

# Croydon Joint Strategic Needs Assessment Croydon Key Dataset 2014/15 (draft)

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The data in this chapter was the most recent published data as at **5<sup>th</sup> August 2014**. 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 2014/15 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 200 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, and by providing trend data, 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. 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 263), 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

The **London average** is shown by a grey diamond. If the circle (Croydon) is to the left of the diamond (London), Croydon's figures are worse than the London average, or need is

<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

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 223 shows the rate of people successfully quitting smoking to be worse than the England average and similar to London as a whole. The trend over both one and three years in Croydon's position has improved.

Indicator 224 shows the rate of smoking attributable hospital admissions to be better than both the London and England averages. The trend over one year appears to have worsened; data is not available to show the trend over three years.

Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
223 Smoking quitters (rate per 100,000 people aged over 16)	793	805	868		<span style="color: green;">▶</span>	<span style="color: green;">▶</span>
224 Smoking attributable hospital admissions (rate per 100,000 population aged over 35)	1,216	1,331	1,420		<span style="color: red;">▶</span>	no data

### 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 (5<sup>th</sup> August 2014) 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 2014/15 dataset

The format of the dataset is similar to previous years.

The indicators included in the dataset were further developed in response to feedback received about last year's key dataset, and in consultation with the JSNA Steering Group, who nominated relevant leads within the council and CCG, who were also consulted.

## New indicators

This year, several new indicators were added and some existing indicators were revised:

- Where new data was published for **national outcomes frameworks**:
  - Adult Social Care Outcomes Framework (ASCOF)
  - Clinical Commissioning Group Outcomes Indicator Set (CCGOIS)
  - NHS Outcomes Framework (NHSOF)
  - Public Health Outcomes Framework (PHOF)
- In response to feedback received on the dataset, and consultation with the JSNA Steering Group and other leads within the council and CCG.

## Excluded indicators

To keep the dataset focused on providing useful data, some indicators were excluded:

- Indicators were considered for exclusion based on the following criteria:
  - **No new data** has been published;
  - The data effectively **duplicates** other indicators i.e. where the topic is similar, or other indicators are based on the same survey sample;
  - The indicator is based on **small numbers** and has large confidence intervals;
  - The **data quality** is poor.
- A proposed list of indicators was sent to the JSNA Steering Group and nominated leads within the council and CCG for consultation.

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

## Summary of the Croydon JSNA Key Dataset 2014/15

There are many potential approaches to summarising the wealth of information contained in the dataset. This year's 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) - (L): 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 263 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)					No trend data
				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)	
Performance (worst – best)	Better than England average	Best 25% LAs / CCGs	Statistically significant (green)			(E)	(D)	(A)	No indicators
			Not statistically significant (white*)			No indicators	No indicators	(B)	No indicators
		Middle 50% LAs / CCGs	Statistically significant (green)					(C)	
			Not statistically significant (yellow or white*)						
	Worse than England average	Middle 50% LAs / CCGs	Not statistically significant (yellow or white*)	(N)					
			Statistically significant (red)	(H)	(O)				
		Worst 25% LAs / CCGs	Not statistically significant (white*)	(G)	(J)	(L)			No indicators
			Statistically significant (red)	(F)	(I)	(K)			(M)

\* 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) - (L): 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**

- 69 Pupil absence
- 89 Smoking during pregnancy
- 91 Breastfeeding prevalence at 6-8 weeks
- 95 Access to NHS funded abortions
- 103 Uptake of HIV testing
- 114 16-18 year olds not in education, employment or training
- 183 Incidence of bladder cancer
- 201 Hospital admissions for long-term neurological conditions

#### (B)

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

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

- 157 Spend on infectious diseases

#### (C)

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

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

- 22 Household waste recycling
- 111 Genital warts diagnoses

#### (D)

**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
- 67 Attainment at key stage 4
- 68 Gap in attainment at key stage 4
- 74 Looked after children living in the same placement for at least 2 years
- 85 Emergency admissions for children with lower respiratory tract infections
- 188 Access to diabetic retinopathy screening
- 197 Hospital stays for self-harm
- 200 Excess under 75 mortality in adults with serious mental illness
- 254 Incidence of C difficile



## Areas where Croydon is performing well (continued)

### (E)

**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
- 30 Clients receiving self-directed support
- 78 Hospital admissions for children due to alcohol specific conditions
- 90 Breastfeeding initiation within 48 hours
- 113 People qualified to degree level or equivalent
- 115 19 year olds attaining 2 A-levels or equivalent
- 129 Permanent admissions of adults aged 18 to 64 to care homes
- 135 Permanent admissions of older people to care homes
- 168 Deaths from oesophageal cancer

## 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**

- 11 Households in temporary accommodation
- 58 DTaP / IPV booster vaccination at 5 years
- 70 First-time entrants to the youth justice system
- 100 Pelvic inflammatory disease (PID) admissions
- 101 Ectopic pregnancy admissions
- 109 Syphilis diagnoses
- 128 Flu vaccination coverage (at-risk individuals aged under 65 years)
- 176 Breast screening rate

### (G)

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

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

- 203 Spend on vision problems
- 207 Spend on cardiovascular diseases

### (H)

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

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

- 147 Inequality in life expectancy between deprived and affluent areas (women)
- 232 Alcohol attributable hospital admissions (broad definition)
- 245 All cause elective hospital admissions

## Challenges (continued)

### (I)

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

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

- 31 Clients receiving direct payments
- 54 DTaP / IPV / Hib vaccination at 1 year
- 60 HPV vaccination for girls aged 12-13 years
- 71 Youth re-offending
- 77 Excess weight in 10-11 year olds
- 86 Emergency admissions for asthma, diabetes and epilepsy in children
- 88 Antenatal risk assessments before 13 weeks
- 96 Abortion rate
- 104 Persons presenting with HIV at a late stage of infection
- 106 Chlamydia diagnoses (ages 15-24)<sup>2</sup>
- 127 Adults with a learning disability who live in their own home or with their family
- 132 PPV vaccination coverage (ages over 65)
- 150 Self-reported life satisfaction
- 229 Successful completion of drug treatment (non-opiate users)
- 230 Alcohol related recorded crimes
- 235 Successful completion of alcohol treatment

### (J)

**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
- 161 Spend on cancers and tumours
- 186 Spend on endocrine, nutritional and metabolic problems
- 255 Patient reported improvement following hip replacement
- 257 Patient reported improvement following groin hernia

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<sup>2</sup> This indicator is grouped under Challenges because 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.

**Challenges (continued)****(K)****Performance: Significantly worse than England and in worst 25% of LA/CCGs****Trend: Does not consistently show improvement or deterioration**

- 10 Homelessness acceptances
- 13 Total police recorded crime
- 16 Violence against the person offences
- 17 Sexual violence offences
- 23 Complaints about noise
- 48 Low birth weight of all babies
- 55 Hib / MenC booster vaccination at 2 years
- 57 MMR vaccination one dose at 2 years
- 59 MMR vaccination two doses at 5 years
- 97 Repeat abortions (ages under 25)
- 102 HIV prevalence
- 107 Chlamydia diagnoses (ages 25 and over)
- 158 Deaths from communicable diseases
- 159 New cases of tuberculosis
- 181 Incidence of prostate cancer
- 194 People entering talking therapies
- 196 Diagnosis rate for dementia
- 216 Diagnosis rate for COPD
- 227 Drug offences
- 237 Fast food outlets

**(L)****Performance: Cannot calculate statistical significance and in worst 25% of LA/CCGs****Trend: Does not consistently show improvement or deterioration**

- 20 NHS organisations with a sustainable development management plan
- 24 Daytime road, rail and air transport noise
- 213 Spend on problems of the respiratory system

**(M)****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
- 189 Newly diagnosed diabetes referred to structured education
- 202 Emergency admissions for epilepsy
- 204 NHS sight tests
- 258 Offered an NHS health check
- 259 Received an NHS health check

## 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**

- 14 Adult re-offending
- 138 Life expectancy at birth (men)
- 144 Disability-free life expectancy at birth (men)
- 146 Inequality in life expectancy between deprived and affluent areas (men)
- 167 Incidence of oesophageal cancer
- 170 Deaths from stomach cancer
- 177 Incidence of breast cancer
- 182 Deaths from prostate cancer
- 209 Early deaths from cardiovascular diseases considered preventable
- 214 Early deaths from respiratory diseases

### (O)

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

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

- 65 Attainment at key stage 2
- 77A Children travelling to school by public transport, cycling or walking
- 179 Cervical screening rate
- 247 Emergency readmissions within 30 days of discharge
- 249 Emergency admissions for chronic ambulatory care sensitive conditions

## Measures of need

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

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

**Table 2: Method used to summarise measures of need**

				Trend over time (increasing – decreasing)					No trend data
				Consistent increase (2 reds)	1 or 3 year trend shows increase(1 red)	No consistent increase or decrease	1 or 3 year trend shows decrease (1 green)	Consistent decrease (2 greens)	
Need (high – low)	Lower than England average	Lowest 25% LAs / CCGs	Statistically significant (green)						
			Not statistically significant (white*)						
		Middle 50% LAs / CCGs	Statistically significant (green)						
			Not statistically significant (yellow or white*)						
	Higher than England average	Middle 50% LAs / CCGs	Not statistically significant (yellow or white*)	No indicators					
			Statistically significant (red)	(P)	(T)				
		Highest 25% LAs / CCGs	Not statistically significant (white*)	No indicators	No indicators	No indicators			(S)
			Statistically significant (red)	No indicators	(Q)	(R)			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 middle50% of LA/CCGs**

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

84 Children with autistic spectrum disorder known to schools

#### (Q)

**Need: Significantly higher than England and in highest25% of LA/CCGs**

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

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

199 GP recorded severe mental illness prevalence

#### (R)

**Need: Significantly higher than England and in highest25%of LA/CCGs**

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

73 Unaccompanied asylum seeking children

#### (S)

**Need: Cannot calculate statistical significance and in highest25%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.

#### (Q)

**Need: Significantly higher than England and in middle50% of LA/CCGs**

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

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

187 GP recorded diabetes prevalence

## CROYDON JSNA KEY DATASET 2014/15

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
<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)	2.00	1.74	1.85		▶	—	2013	n/a
	3 Population turnover (rate per 1,000 population)	121	174	111		—	—	2013	n/a
	4 International migrants identified on GP register (rate per 1,000 population)	16.5	25.0	10.8		—	▶	Mid 2011 - Mid 2012	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)	9.9%	11.6%	4.8%		no data	no data	2011	n/a
	8 Households on local authority housing waiting lists (rate per 1,000 households)	59.4	101.7	74.9		◀	no data	2013	n/a
	9 Fuel poverty (% of households)	8.8%	8.9%	10.4%		▶	no data	2012	PHOF

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frameworks
Homelessness	10 Homelessness acceptances (rate per 1,000 households)	5.1	5.0	2.3		▶	◀	2013/14	PHOF
	11 Households in temporary accommodation (rate per 1,000 households)	16.2	12.8	2.6		◀	◀	2013/14	PHOF
	12 Households in bed & breakfast accommodation (rate per 1,000 households)	0.95	0.66	0.19		—	▶	2013/14	n/a
Crime	13 Total police recorded crime (rate per 1,000 population)	76.3	83.9	61.3		—	—	2013/14	n/a
	14 Adult re-offending (% re-offending within 12 months)	25.4%	25.1%	25.1%		◀	◀	Oct 2011 to Sep 2012	PHOF
	15 Average number of re-offences (number per offender)	0.79	0.73	0.77		—	▶	Oct 2011 to Sep 2012	PHOF
See also <i>Youth Offending in Early Life</i> section, <i>227 Drug offences</i> and <i>230 Alcohol related recorded crimes</i>									
Violence	16 Violence against the person offences (rate per 1,000 population)	15.3	15.5	11.1		▶	◀	2013/14	PHOF
	17 Sexual violence offences (rate per 1,000 population)	1.49	1.34	1.12		—	—	2013/14	PHOF
	18 Emergency admissions for violence (rate per 100,000 population)	55.9	57.7	57.6		—	no data	2010/11 - 12/13	PHOF
	19 Domestic abuse incidents recorded by the police (rate per 100,000 population aged over 18)	18.6	18.5	18.8		▶	no data	2012/13	PHOF



Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
Environment	20 NHS organisations with a sustainable development management plan (% of organisations)	40%	50%	59%		—	no data	2012/13	PHOF
	21 Carbon dioxide emissions within the scope of influence of local authorities (tonnes per resident)	4.2	5.2	7.0		—	—	2012	n/a
	22 Household waste recycling (% sent for reuse, recycling or composting)	44.5%	34.0%	43.2%		▶	▶	2012/13	n/a
Noise	23 Complaints about noise (rate per 1,000 population)	11.0	16.4	7.5		—	no data	2011/12	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)	27.7	35.4	40.5		—	▶	2010 - 12	PHOF

