

# Croydon Joint Strategic Needs Assessment

## Croydon Key Dataset 2015/16

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The data in this chapter was the most recent published data as at **4<sup>th</sup> August 2015**. 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 2015/16 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<sup>1</sup>:

- 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 278), 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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<sup>1</sup> 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 69 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.



**Example**

Indicator 138 shows the rate of hospital admissions for injuries in older people due to falls 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 139 shows the rate of hospital admissions for hip fracture in older people 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.

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
138 Injuries due to falls (rate per 100,000 population aged over 65)	2574	2197	2064		◀	◀
139 Admissions for hip fracture (rate per 100,000 population aged over 65)	524	530	580		▶	▶

**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 (4<sup>th</sup> August 2015) 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 2015/16 dataset**

It was agreed by the JSNA Steering Group that a full review of the indicators would not be carried out in 2015/16, but that the data for all indicators in the 2014/15 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 **X** being shown in an additional column on the right hand side of the page, and the data shown is the same as in the 2014/15 key dataset.

## Summary of the Croydon JSNA Key Dataset 2015/16

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) - (E): areas where Croydon's performance is relatively good;
- **Challenges** (F) - (M): areas where Croydon's performance needs to improve;
- **Emerging issues** (N) - (O): areas that will become challenges if current trends continue;
- **High need** (P) - (S): areas where Croydon has high need relative to the rest of England and need is increasing or staying the same;
- **Emerging needs** (T): 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 (T) can be used to further distinguish where indicators fit within each category (see Tables 1 and 2).

The **number** from 1 to 278 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
Performance (worst – best)	Better than England average	Best 25% LAs / CCGs	Statistically significant (green)			(D)	(C)	(A)	(E)
			Not statistically significant (white*)			No indicators	No indicators	No indicators	No indicators
		Middle 50% LAs / CCGs	Statistically significant (green)					(B)	
			Not statistically significant (yellow or white*)						
	Worse than England average	Middle 50% LAs / CCGs	Not statistically significant (yellow or white*)	(N)					
			Statistically significant (red)	No indicators	(O)				
		Worst 25% LAs / CCGs	Not statistically significant (white*)	(G)	(I)	(K)			(M)
			Statistically significant (red)	(F)	(H)	(J)			(L)

\* 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) - (E):** areas where Croydon's performance is relatively good;
- **Challenges (F) - (M):** areas where Croydon's performance needs to improve;
- **Emerging issues (N) - (O):** 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**

- 68 Gap in attainment at key stage 4 (age 16)
- 84 Hospital admissions caused by injuries in children
- 89 Emergency admissions for children with lower respiratory tract infections
- 121 Average earnings of employees
- 178 Deaths from oesophageal cancer
- 182 Deaths from colorectal cancer
- 238 Emergency admissions for alcohol related liver disease
- 239 Early deaths from liver disease
- 240 Early deaths from liver disease considered preventable
- 256 Alcohol attributable deaths (men)
- 265 Emergency admissions for acute conditions that should not require admission
- 266 Emergency admissions for chronic ambulatory care sensitive conditions

### (B)

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

**Trend: 1 year and 3 year trend consistently show improvement**

- 8 Households on local authority housing waiting lists
- 15 Average number of re-offences
- 90 Emergency admissions for asthma, diabetes and epilepsy in children
- 122 Overall employment rate
- 148 Life expectancy at birth (women)
- 149 Life expectancy at age 75 (men)
- 164 Potential years of life lost from causes considered amenable to healthcare
- 173 Incidence of all cancers
- 244 Smoking quitters
- 246 Smoking attributable deaths

### (C)

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

**Trend: Either 1 year or 3 year trend shows improvement**

- 27 Killed or seriously injured casualties on roads
- 94 Breastfeeding initiation within 48 hours
- 95 Breastfeeding prevalence at 6-8 weeks
- 110 Chlamydia screening coverage

## Areas where Croydon is performing well (continued)

(D)

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

**Trend: Does not consistently show improvement or deterioration**

- 21 Carbon dioxide emissions within the scope of local authorities
- 93 Smoking during pregnancy
- 119 16-18 year olds not in education, employment or training
- 174 Early deaths from cancer
- 194 Incidence of bladder cancer
- 271 Incidence of C difficile

(E)

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

**Trend: No trend data available**

- 80 Use of e-cigarettes at age 15
- 215 Emergency readmissions within 30 days of discharge for mental health
- 222 Abdominal aortic aneurysm screening
- 230 People with stroke followed up between 4 and 8 months of initial admission

## Challenges

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

(F)

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

**Trend: 1 year and 3 year trend consistently show deterioration**

- 16 Violence against the person offences
- 70 First-time entrants to the youth justice system
- 86 Hospital admissions for children for mental health conditions
- 98 Under 18 conceptions
- 103 Repeat abortions for women of all ages
- 106 Hospital admissions for ectopic pregnancy
- 137 PPV vaccination coverage for older people
- 138 Injuries due to falls in older people
- 187 Breast screening rate
- 210 Diagnosis rate for dementia
- 225 Emergency admissions for stroke
- 235 Diagnosis rate for COPD
- 248 Drug offences
- 263 Adults who cycle at least once a month
- 264 Proportion of deaths at home

## Challenges (continued)

### (G)

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

**Trend: 1 year and 3 year trend consistently show deterioration**

- 20 NHS organisations with a board approved sustainable development management plan

### (H)

**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
- 65 Attainment at key stage 2 (age 11)
- 91 Children accessing NHS dentistry
- 92 Antenatal risk assessments before 13 weeks
- 109 Persons presenting with HIV at a late stage of infection
- 111 Chlamydia diagnoses for young people aged 15-24
- 125 Job seekers allowance claimants
- 132 Adults with a learning disability who live in stable and appropriate accommodation
- 162 Self-reported anxiety
- 202 People with newly diagnosed diabetes referred to structured education
- 204 Myocardial infarction/stroke/stage 5 kidney disease in diabetes
- 252 Alcohol related recorded crimes

### (I)

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

**Trend: Either 1 year or 3 year trend shows deterioration**

- 25 Night-time road, rail and air transport noise
- 198 People feeling supported to manage their long-term condition
- 272 Patient reported improvement following hip replacement
- 273 Patient reported improvement following knee replacement

## Challenges (continued)

### (J)

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

**Trend: Does not consistently show improvement or deterioration**

- 10 Homelessness acceptances
- 13 Total police recorded crime
- 23 Complaints about noise
- 31 Clients receiving direct payments
- 58 DTaP / IPV booster vaccination at 5 years
- 59 MMR vaccination two doses at 5 years
- 60 HPV vaccination for girls aged 12-13 years
- 61 Children achieving a good level of development at age 5
- 101 Abortion rate
- 102 Repeat abortions for women aged under 25
- 107 HIV prevalence
- 112 Chlamydia diagnoses for people aged 25 and over
- 113 Gonorrhoea diagnoses
- 124 Job seekers allowance claimants
- 167 New cases of tuberculosis
- 251 Successful completion of drug treatment (non-opiate users)
- 259 Fast food outlets

### (K)

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

**Trend: Does not consistently show improvement or deterioration**

- 24 Daytime road, rail and air transport noise

### (L)

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

**Trend: No trend data available**

- 7 Overcrowded housing
- 42 Overall satisfaction of carers with social services
- 43 Carers who report being included or consulted in discussions
- 44 Carers who find it easy to find information about services
- 81 Use of other tobacco products including shisha at age 15
- 96 Newborn hearing screening coverage
- 216 Emergency admissions for epilepsy
- 218 NHS sight tests
- 275 Received an NHS health check

### (M)

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

**Trend: No trend data available**

- 169 Spend on cancers and tumours

## Emerging issues

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

### (N)

**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**

- 99 Under 16 conceptions
- 123 Overall employment rate
- 153 Disability-free life expectancy at birth (men)
- 180 Deaths from stomach cancer
- 205 Deaths from diabetes
- 224 Early deaths from cardiovascular diseases considered preventable

### (O)

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

**Trend: Either 1 year or 3 year trend shows deterioration**

- 19 Domestic abuse incidents recorded by the police
- 78 Children travelling to school by public transport, cycling or walking
- 104 GP prescribed long acting reversible contraception

## 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)					
				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)	No trend data
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)	(Q)	No indicators				
		Highest 25% LAs / CCGs	Not statistically significant (white*)	No indicators	No indicators	No indicators			(T)
			Statistically significant (red)	(P)	(R)	(S)			No indicators

\* 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 (P) - (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 (T):** 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.

### (P)

**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
- 46 Primary school children known to be eligible for free school meals

### (Q)

**Need: Significantly higher than England and in middle 50% of LA/CCGs**

**Trend: 1 year and 3 year trend consistently show increase**

- 47 Secondary school children known to be eligible for free school meals

### (R)

**Need: Significantly higher than England and in highest 25% of LA/CCGs**

**Trend: Either 1 year or 3 year trend shows increase**

- 88 Children with autistic spectrum disorder known to schools
- 97 Lone parent benefit claimants
- 213 GP recorded severe mental illness prevalence

### (S)

**Need: Significantly higher than England and in highest 25% of LA/CCGs**

**Trend: Does not consistently show increase or decrease**

- 72 Looked after children
- 73 Unaccompanied asylum seeking children

### (T)

**Need: Cannot calculate statistical significance and in highest 25% of LA/CCGs**

**Trend: No trend data available**

- 1 Projected change in population size

## 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 2015/16

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
<b>Community life</b>										
Population growth and migration	1 Projected change in population size (% change in next 5 years based on ONS projections)	5.4%	6.1%	3.5%		no data	no data	2014 - 19	n/a	✗
	2 Total fertility rate (children per woman)	2.01	1.71	1.83		◀	◀	2014	n/a	✓
	3 Population turnover (rate per 1,000 population)	130	184	116		◀	◀	2014	n/a	✓
	4 International migrants identified on GP register (rate per 1,000 population)	15.5	25.1	10.9		▶	—	Mid 2012 - Mid 2013	n/a	✓
Deprivation	5 Index of multiple deprivation (score)	22.8	25.2	21.5		no data	◀	2010	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)	8.3	9.9	6.5		—	—	2013	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)	33.5	72.2	60.2		▶	▶	2014	n/a	✓
	9 Fuel poverty (% of households)	9.9%	9.8%	10.4%		◀	no data	2013	PHOF	✓

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)	5.8	5.1	2.4		◀	▶	2014/15	PHOF	✓
	11 Households in temporary accommodation (rate per 1,000 households)	18.2	14.0	2.8		—	◀	2014/15	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	83.7	62.3		—	—	2014/15	n/a	✓
	14 Adult re-offending (% re-offending within 12 months)	25.9%	25.1%	25.2%		—	▶	Oct 2012 to Sep 2013	PHOF	✓
	15 Average number of re-offences (number per offender)	0.78	0.76	0.81		▶	▶	Oct 2012 to Sep 2013	PHOF	✓
See also <i>Youth Offending in Early Life</i> section, <i>246 Drug offences</i> and <i>250 Alcohol related recorded crimes</i>										
Violence	16 Violence against the person offences (rate per 1,000 population)	20.3	19.3	13.5		◀	◀	2014/15	PHOF	✓
	17 Sexual violence offences (rate per 1,000 population)	1.84	1.73	1.54		▶	▶	2014/15	PHOF	✓
	18 Emergency admissions for violence (rate per 100,000 population)	52.1	51.3	52.4		—	no data	2011/12 - 13/14	PHOF	✓
	19 Domestic abuse incidents recorded by the police (rate per 100,000 population aged over 18)	20.0	20.0	19.4		◀	—	2013/14	PHOF	✓
<i>19 Domestic abuse incidents recorded by the police</i> is affected by a degree of under-reporting of these incidents. Trend data may reflect changes in recording practices.										

