Table of Key Performance Indicators

This table summarises how local performance compares to England and how we rank within the group of 15 Local Authorities in the 4th most deprived decile nationally.

The data was taken from the KPI dashboard, accessed 15 February 2024, using the most recent, public data available, with different time periods for different indicators. All pre-date the implementation of the TAD strategy and provide a baseline to measure future progress. Importantly:

- The comparison to England shows statistical significance.
- The ranking within the comparator group does not show statistical significance or that we are very different to the other Local Authorities. Being in the top or bottom 3 does not mean the difference is statistically significant. Mid-ranking means ranking 4th – 12th / the 15 authorities.

Indicators	Compared to England	Comparator group rank / 15	See note:
Tobacco Indicators			
1. Smoking prevalence in adults (18+)	Similar	Mid-rank	1.
2. Smokers setting a quit date	Worse	Worst 3	2.
3. Smokers that have successfully quit at 4 weeks	Worse	Worst 3	
4. Smoking rates at time of delivery	Similar	Mid-rank	
Alcohol Indicators			
5. % adults drinking over 14 units per week,	Similar	Mid-rank	
6. Estimated prevalence of adults with alcohol dependency	Similar	Worst 3	3.
7. Number of people in structured treatment	No comparison	No comparison	
8. Successful completion of alcohol treatment	Similar	Mid-rank	
9. Under-75 mortality rate from alcohol liver disease.	Similar	Worst 3	3.
10. Admission episodes for alcohol-related conditions (Narrow)	Worse	Worst 3	3.
11. Estimated unmet need – Alcohol	Similar	Worst 3	3.
12. Alcohol-specific mortality	Similar	Mid-rank	3.
13. Alcohol-related mortality	Worse	Mid-rank	3.
Drugs Indicators			
14. Estimated prevalence of Crack use	Similar	Mid-rank	
15. Estimated prevalence of opiate use	Similar	Best 3 (lower)	
16. Estimated prevalence of opiate &/or crack use	Similar	Mid-rank	
17. Hospital admissions due to drug poisoning	Worse	Mid-rank	
18. Hospital admissions due to substance (mis)use (15 to 24 years)	Worse	Mid-rank	
19. Estimated unmet need – Opiates &/or crack cocaine	Similar	Best 3 (lower)	5.
20. Percentage of people in drug treatment who have received a hepatitis C test	Similar	Mid-rank	
21. Successful completion of drug treatment: opiates	Similar	Best 3 (higher)	
22. Successful completion of drug treatment: non opiates	Worse	Mid-rank	
23. Drug use deaths	Similar	Mid-rank	

Notes to accompany the table:

1. OHID estimate smoking prevalence annually. For Southampton it is 13.2% for 2022/23, higher than 12.5% estimated by OHID for 2021/22. OHID noted uncertainty about 21/22 data due to the

pandemic and data collection methods being less robust. The confidence intervals are high so this figure should be used with caution. A more accurate measure is the 5-year trend, which in Southampton is on a steady downward trajectory, from 17.4% in 2017.

2. These are 2019/20 smoking figures from the Public Health Outcomes Framework. More recent 2022/3 NHS Digital data, provided by local authorities, shows our rate of people setting a quit date was twice the national average (better) and our quit rate was more than 50% better than the national average

3. Our alcohol data partly reflects good practice at University Hospital Southampton, where all inpatients are assessed for alcohol use so they can receive the right care. This is not yet widespread in other hospitals. Hospital coding is used to inform estimates of the prevalence of alcohol dependence, admissions specific or related to alcohol, and mortality specific or related to alcohol.

4. This is estimated as:
    • Estimated no. people using crack cocaine &/or opiates
    • Minus the no. people in treatment
    • Divided by the estimated no. people using crack cocaine &/or opiates.