Havering
LONDON BOROUGH
Public Health Intelligence

Interactive Ward Health Profile 2016

Metadata Definition of indicators

By London Borough of Havering
Public Health Service

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Background

The Interactive Ward Health profile is intended:

- to produce Havering-focused ward profiles
- to produce an engaging, informative and interactive dashboard
- to highlight issues related to health and wellbeing within Havering wards by benchmarking against Borough and England averages
- to inform evidence-based decision/policy making and commissioning

Indicators currently included are:

- Mainly from PHE Local Health indicator set (from various data sources)
- From some GLA indicators (mainly sourced from Census 2011 data)
- From some other relevant publicly available sources

The interactive ward profile is available via the internet and is made available by a software called Tableau. (Tableau Public is what is available online)

****(Link to Ward Profiles)****

Below are metadata (descriptions/definitions) of the indicators included in the Ward Health profile. The layout has been adapted from that used by the Public Health England Local Health product Metadata user guide (Link).

Domain 1: Demography

Indicator Name
Population aged under 18
Population aged 18-24
Population aged 25-64
Population aged 65-74
Population aged 75-84
Population aged 85 and over
Non 'White UK' population
Not Born in UK

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Indicator Name	Population aged under 18
Indicator full name	% population aged under 18 years, 2014 mid year
Source	ONS © Crown Copyright 2015
Unit	Percentage
Definition	Population aged under 18 as a percentage of total population
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Resident population aged under 16. Output Area or Lower Layer Super Output Area population estimates for single years of age aggregated to total populations and populations aged under 16 for each level of geography.
Denominator	Total resident population. Geographical lookup tables obtained from ONS Geography. Population aged under 16 expressed as a percentage of total population.
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression / Disclosure Control	Percentages rounded to 1 decimal place. No suppression required - no counts below 5.
Rationale	This demographic indicator shows the proportion of the population that are children, and so can be used when considering children's health and need for services.
Limits of use	Non-commercial use only. Any re-use of these data must carry recognition of Crown Copyright and acknowledge the Office for National Statistics as the data source.

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Indicator name	Population aged 18-24
Indicator full name	% population aged 18-24 years, 2014 mid year
Source	ONS © Crown Copyright 2015
Unit	Percentage
Definition	Population aged 18-24 as a percentage of total population
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Resident population aged 18-24. Output Area or Lower Layer Super Output Area population estimates for single years of age aggregated to total populations and populations aged 18-24 for each level of geography.
Denominator	Total resident population. Geographical lookup tables obtained from ONS Geography. Population aged 18-24 expressed as a percentage of total population.
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	Percentages rounded to 1 decimal place. No suppression required - no counts below 5.
Rationale	This demographic indicator shows the proportion of the population that are aged 16-24, and so can be used when considering young people's health and need for services.
Limits of use	Non-commercial use only. Any re-use of these data must carry recognition of Crown Copyright and acknowledge the Office for National Statistics as the data source.

Indicator name	Population aged 25-64
Indicator full name	% population aged 25-64 years, 2014 mid year
Source	ONS © Crown Copyright 2015
Unit	Percentage
Definition	Population aged 25-64 as a percentage of total population
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Resident population aged 25-64. Output Area or Lower Layer Super Output Area population estimates for single years of age aggregated to total populations and populations aged 25-64 for each level of geography.
Denominator	Total resident population. Geographical lookup tables obtained from ONS Geography. Population aged 25-64 expressed as a percentage of total population.
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	Percentages rounded to 1 decimal place. No suppression required - no counts below 5.
Rationale	This demographic indicator shows the proportion of the population that are aged 25-64, and so can be used when considering young people's health and need for services.
Limits of use	Non-commercial use only. Any re-use of these data must carry recognition of Crown Copyright and acknowledge the Office for National Statistics as the data source.

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Indicator name	Population aged 65-74
Indicator full name	% population aged 65-74, 2014 mid year
Source	ONS © Crown Copyright 2015
Unit	Percentage
Definition	Population aged 65-74 as a percentage of total population
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Resident population aged 65 -74. Output Area or Lower Layer Super Output Area population estimates for single years of age aggregated to total populations and populations aged 65 and over for each level of geography.
Denominator	Total resident population. Geographical lookup tables obtained from ONS Geography. Population aged 65-74 expressed as a percentage of total population.
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	Percentages rounded to 1 decimal place. No suppression required - no counts below 5.
Rationale	This demographic indicator shows the proportion of the population that are aged 65-74, and so can be used when considering older people's health and need for services.
Limits of use	Non-commercial use only. Any re-use of these data must carry recognition of Crown Copyright and acknowledge the Office for National Statistics as the data source.

Indicator name	Population aged 75-84
Indicator full name	% population aged 75-84 years, 2014 mid year
Source	ONS © Crown Copyright 2015
Unit	Percentage
Definition	Population aged 75-84 years as a percentage of total population
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Resident population 75-84. Output Area or Lower Layer Super Output Area population estimates for single years of age aggregated to total populations and populations aged 75-84 for each level of geography.
Denominator	Total resident population. Geographical lookup tables obtained from ONS Geography. Population aged 75-84 expressed as a percentage of total population.
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	Percentages rounded to 1 decimal place. No suppression required - no counts below 5.
Rationale	This demographic indicator shows the proportion of the population that are aged 75-84, and so can be used when considering older people's health and need for services.
Limits of use	Non-commercial use only. Any re-use of these data must carry recognition of Crown Copyright and acknowledge the Office for National Statistics as the data source.

Indicator name	Population aged 85and over
Indicator full name	% population aged 85 years and over, 2014 mid year
Source	ONS © Crown Copyright 2015
Unit	Percentage
Definition	Population aged 85 and over as a percentage of total population
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Resident population aged 85 and over. Output Area or Lower Layer Super Output Area population estimates for single years of age aggregated to total populations and populations aged 85 and over for each level of geography.
Denominator	Total resident population. Geographical lookup tables obtained from ONS Geography. Population aged 85 and over expressed as a percentage of total population.
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	Percentages rounded to 1 decimal place. No suppression required - no counts below 5.
Rationale	This demographic indicator shows the proportion of the population that are aged 85 or over, and so can be used when considering older people's health and need for services.
Limits of use	Non-commercial use only. Any re-use of these data must carry recognition of Crown Copyright and acknowledge the Office for National Statistics as the data source.

Indicator name	Non 'White UK' population
Indicator full name	% of people stating their ethnicity as from a Non white UK group, 2011
Source	ONS Census, 2011
Unit	Percentage
Definition	Number of people stating their ethnicity as not White UK (not White: English/Welsh/Scottish/Northern Irish/British) as a percentage of the total number of respondents to the question.
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Population ethnicity counts were taken from NOMIS via Wizard query -> 2011 Census Quick Statistics -> 2011 census qs201ew - ethnic group. The data is provided broken down by eighteen ethnic categories. The indicator was calculated by aggregating non-White UK categories. Non white UK populations were calculated by aggregating up Output Area, Lower Super Output Area and Middle Super Output Area level data.
Denominator	Total resident population. Population ethnicity counts were taken from NOMIS via Wizard query -> 2011 Census Quick Statistics -> 2011 census qs201ew - ethnic group.
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	Percentages rounded to 1 decimal place. ONS employs two strategies for protecting the confidentiality of individuals within the 2011 Census data: targeted record swapping and restriction of detail, particularly at low level geographies. Full details can be found in the 2011 Census User Guide: http://www.ons.gov.uk/ons/guide-method/census/2011/census-data/2011-census-user-guide/quality-and methods/methods/statistical-disclosure-control-methods/index.html
Rationale	The population whose ethnicity is not White UK has continued to increase from the 2001 Census to the 2011 Census, both in terms of number and proportion, in most areas in England. This makes it an important social and health care policy issue in terms of service delivery.
Limits of use	Non-commercial use only.

Indicator name	Not Born in UK
Indicator full name	% of population Not Born in UK, 2011
Source	ONS Census, 2011
Unit	Percentage
Definition	Number of people not born in UK as a percentage of the total number of respondents to the question.
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Number of people who indicated that they were not born in UK in Census 2011
Denominator	Total resident population from ONS Census, 2011.
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	Percentages rounded to 1 decimal place.
Rationale	The proportion of population not born in UK is an important social and health care policy issue in terms of service delivery.
Limits of use	Non-commercial use only.

Domain 2: Lifestyle

Indicator Name
Teenage Deliveries
Drugs
Obese Children – Reception Year
Children with excess weight – Reception Year
Obese Children – Year Six
Children with excess weight –Year Six
Regular smokers aged 11-15
Adult smokers

Indicator name	Teenage deliveries
Indicator full name	Percentage of delivery episodes, where the mother is aged under 18 years from 2008/09-2012/13
Source	Hospital Episode Statistics (HES)
Unit	Percentage
Definition	Percentage of delivery episodes, where the mother is aged 12 - 17 years from 2008/09-2012/13
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Total number of maternal episodes, mother aged between 12 and 17 years, where the episode type is '2' (delivery episode) or '5' (other delivery event), and where the actual place of delivery is not '1' (at a domestic address), '5' (in a private hospital) or '6' (in another hospital or institution)
Denominator	Total number of maternal episodes where the episode type is '2' (delivery episode) or '5' (other delivery event), and where the actual place of delivery is not '1' (at a domestic address), '5' (in a private hospital) or '6' (in another hospital or institution)
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	For MSOA level low counts (numbers below 6) have been suppressed. Secondary suppression has then been applied to prevent disclosure by differencing. 0 is shown only when the true value is 0. Percentages rounded to 1 decimal place.
Rationale	"Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, abortions represent an avoidable cost to the NHS. And while for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty. Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.
Caveats	Ward and CCG estimates were produced using the MSOA level data

	and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for those aged 12-17.
Limits of use	Hospital Episode Statistics (HES) Copyright © 2014, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Drugs
Indicator full name	Rate of drugs offences - 2013/14
Source	GLA ward Profile and Metropolitan Police Service
Unit	Rate per 1000
Definition	Rate of drug offences per 1000 population
Methodology	Numerator divided by denominator multiplied by 1000
Numerator	Count of drug offences
Denominator	Total Population
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	Percentages rounded to 1 decimal place.
Rationale	Drug offences are the only available data at ward level which could be used as a proxy for drug use. Individuals using drugs are more likely to have a significant deterioration in health and well-being in terms of reduced longevity, increased risk of blood-borne virus transmission, poor parenting skills and poor physical and psychological health.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://files.datapress.io/london/dataset/ward-profiles-and-atlas/ward-profiles-excel-version.xls

Indicator name	Obese Children - Reception Year
Indicator full name	% of measured children in Reception Year who were classified as obese, 2011/12-2013/14
Source	PHE Obesity Knowledge and Intelligence Network
Unit	Percentage
Definition	Number of children in Reception Year classified as obese as a percentage of all children measured
Methodology	Numerator divided by denominator multiplied by 100. The data for all of the geographic areas are based on the child's LSOA of residence;
Numerator	Number of children in Reception Year that were measured and classified as obese
Denominator	Total number of children in Reception Year that were measured
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	Where only 1 to 5 children are obese, the numerator data have been supressed in accordance with the HSCIC's recommendations. If no other MSOA/ward within the LA has been supressed due to small numbers then the next lowest value in the LA has been suppressed to prevent disclosure from differencing. Additionally, values (for obesity prevalence) have been suppressed where the number of overweight or the number of obese children can be differenced from the obese and excess weight values. Denominators with values less than 50 child measurements across all three years have been suppressed to keep confidence limits at less than +/- 10%. No additional suppression has been applied. LA data for Isles of Scilly have been combined with Cornwall and City of London with Hackney in accordance with the HSCIC's recommendations.
Rationale	To estimate and monitor prevalence of obesity in children. To help reduce the prevalence of childhood obesity; inform planning and delivery of services for children; ensure the proper targeting of resources to tackle obesity.
Caveats	The source data for this indicator was produced at LSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011) no data have been presented for the area.