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 board approved sustainable development management plan (% of organisations)	20%	39%	42%		◀	◀	2013/14	PHOF	✓
	21 Carbon dioxide emissions within the scope of influence of local authorities (tonnes per resident)	4.2	5.1	6.0		—	—	2012	n/a	✓
	22 Household waste recycling (% sent for reuse, recycling or composting)	42.2%	33.9%	43.5%		◀	▶	2013/14	n/a	✓
Noise	23 Complaints about noise (rate per 1,000 population)	11.0	17.4	7.4		—	—	2013/14	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)	5.9%	6.6%	5.1%		▶	no data	2012	PHOF	✗
Road accidents	27 Killed or seriously injured casualties on roads (rate per 100,000 population)	25.9	32.7	39.7		▶	—	2011 - 13	PHOF	✓
See also <i>Injuries</i> in <i>Early Life</i> section										

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Social care	28 Social care-related quality of life (score)	18.7	18.5	19.0		▶	▶	2013/14	ASCOF	✓
See also <i>Quality of Life</i> in <i>Later Life</i> and <i>Long-Term Conditions</i> sections										
Social care	29 Clients who have control over their daily life (% of survey respondents)	74.9%	72.4%	76.8%		▶	no data	2013/14	ASCOF	✓
	30 Clients receiving self-directed support (% of people using social care)	70.0%	67.5%	61.9%		◀	▶	2013/14	ASCOF	✓
	31 Clients receiving direct payments (% of people using social care)	10.4%	22.6%	19.1%		—	no data	2013/14	ASCOF	✓
	32 Social isolation (% of survey respondents who had as much social contact as they would like)	44.3%	40.7%	44.5%		▶	◀	2013/14	ASCOF, PHOF	✓
	33 Delayed transfers of care from hospital (rate per 100,000 population)	5.2	6.8	9.6		◀	no data	2013/14	ASCOF	✓
	34 Delayed transfers of care from hospital attributable to adult social care (rate per 100,000 population)	1.4	2.3	3.1		◀	no data	2013/14	ASCOF	✓
	35 Overall satisfaction of clients with their care and support (% satisfied of survey respondents)	57.9%	60.3%	64.8%		▶	no data	2013/14	ASCOF	✓
	36 Clients who find it easy to find information about services (score)	73.1%	72.8%	74.5%		—	no data	2013/14	ASCOF	✓
	37 Clients who say they feel as safe as they want (% of survey respondents)	64.0%	62.8%	66.0%		▶	no data	2013/14	ASCOF	✓
	38 Clients who say services have made them feel safe and secure (% of survey respondents)	71.0%	76.8%	79.1%		▶	no data	2013/14	ASCOF	✓
See also <i>Social Care</i> in <i>Working Life</i> and <i>Later Life</i> sections										

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Carers	39 Carer reported quality of life (score)	7.7	7.7	8.1		no data	no data	2012/13	ASCOF, NHSOF	✓
	40 Health-related quality of life for carers (score)	0.80	0.81	0.80		◀	no data	2013/14	CCGOIS, NHSOF	✓
	41 Isolation in adult carers (% of survey respondents who had as much social contact as they would like)	41.4%	36.5%	41.3%		no data	no data	2012/13	ASCOF, PHOF	✗
	42 Overall satisfaction of carers with social services (% satisfied of survey respondents)	29.2%	35.2%	42.7%		no data	no data	2012/13	ASCOF	✗
	43 Carers who report being included or consulted in discussions (% of survey respondents)	63.4%	65.9%	72.9%		no data	no data	2012/13	ASCOF	✗
	44 Carers who find it easy to find information about services (score)	60.6	63.8	68.7		no data	no data	2012/13	ASCOF	✗

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
<b>Early life</b>										
See also <i>Teenage Pregnancy</i> in <i>Family Life</i> section										
Poverty	45 Children in poverty (% of children aged under 16)	23.0%	23.7%	19.2%		—	—	2012	PHOF	✓
	46 School children known to be eligible for free school meals (% of primary school pupils)	22.0%	18.5%	15.6%		◀	◀	Jan 2015	n/a	✓
	47 School children known to be eligible for free school meals (% of secondary school pupils)	18.1%	19.6%	13.9%		◀	◀	Jan 2015	n/a	✓
Low birth weight	48 Low birth weight of all babies (% under 2500 grams)	8.3%	7.9%	7.3%		▶	▶	2013	n/a	✓
	49 Low birth weight of term babies (% under 2500 grams)	3.1%	3.1%	2.8%		—	—	2012	PHOF	✓
Infant and child mortality	50 Perinatal mortality (rate per 1,000 total births)	7.2	7.6	7.1		▶	▶	2011 - 13	NHSOF	✓
	51 Neonatal mortality (rate per 1,000 live births)	2.4	2.7	2.9		◀	▶	2011 - 13	NHSOF	✓
	52 Infant mortality (rate per 1,000 live births)	4.0	3.8	4.0		◀	▶	2011 - 13	NHSOF, PHOF	✓
	53 Child mortality (rate per 100,000 children aged 1-17 years)	11.4	12.2	11.9		◀	no data	2011 - 13	n/a	✓
See also <i>Maternal and Child Health</i> in <i>Family Life</i> section										

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Immunisation	54 DTaP / IPV / Hib vaccination coverage (1 year old)	91.7%	89.8%	94.3%		▶	▶	2013/14	PHOF	✓
	55 Hib / MenC booster vaccination coverage (2 years old)	87.7%	86.8%	92.5%		▶	—	2013/14	PHOF	✓
	56 PCV booster vaccination coverage (2 years old)	88.9%	86.3%	92.4%		▶	▶	2013/14	PHOF	✓
	57 MMR vaccination coverage for one dose (2 years old)	88.9%	87.5%	92.7%		▶	▶	2013/14	PHOF	✓
	58 DTaP / IPV booster vaccination coverage (5 years old)	78.1%	79.3%	88.8%		▶	◀	2013/14	n/a	✓
	59 MMR vaccination coverage for two doses (5 years old)	76.9%	80.7%	88.3%		▶	◀	2013/14	PHOF	✓
	60 HPV vaccination coverage (girls aged 12-13 years old)	76.4%	80.0%	86.7%		—	—	2013/14	PHOF	✓
School readiness	61 Children achieving a good level of development at age 5 (% of pupils)	56.5%	62.2%	60.4%		—	no data	2013/14	PHOF	✓
	62 Children eligible for free school meals (FSM) achieving a good level of development at age 5 (% of pupils)	47.7%	52.3%	44.8%		▶	no data	2013/14	PHOF	✓
	63 Children achieving the expected level in the phonics screening check at age 6 (% of pupils)	75.3%	77.4%	74.2%		◀	no data	2013/14	PHOF	✓
	64 Children eligible for FSM achieving the expected level in the phonics screening check at age 6 (% of pupils)	63.4%	68.6%	61.3%		◀	no data	2013/14	PHOF	✓

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
School attainment	65 Attainment at key stage 2 (age 11) (% achieving level 4 in reading, writing and mathematics)	75%	82%	79%		◀	no data	2014	n/a	✓
	66 Gap in attainment at key stage 2 (age 11) (between pupils receiving free school meals and the rest)	18%	13%	18%		—	no data	2014	n/a	✓
	67 Attainment at key stage 4 (age 16) (% achieving 5+ GCSEs at grades A*-C including English and Maths)	56.8%	61.5%	53.4%		◀	—	2013/14	n/a	✓
	68 Gap in attainment at key stage 4 (age 16) (between pupils receiving free school meals and the rest)	16.3%	19.1%	27.0%		▶	▶	2013/14	n/a	✓
See also <i>Education and Training</i> in <i>Working Age</i> section										
School absence	69 Pupil absence (% of half days missed)	4.29%	4.33%	4.51%		◀	—	2013/14	PHOF	✓
Youth offending	70 First-time entrants to the youth justice system (rate per 100,000 10-17 year olds)	580	426	409		◀	◀	2014	PHOF	✓
	71 Youth re-offending (% re-offending within 12 months)	45.2%	42.2%	37.2%		▶	▶	Oct 2012 to Sep 2013	PHOF	✓
See also <i>Crime</i> in <i>Community Life</i> section										
Looked after children	72 Looked after children (per 10,000 child population)	86	54	60		◀	▶	2014	n/a	✓
	73 Unaccompanied asylum seeking children (per 10,000 child population)	39.3	5.0	1.7		—	—	2014	n/a	✓
	74 Looked after children living in the same placement for at least 2 years (% of looked after children)	67%	68%	67%		◀	▶	2014	n/a	✓
	75 Emotional well-being of looked after children (score)	12.6	13.4	13.9		◀	◀	2013/14	PHOF	✓

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Healthy weight	76 Excess weight in 4-5 year olds (% of Reception Year pupils)	23.1%	23.1%	22.5%		▶	◀	2013/14	PHOF	✓
	77 Excess weight in 10-11 year olds (% of Year 6 pupils)	38.3%	37.6%	33.5%		—	▶	2013/14	PHOF	✓
See also <i>Healthy Weight</i> in <i>Healthy Lifestyles</i> section										
Physical activity	78 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 <i>78 Children travelling to school by public transport, cycling or walking</i> 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	79 Smoking prevalence at age 15 (% of survey respondents)	7.2%	6.1%	8.2%		no data	no data	2014/15	PHOF	NEW
	80 Use of e-cigarettes at age 15 (% of survey respondents)	0.9%	1.0%	2.7%		no data	no data	2014	n/a	NEW
	81 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	NEW
See also <i>Tobacco</i> in <i>Healthy Lifestyles</i> section										
Alcohol	82 Hospital admissions due to alcohol specific conditions (rate per 100,000 population aged under 18)	27.3	26.6	40.1		◀	—	2011/12 - 13/14	n/a	✓
See also <i>Alcohol</i> in <i>Healthy Lifestyles</i> section										
Drugs	83 Hospital admissions due to substance misuse (rate per 100,000 population aged 15-24)	78.1	65.2	81.3		◀	no data	2011/12 - 13/14	n/a	✓
See also <i>Drugs</i> in <i>Healthy Lifestyles</i> section										
Injuries	84 Hospital admissions caused by injuries in children (rate per 100,000 population aged under 15)	90.9	86.8	112.2		▶	▶	2013/14	PHOF	✓
	85 Hospital admissions caused by injuries in young people (rate per 100,000 population aged 15-24)	128.9	101.5	136.7		◀	◀	2013/14	PHOF	✓
See also <i>Road Accidents</i> in <i>Community Life</i> section and <i>Falls</i> in <i>Later Life</i> section										

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Mental health	86 Hospital admissions for mental health conditions (rate per 100,000 population aged under 18)	127.7	101.9	87.2		◀	◀	2013/14	n/a	✓
See also <i>Mental Health</i> in <i>Working Age</i> and <i>Long-Term Conditions</i> sections										
Learning disability	87 Learning difficulties known to schools (rate per 1,000 pupils)	24.9	27.0	34.1		—	—	2015	n/a	✓
	88 Autistic spectrum disorder known to schools (rate per 1,000 pupils)	13.1	11.7	10.9		—	◀	2015	n/a	✓
See also <i>Learning Disability</i> in <i>Working Age</i> section										
Avoidable hospital admissions	89 Emergency admissions for children with lower respiratory tract infections (rate per 100,000 aged under 19)	123	242	373		▶	▶	2013/14	CCGOIS, NHSOF	✓
	90 Emergency admissions for asthma, diabetes and epilepsy in children (rate per 100,000 population aged under 19)	271	268	311		▶	▶	2013/14	CCGOIS, NHSOF	✓
See also <i>Avoidable Hospital Admissions</i> in <i>Health Services</i> section										
Dental health	91 Children accessing NHS dentistry (% visiting a dentist in last 2 years)	62.0%	63.0%	69.4%		—	◀	Mar 2015	n/a	✓
See also <i>Dental Health</i> in <i>Health Services</i> section										

