South East London Integrated Care System

NHS South East London

Annual Health Inequalities Information for NHS South East London

Publication September 2025

We are a partnership of NHS commissioners and providers, the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark and the voluntary and community sector

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1. Health Inequalities

1.1 Introduction

Health inequalities are systematic, unfair and avoidable differences in health across the population and between different groups within society. They arise because of the conditions in which people are born, grow, live, work and age. Within the wider context, health inequalities are also driven by inequalities in the access people have to health services, their experience of and outcomes of healthcare.

South East London Integrated Care Board (SEL ICB) has a responsibility to address these inequalities, including working to ensure equity of access with regards to healthcare access, experience and outcomes. Reducing inequalities represents a core priority for South East London system and is a golden thread that runs through our strategic and operational planning objectives and priorities, enabling investment to support a step change in action and outcomes related to inequalities in our population.

NHS England Statement on Information on Health Inequalities
This is the second iteration of South East London ICB Health Inequalities report. This report supports the ICB in demonstrating how we meet our legal duties on health inequalities through data analysis.

NHS England requirement for the publication of this report is for each ICB to collect, analyse and publish health inequalities information, within or alongside their annual reports. A set of NHS England identified metrics are analysed using both national and local (internal) datasets. The data published covers the following period: April 2024 to March 2025. This report should be read alongside our South East London ICB Joint Forward Plan and our South East London ICB Annual Report and Annual Accounts 24/25 which includes case studies that demonstrate how findings from the data published in this report are being used to inform service delivery. All these reports are published on our South East London Integrated Care System and ICB website:
https://www.selondonics.org/who-we-are/our-priorities/joint-forward-plan/
https://www.selondonics.org/icb/meetings-board-papers-reports/reports/

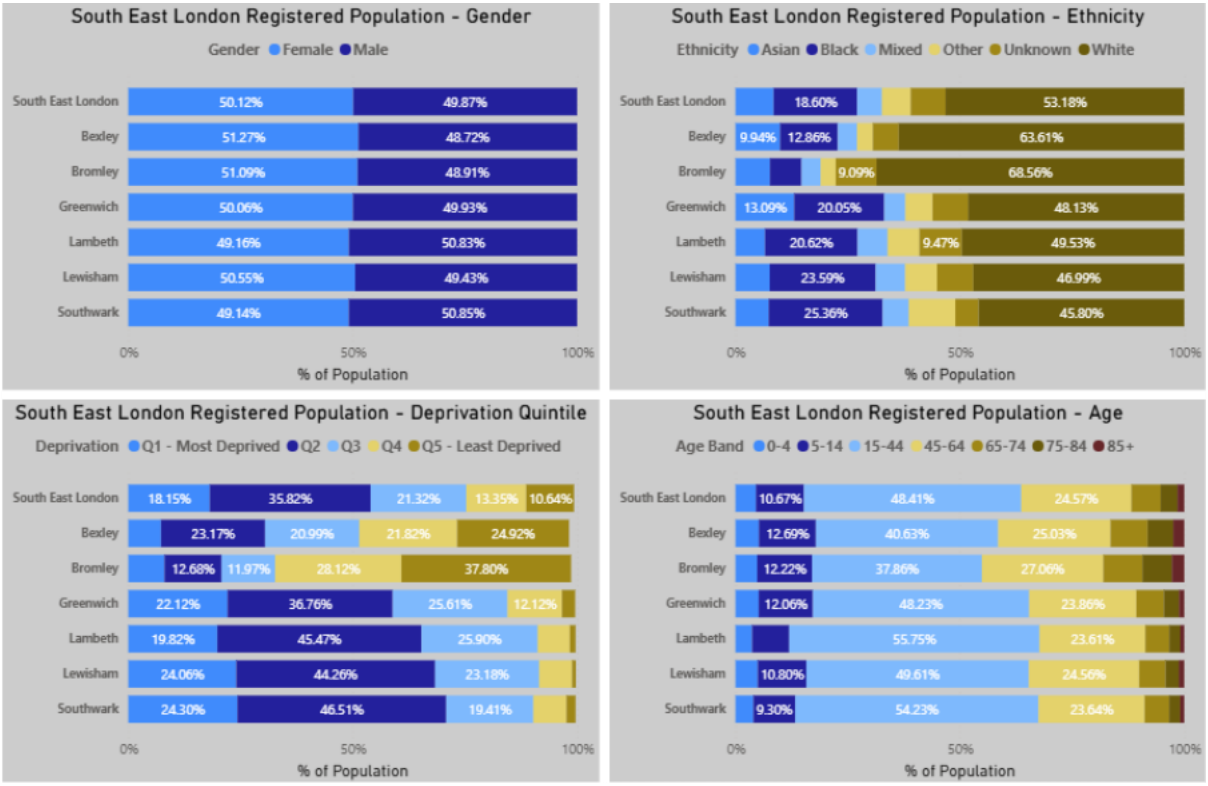
1.2 South East London

Throghout this report, we will make reference to the South East London population. This refers to patients registered to a South East London General Practice (GP) and this number covers the majority of South East London residents, however, it is also acknolwedged that the number does include a small number of non-South East London residents.

Each section within this report addresses a specific health domain, looking at health inequalities by age, deprivation, ethnicity, and gender.

1.3 SEL Population Profile

The South East London population is extremely diverse and varies greatly in demographic breakdowns between boroughs. The below visuals display this variation by gender, ethnicity, deprivation and age. For each visual, the South East London average is at the top, followed by the breakdown for each of the six boroughs.



Index of Multiple Deprivation (IMD)

To further enhance our readers' understanding of health inequalities we have included an explanation of the Index of Multiple Deprivation (IMD) referred to in this report. The Index of Multiple Deprivation (IMD) is the official national measure of relative deprivation for all small areas (e.g., neighbourhoods) in England. It ranks every area in the country

based on different indicators of deprivation. These indicators include levels of income, employment, education, crime and many others, which are combined to produce a deprivation score for the area. The scores for each area are then ranked from most deprived (rank 1) to least deprived. These rankings can then be divided into deciles (10 equal groups) or quintiles (5 equal groups). This then gives every area in England an Index of Multiple Deprivation.

The area a patient lives in can then be joined up on this Index of Multiple Deprivation to understand the differences between levels of deprivation. In the report, some metrics refer to deciles simply as 'D', e.g. D2 represents Decile 2. Quintiles are referred to as 'Q' e.g. Q1 represents Quintile 1, the most deprived quintile, made up of patients living in the most deprived 20% of England. A table showing the percentage of the South East London population that reside in each decile and quintile is set out below.

Deprivation Decile	% of SEL Population	Deprivation Quintile	% of SEL Population
1	1.34%	1	18.26%
2	16.92%		
3	20.38%	2	36.06%
4	15.68%		
5	11.95%	3	21.48%
6	9.53%		
7	7.21%	4	13.46%
8	6.25%		
9	6.78%	5	10.74%
10	3.96%		

1.4. Summary of Data Findings and Next Steps

- As with last year's report, the data indicates that deprivation continues to be a key driver of health inequalities. In most of the health domains reviewed in this report, deprivation has a strong correlation with health inequalities. It is important to note that more than 50% of the South East London population live within Quintiles 1 and 2, the most deprived areas in England. This will undoubtedly impact how residents access and experience health and their health outcomes.

- Elective Recovery: As with last year's report, there remains a marked disproportionate disparity between males and females in Elective Recovery

related activity rates for face to face and virtual (telephone) outpatient appointments, with females attending at a much higher rate.

- Mental Health: As with last year's report, those of Black ethnicity are the only ethnic group with a consistently higher rate of Mental Health Act detentions. Those aged between 18 and 44 have a higher rate of monthly detentions. We have included a much more detailed response to how we are addressing this in our 2024/25 ICB Annual Report.

- The data on ethnicity and its relationship with health inequalities, as with last year's report, continues to vary across the identified metrics with no definite overall health inequalities impact indicated for a particular ethnicity. However, 'Other ethnicity' is frequently highlighted in the analysis and clarity on the definition is beneficial. "Other ethnicity" is a term used when a person believes their ethnicity doesn't neatly fit into the pre-defined categories provided. The "Other" category is important for capturing the diversity within populations and ensuring that individuals feel represented, even if their specific ethnic identity is not explicitly listed.

Next Steps

- This report has been produced with both national and local datasets. Over the year, we will continue to progress work on validating our data sources, which will continue to build on our understanding of our population in terms of assessing their needs, how they access and experience health and their health outcomes.

- We will continue to use data insights such as this report to inform our strategic commissioning priorities to improve population health, reduce health inequalities and ensure access to high quality and efficient care.

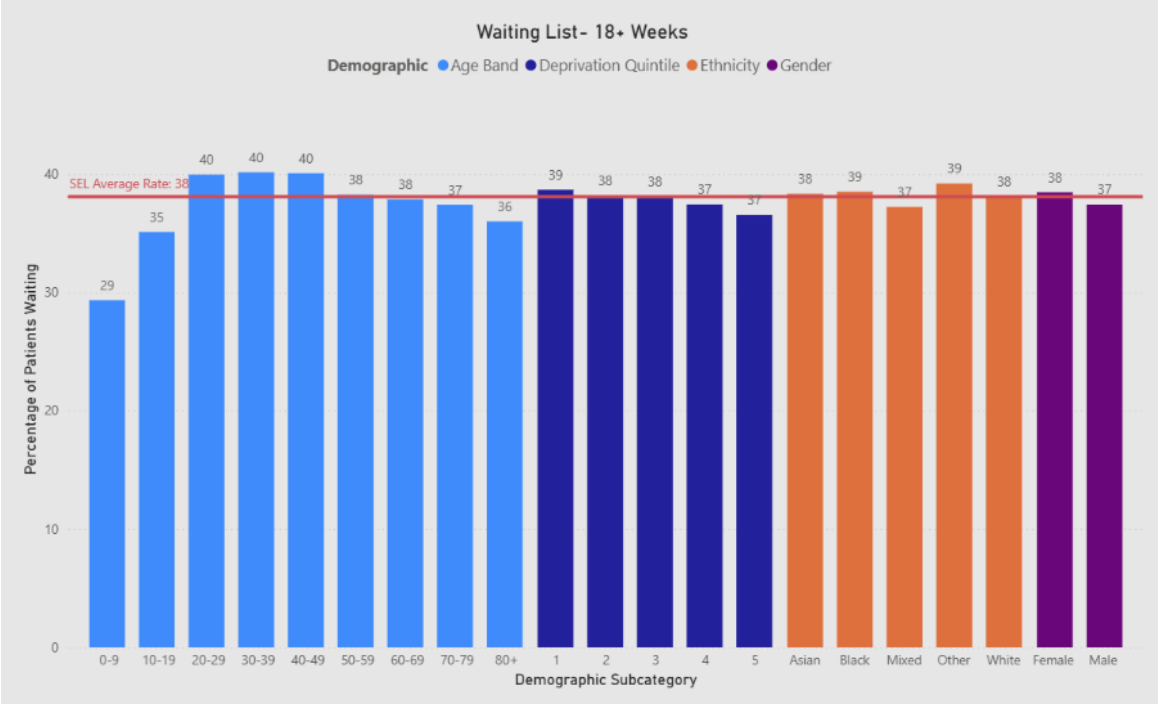
2. Elective Recovery

Overview: Waiting times are longer for more deprived groups and certain ethnicities. Females have higher rates of outpatient appointments (face-to-face and virtual). Elective activity has increased post-pandemic, especially for under-18s and those in deprived areas.

2.1 Size and shape of the waiting list; those waiting longer than 18 weeks, 52 weeks and 65 weeks

Activity Reporting Period: Position on 31st March 2025.
Data Source: Waiting List Minimum Dataset.

Percentage of patients waiting more than 18 weeks
This data is focused on the percentage of patients waiting more than 18 weeks at the end of March 2025.



Across the total South East London waiting list, 38% of patients are waiting longer than 18 weeks.

There is a 10.8% difference between groups waiting longer than 18 weeks, with the lowest percentage those aged 0–9 (29.3%) and the highest percentage those aged 30–39 (40.1%). Although the two lowest percentage rates are seen in the youngest age groups 0-9 and 10–19, this pattern is not sequentially consistent throughout the other

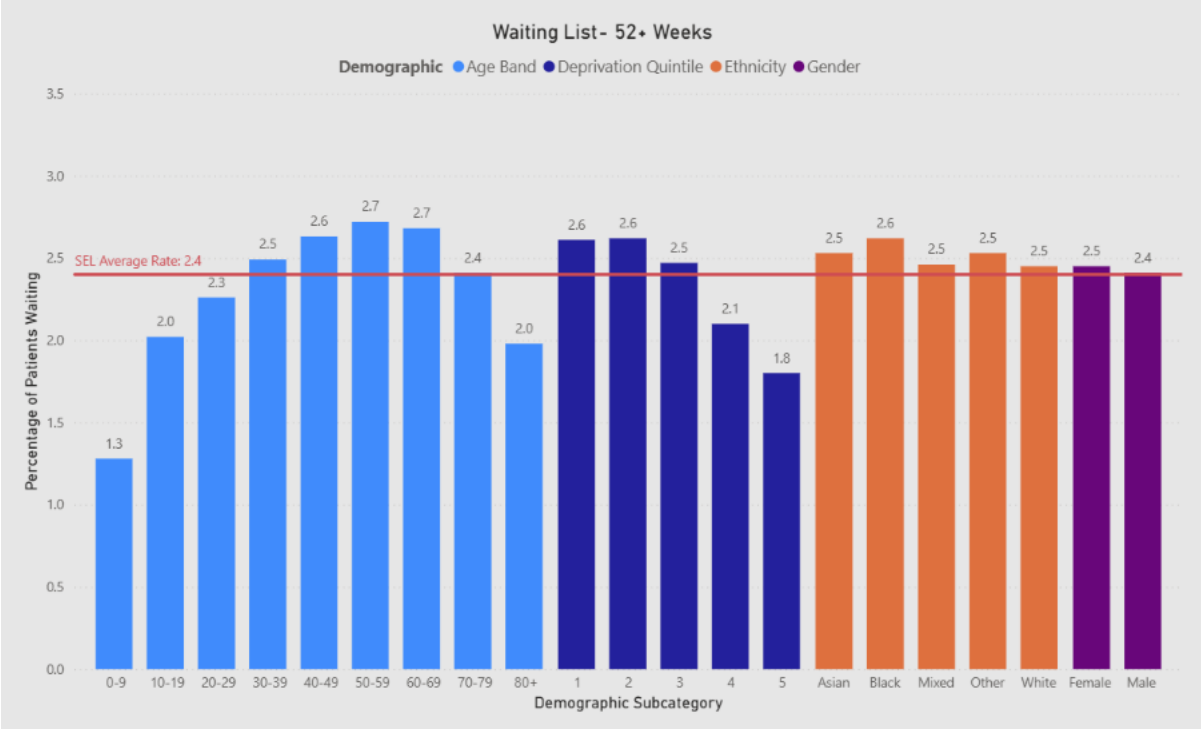
age groups. The data suggests a relationship between those waiting longer than 18 weeks and age, with a fewer proportion of younger patients waiting longer than 18 weeks in comparison to older patients.

The data suggests a relationship between those waiting longer than 18 weeks and deprivation. As deprivation increases, so does the percentage of 18 weeks waiters. Those in quintile 5 (least deprived) have the lowest percentage (36.5%), whilst those in quintile 1 (most deprived) have the highest percentage (38.6%). However, it should be noted that the difference between the lowest and highest rate is 2.1%, and it is unclear if this increase is statistically significant.

Those of Mixed ethnicity have the lowest percentage (37.2%) of patients waiting longer than 18 weeks. Those of Other ethnicity have the highest percentage (39.2%), followed by those of Black ethnicity (38.5%).

The difference in the percentage of those waiting longer than 18 weeks for males and females is minimal, 37.4% vs 38.4%.

