Croydon Joint Strategic Needs Assessment

Croydon Key Dataset Released September 2016

Contents

The data in this chapter was the most recent published data as at **12ᵗʰ August 2016**. Readers should note that more up-to-date data may have been subsequently published, and are advised to refer to the source shown under figures or listed in the appendices for the chapter for the latest information.

Introduction

Background

The dataset is part of Croydon's annual approach to Joint Strategic Needs Assessment (JSNA). The full JSNA can be found at http://www.croydonobservatory.org/jsna.

What is the Croydon Key Dataset and how is it used?

The Croydon Key Dataset brings together comparative data to show Croydon's relative position for a wealth of indicators of relevance to health and wellbeing. This year, over 250 indicators have been included, grouped into the following headings[1]:

- Deprivation
- Community life
- Early life
- Family life
- Working age

- Later life
- Healthy life:
  - Long term conditions
  - Healthy lifestyles
  - Health services

By using indicators for which data is available across the country, national and regional comparisons can be made of Croydon's performance or levels of need now and in the future. Indicators where Croydon's performance or levels of need are statistically significantly different from the England averages are highlighted visually, and trend data indicate whether performance is improving or deteriorating over time. Areas where Croydon performs better or worse, or has greater or lesser need than the national average can be therefore be easily identified, making the dataset, along with the rest of the JSNA, a key tool to inform strategic prioritisation and commissioning decisions.

How do I interpret the information in the dataset?

The following explanation of how to interpret the dataset is essential to all users. Those wishing to develop their understanding further should read **Appendix 1.**

For each individual indicator (numbered 1 to 279), a summary of the indicator is followed by the data for Croydon, London and England. In the England range column, Croydon's figures are represented by a circle. A **green circle** shows that Croydon's performance is statistically significantly better than for England as a whole, or that need is lower. A **red circle** shows that Croydon's performance is statistically significantly worse than for England as a whole, or that need is greater. A **yellow circle** shows that there is no statistically significant difference between Croydon and England. For a small number of indicators (shown with a white circle) it was not possible to calculate statistical significance.

- 🔴 Significantly worse/higher need than England average
- 🟡 Not significantly different from England average
- 🟢 Significantly better/lower need than England average
- ⚪ No significance can be calculated

◆ **London average**

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[1] Some indicators could 'fit' into more than one section. Where this is the case, we have **signposted** related indicators in other sections of the dataset

The **London average** is shown by a **grey diamond**. If the circle (Croydon) is the left of the diamond (London), Croydon's figures are worse than the London average, or need is greater. If the circle is to the right of the diamond, Croydon's figures are better than London, or need is lower. If they overlap (for example, see indicator 71 on pupil absence) the two are similar.

The 1 Year Trend and 3 Year Trend columns show the **direction of travel** over one and three years, where data is available. A **red triangle** suggests a deterioration relative to others, **green** an improvement, and a **dark line** little change.

◄ Deteriorating relative to other local authorities in England

━ Remaining similar to other local authorities in England

► Improving relative to other local authorities in England

Example

Indicator 147 shows the proportion of older people still at home 91 days after discharge from hospital into reablement / rehabilitation services to be to be better than the England average and similar to the London average. The yellow circle shows that the difference between Croydon and the England average is not statistically significant. The trend over both one and three years in Croydon's position has improved.

Indictor 148 shows the proportion of older people who were offered reablement services after discharge from hospital to be worse than both the England average and London average. The red circle shows the difference between Croydon and the England average is statistically significant. The trend over both one and three years in Croydon's position has deteriorated.

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
147 Older people still at home 91 days after discharge from hospital into reablement/rehabilitation services (%)	87.8%	85.3%	82.1%		►	►
148 Older people who were offered reablement services after discharge from hospital (%)	1.7%	4.1%	3.1%		◄	◄

Data limitations

The main limitation to the dataset, and to all comparative data of this kind, is that of **timeliness**. Although the most recent data that was available at the cut off point for this report (12th August 2016) has been used for all indicators, there will still be an inevitable time lag. This is because the dataset contains only those indicators which are routinely available for all local authorities across the country. In practice, local areas may use more timely data sources to inform their daily work, as they have access to their own data sooner than comparative information of the kind shown here.

It is also important to note that the data presented in the dataset are for Croydon as a whole. There are **wide variations within Croydon** (such as differences in life expectancy across

the Borough) that must always be taken into account when commissioning services for Croydon.

For the majority of the indicators, the data is of a reliable quality, however where there are particular **data quality** issues, they are described in the indicator notes in **Appendix 2**, and are also noted within the dataset if they have an immediate impact on interpretation.

Finally, any analysis of need should not be dictated solely by areas for which data is available. **Stakeholder consultations** often raise important local issues for which local data may not be available. Other aspects of the JSNA, particularly the needs assessments on key topic, include more qualitative, consultative approaches which are also a key part of prioritisation and commissioning.

Changes to the September 2016 dataset

It was agreed by the JSNA Steering Group that a full review of the indicators would not carried out in 2016, but that the data for all indicators in the September 2015 key dataset would be updated where new data is available. Indicators were also added to the key dataset where new data was published as part of national outcomes frameworks.

A detailed list of the new and excluded indicators is in **Appendix 3**.

The format of the dataset is similar to previous years. For a small number of indicators in the dataset (i.e. those where no new data has been published since the last key dataset) the data has not been updated. This is indicated by ✕ being shown in an additional column on the right hand side of the page, and the data shown is the same as in the September 2015 key dataset.

Summary of the Croydon JSNA Key Dataset September 2016

There are many potential approaches to summarising the wealth of information contained in the dataset. The current approach uses **five categories** to highlight indicators within the summary:

- **Areas where Croydon is performing well** (A) - (F): areas where Croydon's performance is relatively good;

- **Challenges** (G) - (N): areas where Croydon's performance needs to improve;

- **Emerging issues** (O) - (P): areas that will become challenges if current trends continue;

- **High need** (Q) - (S): areas where Croydon has high need relative to the rest of England and need is increasing or staying the same;

- **Emerging needs** (no indicators): areas that will become high need if current trends continue.

Indicators that are considered strictly measures of **need** are considered separately from those that primarily measure **performance**. It should be noted that many of the indicators in the dataset measure both need and performance to some extent.

The **letter** from (A) to (S) can be used to further distinguish where indicators fit within each category (see Tables 1 and 2).

The **number** from 1 to 279 next to each indicator name can be used to find the indicator in the dataset.

It is important to grasp that the trend data compares **relative performance or need**. There may be areas where Croydon has improved on its own performance in previous years, and which might be considered to be performing well locally because of this, however, if others in the country are improving at a faster rate than Croydon is improving locally, Croydon's ranking will have fallen and will show a deterioration in performance. Similarly, there may be areas where Croydon's performance is thought to be declining compared to previous years, but when compared to other areas, it is possible that Croydon's performance will be seen as improving, as others have deteriorated faster.

A selection of main messages from the summary is shown in the appendices, grouped by Public Health Outcome Framework domains in **Appendix 4**, and grouped by Joint Health and Wellbeing Strategy improvement areas in **Appendix 5**.

Measures of performance

Table 1 identifies levels of **relative performance** (rows) and **trends over time** (columns) from the information in the dataset.

Table 1: Method used to summarise performance measures

			Trend over time (worst – best)					
			Consistent deterioration (2 reds)	1 or 3 year trend shows deterioration (1 red)	No consistent improvement or deterioration	1 or 3 year trend shows improvement (1 green)	Consistent improvement (2 greens)	No trend data
Better than England average	Best 25% LAs / CCGs	Statistically significant (green)			(E)	(D)	(A)	(F)
		Not statistically significant (white*)			No indicators	No indicators	(B)	No indic-ators
	Middle 50% LAs / CCGs	Statistically significant (green)					(C)	
		Not statistically significant (yellow or white*)						
Worse than England average	Middle 50% LAs / CCGs	Not statistically significant (yellow or white*)	(O)					
		Statistically significant (red)	(H)	(P)				
	Worst 25% LAs / CCGs	Not statistically significant (white*)	No indicators	(J)	(L)			(N)
		Statistically significant (red)	(G)	(I)	(K)			(M)

(Performance (worst – best) is the label for the row axis.)

* Yellow indicators are grouped according to the 'Middle 50% LAs/CCGs, Not statistically significant' rows regardless of which LA/CCG quartile Croydon falls into.

Three categories are highlighted in Table 1:

- **Areas where Croydon is performing well** (A) - (F): areas where Croydon's performance is relatively good;

- **Challenges** (G) - (N): areas where Croydon's performance needs to improve;

- **Emerging issues** (O) - (P): areas that will become challenges if current trends continue;

The indicators that fall into each category are shown on the following pages.

Areas where Croydon is performing well

Indicators are highlighted in this section where Croydon's performance is relatively good compared to other local authorities/CCGs.

(A)

Performance: Significantly better than England and in best 25% of LA/CCGs

Trend: 1 year and 3 year trend consistently show improvement

21	Carbon dioxide emissions within the scope of local authorities
27	Killed or seriously injured casualties on roads
35	Delayed transfers of care from hospital
36	Delayed transfers of care from hospital attributable to adult social care
86	Hospital admissions for children caused by injuries
121	16-18 year olds not in education, employment or training
123	Average earnings of employees
176	Early deaths from cancer
180	Deaths from oesophageal cancer
184	Deaths from colorectal cancer
196	Incidence of bladder cancer
197	Deaths from bladder cancer
220	New sight loss certifications
226	Emergency admissions for stroke
245	Smoking quitters
246	Smoking attributable hospital admissions
254	Alcohol attributable hospital admissions (narrow definition)
255	Alcohol attributable hospital admissions (broad definition)

(B)

Performance: Not statistically significantly better than England and in best 25% of LA/CCGs

Trend: 1 year and 3 year trend consistently show improvement

77	Emotional well-being of looked after children

(C)

Performance: Significantly better than England and in middle 50% of LA/CCGs

Trend: 1 year and 3 year trend consistently show improvement

15	Average number of re-offences
126	Job seekers allowance claimants
127	Job seekers allowance claimants
129	Employment support allowance and incapacity benefit claimants
149	Life expectancy at birth (men)
152	Life expectancy at age 75 (women)

(D)

Performance: Significantly better than England and in best 25% of LA/CCGs

Trend: Either 1 year or 3 year trend shows improvement

64	Children eligible for free school meals achieving a good level of development at age 5
96	Breastfeeding initiation within 48 hours
97	Breastfeeding prevalence at 6-8 weeks

110	Uptake of HIV testing
122	19 year olds attaining 2 A-levels or equivalent
151	Life expectancy at age 75 (men)
173	Stage of cancer recorded at diagnosis
212	Hospital stays for self-harm
216	Emergency readmissions within 30 days of discharge for mental health

(E)
Performance: Significantly better than England and in best 25% of LA/CCGs
Trend: Does not consistently show improvement or deterioration

70	Gap in attainment at key stage 4
91	Emergency admissions for children with lower respiratory tract infections
141	Hospital admissions for older people due for hip fracture
239	Emergency admissions for alcohol related liver disease
266	Emergency admissions for acute conditions that should not require admission

(F)
Performance: Significantly better than England and in best 25% of LA/CCGs
Trend: No trend data available

| 82 | Use of e-cigarettes at age 15 |
| 146 | Long-term support needs of older adults met by admission to residential & nursing care homes |

Challenges

Indicators are highlighted as challenges where Croydon's performance relative to other local authorities/CCGs needs to improve.

(G)
Performance: Significantly worse than England and in worst 25% of LA/CCGs
Trend: 1 year and 3 year trend consistently show deterioration

20	NHS organisations with a sustainable development management plan
28	Social care-related quality of life
29	Clients who have control over their daily life
40	Clients who say services have made them feel safe and secure
60	DTaP / IPV booster vaccination at 5 years
72	First-time entrants to the youth justice system
104	Repeat abortions for women aged under 25
116	Syphilis diagnoses
148	Older people who were offered reablement services after discharge from hospital
211	Diagnosis rate for dementia
265	Proportion of deaths at home
278	Experience of access to NHS dental services

Challenges (continued)

(H)

Performance: Significantly worse than England and in middle 50% of LA/CCGs

Trend: 1 year and 3 year trend consistently show deterioration

19	Police recorded adult domestic abuse incidents

(I)

Performance: Significantly worse than England and in worst 25% of LA/CCGs

Trend: Either 1 year or 3 year trend shows deterioration

11	Households in temporary accommodation
41	Carer reported quality of life
43	Isolation in adult carers
44	Overall satisfaction of carers with social services
57	Hib / MenC booster vaccination coverage in children aged 2
59	MMR vaccination coverage in children aged 2 (1 dose)
61	MMR vaccination coverage in children aged 5 (2 doses)
79	Excess weight in 10-11 year olds
94	Antenatal risk assessments before 13 weeks
101	Under 16 conceptions
103	Abortion rate
111	People presenting with HIV at a late stage of infection
134	Adults with a learning disability who live in stable and appropriate accommodation
205	Myocardial infarction/stroke/stage 5 kidney disease in diabetes
217	Emergency admissions for epilepsy
223	Abdominal aortic aneurysm screening
253	Alcohol related recorded crimes
269	Overall experience of GP services

(J)

Performance: Cannot calculate statistical significance and in worst 25% of LA/CCGs

Trend: Either 1 year or 3 year trend shows deterioration

6	Housing affordability
25	Population exposed to night-time road, rail and air transport noise
200	People feeling supported to manage their long-term condition

Challenges (continued)

(K)

Performance: Significantly worse than England and in worst 25% of LA/CCGs

Trend: Does not consistently show improvement or deterioration

10	Homelessness acceptances
23	Noise complaints
51	Low birth weight of term babies
56	DTaP / IPV / Hib vaccination at 1 year
58	PCV booster vaccination coverage for children aged 2
67	Attainment at key stage 2
105	Repeat abortions for women of all ages
109	HIV prevalence
114	Chlamydia diagnoses for people aged 25 and over
117	Genital herpes diagnoses
139	PPV vaccination coverage in adults over 65
140	Injuries due to falls in older people
161	Self-reported life satisfaction
169	New cases of tuberculosis
209	People entering talking therapies
236	Diagnosis rate for COPD
260	Fast food outlets
276	NHS health check received by those eligible

(L)

Performance: Cannot calculate statistical significance and in worst 25% of LA/CCGs

Trend: Does not consistently show improvement or deterioration

24	Population exposed to daytime road, rail and air transport noise
26	Estimated deaths attributable to particulate air pollution

(M)

Performance: Significantly worse than England and in worst 25% of LA/CCGs

Trend: No trend data available

7	Overcrowded housing
31	Carers receiving self-directed support
32	Service users receiving direct payments
33	Carers receiving direct payments
62	HPV vaccination coverage for one dose in girls aged 12-13
83	Use of other tobacco products including shisha at age 15
219	NHS sight tests

(N)

Performance: Cannot calculate statistical significance and in worst 25% of LA/CCGs

Trend: No trend data available

171	Spend on cancers and tumours

Emerging issues

Indicators that are highlighted as emerging issues are likely to become challenges if current trends continue.

(O)
Performance: Not statistically significantly worse than England
OR cannot calculate statistical significance and in middle 50% of LA/CCGs
Trend: 1 year and 3 year trend consistently show deterioration

71	Pupil absence
119	People with no qualifications
120	People qualified to degree level or equivalent
156	Disability-free life expectancy at birth (women)
165	Deaths from causes considered preventable by public health interventions
177	Early deaths from cancer considered preventable
181	Incidence of stomach cancer
183	Incidence of colorectal cancer
190	Incidence of breast cancer
193	Incidence of cervical cancer
213	Suicide rate
257	Alcohol attributable deaths (men)

(P)
Performance: Significantly worse than England and in middle 50% of LA/CCGs
Trend: Either 1 year or 3 year trend shows deterioration

80	Children travelling to school by public transport, cycling or walking

Measures of need

Indicators that show needs of Croydon's population rather than performance are grouped separately within this section.

Table 2 identifies levels of **relative need** (rows) and **trends over time** (columns) from the information in the dataset.

Table 2: Method used to summarise measures of need

				Trend over time (increasing – decreasing)						No trend data
				Consistent increase (2 reds)	1 or 3 year trend shows increase (1 red)	No consistent increase or decrease	1 or 3 year trend shows decrease (1 green)	Consistent decrease (2 greens)		
Need (high – low)	Lower than England average	Lowest 25% LAs / CCGs	Statistically significant (green)							
			Not statistically significant (white*)							
		Middle 50% LAs / CCGs	Statistically significant (green)							
			Not statistically significant (yellow or white*)							
	Higher than England average	Middle 50% LAs / CCGs	Not statistically significant (yellow or white*)	No indicators						
			Statistically significant (red)	No indicators	No indicators					
		Highest 25% LAs / CCGs	Not statistically significant (white*)	(R)	No indicators	No indicators				No indic-ators
			Statistically significant (red)	(Q)	No indicators	(S)				No indic-ators

* Yellow indicators are grouped according to the 'Middle 50% LAs/CCGs, Not statistically significant' rows regardless of which LA/CCG quartile Croydon falls into.

Two categories are highlighted in Table 2:

- **High need** (Q) - (S): where there are much higher levels of need in Croydon than other local authorities/CCGs and need is increasing or staying the same;

- **Emerging needs** (no indicators): areas that will become high need if current trends continue.

The indicators that fall into each category are shown on the following pages.

High need

Indicators are highlighted as high need where there are much higher levels of need in Croydon than other local authorities/CCGs and need is increasing or staying the same.

(Q)
Need: Significantly higher than England and in highest 25% of LA/CCGs
Trend: 1 year and 3 year trend consistently show increase

- 2   Total fertility rate
- 3   Population turnover

(R)
Need: Cannot calculate statistical significance and in highest 25% of LA/CCGs
Trend: 1 year and 3 year trend consistently show increase

- 1   Projected change in population size

(S)
Need: Significantly higher than England and in highest 25% of LA/CCGs
Trend: Does not consistently show increase or decrease

- 48   Primary school children known to be eligible for free school meals
- 74   Looked after children
- 75   Unaccompanied asylum seeking children
- 214   GP recorded severe mental illness prevalence

Emerging needs

Indicators that are highlighted as emerging needs are likely to become high need if current trends continue.

There were no indicators in this category.

CROYDON JSNA KEY DATASET SEPTEMBER 2016

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Community life										
Population growth and migration	1 Projected change in population size (% change in next 5 years based on ONS projections)	6.2%	7.0%	3.8%		◄	◄	2015 - 20	n/a	✓
	2 Total fertility rate (children per woman)	2.08	1.72	1.82		◄	◄	2015	n/a	✓
	3 Population turnover (rate per 1,000 population)	132	181	114		◄	◄	2015	n/a	✓
	4 International migrants identified on GP register (rate per 1,000 population)	16.1	26.4	11.7		—	►	Mid 2013 - Mid 2014	n/a	✓
Deprivation	5 Index of multiple deprivation (score)	23.6	23.9	21.8		◄	◄	2015	n/a	✓
See also *9 Fuel poverty*, and *Poverty* in *Early Life* and *Later Life* sections										
Housing	6 Housing affordability (ratio of lower quartile house prices to lower quartile earnings)	10.6	14.2	7.0		◄	no data	2015	n/a	✓
	7 Overcrowded housing (% of households)	9.6%	11.3%	4.6%		no data	no data	2011	n/a	✗
	8 Households on local authority housing waiting lists (rate per 1,000 households)	32.4	74.8	54.0		◄	—	2015	n/a	✓
	9 Fuel poverty (% of households)	9.9%	9.8%	10.4%		◄	no data	2013	PHOF	✗

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● Significantly worse/higher need than England average

○ Not significantly different from England average

● Significantly better/lower need than England average

○ No significance can be calculated

◆ London average

England average

England Worst — England Best

25th Percentile — 75th Percentile

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Homeless-ness	10 Homelessness acceptances (rate per 1,000 households)	6.5	5.5	2.5		—	—	2015/16	n/a	✓
	11 Households in temporary accommodation (rate per 1,000 households)	18.9	14.9	3.1		—	◄	2015/16	PHOF	✓
	12 Households in bed & breakfast accommodation (rate per 1,000 households)	1.30	0.86	0.23		—	►	2014/15	n/a	✗
Crime	13 Total police recorded crime (rate per 1,000 population)	76.9	87.1	67.3		►	►	2015/16	n/a	✓
	14 Adult re-offending (% re-offending within 12 months)	24.5%	24.4%	24.7%		►	—	Oct 2013 to Sep 2014	PHOF	✓
	15 Average number of re-offences (number per offender)	0.76	0.75	0.81		►	►	Oct 2013 to Sep 2014	PHOF	✓

See also *Youth Offending* in *Early Life* section, *249 Drug offences* and *253 Alcohol related recorded crimes*

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Violence	16 Violence against the person offences (rate per 1,000 population)	22.7	21.8	17.2		►	—	2015/16	PHOF	✓
	17 Sexual violence offences (rate per 1,000 population)	1.98	1.89	1.84		►	►	2015/16	PHOF	✓
	18 Emergency admissions for violence (rate per 100,000 population)	48.9	45.9	47.5		—	◄	2012/13-2014/15	PHOF	✓
	19 Domestic abuse incidents recorded by the police (rate per 100,000 population aged over 18)	21.6	21.6	20.4		◄	◄	2014/15	PHOF	✓

19 Domestic abuse incidents recorded by the police is affected by a degree of under-reporting of these incidents. Trend data may reflect changes in recording practices.

