Health Profile of England 2009

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Prepared by Health Improvement Analytical Team – Monitoring Unit
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Executive summary

What the Health Profile of England 2009 shows – the general picture

► An improvement in health outcomes

The report shows recent improvements in a number of critical areas, eg:

- declining mortality rates in targeted killers (cancers, all circulatory diseases and suicides)
- increasing life expectancy, now at its highest ever level
- further reductions in infant and perinatal mortality
- recent reductions in new diagnoses of gonorrhoea

However in some areas **particular challenges remain** to achieve and sustain progress, eg:

- rising rates of diabetes
- rising alcohol related hospital admissions and alcohol related deaths

Similarly for the **determinants of health**, we are **making improvements** in some important areas:

- the percentage of people who smoke
- quality of housing stock
- the proportion of school aged children completing at least two hours of PE and school sport a week.

However, even where we are seeing improvements, **health inequalities** are often present

- The report illustrates various geographical inequalities across England.

► **International comparisons** give a wider context presenting national progress in comparison to countries of the European Union (EU), or to the 15 countries that were members of the EU prior to 2004 (EU-15), eg:

- Premature mortality rates from the two biggest killers, circulatory diseases and cancer are reducing faster in England than the average for the EU for both males and females
- The prevalence of adult obesity in England is amongst the highest in the EU
- Death rates for chronic liver disease and cirrhosis have risen markedly in a handful of countries, particularly in recent years. For both males and females latest data show that mortality rates in England have risen above the EU-15 average
- The percentage of all live births to mothers under age 20 in the United Kingdom remains the highest when compared to other EU-15 countries. Infant mortality rates are also higher in England than the EU-15 average

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Introduction

The aims and structure of the document

The first Health Profile of England was published in October 2006. A web based PDF update was provided in 2007 and 2008, now updated for 2009. The Health Profile of England is one of a family of 'Health Profile' products. *Local* and *Regional* Health Profiles are produced and published by the Association of Public Health Observatories (APHO)[101]. The aim of these Health Profile products is to provide a collection of local, regional and national data that can be used in combination by health planners or residents to understand their local health situation. The Health Profile of England 2009 builds on and complements various information presented in the related Local and Regional Health Profiles[301].

The Health Profile of England is intended to be of use to public service professionals and officials working at national, regional and local levels. It should assist people working within the local community - such as local councillors and Primary Care Trust (PCT) directors of public health - who are in a position to exert influence over the planning, commissioning, procurement and delivery of programmes that will support health improvement. Nevertheless, the document will also be of interest to a much wider audience – anyone with an interest in the profile of health and health determinants in this country.

The context of the document

The Association of Public Health Observatories (APHO) was commissioned by the Department of Health in 2005 to produce Local Health Profiles. This commitment stemmed from the White Paper '*Choosing Health'* which proposed better health information at a local, regional and national level. In 2006 the first Local Health Profiles were produced for all but 2 of the 388 upper and lower tier local authorities in England (the two that were excluded were the Isles of Scilly and the City of London). These profiles have been updated each year since then. 2006 was also the first year of production for the national Health Profile, also produced because of the commitment made in the White Paper.

Since 2008, health profiles have also been published for each Strategic Health Authority (SHA), presenting key messages from a regional perspective and providing data illustrating regional variation. Although the Health Profile of England is produced by the Department of Health, we have produced this in close liaison with APHO colleagues.

In total, the family of health profile products comprises:

- the Health Profile of England (this document)
- 386 Local Health Profiles (of Local Authority Areas)[301]
- 10 Regional Health Profiles (with Regional breakdown)[301] and
- an associated web-site and web-based tool[301]

Information presented in the Health Profile of England should serve as a valuable tool towards:

- describing and quantifying the burden of disease and the factors that determine it
- aiding the commissioning process by identifying areas for action
- supporting health economic analyses, for example, working out cost effectiveness etc.
- monitoring progress in relation to national trends
- modelling outcomes

Related documents and products

The Health Profile of England should not be looked at in isolation. As a component of *Informing healthier choices: Information and intelligence for healthy populations*, [413] it is part of a wider family of products, which taken together will facilitate access to key information about health and health determinants nationally and locally.

There is also a broader family of reports and indicator sets that together form a valuable resource for assessing trends in the health of the nation. These include annual reports such as the Chief Medical Officer's Annual Report [403] which covers the state of the nation's health, the Department of Health's Departmental Report [405] and an array of reports produced by organisations such as the Office for National Statistics (ONS) [107], the Care Quality Commission (CQC)[103], the Association of Public Health Observatories (APHO) [101] and individual public health observatories, and the NHS Information Centre (NHS IC). [105] As part of the Clinical and Health Outcomes Knowledge Base, the National Centre for Health Outcomes Development produces an extensive Compendium of Clinical and Health Indicators. [205]

In addition to these reports, much information on population health is now readily available via web-links and publications of organisations such as those listed. There are also a number of sites that present information on health and its determinants, as part of comprehensive databases and indicator sets. Links to these reports and web-sites can be found in Annex D.

Layout of this document

In order to provide an informative description of the health profile of the country, it is important to look at a number of different aspects of the selected indicators. In combination, this document will look at selected indicators over time, and also from a geographical perspective (nationally and internationally). In terms of the structure of the document there are 3 main sections, each intended to fulfil a different function:

Section 1 – Regional and National perspectives based on the Local Health Profiles[301]:

1a: Regional perspective

Table 1a compares indicators in each of the regions, as well as the England average. Two maps presenting life expectancy are shown.

1b: National time trends

Table 1b shows 10-year trends for indicators closely related to those in the Local Health Profiles.

Section 2 – Snapshot of Health and Well-being in England

A high level summary tabulation of a broader range of social and demographic indicators (with a major focus on health). Short narratives and graphs illustrating key messages are also included.

Section 3 – International Comparisons

Charts illustrating a selection of international data and trends, to put into a wider context the progress made on health improvement in England.

In addition to the three main sections there are:

- definitions and rationales for the indicators used – Annexes A, B and C
- source notes and selected key web-links to further information, referenced throughout the document – Annex D

The rationale for inclusion of particular indicators

The detailed rationale for the inclusion of particular indicators is presented in Annexes B and C. The diversity of the indicators selected is a reflection of the many and varied factors which impact on health. For further information about any of these indicators, please refer to the annexes where links to more comprehensive descriptions can be found.

The coverage of the indicators in various parts of this document is not intended to be comprehensive but to illustrate the broad range of factors determining health outcome, for example:

- "wider determinants" – eg. occupation, education, income, housing etc.
- lifestyle factors – eg. smoking, diet, alcohol, drug misuse, etc.
- preventative health care – eg. immunisation

It is important to look at various factors in combination rather than in isolation. Generally, it needs to be understood that there are multiple linkages between different indicators and how they can impact on health. Changing trends in one determinant may be caused by, or have implications for, other indicators.

In understanding trends it is important to recognise that some changes can be expected to occur rapidly eg, the impact of treatment on survival from diseases such as heart attacks, but often health improvements take longer before they become apparent. A review of trends needs to focus not only on health outcomes, but also on processes, risk factor changes and intermediate (early) outcomes. This enables us to develop an earlier indication of progress (or problems), and see a much fuller picture. In the Health Profile of England, the indicators cover this spectrum of measures.

The approach taken has been to:

- provide information across each of the domains of health and its determinants, using the framework established for the Local Health Profiles [301]
- assess a broad range of trends, also highlighting the international dimension

Conclusion

This document is focused on a limited set of indicators that, taken together, provide a good indication of progress and challenges in critical areas. It is not a comprehensive review of health and its determinants.

Monitoring these trends identifies progress in important areas – eg: cancer and circulatory disease mortality. There is an underlying trend towards improving life expectancy, and there is good evidence of progress in a number of key areas. However, in a number of areas opportunities still exist to achieve or consolidate progress and to address inequalities.

Section 1a – Regional Comparison

Regional data

This section of the Health Profile of England presents a regional perspective on the indicators selected for the Local Health Profiles[301]. Tables show regional variation, as well as the England average for comparison.

The Table

Table 1a shows regional data as presented in the 2009 Local and Regional Health Profiles. The data used were the most recently available when published in July 2009 by the Association of Public Health Observatories (APHO) on their website: http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES.

The figures shown in table 1a have been put together using data sources from which local level figures are available (sometimes involving an element of modelling at the local level). This has two notable implications: (i) sometimes this can result in small numbers that can lead to volatile trends. Therefore, many of the indicators are based on aggregates for a period of years to give more robust figures at the local, regional and national level. Additionally, (ii) this means that the data sources used to calculate information at the regional level will often differ from those routinely used for data at the national level. This can also result in a slight change of definition for the indicator. For more information please refer to Annex A (comparison of regional and national information), Annex B (focus on local and regional information), and Annex C (focus on national information).

Key points from regional breakdown

- There is a consistent 'north/south' divide, with poorer health in the north of England compared to the south in most instances.

- There is a distinct 'north/south' divide for both male and female life expectancy at birth. In all northern regions, as well as both the East and West Midlands, life expectancy is significantly shorter than in the regions to the south. For both sexes, those living in the North East or North West live approximately two years less than those in the South East or South West.

- There are inequalities in the determinants of health across England; for example, approximately 34% of people living in the North East live in the most deprived fifth of neighbourhoods in England. This compares to approximately 6% of people in the South East who live in the most deprived fifth of neighbourhoods.

- Although the North East appears to perform poorly against many indicators, this region has higher than average levels of physically active children, and the lowest regional rate of road injuries and deaths.

- The health of people in London shows a mixed picture compared to England as a whole. For example, in London, there is a higher proportion of children living in poverty compared to the national average, and it is also the region with the highest incidence of tuberculosis, violent crime and drug misuse. However, London has high life expectancy for both males and females, and is the region with the lowest rate of smoking in pregnancy and residents are more likely to initiate breastfeeding.

- The South West has a lower than average proportion of binge drinking adults, and a lower than average rate of hospital admissions for alcohol related harm. The South West also has the highest percentage of physically active adults. However, there are some health issues where the South West is not healthier than England as a whole, including a greater percentage of women who smoke during pregnancy and a higher average number of decayed, missing or filled teeth in five-year-olds, compared with the England average.

- The rate of admissions to hospital for alcohol specific conditions is almost two times higher in the North East than in the South East. The North East is also the region with the highest rate of binge drinking in adults. The region with the second worst scores for these two indicators is the North West.

- For adults, both the East and West Midlands have the highest rates of obesity, whereas London has the lowest rates. Obesity in children is greatest in London, and lowest in the South East.

- Five year olds in the West Midlands have, on average, one decayed, missing or filled tooth. In the North East and North West the average is two.

- Infant mortality rates are highest in the West Midlands and lowest in the East of England, South East and South West.

Time periods and definitions:

Time periods: To facilitate read across, data presented in Table 1a below correspond to the time periods presented in the Local Health Profiles published in July 2009.

Definitions: Brief definitions for the indicators in Table 1a are listed below. Please refer to Annex B for expanded indicator definitions and the rationale for the selection of these indicators. A wider selection of health indicators are presented in subsequent tables 1b and 2A – 2F. In some cases, indicators in Table 1a are based on different definitions and data sources from those routinely used for data at national level, and presented in tables 1b and 2A – 2F.

1) % of people in this area living in 20% most deprived areas of England 2007; **2)** % of children living in families receiving means-tested benefits 2007; **3)** Crude rate per 1,000 households 2007/08; **4)** % at Key Stage 4 2007/08; **5)** Recorded violence against the person crimes crude rate per 1,000 population 2007/08; **6)** Total end user CO2 emissions per capita (tonnes CO2 per resident) 2006; **7)** % of mothers smoking in pregnancy where status is known 2007/08; **8)** % of mothers initiating breast feeding where status is known 2007/08; **9)** % 5–16 year olds who spent at least 2 hours per week on high-quality PE and school sport 2007/08; **10)** % of school children in reception year 2007/08; **11)** Average number of teeth per child age 5 which were actively decayed, filled or had been extracted 2005/06; **12)** Under-18 conception rate per 1,000 females (crude rate) 2005–2007; **13)** %. Direct estimate from Health Survey for England 2003–2005; **14)** %. Direct estimate from Health Survey for England 2003–2005; **15)** %. Direct estimate from Health Survey for England 2003–2005; **16)** % aged 16+ 2007/08; **17)** %. Direct estimate from Health Survey for England 2003–2005; **18)** % who self-assessed general health as 'not good' (directly age and sex standardised) 2001; **19)** Crude rate per 1,000 working age population 2007; **20)** Directly age and sex standardised rate per 100,000 population 2007/08; **21)** Estimated problem drug users (Crack &/or Opiates), crude rate per 1,000 population aged 15–64 2006/07; **22)** % of people on GP registers with a recorded diagnosis of diabetes 2007/08; **23)** Crude rate per 100,000 population 2004–2006; **24)** Directly age-standardised rate for emergency admission 2006/07; **25)** Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.04–31.07.07; **26)** At birth, 2005–2007; **27)** At birth, 2005–2007; **28)** Rate per 1,000 live births 2005–2007; **29)** Per 100,000 population age 35+, directly age standardised rate 2005-2007; **30)** Directly age standardised rate per 100,000 population under 75 2005–2007; **31)** Directly age standardised rate per 100,000 population under 75 2005–2007; **32)** Rate per 100,000 population 2005–2007

Red/Amber/Green rating: Data points are shown as Green or Red when the regional figure is statistically significantly better or worse respectively than the England value, based on 95% confidence intervals for the regional figures.

Table 1a
HEALTH PROFILE OF ENGLAND
Summary of indicators at the regional level (constructed using Local Health Profile Data)

Indicator	Period	Unit[1]	England	North East	North West	Yorkshire and The Humber	East Midlands	West Midlands	East of England	London	South East	South West
Our communities												
1 Deprivation	2007	%	19.9	33.7	31.8	27.2	16.6	27.4	6.2	28.5	5.9	9.2
2 Children in poverty *	2007	%	22.4	26.0	25.0	23.0	19.5	24.8	16.9	33.9	15.4	16.9
3 Statutory homelessness	2007-08	cr per 1,000	2.8	3.2	2.7	3.3	2.5	4.2	2.4	4.1	1.5	1.9
4 GCSE achieved (5A*-C inc. Eng & Maths) *	2007-08	%	48.3	44.9	47.4	44.4	47.0	46.1	50.3	50.6	51.7	49.2
5 Violent crime *	2007-08	cr per 1,000	17.6	16.1	17.3	18.0	17.3	18.0	13.1	23.0	17.7	15.4
6 Carbon emissions *	2006	T CO2 pr[2]	7.2	8.1	7.1	7.6	7.8	7.1	7.3	6.5	6.8	7.3
Children's and young people's health												
7 Smoking in pregnancy	2007-08	%	14.7	22.2	19.6	18.0	16.2	15.6	14.3	7.2	13.7	15.2
8 Breast feeding initiation *	2007-08	%	71.0	52.5	60.9	64.9	71.6	62.6	73.0	84.4	75.7	76.0
9 Physically active children *	2007-08	%	90.0	90.5	89.8	88.8	89.7	90.0	91.9	88.9	89.5	91.8
10 Obese children *	2007-08	%	9.6	10.7	10.0	9.8	9.1	10.0	9.3	10.9	8.3	8.9
11 Children's tooth decay (at age 5)	2005-06	mean	1.5	2.0	2.0	1.8	1.3	1.0	1.1	1.7	1.1	1.6
12 Teenage pregnancy (under 18) *	2005-07	cr per 1,000	41.2	50.6	45.9	47.3	40.1	46.5	33.0	45.8	33.3	34.3
Adults' health and lifestyle												
13 Adults who smoke *	2003-05	%	24.1	29.1	26.0	25.5	24.9	24.0	23.5	23.3	21.8	21.5
14 Binge drinking adults	2003-05	%	18.0	26.5	23.0	22.0	17.7	17.9	15.2	12.7	16.2	15.3
15 Healthy eating adults	2003-05	%	26.3	18.5	23.6	24.7	25.9	25.1	27.0	29.7	30.4	25.9
16 Physically active adults	2007-08	%	10.8	10.6	10.8	11.3	11.4	9.5	11.0	9.4	11.4	12.3
17 Obese adults	2003-05	%	23.6	25.2	24.5	24.1	25.6	26.5	24.8	18.4	22.0	23.2
Disease and poor health												
18 Over 65s 'not in good health'	2001	%	21.5	27.5	25.0	25.0	22.0	23.5	18.2	22.3	16.9	18.4
19 Incapacity benefits for mental illness *	2007	cr per 1,000	27.7	40.2	40.5	28.4	24.6	29.0	20.6	27.0	19.8	26.8
20 Hospital stays for alcohol related harm *	2007-08	r per 100,000	1472.5	2,045.6	1,943.8	1,413.1	1,451.6	1,479.5	1,234.8	1,386.4	1,161.4	1,365.3
21 Drug misuse	2006-07	cr per 1,000	9.8	9.4	12.3	11.8	8.4	10.9	5.4	14.2	5.6	9.0
22 People diagnosed with diabetes	2007-08	%	4.1	4.1	4.3	4.1	4.3	4.5	3.8	4.2	3.7	3.9
23 New cases of tuberculosis	2004-06	cr per 100,000	15.0	5.6	10.0	11.9	12.2	17.4	7.9	44.6	8.0	5.4
24 Hip fracture in over-65s	2006-07	r per 100,000	479.8	552.3	493.9	484.0	480.1	499.0	467.6	454.4	467.5	462.7
Life expectancy and causes of death												
25 Excess winter deaths	Aug 2004 - July 2007	ratio	17.0	15.8	16.3	16.2	16.4	18.2	17.7	16.4	17.2	17.9
26 Life expectancy - male[3]*	2005-07	years	77.7	76.3	76.0	76.9	77.6	76.9	78.7	77.9	78.9	78.7
27 Life expectancy - female[3]*	2005-07	years	81.8	80.4	80.4	81.1	81.6	81.4	82.6	82.4	82.7	82.9
28 Infant deaths	2005-07	r per 1,000	4.9	4.9	5.5	5.8	5.1	6.2	4.1	4.8	4.0	4.2
29 Deaths from smoking[4]	2005-07	r per 100,000	210.2	268.3	253.3	235.0	204.5	215.3	185.0	207.2	183.0	178.2
30 Early deaths: heart disease & stroke *	2005-07	r per 100,000	79.1	92.7	96.4	86.1	78.8	85.0	67.9	83.5	66.3	65.6
31 Early deaths: cancer *	2005-07	r per 100,000	115.5	134.3	129.5	121.0	114.4	118.5	106.9	112.0	108.0	106.0
32 Road injuries and deaths *	2005-07	r per 100,000	54.3	42.8	54.6	63.3	60.5	49.0	60.4	50.7	54.5	49.0

Key: The data point is GREEN or RED when the regional figure is statistically significantly better or worse respectively than the England value, based on 95% confidence intervals for the regional figures.

Green	= significantly better than national average
Amber	= not significantly different from the national average
Red	= significantly worse than the national average
No Fill	= significance not calculated

[1] See appendices for fuller description of indicators. See column 'LHP definition' in Annex A for definition of unit
[2] Tonnes CO2 per resident
[3] The method applied to calculate expectation of life for England to compare against sub-national estimates differs from that used in the production of interim life tables: firstly, sub-national estimates use abridged life tables to take account of the smaller number of deaths available at local authority level. Secondly, sub-national estimates exclude deaths to non-residents. For this reason the expectations of life quoted above will differ slightly from those sourced from interim life tables quoted in subsequent tables.
[4] Figures are not comparable with those shown in tables 1b (national trends) and 2F (snapshot) as the method used to calculate smoking attributable mortality for the Health Profile of England differs from the method used for the Local Health Profiles. See entry for Deaths from smoking (indicator 29) in Annex A for further details.
* Relates to local government National Indicator set.
r rate (varies by indicator)
cr crude rate of reference population (varies by indicator)

Maps of Life Expectancy across England

The two maps below show how life expectancy differs across different Primary Care Trusts (PCT's) in England for males (map 1.1), and females (map 1.2). As with the regional tables above, there is an evident north vs south divide for both males and females. The maps show that with the exception of parts of London, life expectancy tends to be greater in the south of the country than the north.

Notes to accompany maps:

(i) Notes about the calculation of life expectancy:

Period life expectancy is shown on the two maps below (pages 17 and 18). Period expectation of life at a given age for an area in a given time period is an estimate of the average number of years a person of that age would survive if he or she experienced the particular area's age-specific mortality rates for that time period throughout the rest of his or her life. The figure reflects mortality among those living in the area in each time period, rather than mortality among those born in each area. It is not therefore the number of years a person in the area in each time period could actually expect to live, both because the death rates of the area are likely to change in the future and because many of those in the area may live elsewhere for at least some part of their lives.

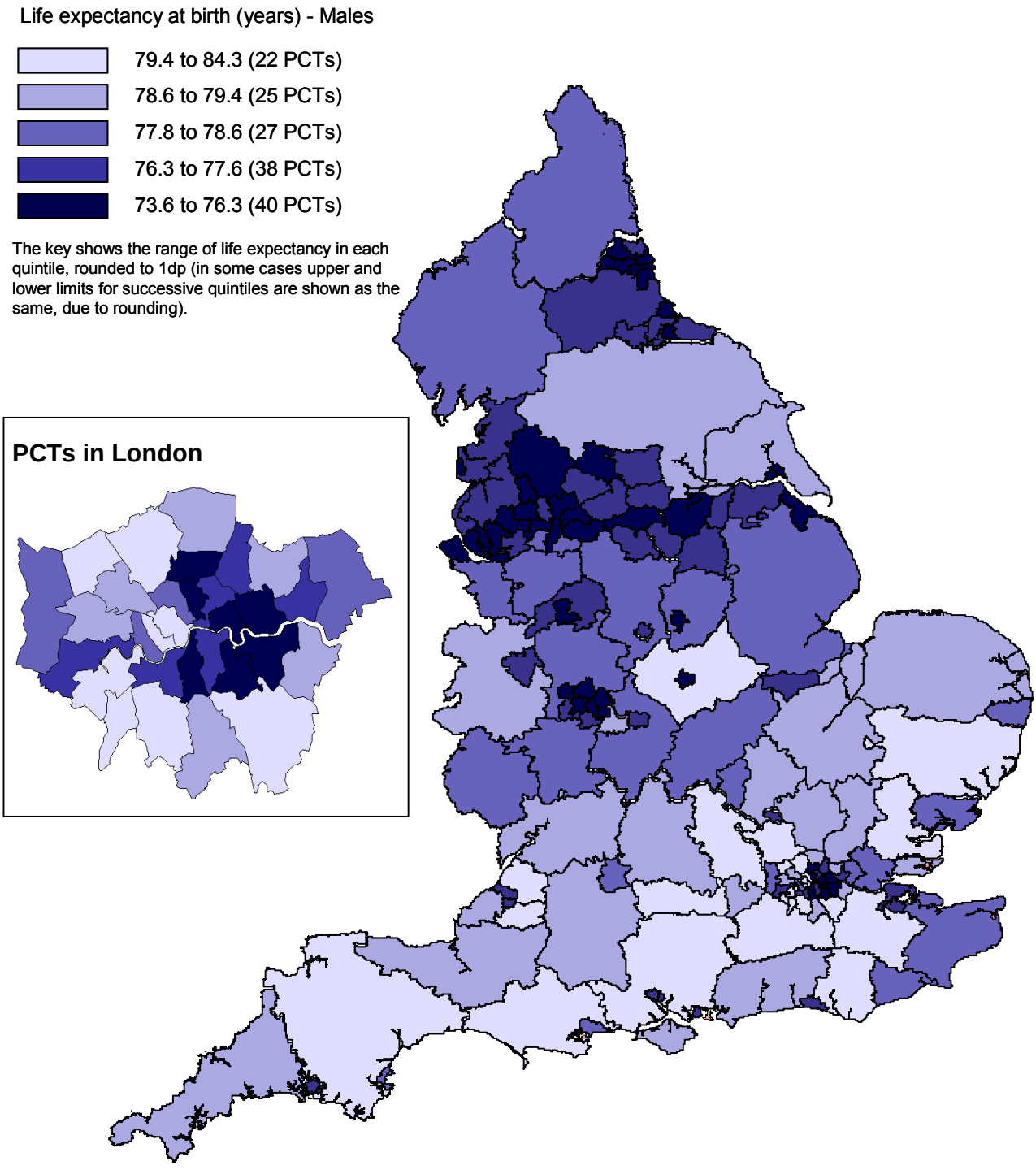
Period life expectancy at birth is also not a guide to the remaining expectation of life at any given age. For example, if female life expectancy was 80 years for a particular area, the life expectancy of women aged 65 years in that area would exceed 15 years. This reflects the fact that survival from a particular age depends only on the mortality rates beyond that age, whereas survival from birth is based on mortality rates at every age.

(ii) Notes about the derivation of quintiles:

PCTs were ranked by life expectancy at birth based on unrounded life expectancy figures. The PCT's were then divided into five groups by rank order, such that each quintile then contained equal proportions of the population.

Map 1.1: Male life expectancy at birth by Primary Care Trust (PCT) in England, 2006-08

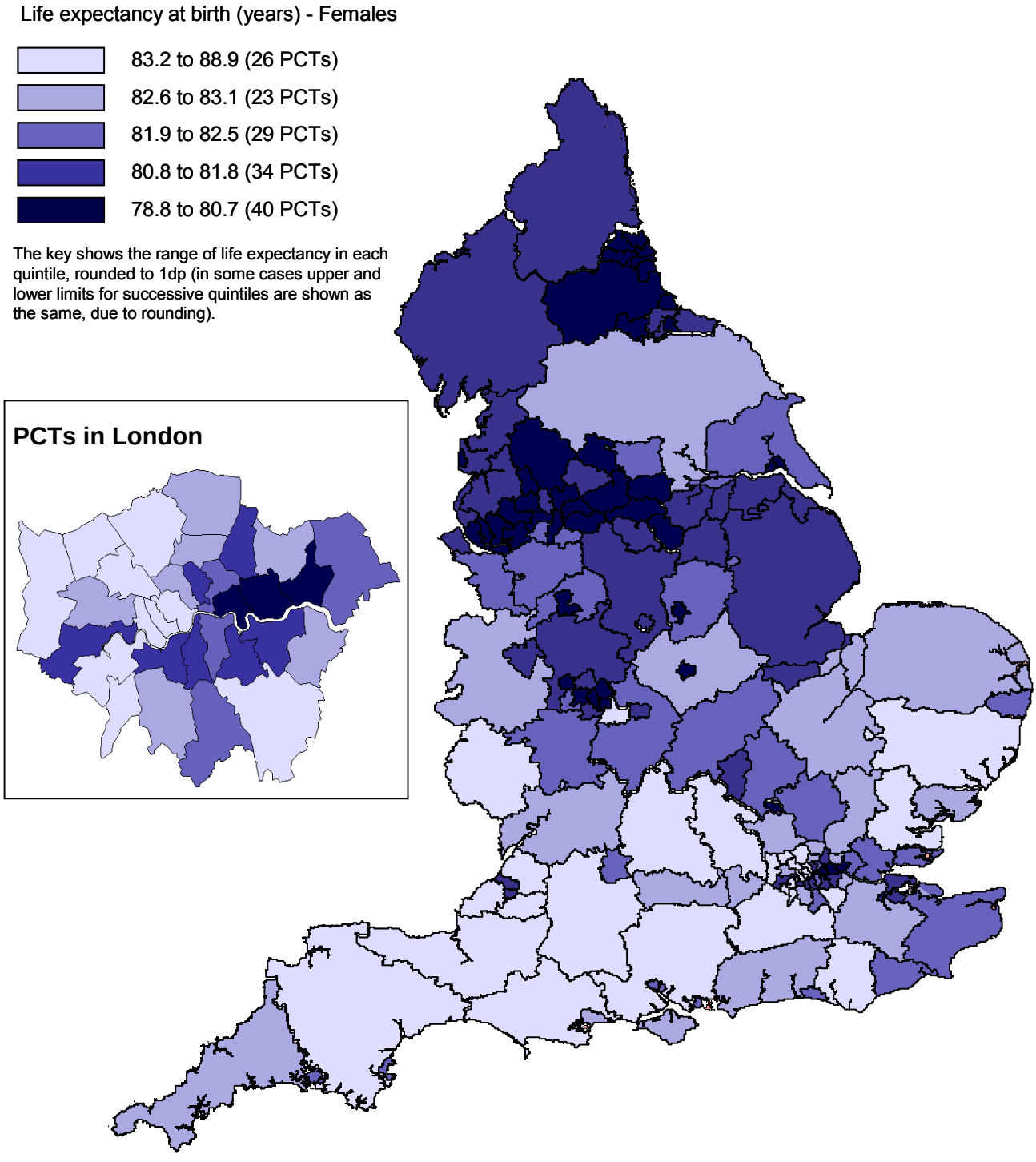
PCTs ranked by life expectancy at birth, divided into quintiles of roughly equal population



Source of data: Office for National Statistics

Map 1.2: Female life expectancy at birth by Primary Care Trust (PCT) in England, 2006-08

PCTs ranked by life expectancy at birth, divided into quintiles of roughly equal population



Source of data: Office for National Statistics

Section 1b – National Trends

This section of the Health Profile of England presents a 10 year time series of indicators that reflect health and well-being in England

Table 1b below illustrates a variety of indicators reflecting the health and wider social determinants of health over a 10 year time period. Where possible, trends have been provided for **existing** national indicators, for example those routinely used to monitor and report on PSA targets. These indicators may not be directly comparable to those presented in table 1a, but they have been chosen to reflect the same topic areas.

Key points from national time trends

- The number of homeless households (measured as both all households and households with dependent children) living in temporary accommodation as at March of each year peaked in 2005, but has fallen each year since then.

- GCSE performance (based on achievement of 5 or more GCSEs at grade A*-C or the equivalent, including English and mathematics GCSEs) has improved steadily over the ten years 1998/99 to 2007/08. For further information about this trend, please see chart 2.4 on page 29.

- Violent crime, as measured by the British Crime Survey (which excludes homicides, violent crimes against under 16s and those not resident in households), has fallen over the ten years 1999 to 2008/09, with most of the fall occurring in the period up to 2004/05.

- The percentage of children who have at least two hours a week of high quality PE and school sport has risen by 28 percentage points from 62% in 2003/04 to 90% in 2007/08. These figures are based on schools in 'School Sport Partnerships', which were rolled out to every maintained school during 2000 to 2006. For further information about this trend, please see chart 2.5 on page 32.

- Overall, the rate of teenage conceptions (to those aged under 18) fell by 10% between 1999 and 2008 (based on provisional 2008 data). Following a slight increase between 2006 and 2007, the rate fell again in 2008 and is now at the lowest level for over 20 years. For further information about this trend, please see chart 2.6 on page 33.

- The proportion of adults consuming five or more portions of fruit and vegetables a day increased from 2001 for both men and women, to a peak in 2006 and 2007. However, the proportion consuming five or more portions a day was lower in 2008.

- The proportion of physically active adults (i.e. adults achieving 30 minutes or more of moderate or vigorous activity on at least five days per week) has increased over recent years among both men and women. In 2008 42% of men, and 31% of women were physically active

- The proportion of 16 to 59 year olds reporting use of any illicit drug in the previous year has decreased over the ten years to 2008/09, from over 12 per cent in 2002/03 and 2003/04 to 10.1 per cent in 2008/09. This is due in part to successive declines in the use of cannabis between 2003/04 and 2007/08. Self-reported class A drug use among 16 to 59 year olds has remained generally stable between 2000 and 2008/09, although there was an increase in the most recent year (from 3.0 per cent in 2007/08 to 3.7 per cent in 2008/09).

- The proportion of adults who are obese has increased steadily over the ten years from 1999 to 2008 for both men and women. In 2008, nearly a quarter of men and women were obese. For further information about this trend, please see chart 2.9 on page 38.

- The rate of hospital admissions for alcohol-related harm increased by around 70 per cent between 2002/03 and 2008/09, from 925 admissions per 100,000 population to 1,583 admissions per 100,000 population.

- Life expectancy at birth increased year on year between 1998-00 and 2006-08 for both males and females, and is now at its highest ever level. For further information about this trend, please see chart 2.15 on page 48.

- The infant mortality rate has fallen steadily over the ten years to 2008, and is now at its lowest ever level.

- In people aged under 75 years, mortality rates from cancer and from all circulatory diseases have fallen year on year between 1998-00 and 2006-08, by 14 per cent for cancer and by 39 per cent for all circulatory diseases. For further information about these trends, please see charts 2.16 and 2.17 on pages 49 and 50 respectively.

- The rate of reported road deaths and serious injuries fell by 37 per cent in the ten years from 1999 to 2008.

National time trends

Trend data over time are presented in table 1b for each of the Health Profile indicator areas. In several cases indicators different from those presented in the Local Health Profiles[301] have been used, to ensure consistency with routine national reporting (eg: with regard to national PSA targets). The rationale for the selection of indicators for the national trend is presented in Annex C.

Table 1b (part)

HEALTH PROFILE OF ENGLAND

Summary of Indicators - National Trend

	INDICATOR	Period	Unit	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
	Our communities												
1	Employment (a)	Cal	%	74.8	75.1	75.1	75.1	75.0	75.1	75.0	74.8	74.6	74.7
2a	Children in poverty -before housing costs (d)	Fin	%	25	23	23	22	22	21	22	22	22	nd
2b	Children in poverty - after housing costs (d)	Fin	%	33	31	31	30	29	29	30	31	32	nd
3a	Poor quality housing - social sector (b)	Cal	%	nd	nd	nd	nd	nd	nd	nd	29.0	29.2	27.2
3b	Poor quality housing - vulnerable private sector (b)	Cal	%	nd	nd	nd	nd	nd	nd	nd	41.2	39.0	39.4
3c	Homelessness in temporary accommodation (c)	Q1	n	56,580	65,170	75,200	80,200	89,040	97,680	101,070	96,370	87,120	77,510
3d	Homelessness - with children, in temporary accommodation (c)	Q1	n	nd	nd	nd	54,660	61,510	70,580	72,670	71,560	65,210	59,230
4a	GCSE achieved (5A*-C) (e)	AY	%	47.9	49.2	50.0	51.6	52.9	53.7	54.9	57.3	59.9	64.4
4b	GCSE achieved (5A*-C inc. Eng & Maths) (e)	AY	%	38.6	40.0	40.7	42.1	41.9	42.6	42.5	44.0	45.8	48.2
5a	Violent crime (BCS) (f)	Fin*	EW pta	818	nd	652	644	612	544	545	569	502	478
5b	Overall crime (BCS)	Fin*	EW n000	15,015	nd	12,618	12,341	11,725	10,850	10,912	11,287	10,219	10,687
6a	Carbon Emissions (UK) (s)	Cal	m t CO^2	543.1	551.2	562.6	545.0	556.7	556.3	553.9	551.4	543.6	532.8
6b	Carbon Emissions per head (UK) (s)	Cal	t CO_2 ph	9.3	9.4	9.5	9.2	9.3	9.3	9.2	9.1	8.9	8.7
	Children's and young people's health												
7	Smoking in pregnancy	Cal	%	nd	19	nd	nd	nd	nd	17	nd	nd	nd
8a	Breast feeding at 6 weeks	Cal	EW %	nd	43	nd	nd	nd	nd	49	nd	nd	nd
8b	Breast feeding initiation	Cal	EW %	nd	71	nd	nd	nd	nd	77	nd	nd	nd
9	Physically active children (PE and school sport) (g)	AY	%	nd	nd	nd	nd	nd	62	69	80	86	90
10	Obese children (l) (t)	Cal	%	14.9	12.1	13.3	15.8	14.1	14.6	17.3	15.5	15.5	13.9
11	Children's tooth decay (at age 5) (u)	AY	pc	nd	1.43	nd	1.47	nd	1.49	nd	1.47	nd	1.11
12	Teenage pregnancy (under 18) (w)	Cal	p1, f15	44.8	43.6	42.5	42.7	42.2	41.6	41.3	40.6	41.7	40.4
	Adults' health and lifestyle												
13	Adults who smoke	Cal**	%	nd	27	27	26	25	25	24	22	21	21
14am	Drinking (exceeding sensible drinking) - adult males (o) (q)	Cal**	%	nd	28	27	27	nd	nd	24	31	nd	28
14af	Drinking (exceeding sensible drinking) - adult females (o) (q)	Cal**	%	nd	17	15	17	nd	nd	13	20	nd	19
14bm	Binge drinking - adult males (o)	Cal**	%	nd	21	21	21	23	23	18	23	25	21
14bf	Binge drinking - adult females (o)	Cal**	%	nd	9	9	9	9	9	8	15	16	14
15m	Healthy eating (5 a day) - adult males (l)	Cal	%	nd	nd	22	22	22	23	26	28	27	25
15f	Healthy eating (5 a day) - adult females (l)	Cal	%	nd	nd	25	25	26	27	30	32	31	29
16m	Physically active adults - males (l)	Cal	%	nd	nd	nd	nd	36	37	nd	40	nd	42
16f	Physically active adults - females (l)	Cal	%	nd	nd	nd	nd	24	25	nd	28	nd	31
17m	Obese adults - males (l)	Cal	%	18.7	21.0	21.0	22.1	22.2	22.7	22.1	23.7	23.6	24.1
17f	Obese adults - females (l)	Cal	%	21.1	21.4	23.5	22.8	23.0	23.2	24.3	24.2	24.4	24.9
	Disease and poor health												
18am	Under-16s not in good/very good health - males (l) (n)	Cal	%	7	8	7	8	7	5	6	6	5	6
18af	Under-16s not in good/very good health - females (l) (n)	Cal	%	6	8	7	8	5	6	4	6	6	5
18bm	16+ not in good/very good health - males (l) (n)	Cal	%	25	25	26	25	24	23	24	23	23	24
18bf	16+ not in good/very good health - females (l) (n)	Cal	%	25	27	26	26	25	26	25	25	26	25
18cm	65+ not in good/very good health - males (l) (n)	Cal	%	nd	nd	nd	nd	41	nd	43	nd	43	nd
18cf	65+ not in good/very good health - females (l) (n)	Cal	%	nd	nd	nd	nd	44	nd	45	nd	47	nd
19	Mental health (Suicide rates)	Cal 3	sr	9.7	9.3	8.9	8.6	8.6	8.5	8.3	7.9	7.8	nd
20	Hospital stays for alcohol related harm (i)	Fin	sr	nd	nd	nd	924.6	1,021.7	1,143.7	1,290.0	1,384.0	1,472.5	1,582.7
21a	Drug misuse treatment - numbers in treatment	Fin	n	nd	nd	nd	nd	125,545	160,453	177,055	195,464	202,666	nd
21b	Drug misuse treatment - completed or retained in treatment	Fin	%	nd	nd	nd	nd	72	75	76	80	83	nd
21c	Drug misuse - adults, any drug (j)	Fin*	EW %	nd	11.9	11.9	12.2	12.3	11.3	10.5	10.0	9.6	10.1
21d	Drug misuse - adults, Class A drugs (j)	Fin*	EW %	nd	3.2	3.2	3.3	3.5	3.2	3.4	3.4	3.0	3.7
22m	People diagnosed with diabetes - males (l)	Cal	%	nd	nd	nd	nd	4.3	nd	nd	5.6	nd	nd
22f	People diagnosed with diabetes - females (l)	Cal	%	nd	nd	nd	nd	3.4	nd	nd	4.2	nd	nd
23	New cases of tuberculosis	Cal	p100	11.3	12.3	12.7	13.4	13.4	14.0	15.4	15.4	15.1	15.5
24	Hip fracture in over-65s (r)	Fin	sr	516.3	490.5	482.3	505.2	507.7	496.5	496.7	485.8	490.4	483.8

Table 1b (cont.)

HEALTH PROFILE OF ENGLAND

Summary of Indicators - National Trend

	INDICATOR	Period	Unit	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
	Life expectancy and causes of death												
25	Excess winter deaths	Win	%	27.6	29.1	14.8	16.4	14.3	13.9	19.6	15.8	15.2	15.7
26	Life expectancy - males (h)	Cal 3	yr	75.3	75.6	75.9	76.1	76.5	76.8	77.2	77.5	77.7	nd
27	Life expectancy - females (h)	Cal 3	yr	80.1	80.3	80.6	80.7	80.9	81.1	81.5	81.7	81.9	nd
28	Infant deaths (m)	Cal	p1, lb	5.7	5.6	5.4	5.3	5.3	5.1	5.0	5.0	4.8	4.7
29m	Deaths from smoking - males (x)	Cal	sr, 35+	nd	nd	401.5	394.8	386.0	360.9	344.4	319.1	308.3	300.0
29f	Deaths from smoking - females (x)	Cal	sr, 35+	nd	nd	180.2	173.6	172.7	159.8	157.0	148.0	146.0	144.8
30	Early deaths: heart disease & stroke	Cal 3	sr	121.8	114.5	108.2	102.8	96.7	90.5	84.2	79.1	74.8	nd
31	Early deaths: cancer	Cal 3	sr	132.0	128.7	126.5	124.1	121.6	119.0	117.1	115.5	114.0	nd
32	Road injuries and deaths (v)	Cal	p100	74.7	72.8	71.0	69.0	64.8	59.4	55.4	54.3	52.3	47.4

ABBREVIATIONS

Period: Cal = Calendar year; Cal 3 = Calendar year - three year average centred on year shown; Fin = Financial year; AY = Academic Year (eg 2003/04 AY shown at 2004); Q1 = Quarter ending 31 March each year; Win = winter months (Dec to Mar) (eg Dec 2007 to Mar 2008 shown at 2008)

*Financial year from 2001/02, calendar year previously. **Calendar year from 2005, financial year previously.

Unit: % = percent; pta = per 10,000 adults; n = number; n000 = number in thousands; sr = age standardised rate (to European standard population) per 100,000 population; pc = per child; 35+ = aged 35 and over; p1, 65+ = per 1,000 people aged 65 and over; p1, f15 = per 1,000 females aged 15-17; p1, lb - per 1,000 live births; p100 = per 100,000 population; EW - Data are for England and Wales; m t CO2 = million tonnes net CO2 emissions (emissions minus removals); t CO2 ph = tonnes net CO2 emissions (emissions minus removals) per head.

grey shade indicates a break in the series (see footnotes for details).

'nd' indicates no data available.

NOTES

(a) All figures revised since previous Health Profiles - figures are now the average of the four calendar quarters (seasonally adjusted) in each year (previous Health Profiles presented figures at Quarter 2 (Apr-Jun) each year). Working age (16 to 59/64 years old).

(b) Social sector: % of social sector homes that are non-decent; Vulnerable private sector: % of vulnerable private sector households living in non-decent homes. Figures are based on the Housing Health and Safety Rating System (HHSRS) definition of decent housing. The HHSRS replaced the Fitness Standard as the statutory assessment tool for housing from April 2006. Based on the Fitness Standard (not directly comparable to figures in the table), social sector non-decent homes decreased from 39% in 2001 to 29% in 2006; vulnerable private sector households in non-decent homes decreased from 43% to 32% over the same period.

(c) All homeless households and homeless households with dependent children in temporary accommodation. Figures at end of March each year (i.e. for Jan-Mar quarter) (not seasonally adjusted).

(d) Based on Households Below Average Income information from the Department for Work and Pensions. Figures from 2002/03 are for income below 60% of United Kingdom median income; figures for earlier years use the Great Britain median. The OECD equivalisation scale is used to moderate income across different household types. The after housing costs measure is based on income minus a measure of housing costs (which includes rent, mortgage interest payments, and water charges).

(e) From 2004/05, based on pupils at the end of Key Stage 4 in the academic year in all maintained schools (excluding hospital schools & PRUs); before 2004/05, based on pupils aged 15 at the start of academic year in all schools (not directly comparable with Key Stage 4 data). From 1996/97 includes GCSEs and GNVQs, from 2003/04 includes GCSEs and other equivalent qualifications approved for use pre-16.

(f) All BCS violence includes wounding, robbery, assault with minor injury and assault with no injury. Snatch theft is no longer included.

(g) Percentage of pupils in School Sport Partnership Schools who spend a minimum of 2 hours in a typical week on high-quality PE and school sport (covers children aged 5-16). Based on a survey of schools in School Sport Partnerships. The partnerships were set up in a number of phases and were rolled out to all maintained schools in England during 2000 to 2006, so coverage of maintained schools increased over this period and the trend should be interpreted with caution. See Section 2, chart 2.5 for further information.

(h) National life expectancy figures from interim life tables published by Office for National Statistics. Figures are based on deaths by date of registration.

(i) Inpatient admissions to NHS hospitals (also including NHS commissioned activity in the independent sector) for alcohol-related harm. The definition has been revised since previous Health Profiles to include a wider range of conditions, and all figures reflect the new definition.

(j) Ages 16-59. Self-reported drug misuse in the last year. Any drug use includes ketamine since 2006/07 interviews, and any drug use and class A drug use includes methamphetamine since 2008/09 interviews. 2007/08 figure for any drug use has been revised.

(l) Weighting for non-response was introduced in the Health Survey for England in 2003. Unweighted data from HSfE shown to 2002 (shaded grey); weighted data from 2003.

(m) Based on the number of deaths registered in each year (in the 2008 Health Profile, figures up to 2005 were based on deaths occurring in each year).

(n) Self-assessed health is "fair", "bad", or "very bad". For under-16s, ages 0-1 are only included from 2001.

(o) Method of calculating units of alcohol revised from 2006 to take account of changes in strength and way some drinks are consumed Old method shown to 2005 (shaded grey); new method (assuming an average wine glass size) from 2006. Data for 2008 are also available on the new method combined with data on wine glass size - see General Lifestyle Survey 2008 results on National Statistics website for further details.

(q) Based on average weekly consumption data (more than 21/14 units per week for males/females).

(r) Based on emergency inpatient admissions. Data are based on all patients treated in England (so may differ slightly from Local Health Profile data presented in table 1a, which are based on patients resident in England). Data for all years are ungrossed, i.e. are not yet adjusted for shortfalls.