See also *Injuries* in *Early Life* section


Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
Social care	28 Social care-related quality of life (score)	18.7	18.5	19		▶	▶	2013/14	ASCOF
	29 Clients who have control over their daily life (% of survey respondents)	74.9%	72.0%	76.7%		▶	no data	2013/14	ASCOF
	30 Clients receiving self-directed support (% of people using social care)	78.6%	67.5%	62.1%		◀	▶	2013/14	ASCOF
	31 Clients receiving direct payments (% of people using social care)	9.3%	22.1%	19.1%		◀	no data	2013/14	ASCOF
The data for indicators 30 and 31 are provisional and final data may change. See Appendix 2 for further information.									
Social care	32 Social isolation (% of survey respondents who had as much social contact as they would like)	44.3%	41.0%	44.2%		▶	◀	2013/14	ASCOF, PHOF
	33 Delayed transfers of care from hospital (rate per 100,000 population)	5.2	6.9	9.7		◀	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%	60.1%	64.9%		▶	no data	2013/14	ASCOF
	36 Clients who find it easy to find information about services (score)	73.1	72.6	74.7		—	no data	2013/14	ASCOF
	37 Clients who say they feel as safe as they want (% of survey respondents)	64.0%	63.1%	66.0%		▶	no data	2013/14	ASCOF
	38 Clients who say services have made them feel safe and secure (% of survey respondents)	71.0%	77.4%	79.2%		▶	no data	2013/14	ASCOF
See also <i>Social Care in 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
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)	0.82	0.81	0.81		no data	no data	2012/13	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
<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)	25.2%	26.5%	20.6%		—	—	2011	PHOF
	46 School children known to be eligible for free school meals (% of primary school pupils)	21.8%	21.0%	17.0%		—	◀	Jan 2014	n/a
	47 School children known to be eligible for free school meals (% of secondary school pupils)	18.1%	21.5%	14.6%		—	◀	Jan 2014	n/a
Low birth weight	48 Low birth weight of all babies (% under 2500 grams)	8.5%	7.9%	7.3%		◀	▶	2012	n/a
	49 Low birth weight of term babies (% under 2500 grams)	3.2%	3.2%	2.8%		◀	▶	2011	PHOF
Infant and child mortality	50 Perinatal mortality (rate per 1,000 total births)	8.4	7.8	7.3		▶	—	2010 - 12	NHSOF
	51 Neonatal mortality (rate per 1,000 live births)	2.3	3.1	3		▶	▶	2010 - 12	NHSOF
	52 Infant mortality (rate per 1,000 live births)	3.9	4.1	4.1		▶	▶	2010 - 12	NHSOF, PHOF
	53 Child mortality (rate per 100,000 children aged 1-17 years)	11.3	13.7	12.5		▶	no data	2010 - 12	n/a

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
Immunisation	54 DTaP / IPV / Hib vaccination coverage (1 year old)	91.1%	91.1%	94.7%		—	◀	2012/13	PHOF
	55 Hib / MenC booster vaccination coverage (2 years old)	86.6%	87.3%	92.7%		▶	◀	2012/13	PHOF
	56 PCV booster vaccination coverage (2 years old)	86.4%	86.6%	92.5%		▶	▶	2012/13	PHOF
	57 MMR vaccination coverage for one dose (2 years old)	86.5%	87.1%	92.3%		▶	◀	2012/13	PHOF
	58 DTaP / IPV booster vaccination coverage (5 years old)	75.6%	79.9%	88.9%		◀	◀	2012/13	n/a
	59 MMR vaccination coverage for two doses (5 years old)	74.2%	80.8%	87.7%		▶	◀	2012/13	PHOF
	60 HPV vaccination coverage (girls aged 12-13 years old)	77.4%	78.9%	86.1%		◀	—	2012/13	PHOF
School readiness	61 Children achieving a good level of development at age 5 (% of pupils)	46.0%	52.8%	51.7%		no data	no data	2012/13	PHOF
	62 Children eligible for free school meals (FSM) achieving a good level of development at age 5 (% of pupils)	34.5%	43.1%	36.2%		no data	no data	2012/13	PHOF
	63 Children achieving the expected level in the phonics screening check at age 6 (% of pupils)	72.0%	72.0%	69.1%		◀	no data	2012/13	PHOF
	64 Children eligible for FSM achieving the expected level in the phonics screening check at age 6 (% of pupils)	62.2%	63.0%	55.8%		◀	no data	2012/13	PHOF

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
School attainment	65 Attainment at key stage 2 (% achieving level 4 in reading, writing and mathematics)	74%	79%	76%		◀	no data	2012/13	n/a
	66 Gap in attainment at key stage 2 (between pupils receiving free school meals and the rest)	19%	13%	19%		◀	no data	2012/13	n/a
	67 Attainment at key stage 4 (% achieving 5+ GCSEs at grades A*-C including English and Maths)	64.4%	65.1%	59.2%		—	▶	2012/13	n/a
	68 Gap in attainment at key stage 4 (between pupils receiving free school meals and the rest)	18.4%	18.6%	26.7%		▶	—	2012/13	n/a
See also <i>Education and Training</i> in <i>Working Age</i> section									
School absence	69 Pupil absence (% of half days missed)	4.8%	4.8%	5.2%		▶	▶	2012/13	PHOF
Youth offending	70 First-time entrants to the youth justice system (rate per 100,000 10-17 year olds)	555	458	441		◀	◀	2013	PHOF
	71 Youth re-offending (% re-offending within 12 months)	46.6%	39.5%	35.4%		—	◀	Oct 2011 to Sep 2012	PHOF
See also <i>Crime</i> in <i>Community Life</i> section									
Looked after children	72 Looked after children (per 10,000 child population)	82	55	60		▶	▶	2013	n/a
	73 Unaccompanied asylum seeking children (per 10,000 child population)	34.0	4.6	1.6		—	—	2013	n/a
	74 Looked after children living in the same placement for at least 2 years (% of looked after children)	82%	69%	67%		—	▶	2013	n/a
	75 Emotional well-being of looked after children (score)	12.6	13.5	14.0		◀	◀	2012/13	PHOF

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
Healthy weight	76 Excess weight in 4-5 year olds (% of Reception Year pupils)	23.8%	23.0%	22.2%		▶	—	2012/13	PHOF
	77 Excess weight in 10-11 year olds (% of Year 6 pupils)	38.2%	37.4%	33.3%		—	◀	2012/13	PHOF
See also <i>Healthy Weight</i> in <i>Healthy Lifestyles</i> section									
Physical activity	77A 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>77A 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.									
Alcohol	78 Hospital admissions due to alcohol specific conditions (rate per 100,000 population aged under 18)	26.2	29.8	44.9		—	—	2010/11 - 12/13	n/a
See also <i>Alcohol</i> in <i>Healthy Lifestyles</i> section									
Drugs	79 Hospital admissions due to substance misuse (rate per 100,000 population aged 15-24)	56.0	58.1	75.2		—	no data	2010/11 - 12/13	n/a
See also <i>Drugs</i> in <i>Healthy Lifestyles</i> section									
Injuries	80 Hospital admissions caused by injuries in children (rate per 100,000 population aged under 15)	96.1	84.6	103.8		◀	no data	2012/13	PHOF
	81 Hospital admissions caused by injuries in young people (rate per 100,000 population aged 15-24)	118.8	100.7	130.7		◀	no data	2012/13	PHOF
See also <i>Road Accidents</i> in <i>Community Life</i> section and <i>Falls</i> in <i>Later Life</i> section									
Mental health	82 Hospital admissions for mental health conditions (rate per 100,000 population aged under 18)	91.5	87.1	87.6		◀	no data	2012/13	n/a
See also <i>Mental Health</i> in <i>Working Age</i> and <i>Long-Term Conditions</i> sections									

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frameworks
Learning disability	83 Learning difficulties known to schools (rate per 1,000 pupils)	15.2	19.6	24.5		▶	▶	2012	n/a
	84 Autistic spectrum disorder known to schools (rate per 1,000 pupils)	9.6	8.8	8.2		◀	◀	2012	n/a
See also <i>Learning Disability</i> in <i>Working Age</i> section									
Avoidable hospital admissions	85 Emergency admissions for children with lower respiratory tract infections (rate per 100,000 aged under 19)	278	251	402		▶	no data	2012/13	CCGOIS, NHSOF
	86 Emergency admissions for asthma, diabetes and epilepsy in children (rate per 100,000 population aged under 19)	431	284	338		◀	no data	2012/13	CCGOIS, NHSOF
See also <i>Avoidable Hospital Admissions</i> in <i>Health Services</i> section									
Dental health	87 Children accessing NHS dentistry (% visiting a dentist in last 2 years)	62.1%	62.6%	69.1%		▶	—	Mar 2014	n/a
See also <i>Dental Health</i> in <i>Health Services</i> section									
<b>Family life</b>									
See also <i>Carers</i> in <i>Community Life</i> section									
Maternal and child health	88 Antenatal risk assessments before 13 weeks (% of antenatal risk assessments)	78.2%	79.6%	86.7%		◀	no data	2012/13	CCGOIS
2013/14 data is available for indicator 88, but does not meet minimum data quality thresholds for the majority of CCGs including Croydon. See Appendix 2 for further information.									
Maternal and child health	89 Smoking during pregnancy (% of mothers)	7.3%	5.1%	12.0%		▶	▶	2013/14	PHOF
	90 Breastfeeding initiation within 48 hours (% of mothers)	87.2%	85.5%	73.9%		—	—	2013/14	PHOF
	91 Breastfeeding prevalence at 6-8 weeks from birth (% of infants)	70.1%	60.6%	45.8%		▶	▶	2013/14	PHOF
See also <i>Infant and Child Mortality</i> in <i>Early Life</i> section, and <i>Smoking</i> in <i>Healthy Lifestyles</i> section									



Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
Lone parent families	92 Lone parent benefit claimants (% of working population)	1.7%	1.4%	1.2%		▶	—	Nov 2013	n/a
Teenage pregnancy	93 Under 18 conceptions (rate per 1,000 girls aged 15-17)	28.6	25.9	27.7		▶	▶	2012	PHOF
	94 Under 16 conceptions (rate per 1,000 girls aged 13-15)	6.6	5.5	6.1		▶	▶	2010 - 12	n/a
Abortions	95 Access to NHS funded abortions (% of NHS funded abortions before 10 weeks gestation)	84.6%	82.9%	79.4%		▶	▶	2013	n/a
	96 Abortion rate (per 1,000 women aged 15-44)	26.9	21.7	16.1		◀	no data	2013	n/a
	97 Repeat abortions (ages under 25) (% of abortions)	38.7%	32.6%	26.9%		◀	▶	2013	n/a
	98 Repeat abortions (all ages) (% of abortions)	49.9%	42.2%	37.1%		▶	▶	2013	n/a
Reproductive health	99 GP prescribed long acting reversible contraception (LARC) (rate per 1,000 women aged 15-44)	40.0	23.2	49.0		no data	no data	2012/13	n/a
	100 Pelvic inflammatory disease (PID) admissions (rate per 100,000 women aged 15-44)	334	218	228		◀	◀	2012/13	n/a
	101 Ectopic pregnancy admissions (rate per 100,000 women aged 15-44)	134	119	95		◀	◀	2012/13	n/a

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
HIV	102 HIV prevalence (rate per 1,000 people aged 15-59)	5.1	5.5	2.1		—	—	2012	n/a
	103 Uptake of HIV testing in GUM clinics (% of tests offered)	90.8%	86.1%	81.1%		▶	▶	2012	n/a
	104 Persons presenting with HIV at a late stage of infection (% of new diagnoses of HIV)	58.3%	44.9%	48.3%		◀	no data	2010 - 12	PHOF
Chlamydia	105 Chlamydia screening coverage (% of people aged 15-24 screened)	27.0%	27.7%	24.9%		—	no data	2013	n/a
	106 Chlamydia diagnoses (ages 15-24) (rate per 100,000 population)	2704	2179	2016		◀	no data	2013	PHOF
<p>106 <i>Chlamydia diagnoses (ages 15-24)</i> 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.</p>									
Chlamydia	107 Chlamydia diagnoses (ages 25 and over) (rate per 100,000 population)	247.9	347.5	168.2		—	no data	2013	n/a
Other sexually transmitted infections	108 Gonorrhoea diagnoses at GUM clinics (rate per 100,000 population)	128.5	155.4	52.9		▶	▶	2013	n/a
	109 Syphilis diagnoses at GUM clinics (rate per 100,000 population)	13.0	19.8	5.9		◀	◀	2013	n/a
	110 Genital herpes diagnoses at GUM clinics (rate per 100,000 population)	79.4	89.9	58.8		▶	▶	2013	n/a
	111 Genital warts diagnoses at GUM clinics (rate per 100,000 population)	119.0	163.9	133.4		▶	▶	2013	n/a

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
<b>Working age</b>									
See also <i>Healthy Lifestyles</i> section under <i>Healthy Life</i>									
Education and training	112 People with no qualifications (estimated % of people aged 16-64)	6.1%	7.8%	9.1%		◀	◀	2013	n/a
	113 Qualified to degree level or equivalent (estimated % of people aged 16-64)	42.7%	49.1%	35.0%		▶	◀	2013	n/a
	114 16-18 year olds not in education, employment or training (% of 16-18 year olds)	3.0%	3.8%	5.3%		▶	▶	2013	PHOF
	115 19 year olds attaining 2 A-levels or equivalent (% of 19 year olds)	62%	63%	56%		▶	◀	2013	n/a
See also <i>School Attainment</i> in <i>Early Life</i> section									
Income	116 Average earnings of employees (£ per week)	£570	£613	£521		◀	◀	2013	n/a
Employment	117 Overall employment rate (estimated % of men aged 16-64)	76.9%	77.8%	77.2%		—	◀	2013/14	n/a
	118 Overall employment rate (estimated % of women aged 16-64)	69.9%	63.0%	66.6%		▶	▶	2013/14	n/a
	119 Job seekers allowance claimants (% of people aged 16-64)	2.5%	2.6%	2.4%		▶	▶	Jun 2014	n/a
	120 Job seekers allowance claimants (% of people aged 18-24)	4.0%	3.3%	3.8%		◀	—	Jun 2014	n/a
	121 Key out-of-work benefit claimants (% of people aged 16-64)	10.5%	10.2%	10.3%		▶	▶	Nov 2013	n/a