Percentage of patients waiting more than 52 weeks
This data is focused on the percentage of patients waiting more than 52 weeks at the end of March 2025.



Across the total South East London waiting list, 2.4% of patients are waiting longer than 52 weeks.

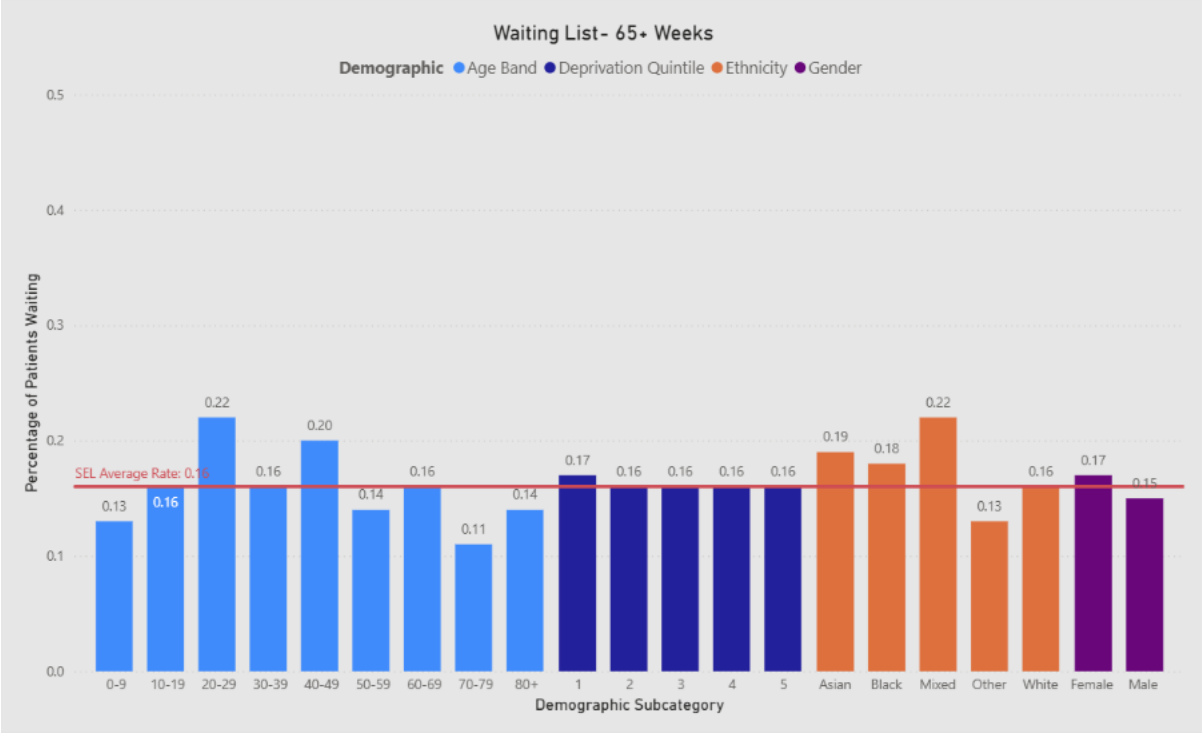
There is a 1.4% difference between age groups waiting longer than 52 weeks, with the lowest percentage amongst those aged 0–9 (1.2%) and the highest percentage those aged 50–59 (2.7%). The data suggests there is a relationship between those waiting longer than 52 weeks and age, with a fewer proportion of younger patients waiting longer than 52 weeks in comparison to older patients.

The data suggests a relationship between those waiting longer than 52 weeks and deprivation. As deprivation increases, so does the percentage of 52-week waiters. Those in quintile 5 (least deprived) have the lowest percentage (1.8%), whilst those in quintiles 1 and 2 (most and second most deprived) have the highest percentages (both 2.6%). It should be noted that the percentage difference between the lowest and highest rate is 0.8%, it is unclear however if this increase is statistically significant.

Those of White ethnicity have the lowest percentage (2.4%) of patients waiting longer than 52 weeks. Those of Black ethnicity have the highest percentage (2.6%), followed by those of Other and Asian ethnicity (both 2.5%).

There is minimal difference in the percentage of male and female patients waiting longer than 52 weeks.

Percentage of patients waiting more than 65 weeks
This data is focused on the percentage of patients waiting more than 65 weeks at the end of March 2025.



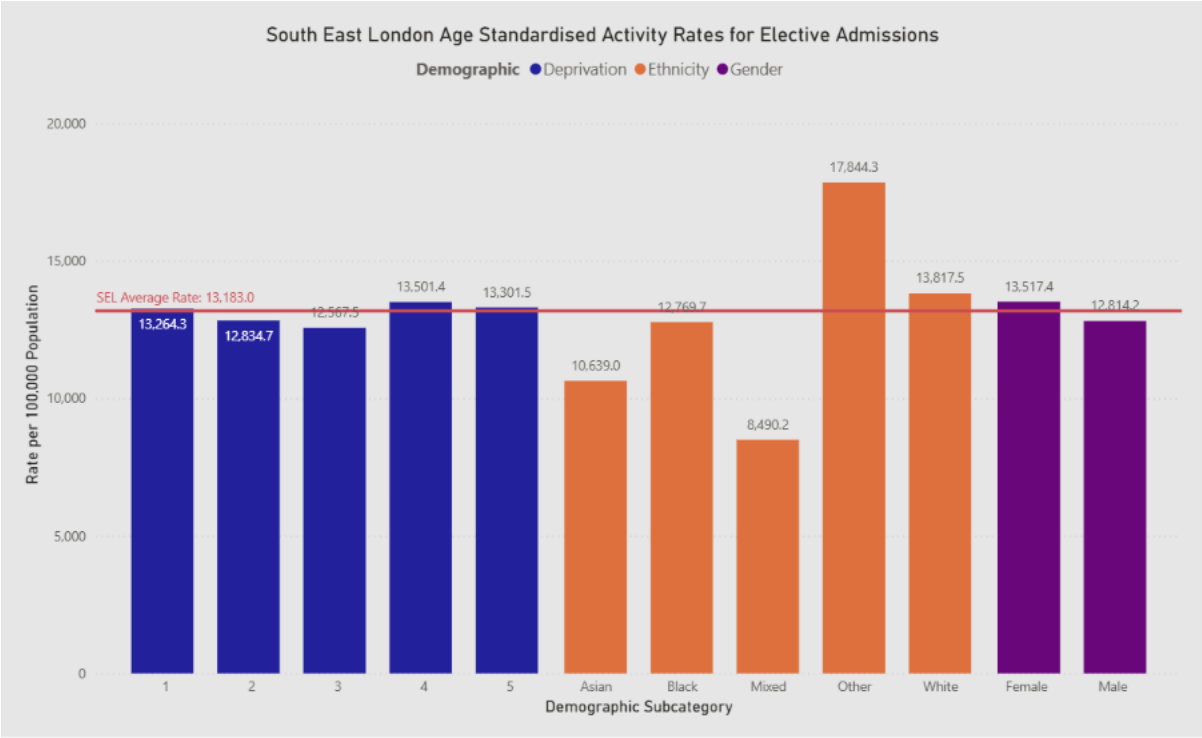
Across the total South East London waiting list, 0.1% of patients are waiting longer than 65 weeks. There is a 0.1% difference between age groups waiting longer than 65 weeks, with the lowest percentage being those aged 70-79 (0.1%) and the highest percentage those aged 20-29 (0.2%). However, the pattern is not as clear as for 52-week waiters (see above). The data suggests there is no clear relationship between those waiting longer than 65 weeks and deprivation.

Those of Mixed ethnicity have the highest percentage (0.2%) of patients waiting longer than 65 weeks. Those of Other ethnicity have the lowest percentage (0.1%). There is minimal difference in the percentage of male and female patients waiting longer than 65 weeks.

2.2 Age standardised activity rates for elective admissions

Activity Reporting Period: April 2024 - March 2025
Data Source: Secondary Uses Service (SUS)

This data covers all elective inpatient admissions that occurred in South East London and is reported as age standardised rates per 100,000 population.



Across South East London the average rate of elective admissions is 13,183.0 per 100,000 population.

The data suggests there is no clear relationship between elective admissions rate and deprivation. Those in quintile 4 (second least deprived) have the highest rate 13,501.4 per 100,00 population. Those in quintile 3 (middle range of deprivation) have the lowest rate 12,567.5 per 100,000 population.

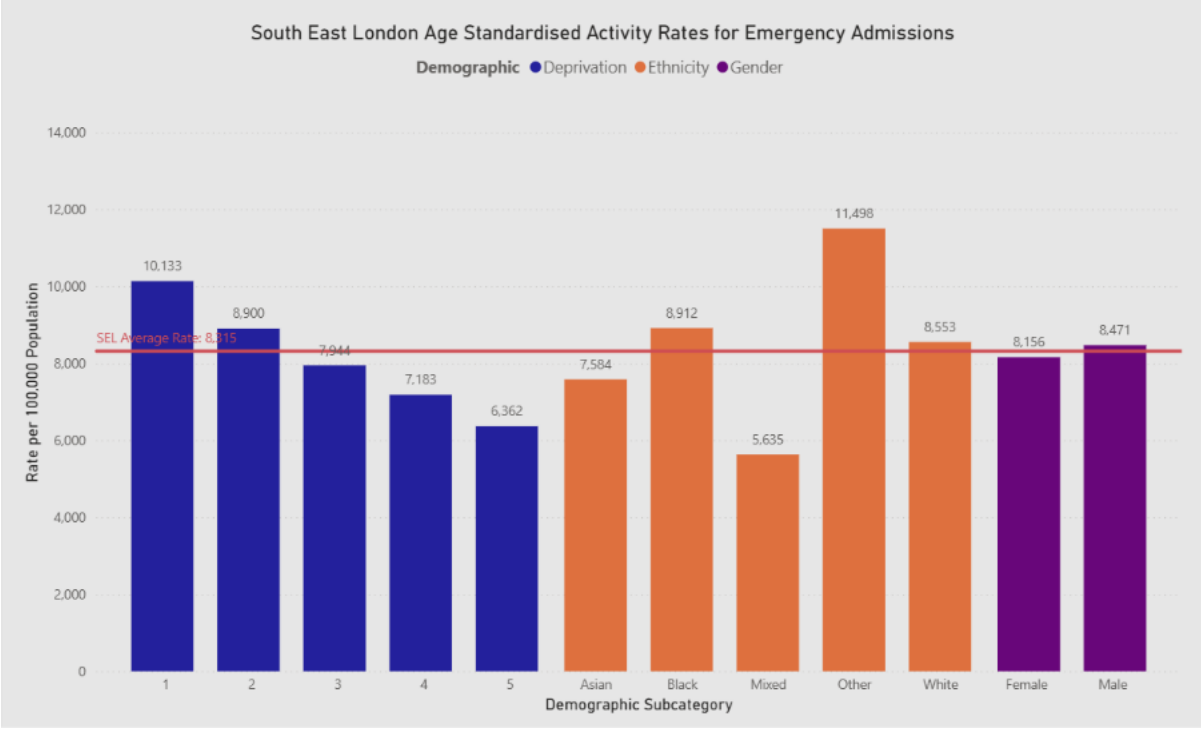
Those of Other ethnicity have the highest rate of elective admissions 17,844.34 per 100,000 population, followed by those of White ethnicity 13,817.5 per 100,000 population, both are above the South East London average rate. Those of Mixed ethnicity have the lowest rate 8,490.2 per 100,000 population.

There is a minimal difference in the rate of elective admissions between males and females, with females slightly above the South East London average rate 13,517.38 vs 12,814.23 per 100,000 population.

2.3 Age standardised activity rates for emergency admissions

Activity Reporting Period: April 2024 - March 2025.
Data Source: Secondary Uses Service (SUS)

This data covers all emergency inpatient admissions that occurred in South East London and is reported as age standardised rates per 100,000 population.



Across South East London the average rate of emergency admissions is 8,314.55 per 100,000 population.

The data suggests a relationship between rate of emergency admissions and deprivation. Those in quintile 1 (most deprived) have the highest rate 10,133.29 per 100,000 population and those in quintile 5 (least deprived) have the lowest rate, 6,362.26 per 100,000 population.

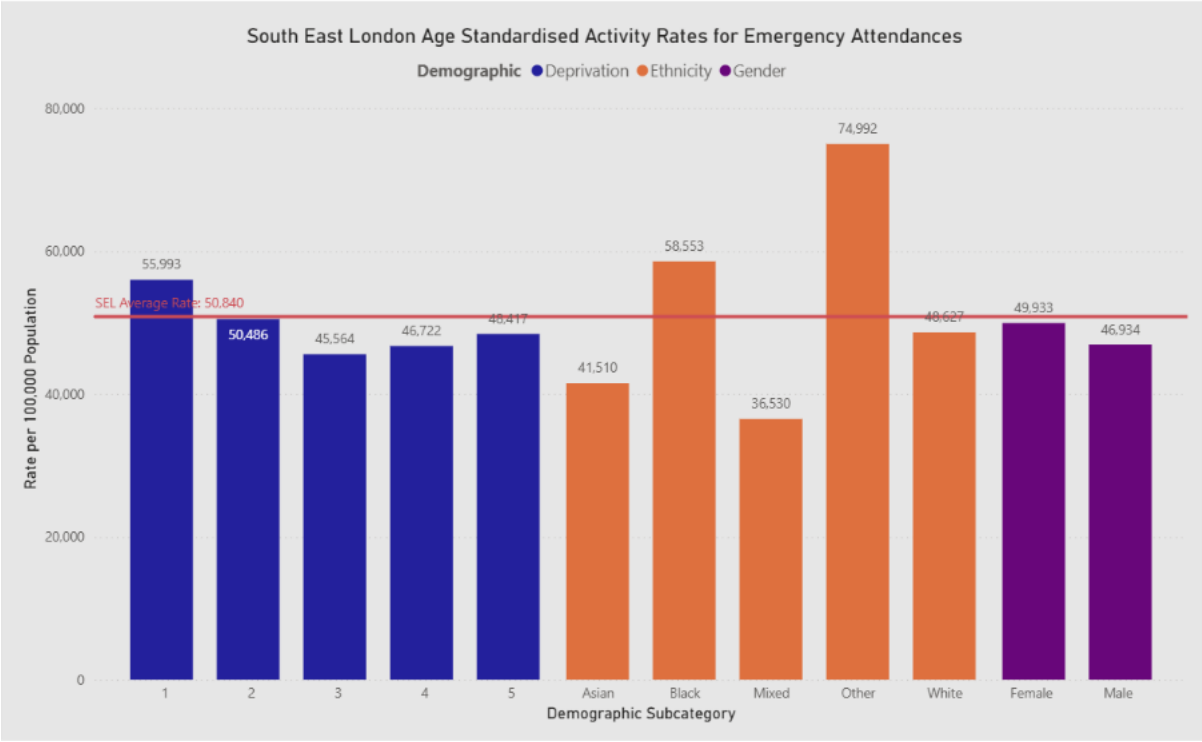
Those of Other ethnicity have the highest rate of emergency admissions 11,497.59 per 100,000 population, followed by those of Black ethnicity 8,912.48 per 100,000 population. Those of Mixed ethnicity have the lowest rate 5,634.74 per 100,000 population.

There is minimal difference in the rate of emergency admissions between males and females, 8,471.06 vs 8,155.79 per 100,000 population.

2.4 Age standardised activity rates for emergency attendances

Activity Reporting Period: April 2024 - March 2025.
Data Source: Emergency Care Dataset (ECDS)

This data covers all emergency attendances that occurred in South East London and is reported as age standardised rates per 100,000 population.



Across South East London the average rate of emergency attendances is 50,839.74 per 100,000 population.

