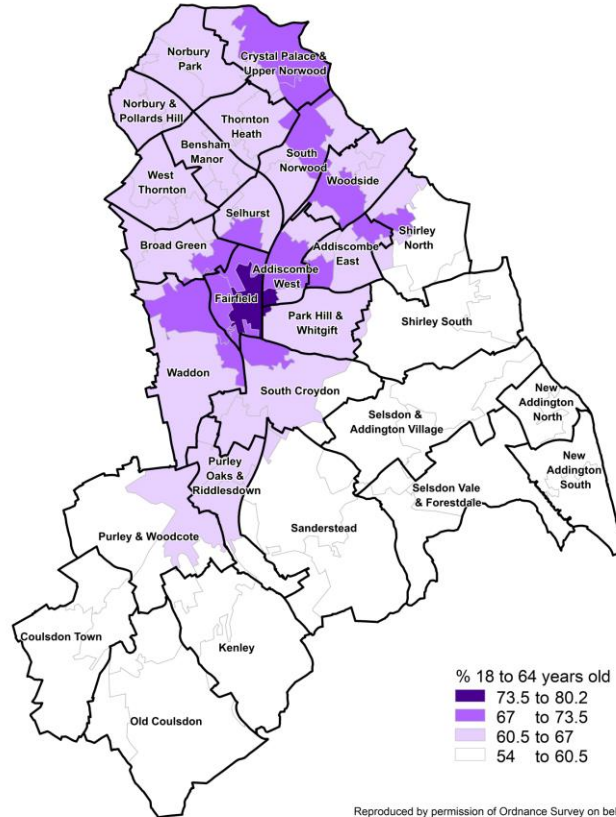
Age group distribution across Croydon, 0-17 years, 18-64 years and 65+ years:

**% of population who are
0-17 years old
2021 Census**



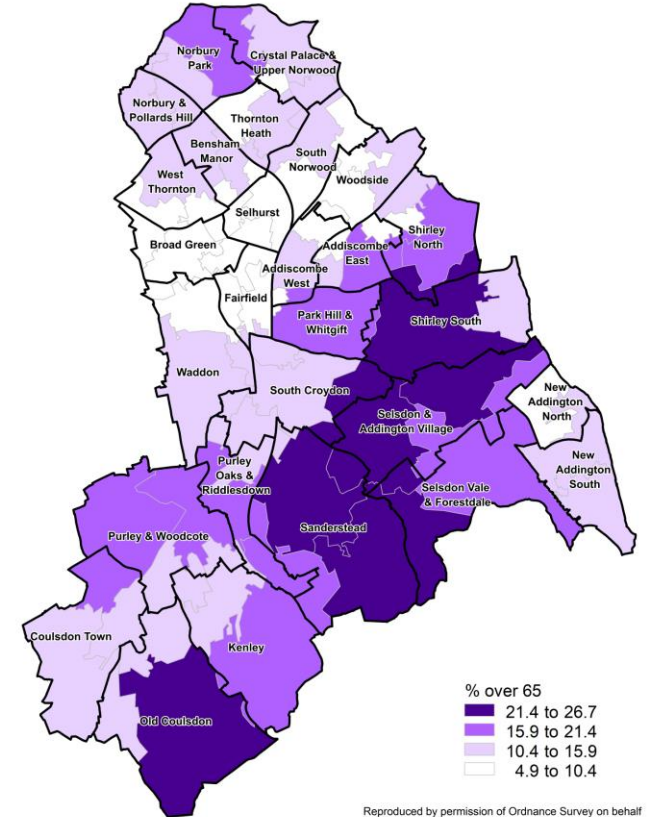
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**% of population who are
18-64 years old
2021 Census**



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**% of population who are
65+ years old
2021 Census**



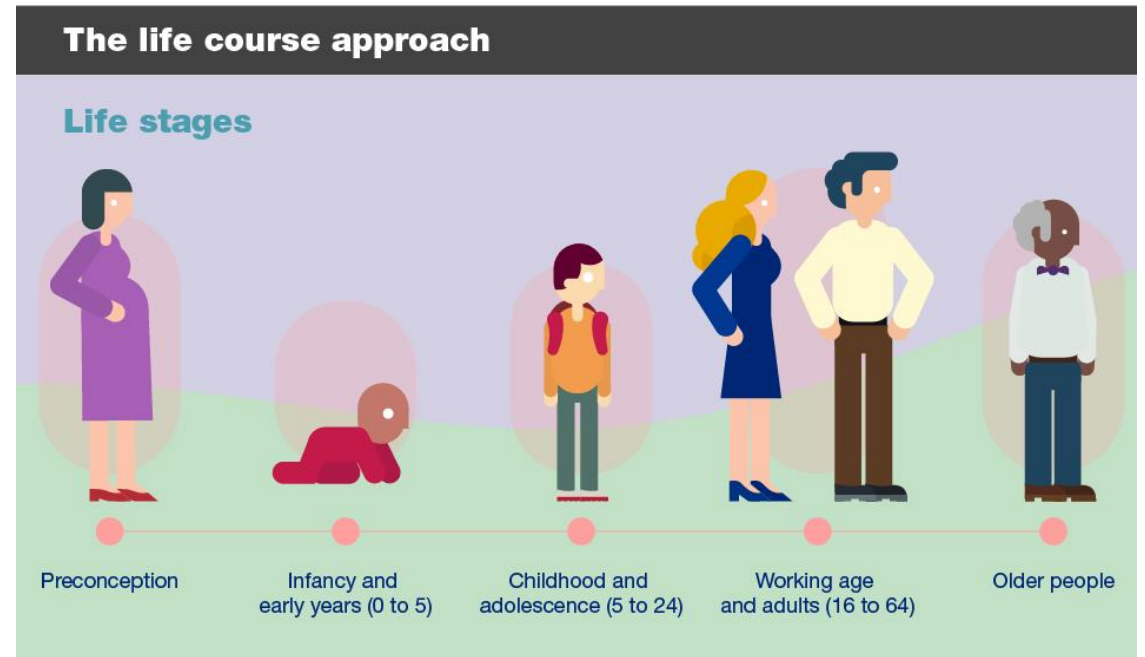
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Source: Office of National Statistics.

Understanding our health and wellbeing using a life course approach

What is the life-course approach?

- In Croydon, we understand that our health and wellbeing, including the length and quality of our lives as well as our satisfaction and happiness, are intricately shaped by various aspects of our lives, including our work, living conditions, educational opportunities and many other factors. Please see the section on [building blocks of health and wellbeing](#), often referred to as ‘the wider determinants of health,’ for further information on these factors.
- The life-course approach allows us to see every stage of our lives as connected not just to each other but also to the lives of those around us and the generations before and after us. Rather than focusing on specific health conditions during a specific life stage, this approach reminds us to consider both protective and risk factors for good health and wellbeing throughout our life-course, ensuring that we are taking early action to:
 - promote a good start in life,
 - support our communities during key transition periods, and
 - work together to create environments that support everyone’s wellbeing, including that of current and future generations, so that everyone can live independent and fulfilling lives for as long as possible.
- The figure on the right-hand side illustrates the key transition stages, that are considered critical stages during a person’s life, where large differences can be made in promoting or restoring health and wellbeing. The [next page](#) shows some positive and negative influences across the life course that could make a difference in our overall health and wellbeing.
- [Croydon’s Journey of Life](#), depicted on page 9, summarises the most recent data on our health and wellbeing using these key transition stages. Comparisons to London averages are also available in this slide.




Adapted from Health Matters: Prevention – a life course approach. Available from <https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach>

Understanding our health and wellbeing using a life course approach

Positive and negative influences across the life course


Protective factors:

- having a healthy and balanced diet
- an environment that enables physical activity
- good educational attainment
- being in stable employment with a good income
- living in good quality housing
- having networks of support including friends and family



Risk factors:

- smoking
- adverse childhood experiences
- crime and violence
- drug and alcohol misuse
- poor educational attainment
- poor mental health



Adapted from Health Matters: Prevention – a life course approach. Available from <https://www.gov.uk/government/publications/health-matters-life-course-approach-to-prevention/health-matters-prevention-a-life-course-approach>

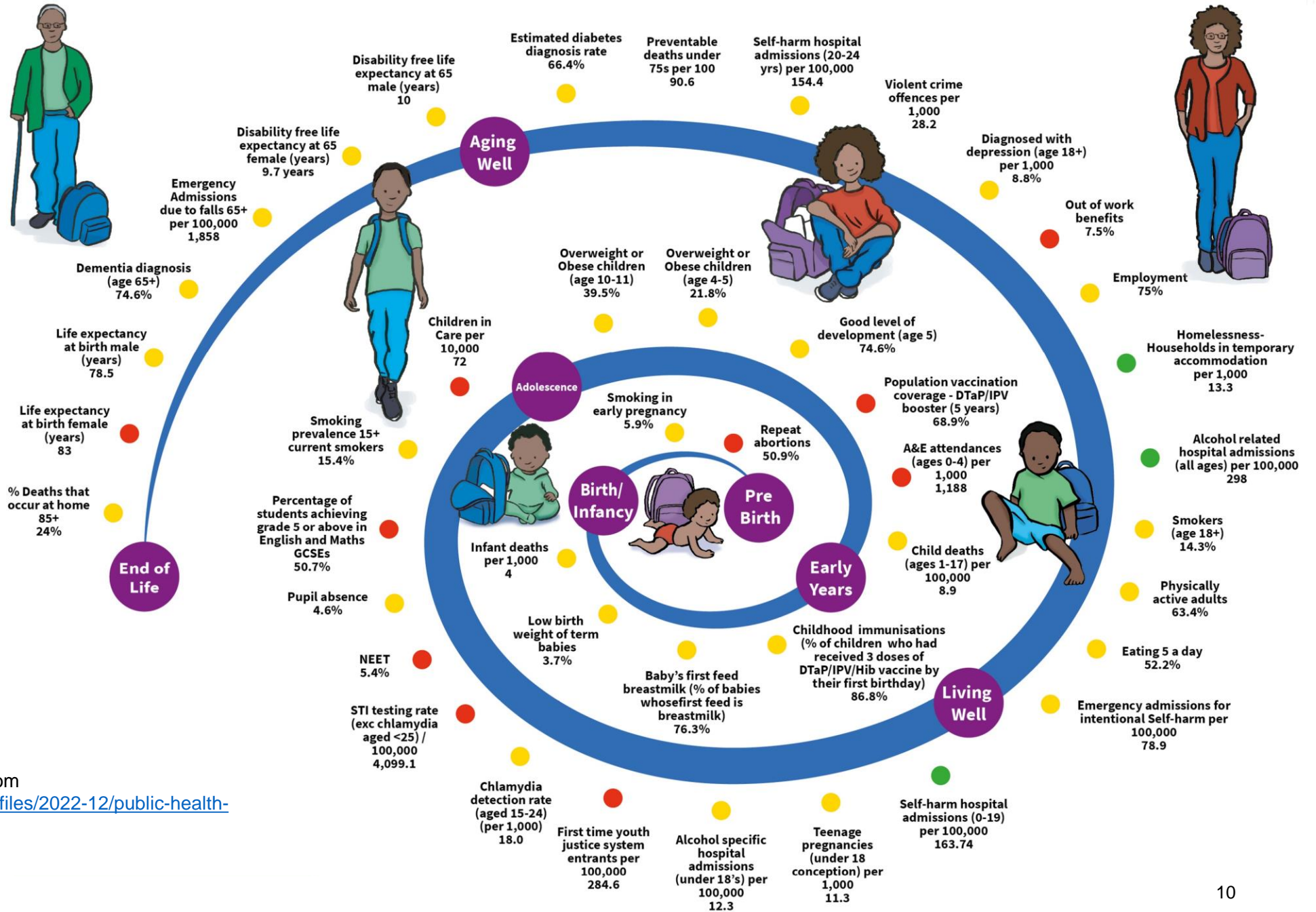
KEY

Croydon in comparison to London average

- Better
- Similar
- Worse

Croydon's Journey of Life (2022)