	CCG estimates were produced using the MSOA level data and the sum of the mid-2010, mid-2011 and mid-2012 populations for those aged 4-5.
Limits of use	Non-commercial use only
Links to data source	https://www.noo.org.uk/

Indicator name	Children with excess weight - Reception Year
Indicator full name	% of measured children in Reception Year who were classified as overweight or obese, 2011/12-2013/14
Source	PHE Obesity Knowledge and Intelligence Network
Unit	Percentage
Definition	Number of children in Reception Year classified as overweight or obese as a percentage of all children measured
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Number of children in Reception Year that were measured and classified as overweight or obese
Denominator	Total number of children in Reception Year that were measured
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	Where only 1 to 5 children are overweight or obese, the numerator data have been supressed in accordance with the HSCIC's recommendations. If no other MSOA/Ward within the LA has been supressed due to small numbers then the next lowest value in the LA has been suppressed to prevent disclosure from differencing. Additionally, values (for obesity prevalence) have been suppressed where the number of overweight or the number of obese children can be differenced from the obese and excess weight values. Denominators with values less than 50 child measurements across all three years have been suppressed. LA data for Isles of Scilly have been combined with Cornwall and City of London with Hackney in accordance with the HSCIC's recommendations.
Rationale	To estimate and monitor prevalence of obesity in children. To help reduce the prevalence of childhood obesity; inform planning and delivery of services for children; ensure the proper targeting of resources to tackle obesity.
Caveats	The source data for this indicator was produced at LSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011) no data have been presented for the area. CCG estimates were produced using the MSOA level data and the sum of the mid-2010, mid-2011 and mid-2012 populations for those aged

	4-5.
Limits of use	Non-commercial use only
Links to data source	https://www.noo.org.uk/

Indicator name	Obese Children - Year 6
Indicator full name	% of measured children in Year 6 who were classified as obese, 2011/12-2013/14
Source	PHE Obesity Knowledge and Intelligence Network
Unit	Percentage
Definition	Number of children in Year 6 classified as obese as a percentage of all children measured
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Number of children in year 6 that were measured and classified as obese
Denominator	Total number of children in year 6 that were measured
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	Where only 1 to 5 children are obese, the numerator data have been supressed in accordance with the HSCIC's recommendations. If no other MSOA/ward within the LA has been supressed due to small numbers then the next lowest value in the LA has been suppressed to prevent disclosure from differencing. Additionally, values (for obesity prevalence) have been suppressed where the number of overweight or the number of obese children can be differenced from the obese and excess weight values. Denominators with values less than 50 child measurements across all three years have been suppressed to keep confidence limits at less than +/- 10%. No additional suppression has been applied. LA data for Isles of Scilly have been combined with Cornwall and City of London with Hackney in accordance with the HSCIC's recommendations.
Rationale	To estimate and monitor prevalence of obesity in children. To help reduce the prevalence of childhood obesity; inform planning and delivery of services for children; ensure the proper targeting of resources to tackle obesity.
Caveats	The source data for this indicator was produced at LSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011) no data have been presented for the area. CCG estimates were produced using the MSOA level data and the sum

	of the mid-2010, mid-2011 and mid-2012 populations for those aged 10-11.
Limits of use	Non-commercial use only
Links to data source	https://www.noo.org.uk/

Indicator name	Children with excess weight - Year 6
Indicator full name	% of measured children in Year 6 who were classified as overweight or obese, 2011/12-2013/14
Source	PHE Obesity Knowledge and Intelligence Network
Unit	Percentage
Definition	Number of children in Year 6 classified as overweight or obese as a percentage of all children measured
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Number of children in year 6 that were measured and classified as obese
Denominator	Total number of children in year 6 that were measured
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	Where only 1 to 5 children are overweight or obese, the numerator data have been supressed in accordance with the HSCIC's recommendations. If no other MSOA/Ward within the LA has been supressed due to small numbers then the next lowest value in the LA has been suppressed to prevent disclosure from differencing. Additionally, values (for obesity prevalence) have been suppressed where the number of overweight or the number of obese children can be differenced from the obese and excess weight values. Denominators with values less than 50 child measurements across all three years have been suppressed. LA data for Isles of Scilly have been combined with Cornwall and City of London with Hackney in accordance with the HSCIC's recommendations.
Rationale	To estimate and monitor prevalence of obesity in children. To help reduce the prevalence of childhood obesity; inform planning and delivery of services for children; ensure the proper targeting of resources to tackle obesity.
Caveats	The source data for this indicator was produced at LSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011) no data have been presented for the area. CCG estimates were produced using the MSOA level data and the sum of the mid-2010, mid-2011 and mid-2012 populations for those aged 10-11.
Limits of use	Non-commercial use only
Links to data source	https://www.noo.org.uk/

Indicator name	Regular smokers aged 11-15
Indicator full name	Modelled prevalence of people aged 11-15 who are regular smokers, 2009-2012
Source	Department of Geography, University of Portsmouth and Geography and Environment, University of Southampton
Unit	Percentage
Definition	Modelled prevalence of people aged 11-15 who are regular smokers, 2009-2012
Methodology	Multilevel logistic models were developed to investigate the simultaneous influence of individual and area characteristics on smoking outcomes. The resultant equations from these models were then used in a predictive framework to estimate likely levels of smoking using population counts from the UK Census and ONS small area population estimates. The calculation of smoking estimates was based on the technique of multilevel small area synthetic estimation as explained in: . Twigg, L., G. Moon and K. Jones (2000). "Predicting small-area health-related behaviour: a comparison of smoking and drinking indicators." Social Science and Medicine, 50, 1109-1120. . Twigg, L. and G. Moon (2002). "Predicting small area health-related behaviour: a comparison of multilevel synthetic estimation and local survey data." Social Science & Medicine, 54(6), 931-937.
Numerator	Estimate of likely levels of smoking in people aged 11-15using above methodology
Denominator	Population counts from the UK Census and ONS small area population estimates.
Confidence Limits	Monte Carlo Markov Chain (MCMC) estimation was used to calculate 95% upper and lower credible intervals around the prevalence estimates.
Rounding/Suppression/ Disclosure Control	Percentages rounded to 1 decimal place. No suppression required.
Rationale	The Tobacco Control Plan (March 2011) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213757/dh_124960.pdf highlights the importance of reducing the number of young people taking up smoking, as it is "an addiction largely taken up in childhood and adolescence". One of the three national ambitions set out in the document was to reduce rates of 15 year old regular smokers to 12% by 2015.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Adults smokers
Indicator full name	Percentage of the population aged 16+ who are regular smokers, 2014
Source	ASH Ready reckoner, 2014
Unit	Percentage
Definition	The estimated percentage of the population aged 16+ who are regular smokers.
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Synthetic estimate of number of smokers produced based upon the socio-economic makeup of a ward and the smoking prevalence of the local authority in which each ward sits.
Denominator	Total population aged 16 years and over
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	Percentages rounded to 2 decimal place.
Rationale	The Tobacco Control Plan (March 2011) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213757/dh_124960.pdf highlights the importance of reducing the number of young people taking up smoking, as it is "an addiction largely taken up in childhood and adolescence". One of the three national ambitions set out in the document was to reduce rates of 15 year old regular smokers to 12% by 2015.
Caveats	
Limits of use	Non-commercial use only
Links to data source	ash.org.uk/localtoolkit/docs/Reckoner.xls

Domain 3: Wider Determinants

Indicator Name
Deprivation – IMD 2015
Fertility Rate
Low Birth Weight
Child Poverty (IDACI) – IMD 2015
Child Development at age 5
GCSE Achievement (5A*-C inc. Eng. & Maths)
Unemployment
Long-term unemployment
Older people living in deprivation (IDAOPI) - IMD 2015
Household median income
Households owned
Households social rented
Households private rented
Key out-of-work benefits (working age client group)
Housing benefit
Dependent children (0-18) in out-of-work households
Households with no adults in employment with dependent children
Total Crime

Indicator name	Deprivation - IMD 2015
Indicator full name	% living in income deprived households reliant on means tested benefit, Income domain score from the Indices of Deprivation, 2015
Source	Department of Communities and Local Government, 2015
Unit	Percentage
Definition	The percentage of the population living in low income families reliant on means tested benefits.
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Value of IMD Income Domain score applied to mid-2014 population estimates to obtain numerator estimates (estimated number of people living in low income families) for each LSOA - Lower layer super output area numerator estimates
Denominator	Population estimates for single years of age aggregated to total populations for MSOAs, Local Authorities and England using geographical lookup tables obtained from ONS Geography
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	Based on published rounded IMD data and population counts, none of which are under 5.
Rationale	This indicator is a measure of deprivation in the area. The difference in deprivation between areas is a major determinant of health inequality in the United Kingdom. Many studies and analyses have demonstrated the association of increasingly poor health with increasing deprivation. For instance, all cause mortality, smoking prevalence, self-reported long standing illness are all correlated with deprivation. If deprivation inequalities decrease, health inequalities are likely to decrease also.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the total population from the 2011 Census. Ward and CCG estimates were produced using the MSOA level data and the mid-2014 populations for all ages.
Limits of use	Non-profit uses only
Links to data source	

Indicator name	Fertility Rate
Indicator full name	Crude fertility rate, 2008-2012
Source	ONS © Crown Copyright 2013
Unit	Rate/1,000 female pop aged 15-44
Definition	Total live births that occurred in the period per 1000 females aged 15-44
Methodology	Numerator divided by denominator multiplied by 1000
Numerator	Total births with a date of birth between 1st January 2008 and 31st December 2012. Births were allocated to the relevant OAs using the Postcode Grid February 2014, higher level geographies were then derived from these. Births were omitted where no postcode was recorded. Postcode SW115LN' input errors were corrected to SW115LN.
Denominator	Females aged 15-44 during 2008-2012 (5 year aggregated population).
Confidence Limits	Confidence Limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals have been calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals.
Rounding/Suppression/ Disclosure Control	No suppression required. Rates rounded to 1 decimal place.
Rationale	Understanding the demography of the area will help with planning of appropriate services.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the total population from the 2011 Census. Ward and CCG estimates were produced using the MSOA level data and the mid-2014 populations for all ages.
Limits of use	Non-profit uses only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Low Birth Weight
Indicator full name	% of all live and still births recorded with birth weight less than 2500 grams, 2008-2012
Source	ONS © Crown Copyright 2013
Unit	Percentage
Definition	Proportion of all live and still births which have valid birth weight recorded with birth weight less than 2500 grams (excluding zero weight). The figures presented here are expressed as percentages of total births with a stated birth weight.
Methodology	Numerator divided by denominator multiplied by 100
Numerator	The number of live and still births occurring in between 1st January 2008 and 31st December 2012 with a stated birth weight greater than 0 and less than 2500 grams for all maternal ages. . Postcode SW115LN' input errors were corrected to SW115LN.
Denominator	All live and still births occurring in the year with a valid stated birth weight for all maternal ages.
Confidence Limits	Confidence Limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals have been calculated using the method for a confidence interval of a proportion as described by R.G. Newcombe. (Newcombe, RG (1998). Two-sided confidence intervals for the single proportion: comparison of seven methods. Stat Med;17:857-72.)
Rounding/Suppression/ Disclosure Control	Counts of less than 3 have been suppressed. In order to prevent disclosure by differencing, the next lowest count within the same local authority has also been suppressed. Percentages rounded to 1 decimal place.
Rationale	Low birth weight babies are associated with poorer long-term health and educational outcomes.
Caveats	Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for those aged under 1.
Limits of use	Non-profit uses only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Child poverty (IDACI)-IMD 2015
Indicator full name	% aged 0-15 living in income deprived households, Income Deprivation Affecting Children Index, 2015
Source	Department of Communities and Local Government, 2015
Unit	Percentage
Definition	Children 0–15 living in income-deprived households as a percentage of all children 0–15..
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Value of IMD IDACI score applied to mid-2009 population estimates (estimated number of children living in households) for each LSOA. Income-deprived households defined as households either a) receiving IS/JSA-IB/PC or b) not in receipt of these benefits but in receipt of WTC/CTC with an equivalised income below 60 per cent of the national median before housing costs. Lower layer super output area estimates and population estimates for single years of age aggregated to total populations for MSOAs, Local Authorities and England using geographical lookup tables obtained from ONS Geography.
Denominator	Population estimates for single years of age aggregated to children populations for MSOAs, Local Authorities and England using geographical lookup tables obtained from ONS Geography
Confidence Limits	Confidence Limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is a 95% chance of the true result lying. Confidence intervals have been calculated using the Wilson Score method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. The confidence intervals do not reflect potential inaccuracy in the original IDACI estimates, but reflect the standard random variation present when applying proportional estimates to particular populations.
Rounding/Suppression/ Disclosure Control	Based on published rounded IMD data and population counts, none of which are under 5.
Rationale	This indicator is a measure of children living in poverty. Growing up in poverty damages children's health and well-being, adversely affecting their future health and life chances as adults. Ensuring a good environment in childhood, especially early childhood, is important. A considerable body of evidence links adverse childhood circumstances to poor child health outcomes and future adult ill health.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the population aged under 16 from the 2011 Census.

