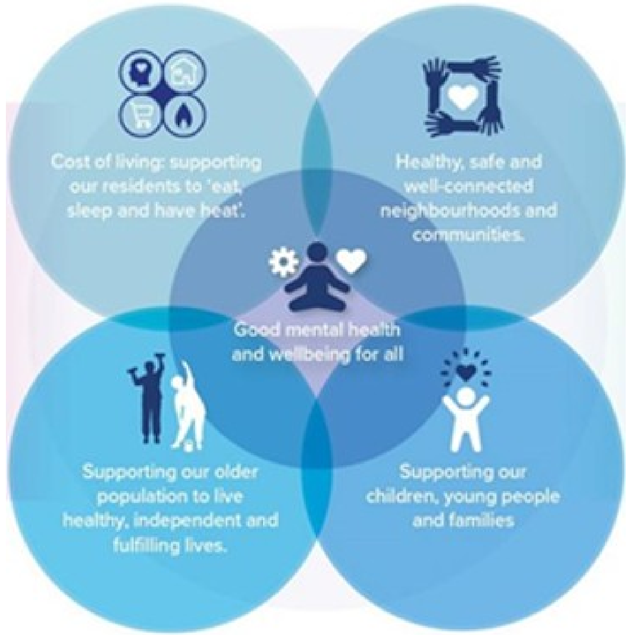
Croydon's Joint Outcomes Monitoring Framework

CROYDON
www.croydon.gov.uk

Croydon's Joint Outcomes Monitoring Framework has been developed to provide an overview of the priority areas of the Joint Local Health and Wellbeing Strategy 2024-29 and the Croydon Health and Care Plan 2024-29.

Indicators have been identified for inclusion which meet the following criteria:

- Are small in number and high level
- Wherever possible, they are already collated and reported publicly to allow for benchmarking with other areas
- Can show change over meaningful timescales
- Are relevant to measuring progress against the appropriate strategies
- Require system-level solutions across multiple partners (rather than service-specific solutions)



The full list of indicators continue to be developed and will evolve subject to annual reviews

Summary

Indicator	Good to be	Latest time period	Latest data	Change from previous	Rank within London
Life expectancy at birth (males)	High	2025	80.4 years	0.3	20
Life expectancy at birth (females)	High	2025	84.5 years	0.0	21
Healthy life expectancy at birth (males)	High	2022 - 24	66.7 years	4.8	5
Healthy life expectancy at birth (females)	High	2022 - 24	67.5 years	5.5	4
Inequality in life expectancy at birth (males)	Low	2022 - 24	9.7 years	-0.5	29
Inequality in life expectancy at birth (females)	Low	2022 - 24	5.7 years	-0.8	26
% of adults (aged 16+) who feel lonely often or always	Low	2023/24 - 24/25	7.2%	1.2	19
% gap between those with a mental health condition and those with no long-term condition who responded good or very good to "Overall, how would you describe your experience of your GP practice?"	Low	2026	7.0%	2.8	
% gap between those with a mental health condition and those with no long-term condition who responded good or very good to "How would you describe your experience of using these pharmacy services?"	Low	2026	1.2%	-4.6	
Mortality for people (aged 18 to 74) referred to secondary mental health services (directly standardised rate)	Low	2022 - 24	102.9 (per 100,000)	-0.8	16
Whole systems approach to food	High	2026	60.0%	27.0	25
Homelessness (crude rate of housholds owed a duty under the homelessness reduction act)	Low	Apr to Jun 2026	6.3 (per 1,000)	-1.1	31
% of the population (aged 16-64) who are economically inactive	Low	Jul 2025-Jun 2026	21.8%	0.0	24
% of adults (aged 19+) who are physically inactive	Low	2024/25	25.0%	0.6	23
Emergency re-admissions within 30 days of discharge to hospital (indirectly standardised proportion)	Low	2024/25	12.8%	-0.6	8
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (indirectly standardised rate)	Low	Jan to Mar 2024	161.0 (per 100,000)	-9.7	20
% of population with MMR vaccination (2 doses by 5 years old)	High	2026-27-Q1	66.2%	-1.5	21
Baby's first feed breastmilk	High	2023/24	81.0%	0.2	27
% of pupils with identified SEN continuing to a sustained education, apprenticeship or employment destination in the year after completing key stage 4	High	2023/24	87.5%	-2.7	19
Hospital admissions for mental health conditions (aged under 18, crude rate)	Low	2023/24	27.4 (per 100,000)	-0.3	2
% gap of obesity prevalence in children and young people in Year 6 (aged 10-11) between those living in most deprived quintile and those in the least deprived quintile	Low	2019/20 to 2024/25	13.6%		10

Rank within London column is coloured green if within the top ten London boroughs and red if in the bottom ten. 1 is the highest performing borough.

Change from previous data is coloured green if the direction of travel is in the right direction and red if not.

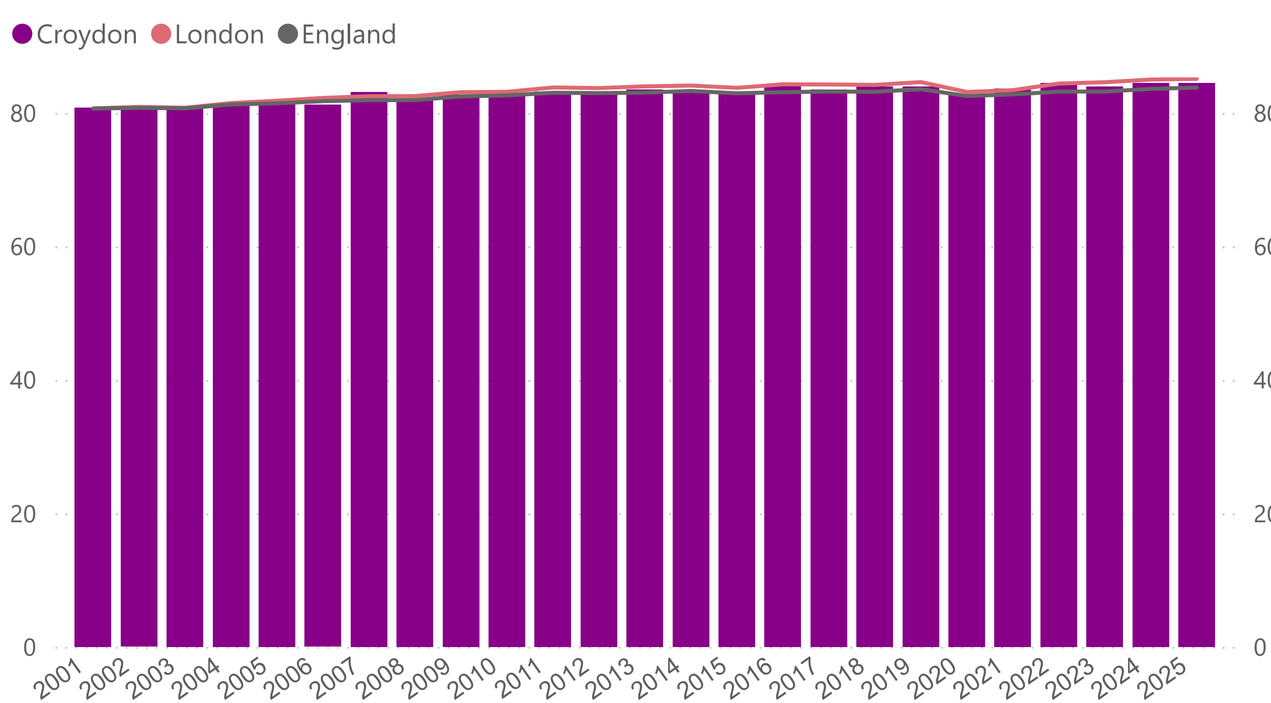
Life expectancy at birth

The average number of years a person would expect to live based on contemporary mortality rates.

