



Public Health
England

Protecting and improving the nation's health

Local authority child health profiles 2021

Indicator guide

This document presents metadata including the definitions and sources of the data for Public Health England's local authority child health profiles 2021

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Introduction

The Child health profiles on the [Fingertips data website](#) provide an annual snapshot report of child health in upper-tier local authority areas. A pdf report is available for each upper tier local authority and can be found using the search boxes at the top of the main page for [child and maternal health profiles](#). These are part of an overview of child health that brings together indicators for local government and clinical commissioning group (CCG) areas across several different themes.

Child health profiles have been published nationally as an annual snapshot report since 2011 for each upper tier local authority in England. PHE has responsibility for producing these statistics on an annual basis.

The child health profiles provide an overview of child health and wellbeing, in each local area in England. The child health profiles are intended for use by local government and health service professionals. The profiles can be used to:

- understand the needs of local communities
- improve the health and wellbeing of children and young people
- reduce health inequalities

The document is intended to show the methods used to generate the annual snapshot reports in a transparent manner, for the avoidance of doubt about how they have been generated and what they represent.

General information

Geographical areas used in the profiles

The regional comparators shown in the charts on page 3 of the child health profiles, and as a grey diamond in the spine chart on page 4, are the Nomenclature of Territorial Units for Statistics (NUTS) 1 statistical regions of England. For more information see the [Office of National Statistics](#).

Method for selecting main findings

The main findings relating to the general health and wellbeing summarise the spine chart and provide a single statement of whether, when considering the indicators selected for inclusion, the area is 'better than', 'worse than', 'similar to' or 'mixed compared with' the England averages.

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

- most (60% or more) indicators are green (they are significantly better than the England average)
- green indicators make up 40% or more and only up to 20% are red (they are significantly worse than the England average)
- green indicators make up 30% or more and there are no red indicators

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

- most (60% or more) indicators are red
- red indicators make up 40% or more and only up to 20% are green
- red indicators make up 30% or more 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'.

Information on infant and child mortality is given for all areas. Seven main findings are then given for all areas on topics where public health interventions can improve child health at a local level. These include childhood obesity, breastfeeding, dental health, MMR immunisation, teenage pregnancy, smoking in pregnancy and mental health.

The last 2 main findings are selected from a list of potential topics to highlight areas of particular interest. Topics could include any of the following:

- immunisation against childhood diseases such as diphtheria, pertussis (whooping cough) and tetanus (DTap), Haemophilus influenzae type b (Hib – an important cause of childhood meningitis and pneumonia) and polio
- immunisations for children in care
- babies born with low birthweight
- child poverty and family homelessness
- alcohol and substance misuse
- road traffic accidents, injuries and A&E attendance
- hospital admissions for asthma
- young people not in education or employment, children entering the youth justice system and school readiness

They aim to balance the profile. So if an area is generally performing well, ones will be chosen where the area does worse and 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. Comparing local to national data also highlights potential inequalities which areas may wish to consider further.

Where consistent with the method described above, if an area is best or worst in the country on a particular indicator, then the relevant main finding will be selected.

Many of the main messages describe whether an area is better or worse than the England average for a particular indicator. This relates to a statistically significant difference, using the methodology described in the section below on confidence interval.

Statistical neighbours used in the profiles

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 Department for Education's 'children's services statistical neighbour benchmarking tool', which was last updated in July 2019. While the tool defines 10 neighbours, this has been limited to the 4 closest statistical neighbours in the profiles as space on the charts is limited.

Further information about this tool is available visit the [Local authority interactive tool \(LAIT\)](#).

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 are 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 3 things:

- the sample or population size from which the estimate is derived – larger samples give more precise estimates with smaller confidence intervals
- the degree of variability in the phenomenon being measured
- 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 line on the bar charts with minimum and maximum ranges showing as small vertical lines 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.

With the exception of 2 indicators, a significant difference is said to occur where the confidence intervals for the local authority do not overlap the reference value. For example, where both the confidence limits for the local authority exceed the value for England, the area is significantly higher than England. Where the confidence limits straddle the reference value (England or region), there is said to be no significant difference. Unless otherwise stated, the reference value is the England average (mean).

