

Public Health Outcomes Framework – Key changes and updates for Cambridgeshire and its districts: February 2019

Introduction and overview

The Department of Health first published the Public Health Outcomes Framework (PHOF) for England in January 2012, setting out a vision for progress in public health. The framework was revised in November 2016, presenting a refreshed PHOF for England 2016-2019; a set of [indicators](#) helping us to understand how well public health is being improved and protected.

The latest technical specification can be found at:
<https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019>

The PHOF focuses on the overarching indicators of **healthy life expectancy** and **life expectancy**, key measures of the overall health of the population.

These overarching indicators are supported by further indicators across four domains, helping local systems to view the context and drivers of healthy life expectancy:

1. Wider determinants of health
2. Health improvement
3. Health protection
4. Healthcare public health and premature mortality

Public Health England present data for the PHOF in an Interactive Fingertips Data Tool at www.phoutcomes.info.

Data in the PHOF are updated quarterly in February, May, August and November. Each update refreshes indicators for which new figures have become available. Few indicators actually show quarterly data, with the majority presenting annual or 3-yearly rolling data, often guided by the stability of the numbers available.

Most indicators in the PHOF are [benchmarked](#) against the [England average](#), but some are compared with a national target, goal or percentile. Indicators in this summary are colour coded to indicate their current rating:

Statistically significantly worse than the England average or below target
Statistically similar to the England average or similar to target
Statistically significantly better than the England average or above target

This local summary:

- Highlights indicators with newly published/revised data or changed [RAG-ratings](#)
- Provides a summary of new indicators or new definitions introduced
- Lists all indicators which rate [statistically significantly](#) worse than the England average or below the national target (red rated indicators) at February 2019
- Lists all indicators updated this quarter

It is important to remember that indicators rating similar to or better than the national average do not necessarily mean that they are not important public health issues as they may affect large numbers of people or disproportionately affect particular vulnerable groups or deprived areas.

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CAMBRIDGESHIRE

Overarching indicators

RAG-rating changes with the February 2019 update – ‘better’

None.

RAG-rating changes with the February 2019 update – ‘worse’

0.1i Healthy life expectancy at birth – males

Data added and back series revised 2009-11 to 2015-17. Healthy life expectancy in Cambridgeshire has fallen to a level statistically similar to England for males.

Wider determinants of health

RAG-rating changes with the February 2019 update – ‘better’

None.

RAG-rating changes with the February 2019 update – ‘worse’

None.

Other indicator updates

1.11 Domestic abuse-related incidents and crimes

2017/18 data added. The rate has decreased from 21.2 per 1,000 in 2016/17 to 20.7 per 1,000 in 2017/18*. The national rate in 2017/18 was 25.0 per 1,000. This indicator is not RAG-rated.

**LA's are allocated the rate of the police force within which they sit*

Health improvement

RAG-rating changes with the February 2019 update – ‘better’

2.03 Smoking status at time of delivery

2017/18 data added. The smoking status proportion has decreased between 2016/17 and 2017/18 and is now statistically significantly similar to the national rate for Cambridgeshire.

2.24ii Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79

Data added and back series revised 2010/11 to 2017/18. The admissions rate per 1,000 in Cambridgeshire has decreased to a level statically significantly better than England.

2.24iii Emergency hospital admissions due to falls in people aged 65 and over - aged 80+

Data added and back series revised 2010/11 to 2017/18. The admissions rate per 1,000 in Cambridgeshire has decreased to a level statically similar to England.

RAG-rating changes with the February 2019 update – ‘worse’

2.18 Admission episodes for alcohol-related conditions - narrow definition

Data added and back series revised 2008/09 to 2017/18. Admissions in Cambridgeshire have increased since 2016/17, and the rate per 1,000 has increased to a level statistically similar to the national average.

2.20iv Abdominal Aortic Aneurysm screening – coverage

2017/18 data added. The screening coverage has decreased to a rate statistically similar to England.

2.23iii Self-reported wellbeing - people with a low happiness score

2017/18 data added. Cambridgeshire percentages have increased to a level which is statistically similar to the national average.

Other indicator updates

2.20xii Newborn hearing screening – coverage

2017/18 data added. Data was not available for 2016/17. 2017/18 screening coverage for Cambridgeshire is statistically significantly better than England.