	Ward and CCG estimates were produced using the MSOA level data and the mid-2010 populations for those aged 0-15.
Limits of use	Non-profit uses only
Links to data source	

Indicator name	Child Development at age 5
Indicator full name	% of pupils achieving a good level of development at age 5, 2011/12
Source	Department for Education
Unit	Percentage
Definition	The percentage of children with a good level of development: 78 points across all 13 EYFSP scales (including a minimum number in particular areas of learning and development) at the end of the academic year in which they turn 5 by pupil residency.
Methodology	Numerator divided by denominator multiplied by 100.
Numerator	The number of children with a good level of development: 78 points across all 13 EYFSP scales (including a minimum number in particular areas of learning and development) at the end of the academic year in which they turn 5.
Denominator	The total number of pupils turning 5 by end of the academic year.
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions.
Rounding/Suppression/ Disclosure Control	For MSOA level low counts (numbers below 3) have been suppressed. Secondary suppression has then been applied to prevent disclosure by differencing. 0 is shown only when the true value is 0. Percentages rounded to 1 decimal place. Please note, the national figures in the table cover pupils eligible for assessment at EYFSP resident in England or with a missing or invalid postcode (i.e. they only exclude pupils known not to be resident in England). Therefore local figures will not sum up to the national figures.
Rationale	The highest priority in the Marmot Review was the aim to give every child the best start in life, as this is crucial to reducing health inequalities across the life course. As the foundations of human development are laid in early childhood, the review proposed an indicator of readiness for school to capture early years development. While there is currently no ideal indicator for this, the percentage of children achieving a good level of development at age 5 provides a readily available measure of early development across England.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the mid-2011 population aged 5. Ward and CCG estimates were produced using the MSOA level data and the mid-2011 populations for those aged 5.
Limits of use	Non-profit uses only

Indicator name	GCSE Achievement (5A*-C inc. Eng & Maths)
Indicator full name	% of pupils achieving 5 GCSE grades of A*-C including English and Maths, 2011/12
Source	Department for Education
Unit	Percentage
Definition	Pupils achieving 5 or more GCSEs at grades A*-C (including English and Maths) or equivalent, percentage of pupils at end of Key Stage 4 in schools maintained by the Local Authority, at the end of the academic year 2011/12, persons.
Methodology	Numerator divided by denominator multiplied by 100.
Numerator	The number of pupils achieving 5 or more A*-C grades at GCSE or equivalent including English and mathematics GSCEs
Denominator	The total number of pupils
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	For MSOA level Low counts (numbers below 3) have been suppressed. Secondary suppression has then been applied to prevent disclosure by differencing. 0 is shown only when the true value is 0. Percentages rounded to 1 decimal place. Please note, pupils recently arrived from overseas whose first language is not English and who entered school for the first time after the start of the 2009/10 academic year are excluded from local figures. They are however included in the national figures. The national figures in the table also cover pupils at the end of Key Stage 4 resident in England or with a missing or invalid postcode (i.e. they only exclude pupils known not to be resident in England). Therefore local figures will not sum up to the national figures.
Rationale	**:** Educational attainment is influenced by both the quality of education children receive and their family's socio-economic circumstances. Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. These are related to health and health inequalities.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the mid-2011 population aged 15-16.

	Ward and CCG estimates were produced using the MSOA level data and the mid-2011 populations for those aged 15-16.
Limits of use	Non-profit uses only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Unemployment
Indicator full name	% of the working age population who are claiming out of work benefit, 2012/13
Source	NOMIS Labour Market Statistics
Unit	Percentage
Definition	Claimant rate: Percentage of the working age population who are claiming out of work benefit
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Average monthly number of persons who, in the months April 2012-March 2013 inclusive, were claiming out of work benefit
Denominator	Population aged 16-64 in mid-2012
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. See: Technical Briefing 3: Commonly used public health measures and their confidence intervals (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	For MSOA level Low counts (numbers below 3) have been suppressed. Secondary suppression has then been applied to prevent disclosure by differencing. 0 is shown only when the true value is 0. Percentages rounded to 1 decimal place. Please note, pupils recently arrived from overseas whose first language is not English and who entered school for the first time after the start of the 2009/10 academic year are excluded from local figures. They are however included in the national figures. The national figures in the table also cover pupils at the end of Key Stage 4 resident in England or with a missing or invalid postcode (i.e. they only exclude pupils known not to be resident in England). Therefore local figures will not sum up to the national figures.
Rationale	There is strong evidence to suggest that work is generally good for physical and mental health and wellbeing, taking into account the nature and quality of work and its social context, and that worklessness is associated with poorer physical and mental health.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the mid 2012 population aged 16-64 estimated from the 2011 Census. The Local Authority data was generated separately using NOMIS query at LA geography level.
Limits of use	Non-profit uses only
Links to data source	

Indicator name	Long Term Unemployment
Indicator full name	Average monthly claimants who have been claiming for more than 12 months, crude rate, 2012/13
Source	NOMIS Labour Market Statistics
Unit	Rate/1,000 working age population
Definition	Average monthly claimants of jobseekers allowance who have been claiming for more than 12 months, proportion expressed as rate per 1000 of the working age population
Methodology	Numerator divided by denominator multiplied by 1000
Numerator	Average monthly number of persons who, in the months April 2012-March 2013 inclusive, had been claiming jobseekers allowance for more than 12 months
Denominator	Population aged 16-64 in mid-2012
Confidence Limits	95% Confidence intervals calculated using the Wilson Score method, see: Technical Briefing 3: Commonly used public health measures and their confidence intervals (http://www.apho.org.uk/resource/view.aspx?RID=48457).
Rounding/Suppression/ Disclosure Control	NOMIS numerator data are rounded to the nearest 5. Due to rounding, values for higher geographies may not match the sum of the constituent lower geographies. Percentages rounded to 1 decimal place.
Rationale	There is strong evidence to suggest that work is generally good for physical and mental health and wellbeing, taking into account the nature and quality of work and its social context, and that worklessness is associated with poorer physical and mental health.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the mid 2012 population aged 16-64 estimated from the 2011 Census. The Local Authority data was generated separately using NOMIS query at LA geography level. Ward and CCG estimates were produced using the MSOA level data and the mid-2012 populations for those aged 16-64.
Limits of use	Non-commercial use only
Links to data source	

Indicator name	Older people living in deprivation (IDAOPI)-IMD 2015
Indicator full name	% of people aged over 60 who live in pension credit households, Income Deprivation Affecting Older People Index, 2015
Source	Department of Communities and Local Government, 2015
Unit	Percentage
Definition	Adults aged 60 or over living in pension credit (guarantee) households as a percentage of all adults aged 60 or over.
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Value of IMD IDAOPI score applied to mid-2009 population estimates (estimated number of adults living in pension credit (guarantee) households) for each LSOA. Lower layer super output area numerator estimates and population estimates for single years of age aggregated to total populations for MSOAs, Local Authorities and England using geographical lookup tables obtained from ONS Geography.
Denominator	Population estimates of adults aged 60 or over
Confidence Limits	Confidence Limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is a 95% chance of the true result lying. Confidence intervals have been calculated using the Wilson Score method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. The confidence intervals do not reflect potential inaccuracy in the original IDAOPI estimates, but reflect the standard random variation present when applying proportional estimates to particular populations.
Rounding/Suppression/ Disclosure Control	Based on published rounded IMD data and population counts, none of which are under 5.
Rationale	This indicator is a measure of older people living in poverty. Although there are no national targets the Government aims to tackle poverty and promote greater independence and well-being in later life. Patients living in more deprived areas have greater need for health services.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the population aged 60+ from the 2011 Census. Ward and CCG estimates were produced using the MSOA level data and the mid-2010 populations for those aged 60+.
Limits of use	Non-profit uses only
Links to data source	

Indicator name	Household median income
Indicator full name	Modelled gross unequivalised annual household median income
Source	GLA Ward Atlas
Unit	£
Definition	The income in the middle of the list after sorting income is order.
Methodology	Data was modelled based on NS-SEC of people based on HRP (Census), Median house prices (land registry), Household deprivation (Census), Child Poverty Data (HMRC), and ONS income estimates. Each of these factors was turned into a score to make them directly comparable and then given a weighting as follows: NS-SEC (25%), House Prices (25%), Household deprivation (20%), Child Poverty (15%), and Income estimates (15%). The combined totals of these factors were compared with the London average to give a modelled income figure for each. Additional data from the Annual Survey of Hours and Earnings and the Survey of Personal Incomes, were used to increase reliability at borough level. Small adjustments were made based on this data.
Numerator	None
Denominator	None
Confidence Limits	No confidence limits
Rounding/Suppression/ Disclosure Control	
Rationale	This indicator is a measure of deprivation in the area. The difference in deprivation between areas is a major determinant of health inequality in the United Kingdom. Many studies and analyses have demonstrated the association of increasingly poor health with increasing deprivation. For instance, all cause mortality, smoking prevalence, self-reported long standing illness are all correlated with deprivation. If deprivation inequalities decrease, health inequalities are likely to decrease also.
Caveats	
Limits of use	Non-profit uses only
Links to data source	

Indicator name	Households Owned
Indicator full name	Proportion of households owned, 2011
Source	ONS Census 2011 and GLA
Unit	Percentage
Definition	Number of households owned as a percentage of all households. Households owned includes owned or shared ownership, owned outright or owned with a mortgage or loan or shared ownership
Methodology	Numerator divided by denominator multiplied by 1000
Numerator	Number of households owned through own or shared ownership, owned outright or owned with a mortgage or loan or shared ownership. Census tables extracted from NOMIS (https://www.nomisweb.co.uk/census/2011/data_finder)
Denominator	Total number of households
Confidence Limits	95% confidence limits were calculated by Havering Public Health Intelligence team using the Wilson Score method, See: PHE Technical Briefing 3: Commonly used public health measures and their confidence intervals (www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	Percentages are rounded to 1 decimal place.
Rationale	Housing tenure has an association with longevity and with a number of measures of health. It is linked to deprivation as it shows the number of people that live in poor living conditions such as homes that are in serious disrepair or homes that are energy inefficient, and those households living in temporary accommodation. Many studies and analyses have demonstrated the association of increasingly poor health with increasing deprivation. For instance, all because mortality, smoking prevalence, self-reported long standing illness are all correlated with deprivation. If deprivation inequalities decrease, health inequalities are likely to decrease also.
Caveats	
Limits of use	Non-commercial use only
Links to data source	

Indicator name	Households Social Rented
Indicator full name	Proportion of households social rented, 2011
Source	ONS Census 2011 and GLA
Unit	Percentage
Definition	Number of households social rented as a percentage of all households.
Methodology	Numerator divided by denominator multiplied by 1000
Numerator	Number of households social rented from Census tables extracted from NOMIS (https://www.nomisweb.co.uk/census/2011/data_finder)
Denominator	Total number of households
Confidence Limits	95% confidence limits were calculated by Havering Public Health Intelligence team using the Wilson Score method, See: PHE Technical Briefing 3: Commonly used public health measures and their confidence intervals (www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	Percentages are rounded to 1 decimal place.
Rationale	Housing tenure has an association with longevity and with a number of measures of health. It is linked to deprivation as it shows the number of people that live in poor living conditions such as homes that are in serious disrepair or homes that are energy inefficient, and those households living in temporary accommodation. Many studies and analyses have demonstrated the association of increasingly poor health with increasing deprivation. For instance, all because mortality, smoking prevalence, self-reported long standing illness are all correlated with deprivation. If deprivation inequalities decrease, health inequalities are likely to decrease also.
Caveats	
Limits of use	Non-commercial use only
Links to data source	