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
<b>Family life</b>										
See also <i>Carers</i> in <i>Community Life</i> section										
Maternal and child health	92 Antenatal risk assessments before 13 weeks (% of antenatal risk assessments)	69.0%	72.7%	83.0%		no data	◀	2014/15	CCGOIS	✓
	93 Smoking during pregnancy (% of mothers)	6.9%	4.9%	11.4%		—	—	2014/15	PHOF	✓
See also <i>Tobacco</i> in <i>Healthy Lifestyles</i> section										
Maternal and child health	94 Breastfeeding initiation within 48 hours (% of mothers)	87.2%	86.0%	74.3%		—	▶	2014/15	PHOF	✓
	95 Breastfeeding prevalence at 6-8 weeks from birth (% of infants)	68.4%	53.9%	43.8%		—	▶	2014/15	PHOF	✓
	96 Newborn hearing screening coverage (% of eligible babies who were screened)	92.7%	98.2%	98.5%		no data	no data	2013/14	PHOF	NEW
See also <i>Infant and Child Mortality</i> in <i>Early Life</i> section										
Lone parent families	97 Lone parent benefit claimants (% of working population)	1.6%	1.2%	1.1%		◀	—	Nov 2014	n/a	✓
Teenage pregnancy	98 Under 18 conceptions (rate per 1,000 girls aged 15-17)	32.5	21.8	24.3		◀	◀	2013	PHOF	✓
	99 Under 16 conceptions (rate per 1,000 girls aged 13-15)	6.5	4.8	5.5		◀	◀	2011 - 13	n/a	✓

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Abortions	100 Access to NHS funded abortions (% of NHS funded abortions before 10 weeks gestation)	82.9%	83.7%	80.4%		◀	◀	2014	n/a	✓
	101 Abortion rate (per 1,000 women aged 15-44)	25.7	20.9	16.0		—	no data	2014	n/a	✓
	102 Repeat abortions (ages under 25) (% of abortions)	36.5%	32.3%	27.0%		—	—	2014	n/a	✓
	103 Repeat abortions (all ages) (% of abortions)	49.0%	41.9%	37.6%		◀	◀	2014	n/a	✓
Reproductive health	104 GP prescribed long acting reversible contraception (LARC) (rate per 1,000 women aged 15-44)	39.6	25.1	52.7		◀	no data	2013	n/a	✓
	105 Pelvic inflammatory disease (PID) admissions (rate per 100,000 women aged 15-44)	301	203	236		▶	▶	2013/14	n/a	✓
	106 Ectopic pregnancy admissions (rate per 100,000 women aged 15-44)	138	115	90		◀	◀	2013/14	n/a	✓

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
HIV	107 HIV prevalence (rate per 1,000 people aged 15-59)	5.1	5.7	2.1		—	—	2013	n/a	✓
	108 Uptake of HIV testing in GUM clinics (% of tests offered)	87.1%	83.7%	77.5%		◀	—	2014	n/a	✓
	109 Persons presenting with HIV at a late stage of infection (% of new diagnoses of HIV)	56.8%	40.5%	45.0%		◀	no data	2011 - 13	PHOF	✓
Chlamydia	110 Chlamydia screening coverage (% of people aged 15-24 screened)	28.0%	27.9%	23.9%		▶	no data	2014	n/a	✓
	111 Chlamydia diagnoses (ages 15-24) (rate per 100,000 population)	2739	2178	2012		◀	no data	2014	PHOF	✓
111 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.										
Chlamydia	112 Chlamydia diagnoses (ages 25 and over) (rate per 100,000 population)	272.1	377.2	173.2		—	no data	2014	n/a	✓
Other sexually transmitted infections	113 Gonorrhoea diagnoses at GUM clinics (rate per 100,000 population)	152.1	190.5	63.3		—	—	2014	n/a	✓
	114 Syphilis diagnoses at GUM clinics (rate per 100,000 population)	10.5	27.4	7.8		▶	—	2014	n/a	✓
	115 Genital herpes diagnoses at GUM clinics (rate per 100,000 population)	61.7	88.1	57.8		▶	▶	2014	n/a	✓
	116 Genital warts diagnoses at GUM clinics (rate per 100,000 population)	127.2	161.3	128.4		◀	◀	2014	n/a	✓

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
<b>Working age</b>										
See also <i>Healthy Lifestyles</i> section under <i>Healthy Life</i>										
Education and training	117 People with no qualifications (estimated % of people aged 16-64)	7.0%	7.8%	8.6%		◀	—	2014	n/a	✓
	118 Qualified to degree level or equivalent (estimated % of people aged 16-64)	40.7%	49.1%	35.7%		◀	—	2014	n/a	✓
	119 16-18 year olds not in education, employment or training (% of 16-18 year olds)	3.3%	3.4%	4.7%		◀	▶	2014	PHOF	✓
	120 19 year olds attaining 2 A-levels or equivalent (% of 19 year olds)	64%	64%	57%		—	▶	2014	n/a	✓
See also <i>School Attainment</i> in <i>Early Life</i> section										
Income	121 Average earnings of employees (£ per week)	£593	£618	£524		▶	▶	2014	n/a	✓
Employment	122 Overall employment rate (estimated % of men aged 16-64)	83.7%	79.1%	78.2%		▶	▶	2014/15	n/a	✓
	123 Overall employment rate (estimated % of women aged 16-64)	63.8%	64.4%	67.6%		◀	◀	2014/15	n/a	✓
	124 Job seekers allowance claimants (% of people aged 16-64)	1.9%	1.9%	1.7%		◀	▶	June 2015	n/a	✓
	125 Job seekers allowance claimants (% of people aged 18-24)	2.9%	2.4%	2.3%		◀	—	Jun 2015	n/a	✓
	126 Key out-of-work benefit claimants (% of people aged 16-64)	9.4%	9.1%	9.4%		—	▶	Nov 2014	n/a	✓

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Disability	127 Employment support allowance and incapacity benefit claimants (% of people aged 16-64)	5.5%	5.5%	6.0%		—	◀	Nov 2014	n/a	✓
Mental health	128 Adults in contact with secondary mental health services in paid employment (%)	5.7%	5.4%	7.0%		◀	—	2013/14	ASCOF, CCGOIS, NHSOF, PHOF	✓
	129 Adults in contact with secondary mental health services who live in stable and appropriate accommodation (%)	71.0%	78.6%	60.8%		◀	▶	2013/14	ASCOF, PHOF	✓
See also <i>Mental Health</i> in <i>Early Life</i> and <i>Long-Term Conditions</i> sections										
Learning disability	130 GP recorded learning disability prevalence (% of people aged over 18)	0.53%	0.36%	0.48%		—	▶	2013/14	n/a	✓
	131 Adults with a learning disability in paid employment (%)	5.6%	8.8%	6.7%		▶	◀	2013/14	ASCOF, NHSOF, PHOF	✓
	132 Adults with a learning disability who live in stable and appropriate accommodation (%)	66.2%	68.6%	74.9%		—	◀	2013/14	ASCOF, PHOF	✓
See also <i>Learning Disability</i> in <i>Early Life</i> section										
Vaccination	133 Flu vaccination coverage (at-risk individuals aged 6 months to 64 years)	47.5%	49.8%	50.3%		▶	▶	2014/15	PHOF	✓
See also <i>Vaccination</i> in <i>Later Life</i> section										
Social care	134 Permanent admissions of adults aged 18 to 64 to care homes (rate per 100,000 population aged 18-64)	7.7	10.2	14.4		◀	—	2013/14	ASCOF	✓
See also <i>Social Care</i> in <i>Community Life</i> and <i>Later Life</i> sections										

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
<b>Later life</b>										
See also <i>Long-Term Conditions</i> section under <i>Healthy Life</i>										
Poverty	135 Older people in poverty (% of people aged over 60)	20.6%	27.0%	20.6%		no data	◀	2010	n/a	✗
See also <i>9 Fuel poverty</i>										
Vaccination	136 Flu vaccination coverage (ages over 65)	65.9%	69.2%	72.7%		▶	—	2014/15	PHOF	✓
	137 PPV vaccination coverage (ages over 65)	61.7%	63.6%	68.9%		◀	◀	2013/14	PHOF	✓
See also <i>Vaccination</i> in <i>Working Age</i> section										
Falls	138 Injuries due to falls (rate per 100,000 population aged over 65)	2574	2197	2064		◀	◀	2013/14	PHOF	✓
See also <i>Injuries</i> in <i>Early Life</i> section										
Hip fracture	139 Admissions for hip fracture (rate per 100,000 population aged over 65)	524	530	580		▶	▶	2013/14	CCGOIS, PHOF	✓
	140 Patients receiving collaborative orthogeriatric care (% of patients with hip fracture)	98.0%	94.3%	93.6%		no data	no data	2013	CCGOIS	NEW
	141 Patients receiving timely surgery (% of patients with hip fracture)	74.0%	73.2%	74.9%		no data	no data	2013	CCGOIS	NEW
	142 Patients receiving multifactorial falls risk assessment (% of patients with hip fracture)	99.6%	99.1%	96.9%		no data	no data	2013	CCGOIS	NEW

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Quality of life	143 Health related quality of life for older people (score)	0.73	0.72	0.73		—	no data	2012/13	PHOF	NEW
See also 28 <i>Social care-related quality of life</i> and <i>Quality of Life in Long-Term Conditions</i> section										
Social care	144 Permanent admissions of older people to care homes (rate per 100,000 population aged over 65)	421	454	651		◀	—	2013/14	ASCOF	✓
	145 Older people still at home 91 days after discharge from hospital into reablement/rehabilitation services (%)	85.2%	88.1%	82.5%		◀	▶	2013/14	ASCOF, NHSOF	✓
	146 Older people who were offered reablement services after discharge from hospital (%)	2.2%	5.0%	3.3%		—	no data	2013/14	ASCOF, NHSOF	✓
See also <i>Social Care</i> and <i>Carers in Community Life</i> section, and <i>Social Care</i> in <i>Working Age</i> section										

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
<b>Healthy life</b>										
Life expectancy	147 Life expectancy at birth (men) in years	80.0	80.0	79.4		▶	—	2011 - 13	PHOF	✓
	148 Life expectancy at birth (women) in years	83.5	84.1	83.1		▶	▶	2011 - 13	PHOF	✓
	149 Life expectancy at age 75 (men) in years	12.0	12.1	11.5		▶	▶	2011 - 13	NHSOF	✓
	150 Life expectancy at age 75 (women) in years	13.5	14.0	13.3		▶	▶	2011 - 13	NHSOF	✓
Healthy life expectancy	151 Healthy life expectancy at birth (men) in years	63.2	63.4	63.3		—	no data	2011 - 13	PHOF	✓
	152 Healthy life expectancy at birth (women) in years	62.3	63.8	63.9		◀	no data	2011 - 13	PHOF	✓
Disability-free life expectancy	153 Disability-free life expectancy at birth (men) in years	63.2	64.5	63.9		◀	◀	2009 - 11	n/a	✗
	154 Disability-free life expectancy at birth (women) in years	68.1	65.2	64.4		—	◀	2009 - 11	n/a	✗
Inequality between areas of deprivation	155 Inequality in life expectancy between areas of deprivation (men) in years	9.1	7.1	8.4		—	—	2011 - 13	PHOF	✓
	156 Inequality in life expectancy between areas of deprivation (women) in years	7.7	4.9	6.2		—	—	2011 - 13	PHOF	✓
Inequality between socio-economic classes	157 Inequality in health status between socio-economic classes (men)	17.2	20.2	17.3		no data	no data	2011	n/a	✗
	158 Inequality in health status between socio-economic classes (women)	18.2	20.2	18.0		no data	no data	2011	n/a	✗

