



ChiMat

Child and Maternal Health Observatory

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# Local Authority Child Health Profiles 2013

## Indicator Guide

This document presents metadata including the definitions and sources of the data for Local Authority Child Health Profiles 2013.



YORKSHIRE & HUMBER  
PUBLIC HEALTH OBSERVATORY ChiMat is funded by the Department of Health

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Better information, better decisions, better child and maternal health

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## Local Authority Child Health Profiles – Population statistics

Indicator / measure	Live births
Definition	Number of live births registered to mothers resident in area
Rationale	Understanding the demography of the area will help with planning of appropriate services
Numerator	Number of live birth registrations
Source of numerator	Office for National Statistics (ONS)
Denominator	Not applicable
Source of denominator	Not applicable
Age range	0 years
Time period	Calendar year 2011
Geographical level	Local authority district, unitary authority, county
Method	Number
Limitations	None
Further information	<a href="http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Live+Births+and+Stillbirths">www.ons.gov.uk/ons/taxonomy/index.html?nscl=Live+Births+and+Stillbirths</a>

Indicator / measure	Children (age 0-4 years), (age 0-19 years)
Definition	Number / percentage of children aged 0-4 years, 0-19 years resident within the area
Rationale	Understanding the demography of the area will help with planning of appropriate services
Numerator	Mid-year population estimates (0-4 years, 0-19 years)
Source of numerator	ONS
Denominator	Mid-year population estimates (persons all ages)
Source of denominator	ONS
Age range	0-4 years, 0-19 years
Time period	Calendar year 2011
Geographical level	Local authority district, unitary authority, county
Method	Number and percentage
Limitations	None
Further information	<a href="http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates">www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates</a>

<b>Indicator / measure</b>	<b>Children (age 0-19 years) in 2020 (projected)</b>
Definition	Projected number / percentage of children aged 0-19 years resident within the area in 2020
Rationale	Understanding how the demography of the area is projected to change will help with planning of appropriate services
Numerator	Population projections (0-19 years) interim 2011-based subnational population projections
Source of numerator	ONS
Denominator	Population projections (total population) interim 2011-based subnational population projections
Source of denominator	ONS
Age range	0-19 years
Time period	Calendar year 2020
Geographical level	Local authority district, unitary authority, county
Method	Population projections, percentage
Limitations	<p>The subnational population projections take the 2011 mid-year population estimates which were published on 25 September 2012 as their starting point. The projected local authority population for each year is calculated by ageing on the population for the previous year, applying assumed local fertility and mortality rates to calculate the number of projected births and deaths, and then adjusting for migration into and out of each local authority.</p> <p>Local authority assumed levels of fertility, mortality and migration are derived from observed values for the years 2005 to 2010 as used in the 2010-based subnational population projections and are constrained to the assumptions made in the 2010-based national projections. Finally, the projections interim 2011-based subnational population projections for England are constrained to a set of England control figures which were produced using the 2011 mid-year estimate for England and the assumptions from the 2010-based national population projections.</p> <p>There are some issues around the previous assumptions of fertility, mortality and internal migration being applied to the new population base. Adjustments have been made to local authorities most affected by the impact on internal migration.</p> <p>An improvement was also made to method used for standardisation which has resulted in different projected emigration to the 2010-based projections, although the historic trend data used are the same.</p>
Further information	<a href="http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/Interim-2011-based/index.html">www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/Interim-2011-based/index.html</a>

<b>Indicator / measure</b>	<b>School age children from black/ethnic minority groups</b>
Definition	Number / percentage of children at local authority maintained primary and secondary schools classed as 'minority ethnic pupils'.
Rationale	Understanding the demography of the area helps with the planning of appropriate services
Numerator	Number of children at local authority maintained primary secondary schools classed as 'minority ethnic pupils'.
Source of numerator	Department for Education (DfE)
Denominator	Total number of children at local authority maintained primary and secondary schools whose ethnic group was classified
Source of denominator	DfE
Age range	Pupils of compulsory school age and above
Time period	2012
Geographical level	Local authority district, unitary authority, county
Method	Number and percentage
Limitations	Includes middle schools as deemed. Includes all primary academies, including free schools. Includes city technology colleges and all secondary academies, including secondary free schools. Pupils of compulsory school age and above were classified according to ethnic group. Includes pupils who were sole or dual main registrations. Totals have been rounded to the nearest 5.
Further information	<a href="http://www.education.gov.uk/rsgateway/DB/SFR/s001071/index.shtml">www.education.gov.uk/rsgateway/DB/SFR/s001071/index.shtml</a> Table 9a and table 9b

<b>Indicator / measure</b>	<b>Percentage of children living in poverty (age under 16 years)</b>
Definition	The proportion of children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income.
Rationale	The Government has set itself a challenging target to end child poverty by the year 2020. Local authorities have a key role to play in helping to achieve this ambition. This role includes the delivery of the key public services that are critical to improving poor children's life chances; coordination of activities by key players to reduce worklessness and poverty; the tailoring of solutions to meet needs of local people; and ensuring engagement of individuals and groups at risk of being marginalized.
Numerator	Number of children aged under 16 living in families in receipt of Child Tax Credits whose reported income is less than 60% of the median income or in receipt of Income Support or (Income-Based) Job Seekers Allowance
Source of numerator	HM Revenue and Customs (HMRC)
Denominator	The total number of children in the area
Source of denominator	HMRC
Age range	0-15 years
Time period	Snapshot as at 31 August 2010
Geographical level	Local authority district, unitary authority, county
Method	Percentage
Limitations	None
Further information	<a href="http://www.hmrc.gov.uk/statistics/child-poverty-stats.htm">www.hmrc.gov.uk/statistics/child-poverty-stats.htm</a>

<b>Indicator / measure</b>	<b>Life expectancy at birth</b>
Definition	Male/female life expectancy at birth
Rationale	Life expectancy at birth takes into account deaths at all ages and is one of the most commonly used outcome measures for examining the health of a population.
Numerator	Male/female life expectancy at birth
Source of numerator	ONS
Denominator	Not applicable
Source of denominator	Not applicable
Age range	Life expectancies at birth
Time period	Calendar years 2008, 2009, 2010 pooled
Geographical level	Local authority district, unitary authority, county
Method	The figures are a three-year average, produced by aggregating deaths and population estimates for 2008-2010.
Limitations	Area of residence is allocated by ONS using the postcode and the National Statistics Postcode Directory - records without a valid area code are excluded but the number of such records is negligible.
Further information	Life expectancy at birth figures for all local authorities in England are produced annually by the Office for National Statistics (ONS), based on three-year rolling averages of mortality data and population estimates. The ONS website contains figures for both upper and lower-tier local authorities: <a href="http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-223356">www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-223356</a>

## Local Authority Child Health Profiles – General information

### Key findings

The key finding relating to the general health and well-being summarises the spine chart and provides a single statement of whether, when considering the 32 indicators selected for inclusion, the area is 'generally better than', 'generally worse than', 'generally similar to' or 'mixed compared with' the England averages.

The calculation for this was similar to the one used to generate the equivalent sentence within the Health Profiles for England ([www.apho.org.uk/default.aspx?RID=49802](http://www.apho.org.uk/default.aspx?RID=49802)), with modification to the thresholds.

An area is classed to be 'generally better than' the England average if any of the following are true:

- Most (60% or more) indicators are green (ie significantly better than the England average)
- 40% or more indicators are green, and only up to 20% are red (ie significantly worse than the England average)
- 30% or more indicators are green, and there are no red indicators.

An area was classed to be 'generally worse than' the England average if any of the following are true:

- Most (60% or more) indicators are red
- 40% or more indicators are red, and only up to 20% are green
- 30% or more indicators are red, and there are no green indicators.

An area is classed to be 'similar to' the England average if most (53% or more) of the indicators are amber. Otherwise, the area is classed as 'mixed'.

The first four key findings in each profile cover the same topics on each profile. The last two were selected from a list of potential topics to highlight areas of particular interest. They aim to balance the profile, so if an area is generally performing well, ones will be chosen where the area does worse or vice versa. The aim is that these give either the opportunity for areas to see where they are doing well and on which they might build or areas on which they need to focus to improve.

Where consistent with the method described above, an area which is best or worst in the country will see this highlighted in their key findings.



## Statistical neighbours used in the Child Health Profiles 2013

Statistical neighbour models provide one method for benchmarking progress. For each local authority, these models designate a number of other local authorities deemed to have similar characteristics. These designated local authorities are known as statistical neighbours. Any local authority may compare its performance (as measured by various indicators) against its statistical neighbours to provide an initial guide as to whether their performance is above or below the level that might be expected.

The statistical neighbours used have been drawn from the Children's Services Statistical Neighbour Benchmarking Tool, available here:

[www.education.gov.uk/researchandstatistics/statistics/allstatistics/a00195441/children's-services-statistical-neighbour-benchmarking-tool](http://www.education.gov.uk/researchandstatistics/statistics/allstatistics/a00195441/children's-services-statistical-neighbour-benchmarking-tool)

## Confidence intervals

A confidence interval is a range of values that is used to quantify the imprecision in the estimate of a particular value that results from random variation in the estimation of the value.

In public health many indicators are based on what can be considered to be complete datasets and not samples for example, mortality rates based on death registers. In these instances the imprecision arises not as a result of sampling variation but of 'natural' variation. Generally in public health, it is the underlying circumstances or process that is of interest and the actual value observed gives only an imprecise estimate of this 'underlying risk'. The width of the confidence interval depends on three things:

- 1) The sample or population size from which the estimate is derived. Larger samples give more precise estimates with smaller confidence intervals.
- 2) The degree of variability in the phenomenon being measured.
- 3) The required level of confidence. This is an arbitrary value and conventional practice is to use 95% confidence.

For the purpose of these profiles, we have used 95% confidence limits which are denoted by a horizontal bar with minimum and maximum ranges showing as small vertical bars at either end. In general, increasing the required level of confidence, results in wider limits. For a given level of confidence, the wider the confidence interval, the greater the uncertainty in the estimate is.

## Local Authority Child Health Profiles – charts

Indicator / measure	Obese and overweight children (age 4-5 years)
Definition	Prevalence of obesity and overweight children in Reception year pupils (defined using UK 1990 Body Mass Index (BMI) thresholds)
Rationale	Established in 2005, the National Child Measurement Programme (NCMP) weighs and measures children in Reception (aged 4–5 years) and Year 6 (aged 10–11 years) to assess the percentage of children who are overweight and obese. The NCMP is one element of the Government's work programme on childhood obesity, and is operated jointly by the Department of Health (DH) and the Department for Education (DfE). Every year, as part of the NCMP, children in Reception and Year 6 are weighed and measured during the school year to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity. The NCMP also helps to increase public and professional understanding of weight issues in children and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues.
Numerator	Number of primary school age children in Reception year (age 4-5) with valid height and weight recorded who are classified as obese + Number of primary school age children in Reception year (age 4-5) with valid height and weight recorded who are classified as overweight.
Source of numerator	NCMP, NHS Information Centre for health and social care (NHS IC)
Denominator	Total number of primary school age children in Reception year (age 4-5 years) with valid height and weight recorded.
Source of denominator	NCMP, NHS IC
Age range	4-5 years
Time period	Financial year 2011/12
Geographical level	Local authority district (derived from the postcode of the child's residence), unitary authority, county
Method	Percentage
Limitations	Participation rates vary
Further information	<a href="http://www.ic.nhs.uk/searchcatalogue?productid=10135&amp;topics=0%2fPublic+health&amp;sort=Relevance&amp;size=10&amp;page=1#top">www.ic.nhs.uk/searchcatalogue?productid=10135&amp;topics=0%2fPublic+health&amp;sort=Relevance&amp;size=10&amp;page=1#top</a>
Interpretation of chart	The chart compares the local authority featured in the profile with its four closest statistical neighbours and regional and England clusters, together with confidence limits. The confidence limits on the smaller bars are for children who are classified as obese, while the confidence limits on the longer bars are for those who are classified as obese and overweight.