🔴 Significantly worse/higher need than England average

🟡 Not significantly different from England average

🟢 Significantly better/lower need than England average

⚪ No significance can be calculated

◆ **London average**

England average

England Worst — England Best

25th Percentile **75th Percentile**

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Environment	20 NHS organisations with a sustainable development management plan (% of organisations)	0.0%	47.9%	56.5%		◄	◄	2014/15	PHOF	✓
	21 Carbon dioxide emissions within the scope of influence of local authorities (tonnes per resident)	3.3	4.1	5.1		►	►	2014	n/a	✓
	22 Household waste recycling (% sent for reuse, recycling or composting)	39.9%	33.1%	43.7%		◄	►	2014/15	n/a	✓
Noise	23 Complaints about noise (rate per 1,000 population)	10.7	16.8	7.1		▬	▬	2014/15	PHOF	✓
	24 Daytime road, rail and air transport noise (% of population exposed to noise of 65dB(A) or more)	10.5%	11.5%	5.2%		no data	▬	2011	PHOF	✗
	25 Night-time road, rail and air transport noise (% of population exposed to noise of 55dB(A) or more)	13.9%	15.3%	8.0%		no data	◄	2011	PHOF	✗
Air pollution	26 Estimated deaths attributable to particulate air pollution (% of deaths)	6.1%	6.7%	5.3%		▬	▬	2013	PHOF	✓
Road accidents	27 Killed or seriously injured casualties on roads (rate per 100,000 population)	22.3	29.8	39.3		►	►	2012 - 14	PHOF	✓
See also *Injuries* in *Early Life* section										
Social care	28 Social care-related quality of life (score)	18.4	18.5	19.1		◄	◄	2014/15	ASCOF	✓
See also *Quality of Life* in *Later Life* and *Long-Term Conditions* sections										

🔴 Significantly worse/higher need than England average

🟡 Not significantly different from England average

🟢 Significantly better/lower need than England average

⚪ No significance can be calculated

◆ **London average**

England average

England Worst — 25th Percentile — 75th Percentile — England Best

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Social care	29 Clients who have control over their daily life (% of survey respondents)	71.5%	71.6%	77.3%		◄	◄	2014/15	ASCOF	✓
	30 Service users receiving self-directed support (% of service users accessing long-term community support)	84.8%	81.1%	83.7%		no data	no data	2014/15	ASCOF	✓
	31 Carers receiving self-directed support (% of carers receiving carer-specific services)	35.6%	84.6%	77.4%		no data	no data	2014/15	ASCOF	NEW
	32 Service users receiving direct payments (% of service users accessing long-term support)	12.5%	26.0%	26.3%		no data	no data	2014/15	ASCOF	✓
	33 Carers receiving direct payments (% of carers receiving carer-specific services)	35.6%	73.8%	66.9%		no data	no data	2014/15	ASCOF	NEW
	34 Social isolation (% of survey respondents who had as much social contact as they would like)	45.2%	41.8%	44.8%		►	►	2014/15	ASCOF, PHOF	✓
	35 Delayed transfers of care from hospital (rate per 100,000 population)	4.2	6.9	11.1		►	►	2014/15	ASCOF	✓
	36 Delayed transfers of care from hospital attributable to adult social care (rate per 100,000 population)	1.4	2.4	3.7		►	►	2014/15	ASCOF	✓
	37 Overall satisfaction of clients with their care and support (% satisfied of survey respondents)	59.0%	59.5%	64.7%		►	►	2014/15	ASCOF	✓
	38 Proportion of people who use services who find it easy to find information about services	71.6%	72.5%	74.5%		◄	—	2014/15	ASCOF	✓
	39 Clients who say they feel as safe as they want (% of survey respondents)	65.1%	64.0%	68.5%		◄	►	2014/15	ASCOF	✓
	40 Clients who say services have made them feel safe and secure (% of survey respondents)	76.0%	81.2%	84.5%		◄	◄	2014/15	ASCOF	✓

See also *Social Care* in *Working Life* and *Later Life* sections

● Significantly worse/higher need than England average

◇ **London average**

○ Not significantly different from England average

● Significantly better/lower need than England average

○ No significance can be calculated

England average

England Worst — England Best

25th Percentile — 75th Percentile

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Carers	41 Carer reported quality of life (score)	7.4	7.6	7.9		◄	no data	2014/15	ASCOF, NHSOF	✓
	42 Health-related quality of life for carers (score)	0.796	0.000	0.804		◄	◄	2014/15	CCGOIS, NHSOF	✓
	43 Isolation in adult carers (% of survey respondents who had as much social contact as they would like)	31.7%	35.5%	38.5%		◄	no data	2014/15	ASCOF, PHOF	✓
	44 Overall satisfaction of carers with social services (% satisfied of survey respondents)	25.5%	35.2%	41.2%		◄	no data	2014/15	ASCOF	✓
	45 Carers who report being included or consulted in discussions (% of survey respondents)	68.6%	65.1%	72.3%		►	no data	2014/15	ASCOF	✓
	46 Proportion of carers who find it easy to find information about services	60.3%	62.1%	65.5%		►	no data	2014/15	ASCOF	✓

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◆ London average

England average

England Worst — England Best

25th Percentile   75th Percentile
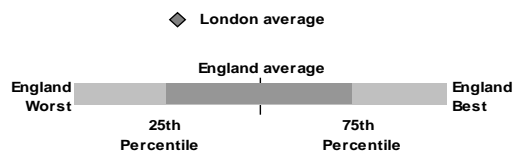
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated

Early life
See also Teenage Pregnancy in Family Life section

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Poverty	47 Children in poverty (% of children aged under 16)	21.8%	21.8%	18.6%		—	—	2013	PHOF	✓
	48 School children known to be eligible for free school meals (% of primary school pupils)	18.7%	16.8%	14.5%		▶	◀	Jan 2016	n/a	✓
	49 School children known to be eligible for free school meals (% of secondary school pupils)	17.2%	18.1%	13.2%		—	—	Jan 2016	n/a	✓
Low birth weight	50 Low birth weight of all babies (% under 2500 grams)	8.3%	7.9%	7.3%		▶	▶	2013	n/a	✗
	51 Low birth weight of term babies (% under 2500 grams)	3.4%	3.2%	2.9%		—	—	2014	PHOF	✓
Infant and child mortality	52 Perinatal mortality (rate per 1,000 total births)	7.0	7.2	6.8		◀	▶	2012 - 14	NHSOF	✓
	53 Neonatal mortality (rate per 1,000 live births)	2.6	2.5	2.8		◀	▶	2012 - 14	NHSOF	✓
	54 Infant mortality (rate per 1,000 live births)	4.0	3.6	4.0		◀	—	2012 - 14	NHSOF, PHOF	✓
	55 Child mortality (rate per 100,000 children aged 1-17 years)	10.8	12.0	12.0		▶	▶	2012 - 14	n/a	✓

See also Maternal and Child Health in Family Life section

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◆ London average

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England average

England Worst ▮ England Best

25th Percentile   75th Percentile

○ No significance can be calculated

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Immunisation	56 DTaP / IPV / Hib vaccination coverage (1 year old)	90.7%	90.6%	94.2%		—	—	2014/15	PHOF	✓
	57 Hib / MenC booster vaccination coverage (2 years old)	84.2%	86.8%	92.1%		◄	—	2014/15	PHOF	✓
	58 PCV booster vaccination coverage (2 years old)	86.3%	86.4%	92.2%		◄	►	2014/15	PHOF	✓
	59 MMR vaccination coverage for one dose (2 years old)	86.1%	87.3%	92.3%		◄	—	2014/15	PHOF	✓
	60 DTaP / IPV booster vaccination coverage (5 years old)	69.1%	79.5%	88.2%		◄	◄	2014/15	n/a	✓
	61 MMR vaccination coverage for two doses (5 years old)	69.7%	81.1%	88.6%		◄	—	2014/15	PHOF	✓
	62 HPV vaccination coverage for one dose (girls aged 12-13 years old)	82.4	83.8	89.4		no data	no data	2014/15	PHOF	✓
School readiness	63 Children achieving a good level of development at age 5 (% of pupils)	64.7%	68.1%	66.3%		►	no data	2014/15	PHOF	✓
	64 Children eligible for free school meals (FSM) achieving a good level of development at age 5 (% of pupils)	54.5%	58.6%	51.2%		►	no data	2014/15	PHOF	✓
	65 Children achieving the expected level in the phonics screening check at age 6 (% of pupils)	75.7%	79.6%	76.8%		◄	◄	2014/15	PHOF	✓
	66 Children eligible for FSM achieving the expected level in the phonics screening check at age 6 (% of pupils)	67.4%	71.7%	64.7%		►	◄	2014/15	PHOF	✓

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England Worst   England Best

25th Percentile   **75th Percentile**
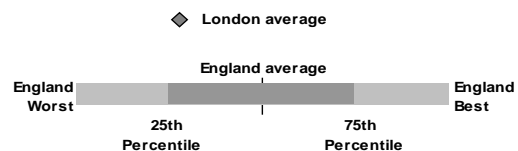
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
School attainment	67 Attainment at key stage 2 (% achieving level 4 in reading, writing and mathematics)	78%	84%	80%		▶	◀	2015	n/a	✓
	68 Gap in attainment at key stage 2 (between pupils receiving free school meals and the rest)	16%	11%	17%		▶	◀	2015	n/a	✓
	69 Attainment at key stage 4 (% achieving 5+ GCSEs at grades A*-C including English and Maths)	59.6%	60.9%	53.8%		▶	—	2014/15	n/a	✓
	70 Gap in attainment at key stage 4 (between pupils receiving free school meals and the rest)	21.8%	18.9%	27.9%		◀	▶	2014/15	n/a	✓
See also *Education and Training* in *Working Age* section										
School absence	71 Pupil absence (% of half days missed)	4.5%	4.5%	4.6%		◀	◀	2014/15	PHOF	✓
Youth offending	72 First-time entrants to the youth justice system (rate per 100,000 10-17 year olds)	579.6	425.7	409.1		◀	◀	2014	PHOF	✗
	73 Youth re-offending (% re-offending within 12 months)	44.3%	42.6%	37.8%		▶	▶	Oct 2013 to Sep 2014	PHOF	✓
See also *Crime* in *Community Life* section										
Looked after children	74 Looked after children (per 10,000 child population)	87	52	60		—	—	2015	n/a	✓
	75 Unaccompanied asylum seeking children (per 10,000 child population)	44.4	6.2	2.3		—	—	2014/15	n/a	✓
	76 Looked after children living in the same placement for at least 2 years (% of looked after children)	71%	67%	68%		▶	◀	2015	n/a	✓
	77 Emotional well-being of looked after children (score)	10.9	13.2	13.9		▶	▶	2014/15	n/a	✓

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England Worst — 25th Percentile — 75th Percentile — England Best

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Healthy weight	78 Excess weight in 4-5 year olds (% of Reception Year pupils)	22.2%	22.2%	21.9%		►	►	2014/15	PHOF	✓
	79 Excess weight in 10-11 year olds (% of Year 6 pupils)	39.0%	37.2%	33.2%		—	◄	2014/15	PHOF	✓
See also *Healthy Weight* in *Healthy Lifestyles* section										
Physical activity	80 Children travelling to school by public transport, cycling or walking (% of survey respondents)	66.1%	76.4%	69.3%		◄	no data	2010/11	n/a	✗
The collection of data on 80 *Children travelling to school by public transport, cycling or walking* has stopped nationally. This is an important gap in the key dataset. In the absence of national recording, Croydon data will be monitored locally and compared with data for other London boroughs.										
Tobacco	81 Smoking prevalence at age 15 (% of survey respondents)	7.2%	6.1%	8.2%		no data	no data	2014/15	PHOF	✗
	82 Use of e-cigarettes at age 15 (% of survey respondents)	0.9%	1.0%	2.7%		no data	no data	2014	n/a	✗
	83 Use of other tobacco products (including shisha) at age 15 (% of survey respondents)	4.4%	4.0%	2.6%		no data	no data	2014	n/a	✗
See also *Tobacco* in *Healthy Lifestyles* section										
Alcohol	84 Hospital admissions due to alcohol specific conditions (rate per 100,000 population aged under 18)	24.4	23.7	36.6		—	◄	2012/13 - 14/15	n/a	✓
See also *Alcohol* in *Healthy Lifestyles* section										
Drugs	85 Hospital admissions due to substance misuse (rate per 100,000 population aged 15-24)	89.8	70.3	88.8		◄	◄	2012/13 - 14/15	n/a	✓
See also *Drugs* in *Healthy Lifestyles* section										

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England Worst — England Best

25th Percentile   **75th Percentile**

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Injuries	86 Hospital admissions caused by injuries in children (rate per 100,000 population aged under 15)	87.7	83.3	109.6		►	►	2014/15	PHOF	✓
	87 Hospital admissions caused by injuries in young people (rate per 100,000 population aged 15-24)	125.5	98.6	131.7		—	◄	2014/15	PHOF	✓
See also *Road Accidents* in *Community Life* section and *Falls* in *Later Life* section										
Mental health	88 Hospital admissions for mental health conditions (rate per 100,000 population aged under 18)	96.4	94.2	87.4		►	◄	2014/15	n/a	✓
See also *Mental Health* in *Working Age* and *Long-Term Conditions* sections										
Learning disability	89 Learning difficulties known to schools (rate per 1,000 pupils)	21.4	27.4	37.0		—	—	2016	n/a	✓
	90 Autistic spectrum disorder known to schools (rate per 1,000 pupils)	12.7	12.5	11.7		►	►	2016	n/a	✓
See also *Learning Disability* in *Working Age* section										
Avoidable hospital admissions	91 Emergency admissions for children with lower respiratory tract infections (rate per 100,000 aged under 19)	175	0	395		◄	►	2014/15	CCGOIS, NHSOF	✓
	92 Emergency admissions for asthma, diabetes and epilepsy in children (rate per 100,000 population aged under 19)	362	0	327		◄	►	2014/15	CCGOIS, NHSOF	✓
See also *Avoidable Hospital Admissions* in *Health Services* section										
Dental health	93 Children accessing NHS dentistry (% visiting a dentist in last 2 years)	62.4%	63.3%	69.8%		—	►	Mar 2016	n/a	✓
See also *Dental Health* in *Health Services* section										

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England Worst — **England Best**

25th Percentile **75th Percentile**

Family life

See also *Carers* in *Community Life section*

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Maternal and child health	94 Antenatal risk assessments before 13 weeks (% of antenatal risk assessments)	69.0%	72.7%	83.0%		no data	◄	2014/15	CCGOIS	✗
	95 Smoking during pregnancy (% of mothers)	7.6%	4.9%	10.6%		◄	◄	2015/16	PHOF	✓

See also *Tobacco* in *Healthy Lifestyles section*

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Maternal and child health	96 Breastfeeding initiation within 48 hours (% of mothers)	87.2%	86.0%	74.3%		—	►	2014/15	PHOF	✗
	97 Breastfeeding prevalence at 6-8 weeks from birth (% of infants)	68.4%	53.9%	43.8%		—	►	2014/15	PHOF	✗
	98 Newborn hearing screening coverage (% of eligible babies who were screened)	97.1%	98.0%	98.5%		►	no data	2014/15	PHOF	✓

See also *Infant and Child Mortality* in *Early Life* section

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Lone parent families	99 Lone parent benefit claimants (% of working population)	1.5%	1.1%	1.1%		►	►	Nov 2015	n/a	✓
Teenage pregnancy	100 Under 18 conceptions (rate per 1,000 girls aged 15-17)	28.4	21.5	22.8		►	◄	2014	PHOF	✓
	101 Under 16 conceptions (rate per 1,000 girls aged 13-15)	6.1	4.2	4.9		◄	—	2012 - 14	n/a	✓

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England Worst — 25th Percentile — 75th Percentile — England Best

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Abortions	102 Access to NHS funded abortions (% of NHS funded abortions before 10 weeks gestation)	82.5%	83.6%	80.3%		—	▶	2015	n/a	✓
	103 Abortion rate (per 1,000 women aged 15-44)	24.8	20.7	16.2		—	◀	2015	n/a	✓
	104 Repeat abortions (ages under 25) (% of abortions)	37.3%	31.0%	26.5%		◀	◀	2015	n/a	✓
	105 Repeat abortions (all ages) (% of abortions)	48.7%	42.0%	38.0%		—	—	2015	n/a	✓
Reproductive health	106 GP prescribed long acting reversible contraception (LARC) (rate per 1,000 women aged 15-44)	27.5	16.1	32.3		▶	◀	2014	n/a	✓
	107 Pelvic inflammatory disease (PID) admissions (rate per 100,000 women aged 15-44)	214	192	236		▶	▶	2014/15	n/a	✓
	108 Ectopic pregnancy admissions (rate per 100,000 women aged 15-44)	101	109	90		▶	▶	2014/15	n/a	✓

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England Worst — **England Best**

25th Percentile — **75th Percentile**

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
HIV	109 HIV prevalence (rate per 1,000 people aged 15-59)	5.2	5.9	2.2		—	—	2013	n/a	✗
	110 Uptake of HIV testing in GUM clinics (% of tests offered)	87.0%	79.5%	76.2%		▶	—	2015	n/a	✓
	111 Persons presenting with HIV at a late stage of infection (% of new diagnoses of HIV)	58.8%	36.6%	42.2%		—	◀	2012 - 14	PHOF	✓
Chlamydia	112 Chlamydia screening coverage (% of people aged 15-24 screened)	26.3%	27.4%	22.5%		◀	▶	2015	n/a	✓
	113 Chlamydia diagnoses (ages 15-24) (rate per 100,000 population)	2489.0	2199.6	1887.0		▶	—	2015	PHOF	✓
	114 Chlamydia diagnoses (ages 25 and over) (rate per 100,000 population)	309.8	410.4	178.7		—	—	2015	n/a	✓

113 Chlamydia diagnoses (ages 15-24) shows that Croydon has a high prevalence of chlamydia in this age group, however in terms of targeting young people through chlamydia testing, it also indicates that Croydon is performing relatively well.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Other sexually transmitted infections	115 Gonorrhoea diagnoses at GUM clinics (rate per 100,000 population)	162.0	221.9	70.7		▶	▶	2015	n/a	✓
	116 Syphilis diagnoses at GUM clinics (rate per 100,000 population)	21.8	32.9	9.3		◀	◀	2015	n/a	✓
	117 Genital herpes diagnoses at GUM clinics (rate per 100,000 population)	79.8	93.8	57.6		◀	▶	2015	n/a	✓
	118 Genital warts diagnoses at GUM clinics (rate per 100,000 population)	128.2	159.3	118.9		◀	◀	2015	n/a	✓

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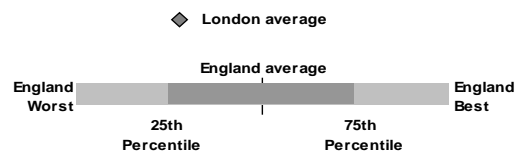
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England Worst — England Best

25th Percentile — 75th Percentile

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Working age See also *Healthy Lifestyles* section under *Healthy Life*										
Education and training	119 People with no qualifications (estimated % of people aged 16-64)	7.1%	7.4%	8.4%		◄	◄	2015	n/a	✓
	120 Qualified to degree level or equivalent (estimated % of people aged 16-64)	40.6%	49.8%	36.8%		◄	◄	2015	n/a	✓
	121 16-18 year olds not in education, employment or training (% of 16-18 year olds)	2.9%	3.1%	4.2%		►	►	2015	PHOF	✓
	122 19 year olds attaining 2 A-levels or equivalent (% of 19 year olds)	64%	65%	57%		—	►	2015	n/a	✓
See also *School Attainment* in *Early Life* section										
Income	123 Average earnings of employees (£ per week)	£603	£621	£533		►	►	2015	n/a	✓
Employment	124 Overall employment rate (estimated % of men aged 16-64)	82.1%	79.7%	79.2%		◄	►	2015/16	n/a	✓
	125 Overall employment rate (estimated % of women aged 16-64)	68.7%	66.6%	68.8%		►	◄	2015/16	n/a	✓
	126 Job seekers allowance claimants (% of people aged 16-64)	1.4%	1.8%	1.8%		►	►	June 2016	n/a	✓
	127 Job seekers allowance claimants (% of people aged 18-24)	1.7%	2.1%	2.6%		►	►	Jun 2016	n/a	✓
	128 Key out-of-work benefit claimants (% of people aged 16-64)	8.8%	8.2%	8.7%		—	►	Nov 2015	n/a	✓

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England Worst — **England Best**

25th Percentile — **75th Percentile**

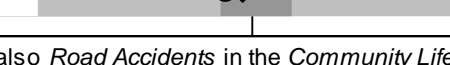| Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Disability	129 Employment support allowance and incapacity benefit claimants (% of people aged 16-64)	5.2%	5.2%	6.0%		▶	▶	Nov 2015	n/a	✓
Mental health	130 Adults in contact with secondary mental health services in paid employment (%)	4.4%	5.5%	6.8%		◀	◀	2014/15	ASCOF, CCGOIS, NHSOF, PHOF	✓
	131 Adults in contact with secondary mental health services who live in stable and appropriate accommodation (%)	63.1%	77.8%	59.7%		◀	◀	2014/15	ASCOF, PHOF	✓
See also *Mental Health* in Early Life and *Long-Term Conditions* sections										
Learning disability	132 GP recorded learning disability prevalence (%, all ages)	0.48%	0.34%	0.44%		▬	▶	2014/15	n/a	✓
	133 Adults with a learning disability in paid employment (%)	6.0%	7.7%	6.0%		▶	◀	2014/15	ASCOF, NHSOF, PHOF	✓
	134 Adults with a learning disability who live in stable and appropriate accommodation (%)	60.4%	69.1%	73.3%		▬	◀	2014/15	ASCOF, PHOF	✓
See also *Learning Disability* in *Early Life* section										
Vaccination	135 Flu vaccination coverage (at-risk individuals aged 6 months to 64 years)	42.6%	43.7%	45.1%		▶	▶	2015/16	PHOF	✓
See also *Vaccination* in *Later Life section*										
Social care	136 Long-term support needs met by admission to residential & nursing care homes (rate per 100,000 aged 18-64)	10.6	11.1	14.2		no data	no data	2014/15	ASCOF	✓
See also *Social Care* in *Community Life* and *Later Life* sections										