A different method is used for 2 of the immunisations indicators (MMR vaccination for one dose (2 years) and Dtap/IPV/Hib vaccination (2 years)) to decide whether they appear as red or green in the spine chart on page 4. For immunisation programmes to be highly effective, there is a minimum percentage of the population who must be immunised. Once this percentage is reached, the risk of epidemics of infection in the population overall are largely removed. The World Health Organization (WHO) has set vaccination coverage targets at global and WHO regional levels, which have been adopted by the Department of Health and Social Care at national and local levels.

The 95% target for vaccination coverage is required nationally to ensure control of vaccine preventable diseases within the UK routine childhood vaccination programmes, with at least 90% coverage in each geo-political unit. For this reason, all areas which fall below 90% will see this indicator highlighted as red. Areas which are between 90% and 95% will see this indicator highlighted as amber to make it clear that this is an issue which they are likely to want to investigate in more depth. Areas above 95% will see a green dot. This matches the method used for these indicators in the [Public Health Outcomes Framework](#).

Using the spine chart

The spine chart shows a summary of performance for all indicators. The following information is shown for each indicator.

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Trend arrow: the arrow shows the recent trend consistent with the method used in PHE's Fingertips tool.

- amber horizontal arrow – shows no significant change
- green up arrow – shows increasing and getting better
- green down arrow – shows decreasing and getting better
- red up arrow – shows increasing and getting worse
- red down arrow – shows decreasing and getting worse
- black dash – shows trend cannot be calculated

Local number per year: the number of occurrences in the local authority (a per-year average is calculated where the indicator presents multiple pooled years). The exact definition of 'occurrences' depends on the indicator definition. Examples could include children, hospital admissions or diagnoses.

Local value: the value of the indicator for the local authority.

England average: the value of the indicator for England.

England worst: the highest or lowest of all local authority values, depending on the indicator definition.

England best: the lowest or highest of all local authority values, depending on the indicator definition.

Spine: the coloured dot shows how the area is performing compared to the England average (shown as the red line on the chart):

- red dot – with the exception of the immunisations indicators noted above, this means that the selected area is performing significantly worse than the England average
- green dot – with the exception of the immunisations indicators noted above, this means that the selected area is performing significantly better than the England average
- yellow dot – with the exception of the immunisations indicators noted above, this means that the selected area is not significantly different from the England average
- white or grey dot – the selected area could not be compared to the England average
- grey diamond – this shows the regional average
- the grey boxes on the spine chart represent the area between the maximum or minimum value of all local authorities in England, shown as light grey shading, with the area between the 25th and 75th percentile shown in dark grey shading

Charts

The profiles present more detailed analysis of children and young people's health in local areas in the charts on pages 2 and 3 of the child health profiles.

Full details of how the indicators on these pages have been calculated and the sources for this data are included in the [interactive version of the profiles](#) available on PHE's Fingertips tool. For help using the interactive tool or for further advice, please contact the local knowledge and intelligence service in your area:

North East	LKISNorthEast@phe.gov.uk
North West	LKISNorthWest@phe.gov.uk
Yorkshire and the Humber	LKISYorkshireandHumber@phe.gov.uk
East Midlands	LKISEastMidlands@phe.gov.uk
East of England	LKISEast@phe.gov.uk
West Midlands	LKISWestMidlands@phe.gov.uk
London	LKISLondon@phe.gov.uk
South East	LKISSouthEast@phe.gov.uk
South West	LKISSouthWest@phe.gov.uk

The methods used to analyse and present the data in the charts are described below.

Interpreting the charts

Obesity charts

The charts compare the local authority featured in the profile with its 4 closest statistical neighbours and the England value, 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 or overweight. A significant difference is said to occur where the confidence intervals for the local authority do not overlap the reference value. For example, where both confidence limits for the local authority exceed the value for England, the area is significantly higher than England for that indicator. Where the confidence interval straddles the England value, there is said to be no significant difference.

Trend information in the alcohol and mental health charts

The trend calculation uses a test which considers data over the most recent five years, and tests for differences over time. The test produces 2 statistics each time it is run, one which determines significance at 95% and the other which describes whether the trend is increasing or decreasing. Outliers are taken into account as part of determining the significance.