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Self-reported well-being	159 Self-reported life satisfaction (mean score, estimated from a survey sample)	7.38	7.37	7.49		▶	no data	2013/14	PHOF	✓
	160 Self-reported worthwhile (mean score, estimated from a survey sample)	7.62	7.64	7.73		▶	no data	2013/14	PHOF	✓
	161 Self-reported happiness (mean score, estimated from a survey sample)	7.31	7.32	7.37		▶	no data	2013/14	PHOF	✓
	162 Self-reported anxiety (mean score, estimated from a survey sample)	3.39	3.18	2.94		◀	no data	2013/14	PHOF	✓
Avoidable deaths	163 Deaths from causes considered preventable by public health interventions (rate per 100,000 population)	174	172	184		—	◀	2011 - 13	PHOF	✓
	164 Potential years of life lost from causes considered amenable to healthcare (per 100,000 population)	1971	1908	2027		▶	▶	2013	CCGOIS, NHSOF	✓
Seasonal mortality	165 Excess winter deaths (expressed as % of deaths during non-winter months)	15.0%	18.0%	17.4%		—	▶	Aug 2010 - Jul 2013	PHOF	✓
Deaths from individual diseases are shown in the section on the specific disease. See also <i>Road Accidents</i> in the <i>Community Life</i> section and <i>Infant and Child Mortality</i> in the <i>Early Life</i> section.										
Infectious diseases	166 Deaths from communicable diseases (rate per 100,000 population)	70.1	64.1	62.2		▶	▶	2011 - 13	PHOF	✓
See also <i>Family Life</i> section for sexually transmitted infections, and <i>Vaccination in Working Age</i> and <i>Later Life</i> sections										
Tuberculosis	167 New cases of tuberculosis (rate per 100,000 population)	32.6	39.6	14.8		—	—	2011 - 13	PHOF	✓
	168 Treatment for drug sensitive tuberculosis (% completing treatment)	85.0%	85.9%	83.3%		—	◀	2012	PHOF	✗

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
All cancers	169 CCG spend per head on cancers and tumours	£40	£47	£50		no data	no data	2013/14	n/a	✓
	170 Two week wait cancer GP referrals (rate per 100,000 population)	2294	1821	2399		◀	no data	2013/14	n/a	✓
	171 Stage of cancer recorded at diagnosis (% of new cancer cases)	71.4%	68.2%	70.8%		▶	no data	2013	CCGOIS	NEW
	172 Cancers detected at stage 1 or 2 (% of new cancer cases of specified type)	45.7%	43.1%	45.7%		▶	no data	2013	CCGOIS, PHOF	NEW
	173 Incidence of all cancers (rate per 100,000 population)	558.3	551.3	586.3		▶	▶	2010 - 12	n/a	✓
	174 Early deaths from cancer (rate per 100,000 population aged under 75)	132.6	136.5	144.4		▶	◀	2011 - 13	CCGOIS, NHSOF, PHOF	✓
	175 Early deaths from cancer considered preventable (rate per 100,000 population aged under 75)	78.2	79.6	83.8		▶	◀	2011 - 13	NHSOF, PHOF	✓
	176 One year survival from all cancers (% of people aged 15-99)	68.3%	67.6%	67.7%		◀	◀	2011/12	CCGOIS, NHSOF	✗

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Oesophageal cancer	177 Incidence of oesophageal cancer (rate per 100,000 population)	14.7	12.3	15.1		▶	—	2010 - 12	n/a	✓
	178 Deaths from oesophageal cancer (rate per 100,000 population)	9.0	10.5	13.3		▶	▶	2011 - 13	n/a	✓
Stomach cancer	179 Incidence of stomach cancer (rate per 100,000 population)	11.2	11.9	12.4		—	—	2010 - 12	n/a	✓
	180 Deaths from stomach cancer (rate per 100,000 population)	9.1	8.0	8.1		◀	◀	2011 - 13	n/a	✓
Colorectal cancer	181 Incidence of colorectal cancer (rate per 100,000 population)	72.5	68.0	77.2		◀	▶	2010 - 12	n/a	✓
	182 Deaths from colorectal cancer (rate per 100,000 population)	24.5	26.6	28.8		▶	▶	2011 - 13	n/a	✓
Lung cancer	183 Stage of lung cancer recorded at time of decision to treat (% of lung cancer cases)	95.7%	94.7%	92.7%		no data	no data	2013	CCGOIS	NEW
	184 Incidence of lung cancer (rate per 100,000 population)	66.7	72.2	76.0		◀	—	2010 - 12	n/a	✓
	185 Deaths from lung cancer (rate per 100,000 population)	53.1	59.0	60.2		◀	◀	2011 - 13	n/a	✓
Skin cancer	186 Incidence of all skin cancers (rate per 100,000 population)	171	135	206		◀	—	2010 - 12	n/a	✓

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Breast cancer	187 Breast screening rate (% of women aged 53-70)	66.7%	68.9%	75.9%		◀	◀	2014	PHOF	✓
	188 Incidence of breast cancer (rate per 100,000 population)	156	155	164		▶	◀	2010 - 12	n/a	✓
	189 Deaths from breast cancer (rate per 100,000 population)	33.9	35.2	36.2		▶	◀	2011 - 13	CCGOIS	✓
Cervical cancer	190 Cervical screening rate (% of eligible women aged 25-64)	72.5%	70.3%	74.2%		▶	▶	2014	PHOF	✓
	191 Incidence of cervical cancer (rate per 100,000 population)	8.4	7.9	9.2		◀	◀	2010 - 12	n/a	✓
Prostate cancer	192 Incidence of prostate cancer (rate per 100,000 population)	178	175	174		▶	▶	2010 - 12	n/a	✓
	193 Deaths from prostate cancer (rate per 100,000 population)	48.3	45.0	49.1		▶	◀	2011 - 13	n/a	✓
Bladder cancer	194 Incidence of bladder cancer (rate per 100,000 population)	16.0	18.2	19.3		◀	▶	2010 - 12	n/a	✓
	195 Deaths from bladder cancer (rate per 100,000 population)	7.3	8.2	9.0		▶	▶	2011 - 13	n/a	✓
Leukaemia	196 Deaths from leukaemia (rate per 100,000 population)	9.6	8.7	8.4		◀	▶	2011 - 13	n/a	✓

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
<b>▪ Long-term conditions</b>										
Quality of life	197 Health-related quality of life for people with long-term conditions (score)	0.75	0.75	0.74		◀	no data	2013/14	CCGOIS, NHSOF	✓
	198 People feeling supported to manage their long-term condition (% of survey respondents)	59.2%	59.7%	65.1%		◀	no data	2013/14	CCGOIS, NHSOF	✓
See also 28 Social care-related quality of life, 40 Health-related quality of life for carers, Quality of Life in Later Life section, and 207 Health-related quality of life in patients with a long-term mental health condition										
Diabetes	199 CCG spend per head on endocrine, nutritional and metabolic problems	£41	£44	£42		no data	no data	2013/14	n/a	✓
	200 GP recorded diabetes prevalence (% of adults aged over 17)	6.5%	6.0%	6.2%		▶	◀	2013/14	PHOF	✓
	201 Access to diabetic retinopathy screening (attended screening as % of those offered screening)	87.9%	77.0%	79.1%		◀	no data	2012/13	PHOF	✓
	202 Referred to structured education (% of people with diabetes diagnosed less than one year)	3.2%	16.7%	19.1%		◀	no data	2012/13	CCGOIS	✓
	203 Complications associated with diabetes (standardised ratio, England = 100)	90	90	100		—	no data	2012/13	CCGOIS	✓
	204 Myocardial infarction/stroke/stage 5 kidney disease in diabetes (standardised ratio, England = 100)	126	108	100		◀	no data	2012/13	CCGOIS	✓
	205 Deaths from diabetes (rate per 100,000 population)	11.0	9.5	9.7		◀	◀	2011 - 13	n/a	✓

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Mental health	206 CCG spend per head on mental health	£136	£158	£146		no data	no data	2013/14	n/a	✓
	207 Health-related quality of life in patients with a long-term mental health condition (score)	0.54	0.52	0.53		no data	no data	2013/14	CCGOIS	NEW
See also 197 Health-related quality of life for people with long-term conditions										
Mental health	208 People entering talking therapies (as % of people estimated to have anxiety or depression)	4.4%	10.0%	11.1%		▶	no data	2013/14	n/a	✓
	209 Recovery following talking therapies (% of people moving to recovery after receiving treatment)	43.7%	41.3%	45.0%		▶	no data	2013/14	CCGOIS	✓
	210 Diagnosis rate for dementia (% of estimated true prevalence of dementia)	51.8%	65.8%	60.8%		◀	◀	2014/15	CCGOIS, NHSOF, PHOF	✓
	211 Hospital stays for self-harm (rate per 100,000 population)	171.9	106.8	203.2		◀	◀	2013/14	PHOF	✓
	212 Suicide rate (rate per 100,000 population)	6.2	7.2	8.8		—	◀	2011 - 13	PHOF	✓
	213 GP recorded severe mental illness prevalence (% of people of all ages)	1.05%	1.05%	0.86%		—	◀	2013/14	n/a	✓
	214 Excess under 75 mortality in adults with serious mental illness (standardised mortality ratio)	326	304	347		◀	▶	2012/13	NHSOF, PHOF	✓
215 Emergency readmissions within 30 days of discharge for mental health (standardised ratio, England = 100)	52	100	100		no data	no data	2014	CCGOIS	NEW	
See also Mental Health in Early Life and Working Age sections										
Neurology	216 Emergency admissions for epilepsy (rate per 100,000 population aged over 18)	82.7	64.2	65.2		no data	no data	2012/13	n/a	✗

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Eye health	217 CCG spend per head on vision problems	£27	£26	£29		no data	no data	2013/14	n/a	✓
	218 NHS sight tests (rate per 100,000 population)	17647	18850	23276		no data	no data	2012/13	n/a	✗
	219 New sight loss certifications (rate per 100,000 population)	34.3	30.2	42.5		—	▶	2013/14	PHOF	✓
	220 Registered blind or partially sighted (rate per 100,000 population)	487	504	549		no data	—	2013/14	n/a	✓
All cardiovascular diseases	221 CCG spend per head on cardiovascular diseases	£77	£70	£77		no data	no data	2013/14	n/a	✓
	222 Abdominal aortic aneurysm screening (% of eligible men who had an initial offer of screening)	99.9%	99.6%	95.9%		no data	no data	2013/14	PHOF	NEW
	223 Early deaths from cardiovascular diseases (rate per 100,000 population aged under 75)	80.1	80.1	78.2		—	—	2011 - 13	CCGOIS, NHSOF, PHOF	✓
	224 Early deaths from cardiovascular diseases considered preventable (rate per 100,000 population age<75)	53.9	50.2	50.9		◀	◀	2011 - 13	NHSOF, PHOF	✓

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Stroke	225 Emergency admissions for stroke (rate per 100,000 population)	143.2	123.8	125.2		◀	◀	2012/13	n/a	✓
	226 Admitted to specialist unit within 4 hours of arrival to hospital (% of patients with stroke)	55.5%	62.1%	59.9%		no data	no data	2013/14	CCGOIS	NEW
	227 Patients who receive thrombolysis (% of people with acute stroke)	12.6%	16.1%	11.6%		no data	no data	2013/14	CCGOIS	NEW
	228 90% or more of stay spent on a stroke unit (% of people with acute stroke)	82.2%	86.4%	83.6%		no data	no data	2013/14	CCGOIS	NEW
	229 Discharged from hospital with a joint health and social care plan (% of people with stroke)	87.0%	90.0%	69.1%		no data	no data	2013/14	CCGOIS	NEW
	230 Followed up between 4 and 8 months of initial admission (% of people with stroke)	45.2%	10.4%	16.3%		no data	no data	2013/14	CCGOIS	NEW
	231 Emergency readmissions within 28 days of discharge for stroke (%)	11.0%	13.6%	11.7%		▶	—	2011/12	n/a	✗
	232 Mortality within 30 days of hospital admission for stroke (standardised ratio, England = 100)	90	95	100		no data	no data	2013/14	CCGOIS	NEW
	233 Early deaths from stroke (rate per 100,000 population aged under 75)	11.5	14.8	14.2		▶	▶	2011 - 13	n/a	✓