Although the data suggests that there is no clear relationship between emergency attendance rate and deprivation, those in quintiles 1 and 2 (most and second most deprived) have the highest rates 55,992.9 and 50,485.78 per 100,000 population, respectively. This does not continue in a sequential pattern for the other three quintiles, as those in quintile 3 (middle range of deprivation) have the lowest rate 45,563.93 per 100,000 population.

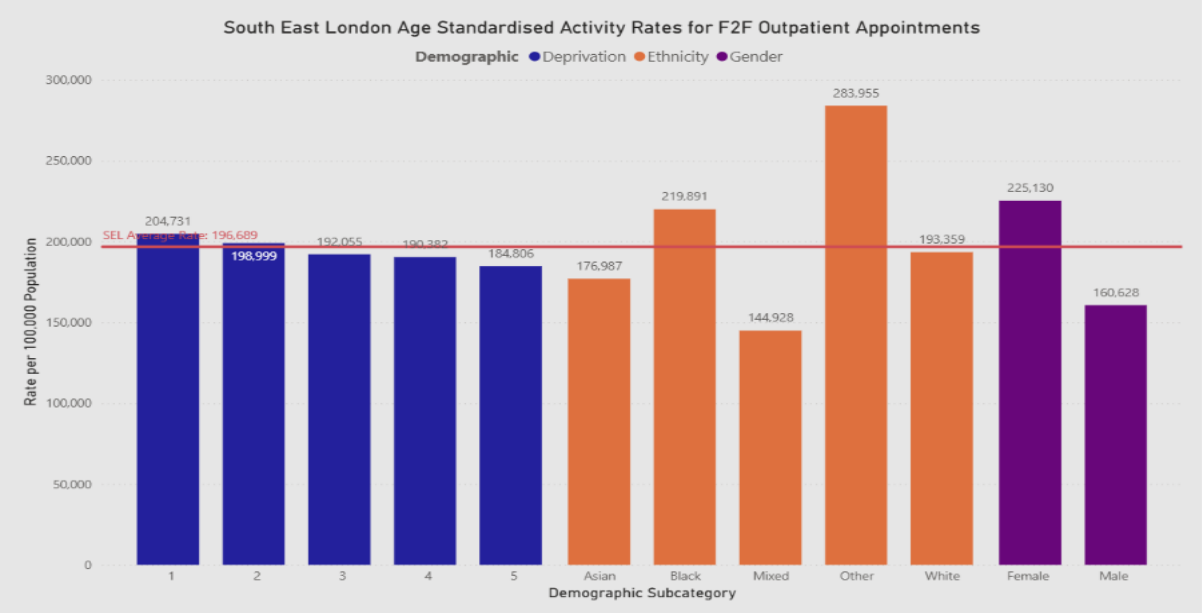
Those of Other ethnicity have the highest rate of emergency attendances, 74,991.73 per 100,000 population, followed by those of Black ethnicity 58,553.09 per 100,000 population, both of which are above the South East London average rate. Those of Mixed ethnicity have the lowest rate 36,530.46 per 100,000 population.

There is a difference in the rate of emergency attendances between males and females, 49,933.45 v 46,934.01 per 100,000 population. Although females have a higher emergency attendance rate, males have a slightly higher emergency admissions rate. The age standardised rate for both males and females is below the South East London average rate due to incompleteness in the recording of gender within the Emergency Care Dataset.

2.5 Age standardised activity rates for outpatient appointments

Activity Reporting Period: April 2024 - March 2025
Data Source: Secondary Uses Service (SUS)

This data covers all face-to-face outpatient appointments that occurred in South East London and is reported as age standardised rates per 100,000 population.



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Across South East London the average rate of face-to-face outpatient appointments is 196,688.83 per 100,000 population.

The data suggests a relationship between the rate of face-to-face outpatient appointments and deprivation. As deprivation increases, so does the rate of face-to-face outpatient appointments. Those in quintile 1 (most deprived) have the highest rate of face-to-face outpatient appointments, 204,730.84 per 100,000 population. This continues as a sequential pattern with the lowest rate being those in quintile 5, 184,805.86 per 100,000 population.

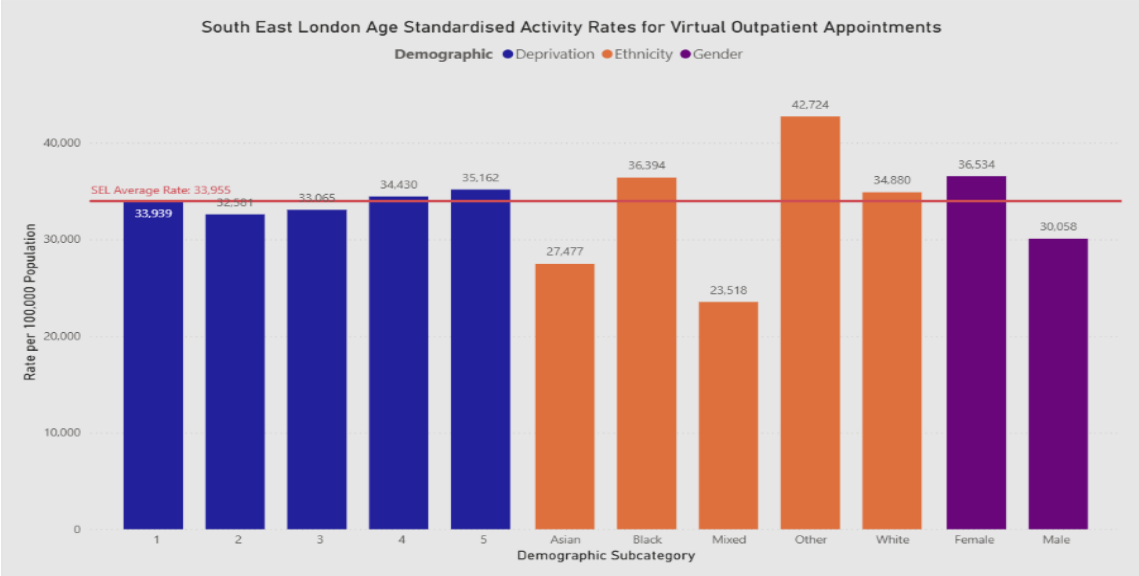
Those of Other ethnicity have the highest rate of face-to-face outpatient appointments 283,954.69 per 100,000 population, followed by those of Black ethnicity 219,891.14 per 100,000 population. Those of Mixed ethnicity have the lowest rate 144,927.63 per 100,000 population, followed by those of Asian ethnicity 176,987.09 per 100,000 population. Both are below the South East London average rate.

There is a disproportionate difference in the rate of face-to-face outpatient appointments between males and females, 225,130.28 vs 160,627.93 per 100,000 population with females attendance much higher than males.

2.6 Age standardised activity rates for virtual outpatient appointments

Activity Reporting Period: April 2024 - March 2025.
Data Source: Secondary Uses Service (SUS).

This data covers all virtual (telephone) outpatient appointments in South East London and is reported as age-standardised rates per 100,000 population.



Across South East London the average rate of virtual outpatient appointments is 33,954.97 per 100,000 population.

The data suggests there is no clear relationship between the rate of virtual outpatient appointments and deprivation. Those in quintile 5 (least deprived) have the highest rate 35,161.88 per 100,000 population. Those in quintile 2 (second most deprived) have the lowest rate 32,580.98 per 100,000 population.

Those of Other ethnicity have the highest rate for virtual outpatient appointments 42,724.12 per 100,000 population, followed by those of Black ethnicity 36,393.77 per 100,000 population. Those of Mixed ethnicity have the lowest rate, 23,517.63 per 100,000 population.

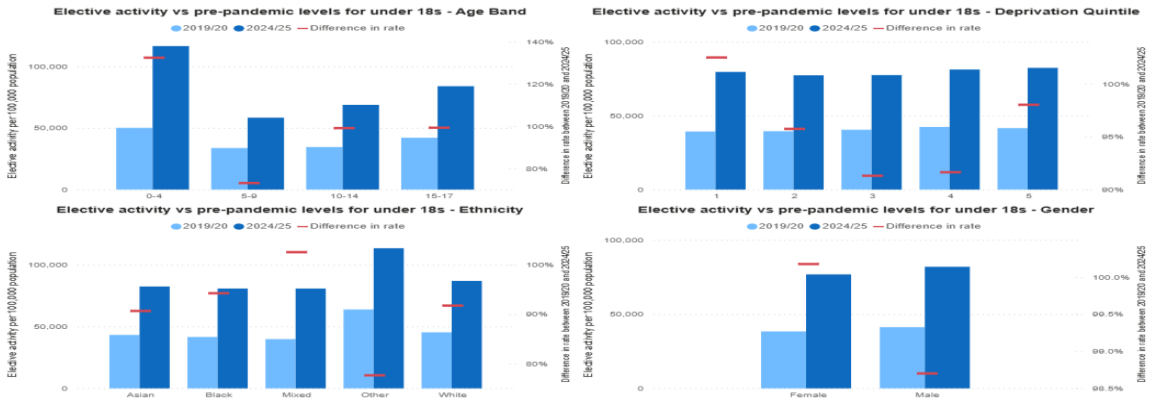
There is a disproportionate difference in the rate of virtual outpatient appointments between males and females, 36,534.39 vs 30,057.69 per 100,000 population with females attendance much higher than males.

2.7 Elective Activity vs pre-pandemic levels for under 18s

Activity Reporting Period: April 2019 to March 2020 (pre-pandemic) and April 2024 to March 2025 (post-pandemic).
Data Source: Secondary Uses Service (SUS)

This data is based on the difference between elective activity from April 2019 to March 2020 (pre-pandemic) and April 2024 to March 2025 (post-pandemic). The March 2020 figure is slightly lower than the average for the year (most probably owing to the beginning of the pandemic), however, we believe the difference is small enough that it would not have impacted the results and have therefore included this in the data count.

The graphs below show the elective activity rate per 100,000 population for 2019/20 and 2024/25 (light and dark blue columns) and the percentage difference between the rates in 2019/20 and 2024/25 (red line). The higher the red line in the graph the larger the difference in rate.



In 2019/20, the South East London average rate for elective activity for under 18s was 39,891.6 per 100,000 population. In 2024/25, this increased to 80,424.6 per 100,000 population, an increase of 102%. The graphs show elective activity has increased across the South East London population, with some groups seeing a greater increase than others.

Those aged 0-4 have the highest increase in elective activity from 50,152.1 per 100,000 population in 2019/20 to 116,606.1 per 100,000 population in 2024/25, an increase of 132.5%. Those aged 5-9 have the lowest increase in elective activity of 73% between 2019/20 and 2024/25.

Those in quintile 1 (most deprived) have the highest increase in elective activity from 39,339 per 100,00 population in 2019/20 to 79,670.7 per 100,000 population in 2024/25, an increase of 102.5%. Those in quintiles 4 and 3 (second least deprived and middle range of deprivation) have the lowest increase in elective activity of 92% and 91%, respectively.

Those of Mixed ethnicity have the highest increase in elective activity, 39,875 per 100,000 population in 2019/20 to 80,767.9 per 100,000 population in 2024/25 an increase of 103%. Those of Other ethnicity have the lowest increase in elective activity of 78% between 2019/20 and 2024/25.

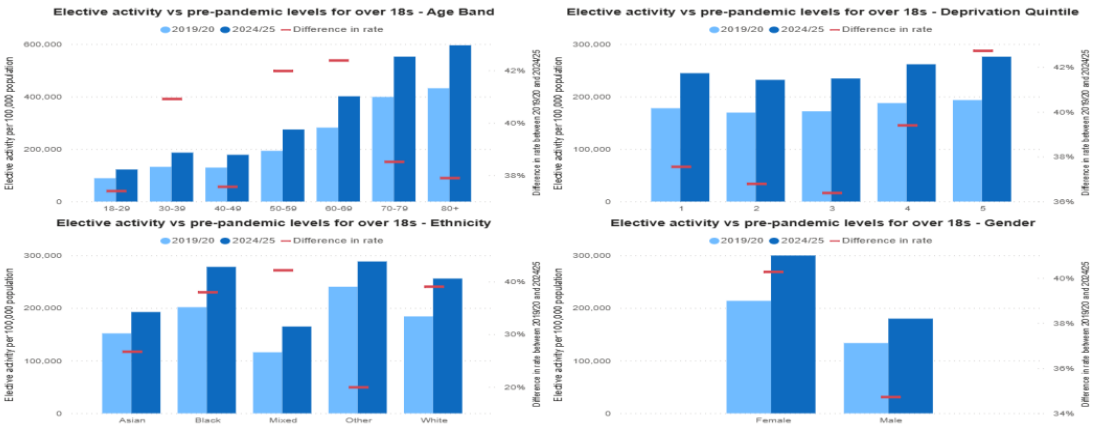
Males have a slightly higher rate of elective activity 41,263.6 per 100,000 population in 2019/20 and 81.991.2 per 100,000 population in 2024/25 compared to females 38,390.3 per 100,000 population in 2019/20 and 76,848.4 per 100,000 population in 2024/25. However, the percentage increase between the years for both males and females is minimal 100% and 99%, respectively.

2.8 Elective Activity vs pre-pandemic levels for over 18s

Activity Reporting Period: April 2019 to March 2020 (pre-pandemic) and April 2024 to March 2025 (post-pandemic)
Data Source: Secondary Uses Service (SUS)

This data is based on the difference between elective activity for those aged 18 and over from April 2019 to March 2020 (pre-pandemic) and April 2024 to March 2025 (post-pandemic). The March 2020 figure is slightly lower than the average for the year (most probably owing to the beginning of the pandemic), however, we believe the difference is small enough that it would not have impacted the results and have therefore included this in the data count.

The graphs below show the elective activity rate per 100,000 population for 2019/20 and 2024/25 (the blue columns) and the percentage difference between the rates in 2019/20 and 2024/25 (the red line). The higher the red line in the graph the larger the difference in rate.



In 2019/20, the South East London average rate for elective activity for those aged 18 and over was 174,395.4 per 100,000 population. In 2024/25, this increased to 245,720 per 100,000 population, an increase of 41%. The graphs show elective activity have increased across the South East London population, with some groups seeing a greater increase than others.

Those aged 60-69 have the highest increase in elective activity from 281,909.6 per 100,000 population in 2019/20 to 401,379.8 per 100,000 population in 2024/25, an increase of 42%. Those aged 18-29 have the lowest increase in elective activity of 37% from 2019/20 to 2024/25.

Those in quintile 5 (least deprived) have the highest increase in elective activity 193,504.5 per 100,000 population in 2019/20 to 276,171.8 per 100,000 population in

2024/25, an increase of 43%. Those in quintile 3 (middle range of deprivation) have the lowest increase in activity of 36% from 2019/20 to 2024/25.

Those of Mixed ethnicity have the highest increase in elective activity 115,943.4 per 100,000 population in 2019/20 to 164,825.2 per 100,00 population in 2024/25, an increase of 42%. Those of White ethnicity have the second highest increase in elective activity, an increase of 39%, closely followed by an increase of 38% for those of Black ethnicity.

