Improving Healthy Behaviours in Adults

Croydon Council Public Health Team

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Note on data cut off period

The data in this chapter was the most recent published data as at July 2019. Readers should note that more up-to-date data may have been subsequently published, and are advised to refer to the source shown under figures or listed in the appendices for the chapter for the latest information

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Executive Summary

Smoking, obesity, physical inactivity and excessive alcohol consumption are responsible for around 30% of the disease burden (1) and are associated with the major causes of morbidity and mortality.

These behaviours are influenced by a complex interaction between a person's social, economic and environmental circumstances such as education, housing, employment and social connections.

Action to understand and address these behaviours is therefore a key priority in the prevention of ill health. This requires a collaborative system-wide approach.

This needs assessment focuses on adults who have one or more of the following unhealthy behaviours:

- Tobacco smoking
- Excessive alcohol intake (above recommended levels but not dependent)
- Insufficient levels of activity (below recommended levels)
- Poor diet (less than recommended levels of fruit and vegetable consumption)

It sets out the local and national context, followed by an analysis of local need in relation to these behaviours. We particularly highlight the key priority groups that may have higher needs than those of the general population. We provide an overview of the current service provision to meet this need, alongside a summary of how well the current service provision in Croydon is meeting local needs.

This is followed by an overview of the evidence base as to what successfully addresses unhealthy behaviours in the population. We conclude with an analysis of the likely unmet need and how this can be addressed based on the evidence in the context of local and national policy drivers.

Need in the population

Estimates indicate that 30% of adults in Croydon are engaged in 3 or 4 unhealthy behaviours. Whilst rates of tobacco smoking have reduced, there are still approximately 33,000 adult smokers. 20% of adults exceed over the recommended level of alcohol consumption, 23% of adults are physically inactive and 63% of adults are overweight or obese.

These behaviours are unequally distributed in the population. They disproportionately impact on particular groups such as those living in deprived areas, with mental ill-health and with existing long term conditions.

Summary of key recommendations

Recommendations in this needs assessment have been drawn from the evidence base and stakeholder feedback.

1. Scope of this needs assessment

This needs assessment is a chapter of Croydon's Joint Strategic Needs Assessment and is concerned with behavioural risk factors among people aged over 16 in Croydon. This includes the following behaviours: Smoking (including exposure to second hand smoke); unhealthy diet; physical inactivity and drinking alcohol at harmful levels without dependency.

Developing healthy behaviours among children and young people is not covered in this chapter.

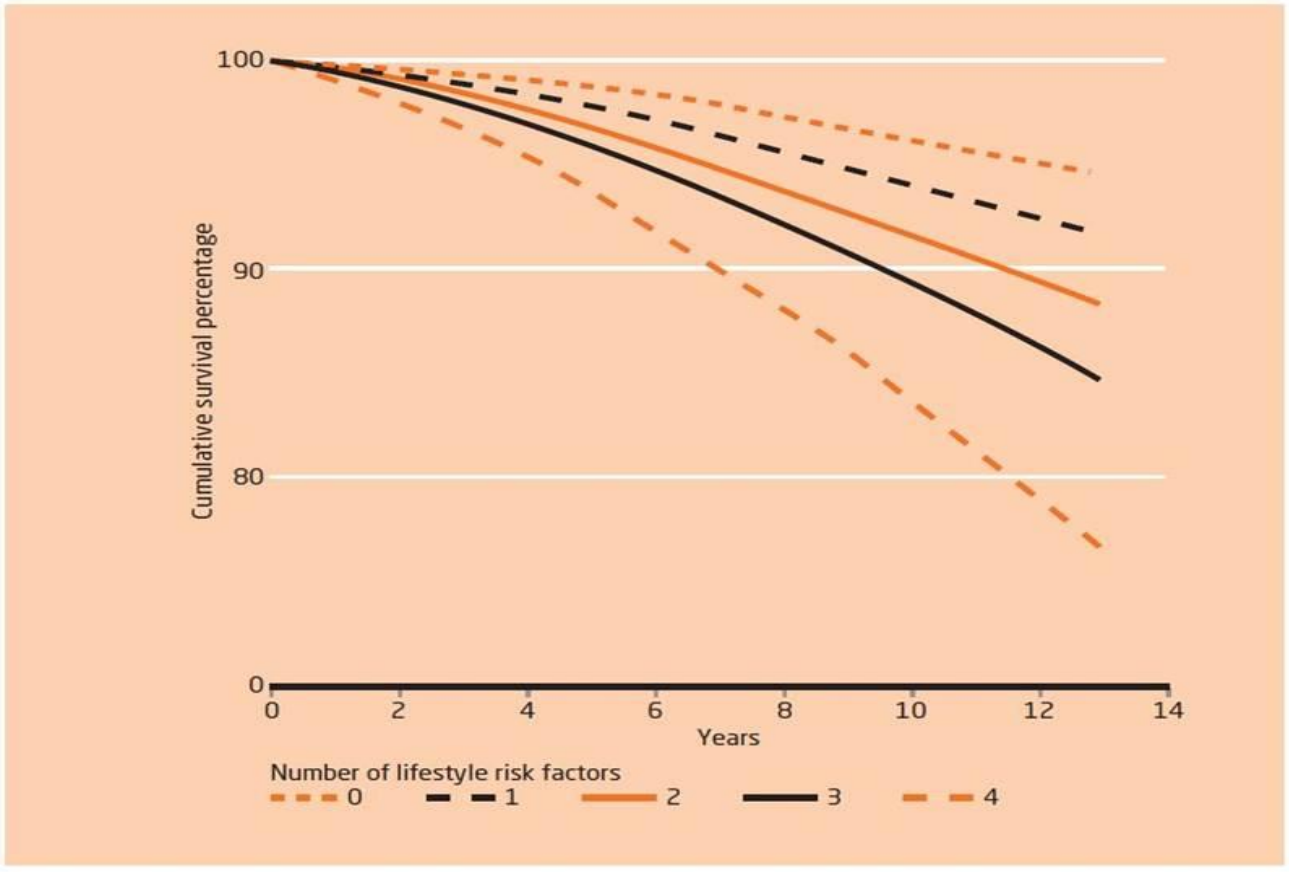
Mental Health and wellbeing is addressed in the Mental Health JSNA chapter available here: Mental Health JSNA 2012-2013.

Drug and alcohol dependency is out of the scope of this needs assessment and will be covered in a substance misuse needs assessment which will be published in 2019.

2. Introduction

Lifestyle risk factors such as whether someone smokes, how much alcohol they drink, what they eat and whether they take regular exercise negatively impact on the number of years a person lives and the number of those years lived in good health. These behaviours account for 30% of population health outcomes. They are largely determined by socio-economic factors and the physical environment in which we live, with people in more deprived areas more likely to engage in one or more risky behaviour. In 2002, the World Health Organisation identified that in the most industrialised countries, alcohol and smoking, low consumption of fruit and vegetables and lack of physical activity were associated with 29% of the disease burden, estimated by disability-adjusted life years (DALYs) lost (1). These behaviours are also linked to hypertension, high cholesterol, obesity and being overweight, each of which increase the risk of heart disease, diabetes and cancer. Close to half of the burden of illness in developed countries is associated with the four main unhealthy behaviours (1).

In England around a quarter of people are engaged in three or four lifestyle risk behaviours, while only 6% engage in none of them. 66% of the adult population are not meeting recommended minimum levels of activity; 70% do not consume the recommended amount of fruit and vegetables; 26% are obese; 21% smoke; and 27% of men and 18% of women drink more than recommended safe limits of alcohol (2). These factors are likely to interact with one another to further increase the risk of premature death as shown in figure 1 (2).



Source: Adapted from Khaw *et al* (2008)

Figure 1: The relationship between multiple lifestyle risks and mortality

Lifestyle risk factors are unequally distributed in the population. They are associated with wider social determinants of health. For example, people with learning disabilities are more likely to have poorer health

due to factors such as poverty, poor housing conditions, unemployment, social isolation and overt discrimination (2). These factors all contribute to poorer health, shorter lives and increased health inequalities among those in greatest need. In order to address wider determinants that will support behaviour change, organisations across different sectors must coordinate efforts to address multiple lifestyle risk factors.

Figure 2 shows the causal relationship between different factors, and how they can have both positive and negative influences on people's lives, and also undermine health and wellbeing, both for individuals and communities.

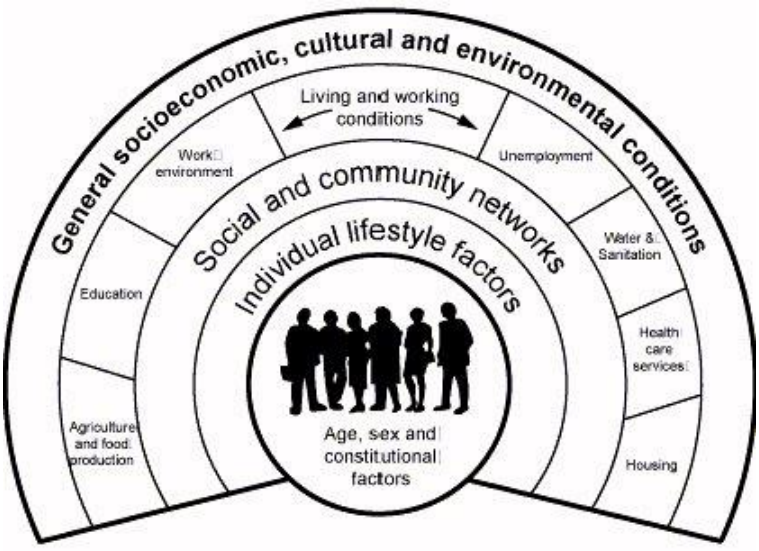


Figure 2: Wider Determinants of Health

Within Croydon, 10,261 residents live in areas that are amongst the 10% most deprived in the whole country (3). 17% of older people (over 60) are in poverty compared to 16.2% in England (4). Figure 3 illustrates deprivation across the borough with the darker colours demonstrating the most deprived areas. Deprivation is a wider determinant linked to physical inactivity, excessive alcohol consumption, poor diet and smoking.

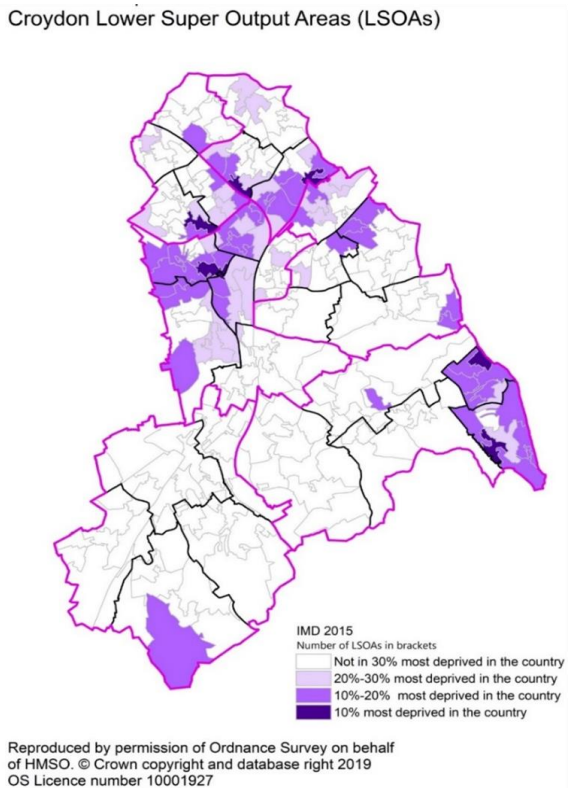


Figure 3: Indices of Deprivation 2015

3.1 Context

The health and social care system is in a period of major transformation, in part to respond to the increase in demand for services and also to manage the reduction in public sector funding. National and local policy is increasingly focused on how the health and care system can work in one integrated approach to provide the services required to meet the needs of local population, address the risk factors for poor health and tackle health inequalities. Despite the increased focus on prevention, funding and resource constraints have made it challenging to shift resources upstream whilst meeting present demand for services.

Croydon Council has clearly demonstrated commitment to prevention and integration. The operating model for the council places a focus on identifying issues early and targeting support to promote independence; evidence lead service and policy design; providing services near where people live; engaging with residents and collaborating with our systems partners.

In the NHS, the long term plan also has an increased focus on prevention. It references the importance of tackling lifestyle issues including obesity and smoking, focusing on those individuals with long-term conditions or those at risk of developing them. Transformation of the NHS is leading to the development of integrated care networks, with multiple professionals working together in localities to provide holistic, integrated packages of care. GP practices will also come together in networks to support populations of 30,000-50,000 and will have increased responsibilities for prevention.

Health and care systems are increasingly utilising population analytics and risk stratification methodology to effectively target at risk population groups and a move towards linking health and care data at patient level. This will enable us to better understand health behaviours and associated socio-economic risk factors to support the targeting of interventions.

These developments in the health and care sector present an opportunity to review how our healthy lifestyle offer aligns with these changes. We must engage all key partners in the development and embedding of pathways to provide wrap around support that includes a healthy lifestyles offer.

3.2 Who is at Risk and Why?

Table 1 shows a summary of the priority groups in Croydon for each risk factor, further detail is provided in each of the areas in section 4. Priority groups are defined as those groups for whom evidence nationally and/or locally shows a significant increased risk of prevalence or harm in relation to these behaviours. These are further subdivided in each section.

In order to understand who is at risk and why, it is important to understand the root causes and determinants of population health as highlighted in Dahlgren and Whitehead's model in section 2.

Table 1: Priority groups in Croydon for each risk factor

	Smoking	Excessive Alcohol intake	Insufficiently Active	Poor diet
People living in deprived areas	✓	✓	✓	✓
Routine and manual workers and people on lower social grades	✓	✓	✓	✓

Pregnant women	✓	✓		✓
People with mental health issues	✓	✓		✓
Black, Asian and minority ethnic groups (BAME).			✓	✓
Special Education Needs and Disability (SEND)			✓	✓
Lesbian, Gay, Bi-sexual, Transgender (LGBT)	✓	✓	✓	✓
Physical disability			✓	✓
Hospital patients and people with long term conditions	✓	✓	✓	✓
People who have had adverse childhood experiences	✓	✓	✓	✓
Older adults	✓	✓	✓	✓

4. Need in the Croydon Population

4.1 Multiple Lifestyle Risks

There is a paucity of robust data demonstrating which Croydon residents have multiple unhealthy risk factors. Smoking status and BMI measurements above 30 are recorded by GPs as part of the GP Quality Outcomes Framework (QOF). Similarly the Audit C score is recorded at point of registration, although this may not be updated regularly. Physical inactivity is not routinely recorded by primary care practitioners.

Synthetic estimates suggest that approximately 90,000 adults in Croydon are engaging in 3 or 4 risk behaviours. This represents 30% of all residents aged ≥16. Just under 180,000 Croydon residents (60%) are likely to be engaging in 1 or 2 risky lifestyle behaviours (2).

Based on data from Croydon's healthy lifestyle service (Live Well), between April 2018-March 2019, 1459 individuals completed a Health MOT asking about 5 health behaviours, providing some indication of the profile of behaviours amount people seeking support:

- 37.1% were smokers
- 69.5% had a Body Mass Index of 25 or higher
- 84% consume less than 5 portions of fruit and vegetables daily
- 84.4% do less than 150 minutes of physical activity per week
- 34.3% scored 5+ on an AUDIT-C alcohol test

Of those completing the questionnaire:

- 1.8% had 0 of the 5 risky health behaviours
- 5.1% had 1 of the 5 risky health behaviours
- 18% had 2 of the 5 risky health behaviours

- 40.5% had 3 of the 5 risky health behaviours
- 26.5% had 4 of the 5 risky health behaviours
- 8.2% had all 5 of the risky health behaviours

The predominant age range for those completing the Health MOT was 45-54 years at 22.3%, followed by 35-44 years at 19.7%. 51.4% of those completing the questionnaire were White British and 11.5% were Black or Black British – Caribbean. 70.4% of the respondents were female and 28.7% were male, 0.7% did not disclose.

4.2 Tobacco

Smoking is the primary cause of preventable illness and premature death. Smoking harms nearly every organ of the body, reducing both quality of life and life expectancy. It greatly increases the risk of cancer, cardiovascular disease and respiratory disease. Smoking is particularly harmful during pregnancy as it exposes the baby to harmful chemicals which can limit the supply of oxygen and the delivery of nutrients. Smoking during pregnancy has also been linked with many health problems such as premature birth and reduction in birth weight.

4.2.1 Prevalence

According the Annual Population Survey, there are approximately 32,976 smokers over 18 living in Croydon (5). The estimated smoking prevalence among adults (18+) in Croydon from the Annual Population Survey is 11.4%, comparable to rates across London (13.9%) and England (14.4%) (5). The estimated smoking prevalence of adults (15+) registered with Croydon GPs from the NHS Quality Outcomes Framework is 16.7%, lower than the rate in both London (16.8%) and England (17.2%) (5).

Whichever measure of smoking prevalence is used, the rates in Croydon have been steadily declining in line with England over the last 5 years. Figure 4 uses data from the Annual Population Survey and shows that over the last 5 years smoking rates are declining within Croydon faster than in London and England (5).

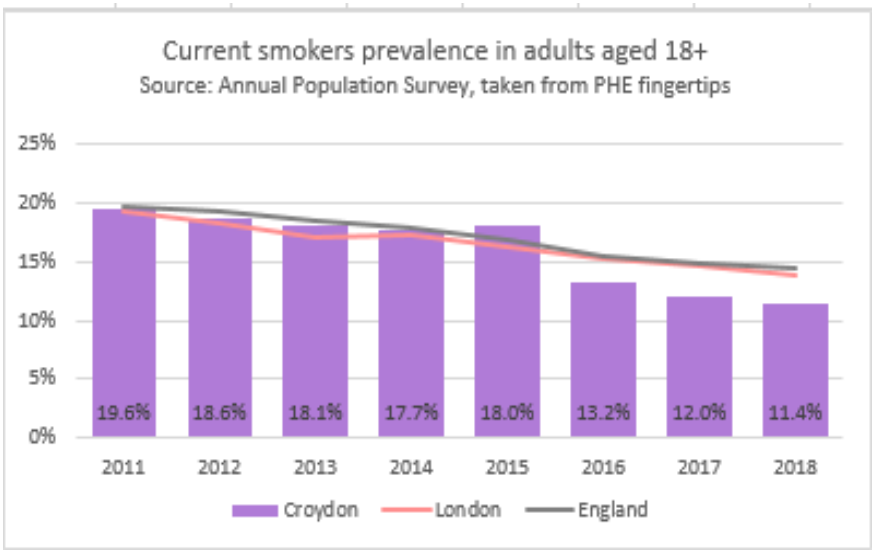


Figure 4: Smoking prevalence over time among adults

In Croydon, smoking prevalence at age 15 is similar to both London (7.2% vs 6.1%), and England (7.2% vs 8.2%) (5).

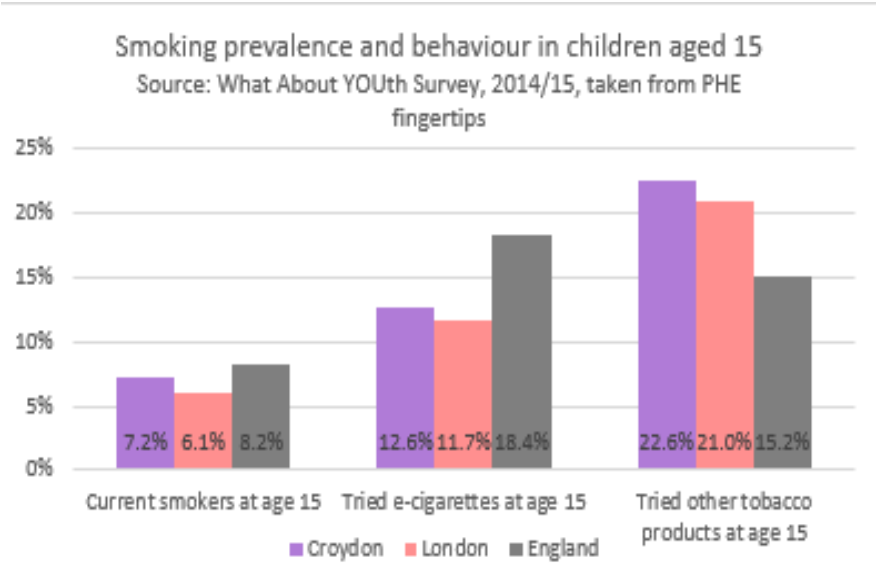


Figure 5: Smoking prevalence in children aged 15

The smoking rate amongst Croydon residents in routine and manual occupations is 15.8% which is lower than England (25.4%) and similar to London (23.6%) (5).

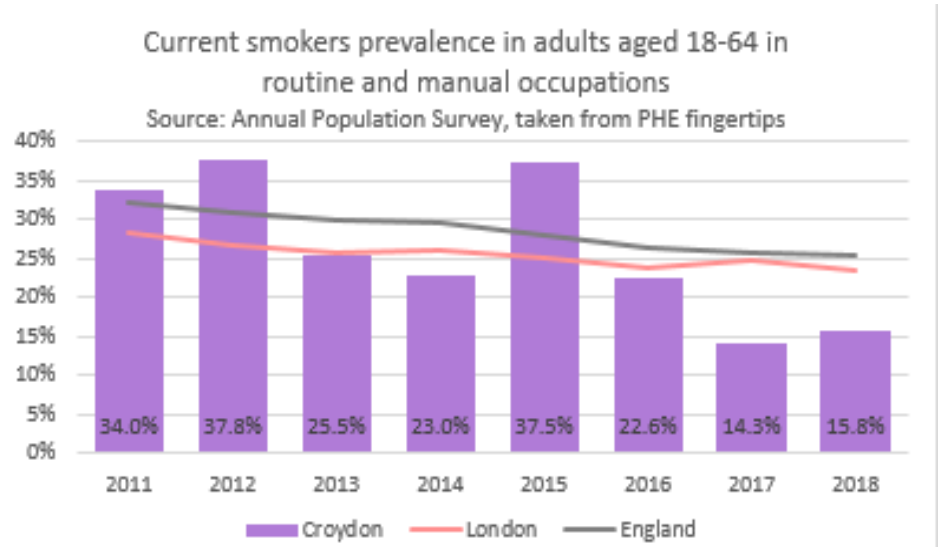


Figure 6: Current smoker's prevalence in adults in routine and manual occupations

A briefing by ASH concluded that one third of social tenant's smoke (6), a rate that is twice that of the general population. In Croydon, there are 13,475 tenants in council homes.