(s) Figures shown do not include any adjustment for the effect of the EU Emissions Trading Scheme (EUETS), which was introduced in 2005. The entire time series is revised each year to take account of methodological improvements in the UK emissions inventory. These figures are full national inventory estimates for the UK. Note that the carbon emissions figures in table 1a are based on a slightly different methodology (they are based on local CO2 estimates - some sectors of the UK national inventory are not included in the local estimates because they cannot be disaggregated to local area level; in addition, emissions in the UK Crown Dependencies and Overseas Territories are excluded from the local area estimates).

(t) Based on ages 2-10 with valid BMI. Data have been revised since previous Health Profile. In 2008 the definitions for children who were overweight or obese were revised from those used in previous years to correct an error which meant that small numbers of children that should have been classified as either 'overweight' or 'obese' were omitted from these categories because of rounding of age and BMI thresholds. In no cases were results significantly different from those presented previously.

(u) Mean number of decayed/missing/filled teeth per child. Latest data for 2007/08 are not directly comparable with data for earlier years due to changes in the survey methodology (in particular, the introduction of positive parental consent for dental examination). In 2007/08 the response rate was 66.8%, and data may be affected by non-response bias.

(v) Based on accidents reported to the police. Very few, if any, road accident fatalities are not reported to the police but a considerable proportion of non-fatal casualties are not known to the police.

(w) 2008 data for teenage conceptions are provisional.

(x) The methodology used to derive the figures differs from that used in the Local Health Profiles, so figures are not comparable with those presented in table 1a (regional comparison) - see entry for Deaths from smoking (indicator 29) in Annex A for further details. Figures are consistent with those presented in table 2F (snapshot).

Section 2 – Snapshot of Health and Well-being in England

This section of the Health Profile of England investigates those indicators presented in tables 1a and 1b in a broader context. More indicators have been covered to give more depth to topic areas, and commentary about key messages is presented.

Snapshot tables are presented for each 'domain' of health and its determinants. These show high-level summaries for a range of indicators, showing data for the latest year available, and, unless stated otherwise, the preceding year and for five years previously. In addition, for each domain selected indicators have been presented graphically, covering a slightly longer time period to provide additional context for recent changes.

Population

The following table (2A) and charts (2.1 and 2.2) show key demographic information about the people living in England.

Key messages

- The live birth rate and overall population are rising.
- Over the last five years the proportion of the population aged under 15, aged between 15-64, and aged 65 and over have shown little change.

Table 2A

SNAPSHOT OF HEALTH AND WELL-BEING IN ENGLAND

POPULATION	Year	Number	Measure		Previous values - 1yr	Previous values - 5yrs
Total population - females	2008	26,127,500	as number	n	25,977,500	25,447,600
Total population - males	2008	25,318,800	as number	n	25,114,500	24,418,600
Population aged under 15 - females (a)	2008	4,409,700	17	%	17	18
Population aged under 15 - males (a)	2008	4,623,600	18	%	18	19
Population aged 15 to 64 - females (a)	2008	17,049,900	65	%	65	65
Population aged 15 to 64 - males (a)	2008	17,077,900	67	%	68	67
Population aged 65 and over - females (a)	2008	4,667,900	18	%	18	18
Population aged 65 and over - males (a)	2008	3,617,300	14	%	14	14
Minority ethnic community population (b)	2001	4,459,470	9	%	nd	nd
Lone parent families with dependent children (c)	2001	1,515,123	25	%	nd	nd
Lone pensioner households (d)	2001	2,939,465	14	%	nd	nd
Live births	2008	672,800	13.1	cr	12.8	11.8

POPULATION - NOTES: see also: GENERAL NOTES

(a) Measure = % of total population (male/female/persons as appropriate). Percentages across age groups may not sum to 100% due to rounding.

(b) Measure = % of total population, based on 2001 Census counts. ONS has published more recent minority ethnic community populations as 'experimental statistics'. Data for 2007 show the minority ethnic community population as being 12% of the total population.

(c) Measure = % of all families with dependent children.

(d) Measure = % of all households.

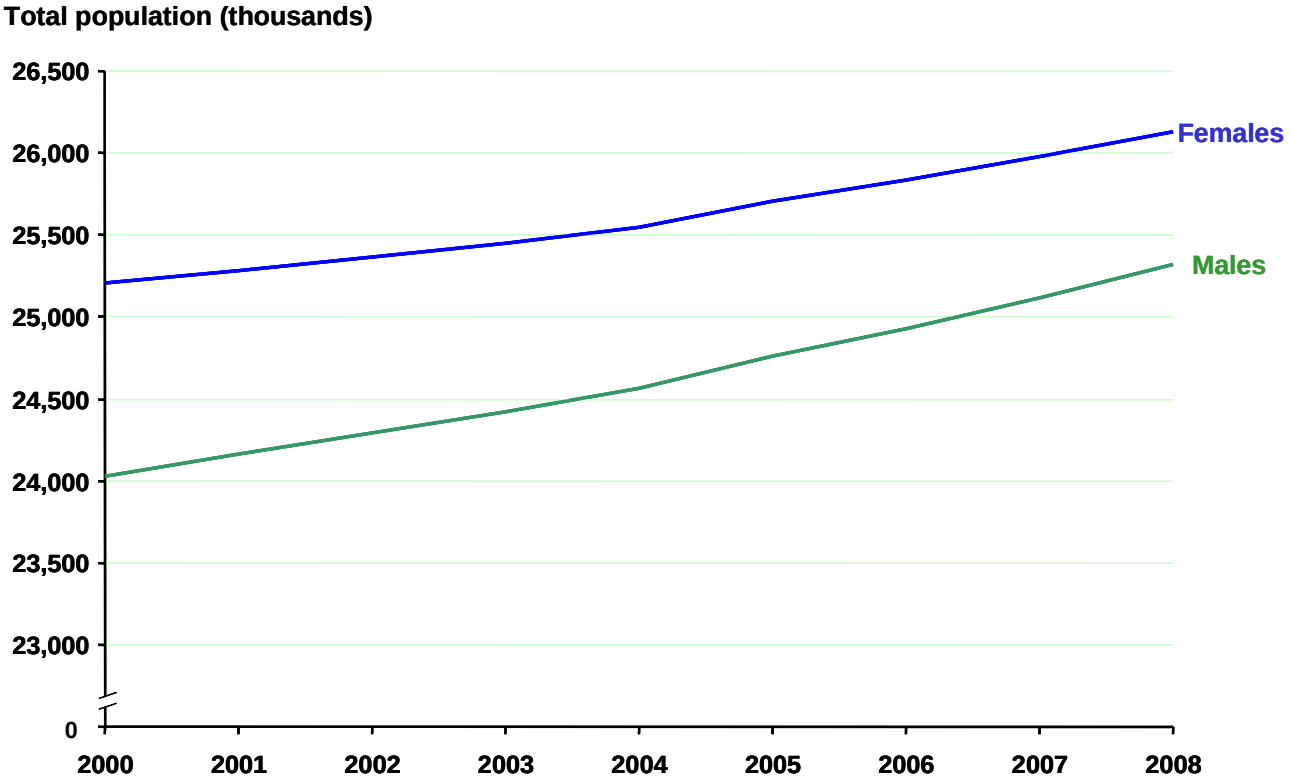
GENERAL NOTES

Previous values are values of the measure 1 year and 5 years prior to the latest data shown (eg if "Year" is 2008, "-1yr" relates to 2007 and "-5yr" relates to 2003), unless stated otherwise in notes for individual indicators.

Data are for England except where otherwise stated
cr = Crude rate (per 1000 population unless otherwise stated)
sr = Age standardised rate (per 100,000 population - to the European standard population)
EW = England and Wales data
P - Provisional data
n = Number
yr = Years
nd = no data

Chart 2.1 below shows that the population of England has continued to increase since 2000. The number of males living in England has increased at a faster pace than the number of females.

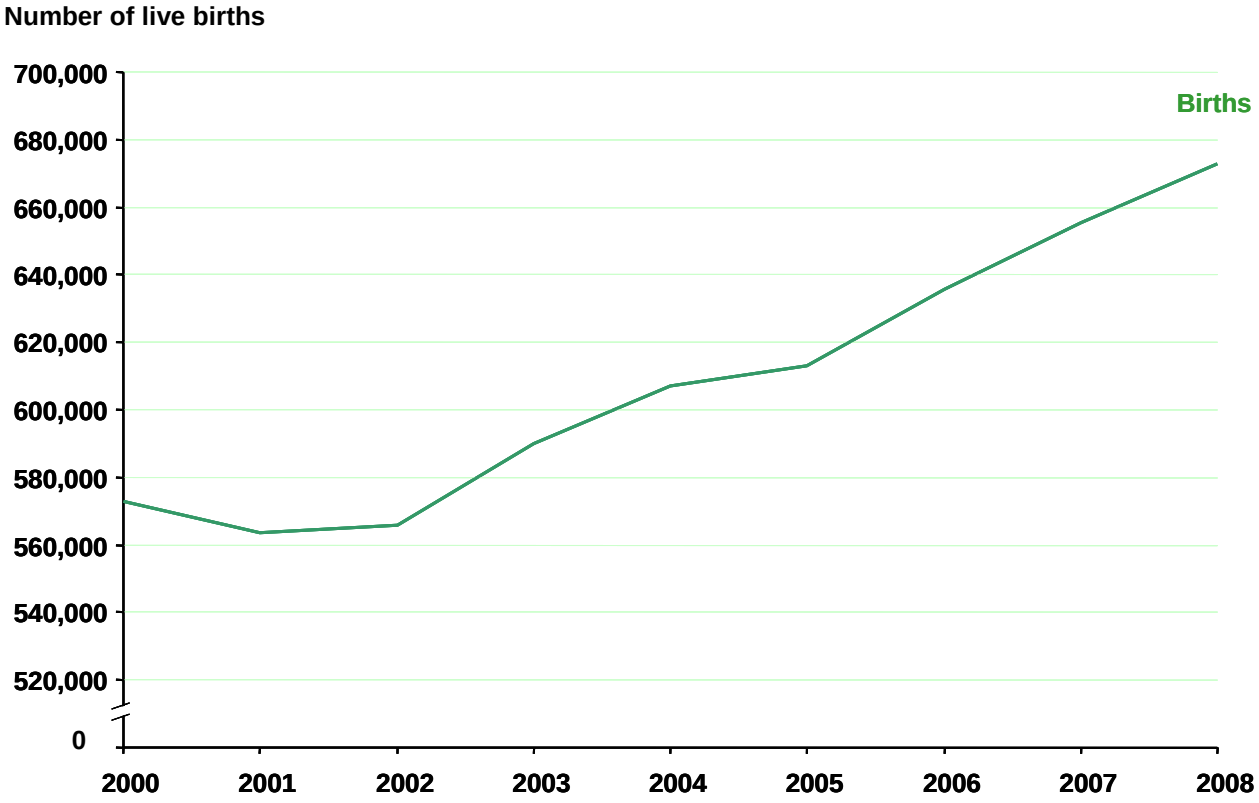
Chart 2.1 - Total Population in England



Source: Office for National Statistics, population estimates

Chart 2.2 below shows the number of live births in England since 2000. Despite a slight drop in live births in the early part of the decade, the number of births has been rising steadily. Reference to table 2A shows that the increase in numbers of births has also been accompanied by an increase in the rate of births (i.e. more live births per 100,000 population) compared to 1 or 5 years previously.

Chart 2.2 - Live births in England



Source: Office for National Statistics (ONS), birth registration statistics

Our Communities

The following table (2B) and charts (2.3 and 2.4) show information about the wider social and physical determinants of health.

Key messages

- The number of homeless households in temporary accommodation has fallen over the past five years.
- The proportion of children achieving five or more GCSE's A*-C grades increased by nearly 10 percentage points between 2004/05 and 2007/08.
- The number of adults without qualifications has fallen in the past five years.

Table 2B

SNAPSHOT OF HEALTH AND WELL-BEING IN ENGLAND

OUR COMMUNITIES	Year	Number	Measure		Previous values - 1yr	Previous values - 5yrs
Employment (a)	2008	23,639,000	74.7	%	74.6	75.0
Poor quality housing - Social sector (f) (h)	2008	1,069,000	27.2	%	29.2	nd
Poor quality housing - Vulnerable private sector (g) (h)	2008	1,207,000	39.4	%	39.0	nd
Homeless households (i)	2008	77,510	as number	n	87,120	89,040
Homeless families with children (j)	2008	59,230	as number	n	65,210	61,510
Children in poverty - before housing costs (k)	2007/08		22	%	22	22
Children in poverty - after housing costs (k)	2007/08		32	%	31	30
GCSE achievement (5 at grades A*-C) (l)	2007/08		64.4	%	59.9	54.9*
GCSE achievement (5 at grades A*-C, including English and Maths) (l)	2007/08		48.2	%	45.8	42.5*
Participation in higher education (ages 17-30) (m)	2007/08P	296,000	43	%	42	nd
Adults with no qualifications (b)	2008		10.9	%	11.4	13.7
Violent crime incidents (EW) (n)	2008/09	2,114,000	478	cr	502	612
Overall crime incidents (EW) (o)	2008/09	10,687,000	as number	n	10,219,000	11,725,000
Carbon emissions (UK) (e)	2008	532.8	8.7	cr	8.9	9.3
Air quality - PM10 (Urban background) (c)	2008		19	cn	22	26
Air quality - PM10 (Roadside) (c)	2008		29	cn	33	35
Air quality - Ozone (Urban background) (d)	2008		59	cn	56	60
Air quality - Ozone (Rural) (d)	2008		69	cn	68	75
Adults supported to live independently (p)	2008/09P		3,217	cr	nd	nd
Older people supported to live independently (p)	2008/09P		9,931	cr	nd	nd

OUR COMMUNITIES - NOTES: see also: GENERAL NOTES

* Previous value does not relate to 1 or 5 years before latest data shown - see note for individual indicator for details.

cn = concentration (micro grams per metre cubed)

(a) Revised definition - figures are now the average of the four calendar quarters (seasonally adjusted) in each year (previous Health Profiles presented figures at Quarter 2 (Apr-Jun) each year). Based on working age population (16 to 59/64 years old for females/males).

(b) Based on ages 19 to 59/64 for females/males (in previous Health Profiles, figures for ages 16 to 59/64 were presented).

(c) Annual mean concentration. Figures may vary from previous years due to changes in monitoring network and indicator sites each year.

(d) Annual mean of the daily maximum 8 hour running mean concentration. Figures may vary from previous years due to changes in monitoring network and indicator sites each year.

(e) Measure = Tonnes net CO_2 emissions (emissions minus removals) per head (Number is million tonnes net emissions). Figures shown do not include any adjustment for the effect of the EU Emissions Trading Scheme (EUETS), which was introduced in 2005. The entire time series is revised each year to take account of methodological improvements in the UK emissions inventory. These figures are full national inventory estimates for the UK. Note that the carbon emissions figures in table 1a are based on a slightly different methodology (they are based on local CO2 estimates - some sectors of the UK national inventory are not included in the local estimates because they cannot be disaggregated to local area level; in addition, emissions in the UK Crown Dependencies and Overseas Territories are excluded from the local area estimates).

(f) Number and % of social sector homes that are non-decent.

(g) Number and % of vulnerable private sector households living in non-decent homes.

(h) Figures are based on the Housing Health and Safety Rating System (HHSRS) definition of decent housing. Earlier data are available on the Fitness Standard definition (and were presented in previous Health Profiles), but are not comparable with figures based on the HHSRS definition. (The HHSRS replaced the Fitness Standard as the statutory assessment tool for housing from April 2006).

(i) Homeless households in temporary accommodation. Based on data for quarter ending 31st March each year (not seasonally adjusted).

(j) Homeless households with dependent children in temporary accommodation. Based on data for quarter ending 31st March each year (not seasonally adjusted).

(k) Based on Households Below Average Income information from the Department for Work and Pensions. Living in relative low-income households (below 60% of United Kingdom median income for figures since 2002/03, Great Britain median for earlier years). The OECD equivalisation scale is used to moderate income across different household types. The after housing costs measure is based on income minus a measure of housing costs (which includes rent, mortgage interest payments, and water charges).

(l) Based on pupils at the end of Key Stage 4 in the academic year, all maintained schools excluding hospital schools & PRUs. Figures presented in previous Health Profiles were based on pupils aged 15 at the start of academic year in all schools (including non-maintained schools). Figures include GCSEs and other equivalent qualifications approved for use pre-16. "-5yrs" is for 2004/05 (i.e. 3 years prior to latest figure).

(m) Measure = the sum, for each year of age between 17 and 30, of the % of the age group who participate in Higher Education for the first time, for at least six months.The methodology has been revised, and earlier data prior to 2006/07 are not comparable. 2007/08 data are provisional.

(n) For violent offences, cr = per 10,000 adults. The 2007/08 figure has been revised. BCS violence includes wounding, robbery, assault with minor injury and assault with no injury. Snatch theft is not included. Homicides are excluded.

(o) The 2007/08 figure has been revised. Rate cannot be calculated for overall crime incidents as this combines data collected by household and by person victimised. Homicides are excluded.

(p) Adults (aged 18 and over)/Older people (aged 65 and over) assisted directly through social services assessed/care planned, funded support to live independently, plus those supported through organisations that receive social services grant funded services, per 100,000 population. The indicator is adjusted for likely needs for social care services using needs-weighted population estimates (and for all adults is age-standardised). There is the potential for double counting between assessed services and grant funded services, and between grant funded organisations. 2008/09 data are provisional, and are based on 149 out of 150 councils providing full data. Data for earlier years are not directly comparable.

GENERAL NOTES

Previous values are values of the measure 1 year and 5 years prior to the latest data shown (eg if "Year" is 2008, "-1yr" relates to 2007 and "-5yr" relates to 2003), unless stated otherwise in notes for individual indicators.

Data are for England except where otherwise stated

cr = Crude rate (per 1000 population unless otherwise stated)

sr = Age standardised rate (per 100,000 population - to the European standard population)

EW = England and Wales data

P - Provisional data

n = Number

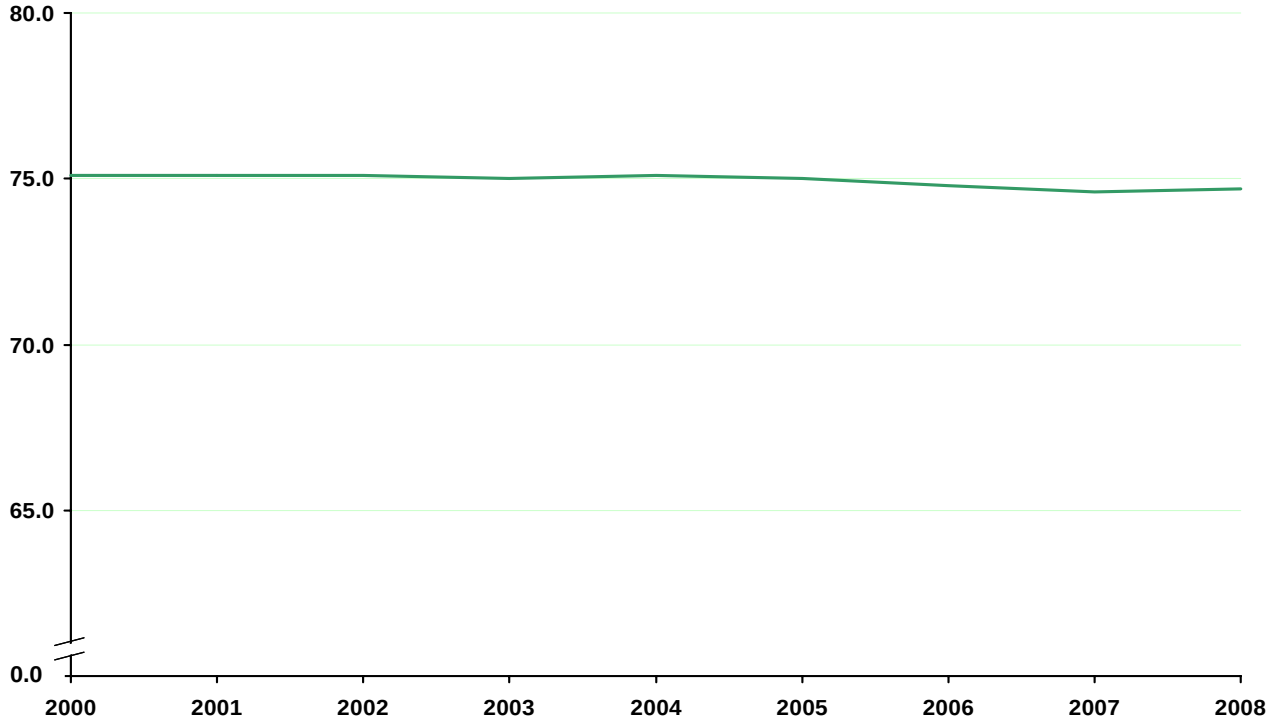
yr = Years

nd = no data

Chart 2.3 below shows the percentage of people of working age in employment in England between 2000 and 2008 (based on the average of the four calendar quarters in each year). The trend in employment among people of working age was broadly stable between 2000 and 2005. Between 2005 and 2008, there was a slight decrease in the percentage of working age people employed.

Chart 2.3 - Percentage of people employed in England

Percentage of people employed of working age

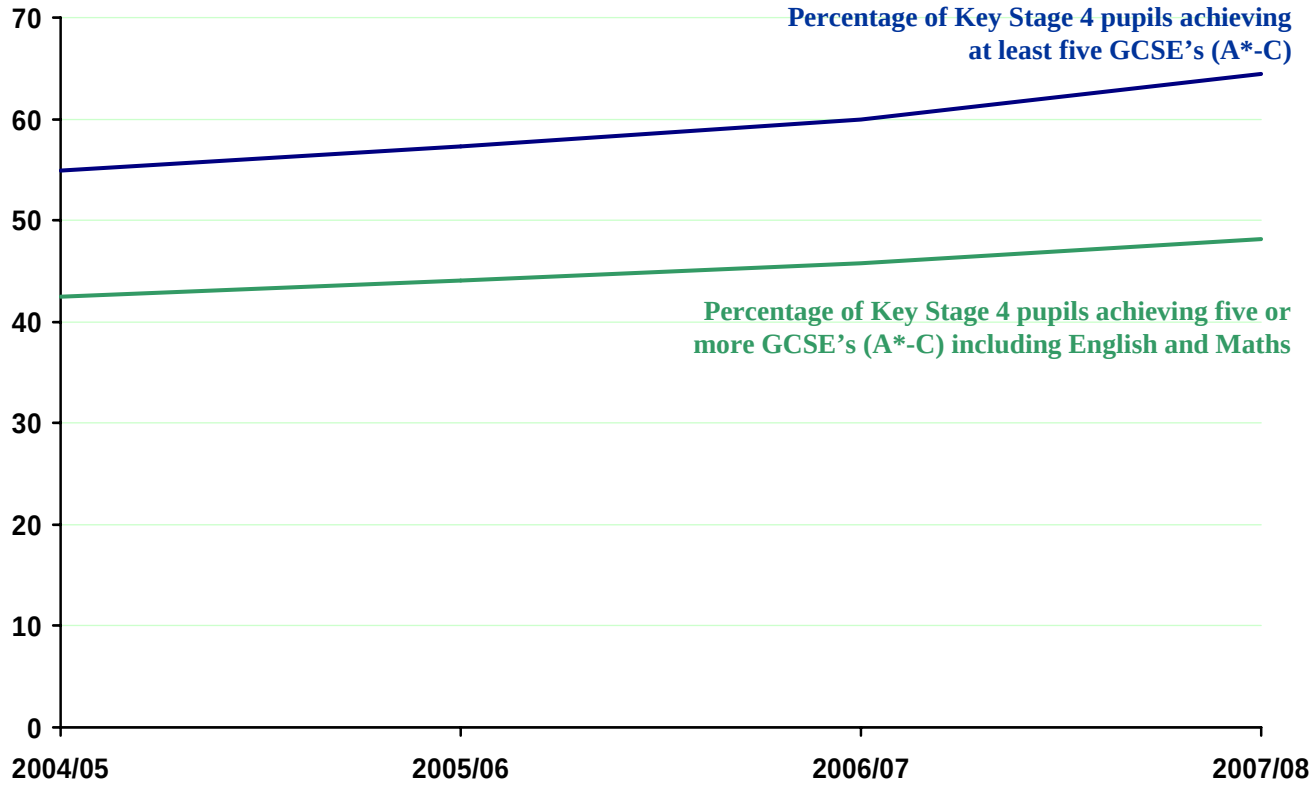


Source: Office for National Statistics (ONS), Labour Force Survey
Figures are the average of the four calendar quarters (seasonally adjusted) in each year, based on working age population (16 to 59/64 years old for females/males).

Chart 2.4 shows the trend in percentage of Key Stage 4 pupils achieving at least five GCSE's at grades A*-C, also including the trend for those achieving the same grades including the subjects English and Maths. The percentage of pupils achieving at least five GCSE's (A*-C) shows a continual increase during the time period shown, as has the percentage of pupils achieving five GCSE's including English and Maths.

Chart 2.4 GCSE achievement at Key Stage 4

Percentage of pupils achieving five or more GCSE's (A*-C) at Key Stage 4



Source: DCSF, GCSE results
Information prior to 2004/05 is available on a different basis – for more information please refer to National Trends table 1b.

Children and young people's health

The following table (2C) and charts (2.5 and 2.6) show information about the health of young people living in England.

Key messages

- Breast feeding initiation and prevalence at 6 weeks increased between 2000 and 2005.
- There has been some fluctuation in the level of childhood obesity, but the latest figure is approximately the same as five years ago.
- The proportion of pupils (aged 11-15) who had 'drunk alcohol in the last week' has continued to decrease since 2001.
- Due to changes in the method for deriving units of alcohol from drinks consumed, it is difficult to assess trends in the average amount of alcohol drunk by 11 to 15 years olds. Despite showing an increase in mean alcohol consumption between 2007 and 2008, it is likely that the trend has not changed overall since 2001.
- The percentage of children aged between 11-15 who report 'misusing drugs within the last year' has fallen in the past five years.
- The percentage of children immunised against MMR by their second birthday has risen in the past five years.

Table 2C

SNAPSHOT OF HEALTH AND WELL-BEING IN ENGLAND

CHILDREN'S AND YOUNG PEOPLE'S HEALTH	Year	Number	Measure		Previous values - 1yr	Previous values - 5yrs
Smoking in pregnancy (a)	2005		17	%	nd	19
Breast feeding initiation (EW) (b)	2005		77	%	nd	71
Breast feeding (at 6 weeks) (EW) (c)	2005		49	%	nd	43
Physically active children (PE and school sport) (d)	2007/08		90	%	86	62*
Obese children (aged 2 to 10) (e) (u)	2008		13.9	%	15.5	14.1
Healthy eating (Five a day) - children (f) (u)	2008		19	%	21	11
Children's tooth decay (dmft, 5 yrs old) (t)	2007/08		1.11	cr	nd	nd
Schoolchildren smoking (g) (h)	2008		6	%	6	9
Schoolchildren drinking (g) (i)	2008		18	%	20	25
Schoolchildren drinking - mean consumption (g) (i) (j)	2008		14.6	un	12.7	nd
Schoolchildren misusing drugs (g) (k)	2008		15	%	17	21
Teenage pregnancy (under 18 conceptions) (l)	2008P	38,750	40.4	cr	41.7	42.2
Teenage pregnancy (under 16 conceptions) (m)	2008P	7,123	7.8	cr	8.3	7.9
Low birthweight babies (n)	2008	47,833	7.2	%	7.2	7.7
Immunised by first birthday (DTaP/IPV/Hib) (o) (r)	2008/09		92	%	91	nd
Immunised by first birthday (MenC) (p) (r)	2008/09		91	%	90	90
Immunised by second birthday (MMR) (q) (r)	2008/09		85	%	85	80
'Looked after' children (s)	2008	59,400	54	cr	55	55

CHILDREN'S AND YOUNG PEOPLE'S HEALTH - NOTES:

see also: GENERAL NOTES

* Previous value does not relate to 1 or 5 years before latest data shown - see note for individual indicator for details.

(a) Percentage of mothers who smoked throughout pregnancy.

(b) Percentage of babies who were breastfed initially

(c) Percentage of babies being breastfed at 6 weeks of age.

(d) Percentage of pupils in School Sport Partnership Schools who spend a minimum of 2 hours in a typical week on high-quality PE and school sport. Based on a survey of schools in School Sport Partnerships. The partnerships were set up in a number of phases and were rolled out to all maintained schools in England during 2000 to 2006, so coverage of maintained schools increased over this period and the trend should be interpreted with caution. See chart 2.5 for further information. '-5yrs' figure is for 2003/04 (i.e. 4 years before latest figure), which is the earliest available data.

(e) Percentage of children aged 2 to 10 classified as obese (defined using UK BMI percentiles classification). Data have been revised since previous Health Profile. In 2008 the definitions for children who were overweight or obese were revised from those used in previous years to correct an error which meant that small numbers of children that should have been classified as either 'overweight' or 'obese' were omitted from these categories because of rounding of age and BMI thresholds. In no cases were results significantly different from those presented previously.

(f) Percentage consuming 5 or more portions of fruit and vegetables per day, ages 5-15.

(g) Ages 11-15.

(h) Regular smokers (usually smoke at least one cigarette a week).

(i) Based on pupils who drank in week before interview. For mean consumption, un = units of alcohol per week.

(j) Based on revised method of calculating units of alcohol from drinks consumed (introduced in 2007 datayear and presented in 2008 Health Profile but not in earlier Health Profiles). The revised method takes account of changes in the strength and way some drinks are consumed (eg increases in the size of glass in which wine is served on licensed premises), and resulted in increased consumption estimates (which does not in itself reflect a real change in drinking among schoolchildren).

(k) Pupils who had taken drugs in the last year at time of interview.

(l) For under-18 conceptions, cr = per 1,000 females aged 15-17.

(m) For under-16 conceptions, cr = per 1,000 females aged 13-15.

(n) Live births < 2500g. Measure = as % of all live births with stated birthweight.

(o) Percentage of children immunised against diphtheria, tetanus, polio, whooping cough and Hib (DTaP/IPV/Hib) by their first birthday. (Figures for DTaP/IPV/Hib combined are available from 2006/07. 2006 and 2007 Health Profiles presented the mean of % immunised for each separate condition).

(p) MenC = meningococcal group C. 2007/08 data may be affected by a change in the immunisation schedule - see *NHS Immunisation Statistics, England: 2007-08* (The NHS Information Centre) for further details.

(q) MMR = measles, mumps and rubella.

(r) Data since 2005/06 should be treated with some caution as small movements could be partly due to data issues in London where uptake rates are lower than elsewhere in the country.

(s) Children looked after by local authorities, at 31st March. cr = per 10,000 children under 18. Children looked after under an agreed series of short term placements are excluded. The number for 2008 has been revised.

(t) For decayed, missing and filled teeth, cr = per child. Figures are for academic year. Data for earlier years are not directly comparable due to changes in the survey methodology (in particular, the introduction of positive parental consent for dental examination). In 2007/08 the response rate was 66.8%, and data may be affected by non-response bias. Data for earlier years are presented in table 1b.

(u) Weighted data (for non-response) from the Health Survey for England.

GENERAL NOTES

Previous values are values of the measure 1 year and 5 years prior to the latest data shown (eg if "Year" is 2008, "-1yr" relates to 2007 and "-5yr" relates to 2003), unless stated otherwise in notes for individual indicators.

Data are for England except where otherwise stated

cr = Crude rate (per 1000 population unless otherwise stated)

sr = Age standardised rate (per 100,000 population - to the European standard population)

EW = England and Wales data

P - Provisional data

n = Number

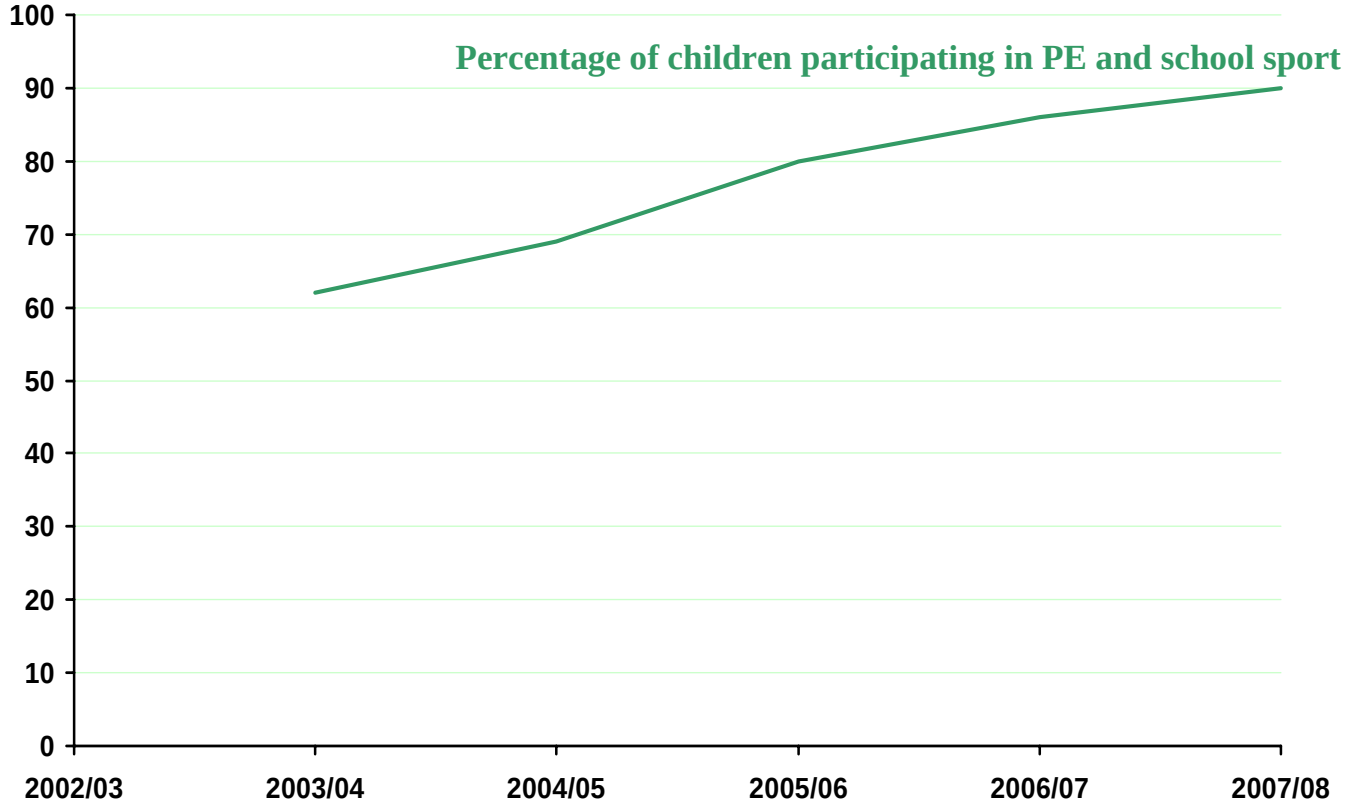
yr = Years

nd = no data

Chart 2.5 shows the percentage of children who participate in at least two hours a week of high quality PE and school sport. The percentage of 5-16 year olds in School Sport Partnership Schools taking part in at least two hours high quality PE and sport each week has risen from 62% in 2003/04 to 90% in 2007/08. School Sport Partnerships were set up in a number of phases and were rolled out to all maintained schools in England during 2000 to 2006, so coverage of maintained schools increased over this period and data are not based on a consistent set of partnerships. Further analysis published by DCSF, based on consistent sets of partnerships tracked over time, shows there have been year on year increases in PE and school sport participation for all phases of partnerships.

Chart 2.5 – PE and school sport in children in England

Percentage of pupils, minimum of 2 hours activity a week

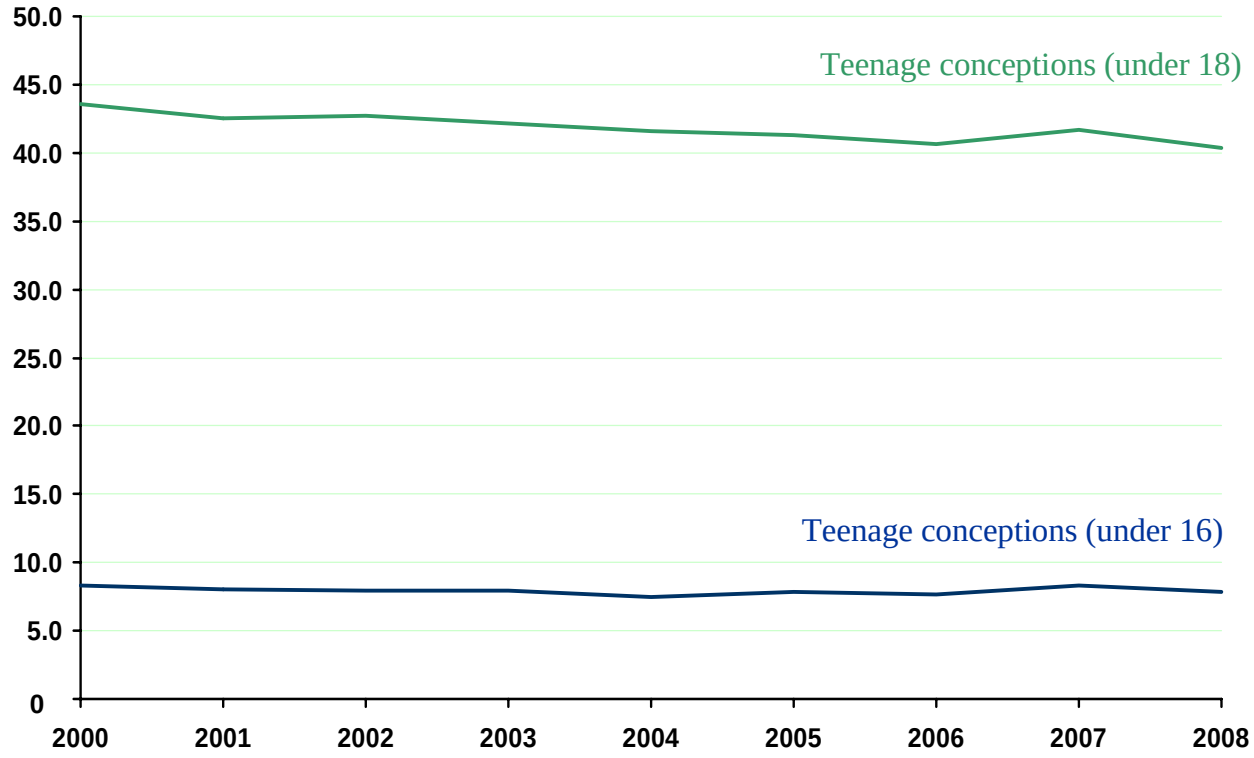


Source: DCSF, School Sport Survey.
Percentage of pupils in School Sport Partnership Schools who spend a minimum of 2 hours in a typical week on high-quality PE and school sport (covers children aged 5-16). Based on a survey of schools in School Sport Partnerships. The partnerships were set up in a number of phases and were rolled out to all maintained schools in England during 2000 to 2006, so coverage of maintained schools increased over this period and the trend should be interpreted with caution.
Website with latest information:
http://www.teachernet.gov.uk/teachingandlearning/subjects/pe/
http://www.teachernet.gov.uk/teachingandlearning/subjects/pe/publications/
Please note: data not available prior to 2003/04 (academic year)

Chart 2.6 below shows the rate of teenage conceptions (under 16 and under 18) since 2000. The overall rate of teenage conceptions has decreased for both under 16s and under 18s. The rate of teenage conceptions for those under 18 is now the lowest it has been for 20 years (based on provisional data for 2008).

Chart 2.6 -Teenage conceptions (under 16 and 18) in England

Crude rate per 1,000 females under 16, and under 18



Source: Office for National Statistics (ONS), teenage conception statistics
Note: Rate for those under 16 is per 1,000 females aged 13-15
Note: Rate for those under 18 is per 1,000 females aged 15-17
Data for 2008 are provisional

Adults' health and lifestyle

The following table (2D) and charts (2.7 to 2.9) show information about the health of adults living in England.

Key messages

- The proportion of males who smoke has continued to decrease since last year, this is now at the lowest recorded level. The proportion of females who smoke is 1 percentage point higher than the previous year, but is still lower than the proportion recorded as smoking five years ago.
- The proportion of males and females who are physically active has risen in the last five years.
- The proportion of adults consuming five or more portions of fruit and vegetables a day increased from 2001 for both men and women, to a peak in 2006 and 2007. However, the proportion consuming five or more portions a day was lower in 2008. Further years' data are needed to see whether or not this fall represents an underlying trend in consumption.

Please note: The method for calculating units of alcohol from drinks consumed has been revised since previous editions of the Health Profile of England. These revisions have been made to more accurately reflect the strength of some alcoholic drinks, and the way that these can be consumed. This makes comparisons over time between levels of alcohol consumption or binge drinking difficult.

Table 2D

SNAPSHOT OF HEALTH AND WELL-BEING IN ENGLAND

ADULTS' HEALTH AND LIFESTYLE	Year	Number	Measure		Previous values - 1yr	Previous values - 5yrs
People who smoke - adult females (a)	2008		20	%	19	24
People who smoke - adult males (a)	2008		21	%	22	27
Smoking cessation (4 week quitters) (b)	2008/09	337,054	50	%	52	57
Drinking (exceeding sensible drinking) - adult females (c) (e)	2008		19	%	20*	nd
Drinking (exceeding sensible drinking) - adult males (c) (e)	2008		28	%	31*	nd
Binge drinking - adult females (d) (e)	2008		14	%	16	nd
Binge drinking - adult males (d) (e)	2008		21	%	25	nd
Healthy eating (Five a day) - adult females (f) (h)	2008		29	%	31	26
Healthy eating (Five a day) - adult males (f) (h)	2008		25	%	27	22
Physically active adults - females (g) (h)	2008		31	%	28*	24
Physically active adults - males (g) (h)	2008		42	%	40*	36
Obese adults - females (h) (i)	2008		24.9	%	24.4	23.0
Obese adults - males (h) (i)	2008		24.1	%	23.6	22.2

ADULTS' HEALTH AND LIFESTYLE - NOTES: see also: GENERAL NOTES

* Previous value does not relate to 1 or 5 years before latest data shown - see note for individual indicator for details.

Adults = aged 16 and over unless otherwise stated.

(a) Prevalence of cigarette smoking.

(b) Successfully quit at 4 week follow-up (self-report). Measure = % of number setting a quit date.

(c) Exceeding sensible drinking guidelines (more than 14/21 units per week for females/males). "- 1yr" figure is for 2006 (i.e. 2 years prior to latest figure).

(d) Drinking more than 6/8 units on at least one day in last week for females/males. The percentage of adults drinking more than twice the recommended number of units on the heaviest drinking day in the last week is a proxy for binge drinking levels in the population.

(e) Based on updated methodology for converting volumes of alcohol to units assuming an average wine glass size (data on this method were first presented in the 2008 Health Profile). The methodology was revised for the 2006 datayear to take account of changes in the strength and way some drinks are consumed (eg increases in the size of glass in which wine is served on licensed premises). This resulted in increased consumption estimates (which does not in itself reflect a real change in drinking among the adult population). Data for 2008 are also available on the updated methodology combined with data on wine glass size, rather than assuming an average wine glass size - see General Lifestyle Survey 2008 results on National Statistics website for further details.

(f) Consuming 5 or more portions of fruit and vegetables per day.

(g) Achieving a minimum of five days a week of 30 minutes or more moderate-intensity activity. '-1yr' figure is for 2006 (i.e. 2 years before latest figure). In the 2008 Health Survey for England, an enhanced physical activity questionnaire was introduced for adults and the reference period for bouts of activities to report was lowered from 15 minutes to 10 minutes (see Health Survey for England - 2008: Physical activity and fitness (The NHS Information Centre) for details). However, figures on the revised methodology using the enhanced data are not directly comparable with earlier figures, so all data presented here are on the original method used in previous years.

(h) Weighted data (for non-response) from the Health Survey for England.

(i) Adults with a Body Mass Index of 30 or over.

GENERAL NOTES

Previous values are values of the measure 1 year and 5 years prior to the latest data shown (eg if "Year" is 2008, "-1yr" relates to 2007 and "-5yr" relates to 2003), unless stated otherwise in notes for individual indicators.

