

Improving Healthy Behaviours in Adults

Croydon Council Public Health Team

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Delivering for Croydon

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Note on data cut off period

The data in this chapter was the most recent published data as of January 2025. 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.

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Executive Summary

This Health Needs Assessment (HNA) explores the impact of obesity, smoking, excessive alcohol intake, and physical inactivity on the health and well-being of adults in Croydon. The assessment highlights concerning trends that contribute to health inequalities in the borough.

What is the current situation in Croydon with regards to Obesity, Smoking, Alcohol Misuse and Physical Inactivity?

1. **Obesity:** 62.3% of adults in Croydon are overweight or obese, similar to the national average (64%) but higher than London (57.2%). The assessment reveals higher rates among ethnic minority groups and pregnant women, with 25% of women in early pregnancy being obese.
2. **Smoking:** Smoking prevalence in Croydon (17.1%) is higher than the national average (11.6%), with elevated rates among routine and manual occupations and those with mental health conditions. Notably, 37.7% of adults with severe mental illness (SMI) in Croydon smoke.
3. **Alcohol:** While overall consumption is lower than national averages, Croydon has a higher rate of alcohol-related mortality (34.3 per 100,000) compared to London (33.7), though lower than England (40.7). The assessment identifies an "alcohol harm paradox" where deprived groups suffer greater alcohol-attributable disease burdens despite lower reported intake.
4. **Physical inactivity:** 23.7% of Croydon residents aged 19+ were physically inactive in 2022, compared to 22.6% nationally. Only 64.7% of adults meet the recommended 150 minutes of weekly exercise, lower than both London (66.3%) and England (67.1%) averages.

What is working well in Croydon?

Croydon has implemented a range of effective initiatives to address key health challenges. The Live Well Croydon service stands out as a versatile programme offering personalised support for weight management, smoking cessation and alcohol reduction. This is complemented by specialised services like the NHS's Digital Weight Management programme and Change Grow Live for more complex needs.

The Borough's commitment to creating a healthier environment is evident in its comprehensive tobacco control initiatives that include the "Do You Pass" retailer training

programme, smoke-free workplace policies, and targeted smoking cessation support through Live Well Croydon, community pharmacies and Change Grow Live (Smoke Free Croydon).

The Change Grow Live also provides specialist interventions for alcohol dependence, while Live Well Croydon supports those with hazardous drinking pattern. The Borough has implemented alcohol brief interventions in various healthcare settings.

To combat physical inactivity Croydon has introduced the Healthwise referral programme for those people with long-term conditions but has also invested in improving the urban landscape with new walking, cycling routes, parks and leisure facilities.

These interconnected approaches demonstrate Croydon's holistic strategy to promote healthier lifestyles and well-being across the community.

What opportunities and gaps have we identified from this Needs Assessment?

Despite the progress made, significant opportunities for improvement remain across all four health domains. A key priority is addressing the social and environmental factors that contribute to health inequalities. This includes tackling the concentration of fast-food outlets in deprived areas through enhanced urban planning and developing culturally sensitive interventions for at-risk groups such as ethnic minorities and pregnant women.

Mental health emerges as a critical focus, particularly in strengthening smoking cessation, support for those with severe mental illness. The assessment highlights the need to address the 'alcohol harm paradox' by targeting interventions in deprived areas and improving support for dependent drinkers not currently in treatment.

To combat physical inactivity, tailored programme for older adults, people with disabilities and ethnic minority communities are recommended, alongside increased opportunities for physical activity in areas of high deprivation.

This targeted approach is aimed to close gaps in health outcomes and ensure that all Croydon residents have equitable access to resources that support healthier lifestyles.

What are the reflections we could gather from the Needs Assessment?

The needs assessment reveals the complex intersection between health behaviours, mental health and socioeconomic factors in Croydon. Mental health emerges as both a catalyst for and a consequence of unhealthy behaviours, exemplified by the high smoking rates among those with severe mental illness and the intricate relationship between alcohol misuse and mental health challenges. Socioeconomic deprivation stands out as a fundamental driver of health disparities, profoundly influencing residents access to resources, health literacy and capacity to prioritise healthy lifestyles. This is starkly illustrated by uneven distribution of fast-food outlets and physical activity

opportunities across the borough, often disadvantaging the most vulnerable communities.

Furthermore, the assessment underscores how the stress stemming from financial insecurity and sub optimal living conditions can foster unhealthy behaviours, such as smoking and excessive alcohol consumption. This complex interplay of factors underscores the need for holistic, multifaceted interventions that addresses both individual behaviours and broader social and economic determinants of health in Croydon.

Cross-cutting recommendations

1. Adopt a health in all policies approach to create supportive environments for healthy behaviours, recognising the impact of housing, education, and employment on health outcomes.
2. Utilise data to shape targeted interventions and ensure equitable access to support services, with a focus on areas of high deprivation and vulnerable populations.
3. Embed preventative support and healthy defaults across various settings, such as workplaces, healthcare facilities, and community spaces.
4. Strengthen partnerships between healthcare providers, local authorities, and community organisations to promote healthy lifestyles and address the social determinants of health.
5. Develop integrated care pathways that address both physical and mental health needs, recognising their interdependence.
6. Implement culturally sensitive interventions that account for the diverse needs of Croydon's population, particularly in relation to obesity and physical activity.
7. Enhance mental health support services and their integration with lifestyle intervention programmes to address the complex relationships between mental health and health behaviours.
8. Invest in early intervention and education programmes to break the cycle of health inequalities, with a particular focus on children and young people in deprived areas.

By implementing these recommendations and prioritising the needs of vulnerable groups, Croydon can work towards reducing health inequalities and improving the overall well-being of its adult population. This HNA provides a comprehensive foundation for evidence-based policymaking and resource allocation, emphasising the need for a holistic approach that addresses the interconnected challenges of physical health, mental health, and socioeconomic circumstances.

Chapter 1: Purpose and scope of the Health Needs Assessment

This rapid health needs assessment (HNA) is a chapter of the Croydon's Joint Strategic Needs Assessment and will cover the behavioural risk factors among people aged 16 and over in Croydon. Obesity, Smoking, alcohol intake at harmful levels without dependency and physical inactivity will be explored in this assessment.

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

Drug and alcohol dependency is addressed in The Need for Specialist Drug & Alcohol Treatment in Croydon available here: <https://croydonobs.wpenginepowered.com/wp-content/uploads/2021/04/Substance-Misuse-in-Croydon-Jan-2021.pdf>

The HNA is structured by behaviour. Each section sets the policy context and presents an analysis of local needs aimed at identifying individuals who are more vulnerable to developing cardiovascular disease and cancers related to risk factors such as being overweight or obese, smoking, drinking alcohol at harmful levels and physical inactivity. This is followed by an overview of the evidence about what works well to promote healthy behaviours, and analysis of the potential unmet needs and services gaps, and how these can be addressed based on the evidence in the context of local or national policy driver. At the end of each section, a set of recommendations are provided for each of the behaviours included in the assessment.

Recommendations from this needs assessment will be valuable to policymakers, providers, and community organisations interested in planning, improving, and developing evidence-based preventative intervention to improve the health and wellbeing of Croydon residents.

1.1 Methodology

The rapid needs assessment was prepared by gathering information and insights from:

1. Reviewing existing public health data and reports from government agencies, academic journals to understand the current data and trends related to obesity, smoking, alcohol use and physical inactivity. This has helped in identifying priority issues, evidence of effective preventative interventions and examples of best practice.

This assessment has also explored existing health programmes and services in the area. This is to assess capacity, gaps and identify opportunities for services to be expanded or coordinated to meet needs.

1.2 Limitations

The rapid needs assessment focuses exclusively on analysing adult (aged 16+) health behaviours to inform targeted recommendations within accelerated timelines. As such, potential influences, intersections, or unique considerations for adolescent populations lie outside the current analytic scope. A dedicated assessment exploring youth-specific dimensions around risky substance use and weight management, could supplement the evidence base guiding a lifelong, equitable prevention approach.

Additionally, direct input from residents with lived experience could not be incorporated given project constraints. Key informant interviews were conducted which partially help mitigate this gap by incorporating frontline observations. It is however acknowledged that community insights remain essential to contextualise all findings. Resident narratives must critically inform and ground future health improvement efforts.

Lastly, as this is a rapid needs assessment, obtaining granular data from every segment is not considered appropriate in this assessment's scope.

Introduction

Adult healthy behaviours encompass the lifestyle choices and daily habits that impact wellbeing across the lifespan of an individual. Key areas include physical activity, healthy eating, sleep, mental health, substance use and preventative care. Supporting positive behaviours in these domains can help adults maintain functioning, reduce risk of chronic disease and improve quality of life. However, many adults face barriers to optimal self-care from lack of education, resources, or motivation. This assessment will explore the main behaviours that have multidimensional influences on health.

1.3 Lifestyle risk factors impacting health and longevity in adults

Smoking, excessive alcohol consumption, poor diet combined with physical inactivity have a significant negative impact on both life expectancy and the number of years lived in good health. This accounts for a substantial proportion of chronic disease burden and premature mortality globally (1). These behaviours are also associated with hypertension, high cholesterol, obesity and being overweight, each of which increase the risk of developing heart disease, diabetes and cancer. According to the Global Burden of Disease study in 2019, nearly half of the burden of illness in developed countries associated with four main primary unhealthy behaviours, and these risk factors contributed to over 15,000,000 deaths and more than 500 million disability adjusted life years (DALYs) in 2019 (2).

Behavioural risk factors and health outcomes have a socioeconomic gradient as people with lower socioeconomic status are found to be associated with a higher prevalence of smoking, poorer diet, lower physical activity levels, and worse health status (3). The social and physical environments in which people live constrain and shape these behaviours, through differential access, costs, and norms around risky vs healthy behaviours across communities (4). A study published in 2023, demonstrated that a combination of healthy lifestyle behaviours, including a balanced diet, regular exercise, and non-smoking, could prevent up to 70% of premature deaths from chronic diseases (5).