Indicator name	Households Private Rented
Indicator full name	Proportion of households private rented, 2011
Source	ONS Census 2011 and GLA Ward Atlas
Unit	Percentage
Definition	Number of households private rented as a percentage of all households.
Methodology	Numerator divided by denominator multiplied by 1000
Numerator	Number of households private rented from Census tables extracted from NOMIS (https://www.nomisweb.co.uk/census/2011/data_finder)
Denominator	Total number of households
Confidence Limits	95% confidence limits were calculated by Havering Public Health Intelligence team using the Wilson Score method, See: PHE Technical Briefing 3: Commonly used public health measures and their confidence intervals (www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	Percentages are rounded to 1 decimal place.
Rationale	Housing tenure has an association with longevity and with a number of measures of health. It is linked to deprivation as it shows the number of people that live in poor living conditions such as homes that are in serious disrepair or homes that are energy inefficient, and those households living in temporary accommodation. Many studies and analyses have demonstrated the association of increasingly poor health with increasing deprivation. For instance, all because mortality, smoking prevalence, self-reported long standing illness are all correlated with deprivation. If deprivation inequalities decrease, health inequalities are likely to decrease also.
Caveats	
Limits of use	Non-commercial use only
Links to data source	

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Indicator name	Key out-of-work benefits (working age client group)
Indicator full name	Proportion of working age population receiving key out-of-work benefits,
Source	GLA Ward Atlas and NOMIS
Unit	Percentage
Definition	Population receiving key out-of-work benefits as a percentage of working age population.
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Working age population (aged 16-64 years) receiving key out-of-work benefits in 2014
Denominator	Total working age population (aged 16-64 years)
Confidence Limits	95% confidence limits were calculated by Havering Public Health Intelligence team using the Wilson Score method, See: PHE Technical Briefing 3: Commonly used public health measures and their confidence intervals (www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	Percentages are rounded to 1 decimal place.
Rationale	This indicator is a measure of deprivation in the area. The difference in deprivation between areas is a major determinant of health inequality in the United Kingdom. Many studies and analyses have demonstrated the association of increasingly poor health with increasing deprivation. For instance, all cause mortality, smoking prevalence, self-reported long standing illness are all correlated with deprivation. If deprivation inequalities decrease, health inequalities are likely to decrease also.
Caveats	
Limits of use	Non-commercial use only
Links to data source	

Indicator name	Housing benefit
Indicator full name	Proportion of population receiving housing benefit
Source	GLA Ward Atlas
Unit	Rate per 100 people aged 18 and over
Definition	Number of households who, as of 31 May each year, were receiving housing benefit as a percentage of the total population
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Number of people who, as of 31 May each year, were receiving housing benefit
Denominator	Total population aged 18 and over
Confidence Limits	95% confidence limits were calculated by Havering Public Health Intelligence team using the Wilson Score method, See: PHE Technical Briefing 3: Commonly used public health measures and their confidence intervals (www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	Percentages are rounded to 1 decimal place.
Rationale	This indicator is a measure of deprivation in the area. The difference in deprivation between areas is a major determinant of health inequality in the United Kingdom. Many studies and analyses have demonstrated the association of increasingly poor health with increasing deprivation. For instance, all cause mortality, smoking prevalence, self-reported long standing illness are all correlated with deprivation. If deprivation inequalities decrease, health inequalities are likely to decrease also.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://files.datapress.io/london/dataset/ward-profiles-and-atlas/ward-profiles-excel-version.xls

Indicator name	Dependent children (0-18) in out-of-work households
Indicator full name	Proportion of children living in households where a parent or guardian claimed out-of-work benefits.
Source	GLA Ward Atlas
Unit	Percentage
Definition	Number of children living in households where a parent or guardian claimed out-of-work benefits as a percentage of all children in the age group.
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Number of dependent children who, as of 31 May each year, were living in households where a parent or guardian claimed out-of-work benefits
Denominator	Projected mid-year population aged 16-64
Confidence Limits	95% confidence limits were calculated by Havering Public Health Intelligence team using the Wilson Score method, See: PHE Technical Briefing 3: Commonly used public health measures and their confidence intervals (www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	Percentages are rounded to 1 decimal place.
Rationale	This indicator is a measure of deprivation in the area. The difference in deprivation between areas is a major determinant of health inequality in the United Kingdom. Many studies and analyses have demonstrated the association of increasingly poor health with increasing deprivation. For instance, all cause mortality, smoking prevalence, self-reported long standing illness are all correlated with deprivation. If deprivation inequalities decrease, health inequalities are likely to decrease also.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://files.datapress.io/london/dataset/ward-profiles-and-atlas/ward-profiles-excel-version.xls

Indicator name	Households with no adults in employment with dependent children
Indicator full name	Proportion of households with no adults in employment with dependent children, 2011
Source	ONS Census 2011 and GLA ward profile
Unit	Percentage
Definition	Number of households with no adults in employment with dependent children as a percentage of all households.
Methodology	Numerator divided by denominator multiplied by 1000
Numerator	Number of households with no adults in employment with dependent children. Census tables extracted from NOMIS (https://www.nomisweb.co.uk/census/2011/data_finder)
Denominator	Total number of households in 2011
Confidence Limits	95% confidence limits were calculated by Havering Public Health Intelligence team using the Wilson Score method, See: PHE Technical Briefing 3: Commonly used public health measures and their confidence intervals (www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	Percentages are rounded to 1 decimal place.
Rationale	This indicator is a measure of deprivation in the area. The difference in deprivation between areas is a major determinant of health inequality in the United Kingdom. Many studies and analyses have demonstrated the association of increasingly poor health with increasing deprivation. For instance, all cause mortality, smoking prevalence, self-reported long standing illness are all correlated with deprivation. If deprivation inequalities decrease, health inequalities are likely to decrease also.
Caveats	
Limits of use	Non-commercial use only
Links to data source	

Indicator name	Total Crime
Indicator full name	Rate of all criminal offences – 2014/15
Source	GLA ward Profile and Metropolitan Police Service
Unit	Percentage
Definition	Number of crimes as a rate per 1000 population.
Methodology	Numerator divided by denominator multiplied by 1000
Numerator	Count of Total Notifiable Offences (TNO)
Denominator	GLA population projections
Confidence Limits	95% confidence limits were calculated by Havering Public Health Intelligence team using Byar's method, See: PHE Technical Briefing 3: Commonly used public health measures and their confidence intervals (www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	Percentages are rounded to 1 decimal place.
Rationale	Crime is associated with social disorganisation, low social capital, and relative deprivation and health inequalities. It has a major impact on health and well-being, affecting victims, witnesses, their families and wider communities.
Caveats	Ward data cannot be aggregated to give a borough or London total. This is because a small percentage (less than 5%) of crimes in this dataset has not been geocoded to a ward. Therefore total numbers and rates are indicative only, and are not an exact measure at ward level.
Limits of use	Non-commercial use only
Links to data source	http://files.datapress.io/london/dataset/ward-profiles-and-atlas/ward-profiles-excel-version.xls https://lass.london.gov.uk/lass/

Domain 4: Disease and Poor Health

Indicator Name
Injuries – under 5s
Emergency admissions – under 5s
A&E attendances – under 5s
Children aged under-18 admissions for injury
Emergency hospital admissions for all causes
Elective hospital admissions for all causes
Emergency hospital admissions for Coronary Heart Disease (CHD)
Elective hospital admissions for Coronary Heart Disease (CHD)
Emergency hospital admissions for stroke
Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD)
Incidence of all cancers
Incidence of breast cancer
Incidence of colorectal cancer
Incidence of lung cancer
Incidence of prostate cancer

Hospital stays for self-harm

Hospital stays for alcohol-related harm

Emergency hospital admissions for hip fracture in 65+

Limiting long term illness or disability

Indicator name	Injuries-under 5s
Indicator full name	Crude rate of hospital admissions caused by unintentional and deliberate injuries in children (aged under 5 years)
Source	Hospital Episode Statistics (HES)
Unit	Rate per 10,000
Definition	Crude rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years), per 10,000 resident population from 2008/09-2012/13 (financial years pooled)
Methodology	Numerator divided by denominator multiplied by 10000.
Numerator	The number of finished emergency admissions (admission method = 21 to 28) due to unintentional and deliberate injuries in children (aged 0-4 years) based on any mention of cause codes ICD 10: S00 - T79 or V01 - Y36. Admissions are only included if they have a valid Local Authority code.
Denominator	The MSOA population aged 0-4 based on the 2008-2012 mid year estimates.
Confidence Limits	95% confidence limits have been calculated using Byar's method. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	For MSOA level low counts (numbers below 6) have been suppressed. Secondary suppression has then been applied to prevent disclosure by differencing. 0 is shown only when the true value is 0. Percentages rounded to 1 decimal place.
Rationale	The highest priority in the Marmot Review was the aim to give every child the best start in life, as this is crucial to reducing health inequalities across the life course. As the foundations of human development are laid in early childhood, the review proposed an indicator of readiness for school to capture early years development. While there is currently no ideal indicator for this, the percentage of children achieving a good level of development at age 5 provides a readily available measure of early development across England.
Caveats	Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for those aged 0-4.
Limits of use	Hospital Episode Statistics (HES) Copyright © 2014, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Links to data source	

Indicator name	Emergency admissions-under 5s
Indicator full name	Crude rate of emergency hospital admissions caused by unintentional and deliberate injuries in children (aged under 5 years)
Source	Hospital Episode Statistics (HES)
Unit	Rate per 10,000
Definition	Crude rate of A&E admission rate per 1,000 population aged 0-4 years from 2010/11-2012/13 (financial years pooled)
Methodology	Numerator divided by denominator multiplied by 1000.
Numerator	The number of A&E admissions for all children aged 0-4 years
Denominator	MSOA population aged 0-4 based on the 2011 mid year estimate.
Confidence Limits	95% confidence limits have been calculated using Byar's method. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	For MSOA level low counts (numbers below 6) have been suppressed. Secondary suppression has then been applied to prevent disclosure by differencing. 0 is shown only when the true value is 0. Percentages rounded to 1 decimal place.
Rationale	A&E admissions in children aged under five years are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care.
Caveats	Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2010, mid-2011 and mid-2012 populations for those aged 0-4.
Limits of use	Hospital Episode Statistics (HES) Copyright © 2014, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	A&E attendances - under 5s
Indicator full name	Crude rate of A&E attendances for children (aged under 5 years),
Source	Hospital Episode Statistics (HES)
Unit	Rate per 1,000 population
Definition	Crude rate of A&E attendance rate per 1,000 population aged 0-4 years from 2010/11-2012/13 (financial years pooled)
Methodology	Numerator divided by denominator multiplied by 1000.
Numerator	The number of A&E attendances for all children aged 0-4 years
Denominator	MSOA population aged 0-4 based on the 2011 mid year estimate.
Confidence Limits	95% confidence limits have been calculated using Byar's method. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	For MSOA level low counts (numbers below 6) have been suppressed. Secondary suppression has then been applied to prevent disclosure by differencing. 0 is shown only when the true value is 0. Percentages rounded to 1 decimal place.
Rationale	A&E attendances in children aged under five years are often preventable, and commonly caused by accidental injury or by minor illnesses which could have been treated in primary care.
Caveats	Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2010, mid-2011 and mid-2012 populations for those aged 0-4.
Limits of use	Hospital Episode Statistics (HES) Copyright © 2014, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Children aged under-18 admissions for injury
Indicator full name	Hospital admissions caused by unintentional and deliberate injuries to children and young people (aged 0-17), 2006/7-2010/11
Source	Hospital Episodes Statistics (HES). Copyright © 2014. The Health and Social Care Information Centre. All rights reserved.
Unit	Crude rate/100,000 aged 0-17
Definition	Emergency hospital admissions caused by unintentional and deliberate injuries, crude rate, persons aged 0 - 17 years.
Methodology	Numerator divided by denominator multiplied by 1000.
Numerator	Observed admissions for injury; with an ICD10 external injury cause code of V01 to Y98 excluding X33 - X39 or X52 in either the cause field or the first seven diagnosis fields. Emergency admissions with an admission method of 21 - 28 and patient classification 'ordinary' (1 or 2), which are completed during the time period stated above (episode status = 3, episorder = 1). A patients area of residence is defined by the Middle Super Output Area Code (MSOA) as supplied with the HES dataset.
Denominator	Total population during the time period defined as population in year 1 plus population in year 2 etc.
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	All figures rounded to one decimal place. No suppression required as there are no counts under 6.
Rationale	Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s). The indicator is key for cross-sectoral and partnership working to reduce injuries, including child safeguarding.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the sum of the populations aged 0-17 for mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012. Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for those aged 0-17.
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Emergency hospital admissions for all causes
Indicator full name	Emergency hospital admissions for all causes, Standardised Admission Ratio, 2008/9 - 2012/13
Source	Hospital Episode Statistics (HES)
Unit	Standardised Admission Rate (SAR)
Definition	Emergency hospital admissions (all causes), indirectly age standardised ratio, all ages, persons.
Methodology	England age specific admission rates were calculated from all admission episodes with valid MSOA and age coding. Unadjusted expected admissions within each MSOA are calculated by applying age-specific admission rates for England in 08/09-12/13 to each MSOA's population. These have been adjusted to compensate for the effect of missing age codes within the National data; this methodology assumes that the age distribution within the missing data is the same as that at the National level. MSOA admissions contain all admissions for that area, irrespective of age coding (i.e. they include non valid age coding). Standardised Admission Ratio (SMR) = MSOA Observed / Adjusted MSOA Expected admissions * 100. England Expected value is the sum of all the Adjusted MSOA Expected admissions.
Numerator	Observed admissions; Emergency admissions with an admission method of 21 - 28 and patient classification 'ordinary' (1 or 2), which are completed during the time period stated above (episode status = 3, episorder = 1). A patients area of residence is defined by the Middle Super Output Area Code (MSOA) as supplied with the HES dataset.
Denominator	Expected admissions during the time period (Adjusted). Adjusted MSOA Expected values = (Unadjusted MSOA Expected values) X (Total England Observed Admissions) / (Total England Observed Admissions with valid start age)
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	All figures rounded to one decimal place. No suppression required as there are no counts under 6.
Rationale	The NHS Data Model and Dictionary defines emergency admissions as those which are 'unpredictable and at short notice because of clinical need'. This indicator allows the level of such admissions at a local level to be compared to those expected given the age structure of local populations. High levels of emergency admissions may be due to