People from our most deprived communities are more likely to smoke, have greater levels of dependency and are less likely to quit than those in more affluent areas (7).

Figure 7 illustrates the east of the borough (New Addington) has the highest number of residents who are likely to be smokers.

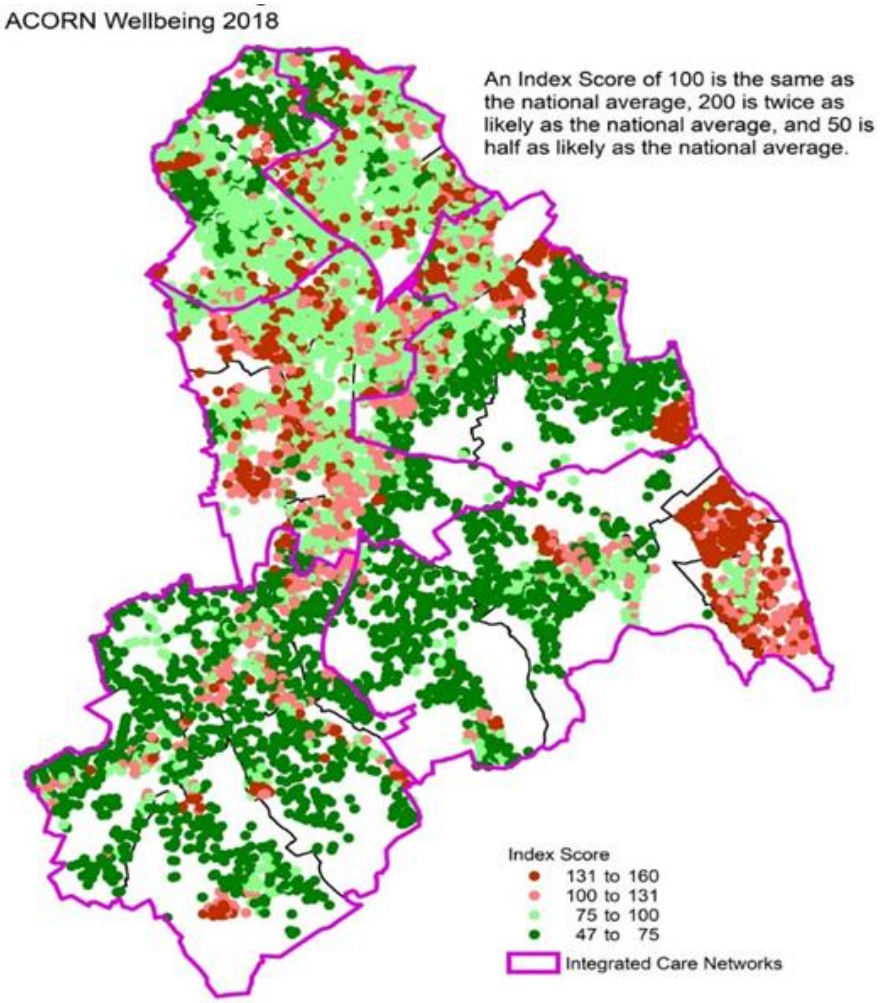


Figure 7: Those who are most likely to be smokers

People who are LGBT are more likely to smoke than the general population (8), (9). Data from the 2014, Integrated Household Survey showed that smoking among people describing themselves as Gay/Lesbian was 25.3% compared to 18.4% in the general population (10).

4.2.2 Smoking in Pregnancy

Smoking rates in pregnancy remain concerning in Croydon. The percentage of pregnant mothers who are smokers at the time of delivery is higher than the London average (6.8% vs 5.0 %,) although lower than the England average (6.8% vs 10.8%). This equates to approximately 357 women who are smoking at the time of delivery (11).

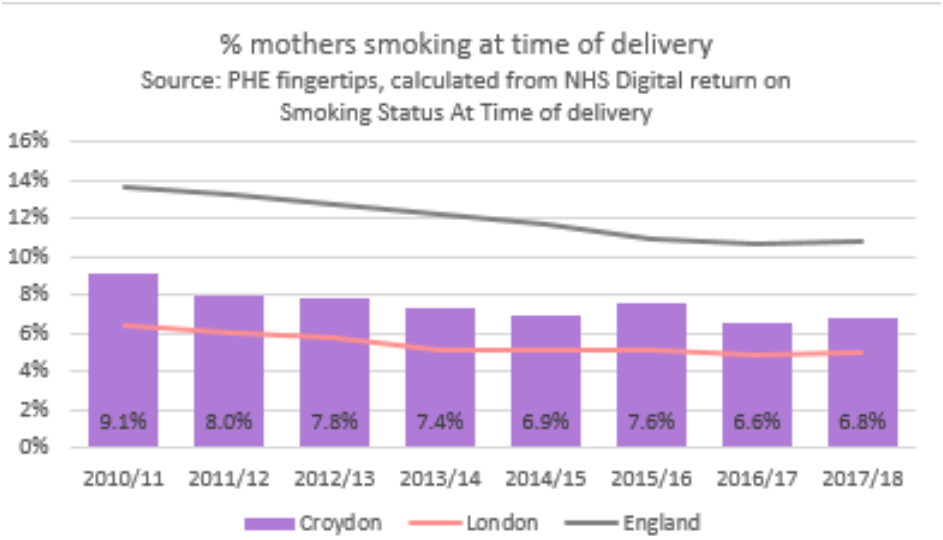


Figure 8: Mothers smoking at time of delivery

4.2.3 Mental Health and Smoking

In 2014/15 the smoking prevalence in adults with serious mental illnesses was 28% (approx. 1,459 adults), this is similar to rates across London (29.2%) and England (27.8%). In 2017/18, the prevalence of smoking in adults (18+) with a long-term mental health conditions was 24.8%, this is slightly lower than in England (25.8%) (11).

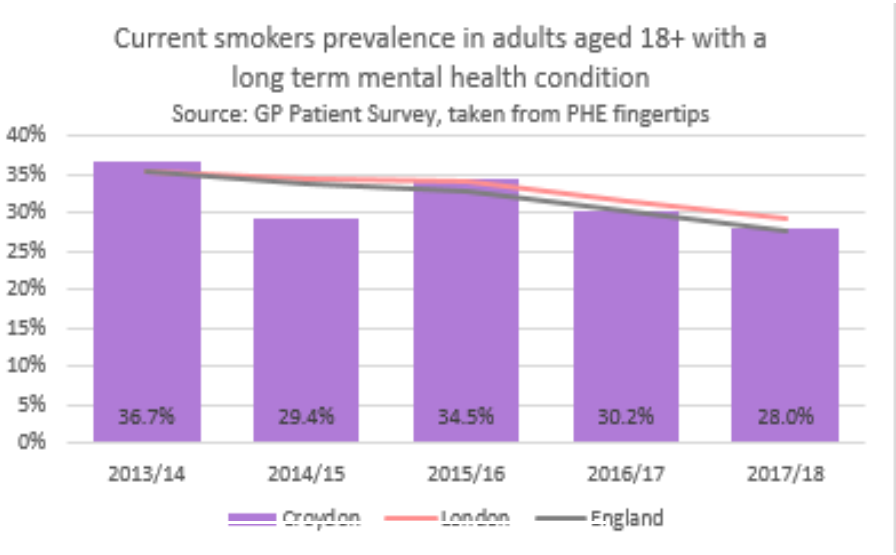


Figure 9: Current smoker's prevalence

4.2.4 Other Tobacco Products

Use of other tobacco products (including shisha) at age 15 (22.6%) is similar to the London average (21.0%), and higher than the England average (15.2%) (7), (5).

4.2.5 Second Hand Smoke

Tobacco smoke contains over 4000 chemicals including tar, nicotine and benzene. Breathing in other people's cigarette smoke is termed passive or second-hand smoking. This smoke emanates from two sources; sidestream smoke from the burning tip of the cigarette and mainstream smoke that has been inhaled and then exhaled by the smoker. Immediate effects of exposure to second-hand smoke include eye irritation, headache, cough, sore throat, dizziness, nausea and effects on the heart. In the longer term, passive smokers suffer an increased risk of a range of smoking related disease including lung cancer and coronary heart disease (5). An estimated 11,000 people die each year in the UK as a result of passive smoking (5). Second hand smoke is particularly harmful to children as they breathe more rapidly and have less developed airways. Children with parents who smoke are three times more likely to become smokers than those living in smoke-free households (12).

4.2.6 Economic Impact

Research from Action on Smoking and Health (ASH) estimates of the 31,072 households in Croydon with at least one smoker, 17% of households fall below the poverty line. If these smokers were to quit, around 1945 households in Croydon would be lifted out of poverty (6). In England, one in seven (512,000) social tenants are living in poverty due to the impact of smoking on finances (6).

Smoking not only impacts on the health of the local population but also has a negative impact on the local economy, costing an estimated £79 million to society in Croydon every year and approximately £14.7 million to the NHS and £4.2 million to Local Authority Adult Social Care (6).

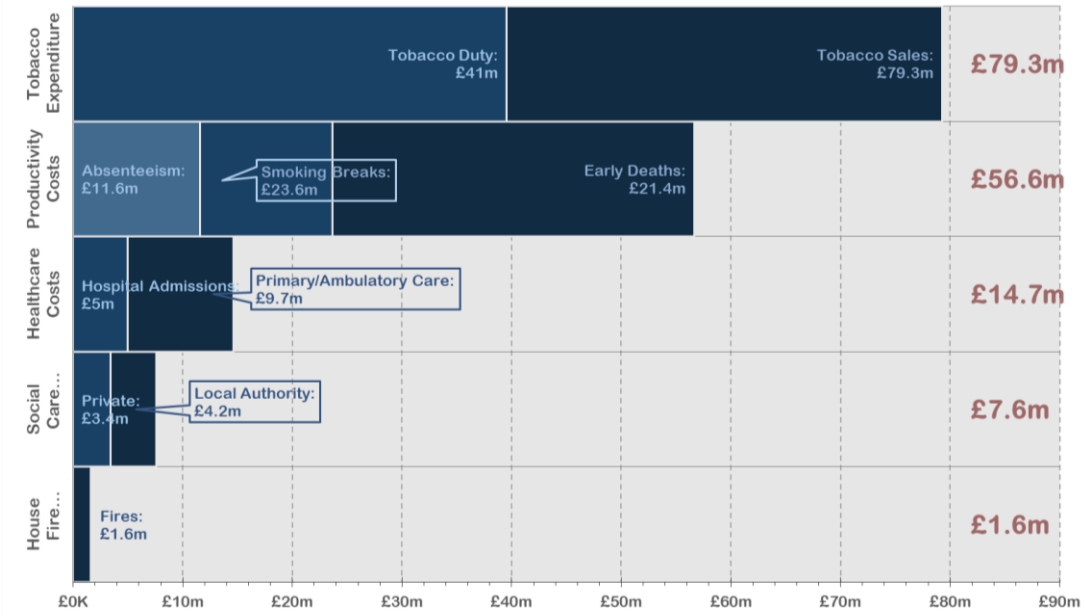


Figure 10: Cost of Smoking in Croydon

4.2.7 Priority Groups Summary

An analysis of local data and national evidence suggests a need to focus on the following population groups who have higher need in relation to smoking:

Priority Group	Rationale
Pregnant women	Smoking during pregnancy is harmful to both the mother and the unborn child. Smoking in pregnancy rates in Croydon are higher than in London.
People with mental ill health	People with mental health conditions are more likely to smoke than the general public and smoking rates increase with severity of illness.
Low socioeconomic status	Death rates from tobacco are two to three times higher among disadvantaged social groups than among the better off (ASH).
Lesbian, Gay, Bisexual, Transgender (LGBT)	Smoking rates are higher in this group. The rate of smoking decline seen nationally has been slower in the LGBT community.

4.3 Excessive Alcohol Intake

Alcohol misuse may be defined as excessive consumption beyond recommended limits. In the UK, alcohol use is categorised by level of risk as defined by alcohol units; lower risk, increasing risk and higher risk (Table 2.). Higher risk drinking can be sub-divided into complex and non-complex. A small proportion of those drinking at higher risk are alcohol dependent. An example of a higher risk drinker with complex needs is an individual who has a mental health diagnosis or who is affected by domestic abuse.

Drinking above recommended levels increases the risk of hypertension, stroke, heart and liver disease, pancreatitis, depression, anxiety and insomnia. In addition, the most recent review of evidence suggests that the protective effects of alcohol at low levels (i.e. to heart health) have been over-estimated. Alcohol is also associated with a wide range of criminal and anti-social behaviour, particularly public drunkenness and street drinking, violence, domestic violence, injury and deaths and casualties due to road traffic accidents. Evidence suggests that there are inequalities in the distribution of harm and costs from alcohol misuse. Around 40% of the total costs of alcohol arise from the 20% most deprived areas (13). . The burden of alcohol misuse is not limited to deprived groups but alcohol harm is experienced more by these groups. In fact, lower socioeconomic groups often report lower levels of average consumption, yet show greater susceptibility to the harmful effects of alcohol and are more likely to die or suffer from a disease relating to their alcohol use. This is particularly true for mortality from chronic liver disease. This gives rise to what has been termed the 'alcohol harm paradox' whereby disadvantaged populations who drink the same or lower levels of alcohol, experience greater alcohol-related harm than more affluent populations (13).

Table 2: Categories of drinking as defined by Department of Health

	MEN	WOMEN
Lower Risk	Less than 14 units [1] a week spread evenly across 3 or more days.	Less than 14 units a week spread evenly across 3 or more days.
Increasing Risk	15-49 units per week.	15-34 units per week.
Higher Risk	More than 50 units per week (or more than 8 units per day on a regular basis	More than 35 units per week (or more than 6 units per day) on a regular basis
Alcohol Dependence	Drinking behaviour characterised by an inner drive to consume alcohol, continued drinking despite harm and commonly withdrawal symptoms on stopping drinking	

[1] One alcohol unit is equal to 10ml (in volume) or 8g (in weight) of pure alcohol.

4.3.1 Prevalence

In Croydon, there are a significant number of local residents who are drinking alcohol at levels that are potentially harmful to their health. Public Health England estimates that 19.2% of the adult population are drinking over the recommended units each week (13).

Croydon is estimated to have approximately 3,068 or so dependent drinkers (just over 1.08% of the local population) (13).

The detailed table below (with data sources) illustrates Croydon's rates compared with London and England.

Table 3: Alcohol Misuse Data

Alcohol misuse data	Croydon Numbers or % / Compared to England	Comparable to England/neighbourhood[1] average or London (Numbers or %)	Data source/ Year
Consumption			
Percentage of adults **binge drinking** on heaviest drinking day	9.2%	16.5% (England), 13.2% (London)	PHE (2011-2014) (16)
Percentage of adults **drinking over 14 units** of alcohol a week	19.2%	25.7% (England), 21.6% (London)	PHE (2011-2014) (14)
Young people aged 15, who report **being drunk** in the 4 weeks prior to survey	8.2%	14.6% (England), 8.9% (London)	What about YOUth (17)
Percentage of **dependent drinkers**	1.08%	1.39% (England), 1.36% (London)	PHE (2014-2015) (18)
Dependent drinkers not in treatment	81.7%	81.7% (England), 80.7% (London)	NDTMS (2016-2017) (19)
Admission episodes for alcohol-specific /alcohol-related conditions			
Hospital admission rate for alcoholic liver disease (Male)	18.2/100,000	53.0/100,000 (England) Lowest rate compared to CIPFA neighbour Boroughs	PHE 2016/17 (6)
Hospital admission rate for alcoholic liver disease (Female)	21.4/100,000	24.8/100,000 (England) Highest rate compared to CIPFA neighbour Boroughs	PHE 2016/17 (6)
Hospital admission rate for alcoholic liver disease (Persons)	20.0/100,000	38.5/100,000 (England)	PHE 2015/16 - 17/18 (17)
Admission episodes for alcohol-related conditions (Narrow) (persons, all ages) Directly age standardised rate per 100,000 population	489/100,000	533/100000 (London) 632/100,000 (England)	PHE (2017-2018) (17)
Admission episodes for alcohol-related conditions (Broad) (persons, all ages) Directly age standardised rate per 100,000 population	2033/100,000	2324/100000 (London) 2224/100,000 (England)	PHE (2017-2018) (17)

The table above (NDTMS data) demonstrates a substantial unmet need in Croydon, with 81.7% of dependent drinkers not currently in contact with treatment services.

Alcohol is a causal factor in a significant number of medical conditions including liver disease, heart disease, depression and stroke.

- Croydon had a rate of alcohol-related hospital admissions (broad definition) of 2033 per 100,000 residents in 2017/18 (14). This is lower than the rate in London (2324) and England (2224) over the same time period.
- 2% of admission episodes in Croydon are for alcohol-related conditions (2016/2017).

1

- In 2015/16 around 160 individuals had repeat hospital admissions for alcohol specific conditions (2 or more admissions).
- 432 admission episodes for alcohol-specific conditions per 100000 (14).

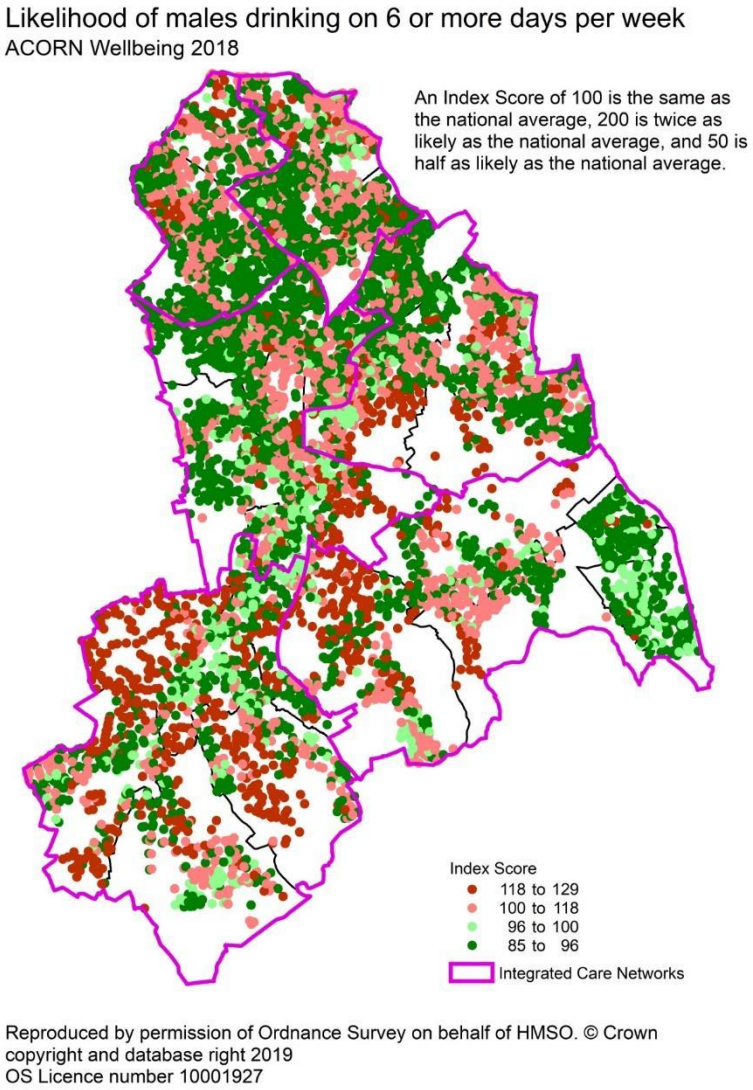


Figure 11: Likelihood of males drinking on 6 days per week or more

The darker red areas highlight greater likelihood of alcohol consumption towards the south of the borough.