Young people's sexual and reproductive health, breastfeeding and child development aged 2 to 2-and-a-half

The charts compare the local authority featured in the profile with its 4 closest statistical neighbours and regional and England values, together with confidence limits. A significant difference is said to occur where the confidence intervals for the local authority do not overlap the reference value. For example, where both confidence limits for the local authority exceed the value for England the area is significantly higher than England. Where the confidence interval straddles the reference value (England or region), there is said to be no significant difference.

Breastfeeding and child development data have not been published where data for the area has not passed validation. Further information is available in the [health visitor service delivery metrics datasets](#).

Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The chlamydia detection rate amongst under 25-year-olds is a measure of chlamydia control activities. It represents infections identified (reducing risk of sequelae in those patients and interrupting transmission onto others). Increasing detection rates indicate increased control activity: it is not a measure of morbidity. Chlamydia screening is recommended for all sexually active people under 25 and on partner change. PHE recommends that local authorities should be working towards achieving a detection rate of at least 2,300 per 100,000 population.

The text for chlamydia describes whether the area's detection rate is higher than recommended (2,300 or above) or lower than the recommended rate. Rates of 1,900 to less than 2,300 are described as 'approaching', to reflect the fact that areas with detection rates in this range are only just failing to meet recommended levels.

Immunisations chart

The chart shows the local authority featured in the profile with its 4 closest statistical neighbours and regional and England values, together with confidence limits. The vertical black line on the chart represents the minimum recommended vaccination coverage of 95%. So the chart shows whether the area's coverage is higher than

recommended (95% or above) or lower than recommended. The shaded area on the graph shows 90 to 95% coverage, and illustrates where local authorities are approaching the recommended coverage. Areas are described as ‘slightly less’ than 95% if the value falls between 90 and 95%. The confidence intervals are shown to highlight the inherent variation in this indicator (as is the case with all indicators), but are not used for the purpose of comparison.

Population statistics

The tables below describe the methods used to calculate data for the population information which is included on the first page of the child health profiles annual snapshot reports.

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 2019
Geographical level	Unitary authority, metropolitan borough council, London borough council, county council
Method	Number
Limitations	None
Further information	ONS – Births in England and Wales: summary tables. See Table 3

Indicator/ measure	Children (aged 0 to 4 years), (aged 0 to 19 years)
Definition	Number and percentage of children aged 0 to 4 years and 0 to 19 years resident within the area
Rationale	Understanding the demography of the area will help with planning of appropriate services
Numerator	Mid-2019 population estimates for local authorities in England (persons aged 0 to 4 years and 0 to 19 years)
Source of numerator	ONS
Denominator	Mid-2019 population estimates for local authorities in England (total population: persons of all ages)
Source of denominator	ONS
Age range	0 to 4 years, 0 to 19 years
Time period	Calendar year 2019
Geographical level	Unitary authority, metropolitan borough council, London borough council, county council
Method	Population estimate (number and percentage). Published figures are rounded to the nearest hundred persons. However, the percentages are calculated on unrounded data
Limitations	None
Further information	ONS – Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. See Table 'MYE2 – Persons'

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Indicator/ measure	Children (aged 0 to 19 years) in 2029 (projected)
Definition	Projected number and percentage of children aged 0 to 19 years resident within the area in 2029
Rationale	Understanding how the demography of the area is projected to change will help with planning of appropriate services
Numerator	2018-based subnational population projections for local authorities in England (ages 0 to 19 years)
Source of numerator	ONS
Denominator	2018-based subnational population projections for local authorities in England (total population, persons of all ages)
Source of denominator	ONS
Age range	0 to 19 years
Time period	Calendar year 2029
Geographical level	Unitary authority, metropolitan borough council, London borough council, county council
Method	Population projections (number and percentage). Published figures are rounded to the nearest hundred persons. However, the percentages are calculated on unrounded data

<p>Limitations</p>	<p>Long-term subnational population projections are an indication of the future trends in population by age and sex over the next 25 years</p> <p>They are trend-based projections, which means assumptions for future levels of births, deaths and migration are based on observed levels mainly over the previous 5 years. They show what the population will be if recent trends continue</p> <p>The projected resident population of an area includes all people who usually live there, whatever their nationality. People moving into or out of the country are only included in the resident population if their total stay in that area is for 12 months or more, thus visitors and short-term migrants are not included. Armed forces stationed abroad are not included, but armed forces stationed within an area are included. Students are taken to be resident at their term-time address</p> <p>The projections do not take into account any policy changes that have not yet occurred, nor those that have not yet had an impact on observed trends</p> <p>These projections were published on 24 March 2020 and are based on 2018 mid-year population estimates published on 26 June 2018</p>
<p>Further information</p>	<p>ONS – Population projections for local authorities: Table 2</p>