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Respiratory diseases	234 CCG spend per head on problems of the respiratory system	£69	£67	£71		no data	no data	2013/14	n/a	✓
	235 Diagnosis rate for COPD (% of estimated true prevalence of COPD)	33.6%	37.5%	61.3%		◀	◀	2013/14	n/a	✓
	236 Early deaths from respiratory diseases (rate per 100,000 population aged under 75)	34.8	31.9	33.2		▶	—	2011 - 13	CCGOIS, NHSOF, PHOF	✓
	237 Early deaths from respiratory diseases considered preventable (rate per 100,000 population aged under 75)	17.3	17.1	17.9		▶	▶	2011 - 13	NHSOF, PHOF	✓
Liver disease	238 Emergency admissions for alcohol related liver disease (rate per 100,000 population)	11.9	21.1	24.4		▶	▶	2013/14	CCGOIS	✓
	239 Early deaths from liver disease (rate per 100,000 population)	14.2	17.9	17.9		▶	▶	2011 - 13	CCGOIS, NHSOF, PHOF	✓
	240 Early deaths from liver disease considered preventable (rate per 100,000 population)	12.9	15.7	15.7		▶	▶	2011 - 13	NHSOF, PHOF	✓

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
<b>▪ Healthy lifestyles</b>										
See also <i>Family Life</i> section for sexual and reproductive health										
Tobacco	241 Estimated smoking prevalence (% of survey respondents aged over 18)	17.0%	17.3%	18.4%		◀	—	2013	PHOF	✓
	242 GP recorded smoking prevalence (% of people aged over 15)	18.1%	18.3%	19.1%		—	no data	2013/14	n/a	✓
	243 GP recorded smoking prevalence in people with long-term conditions (% of people with long-term conditions)	15.0%	15.9%	16.0%		—	—	2013/14	n/a	✓
	244 Smoking quitters (rate per 100,000 people aged over 16)	758	656	688		▶	▶	2013/14	n/a	✓
	245 Smoking attributable hospital admissions (rate per 100,000 population aged over 35)	1,508	1,606	1,645		—	◀	2013/14	n/a	✓
	246 Smoking attributable deaths (rate per 100,000 population aged over 35)	258	276	289		▶	▶	2011 - 13	n/a	✓
See also <i>Tobacco</i> in <i>Early Life</i> section, and <i>93 Smoking during pregnancy</i>										
Drugs	247 Opiate and/or crack cocaine users (estimated % of population aged 15-64)	0.78%	0.96%	0.84%		◀	no data	2011/12	n/a	✗
	248 Drug offences (rate per 1,000 population)	4.9	5.1	2.9		◀	◀	2014/15	n/a	✓
	249 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	NEW
	250 Successful completion of drug treatment (opiate users) (% of those in treatment)	8.8%	9.0%	7.8%		▶	◀	2013	PHOF	✓
	251 Successful completion of drug treatment (non-opiate users) (% of those in treatment)	23.8%	37.2%	37.7%		▶	◀	2013	PHOF	✓
See also <i>Drugs</i> in <i>Early Life</i> section										

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Alcohol	252 Alcohol related recorded crimes (rate per 1,000 population)	9.2	9.0	5.7		◀	—	2012/13	n/a	✗
	253 Alcohol attributable hospital admissions (narrow definition) (rate per 100,000 population)	527	541	645		—	◀	2013/14	PHOF	✓
	254 Alcohol attributable hospital admissions (broad definition) (rate per 100,000 population)	2100	2179	2111		▶	◀	2013/14	n/a	✓
	255 Emergency readmissions within 30 days of discharge for alcohol-specific admission (standardised ratio)	94.2	98.8	100.0		no data	no data	2011/12 - 13/14	CCGOIS	NEW
	256 Alcohol attributable deaths (men) (rate per 100,000 population)	50.24	56.98	65.43		▶	▶	2013	n/a	✓
	257 Alcohol attributable deaths (women) (rate per 100,000 population)	24.1	24.1	28.4		▶	▶	2013	n/a	✓

See also *Alcohol* in *Early Life* section

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
Healthy weight	258 Excess weight in adults (% of adults aged over 16)	62.1%	57.3%	63.8%		no data	no data	2012	PHOF	✗
	259 Fast food outlets (rate per 100,000 population)	119.5	103.6	80.2		no data	—	2013	n/a	✗
See also <i>Healthy Weight in Early Life</i> section										
Physical activity	260 Active adults (doing at least 150 minutes of physical activity per week) (% of adults aged over 16)	57.1%	57.8%	57.0%		—	no data	2014	PHOF	✓
	261 Inactive adults (doing less than 30 minutes of physical activity per week) (% of adults aged over 16)	25.6%	27.0%	27.7%		◀	no data	2014	PHOF	✓
	262 Walking (estimated % of adults who walk at least 3 times per week)	58.8%	64.0%	57.9%		◀	no data	2013/14	n/a	✓
	263 Cycling (estimated % of adults who cycle at least once a month)	6.8%	14.2%	15.0%		◀	◀	2013/14	n/a	✓
See also <i>Physical Activity in Early Life</i> section										

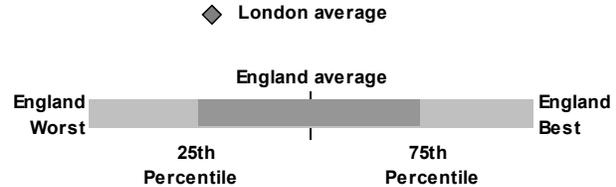
Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
<p>▪ <b>Health services</b></p> <p>For immunisations, see also <i>Immunisation</i> in <i>Early Life</i> section, <i>Vaccination</i> in <i>Working Age</i> section, and <i>Vaccination</i> in <i>Later Life</i> section</p> <p>For screening, see also <i>96 Newborn hearing screening coverage</i>, <i>110 Chlamydia screening coverage</i>, <i>187 Breast screening rate</i>, <i>190 Cervical screening rate</i>, <i>201 Access to diabetic retinopathy screening</i>, and <i>222 Abdominal aortic aneurysm screening</i></p>										
End of life care	264 Proportion of deaths at home (% of all deaths)	39.1%	37.2%	45.1%		◀	◀	2014	n/a	✓
Avoidable hospital admissions	265 Emergency admissions for acute conditions that should not require admission (rate per 100,000 population)	751	1052	1181		▶	▶	2013/14	CCGOIS, NHSOF	✓
	266 Emergency admissions for chronic ambulatory care sensitive conditions (rate per 100,000 population)	596	788	791		▶	▶	2013/14	CCGOIS, NHSOF	✓
See also <i>Avoidable Hospital Admissions</i> in <i>Early Life</i> section										
Patient experience	267 Experience of access to GP services (% positive responses to survey question)	71.8%	68.7%	73.3%		—	—	2014/15	NHSOF	✓
	268 Overall experience of GP services (% positive responses to survey question)	82.4%	80.1%	84.8%		—	—	2014/15	NHSOF	✓
	269 Overall experience of GP out of hours services (% positive responses to survey question)	60.6%	61.4%	68.6%		▶	▶	2014/15	CCGOIS, NHSOF	✓
Healthcare associated infection	270 Incidence of MRSA (rate per 100,000 population)	0.8	1.8	1.5		▶	▶	2014/15	CCGOIS, NHSOF	✓
	271 Incidence of C difficile (rate per 100,000 population)	14.5	20.2	26.3		—	—	2014/15	CCGOIS, NHSOF	✓
Patient reported outcomes for elective procedures	272 Patient reported improvement following hip replacement (average health gain)	0.37	0.42	0.42		◀	no data	2012/13	CCGOIS, NHSOF	✓
	273 Patient reported improvement following knee replacement (average health gain)	0.28	0.28	0.31		◀	no data	2012/13	CCGOIS, NHSOF	✓

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works	Up-dated
NHS health checks	274 Offered an NHS health check (cumulative % of eligible people aged 40-74)	11.9%	44.6%	37.9%		▶	no data	2013/14 - 14/15	PHOF	✓
	275 Received an NHS health check (cumulative % of eligible people aged 40-74)	6.9%	21.5%	18.6%		—	no data	2013/14 - 14/15	PHOF	✓
Dental health	276 Adults accessing NHS dentistry (% visiting a dentist in last 2 years)	48.4%	46.2%	52.2%		—	—	Mar 2015	n/a	✓
	277 Experience of access to NHS dental services (% of survey respondents able to get an appointment)	91.8%	89.7%	93.1%		◀	▶	2014/15	NHSOF	✓
	278 Overall experience of NHS dental services (% positive responses to survey question)	83.9%	80.8%	84.6%		▶	▶	2014/15	NHSOF	✓
See also <i>Dental Health</i> in <i>Early Life</i> section										

## 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



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.



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, 2014 - 19. Source: Subnational Population Projections - 2012-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, 2014. Source: Birth summary tables, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/vsob1/birth-summary-tables--england-and-wales/index.html>)
- 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, 2014. Source: Mid-year population estimates, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/index.html>)
- 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 2012 - Mid 2013. 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, 2010. Source: Department of Communities and Local Government, Indices of Deprivation (<http://www.communities.gov.uk/publications/corporate/statistics/indices2010>)
- 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, 2013. 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. Local authorities sometimes maintain a common waiting list with the Housing Association/s in their district. However, no information is available where a Housing Association maintains a separate waiting list to the local authority. Direct comparisons between authorities' housing waiting lists can be misleading in particular because authorities have different arrangements for checking that applicants continue to require housing and their policies and practices can change over time, 2014. 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, 2014/15. Source: Department of Communities and Local Government (data for 2014/15 is provisional, latest update: 24th June 2015) (<https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>)
- 11** Households living in temporary accommodation per 1,000 households, 2014/15. Source: Department of Communities and Local Government (data for 2014/15 is provisional, latest update: 24th June 2015) (<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 (data for 2014/15 is provisional, latest update: 24th June 2015) (<https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>)

- 13** Total offences, based on police recorded crime data, crude rate per 1,000 population, 2014/15. Source: Crime in England and Wales, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/year-ending-march-2015/index.html>)
- 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 2012 to Sep 2013. Source: Proven reoffending statistics, Ministry of Justice (<https://www.gov.uk/government/collections/proven-reoffending-statistics>)
- 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 2012 to Sep 2013. Source: Proven reoffending statistics, Ministry of Justice (<https://www.gov.uk/government/collections/proven-reoffending-statistics>)
- 16** Violence against the person offences, based on police recorded crime data, crude rate per 1,000 population, 2014/15. Source: Crime in England and Wales, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/year-ending-march-2015/index.html>)
- 17** Recorded crime for sexual offences per 1,000 population, 2014/15. Source: Crime in England and Wales, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/year-ending-march-2015/index.html>)
- 18** Emergency hospital admissions for violence (where assault is listed as a primary or secondary diagnosis), age standardised rate per 100,000 population, 2011/12 - 13/14. 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 16. Domestic abuse incidents are defined as any incidence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 16 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, 2013/14. 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) that has been signed off at Board level. Sustainable Development Management Plans are the first step in the process for NHS organisations becoming more aware of sustainability issues and the only current mechanism for monitoring progress. They set out a range of actions which will contribute towards increased sustainability and reduced CO2 emissions. These data were collected in March 2014. Recent major NHS reforms meant that commissioning organisations (notably NHS England and CCGs) were new organisations. This has resulted in a low proportion of some organisations types confirming that they have a Sustainable Development Management Plan in place. This should be taken into account when comparing these data with previous years, 2013/14. 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, 2012. Source: Department for Energy and Climate Change (<https://www.gov.uk/government/statistics/local-authority-emissions-estimates>)
- 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, 2013/14. 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)), 2013/14. 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, 2012. 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, 2011 - 13. 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, 2013/14. 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/catalogue/PUB16161>)

**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, 2013/14. 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/catalogue/PUB16161>)

**30** Number of clients and carers receiving self-directed support in the year to 31 March as a percentage of clients receiving community-based services and carers receiving carer specific services (aged 18 and over). Self-directed support 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. The 2013/14 data is provisional and may be revised, but it is not expected to change substantially, 2013/14. 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/catalogue/PUB16161>)

**31** Number of clients and carers receiving direct payments in the year to 31 March as a percentage of clients receiving community-based services and carers receiving carer specific services (aged 18 and over). 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. The 2013/14 data is provisional and may be revised, but it is not expected to change substantially, 2013/14. 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/catalogue/PUB16161>)