Health protection

RAG-rating changes with the February 2019 update – ‘better’

3.03xii Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old)

2017/18 data added. Coverage in Cambridgeshire has increased to a level statistically significantly better than England and the national benchmark.

RAG-rating changes with the February 2019 update – ‘worse’

3.03xvi Population vaccination coverage - HPV vaccination coverage for two doses (females 13-14 years old)

2017/18 data added. Coverage in Cambridgeshire has decreased to a level statistically significantly similar to England. Coverage has remained similar to the national benchmark since 2015/16.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution

2017 data added. The proportion in Cambridgeshire has changed from 5.3% in 2016 to 5.4% in 2017. The 2017 rate for England is 5.1%. This indicator is not RAG-rated.

Healthcare public health and premature mortality

RAG-rating changes with the February 2019 update – ‘better’

4.14 Hip fractures in people aged 65 and over

2017/18 data added. The rate of hip fractures per 100,000 has decreased in Cambridgeshire to a level statistically significantly better than the national rate.

RAG-rating changes with the February 2019 update – ‘worse’

None.

List of all red rated indicators as at February 2019

- 1.02i - School readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception
- 1.02ii - School readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check
- 1.02iii - School readiness: the percentage of Year 1 pupils with free meal status achieving the expected level in the phonics screening check
- 1.05 16-17 year olds not in education, employment or training (NEET) or whose activity ids not known
- 1.06i - Adults with a learning disability who live in stable and appropriate accommodation
- 1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate
- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 2.05ii - Proportion of children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review
- 2.08ii – Percentage of children where there is a cause for concern
- 2.10ii - Emergency hospital admissions for intentional self-harm

- 2.15ii - Successful completion of drug treatment - non-opiate users
- 2.20ii - Cancer screening coverage - cervical cancer
- 2.22iv - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 3.03x - Population vaccination coverage - MMR for two doses (5 years old)
- 3.03xiv - Population vaccination coverage - Flu (aged 65+)
- 3.03xv - Population vaccination coverage - Flu (at risk individuals)
- 3.03xvii – Population vaccination coverage – Shingles vaccination coverage (70 year olds)
- 3.04 - HIV late diagnosis
- 4.09ii - Proportion of adults in the population in contact with secondary mental health services
- 4.16 - Estimates dementia diagnosis rate (aged 65+)

CAMBRIDGE

Overarching indicators

RAG-rating changes with the February 2019 update: 'better'

0.1ii Life expectancy at 65 – males

2015-17 data added. Life expectancy at 65 for males has increased to a level statistically significantly better than the national rate.

RAG-rating changes with the February 2019 update: 'worse'

0.1ii Life expectancy at birth – females

2015-17 data added. 2015-17 data shows life expectancy at birth for females in Cambridge has decreased to a level statistically similar to England, having been statistically significantly better since 2001-03.

0.2iv Gap in life expectancy at birth between each local authority and England as a whole – female

2015-17 data added. The gap in life expectancy at birth for females in Cambridge has decreased to a level statistically similar to England, having been statistically significantly better since 2001-03.

Wider determinants of health

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

1.08i Gap in the employment rate between those with a long-term health condition and the overall employment rate

Data added and back series revised 2013/14 to 2017/18. The gap in employment rate continues to increase. From 2017/18 it is statistically significantly worse than the national rate.

1.12i Violent crime (including sexual violence) - hospital admissions for violence

Data added and back series revised 2010/11-2012/13 to 2015/16-2017/18. This indicator has typically been statistically significantly better than England for Cambridge, however 2015/16 – 2017/18 data shows that the rate per 100,000 has increased to a level statistically similar to England.

Health improvement

RAG-rating changes with the February 2019 update: 'better'

2.07ii Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)

Data added and back series revised 2010/11 to 2017/18. Hospital admissions have continued to decrease for 2016/17. Rates per 10,000 are statistically significantly better than the national rate.

RAG-rating changes with the February 2019 update: 'worse'

None.

Health protection

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution

2017 data added. The proportion in Cambridge has changed from 5.5% in 2016 to 5.6% in 2017. The 2017 rate for England is 5.1%. This indicator is not RAG-rated.