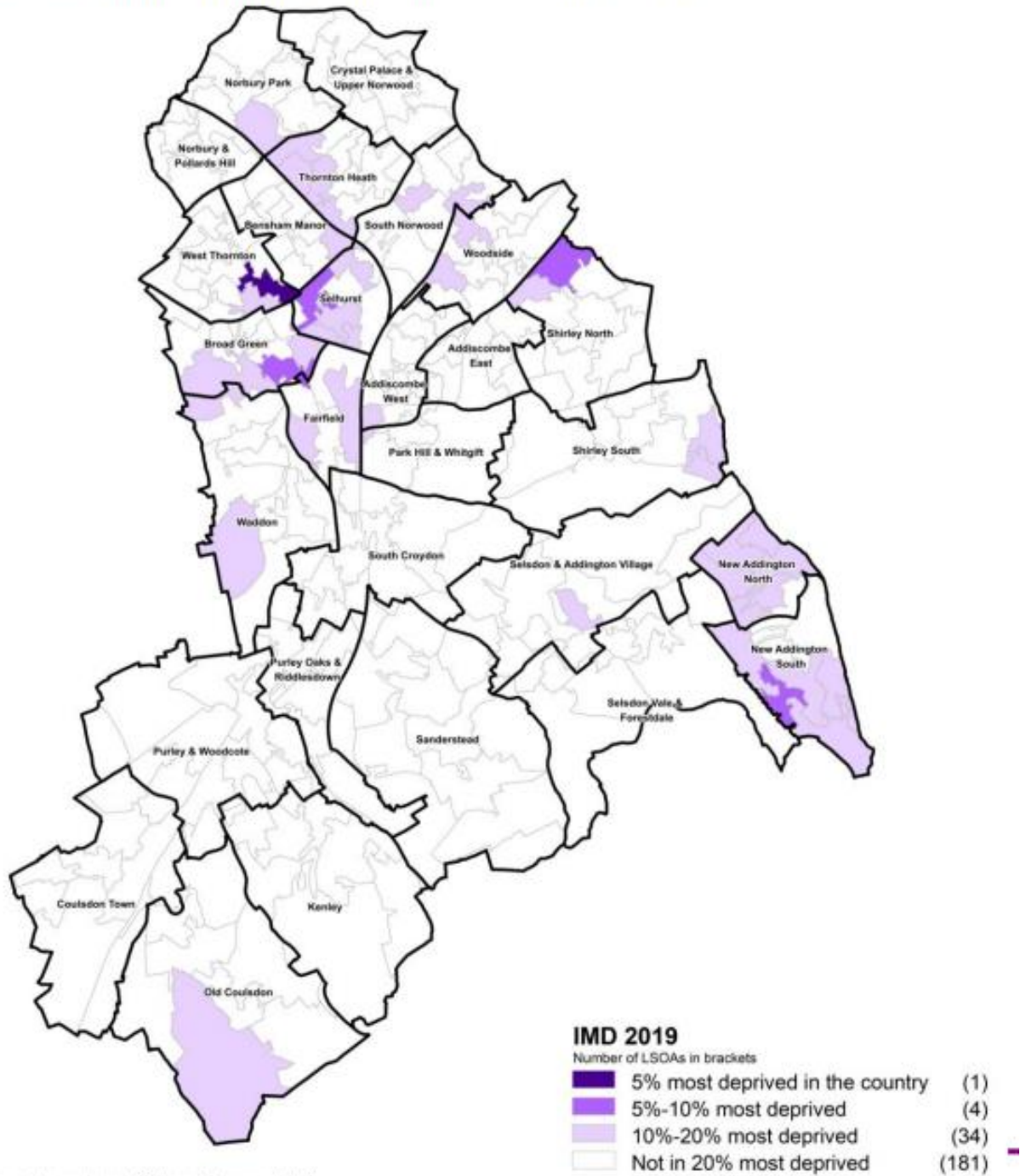
Multi-sectoral strategies that address these modifiable lifestyle factors with interventions addressing individual behaviours, the physical and social environment, and policy are needed

1.4 Local Context

Croydon, located in South London, has an estimated population of 390,800 residents and faces substantial health inequalities driven by high levels of deprivation. There is inequality in life at birth of 9.2 years for men and 6.5 years for women (from the least deprived to the most deprived area) (6). 17% of older people (over 60) are in poverty

compared to 16.2% in England (7). Figure 1 illustrates deprivation across the borough with the darker colours demonstrating the most deprived areas. Deprivation is a wider determinant linked to physical inactivity, alcohol related harm, poor diet and smoking.

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



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Figure 1: Indices of Deprivation in Croydon

Deprivation Decile	Postcodes
2	CR0, CR2, CR3, CR4, CR5, CR7, CR8, CR9, CR90
3	CR0, CR2, CR4, CR7, CR9
4	CR0, CR2, CR3, CR4, CR5, CR7, CR8, CR9

Nearly half of Croydon's population comes from ethnic minority backgrounds, one of the highest proportions in London (8,9). Groups like Black Caribbean and South Asian populations often reside in more disadvantaged neighbourhoods, leading to disparities in outcomes (10). Understanding this context is crucial for effective healthcare planning and intervention strategies.

Cost of living is impacting the residents in Croydon. People are feeling the pinch as prices increase for everyday essentials like food and fuel. This isn't just about one or two things getting more expensive - it's affecting nearly all aspects of daily life, putting extra strain on household budgets across the borough, especially for those already struggling to make ends meet.

Recent data highlight that modifiable risk factors like obesity, smoking, alcohol use (in the broader region) and lack of exercise remain highly problematic in Croydon relative to national averages (11). 62.3% of adults were classified to be overweight or obese in Croydon which is similar to the rates for England which stand at 64% (12). Among adults aged 18 and over, the rate of current smokers is 17.1% in Croydon (13) which is higher to the rate for England which stands at 11.6%. An estimated 15.8% of the population in Croydon drink over the recommended 14 units week. Croydon has an estimated 3,382 dependent drinkers (0.87% of the population) (14). 23.7% of Croydon residents aged 18+ were physically inactive in 2023, compared to 22.6% nationally (15).

1.5 Policy Guidance

The NHS Long Term Plan serves as a guiding framework for local healthcare strategies. It emphasises partnership between health and care staff, patients, families, and experts to shape healthcare services and seeks to address these inequalities through place-based care models tailored to local contexts. It has an increased focus on prevention and aims to help curb lifestyle diseases through smoking cessation, weight management, exercise schemes and other early interventions signalling a multifactorial approach across sectors to help communities adopt sustainable, active behaviours that reduce preventable illnesses.

Obesity

Obesity is defined as having an excessive amount of body fat that presents a risk to health. In England, 64% of the population are overweight or obese (12). It is estimated that obesity is responsible for more than 30,000 deaths each year. On average, obesity deprives an individual of an extra 9 years of life, preventing many individuals from reaching retirement age¹. Obesity is a complex issue with many interrelated causes.

1.6 Main drivers of Obesity

The main drivers of the obesity epidemic include poor diet with high intake of processed foods and sugar-sweetened beverages, lack of physical activity due to sedentary lifestyles, genetic factors that predispose some individuals to gain weight more easily, and social determinants of health such as limited access to healthy foods and fewer safe opportunities for exercise in certain communities (16).

1.6.1 Diet and Food Environment

The consumption of ready-to-eat ultra-processed foods has grown steadily in the UK over the past several years. Analysis of national household purchasing data from The Food Foundation reveals concerning dietary trends as volume sales of several categories of highly processed products rose markedly in purchases of ready meals, processed meats, savoury snacks, and sweet bakery wares over the years (17). Multiple large-scale studies link higher ultra-processed food intake to excess calorie consumption, weight gain, and increased risks of obesity as well as diseases like heart disease and cancer (18,19). When people have to spend a bigger chunk of their money on the basics, there's less left over for pricier, healthier items. It becomes a choice between buying cheaper processed foods just to get by versus costlier fresh and nutritious options that promote good health.

Also, the uneven distribution of fast-food outlets across the UK is worsening diet-related health disparities, with lower-income communities bearing the brunt of this imbalance. This disparity in access to fast food outlets, which often serve calorie-dense, nutrient-poor meals, amplifies dietary risk factors for obesity that disproportionately affects lower-income populations (20). Rising food prices, global events impacting food security and climate change potentially strain household budgets limiting purchases of nutritious items like food and vegetables.

These challenges are combining to make eating healthy very difficult for many families facing financial hardship. This is contributing to inequalities in obesity, diet-related diseases, and health outcomes across different income levels.

1.6.2 Physical Activity

Sedentary lifestyles are increasingly common due to changes in employment, transportation, urban design, and leisure norms. Physical inactivity plays a significant role in the development and maintenance of obesity. When calories consumed exceed calories burned, the excess energy is stored as fat, leading to weight gain. Regular physical activity helps to burn calories, promote a healthy metabolism, and maintain a healthy weight (21). Healthier lifestyles like increasing physical activity along with healthy affordable diets are key to preventing obesity (22).

1.6.3 Genetics and Biology:

Although medical issues are not the main reason for weight gain, they make it harder for some people to maintain a healthy weight. Genetics play a role in determining an individual's susceptibility to obesity. Studies have identified over 200 genes associated with obesity, and these genes influence factors such as appetite, metabolism, and fat storage. While genetic predisposition does not guarantee obesity, it can increase an individual's risk of developing the condition (23).

Our biology plays a role too. Hormones that control feelings of hunger and fullness can sometimes get out of balance, making a person feel hungrier than they should or not recognising when they are full. This can lead to overeating. Also, problems with glands like the thyroid or adrenal gland can slow metabolism, causing the body to burn calories slower and make gaining weight more likely (24).

The main drivers and leading causes of obesity still come down to diet, activity levels, and the food environment. But recognising all contributors, including our biology, helps understand the complexity of obesity.

Body mass index or BMI uses your height and weight to estimate if you are at a healthy weight and is commonly used to classify overweight (BMI 25-30) and obesity (BMI 30+). But BMI doesn't always give the full picture - for example, athletes can have higher BMI from muscle, not fat. So, waist size is also important to check. Men with waists over 94 cm and women over 80 cm are more likely to face health issues from carrying too much weight around the middle.

To help people reach and stay at healthy weights, experts advise focusing on balanced eating with more fruits, vegetables, whole grains and lean protein. Processed and high saturated fat foods should be limited. UK guidelines say men need around 2,500 calories per day on average, and women 2,000 calories, but needs vary by individual. Eating more calories than you burn from activities over a long time leads to weight gain. The key is finding a healthy diet you can stick to long-term at the right calorie level for your body and activity levels.

1.7 Policy Context

The UK government has implemented several policies to address obesity. Key measures include:

- The Childhood Obesity Plan (2017) which sets out a range of measures to tackle childhood obesity which includes measures to reduce sugar consumption, improve access to healthy food, and promote physical activity while emphasising the collective responsibility of the government, industry, schools, and the public sector in making healthier food and drink choices for children (25).
- The UK Government's strategy for tackling obesity, titled "Tackling Obesity: Empowering Adults and Children to Live Healthier Lives," focuses on empowering individuals to make healthier choices and providing support through the NHS for those who want to lose weight. The strategy includes a range of measures such as introducing calorie labels in restaurants and takeaways, expanding weight management services, restricting promotions and advertisements of unhealthy foods, improving public messaging, and funding interventions to address obesity-related health disparities (26).
- The UK-wide Soft Drinks Industry Levy (2018) will look to reduce sugar in soft drinks and tackle childhood obesity (27).
- The Calorie Reduction Programme challenges retailers and manufacturers to reduce calories by up to 10%, and the eating out of home, takeaway and delivery sector to reduce calories by up to 20%, by 2024 and marketing restrictions on foods high in fat, salt and sugar (HFSS) (2022).
- The National Food Strategy (published in two parts in 2020 and 2021) provides a roadmap for transforming the UK's food system to address the pressing challenges of food affordability, health, sustainability, and fairness. By implementing the strategy's recommendations, the UK can create a food system that is more sustainable, healthier, and fairer for everyone (28).
- The NHS Long Term Plan (2019) prioritises actions on obesity including expanding weight management services. Local authorities have a duty for improving health including population nutrition and physical activity.
- Introducing calorie labelling on menus in restaurants, cafes and takeaways so people know exactly how many calories are in their orders, helping them to make informed decisions about their choice of food.
- The NHS has introduced a soups and shakes diet for people with Type 2 diabetes.
- The National Institute for Health and Care Excellence (NICE) has endorsed Semaglutide as a safe, effective and affordable medicine to be offered to adults

with a Body Mass Index (BMI) of at least 35 and a weight-related health condition – such as diabetes or high blood pressure.

- The Association of Directors of Public Health (ADPH) have issued a position statement recently on Healthy Weight reiterating that obesity has become an epidemic in the UK, ranked among the highest in Europe, with serious health consequences and increasing numbers of overweight children as well. Comprehensively tackling the obesity crisis requires a coordinated strategy across sectors, targeting environments, social attitudes, and individual behaviours that promote unhealthy lifestyles. Specifically, national-level policies restricting junk food marketing plus local authorities leveraging powers to integrate public health into planning decisions on infrastructure, food systems and recreation to foster healthy defaults are required. Upgrading nutritional standards, access to weight management services, and community participation additionally need prioritisation within a multifaceted approach. The societal benefits of urgent action through preventative measures far outweigh the risks of inaction for health outcomes and healthcare system sustainability (29).

1.8 Economic Impacts

The direct cost of obesity to the NHS is estimated at £6.1 billion per year with wider costs to society estimated at £27 billion to cost the UK economy through increased healthcare costs, lost productivity, and premature death (30). The cost of obesity also impacts the provision and cost of social care services for issues like mobility assistance and home modifications increased with high obesity rates. Indirect costs include loss of productivity from obesity-related sick leave and premature mortality.