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25th Percentile — **75th Percentile**

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated

Later life

See also *Long-Term Conditions* section under *Healthy Life*

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Poverty	137 Older people in poverty (% of people aged over 60)	17.0%	n/a	16.2%	○	no data	◄	2015	n/a	✓

See also *9 Fuel poverty*

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Vaccination	138 Flu vaccination coverage (ages over 65)	63.5%	66.4%	71.0%	● ◆	—	►	2015/16	PHOF	✓
	139 PPV vaccination coverage (ages over 65)	63.3%	64.9%	69.8%	●◆	►	◄	2014/15	PHOF	✓

See also *Vaccination* in *Working Age section*

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Falls	140 Injuries due to falls (rate per 100,000 population aged over 65)	2538.7	2253.4	2124.6	● ◆	►	◄	2014/15	PHOF	✓

See also *Injuries* in *Early Life* section

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Hip fracture	141 Admissions for hip fracture (rate per 100,000 population aged over 65)	493.7	516.6	571.3	◆ ●	►	◄	2014/15	CCGOIS, PHOF	✓
	142 Patients receiving collaborative orthogeriatric care (% of patients with hip fracture)	94.5%	95.7%	93.8%	○	◄	no data	2014	CCGOIS	✓
	143 Patients receiving timely surgery (% of patients with hip fracture)	79.3%	74.4%	75.2%	◆ ○	►	no data	2014	CCGOIS	✓
	144 Patients receiving multifactorial falls risk assessment (% of patients with hip fracture)	99.6%	99.3%	97.9%	○	—	no data	2014	CCGOIS	✓

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England Worst — **England average** — **25th Percentile** — **75th Percentile** — England Best

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Quality of life	145 Health-related quality of life for older people (score)	0.73	0.72	0.73	◇⦿	—	no data	2013/14	Public Health Outcomes Framework	✓
See also *28 Social care-related quality of life* and *Quality of Life* in *Long-Term Conditions* section										
Social care	146 Long-term support needs met by admission to residential & nursing care homes (rate per 100,000 aged 65+)	426.1	491.7	668.8	◇🟢	no data	no data	2014/15	ASCOF	✓
	147 Older people still at home 91 days after discharge from hospital into reablement/rehabilitation services (%)	87.8%	85.3%	82.1%	◇🟡	▶	▶	2014/15	ASCOF, NHSOF	✓
	148 Older people who were offered reablement services after discharge from hospital (%)	1.7%	4.1%	3.1%	🔴 ◇	◀	◀	2014/15	ASCOF, NHSOF	✓
See also *Social Care* and *Carers* in *Community Life* section, and *Social Care* in *Working Age* section										

🔴 Significantly worse/higher need than England average

🟡 Not significantly different from England average

🟢 Significantly better/lower need than England average

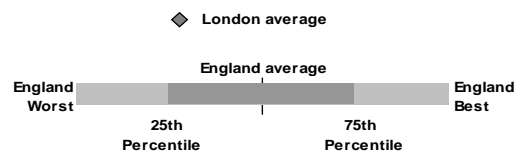⚪ No significance can be calculated

◆ **London average**

England average

England Worst   **England Best**

25th Percentile   **75th Percentile**

Healthy life

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Life expectancy	149 Life expectancy at birth (men) in years	80.3	80.3	79.5		►	►	2012 - 14	PHOF	✓
	150 Life expectancy at birth (women) in years	83.6	84.2	83.2		—	►	2012 - 14	PHOF	✓
	151 Life expectancy at age 75 (men) in years	12.2	12.2	11.6		—	►	2012 - 14	NHSOF	✓
	152 Life expectancy at age 75 (women) in years	13.7	14.0	13.3		►	►	2012 - 14	NHSOF	✓
Healthy life expectancy	153 Healthy life expectancy at birth (men) in years	64.1	64.0	63.4		►	►	2012 - 14	PHOF	✓
	154 Healthy life expectancy at birth (women) in years	63.9	64.1	64.0		►	◄	2012 - 14	PHOF	✓
Disability-free life expectancy	155 Disability-free life expectancy at birth (men) in years	65.6	64.0	63.3		►	►	2012 - 14	n/a	✓
	156 Disability-free life expectancy at birth (women) in years	64.4	64.2	63.2		◄	◄	2012 - 14	n/a	✓
Inequality between areas of deprivation	157 Inequality in life expectancy between areas of deprivation (men) in years	9.4	7.4	9.2		◄	◄	2012 - 14	PHOF	✓
	158 Inequality in life expectancy between areas of deprivation (women) in years	7.6	4.6	7.0		—	◄	2012 - 14	PHOF	✓
Inequality between socio-economic classes	159 Inequality in health status between socio-economic classes (men)	17.2	20.2	17.3		no data	no data	2011	n/a	✗
	160 Inequality in health status between socio-economic classes (women)	18.2	20.2	18.0		no data	no data	2011	n/a	✗

- 🔴 Significantly worse/higher need than England average
- 🟡 Not significantly different from England average
- 🟢 Significantly better/lower need than England average
- ⚪ No significance can be calculated

◆ London average

England average

England Worst — England Best

25th Percentile — 75th Percentile

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Self-reported well-being	161 Self-reported life satisfaction (mean score, estimated from a survey sample)	7.36	7.50	7.60		◀	▶	2014/15	PHOF	✓
	162 Self-reported worthwhile (mean score, estimated from a survey sample)	7.73	7.73	7.81		▶	▶	2014/15	PHOF	✓
	163 Self-reported happiness (mean score, estimated from a survey sample)	7.39	7.38	7.45		—	▶	2014/15	PHOF	✓
	164 Self-reported anxiety (mean score, estimated from a survey sample)	2.91	3.01	2.86		▶	▶	2014/15	PHOF	✓
Avoidable deaths	165 Deaths from causes considered preventable by public health interventions (rate per 100,000 population)	178.2	169.5	182.7		◀	◀	2012 - 14	PHOF	✓
	166 Potential years of life lost from causes considered amenable to healthcare (per 100,000 population)	2080	0	2065		◀	▶	2014	CCGOIS, NHSOF	✓
Seasonal mortality	167 Excess winter deaths (expressed as % of deaths during non-winter months)	16.8%	16.1%	15.6%		◀	◀	Aug 2011 - Jul 2014	PHOF	✓

Deaths from individual diseases are shown in the section on the specific disease. See also *Road Accidents* in the *Community Life* section and *Infant and Child Mortality* in the *Early Life* section.

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Infectious diseases	168 Deaths from a range of specified communicable diseases, including influenza (rate per 100,000 population)	10.4	10.3	10.2		◀	◀	2012 - 14	PHOF	✓

See also *Family Life* section for sexually transmitted infections, and *Vaccination* in *Working Age* and *Later Life* sections

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Tuberculosis	169 New cases of tuberculosis (rate per 100,000 population)	27.6	35.4	13.5		—	—	2012 - 14	PHOF	✓
	170 Treatment for tuberculosis (% completing treatment)	86.7%	86.1%	84.8%		▶	◀	2013	PHOF	✓

● Significantly worse/higher need than England average

○ Not significantly different from England average (yellow)

● Significantly better/lower need than England average (green)

○ No significance can be calculated

◆ London average

England average

England Worst — England Best

25th Percentile — 75th Percentile

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
All cancers	171 CCG spend per head on cancers and tumours	£40	£47	£50		no data	no data	2013/14	n/a	✗
	172 Two week wait GP referrals for suspected cancer (rate per 100,000 population)	2650	2260	2708		◀	◀	2014/15	n/a	✓
	173 Stage of cancer recorded at diagnosis (% of new cancer cases)	79.8%	73.2%	75.9%		▶	no data	2014	CCGOIS	✓
	174 Cancers detected at stage 1 or 2 (% of new cancer cases of specified type)	53.0%	48.2%	50.7%		▶	no data	2014	CCGOIS, PHOF	✓
	175 Incidence of all cancers (rate per 100,000 population)	573.3	569.1	598.2		◀	—	2011 - 13	n/a	✓
	176 Early deaths from cancer (rate per 100,000 population aged under 75)	127.5	132.6	141.5		▶	▶	2012 - 14	CCGOIS, NHSOF, PHOF	✓
	177 Early deaths from cancer considered preventable (rate per 100,000 population aged under 75)	78.8	78.2	83.0		◀	◀	2012 - 14	NHSOF, PHOF	✓
	178 One year survival from all cancers (% of people aged 15-99)	71.2%	70.9%	70.2%		◀	—	2013/14	CCGOIS, NHSOF	✓

● Significantly worse/higher need than England average

◆ London average

○ Not significantly different from England average

● Significantly better/lower need than England average

○ No significance can be calculated

England average

England Worst — England Best

25th Percentile   75th Percentile

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Oesophageal cancer	179 Incidence of oesophageal cancer (rate per 100,000 population)	13.1	12.5	15.2		▶	▶	2011 - 13	n/a	✓
	180 Deaths from oesophageal cancer (rate per 100,000 population)	8.4	10.0	13.2		▶	▶	2012 - 14	n/a	✓
Stomach cancer	181 Incidence of stomach cancer (rate per 100,000 population)	11.9	11.8	12.1		◀	◀	2011 - 13	n/a	✓
	182 Deaths from stomach cancer (rate per 100,000 population)	8.8	7.8	7.8		▬	◀	2012 - 14	n/a	✓
Colorectal cancer	183 Incidence of colorectal cancer (rate per 100,000 population)	73.0	69.2	77.2		◀	◀	2011 - 13	n/a	✓
	184 Deaths from colorectal cancer (rate per 100,000 population)	24.2	26.3	28.4		▶	▶	2012 - 14	n/a	✓
Lung cancer	185 Stage of lung cancer recorded at time of decision to treat (% of lung cancer cases)	86.5%	84.4%	90.1%		▬	no data	2014	CCGOIS	✓
	186 Incidence of lung cancer (rate per 100,000 population)	67.0	75.3	77.4		▬	▬	2011 - 13	n/a	✓
	187 Deaths from lung cancer (rate per 100,000 population)	53.7	57.7	59.7		▬	◀	2012 - 14	n/a	✓
Skin cancer	188 Incidence of all skin cancers (rate per 100,000 population)	171	135	206		▬	◀	2011 - 13	n/a	✓

● Significantly worse/higher need than England average

○ Not significantly different from England average

● Significantly better/lower need than England average

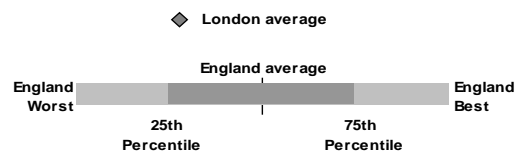○ No significance can be calculated

◆ **London average**

England average

England Worst | 25th Percentile | 75th Percentile | England Best
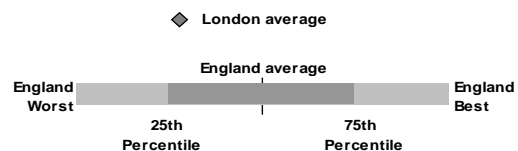
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Breast cancer	189 Breast screening rate (% of women aged 53-70)	68.6%	68.3%	75.4%		▶	—	2015	PHOF	✓
	190 Incidence of breast cancer (rate per 100,000 population)	162	157	166		◀	◀	2011 - 13	n/a	✓
	191 Deaths from breast cancer (rate per 100,000 population)	31.3	0.0	34.6		—	◀	2012 - 14	CCGOIS	✓
Cervical cancer	192 Cervical screening rate (% of eligible women aged 25-64)	72.2%	68.4%	73.5%		▶	▶	2015	PHOF	✓
	193 Incidence of cervical cancer (rate per 100,000 population)	9.5	8.0	9.6		◀	◀	2011 - 13	n/a	✓
Prostate cancer	194 Incidence of prostate cancer (rate per 100,000 population)	191	182	180		◀	—	2011 - 13	n/a	✓
	195 Deaths from prostate cancer (rate per 100,000 population)	48.9	44.4	49.5		—	◀	2012 - 14	n/a	✓
Bladder cancer	196 Incidence of bladder cancer (rate per 100,000 population)	15.1	17.9	19.0		▶	▶	2011 - 13	n/a	✓
	197 Deaths from bladder cancer (rate per 100,000 population)	6.2	8.3	9.3		▶	▶	2012 - 14	n/a	✓
Leukaemia	198 Deaths from leukaemia (rate per 100,000 population)	8.2	8.3	8.2		▶	▶	2012 - 14	n/a	✓

● Significantly worse/higher need than England average

◆ **London average**

○ Not significantly different from England average

● Significantly better/lower need than England average

○ No significance can be calculated

England average

England Worst — England Best

25th Percentile — **75th Percentile**

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
▪ **Long-term conditions**										
Quality of life	199 Health-related quality of life for people with long-term conditions (score)	0.751	0.000	0.743		►	◄	2014/15	CCGOIS, NHSOF	✓
	200 People feeling supported to manage their long-term condition (% of survey respondents)	57.7%	0.0%	64.4%		◄	▬	2014/15	CCGOIS, NHSOF	✓
See also *28 Social care-related quality of life, 42 Health-related quality of life for carers, Quality of Life in Later Life section,* and *208 Health-related quality of life in patients with a long-term mental health condition*										
Diabetes	201 CCG spend per head on endocrine, nutritional and metabolic problems	£41	£44	£42		no data	no data	2013/14	n/a	✗
	202 GP recorded diabetes prevalence (% of adults aged over 17)	6.6%	6.1%	6.4%		►	►	2014/15	PHOF	✓
	203 Referred to structured education (% of people with diabetes diagnosed less than one year)	80.5%	0.0%	78.9%		►	►	2014/15	CCGOIS	✓
	204 Complications associated with diabetes (standardised ratio, England = 100)	90	90	100		▬	no data	2012/13	CCGOIS	✗
	205 Myocardial infarction/stroke/stage 5 kidney disease in diabetes (standardised ratio, England = 100)	126	108	100		◄	no data	2012/13	CCGOIS	✗
	206 Deaths from diabetes (rate per 100,000 population)	11.3	10.1	10.0		▬	◄	2012 - 14	n/a	✓

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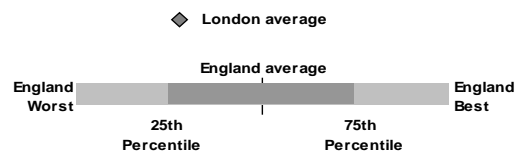
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◆ **London average**

England average

England Worst ▭ England Best

25th Percentile **75th Percentile**

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Mental health	207 CCG spend per head on mental health	£136	£158	£146		no data	no data	2013/14	n/a	✗
	208 Health-related quality of life in patients with a long-term mental health condition (score)	0.531	0.000	0.529		◄	no data	2014/15	CCGOIS	✓
See also *199 Health-related quality of life for people with long-term conditions*										
Mental health	209 People entering talking therapies (as % of people estimated to have anxiety or depression)	6.0%	12.1%	13.4%		▬	▬	2014/15	n/a	✓
	210 Recovery following talking therapies (% of people moving to recovery after receiving treatment)	42.0%	41.6%	44.8%		◄	◄	2014/15	CCGOIS	✓
	211 Diagnosis rate for dementia (% of estimated true prevalence of dementia)	51.8%	65.8%	60.8%		◄	◄	2014/15	CCGOIS, NHSOF, PHOF	✗
	212 Hospital stays for self-harm (rate per 100,000 population)	140.5	97.3	191.4		►	no data	2014/15	PHOF	✓
	213 Suicide rate (rate per 100,000 population, aged 10+)	8.2	7.8	10.0		◄	◄	2012 - 14	PHOF	✓
	214 GP recorded severe mental illness prevalence (% of people of all ages)	1.07%	1.07%	0.88%		▬	▬	2014/15	n/a	✓
	215 Excess under 75 mortality in adults with serious mental illness (standardised mortality ratio)	382	322	352		◄	◄	2013/14	NHSOF, PHOF	✓
	216 Emergency readmissions within 30 days of discharge for mental health (standardised ratio, England = 100)	51	0	100		►	no data	2014/15	CCGOIS	✓
See also *Mental Health* in *Early Life* and *Working Age* sections										
Neurology	217 Emergency admissions to hospital due to epilepsy (rate per 100,000 population aged 20 and over)	160.9	n/a	120.6		◄	no data	2013/14	n/a	✓

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● Significantly worse/higher need than England average

◆ London average

○ Not significantly different from England average

● Significantly better/lower need than England average
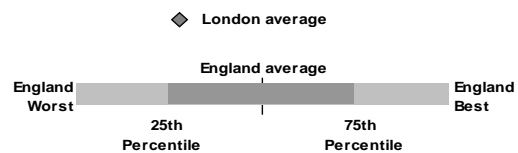
○ No significance can be calculated

England average

England Worst — England Best

25th Percentile — 75th Percentile

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Eye health	218 CCG spend per head on vision problems	£27	£26	£29		no data	no data	2013/14	n/a	✗
	219 NHS sight tests (rate per 100,000 population)	17647	18850	23276		no data	no data	2012/13	n/a	✗
	220 New sight loss certifications (rate per 100,000 population)	27.1	30.0	42.4		►	►	2014/15	PHOF	✓
	221 Registered blind or partially sighted (rate per 100,000 population)	474.85	489.22	540.42		—	no data	2014	n/a	✓
All cardiovascular diseases	222 CCG spend per head on cardiovascular diseases	£77	£70	£77		no data	no data	2013/14	n/a	✗
	223 Abdominal aortic aneurysm screening (% of eligible men who had an initial offer of screening)	72.0%	74.3%	79.4%		◄	no data	2014/15	PHOF	✓
	224 Early deaths from cardiovascular diseases (rate per 100,000 population aged under 75)	77.4	78.7	75.7		—	►	2012 - 14	CCGOIS, NHSOF, PHOF	✓
	225 Early deaths from cardiovascular diseases considered preventable (rate per 100,000 population age<75)	51.1	49.6	49.2		►	◄	2012 - 14	NHSOF, PHOF	✓

● Significantly worse/higher need than England average

◆ **London average**

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● Significantly better/lower need than England average

England average

England Worst   England Best

25th Percentile   **75th Percentile**

○ No significance can be calculated
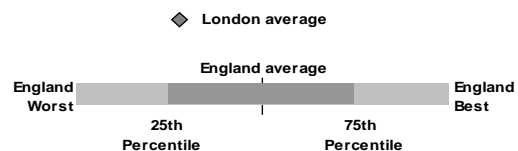
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Stroke	226 Emergency admissions for stroke (rate per 100,000 population)	93.0	106.1	124.3		▶	▶	2014/15	n/a	✓
	227 Admitted to specialist unit within 4 hours of arrival to hospital (% of patients with stroke)	57.2%	60.6%	58.7%		▶	no data	2014/15	CCGOIS	✓
	228 Patients who receive thrombolysis (% of people with acute stroke)	14.6%	15.8%	11.6%		▶	no data	2014/15	CCGOIS	✓
	229 90% or more of stay spent on a stroke unit (% of people with acute stroke)	82.7%	85.7%	82.4%		▶	no data	2014/15	CCGOIS	✓
	230 Discharged from hospital with a joint health and social care plan (% of people with stroke)	92.0%	92.8%	81.1%		—	no data	2014/15	CCGOIS	✓
	231 Followed up between 4 and 8 months of initial admission (% of people with stroke)	30.0%	17.7%	20.6%		◀	no data	2014/15	CCGOIS	✓
	232 Emergency readmissions within 28 days of discharge for stroke (%)	11.0%	13.6%	11.7%		▶	—	2011/12	n/a	✗
	233 Mortality within 30 days of hospital admission for stroke (standardised ratio, England = 100)	90	95	100		no data	no data	2013/14	CCGOIS	✗
	234 Early deaths from stroke (rate per 100,000 population aged under 75)	12.0	14.9	13.8		◀	▶	2012 - 14	n/a	✓

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● Significantly worse/higher need than England average

○ Not significantly different from England average

● Significantly better/lower need than England average

○ No significance can be calculated

◆ **London average**

England average

England Worst — England Best

25th Percentile **75th Percentile**
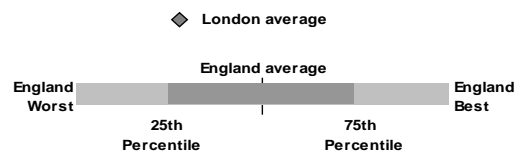
| Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Respiratory diseases	235 CCG spend per head on problems of the respiratory system	£69	£67	£71		no data	no data	2013/14	n/a	✗
	236 Diagnosis rate for COPD (% of estimated true prevalence of COPD)	34.8%	38.1%	62.5%		▬	▬	2014/15	n/a	✓
	237 Early deaths from respiratory diseases (rate per 100,000 population aged under 75)	35.3	31.2	32.6		◄	◄	2012 - 14	CCGOIS, NHSOF, PHOF	✓
	238 Early deaths from respiratory diseases considered preventable (rate per 100,000 population aged under 75)	20.5	17.1	17.8		◄	◄	2012 - 14	NHSOF, PHOF	✓
Liver disease	239 Emergency admissions for alcohol related liver disease (rate per 100,000 population)	13.1	0.0	26.7		◄	►	2014/15	CCGOIS	✓
	240 Early deaths from liver disease (rate per 100,000 population)	15.7	17.5	17.8		◄	►	2012 - 14	CCGOIS, NHSOF, PHOF	✓
	241 Early deaths from liver disease considered preventable (rate per 100,000 population)	14.6	15.5	15.7		◄	▬	2012 - 14	NHSOF, PHOF	✓