Healthcare public health and premature mortality

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

List of all red rated indicators as at February 2019

- 1.08i Gap in the employment rate between those with a long-term health condition and the overall employment rate
- 1.10 Killed and seriously injured (KSI) casualties on England's roads
- 1.14i - The rate of complaints about noise
- 1.15i - Statutory homelessness - Eligible homeless people not in priority need
- 2.10ii - Emergency hospital admissions for intentional self-harm
- 2.17 - Estimated diabetes diagnosis rate
- 2.18 - Admission episodes for alcohol-related conditions - narrow definition
- 2.20i - Cancer screening coverage - breast cancer
- 2.20ii - Cancer screening coverage - cervical cancer
- 2.20iii - Cancer screening coverage - bowel cancer
- 2.20iv – Abdominal aortic aneurysm screening - coverage
- 2.24i - Emergency hospital admissions due to falls in people aged 65 and over
- 2.24ii - Emergency hospital admissions due to falls in people aged 65-79
- 2.24iii - Emergency hospital admissions due to falls in people aged 80+
- 3.02 - Chlamydia detection rate (15-24 year olds)

EAST CAMBRIDGESHIRE

Overarching indicators

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Wider determinants of health

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

1.08i Gap in the employment rate between those with a long-term health condition and the overall employment rate

Data added and back series revised 2013/14 to 2017/18. The gap in employment continues to increase. From 2017/18 East Cambridgeshire is statistically similar to the national rate.

Health improvement

RAG-rating changes with the February 2019 update: 'better'

2.24ii Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79

Data added and back series revised 2010/11 to 2017/18. The admissions rate per 1,000 in East Cambridgeshire have decreased to a level statically significantly better than England.

RAG-rating changes with the February 2019 update: 'worse'

2.18 Admission episodes for alcohol-related conditions - narrow definition

Data added and back series revised 2008/09 to 2017/18. Admissions in East Cambridgeshire were statistically significantly similar to England from 2012/13 to 2016/17. The rate of admission episodes per 100,000 has increased in 2017/18 to a level that is statistically similar to England.

2.20i Cancer screening coverage - breast cancer

2018 data added. Breast Cancer screening coverage in East Cambridgeshire has decreased to a level that is statistically similar to the national rate.

Health protection

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution

2017 data added. The proportion in East Cambridgeshire has remained at 5.2% in 2016 and 2017. The 2017 rate for England is 5.1%. This indicator is not RAG-rated.

Healthcare public health and premature mortality

RAG-rating changes with the February 2019 update: 'better'

4.14i Hip fractures in people aged 65 and over

Data added and back series revised 2010/11 to 2017/18. The rate per 100,000 in East Cambridgeshire has been statistically similar to England since 2010/11. In 2017/18 hip fractures per 100,000 have decreased to a level statistically significantly better than the national rate.

4.14ii Hip fractures in people aged 65 and over - aged 65-79

Data added and back series revised 2010/11 to 2017/18. The rate of hip fractures in East Cambridgeshire have declined to a level that is statistically significantly lower than England.

RAG-rating changes with the February 2019 update: 'worse'

None.

List of all red rated indicators as at February 2019

- 1.09ii The percentage of working days lost due to sickness absence
- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 2.10ii - Emergency Hospital Admissions for Intentional Self-Harm
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 4.16 – Estimated dementia diagnosis rate (aged 65+)

FENLAND

Overarching indicators

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

0.1ii Life expectancy at 65 – males

2015-17 data added. Life expectancy at 65 for males in Fenland has decreased to a level statistically significantly worse than the national rate.

Wider determinants of health

RAG-rating changes with the February 2019 update: 'better'

1.08i Gap in the employment rate between those with a long-term health condition and the overall employment rate

Data added and back series revised 2013/14 to 2017/18. The gap in employment rate for Fenland has returned to a level statistically similar to the national rate.

1.10 Killed and seriously injured (KSI) casualties on England's roads

Data added and back series revised 2011-13 to 2015-17. KSI casualties in Fenland have decreased between 2014-16 and 2015-17, to a rate statistically similar to the national rate.

RAG-rating changes with the February 2019 update: 'worse'

1.12i Violent crime (including sexual violence) - hospital admissions for violence

Data added and back series revised 2010/11-2012/13 to 2015/16-2017/18. Hospital admissions for violent crime have increased. The rate per 100,000 has increased to a level statistically similar to England.

Health improvement

RAG-rating changes with the February 2019 update: 'better'

2.24i Emergency hospital admissions due to falls in people aged 65 and over

Data added and back series revised 2010/11 to 2017/18. Admissions due to falls have decreased. The rate per 100,000 is now statistically similar to the national rate.