**32** 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, 2013/14. 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/catalogue/PUB16161>)

**33** 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, 2013/14. 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/catalogue/PUB16161>)

**34** 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, 2013/14. 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/catalogue/PUB16161>)

**35** 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, 2013/14. 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/catalogue/PUB16161>)

**36** This measure reflects social services users' experience of access to information and advice about social care in the past year and is comprised of a combination of questions in the Adult Social Care Survey. This measure reflects social services users' experience of access to information and advice about social care 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, 2013/14. 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/catalogue/PUB16161>)

**37** 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', 2013/14. 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/catalogue/PUB16161>)

**38** Respondents who answered 'Yes' as a percentage of all respondents to the question 'Do care and support services help you in feeling safe?' The 2013/14 data is provisional, but is not expected to change, 2013/14. 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/catalogue/PUB16161>)

**39** 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, 2012/13. Source: Measures from the Adult Social Care Outcomes Framework, England - 2012-13, Final release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB13187>)

**40** 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, 2013/14. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**41** 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, 2012/13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**42** 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, 2012/13. Source: Measures from the Adult Social Care Outcomes Framework, England - 2012-13, Final release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB13187>)

**43** 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, 2012/13. Source: Measures from the Adult Social Care Outcomes Framework, England - 2012-13, Final release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB13187>)

**44** This measure reflects carers' experience of access to information and advice about social care in the past year and is comprised of a combination of questions in the Carers Survey. This measure reflects carers' experience of access to information and advice about social care 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 carers in each authority has been surveyed for this measure, 2012/13. Source: Measures from the Adult Social Care Outcomes Framework, England - 2012-13, Final release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB13187>)

**45** 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). The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who

experience poverty should improve these adult health outcomes and increase healthy life expectancy, 2012. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**46** Percentage of children (all pupils) known to be eligible for and claiming free school meals at maintained nursery and primary schools, Jan 2015. Source: Schools, pupils and their characteristics, Department for Education (<https://www.gov.uk/government/collections/statistics-school-and-pupil-numbers>)

**47** Percentage of children (all pupils) known to be eligible for and claiming free school meals at state-funded secondary schools, Jan 2015. Source: Schools, pupils and their characteristics, Department for Education (<https://www.gov.uk/government/collections/statistics-school-and-pupil-numbers>)

**48** 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>)

**49** Live births with a recorded birth weight under 2500 grams and a gestational age of at least 37 complete weeks as a percentage of all live births with recorded birth weight and a gestational age of at least 37 complete weeks. Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services, 2012. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**50** Stillbirths and infant deaths under 7 days of age per 1,000 total births, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**51** Infant deaths under 28 days of age per 1,000 live births, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**52** Infant deaths under 1 year of age per 1,000 live births. Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**53** Age standardised mortality rate per 100,000 population aged 1-17 years, 2011 - 13. Source: Child Health Profiles, Public Health England (<http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=110>)

**54** 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), 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**55** 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, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**56** 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, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**57** 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, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**58** 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, 2013/14. 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>)

**59** 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, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**60** Percentage uptake of all 3 doses of 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, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**61** 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, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**62** 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, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**63** 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, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**64** 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, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**65** 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, 2014. Source: Statistics: key stage 2, Department for Education (<https://www.gov.uk/government/collections/statistics-key-stage-2>)

**66** 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, 2014. Source: Statistics: key stage 2, Department for Education (<https://www.gov.uk/government/collections/statistics-key-stage-2>)

**67** 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, 2013/14. Source: GCSE and equivalent results in England, Department for Education (<https://www.gov.uk/government/collections/statistics-gcse-key-stage-4>)

**68** 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, 2013/14. Source: GCSE and equivalent results in England, Department for Education (<https://www.gov.uk/government/collections/statistics-gcse-key-stage-4>)

**69** 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, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**70** Rates of juveniles receiving their first conviction, caution or youth caution per 100,000 population aged 10-17 years. Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children, 2014. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**71** 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 2012 to Sep 2013. Source: Proven reoffending statistics, Ministry of Justice (<https://www.gov.uk/government/collections/proven-reoffending-statistics>)

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

**73** 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. Source: Children looked after in England, including adoption, Department for Education (<https://www.gov.uk/government/collections/statistics-looked-after-children>)

**74** 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, 2014. Source: Children in care and adoption performance tables, Department for Education (<https://www.gov.uk/government/collections/children-in-care-and-adoption-performance-tables>)

**75** Total average difficulties score for all looked after children aged between 4 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, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**76** 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, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**77** 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, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**78** 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>)

**79** 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/>)

**80** 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>)

**81** 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 were presented as examples with an "etc." at the end of the question so it is possible that young people included other products when answering this question. 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>)

**82** 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 2010/11 to 2012/13. Office for National Statistics mid-year population estimates 2010, 2011 and 2012. Does not include attendance at Accident and Emergency departments, 2011/12 - 13/14. Source: Local Alcohol Profiles for England, Public Health England (<http://fingertips.phe.org.uk/profile/local-alcohol-profiles>)

**83** Hospital admissions to hospital for substance misuse in young people, age standardised rate per 100,000 population aged 15-24, 2011/12 - 13/14. Source: Child Health Profiles, Public Health England (<http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=116>)

**84** Crude rate of emergency hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years), per 10,000 resident population. Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s), 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**85** Crude rate of emergency hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years), per 10,000 resident population. Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s), 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**86** Hospital admissions for mental health disorders in children, age standardised rate per 100,000 population aged 0-17 years, 2013/14. Source: Child Health Profiles, Public Health England (<http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=320>)

**87** 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, 2015. Source: Special educational needs in England, Department for Education (<https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>)

**88** 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, 2015. Source: Special educational needs in England, Department for Education (<https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>)

- 89** Emergency admissions to hospital for children aged 0-18 with lower respiratory tract infections, age standardised rate per 100,000 population, 2013/14. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)
- 90** Emergency admissions to hospital for asthma, diabetes and epilepsy in children aged 0-18, age standardised rate per 100,000 population, 2013/14. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)
- 91** Percentage of children accessing NHS dentistry in the last 2 years, Mar 2015. Source: NHS Dental Statistics for England, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB17555>)
- 92** 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, 2014/15. Source: Indicator Portal, Health and Social Care Information Centre (<http://www.england.nhs.uk/statistics/statistical-work-areas/maternity-and-breastfeeding/>)
- 93** Percentage of women who are smokers at the time of delivery, 2014/15. Source: Statistics on Women's Smoking Status at Time of Delivery, Health and Social Care Information Centre (<http://www.hscic.gov.uk/article/2021/Website-Search?q=smoking+in+pregnancy&go=Go&area=both>)
- 94** 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/>)
- 95** 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: NHS England (<http://www.england.nhs.uk/statistics/statistical-work-areas/maternity-and-breastfeeding/>)
- 96** 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, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 97** Percentage of working age population (aged 16-64) who are lone parents and claiming benefits, Nov 2014. Source: Benefit claimants - working age client group, Department for Work and Pensions (<http://www.nomisweb.co.uk/>)
- 98** Conceptions in women aged under 18 per 1,000 females aged 15-17, 2013. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 99** Under 16 conception rate per 1,000 girls aged 13-15, 2011 - 13. Source: Conception statistics, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics--england-and-wales/index.html>)
- 100** Percentage of NHS funded abortions under 10 weeks gestation, 2014. Source: Abortion statistics, Department of Health (<https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales>)
- 101** Abortions, age standardised rate per 1,000 resident women aged 15-44, 2014. Source: Abortion statistics, Department of Health (<https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales>)
- 102** Percentage of abortions in women who have previously had an abortion (women aged under 25), 2014. Source: Abortion statistics, Department of Health (<https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales>)
- 103** Percentage of abortions in women who have previously had an abortion (all ages), 2014. Source: Abortion statistics, Department of Health (<https://www.gov.uk/government/collections/abortion-statistics-for-england-and-wales>)
- 104** Crude rate of GP prescribed long acting reversible contraception per 1,000 registered female population aged 15-44 years, 2013. Source: Sexual and Reproductive Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile/sexualhealth/>)
- 105** Rate of hospital admissions for pelvic inflammatory disease (PID) per 100,000 population, in women aged 15-44 years , 2013/14. Source: Sexual and Reproductive Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile/sexualhealth/>)
- 106** Rate of hospital admissions for ectopic pregnancy per 100,000 population, in women aged 15-44 years, 2013/14. Source: Sexual and Reproductive Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile/sexualhealth/>)
- 107** Prevalence of people living with a diagnosed HIV infection resident in a local authority who were aged 15 to 59 years and who accessed HIV care at a NHS site in the UK, per 1,000 resident population aged 15 to 59 years, 2013. Source: Sexual and Reproductive Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile/sexualhealth/>)
- 108** 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), 2014. Source: Sexual and Reproductive Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile/sexualhealth/>)

**109** Percentage of newly diagnosed HIV-infected adults (aged 15 years or more) who have a CD4 count of less than 350 cells per mm<sup>3</sup> within 91 days of HIV diagnosis. Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection and is essential to evaluate the success of expanded HIV testing, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**110** Percentage of people aged 15-24 screened for chlamydia during the calendar year, based on their area of residence, 2014. Source: National Chlamydia Screening Programme, Public Health England (<https://www.gov.uk/government/statistics/national-chlamydia-screening-programme-ncsp-data-tables>)

**111** All chlamydia diagnoses in 15 to 24 year olds attending GUM clinics, primary care and community services who are residents in England, expressed as a rate per 100,000 population. Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The chlamydia detection rate amongst under 25 year olds is a measure of chlamydia control activities. It represents infections identified (reducing risk of sequelae in those patients and interrupting transmission onto others). Increasing detection rates indicates increased control activity, not necessarily higher prevalence of the infection, 2014. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**112** 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, 2014. Source: Sexual and Reproductive Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile/sexualhealth>)

**113** Rate of new gonorrhoea diagnoses at genito-urinary medicine (GUM) clinics per 100,000 population, based on their area of residence, 2014. Source: Sexual and Reproductive Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile/sexualhealth>)

**114** Rate of new syphilis diagnoses at genito-urinary medicine (GUM) clinics per 100,000 population, based on their area of residence, 2014. Source: Sexual and Reproductive Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile/sexualhealth>)

**115** Rate of new genital herpes diagnoses at genito-urinary medicine (GUM) clinics per 100,000 population, based on their area of residence, 2014. Source: Sexual and Reproductive Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile/sexualhealth>)

**116** Rate of new genital warts diagnoses at genito-urinary medicine (GUM) clinics per 100,000 population, based on their area of residence, 2014. Source: Sexual and Reproductive Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile/sexualhealth>)

**117** 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, 2014. Source: Annual Population Survey, Office for National Statistics (<http://www.nomisweb.co.uk/>)

**118** 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, 2014. Source: Annual Population Survey, Office for National Statistics (<http://www.nomisweb.co.uk/>)

**119** 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, 2014. 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>)

**120** 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, 2014. Source: Level 2 and 3 attainment by young people aged 19, Department for Education (<https://www.gov.uk/government/organisations/department-for-education/series/statistics-attainment-at-19-years>)

**121** 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, 2014. Source: Annual Survey of Hours and Earnings (ASHE), Department for Work and Pensions (<http://www.nomisweb.co.uk/>)

**122** 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, 2014/15. Source: Annual Population Survey, Office for National Statistics (<http://www.nomisweb.co.uk/>)

**123** 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, 2014/15. Source: Annual Population Survey, Office for National Statistics (<http://www.nomisweb.co.uk/>)

**124** Percentage of people aged 16-64 claiming job seekers allowance, June 2015. Source: ONS claimant count - age duration with proportions, NOMIS (<http://www.nomisweb.co.uk/>)

**125** Percentage of people aged 18-24 claiming job seekers allowance, Jun 2015. Source: ONS claimant count - age duration with proportions, NOMIS (<http://www.nomisweb.co.uk/>)

**126** Percentage of the working age population (aged 16-64) on key out-of-work benefits, Nov 2014. Source: Benefit claimants - working age client group, Department for Work and Pensions (<http://www.nomisweb.co.uk/>)