	a variety of causes such as high levels of injury within a population or poor management of chronic conditions within primary care. It should be viewed as an indication of the levels of unplanned secondary care use within a population and care should be taken when interpreting these results.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages. Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages.
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Elective hospital admissions for all causes
Indicator full name	Elective hospital admissions for all causes, standardised admission ratio, 2008/9 - 2012/13
Source	Hospital Episodes Statistics (HES). Copyright © 2014. The Health and Social Care Information Centre. All rights reserved.
Unit	Standardised Admission Rate (SAR)
Definition	Elective hospital admissions (all causes), indirectly age standardised ratio, all ages, persons.
Methodology	England age specific admission rates were calculated from all admission episodes with valid MSOA and age coding. Unadjusted expected admissions within each MSOA are calculated by applying age-specific admission rates for England in 08/09-12/13 to each MSOA's population. These have been adjusted to compensate for the effect of missing age codes within the National data; this methodology assumes that the age distribution within the missing data is the same as that at the National level. MSOA admissions contain all admissions for that area, irrespective of age coding (i.e. they include non valid age coding). Standardised Admission Ratio (SMR) = MSOA Observed / Adjusted MSOA Expected admissions * 100. England Expected value is the sum of all the Adjusted MSOA Expected admissions.
Numerator	Observed admissions completed during the time period stated above (episode status = 3, episorder = 1). Elective admissions with an admission method of 11 - 13 and patient classification 'ordinary' (1 or 2), which are completed during the time period stated above (episode status = 3, episorder = 1). A patients area of residence is defined by the Middle Super Output Area Code (MSOA) as supplied with the HES dataset.
Denominator	Expected admissions during the time period (Adjusted). Adjusted MSOA Expected values = (Unadjusted MSOA Expected values) X (Total England Observed Admissions) / (Total England Observed Admissions with valid start age).
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	All figures rounded to one decimal place. No suppression required as there are no counts under 6.
Rationale	The NHS Data Model and Dictionary defines elective admissions as those where 'the decision to admit could be separated in time from the actual admission'. This indicator allows the level of such

	admissions at a local level to be compared to those expected given the age structure of local populations. This indicator includes admissions which originate from an inpatient waiting list, those which are booked at the time of the decision to admit and those which are part of a planned series of care. Regular day and night attenders are excluded from this activity. High levels of elective admissions may reflect high levels of need within a population or may be indicative of unsatisfactory primary healthcare. It should be viewed as an indication of the levels of scheduled secondary care use within a population and care should be taken when interpreting these results.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages. Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages.
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Emergency hospital admissions for Coronary Heart Disease (CHD)
Indicator full name	Emergency hospital admissions for coronary heart disease, standardised admission ratio, 2008/9 - 2012/13
Source	Hospital Episodes Statistics (HES). Copyright © 2014. The Health and Social Care Information Centre. All rights reserved.
Unit	Standardised Admission Rate (SAR)
Definition	Emergency hospital admissions (coronary heart disease), indirectly age standardised ratio, all ages, persons.
Methodology	England age specific admission rates were calculated from all admission episodes with valid MSOA and age coding. Unadjusted expected admissions within each MSOA are calculated by applying age-specific admission rates for England in 08/09-12/13 to each MSOA's population. These have been adjusted to compensate for the effect of missing age codes within the National data; this methodology assumes that the age distribution within the missing data is the same as that at the National level. MSOA admissions contain all admissions for that area, irrespective of age coding (i.e. they include non valid age coding). Standardised Admission Ratio (SMR) = MSOA Observed / Adjusted MSOA Expected admissions * 100. England Expected value is the sum of all the Adjusted MSOA Expected admissions.
Numerator	Observed admissions completed during the time period stated above (episode status = 3, episorder = 1). Elective admissions with an admission method of 11 - 13 and patient classification 'ordinary' (1 or 2), which are completed during the time period stated above (episode status = 3, episorder = 1). A patients area of residence is defined by the Middle Super Output Area Code (MSOA) as supplied with the HES dataset.
Denominator	Expected admissions during the time period (Adjusted). Adjusted MSOA Expected values = (Unadjusted MSOA Expected values) X (Total England Observed Admissions) / (Total England Observed Admissions with valid start age).
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	All figures rounded to one decimal place. No suppression required as there are no counts under 6.
Rationale	The NHS Data Model and Dictionary defines emergency admissions as those which are 'unpredictable and at short notice because of clinical

	need'. This indicator allows the level of such admissions at a local level to be compared to those expected given the age structure of local populations. In 2011 Coronary Heart Disease was the UK's biggest killer causing around 94,000 deaths (NHS Choices www.nhs.uk), it is therefore important to understand variation in the level of CHD in the community and the resulting demand upon local emergency services.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages. Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Elective hospital admissions for Coronary Heart Disease (CHD)
Indicator full name	Elective hospital admissions for coronary heart disease, standardised admission ratio, 2008/9 - 2012/13
Source	Hospital Episodes Statistics (HES). Copyright © 2014. The Health and Social Care Information Centre. All rights reserved.
Unit	Standardised Admission Rate (SAR)
Definition	Elective hospital admissions (coronary heart disease), indirectly age standardised ratio, all ages, persons.
Methodology	England age specific admission rates were calculated from all admission episodes with valid MSOA and age coding. Unadjusted expected admissions within each MSOA are calculated by applying age-specific admission rates for England in 08/09-12/13 to each MSOA's population. These have been adjusted to compensate for the effect of missing age codes within the National data; this methodology assumes that the age distribution within the missing data is the same as that at the National level. MSOA admissions contain all admissions for that area, irrespective of age coding (i.e. they include non valid age coding). Standardised Admission Ratio (SMR) = MSOA Observed / Adjusted MSOA Expected admissions * 100. England Expected value is the sum of all the Adjusted MSOA Expected admissions.
Numerator	Observed Coronary Heart Disease admissions; defined by a primary diagnosis (ICD10) code of I20*, I21*, I22*, I23*, I24* or I25*. Elective admissions with an admission method of 11 - 13 and patient classification 'ordinary' (1 or 2), which are completed during the time period stated above (episode status = 3, episorder = 1). A patients area of residence is defined by the Middle Super Output Area Code (MSOA) as supplied with the HES dataset.
Denominator	Expected admissions during the time period (Adjusted). Adjusted MSOA Expected values = (Unadjusted MSOA Expected values) X (Total England Observed Admissions) / (Total England Observed Admissions with valid start age).
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	All figures rounded to one decimal place. No suppression required as there are no counts under 6.
Rationale	The NHS Data Model and Dictionary defines elective admissions as those where 'the decision to admit could be separated in time from

	the actual admission'. This indicator allows the level of such admissions at a local level to be compared to those expected given the age structure of local populations. In 2011 Coronary Heart Disease was the UK's biggest killer causing around 94,000 deaths (NHS Choices www.nhs.uk), it is therefore important to understand variation in the level of CHD in the community and the resulting demand upon local secondary healthcare services. High levels of elective admissions for CHD may reflect high levels of disease within a population or may be indicative of unsatisfactory primary healthcare, care should be taken when interpreting these results.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages. Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages.
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Emergency hospital admissions for stroke
Indicator full name	Emergency hospital admissions for stroke, standardised admission ratio, 2008/9 - 2012/13
Source	Hospital Episodes Statistics (HES). Copyright © 2014. The Health and Social Care Information Centre. All rights reserved.
Unit	Standardised Admission Rate (SAR)
Definition	Emergency hospital admissions (stroke), indirectly age standardised ratio, all ages, persons.
Methodology	England age specific admission rates were calculated from all admission episodes with valid MSOA and age coding. Unadjusted expected admissions within each MSOA are calculated by applying age-specific admission rates for England in 08/09-12/13 to each MSOA's population. These have been adjusted to compensate for the effect of missing age codes within the National data; this methodology assumes that the age distribution within the missing data is the same as that at the National level. MSOA admissions contain all admissions for that area, irrespective of age coding (i.e. they include non valid age coding). Standardised Admission Ratio (SMR) = MSOA Observed / Adjusted MSOA Expected admissions * 100. England Expected value is the sum of all the Adjusted MSOA Expected admissions.
Numerator	Observed Stroke admissions; defined by a primary diagnosis (ICD10) code of I61*, I62*, I63* or I64*; Emergency admissions with an admission method of 21 - 28 and patient classification 'ordinary' (1 or 2), which are completed during the time period stated above (episode status = 3, episorder = 1). A patients area of residence is defined by the Middle Super Output Area Code (MSOA) as supplied with the HES dataset.
Denominator	Expected admissions during the time period (Adjusted). Adjusted MSOA Expected values = (Unadjusted MSOA Expected values) X (Total England Observed Admissions) / (Total England Observed Admissions with valid start age).
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3 Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	All figures rounded to one decimal place. Admission counts between 1 - 5 have been suppressed in accordance with HES Protocol Guidance as provided by the Health and Social Care Information Centre. Where it is possible to derive admission counts between 1-5 from one or more published indicators the figures have been suppressed. In each case both the admission count of 1-5 AND the next smallest MSOA