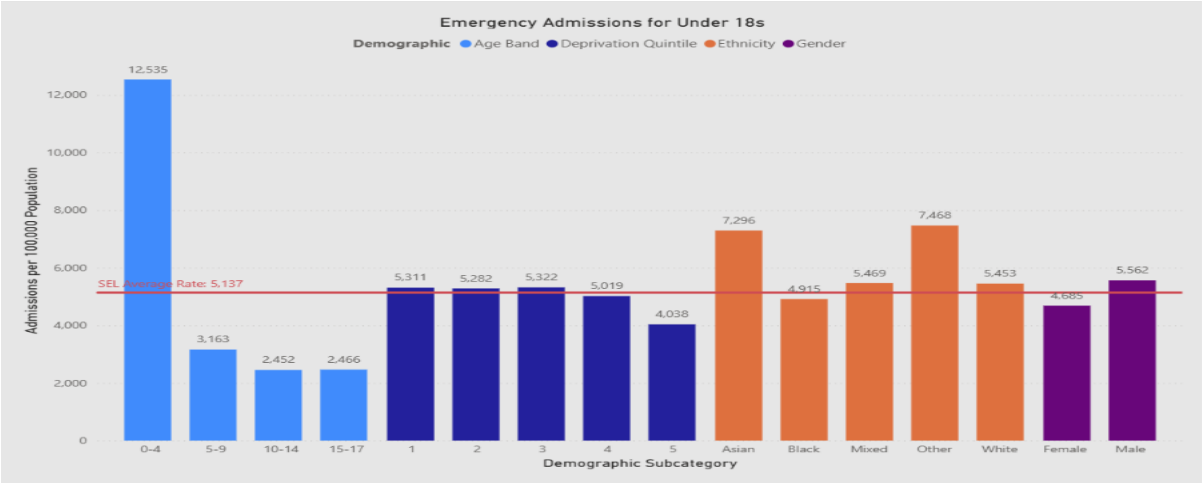
Females have a higher rate of elective activity per 100,000 population than males. Females also have a higher increase in elective activity 213,627.8 per 100,000 population in 2019/20 to 299,648.7 per 100,000 population in 2024/25, an increase of 40%.

3. Urgent and Emergency Care

Overview: Emergency admissions are highest among children aged 0–4 and lowest in least deprived areas. Other and Asian ethnicities show higher admission rates.

3.1 Emergency admissions for under 18s

Activity Reporting Period: April 2024 - March 2025.
Data Source: Secondary Uses Service (SUS)



Across South East London there were 5,136.9 emergency admissions per 100,000 population for under 18s.

Those aged 10–14 have the lowest admissions rate, 2,451.8 per 100,000 population, which is less than half of the South East London average rate. In contrast, those aged 0-4 have the highest admissions rate 12,534.8 per 100,000 population and is more than double the South East London average. It should be noted that the total number of children aged 0-4 in South East London is much smaller than those in the other age groups.

Those in quintiles 5 and 4 (least and second least deprived) have the lowest admissions rate, 4,037.8 and 5,018.7 per 100,000 population respectively. Those in quintile 3 (middle range of deprivation) have the highest admissions rate 5,321.6 per100,000 population.

Those of Black ethnicity have the lowest admissions rate 4,915.1 per 100,000 population and are the only group below the South East London average rate. In contrast, those of Other ethnicity have the highest admissions rate 7,467.6 per 100,000 population, closely followed by those of Asian ethnicity 7,296.4 per 100,000 population.

There is a higher admissions rate for males compared to females, 5,562.1 vs 4,684. 7 per 100,000 population.

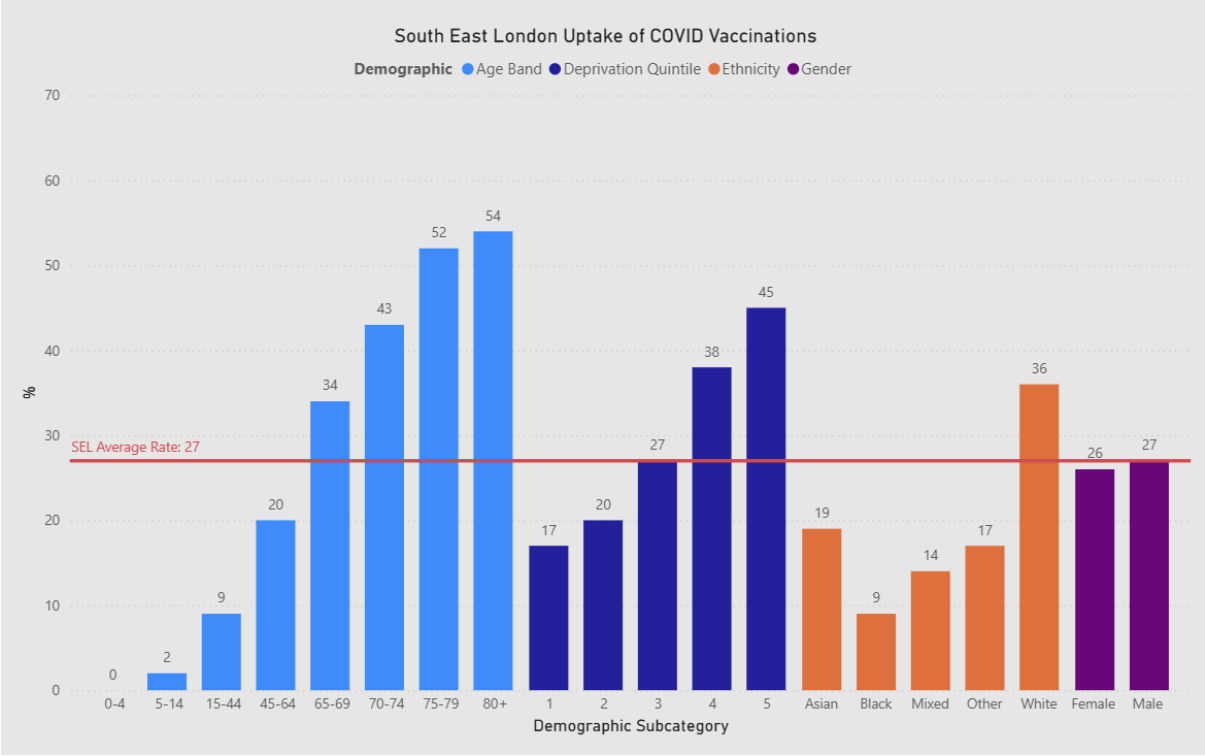
4. Respiratory

Overview: COVID and flu vaccine uptake is lower in deprived areas and among Black and Mixed ethnicities. Uptake increases with age and is slightly higher among males.

4.1 Uptake of COVID and flu by socio-demographic group

Activity Reporting Period: April 2024 - March 2025
Data Source: Primary care via Discovery Data Service

Uptake of COVID vaccinations by socio-demographic group
The data is based on activity between April 2024 and March 2025 and is based on those who are eligible for the COVID autumn booster in South East London. This includes people aged 75 and over; aged 65 and over and lives in a care home; or is considered at risk.



The overall South East London percentage of COVID vaccine uptake in 2024/25 was 26.6% for the eligible population.

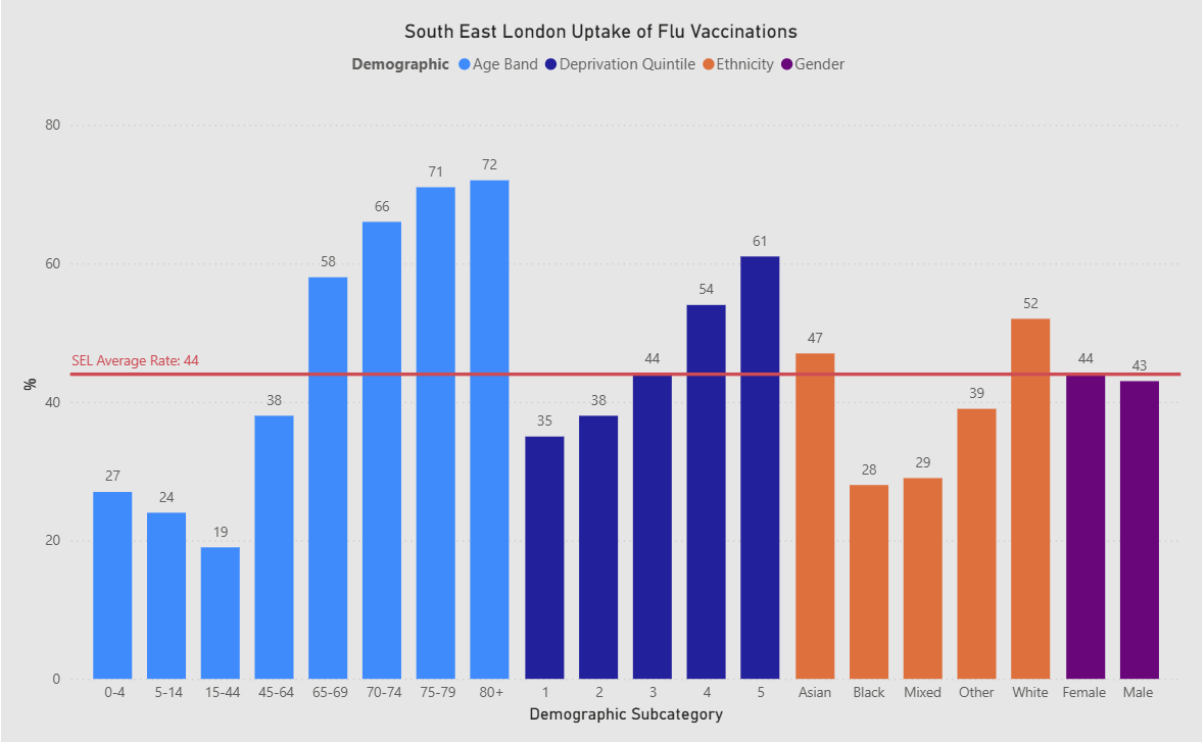
There is a clear relationship between COVID vaccinations and age. Given the eligibility criteria, it unsurprising that those aged 0-4 and 5-14 have the lowest COVID vaccine uptake rate. The highest uptake rates are those aged 80+ (54.4%), followed by 75–79 (51.5%). The data shows uptake rate increases in a sequential pattern as age increases.

There is a clear relationship between vaccination rates and deprivation. Those in quintile 1 (most deprived) have the lowest rate 16.8% and those in quintile 5 (least deprived quintile) have the highest rate 45.2%. Uptake rate decreases in a sequential pattern as deprivation increases.

There are marked differences in uptake rates between ethnic groups. Those of Black ethnicity have the lowest uptake rate 9.3%, this is 17.3% below the South East London average, followed by those of Mixed ethnicity 13.9%. In contrast, those of White ethnicity have the highest uptake rate 36.4%, this is 9.8% higher than the South East London average.

Males uptake rate of 27% is marginally higher than females uptake rate of 26.1%.

Uptake of Flu vaccinations by socio-demographic group
The data is based on activity between April 2024 and March 2025 and is based on those who are eligible for the Flu autumn booster in South East London. This includes people aged 75 and over; aged 65 and over and lives in a care home; or is considered at risk.



The overall South East London percentage of flu vaccine uptake in 2024/25 was 44% for the eligible population.

Those aged 15-44 have the lowest flu vaccine uptake rate of 19%, followed by those aged 5–14 (24%). Given the eligibility criteria, it unsurprising that those aged 80+ have the highest uptake rate of 72%.

Those in quintile 1 (most deprived quintile) have the lowest rate of 35% and those in quintle 5 (least deprived quintile) have the highest rate of 61%. Uptake rate decreases in a sequential pattern as deprivation increases.

Those of Black ethnicity have the lowest uptake rate of 28%, this is 16% below the South East London average, followed by Mixed ethnicity uptake rate of 29%. In contrast, those of White ethnicity have the highest uptake rate of 52%, this is 8% higher than the South East London average.

Males have a slightly higher uptake rate than females, 44% v 43%.

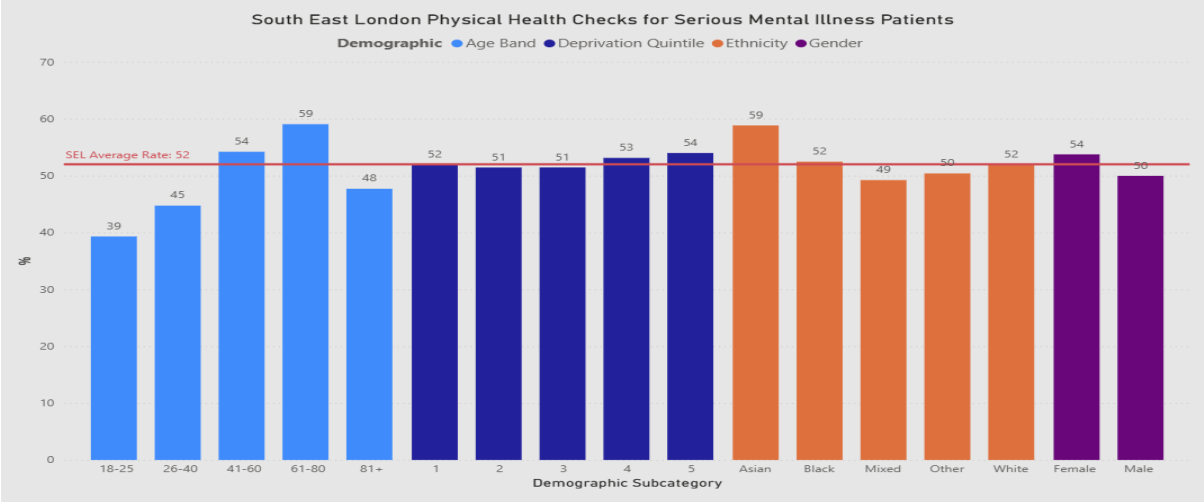
5. Mental Health

Overview: Black ethnicity shows consistently higher rates of Mental Health Act detentions. Young adults aged 18–44 have higher detention rates. Talking Therapies recovery and reliable recovery rates are equal to national averages, however, rates vary by age and ethnicity. Children and young people's access to mental health services is below the national average, with higher access in deprived areas.

5.1 Overall number of Severe Mental Illness (SMI) physical health checks

Activity Reporting Period: April 2024 - March 2025.
Data source: Primary care data via Discovery Data Service

Across South East London, 51.8% of patients on the SMI register had all physical health checks completed.



The data suggests that there is no clear relationship between the percentage of patients with all health checks completed and deprivation. Patients in quintiles 2 and 3 (second most deprived and middle range of deprivation) have the lowest percentage (51.4%) of all health checks completed. Patients in quintile 5 (least deprived) have the highest percentage (53.9%) of completion.

Those aged 18-25 have the lowest percentage (39.3%) of all health checks completed and this is 12.5% lower than the South East London average rate. Those aged 26-40 and 80+ also have percentages (44.7% and 47.7% respectively) below the South East London average rate. Those aged 61-80 have the highest percentage (59%) of all health checks completed.

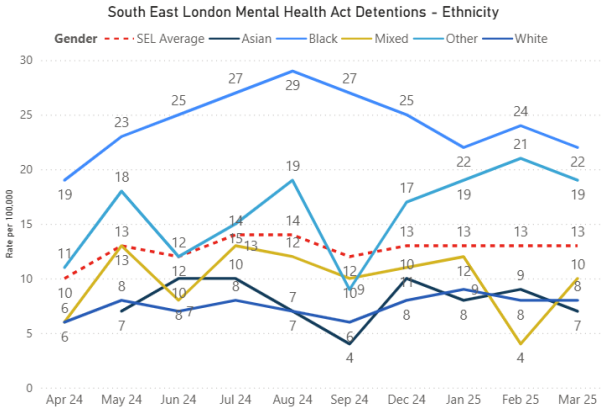
Those of Mixed ethnicity have the lowest percentage (49.2%) of all health checks completed, as do those of Other ethnicity (50.4%). Those of Asian ethnicity have the highest percentage (58.8%) of all health checks completed.

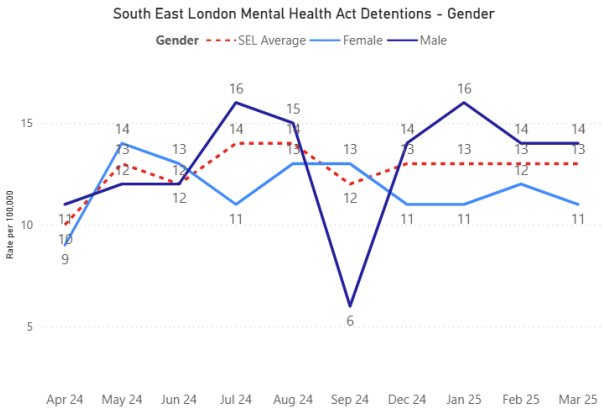
Males have a lower percentage of all checks completed compared to females, 49.9% vs 53.7%.