**127** Percentage of working age population (aged 16-64) who are claiming ESA and incapacity benefits, Nov 2014. Source: Benefit claimants - working age client group, Department for Work and Pensions (<http://www.nomisweb.co.uk/>)

**128** 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, 2013/14. 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/catalogue/PUB16161>)

**129** 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, 2013/14. 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/catalogue/PUB16161>)

**130** Percentage of patients aged over 18 on GP registers diagnosed with a learning disability, 2013/14. Source: Quality and Outcomes Framework, Health and Social Care Information Centre (<http://www.hscic.gov.uk/qof>)

**131** 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, 2013/14. 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/catalogue/PUB16161>)

**132** 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, 2013/14. 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/catalogue/PUB16161>)

**133** 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, 2014/15. Source: Seasonal flu vaccine uptake, Public Health England (<https://www.gov.uk/government/collections/vaccine-uptake>)

**134** Council-supported permanent admissions of younger adults to residential and nursing care, rate per 100,000 population aged 18 to 64. This measure does not include people who are funding their own stay in a care home, 2013/14. 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/catalogue/PUB16161>)

**135** Percentage of older people (aged 60 and over) living in income deprived households (Indices of Deprivation), 2010. Source: Department of Communities and Local Government, Indices of Deprivation (<https://www.gov.uk/government/publications/english-indices-of-deprivation-2010>)

**136** 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, 2014/15. Source: Seasonal flu vaccine uptake, Public Health England (<https://www.gov.uk/government/collections/vaccine-uptake>)

**137** Percentage of people aged 65 and over who have received pneumococcal polysaccharide vaccine (PPV). Pneumococcal disease is a significant cause of morbidity and mortality. Certain groups are at risk for severe pneumococcal disease, these include young children, the elderly and people who are in clinical risk groups, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**138** Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65 and over per 100,000 population. Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term

outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**139** Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over per 100,000 population. Hip fracture is a debilitating condition; only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**140** 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, 2013. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)

**141** 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, 2013. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)

**142** 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, 2013. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)

**143** Average health status score for adults aged 65 and over as measured using the EQ-5D scale, age standardised and weighted for design and non-response bias. 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, 2012/13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**144** Council-supported permanent admissions of older people to residential and nursing care, rate per 100,000 population aged 65 and over. This measure does not include people who are funding their own stay in a care home, 2013/14. 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/catalogue/PUB16161>)

**145** 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, 2013/14. 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/catalogue/PUB16161>)

**146** 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, 2013/14. 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/catalogue/PUB16161>)

**147** 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, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**148** 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, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**149** 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, 2011 - 13. Source: NHS Outcomes Framework, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**150** 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, 2011 - 13. Source: NHS Outcomes Framework, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**151** 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, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**152** 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, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**153** 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), 2009 - 11. Source: Office for National Statistics (<http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/sub-national-health-expectancies/index.html>)

**154** 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), 2009 - 11. Source: Office for National Statistics (<http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/sub-national-health-expectancies/index.html>)

**155** 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, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**156** 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, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**157** 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>)

**158** 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>)

**159** 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, 2013/14. Source: Annual Population Survey, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/index.html>)

**160** 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, 2013/14. Source: Annual Population Survey, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/index.html>)

**161** 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, 2013/14. Source: Annual Population Survey, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/index.html>)

**162** 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, 2013/14. Source: Annual Population Survey, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/index.html>)

**163** 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, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**164** 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, 2013. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**165** 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. The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population, Aug 2010 - Jul 2013. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**166** Age-standardised rate of mortality from communicable diseases per 100,000 population, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**167** Incidence of reported new cases of tuberculosis (based on case notification) rate per 100,000 population, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**168** 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 (exclusions: cases with rifampicin resistance or MDR-TB, and cases with CNS, spinal, miliary or disseminated TB who may require longer than the standard 6 month treatment course). Timely and fully completed treatment for TB is key to saving lives and preventing long-term ill health, as well as reducing the number of new infections and development of drug resistance. Dropping out of treatment before it is completed can contribute to drug-resistant TB, and preventing the development of drug resistant TB is particularly important as it has more severe health consequences and is considerably more expensive to treat, 2012. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**169** 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/>)

**170** Rate of two week wait (GP urgent) referrals with a suspicion of cancer, whether or not cancer was subsequently diagnosed, per 100,000 population, 2013/14. Source: General Practice Profiles for Cancer, National Cancer Intelligence Network ([http://www.ncin.org.uk/cancer\\_information\\_tools/profiles/gp\\_profiles](http://www.ncin.org.uk/cancer_information_tools/profiles/gp_profiles))

**171** New cases of cancer for which a valid stage is recorded at the time of diagnosis, as a percentage of all new cancer cases, 2013. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**172** 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, 2013. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**173** Directly age standardised registration rate per 100,000 population for all cancers, persons, all ages, 2010 - 12. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**174** Age standardised rate of mortality from all cancers in people aged under 75 years per 100,000 population, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**175** 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, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**176** The proportion of adults aged 15-99 years suffering from any type of cancer who survived for one year or more, 2011/12. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**177** Directly age standardised registration rate per 100,000 population for oesophageal cancer, persons, all ages, 2010 - 12. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**178** Directly age standardised mortality 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 (<http://indicators.ic.nhs.uk/>)

**179** Directly age standardised registration rate per 100,000 population for stomach cancer, persons, all ages, 2010 - 12. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**180** Directly age standardised mortality 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 (<http://indicators.ic.nhs.uk/>)

**181** Directly age standardised registration rate per 100,000 population for colorectal cancer, persons, all ages, 2010 - 12. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**182** Directly age standardised mortality 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 (<http://indicators.ic.nhs.uk/>)

**183** Lung cancer cases with a valid stage recorded, at the time of decision to treat, as a percentage of all lung cancer cases, 2013. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**184** Directly age standardised registration rate per 100,000 population for lung cancer, persons, all ages, 2010 - 12. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**185** Directly age standardised mortality 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 (<http://indicators.ic.nhs.uk/>)

**186** Directly age standardised registration rate per 100,000 population for all skin cancers, persons, all ages, 2010 - 12. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**187** 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, 2014. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**188** Directly age standardised registration rate per 100,000 female population for breast cancer, females, all ages, 2010 - 12. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

- 189** Directly age standardised mortality rate per 100,000 population for breast cancer, females, all ages, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)
- 190** 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, 2014. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 191** Age standardised registration rate per 100,000 female population for cervical cancer, females, all ages, 2010 - 12. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)
- 192** Directly age standardised registration rate per 100,000 male population for prostate cancer, males, all ages, 2010 - 12. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)
- 193** Directly age standardised mortality rate per 100,000 population for prostate cancer, males, all ages, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)
- 194** Directly age standardised registration rate per 100,000 population for bladder cancer, persons, all ages, 2010 - 12. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)
- 195** Directly age standardised mortality 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 (<http://indicators.ic.nhs.uk/>)
- 196** Age standardised mortality rate per 100,000 population for leukaemia, persons, all ages, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)
- 197** 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, 2013/14. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)
- 198** 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.", 2013/14. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)
- 199** 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-ccqs/prog-budgeting/>)
- 200** Percentage of patients on GP registers aged 17 and over diagnosed with diabetes. Type 2 diabetes (approximately 90% of diagnosed cases) is partially preventable; it can be prevented or delayed by lifestyle changes (exercise, weight loss, healthy eating). Earlier detection of type 2 diabetes followed by effective treatment reduces the risk of developing diabetic complications. Diabetic complications (including cardiovascular, kidney, foot and eye diseases) result in considerable morbidity and have a detrimental impact on quality of life, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 201** Patients aged over 12 with diabetes who were tested at a digital screening encounter as a percentage of all those offered screening. Diabetic retinopathy is one of the most common causes of blindness in the UK. Regular screening allows prompt identification and effective treatment if necessary of sight threatening diabetic retinopathy, 2012/13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 202** The percentage of people with diabetes diagnosed less than a year who were offered or attended structured education during the following 12 months, 2012/13. Source: National Diabetes Audit, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14970>)
- 203** 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 (<http://indicators.ic.nhs.uk/>)
- 204** 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/>)

- 205** Age standardised mortality rate per 100,000 population for diabetes, persons, all ages, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)
- 206** 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/>)
- 207** 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, 2013/14. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)
- 208** 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, 2013/14. Source: Improving Access to Psychological Therapies dataset, Health and Social Care Information Centre (<http://www.hscic.gov.uk/iaptreports>)
- 209** 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, 2013/14. Source: Improving Access to Psychological Therapies dataset, Health and Social Care Information Centre (<http://www.hscic.gov.uk/iaptreports>)
- 210** 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/>)
- 211** Emergency hospital admissions for intentional self-harm, age standardised rate per 100,000 population, persons, 2013/14. Source: Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile/health-profiles>)
- 212** Age standardised mortality rate per 100,000 population for suicide and injury of undetermined intent, persons, all ages. Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 213** GP recorded prevalence of schizophrenia, bipolar disorder and other psychoses, all ages, 2013/14. Source: Quality and Outcomes Framework, Health and Social Care Information Centre (<http://www.hscic.gov.uk/qof>)
- 214** Ratio (expressed as a percentage) of the observed number of deaths in adults aged 18 to 74 in contact with secondary mental health services to the expected number of deaths in that population based on age-specific mortality rates in the general population of England. There is extensive published evidence that people with severe mental illness, such as schizophrenia, die between 15 and 25 years earlier than the average for the general population, 2012/13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 215** 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. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)
- 216** Crude rate of emergency admissions due to epilepsy as the primary diagnosis per 100,000 population aged over 18, 2012/13. Source: Neurology Profiles, Public Health England (<http://fingertips.phe.org.uk/profile-group/mental-health/profile/neurology>)
- 217** 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/>)
- 218** 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>)
- 219** 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. Prevention of sight loss will help people maintain independent lives as far as possible and reduce needs for

social care support, which would be necessary if sight was lost permanently, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**220** People registered as blind or partially sighted (i.e. in receipt of Certification of Vision Impairment), per 100,000 population, 2013/14. Source: RNIB Sight Loss Data Tool (<http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool>)

**221** 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/>)

**222** The percentage of men eligible for abdominal aortic aneurysm screening to whom an initial offer of screening is made, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**223** Age standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in people aged under 75 years per 100,000 population, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**224** 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, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**225** Emergency hospital admissions for stroke, indirectly age and sex standardised rate per 100,000 population, persons, 2012/13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**226** 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, 2013/14. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**227** People having an acute stroke who receive thrombolysis, as a percentage of all people having an acute stroke, 2013/14. Source: Indicator Portal, Health and Social Care Information Centre data tool (<http://indicators.ic.nhs.uk/>)

**228** 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, 2013/14. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**229** Patients with stroke discharged from hospital with a joint health and social care plan, as a percentage of all discharged patients with stroke, 2013/14. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**230** 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, 2013/14. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**231** 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/>)

**232** 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/>)

**233** Age standardised mortality rate per 100,000 population for stroke, ages under 75, 2011 - 13. Source: Compendium of Population Health Indicators, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**234** 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/>)

**235** Patients on GP registers diagnosed with chronic obstructive pulmonary disease (COPD), as a percentage of the estimated population with COPD, 2013/14. 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>)