Data are for England except where otherwise stated

cr = Crude rate (per 1000 population unless otherwise stated)

sr = Age standardised rate (per 100,000 population - to the European standard population)

EW = England and Wales data

P - Provisional data

n = Number

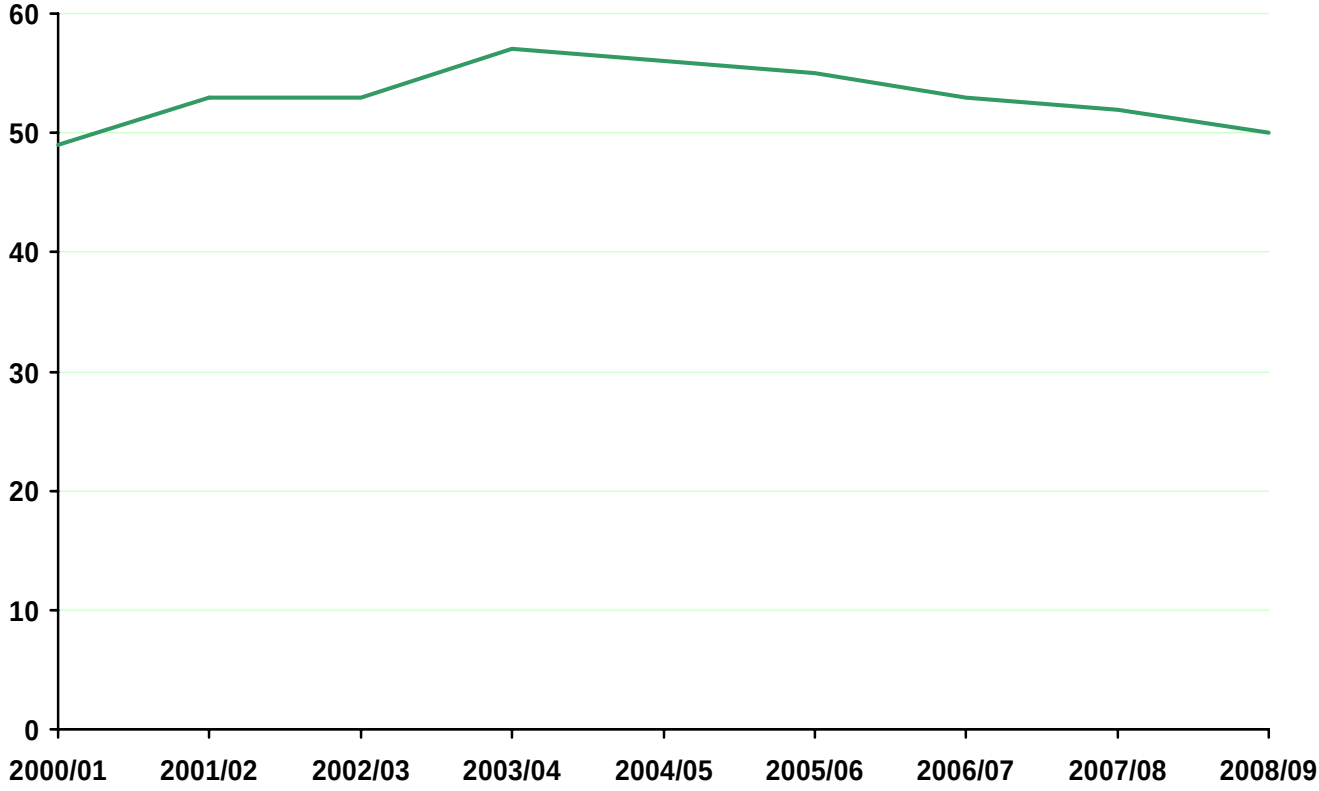
yr = Years

nd = no data

Chart 2.7 shows the percentage of people who successfully quit smoking after four weeks of setting a quit date. During recent years, the number of people who have used the NHS Stop Smoking Services has seen a substantial increase, although the proportion of people who have successfully quit has experienced a fall in recent years (note that some or all of this fall may reflect improvements in the quality of data being reported). In 2008-09, 337,054 people successfully stopped smoking through this service (50% of those who set a quit date).

Chart 2.7 - Smoking cessation

Percentage of those setting a quit date who had successfully quit at 4 week follow up

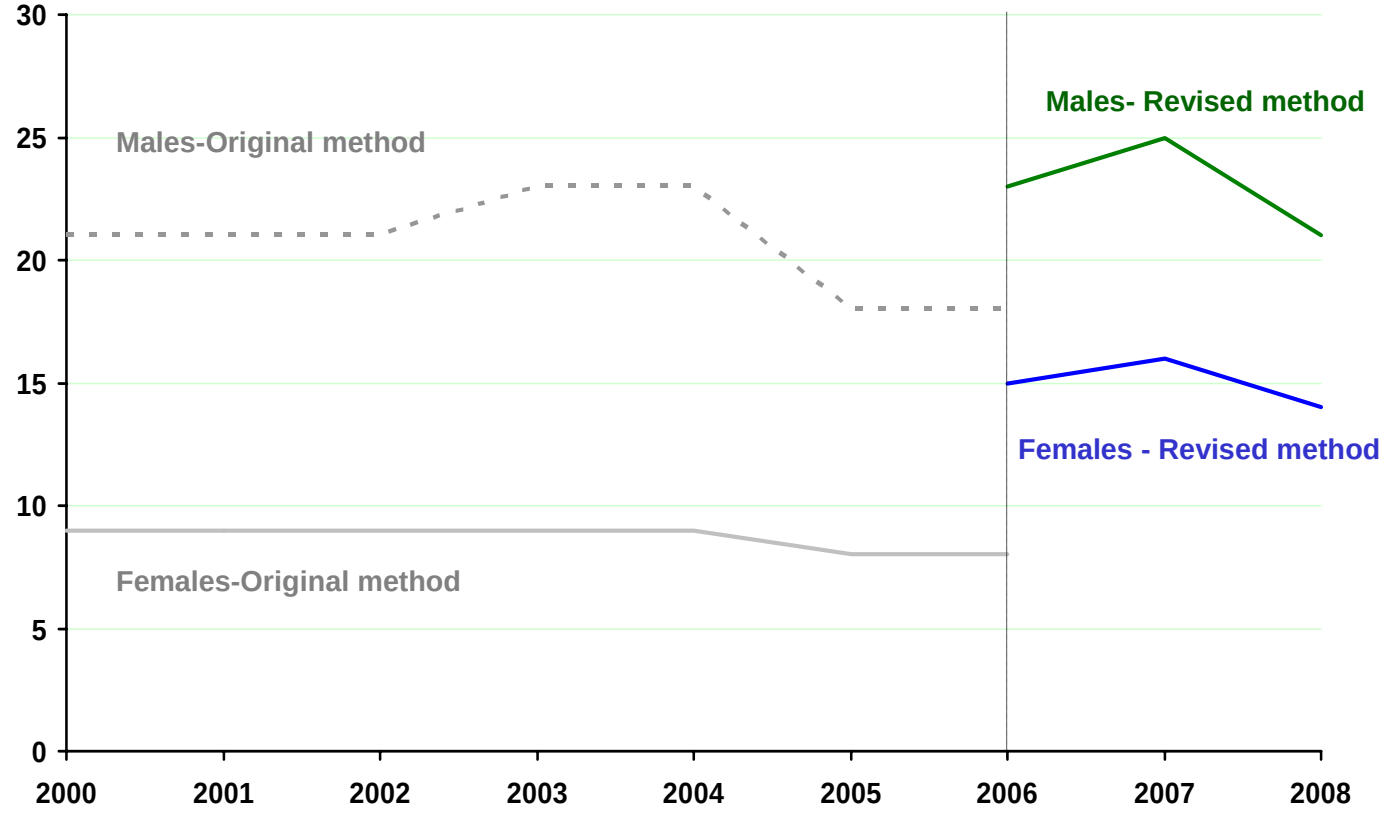


Source: NHS Information Centre, NHS Stop Smoking Services data

Chart 2.8 shows the trends in alcohol consumption (binge drinking) between 2000 and 2008. The percentage of adults drinking more than twice the recommended sensible limit for the number of units on the heaviest drinking day in the last week is a proxy for binge drinking levels in the population. As mentioned above, the methodology behind calculating alcohol consumption has been revised making direct comparisons with previous years difficult. Despite these issues, it appears that the general trend of a reducing percentage of males and females who consume at least 8 units/6 units on at least one day in the past week continues under the revised methodology.

Chart 2.8 - Alcohol consumption (binge drinking) in England

Percentage exceeding recommended guidelines, aged 16+

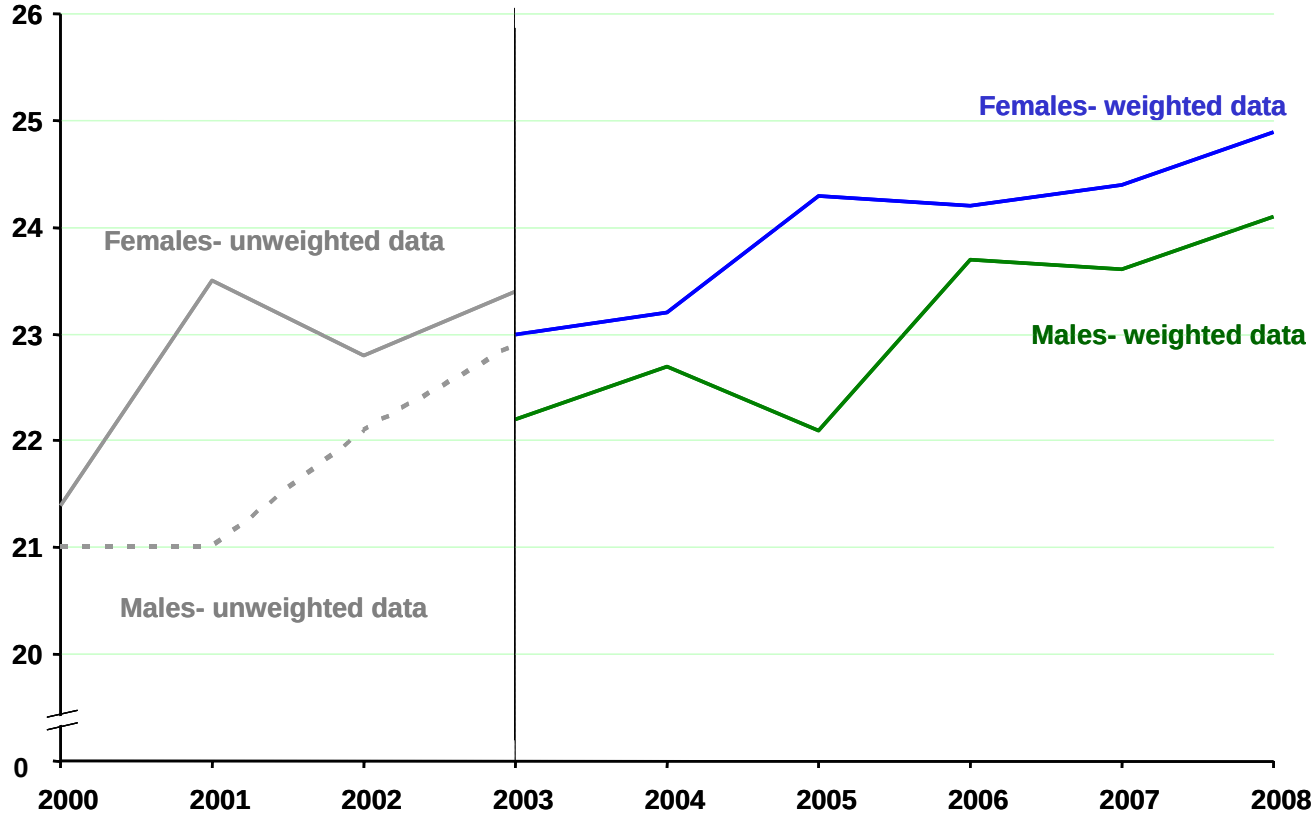


Source: Office for National Statistics (ONS), General Lifestyle Survey.
Measure = Percentage who drank more than 8 units (males)/6 units (females) on at least one day last week.
The method for calculating consumption was revised in 2006, this took into account more accurate information about the alcohol content of particular drinks. The resulting difference in 2006 in reported alcohol consumption between the old and new method does not reflect an increase in drinking.

Chart 2.9 shows the rates of obesity in adults in England from 2000 to 2008. In recent years the percentage of adults who are obese has continued to rise steadily, although there are indications that the trend may be flattening out, at least temporarily.

Chart 2.9 - Obesity in adults in England

Percentage with BMI of 30 or over (ages 16+)



Source: NHS Information Centre, Health Survey for England
From 2003 the survey methodology was adjusted to account for non-response.

Disease and poor health

The following table (2E) and charts (2.10 to 2.14) show information about the health of adults living in England.

Key messages

- The incidence rate of cancer in males has fluctuated over recent years, but in 2007 was lower compared to the previous year, and also five years previous. In 2007, 123,131 cancers were registered.
- For females, the incidence rate of cancer has also fluctuated over recent years – it was lower in 2007 compared to 2006, but slightly higher than the incidence rate recorded five years previously. In 2007, 122,196 cancers were registered.
- The rate of hospital stays for alcohol related harm has increased substantially over the last five year period. In 2008/09 there were 1,583 hospital stays per 100,000 population (which relates to 945,223 admissions) compared to 1,022 hospital stays per 100,000 population in 2003/04 (which relates to 569,417 admissions).
- The percentage of males and females diagnosed with diabetes has risen slightly in the last few years. In 2006 4.2% of adult females and 5.6% of adult males had diagnosed diabetes.

Table 2E

SNAPSHOT OF HEALTH AND WELL-BEING IN ENGLAND

DISEASE AND POOR HEALTH	Year	Number	Measure		Previous values - 1yr	Previous values - 5yrs
Self-assessed neither in "good" nor "very good" health - girls (a) (c)	2008		5	%	6	5
Self-assessed neither in "good" nor "very good" health - boys (a) (c)	2008		6	%	5	7
Self-assessed neither in "good" nor "very good" health - adult females (a) (b)	2008		25	%	26	25
Self-assessed neither in "good" nor "very good" health - adult males (a) (b)	2008		24	%	23	24
Self-assessed neither in "good" nor "very good" health - older females (a) (d)	2007		47	%	45*	44*
Self-assessed neither in "good" nor "very good" health - older males (a) (d)	2007		43	%	43*	41*
Self-reported limiting longstanding illness - adult females (a) (e)	2007		25	%	25	26*
Self-reported limiting longstanding illness - adult males (a) (e)	2007		22	%	22	23*
Cancer incidence (excluding nmsc) - females (f) (g)	2007	122,196	352.0	sr	357.9	340.5
Cancer incidence (excluding nmsc) - males (f) (g)	2007	123,131	402.6	sr	414.4	406.9
Cancer incidence: Lung - females (f)	2007	13,578	35.6	sr	36.1	33.6
Cancer incidence: Lung - males (f)	2007	17,993	56.9	sr	60.1	63.0
Cancer incidence: Breast - females (f)	2007	38,048	120.1	sr	123.0	117.1
Cancer incidence: Prostate - males (f) (h)	2007	30,201	97.2	sr	100.9	95.7
Cancer incidence: Colorectal - females (f)	2007	14,375	36.6	sr	36.3	34.7
Cancer incidence: Colorectal - males (f)	2007	17,143	55.1	sr	55.8	53.9
Hospital admissions: Circulatory diseases (i)	2008/09	926,461	1,408	sr	1,399	1,398
Hospital admissions: Respiratory diseases (i)	2008/09	757,003	1,351	sr	1,285	1,254
Hospital admissions: Intentional self harm (i)	2008/09	98,523	194	sr	190	148
Hospital admissions: Older people, hip fracture (i) (j)	2008/09	59,163	542	sr	553	573
Emergency hospital admissions: Older people, hip fracture (j) (k)	2008/09	52,666	484	sr	490	508
Mental ill health - adult females (l) (a) (e)	2006		14	%	15	15*
Mental ill health - adult males (l) (a) (e)	2006		11	%	11	11*
Hospital stays for alcohol related harm (u)	2008/09	945,223	1,582.7	sr	1,472.5	1,021.7
Drug misuse treatment (in structured treatment) (t)	2007/08	202,666	as number	n	195,464	125,545*
Drug misuse treatment (completed or retained in treatment) (m) (t)	2007/08	168,465	83	%	80	72*
Adults misusing drugs (any drug) (EW) (v) (w)	2008/09		10.1	%	9.6	12.3
Adults misusing drugs (Class A drugs) (EW) (v) (x)	2008/09		3.7	%	3.0	3.5
People diagnosed with diabetes - adult females (n) (a) (e)	2006		4.2	%	nd	3.4*
People diagnosed with diabetes - adult males (n) (a) (e)	2006		5.6	%	nd	4.3*
Sexually transmitted infections - Gonorrhoea (o)	2008P	15,177	29.7	cr	33.6	47.1
Sexually transmitted infections - Chlamydia (o) (p)	2008P	107,865	211.1	cr	209.4	171.5
Diagnoses of HIV infected individuals aged 15 and over (q)	2008	6,652	156.8	cr	161.9	167.6
Tuberculosis case reports (r)	2008	7,970	15.5	cr	15.1	13.4
Flu vaccinations at ages 65 and over (s)	2008	6,130,532	74	%	74	71

DISEASE AND POOR HEALTH - NOTES: see also: GENERAL NOTES

* Previous value does not relate to 1 or 5 years before latest data shown - see note for individual indicator for details.

Adults = aged 16 and over.

(a) Weighted data (for non-response) from Health Survey for England.

(b) Self-assessed health is "fair", "bad", or "very bad".

(c) Self-assessed health is "fair", "bad", or "very bad". Ages 0-15.

(d) Self-assessed health is "fair", "bad", or "very bad". Older people = aged 65 and over. "-1yr" figure is for 2005 (i.e. 2 years before latest figure). "-5yrs" figure is for 2003 (i.e. 4 years before latest figure). Data are available prior to 2003, but were not weighted and are not directly comparable to weighted data.

(e) "-5yrs" figure is for 2003 (i.e. 3 or 4 years before latest figure). Data are available prior to 2003, but were not weighted and are not directly comparable to weighted data.

(f) Data for all years are based on cases registered by September 2009 (so figures may differ from those for the same datayear in previous Health Profiles).

(g) nmsc = non melanoma skin cancer

(h) Trend should be interpreted with caution as may be due to improved detection following introduction of screening programme.

(i) Inpatient admissions to NHS hospitals (also including NHS commissioned activity in the independent sector). Data for all years are ungrossed, i.e. are not yet adjusted for shortfalls.

(j) Older people = aged 65 and over.

(k) Emergency inpatient admissions to NHS hospitals (also including NHS commissioned activity in the independent sector). Data are based on all patients treated in England (so may differ slightly from Local Health Profile data presented in table 1a, which are based on patients resident in England). Data for all years are ungrossed, i.e. are not yet adjusted for shortfalls.

(l) Self-reported psychosocial health (GHQ12 score 4+).

(m) Clients who either successfully completed treatment or were retained in treatment for at least 12 weeks. Measure = % of those treated in the year.

(n) Doctor-diagnosed diabetes (self-reported). Diabetes prevalence data are also available from the Quality and Outcomes Framework prevalence dataset (available from http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/the-quality-and-outcomes-framework).

(o) Based on new diagnoses in GUM clinics. 2008 rate is provisional (calculated using 2007 population estimates). 2007 figure has been revised. cr = crude rate per 100,000 population.

(p) Trend should be interpreted with caution as may be due to increased testing and screening and improved sensitvity of diagnostic tests. Additional chlamydia testing and diagnoses are being done in a variety of community settings, outside of GUM clinics, through the National Chlamydia Screening Programme (NCSP). The NCSP was phased in from 2003. Diagnoses based on tests outside of GUM clinics have not been included in this report.

(q) Data as at end June 2009. cr = per 1,000,000 population (aged 15 and over). Numbers, particularly for recent years, will rise as further reports are received so trend should be interpreted with caution.

(r) Tuberculosis case reports from Enhanced Tuberculosis Surveillance. 2007 figure has been revised. cr = per 100,000 population.

(s) Based on persons vaccinated in GP practices returning data.

(t) '-5yrs' figure is for 2003/04 (i.e. 4 years before the latest figure).

(u) Inpatient admissions to NHS hospitals (also including NHS commissioned activity in the independent sector) for alcohol-related harm. The definition has been revised since previous Health Profiles to include a wider range of conditions, and all figures reflect the new definition (see Appendix of data sources for further details).
(v) 16-59 year olds reporting having used drugs in the year before interview.
(w) The 2007/08 figure has been revised. Any drug use includes ketamine since 2006/07 interviews and methamphetamine since 2008/09 interviews.
(x) The 2007/08 figure has been revised. Any Class A drug use includes methamphetamine since 2008/09 interviews.

GENERAL NOTES

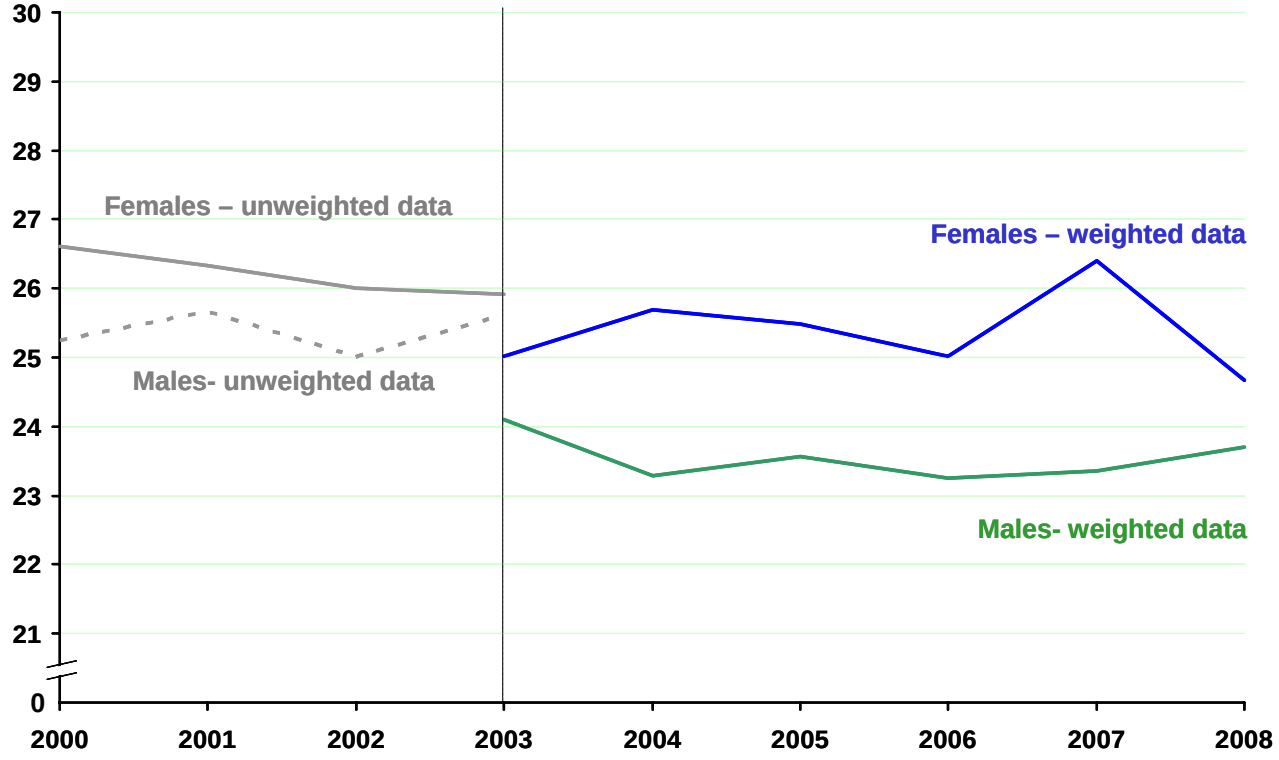
Previous values are values of the measure 1 year and 5 years prior to the latest data shown (eg if "Year" is 2008, "-1yr" relates to 2007 and "-5yr" relates to 2003), unless stated otherwise in notes for individual indicators.

Data are for England except where otherwise stated	P - Provisional data
cr = Crude rate (per 1000 population unless otherwise stated)	n = Number
sr = Age standardised rate (per 100,000 population - to the European standard population)	yr = Years
EW = England and Wales data	nd = no data

Chart 2.10 shows the percentage of adults reporting being in neither good nor very good health. From 2003 the data have been weighted for non response. Since this time the proportion of males and females reporting neither good nor very good health has fluctuated with no clear trend.

Chart 2.10 - Adults not in good health in England

Percentage males and females reporting neither good/very good health, ages 16+

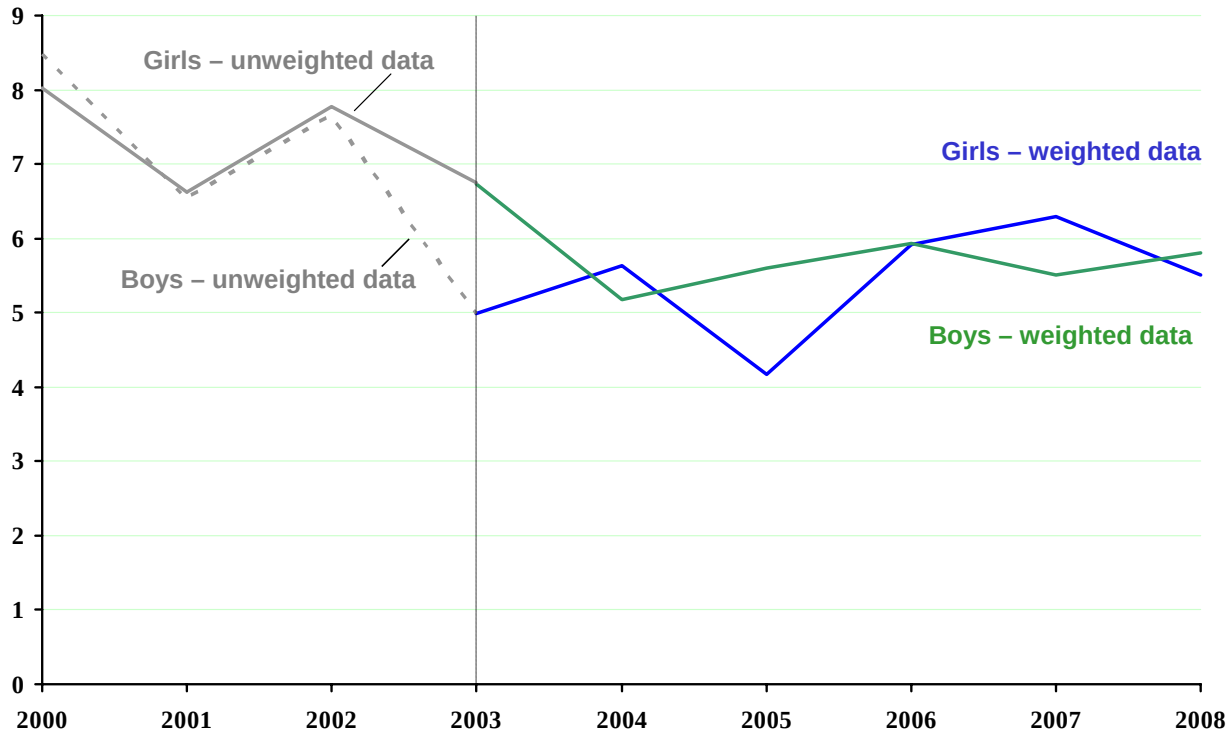


Source: NHS Information Centre, Health Survey for England
Percentage reporting being in fair/bad/very bad health.
From 2003, data are weighted for non response.
Please note: these charts were calculated using figures to a greater number of decimal places than those figures presented in both tables 1b and 2E.

Chart 2.11 shows the percentage of children who report neither good nor very good health. From 2003 the data were weighted for non response. Since 2003 there have been fluctuations in both the proportion of boys and girls reporting neither good nor very good health. Since this time the proportions reporting neither good nor very good health has remained below 7% for girls, and below 6% for boys.

Chart 2.11 - Children aged under 16 not in good health in England

Percentage reporting neither being in good/very good health

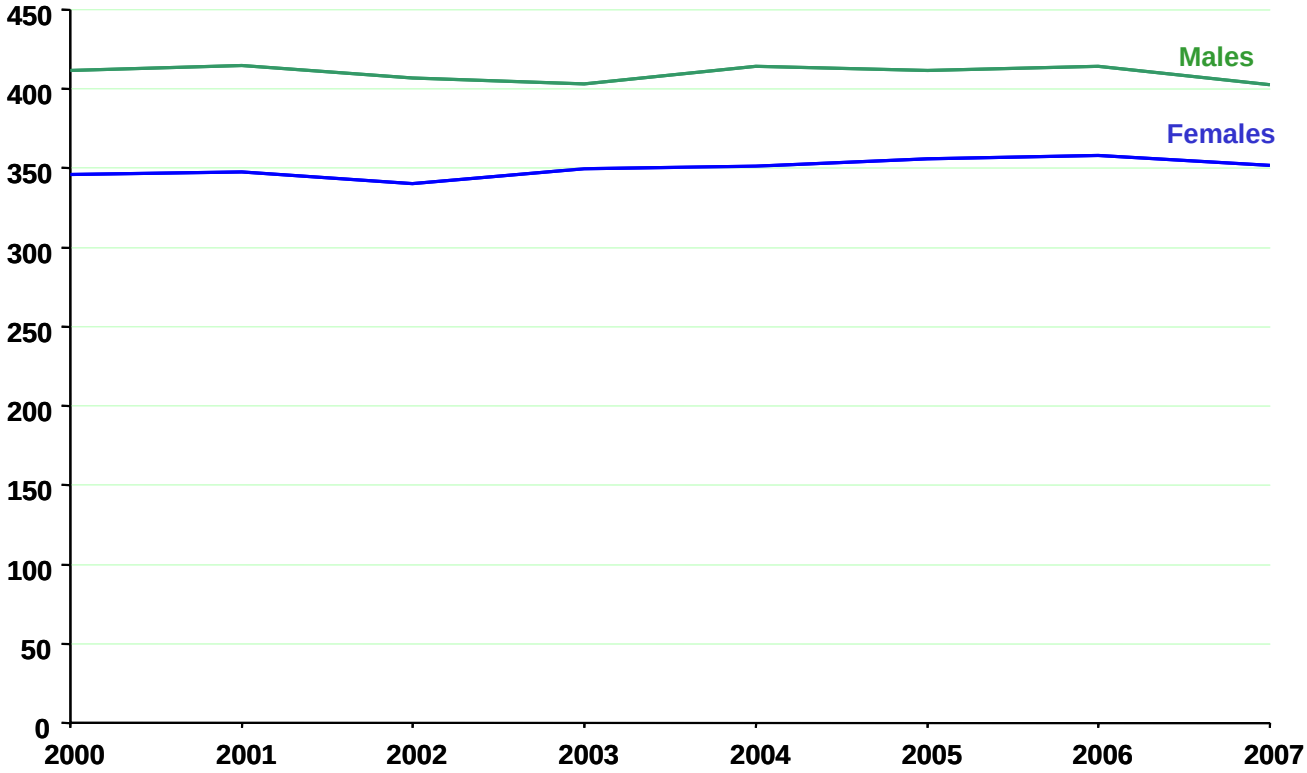


Source: NHS Information Centre, Health Survey for England
Percentage reporting being in fair/bad/very bad health.
From 2003, data are weighted for non response.
Please note: these charts were calculated using figures to a greater number of decimal places than those figures presented in both tables 1b and 2E.

Chart 2.12 below shows cancer incidence in England from 2000 to 2007. There have been slight increases and decreases in the series, but generally cancer incidence rates have remained relatively stable over the time period.

Chart 2.12 - Cancer incidence in England

Registration rate per 100,000 population (all ages)

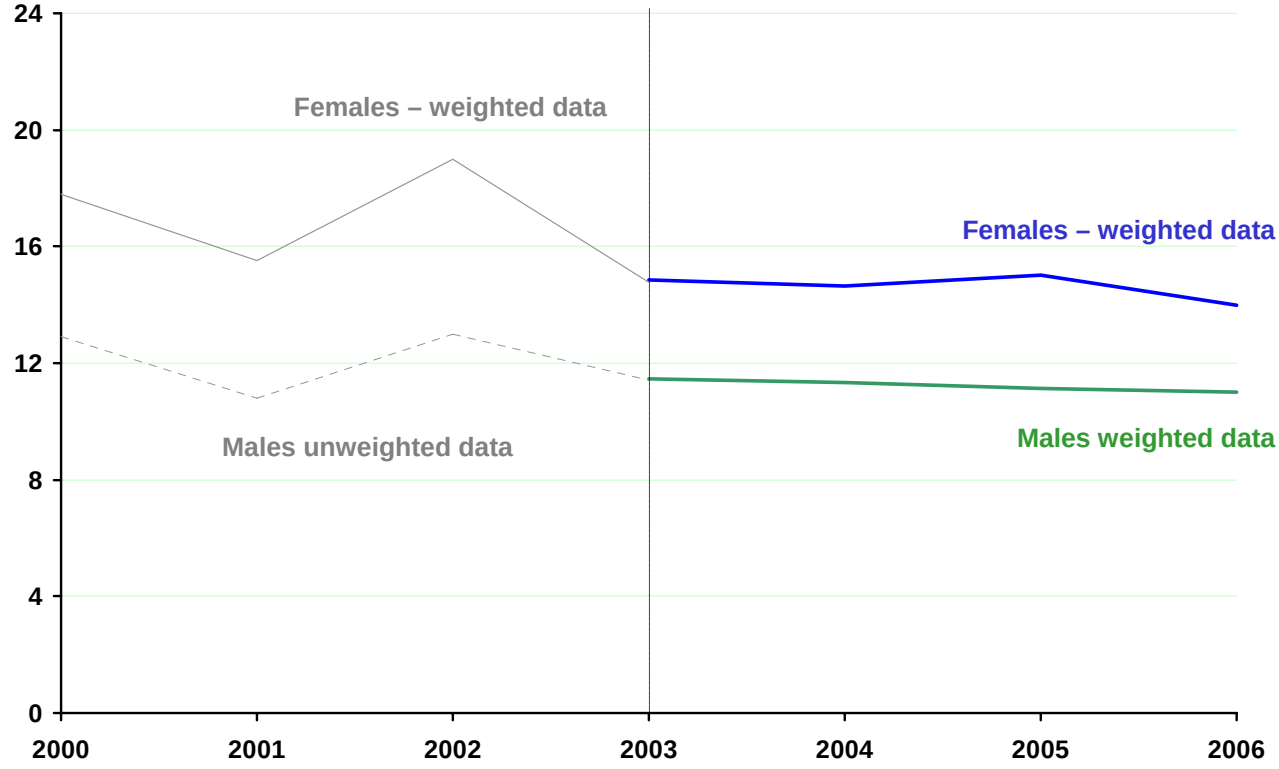


Source: Office for National Statistics (ONS), cancer registration statistics
Chart refers to ICD10 codes: C00-C97 excl. C44

Chart 2.13 below shows the prevalence of mental health problems in adults, as assessed using the GHQ12 score. After 2003, the methodology behind the estimates was revised to take account of non response, this means that the trend prior to 2003 is not directly comparable. However, the chart below indicates that the prevalence of mental health problems has remained generally stable since 2003.

Chart 2.13 – Prevalence of mental health problems in adults

Percentage of adults with a score of 4 or more on the GHQ12

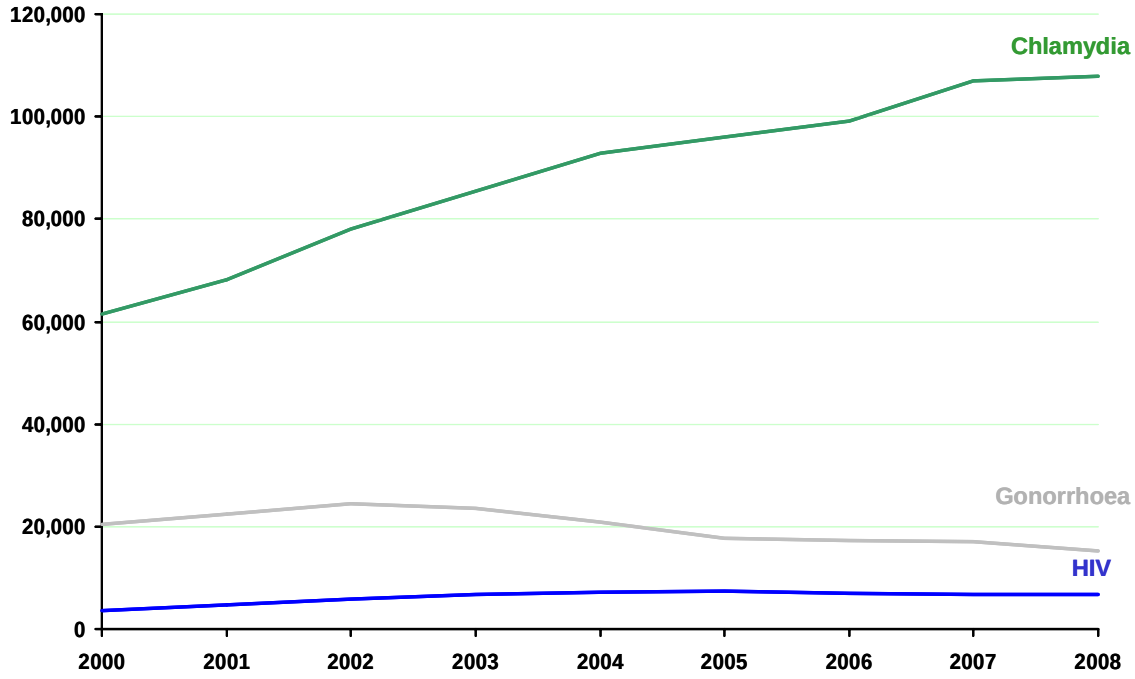


Source: NHS Information Centre, Health Survey for England
From 2003 onwards data are weighted for non response, prior to 2003 data are unweighted

Chart 2.14 below shows new diagnoses of chlamydia and gonorrhoea (diagnosed in GUM clinics), and HIV during 2000-2008. From the chart it is evident new diagnoses of chlamydia have increased substantially over the time period. The rise in new diagnoses of chlamydia is likely to be due to a number of factors, including the increased testing and screening of at-risk groups, increased awareness of chlamydia through the phased roll out of the National Chlamydia Screening Programme (NCSP) from 2003, and improved sensitivity of diagnostic tests. During the same time period, new diagnoses of gonorrhoea have shown a gradual decline. The number of new HIV diagnoses steadily increased to a peak of around 8,000 in 2005, and have now started to decline. It is important to note that there has been a substantial increase in the number of chlamydia tests done in the community with the roll out of the NCSP. Data based on these tests are not presented in this report.

Chart 2.14 – New diagnoses of sexually transmitted infections and HIV

Number of new diagnoses (all ages)



Source: Health Protection Agency (HPA)

Note: Figures for gonorrhoea and chlamydia are based on diagnoses in GUM clinics. Additional chlamydia testing and diagnoses are being done in a variety of community settings, outside of GUM clinics, through the National Chlamydia Screening Programme (NCSP). The NCSP was phased in from 2003. Diagnoses based on tests outside of GUM clinics have not been included for this chart.

Life expectancy and causes of death

The following table (2F) and charts (2.15 to 2.18) show information about life expectancy and causes of death in England.

Key messages

- Life expectancy for both males and females has continued to rise – life expectancy in England is now at its highest ever level.
- Mortality rates (from all causes) have continued to fall for all age groups, in particular the 65 and over age groups. These declining mortality rates reflect a reduction in the major causes of premature mortality – for example from circulatory and respiratory diseases, and a steady decline in infant and perinatal mortality.
- Deaths attributable to alcohol have risen over the past five years, but deaths due to smoking have fallen.
- The rates of people killed or seriously injured on the roads has fallen substantially in the past few years.
- Accidental deaths have remained steady in the last few years – the accidental mortality rate in the over 65's is the same as it was five years ago.

Table 2F

SNAPSHOT OF HEALTH AND WELL-BEING IN ENGLAND

LIFE EXPECTANCY AND CAUSES OF DEATH	Year	Number	Measure		Previous values - 1yr	Previous values - 5yrs
Life expectancy at birth - females (a)	06/07/08		81.9	yr	81.7	80.7
Life expectancy at birth - males (a)	06/07/08		77.7	yr	77.5	76.1
Life expectancy at age 65 - females (a)	06/07/08		20.2	yr	20.0	19.2
Life expectancy at age 65 - males (a)	06/07/08		17.5	yr	17.3	16.3
Healthy life expectancy at birth - females (b)	05/06/07		70.7	yr	70.7	70.1
Healthy life expectancy at birth - males (b)	05/06/07		68.7	yr	68.5	67.1
Healthy life expectancy at age 65 - females (b)	05/06/07		14.6	yr	14.7	14.2
Healthy life expectancy at age 65 - males (b)	05/06/07		12.9	yr	12.9	12.0
Deaths: All causes - all ages	2008	475,763	574.8	sr	579.4	661.9
Deaths: All causes - aged under 15	2008	4,293	47.2	sr	49.0	54.5
Deaths: All causes - aged 15 to 64	2008	77,633	218.5	sr	219.7	242.5
Deaths: All causes - aged 65 and over	2008	393,837	3,800.5	sr	3,831.2	4,431.2
Smoking Attributable Deaths (c)	2008	82,580	213.2	sr	217.2	263.7
Alcohol Attributable Deaths	2008	6,841	12.2	sr	11.9	11.3
Deaths: All circulatory diseases	2008	156,787	176.7	sr	182.5	237.3
Coronary Heart Disease	2008	71,523	84.4	sr	89.0	119.2
Stroke	2008	43,382	45.5	sr	46.7	63.1
Deaths: All cancers	2008	128,802	172.2	sr	173.9	182.9
Lung cancer	2008	28,222	38.5	sr	38.4	39.3
Breast cancer - females	2008	10,065	26.2	sr	26.7	29.2
Prostate cancer - males	2008	8,597	23.9	sr	24.7	27.2
Colorectal cancer	2008	13,316	17.3	sr	17.2	18.3
Deaths: All respiratory diseases	2008	67,263	73.2	sr	71.7	84.1
Deaths: Suicide & `undetermined' injury	2008	4,301	8.0	sr	7.5	8.5
Deaths: Accidental injury	2008	11,264	16.0	sr	15.6	16.2
Deaths: Accidental injury - aged 65 and over	2008	6,457	59.2	sr	58.2	59.2
Road injuries and deaths (Killed or Seriously Injured) (d)	2008	24,369	47.4	cr	52.3	64.8
Infant deaths (e)	2008	3,190	4.7	cr	4.8	5.3
Perinatal deaths (f)	2008	5,090	7.5	cr	7.7	8.5
Excess winter deaths (g)	2007/08	23,290	15.7	%	15.2	14.3

LIFE EXPECTANCY AND CAUSES OF DEATH - NOTES:

see also: GENERAL NOTES

(a) Figures are based on deaths by date of registration.

(b) Expected years of life in good/fairly good health (self-assessed).

(c) Rate per 100,000 population aged 35 and over. The methodology used to derive the figures differs from that used in the Local Health Profiles, so figures are not comparable with those presented in table 1a (regional comparison) - see entry for Deaths from smoking (indicator 29) in Annex A for further details. Figures are consistent with those presented in table 1b (national trends).

(d) Reported road accident casualties killed or seriously injured. cr = per 100,000 resident population.

(e) For infant mortality, cr = crude rate per 1000 live births. Based on the number of deaths registered in each year (in the 2008 Health Profile, figures up to 2005 were based on deaths occurring in each year).

(f) For perinatal mortality, cr = crude rate per 1000 live births and stillbirths. Based on the number of deaths registered in each year (in the 2008 Health Profile, figures up to 2005 were based on deaths occurring in each year).

(g) Difference between number of deaths in the four winter months (December to March) and average number of deaths in the preceding autumn (August to November) and following summer (April to July). Measure = % of the average non-winter deaths.

GENERAL NOTES

Previous values are values of the measure 1 year and 5 years prior to the latest data shown (eg if "Year" is 2008, "-1yr" relates to 2007 and "-5yr" relates to 2003), unless stated otherwise in notes for individual indicators.

Data are for England except where otherwise stated

cr = Crude rate (per 1000 population unless otherwise stated)

sr = Age standardised rate (per 100,000 population - to the European standard population)

EW = England and Wales data

P - Provisional data

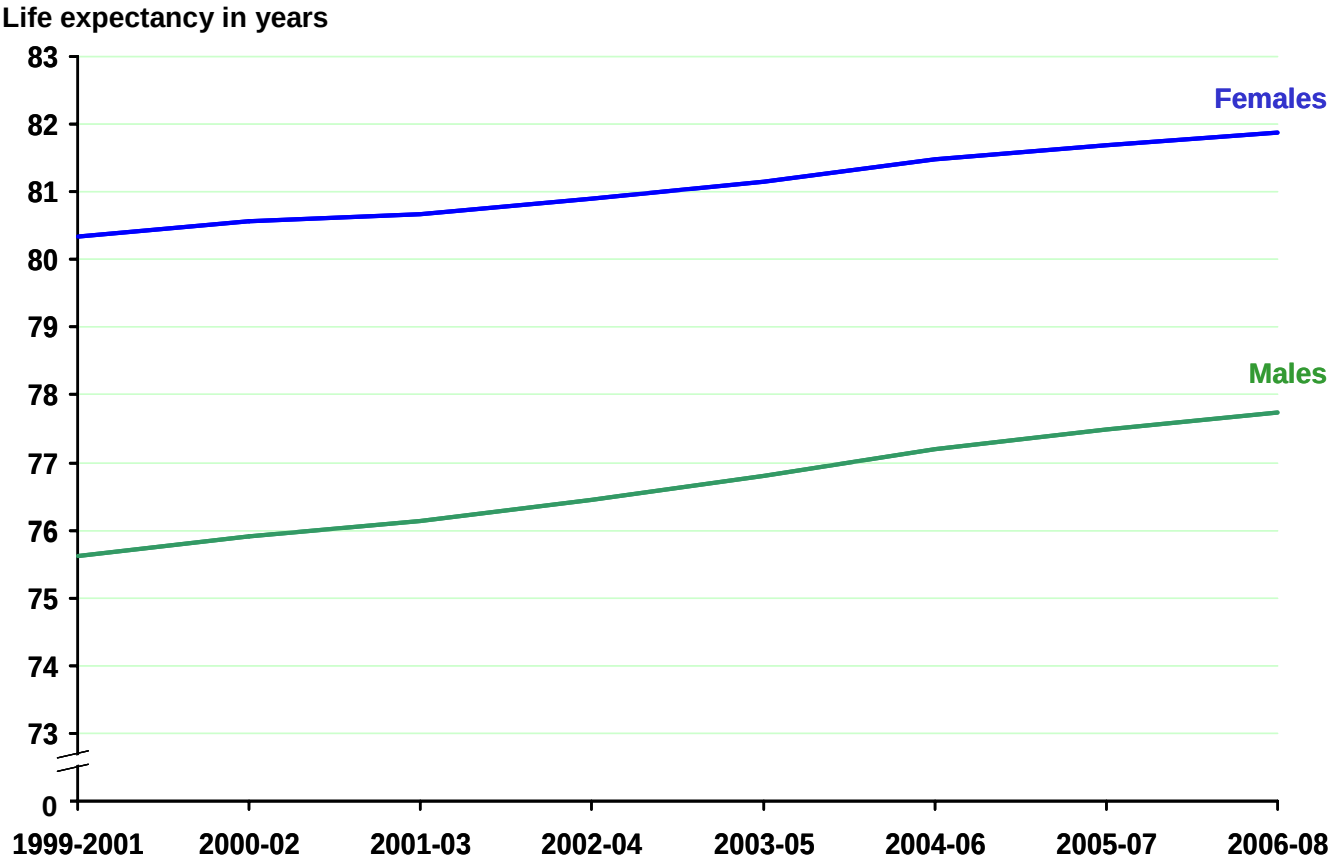
n = Number

yr = Years

nd = no data

Chart 2.15 below shows the increase in life expectancy at birth from 2000-2007 (three yearly data are used to increase robustness). Life expectancy for males has increased at a slightly faster rate than life expectancy for females.