Indicator / measure	Obese and overweight children (age 10-11 years)
Definition	Prevalence of obesity and overweight children in year 6 pupils (defined using UK 1990 Body Mass Index (BMI) thresholds)
Rationale	Established in 2005, the National Child Measurement Programme (NCMP) weighs and measures children in Reception (aged 4–5 years) and Year 6 (aged 10–11 years) to assess the percentage of children who are overweight and obese. The NCMP is one element of the Government's work programme on childhood obesity, and is operated jointly by the Department of Health (DH) and the Department for Education (DfE). Every year, as part of the NCMP, children in Reception and Year 6 are weighed and measured during the school year to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity. The NCMP also helps to increase public and professional understanding of weight issues in children and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues.
Numerator	Number of primary school age children in year 6 (age 10-11) with valid height and weight recorded who are classified as obese + Number of primary school age children in year 6 (age 10-11) with valid height and weight recorded who are classified as overweight.
Source of numerator	NCMP, NHS IC
Denominator	Total number of primary school age children in year 6 (age 10-11 years) with valid height and weight recorded.
Source of denominator	NCMP, NHS IC
Age range	10-11 years
Time period	Financial year 2011/12
Geographical level	Local authority district (derived from the postcode of the child's residence), unitary authority, county
Method	Percentage
Limitations	Participation rates vary
Further information	<a href="http://www.ic.nhs.uk/searchcatalogue?productid=10135&amp;topics=0%2fPublic+health&amp;sort=Relevance&amp;size=10&amp;page=1#top">www.ic.nhs.uk/searchcatalogue?productid=10135&amp;topics=0%2fPublic+health&amp;sort=Relevance&amp;size=10&amp;page=1#top</a>
Interpretation of chart	The chart compares the local authority featured in the profile with its four closest statistical neighbours and regional and England clusters, together with confidence limits. The confidence limits on the smaller bars are for children who are classified as obese, while the confidence limits on the longer bars are for those who are classified as obese and overweight.

Indicator / measure	Hospital admissions due to alcohol specific conditions
Definition	Persons admitted to hospital due to alcohol specific conditions, crude rate per 100,000 population aged under 18 years. Alcohol specific conditions are those that are wholly related to alcohol.
Rationale	Alcohol misuse at any age has health and social consequences. Alcohol misuse in young people is a major contributor to criminal and antisocial behaviour. Although evidence suggests that the number of teenagers who drink has decreased in recent years, the amount drunk by young people who do drink has increased.
Numerator	<p>Persons aged under 18 years, resident in the area, admitted to hospital where the primary diagnosis or any of the secondary diagnoses contain one of the listed conditions specific to alcohol misuse. The diagnosis codes for alcohol specific conditions are:</p> <ul style="list-style-type: none"> <li>E24.4 Alcohol-induced pseudo-Cushing's syndrome</li> <li>F10 Mental and behavioural disorders due to use of alcohol</li> <li>G31.2 Degeneration of nervous system due to alcohol</li> <li>G62.1 Alcoholic polyneuropathy</li> <li>G72.1 Alcoholic myopathy</li> <li>I42.6 Alcoholic cardiomyopathy</li> <li>K29.2 Alcoholic gastritis</li> <li>K70 Alcoholic liver disease</li> <li>K86.0 Alcohol-induced chronic pancreatitis</li> <li>T51.0 Ethanol poisoning</li> <li>T51.1 Methanol poisoning</li> <li>T51.9 Toxic effect of alcohol, unspecified</li> <li>X45 Accidental poisoning by and exposure to alcohol</li> </ul>
Source of numerator	Local Alcohol Profiles for England (LAPE)
Denominator	Mid 2008, mid 2009 and mid 2010 population estimates (ages 0-17 years)
Source of denominator	Local Alcohol Profiles for England (LAPE)
Age range	0-17 years
Time period	Financial years 2008/09, 2009/10, 2010/11 pooled.
Geographical level	Local authority district, unitary authority, county
Method	Crude rate per 100,000 population
Limitations	<p>Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence.</p> <p>Does not include attendance at A&amp;E.</p>
Further information	<a href="http://www.lape.org.uk">www.lape.org.uk</a>

Indicator / measure	Hospital admissions as a result of self-harm
Definition	Crude rate of finished admission episodes for self-harm per 100,000 population aged 0-17 years
Rationale	Hospital admissions for self-harm in children have increased in recent years, with admissions for young females being much higher than admissions for young males. With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment.
Numerator	<p>Number of finished admission episodes in children aged between 0 and 17 years where the main recorded cause is between 'X60' and 'X84' (Intentional self-harm)</p> <p>X60 Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics</p> <p>X61 Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified</p> <p>X62 Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified</p> <p>X63 Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system</p> <p>X64 Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances</p> <p>X65 Intentional self-poisoning by and exposure to alcohol</p> <p>X66 Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours</p> <p>X67 Intentional self-poisoning by and exposure to other gases and vapours</p> <p>X68 Intentional self-poisoning by and exposure to pesticides</p> <p>X69 Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances</p> <p>X70 Intentional self-harm by hanging, strangulation and suffocation</p> <p>X71 Intentional self-harm by drowning and submersion</p> <p>X72 Intentional self-harm by handgun discharge</p> <p>X73 Intentional self-harm by rifle, shotgun and larger firearm discharge</p> <p>X74 Intentional self-harm by other and unspecified firearm discharge</p> <p>X75 Intentional self-harm by explosive material</p> <p>X76 Intentional self-harm by smoke, fire and flames</p> <p>X77 Intentional self-harm by steam, hot vapours and hot objects</p> <p>X78 Intentional self-harm by sharp object</p> <p>X79 Intentional self-harm by blunt object</p> <p>X80 Intentional self-harm by jumping from a high place</p> <p>X81 Intentional self-harm by jumping or lying before moving object</p> <p>X82 Intentional self-harm by crashing of motor vehicle</p> <p>X83 Intentional self-harm by other specified means</p> <p>X84 Intentional self-harm by unspecified means</p>
Source of numerator	Source: Hospital Episode Statistics (HES) Copyright © 2012, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Denominator	2011 Census: Usual resident population by single year of age, unrounded estimates (ages 0-17 years)
Source of denominator	ONS

Age range	0-17 years
Time period	Financial year 2011/12
Geographical level	Local authority district, unitary authority, county
Method	Crude rate per 100,000
Limitations	Data refer to episodes of admission and not persons. Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence.

Indicator / measure	Teenage conception rate (age under 18 years)
Definition	Under-18 conception rate per 1,000 females aged 15-17 years
Rationale	<p>Teenage pregnancy is a significant public health issue in England. Teenage parents are prone to poor antenatal health, lower birthweight 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.</p> <p>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.</p>
Numerator	Number of conceptions estimated to have occurred to females aged under 18 years
Source of numerator	ONS/Teenage Pregnancy Unit
Denominator	Number of females aged 15-17 years
Source of denominator	ONS/Teenage Pregnancy Unit
Age range	Conceptions in females aged under 18 years
Time period	Calendar year 2010
Geographical level	Local authority district, unitary authority, county
Method	Crude rate per 1,000 females aged 15-17 years
Limitations	<p>Miscarriages and illegal abortions are not included in the conception rates, resulting in rates that may be an under estimation.</p> <p>For under 18 conception rates all conceptions under-18 are included in the calculation. However, as only 5% of under-18 conceptions are to girls under 15 a three-year age group (15-17years) is used as the denominator.</p>
Further information	<a href="http://www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/teenagepregnancy/a0064898/under-18-and-under-16-conception-statistics">www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/teenagepregnancy/a0064898/under-18-and-under-16-conception-statistics</a>
Interpretation of chart	The chart compares the local authority featured in the profile with its four closest statistical neighbours and regional and England clusters, together with confidence limits.



<b>Indicator / measure</b>	<b>Teenage mothers (aged under 18 years)</b>
Definition	Percentage of delivery episodes where the mother is aged under 18 years
Rationale	Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth. Teenage parents and their children are at increased risk of living in poverty.
Numerator	Total number of maternal episodes, mother aged between 12 and 17 years, where the episode type is '2' (delivery episode) or '5' (other delivery event), and where the actual place of delivery is not '1' (at a domestic address), '5' (in a private hospital) or '6' (in another hospital or institution)
Source of numerator	Source: Hospital Episode Statistics (HES) Copyright © 2012, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Denominator	Total number of maternal episodes where the episode type is '2' (delivery episode) or '5' (other delivery event), and where the actual place of delivery is not '1' (at a domestic address), '5' (in a private hospital) or '6' (in another hospital or institution)
Source of denominator	Source: Hospital Episode Statistics (HES) Copyright © 2012, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Age range	Mothers aged between 12 and 17 years
Time period	Financial year 2011/12
Geographical level	Local authority district, unitary authority, county
Method	Percentage
Limitations	Data allocated to local authority directly by using postcode of residence.  Deliveries at home or in a private hospital are not included. The European comparator reflects live births only.
Interpretation of chart	The chart compares the local authority featured in the profile with its four closest statistical neighbours and regional and England clusters, as well as the European median, together with confidence limits.



Indicator / measure	Breastfeeding at 6-8 weeks
Definition	<p>Percentage of infants that are totally or partially breastfed at age 6-8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food. The numerator is the count of the number of infants recorded as being totally breastfed at 6-8 weeks and the number of infants recorded as being partially breastfed. The denominator is the total number of infants due a 6-8 weeks check.</p>
Rationale	<p>Breast milk provides the ideal nutrition for infants in the first stages of life.</p> <p>There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity.</p> <p>Benefits to the mother include a faster return to pre-pregnancy weight and possibly lower risk of breast and ovarian cancer (BMA Board of Science, 2009)</p>
Numerator	<p>Number of infants recorded as being totally breastfed plus the number of infants recorded as being partially breastfed at 6-8 weeks.</p> <p>Numerator counts for local authorities are estimated from counts for PCTs. Counts for PCTs include all infants resident within the PCT's boundary, and no data are available to break down the PCT counts for different areas within the PCT. Counts for local authorities are estimated as follows:</p> <ul style="list-style-type: none"> <li>(i) For local authorities that have exactly the same boundary as a PCT, the PCT figure is used as it is the correct figure for the local authority.</li> <li>(ii) For local authorities whose boundary is contained wholly within a single PCT, but is not equal to the whole PCT, the local authority count is estimated as a proportion of the PCT figure, with the exception of Rutland and Leicestershire (see below).</li> <li>(iii) For local authorities whose boundaries include all or part of more than one PCT, the local authority count is estimated by aggregating the appropriate proportions of the counts for the PCTs whose boundaries include part of the local authority.</li> </ul> <p>The appropriate proportions in cases ii and iii are defined according to the numbers of births in the calendar year overlapping most of the period of the indicator value (eg 2010 births are used for 2010/11 indicator data): births by resident local authority and PCT were extracted from the ONS birth file, to give the number of births in every local authority-PCT overlapping block.</p> <p>To calculate the numerator, each local authority-PCT overlap is calculated as a proportion of the PCT total births, and then multiplied by the indicator count for the PCT. A local authority may overlap several PCTs: the appropriate portions of all the PCTs' counts are aggregated to give the numerator estimate for the local authority.</p>

	<p>Expressed as an equation the numerator is calculated as follows:  <math display="block">\text{BreastFedInfantsLA} = \sum (\text{BreastFedInfantsPCT} \times n/N)</math> summed over all PCTs overlapping the local authority  where:  BreastFedInfantsLA = Estimated number of infants totally or partially breast fed in the local authority  n = Number of births in the local authority-PCT overlapping block  N = Number of births in the PCT  BreastFedInfantsPCT = Number of infants totally or partially breast fed in the PCT</p> <p>For Rutland, no indicator data are presented, as the local authority makes up a very small proportion of the PCT, and estimates for the local authorities based on the PCT figures are unlikely to be representative as they are swamped by the much larger local authority within the same PCT. The estimates for Leicestershire local authority are combined data for Leicestershire and Rutland in order to ensure that all valid PCT data are included in the England total.</p>
Source of numerator	Calculated by ERPHO using Department of Health (DH), Integrated Performance Monitoring Return
Denominator	<p>Number of infants due for 6-8 week checks.</p> <p>Denominators for local authorities are estimated from denominators for PCTs. Denominators for PCTs include all infants resident within the PCT's boundary, and no data are available to break down the PCT denominators for different areas within the PCT. Denominators for local authorities are estimated as follows:</p> <p>(i) For local authorities that have exactly the same boundary as a PCT, the PCT figure is used as it is the correct figure for the local authority.</p> <p>(ii) For local authorities whose boundary is contained wholly within a single PCT, but is not equal to the whole PCT, the local authority denominator is estimated as a proportion of the PCT figure, with the exception of Rutland and Leicestershire (see below).</p> <p>(iii) For local authorities whose boundaries include all or part of more than one PCT, the local authority denominator is estimated by aggregating the appropriate proportions of the denominators for the PCTs whose boundaries include part of the local authority.</p> <p>The appropriate proportions in cases ii and iii are defined according to the numbers of births in the calendar year overlapping most of the period of the indicator value (eg 2010 births are used for 2010/11 indicator data): births by resident local authority and PCT were extracted from the ONS birth file, to give the number of births in every local authority -PCT overlapping block.</p> <p>To calculate the denominator, each local authority-PCT overlap is calculated as a proportion of the PCT total births, and then multiplied by the indicator denominator for the PCT. A local authority may overlap several PCTs: the appropriate portions of all the PCTs' denominators are aggregated to give the denominator estimate for the local authority.</p>