5.2 Rates of total Mental Health Act detentions

Activity Reporting Period: April 2024 – March 2025
Data Source: NHS Digital Mental Health Services Monthly Statistics

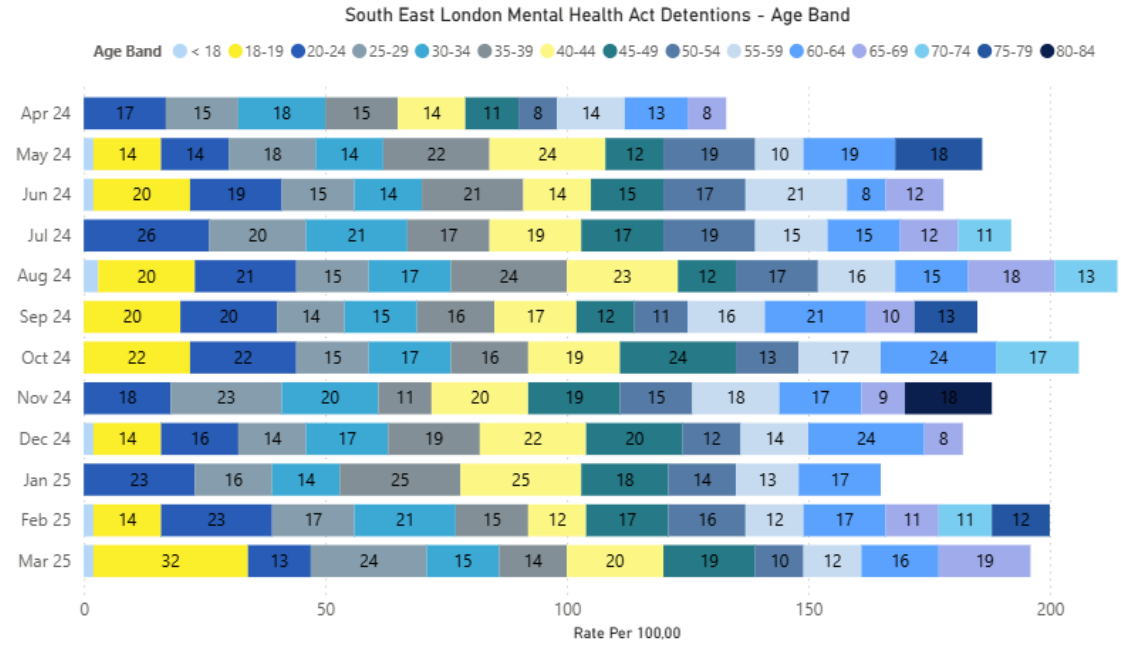
Across South East London the average rate of mental health act detentions (MHA) is 12.75 monthly per 100,000 population.





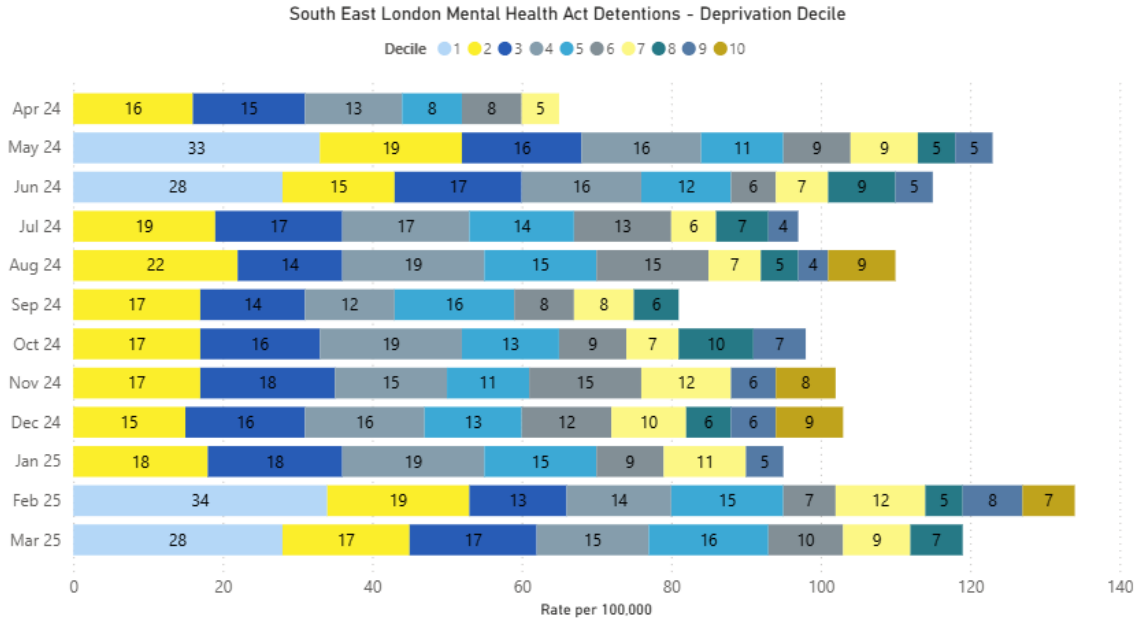
Those of Black ethnicity are the only ethnic group with a consistently higher rate of monthly detentions 24.92 per 100,000 population, this is double the South East London average rate. This is followed by those of Other ethnicity 16.42 detentions per 100,000 population, White ethnicity 7.58 per 100,000 population, Asian ethnicity 8 per 100,000 population and Mixed ethnicity 8.1 per 100,000 population.

Males have a higher rate of monthly detentions than females, 13 per vs 11.8 per 100,000 population.



Those aged 18-19 have the highest rate of monthly detentions 19.50 per 100,000 population, followed by those aged 20-24: 19.33 per 100,000 population and those aged 40-44: 19.08 per 1000,000 population. Those aged under 18 have the lowest rate of monthly detentions 2.17 per 100,000 population. It should also be noted that there is no

calculated rate of detentions for this age group for half of the reporting period due to the small number of detentions.



The data suggests a relationship between the rate of monthly detentions and deprivation. As deprivation decreases, the average monthly rate of detention also decreases. Those in decile 1 (most deprived) have the highest monthly rate of detentions, 30.75 per 100,00 population and those in decile 9 (least deprived) have the lowest monthly rate, 5.56 per 100,000 population. The data does indicate an anomaly, as those in decile 10 (least deprived) have a higher-than-expected monthly rate of detentions 8.25 per 100,000 population and is the third lowest rate of the deciles.

5.3 Rates of restrictive interventions

The restrictive interventions dashboard is developed by NHS England, with latest data available up until April 2024. The dashboard provides data at Provider level, so demographic breakdowns for the entire SEL population are unavailable. Data has also been excluded from the report if it meets either of these requirements:

- Number of restrictive intervention types or number of people subject to a restrictive intervention at any national or sub-national level for any of the breakdowns is less than 5.
- Number of bed days at any national or sub-national level for any of the breakdowns is less than 100 for a particular month.

The number of restrictive intervention types per 1,000 occupied bed days has been included for the two main South East London mental health providers: Oxleas NHS Foundation Trust and South London and Maudsley NHS Foundation Trust. However,

when reviewing this data, we noticed inconsistencies between the total reported at trust-wide level and the total when broken down by age and ethnicity. These numbers did not match as expected. As we do not receive data on restrictive interventions locally, we were unable to validate these numbers and have opted not to include this data in the report.

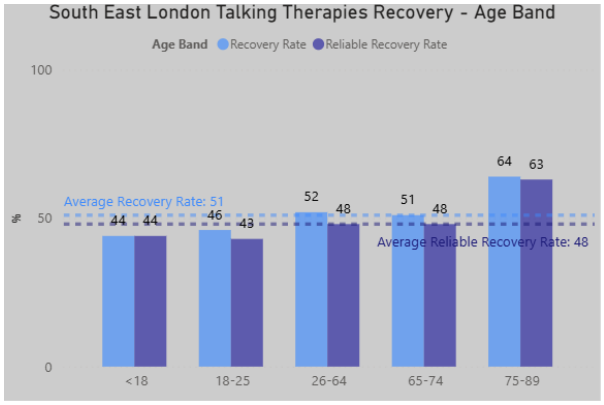
5.4 NHS Talking Therapies (formally IAPT) recovery

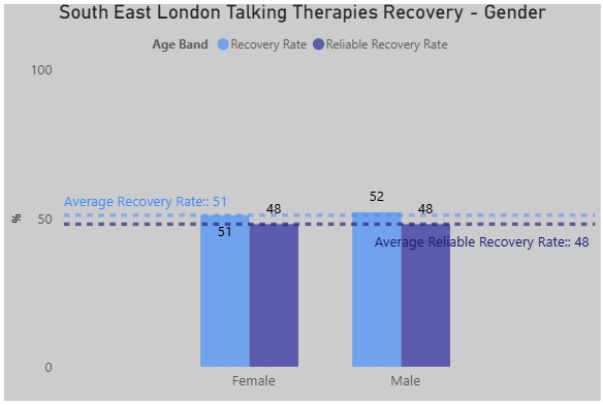
Activity Reporting Period: October 2024 - December 2024
Data Source: NHS Talking Therapies Dashboard, Quarter 3 2024/25

Between October 2024 and December 2024, South East London received 14,920 referrals for talking therapy services. Of these referrals, 9,850 (66%) accessed services and 5,660 (37.9%) finished a course of treatment. This is much higher than the national average which shows that 52.7% accessed services and 16.4% finished a course of treatment.

There are two measures within the NHS Talking Therapies data:

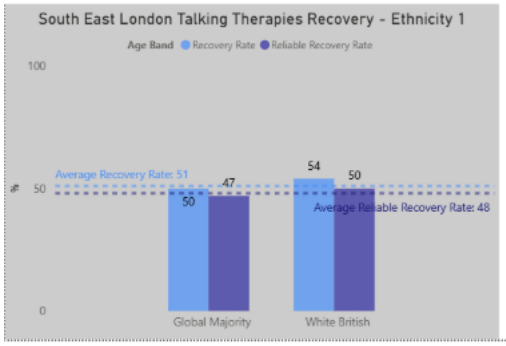
- Talking Therapies Recovery: recovery is measured in terms of 'caseness', which means a patient has significant enough symptoms of anxiety or depression at the time of referral to be regarded as a clinical case of the condition. A referral is recovered if the patient was defined as a clinical case at the start of the referral and is no longer considered a clinical case at the end of their treatment. This is determined by patient questionnaires administered before and after treatment. The recovery rate is a measure of how many referrals moved to recovery. The recovery rate for South East London is 51% and is the same as the national average.
- Reliable improvement is when a referred patient shows clinically significant improvement in their condition following a course of treatment. This is measured by the difference in patient questionnaire scores before and after treatment. A referral has reliably recovered if it meets the criteria for both recovery and reliable improvement, i.e., a patient has moved from being a clinical case at the start of treatment to not being a clinical case at the end of treatment and there has also been a clinically significant improvement in their condition. The reliable recovery rate for South East London is 48% and is the same as the national average. This is also the national waiting time standard.

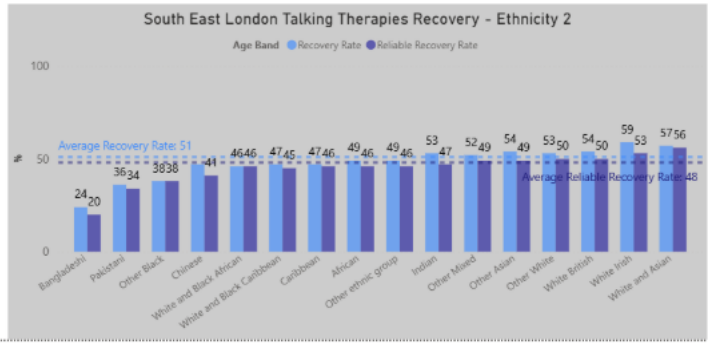




The general trend shows that older patients have a higher recovery rate than younger patients. Those aged 75-89 have the highest recovery rate 64%, this is 13% higher than the South East London average. Those aged under 18 have the lowest recovery rate 44%, this is 7% lower than the South East London average. The same trend is identified in the reliable recovery rate. It is important to note that these figures do not consider the size of each age group which can affect the results.

Males have a slightly higher recovery rate than females, 52% vs 51%. The reliable recovery rate for both gender is 48%.





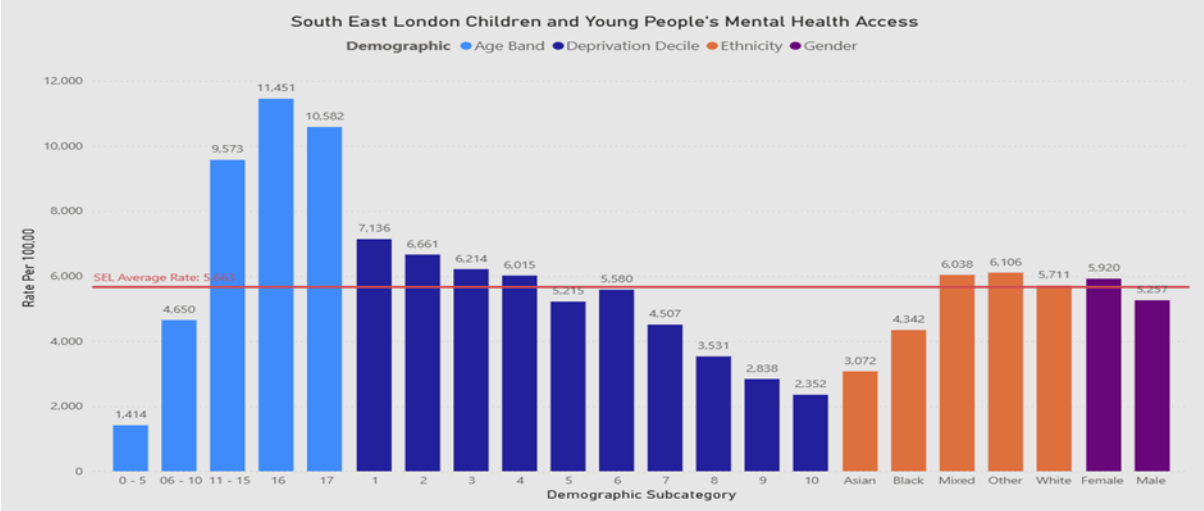
Those of Global Majority ethnicity in comparison to those of White ethnicity have a lower recovery 50% vs 54% and reliable recovery rate 47% vs 50%. Breaking this down further, those of White Irish ethnicity have the highest recovery rate of 59%, followed by those of Mixed White ethnicity and Asian ethnicity, both 57%. Those of Bangladeshi ethnicity have the lowest recovery rate of 24% which is less than half of the South East London average.

Data split by deprivation is not available for this period.

5.5 Children and young people's mental health access

Activity Reporting Period: April 2023 – March 2024
Data Source: NHS Mental Health Bulletin Dashboard

For the activity reporting period, the rate of children and young people aged under 18 supported through NHS funded mental health services with at least one contact is 5,663 per 100,000 population. This is below the national average 6,568 per 100,000 population for the same reporting period.



The data suggests an unsurprising large variance in the rate of mental health contact for the under 18's, given that 50% of Mental Health conditions occur by the age of 14 years old and 75% by 25 years old. Those aged 0-5 have the lowest rate of access, 1,414 per 100,000 population, followed by those aged 6-10: 4,650 per 100,000 population. Those aged 11-15, 16 and 17 have the highest rate of access: 9,573, 11,451 and 10,582 per 100,000 population respectively. These are above both the South East London and national average rates.

The data suggests a relationship between rate of contact and deprivation. Those in the most deprived areas have a higher rate of contact with NHS mental health services than those in the least deprived areas. For those in decile 1 (most deprived) the rate is 7,136 per 100,000 population and is 8.6% above the South East London average. For those in decile 10 (least deprived) the rate is 2,352 per 100,000 population and is 35.9% below the South East London average.