Chart 2.15 - Life expectancy at birth in England

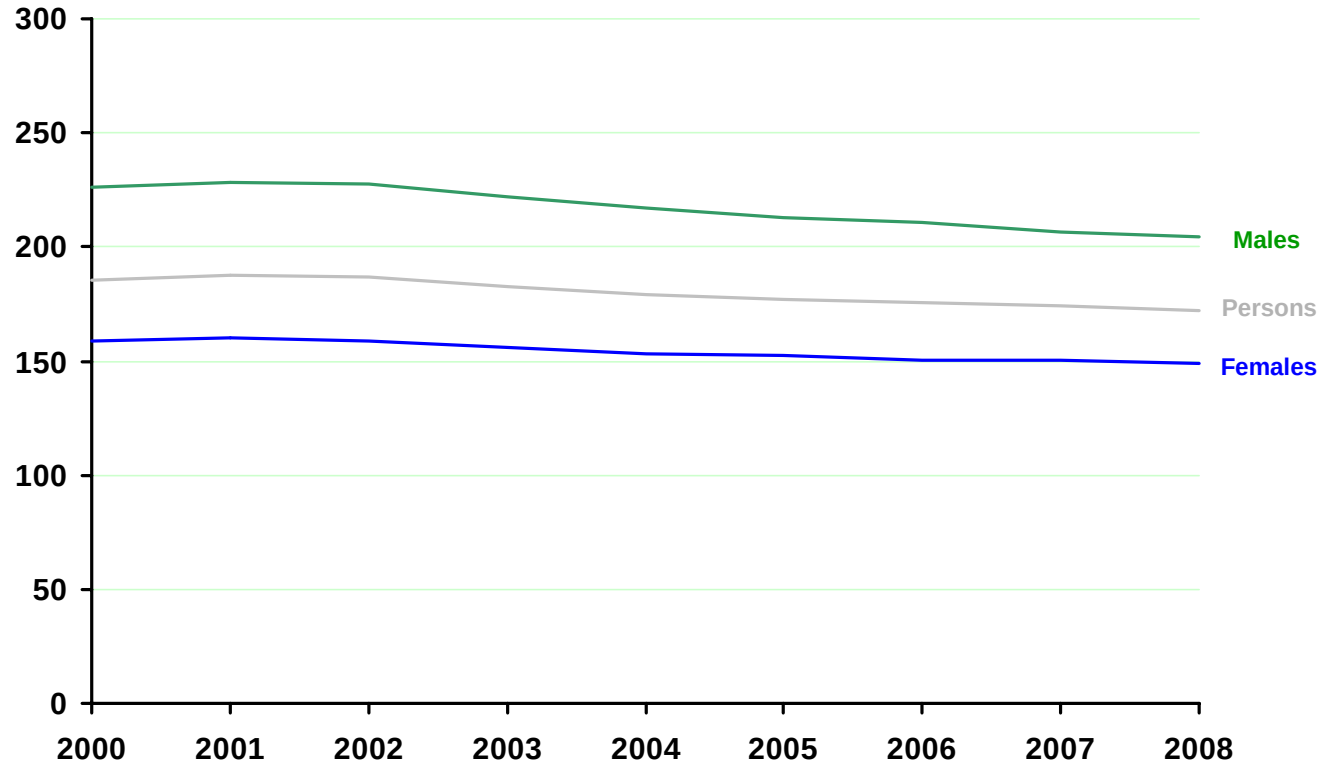


Source: Office for National Statistics (ONS), interim life tables

Chart 2.16 shows the mortality rate from all cancers – there has been a steady decline in the mortality rate between 2000 and 2008. It is evident that the mortality rate has decreased faster for males in recent years than for females.

Chart 2.16 - Mortality rate from all cancers in England

Age standardised death rate per 100,000 population (all ages)

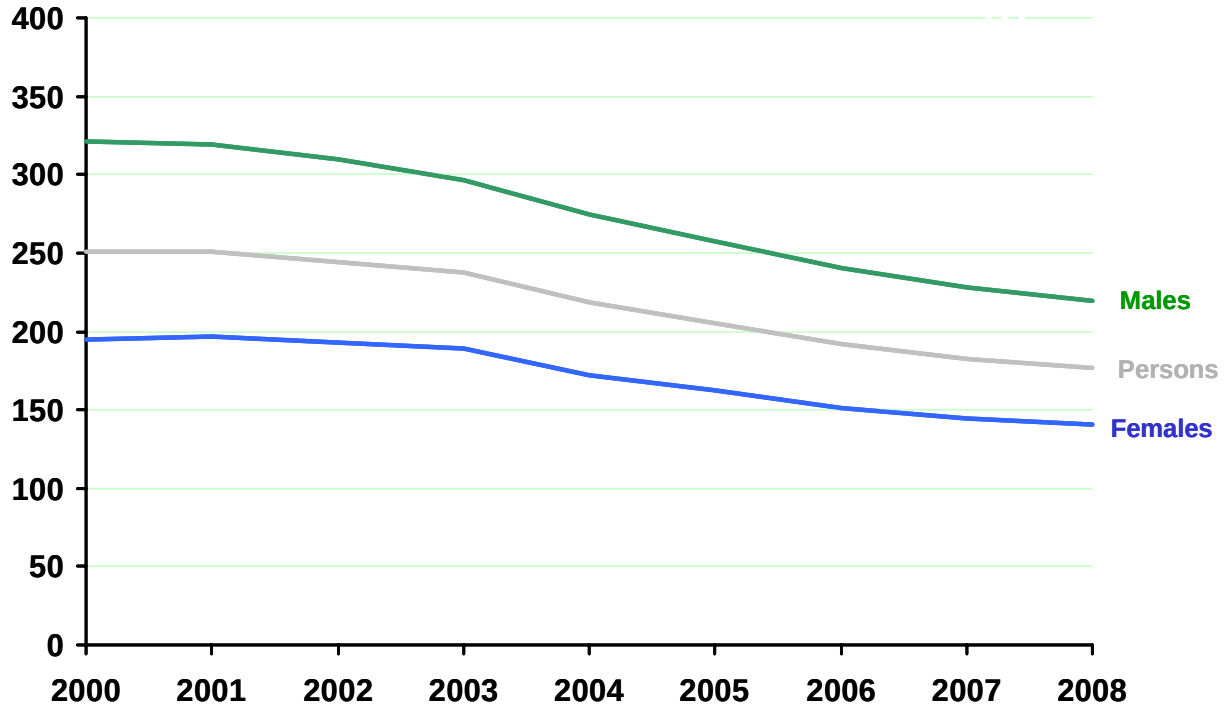


Source: Office for National Statistics (ONS), death registrations and population estimates
Based on deaths registered in each calendar year. Figures are single year rates, age-standardised using the European Standard Population.
Based on deaths where cancer was the underlying cause of death, as defined by the International Classification of Diseases, Ninth Revision (ICD9) codes 140-208 for the year 2000, and Tenth Revision (ICD10) codes C00-C97 from 2001 onwards. Data for 2000 have been adjusted for comparability with ICD10 using ratios published by ONS.

Chart 2.17 below shows the mortality rate from circulatory diseases in England. There has been a substantial decrease in mortality rates over the time period shown. In particular, there has been a greater decline in mortality rate for males rather than females.

Chart 2.17 - Mortality rate from circulatory diseases in England

Age standardised death rate per 100,000 population (all ages)

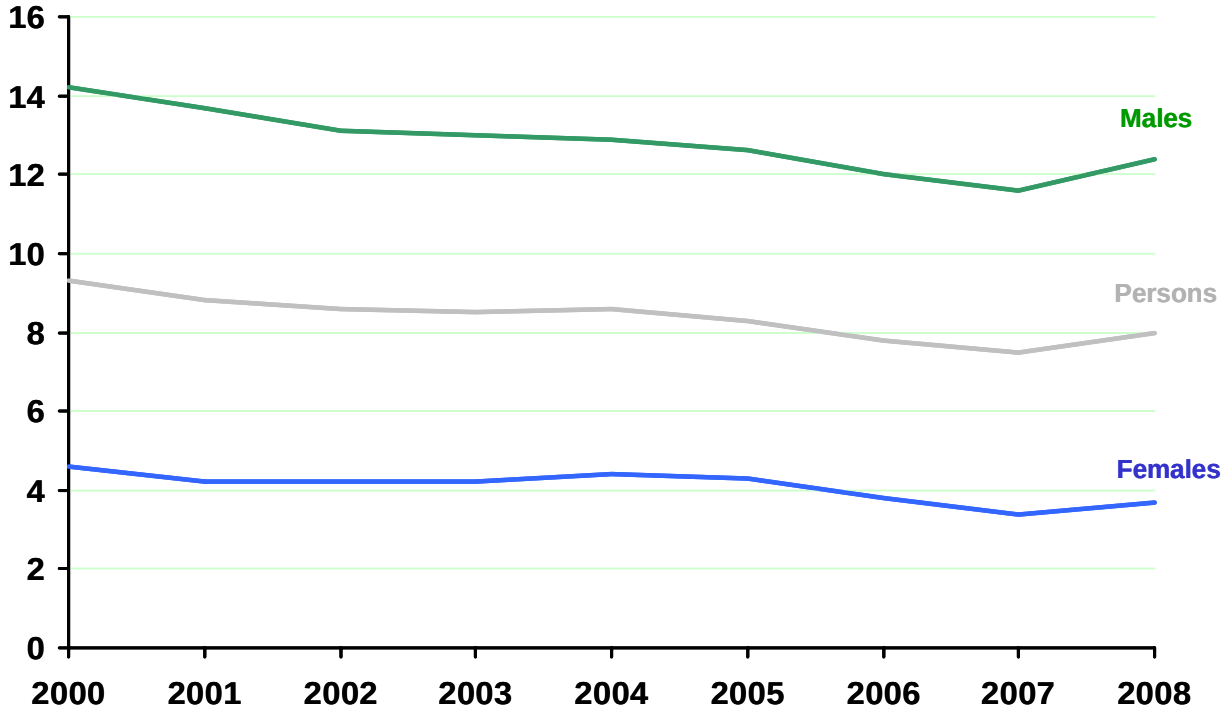


Source: Office for National Statistics (ONS), death registrations and population estimates
Based on deaths registered in each calendar year. Figures are single year rates, age-standardised using the European Standard Population.
Based on deaths where circulatory diseases were the underlying cause of death, as defined by the International Classification of Diseases, Ninth Revision (ICD9) codes 390-459 for the year 2000, and Tenth Revision (ICD 10) codes I00-I99 from 2001 onwards. Data for 2000 have been adjusted for comparability with ICD10 using ratios published by ONS.

Chart 2.18 below shows the mortality rates from suicide and self harm from 2000-2008. In the most recent year, 2008, the mortality rate from suicides and self harm increased, although this follows a generally declining trend.

Chart 2.18 - Mortality rate from Suicide (self-harm) in England

Age standardised death rate per 100,000 population (all ages)



Source: Office for National Statistics (ONS), death registrations and population estimates
Based on deaths registered in each calendar year. Figures are single year rates, age-standardised using the European Standard Population.
Based on deaths where suicide and injury of undetermined intent was the underlying cause of death, as defined by the International Classification of Diseases, Ninth Revision (ICD9) codes E950-E959 and E980-E989 excluding E988.8 for the year 2000, and Tenth Revision (ICD 10) codes X60-X84 and Y10-Y34 (excluding Y33.9 until 2006) from 2001 onwards. Data for 2000 have been adjusted for comparability with ICD10 using ratios published by ONS.

Appendix

Data sources for Snapshot tables

Data	Source
POPULATION	
Population	ONS mid-year resident population estimates
Minority ethnic community population	Census 2001 Key Statistics Tables - Ethnic Group (KS06)
Lone parent families with dependent children	Census 2001 table S006 (for England)
Lone pensioner households	Census 2001 Key Statistics Tables - Household Composition (KS20)
Live births	ONS birth registration statistics (published in Vital Statistics: Population and Health Reference Tables (table 2.1) on National Statistics website)
OUR COMMUNITIES	
Employment	ONS Labour Force Survey. Four calendar quarter averages calculated by DH based on unrounded quarterly figures provided by ONS (rounded quarterly figures are published in Regional Labour Market Summary – Statistical Bulletin Dataset (Regional Summary, Seasonally Adjusted)
Poor quality housing	2007 English House Condition Survey (EHCS), and 2008 English Housing Survey (EHS) dwelling sub-sample, CLG (published in English Housing Survey: Headline Report 2008-09 (tables 13 and 15))
Homeless households	P1E Homelessness returns (quarterly), CLG (published in Statutory Homelessness: 3rd Quarter (July to September) 2009, England (table 6))
Children in poverty	Households Below Average Income, DWP (unpublished analysis of single year data for England supplied by DWP)
GCSE achievement	GCSE attainment data from DCSF (published in GCSE and Equivalent Results in England, 2008/09 (Revised) (DCFS SFR 01/2010) (table 1))
Participation in higher education	DIUS (now part of BIS) (published in Participation Rates in Higher Education: Academic Years 1999/2000-2007/08 (Provisional) (DIUS SFR 02/2009) (table 1))
Adults with no qualifications	BIS estimates from Labour Force Survey, quarter 4 (Oct-Dec) (published in Post-16 Education & Skills: Learner participation, outcomes and Level of Highest Qualification Held (The Data Service Statistical First Release June 2009, DS/SFR3) (table 7))
Crime	British Crime Survey, Home Office (published in Crime in England and Wales 2008/2009 (tables 2.01 and 2.02))
Carbon emissions	DECC UK Greenhouse Gas Emissions data (published in UK Climate Change Sustainable Development Indicator: 2008 Greenhouse Gas Emissions, Final Figures (DECC Statistical Release 2 Feb 2010) (table 1)). Rates calculated by DH using ONS mid-year resident population estimates.
Air quality	Data used for UK Sustainable Development indicator on air pollution and health, analysed for England, provided by DEFRA
Adults/older people supported to live independently	Data for local government National Indicator 136 (based on Referrals, Assessment and Packages of Care (RAP) data, combined with Grant Funded Services (GFS1) data), The NHS Information Centre (published by the NHS Information Centre in Social Care and Mental Health Indicators from the National Indicator Set – further analysis, provisional, England 2008)
CHILDREN'S AND YOUNG PEOPLE'S HEALTH	
Smoking in pregnancy	Infant Feeding Survey, The NHS Information Centre (published in Infant Feeding Survey 2005, table 10.7)
Breast feeding	Infant Feeding Survey, The NHS Information Centre (published in Infant Feeding Survey 2005, tables 2.1 and 2,10)
Physically active children (PE and school sport)	School Sport Survey, DCSF (published in School Sport Survey 2007/08 report at http://www.teachernet.gov.uk/teachingandlearning/subjects/pe/)

Data	Source
Obese children	Health Survey for England, The NHS Information Centre (published in Health Survey for England 2008 trend tables)
Healthy eating (Five a Day)	Health Survey for England, The NHS Information Centre (published in Health Survey for England 2008 trend tables)
Children's tooth decay	Oral health survey, carried out as part of NHS Dental Epidemiology Programme for England (previously surveys were jointly run by the NHS and the British Association for the Study of Community Dentistry (BASCD)). Latest data published in Oral Health Survey of 5 year old Children 2007/2008, available at http://www.nwph.net/dentalhealth/ (data from earlier surveys available on the BASCD section of the Community Dental Health website).
Schoolchildren smoking, drinking, misusing drugs	Survey of Smoking, Drinking and Drug Use Among Young People in England, The NHS Information Centre (published in Smoking, drinking and drug use among young people in England in 2008 (tables 2.1, 3.5, 3.12b, and 4.2))
Teenage pregnancy	Teenage conception statistics, ONS (published in Conceptions to women aged under 18 - annual numbers and rates on National Statistics website, and England Under-18 and Under-16 Conception Statistics 1998-2008 on Every Child Matters, Teenage Pregnancy website)
Low birthweight babies	ONS birth registration statistics (published in ONS Series FM1 annual volumes)
Childhood immunisation	COVER, The NHS Information Centre (published in NHS Immunisation Statistics, England: 2008-09 (tables 1 and 2))
'Looked after' children	Published in Children Looked After in England (including adoption and care leavers) year ending 31 March 2009 (DCSF SFR 25/2009) (table A1), and previous volumes in the series
ADULTS' HEALTH AND LIFESTYLE	
People who smoke	General Lifestyle Survey (formerly called General Household Survey), ONS (published in General Lifestyle Survey 2008 results on National Statistics website (table 1.10))
Smoking cessation	Published in Statistics on NHS Stop Smoking Services: England, April 2008 to March 2009, The NHS Information Centre
Drinking and binge drinking	General Lifestyle Survey (formerly called General Household Survey), ONS (exceeding sensible drinking figures published in Statistics on Alcohol: England 2009, The NHS Information Centre (table 2.5), except for 2008 figure for England supplied by ONS; binge drinking figures published in Statistics on Alcohol: England 2009, The NHS Information Centre (table 2.2) and General Lifestyle Survey 2008 results on National Statistics website (table 2.22))
Healthy eating (Five a Day)	Health Survey for England, The NHS Information Centre (published in Health Survey for England 2008 trend tables)
Physical active adults	Health Survey for England, The NHS Information Centre (published in Health Survey for England 2008 trend tables)
Obese adults	Health Survey for England, The NHS Information Centre (published in Health Survey for England 2008 trend tables)
DISEASE AND POOR HEALTH	
Self assessed neither in 'good' nor 'very good' health	Health Survey for England, The NHS Information Centre (for ages under 16 and ages 16 and over, published in Health Survey for England 2008 trend tables; for ages 65 and over, analysis supplied by The NHS Information Centre, except for 2005 figures published in Health Survey for England 2005: The health of older people, Volume 1 (table 2.1)). Calculated by DH from Health Survey figures for self-reported 'Very good/good health'
Limiting longstanding illness	Health Survey for England, analysis supplied by The NHS Information Centre
Cancer incidence	Cancer registration statistics, ONS (published in Cancer statistics: registrations, Series MB1 No 38 (tables 1 and 10)). ICD10 codes: all cancers (exc nmsc) C00-C97 xC44; lung C33-34; breast C50; prostate C61; colorectal C18-21.
Hospital admissions	Hospital Episode Statistics (HES), The NHS Information Centre; ONS mid-year resident population estimates. Rates calculated by DH. ICD10 codes: circulatory diseases I00-I99; respiratory diseases J00-J99; intentional self harm S00-T98 with

Data	Source
	external cause X60-X84; hip fracture S72.0, S72.1, S72.2. Primary diagnosis used for all figures.
Mental ill health	Health Survey for England, analysis supplied by The NHS Information Centre
Alcohol related hospital stays	Data for local government National Indicator 39 (based on Hospital Episode Statistics (HES), The NHS Information Centre and ONS mid-year resident population estimates), also used in Local Health Profiles. Data published on NWPHO website at http://www.nwph.net/alcohol/lape/nationalindicator.htm. The definition has been revised since previous Health Profiles to include a wider range of conditions and to reflect better knowledge about alcohol attributable fractions. Full details of the revised definition are available on the alcohol profiles section of the NWPHO website.
Drug misuse treatment	National Drug Treatment Monitoring System (NDTMS) (published in Statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2007 - 31 March 2008 (table 7.1.1), Statistical media release 2 October 2008: Statistics for drug treatment activity in England 2007/08 National Drug Treatment Monitoring System and Statistical media release 18 October 2007: Statistics for drug treatment activity in England 2006/07 National Drug Treatment Monitoring System, on National Treatment Agency website)
Adults misusing drugs	British Crime Survey, Home Office (published in Drug Misuse Declared: Findings from the 2008/09 British Crime Survey (table 2.2))
People with diabetes	Health Survey for England, The NHS Information Centre (published in Health Survey for England 2008 trend tables)
Sexually transmitted infections	Health Protection Agency (published in STI Annual Data Tables (All new STI episodes seen at genitourinary medicine (GUM) clinics in the United Kingdom: 1999-2008, and Selected STI diagnoses (numbers and rates) from genitourinary medicine (GUM) clinics in the United Kingdom: 2004-2008) on the Health Protection Agency website)
Diagnoses of HIV infected individuals	Health Protection Agency (published in England HIV New Diagnoses to end of June 2009 (table 4)).
Tuberculosis case reports	Enhanced surveillance of tuberculosis, Health Protection Agency (published in Tuberculosis in the UK: Annual report on tuberculosis surveillance in the UK 2009, Health Protection Agency Centre for Infections (table 1.2))
Flu vaccinations at ages 65 and over	Data collected from GPs published at: http://www.immunisation.nhs.uk/Professional_Information/Key_vaccine_information/Seasonal_Flu and in NHS Immunisation Statistics, England: 2008-09 (and previous annual bulletins), The NHS Information Centre
LIFE EXPECTANCY AND CAUSES OF DEATH	
Life expectancy	Interim Life Tables, ONS
Healthy life expectancy	ONS (published in Health expectancies at birth and at age 65 in the United Kingdom 2000-02 to 2005-07 on National Statistics website)
Deaths - selected causes	ONS death registrations and mid-year resident population estimates. Rates for some causes calculated and published by NCHOD (www.nchod.nhs.uk); other causes calculated by DH. Based on deaths registered in the calendar year. ICD10 codes: circulatory diseases I00-I99; coronary heart disease I20-I25; stroke I60-I69; all cancers C00-C97; lung cancer C33-C34; breast cancer C50; prostate cancer C61; colorectal cancer C18-C21; respiratory diseases J00-J99; suicide and 'undetermined' injury X60-X84, Y10-Y34 (exc Y33.9 up to 2006); accidental injury V01-X59; alcohol attributable deaths F10, I42.6, K70, K73-K74, X45
Smoking Attributable Deaths	Calculated by DH from ONS death registrations and mid-year resident population estimates, together with smoking prevalence estimates from the General Lifestyle Survey (ONS), using the methodology set out in Appendix C of Statistics on Smoking, England 2008 (The NHS Information Centre). Note that deaths figures are not reduced to take account of those diseases for which smoking decreases the relative risk, specifically Parkinson's disease and cancer of the uterus – so the methodology is identical to that used by the NHS Information Centre and in the Health Profile of England 2008, and differs slightly from the Health Profile of England 2007.

Data	Source
Road injuries and deaths	STATS19 data, DfT (published in Reported Road Casualties Great Britain: 2008 - Annual Report (table 47)). Rates calculated by DH using ONS mid-year resident population estimates
Infant deaths	ONS death registration and birth registration statistics (published in Vital Statistics: Population and Health Reference Tables (table 2.1) on National Statistics website)
Perinatal deaths	ONS death registration and birth registration statistics (published in Vital Statistics: Population and Health Reference Tables (table 2.1) on National Statistics website)
Excess winter deaths	ONS death registration statistics (published in Excess Winter Mortality - By Age Group and Region, on National Statistics website)

Section 3 – International Comparisons

Introduction

This section illustrates international comparisons for some of the major killers, and for various priority areas of public health policy. Please note that in some instances data for the United Kingdom is presented rather than data for England[1].

This section is not intended to provide a comprehensive analysis of how the United Kingdom (UK) compares with other countries. Rather the intention is to put in context some of the information presented elsewhere in the Profile. Thus, absolute levels and improving or deteriorating trends can better be considered and assessed in the light of performance in similar countries.

The data presented here derive predominantly from the World Health Organisation 'Health For All'[208] dataset, and focus on European Union (EU) countries. These data are in some cases supplemented by information from OECD[108] Health Data and Eurostat[202]. The international datasets contain a range of additional indicators to those presented below.

The focus in this module is on measures of health status and some selected health determinants, rather than on measures of health care activity, quality, outcome, efficiency etc.

Please note: For all international trend charts EU-15 countries (member states that were part of the European Union prior to expansion in 2004) are shown. The trend of the 'best' and 'worst' of the EU-15 is highlighted, together with the rate for England, or for the UK where comparable data for England are not available. Also shown, where available, are the averages of the EU as a whole, and the EU-15 and the new EU-12 countries (member states that have joined the European Union from 2004).

[1] Please note, in some instances more up to date data will be available for England which is presented earlier in the document

Against whom to compare

The choice of comparator countries will clearly have an impact on the apparent overall performance – rankings, absolute levels etc. A sub-set of countries can serve to make more powerful and meaningful comparisons.

The bulk of comparisons we have presented are with other member states of the European Union; in particular, with the 15 member states prior to expansion in 2004 (the EU-15).

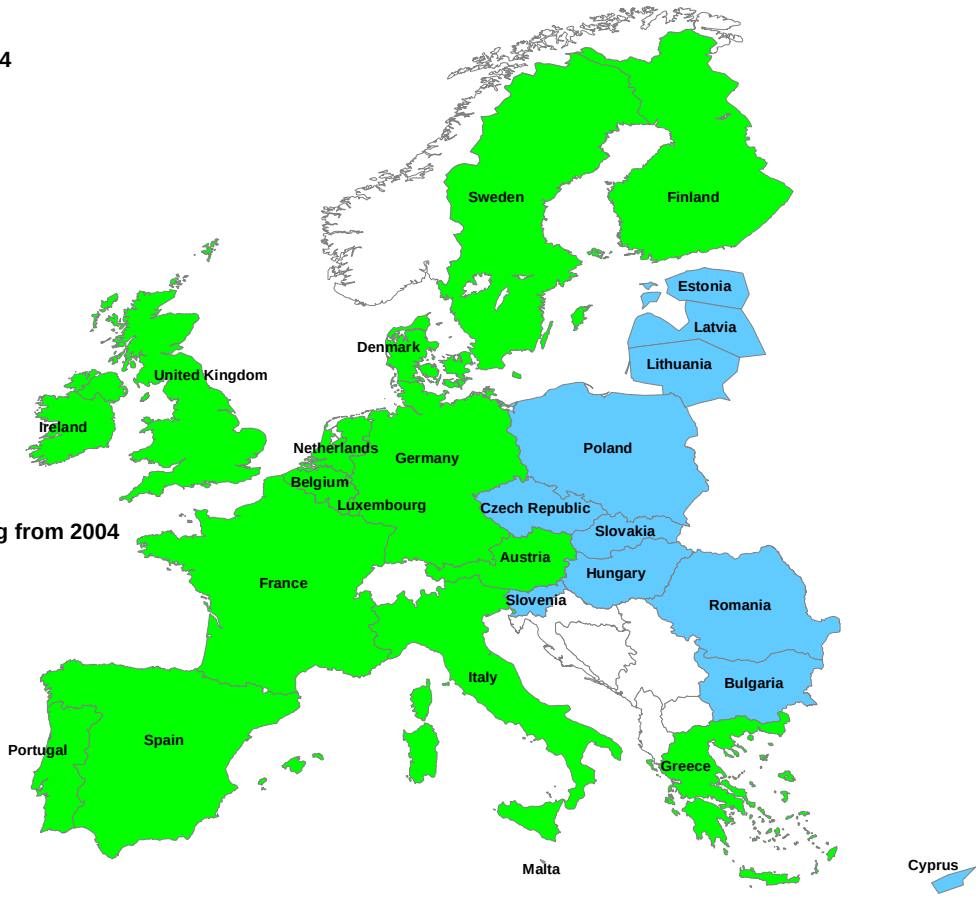
Chart 3.1: European Union Member States

EU-15, member states prior to 2004

Austria (1995)
Belgium (1957)
Denmark (1973)
Finland (1995)
France (1957)
Germany (1957)
Greece (1981)
Ireland (1973)
Italy (1957)
Luxembourg (1957)
Netherlands (1957)
Portugal (1986)
Spain (1986)
Sweden (1995)
United Kingdom (1973)

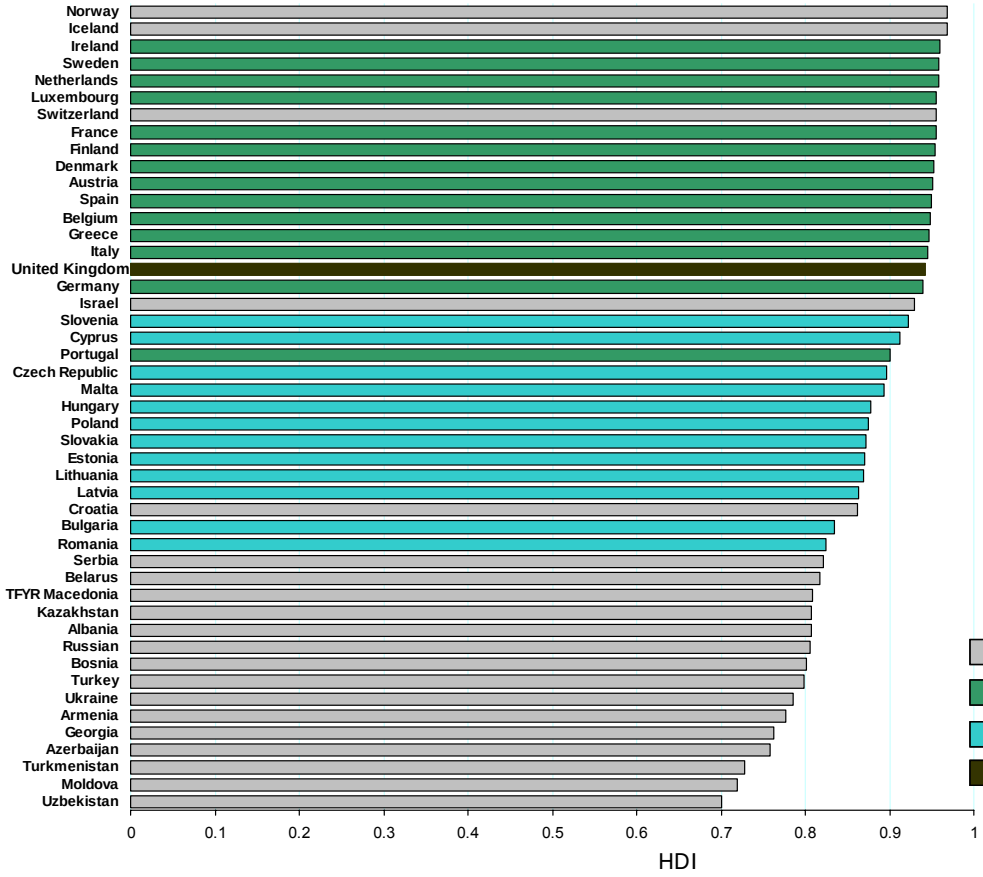
EU-12 new, member states joining from 2004

Bulgaria (2007)
Cyprus (2004)
Czech Republic (2004)
Estonia (2004)
Hungary (2004)
Latvia (2004)
Lithuania (2004)
Malta (2004)
Poland (2004)
Romania (2007)
Slovakia (2004)
Slovenia (2004)



Comparisons with these countries are particularly illuminating, in part because of their geographical proximity and in part because of the reasonably similar stages of development. The United Nations Development Programme Human Development Index demonstrates close grouping of the scores and ranking of the bulk of the EU-15.

Chart 3.2: UNDP Human Development Index (HDI), 2006



The United Nations Development Programme (UNDP) Human Development Index (HDI) is a composite index measuring average achievement in three basic dimensions of human development

1. a long and healthy life (using life expectancy at birth),

2. knowledge (aggregating the adult literacy rate with the combined gross enrolment ration for primary, secondary and tertiary schools) and

3. a decent standard of living (using GDP per capita).

Featured as a demographic indicator in the World Health Organisation 'Health For All' dataset, the HDI is updated in the annual 'Human Development Report' published by the UNDP.

Other European countries
EU-15 (member countries before 2004)
EU-12 new (member countries from 2004)
United Kingdom

Source: United Nations Development Programme (2006), WHO "Health For All" dataset- Jan 2010

Comparability and standardisation

As far as possible sources of international data presented here are based on international datasets that are compiled, validated and processed in a uniform way in order to improve the comparability of statistics from different countries. Nevertheless, since health data recording and handling systems and practices vary between countries, so do the availability and accuracy of data reported. Data comparability is also limited, owing to differences in definitions and/or time periods, incomplete registration in some countries or other national specificities in data recording and processing. **International comparisons between countries and their interpretation should thus be made with some caution.**

A further reason for caution when interpreting international comparisons relates to the methodology of standardising data across countries. This issue is discussed further in the appendix to this section.

Indicators presented

International comparisons are presented for the following health indicators, updating those included in last years Health Profile of England 2008:

- Life expectancy at birth
- Infant mortality
- Circulatory disease - premature mortality
- Cancer - premature mortality
- Suicide and mortality from injury of undetermined intent
- Smoking related mortality
- Chronic liver disease – premature mortality
- Death from motor vehicle traffic accidents
- Teenage pregnancy (live births to mothers aged under 20)
- Alcohol consumption
- Obesity prevalence
- Fruit and vegetables – availability
- Tooth decay in children

International data tabulation

Table 3.1 below show the figures on which all subsequent charts are based. The date of the most recently available information is also shown, but please note that these may not be the same dates for every country.

Table 3.1
INTERNATIONAL DATA TABULATION

Member State	Latest available data year for country (for majority of indicators)[1]	Life expectancy at birth (males)	Life expectancy at birth (females)	Age Standardised Mortality Rates (per 100,000 population)							Deaths from smoking related causes
				Infant mortality	Premature mortality fom all circulatory diseases (ages under 65)		Premature mortality from cancer (ages under 65)		Suicide[2] (all ages)		
					Male	Female	Male	Female	Male	Female	
Austria	2007	77.6	83.2	3.7	49.8	16.2	75.3	56.9	21.6	5.9	202.3
Belgium	2004	76.2	82.0	4.0	55.2	22.0	86.0	61.2	26.4	9.1	198.9
Bulgaria	2006	69.3	76.4	9.7	245.5	91.0	121.2	70.2	17.7	4.3	405.4
Cyprus	2007	78.3	82.6	3.2	61.5	16.4	46.7	38.2	3.4	1.0	160.6
Czech Republic	2007	73.8	80.3	3.1	101.5	32.6	107.9	67.6	20.8	3.6	334.6
Denmark	2006	76.2	80.8	3.4	50.4	20.0	79.6	75.5	16.0	5.7	225.0
Estonia	2007	67.3	78.9	5.0	203.3	52.9	118.8	62.9	32.4	4.8	391.2
Finland	2007	76.1	83.2	2.7	77.9	18.8	56.1	48.7	27.1	8.5	229.5
France	2007	77.8	85.0	3.5	39.0	12.4	99.5	55.5	22.8	7.5	119.0
Germany	2006	77.2	82.4	3.8	60.3	21.4	78.6	58.7	15.5	4.7	204.1
Greece	2007	77.2	82.0	3.6	77.3	22.6	78.7	47.6	4.3	0.9	214.9
Hungary	2007	69.4	77.8	5.9	179.3	57.0	172.3	96.3	36.8	8.6	449.6
Ireland	2007	77.5	82.1	3.1	56.2	20.3	65.6	60.6	16.9	3.9	237.9
Italy	2007	78.8	84.4	3.5	40.5	14.2	72.9	53.6	8.4	2.3	166.7
Latvia	2007	65.8	76.5	8.8	306.3	82.8	123.8	69.0	32.6	6.2	513.9
Lithuania	2007	64.9	77.3	5.9	261.9	68.2	133.4	69.1	52.4	8.3	534.0
Luxembourg	2006	76.9	82.3	2.2	66.4	28.2	74.7	52.4	19.7	7.4	193.1
Malta	2007	77.7	82.3	6.4	51.5	16.7	53.6	62.8	11.8	0.3	230.2
Netherlands	2007	78.2	82.7	4.1	42.7	18.9	71.3	70.6	10.9	4.5	171.6
Poland	2007	71.0	79.9	6.0	139.0	39.9	119.9	78.3	23.0	3.7	265.5
Portugal	2004	74.9	81.6	3.9	61.5	22.2	89.0	51.8	15.7	4.4	207.2
Romania	2007	69.7	76.9	12.0	177.2	68.1	132.4	74.3	18.1	3.6	461.2
Slovakia	2005	70.3	78.2	7.2	154.5	45.9	132.3	71.3	21.8	3.2	414.1
Slovenia	2007	74.8	82.1	2.8	67.6	17.2	107.0	63.3	30.1	7.9	191.2
Spain	2005	77.1	83.8	3.8	48.7	15.0	92.6	47.9	10.5	3.1	169.7
Sweden	2007	79.1	83.2	2.5	44.5	16.0	50.0	54.0	16.3	6.6	181.4
England[3]	2007	77.7	81.9	4.8	55.4	20.7	65.8	62.9	11.6	3.4	N/A
United Kingdom[3]	2007	77.4	81.6	4.8	58.5	21.9	67.8	64.2	9.7	2.7	223.2
EU average	2007	76.1	82.2	4.5	75.0	25.3	90.0	61.2	16.3	4.4	221.0
EU 15 average (before 2004)	2007	77.6	83.2	3.8	51.5	17.9	79.9	57.1	14.2	4.4	183.3
EU 12 average (since 2004)	2007	70.5	78.7	7.2	162.1	52.3	127.0	76.1	24.1	4.5	364.3

[1]For each country, the latest available data year may vary across the indicators presented. The 'latest available data year' column shows the latest data year available for the majority of indicators for each country. Where the latest data relate to a different year for a particular indicator, this is shown by a * or ** next to the indicator value. More information about the latest data available for each country is described in each subsequent chart.

[2]A more restricted definition of 'suicide' than the one used to monitor the PSA mortality target. The latter includes 'injury of undetermined intent', which accounts for around a third of the target rate in the UK.

[3] UK and England life expectancy figures taken from 2006-2008 national interim life tables published by the Office for National Statistics.
Website: http://www.statistics.gov.uk/Statbase/Product.asp?vlnk=14459

Table 3.1 continued
INTERNATIONAL DATA TABULATION

Member State	Age standardised mortality rates (deaths per 100,000)					Lifestyle related indicators			
	Chronic liver disease (ages under 65)		Deaths from motor vehicle traffic accidents (all ages)		Percentage of all live births to mothers aged under 20	Pure alcohol consumed (annual consumption litres/person, ages 15+)	Percentage of adults classified as obese[4]	Average amount of fruit and vegetables available per person per year (kg)	Average number of decayed, missing or filled teeth at age 12
	Male	Female	Male	Female					
Austria	16.6	5.5	11.5	3.2	3.6	12.6*	12.4*	227.6*	1.0*
Belgium	10.2	4.6	16.7	4.5	2.6*	10.9*	12.7	199.5*	1.1*
Bulgaria	21.1	4.1	12.3	4.2	13.4**	5.9*	N/A	190.1*	4.4*
Cyprus	3.1	0.8	20.2	4.5	1.7	11.4*	N/A	278.5*	2.1*
Czech Republic	20.4	7.7	14.5	4.5	3.1	16.2*	17.0*	151.4*	2.6*
Denmark	17.1	7.8	8.1	2.9	1.4**	12.1*	11.4**	248.7*	0.7**
Estonia	32.0	15.8	21.6	5.7	7.4	16.0*	N/A	174.4*	2.4*
Finland	27.7	9.1	9.9	3.7	2.5	12.7*	14.9	162.6*	1.2*
France	11.8	4.5	11.0	3.0	2.0*	12.3*	10.5*	238.4*	1.2*
Germany	14.9	6.1	8.5	2.7	2.6**	12.7*	13.6*	203.7*	0.7*
Greece	5.1	0.8	23.2	5.9	2.9	9.0*	16.4*	422.7*	2.2*
Hungary	61.6	20.3	19.8	5.6	6.1	13.8*	18.8*	176.3*	3.8*
Ireland	7.2	3.4	8.5	3.0	3.5	13.5*	15.0	182.9*	1.1*
Italy	6.9	2.4	14.5	3.2	1.4*	10.5*	9.9	309.3*	1.1*
Latvia	26.8	13.8	28.5	8.0	8.6	9.9*	N/A	153.2*	3.4*
Lithuania	60.5	25.8	37.1	10.0	7.5	10.4*	N/A	168.5*	3.6*
Luxembourg	15.8	9.8	12.4	3.8	2.6**	18.0*	20.0**	199.5*	0.8
Malta	7.2	2.9	6.0	1.4	6.4	6.6*	N/A	243.1*	1.6*
Netherlands	3.9	2.1	6.2	2.1	1.4	9.6*	11.2	255.5*	1.1*
Poland	22.5	7.4	21.6	5.9	5.1	8.2*	12.5*	147.9*	3.2*
Portugal	15.7	4.9	27.5*	7.0*	4.7**	11.1*	15.4**	297.2*	3.0*
Romania	40.4	18.4	20.5	6.5	12.7	8.9*	N/A	244.3*	2.8*
Slovakia	29.3	11.6	17.4	5.0	7.3**	11.6*	16.7**	129.7*	2.4**
Slovenia	30.9	11.2	22.7	5.4	1.5	10.3*	N/A	215.4*	1.8*
Spain	9.9	2.4	16.0	4.0	2.8	11.7*	14.9**	256.0*	1.3
Sweden	5.4	1.9	6.4	2.3	1.7*	6.9*	10.2	193.6*	1.0*
England	12.3	6.3	N/A	N/A	N/A	N/A	24.0	N/A	N/A
United Kingdom	13.5	6.7	7.7	2.2	7.1*	11.4*	24.0	207.4*	0.7*
EU average	15.8	6.1	13.4	3.7	N/A	11.1*	N/A	232.5*	1.9*
EU 15 average (before 2004)	11.5	4.5	11.6	3.2	N/A	11.5*	N/A	242.5*	1.4*
EU 12 average (since 2004)	31.6	11.9	20.2	5.9	N/A	9.9*	N/A	183.9*	3.6*

[4] All information about adult obesity rates has been taken from 'Health Data 2009' produced by OECD, not the 'Health for All' dataset used in the rest of the international section of the document. Additional countries have been shown in chart 3.34 'Adult Obesity'. These countries and associated rates of adult obesity include; Japan (3.4), South Korea (3.5), Norway (9.0), Canada (15.4), Mexico (30.0), and United States of America (34.3)

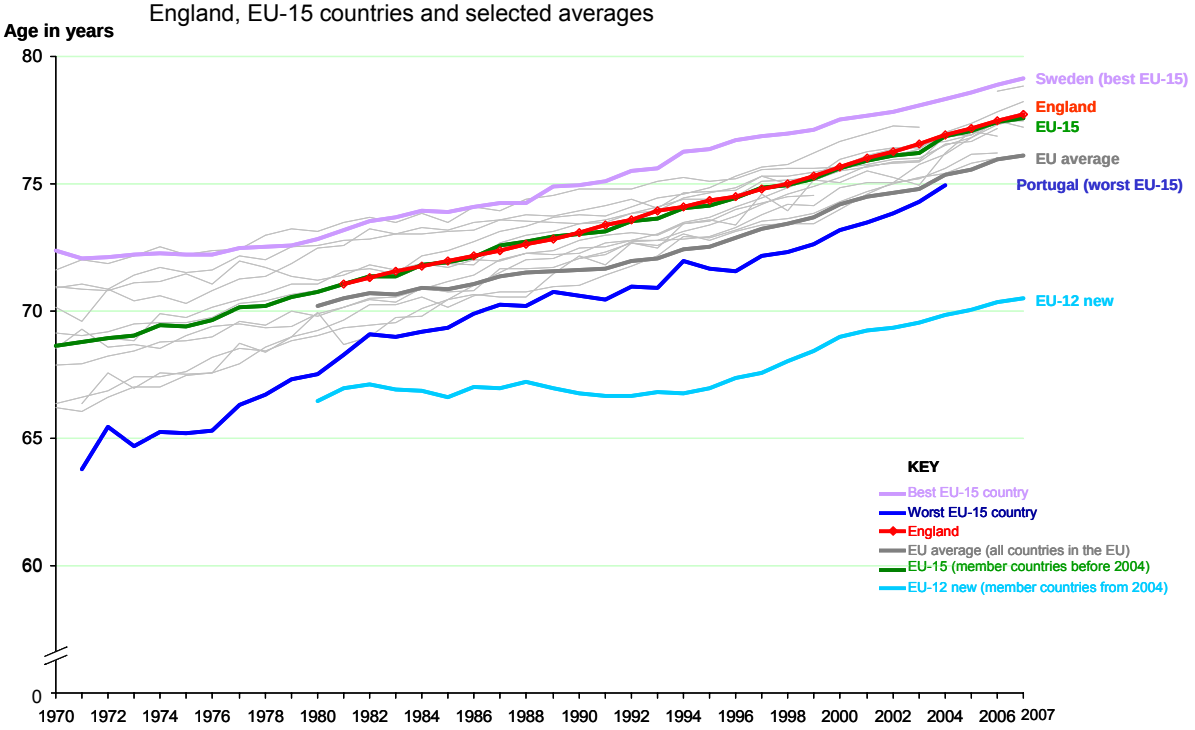
* Relates to earlier year than is shown in the 'latest available data year' column. See individual charts for full details of data years.
** Relates to later year than is shown in the 'latest available data year' column. See individual charts for full details of data years.