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🟡 Not significantly different from England average

🟢 Significantly better/lower need than England average

⚪ No significance can be calculated

◆ **London average**

England average

England Worst — England Best

25th Percentile   75th Percentile

▪ Healthy lifestyles

See also *Family Life* section for sexual and reproductive health

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Tobacco	242 Estimated smoking prevalence (% of survey respondents aged over 18)	17.9%	16.3%	16.9%		◄	◄	2015	PHOF	✓
	243 GP recorded smoking prevalence (% of people aged over 15)	17.9%	18.1%	18.6%		—	no data	2014/15	n/a	✓
	244 GP recorded smoking prevalence in people with long-term conditions (% of people with long-term conditions)	14.8%	15.7%	15.6%		—	◄	2014/15	n/a	✓
	245 Smoking quitters (rate per 100,000 people aged over 16)	730	531	522		►	►	2014/15	n/a	✓
	246 Smoking attributable hospital admissions (rate per 100,000 population aged over 35)	1,414	1,517	1,671		►	►	2014/15	n/a	✓
	247 Smoking attributable deaths (rate per 100,000 population aged over 35)	254	261	275		—	—	2012 - 14	n/a	✓

See also *Tobacco* in *Early Life* section, and *95 Smoking during pregnancy*

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Drugs	248 Opiate and/or crack cocaine users (estimated % of population aged 15-64)	0.78%	0.96%	0.84%		◄	no data	2011/12	n/a	✗
	249 Drug offences (rate per 1,000 population)	3.8	4.7	2.5		►	—	2015/16	n/a	✓
	250 Prisoners with previously unknown alcohol/drug dependence (% of people entering prison with dependence issues)	53.8%	57.1%	46.9%		no data	no data	2012/13	PHOF	✗
	251 Successful completion of drug treatment (opiate users) (% of those in treatment)	6.3%	8.0%	7.4%		◄	◄	2014	PHOF	✓
	252 Successful completion of drug treatment (non-opiate users) (% of those in treatment)	27.8%	39.4%	39.2%		►	—	2014	PHOF	✓

See also *Drugs* in *Early Life* section

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● Significantly worse/higher need than England average

◆ London average

○ Not significantly different from England average

● Significantly better/lower need than England average

○ No significance can be calculated

England average

England Worst — England Best

25th Percentile — 75th Percentile

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Alcohol	253 Alcohol related recorded crimes (rate per 1,000 population)	9.2	9.0	5.7		◄	—	2012/13	n/a	✗
	254 Alcohol attributable hospital admissions (narrow definition) (rate per 100,000 population)	455	526	641		►	►	2014/15	PHOF	✓
	255 Alcohol attributable hospital admissions (broad definition) (rate per 100,000 population)	1584	2157	2139		►	►	2014/15	n/a	✓
	256 Emergency readmissions within 30 days of discharge for alcohol-specific admission (standardised ratio)	99.1	0.0	100.0		◄	no data	2012/13 - 2014/15	CCGOIS	✓
	257 Alcohol attributable deaths (men) (rate per 100,000 population)	58.09	56.57	65.36		◄	◄	2014	n/a	✓
	258 Alcohol attributable deaths (women) (rate per 100,000 population)	22.7	24.3	28.8		►	►	2014	n/a	✓

See also *Alcohol* in *Early Life* section

● Significantly worse/higher need than England average

○ Not significantly different from England average

● Significantly better/lower need than England average

○ No significance can be calculated

◆ **London average**

England average

England Worst ▬▬▬▬▬ **England Best**

25th Percentile **75th Percentile**

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Healthy weight	259 Excess weight in adults (% of adults aged over 16)	63.0%	58.4%	64.6%		no data	no data	2012 - 14	PHOF	✓
	260 Fast food outlets (rate per 100,000 population)	119.5	103.6	80.2		no data	—	2013	n/a	✗
See also *Healthy Weight* in *Early Life* section										
Physical activity	261 Active adults (doing at least 150 minutes of physical activity per week) (% of adults aged over 16)	60.6%	57.8%	57.0%		▶	▶	2015	PHOF	✓
	262 Inactive adults (doing less than 30 minutes of physical activity per week) (% of adults aged over 16)	25.7%	28.1%	28.7%		—	▶	2015	PHOF	✓
	263 Walking (estimated % of adults who walk at least 3 times per week)	88.8%	89.0%	86.3%		▶	no data	2014/15	n/a	✓
	264 Cycling (estimated % of adults who cycle at least once a month)	12.8%	14.7%	14.7%		▶	▶	2014/15	n/a	✓
See also *Physical Activity* in *Early Life* section										

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⬤ Significantly worse/higher need than England average

⬤ Not significantly different from England average

⬤ Significantly better/lower need than England average

◯ No significance can be calculated

◆ **London average**

England average

England Worst **England Best**

25th Percentile **75th Percentile**

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
▪ **Health services**										
For immunisations, see also *Immunisation* in *Early Life* section, *Vaccination* in *Working Age* section, and *Vaccination* in *Later Life* section										
For screening, see also *98 Newborn hearing screening coverage, 112 Chlamydia screening coverage, 189 Breast screening rate, 192 Cervical screening rate,* and *223 Abdominal aortic aneurysm screening*										
End of life care	265 Proportion of deaths at home (% of all deaths)	39.2%	38.0%	46.0%		◀	◀	2015	n/a	✓
Avoidable hospital admissions	266 Emergency admissions for acute conditions that should not require admission (rate per 100,000 population)	1033	0	1273		◀	▶	2014/15	CCGOIS, NHSOF	✓
	267 Emergency admissions for chronic ambulatory care sensitive conditions (rate per 100,000 population)	773	0	809		◀	▶	2014/15	CCGOIS, NHSOF	✓
See also *Avoidable Hospital Admissions* in *Early Life* section										
Patient experience	268 Experience of access to GP services (% positive responses to survey question)	72.4%	69.1%	73.4%		—	▶	2015/16	NHSOF	✓
	269 Overall experience of GP services (% positive responses to survey question)	81.8%	80.9%	85.2%		◀	—	2015/16	NHSOF	✓
	270 Overall experience of GP out of hours services (% positive responses to survey question)	63.6%	60.0%	67.4%		▶	▶	2015/16	CCGOIS, NHSOF	✓
Healthcare associated infection	271 Incidence of MRSA (rate per 100,000 population)	2.0	1.7	1.4		◀	◀	2015/16	CCGOIS, NHSOF	✓
	272 Incidence of C difficile (rate per 100,000 population)	15.1	17.2	24.5		◀	—	2015/16	CCGOIS, NHSOF	✓
Patient reported outcomes measures	273 Patient reported improvement following hip replacement (average health gain)	0.42	0.43	0.43		▶	▶	2013/14	CCGOIS, NHSOF	✓
	274 Patient reported improvement following knee replacement (average health gain)	0.29	0.29	0.32		▶	▶	2013/14	CCGOIS, NHSOF	✓

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● Significantly worse/higher need than England average

◇ **London average**

○ Not significantly different from England average

● Significantly better/lower need than England average

○ No significance can be calculated

England average

England Worst — England Best

25th Percentile **75th Percentile**

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
NHS health checks	275 Offered an NHS health check (cumulative % of eligible people aged 40-74)	16.0%	23.7%	18.8%		▶	◀	2015/16	PHOF	✓
	276 Received an NHS health check (cumulative % of eligible people aged 40-74)	39.2%	45.2%	47.9%		◀	▶	2015/16	PHOF	✓
Dental health	277 Adults accessing NHS dentistry (% visiting a dentist in last 2 years)	47.0%	45.7%	51.9%		—	▶	Mar 2016	n/a	✓
	278 Experience of access to NHS dental services (% of survey respondents able to get an appointment)	90.2%	89.3%	92.7%		◀	◀	2015/16	NHSOF	✓
	279 Overall experience of NHS dental services (% positive responses to survey question)	83.9%	81.7%	85.2%		◀	▶	2015/16	NHSOF	✓
See also *Dental Health* in *Early Life* section										

● Significantly worse/higher need than England average

◇ **London average**

○ Not significantly different from England average

● Significantly better/lower need than England average

○ No significance can be calculated

England average

England Worst — England Best

25th Percentile **75th Percentile**

Appendix 1: Interpreting the dataset: going further

The England range column of the Croydon Key Dataset enables users to assess Croydon's performance or levels of need in relation to England and London.

- 🔴 Significantly worse/higher need than England average
- 🟡 Not significantly different from England average
- 🟢 Significantly better/lower need than England average
- ⚪ No significance can be calculated

◆ **London average**

England average

England **Worst**   England **Best**

25th Percentile   **75th Percentile**
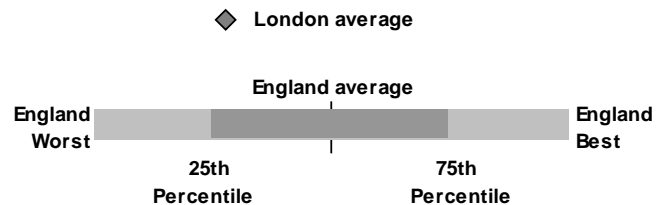
It illustrates the **average rate for England** for each indicator, shown by the vertical dark line running through the centre) and the range of results for all local authorities/CCGs in England.

The further to the **left of the column** that Croydon (the circle) lies, the 'worse' the performance, or the higher the need.

The **further to the right** of the column that Croydon lies, the 'better' the performance, or the lower the need.

If the circle lies in the darker grey section in the middle of the England range column, Croydon lies in the middle 50% of values in England.

If the circle lies in the light grey area to the left of the dark grey bar, it is in the **worst 25%** (or 25% with highest need) in the country.

If the circle lies in the light grey area to the right of the dark grey bar, it is in the **best 25%** (or 25% with lowest need) in the country.

The 1 Year Trend and 3 Year Trend columns show the **direction of travel** over one and three years, where data is available.

- ◀ Deteriorating relative to other local authorities in England
- — Remaining similar to other local authorities in England
- ▶ Improving relative to other local authorities in England

The direction of travel is assessed based on the change in Croydon's percentile rank relative to other local authorities, combined with a greater than 1% change in the position of the circle on the spine, in the same direction as the change in the rank. A **red triangle** suggests a deterioration relative to others, **green** an improvement, and a **dark line** little change.

Example 1

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
11 Households in temporary accommodation (rate per 1,000 households)	18.2	14.0	2.8	🔴◆	—	◀

The red circle shows that the Croydon rate is statistically significantly worse than the England average. The position of the circle shows that Croydon is in the worst 25% of local authorities, and the Croydon rate is also worse than the London average (indicated by the diamond).

The trend columns show that compared with 1 year ago and 3 years ago, Croydon's performance is getting worse in relation to other local authorities.

This is an example of an indicator that may be highlighted as a challenge for Croydon, because performance is poor compared with other local authorities and is deteriorating over time.

Example 2

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
84 Hospital admissions caused by injuries in children (rate per 100,000 population aged under 15)	90.9	86.8	112.2		►	►

The green circle shows that the Croydon rate is statistically significantly better than the England average. The position of the circle shows that Croydon is in the best performing 25% of local authorities, and the Croydon rate is close to the London average (indicated by the diamond).

The trend columns show that compared with 1 year ago and 3 years ago, Croydon's performance is getting better in relation to other local authorities.

This is an example of an indicator that may be highlighted as an area where Croydon is performing well, because performance is better than the England average and is improving over time.

Example 3

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
99 Under 16 conceptions (rate per 1,000 girls aged 13-15)	6.5	4.8	5.5		◄	◄

The yellow circle shows that the Croydon rate is not statistically significantly different from the England average, however it is still possible to judge performance by the position of the circle. The position of the circle shows that Croydon is in the middle 50% of local authorities, and the Croydon rate is worse than the London average (indicated by the diamond).

The trend columns show that compared with 1 year ago and 3 years ago, Croydon's performance is getting worse in relation to other local authorities.

This is an example of an indicator that may be highlighted as an emerging issue for Croydon, because although performance is currently similar to the England average, it is deteriorating over time.

Example 4

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
20 NHS organisations with a board approved sustainable development management plan (% of organisations)	20%	39%	42%		◄	◄

The white circle shows that statistical significance cannot be calculated for this indicator, however it is still possible to judge performance by the position of the circle. The position of the circle shows that Croydon is in the worst 25% of local authorities, and to the left of the London and England averages, so it may be considered worse than the London and England averages.

The trend columns show that compared with 1 year ago and 3 years ago, Croydon's performance is getting worse in relation to other local authorities.

This is an example of an indicator that may be highlighted as a challenge for Croydon, because performance is poor compared with other local authorities and is deteriorating over time.

Appendix 2: Indicator notes

1 Percentage change in resident population over the next 5 years, based on population projections produced by the Office for National Statistics, 2015 - 20. Source: Subnational Population Projections - 2014-based projections, Office for National Statistics (http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/index.html)

2 The Total Fertility Rate (TFR) is the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the year in question throughout their childbearing lifespan, 2015. Source: Birth summary tables, Office for National Statistics (http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/birthsummarytables)

3 Estimated total population turnover (international plus internal migration), rate per 1,000 population. This indicator is a total measure of the inflow and outflow of people in and out of local authorities in England, including both internal migration between local authorities in England and international migration outside the UK, based on population estimates produced by the Office for National Statistics, 2015. Source: Mid-year population estimates, Office for National Statistics (https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland)

4 Patients newly registered with a GP in England and Wales in the last 12 months who were previously living outside of the UK (Flag 4 registrations), rate per 1,000 population, Mid 2013 - Mid 2014. Source: Local Area Migration Indicators, Office for National Statistics (http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Local+Area+Migration+Indicators#tab-data-tables)

5 Index of multiple deprivation (IMD) score. The IMD is a general measure of deprivation for small areas in England made up of 38 indicators grouped into 7 domains and combined into a single index score, 2015. Source: Department of Communities and Local Government, Indices of Deprivation (https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015)

6 Ratio of the lowest (25th) percentile of house prices in the area to the lowest (25th) percentile of earnings in the area. The 25th percentile is the value quarter of the way through the range when ordered from lowest to highest. The lower the ratio, the more affordable the housing relative to earnings, 2015. Source: Department of Communities and Local Government (https://www.gov.uk/government/statistical-data-sets/live-tables-on-housing-market-and-house-prices)

7 Percentage of households that are overcrowded, using the bedroom standard. The ages of the household members and their relationships to each other are used to derive the number of bedrooms they require. A separate bedroom is allowed for each married or cohabiting couple, any other person aged 21 or over, each pair of adolescents aged 10-20 of the same sex, and each pair of children under 10. Any unpaired person aged 10-20 is notionally paired, if possible, with a child under 10 of the same sex, or, if that is not possible, he or she is counted as requiring a separate bedroom, as is any unpaired child under 10. This notional standard number of bedrooms is then compared with the actual number of bedrooms (including bed-sitters) available for the sole use of the household. Households are said to be overcrowded if they have fewer bedrooms available than the notional number needed, 2011. Source: 2011 Census, Office for National Statistics (http://www.nomisweb.co.uk/)

8 Households on waiting lists for local authority housing, rate per 1000 households. The denominator is taken from household projections data, 2015. Source: Numerator: Live tables on rents, lettings and tenancies, Department of Communities and Local Government; Denominator: Live tables on household projections, Department of Communities and Local Government (https://www.gov.uk/government/statistical-data-sets/live-tables-on-rents-lettings-and-tenancies ; https://www.gov.uk/government/statistical-data-sets/live-tables-on-household-projections)

9 Percentage of households in an area that experience fuel poverty based on the "Low Income, High Cost" methodology. The key elements in determining whether a household is fuel poor or not are: (1) Income (2) Fuel prices (3) Fuel consumption (which is dependent on the dwelling characteristics and the lifestyle of the household). Under the "Low Income, High Cost" measure, households are considered to be fuel poor where: (a) They have required fuel costs that are above average (the national median level) (b) Were they to spend that amount, they would be left with a residual income below the official fuel poverty line, 2013. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

10 Households accepted as being homeless and in priority need per 1,000 households, 2015/16. Source: Department of Communities and Local Government (https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness)

11 Households living in temporary accommodation per 1,000 households, 2015/16. Source: Department of Communities and Local Government (https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness)

12 Households living in temporary bed & breakfast accommodation per 1,000 households, 2014/15. Source: Department of Communities and Local Government (https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness)

13 Total offences (excluding fraud), based on police recorded crime data, crude rate per 1,000 population, 2015/16. Source: Crime in England and Wales, Office for National Statistics (http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/recordedcrimedatabycommunitysafetypartnershiparea)

14 Percentage of adult offenders who re-offend from a rolling 12 month cohort (a proven re-offence is defined as any offence committed in a one year follow-up period and receiving a court conviction, caution, reprimand or warning in the one year follow up or a further six months waiting period), Oct 2013 to Sep 2014. Source: Proven reoffending statistics, Ministry of Justice (https://www.gov.uk/government/statistics/proven-reoffending-statistics-october-2013-to-september-2014)

15 Average number of re-offences committed per offender (including adult and juvenile offenders) from a rolling 12 month cohort. The number of re-offences is divided by the number of offenders, Oct 2013 to Sep 2014. Source: Proven reoffending statistics, Ministry of Justice (https://www.gov.uk/government/statistics/proven-reoffending-statistics-october-2013-to-september-2014)

16 Violence against the person offences, based on police recorded crime data, crude rate per 1,000 population, 2015/16. Source: Crime in England and Wales, Office for National Statistics (http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/recordedcrimedatabycommunitysafetypartnershiparea)

17 Police recorded crime for sexual offences, crude rate per 1,000 population, 2015/16. Source: Crime in England and Wales, Office for National Statistics (http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/recordedcrimedatabycommunitysafetypartnershiparea)

18 Emergency hospital admissions for violence (where assault is listed as a primary or secondary diagnosis), age standardised rate per 100,000 population, 2012/13-2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

19 Domestic abuse incidents recorded by the police, crude rate per 1,000 population aged over 18. Domestic abuse incidents are defined as any incidence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender or sexuality. It is difficult to obtain reliable information on the extent of domestic abuse as there is a degree of under-reporting of these incidents. Changes in the level of domestic abuse incidents reported to the police are particularly likely to be affected by changes in recording practices. These kinds of changes may in part be due to greater encouragement by the police to victims to come forward and improvements in police recording, rather than an increase in the level of victimisation, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

20 Percentage of NHS organisations mapped to the local authority with a Sustainable Development Management Plan (SDMP), 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

21 Estimated total end user carbon dioxide emissions per capita (tonnes of carbon dioxide per resident), excluding emissions that local authorities cannot directly influence, 2014. Source: Department for Energy and Climate Change (https://www.gov.uk/government/statistics/uk-local-authority-and-regional-carbon-dioxide-emissions-national-statistics-2005-2014)

22 Percentage of household waste sent for reuse, recycling or composting. 'Household recycling' includes materials sent for recycling, composting or reuse by local authorities as well as those collected from household sources by 'private/ voluntary' organisations, 2014/15. Source: Department for Environment, Food & Rural Affairs (https://www.gov.uk/government/statistical-data-sets/env18-local-authority-collected-waste-annual-results-tables)

23 Complaints per year per local authority about noise, rate per 1,000 population (according to statistics collected by the Chartered Institute of Environmental Health (CIEH)), 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

24 Percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime. Noise exposure determined by strategic noise mapping (produced in connection with the Environmental Noise Directive (END)) using national calculation methods and input data supplied from the relevant authorities. The results overlaid on a residential population dataset to determine number of people exposed per authority. The input data used included information such as flow and vehicle type data. The modelling also took account of features which affect the propagation of noise such as buildings, ground topology whether the ground is acoustically absorbent (e.g. fields) or reflective (e.g. concrete or water) and the effect of natural or purpose built barriers. The calculations produced noise level results on a 10m grid at a receptor height of 4m above ground, as required by the Environmental Noise Directive and associated Regulations, 2011. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

25 Percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time. Noise exposure determined by strategic noise mapping (produced in connection with the Environmental Noise Directive (END)) using national calculation methods and input data supplied from the relevant authorities. The results overlaid on a residential population dataset to determine number of people exposed per authority. The input data used included information such as flow and vehicle type data. The modelling also took account of features which affect the propagation of noise such as buildings, ground topology whether the ground is acoustically absorbent (e.g. fields) or reflective (e.g. concrete or water) and the effect of natural or purpose built barriers. The calculations produced noise level results on a 10m grid at a receptor height of 4m above ground, as required by the Environmental Noise Directive and associated Regulations, 2011. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