The rate of contact is lower than the national average for each of the ethnic groups. Those of Other Ethnicity have the highest rate 6,106 per 100,000 population, followed by those of Mixed ethnicity 6,038 per 100,000 population. Those of Asian and Asian British ethnicity have the lowest rate 3,072 per 100,000, followed by Black or Black British ethnicity 4,342 per 100,000. It is important to note that total population counts for each ethnic groups vary significantly and those with smaller population denominators are more vulnerable to large numerator effects.

Females have a higher rate of contact than males, 5,920 vs 5,257 per 100,000 population.

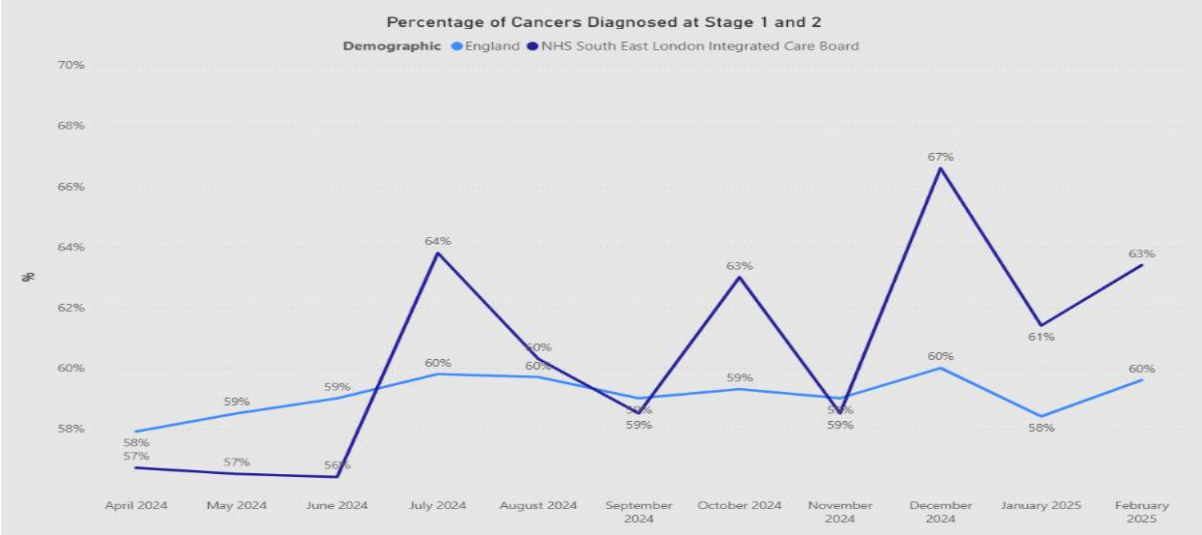
6. Cancer

Overview: 56–67% of cancers are diagnosed at stage 1 or 2, often above national averages. There is no demographic breakdown available.

6.1 Percentage of cancers diagnosed at stage 1 and 2, case mix adjusted for cancer site, age at diagnosis, sex

Activity Reporting Period: April 2024 – February 2025
Data Source: Rapid Cancer Registration Data: Incidence and treatment dashboard (RCRD)

This data shows the proportion of cancers diagnosed at stage 1 or 2, by month of diagnosis. The data is only available at ICB-level and does not provide demographic breakdowns based on age, gender, ethnicity, deprivation. The graph below includes all cancer sites combined.



During this period, the percentage of cancers diagnosed at stage 1 and 2 in South East London ranges from 56% in June 2024 to 67% in December 2024. The general trend shows that the percentage of early diagnoses fluctuates month to month. The South East London average is higher than the national average for most of the reporting period, although it is acknowledged that there are some months that this is not the case.

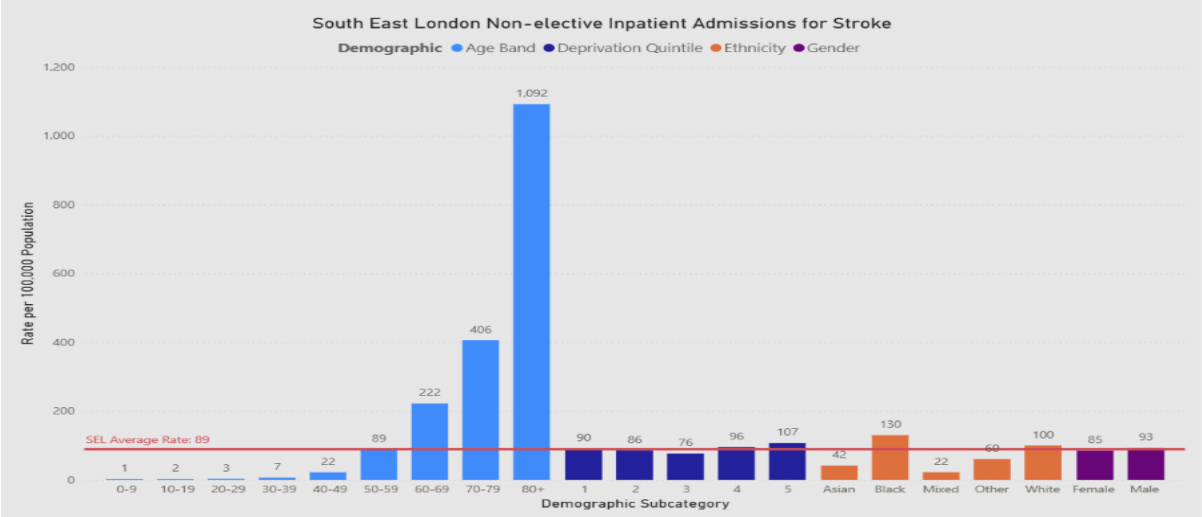
7. Cardiovascular

Overview: Stroke and myocardial infarction rates increase with age. White and Black ethnicities show higher admission rates. Blood pressure and lipid therapy metrics show better outcomes in less deprived areas and among White and Asian ethnicities.

7.1 Stroke rate non-elective admissions

Activity Reporting Period: April 2024 – March 2025
Data Source: Secondary Uses Service (SUS)

Among patients registered with South East London General Practices, the average rate of non-elective stroke admissions is 89 per 100,000 population.



There is an upward trend in stroke admissions rate, with the highest rate observed in those aged 80+: 1,091.9 per 100,000 population, this is unsurprising, given that age is one of the greatest risk factors for stroke. The rate is significantly higher than the South East London average rate.

The data suggests there is no clear relationship between admissions rate and deprivation. Those in quintile 5 (least deprived) have the highest admissions rate 106.9 per 100,000 population, followed by those in quintile 4 (second least deprived) 95.5 per 100,000 population. Although those in the two least deprived areas have the highest rate of admissions, this does not continue in a sequential pattern for the other three quintiles.

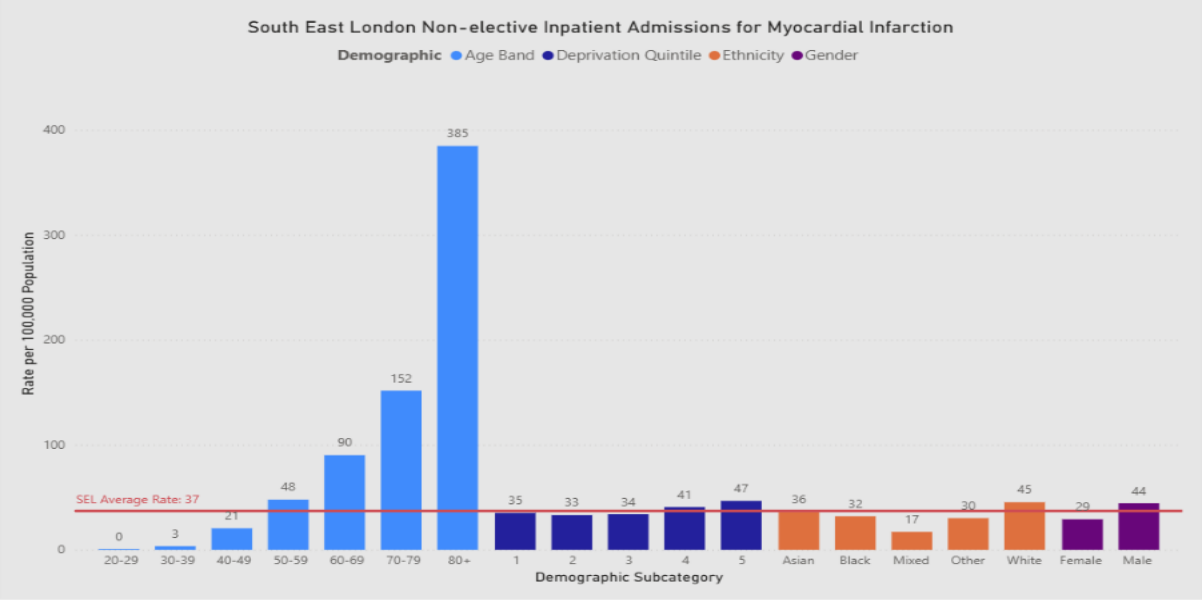
Those of Mixed ethnicity have the lowest admissions rate 22.3 per 100,000 population, while those of Black ethnicity have the highest rate 130 per 100,00 population.

There is minimal difference between males and females. However, males admissions rate of 92.6 per 100.000 population is slightly higher than the South East London average rate and females admissions rate of 84.8 per 100,000 population is lower.

7.2 Myocardial infarction - rate of non-elective admissions

Activity period: April 2024 – March 2025
Data Source: Secondary Uses Service (SUS)

Among patients registered with South East London General Practices, the average rate of non-elective myocardial infarction admissions is 36.8 per 100,000 population.



There is an upward trend in admissions rate, with the highest rate observed in those aged 80+: 384.7 per 100,000 population, this is unsurprising, given that age is one of the risk factors for myocardial infarction. The rate is significantly higher than the South East London average rate.

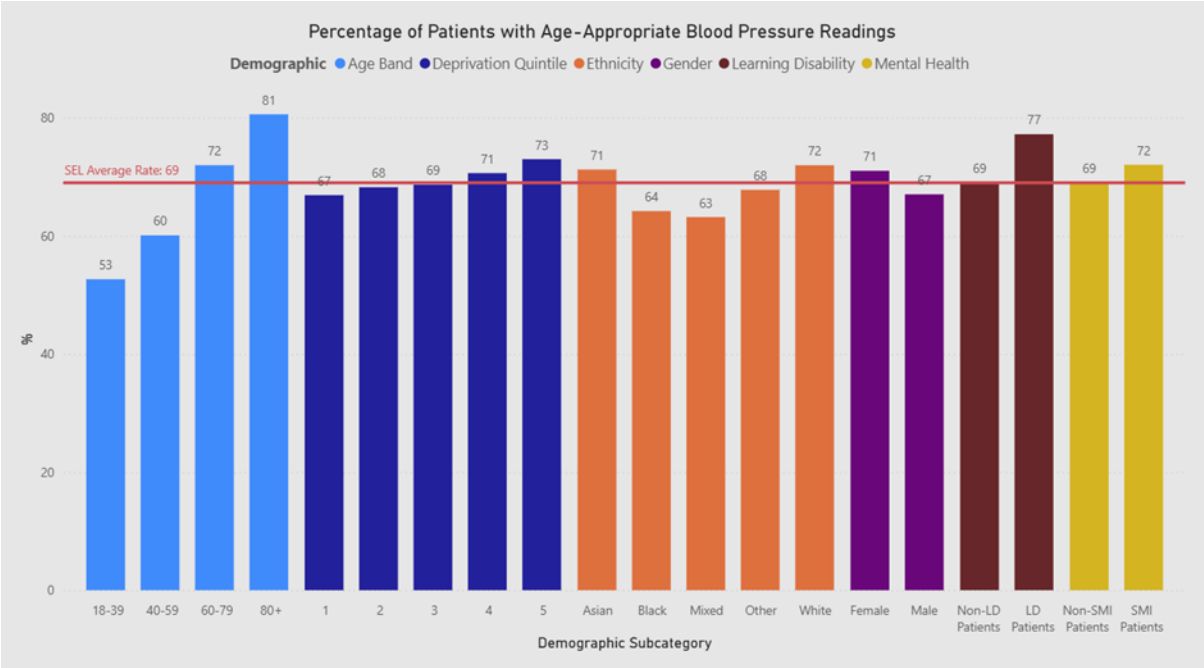
The data suggests there is no clear relationship between admissions rate and deprivation. Those in quintile 5 (least deprived) have the highest admissions rate 46.6 per 100,000 population, followed by those in quintile 4 (second least deprived) 40.7 per 100,000 population. Although those in the two least deprived areas have the highest admission rates, this does not continue in a sequential pattern for the other three quintiles.

Those of Mixed ethnicity have the lowest admissions rate 17.1 per 100,000 population. Those of White ethnicity have the highest admissions rate 45.3 per 100,000 population, and is slightly higher than the South East London average rate.

There is a significant difference between males and females, males admissions rate of 44.3 per 100,000 population is higher than the South East London average rate and females admission rate of 29.0 per 100,000 population is lower.

7.3 CVDP007HYP: Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold

Activity Reporting Period: January 2025 – March 2025
Data Source: Cardiovascular Disease (CVD) PREVENT



In South East London, 69% of patients with GP recorded hypertension have a blood pressure reading below the age-appropriate treatment threshold.

The data suggests a relationship between the percentage of patients with below age-appropriate blood pressure readings and deprivation. Those in quintile 1 (most deprived) have a lower percentage of patients 67% in comparison to those in quintile 5 (least deprived). However, the range between quintile 1 and 5 is 6%.

Those of Mixed (63.1%) and Black ethnicity (64.2%) have the lowest percentage of patients with below age-appropriate blood pressure readings. Those of White (71.9%) and Asian ethnicity (71.2%) have the highest percentage of patients with below age-appropriate blood pressure readings. The size of each ethnic group should be taken into

consideration due to large differences between White (132,570), Black (66,165), Asian (21,955) and Mixed (7,255) ethnicity.

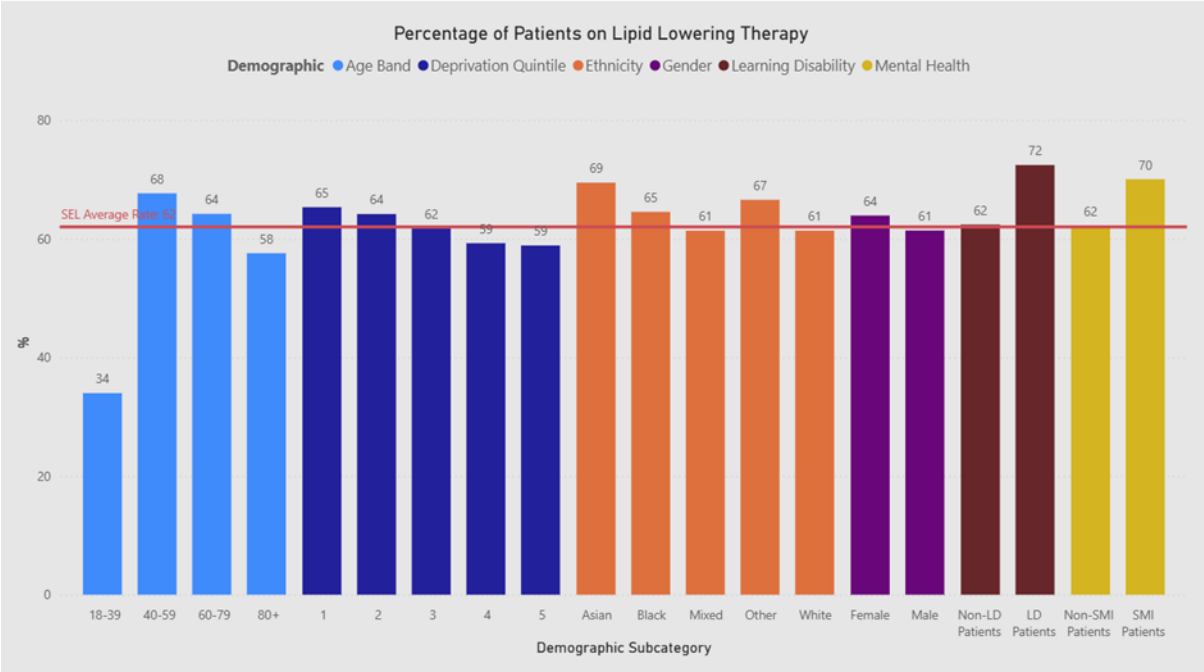
The general trend shows that as age increases the proportion of patients with below age-appropriate blood pressure readings also increases. The highest percentage of patients are those aged 80+ (82.7%) and 60-79 (71.7%). The lowest percentages are those aged 18-39 (48.9%).