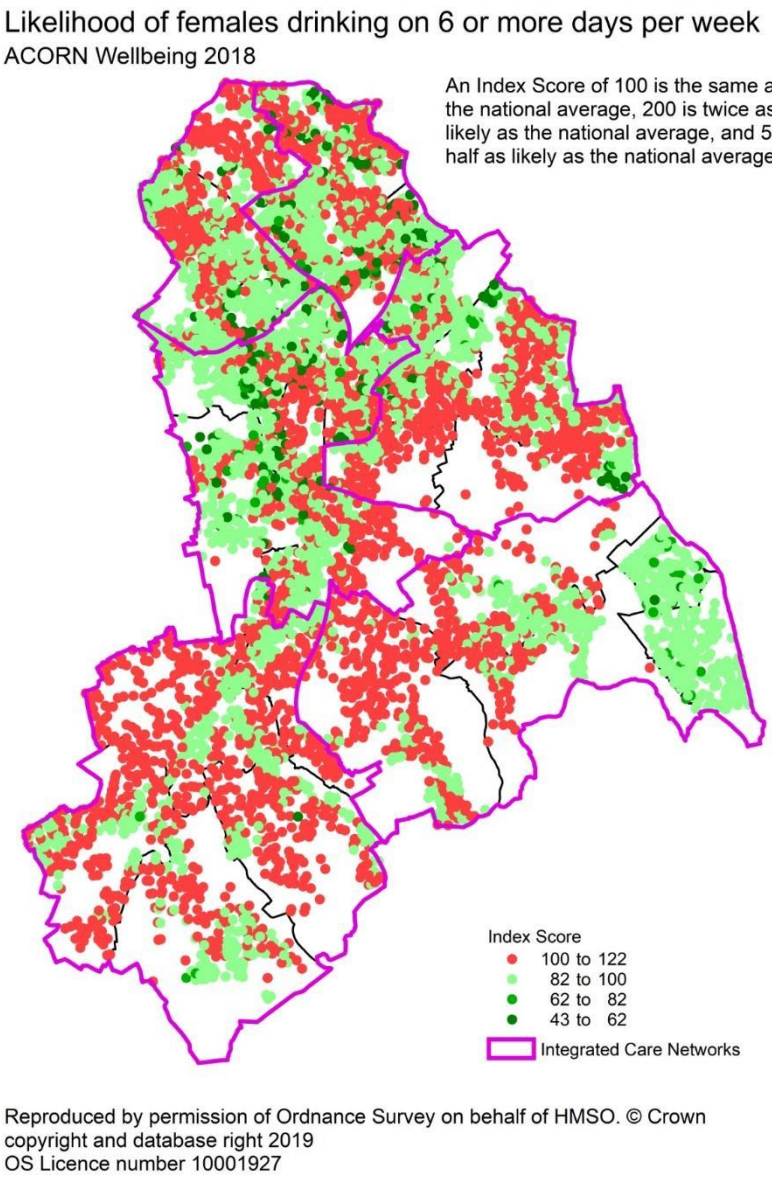


Figure 12: Likelihood of females drinking on 6 days per week or more

Figure 12 illustrates a greater likelihood towards the south of the borough.

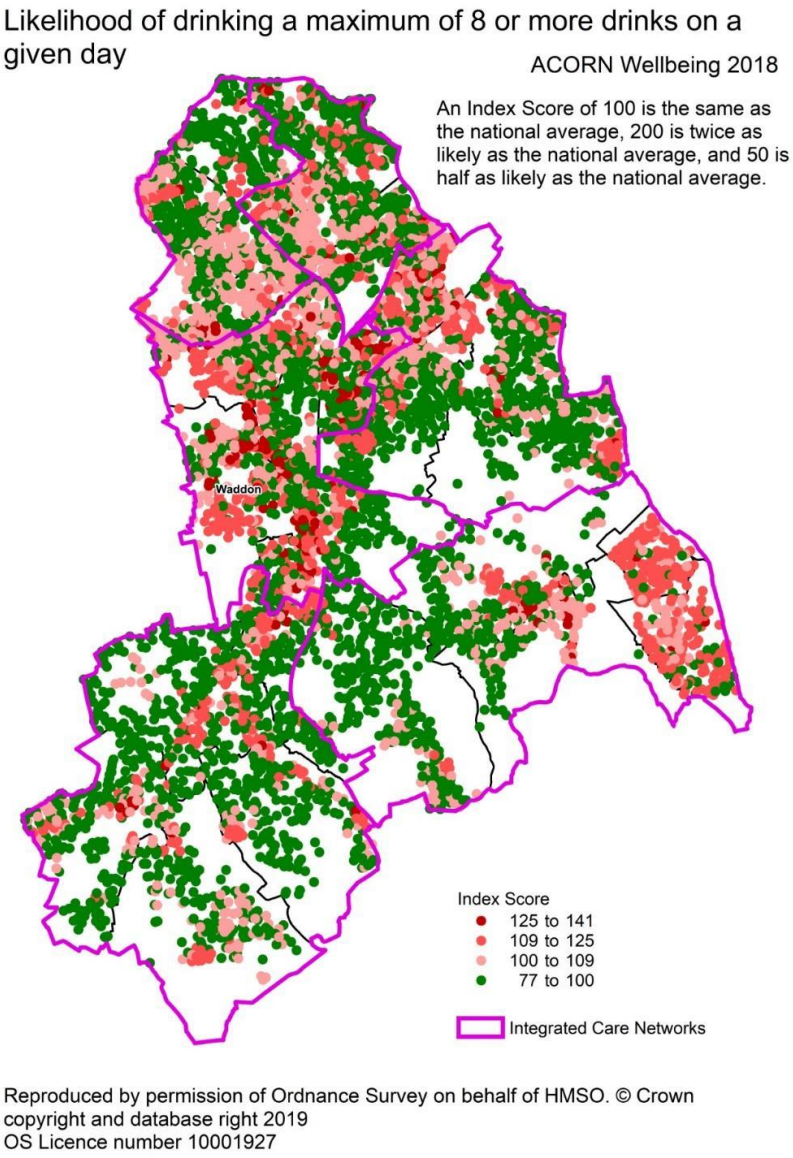


Figure 13: Likelihood of drinking on 8 days per week or more

Figure 13 illustrates a greater likelihood in the east of the borough (New Addington) and towards the north of the borough.

There is significant and consistent evidence demonstrating that alcohol misuse is a more significant issue for lesbian and bisexual women than heterosexual women (9). Among men who have sex with men (MSM), UK studies have concluded that MSM aged 18-19 years were almost twice as likely to drink alcohol twice a week or more, compared to heterosexual men (15). In 2011, a survey found that 42% of MSM drank on three or more days in the last week compared to 35% among heterosexual males. UK data from the Home Office indicate that 21% of MSM reported that they were concerned about their alcohol use in 2011 (16).

4.3.2 Alcohol-Related and Alcohol-Specific Hospital Admissions and Mortality

For 2017/18, data shows Croydon had fewer hospital admissions for alcohol-related (narrow and broad definition measures) and alcohol-specific conditions than England and London (17).
Croydon rates of alcohol-specific and alcohol related Mortality are similar to those of London as a whole (17).

Compared to previous years, Hospital admissions (all ages) do not show clear patterns of decreasing or increasing.

- For those under 18 years of age, whilst this rate had been decreasing, the latest data for 2015/16-17/18 shows an increase on the previous period and is currently worse than the London rate.
- Nationally, 13% of all deaths in reported road accidents involved at least one driver over the drink-drive limit (18). In Croydon in 2014-2016, 9.4% of all road traffic accidents involved at least one driver over the drink-drive limit, similar to the London average of 10.7% and lower than England (26.4%) (18).
- Nationally, the number of alcohol related prescription items (Acamprosate Calcium, Disulfiram, and Nalmefene) dispensed increased until 2015, after which time a small decrease has been recorded (19) .
- Alcohol related deaths affect predominantly young and middle aged people; as a result alcohol is a leading cause of years of working life lost in England (18).

4.3.3 Parental Alcohol Use

Parental substance misuse, together with mental health and domestic abuse (a 'toxic trio') are the major risk factors that impact negatively on a child's health and wellbeing both immediately and over the longer term.

The borough level estimates published by Public Health England from the 2014 Adult Psychiatric Morbidity Survey of the number of children likely to be negatively affected by parental alcohol dependency is outlined below.

Table 4: Adults with an alcohol dependency where there are children in the household

Adults with an alcohol dependency	Croydon			Benchmark	National
	Prevalence	Treatment	% met need	%	%
Total number of adults with a dependency who live with children	566	131	23%	24%	21%
Total number of children who live with an adult with a dependency	1057	239	23%	23%	21%

Parental substance dependency appears to be a common feature in social work cases. In Croydon a sample of 40 families with Child Protection Plans in Croydon showed 42% involved parents with substance misuse problems.

4.3.4 Economic Impact - Return on Investment

The health, social and economic costs relating to substance misuse for individuals, families and communities in Croydon are substantial.

Evidence shows that investment in treatment and recovery services substantially reduces the social and economic costs of drug and alcohol problems. Alcohol treatment reflects a return on investment of £3 for every £1 invested, which increases to £26 over 10 years (20).

The estimated gross benefits (savings) of investment in alcohol and drug services in Croydon taken from PHE's Social Return on Investment of Adult Alcohol and Drug Interventions Tool are presented below. Figures do not include non-specialist interventions such as IBA, only benefits from treatment services. Monetary gross benefits are shown separately for NHS, Local Authority, Crime and Personal benefits.

Table 5 below shows modelled estimates for the year 2016/17:

- The gross benefits from treatment for alcohol only clients in Croydon, combined across the NHS and LA are estimated to be around £110,904. Estimations of projected benefits from treatment and recovery following treatment are also presented up to 10 years in to the future from 2016/17.
- Benefits (gross) from reduced crime shown below are based on a modelled 57% reduction in crime after starting treatment amongst alcohol only clients
- Quality Adjusted Life Years (QALYs) are used to estimate how many extra years of reasonable quality an alcohol and/or drug user gains through treatment. QALYs depict monetary value but represent non-cashable benefits and so cannot be exchanged for money to reduce public spending.

Table 5: Modelled Estimates for 2016/17

Alcohol only clients in treatment in 2016-17	**In treatment benefit**	**In treatment and recovery benefits**		
		By Yr3	By Yr5	By Yr10
NHS[2] and LA[3] combined gross benefits	£110,904	£577,565	£860,148	£1,480,524
Crime economic gross benefits	£305,626	£460,482	£552,981	£766,632
Crime social (QALY) gross benefits	£172,497	£263,338	£320,326	£455,268
QALY gross benefits to the individual	£582,980	£2,315,331	£3,463,952	£6,436,379
Cumulative social and economic return	£1,172,007	£3,616,716	£5,197,407	£9,138,802

As modelled in this case and shows below, the large majority of these benefits fall to the NHS in reduced treatment costs. Caution should be exercised when interpreting this information due such economic modelling being largely reliant on the comprehensiveness of costs included.

Table 6: NHS and Local Authority cost benefits

Alcohol only – gross NHS and LA benefits	In Treatment 16/17	In Recovery				
		Yr1	Yr3	Yr5	Yr10	**Total**
Individual NHS costs	£108,733	£160,340	£158,356	£157,385	£154,984	**£1,681,236**
LA - social care costs	£2,170	£7,417	£7,326	£7,281	£7,170	**£74,915**
Total (no discounting)	£110,904	£167,757	£165,681	£164,666	£162,154	**£1,756,151**
Total (with discounting)	£110,904	£162,084	£149,435	£138,644	£114,954	**£1,480,524**

Table 7: Cost of alcohol only clients in treatment 2016/17

Alcohol Only clients in treatment 2016-17	
2016-17 gross benefit per person	£3,378
Long-term gross benefit per person (10 years)	£26,337

[2] NHS savings estimated from a change in GP, hospital admissions etc. for people receiving treatment and applied to opiate users in recovery as a result of improvements in the health of their family/carers aged 18+

[3] LA savings estimated from having fewer opiate users using needle and syringe programmes, from improved housing conditions amongst drug user, LA children's social care benefits for drug users in treatment, adult social care benefits for people receiving treatment for their alcohol dependency

4.3.5 Priority Groups Summary

An analysis of local data and national evidence suggests a need to focus on the following population groups who have higher needs in relation to alcohol misuse:

Priority Group	Rationale
Parents	Children are vulnerable to effects of parental alcohol misuse.
Women	More vulnerable to alcohol related harm from higher levels of alcohol use or particular patterns of drinking.
Experience of abuse and neglect as a child	Is a major vulnerability and moderating factor of alcohol related harm.
Family history of alcohol use disorder (AUD)	Current research suggests a causal link between AUD and depression, meaning that increasing alcohol use increases the risk of depression.
Low socioeconomic status	People with lower socioeconomic status experience considerably higher levels of alcohol-related harm
LGBT	There is research that people who are LGBT are vulnerable to alcohol related harm.

4.4 Physical Inactivity

Physical inactivity has been identified as the fourth leading risk factor for global mortality causing an estimated 3.2 million deaths globally (21). It is also the fourth largest cause of disease and disability in the UK, accounting for one in six deaths (22), (23). A lack of regular physical activity along with a sedentary lifestyle increases the risk of dementia. For older adults, there is evidence that physical activity can have beneficial effects on maintaining or improving cognitive function (24).

The UK Chief Medical Officers' Guidelines for Physical Activity (30) recommend that adults (19-64 years) and older adults (65 years plus) do at least 150 minutes of moderate intensity physical activity per week, or 75 minutes of vigorous intensity activity per week (or a combination of the two). All adults should aim to incorporate activity to improve muscle strength on at least 2 days per week and should also minimise the amount of time spent being sedentary for extended periods. For older adults at risk of falls, activity that improves balance and coordination should be incorporated on at least 2 days per week.

4.4.1 Prevalence

According to Public Health England, Croydon sits at the national average for physical activity levels, with 66.3% of adults (19+ years) classed as physically active (achieving at least 150 minutes of physical activity per week) (25).This is similar to the London average of 66.4%. Figure 14 illustrates an increase in the number of adults being physical active in 2017/18 from 2016/17 and is the same as 2015/16 (26).

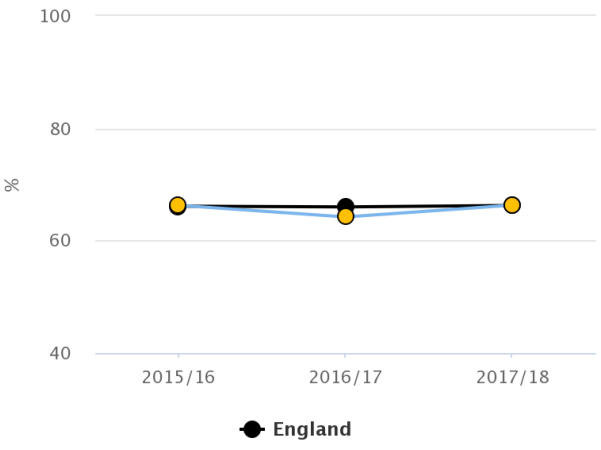


Figure 14: Physical activity in adults in Croydon and England in 2015-2018

22.9% of Croydon residents (19+ years) are physically inactive (achieving less than 30 minutes per week) compared to 22.2% nationally (26).

Sport England data includes residents above the age of 16, while Public Health England data includes those aged 19 years and above. According to Sport England, Active Lives Survey (27), 25.3% of residents (16+ years) achieved less than 30 minutes of physical activity, similar to the national average of 25.2%. Nationally 62.3% of adults (16+ years) achieve 150 minutes of physical activity a week, with 63.8%

of Croydon residents achieving 150 minutes of physical activity a week, slightly higher than the national average (27).

As part of the Councils Live Well programme, the Just Be Health MOT shows, of those individuals completing the Health MOT from April 2018-March 2019 (1460 Health MOT completions), 84% did not achieve the recommended level of physical activity per day.

4.4.2 Physical Activity, Socioeconomic Status and Area of Deprivation

Generally, physical activity is lower in low-income households (25). 55% of residents living in the most deprived areas of Croydon achieved 150 minutes of physical activity a week, compared to 68.1% of residents achieving the 150 minutes of physical activity, living in the least deprived areas of Croydon (27). The majority of Middle Super Output Areas (MSOA) with the highest inactivity levels in Croydon are in the northern parts of the borough. The exception to this is New Addington and Fieldway which fall first and joint second as containing the most inactive MSOA's in Croydon.

Figure 15 demonstrates that the majority of MSOA's with the highest inactivity levels in Croydon are in the northern parts of the borough. The exception to this trend is New Addington and Fieldway which fall first and joint second as containing the most inactive MSOA's in Croydon.

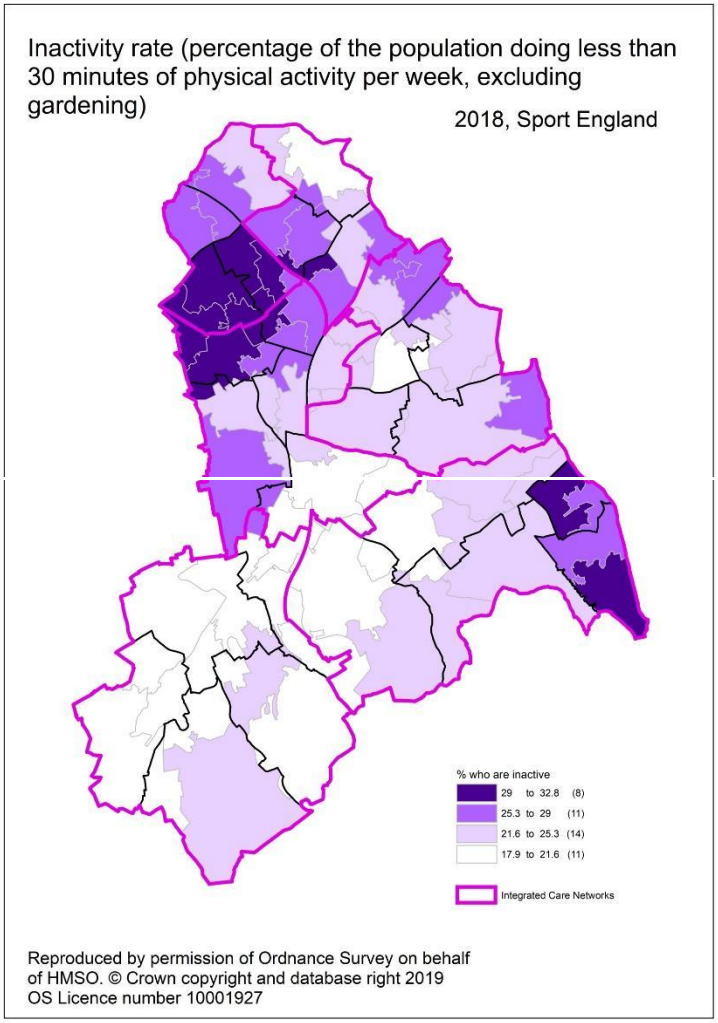


Figure 15: Inactivity rate in Croydon

4.4.3 Physical Activity and Gender

Figure 16 illustrates that within Croydon more females are physically active compared to males, which is in contrast to the national trend where physical activity is higher in males across all ages (25).

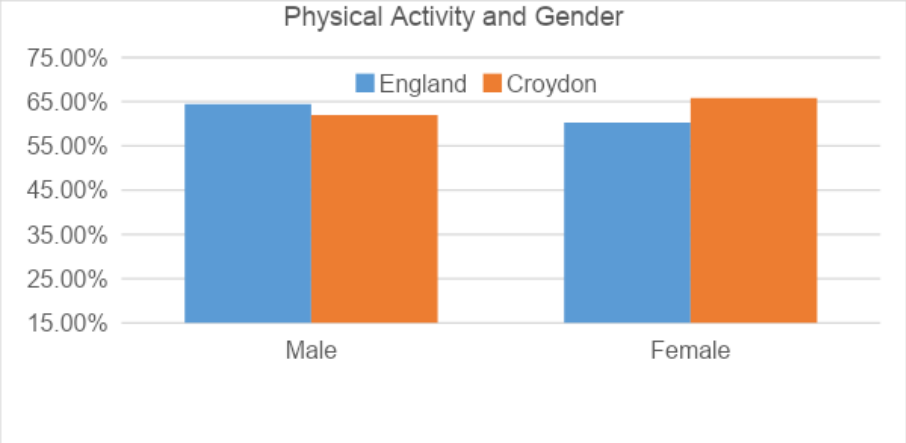


Figure 16: Percentage of those achieving at least 150 minutes a week –gender comparison 2017/18 (27)

4.4.4 Physical Activity and Disabilities

National data tells us that those that have a disability or a learning difficulty are more likely to be physically inactive than those who do not. Furthermore, disabled people are half as likely as non-disabled people to be active and 1 in 4 people with learning difficulties take part in physical activity each month (28), highlighting the need to prioritise this particular group. According to local data an estimated 10.6% of the 16-64 Croydon population have a moderate or serious disability, this is slightly lower than England (11.1%) (29).

4.4.5 Physical Activity and Ethnicity

Minority ethnic groups have lower levels of physical activity. Specifically, Black, Asian and Other ethnic groups are more likely to be inactive than those from White British, White other and Mixed ethnic groups (30). Whilst there is not local data for physical activity and minority ethnic groups here in Croydon, Croydon has a higher proportion of Black and Minority ethnic residents than the national average (31) and based on the national data we should prioritise this group.

4.4.6 Physical Activity in Parks and Green Spaces

There are 127 parks and green spaces in Croydon and 9 outdoor gyms. The proportion of adults (19+ years) who use outdoor space for exercise or health reasons is 15.2%, this is similar to both the national average of 17.9% and the London average of 18% (26). Croydon has fewer regular cyclists than many other parts of London and relatively low cycle ownership compared with many other London boroughs such as Richmond. Around 1% of Croydon's population cycled for at least 30 minutes, five times a week and only 1% of journeys starting in Croydon are made by bike (32).

4.4.7 Priority Groups Summary

An analysis of local data and national evidence suggests a need to focus on the following population groups who have higher need in relation to physical activity:

Priority Group	Rationale
Area of deprivation	People living in the least prosperous areas are twice as likely to be physically inactive as those living in more prosperous areas.
People with disabilities	Disabled people are half as more likely as non-disabled people to be active and 1 in 4 people with learning difficulties take part in physical activity each month (28).

Older people	Physical activity is important across all life stages but declines with age.
Minority ethnic groups	Minority ethnic groups have lower levels of physical activity.
Those who are inactive (doing less than 1 x 30 mins per week)	Those who are inactive are at greater risk of several diseases such as cancer and type 1 diabetes. Targeting those adults who are significantly inactive will produce the greatest reduction in chronic disease (25).