26 Fraction of annual all-cause adult mortality attributable to anthropogenic (human-made) particulate air pollution (measured as fine particulate matter, PM2.5*). Mortality burden associated with long-term exposure to anthropogenic particulate air pollution at current levels, expressed as the percentage of annual deaths from all causes in those aged 30+. * PM2.5 means the mass (in micrograms) per cubic metre of air of individual particles with an aerodynamic diameter generally less than 2.5 micrometers. PM2.5 is also known as fine particulate matter, 2013. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

27 People killed or seriously injured on roads, crude rate per 100,000 population, all ages. Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

28 This measure represents an average quality of life score for a person based on the responses of those that completed the Adult Social Care Survey, out of a maximum possible score of 24. It is calculated using a combination of responses to the Adult Social Care Survey, which asks how satisfied or dissatisfied users are with indicators of quality of life, such as personal cleanliness and safety. This measure gives an overall indication of reported outcomes for individuals: it does not, at present, identify the contribution of a local authority's adult social care services towards these outcomes. Only a sample of users of social care in each authority has been surveyed for this measure, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final

release, Health and Social Care Information Centre
(http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

29 Percentage of respondents who felt they had control over their daily life. The question in the Adult Social Care Survey is: 'Which of the following statements best describes how much control you have over your daily life?', to which the following answers are possible: 'I have as much control over my daily life as I want'; 'I have adequate control over my daily life'; 'I have some control over my daily life but not enough'; 'I have no control over my daily life'. This measure gives an overall indication of the reported outcome for individuals: it does not, at present, identify the specific contribution of councils' adult social care towards the outcome. Only a sample of users of social care in each authority has been surveyed for this measure, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre
(http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

30 Number of service users accessing long-term community support at year-end 31 March who were receiving self-directed support (aged 18 and over). Self-directed support includes a) Direct Payment, b) Part Direct Payment or c) CASSR managed Personal Budget and gives people more choice over how their care and support works. 100% coverage of self-directed support is not possible because it may not be appropriate for all people using community-based services, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre
(http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

31 Number of carers receiving carer-specific services in the year to 31 March who were receiving self-directed support. Self-directed support includes a) Direct Payment, b) Part Direct Payment or c) CASSR managed Personal Budget and gives people more choice over how their care and support works. 100% coverage of self-directed support is not possible because it may not be appropriate for all people using community-based services, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre
(http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

32 Number of service users accessing long-term support at the year-end 31 March receiving direct payments and part-direct payments in the year to 31 March. Receiving payments directly lets recipients of care and their carers spend money on care and support in ways and at times that make sense to them. 100% coverage of self-directed support is not possible because it may not be appropriate for all people using community-based services, and not everyone who is offered a direct payment chooses to receive it, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre (http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

33 Number of carers receiving carer-specific services in the year to 31 March receiving direct payments and part-direct payments in the year to 31 March. Receiving payments directly lets recipients of care and their carers spend money on care and support in ways and at times that make sense to them. 100% coverage of self-directed support is not possible because it may not be appropriate for all people using community-based services, and not everyone who is offered a direct payment chooses to receive it, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre
(http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

34 Percentage of respondents to the Adult Social Care Users Survey who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" with the answer "I have as much social contact I want with people I like". This measure gives an overall indication of the reported outcome for individuals: it does not, at present, identify the specific contribution of councils' adult social care towards the outcome. Only a sample of users of social care in each authority has been surveyed for this measure, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre
(http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

35 Average number of delayed transfers of care on a particular day taken over the year, rate per 100,000 adult population (aged 18 and over). A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but hasn't been moved, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre
(http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

36 Average number of delayed transfers of care on a particular day taken over the year that are attributable to social care or jointly to social care and the NHS, rate per 100,000 adult population (aged 18 and over). A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but hasn't been moved, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre
(http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

37 Respondents who answered 'I am extremely satisfied' or 'I am very satisfied' or 'I am very happy with the way staff help me, it's really good' as a percentage of all respondents to the question in the Adult Social Care Survey. Only a sample of users of social care in each authority has been surveyed for this measure, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre
(http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

38 The proportion of people who answered the Adult Social Care Survey question 12 who find it "very easy" or "fairly easy" to find information about services. This measure reflects social services users' experience of access to information in the past year. This measure does not include self-funders or people with low-level services that may have been directed to voluntary organisations. Only a sample of users of social care in each authority has been surveyed for this measure, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre
(http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

39 Respondents who answered 'I feel as safe as I want' as a percentage of all respondents to the question 'Which of the following statements best describes how safe you feel?', to which the following answers are possible: 'I feel as safe as I want'; 'Generally I feel adequately safe, but not as safe as I would like'; 'I feel less than adequately safe'; 'I don't feel at all safe', 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre
(http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

40 Respondents who answered 'Yes' as a percentage of all respondents to the question 'Do care and support services help you in feeling safe?', 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre (http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

41 This measure represents an average quality of life score for a carer based on the responses of those that completed the Carers Survey, out of a maximum possible score of 12. This measure combines individual responses to six questions in the Carers' Survey measuring different outcomes related to overall quality of life. These outcomes are mapped to six domains (occupation, control, personal care, safety, social participation and encouragement and support). This measure gives an overall indication of the reported outcomes for carers: it does not, at present, identify the specific contribution of a local authority's adult social care services towards these outcomes. Only a sample of carers in each authority has been surveyed, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre (http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

42 Average EQ-5D score for individuals aged over 18 reporting that they are carers, age standardised and weighted for design and non-response bias. This indicator measures health-related quality of life for people who identify themselves as helping or supporting family members, friends, neighbours or others with their long-term physical or mental ill health/disability or because of problems related to old age. By health-related quality of life, we mean the extent to which people: have problems walking about; have problems performing self-care activities (washing or dressing themselves); have problems performing their usual activities (work, study etc.); have pain or discomfort; and feel anxious or depressed, 2014/15. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

43 Percentage of respondents to the Personal Social Services Carers Survey who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact I want with people I like". This measure gives an overall indication of the reported outcome for individuals: it does not, at present, identify the specific contribution of councils' adult social care towards the outcome. Only a sample of carers in each authority has been surveyed for this measure, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

44 Respondents who answered 'I am extremely satisfied' or 'I am very satisfied' as a percentage of all respondents to the question excluding those who answered 'We haven't received any support or services from Social Services in the last 12 months' to the question in the Carers' Survey. Only a sample of carers in each authority has been surveyed for this measure, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre (http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

45 Respondents who answered 'I always felt involved or consulted' or ' I usually felt involved or consulted' as a percentage of all respondents to the question excluding those who answered 'There have been no discussions that I am aware of, in the last 12 months' in the Carers' Survey. This measure reflects the experience of carers in how they have been consulted by both the NHS and social care. Only a sample of carers in each authority has been surveyed for this measure, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre (http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

46 The proportion of people who answered the Carers' Survey question 12 who find it "very easy" or "fairly easy" to find information about services. This measure reflects carers' experience of access to information in the past year, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre (http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

47 Percentage of children aged under 16 living in low income families (families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income before housing costs), 2013. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

48 Percentage of children (all pupils) known to be eligible for and claiming free school meals at maintained nursery and primary schools, Jan 2016. Source: Schools, pupils and their characteristics, Department for Education (https://www.gov.uk/government/collections/statistics-school-and-pupil-numbers)

49 Percentage of children (all pupils) known to be eligible for and claiming free school meals at state-funded secondary schools, Jan 2016. Source: Schools, pupils and their characteristics, Department for Education (https://www.gov.uk/government/collections/statistics-school-and-pupil-numbers)

50 Percentage of all babies (live and still births) under 2500 grams, 2013. Source: Child Health Profiles, Public Health England (http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=65)

51 Live births with a recorded birth weight under 2500 grams as a percentage of all live births with recorded birth weight and a gestational age of at least 37 complete weeks, 2014. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

52 Stillbirths and infant deaths under 7 days of age per 1,000 total births, 2012 - 14. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

53 Infant deaths under 28 days of age per 1,000 live births, 2012 - 14. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

54 Infant deaths under 1 year of age per 1,000 live births, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

55 Age standardised mortality rate per 100,000 population aged 1-17 years, 2012 - 14. Source: Child Health Profiles, Public Health England (http://fingertips.phe.org.uk/profile/child-health-profiles)

56 Children who received 3 doses of DTaP/IPV/Hib vaccine at any time by their first birthday as a percentage of all children whose first birthday falls within the time period. The combined DTaP/IPV/Hib is the first in a course of vaccines offered to babies to protect them against diphtheria, pertussis (whooping cough), tetanus, Haemophilus influenzae type b (an important cause of childhood meningitis and pneumonia) and polio (IPV is inactivated polio vaccine), 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

57 All children at age two years who have received one booster dose of Hib/MenC vaccine resident within each reporting area as a percentage of all children at age two years. The Hib / MenC booster increases the protection a child gets from the first course of Hib vaccine when they are 8, 12 and 16 weeks old, and the MenC vaccine when they are 12 and 16 weeks. This boosted immunity lasts into adulthood, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

58 All children at age two years who have received one booster dose of PCV vaccine within each reporting area as a percentage of all children at age two years. The PCV vaccine protects against pneumococcal infections that can cause pneumonia, septicaemia or meningitis, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

59 All children who received one dose of MMR vaccine on or after their first birthday and at any time up to their second birthday as a percentage of all children whose second birthday falls within the time period, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

60 All children who received all 4 doses of DTaP/IPV vaccine on or after their first birthday and at any time up to their fifth birthday as a percentage of all children whose fifth birthday falls within the time period, 2014/15. Source: NHS Immunisation Statistics, Health and Social Care Information Centre (http://www.hscic.gov.uk/searchcatalogue?q=title:+NHS+Immunisations&area=&size=10&sort=Relevance)

61 All children who received two doses of MMR on or after their first birthday and at any time up to their fifth birthday as a percentage of all children whose fifth birthday falls within the time period, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

62 Percentage uptake of the first (priming) dose of the Human Papillomavirus vaccine by girls aged 12-13 years. The HPV vaccine protects against the two high-risk HPV types – 16 and 18 – that cause over 70% of cervical cancers. While it was initially a three dose vaccination programme, it was run as a two-dose schedule from September 2014 following expert advice.The first HPV vaccine dose is usually offered to females in Year 8 (aged 12−13 years) and the second dose 12 months later in Year 9, but some local areas have scheduled the second dose from six months after the first. This means that during the first year of the two-dose programme national data will only be available for the first dose. National coverage for the completed course of HPV vaccination for the first cohort offered the two-dose schedule will not be available for publication until after September 2016, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

63 Percentage of pupils who achieved a good level of development at the Early Years Foundation Stage. The new Early Years Foundation Stage Profile was introduced in the 2012/2013 school year. Results for previous years are not comparable. It requires practitioners to make a best fit assessment of whether children are emerging, expected or exceeding against each of the new 17 early learning goals (ELGs). Children have been deemed to have reached a good level of development (GLD) in the new profile if they achieve at least the expected level in the ELGs in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and in the specific areas of mathematics and literacy, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

64 Percentage of pupils with free school meal status who achieved a good level of development at the Early Years Foundation Stage. The new Early Years Foundation Stage Profile was introduced in the 2012/2013 school year. Results for previous years are not comparable. It requires practitioners to make a best fit assessment of whether children are emerging, expected or exceeding against each of the new 17 early learning goals (ELGs). Children have been deemed to have reached a good level of development (GLD) in the new profile if they achieve at least the expected level in the ELGs in the prime areas of learning (personal, social and emotional development; physical development; and communication and language) and in the specific areas of mathematics and literacy, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

65 Year 1 pupils achieving the expected level in the phonics screening check as a percentage of all eligible pupils. The phonics screening check is an assessment to make sure that all pupils have learned phonic decoding to an appropriate standard by the age of 6, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

66 Year 1 pupils eligible for free school meals achieving the expected level in the phonics screening check as a percentage of all eligible pupils with free school meal status. The phonics screening check is an assessment to make sure that all pupils have learned phonic decoding to an appropriate standard by the age of 6, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

67 Percentage of pupils achieving level 4 or above at Key Stage 2 in reading, writing and mathematics in state-funded schools (including academies and city technology colleges), at the end of the academic year, 2015. Source: Statistics: key stage 2, Department for Education (https://www.gov.uk/government/collections/statistics-key-stage-2)

68 Percentage gap in proportion achieving level 4 or above at Key Stage 2 in reading, writing and mathematics, between pupils known to be eligible for free school meals and pupils not known to be eligible for free school meals, in state-funded schools (including academies and city technology colleges), at the end of the academic year, 2015. Source: Statistics: key stage 2, Department for Education (https://www.gov.uk/government/collections/statistics-key-stage-2)

69 Percentage of pupils achieving 5 or more GCSEs at grades A*-C (including English and Maths) or equivalent in schools maintained by the Local Education Authority at the end of the academic year, 2014/15. Source: GCSE and equivalent results in England, Department for Education (https://www.gov.uk/government/collections/statistics-gcses-key-stage-4)

70 Percentage gap in proportion of pupils achieving 5 or more GCSEs at grades A*-C (including English and Maths) or equivalent, between pupils known to be eligible for free school meals and pupils not known to be eligible for free school meals, in schools maintained by the Local Education Authority at the end of the academic year, 2014/15. Source: GCSE and equivalent results in England, Department for Education (https://www.gov.uk/government/collections/statistics-gcses-key-stage-4)

71 Percentage of half days missed due to overall absence (including authorised and unauthorised absence) at state funded primary and secondary (including state-funded primary, secondary, and special schools) over five half terms, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

72 Rates of juveniles receiving their first conviction, caution or youth caution per 100,000 population aged 10-17 years, 2014. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

73 Percentage of juvenile offenders who re-offend from a rolling 12 month cohort (a proven re-offence is defined as any offence committed in a one year follow-up period and receiving a court conviction, caution, reprimand or warning in the one year follow up or a further six months waiting period), Oct 2013 to Sep 2014. Source: Proven reoffending statistics, Ministry of Justice (https://www.gov.uk/government/statistics/proven-reoffending-statistics-october-2013-to-september-2014)

74 Rate of children looked after by local authorities (including adoption and care leavers) per 10,000 children aged under 18 years, 2015. Source: Children looked after in England, including adoption, Department for Education (https://www.gov.uk/government/collections/statistics-looked-after-children)

75 Rate of unaccompanied asylum seeking children looked after by local authorities (including adoption and care leavers) per 10,000 children aged under 18 years, 2014/15. Source: Children looked after in England, including adoption, Department for Education (https://www.gov.uk/government/collections/statistics-looked-after-children)

76 Percentage of children looked after aged under 16 at 31 March who had been looked after continuously for at least 2.5 years who were living in the same placement for at least 2 years, or are placed for adoption and their adoptive placement together with their previous placement together last for at least 2 years, 2015. Source: Local Authority Interactive Tool, Department for Education (https://www.gov.uk/government/publications/local-authority-interactive-tool-lait)

77 Total average difficulties score for all looked after children aged between 5 and 16 (inclusive) at the date of their latest assessment, who have been in care for at least 12 months on 31st March. Early intervention to support children and young people with mental health and emotional well-being issues is important; half of adult mental health problems start before the age of 14, 2014/15. Source: Children & Young People Mental Health Tool (http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh)

78 Percentage of children aged 4-5 years with height and weight recorded who are either overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

79 Percentage of children aged 10-11 years with height and weight recorded who are either overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

80 Percentage of children aged 5-15 travelling to school by public transport, cycling or walking, or using some means other than car (including vans and taxis) or car share, 2010/11. Source: Department for Education (https://www.gov.uk/government/publications/schools-pupils-and-their-characteristics-january-2011)

81 Percentage of 15 year olds who currently smoke regularly or occasionally i.e. who responded to Q17 in the What About YOUth (WAY) survey ("Now read the following statements carefully, and tick the box next to the one that best describes you") with the answers "I sometimes smoke cigarettes now but I don't smoke as many as one a week", "I usually smoke between one and six cigarettes per week" or "I usually smoke more than six cigarettes per week". The WAY survey is a home postal survey. As survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

82 Percentage of 15 year olds responding to the What About YOUth (WAY) survey who report using electronic cigarettes (e-cigarettes) regularly (i.e. usually more than once a week) or occasionally (i.e. less than once a week), as a percentage of all respondents. e-cigarettes are not subject to the same regulation as tobacco products, and there is a lack of information about whether they are safe or effective. The WAY survey is a home postal survey. As survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced, 2014. Source: Findings from the What About YOUth? Survey, Health and Social Care Information Centre (http://www.hscic.gov.uk/catalogue/PUB17984)

83 Percentage of 15 year olds responding to the What About YOUth (WAY) survey who report using tobacco products other than cigarettes and e-cigarettes regularly (i.e. usually more than once a week) or occasionally (i.e. less than once a week), as a percentage of all respondents. Examples of 'other tobacco products' given in the question were "shisha pipe, hookah, hubble-bubble, water pipe, etc." These products also carry health risks and tobacco legislation applies to them too. The WAY survey is a home postal survey. As survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced, 2014. Source: Findings from the What About YOUth? Survey, Health and Social Care Information Centre (http://www.hscic.gov.uk/catalogue/PUB17984)

84 Persons admitted to hospital due to alcohol-specific conditions, under 18 year olds, crude rate per 100,000 population. Knowledge and Intelligence Team (North West) from hospital episode statistics 2012/13 to 2014/15. Office for National Statistics mid-year population estimates. Does not include attendance at Accident and Emergency departments, 2012/13 - 14/15. Source: Local Alcohol Profiles for England, Public Health England (http://fingertips.phe.org.uk/profile/local-alcohol-profiles)

85 Hospital admissions to hospital for substance misuse in young people, age standardised rate per 100,000 population aged 15-24, 2012/13 - 14/15. Source: Child Health Profiles, Public Health England (http://fingertips.phe.org.uk/profile/child-health-profiles)

86 Crude rate of emergency hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years), per 10,000 resident population, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

87 Crude rate of emergency hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years), per 10,000 resident population, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

88 Hospital admissions for mental health disorders in children, age standardised rate per 100,000 population aged 0-17 years, 2014/15. Source: Child Health Profiles, Public Health England (http://fingertips.phe.org.uk/profile/child-health-profiles)

89 Pupils with either Moderate, Severe or Profound and Multiple Learning Difficulty, at School Action Plus or Statement level, as primary special educational need in Spring term school census, rate per 1,000 pupils, 2016. Source: Special educational needs in England, Department for Education (https://www.gov.uk/government/collections/statistics-special-educational-needs-sen)

90 Pupils with Autistic Spectrum Disorder at School Action Plus or Statement level, as primary special educational need in Spring term school census, rate per 1,000 pupils, 2016. Source: Special educational needs in England, Department for Education (https://www.gov.uk/government/collections/statistics-special-educational-needs-sen)

91 Emergency admissions to hospital for children aged 0-18 with lower respiratory tract infections, age standardised rate per 100,000 population. , 2014/15. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

92 Emergency admissions to hospital for asthma, diabetes and epilepsy in children aged 0-18, age standardised rate per 100,000 population, 2014/15. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

93 Percentage of children accessing NHS dentistry in the last 2 years, Mar 2016. Source: NHS Dental Statistics for England, Health and Social Care Information Centre (http://www.hscic.gov.uk/catalogue/PUB17555)

94 Proportion of women who have seen a midwife or a maternity healthcare professional for health and social care assessment of needs, risks and choices at any time during pregnancy, who were seen by 12 weeks and 6 days of pregnancy. NHS England apply strict validation criteria to this indicator which are not met by many CCGs in 2013/14 including Croydon. For this reason 2012/13 data has been used. The data quality for 2011/12 and 2012/13 may also be poor for some CCGs, 2014/15. Source: Indicator Portal, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

95 Percentage of women who are smokers at the time of delivery, 2015/16. Source: Statistics on Women's Smoking Status at Time of Delivery, Health and Social Care Information Centre (http://digital.nhs.uk/catalogue/21116)

96 Percentage of mothers initiating breastfeeding within 48 hours of birth. The data quality for this indicator is poor for some CCGs, 2014/15. Source: NHS England (http://www.england.nhs.uk/statistics/statistical-work-areas/maternity-and-breastfeeding/)

97 Percentage of infants totally or partially breastfed at 6-8 weeks after birth. The data quality for this indicator is poor for some CCGs, 2014/15. Source: Public Health England (http://www.chimat.org.uk/transfer)

98 Babies in whom the newborn hearing screening process is completed within 4 weeks corrected age (for hospital screening programmes - well babies, and all programmes - neonatal intensive care unit babies) or 5 weeks corrected age (for community screening programmes - well babies), as a percentage of all eligible babies, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

99 Percentage of working age population (aged 16-64) who are lone parents and claiming benefits, Nov 2015. Source: Benefit claimants - working age client group, Department for Work and Pensions (http://www.nomisweb.co.uk/)

100 Conceptions in women aged under 18 per 1,000 females aged 15-17, 2014. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

101 Under 16 conception rate per 1,000 girls aged 13-15, 2012 - 14. Source: Conception statistics, Office for National Statistics (http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables)

102 Percentage of NHS funded abortions under 10 weeks gestation, 2015. Source: Abortion statistics, Department of Health (https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales)

103 Abortions, age standardised rate per 1,000 resident women aged 15-44, 2015. Source: Abortion statistics, Department of Health (https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales)

104 Percentage of abortions in women who have previously had an abortion (women aged under 25), 2015. Source: Abortion statistics, Department of Health (https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales)

105 Percentage of abortions in women who have previously had an abortion (all ages), 2015. Source: Abortion statistics, Department of Health (https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales)