Life expectancy at birth, males

Life expectancy at birth has been rising steadily amongst all EU-15 countries. In recent years, improvement in male life expectancy in England has just overtaken that of the EU-15 average. The country with the highest life expectancy for males of all EU countries is Sweden (79.1 years)

Chart 3.3: Male life expectancy at birth

England, EU-15 countries and selected averages

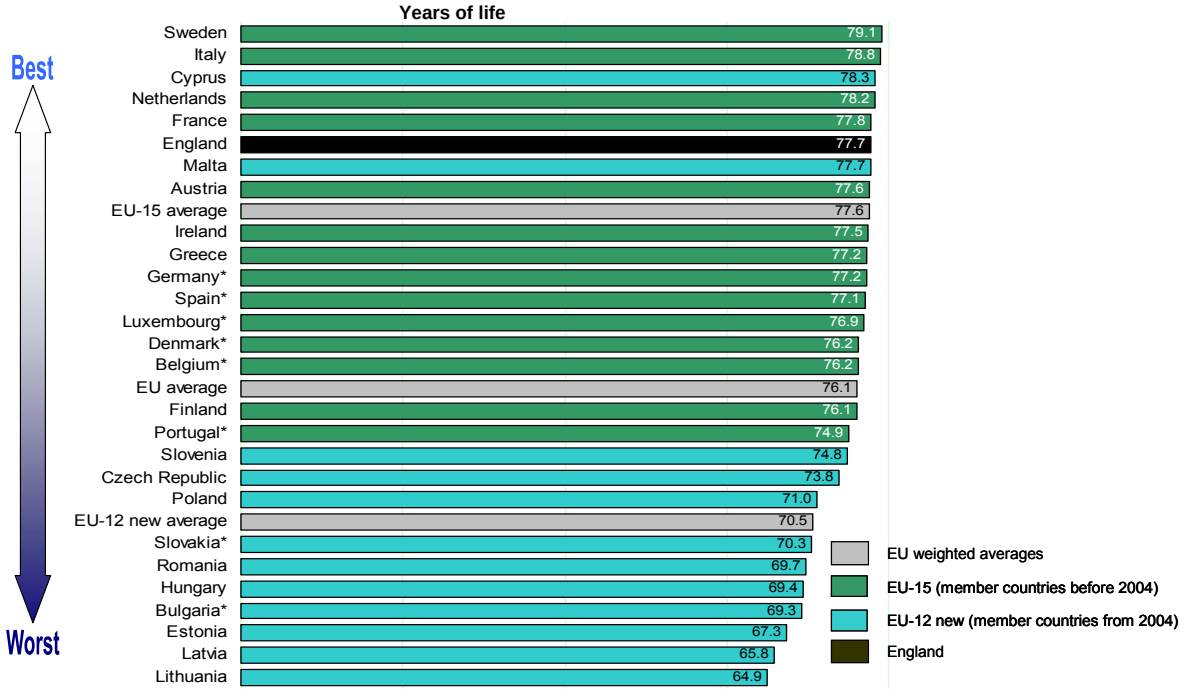


Source: WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

NB: England Life Expectancy data are taken from the GAD database and are based on a different methodology from that used by the WHO HFA Database.

Chart 3.4: Male life expectancy at birth

England, EU countries and selected averages, latest data (2007*), ranked



* Belgium, Portugal - 2004; Slovakia, Spain-2005; Bulgaria, Denmark, Germany, & Luxembourg -2006

Source: WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

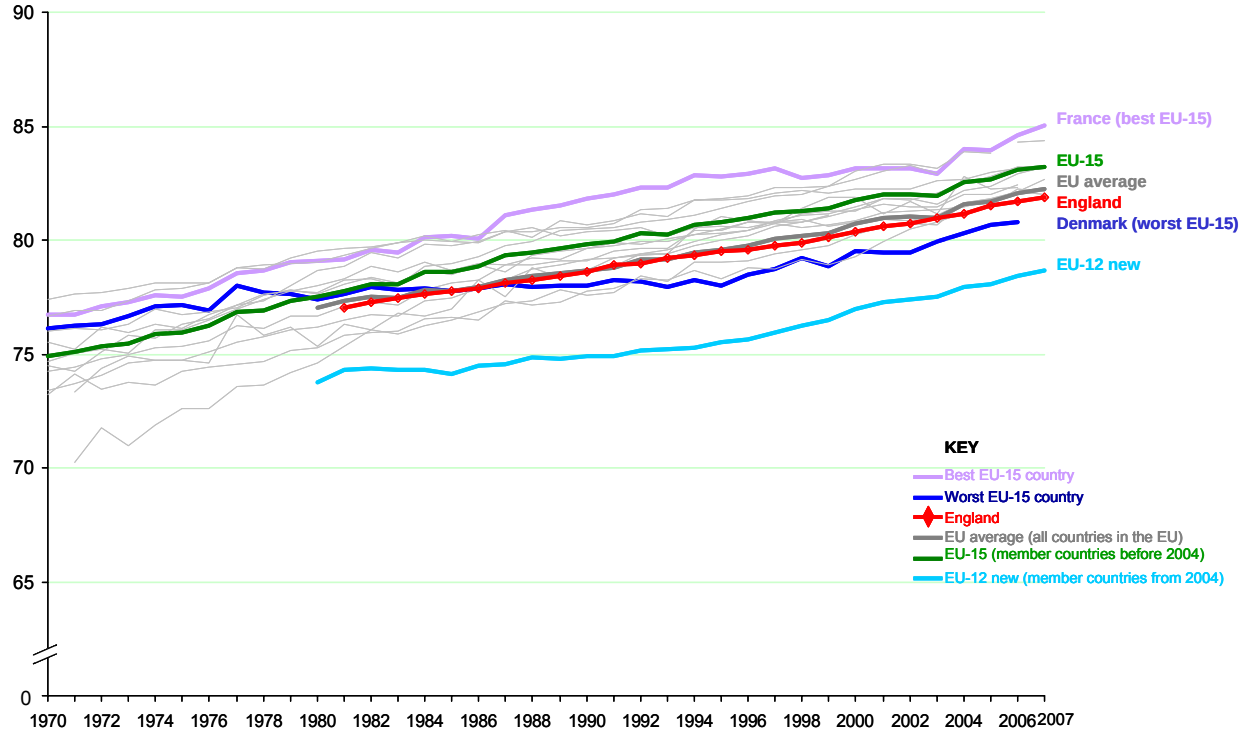
NB: England Life Expectancy data are taken from the GAD database and are based on a different methodology from that used by the WHO HFA Database.

Life expectancy at birth, females

Life expectancy at birth has also been rising for females within EU countries. However, the life expectancy for females in England is still lower than both the EU-15 and EU average.

Chart 3.5: Female life expectancy at birth

Age in years England, EU-15 countries and selected averages

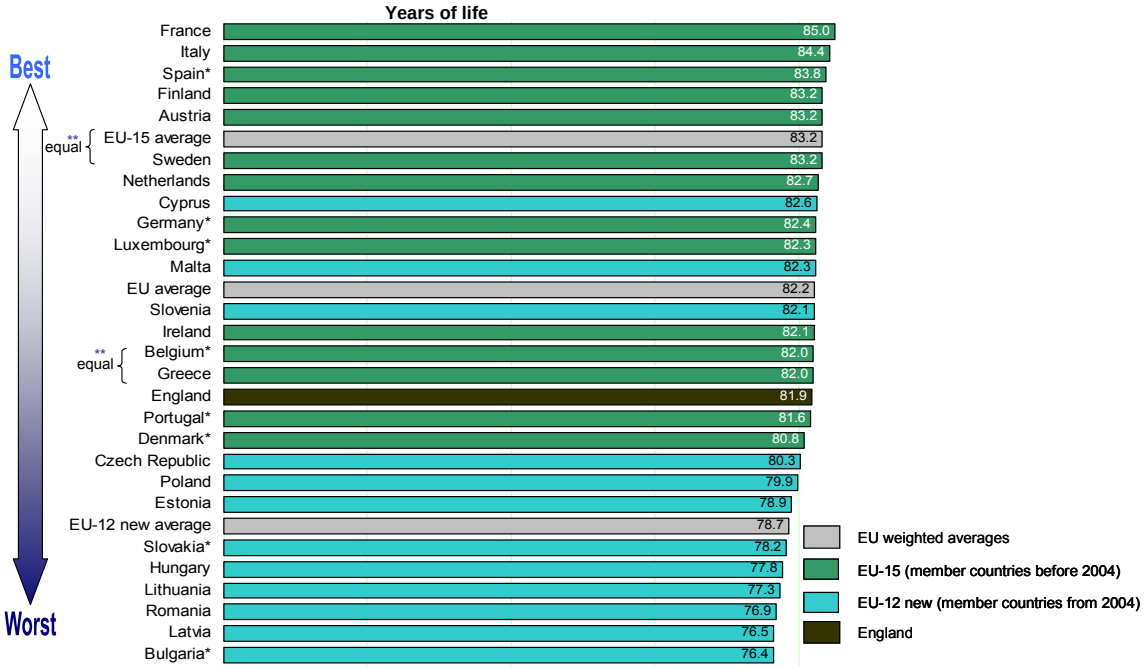


Source: WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

NB: England Life Expectancy data are taken from the GAD database and are based on a different methodology from that used by the WHO HFA Database.

Chart 3.6: Female life expectancy at birth

England, EU countries and selected averages, latest data (2007*), ranked



* Belgium, Portugal - 2004; Slovakia, Spain-2005; Bulgaria, Denmark, Germany, & Luxembourg -2006

** Rankings based on figures to two decimal points. Belgium and Greece, EU-15 average and Sweden are equal to two decimal points.

NB: England Life Expectancy data are taken from the GAD database and are based on a different methodology from that used by the WHO HFA Database.

Source: WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

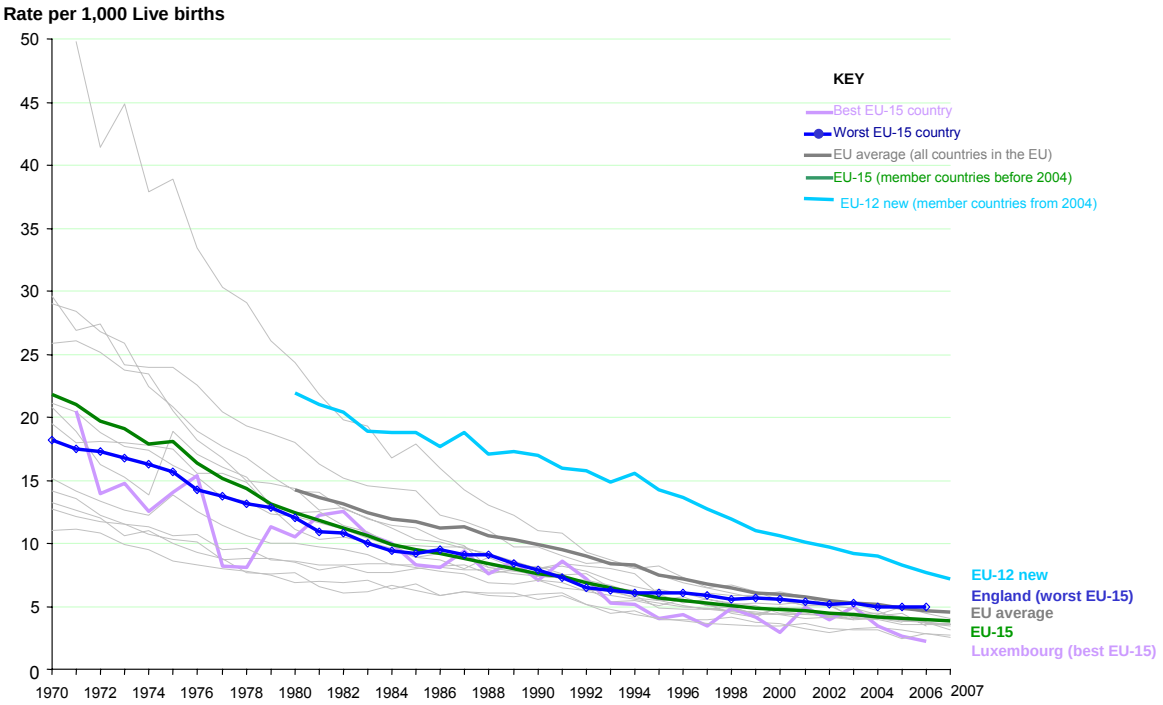
Infant mortality

Infant mortality rates in England have fallen over the past 30 years, however the rate of decline has levelled off recently.

Please note: It is difficult to make valid international comparisons concerning infant mortality due to different definitions and registration systems.

Chart 3.7: Infant mortality

England, EU-15 countries and selected averages

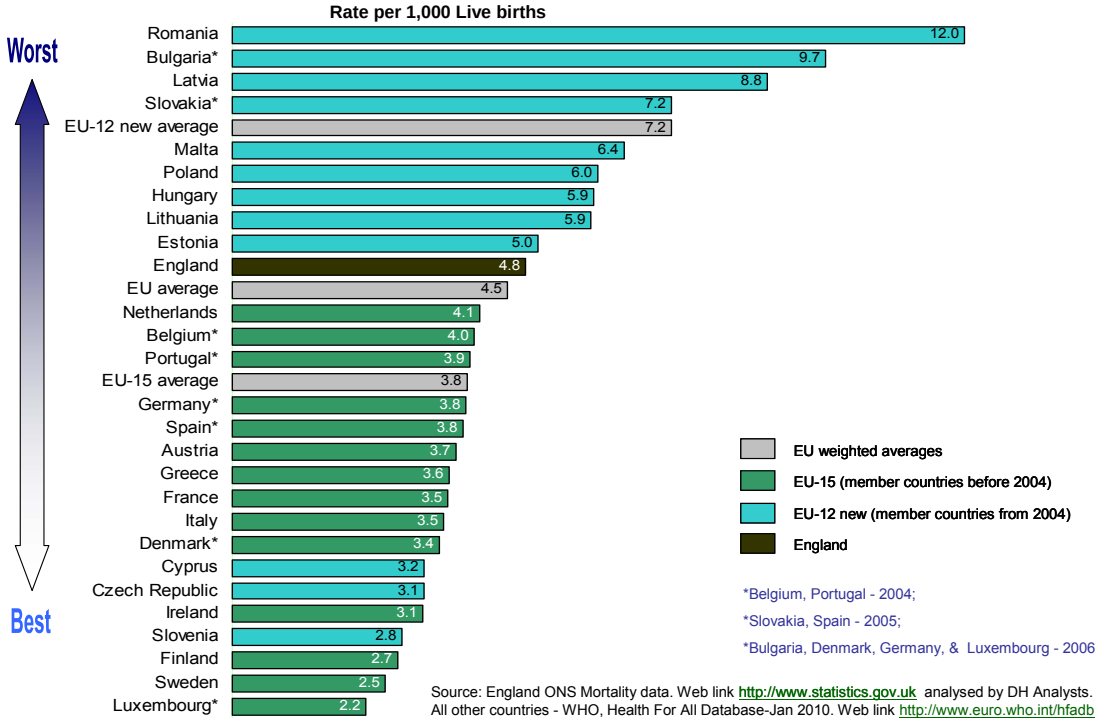


Source: England ONS Mortality data. Web link http://www.statistics.gov.uk analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Cautionary note: Luxembourg currently has the lowest infant mortality rate, but please note that rates can be affected by small population numbers.

Chart 3.8: Infant mortality

England, EU countries and selected averages, latest data (2007*), ranked



*Belgium, Portugal - 2004;
*Slovakia, Spain - 2005;
*Bulgaria, Denmark, Germany, & Luxembourg - 2006

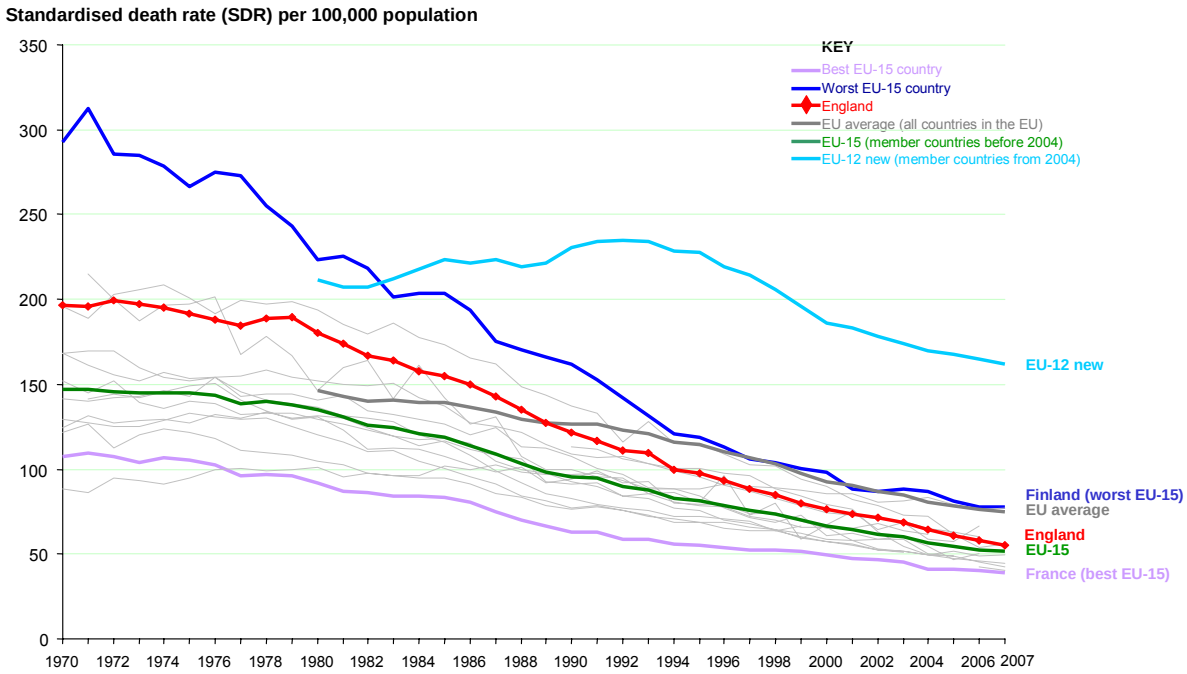
Source: England ONS Mortality data. Web link http://www.statistics.gov.uk analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Premature mortality from all circulatory diseases for males, aged under 65

Premature mortality from circulatory disease has continued to fall for most EU countries. For England, premature mortality is just above the EU-15 average despite good progress in this area.

Chart 3.9: Male premature mortality from all circulatory diseases

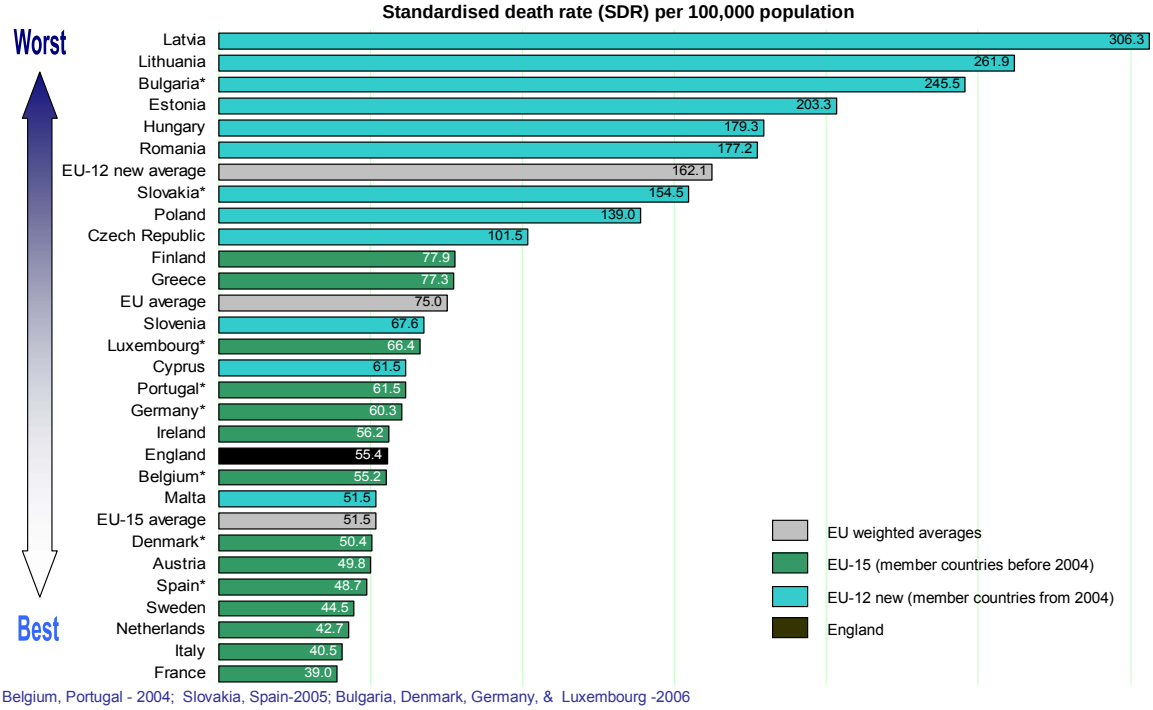
Aged under 65 years, England, EU-15 countries and selected averages



Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Chart 3.10: Male premature mortality from all circulatory diseases

Aged under 65, England, EU countries and selected averages, latest data (2007*), ranked



* Belgium, Portugal - 2004; Slovakia, Spain-2005; Bulgaria, Denmark, Germany, & Luxembourg -2006

Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

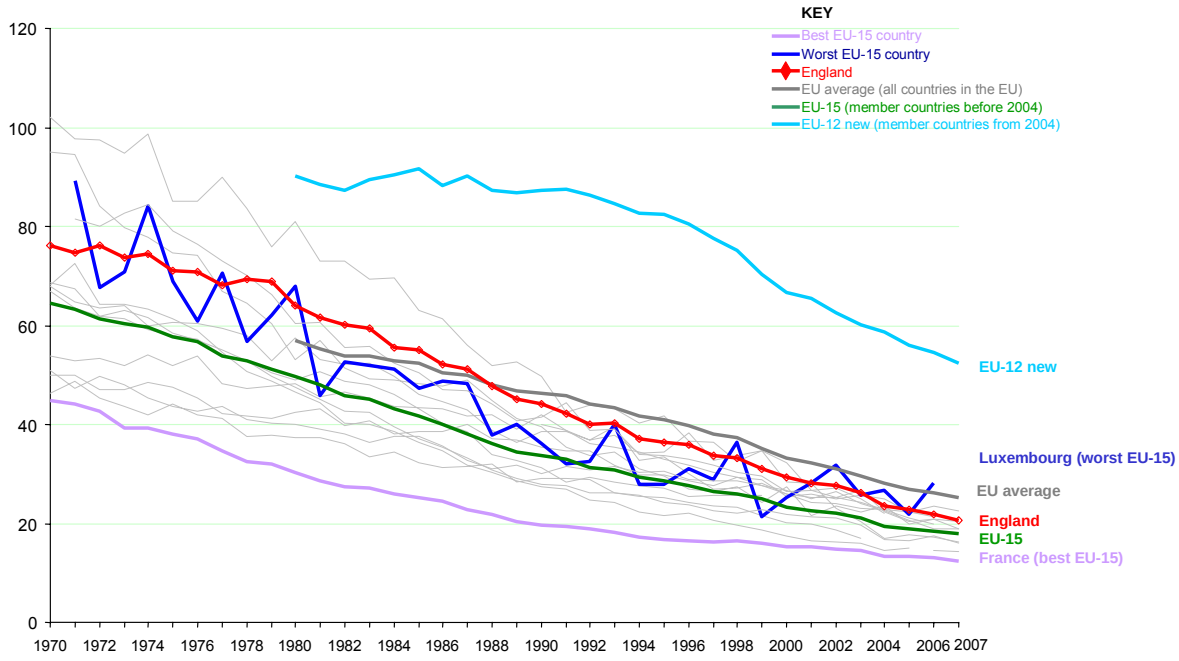
Premature mortality from all circulatory diseases for females, aged under 65

Female premature mortality from circulatory diseases has fallen across the EU. Greater declines in female mortality in recent years have narrowed the gap between England and the EU-15 average.

Chart 3.11: Female premature mortality from all circulatory diseases

Aged under 65 years, England, EU-15 countries and selected averages

Standardised death rate (SDR) per 100,000 population



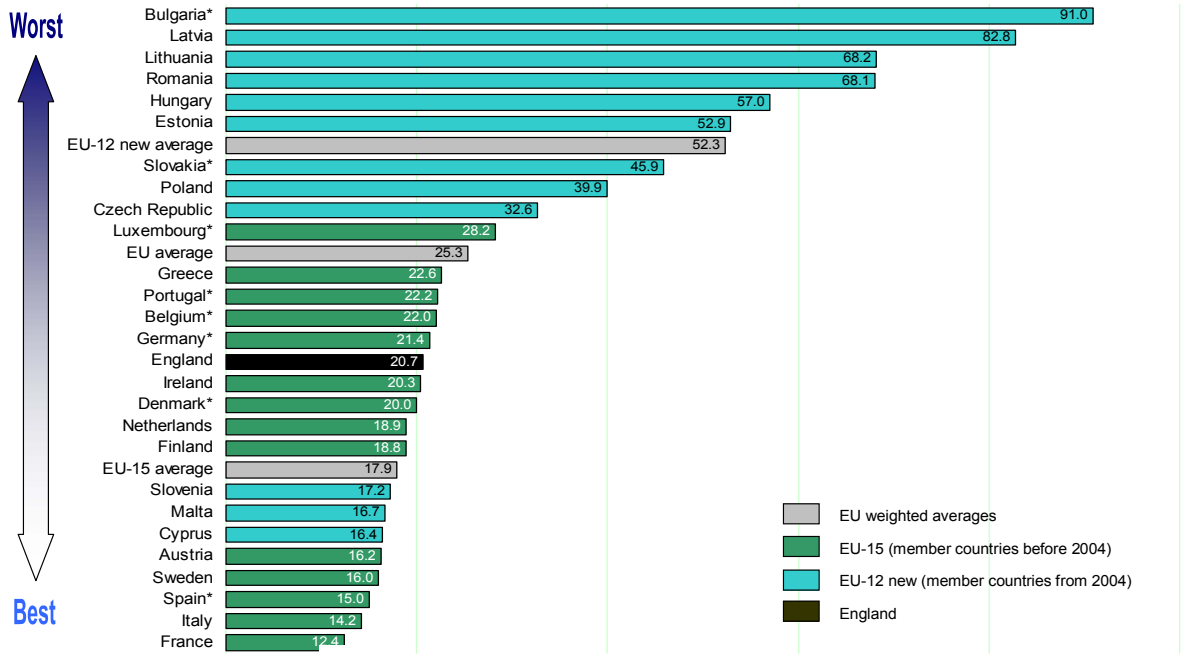
Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Cautionary note: Luxembourg currently has the worst circulatory rate, but please note that rates can be affected by small population numbers.

Chart 3.12: Female premature mortality from all circulatory diseases

Aged under 65, England, EU countries and selected averages, latest data (2007*), ranked

Standardised death rate (SDR) per 100,000 population



* Belgium, Portugal - 2004; Slovakia, Spain-2005; Bulgaria, Denmark, Germany, & Luxembourg -2006

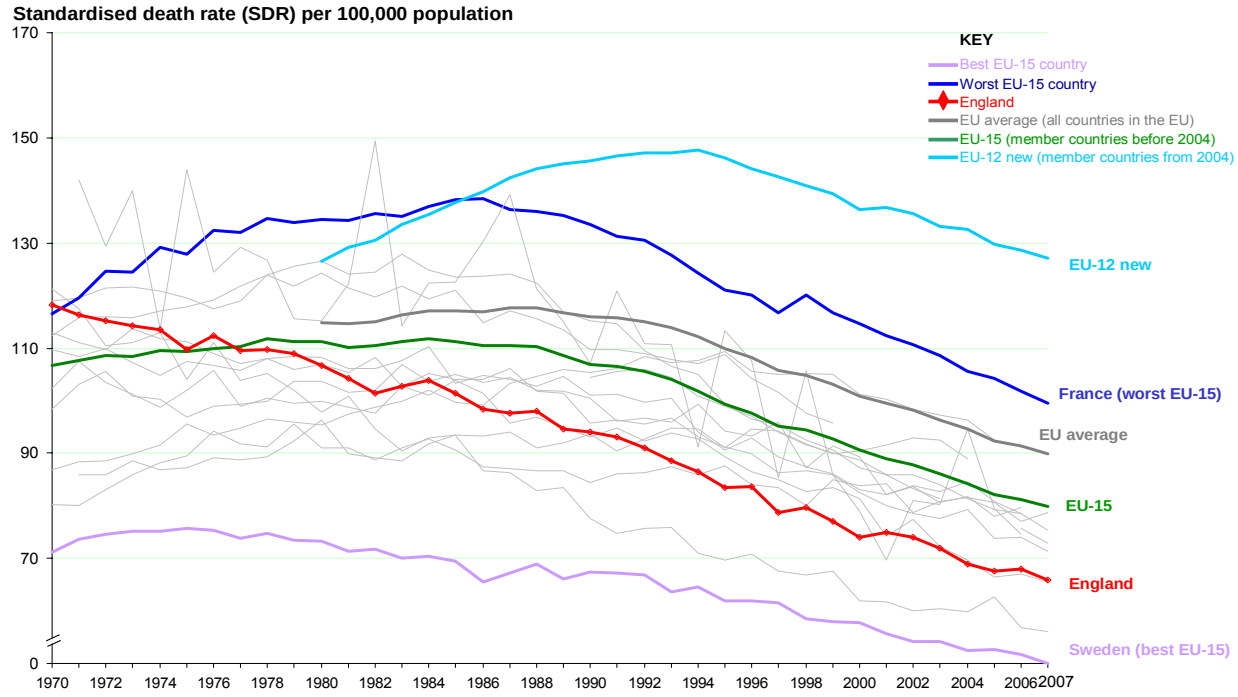
Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Premature mortality from cancer for males, aged under 65

Premature mortality for cancer in males has fallen markedly across the EU. The mortality rate for England has fallen particularly fast, and is now amongst the lowest rates in the EU.

Chart 3.13: Male premature mortality from cancer

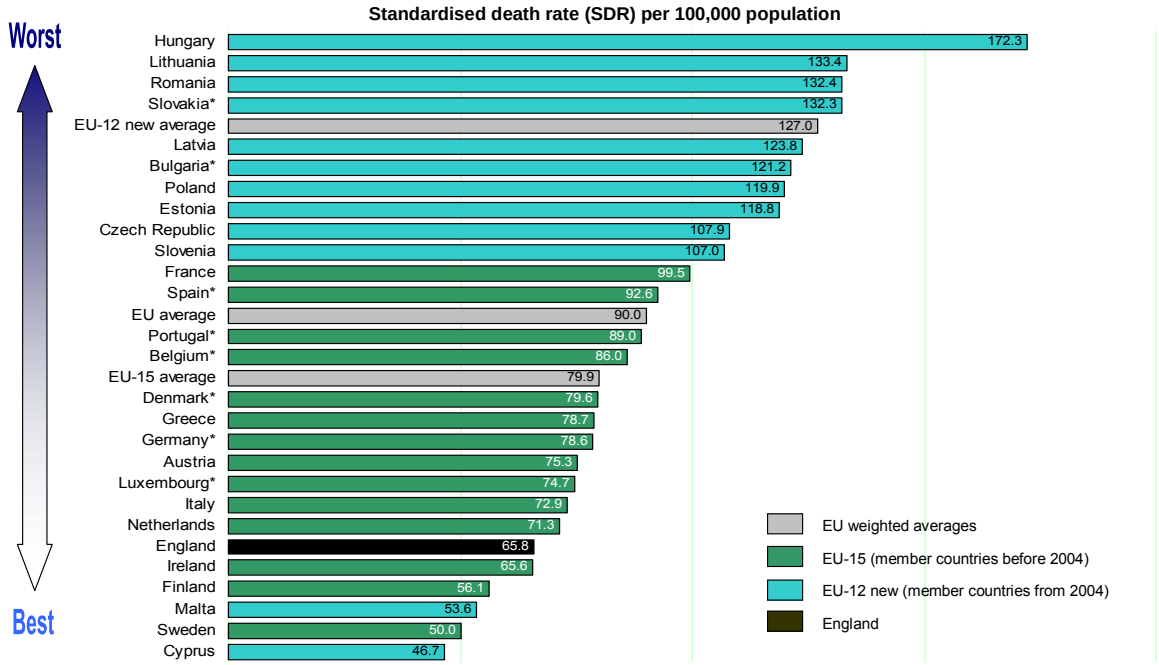
Aged under 65 years, England, EU-15 countries and selected averages



Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Chart 3.14: Male premature mortality from cancer

Aged under 65, England, EU countries and selected averages, latest data (2007*), ranked



* Belgium, Portugal - 2004; Slovakia, Spain-2005; Bulgaria, Denmark, Germany, & Luxembourg -2006

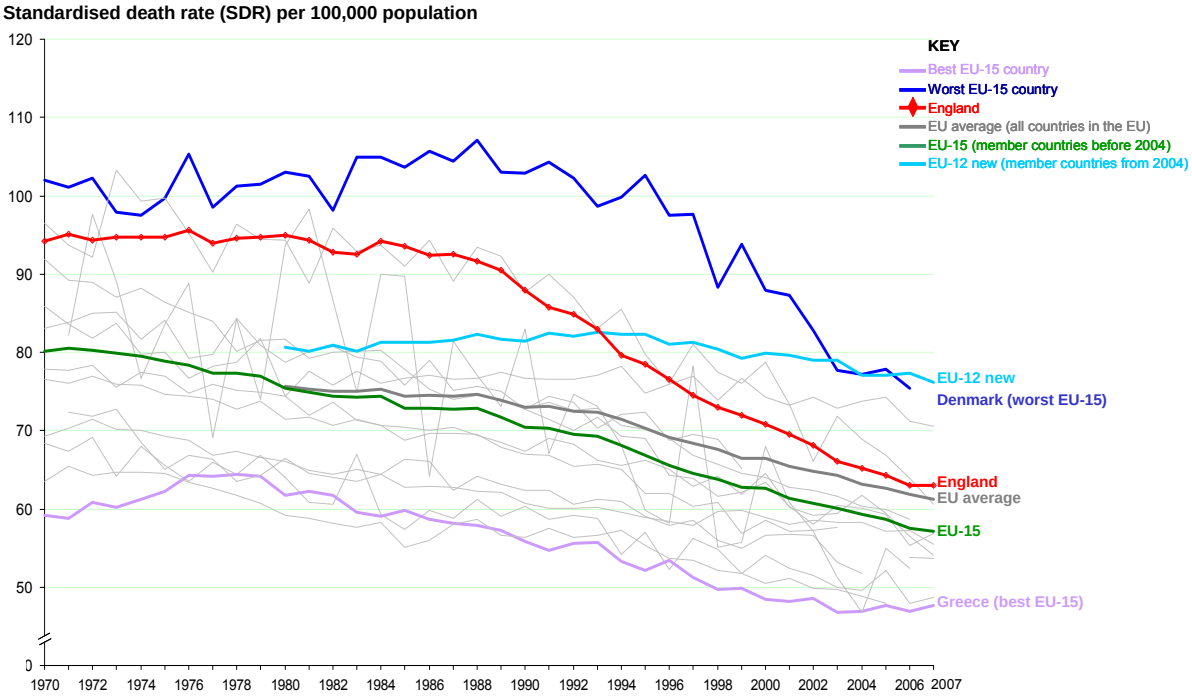
Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Premature mortality from cancer for females, aged under 65

After a period of little change, premature death rates from cancer in females in England have fallen much faster over the last 20 years than the EU-15 average. However, the rate remains above that of the EU-15 average, and is marginally above the average for the EU as a whole.

Chart 3.15: Female premature mortality from cancer

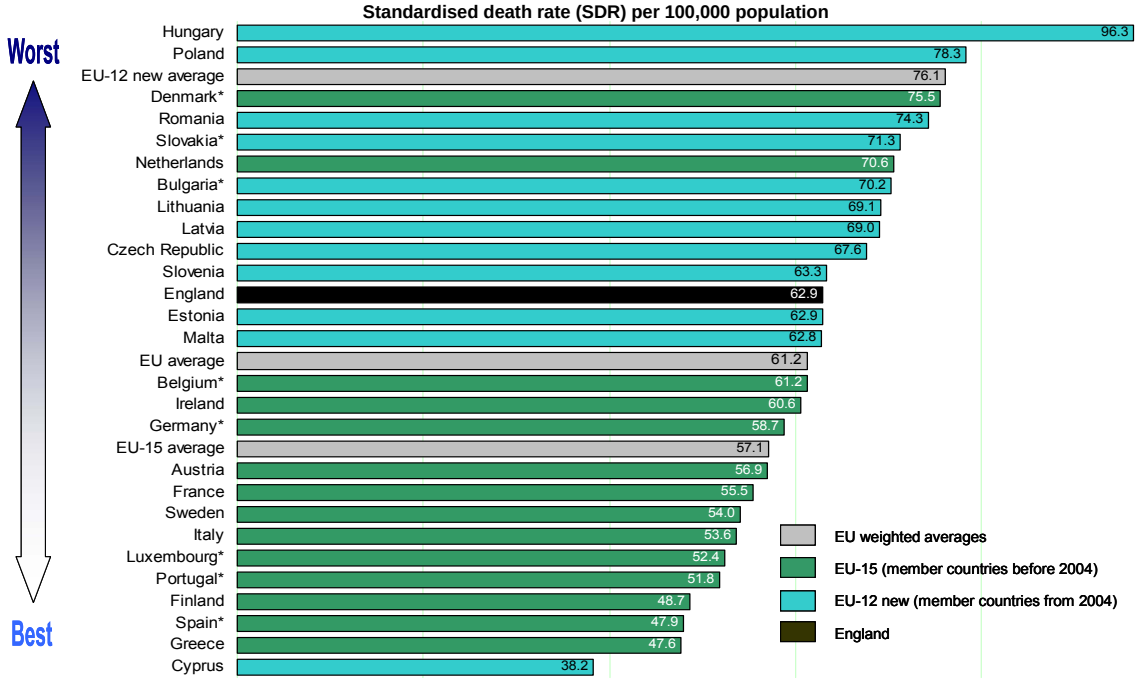
Aged under 65 years, England, EU-15 countries and selected averages



Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Chart 3.16: Female premature mortality from cancer

Aged under 65, England, EU countries and selected averages, latest data (2007*), ranked



* Belgium, Portugal - 2004; Slovakia, Spain-2005; Bulgaria, Denmark, Germany, & Luxembourg -2006

Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

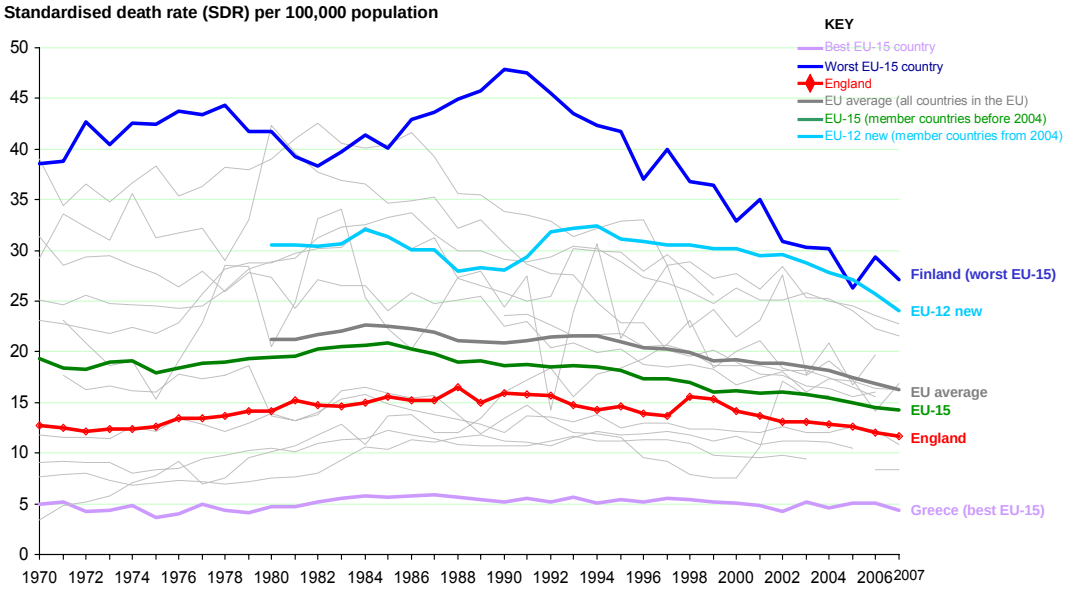
Mortality from suicide for males, all ages

Suicide mortality rates in males in England have remained relatively stable over the past 30 years, despite changes for particular ages group (for example, young men). In recent years, suicide rates in England have fallen, meaning they are amongst the lowest in the EU.

Please note: The restricted definition of suicide used here does not include death from 'injury of undetermined intent'. Research suggests that most of these deaths are likely to be suicides, and the inclusion of these in the definition could result in a deterioration in England's ranking.

Chart 3.17: Mortality from suicide[1]

Males all ages, England, EU-15 countries and selected averages

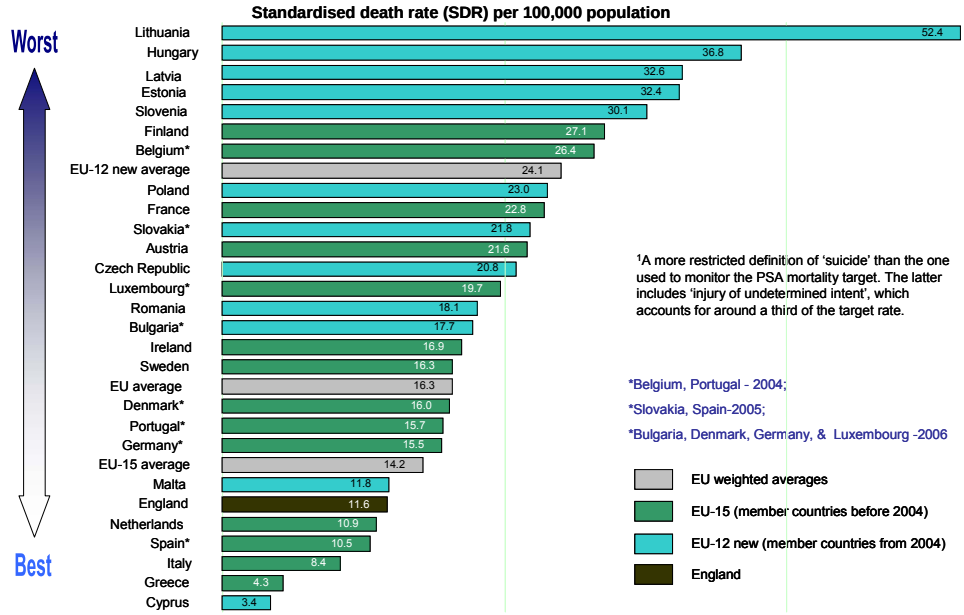


[1]A more restricted definition of 'suicide' than the one used to monitor the PSA mortality target. The latter includes 'injury of undetermined intent', which accounts for around a third of the target rate in the England.

Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Chart 3.18: Male mortality from suicide[1]

All ages, England, EU countries and selected averages, latest data (2007*), ranked



Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

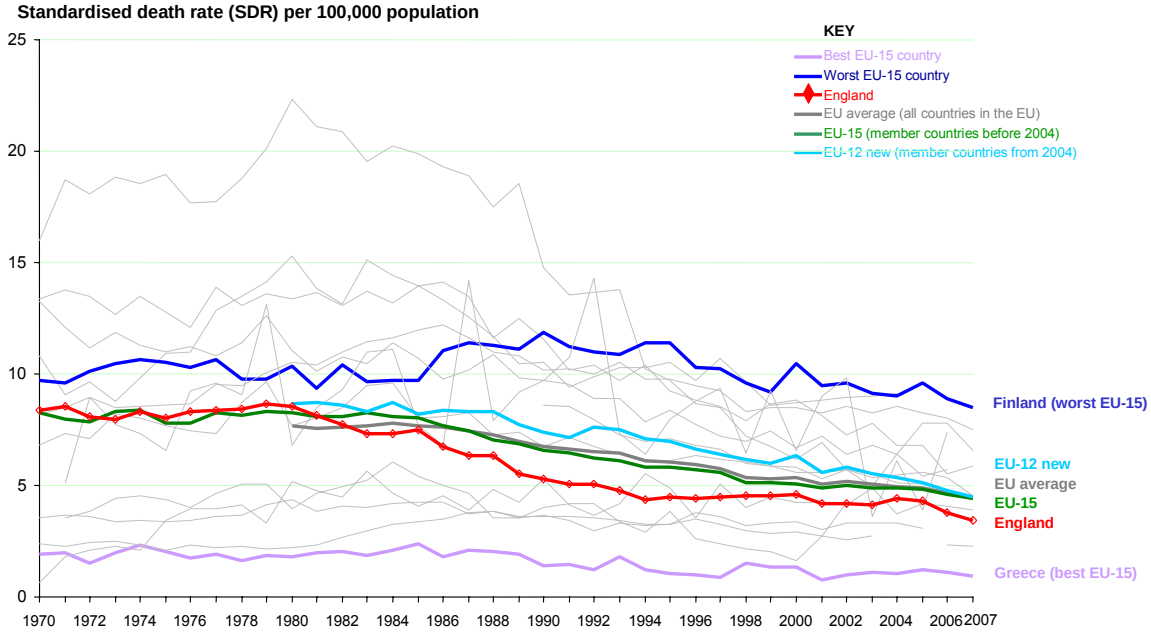
Mortality from suicide for females, all ages

Suicide mortality for females remained relatively stable in the 1990's. In recent years, England has experienced a decline in suicide rates, now meaning it is amongst the lower rates in the EU.

Please note: The restricted definition of suicide used here does not include death from 'injury of undetermined intent'. Research suggests that most of these deaths are likely to be suicides, and the inclusion of these in the definition could result in a deterioration in England's ranking.