2.24iii Emergency hospital admissions due to falls in people aged 65 and over - aged 80+

Data added and back series revised 2010/11 to 2017/18. Admissions in this age group have decreased for the second year for Fenland, to a level statistically similar to England.

RAG-rating changes with the February 2019 update: 'worse'

2.06 Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds

2017/18 data added. The proportion of children with excess weight has decreased between 2016/17 and 2017/18 for Fenland, however, this indicator has changed from being statistically significantly better than England in 2016/17 to statistically similar in 2017/18.

Health protection

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution

2017 data added. The proportion in Fenland has decreased from 5.3% in 2016 to 5.1% in 2017. The 2017 rate for England is 5.1%. This indicator is not RAG-rated.

Healthcare public health and premature mortality

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

List of all red rated indicators as at February 2019

- 0.1ii - Life expectancy at birth (Male, Female)
- 0.1ii Life expectancy at 65 (males)
- 0.2iv - Gap in life expectancy at birth between each local authority and England as a whole (Male, Female)

- 1.01i - Children in low income families (all dependent children under 20)
- 1.01ii - Children in low income families (under 16s)
- 2.02i - Breastfeeding - breastfeeding initiation
- 2.10ii - Emergency Hospital Admissions for Intentional Self-Harm
- 2.12 - Percentage of adults (aged 18+) classified as overweight or obese
- 2.13i – Percentage of physically active adults
- 2.13ii – Percentage of physically inactive adults
- 2.18 - Admission episodes for alcohol-related conditions - narrow definition
- 2.20iii - Cancer screening coverage - bowel cancer
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 3.08 - Adjusted antibiotic prescribing in primary care by the NHS
- 4.03 - Mortality rate from causes considered preventable
- 4.07i Under 75 mortality rate from respiratory diseases
- 4.07ii Under 75 mortality rate from respiratory disease considered preventable
- 4.08 - Mortality rate from a range of specified communicable diseases, including influenza
- 4.16 – Estimated dementia diagnosis rate (aged 65+)

HUNTINGDONSHIRE

Overarching indicators

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Wider determinants of health

RAG-rating changes with the February 2019 update: 'better'

1.08i Gap in the employment rate between those with a long-term health condition and the overall employment rate

Data added and back series revised 2013/14 to 2017/18. The gap in employment rate for Huntingdonshire has returned to a level statistically significantly better than the national rate.

RAG-rating changes with the February 2019 update: 'worse'

None.

Health improvement

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

2.07i Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)

Data added and back series revised 2010/11 to 2017/18. The rate of admissions per 10,000 have increased in Huntingdonshire to a level statistically similar to England.

2.10ii Emergency hospital admissions for intentional self-harm

Data added and back series revised 2010/11 to 2017/18. The rate of admissions per 10,000 have increased in Huntingdonshire to a level statistically similar to England.

2.20iv Abdominal Aortic Aneurysm screening - coverage

2017/18 data added. The rate of coverage in Huntingdonshire has declined in 2017/18. It is not statistically different to the national average.

Health protection

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution

2017 data added. The proportion in Huntingdonshire has remained at 5.4% for 2016 and 2017. The 2017 rate for England is 5.1%. This indicator is not RAG-rated.

Healthcare public health and premature mortality

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

List of all red rated indicators as at February 2019

- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 2.12 – Percentage of adults (aged 18+) classified as overweight or obese
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 3.04 - HIV late diagnosis
- 3.08 - Adjusted antibiotic prescribing in primary care by the NHS

SOUTH CAMBRIDGESHIRE

Overarching indicators

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Wider determinants of health

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Health improvement

RAG-rating changes with the February 2019 update: 'better'

2.18 Admission episodes for alcohol-related conditions - narrow definition

Data added and back series revised 2008/09 to 2017/18. Admissions in South Cambridgeshire were statistically better than England from 2011/12. The rate of admission episodes per 100,000 has increased in 2017/18 to a level that is statistically similar to England.

RAG-rating changes with the February 2019 update: 'worse'

2.07ii Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)

Data added and back series revised 2010/11 to 2017/18. South Cambridgeshire has seen a spike in hospital admissions for this indicator. After continued similarity to the national rate, it has increased in 2017/18 to a level that is significantly worse than England.