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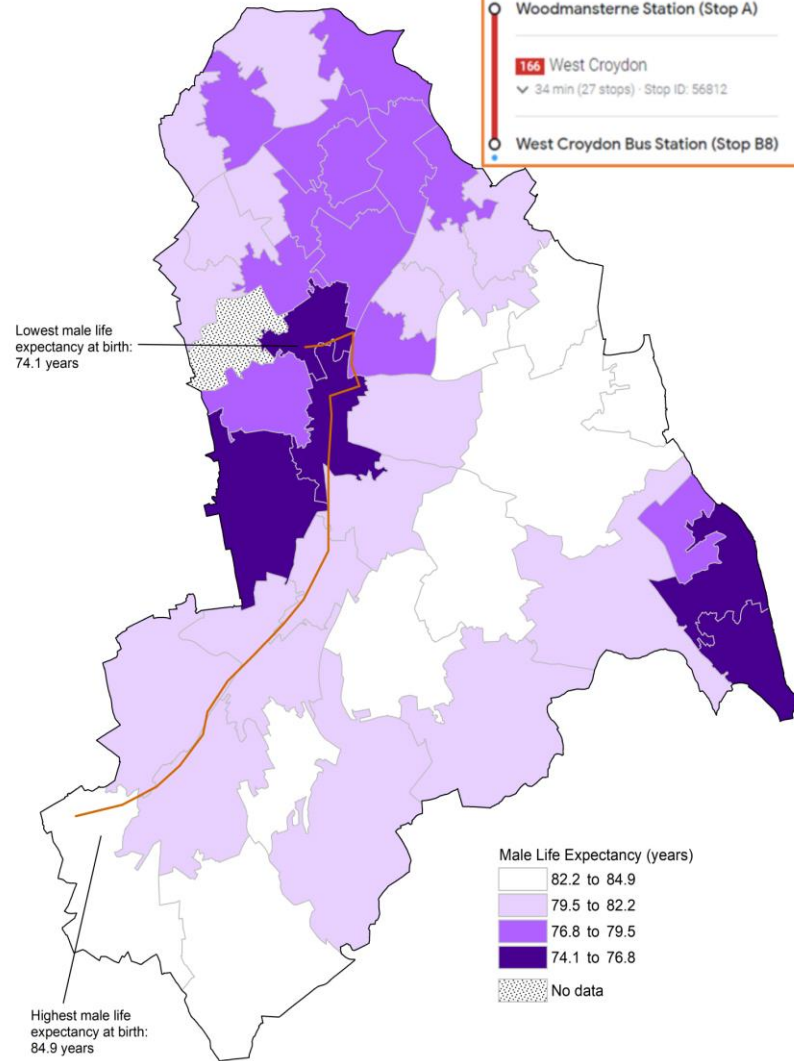
Adapted from ADPHR 2022. Available from <https://www.croydon.gov.uk/sites/default/files/2022-12/public-health-report-2022-full-report.pdf>

Life expectancy at birth

- Life expectancy at birth is a statistical measure that estimates the average number of years a newborn born in a specific year and geography is expected to live if current death rates do not change.
- During **2018-2020**, the average life expectancy for males and females in Croydon were **79.7 years** and **83.7 years**, respectively.
- Life expectancy at birth for males and females varies across Croydon. Maps on the right-hand side shows life expectancy across Croydon for males and females for **2016-2020**. Darker colours correspond to lower life expectancy. White shades denote areas with the highest life expectancy.
- Between **2016-2020**, the lowest life expectancy at birth for males was **74.1 years** in Central West Croydon near Fairfield, Broad Green and Selhurst. The highest male life expectancy at birth was **84.9 years** in South West Croydon in Coulsdon Town.
- During the same time, lowest female life expectancy at birth was **78.5 years** in South East in New Addington South and the highest female life expectancy at birth was **87.9 years** in Central East Croydon in Shirley North.

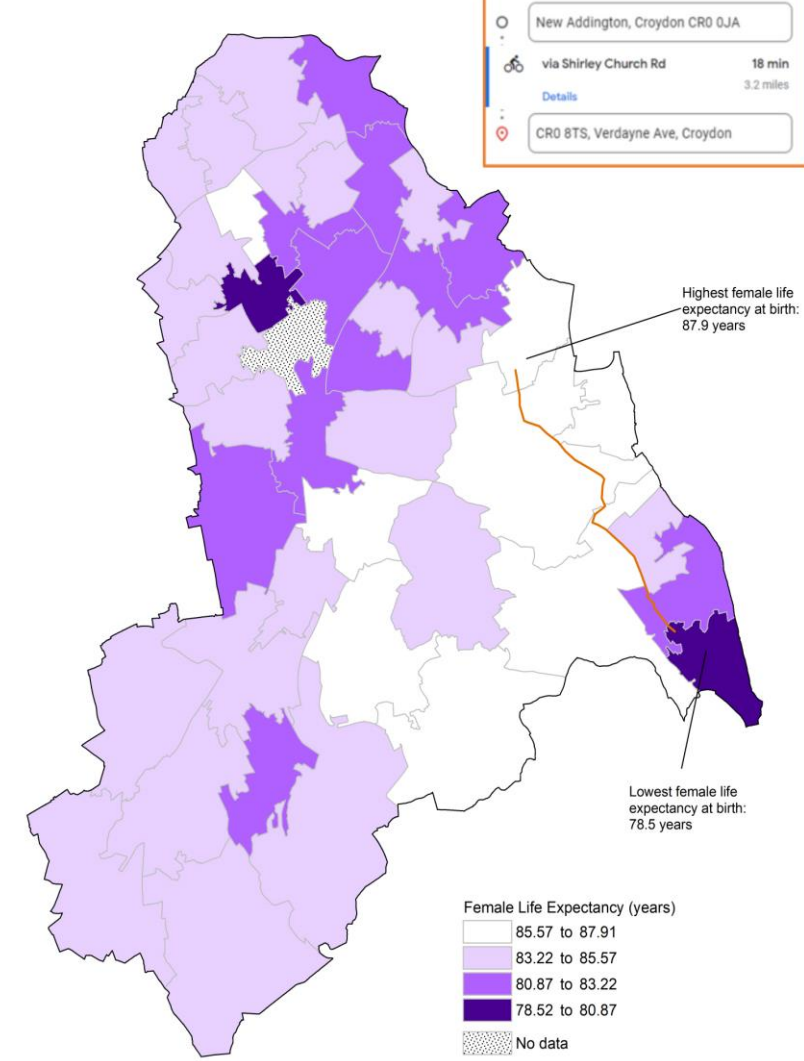
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Male life expectancy at birth, 2016-2020



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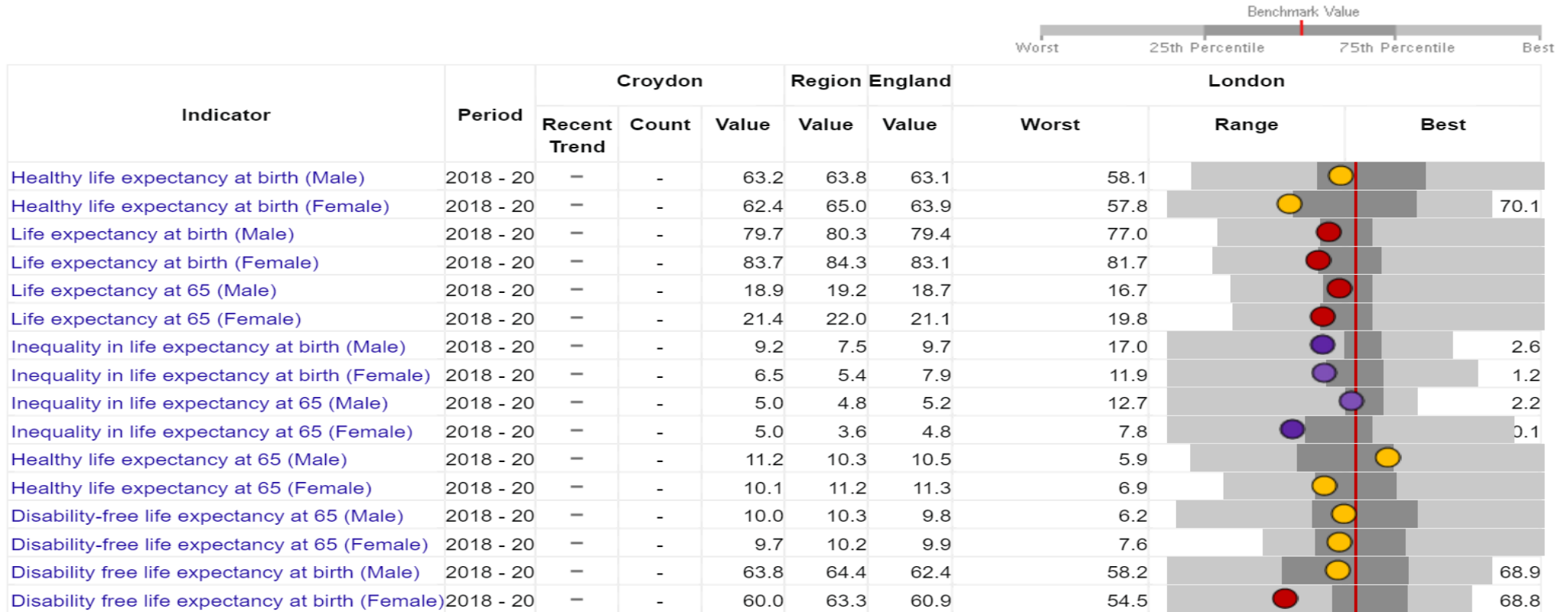
Female life expectancy at birth, 2016-2020



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Life expectancy at birth: comparisons with London region (2018-2020)

● Better 95%
 ● Similar
 ● Worse 95%
 ○ Not applicable
 Quintiles: Best ○ ○ ○ ○ ○ Worst ○ Not applicable



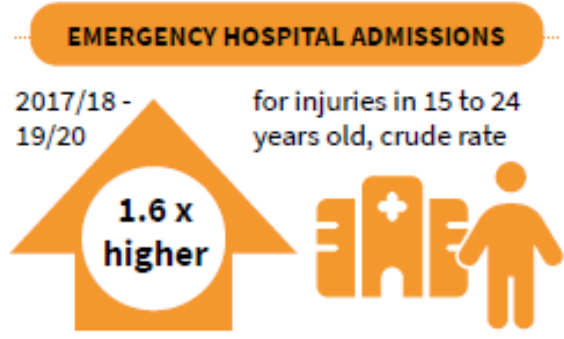
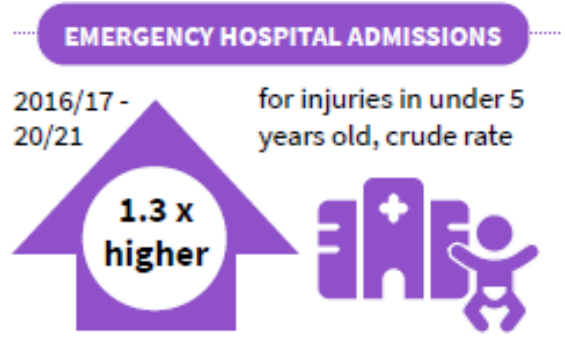
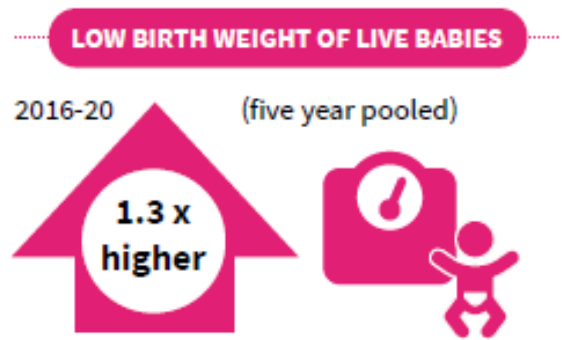
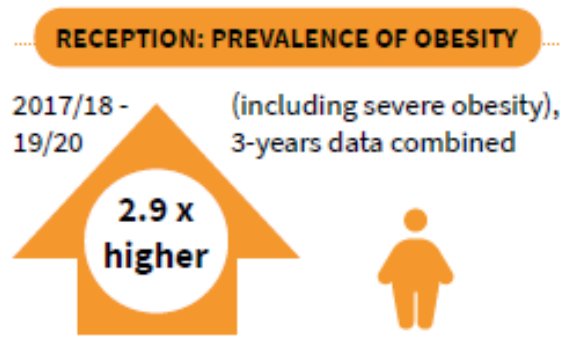
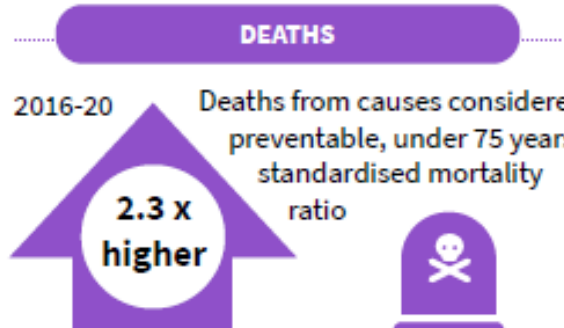
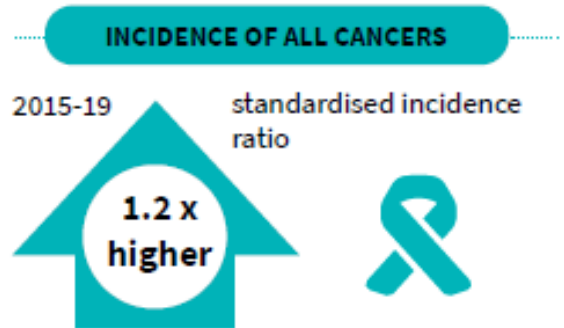
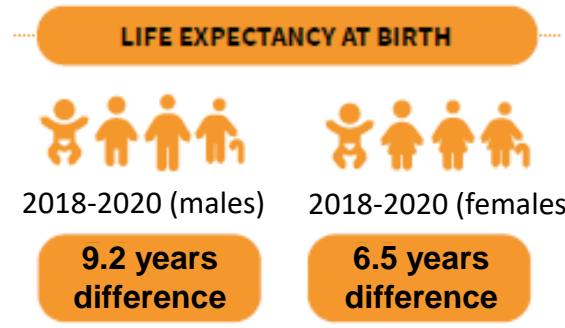
Source: Office of Health Improvement and Disparities