Chart 3.19: Mortality from suicide[1]

Females all ages, England, EU-15 countries and selected averages

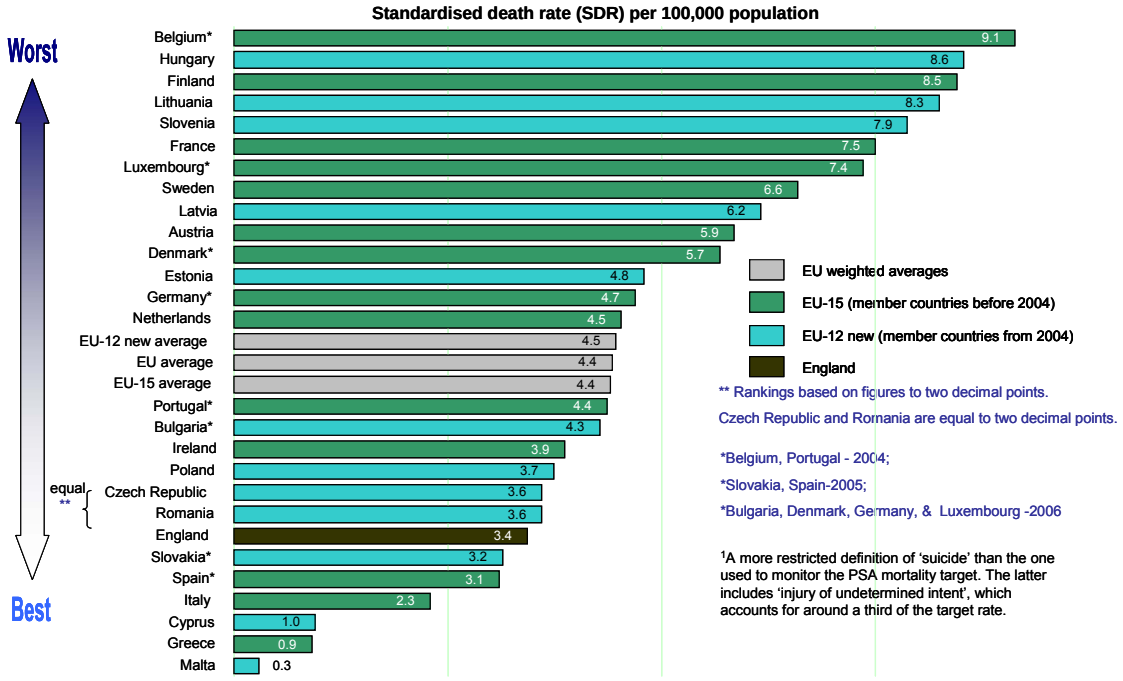


[1]A more restricted definition of 'suicide' than the one used to monitor the PSA mortality target. The latter includes 'injury of undetermined intent', which accounts for around a third of the target rate.

Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Chart 3.20: Female mortality from suicide[1]

All ages, England, EU countries and selected averages, latest data (2007*), ranked



Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

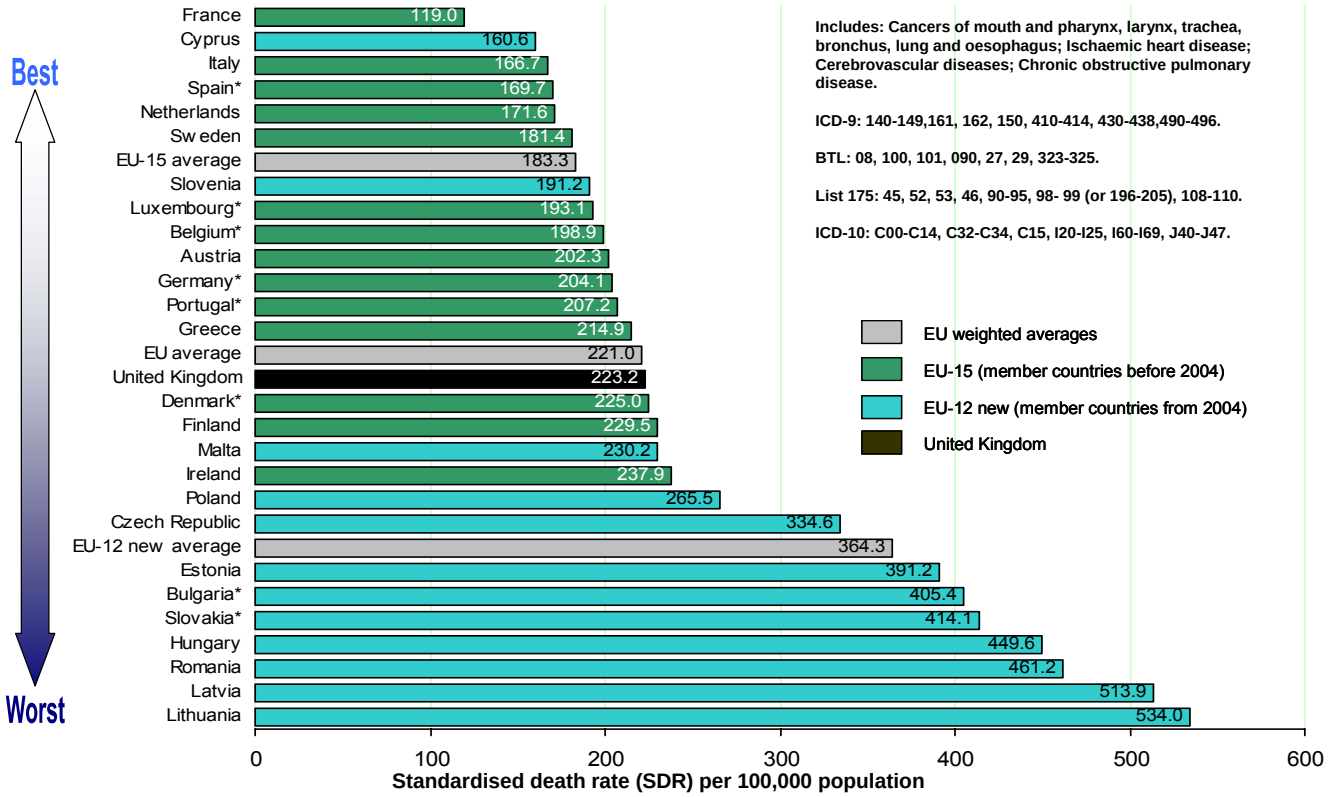
Mortality from selected smoking related causes

Chart 3.21 shows data from selected smoking related causes of death. The chart illustrates the World Health Organisation (WHO) definition of **selected smoking related causes**, which are known from literature to be related to smoking. It must be stressed that it is a relatively crude indicator, and **not** an estimate of tobacco-attributable mortality which is more complex and difficult to calculate. Data on smoking attributable mortality for **England** are presented earlier in the document. Despite the cautionary notes mentioned above, this simple pooling by WHO of death from diseases relating to smoking (although a proportion of these deaths from these diseases may not be due to smoking) can help to better rank countries by smoking related mortality and can be used to more effectively track trends in deaths associated with tobacco than would be possible by using separate causes.

This definition includes: cancers of the mouth and pharynx, larynx, trachea, bronchus, lung and oesophagus; ischaemic heart disease; cerebrovascular diseases and chronic obstructive pulmonary diseases (COPD).

Chart 3.21: Mortality – Selected smoking related causes

United Kingdom, EU countries and selected averages, latest data (2007*), ranked



Data for Belgium, Portugal 2004; Slovakia, Spain 2005; Bulgaria, Denmark, Germany, & Luxembourg, 2006;
Source: WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb, equivalent data not available for England.

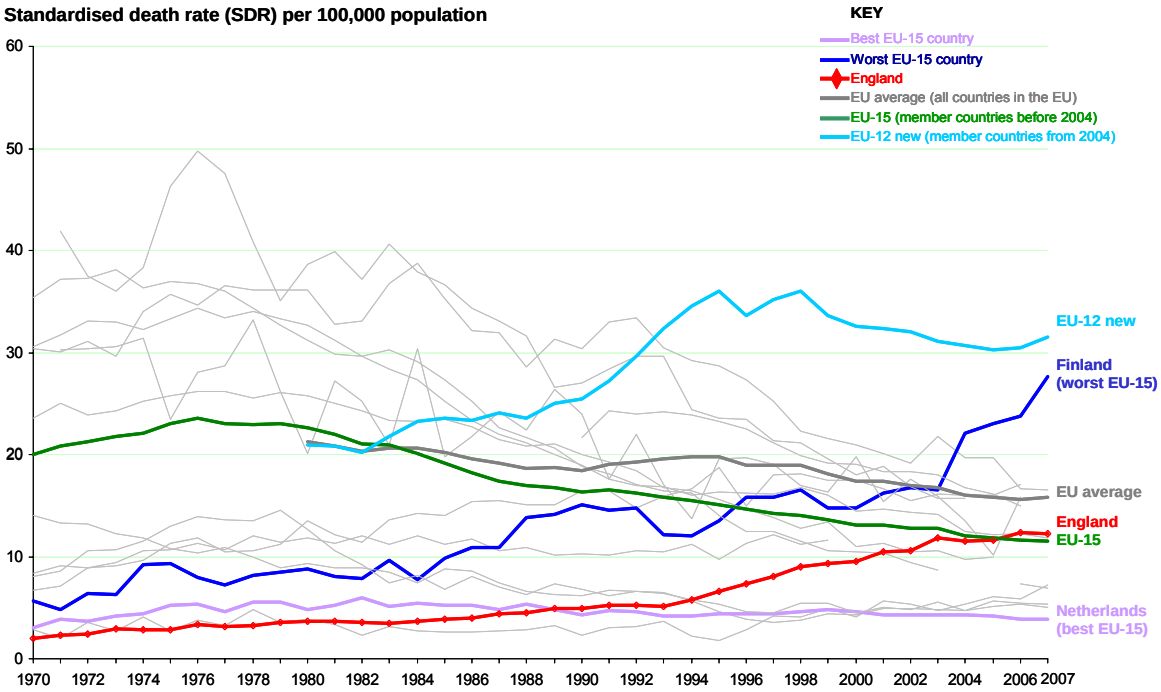
Using this definition the United Kingdom has a high rate of smoking related mortality compared to several other EU-15 members, and the mortality rate is just above that of the EU average. Some EU-12 members however exhibit substantially higher mortality rates than the United Kingdom, showing that there is still a large amount of variation of deaths related to smoking within the EU.

Premature mortality from chronic liver disease and cirrhosis, males under 65

In 1970, premature death rates from chronic liver disease and cirrhosis in males in England were the lowest in the EU, but have subsequently risen to just above the EU-15 average. Charts 3.32 and 3.33 illustrate how alcohol consumption compares across the EU.

Chart 3.22: Male mortality from chronic liver disease and cirrhosis

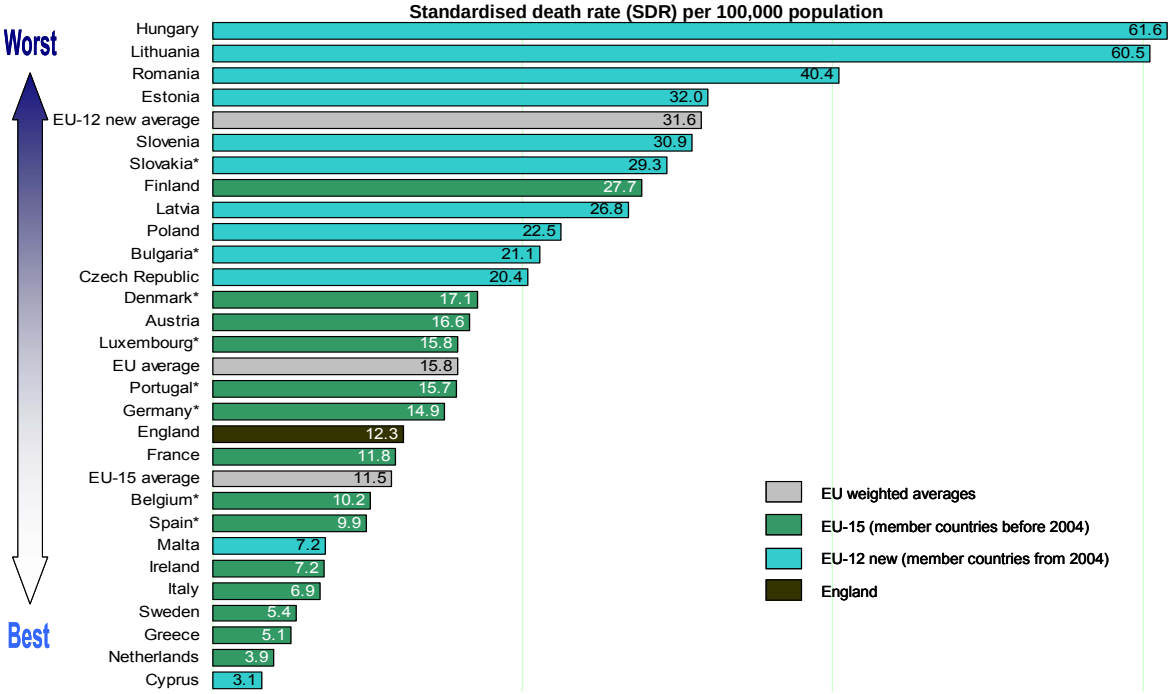
aged under 65 years, England, EU-15 countries and selected averages



Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Chart 3.23: Male mortality from chronic liver disease and cirrhosis

aged under 65, England, EU countries and selected averages, latest data (2007*), ranked



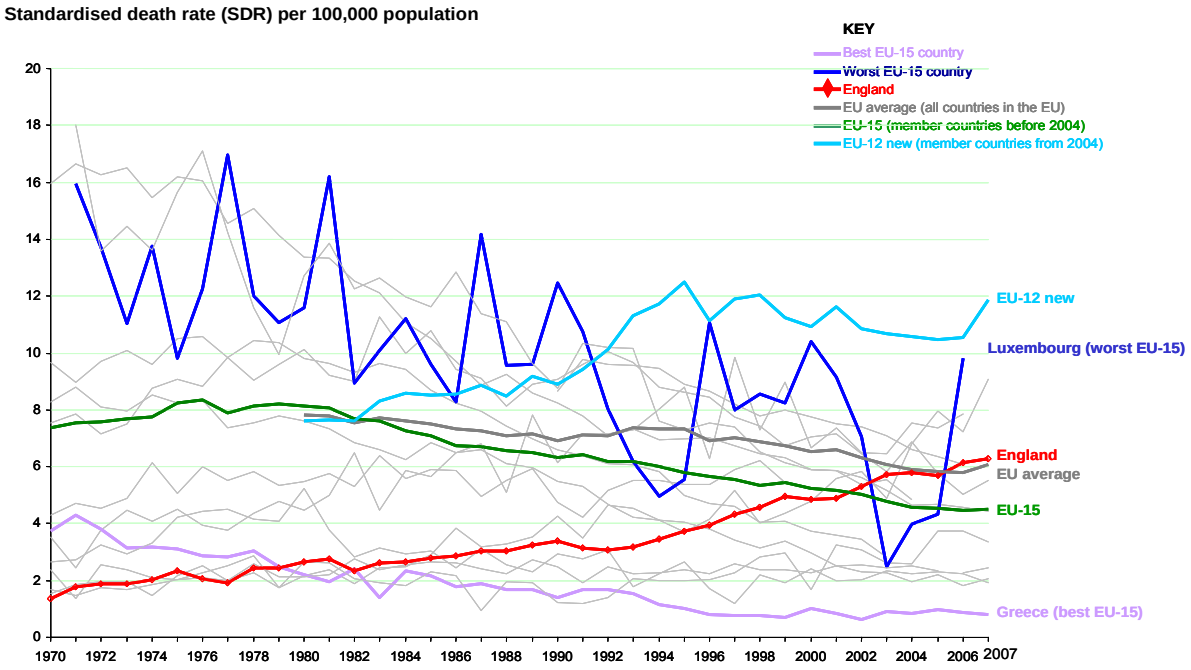
* Belgium, Portugal - 2004; Slovakia, Spain-2005; Bulgaria, Denmark, Germany, & Luxembourg -2006
Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Premature mortality from chronic liver disease and cirrhosis, females under 65

Whilst the EU average for chronic liver disease and cirrhosis in females has fallen since the mid 1990's, the rates in England have risen persistently. Mortality rates in England are now above the EU-15 average. Please refer to charts 3.32 and 3.33 to see more information about how alcohol consumption rates compare across the EU.

Chart 3.24: Female mortality from chronic liver disease and cirrhosis

aged under 65 years, England, EU-15 countries and selected averages

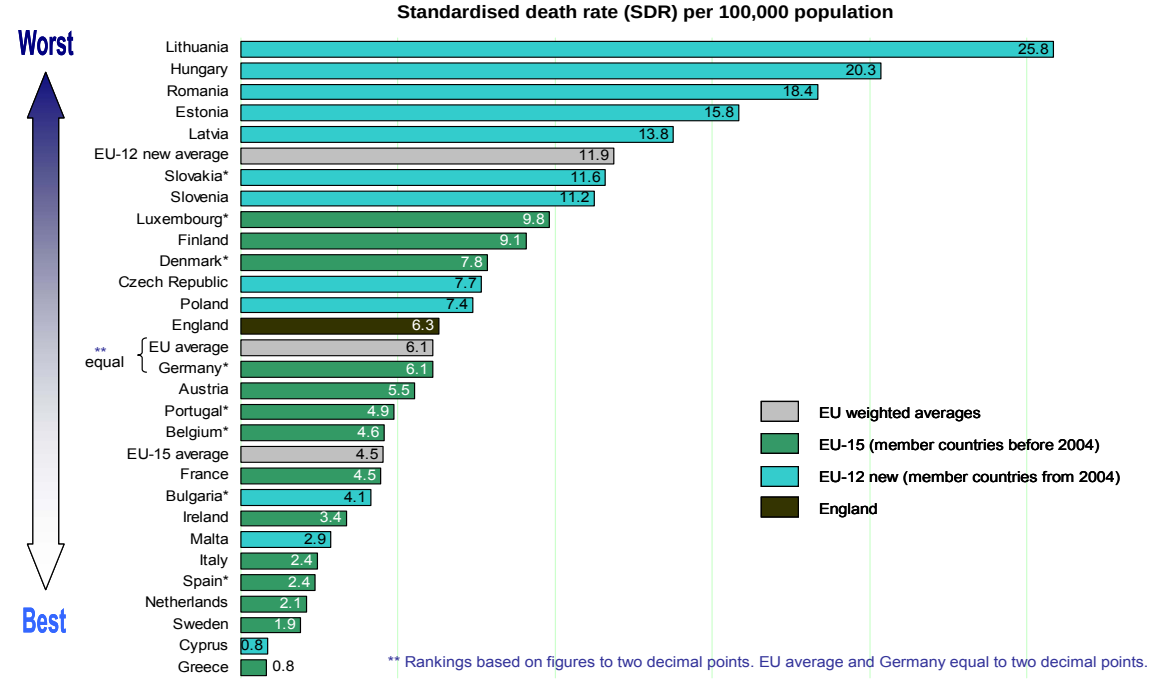


Cautionary note: Luxembourg currently has the worst liver disease rate, but please note that rates can be affected by small population numbers.

Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Chart 3.25: Female mortality from chronic liver disease and cirrhosis

aged under 65, England, EU countries and selected averages, latest data (2007*), ranked



** Rankings based on figures to two decimal points. EU average and Germany equal to two decimal points.

* Belgium, Portugal - 2004; Slovakia, Spain-2005; Bulgaria, Denmark, Germany, & Luxembourg -2006

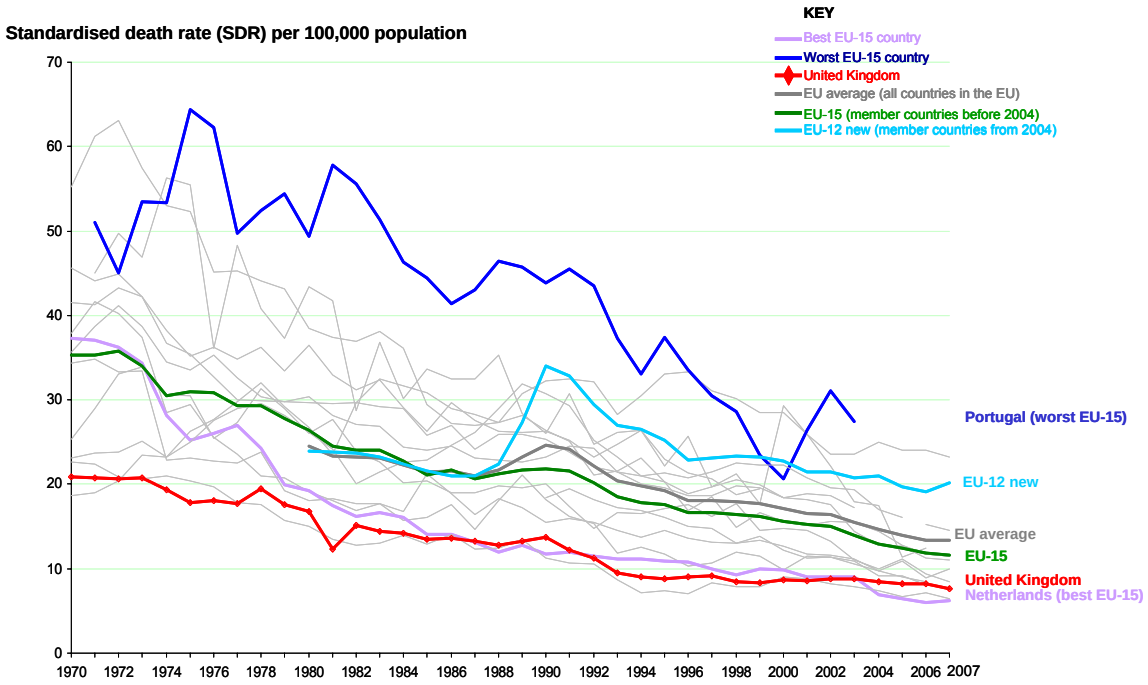
Source: England ONS Mortality data. Web link http://www.statistics.gov.uk/statbase/Product.asp?vlnk=6725 analysed by DH Analysts.
All other countries - WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Deaths from motor vehicle traffic accidents for males, all ages

Mortality rates from motor vehicle traffic accidents for males have fallen across the EU. The United Kingdom still has one of the lowest mortality rates.

Chart 3.26: Male deaths from motor vehicle traffic accidents

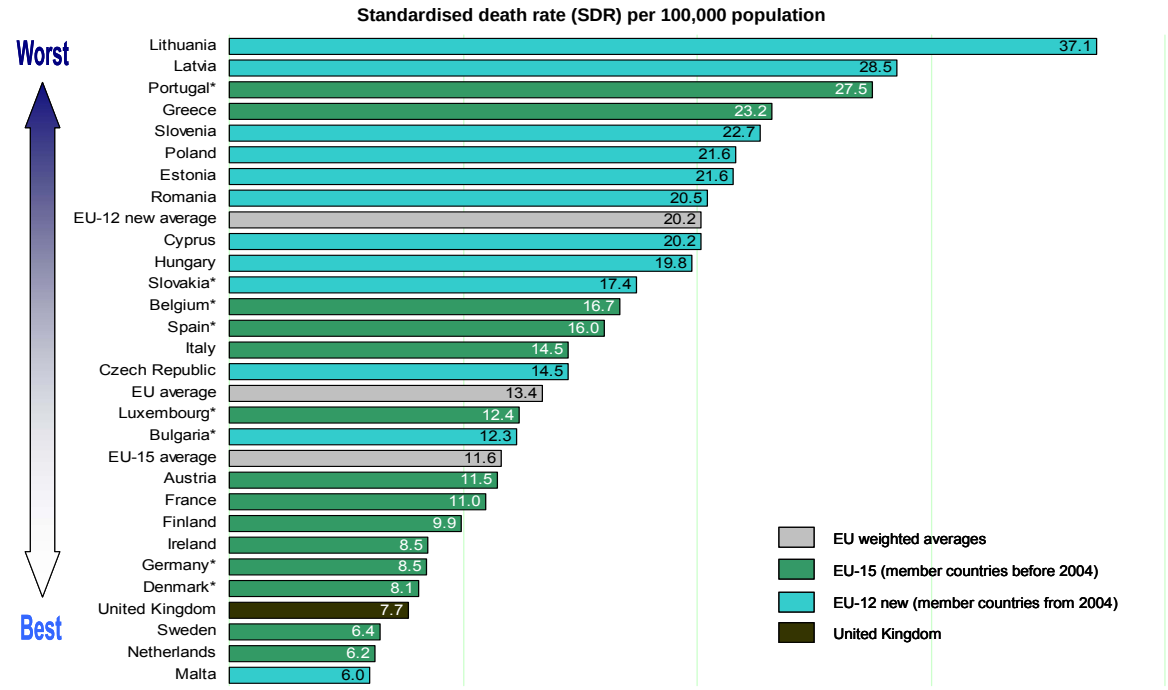
all ages, United Kingdom, EU-15 countries and selected averages



Source: WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Chart 3.27: Male deaths from motor vehicle traffic accidents

all ages, United Kingdom, EU countries and selected averages, latest data (2007*), ranked



* Portugal – 2003, Belgium -2004; Slovakia, Spain-2005; Bulgaria, Denmark, Germany, & Luxembourg -2006

Source: WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

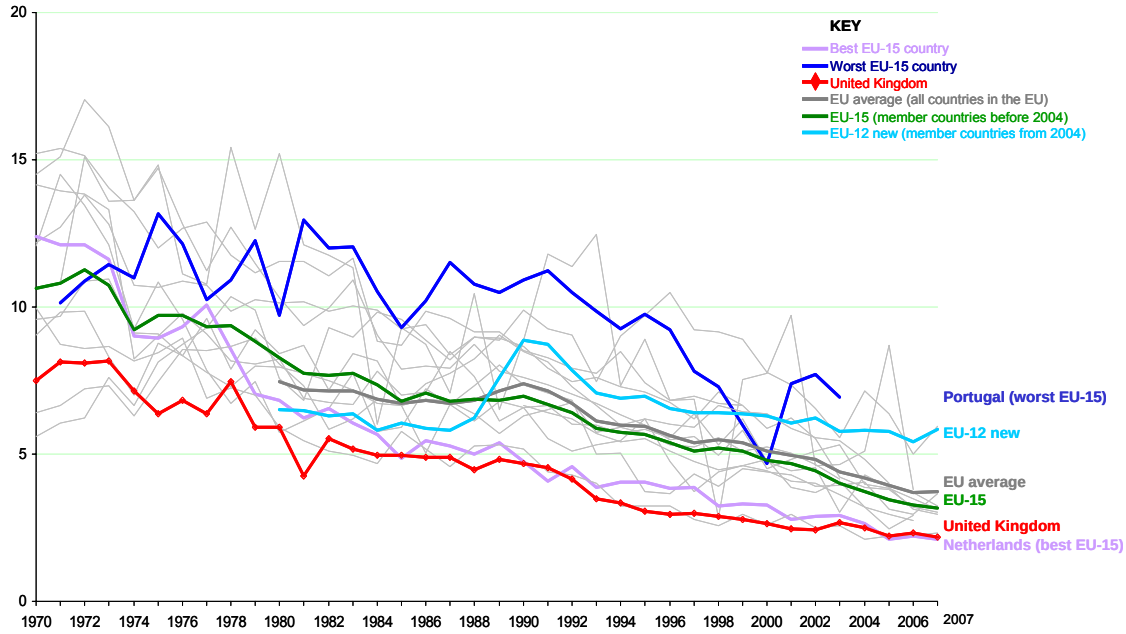
Deaths from motor vehicle traffic accidents for females, all ages

Mortality rates from motor vehicle traffic accidents for females have fallen across the EU. The United Kingdom has sustained one of the lowest mortality rates in recent years.

Chart 3.28: Female deaths from motor vehicle traffic accidents

all ages, United Kingdom, EU-15 countries and selected averages

Standardised death rate (SDR) per 100,000 population



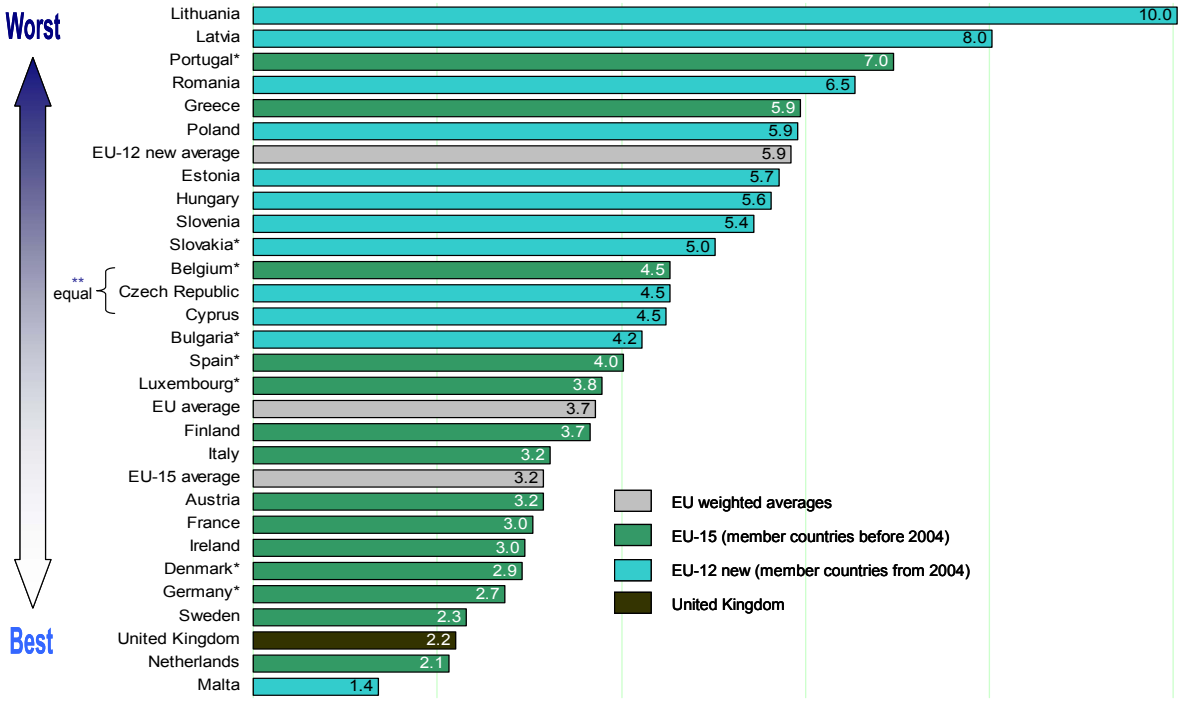
Due to small numbers, rates in some EU countries can vary greatly from one year to the next. Within the EU-15, this affects Luxembourg

Source: WHO, Health For All Database-Jan-2010. Web link http://www.euro.who.int/hfadb

Chart 3.29: Female deaths from motor vehicle traffic accidents

all ages, United Kingdom, EU countries and selected averages, latest data (2007*), ranked

Standardised death rate (SDR) per 100,000 population



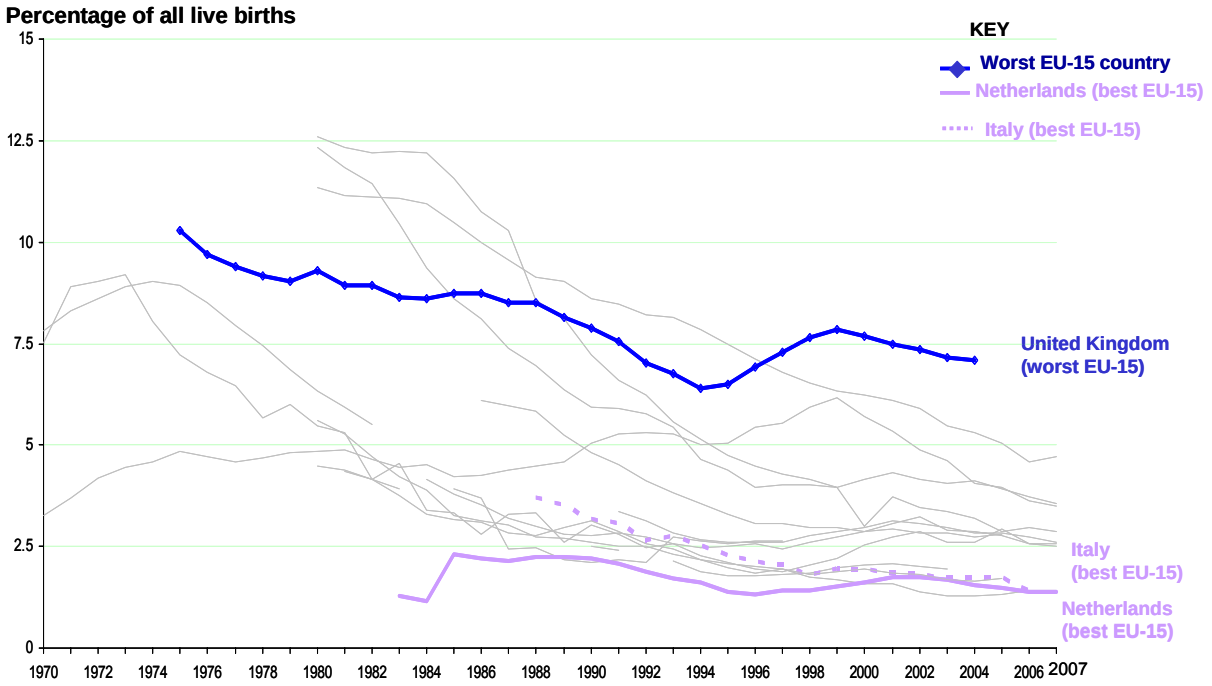
* Portugal – 2003, Belgium -2004; Slovakia, Spain-2005; Bulgaria, Denmark, Germany, & Luxembourg -2006
** Rankings based on figures to two decimal points. Belgium and Czech Republic are equal to two decimal points.

Source: WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Percentage of all live births to mothers aged under 20

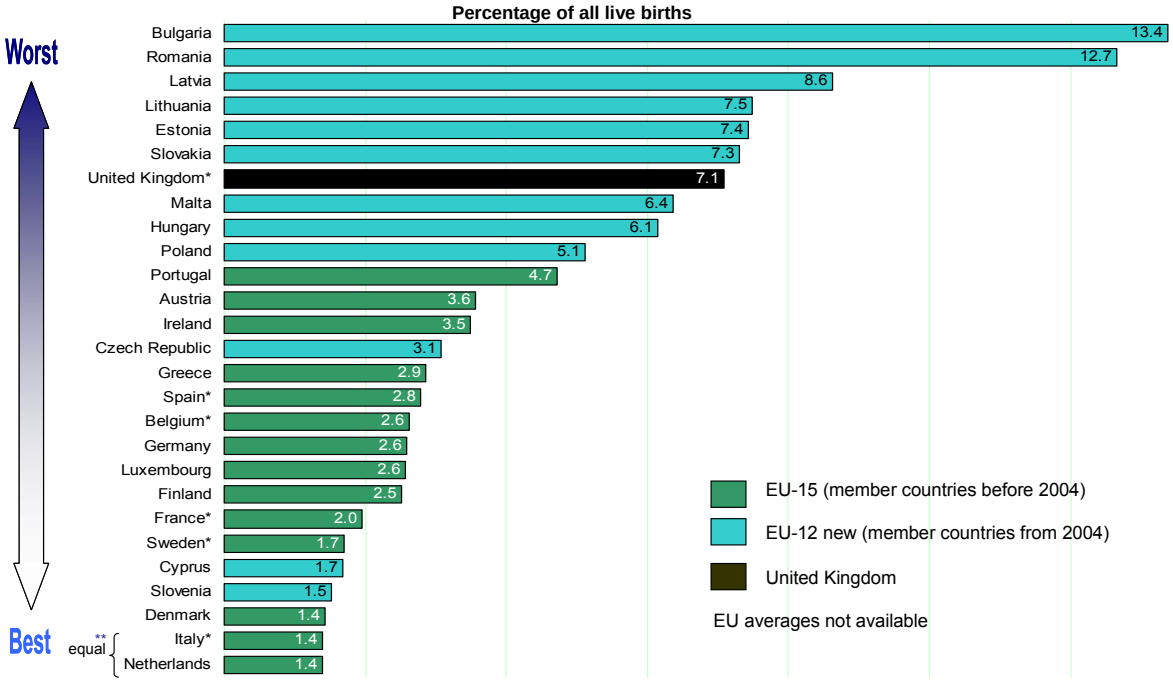
The United Kingdom has the highest proportion of births to mothers aged under 20 in the EU-15. In recent years this proportion has dropped slightly.

Chart 3.30: Percentage of all live births to mothers aged under 20 years
EU-15 countries



Note: EU averages not available
Source: WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Chart 3.31: Percentage of all live births to mothers aged under 20 years
United Kingdom, EU countries, latest data (2007*), ranked



* Italy -2006; Spain & Sweden-2005; United Kingdom -2004; France– 2003; Belgium-1997.
** Rankings based on figures to two decimal points. Italy and Netherlands are equal to two decimal points.
Source: WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

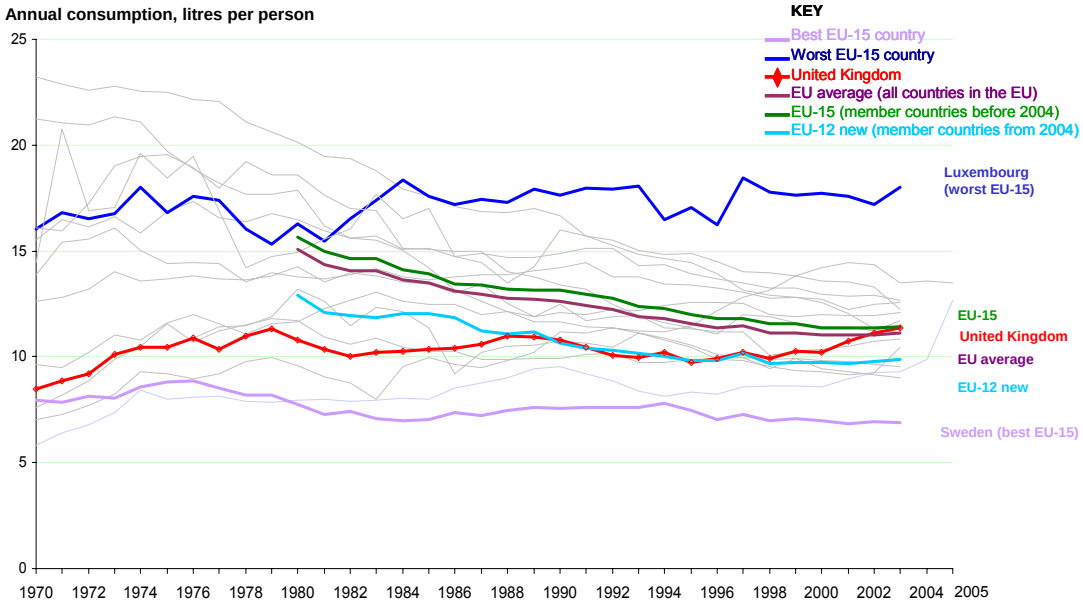
Pure alcohol consumed

Pure alcohol consumed in the United Kingdom has risen in recent years, despite being fairly constant in the 1980's and 1990's. Average rates across the EU have been in decline, and based on the 2003 data shown in the charts, pure alcohol consumption in the UK is very close to both the EU and EU-15 averages.

Please note: 1) HMRC alcohol clearances since 2003 show that adult alcohol consumption in the UK has been largely constant suggesting that the increase in UK consumption may possibly have peaked and seems to have stabilised just above the EU average for 2003. 2) For some countries (eg Luxembourg), visitors or tourists may account for a sizeable portion of the alcohol consumed.

Chart 3.32: Pure alcohol consumed

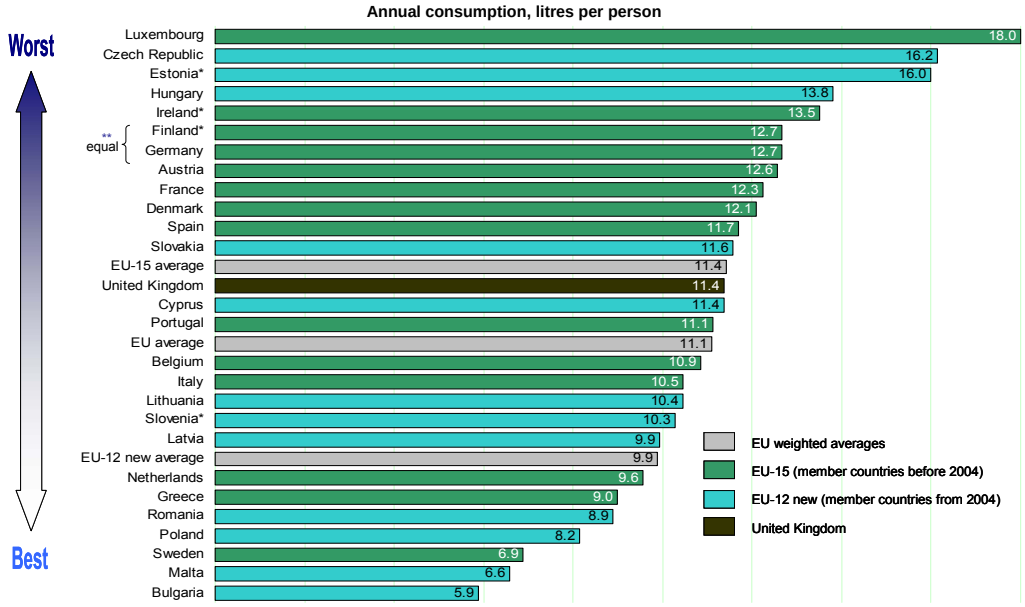
Persons aged 15 and over, United Kingdom, EU countries and selected averages



Cautionary note: Luxembourg currently has the worst alcohol consumed rate, but please note that rates can be affected by small population numbers.
Source: WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Chart 3.33: Pure alcohol consumed

Persons aged 15 and over, United Kingdom, EU countries and selected averages, latest data (2003*), ranked



* Estonia-2004; Finland, Ireland, Slovenia – 2005
** Rankings based on figures to two decimal points. Finland and Germany are equal to two decimal points.
Source: WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

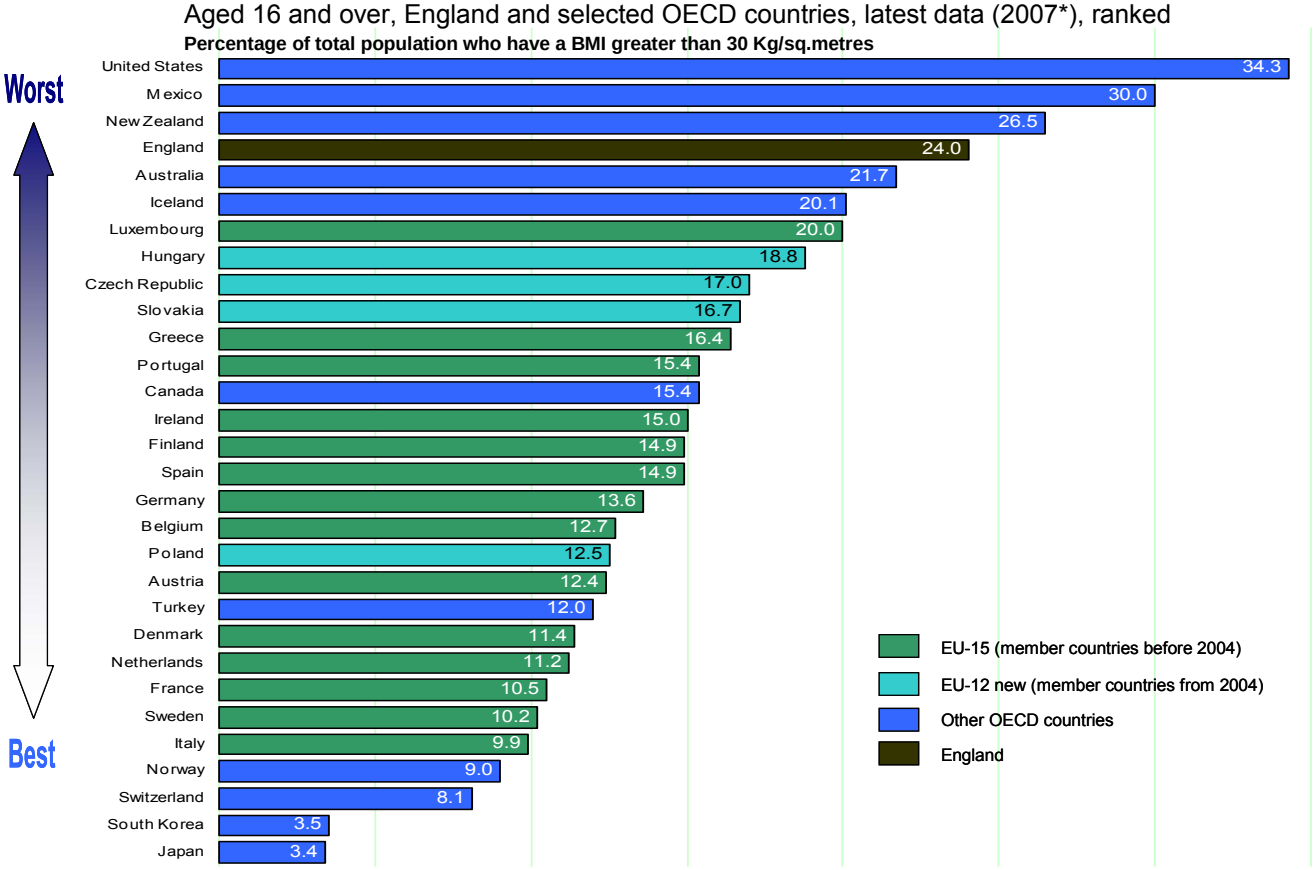
Adult obesity

Data from the Organisation for Economic Cooperation and Development (OECD) show that England has one of the highest prevalence rates of obesity amongst the wider cohort of OECD countries. However, this comparison should be treated with caution, as England is one of the few OECD countries for which estimates are based on actual measurements of height and weight. Estimates of obesity prevalence for most countries are based on self-reported measures. It is likely that obesity prevalence estimates based on actual measurements are higher than those based on self-reported measures.