106 Crude rate of long acting reversible contraception (LARC) excluding injections prescribed by GP and Sexual and Reproductive Health Services per 1,000 resident female population aged 15-44 years, 2014. Source: Sexual and Reproductive Health Profiles, Public Health England (http://fingertips.phe.org.uk/profile/sexualhealth/)

107 Rate of hospital admissions for pelvic inflammatory disease (PID) per 100,000 population, in women aged 15-44 years , 2014/15. Source: Sexual and Reproductive Health Profiles, Public Health England (http://fingertips.phe.org.uk/profile/sexualhealth/)

108 Rate of hospital admissions for ectopic pregnancy per 100,000 population, in women aged 15-44 years, 2014/15. Source: Sexual and Reproductive Health Profiles, Public Health England (http://fingertips.phe.org.uk/profile/sexualhealth/)

109 People aged 15 to 59 years seen at HIV services in the UK who are residents in England, expressed as a rate per 1,000 population. Data exclude adults seen for HIV care in England who are residents in Wales, Scotland, Northern Ireland or abroad, 2013. Source: Sexual and Reproductive Health Profiles, Public Health England (http://fingertips.phe.org.uk/profile/sexualhealth/)

110 New GUM episodes where a HIV test was done as a proportion of eligible episodes where a HIV test was offered. Multiple offers are included per individual within a year. An eligible new GUM episode is defined as a visit to a GUM clinic including all subsequent GUM attendances in the following six weeks (i.e. eligibility for testing occurs only once every six weeks), 2015. Source: Sexual and Reproductive Health Profiles, Public Health England (http://fingertips.phe.org.uk/profile/sexualhealth)

111 Percentage of newly diagnosed HIV-infected adults (aged 15 years or more) who have a CD4 count of less than 350 cells per mm3 within 91 days of HIV diagnosis, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

112 Proportion of population aged 15 to 24 screened for chlamydia during the calendar year, based on their area of residence, 2015. Source: National Chlamydia Screening Programme, Public Health England (http://fingertips.phe.org.uk/profile/sexualhealth)

113 Rate of new chlamydia diagnoses at genito-urinary medicine (GUM) clinics and through the National Chlamydia Screening Programme for young adults aged 15-24 per 100,000 population, based on their area of residence, 2015. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

114 Rate of new chlamydia diagnoses at genito-urinary medicine (GUM) clinics and through the National Chlamydia Screening Programme for people aged 25 and over per 100,000 population, based on their area of residence, 2015. Source: Sexual and Reproductive Health Profiles, Public Health England (http://fingertips.phe.org.uk/profile/sexualhealth)

115 Rate of new gonorrhoea diagnoses at genito-urinary medicine (GUM) clinics per 100,000 population, based on their area of residence, 2015. Source: Sexual and Reproductive Health Profiles, Public Health England (http://fingertips.phe.org.uk/profile/sexualhealth)

116 Rate of new syphilis diagnoses at genito-urinary medicine (GUM) clinics per 100,000 population, based on their area of residence, 2015. Source: Sexual and Reproductive Health Profiles, Public Health England (http://fingertips.phe.org.uk/profile/sexualhealth)

117 Rate of new genital herpes diagnoses at genito-urinary medicine (GUM) clinics per 100,000 population, based on their area of residence, 2015. Source: Sexual and Reproductive Health Profiles, Public Health England (http://fingertips.phe.org.uk/profile/sexualhealth)

118 Rate of new genital warts diagnoses at genito-urinary medicine (GUM) clinics per 100,000 population, based on their area of residence, 2015. Source: Sexual and Reproductive Health Profiles, Public Health England (http://fingertips.phe.org.uk/profile/sexualhealth)

119 Percentage of population aged 16-64 with no formal qualifications, estimated based on a survey sample. The Annual Population Survey is the largest regular household survey in the United Kingdom. As Annual Population Survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced, 2015. Source: Annual Population Survey, Office for National Statistics (http://www.nomisweb.co.uk/)

120 Percentage of population aged 16-64 qualified to NVQ level 4 equivalent or higher e.g. HND, Degree and Higher Degree level qualifications or equivalent, estimated based on a survey sample. The Annual Population Survey is the largest regular household survey in the United Kingdom. As Annual Population Survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced, 2015. Source: Annual Population Survey, Office for National Statistics (http://www.nomisweb.co.uk/)

121 Percentage of young people not in education, employment or training at 16 and 18 years of age. Data is not comparable with previous years due to changes to the information collected in preparation for the Government's commitment to raise the participation age, 2015. Source: NEET data by local authority, Department for Education (https://www.gov.uk/government/publications/neet-data-by-local-authority-2012-16-to-18-year-olds-not-in-education-employment-or-training)

122 Percentage of people studying in a local authority at age 19 who reach the level 3 threshold. A learner is defined as having reached the level 3 threshold if they have achieved the equivalent of 4 AS/2 A-levels, 2015. Source: Level 2 and 3 attainment by young people aged 19, Department for Education (https://www.gov.uk/government/statistics/level-2-and-3-attainment-by-young-people-aged-19-in-2015)

123 Median gross weekly pay of full-time employees who are resident in the area. The Annual Survey of Hours and Earnings (ASHE) is based on a 1 per cent sample of employee jobs, drawn from HM Revenue and Customs Pay As You Earn (PAYE) records, 2015. Source: Annual Survey of Hours and Earnings (ASHE), Department for Work and Pensions (http://www.nomisweb.co.uk/)

124 Percentage of the male working age population (aged 16-64) in employment, estimated based on a survey sample. The Annual Population Survey is the largest regular household survey in the United Kingdom. As Annual Population Survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced, 2015/16. Source: Annual Population Survey, Office for National Statistics (http://www.nomisweb.co.uk/)

125 Percentage of the female working age population (aged 16-64) in employment, estimated based on a survey sample. The Annual Population Survey is the largest regular household survey in the United Kingdom. As Annual Population Survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced, 2015/16. Source: Annual Population Survey, Office for National Statistics (http://www.nomisweb.co.uk/)

126 Percentage of people aged 16-64 claiming job seekers allowance, June 2016. Source: ONS claimant count - age duration with proportions, NOMIS (http://www.nomisweb.co.uk/)

127 Percentage of people aged 18-24 claiming job seekers allowance, Jun 2016. Source: ONS claimant count - age duration with proportions, NOMIS (http://www.nomisweb.co.uk/)

128 Percentage of the working age population (aged 16-64) on key out-of-work benefits, Nov 2015. Source: Benefit claimants - working age client group, Department for Work and Pensions (http://www.nomisweb.co.uk/)

129 Percentage of working age population (aged 16-64) who are claiming ESA and incapacity benefits, Nov 2015. Source: Benefit claimants - working age client group, Department for Work and Pensions (http://www.nomisweb.co.uk/)

130 Proportion of working age adults (aged 18 to 69) who are receiving secondary mental health services and who are on the Care Programme Approach, who were recorded as being in paid employment when they had their most recent care planning meeting. Care planning meetings include assessments, formal reviews or other multi-disciplinary care planning meetings. Some people currently captured in this measure may be appropriate to exclude – for example, those who are detained under the Mental Health Act for a significant portion of the year. The measure only includes those on the Care Programme Approach and so may not include all of those in contact with secondary mental health services who are also in employment, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre (http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

131 Proportion of working age adults (aged 18 to 69) who are receiving secondary mental health services and who are on the Care Programme Approach, who were recorded as living independently, with or without support when they had their most recent care planning meeting. Care planning meetings include assessments, formal reviews or other multi-disciplinary care planning meetings. Some people currently captured in this measure may be appropriate to exclude, for example those who are detained under the Mental Health Act for a significant portion of the year. The measure only includes those on the Care Programme Approach and so may not include all of those in contact with secondary mental health services who are also in stable accommodation, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre (http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

132 The percentage prevalence of patients diagnosed with a learning disability, as a percentage of patients, 2014/15. Source: Quality and Outcomes Framework, Health and Social Care Information Centre (http://www.hscic.gov.uk/qof)

133 Proportion of working age clients (aged 18 to 64) known to the local authority as having a learning disability, who are recorded as being in paid employment in the year to 31 March, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre (http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

134 Proportion of working age clients (aged 18 to 64) known to the local authority as having a learning disability, who are recorded as living in their own home or with their family, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre (http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

135 Percentage of persons aged 6 months to 64 years and in a clinical risk group, who received the seasonal flu vaccine between September and January. The data quality for this indicator may be poor for some CCGs, 2015/16. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

136 The number of council-supported younger adults (aged 18-64) whose long-term support needs were met by a change of setting to residential and nursing care during the year, rate per 100,000 population aged 18 to 64. This measure does not include transfers between residential and nursing care, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre (http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

137 Percentage of adults aged 60 years or over living in pension credit (guarantee) households as a proportion of all those aged 60 years or over. LSOA level deprivation data are applied proportionally to the practice populations, 2015. Source: Department of Communities and Local Government, Indices of Deprivation. Taken from Public Health Older People's Health and Wellbeing Profiles (http://fingertips.phe.org.uk/profile/older-people-health)

138 Percentage of people aged 65 and over, who received the seasonal flu vaccine between September and January. The data quality for this indicator may be poor for some CCGs, 2015/16. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

139 Percentage of people aged 65 and over who have received pneumococcal polysaccharide vaccine (PPV), 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

140 Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65 and over per 100,000 population, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

141 Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over per 100,000 population, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

142 People with hip fracture who receive collaborative orthogeriatric care from admission (i.e. receiving a joint acute care protocol at admission, plus multi-disciplinary team rehabilitation agreed with a responsible orthogeriatrician and orthopaedic surgeon, with General Medical Council numbers recorded), as a percentage of all patients with hip fracture, 2014. Source: Indicator Portal, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

143 Patients with hip fracture who receive surgery on the day of, or the day after, admission, as a percentage of all patients with hip fracture, 2014. Source: Indicator Portal, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

144 Patients with hip fracture who receive a multifactorial risk assessment of future falls risk, led by the hip fracture programme team (with the General Medical Council number of the responsible clinician recorded), as a percentage of all patients with hip fracture, 2014. Source: Indicator Portal, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

145 Average health status score for adults aged 65 and over as measured using the EQ-5D scale, 2013/14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

146 The number of council-supported older adults (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year, rate per 100,000 population aged 65+. This measure does not include transfers between residential and nursing care, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2013-14, Final release, Health and Social Care Information Centre (http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

147 Percentage of older people (aged 65 and over) discharged from acute or community hospitals to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. When read along with the other measure of reablement (Older people receiving reablement services after leaving hospital) this measure demonstrates the quality of reablement services available. The measure includes social care-only placements, and excludes people who were only assessed by the NHS. The two-part measure is intended to capture both the volume and success of reablement services that are delivered. This will prevent areas scoring well which offer reablement services to only a very small number of people, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre (http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

148 Number of older people (aged 65 and over) discharged alive from acute or community hospitals in England, who were discharged to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with the clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting). This includes all specialities and zero-length stays. When read along with the other measure of reablement (Older people still at home 91 days after discharge from hospital into reablement/rehabilitation services) this measure demonstrates the quality of reablement services available. The two-part measure is intended to capture both the volume and success of reablement services that are delivered. This will prevent areas scoring well which offer reablement services to only a very small number of people. The 2013/14 data is provisional, but is not expected to change, 2014/15. Source: Measures from the Adult Social Care Outcomes Framework, England - 2014-15, Final release, Health and Social Care Information Centre (http://www.hscic.gov.uk/searchcatalogue?productid=18979&q=adult+social+care&sort=Relevance&size=10&page=1#top)

149 Life expectancy at birth in years for men. Life expectancy is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life. Figures are calculated from deaths from all causes and mid-year population estimates, based on data aggregated over a three year period. Figures reflect mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. The figures are not therefore the number of years a baby born in the area could actually expect to live, both because the mortality rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

150 Life expectancy at birth in years for women. Life expectancy is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life. Figures are calculated from deaths from all causes and mid-year population estimates, based on data aggregated over a three year period. Figures reflect mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. The figures are not therefore the number of years a baby born in the area could actually expect to live, both because the mortality rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

151 Life expectancy at age 75 in years (males). Life expectancy at age 75 is an estimate of the average number of years a person aged 75 would survive if he or she experienced the age-specific mortality rates for that area and time period throughout the rest of his or her life. Figures are calculated from deaths from all causes and mid-year population estimates, based on data aggregated over a three year period, 2012 - 14. Source: NHS Outcomes Framework, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

152 Life expectancy at age 75 in years (females). Life expectancy at age 75 is an estimate of the average number of years a person aged 75 would survive if he or she experienced the age-specific mortality rates for that area and time period throughout the rest of his or her life. Figures are calculated from deaths from all causes and mid-year population estimates, based on data aggregated over a three year period, 2012 - 14. Source: NHS Outcomes Framework, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

153 Healthy life expectancy at birth in years for men. Healthy life expectancy is an estimate of the average number of years a newborn baby would live in good general health if he or she experienced the age-specific mortality rates and prevalence of good health for that area and time period throughout his or her life. Figures are calculated from deaths from all causes, mid-year population estimates, and self-reported general health status, based on data aggregated over a three year period. Figures reflect the prevalence of good health and mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. The figures are not therefore the number of years a baby born in the area could actually expect to live in good general health, both because the health prevalence and mortality rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

154 Healthy life expectancy at birth in years for women. Healthy life expectancy is an estimate of the average number of years a newborn baby would live in good general health if he or she experienced the age-specific mortality rates and prevalence of good health for that area and time period throughout his or her life. Figures are calculated from deaths from all causes, mid-year population estimates, and self-reported general health status, based on data aggregated over a three year period. Figures reflect the prevalence of good health and mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. The figures are not therefore the number of years a baby born in the area could actually expect to live in good general health, both because the health prevalence and mortality rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

155 Disability-free life expectancy at birth in years (males). DFLE estimates are, in part, subjective and based upon the following survey question to determine whether the survey respondent has a limiting persistent illness or disability or not: 'Do you have any health problems or disabilities that you expect will last for more than a year?' If 'Yes' the respondent is then asked 'Do these health problems or disabilities, when taken singly or together, substantially limit your ability to carry out normal day to day activities? If you are receiving medication or treatment, please consider what the situation would be without the medication or treatment.' Only if a respondent answered 'Yes' to both of these questions were they classified as having a limiting persistent illness (disability), 2012 - 14. Source: Office for National Statistics (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/disabilityfreelifeexpectancydfleandlifeexpectancyleatbirthbyuppertierlocalauthorityatbirthengland)

156 Disability-free life expectancy at birth in years (females). DFLE estimates are, in part, subjective and based upon the following survey question to determine whether the survey respondent has a limiting persistent illness or disability or not: 'Do you have any health problems or disabilities that you expect will last for more than a year?' If 'Yes' the respondent is then asked 'Do these health problems or disabilities, when taken singly or together, substantially limit your ability to carry out normal day to day activities? If you are receiving medication or treatment, please consider what the situation would be without the medication or treatment.' Only if a respondent answered 'Yes' to both of these questions were they classified as having a limiting persistent illness (disability), 2012 - 14. Source: Office for National Statistics (https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/disabilityfreelifeexpectancydfleandlifeexpectancyleatbirthbyuppertierlocalauthorityatbirthengland)

157 Slope index of inequality for life expectancy in years for men. This indicator measures inequalities in life expectancy within English local authorities. For each local authority, life expectancy at birth is calculated for each local deprivation decile based on Lower Super Output Areas (LSOAs). The slope index of inequality (SII) is then calculated based on these figures. The SII is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each local authority and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

158 Slope index of inequality for life expectancy in years for women. This indicator measures inequalities in life expectancy within English local authorities. For each local authority, life expectancy at birth is calculated for each local deprivation decile based on Lower Super Output Areas (LSOAs). The slope index of inequality (SII) is then calculated based on these figures. The SII is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each local authority and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

159 The absolute inequality in rates of poor health between men in the least and most disadvantaged socio-economic classes, taking account of the health rates in all classes and also accounting for the varying distribution and numbers working in each of the classes. Data is for all usual residents in households aged 16 and over, who work (or did work) and rates are age standardised, 2011. Source: 2011 Census, Office for National Statistics (http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/health-gaps-by-socio-economic-position-of-occupations-in-england--wales--english-regions-and-local-authorities--2011/index.html)

160 The absolute inequality in rates of poor health between women in the least and most disadvantaged socio-economic classes, taking account of the health rates in all classes and also accounting for the varying distribution and numbers working in each of the classes. Data is for all usual residents in households aged 16 and over, who work (or did work) and rates are age standardised, 2011. Source: 2011 Census, Office for National Statistics (http://www.ons.gov.uk/ons/rel/census/2011-census-analysis/health-gaps-by-socio-

economic-position-of-occupations-in-england--wales--english-regions-and-local-authorities--2011/index.html)

161 Self-reported life satisfaction, mean score out of 10 in response to the question "Overall, how satisfied are you with your life nowadays?", estimated based on a survey sample. The Annual Population Survey is the largest regular household survey in the United Kingdom. As Annual Population Survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced, 2014/15. Source: Annual Population Survey, Office for National Statistics (https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/personalwellbeingestimatesgeographicalbreakdown)

162 Self-reported worthwhile, mean score out of 10 in response to the question "Overall, to what extent do you feel the things you do in your life are worthwhile?", estimated based on a survey sample. The Annual Population Survey is the largest regular household survey in the United Kingdom. As Annual Population Survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced, 2014/15. Source: Annual Population Survey, Office for National Statistics (https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/personalwellbeingestimatesgeographicalbreakdown)

163 Self-reported happiness, mean score out of 10 in response to the question "Overall, how happy did you feel yesterday?", estimated based on a survey sample. The Annual Population Survey is the largest regular household survey in the United Kingdom. As Annual Population Survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced, 2014/15. Source: Annual Population Survey, Office for National Statistics (https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/personalwellbeingestimatesgeographicalbreakdown)

164 Self-reported anxiety, mean score out of 10 in response to the question "Overall, how anxious did you feel yesterday?", estimated based on a survey sample. The Annual Population Survey is the largest regular household survey in the United Kingdom. As Annual Population Survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced, 2014/15. Source: Annual Population Survey, Office for National Statistics (https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/personalwellbeingestimatesgeographicalbreakdown)

165 Age-standardised mortality rate from causes considered preventable per 100,000 population. A death is considered preventable if, in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided by public health interventions in the broadest sense, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

166 Potential years of life lost (PYLL) from causes considered amenable to health care, rate per 100,000 registered population. Causes considered amenable to health care are those from which premature deaths should not occur in the presence of timely and effective health care. The concept of 'amenable' mortality generally relates to deaths under age 75, due to the difficulty in determining cause of death in older people who often have multiple morbidities. Causes of death considered amenable to health care are defined by the Office for National Statistics. Some of the causes included are: tuberculosis, certain cancers, diabetes, epilepsy, coronary heart disease, stroke, influenza, pneumonia, asthma, certain digestive and genitourinary disorders, complications of the perinatal period and unintentional injuries during surgical and medical care, 2014. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

167 Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths, Aug 2011 - Jul 2014. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

168 Age-standardised rate of mortality from certain infectious and parasitic diseases per 100,000 population, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

169 Incidence of reported new cases of tuberculosis (based on case notification) rate per 100,000 population, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

170 Percentage of drug susceptible people completing treatment for tuberculosis within 12 months prior to 31st December, of all those who were notified the previous year, 2013. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

171 Total CCG spend on cancers and tumours, £ per head of registered population. CCG programme budgeting returns represent a subset of overall NHS expenditure data, and is not comparable to programme budgeting data from previous years. Estimates of expenditure are calculated using price paid for specific activities and services purchased from healthcare providers. CCGs follow standard guidance, procedures and mappings when calculating programme budgeting data. Net Expenditure is adjusted to as back expenditure funded from sources outside of the NHS and to deduct expenditure on other CCG populations incurred through lead commissioning arrangement. The population used is the CCG registered population, 2013/14. Source: Programme Budgeting Benchmarking Tool, NHS England (https://www.england.nhs.uk/resources/resources-for-ccgs/prog-budgeting/)

172 Crude rate of two week wait (GP urgent) referrals with a suspicion of cancer, whether or not cancer was subsequently diagnosed, per 100,000 population. All figures updated in 16/17 to match national CCG reports, 2014/15. Source: Cancer Services Profile, Public Health England (http://fingertips.phe.org.uk/profile/cancerservices)

173 New cases of cancer for which a valid stage is recorded at the time of diagnosis, as a percentage of all new cancer cases, 2014. Source: Indicator Portal, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

174 New cases of specific cancer types (i.e. prostate, colorectal, lung, bladder, kidney, ovary and uterus cancer, non-Hodgkin lymphoma, invasive breast cancer, and invasive skin melanoma) which are diagnosed at stage 1 or 2, as a percentage of all new cases of these cancers, 2014. Source: Indicator Portal, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

175 Directly age standardised registration rate per 100,000 population for all cancers, persons, all ages, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

176 Age standardised rate of mortality from all cancers in people aged under 75 years per 100,000 population, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

177 Age standardised rate of mortality that is considered preventable from all cancers in people aged under 75 years per 100,000 population. The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

178 The proportion of adults aged 15-99 years suffering from any type of cancer who survived for one year or more, 2013/14. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/table01to091yearcancersu rvivalbyclinicalcommissioninggroupsinenglandwithprecisionestimates)

179 Directly age standardised registration rate per 100,000 population for oesophageal cancer, persons, all ages, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

180 Directly age standardised mortality rate per 100,000 population for oesophageal cancer, persons, all ages, 2012 - 14. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

181 Directly age standardised registration rate per 100,000 population for stomach cancer, persons, all ages, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