Health inequalities

- Health inequalities are ‘**avoidable, unfair and systematic differences** in health between different groups of people.’ They can involve differences in:
 - health, for example, how long a person lives and whether they have illness and disease;
 - access to care, for example, availability of a given service to support their health;
 - quality and experience of care, for example, levels of patient satisfaction;
 - behavioural risks to health, for example, smoking or alcohol use,
 - wider determinants of health, for example, quality of housing or employment. ([The King’s Fund, 2022](#))
- Health inequalities exist in many forms. Therefore, when trying to identify them, it is important to consider:
 - What they concern (*Health inequalities in what?*). For example, health inequalities could involve differences in:
 - Health status (for example, life expectancy)
 - Access to care (for example, availability of services)
 - Quality and experience of care (for example, levels of patient satisfaction)
 - Behavioural risks to health (for example, smoking rates)
 - Wider determinants of health (for example, quality of housing)
 - Who is experiencing them (*Health inequalities between whom?*). For example, we can look at differences between different populations grouped by:
 - specific individual characteristics, some of which we are born with, for example, genes, sex, ethnicity and disability,
 - geography, for example urban vs rural populations,
 - wider socio-economic factors, for example, household income, work environment, and
 - social, economic or health-related vulnerabilities. For example, homeless individuals, refugees and asylum seekers. ([The King’s Fund, 2022](#))
- The [next page](#) summarises key health inequalities observed in Croydon based on deprivation as defined by Index of Multiple Deprivation. A detailed focus on health inequalities in Croydon can be found in the [2022 Annual Director of Public Health Report](#). More information on the Index of Multiple Deprivation is found in the [deprivation section](#).

Health inequalities associated with deprivation as defined by Index of Multiple Deprivation 2019

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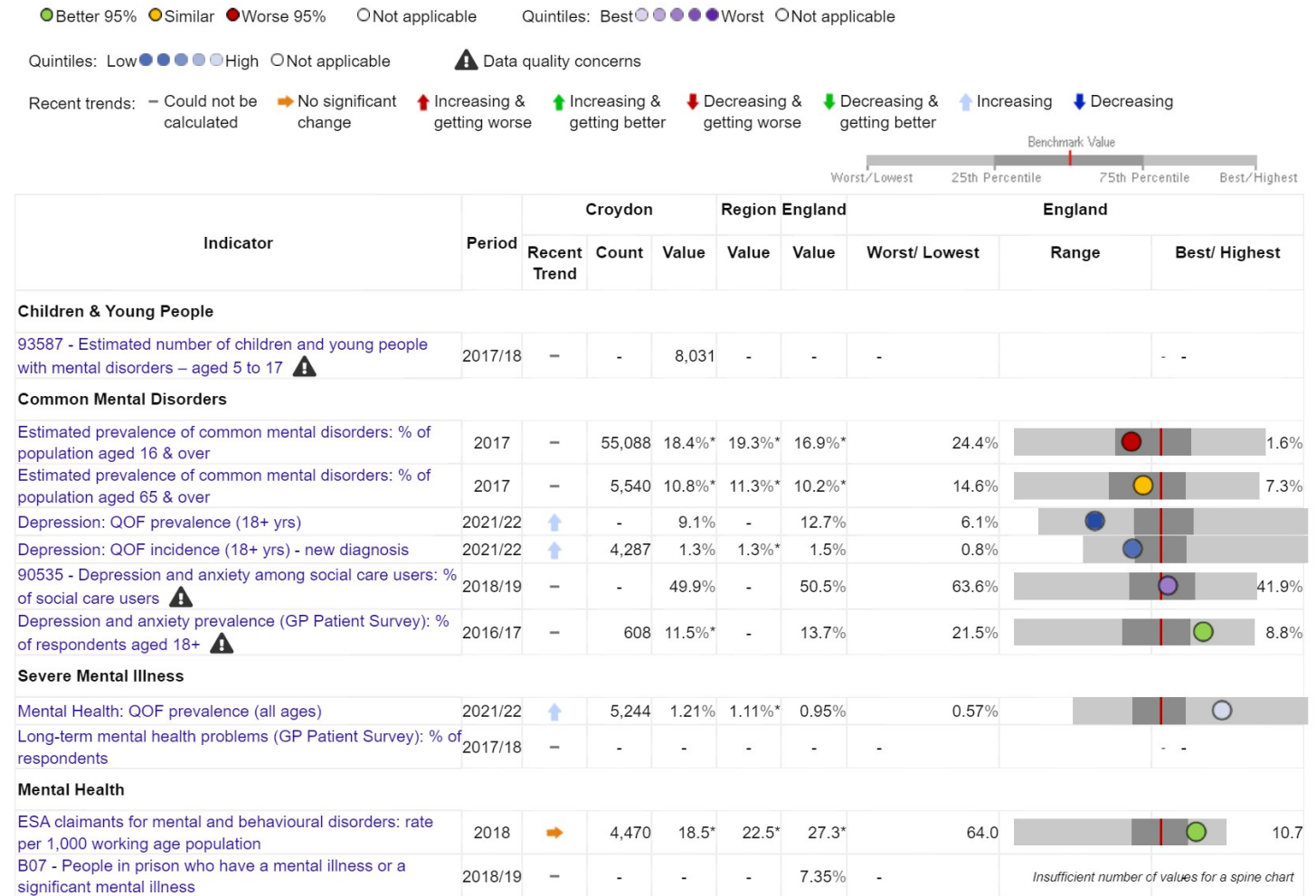
Adapted from ADPHR 2022. Available from <https://www.croydon.gov.uk/sites/default/files/2022-12/public-health-report-2022-full-report.pdf>

Spotlight on Mental Health and Wellbeing

- Mental health is ‘a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.’ ([World Health Organization](#)).
- In Croydon, we see good mental health and wellbeing as a key pillar of our overall health and wellbeing. We also regard promoting and improving our mental health and wellbeing as everybody’s business.
- National surveys suggest that in 2021, **1 in 9** children and young people aged between 6 and 16 years had a probable mental health disorder in the UK ([Newlove-Delgado et al. 2021](#)). For Croydon, this would correspond to around **10,000** 6-to-16-year-olds with a probable mental health disorder.
- According to latest data, in 2017, **just under 1 in 5 people aged 16 or over** in Croydon experienced a common mental health condition. If this proportion still holds true, it would mean that approximately **56,852 adults in Croydon could be currently experiencing a common mental health problem**.
- The figure on the right-hand side provides a summary of the most recent data on our mental health and wellbeing.

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Summary data on mental health and wellbeing



Source: Office of Health Improvement and Disparities

Building blocks of our health and wellbeing

- Our health and wellbeing is shaped by almost every aspect of our lives—our homes, access to education, quality of jobs and working conditions, access to public transport and quality of our neighbourhoods, strength of our social connections or whether we experience poverty and discrimination. These building blocks are often referred to as ‘wider determinants of health.’
- While access to health and social care impacts our health and wellbeing, these building blocks have a far greater impact. Existing research shows that healthcare itself contributes to between 15-25% of our health and wellbeing, while the wider determinants of health shape between 45-65% of our health and wellbeing ([The King’s Fund, 2013](#)).
- This section presents insights on the following topics:
 - Deprivation and poverty
 - Housing
 - Economy and Employment
 - Education, skills and qualifications
 - Built and natural environment
 - Community Safety

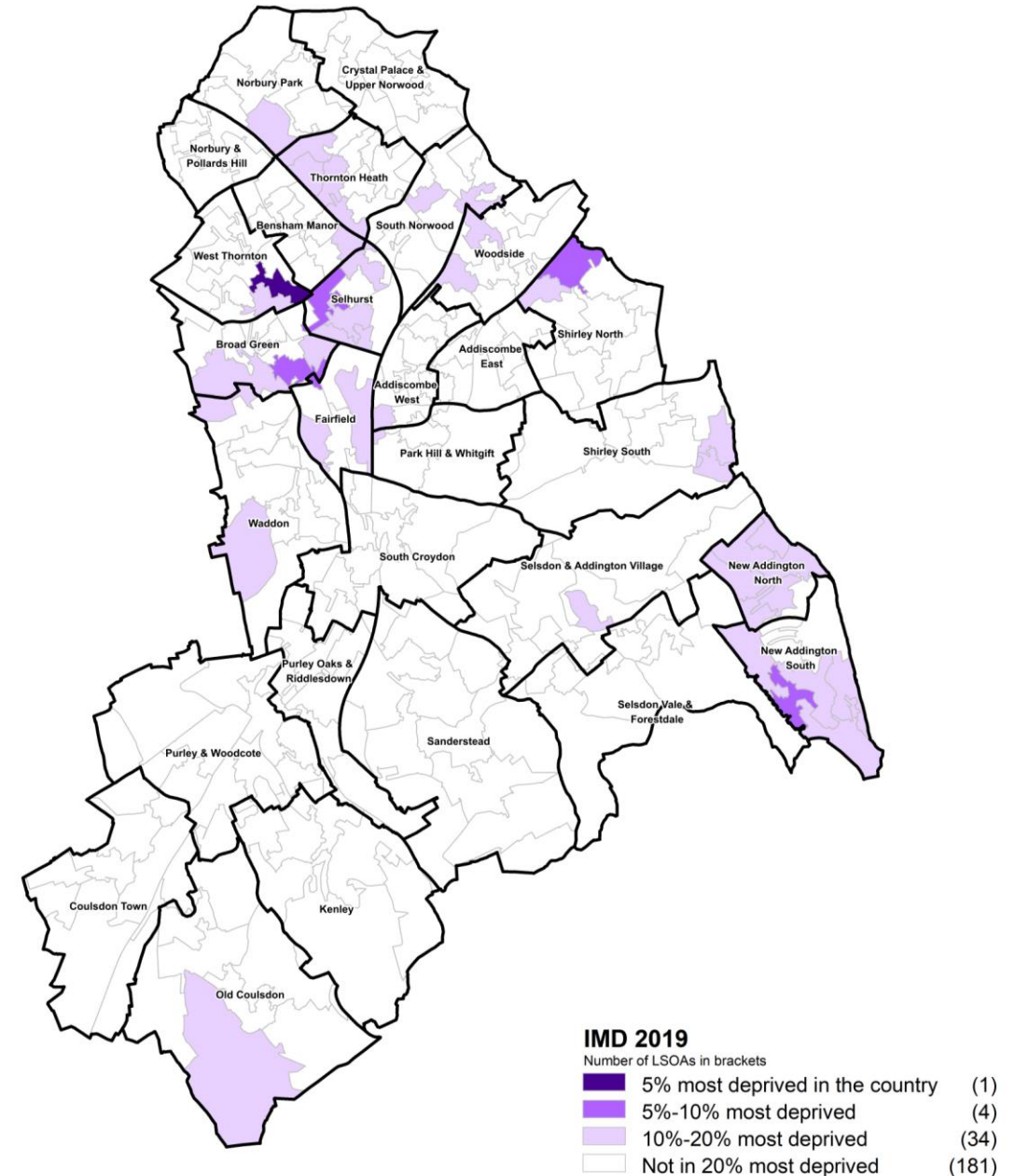


Building blocks of our health and wellbeing: deprivation and poverty

Deprivation

- The **Index of Multiple Deprivation (IMD)** 2019 is the official measure of relative deprivation for small areas (or neighbourhoods) in England.
- The following seven domains are considered when calculating the overall IMD score: income, employment; education, skills and training; health deprivation and disability, crime, barriers to housing and services, and living environment.
- The latest IMD, IMD 2019, shows that **2.3%** of the small areas (also known as Lower Super Output Areas) in Croydon are among **the most 10% deprived areas in England**.
- The map on the right-hand side shows the areas in Croydon that are among the 20% most deprived areas in England. Darker shades correspond to higher deprivation.
- Detailed deprivation information, including information on individual deprivation domains, can be found at https://www.croydonobservatory.org/deprivation/#/view-report/8b97d75c317745b3a6016fc0788469d1/_iaFirstFeature/G3.

