

Health Data

Report Section	Indicator	Source	Caveats
3.1.1	% of people in an area living in 20% most deprived areas in England (IMD2015)	Mental Health and Wellbeing JSNA	IMD: Although comprehensive, some aspects of deprivation not included in indices. Census data/mid-year estimates deficient in estimates of population sub-groups including: non-white populations, full-time students, men aged 20-39, nursing home residents; rough sleepers, inner-city populations, households of multiple occupation and migrants.
4.1.1.2	Percentage who have taken cannabis in the last month (WAY Survey)	Fingertips: Young People Profile	Home postal survey
4.1.1.2	Estimated prevalence of opiate and/or crack cocaine users per 1,000 population aged 15-64	Fingertips: Drugs and Alcohol Profile	
4.1.3	Total number of individuals who received treatment at a specialist drug misuse service	Fingertips: Co-occurring substance misuse and mental health issues	
4.1.3	Rate of individuals who received treatment at a	Numerator: Fingertips: Co-occurring substance	Crude rate calculated using the total number of individuals who received treatment at a specialist drug misuse service for the

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	specialist drug misuse service	misuse and mental health issues Denominator: ONS: Mid-2015 Population Estimates	18-75 population.
4.1.3	Parents in drug treatment: rate per 100,000 children aged 0-15	Fingertips: Crisis Care Profile	Based on parents who are attending treatment for substance misuse, who live with their child or children. Note that numbers of parents in treatment is not a measure of the number of substance misusing parents in an area.
4.1.3	Successful completion of treatment for non-opiate use	Fingertips: Drugs and Alcohol Longer Lives Profile	Based on % of non-opiate drug users that left treatment successfully who do not re-present to treatment within 6 months
4.1.3	Successful completion of treatment for opiate use	Fingertips: Drugs and Alcohol Longer Lives Profile	Based on % of non-opiate drug users that left treatment successfully who do not re-present to treatment within 6 months.
4.1.4	Hospital admissions with a primary diagnosis of poisoning by illicit drugs	NHS Digital	
4.1.4	Young people hospital admissions due to substance misuse	Fingertips: Crisis Care Profile	Directly standardised rate of hospital admission for substance misuse, per 100,000 population aged 15-24 years. Primary diagnosis codes included in numerator: F11 – F19, T40, T52,

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			T59, T43.6, or if main cause is one of: Y12, Y16, T19. Hospital admissions may be influenced by referral and admission practices as well as incidence or prevalence.
4.1.5	Concurrent contact with mental health services and substance misuse services for drug misuse	Fingertips: Co-occurring substance misuse and mental health issues	Based on people in contact with mental health services when they access services for drug misuse.
4.1.5	Hospital admissions for drug related mental health and behavioural disorders	NHS Digital	
4.1.6	Crude rate of drug related deaths per 1,000 population	PHOF: Health Improvement	Figures based on deaths registered per calendar year. Note registration of death may not occur in the same year as the death. Registration delays vary considerably across areas in England and Wales, potentially affecting trend and local area comparison analysis.
4.2.1	Percentage of adults who abstain from drinking alcohol	Fingertips: Local Alcohol Profiles for England	Numerator values sourced from Health Survey for England where abstainers are defined as those who answer 'No' to question "Do you drink alcohol nowadays?" And 'Never' to "Do you drink alcohol occasionally or never drink?" Health Survey for England data for 2011 to 2014 was combined to increase the sample size to a sufficiently robust level. The numerator and denominator were extracted by

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			upper tier LA. The proportion was calculated as $100 * (\text{number of abstainers}) / (\text{respondents aged 18+})$.
4.2.1	Percentage of adults binge drinking on heaviest day in the last week	Fingertips: Local Alcohol Profiles for England	Numerator values sourced from Health Survey for England Binge drinking is defined as more than 6 units for women, and more than 8 units for men. Household surveys are known to under-estimate alcohol consumption when compared with administrative sources such as tax returns and sales data.
4.2.1	Percentage of adults (18+) who drink more than 14 units of alcohol each week	Fingertips: Local Alcohol Profiles for England	Numerator values sourced from Health Survey for England. Household surveys are known to under-estimate alcohol consumption when compared with administrative sources such as tax returns and sales data.
4.2.1	Percentage of 15 year olds who have ever had an alcoholic drink	Fingertips: Young People Profile	Based on the 'What About YOUth' survey 2014/15' as those who answered 'yes' to "Have you ever had an alcohol drink – a whole drink, not just a sip?" Home Survey
4.2.1	Percentage of 15 year olds who have been drunk in the last 4 weeks	Fingertips: Young People Profile	Based on the 'What About YOUth' survey 2014/15' as those who answered 'yes' to "Have you been drunk in the last 4 weeks?"