	<p>Expressed as an equation the denominator is calculated as follows:</p> $\text{TotalInfantsLA} = \sum (\text{TotalInfantsPCT} \times n/N)$ <p>summed over all PCTs overlapping the local authority</p> <p>where:</p> <p>TotalInfantsLA = Estimated number of infants due for 6-8 week checks in the local authority</p> <p>n = Number of births in the local authority-PCT overlapping block</p> <p>N = Number of births in the PCT</p> <p>TotalInfantsPCT = Number of infants due for 6-8 week checks in the PCT</p>
Source of denominator	Calculated by ERPHO using Department of Health (DH), Integrated Performance Monitoring Return
Age range	0 years
Time period	Financial year 2011/12
Geographical level	Local authority district, unitary authority, county
Method	Percentage
Limitations	<p>The indicator is based on observation and is therefore susceptible to measurement bias.</p> <p>These data are collected by acute trusts that provide maternity services and then sent to PCTs on a commissioner basis. PCT level data are then converted to local authority level using birth weighting. If there are several local authorities within one PCT they will all have the same prevalence, thereby masking any variation in prevalence which may exist within that PCT. Where local authorities cross PCT boundaries, the local authority estimate is a weighted average of the PCT indicator values. Where a local authority is within a single PCT's boundary, the local authority value presented is the value from the PCT.</p> <p>A local authority will not have an estimate of prevalence if the data quality in any of its component PCTs does not meet any of the DH data quality validation tests which can be found contained in each quarterly report and the component PCT or PCTs make up more than 5% of the local authority's maternities. In addition, the England totals do not equal the sum of the local authorities as all of the suppressed values have been included in the England figure. There may however be a difference between the England total quarterly values and the local authority derived value given the different refresh timeframes.</p> <p>This method implicitly assumes that all infants whose breastfeeding status is unknown are not breast feeding. This will result in an underestimate of the percentage of infants breastfed at 6-8 weeks.</p>
Further information	<a href="http://transparency.dh.gov.uk/category/statistics/breast-feeding-statistics/">transparency.dh.gov.uk/category/statistics/breast-feeding-statistics/</a>
Interpretation of chart	The chart compares the local authority featured in the profile with its four closest statistical neighbours (where available) and regional (where available) and England clusters, together with confidence limits.

Indicator / measure	MMR Immunisation (by age 2 years)
Definition	Percentage of children immunised against measles, mumps and rubella at 2 years of age (one dose)
Rationale	The MMR vaccine reduces the risk of contracting measles, mumps or rubella. The available vaccine is highly effective, with a first dose at 12-15 months and a second dose at 4-5 years. The WHO target for all childhood immunisation is 95% uptake by 24 months of age.
Numerator	All children who have received at least one dose of MMR immunisation by age of 2 years.
Source of numerator	COVER data (from NHS Information Centre Immunisation Statistics)
Denominator	Children aged 2 years.
Source of denominator	COVER data (from NHS Information Centre Immunisation Statistics)
Age range	2 years
Time period	Financial year 2011/12
Geographical level	Local authority district, unitary authority, county
Method	Percentage
Limitations	<p>Data are collected at PCT level only and have been allocated to local authority based on their nearest PCT.</p> <p>Areas sharing the same PCT include: Halton and St. Helens (Halton &amp; St Helens PCT), North Yorkshire and York (North Yorkshire &amp; York PCT), Leicestershire and Rutland (Leicestershire County &amp; Rutland PCT), Bedford and Central Bedfordshire (Bedfordshire PCT), City of London and Hackney (City And Hackney Teaching PCT), Sutton and Merton (Sutton &amp; Merton PCT), Bracknell Forest, Slough and Windsor and Maidenhead, (Berkshire East PCT), West Berkshire, Reading and Wokingham (Berkshire West PCT), Bournemouth and Poole (Bournemouth and Poole PCT), Cornwall and Isles of Scilly (Cornwall &amp; Isles of Scilly PCT). For these areas the indicator value for the PCT has been applied to all constituent local authorities and the local number per year apportioned based on the population size of the local authority.</p> <p>The following local authorities are made up of more than one PCT: Lancashire (North Lancashire PCT, East Lancashire PCT, Central Lancashire PCT), Nottinghamshire (Nottinghamshire County PCT, Bassetlaw PCT), Birmingham (Birmingham East &amp; North PCT, South Birmingham PCT, Heart of Birmingham Teaching PCT), Staffordshire (North Staffordshire PCT, South Staffordshire PCT), Essex (West Essex PCT, North East Essex PCT, Mid Essex PCT), East Sussex (East Sussex Downs &amp; Weald PCT, Hastings &amp; Rother PCT), Kent (Eastern &amp; Coastal Kent PCT, West Kent PCT). For these areas, the indicator has been calculated based on the numerator and denominators of all constituent PCTs.</p>
Further information	<a href="http://www.ic.nhs.uk/article/2021/Website-Search?productid=9990&amp;q=immunisations&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top">http://www.ic.nhs.uk/article/2021/Website-Search?productid=9990&amp;q=immunisations&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top</a>
Interpretation of chart	The chart compares the local authority featured in the profile with its four closest statistical neighbours and regional and England clusters, together with confidence limits.

## Local Authority Child Health Profiles – spine chart data indicators

Indicator / measure	Infant mortality rate
Definition	Rate of infant deaths under 1 year per 1,000 live births
Rationale	Access to a full range of services before and after birth will help to reduce the infant mortality rates. In addition, services aimed at improving general health, education and nutrition along with reducing the prevalence of risk factors, such as smoking and drinking in pregnancy, are of importance. The indicator supports the national health inequalities target to narrow the gap in infant mortality rates between the children of fathers in manual social groups and the population as a whole.
Numerator	Number of deaths of infants under 1 year, registered in the calendar years
Source of numerator	ONS
Denominator	Number of live births, occurring in the calendar years
Source of denominator	ONS
Age range	Under 1 year
Time period	Calendar years 2009, 2010, 2011, pooled
Geographical level	Local authority district, unitary authority, county
Method	Rate per 1,000 live births
Limitations	The relatively small numbers of deaths in each local authority per year means that the confidence limits (ie the range of variation that may occur due to chance) around the corresponding rate will be wide.
Further information	<a href="http://indicators.ic.nhs.uk/webview/">indicators.ic.nhs.uk/webview/</a>

<b>Indicator / measure</b>	<b>Child mortality rate (age 1-17 years)</b>
Definition	Directly standardised rate of death due to all causes, persons aged 1-17 years
Rationale	Death in childhood represents not only a tragedy for that young person's family but also a loss to wider society in terms of lost years of productive life. After the age of one year, the commonest cause of death in young people is injuries. Many of these injury related deaths are potentially avoidable. The need to provide adequate support to those children and families with life-limiting or life-threatening conditions is also recognised.
Numerator	Number of deaths from all causes aged 1 to 17 years, registered in the calendar years
Source of numerator	Office for National Statistics (ONS) Deaths
Denominator	Mid 2009, mid 2010 and 2011 estimate of population by single year of age (aged 1 – 17 years)
Source of denominator	Office for National Statistics (ONS)
Age range	1-17 years
Time period	Calendar years 2009, 2010, 2011, pooled
Geographical level	Local authority district, unitary authority, county
Method	Directly standardised rate per 100,000 population
Limitations	The relatively small numbers of deaths in each local authority per year means that the confidence limits (ie the range of variation that may occur due to chance) around the corresponding rate will be wide.
Further information	For directly standardised rate methodology used please refer to the guidelines available from the Public Health Observatories in England under Analytical Tools for Public Health Commonly used public health statistics and their confidence intervals <a href="http://www.apho.org.uk/resource/view.aspx?RID=48617">www.apho.org.uk/resource/view.aspx?RID=48617</a>



<b>Indicator / measure</b>	<b>MMR Immunisation (by age 2 years)</b>
Definition	Percentage of children immunised against measles, mumps and rubella at 2 years of age (one dose)
Rationale	The MMR vaccine reduces the risk of contracting measles, mumps or rubella. The available vaccine is highly effective, with a first dose at 12-15 months and a second dose at 4-5 years. The WHO target for all childhood immunisation is 95% uptake by 24 months of age.
Numerator	All children who have received at least one dose of MMR immunisation by age of 2 years.
Source of numerator	COVER data (from NHS Information Centre Immunisation Statistics)
Denominator	Children aged 2 years.
Source of denominator	COVER data (from NHS Information Centre Immunisation Statistics)
Age range	2 years
Time period	Financial year 2011/12
Geographical level	Local authority district, unitary authority, county
Method	Percentage
Limitations	<p>Data are collected at PCT level only and have been allocated to local authority based on their nearest PCT.</p> <p>Areas sharing the same PCT include: Halton and St. Helens (Halton &amp; St Helens PCT), North Yorkshire and York (North Yorkshire &amp; York PCT), Leicestershire and Rutland (Leicestershire County &amp; Rutland PCT), Bedford and Central Bedfordshire (Bedfordshire PCT), City of London and Hackney (City And Hackney Teaching PCT), Sutton and Merton (Sutton &amp; Merton PCT), Bracknell Forest, Slough and Windsor and Maidenhead, (Berkshire East PCT), West Berkshire, Reading and Wokingham (Berkshire West PCT), Bournemouth and Poole (Bournemouth and Poole PCT), Cornwall and Isles of Scilly (Cornwall &amp; Isles of Scilly PCT). For these areas the indicator value for the PCT has been applied to all constituent local authorities and the local number per year apportioned based on the population size of the local authority.</p> <p>The following local authorities are made up of more than one PCT: Lancashire (North Lancashire PCT, East Lancashire PCT, Central Lancashire PCT), Nottinghamshire (Nottinghamshire County PCT, Bassetlaw PCT), Birmingham (Birmingham East &amp; North PCT, South Birmingham PCT, Heart of Birmingham Teaching PCT), Staffordshire (North Staffordshire PCT, South Staffordshire PCT), Essex (West Essex PCT, North East Essex PCT, Mid Essex PCT), East Sussex (East Sussex Downs &amp; Weald PCT, Hastings &amp; Rother PCT), Kent (Eastern &amp; Coastal Kent PCT, West Kent PCT). For these areas, the indicator has been calculated based on the numerator and denominators of all constituent PCTs.</p>
Further information	<a href="http://www.ic.nhs.uk/article/2021/Website-Search?productid=9990&amp;q=immunisations&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top">http://www.ic.nhs.uk/article/2021/Website-Search?productid=9990&amp;q=immunisations&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top</a>

Indicator / measure	<b>Diphtheria, tetanus, polio, pertussis and Hib Immunisation (by age 2 years)</b>
Definition	Completed primary course: percentage of children immunised by their second birthday against diphtheria, tetanus, polio, pertussis and Hib
Rationale	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib are all serious diseases that can kill. When immunisation rates fall, reported cases of these diseases increase, along with the threat of illness, disability, paralysis and death. The combined vaccine is highly effective in protecting against these diseases.
Numerator	Number of children immunised against diphtheria, tetanus, polio, pertussis and Hib by age of 2 years.
Source of numerator	NHS Information Centre, Health Protection Agency (HPA) and Centre for Infections (CfI)
Denominator	Number of eligible children for whom the PCT is responsible
Source of denominator	NHS Information Centre, Health Protection Agency (HPA) and Centre for Infections (CfI)
Age range	2 years
Time period	Financial year 2011/12
Geographical level	Local authority district, unitary authority, county
Method	Percentage
Limitations	<p>Data are collected at PCT level only and have been allocated to local authority based on their nearest PCT.</p> <p>Areas sharing the same PCT include: Halton and St. Helens (Halton &amp; St Helens PCT), North Yorkshire and York (North Yorkshire &amp; York PCT), Leicestershire and Rutland (Leicestershire County &amp; Rutland PCT), Bedford and Central Bedfordshire (Bedfordshire PCT), City of London and Hackney (City And Hackney Teaching PCT), Sutton and Merton (Sutton &amp; Merton PCT), Bracknell Forest, Slough and Windsor and Maidenhead, (Berkshire East PCT), West Berkshire, Reading and Wokingham (Berkshire West PCT), Bournemouth and Poole (Bournemouth and Poole PCT), Cornwall and Isles of Scilly (Cornwall &amp; Isles of Scilly PCT). For these areas the indicator value for the PCT has been applied to all constituent local authorities and the local number per year apportioned based on the population size of the local authority.</p> <p>The following local authorities are made up of more than one PCT: Lancashire (North Lancashire PCT, East Lancashire PCT, Central Lancashire PCT), Nottinghamshire (Nottinghamshire County PCT, Bassetlaw PCT), Birmingham (Birmingham East &amp; North PCT, South Birmingham PCT, Heart of Birmingham Teaching PCT), Staffordshire (North Staffordshire PCT, South Staffordshire PCT), Essex (West Essex PCT, North East Essex PCT, Mid Essex PCT), East Sussex (East Sussex Downs &amp; Weald PCT, Hastings &amp; Rother PCT), Kent (Eastern &amp; Coastal Kent PCT, West Kent PCT). For these areas, the indicator has been calculated based on the numerator and denominators of all constituent PCTs.</p>
Further information	<a href="http://www.ic.nhs.uk/article/2021/Website-Search?productid=9990&amp;q=immunisations&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top">http://www.ic.nhs.uk/article/2021/Website-Search?productid=9990&amp;q=immunisations&amp;sort=Relevance&amp;size=10&amp;page=1&amp;area=both#top</a>