1.9 Local Picture and Groups at Higher Risk

In Croydon, 62.3% of adults classified as overweight or obese compared to 57.2% in London. However, this is slightly lower than the national average of 64% (31). Trends in Croydon have remained constant since 2015 which may suggest existing interventions may not have made any lasting impact for a fall in these rates and more targeted efforts may be required to drive improvement.

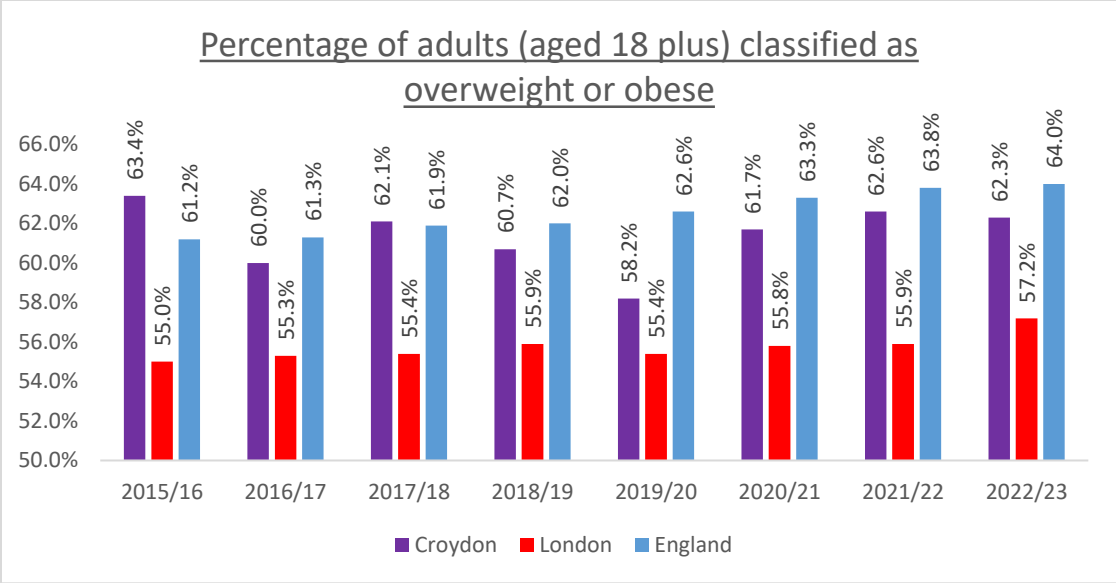


Figure 2: Percentage of adults (18+) classified as overweight or obese

Diet was identified as a specific risk factor accounting for 10.8% of the total burden of disease. In 2022/2023, 28.7% of adults aged 16 and over met the '5-a-day' fruit and vegetable consumption recommendations. This is lower to London (30%) and England 31% (32).

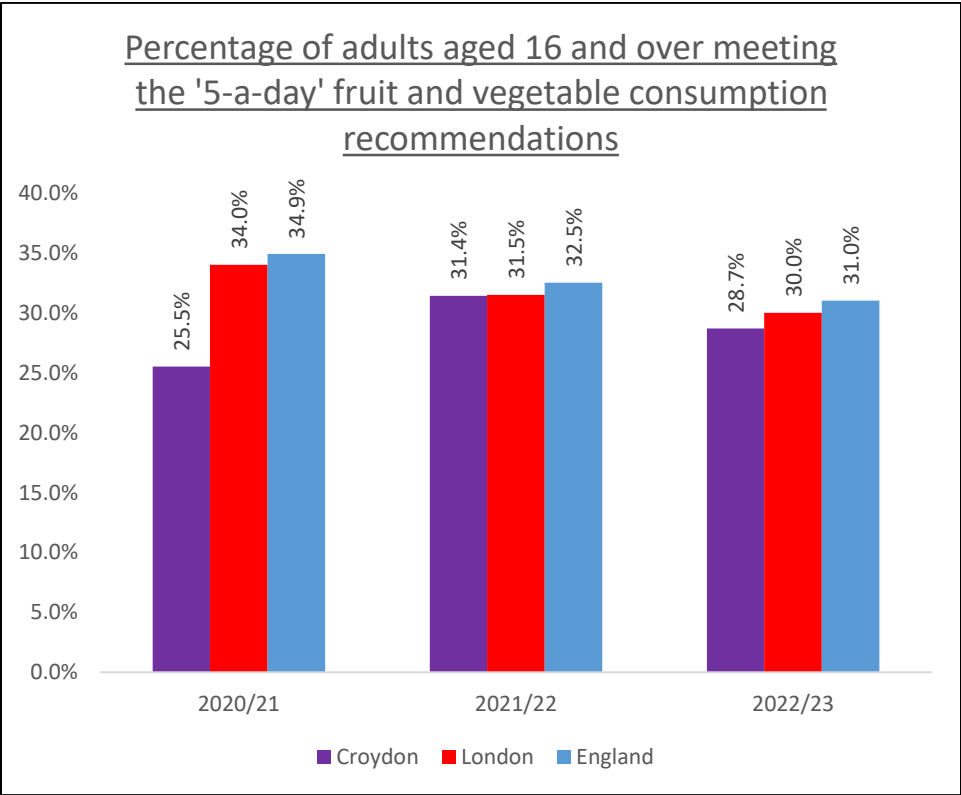


Figure 3: Percentage of adults aged 16 and over meeting '5-a-day' fruit and vegetable recommendations.

The concentration of fast-food outlets has been linked to higher rates of obesity in several studies. A recent study by Bourgoine et al. (2021) (20) found that individuals living in areas with a higher density of fast-food outlets had a higher body mass index and were more likely to be obese compared to those living in areas with lower density of fast-food outlets. Similarly, a study by van Erpecum et al. (2022) demonstrated that the proximity and density of fast-food outlets were positively associated with obesity prevalence in adults (33).

Figure 4 below illustrates the concentration of fast-food outlets in Croydon with the darkest shaded area representing the highest density ranging from 100 to 120 outlets for 100,000 population. This high concentration is particularly evident in the central town centre area where population density and commercial activity are at their peak. The surrounding localities exhibit a lower density of fast-food outlets gradually decreasing as the distance from the town centre increases. This map provides valuable insights into the distribution of fast-food outlets in Croydon and their potential relation to obesity rates.

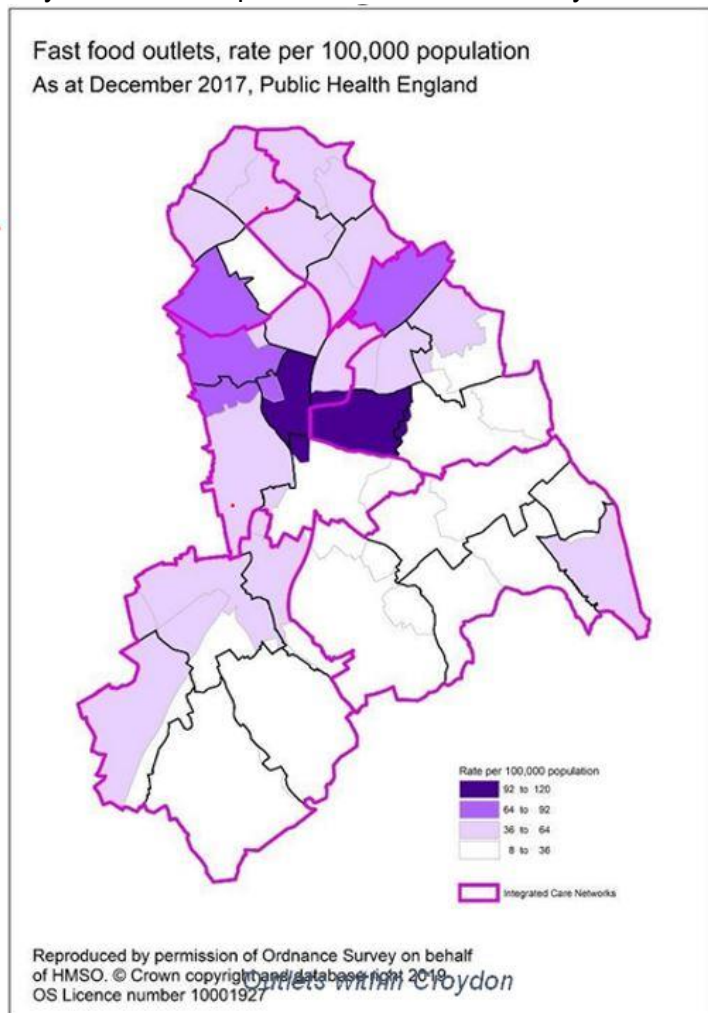


Fig 4: Density of fast-food outlets within Croydon

1.9.1 Pregnancy

Obesity in pregnancy is associated with an increased risk of a number of pregnancy-related complications and adverse outcomes (see table 1). Babies of obese women have an increased risk of perinatal mortality compared with the general maternity population in the UK. In addition, neonatal unit admissions (within 24 hours of birth) correlate directly with maternal obesity.

Table 1: Pregnancy related complications from obesity

Maternal Risks	Foetal / Child Risks
Maternal death or severe morbidity	Stillbirth
Cardiac disease	Neonatal death
Miscarriage	Congenital abnormalities
Pre-eclampsia	Prematurity
Gestational diabetes	Macrosomia
Thromboembolism	Shoulder dystocia
Increased risk of Caesarean Section (CS)	Increased risk of obesity and metabolic disorders in childhood
Infection post CS	
Anaesthetic challenges	
Infection from other causes /sites	
Post partum haemorrhage	

According to maternity services, in 2022/23 25% of women in early pregnancy were obese in Croydon (34). This is a little lower than England (26.2%) but higher than London (20.9%). Pregnant women are particularly vulnerable to obesity (35) and highlights the need for preventive measures and support for pregnant women to maintain a healthy weight during pregnancy.

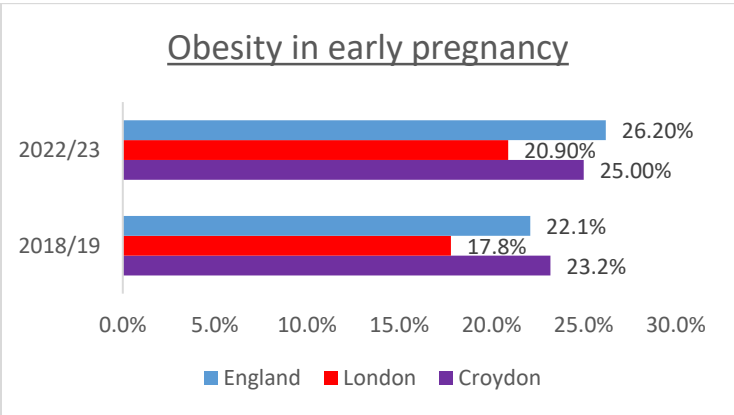


Figure 5: Obesity in Pregnancy (Note -previous data were collected in 2018/19)