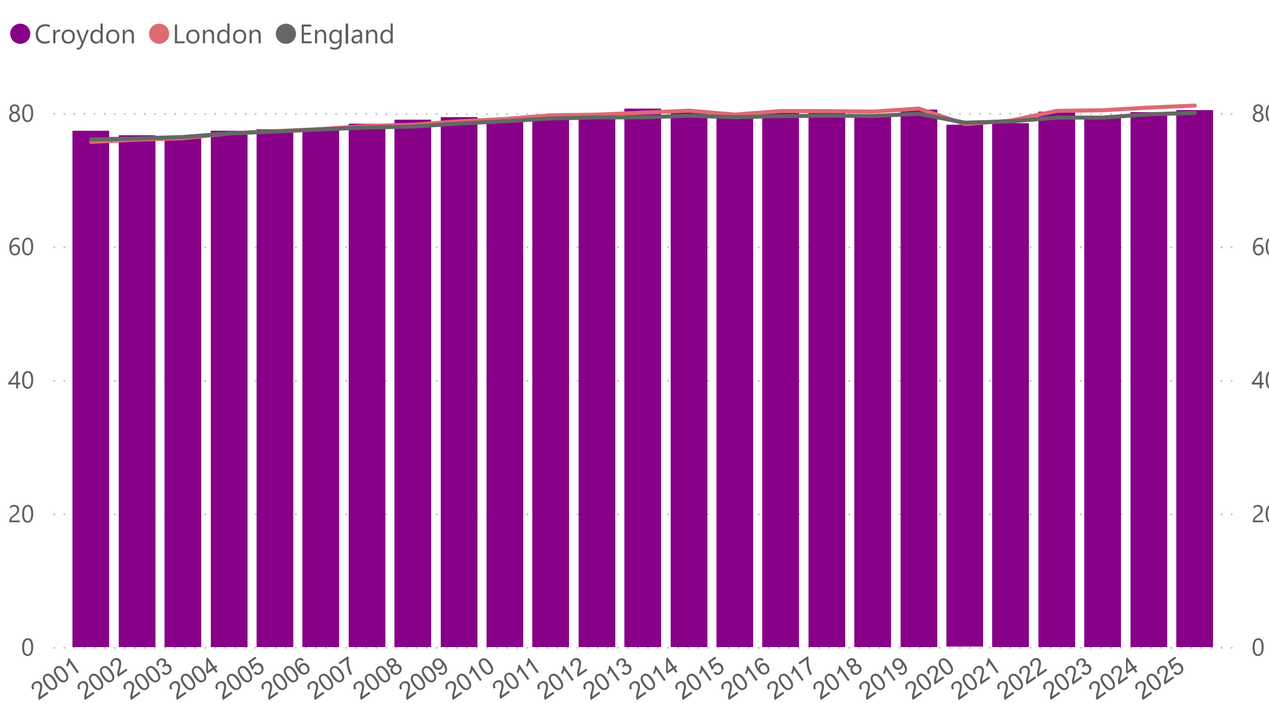
For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age specific mortality rates for that area and time period throughout his or her life. Figures reflect mortality among those living in an area in each time 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.

Please be aware that 2025 figures are based on provisional mortality and population data.

Life expectancy at birth (females)



Life expectancy at birth (males)



Good to be

High

Female

Croydon currently ranks 21 out of 32 London boroughs, where one is the top performing borough

Male

Croydon currently ranks 20 out of 32 London boroughs, where one is the top performing borough

Data source

OHID fingertips, based on Office for National Statistics data

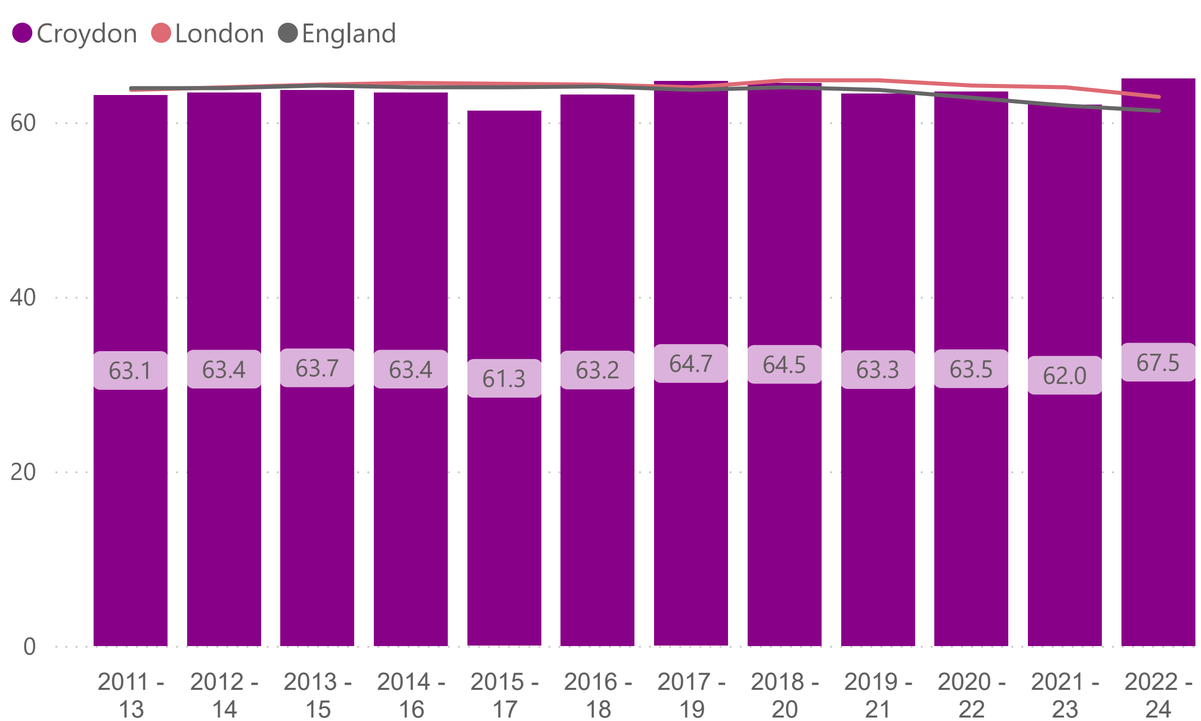
Link

Healthy life expectancy at birth

Healthy life expectancy shows the years a person can expect to live in good health (rather than in poor health).

For a particular area and time period, it 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.

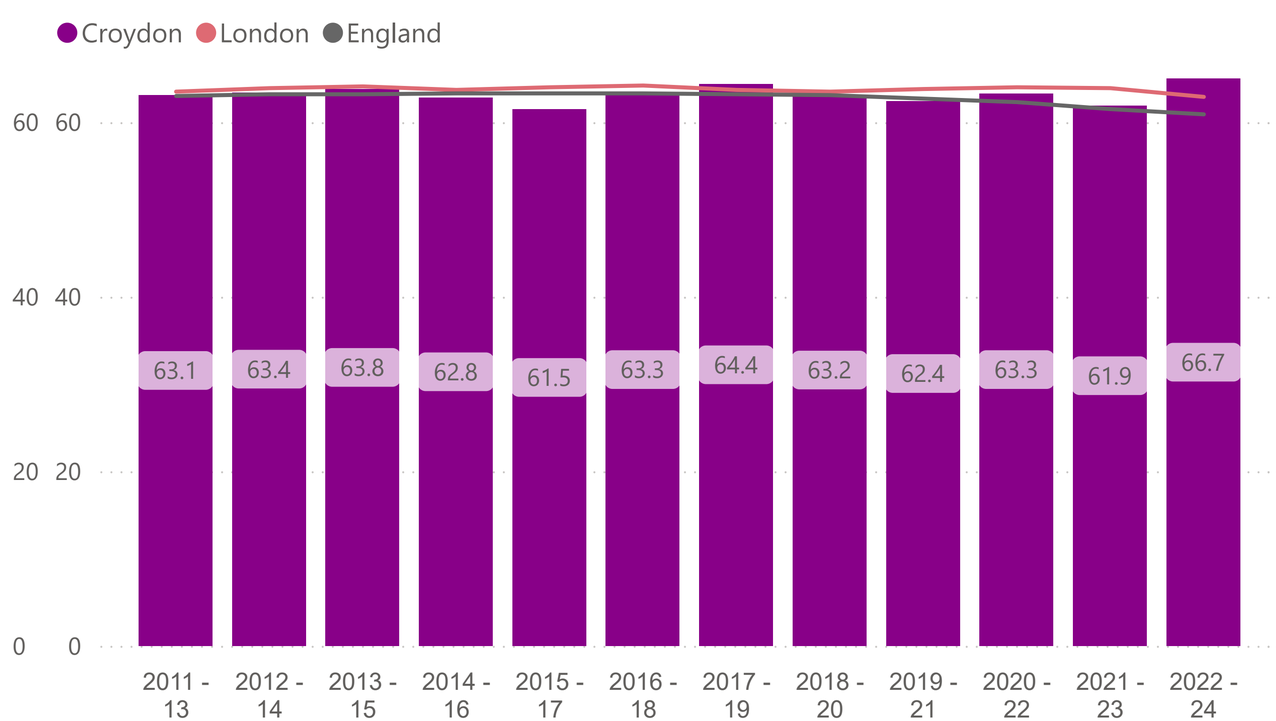
Healthy life expectancy at birth (females)