2.10ii Emergency hospital admissions for intentional self-harm

Data added and back series revised 2010/11 to 2017/18. The rate of admissions per 10,000 have increased in South Cambridgeshire to a level statistically significantly worse than England.

Health protection

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

None.

Other indicator updates

3.01 Fraction of mortality attributable to particulate air pollution

2017 data added. The proportion in South Cambridgeshire has increased from 5.3% in 2016 to 5.4% in 2017. The 2017 rate for England is 5.1%. This indicator is not RAG-rated.

Healthcare public health and premature mortality

RAG-rating changes with the February 2019 update: 'better'

None.

RAG-rating changes with the February 2019 update: 'worse'

4.14i Hip fractures in people aged 65 and over

Data added and back series revised 2010/11 to 2017/18. Rates of hip fractures per 100,000 have returned to levels statistically similar to England after being lower, and statistically significantly better, in 2016/17.

4.14iii Hip fractures in people aged 65 and over - aged 80+

Data added and back series revised 2010/11 to 2017/18. Rates of hip fractures per 100,000 have returned to levels statistically similar to England after being lower, and statistically significantly better, in 2016/17.

List of all red rated indicators as at February 2019

- 1.10 - Killed and seriously injured (KSI) casualties on England's roads
- 2.07ii Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)
- 2.10ii Emergency hospital admissions for intentional self-harm
- 2.17 - Estimated diabetes diagnosis rate
- 3.02 - Chlamydia detection rate (15-24 year olds)
- 4.16 - Estimated dementia diagnosis rate (aged 65+)

All indicators updated in February 2019 (short titles)

Overarching indicators

- 0.1 Life expectancy
- 0.2 Differences in life expectancy and healthy life expectancy between communities

Wider determinants of health

- 1.02 School readiness
- 1.05 16-17 year olds not in education, employment, or training
- 1.06 Adults with a learning disability/in contact with secondary mental health services who live in a stable and appropriate accommodation
- 1.08 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services
- 1.10 Killed and seriously injured casualties on England's roads
- 1.11 Domestic abuse
- 1.12 Violent crime (including sexual violence)

Health improvement

- 2.03* Smoking
- 2.06* Child excess weight in 4-5 and 10-11 year olds
- 2.07 Hospital admissions caused by unintentional and deliberate injuries in under 25's
- 2.10 Self-harm
- 2.17 Estimated diagnosis rate for people with diabetes mellitus
- 2.18 Alcohol-related admissions to hospital
- 2.20 National screening programmes
- 2.23 Self-reported well-being
- 2.24 Injuries due to falls in people aged 65 and over

Health protection

- 3.01 Fraction of mortality attributable to particulate air pollution
- 3.03 Population vaccination coverage

Healthcare public health and premature mortality

- 4.14 Hip fractures in people aged 65 and over

**Indicator updated in PHOF since the previous update, but before this quarterly update (February 2019).*

Glossary of Key Terms

Indicator

The term indicator is used to refer to a quantified summary measure of a particular characteristic or health outcome in a population. Indicators are well-defined, robust and valid measures which can be used to describe the current status of what is being measured, and to make comparisons between different geographical areas, population groups or time periods.

Benchmark

The term 'benchmark' refers to the value of an indicator for an agreed area, population group or time period, against which other values are compared or assessed.

National average

The national average for England, which acts as the 'benchmark' for comparison of local values in the PHOF, represents the combined total summary measure for the indicator for all local authorities in England.

Statistical significance

Where possible, comparisons of local values to the national average in PHOF are made through an assessment of 'statistical significance'. For each local

indicator value, 95% confidence intervals are calculated which provide a measure of uncertainty around the calculated value which arises due to random variation. If the confidence interval for the local value excludes the value for the benchmark, the difference between the local value and the benchmark is said to be 'statistically significant'.

Recent time trends

A number of PHOF indicators include statistical assessment of recent trends over time. Statistical trends in other indicators have been assessed locally using comparable methods where possible. It is not possible to assess trends for all indicators as there is not always enough time periods or it is not possible because of the measure.

RAG-rating

RAG-rating refers to the colour-coding of local indicator values according to a red-amber-green (RAG) system. Local indicator values that are significantly worse than the national benchmark are colour-coded red and local indicator values that are significantly better than the national benchmark are colour-coded green. Local indicator values that are not significantly different to the national benchmark are colour-coded amber.

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