4.5 Obesity and Poor Diet

The UK ranks 8th for overweight prevalence (including obesity) for men and women combined, out of the 34 OECD (Organisation for Economic Cooperation and Development) countries. It is estimated that obesity is responsible for more than 30,000 deaths each year. On average an individual loses 9 years of life if they are obese (33). Obesity is a complex, multifactorial problem which has many drivers, including behaviour, environment, genetics, and culture. Key causes of obesity include greater consumption of and access to processed food and changes in employment and family norms. On average, there are more fast food outlets in deprived areas than in more affluent areas. Affordability and availability of good healthy food can be difficult when living in poverty with few outlets offering good quality food that offers nourishment to attain and maintain health.

The most widely used method to classify a person's health in relation to weight is via the body mass index (BMI) which is calculated using height and weight.

For most adults, a BMI of:

18.5 to 24.9	means you're a healthy weight
25 to 29.9	means you're overweight
30 to 39.9	means you're obese
40 or above	means you're severely obese

BMI is not the most accurate way of classifying whether a person is overweight or obese. A person who is very muscular may have a high BMI but not have excess fat. Waist circumference is, therefore, also used as an additional measure.

For a healthy balanced diet it is important to eat a wide range of foods so that the body is receiving all the nutrients it needs. It's recommended that men (on average) have around 2,500 calories a day and women (on average) should have around 2,000 calories a day. If we eat or drink more than our body needs, it will lead to weight gain as the energy that is not used is stored as fat.

4.5.1 Prevalence

In Croydon 62.7% of adults (18+ years) are classified as overweight or obese, this is greater than the London average of 55.9% but similar to the national figure of 62.0% (34). Obesity does not affect all groups equally and is more common amongst individuals from more deprived areas, older age groups, some black minority ethnic groups and those with disabilities (35). As part of the NHS Quality Outcomes Framework, GPs are incentivised to record patients with a BMI of over 30.

A Public Health England led study published in the Lancet, ranks the diseases and risk factors that cause death and disability in England. Diet was identified as a specific risk factor accounting for 10.8% of the total burden of disease. In 2017/18 the average number of portions of vegetables consumed daily by adults (16+ years) in Croydon was 2.48, this is lower than both the London average of 2.68 and the national average of 2.65 (36). The average number of portions of fruit consumed daily by adults (16+ years) in Croydon is 2.51. This is the same as the national average (2.51) and similar to London at 2.54 (36).

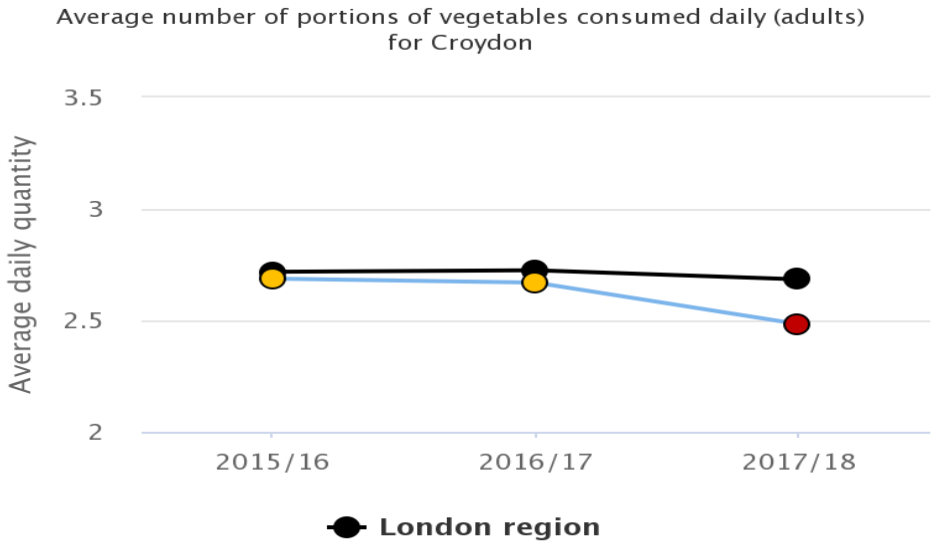


Figure 17: Average number of portions of vegetables consumed

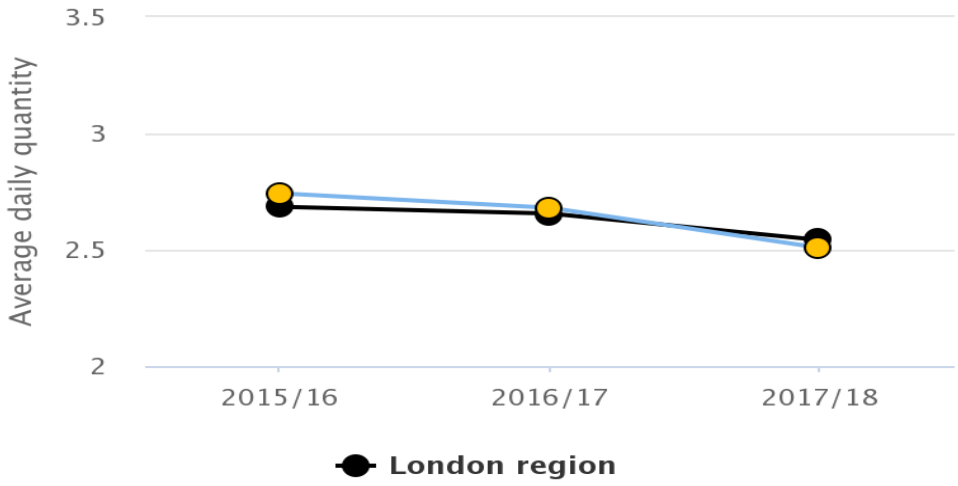


Figure 18: Average number of portions of fruit consumed.

Both figure 17 and 18 illustrate that over the past 3 years, fruit and vegetable consumption has decreased within Croydon.

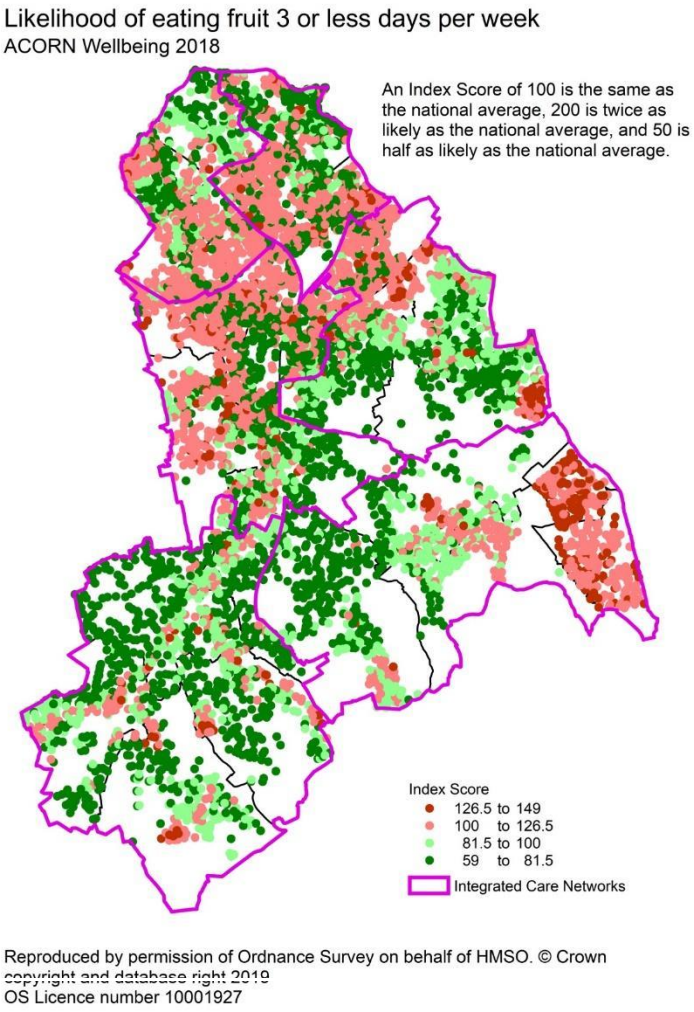


Figure 19: Likelihood of eating fruit 3 or less days a week

Figure 19 illustrates that the north and east of the borough have the highest numbers of residents who are likely to eat fruit, three or fewer days per week. The north and east of the borough have the highest levels of deprivation, as illustrated in section 2, figure 2.

As part of the Councils Live Well Programme, of those individuals completing the Just Be Health MOT from April 2018-March 2019 (1460 Health MOT completions) the following percentages of behavioural prevalence are noted:

- 67% have a BMI of 25 or higher.
- 72% consume less than the recommended 5 portions of fruit and vegetables daily.

4.5.2 Obesity, Diet and Pregnancy

There is a large and growing body of evidence that good health before pregnancy provides the best start for children and what we eat contributes to this good health (37), (38), (39). A baby's development in the womb is not only linked to their mother's diet while pregnant, but also on the nutrients and fats that have been stored through her lifetime (40), (41). Taking folic acid before pregnancy can prevent some infants from suffering severe problems with the formation of their spine and nerves (42). We also know that women living in the least deprived areas are more likely to take folic acid (43) and using the national rates we have estimated that 1200 babies each year in Croydon have mothers who did not take folic acid before pregnancy. Eating well during pregnancy is vital as babies in the womb whose mothers don't eat well may have higher risk of diseases in later life such as coronary heart disease, diabetes, stroke and hypertension (44). Babies receive all nutrients they need in the first six months of their life through milk. It is recommended that mothers should exclusively breastfeed for the first six months, if possible (45). While there is clear evidence that breast milk gives babies the best start in life, infant formula can be used (46). Breastfed babies are less likely to be overweight and obese or have type 2 diabetes (47) and it also helps bonding between mothers and their babies. The cost to the NHS every year of treating just five types of illnesses linked to babies who were not breastfed is at least £48 million (48). In England, 74% of mothers start to breastfeed, with 44% breastfeeding at six weeks and only 1% exclusively breastfeeding until six

months (49). Older mothers and some BME groups are much more likely to breastfeed, whereas young, white mothers working in routine and manual jobs and who left education early are least likely to breastfeed (49).

4.5.3 Obesity, Diet and Black Minority Ethnic Groups

According to the 2011 census, Croydon has a higher proportion of Black and Minority Ethnic (BME) residents than the national average (31). Obesity is more common amongst those from a BME group, such as south Asians who also have a higher predisposition to certain diseases such as type 2 diabetes which is linked to excess weight (50).

4.5.4 Obesity, Diet and People with Disabilities

According to the 2011 census data, 14.6% of the Croydon population have a limiting long-term illness or disability, this is lower than England and London. Obesity is more common amongst those with disabilities and some studies have reported that rates of obesity in adults with learning disabilities is around 50% (51). There are a range of reasons for this such as a lack of accessible environments, medications that cause weight fluctuations and changes in appetite, and physical limitations making it difficult to exercise.

4.5.5 Fast Food Outlets

In the recent 'Health on the High Street, 2018' report (50), Croydon had 3 streets listed in the top 10 unhealthiest high streets in London: Thornton Heath, South Norwood, and New Addington. These areas are located in the north and east of the borough where we have higher levels of deprivation and health inequalities.

Croydon has 394 fast food outlets, a rate of 102.8 per 100'000 residents. Croydon is therefore in the top 10 London boroughs for highest density of fast food outlets (50). Figure x illustrates the number of fast food outlets within Croydon. Residents living in areas of deprivation may struggle to afford or have access to the food necessary for a healthy balanced diet. New Addington has been identified as a food desert which means it is poorly served by shops selling healthy fresh products at a fair price (52).

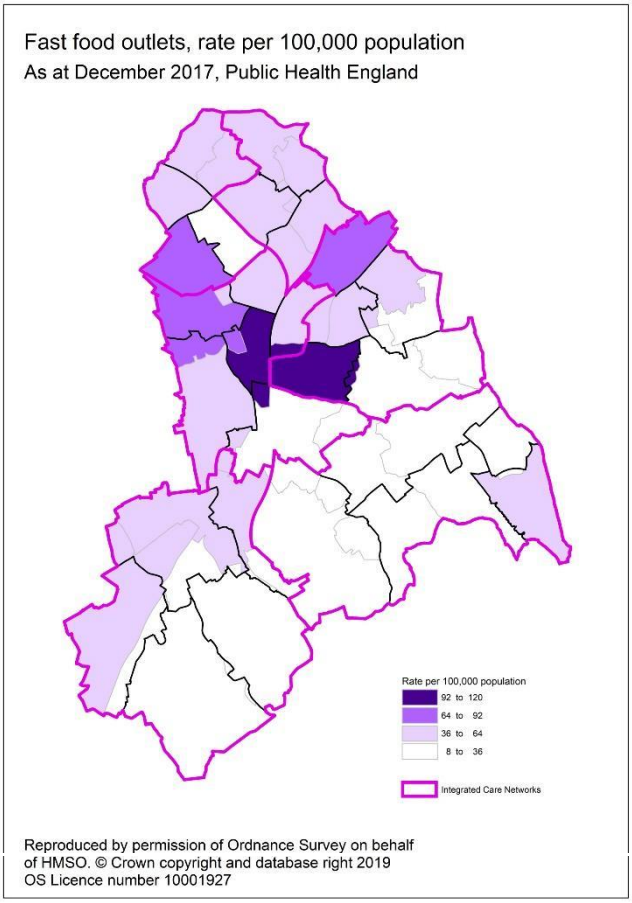


Figure 20: Fast food outlets

4.5.3 Priority Groups Summary

An analysis of local data and national evidence suggests a need to focus on the following population groups who have higher need in relation to diet and obesity:

Priority Group	Rationale
Socioeconomic status	Obesity disproportionately affects those in the most deprived social groups (53).
Black minority ethnic groups	Obesity is more common among some BME groups (35).
Older age groups	Obesity is more common among older age groups (35).
People with disabilities	Obesity is more common among people with disabilities (35).
Pregnant women (at risk of gestational diabetes)	Gestational diabetes can cause the baby to grow larger than usual, leading to difficulties in birth, pre-eclampsia and a premature birth.

5. Current Response to Local Needs

In order to support residents to change their behaviour and to tackle multiple lifestyle risk factors, we need to consider the wider determinants of health and the impact they have. The wider determinants include individual, social, economic and environmental factors, such as genetics, lifestyle choices, employment, housing, education and park/green spaces. Multiple organisations need to work together to help shape services, programmes and policies that influence the environment and lifestyle factors in a bid to ensure opportunities to positively impact resident's health. A coordinated approach between organisations and departments is vital. This chapter looks at the current services provided in Croydon, in response to the local need, national vision and ambitions of Croydon Council.

5.1 One You

www.nhs.uk/oneyou

Public Health England (PHE) launched the 'One You' campaign nationally in 2016. This effort aimed to help adults across the country to avoid developing diseases associated with modern day life. 'One You' aims to encourage adults, particularly those in middle age, to take control of their health and thereby enjoy significant benefits both now and in later life. The campaign targets every day habits and behaviours such as eating too much unhealthy food, drinking more than is recommended, continuing to smoking and not being sufficiently active. 'One You' also provides information on how people can reduce their stress levels and sleep better.

A number of free mobile apps are available via One You to support healthy behaviours:

- Couch to 5k (beginners' running app)
- Active 10 (walking app)
- Easy Meals (healthy cooking app)
- Drink Free Days (alcohol tracking app)
- Smokefree (smoking cessation app)

From March 2016 to April 2018, there were a total of 3932 Croydon residents registered online with 'One You', 3223 were new individuals and 709 were repeat visits. The Woodside ward had the highest number of registrations (182) followed by Addiscombe (179), both wards are in the north of the borough.

5.2 Making Every Contact Count

Making Every Contact Count is a whole systems approach to behaviour change which capitalises on the thousands of interactions organisations and individuals have with other people on a day to day basis. It is underpinned with training to upskill frontline staff to learn how to spot opportunities to have 'healthy conversations' with people about their health and wellbeing, and to signpost to services for help. MECC focuses on the lifestyle issues that when addressed through these interventions, can make a positive difference to an individual's health. These include quitting smoking, managing weight, increasing activity, reducing alcohol, improving mental wellbeing, reducing lifestyle related premature mortality, managing long term conditions and reducing health inequalities.

Making Every Contact Count (MECC) is key to a collaborative approach towards prevention across London and is backed by the Healthy London Partnership and associated partners such as PHE, Local Government Association and NHS England. The Healthy London Partnership re-launched MECC in 2018 to help drive the delivery of MECC at pace and scale across local authorities.

Croydon has a MECC training offer in place and the current target is to train 100 staff by the end of the 2019.

5.3 Workplace Wellbeing

The London Healthy Workplace Charter is a statement of intent that demonstrates the commitment of employers to the health and wellbeing of their employees. The aim of the Charter is to make small changes that impact positively on staff health and wellbeing. Organisations' arrangements are assessed against a range of standards.

Croydon Council is currently the only organisation in Croydon that has Charter status and one organisation is working towards it. Croydon Council has also adopted a Good Employer Charter and staff health and wellbeing is included in this. There are currently 84 businesses and organisations in Croydon with Good Employer Charter status.

5.4 Live Well Croydon and Just Be

Live Well Croydon is a free local service, commissioned by Public Health Croydon that offers residents (16+ years) an integrated healthy lifestyle programme. This aims to make it easier for residents to look after their health and wellbeing, particularly targeting the most vulnerable populations in the borough (including people living in deprived areas, pregnant women and people with severe mental illness). The programme focuses on simultaneously addressing multiple unhealthy behaviours, including smoking, unhealthy weight, physical inactivity and alcohol intake, in addition to sexual health advice and support for mental health and wellbeing[4]. The service aims to focus on achieving 12 month sustained behaviour change whilst responding to a reduction in national funding for public health services.

This integrated lifestyle service has two strands: an interactive website (Just Be Croydon), and an intensive face to face intervention (Live Well). The face to face intervention is an evidence based programme following national standards and guidelines, and includes behavioural support and free stop smoking medication (4 weeks and/or 12 weeks) to eligible populations.

At its inception, the community service targeted the 20% living in Local Super Output Areas (LSOA), within the top 20% most deprived areas nationally that resided in Croydon. Due to low numbers coming into the service, in August 2018 the criteria opened to the 40% living in LSOA. A further review of service capacity and demand management was carried out which resulted in the removal of postcode restrictions and opened up to those who need it most rather than focusing on where residents live. This provided a more equitable offer across the borough. Implementation of the new criteria is currently in progress.

5.4.1 Just Be Croydon

Since its inception on the 8th November 2016 until July 2019, over 24,000 UK residents have visited Just Be Croydon and over 4000 have completed a health MOT questionnaire (conversion rate: 16%). 1,460 people completed the Just Be MOT during the last financial year (April 2018 to March 2019).

5.4.2 Live Well Croydon (Intensive Face to Face Intervention)

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The programme is offered and delivered by a team of Live Well Advisors based in community, hospital (Croydon University Hospital) and mental health (MIND in Croydon) settings. Since April 2017 to date (July 2019), 2,521 people have attended an initial appointment with the Live Well Team:

- 901 in the community (supported by the Internal Team)
- 1,568 at Croydon University Hospital
- 42 at Mind

Between 1 April 2017 and 31 March 2018, 833 clients initiated treatment and were followed up at 3, 6, 9 and 12 months. Of those, at 12 months (24%) reported changing at least one of the six behaviours monitored (Increased mental wellbeing- measured using WEMWBS, lowered alcohol consumption – measured by Audit C, increased physical activity, reduced BMI, increased fruit and vegetable consumption, smoking cessation). 152 (7%) reported changing 2 or more behaviours and 91 (6%) reported changing 3 or more behaviours. 42 (5%) reported not changing any behaviours and 70% of all those initiating the service did not attend the 12 month assessment and therefore no outcome was recorded. Three month follow-up data is shown in figure 21.