Indices of Deprivation (IMD) 2019 by Lower Super Output Areas:

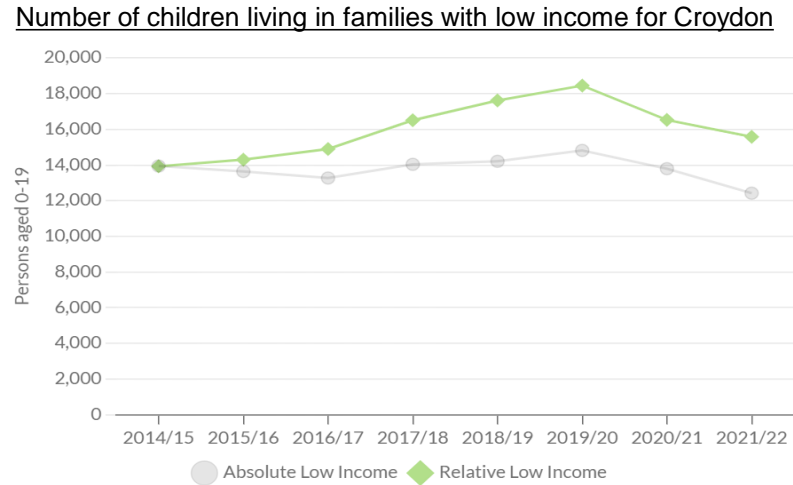


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Building blocks of our health and wellbeing: deprivation and poverty

Poverty

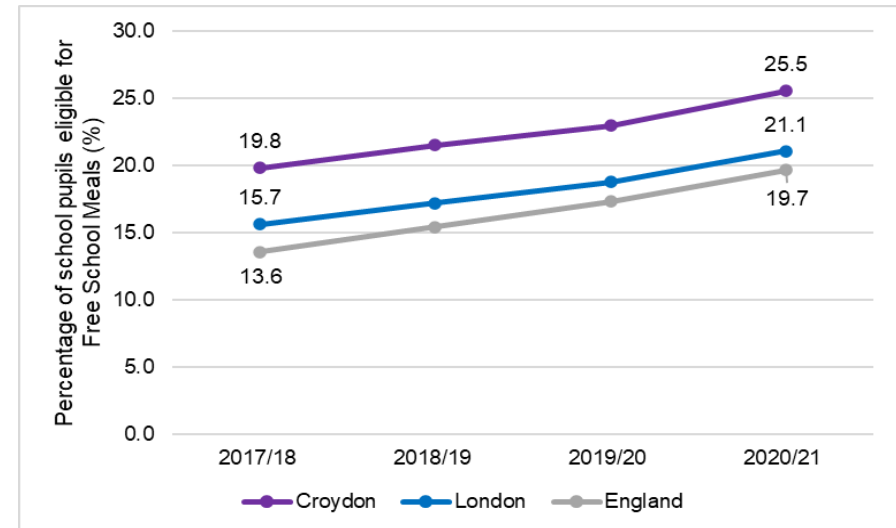
- Income is one of the key building blocks of our health and wellbeing. In 2020/21, **13,766** children in Croydon lived in families with **absolute low-income**. During the same year, **16,649** children in Croydon lived in families with **relative low income**.
- Both absolute and relative income measures are calculated before housing costs. Housing costs are an essential expense and many individuals and families in poverty struggle to pay rent or afford adequate housing. Therefore, indicators accounting for housing costs are important for better understanding poverty.



Source: Department of Work and Pensions

- In 2020/21, **child poverty rate** in Croydon, defined as the percentage aged 0-to-15 years who are living in households with below 60% median income after housing costs, was **32.1%**, down from 36.4% in the previous year. Croydon ranked **19th out of the 32** London Boroughs and the London average for the same period was 35.2%.
- The number and proportion of school pupils eligible for **Free School Meals** has been increasing in the recent years in Croydon. In 2020/21 Autumn term, **14,852 school pupils**, corresponding just above a quarter of Croydon's school pupils (**25.5%**), were eligible for Free School Meals. This was higher than the rate for London (21.1%) and England (19.7%).

Trends in percentage of school pupils eligible for Free School Meals in Croydon compared with those in London and England, 2017-2021



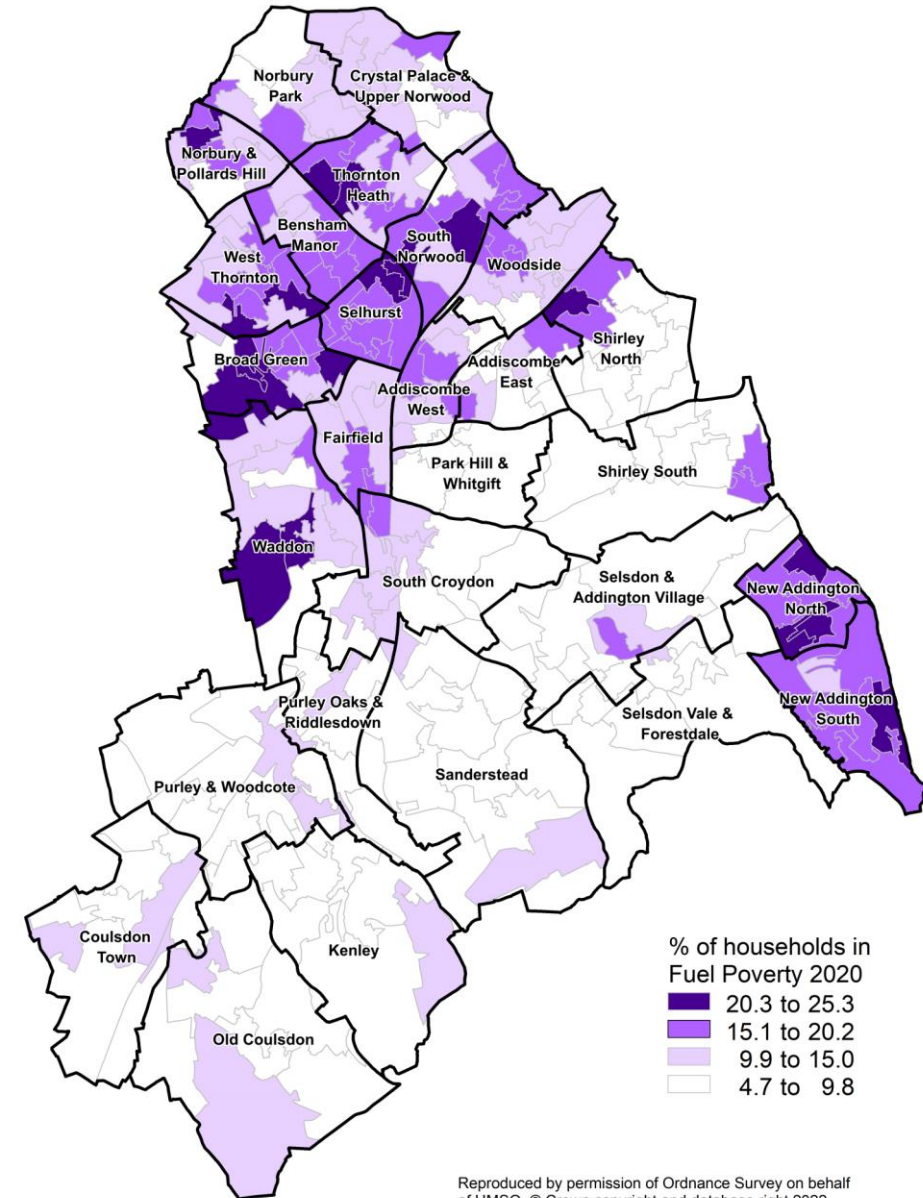
Source: Department for Education (2022)

Building blocks of our health and wellbeing: deprivation and poverty

Fuel poverty

- A household is said to be fuel poor if it needs to spend more than 10 per cent of its income on fuel to maintain an adequate standard of warmth. This is usually defined as 21 degrees for the main living room and 18 degrees for other occupied rooms. Fuel poverty statistics are estimated using data from the English Housing Survey (EHS).
- Fuel poverty is measured based on required energy bills rather than actual spending. This ensures that households that have low energy bills simply because they actively limit their use of energy at home, for example by not heating their home, are not overlooked.
- According to latest data (2021), **21,165 households (13.1%)** in Croydon were experiencing **fuel poverty**. The map on the right hand-side shows the percentage of households in fuel poverty across Croydon.
- Please see the next slide for a summary of general housing considerations in Croydon, including fuel poverty.

Percentage of households in Fuel Poverty 2020



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Building blocks of our health and wellbeing: housing

- The quality of our homes influence our health and wellbeing. For example, we know that poor quality homes, such as cold, damp, and mouldy homes can lead to respiratory problems and other health issues, including adverse impacts on our mental health.
- The figure on the right-hand side summarises data available around housing affordability, fuel poverty, winter mortality index in Croydon.

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- According to the 2011 Census, **3 in 5** of all Croydon 145,000 households were **owner occupied**, **1 in 5** were **private rented** and **juts under 1 in 5** were households living in social housing.
- Since 1997, housing affordability in Croydon, and elsewhere in London, has worsened overall. On average, people working in Croydon could expect to **pay almost eleven times their annual earnings** on purchasing a home within the borough in 2022. This is the third lowest ratio in London making Croydon **the third most affordable London borough to live and work in 2022**.
- Over the last 10 years (2010/2011 -2019/2020), Croydon has built **4,626** affordable housing units. According to the latest data on affordable housing completions (2019/2020) , Croydon has the **fifth highest number** of these completions in London. More information on housing is found at https://www.croydonobservatory.org/housing/#/view-report/85fe651fd2af40e0bf133770aaa91687/_iaFirstFeature/G3.

Housing summary



Indicator	Period	Croydon		Region England		England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Housing									
Affordability of home ownership	2021	–	415,000	11.4	13.7	9.1	24.8		4.4
Fuel poverty (low income, low energy efficiency methodology)	2021	–	21,165	13.1%	11.9%	13.1%	23.2%		2%
Winter mortality index	Aug 2020 - Jul 2021	–	430	55.6%	61.3%	36.2%	104.8%		6.5%
Emergency hospital admissions due to falls in people aged 65 and over	2021/22	–	1,030	1,908	2,187	2,100	3,272		1,394
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	2020/21	–	-	32.0%	61.0%	58.0%	5.0%		86.0%
Adults with a learning disability who live in stable and appropriate accommodation	2021/22	↓	457	55.1%	77.5%	78.8%	34.4%		97.3%

Source: Office of Health Improvement and Disparities

Building blocks of our health and wellbeing: housing

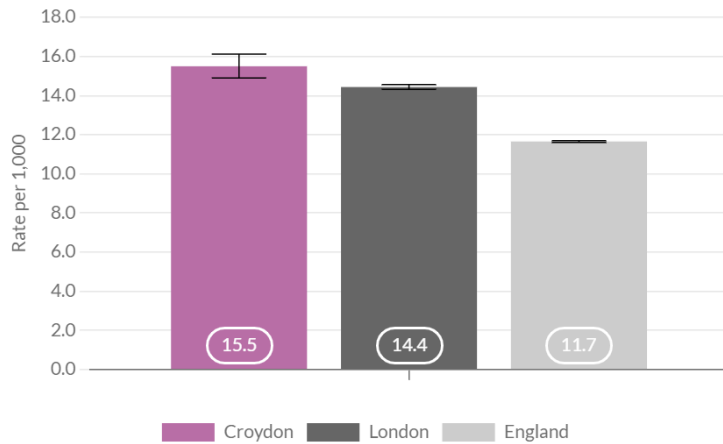
Homelessness

- Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health. The Homelessness Reduction Act (HRA) introduced new homelessness duties which meant significantly more households are being provided with a statutory service by local housing authorities than before the Act came into force.

- According to the Department of Levelling up Housing & Communities, at the end of Quarter 3 of 2022 (July to September 2022), **466** households were owed a prevention (assessed as threatened with homelessness) or relief duty (assessed as homeless).
- During the same quarter, there were a total of **1,981** households in temporary accommodation in Croydon. Of these, **1,386** had dependent children and a total of **2,656** dependent children were affected.