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
Disability	122 Employment support allowance and incapacity benefit claimants (% of people aged 16-64)	5.4%	5.5%	5.9%		—	◀	Nov 2013	n/a
Mental health	123 Adults in contact with secondary mental health services in paid employment (%)	5.8%	5.5%	7.1%		◀	—	2013/14	ASCOF, CCGOIS, NHSOF, PHOF
	124 Adults in contact with secondary mental health services who live independently, with or without support (%)	71.2%	78.7%	60.9%		◀	▶	2013/14	ASCOF, PHOF
See also <i>Mental Health</i> in <i>Early Life</i> and <i>Long-Term Conditions</i> sections									
Learning disability	125 GP recorded learning disability prevalence (% of people aged over 18)	0.52%	0.34%	0.47%		—	▶	2012/13	n/a
	126 Adults with a learning disability in paid employment (%)	5.6%	9.2%	6.8%		▶	◀	2013/14	ASCOF, NHSOF, PHOF
	127 Adults with a learning disability who live in their own home or with their family (%)	66.2%	68.5%	74.8%		—	◀	2013/14	ASCOF, PHOF
See also <i>Learning Disability</i> in <i>Early Life</i> section									
Vaccination	128 Flu vaccination coverage (at-risk individuals aged 6 months to 64 years)	47.3%	52.0%	52.3%		◀	◀	2013/14	PHOF
See also <i>Vaccination</i> in <i>Later Life</i> section									
Social care	129 Permanent admissions of adults aged 18 to 64 to care homes (rate per 100,000 population aged 18-64)	7.3	10	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
<b>Later life</b>									
See also <i>Long-Term Conditions</i> section under <i>Healthy Life</i>									
Poverty	130 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	131 Flu vaccination coverage (ages over 65)	65.7%	70.0%	73.2%		—	▶	2013/14	PHOF
	132 PPV vaccination coverage (ages over 65)	63.4%	64.2%	69.1%		◀	no data	2012/13	PHOF
See also <i>Vaccination in Working Age</i> section									
Falls	133 Injuries due to falls (rate per 100,000 population aged over 65)	2318	2242	2011		▶	no data	2012/13	PHOF
	134 Admissions for hip fracture (rate per 100,000 population aged over 65)	564	532	568		◀	no data	2012/13	CCGOIS, PHOF
See also <i>Injuries in Early Life</i> section									
Social care	135 Permanent admissions of older people to care homes (rate per 100,000 population aged over 65)	374	464	668		◀	▶	2013/14	ASCOF
	136 Older people still at home 91 days after discharge from hospital into reablement/rehabilitation services (%)	85.2%	87.8%	81.9%		—	▶	2013/14	ASCOF, NHSOF
	137 Older people who were offered reablement services after discharge from hospital (%)	2.2%	5.1%	3.3%		—	no data	2013/14	ASCOF, NHSOF
See also <i>Social Care and Carers in Community Life</i> section, and <i>Social Care in Working Age</i> section									

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frameworks
<b>Healthy life</b>									
Life expectancy	138 Life expectancy at birth (men) in years	79.2	79.7	79.2		◀	◀	2010 - 12	PHOF
	139 Life expectancy at birth (women) in years	83.2	83.8	83.0		▶	◀	2010 - 12	PHOF
	140 Life expectancy at age 75 (men) in years	11.5	12.0	11.5		◀	◀	2010 - 12	NHSOF
	141 Life expectancy at age 75 (women) in years	13.3	13.9	13.3		▶	—	2010 - 12	NHSOF
Healthy life expectancy	142 Healthy life expectancy at birth (men) in years	63.2	63.2	63.4		▶	no data	2010 - 12	PHOF
	143 Healthy life expectancy at birth (women) in years	65.4	63.6	64.1		—	no data	2010 - 12	PHOF
Disability-free life expectancy	144 Disability-free life expectancy at birth (men) in years	63.2	64.5	63.9		◀	◀	2009 - 11	n/a
	145 Disability-free life expectancy at birth (women) in years	68.1	65.2	64.4		—	◀	2009 - 11	n/a
Inequality between areas of deprivation	146 Inequality in life expectancy between areas of deprivation (men) in years	9.1	7.3	8.4		◀	◀	2010 - 12	PHOF
	147 Inequality in life expectancy between areas of deprivation (women) in years	7.7	4.6	5.6		◀	◀	2010 - 12	PHOF
Inequality between socio-economic classes	148 Inequality in health status between socio-economic classes (men)	17.2	20.2	17.3		no data	no data	2011	n/a
	149 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
Self-reported well-being	150 Self-reported life satisfaction (mean score, estimated from a survey sample)	7.00	7.26	7.44		◀	no data	2012/13	PHOF
	151 Self-reported worthwhile (mean score, estimated from a survey sample)	7.46	7.56	7.68		◀	no data	2012/13	PHOF
	152 Self-reported happiness (mean score, estimated from a survey sample)	7.11	7.21	7.28		◀	no data	2012/13	PHOF
	153 Self-reported anxiety (mean score, estimated from a survey sample)	3.02	3.27	3.05		◀	no data	2012/13	PHOF
Avoidable deaths	154 Deaths from causes considered preventable by public health interventions (rate per 100,000 population)	179	178	188		◀	◀	2010 - 12	PHOF
	155 Potential years of life lost from causes considered amenable to healthcare (per 100,000 population)	2091	2017	2061		▶	◀	2012	CCGOIS, NHSOF
Seasonal mortality	156 Excess winter deaths (expressed as % of deaths during non-winter months)	13.9%	17.2%	16.5%		▶	—	Aug 2009 - Jul 2012	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	157 Spend per head on infectious diseases	£73	£56	£29		▶	▶	2012/13	n/a
	158 Deaths from communicable diseases (rate per 100,000 population)	78.2	68.1	64.8		▶	◀	2010 - 12	PHOF
See also <i>Family Life</i> section for sexually transmitted infections, and <i>Vaccination in Working Age and Later Life</i> sections									
Tuberculosis	159 New cases of tuberculosis (rate per 100,000 population)	33.3	41.4	15.1		—	no data	2010 - 12	PHOF
	160 Treatment for tuberculosis (% completing treatment)	88.7%	85.8%	82.8%		▶	no data	2012	PHOF

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
All cancers	161 Spend per head on cancers and tumours	£68	£98	£107		—	◀	2012/13	n/a
	162 Two week wait cancer GP referrals (rate per 100,000 population)	1835	1628.4	2166		◀	no data	2012/13	n/a
	163 Incidence of all cancers (rate per 100,000 population)	381	370	391		◀	▶	2009 - 11	n/a
	164 One year survival from all cancers (% of people aged 15-99)	68.3%	67.6%	67.7%		◀	◀	2011/12	CCGOIS, NHSOF
	165 Early deaths from cancer (rate per 100,000 population aged under 75)	138.7	139.1	146.5		◀	◀	2010 - 12	CCGOIS, NHSOF, PHOF
	166 Early deaths from cancer considered preventable (rate per 100,000 population aged under 75)	79.6	81.5	84.9		◀	◀	2010 - 12	NHSOF, PHOF
Oesophageal cancer	167 Incidence of oesophageal cancer (rate per 100,000 population)	9.7	7.9	9.4		◀	◀	2009 - 11	n/a
	168 Deaths from oesophageal cancer (rate per 100,000 population)	6.1	6.4	8.1		—	—	2010 - 12	n/a
Stomach cancer	169 Incidence of stomach cancer (rate per 100,000 population)	7.2	7.5	7.7		▶	—	2009 - 11	n/a
	170 Deaths from stomach cancer (rate per 100,000 population)	5.1	4.9	4.8		◀	◀	2010 - 12	n/a
Colorectal cancer	171 Incidence of colorectal cancer (rate per 100,000 population)	44.7	42.9	48.4		—	▶	2009 - 11	n/a
	172 Deaths from colorectal cancer (rate per 100,000 population)	15.4	15.4	16.8		▶	▶	2010 - 12	n/a



Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
Lung cancer	173 Incidence of lung cancer (rate per 100,000 population)	40.1	43.9	46.2		—	▶	2009 - 11	n/a
	174 Deaths from lung cancer (rate per 100,000 population)	31.8	35.2	36.6		◀	◀	2010 - 12	n/a
Skin cancer	175 Incidence of all skin cancers (rate per 100,000 population)	76.7	70.1	126.0		◀	—	2009 - 11	n/a
Breast cancer	176 Breast screening rate (% of women aged 53-70)	69.2%	68.6%	76.3%		◀	◀	2013	PHOF
	177 Incidence of breast cancer (rate per 100,000 population)	126	118	125		◀	◀	2009 - 11	n/a
	178 Deaths from breast cancer (rate per 100,000 population)	22.7	23.6	24.2		◀	◀	2010 - 12	CCGOIS
Cervical cancer	179 Cervical screening rate (% of eligible women aged 25-64)	71.7%	68.6%	73.9%		◀	—	2013	PHOF
	180 Incidence of cervical cancer (rate per 100,000 population)	7.1	6.7	8.8		◀	▶	2009 - 11	n/a
Prostate cancer	181 Incidence of prostate cancer (rate per 100,000 population)	120	113	107		◀	▶	2009 - 11	n/a
	182 Deaths from prostate cancer (rate per 100,000 population)	24.7	22.4	23.7		◀	◀	2010 - 12	n/a
Bladder cancer	183 Incidence of bladder cancer (rate per 100,000 population)	8.9	10.1	11.3		▶	▶	2009 - 11	n/a
	184 Deaths from bladder cancer (rate per 100,000 population)	4.4	4.2	4.8		▶	▶	2010 - 12	n/a

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
Leukaemia	185 Deaths from leukaemia (rate per 100,000 population)	5.9	5.1	4.9		—	▶	2010 - 12	n/a
<b>▪ Long-term conditions</b>									
Diabetes	186 Spend per head on endocrine, nutritional and metabolic problems	£51	£60	£58		—	◀	2012/13	n/a
	187 GP recorded diabetes prevalence (% of adults aged over 17)	6.4%	5.8%	6.0%		—	◀	2012/13	PHOF
	188 Access to diabetic retinopathy screening (attended screening as % of those offered screening)	92.3%	78.7%	80.9%		▶	no data	2011/12	PHOF
	189 Referred to structured education (% of people with diabetes diagnosed less than one year)	3.0%	12.3%	14.3%		no data	no data	2011/12	CCGOIS
	190 Complications associated with diabetes (rate per 100 people with diabetes)	6.1	6.2	7.1		no data	no data	2011/12	CCGOIS
	191 Myocardial infarction/stroke/stage 5 kidney disease in diabetes (rate per 100 people with diabetes)	2.1	2.1	2.0		no data	no data	2011/12	CCGOIS
	192 Deaths from diabetes (rate per 100,000 population)	5.6	5.1	5.1		▶	◀	2010 - 12	n/a

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
Mental health	193 Spend per head on mental health	£223	£248	£213		▶	—	2012/13	n/a
	194 People entering talking therapies (as % of people estimated to have anxiety or depression)	2.9%	8.1%	9.7%		—	no data	2012/13	n/a
	195 Recovery following talking therapies (% of people moving to recovery after receiving treatment)	42.2%	40.9%	45.9%		◀	no data	2012/13	CCGOIS
	196 Diagnosis rate for dementia (% of estimated true prevalence of dementia)	43.3%	49.9%	48.1%		—	—	2012/13	CCGOIS, NHSOF, PHOF
	197 Hospital stays for self-harm (rate per 100,000 population)	125	105	191		—	▶	2012/13	PHOF
	198 Suicide rate (rate per 100,000 population)	6.2	7.5	8.5		◀	◀	2010 - 12	PHOF
	199 GP recorded severe mental illness prevalence (% of people of all ages)	1.04%	1.03%	0.84%		—	◀	2012/13	n/a
	200 Excess under 75 mortality in adults with serious mental illness (standardised mortality ratio)	279	304	337		▶	no data	2011/12	NHSOF, PHOF
See also <i>Mental Health</i> in <i>Early Life</i> and <i>Working Age</i> sections									
Neurology	201 Hospital admissions for long-term neurological conditions (rate per 1,000 population)	4.8	5.6	5.9		▶	▶	2012/13	n/a
	202 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
Eye health	203 Spend per head on vision problems	£35	£42	£44		◀	◀	2012/13	n/a
	204 NHS sight tests (rate per 100,000 population)	17647	18850	23276		no data	no data	2012/13	n/a
	205 New sight loss certifications (rate per 100,000 population)	33.1	29.9	42.3		▶	no data	2012/13	PHOF
	206 Registered blind or partially sighted (rate per 100,000 population)	516	503	564		no data	no data	2010/11	n/a
All cardiovascular diseases	207 Spend per head on cardiovascular diseases	£97	£121	£130		◀	◀	2012/13	n/a
	208 Early deaths from cardiovascular diseases (rate per 100,000 population aged under 75)	84.1	83.1	81.1		—	◀	2010 - 12	CCGOIS, NHSOF, PHOF
	209 Early deaths from cardiovascular diseases considered preventable (rate per 100,000 population age<75)	55.2	52.0	53.5		◀	◀	2010 - 12	NHSOF, PHOF
Stroke	210 Emergency admissions for stroke (rate per 100,000 population)	128.2	124.0	126.6		◀	▶	2011/12	n/a
	211 Emergency readmissions within 28 days of discharge for stroke (%)	11.0%	13.6%	11.7%		▶	—	2011/12	n/a
	212 Early deaths from stroke (rate per 100,000 population aged under 75)	9.6	11.2	10.6		▶	▶	2010 - 12	n/a