182 Directly age standardised mortality rate per 100,000 population for stomach cancer, persons, all ages, 2012 - 14. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

183 Directly age standardised registration rate per 100,000 population for colorectal cancer, persons, all ages, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

184 Directly age standardised mortality rate per 100,000 population for colorectal cancer, persons, all ages, 2012 - 14. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

185 Lung cancer cases with a valid stage recorded, at the time of decision to treat, as a percentage of all lung cancer cases, 2014. Source: Indicator Portal, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

186 Directly age standardised registration rate per 100,000 population for lung cancer, persons, all ages, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

187 Directly age standardised mortality rate per 100,000 population for lung cancer, persons, all ages, 2012 - 14. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

188 Directly age standardised registration rate per 100,000 population for all skin cancers, persons, all ages, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

189 Percentage of women in the resident population eligible for breast screening (aged 53-70) who were screened adequately within the previous three years on 31 March, 2015. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

190 Directly age standardised registration rate per 100,000 female population for breast cancer, females, all ages, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

191 Directly age standardised mortality rate per 100,000 population for breast cancer, females, all ages, 2012 - 14. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

192 Percentage of women in the resident population eligible for cervical screening who were screened adequately within the previous 3.5 years or 5.5 years, according to age (3.5 years for women aged 25-49 and 5.5 years for women aged 50-64) on 31 March, 2015. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

193 Age standardised registration rate per 100,000 female population for cervical cancer, females, all ages, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

194 Directly age standardised registration rate per 100,000 male population for prostate cancer, males, all ages, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

195 Directly age standardised mortality rate per 100,000 population for prostate cancer, males, all ages, 2012 - 14. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

196 Directly age standardised registration rate per 100,000 population for bladder cancer, persons, all ages, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

197 Directly age standardised mortality rate per 100,000 population for bladder cancer, persons, all ages, 2012 - 14. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

198 Age standardised mortality rate per 100,000 population for leukaemia, persons, all ages, 2012 - 14. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

199 Directly standardised average health status (EQ-5DTM) score for individuals aged 18 and over reporting that they have a long-term condition, weighted for design and non-response, measured based on responses to a question from the GP Patient Survey, 2014/15. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

200 The proportion of people feeling supported to manage their self-assessed long-term conditions, weighted for design and non-response, measured based on responses to a question from the GP Patient Survey, asking "In the last 6 months, have you had enough support from local services or organisations to help you to manage your long-term health condition(s)? Please think about all services and organisations, not just health services.", 2014/15. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

201 Total CCG spend on endocrine, nutritional and metabolic problems, £ per head of registered population. CCG programme budgeting returns represent a subset of overall NHS expenditure data, and is not comparable to programme budgeting data from previous years. Estimates of expenditure are calculated using price paid for specific activities and services purchased from healthcare providers. CCGs follow standard guidance, procedures and mappings when calculating programme budgeting data. Net Expenditure is adjusted to as back expenditure funded from sources outside of the NHS and to deduct expenditure on other CCG populations incurred through lead commissioning arrangement. The population used is the CCG registered population, 2013/14. Source: Programme Budgeting Benchmarking Tool, NHS England (https://www.england.nhs.uk/resources/resources-for-ccgs/prog-budgeting/)

202 Percentage of patients on GP registers aged 17 and over diagnosed with diabetes, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

203 The percentage of people with diabetes diagnosed less than a year who were offered or attended structured education during the following 12 months, 2014/15. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

204 Indirectly age and sex standardised ratio of complications associated with diabetes, in people with diabetes, including emergency admissions for diabetic ketoacidosis and lower limb amputation (England = 100). This indicator calculates the ratio of people with diabetes who are admitted to hospital with one or more complication, 2012/13. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

205 Indirectly age and sex standardised ratio for myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes (England = 100). This indicator calculates the ratio of people with diabetes who develop long term conditions or complications that may be exacerbated by poor management of diabetes, 2012/13. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (http://indicators.ic.nhs.uk/)

206 Age standardised mortality rate per 100,000 population for diabetes, persons, all ages, 2012 - 14. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

207 Total CCG spend on mental health, £ per head of registered population. CCG programme budgeting returns represent a subset of overall NHS expenditure data, and is not comparable to programme budgeting data from previous years. Estimates of expenditure are calculated using price paid for specific activities and services purchased from healthcare providers. CCGs follow standard guidance, procedures and mappings when calculating programme budgeting data. Net Expenditure is adjusted to as back expenditure funded from sources outside of the NHS and to deduct expenditure on other CCG populations incurred through lead commissioning arrangement. The population used is the CCG registered population, 2013/14. Source: Programme Budgeting Benchmarking Tool, NHS England (https://www.england.nhs.uk/resources/resources-for-ccgs/prog-budgeting/)

208 Average EQ-5D score for individuals aged over 18 reporting that they have a long-term mental health condition, age standardised and weighted for design and non-response bias. This indicator measures health-related quality of life for people who identify themselves as having a long-term mental health condition. By health-related quality of life, we mean the extent to which people: have problems walking about; have problems performing self-care activities (washing or dressing themselves); have problems performing their usual activities (work, study etc.); have pain or discomfort; and feel anxious or depressed, 2014/15. Source: Indicator Portal, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

209 People who have entered (i.e. received) treatment with Improving Access to Psychological Therapies (IAPT) services as a proportion of the estimated number of people with anxiety or depression. The denominators are as reported in CCG plans and may not be an accurate measure of estimated prevalence, 2014/15. Source: Improving Access to Psychological Therapies dataset, Health and Social Care Information Centre (http://ccgtools.england.nhs.uk/cfv2016/mh/atlas.html)

210 People not at caseness at their last session of Improving Access to Psychological Therapies (IAPT) treatment, as a proportion of people who were at caseness at their first session of treatment, 2014/15. Source: Improving Access to Psychological Therapies dataset, Health and Social Care Information Centre (http://www.hscic.gov.uk/iaptreports)

211 Patients on GP registers diagnosed with dementia as a percentage of the estimated population with dementia. The estimated population with dementia is calculated based on a model produced by the Alzheimer's Society, refined to take account of the fact that patients in care homes are more likely to have dementia than those in the community, 2014/15. Source: Dementia Prevalence Calculator, NHS England (accessed 26 May 2015) (https://www.primarycare.nhs.uk/)

212 Emergency hospital admissions for intentional self-harm, age standardised rate per 100,000 population, persons, 2014/15. Source: Health Profiles, Public Health England (http://fingertips.phe.org.uk/profile/health-profiles)

213 Age standardised mortality rate per 100,000 population for suicide and injury of undetermined intent, persons, aged 10+, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

214 GP recorded prevalence of schizophrenia, bipolar disorder and other psychoses, all ages, 2014/15. Source: Quality and Outcomes Framework, Health and Social Care Information Centre (http://www.hscic.gov.uk/qof)

215 Ratio of the directly age standardised mortality rate for people aged 18 to 74 in contact with Secondary Mental Health Services to the directly age standardised mortality rate for the general population of the same age expressed as a percentage, 2013/14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

216 Unplanned readmissions to a mental health service within 30 days of a discharge from a mental health inpatient service, in people aged 17 and over, shown as an indirectly age and sex standardised ratio (England = 100), 2014/15. Source: Indicator Portal, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

217 Age standardised rate of emergency admissions to hospital due to Epilepsy with a primary diagnosis of epilepsy in the diagnosis code, for those aged 20+ (CCG resident population). Please note this has changed from the 2015/16 key dataset which was looking at the crude rate of emergency admissions due to epilepsy as the primary diagnosis per 100,000 population aged over 18, the crude rate measure is no longer being updated and the directly standardised rate is a more robust measure, 2013/14. Source: Neurology Profiles, Public Health England (http://fingertips.phe.org.uk/profile-group/mental-health/profile/neurology)

218 Total CCG spend on vision problems, £ per head of registered population. CCG programme budgeting returns represent a subset of overall NHS expenditure data, and is not comparable to programme budgeting data from previous years. Estimates of expenditure are calculated using price paid for specific activities and services purchased from healthcare providers. CCGs follow standard guidance, procedures and mappings when calculating programme budgeting data. Net Expenditure is adjusted to as back expenditure funded from sources outside of the NHS and to deduct expenditure on other CCG populations incurred through lead commissioning arrangement. The population used is the CCG registered population, 2013/14. Source: Programme Budgeting Benchmarking Tool, NHS England (https://www.england.nhs.uk/resources/resources-for-ccgs/prog-budgeting/)

219 NHS sight tests per 100,000 population, 2012/13. Source: RNIB Sight Loss Data Tool (http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool)

220 New Certifications of Visual Impairment (CVI), rate per 100,000 population. The indicator relates completions of CVI (all causes - preventable and non-preventable) by a consultant ophthalmologist, this initiates the process of registration with a local authority and leads to access to services, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

221 People registered as blind or partially sighted (i.e. in receipt of Certification of Vision Impairment), per 100,000 population, 2014. Source: RNIB Sight Loss Data Tool (http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool)

222 Total CCG spend on cardiovascular diseases, £ per head of registered population. CCG programme budgeting returns represent a subset of overall NHS expenditure data, and is not comparable to programme budgeting data from previous years. Estimates of expenditure are calculated using price paid for specific activities and services purchased from healthcare providers. CCGs follow standard guidance, procedures and mappings when calculating programme budgeting data. Net Expenditure is adjusted to as back expenditure funded from sources outside of the NHS and to deduct expenditure on other CCG populations incurred through lead commissioning arrangement. The population used is the CCG registered population, 2013/14. Source: Programme Budgeting Benchmarking Tool, NHS England (https://www.england.nhs.uk/resources/resources-for-ccgs/prog-budgeting/)

223 The percentage of men eligible for abdominal aortic aneurysm screening who are conclusively tested, 2014/15. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

224 Age standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in people aged under 75 years per 100,000 population, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

225 Age standardised rate of mortality that is considered preventable from all cardiovascular diseases (including heart disease and stroke) in people aged under 75 years per 100,000 population. The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense, 2012 - 14.

Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

226 Emergency hospital admissions for stroke, indirectly age and sex standardised rate per 100,000 population, persons, 2014/15. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

227 People who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival at hospital, as a percentage of all patients with stroke, 2014/15. Source: Indicator Portal, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

228 People having an acute stroke who receive thrombolysis, as a percentage of all people having an acute stroke, 2014/15. Source: Indicator Portal, Health and Social Care Information Centre data tool (https://indicators.hscic.gov.uk/webview/)

229 Patients who have had an acute stroke who spend 90% or more of their hospital inpatient stay on a stroke unit, as a percentage of all patients who have had an acute stroke, 2014/15. Source: Indicator Portal, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

230 Patients with stroke discharged from hospital with a joint health and social care plan, as a percentage of all discharged patients with stroke, 2014/15. Source: Indicator Portal, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

231 People with stroke who have a follow-up assessment between 4 and 8 months after their initial admission for stroke, as a percentage of all people admitted with stroke, 2014/15. Source: Indicator Portal, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

232 Emergency readmissions to hospital within 28 days of discharge for stroke, age standardised percent, persons, 2011/12. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (http://indicators.ic.nhs.uk/)

233 People with stroke (of a known type) who die within 30 days of hospital admission, shown as a casemix-adjusted, standardised mortality ratio, 2013/14. Source: Indicator Portal, Health and Social Care Information Centre (http://indicators.ic.nhs.uk/)

234 Age standardised mortality rate per 100,000 population for stroke, ages under 75, 2012 - 14. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

235 Total CCG spend on problems of the respiratory system, £ per head of registered population. CCG programme budgeting returns represent a subset of overall NHS expenditure data, and is not comparable to programme budgeting data from previous years. Estimates of expenditure are calculated using price paid for specific activities and services purchased from healthcare providers. CCGs follow standard guidance, procedures and mappings when calculating programme budgeting data. Net Expenditure is adjusted to as back expenditure funded from sources outside of the NHS and to deduct expenditure on other CCG populations incurred through lead commissioning arrangement. The population used is the CCG registered population, 2013/14. Source: Programme Budgeting Benchmarking Tool, NHS England (https://www.england.nhs.uk/resources/resources-for-ccgs/prog-budgeting/)

236 Patients on GP registers diagnosed with chronic obstructive pulmonary disease (COPD), as a percentage of the estimated population with COPD, 2014/15. Source: GP recorded prevalence of COPD from Quality and Outcomes Framework, Health and Social Care Information Centre; Estimated prevalence of COPD from Interactive Health Atlas of Lung Conditions in England (Inhale), Public Health England (http://www.hscic.gov.uk/qof ; http://fingertips.phe.org.uk/profile/inhale)

237 Age standardised rate of mortality from respiratory disease in people aged under 75 years per 100,000 population, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

238 Age standardised rate of mortality that is considered preventable from respiratory disease in people aged under 75 years per 100,000 population. The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

239 Emergency admissions for alcohol related liver disease in adults, age-sex standardised rate per 100,000 population aged 19 and over, 2014/15. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

240 Age standardised rate of mortality from liver disease in people aged under 75 years per 100,000 population, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

241 Age standardised rate of mortality that is considered preventable from liver disease in people aged under 75 years per 100,000 population. The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

242 Percentage of persons aged 18 and over who are self-reported smokers in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response, 2015. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

243 Percentage of people aged 15 and over who are recorded as current smokers by GPs. The denominator is the estimated list size of patients aged 15 and over, regardless of whether they have a record of smoking status. The numerator and denominator exclude some patients who are newly registered with the practice, 2014/15. Source: Quality and Outcomes Framework, Health and Social Care Information Centre (http://www.hscic.gov.uk/qof)

244 Percentage of people with selected long-term health conditions, who are recorded as current smokers by GPs. People with selected long-term health conditions include people with any or any combination of the following conditions: coronary heart disease (CHD), peripheral arterial disease (PAD), stroke or transient ischaemic attack (TIA), hypertension, diabetes, chronic obstructive pulmonary disease (COPD), chronic kidney disease (CKD), asthma, schizophrenia, bipolar affective disorder or other psychoses. The denominator includes all patients with selected long-term health conditions, regardless of whether they have a record of smoking status. The numerator and denominator exclude some patients who are newly registered with the practice. PAD was not included in the indicator definition for years prior to 2012/13, 2014/15. Source: Quality and Outcomes Framework, Health and Social Care Information Centre (http://www.hscic.gov.uk/qof)

245 Self-reported 4-week successful quitters at NHS Stop Smoking Services per 100,000 adult population aged 16 and over. NHS Stop Smoking Services offer support to help people quit smoking. This can include intensive support through group therapy or one-to-one support. The support is designed to be widely accessible within the local community and is provided by trained personnel, such as specialist smoking cessation advisors and trained nurses and pharmacists, 2014/15. Source: Statistics on NHS Stop Smoking Services, Health and Social Care Information Centre (http://digital.nhs.uk/searchcatalogue?productid=18388&q=stop+smoking&kwd=S&sort=Relevance&size=10&page=1#top)

246 Hospital admissions for diseases that are wholly or partially attributed to smoking in persons aged 35 and over, age standardised rate per 100,000 population, 2014/15. Source: Local Tobacco Control Profiles for England, Public Health England (http://www.tobaccoprofiles.info/)

247 Deaths attributable to smoking, age-sex standardised rate per 100,000 population aged over 35, 2012 - 14. Source: Local Tobacco Control Profiles for England, Public Health England (http://www.tobaccoprofiles.info/)

248 Estimated opiate and/or crack cocaine users as a percentage of population aged 15-64 years, 2011/12. Source: Estimates of the prevalence of opiate use and/or crack cocaine use, National Treatment Agency for Substance Misuse (http://www.nta.nhs.uk/facts-prevalence.aspx)

249 Drug offences, based on police recorded crime data, crude rate per 1,000 population, 2015/16. Source: Crime in England and Wales, Office for National Statistics (http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/recordedcrimedatabycommunitysafetypartnershiparea)

250 People assessed for substance dependence issues when entering prison who then required structured treatment for dependence on alcohol or drugs and have not already received it in the community, as a proportion of people entering prison who require structured treatment for dependence on alcohol or drugs, 2012/13. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

251 Users of opiates aged 18-75 that left drug treatment successfully (free of drugs of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment, 2014. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

252 Users of non-opiates aged 18-75 that left drug treatment successfully (free of drugs of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment, 2014. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

253 Recorded crime attributable to alcohol, crude rate per 1,000 population. Attributable fractions for alcohol for each crime category were applied where available, based on survey data on arrestees who tested positive for alcohol by the UK Prime Minister's Strategy Unit. This indicator has been discontinued, 2012/13. Source: Local Alcohol Profiles for England, Public Health England (http://fingertips.phe.org.uk/profile/local-alcohol-profiles)

254 Hospital admission episodes with an alcohol attributable condition as a primary diagnosis or an alcohol attributable external cause as a secondary diagnosis, age standardised rate per 100,000 population. Does not include attendance at Accident and Emergency departments. Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. The narrow definition counts only those admissions where the primary diagnosis or external cause codes have an alcohol-attributable fraction . Since every admission record must have a primary diagnosis code recorded, the narrow definition is less sensitive to coding practices than the broad definition but also understates the part alcohol plays in the admission. It is also more responsive to change resulting from local action on alcohol, 2014/15. Source: Local Alcohol Profiles for England, Public Health England (http://fingertips.phe.org.uk/profile/local-alcohol-profiles)

255 Hospital admission episodes with an alcohol attributable condition under any primary or secondary diagnosis, age standardised rate per 100,000 population. Does not include attendance at Accident and Emergency departments. Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. The broad definition counts all codes (primary diagnosis and any secondary diagnosis codes) that are recorded in relation to a patient's admission record. It provides evidence of the scale of the problem but is sensitive to changes in coding practice over time. It can be considered a better measure of the total burden that alcohol has on community and health services than the narrow definition, 2014/15. Source: Local Alcohol Profiles for England, Public Health England (http://fingertips.phe.org.uk/profile/local-alcohol-profiles)

256 Emergency readmissions with a primary diagnosis or an external cause code of an alcohol-specific condition, occurring within 30 days of discharge after an alcohol-specific admission, as an indirectly age and sex standardised ratio (England = 100), 2012/13 - 2014/15. Source: Indicator Portal, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

257 Mortality from alcohol-related conditions, directly age-standardised rate, males, all ages, per 100,000 European standard population. The number of deaths related to alcohol consumption is estimated using the alcohol attributable fraction (i.e. the proportion of population deaths attributable to exposure to alcohol). The methodology was updated in 2014 to use new alcohol attributable fractions and the new European Standard Population, resulting in higher rates being shown than in previous versions of the Croydon Key Dataset. A slight methodological change has occurred since the Local Alcohol Profiles for England 2015 were released and so all figures for the 2016/17 dataset have been updated accordingly, 2014. Source: Local Alcohol Profiles for England, Public Health England (http://fingertips.phe.org.uk/profile/local-alcohol-profiles)

258 Mortality from alcohol-related conditions, directly age-standardised rate, females, all ages, per 100,000 European standard population. The number of deaths related to alcohol consumption is estimated using the alcohol attributable fraction (i.e. the proportion of population deaths attributable to exposure to alcohol). The methodology was updated in 2014 to use new alcohol attributable fractions and the new European Standard Population, resulting in higher rates being shown than in previous versions of the Croydon Key Dataset. A slight methodological change has occurred since the Local Alcohol Profiles for England 2015 were released and so all figures for the September 2016 dataset have been updated accordingly, 2014. Source: Local Alcohol Profiles for England, Public Health England (http://fingertips.phe.org.uk/profile/local-alcohol-profiles)

259 Percentage of adults classified as overweight or obese, estimated based on a survey sample. Data is from the Active People Survey, Sport England. The Active People Survey is conducted by telephone using Computer Aided Telephone Interviewing (CATI) and samples the adult population in England aged 16 and over. As Active People Survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced, 2012 - 14. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

260 Fast food outlets per 100,000 population (crude rate), including fast food and takeaway outlets, fast food delivery services, and fish and chip shops, 2013. Source: National Obesity Observatory, Public Health England (http://www.noo.org.uk/visualisation)

261 Percentage of adults doing at least 150 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days. The Chief Medical Officer currently recommends that adults undertake 150 minutes (2.5 hours) of moderate activity per week, in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity or frequency. The Active People Survey is conducted by telephone using Computer Aided Telephone Interviewing (CATI) and samples the adult population in England aged 16 and over. As Active People Survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced, 2015. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

262 Percentage of adults doing less than 30 "equivalent" minutes of at least moderate intensity physical activity per week in bouts of 10 minutes or more in the previous 28 days. The Active People Survey is conducted by telephone using Computer Aided Telephone Interviewing (CATI) and samples the adult population in England aged 16 and over. As Active People Survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced, 2015. Source: Public Health Outcomes Framework Data Tool (http://www.phoutcomes.info/)

263 Proportion of residents aged 16 and over who walk (for at least 10 minutes) at least three times per week. "Walking" refers to any continuous walk of at least 10 minutes, irrespective of purpose. Results are grouped according to the area where respondents live, which may not be the same as the area where they walk or cycle. Previous years' surveys asked about walking for at least 5 minutes. As Active People Survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced. Therefore, 2012/13 results are not directly comparable with those from previous years, 2014/15. Source: Active People Survey, Sport England; data published by Department for Transport (https://www.gov.uk/government/statistics/local-area-walking-and-cycling-in-england-2013-to-2014)