Female

Croydon currently ranks 4 out of 32 London boroughs, where one is the top performing borough

Healthy life expectancy at birth (males)



Male

Croydon currently ranks 5 out of 32 London boroughs, where one is the top performing borough

Good to be

↑ High

Data source

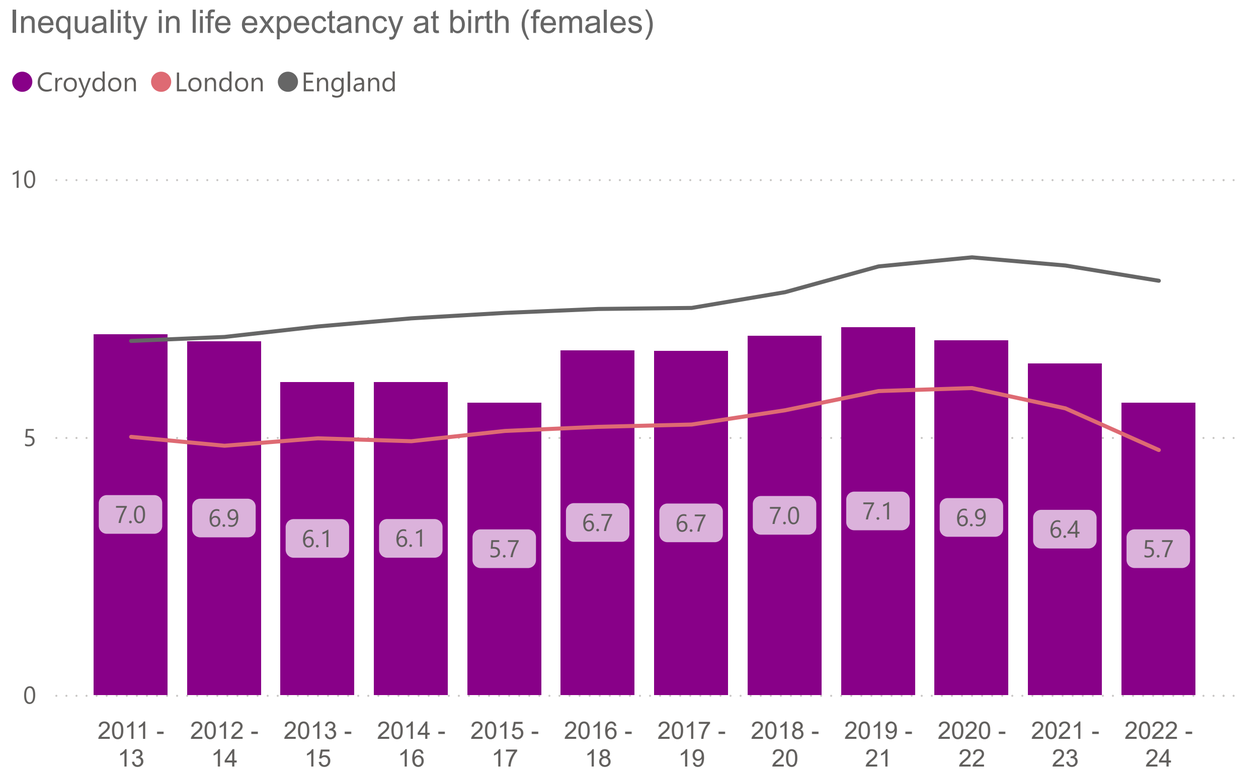
OHID fingertips, based on Office for National Statistics data

Link

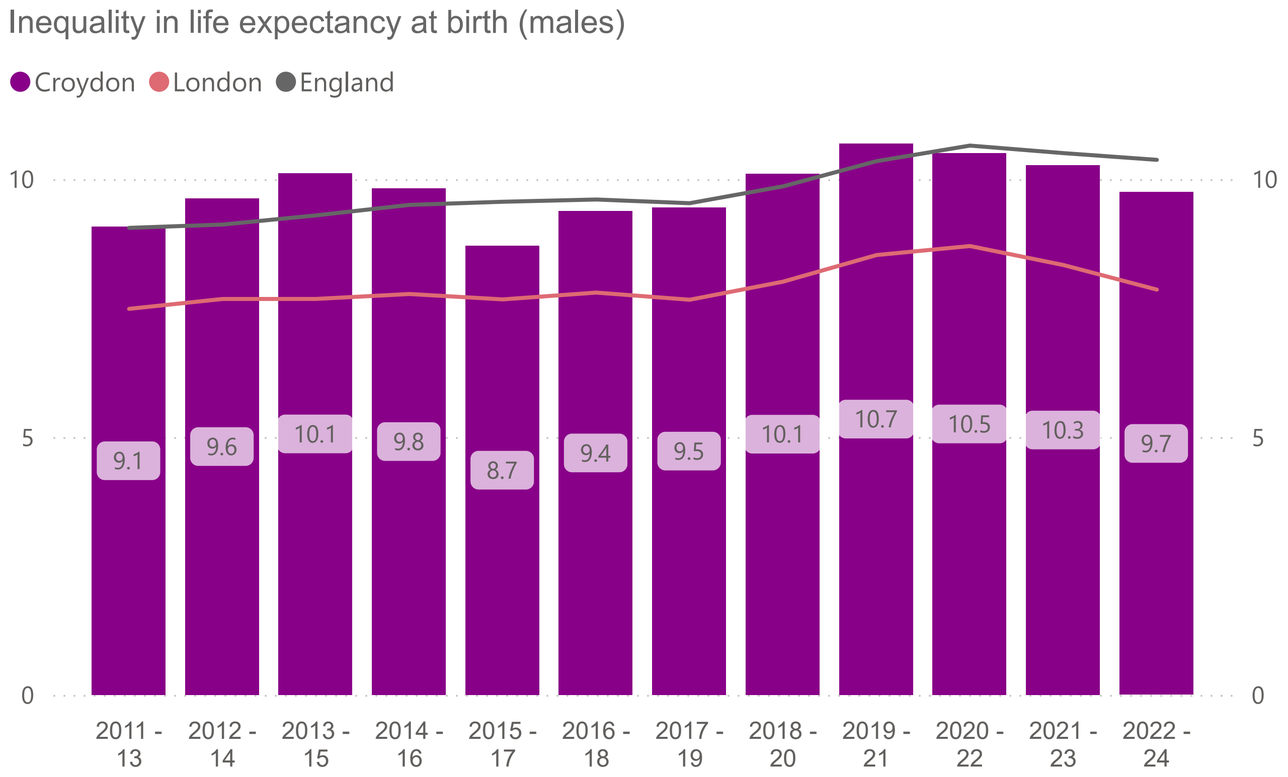
Inequality in life expectancy at birth

The slope index of inequality looks into the differences in life expectancy across the whole range of deprivation and summarises this into a single number, showing how many years separate life expectancy within Croydon's most and least deprived areas.