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
Respiratory diseases	213 Spend per head on problems of the respiratory system	£79	£84	£89		◀	▶	2012/13	n/a
	214 Early deaths from respiratory diseases (rate per 100,000 population aged under 75)	36.8	32.6	33.5		◀	◀	2010 - 12	CCGOIS, NHSOF, PHOF
	215 Early deaths from respiratory diseases considered preventable (rate per 100,000 population aged under 75)	17.9	17.1	17.6		◀	▶	2010 - 12	NHSOF, PHOF
	216 Diagnosis rate for COPD (% of estimated true prevalence of COPD)	32.9%	36.7%	59.5%		—	no data	2012/13	n/a
Liver disease	217 Emergency admissions for alcohol related liver disease (rate per 100,000 population)	24.5	21.2	24.9		◀	no data	2012/13	CCGOIS
	218 Early deaths from liver disease (rate per 100,000 population)	15.4	18.9	18.0		▶	▶	2010 - 12	CCGOIS, NHSOF, PHOF
	219 Early deaths from liver disease considered preventable (rate per 100,000 population)	14.0	16.6	15.8		▶	▶	2010 - 12	NHSOF, PHOF

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
<p>▪ <b>Healthy lifestyles</b> See also <i>Family Life</i> section for sexual and reproductive health</p>									
Smoking	220 Estimated smoking prevalence (% of survey respondents aged over 18)	17.1%	18.0%	19.5%		▶	no data	2012	PHOF
	221 GP recorded smoking prevalence (% of people aged over 15)	18.5%	18.6%	19.7%		no data	no data	2012/13	n/a
	222 GP recorded smoking prevalence in people with long-term conditions (% of people with long-term conditions)	15.4%	16.4%	16.6%		—	—	2012/13	n/a
	223 Smoking quitters (rate per 100,000 people aged over 16)	793	805	868		▶	▶	2012/13	n/a
	224 Smoking attributable hospital admissions (rate per 100,000 population aged over 35)	1,216	1,331	1,420		◀	no data	2010/11	n/a
	225 Smoking attributable deaths (rate per 100,000 population aged over 35)	270	279	292		◀	◀	2010 - 12	n/a
See also 89 <i>Smoking during pregnancy</i>									
Drugs	226 Opiate and/or crack cocaine users (estimated % of population aged 15-64)	0.78%	0.96%	0.84%		◀	no data	2011/12	n/a
	227 Drug offences (rate per 1,000 population)	5.4	6.0	3.4		▶	◀	2013/14	n/a
	228 Successful completion of drug treatment (opiate users) (% of those in treatment)	8.7%	9.6%	8.2%		◀	no data	2012	PHOF
	229 Successful completion of drug treatment (non-opiate users) (% of those in treatment)	17.4%	34.7%	40.2%		◀	no data	2012	PHOF
See also <i>Drugs in Early Life</i> section									

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
Alcohol	230 Alcohol related recorded crimes (rate per 1,000 population)	9.2	9.0	5.7		◀	—	2012/13	n/a
	231 Alcohol attributable hospital admissions (narrow definition) (rate per 100,000 population)	526	554	637		—	◀	2012/13	PHOF
	232 Alcohol attributable hospital admissions (broad definition) (rate per 100,000 population)	2109	2148	2032		◀	◀	2012/13	n/a
	233 Alcohol attributable deaths (men) (rate per 100,000 population)	55.6	59.1	63.2		—	—	2012	n/a
	234 Alcohol attributable deaths (women) (rate per 100,000 population)	25.6	24.5	28.1		◀	—	2012	n/a
	235 Successful completion of alcohol treatment (planned exits as a % of those exiting treatment)	46.9%	56.7%	57.9%		◀	no data	2012/13	n/a
See also <i>Alcohol</i> in <i>Early Life</i> section									

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
Healthy weight	236 Excess weight in adults (% of adults aged over 16)	62.1%	57.3%	63.8%		no data	no data	2012	PHOF
	237 Fast food outlets (rate per 100,000 population)	119.5	103.6	80.2		no data	—	2013	n/a
See also <i>Healthy Weight</i> in <i>Early Life</i> section									
Physical activity	238 Active adults (doing at least 150 minutes of physical activity per week) (% of adults aged over 16)	55.5%	55.5%	55.6%		◀	no data	2013	PHOF
	239 Inactive adults (doing less than 30 minutes of physical activity per week) (% of adults aged over 16)	28.3%	28.4%	28.9%		◀	no data	2013	PHOF
	240 Walking (estimated % of adults who walk at least 3 times per week)	56.1%	59.5%	54.7%		no data	no data	2012/13	n/a
	241 Cycling (estimated % of adults who cycle at least once a month)	11.8%	14.6%	14.7%		▶	no data	2012/13	n/a
See also <i>Physical Activity</i> in <i>Early Life</i> section									



Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
<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>105 Chlamydia screening coverage</i>, <i>176 Breast screening rate</i>, <i>179 Cervical screening rate</i>, and <i>188 Access to diabetic retinopathy screening</i></p>									
End of life care	242 Proportion of deaths at home (% of all deaths)	41.9%	37.2%	44.5%		▶	▶	2013	n/a
Quality of life	243 Health-related quality of life for people with long-term conditions (score)	0.76	0.75	0.74		◀	no data	2012/13	CCGOIS, NHSOF
	244 People feeling supported to manage their long-term condition (% of survey respondents)	60.8	59.4	65.6		▶	no data	2012/13	CCGOIS, NHSOF
See also <i>28 Social care-related quality of life</i> , <i>39 Carer reported quality of life</i> , and <i>40 Health-related quality of life for carers</i>									
Admission to hospital	245 All cause elective hospital admissions (rate per 1,000 population)	120.4	112.2	116.3		◀	◀	2012/13	n/a
	246 All cause emergency hospital admissions (rate per 1,000 population)	88.1	79.9	88.2		—	◀	2012/13	n/a
	247 Emergency readmissions within 30 days of discharge from hospital (%)	12.6%	12.1%	11.8%		◀	no data	2011/12	CCGOIS, NHSOF, PHOF
Avoidable hospital admissions	248 Emergency admissions for acute conditions that should not require admission (rate per 100,000 population)	1179	1106	1182		◀	no data	2012/13	CCGOIS, NHSOF
	249 Emergency admissions for chronic ambulatory care sensitive conditions (rate per 100,000 population)	955	811	803		◀	no data	2012/13	CCGOIS, NHSOF
See also <i>Avoidable Hospital Admissions</i> in <i>Early Life</i> section									

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
Patient experience	250 Experience of access to GP services (% positive responses to survey question)	73.5%	70.8%	74.6%		▶	no data	2013/14	NHSOF
	251 Overall experience of GP services (% positive responses to survey question)	83.4%	81.6%	85.7%		▶	no data	2013/14	NHSOF
	252 Overall experience of GP out of hours services (% positive responses to survey question)	56.2%	58.2%	66.2%		▶	no data	2013/14	CCGOIS, NHSOF
Healthcare associated infection	253 Incidence of MRSA (rate per 100,000 population)	2.2	2.4	1.6		◀	▶	2013/14	CCGOIS, NHSOF
	254 Incidence of C difficile (rate per 100,000 population)	13.8	18.2	25.0		▶	—	2013/14	CCGOIS, NHSOF
Patient reported outcomes measures	255 Patient reported improvement following hip replacement (average health gain)	0.38	0.40	0.41		◀	no data	2011/12	CCGOIS, NHSOF
	256 Patient reported improvement following knee replacement (average health gain)	0.28	0.27	0.30		▶	no data	2011/12	CCGOIS, NHSOF
	257 Patient reported improvement following groin hernia (average health gain)	0.07	0.08	0.09		◀	no data	2011/12	CCGOIS, NHSOF
NHS health checks	258 Offered an NHS health check (cumulative % of eligible people aged 40-74)	1.6%	21.1%	18.5%		no data	no data	2013/14	PHOF
	259 Received an NHS health check (cumulative % of eligible people aged 40-74)	2.0%	10.0%	9.0%		no data	no data	2013/14	PHOF

Domain	Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend	Time Period	Frame-works
Dental health	260 Spend per head on dental problems	£72	£70	£68		◀	—	2012/13	n/a
	261 Adults accessing NHS dentistry (% visiting a dentist in last 2 years)	48.8%	46.6%	52.4%		▶	◀	Mar 2014	n/a
	262 Experience of access to NHS dental services (% of survey respondents able to get an appointment)	92.7%	89.6%	93.0%		—	no data	2013/14	NHSOF
	263 Overall experience of NHS dental services (% positive responses to survey question)	82.8%	80.4%	84.2%		▶	no data	2013/14	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.

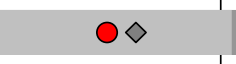
If the circle lies in the light grey area to the right of the dark grey bar, it is in the **best 25%** (or 25% with lowest need) in the country.

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

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

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

### Example 1


Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
11 Households in temporary accommodation (rate per 1,000 households)	16.2	12.8	2.6		<span style="color: red;">◀</span>	<span style="color: red;">◀</span>

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
69 Pupil absence rate (% of half days missed)	4.8%	4.8%	5.2%		▶	▶

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 similar 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 a good news story for Croydon, 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
165 Early deaths from cancer (rate per 100,000 population aged under 75)	138.7	139.1	146.5		◀	◀

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 similar 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 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
203 Spend per head on vision problems	£35	£42	£44		◀	◀

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 projected resident population over the next 5 years, 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, 2013. Source: 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, 2013. Source: 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 2011 - Mid 2012. 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, 2013. Source: Department of Communities and Local Government (<https://www.gov.uk/government/statistical-data-sets/live-tables-on-rents-lettings-and-tenancies>)

**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, 2012. 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, 2013/14. Source: Department of Communities and Local Government (data for 2013/14 is provisional, accessed on 5th August 2014) (<https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>)

**11** Households living in temporary accommodation per 1,000 households, 2013/14. Source: Department of Communities and Local Government (data for 2013/14 is provisional, accessed on 5th August 2014) (<https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>)

**12** Households living in temporary bed & breakfast accommodation per 1,000 households, 2013/14. Source: Department of Communities and Local Government (data for 2013/14 is provisional, accessed on 5th August 2014) (<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, 2013/14. Source: Crime in England and Wales, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/period-ending-march-2014/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 2011 to Sep 2012. Source: Ministry of Justice (<https://www.gov.uk/government/organisations/ministry-of-justice/series/reoffending-statistics>)
- 15** Average number of re-offences committed per offender from a rolling 12 month cohort, Oct 2011 to Sep 2012. Source: Ministry of Justice (<https://www.gov.uk/government/organisations/ministry-of-justice/series/reoffending-statistics>)
- 16** Violence against the person offences, based on police recorded crime data, crude rate per 1,000 population, 2013/14. Source: Crime in England and Wales, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/period-ending-march-2014/index.html>)
- 17** Recorded crime for sexual offences per 1,000 population, 2013/14. Source: Crime in England and Wales, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/period-ending-march-2014/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, 2010/11 - 12/13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 19** Domestic abuse incidents recorded by the police, crude rate per 1,000 population aged over 18. Domestic abuse incidents are defined as any incidence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family members, regardless of gender or sexuality. It is difficult to obtain reliable information on the extent of domestic abuse as there is a degree of under-reporting of these incidents. Changes in the level of domestic abuse incidents reported to the police are particularly likely to be affected by changes in recording practices. These kinds of changes may in part be due to greater encouragement by the police to victims to come forward and improvements in police recording, rather than an increase in the level of victimisation, 2012/13. 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), 2012/13. 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), 2012. Source: Department for Energy and Climate Change (<https://www.gov.uk/government/publications/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, 2012/13. 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)), 2011/12. 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, 2010 - 12. 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. 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)

**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. 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)

**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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)

**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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)

**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. 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)

**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. 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)

**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. 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)

**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. 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)



- 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. 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)
- 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'. 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)
- 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)
- 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/PUB11145>)
- 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, 2012/13. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2Fhg-l-app-472.ic.green.net%3A80%2Fobj%2FStudy%2FP01637&mode=documentation&top=yes>)
- 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/PUB11145>)
- 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/PUB11145>)
- 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: Personal Social Services Survey of Adult Carers in England - 2012-13, Final report, Experimental statistics, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB12630>)
- 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), 2011. 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 2014. Source: 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 2014. Source: 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, 2012. 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 as a percentage of all live births with recorded birth weight and a gestational age of at least 37 complete weeks, 2011. 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, 2010 - 12. Source: Office for National Statistics (<http://www.ons.gov.uk/ons/rel/vsob1/deaths-registered-area-usual-residence/index.html>)
- 51** Infant deaths under 28 days of age per 1,000 live births, 2010 - 12. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)
- 52** Infant deaths under 1 year of age per 1,000 live births, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 53** Age standardised mortality rate per 100,000 population aged 1-17 years, 2010 - 12. 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), 2012/13. 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, 2012/13. 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, 2012/13. 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, 2012/13. 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, 2012/13. Source: Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB11665>)
- 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, 2012/13. 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, 2012/13. 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, 2012/13. 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, 2012/13. 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, 2012/13. 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, 2012/13. 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, 2012/13. Source: 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, 2012/13. Source: 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, 2012/13. Source: 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, 2012/13. Source: 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, 2012/13. Source: Department for Education (<https://www.gov.uk/government/collections/statistics-pupil-absence>)