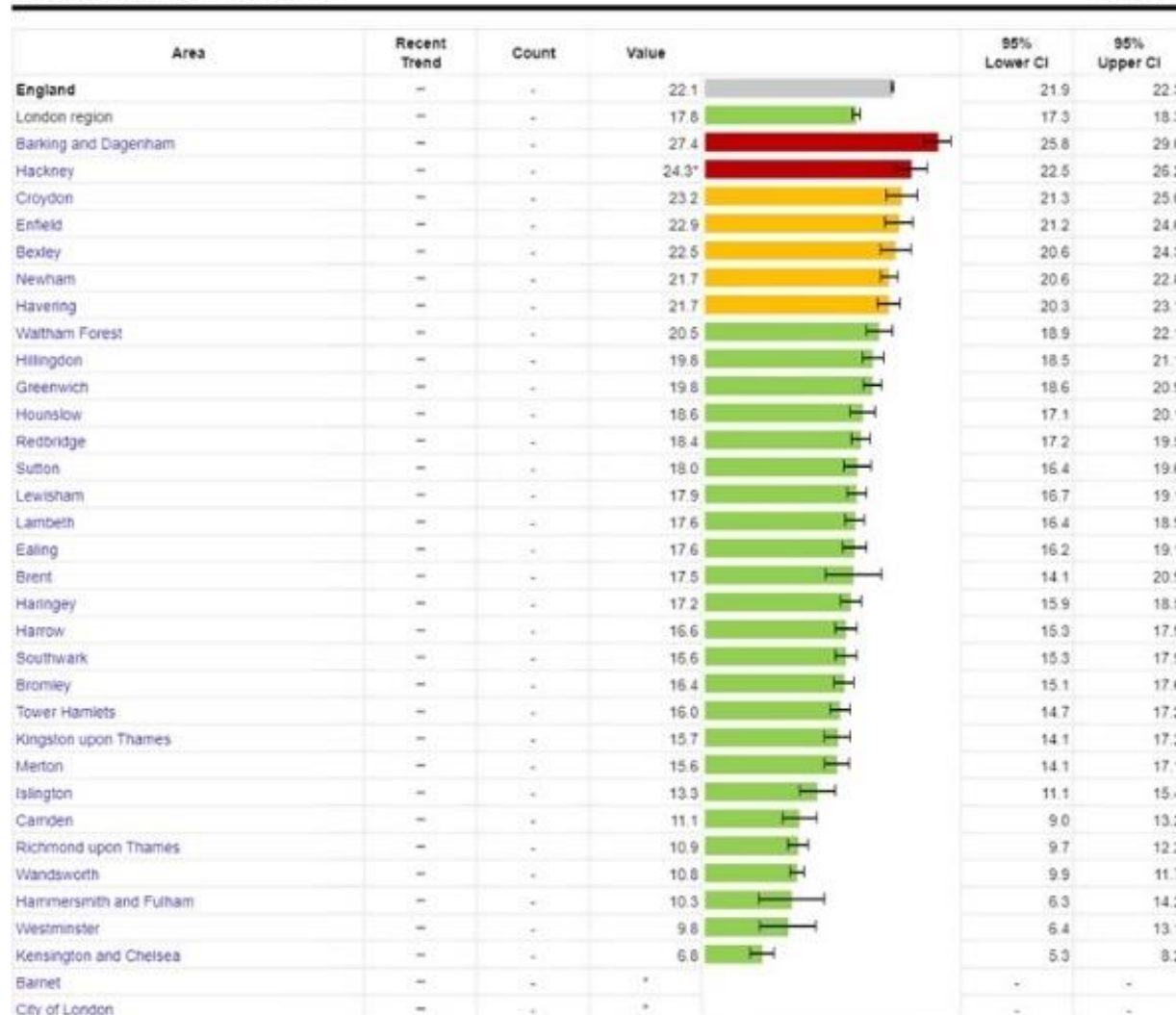


Fig 6: Obesity in early pregnancy

1.9.2 Ethnic Minority Groups

According to the 2021 census, Croydon has a higher proportion of ethnic minority residents than the national average (36).

Living with obesity reduces life expectancy and increases chances of serious diseases such as cardiovascular disease, type 2 diabetes, some cancers, and liver disease. Some people from minority ethnic groups are more susceptible to obesity-related diseases, like type 2 diabetes, at a lower weight status compared to white populations.

In 2021, 72.0% of adults from black ethnic groups were overweight or living with obesity in England, this is the highest percentage out of all ethnic groups in Croydon (37) which

may suggest cultural factors, limited access to healthy food options, and underlying health disparities may contribute to obesity among these groups (38).

1.9.3 People with Disabilities

According to the 2021 census data, 14.1% of the Croydon population have a limiting long-term illness or disability, this is lower than England and London. 0.44% are estimated to live with learning disability and 1.04% with a Severe Mental Illness (SMI) (39). Studies consistently demonstrate higher obesity prevalence among those with learning disabilities (~50%) and severe mental illness (~60%) (40).

1.10 What Works - The Evidence

- The World Health Organization endorses a 'whole systems' approach to addressing obesity involving coordinated action across multiple sectors (41).
- NICE guidelines emphasise lifestyle weight management services, community programmes, promotional campaigns, nutrition labelling, and regulation of marketing/advertising.
- Multi-component interventions are most effective, combining improved nutrition, physical activity, behavioural support, and parent/community engagement.

1.11 Current Response to Local Needs

Live Well Croydon: A 12-week personalised coaching programme to support behaviour change around healthy eating, physical activity and wellness for residents with BMIs 27.5-40, with customised pathways for those with complex needs. Addresses wider determinants through holistic goal setting (42).

Live Well Croydon - Oviva Service: A twelve-month pilot programme delivered during 2023-24. It was a culturally tailored personalised weight loss support for Black African and Caribbean heritage who face higher chronic disease risk, delivered remotely or in-groups by specialized providers to enhance relevance. The findings from the pilot will be incorporated into Live Well service.

NHS Digital Weight Management: A standardised 12-week online programme focused specifically on diet, activity and weight loss for those with BMIs ≥ 30 , improving accessibility through technology while requiring digital literacy (43).

NHS Low Calorie Diet Programme: Targets weight loss to potentially reverse early-stage type 2 diabetes, using meal replacement products to enable significant caloric restriction for recent-onset cases with BMIs ≥ 27 under close medical monitoring (44).

St George's Medical Obesity Clinics: Specialist medical assessment and pharmaceutical therapy for comorbid cases unable to lose weight through lifestyle change alone, requiring framed within a pathway spanning community programmes, polyclinics and potential surgical input.

Bariatric Surgery Referrals: Assessment for weight loss procedures where BMI ≥ 35 -40 coupled with uncontrolled co-morbidities poses substantial health threats not mitigated by other means after conservative options have proven insufficient after 2 years (45).

1.12 Unmet Needs and Recommendations

Some of the key unmet needs related to obesity in Croydon are highlighted below:

- Limited specialised services tailored to needs of high-risk groups like ethnic minorities, those with disabilities/mental health issues.
- Restricted access to weight loss medications and bariatric surgery due to narrow eligibility criteria.
- Minimal policy focus on modifying obesogenic aspects of food and built environment.
- Inadequate investment in promoting active travel modes and recreational spaces.
- Lack of compulsory calorie labelling and marketing curbs to influence food choices.
- Absence of integrated weight management care pathways spanning community, primary and secondary care.
- Gaps in maternal obesity prevention and management before/during pregnancy.
- Insufficient local coordination between health agencies, councils, voluntary sector and communities.
- Lack of policy coherence connecting obesity to wider issues like food security, inequality.

The key unmet needs centre on strengthening specialised support for priority groups, restrictions on obesogenic environments, integrated care pathways and a whole systems approach framing obesity as part of larger health and social challenges.

Recommendations

Stakeholder	Recommendations
Individuals	<p>Eat a healthy balanced diet following the Eat Well Guide.</p> <p>Support and encourage children, family, and friends to do the same.</p>
Croydon Council	<p>Drive a partnership and strategic whole systems approach to healthy weight via the Food and Healthy Weight Partnership.</p> <p>Develop and deliver a new all-ages healthy weight action plan. Services should consider provision of a whole family approach wherever possible, in line with NICE guidance.</p> <p>Develop a good food alliance for an integrated approach, improving food, health, community, social equity, economic prosperity, and the environment.</p> <p>Promote use of green and community spaces for food growing. Use planning tools to promote healthy eating policies.</p>
One Croydon Alliance	<p>Encourage uptake of the Healthier Food Advertising policy.</p> <p>Work across Public Health, Planning, Regeneration, and Economic Development teams for a whole systems approach to tackling the obesogenic environment.</p> <p>Ensure frontline employees are knowledgeable about weight and provide Very Brief Advice (VBA) via MECC Champion healthy food in the office environment.</p> <p>Work with staff food providers for healthy options and limit unhealthy ones.</p>
SWL ICB/ICS	<p>Ensure healthy options for employees and reduce high sugar, high fat products.</p> <p>Use social value aspect of contracts to improve healthy behaviours.</p> <p>Continue to chair the Healthy Weight Partnership Steering Group.</p> <p>Ensure the Croydon Healthy Weight Pathway is loaded on GP DXS systems.</p>
Primary Care	<p>Record BMI of all patients. Provide weight management support for people with or at risk of long-term conditions.</p> <p>Utilise social prescribing for overweight patients.</p> <p>Train in and provide Very Brief Advice as part of MECC approach.</p>

Stakeholder	Recommendations
Croydon University Hospital	Roll out healthy eating and weight management training for NHS staff. Implement Workplace Wellbeing Ward including healthy eating and weight management for employees. Improve food offer to staff and visitors in NHS. Ensure frontline employees can provide VBA via MECC.
Community and Voluntary Sector	Ensure healthy options for employees and reduce high sugar, high fat products.
Mental Health Acute and Community	Routinely ask about diet during nursing assessments. Regularly monitor weight. Address nutrition and weight management in care plans. Refer to weight management programmes, especially for those prescribed antipsychotic medicines. Focus on prevention for 1st episode patients. Increase access to healthy food choices in settings. Review medication contributing to weight gain.
Businesses	Sign up to Eat Well Croydon. Join the Good Food Alliance and Good Employer Charter. Promote healthy eating. Provide corporate and staff access to healthy food onsite.

Smoking and Tobacco Use

Tobacco is the single most important entirely preventable cause of ill health, disability and death in this country, responsible for approximately 95,000 deaths in England a year (46). No other consumer product kills up to two-thirds of its users (47). The independent review in 2022 found that, if we do not act, nearly half a million more people will die from smoking by 2030 (48).

Tobacco smoking significantly harms health across bodily systems, serving as the leading modifiable risk factor for premature death and disability. By severely elevating cancer, heart disease, and lung disease risks, smoking diminishes both longevity and

quality of life. Exposure to tobacco compounds during pregnancy also profoundly impacts foetal development through restricted oxygen and nutrition supply – fuelling risks of low birth weight, premature delivery, and lasting adversities (49).

1.13 Policy Context

- The UK government initiated a national policy in 2018 that aims for a smoke-free country by 2030 through tobacco control regulations, advertising limits, and smoke-free public places standardised packaging, and access restrictions to protect children (50).
- The UK government's vaping regulations, outlined in the 2016 Tobacco and Related Products Regulations, pursue twin goals regarding e-cigarettes: supporting adult smoking cessation while protecting youth. To balance risks and benefits, the policy restricts e-liquid nicotine concentrations to 20mg/ml maximum. Additional provisions mandate child-safety packaging, prohibit certain additives like colours and caffeine, and impose warning label requirements. The regulations also enforce marketing standards and strictly govern these alternative nicotine products overall to optimise their public health role while minimising potential harms (51).
- The government introduced plain packaging for cigarettes in 2016.
- In October 2023, the Department of Health and Social Care (DHSC) published its policy paper, *Stopping the start: our new plan to create a smokefree generation*, where the government set out an intention to create the first 'smokefree generation'. The government has introduced several proposals to reduce youth vaping, including restricting vape flavours, regulating vape packaging and point of sale displays, and restricting the sale of disposable vapes (52).
- The tobacco duty rate increase, effective from November 22, 2023, represents an established policy tool for reducing smoking prevalence while also generating government revenue. By raising tobacco product prices, this measure will financially impact individuals who smoke, with the greatest burden falling on heavy smokers who have the highest consumption levels (53).

1.14 Economic Impacts

Smoking poses a significant economic burden on society, costing England an estimated £17.04 billion each year. Smokers are more prone to illness during their working years, leading to increased joblessness and lower wages. Moreover, smokers are more likely to die prematurely, further straining the economy. Their increased demand for healthcare and social services at a younger age also contributes to these costs, with the NHS spending an additional £2.4 billion and social care spending an additional £1.2 billion. This includes home care costs and, for the first time, residential care costs (54).