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			Home Survey
4.2.1	Percentage of 15 year olds who are regular drinkers	Fingertips: Young People Profile	Based on the 'What About YOUth' survey 2014/15' as those who answered 'at least once a week' to ""How often do you usually have an alcoholic drink?" ' At least once a week' is made up of codes: "Every day, or almost every day", "About twice a week" and "About once a week". Home Survey
4.2.1	Percentage of 15 year olds who partook in three or more risky behaviours	Fingertips: Mental Health and Wellbeing JSNA	Based on the 'What About YOUth' survey 2014/15' as those who reported undertaking at least 3 of the following unhealthy/illegal behaviours: smoking, drinking, cannabis, other drugs, diet, physical activity .
4.2.2	Total number of individuals who received treatment at a specialist alcohol misuse service	Fingertips: Local Alcohol Profiles for England	Based on adults aged 18+
4.2.2	Rate of individuals who received treatment at a specialist alcohol misuse service	Numerator: Fingertips: Local Alcohol Profiles for England Denominator: ONS: Mid-2015 Population Estimates	Crude rate calculated using the total number of individuals who received treatment at a specialist alcohol misuse service for the 18-75 population.

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4.2.2	Successful completion of treatment for alcohol use	PHOF: Health Improvement	Percentage of alcohol users that left alcohol treatment successfully (i.e. free of alcohol dependence) in a year who do not re-present to treatment within 6 months. Figures for Leicestershire and Rutland are combined.
4.2.2	Parents in alcohol treatment: rate per 100,000 children aged 0-15	Fingertips: Crisis Care Profile	Based on parents who are attending treatment for alcohol, who live with their child or children. Note that numbers of parents in treatment is not a measure of the number of substance misusing parents in an area.
4.2.3	Percentage of individuals in concurrent contact with mental health services and substance misuse services for alcohol misuse	Fingertips: Mental Health and Wellbeing JSNA	Number of individuals who entered treatment at a specialist alcohol misuse service and were currently in receipt of treatment from mental health services for a reason other than substance misuse at the time of assessment, as a proportion of all individuals entering specialist alcohol misuse services.
4.2.5	Alcohol specific mortality rates per 100,000 population	Fingertips: Local Alcohol Profiles for England	Directly age-standardised rates of deaths from alcohol specific conditions. Alcohol specific conditions are defined as those where alcohol is causally implicated in all cases of the condition. E.g. alcohol-related liver cirrhosis. For more information please visit: http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf
4.2.5	Alcohol related mortality	Fingertips: Local Alcohol	Directly age-standardised rates of deaths from alcohol related

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	rates per 100,000 population	Profiles for England	<p>conditions.</p> <p>Alcohol related conditions are defined as those where alcohol is causally implicated in some, but not all cases of the outcome. E.g. hypertensive diseases, various cancers and falls. For more information please visit: http://www.lape.org.uk/downloads/Lape_guidance_and_methods.pdf</p>
4.2.6	Admission rates for alcohol specific conditions per 100,000 population	Fingertips: Local Alcohol Profiles for England	Directly age-standardised rates of hospital admissions for alcohol specific conditions for all ages. Based on admissions where the primary diagnosis or any of the secondary diagnoses are an alcohol specific (wholly attributable) condition. The indicator is based on admission episodes to hospital, rather than number of people admitted.
4.2.6	Admission rates for alcohol specific conditions for under 18s per 100,000 population	Fingertips: Local Alcohol Profiles for England	Crude rate of admissions to hospital for under 18's where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition. The indicator is based on admission episodes to hospital, rather than number of people admitted.
4.2.6	Admission rates for alcohol related conditions per 100,000 population	Fingertips: Local Alcohol Profiles for England	Directly age- standardised rates of admissions to hospital where the primary diagnosis code is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code.