Indicator / measure	Children in care immunisations
Definition	Immunisation status of children looked after continuously for at least 12 months. The NHS vaccination timetable can be found here: <a href="http://www.nhs.uk/Planners/vaccinations/Pages/Vaccinationchecklist.aspx">www.nhs.uk/Planners/vaccinations/Pages/Vaccinationchecklist.aspx</a>
Rationale	Children and young people in care are among the most socially excluded in children in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.
Numerator	Number of children looked after continuously for at least twelve months as at 31 March (excluding those children in respite care) whose immunisations were up-to-date.
Source of numerator	DfE
Denominator	Number of children looked after continuously for at least twelve months as at 31 March (excluding those children in respite care)
Source of denominator	DfE
Age range	Age under 18 years
Time period	2012
Geographical level	Local authority district, unitary authority, county
Method	Percentage
Limitations	<p>It must be borne in mind when considering these figures that children have a right to refuse a health assessment and figures should be interpreted with some caution. Children may enter care with their immunisations behind schedule, or unknown as in the case of unaccompanied asylum seekers, and it is not always possible for a local authority to 'catch up' with immunisations.</p> <p>Due to checks not being fully conducted on OC2 data before it was submitted to the Department, Calderdale's figures are under reported.</p>
Further information	<a href="http://www.education.gov.uk/researchandstatistics/statistics/a00217266/outcomes-children-looked-after-las-england-march-2012">www.education.gov.uk/researchandstatistics/statistics/a00217266/outcomes-children-looked-after-las-england-march-2012</a> Table LA6

Indicator / measure	Acute sexually transmitted infections (including Chlamydia)
Definition	The indicator is a combination of diagnoses made by genitourinary medicine (GUM) clinics, the National Chlamydia Screening Programme (NCSP) and outside these settings in other sexual health services (non-NCSP, non-GUM settings such as GPs not registered with the NCSP) expressed as a rate per 1,000 population
Rationale	Sexually transmitted infections continue to be an important public health problem in England.
Numerator	Number of acute STI diagnoses: Chancroid / LGV / Donovanosis Chlamydia Gonorrhoea Herpes: anogenital herpes (first episode) Molluscum contagiosum Non-specific genital infection (NSGI, PID & epididymitis) Scabies / pediculosis pubis Syphilis: primary, secondary & early latent Trichomoniasis Warts: anogenital warts (first episode)
Source of numerator	Health Protection Agency
Denominator	2011 Census: Usual resident population by single year of age, unrounded estimates, aged 15-24 years
Source of denominator	Office for National Statistics
Age range	15-24 years
Time period	Calendar year 2011
Geographical level	Local authority district, unitary authority, county
Method	Rate per 1,000 population
Limitations	<p>Data are representative of the patients accessing GUM services and are source from GUM clinic GUMCAD returns.</p> <p>Overall coverage of the NCSP varies between health service areas. Therefore the number of positives detected is dependent on the sampling population and will not be representative of the true number of infections. The number of diagnoses per 1,000 residents also may not be representative of the general population of young people aged 15 to 24 years. In addition, the number of chlamydia diagnoses underestimates the true level of infection due to the presence of undetected/untested asymptomatic infections.</p> <p>Data represent the number of diagnoses and not the number of people tested. Data are based on tests with confirmed positive and negative results only. Tests with equivocal, inhibitory and insufficient results have been excluded as most people with these results are retested (NCSP data only).</p> <p>The most recent mid-year ONS population estimates were used for the denominator. This means that the rate of diagnoses per 1,000 residents will underestimate of the proportion of sexually active young people diagnosed with chlamydia. Patients diagnosed with chlamydia who are resident outside of England are excluded from the data.</p>
Further information	Additional STI data at local authority, region and national level is available on the Health Protection Agency website here: <a href="http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1201094610372/">www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1201094610372/</a>

Indicator / measure	Children achieving a good level of development at age 5
Definition	Proportion of children at the end of foundation stage who are judged to have achieved a 'good level of development'.
Rationale	Supporting children and parents during a child's early years of development is a key strand of the government's policy for children's health and well-being. Children from poorer backgrounds perform less well at the end of foundation stage than children from more affluent backgrounds. These attainment gaps persist and may increase as children progress through the educational system. Education can directly affect an individual's employment prospects as well as influencing their ability to make informed healthy choices about how they lead their lives. Action to reduce these gaps at an early stage will support efforts to reduce health inequalities.
Numerator	Number of children achieving a score of 6 or more across the seven scales of the Personal, Social and Emotional Development and Communication, Language and Literacy domains, and 78 points or more across all 13 scales of the Foundation Stage Profile.
Source of numerator	Department for Education: <a href="http://www.education.gov.uk/rsgateway/DB/SFR/s001098/index.shtml">www.education.gov.uk/rsgateway/DB/SFR/s001098/index.shtml</a> , residence file in the .zip archive
Denominator	Total number of eligible pupils ie a pupil who achieves 6 or more points in each of the 7 scales in the Personal, Social and Emotional development (PSE) and Communication, Language and Literacy areas of learning (CLL).
Source of denominator	Department for Education: <a href="http://www.education.gov.uk/rsgateway/DB/SFR/s001098/index.shtml">www.education.gov.uk/rsgateway/DB/SFR/s001098/index.shtml</a> , residency file in the .zip archive
Age range	Ordinarily the Early Years Foundation Stage Profile is completed in the final term of the academic year in which the child reaches the age of five.
Time period	2012
Geographical level	Top level local authority, based on child's residence
Method	Percentage
Limitations	The assessment process of the Foundation Stage Profile relies on professional judgment of a child's progress. Variation in professionals' interpretation of the guidance on how to assess children will mean that the findings from different areas are not comparable.
Further information	<a href="http://www.education.gov.uk/rsgateway/DB/SFR/s001098/index.shtml">www.education.gov.uk/rsgateway/DB/SFR/s001098/index.shtml</a> Table A3

Indicator / measure	GCSE achieved (5A*- C inc. Eng and maths)
Definition	Percentage of pupils at end of Key Stage 4 in schools maintained by the local education authority achieving 5 or more GCSEs at grades A*-C or equivalent, including English and maths GCSE.
Rationale	Education can directly affect an individual's employment prospects as well as influencing his or her ability to make informed healthy choices about how he or she leads his or her life.
Numerator	Number of pupils at end of Key Stage 4 in schools maintained by the local education authority (includes special schools and pupil referral units) achieving 5 or more GCSEs at grades A*-C or equivalent, including English and maths GCSE.
Source of numerator	DfE
Denominator	Total number of pupils at end of Key Stage 4 in schools maintained by the local education authority.
Source of denominator	DfE
Age range	Usually 15-16 years
Time period	2012 (revised)
Geographical level	Local authority
Method	Percentage
Limitations	<p>There are issues of equivalence of GCSE and other qualifications such as National Vocational Qualifications (NVQs). Some schools may show improvement in educational attainment through changing the type of qualifications being taken. Pupils attending private schools are not included. The indicator also does not take into account where pupils live.</p> <p>Local authority figures do not include pupils recently arrived from overseas. The England average line includes all pupils, including those at independent schools.</p>
Further information	<p><a href="http://www.education.gov.uk/researchandstatistics/statistics/recentreleases/a00214981/gcse-national-curriculum-teacher-assessment-ks3-england">http://www.education.gov.uk/researchandstatistics/statistics/recentreleases/a00214981/gcse-national-curriculum-teacher-assessment-ks3-england</a></p> <p>Table 16</p>

Indicator / measure	<b>GSCE pass rate (5A*- C inc. Eng and maths) for children in care</b>
Definition	Percentage of children who have been looked after continuously for at least twelve months as at 31 March (excluding those children in respite care) at end of Key Stage 4 in schools maintained by the local education authority achieving 5 or more GCSEs at grades A*-C or equivalent, including English and maths GCSE.
Rationale	<p>Children and young people in care are among the most socially excluded in children in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to social exclusion later in life of care leavers. GCSE attainment for children in care is not only far behind that of all children, but also significantly lower than that of children entitled to free school meals and those from deprived communities.</p> <p>Education can directly affect an individual's employment prospects as well as influencing their ability to make informed healthy choices about how they lead their lives.</p>
Numerator	Number of children who have been looked after continuously for at least twelve months as at 31 March (excluding those children in respite care) at end of Key Stage 4 in schools maintained by the local education authority achieving 5 or more GCSEs at grades A*-C or equivalent, including English and maths GCSE.
Source of numerator	DfE
Denominator	Number of children who have been looked after continuously for at least twelve months at Key Stage 4 who were eligible to sit GCSEs (Number of eligible children based on those aged 15 at the start of the academic year, ie 31 August.)
Source of denominator	DfE
Age range	Usually 15 - 16 years
Time period	2012 (provisional)
Geographical level	Local authority. The results for children educated out of the area in which they are looked after are included in the results for the local authority which is responsible for the child.
Method	Percentage
Limitations	<p>Children in care have higher levels of complex and special needs than the total child population. Thus, lower attainment among children in care may in part reflect higher levels of complex needs. It is not possible to measure this from the routine data. However, reports suggest that even when compared against children with similar levels of deprivation and Special Educational Needs (SEN), children in care do significantly worse.</p> <p>Due to checks not being fully conducted on OC2 data before it was submitted to the Department, Calderdale's figures are under reported.</p>
Further information	<a href="http://www.education.gov.uk/researchandstatistics/statistics/recentreleases/a00217266/outcomes-children-looked-after-las-england-march-2012">www.education.gov.uk/researchandstatistics/statistics/recentreleases/a00217266/outcomes-children-looked-after-las-england-march-2012</a> Table LA3

Indicator / measure	Not in education, employment or training (age 16-18 years)
Definition	Young people aged 16-18 years (inclusive) who are not in education, employment or training, shown as a proportion of the total 16-18 year olds recorded on the client caseload information system.
Rationale	Being in education, employment and training at this age often increases a young person's resilience and is essential to his or her future employability and economic well-being. Being NEET between the ages of 16-18 is a major predictor of later unemployment, low income, teenage motherhood, depression, and poor physical health. In the UK rates of participation in education and training have historically been low compared to other countries in the Organisation for Economic Cooperation and Development (OECD).
Numerator	<p>Young people aged 16-18 years who are NOT in education employment or training as defined below:-</p> <p>Education or training</p> <p>A 16 to 18 year old is defined as being in education or training if he or she is in full-time education, Work Based Learning (WBL), employer funded training, or other education and training. Other education and training covers young people who are studying, but are not included in other categories. Examples include those attending independent colleges or training centres; at any college in part-time study not reported as released from a job; or receiving training or in part-time education but not currently employed.</p> <p>A 16 to 18 year old is defined as being in employment if he or she is an employee, self-employed, on a WBL programme or an unpaid family worker. This is the International Labour Organisation definition and includes young people in full-time education who also have part-time jobs.</p>
Source of numerator	DfE
Denominator	16-18 year olds recorded on the client caseload information system
Source of denominator	DfE
Age range	16, 17 and 18 year olds
Time period	2011
Geographical level	Local authority
Method	Percentage
Limitations	<p>In order to provide a basis for comparison, the national figure reported in the Child Health Profiles is an overall average of all the numerators and denominators reported for local authorities in England. This is different from the England value reported by the Department for Education, as they use a different method to calculate the national value. Information on the number of young people NEET in each local area is drawn from the client databases maintained by local authorities. An annual estimate, based on average figures for November to January each year, is available. Please note that the figures for 2011 cannot be compared with previous years because in the latest data young people have been recorded according to where they live, rather than where they study, as had been the case in the past.</p> <p>Local data only records young people known to the local authority. It records their actual age rather than academic age and does not record as NEET young people who are taking a gap year or are in custody. As</p>

	a result, the local authorities' measure tends to be lower than that recorded in the Statistical First Release or Quarterly Brief East Riding did not provide data for this time period.
Further information	<a href="http://www.education.gov.uk/a0064101/16-to-18-year-olds-not-in-education-employment-or-training-neet">www.education.gov.uk/a0064101/16-to-18-year-olds-not-in-education-employment-or-training-neet</a>