1.15 Local Picture and Groups at Higher Risk

The smoking prevalence in Croydon is at 17.1%, higher than the rates across London (11.7%) and England (11.6 %) which suggest that Croydon has a higher incidence of smoking compared to the national average (55).

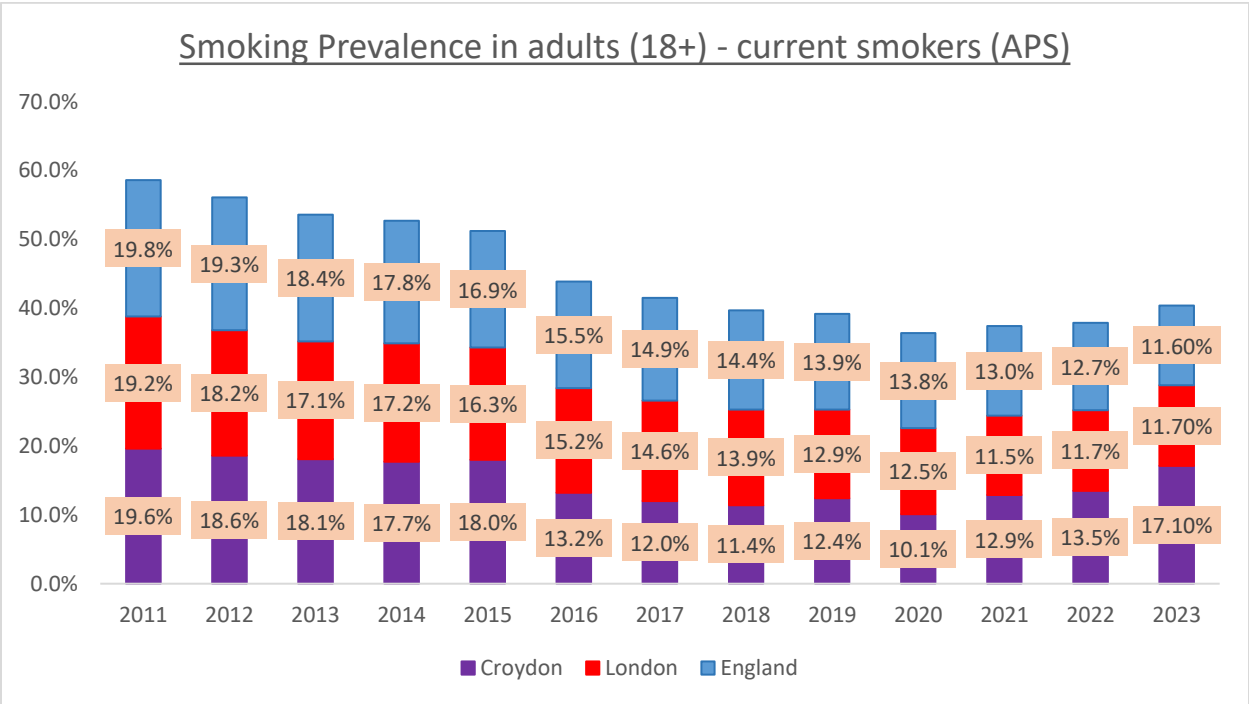


Figure 7: Smoking prevalence in adults aged 18+

A higher rate is evident in the smoking rate amongst Croydon residents in routine and manual occupations at 14.3% but is significantly lower than the rates in England (22.5%) and London (20.2%) in the similar subset.

1.15.1 Smoking and Pregnancy

Smoking rates in pregnancy in Croydon are decreasing (4.7% women smoking at the time of delivery in 2023/24) (56). This is in line with national recommendations to bring it down below 6%. This is a positive trend, as smoking during pregnancy can have detrimental effects on the health of the mother and baby. Despite the decrease in smoking rates, the local averages in Croydon (4.7%) remain higher than London (3.9%) but lower than the England average of 7.4%.

1.15.2 Smoking and Mental Health

People with mental health conditions have a significantly shorter life expectancy than the general population, and smoking is the primary cause of this gap. One-third of all cigarettes smoked in England are smoked by individuals with a mental health condition (57).

While a decrease in smoking rates has also been seen among adults with a long-term mental health condition – falling from 35.3% in 2013 to 2014 to 26.8% in 2018 to 2019 – prevalence remains substantially higher, despite the same levels of motivation to quit (58).

In 2014/15, the smoking prevalence in adults (18+) with severe mental illness (SMI) was approximately 37.7%, which is similar to rates across London (38.9%) and England (40.5%).

Sustained scrutiny of trends across sub-population groups can guide strategic action towards those falling behind the prevailing prevention agenda.

1.16 What Works - The Evidence

- NICE guidelines endorse individual and group behavioural support, licensed nicotine replacement therapy (NRT), varenicline, and e-cigarettes as smoking cessation aids.
- Mass media campaigns, smokefree policies, advertising restrictions and tobacco taxation help reduce initiation and facilitate quitting.
- Targeted approaches for high-risk groups should combine pharmacotherapy and behavioural support.

1.17 Current Response to Local Needs

Area	Aim	Achievements
Live Well Service	Live Well Croydon is a free 12-week programme designed to help Croydon residents improve their health and wellbeing. The service offers support to quit smoking, lose weight and reduce alcohol consumption.	All smokers above 18 years of age are eligible and those who are pregnant, have COPD or have asthma are prioritised Over the 12 weeks, advisers used recognised coaching techniques such as motivational interviewing and personal goal setting to help

Area	Aim	Achievements
		people make meaningful and sustained changes. They provide face to face, on the telephone or via video calls
“Do You Pass”	Led by Trading Standards Nationally accredited training programme for businesses selling age-restricted products - Free training sessions for SMEs in the Borough - Every shop selling age-restricted products offered free accredited training	Devised bespoke training for Pharmacies - Approximately 90 retailers trained with high pass rate - Positive feedback on training quality and relevance
Smoke-free workplace	Achieve smoke-free grounds for public sector organisations	Public Health and HR working on Council Smoking policy - Consideration on vaping to support workforce cessation efforts
Shisha bars	Led by Food and Safety Team - Aims to improve compliance with the law	Identified 14 Shisha bars in Croydon - Inspections found 4 non-compliant premises - Working with non-compliant businesses to provide guidance and ensure compliance
Illicit Tobacco	Led by regulatory services - Aims to reduce circulation of illicit tobacco	Conducted operations with Tobacco Dogs in July 2018 - Seizures made from several premises - Planning similar operations in collaboration with HMRC - Designed and distributed posters/leaflets urging public to report illicit tobacco
Smoking Cessation	Part of Live Well offer - No direct supply of NRT to clients currently - Pharmacotherapy offered via voucher system redeemable at pharmacies or GP	Data from PHE shows treatment of 666 smokers in 2018/19 with 530 achieving 4-week quits (307 CO validated) - CO validated quit rate lower than London and England - Cost per quitter higher compared to London average
MECC Brief Advice Training	Delivered by internal Community Live Well Advisers - Aims to upskill workforce and health partners in signposting to local stop smoking services and healthy lifestyle support	Target to train 100 health professionals this year

- Pharmacies provide smoking cessation services with prescription of NRT patches/gum. Easy pharmacy access facilitates quit attempts.

1.17.1 Priority Groups

Priority Group	Rationale
Pregnant women	Smoking during pregnancy poses significant risks to both the mother and the unborn child. Croydon's smoking in pregnancy rates is higher compared to London.
People with mental ill health	Individuals with mental health conditions tend to have higher smoking rates, and the severity of illness often correlates with increased smoking prevalence.
Low socioeconomic status	Disadvantaged social groups face higher death rates from tobacco-related illnesses compared to more affluent groups.

1.18 Unmet Needs and Recommendations

- Limited prescribing of nicotine replacement therapy (NRT) and cessation medication through cessation services, with clients required to obtain this through pharmacies/GPs.
- Restricted specialised behavioural support tailored to the unique needs of priority groups like those with mental health conditions.
- Insufficient mass media/social marketing initiatives countering pro-tobacco influences and promoting quitting.
- Absence of targeted approaches addressing high smoking rates among disadvantaged socioeconomic groups.
- Lack of coordination between regulatory authorities to strengthen compliance checks on issues like illicit tobacco.
- Policy incoherence where vaping regulations could unintentionally deter switching from conventional cigarettes and could be promoted as a lesser harmful alternative in future preventative programmes like the Live Well service.

The unmet needs highlight strengthening support services, coordinated enforcement activities, health promotion efforts and impact monitoring mechanisms - with an overarching focus on reducing smoking-related health inequalities.

Stakeholder	Recommendations
Individuals	Quit smoking, utilise community pharmacy pathway
Croydon Council	<p>Enhance Tobacco Control Forum initiatives.</p> <p>Ensure tobacco control activities are embedded into relevant plans, policies and strategies.</p> <p>Ensure direct access to pharmacotherapy at point of support.</p> <p>Promote awareness of e-cigarettes as a stop smoking aid and explore funding opportunities for vape starter packs for priority groups.</p> <p>Use the social value aspect of contracts to support tobacco control.</p> <p>Systematically integrate Very Brief Advice (VBA) and signposting to stop smoking support via MECC, into Adult Social Care and Children and Young People’s assessments.</p> <p>Utilise and promote online stop smoking support via Better Health.</p>
One Croydon Alliance	<p>Advocate for the use of long-term plan and quality premium funds to provide targeted stop smoking support for those with identified risk factors.</p> <p>Encourage partner engagement in wider Tobacco Control initiatives.</p> <p>Promote and ensure social prescribing is embedded across systems.</p>
SWL ICB/ICS	<p>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.</p> <p>Support wider tobacco control efforts.</p>
Primary Care	<p>Record the smoking status of all patients.</p> <p>Ensure staff are trained to provide opportunistic very brief advice via MECC to encourage patients to quit smoking.</p> <p>In networks with high smoking prevalence, consider providing stop smoking support within the network.</p> <p>Target people with existing long-term conditions for stop smoking support as per NHS Long term plan and LTC pathway.</p> <p>Utilise social prescribing to refer people who smoke to stop smoking services.</p>

Stakeholder	Recommendations
Croydon University Hospital	<p>Ensure smoking status is recorded for all patients.</p> <p>Ensure Very Brief Advice training, via MECC, is available for all frontline staff.</p> <p>Ensure all smokers are offered stop smoking advice and a referral to the local stop smoking service.</p> <p>Offer Nicotine Replacement Therapies (NRT) for inpatients as appropriate.</p> <p>To implement mandatory CO screening, opt-out referrals, recording of smoking status for all pregnant women.</p> <p>Ensure ‘Smoking at Time of Delivery’ data is accurately recorded.</p> <p>Provide senior leadership on stop smoking support.</p> <p>Implement smokefree grounds</p>
Community and Voluntary Sector	<p>All open areas (outdoor) are clearly signposted as smokefree, and steps are taken to prevent smoking in these areas.</p> <p>Smokefree policy in place and promoted to staff.</p> <p>Promotion of national stop smoking campaigns.</p>
Mental Health Acute and Community	<p>Routinely ask people if they smoke, offer brief advice and the best way to quit smoking (i.e., with a combination of support and medication).</p> <p>Support those who wish to cut down or quit to access cessation service including support with e-cigarettes.</p> <p>Develop skills and confidence to administer NRT and support those who experience smoking withdrawal symptoms.</p> <p>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.</p>
Businesses	<p>All open areas (outdoor) are clearly signposted as smokefree, and steps are taken to prevent smoking in these areas.</p> <p>Smokefree policy in place and promoted to staff.</p> <p>Promotion of national stop smoking campaigns.</p>

Excessive Alcohol Intake

Excessive alcohol intake refers to drinking above recommended limits, escalating health risks. In the UK, guidelines (Table 2) delineate rising risk levels based on consumption volumes - from lower to increasing to higher risk drinking. A subset of higher risk drinkers develops alcohol dependence. Those with coexisting mental health or domestic abuse issues exemplify complex needs.