**70** Rates of juveniles receiving their first conviction, caution or youth caution per 100,000 population aged 10-17 years, 2013. 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 2011 to Sep 2012. Source: Ministry of Justice (<https://www.gov.uk/government/organisations/ministry-of-justice/series/reoffending-statistics>)

**72** Rate of children looked after by local authorities (including adoption and care leavers) per 10,000 children aged under 18 years, 2013. Source: 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, 2013. Source: Department for Education (<https://www.gov.uk/government/publications/children-looked-after-in-england-including-adoption>)

**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, 2013. Source: Department for Education (<https://www.gov.uk/government/publications/children-in-care-and-adoption-performance-tables-2013>)

**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, 2012/13. 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, 2012/13. 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, 2012/13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 77A** 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>) [Indicator 77A was added following the initial draft of the report, and is numbered differently to avoid renumbering the rest of the indicators in the dataset.]
- 78** 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, 2010/11 - 12/13. Source: Local Alcohol Profiles for England, Public Health England (<http://www.lape.org.uk/>)
- 79** Hospital admissions to hospital for substance misuse in young people, age standardised rate per 100,000 population aged 15-24, 2010/11 - 12/13. Source: Child Health Profiles, Public Health England (<http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=116>)
- 80** Crude rate of emergency hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years), per 10,000 resident population, 2012/13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 81** Crude rate of emergency hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years), per 10,000 resident population, 2012/13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 82** Hospital admissions for mental health disorders in children, age standardised rate per 100,000 population aged 0-17 years, 2012/13. Source: Child Health Profiles, Public Health England (<http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=320>)
- 83** 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, 2012. Source: Learning Disabilities Profiles, Public Health England (<http://www.improvinghealthandlives.org.uk/profiles/index.php?view=E09000008>)
- 84** 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, 2012. Source: Learning Disabilities Profiles, Public Health England (<http://www.improvinghealthandlives.org.uk/profiles/index.php?view=E09000008>)
- 85** Emergency admissions to hospital for children aged 0-18 with lower respiratory tract infections, age standardised rate per 100,000 population, 2012/13. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FStudy%2FP01569&mode=documentation&top=yes>)
- 86** Emergency admissions to hospital for asthma, diabetes and epilepsy in children aged 0-18, age standardised rate per 100,000 population, 2012/13. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FStudy%2FP01564&mode=documentation&top=yes>)
- 87** Percentage of children accessing NHS dentistry in the last 2 years, Mar 2014. Source: Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14142>)
- 88** Proportion of women who have seen a midwife or a maternity healthcare professional for health and social care assessment of needs, risks and choices at any time during pregnancy, who were seen by 12 weeks and 6 days of pregnancy. NHS England apply strict validation criteria to this indicator which are not met by many CCGs in 2013/14 including Croydon. For this reason 2012/13 data has been used. The data quality for 2011/12 and 2012/13 may also be poor for some CCGs, 2012/13. Source: NHS England (<http://www.england.nhs.uk/statistics/statistical-work-areas/maternity-and-breastfeeding/>)
- 89** Percentage of women who are smokers at the time of delivery. The data quality for this indicator is poor for some CCGs, 2013/14. Source: Health and Social Care Information Centre (<http://www.hscic.gov.uk/searchcatalogue?q=title:Statistics+on+Womens+smoking+at+time+of+delivery&area=&size=10&sort=Relevance>)
- 90** Percentage of mothers initiating breastfeeding within 48 hours of birth. The data quality for this indicator is poor for some CCGs, 2013/14. Source: NHS England (<http://www.england.nhs.uk/statistics/statistical-work-areas/maternity-and-breastfeeding/>)
- 91** Percentage of infants totally or partially breastfed at 6-8 weeks after birth. The data quality for this indicator is poor for some CCGs, 2013/14. Source: NHS England (<http://www.england.nhs.uk/statistics/statistical-work-areas/maternity-and-breastfeeding/>)
- 92** Percentage of working age population (aged 16-64) who are lone parents and claiming benefits, Nov 2013. Source: Benefit claimants - working age client group, Department for Work and Pensions (<http://www.nomisweb.co.uk/>)

- 93** Conceptions in women aged under 18 per 1,000 females aged 15-17, 2012. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 94** Under 16 conception rate per 1,000 girls aged 13-15, 2010 - 12. Source: Office for National Statistics (<http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics--england-and-wales/index.html>)
- 95** Percentage of NHS funded abortions under 10 weeks gestation, 2013. Source: Department of Health (<https://www.gov.uk/government/statistical-data-sets/abortion-statistics-england-and-wales-2013>)
- 96** Abortions, age standardised rate per 1,000 resident women aged 15-44, 2013. Source: Department of Health (<https://www.gov.uk/government/statistical-data-sets/abortion-statistics-england-and-wales-2013>)
- 97** Percentage of abortions in women who have previously had an abortion (women aged under 25), 2013. Source: Department of Health (<https://www.gov.uk/government/statistical-data-sets/abortion-statistics-england-and-wales-2013>)
- 98** Percentage of abortions in women who have previously had an abortion (all ages), 2013. Source: Department of Health (<https://www.gov.uk/government/statistical-data-sets/abortion-statistics-england-and-wales-2013>)
- 99** Crude rate of GP prescribed long acting reversible contraception per 1,000 registered female population aged 15-44 years, 2012/13. Source: Sexual and Reproductive Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile/sexualhealth/>)
- 100** Rate of hospital admissions for pelvic inflammatory disease (PID) per 100,000 population, in women aged 15-44 years , 2012/13. Source: Sexual and Reproductive Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile/sexualhealth/>)
- 101** Rate of hospital admissions for ectopic pregnancy per 100,000 population, in women aged 15-44 years, 2012/13. Source: Sexual and Reproductive Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile/sexualhealth/>)
- 102** 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, 2012. Source: Sexual and Reproductive Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile/sexualhealth/>)
- 103** 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), 2012. Source: Public Health England (<http://www.hpa.org.uk/stiannualdatatables>)
- 104** 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, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 105** Percentage of people aged 15-24 screened for chlamydia during the calendar year, based on their area of residence, 2013. Source: National Chlamydia Screening Programme (<http://www.chlamydia-screening.nhs.uk/ps/data.asp>)
- 106** Rate of new chlamydia diagnoses at genito-urinary medicine (GUM) clinics and through the National Chlamydia Screening Programme for young adults aged 15-24 per 100,000 population, based on their area of residence, 2013. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 107** 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, 2013. Source: Public Health England (<http://www.hpa.org.uk/stiannualdatatables>)
- 108** Rate of new gonorrhoea diagnoses at genito-urinary medicine (GUM) clinics per 100,000 population, based on their area of residence, 2013. Source: Public Health England (<http://www.hpa.org.uk/stiannualdatatables>)
- 109** Rate of new syphilis diagnoses at genito-urinary medicine (GUM) clinics per 100,000 population, based on their area of residence, 2013. Source: Public Health England (<http://www.hpa.org.uk/stiannualdatatables>)
- 110** Rate of new genital herpes diagnoses at genito-urinary medicine (GUM) clinics per 100,000 population, based on their area of residence, 2013. Source: Public Health England (<http://www.hpa.org.uk/stiannualdatatables>)
- 111** Rate of new genital warts diagnoses at genito-urinary medicine (GUM) clinics per 100,000 population, based on their area of residence, 2013. Source: Public Health England (<http://www.hpa.org.uk/stiannualdatatables>)
- 112** 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, 2013. Source: Annual Population Survey, Office for National Statistics (<http://www.nomisweb.co.uk/>)

**113** 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, 2013. Source: Annual Population Survey, Office for National Statistics (<http://www.nomisweb.co.uk/>)

**114** 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, 2013. Source: 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>)

**115** 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, 2013. Source: Department for Education (<https://www.gov.uk/government/organisations/department-for-education/series/statistics-attainment-at-19-years>)

**116** 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, Department for Work and Pensions (<http://www.nomisweb.co.uk/>)

**117** 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, 2013/14. Source: Annual Population Survey, Office for National Statistics (<http://www.nomisweb.co.uk/>)

**118** 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, 2013/14. Source: Annual Population Survey, Office for National Statistics (<http://www.nomisweb.co.uk/>)

**119** Percentage of people aged 16-64 claiming job seekers allowance, Jun 2014. Source: ONS claimant count - age duration with proportions, NOMIS (<http://www.nomisweb.co.uk/>)

**120** Percentage of people aged 18-24 claiming job seekers allowance, Jun 2014. Source: ONS claimant count - age duration with proportions, NOMIS (<http://www.nomisweb.co.uk/>)

**121** Percentage of the working age population (aged 16-64) on key out-of-work benefits, Nov 2013. Source: Benefit claimants - working age client group, Department for Work and Pensions (<http://www.nomisweb.co.uk/>)

**122** Percentage of working age population (aged 16-64) who are claiming ESA and incapacity benefits, Nov 2013. Source: Benefit claimants - working age client group, Department for Work and Pensions (<http://www.nomisweb.co.uk/>)

**123** 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. 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)

**124** 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. 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)

**125** Percentage of patients aged over 18 on GP registers diagnosed with a learning disability, 2012/13. Source: Quality and Outcomes Framework, Health and Social Care Information Centre (<http://www.hscic.gov.uk/qof>)

**126** 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. 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)

**127** 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. 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)

**128** 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, 2013/14. Source: Public Health England (<https://www.gov.uk/government/collections/vaccine-uptake>)

**129** 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. 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)

**130** 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>)

**131** 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, 2013/14. Source: Public Health England (<https://www.gov.uk/government/collections/vaccine-uptake>)

**132** Percentage of people aged 65 and over who have received pneumococcal polysaccharide vaccine (PPV), 2012/13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**133** Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65 and over per 100,000 population, 2012/13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**134** Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over per 100,000 population, 2012/13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**135** 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. 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)

**136** 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. 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 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)

**137** Number of older people (aged 65 and over) discharged alive from acute or community hospitals in England, who were discharged to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with the clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting). This includes all specialities and zero-length stays. When read along with the other measure of reablement (Older people still at home 91 days after discharge from hospital into reablement/rehabilitation services) this measure demonstrates the quality of reablement services available. The two-part measure is intended to capture both the volume and success of reablement services that are delivered. This will prevent areas scoring well which offer reablement services to only a very small number of people. The 2013/14 data is provisional, but is not expected to change, 2013/14. Source: Measures from the Adult Social Care Outcomes Framework, England - 2013-14 - Provisional Release, Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14402>)

**138** 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, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**139** Life expectancy at birth in years for women. Life expectancy is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life. Figures are calculated from deaths from all causes and mid-year population estimates, based on data aggregated over a three year period. Figures reflect mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. The figures are not therefore the number of years a baby born in the area could actually expect to live, both because the mortality rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**140** 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, 2010 - 12. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2Fhg-l-app-472.ic.green.net%3A80%2Fobj%2FStudy%2FP01373&mode=documentation&top=yes>)

**141** 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, 2010 - 12. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2Fhg-l-app-472.ic.green.net%3A80%2Fobj%2FStudy%2FP01373&mode=documentation&top=yes>)

**142** 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, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**143** Healthy life expectancy at birth in years for women. Healthy life expectancy is an estimate of the average number of years a newborn baby would live in good general health if he or she experienced the age-specific mortality rates and prevalence of good health for that area and time period throughout his or her life. Figures are calculated from deaths from all causes, mid-year population estimates, and self-reported general health status, based on data aggregated over a three year period. Figures reflect the prevalence of good health and mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. The figures are not therefore the number of years a baby born in the area could actually expect to live in good general health, both because the health prevalence and mortality rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**144** 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>)

**145** 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>)

**146** 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, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**147** Slope index of inequality for life expectancy in years for women. This indicator measures inequalities in life expectancy within English local authorities. For each local authority, life expectancy at birth is calculated for each local deprivation decile based on Lower Super Output Areas (LSOAs). The slope index of inequality (SII) is then calculated based on these figures. The SII is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within each local authority and summarises this in a single number. This represents the range in years of life expectancy across the social gradient from most to least deprived, based on a statistical analysis of the relationship between life expectancy and deprivation across all deprivation deciles, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**148** 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>)

**149** 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>)

**150** 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, 2012/13. Source: Annual Population Survey, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/index.html>)

**151** 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, 2012/13. Source: Annual Population Survey, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/index.html>)

**152** 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, 2012/13. Source: Annual Population Survey, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/index.html>)

**153** 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, 2012/13. Source: Annual Population Survey, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/index.html>)

**154** 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, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**155** Potential years of life lost (PYLL) from causes considered amenable to health care, rate per 100,000 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, 2012. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FStudy%2FP01559&mode=documentation&top=yes>)