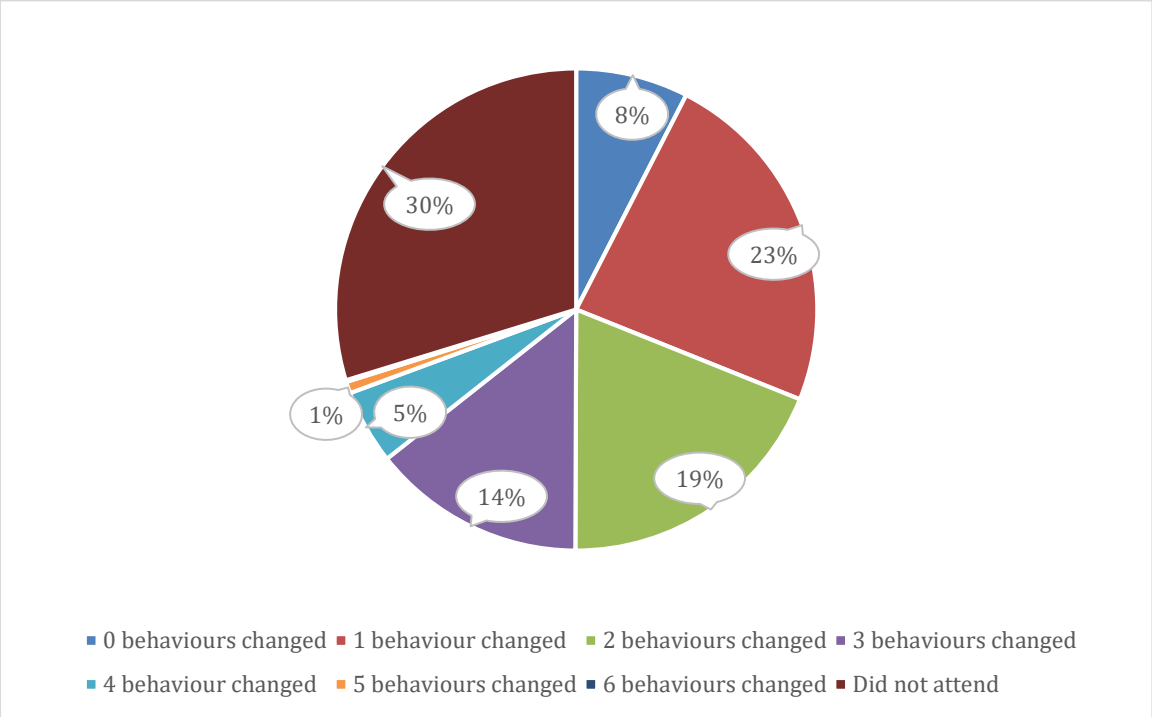


Figure 21: Proportion of clients changing behaviour through the Live well Service at 3 month follow-up (April 2017-March 2018)

Figure 22 shows the proportion of service users who reported each of the six unhealthy behaviours at their initial assessment, who reported a positive outcome at 12 month follow-up defined as:

- Mental Wellbeing – measured by a score of over 44 on WEMWEBSs scale.
- Alcohol Audit C score of less than 8 indicated drinking at low risk levels
- Physically active – achieving recommended amount of physical activity
- Healthy weight - BMI in the healthy range
- Smoking - Quit smoking at 4 weeks

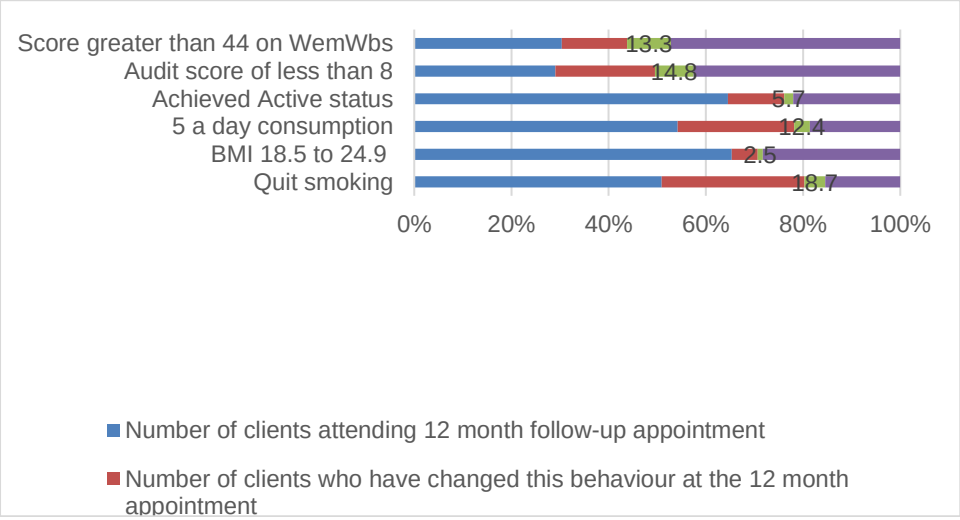


Figure 22: % clients reporting positive 12 month outcome April 2017-Mar 2018

As part of the Live Well Programme, a Harm Reduction Programme is also offered to support those people with severe mental health illness (SMI) who can't quit smoking or aren't ready to yet - this is delivered by MIND in Croydon. By recognising the challenges that people with SMI face in quitting smoking entirely, the programme includes some harm reduction approaches as set by NICE Guidelines [PH45]. This means that people with SMI are offered support through individual or group sessions that aim to help them cut down prior to stopping, or to reduce the amount they smoke until they are ready to set a quit date (SAQD). People with SMI are also supported individually, as required. Since the start of the MIND service delivery in February 2018 up until March 2019:

- 9 people have completed a Harm Reduction Programme
- 4 people set a quit date following the Harm Reduction Programme
- 0 people who set a quit date following the Harm Reduction Programme successfully quit at 4-weeks

5.5 Tobacco Control

In July 2017, the Government published the new Tobacco Control Plan for England which set the vision to create a smoke free generation by 2022. This will be achieved when smoking prevalence is at 5% or below, and by focusing on tobacco control across the whole system.

To contribute towards the local need, national vision and ambitions, Croydon Council has a number of tobacco control measures which include working with schools, trading standards (including engaging with business and illicit tobacco), healthy lifestyle programme (Live Well Programme) and more, as detailed in the table below.

Area	Aim	Achievements
Policy		
Schools work	Led by Healthy Schools, aims to prevent young people from taking up smoking. A multi-agency forum is working on a borough-wide plan of support to schools on the introduction of statutory Relationships, Sex and Health Education in 2020. This will include an element of health	77% of schools engaged in the scheme and offering a holistically education package underpinning the national curriculum and equipping CYP with skills to avoid risk behaviours and understand the health impact of drugs (including smoking). The introduction of the new curriculum will apply to all state schools.

	education which will cover teaching and learning about drugs, alcohol and tobacco as part of a revised scheme of work for schools, including social and personal components such as resisting peer pressure and understanding of consequences.	
"Do you Pass"	Led by Trading Standards, "Do You Pass" is a nationally accredited training programme for businesses covering the sale of all age restricted products including tobacco & nicotine inhaling devices. PHC and Trading Standards are the first to offer a combined free training session to SMEs in the Borough that includes not just the accredited training but also a unique PH introductory talk on the issues of young people and tobacco.	Every shop selling age restricted products in the Borough is offered free of charge accredited training. Some will receive personal invitations from an officer who visits their premises to explain about the opportunities available. This includes any new premises that we are aware of and we continue to work with the licensing team to ensure that training remains a licensing condition, promoting the bespoke Croydon DYP course as an option for licensees to attend. In the last year we have trained approximately 90 retailers which resulted in an exceptionally high pass rate with a small percentage failing the written test. The feedback has been very complimentary about the training and trainers, rating it 'very useful and relevant'. We have also devised training which is bespoke to Pharmacies to target the smaller range of age restricted products sold in pharmacies.
Smoke-free workplace Policy	To achieve smokefree grounds for all public sector organisations to provide leadership in tobacco control and to protect staff and visitors.	Public Health have a joint lead role in the Council's workforce wellbeing agenda. The Public Health and HR Team are working together on the Croydon Council Smoking policy, currently under review (last update 23 September 2014). This includes an assessment on allocating potential areas where members of the staff could smoke (e.g. creation of specific shelters nearby BWH) and consideration on the opportunities around vaping to support the workforce to quit smoking. Live Well Croydon is a e-cig friendly programme, and as part of the SSS people willing to use e-cigs as a supporting aid to quit will be provided with information and behavioural support. For that purpose, advisors are being trained with the latest evidence available around the effectiveness and safety of e-cigs, myths, and to convey accurate advice to clients.
Environment		
Shisha bars	Led by Food and Safety Team, aims to improve compliance with the law.	14 Shisha bars have been identified as operating in Croydon. Inspections were carried out by the Food and Safety Team: 4 premises were found to not be compliant with the legislation. The Food and Safety Team are working with these businesses to provide guidance and ensure businesses comply with smoke free legislation and

		understand health risks around Shisha.
Illicit tobacco	Led by regulatory services, aims to reduce the circulation of illicit tobacco.	Croydon Trading Standards conducted an operation employing the skills of Tobacco Dogs in July 2018. They invited joint working with HMRC and as a result made seizures from several premises of illicit tobacco. We are currently planning a similar operation with the use of dogs which will again occur during the London Illegal Tobacco Campaign in summer 2019. Croydon Trading Standards designed and distributed posters and leaflets asking the public to report illicit tobacco.
Support		
Smoking Cessation	Smoking Cessation support is part of the Live well offer described above. There is currently no direct supply of NRT to clients. Pharmacotherapy is offered to Live Well clients via a voucher system that can be redeemed at participating pharmacies or via the GP.	See Live Well section above. Data from PHE for 2017/18 shows that Croydon treated 666 smokers in 2018/19 (4) and achieved 530 4 week quits (307 CO validated). The CO validated quit rate per 100,000 smokers in Croydon is 854 per 100,000 smokers. The rate per 100,000 smokers treated and 4 week quitters is lower than London and England. The cost per quitter is £1116 in 2017/18 compared to the average across London at £559.
MECC Brief Advice Training	Delivered by the internal Community Live Well Advisors to upskill the workforce, community and health partners in signposting to local stop smoking services and other healthy lifestyle support for residents.	The target is to train 100 health professionals this year.

5.6 Alcohol

To contribute towards the local need, national vision and ambitions, there are a number of alcohol related services which include working with a range of partners both internally and externally.

The table below has grouped these under areas they have influence – policy, the environment and the offer of low level support.

Area/Name	Aim	Achievements
Policy		

Local Alcohol Licensing	Under the Licensing Act 2003 the London Borough of Croydon is the Licensing Authority, and is responsible for granting premises licences, club premises certificates, temporary events notices and personal licences in the Borough in respect of the sale and/or supply of alcohol and the provision of Regulated Entertainment and Late Night Refreshment. The Director of Public Health, among other key stakeholders, was made a responsible authority after an amendment of the licensing act in 2011.	Encouraging and permitting licensable activities needs to be balanced against the needs and rights of residents and other businesses and to ensure that where a premises provides licensable activities, this is done in a way that promotes the four licensing objectives in the Act and complies with the Statutory requirements. Croydon licensing policy was recently updated in 2018 and can be found here. Public has provided input into the development of this policy. Croydon Public Health has supported the Licensing Objectives through working with other responsible authorities and in submitting representations to the Licensing committee where necessary.
Environment		
Cumulative Impact Zones	There are concerns about parts of the borough which experience high levels of alcohol related crime and alcohol related hospital admissions and where it is clear that the density of shops selling alcohol for consumption off the premises is significantly higher than in other parts of the borough. As a result, the following 4 cumulative impact zones are in place in Croydon (the map below demonstrates the 4 CIZs and Off License Premises in the Borough – see figure 18)	Therefore, in these areas, where relevant representations are received on any new applications for a premises licence to sell alcohol off the premises, or on a material variation to an existing such premises licence there will be a presumption under the special policy that the application will be refused. However, the policy is not meant to be prohibitive and will consider individual circumstances of each application.
Support & Services		

Alcohol Liaison Nurse (ALN) Service	Based in CHS and received referrals of eligible patients in A&E, RAMU and other wards. For dependent drinkers, a referral is then made to hospital detox team. The team also provides brief advice and extended interventions to those drinking at risky levels. For low risk and harmful they signpost to community substance misuse services. They may also support administration of appropriate and safe alcohol detoxification, liaison with community drug and alcohol services and alcohol training/support to the wider hospital workforce.	CCG funded at £95,664 annually 'Aim: Alcohol admissions avoidance' – reducing non-elective admissions for alcohol related conditions. Target to achieve 10% decrease.
The Addictions & Long Term Conditions Nurse (previously called IPC pilot)	Funded through the Better Care Fund (£61,000 annually) and works primarily with people attending A&E, admitted to wards for health conditions but continuing to drink alcohol. The nurse is based at CUH A&E part time, attends the CUH frequent attenders meeting & receives referrals from CUH. Service includes supporting patients to manage long term conditions and is considered a step-up from Alcohol Liaison Nurse Service. It includes more intensive 'hand-holding' support to clients with support continuing into the community for example support to clients in attending appointments.	Aim: reducing frequent alcohol related admissions and supporting better management of long term conditions amongst clients with substance misuse issues. Agreed estimated annual caseload is around 50 per year (around 15 at any one point in time)
Substance Misuse Treatment (Alcohol and Drugs)	Across primary, secondary, tertiary treatment, treatment includes community detox and rehabilitation, inpatient detox and rehabilitation, assertive outreach for rough sleeping or entrenched drinkers, social care support and peer led support. There is a specific Alcohol Pathway for people needing support for dependent or problematic alcohol use.	Croydon's rate of adults in specialist alcohol misuse treatment services (1.6/1,000 population) is lower than England (2.1/1,000), and similar to its CIPFA neighbourhood boroughs (1.8/1,000). [NDTMS (2014/2015) (40)] As of March 2019, there were 498 people in treatment primarily for alcohol, this is split between (290 clients for Alcohol misuse only and 208 clients for Alcohol & non-opiates misuse). There will also be people citing alcohol treatment needs within the opiate cohort but this is not broken down. Latest figures (Dec17-Nov18) show 40% of service users successfully complete treatment for alcohol and do not represent within 6 months.

Drink Coach	DrinkCoach is an app to help individuals track and change their drinking. The app is based on the Identification Brief Advice (IBA) evidence, using the gold standard Alcohol Use Disorder Identification Test (AUDIT). It follows alcohol prevention, early intervention and treatment approaches to encourage a healthier relationship with alcohol. This helps reduce the economic burden on health services. DrinkCoach helps to make the alcohol treatment more accessible to those individuals who would not traditionally engage with mainstream alcohol services.	From April 2018 to March 2019, 2,640 people visited DrinkCoach, and 2,541 were unique visitors (2% higher than previous period). 1,634 people started the AUDIT test, and 1,178 people completed test (19% higher than previous period). More male than female completed the AUDIT (i.e. 54.2% vs 45.8%). Mainly White British users completed the AUDIT test (58.8%). 38.9% of users completing the test were at high-risk level of alcohol harm; 22.2% were at higher-risk; 22.2% at lower-risk; and 16.7% at increasing risk. The estimated cost saving as a result of this service was £18,198 (28% more than previous period).

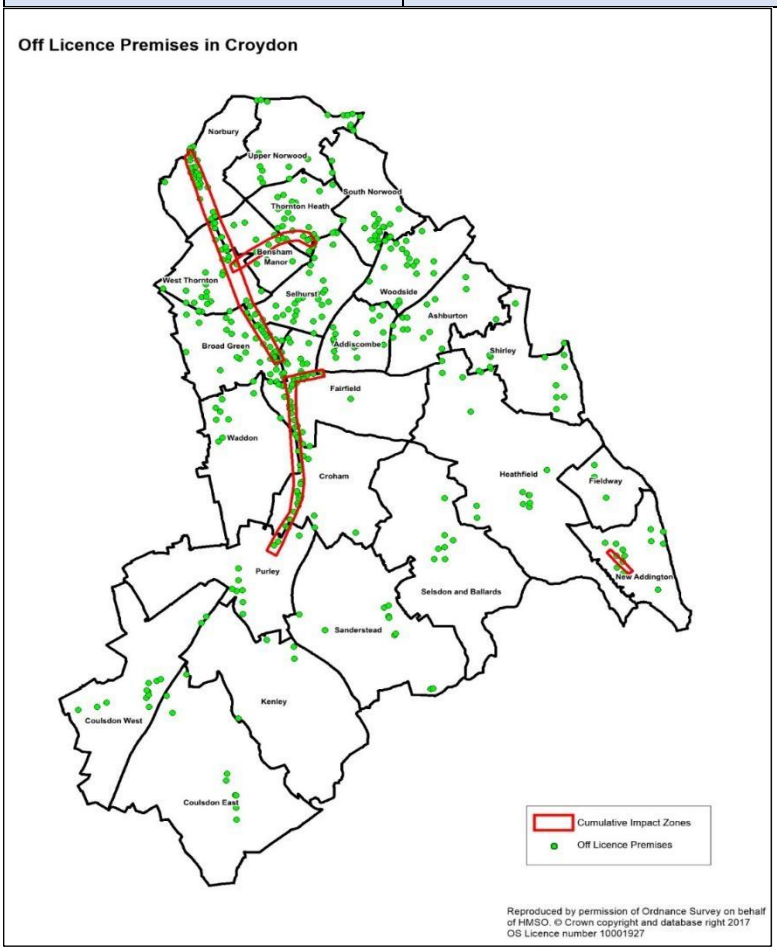


Figure 23: Official licensed premises and cumulative impact zones as of January 2018

5.7 Obesity and Diet

To contribute towards the local need, national vision and ambitions, Croydon Council has a number of obesity and diet related initiatives which include working with a range of partners both internally and externally. The table below has grouped these initiatives by area of influence – policy, the environment and the offer of support.

Area	Aim	Achievements
Policy		
Croydon Partnership Healthy Weight Steering Group	Croydon has an established healthy weight steering group which is a partnership of statutory and voluntary agencies whose aim is to enable communities and families to eat well, be active, have lower levels of overweight and obesity and reduced incidence of long-term conditions, cancer and reduce inequalities.	An all age's healthy weight pathway has been developed for health professionals to understand the services available to residents who need support around their weight. Successfully overseeing the healthy weight action plan 2017-2020 and ensuring all actions have been met.
Local Declaration on Sugar Reduction and Healthier Food	The aim is to achieve a public commitment to improve the availability of healthier food and to reduce the availability and promotion of unhealthier alternatives. It was developed by the Greater London Authority and Sustain. The declaration is endorsed by the elected leaders of London boroughs and relevant senior officers such as directors of public health. To sign the declaration the local authority has to commit to take at least six different actions across six key areas.	Croydon is working towards becoming a 'Refill' borough supporting local organisations to offer free drinking water to members of the public. A scoping report is currently being developed to assess which areas of the declaration can be committed to. Croydon will be monitored annually by the London Food Group (Good Food for London Annual report) on the progress of actions within the declaration.
Food Poverty Action Plan	In a bid to avert or ease food poverty, Croydon has developed a Food Poverty Action Plan (2017-2019) which takes a whole systems approach to food poverty. The plan engages a wide range of partners and aims to influence many Council services approach to supporting households at risk of food insecurity. We recognise this plan is a lever to layer up and expand on actions that can deliver the greatest impact. A number of these actions including looking at how we can strengthen our ability to support services and partners who support low income families with the cost of healthy food, focusing on a coordinated locality approach to children's access to healthy food during the school holidays and driving forward UNCIEF Stage 3 baby friendly accreditation.	A key component of the food poverty action plan and in 2019/2020 with the support of Sustain, is increasing the uptake and use of Healthy Start vouchers. Healthy Start vouchers entitles those on low income to buy fruit and vegetables, milk and formula milk, in addition to vitamins from early pregnancy until children are aged 4. Uptake in Croydon and London has remained static, between 60% and 70%. Considerable efforts to increase uptake are being made in Croydon and nationally but uptake rates have not increased. In 2019/2020 Croydon was one of a small number of

		areas awarded funds by Sustain to explore and understand the issues with Healthy Start in more depth.
Environment		
Eat Well Croydon	Eat Well Croydon is a voluntary scheme for food outlets in Croydon based on the principle that small changes in cooking practice can make a big difference. The model is based on an adaptation of the Chartered Institute of Environmental Health's accreditation scheme of 'Healthier Catering Commitment'.	37 businesses signed up to the scheme.
Good Food Matters	The Good Food Matters Community Food Learning Centre is based in New Addington and has been supported by the council to deliver a range of cooking and horticultural activities, to help improve resident's health and wellbeing. The centre offers a bio-diverse green space with a large fully equipped, accessible to all, teaching kitchen.	GFM have successfully delivered a variety of cookery workshops for residents and community open day sessions such as 'the big dig' and the 'big lunch'. Food growing support is also available for the local schools.
School Superzone	Aims at tackling the unhealthy urban environments within a 400m radius of schools; encouraging healthy behaviours through targeted interventions and restrictions on unhealthy foods, advertisements, alcohol, smoking, gambling and vehicle emissions.	Workshops have taken place locally to find levers and engage partners which has resulted in the co-production of a local action plan.
Support		
Sugar Smart	Croydon Council launched a Sugar Smart campaign in collaboration with the Jamie Oliver Foundation and Sustain. This is a systems-wide campaign aiming to raise awareness of the dangers of excess sugar consumption, and to reduce dietary intake of sugar across the borough.	In Croydon we are working with primary, secondary schools, early years, faith groups, sports and leisure centres and individuals. However there is still a need to build on the work with the local hospital and the BID (Business Improvement District).
Food Stop Shop	The Innovative Food Stop project is a community led, multi-agency model that was created to provide food poverty solutions for Croydon families who are identified as being at risk of homelessness or in poverty following a change in the welfare reforms. The Food Stop currently established in Fieldway, New Addington is located in one of the most deprived areas in Croydon and London.	The Food Stop enables local residents to have access to healthy and affordable food whilst receiving a wraparound service to empower residents to improve their current situation by maximising their income. Residents have access to £20 of fresh food for £3.50 per week, helping families experiencing food insecurity so they are able to concentrate on improving their current situation to make lasting changes.