Inequality in life expectancy at birth (females)



Inequality in life expectancy at birth (males)



Good to be

Low

Female

Croydon currently ranks 26 out of 32 London boroughs, where one is the top performing borough

Male

Croydon currently ranks 29 out of 32 London boroughs, where one is the top performing borough

Data source

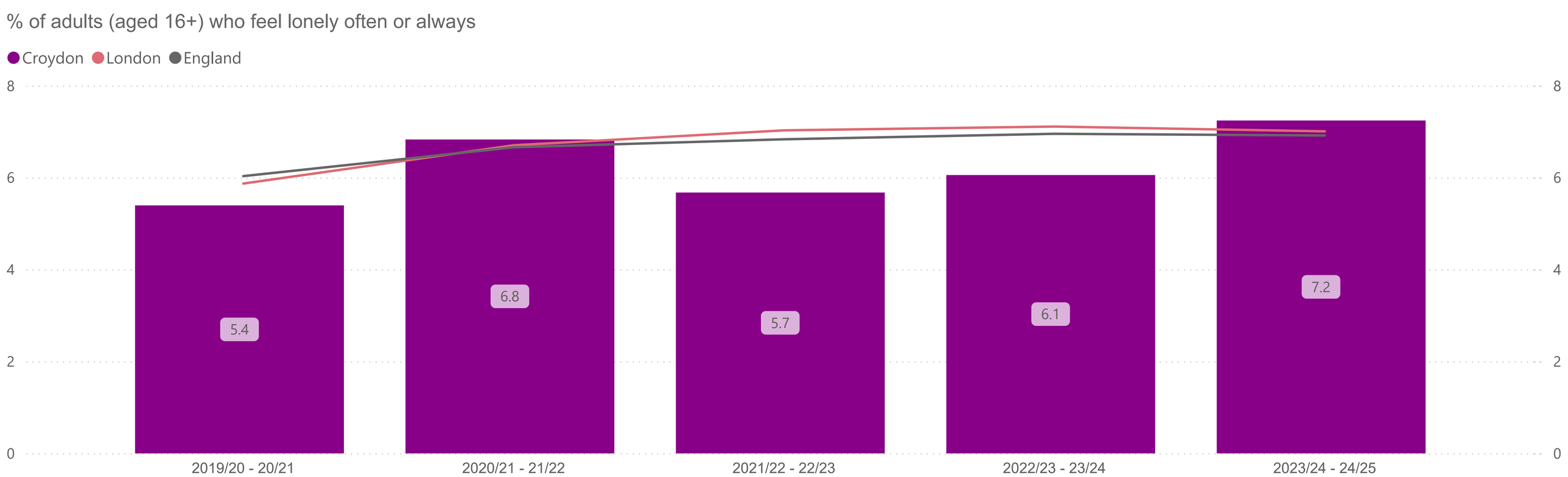
OHID fingertips, based on Office for National Statistics data

Link

% of adults (aged 16+) who feel lonely often or always

Feeling lonely frequently is linked to early deaths and its health impact is thought to be on a par with other public health priorities like obesity or smoking. Lonely people are more likely to be readmitted to hospital or have a longer stay and there is also evidence that lonely people are more likely to visit a General Practitioner or Accident and Emergency and more likely to enter local authority funded residential care. At work, higher loneliness among employees is associated with poorer performance on tasks and in a team, while social interaction at work has been linked to increased productivity.

Loneliness can affect us all, at any time of our lives, with a negative impact on community and individual wellbeing. When people feel lonely most or all of the time, this is referred to as chronic loneliness. Chronic loneliness can have a serious impact on an individual's well being, and their ability to function in society.



Good to be

Low

Croydon currently ranks 19 out of 32 London boroughs, where one is the top performing borough

Data source

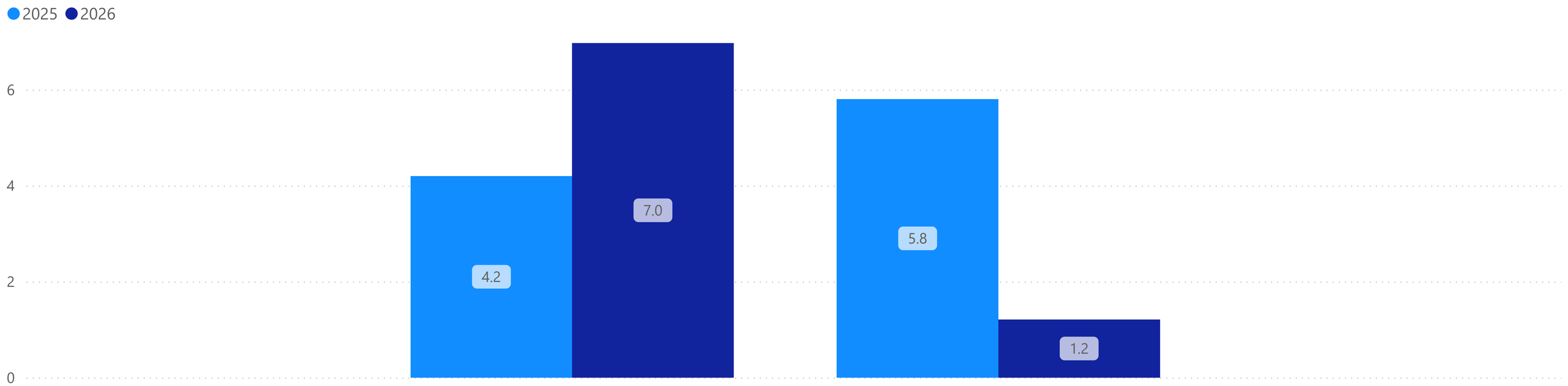
OHID fingertips, based on Sport England data

Link

Satisfaction with GP and pharmacy services in patients with a long-term mental health condition

Poor experiences can lead to reduced trust and worse health outcomes, especially for those with mental health conditions who may already have higher risk of poor health outcomes.

The annual GP patient survey records patient experience of their GP practice and pharmacy services as well as self-reported long-term conditions. The below data is aggregated up from PCN data to show the percentage gap in those responding 'good' or 'very good' to these questions between those with no long-term condition and those reporting a long-term mental health condition.



Good to be

Low

Data source

GP Patient Survey

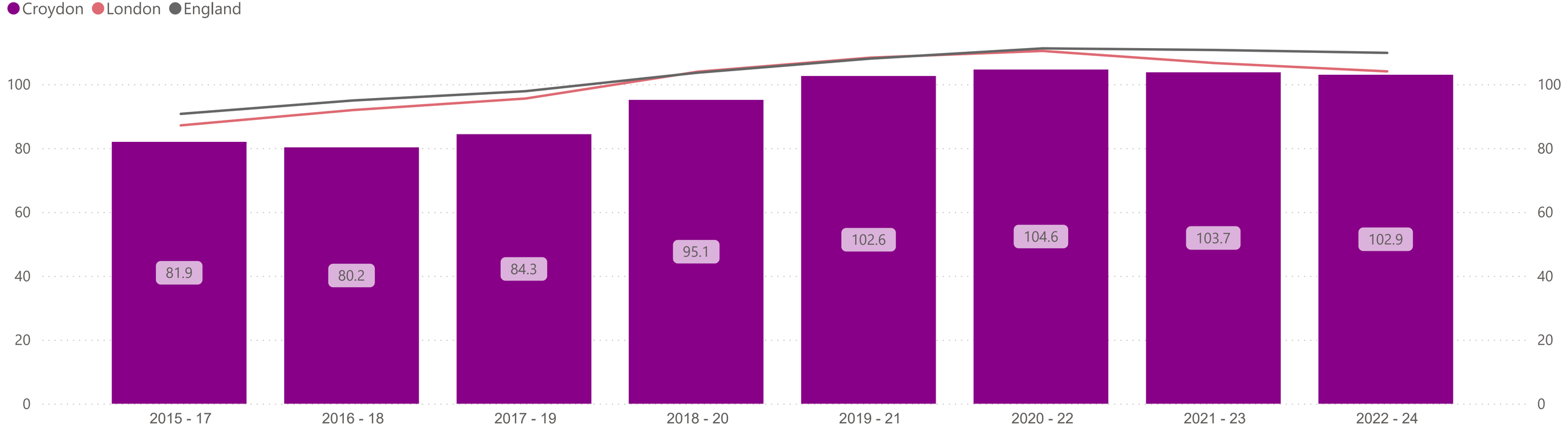
Link

Mortality for people (aged 18 to 74) referred to secondary mental health services (directly standardised rate)

People living with severe mental illness (SMI) experience some of the widest health inequalities in England. Their life expectancy is 15 to 20 years shorter than that of the general population. They also have a much higher risk of developing preventable physical conditions.
Compared with the general patient population, patients with SMI are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease. They make more use of secondary urgent and emergency care for their physical health conditions.

This indicator uses people with an open referral to secondary mental health services in the 5 years before their death as a proxy for ‘people with a severe and enduring mental problems’.