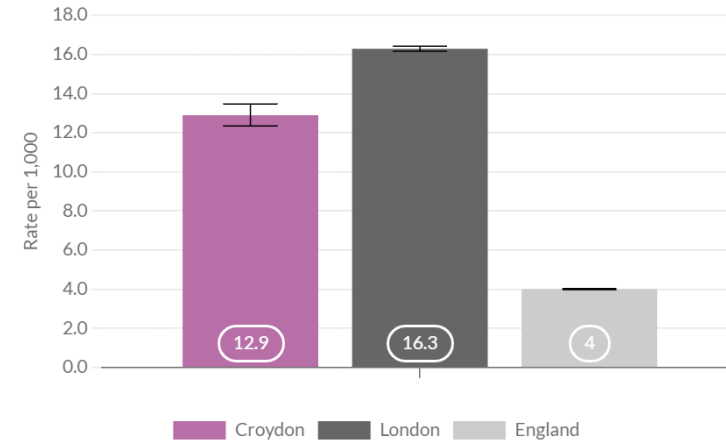
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Households owed a duty under the Homelessness Reduction Act (2021/22)



Source: Office for Health Improvement and Disparities

Households in temporary accommodation (2021/22)

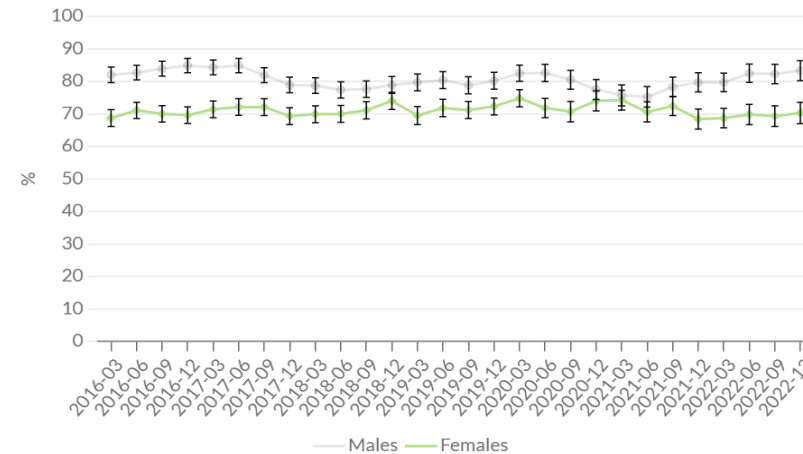


Source: Office for Health Improvement and Disparities

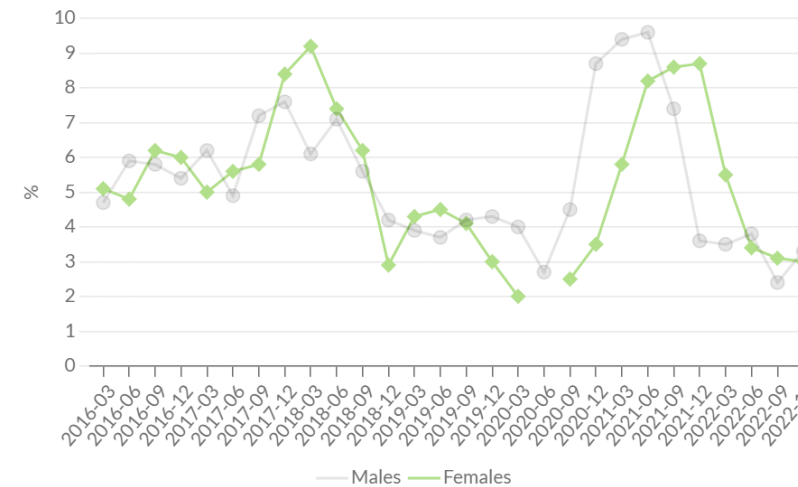
Building blocks of our health and wellbeing: economy and employment

- Croydon is a major economic centre in London and a primary retail, leisure and cultural destination for the South East. It is also a major contributor of labour and skills to the London economy and is recognised in the London Plan as an important strategic location for business activity and transport infrastructure.
- Many factors play a part in the success of a local economy, including natural resources, a workforce with skills, quality of infrastructure, strong linkages with wider economies and successful distribution of wealth.
- In December 2022, overall **employment rate** in Croydon was **76.0%**. During the same time, males and females had a **similar unemployment rate** at around **3%**.
- During the same time, **the most common reasons for economic inactivity** was **family (28.5%)** followed by **being a student (25.8%)** and **long-term sickness (25.5%)**. Around **1 in 7** economically inactive people **wanted a job**.
- In August 2023, **14,630** people over the 16 years claimed out-of-work benefits.
- Universal Credit is a single payment for each household to help with living costs for those on a low income or out of work. In July 2023, a total of **20,171 working-aged men and 29,643 working-aged women** in Croydon claimed **universal credit**.
- For a detailed overview of economy and employment profile in Croydon, please see https://www.croydonobservatory.org/economy-and-employment/#/view-report/9e93e3faae4c449084e459fcd86e88d0/_iaFirstFeature/G3

Employment rate by gender (2016-2022)



Unemployment rate by gender (2016-2022)



Source: Annual Population Survey

Building blocks of our health and wellbeing: education, skills and qualifications

- Education plays a critical role in shaping our health and wellbeing. It significantly influences our access to opportunities, resources and socioeconomic conditions. It empowers us with the knowledge and skills needed to make informed health-related decisions.
- The impact education can have on our health and wellbeing extends beyond individuals, influencing the wellbeing of our families and communities, creating lasting effects across generations.
- According to Census 2021, just over **1 in 5 people** in Croydon (**79,478 people**) were school children or full-time students.
- Census 2021 also included data on the highest level of qualification. Accordingly, just under **1 in 6 people** aged 16 years and over, did not have a qualification. Please see the table below for the highest level of qualification achieved by our population who was 16 or older at the time of Census 2021. Comparisons are available with London and England.
- The next slide in this section covers a snapshot of latest data round school readiness, average attainment 8 scores and GCSE achievement in Croydon pupils. It also provides information on school absence and percentage of 16-year-olds who are Not in Education, Employment or Training (including not known).

Highest level of qualification, aged 16 or over, Census 2021.

Highest level of qualification	Croydon	(%)	London	(%)	England	(%)
No qualifications	49,877	16.1%	1,151,250	16.2%	8,317,789	18.1%
Level 1 and entry level qualifications	28,370	9.1%	545,269	7.7%	4,456,198	9.7%
Level 2 qualifications	38,241	12.3%	707,518	10.0%	6,126,130	13.3%
Apprenticeship	11,786	3.8%	227,622	3.2%	2,446,935	5.3%
Level 3 qualifications	45,535	14.7%	937,875	13.2%	7,784,977	16.9%
Level 4 qualifications and above	127,342	41.0%	3,316,829	46.7%	15,606,458	33.9%
Other qualifications	9,246	3.0%	217,622	3.1%	1,268,468	2.8%
Total: All usual residents aged 16 years and over	310,397	100.0%	7,103,985	100.0%	46,006,955	100.0%

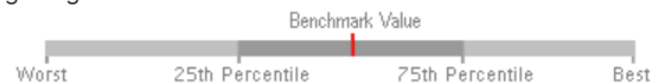
Source: Office of National Statistics

Building blocks of our health and wellbeing: education, skills and qualifications

A summary of Education profile in Croydon.

● Better 95%
 ● Similar
 ● Worse 95%
 ○ Not applicable
 Quintiles: Best ○ ○ ○ ○ ○ Worst ○ Not applicable

Recent trends:
 — Could not be calculated
 ➔ No significant change
 ↑ Increasing & getting worse
 ↑ Increasing & getting better
 ↓ Decreasing & getting worse
 ↓ Decreasing & getting better
 ↑ Increasing
 ↓ Decreasing



Indicator	Period	Recent Trend	Croydon		Region England		England		
			Count	Value	Value	Value	Worst	Range	Best
School readiness: percentage of children achieving a good level of development at the end of Reception	2021/22	➔	3,108	67.4%	67.8%	65.2%	53.1%		83.4%
School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	2021/22	➔	536	56.7%	56.2%	49.1%	35.2%		83.4%
School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1	2021/22	➔	3,461	74.9%	78.2%	75.5%	62.6%		83.4%
School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1	2021/22	➔	866	65.7%	68.7%	62.0%	44.1%		83.4%
Average Attainment 8 score	2021/22	—	214,429	49.6	52.9*	48.7	39.2		83.4%
Average Attainment 8 score of children in care New data	2021/22	—	1,003	22.3	22.0	20.3	9.8		83.4%
GCSE achieved 5A*-C including English & Maths with free school meal status	2014/15	—	260	41.5%	45.8%	33.3%	20.5%		83.4%
Pupil absence	2021/22	↑	1,195,297	7.0%	6.7%	7.6%	9.2%		83.4%
16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known New data	2021/22	↓	471	4.9%	3.4%	4.7%	14.7%		83.4%

Source: Office of Health Improvement and Disparities

Building blocks of our health and wellbeing: built and natural environment

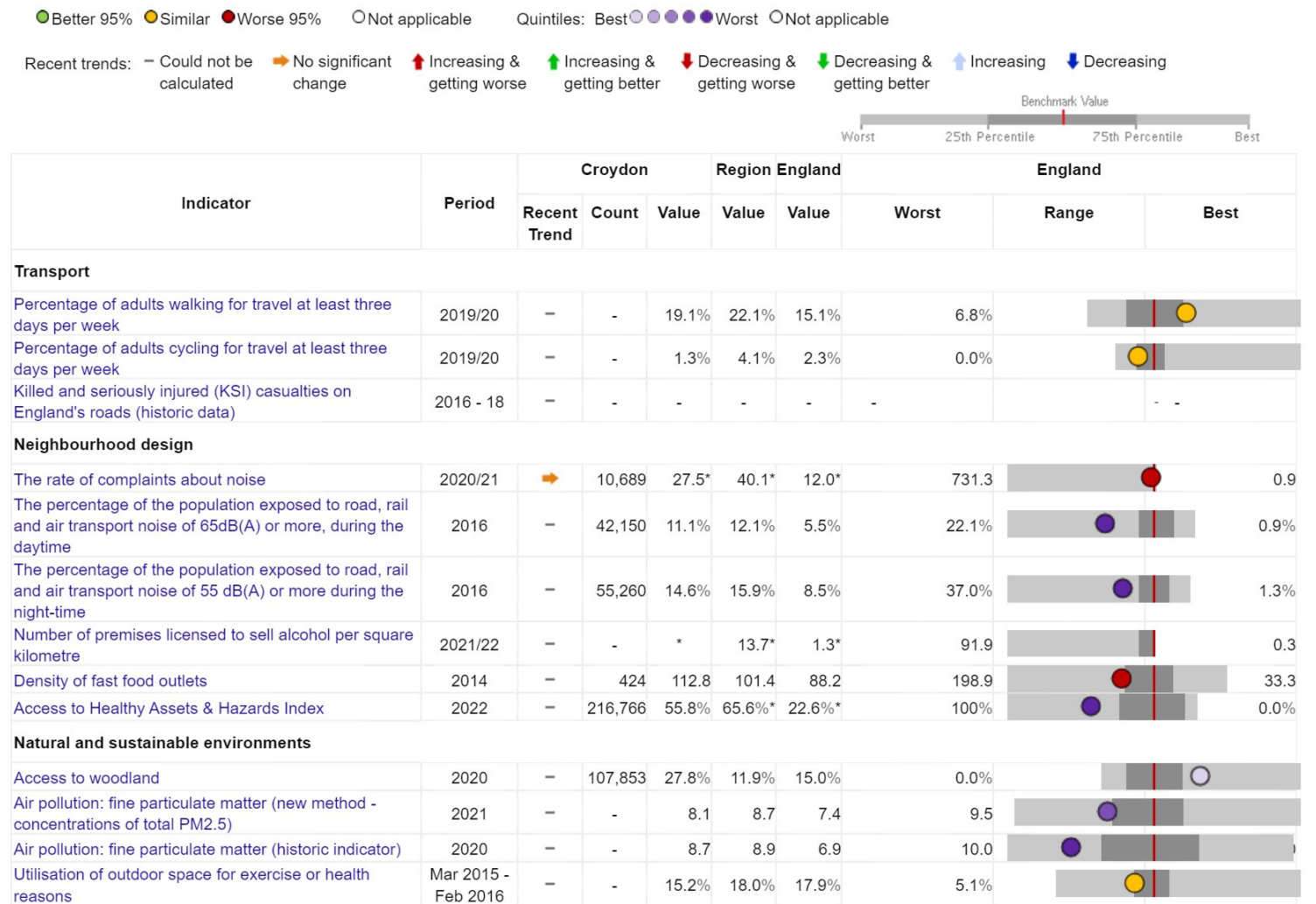
- The places and spaces we live, play, work and socialise play a pivotal role in shaping our physical and mental health and overall wellbeing.

- For example, access high quality green spaces could lower our stress levels, promote social activity and increase our daily physical activity, improving our physical and mental wellbeing. Similarly, safe, clean, healthy and well-connected neighbourhoods could cultivate a sense of belonging, feelings of security and safety, contributing to an overall sense of community and improved mental and emotional wellbeing. Conversely, environments characterised by pollution, noise and limited recreational areas could have adverse impacts on our physical and mental wellbeing. ([GCPH 2013](#))

- The figure on the right-hand side summarises latest available data on Croydon's built natural environments including data on transport, neighbourhood design, and natural and sustainable environments.