Indicator / measure	First time entrants to the Youth Justice System
Definition	Rates of young people aged 10 -17 years receiving their first reprimand, warning or conviction per 100,000 10-17 year old population.
Rationale	<p>Reducing first time entrants (FTEs) into the youth justice system was a National Indicator (NI 111) and a priority for local authorities. Although the Youth Justice Board was abolished in April 2012 the reduction of FTEs is still seen as a priority outcome by the current government and Youth Offending Teams will be performance monitored by the Ministry of Justice on three main outcomes:</p> <ul style="list-style-type: none"> <li>• reducing the number of first time entrants to the youth justice system</li> <li>• reducing reoffending</li> <li>• reducing custody numbers</li> </ul>
Numerator	Young people aged 10-17 years receiving their first reprimand, warning or conviction.
Source of numerator	Youth Justice Board
Denominator	Population aged 10-17 years
Source of denominator	Calculated from indicator value and numerator (Source: Youth Justice Board).
Age range	10-17 years
Time period	2010/11
Geographical level	Local authority
Method	Crude rate per 100,000
Limitations	<p>Variations in the rate of young people entering the Youth Justice System may reflect not only variations in the level of offending by young people but also variations in local and national practice relating to crime and its management.</p> <p>Rates for local authorities and government office regions are displayed to the nearest ten.</p> <p>Figures for local authorities with less than ten first-time entrants aged 10-17 years to the criminal justice system in any year have been suppressed and are denoted by -.</p>
Further information	<a href="http://www.justice.gov.uk/statistics/youth-justice/statistics">www.justice.gov.uk/statistics/youth-justice/statistics</a> Table 2.6 and table 2.7



Indicator / measure	Percentage of children living in poverty (age under 16 years)
Definition	The proportion of children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income.
Rationale	The Government has set itself a challenging target to end child poverty by the year 2020. Local Authorities have a key role to play in helping to achieve this ambition. This role includes the delivery of the key public services that are critical to improving poor children's life chances; coordination of activities by key players to reduce worklessness and poverty; the tailoring of solutions to meet needs of local people; and ensuring engagement of individuals and groups at risk of being marginalized.
Numerator	Number of children aged under 16 living in families in receipt of Child Tax Credits whose reported income is less than 60% of the median income or in receipt of Income Support or (Income-Based) Job Seekers Allowance
Source of numerator	HM Revenue and Customs (HMRC)
Denominator	The total number of children in the area
Source of denominator	HMRC
Age range	0-15 years
Time period	Snapshot as at 31 August 2010
Geographical level	Local Authority district, unitary authority, county
Method	Percentage
Limitations	None
Further information	<a href="http://www.hmrc.gov.uk/statistics/child-poverty-stats.htm">www.hmrc.gov.uk/statistics/child-poverty-stats.htm</a>

Indicator / measure	Rate of family homelessness
Definition	Applicant households eligible for assistance (1996 Housing Act) unintentionally homeless and in priority need (specific categories). Priority need categories of Household includes dependent children or pregnant woman
Rationale	The UN Convention on the Rights of the Child highlights the right of every child to a standard of living adequate. Children from homeless households are often the most vulnerable in society. Homelessness is associated with severe poverty and is a social determinant of health.
Numerator	Number of applicant households with dependent children or pregnant woman accepted as unintentionally homeless and eligible for assistance
Source of numerator	Housing Strategy Statistical Appendix (Section E – P1E returns), Department for Communities and Local Government
Denominator	Number of households (2008 mid-year estimate)
Source of denominator	Housing Strategy Statistical Appendix, Department for Communities and Local Government
Age range	Dependent child or a pregnant woman
Time period	Financial year 2011/12
Geographical level	Local authority district, unitary authority, county
Method	Rate per 1,000 households
Limitations	<p>Measures only those homeless children and families who are known to local authorities and accepted as being unintentionally homeless and in priority need.</p> <p>The denominator selected relates to an earlier year (2008) than the numerator data represent. This denominator was recommended by the Department for Communities and Local Government as the most appropriate for use.</p>
Further information	<a href="http://www.gov.uk/government/organisations/department-for-communities-and-local-government/series/homelessness-statistics">www.gov.uk/government/organisations/department-for-communities-and-local-government/series/homelessness-statistics</a>

<b>Indicator / measure</b>	<b>Children in care</b>
Definition	Children looked after at 31 March (rate per 10,000 population aged under 18 years)
Rationale	Children and young people in care are among the most socially excluded in children in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care leavers later in life.
Numerator	Number of children looked after at 31 March (including adoption and care leavers)
Source of numerator	The figures are based on data from the SSSA903 return collected from all local authorities.
Denominator	Population aged under 18 years.
Source of denominator	ONS mid-year population estimates for 2011
Age range	Under 18 years
Time period	2012
Geographical level	Top level local authority
Method	Crude rate per 10,000 population
Limitations	Figures exclude children looked after under an agreed series of short term placements.  Historical data may differ from older publications. This is mainly due to the implementation of amendments and corrections sent by some local authorities after the publication date of previous materials.
Further information	<a href="http://www.education.gov.uk/rsgateway/DB/SFR/s001084/index.shtml">www.education.gov.uk/rsgateway/DB/SFR/s001084/index.shtml</a> Table LAA1

<b>Indicator / measure</b>	<b>Children killed or seriously injured in road traffic accidents</b>
Definition	Crude rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population
Rationale	Road traffic collisions are a major cause of deaths in children, and comprise higher proportions of accidental deaths as children get older. Parents cite vehicle speed and volume as reasons why they do not allow their children to walk or cycle, thereby reducing opportunities for physical activity.
Numerator	The number of children aged 0-15 years that were killed or seriously injured in road traffic collisions.
Source of numerator	Department for Transport (DfT)
Denominator	Number of children aged 0-15 years, 2009-11
Source of denominator	Office for National Statistics usual resident population by five-year age group, local authorities in England and Wales. 2009, 2010, 2011.
Age range	0-15 years
Time period	Calendar years 2009, 2010, 2011 pooled
Geographical level	England, local authority: counties, county districts, metropolitan county districts, unitary authorities, London boroughs
Method	Crude rate per 100,000 population
Limitations	Freely available data via Department for Transport website
Further information	<a href="http://www.gov.uk/government/statistical-data-sets/ras30-reported-casualties-in-road-accidents">www.gov.uk/government/statistical-data-sets/ras30-reported-casualties-in-road-accidents</a> Table RAS30039

Indicator / measure	Low birthweight
Definition	Live and stillborn infants with low birthweights as a percentage of all live and stillborn infants with a stated birthweight.
Rationale	Low birthweight is an enduring aspect of childhood morbidity, a major factor in infant mortality and has serious consequences for health in later life (NICE). There are social inequalities in low birthweight in England and Wales and these inequalities are likely to affect childhood and adult health inequalities in the future, hence strategies will need to address differences in low birthweight and further monitoring of trends is therefore desirable (Moser K, Li L, and Power C, Social inequalities in low birthweight in England and Wales: trends and implications for future population health, Journal of Epidemiology and Community Health 2003).
Numerator	Number of live and still births occurring in the respective calendar year with birthweights under 2500 grams
Source of numerator	Office for National Statistics (ONS)
Denominator	All live and still births occurring with a stated birthweight in the respective calendar year.
Source of denominator	Office for National Statistics (ONS)
Age range	0 years
Time period	Calendar year 2011
Geographical level	Local authority district, unitary authority, county
Method	Percentage
Limitations	None
Further information	<a href="http://indicators.ic.nhs.uk/webview/">indicators.ic.nhs.uk/webview/</a>

Indicator / measure	Obese children (age 4-5 years)
Definition	Prevalence of obese children in Reception year pupils (defined using UK 1990 Body Mass Index (BMI) thresholds)
Rationale	Established in 2005, the National Child Measurement Programme (NCMP) weighs and measures children in Reception (aged 4–5 years) and Year 6 (aged 10–11 years) to assess the percentage of children who are overweight and obese. The NCMP is one element of the Government’s work programme on childhood obesity, and is operated jointly by the Department of Health (DH) and the Department for Education (DfE). Every year, as part of the NCMP, children in Reception and Year 6 are weighed and measured during the school year to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity. The NCMP also helps to increase public and professional understanding of weight issues in children and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues.
Numerator	Number of primary school age children in Reception year (age 4-5) with valid height and weight recorded who are classified as obese
Source of numerator	NCMP, NHS Information Centre for health and social care (NHS IC)
Denominator	Total number of primary school age children in Reception year (age 4-5 years) with valid height and weight recorded.
Source of denominator	NCMP, NHS IC
Age range	4-5 years
Time period	Financial year 2011/12
Geographical level	Local authority district (derived from the postcode of the child’s residence), unitary authority, county
Method	Percentage
Limitations	Participation rates vary.
Further information	<a href="http://www.ic.nhs.uk/searchcatalogue?productid=10135&amp;topics=0%2fPublic+health&amp;sort=Relevance&amp;size=10&amp;page=1#top">www.ic.nhs.uk/searchcatalogue?productid=10135&amp;topics=0%2fPublic+health&amp;sort=Relevance&amp;size=10&amp;page=1#top</a>

Indicator / measure	Obese children (age 10-11 years)
Definition	Prevalence of obese children in year 6 pupils (defined using UK 1990 Body Mass Index (BMI) thresholds)
Rationale	Established in 2005, the National Child Measurement Programme (NCMP) weighs and measures children in Reception (aged 4–5 years) and Year 6 (aged 10–11 years) to assess the percentage of children who are overweight and obese. The NCMP is one element of the Government's work programme on childhood obesity, and is operated jointly by the Department of Health (DH) and the Department for Education (DfE). Every year, as part of the NCMP, children in Reception and Year 6 are weighed and measured during the school year to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity. The NCMP also helps to increase public and professional understanding of weight issues in children and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues.
Numerator	Number of primary school age children in year 6 (age 10-11) with valid height and weight recorded who are classified as obese
Source of numerator	NCMP, NHS IC
Denominator	Total number of primary school age children in year 6 (age 10-11 years) with valid height and weight recorded.
Source of denominator	NCMP, NHS IC
Age range	10-11 years
Time period	Financial year 2011/12
Geographical level	Local authority district (derived from the postcode of the child's residence), unitary authority, county
Method	Percentage
Limitations	Participation rates vary.
Further information	<a href="http://www.ic.nhs.uk/searchcatalogue?productid=10135&amp;topics=0%2fPublic+health&amp;sort=Relevance&amp;size=10&amp;page=1#top">www.ic.nhs.uk/searchcatalogue?productid=10135&amp;topics=0%2fPublic+health&amp;sort=Relevance&amp;size=10&amp;page=1#top</a>

Indicator / measure	Participation in at least 3 hours of sport/PE
Definition	The percentage of children attending state schools in the Local authority belonging to a School Sport Partnership and all FE colleges who participate in at least 3 hours of high quality PE and school sport within and beyond the curriculum in a typical week of the academic year
Rationale	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.
Numerator	The total number of school children in state schools and FE colleges who responded to the 2009/10 TNS School Sport Survey who participate in at least 3 hours of high quality PE and out of hours school sport in a typical week. (Includes compulsory PE curriculum time, optional PE curriculum time (eg for GCSE PE students), time spent participating in out of hours school led or school supervised sporting activities, including those taking place during break times within the school day. Excludes travelling time.)
Source of numerator	Public Health Observatories in England. Data source TNS Social Research Annual Survey of School Sport Partnerships on behalf of DfE.
Denominator	The total number of school children in state schools and FE colleges who responded to the 2009/10 TNS School Sport Survey.
Source of denominator	Public Health Observatories in England. Data source TNS Social Research Annual Survey of School Sport Partnerships on behalf of DfE.
Age range	5-18 years
Time period	Academic year 2009/10
Geographical level	Local authority district, unitary authority, county
Method	Proportion
Limitations	<p>The indicator is a direct measure of service provision within state schools. It is important to acknowledge that this indicator does not take into account physical activity provision within private schools or physical activity undertaken by children outside of school, and so cannot be used as a total measure of physical activity for children.</p> <p>Although efforts have been made to clearly define “high quality PE”, the term is still open to individual interpretation and there is some potential for positive response bias as schools are self-reporting.</p> <p>It is important to make the distinction between physical activity and structured PE/sport. While PE/sport may be physical activity, physical activity is not necessarily PE/sport; and this data should only be considered as a part of this wider issue within an area.</p>
Further information	<a href="http://www.education.gov.uk/publications/eOrderingDownload/DFE-RR032.pdf">www.education.gov.uk/publications/eOrderingDownload/DFE-RR032.pdf</a>