Indicator/ measure	School children from minority ethnic groups
Definition	Number and percentage of children at state funded primary and secondary schools classed as 'minority ethnic pupils'. These are all pupils classified as belonging to an ethnic group other than white British
Rationale	Understanding the demography of the area helps with the planning of appropriate services
Numerator	Number of children at state funded primary and secondary schools classed as 'minority ethnic pupils'
Source of numerator	Department for Education (DfE)
Denominator	Total number of children at state funded primary and secondary schools whose ethnic group was classified
Source of denominator	DfE
Age range	School pupils of all ages
Time period	2020
Geographical level	Unitary authority, metropolitan borough council, London borough council, county council
Method	Number and percentage
Limitations	Includes middle and all through schools. Includes all primary academies, including free schools. Includes city technology colleges and all secondary academies, including secondary free schools, university technical colleges and studio schools. Pupils were classified according to their ethnic group. Includes pupils who were sole or dual main registrations. Excludes pupils from special schools due to small numbers
Further information	DfE: ' Schools pupils and their characteristics: January 2020 ' – underlying data for pupil characteristics

Indicator/measure	School pupils with social, emotional and mental health needs
Definition	The number of school children who are identified as having social, emotional and mental health needs expressed as a percentage of all school pupils
Rationale	The National Clinical Practice Guidelines published by the British Psychological Society state that children with learning or physical disabilities have a higher risk of developing a mental health problem compared with the national population
Numerator	Number of primary, secondary and special school pupils with Special Education Needs (SEN), who have social, emotional and mental health needs as the primary type of need
Source of numerator	DfE
Denominator	Total number of pupils
Source of denominator	DfE
Age range	School age
Time period	2020
Geographical level	Unitary authority, metropolitan borough council, London borough council, county council
Method	Number and percentage
Limitations	The Isles of Scilly has a single 'all-through' school for pupils aged 4-16, and no special schools; for City of London there are no secondary or special schools, so totals are for primary schools only
Further information	DfE – Special Educational Needs in England Local Authority Tables

Indicator/ measure	Children in relative low income families (under 16s)
Definition	<p>The percentage of children in low-income families: children living in families in receipt of out of work benefits or in receipt of tax credits where their reported income is less than 60% median income</p>
Rationale	<p>The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health. The Marmot Review recommended a policy objective of giving every child the best start in life</p> <p>Health Equity in England: The Marmot Review 10 Years On outlines that since 2010, progress has been made in early years development, as measured by children’s readiness for school. However, clear socioeconomic inequalities persist, with a graded relationship between these measures and level of deprivation. Rates of child poverty, a critical measure for early child development, have increased since 2010/11 with over 4 million children affected; particularly in families with parents in work. However, child poverty rates are still highest for children living in workless families - in excess of 70 percent. Many countries in the Organisation for Economic Cooperation and Development (OECD) have considerably lower rates of child poverty than England</p> <p>The PHE Strategy (2020-2025) includes best start in life as 1 of 10 areas which can deliver the biggest impact for the public’s health over the next 5 years. The ambition is to help reduce inequalities and improve health outcomes for children and families across England</p> <p>The Department for Work and Pensions has a statutory obligation to publish a measure of relative and absolute low income, and low income and material deprivation for children under section 4 of the Welfare Reform and</p>