Table 2: Risk of alcohol consumption in males & females

Categories	MEN	WOMEN
Lower Risk	Less than 14 units 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 upon stopping drinking.	Drinking behaviour characterised by an inner drive to consume alcohol, continued drinking despite harm, and commonly withdrawal symptoms upon stopping drinking.

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

The AUDIT-C is a 3-item alcohol screen assessing drinking frequency, quantity, and binge episodes that provides a score ranging from 0-12 points. Scores of 3 or more for women and 4 or more for men indicate positive screens, warranting full AUDIT assessments to further evaluate risky drinking. The AUDIT-C exhibits sensitivity and specificity similar to longer instruments, allowing efficient case-finding amid time constraints (59).

Excessive intake heightens risks of cardiovascular disease, stroke, mental illness and more. Though low levels were thought cardio-protective, this now seems overstated. Alcohol also drives crime, accidents and violence.

Inequities exist in both drinking behaviours and harm. While deprived groups often report lower intake, they suffer greater alcohol-attributable disease burdens - an "alcohol harm paradox" (60). Poorer nutrition and barriers to care may fuel such disparities.

Kim et al (2020) found that pandemic lockdowns posed risks of intensified drinking and relapse among those with alcohol use disorders - however, clinical contacts proved protective. Specifically, while around 20% of people surveyed increased or decreased alcohol intake during lockdowns irrespective of diagnosis, contact with an alcohol nurse specialist predicted reduced relapses and higher rates of new abstinence for some vulnerable groups. This signifies that although COVID-related stressors may have triggered maladaptive coping through heightened alcohol consumption for many, sustained recovery support mitigated these harms for engageable patients (61).

Alcohol misuse remains a significant public health concern in the United Kingdom, posing substantial risks to individual well-being and the broader economy.

1.19 Policy Context

The UK government has implemented various policies to address alcohol-related harm, including:

- The Alcohol Harm Reduction Strategy implemented in 2004 is the first national strategy for England with a focus on targeted education and information, better identification of alcohol problems, better treatment and use of existing powers to reduce alcohol related crime and disorder, alcohol industry to remote responsible drinking and local areas to take responsibility for reducing alcohol related harm (62).
- The implementation of the Public Health Responsibility Deal in 2011, an initiative encouraging businesses and other organisations to improve public health and tackle health inequalities through their influence over food, alcohol, physical activity and health in the workplace (63).
- The Alcohol Strategy introduced in 2012 makes a number of measures to reduce alcohol related harm but fell short of introducing minimum unit pricing; Health as a licensing objective and other population level interventions (64)
- The UK Chief Medical Officer guidelines recommend adults drink no more than 14 units of alcohol per week to keep health risks low in 2016 (65).
- The development of Alcohol Health Pathways, a framework for identifying and supporting individuals at risk of alcohol-related harm in 2018 (66).

1.20 Economic Impact

Alcohol misuse imposes a substantial economic burden on society, with significant healthcare costs, lost productivity, and premature deaths. The UK Government estimates alcohol costs the British economy £7.3 billion a year (67). This includes direct

costs such as hospital admissions and treatment for alcohol-related conditions, as well as indirect costs such as lost productivity due to absenteeism and presenteeism.

Alcohol misuse costs the NHS about £3.5 billion per year in England for healthcare, ambulance and A&E services (68). Reducing harmful drinking thus benefits public health and the economy.

1.21 Local Picture and groups at higher risk

The latest alcohol profile data from Fingertips on Croydon observes lower rates of alcohol-attributable mortality (34.3 per 100,000 residents) than the England’s average (40.7), yet an upward trend suggests this gap is shrinking, as local 3-year averages for alcohol-specific deaths (9.7) is lower with national figures (15) as seen from the latest data (69).

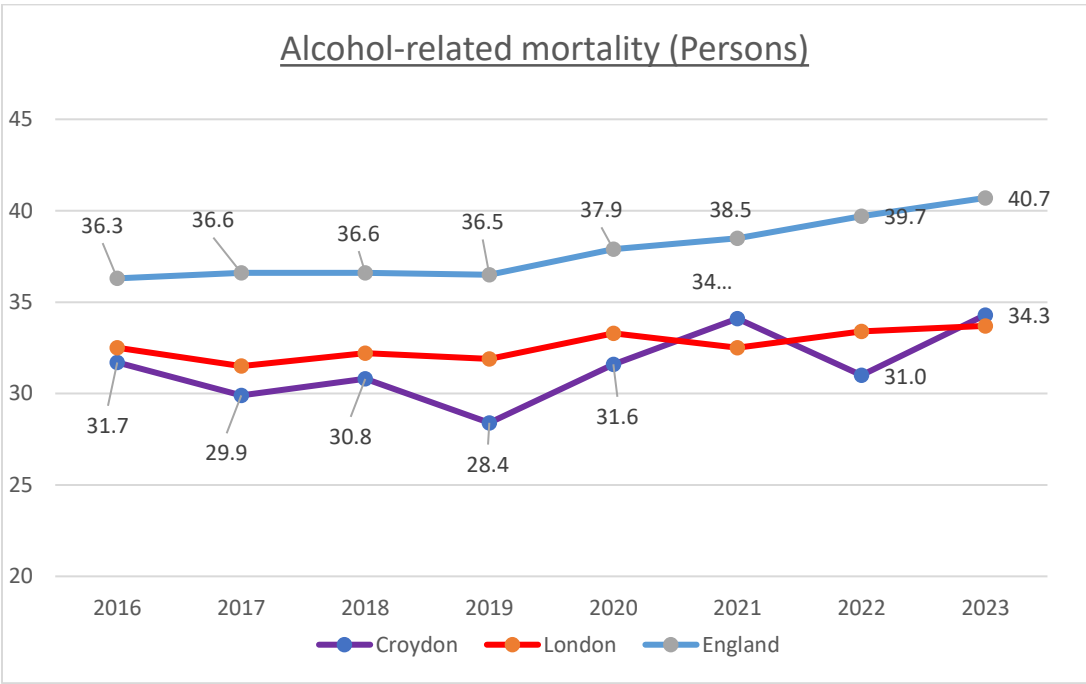


Figure 8: Alcohol related mortality

Similarly, while annual alcohol-specific hospital admissions are higher than countrywide benchmarks (1,217 vs 612 episodes), incorporating broader diagnosis categories shows the scale of alcohol's impact on borough health services for hospital admission rates for alcohol related conditions (4576 admissions) (69).

Liver disease diagnoses mirror national upward momentum as well, even as Croydon's all-age mortality rate from chronic conditions (8.6 per 100,000) admissions lower than England (15 per 100,000). The human capital loss from alcohol is substantiated in years of potential life lost metrics too, with the burden falling heaviest on working-age men (1,969 years lost locally) (69).

Alcohol Misuse Data	Croydon Numbers or %	Compared to England/Neighbourhood1 average or London (Numbers or %)	Year
Consumption			
Percentage of adults' binge drinking on heaviest drinking day	8.6%	15.4% (England), 14.6% (London)	2015/2018
Percentage of adults drinking over 14 units of alcohol a week	15.8%	22.8% (England), 20.1% (London)	2015/2018
Percentage of dependent drinkers	1.08%	1.39% (England), 1.36% (London)	PHE (2014-2015) (18)
Dependent drinkers not in treatment	84.0%	81.9% (England)	2020/21

1.21.1 Overall Consumption

- Binge Drinking: Croydon has a lower rate of binge drinking (8.6%) compared to the national average (15.4%) and the London average (14.6%).
- Heavy Alcohol Use: Croydon also has a lower rate of heavy alcohol use (15.8%) compared to the national average (22.8%) and the London average (20.1%).
- Dependent Drinking: Croydon has a lower rate of dependent drinking (1.08%) compared to the national average (1.39%) and the London average (1.36%).

1.21.2 Treatment for Dependent Drinking

- Proportion of Dependent Drinkers in Treatment: Croydon has a higher proportion of dependent drinkers not in treatment (84.0%) compared to the national average (81.9%).

This table provides a comparative overview of admission rates for various alcohol-related conditions in Croydon compared to London and England, along with its rankings among neighbouring boroughs for the specified years.

Admission Episodes for Alcohol Conditions	Croydon Rate per 100,000	London Rate per 100,000	England Rate per 100,000	Ranking Among Neighbour Boroughs (2021/2022)
Alcohol-related conditions (Broad)	1,537	1,740	1,734	6th lowest rate
Alcohol-related conditions (Narrow)	416	425	494	7th lowest rate
Hospital admission rate for alcoholic liver disease (Broad) (Persons)	101.5	142.2	154.4	4th lowest rate
Hospital admission rate for alcoholic liver disease (Broad) (Male)	157.3	215.8	213.1	6th lowest rate
Hospital admission rate for alcoholic liver disease (Broad) (Female)	52.6	76.1	99.6	4th lowest rate

1.21.3 Overall Admission Rates

- Croydon has a lower rate of admission episodes (1,537) for alcohol-related conditions (Broad) than the London average (1,740) and the England average (1,734). Croydon ranks as the 6th lowest for this category among neighbouring boroughs.
- Croydon also has a lower rate of admission episodes (416) for alcohol-related conditions (Narrow) than the London average (425) and the England average (494). Croydon ranks as the 7th lowest for this category among neighbouring boroughs.

1.21.4 Hospital Admission Rates for Alcoholic Liver Disease

- Croydon has a lower rate of hospital admission rate for alcoholic liver disease (Broad 101.5 Persons) than the London average (142.2) and the England average (154.4). Croydon ranks as the 4th lowest for this category among neighbouring boroughs,
- For both males (157.3) and females (52.6), Croydon has lower rates of hospital admission rate for alcoholic liver disease (Broad) than the London average (215.8 and 76.1, respectively) and the England average (213.1 and 99.6,

respectively). Croydon ranks as the 6th and 4th lowest for males and females, respectively, for this category among neighbouring boroughs,

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 (70).

Approximately 972-1,078 children (10-11 per 1,000) in Croydon are likely to be negatively affected by parental alcohol dependency ranges. This is lower than the national rate (16-17 children per 1,000). The borough level estimates of alcohol dependent adults living with children and the extent to which treatment need is unmet; and the number of children likely to be negatively affected by parental alcohol dependency (71) is outlined in the next table.

	Croydon				Unmet treatment need	
					Benchmark	National
Values	Prevalence (2018 to 2019)	Rate per 1,000 of the population	Number in treatment (2019 to 2020)	% met need	%	%
Estimated number of alcohol dependent adults living with children	614	2	157	25.6%	74%	76%

1.21.5 Groups at Higher Risk

Certain groups of people are at an increased risk of alcohol-related harm, including:

- Individuals from deprived areas: Alcohol misuse is more prevalent in areas with lower socioeconomic status (72).
- People with mental health conditions: Alcohol use is common among individuals with mental health issues and can exacerbate existing conditions (73).
- Homeless individuals: Homelessness is a significant risk factor for alcohol misuse (74).
- Young people: Binge drinking and alcohol-related injuries are more common among young adults (75).

- Men: Men are more likely to drink at higher levels and experience alcohol-related harm compared to women (76).
- Experience of abuse and neglect as a child is a major vulnerability and moderating factor of alcohol related harm (77).

1.22 What Works - The Evidence

A substantial body of evidence supports the effectiveness of various interventions for reducing alcohol misuse. These interventions include:

- Brief advice from healthcare professionals: Short counselling sessions can encourage individuals to reduce their alcohol consumption.
- Personalised alcohol brief interventions (PBIs): Tailored counselling sessions that assess an individual's drinking habits and provide personalised advice and support.
- Alcohol treatment services: Comprehensive programmes that offer counselling, medication-assisted treatment, and relapse prevention strategies.
- Community-based interventions: Programmes that target the broader community, such as reducing alcohol availability and promoting responsible drinking norms.