Indicator / measure	Children's tooth decay (at age 12)
Definition	Mean number of teeth per child sampled which were either actively decayed or had been filled or extracted
Rationale	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 communities than those that are more affluent. The indicator is a good direct measure of dental health and an indirect, proxy measure of child health and diet.
Numerator	Number of decayed/missing/filled teeth in the survey sample of children in the respective academic year.
Source of numerator	2008/09 NHS Dental Epidemiology Programme for England undertaken by PCTs and the Dental Observatory. Single year ONS 2008 mid-year population estimates by IMD 2007 quintile were used for children aged 12 years.
Denominator	The number of 12 year old children per area.
Source of denominator	Single year ONS 2008 mid-year population estimates by IMD 2007 quintile were used for children aged 12 years.
Age range	12 year olds
Time period	Academic year 2008/09
Geographical level	Local authority district, unitary authority, county (estimated values derived from PCT level data)
Method	Mean number of teeth per child sampled which were either actively decayed or had been filled or extracted.
Limitations	<p>In total, 140 PCTs out of 152 took part in the survey covering 299 out of 326 local authorities (configurations as of April 2009). A total of 89,442 clinical examinations were included in the final analysis. This represented 15% of the population of this age cohort attending mainstream state schools.</p> <p>Data have not been presented for some local authorities because these local authorities had sample sizes of under 30 or because the coterminous PCT did not take part in the survey. However, the values for these local authorities have been included in both the regional and national totals The local authorities for which data are missing are Bexley, Camden, City of Westminster, Croydon, Enfield, Greenwich, Haringey, Havering, Islington, Kensington and Chelsea, Lincolnshire, Rutland and Waltham Forest.</p>
Further information	<a href="http://www.nwph.info/dentalhealth/reports/Report_NHS_DEP_for_England_OH_Survey_12yr_2008-09.pdf">www.nwph.info/dentalhealth/reports/Report_NHS_DEP_for_England_OH_Survey_12yr_2008-09.pdf</a>



Indicator / measure	Teenage conception rate (age under 18 years)
Definition	Under-18 conception rate per 1,000 females aged 15-17 years
Rationale	<p>Teenage pregnancy is a significant public health issue in England. Teenage parents are prone to poor antenatal health, lower birthweight 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.</p> <p>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.</p>
Numerator	Number of conceptions estimated to have occurred to females aged under 18 years
Source of numerator	ONS/Teenage Pregnancy Unit
Denominator	Number of females aged 15-17 years
Source of denominator	ONS/Teenage Pregnancy Unit
Age range	Conceptions in females aged under 18 years
Time period	Calendar year 2010
Geographical level	Local authority district, unitary authority, county
Method	Crude rate per 1,000 females aged 15-17 years
Limitations	<p>Miscarriages and illegal abortions are not included in the conception rates, resulting in rates that may be an under estimation.</p> <p>For under 18 conception rates all conceptions under-18 are included in the calculation. However, as only 5% of under-18 conceptions are to girls under 15 a three-year age group (15-17) is used as the denominator.</p>
Further information	<a href="http://www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/teenagepregnancy/a0064898/under-18-and-under-16-conception-statistics">www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/teenagepregnancy/a0064898/under-18-and-under-16-conception-statistics</a>

Indicator / measure	Teenage mothers (age under 18 years)
Definition	Percentage of delivery episodes, where the mother is aged under 18 years
Rationale	Children born to teenage mothers have 60% higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth. Teenage parents and their children are at increased risk of living in poverty.
Numerator	Total number of maternal episodes, mother aged between 12 and 17 years, where the episode type is '2' (delivery episode) or '5' (other delivery event), and where the actual place of delivery is not '1' (at a domestic address), '5' (in a private hospital) or '6' (in another hospital or institution)
Source of numerator	Source: Hospital Episode Statistics (HES) Copyright © 2012, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.
Denominator	Total number of maternal episodes where the episode type is '2' (delivery episode) or '5' (other delivery event), and where the actual place of delivery is not '1' (at a domestic address), '5' (in a private hospital) or '6' (in another hospital or institution)
Source of denominator	Source: Hospital Episode Statistics (HES) Copyright © 2012, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Age range	Mothers aged between 12 and 17 years
Time period	Financial year 2011/12
Geographical level	Local authority district, unitary authority, county
Method	Percentage
Limitations	Data allocated to local authority directly by using postcode of residence.  Deliveries at home or in a private hospital are not included.

Indicator / measure	Hospital admissions due to alcohol specific conditions
Definition	Persons admitted to hospital due to alcohol specific conditions (under 18s), crude rate per 100,000 population. Alcohol specific conditions are those that are wholly related to alcohol.
Rationale	Alcohol misuse at any age has health and social consequences. Alcohol misuse in young people is a major contributor to criminal and antisocial behaviour. Although evidence suggests that the number of teenagers who drink has decreased in recent years, the amount drunk by young people who do drink has increased.
Numerator	<p>Persons aged under 18 years, resident in the area, admitted to hospital where the primary diagnosis or any of the secondary diagnoses contain one of the listed conditions specific to alcohol misuse. The diagnosis codes for alcohol specific conditions are:</p> <ul style="list-style-type: none"> <li>E24.4 Alcohol-induced pseudo-Cushing's syndrome</li> <li>F10 Mental and behavioural disorders due to use of alcohol</li> <li>G31.2 Degeneration of nervous system due to alcohol</li> <li>G62.1 Alcoholic polyneuropathy</li> <li>G72.1 Alcoholic myopathy</li> <li>I42.6 Alcoholic cardiomyopathy</li> <li>K29.2 Alcoholic gastritis</li> <li>K70 Alcoholic liver disease</li> <li>K86.0 Alcohol-induced chronic pancreatitis</li> <li>T51.0 Ethanol poisoning</li> <li>T51.1 Methanol poisoning</li> <li>T51.9 Toxic effect of alcohol, unspecified</li> <li>X45 Accidental poisoning by and exposure to alcohol</li> </ul>
Source of numerator	Local Alcohol Profiles for England (LAPE)
Denominator	Mid 2008, mid 2009 and mid 2010 population estimates (ages 0-17 years)
Source of denominator	Local Alcohol Profiles for England (LAPE)
Age range	0-17 years
Time period	Financial years 2008/09, 2009/10, 2010/11 pooled.
Geographical level	Local authority district, unitary authority, county
Method	Crude rate per 100,000 population.
Limitations	<p>Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence.</p> <p>Does not include attendance at A&amp;E.</p>
Further information	<a href="http://www.lape.org.uk">www.lape.org.uk</a>

<b>Indicator / measure</b>	<b>Hospital admissions due to substance misuse (age 15-24 years)</b>
Definition	Directly standardised rate of hospital admission for substance misuse, per 100,000 population aged 15-24 years
Rationale	There is evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression and disruptive behaviour disorders. Regular use of cannabis or other drugs may also lead to dependence. Among 10 to 15 year olds, an increased likelihood of drug use is linked to a range of adverse experiences and behaviour, including truancy, exclusion from school, homelessness, time in care, and serious or frequent offending
Numerator	<p>Number of admissions where the primary diagnosis is one of the following:</p> <ul style="list-style-type: none"> <li>F11 Mental and behavioural disorders due to use of opioids</li> <li>F12 Mental and behavioural disorders due to use of cannabinoids</li> <li>F13 Mental and behavioural disorders due to use of sedatives or hypnotics</li> <li>F14 Mental and behavioural disorders due to use of cocaine</li> <li>F15 Mental and behavioural disorders due to use of other stimulants, including caffeine</li> <li>F16 Mental and behavioural disorders due to use of hallucinogens</li> <li>F17 Mental and behavioural disorders due to use of tobacco</li> <li>F18 Mental and behavioural disorders due to use of volatile solvents</li> <li>F19 Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances</li> <li>T40 Poisoning by narcotics and psychodysleptics [hallucinogens]</li> <li>T52 Toxic effect of organic solvents</li> <li>T59 Toxic effect of other gases, fumes and vapours</li> <li>T43.6 Poisoning by psychotropic drugs, not elsewhere classified - psychostimulants with abuse potential</li> </ul> <p>Or the main cause is one of the following:</p> <ul style="list-style-type: none"> <li>Y12 Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified, undetermined intent</li> <li>Y16 Poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours, undetermined intent</li> <li>Y19 Poisoning by and exposure to other and unspecified chemicals and noxious substances, undetermined intent</li> </ul>
Source of numerator	Source: Hospital Episode Statistics (HES) Copyright © 2012, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Denominator	Mid 2009, mid 2010 and mid 2011 population estimates by quinary age groups (ages 15-24 years)
Source of denominator	ONS
Age range	15-24 years
Time period	Financial years 2009/10, 2010/11 and 2011/12 pooled
Geographical level	Local authority district, unitary authority, county
Method	Directly standardised rate per 100,000 population

Limitations	Data refer to episodes of admission and not persons. Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence.
Further information	For the latest survey on smoking, drinking and drug use among young people in England refer to <a href="http://www.ic.nhs.uk/searchcatalogue?productid=7911&amp;topics=2%2fPublic+health%2fLifestyle%2fSmoking&amp;sort=Relevance&amp;size=10&amp;page=1#top">http://www.ic.nhs.uk/searchcatalogue?productid=7911&amp;topics=2%2fPublic+health%2fLifestyle%2fSmoking&amp;sort=Relevance&amp;size=10&amp;page=1#top</a>

Indicator / measure	Smoking in pregnancy
Definition	Number of women who currently smoke at time of delivery per 100 maternities.
Rationale	<p>Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes. There is also an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy. 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.</p> <p>The Tobacco Control Plan contains a national ambition to reduce the rate of smoking throughout pregnancy to 11% or less by the end of 2015 (measured at time of giving birth). The inclusion of this indicator will ensure that the local tobacco control activity is appropriately focused on pregnant women, in order to try to achieve this national ambition.</p>
Numerator	<p>Number of women known to smoke at time of delivery.</p> <p>Numerator counts for local authorities are estimated from counts for PCTs. Counts for PCTs include all women resident within the PCT's boundary, and no data are available to break down the PCT counts for different areas within the PCT. Counts for local authorities are estimated as follows:</p> <ul style="list-style-type: none"> <li>(i) For local authorities that have exactly the same boundary as a PCT, the PCT figure is used as it is the correct figure for the local authority.</li> <li>(ii) For local authorities whose boundary is contained wholly within a single PCT, but is not equal to the whole PCT, the local authority count is estimated as a proportion of the PCT figure, with the exceptions Rutland and Leicestershire (see below).</li> <li>(iii) For local authorities whose boundaries include all or part of more than one PCT, the local authority count is estimated by aggregating the appropriate proportions of the counts for the PCTs whose boundaries include part of the local authority.</li> </ul> <p>The appropriate proportions in cases ii and iii are defined according to the numbers of births in the calendar year overlapping most of the period of the indicator value (eg 2010 births are used for 2010/11 indicator data): births by resident local authority and PCT were extracted from the ONS birth file, to give the number of births in every local authority-PCT overlapping block.</p> <p>To calculate the numerator, each local authority-PCT overlap is calculated as a proportion of the PCT total births, and then multiplied by the indicator count for the PCT. A local authority may overlap several PCTs: the appropriate portions of all the PCTs' counts are aggregated to give the numerator estimate for the local authority. Expressed as an equation the numerator is calculated as follows:</p> $\text{SmokingMumsLA} = \sum (\text{SmokingMumsPCT} \times n/N)$ <p>summed over all PCTs overlapping the local authority</p>

	<p>where:</p> <p>SmokingMumsLA = Estimated number of mothers known to smoke at time of delivery in the local authority</p> <p>n = Number of births in the local authority-PCT overlapping block</p> <p>N = Number of births in the PCT</p> <p>SmokingMumsPCT = Number of mothers known to smoke at time of delivery in the PCT</p> <p>For Rutland, no indicator data are presented, as the local authority makes up a very small proportion of the PCT, and estimates for the local authorities based on the PCT figures are unlikely to be representative as they are swamped by the much larger local authority within the same PCT. The estimates for Leicestershire local authority are combined data Leicestershire and Rutland in order to ensure that all valid PCT data are included in the England total.</p>
Source of numerator	Calculated by ERPHO from the Health and Social Care Information Centre's return on Smoking Status At Time of delivery (SSATOD)
Denominator	<p>Number of maternities.</p> <p>Denominators for local authorities are estimated from denominators for PCTs. Denominators for PCTs include all women resident within the PCT's boundary, and no data are available to break down the PCT denominators for different areas within the PCT. Denominators for local authorities are estimated as follows:</p> <p>(i) For local authorities that have exactly the same boundary as a PCT, the PCT figure is used as it is the correct figure for the local authority.</p> <p>(ii) For local authorities whose boundary is contained wholly within a single PCT, but is not equal to the whole PCT, the local authority denominator is estimated as a proportion of the PCT figure, with the exceptions of Rutland and Leicestershire (see below).</p> <p>(iii) For local authorities whose boundaries include all or part of more than one PCT, the local authority denominator is estimated by aggregating the appropriate proportions of the denominators for the PCTs whose boundaries include part of the local authority.</p> <p>The appropriate proportions in cases ii and iii are defined according to the numbers of births in the calendar year overlapping most of the period of the indicator value (eg 2010 births are used for 2010/11 indicator data): births by resident local authority and PCT were extracted from the ONS birth file, to give the number of births in every local authority-PCT overlapping block.</p> <p>To calculate the denominator, each local authority-PCT overlap is calculated as a proportion of the PCT total births, and then multiplied by the indicator denominator for the PCT. A local authority may overlap several PCTs: the appropriate portions of all the PCTs' denominators are aggregated to give the denominator estimate for the local authority. Expressed as an equation the denominator is calculated as follows:</p> $\text{MaternitiesLA} = \sum (\text{MaternitiesPCT} \times n/N)$ <p>summed over all PCTs overlapping the local authority</p>