	count within the corresponding Local Authority has been suppressed.
Rationale	The NHS Data Model and Dictionary defines emergency admissions as those which are 'unpredictable and at short notice because of clinical need'. This indicator allows the level of such admissions at a local level to be compared to those expected given the age structure of local populations. In 2011 Stroke was the third largest cause of death in England (NHS Choices www.nhs.uk). Lifestyle plays a large part in the prevention of stroke with smoking, excessive alcohol use and an unhealthy diet being major risk factors. Emergency admissions are used as a proxy for the incidence of stroke and an indication of where public health interventions may be targeted for prevention of the condition.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages. Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages.
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Emergency hospital admissions for Chronic Obstructive Pulmonary Disease (COPD)
Indicator full name	Emergency hospital admissions for chronic obstructive pulmonary disease, standardised admission ratio, 2008/9 - 2012/13
Source	Hospital Episodes Statistics (HES). Copyright © 2014. The Health and Social Care Information Centre. All rights reserved.
Unit	Standardised Admission Rate (SAR)
Definition	Emergency hospital admissions (COPD), indirectly age standardised ratio, all ages, persons.
Methodology	England age specific admission rates were calculated from all admission episodes with valid MSOA and age coding. Unadjusted expected admissions within each MSOA are calculated by applying age-specific admission rates for England in 08/09-12/13 to each MSOA's population. These have been adjusted to compensate for the effect of missing age codes within the National data; this methodology assumes that the age distribution within the missing data is the same as that at the National level. MSOA admissions contain all admissions for that area, irrespective of age coding (i.e. they include non valid age coding). Standardised Admission Ratio (SMR) = MSOA Observed / Adjusted MSOA Expected admissions * 100. England Expected value is the sum of all the Adjusted MSOA Expected admissions.
Numerator	Observed COPD admissions; defined by a primary diagnosis (ICD10) code of J40*, J41*, J42*, J43* or J44*; Emergency admissions with an admission method of 21 - 28 and patient classification 'ordinary' (1 or 2), which are completed during the time period stated above (episode status = 3, episorder = 1). A patients area of residence is defined by the Middle Super Output Area Code (MSOA) as supplied with the HES dataset.
Denominator	Expected admissions during the time period (Adjusted). Adjusted MSOA Expected values = (Unadjusted MSOA Expected values) X (Total England Observed Admissions) / (Total England Observed Admissions with valid start age).
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	All figures rounded to one decimal place. Admission counts between 1 - 5 have been suppressed in accordance with HES Protocol Guidance as provided by the Health and Social Care Information Centre. Both the admission count of 1-5 AND the next smallest MSOA count within

	the corresponding Local Authority has been suppressed.
Rationale	The NHS Data Model and Dictionary defines emergency admissions as those which are 'unpredictable and at short notice because of clinical need'. This indicator allows the level of such admissions at a local level to be compared to those expected given the age structure of local populations. In 2011 COPD was one of the most common respiratory diseases in the UK, usually affecting people over the age of 35 (NHS Choices www.nhs.uk). The main risk factor for COPD is smoking, with the risk increasing the longer a person has smoked. Lifestyle changes (such as stopping smoking) can have a marked improvement on the condition and there is therefore a need to identify areas where public health interventions may be targeted for both prevention and management of the condition.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages. Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages.
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Incidence of all cancers
Indicator full name	New cases of all cancers, standardised incidence ratio, 2007-2011
Source	ONS Cancer incidence data, combining cancer registration data from all PHE cancer registration teams.
Unit	Standardised Incidence Rate (SIR)
Definition	Standardised incidence ratio for all cancers
Methodology	Indirectly age-sex standardised ratios are calculated by dividing the observed total number of new cases in the area by the expected number and multiplying by 100.
Numerator	Observed number of new cases of all cancer (ICD10 C00-C97 excluding C44)
Denominator	Expected number of new cases of all cancer (ICD10 C00-C97 excluding C44) calculated by applying age-specific registration rates for England in 2007-11 to each area's population
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	No suppression applied - no counts of less than 5. Standardised Incidence Ratios rounded to 1 decimal place.
Rationale	This indicator measures the number of new cases of cancer. Around one person in three in the UK will develop a cancer at sometime in their life.
Caveats	Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages.
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Incidence of breast cancer
Indicator full name	New cases of breast cancers, standardised incidence ratio, 2007-2011
Source	ONS Cancer incidence data, combining cancer registration data from all PHE cancer
Unit	Standardised Incidence Rate (SIR)
Definition	Standardised incidence ratio for breast cancer
Methodology	Indirectly age-sex standardised ratios are calculated by dividing the observed total number of new cases in the area by the expected number and multiplying by 100.
Numerator	Observed number of new cases of breast cancer (ICD10 C50)
Denominator	Expected number of new cases of breast cancer (ICD10 C50) calculated by applying age-specific registration rates for England in 2007-11 to each area's population.
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	MSOA level data suppressed where count of new cases is under 5. Where only one MSOA within any higher geographical area has been suppressed, the area with the next lowest count is also suppressed to prevent disclosure by differencing. Data for 15 MSOAs have been suppressed. Standardised Incidence Ratios rounded to 1 decimal place
Rationale	This indicator measures the number of new cases of breast cancer. Around one person in three in the UK will develop a cancer at sometime in their life. The most common cancers are of the breast, lung, bowel and prostate, together accounting for over half of all new cancers each year.
Caveats	Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for females of all ages.
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Incidence of colorectal cancer
Indicator full name	New cases of colorectal cancers, standardised incidence ratio, 2007-2011
Source	ONS Cancer incidence data, combining cancer registration data from all PHE cancer registration teams.
Unit	Standardised Incidence Rate (SIR)
Definition	Standardised incidence ratio for colorectal cancers
Methodology	Indirectly age-sex standardised ratios are calculated by dividing the observed total number of new cases in the area by the expected number and multiplying by 100.
Numerator	Observed number of new cases of colorectal cancer (ICD10 C18-C20)
Denominator	Expected number of new cases of colorectal cancer (ICD10 C18-C20) calculated by applying age-specific registration rates for England in 2007-11 to each area's population.
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	MSOA level data suppressed where count of new cases is under 5. Where only one MSOA within any higher geographical area has been suppressed, the area with the next lowest count is also suppressed to prevent disclosure by differencing. Data for 42 MSOAs have been suppressed. Standardised Incidence Ratios rounded to 1 decimal place.
Rationale	This indicator measures the number of new cases of bowel cancer. Around one person in three in the UK will develop a cancer at sometime in their life. The most common cancers are of the breast, lung, bowel and prostate, together accounting for over half of all new cancers each year.
Caveats	Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages..
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Incidence of lung cancer
Indicator full name	New cases of lung cancers, standardised incidence ratio, 2007-2011
Source	ONS Cancer incidence data, combining cancer registration data from all PHE cancer registration teams.
Unit	Standardised Incidence Rate (SIR)
Definition	Standardised incidence ratio for lung cancers
Methodology	Indirectly age-sex standardised ratios are calculated by dividing the observed total number of new cases in the area by the expected number and multiplying by 100.
Numerator	Observed number of new cases of all cancer new cases of lung cancer (ICD10 C33-C34)
Denominator	Expected number of new cases of lung cancer (ICD10 C33-C34) calculated by applying age-specific registration rates for England in 2007-11 to each area's population.
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	MSOA level data suppressed where count of new cases is under 5. Where only one MSOA within any higher geographical area has been suppressed, the area with the next lowest count is also suppressed to prevent disclosure by differencing. Data for 31 MSOAs have been suppressed. Standardised Incidence Ratios rounded to 1 decimal place.
Rationale	This indicator measures the number of new cases of lung cancer. Around one person in three in the UK will develop a cancer at sometime in their life. The most common cancers are of the breast, lung, bowel and prostate, together accounting for over half of all new cancers each year.
Caveats	Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages.
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Incidence of prostate cancer
Indicator full name	New cases of prostate cancers, standardised incidence ratio, 2007-2011
Source	ONS Cancer incidence data, combining cancer registration data from all PHE cancer registration teams
Unit	Standardised Incidence Rate (SIR)
Definition	Standardised incidence ratio for prostate caner
Methodology	Indirectly age-sex standardised ratios are calculated by dividing the observed total number of new cases in the area by the expected number and multiplying by 100.
Numerator	Observed number of new cases of prostate cancer (ICD10 C61)
Denominator	Expected number of new cases of prostate cancer (ICD10 C61) calculated by applying age-specific registration rates for England in 2007-11 to each area's population.
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	MSOA level data suppressed where count of new cases is under 5. Where only one MSOA within any higher geographical area has been suppressed, the area with the next lowest count is also suppressed to prevent disclosure by differencing. Data for 52 MSOAs have been suppressed. Standardised Incidence Ratios rounded to 1 decimal place.
Rationale	This indicator measures the number of new cases of prostate cancer. Around one person in three in the UK will develop a cancer at sometime in their life. The most common cancers are of the breast, lung, bowel and prostate, together accounting for over half of all new cancers each year.
Caveats	Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for males of all ages.
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Hospital stays for self harm
Indicator full name	Hospital admissions for intentional self harm, standardised admission ratio, 2008/9 - 2012/13
Source	Hospital Episodes Statistics (HES). Copyright © 2014. The Health and Social Care Information Centre. All rights reserved.
Unit	Standardised Admission Rate (SAR)
Definition	Standardised emergency admission ratio for hospital stays for intentional Self Harm, all persons.
Methodology	England age specific admission rates were calculated from all admission episodes with valid MSOA and age coding. Unadjusted expected admissions within each MSOA are calculated by applying age-specific admission rates for England in 08/09-12/13 to each MSOA's population. These have been adjusted to compensate for the effect of missing age codes within the National data; this methodology assumes that the age distribution within the missing data is the same as that at the National level. MSOA admissions contain all admissions for that area, irrespective of age coding (i.e. they include non valid age coding). Standardised Admission Ratio (SMR) = MSOA Observed / Adjusted MSOA Expected admissions * 100. England Expected value is the sum of all the Adjusted MSOA Expected admissions.
Numerator	HES episodes with the following coding: Episode status, HES field heading ""epistat"" = 3. Where 3 is a finished episode Episode Order, HES field heading ""epiorder"" = 1. Where 1 is the 1st episode Admission Method, HES field heading ""admimeth"" = Emergency (20 to 28). Where 20 to 28 are all emergency admission codes. Cause: ICD10 code X60 to X84 MSOA start with 'E'. A patients' area of residence is defined by the Middle Super Output Area Code (MSOA) as supplied with the HES dataset.
Denominator	Expected admissions during the time period (Adjusted). Adjusted MSOA Expected values = (Unadjusted MSOA Expected values) X (Total England Observed Admissions) / (Total England Observed Admissions with valid start age).
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	Counts of less than 6 have been suppressed. In order to prevent disclosure by differencing, the MSOA with the next lowest count in the same local authority has also been suppressed. Standardised admission ratios have been rounded to 1 decimal place.

Rationale	Mental health and well-being is an important aspect of public health. This indicator is a measure of intentional self-harm as it has not been possible to include a suitable indicator representing all aspects of mental health and well-being. Self-harm results in more than 98,000 inpatient admissions to hospital a year in England, 99% are emergency admissions. Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self harm.
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages. Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages.
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Hospital stays for alcohol related harm
Indicator full name	Hospital admissions for alcohol attributable conditions, standardised admission ratio, 2008/9 - 2012/13
Source	Hospital Episodes Statistics (HES). Copyright © 2014. The Health and Social Care Information Centre. All rights reserved.
Unit	Standardised Admission Rate (SAR)
Definition	Hospital admissions for alcohol-related harm, indirectly age standardised ratio, all ages, persons.
Methodology	England age specific admission rates were calculated from all admission episodes with valid MSOA and age coding. Unadjusted expected admissions within each MSOA are calculated by applying age-specific admission rates for England in 08/09-12/13 to each MSOA's population. These have been adjusted to compensate for the effect of missing age codes within the National data; this methodology assumes that the age distribution within the missing data is the same as that at the National level. MSOA admissions contain all admissions for that area, irrespective of age coding (i.e. they include non valid age coding). Standardised Admission Ratio (SMR) = MSOA Observed / Adjusted MSOA Expected admissions * 100. England Expected value is the sum of all the Adjusted MSOA Expected admissions.
Numerator	Sum of the observed alcohol attributable admissions completed during the time period stated above (episode status = 3, episorder = 1), all ordinary and day case admissions, excluding regular day and night attenders (patient classification = 1,2 or 5). Admissions to hospital where the primary diagnosis or any of the secondary diagnoses contain an alcohol-attributable condition (http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf, page 7). Children under 16 were only included if they had an alcohol-specific diagnosis i.e. where the alcohol-attributable fraction (AAF) equalled one, meaning that alcohol consumption was a contributory factor in all cases. For other conditions, the AAF estimates were not available for children. A patients area of residence is defined by the Middle Super Output Area Code (MSOA) as supplied with the HES dataset. Patients with no known address or who are recorded as having 'No fixed abode' have not been included within this indicator, therefore the total admissions for England will vary slightly to that published within the Local Alcohol Profiles (www.lape.org.uk).
Denominator	Expected admissions during the time period (Adjusted). Adjusted MSOA Expected values = (Unadjusted MSOA Expected values) X (Total England Observed Admissions) / (Total England Observed Admissions with valid start age).
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95%

	chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	
Rationale	The acute or long term effects of excessive alcohol consumption are a major cause of avoidable hospital admissions. This indicator may help to monitor likely health care burden
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages. Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for all ages.
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Emergency hospital admissions for hip fracture in 65+
Indicator full name	Emergency hospital admissions for hip fractures, persons aged 65+, standardised admission ratio, 2008/9 - 2012/13
Source	Hospital Episodes Statistics (HES). Copyright © 2014. The Health and Social Care Information Centre. All rights reserved.
Unit	Standardised Admission Rate (SAR)
Definition	Emergency hospital admissions (fracture neck of femur), indirectly age standardised ratio, 65 years and over, persons.
Methodology	England age specific admission rates were calculated from all admission episodes with valid MSOA and age coding. Unadjusted expected admissions within each MSOA are calculated by applying age-specific admission rates for England in 07/08-12/13 to each MSOA's population. These have been adjusted to compensate for the effect of missing age codes within the National data; this methodology assumes that the age distribution within the missing data is the same as that at the National level. MSOA admissions contain all admissions for that area, irrespective of age coding (i.e. they include non valid age coding). Standardised Admission Ratio (SMR) = MSOA Observed / Adjusted MSOA Expected admissions * 100. England Expected value is the sum of all the Adjusted MSOA Expected admissions.
Numerator	Observed Fractured Neck of Femur admissions; defined by a primary diagnosis (ICD10) code of S70*, S71* or S72*; Emergency admissions with an admission method of 21 - 28 and patient classification 'ordinary' (1 or 2), which are completed during the time period stated above (episode status = 3, episorder = 1). A patients area of residence is defined by the Middle Super Output Area Code (MSOA) as supplied with the HES dataset.
Denominator	Expected admissions during the time period (Adjusted). Adjusted MSOA Expected values = (Unadjusted MSOA Expected values) X (Total England Observed Admissions) / (Total England Observed Admissions with valid start age).
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	All figures rounded to one decimal place. Admission counts between 1-5 have been suppressed in accordance with HES Protocol Guidance as provided by the Information Centre for Health and Social Care. Where it is possible to derive admission counts between 1-5 from one

	or more published indicators the figures have been suppressed. In each case both the admission count of 1-5 AND the next smallest MSOA count within the corresponding Local Authority has been suppressed.
Rationale	Hip fracture is a major cause of disability and the leading cause of mortality due to injury in older people aged over 75. Hospital admission for fractured neck of femur is a good proxy measure of the incidence of hip fracture in older people. Falls prevention programmes aim to reduce the incidence of fractured neck of femur in the community. Hip fracture is the most common injury related to falls in older people. More than 95% of hip fractures in adults ages 65 and older are caused by a fall . Hip fractures in the elderly and frail can lead to loss of mobility and loss of independence. For many older people it is the event that forces them to leave their homes and move into residential care. Mortality after hip fracture is high: around 30% for one year (Scottish Intercollegiate Guidelines Network 2002, Prevention and Management of Hip Fracture in Older People: A national clinical guideline, SIGN Publication No. 56. http://www.sign.ac.uk/guidelines/fulltext/56/section1.html, Last Accessed 26/01 /2011)
Caveats	The source data for this indicator was produced at MSOA (2001) level. In order to present the dataset at MSOA (2011) level, a conversion was applied using lookups published by ONS. For cases where the original MSOA (2001) was split into 2 or more MSOAs (2011), population weighting was used, using the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations aged 65+. Ward and CCG estimates were produced using the MSOA level data and the sum of the mid-2008, mid-2009, mid-2010, mid-2011 and mid-2012 populations for those aged 65+
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Limiting long term illness or disability
Indicator full name	% of people who had a limiting long-term illness or disability, 2011
Source	ONS Census 2011
Unit	Percentage
Definition	Number of people who reported on census day to have day-to-day activities limited a little or a lot as a percentage of the total number of respondents to the question in 2011 Census.
Methodology	Numerator divided by denominator multiplied by 100
Numerator	Limiting long term illness counts were taken from NOMIS via Wizard query -> 2011 Census Quick Statistics -> 2011 census qs303ew - long-term health problem or disability. The data is provided broken down by day-to-day activities limited a little and a lot separately. The overall indicator was calculated by aggregating these categories. Limiting long term illness was calculated by aggregating up Output Area, Lower Super Output Area and Middle Super Output Area level data.
Denominator	Total population per area
Confidence Limits	95% confidence limits were calculated using the Wilson Score method for proportions. For more details, see http://www.apho.org.uk/resource/item.aspx?RID=48457
Rounding/Suppression/ Disclosure Control	Percentages rounded to 1 decimal place. ONS employs two strategies for protecting the confidentiality of individuals within the 2011 Census data: targeted record swapping and restriction of detail, particularly at low level geographies. Full details can be found in the 2011 Census User Guide: http://www.ons.gov.uk/ons/guide-method/census/2011/census-data/2011-census-user-guide/quality-and-methods/methods/statistical-disclosure-control-methods/index.html
Rationale	This indicator measures the self reported number of people who had a long term illness or disability, which limits their daily activity or work. Poor quality of life through physical illness is known to be closely related to mental health problems. People with mental health problems are up to twice as likely to report experiencing a long term illness or disability.
Caveats	
Limits of use	Non-commercial use only
Links to data source	

Domain 5: Life Expectancy and Mortality

Life expectancy at birth for males
Life expectancy at birth for males
Deaths all ages, all causes
Deaths under 75, all causes
Deaths all ages, all cancers
Deaths under 75, all cancers
Deaths all ages, circulatory diseases
Deaths under 75, circulatory diseases
Deaths all ages, coronary heart disease
Deaths under 75, coronary heart disease
Deaths all ages, stroke
Deaths all ages, respiratory diseases

