Frequently asked questions about the Area Profile(s)

- *You have previously said you don't have a lot of ward level data, but have given data on a few topics here. How come?*

It's true we don't have a lot of ward data. The data presented here has been selected because ward level *is* available. We are often asked questions about other issues where ward level data is not available. Most often of all, we are asked about whether we have details of prevalence of a condition at ward level – such as diabetes – but Public Health does not hold any data on disease prevalence.

- *So, why have you included ward level data in the Area profiles?*

Because, although there are issues with how ward level data is interpreted, it can show that there is variation between the 'best' and 'worst' wards – even within a given area / constituency. Generally, if there are differences between similar populations then it can help to show that there is the opportunity for improvement.

- *What can we infer from the ward level data?*

That varies from indicator to indicator. Generally, it is better to assume that little can be inferred from ward level data – but exceptions can occur and if a particular piece of information attracts attention, it may be worth asking an analyst.

- *You have told us about the best and worst wards in our area. Please can you tell us which are the highest and lowest?*

Yes. But see our explanation (later in these FAQs) about why we haven't provided that information in the first place.

- *Ok, can we have a full list of the wards in our area?*

Yes. But see our explanation (later in these FAQs) about why we haven't provided that information in the first place.

- *Why didn't you give us a list, or the names of the best and worst wards, in the first place?*

If ward data is available, we can provide a ranking of those wards. The difficulty is that at a very local level – ie a ward level – this ranking is likely to change from one time period to the next. This is because of two reasons. Firstly, the smaller the numbers, the greater the effect of any change in those numbers – an increase from 1 to 2 is an increase of 100%, an increase from 10 to 11 is an increase of 10%. Secondly, because the wards are all within the same constituency (area) it is *more likely* that the wards are more similar, and therefore closer together by any numerical measure than wards in a different area.

- *What would be the harm in letting us know the ranking?*

Because, sometimes, people associate short-term variation (and moves up and down the ranking) with activity, or intervention, or the lack of it, when it could be just down to coincidence – or natural variation.

- *How is the figure for the [insert topic here] data calculated?*

The topics are obviously all calculated very differently, with different levels of complexity and understanding. We have covered each topic on a separate page.

- *There seems to be a very large difference between the best and worst wards. Is this true / why is it the case?*

It depends on what the topic is. If a particular piece of information attracts attention, it may be worth asking an analyst.

- *Is other ward data available?*

Yes. The Public Health Analytical Team has made this data available on the basis that it provides some insight into the specific challenges which are most supportive of what partners across the district are trying to achieve – as spelt out in (for example) the District Plan, the Council Plan, the Joint Health and Wellbeing Strategy and the Sustainability and Transformation Plan.