	<p>where:</p> <p>Maternities<sub>LA</sub> = Estimated number of maternities in the local authority</p> <p>n = Number of births in the local authority-PCT overlapping block</p> <p>N = Number of births in the PCT</p> <p>Maternities<sub>PCT</sub> = Number of maternities in the PCT</p>
Source of denominator	Calculated by ERPHO from the Health and Social Care Information Centre's return on Smoking Status At Time of delivery (SSATOD)
Age range	All Ages
Time period	Financial year 2011/12
Geographical level	Local authority district, unitary authority, county
Method	Percentage
Limitations	<p>The indicator is based on observation and is therefore susceptible to measurement bias.</p> <p>These data are collected by acute trusts that provide maternity services and then sent to PCTs on a commissioner basis. PCT level data are then converted to local authority level using birth weighting. If there are several local authorities within one PCT they will all have the same prevalence, thereby masking any variation in prevalence which may exist within that PCT. Where local authorities cross PCT boundaries, the local authority estimate is a weighted average of the PCT indicator values. Where a local authority is within a single PCT's boundary, the local authority value presented is the value from the PCT.</p> <p>An local authority will not have an estimate of prevalence if the data quality in any of its component PCTs does not meet any of the DH data quality validation tests which can be found contained in each quarterly report and the component PCT or PCTs make up more than 5% of the local authority's maternities. In addition the England totals do not equal the sum of the Local Authorities as all of the suppressed values have been included in the England figure. There may however be a difference between the England total quarterly values and the local authority derived value given the different refresh timeframes.</p> <p>The denominator in the Public Health Outcomes Framework (PHOF) implicitly assumes that all patients whose smoking status is unknown are non smokers. This will result in an underestimate of the percent of mothers who are smokers at time of delivery. This is different from the definition that is currently used by the Health Profiles, produced by the Public Health Observatories in England. In the PHOF, all maternities are used as the denominator whereas in the Health Profiles, only mothers with known smoking status are included in the denominator. This means that smoking in pregnancy rates will appear lower in the PHOF than in the Health Profiles.</p>
Further information	<a href="http://www.ic.nhs.uk/searchcatalogue?topics=1/Public%20health/Lifestyle&amp;sort=Date&amp;size=10&amp;page=1#top">www.ic.nhs.uk/searchcatalogue?topics=1/Public health/Lifestyle&amp;sort=Date&amp;size=10&amp;page=1#top</a>



Indicator / measure	Breastfeeding initiation
Definition	The percentage of mothers who give their babies breast milk in the first 48 hours after delivery
Rationale	<p>Breast milk provides the ideal nutrition for infants in the first stages of life.</p> <p>There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity.</p> <p>Benefits to the mother include a faster return to pre-pregnancy weight and possibly lower risk of breast and ovarian cancer (BMA Board of Science, 2009)</p>
Numerator	<p>Number of women giving birth who initiate breast feeding in the first 48 hours after delivery.</p> <p>Numerator counts for local authorities are estimated from counts for PCTs. Counts for PCTs include all women resident within the PCT's boundary, and no data are available to break down the PCT counts for different areas within the PCT. Counts for local authorities are estimated as follows:</p> <p>(i) For local authorities that have exactly the same boundary as a PCT, the PCT figure is used as it is the correct figure for the local authority.</p> <p>(ii) For local authorities whose boundary is contained wholly within a single PCT, but is not equal to the whole PCT, the local authority count is estimated as a proportion of the PCT figure, with the exception Rutland and Leicestershire (see below).</p> <p>(iii) For local authorities whose boundaries include all or part of more than one PCT, the local authority count is estimated by aggregating the appropriate proportions of the counts for the PCTs whose boundaries include part of the local authority.</p> <p>The appropriate proportions in cases ii and iii are defined according to the numbers of births in the calendar year overlapping most of the period of the indicator value (eg 2010 births are used for 2010/11 indicator data): births by resident local authority and PCT were extracted from the ONS birth file, to give the number of births in every local authority-PCT overlapping block.</p> <p>To calculate the numerator, each local authority-PCT overlap is calculated as a proportion of the PCT total births, and then multiplied by the indicator count for the PCT. A local authority may overlap several PCTs: the appropriate portions of all the PCTs' counts are aggregated to give the numerator estimate for the local authority. Expressed as an equation the numerator is calculated as follows:</p> $\text{BreastFeedingMumsLA} = \sum (\text{BreastFeedingMumsPCT} \times n/N)$ <p>summed over all PCTs overlapping the local authority</p> <p>where:</p> <p>BreastFeedingMumsLA = Estimated number of mothers initiating breast feeding in the local authority</p> <p>n = Number of births in the local authority-PCT overlapping block</p>

	<p>N = Number of births in the PCT</p> <p>BreastFeedingMumsPCT = Number of mothers initiating breast feeding in the PCT</p> <p>For Rutland, no indicator data are presented, as the local authority makes up a very small proportion of the PCT, and estimates for the local authorities based on the PCT figures are unlikely to be representative as they are swamped by the much larger local authority within the same PCT. The estimates for Leicestershire local authority are combined data for Leicestershire and Rutland in order to ensure that all valid PCT data are included in the England total.</p>
Source of numerator	Calculated by ERPHO using Department of Health (DH), Integrated Performance Monitoring Return
Denominator	<p>Number of maternities.</p> <p>Denominators for local authorities are estimated from denominators for PCTs. Denominators for PCTs include all women resident within the PCT's boundary, and no data are available to break down the PCT denominators for different areas within the PCT. Denominators for local authorities are estimated as follows:</p> <p>(i) For local authorities that have exactly the same boundary as a PCT, the PCT figure is used as it is the correct figure for the local authority.</p> <p>(ii) For local authorities whose boundary is contained wholly within a single PCT, but is not equal to the whole PCT, the local authority denominator is estimated as a proportion of the PCT figure, with the exceptions of Rutland and Leicestershire (see below).</p> <p>(iii) For local authorities whose boundaries include all or part of more than one PCT, the local authority denominator is estimated by aggregating the appropriate proportions of the denominators for the PCTs whose boundaries include part of the local authority.</p> <p>The appropriate proportions in cases ii and iii are defined according to the numbers of births in the calendar year overlapping most of the period of the indicator value (eg 2010 births are used for 2010/11 indicator data): births by resident local authority and PCT were extracted from the ONS birth file, to give the number of births in every local authority-PCT overlapping block.</p> <p>To calculate the denominator, each local authority-PCT overlap is calculated as a proportion of the PCT total births, and then multiplied by the indicator denominator for the PCT. A local authority may overlap several PCTs: the appropriate portions of all the PCTs' denominators are aggregated to give the denominator estimate for the local authority. Expressed as an equation the denominator is calculated as follows:</p> $\text{MaternitiesLA} = \sum (\text{MaternitiesPCT} \times n/N)$ <p>summed over all PCTs overlapping the local authority</p> <p>where:</p> <p>MaternitiesLA = Estimated number of maternities in the local authority</p> <p>n = Number of births in the local authority-PCT overlapping block</p> <p>N = Number of births in the PCT</p>

	<p>MaternitiesPCT = Number of maternities in the PCT</p> <p>For Rutland, no indicator data are presented, as the local authority makes up a very small proportion of the PCT, and estimates for the local authorities based on the PCT figures are unlikely to be representative as they are swamped by the much larger local authority within the same PCT. The estimates for Leicestershire local authority are combined data for Leicestershire and Rutland in order to ensure that all valid PCT data are included in the England total.</p>
Source of denominator	Calculated by ERPHO using Department of Health (DH), Integrated Performance Monitoring Return
Age range	All ages
Time period	Financial year 2011/12
Geographical level	Local authority district, unitary authority, county
Method	Percentage
Limitations	<p>The indicator is based on observation and is therefore susceptible to measurement bias.</p> <p>These data are collected by acute trusts that provide maternity services and then sent to PCTs on a commissioner basis. PCT level data are then converted to local authority level using birth weighting. If there are several local authorities within one PCT they will all have the same prevalence, thereby masking any variation in prevalence which may exist within that PCT. Where local authorities cross PCT boundaries, the local authority estimate is a weighted average of the PCT indicator values. Where a local authority is within a single PCT's boundary, the local authority value presented is the value from the PCT.</p> <p>An local authority will not have an estimate of prevalence if the data quality in any of its component PCTs does not meet any of the DH data quality validation tests which can be found contained in each quarterly report and the component PCT or PCTs make up more than 5% of the local authority's maternities. In addition the England totals do not equal the sum of the Local Authorities as all of the suppressed values have been included in the England figure. There may however be a difference between the England total quarterly values and the local authority derived value given the different refresh timeframes.</p> <p>The denominator in the Public Health Outcomes Framework (PHOF) implicitly assumes that all patients whose breastfeeding initiation status is unknown did not initiate breast-feeding. This will result in an underestimate of the percentage of mothers initiating breastfeeding. This is different from the definition that is currently used by the Health Profiles, produced by the Public Health Observatories in England. In the PHOF, all maternities are used as the denominator whereas in the Health Profiles, only maternities where the breast feeding initiation status is recorded are included in the denominator. This means that breast feeding initiation rates will appear lower in the PHOF than in the Health Profiles.</p>
Further information	<a href="http://transparency.dh.gov.uk/category/statistics/breastfeeding-statistics/">transparency.dh.gov.uk/category/statistics/breastfeeding-statistics/</a>

Indicator / measure	Breastfeeding at 6-8 weeks
Definition	<p>Percentage of infants that are totally or partially breastfed at age 6-8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food. The numerator is the count of the number of infants recorded as being totally breastfed at 6-8 weeks and the number of infants recorded as being partially breastfed. The denominator is the total number of infants due a 6-8 weeks check.</p>
Rationale	<p>Breast milk provides the ideal nutrition for infants in the first stages of life.</p> <p>There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity.</p> <p>Benefits to the mother include a faster return to pre-pregnancy weight and possibly lower risk of breast and ovarian cancer (BMA Board of Science, 2009)</p>
Numerator	<p>Number of infants recorded as being totally breastfed plus the number of infants recorded as being partially breastfed at 6-8 weeks.</p> <p>Numerator counts for local authorities are estimated from counts for PCTs. Counts for PCTs include all infants resident within the PCT's boundary, and no data are available to break down the PCT counts for different areas within the PCT. Counts for local authorities are estimated as follows:</p> <p>(i) For local authorities that have exactly the same boundary as a PCT, the PCT figure is used as it is the correct figure for the local authority.</p> <p>(ii) For local authorities whose boundary is contained wholly within a single PCT, but is not equal to the whole PCT, the local authority count is estimated as a proportion of the PCT figure, with the exception of Rutland and Leicestershire (see below).</p> <p>(iii) For local authorities whose boundaries include all or part of more than one PCT, the local authority count is estimated by aggregating the appropriate proportions of the counts for the PCTs whose boundaries include part of the local authority.</p> <p>The appropriate proportions in cases ii and iii are defined according to the numbers of births in the calendar year overlapping most of the period of the indicator value (eg 2010 births are used for 2010/11 indicator data): births by resident local authority and PCT were extracted from the ONS birth file, to give the number of births in every local authority-PCT overlapping block.</p> <p>To calculate the numerator, each local authority-PCT overlap is calculated as a proportion of the PCT total births, and then multiplied by the indicator count for the PCT. A local authority may overlap several PCTs: the appropriate portions of all the PCTs' counts are aggregated to give the numerator estimate for the local authority.</p>

