



Public Health
England

Protecting and improving the nation's health

Health Profiles

Questions about the data in the 2014 profiles

Please be aware these questions are not retrospectively updated and so external links might not work.

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Questions about the data in the 2014 profiles

Why are the profiles for Bracknell Forest, South Oxfordshire and Cheshire East dated 07 October, and why is their GCSE data different?

The GCSE indicator for Bracknell Forest has been updated in response to revised data from DfE. This has increased the Bracknell Forest value, which is no longer red, but amber. This means that it is no longer mentioned in the key messages on the front page of the Bracknell Forest Health Profiles. The increase in the Bracknell Forest GCSE indicator caused a very slight increase in the England average, which is too small to present on the Health Profiles spine chart. Nevertheless, this affected the statistical significance of the GCSE indicators for Cheshire East and South Oxfordshire despite their values remaining unchanged. Consequently, the GCSE indicators for Cheshire East and South Oxfordshire are no longer green, but amber, and they are no longer mentioned in the key messages.

The date of the profiles was changed to make it clear which version users are working with.

Why is the statutory homelessness indicator different in the profiles produced on 08 July and those produced on 24 July?

2014 was the first year that Health Profiles became consistent with the Public Health Outcomes Framework (PHOF) where the two products contain the same indicators. There are two indicators of statutory homelessness in PHOF, one which shows how many households are living in temporary accommodation and another showing how many people have been accepted as homeless and in priority need by the local authority. In previous years, the Health Profiles have always shown the indicator on acceptances. In the Health Profiles update produced on 08 July, the indicator for 'Statutory homelessness' shown was not the same as in previous years, but was the other homelessness indicator in PHOF (households in temporary accommodation). This was an unintended change stemming from the move to consistency. When we received user feedback telling us that the original indicator was more helpful, the profiles were revised to show the indicator on homelessness acceptances. The 24 July versions of the profiles are the only ones now available on this website.

If you have further feedback on these indicators or the choice made, please contact us.

Were any other revisions made at this time?

Only one other change was made - previously missing data on hip fractures for Liverpool became available and was added to the relevant profile.

Which indicators have changed compared to the 2013 profiles?

Most of the indicators are using the same methodology as the 2013 profiles, but have been revised to display the most up to date data. However, two of the indicators (Drug misuse and Acute STIs) were not updated and are being repeated. Increasing and higher risk drinking and Healthy eating adults indicators have been replaced by Suicide rate and Excess weight in adults. Page 3 presents new trend charts showing early deaths from all causes for men and women. Seven further indicators are calculated using new methodologies:

- Violent crime – a redesigned classification system changes the number of crimes classified as ‘violence offences’.
- Breastfeeding initiation and Smoking status at time of delivery – both indicators are aligning with the PHOF definitions and so the denominators are being changed from those mothers whose breastfeeding or smoking status is known, to 'all maternities' which includes those mothers whose breastfeeding or smoking status is not known.
- Under 18 conceptions - changes from a 3 year pooled crude rate, to a single year crude rate to bring it in line with the PHOF.
- Obese adults – Previously the Health Profiles indicator for obese adults used modelled estimates as these were the only data available at local authority level. The new indicator for obese adults uses new local authority level data collected by the Active People Survey.
- Hospital stays for alcohol related harm - the new indicator counts admissions where the primary admission code has an alcohol-attributable fraction or admissions where one of the secondary codes is an external cause with an alcohol-attributable fraction. Alcohol attributable fractions have been regenerated to take into account new epidemiological evidence and directly standardised rates use the new Standard European Populations.
- Alcohol specific hospital stays (u18s) – the indicator uses the regenerated alcohol attributable fractions which have been revised to take into account new epidemiological evidence.
- The statutory homelessness indicator is not the same as in previous years in the profiles released on 08 July 2014.

Some further indicators have had changes in their names to be compatible with other PHE profiles but their methodologies have not changed. Health Profiles 2014 indicators are using the revised **Standard European Populations (2013)** where possible. For these reasons most indicators cannot be directly compared to the data in Health Profiles 2013. You can download a summary of changes [here](#).

Why is there no information in the health summary chart on page 4 for the suicide rate indicator?

For districts and unitary authorities, a large number of rates cannot be calculated reliably, due to the number of deaths being less than 25. As 28% of all district and unitary authorities have no rates calculated, the range is too incomplete, and hence the range information is not shown. This is in line with the approach taken in the Public Health Outcomes Framework data tool, where the range information is not shown when more than 25% of areas have no data.

Why are the spine chart ranges different for Districts and Counties?

In 2014 Health Profiles changed the approach to the way the ranges displayed on the spine chart are calculated. The District and Unitary authority PDF profiles present ranges based on District and UA values, whereas the County PDF profiles display ranges based on County and UA values. This is the same approach that other PHE profiles use in displaying data for these different geographies. If you would like to view information for Unitary Authorities based on the County and UA ranges please visit our Health Profiles online tool at <http://fingertips.phe.org.uk/profile/health-profiles>

What suppression rules have been used for indicators in profiles that use multiple comparator geography areas that are available in Fingertips (England, Regions, PHE Centres, ONS Groups and subgroups, Upper Tier Deciles of Deprivation)?

If suppression of small counts is required for disclosure control reasons, and only applies to Isles of Scilly, City of London or both, these areas should be combined with Cornwall and Hackney respectively. When this is the case, values for England, Regions, and PHE Centres are provided. Values for ONS Groups and Subgroups and Upper Tier Deciles of Deprivation are also provided, with assumption that the combined values for Cornwall and Isles of Scilly; and Hackney and City of London are aggregated into the groups where the values for Cornwall or Hackney should previously be (i.e. Cornwall and Isles of Scilly is included in the ONS Group: Coastal and Countryside; ONS Subgroup: Coastal and Countryside – B; Upper Tier Decile of Deprivation: Fifth less deprived. Hackney and City of London is included in the ONS Group: London Cosmopolitan; ONS Subgroup: London Cosmopolitan – A; Upper Tier Decile of Deprivation: Most Deprived).

If further suppression of small counts is required for disclosure control reasons for any other local authority area(s), the area(s) with small counts are suppressed. In order to prevent disclosure of small counts by differencing no data is presented for PHE Centres, ONS Groups and subgroups and Upper Tier Deciles of Deprivation. In these cases, secondary suppression has also been used in order to prevent any within-County or within-Region disclosure by differencing. This follows the method of

suppressing the local authority with the next smallest count within the affected County or Region.