- The most recent Environment Report for Croydon can be found at <https://www.croydonobservatory.org/environment/#/view-report/04f70e9e81d54d578c2ccdc0c5456e23/iaFirsFeature/G3>.

Summary data on transport, neighbourhood design, and natural and sustainable environments.



Source: Office of Health Improvement and Disparities

Building blocks of our health and wellbeing: community safety

Community safety

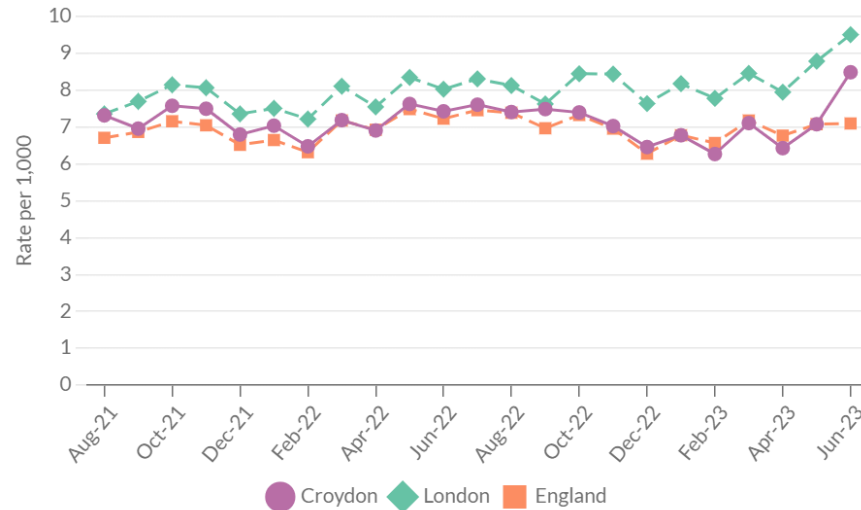
- Community safety plays a crucial role in shaping our health and wellbeing. Experiencing crime or fear of crime can adversely impact our mental and physical health. These impacts could be direct or indirect.
- For example, being a victim of crime could cause direct physical or mental harm, leading to poor health and wellbeing. Among some people, it could also lead to loss of confidence and isolation over time. Fear of crime impacts all of us and could erode our sense of freedom and personal safety, which could harm our health and wellbeing.

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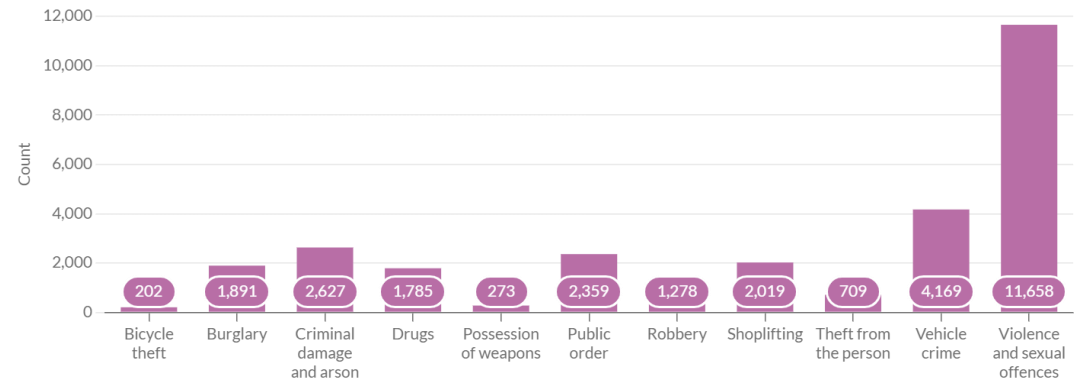
Feeling safe and secure in our environment is an important enabler for behaviours, such as outdoor physical activity or social activities, that contribute positively to our overall health and wellbeing.

- This section summarises key data on community safety. Between July 2022 and June 2023, a total of **33,089** crimes were reported in Croydon. The figures on the right-hand side compares crime rates between Croydon, London and England and provides a breakdown of crimes by type.
- A detailed profile of Croydon’s Crime & Community Safety can be found at <https://www.croydonobservatory.org/crime-and-community-safety/#/view-report/48facb1714aa4261a67cbe7d59bfec28/iaFirstFeature/G3>.

All crime-monthly rates (July 2022-June 2023)



Crime by type (July 2022-June 2023)



Source: data.police.uk

Further information

The links below cover various data and intelligence report included in Croydon's JSNA. The wider JSNA can be accessed at <https://www.croydonobservatory.org/jsna/>.

Population overview

- [Croydon Key Dataset](#)
- [Croydon Borough Profile](#)
- [Estimates of Croydon population](#)
- [Life expectancy in Croydon](#)
- [Estimates of personal wellbeing in Croydon](#)
- [OHID – Public Health Outcomes Framework- summary for Croydon](#)

Population groups

- [Children and Young People with Special Educational Needs and Disabilities](#)
- [Children Looked After Health Needs Assessment](#)
- [Children, young people and families in Croydon](#)
- [Children, young people and families in Croydon \(summary\)](#)
- [Health of Croydon's School-Aged Children](#)
- [OHID-Child and Maternal Health Reports for Croydon](#)
- [OHID- Fingertips Child Weight Profile](#)
- [OHID-Patterns and Trends in Child Obesity](#)

Wider determinants

- [Housing affordability in Croydon](#)
- [OHID-Fingertips Wider Determinants Profile](#)
- [Intelligent London- Education and Learning of young people in Croydon](#)
- [Metropolitan Police-Crime data](#)
- [Mayor's Office for Policing and Crime- Crime and Violence data](#)

Healthy behaviours

- [The Need for Specialist Drug and Alcohol Treatment in Croydon](#)
- [Improving Healthy Behaviours in Adults](#)
- [Sexual and Reproductive Health Needs Assessment](#)
- [Oral Health Needs Assessment](#)
- [OHID-Croydon Sexual Health Profile](#)
- [OHID-Fingertips Child Weight Profile](#)
- [OHID-Patterns and Trends in Child Obesity](#)

Health conditions

- [Croydon Self-Harm and Suicide Prevention Needs Assessment](#)
- [Croydon Pharmaceutical Needs Assessment](#)
- [Croydon Pharmaceutical Needs Assessment- Supplementary Statement](#)
- [Perinatal Mental Health Review](#)
- [Diagnosed Conditions in Croydon GPs](#)
- [Registered suicides in Croydon](#)
- [OHID-Fingertips Mental Health and Wellbeing Profile](#)
- [OHID-Public Mental Health Dashboard](#)

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Equality Analysis Form

1. Introduction

1.1 Purpose of Equality Analysis

The council has an important role in creating a fair society through the services we provide, the people we employ and the money we spend. Equality is integral to everything the council does. We are committed to making Croydon a stronger, fairer borough where no community or individual is held back.

Undertaking an Equality Analysis helps to determine whether a proposed change will have a positive, negative, or no impact on groups that share a protected characteristic. Conclusions drawn from Equality Analyses helps us to better understand the needs of all our communities, enable us to target services and budgets more effectively and also helps us to comply with the Equality Act 2010.

An equality analysis must be completed as early as possible during the planning stages of any proposed change to ensure information gained from the process is incorporated in any decisions made.

In practice, the term '**proposed change**' broadly covers the following:-

- Policies, strategies and plans;
- Projects and programmes;
- Commissioning (including re-commissioning and de-commissioning);
- Service review;
- Budget allocation/analysis;
- Staff restructures (including outsourcing);
- Business transformation programmes;
- Organisational change programmes;
- Processes (for example thresholds, eligibility, entitlements, and access criteria).

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2. Proposed change

Directorate	Assistant Chief Executive
Title of proposed change	Draft Joint Local Health and Wellbeing Strategy (2024-2029)
Name of Officer carrying out Equality Analysis	Shifa Sarica Jack Bedeman

2.1 Purpose of proposed change (see 1.1 above for examples of proposed changes)

Briefly summarise the proposed change and why it is being considered/anticipated outcomes. What is meant to achieve and how is it seeking to achieve this? Please also state if it is an amendment to an existing arrangement or a new proposal.

What is the Joint Local Health and Wellbeing Strategy (JLHWS)?

The Joint Local Health and Wellbeing Strategy (JLHWS) sets out how the Health and Wellbeing Board will work together as a partnership, along with residents, to improve the health and wellbeing of our local communities. It is informed by local needs, as identified in the [Joint Strategic Needs Assessment \(JSNA\)](#), and views of partners and our local communities.

Why are we revising the strategy for 2024-2029?

Croydon's current JLHWS was published in 2019. Since then, the health and wellbeing and the health and care system in Croydon, like many other places, have seen important changes. One of these key changes in the health and care system is the implementation of the Health and Care Act 2022 and the subsequent creation of Integrated Care Systems. Integrated Care Systems are partnerships of organisations that bring together local authorities, NHS organisations and other system partners to plan and deliver joined-up health and care services within a geographical area. Croydon is now a part of the South West London Integrated Care System, which is made up of a total of six local authorities. The other local authorities in South West London Integrated Care System include Kingston, Merton, Richmond, Sutton and Wandsworth.

With the Health and Social Care Act 2022, Croydon's Health and Wellbeing Board continues to be responsible for the creation of Croydon's JLHWS. However, there is now a need to coordinate the JLHWS and the Integrated Care Strategy so that initiatives within Croydon and at the South West London system-level can have the greatest possible positive impact on our health and wellbeing. In addition to these recent reforms in the health and care system, the COVID-19 pandemic has shone a light on existing, and in some cases widening, health inequalities in Croydon. The cost-of-living crisis continues to pose significant challenges not only to the health and social care services but also to our health and wellbeing.

We are committed to keeping our strategy relevant, effective, and responsive to these changes. By reviewing and revising the JLHWS, we want to make sure it stays on track to address the evolving health needs and inequalities in Croydon.

PROPOSED CHANGES:

What is the vision for the draft JLHWS for 2024-2029?

The overall vision of the draft JLHWS is to achieve a Croydon where "everybody is enabled to lead a healthy, happy and fulfilling life, supported by safe, healthy and thriving communities and neighbourhoods'. We will work together and build on our strengths to actively tackle inequalities and improve our health and wellbeing.'

What are the priority areas of focus in the draft JLHWS?

1. Good mental health and wellbeing for all
2. Cost of living: supporting our residents to 'eat, sleep and have heat'
3. Healthy, safe and well-connected neighbourhoods and communities
4. Supporting our children, young people and families
5. Supporting our older population to live healthy, independent and fulfilling lives

What will underpin our actions? What are our guiding principles:

Our actions will be underpinned by the following guiding principles:

- 1- Tackling health inequalities: We will aim to reduce, and where possible prevent, health inequalities. In addition to taking action to improve the health and wellbeing of everybody in Croydon, we will take action to:

- Improve the health of the most disadvantaged groups, and
 - Reduce the gap between the best and the worst off.
- 2- Prevention across the life course: We will take a prevention-first approach to prevent ill health from happening in the first place. We will embed principles of prevention across the life course, ensuring that our residents have the necessary tools and support, especially during key transition stages, to lead healthy and independent lives. We will aim to identify and tackle issues at the earlier possible opportunity to prevent them from getting worse.
 - 3- Integrated partnership working: We will continue to improve integrated partnership working across health and social care at the local level, capitalising on the accomplishments of the One Croydon Alliance. We will actively engage in integrated partnership initiatives throughout South West London. We will endeavour to use our collective resources effectively, efficiently and sustainably, enabling our residents to find the right support, at the right time and at the right place.
 - 4- Community focus and co-production: We are committed to taking a community-centric approach striving to shift more services to community settings, enabling community-led support to improve health and wellbeing. We will work in partnership with our residents and communities, recognising and building on their strengths.
 - 5- Evidence-informed decisions and actions: We will base our strategic decisions and actions, including our commissioning, on the best available evidence. This principle ensures that our actions are effective, efficient, and aligned with the evolving needs of our communities. We will establish clear oversight and monitoring processes to assess the impact of our strategies and actions.

3. Impact of the proposed change

Important Note: It is necessary to determine how each of the protected groups could be impacted by the proposed change. Who benefits and how (and who, therefore doesn't and why?) Summarise any positive impacts or benefits, any negative impacts and any neutral impacts and the evidence you have taken into account to reach this conclusion. Be aware that there may be positive, negative and neutral impacts within each characteristic.


Where an impact is unknown, state so. If there is insufficient information or evidence to reach a decision you will need to gather appropriate quantitative and qualitative information from a range of sources e.g. Croydon Observatory a useful source of information such as Borough Strategies and Plans, Borough and Ward Profiles, Joint Strategic Health Needs Assessments <http://www.croydonobservatory.org/> Other sources include performance monitoring reports, complaints, survey data, audit reports, inspection reports, national research and feedback gained through engagement with service users, voluntary and community organisations and contractors.