Mortality for people (aged 18 to 74) referred to secondary mental health services (directly standardised rate)



Good to be

Low

Croydon currently ranks 16 out of 32 London boroughs, where one is the top performing borough

Data source

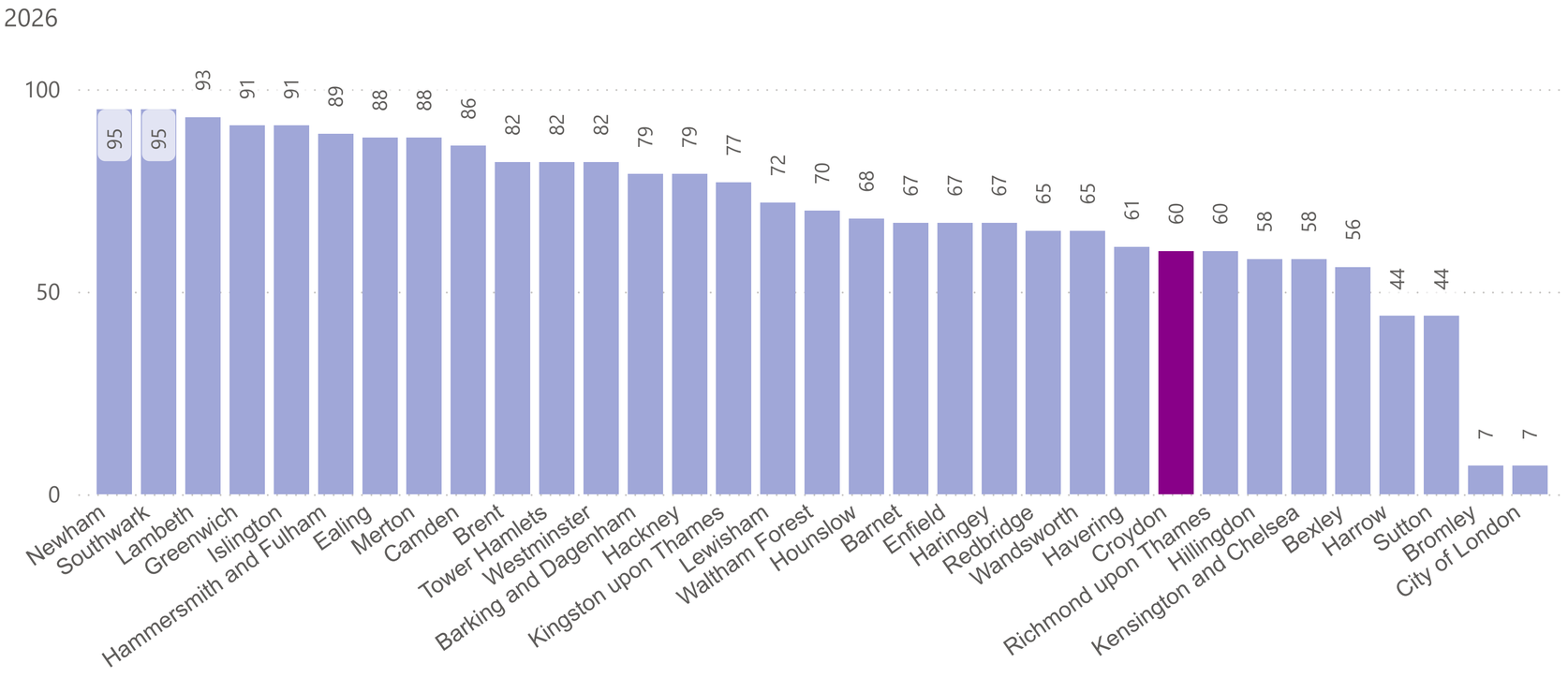
OHID fingertips, based on NHS England and Office for National Statistics data

Link

Whole systems approach to food

Taken from the Sustain Good Food Local: the London report. The following data shows which councils in London are showing leadership on a whole-systems approach to food across the six key themes from the established Sustainable Food Places framework (see details on the right). In addition, councils are asked how work on ethnic and cultural diversity in the food system is embedded across all themes.

Data of all these areas are combined to give each council an overall percentage score (shown below). Councils with the same overall score are listed in alphabetical order. In the latest report (2026), City of London and Bromley were non-responders.



Food governance and strategy

- Support the development of a food partnership and food strategy covering the six key issues in the Sustainable Food Places (SFP) framework.

Food growing and other community food action

- Appoint a dedicated Food Growing Officer in the council, work collaboratively with local groups to identify and map land suitable for growing, and establish a clear process for residents to request and access land for cultivation.
- Ensure good food initiatives are celebrated across the council's communications channels and through events and projects, and where possible provide micro-grants to community groups, utilising the **Sustainable Food Places Good Food Movement framework**.

Sustainable food economy

- Ensure borough wide Food Strategies include plans to expand local production, processing, distribution and retailing to support the local economy and ensure healthy, sustainable and locally produced food is more accessible.

Catering and procurement

- Sign the London Food Purchasing Commitment and join the working group of London councils to ensure food purchased and sold across council services is healthy and climate friendly.

Food for the Planet

- Include timebound, specific and measurable targets on food in climate and nature strategies and assign capacity to act on these commitments.

Healthy Food for All

- Strengthen and embed accessible cash-first crisis support schemes and financial resilience-building services, in line with the new Crisis and Resilience Fund. This can include wraparound services co-located with community food projects, including advice and support to maximise income at the earliest opportunity.
- Develop an action plan based on local needs to increase uptake of Healthy Start cards and vitamins, including training for frontline staff, targeted outreach using postcode-specific data, and working with local retailers to promote the scheme.
- Urgently review food provision for people seeking asylum, particularly with regards to food safety standards and infant feeding, and bring together relevant council teams and local partners to improve access to food and kitchens.
- Resource nutritious meal provision inside and outside of the home for older and disabled residents who need it. Ensure there are strong referral pathways into services, and that staff have the right skills and knowledge to support people to prepare and eat meals.
- Assign resources to develop a healthier food advertising policy for the council following Sustain's good practice guidance.
- Use planning strategies to manage and restrict new hot food takeaways serving less healthy food.

Good to be

High

Croydon currently ranks 25 out of 33 London boroughs, where one is the top performing borough

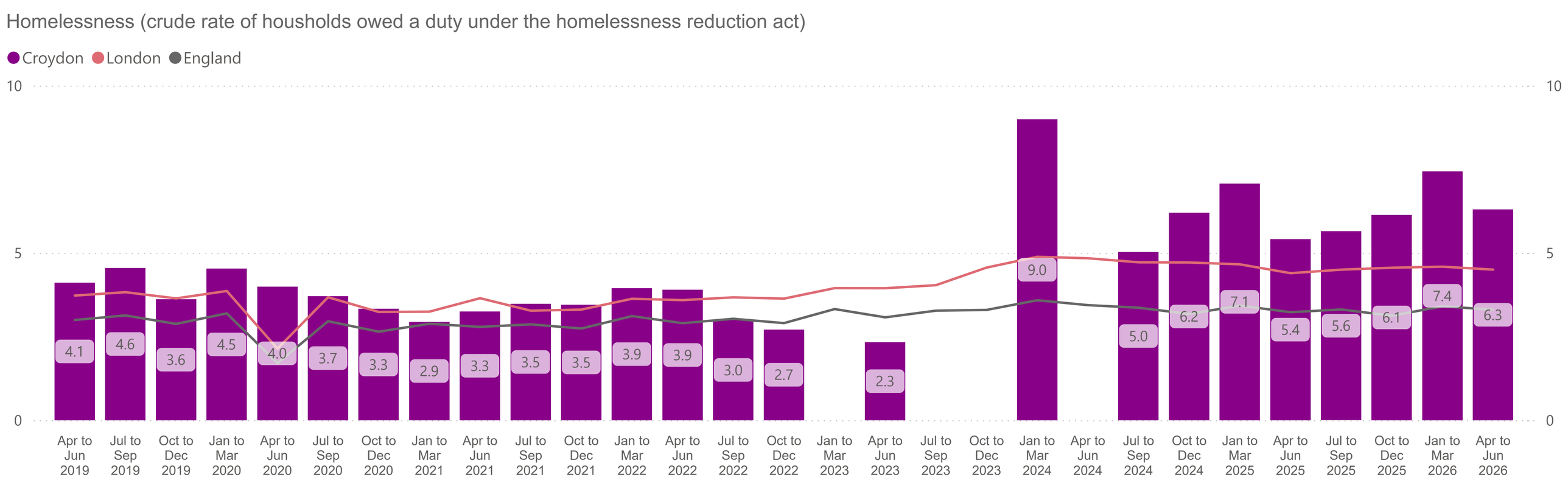
Data source

Sustain: the alliance for better food and farming

Link

Homelessness (crude rate of housholds owed a duty under the homelessness reduction act)

Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health. The Homelessness Reduction Act (HRA) introduced new homelessness duties which meant significantly more households are being provided with a statutory service by local housing authorities than before the Act came into force in April 2018. The HRA introduced new prevention and relief duties, that are owed to all eligible households who are homeless or threatened with becoming homeless, including those single adult households who do not have ‘priority need’ under the legislation. Prevention duties include any activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless. Relief duties are owed to households that are already homeless and require help to secure settled accommodation.