1.23 Current Response to Local Needs

Croydon Council has implemented various initiatives to address alcohol misuse, including:

1.23.1 Live Well Croydon

A 12-week one-on-one coaching programme via phone/video/in-person supporting behaviour change for hazardous drinkers not meeting alcohol dependence thresholds. Uses goal setting and motivational interviewing to positively impact health.

1.23.2 Change Grow Live

Specialist intervention for alcohol (and drug) dependence diagnoses through medical detox, rehabilitation counselling, mutual aid, peer support and vocational assistance. Allows self-referral to foster accessible, long-term recovery journeys centred on client needs and goals.

The tiered approach recognises alcohol misuse manifests along a spectrum, demanding differentiated care pathways.

Live Well enables early intervention for risky use before complex treatment needs emerge, while Change Grow Live provides person-centred disease management for

those experiencing entrenched alcohol use disorders often requiring social reintegration.

Collectively these services offer evidence-based stepped care - but requires awareness building and streamlined coordination between clients, families, referrers and partner agencies to optimise access and sustainability of impacts. Focused outcome measurement can guide continual quality enhancement.

1.24 Unmet Needs

Despite ongoing efforts, several unmet needs remain in addressing alcohol misuse in Croydon, including:

- Limited awareness of the risks associated with alcohol misuse, particularly among vulnerable groups.
- Inconsistent access to alcohol treatment services, especially in deprived areas.
- Inadequate support for individuals attempting to reduce their alcohol consumption, including access to sustained counselling and treatment programmes.
- Insufficient targeted interventions for high-risk groups, such as young people whose parents’ intake alcohol excessively, individuals with mental health conditions, and homeless individuals.

1.25 Recommendations

Stakeholder	Recommendations
Individuals	Drink responsibly and within the recommended units.
Croydon Council	<p>Identify opportunities to integrate alcohol IBA (Identification and Brief Advice) system-wide across health and social care including via emerging primary care homes.</p> <p>Work with the CGL, the treatment provider to ensure the service offer address the needs of Croydon's diverse population and develop strategies to target dependent drinkers that are not currently in treatment.</p> <p>Ensure practitioners have appropriate training and skills to deliver alcohol IBA as part of a MECC approach.</p>

Stakeholder	Recommendations
	<p>Support the alcohol liaison team in CUH to ensure delivery in line with best practice.</p> <p>Continue to provide and promote an online alcohol assessment and brief intervention, aligned to the integrated healthy lifestyle offer.</p> <p>Consider an appropriate model of delivery for alcohol brief treatment for higher risk but not dependent drinkers.</p> <p>Develop a clear support pathway for people at all levels of drinking.</p> <p>Integrate routine alcohol IBA into Adult Social Care and Children and Young People's assessments</p>
One Croydon Alliance	<p>Partner with organisations to ensure they have robust pathways for their service users to access treatment if needed.</p>
SWL ICB/ICS	<p>Advocate for the delivery of alcohol IBA within primary and secondary care in line with NICE CG115 and NICE PH24</p> <p>Provision of appropriate alcohol IBA training for practitioners in primary and secondary care</p>
Primary Care	<p>Record the Audit C score of all patients.</p> <p>Ensure staff are trained to provide Very Brief Advice, via MECC, to encourage patients drinking over recommended levels to reduce.</p>
Croydon University Hospital	<p>Delivery of alcohol liaison within hospitals in line with NICE CG115</p> <p>Delivery of alcohol IBA within primary and secondary care in line with NICE CG115 and NICE PH24</p> <p>Practitioners to have appropriate training and skills to deliver alcohol IBA (NHSE e-learning as a minimum).</p> <p>Explore nonconventional opportunities for signposting target group to lifestyle offers; such as, dentist's signposting clients if they are thought to be a drinker.</p>
Community and Voluntary Sector	<p>Alcohol policy in place which includes information on support available for higher risk and dependent drinkers</p>
Mental Health Acute and Community	<p>Assess alcohol use as a core component of mental health assessment.</p> <p>Screen (using a validated tool) everyone aged 16 or above for alcohol use disorders and offer appropriate interventions and/or referral.</p>

Stakeholder	Recommendations
	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.
Businesses	Alcohol policy in place which includes information on support available for higher risk and dependent drinkers. Promotion of Drink coach and Better Health-Drink Less

Physical Inactivity

Physical inactivity, a global health epidemic is a major public health concern and is the fourth leading risk factor for global mortality accounting for 6% of deaths globally (78). People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle (78).

A lack of regular physical activity and a sedentary lifestyle pose a significant risk to overall health and well-being. Physical inactivity increases the risk of developing various chronic diseases, including cardiovascular diseases, type 2 diabetes, and certain types of cancer (79).

Contrary to popular belief, physical inactivity is not a normal part of aging. In fact, regular physical activity can have beneficial effects on cognitive function, particularly among older adults (80).

To address the growing concern about physical inactivity, the UK Chief Medical Officers (CMO) have established guidelines for adults of all ages (81). These guidelines recommend that adults (19-64 years) and older adults (65 years+) engage in at least 150 minutes of moderate-intensity physical activity per week or 75 minutes of vigorous-intensity physical activity per week (or a combination of the two).

1.26 Policy Context

In recent years, a variety of policies have been introduced that has seen more integrated, collaborative approaches to improve physical activity levels in the population.

Sporting Future strategy (2015)

- Shifted the focus from simply tracking participation rates to measuring broader outcomes like health improvements, social cohesion, and community benefits.
- Called for increased cross-government collaboration in developing policies that promote physical activity (82).

Cycling and Walking Investment Strategy (2017)

- Invested £1.2 billion in cycling and walking infrastructure across England.
- Aimed to double cycling activity and reduce the population percentage categorised as physically inactive (83).

School sport and activity action plan (2019)

- Set the goal for all school children to participate in 60 minutes of physical activity every day.
- Allocated funding to train physical education teachers and improve sports facilities in schools (84).

1.27 Economic impact

The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year (85).

1.28 Local picture and groups at higher risk

Adults in Croydon are less physically active compared to the rest of London and England. In 2021/2022, only 64.7% of Croydon residents over 19 years old met the recommended 150 weekly minutes of exercise, up from 61.9% the previous year. This rate falls short of adults reaching activity targets in both London (66.3%) and nationally (67.1%) (86).

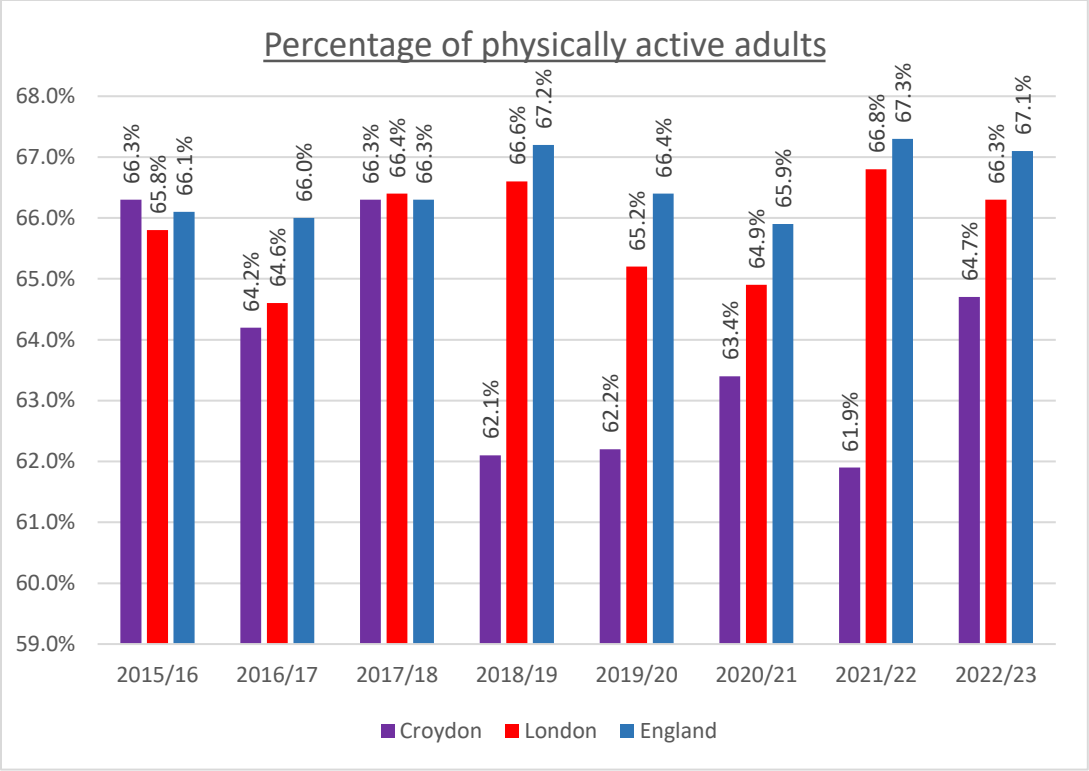


Figure 9: Percentage of physically active adults

Moreover, Croydon has higher adult inactivity rates than surrounding regions. 23.7% of over-19 adults in the borough perform less than 30 minutes per week of physical activity. Comparatively similar adults live sedentary lifestyles in London (23.7%) and across England (22.6%) (86).

Croydon is lagging regional and national targets for physical activity among adults. More residents are inactive while fewer are active enough, underscoring room for improvement through policy and promotion of active lifestyles.

1.28.1 Physical Activity and age

Physical activity provides widespread health benefits including preventing and managing heart disease, cancer, diabetes and other noncommunicable diseases; reducing depression and anxiety; improving thinking, learning and judgement; ensuring healthy growth in youth; and enhancing overall well-being (87). As people age, their physical activity levels typically decrease over time. With a growing older population, promoting regular physical activity across all age groups and sustaining it throughout their lives will help people stay healthier for longer, enhancing wellness in later stages of life.

1.28.2 Physical Activity and gender

Globally, a persistent gender gap exists when it comes to engagement with physical activity. Evidence shows that on average, 31.7% of women remain inactive versus 23.4% of men. Complex societal barriers like stereotypes, body image pressures and constraints around cultural norms for women, contribute to these (88).

Similarly in England, men (66%) tend to be more regularly active than women (61%) and non-binary adults (59%) according to the Active Lives survey. Although the COVID pandemic has exacerbated the decline in physical activity levels across the board, women's activity levels in particular (60.8%) have been slower to rebound compared to men's (65.6%), thus widening the gap (89).

Uniquely in Croydon though, more women report regular physical activity across all age groups, defying the larger nationwide trend of lower female participation. This suggests local opportunities to engage women that could provide lessons for promoting gender parity elsewhere. Removing access barriers and pressures will be key to sustaining and expanding female activity levels. Policies that tackle the gender gap in physical activity could therefore have a substantial impact on overall population health (90).

1.28.3 Physical Activity and disability

Evidence suggests that more severe learning disability are the strongest predictor of not meeting physical activity guidelines (91).

National data tells us that, people with a disability or long-term health conditions (47%) are less active than those without (68%), highlighting the need to prioritise this particular group (92).

1.28.4 Physical Activity and Ethnicity

National data reveals discrepancies in physical activity rates across ethnicities; groups like Black, Asian, and other minorities see higher inactivity levels versus White British, White other, and Mixed races (93). While local Croydon statistics on activity by ethnicity are unavailable, the population has an above-average representation of Black and minority residents compared to national percentages. This suggests an opportunity to prioritise culturally informed interventions promoting active lifestyles among these communities, who remain at higher risk for inactivity nationally. Closing ethnicity-based activity gaps could lead to population health improvements in the borough.

1.28.5 What works - the evidence

With an emphasis on community-based interventions, it includes:

Walking and cycling routes: Croydon Council has invested in a number of walking and cycling routes, making it easier for people to get around without using a car.

Parks and green spaces: Croydon is home to several parks and green spaces, which can provide opportunities for physical activity.

Leisure centres: Croydon Council operates a number of leisure centres that offer a variety of activities, including swimming, gym classes, and sports.