Chart 3.34: Adult obesity

Aged 16 and over, England and selected OECD countries, latest data (2007*), ranked

Percentage of total population who have a BMI greater than 30 Kg/sq.metres



* Australia -1999, Hungary, Turkey – 2003, Belgium, Poland -2004, Czech Republic, Germany, Norway – 2005, Austria, France, Greece, Japan, Mexico, Portugal, Spain & USA – 2006

Sources:
(1) England – Weighted average of male and female data for 2005 from 'Health Survey for England 2007 - updating of trend tables to include 2007 data'. Data from the NHS Information Centre:
http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england/health-survey-for-england-2007-latest-trends-%5Bns%5D
(2) All other countries - OECD Health Data 2009:
http://www.oecd.org/document/16/0,3343,en_2649_34631_2085200_1_1_1_1,00.html

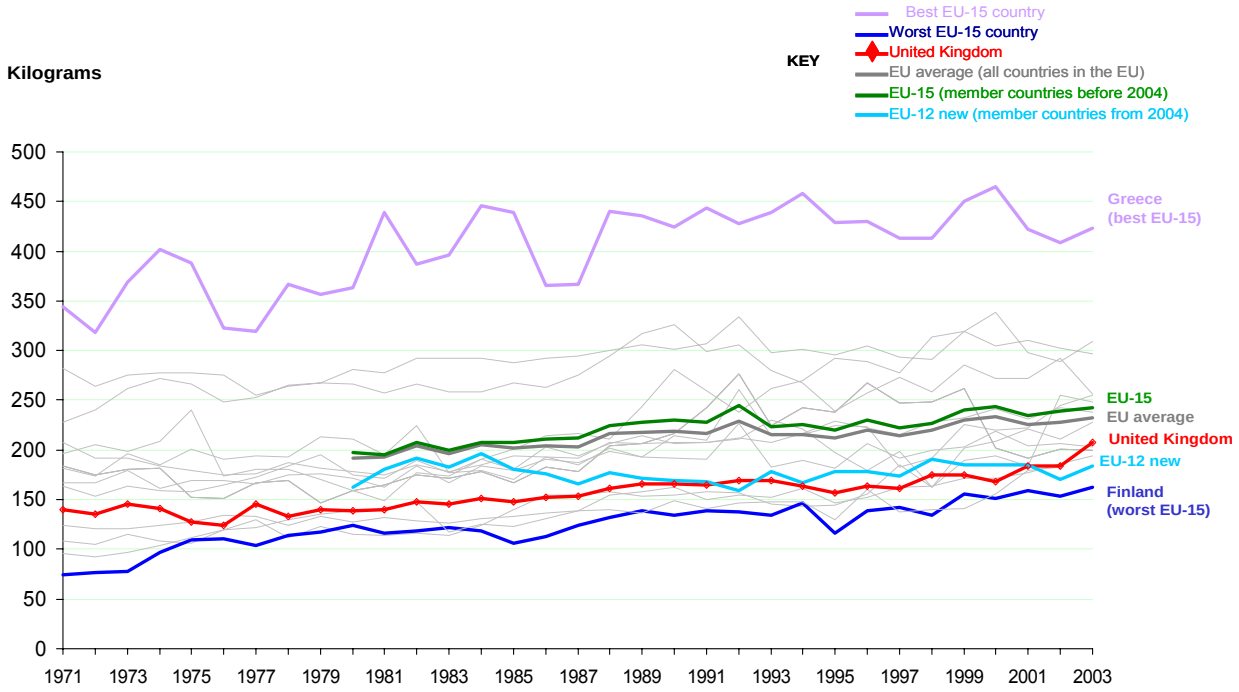
Definition (Source: OECD Health Data 2009)
Estimates relate to the adult population (normally the population aged 15+ unless otherwise stated) and are based on national health interview surveys for most countries (self-reported data), except for Australia, the Czech Republic (since 2005), Japan, Luxembourg, New Zealand, the Slovakia (since 2005) England the United States where estimates are based on the actual measurement of weight and height. This difference in survey methodologies limits data comparability, as estimates arising from the actual measurement of weight and height are significantly higher than those based on self-report.

Healthy eating: average amount of fruit and vegetables available

There have been recent improvements with the amount of fruit and vegetables available per person in the United Kingdom. However, the amounts available remain below the EU and EU-15 averages.

Chart 3.35: Average amount of fruit and vegetables available

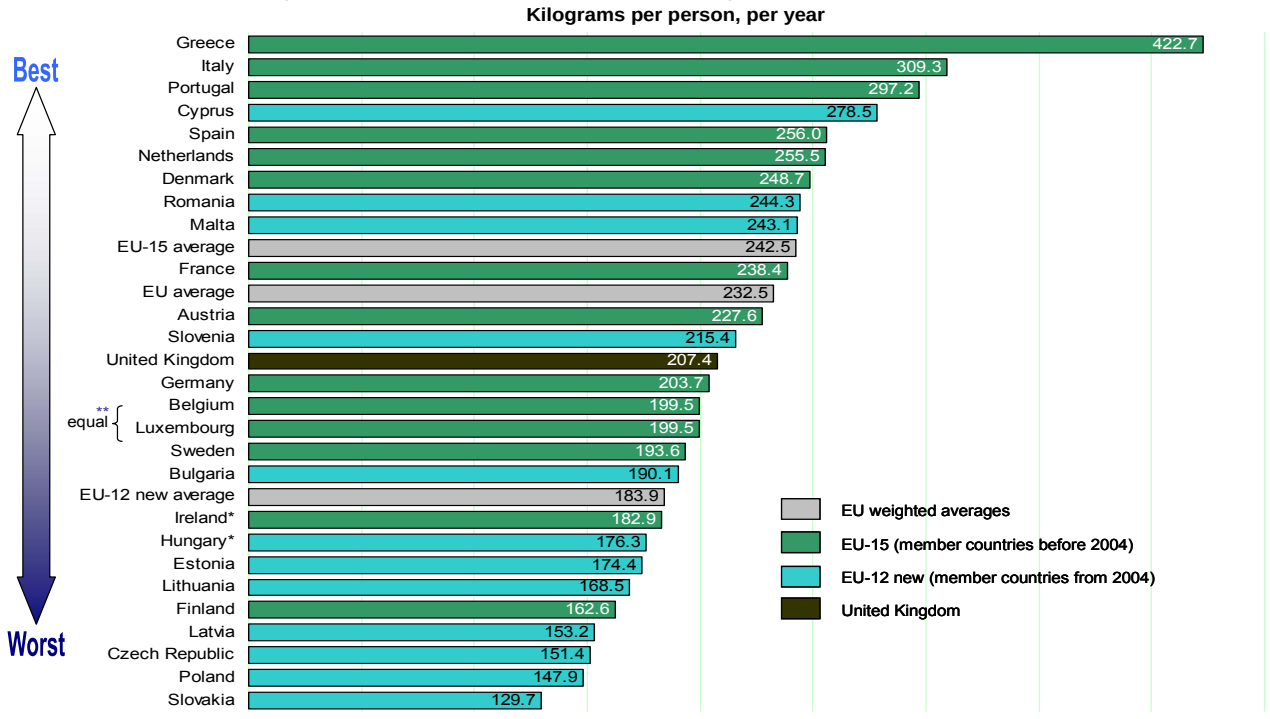
Per person per year, United Kingdom, EU-15 countries and selected averages



Source: WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Chart 3.36: Average amount of fruit and vegetables available

United Kingdom, EU countries and selected averages, latest data (2003*), ranked



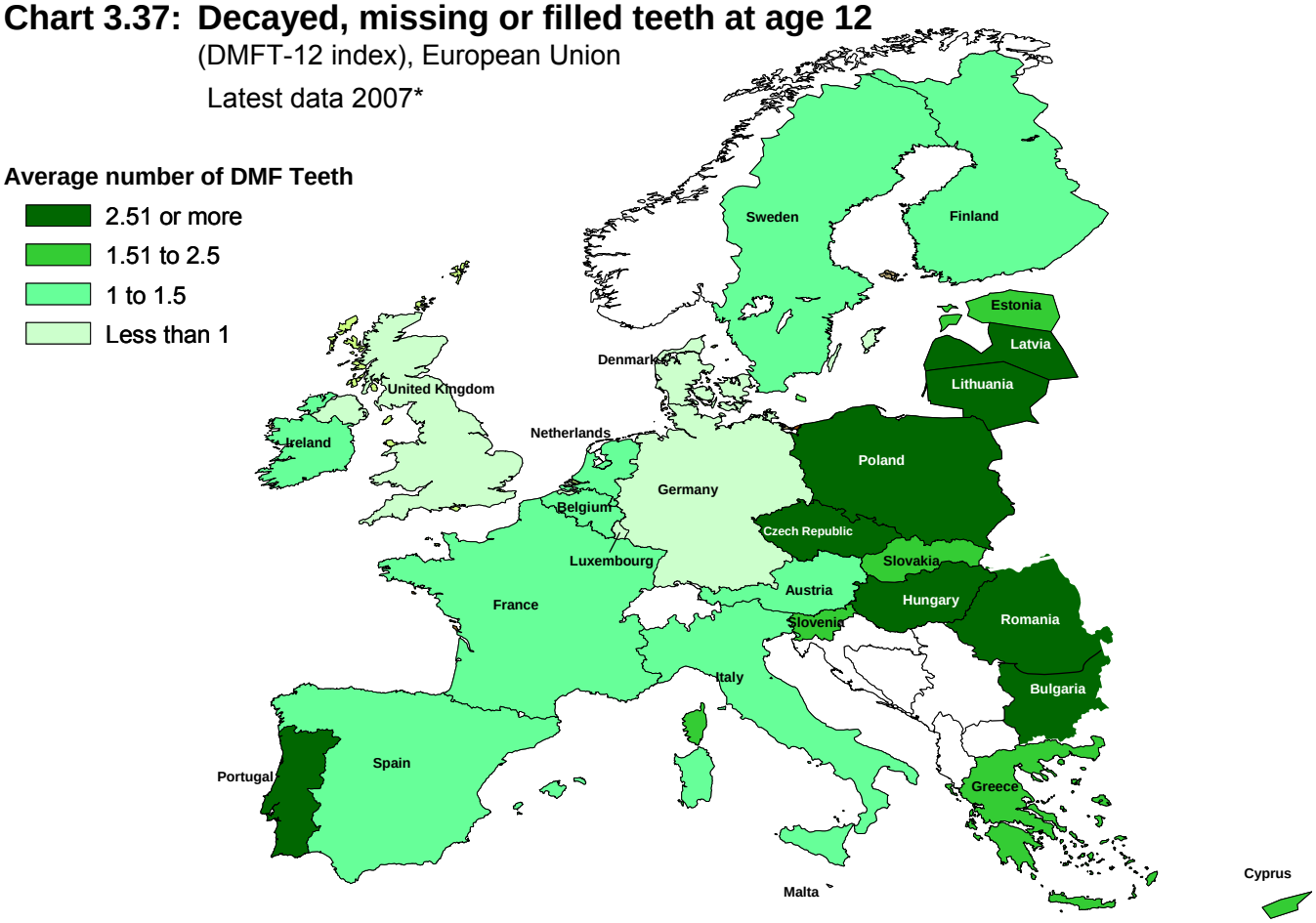
* Hungary, Ireland – 2002
**Rankings based on figures to one decimal point. Belgium and Luxembourg are equal to one decimal point.

Source: WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb

Decayed, missing or filled teeth at age 12 (DMFT-12 index)

Twelve year old children in the United Kingdom now have amongst the best oral health in Europe, measured as the average number of decayed, missing or filled teeth. The figures here have been collected by the World Health Organisation (WHO).

Chart 3.37: Decayed, missing or filled teeth at age 12
(DMFT-12 index), European Union
Latest data 2007*



Source: WHO, Health For All Database-Jan 2010. Web link http://www.euro.who.int/hfadb
Latest national data presented are for 2007, except: Austria (2002), Belgium (2001), Bulgaria (2000), Cyprus (1998), Czech Republic (2006), Estonia (2000), Finland (2003), France (2006), Germany (2004), Greece (2000), Hungary (1996), Ireland (2002), Italy (2004), Latvia (2004), Lithuania (2001), Luxembourg (2006), Malta (1998), Netherlands (2005), Poland (2003), Portugal (2000), Romania (2000), Slovakia (2006), Slovenia (2000), Spain (2005), Sweden (2005), United Kingdom (2005)

Appendix

Methods of standardisation

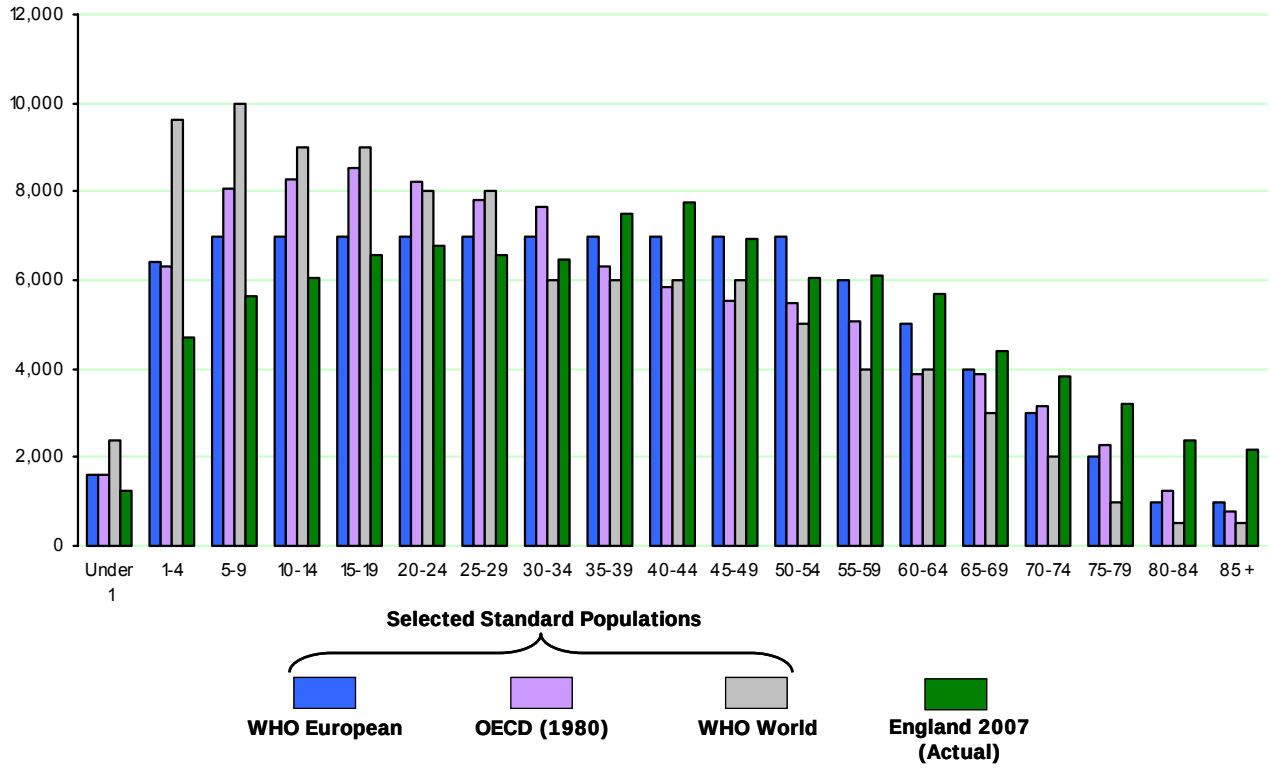
In addition to the issue of data comparability noted in section 3, caution should be used when interpreting international comparisons due to the methodology of standardising data across countries.

Standardisation is usually achieved by applying to national data, a notional 'standardised' population structure. The basis for standard populations varies between organisations, thus whilst data from a particular source will have been standardised to produce a comparable data set, these data will not necessarily be directly comparable with standardised data from an alternate source. For example, using data from the European Office of the World Health Organisation (WHO), for the United Kingdom (2007), for cerebrovascular disease in males, the age standardised mortality rate is 48.3 deaths per 100,000 population. Using data from the Office of Economic Cooperation and Development (OECD), for the United Kingdom (2007), for cerebrovascular disease in males, the age standardised mortality rate is 47.3 deaths per 100,000 population.

PSA Mortality Target Monitoring data, and mortality rates for England generally are standardised to the WHO European Standard Population. Most international comparisons are with EU-15 countries, and the European Standard Population is closest in profile to the actual population of England. Some comparisons presented here include additional G-8 countries, the United States of America, Canada and Japan, and also Australia. Data for these countries are accessible from the Geneva Office of WHO, which publishes rates standardised to the World Standard Population. Similarly, standardised rates are also available for the EU-15 and enable a consistent comparison.

However, as can be seen from the illustration below, the World Standard Population is weighted heavily to younger age groups, and does not provide such a good comparator for the population of England. Data for this group of countries are also available from the OECD, standardised to the OECD (1980) Reference Population. Although it gives higher weight to both young and old age groups, the OECD (1980) Reference Population is similar in profile to the WHO European Standard Population, and provides a reasonable comparator for the population of England. Accordingly, international comparisons including G-8 countries are usually standardised to the OECD (1980) Reference Population. Thus rates quoted for EU-15 countries will vary from those standardised to the WHO European Standard Population.

Chart A.1: Standardised Population Structures and the mid year population estimate for England



Source: WHO, OECD, GAD

Annex A

Expanded description of local and national indicators

This annex details the indicators selected for inclusion in the Local Health Profiles (LHP) [301] which underpin the regional data presented in table 1a, alongside the associated indicators used for the national trends presentation in table 1b The table below allows the definitions and data sources used for the two sets of indicators to be compared. In several cases the national trends indicators differ from those presented in the Local Health Profiles, to ensure consistency with routine national reporting and widely used data sources available for national but not local level data, but the indicators have been chosen to reflect the same topic areas. The indicators are grouped by domain. This Annex should be read in conjunction with Annex B, which presents the definitions and rationales for selection for the LHP indicators, and Annex C, which presents the definitions and rationales for selection for the national trends indicators.

More detailed information on the Local Health Profiles indicator definitions and constructions, and the data sources used, can be found in the indicator guide on the Local Health Profiles website at:

http://www.apho.org.uk/default.aspx?QN=HP_USERGUIDE

Indicator Linkages
Each indicator does not exist in isolation, and it is important to draw out links between different indicators. Linkages may be direct or indirect – some examples of linked indicators are suggested in the table, where action in respect of one indicator may be associated with trends in other indicators.

THE DEFINITIONS OF THE LOCAL HEALTH PROFILES INDICATOR SET AND THE NATIONAL TREND DATA

No.	LHP Indicator	LHP Definition	National Trend Indicator	National Trend Definition	Example related Indicators
Our communities					
1.	**Deprivation** Source: DCLG [Numerator – IMD 2007 Denominator – SOA Level Mid-2005 population at risk estimates]	% of the relevant population in this area living in the 20% most deprived areas in England. (Based on the Indices of Deprivation (IMD) 2007. The relevant population is the population estimate used in the construction of the IMD 2007)	**Employment** Source: ONS [Labour Force Survey]	Percentage of all working age people in employment – average of the four calendar quarters (seasonally adjusted) in each year. (Working age is defined as 16 to 59 for women and 16 to 64 for men). Note that previous Health Profiles presented figures at Quarter 2 (Apr-Jun) each year. http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=8281&Pos=&ColRank=1&Rank=272	This is a generic indicator, related to many others – wider determinants, risk factors, morbidity and mortality outcomes
2.	**Children in poverty** Source: DCLG	Prevalence of children living in families receiving means-tested benefits,	**Children in poverty (a) before housing costs**	Percentage of children in England living in households with relative low income (below 60% of United	1) Deprivation 4)GCSE Achievement 11) Children's Tooth Decay (5 year olds)

No.	LHP Indicator	LHP Definition	National Trend Indicator	National Trend Definition	Example related Indicators
	[Income Deprivation Affecting Children Index, part of Indices of Deprivation 2007 – Income deprivation domain]	under-16 years. (part of Indices of Deprivation 2007 – Income deprivation domain)	**(b) after housing costs** Source: DWP [Households Below Average Income]	Kingdom median income since 2002/03, Great Britain median for earlier years) before and after housing costs. The OECD equivalisation scale is used to moderate income across different household types. The after housing costs measure is based on income minus a measure of housing costs (which includes rent, mortgage interest payments, and water charges). (A child is an individual aged under 16, or an unmarried 16 to 18-year old on a course up to and including A level standard). http://research.dwp.gov.uk/asd/hbai.asp	12) Teenage Pregnancy
3.	**Statutory homelessness** Source: DCLG [Housing Strategy Statistical Appendix]	Statutory homeless households, crude rate per 1,000 estimated total households, all ages, persons	(**a) Poor quality housing - social sector** **(b) Poor quality housing - vulnerable private sector** Source: DCLG [English House Condition Survey to 2007; 2008 English Housing Survey dwelling sub-sample] **(c) Homelessness – in temporary accommodation** **(d) Homelessness – with children, in temporary accommodation** Source: DCLG [Statutory Homelessness data from P1E Homelessness returns]	(a) Percentage of social sector dwellings that fall below the "Decent Homes Standard" (b) Percentage of vulnerable private sector households living in homes that fall below the "Decent Homes Standard" (Vulnerable households are households in receipt of at least one of the principal means tested or disability related benefits) http://www.communities.gov.uk/publications/corporate/statistics/ehs200809headlinereport http://www.communities.gov.uk/housing/housingresearch/housingsurveys/englishhousecondition/ehcsreports/ (c) Number of homeless households in temporary accommodation (d) Number of homeless households with dependent children in temporary accommodation http://www.communities.gov.uk/publications/corporate/statistics/homelessnessq32009	1) Deprivation 5) Violent Crime

No.	LHP Indicator	LHP Definition	National Trend Indicator	National Trend Definition	Example related Indicators
4.	**GCSE achieved (5 A*-C inc. Eng & Maths)** Source: DCSF	Pupils achieving 5 or more GCSEs, including maths and English, at grades A*–C or equivalent, percentage of pupils at end of Key Stage 4 in schools maintained by the Local Education Authority, at the end of academic year, persons	**a) GCSE achieved (5 A*-C)** **(b) GCSE achieved (5 A*-C inc. Eng & Maths)** Source: DCSF	(a) Percentage of pupils at the end of Key Stage 4 in the academic year gaining 5 or more GCSE grades A*-C (or equivalent) in all maintained schools excluding hospital schools & PRUs (b) Percentage of pupils at the end of Key Stage 4 in the academic year gaining 5 or more GCSE grades A*-C (or equivalent), including English and Maths, in all maintained schools excluding hospital schools & PRUs Definition has been revised since previous Health Profiles: previously data were presented based on pupils aged 15 at the start of the academic year, in all schools (including non-maintained schools) http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000909/index.shtml	1) Deprivation 2) Children In Poverty 3) Statutory homelessness 12) Teenage Pregnancy 26) and 27) Life Expectancy
5.	**Violent crime** Source: Home Office [police recorded crime data in Crime in England and Wales]	Recorded violence against the person offences, crude rate per 1,000 population, all ages, persons	**(a) Violent crime** **(b) Overall crime** Source: Home Office [British Crime Survey]	(a) British Crime Survey violent crime victimisation rate per 10,000 adults (b) Number of incidents of crime (all British Crime Survey crime) Indicators cover crime against adults (ages 16 and over) living in private households. British Crime Survey violence includes wounding, robbery, assault with minor injury and assault with no injury. Snatch theft is not included. Homicides are excluded. http://www.homeoffice.gov.uk/rds/crimeew0809.html	1) Deprivation 2) Children In Poverty 3) Statutory homelessness 14) Binge Drinking 21) Drug Misuse
6.	**Carbon emissions** Source: DEFRA [Climate Change Statistics]	Total end user CO2 emissions per capita (tonnes of CO2 per resident) These figures are based on a slightly different methodology from the full national inventory estimates for	**Carbon Emissions** **(a) emissions** **(b) emissions per head** Source: DECC (formerly part of DEFRA) [Climate Change	(a) Net CO2 emissions (emissions minus removals) (million tonnes) (b) Net CO2 emissions (emissions minus removals) tonnes per head No adjustment is made for the effect of the EU Emissions Trading Scheme (EUETS) introduced in 2005.	26) and 27) Life Expectancy

No.	LHP Indicator	LHP Definition	National Trend Indicator	National Trend Definition	Example related Indicators
		the UK used for the National Trends (they are based on local CO2 estimates - some sectors of the UK national inventory are not included in the local estimates because they cannot be disaggregated to local area level; in addition, emissions in the UK Crown Dependencies and Overseas Territories are excluded from the local area estimates).	Statistics] ONS [mid-year population estimates]	These figures are full national inventory estimates for the UK. http://www.decc.gov.uk/en/content/cms/statistics/climate_change/gg_emissions/uk_emissions/2008_final/2008_final.aspx	
Children's and young people's health					
7.	**Smoking in pregnancy** Source: Care Quality Commission [Performance Indicators]	The percentage of women giving birth who are current smokers at the time of delivery out of all maternities where smoking in pregnancy status is recorded	**Smoking in pregnancy** Source: NHS Information Centre [Infant Feeding Survey]	Smoking throughout pregnancy: the proportion of all mothers who smoked in the two years before they completed Stage 1 of the survey and who were smoking at the time of birth. http://www.ic.nhs.uk/pubs/ifs2005	28) Infant Deaths (under 1 year)
8.	**Breast feeding initiation** Source: Care Quality Commission [Performance Indicators]	The percentage of women giving birth who put their baby to the breast in the first 48 hours after delivery, out of all maternities where breast feeding initiation status is recorded.	**Breast feeding (a) at 6 weeks (b) initiation** Source: NHS Information Centre [Infant Feeding Survey]	(a) Percentage of babies who are being breastfed at 6 weeks of age (b)Percentage of babies who were breastfed initially. This includes all babies who were put to the breast at all, even if this was on one occasion only. http://www.ic.nhs.uk/pubs/ifs2005	28) Infant Deaths (under 1 year)
9.	**Physically active children** Source: DCSF [School Sport Survey Report]	The percentage of school children in Year 1 – Year 11 attending state schools belonging to a School Sport Partnership who participate in at least 2 hours of high quality PE and school sport within and beyond the curriculum in a typical week of the academic year	**Physically active children (PE and school sport)** Source: DCSF [School Sport Survey Report]	As LHP. http://www.teachernet.gov.uk/teachingandlearning/subjects/pe/	10) Obese Children
10.	**Obese children** Source: NHS	Prevalence of childhood obesity, percentage of school children in Reception year, ages 4–5,	**Obese children** Source: NHS Information Centre [Health	Percentage of children aged 2 to 10 years who are obese (The UK National BMI percentiles are used to define obesity in children as	9) Physically Active Children

No.	LHP Indicator	LHP Definition	National Trend Indicator	National Trend Definition	Example related Indicators
	Information Centre [National Child Measurement Programme)	persons. (Obesity in children is defined as having a Body Mass Index (BMI) greater than the 95th percentile (using the British 1990 growth reference)).	Survey for England]	at or above the 95th BMI percentile of the 1990 reference population) http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england/health-survey-for-england--2008-trend-tables	
11.	**Children's tooth decay (at age 5)** Source: BASCD [survey of five-year-olds every two years – local data supplied privately]	Mean number of teeth per child sampled which were either actively decayed or had been filled or extracted (based on sample of children at 5 years old)	**Children's tooth decay (at age 5)** Source: BASCD / NHS Dental Epidemiology Programme [oral health survey of five-year-olds every two years]	As LHP. http://www.nwph.net/dentalhealth http://www.bascd.org/annual_survey_results.php	2) Children in Poverty 15) Healthy Eating Adults
12.	**Teenage pregnancy (under 18)** Source: ONS and Teenage Pregnancy Unit	Under-18 conception rate per 1,000 females aged 15–17 (crude rate)	**Teenage pregnancy (under 18)** Source: ONS and Teenage Pregnancy Unit	As LHP http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/teenagepregnancy/statistics/statistics/ http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=15055	28) Infant Deaths (under 1 year)
Adults' health and lifestyle					
13.	**Adults who smoke** Source: NHS Information Centre [direct and modelled estimates from Health Survey for England]	Prevalence of smoking, percentage of resident population, adults, persons. (Upper tier local authority data are direct estimates from the Health Survey for England; lower tier authority data are modelled estimates based on the Health Survey for England).	**Adults who smoke** Source: ONS [General Lifestyle Survey, formerly called the General Household Survey]	Percentage of adults (ages 16 and over) who smoke cigarettes http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=5756	26) and 27) Life Expectancy 29) Deaths - Smoking 30) Early Death - CVD 31) Early Death - Cancer
14.	**Binge drinking adults** Source: NHS Information Centre [direct and modelled estimates from Health Survey for England]	Prevalence of binge drinking (at least 8/6 units on the heaviest drinking day in the week before interview for men/women), percentage of resident population, adults, persons. (Upper tier local authority data are direct estimates from the Health Survey for	**(a) Drinking (exceeding sensible drinking)** **(b) Binge drinking** Source: ONS [General Lifestyle Survey, formerly called the General	(a) Percentage of adults (ages 16 and over) drinking more than 21 units (for males) or 14 units (for females) of alcohol per week, on average (b) Percentage of adults (ages 16 and over) drinking more than 8 units (for males) or 6 units (for females) of alcohol on at least one day in the previous week	20) Hospital stays related to alcohol 26) and 27) Life Expectancy

No.	LHP Indicator	LHP Definition	National Trend Indicator	National Trend Definition	Example related Indicators
		England; lower tier authority data are modelled estimates based on the Health Survey for England).	Household Survey]	http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles/alcohol/statistics-on-alcohol-england-2009-[ns] http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=5756	
15.	**Healthy eating adults** Source: NHS Information Centre [direct and modelled estimates from Health Survey for England]	Prevalence of healthy eating (consumption of 5 or more portions of fruit and vegetables per day), percentage of resident population, adults, persons. (Upper tier local authority data are direct estimates from the Health Survey for England; lower tier authority data are modelled estimates based on the Health Survey for England).	**Healthy eating adults** Source: NHS Information Centre [Health Survey for England]	Percentage of adults (ages 16 and over) consuming 5 or more portions of fruit and vegetables per day http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england/health-survey-for-england--2008-trend-tables	10)Obese Children 17)Obese Adults
16.	**Physically active adults** Source: Sport England [Active People Survey]	Participation in moderate intensity sport and active recreation on 20 or more days in the previous 4 weeks, (averaging 5 or more times per week), percentage, persons, aged 16 and over, as percentage of respondents of the Sport England Active People Survey 2	**Physically active adults** Source: NHS Information Centre [Health Survey for England]	Percentage of adults (ages 16 and over) achieving a minimum of five days a week of 30 minutes or more moderate-intensity activity http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england/health-survey-for-england--2008-trend-tables	9) Physically Active Children 17) Obese Adults 30) Early Death - CVD
17.	**Obese adults** Source: NHS Information Centre [direct and modelled estimates from Health Survey for England]	Prevalence of obesity, percentage of resident population, adults, persons. (Upper tier local authority data are direct estimates from the Health Survey for England; lower tier authority data are modelled estimates based on the Health Survey for England).	**Obese adults** Source: NHS Information Centre [Health Survey for England]	Percentage of adults (ages 16 and over) who are obese (Body Mass Index 30 and over) http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england/health-survey-for-england--2008-trend-tables	9) Physically Active Children 10) Obese Children 15) Healthy Eating Adults 16) Physically Active Adults
Disease and poor health					
18.	**Over-65s 'not in good health'**	Self assessed general health: 'Not Good', directly age and sex standardised	**Not in good/very good health (a) aged under-16**	Percentage of (a) children aged 0-15 (b) adults aged 16 and over (c) older people aged 65 and over who	26) and 27) Life Expectancy

No.	LHP Indicator	LHP Definition	National Trend Indicator	National Trend Definition	Example related Indicators
	Source: ONS [2001 Census]	percentage, 65 years and over, persons	**(b) aged 16 and over** **(c) aged 65 and over** Source: NHS Information Centre [Health Survey for England]	reported their general health as being neither 'good' nor 'very good' (i.e. whose self-assessed health was 'fair', 'bad', or 'very bad') (based on Health Survey for England general health categories) http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england/health-survey-for-england--2008-trend-tables http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england/health-survey-for-england-2005:-health-of-older-people-[ns]	
19.	**Incapacity benefits for mental illness** Source: DWP [Benefits data]	Claimants / beneficiaries of incapacity benefit / severe disablement allowance, with mental or behavioural disorders. Crude rate, all persons of working age, per 1000 working age population. (Working age adults: 16–64 males and 16–59 females).	**Mental health (Suicide rates)** Source: ONS [Mortality data]	Mortality from suicide and undetermined injury (ICD10: X60-X84, Y10-Y34 (excl. Y33.9 up to 2006)) – directly age-standardised rate per 100,000 European Standard Population. Based on deaths registered in the calendar year. Underlying deaths for 1998 and 2000 (used in calculation of 3-year average rates for 1998-00 to 2000-02) are coded using ICD9 (E950-E959, E980-E989 excl. E988.8), adjusted for comparability with ICD10 using ratios published by ONS. Further information is available in the Annex to the DH statistical bulletin at the following link: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_106776	14) Binge Drinking 26) and 27) Life Expectancy
20.	**Hospital stays for alcohol related harm** Source: NHS Information Centre	Hospital Admissions for Alcohol Related Harm, directly age and sex standardised rate, all ages, admissions per 100,000 European Standard population. (The full definition,	**Hospital stays for alcohol related harm** Source: NHS Information Centre [Hospital Episode	As LHP. http://www.nwph.net/alcohol/lape/nationalindicator.htm	14)Binge Drinking 19) Mental Health

No.	LHP Indicator	LHP Definition	National Trend Indicator	National Trend Definition	Example related Indicators
	[Hospital Episode Statistics]	including what is covered by 'alcohol related harm', can be found at: http://www.nwph.net/alcohol/lape/nationalindicator.htm).	Statistics]		
21.	**Drug misuse** Source: National Treatment Agency [National Drug Treatment Monitoring System]	Estimated problem drug users (Crack &/or Opiates), crude rate per 1,000 residents aged 15–64 years, 15–64 Ages, persons.	**(a) Drug misuse treatment - numbers in treatment** **(b) Drug misuse treatment – completed or retained in treatment** Source: National Treatment Agency [National Drug Treatment Monitoring System] **(c) Drug misuse – adults, any drug** **(d) Drug misuse – adults, Class A drugs** Source: Home Office [British Crime Survey]	(a) Number of drug users in contact with drug treatment services (b) Percentage of clients treated in the year who either successfully completed treatment or were retained in treatment for at least 12 weeks. http://www.nta.nhs.uk/areas/facts_and_figures/default.aspx (c) Percentage of 16-59 year olds reporting having used drugs in the year before interview – any drug (d) Percentage of 16-59 year olds reporting having used Class A drugs in the year before interview – Class A drugs http://www.homeoffice.gov.uk/rds/drug-use-prevalence.html	5)Violent Crime 14)Binge Drinking 19)Mental Health 20) Hospital stays related to alcohol 26) and 27)Life Expectancy
22.	**People diagnosed with diabetes** Source: NHS Information Centre [QOF figures]	The prevalence of QOF-recorded diabetes (in adults aged 17+) in the population (number of recorded cases of diabetes in adults aged 17+ per 100 resident population)	**People diagnosed with diabetes** Source: NHS Information Centre [Health Survey for England]	Percentage of adults (ages 16 and over) who reported having doctor-diagnosed diabetes http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england/health-survey-for-england--2008-trend-tables	9)Physically Active Children 10 Obese Children 15) Healthy Eating Adults 16)Physically Active Adults 17) Obese Adults 26) and 27) Life Expectancy 30) Early Death - CVD
23.	**New cases of tuberculosis** Source: Health Protection Agency [Enhanced Tuberculosis Surveillance system]	3-year average of TB incidence, crude rate per 100,000 population, all ages, persons	**New cases of tuberculosis** Source: Health Protection Agency [Enhanced Tuberculosis Surveillance system]	Tuberculosis cases reports, crude rate per 100,000 population, all ages, persons http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1259152022594	1) Deprivation 2) Children in Poverty 3) Statutory Homelessness

No.	LHP Indicator	LHP Definition	National Trend Indicator	National Trend Definition	Example related Indicators
24.	**Hip fractures in over-65s** Source: NHS Information Centre (Hospital Episode Statistics]	Emergency Hospital Admission for fractured neck of femur, directly age-standardised rate, 65 year and over, persons. (Diagnosis of fractured neck of femur classified by primary diagnosis (ICD10 S72.0, S72.1, S72.2), admitted in the respective financial year). Covers patients resident in England.	**Hip fracture in over-65s** Source: NHS Information Centre [Hospital Episode Statistics]	As LHP, but covers all patients treated in England. http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=245	
Life expectancy and causes of death					
25.	**Excess winter deaths** Source: ONS [Mortality data]	The Excess Winter Mortality Index (EWM Index): excess winter deaths (deaths occurring in the months December to March for the period 1.08.04 to 31.07.07 minus half the number of deaths in the non-winter months August to November, April to July), expressed as a ratio of the expected deaths based on the non-winter deaths for the period 1.8.04 to 31.7.07 (i.e. half the number of deaths occurring in August to November, April to July)	**Excess winter deaths** Source: ONS [Mortality data]	Excess winter deaths, expressed as a ratio of the average non-winter deaths. Excess winter deaths are the difference between the number of deaths during the four winter months (December to March) and the average number of deaths during the preceding autumn (August to November) and the following summer (April to July). http://www.statistics.gov.uk/StatBase/ssdataset.asp?vlnk=7089&Pos=1&ColRank=2&Rank=272	
26.	**Life expectancy – male** Source: ONS [Life expectancy at birth for local areas, based on abridged life tables]	Life expectancy at birth, years, all ages, males	**Life expectancy - males** Source: ONS [Interim Life Tables, based on complete life tables]	As LHP (but based on complete, rather than abridged life tables). http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=14459&Pos=&ColRank=1&Rank=422	13) Adults Who Smoke 16) Physically Active Adults 17) Obese Adults 19) Mental Health 28) Infant Deaths (under 1 year) 29) Deaths - Smoking 30) Early Death - CVD 31) Early Death - Cancer 32) Road Injuries And Deaths
27.	**Life expectancy – female** Source: ONS [Life expectancy at birth for local areas, based	Life expectancy at birth, years, all ages, females	**Life expectancy – females** Source: ONS [Interim Life Tables, based on complete life tables]	As LHP (but based on complete, rather than abridged life tables). http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=14459&Pos=&ColRank=1&Rank=422	

No.	LHP Indicator	LHP Definition	National Trend Indicator	National Trend Definition	Example related Indicators
	on abridged life tables]				
28.	**Infant deaths** Source: ONS [Infant Mortality data]	Infant deaths, crude rate, persons, aged less than 1 year, per 1,000 live births	**Infant deaths** Source: ONS [Infant mortality data]	As LHP. http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=15354	1) Deprivation 2) Children In Poverty 3) Statutory homelessness 7) Smoking In Pregnancy 8) Breastfeeding Initiation
29.	**Deaths from smoking** Source: ONS [mortality data and population estimates]; NHS Information Centre [Health Survey for England]; SAMMEC [relative risks]	Deaths attributable to smoking, directly age standardised rate, 35 years +, persons. Using estimates of the contribution of smoking to a range of causes of death derived from relative risks from the American Cancer Prevention Society II Study 1982-1988, as published by the US Centres for Disease Control and Prevention (CDC) on their SAMMEC web site, and smoking prevalence data from the Health Survey for England.	**Deaths from smoking** Source: ONS [mortality data and population estimates]; ONS [General Lifestyle Survey]	Deaths attributable to smoking, directly age standardised rate, 35+, per 100,000 European Standard Population 35+. Using estimates of the contribution of smoking to a range of causes of death derived from relative risks from the American Cancer Prevention Society II Study 1982-1988, as published by the US Centres for Disease Control and Prevention (CDC) and amended and expanded based on information in Callum, UK Smoking Epidemic (1998) and Callum and White, Tobacco in London, The Preventable Burden (2004). Using smoking prevalence data from General Lifestyle Survey. Deaths are not reduced to take account of diseases (Parkinson's disease, cancer of the uterus) for which smoking decreases the relative risk. The methodology differs from that used for the Local Health Profiles in some of the relative risks and the source of smoking prevalence data used. Further details of the definition are set out in Appendix C of Statistics on Smoking, England, 2008 (The NHS Information Centre), at: http://www.ic.nhs.uk/pubs/smoking08	13) Adults Who Smoke 26) and 27) Life Expectancy 30) Early Death - CVD 31) Early Death – Cancer

No.	LHP Indicator	LHP Definition	National Trend Indicator	National Trend Definition	Example related Indicators
30.	**Early deaths: heart disease and stroke** Source: ONS [Mortality data]	Mortality from all circulatory diseases (ICD-10 I00-I99), directly age-standardised rate, persons, under 75, per 100,000 European Standard population	**Early deaths: heart disease and stroke** Source: ONS [Mortality data]	As LHP. Underlying deaths for 1998 and 2000 (used in calculation of 3-year average rates for 1998-00 to 2000-02) are coded using ICD9 (390-459), adjusted for comparability with ICD10 using ratios published by ONS. Further information is available in the Annex to the DH statistical bulletin at the following link: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_106776	13) Adults Who Smoke 15) Healthy Eating Adults 17) Obese Adults 26) and 27) Life Expectancy
31.	**Early deaths: cancer** Source: ONS [Mortality data]	Mortality from all cancers (ICD10 C00-C97), directly age-standardised rate, persons, under 75, per 100,000 European Standard population	**Early deaths: cancer** Source: ONS [Mortality data]	As LHP. Underlying deaths for 1998 and 2000 (used in calculation of 3-year average rates for 1998-00 to 2000-02) are coded using ICD9 (140-208), adjusted for comparability with ICD10 using ratios published by ONS. Further information is available in the Annex to the DH statistical bulletin at the following link: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_106776	13) Adults Who Smoke 14) Binge Drinking 15) Healthy Eating Adults 26) and 27) Life Expectancy
32.	**Road injuries and deaths** Source: DfT [STATS19 data based on police recorded incidents]	People reported killed or seriously injured on the roads of the area, crude rate per 100,000 resident population, all ages	**Road injuries and deaths** Source: DfT [STATS19 data based on police recorded incidents]	As LHP. http://www.dft.gov.uk/pgr/statistics/datatablespublications/accidents/casualtiesgbar/	14) Binge Drinking adults 20) Hospital stays related to alcohol 26) and 27)Life Expectancy

See annex B for rationale for the local health profile indicator selection.
See annex C for rationale for the national trend data selection.

Annex B

Rationale for the Selection of Indicators for the Local Health Profiles
(Presented in table 1a)

This Annex presents the definitions and rationales for selection for the indicators used for the regional trends presentation in table 1a. These indicators reflect decisions made by APHO in production of the Local Health Profiles.

LHP No.	Indicator	LHP Definition	LHP Rationale
Our communities			
1.	Deprivation	% of the relevant population in this area living in the 20% most deprived areas in England. (Based on the Indices of Deprivation (IMD) 2007. The relevant population is the population estimate used in the construction of the IMD 2007)	The differences in deprivation between areas are 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.
2.	Children in poverty	Prevalence of children living in families receiving means-tested benefits, under-16 years. (part of Indices of Deprivation 2007 – Income deprivation domain)	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. Adverse outcomes include higher rates of: fatal accidents, poor dental health, child mortality, low educational attainment, low birth weight, childhood obesity, school exclusions, infant mortality, teenage pregnancy, some infections, substance misuse, mental ill health. International variation in child poverty levels shows that child poverty is not inevitable. Eradicating child poverty is now a national policy target.
3.	Statutory homelessness	Statutory homeless households, crude rate per 1,000 estimated total households, all ages, 2007 to 2008, persons	Homelessness is associated with severe poverty and is a social determinant of health. Homelessness is associated with adverse health, education and social outcomes, particularly for children. To be deemed statutorily homeless a household must have become unintentionally homeless and must be considered to be in priority need. As such, statutorily homeless households contain some of the most vulnerable and needy members of our communities. The statutory homeless statistics suggest that 62% of officially accepted homeless households include dependent children or an expectant mother. Preventing and tackling homelessness requires sustained and joined-up interventions by central and local government, health and social care and the voluntary sector.
4.	GCSE achieved (5 A*-C inc. Eng & Maths)	Pupils achieving 5 or more GCSEs, including maths and English, at grades A*–C or equivalent, percentage of pupils at end of Key Stage 4 in schools maintained by the Local Education Authority, at the end of academic year 2007–	Educational attainment is influenced by both the quality of education children receive and their family socioeconomic 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.