Good to be

Low

Croydon currently ranks 31 out of 33 London boroughs, where one is the top performing borough

Data source

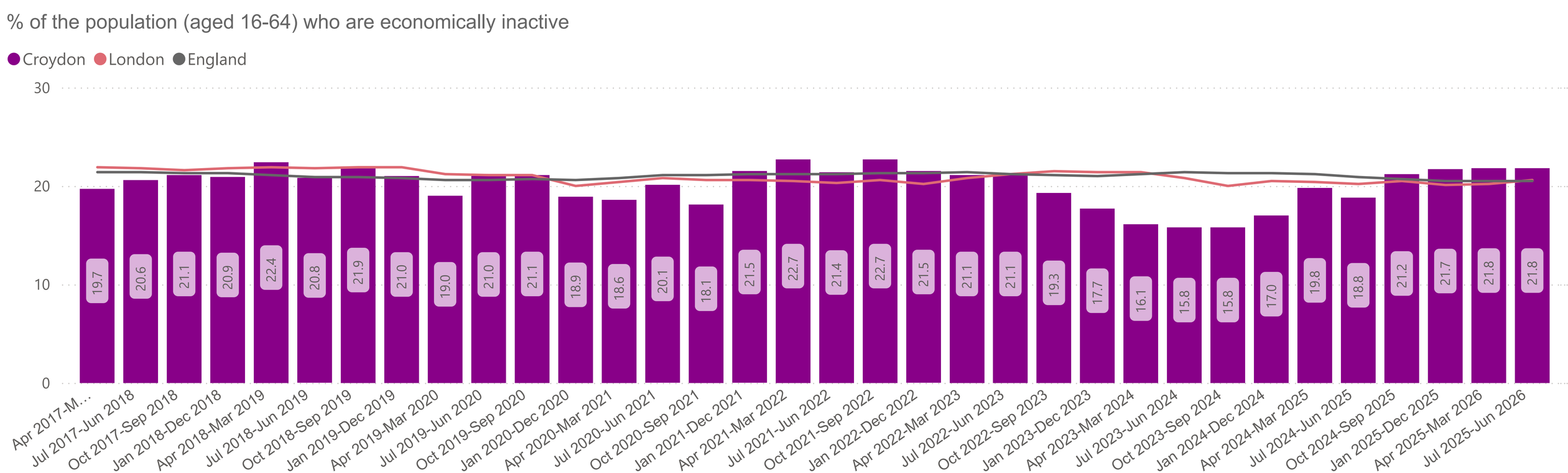
Ministry of Housing, Communities and Local Government data

Link

% of the population (aged 16-64) who are economically inactive

The percentage of the population aged 16-64 years who are economically inactive (i.e. neither in employment nor unemployed). Groups comprising the economically inactive include: the long-term sick or disabled, the temporary sick (with no employment), people looking after family/home, students, and retired people. The individual level interventions that may improve the health outcomes of economically inactive people, including helping people back to work where appropriate (a focus of the 'Improving lives: Work, health and disability' green paper) are different to those for unemployed people.

The economically inactive population should not be considered as a homogenous group, but on average do have poorer health on a variety of measures (mainly because ill health/disability is a major cause of inactivity). Higher economic inactivity at a local authority or regional level is clearly associated with negative health outcomes (a simple bivariate regression shows variation in economic inactivity rate 'explains' around 20% of variation in life expectancy at birth at lower tier LA level).



Good to be

Low

Croydon currently ranks 24 out of 32 London boroughs, where one is the top performing borough

Data source

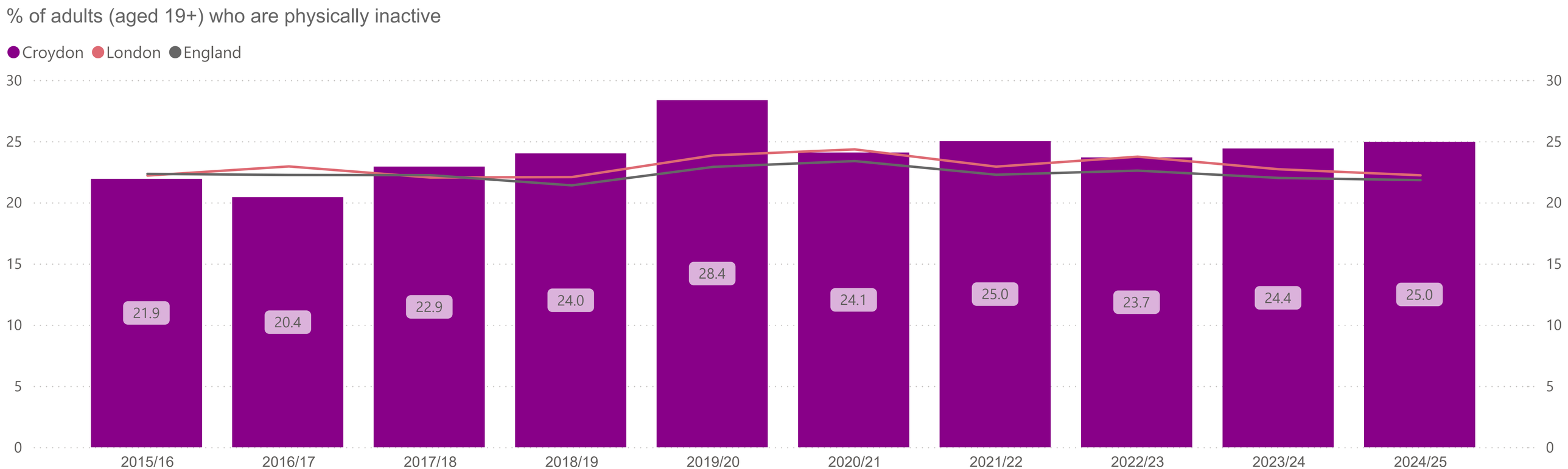
NOMIS, based on ONS annual population survey

Link

% of adults (aged 19+) who are physically inactive

Physical inactivity is defined as engaging in less than 30 minutes of physical activity per week. Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.

While increasing the activity levels of all adults who are not meeting the recommendations is important, targeting those adults who are significantly inactive (i.e. engaging in less than 30 minutes of activity per week) will produce the greatest reduction in chronic disease.



Good to be

Low

Croydon currently ranks 23 out of 33 London boroughs, where one is the top performing borough

Data source

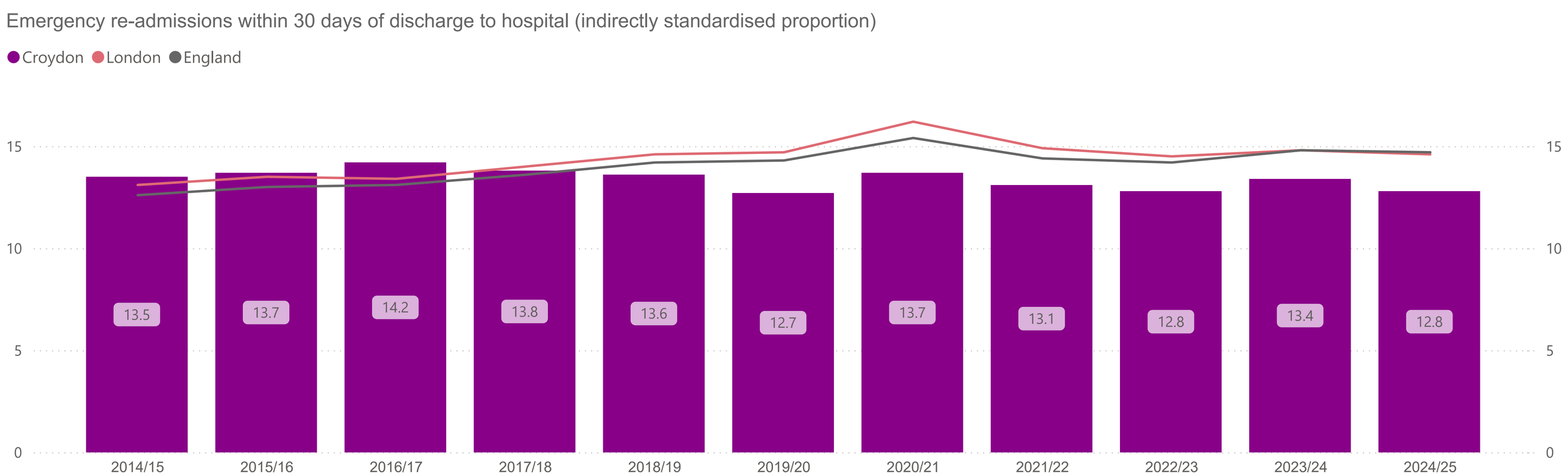
OHID fingertips, based on Sport England data

Link

Emergency re-admissions within 30 days of discharge to hospital (indirectly standardised proportion)

This indicator reflects the importance of helping people to recover from episodes of ill health or following injury. These can be seen as two complementary objectives: preventing conditions from becoming more serious (wherever possible) and helping people to recover effectively.