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			<p>Children under 16 were only included for alcohol specific conditions and for low birth weight.</p> <p>Coding of admissions for cancer patients vary across the country. Inconsistent recording has some implication for headline measures as cancer admissions make up approximately 25% of the total number of alcohol-related admissions (narrow definition)</p>
4.2.7	Alcohol related Road Traffic Accidents per 1,000 accidents	Fingertips: Local Alcohol Profiles for England	<p>Crude rate of alcohol related road traffic accidents in which at least one driver failed a breath test. Does not include accidents in which no injury occurs or which occur on private land away from the public highway. There is no legal obligation for drivers to report road accidents to the police, even where injury has occurred, provided the parties concerned exchange personal details at the scene. As such, values are a potential underrepresentation of RTA's. For more information please visit:</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/462818/reported-road-casualties-gb-notes-definitions.pdf</p>
4.3.1	Depression recorded prevalence (QOF)	Fingertips: Mental Health and Wellbeing JSNA	Percentage of patients aged 18 and over with depression as recorded on practice disease registers as a proportion of the estimated GP list size of patients aged 18 and over.

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4.3.1	Severe mental illness recorded prevalence (QOF)	Fingertips: Mental Health and Wellbeing JSNA	Calculated through number of people registered with a GP and on the mental health register (people diagnosed with schizophrenia, bipolar disorder or other psychoses or on lithium therapy) expressed as a percentage of the total GP registered population.
4.3.1	Incidence of new cases of psychosis per 100,000 population	Fingertips: Mental Health and Wellbeing JSNA	Crude rate of new, clinically relevant cases of first episodes of psychosis (FEP) among people aged 16-64, expressed as a rate per resident population. Modelling approach used to estimate risk incidence.
4.3.2	Proportion of adults in the population in contact with secondary mental health services	PHOF: Healthcare and Premature Mortality	The percentage of the population aged 18-74 in contact with Secondary Mental Health Services. Denominator mid-year population estimates (ONS) are rounded to nearest 100.
4.3.2	Proportion of adults in the population in contact with secondary mental health services who live in stable and appropriate accommodation	PHOF: Wider Determinants of Health	Based on adults aged 18-69 who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support.
4.3.3	Rate of hospital stays for self-harm per 100,000	PHOF: Health Improvement	Directly age standardised rate of emergency hospital admissions for intentional self-harm for all ages.

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	population		Based on HES data. Coding variations may occur due to different practices between areas and over time. Admissions may be influenced by local variation in referral and admission practices as well as variation in incidence and prevalence.
4.3.3	Child Hospital Admissions for Mental Health Conditions per 100,000 population	Fingertips: Crisis Care Profile	<p>Crude rate of inpatient admissions for mental health disorders per 100,000 population aged 0-17 years. The indicator is based on admission episodes to hospital, rather than number of people admitted. Based on primary diagnosis codes F00-F99.</p> <p>Based on HES data. Coding variations may occur due to different practices between areas and over time. Admissions may be influenced by local variation in referral and admission practices as well as variation in incidence and prevalence.</p>
4.3.4	Rate of suicide per 100,000 population	PHOF: Healthcare and Premature Mortality	Age standardised mortality rate from suicide and injury of undetermined intent.
4.4	Rate of looked after children per 10, 000 population	Fingertips: Mental Health and Wellbeing JSNA	Crude rate of children aged 0-17 looked after by local authorities.
4.4	Rate of children leaving care per 10,000 population	Fingertips: Children and Young People's Mental Health and Wellbeing	Crude rate of children aged 0-17 who cease to be looked after by local authorities over the year.