Live Well and JustBe	The Live Well Croydon service is a behavioural support service that aims to improve overall health and wellbeing of Croydon residents by helping them to change health behaviours, including maintaining a healthy weight. JustBe is an online service that offers advice, hints and tips on a range of behaviours, including maintaining a healthy weight.	See section 4.4.1 and 4.4.2

5.8 Sport and Physical Activity

Within Croydon Council, sport and physical activity is delivered by an integrated service that works across parks and open spaces, district centres and areas of deprivation. There are a number of physical activity measures offered which include working with a range of partners, some of which are detailed below:

Area	**Aim**	**Achievements**
Policy		
Croydon Community Sport, Physical Activity & Health Network	Croydon Council launched a Community Sport & Physical Activity & Health Network with relevant key stakeholders to support the strategic delivery of sport & physical activity across the borough.	A new chairperson has recently been appointed.
Sports and Physical Activity Facilities Strategy 2018-2023	Croydon Council produced a Sports and Physical Activity Facilities Strategy 2018 – 2023 using the Sport England framework, which sets out the plan to enhance existing infrastructure and guide future provision of facilities to best serve the borough's communities. It includes the following sports and physical activity: athletics, bowls, cricket, football, hockey, tennis, rugby union, sport halls, swimming and health and fitness. Link to Sports and Physical Activity Facilities Strategy 2018 – 2023	Evidence suggests there is a significant over-supply of outdoor bowls provision in the borough. The ambition is to support clubs in their development and explore ways for the facilities to be used by other community groups when not used by the clubs. Adult Football in Croydon has a clear weakness in limited female football participation. Female football accounts for just 3% of total affiliated football played in the borough. Clubs attribute this low participation due to the limited level of ancillary facilities in Croydon. The ambition is to create a sustainable football offer with high quality facilities for everyone. The Council is progressing Parklife – 2 high quality football hub sites within the borough. Analysis shows that there are approximately 5,447 adults who would be interested in playing Tennis in Croydon who currently do not. However, the community tennis offer is uncoordinated and limited. The ambition is to create a sustainable and co-ordinated approach to tennis within the

		borough, working with the Council's leisure management partner GLL. Swimming pool provision in the borough is strong, with Croydon having the seventh highest amount of total water space of all London boroughs. The opening of New Addington Leisure Centre will provide high quality facilities to replace facilities previously rated as below average.
Ambitious for Parks	In 2016, 'Ambitious for Parks' highlighted the role Croydon's parks and open spaces play in place making, health and wellbeing and the borough's cultural offer.	'Croydon Talks Parks' engaged over 1500 residents and over the last two years the council has listened to resident views and progressed a number of work streams, details of these can be found in appendix xx.
Environment		
Leisure Centres	Croydon Council has 5 leisure centres, run by GLL. To date, 12,064 adult residents are leisure centre members, either on a pre-paid or pay & play basis.	The London Borough of Croydon funded free swimming campaign attracted over 17,000 swimmers across the 5 leisure facilities over the 2018 summer holidays. GLL have secured funding to purchase a Pool Pod at Thornton Health Leisure Centre. The new poolside hoist is ideal for targeting certain hard to reach groups such as wheelchair users and older adults in to swimming. Thornton Heath Leisure Centre are set to launch 55+ Club programme which will include low cost weekly sessions such as swimming and fitness classes. GLL are official partners of the Croydon Dementia Action Alliance.
Parks and Green Spaces	Croydon has 127 parks and green spaces. The Walking for Health programme is a national initiative managed by the Ramblers Association and sponsored by MacMillan Cancer Support. The programme currently provides 14 weekly walks across 11 parks and open spaces within the Borough; engaging 30 active volunteer Walk Leaders and around 415 walkers taking part each week.	There are currently 9 outdoor gyms based in; Duppas Hill, Lloyd Park, Thornton Health Rec Ground, Sanderstead Rec Ground, Coulsdon Memorial Ground, Goldcrest Way New Addington, Purley Way Playing Fields, Grangewood Park, King George's Field. GLL have been working in partnership with Our Parks to establish and launch 20 free Fitness Classes across the borough of Croydon. The weekly sessions target inactive people and are currently taking place across 5 Croydon parks. GLL are working in partnership with Silver

		Fit to deliver low cost activities such as Nordic Walking.
Support		
Physical Activity Finder	The physical activity finder will allow Croydon residents to search, find and book physical activity sessions coordinated by providers across Croydon thanks to Open Data. The data aggregator IMIN acts as a repository for all this physical activity data and supports providers to "open" their booking databases, this allows live session data to be accessible to multiple platforms. Our physical activity finder is one such platform and is therefore able to present this information to our residents to use at their leisure.	The "Soft" launch of the physical activity finder took place in January 2019. We are correcting a few technical issues before a larger public launch takes places (aimed for summer 2019).
RAP	A programme funded by Adult and Social Care with the purpose of providing a 'short break' for parents/ carers of young people with disabilities or additional needs.	The programme hosts 11 weekly activity sessions including trampolining, swimming and multisports and in 2018/19 over 160 young people aged 5-25 years accessed the service.
Active Travel - Cycling	Croydon Councils Strategic Transport Team are engaged in a number of projects that facilitate and promote active travel.	Borough wide: • Ongoing improvements to roads and junctions to improve safety and connectivity for cyclists and pedestrians. • Provision of on street cycle parking. • Working with developers to ensure that they provide sufficient cycle parking, walking access and promote active travel to new residents and visitors. Neighbourhood specific • Healthy School Neighbourhoods – the first two are Broad Green and Upper Norwood. These work with a cluster of schools and the local community to look at ways to reduce the number of parents using cars to drop and collect their children at school. The measures are a mixture of engineering (safer crossings, junctions), enforcement (parking restrictions, School Streets) and behaviour change initiates (cycle training, events, promotion). • Liveable Neighbourhoods – The Liveable Neighbourhood area is immediately to the West of Croydon Town Centre and aims to improve the connectivity in an area dominated by traffic by improving cycling and walking infrastructure and improve the public realm both of which will

		make cycling and walking easier, safer and more pleasant.
Healthwise	The Healthwise Physical Activity Referral Scheme launched in 2018 with the recruitment of a new Healthwise Co-ordinator.	The programme is now fully underway with 31 Croydon GP surgeries actively referring residents with mild to moderate health conditions. The existing Cardiac Rehab programme has been incorporated into the programme. 92 referrals had been made between January and March 2019.
Connect Health	The Connect Health partnership launched in December 2018. Connect Health deliver Croydon's MSK physiotherapy provision across the borough.	Physiotherapists are utilising South Norwood, Waddon and Thornton Heath Leisure Centre's with hundreds of local residents accessing the leisure facilities on a weekly basis for physiotherapy.
Social Prescribing	One Croydon are implementing Croydon's 'Social P' programme to support people with social and emotional needs that cannot be met through medical intervention.	Social P is being delivered by a variety of partnerships, as of April 2019, 60 partnerships have been set up across the borough. Since the programme was launched in Thornton Heath in 2017, the model has been rolled out to 5 of the 6 GP networks, and there have been over 40,000 attendances at community and voluntary groups from people identified from general practice.

5.9 NHS Health Checks

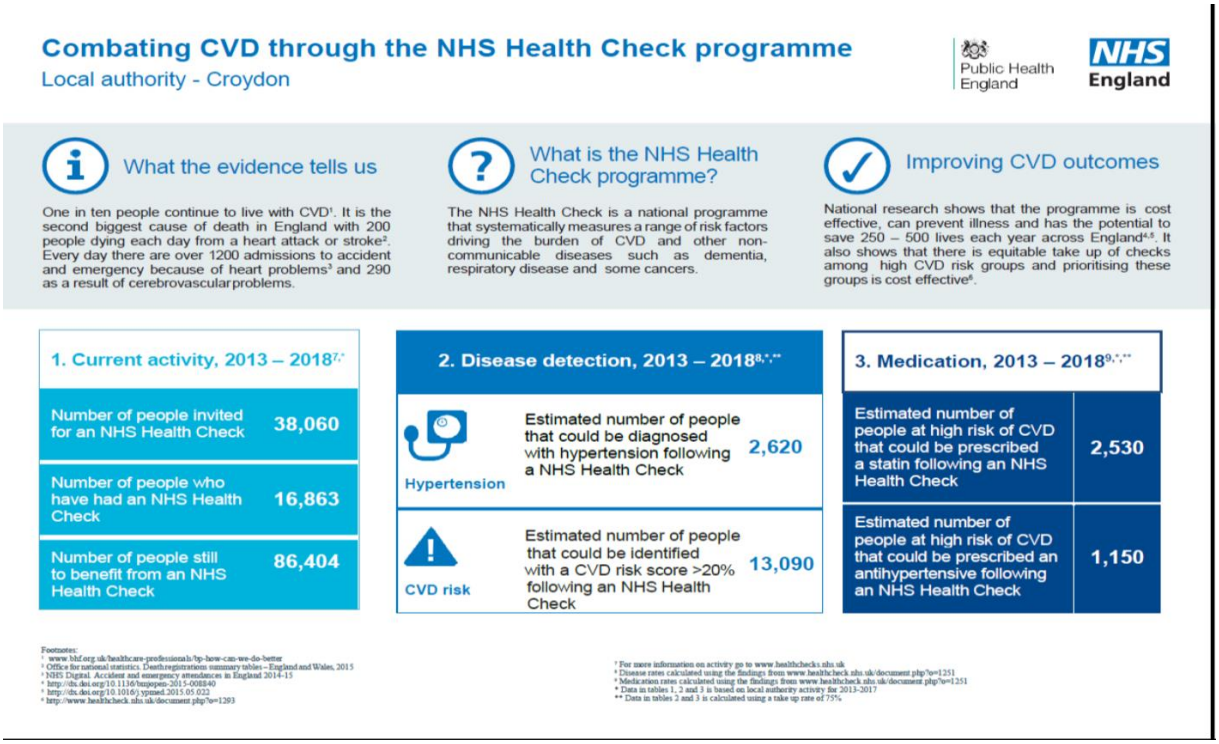
The NHS Health Check programme is a national systematic vascular risk assessment and management programme established to assess an individual's risk of heart disease, stroke, diabetes and kidney disease in order to reduce both death and the burden of disease from these conditions. The target group are 40 to 74 year olds, excluding those with pre-existing vascular disease. Eligible persons are offered a Health Check every five years. The first major evaluation of the NHS Health Check in England, published in 2016, has found that the programme is effective at identifying people at risk of a major cardiovascular incident such as heart attack or stroke, and estimates that over the first five years it has prevented 2,500 cases due to treatment following the check. Vascular disease also accounts for approximately a third of the difference in life expectancy between spearhead areas (areas with the worst health and deprivation) and the rest of England. The NHS Health Check offers an opportunity to make significant inroads in tackling health inequalities, particularly those relating to socio-economic grouping, ethnicity and gender.

Croydon has adopted a targeted approach to NHS Healthchecks delivery whereby people with particular risk factors are prioritised for an invitation to receive an NHS Healthcheck. This allows limited resources to be targeted more effectively to those most likely to be at risk of an existing or future long term condition.

As a result of this targeted approach, Croydon has historically experienced low performance for offers and uptake compared to London. Figure 24 shows the number of individuals invited to health checks (38,060). From April 2014 to July 2019 this figure increased to 57,454.

The proportion of health checks offered in 2017/18 to the eligible population was 7.7% and 11.2% for the same period 2018/19. From 2014 to 18/19 54% of the eligible population were offered a health check. A central invitation provider was commissioned in 18/19 which has resulted in more invitations and uptake in 2019.

A recent announcement by the Department for Health and Social Care states that there will be changes to the NHS Health Checks programme to move towards a more data-driven predictive approach which will allow health checks to be targeted to people who are most at risk of ill health, which is aligned to the current approach adopted in Croydon.



Combating CVD through the NHS Health Check programme

Local authority - Croydon

Public Health England

NHS England

What the evidence tells us

One in ten people continue to live with CVD[1]. It is the second biggest cause of death in England with 200 people dying each day from a heart attack or stroke[2]. Every day there are over 1200 admissions to accident and emergency because of heart problems[3] and 290 as a result of cerebrovascular problems.

What is the NHS Health Check programme?

The NHS Health Check is a national programme that systematically measures a range of risk factors driving the burden of CVD and other non-communicable diseases such as dementia, respiratory disease and some cancers.

Improving CVD outcomes

National research shows that the programme is cost effective, can prevent illness and has the potential to save 250 – 500 lives each year across England[4,5]. It also shows that there is equitable take up of checks among high CVD risk groups and prioritising these groups is cost effective[6].

1. Current activity, 2013 – 2018[7,*]

Number of people invited for an NHS Health Check	38,060
Number of people who have had an NHS Health Check	16,863
Number of people still to benefit from an NHS Health Check	86,404

2. Disease detection, 2013 – 2018[8,*,]**

Hypertension	Estimated number of people that could be diagnosed with hypertension following a NHS Health Check	2,620
CVD risk	Estimated number of people that could be identified with a CVD risk score >20% following an NHS Health Check	13,090

3. Medication, 2013 – 2018[9,*,]**

Estimated number of people at high risk of CVD that could be prescribed a statin following an NHS Health Check	2,530
Estimated number of people at high risk of CVD that could be prescribed an antihypertensive following an NHS Health Check	1,150

Footnotes:
[1] www.bhf.org.uk/healthcare-professionals/hp-how-can-we-do-better
[2] Office for national statistics. Death registrations summary tables – England and Wales, 2015
[3] NHS Digital. Accident and emergency attendances in England 2014-15
[4] http://dx.doi.org/10.1136/bmjopen-2015-008840
[5] http://dx.doi.org/10.1016/j.ypmed.2015.05.022
[6] http://www.healthcheck.nhs.uk/document.php?o=1203
[7] For more information on activity go to www.healthchecks.nhs.uk
[8] Disease rates calculated using the findings from www.healthcheck.nhs.uk/document.php?o=1251
[9] Medication rates calculated using the findings from www.healthcheck.nhs.uk/document.php?o=1251
[*] Data in tables 1, 2 and 3 is based on local authority activity for 2013-2017
[**] Data in tables 2 and 3 is calculated using a take up rate of 75%

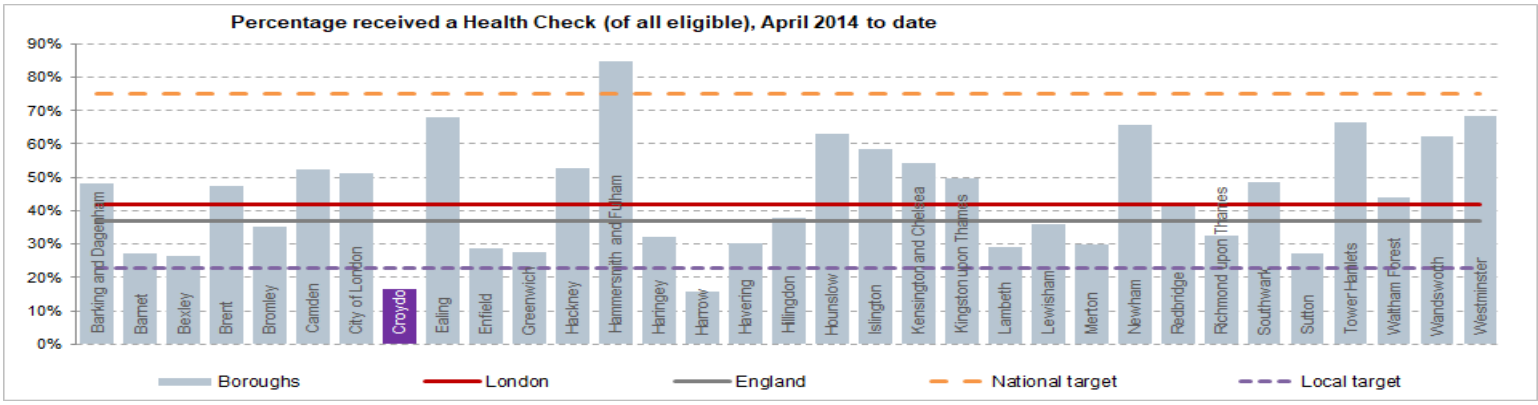
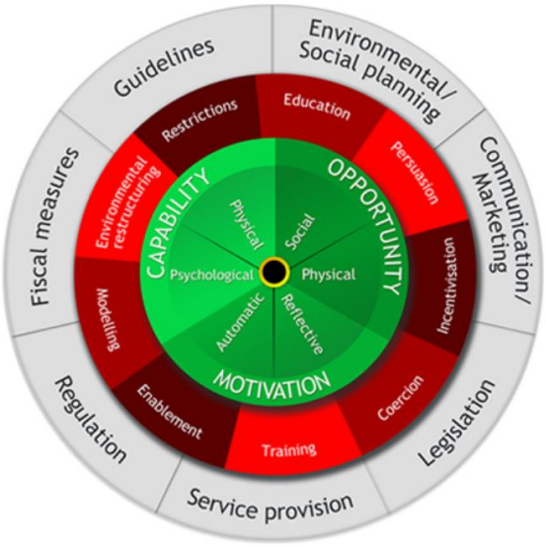


Figure 24: Percentage received a health check

6. What Works – The evidence base for health behaviour change

There has been a wealth of research on what works to change health behaviours and a number of models of behaviour change have been developed. The most well-known of these include Prochaska and DiClemente's Transtheoretical model developed in the 1970's which focuses on the stages an individual goes through when making a change to their behaviour and how best to support the individual during each phase. This model ignores the social and environmental factors outlined earlier in the Dahlgren and Whitehead model but is helpful in the tailoring of interventions.

More recently, Michie et al (54) developed the COM-B model which draws upon learning from a number of behaviour change theories and aims to address the limitations posed by them. Many current behaviour change intervention now use this model as a framework for their approach. The model focuses on the importance of affecting a person's Capability, Motivation and Opportunity to change:



Capability – Do I have the physical and psychological capability to change, e.g. skills and knowledge to make a change.

Motivation - Belief that you can change a behaviour and the change will be beneficial for you, a sense of urgency to make a change.

Opportunity – Physical and social environment needs to be conducive to change.

The model also recognises the importance of a whole systems approach to addressing health behaviours that consider policy, environment and support.

Policy
Many policies can impact health. Having an agreed set of actions, service level of agreements or plans can help achieve successful outcomes.

Environment
There are links between environmental factors, health inequalities and impacts on health.

Support
Support services are crucial to help change, reinforce and maintain behaviour change.

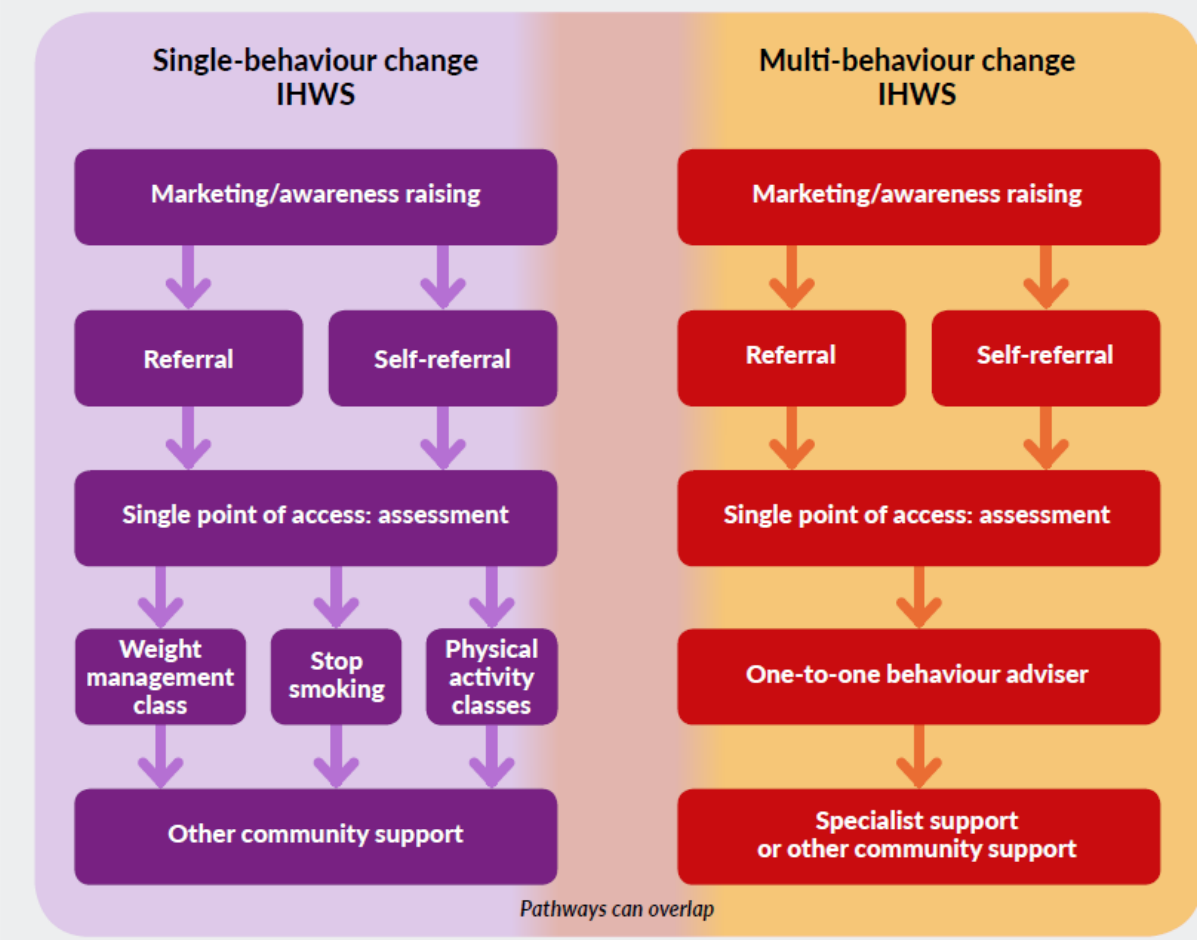
6.1 Integrated Health and Wellbeing Services

Historically many public health initiatives have been provided on a programme basis. There has been an increase in public health service integration, with weight management, smoking cessation and NHS Health Check services combined into one individually commissioned programme with a single point of access.

NHS Confederation and the Faculty of Public Health (2011) argued that 'Wellness' services provide support to people to lead healthier lives.

The Wellness approach goes beyond looking at a single-issue, healthy lifestyle services and a focus on illness, and instead aims to take a whole-person and community approach to improving health (55). However, the Kings Fund argue that due to shortages of academic research to evidence the usefulness and cost-effectiveness of different approaches, commissioners need to innovate and take risks (2). If integrating health behaviour services, commissioners need to consider the available resources, intervention intensity and delivery, and the target population. All of these factors impact on the effectiveness, and likely cost-effectiveness, of multiple risk behaviour interventions (56).

In the main, there are two types of integrated service (55) (shown in the diagram below).



Source: The King's Fund 2018

Consideration needs to be given to the impact that integrated wellbeing has on an individual's health and wellbeing. The Wellness Services Evidence Based Review (56) identifies a number of benefits to people accessing integrated wellbeing services. For example promoting positive health that can empower individuals, enabling them to maintain and improve their own health, and a focus on promoting quality of life not just length of life. Wellness services should take into consideration inequalities in health and where possible actively seek out those individuals that do not usually benefit from mainstream health services (56).