264 Proportion of residents aged 16 and over who do any cycling at least once per month. "Cycling" refers to any cycling, irrespective of length or purpose. Results are grouped according to the area where respondents live, which may not be the same as the area where they walk or cycle. As Active People Survey estimates are based on samples, they are subject to sampling variability. This means that if another sample for the same period were drawn, a different estimate might be produced, 2014/15. Source: Active People Survey, Sport England; data published by Department for Transport (https://www.gov.uk/government/statistics/local-area-walking-and-cycling-in-england-2013-to-2014)

265 Proportion of deaths from all causes that occur at usual place of residence, 2015. Source: National End of Life Care Intelligence Network (http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death.aspx)

266 Emergency admissions to hospital of people (all ages) with acute conditions that should not usually require hospital admission as a primary diagnosis, age-sex standardised rate per 100,000 registered patients. Acute conditions that should not usually require hospital admission include conditions such as influenza, pneumonia, urinary tract infections and cellulitis. These are conditions that should usually be managed without the patient having to be admitted to hospital, 2014/15. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

267 Emergency admissions to hospital of people (all ages) with chronic ambulatory care sensitive conditions as a primary diagnosis, age-sex standardised rate per 100,000 registered patients. Ambulatory care sensitive conditions are conditions for which there is evidence that care can be managed more effectively outside hospital, 2014/15. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

268 Percentage of patients who responded 'fairly good' or 'very good' to the question 'Overall, how would you describe your experience of making an appointment?' (adults aged 18 and over), 2015/16. Source: GP Patient Survey, Department of Health (http://gp-patient.co.uk/surveys-and-reports)

269 Percentage of patients who responded 'good' or 'very good' to the question 'Overall, how would you describe your experience of your GP Surgery?' (adults aged 18 and over), 2015/16. Source: GP Patient Survey, Department of Health (http://gp-patient.co.uk/surveys-and-reports)

270 Percentage of patients who responded 'very good' or 'fairly good' to the question 'Overall, how would you describe your experience of out-of-hours GP Services?' (adults aged 18 and over), 2015/16. Source: GP Patient Survey, Department of Health (http://gp-patient.co.uk/surveys-and-reports)

271 Cases of MRSA bloodstream infections in people aged 2 and over reported to Public Health England, rate per 100,000 population, 2015/16. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

272 Cases of clostridium difficile in people aged 2 and over reported to Public Health England, rate per 100,000 population, 2015/16. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

273 Patient's reported improvement in health status following hip replacement, EQ-5D index case mix adjusted average health gain. Patient Reported Outcomes Measures comprise a pair of questionnaires completed by the patient, one before and one after surgery (at least three months after for groin hernia and varicose vein operations, or at least six months after for hip and knee replacements). Patients' self-reported health status (sometimes referred to as health related quality of life) is assessed through a mixture of generic and disease or condition-specific questions, 2013/14. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

274 Patient's reported improvement in health status following knee replacement, EQ-5D index case mix adjusted average health gain. Patient Reported Outcomes Measures comprise a pair of questionnaires completed by the patient, one before and one after surgery (at least three months after for groin hernia and varicose vein operations, or at least six months after for hip and knee replacements). Patients' self-reported health status (sometimes referred to as health related quality of life) is assessed through a mixture of generic and disease or condition-specific questions, 2013/14. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (https://indicators.hscic.gov.uk/webview/)

275 Percentage of eligible population aged 40-74 offered an NHS Health Check in the financial year, 2015/16. Source: NHS Health Check (http://www.healthcheck.nhs.uk/interactive_map/)

276 Percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the financial year, 2015/16. Source: NHS Health Check (http://www.healthcheck.nhs.uk/interactive_map/)

277 Percentage of adults accessing NHS dentistry in the last 2 years, Mar 2016. Source: NHS Dental Statistics for England, Health and Social Care Information Centre (http://www.hscic.gov.uk/catalogue/PUB17555)

278 Percentage of patients who have tried to get an NHS Dental Services appointment in the last 2 years and were able to, the last time they tried (adults aged 18 and over), 2015/16. Source: GP Patient Survey, Department of Health (http://gp-patient.co.uk/surveys-and-reports)

279 Percentage of patients who responded 'very good' or 'fairly very good' to the question 'Overall, how would you describe your experience of NHS Dental Services?' (adults aged 18 and over), 2015/16. Source: GP Patient Survey, Department of Health (http://gp-patient.co.uk/surveys-and-reports)

Appendix 3: Changes to indicators

New indicators in the September 2016 release

Indicator	Reason for inclusion
Community life	
Service users receiving self-directed support (% of service users accessing long-term community support)	New indicators in ASCOF. Previously this was two indicators looking at both service users and carers receiving self-directed support / direct payments which has now been split into four indicators. The change in source from RAP to SALT means these data are now a snapshot, whereas previously they were a flow from the full reporting year. This source change has also resulted in a change to who is included in the measure. Only those in "in receipt of long-term support" as recorded in SALT table LTS001b are now included. The denominator now excludes those clients solely in receipt of equipment and adaptations, those receiving short term support to maximise independence, and those in receipt of professional support and short-term residential care (not respite); these clients would have been included in the RAP P tables on which the measure was previously based.
Carers receiving self-directed support (% of carers receiving carer-specific services)	
Service users receiving direct payments (% of service users accessing long-term support)	
Carers receiving direct payments (% of carers receiving carer-specific services)	
Early life	
HPV vaccination coverage for one dose (girls aged 12-13 years old)	New indicator in PHOF, replacing previous HPV coverage following changes to the vaccination programme
Working life and Later life	
Long-term support needs met by admission to residential & nursing care homes (rate per 100,000 aged 18-64)	New indicator in ASCOF. The transition from ASC-CAR to SALT resulted in a change to which admissions were captured by this measure, and a change to the measure definition. Previously, the measure was defined as "Permanent admissions of younger / older adults to residential and nursing care homes, per 100,000 population". With the introduction of SALT, the measure was re-defined as "Long-term support needs of younger / older adults met by admission to residential and nursing care homes, per 100,000 population." 12-week disregards and full cost clients are now included, whereas previously they were excluded from the measure. Furthermore, whilst ASC-CAR recorded the number of people who were admitted to residential or nursing care during the year, the relevant SALT tables record the number of people for whom residential/nursing care was planned as a sequel to a request for support, a review, or short-term support to maximise independence.
Long-term support needs met by admission to residential & nursing care homes (rate per 100,000 aged 65+)	
Long-term conditions	
Abdominal aortic aneurysm screening (% of eligible men who had an initial offer of screening)	New indicator in PHOF, replacing previous indicator showing those who had an initial screen offered

Excluded indicators in the September 2016 release

Indicator	Reason for exclusion
Long-term conditions	
Access to diabetic retinopathy screening (attended screening as % of those offered screening)	Removed from PHOF following reviews of the screening programme structure. Uptake of retinopathy was added to PHOF but only at a national and regional level.

Revisions to data methodology in the September 2016 dataset

Indicator	Reason for revising data
Community life	
Projected change in population size (% change in next 5 years based on ONS projections)	Refreshed all figures for all years using 2014 projections for 2014-19 and 2015-20 and 2012 projections for 2013-18 and 2012-17.
Housing affordability (ratio of lower quartile house prices to lower quartile earnings)	Figures for 2015 are provisional and may be revised when the table is next updated. This is different from previously published figures as it is created using a different source of House Price data (the ONS House Price Statistics for Small Areas datasets instead of different versions of the Land Registry data).
Total police recorded crime (rate per 1,000 population)	2015/16 methodology changed to exclude fraud
Social care-related quality of life (score)	A change to the weighting methodology was made in 2014-15 which is more robust and will produce more accurate results. Also, a change to the eligible population from which survey samples are collected was made in 2014-15 because of the introduction of SALT. Had previously been those in receipt of CASSR-funded services following a full assessment of need and is now those in receipt of long-term support services funded or managed by the CASSR following a full assessment of need.
Clients who have control over their daily life (% of survey respondents)	
Social isolation (% of survey respondents who had as much social contact as they would like)	
Overall satisfaction of clients with their care and support (% satisfied of survey respondents)	
Proportion of people who use services who find it easy to find information about services	
Clients who say they feel as safe as they want (% of survey respondents)	
Clients who say services have made them feel safe and secure (% of survey respondents)	
Carer reported quality of life (score)	A change to the weighting methodology for national, regional and council-type results was made in 2014-15 which improves the accuracy of the aggregate level results by accounting for variability in sampling and response rates between local authorities. The proportion of carers who find it easy to find information about services indicator has been split into the client and carer components separately because the Carers' Survey is only run every 2 years
Overall satisfaction of carers with social services (% satisfied of survey respondents)	
Carers who report being included or consulted in discussions (% of survey respondents)	
Proportion of carers who find it easy to find information about services	
Early life	
Infant mortality (rate per 1,000 live births)	The data is now based on the year the death was registered, not the year when it occurred. All figures updated to match published PHOF release.
Looked after children living in the same placement for at least 2 years (% of looked after children)	In previous releases, looked after children who go missing from their placement for a period of 24 hours or more had their missing period included as a placement. Therefore, if a child went missing from care and then returned within the year, this counted as three separate placements as the placements before and after the missing period are included separately. From 2015, each episode of a child being missing or absent from care is recorded in a separate module in the SSDA 903 collection. Missing periods therefore, are no longer counted as a placement. Due to this methodology change, figures for earlier years are not directly comparable.
Hospital admissions due to substance misuse (rate per 100,000 population aged 15-24)	As of June 2016, directly standardised rate per 100,000 population calculated using the revised European Standard Population 2013 (2013 ESP). Updated all historical data in 2016/17 to match publicly released historical data with this change.
Children accessing NHS dentistry (% visiting a dentist in last 2 years)	March 2015 figures updated in September 2016 release as report is for 24 months of data
Family life	
GP prescribed long acting reversible contraception (LARC) (rate per 1,000 women aged 15-44)	For September 2016 dataset all values updated owing to updated indicator definition, now excludes injections but includes implant prescriptions from Sexual and Reproductive Health Services.
HIV prevalence (rate per 1,000 people aged 15-59)	For September 2016 dataset all values updated owing to updated indicator definition in PHOF
Uptake of HIV testing in GUM clinics (% of tests offered)	For September 2016 dataset all values updated owing to updated published figures in latest PHOF release

Indicator	Reason for revising data
Chlamydia screening coverage (% of people aged 15-24 screened)	For September 2016 dataset all years' area values changed from lower-tier LA to upper-tier LA and all values updated owing to updated published figures taking into account updated mid-year population estimates.
Chlamydia diagnoses (ages 25 and over) (rate per 100,000 population)	For September 2016 dataset all values updated owing to updated published figures taking into account updated mid-year population estimates.
Gonorrhoea diagnoses at GUM clinics (rate per 100,000 population)	
Syphilis diagnoses at GUM clinics (rate per 100,000 population)	
Genital herpes diagnoses at GUM clinics (rate per 100,000 population)	
Genital warts diagnoses at GUM clinics (rate per 100,000 population)	
Working life	
Adults in contact with secondary mental health services in paid employment (%)	The calculation of the measure was changed in 2013-14; previously, outcome scores were calculated from annual totals from the MHMDS, whereas now the outcome is calculated each month and the ASCOF measure for the year is derived as an average of these monthly scores.
GP recorded learning disability prevalence (%, all ages)	Measure changed in 2014/15; previously aged 18+ now all ages. Not directly comparable to previous years
Adults with a learning disability in paid employment (%)	2014-15 inclusion in this measure has changed because of the introduction of SALT. Had previously been "all adults with a learning disability who are known to the council", now only includes clients with a primary support reason of Learning Disability Support and so some clients may no longer be included in these measures.
Adults with a learning disability who live in stable and appropriate accommodation (%)	
Later life	
Older people in poverty (% of people aged over 60)	For September 2016 dataset indicator updated to be in line with PHE published figures
Injuries due to falls (rate per 100,000 population aged over 65)	All figures updated for September 2016 dataset. In February 2016, the back series for this indicator was revised. The change in emergency admission codes in the Hospital Episode Statistics database meant that in previous publications, some emergency admissions were not being reported. This change rectifies that.
Admissions for hip fracture (rate per 100,000 population aged over 65)	
Healthy life	
Deaths from a range of specified communicable diseases, including influenza (rate per 100,000 population)	All figures updated in September 2016 dataset to match new PHOF methodology: This indicator was updated in November 2015 to include data from 2014. From 2014, ONS changed the software used to code cause of death to a package called IRIS. From January 2014, ONS also introduced a new version of ICD-10 (version 2013). To ensure consistency across different time points, a revision of the back series was required using newly calculated comparability ratios.
Two week wait GP referrals for suspected cancer (rate per 100,000 population)	All trend data updated to match cancer services profiles instead of aggregating from practice profiles
Stage of lung cancer recorded at time of decision to treat (% of lung cancer cases)	All figures updated in September 2016 release as new data released owing to a change of data source.
Deaths from breast cancer (rate per 100,000 population)	All figures updated in September 2016 release as new data released in September 2015 recalculated all figures with a new DSR calculation method. Owing to area teams ceasing to exist, HSCIC Indicator Portal no longer publishing London-wide figures.
Long-term conditions	
People feeling supported to manage their long-term condition (% of survey respondents)	Data updated to match new methodology applied from March 2014.
Hospital stays for self-harm (rate per 100,000 population)	September 2016 dataset updated all figures owing to revised mid-year population estimates and updated figures published.
Suicide rate (rate per 100,000 population, aged 10+)	All figures updated in September 2016 dataset as PHOF indicator methodology also changed to look at those aged 10+ (previously all ages)
Emergency admissions to hospital due to epilepsy (rate per 100,000 population aged 20 and over)	Changed indicator from crude rate per 100,000 18+ last year to Directly Standardised Rate per 100,000 20+ September 2016 dataset

Indicator	Reason for revising data
Early deaths from cardiovascular diseases (rate per 100,000 population aged under 75)	All details updated in September 2016 dataset. This indicator was updated in November 2015 to include data from 2014. From 2014, ONS changed the software used to code cause of death to a package called IRIS. From January 2014, ONS also introduced a new version of ICD-10 (version 2013). To ensure consistency across different time points, a revision of the back series was required using newly calculated comparability ratios.
Emergency admissions for stroke (rate per 100,000 population)	All figures updated in September 2016 dataset owing to change to standardisation methodology in March 2016

Healthy lifestyles

Indicator	Reason for revising data
Estimated smoking prevalence (% of survey respondents aged over 18)	Method updated in September 2016 to match published PHOF figures now using results from Annual Population Survey (previously Integrated Household Survey)
GP recorded smoking prevalence (% of people aged over 15)	Denominator for this measure was previously the QOF measure SMOK001 which has since been retired. Denominator is now the estimated 15+ list size.
Smoking attributable hospital admissions (rate per 100,000 population aged over 35)	For September 2016 dataset all values updated owing to updated published figures in latest tobacco profiles release
Smoking attributable deaths (rate per 100,000 population aged over 35)	
Alcohol attributable hospital admissions (narrow definition) (rate per 100,000 population)	Al figures updated, as of June 2016 the directly standardised rate per 100,000 population has been calculated using the revised European Standard Population 2013. The impact is that the rates for the "narrow" measure of alcohol related admissions are on average 5 per cent higher at LA level than they if the England mid-year estimate had been used.
Alcohol attributable deaths (men) (rate per 100,000 population)	All figures updated, the methodology was updated in 2014 to use new alcohol attributable fractions and the new European Standard Population, resulting in higher rates being shown than in previous versions of the Croydon Key Dataset. A slight methodological change has occurred since the Local Alcohol Profiles for England 2015 were released and so all figures for the September 2016 dataset have been updated accordingly.
Alcohol attributable deaths (women) (rate per 100,000 population)	
Excess weight in adults (% of adults aged over 16)	This indicator is now calculated from three years of APS data combined, rather than a single year as previously.

Health services

Indicator	Reason for revising data
Proportion of deaths at home (% of all deaths)	All previous data updated with final mortality data. 2015 data is provisional.
Patient reported improvement following hip replacement (average health gain)	Provision 2012/13 figures updated with final figures. In October 2015 small changes to suppression methodology of reports (namely removing the need for secondary suppression and suppressing 'child' counts only where the 'parent' count is less than or equal to 5).
Patient reported improvement following knee replacement (average health gain)	

Appendix 4: Main messages by Public Health Outcome Framework domain

Areas where Croydon is performing well
(Areas where Croydon's performance is relatively good)

0 Overarching indicators

- Life expectancy

1 Wider determinants of health	2 Health improvement
• Re-offences • Carbon dioxide emissions • Road casualties • School development at age 5 for those with free school meals • Gap in attainment at key stage 4 • NEET and school attainment at age 19 • Average earnings • JSA, ESA and IB claimants	• LAC emotional wellbeing • Breastfeeding • Smoking quitters • Hospital stays for self-harm • Bladder cancer incidence and cancer recording
3 Health protection	**4 Healthcare and premature mortality**
• Uptake of HIV testing	• DTOCs and emergency readmissions • Avoidable hospital admissions • Sight loss certifications • Residential and nursing care meeting support needs • Deaths from certain cancers

Challenges
(Areas where Croydon's performance needs to improve)

1 Wider determinants of health	2 Health improvement
• Housing and homelessness • Noise • Domestic Violence • Social care and isolation • Attainment at key stage 2 • Youth offending • Alcohol related crime • Fast food outlets • Stable accommodation for adults with learning disabilities	• Low birth weight • Childhood obesity • Use of other tobacco products at age 15 • Under 16 conceptions • Injuries due to falls in older people • Life satisfaction • Entering talking therapies • Feeling supported to manage long-term condition • NHS health check received • AAA screening

Challenges
(Areas where Croydon's performance needs to improve)

3 Health protection	4 Healthcare and premature mortality
• NHS organisations with a sustainable plan • Childhood immunisations • Deaths attributable to air pollution • Antenatal risk assessments • HIV prevalence and late stage presentation • Chlamydia and other STI diagnoses • TB incidence • PPV vaccination coverage	• Abortion rates • NHS sight tests • Diagnosis rate for dementia and COPD • Proportion of deaths at home • Patient experience of GP services and access to dental services • Emergency admissions for epilepsy • CVD complications in those with diabetes • Older people offered reablement services following hospital discharge

Areas of high need
(Areas where there are much higher levels of need in Croydon than other local authorities/CCGs)

1 Wider determinants of health	3 Health protection
• Population growth and turnover • Fertility • Primary school children eligible for free school meals • Looked after children • Unaccompanied asylum seeking children	
2 Health improvement	**4 Healthcare and premature mortality**
• GP recorded severe mental illness prevalence	

Appendix 5: Main messages by Joint Health and Wellbeing Strategy improvement areas

Areas where Croydon is performing well

(Areas where Croydon's performance is relatively good)

1) Giving our children a good start in life

- Breastfeeding
- LAC emotional wellbeing
- School development at age 5 for those with free school meals
- Gap in attainment at key stage 4
- NEET and school attainment at age 19

2) Preventing illness and injury and helping people recover

- Road casualties
- Uptake of HIV testing
- Smoking and alcohol related hospital admissions
- Hip fracture hospital admissions

3) Preventing premature death and long term health conditions

- Life expectancy
- Bladder cancer incidence and cancer recording
- Deaths from certain cancers
- Avoidable hospital admissions
- Sight loss certifications
- Hospital stays for self-harm
- Stroke and liver disease emergency admissions

4) Supporting people to be resilient and independent

- DTOCs
- Average earnings
- JSA, ESA and IB claimants
- Residential and nursing care meeting support needs

5) Providing integrated, safe, high quality services

- Avoidable hospital admissions and readmissions

6) Improving people's experience of care

Wider determinants of health

- Re-offences
- Carbon dioxide emissions

Challenges

(Areas where Croydon's performance needs to improve)

1) Giving our children a good start in life

- Low birth weight
- Childhood obesity
- Childhood immunisations
- Attainment at key stage 2
- Youth offending
- Use of other tobacco products at age 15
- Antenatal risk assessments

2) Preventing illness and injury and helping people recover

- Abortion rates
- Under 16 conceptions
- HIV prevalence and late stage presentation
- Chlamydia and other STI diagnoses
- TB incidence
- PPV vaccination coverage in older people
- Injuries due to falls in older people
- Alcohol related crime

3) Preventing premature death and long term health conditions

- NHS sight tests
- NHS health check received
- AAA screening
- COPD diagnosis
- Emergency admissions for epilepsy
- CVD complications in those with diabetes

4) Supporting people to be resilient and independent

- Housing and homelessness
- Social care and isolation
- Stable accommodation for adults with learning disabilities
- Life satisfaction
- Feeling supported to manage long-term condition
- Older people offered reablement services following hospital discharge

5) Providing integrated, safe, high quality services

- Diagnosis rate for dementia
- People entering talking therapies

6) Improving people's experience of care

- Proportion of deaths at home
- Patient experience of GP services and access to dental services

Wider determinants of health

- Noise
- Domestic Violence
- Fast food outlets
- NHS organisations with a sustainable plan
- Deaths attributable to air pollution

Areas of high need

(Areas where there are much higher levels of need in Croydon than other local authorities/CCGs)

1) Giving our children a good start in life	2) Preventing illness and injury and helping people recover
• Primary school children eligible for free school meals • Looked after children • Unaccompanied asylum seeking children	
3) Preventing premature death and long term health conditions	**4) Supporting people to be resilient and independent**
• GP recorded severe mental illness prevalence	
5) Providing integrated, safe, high quality services	**6) Improving people's experience of care**
Wider determinants of health	
• Population growth and turnover • Fertility	