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4.11	Rate killed and seriously injured on roads per 100,000 population	Fingertips: Health Profiles	<p>Crude rate of people reported killed or seriously injured on the roads, all ages, per 100,000 resident population. Data quality varies as there are differences between police forces in procedures for recording, collecting and collating. Not all road casualties are reported to police. Areas with low resident populations but which have high inflows of people or traffic may have artificially high rates because the at-risk resident population is not an accurate measure of exposure to transport.</p> <p>This indicator includes only casualties who are fatally or seriously injured and these categories are defined as follows:</p> <p>Fatal casualties are those who sustained injuries which caused death less than 30 days after the accident; confirmed suicides are excluded.</p> <p>Seriously injured casualties are those who sustained an injury for which they are detained in hospital as an in-patient, or any of the following injuries, whether or not they are admitted to hospital: fractures, concussion, internal injuries, crushings, burns (excluding friction burns), severe cuts and lacerations, severe general shock requiring medical treatment and injuries causing death 30 or more days after the accident.</p>

Crime Data

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4.1.1.1	Various	Crime Survey for England and Wales (2016/17)	
4.1.8	Drug Seizures	National Statistics: Seizures of drugs in England and Wales: Area Table 2	Rates per million population statistics are created using mid-year population estimates by the Office for National Statistics (ONS). In 2015/16 Leicestershire were unable to supply reliable estimates- imputation methods have been used to estimate the 2015/16 data.
4.5.3	Numbers of children subject to a child protection plan in England 2012-2016	Department for Education National Statistics: Characteristics of children in need: 2015 to 2016: Main Table SRF52/2016: Main Table D4	England figures include unborn children. Compilation methods of statistics may have changed year on year.
4.5.3	Numbers of children subject to a child protection plan in the year ending March 2016 by local authority and initial	Department for Education National Statistics: Characteristics of children in need: 2015 to 2016: Main Table	Category of abuse is assessed when child protection plan commenced. If a child is the subject of more than one child protection plan during the year, each will be counted. Includes a small number of child protection plans where the category of abuse is missing. The multiple category is for when more than one category of abuse is relevant to the child's current protection plan.

	category of abuse	SRF52/2016: Main Table D2	It is not for children who have been the subject of more than one child protection plan during the year. Any number between 1 and 5 inclusive has been suppressed and replaced by x. Secondary suppression has been carried out where necessary to preserve confidentiality.
4.5.3	Children subject to child sexual abuse 2015/2016	Bentley, H. et al (2017) How safe are our children? The most comprehensive overview of child protection in the UK 2017.	Leicestershire counts calculated based on England Rate reported, using ONS 2015 Mid-year population statistics.
4.5.6	Rate of children aged 10-18 in the youth justice system per 1,000 population	Fingertips: Wider Determinants of Health	Crude rate of children and young people aged 10-18 years per 1,000, who have formally entered the youth justice system. 2014/15 value combined for Leicestershire and Rutland.
4.5.6	Rate of first time entrants into the youth justice system, per 100,000 population aged 10-17	PHOF: Wider determinants of Health	Crude rate of 10-17 year olds receiving their first reprimand, warning or conviction by local authority of residence. The current published figures of juvenile first time entrants (FTE) are estimated figures. They are calculated by mapping individuals to upper tier local authorities using the home address or postcode recorded by police on the Police National Computer (PNC) or allocated to upper tier local authority using an allocation model based on the pattern of offenders dealt with by police stations if no home address available

4.7.1	First time offenders per 100,000 population	PHOF: Wider Determinants of Health	Crude rate of the number of first time entrants into the criminal justice system whether by caution, offence or conviction.
4.7.2	Repeat offenders – percentage of offenders who re-offend	PHOF: Wider Determinants of Health	Re-offences from a rolling 12 months cohort
4.7.2	Average number of re-offences per offender	PHOF: Wider Determinants of Health	Crude rate of re-offences committed per offender from a rolling 12 month cohort
4.10	Rate of sexual offences per 1,000 population	PHOF: Wider Determinants of Health	Crude rate per 1,000 population of violent crime (including sexual violence)- rate of sexual offences per 1,000 population. Crimes that have not been reported to the police or incidents that the police decided not to record are not included. Based on resident population. Action taken by police forces to improve their compliance with the National Crime Recording Standard (NCRS) is likely to have resulted in the increase in the number of offences recorded. It is thought that recording improvements are more likely to affect relatively less serious violent offences and explains the larger increase in the sub-category "violence without injury" compared with "violence with injury". ONS has also been informed there has generally been little change in the volume of "calls for service" related to violent crime in the year ending March 2015 compared with the previous year. This, along with the evidence from the CSEW, suggests the rise in recorded violence against the person is largely due to process improvements rather than a genuine rise in violent crime.