The National Centre for Smoking Cessation and Training (NCSCT) undertook a review of the evidence on integrated health behaviour lifestyle services. Based on four risk behaviours studied (tobacco smoking, hazardous alcohol use, poor diet and physical inactivity), the report concluded that only specific risk behaviours cluster together (57). A moderate number of risk behaviours (two to three) targeted together

result in the biggest improvements in outcome and that the effectiveness and cost-effectiveness of multiple risk behaviour interventions depend on the behaviour targeted (57).

The Kings Fund report on multiple unhealthy risk factors, published in 2018, reviewed emerging integrated lifestyle services in 2017 (55)). In the case studies reviewed, many used the COM-B model of behaviour change as the underpinning model for their services. The review of the evidence concluded that the evidence that success in one behaviour can facilitate success in changing another is limited. Evidence on whether it is more beneficial to tackle behaviours sequentially or simultaneously is also inconclusive, however, there is more evidence supporting single behaviour change integration than multiple-behaviour change. The report supported the NCSCT finding that for smoking cessation there is evidence that it is more effective to address smoking sequentially rather than in parallel to other behaviours. PHE therefore advises that smoking cessation should be tackled within an integrated service with a dedicated adviser, but not as part of a multi-behaviour change intervention. However, the Kings Fund suggests more research is required to understand this fully. The report made a number of recommendations as follows:

- Improve data driven targeting of those with multiple risk factors
- Use of the COM-B approach to address capability, opportunity and motivation
- Building connections between interventions and organisations to facilitate cross-referrals
- Collect data on multiple risk factors and outcomes

6.2 Supportive Self-Care

Individuals have a key role in and responsibility for protecting their own health and wellbeing. Self-care includes every aspect of living a healthy lifestyle from eating a balanced diet to looking after oneself after an illness. Advances in technology offer a range of tools and information to enable people to track their behaviours and to motivate them to set goals to improve their health. Supporting people to embed self-care into their daily routine will support long-term maintenance of health behaviours and reduce risk factors for non-communicable disease (58) .

6.3 Smoking

The Department of Health recommends the use of the six internationally recognised strands of tobacco control to combat local tobacco use (59):

- **Stopping the Promotion of Tobacco**

Since April 2013 all shops have been required to remove tobacco products from display and since May 2017 all cigarettes and tobacco sold in the UK have standardised packaging.

- **Making Tobacco Less Affordable**

The health benefit to the population from raised tobacco prices can be undermined if smokers have access to cheaper products that have been sold illegally. HM Revenue & Customs (mid-range) estimates for 2013/14 that 10% of cigarettes consumed in the UK were illegal, for hand rolled tobacco this figure was 39% (60).

- **Effective Regulation of Tobacco Products**

There has been an introduction of numerous government policies surrounding smoke free public places, workplaces and vehicles, the display of tobacco products and cigarette packaging, the regulation of e-cigarettes and proxy purchasing of tobacco products. It would be expected that these measures will help facilitate a reduction in smoking and smoke related harm.

- **Helping Tobacco Users to Quit**

Smokers are four times more likely to be successful at quitting if they receive behavioural support from a stop smoking service than if they quit on their own. Research shows that over-targeting priority smoking groups is the best way to tackle smoking prevalence amongst these demographics. The National Centre

for Smoking Cessation and Training (NCSCT) provide evidence based guidance on the provision of services (61).

The National Institute of Healthcare Excellence (NICE) has a number of guidance documents that provide recommendations to tackle smoking. They recommend:

Target	Guidance
Provision of Very Brief Advice by Health Care Professionals	NICE Guidance (PH1) Smoking: brief interventions and referrals
Mandatory Carbon Monoxide (CO) screening for all pregnant women	NICE Guidance (PH26) Smoking: stopping in pregnancy and after childbirth
Acute, maternity and mental health services	NICE Guidance (PH48)
Preventing uptake in children and young people	NICE Guidance (PH14)
Harm reduction: Although the best way to avoid harm from smoking is to quit entirely, there are other ways of reducing the harm from smoking, even though this may involve continued use of nicotine.	NICE Guidance (PH45)
Workplace interventions: Develop a smoking cessation policy in your workplace, allow staff to attend services during work time.	NICE Guidance (PH5)
Stop smoking services	NICE Guidance (PG92)

- **Reducing Exposure to Secondhand Smoke**

Smoke free laws are proving to be effective in reducing exposure to second-hand smoke. There is a wealth of research on ways to encourage and support families to implement smoke free households to protect other family members and children from exposure.

- **Effective Communication for Tobacco Control**

Incorporating communication strategies into the local tobacco control plans can increase the effectiveness of national and local smoke free campaigns. Local stop smoking services should align their campaigns with national materials and campaigns.

- **Electronic Cigarettes**

The majority of the more than one million users of electronic cigarettes in the UK are current or former smokers. Most users use them to either replace cigarettes in places where smoking is prohibited or discouraged, to cut down on smoking, to reduce harm from smoking, or to quit smoking. Evidence indicates that e-cigarettes can help people quit smoking, with similar or better results than nicotine replacement therapies (62).

For more information, see the following guidance:

- Public Health England (PHE) E-cigarettes: an evidence update (2015)
- Royal College of Physicians – Nicotine without smoke: Tobacco harm reduction (2016)
- National Centre for Smoking Cessation and Training (NCSCT) Electronic cigarettes: A briefing for stop smoking services

- **Partnership Working**

Partnership working across organisations and health care professionals has proved to be key in recruiting and retaining smokers to the stop smoking services. Tobacco Control Alliances have been proven effective in countering illicit tobacco activity in local areas.

6.4 Excessive Alcohol intake

6.4.1 Identification & Brief Advice

- Improved early identification and intervention in primary care has been shown to avert both alcohol-related admissions and A&E attendances (63).

- Identification, Brief Advice and Extended Brief Interventions (EBIs) have a high degree of efficacy and cost-effectiveness and should be delivered by health and social care professionals in primary care, secondary care and in the community (64), (65), (66), (67).
- 1 in 8 people drinking above recommended levels who receive simple alcohol advice will reduce their drinking to within lower risk levels. Higher risk and increasing risk drinkers who receive IBA are twice as likely to moderate their drinking 6 to 12 months after an intervention when compared to drinkers receiving no intervention (68).
- Interventions can also take the form of longer more motivationally-based sessions where the aim is to motivate people to change their behaviour by exploring with them why they behave the way they do and identifying positive reasons for making change. These have also been demonstrated to be effective in the reduction of alcohol consumption (18).

6.4.2 Alcohol Licensing

There is strong evidence that local licensing policies are associated with a reduction in alcohol-related hospital admissions in areas with more intense licensing policies (69).

As a Responsible Authority, Public Health should:

- Work with police, community safety colleagues and other responsible authorities to set up a system of sharing relevant information and data
- Facilitate access to health information such as anonymised A&E data, linked to alcohol-related incidents
- Contribute relevant public health data and concerns to the development of the Statement of Licensing Policies
- Map the proximity of the premises to local family centres, schools, play groups, community youth centres and other venues where children are present
- Resources should be made available to prevent under-age sales, sales to people who are intoxicated, proxy sales (that is the illegal purchase of alcohol for someone who is under-age or intoxicated), and non-compliance with any other alcohol licence condition/ illegal imports of alcohol.

National Institute of Healthcare Excellence (NICE) has a number of guidance documents that provide recommendations to help tackle excessive alcohol intake. Some of these are listed below:

Target	Guidance
National Institute for Health and Care Excellence (2010) Alcohol use disorders: preventing harmful drinking.	NICE public health guidance 24.
National Institute for Health and Care Excellence (2011) Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence.	NICE clinical guidance CG115.
National Institute for Health and Care Excellence (2015) Alcohol: preventing harmful use in the community.	NICE quality standard 83.
National Institute for Health and Care Excellence (2014) Behaviour change: individual approaches.	NICE public health guidance 49.
National Institute for Health and Care Excellence (2010) Alcohol use disorders: preventing harmful drinking.	NICE public health guidance 24.
National Institute for Health and Care Excellence (2011) Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence	NICE clinical guidance CG115.

National Institute for Health and Care Excellence (2015) Alcohol: preventing harmful use in the community.	NICE quality standard 83.
National Institute for Health and Care Excellence (2014) Behaviour change: individual approaches.	NICE public health guidance 49.

6.5 Physical Inactivity

Being close to and having access to green spaces in residential areas is positively associated with increased overall levels of physical activity across age groups. Amongst older people, five-year survival rates are positively associated with proximity of access to space for walking, nearby parks and tree-lined streets, independent of socioeconomic status (70). In the UK a correlation has been observed between those living closest to greener areas and reduced levels of mortality, obesity and obesity-related illnesses. This has been linked to higher levels of exercise, but causality has not been demonstrated (70).

Sport England and the National Institute of Healthcare Excellence (NICE) have published a number of guidance documents (listed below) that provide recommendations to tackle physical inactivity. Evidence suggests employers should encourage employees to be more active at work and that the environment shapes behaviours and this has an influence on encouraging people to be active, thus, planning applications should consider options for physical activity. Changing behaviour is fundamental in helping inactive people become active. There are a variety of behaviour change models that should be considered when developing physical activity initiatives.

Target	Guidance
(40) Physical activity programmes at work have been found to reduce absenteeism by up to 20% with physically active workers taking 27% fewer sick days (41). It is recommended that employers encourage and support employees to be more physically active.	Physical activity in the workplace (PH13)
Planning applications for new developments should always prioritise the need for people to be physically active. When developing or maintaining streets and roads, pedestrians/cyclists and users of other modes of transport involving physical activity should be given the highest priority.	Physical activity and the environment (PH8)
Brief interventions in primary care are a cost effective way to increase physical activity levels in adults.	Physical activity: brief advice for adults in primary care (PH44)
44) Exercise Referral schemes are recommended for people who are sedentary or inactive and have an existing health condition, or other factors that put them at increased risk of ill health (e.g. being overweight/obese). These schemes are not recommended for people who are sedentary or inactive, but otherwise healthy (for whom brief advice and signposting to local activities would be recommended).	Physical activity: exercise referral schemes (PH54)
As well as increasing physical activity levels, walking and cycling can help reduce car travel leading to reductions in air pollution; reduce road danger; increase the number of people on the streets making public spaces seem more welcoming; and provide an opportunity for people to participate in the outdoor environment. These benefits may be particularly significant for people with disabilities whose participation in other activities may be more restricted.	Physical activity: walking and cycling (PH41)
Recommendations to help maintain a healthy weight and prevent excess weight gain include encouraging	Preventing excess weight gain (NG7)

people to be more active and reduce sedentary behaviour; encouraging people to build activity into daily life; developing routines and habits that gradually increase the amount and intensity of activity they do.	
Multifactorial interventions which include muscle strengthening and balance training should be offered to older people (65+) assessed as being at risk of falling or having had recurrent falls and/or balance/gait deficit.	Falls in older people: assessing risk and prevention (CG161)
Changing people's behaviour is key to increasing activity levels. There appear to be three key ingredients to creating behaviour change: **1.** The person's capability to change **2.** The person being given an opportunity to change **3.** The person having the motivation to change	Sport England: Applying Behaviour Change Theories

6.6 Poor Diet and Obesity

The Foresight Obesity Systems Atlas (71) highlights the need for a whole system approach, where health is taken into account in every policy and decision across local government and private sector with the aim of making the healthy choice, the easy choice.

Public Health England published its guide 'Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight' in July 2019 (72). The principle of this guide is not to specify which policies or programmes should be adopted locally but is instead to support areas through the process of collectively agreeing priorities to create a local whole systems approach.

Public Health England and the Association of Directors of Public Health published their guide 'What Good Healthy Weight for All Ages Looks Like' in 2019.Two key themes in this is the need for a focus on inequalities and to take a life course approach.

National Institute of Healthcare Excellence (NICE) and Public Health England have published a number of guidance documents which provide recommendations to tackle healthy weight, in which they recommend prevention and self-care with additional support for those most at risk, and that activities are integrated into current services taking a local strategic approach to healthy eating and healthy weight.

Target	Guidance
Recommendations to help maintain a healthy weight and prevent excess weight gain include encouraging people to be more active and reduce sedentary behaviour; encouraging people to build activity into daily life; developing routines and habits that gradually increase the amount and intensity of activity they do.	Preventing excess weight gain (NG7)
Recommendations include adopting an integrated approach to preventing and managing obesity, raise awareness of lifestyle weight management services and ensure weight management programmes include specific outcomes and address local need.	Weight management: lifestyle services for overweight or obese adults (PH53) Weight management: guidance for commissioners and providers. Evidence-based guidance to support practitioners, commissioners and providers of tier 2 weight management services PHE 2017

Prevention and management of obesity should be a priority for all. Local authorities should work with partners to create and manage more safe spaces for incidental and planned physical activity. Workplaces should provide opportunities for staff to eat a healthy diet and be active.	Obesity Prevention (CG43)
A whole system approach to poor diet and obesity is needed involving both local and central government, businesses, communities, families and society as a whole. Improving the built environment to encourage physical activity, the availability of healthy food and the availability of unhealthy food will also help.	Foresight – Tackling Obesities: Future Choices – Summary of Key Messages PHE Whole systems approach to obesity: A guide to support local approaches to promoting a healthy weight
The SEF for weight management interventions aims to describe and explain the information that should be collected in any evaluation of a weight management intervention.	Standard evaluation Framework for weight management interventions

The government launched a “healthy lifestyle” campaign Change4Life (C4L) in 2009. Its aim is to inspire a broad coalition of people, including the NHS, local authorities, businesses, charities, schools, families, community leaders to all play a part in improving the nation’s health and well-being by encouraging everyone to eat well, move more and live longer. A sister brand, Start4Life, introduces healthy habits right from birth and the Public Health England campaign, “One You” is aimed at adults.

7. Unmet Need

This section outlines the gaps in current provision in relation to need and the evidence base to inform the recommendations.

7.1 Multiple Lifestyle Risk Factors

In recognition of the need to respond to multiple unhealthy risk factors in Croydon, the integrated service was established alongside digital health assessment and support.

The current service offers simultaneous lifestyle support with follow-ups at 3, 6, 9 and 12 month intervals. There is some evidence that sequential support is more effective, particularly with smoking cessation. The evidence is inconclusive regarding the order in which healthy behaviours should be addressed.

The Live Well service does not have a prescribing function within the specialist service in order to provide nicotine replacement therapy (NRT) at point of service delivery as per NCSCT guidance. There is an opportunity to explore options of how this can be provided to remove obstacles to accessing NRT.

The current service targets individuals who are likely to be most at risk through eligibility criteria. The evidence and guidance is in favour of targeting services towards smokers who are most in need. It is worth exploring how this can be achieved intelligently using the increased access to linked patient level acute and primary care data through a case finding approach. We can apply learning from the risk stratification methods being used in the NHS Health Checks programme and primary care. This will enable more precise targeting in line with the Marmot proportionate universalism principle. Population analytics are developing at pace and may provide opportunities for local segmentation and targeting of residents for healthy lifestyle services.

An evaluation of the Live Well Service including cost effectiveness compared to other services will commence in September 2019.

There is increasing evidence regarding the value of vaping in supporting quit attempts, particularly among those who find it the most difficult to quit, this has not been fully explored in Croydon. Opportunity for pilot funding of vape packs for high risk groups, for example, social renters, could be explored.

The guidance from the Kings Fund outlined the need to ensure clear links from healthy lifestyle services to wider social support. There are opportunities to link Live Well advisers into emerging integrated care hubs, Council localities, social prescribers and Personal Independence Coordinators to enable people to access a full range of support to address the wider determinants of health.

There may be missed opportunities to engage primary care and other front line professionals in the delivery of very brief advice and signposting. Involvement of Primary care in the delivery of healthy lifestyle services has declined over the last 3 years, however, the NHS Long term plan provides the opportunity to re-engage via the Primary Care Networks to ensure the healthy lifestyle offer is more closely aligned. There is currently a MECC offer in place locally, however, there is not currently a MECC workforce strategy, there are, therefore, opportunities for a more strategic approach to MECC training.

NHS Health checks is currently outside of the Live Well offer, there is an opportunity to align this to provide a more seamless gateway into healthy lifestyle support. There are examples of other integrated services that have done this. This may also offer efficiencies with regards to IT solutions to support these services.

7.2 NHS Health Checks

According to 18/19 local performance data collected by the commissioned provider of those that received a health check, 10% (326) were smokers, which is slightly lower than the smoking prevalence for Croydon. Gender and ethnicity proportions broadly reflected the local population, with 44% of NHS health checks involving men (56% to women). 46% of health checks were delivered to BAME residents.

During the same time period the number of people living in a deprived area who attended a health check, has increased compared to 2011/12. Uptake however remains lower than amongst those living in more affluent areas of the borough. This could suggest that people living in more affluent areas have greater opportunities to be proactive about understanding and managing their health. There is, therefore, a need to improve uptake among people living in areas of deprivation.

Of the 2,985 people who had a Health Check during 18/19, 51% (1538) had a low vascular risk score compared to 71% in 2011/12, 31% had a medium score compared to 18% reported in 2011/12. 15% had a high score (Q score > 20) compared to 10% in 2011/12. This data suggests that efforts to target Healthchecks towards those most at risk are succeeding. Of high risk individuals, 81% were men compared to 77% in 2011/12 and 29% were smokers which is a significant decrease from 60% in 2011/12.

146 people coming from an area of greater deprivation had a CVD risk higher than 20%, whereas 216 people living in more affluent areas had a high CVD risk of 20%.

The implementation of the new invitation system in September 2018 has improved uptake to Healthchecks and further analysis of the effectiveness of the Healthchecks programme will be required once this has been in place for a year. There is also an opportunity to align the NHS Healthchecks programme with One Croydon's Long term conditions programme which aims to case find undiagnosed hypertension, diabetes and atrial fibrillation and offer support to manage their condition including access to healthy lifestyle support.

7.3 Smoking and Tobacco Control

In 2015, Croydon participated in two systematic reviews of smoking and tobacco control: the London wide Sector Led Improvement programme and a CLeaR self-assessment. Recommendations for improvement included:

- Leadership - There is no senior level champion for Tobacco Control on the health and wellbeing board and there needs to be clearer links to key strategic plans
- Commissioning – further develop mental health, maternity, children and young people's service provision to have more impact on smoking prevalence.
- Innovation – identify innovative ways of using technology to increase quit rates and to deliver services with more focused prioritisation
- Stronger links with partners including regulatory services, the healthy schools programme, other addiction and anti-social behaviour services, volunteers, students and young people.

7.3.1 Helping Tobacco Users to Quit

The 2017 Tobacco Control for England vision to create a smokefree generation by 2022, has been partly met in Croydon. However, smoking prevalence among people living in the most deprived communities and among people with mental health problems remains high. The ambitions were to:

- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less (Croydon 3.9%)

- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less (Croydon 11.4%)
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population (Croydon 4.4%)
- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less (Croydon 6.8%)
- Reduce the prevalence of smoking in people with mental health conditions

This vision has been renewed in the Prevention Green Paper consultation document (73), in which the Government announced an ambition for England to be smoke-free by 2030. This has been supported by exploring options for revenue raising to facilitate cessation services.

The NHS has also been asked to do more on Prevention. The NHS Long term plan set out that all smokers who are admitted to hospital should be offered support to stop smoking. This is currently offered in Croydon as part of the Live Well offer and supported by the Risky Behaviour CQUIN target.

Evidence suggests treating 5% of the smoking population per year (61) for Croydon translates to 1,649 smokers per year. In 2017/18, Croydon treated 666 smokers (5). The CO validated quit rate per 100,000 smokers in Croydon is 854 per 100,000 smokers, which is low compared to London (1552 per 100,000).

Although locally there has been significant progress towards accomplishing tobacco control national ambitions; there are still gaps in evidence-based provision as per the guidance and evidence identified above. For instance, the Croydon Stop Smoking Service was decommissioned on 31 March 2017, and the service was subsequently integrated within Live Well Croydon (see section 4.4 and 7.1). With the programme targeting those residents 16 years and over, there is a critical gap in supporting children and young people attempting to quit smoking. This may undermine the government's ambition to create a smokefree generation and it is therefore paramount to consider alternative interventions as part of the children's public health offer to assure CYP who smoke receive the support they need to quit. In order to comply with the evidence-base we should also consider:

- Provision of universal stop smoking support proportionate to need with direct access to pharmacotherapy, as per NICE recommendations
- Targeting of pregnant women, people with mental health issues and those in who are less affluent for stop smoking support.
- Working with the local NHS to target smokers with existing LTC and to sustain the stop smoking offer in the hospital setting.
- Engagement of emerging Primary Care Networks in referral and provision of brief stop smoking interventions
- Use of population analytics to case find smokers from primary, secondary and mental health data and target for support.
- Recording of smoking status in primary and secondary care to improve data collection and case finding
- Targeted support for those with diagnosed LTC
- Developing and implementing mandatory Very Brief Advice (VBA) training for all frontline staff as part of a strategic MECC offer
- Developing and implementing mandatory Carbon Monoxide (CO) screening for all pregnant women at booking and referrals in all maternity departments to in house and community support

- Supporting CHS to further develop their in-house stop smoking support in CHS and routine provision of stop smoking medications for inpatients
- Promotion of and support for Vaping as a means of stopping smoking

7.4 Alcohol Harm Prevention

In Croydon, data suggests there are a significant number of local residents drinking alcohol at levels potentially harmful to health. Data collection and data sharing of resident's level of risk and alcohol related harm, however, is limited and more robust data is required to enable targeting of interventions to reduce consumption.