LHP No.	Indicator	LHP Definition	LHP Rationale
		2008, persons	
5.	Violent crime	Recorded violence against the person offences, crude rate per 1,000 population, all ages, 2007/08, persons	The links between crime and health are complex but it is likely that crime is a determinant and a consequence of health. Research undertaken by the Home Office and a number of other organisations suggests that there is a relationship between violent crime and alcohol. Violent crime may result in temporary or permanent disability and in some cases death. Some victims of crime may suffer psychological distress and subsequent mental health problems. Crime and fear of crime can also alter people's lifestyles and impact on their physical and psychological health. Collectively, these consequences represent a burden to the healthcare services. This indicator specifically measures recorded 'violence against the person', the largest component of total 'violent crime' (which also includes robbery and sexual offences).
6.	Carbon emissions	Total end user CO2 emissions per capita (tonnes of CO2 per resident)	Carbon dioxide is a major contributor to green house gases, which cause global warming. Global warming is of the greatest public health importance and according to the worst predictions could result in millions of deaths across the world as a result of many changes including reduced capacity to produce food, flooding by sea of low lying lands and increased frequency of extreme weather events.
Children's and young people's health			
7.	Smoking in pregnancy	The percentage of women giving birth in 2007/08 who are current smokers at the time of delivery out of all maternities where smoking in pregnancy status is recorded	Smoking in pregnancy has well-known detrimental effects for the growth and development of the baby. Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother.
8.	Breast feeding initiation	The percentage of women giving birth in 2007/08 who put their baby to the breast in the first 48 hours after delivery, out of all maternities where breast feeding initiation status is recorded	Breast feeding has well known health benefits for the child and for the mother in later life. It costs nothing to implement and should be amenable to change through public health intervention.
9.	Physically active children	The percentage of school children in Year 1 – Year 11 attending state schools belonging to a School Sport Partnership who participate in at least 2 hours of high quality PE and school sport within and beyond the curriculum in a typical week of the academic year	All children, whatever their circumstance, should be able to participate in and enjoy PE and sport at school. Physical activity during childhood has a range of benefits including healthy growth and development, maintenance of energy balance, psychological well-being and social interaction. Through improved concentration and self-esteem, it can also improve school attendance, behaviour and attainment. The benefits continue well into adulthood by reducing, early in life, some of the key risk factors for diseases such as coronary heart disease, diabetes and osteoporosis. Some evidence also suggests that participation in physical activity during childhood can help to establish a physically active lifestyle in later life. Physical inactivity in childhood is a modifiable lifestyle risk factor.
10.	Obese children	Prevalence of childhood obesity, percentage of school children in Reception year, ages 4–5,	The UK is experiencing an epidemic of obesity affecting both adults and children. There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, type 2 diabetes, hypertension, increases

LHP No.	Indicator	LHP Definition	LHP Rationale
		2007/08, persons. (Obesity in children is defined as having a Body Mass Index (BMI) greater than the 95th percentile (using the British 1990 growth reference)).	in liver enzymes associated with fatty liver, psychological problems - social isolation, low self-esteem, teasing and bullying, exacerbation of conditions such as asthma. The National Institute of Health and Clinical Excellence has produced guidelines to tackle obesity in adults and children.
11.	Children's tooth decay (at age 5)	Mean number of teeth per child sampled which were either actively decayed or had been filled or extracted (based on sample of children at 5 years old)	Dental caries (tooth decay) and periodontal (gum) disease are the most common dental pathologies in the UK. Tooth decay has become less common over the past two decades, but is still a significant health and social problem. It results in destruction of the crowns of teeth and frequently leads to pain and infection. Dental disease is more common in deprived, compared with affluent, communities. The indicator is a good direct measure of dental health and an indirect, proxy measure of child health and diet.
12.	Teenage pregnancy (under 18)	Under-18 conception rate per 1,000 females aged 15–17 (crude rate) 2005–2007 (provisional)	Teenage pregnancy is a significant public health issue in England. Teenage parents are prone to poor antenatal health, lower birth weight babies and higher infant mortality rates. Teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to end up as single parents or bringing up their children in poverty. Children born to teenage mothers run a much greater risk of poor health and have a much higher chance of becoming teenage mothers themselves. However, it is worth remembering that many young people are successful in adapting to the role of parenthood and have happy, healthy children.
Adults' health and lifestyle			
13.	Adults who smoke	Prevalence of smoking, percentage of resident population, adults, 2003–2005, persons. (Upper tier local authority data are direct estimates from the Health Survey for England; lower tier authority data are modelled estimates based on the Health Survey for England).	Smoking is the most important cause of preventable ill health and premature mortality in the UK. It is linked to respiratory illness, cancer and coronary heart disease. Smoking not only affects the smoker; over 17,000 children under the age of five are admitted to hospital every year with illnesses resulting from passive smoking. Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.
14.	Binge drinking adults	Prevalence of binge drinking (at least 8/6 units on the heaviest drinking day in the week before interview for men/women), percentage of resident population, adults, 2003–2005, persons. (Upper tier local authority data are direct estimates from the Health Survey for England; lower tier authority data are modelled estimates based on the Health Survey for England).	Higher-risk drinking is a significant public health problem in the UK and is associated with a wide range of health problems, including brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage, mental ill-health and social problems. Alcohol plays a role in many accidents, acts of violence and other instances of criminal behavior. There are particular risks associated with drink-driving, alcohol consumption in the workplace or during the working day and drinking during pregnancy. Alcohol-related problems contribute to social and health inequalities, and reducing higher-risk drinking is one important element in the broad policy thrust to reduce health inequalities following the recommendations of the Acheson Report (1998). Effective interventions to reduce alcohol consumption and alcohol related harm exist.

LHP No.	Indicator	LHP Definition	LHP Rationale
15.	Healthy eating adults	Prevalence of healthy eating (consumption of 5 or more portions of fruit and vegetables per day), percentage of resident population, adults, 2003–2005, persons. (Upper tier local authority data are direct estimates from the Health Survey for England; lower tier authority data are modelled estimates based on the Health Survey for England).	The indicator is a measure of a protective lifestyle factor. A diet rich in fruit and vegetables confers protective effects against the development of heart disease and certain cancers. It has been estimated that eating at least 5 portions of a variety of fruit and vegetables a day could reduce the risk of deaths from chronic diseases such as heart disease, stroke, and cancer by up to 20%. Research suggests that there are other health benefits, including delaying the development of cataracts, reducing the symptoms of asthma, improving bowel function, and helping to manage diabetes. As well as the direct health benefits, eating fruit and vegetables can help to achieve other dietary goals including increasing fibre intake, reducing fat intake, help maintain a healthy weight, and substituting for foods with added sugars (as frequent consumption of foods with added sugars can contribute to tooth decay).
16.	Physically active adults	Participation in moderate intensity sport and active recreation on 20 or more days in the previous 4 weeks, (averaging 5 or more times per week), percentage, persons, aged 16 and over, 2007/08, as percentage of respondents of the Sport England Active People Survey 2	People who have a physically active lifestyle are at approximately half the risk of developing coronary heart disease compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities.
17.	Obese adults	Prevalence of obesity, percentage of resident population, adults, 2003–2005, persons. (Upper tier local authority data are direct estimates from the Health Survey for England; lower tier authority data are modelled estimates based on the Health Survey for England).	Obesity in adults is defined for epidemiological purposes as body mass index (BMI) > 30 kg/m^2. There is an association between all cause mortality and obesity. Obesity decreases life expectancy by up to nine years. Obesity causes insulin insensitivity, which is an important causal factor in diabetes, heart disease, hypertension and stroke. Obesity is associated with the development of hormone-sensitive cancers; the increased mechanical load increases liability to osteoarthritis and sleep apnoea. Obesity carries psychosocial penalties. Thus there are many routes by which obesity is a detriment to wellbeing.
Disease and poor health			
18.	Over-65s 'not in good health'	Self assessed general health: 'Not Good', directly age and sex standardised percentage, 65 years and over, 2001, persons	The indicator was chosen as the best available measure of self assessed population health. Self reported single item of health has a good correlation with mortality and health care utilisation.
19.	Incapacity benefits for mental illness	Claimants / beneficiaries of incapacity benefit / severe disablement allowance, with mental or behavioural disorders. Crude rate,	This is a proxy measure of levels of severe mental illness in the community, and a direct measure of socio-economic disadvantage in those 'not in work' because of mental illness. Severe mental illness severely restricts the capacity to fully participate in society and in particular the employment market. Unemployment rates are high amongst people with severe mental illness. These high rates reflect the disability caused by severe mental illness, but they also reflect

LHP No.	Indicator	LHP Definition	LHP Rationale
		all persons of working age, per 1000 working age population, 2007. (Working age adults: 16–64 males and 16–59 females).	discrimination (unemployment rates are higher than in other disabled groups) and the low priority given to employment by psychiatric services. Despite high unemployment rates amongst the severely mentally ill, surveys have consistently shown that most want to work. Vocational rehabilitation services can help mentally ill people find work.
20.	Hospital stays for alcohol related harm	Hospital Admissions for Alcohol Related Harm (2007/08), directly age and sex standardised rate, all ages, admissions per 100,000 European Standard population. (The full definition, including what is covered by 'alcohol related harm', can be found at: http://www.nwph.net/alcohol/lape/nationalindicator.htm).	The acute or long term effects of excessive alcohol consumption are a major cause of avoidable hospital admissions
21.	Drug misuse	Estimated problem drug users (Crack &/or Opiates), crude rate per 1,000 residents aged 15–64 years, 15–64 Ages, 2006/07, persons.	The indicator was chosen as the best available estimate of drug use prevalence in an area.
22.	People diagnosed with diabetes	The prevalence of QOF-recorded diabetes (in adults aged 17+) in the population (number of recorded cases of diabetes in adults aged 17+ per 100 resident population)	Diabetes is a common disease with serious consequences. It is the 5th leading cause of death globally. The burden falls disproportionately on elderly and ethnic populations. The indicator is used in this context as a proxy for healthcare need and demand (a high prevalence of diabetes can indicate a less healthy population with higher service utilisation). The sequelae of diabetes include blindness, amputation, neuropathy, renal disease, heart disease and other complications. It is treatable and in most cases preventable. Important modifiable risk factors are obesity, diet and lack of physical activity.
23.	New cases of tuberculosis	3-year average of TB incidence, crude rate per 100,000 population, all ages, 2004–06, persons	TB has re-emerged as a major public health problem and is the leading cause of death worldwide among curable infectious diseases. In England cases fell progressively until 1987 but started to rise again in the late 1980s. Over 8,000 new cases are now being reported each year in the UK. TB remains a disease associated with socio-economic deprivation and largely affects migrants from high incidence countries and deprived sub-groups of the population.
24.	Hip fractures in over-65s	Emergency Hospital Admission for fractured neck of femur, directly age-standardised rate, 65 year and over, 2006–07, persons. (Diagnosis of fractured neck of femur classified by primary diagnosis (ICD10 S72.0, S72.1, S72.2), admitted in the respective financial year).	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.

LHP No.	Indicator	LHP Definition	LHP Rationale
Life expectancy and causes of death			
25.	Excess winter deaths	The Excess Winter Mortality Index (EWM Index): excess winter deaths (deaths occurring in the months December to March for the period 1.08.04 to 31.07.07 minus half the number of deaths in the non-winter months August to November, April to July), expressed as a ratio of the expected deaths based on the non-winter deaths for the period 1.8.04 to 31.7.07 (i.e. half the number of deaths occurring in August to November, April to July)	The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population. Research suggests that mortality during winter increases more in England and Wales compared to other European countries with colder climates, suggesting that many more deaths could be preventable in England and Wales.
26.	Life expectancy - male	Life expectancy at birth, years, all ages, 2005–07, males	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. 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.
27.	Life expectancy - female	Life expectancy at birth, years, all ages, 2005–07, females	
28.	Infant deaths	Infant deaths, crude rate, persons, aged less than 1 year, 2005–07, per 1,000 live births	Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn.
29.	Deaths from smoking	Deaths attributable to smoking, directly age standardised rate, 35 years +, 2005–07, persons. Using estimates of the contribution of smoking to a range of causes of death derived from relative risks from the American Cancer Prevention Society II Study 1982-1988, as published by the US Centres for Disease Control and Prevention (CDC) on their SAMMEC web site, and smoking	Smoking still accounts for between 1 in 6 and 1 in 10 of all deaths in England, and accounts for about half of the inequality in death rates between spearhead and non-spearhead areas. It remains the biggest single cause of preventable mortality and morbidity in the world.

LHP No.	Indicator	LHP Definition	LHP Rationale
		prevalence data from the Health Survey for England 2003–05.	
30.	Early deaths: heart disease and stroke	Mortality from all circulatory diseases (ICD-10 I00-I99), directly age-standardised rate, persons, under 75, 2005-07 (pooled), per 100,000 European Standard population	Circulatory disease is one of the leading causes of death. Mortality is a direct measure of health care need reflecting the overall circulatory disease burden on the population, both the incidence of disease and the ability to treat it. The mortality rate may be improved by reducing the population's risk (e.g. encouraging healthier lifestyles and reducing exposure to smoking), by earlier detection of disease and by more effective treatment.
31.	Early deaths: cancer	Mortality from all cancers (ICD10 C00-C97), directly age-standardised rate, persons, under 75, 2005–07 (pooled), per 100,000 European Standard population	Cancer is amongst the three leading causes of death at all ages except for pre-school age children in the UK. 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, effective treatment can all reduce the burden of cancer morbidity and mortality
32.	Road injuries and deaths	People reported killed or seriously injured on the roads of the area, crude rate per 100,000 resident population, all ages, 2005–2007	Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups. For children and for men aged 20-64 years, mortality rates for motor vehicle traffic accidents are higher in lower socioeconomic groups. The vast majority of road traffic collisions are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety.

Annex C:

Rationale for the Selection of Indicators for the Health Profile of England
(Presented in table 1b)

This Annex presents the definitions and rationales for selection for the indicators used for the national trends presentation in table 1b. Where possible, these are consistent with existing indicators used for routine national reporting, so in several cases they differ from the Local Health Profiles indicators presented in table 1a – but they have been chosen to reflect the same topic areas. Annex A contains a comparison of the definitions and data sources used for the Local Health Profiles indicators and the national trend indicators.

LHP No.	Indicator	National Trend Definition	National Trend Rationale
1.	Employment	Percentage of all working age people in employment – average of the four calendar quarters (seasonally adjusted) in each year. (Working age is defined as 16 to 59 for women and 16 to 64 for men). Note that previous Health Profiles presented figures at Quarter 2 (Apr-Jun) each year.	This indicator relates to the Comprehensive Spending Review 2007 (CSR07) Public Service Agreement (PSA) indicator 8.1 (An increase in the overall employment rate taking account of the economic cycle). It is also a UK Government Sustainable Development indicator. It is included as an alternative indicator of deprivation.
2.	Children in poverty (a) before housing costs (b) after housing costs	Percentage of children in England living in households with relative low income (below 60% of United Kingdom median income since 2002/03, Great Britain median for earlier years) before and after housing costs. The OECD equivalisation scale is used to moderate income across different household types. The after housing costs measure is based on income minus a measure of housing costs (which includes rent, mortgage interest payments, and water charges). (A child is an individual aged under 16, or an unmarried 16 to 18-year old on a course up to and including A level standard).	This indicator relates to the CSR07 PSA indicator 9.2 (Children in relative low income households). It is also a UK Government Sustainable Development indicator. The indicator is based on national data available from a national survey.
3.	(a) Poor quality housing - social sector (b) Poor quality housing - vulnerable private sector (c) Homelessness – in temporary accommodation (d) Homelessness – with children, in temporary accommodation	(a) Percentage of social sector dwellings that fall below the “Decent Homes Standard” (b) Percentage of vulnerable private sector households living in homes that fall below the “Decent Homes Standard” (Vulnerable households are households in receipt of at least one of the principal means tested or disability related benefits) (c) Number of homeless households in temporary accommodation (d) Number of homeless households with dependent children in temporary accommodation	(a) and (b): This indicator relates to the Department for Communities and Local Government Spending Review 2004 (SR04) PSA target on housing quality. It is also a UK Government Sustainable Development indicator. The indicator is based on national data available from a national survey. (c) and (d): This is a UK Government Sustainable Development Indicator. (c) relates to CSR07 PSA indicator 20.4 (Number of households in temporary accommodation).
4.	(a) GCSE achieved (5 A*-C) (b) GCSE achieved (5 A*-C inc. Eng & Maths)	(a) Percentage of pupils at the end of Key Stage 4 in the academic year gaining 5 or more GCSE grades A*-C (or equivalent)	This indicator relates to the CSR07 PSA indicators 10.4 (Proportion achieving 5A*-C GCSEs (or

LHP No.	Indicator	National Trend Definition	National Trend Rationale
		in all maintained schools excluding hospital schools & PRUs (b) Percentage of pupils at the end of Key Stage 4 in the academic year gaining 5 or more GCSE grades A*-C (or equivalent), including English and Maths, in all maintained schools excluding hospital schools & PRUs Definition has been revised since previous Health Profiles: previously data were presented based on pupils aged 15 at the start of the academic year, in all schools (including non-maintained schools)	equivalent), including GCSEs in both English and maths, at Key Stage 4)
5.	(a) Violent crime (b) Overall crime	(a) British Crime Survey violent crime victimisation rate per 10,000 adults (b) Number of incidents of crime (all British Crime Survey crime) Indicators cover crime against adults (ages 16 and over) living in private households. British Crime Survey violence includes wounding, robbery, assault with minor injury and assault with no injury. Snatch theft is not included. Homicides are excluded.	This indicator relates to the crime indicator included in the Local Health Profiles, but for the national trends is based on national data available from a national survey. For the crime types it covers, the British Crime Survey can provide a better reflection of the true extent of crime at national level than police recorded crime figures because it includes crimes that are not reported to the police and crimes that are not recorded by them. It also gives a better indication of trends in crime over time because it is unaffected by changes in levels of reporting to the police and in police recording practices.
6.	Carbon Emissions (a) emissions (b) emissions per head	(a) Net CO2 emissions (emissions minus removals) (million tonnes) (b) Net CO2 emissions (emissions minus removals) tonnes per head No adjustment is made for the effect of the EU Emissions Trading Scheme (EUETS) introduced in 2005.	This indicator is included in the Local Health Profiles. It also relates to a UK Government Sustainable Development indicator.
7.	Smoking in pregnancy	Smoking throughout pregnancy: the proportion of all mothers who smoked in the two years before they completed Stage 1 of the survey and who were smoking at the time of birth.	This indicator is included in the Local Health Profiles. For the national trends, the indicator is based on national data available from a national survey (the Infant Feeding Survey). The indicator relates to the Smoking Kills White Paper target on smoking during pregnancy.
8.	Breast feeding (a) at 6 weeks (b) initiation	(a) Percentage of babies who are being breastfed at 6 weeks of age (b)Percentage of babies who were breastfed initially. This includes all babies who were put to the breast at all, even if this was on one occasion only.	This indicator relates to the breast feeding indicator included in the Local Health Profiles. For the national trends, the indicator is based on national data available from a national survey (the Infant Feeding Survey).
9.	Physically active children (PE and school sport)	The percentage of school children in Year 1 – Year 11 attending state schools belonging to a School Sport Partnership who participate in at least 2 hours of high	This indicator relates to the CSR07 PSA indicator 22.5 (Percentage of 5-16 year olds participating in at least 2 hours a week of high-quality

LHP No.	Indicator	National Trend Definition	National Trend Rationale
		quality PE and school sport within and beyond the curriculum in a typical week of the academic year.	PE and sport at school and the percentage of 5-19 year olds participating in at least 3 further hours a week of sporting opportunities)
10.	Obese children	Percentage of children aged 2 to 10 years who are obese (The UK National BMI percentiles are used to define obesity in children as at or above the 95th BMI percentile of the 1990 reference population)	This indicator relates to the CSR07 PSA indicator 12.3 (Levels of childhood obesity). It is also a UK Government Sustainable Development indicator. It relates to the child obesity indicator included in the Local Health Profiles, but for the national trends the indicator is based on national data available from a national survey (the Health Survey for England).
11.	Children's tooth decay (at age 5)	Mean number of decayed/missing/filled teeth in five-year-olds (mean number of teeth per child sampled which were either actively decayed or had been filled or extracted)	This indicator is included in the Local Health Profiles.
12.	Teenage pregnancy (under 18)	Under-18 conception rate per 1,000 females aged 15-17 (crude rate).	This indicator relates to the CSR07 PSA indicator 14.4 (Under-18 conception rate).
13.	Adults who smoke	Percentage of adults (ages 16 and over) who smoke cigarettes	This indicator relates to the CSR07 PSA indicator 18.3 (Smoking prevalence). It is also a UK Government Sustainable Development indicator. The indicator is based on national data available from the national survey used to monitor the PSA indicator (the General Lifestyle Survey, formerly called the General Household Survey), and covers all adults.
14.	(a) Drinking (exceeding sensible drinking) (b) Binge drinking	(a) Percentage of adults (ages 16 and over) drinking more than 21 units (for males) or 14 units (for females) of alcohol per week, on average (b) Percentage of adults (ages 16 and over) drinking more than 8 units (for males) or 6 units (for females) of alcohol on at least one day in the previous week	Part (a) of this indicator relates to the recommended daily guidelines for sensible drinking; part (b) relates to the Local Health Profiles indicator on 'binge' drinking. The percentage of adults drinking more than twice the recommended number of units on the heaviest drinking day in the last week is a proxy for binge drinking levels in the population. For the national trends, the indicator is based on national data available from a national survey (the General Lifestyle Survey, formerly called the General Household Survey).
15.	Healthy eating	Percentage of adults (ages 16 and over) consuming 5 or more portions of fruit and vegetables per day	This indicator is included in the Local Health Profiles. It is also a UK Government Sustainable Development indicator. For the national trends, the indicator is based on national data available

LHP No.	Indicator	National Trend Definition	National Trend Rationale
			from a national survey (the Health Survey for England).
16.	Physically active adults	Percentage of adults (ages 16 and over) achieving a minimum of five days a week of 30 minutes or more moderate-intensity activity	This indicator is related to the physical activity indicator included in the Local Health Profiles. For the national trends, this indicator relates to the guidelines on recommended adult physical activity levels. It is based on national data available from a national survey (the Health Survey for England).
17.	Obese adults	Percentage of adults (ages 16 and over) who are obese (Body Mass Index 30 and over)	This indicator is included in the Local Health Profiles. For the national trends, the indicator is based on national data available from a national survey (the Health Survey for England).
18.	Not in good/very good health (a) aged under-16 (b) aged 16 and over (c) aged 65 and over	Percentage of (a) children aged 0-15 (b) adults aged 16 and over (c) older people aged 65 and over who reported their general health as being neither 'good' nor 'very good' (i.e. whose self-assessed health was 'fair', 'bad', or 'very bad') (based on Health Survey for England general health categories)	This indicator is related to the self-reported general health indicator included in the Local Health Profiles, but for the national trends the indicator is based on national data available from a national survey (the Health Survey for England), and uses the Health Survey for England general health categories.
19.	Mental health (Suicide rates)	Mortality from suicide and undetermined injury (ICD10: X60-X84, Y10-Y34 (excl. Y33.9 up to 2006)) – directly age-standardised rate per 100,000 European Standard Population. Based on deaths registered in the calendar year. Underlying deaths for 1998 and 2000 (used in calculation of 3-year average rates for 1998-00 to 2000-02) are coded using ICD9 (E950-E959, E980-E989 excl. E988.8), adjusted for comparability with ICD10 using ratios published by ONS. Further information is available in the Annex to the DH statistical bulletin at the following link: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_106776	This indicator relates to the Department of Health SR04 PSA target on suicide. The suicide rate is an important component of the CSR07 PSA indicator 18.1 (All-age all-cause mortality (AAACM) rate) and is a Department of Health Departmental Strategic Objective (DSO) indicator (DSO1.3). It is also a UK Sustainable Development indicator.
20.	Hospital stays for alcohol related harm	Hospital admissions for alcohol related harm, directly age and sex standardised rate, all ages, admissions per 100,000 European Standard population. (The full definition, including what is covered by 'alcohol related harm', can be found at: http://www.nwph.net/alcohol/lape/nationalindicator.htm). The definition has been revised since previous Health Profiles to include a wider	This indicator is included in the Local Health Profiles. It relates to the CSR07 PSA indicator 25.2 (Rate of hospital admissions per 100,000 for alcohol related harm) and local government National Indicator 39.

LHP No.	Indicator	National Trend Definition	National Trend Rationale
		range of conditions and to reflect better knowledge about alcohol attributable fractions.	
21.	(a) Drug misuse treatment - numbers in treatment (b) Drug misuse treatment – completed or retained in treatment (c) Drug misuse – adults, any drug (d) Drug misuse – adults, Class A drugs	(a) Number of drug users in contact with drug treatment services (b) Percentage of clients treated in the year who either successfully completed treatment or were retained in treatment for at least 12 weeks. (c) Percentage of 16-59 year olds reporting having used drugs in the year before interview – any drug (d) Percentage of 16-59 year olds reporting having used Class A drugs in the year before interview – Class A drugs	(a) and (b): This indicator relates to the Department of Health SR04 PSA target on drug misuse treatment. (c) and (d): Drug misuse prevalence is included in the Local Health Profiles. For the national trends, the indicator is based on self-report data available from a large nationally representative survey (the British Crime Survey), which has included comparable drug use questions since 1996. Figures relate to general population drug use only.
22.	People diagnosed with diabetes	Percentage of adults (ages 16 and over) who reported having doctor-diagnosed diabetes	This indicator is included in the Local Health Profiles. For the national trends, the indicator is based on national data available from a national survey (the Health Survey for England).
23.	New case of tuberculosis	Tuberculosis cases reports, crude rate per 100,000 population, all ages, persons	This indicator is included in the Local Health Profiles.
24.	Hip fracture in over-65s	Emergency hospital admission for fractured neck of femur, directly age-standardised rate for ages 65 and over per 100,000 European Standard population. (Based on finished emergency admission episodes with primary diagnosis ICD-10 S72.0, S72.1, S72.2). Covers all patients treated in England.	This indicator is included in the Local Health Profiles.
25.	Excess winter deaths	Excess winter deaths, expressed as a ratio of the average non-winter deaths. Excess winter deaths are the difference between the number of deaths during the four winter months (December to March) and the average number of deaths during the preceding autumn (August to November) and the following summer (April to July).	This indicator is included in the Local Health Profiles.
26.	Life expectancy - males	Life expectancy at birth, years, all ages, males	This indicator relates to the CSR07 PSA indicator 18.1 (All-age all-cause mortality (AAACM) rate) and the associated Department of Health SR04 PSA target on overall life expectancy.
27.	Life expectancy - females	Life expectancy at birth, years, all ages, females	
28.	Infant deaths	Infant deaths, crude rate, persons, aged less than 1 year, per 1,000 live births	This indicator is included in the Local Health Profiles.
29.	Deaths from smoking	Deaths attributable to smoking, directly age standardised rate, 35+, per 100,000 European Standard Population 35+. Using estimates of the contribution of smoking to a range of causes of death derived from relative risks from the	This indicator is included in the Local Health Profiles.

LHP No.	Indicator	National Trend Definition	National Trend Rationale
		American Cancer Prevention Society II Study 1982-1988, as published by the US Centres for Disease Control and Prevention (CDC) and amended and expanded based on information in Callum, UK Smoking Epidemic (1998) and Callum and White, Tobacco in London, The Preventable Burden (2004). Using smoking prevalence data from General Lifestyle Survey. Deaths are not reduced to take account of diseases (Parkinson's disease, cancer of the uterus) for which smoking decreases the relative risk.	
30.	Early deaths: heart disease and stroke	Mortality from all circulatory diseases (ICD-10 I00-I99), directly age-standardised rate, persons, under 75, per 100,000 European Standard population. Based on deaths registered in the calendar year. Underlying deaths for 1998 and 2000 (used in calculation of 3-year average rates for 1998-00 to 2000-02) are coded using ICD9 (390-459), adjusted for comparability with ICD10 using ratios published by ONS. Further information is available in the Annex to the DH statistical bulletin at the following link: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_106776	This indicator relates to the Department of Health SR04 PSA target on circulatory diseases mortality. The circulatory diseases mortality rate is an important component of the CSR07 PSA indicator 18.1 (All-age all-cause mortality (AAACM) rate) and is a Department of Health DSO indicator (DSO1.6). It is also a UK Sustainable Development indicator.
31.	Early deaths: cancer	Mortality from all cancers (ICD10 C00-C97), directly age-standardised rate, persons, under 75, per 100,000 European Standard population. Based on deaths registered in the calendar year. Underlying deaths for 1998 and 2000 (used in calculation of 3-year average rates for 1998-00 to 2000-02) are coded using ICD9 (140-208), adjusted for comparability with ICD10 using ratios published by ONS. Further information is available in the Annex to the DH statistical bulletin at the following link: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_106776	This indicator relates to the Department of Health SR04 PSA target on cancer mortality. The cancer mortality rate is an important component of the CSR07 PSA indicator 18.1 (All-age all-cause mortality (AAACM) rate) and is a Department of Health DSO indicator (DSO1.7). It is also a UK Sustainable Development indicator.
32.	Road injuries and deaths	People reported killed or seriously injured on the roads, crude rate per 100,000 resident population, all ages	This indicator is included in the Local Health Profiles. The indicator is a rate. The Department for Transport has a SR04 PSA target to reduce the number of people killed or seriously injured in road

LHP No.	Indicator	National Trend Definition	National Trend Rationale
			traffic accidents.

Annex D: Signposts to Selected Key Websites

This annex signposts web-links to sources of further information and data. Each signpost is numbered, and it is these numbers that appear in the style of 'references' throughout the Health Profile of England.

1. General Links

101. Association of Public Health Observatories (APHO)

Gateway to sites for PHOs for Ireland, Scotland, Wales and the nine English regions.

http://www.apho.org.uk/apho/

102. Department of Health

Government health information

http://www.dh.gov.uk/Home/fs/en

103. Care Quality Commission (CQC)

The Care Quality Commission is the new health and social care regulator for England. They look at the joined up picture of health and social care. Their aim is to ensure better care for everyone in hospital, in a care home and at home.

http://www.cqc.org.uk/

104. Health Protection Agency (HPA)

The Health Protection Agency's role is to provide an integrated approach to protecting UK public health through the provision of support and advice to the NHS, local authorities, emergency services, other Arms Length Bodies, the Department of Health and the Devolved Administrations. The Agency was established as a special health authority in 2003. In addition to the Agency's role in reducing the dangers to health from infections, chemical and radiation hazards, it also provides support to, and works in partnership with others who also have health protection responsibilities and advises, through the Department of Health, all government departments and devolved administrations throughout the UK. In England, it provides the local health protection services, which in the rest of the UK are delivered by the three other lead health protection bodies; the National Public Health Service Wales; Health Protection Scotland

HPS; the Department of Health, Social Services and Public Safety, Northern Ireland. The Agency works closely with all these organisations.

http://www.hpa.org.uk/default.htm

105. NHS Information Centre (NHS IC)

'The NHS IC' works to co-ordinate and streamline the collection and sharing of data about health and adult social care. They provide an important service to front line healthcare staff, by reducing the time they spend on data collection - allowing them more time to concentrate on providing care to patients. To improve accessibility the NHS IC will be a focus for everyone who needs information, including patients, clinicians and regulators such as the Care Quality Commission.

http://www.ic.nhs.uk/

106. National Institute for Health and Clinical Excellence (NICE)

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE produces guidance in three areas of health:

- public health - guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
- health technologies - guidance on the use of new and existing medicines, treatments and procedures within the NHS
- clinical practice - guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

http://www.nice.org.uk/

107. National Statistics – Office for National Statistics, UK Statistics Authority

Gateway for quality assured Government statistics covering the United Kingdom

http://www.statistics.gov.uk/

108. Organisation for Economic Co-operation and Development (OECD)

The OECD groups 30 member countries sharing a commitment to democratic government and the market economy. With active relationships with some 70 other countries, NGOs and civil society, it has a global reach. Best known for its publications and its statistics, its work covers economic and social issues from macroeconomics, to trade, education, development and science and innovation.

Health Profile of England 2009

http://www.oecd.org/home/

The OECD statistics portal can be found at
http://www.oecd.org/statsportal/0,2639,en_2825_293564_1_1_1_1_1,00.html

109. World Health Organisation (WHO) (European Office)

The World Health Organisation (WHO) is the United Nations specialised agency for health. WHO's objective is the attainment by all peoples of the highest possible level of health. Health is defined in WHO's Constitution as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. A key site of data relating to the countries of Europe, mostly national level data.

http://www.euro.who.int/

110 to 200 not allocated

2. Dataset Links

201. Audit Commission – Area Profiles

Area profiling will be particularly helpful to councils and their partners in Local Strategic Partnerships (LSPs) and to central government and national agencies.

http://www.areaprofiles.audit-commission.gov.uk/(cyx3id55p4gp4h55ivispq35)/StaticPage.aspx?info=25&menu=56

202. European Commission - Eurostat

Eurostat is the Statistical Office of the European Communities. Its task is to provide the European Union with statistics at European level. This site presents a range of structural, social and economic, sustainable development and long-term indicators covering a range of topics, including health, from all countries across Europe.

http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home

203. Health inequalities intervention tool

The Health Inequalities Intervention Tool is designed to support Spearhead Primary Care Trusts with their Local Delivery Planning and commissioning. It is designed to help achieve the Department of Health (DH) Public Service Agreement (PSA) target for life expectancy.

http://www.lho.org.uk/HEALTH_INEQUALITIES/Health_Inequalities_Tool.aspx

204. Hospital Episodes Statistics (HES)

Health Profile of England 2009

HES is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of healthcare analysis for the NHS, government and many other organisations and individuals

http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=537

205. National Centre for Health Outcomes Development (NCHOD)

- Compendium of Clinical and Health Indicators

A one-stop source of all information on health outcomes generated by NCHOD. It includes comparative data for 700 health and local government organisations in England plus advice on how to measure health and the impact of health care.

Version limited to users of the NHSNet: http://nww.nchod.nhs.uk/

General Version (some data restricted to prevent the potential identification of individual cases), see disclosure letter on front webpage of: http://www.nchod.nhs.uk/

206. National Statistics – Health Statistics Quarterly

Web presence of digest of health statistics published quarterly by ONS. Contains regular data and special reports.

http://www.statistics.gov.uk/hsq/hsqissue/

207. National Statistics – Neighbourhood Statistics

Local information down to ward level, by area or subject.

http://www.neighbourhood.statistics.gov.uk/dissemination/home.do

208. World Health Organisation – Health For All Database (HFA)

A range of health related data covering all countries across Europe and Russian Republics that may no longer belong to Europe following the breakup of Russia in 1991.

http://www.euro.who.int/hfadb

209 to 300 not allocated

3. Indicator Sets

301. Health Profiles

The family of health profile products comprises – the Health Profile of England, 386 Local Health Profiles (of Local Authority Areas) and an associated web-site and web-based tool. The Local Health Profile reports have been produced by the Association of Public Health Observatories, and there has been close liaison in the development of the local and national profiles.

http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

http://www.apho.org.uk/default.aspx?QN=HP_INTERACTIVE

302. Health Poverty Index (HPI)

The NHS Plan (2000) states that "no injustice is greater than the inequalities in health which scar our nation" and proposed a number of developments to combat this situation. One of these was the production of a Health Poverty Index (HPI). Following the publication of the NHS Plan, the Department of Health (DH) commissioned a scoping project to develop the HPI concept, involving a major consultation and a series of discussions within the DH and between the DH and other bodies charged with tackling the issue of health inequalities.

Work on the initial HPI development was being funded by the DH. The NHS Information Centre has now taken the lead on progressing the HPI. Work is being taken forward by the Department of Geography and Geosciences, University of St Andrews, the Oxford Consultants for Social Inclusion (OCSI) and the South East Public Health Observatory (SEPHO).

http://www.hpi.org.uk

303. Local Basket of Indicators (LBOI)

The purpose of the LBOI is to support local action and priority setting to tackle health inequalities. It is aimed at the NHS, local authorities, Local Strategic Partnerships and partner organisations such as the voluntary, community and private sectors.

http://www.lho.org.uk/HEALTH_INEQUALITIES/BasketOfIndicators.aspx

304. Opportunity for All (OFA)

Opportunity for All is the annual Government report about tackling poverty and social exclusion. It sets out the Government's current strategy and measures its effectiveness against established and challenging indicators of progress.

Maintained on the Department for Work and Pensions website

http://www.dwp.gov.uk/publications/policy-publications/opportunity-for-all/

305. Public Service Agreements (PSAs) – including Department of Health PSA

These associated indicators and targets are intended to detail progress on the Government's Public Service Agreements (PSA). Each target represents a step change in the level of quality of a specific service, or an improvement in the lives of people across the UK. The Department of Health targets represent efforts to transform the health and social care system so that it produces faster, fairer services that deliver better health and tackle health inequalities.

Maintained on the Treasury website, indicators from the 2004 review are available from

http://www.hm-treasury.gov.uk/spend_sr04_index.htm

http://www.hm-treasury.gov.uk/psp_supporting_docs.htm

Details of the 2007 review

http://www.hm-treasury.gov.uk/pbr_csr07_psaindex.htm

http://www.hm-treasury.gov.uk/pbr_csr07_psabetterqualityoflife.htm

306. Local Government National Indicator Set

The Single Set of 198 National Indicators (the National indicator set – NIS) was announced by CLG in October 2007, following the Government's Comprehensive Spending Review 2007. Effective from 1 April 2008, the NIS is the only set of indicators on which central government will performance manage local government. It covers services delivered by local authorities alone and in partnership with other organisations like health services and the police. Each local authority has selected a number of these indicators as targets to improve on, such as teenage pregnancy or housing provision, as part of their Local Area Agreement, which they will work to achieve with local partners.

http://www.communities.gov.uk/localgovernment/performanceframeworkpartnerships/nationalindicators/
http://www.audit-commission.gov.uk/localgov/audit/nis/pages/default.aspx

307. Sustainable Development

The UK Government, Scottish Executive, Welsh Assembly Government and the Northern Ireland Administration have agreed upon a set of shared UK principles that provide a basis for sustainable development policy in the UK. The UK has four priority areas for immediate action, shared across the UK, these are: Sustainable Consumption and Production, Climate Change and Energy, Natural Resource Protection and Enhancing the Environment and Creating Sustainable Communities and a Fairer World.

To support the Strategy there is now a suite of 68 national sustainable development indicators. These include 20 UK Framework Indicators. In addition there are indicators, targets and performance measures in the individual strategies for the UK Government, Scotland, Wales and Northern Ireland. The remaining 48 indicators in the strategy highlight additional priorities relevant to the UK Government Strategy.

Maintained on the Sustainable Development website

http://www.defra.gov.uk/sustainable/government/

308 to 400 not allocated

4. Publications/Reports

Links to additional reports are available in appendix 4 of the Health Profile of England 2006[409].

401. British Crime Survey 2008/09

The British Crime Survey (BCS) is a very important source of information about levels of crime and public attitudes to crime and other Home Office issues, such as drug misuse.

http://www.homeoffice.gov.uk/rds/bcs1.html

http://www.homeoffice.gov.uk/rds/surveydrugstats.html

402. Census 2001 – National Statistics

The Census is a survey of all people and households in the country. It provides essential information from national to neighbourhood level for government, business, and the citizen.

http://www.statistics.gov.uk/census2001/census2001.asp

403. Chief Medical Officer's Annual Report on the state of the nation's health

The Chief Medical Officer's Annual Report identifies major health challenges requiring immediate action, and describes progress in addressing issues featured in previous reports.

http://www.dh.gov.uk/annualreports

404. Choosing Health (White Paper - 2004) and related updates

This White Paper sets out the key principles for supporting the public to make healthier and more informed choices in regards to their health. The Government will provide information and practical support to get people motivated and improve emotional well-being and access to services so that healthy choices are easier to make.

Subsequent updates include Choosing Health progress reports, *Health Challenge England - next steps for Choosing Health* and *Communities for Health: learning from the pilots*.

http://www.dh.gov.uk/choosinghealth

405. Department of Health Departmental Report

This report provides Parliament and the public with an account of how the Department of Health has spent the resources allocated to it, as well as its future spending plans. It also

describes Department policies and programmes and gives a breakdown of spending within these programmes.

http://www.dh.gov.uk/annualreports

406. English House Condition Survey 2007 & English Housing Survey 2008-09 headline reports

The information collected by the English House Condition Survey (EHCS) is the main source of information on the condition and energy efficiency of housing in England. The survey builds a picture of all types of housing, whether owner-occupied or owned by local authorities, housing associations, or private landlords. From April 2008 the Survey was incorporated into the new English Housing Survey (EHS).

2007 Headline report
http://www.communities.gov.uk/publications/corporate/statistics/ehcs2007headlinereport

2007 Annual report
http://www.communities.gov.uk/publications/corporate/statistics/ehcs2007annualreport

2008 Headline Report (published 23rd February)
http://www.communities.gov.uk/publications/corporate/statistics/ehs200809headlinereport

407. Family Resources Survey 2007/08

The Family Resources Survey collects information on the incomes and circumstances of private households in the United Kingdom (or Great Britain before 2002/03).

http://research.dwp.gov.uk/asd/frs/2007_08/index.asp

408. General Lifestyle Survey

The General Lifestyle Survey (GLF) (formerly known as General Household Survey (GHS)) is an inter-departmental multi-purpose continuous survey carried out by the ONS collecting information on a range of topics from people living in private households in Great Britain. The survey has run continuously since 1971, except for breaks in 1997/8 (when the survey was reviewed) and 1999/2000 when the survey was re-developed.

http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=5756

409. Health Profiles of England 2008, 2007 & 2006

The Health Profile of England provides a collection of national and regional data to provide a yardstick against which people can compare data from their own Local Health Profile. A focus of the first Profile is the six priority areas identified in Choosing Health: Tackling health inequalities; Reducing the number of people who smoke; Reducing obesity and improving diet and nutrition; Improving sexual health; Improving mental health and wellbeing; and Reducing harm and encouraging sensible drinking. Snapshot data and a chartbook provide a broad

picture of health and the determinants of health and health inequalities. Subsequent editions provide updated data and commentary.

Health Profile of England 2008:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_093465

Health Profile of England 2007:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_079716

Health Profile of England 2006:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139556

410. Health Reform in England: update and next steps (2005)

This document describes the elements of reforms to the healthcare system and how they are expected to interact, resulting in better patient services and value for taxpayers' money. It sets a framework for taking forward the implementation and further development of reforms.

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4124723&chk=y2qlXE

411. Health Survey for England

The Health Survey for England (HSE) comprises a series of annual surveys beginning in 1991. The series is part of an overall programme of surveys commissioned by the DH and designed to provide regular information on various aspects of the nation's health. All surveys have covered the adult population aged 16 and over living in private households in England. Children were included in every year since 1995.

http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/health-survey-for-england

412. Infant Feeding Survey 2005: Full Results

The 2005 Infant Feeding Survey is the seventh national survey of infant feeding practices carried out. Surveys have been conducted every five years since 1975.

http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/infant-feeding-survey/infant-feeding-survey-2005

413. Informing healthier choices: Information and intelligence for healthy populations

The strategy supports wider health priorities such as action on health inequalities, health protection and effective commissioning of health and well-being. It aims to improve the

availability and quality of health information and intelligence across England and to increase its use to support population health improvement, health protection and work on care standards and quality. The strategy will support the delivery of Choosing Health and the 2006 White Paper Our health, our care, our say: a new direction for community services by making information and knowledge available to local communities to inform their decisions.

http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_075490

414. Our health, our care, our say: a new direction for community services (White Paper - 2006)

This White Paper sets a new direction for the whole health and social care system. It confirms the vision set out in the Department of Health Green Paper on social care for adults, Independence, Well-being and Choice. There will be a radical and sustained shift in the way in which services are delivered, ensuring that they are more personalised and that they fit into people's busy lives.

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4127453&chk=NXIecj

415. PESSCL 2007/08 (PE, School Sport and Club Links) - School Sports Survey

The national PE, School Sport and Club Links strategy was launched in October 2002. It is now the PE and Sport for Young People Strategy. The Department for Children, Schools and Families and the Department for Culture, Media and Sport have come together to jointly lead the strategy. Its overall objective — a public service agreement target shared by the two Departments — is to enhance the take-up of sporting opportunities by 5-16 year-olds.

http://www.teachernet.gov.uk/teachingandlearning/subjects/pe/

2008/09 school report:

http://www.teachernet.gov.uk/docbank/index.cfm?id=14380

416. Reported Road Casualties Great Britain Annual Report 2008

Road accident statistics play a leading part in the Government's Road Safety Strategy and monitoring its targets for the number of road deaths and injuries by 2010. The Reported Road Casualties Great Britain Annual Report provides detailed analyses of road casualties and reports on trends in relation to casualty reduction targets as well as information on definitions and quality issues.

http://www.dft.gov.uk/pgr/statistics/datatablespublications/accidents/casualtiesgbar/rrcgb2008

417. Saving lives: Our Healthier Nation (White Paper – 1999)

This White Paper sets out the Government's action plan for tackling poor health by improving the health of everyone, and of the worst off in particular. It sets tough but attainable targets in

priority areas. The paper provides ten tips for better health and is divided into three sections. 'Our Healthier Nation' looks at a new approach to saving lives and at the aims and advances in public health. It also discusses individuals and health and tackling the wider causes of ill-health within communities. Saving lives deals with the specific issues of cancer, coronary heart disease and stroke, accidents, and mental health. It also looks at wider issues such as sexual health, tackling drug and alcohol problems, communicable disease, genetics and improving ethnic minorities' health. 'Making it work' discusses progress and partnership as well as standards and success.

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4118614&chk=IpHfou

418. Tackling Health Inequalities: 2007 Status report on the Programme for Action.

The status report provides a review of developments against the data since the publication of the Programme for Action in 2003. It considers progress against the Public Service Agreement (PSA) inequalities target, the national headline indicators and against government commitments. The report highlights the challenging nature of the health inequalities PSA target for 2010. This link is to the wider 'Health Inequalities' section of the Department of Health website.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_083471

Tacking Health Inequalities- 10 years on

This report reviews developments in health inequalities over the last 10 years across government - from the publication of the Acheson report on health inequalities in November 1998 to the announcement of the post-2010 strategic review of health inequalities in November 2008. It covers developments across government on the wider social determinants of health, and the role of the NHS. It provides an assessment of developments against the Acheson report, reviews a range of key data sets covering social, economic, health and environmental indicators, and considers lessons learned and challenges for the future

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098936

419. World Health Organisation – World Health Statistics 2009

World health statistics 2009 presents the most recent health statistics for WHO's 193 Member States. This fifth edition includes a summary of progress towards the health related Millennium Development Goals and targets. This edition also contains a new section on reported cases of selected infectious diseases.

http://www.who.int/whosis/whostat/2009/en/index.html

420. Our NHS, our future: NHS next stage review – Interim Report

The interim report of the NHS next stage review (published October 2007) sets out a 10 year vision for the NHS. It looks at how the NHS can become fairer, more personalized, effective and safe, setting out immediate and longer term priorities in these areas.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079078

421. High quality care for all. NHS next stage review final report

The final report of the NHS next stage review (published June 2008). It sets out a vision for an NHS with quality at its heart.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

422. A year of progress towards High quality care for all

Report published in June 2009 by Lord Darzi examining the progress that has been made one year on since High Quality Care for All was published.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101670

423 and upwards not allocated