- 156** Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths, Aug 2009 - Jul 2012. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 157** Spend on infectious diseases, £ per weighted head of population. The Unified Weighted Population is the PCT responsible population adjusted for the age structure of the population, its additional need over and above that accounted for by age, and the unavoidable geographical variations in the costs of providing services, 2012/13. Source: Programme Budgeting Benchmarking Tool, NHS England (<http://www.networks.nhs.uk/nhs-networks/health-investment-network/>)
- 158** Age-standardised rate of mortality from communicable diseases per 100,000 population, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 159** Incidence of reported new cases of tuberculosis (based on case notification) rate per 100,000 population, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 160** 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, 2012. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 161** Spend on cancers and tumours, £ per weighted head of population. The Unified Weighted Population is the PCT responsible population adjusted for the age structure of the population, its additional need over and above that accounted for by age, and the unavoidable geographical variations in the costs of providing services, 2012/13. Source: Programme Budgeting Benchmarking Tool, NHS England (<http://www.networks.nhs.uk/nhs-networks/health-investment-network/>)
- 162** Rate of two week wait (GP urgent) referrals with a suspicion of cancer, whether or not cancer was subsequently diagnosed, per 100,000 population, 2012/13. 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))
- 163** Directly age standardised registration rate per 100,000 population for all cancers, persons, all ages, 2009 - 11. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)
- 164** The proportion of adults aged 15-99 years suffering from any type of cancer who survived for one year or more, 2011/12. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FStudy%2FP01677&mode=documentation&top=yes>)
- 165** Age standardised rate of mortality from all cancers in people aged under 75 years per 100,000 population, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 166** 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, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 167** Directly age standardised registration rate per 100,000 population for oesophageal cancer, persons, all ages, 2009 - 11. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)
- 168** Directly age standardised mortality rate per 100,000 population for oesophageal cancer, persons, all ages, 2010 - 12. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)
- 169** Directly age standardised registration rate per 100,000 population for stomach cancer, persons, all ages, 2009 - 11. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)
- 170** Directly age standardised mortality rate per 100,000 population for stomach cancer, persons, all ages, 2010 - 12. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)
- 171** Directly age standardised registration rate per 100,000 population for colorectal cancer, persons, all ages, 2009 - 11. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)
- 172** Directly age standardised mortality rate per 100,000 population for colorectal cancer, persons, all ages, 2010 - 12. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)
- 173** Directly age standardised registration rate per 100,000 population for lung cancer, persons, all ages, 2009 - 11. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)

- 174** Directly age standardised mortality rate per 100,000 population for lung cancer, persons, all ages, 2010 - 12. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)
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- 176** 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, 2013. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 177** Directly age standardised registration rate per 100,000 female population for breast cancer, females, all ages, 2009 - 11. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)
- 178** Directly age standardised mortality rate per 100,000 population for breast cancer, females, all ages, 2010 - 12. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)
- 179** 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, 2013. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 180** Age standardised registration rate per 100,000 female population for cervical cancer, females, all ages, 2009 - 11. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)
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- 182** Directly age standardised mortality rate per 100,000 population for prostate cancer, males, all ages, 2010 - 12. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)
- 183** Directly age standardised registration rate per 100,000 population for bladder cancer, persons, all ages, 2009 - 11. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)
- 184** Directly age standardised mortality rate per 100,000 population for bladder cancer, persons, all ages, 2010 - 12. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)
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- 186** Spend on endocrine, nutritional and metabolic problems, £ per weighted head of population. The Unified Weighted Population is the PCT responsible population adjusted for the age structure of the population, its additional need over and above that accounted for by age, and the unavoidable geographical variations in the costs of providing services, 2012/13. Source: Programme Budgeting Benchmarking Tool, NHS England (<http://www.networks.nhs.uk/nhs-networks/health-investment-network/>)
- 187** Percentage of patients on GP registers aged 17 and over diagnosed with diabetes, 2012/13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 188** Patients aged over 12 with diabetes who were tested at a digital screening encounter as a percentage of all those offered screening, 2011/12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 189** The percentage of people with diabetes diagnosed less than a year who were offered or attended structured education during the following 12 months, 2011/12. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FStudy%2FP01666&mode=documentation&top=yes>)
- 190** Indirectly age and sex standardised rate of complications associated with diabetes, including emergency admissions for diabetic ketoacidosis and lower limb amputation, rate per 100 people with diabetes, 2011/12. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2Fhg-l-app-472.ic.green.net%3A80%2Fobj%2FStudy%2FP01667&mode=documentation&top=yes>)
- 191** Indirectly age and sex standardised rate for myocardial infarction, stroke and stage 5 chronic kidney disease in the National Diabetes Audit, rate per 100 people with diabetes, 2011/12. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FStudy%2FP01664&mode=documentation&top=yes>)

- 192** Age standardised mortality rate per 100,000 population for diabetes, persons, all ages, 2010 - 12. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2Fhg-l-app-472.ic.green.net%3A80%2Fobj%2FStudy%2FP00300&mode=documentation&top=yes>)
- 193** Spend on mental health disorders, £ per weighted head of population. The Unified Weighted Population is the PCT responsible population adjusted for the age structure of the population, its additional need over and above that accounted for by age, and the unavoidable geographical variations in the costs of providing services, 2012/13. Source: Programme Budgeting Benchmarking Tool, NHS England (<http://www.networks.nhs.uk/nhs-networks/health-investment-network/>)
- 194** 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, 2012/13. Source: Improving Access to Psychological Therapies dataset, Health and Social Care Information Centre (<http://www.hscic.gov.uk/article/2021/Website-Search?q=title%3A%22Improving+Access+to+Psychological+Therapies%22&area=both>)
- 195** 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, 2012/13. Source: Improving Access to Psychological Therapies dataset, Health and Social Care Information Centre (<http://www.hscic.gov.uk/article/2021/Website-Search?q=title%3A%22Improving+Access+to+Psychological+Therapies%22&area=both>)
- 196** 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, 2012/13. Source: Dementia Prevalence Calculator, NHS England (accessed 26 Jun 2014) (<https://www.primarycare.nhs.uk/>)
- 197** Emergency hospital admissions for self-harm, age standardised rate per 100,000 population, persons, 2012/13. Source: Community Mental Health Profiles, Public Health England (<http://fingertips.phe.org.uk/profile-group/mental-health/profile/cmhp>)
- 198** Age standardised mortality rate per 100,000 population for suicide and injury of undetermined intent, persons, all ages, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 199** GP recorded prevalence of schizophrenia, bipolar disorder and other psychoses, all ages, 2012/13. Source: Quality and Outcomes Framework, Health and Social Care Information Centre (<http://www.hscic.gov.uk/qof>)
- 200** Ratio of the directly age standardised mortality rate for people aged 18 to 74 in contact with Secondary Mental Health Services to the directly age standardised mortality rate for the general population of the same age expressed as a percentage, 2011/12. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2Fhg-l-app-472.ic.green.net%3A80%2Fobj%2FStudy%2FP01446&mode=documentation&top=yes>)
- 201** Admissions with long-term neurological conditions as a primary diagnosis, age-sex standardised rate per 100,000 population. Long-term neurological conditions include: Acquired Brain Injury; Cerebral palsy; Central Nervous System Infections; Dystonia; Epilepsy; Hereditary ataxia; Huntington's disease; Hydrocephalus; Migraine headache; Motor Neurone Disease and Spinal muscular atrophy; Multiple sclerosis and demyelinating diseases; Myasthenia Gravis; Neuropathies; Paraplegia & Tetraplegia; Parkinson's Disease and Movement Disorders; Primary disorders of muscles; Spinal Cord Injury; Stroke; Tremor, 2012/13. Source: NHS Comparators, Health and Social Care Information Centre (<http://www.hscic.gov.uk/nhscomparators>)
- 202** Crude rate of 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>)
- 203** Spend on vision problems, £ per weighted head of population. The Unified Weighted Population is the PCT responsible population adjusted for the age structure of the population, its additional need over and above that accounted for by age, and the unavoidable geographical variations in the costs of providing services, 2012/13. Source: Programme Budgeting Benchmarking Tool, NHS England (<http://www.networks.nhs.uk/nhs-networks/health-investment-network/>)
- 204** 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>)
- 205** 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, 2012/13. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)
- 206** People registered as blind or partially sighted (i.e. in receipt of Certification of Vision Impairment), per 100,000 population, 2010/11. Source: RNIB Sight Loss Data Tool (<http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool>)

**207** Spend on cardiovascular problems, £ per weighted head of population. The Unified Weighted Population is the PCT responsible population adjusted for the age structure of the population, its additional need over and above that accounted for by age, and the unavoidable geographical variations in the costs of providing services, 2012/13. Source: Programme Budgeting Benchmarking Tool, NHS England (<http://www.networks.nhs.uk/nhs-networks/health-investment-network/>)

**208** Age standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in people aged under 75 years per 100,000 population, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**209** 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, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**210** Emergency hospital admissions for stroke, indirectly age and sex standardised rate per 100,000 population, persons, 2011/12. Source: Indicator Portal, Health and Social Care Information Centre

(<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2Fhg-l-app-472.ic.green.net%3A80%2Fobj%2FfStudy%2FP00928&mode=documentation&top=yes>)

**211** Emergency readmissions to hospital within 28 days of discharge for stroke, age standardised percent, persons, 2011/12. Source: Indicator Portal, Health and Social Care Information Centre

(<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2Fhg-l-app-472.ic.green.net%3A80%2Fobj%2FfStudy%2FP00934&mode=documentation&top=yes>)

**212** Age standardised mortality rate per 100,000 population for stroke, ages under 75, 2010 - 12. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2Fhg-l-app-472.ic.green.net%3A80%2Fobj%2FfStudy%2FP00682&mode=documentation&top=yes>)

**213** Spend on problems of the respiratory system, £ per weighted head of population. The Unified Weighted Population is the PCT responsible population adjusted for the age structure of the population, its additional need over and above that accounted for by age, and the unavoidable geographical variations in the costs of providing services, 2012/13. Source: Programme Budgeting Benchmarking Tool, NHS England (<http://www.networks.nhs.uk/nhs-networks/health-investment-network/>)

**214** Age standardised rate of mortality from respiratory disease in people aged under 75 years per 100,000 population, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**215** 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, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**216** Patients on GP registers diagnosed with chronic obstructive pulmonary disease (COPD), as a percentage of the estimated population with COPD, 2012/13. Source: Quality and Outcomes Framework, Health and Social Care Information Centre and National General Practice Profiles, Public Health England (<http://www.hscic.gov.uk/qof>)

**217** Emergency admissions for alcohol related liver disease in adults, age-sex standardised rate per 100,000 population aged 19 and over, 2012/13. Source: Indicator Portal, Health and Social Care Information Centre (<https://indicators.ic.nhs.uk/webview/>)

**218** Age standardised rate of mortality from liver disease in people aged under 75 years per 100,000 population, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**219** 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, 2010 - 12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**220** 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, 2012. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**221** 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, 2012/13. Source: Quality and Outcomes Framework, Health and Social Care Information Centre (<http://www.hscic.gov.uk/qof>)

**222** 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, 2012/13. Source: Quality and Outcomes Framework, Health and Social Care Information Centre (<http://www.hscic.gov.uk/qof>)

**223** 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, 2012/13. Source: Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB12228>)

**224** 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, 2010/11. Source: Local Tobacco Control Profiles for England (<http://www.tobaccoprofiles.info/>)

**225** Deaths attributable to smoking, age-sex standardised rate per 100,000 population aged over 35, 2010 - 12. Source: Local Tobacco Control Profiles for England (<http://www.tobaccoprofiles.info/>)

**226** 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>)

**227** Drug offences, based on police recorded crime data, crude rate per 1,000 population, 2013/14. Source: Crime in England and Wales, Office for National Statistics (<http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/period-ending-march-2014/index.html>)

**228** 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, 2012. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**229** 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, 2012. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**230** 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://www.lape.org.uk/>)

**231** 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, 2012/13. Source: Local Alcohol Profiles for England, Public Health England (<http://www.lape.org.uk/>)

**232** 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, 2012/13. Source: Local Alcohol Profiles for England, Public Health England (<http://www.lape.org.uk/>)

**233** 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, 2012. Source: Local Alcohol Profiles for England, Public Health England (<http://www.lape.org.uk/>)

**234** 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, 2012. Source: Local Alcohol Profiles for England, Public Health England (<http://www.lape.org.uk/>)

**235** Planned exits as a proportion of total number exiting alcohol treatment services, 2012/13. Source: National Drug Treatment Monitoring System, Croydon Drug and Alcohol Action Team (<https://www.ndtms.net/>)

**236** 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/>)

**237** 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>)

**238** 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, 2013. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**239** 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, 2013. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**240** 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. 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. Previous years' surveys asked about walking for at least 5 minutes. Therefore, 2012/13 results are not directly comparable with those from previous years, 2012/13. Source: Active People Survey, Sport England; data published by Department for Transport (<https://www.gov.uk/government/publications/local-area-walking-and-cycling-in-england-2012-to-2013>)

**241** 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, 2012/13. Source: Active People Survey, Sport England; data published by Department for Transport (<https://www.gov.uk/government/publications/local-area-walking-and-cycling-in-england-2012-to-2013>)

**242** Proportion of deaths from all causes that occur at usual place of residence, 2013. 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))

**243** 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, 2012/13. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FStudy%2FP01663&mode=documentation&top=yes>)

**244** 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, 2012/13. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FStudy%2FP01627&mode=documentation&top=yes>)

**245** All cause elective inpatient hospital admissions plus daycases, age-sex standardised rate per 1,000 population, 2012/13. Source: NHS Comparators, Health and Social Care Information Centre (<http://www.hscic.gov.uk/nhscomparators>)