The approach to alcohol identification and brief advice in Croydon is patchy, there is no consistent approach to the delivery of NICE recommended brief interventions across health and social care. The evidence demonstrates that routine brief interventions carried out by NHS professionals as part of usual practice are effective in reducing alcohol consumption. For those who do not respond to brief interventions, extended brief interventions could be offered. There is currently no provision of brief treatment for people who do not meet the threshold for substance misuse services (those who drink at high risk rates, but who are not dependent on alcohol).

There is already an Alcohol Care Team in place at Croydon University Hospital and the NHS Plan intends for this to be provided in all hospitals. We should continue to ensure that these are provided in line with best practice. We should also consider the establishment of Alcohol Assertive Outreach Teams (AAOT) to reduce rates of repeat hospital attendance. AAOT can also work face-to-face with patients to implement tailored care plans that address their alcohol dependence, mental health, physical health and welfare needs

Local authorities have a number of powers that can be used to reduce alcohol availability, Croydon Council have utilised these powers, as described in section 5.6.

Community safety partners should continue to make effective use of local crime and related trauma data to map the extent of alcohol-related problems. This data should inform the development and review of licensing practices, with 'cumulative impact' policies implemented to limit the number of new licensed premises in a given area.

7.5 Physical Inactivity

Active travel and the environment

22.9% of Croydon residents (19+ years) are classed as physically inactive (achieving less than 30 minutes exercise per week) compared to 22.2% nationally (26). Active travel rates in the borough are low. Bike journeys make up only 1% of all journeys starting in Croydon (32). Evidence suggests that providing opportunities within the everyday environment for people to be active successfully increases physical activity levels. Work in this area must bring together colleagues from all sectors, including planning, public health, licensing and transport to ensure development and regeneration in Croydon. This will create an environment that lends itself to healthier choices, including increasing physical activity.

Green spaces

Within Croydon, the proportion of people using outdoor space for exercise or health reasons is 15.2%, this is similar to both the national average of 17.9% and the London average of 18%. With 127 parks and green spaces in Croydon, there is an opportunity to

increase usage and increase physical activity levels. Furthermore, ensuring alignment with the recently developed Social P programme and Physical Activity Finder will help direct people to parks and green spaces in Croydon.

Workplace

Currently within Croydon Council (a large employer with approximately 3600 staff, approximately 50% of whom live within the borough) there are limited physical activity programmes on offer. The evidence suggests that employers should encourage and support their staff to be more physically active. Croydon Council have an Active Lifestyles service, managing the borough's health walks, allotments, physical activity, parks and open spaces. Increased exposure to these services can lead to improved physical activity levels within the Council. The Council is refreshing its commitment to supporting staff through the development of a Workforce Strategy. The strategy will cover areas such as staff development, reward and greater opportunities for health and wellbeing in the workplace.

7.6 Poor Diet and Obesity

Whilst a significant amount of work has taken place around the healthy weight agenda in Croydon, overweight and obesity rates are still greater than the London and England average. There are inequalities in rates of overweight and obesity in all ages across the Borough and a more co-ordinated approach is required to address these. Section 3.5.3 also identified the priority groups where the risk of obesity is higher.

Croydon took a whole systems approach to obesity in its Child Healthy Weight Action plan 2017-2020 and has recognised the need to extend this approach to all ages. The healthy weight partnership group is holding a stakeholder workshop in November 2019. This will use the principles outlined in the new Public Health England guidance, creating a whole systems approach to promote a healthy weight. This workshop will take both a Croydon wide and locality view. The locality approach is in recognition of the need to address inequalities in the drivers and rates of obesity across the Borough. Addressing the needs of priority groups is a key area to be considered.

An all age's healthy weight pathway on a page has been being developed to guide health professionals in signposting to appropriate support and services. This helps meet NICE guidance around adopting an integrated approach to managing and preventing obesity and ensuring that all options are made clear to both professional and the public. Further development of the pathway is required to meet the need to inform the public about all the options.

The Mayor of London outlined key actions to improve the quality of food in London in his 2018 Food Strategy. Improving the food environment is a key component of taking a whole system approach to obesity. Public Health England set out key actions to improve the food environment in 2017 (50) and Croydon has implemented a number of the recommendations in this document but needs to review progress made and gaps.

For example, Croydon sits within the top 10 London Boroughs for the highest density of fast food outlets. While new fast food outlets within 400 metres of schools are restricted in the Local Plan this does not impact existing premises. Eatwell Croydon works with a small number of businesses, but adverse financial circumstances preclude engagement from small companies. A collective effort to change the attitudes to food and fast food outlets is required.

Access to healthy food within some areas of deprivation in Croydon is poor. Nationally funded work on the Good Food Retail Plan and Healthy Start vouchers is being implemented in Croydon. Key outcomes will be a greater understanding of the local challenges around food and the formation of a Food Alliance that will bring together key partners to influence food and food retail across the Borough.

The environment and the availability of unhealthy food makes it particularly difficult for people to eat a healthy balanced diet and maintain a healthy weight. It is recommended that alongside improving healthy food availability, redesigning the built environment to encourage physical activity is needed. Once complete, the results of the Active Lifestyles Physical Activity Needs Assessment will be fed into the Partnership Healthy Weight workshop in November as part of the whole systems approach to healthy weight.

8. The Recommendations

The following areas were considered in developing the recommendations:

- The level of need in Croydon
- The evidence of effective interventions
- Cost effectiveness and return on investment
- Stakeholder views
- Health behaviour theory on what factors impact on behaviour
- Opportunities and constraints within the current system

Specific recommendations have been developed for different parts of the health and care system, recognising the contribution we can collectively make in preventing ill health through tackling the behaviours that have the biggest impact on health and social care outcomes.

The overarching recommendations from this needs assessment are as follows:

One Croydon and Croydon Health and Wellbeing Board should:

- Ensure a joined-up, whole system focus on addressing unhealthy behaviours with all partners playing their part to create the conditions to facilitate people to adopt and sustain healthy behaviours.

Croydon Council should:

- Adopt a whole-council approach to addressing the determinants of unhealthy behaviours through a health in all policies approach.
- Use health impact assessments as a tool to identify opportunities to address the wider determinants of unhealthy behaviours by providing supportive, health promoting environments, policies and strategies.
- Work with the NHS to utilise data intelligently to shape targeted interventions to facilitate healthy behaviours.
- Ensure support to help people to tackle unhealthy risk factors is universal but delivered in a way that is targeted and proportionate to need
- Ensure that where possible, healthy lifestyle support is provided upstream, before people become ill.
- Support and encourage partners to implement relevant NICE guidance.

Croydon CCG should

- Commission targeted healthy lifestyle support for people with existing long term conditions as part of their care plan.

Primary Care should:

- Collect patient-level data on risky behaviours.
- Provide very brief advice and referral to healthy lifestyle support.
- Consider the provision of healthy lifestyle support in areas where multiple unhealthy risk factors are more prevalent.

Croydon University Hospital:

- Continue to implement and embed the risky behaviours CQUIN into routine practice.
- Provide stop smoking support and pharmacotherapy and healthy weight support to inpatients.
- CO monitoring of all pregnant women at booking and provision of support to quit smoking.

Mental Health Providers should:

- Provide support and harm reduction approaches to address unhealthy behaviours among people with mental ill health.

All organisations should:

- Provide opportunities for their employees to engage in healthy behaviours using the healthy workplace approach.
- Signpost staff and the public to the support available locally using the London MECC-Link.

Individuals should:

- Be active at whatever stage they are at.
- Eat a healthy balanced diet, following the Eat Well Guide and support others to do so.
- If they smoke seek help to stop
- Drink responsibly and within the recommended units.
- Attend regular NHS Healthchecks.
- Take the Just Be Health MOT.

	Smoking	Excessive Alcohol intake	Insufficiently Active	Poor diet and obesity	Multiple unhealthy risk factors
Individuals	• Quit smoking.	• Drink responsibly and within the recommended units.	• Keep active at whatever stage of life you are at. • Get involved in your local community.	• Eat a healthy balanced diet, following the Eat Well Guide and support and encourage children, family and friends to do the same.	• Register with a GP and go for regular check-ups – i.e. the health check. • Sign up to Just Be Croydon and complete the Health MOT.
Croydon Council	• To lead the system in the delivery of coordinated Tobacco Control initiatives. • Ensure tobacco control activities are embedded into relevant plans, policies and strategies • Ensure direct access to pharmacotherapy at point of support. • Promote awareness of e-cigarettes as a stop smoking aid and explore funding opportunities for vape starter packs for priority groups • Use social value aspect of contracts to support tobacco control. • Systematically integrate Very Brief	• Identify opportunities to integrate alcohol IBA system-wide across health and social care including via emerging primary care homes. • Ensure practitioners have appropriate training and skills to deliver alcohol IBA as part of a MECC approach. • Support the alcohol liaison team in CUH to ensure delivery in line with best practice. • Continue to provide and promote an online alcohol assessment and brief intervention, aligned to the integrated healthy lifestyle offer. • Consider appropriate model of delivery for	• Gain insight into how to target different priority groups at sub community level. • Work with the NHS, Social Care and providers to include physical activity within the falls prevention care pathway. • Continue to promote low impact physical activity opportunities via primary and secondary care providers. • Ensure pedestrians, cyclists and other active transport users are given the highest priority when developing or maintaining streets and roads e.g. implementation of lower speed limits in residential streets • Design and create a comprehensive network of safe and attractive routes	• Continue to drive a partnership and strategic whole systems approach to healthy weight via the Partnership Healthy Weight Steering Group. • Develop and deliver a new all ages healthy weight action plan. • Develop a good food alliance to ensure an integrated, joined up, whole systems approach, improving food, health, community, social equity, economic prosperity and the environment. • Utilise and promote use of green and community spaces in the borough to promote food growing. • Use planning tools such as social value aspect of contracts and community usage of schools to promote health eating policies.	• Champion a health in all policies approach to ensure a wide-ranging approach to tackling multiple unhealthy risk factors. • Include referral to healthy lifestyle services on the Liquid Logic Portal. • Use social value aspect of contracts to promote and support healthy behaviours. • Commission an independent review of outcomes and cost effectiveness of the current Live Well Integrated Healthy Lifestyle Service model. • Further develop the single point of contact to improve access to self-care advice and the Integrated Lifestyle Services including maximising the Croydon Council digital offer. • Ensure the workforce strategy for Croydon includes a focus on healthy workforce.

	Smoking	Excessive Alcohol intake	Insufficiently Active	Poor diet and obesity	Multiple unhealthy risk factors
	Advice (VBA) and signposting to stop smoking support via MECC, into Adult Social Care and Children and Young People's assessments. ● Utilise and promote online stop smoking support via One You.	alcohol brief treatment for higher risk but not dependent drinkers. ● Develop a clear support pathway for people at all levels of drinking. ● Integrate routine alcohol IBA into Adult Social Care and Children and Young People's assessments	for walking, cycling and using other modes of active transport. ● Through the Workplace Wellbeing Group provide information to employers on how to support their employees to be more physically active, including information on/links to local opportunities for physical activity, both within and outside the workplace. ● Build the promotion of environments that encourage physical activity into the assessment of planning applications for new developments ● Utilise NHS data to inform Croydon Council's liveable neighbourhood's project to focus improvements in cycling and walking infrastructure in areas of health need.	● Sign the local declaration on healthier foods and sugar reduction. ● Croydon Council's Public Health, Planning, Regeneration and Economic Development teams work together to have a whole systems approach at tackling the obesogenic environment. ● Ensure frontline employees have knowledge and skills to raise the issue of weight and provide Very Brief Advice, via MECC and appropriate information/resources. ● Managers champion healthy food in the office environment. ● Work with staff food providers to ensure healthy options and to limit unhealthy options.	● Improve intelligence and data collection of residents with multiple lifestyle factors. ● Improved triage to provide support proportionate to need, using the COM-B model. ● Explore opportunities to roll out Very Brief Advice (VBA) training approach via MECC to all public sector front line workforces. ● Ensuring alignment with young people's prevention services and approaches, to enable a whole family approach to fostering healthy behaviours. ● Work with partners to use key life events to promote healthy behaviours e.g. pregnancy, diagnosis of LTC, hospital admission.
One Croydon Alliance	● Advocate for the use of long term plan and quality premium funds to provide targeted stop smoking support for those with a	● Ensure a gold standard alcohol liaison care team and outreach team for people who are drinking at higher risk	● Ensure the fall prevention pathway includes provision and access to falls prevention exercise classes for high risk groups.	● Advocate for the use of long term plan funds to target weight management support for those with a diagnosed LTC to add to the options	● Embed in LTC strategy pathways and support for people with multiple unhealthy lifestyle factors.

	Smoking	Excessive Alcohol intake	Insufficiently Active	Poor diet and obesity	Multiple unhealthy risk factors
	diagnosed LTC or identified risk factors. ● Encourage partner engagement in wider Tobacco Control initiatives	but not dependent is provided as part of transformation plans	● Ensure Very Brief Advice on physical activity is incorporated into care pathways of certain conditions such as cardiovascular disease, stroke, type 2 diabetes and mental illness.	on the all ages healthy weight pathway ● Advocate for all One Croydon organisations to adopt healthy food policy for meetings, events and food provided in the workplace.	● Embed a strategic MECC approach in workforce development plans. ● Champion tackling unhealthy behaviours across One Croydon plans and pathways to ensure a greater focus on the prevention of ill health. ● Improve data recording and modelling to enable better predictions of individuals who are likely to be engaging in 3 or more risky behaviours for targeted intervention- via the Population Health management workstream. ● Champion a focus on tackling multiple unhealthy risk factors within the Mental Health transformation programme.
Clinical Commissioning Group (CCG)	● Maintain monitoring of CQUIN for NHS providers encouraging mandatory recording of smoking status, undertaking Very Brief Advice, referral to stop smoking service and prescribing of stop smoking medications.	● Advocate for the delivery of alcohol IBA within primary and secondary care in line with NICE CG115 and NICE PH24 ● Provision of appropriate alcohol IBA training for practitioners in primary and secondary care	● Ensure Very Brief Advice on physical activity is incorporated into services for groups that are under-represented, such as people over 65, people with a disability, BME groups and people in lower income households.	● Ensure healthy options are available to employees and reduce the opportunity to consume high sugar, high fat products. ● Use social value aspect of contracts to improve healthy behaviours. ● Continue to joint chair the Healthy Weight Partnership Steering Group.	● Embed pathways for referral to Integrated Lifestyle Service (Live Well) in community and acute contracts. ● Improve data recording and modelling in primary and secondary care to enable better predictions of individuals who are likely to be engaging in 3 or more risky behaviours for targeted intervention

	Smoking	Excessive Alcohol intake	Insufficiently Active	Poor diet and obesity	Multiple unhealthy risk factors
	• Support wider tobacco control efforts			• Ensure the Croydon Healthy Weight Pathway is loaded on GP DXS systems	• Champion the workplace wellbeing charter for own and commissioned organisations. • Use social value aspect of contracts to improve healthy behaviours.
Primary Care Networks	• Record the smoking status of all patients. • Ensure staff are trained to provide opportunistic very brief advice via MECC to encourage patients to quit smoking. • Prescribe pharmacotherapy to patients motivated to quit • In networks with high smoking prevalence, consider providing stop smoking support within the network. • Target people with existing long term condition for stop smoking support as per NHS Long term plan and LTC pathway.	• Record the Audit C score of all patients. • Ensure staff are trained to provide Very Brief Advice, via MECC, to encourage patients drinking over recommended levels to reduce.	• Utilise social prescribing and the Physical Activity Finder to refer people who are insufficiently active to activity opportunities. • Training and provision of Very Brief Advice as part of MECC approach	• Record the BMI of all patients • Commission or provide, as a network, weight management support for people with or at risk of developing one or more long term conditions as per the NHS plan and the Croydon LTC pathway. • Utilise social prescribing to refer people who are overweight to opportunities to be active and gain weight management advice. • Training and provision of Very Brief Advice as part of MECC approach	• Record data on alcohol, smoking and BMI to enable increased targeting of support for people with multiple unhealthy risk factors. • Refer patients wanting more information to Croydon's Integrated Healthy Lifestyle service. • Actively promote Integrated Healthy Lifestyle service in the practice to those most at risk • Training and provision of Very Brief Advice as part of MECC approach

	Smoking	Excessive Alcohol intake	Insufficiently Active	Poor diet and obesity	Multiple unhealthy risk factors
Croydon University Hospital	• Ensure smoking status is recorded for all patients. • Ensure Very Brief Advice training, via MECC is available for all frontline staff. • Ensure all smokers are offered stop smoking advice and a referral to the local stop smoking service. • Offer Nicotine Replacement Therapies (NRT) for inpatients as appropriate. • Sign the NHS Statement of support for tobacco control. • To implement mandatory CO screening, opt-out referrals, recording of smoking status for all pregnant women. • Ensure 'Smoking at Time of Delivery' data is accurately recorded.	• Delivery of alcohol liaison within hospitals in line with NICE CG115 • Delivery of alcohol IBA within primary and secondary care in line with NICE CG115 and NICE PH24 • Practitioners to have appropriate training and skills to deliver alcohol IBA (PHE e-learning as a minimum). • Explore non-conventional opportunities for signposting target group to lifestyle offers; such as, dentist's signposting clients if they are thought to be a drinker.	• Consistent referral to exercise opportunities by for those who are insufficiently active and have a health condition (according to criteria in NICE guidance on exercise). • Promotion of low impact physical activity within secondary care with a focus on inactive people (doing less than 30 mins per week). • Assessment of patients' physical activity levels (in line with CMO guidelines) and delivery of Very Brief Advice and signposting to local opportunities (in line with NICE guidance on physical activity: brief advice for adults in primary care).	• Roll out of healthy eating and weight management training across NHS frontline staff. • Roll out of Workplace Wellbeing Ward to include healthy eating and weight management for employees. • Improvement in food offer to staff and visitors in NHS – more organisations achieving Eat Well Croydon award. • Ensure frontline employees have knowledge and skills to raise the issue of weight and provide Very Brief Advice via MECC.	• Target people who are at risk of unhealthy behaviours –particularly good opportunities to help them change, such as pregnancy, admission to hospital.

	Smoking	Excessive Alcohol intake	Insufficiently Active	Poor diet and obesity	Multiple unhealthy risk factors
	• Provide senior leadership on stop smoking support. • Implement smokefree grounds.				
Community and Voluntary Sector	• All open areas (outdoor) are clearly signposted as smoke-free and steps are taken to prevent smoking in these areas. • Smokefree policy in place and promoted to staff • Promotion of national stop smoking campaigns	• Alcohol policy in place which includes information on support available for higher risk and dependent drinkers • Promote Drinkcoach	• Signpost staff and the public to physical activity opportunities. • Provide information to employers on how to be more physically active, including information on/links to local opportunities for physical activity, both within and outside the workplace.	• Ensure healthy options are available to employees and reduce the opportunity to consume high sugar, high fat products. • .	• Promote Croydon's healthy lifestyle services to the public and staff • Where employees are likely to come into contact with the public, consider training in Very Brief Advice via MECC e-learning
Mental Health Acute and community	• Routinely ask people if they smoke, offer brief advise and the best way to quit smoking (i.e. with a combination of support and medication) • Support those who wish to cut down or quit to access cessation services	• Assess alcohol use as a core component of mental health assessment • Screen (using a validated tool) everyone aged 16 or above for alcohol use disorders, and offer appropriate interventions and/or referral	• Include assessment of persons physical activity levels when undertaking a nursing assessment/care planning • Encourage individuals to engage in the recommended 150 minutes of physical activity each week. • Work with local partners and other agencies to	• Routinely ask people about their diet when undertaking a nursing assessment, explaining why it is important to eat and drink healthily • Regularly monitor the weight of individuals • Ensure care plans address nutrition and weight management including providing advice on	• Staff trained in MECC and brief intervention. • Assessment of lifestyle risk factors and onward referral to healthy lifestyle interventions

	Smoking	Excessive Alcohol intake	Insufficiently Active	Poor diet and obesity	Multiple unhealthy risk factors
	including support with e-cigarettes ● Develop skills and confidence to administer NRT and support those who experience smoking withdrawal symptoms ● Engage with local smoking cessation services in planning and delivering community activity for people living with mental health problems and to support those in transition from inpatient to community services	● Offer verbal and written information about the effects of alcohol on physical and mental health and ways in which they may interact with prescribed medications	ensure service users have access to leisure centres, gyms and sports facilities	healthy balanced diets, meal preparation, using and understanding food labels. ● Refer people to weight management programmes – should be routine practice for anyone prescribed antipsychotic medicines ● Particular emphasis on 1st episode patients to focus on prevention rather than cure ● Increase access to healthy food choices within mental healthcare settings ● Review medication if contributing to weight gain.	
Businesses	● All open areas (outdoor) are clearly signposted as smoke-free and steps are taken to prevent smoking in these areas. ● Smokefree policy in place and promoted to staff	● Alcohol policy in place which includes information on support available for higher risk and dependent drinkers. ● Promotion of Drinkcoach.	● Consider and implement opportunities to build physical activity into the working day (e.g. lunchtime walks, walking meetings) ● Promote active travel ● Promote local physical activity opportunities	● Sign up to Eat Well Croydon. ● Sign up to Croydon Good Employer Charter ● Join the Good Food Alliance ● Promotion of healthy eating ● Corporate and staff access to healthy food onsite	● Sign up to the Healthy Workplace Charter. ● Promote Integrated Healthy Lifestyle service to staff.

	Smoking	Excessive Alcohol intake	Insufficiently Active	Poor diet and obesity	Multiple unhealthy risk factors
	• Promotion of national stop smoking campaigns				

Key contacts

Smoking	Bevoly Fearon/ Georgia Ladbury
Alcohol	Bevoly Fearon/ Georgia Ladbury
Healthy Weight	Rachel Tilford/ Ashley Brown
Physical Activity	Shirley O'Brien

Signed off by

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