1.29 Current response to local need

The Healthwise programme allows healthcare providers to refer patients with eligible long-term conditions to a structured physical activity regimen, recognising exercise as medicine for chronic disease prevention and management.

Referral criteria are broad - any medical issue deemed improvable through routine physical activity is eligible. There are no blanket BMI specifications, enabling support regardless of weight status. The main exclusions are being under 18, recently completing a gym membership, or lacking readiness to positively modify activity habits.

Once referred, participants gain access to supervised exercise programmes and facility memberships to experience firsthand the health benefits of an active lifestyle. Exposure to these fitness and wellbeing improvements ideally empowers participants to independently continue regular physical activities long after the formal intervention ends.

In summary, Healthwise removes barriers to activity for patients with conditions exacerbated by sedentary lifestyles. By granting temporary fitness access and guidance to those most in need, the goal is kickstarting momentum towards lifelong health improvements through activity adherence. This referral-based activation of at-risk patients creates opportunities to increase Croydon's physical activity rates and lower disease burdens.

1.30 The NHS Health Check programme

The NHS Health Check is a mandated systematic cardiovascular screening programme that tests people between 40-74 years old for early signs of heart disease, diabetes, stroke, and kidney disease every 5 years. It aims to catch these "silent" conditions early before someone has serious health problems. Those who are found to be at higher risk get help from their GP to improve their health. The programme focuses on communities with more health problems and social challenges. This helps tackle differences in life expectancy across England.

Research shows NHS Health Checks prevent thousands of heart attacks and strokes nationally by finding risks early (94). But only 26% of those invited in Croydon between 2017 and 2022 accepted their invitation to receive a check.

Croydon now uses data to target invitations at those most in need of testing to make the most of limited resources. Still, participation should improve to fully achieve the programme's potential.

In 2023/24, the NHS Health Check programme in Croydon invited 13,663 eligible residents for health assessments, representing 12.4% of the total eligible population. Of those invited, 2,784 people completed their Health Check, achieving a 20.4% uptake rate. While these figures show improvement, they follow a period of reduced activity during the COVID-19 pandemic which significantly impacted service delivery. To enhance both invitation coverage and participation rates, Croydon has now commissioned a dedicated central invitation provider. This new approach aims to systematically increase both the number of invitations sent and the proportion of residents completing their Health Check.

In summary, by catching chronic illness early, the NHS Health Check helps people change course. Improving uptake through community partnerships and better connections with GPs/pharmacies can allow more residents to take charge of their health. Consistent tracking of who attends ensures everyone benefits equally.

1.31 Unmet Needs and Recommendations

Stakeholder	Recommendations
Individuals	Keep active at whatever stage of life the individual is at. Get involved in the local community activities.
Croydon Council	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 Design and create a comprehensive network of safe and attractive routes for walking, cycling and using other modes of active transport.

Stakeholder	Recommendations
	<p>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.</p> <p>Build the promotion of environments that encourage physical activity into the assessment of planning applications for new developments.</p> <p>Utilise NHS data to inform Croydon Council's liveable neighbourhood's project to focus improvements on cycling and walking infrastructure in areas of health need.</p>
One Croydon Alliance	<p>Ensure the fall prevention pathway includes provision and access to falls prevention exercise classes for high-risk groups.</p>
SWL ICB/ICS	<p>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.</p> <p>Promote and ensure social prescribing is embedded across systems.</p> <p>Ensure Very Brief Advice on physical activity is incorporated into services for groups that are underrepresented, such as people over 65, people with a disability, BME groups and people in lower income households.</p>
Primary Care	<p>Utilise social prescribing and the Physical Activity Finder to refer people who are insufficiently active to activity opportunities.</p> <p>Training and provision of Very Brief Advice as part of MECC approach</p>
Croydon University Hospital	<p>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).</p> <p>Promotion of low impact physical activity within secondary care with a focus on inactive people (doing less than 30 mins per week).</p> <p>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).</p>
Community and Voluntary Sector	<p>Signpost staff and the public to physical activity opportunities.</p>

Stakeholder	Recommendations
	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.
Mental Health Acute and Community	<p>Include assessment of persons physical activity levels when undertaking a nursing assessment/care planning.</p> <p>Encourage individuals to engage in the recommended 150 minutes of physical activity each week.</p> <p>Work with local partners and other agencies to ensure service users have access to leisure centres, gyms and sports facilities</p>
Businesses	<p>Consider and implement opportunities to build physical activity into the working day (e.g. lunchtime walks, walking meetings)</p> <p>Promote active travel.</p> <p>Promote local physical activity opportunities.</p>

More opportunities for physical activity for people with disabilities: People with disabilities often face barriers to physical activity, such as lack of accessible facilities and lack of knowledge about adaptive activities. Croydon needs to do more to provide opportunities for people with disabilities to be physically active.

More opportunities for physical activity for older adults: Older adults are particularly at risk of inactivity, as they may have physical limitations or health conditions that make it difficult to exercise. Croydon needs to provide more opportunities for older adults to be physically active, such as low-impact exercise classes and walking groups.

More opportunities for physical activity for ethnic minority communities: Ethnic minority communities in Croydon often have lower levels of physical activity than the white population. This is due to a number of factors, including cultural norms, language barriers, and limited access to information about the benefits of physical activity. Croydon needs to provide more culturally appropriate and accessible opportunities for physical activity for ethnic minority communities.

The Importance of Intersectionality in Addressing Health Behaviours

Understanding and addressing health behaviours in Croydon requires recognition of how different aspects of identity and circumstance intersect to create unique challenges and opportunities for intervention. The evidence presented throughout this needs assessment demonstrates that health outcomes are not simply the result of individual choices, but rather emerge from complex interactions between various social, economic, and cultural factors.

1.32 Intersectional Considerations in Croydon

The assessment reveals several key intersecting factors that significantly impact health behaviours:

Socioeconomic Status and Ethnicity

The correlation between deprivation and poor health outcomes is particularly pronounced in Croydon's ethnically diverse communities. For instance, Black Caribbean and South Asian populations often reside in more disadvantaged neighbourhoods, where the concentration of fast-food outlets is higher and access to physical activity opportunities is limited. This creates a compounded effect where both ethnic background and economic status interact to influence dietary choices and activity levels.

Gender and Cultural Norms

While Croydon shows unique patterns in physical activity where women report higher participation rates than men (contrary to national trends), cultural and religious considerations still affect how different groups can engage in health-promoting behaviours. This is particularly relevant for women from certain ethnic minority communities who may face additional barriers to accessing physical activity spaces or health services.

Mental Health and Substance Use

The assessment highlights strong interconnections between mental health conditions and health risk behaviours. For example, 37.7% of adults with severe mental illness in Croydon smoke, compared to the general population rate of 17.1%. This demonstrates how mental health status intersects with other health behaviours, often creating cycles that can be difficult to break without integrated support approaches.

Disability and Access

People with disabilities face multiple, overlapping barriers to maintaining healthy behaviours. The assessment shows that those with learning disabilities or physical

impairments often experience reduced access to physical activity opportunities, healthy food options, and health services. These barriers are frequently compounded by socioeconomic factors.

Implications for Service Design and Delivery

Understanding these intersectional factors leads to several key principles for service design:

1. **Integrated Assessment and Support Services** should assess and address multiple health behaviours simultaneously, recognising how they interact and influence each other. For example, smoking cessation services should consider mental health support needs, while weight management programs should account for cultural dietary practices.
2. **Cultural Competency** Health promotion initiatives must be culturally informed and sensitive to different community needs. This includes ensuring that health messages and interventions are culturally appropriate and delivered in accessible languages and formats.
3. **Targeted Universal Approaches** While services should be universally available, they need to be delivered in ways that acknowledge and address the specific barriers faced by different groups. This might include offering women-only exercise sessions, providing interpretation services, or ensuring physical accessibility of venues.
4. **Community Co-Production** Service design should actively involve communities who experience multiple disadvantages, ensuring their lived experiences inform program development and implementation.

Recommendations for Implementation

To effectively address intersectionality in health promotion:

System Level:

- Develop data collection systems that capture multiple demographic and social factors to better understand how different characteristics interact to influence health outcomes
- Create integrated care pathways that address multiple health behaviours while considering various social and cultural factors
- Ensure health impact assessments include intersectional analysis when evaluating new policies or programs

Service Level:

- Train staff in intersectional approaches to health promotion and behaviour change
- Develop flexible service delivery models that can adapt to different community needs
- Create partnerships between different service providers to offer comprehensive support

Community Level:

- Establish community health champions who understand local intersectional challenges
- Support peer-led initiatives that can address multiple health behaviours while being culturally appropriate
- Create opportunities for community feedback and continuous service improvement

Monitoring and Evaluation:

- Include intersectional metrics in service evaluation frameworks
- Regularly assess whether services are reaching and effectively supporting different population groups
- Use qualitative feedback to understand how different factors interact to influence service accessibility and effectiveness

This intersectional approach recognises that health behaviours cannot be addressed in isolation and that effective interventions must consider the multiple, overlapping factors that influence individual and community health choices. By incorporating these principles into service design and delivery, Croydon can work toward more equitable and effective health promotion strategies that better serve its diverse population.

Overall Recommendations

The needs assessment highlights concern around obesity, smoking, alcohol misuse and physical inactivity that drives Croydon's health inequalities. The recommendations draw from rigorous evidence while remaining practical and achievable. They recognise that health behaviours like smoking, diet, physical activity and alcohol use are shaped by overlapping factors including income, ethnicity, gender, disability status, and neighbourhood conditions. This intersectional understanding helps to identify where and how different challenges combine to create barriers to health.

The comprehensive set of recommendations from this health needs assessment adopts a "health in all policies" approach to promoting adult healthy behaviours across

Croydon. They are grounded in evidence bases to ensure feasibility and support coordinated action.

Strategies span policy, environment, targeted programming, clinical guidance, and public outreach. Key priorities include intersectoral collaboration; addressing underlying determinants through data-driven planning; embedding preventative support and healthy defaults across settings like worksites and hospitals; tackling inequities via tailored universalism; utilising community partnerships and social prescribing.

The Live Well Croydon service provides an appropriately robust framework towards this vision. Its place based personalised interventions grounded in behavioural science can activate high risk residents towards better health. Holistic assessments enable tailored plans responding to participants unique context and needs. The extensive referral network and outreach capabilities allow wide access ability across various groups,

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:

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 as a part of Health in All Policies approach 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 shaping 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.

One Croydon Alliance 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.

SWL ICB / ICS 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.
- Provide support and refer into health and wellbeing services using the social prescribing approach.

Croydon University Hospital:

- Continue to implement and embed the [Preventing Ill Health CQUIN](#) into routine practice (96).
- Provide stop smoking support to inpatients and refer onward to [community pharmacy](#) after discharge (97).
- CO monitoring of all pregnant women at booking and provision of support to quit smoking.

Service Providers:

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

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](#) (98).

Individuals should:

- Eat a healthy balanced diet, following the [Eat Well Guide](#) and support others to do so (99).
- If they smoke seek help to stop.

- Drink responsibly and within the recommended units.
- Be active at whatever stage they are.

The keys points covered are the foundations in evidence and local contexts, shared responsibility across sectors, data-driven and tailored approaches, environment shaping, individual empowerment rather than blame.

The recommendations balance individual responsibility with system-level changes to make the healthy choice the default across Croydon. They outline specific actions for stakeholders based on their influence while highlighting shared accountability. The overall aim is creating integrated conditions across the borough to empower and sustain positive health behaviours.

Key Contacts

Weight Management	Shiraz Sheriff
Smoking	Sally Hudd, Bevolly Fearon
Alcohol Harm Reduction	Julia Woodman
Physical Activity	Shiraz Sheriff
NHS Health Check	Bevolly Fearon

Signed off by

A handwritten signature in black ink, appearing to read 'A Fallon', with a long horizontal flourish extending to the right.

(Andrea Fallon, Interim Director of Public Health)

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