Females have a higher percentage of patients with below age-appropriate blood pressure readings than males, 71.03% vs 67.04%.

Patients registered with a learning disability have a higher percentage of below age-appropriate blood pressure readings than those without a registered learning disability 77% vs 69%. This pattern is also observed in patients registered with serious mental illness 72% vs 69%.

7.4 CVDP003CHOL: Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy

Activity Reporting Period: January 2025 – March 2025
Data Source: Cardiovascular Disease (CVD) PREVENT



In South East London, 62% of patients with no GP recorded CVD and a recorded QRISK score of at least 20% are receiving lipid lowering therapy. A higher percentage of those

registered with a learning disability are receiving lipid lowering therapy in comparison to those not registered with a learning disability, 72.4% vs 62.3%.

Females have a minimally higher percentage of patients receiving lipid lowering therapy than males, 63.9% vs 61.3%.

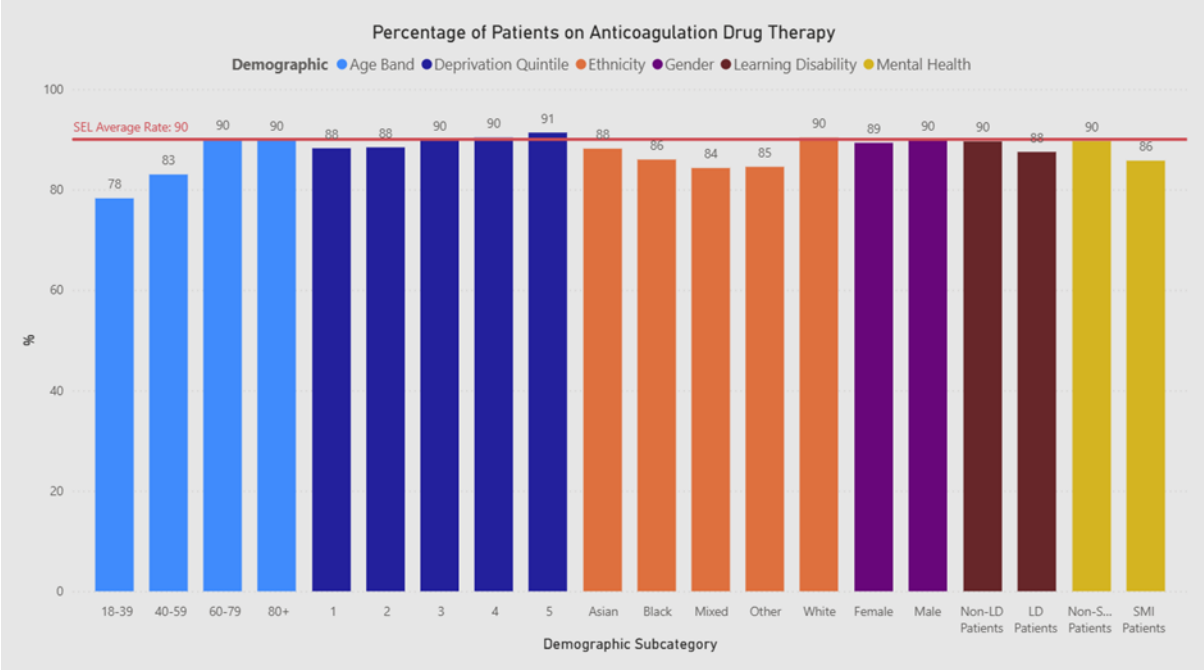
The data suggests a relationship between the percentage of patients receiving lipid lowering therapy and deprivation. Those in quintile 1 (most deprived), have the highest percentage of patients (65.3%). This continues as a sequential pattern with the lowest percentage of patients (58.8%) being in quintile 5

Those of Asian ethnicity have the highest percentage of patients (69%), followed by those in the Other (67%) and Black ethnicity (64.5%). These were the only ethnic groups with an above South East London average rate. Those of White (61.3%) and Mixed ethnicity (61.3%) are the only known groups below the South East London average rate.

Those aged 60-79 (68.4%) and 40-59 (67.6%) are both above the South East London average rate of patients receiving lipid lowering therapy.

7.5 CVDP002AF: Percentage of patients aged 18 and over with GP recorded atrial fibrillation and a record of a CHA2DS2-VASc score of 2 or more, who are currently treated with anticoagulation drug therapy

Activity Reporting Period: January 2025 – March 2025
Data Source: Cardiovascular Disease (CVD) PREVENT.



In South East London, 89.6% of patients with GP recorded atrial fibrillation and a recorded CHA2DS2-VASc score of 2 or more are treated with anticoagulant drug therapy. In terms of learning disability, there is minimal percentage difference between those registered with a learning disability and those that are not, 87.5% vs 89.6%.

The percentage of patients treated with anticoagulation drug therapy varies between age groups. The highest percentage of patients treated are those aged 60-79 and 80+ (90% and 89.6% respectively). The lowest percentage are seen in those aged 18-39 (76.9%).

The data suggests that there is a relationship between the percentage of patients receiving anticoagulation drug therapy and deprivation. As deprivation decreases the percentage increases, though this is at a minimal rate. Those in quintiles 1 and 2 (most and second most deprived) have the lowest percentage (88.2%), and those in quintile 5 (least deprived) have the highest rate (91.3%).

Those of White ethnicity have the highest percentage (90.3%) of patients treated with anticoagulant drug therapy and those of Other ethnicity have the lowest percentage (84.5%).

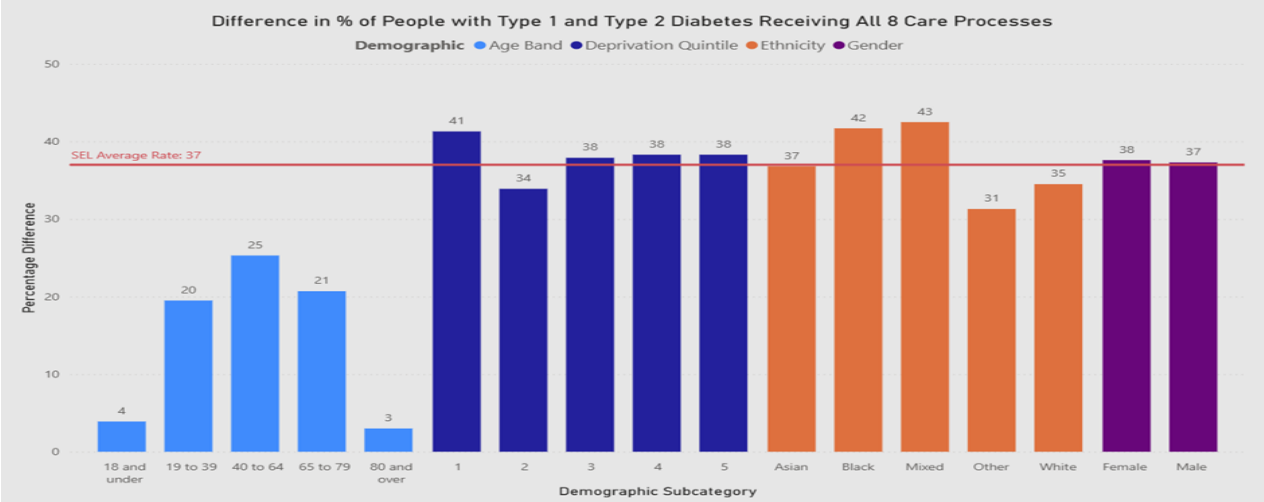
8. Diabetes

Overview: Type 2 diabetes patients have significantly higher completion of 8 care processes than Type 1. There is minimal difference in referrals versus population from most deprived areas.

8.1 Variation between % of people with Type 1 and Type 2 diabetes receiving all 8 Care Processes

Activity Reporting Period: April 2024 - March 2025
Data Source: Primary care via Discovery Data Service (DDS)

This data shows the difference in the percentage of patients receiving all 8 Care Processes (8CP), for Type 1 (T1) and Type 2 (T2) diabetes populations.



Generally, across South East London, the percentage of 8CP completion rate is higher amongst T2 patients than T1 patients with the difference in completion percentage being 37.4% higher for T2 patients.

The data suggests that there is no clear relationship between the difference in percentage of 8CP completion rate between T1 and T2 patients and deprivation. Those in quintile 2 (second most deprived) have the lowest percentage difference of 33.9% and those in quintile 1 (most deprived) have the highest percentage difference of 31.6%, followed by those in quintile 5 (least deprived) with a percentage difference of 41.3%. There is a lower disparity in completion rate between the T1 and T2 patients that live in the least deprived areas.

Those of Mixed ethnicity have the highest percentage difference in completion rate of 42.5%. Those of Other ethnicity have the lowest percentage difference of 31.3%, followed by those of White (34.5%) and Asian ethnicity (36.8%).

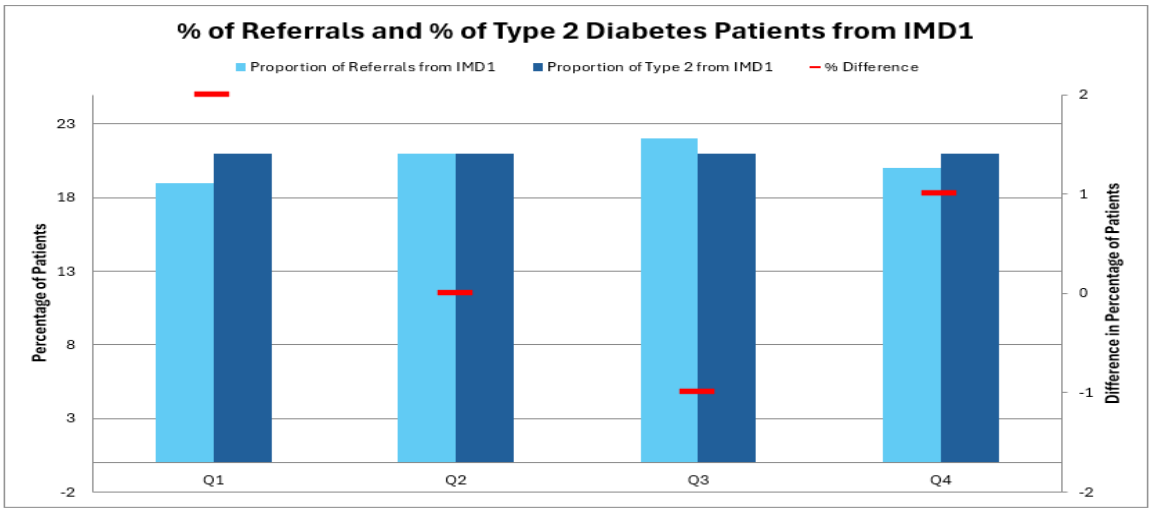
Those aged under 18s have the lowest percentage difference in completion rate of 3.9%, followed by those aged 80+ (3.0%). The data shows minimal difference in completion rate for both the youngest and oldest T1 and T2 patients. However, both age groups also have the smallest number of total diabetic patients. Those aged 40–64 have the highest percentage difference of 25.3%, though this is still below the South East London average rate.

The difference in completion rate between males of 37.3% and females of 37.6% for T1 and T2 diabetic patients is minimal.

8.2 Variation between % of referrals from the most deprived quintile and % of Type 2 diabetes population from the most deprived quintile

Activity Reporting Period: April 2024 - March 2025
Data source: NHS Diabetes Prevention Programme Dashboard

This data is split by financial quarter and does not provide demographic breakdowns based on age, gender or ethnicity. The data reports on the proportion of patients referred to the Diabetes Prevention Programme who live in the most deprived IMD decile ("proportion referrals from IMD1") compared to the proportion of Type 2 diabetics who live in the most deprived IMD decile ("proportion of Type 2 from IMD1")



Whilst the proportion of referrals from IMD1 is available for each quarter, it should be noted that the proportion of Type 2 diabetics is based on the end of year position at Quarter 4 and applied to each previous quarter for comparison.

Across the year, the highest percentage difference between the proportion of referrals from the most deprived decile (19%) and the proportion of Type 2 diabetics (21%) is 2% in Quarter 1. The proportion of referrals from patients in IMD1 increases by 1% each quarter, until Quarter 4, where it decreases by 2%.

The data suggests minimal difference between the percentage of referrals and Type 2 diabetic patients from the most deprived decile.

9. Tobacco Dependence Treatment Services

Overview: 100% of adult inpatient and maternity settings offer tobacco dependence services. Incentive schemes are in place at Guy's and St Thomas' NHS Foundation Trust, Lewisham and Greenwich NHS Trust.

9.1 Proportion of adult acute inpatient settings offering tobacco dependence treatment service

Activity Reporting Period: End of March 2025
Data Source: SEL ICS Smoke Free Programme

As of July 2025, there are five NHS Trusts in South East London with adult acute inpatient wards: Guy's and St Thomas' NHS Foundation Trust, Lewisham and Greenwich NHS Trust, King's College Hospital NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, and Oxleas NHS Foundation Trust. All offer tobacco dependence treatment service in 100% of their inpatient settings.

9.2 Proportion of maternity settings offering tobacco dependence treatment service

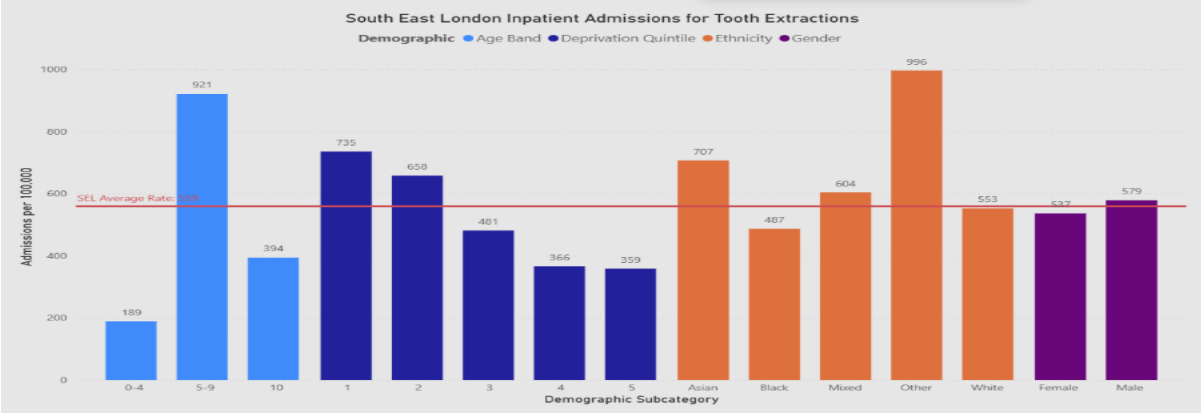
As of August 2025, there are three NHS Trusts in South East London with maternity services: Guy's and St Thomas' NHS Foundation Trust, Lewisham and Greenwich NHS Trust, and King's College Hospital NHS Foundation Trust. All three trusts offer a maternity specific tobacco dependence treatment service which is instigated at the initial antenatal booking appointment and provided in outpatient settings. Guy's and St Thomas' NHS Foundation Trust and Lewisham and Greenwich NHS Trust are also part of the National Smoke-Free Pregnancy Incentive Scheme which provides financial incentives to birthing people and their significant others to successfully quit smoking.