Healthcare, along with social care, is a major determinant of how well a patient recovers (including through rehabilitation) following illness or injury; if a person does not recover well, it is more likely that they will require hospital treatment again within the next 30 days. Thus, readmissions have been widely used as an indicator of the success of health and social care in helping people to recover.



Good to be

Low

Croydon currently ranks 8 out of 32 London boroughs, where one is the top performing borough

Data source

OHID fingertips, based on NHS data

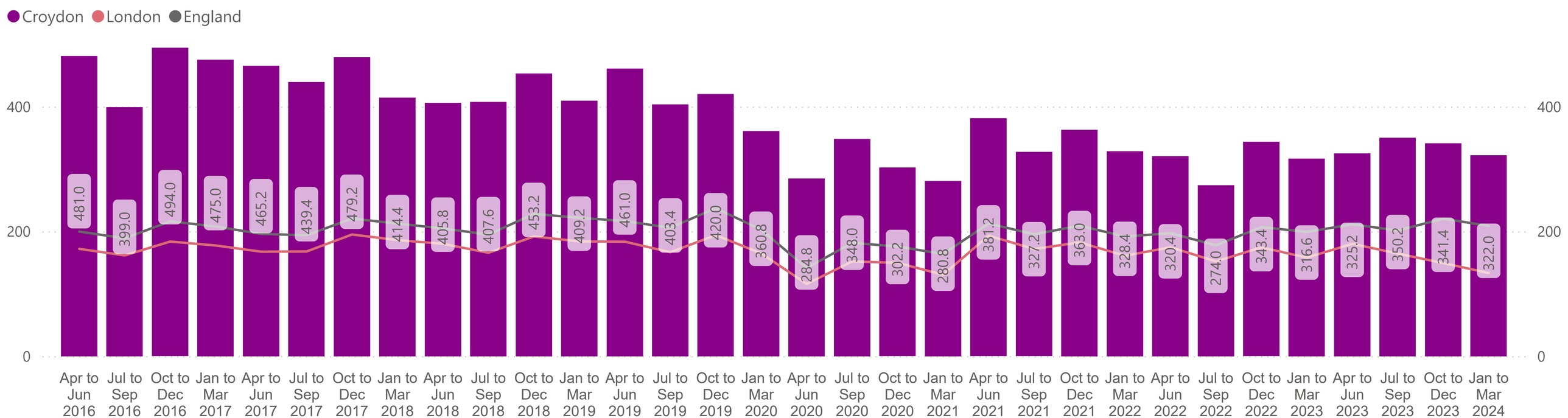
Link

Unplanned hospitalisation for chronic ambulatory care sensitive conditions (indirectly standardised rate)

This indicator measures how many people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy and high blood pressure.

This outcome is concerned with how successfully the system manages to reduce emergency admissions for all long-term conditions where optimum management can be achieved in the community.

Unplanned hospitalisation for chronic ambulatory care sensitive conditions (indirectly standardised rate)



Good to be

Low

Croydon currently ranks 20 out of 32 London boroughs, where one is the top performing borough

Data source

NHS Outcomes Framework

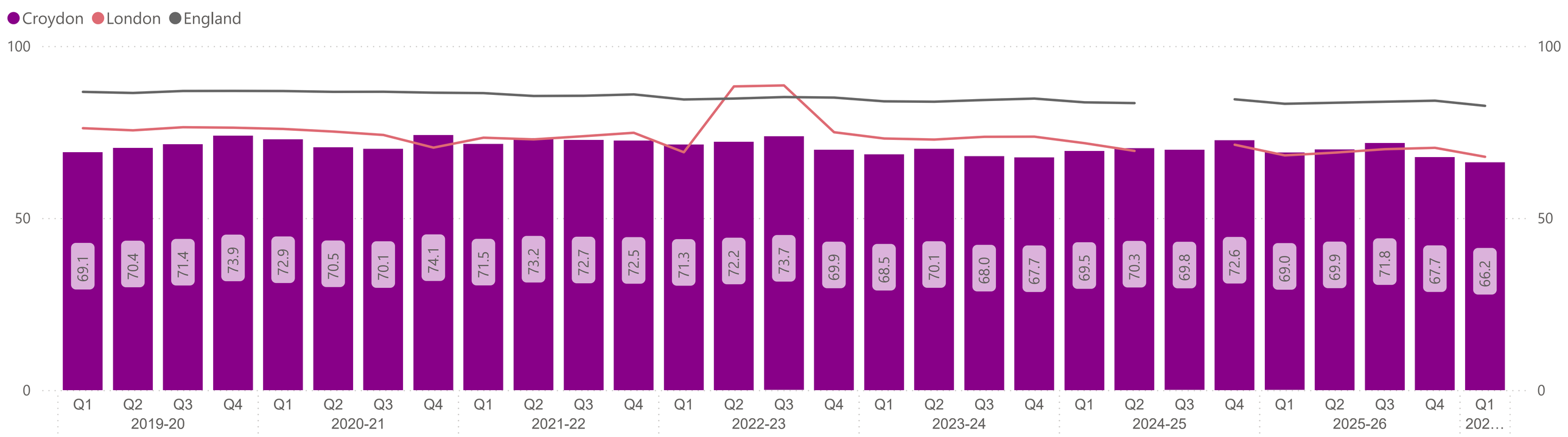
Link

% of population with MMR vaccination (2 doses by 5 years old)

MMR is the combined vaccine that protects against measles, mumps and rubella. Measles, mumps and rubella are highly infectious, common conditions that can have serious complications, including meningitis, swelling of the brain (encephalitis) and deafness. They can also lead to complications in pregnancy that affect the unborn baby and can lead to miscarriage.

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise.

The World Health Organisation (WHO) has set vaccination coverage targets, which have been adopted by the Department of Health. 95 percent target for vaccination coverage is required nationally with at least 90 percent coverage in each Local Authority.



Good to be

High

Croydon currently ranks 21 out of 32 London boroughs, where one is the top performing borough