3.1 Deciding whether the potential impact is positive or negative

Table 1 – Positive/Negative impact

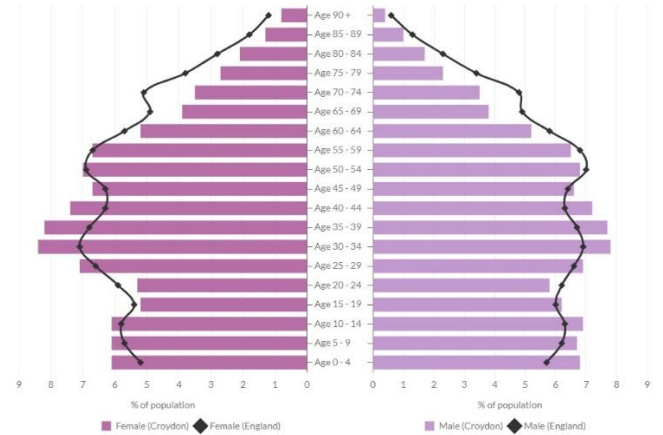
For each protected characteristic group show whether the impact of the proposed change on service users and/or staff is positive or negative by briefly outlining the nature of the impact in the appropriate column. . If it is decided that analysis is not relevant to some groups, this should be recorded and explained. In all circumstances you should list the source of the evidence used to make this judgement where possible.

Protected characteristic group(s)	Positive impact	Negative impact	Source of evidence

<p>Age</p>	<p>One of the guiding principles in the draft strategy is “Prevention across the life course: We will take a prevention-first approach to prevent ill health from happening in the first place. We will embed principles of prevention across the life course, ensuring that our residents have the necessary tools and support, especially during key transition stages, to lead healthy and independent lives. We will aim to identify and tackle issues at the earlier possible opportunity to prevent them from getting worse.” Focusing on the entire life course is anticipated to benefit people of all ages.</p> <p>Actions towards priority 4 (“Supporting our children, young people and families”) will specifically benefit younger ages, while actions towards Priority 5 (“Supporting our older population to live healthy, independent and fulfilling lives”) will benefit older age groups.</p> <p>While there isn’t a specific priority focusing on working-age adults, we expect actions in all priority areas, specifically the following to positively impact this group:</p> <ul style="list-style-type: none"> • Priority 1: Good mental health and wellbeing for all • Priority 2: Supporting residents to ‘sleep, eat and have heat’ • Priority 3: Healthy, safe and well-connected neighbourhoods and communities • Priority 4: Supporting our children, young people and families so that our children and young people can have the best start in life and the opportunities they need to reach their potential. 	<p>There are no negative impacts identified at this time.</p>	<p>Census 2021</p> <ul style="list-style-type: none"> • With a population of 390,719, Croydon is the largest borough in London by population. The figure below shows the population of Croydon, by broad age groups:  <p>The infographic displays the population distribution for Croydon in 2021 across three age groups. The 'Age 0-14' group is represented by 19 purple icons and accounts for 19% of the population. The 'Age 15-64' group is represented by 67 purple icons and accounts for 67% of the population. The 'Age 65+' group is represented by 14 purple icons and accounts for 14% of the population. Each icon is accompanied by a smaller grey icon below it, likely representing a different demographic or gender split within that age group.</p> <table border="1"> <thead> <tr> <th>Age Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Age 0-14</td> <td>19%</td> </tr> <tr> <td>Age 15-64</td> <td>67%</td> </tr> <tr> <td>Age 65+</td> <td>14%</td> </tr> </tbody> </table>	Age Group	Percentage	Age 0-14	19%	Age 15-64	67%	Age 65+	14%
Age Group	Percentage										
Age 0-14	19%										
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Age 65+	14%										

Disability	<p>Actions across all priority areas are anticipated to have positive impacts for people with disability. Some anticipated positive impacts include the following:</p> <ul style="list-style-type: none"> • Improved mental health and wellbeing for all, including a specific focus on people with learning disabilities • Improved general health and wellbeing outcomes in particularly low-income individuals through the specific focus on cost-of-living support • Improved physical, social, mental and emotional health through work on healthy, safe and well-connected neighbourhoods and communities • Improved support for children, young people and families, including those with Special Educational Needs and Disabilities. • Improved health and wellbeing outcomes for older people so they can live healthy, independent and fulfilling lives. Actions in this area will support our older residents to stay physically and mentally well and maintain independence as long as possible. 	There are no negative impacts identified at this time.	<p>Census 2021</p> <ul style="list-style-type: none"> • According to the 2021 Census, 54,825 individuals (15.8% of the population) in Croydon were disabled under the Equality Act. Of these, 31,136 had their day-to-day activities limited a little, and 23,716 had their day-to-day activities limited a lot. • While 72.4% of the households had no people disabled under the Equality Act in the household, 22.1% household had one person disabled under the Equality Act and 5.5% of the households had two or more people disabled in the household under the Equality Act. <table border="1" data-bbox="1391 504 2085 756"> <thead> <tr> <th>Disability status by household</th> <th>Number of households</th> </tr> </thead> <tbody> <tr> <td>No people disabled under the Equality Act in household</td> <td>110,761</td> </tr> <tr> <td>1 person disabled under the Equality Act in household</td> <td>33,725</td> </tr> <tr> <td>2 or more people disabled under the Equality Act in household</td> <td>8,459</td> </tr> </tbody> </table>	Disability status by household	Number of households	No people disabled under the Equality Act in household	110,761	1 person disabled under the Equality Act in household	33,725	2 or more people disabled under the Equality Act in household	8,459
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Sex	<p>Actions across all priority areas are anticipated to have positive impacts for people of all sexes. For example, we anticipate positive impacts through:</p> <ul style="list-style-type: none"> • Improved mental health outcomes in men and women through actions towards draft priority 1. Good mental health and wellbeing for all and draft priority 4. Supporting our children, young people and families • Prevention of domestic violence and violence against women, through actions towards draft priority 3: 	There are no negative impacts identified at this time.	<p>Census 2021</p> <ul style="list-style-type: none"> • Croydon's population is 51.9% female and 48.1% male (2021). • For age groups younger than 20, there is a slightly higher proportion of males than females. However, there is slightly a higher proportion of females than males in working-age and older age groups. A population pyramid showing percentage of population by 5-year age groups is provided below. 								

healthy, safe and well-connected neighbourhoods and communities.



Gender Reassignment

Actions across all priority areas are anticipated to have positive impacts for all people. Specifically, the guiding principle ‘tackling health inequalities’ refers to building on the commitments in Croydon’s Equality Strategy and promoting the adoption of the borough-wide Equalities Pledge to positively to positively promote the equality of opportunity for individuals of all characteristics, with a specific focus on underserved groups such as minoritised ethnic groups, **LGBTQ+ communities**, refugees, asylum seekers, homeless people, and people with disabilities including those with communication impairments.

There are no negative impacts identified at this time.

Census 2021:

- In 2021, about 2,765 people in Croydon identified as a gender different from their sex registered at birth. A detailed breakdown is provided below.

Gender identity	Percentage (%)	Number of people
Gender identity the same as sex registered at birth	91.60	284,319
Gender identity different from sex registered at birth but no specific identity given	0.46	1,420
Trans woman	0.17	515
Trans man	0.18	558
Non-binary	0.05	165
All other gender identities	0.03	107
Not answered	7.51	23,314

Marriage or Civil Partnership

Individuals of all marriage or civil partnership status are likely to be positively impacted by the strategy. Specifically, positive impacts are expected on individuals and families with children as part of actions towards strategic priority 4 ‘Supporting our children, young people and families’. Actions in this area will

There are no negative impacts identified at this time.

Census 2021:

- In 2021, Around 43% of Croydon residents were never married and never registered in a civil partnership, while around 42% were married or registered in a civil partnership. A detailed breakdown of legal partnership status is provided in the table below.