	<p>Expressed as an equation the numerator is calculated as follows:  <math display="block">\text{BreastFedInfantsLA} = \sum (\text{BreastFedInfantsPCT} \times n/N)</math> summed over all PCTs overlapping the local authority  where:  BreastFedInfantsLA = Estimated number of infants totally or partially breast fed in the local authority  n = Number of births in the local authority-PCT overlapping block  N = Number of births in the PCT  BreastFedInfantsPCT = Number of infants totally or partially breast fed in the PCT</p> <p>For Rutland, no indicator data are presented, as the local authority makes up a very small proportion of the PCT, and estimates for the local authorities based on the PCT figures are unlikely to be representative as they are swamped by the much larger local authority within the same PCT. The estimates for Leicestershire local authority are combined data for Leicestershire and Rutland in order to ensure that all valid PCT data are included in the England total.</p>
Source of numerator	Calculated by ERPHO using Department of Health (DH), Integrated Performance Monitoring Return
Denominator	<p>Number of infants due for 6-8 week checks.</p> <p>Denominators for local authorities are estimated from denominators for PCTs. Denominators for PCTs include all infants resident within the PCT's boundary, and no data are available to break down the PCT denominators for different areas within the PCT. Denominators for local authorities are estimated as follows:</p> <p>(i) For local authorities that have exactly the same boundary as a PCT, the PCT figure is used as it is the correct figure for the local authority.</p> <p>(ii) For local authorities whose boundary is contained wholly within a single PCT, but is not equal to the whole PCT, the local authority denominator is estimated as a proportion of the PCT figure, with the exception of Rutland and Leicestershire (see below).</p> <p>(iii) For local authorities whose boundaries include all or part of more than one PCT, the local authority denominator is estimated by aggregating the appropriate proportions of the denominators for the PCTs whose boundaries include part of the local authority.</p> <p>The appropriate proportions in cases ii and iii are defined according to the numbers of births in the calendar year overlapping most of the period of the indicator value (eg 2010 births are used for 2010/11 indicator data): births by resident local authority and PCT were extracted from the ONS birth file, to give the number of births in every local authority -PCT overlapping block.</p> <p>To calculate the denominator, each local authority-PCT overlap is calculated as a proportion of the PCT total births, and then multiplied by the indicator denominator for the PCT. A local authority may overlap several PCTs: the appropriate portions of all the PCTs' denominators are aggregated to give the denominator estimate for the local authority.</p>

	<p>Expressed as an equation the denominator is calculated as follows:</p> $\text{TotalInfantsLA} = \sum (\text{TotalInfantsPCT} \times n/N)$ <p>summed over all PCTs overlapping the local authority</p> <p>where:</p> <p>TotalInfantsLA = Estimated number of infants due for 6-8 week checks in the local authority</p> <p>n = Number of births in the local authority-PCT overlapping block</p> <p>N = Number of births in the PCT</p> <p>TotalInfantsPCT = Number of infants due for 6-8 week checks in the PCT</p>
Source of denominator	Calculated by ERPHO using Department of Health (DH), Integrated Performance Monitoring Return
Age range	0 years
Time period	Financial year 2011/12
Geographical level	Local authority district, unitary authority, county
Method	Percentage
Limitations	<p>The indicator is based on observation and is therefore susceptible to measurement bias.</p> <p>These data are collected by acute trusts that provide maternity services and then sent to PCTs on a commissioner basis. PCT level data are then converted to local authority level using birth weighting. If there are several local authorities within one PCT they will all have the same prevalence, thereby masking any variation in prevalence which may exist within that PCT. Where local authorities cross PCT boundaries, the local authority estimate is a weighted average of the PCT indicator values. Where a local authority is within a single PCT's boundary, the local authority value presented is the value from the PCT.</p> <p>A local authority will not have an estimate of prevalence if the data quality in any of its component PCTs does not meet any of the DH data quality validation tests which can be found contained in each quarterly report and the component PCT or PCTs make up more than 5% of the local authority's maternities. In addition the England totals do not equal the sum of the local authorities as all of the suppressed values have been included in the England figure. There may however be a difference between the England total quarterly values and the local authority derived value given the different refresh timeframes.</p> <p>This method implicitly assumes that all infants whose breastfeeding status is unknown are not breast feeding. This will result in an underestimate of the percentage of infants breastfed at 6-8 weeks.</p>
Further information	<a href="http://transparency.dh.gov.uk/category/statistics/breast-feeding-statistics/">http://transparency.dh.gov.uk/category/statistics/breast-feeding-statistics/</a>



<b>Indicator / measure</b>	<b>A&amp;E attendances (age 0-4 years)</b>
Definition	A&E attendance rate per 1,000 population aged 0-4 years.
Rationale	Emergency department attendance for accidental injury occurs most commonly in the 0–4-year age-group. According to a recent large study, the same age-group accounts for nearly 70% of self-referrals to A&E for medical problems, such as respiratory problems or feverish illnesses. <sup>3</sup> Reducing the variation in A&E attendance for the 0–4-year age-group is likely to realise considerable financial savings, and relieve pressure on A&E services.
Numerator	A&E attendances for all children aged 0-4 years.
Source of numerator	Source: Hospital Episode Statistics (HES) Copyright © 2012, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Denominator	2010 Mid-year population estimates by single year of age, (ages 0-4 years).
Source of denominator	Office for National Statistics
Age range	0-4 years
Time period	Financial year 2010/11
Geographical level	Local authority district, unitary authority, county
Method	Crude rate per 1,000 population
Limitations	A&E HES data is classified as experimental statistics, completeness of data by provider varies, overall completeness when compared to the QMAE return is around 75%.
Further information	<a href="http://www.rightcare.nhs.uk/index.php/atlas/children-and-young-adults/">www.rightcare.nhs.uk/index.php/atlas/children-and-young-adults/</a>



Indicator / measure	Hospital admissions due to injury (age under 18 years)
Definition	Hospital emergency admissions due to injury-related cause, crude rate per 10,000 population aged under 18 years. This includes all types of injury intent.
Rationale	Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s). The inclusion of this indicator is key for cross-sectoral and partnership working to reduce injuries, including child safeguarding.
Numerator	<p>Number of emergency admissions due to unintentional injury in children aged 0 to 17 years, based on main cause code:</p> <ul style="list-style-type: none"> <li>V01-V99 Transport accidents</li> <li>W00-W19 Falls</li> <li>W20-W49 Exposure to inanimate mechanical forces</li> <li>W50-W64 Exposure to animate mechanical forces</li> <li>W65-W74 Accidental drowning and submersion</li> <li>W75-W84 Other accidental threats to breathing</li> <li>W85-W99 Exposure to electric current, radiation and extreme ambient air temperature</li> <li>X00-X09 Exposure to smoke, fire and flames</li> <li>X10-X19 Contact with heat and hot substances</li> <li>X20-X29 Contact with venomous animals and plants</li> <li>X30 Exposure to excessive natural heat</li> <li>X31 Exposure to excessive natural cold</li> <li>X32 Exposure to sunlight</li> <li>X40-X49 Accidental poisoning by and exposure to noxious substances</li> <li>X50-X57 Overexertion, travel and privation (<i>excludes X52: prolonged stay in a weightless environment</i>)</li> <li>X58-X59 Accidental exposure to other and unspecified factors</li> <li>X60-X84 Intentional self-harm</li> <li>X85-Y09 Assault</li> <li>Y10-Y34 Event of undetermined intent</li> <li>Y35-Y36 Legal intervention and operations of war</li> <li>Y40-Y84 Complications of medical and surgical care</li> <li>Y85-Y89 Sequelae of external causes of morbidity and mortality</li> <li>Y90-Y98 Supplementary factors related to causes of morbidity and mortality classified elsewhere</li> </ul>
Source of numerator	Source: Hospital Episode Statistics (HES) Copyright © 2012, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Denominator	2011 Census: Usual resident population by single year of age, unrounded estimates (ages 0-17 years).
Source of denominator	Office for National Statistics
Age range	0-17 years
Time period	Financial year 2011/12
Geographical level	Local authority district, unitary authority, county
Method	Crude rate per 10,000 resident population
Limitations	HES inpatient data and ONS population statistics are generally considered to be complete and robust. However, there may be a question regarding the quality of external cause coding. There may be

	variation between trusts in the way hospital admissions are coded. There may be variation in data recording completeness. Injury information could potentially be missing in the admission episode record but added instead to a subsequent episode record.
Further information	<a href="http://www.apho.org.uk/default.aspx?QN=INJURY_PAGE02">www.apho.org.uk/default.aspx?QN=INJURY_PAGE02</a>

<b>Indicator / measure</b>	<b>Hospital admissions for asthma (age under 19 years)</b>
Definition	Emergency hospital admissions for asthma, crude rate per 100,000 population aged 0-18 years.
Rationale	Asthma is the commonest long-term medical condition in childhood. Emergency admissions should be avoided whenever possible. Unplanned hospitalisation for asthma, diabetes and epilepsy in children and young people under 19 years is a national quality indicator in the NHS Outcomes Framework.
Numerator	Emergency admissions with a primary diagnosis of asthma (ICD-10 codes J45 – Asthma, and J46 – Status asthmaticus) in children aged 0 to 18 years.
Source of numerator	Source: Hospital Episode Statistics (HES) Copyright © 2012, re-used with the permission of the Health and Social Care Information Centre. All rights reserved
Denominator	2011 Census: Usual resident population by single year of age, unrounded estimates (ages 0-18 years)
Source of denominator	Office for National Statistics
Age range	0-18 years
Time period	Financial year 2011/12
Geographical level	Local authority district, unitary authority, county
Method	Crude rate per 100,000 population.
Limitations	Data refer to episodes of admission and not persons. Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence.
Further information	<a href="http://www.chimat.org.uk/resource/view.aspx?QN=CHMTDMIT">www.chimat.org.uk/resource/view.aspx?QN=CHMTDMIT</a>

Indicator / measure	Hospital admissions for mental health conditions
Definition	Inpatient admission rate for mental health disorders per 100,000 population aged 0-17 years.
Rationale	One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders – with ten per cent of 15-16 year olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.
Numerator	<p>First finished episodes for 2011/12 for all persons aged 0 to 17 years with primary diagnosis codes F00 to F99 (Mental and behavioural disorders).</p> <ul style="list-style-type: none"> <li>F00-F09 Organic, including symptomatic, mental disorders</li> <li>F10-F19 Mental and behavioural disorders due to psychoactive substance use</li> <li>F20-F29 Schizophrenia, schizotypal and delusional disorders</li> <li>F30-F39 Mood [affective] disorders</li> <li>F40-F48 Neurotic, stress-related and somatoform disorders</li> <li>F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors</li> <li>F60-F69 Disorders of adult personality and behaviour</li> <li>F70-F79 Mental retardation</li> <li>F80-F89 Disorders of psychological development</li> <li>F90-F98 Behavioural and emotional disorders with onset usually occurring in childhood and adolescence</li> <li>F99-F99 Unspecified mental disorder</li> </ul>
Source of numerator	Source: Hospital Episode Statistics (HES) Copyright © 2012, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Denominator	2011 Census: Usual resident population by single year of age, unrounded estimates (ages 0-17 years)
Source of denominator	ONS
Age range	0-17 years
Time period	Financial year 2011/12
Geographical level	Local authority district, unitary authority, county
Method	Crude rate per 100,000 population
Limitations	Data refer to episodes of admission and not persons. Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence.

Indicator / measure	Hospital admissions as a result of self-harm
Definition	Crude rate of finished admission episodes for self-harm per 100,000 population aged 0-17 years
Rationale	Hospital admissions for self-harm in children have increased in recent years, with admissions for young females being much higher than admissions for young males. With links to other mental health conditions such as depression, the emotional causes of self-harm may require psychological assessment and treatment.
Numerator	<p>Number of finished admission episodes in children aged between 0 and 17 years where the main recorded cause is between 'X60' and 'X84' (Intentional self-harm)</p> <p>X60 Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics</p> <p>X61 Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified</p> <p>X62 Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified</p> <p>X63 Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system</p> <p>X64 Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances</p> <p>X65 Intentional self-poisoning by and exposure to alcohol</p> <p>X66 Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours</p> <p>X67 Intentional self-poisoning by and exposure to other gases and vapours</p> <p>X68 Intentional self-poisoning by and exposure to pesticides</p> <p>X69 Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances</p> <p>X70 Intentional self-harm by hanging, strangulation and suffocation</p> <p>X71 Intentional self-harm by drowning and submersion</p> <p>X72 Intentional self-harm by handgun discharge</p> <p>X73 Intentional self-harm by rifle, shotgun and larger firearm discharge</p> <p>X74 Intentional self-harm by other and unspecified firearm discharge</p> <p>X75 Intentional self-harm by explosive material</p> <p>X76 Intentional self-harm by smoke, fire and flames</p> <p>X77 Intentional self-harm by steam, hot vapours and hot objects</p> <p>X78 Intentional self-harm by sharp object</p> <p>X79 Intentional self-harm by blunt object</p> <p>X80 Intentional self-harm by jumping from a high place</p> <p>X81 Intentional self-harm by jumping or lying before moving object</p> <p>X82 Intentional self-harm by crashing of motor vehicle</p> <p>X83 Intentional self-harm by other specified means</p> <p>X84 Intentional self-harm by unspecified means</p>
Source of numerator	Source: Hospital Episode Statistics (HES) Copyright © 2012, re-used with the permission of the Health and Social Care Information Centre. All rights reserved.
Denominator	2011 Census: Usual resident population by single year of age, unrounded estimates (ages 0-17 years)
Source of denominator	ONS

Age range	0-17 years
Time period	Financial year 2011/12
Geographical level	Local authority district, unitary authority, county
Method	Crude rate per 100,000 population
Limitations	Data refer to episodes of admission and not persons. Any indicator based on hospital admissions may be influenced by local variation in referral and admission practices as well as variation in incidence or prevalence.