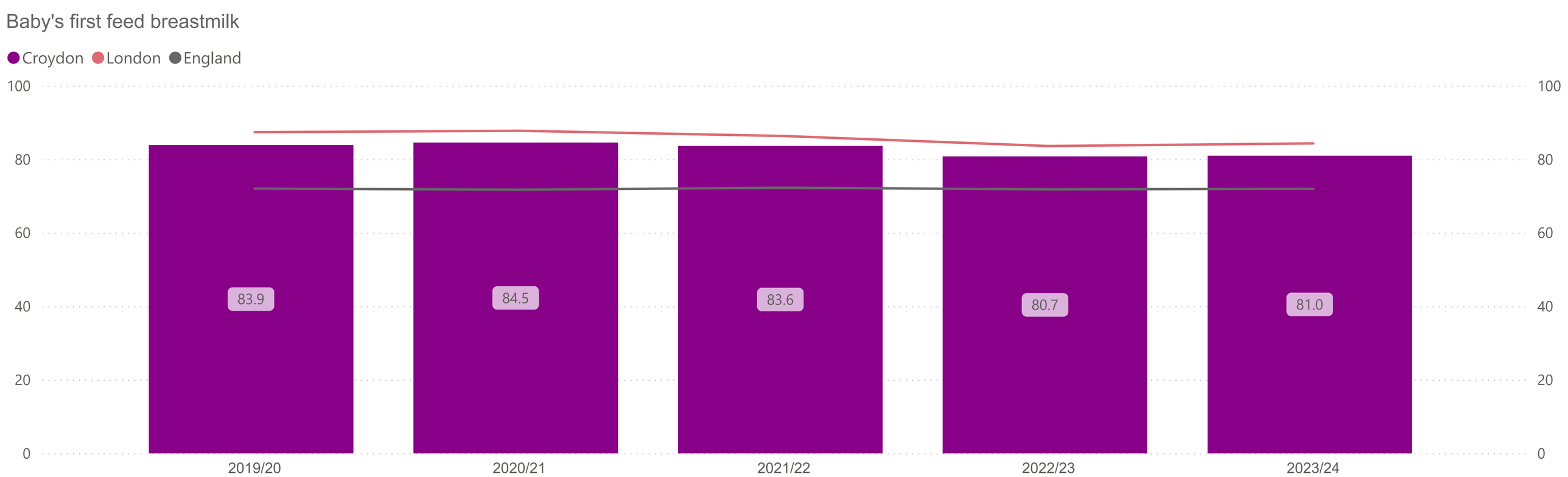
Data source

UKHSA Cover of vaccination evaluated rapidly (COVER) programme quarterly data

Link

Baby's first feed breastmilk

The importance of first feed breastmilk is twofold; the establishment and continuation of breastfeeding begins with initiation and first feed, and the feeding of colostrum in the first hours and days of life confers sophisticated protective benefits.
Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother and result in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants. Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that not breastfeeding is linked to an increased risk of gastrointestinal and respiratory tract infections. There is growing evidence that not breastfeeding might increase the risk of obesity later in life. Breastfeeding is associated with improved maternal health: lower risk of breast cancer and endometriosis, and greater postpartum weight loss and lower body mass index (BMI) in the longer term. There is some evidence to suggest that breastfeeding protects against ovarian cancer.



Good to be

High

Croydon currently ranks 27 out of 32 London boroughs, where one is the top performing borough

Data source

OHID fingertips, based on NHS data

Link

% of pupils with identified SEN continuing to a sustained education, apprenticeship or employment destination in the year after completing key stage 4

Destination measures provide information on the success of schools and colleges in helping young people continue in education, apprenticeships or employment.

These figures show the percentage of pupils with identified SEN continuing to a sustained education, apprenticeship or employment destination in the year after completing key stage 4 study (after year 11) from state-funded mainstream and special schools.



Good to be

High

Croydon currently ranks 19 out of 32 London boroughs, where one is the top performing borough

Data source

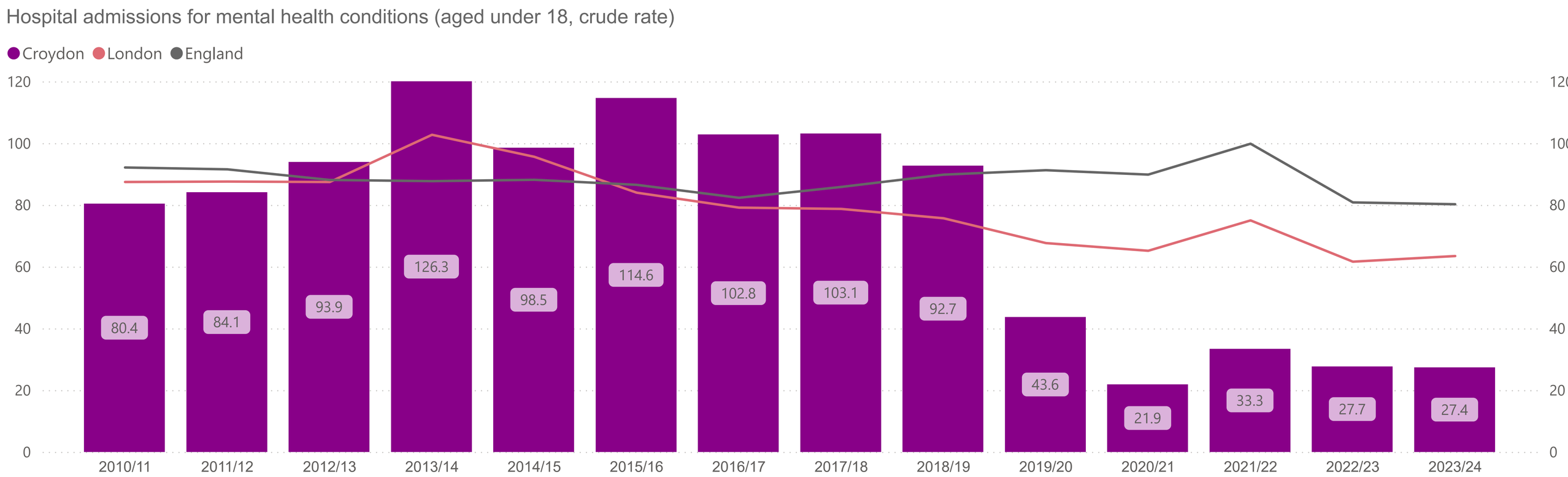
DfE, Key stage 4 destination measures

Link

Hospital admissions for mental health conditions (aged under 18, crude rate)

Inpatient admission rate for mental health disorders per 100,000 population.

One in ten children aged 5 to 16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15 to 16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.



Good to be

Low

Croydon currently ranks 2 out of 32 London boroughs, where one is the top performing borough

Data source

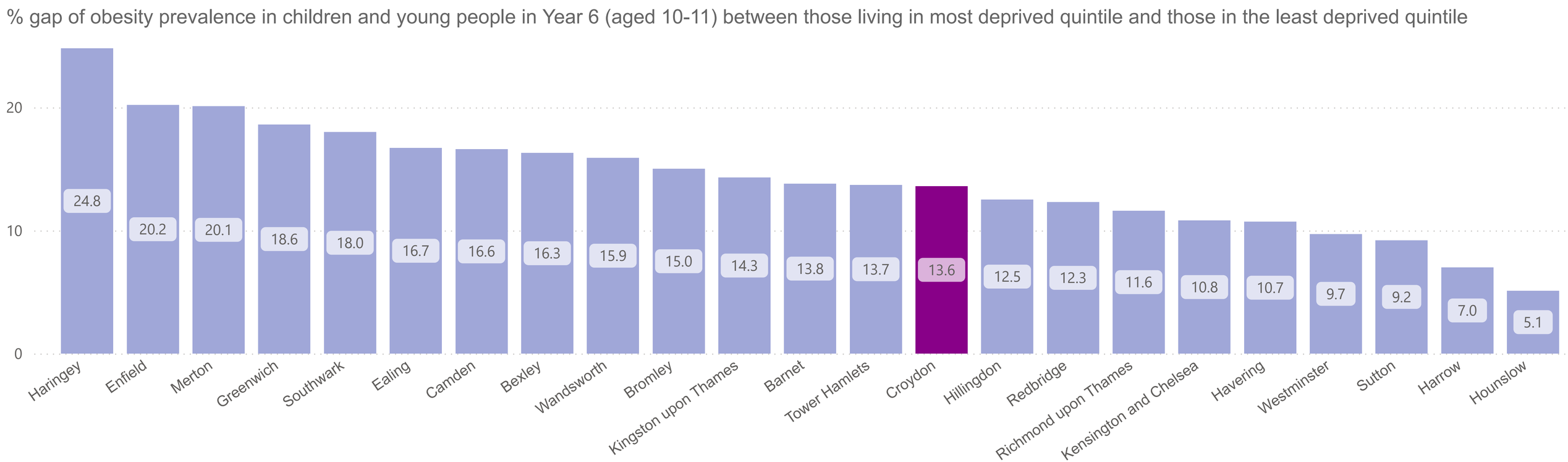
OHID fingertips, based on NHS England and Office for National Statistics data

Link

% gap of obesity prevalence in children and young people in Year 6 (aged 10-11) between those living in most deprived quintile and those in the least deprived quintile

There are large inequalities in childhood obesity. In 2024/25 children in year 6 (age 10 to 11 years) living in the most deprived areas in England were more than twice as likely to be living with obesity compared to those living in the least deprived areas.

For population monitoring purposes, a child's body mass index (BMI) is classed as overweight or obese where it is on or above the 85th centile or 95th centile, respectively, based on the British 1990 (UK90) growth reference data. The population monitoring cut offs for overweight and obesity are lower than the clinical cut offs (91st and 98th centiles for overweight and obesity) used to assess individual children; this is to capture children in the population in the clinical overweight or obesity BMI categories and those who are at high risk of moving into the clinical overweight or clinical obesity categories. This helps ensure that adequate services are planned and delivered for the whole population to treat and prevent obesity and promote healthy growth for all children.



Good to be

Low

Croydon currently ranks 10 out of 23 London boroughs, where one is the top performing borough

Data source

OHID fingertips, based on NCMP data

Link