	aim to support parents, carers and families in their communities, addressing both health and social care needs.		<table border="1"> <thead> <tr> <th>Legal partnership status</th> <th>Number of people</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Never married and never registered a civil partnership</td> <td>133,181</td> <td>42.9</td> </tr> <tr> <td>Married or in a registered civil partnership</td> <td>129,228</td> <td>41.6</td> </tr> <tr> <td>Separated, but still legally married or still legally in a civil partnership</td> <td>8,242</td> <td>2.7</td> </tr> <tr> <td>Divorced or civil partnership dissolved</td> <td>25,175</td> <td>8.1</td> </tr> <tr> <td>Widowed or surviving civil partnership partner</td> <td>14,572</td> <td>4.7</td> </tr> </tbody> </table>	Legal partnership status	Number of people	Percentage (%)	Never married and never registered a civil partnership	133,181	42.9	Married or in a registered civil partnership	129,228	41.6	Separated, but still legally married or still legally in a civil partnership	8,242	2.7	Divorced or civil partnership dissolved	25,175	8.1	Widowed or surviving civil partnership partner	14,572	4.7						
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Religion or belief	Individuals of any religion or belief are likely to be positively impacted by the strategy. Any action and implementation plans resulting from the strategy will aim to promote equality, including among people of all religion and beliefs. The strategy commits to have a community focus, co-producing actions. This will include considering the thoughts, wishes and needs of people of all religions or beliefs in Croydon.	There are no negative impacts identified at this time.	<p>Census 2021:</p> <ul style="list-style-type: none"> Around 49% of Croydon residents stated that they were Christian and 26% stated they had no religion. 7% did not state their religion. <table border="1"> <thead> <tr> <th>Religion</th> <th>Number of people</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>190,880</td> <td>48.9</td> </tr> <tr> <td>Buddhist</td> <td>2,371</td> <td>0.6</td> </tr> <tr> <td>Hindu</td> <td>23,145</td> <td>5.9</td> </tr> <tr> <td>Jewish</td> <td>609</td> <td>0.2</td> </tr> <tr> <td>Muslim</td> <td>40,717</td> <td>10.4</td> </tr> <tr> <td>Sikh</td> <td>1,654</td> <td>0.4</td> </tr> <tr> <td>Other religion</td> <td>3,189</td> <td>0.8</td> </tr> </tbody> </table>	Religion	Number of people	Percentage (%)	Christian	190,880	48.9	Buddhist	2,371	0.6	Hindu	23,145	5.9	Jewish	609	0.2	Muslim	40,717	10.4	Sikh	1,654	0.4	Other religion	3,189	0.8
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Race	<p>The strategy puts a large emphasis on tackling health inequalities through improving the health of the most disadvantaged groups and reducing the gap between the best and the worst off. It also commits to taking a community centric approach, enabling community-led support to improve health and wellbeing. Guided by these principles, actions across all priority areas are anticipated to have positive impacts for all people.</p> <p>We anticipate positive impacts on our Global Majority groups through:</p>	There are no negative impacts identified at this time.	<p>Census 2021:</p> <ul style="list-style-type: none"> Around 52% of Croydon's population come from Global Majority groups. <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Number of people</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Asian, Asian British or Asian Welsh</td> <td>68,487</td> <td></td> </tr> <tr> <td>Black, Black British, Black Welsh, Caribbean or African</td> <td>88,441</td> <td></td> </tr> <tr> <td>Mixed or Multiple ethnic groups</td> <td>29,745</td> <td></td> </tr> <tr> <td>White</td> <td>188,985</td> <td></td> </tr> <tr> <td>Other ethnic group</td> <td>15,066</td> <td></td> </tr> </tbody> </table>	Ethnicity	Number of people	Percentage (%)	Asian, Asian British or Asian Welsh	68,487		Black, Black British, Black Welsh, Caribbean or African	88,441		Mixed or Multiple ethnic groups	29,745		White	188,985		Other ethnic group	15,066							
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	<ul style="list-style-type: none"> Promoting culturally competent health and care services Establishing the use of an anti-racism framework Targeted activities to improve the health and wellbeing outcomes of our Global Majority population. 		<ul style="list-style-type: none"> Around 5 in 6 (84%) of people speak English as their main language. After English, South Asian (4.8%) languages, Other European (EU) language (4.7%), Portuguese (1.3%), Spanish (1.0%) and East Asian (0.8%) are the most common main languages. <table border="1" data-bbox="1391 336 2132 743"> <thead> <tr> <th>Household language</th> <th>Count</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>All adults in household have English in England as a main language</td> <td>122,932</td> <td>80.4</td> </tr> <tr> <td>At least one but not all adults in household have English as a main language</td> <td>12,189</td> <td>8.0</td> </tr> <tr> <td>No adults in household, but at least one person aged 3 to 15 years, has English as a main language</td> <td>4,453</td> <td>2.9</td> </tr> <tr> <td>No people in household have English in England as a main language</td> <td>13,372</td> <td>8.7</td> </tr> </tbody> </table>	Household language	Count	Percentage (%)	All adults in household have English in England as a main language	122,932	80.4	At least one but not all adults in household have English as a main language	12,189	8.0	No adults in household, but at least one person aged 3 to 15 years, has English as a main language	4,453	2.9	No people in household have English in England as a main language	13,372	8.7												
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Sexual Orientation	<p>The overall vision of the draft JLHWS is to achieve a Croydon where “everybody is enabled to lead a healthy, happy and fulfilling life, supported by safe, healthy and thriving communities and neighbourhoods. We will work together and build on our strengths to actively tackle inequalities and improve our health and wellbeing.’</p> <p>Actions across all priority areas are anticipated to have positive impacts for all people, regardless of their sexual orientation. We anticipate specific mental health benefits to our LGBTQ+ population through targeted actions focusing on draft Priority 1. Good mental health and wellbeing for all.</p>	There are no negative impacts identified at this time.	<p><u>Census 2021:</u></p> <ul style="list-style-type: none"> According to the Census 2021, in March 2021, 3.1% of Croydon’s population, around 9,520 individuals, identified as lesbian, gay, bisexual and other non-straight identities including, pansexual, asexual, queer and other. A detailed breakdown of sexual orientation is provided below. <table border="1" data-bbox="1391 1086 2000 1489"> <thead> <tr> <th>Sexual orientation</th> <th>Number of people</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Straight or Heterosexual</td> <td>272,523</td> <td>87.80</td> </tr> <tr> <td>Gay or Lesbian</td> <td>4,696</td> <td>1.51</td> </tr> <tr> <td>Bisexual</td> <td>3,661</td> <td>1.18</td> </tr> <tr> <td>Pansexual</td> <td>855</td> <td>0.28</td> </tr> <tr> <td>Asexual</td> <td>123</td> <td>0.04</td> </tr> <tr> <td>Queer</td> <td>97</td> <td>0.03</td> </tr> <tr> <td>All other sexual orientations</td> <td>98</td> <td>0.03</td> </tr> <tr> <td>Not answered</td> <td>28,344</td> <td>9.13</td> </tr> </tbody> </table>	Sexual orientation	Number of people	Percentage (%)	Straight or Heterosexual	272,523	87.80	Gay or Lesbian	4,696	1.51	Bisexual	3,661	1.18	Pansexual	855	0.28	Asexual	123	0.04	Queer	97	0.03	All other sexual orientations	98	0.03	Not answered	28,344	9.13
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			<p><u>LGBTQI+ Youth and Mental Health: A Systematic Review of Qualitative Research</u></p> <ul style="list-style-type: none"> • One in three lesbian, gay, bisexual, transgender, and queer (LGBTQ+) young people within the UK experience mental health difficulties, compared to one in eight young people within the general population
Pregnancy or Maternity	<p>The overall vision of the draft JLHWS is to achieve a Croydon where “everybody is enabled to lead a healthy, happy and fulfilling life, supported by safe, healthy and thriving communities and neighbourhoods. We will work together and build on our strengths to actively tackle inequalities and improve our health and wellbeing.’</p> <p>Actions across all priority areas are anticipated to have positive impacts for all people. Specifically, actions towards draft priority 4. Supporting our children, young people and families are anticipated to have positive impacts on pregnant individuals. Some positive outcomes include:</p> <ul style="list-style-type: none"> • Providing targeted interventions to high risk pregnant individuals, such as interventions aimed at: <ul style="list-style-type: none"> • Helping individuals to stop smoking during pregnancy • Helping pregnant individuals to access healthy food and supplements during pregnancy • Improving New Birth Visit rates • Improving parental mental health 	There are no negative impacts identified at this time.	<p><u>Children, young people and families in Croydon rapid needs assessment</u></p> <ul style="list-style-type: none"> • The total number of births born to mothers resident in Croydon has been decreasing since 2016. In 2021, there were 5,001 live births, down from over 5,252 in 2020. • 44.7% of deliveries were to mothers from Black, Asian and Minority ethnic groups. • Under 16s conception rate in Croydon has been relatively stable in the recent years. In 2020, this rate was 1.7 per 1,000 which was similar to that in the wider London region and in England. • Under 18s conception rate in Croydon has been decreasing in the recent years. In 2020, the rate was 11.3 per 1,000, a rate similar to that in the wider London region and that in England. • The rate of births to teenage mothers have been relatively stable in Croydon. In 2021/22, 0.6% of all live births were to teenage mothers. • The percentage of mothers smoking at the time of delivery has been decreasing in Croydon. In 2021/22, there were a total of 210 (5.5%) mothers reported to have been smoking at the time of delivery. This rate is higher than that in London (4.5%) but lower than that in England (9.1%). • Latest data (2018/19) showed that Croydon rates of folic acid supplements before pregnancy (25.3%) and early access to maternity care (38.4%) were lower than that in the London region (28.5% and 47.8%, respectively). • During the same period (2018/19), 23.2% of women were reported to have obesity in early

			<p>pregnancy. This was worse than the overall London value (17.8%) but similar to that in England (22.1%).</p> <ul style="list-style-type: none">• Trends in low and very low birth weight of all babies, and low birth weight of term babies have been relatively steady in recent years. In 2020, 8.7% of all babies at low birth weight and 1.3% had very low birth rate. In the same year, 3.7% of all term babies had low birthweight. These figures have been generally similar to those in the wider London region except for low birth weight of all babies which is worse than that in London (8.7%vs 7.5%).• During 2019-21, 85 stillbirths were reported in Croydon, equating to a rate of 5.4 per 1,000 births. This rate was higher than that in the London region (4.3 per 1,000) and England (3.9 per 1,000).• In 2021/22, Baby First Feed was breast milk for 84.8% of babies in Croydon. This is lower than the London region average (87.7%), but higher than England average (71.7%).• 85.8% of New Birth Visits were completed within 14 days by a health visitor. This was lower than that in the London region (87.8%) but higher than that in England (82.6%).• The mental health of parents can have an impact on the current and future health and wellbeing of their children and shape their social and educational outcomes. National surveys and international meta-analyses suggest that up to 20% of women and 10% of men are estimated to have a mental illness during pregnancy and the year after birth. This would mean that up to 1,000 pregnant mothers and 500 fathers would have been expected to be affected by mental illness sometime during the perinatal period in Croydon in 2021.• ONS Census 2021 identified a total of 152,947 households in Croydon, of which just over a third (51,709, 33.8%) were household types with
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			dependent children. Of the households with dependent children, 29% were lone parent, single family households
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Important note: You must act to eliminate any potential negative impact which, if it occurred would breach the Equality Act 2010. In some situations this could mean abandoning your proposed change as you may not be able to take action to mitigate all negative impacts.

When you act to reduce any negative impact or maximise any positive impact, you must ensure that this does not create a negative impact on service users and/or staff belonging to groups that share protected characteristics. **Please use table 4 to record actions that will be taken to remove or minimise any potential negative impact**

3.2 Additional information needed to determine impact of proposed change

Table 2 – Additional information needed to determine impact of proposed change

If you need to undertake further research and data gathering to help determine the likely impact of the proposed change, outline the information needed in this table. Please use the table below to describe any consultation with stakeholders and summarise how it has influenced the proposed change. Please attach evidence or provide link to appropriate data or reports:		
Additional information needed and or Consultation Findings	Information source	Date for completion

For guidance and support with consultation and engagement visit <https://intranet.croydon.gov.uk/working-croydon/communications/consultation-and-engagement/starting-engagement-or-consultation>

3.3 Impact scores

Example

If we are going to reduce parking provision in a particular location, officers will need to assess the equality impact as follows;

1. Determine the Likelihood of impact. You can do this by using the key in table 5 as a guide, for the purpose of this example, the likelihood of impact score is 2 (likely to impact)
2. Determine the Severity of impact. You can do this by using the key in table 5 as a guide, for the purpose of this example, the Severity of impact score is also 2 (likely to impact)
3. Calculate the equality impact score using table 4 below and the formula **Likelihood x Severity** and record it in table 5, for the purpose of this example - **Likelihood (2) x Severity (2) = 4**

Table 4 – Equality Impact Score

Severity of Impact	3	3	6	9
	2	2	4	6
	1	1	2	3
		1	2	3
	Likelihood of Impact			

Key

Risk Index	Risk Magnitude
6 – 9	High
3 – 5	Medium
1 – 3	Low

Equality Analysis

Table 3 – Impact scores

Column 1	Column 2	Column 3	Column 4
PROTECTED GROUP	LIKELIHOOD OF IMPACT SCORE	SEVERITY OF IMPACT SCORE	EQUALITY IMPACT SCORE
	<p>Use the key below to score the likelihood of the proposed change impacting each of the protected groups, by inserting either 1, 2, or 3 against each protected group.</p> <p>1 = Unlikely to impact 2 = Likely to impact 3 = Certain to impact</p>	<p>Use the key below to score the severity of impact of the proposed change on each of the protected groups, by inserting either 1, 2, or 3 against each protected group.</p> <p>1 = Unlikely to impact 2 = Likely to impact 3 = Certain to impact</p>	<p>Calculate the equality impact score for each protected group by multiplying scores in column 2 by scores in column 3. Enter the results below against each protected group.</p> <p>Equality impact score = likelihood of impact score x severity of impact score.</p>
Age	3	1	3
Disability	3	1	3
Sex	3	1	3
Gender reassignment	3	1	3
Marriage / Civil Partnership	3	1	3
Race	3	1	3
Religion or belief	3	1	3
Sexual Orientation	3	1	3
Pregnancy or Maternity	3	1	3

Equality Analysis

4. Statutory duties

4.1 Public Sector Duties

Tick the relevant box(es) to indicate whether the proposed change will adversely impact the Council's ability to meet any of the Public Sector Duties in the Equality Act 2010 set out below.

Advancing equality of opportunity between people who belong to protected groups

Eliminating unlawful discrimination, harassment and victimisation

Fostering good relations between people who belong to protected characteristic groups

Important note: If the proposed change adversely impacts the Council's ability to meet any of the Public Sector Duties set out above, mitigating actions must be outlined in the Action Plan in section 5 below.

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5. Action Plan to mitigate negative impacts of proposed change

Important note: Describe what alternatives have been considered and/or what actions will be taken to remove or minimise any potential negative impact identified in Table 1. Attach evidence or provide link to appropriate data, reports, etc:

Table 4 – Action Plan to mitigate negative impacts

Complete this table to show any negative impacts identified for service users and/or staff from protected groups, and planned actions mitigate them.				
Protected characteristic	Negative impact	Mitigating action(s)	Action owner	Date for completion
Disability				
Race				
Sex (gender)				
Gender reassignment		N/A		
Sexual orientation				
Age				
Religion or belief				
Pregnancy or maternity				

Equality Analysis

Marriage/civil partnership		
6. Decision on the proposed change		
Based on the information outlined in this Equality Analysis enter X in column 3 (Conclusion) alongside the relevant statement to show your conclusion.		
Decision	Definition	Conclusion - Mark 'X' below
No major change	<p>Our analysis demonstrates that the policy is robust. The evidence shows no potential for discrimination and we have taken all opportunities to advance equality and foster good relations, subject to continuing monitoring and review. If you reach this conclusion, state your reasons and briefly outline the evidence used to support your decision.</p> <p>The vision, guiding principles and priorities identified in the draft strategy aim to advance equality and foster good relations. At present, no negative impacts have been identified. This will be reviewed prior to finalising the strategy.</p>	x
Adjust the proposed change	We will take steps to lessen the impact of the proposed change should it adversely impact the Council's ability to meet any of the Public Sector Duties set out under section 4 above, remove barriers or better promote equality. We are going to take action to ensure these opportunities are realised. If you reach this conclusion, you must outline the actions you will take in Action Plan in section 5 of the Equality Analysis form	
Continue the proposed change	We will adopt or continue with the change, despite potential for adverse impact or opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through the change. However, we are not planning to implement them as we are satisfied that our project will not lead to unlawful discrimination and there are justifiable reasons to continue as planned. If you reach this conclusion, you should clearly set out the justifications for doing this and it must be in line with the duty to have due regard and how you reached this decision.	
Stop or amend the proposed change	Our change would have adverse effects on one or more protected groups that are not justified and cannot be mitigated. Our proposed change must be stopped or amended.	
Will this decision be considered at a scheduled meeting? e.g. Contracts and Commissioning Board (CCB) / Cabinet		Meeting title: Health and Wellbeing Board Date: 25 January 2024

Equality Analysis

7. Sign-Off

Officers that must approve this decision		
Equalities Lead	Name: Denise McCausland Position: Equality Programme Manager	Date: 9 January 2024
Director	Name: Andrea Fallon Position: Interim Consultant in Public Health (&Acting Director of Public Health)	Date: 29.12.2023

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