- 236** Age standardised rate of mortality from respiratory disease in people aged under 75 years per 100,000 population, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 237** 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, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 238** Emergency admissions for alcohol related liver disease in adults, age-sex standardised rate per 100,000 population aged 19 and over, 2013/14. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)
- 239** Age standardised rate of mortality from liver disease in people aged under 75 years per 100,000 population, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 240** 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, 2011 - 13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 241** Percentage of persons aged 18 and over who are self-reported smokers in the Integrated Household 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. As Integrated Household 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, 2013. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 242** Percentage of people aged 15 and over who are recorded as current smokers by GPs. The denominator includes all 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, 2013/14. Source: Quality and Outcomes Framework, Health and Social Care Information Centre (<http://www.hscic.gov.uk/qof>)
- 243** 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, 2013/14. Source: Quality and Outcomes Framework, Health and Social Care Information Centre (<http://www.hscic.gov.uk/qof>)
- 244** 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, 2013/14. Source: Statistics on NHS Stop Smoking Services, Health and Social Care Information Centre (<http://www.hscic.gov.uk/pubs/sssapr13mar14>)
- 245** 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, 2013/14. Source: Local Tobacco Control Profiles for England, Public Health England (<http://www.tobaccoprofiles.info/>)
- 246** Deaths attributable to smoking, age-sex standardised rate per 100,000 population aged over 35, 2011 - 13. Source: Local Tobacco Control Profiles for England, Public Health England (<http://www.tobaccoprofiles.info/>)
- 247** 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>)
- 248** Drug offences, based on police recorded crime data, crude rate per 1,000 population, 2014/15. Source: Crime in England and Wales, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/year-ending-march-2015/index.html>)
- 249** 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/>)

**250** 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, 2013. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**251** 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, 2013. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**252** 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, 2012/13. Source: Local Alcohol Profiles for England, Public Health England (<http://fingertips.phe.org.uk/profile/local-alcohol-profiles>)

**253** 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, 2013/14. 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 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, 2013/14. Source: Local Alcohol Profiles for England, Public Health England (<http://fingertips.phe.org.uk/profile/local-alcohol-profiles>)

**255** 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), 2011/12 - 13/14. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**256** 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, 2013. Source: Local Alcohol Profiles for England, Public Health England (<http://fingertips.phe.org.uk/profile/local-alcohol-profiles>)

**257** 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, 2013. Source: Local Alcohol Profiles for England, Public Health England (<http://fingertips.phe.org.uk/profile/local-alcohol-profiles>)

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

**259** 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>)

**260** 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, 2014. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**261** 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, 2014. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**262** 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, 2013/14. 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>)

**263** 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, 2013/14. 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 deaths from all causes that occur at usual place of residence, 2014. Source: National End of Life Care Intelligence Network ([http://www.endoflifecare-intelligence.org.uk/data\\_sources/place\\_of\\_death.aspx](http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death.aspx))

**265** 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, 2013/14. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**266** 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, 2013/14. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**267** 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), 2014/15. Source: GP Patient Survey, Department of Health (<http://gp-patient.co.uk/surveys-and-reports>)

**268** 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), 2014/15. 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 out-of-hours GP Services?' (adults aged 18 and over), 2014/15. Source: GP Patient Survey, Department of Health (<http://gp-patient.co.uk/surveys-and-reports>)

**270** Cases of MRSA bloodstream infections in people aged 2 and over reported to Public Health England, rate per 100,000 population, 2014/15. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**271** Cases of clostridium difficile in people aged 2 and over reported to Public Health England, rate per 100,000 population, 2014/15. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**272** 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, 2012/13. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**273** 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, 2012/13. Source: Clinical Commissioning Group Outcomes Indicator Set, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/>)

**274** Cumulative percentage of the eligible population aged 40-74 who were offered a NHS Health Check during the five year period 2013/14-2017/18. The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up

of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions, 2013/14 - 14/15. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**275** Cumulative percentage of the eligible population aged 40-74 who received a NHS Health Check during the five year period 2013/14-2017/18. The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions, 2013/14 - 14/15. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**276** Percentage of adults accessing NHS dentistry in the last 2 years, Mar 2015. Source: NHS Dental Statistics for England, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB17555>)

**277** 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), 2014/15. Source: GP Patient Survey, Department of Health (<http://gp-patient.co.uk/surveys-and-reports>)

**278** 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), 2014/15. Source: GP Patient Survey, Department of Health (<http://gp-patient.co.uk/surveys-and-reports>)

## Appendix 3: Changes to indicators

### New indicators

Indicator	Reason for inclusion
<b>Early life</b>	
Smoking prevalence at age 15 (% of survey respondents)	New indicator in PHOF.
Use of e-cigarettes at age 15 (% of survey respondents)	The newly published What About YOUth (WAY) survey was designed to measure tobacco use among young people for the PHOF. These two indicators contain additional information that is particularly relevant to Croydon, since a high prevalence of use of shisha was highlighted in the findings of a recent survey of Croydon schools.
Use of other tobacco products (including shisha) at age 15 (% of survey respondents)	
<b>Family life</b>	
Newborn hearing screening coverage (% of eligible babies who were screened)	New indicator in PHOF.
<b>Later life</b>	
Patients receiving collaborative orthogeriatric care (% of patients with hip fracture)	New indicator in CCGOIS.
Patients receiving timely surgery (% of patients with hip fracture)	
Patients receiving multifactorial falls risk assessment (% of patients with hip fracture)	
Health related quality of life for older people (score)	New indicator in PHOF.
<b>Healthy life</b>	
Stage of cancer recorded at diagnosis (% of new cancer cases)	New indicator in CCGOIS.
Cancers detected at stage 1 or 2 (% of new cancer cases of specified type)	New indicator in PHOF.
Stage of lung cancer recorded at time of decision to treat (% of lung cancer cases)	New indicator in CCGOIS.
<b>Long-term conditions</b>	
Health-related quality of life in patients with a long-term mental health condition (score)	New indicator in CCGOIS.
Emergency readmissions within 30 days of discharge for mental health (standardised ratio, England = 100)	
Abdominal aortic aneurysm screening (% of eligible men who had an initial offer of screening)	New indicator in PHOF.
Admitted to specialist unit within 4 hours of arrival to hospital (% of patients with stroke)	New indicator in CCGOIS.
Patients who receive thrombolysis (% of people with acute stroke)	
90% or more of stay spent on a stroke unit (% of people with acute stroke)	
Discharged from hospital with a joint health and social care plan (% of people with stroke)	
Followed up between 4 and 8 months of initial admission (% of people with stroke)	
Mortality within 30 days of hospital admission for stroke (standardised ratio, England = 100)	
<b>Healthy lifestyles</b>	
Prisoners with previously unknown alcohol/drug dependence (% of people entering prison with dependence issues)	New indicator in PHOF.
Emergency readmissions within 30 days of discharge for alcohol-specific admission (standardised ratio)	New indicator in CCGOIS.

## Excluded indicators in the 2014/15 dataset

Indicator	Reason for exclusion
<b>Healthy life</b>	
Spend per head on infectious diseases	CCGs no longer have the main responsibility for commissioning services for infectious diseases, so the data was not comparable to previous years' data.
▪ <b>Long-term conditions</b>	
Hospital admissions for long-term neurological conditions (rate per 1,000 population)	Data source is no longer available.
▪ <b>Healthy lifestyles</b>	
Successful completion of alcohol treatment (planned exits as a % of those exiting treatment)	Data is no longer available for other local authorities.
▪ <b>Health services</b>	
All cause elective hospital admissions (rate per 1,000 population)	Data source is no longer available, and the data is out-of-date in comparison with related hospital admissions indicators.
All cause emergency hospital admissions (rate per 1,000 population)	
Emergency readmissions within 30 days of discharge from hospital (%)	
Patient reported improvement following groin hernia (average health gain)	Current data not available.
Spend per head on dental problems	CCGs no longer have the main responsibility for commissioning services for infectious diseases, so the data was not comparable to previous years' data.

## Revisions to data in the 2014/15 dataset

Indicator	Reason for revising data
<b>Community life</b>	
Carbon dioxide emissions within the scope of influence of local authorities (tonnes per resident)	The data shown in the 2014/15 dataset for this indicator was incorrect. There is no change to the overall findings about how Croydon compares to other local authorities as a result of this change.
Social care-related quality of life (score)	The data has been updated from the provisional 2013/14 ASCOF release to the final 2013/14 ASCOF release.
Clients who have control over their daily life (% of survey respondents)	
Clients receiving self-directed support (% of people using social care)	
Clients receiving direct payments (% of people using social care)	
Social isolation (% of survey respondents who had as much social contact as they would like)	
Delayed transfers of care from hospital (rate per 100,000 population)	
Delayed transfers of care from hospital attributable to adult social care (rate per 100,000 population)	
Overall satisfaction of clients with their care and support (% satisfied of survey respondents)	
Clients who find it easy to find information about services (score)	
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)	The confidence interval for this indicator in the 2014/15 dataset was calculated incorrectly and has been revised. As a result, Croydon is now shown to be statistically significantly different from the England average. However, there is no change to the findings in the summary.
<b>Working life</b>	
Adults in contact with secondary mental health services in paid employment (%)	The data has been updated from the provisional 2013/14 ASCOF release to the final 2013/14 ASCOF release.
Adults in contact with secondary mental health services who live independently, with or without support (%)	
Adults with a learning disability in paid employment (%)	
Adults with a learning disability who live in their own home or with their family (%)	
Permanent admissions of adults aged 18 to 64 to care homes (rate per 100,000 population aged 18-64)	
<b>Later life</b>	
Permanent admissions of older people to care homes (rate per 100,000 population aged over 65)	The data has been updated from the provisional 2013/14 ASCOF release to the final 2013/14 ASCOF release.
Older people still at home 91 days after discharge from hospital into reablement/rehabilitation services (%)	
Older people who were offered reablement services after discharge from hospital (%)	

## 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

- Households on local authority housing waiting lists
- Road casualties

#### 3 Health protection

- Chlamydia screening coverage

#### 2 Health improvement

- Breastfeeding and smoking during pregnancy
- Smoking quitters

#### 4 Healthcare and premature mortality

- Avoidable hospital admissions
- Hip fracture care
- Liver disease
- Healthcare associated infection

### Challenges

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

#### 0 Overarching indicators

#### 1 Wider determinants of health

- Homelessness
- Violence
- Attainment at key stage 2
- Youth offending

#### 3 Health protection

- Childhood immunisations
- Sexual and reproductive health
- Pneumococcal vaccination coverage for older people

#### 2 Health improvement

- Use of other tobacco products at age 15
- Admissions for mental health for children
- Injuries due to falls in older people
- Breast screening
- Cycling
- Received an NHS health check

#### 4 Healthcare and premature mortality

- Diagnosis rate for dementia
- Proportion of deaths at home
- Patient reported outcomes for hip and knee replacement

# Areas of high need

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

## 0 Overarching indicators

### 1 Wider determinants of health

- Population growth and turnover
- Child poverty
- Looked after children
- Children with autism

### 3 Health protection

### 2 Health improvement

### 4 Healthcare and premature mortality

## 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      2) Preventing illness and injury and helping people recover

- Breastfeeding and smoking during pregnancy

- Road casualties
- Chlamydia screening coverage
- Hip fracture care
- Smoking quitters

#### 3) Preventing premature death and long term health conditions      4) Supporting people to be resilient and independent

- Life expectancy
- Liver disease

- Households on local authority housing waiting lists

#### 5) Providing integrated, safe, high quality services      6) Improving people's experience of care

- Avoidable hospital admissions
- Healthcare associated infection

### Challenges

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

#### 1) Giving our children a good start in life      2) Preventing illness and injury and helping people recover

- Childhood immunisations
- Attainment at key stage 2
- Youth offending
- Use of other tobacco products at age 15
- Admissions for mental health for children

- Sexual and reproductive health
- Pneumococcal vaccination coverage for older people
- Injuries due to falls in older people
- Cycling

#### 3) Preventing premature death and long term health conditions      4) Supporting people to be resilient and independent

- Breast screening
- Received an NHS health check

- Homelessness

## Challenges

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

### 5) Providing integrated, safe, high quality services

- Diagnosis rate for dementia
- Patient reported outcomes for hip and knee replacement

### 6) Improving people's experience of care

- Proportion of deaths at home

### Wider determinants of health

- Violence

## 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

- Child poverty
- Looked after children
- Children with autism

### 2) Preventing illness and injury and helping people recover

### 3) Preventing premature death and long term health conditions

### 4) Supporting people to be resilient and independent

### 5) Providing integrated, safe, high quality services

### 6) Improving people's experience of care

### Wider determinants of health

- Population growth and turnover