	<p>Work Act 2016. Sourced from survey data the Household Below Average Income (HBAI) statistics provide estimates of children in low-income families only at national and regional levels. To fill the demand from users for local estimates, administrative data has historically been used to produce Official Statistics published by Department for Work and Pensions (DWP) Children in out-of-work benefit households and HM Revenue & Customs (HMRC) Children in low-income families local measure. With the rollout of Universal Credit and the Higher Income Child Benefit charge, neither of the historic measures now offers an accurate view of children in low income families at a local level. This new combined set of statistics provide a more coherent picture of children in low income families at a local level</p> <p>The presence of large numbers of individuals with relatively high incomes results in a skewed or non-symmetric distribution. As a result, the median income is the standard measure of average income as changes in the mean can be driven by extreme values. The median represents the income of the individual in the middle of the distribution</p> <p>These statistics are Before Housing Costs. It is not currently possible to calculate local area statistics After Housing Costs because administrative datasets covering housing costs are not available</p> <p>The children in relative low income families measure is useful for comparing the situation in local areas and measuring the number and proportion of individuals who are currently in low income compared to the current median income</p> <p>Some information in this section has been sourced from Children in low income families local area statistics: Background information and methodology and Household Below Average Income (HBAI) statistics</p>
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<p>Numerator</p>	<p>Count of children under 16 (<16 years) living in the area in families in low income Before Housing Costs (BHC) in the reference year, calibrated to regional and national Households Below Average Income (HBAI) statistics. The count of children refers to the age of the child at 31 March of each year</p> <p>Income is defined as Gross Personal Income from benefits/tax credits, from employment and self-employment, and from occupational pensions</p> <p>This is not the same as HBAI income measures, but for the purposes of looking at the distribution of family income across local areas, it offers a consistent approach that captures the main income streams</p> <p>In order to allow comparisons of the living standards of different types of households, income is adjusted to account for variations in the size and composition of the households in a process known as equivalisation. This assumes that all individuals in the household benefit equally from the combined income of the household. Thus, all members of any one household will appear at the same point in the income distribution</p> <p>Equivalence scales conventionally take an adult couple without children as the reference point, with an equivalence value of one. The process then increases relatively the income of single person households (since their incomes are divided by a value of less than one) and reduces relatively the incomes of households with 3 or more persons, which have an equivalence value of greater than one</p>
<p>Source of numerator</p>	<p>Department for Work and Pensions / HM Revenue and Customs: Children in low income families: local area statistics 2014/15 to 2018/19</p>
<p>Denominator</p>	<p>Count of children aged under 16 (<16) living in the area derived from ONS mid year population estimates. The count of children refers to the age of the child at 30 June of each year</p>

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Source of denominator	ONS, Population estimates for England and Wales
Age range	<16 yrs
Time period	2018/19 financial year
Geographical level	Unitary authority, metropolitan borough council, London borough council, county council
Method	Percentage

<p>Limitations</p>	<p>Experimental statistics</p> <p>A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income in these statistics</p> <p>Statistics on the number of children in low income families from 2014/15 to 2018/19 are published. Limitations in the coverage of RAPID mean that earlier statistics using this methodology are not available. In addition, figures for the latest year are provisional as some self-employment data from the previous year is used as a proxy to fill in gaps in timely recording</p> <p>The statistics are not directly comparable with the previous statistics produced by HMRC for the reasons outlined in Rationale</p> <p>They are designed to provide local area insights for small geographical areas</p> <p>Whilst the HBAI estimates are built from a survey of households, these administrative statistics cover the family unit</p> <p>These statistics are Before Housing Costs. It is not possible to calculate After Housing Costs local area statistics as administrative datasets for housing costs are not available</p> <p>These statistics are badged as experimental Official Statistics. Experimental statistics are official statistics which are published in order to involve users and stakeholders in the assessment of their suitability and quality at an early stage</p> <p>Some information in this section was sourced from Children in low income families: local area statistics</p>
<p>Further information</p>	<p>DWP – Household Below Average Income (HBAI) statistics</p>

Indicator/ measure	Life expectancy at birth
Definition	Male or 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	Number of deaths registered in the respective calendar years
Source of numerator	ONS
Denominator	ONS mid-year population estimates for the respective calendar years
Source of denominator	ONS
Age range	Not applicable
Time period	Calendar years 2017, 2018 and 2019 pooled
Geographical level	Unitary authority, metropolitan borough council, London borough council, county council
Method	The figures are a 3-year average, produced by aggregating deaths and population estimates for 2017 to 2019. Life expectancy is calculated using abridged life tables (based on 5-year age groups) constructed using standard methods
Limitations	
Further information	ONS dataset showing life expectancy at birth and at age 65 years by local areas, England

Spine chart indicators

Full details of how the indicators included in the spine chart on page 4 of child health profiles 2021 have been calculated, and the sources of this data, are included in the [interactive version of the profiles](#) available on [PHE's Fingertips tool](#). For help using the interactive tool or for further advice, please contact the local knowledge and intelligence service in your area.

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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