Indicator name	Life expectancy at birth for males
Indicator full name	Life expectancy at birth for males, 2008-2012
Source	ONS, PHE © Copyright 2013
Unit	years
Definition	Point-estimate of life expectancy at birth with 95% confidence intervals. Life expectancy at birth for an area is an estimate of how long, on average, babies born today may live if she or he experienced that area's age-specific mortality rates for that time period throughout his or her life.
Methodology	LE calculations, based on abridged life table approach, carried out using the SEPHO LE calculator, available at: http://www.sepho.org.uk/viewResource.aspx?id=8943. Mortality data by sex and age group were extracted from annual files supplied to PHE by the Office for National Statistics (ONS). These were deaths registered in the calendar years 2008-12. Deaths were allocated to the deceased's lower layer super output area (LSOA) and output area (OA) of usual residence using the November 2013 version of the National Statistics Postcode Lookup and aggregated to higher geographies. Population data are experimental mid-year population estimates for LSOAs and OAs, by sex and single year of age, supplied by ONS. Counts by single year of age from 2008-12 were aggregated into the age groups required for the calculation of life expectancy (<1, 1-4, 5-9,10-14, … 80-84, 85+). OA deaths and population estimates were aggregated to higher geographies using standard geographical lookup tables obtained from ONS Geography.
Numerator	
Denominator	
Rationale	Life expectancy at birth is chosen as the preferred summary measure of all cause mortality as it quantifies the differences between areas in units (years of life) that are more readily understood and meaningful to the audience than those of other measures. All cause mortality is a fundamental and probably the oldest measure of the health status of a population. It represents the cumulative effect of the prevalence of risk factors, prevalence and severity of disease, and the effectiveness of interventions and treatment. Differences in levels of all-cause mortality reflect health inequalities between different population groups, e.g. between genders, social classes and ethnic groups.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Life expectancy at birth for females
Indicator full name	Life expectancy at birth for females, 2008-2012
Source	ONS, PHE © Copyright 2013
Unit	years
Definition	Point-estimate of life expectancy at birth with 95% confidence intervals. Life expectancy at birth for an area is an estimate of how long, on average, babies born today may live if she or he experienced that area's age-specific mortality rates for that time period throughout his or her life.
Methodology	LE calculations, based on abridged life table approach, carried out using the SEPHO LE calculator, available at: http://www.sepho.org.uk/viewResource.aspx?id=8943. Mortality data by sex and age group were extracted from annual files supplied to PHE by the Office for National Statistics (ONS). These were deaths registered in the calendar years 2008-12. Deaths were allocated to the deceased's lower layer super output area (LSOA) and output area (OA) of usual residence using the November 2013 version of the National Statistics Postcode Lookup and aggregated to higher geographies. Population data are experimental mid-year population estimates for LSOAs and OAs, by sex and single year of age, supplied by ONS. Counts by single year of age from 2008-12 were aggregated into the age groups required for the calculation of life expectancy (<1, 1-4, 5-9,10-14, … 80-84, 85+). OA deaths and population estimates were aggregated to higher geographies using standard geographical lookup tables obtained from ONS Geography.
Numerator	
Denominator	
Rationale	Life expectancy at birth is chosen as the preferred summary measure of all cause mortality as it quantifies the differences between areas in units (years of life) that are more readily understood and meaningful to the audience than those of other measures. All cause mortality is a fundamental and probably the oldest measure of the health status of a population. It represents the cumulative effect of the prevalence of risk factors, prevalence and severity of disease, and the effectiveness of interventions and treatment. Differences in levels of all-cause mortality reflect health inequalities between different population groups, e.g. between genders, social classes and ethnic groups.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Deaths all ages, all causes
Indicator full name	Deaths from all causes, all ages, standardised mortality ratio, 2008-2012
Source	Public Health England, produced from ONS data © Copyright 2013
Unit	Standardised Mortality Rate (SMR)
Definition	Standardised mortality ratio for deaths from all causes at all ages
Methodology	Mortality data by sex and five-year age group were extracted from annual files supplied to Public Health England (PHE) by the Office for National Statistics (ONS). These were deaths registered in the calendar years 2008-12. Deaths were allocated to the deceased's output area (OA) of usual residence using the November 2013 version of the National Statistics Postcode Lookup. SMRs are calculated by dividing the observed total deaths in the area by the expected deaths and multiplying by 100.
Numerator	Deaths from all underlying causes included. Population data are experimental mid-year population estimates for OAs, by sex and quinary age group, supplied by ONS. Counts from 2008-12 were aggregated to higher geographies using standard geographical lookup tables obtained from ONS Geography.
Denominator	Expected deaths calculated by applying age-specific death rates for England in 2008-12 to each area's population.
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	No suppression required. Standardised mortality ratios rounded to 1 decimal place
Rationale	All cause mortality is a fundamental and probably the oldest measure of the health status of a population. It represents the cumulative effect of the prevalence of risk factors, prevalence and severity of disease, and the effectiveness of interventions and treatment. Differences in levels of all-cause mortality reflect health inequalities between different population groups, e.g. between genders, social classes and ethnic groups.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Deaths under 75, all causes
Indicator full name	Deaths from all causes, under 75 years, standardised mortality ratio, 2008-2012
Source	Public Health England, produced from ONS data © Copyright 2013
Unit	Standardised Mortality Rate (SMR)
Definition	Standardised mortality ratio for deaths from all causes aged under 75
Methodology	Mortality data by sex and five-year age group were extracted from annual files supplied to Public Health England (PHE) by the Office for National Statistics (ONS). These were deaths registered in the calendar years 2008-12. Deaths were allocated to the deceased's output area (OA) of usual residence using the November 2013 version of the National Statistics Postcode Lookup. SMRs are calculated by dividing the observed total deaths in the area by the expected deaths and multiplying by 100.
Numerator	Deaths from all underlying causes included, for all persons with age at time of death less than 75 years. Population data are experimental mid-year population estimates for OAs, by sex and quinary age group, supplied by ONS. Counts from 2008-12 were aggregated to higher geographies using standard geographical lookup tables obtained from ONS Geography.
Denominator	Expected deaths calculated by applying age-specific death rates for England in 2008-12 to each area's population.
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	No suppression required. Standardised mortality ratios rounded to 1 decimal place
Rationale	All cause mortality is a fundamental and probably the oldest measure of the health status of a population. It represents the cumulative effect of the prevalence of risk factors, prevalence and severity of disease, and the effectiveness of interventions and treatment. Differences in levels of all-cause mortality reflect health inequalities between different population groups, e.g. between genders, social classes and ethnic groups.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Deaths all ages, all cancers
Indicator full name	Deaths from all cancer, all ages, standardised mortality ratio, 2008-2012
Source	Public Health England, produced from ONS data © Copyright 2013
Unit	Standardised Mortality Rate (SMR)
Definition	Standardised mortality ratio for deaths from all cancer at all ages
Methodology	Mortality data by sex and five-year age group were extracted from annual files supplied to Public Health England (PHE) by the Office for National Statistics (ONS). These were deaths registered in the calendar years 2008-12. Deaths were allocated to the deceased's output area (OA) of usual residence using the November 2013 version of the National Statistics Postcode Lookup. SMRs are calculated by dividing the observed total deaths in the area by the expected deaths and multiplying by 100.
Numerator	Deaths from all cancers included, ICD 10 codes C00-C97. Population data are experimental mid-year population estimates for OAs, by sex and quinary age group, supplied by ONS. Counts from 2008-12 were aggregated to higher geographies using standard geographical lookup tables obtained from ONS Geography.
Denominator	Expected deaths calculated by applying age-specific death rates for England in 2008-12 to each area's population.
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	No suppression required. Standardised mortality ratios rounded to 1 decimal place.
Rationale	Cancer is amongst the three leading causes of death at all ages (except for pre-school age children) in the UK. It accounts for 26% of all deaths. If current incidence rates remain the same, by 2025 there will be an additional 100,000 cases of cancer diagnosed each year as a result of the ageing population. Inequalities exist in cancer rates between the most deprived areas and the most affluent.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Deaths under 75, all cancers
Indicator full name	Deaths from all cancer, under 75 years, standardised mortality ratio, 2008-2012
Source	Public Health England, produced from ONS data © Copyright 2013
Unit	Standardised Mortality Rate (SMR)
Definition	Standardised mortality ratio for deaths from all cancer aged under 75
Methodology	Mortality data by sex and five-year age group were extracted from annual files supplied to Public Health England (PHE) by the Office for National Statistics (ONS). These were deaths registered in the calendar years 2008-12. Deaths were allocated to the deceased's output area (OA) of usual residence using the November 2013 version of the National Statistics Postcode Lookup. SMRs are calculated by dividing the observed total deaths in the area by the expected deaths and multiplying by 100.
Numerator	Deaths from all cancers included, ICD 10 codes C00-C97, for all persons with age at time of death less than 75 years. Population data are experimental mid-year population estimates for OAs, by sex and quinary age group, supplied by ONS. Counts from 2008-12 were aggregated to higher geographies using standard geographical lookup tables obtained from ONS Geography.
Denominator	Expected deaths calculated by applying age-specific death rates for England in 2008-12 to each area's population.
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	No suppression required. Standardised mortality ratios rounded to 1 decimal place.
Rationale	Cancer is amongst the three leading causes of death at all ages (except for pre-school age children) in the UK. It accounts for 26% of all deaths. If current incidence rates remain the same, by 2025 there will be an additional 100,000 cases of cancer diagnosed each year as a result of the ageing population. Inequalities exist in cancer rates between the most deprived areas and the most affluent. Early mortality from cancer is a direct measure of health care need as public health interventions for prevention, early diagnosis and effective treatment can all reduce the burden of cancer morbidity and mortality.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Deaths all ages, circulatory diseases
Indicator full name	Deaths from circulatory diseases, all ages, standardised mortality ratio, 2008-2012
Source	Public Health England, produced from ONS data © Copyright 2013
Unit	Standardised Mortality Rate (SMR)
Definition	Standardised mortality ratio for deaths from all circulatory diseases at all ages
Methodology	Mortality data by sex and five-year age group were extracted from annual files supplied to Public Health England (PHE) by the Office for National Statistics (ONS). These were deaths registered in the calendar years 2008-12. Deaths were allocated to the deceased's output area (OA) of usual residence using the November 2013 version of the National Statistics Postcode Lookup. SMRs are calculated by dividing the observed total deaths in the area by the expected deaths and multiplying by 100.
Numerator	Deaths from all circulatory diseases included, ICD 10 codes I00-I99. Population data are experimental mid-year population estimates for OAs, by sex and quinary age group, supplied by ONS. Counts from 2008-12 were aggregated to higher geographies using standard geographical lookup tables obtained from ONS Geography.
Denominator	Expected deaths calculated by applying age-specific death rates for England in 2008-12 to each area's population.
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	No suppression required. Standardised mortality ratios rounded to 1 decimal place
Rationale	Circulatory disease accounts for 40% of all deaths (30% under 75). Mortality is a direct measure of health care need indicating the overall circulatory disease burden on the population and reflecting both the incidence of disease and the ability to treat it.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Deaths under 75, circulatory diseases
Indicator full name	Deaths from circulatory diseases, under 75 years, standardised mortality ratio, 2008-2012
Source	Public Health England, produced from ONS data © Copyright 2013
Unit	Standardised Mortality Rate (SMR)
Definition	Standardised mortality ratio for deaths from all circulatory diseases aged under 75
Methodology	Mortality data by sex and five-year age group were extracted from annual files supplied to Public Health England (PHE) by the Office for National Statistics (ONS). These were deaths registered in the calendar years 2008-12. Deaths were allocated to the deceased's output area (OA) of usual residence using the November 2013 version of the National Statistics Postcode Lookup. SMRs are calculated by dividing the observed total deaths in the area by the expected deaths and multiplying by 100.
Numerator	Deaths from all circulatory diseases included, ICD 10 codes I00-I99, for all persons with age at time of death less than 75 years. Population data are experimental mid-year population estimates for OAs, by sex and quinary age group, supplied by ONS. Counts from 2008-12 were aggregated to higher geographies using standard geographical lookup tables obtained from ONS Geography.
Denominator	Expected deaths calculated by applying age-specific death rates for England in 2008-12 to each area's population.
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	No suppression required. Standardised mortality ratios rounded to 1 decimal place
Rationale	Circulatory disease accounts for 40% of all deaths (30% under 75). Mortality is a direct measure of health care need indicating the overall circulatory disease burden on the population and reflecting both the incidence of disease and the ability to treat it.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Deaths all ages, coronary heart disease
Indicator full name	Deaths from coronary heart disease, all ages, standardised mortality ratio, 2008-2012
Source	Public Health England, produced from ONS data © Copyright 2013
Unit	Standardised Mortality Rate (SMR)
Definition	Standardised mortality ratio for deaths from coronary heart disease at all ages
Methodology	Mortality data by sex and five-year age group were extracted from annual files supplied to Public Health England (PHE) by the Office for National Statistics (ONS). These were deaths registered in the calendar years 2008-12. Deaths were allocated to the deceased's output area (OA) of usual residence using the November 2013 version of the National Statistics Postcode Lookup. SMRs are calculated by dividing the observed total deaths in the area by the expected deaths and multiplying by 100.
Numerator	Deaths from coronary heart disease included, ICD 10 codes I20-I25. Population data are experimental mid-year population estimates for OAs, by sex and quinary age group, supplied by ONS. Counts from 2008-12 were aggregated to higher geographies using standard geographical lookup tables obtained from ONS Geography.
Denominator	Expected deaths calculated by applying age-specific death rates for England in 2008-12 to each area's population.
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457))
Rounding/Suppression/ Disclosure Control	No suppression required. Standardised mortality ratios rounded to 1 decimal place.
Rationale	Mortality is a direct measure of health care need indicating the overall coronary heart disease burden on the population and reflecting both the incidence of disease and the ability to treat it.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Deaths under 75, coronary heart disease
Indicator full name	Deaths from coronary heart disease, under 75 years, standardised mortality ratio, 2008-2012
Source	Public Health England, produced from ONS data © Copyright 2013
Unit	Standardised Mortality Rate (SMR)
Definition	Standardised mortality ratio for deaths from coronary heart disease aged under 75
Methodology	Mortality data by sex and five-year age group were extracted from annual files supplied to Public Health England (PHE) by the Office for National Statistics (ONS). These were deaths registered in the calendar years 2008-12. Deaths were allocated to the deceased's output area (OA) of usual residence using the November 2013 version of the National Statistics Postcode Lookup. SMRs are calculated by dividing the observed total deaths in the area by the expected deaths and multiplying by 100.
Numerator	Deaths from coronary heart disease included, ICD 10 codes I20-I25. Population data are experimental mid-year population estimates for OAs, by sex and quinary age group, supplied by ONS. Counts from 2008-12 were aggregated to higher geographies using standard geographical lookup tables obtained from ONS Geography.
Denominator	Expected deaths calculated by applying age-specific death rates for England in 2008-12 to each area's population.
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	No suppression required. Standardised mortality ratios rounded to 1 decimal place.
Rationale	Mortality is a direct measure of health care need indicating the overall coronary heart disease burden on the population and reflecting both the incidence of disease and the ability to treat it.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Deaths all ages, stroke
Indicator full name	Deaths from stroke, all ages, standardised mortality ratio, 2008-2012
Source	Public Health England, produced from ONS data © Copyright 2013
Unit	Standardised Mortality Rate (SMR)
Definition	Standardised mortality ratio for deaths from stroke at all ages
Methodology	Mortality data by sex and five-year age group were extracted from annual files supplied to Public Health England (PHE) by the Office for National Statistics (ONS). These were deaths registered in the calendar years 2008-12. Deaths were allocated to the deceased's output area (OA) of usual residence using the November 2013 version of the National Statistics Postcode Lookup. SMRs are calculated by dividing the observed total deaths in the area by the expected deaths and multiplying by 100.
Numerator	Deaths from stroke included, ICD 10 codes I60-I69. Population data are experimental mid-year population estimates for OAs, by sex and quinary age group, supplied by ONS. Counts from 2008-12 were aggregated to higher geographies using standard geographical lookup tables obtained from ONS Geography.
Denominator	Expected deaths calculated by applying age-specific death rates for England in 2008-12 to each area's population
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	No suppression required. Standardised mortality ratios rounded to 1 decimal place
Rationale	Mortality is a direct measure of health care need indicating the overall stroke burden on the population and reflecting both the incidence of disease and the ability to treat it.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4

Indicator name	Deaths all ages, respiratory diseases
Indicator full name	Deaths from respiratory diseases, all ages, standardised mortality ratio, 2008-2012
Source	Public Health England, produced from ONS data © Copyright 2013
Unit	Standardised Mortality Rate (SMR)
Definition	Standardised mortality ratio for deaths from all respiratory disease at all ages
Methodology	Mortality data by sex and five-year age group were extracted from annual files supplied to Public Health England (PHE) by the Office for National Statistics (ONS). These were deaths registered in the calendar years 2008-12. Deaths were allocated to the deceased's output area (OA) of usual residence using the November 2013 version of the National Statistics Postcode Lookup. SMRs are calculated by dividing the observed total deaths in the area by the expected deaths and multiplying by 100.
Numerator	Deaths from all respiratory disease included, ICD 10 codes J00-J99. Population data are experimental mid-year population estimates for OAs, by sex and quinary age group, supplied by ONS. Counts from 2008-12 were aggregated to higher geographies using standard geographical lookup tables obtained from ONS Geography.
Denominator	Expected deaths calculated by applying age-specific death rates for England in 2008-12 to each area's population.
Confidence Limits	Confidence limits provide an indication of the reliability of a result. The 95% confidence intervals provide a range within which there is 95% chance of the true result lying. Confidence intervals were calculated using Byar's Method as described in APHO Technical Briefing 3: Commonly used public health measures and their confidence intervals. (http://www.apho.org.uk/resource/view.aspx?RID=48457)
Rounding/Suppression/ Disclosure Control	No suppression required. Standardised mortality ratios rounded to 1 decimal place.
Rationale	Mortality is a direct measure of health care need indicating the overall respiratory disease burden on the population and reflecting both the incidence of disease and the ability to treat it.
Caveats	
Limits of use	Non-commercial use only
Links to data source	http://www.localhealth.org.uk/#l=en;v=map4