10. Oral Health

Overview: Tooth extractions due to decay are more common in deprived areas and among Other and Asian ethnicities. Males have higher rates than females.

10.1 Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under (number of admissions not number of teeth extracted)

Activity Reporting Period: April 2024 - March 2025.
Data Source: Secondary Uses Service (SUS)



Across South East London, there were 558.9 per 100,000 population inpatient admissions due to decay in children under 10.

The data suggests that there is a relationship between the rate of tooth extraction admissions and deprivation. As deprivation increases, extraction admissions increase. Those in quintile 5 (least deprived) have the lowest rate 358.9 per 100,000 population and those in quintile 1 (most deprived) have the highest rate 735.4 per 100,000 population which is significantly above the South East London average rate.

Those of Other ethnicity have the highest rate of admission 996.3 per 100,000 population, followed by those of Asian ethnicity 707 per 100,000 population. Those of Black ethnicity have the lowest rate 486.7 per 100,000 population.

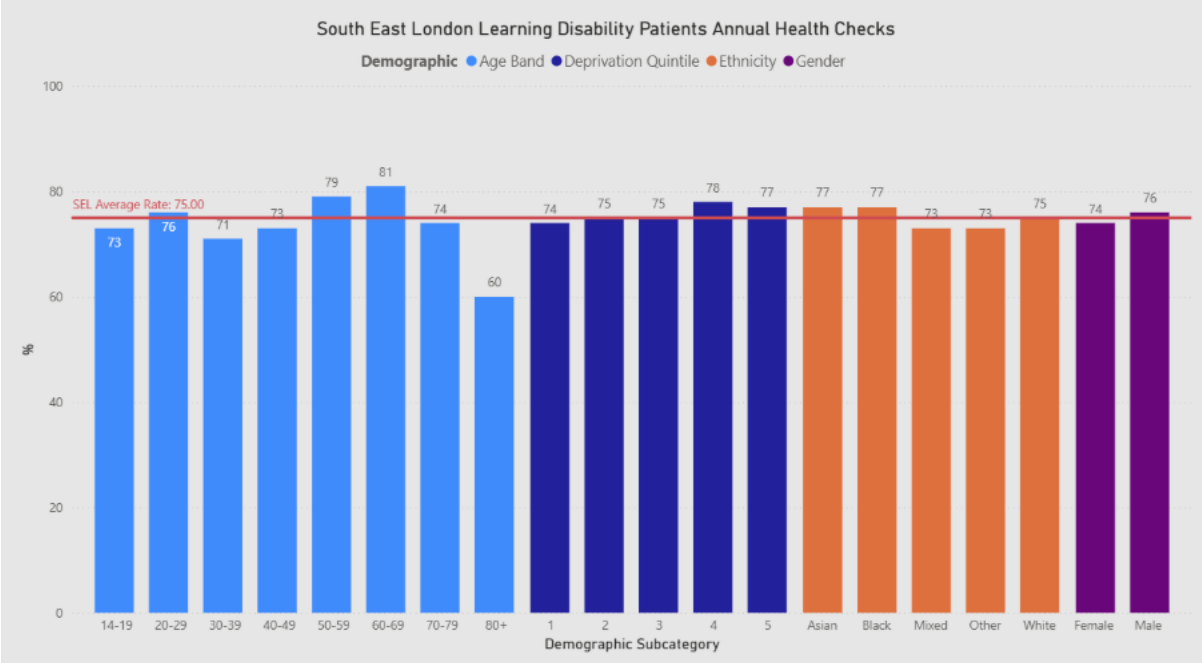
Females have a lower rate of extraction admission than males, 536.5 vs 578.7 per 100,000 population.

11. Learning Disability and Autistic People

Overview: 75% of eligible patients received annual health checks. Completion rates are slightly higher in less deprived areas and among Asian and Black ethnicities.

11.1 Learning disability annual health checks

Activity Reporting Period: April 2024 - March 2025
Data Source: Primary care data via Discovery Data Service



All patients aged 14 and over that are on their GP Learning Disability Register (LDR) are eligible for an annual health check. In South East London, 75% of the eligible LD population have had their annual health checks completed.

The data suggests a relationship between the highest percentage of annual health check completion and deprivation. Those in quintile 4 (second least deprived) and quintile 5 have the highest completion rate of 78% and 77% respectively. Those in quintile 1 (most deprived) have the lowest completion rate of 74%. Although, it should be noted that there is only a 4% difference between the highest and lowest completion rate.

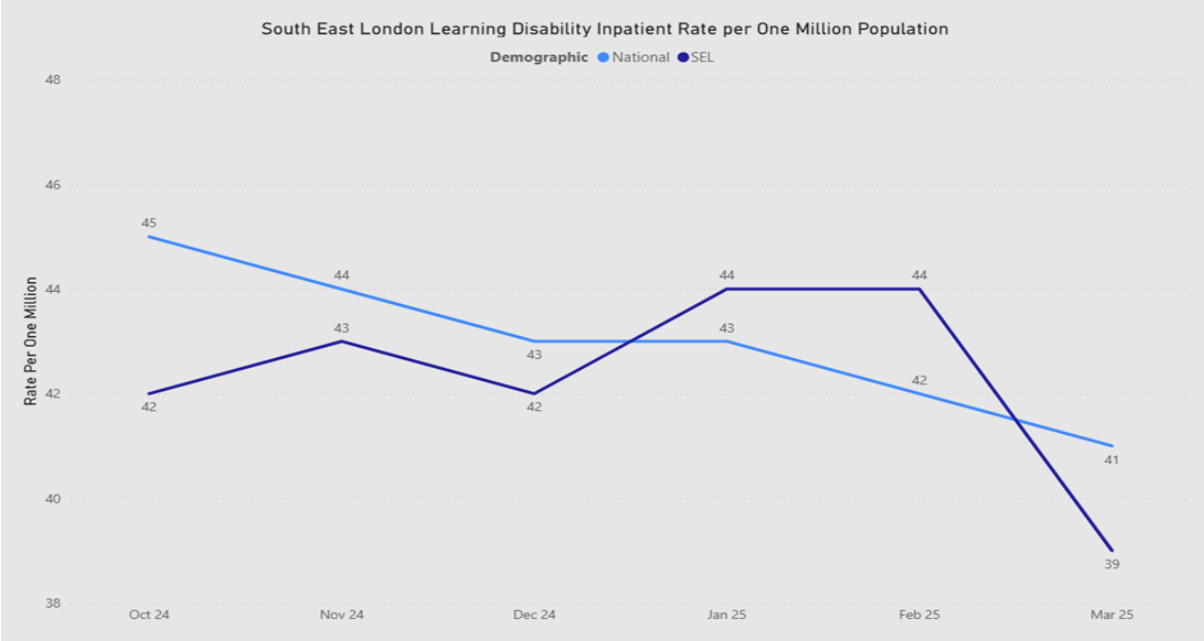
Those of Asian and Black ethnicity have the highest completion rate of 77% and are the only two groups above the South East London average rate. Those of Mixed ethnicity have the lowest completion rate of 73%.

Those aged 60-69 have the highest completion rate of 81%, followed by those aged 50-59 of 79%. Those aged 80+ have the lowest completion rate of 60%. The data suggests

that there is no clear relationship between age and percentage of annual health check completion. Males have a slightly higher completion rate than females, 76% vs 74%.

11.2 Adult mental health inpatient rates for people with a learning disability and autistic people

Activity Reporting Period: October 2024 - March 2025.
Data Source: Assuring Transformation (AT) dataset



The average inpatient admission rate for adults with a Learning Disability and Autism LDA) in South East London is 42.3 per 1,000,000 population. This is marginally below the national average of 43 per 1,000,000 population. Between October and December 2024, the SEL inpatient rate remained lower than the national rate. Although it then increased in January 2025, there was a sharp decline from February 2025 (44) to March 2025 (39). The decrease in numbers is a welcomed position to note.

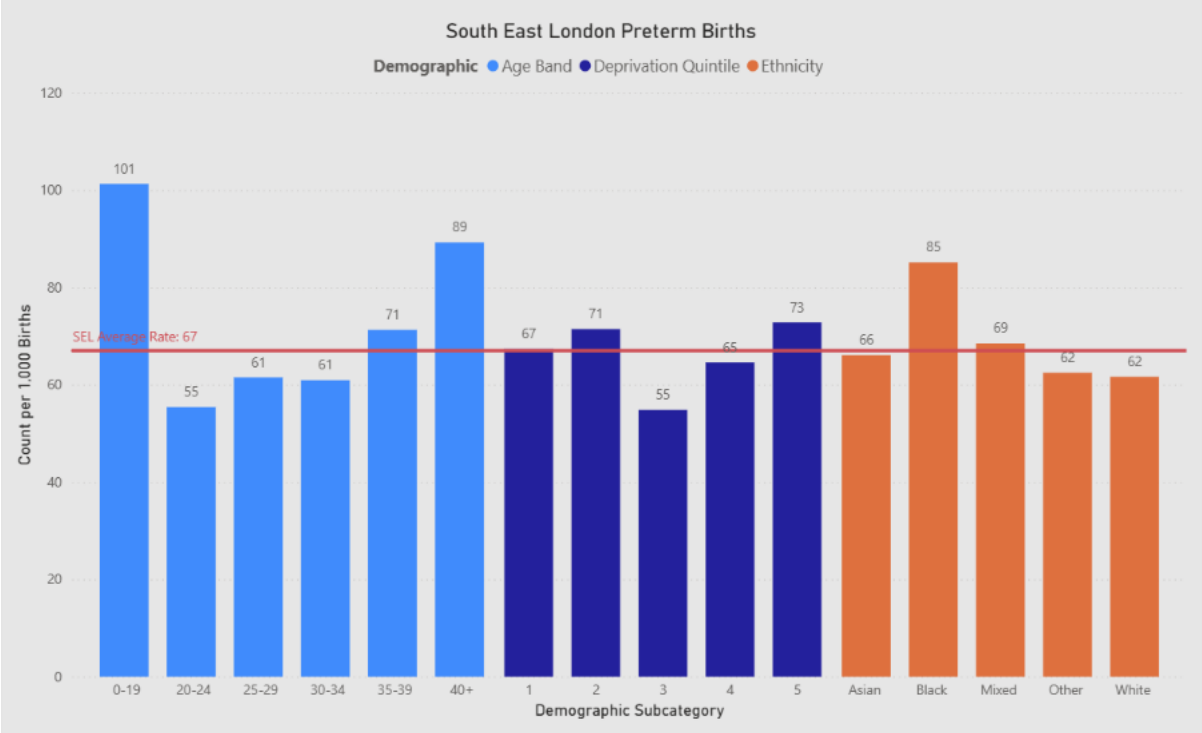
12. Maternity and Neonatal

Overview: Preterm birth rates are highest among Black ethnicity, younger (0–19) and older (40+) mothers. There is no clear pattern with deprivation.

12.1 Preterm births under 37 weeks

Activity Reporting Period: April 2024 - March 2025.
Data source: Maternity Services Data Set

Across South East London, for every 1,000 births, 66.7 are preterm.



The data suggests a varied relationship between the number of preterm births and deprivation. Those in quintile 5 (least deprived) have the highest rate 72.8 per 1,000 births, followed by those in quintile 2 (second most deprived) 71.4 per 1,000 births. Those in quintile 3 (middle range of deprivation) have the lowest rate 54.8 per 1,000 births.

Those of Black ethnicity have the highest rate 85.1 per 1,000 births, followed by those of Mixed ethnicity 68.5 per 1,000 births, both are the only groups above the South East London average rate with those of Black ethnicity significantly higher. Those of White ethnicity have the lowest rate 61.6 per 1,000 births.

Those aged 0-19 have the highest rate 101.3 per 1,000 births, followed by those aged 40+ of 89.2 per 1,000 births, both are significantly higher than the South East London

average. Those aged 20-24 and 30-34 have the lowest rate 55.4 and 60.9 per 1,000 births respectively.

This report has been produced by South East London ICB. Should there be any questions that arise from reading this report, we ask that you direct them to the South East London contact us email address: contactus@selondonics.nhs.uk

13. Appendix 1: Data Source used in report

2. Elective Recovery		
Metric name	**National or local data**	**Data source**
2.1 Size and shape of the waiting list; those waiting longer than 18 weeks, 52 weeks and 65 weeks	Local	Waiting List Minimum Dataset (WLMDS)
2.2 Age standardised activity rates for elective admissions.	Local	Secondary Uses Service (SUS)
2.3 Age standardised activity rates for emergency admissions		
2.4 Age standardised activity rates for emergency attendances		
2.5 Age standardised activity rates for outpatient appointments		
2.6 Age standardised activity rates for virtual outpatient appointments.		
2.7 Elective activity vs pre-pandemic levels for under 18s and over 18s		
3. Urgent and Emergency Care		
Metric name	**National or local data**	**Data source**
3.1 Emergency admissions for under 18s	Local	Secondary Uses Service (SUS)
4. Respiratory		
Metric name	**National or local data**	**Data source**
4.1 Uptake of COVID and flu by socio-demographic group	Local	Local primary care data flow
5. Mental Health		
Metric name	**National or local data**	**Data source**
5.1 Overall number of severe mental illness (SMI) physical health checks	Local	Local primary care data flow
5.2 Rates of total Mental Health Act detentions	National	NHS Digital Mental Health Services Monthly Statistics

5.3 Rates of restrictive interventions	National	n/a
5.4 NHS Talking Therapies (formally IAPT) recovery	National	NHS Talking Therapies Dashboard, Quarter 3 2024/25
5.5 Children and young people's mental health access	National	Mental Health Bulletin Dashboard
6. Cancer		
Metric name	**National or local data**	**Data source**
6.1 Percentage of cancers diagnosed at stage 1 and 2, case mix adjusted for cancer site, age at diagnosis, sex	National	Rapid Cancer Registration Data: Incidence and treatment dashboard
7. Cardiovascular Disease		
Metric name	**National or local data**	**Data source**
7.1 Stroke rate of non-elective admissions	Local	Secondary Uses Service (SUS)
7.2 Myocardial infarction - rate of non-elective admissions		
7.3 Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold.	National	CVDPREVENT
7.4 CVDP003CHOL: Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy		
7.5 CVDP002AF: Percentage of patients aged 18 and over with GP recorded atrial fibrillation and a record of a CHA2DS2-VASc score of 2 or more, who are currently treated with anticoagulation drug therapy		
8. Diabetes		
Metric name	**National or local data**	**Data source**
8.1 Variation between % of people with Type 1 and Type 2 diabetes receiving all 8 care processes	Local	Local primary care data flow
8.2 Variation between % of referrals from the most deprived quintile and % of Type 2 diabetes population from the most deprived quintile	National	National Diabetes Prevention Programme Dashboard
9. Tobacco Dependence Treatment Services		
Metric name	**National or local data**	**Data source**
9.1 Proportion of adult acute inpatient settings offering tobacco dependence treatment service	Local	Directly from local providers

9.2 Proportion of maternity settings offering tobacco dependence treatment service	Local	Directly from local providers
10. Oral Health		
Metric name	**National or local data**	**Data source**
10.1 Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under (number of admissions not number of teeth extracted)	Local	Secondary Uses Service (SUS)
11. Learning disability and autistic people		
Metric name	**National or local data**	**Data source**
11.1 Learning disability annual health checks	Local	Local primary care data flow
11.2 Adult mental health inpatient rates for people with a learning disability and autistic people	Local	Local primary care data flow
12. Maternity and neonatal		
Metric name	**National or local data**	**Data source**
12.1 Preterm births under 37 weeks	Local	Maternity Services Data Set (MSDS)