**246** All cause emergency hospital admissions, age-sex standardised rate per 1,000 population, 2012/13. Source: NHS Comparators, Health and Social Care Information Centre (<http://www.hscic.gov.uk/nhscomparators>)

**247** Percentage of emergency admission to any hospital in England occurring within 30 days of the last, previous discharge after admission. Admissions for cancer and obstetrics are excluded, 2011/12. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**248** 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, 2012/13. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FStudy%2FP01566&mode=documentation&top=yes>)

**249** 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, 2012/13. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FStudy%2FP01563&mode=documentation&top=yes>)

**250** 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), 2013/14. Source: GP Patient Survey, Department of Health (<http://gp-patient.co.uk/surveys-and-reports>)

**251** 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), 2013/14. Source: GP Patient Survey, Department of Health (<http://gp-patient.co.uk/surveys-and-reports>)

**252** 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), 2013/14. Source: GP Patient Survey, Department of Health (<http://gp-patient.co.uk/surveys-and-reports>)

**253** Cases of MRSA bloodstream infections in people aged 2 and over reported to Public Health England, rate per 100,000 population, 2013/14. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FStudy%2FP01628&mode=documentation&top=yes>)

**254** Cases of clostridium difficile in people aged 2 and over reported to Public Health England, rate per 100,000 population, 2013/14. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FStudy%2FP01629&mode=documentation&top=yes>)

**255** 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, 2011/12. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FStudy%2FP01568&mode=documentation&top=yes>)

**256** 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, 2011/12. Source: Indicator Portal, Health and Social Care Information Centre (<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FStudy%2FP01568&mode=documentation&top=yes>)

**257** Patient's reported improvement in health status following groin hernia procedures, 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, 2011/12. Source: Indicator Portal, Health and Social Care Information Centre



<http://indicators.ic.nhs.uk/webview/index.jsp?v=2&submode=ddi&study=http%3A%2F%2F172.16.9.26%3A80%2Fobj%2FStudy%2FP01568&mode=documentation&top=yes>

**258** 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. Local authorities are required to report NHS Health Checks offered in the financial year the offer was made, similarly NHS Health Checks received in the financial year they were undertaken. As NHS Health Checks is a rolling programme, an offer and the actual NHS Health Check may fall in different years. In 2012/13, Croydon sent NHS Health Check invitations (offers) on a regular basis and a large number of offers were made in March 2013 and therefore reported as part of the 2012/13 performance figures. Many of these invites translated into NHS Health Checks which were undertaken in 2013/14 and accordingly were reported in the 2013/14 performance figures. (Note that once in receipt of an invitation (offer), a person may have an NHS Health Check at any time). With the transfer of Public Health duties to local authorities in April 2013, the way Croydon had been inviting people (making offers) for an NHS Health Check was no longer viable. Alternative ways of inviting eligible people were trialled in 2013/14, including for example the introduction of opportunistic NHS Health Checks. This led to a small number of offers being made in 2013/14, but nowhere near the target. A combination of the above meant that the number of NHS Health Checks received in 2013/14 was greater than the number offered, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**259** Cumulative percentage of the eligible population aged 40-74 who received a NHS Health Check during the five year period 2013/14-2017/18. Local authorities are required to report NHS Health Checks offered in the financial year the offer was made, similarly NHS Health Checks received in the financial year they were undertaken. As NHS Health Checks is a rolling programme, an offer and the actual NHS Health Check may fall in different years. In 2012/13, Croydon sent NHS Health Check invitations (offers) on a regular basis and a large number of offers were made in March 2013 and therefore reported as part of the 2012/13 performance figures. Many of these invites translated into NHS Health Checks which were undertaken in 2013/14 and accordingly were reported in the 2013/14 performance figures. (Note that once in receipt of an invitation (offer), a person may have an NHS Health Check at any time). With the transfer of Public Health duties to local authorities in April 2013, the way Croydon had been inviting people (making offers) for an NHS Health Check was no longer viable. Alternative ways of inviting eligible people were trialled in 2013/14, including for example the introduction of opportunistic NHS Health Checks. This led to a small number of offers being made in 2013/14, but nowhere near the target. A combination of the above meant that the number of NHS Health Checks received in 2013/14 was greater than the number offered, 2013/14. Source: Public Health Outcomes Framework Data Tool (<http://www.phoutcomes.info/>)

**260** Spend on dental problems, £ per weighted head of population. The Unified Weighted Population is the PCT responsible population adjusted for the age structure of the population, its additional need over and above that accounted for by age, and the unavoidable geographical variations in the costs of providing services, 2012/13. Source: Programme Budgeting Benchmarking Tool, NHS England (<http://www.networks.nhs.uk/nhs-networks/health-investment-network/>)

**261** Percentage of adults accessing NHS dentistry in the last 2 years, Mar 2014. Source: Health and Social Care Information Centre (<http://www.hscic.gov.uk/catalogue/PUB14142>)

**262** 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), 2013/14. Source: GP Patient Survey, Department of Health (<http://gp-patient.co.uk/surveys-and-reports>)

**263** 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), 2013/14. Source: GP Patient Survey, Department of Health (<http://gp-patient.co.uk/surveys-and-reports>)

## Appendix 3: Changes to indicators

### New indicators

#### New indicators from national outcome frameworks

Indicator	Relevant national outcome frameworks
<b>Community life</b>	
Domestic abuse incidents recorded by the police (rate per 100,000 population aged over 18)	PHOF
NHS organisations with a sustainable development management plan (% of organisations)	PHOF
Daytime road, rail and air transport noise (% of population exposed to noise of 65dB(A) or more)	PHOF
Night-time road, rail and air transport noise (% of population exposed to noise of 55dB(A) or more)	PHOF
Clients receiving direct payments (% of people using social care)	ASCOF
Clients who find it easy to find information about services (score)	ASCOF
Health-related quality of life for carers (score)	CCGOIS, NHSOF
Isolation in adult carers (% of survey respondents who had as much social contact as they would like)	ASCOF, PHOF
<b>Early life</b>	
Children achieving the expected level in the phonics screening check at age 6 (% of pupils)	PHOF
Children eligible for FSM achieving the expected level in the phonics screening check at age 6 (% of pupils)	PHOF
Emergency admissions for children with lower respiratory tract infections (rate per 100,000 aged under 19)	CCGOIS, NHSOF
Emergency admissions for asthma, diabetes and epilepsy in children (rate per 100,000 population aged under 19)	CCGOIS, NHSOF
Antenatal risk assessments before 13 weeks (% of antenatal risk assessments)	CCGOIS
<b>Healthy life</b>	
Healthy life expectancy at birth (men) in years	PHOF
Healthy life expectancy at birth (women) in years	PHOF
Self-reported life satisfaction (mean score, estimated from a survey sample)	PHOF
Self-reported worthwhile (mean score, estimated from a survey sample)	PHOF
Self-reported happiness (mean score, estimated from a survey sample)	PHOF
Self-reported anxiety (mean score, estimated from a survey sample)	PHOF
Potential years of life lost from causes considered amenable to healthcare (per 100,000 population)	CCGOIS, NHSOF
One year survival from all cancers (% of people aged 15-99)	CCGOIS, NHSOF
<b>Long-term conditions</b>	
Referred to structured education (% of people with diabetes diagnosed less than one year)	CCGOIS
Complications associated with diabetes (rate per 100 people with diabetes)	CCGOIS
Myocardial infarction/stroke/stage 5 kidney disease in diabetes (rate per 100 people with diabetes)	CCGOIS

Indicator	Relevant national outcome frameworks
Recovery following talking therapies (% of people moving to recovery after receiving treatment)	CCGOIS
Diagnosis rate for dementia (% of estimated true prevalence of dementia)	CCGOIS, NHSOF, PHOF
Emergency admissions for alcohol related liver disease (rate per 100,000 population)	CCGOIS
▪ <b>Healthy lifestyles</b>	
Alcohol attributable hospital admissions (narrow definition) (rate per 100,000 population)	PHOF
▪ <b>Health services</b>	
Health-related quality of life for people with long-term conditions (score)	CCGOIS, NHSOF
People feeling supported to manage their long-term condition (% of survey respondents)	CCGOIS, NHSOF
Emergency admissions for acute conditions that should not require admission (rate per 100,000 population)	CCGOIS, NHSOF
Emergency admissions for chronic ambulatory care sensitive conditions (rate per 100,000 population)	CCGOIS, NHSOF
Incidence of MRSA (rate per 100,000 population)	CCGOIS, NHSOF
Incidence of C difficile (rate per 100,000 population)	CCGOIS, NHSOF
Patient reported improvement following hip replacement (average health gain)	CCGOIS, NHSOF
Patient reported improvement following knee replacement (average health gain)	CCGOIS, NHSOF
Patient reported improvement following groin hernia (average health gain)	CCGOIS, NHSOF

## New indicators identified through consultation

Indicator	Reason for inclusion
<b>Community life</b>	
Projected change in population size (% change in next 5 years based on ONS projections)	Population growth and migration is an important issue in Croydon that has been highlighted in the JSNA. These indicators have been added to give a more complete picture of how Croydon compares with elsewhere.
Total fertility rate (children per woman)	
Population turnover (rate per 1,000 population)	
Housing affordability (ratio of lower quartile house prices to lower quartile earnings)	Replaced the indicator on average house prices. House prices are more meaningful in relation to income.
Households on local authority housing waiting lists (rate per 1,000 households)	Requested by Chief Officer of Croydon CCG as an important topic to cover.
<b>Early life</b>	
Child mortality (rate per 100,000 children aged 1-17 years)	New indicator from Child Health Profiles, Public Health England. Included as an important and relevant indicator for child health.
Learning difficulties known to schools (rate per 1,000 pupils)	New indicators to highlight the prevalence of children learning disabilities and autism as important issues that aren't currently included in the key dataset.
Autistic spectrum known to schools (rate per 1,000 pupils)	
Hospital admissions due to alcohol specific conditions (rate per 100,000 population aged under 18)	
Hospital admissions due to substance misuse (rate per 100,000 population aged 15-24)	New indicators from Child Health Profiles, Public Health England. Included as an important and relevant indicators for child health.
Hospital admissions for mental health conditions (rate per 100,000 population aged under 18)	
<b>Family life</b>	
Abortion rate (per 1,000 women aged 15-44)	New indicator from Sexual and Reproductive Health Profiles. Included as Croydon is significantly different from average and provides more detail to the abortions section.
Pelvic inflammatory disease (PID) admissions (rate per 100,000 women aged 15-44)	New indicators from Sexual and Reproductive Health Profiles. Included as Croydon is significantly different from average.
Ectopic pregnancy admissions (rate per 100,000 women aged 15-44)	
Uptake of HIV testing in GUM clinics (% of tests offered)	Provides additional relevant information for the HIV section.
<b>Healthy life</b>	
Disability-free life expectancy at birth (men) in years	New data published by the Office for National Statistics, relevant to PHOF life expectancy indicators.
Disability-free life expectancy at birth (women) in years	
Inequality in health status between socio-economic classes (men)	
Inequality in health status between socio-economic classes (women)	
<b>Long-term conditions</b>	
People entering talking therapies (as % of people estimated to have anxiety or depression)	Key performance indicators for the Improving Access to Psychological Therapies service, requested by the public health lead for mental health.
Emergency admissions for epilepsy (rate per 100,000 population aged over 18)	It was agreed following an FOI request to review what the key dataset containing relating to epilepsy and neurological conditions. Suitable data was identified for these two indicators.
Hospital admissions for long-term neurological conditions (rate per 1,000 population)	
Spend per head on vision problems	Additional indicators recommended by JSNA guidance on eye health.
NHS sight tests (rate per 100,000 population)	
Registered blind or partially sighted (rate per 100,000 population)	
<b>Healthy lifestyles</b>	
GP recorded smoking prevalence (% of people aged over 15)	Quality and Outcomes Framework data was identified as a possible source for measuring smoking prevalence and

Indicator	Reason for inclusion
GP recorded smoking prevalence in people with long-term conditions (% of people with long-term conditions)	these two indicators were included following discussion with Public Health England and the public health lead for smoking.
Alcohol attributable hospital admissions (broad definition) (rate per 100,000 population)	Selected along with PHOF indicator on narrow definition to replace old definition of alcohol attributable admissions.
Opiate and/or crack cocaine users (estimated % of population aged 15-64)	Provides additional information about drug use. Data available from National Treatment Agency.
Walking (estimated % of adults who walk at least 3 times per week)	Published by the Department for Transport. Provide useful additional information about walking and cycling to replace of the indicator from the 2011 Census.
Cycling (estimated % of adults who cycle at least once a month)	

## Excluded indicators

### Excluded indicators from the Croydon JSNA Key Dataset 2013/14

Indicator	Reason for exclusion
<b>Community life</b>	
Average house prices (£000s)	Replaced with an indicator on housing affordability. House prices are more meaningful in relation to income.
No central heating (% of households)	No updated data available. Source was 2011 Census.
Carers reported to be in poor health (% of people providing unpaid care)	No updated data available. Source was 2011 Census.
<b>Early life</b>	
Children travelling to school by public transport, cycling or walking (% of survey respondents)	No updated data available. The indicator was dropped by the Department for Education and the latest data available is for 2010/2011.
Children reported to be in poor health (% of children aged under 16)	No updated data available. Source was 2011 Census.
Children reported to have a limiting long-term health problem or disability (% of children aged under 16)	No updated data available. Source was 2011 Census.
<b>Working age</b>	
Qualified to NVQ level 1 or 2 (% of people aged 16-64)	Duplicate other indicators on qualifications and are based on small numbers from the same survey sample.
Qualified to 2 A-levels or equivalent (% of people aged 16-64)	
Self employment rate (estimated % of people aged 16-64)	Duplicates other indicators on employment rate and is based on small numbers from the same survey sample.
Unemployment rate (estimated % of people aged 16-64)	The job seekers allowance claimants indicators provide more accurate data on unemployment, being sourced from benefits data. This indicator based on the same survey sample as indicators on employment rate.
Sickness absence in the last week (% of employees surveyed)	These PHOF indicators have large confidence intervals, so are excluded because they do not provide useful information, and could have potential to mislead.
Working days lost due to sickness absence (% of working days)	
Adults reported to be in poor health (% of people aged 16-64)	No updated data available. Source was 2011 Census.
Adults reported to have a limiting long-term health problem or disability (% of people aged 16-64)	
<b>Later life</b>	
Older people reported to be in poor health (% of people aged over 65)	No updated data available. Source was 2011 Census.
Older people reported to have a limiting long-term health problem or disability (% of people aged over 65)	
<b>Healthy life</b>	
Potential years of life lost from causes considered amenable to healthcare (men) (per 100,000)	Replaced by the CCGOIS indicator which is not broken down by gender.
Potential years of life lost from causes considered amenable to healthcare (women) (per 100,000)	
Lab confirmed gastrointestinal disease (rate per 100,000 population)	No longer published in Public Health England profiles and is not in any outcome frameworks.
Deaths from cancer (all ages) (rate per 100,000 population)	Duplicates the other cancer mortality indicators in the dataset, which provide a more useful breakdown of the same data.
Deaths from malignant melanoma (rate per 100,000 population)	Numbers are small so data is suppressed for a large number of local authorities. The incidence indicators provide a more accurate picture.
Deaths from cervical cancer (rate per 100,000 population)	
<b>▪ Long-term conditions</b>	
Blood sugar control (% of patients with diabetes with	Definition has changed in QOF and the indicator is not in

Indicator	Reason for exclusion
HbA1c < 7.5)	any outcome frameworks so is no longer considered important to include as a performance indicator.
Emergency admissions for diabetes (rate per 100,000 population)	Duplicates the new CCGOIS indicator on complications associated with diabetes.
GP recorded depression prevalence (% of people of all ages)	Not age standardised, so it does not provide much information without being put in the context of true prevalence, for which a current model is not available.
GP recorded dementia prevalence (% of adults aged over 18)	Not age standardised. The diagnosis rate indicator provides more useful information.
Sight loss due to age related macular degeneration (rate per 100,000 population)	Based on small numbers and do not add much additional information to the new sight loss certifications indicator. Including a breakdown of the new sight loss certifications indicator has potential to be misleading as confidence intervals are wide.
Sight loss due to glaucoma (rate per 100,000 population)	
Sight loss due to diabetic eye disease (rate per 100,000 population)	
GP recorded coronary heart disease prevalence (% of people of all ages)	Not age standardised, so does not provide much information without being put in the context of true prevalence, for which a current model is not available.
Deaths from coronary heart disease (rate per 100,000 population)	This indicator is less useful than the early deaths from cardiovascular disease indicators, which it partly duplicates.
GP recorded stroke/TIA prevalence (% of people of all ages)	Not age standardised, so does not provide much information without being put in the context of true prevalence, for which a current model is not available.
Deaths from stroke (all ages) (rate per 100,000 population)	Less useful than the early deaths from stroke indicator, which it partly duplicates.
Estimated COPD prevalence (% of adults aged over 16)	Partly duplicates the diagnosis rate for COPD indicator, and doesn't provide much additional useful information.
Early deaths from COPD (rate per 100,000 population aged under 75)	Duplicates PHOF indicator on early deaths from respiratory disease.
Deaths from COPD (all ages) (rate per 100,000 population)	Less useful than the PHOF indicator on early deaths from respiratory disease, which it partly duplicates.
GP recorded asthma prevalence (% of people of all ages)	Not age standardised, so does not provide much information without being put in the context of true prevalence, for which a current model is not available.
Emergency admissions for children with asthma (rate per 100,000 population aged under 16)	Duplicates the new CCGOIS indicator on emergency admissions for asthma, diabetes and epilepsy in children.
Deaths from asthma (rate per 100,000 population)	Numbers are small so data is suppressed for a large number of local authorities. The incidence indicator provides a more accurate picture.
<b>▪ Healthy lifestyles</b>	
Hospital stays for alcohol attributable conditions (rate per 100,000 population)	Replaced with two new indicators based on the new definition released by PHE.
People eating 5 or more portions of fruit and vegetables per day (estimated % of adults aged over 16)	No new data available. The source was estimates based on the Health Survey for England and the latest data was 206-2008. A new PHOF indicator on diet is under development but not yet released.
People using outdoor space for exercise/health reasons (% of adults aged over 16)	This PHOF indicator has a huge confidence interval, so is excluded because it does not provide useful information, and could have potential to mislead.
Walking or cycling to work (% of working population aged 16-74)	Replaced with two new indicators on walking and cycling from the Active People Survey.

### Other excluded indicators considered during the consultation process

Indicator	Reason for exclusion
<b>Early life</b>	
Child development at 2 – 2 ½ years	Data not yet published. Under development in PHOF.
Smoking prevalence (% of 15 year olds)	
Hospital admissions as a result of self-harm (rate per 100,000 population aged 10-24)	Duplicates the indicator on hospital admissions for self-harm in the Healthy Life section.
Tooth decay in children aged 5 (average number of teeth)	Croydon was not included in the most recent children's oral health survey, so no new data is available.
<b>Later life</b>	
Safe in local area during the day (% of survey respondents)	Data not yet published. Under development in PHOF.
Safe in local area after dark (% of survey respondents)	
Safe in own home at night (% of survey respondents)	
Health-related quality of life for older people (score)	
<b>Healthy life</b>	
One year survival from colorectal cancer (% of people aged 15-99)	Duplicate the indicator on one year survival from all cancers. Numbers are too small to make further breakdowns of the data meaningful.
One year survival from lung cancer (% of people aged 15-99)	
One year survival from breast cancer (% of people aged 15-99)	
<b>▪ Long-term conditions</b>	
Referrals to psychological therapies entering treatment (% of referrals)	Replaced with an indicator on people entering psychological therapies as a proportion of people estimated to have anxiety or depression, requested by the public health lead for mental health.
<b>▪ Health services</b>	
Proportion of deaths from cancer at home (% of deaths)	These indicators have recently been published by PHE and it was thought they would provide useful additional detail for the end of life care section. However, the data is based on a three-year time period rather than the one-year time period used by the proportion of all deaths at home indicator, and there is no trend data for cardiovascular or respiratory indicators. Therefore inclusion of these indicators would confuse the reader and create unnecessary duplication.
Proportion of deaths from cardiovascular disease at home (% of deaths)	
Proportion of deaths from respiratory disease at home (% of deaths)	
Patient safety incidents reported (rate per 100,000 population)	Data not yet published. Under development in CCGOIS.
Varicose veins (average health gain)	Data is not available for Croydon and many other local authorities in the data currently released for this indicator.



## 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

<b>1 Wider determinants of health</b>		<b>3 Health protection</b>	
<ul style="list-style-type: none"> <li>Road casualties</li> <li>Educational attainment at age 16-19</li> <li>Looked after children living in the same placement for at least 2 years</li> </ul>		<ul style="list-style-type: none"> <li>Uptake of HIV testing</li> </ul>	
<b>2 Health improvement</b>		<b>4 Healthcare and premature mortality</b>	
<ul style="list-style-type: none"> <li>Breastfeeding</li> <li>Smoking during pregnancy</li> </ul>		<ul style="list-style-type: none"> <li>Permanent admissions to care homes</li> <li>Excess mortality in serious mental illness</li> </ul>	

### Challenges

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

#### 0 Overarching indicators

- Gap in life expectancy between deprived and affluent areas for women

<b>1 Wider determinants of health</b>		<b>3 Health protection</b>	
<ul style="list-style-type: none"> <li>Homelessness</li> <li>Crime and youth offending</li> <li>Carers' satisfaction with services</li> </ul>		<ul style="list-style-type: none"> <li>Childhood immunisations</li> <li>HIV, sexually transmitted infections and reproductive health</li> <li>Flu vaccination</li> </ul>	
<b>2 Health improvement</b>		<b>4 Healthcare and premature mortality</b>	
<ul style="list-style-type: none"> <li>Excess weight in 10-11 year olds</li> <li>People entering talking therapies</li> <li>Drug and alcohol treatment</li> <li>NHS health checks</li> </ul>		<ul style="list-style-type: none"> <li>Diagnosis rate for dementia</li> </ul>	

## Emerging issues

*(Areas that will become challenges if current trends continue)*

### 0 Overarching indicators

- Life expectancy and disability-free life expectancy for men (including gap between deprived and affluent areas)

### 1 Wider determinants of health

- Adult re-offending
- Educational attainment at key stage 2

### 3 Health protection

### 2 Health improvement

- Cancer incidence (and deaths)

### 4 Healthcare and premature mortality

- Emergency readmissions within 30 days of discharge
- Emergency admissions for chronic ambulatory care sensitive conditions

## Areas of need

### High need

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

#### 1 Wider determinants of health

- Children eligible for free school meals
- Unaccompanied asylum seeking children
- Autistic spectrum disorder prevalence

#### 2 Health improvement

- Severe mental illness prevalence

### Emerging need

*(Areas that will become high need if current trends continue)*

#### 2 Health improvement

- Diabetes prevalence

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

### Areas where Croydon is performing well

*(Areas where Croydon's performance is relatively good)*

<b>1) Giving our children a good start in life</b>	<b>2) Preventing illness and injury and helping people recover</b>
<ul style="list-style-type: none"> <li>• Educational attainment at age 16-19 (including gap for children eligible for free school meals)</li> <li>• Looked after children living in the same placement for at least 2 years</li> <li>• Breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>• Road casualties</li> <li>• Uptake of HIV testing</li> </ul>
<b>3) Preventing premature death and long term health conditions</b>	<b>4) Supporting people to be resilient and independent</b>
<ul style="list-style-type: none"> <li>• Excess mortality in adults with serious mental illness</li> </ul>	<ul style="list-style-type: none"> <li>• Permanent admissions to care homes</li> </ul>
<b>5) Providing integrated, safe, high quality services</b>	<b>6) Improving people's experience of care</b>

### Challenges

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

<b>1) Giving our children a good start in life</b>	<b>2) Preventing illness and injury and helping people recover</b>
<ul style="list-style-type: none"> <li>• Childhood immunisations</li> <li>• Youth offending</li> <li>• Excess weight in 10-11 year olds</li> </ul>	<ul style="list-style-type: none"> <li>• HIV, sexually transmitted infections and reproductive health</li> <li>• Flu vaccination</li> <li>• Drug and alcohol treatment</li> </ul>
<b>3) Preventing premature death and long term health conditions</b>	<b>4) Supporting people to be resilient and independent</b>
<ul style="list-style-type: none"> <li>• Gap in life expectancy between deprived and affluent areas for women</li> <li>• NHS health checks</li> </ul>	<ul style="list-style-type: none"> <li>• Homelessness</li> <li>• Carers' satisfaction with services</li> </ul>
<b>5) Providing integrated, safe, high quality services</b>	<b>6) Improving people's experience of care</b>
<ul style="list-style-type: none"> <li>• People entering talking therapies</li> <li>• Diagnosis rate for dementia</li> </ul>	

## Emerging issues

*(Areas that will become challenges if current trends continue)*

<p><b>1) Giving our children a good start in life</b></p> <ul style="list-style-type: none"> <li>Educational attainment at key stage 2</li> </ul>	<p><b>2) Preventing illness and injury and helping people recover</b></p>
<p><b>3) Preventing premature death and long term health conditions</b></p> <ul style="list-style-type: none"> <li>Life expectancy for men (including gap between deprived and affluent areas)</li> <li>Cancer incidence and deaths</li> </ul>	<p><b>4) Supporting people to be resilient and independent</b></p> <ul style="list-style-type: none"> <li>Emergency readmissions within 30 days of discharge</li> </ul>
<p><b>5) Providing integrated, safe, high quality services</b></p> <ul style="list-style-type: none"> <li>Emergency admissions for chronic ambulatory care sensitive conditions</li> </ul>	<p><b>6) Improving people’s experience of care</b></p>
<p><b>Wider determinants of health</b></p> <ul style="list-style-type: none"> <li>Adult re-offending</li> </ul>	

## Areas of need

<p><b>High need</b></p> <p><i>(Areas where there are much higher levels of need in Croydon than other local authorities/CCGs)</i></p>	<p><b>Emerging need</b></p> <p><i>(Areas that will become high need if current trends continue)</i></p>
<p><b>1) Giving our children a good start in life</b></p> <ul style="list-style-type: none"> <li>Children eligible for free school meals</li> <li>Unaccompanied asylum seeking children</li> <li>Autistic spectrum disorder prevalence</li> </ul>	<p><b>3) Preventing premature death and long term health conditions</b></p> <ul style="list-style-type: none"> <li>Diabetes prevalence</li> </ul>
<p><b>3) Preventing premature death and long term health conditions</b></p> <ul style="list-style-type: none"> <li>Severe mental illness prevalence</li> </ul>	